2021

Henderson County Community Health Assessment

Prepared by:
Henderson County
Department of Public Health

Public Health
Prevent. Promote. Protect.
Henderson County, NC

Collaboration & Acknowledgement

This document was developed by the Henderson County Department of Public Health at the direction of the Henderson County Board of Health, and in partnership with AdventHealth Hendersonville, Pardee UNC Health Care, and the Henderson County Partnership for Health, as part of the local community health (needs) assessment process. We would like to acknowledge 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 recognize the members of the Community Health Assessment team:

Ashlynn McCoy, Housing Assistance Corporation
Camden Stewart, Henderson County Department of Public Health
Denise Cumbee Long, United Way of Henderson County
Elizabeth Moss, Interfaith Assistance Ministry
Graham Fields, AdventHealth Hendersonville
Jerrie McFalls, Henderson County Department of Social Services
Jodi Grabowski, Henderson County Department of Public Health
Johnna Reed, Pardee UNC Health Care
Judith Long, The Free Clinics
Julie Huneycutt, Hope Coalition
Keith Logan, Council on Aging
Kristen Martin, Thrive
Dr. Laura Leatherwood, Blue Ridge Community College
Lauren Wilkie, Safelight
LoriKay Paden, Hendersonville Family YMCA
Matt Gruebmeyer, Henderson County Public Schools
Milton Butterworth, Pardee UNC Health Care
Dr. Sonya Jones, Pardee UNC Health Care
Stacy Taylor, Henderson County Department of Public Health
Steve Smith, Henderson County Department of Public Health
Tammy Greenwell, Blue Ridge Community Health Services
Tanya Blackford, Crossnore Communities for Children
Trina Stokes, AdventHealth Hendersonville

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 2021 CHA process can be found in **Appendix G**.

TABLE OF CONTENTS

Henderson County 2021 CHA Executive Summary **4**

Chapter 1 – Community Health Assessment Process **7**
Purpose 7
WNC Healthy Impact 8
Data Collection 8
Community Input & Engagement 9
Underserved, At-Risk & Vulnerable Populations 9

Chapter 2 – Henderson County **11**
Location & Geography 11
Population 11
COVID-19 Pandemic 12

Chapter 3 – Social & Economic Factors **13**
Income & Poverty 13
Employment 14
Education 14
Racism & Discrimination 15
Community Safety 15
Housing & Transportation 16
Family & Social Support 17

Chapter 4 – Health Data Findings Summary **18**
Mortality 18
Health Status & Behaviors 19
Clinical Care & Access 20
Health Inequities 21

Chapter 5 – Physical Environment **22**
Air & Water Quality 22
Access to Healthy Food & Opportunities for Activity 23

Chapter 6- Health Resources **25**
Health Resources 25
Resource Gaps 26

Chapter 7 – Identification of Health Priorities **27**
Health Priority Identification 27
Priority Health Issue Identification 29
Priority Issue #1: Mental Health 31
Priority Issue #2: Substance Misuse 33
Priority Issue #3: Physical Activity and Nutrition 35
Priority Issue #4: Safe and Affordable Housing 37
Priority Issue #5: Interpersonal Violence 39

Chapter 8 - Next Steps **41**
Collaborative Planning 41
Sharing Results 41

Where to Access this Report 41
For More Information & How to Get Involved 41

Works Cited **42**

Image Credits **46**

Appendices **47**
Appendix A - Data Collection Methods & Limitations
Appendix B - Data Presentation
Appendix C - County Maps
Appendix D - Community Survey Findings
Appendix E - Key Informant Survey Findings
Appendix F - Handouts from CHA Community Forum
Appendix G - CHA Process Participants

Community Results Statement

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

Leadership for the Community Health Assessment Process

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

Partnerships

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

Regional/Contracted Services

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

Framework & Model for Action

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

Collaborative Process Summary

Henderson County's collaborative process is supported on a regional level by WNC Healthy Impact. Locally, our process is guided by a CHA team. The CHA team reviews primary and secondary data, then develops a short list of dominant health concerns. These health concerns are then brought forth to the Partnership for Health and the community at large to prioritize and develop action plans. Phase 1 of the collaborative process began in January 2021 with the collection of community health data. For more details on this process see *Chapter 1 – Community Health Assessment Process*.

Key Findings

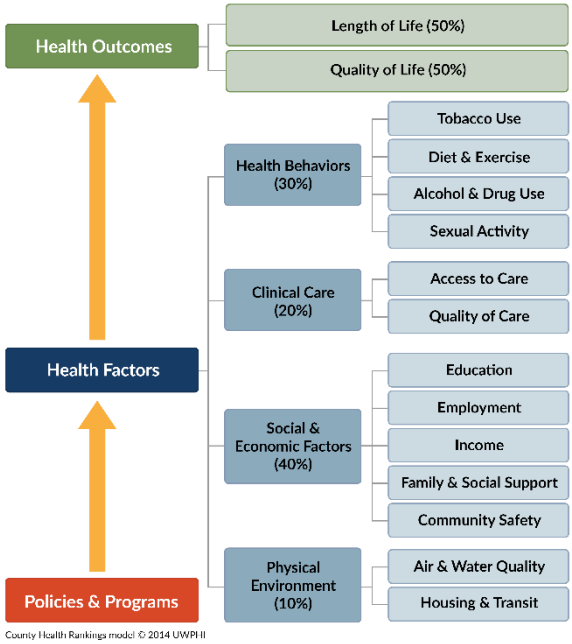
Community: Henderson County is home to nearly 115,000 residents. About 91% of the county's population is White, with 3.5% Black/African American, and 5.3% some other race (American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, two or more races, or some other race). Just over 10% of Henderson County's population is Hispanic or Latino (of any race)[46]. The county

has experienced steady but slowing population growth since 2000, and the population is projected to continue this growth through 2050 despite declining birth rates[29]. Individuals ages 65 and older compose close to a quarter of the county's population, compared to 16% state-wide[46]. It is expected the elderly population will continue to grow over time in Henderson County, with the greatest change in growth to occur in the age group 75-84[29].

Unemployment in Henderson County reached a low in 2018/19 with an unemployment rate of 3.3%. Due to the COVID-19 pandemic, unemployment rates spiked in 2020, reaching 6.9%[12]. Similar, concerning trends were seen in the region and state. In Henderson County, the median household income, the median family income, and the per capita income levels are all higher than regional and state averages[53]. Despite this variance, 10.9% of the county's population lives below the poverty level. A higher percentage of Hispanic/Latino individuals in Henderson County fall below the poverty level (28.1%) than non-Hispanic individuals[52].

Economic burden is often measured by households spending 30% or more of their income on housing. About 43% of *renters* in Henderson County are economic or cost-burdened, meaning they are spending more than 30% of their income on housing whereas 25.8% of *homeowners* in the county are cost-burdened by housing[48,51].

Health Outcomes: As compared to other counties in North Carolina, Henderson County is relatively healthy. According to the Robert Wood Johnson Foundation's County Health Rankings released in early 2021, Henderson County ranked 11th in the state (out of 100 counties) in health outcomes, which measures length of life and quality of life. The county also ranked 11th in the state in terms of health factors, including health behaviors, clinical care, social and economic factors, and the physical environment[6].



Source: County Health Rankings

The top ten leading causes of death in Henderson County from highest mortality rate to lowest are cancer, diseases of the heart, unintentional injury (including drug overdose), cerebrovascular disease, chronic lower respiratory disease, Alzheimer's disease, suicide, pneumonia and influenza, unintentional motor vehicle injuries, and diabetes mellitus. Mortality rate trends have remained stable or decreased over time for all leading causes of death except for unintentional injury, chronic lower respiratory disease, pneumonia and influenza, and diabetes mellitus. The mortality rates for unintentional injury (47.3 deaths per 100,000) and suicide (18.4 deaths per 100,000) are significantly higher than the comparable state mortality rates of 39.3 and 13.4 respectively. All other leading causes of death in Henderson County have a lower mortality rate than state comparisons[32].

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 for both slightly increase. However, infant mortality and low birth weight rates in the county are still lower than in the state and the region[35]. The teen pregnancy rate in Henderson County has been declining over the past two decades, now at a low of 23 pregnancies per 100,000 women ages 15-19, slightly lower than both the state and region[41]. The infection rates for chlamydia and gonorrhea have been consistently lower than state

averages, but have been on the rise in recent years, while newly diagnosed HIV and syphilis infection rates have decreased since 2017[19,21,22,20].

The prevalence of adult obesity in Henderson County has been increasing since 2011, from 21.8% to 29.3% in 2017[5]. Being overweight or obese is a major risk factor for chronic disease such as diabetes and hypertension. Sedentary lifestyle, limited access to affordable, nutritious food, and the lack of safe walking and biking areas in some parts of the county make it difficult for people to make healthy choices and therefore remain at a healthy weight.

In 2020, there were 26.4 unintentional opioid overdose deaths per 100,000 residents in Henderson County. This rate has been increasing over time. Historically, many opioid-related deaths were from pain medications such as oxycodone and hydrocodone, however, illicit substances such as heroin and fentanyl have become increasingly involved in opioid overdose deaths. Of all opioid overdose deaths in the county in 2020, 84% were contributed to illicit opioid involvement, with this percentage being higher than that of the state (75%)[31].

Health Priorities

The top health priorities in 2021 were identified as:

- Mental Health
- Substance Misuse
- Physical Activity and Nutrition
- Safe and Affordable Housing
- Interpersonal Violence

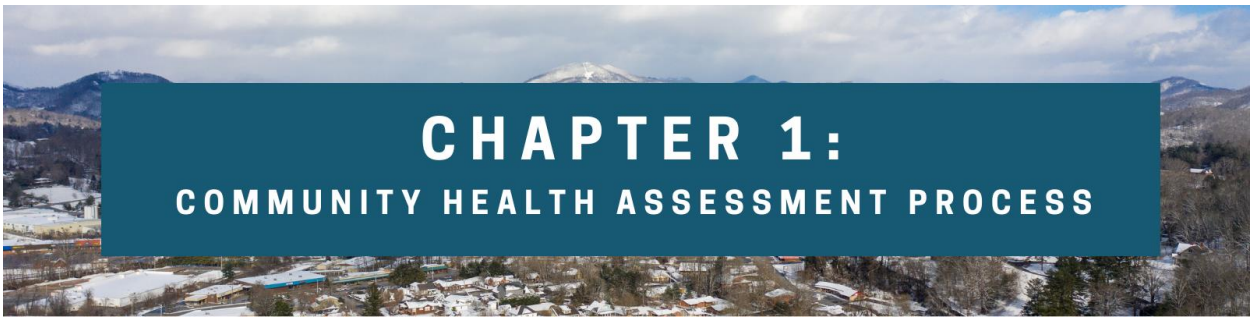
Health disparities were recognized as a common concern among all priorities and an equity-based approach to improve health outcomes will be an inherent part of our strategy for forthcoming action plans.

Next Steps

The CHA findings will be shared with stakeholders and community members. These findings however 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 five 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 Community Health Assessment Action Team, please contact Camden Stewart, Community Health Assessment Lead at the Henderson County Department of Public Health, at 828-694-6065.



Purpose

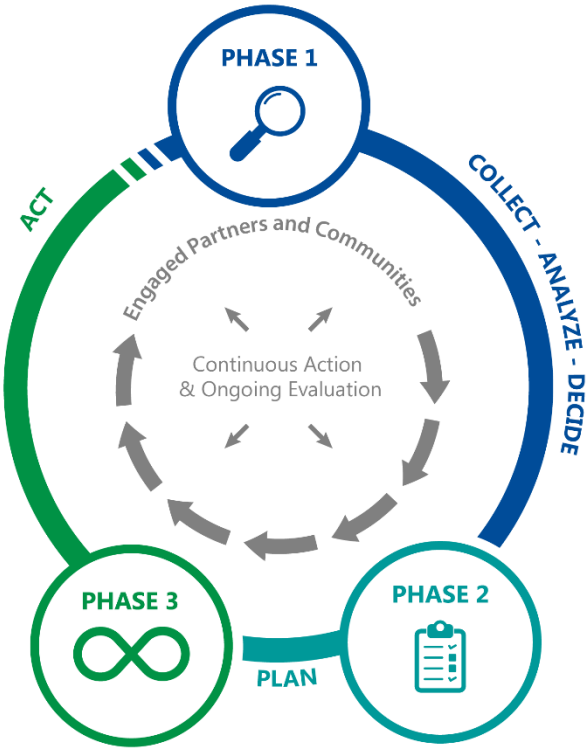
The Community Health Assessment (CHA) is an important part of improving and promoting the health of county residents. The CHA process results in a public report which describes health indicators, status of the community's health, recent changes, and health outcomes.

Key Phases of the Community Health Improvement Process

In **phase 1** of the cycle, process leaders for the CHA collect and analyze community data, deciding what data they need and making sense of it. This group then decides what is most important to act on (by clarifying the desired conditions of well-being for their population) and determines local health priorities.

Phase 2 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 make a plan about what works to do better, form workgroups around each strategic area, clarify customers, and determine how they will know people are better off because of their efforts.

In **phase 3** of the cycle, process leaders for the CHA take action and evaluate health improvement efforts. They do this by planning how to achieve results and putting the plan into action. Workgroups continue to meet, monitor results, and make changes to the plan as needed. This phase is vital to helping workgroups understand the contribution their efforts are making towards desired community results.



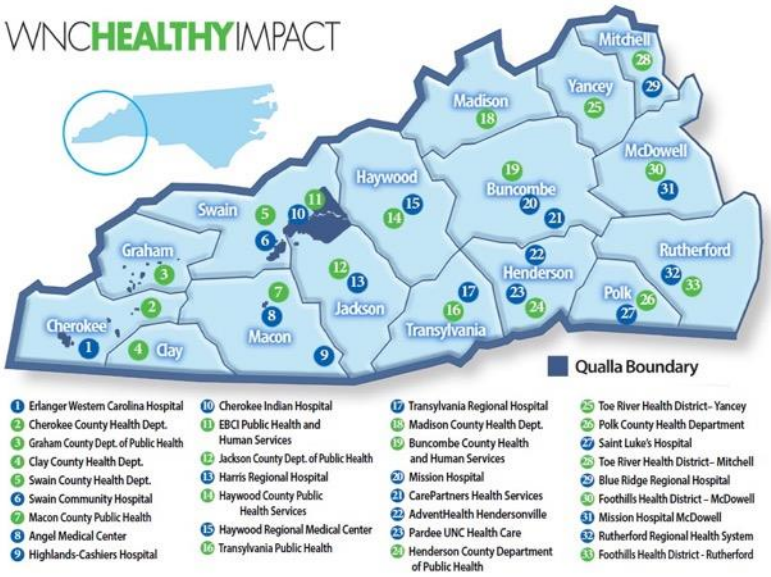
Source: WNC Health Network

Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Henderson County is included in AdventHealth Hendersonville and Pardee UNC Health Care's community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

WNC Healthy Impact

WNC Healthy Impact is a partnership among local and regional hospitals, public health agencies, and key regional partners working towards a vision of improved community health. The vision is achieved by developing collaborative plans, taking action, and evaluating progress. More information can be found at: www.wnchn.org/wnchealthyimpact.



Source: WNC Health Network

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's strengths and resources available to help address our most pressing issues.

Core Dataset Collection

Data presented in this report came from the WNC Healthy Impact regional and local datasets. To ensure a comprehensive understanding, the dataset includes both secondary (existing) and primary (newly collected) data. The following dataset elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and 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

In addition to the core dataset described above, data was reviewed from the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), the NC Opioid Action Plan Dashboard, and a North Carolina Regional Housing Needs Assessment. Data from several local organizations was also reviewed during the CHA process. Due to capacity limitations and gathering restrictions during the COVID-19 pandemic, listening sessions were not conducted in phase 1 of the 2021 CHA cycle, as has been done in past years in Henderson County.

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources currently listed in the 2-1-1 database for Henderson county. In addition, we worked with community partners to identify and remedy any gaps in the database. *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 health assessment process. Our county incorporated community input and engagement in several ways:

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews, etc.)
- By reviewing and evaluating the data to better understand the story behind the numbers
- In the identification and prioritization of health issues

In addition, community engagement is an ongoing focus for our stakeholders and partners as we move forward to the collaborative planning phase of the CHA process. Individuals and organizations with current efforts or interests related to priority health issues will continue to be involved. 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.

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 racial and ethnic populations, and others experiencing health disparities.

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

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, or other barriers.

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

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

Health Department Self-Assessment Instrument (HDSAI) Interpretation Document v.7.0

The underserved, at-risk, and vulnerable populations of focus for our process and product identified in the 2021 Key Informant Survey include:

Underserved Populations

- **Individuals or households experiencing poverty**- underserved due to inability to afford healthy food, difficulty securing safe and affordable housing, transportation, and healthcare
- **Persons who are uninsured or under-insured-** underserved due to inability to access or afford healthcare services including mental and behavioral health care

- **Persons who are non-English speaking-** underserved due to language barriers, cultural barriers, perceptions of limited access to care, limited access/opportunity due to documentation requirements, low wages, and employment opportunities
- **Persons who identify as LGBTQIA+-** underserved due to discrimination or refusal of services in healthcare setting, delay in care because of concerns of mistreatment

At-risk Populations

- **Persons experiencing homelessness-** at-risk for poor health outcomes, unemployment, substance misuse, and mental health challenges
- **Persons with multiple Adverse Childhood Experiences (ACEs)-** at-risk for poor health outcomes, substance misuse, and mental health challenges
- **Pregnant women who smoke-** at-risk for poor birth outcomes

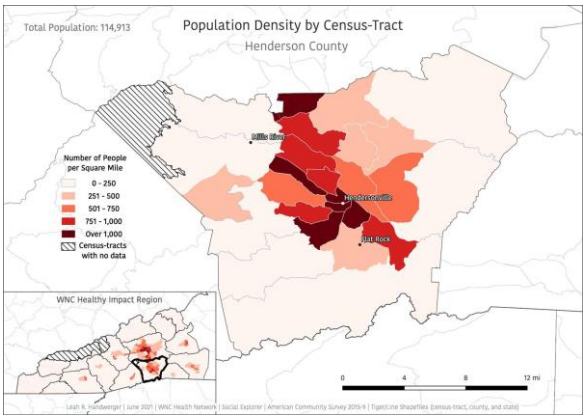
Vulnerable Populations

- **Persons of color-** vulnerable to poor health outcomes, negatively impacted by inequities in social determinants of health (poverty, unemployment, housing, and/or food access, etc.)
- **Children under five-** vulnerable to high poverty rates, dependent on others for care, limited access to options for early childhood education potentially impacting a child's development
- **Teens-** vulnerable to increased rates of poor mental health, substance misuse, and other risk-taking behaviors
- **Older adults-** vulnerable to chronic disease, poor mental health due to age or isolation, challenges during a medical emergency dependent on transportation and physical impairments
- **Persons with physical and/or mental health care challenges-** vulnerable to poor health outcomes due to challenges accessing care and equitable opportunities for health, lack of ability to self-advocate, dependence on others
- **Incarcerated persons-** vulnerable to chronic health issues including diabetes, HIV, asthma, and/or hypertension, increased rates of substance misuse and poor mental health

CHAPTER 2: HENDERSON COUNTY

Location & Geography

Henderson County is in the western region of North Carolina 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. The 2010 US Census classifies two-thirds of Henderson County's area to be urban and one-third rural.



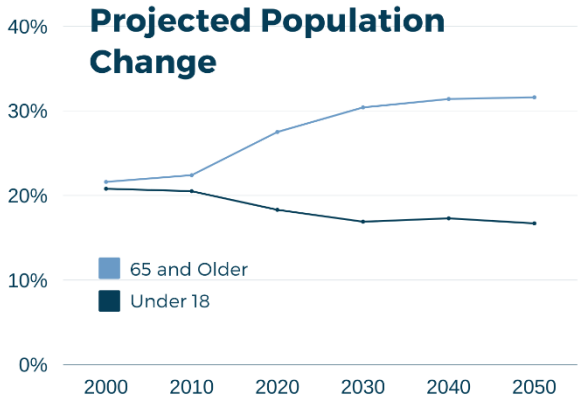
Source: US Census Bureau, 2021

Elevations in Henderson County range from 1,400 feet near Bat Cave 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 from the nearest major city, Charlotte, NC. 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

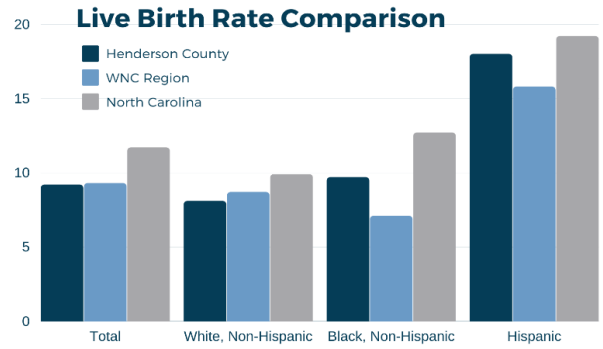
According to 2019 US Census estimates, the population in Henderson County has grown to 114,913. Just over 91% of the population is White, with 3.5% Black or African American, and 5.3% of another race (American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, some other race, or two or more races). The Hispanic/Latino population (of any race) composes 10.1% of the county's population[46].

Henderson County has a large proportion of elderly residents due to a favorable climate and location for retirement. Older adults (ages 65+) make up 25.4% of the population in the county, compared with an average of 15.9% across the state. The county has a median age of 47.4, which is several years older than the state average of 38.7[46]. 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 65-74[29]. About 20% of



Source: NC OSBM, 2021

Henderson County's population is 19 years old or younger[46]. The percent of county residents under the age of 18 is predicted to decrease by 4% through 2050[29].



Source: NC SCHS, 2019

Henderson County has experienced steady population growth over the past 4 decades. It is projected to continue a similar trend for the next 25 years[29]. Birth rates across all racial and ethnic groups are following a decreasing trend similar to the state and the region. Although, the birth rate among people of Hispanic/Latino ethnicity in Henderson County is close to double the birth rate of non-Hispanic, Black and White individuals (18.0 live births per 1,000 as compared to 9.7 and 8.1 respectively)[39]. Despite the decline in birth rates, the population continues to grow pointing to influx of individuals moving to Henderson County from other locations. The overall projected population growth in Henderson County exceeds that of the state and region[29].

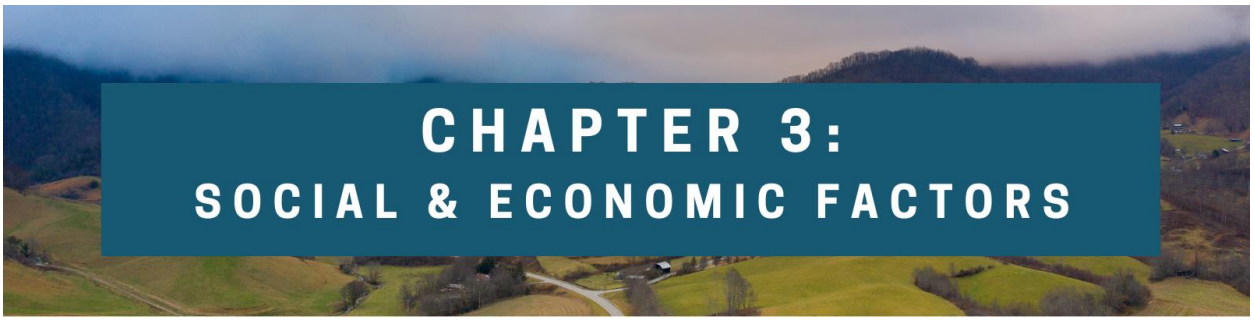
COVID-19 Pandemic

The coronavirus pandemic significantly impacted the well-being of the community. It shifted the way our county addressed the 2018 CHA priorities. Some programs within priority areas expanded, others paused, and new initiatives were established in response to the virus. The effects of the pandemic on Henderson County will last indefinitely.

Several partnerships were initiated and strengthened to support our community in response to the pandemic, including but not limited, to the establishment of a COVID-19 Emergency Shelter, collaborative testing and vaccination sites, new food distribution programs, free community resource drives, expansion of community health worker initiatives, and increased options for tele-health/tele-medicine. Many of these innovative partnerships are ongoing.

According to the NCDHHS COVID-19 Dashboard, as of February 8, 2022, Henderson County has experienced 23,658 COVID-19 cases and 263 related deaths. As reported on the same day, 61% of the county's population ages 5 and above have been vaccinated with two doses or one dose of the Johnson & Johnson vaccine (64% have been vaccinated with at least one dose). Of the population age 65 and older, 86% have received two doses, or one dose of the Johnson & Johnson vaccine[16]. Vaccination and testing efforts will continue county-wide for the foreseeable future.

The pandemic provided a beautiful window into the nature of our community as we watched the health department, hospitals, health clinics, non-profits, school system, and more come together to navigate the crisis together. - Key Informant

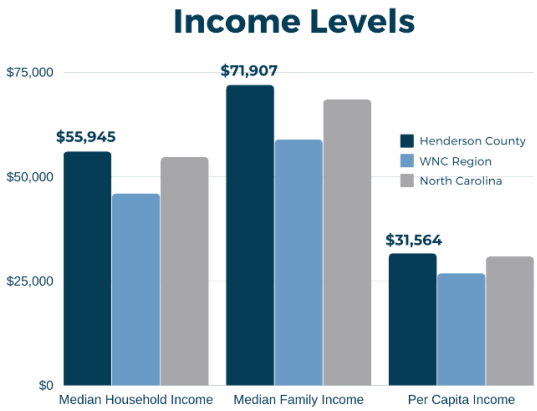


As described by Healthy People 2030, economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context are five important domains of social determinants of health. Social determinants of health (SDOH) are the conditions 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[43].

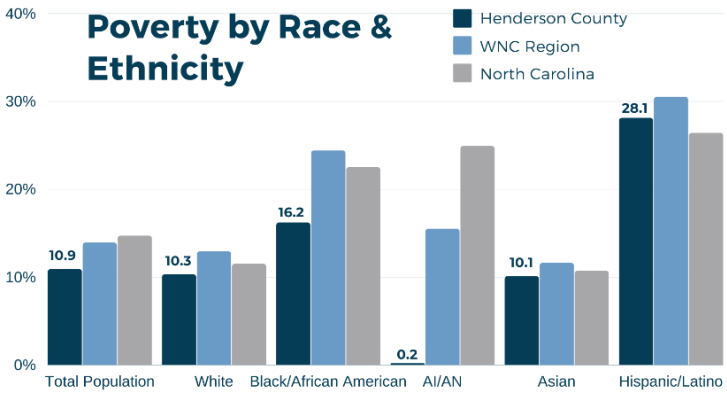
Income & Poverty

"Income provides economic resources that shape choices about housing, education, childcare, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health."[6]

In Henderson County, the median household income, median family income, and per capita income levels are all higher than regional and state averages[53]. Henderson County used to lag behind both neighboring counties, Buncombe and Polk, in per capita income. As of 2019, Henderson County had the highest median household income and median family income in western North Carolina and only follows Buncombe County in highest per capita income by about $1,000[53].



Source: US Census Bureau, 2021



Source: US Census Bureau, 2021

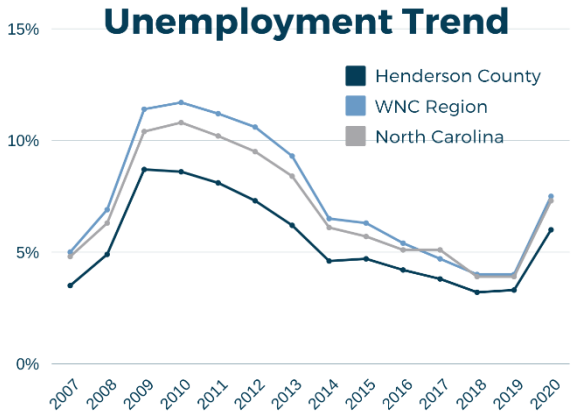
Despite the increase in Henderson County's income levels, 10.9% of the county's population lives below the poverty line (accounting for 12,408 residents). Of this, 17.7% of all children under 18 and 21.5% of all children under 5 are living below the poverty level[52]. There also remains a large disparity between the percent of Hispanic/Latino community members (28.1%) and Black/African American residents (16.2%) living below the poverty level as compared to non-Hispanic, White populations (10.3%)[52]. In SY2019/20, more than half (50.2%) of all students in the county qualified for free or reduced-price lunch[25]. This trend has been stable for the past 15 years.

Employment

"Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play important roles in shaping employment opportunities."[6]

The three employment sectors in Henderson County that employ the most workers are[13]:

1. **Healthcare & Social Assistance:** 17.96% of the workforce (average weekly wages of $1,004)
2. **Retail Trade:** 14.43% of the workforce (average weekly wages of $567)
3. **Manufacturing:** 12.53% of the workforce (average weekly wages of $1,111)



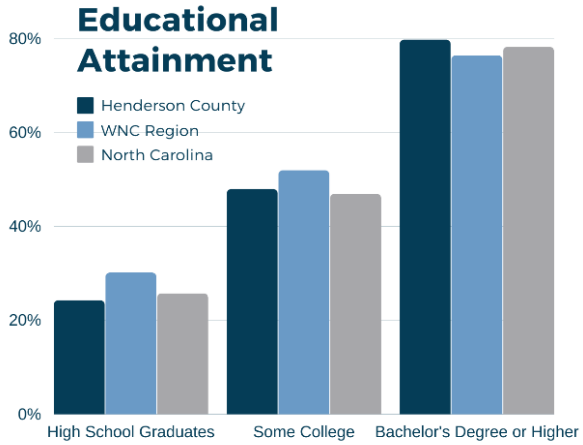
Source: NC Dept of Commerce, 2020

The unemployment rate in Henderson County had been decreasing since 2010 but increased notably in 2020 following the COVID-19 pandemic, reflecting trends seen in the state and region. Still, the unemployment rate in Henderson County is lower than the comparable rates for WNC and NC[12].

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"[6].

There are 23 schools in the Henderson County Public School system, and two public charter schools. Annual enrollment across all public schools has increased to 13,770 students (SY2019/20)[27]. In addition, Henderson County houses multiple private schools and an active homeschooling association.



Source: US Census Bureau, 2021

On average, Henderson County students score higher on the SATs than students across the state and region. Henderson County also has a higher percentage of persons who have graduated with a bachelor's degree or higher compared to WNC and NC. The high school drop-out rate in the county has been lower than that of the state and the region for the past decade, except for the 2018/19 school year. The drop-out rate since that year is at its lowest, standing at 40 students in the 2019/20 school year[26]. In SY2019/20, Henderson County public schools reported a 91.5% graduation rate, higher than that of the state and region[44].

As of October 2021, Henderson County had 59 total licensed childcare facilities, with 26 of these being private or community-based programs, 16 public school-based programs, 10 family childcare homes, and seven faith-based programs. An estimated 1,838 children were enrolled across these facilities with 343 staff members. Most of the facilities are four- or five-star (48) with 11 being three-star, and six excluded from star ratings[17].

Racism & Discrimination

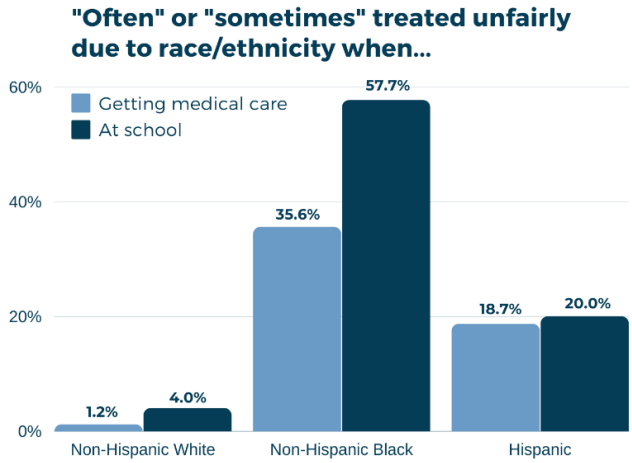
"Racism is an underlying or root cause of health inequities and leads to unfair outcomes between racial and ethnic groups. Different geographic areas and various racial and ethnic groups experience challenges or advantages that lead to stark differences in life expectancy, infant mortality, poverty, and more."[6]

Henderson County is composed of predominately White residents with only 3.5% of the community being Black/African American, and 5.3% of another race (American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, some other race, or two or more races). The Hispanic/Latino population (of any race) composes 10.1% of the county's population. The racial demographics of the community closely match that of the region, with Henderson County's Hispanic/Latino population being slightly larger than the average in WNC (6.1%)[46].

Of the individuals partaking in the 2021 Community Health Survey, 16.7% of all respondents disagreed that the community is a welcoming place for people of all races and ethnicities. When this data was broken out by race and ethnicity, 40.8% of non-Hispanic, Black respondents disagreed that the community is a welcoming place for people of all races and ethnicities[56].

Similarly, survey respondents were asked how often they were threatened or harassed due to their race or ethnicity. Just over 9% of all survey respondents felt "often" or "sometimes" they were threatened or harassed due to race/ethnicity. When disaggregated, 44% of non-Hispanic, Black and 23.5% of Hispanic respondents felt this way[56].

When asked, "Over your entire lifetime, how often have you been treated unfairly due to your race or ethnicity at school?" and "…when getting medical care?", a much higher percentage of non-Hispanic, Black respondents and Hispanic respondents felt that they had been "often" or "sometimes" treated unfairly when getting medical care or at school because of their race/ethnicity at some point in their lifetime as compared to non-Hispanic, White survey respondents[56].



Source: WNCHN, 2021

Of note, the sample sizes of non-Hispanic, Black and Hispanic respondents ranged from 21 to 32 for the questions given above, while non-Hispanic White individuals accounted for 563 responses. Given the relatively small sample sizes of the non-Hispanic, Black and Hispanic groups, this data should be interpreted thoughtfully.

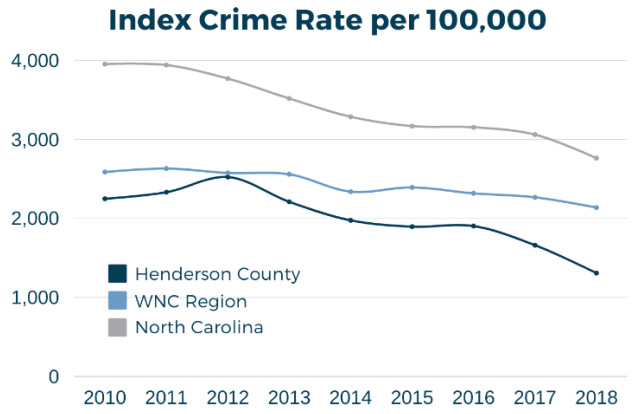
The historically marginalized communities are strong within themselves, taking care of each other, looking out for each other. This is true for the small Black community, for the Latinx community, for the LGBTQIA community. There are allies among some of the community who are becoming more active and vocal since the summer of 2020. - Key Informant

---

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."[6]



Source: NC Dept of Justice, 2021

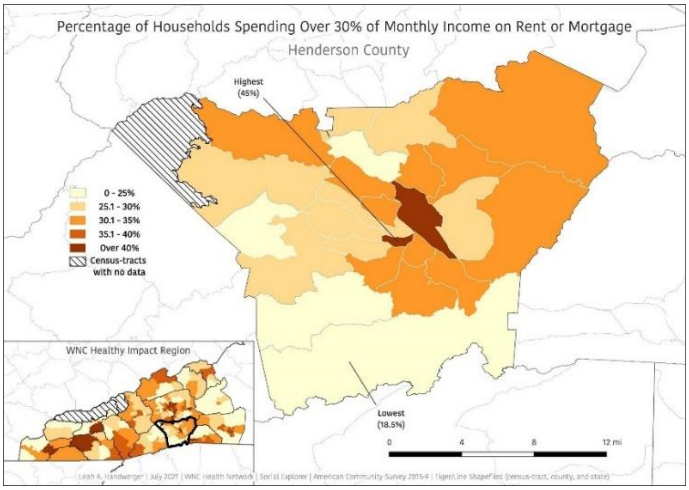
Index crime is the sum of all violent and property crime in a location. Violent crime includes the offenses of murder, rape, robbery, and aggravated assault. Property crimes includes the offenses of burglary, larceny, and motor vehicle theft. As of 2018, the index crime rate in Henderson County, per 100,000 population, is lower than that of the region and state, 1,309.2 as compared to 2,138.3 and 2763.2 respectively. Henderson County's violent crime rate (110.7 per 100,000) and property crime rate (1,198.5 per 100,000) are both lower than regional and state averages[24].

In FY2019/20, there were 641 children with investigated reports of abuse and neglect in Henderson County, with nearly 22% of these cases affecting Hispanic/Latino children, and more often children (of any ethnicity) ages 0-5 (45.1%). In the same time-period, 1,022 domestic violence hotline crisis calls were received, and 529 domestic violence clients were served, as reported by Safelight, the community's primary agency providing services for survivors of domestic violence, sexual assault and child abuse. Most domestic violence clients served were between the ages of 25-59. From July 2019-June 2020, Safelight served 297 total sexual assault clients, many of whom were under the age of 18[11]. In FY2020/21, Safelight served 1,219 unique clients across all programs. The Child Advocacy center saw 238 unique clients, 160 children for forensic interviews and 172 children for comprehensive medical exams. There were 7,729 beds filled in the shelter throughout the year, occupied by 127 adults and 39 children[45].

Housing & Transportation

"The housing options and transit systems that shape our communities' built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health."[6]

Both homeowners and renters in Henderson County are experiencing economic burden related to the cost of their housing. In 2019, 42.8% of people who rented homes in Henderson County were spending more than 30% of their household income on rental costs, with the median gross monthly rent in the county being $853[48,49]. This is the second highest median rent in the region behind Buncombe County. Nearly 15% of renters are spending more than 50% of their income on housing[48].



Source: US Census Bureau, 2021

Of all people who own homes in Henderson County, 25.8% are spending more than 30% of their household income on their mortgage, with median monthly owner costs of $1,287 across the county[51,50]. Again, this is the second highest median monthly owner costs in the region behind only Buncombe County. Just over 9% of all homeowners spend more than 50% of their income on housing

costs[51]. There is no vacancy in government subsidized housing in Henderson County. Waiting lists for subsidized housing range from 3-17 households, depending on the size of the unit needed[1].

Lack of affordable housing is a huge issue when combined with the lack of higher income wage options. Values of homes have skyrocketed in recent years, raising rents for renters as well as low end homes. As the cost of housing escalates, it makes it difficult to afford other basics such as food and medical care.
- Key Informant

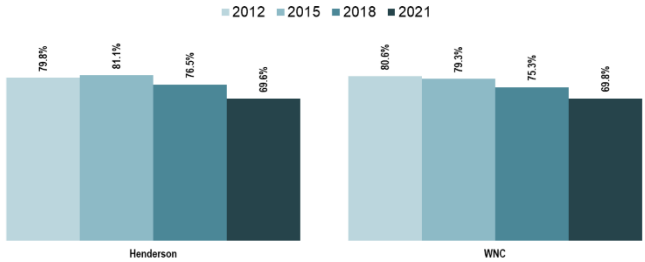
Apple Country Public Transit is the primary public bus service that runs throughout the City of Hendersonville, Town of Fletcher, and Laurel Park. Henderson County also contracts with WNC Source to provide transit and paratransit services. Bus routes and run times are limited in the county, affecting those who do not have access to a vehicle, especially those who live in remote parts of the county. In Henderson County, 1.6% of all owner-occupied households do not have vehicle access. Nearly 12% of all people who rent housing units do not have access to a vehicle. This percentage is much higher when considering households with individuals ages 65 and above. Nearly 61% of owner-occupied homes with a householder over the age of 65 have no vehicle access and 56.6% of rented units with a householder over the age of 65 have no vehicle access[54].

Of all workers in Henderson County over the age of 16, 80.7% drive to work alone. About 10% of workers carpool, 1.2% take public transportation, 1.3% walk, 1.2% take a taxicab, motorcycle or other and 0.1% ride a bike to work[47].

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."[6]

"Always" or "usually" get needed social/emotional support.

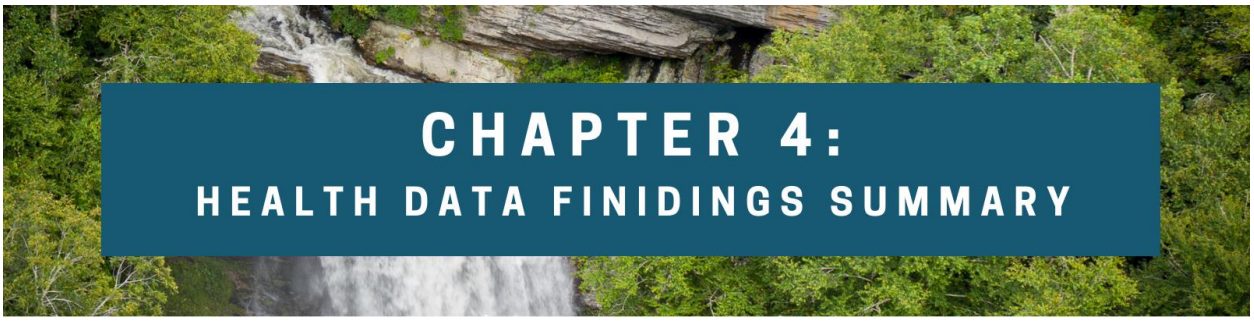


Source: WNCHN, 2021

Of the individuals that participated in the 2021 Community Health Survey, 69.9% reported that they "always" or "usually" get the social and emotional support they need[56]. This is down from 76.5% reported in the 2018 CHA and 81.1% in the 2015 CHA. The COVID-19 pandemic likely played a role in increasing social isolation and reducing feelings of social and emotional support over the past two years.

When asked "How often do you have someone you can rely on to help with things like food, transportation, childcare, or other support if needed?", 72% of respondents felt they "always" or "usually" had someone else to rely on for support, 28% of respondents "sometimes", "seldom" or "never" had anyone else to rely on for support[56].

As one key informant noted, Henderson County has "availability of family support resources through a broad network of non-profit organizations and government entities" and "naturally occurring community that forms through participation in programs and services."[57] However, substance misuse, mental health challenges, bias and discrimination are all factors that may limits one's ability to have family and social support.



CHAPTER 4:
HEALTH DATA FINIDINGS SUMMARY

Mortality

As of 2019, the five leading causes of death in Henderson County are cancer, diseases of the heart, unintentional injuries, cerebrovascular disease, and chronic lower respiratory disease. The mortality rates of cancer, diseases of the heart, and cerebrovascular disease although high, have decreased over time. The mortality rates of unintentional injury and chronic lower respiratory disease have both increased in recent years[32]. Of note, this list does not consider deaths due to COVID-19, as the data was compiled prior to the pandemic.

LEADING CAUSES OF DEATH

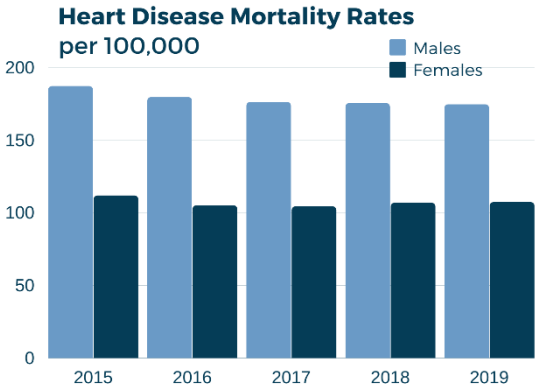
CAUSE	DEATH RATE Per 100,000
Cancer	145.0
Diseases of the Heart	137.8
Unintentional Injuries	47.3
Cerebrovasular Disease	37.0
Chronic Lower Respiratory Disease	36.1

Source: NC SCHS, 2021

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 under the age of 39. Suicide is the third leading cause of death among residents ages 20-39[37].

Life expectancy at birth in Henderson County is 79.4 years, higher than both the state (78.2) and regional (77.4) comparisons. A disparity in life expectancy in the county exists between both males and females (77.0 for males as compared to 81.7 for females) as well as between White and Black/African American residents. On average, White residents have a life expectancy of 79.6 years and Black/African Americans, 77.2 years, a difference of 2.4 years. In the state, the racial disparity in life expectancy between White and Black populations is 3.4 years[36].

Unintentional falls cause a concerning number of deaths in Henderson County residents over the age of 65. In 2020 alone, there were 1,358 emergency department visits in the county for unintentional falls. From 2015-2019, 223 Henderson County residents died as the result of an unintentional fall. Of these, 92% of deaths occurred in the population ages 65 and older. The state of North Carolina has seen a 75% increase in unintentional fall-related deaths in the past 10 years[38].



Source: NC SCHS, 2021

Overall, heart disease mortality rates have decreased in Henderson County, the region, and the state over the past two decades. The gender disparity in heart disease mortality rates is stark in Henderson County. Latest reports show the heart disease morality rate for females in the county being 107.3 per 100,000 population as compared to males, 174.5 per 100,000. A racial disparity in heart disease mortality also exists as Black/African American individuals exhibit higher mortality rates (243.3 deaths per 100,000) than do White individuals (138.7 deaths per 100,000)[40].

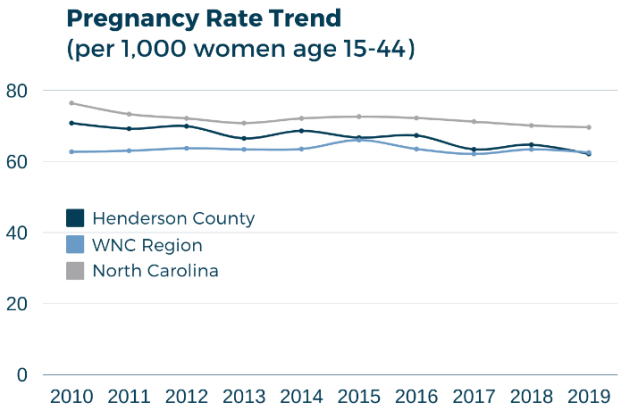
Cancer mortality rates have also declined over time in Henderson County, with the region and the state following the same trend. A gender disparity exists between males and females in terms of cancer mortality rates with males standing at 165.9 deaths per 100,000 and females at 129.2 deaths per 100,000. The cancer mortality rates by site for lung/bronchus, female breast, prostate, and colon/rectal cancers are lower or the same in Henderson County as in the region and state. Lung cancer is more commonly seen in Henderson County than cancer of other types[33].

Health Status & Behaviors

According to the Robert Wood Johnson Foundation's County Health Rankings released in early 2021, Henderson County ranked 11th in the state (out of 100 counties) in health outcomes, which measures length of life and quality of life. The county also ranked 11th in the state in terms of health factors, including health behaviors, clinical care, social and economic factors, and the physical environment[6].

Maternal and Infant Health

In Henderson County, the pregnancy rate trend has decreased steadily from 84.1 pregnancies per 1,000 women ages 15-44 in 2007 to 62.1 pregnancies per 1,000 women ages 15-44 in 2019. The county's pregnancy rate trend closely matches that of the state and region[41]. Teen pregnancy trends across the county, state, and region have steeply declined since 2006, now standing at a low of 23 pregnancies per 1,000 women ages 15-19 in Henderson County[41].



Source: NC SCHS, 2021

The live birth rate trend in Henderson County has been decreasing consistently since the early 2000's, following the same trend as the region and the state. Of concern, the low (< 2500 grams) and very low (< 1500 grams) birth weight trends in Henderson County reached a low in 2009-2013 but have been rising since. 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 non-Hispanic, Black babies are born at low and very low birth weights than non-Hispanic, White babies[35].

Gestational diabetes and BMI status are two pregnancy risk factors contributing to poor birth outcomes. In Henderson County, far more Hispanic mothers (over 20%) are diagnosed with gestational diabetes than non-Hispanic mothers. When looking at BMI status, a higher percentage of Hispanic mothers are overweight than non-Hispanic mothers, but a higher percentage of non-Hispanic, Black mothers are considered obese as compared to other racial and ethnic groups[34].

Sexually Transmitted Infections

Newly diagnosed infection rates for chlamydia, gonorrhea, HIV, and syphilis have been consistently lower than the state averages since 2013/14, however the infection rates of newly diagnosed chlamydia and gonorrhea in Henderson County have been on the rise in recent years as they have in the region and state as well[19,21]. Newly diagnosed HIV and syphilis infection rates both peaked in 2017 and have decreased since in the county[22,20].

Chronic Disease

Chronic diseases such as cancer, diseases of the heart, and chronic lower respiratory disease are main contributors to overall mortality in Henderson County, being the first, second and fifth leading causes of

death respectively. The adult diabetes prevalence in Henderson County was stable from 2004 to 2016 but increased by 5% in 2017[5].

As self-reported in the 2021 Community Health Survey, 14.2% of adults in Henderson County are of "fair" or "poor" overall health. Over 35% of survey respondents self-report having high blood pressure, and 32.6% having high cholesterol. Nearly 14% of adults in Henderson County have been told by a doctor, nurse, or other health professional that they have diabetes. Just over 7% of Henderson County adults have been told by a health professional that they have asthma, and 8.6% have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). About 68% of adults in Henderson County have a self-reported BMI or 25.0 or higher, classifying them as overweight or obese[56].

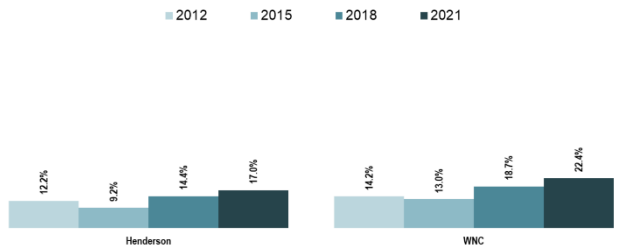
Mental Health & Substance Misuse

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. Between 2006 and 2017, the number of Henderson County residents served in an Area Mental Health Program decreased from 3,014 to 1,916, then increased to just over 2,000 in 2020[18]. Over the same time period, the number of Henderson County residents served in NC State Psychiatric Hospitals decreased from 128 residents in 2006 to 22 in 2017 and even fewer in 2020[23]. The number of residents served in NC State Alcohol and Drug Treatment Centers has varied over time, with 2016 seeing the highest number of persons served in the county at 96[30].

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. Following the COVID-19 pandemic, many behavioral health care providers juggle longer waitlists and higher need.

As reported in the 2021 Community Health Survey, almost 17% of adults in Henderson County did not get needed mental health care or counseling in the past year. Further, the percent of adults that "always" or "usually" get the social/emotional support they need has decreased since 2015, now standing at 69.6%. At the same time, there has been in increase in the percent of adults reporting more than 7 days of poor mental health over the past month. In 2015, 9.2% of adults reported more than 7 days of poor mental health in the past month, as compared to 17.0% in 2021[56].

More than 7 days of poor mental health in the past month.



Source: WNCHN, 2021

Clinical Care & Access

Health Professionals

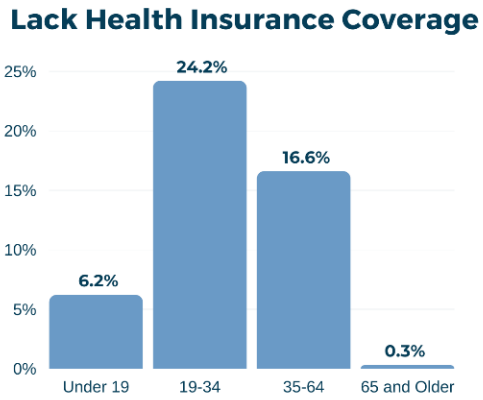
Henderson County is fortunate to have two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a local public health department, an agency serving survivors of interpersonal violence and numerous other health care providers of various specialties. 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 2021, Community Health Survey respondents were asked "Was there a time in the past 12 months when you needed medical care but could not get it?". Over 8% of respondents selected "yes", there was

a time in the past year when they were unable to get needed medical care. Further, 29.7% of survey respondents chose to go without needed health care during the pandemic[56].

Uninsured Population

The estimated percent of the county's population under the age of 65 who are uninsured has been decreasing since 2013, following the same trends as the state and the region. The 2021 Community Health Survey indicates that 15.9% of adults ages 18-64 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. Further, 6.2% of respondents reported that they, or someone in their household, lost health insurance coverage during the COVID-19 pandemic[56].



Source: US Census Bureau, 2021

When categorized by age group, 6.2% of those under 19 and almost a quarter (24.2%) of Henderson County residents ages 19-34 lack health insurance coverage.

Many Latinx in our community don't have legal status and therefore are unable to apply or afford medical insurance. Which causes the issue of not taking care of their health. - Key Informant

---

Medicaid

Medicaid is a state and federal program that provides health coverage for very low-income individuals. In 2020, 17.6% of Henderson County's population was eligible for Medicaid[15].

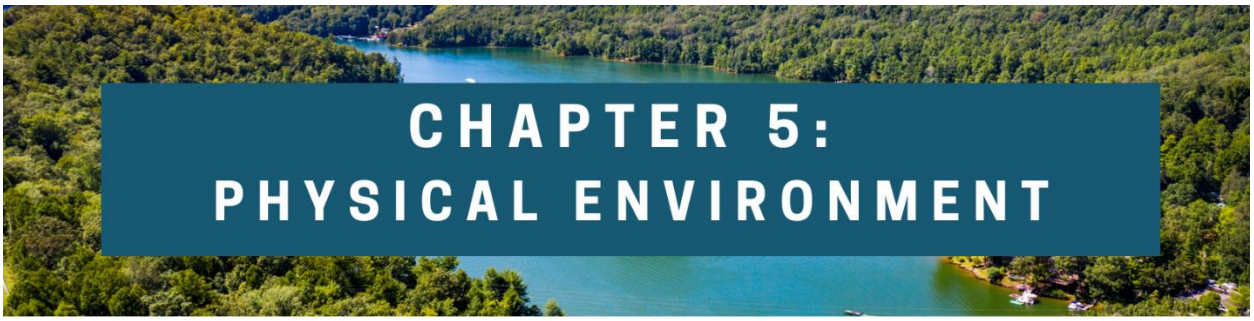
Health Inequities

A health inequity is a health disparity that is 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[2]. Several health inequities have been identified in the 2021 CHA data described above, as well as in *Chapter 3- Social & 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. 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.

Source: Black Hawk County Public Health

[In a healthy community], community members of all race/ethnicity, age, ability, religion, sex, etc. have equitable access to opportunities to be healthy. - Key Informant

---



Air & Water

"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."[6].

Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to well-being and quality of life[7].

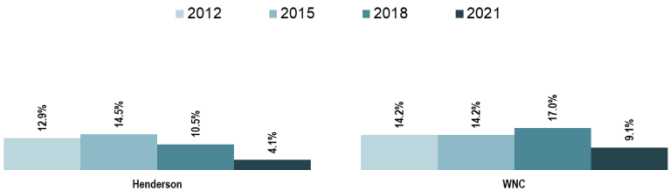
The Environmental Protection Agency's Toxic Release Inventory (TRI) is a publicly available database that tracks the management of certain chemicals and air pollutants that may pose a threat to human and environmental health. The information contained in the TRI comes through required reporting from US industry sectors such as manufacturing, metal mining, electric utilities, and commercial hazardous waste management.

In 2019, 260,212 pounds of on- and off-site releases were reported in Henderson County. Several manufacturing facilities located in Fletcher, Mills River and East Flat Rock were responsible for the primary TRI compounds released in the highest quantities. Henderson County ranks 35 (out of 85 counties in NC) in terms of highest total releases. The NC county average for pounds of on- and off-site releases in 2019 was 670,787 pounds[55].

The ten compounds released in the greatest quantity in Henderson County include methanol, sulfuric acid, phenol, ammonia, formaldehyde, nitrate compounds, aluminum, glycol ethers, manganese, and copper[55].

The 2021 Community Health Survey data demonstrated a decrease in the percent of adults breathing in smoke from someone else in their workplace. Just over 4% of respondents reported breathing in smoke from someone else who was using tobacco in their workplace[56]. This is the lowest percentage in the region and down by more than 10% since 2015.

Have breathed someone else's smoke at work in the past week



Source: WNCHN, 2021

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. Water 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.

As reported in April 2020, community water systems in Henderson County served an estimated 72,458 individuals, accounting for about 63% of the population. The percent of the population served by community water systems in the county is higher than the regional average of 47.1%[8]. Note that populations not connected to a community water system likely would get their drinking water from a well, directly from a body of surface water, or would use bottled water.

According to the National Pollutant Discharge Elimination System (NPDES), as of July 2021, there were 26 active individual permits in Henderson County that allow for municipal, domestic, or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways. This is representative of[28]:

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

Henderson County's municipal solid waste and construction/demolition waste are transported out of the county. The tons of waste disposed in Henderson County has been consistently decreasing since 2017/18, now at 76,164 tons (2019/20). There has been a -44% change in municipal solid waste and construction/demolition tons disposed in Henderson County since 1991/92[14].

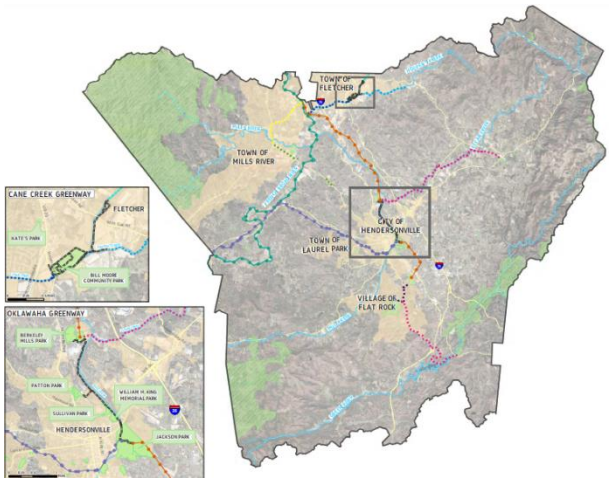
Access to Healthy Food & Opportunities for Activity

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

Henderson County's mild climate lends itself well to numerous national and local parks and opportunities for outdoor recreation. Indoor recreational facilities often require a fee, but some offer programs at low or no-cost. There are 12 public parks and facilities managed by Henderson County Parks and Recreation that support health and activity for county residents. Numerous other parks and greenways in the county are managed by the City of Hendersonville, local municipalities, or regional organizations such as Patton Park, The Park at Flat Rock and the Oklawaha Greenway.

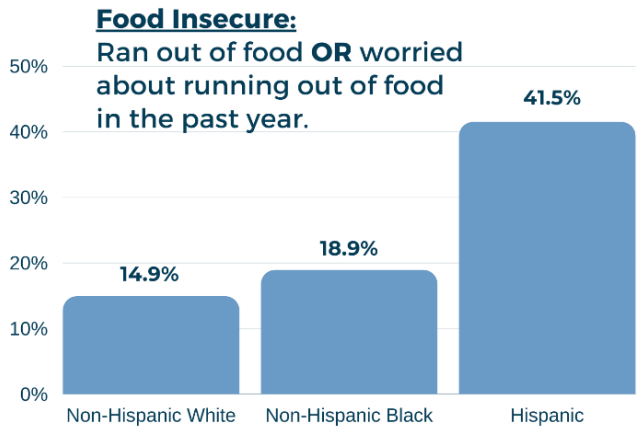
Despite abundant opportunities for outdoor recreation, only 26.1% of adults in Henderson County meet the physical activity recommendations set by the Centers for Disease Control and Prevention (>150 minutes of moderate aerobic activity per week). Just over 21% of adults in Henderson County do not participate in any physical activity at all[56]. This could be reflective of an individual's ability to access and/or afford safe places to be active.

In April of 2019, Henderson County adopted a Greenway Master Plan with the vision of creating "a safe, accessible, comprehensive and connected system of constructed greenway trails that enhances quality of life throughout Henderson County". The purpose of the plan is to create a greenway system across Henderson County for all to enjoy, with the benefit of providing safe, alternative methods of transportation and new recreational opportunities for all ages[9].



Source: Henderson County Greenway Master Plan, 2019

Food security exists when all people at all times have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and preferences for an active and healthy life[10].



Source: WNCHN, 2021

As reported in the 2021 Community Health Survey, 17.2% of adults in Henderson County are food insecure, meaning they ran out of food or worried about running out of food in the past year. When this data is broken up by race and ethnicity, 41.5% of Hispanic respondents in Henderson County report food insecurity, as compared to 18.9% of non-Hispanic, Black and 14.9% of non-Hispanic, White respondents[56].

In the 2022 market season, there will be five active farmers markets in Henderson County, two of which accept SNAP Double Dollars, a program that matches an individual's SNAP EBT spending to provide twice the amounts of fruits and vegetables. Many influences may affect one's ability to access and/or afford healthy food provided by these venues including transportation, wages, cost of housing, and other intertwined factors.

Although in the summertime we have several farmers markets and farmer food share programs selling fresh, local produce, these venues do not reach the community members with highest need... the food there is still not affordable or accessible to them. We must reconsider some of our initiatives and programs to provide for community members in great need. - Key Informant

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.

As described in *Chapter 3- Social & Economic Factors*, 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.

CHAPTER 6: HEALTH RESOURCES

A healthy community should have equity that addresses the needs of each community and individual within that community. A healthy community should have economic growth for all the people, young and old... that lets them work and live with dignity throughout their lifespan. - Key Informant

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. United Way's 2-1-1 is a free, confidential service available 24 hours a day. It can be accessed online at www.nc211.org or by calling 2-1-1.

Findings

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.

The NC Health Professionals Data System (NCHPDS) estimates that in 2019, there were 7.52 Primary Care Physicians per 10,000 Henderson County residents, slightly higher than the state average of 7.06. Henderson County has fewer Primary Care Providers per 10,000 residents than the neighboring counties of Buncombe (12.95) and Transylvania (7.76). NCHPDS also reports Henderson County has 4.82 Dentists per 10,000 residents, just lower than the state average of 5.18 and much lower than Buncombe County (7.04)[3]. Close to 17% of Primary Care Physicians and 19.3% of Dentists in Henderson County are over the age of 65, reflecting a need for new providers to seek employment in our community to meet growing need.

The behavioral health system in Henderson County is coordinated through a coalition called the Behavioral Health Summit. This group consists of leaders from behavioral health organizations, the hospitals, the FQHC, non-profits, the school system and local government. As is the trend nation-wide, many behavioral health providers are at or near capacity in Henderson County. This group is working to address these staffing shortages, but also to advocate for more use of peers for case-management and support.

Existing Resource Lists

The resource lists given below are not all encompassing and may not be up-to-date, as resources are constantly evolving. The list below reflects resources that are relevant to the selected health priorities.

- Henderson County Crisis Resources for Mental Health and Substance Use During COVID-19

- Hope Coalition Substance Use Prevention Resources
- Henderson County Public Schools "Mental Health and Crisis Resources"
- Resources for Spanish Speaking Providers in Asheville/ Hendersonville
- Local resources for Children and Youth with Special Healthcare Needs
- Henderson County Department of Public Health Community Links & Resources

Resource Gaps

Despite the availability of numerous health resources, there are gaps that need to be addressed in Henderson County. Many of these gaps were also identified in the previous Community Health Assessment in 2018. While much has been done in the past three years to address these gaps, there is still much more work to do to equitably meet the needs of our community. The following list of resource gaps were identified through the 2021 Community Health Forum and Key Informant Survey:

- Access to affordable, healthy food
- Public transportation
- Wages and income equality
- Affordable housing
- Trauma-informed care
- Access to behavioral Health services and providers
- Internet accessibility
- Access to medical healthcare
- Early childhood education- worker pay and cost of childcare
- Neighborhood safety and infrastructure
- Access to public parks
- Representation of communities of color

Health Priority Identification

Process

Every three years we pause our work so that we may step back and take a fresh look at all the current data that reflects the health of our community. We then use this information to help us assess how well we are doing, and what actions we need to take to move forward.

Following data collection, in September 2021, the Henderson County CHA Data Team spent time reviewing and analyzing all the compiled primary and secondary data to uncover what issues were affecting the most people in our community. The CHA Data Team used the following criteria to identify significant health issues:

- Data related to past health priorities
- Data that reflects a concerning trend related to size or severity
- Data showing significant disparities
- Issue surfaced as a topic of high community concern
- Data deviates notably from the region, state, or benchmark

Identified Issues

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/ to download the full WNC Dataset containing these indicators and their sources.

Issue 1: Mental Health

- *17.0% of adults reported 7 or more days of poor mental health in the past month*
- *69.6% of adults reported ability to "always" or "usually" get needed social/emotional support*
- *22.3% of adults are currently taking medication or receiving treatment for mental health*
- *5.9% of adults have considered suicide in the past year*
- *Adult suicide mortality rate has increased to 18.4 per 100,000 population*
- *Gender disparity in suicide mortality rates (males- 31.5 per 100,000 v. females- 6.3 per 100,000)*
- *16.8% of adults did not get needed mental health care or counseling in the past year*

Issue 2: Substance Misuse

- *9.7% of adults currently smoke*
- *13.0% of adults binge drink*
- *11.1% of adults have used prescription opiates/opioids in the past year*
- *Unintentional opioid overdose death rate of 26.4 per 100,000 population*
- *83.9% of opioid overdose deaths involved illicit opioids*
- *Heroin and/or other synthetic narcotics contribute to most unintentional overdose deaths*
- *4285.5 buprenorphine prescriptions distributed (indicator of Medication Assisted Treatment)*
- *42.2% of adults report their life has been negatively affected by substance misuse*

Issue 3: Nutrition

- *4.6% of adults consume 5 or more servings of fruits/vegetables per day*
- *40.3% of Hispanic adults, 16.9% of non-Hispanic, Black adults, and 13.2% of non-Hispanic, White adults "often" or "sometimes" worried about whether food would run out before having money to buy more.*
- *17.4% of Hispanic adults, 18.9% of non-Hispanic, Black adults, and 10.6% of non-Hispanic, White adults "often" or "sometimes" bought food that did not last, and did not have money to buy more*
- *41.5% of Hispanic adults, 18.9% of non-Hispanic, Black adults, and 14.9% of non-Hispanic, White adults ran out of food or worried about running out of food in the past year*

Issue 4: Physical Activity

- *26.1% of adults get the recommended amount of physical activity*
- *21.1% of adults do not participate in any physical activity*
- *68.4% of adults are overweight or obese (BMI of 25.0 or higher)*

Issue 5: Safe & Affordable Housing

- *42.8% 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*
- *Median rent ranges from $668/month (studio) to $1415/month (three-bedroom unit) with limited vacancy*
- *0.0% vacancy in government subsidized housing, with waiting lists from 3-17 households*
- *51.5% of Hispanic adults, 15.8% of non-Hispanic, Black adults, and 21.9% of non-Hispanic, White adults worried or stressed about paying rent or mortgage in the past year*
- *9.8% of adults had a time in the past year when their home was without electricity, water, or heating*
- *8.8% of adults have had to live with a friend/relative in the past three years due to a housing emergency*
- *150 homeless individuals were counted in the annual point-in-time count in 2020*

Issue 6: Interpersonal Violence

- *1,022 unique clients were served by Safelight*
- *529 hotline crisis calls were received at Safelight*
- *29% of clients served are under age 18, 84% are female, and 12% of clients are Hispanic/Latino*
- *238 unique clients served at the Child Advocacy Center*
- *2,740 in-person counseling sessions conducted (179 adults served, 116 children served)*

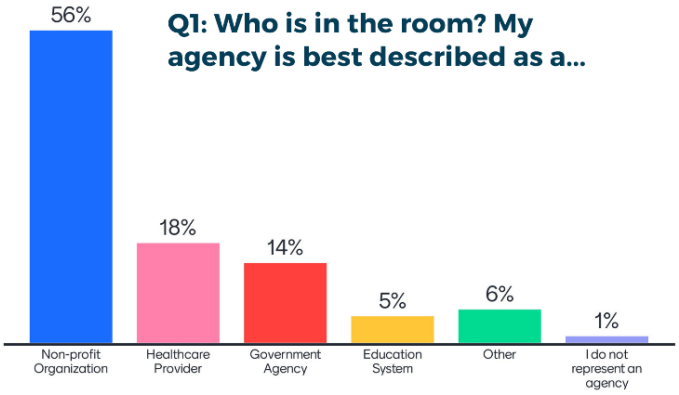
Issue 7: Healthy Aging

- *In 2050, 13.8% of the population is projected to be ages 65-74, 11.5% ages 75-84 and 6.3% ages 85+*
- *1,358 ED visits for unintentional falls by individuals ages 65 and older*
- *223 residents died as the result of an unintentional fall (92% of these occurred in the population age 65 and older)*

Issue 8: Equity

- *12.6% of Hispanic adults, 40.8% of non-Hispanic, Black adults, and 15.6% of non-Hispanic, White adults disagree that the community is a welcoming place for people of all races and ethnicities.*
- *23.5% of Hispanic adults, 44.0% of non-Hispanic, Black adults, and 6.2% of non-Hispanic, White adults "often" or "sometimes" are threatened or harassed due to their race/ethnicity*

- *20.0% of Hispanic adults, 57.7% of non-Hispanic, Black adults, and 4.0% of non-Hispanic, White adults "often" or "sometimes" have been treated unfairly due to their race/ethnicity when at school over their entire lifetime*
- *18.7% of Hispanic adults, 35.6% of non-Hispanic, Black adults, and 1.2% of non-Hispanic, White adults "often" or "sometimes" have been treated unfairly due to their race/ethnicity when getting medical care over their entire lifetime*
- *24.1% of Hispanic adults, 34.6% of non-Hispanic, Black adults, and 20.1% of non-Hispanic, White adults "often" or "sometimes" are criticized for their accent or the way they speak*

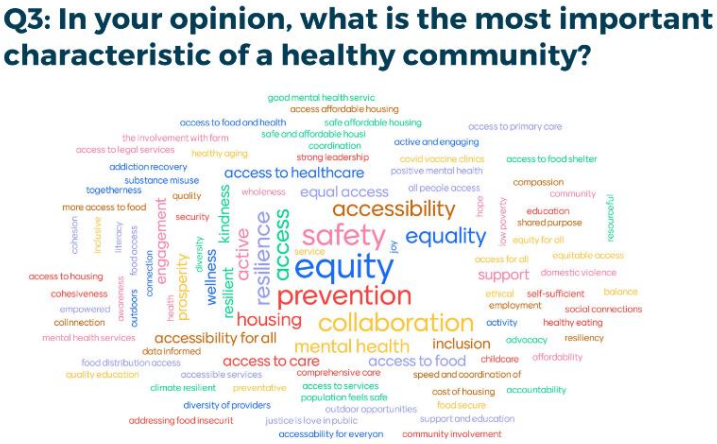


Priority Health Issue Identification

Process

Once the CHA Data Team made sense of the primary and secondary data and agreed on the "data short list" described above, the Partnership for Health, with support of the Henderson County Board of Health, presented the eight identified health issues to the community via a virtual Community Health Forum in December 2021. The Forum attendees included a wide range of partners and community members (see a full list in **Appendix G**). About half of the individuals represented a non-profit agency, while many others represented healthcare, government, and education. More than half of the Forum participants have lived and/or worked in Henderson County for more than 10 years.

At the beginning of the Community Forum, participants were instructed to identify elements of a healthy community. When asked, "In your opinion, what is the most important characteristic of a healthy community?", the word "equity" appeared the most often. Other shared responses included safety, access/accessibility, prevention, collaboration, equality, and resilience.



Next, participants were presented the 2021 CHA data, then took time to discuss the data and its implications for our community in small breakout rooms. The full Community Health Forum Data Presentation can be found in **Appendix B**.

The Forum participants used the information presented to score each issue, then rank the health issues from highest to lowest priority. 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 will make a difference in the lives of people in our community.

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

- Criteria 1 – 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)*
- Criteria 2 – Impact – What will we get out of addressing this issue? *(Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now)*
- Criteria 3 – Feasibility – Can we adequately address this issue? *(Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)*

Participants used a modified Hanlon method to rate the health issues using the criteria listed above (see prioritization tool used in **Appendix F**). Then, the group virtual ranked the eight issues utilizing an online platform, Mentimeter. The results of the final health issue ranking were taken back to the Partnership for Health and Henderson County Board of Health for consideration.

Identified Priorities

Because of the impact that the 2018 CHA health priorities were still having in the community, and the work that still needed to be done to address them, the Partnership for Health ultimately voted to continue all four current health priorities (as selected in 2018) and add Interpersonal Violence as a fifth priority. Health disparities were recognized as a common concern among all priorities. Thus, an equity-based approach to improve health outcomes will be an inherent part of strategy in forthcoming action plans. The Partnership for Health suggested that the Henderson County Board of Health support the recommendation of five priorities.

After a presentation from members of the Partnership for Health in January 2022, the Henderson County Board of Health agreed to support the Partnership's recommendation.

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

- Mental Health
- Substance Misuse
- Physical Activity and Nutrition
- Safe and Affordable Housing
- Interpersonal Violence

Health Priority #1: Mental Health

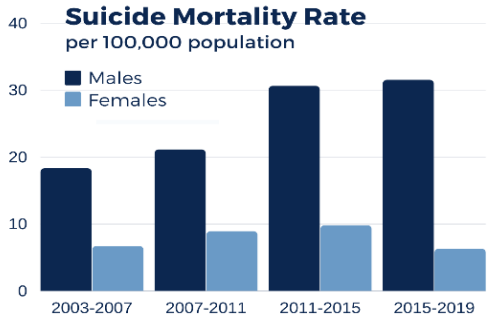
Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal-relationships, 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 has 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 18.4 suicides per 100,000 population in 2015-2019. As the suicide mortality rate has climbed in the community, the gender disparity in suicide trends has intensified. In 2015-2019, the male suicide rate was five times that of females. Suicide stands as the 7th overall leading cause of death in Henderson County, and the 3rd leading cause of death among individuals ages 20-39[40].

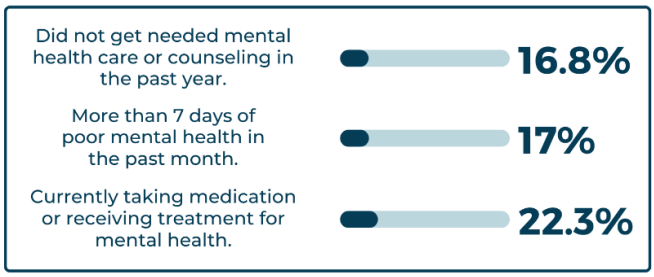


Source: NCSCHS, 2021

Between 2006 and 2017, the number of Henderson County residents served in an Area Mental Health Program decreased from 3,014 to 1,916, then increased to just over 2,000 in 2020[18]. Of note, decreased access does not necessarily equate to decreased need. As described in *Chapter 6- Health Resources,* 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 2021 Community Health Survey further demonstrated that mental health is a concern in the community. When asked, "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?", 17.0% of respondents reported more than 7 days of poor mental health in the past month. This is the highest percentage reported from this question over the past four CHA cycles. Futher, 69.9% of respondents reported "always" or "usually" getting needed social and emotional support. This is the lowest percentage over the past four CHA cycles. Over 22% of Henderson County adults self-report currently taking medication or receiving treatment for mental health. Nearly 6% of survey respondents have considered suicide in the past year. Likely impacted by the COVID-19 pandemic, 16.8% of adults in Henderson County did not get mental health care or counseling that was needed in the past year (up from 9.2% in 2018) [56].



Source: WNCHN, 2021

What's helping?

- Family support services
- Access to mental health resources
- Value placed on social-emotional learning
- COVID-19 forced agencies to think about wellness, self-care, stress, the importance of connection and address burnout
- Partnerships between health, social service, and government sectors
- Community partners working with young children
- Community trainings about trauma, parenting skills, and wellness
- Trauma-informed/transformed organizations and care
- Strong public school system and agencies supporting youth and children

What's hurting?

- Long waitlists for outpatient therapy services
- Perception of the issue
- Not a level playing field with regards to resources
- Lack of affordable childcare options
- Substance misuse and neglect
- Lack of providers
- Transportation deficiencies
- Children without rapport with a safe adult
- Stigma around mental health treatment
- Generational trauma
- Barriers to care from language and cultural differences

Who's impacted?

- Children and youth
- Communities of color
- Latinx community
- Low-income individuals and families
- Individuals living in poverty
- Persons without insurance
- Individuals and families in rural areas

Current Action

The Henderson County Behavioral Health Summit is the Action Team that leads progams and initiatives to improve to mental health and substance misuse in Henderson County. Although the COVID-19 pandemic has limited the ability of the Summit to meet regularly in-person, the work has certainly continued. The Henderson County Crisis Providers Collaborative, Afterhours/Crisis-Care group, and the Mental Health Roundtable are all sub-groups of the Behavioral Health Summit that have continued to meet the needs of the community related to behavioral and mental health over the past two years. The Summit has also been instrumental in the development of the Hendersonville Connections Center, Henderson County ACES Collaborative, and in Truama Resilient Communities Trainings.

Related Healthy NC 2030 Indicators

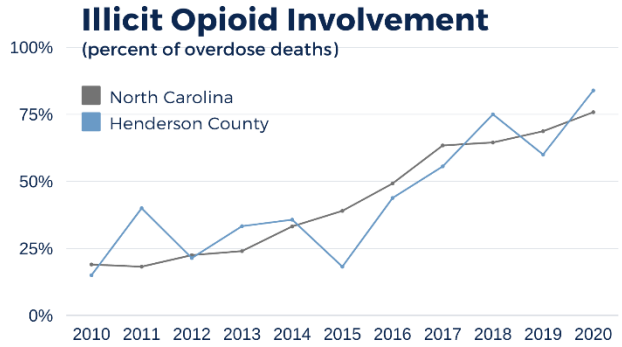
- Percent of children who have experienced two or more Adverse Childhood Experiences (ACEs)
- Age-adjusted number of deaths attributed to self-harm per 100,000 population

Health Priority #2: Substance Misuse

Substance misuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance misuse one of the most complex public health issues. Substance misuse was identified as a top priority in the 2012, 2015, and 2018 Community Health Assessments.

What do the numbers say?

Unintentional opioid overdose deaths in Henderson County have been steadily increasing yearly, now standing at 26.4 deaths per 100,000 residents. This accounts for deaths by all types opioids. However, illict substances such as heroin, fentanyl and fentanyl analogues are increasingly contributing to overdose deaths. In 2020, 83.9% of all overdose deaths in Henderson County were contributed to illicit opioid involvement[31].



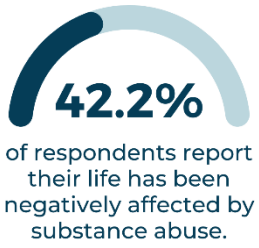
Source: NC Opioid Action Plan Dashboard, 2021

The number of individuals utilizing Medication Assisted Treatment for opioid use disorder has been increasing as evidenced by the increasing number of buprenorphine prescriptions distributed in the community. In 2018, 4,285.5 prescriptions per 100,000 residents were distributed in Henderson County, up from less than 2,000 prescriptions in 2010[31].

Unintentional injury, which includes unintentional poisioning and drug overdose, is the third leading cause of death overall[32] in Henderson County and the first leading cause of death among residents ages 20-29[37]. The unintentional injury and unintentional poisoning mortality rate trends per 100,000 population have been increasing in Henderson County, the region and the state since 2010[32], pointing to substance misuse as a leading cause.

What did the community say?

About 42% of adults in Henderson County say their life has been negatively affected by substance use disorder either by themselves or by someone else[56].



Source: WNCHN, 2021

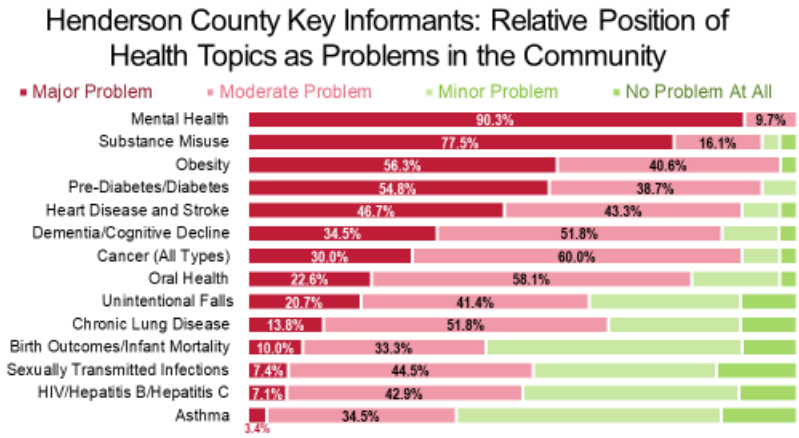
Just over 54% of adults in the county are "current drinkers" meaning they have had at least one drink of any alcoholic beverage in the past month. The percent of binge drinkers in the community (classified as men consuming five or more alcoholic drinks or women consuming four or more alcoholic drinks on any one occasion in the past month) has increased in 2021, now standing at 13.0%, the highest percentage since 2012. Just over 19% of adults in Henderson County are considered "excessive drinkers" reflecting the number of persons aged 18 years and over who drank more than two drinks per day on average for men or more than one drink per day on average for women OR who drank 5 or more drinks during a single occasion for men or 4 or more drinks during a single occasion for women during the past 30 days[56].

The percent of self-reported current smokers (those who smoke every day or some days) has decreased to 9.7% in Henderson County, down from 19.2% in 2012. The percent of individuals who reported breathing someone else's smoke at work has also decreased to 4.1% (down from 14.5% in 2015). Only 3.4% of adults self-reported currently using a vaping product such as e-cigarettes[56]. Data was not collected on youth tobacco or e-cigarette use in the 2021 Community Health Assessment.

What's helping?, What's hurting?, Who's Impacted?

Substance misuse was not a social determinant of health defined in the 2021 Key Informant Survey, therefore stakeholders were not asked to identify specific strengths, challenges, and impacted populations for this topic. Although, many of the same factors that were given related to the prioirty above, mental health, are fitting to substance misuse as well. Refer to the sections, "What's helping?", "What's hurting?", and "Who's Impacted?" on page 32 for overlapping responses.

Key Informants were asked to rate each of 14 health issues in terms of their relative position as problems in the community. Of note, all key informants stated mental health was a major or moderate problem in the community, followed closely by substance misuse[57].



Source: WNCHN Key Informant Survey, 2021

Current Action

Much work has been done to reduce the harm caused by substance misuse locally and state-wide. Hospitals in the community and healthcare organizations have reviewed and revised their internal prescribing policies to implement system-wide limitations. These efforts have helped to decrease the number of opioid pills dispensed. There is also a state-wide pharmacy standing order for Naloxone, making the overdose-reversal drug more accessible. In addition, Henderson County has established a Substance Use Task Force to guide key decisions made in the county related to spending of opioid-settlement dollars and other county-wide initiatives.

The Hope Coalition is the Action Team currently responsible for addressing substance misuse in Henderson County. The group has worked to increase awareness of substance misuse through community presentations and conference attendance, drug-take back events and permanent drop boxes to reduce diversion of medications. There has been overwhelming support county-wide for We Are Hope Week, an annual event in all Henderson County middle and high schools to raise awareness about the dangers of substance misuse. Since 2018, the Hope Coalition has evolved to become a 501(c)(3) non-profit organization, hiring additional staff to support and grow their work. This added capacity has allowed Hope Coalition to provide Peer Support Recovery Groups, Medication Assisted Recovery Anonymous (MARA) Support Groups, promote the Handle with Care program in the school system, establish Hope Rising, a pre-trial diversion program, and support the Post-Overdose Response Team. More information about initiatives of the Hope Coalition can be found at elementsofhope.org/.

Related Healthy NC 2030 Indicators

- Number of people who die as a result of a drug poisoning per 100,000 population
- Percent of youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless toboacco, pipes and/or hookah
- Percent of adults reporting binge or heavy drinking

Health Priority #3: Physical Activity and Nutrition

Obesity was the top health priority identified in the 2012 CHA, and the third highest priority in the 2015 CHA. In the 2018 CHA, the priority was instead renamed to physical activity and nutrition. Being overweight or obese is a major risk factor for many chronic diseases including heart disease, type 2 diabetes, hypertension, and cancer. However, we agreed in the last CHA cycle that we do not really talk about "obesity" anymore. Obesity rates are important, but not the whole story. What we know is that people can be healthier at any weight – if they make lifestyle changes. Evidence shows that physical activity and making good nutritional choices can have a positive impact on obesity and on many of the chronic diseases that obesity contributes to. What we have always talked about when working on "obesity" as a priority was physical activity and nutrition.

What do the numbers say?

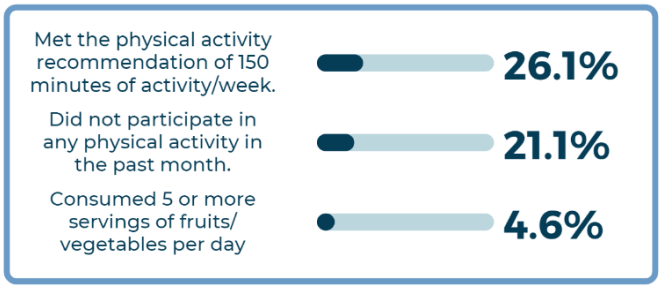
Adult diabetes and obesity prevelance are higher than in previous years in Henderson County. In 2017, 11.6% of adults in the community were diagnosed with diabetes, and 29.3% of adults were considered obese[5]. Both obesity and diabetes are health outcomes related to poor diet and physical inactivity.

What did the community say?

Overall, 17.2% 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 disaggreated by race and ethnicity, 41.5% of Hispanic adults were classifed as food insecure, as compared to 18.9% of non-Hispanic, Black adults and 14.9% of non-Hispanic, White adults[56].

Only 4.6% of adults in Henderson County reported consuming the recommended amounts (five or more 1-cup servings) of fruits/vegetables per day. This is down from 9.4% as reported in the 2015 CHA[56].

About 21% of adults in Henderson County report participating in no leisure-time physical activity in the past month. Just over 26% of survey respondents self-report meeting the physical activity recommendations of greater than or equal to 150 minutes of moderate-aerobic physical activity per week, a slight increase from the 2018 CHA. About 35% report participating in strengthening physical activity in the past month, at least twice per week[56].



Source: WNCHN, 2021

As captured by self-reported height and weight, 29.2% of Henderson County adults are of a healthy weight (BMI between 18.5 and 24.9). This closely matches that of the region, 29.8%. Just over 68% of survey respondents in Henderson County are considered overweight or obese (BMI of 25.0 or higher)[56]. Similar percentages were captured in the region and state.

What's helping?

- SNAP at Farmers Markets
- WIC at the Health Department
- Double Dollars at Farmers Markets
- Public information about food assistance
- IAM Food Assistance Program
- MANNA Food Bank
- Public parks and facilities
- Greenways
- Track Trails
- YMCA & rec sports programs
- Local and Regional Farmers Markets
- Committee for Activity & Nutrition/Healthy People Healthy Carolinas Grant
- Grocery stores near public transportation access points
- Rich agriculture
- Affordable memberships to recreational facilities

What's hurting?

- High expenses of groceries/food prices
- Lack of/limited options for public transportation
- Price of housing, medical care, transportation, etc. leaving little left to purchase food
- Low living wages and income inequality
- Low health education
- Limited accessibility to heathy foods and parks
- Unsafe or overpriced housing
- Sidewalk infrastructure
- Neighborhood safety
- Mobility challenges in public spaces
- Lack of interest in outdoor activities
- Outdoor spaces not designed or maintained to accommodate older adults

Who's impacted?

- Low-income/low-wage earners
- Migrant workers
- Service industry workers
- Older adults
- Children
- Latinx community members
- Rural populations
- Black/African American households
- Individuals with mobility challenges
- Individuals lacking transportation

Current Action

Members of the Henderson County Committee for Activity and Nutrition (CAN) have worked together to increase opportunties for physical activity and access to healthy foods in the community. Current actions of the coalition include sustaining Double SNAP at Farmers Markets, promoting Track Trails, supporting greenway infrastructure, distributing fruit/vegetable food boxes, and providing active recess equipment to public school classrooms.

The group is moving towards a model of equitable community engagement and participatory budgeting to ensure all members of the community that are affected by the group's actions are involved in decision-making. More information about CAN's activities can be found at hendersoncountycan.org/.

Related Healthy NC 2030 Indicators

- Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area
- Percent of people who are low-income that are not in close proximity to a grocery store
- Percent of youth and adults reporting consumption of one or more sugar-sweetend beverages per day

Health Priority #4: Safe and Affordable Housing

Safe and Affordable Housing was a priority in the 2015 and 2018 CHAs and continues to be of 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's home is affordable. The Department of Housing and Urban Development (HUD) defines "affordable housing" as consuming no more than 30% of a 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 for housing (rental and mortgage costs) as compared to the rest of the region. Both the median gross monthly rent and the median monthly home-owner costs in Henderson County are the second highest in the region, only behind Buncombe County. In 2019, 42.8% of all people who *rent* homes in the county are spending 30% or more of their income on their housing costs[48]. Of all people who *own* homes in Henderson County, 25.8% are spending more than 30% of their household income on housing costs[51]. Further, nearly 15% of renters and 9% of homeowners are spending more than 50% of their household income on housing costs[48,51].

of renters spend 30% or more of their income on housing.

of home owners spend 30% or more of their income on housing.

Source: US Census Bureau, 2021

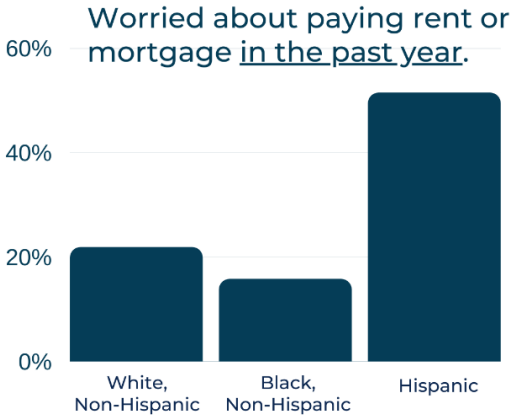
The last annual point-in-time count of the homeless population in Henderson County conducted on December 30th, 2020 totaled 150 individuals. This is an increase from 86 individuals in 2018 and 55 individuals in 2012 (the county's lowest count in the past 10 years)[42]. As reported in the 2020 Regional Housing Needs Assessment conducted by Bowen National Research, there is a 0% vacancy for government subsidized housing in Henderson County. Waitlists for individuals/families needing subsidized housing range from 3-17 households[1].

Percent vacancy in Government Subsidized housing
Henderson County, 2019

Source: Bowen, 2020

What did the community say?

Nearly a quarter of all respondents (24.6%) to the 2021 Community Health Survey reported that they have been worried or stressed about paying their rent or mortgage in the past year. When disaggreated by race and ethnicity, 51.5% of Hispanic repondents have felt this way, as compared to 21.9% of non-Hispanic, White and 15.8% of non-Hispanic, Black individuals[56].



Source: WNCHN, 2021

Almost 10% of respondents reported having a time in the past year when their home was without electricity, water or heating (for any reason). Over 8% of respondents have had to live with a friend or relative in the past three years due to a housing emergency. Just 2.3% of respondents have lived on the street, in a car, or in a temporary shelter in the past three years[56].

What's helping?

- Efforts that prevent evictions
- Efforts that hold landlords accountable for needed repairs
- Safety net non-profits
- Rental and bill assistance
- Organizations providing safe and healthy housing services
- Transitional housing options
- Enforcement of ordinances for habitable housing
- Landlord accountability
- Government involvement to overcome market forces that are driving housing costs
- Moving people from homelessness to housing

What's hurting?

- Lack of affordable housing units
- Lack of enforcement of minimum housing standards
- Costs of housing compared to wage options
- Escalating cost of housing
- Raising rent for renters
- Costs of other basics (ie. food and medical care)
- Lack of funding and restrictions
- Limited water and sewer infrastructure
- Organizations providing housing cannot meet demand
- Limited access to transportation in rural areas
- Perception of affordable housing
- Retirement community not oriented towards affordable housing

Who's Impacted?

- Low-income individuals/families
- Elderly
- Disabled
- Single workers and working class
- People of color
- Homeless
- Individuals recovering from substance use disorder
- Migrant workers
- Single parent households

Current Action

Safe and affordable housing continues to be a problem in Henderson County, and is an issue that was worsened by the COVID-19 pandemic. Underlying causes of the issue are complex. The Affordable Housing Action Team was established during the last CHA cycle to seek initatives that could ease the burdens caused by costly housing and provide housing options to those in need. The coalition was not formalized, but the work has continued across housing organizations in the community.

Related Healthy NC 2030 Indicators

- Percent of individuals with incomes at or below 200% of the Federal Poverty Level
- Percent of households with at least 1 of 4 housing problems

Health Priority #5: Interpersonal Violence

Interpersonal violence, which includes the sub-categories of domestic violence, sexual assault and child abuse, was identified as a new health priority in the 2021 CHA. Interpersonal violence affects people of all races, genders, sexual orientations, regious affiliations, or economic class. Survivors of interpersonal violence may experience physical pain, in addition to mental distress and reduced quality of life. Further, children and adolescents exposed to violence are at risk of poor long-term behavioral and mental health. Addressing interpersonal violence as a health priority may help prevent and reduce the harms to individual and community health and well-being.

What do the numbers say?

1,022 Total # of domestic violence clients served in Henderson County between July 2019-June 2020.

297 Total # of sexual assault clients served in Henderson County between July 2019-June 2020.

Source: NC Dept of Administration, 2021

In fiscal year 2021, Safelight, a nonprofit agency in Henderson County providing support to survivors of interpersonal violence, served 1,219 unique clients across all of their programs. Nearly a third (29%) of the clients served were under the age of 18. More than half (54%) of clients served were between the ages of 25 and 59. Most of Safelight's clients were female (84%) with 74% being non-Hispanic, White and 12% being Hispanic/Latino. Safelight served 179 adults and 116 children in in-person counseling sessions. In total, Safelight's shelter had 7,729 bed fills in FY2021, serving 127 adults and 39 children. The Child Advocacy Center provided care for 238 unique children, completing 160 forensic interviews and 172 comprehensive medical exams[45].

Further, during the COVID-19 pandemic, survivors of interpersonal violence may have been more likely to be at home with their abuser, and less likely to be able to access resources and support. This piece of the story is not accurately captured in the data.

Participants in the CHA Community Forum noted that the data shared was only relevant to one organization. In action planning, we will look to other agencies to compile a more complete and comprehensive picture of interpersonal violence in Henderson County.

What did the community say?

There were no questions asked in the 2021 Community Health Survey directly related to Interpersonal Violence. Refer to priorities #1 and #2, Mental Health and Substance Misuse, for interconnected community data such as feelings of social support, resilience, substance misuse, satisfaction with life circumstances, access to mental health counseling, etc.

What's helping?

- Community partnerships
- Connection to resources for substance use disorder and mental health
- 24-hour crisis line
- Child Advocacy Center
- Support groups
- Job training
- Increasing awareness

What's hurting?

- Inability to afford care/services
- Perception of the issue(s)
- Prevelence of the issue(s)
- Underreporting due to feelings of shame, fear, privacy concerns

Who's Impacted?

- Women
- Children
- Latinx community
- Uninsured individuals

Current Action

Safelight is currently the primary organization in Henderson County serving survivors of domestic violence, sexual assault, and child abuse. Safelight has partnered with the school system, Department of Social Services, Law Enforcement, community hospitals, and other local non-profits to build a system of care for survivors of interpersonal violence within the community. By selecting interpersonal violence as a CHA health prioirty, Henderson County hopes to build a community coalition to address interpersonal violence collaborativley, and to support and strengthen existing partnerships and work.

Related Healthy NC 2030 Indicators

- Percent of children who have experienced two or more Adverse Childhood Experiences (ACEs)

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.

Action teams for three of the health priorities, mental health, substance misuse, and physical activity and nutrition, have been established and have regular meeting dates. Action teams will be formalized around the remaining two priorities, safe and affordable housing, and interpersonal violence. These teams will work to develop action plans for addressing each of the health priorities during the summer of 2022 as phase 2 of the community health improvement cycle.

Sharing Results

The 2021 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, as well as others upon request
- The CHA will be developed into a brief video overview that can be shown at meetings and possibly at the local movie theater (if funding allows)
- 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 2021 Henderson County Community Health Assessment can be accessed in-person and online at the following locations:

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

For More Information & How to Get Involved

For more information or to serve on one of the Community Health Assessment Action Teams, please contact Camden Stewart, Community Health Assessment Lead at the Henderson County Department of Public Health, at 828-694-6065.

WORKS CITED

1. Bowen, P. North Carolina Region Housing Needs Assessment. (2020). Retrieved from https://drive.google.com/file/d/1yD7VyC7828cqBtt2oHcWjxPOs2HBo30n/view
2. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
3. Cecil G. Sheps Center for Health Services Research. (2021). North Carolina Health Professions Data System. [Data tables]. Available from https://nchealthworkforce.unc.edu/supply/
4. Centers for Disease Control and Prevention (CDC). (2018). CDC Community Health Improvement Navigator. Retrieved from www.cdc.gov/chinav.
5. Centers for Disease Control and Prevention (CDC). (2021). National Diabetes Surveillance System: County Level Data, Diagnosed Diabetes Prevalences. [Data tables]. Available from http://www.cdc.gov/diabetes/data/index.html.
6. County Health Rankings. (2021). Health Factors. Retrieved from https://www.countyhealthrankings.org/
7. Environmental Protection Agency. (2018). *Learn about air*. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/air-and-water-quality.
8. Environmental Protection Agency. (2018). *Learn about water*. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/air-and-water-quality.
9. Henderson County Greenway Master Plan. 30 Year Vision. (2019). Retrieved from https://www.hendersoncountync.gov/sites/default/files/fileattachments/greenway_network/page/117025/full_plan_with_maps_4.01.19_reduced.pdf
10. International Food Policy Research Institute. Food Security. Accessed on March 3, 2022. Retrieved from https://www.ifpri.org/topic/food-security
11. NC Department of Administration. (2021). County Statistics - Sexual Assault: Statewide Statistics by Year. [Data tables]. Available from https://ncadmin.nc.gov/about-doa/divisions/council-for-women.
12. NC Department of Commerce. (2021). Demand Driven Delivery System: Local Area Unemployment Statistics. [Data tables]. Available from https://d4.nccommerce.com/
13. NC Department of Commerce. (2021). Demand Driven Delivery System: Quarterly Census Employment and Wages. [Data tables]. Available from https://d4.nccommerce.com/
14. NC Department of Environment and Natural Resources. (2021). County Per Capita Report. [Data tables]. Available from https://deq.nc.gov/about/divisions/waste-management/sw/data/annual-reports.
15. NC Department of Health and Human Services. (2021). Annual Report: N.C. Medicaid Eligibility and Program Expenditures for Which the County is Responsible for Its Computable Share. [Data tables]. Available from https://dma.ncdhhs.gov/reports/annual-reports-and-tables.
16. NC Department of Health and Human Services. (2021). COVID-19 North Carolina Dashboard. Retrieved from https://covid19.ncdhhs.gov/dashboard.

17. NC Department of Health and Human Services. (2021). Division of Child Development and Early Education: Child Care Facility Search Site. [Data tables]. Available from https://ncchildcaresearch.dhhs.state.nc.us/search.asp.
18. NC Department of Health and Human Services. (2021). LME-MCO Annual Report. [Data tables]. Available from https://www.ncdhhs.gov/divisions/mhddsas/reports/annual_statistical_reports
19. NC Department of Health and Human Services. (2021). North Carolina HIV/STD Surveillance Report: Newly Diagnosed Chlamydia Annual Rates. [Data tables]. Available from https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html
20. NC Department of Health and Human Services. (2021). North Carolina HIV/STD Surveillance Report: Newly Diagnosed Early Syphilis. [Data tables]. Available from https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html.
21. NC Department of Health and Human Services. (2021). North Carolina HIV/STD Surveillance Report: Newly Diagnosed Gonorrhea Annual Rates. [Data tables]. Available from https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html.
22. NC Department of Health and Human Services. (2021). North Carolina HIV/STD Surveillance Report: Number of Adults and Adolescents Diagnosed with HIV. [Data tables]. Available from https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html.
23. NC Department of Health and Human Services. (2021). Psychiatric Annual Report. [Data tables]. Available from https://www.ncdhhs.gov/divisions/mhddsas/reports/annual_statistical_reports.
24. NC Department of Justice. (2021). State Bureau of Investigation: Crime Trends - Offenses and Rates per 100,000. [Data tables]. Available from http://crimereporting.ncsbi.gov/.
25. NC Department of Public Instruction. (2021). Child Nutrition Division: Free and Reduced Student Data by Site. [Data tables]. Available from https://childnutrition.ncpublicschools.gov/information-resources/eligibility/data-reports/data-reports.
26. NC Department of Public Instruction. (2021). Consolidated Data Reports: High School Dropout Counts and Rates. [Data tables]. Available from http://www.ncpublicschools.org/research/dropout/reports/.
27. NC Department of Public Instruction. (2021). NC Statistical Profile Online: Final Pupils by Year and Grade. [Data tables]. Available from https://www.dpi.nc.gov/districts-schools/district-operations/financial-and-business-services/demographics-and-finances/statistical-profile
28. NC Division of Water Resources. (2021). List of Active and Expired Individual Permits. [Data tables]. Available from https://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/npdes-wastewater/permitting-process.
29. NC Office of State Budget and Management. (2021). County/State Population Projections. [Data tables]. Available from https://www.osbm.nc.gov/demog/county-projections.
30. NC Office of State Budget and Management. (2018). Persons Served in NC Alcohol and Drug Treatment Centers. [Data tables]. Available from http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show.
31. NC Opioid Action Plan Dashboard. (2021). Metrics. [Data charts]. Available from https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard
32. NC State Center for Health Statistics (NC SCHS). (2020). Causes of Death. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/.

33. NC State Center for Health Statistics (NC SCHS). (2021). Central Cancer Registry: NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. [Data tables]. Available from http://www.schs.state.nc.us/data/cancer/incidence_rates.htm.
34. NC State Center for Health Statistics (NC SCHS). (2020). County Health Databook: Birth Indicator Tables by State and County. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/databook/.
35. NC State Center for Health Statistics (NC SCHS). (2021). County Health Databook: North Carolina Live Births by County of Residence. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/databook/.
36. NC State Center for Health Statistics (NC SCHS). (2021). County Life Expectancy at Birth: Vital Statistics. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/lifexpectancy/
37. NC State Center for Health Statistics (NC SCHS). (2021). Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/.
38. NC State Center for Health Statistics (NC SCHS). (2021). Detailed Mortality Statistics, North Carolina Residents. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/.
39. NC State Center for Health Statistics (NC SCHS). (2021). North Carolina Vital Statistics Volume 1. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/vital.cfm
40. NC State Center for Health Statistics (NC SCHS). (2021). 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/.
41. NC State Center for Health Statistics (NC SCHS). (2021). Vital Statistics: Pregnancy, Fertility, and Abortion Rates per 1,000 Population. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2019/
42. North Carolina Coalition to End Homelessness. (2021). Point-in-time Count: North Carolina Balance of State by County. [Data tables]. Available from https://www.ncceh.org/datacenter/pitdata/
43. Office of Disease Prevention and Health Promotion. (2020). Healthy People 2030. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/early-childhood-0.
44. Public Schools of North Carolina. (2021). 4-Year Cohort Graduation Rate Report. [Data tables]. Available from http://www.ncpublicschools.org/accountability/reporting/cohortgradrate.
45. Safelight Annual Report FY 2021. (2021). Shared by Lauren Wilkie on December 14, 2021.
46. U.S. Census Bureau. (2021). ACS Demographic and Housing Estimates: 2019 ACS 5-Year Estimates. [Data tables]. Available from https://data.census.gov/.
47. U.S. Census Bureau. (2021). Commuting Characteristics by Sex: 2015-2019 ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov
48. U.S. Census Bureau. (2021). Gross Rent as a Percentage of Household Income in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov.
49. U.S. Census Bureau. (2021). Median Gross Rent (Dollars): ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov
50. U.S. Census Bureau. (2021). Median Selected Monthly Owner Costs (Dollars) by Mortgage Status: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov

51. U.S. Census Bureau. (2021). Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov
52. U.S. Census Bureau. (2021). Poverty Status in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov.
53. U.S. Census Bureau. (2021). Selected Economic Characteristics: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov.
54. U.S. Census Bureau. (2021). Tenure by Vehicles Available by Age of Householder: 2014-2018 ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov
55. U.S. EPA TRI Explorer. (2021). TRI Release Reports: Chemical Reports. [Data tables]. Available from https://enviro.epa.gov/triexplorer/tri_release.chemical.
56. WNC Health Network. (2021). *2021 WNC Healthy Impact Community Health Survey: Data Workbook*. [Data set].
57. WNC Health Network. (2021). *2021 WNC Healthy Impact Key Informant Survey.*

IMAGE CREDITS

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

All WNC landscape photos used in the cover photos and headers courtesy of Ecocline Photography and Flying Horse Creative.

Other cover photos are courtesy of Canva and are covered by Canva's Free Media License Agreement.

County Health Rankings Model. Retrieved from https://www.countyhealthrankings.org/resources/county-health-rankings-model; accessed February 2022.

Greenway Master Plan Map. Retrieved from https://www.hendersoncountync.gov/greenway-network/page/greenway-master-plan; accessed February 2022.

Healthy Equity. Black Hawk County Public Health. Retrieved from https://www.bhcpublichealth.org/our-approach/health-equity; accessed February 2022.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation

- Community Health Forum Presentation
- Mentimeter Responses

Appendix C – County Maps

Appendix D – Community Survey Findings

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key Informant Survey Findings

Appendix F – Handouts from CHA Community Forum

- Data One-Pagers from 2021 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*

Secondary Data Methodology

To learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the WNC Healthy Impact Data Workbook was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is September 2021. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

The principal source of secondary health data for the WNC Healthy Impact Data Workbook 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, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

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

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

Gaps in Available Information

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.

WNC Healthy Impact Community Health Survey (Primary Data)

Survey Methodology

The 2021 WNC Healthy Impact Community Health Survey was conducted from March to June 2021. The purpose of the survey was to collect primary data to supplement the secondary core dataset and allow individual counties in the region to collect data on specific issues of concern. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the mixed-mode survey methodology, which included a combination of telephone (both landline and cell phone) interviews,

online survey, as well as a community outreach component promoted by WNC Health Network and its local partners through social media posting and other communications. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

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

The three additional county questions included in the 2021 survey were:

1) Do you currently have access to the internet for personal use, either at home, work or school?
2) Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have?
3) Since March 2020, would you say that your mental health has improved, stayed the same, or become worse?

Sampling Approach & Design

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

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

Survey Administration

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

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

PRC also created a link to an online version of the survey, and WNC Health Network and its local partners promoted this online survey link throughout the various communities in order to drive

additional participation and bolster overall samples. This yielded an additional 1,717 surveys, and locally an additional 434 surveys.

About the Henderson County Sample

Size: The total regional sample size was 4,861 individuals age 18 and older, with 637 from our county. PRC conducted all analysis of the final, raw dataset.

Sampling Error: For county-level findings, the maximum error rate at the 95% confidence level is approximately ±4.0% (Buncombe and Henderson counties), ±4.6% (Polk county), ±5.1% (Jackson and Madison counties), or ±6.9% (all other counties).

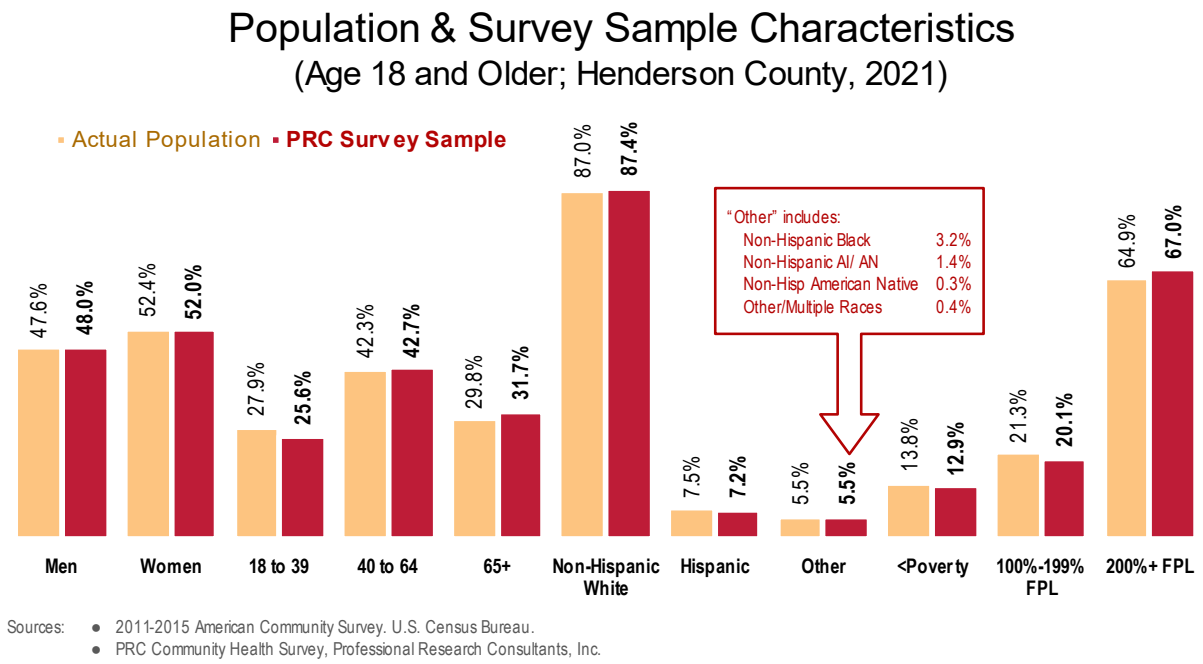
Expected error ranges for a sample of 637 respondents at the 95% confidence level.

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



Benchmark Data

North Carolina Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2030

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

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

Survey Limitations and Information Gaps

Limitations

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

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

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

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

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

Information Gaps

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

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Survey Purpose and Administration

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

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

Survey instrument

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

Participation

In all, 33 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 Participating**
Community Leader	21
Other Health Provider	6
Physician	2
Public Health Representative	3
Social Services Provider	1

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

Online Survey Limitations

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

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

Data Definitions

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

Error
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 PRESENTATION

See attached for:

- *PowerPoint slides from Community Health Forum presentation*
- *Mentimeter Responses*

WELCOME!

HENDERSON COUNTY COMMUNITY HEALTH FORUM

December 16, 2021

DESIRED RESULT FOR TODAY

To reflect on community health data and gather input about health priorities.

Housekeeping

Please mute your device during the large group.

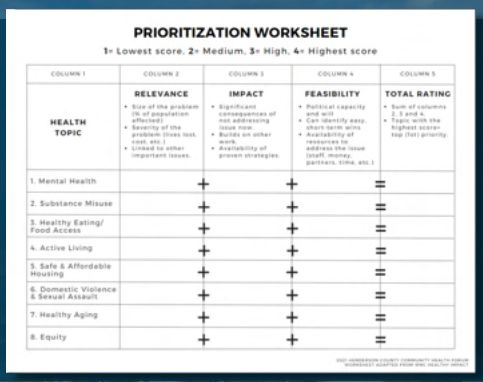
Relevant files are available for download in the chat box.

Actively participate! Use the chat box to share ideas and ask questions.

Need tech support? Chat: Christine Craft

PRIORITIZATION WORKSHEET

View the chat to download.



PRIORITIZATION WORKSHEET

1= Lowest score, 2= Medium, 3= High, 4= Highest score

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
HEALTH TOPIC	RELEVANCE • Size of the problem (% of population affected) • Severity of the problem (lives lost, cost, etc.) • Linked to other important issues.	IMPACT • Significant consequences of not addressing issue now. • Builds on other work. • Availability of proven strategies.	FEASIBILITY • Political capacity and will • Can identify easy, short-term wins. • Availability of resources to address the issue (staff, money, partners, time, etc.)	TOTAL RATING • Sum of columns 2, 3 and 4. • Topic with the highest score= top (1st) priority.
1. Mental Health	+	+	=	
2. Substance Misuse	+	+	=	
3. Healthy Eating/ Food Access	+	+	=	
4. Active Living	+	+	=	
5. Safe & Affordable Housing	+	+	=	
6. Domestic Violence & Sexual Assault	+	+	=	
7. Healthy Aging	+	+	=	
8. Equity	+	+	=	

2021 HENDERSON COUNTY COMMUNITY HEALTH FORUM WORKSHEET ADAPTED FROM WNC HEALTHY AGING

DATA ONE-PAGERS

View the chat to download.

2021 HENDERSON COUNTY COMMUNITY HEALTH FORUM • DATA ONE-PAGERS

Mental Health

18.4

Suicide Mortality Rate per 100,000 residents, Henderson County, 2014-2019

Did not get needed mental health care or counseling in the past year

More than 7 days of poor mental health in the past month

Currently taking medication or receiving treatment for mental health

Seven in 10 people "always" or "usually" get the social emotional support they need

16.8%

17%

22.3%

HAVE CONSIDERED SUICIDE IN THE PAST YEAR:

5.9% OF HENDERSON COUNTY RESIDENTS

7.9% OF WNC RESIDENTS

Suicide Mortality Rate Gender Disparity per 100,000 residents

Substance Misuse

This % of current smokers has been decreasing since 2012, now at 17%.

This % of binge drinkers has been increasing since 2012, now at 15.0%.

42.2%

of respondents report their life has been negatively affected by substance abuse.

Unintentional Overdose Deaths (per 100,000)

% of Overdose Deaths Involving Illicit Opioids

Percent of unintentional overdose deaths in 2019 caused by heroin or other synthetic narcotics

52%

OUTPATIENT/OFFICE PRESCRIPTIONS PER 100,000 RESIDENTS (IN 2016)

4286.5

HENDERSON COUNTY

4834.4

NORTH CAROLINA

INTERACTIVE FEEDBACK

Go to **www.menti.com** and use the code:

6405 2380

Community Health Improvement Process

PHASE 1

Collect & Analyze Community Data

Decide What is Most Important to Act On

PHASE 2

Community Health Strategic Planning

PHASE 3

Take Action & Evaluate Health Improvement

Engaged Partners & Community

2021 Community Health Assessment

- [x] **Collected community data**

  Community Health Survey; Key Informant Survey; Secondary Data Workbook

- [x] **Initial review by Data Team**

  Pulled out data that is significant, demonstrates health disparities, and varies from the state or region.

- [ ] **Gathering community feedback and input about priorities.**

COMMUNITY SERVICES GROUP

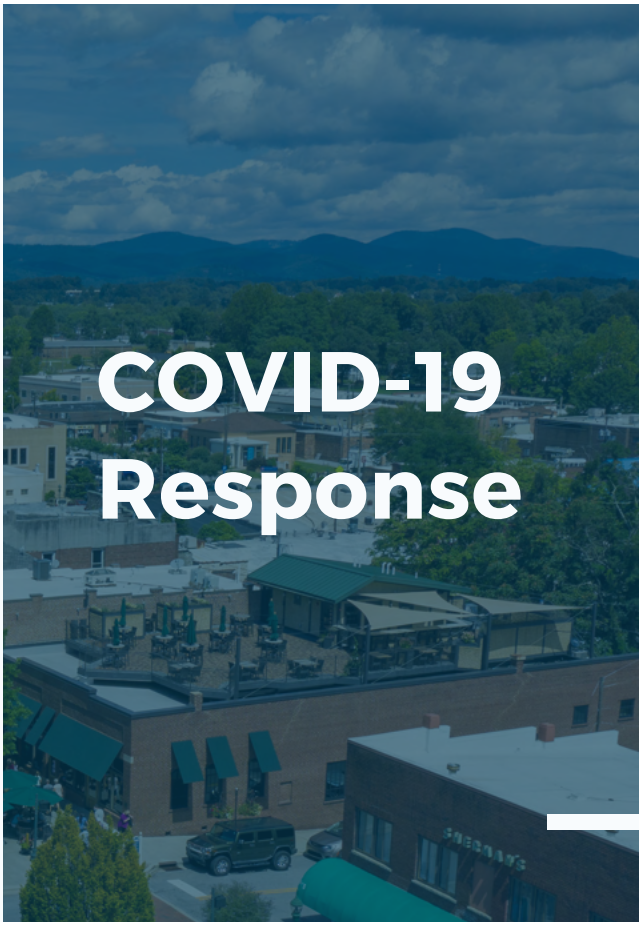
launched and met bi-monthly during the pandemic to support communication and coordination of non-healthcare essential services.

COVID-19 FOOD DELIVERY PROGRAM

was implemented through partnership between Council on Aging & IAM to ensure isolated community members had access to food and other necessitates.

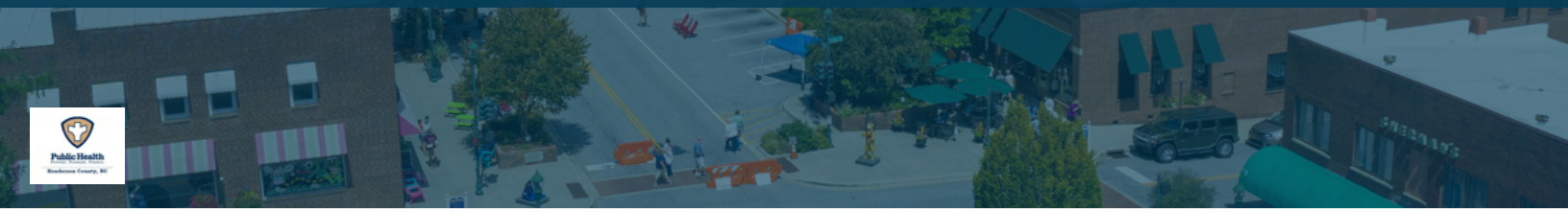
PARTNERSHIPS FOR RESPONSE

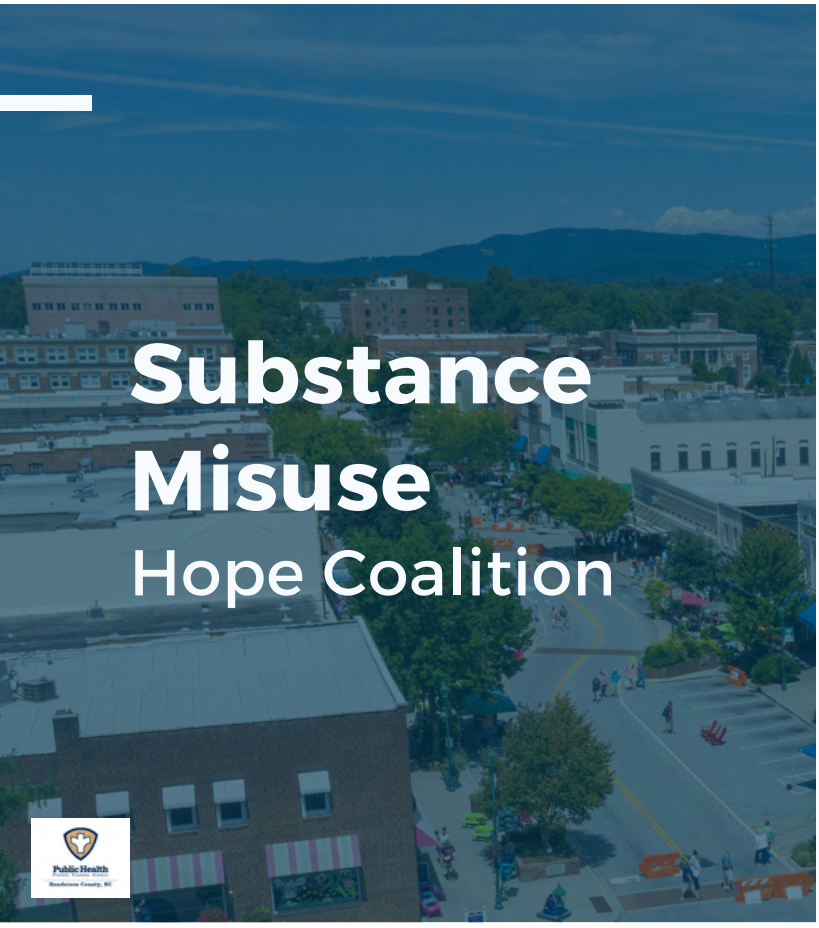
included establishment of a COVID19 Emergency Shelter, collaborative testing and vaccination sites, expanded food distribution, free resource drives, and activation of community health workers.



WINS SINCE 2018

Successes, achievements, & reasons to celebrate!





Substance Misuse

Hope Coalition

HOPERX EVOLVED INTO THE HOPE COALITION

a 501(c)3 non-profit, and hired additional staff to support substance misuse work.

SUBSTANCE USE NAVIGATOR

was placed in the Detention Center to provide case management for inmates with mental health & substance use needs.

THE POST-OVERDOSE RESPONSE TEAM WAS LAUNCHED

to reach people at risk of overdosing and to offer intervention and recovery support.

$900,000 WAS AWARDED THROUGH THE COSSAP GRANT

to train community partners in substance use disorder, behavioral health and trauma-informed care.

Mental Health

Behavioral Health Summit

BEHAVIORAL HEALTH SYSTEM COORDINATOR

was hired with sustainable funding to support and coordinate the behavioral health network in Henderson County.

NEARLY 200 COMMUNITY MEMBERS PARTICIPATED IN

Youth Mental Health First Aid & Trauma Sensitive Schools Training to address mental health needs among students.

FIRST STEPS TAKEN TOWARDS THE HENDERSONVILLE CONNECTIONS CENTER,

a place for people with unmet needs to learn about and connect with programs.

Physical Activity & Nutrition

CAN

GREENWAY MASTER PLAN

was adopted by County Commissioners in 2019, leading to the establishment of the Ecusta Trail.

4TH TRACK TRAIL INSTALLED AT THE PARK AT FLAT ROCK

in 2020, to engage youth and families in outdoor activity.

$30,000 IN SNAP BENEFITS

was doubled in 2021 alone, to support local farmers who offered fresh, affordable, healthy food to SNAP participants.

STEPS FORWARD IN EQUITABLE COMMUNITY ENGAGEMENT

to transform CAN into an organization of people with direct expertise in food insecurity.

DATA REVIEW

Summarize community data on current priorites and emerging topics.

PART 1: 2018 CHA PRIORITIES

- Mental Health
- Substance Misuse
- Healthy Eating & Active Living
- Safe & Affordable Housing

PART 2: 2021 EMERGING TOPICS

- Domestic Violence & Sexual Assault
- Healthy Aging
- Equity

DATA SOURCES

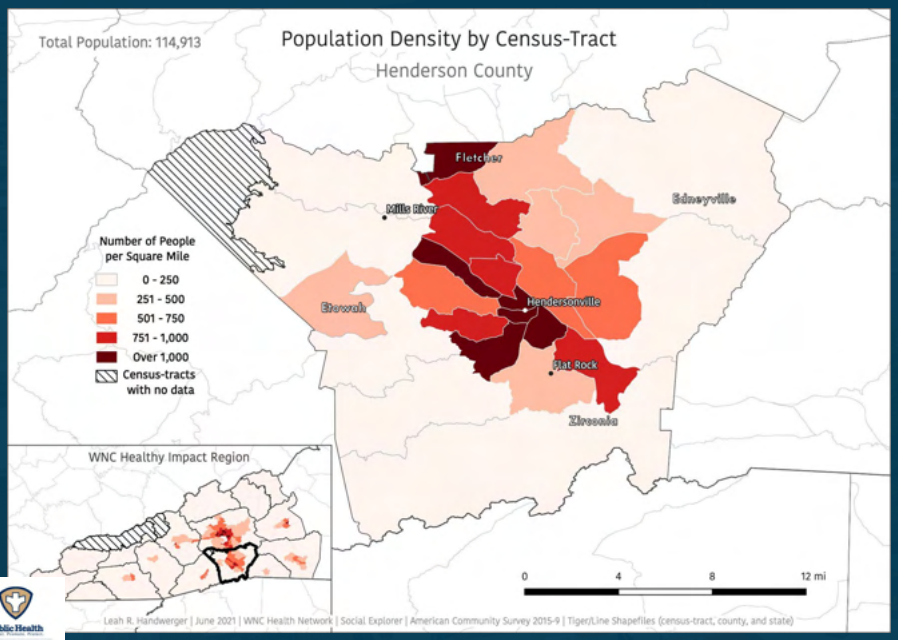
- NC State Center for Health Statistics
- US Census Bureau
- Centers for Disease Control and Prevention
- NC Office of State Budget and Management
- RWJF County Health Rankings & Roadmap
- America's Health Rankings
- NC Dept of Public Health
- NC Opioid Action Plan Dashboard
- Professional Reseach Consultants- Key Informant Survey
- Professional Reseach Consultants- Community Health Survey

WNCHEALTHYIMPACT

www.wnchn.org/wnc-healthy-impact/

OUR COMMUNITY

Henderson County Snapshot



114,913
Total Population

47.4
Median Age

25.4
Percent of Population 65 years and older

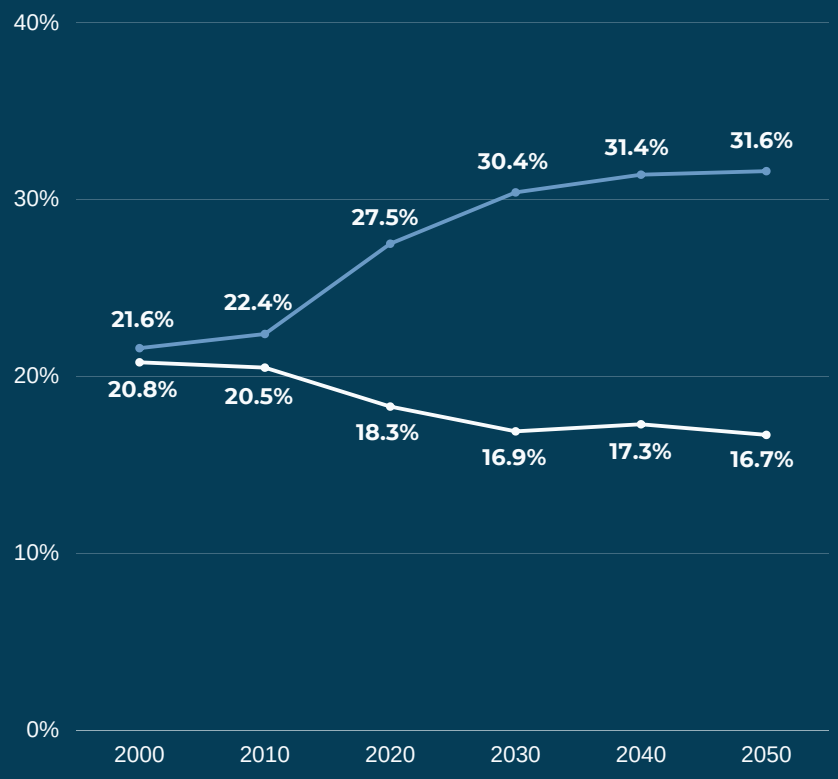
$55,945
Median Household Income

Source: U.S. Census Bureau. (2021). ACS Demographic and Housing Estimates: 2019 ACS 5-Year Estimates. https://data.census.gov/

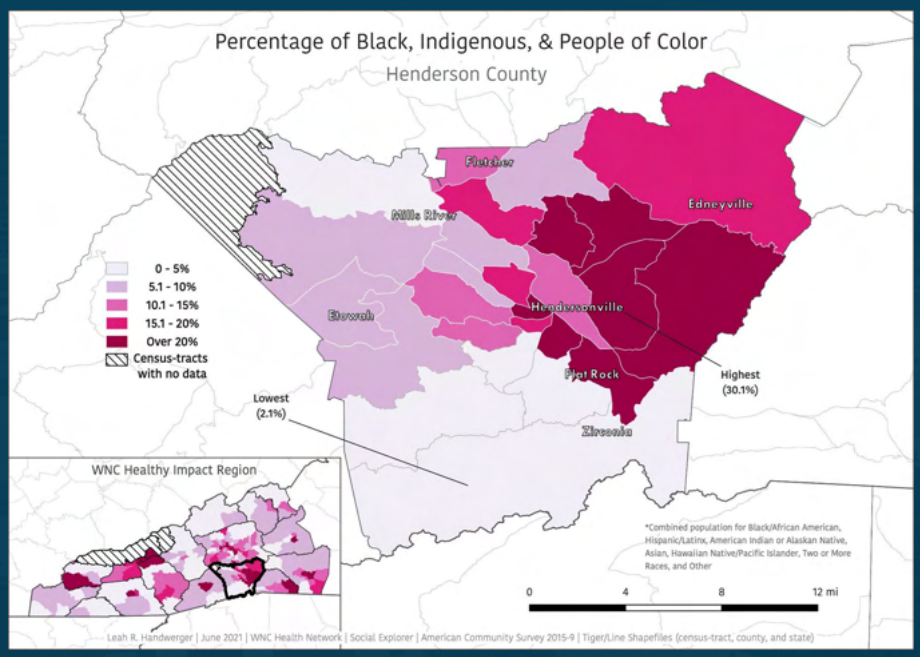
Projected Population Change

Percent of total population

- 65 and Older
- Under 18



Source: North Carolina Office of State Budget and Management. (2021). County/State Population Projections: Sex and Single Years of Age (2000-2050). https://www.osbm.nc.gov/demog/county-projections



91.2%
White

3.5%
Black or African American

5.3%
American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, some other race, or two or more races

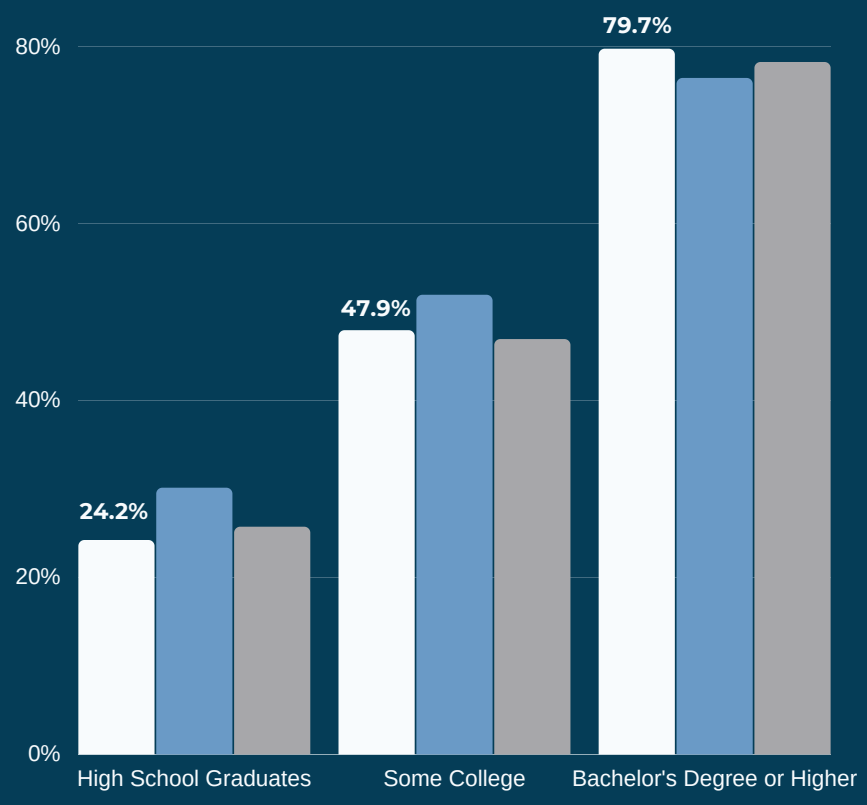
10.1%
Hispanic or Latino (of any race)

Source: U.S. Census Bureau. (2021). ACS Demographic and Housing Estimates: 2019 ACS 5-Year Estimates. https://data.census.gov/

Educational Attainment

Percent of population over 25

- Henderson County
- WNC Region
- North Carolina



Source: U.S. Census Bureau. (2021). Educational Attainment: ACS 5-Year Estimates. http://census.data.gov

Employment

In 2020, the three employment sectors in Henderson County with the largest percent employment were:

Health Care & Social Assistance

17.96% of workforce

Average weekly wages: $1,004

Retail Trade

14.43% of workforce

Average weekly wages: $576

Manufacturing

12.53% of workforce

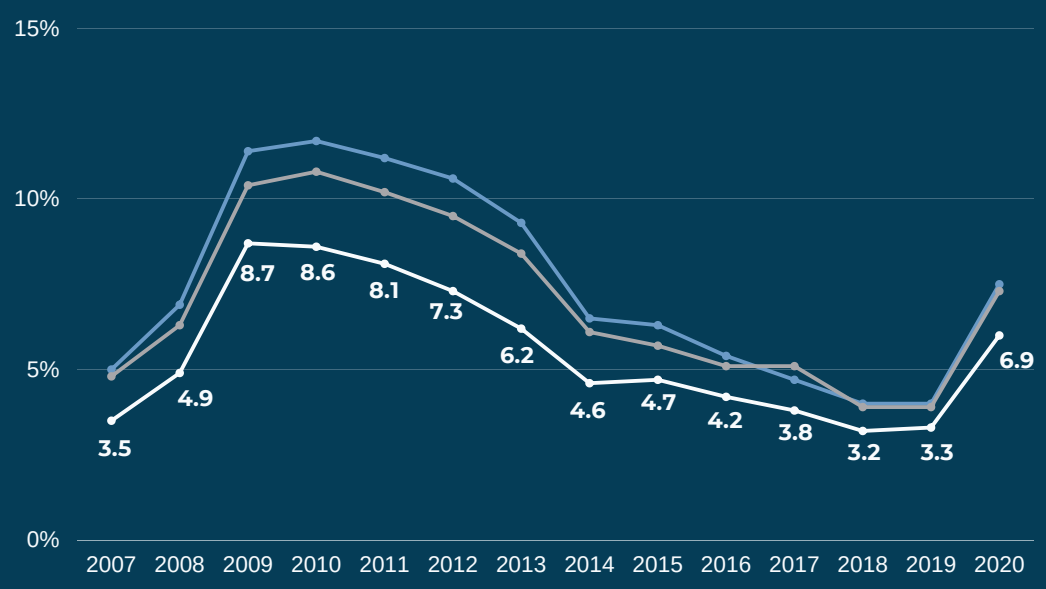
Average weekly wages: $1,111

Source: Quarterly Census Employment and Wages (QCEW), 2020. NC Department of Commerce, Labor & Economic Analysis Division, Demand Driven Data Delivery System: https://d4.nccommerce.com/

Unemployment Trend

Percent of population unemployed

- Henderson County
- WNC Region
- North Carolina



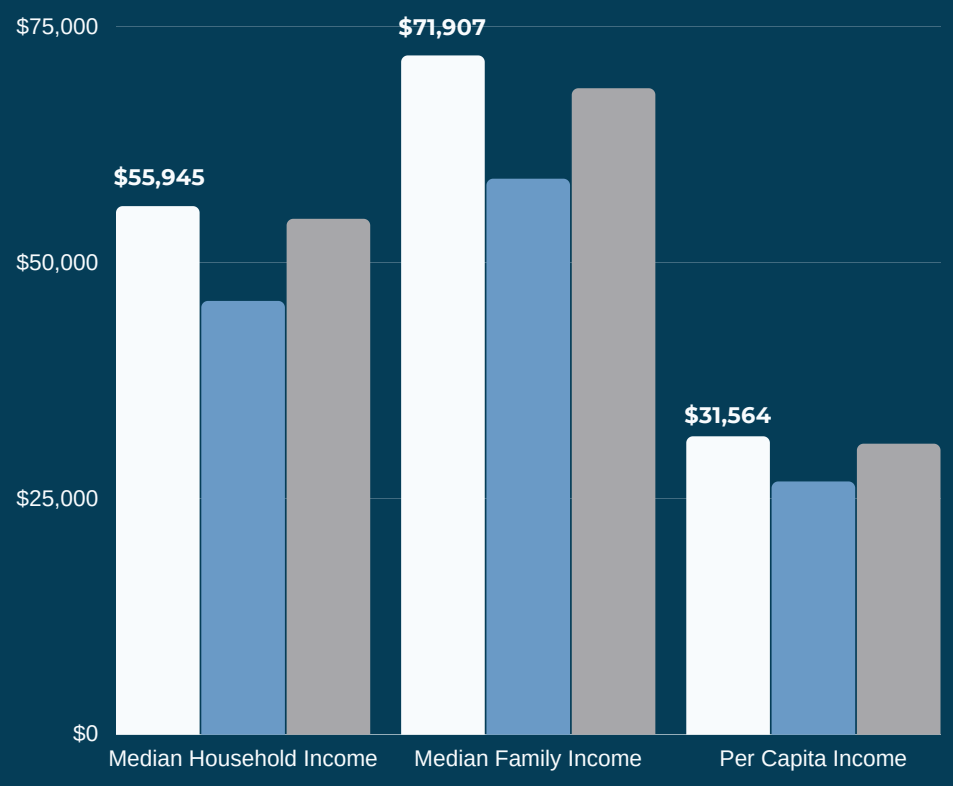
Source: Local Area Unemployment Statistics (LAUS) - Unemployment Rate, 2020 and 2021. NC Dept of Commerce, Labor and Economic Analysis Division - Demand Driven Data Delivery System: http://d4.nccommerce.com/

Income Levels

Household: all people in a housing unit sharing living arrangements

Family: householder & people living in a household related by birth, marriage or adoption.

- Henderson County
- WNC Region
- North Carolina

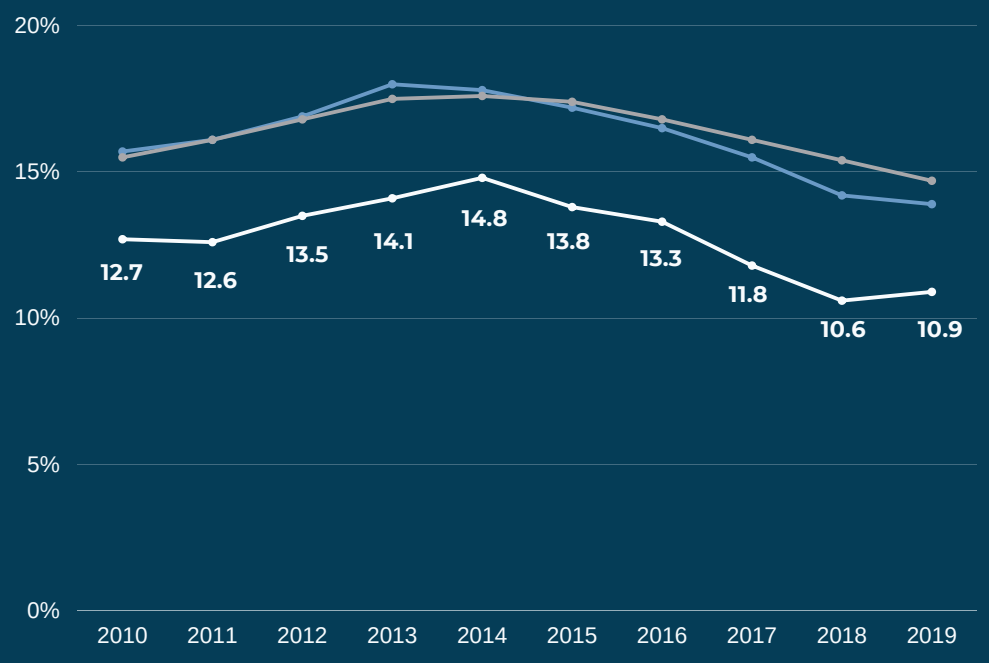


Source: U.S. Census Bureau. (2021). Selected Economic Characteristics: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov

Poverty Rate Trend

Percent of population below poverty level.

- Henderson County
- WNC Region
- North Carolina

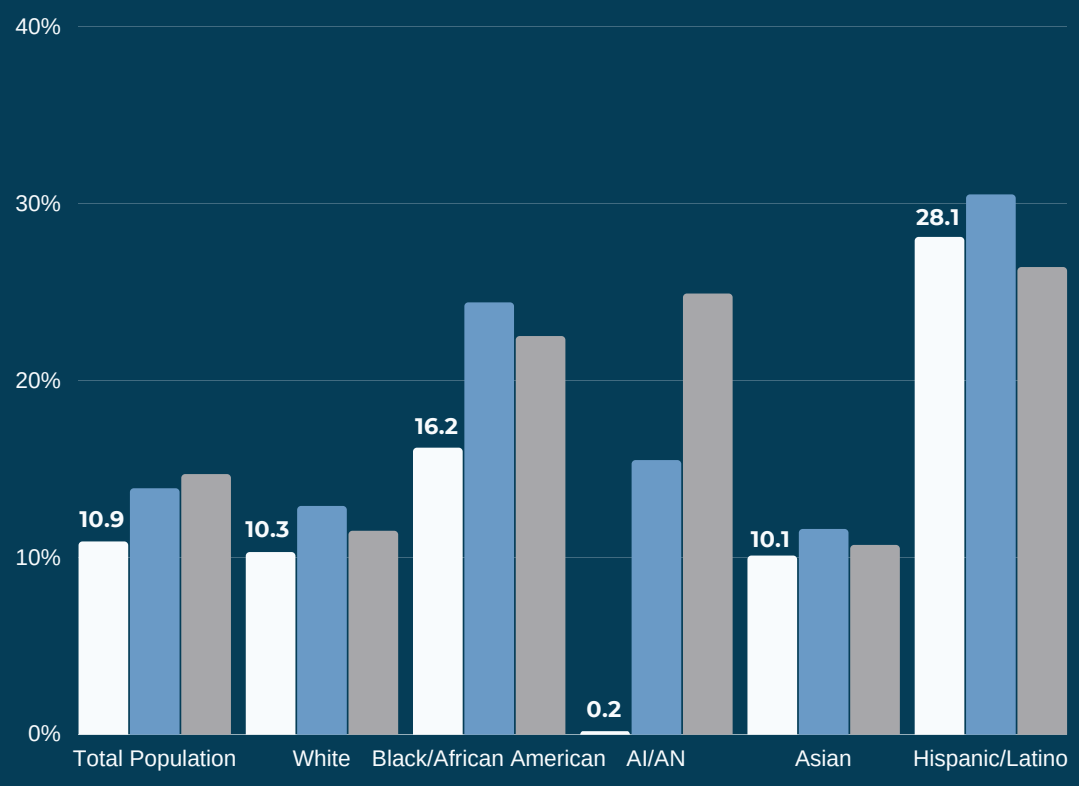


Source: U.S. Census Bureau. (2021). Poverty Status in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov

Poverty by Race & Ethnicity

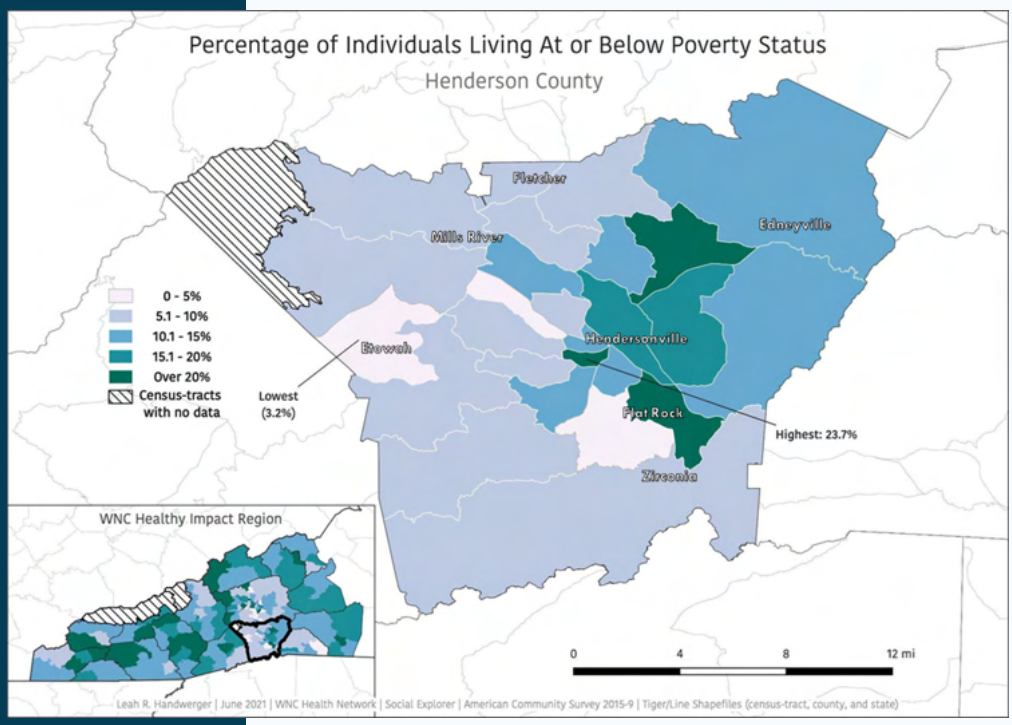
Percent of population below poverty level.

- Henderson County
- WNC Region
- North Carolina



Source: U.S. Census Bureau. (2021). Poverty Status in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov

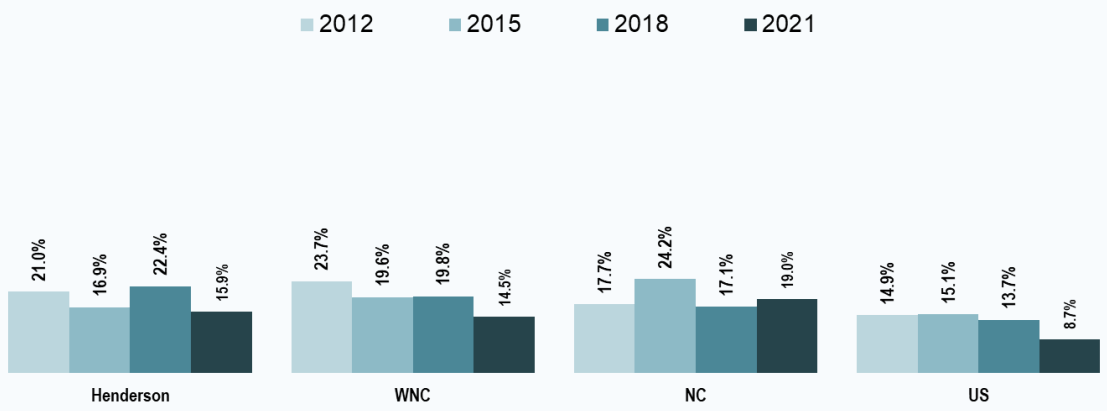
Individuals Living at or Below Poverty Status



Source: U.S. Census Bureau. (2021). Poverty Status in the Past 12 Months: ACS 5-Year Estimates. http://census.data.gov

Lack Health Insurance Coverage

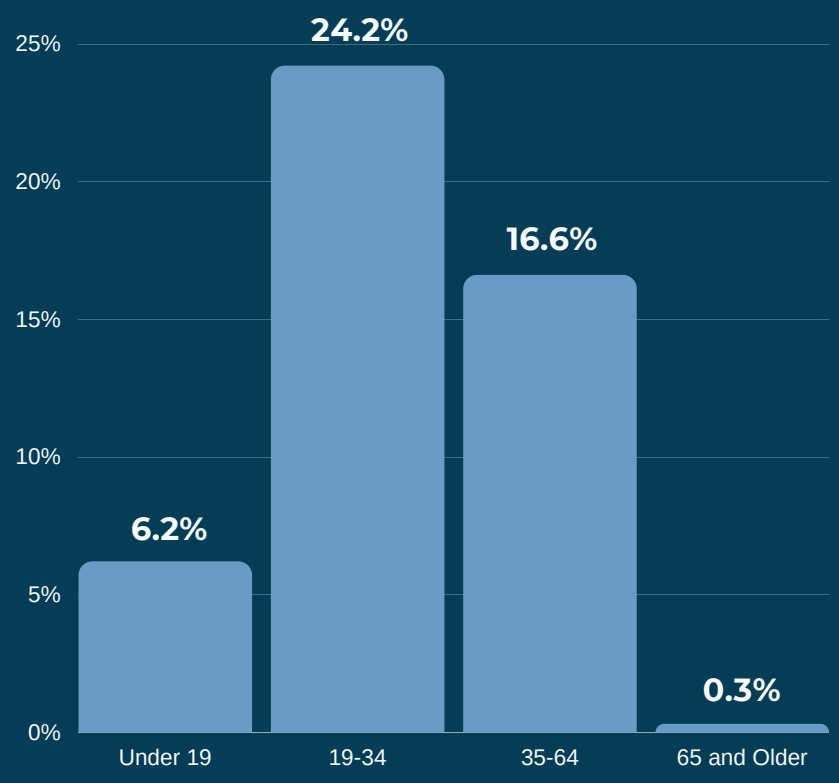
(Adults age 18-64)



Source: 2021 PRC Community Health Survey

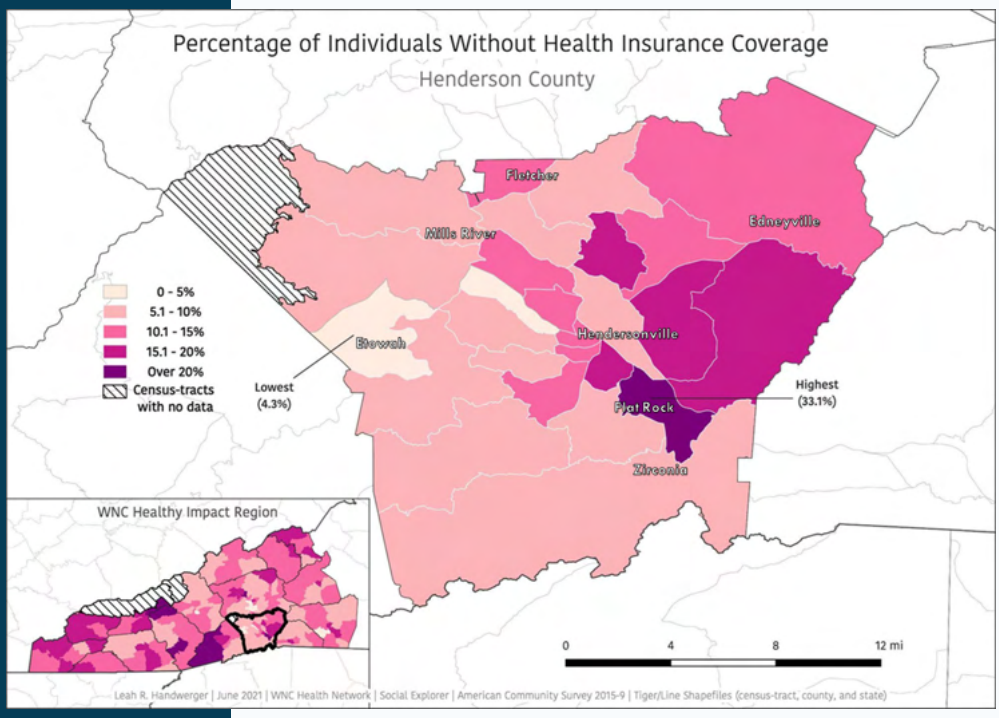
Lack Health Insurance Coverage

Percent of Age Group
Henderson County, 2019



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

Individuals without Health Insurance Coverage



Source: American Community Survey 2015-2019

LEADING CAUSES OF DEATH

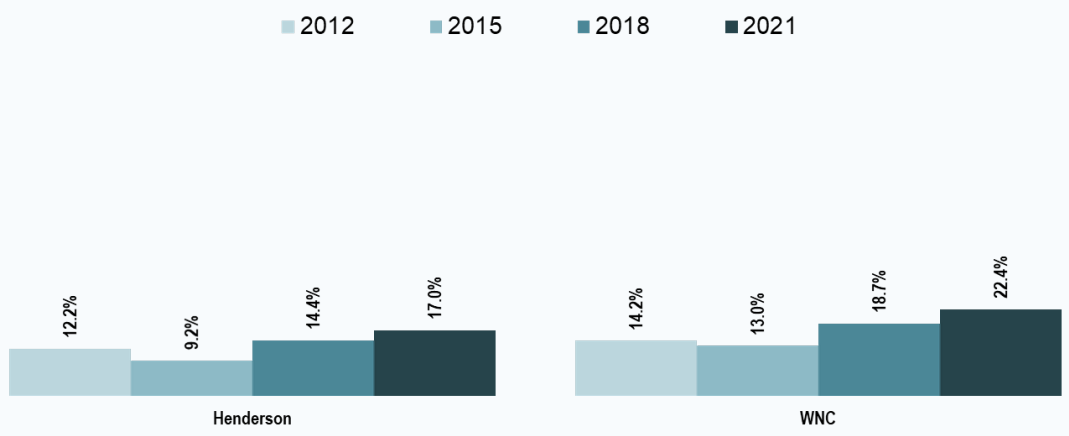
CAUSE	DEATH RATE Per 100,000
Cancer	145.0 ▼
Diseases of the Heart	137.8 ▼
Unintentional Injuries	47.3 ▲
Cerebrovasular Disease	37.0 ▼
Chronic Lower Respiratory Disease	36.1 ▲

*Change in death rate since 2012-2016.

Source: North Carolina State Center for Health Statistics (NC SCHS). (2020). Causes of Death. [Data tables]. Available from https://schs.dph.ncdhhs.gov/data/.

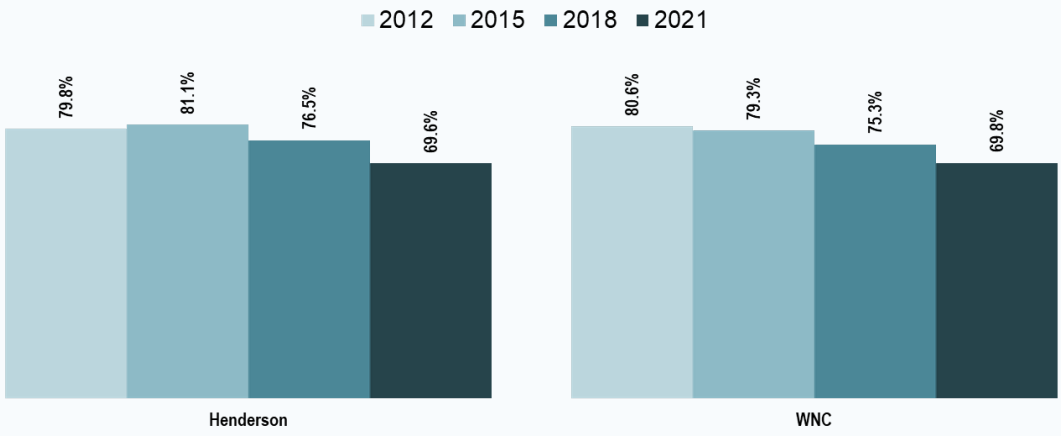
MENTAL HEALTH

More than 7 days of poor mental health in the past month.



Source: 2021 PRC Community Health Survey

"Always" or "usually" get needed social/emotional support.



Source: 2021 PRC Community Health Survey

Currently taking medication or receiving treatment for mental health.

Source: 2021 PRC Community Health Survey

HAVE CONSIDERED SUICIDE IN THE PAST YEAR:

5.9%

OF HENDERSON COUNTY RESIDENTS

7.9%

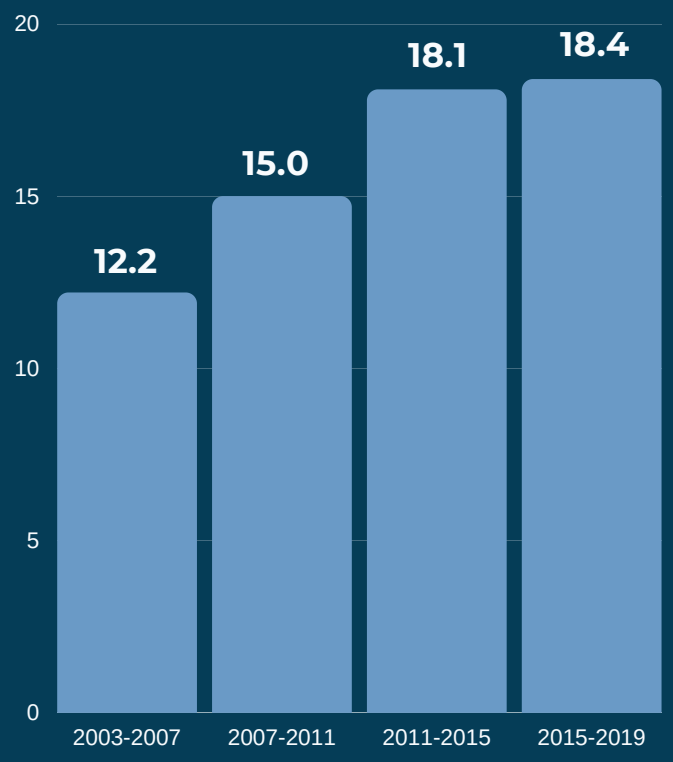
OF WNC RESIDENTS

Source: 2021 PRC Community Health Survey

Suicide Mortality Rate Trend

in Henderson County

per 100,000 population



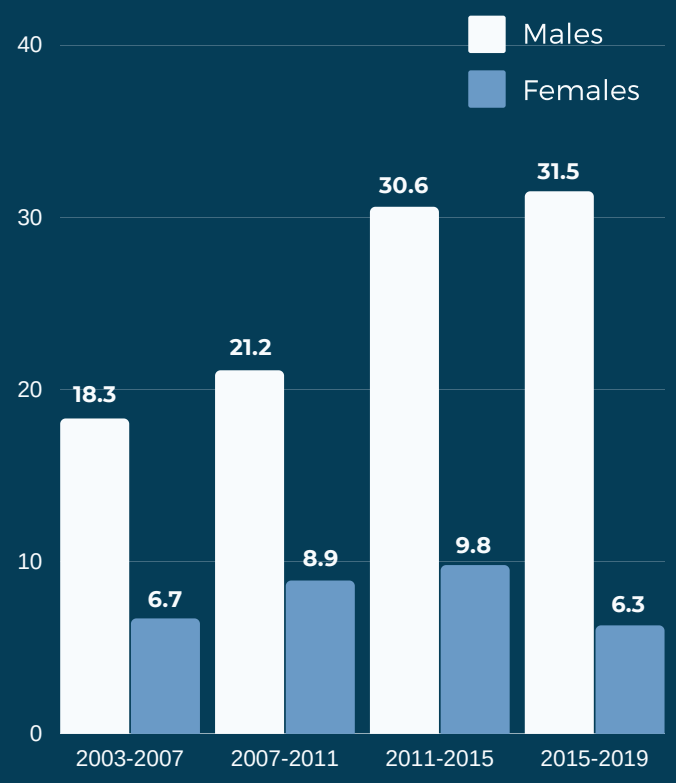
Source: 2015-2019 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Provided via personal communication from NC SCHS to Jo Bradley (August 2, 2021).

Suicide Mortality Rate

Gender Disparity

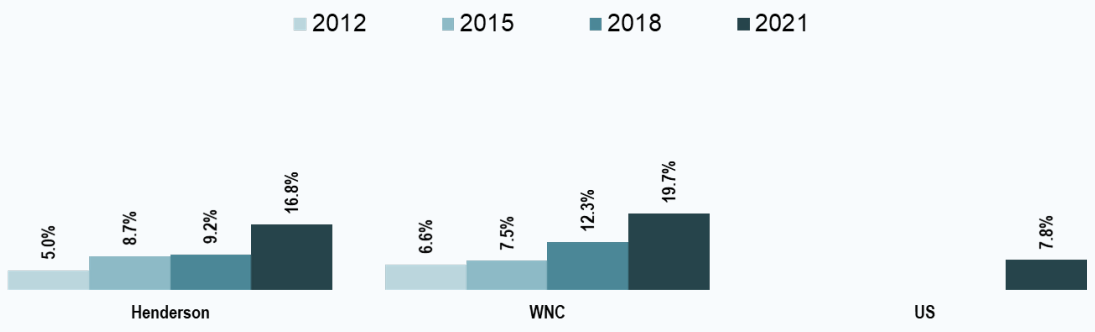
in Henderson County

per 100,000 population



Source: 2015-2019 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Provided via personal communication from NC SCHS to Jo Bradley (August 2, 2021).

Did not get mental health care or counseling that was needed in the past year.

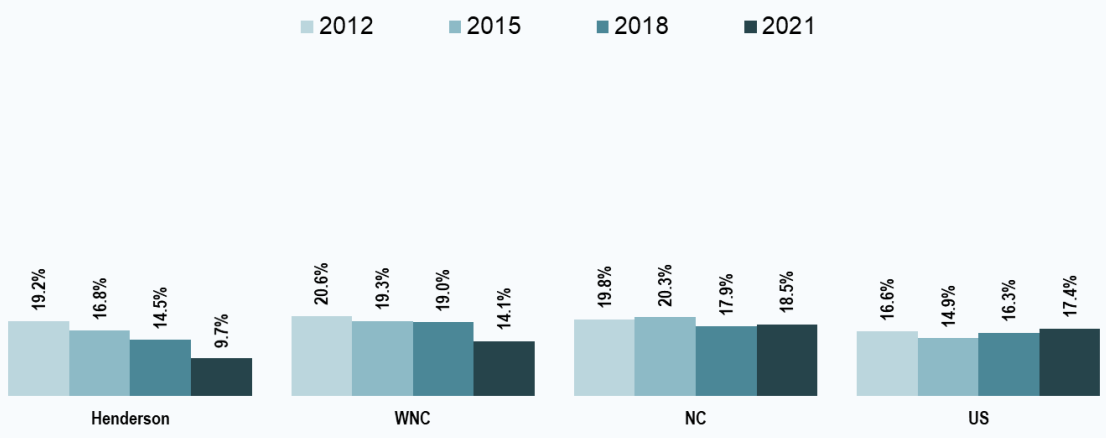


Source: 2021 PRC Community Health Survey

SUBSTANCE MISUSE

Current Smokers

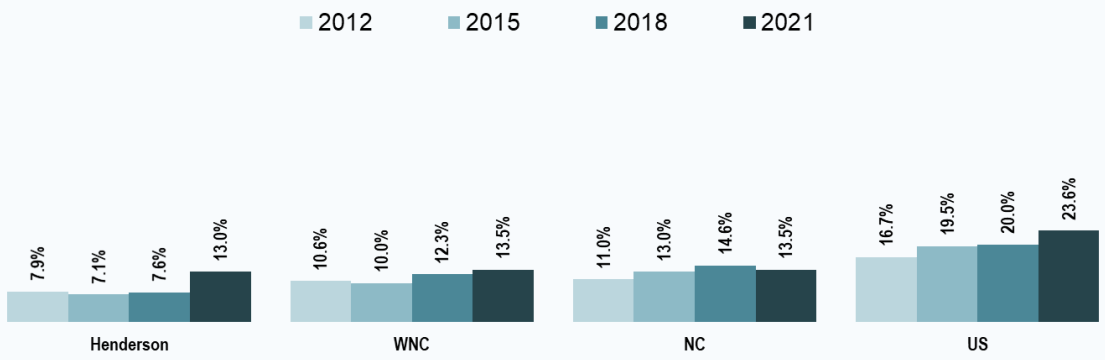
(smokes cigarettes "some days" or "every day")



Source: 2021 PRC Community Health Survey

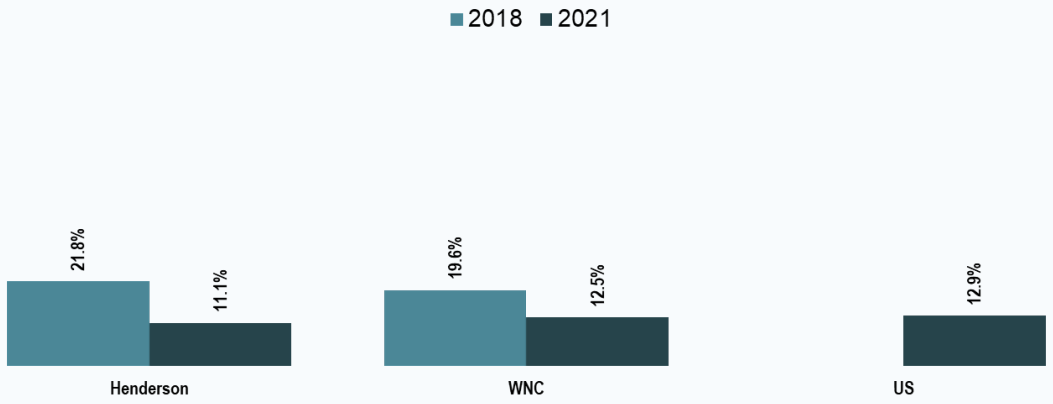
Binge Drinkers

(Men consuming 5+ alcoholic drink, women consuming 4+ alcoholic drinks on any one occasion in the past month)



Source: 2021 PRC Community Health Survey

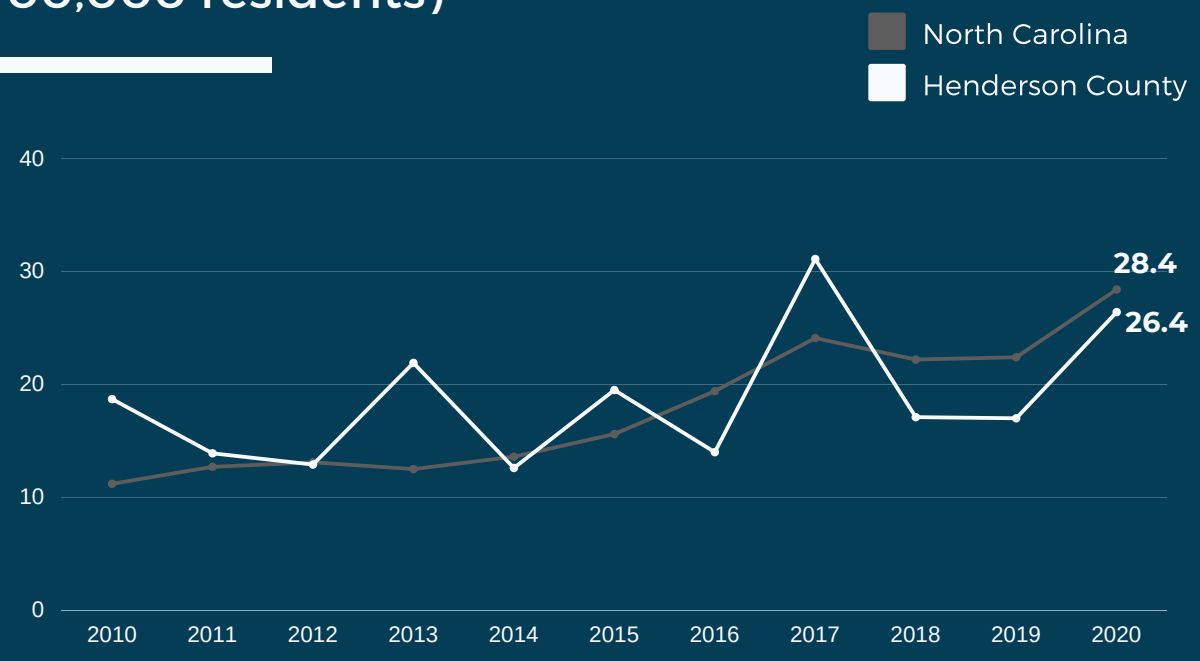
Used prescription opiates/opioids in the past year, with or without a prescription.



Source: 2021 PRC Community Health Survey

Unintentional Opioid Overdose Deaths

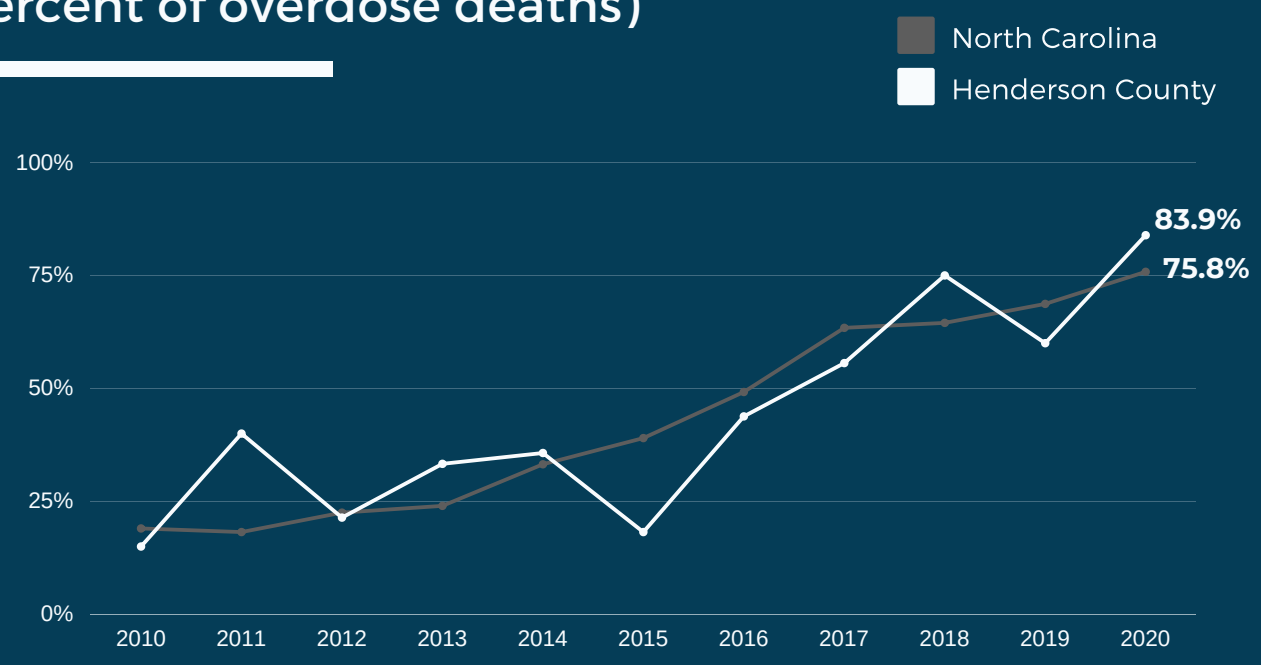
(per 100,000 residents)



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

Illicit Opioid Involvement

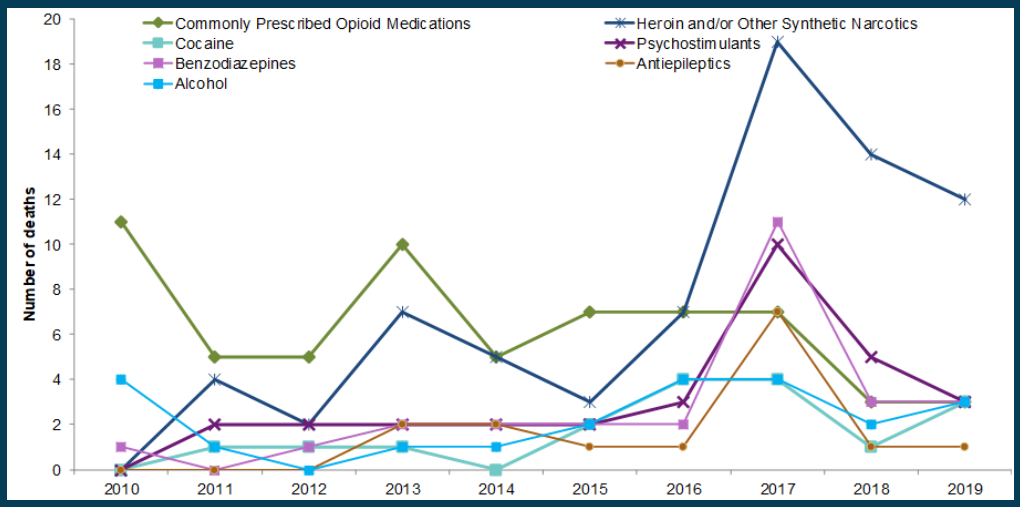
(percent of overdose deaths)



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

Substances Contributing to Unintentional Overdose Deaths

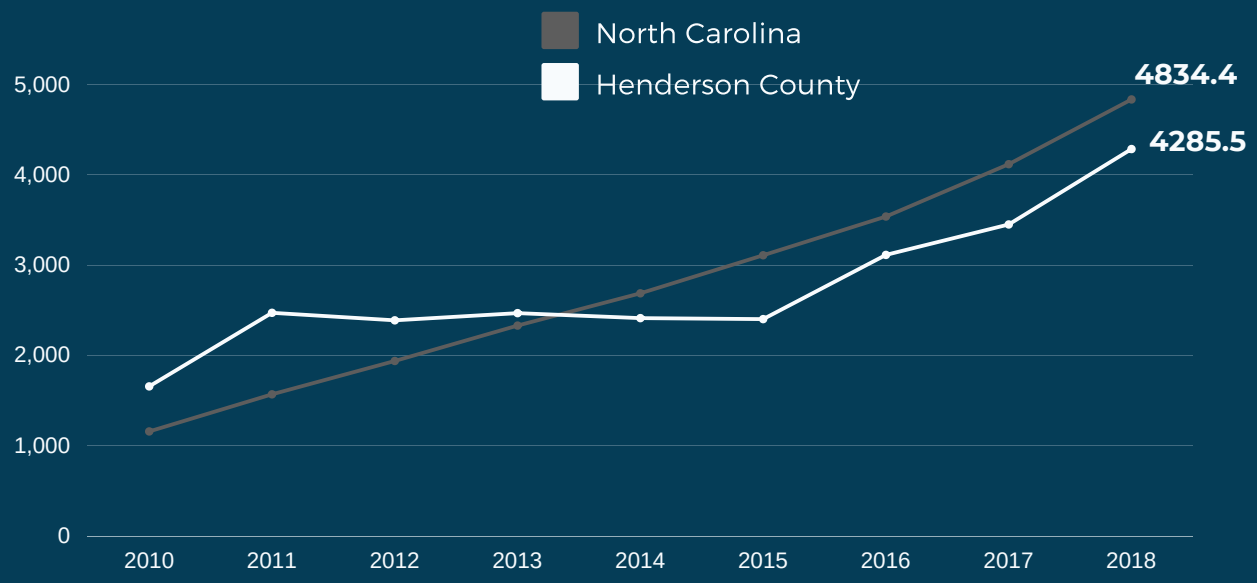
(Henderson County, 2010-2019)



Source: NC State Center for Health Statistics, Vital Statistics- Deaths,

Medication Assisted Treatment

(Buprenorphine prescriptions per 100,000 residents)



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

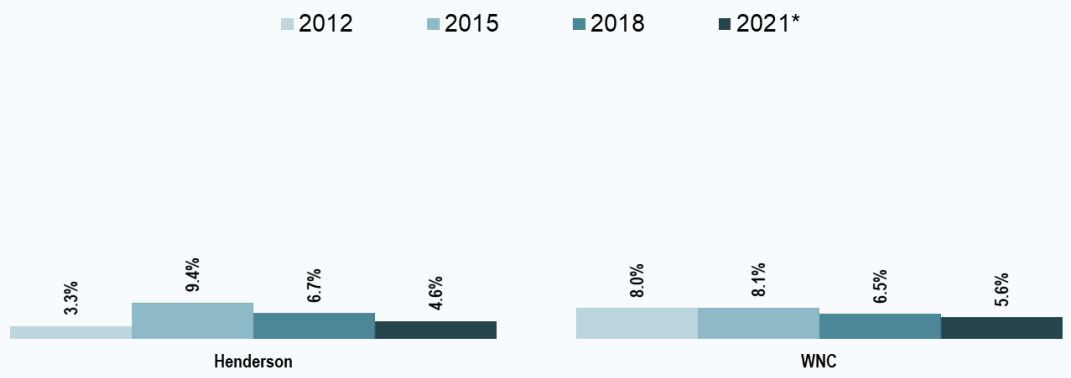
Life has been negatively affected by substance use disorder (by self or someone else).

Source: 2021 PRC Community Health Survey

HEALTHY EATING & ACTIVE LIVING

Consume 5 or more servings of fruits/ vegetables per day.

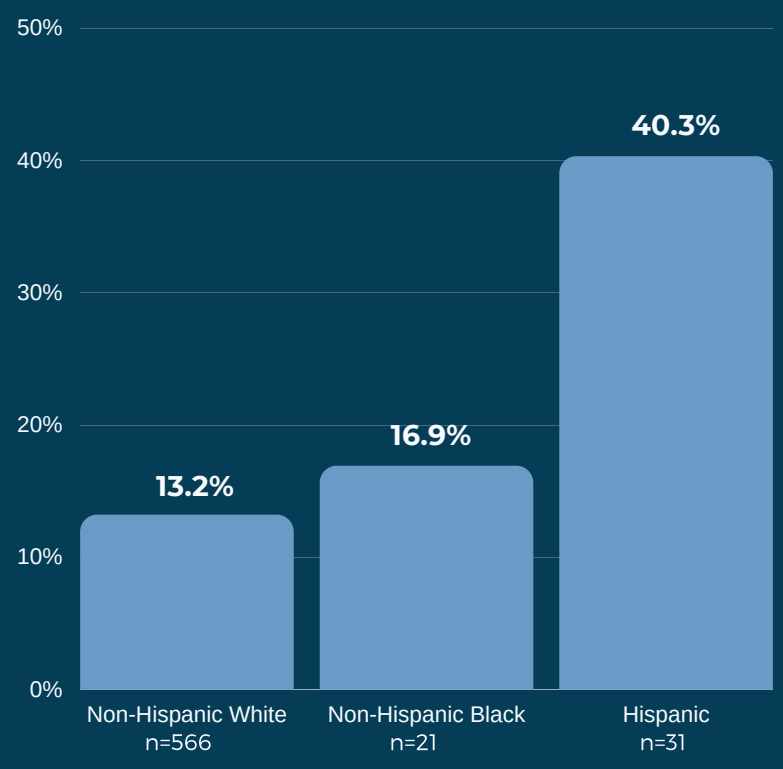
(1 serving = 1 cup)



Source: 2021 PRC Community Health Survey

"Often" or "sometimes" worried about whether food would run out before having money to buy more.

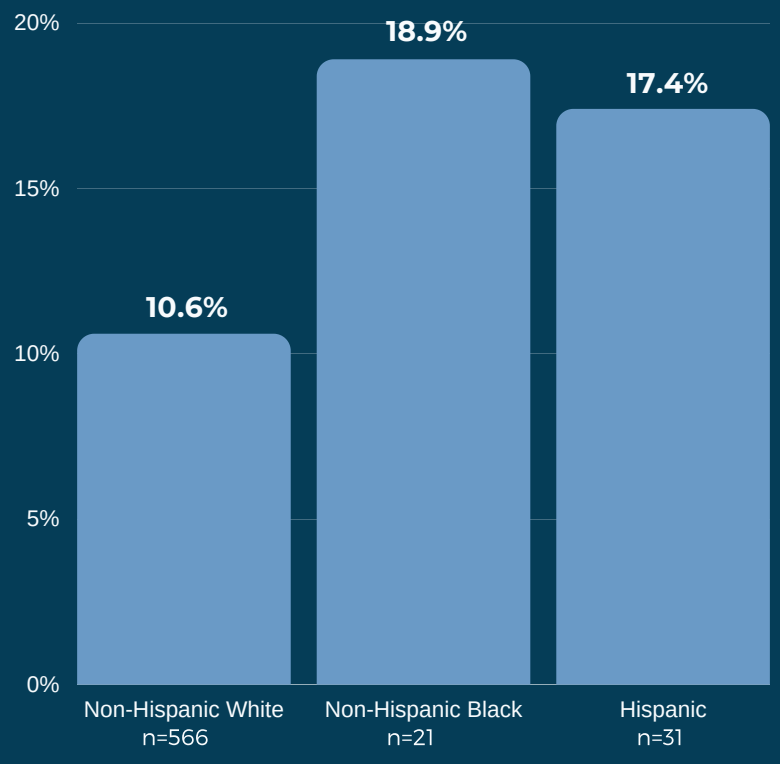
By race/ethnicity



Source: 2021 PRC Community Health Survey

"Often" or "sometimes" the food we bought did not last, and we did not have money to get more.

By race/ethnicity

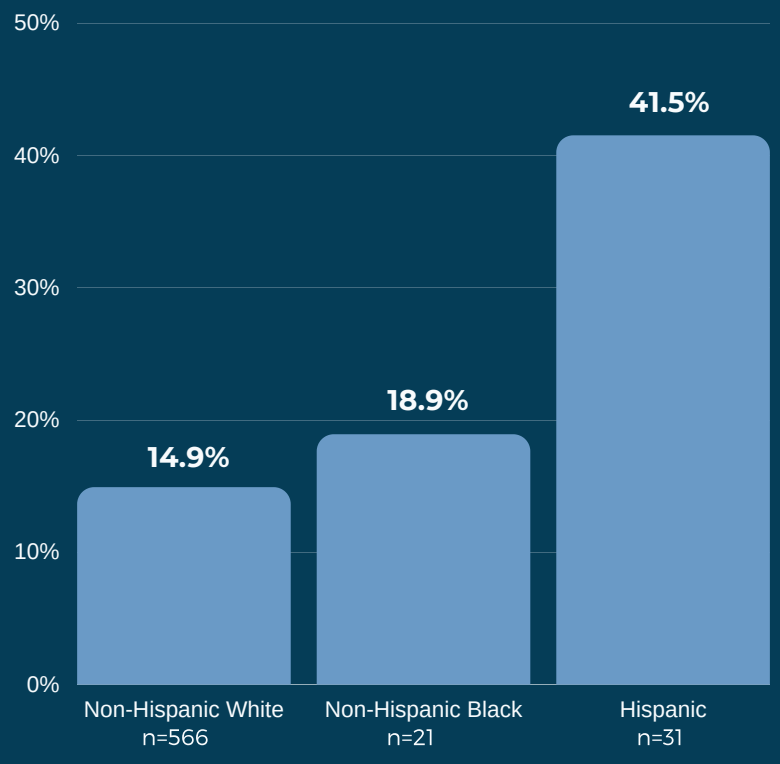


Source: 2021 PRC Community Health Survey

Food Insecure:
Ran out of food **OR** worried about running out of food in the past year.

By race/ethnicity

Overall:
17.2% of HC Residents
19.0% of WNC Residents

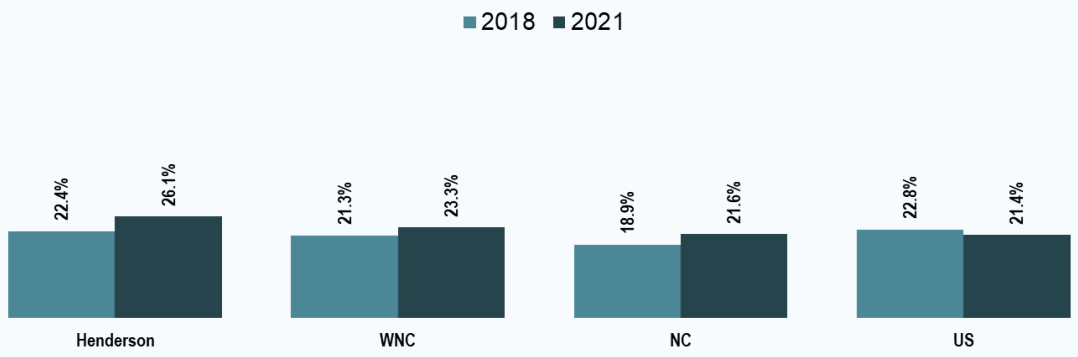


Source: 2021 PRC Community Health Survey

Meets physical activity recommendations.

(>150 minutes of moderate-intensity aerobic activity/week)

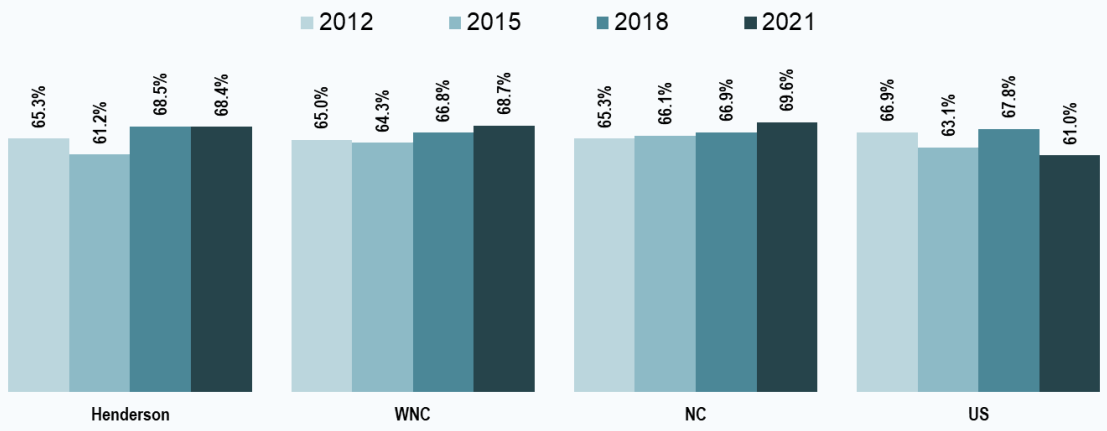
Note: 21.1% of respondents did not participate in any physical activity.



Source: 2021 PRC Community Health Survey

Total Overweight or Obese

(BMI of 25.0 or higher)



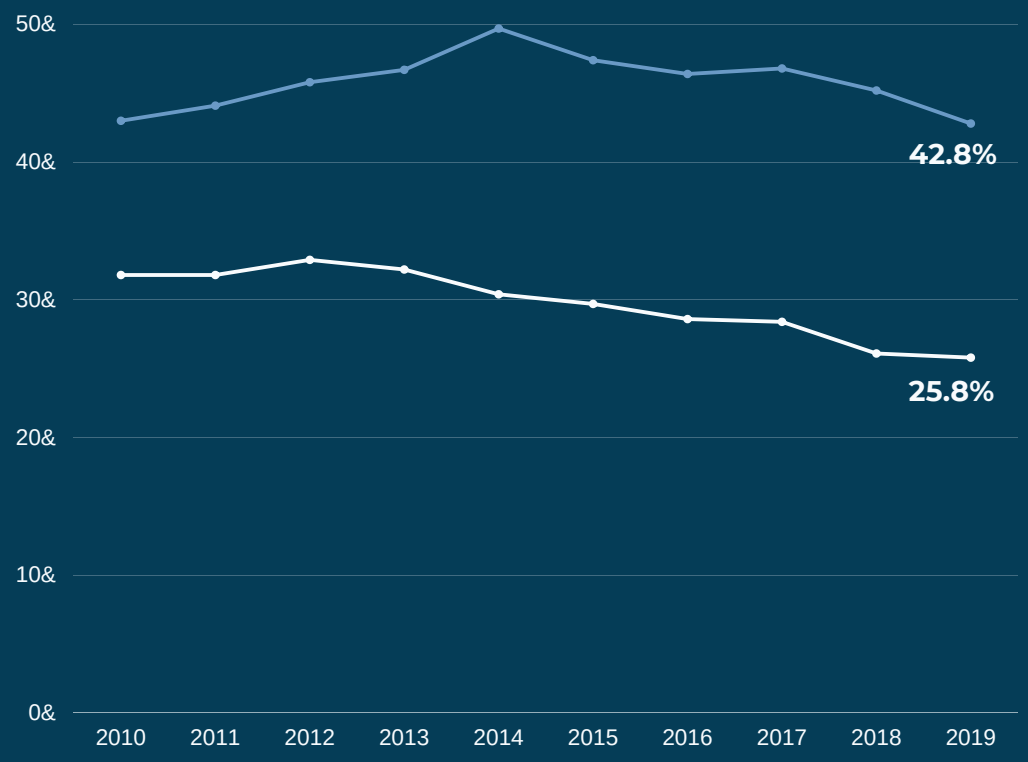
Source: 2021 PRC Community Health Survey

SAFE & AFFORDABLE HOUSING

Spending >30% of Household Income on Housing

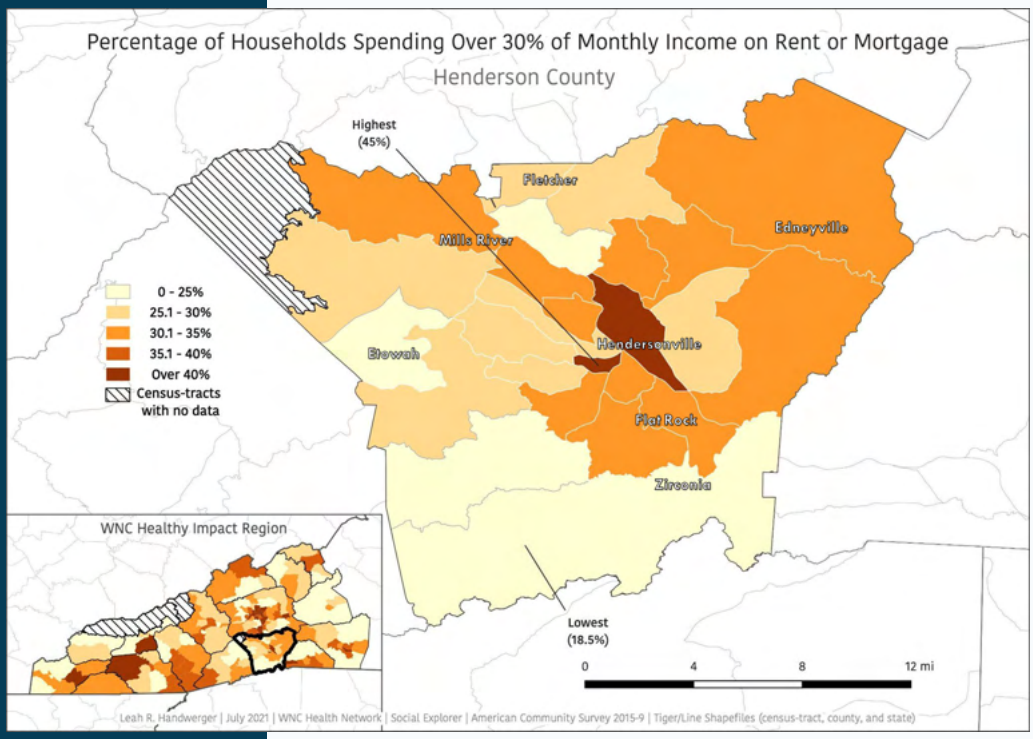
Percent of Households (rented or owned)

- Rented Housing Units
- Owned Housing Units



Source: U.S. Census Bureau. (2021). Gross Rent as a Percentage of Household Income in the Past 12 Months: ACS 5-Year Estimates. [Data tables]. Available from http://census.data.gov

Households Spending >30% of Monthly Income on Rent or Mortgage



Source: U.S. Census Bureau. (2021). Gross Rent as a Percentage of Household Income in the Past 12 Months: ACS 5-Year Estimates.

MEDIAN COLLECTED RENT

NON-SUBSIDIZED RENTAL UNITS

UNIT TYPE	*% VACANCY	*MEDIAN RENT RANGE PER MONTH
Studio	0.0%	$668
One-Bedroom	4.1%	$995
Two-Bedroom	0.0%-16.0%	$700-$1175
Three-Bedroom	0.0%-4.1%	$775-$1415

*Range differs by # of bathrooms.

Source: Asheville, North Carolina Region Housing Needs Assessment. Bowen National Research. Can be accessed at: Asheville, NC 19-462 (Housing Needs Assessment) - FINAL 3-10-20.pdf - Google Drive

GOVERNMENT SUBSIDIZED
UNITS & VACANCY

UNIT TYPE	% VACANCY
Studio	0.0%
One-Bedroom	0.0%
Two-Bedroom	0.0%
Three-Bedroom	0.0%
Four-Bedroom	0.0%
Five-Bedroom	0.0%

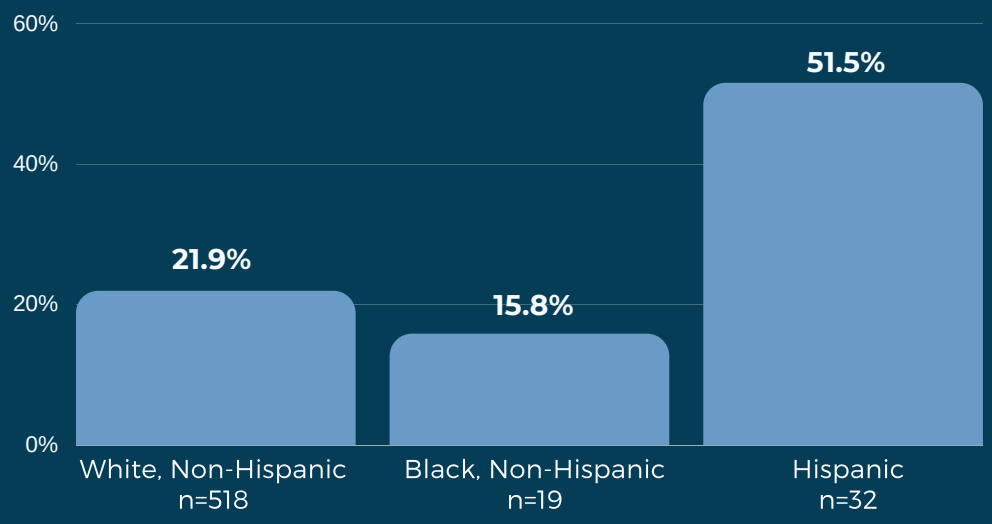
Note: Waiting lists range from 3-17 households.

Source: Asheville, North Carolina Region Housing Needs Assessment. Bowen National Research. Can be accessed at: Asheville, NC 19-462 (Housing Needs Assessment) - FINAL 3-10-20.pdf - Google Drive

Worried or stressed about paying rent or mortgage in the past year.

By race/ethnicity

Overall:
24.6% of HC Residents
26.7% of WNC Residents



Source: 2021 PRC Community Health Survey

HAD A TIME IN THE PAST YEAR WHEN HOME WAS WITHOUT ELECTRICITY, WATER OR HEATING.

9.8%

OF HENDERSON COUNTY RESIDENTS

11.5%

OF WNC RESIDENTS

Source: 2021 PRC Community Health Survey

HAVE HAD TO LIVE WITH A FRIEND/RELATIVE IN THE PAST THREE YEARS DUE TO A HOUSING EMERGENCY:

8.8%

OF HENDERSON COUNTY RESIDENTS

9.3%

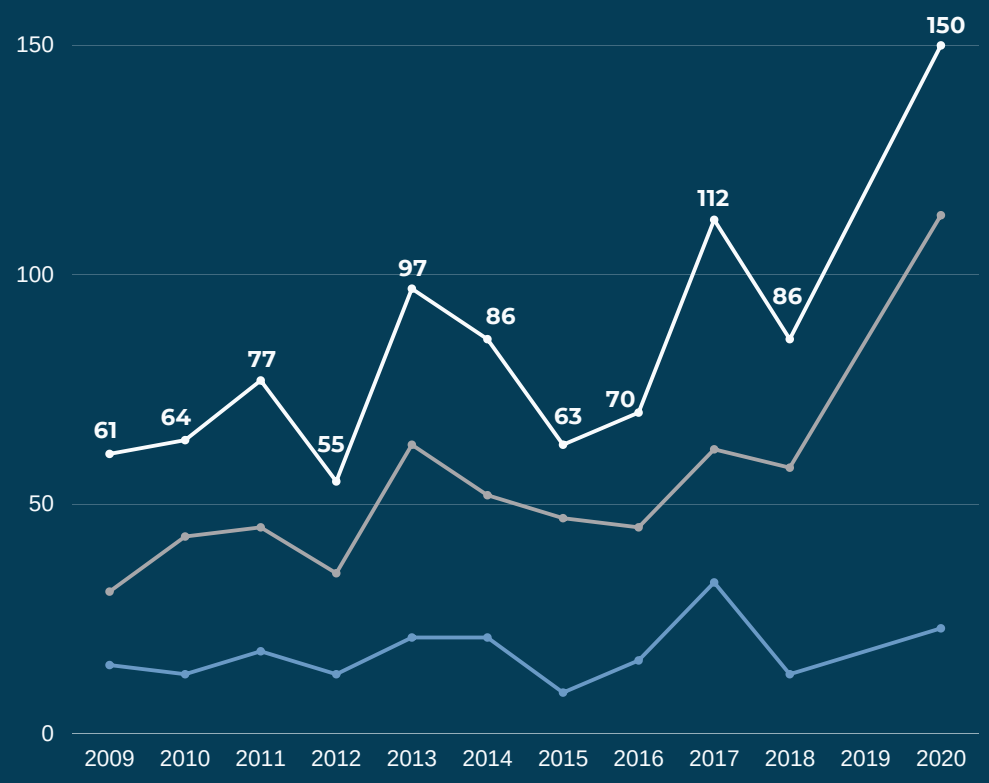
OF WNC RESIDENTS

Source: 2021 PRC Community Health Survey

Homeless Population

Annual Point-in-Time Count
Last count conducted 12/30/2020

- Total Homeless
- Homeless Adults
- Homeless Children



Source: 2020 Point-in-time Count: North Carolina Balance of State - by County and Overall Count. Retrieved April 27, 2021, from the North Carolina Coalition to End Homelessness website: https://www.ncceh.org/datacenter/pitdata/

SMALL GROUP REFLECTION

20 minutes

Share insights from data presentation; discuss any questions; reflect on relevance, impact and feasability of each topic.

QUICK BREAK

Return in 10 minutes for Data Summary Part 2.

DATA REVIEW: PART 2

Domestic Violence & Sexual Assault, Healthy Aging, Equity

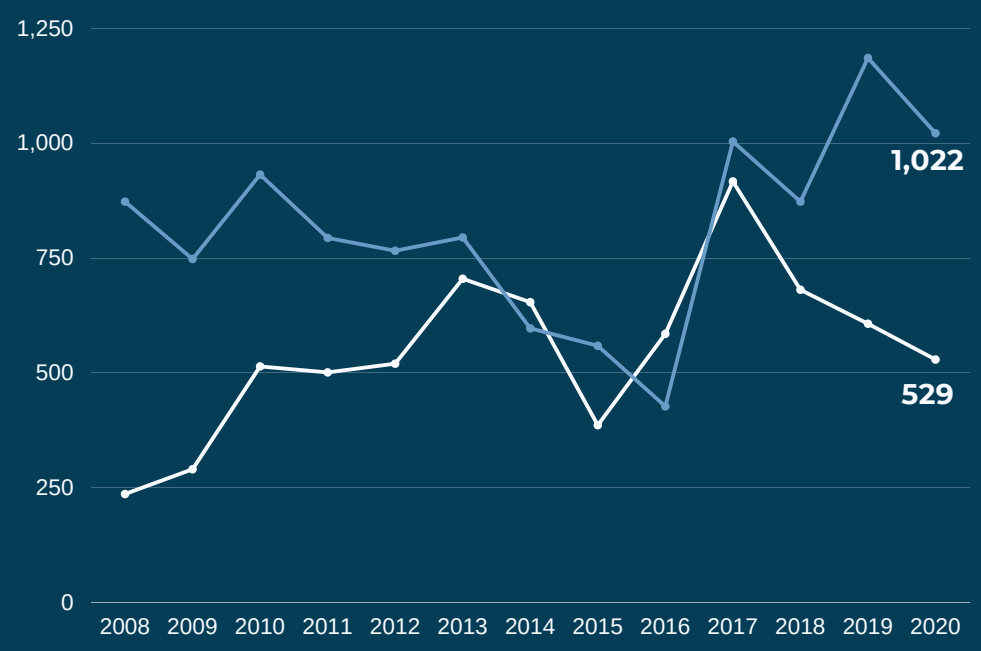
DOMESTIC VIOLENCE & SEXUAL ASSAULT

Domestic Violence Trend

in Henderson County
(reported by Safelight)

- Hotline Crisis Calls
- Clients Served

Because of the pandemic, survivors are more likey to be at home with their abusers and less likely to be able to access resources and support.



Source: 2019-2020 County Statistics - Sexual Assault. Statewide Statistics by Year. Retrieved from North Carolina Department of Administration, Council for Women. Statistics website: https://ncadmin.nc.gov/about-doa/divisions/council-for-women

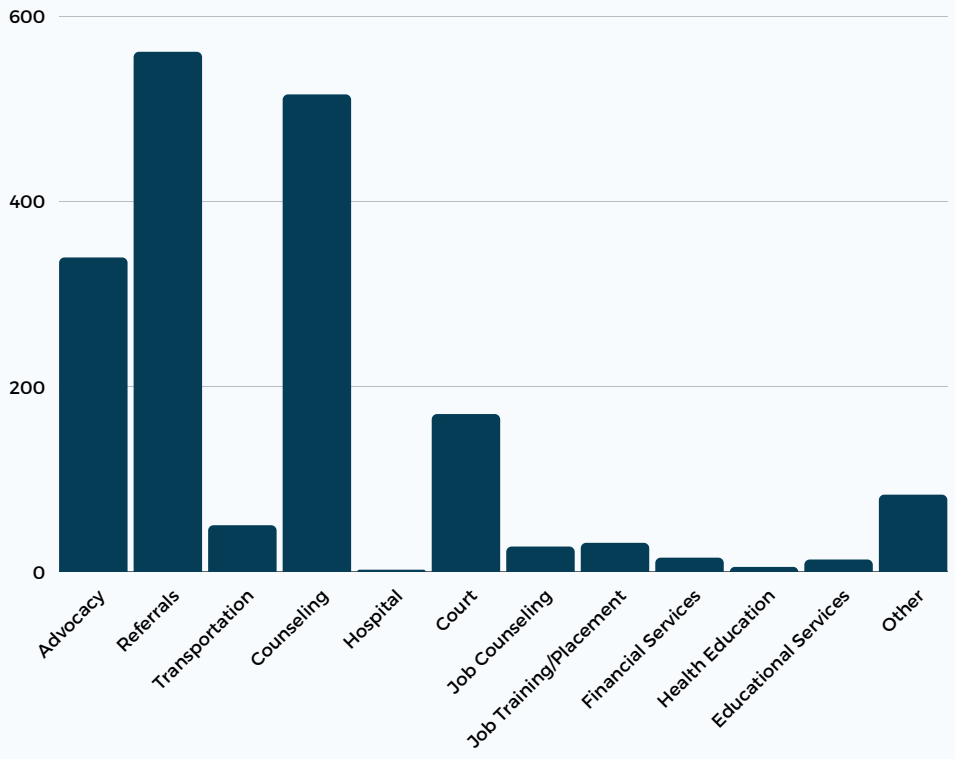
Domestic Violence
Demographics of Clients Served, Total: 1,022
(July 2019-June 2020)

RACE	ETHNICITY	AGE
50.6% White	**95.1%** Not Hispanic/Latino	**12.4%** Ages 0-12
6.1% Black/AA	**4.9%** Hispanic/Latino	**4.5%** Ages 13-17
5.6% American Indian; Asian; Pacific Islander; Two or more races; some other race		**9.1%** Ages 18-24
37.7% Unknown		**49.6%** Ages 25-59
		4.4% Ages 60+
		20.0% Unknown

Source: 2019-2020 County Statistics - Sexual Assault. Statewide Statistics by Year. Retrieved from North Carolina Department of Administration, Council for Women, Statistics website: https://ncadmin.nc.gov/about-doa/divisions/council-for-women

Services Provided

Domestic Violence Clients
(July 2019-June 2020)



Source: 2019-2020 County Statistics - Sexual Assault. Statewide Statistics by Year. Retrieved from North Carolina Department of Administration, Council for Women, Statistics website: https://ncadmin.nc.gov/about-doa/divisions/council-for-women

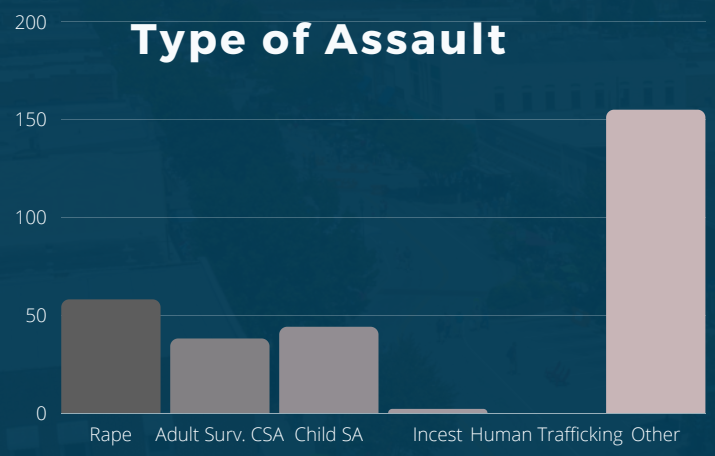
Sexual Assault
Demographics of Clients Served, Total: 297
(July 2019-June 2020)

RACE	ETHNICITY	GENDER	AGE
57.9% White	**91.2%** Not Hispanic/Latino	**23.2%** Male	**32.7%** Ages 0-12
2.7% Black/AA	**8.8%** Hispanic/Latino	**69.4%** Female	**27.6%** Ages 13-17
12.8% American Indian; Asian; Pacific Islander; Two or more races; some other race		**0.7%** Other	**10.1%** Ages 18-24
26.6% Unknown		**6.7%** Unknown	**8.8%** Ages 25-59
			3.4% Ages 60+
			5.7% Unknown

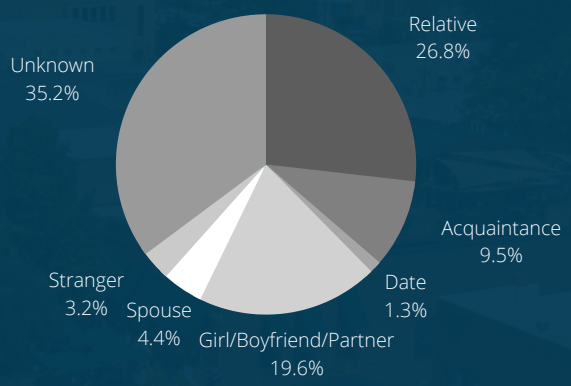
Source: 2019-2020 County Statistics - Sexual Assault. Statewide Statistics by Year. Retrieved from North Carolina Department of Administration, Council for Women, Statistics website: https://ncadmin.nc.gov/about-doa/divisions/council-for-women

Sexual Assault, Total: 297
(July 2019-June 2020)

Type of Assault



Offender Relationship

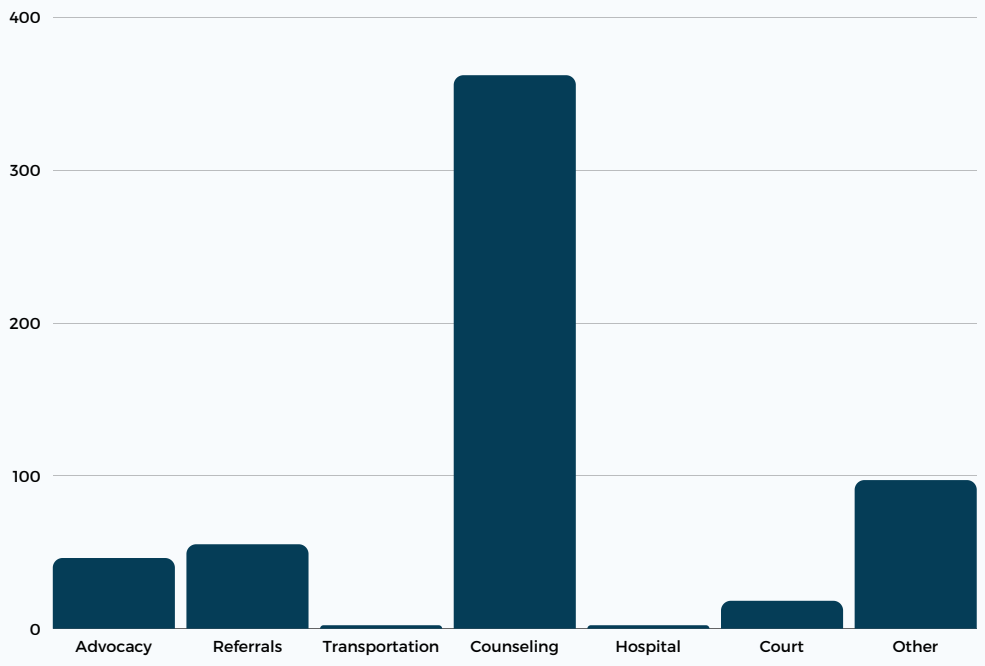


Source: 2019-2020 County Statistics - Sexual Assault. Statewide Statistics by Year. Retrieved from North Carolina Department of Administration, Council for Women, Statistics website: https://ncadmin.nc.gov/about-doa/divisions/council-for-women

Services Provided

Sexual Assault Clients

(July 2019-June 2020)



Source: 2019-2020 County Statistics - Sexual Assault. Statewide Statistics by Year. Retrieved from North Carolina Department of Administration, Council for Women, Statistics website: https://ncadmin.nc.gov/about-doa/divisions/council-for-women

SAFELIGHT IN FY 2021

Served 1,219 unique clients across all programs (Domestic Violence, Sexual Assault and Child Abuse)

DEMOGRAPHICS

29% Under Age 18
54% Ages 25-59

84% Female
15% Male

74% Caucasian
7% Black/AA
12% Hispanic/Latino

SHELTER

7,729 bed fills

127 adults served

39 children served

1,150 Crisis Hotline Calls Received

CHILD ADVOCACY CENTER

238 Unique Clients

160 Forensic Interviews

172 Comprehensive Medical Exams

COUNSELING SESSIONS

2,740 in-person sessions

179 adults served

116 children served

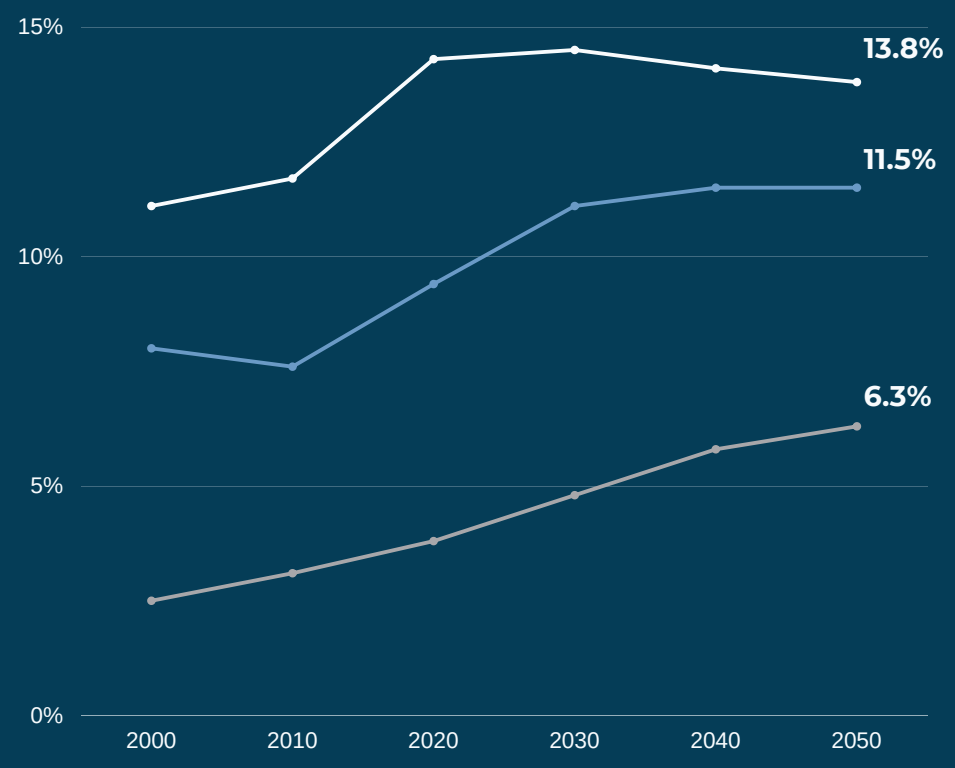
Source: Safelight Annual Report. Shared by Lauren Wilkie on December 14, 2021.

HEALTHY AGING

Projected Growth of Elderly Population

As percent of total population

- Ages 65-74
- Ages 75-84
- Ages 85+

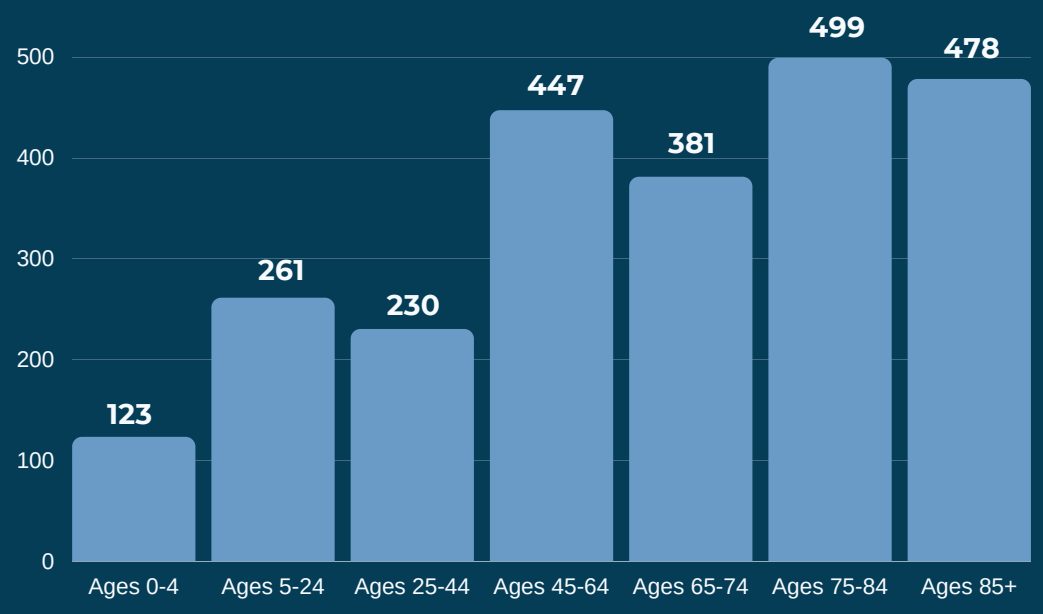


Source: North Carolina Office of State Budget and Management. (2021). County/State Population Projections: Sex and Single Years of Age (2000-2050). https://www.osbm.nc.gov/demog/county-projections.

ED Visits for Unintentional Falls

Count of Falls

Henderson County, 2020



Source: https://ncdetect.org/unintentional-falls-dashboard/

Unintentional Fall-Related Deaths

FROM 2015-2019,

223 Henderson County residents died as a result of an unintentional fall.

OF THE 223 FALL-RELATED DEATHS,

205 (92%) occurred in the population age 65 and older.

136 (61%) occurred in the population age 85 and older.

IN NORTH CAROLINA,

Unintentional fall-related deaths have risen from 845 in 2010 to 1,499 in 2019 **(75% increase).**

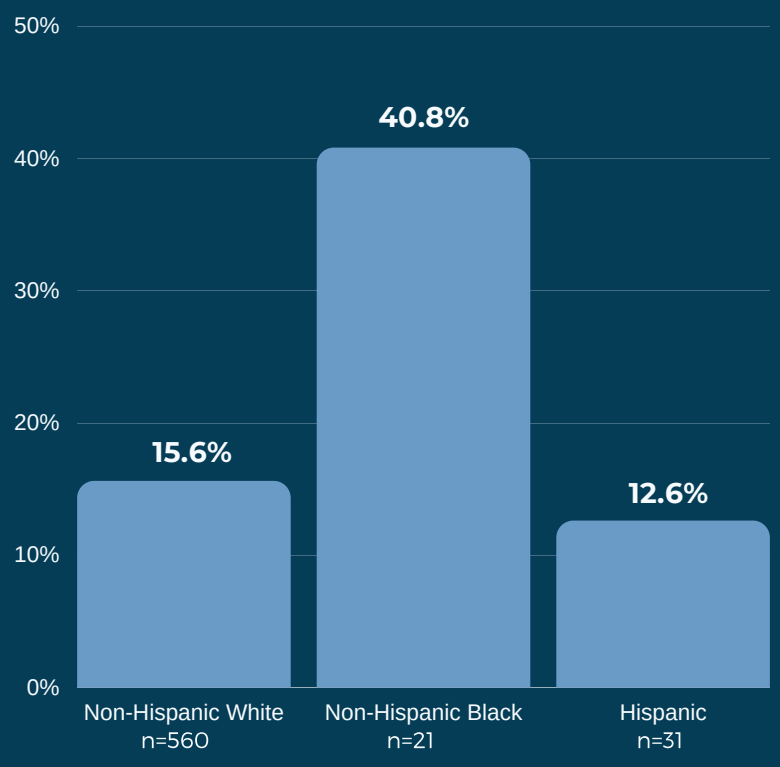
Source: Detailed Mortality Statistics, North Carolina Residents, 2019. Retrieved June 10, 2021, from North Carolina Center for Health Statistics, Vital Statistics website: https://schs.dph.ncdhhs.gov/data/vital.cfm

EQUITY

DISAGREE that the community is a welcoming place for people of all races and ethnicities.

By race/ethnicity

Overall:
16.7% of HC Residents
16.8% of WNC Residents

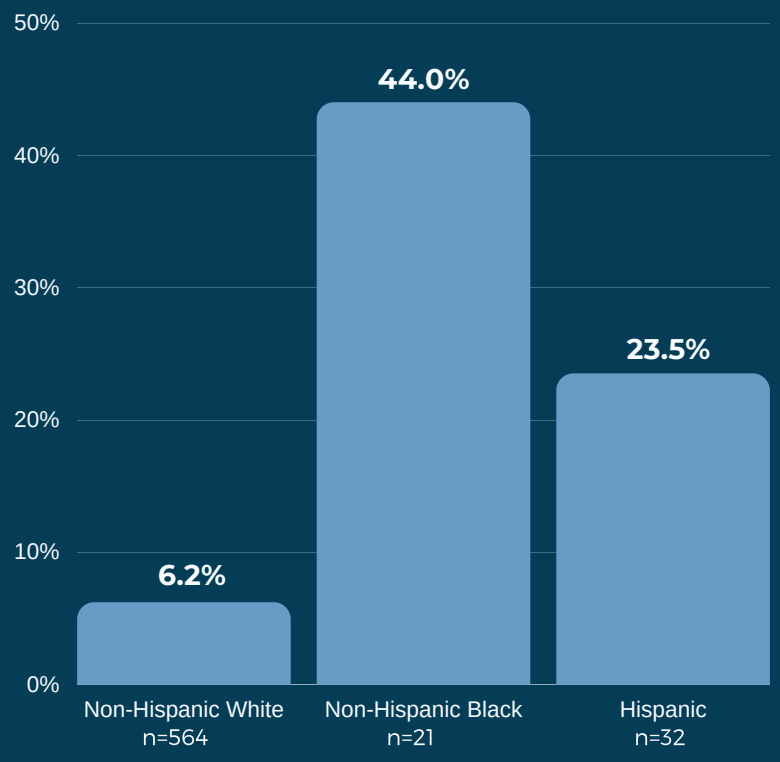


Source: 2021 PRC Community Health Survey

"Often" or "sometimes" threatened or harassed due to race/ethnicity.

By race/ethnicity

Overall:
9.1% of HC Residents
9.7% of WNC Residents

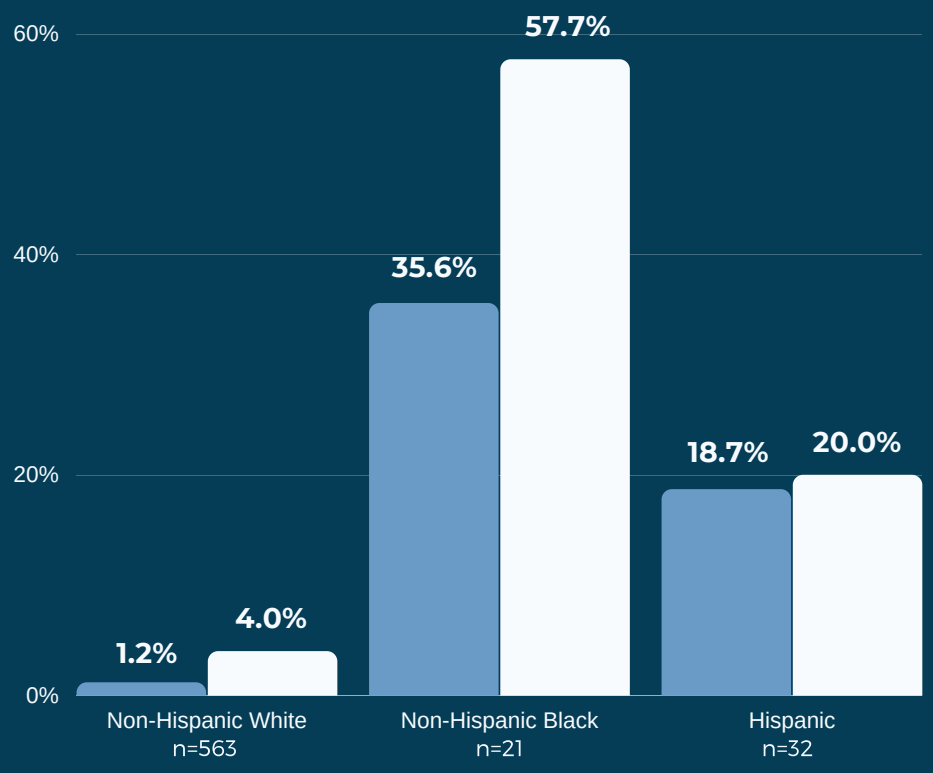


Source: 2021 PRC Community Health Survey

"Often" or "sometimes" treated unfairly due to race/ethnicity....

By race/ethnicity

Getting medical care
At school

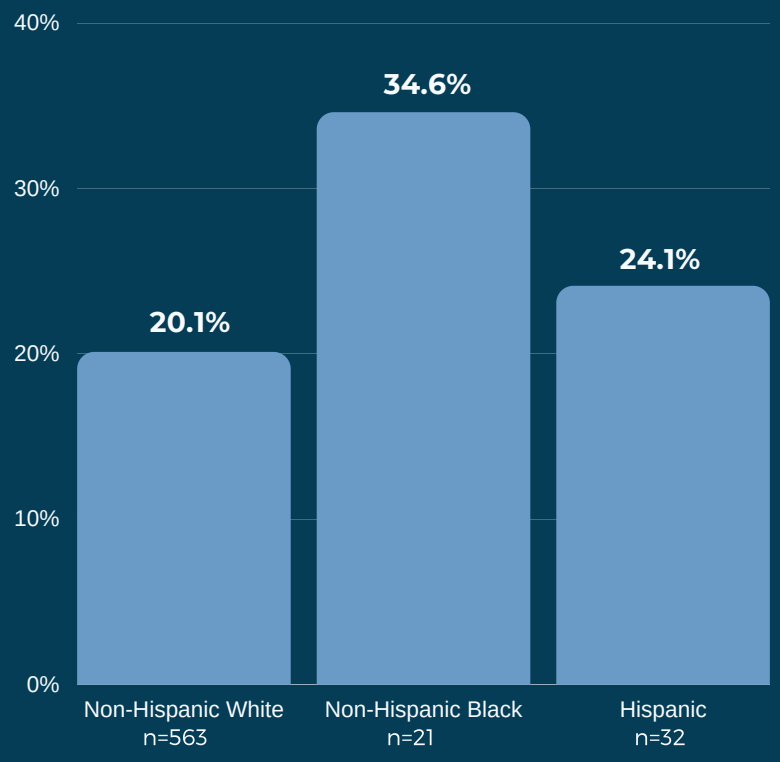


Source: 2021 PRC Community Health Survey

"Often" or "sometimes" criticized for my accent or the way I speak.

By race/ethnicity

Overall:
21.2% of HC Residents
28.6% of WNC Residents



Source: 2021 PRC Community Health Survey

SMALL GROUP REFLECTION

20 minutes

Share insights from data presentation; discuss any questions; reflect on relevance, impact and feasability of each topic.

PULL OUT YOUR WORKSHEET

- Give each health topic a rating under relevance, impact, and feasibility.
  (1= lowest score, 4= highest score)
- Add up the ratings across columns 2, 3 and 4 for each health topic.
- Write in the total score in column 5.

Our Next Steps

FINALIZE 2021 HEALTH PRIORITIES

considering all data and community feedback/input.

PUBLISH THE COMMUNITY HEALTH ASSESSMENT

describing status of the community, current health indicators and selected health priorities.

COMMUNITY HEALTH STRATEGIC PLANNING

to collectively decide steps towards desired health outcomes.

Your Next Steps

GET INVOLVED

Consider participating on an Action Team.

REACH OUT

Ask questions, get connected, or share input.

STAY CURIOUS

Learn more about the topics you found interesting or meaningful.

Camden Stewart
Community Health Assessment Lead, HCDPH
cstewart@hendersoncountync.gov

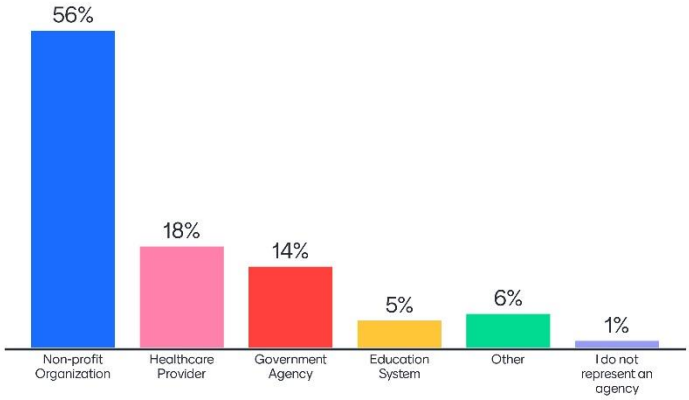
THANK YOU!

To share additional feedback or to learn more about Community Health, please contact:

Camden Stewart, MPH
cstewart@hendersoncountync.gov
828-694-6065
www.hendersoncountync.gov

Q1: Who is in the room? My agency is best categorized as a...

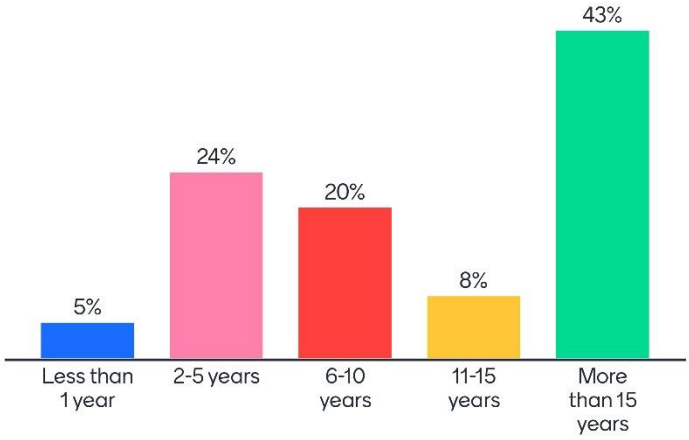
Mentimeter



84

Q2: Who is in the room? I have lived and/or worked in Henderson County for...

Mentimeter



86

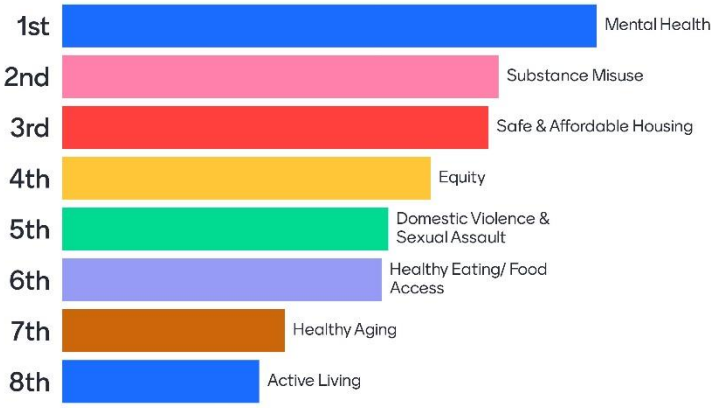
Q3: In your opinion, what is the most important characteristic of a healthy community?

Mentimeter

169

Q7: Given your final ratings in column 5, rank the health topics from highest score (1st) to lowest (8th).

Mentimeter



79

Question 4	Question 5	Question 6	Question 8
What have you experienced in our community in the past three years that has helped you feel inspired or hopeful related to health and wellbeing?	**Share any meaningful words, phrases, or take-aways from your breakout room:**	**Share any meaningful words, phrases, or take-aways from your breakout room:**	**Final thoughts, ideas or comments:**
Responses	**Responses**	**Responses**	**Responses**
Ecusta Trail	Gardening	Capacity building	ACEs
More greenways	Collaboration	Early intervention	Our community ROCKS!
Ecusta Trail	Passion	System Changes	Very informative
Addressing Substance misuse	interconnectedness of all of these issues	Importance of equity	Fantastic work and connections. We are stronger together
TRACK TRAILS	Community	DV data needed from more than one agency	Would like to dig in deeper to the data for each area.
Community COVID response.	Engaging	Resources unconnected	Collaborative and inquiry based conversations
Support for alternative transportation	Collaboration	Inclusion	Great format
Ecusta Trail and Master Greenway	Commitment	Prevention of health challenges starts with preventing ACEs	This was extremely well done - thank you!
The Ecusta Trail!!	Collaboration	Linking equity with aging and DV/SA	Well done!
Ecusta Trail	Social determinants are a huge factor	MENTAL HEALTH CARE FOR CHILDREN/YOUTH THAT IS CONSISTENT	Focus on systems change and evaluate the upstream causes.
The development of the Ecusta Trail	Interesting	Awareness	I don't know where to put this, but I am very concerned that there is a group of residents (and elected officials) who are very interested in disparaging and gutting our public health department.
More greenways	Thoughtful	Continued outreach to improve inclusiveness	Collaboration is the key
Greenways	connections	All health topics are interconnected	Do not let this be a quick fad. Great to talk but we need action
I loved the way our community came together to provide access to the COVID vaccine to everyone that wants it	Acrion	Kids become adults	Great community- we can incorporate ACES!
GREENWAY	walkability to services	Need more protections for children	Great job facilitators!
The collaboration and support of the non-profit community.	social emotional learning	Equity in housing	Great interaction
Tremendous collaboration to address significant community issues. We are all in this together and we have proved that togetherness matters!	Collaboration!	Interconnected problems	Incredible job handling such a large number of people so efficiently!
Collaborative action	Resources	Consent conversations happening early and often	You have to go back to early intervention and prevention to address all of these.
MASKS	how do we fix it?	We need more youth to take the lead in equity conversations	We are a stong community
Farmers markets	Hope	Prioritization struggles	Healthy Aging is an important umbrella that means all ages
Mobile Markets in Henderson County	suicide	Culture	Thankful for our community's commitment to health!!!
Ecusta Trail birth	Accessibility	equity as a lense	Thank you!
More community engagement	encouraged!	lack of Spanish language services	Wonderful meeting. Vary impressed.
Improved standard of living for peolple who recieve services.	Engaging	More diverse representation in data	Mentimeter was great! Real time results are amazing!
Greenways	Equity and Resilience need to be incorporated into each area	education	Just a thank you for doing this work & coming together. It's encouraging after the last few years to see a path forward!
Hendersonville Connection Center	ACEs need to be apart of all these discussions.	Collaboration	Love our county leadership on this and all Partnership projects!
Trauma-informed trainings	partnership between generations	More data needed	Such great representation today!
Double SNAP	ACEs (Adverse Childhood Experiences)	hard to separate issues from mental health	Lets make our community a priority and help to fill these gaps in health
COVID responses	Healthy eating active living impacts mental health	Health & nutrition connected to preventing falls for aging adults	We GOT this!
Many people worked together to help others during the pandemic.	we need to be more equitable and diversify	Support	Feedback from current school aged children would be great. They have been through a great deal with the pandemic, as have we, but the impact on them has been very different.
Wonderful collaboration between health dept, healthcare system, and non-profits to navigate the pandemic and help one another.	Informative	Let's find something in addition to BMI!	Appreciated the data. Great way to meet in the time of COVID.
Supporting those struggling with substance misuse	harm reduction	finding ways to have a diverse workforce (counselors that look like the people they serve)	more grant funded positions in schools for health education related professional to teach our youth healthy lifestyles
walking, running, and/or biking trails	zero affordable housing	in person survey	Good health is the foundation on which to build help for other areas.
vaccines	Collaboration	ACEs as fundamental conversation	Concerns about covid moving forward as a community
Eucusta Trail	Resource info to share with others	If we are an equitable system a lot of these disparities disappear	Equity, equity, equity!
Greenways	Impact	Where is the data on our kids?	Excellent presentation. Liked the breakout rooms
More greenways, parks, and places to get outside	Smart thought service providers well done	LGBTQ data??	More focus on addressing ACEs
Greenways!	Action	Where is LQBTQ in equity	Many of these categories intersect heavily, and some inform others (housing instability resulting from mental health crisis = substance use and increased domestic violence). Really digging in to multi-pronged approaches and identifying barriers!
Ecusta	Access	Substance misuse is mental health	Don't forget about the very young children these things are impacting - and preventing them from having same issues later in life
Efforts to provide COVID vaccinations	More about meth?	Comprehensive sex education	Good format, well done
assistance with access to healthy foods	support school system	Continue critical work of protecting child sexual abuse survivors	
Increased collaboration with the county and expanding outdoor alternatives	Equity and resilience belong in every action team	everything is connected. improving one area will help another	
Community collaboration during COVID	who did the survey target	WIC FOR THOSE WHO NEED IT	
Collaboration	Lots of resources but how do we connect those who need them	ACEs	
Greenways	social emotional learning	Barriers to mental health treatment	
Collaboration	Perspective	Need breakout on poverty rate for adults over 65	
A focus on Equity	not enough exercise	Collaborative	
The impact that The Free Clinics has had on our community	Access to services	Alot if problems come back to mental health/substance as the root issue	
Farmers msrkets	Solution focused	Be more welcoming and tolerant	
More greenways	Racial disparities	System level approaches	

Ecusta Trail	Collaboration	Resources for seniors to help with needed modifications and caregivers to stay at home
The tremendous teamwork and collaboration through the response to COVID-19. The entire community's willingness to impact lives....	Difference between Federal Poverty Line and Local living wage	Importance of all determinants discussed today.
Downtown activities	covid	Need data on LGBTQ equity too
Ecusta Trail and greenway expansion	Intergenerational	ACES
Covid Vaccination Clinic	who answered the survey	Aging well is a community concern
Community engagement	Early childhood focus needs to be front of mind.	connecting excerise to falls
CAN☺	More questions than answers	ACEs
Continued collaboration	Access to affordable housing impacts mental health	Need to work on child sexual assault through education?
greenways	Collaboration	Need more accurate reporting from all organizations—not just one
the wonderful collaboration efforts of our community partners with our school folks, families, and youth	Discussion about vaping and the health issues.	Making strides but need more work
2x snap at the markets	Food insecurity	Connectivity and community wide support for patients
Ecusta Trail	affordable housing	3 forensic interviews occur every week in Henderson county
The Free Clinic	Focused Improvement	Awareness
The awarding of monies towards Hope Coalition for advancement of prevention and recovery services. The initiation of the Hendersonville Connection Center.	Thoughtful	More equity
Cohesion amongst members of the community	discouraged by political capacity and will	ACEs pervasive
Hope Coalition!	Equity	LGBTQIA populations and other populations need to be considered in equity
Equity training	Systems change	Abuse and Violence intermingle
New focus on behavioral health.	tackle housing from all angles	more detailed data needed
More greenways	Continued concerns about affordable housing. Also the lack of mental health professionals in Henderson County	more outreach to BIPOC
Willingness for community members to work together	engaging	Helping older adults includes paying the workforce that cares for them
Greenway approval, Mills River Parks & Rec, Mills River joining Land of Sky	Families need support	Mental health
PORT team	Housing!!!	Housing is healthcare
Community Collaboration	Housing shortage	Diversity acceptance
Community work in resiliency and ACES	Reducing stigma of getting help	interconnectedness of issues - e.g., healthy aging and affordable housing, mental health and substance abuse and equity
Ecusta Trail	Out of box thinking	Reframing and moving away from BMI measures. Health at every size.
support of nurses, social workers and counselors in schools	Affordable housing	What are the impacts on DV and equity attitudes when the community is rural vs. urban?
Collaboration across sectors	What happened in 2017? Such dramatic increases in data!	BIPOC collaboration
Healthy babies	Combining mental health and substance use as one category. People need to see substance misuse as a mental health problem to decrease stigma and promote access to care	Soppier for primary care providers and teachers who identify abuse
Job Creation - high paying wages which leads to more affordable healthcare	Substance misuse is mental health	prevention of childhood adverse experiences to improve outcomes
Mental Health Care	I want someone that looks like me.	More capacity for domestic violence related needs
Collaborative efforts-we have such a wonderful community that truly works together!	Lack of awareness of resources available	importance of trauma informed work
Creative collaborations during pandemic	Diversity of staff/providers of care	confirmed sexual assault cases vs alleged.
More focus on social Justice	Equity is a horizontal challenge across all health issues	Sharing more about what everyone is doing and can yet be doing
improved access to healthy eating active living	Affordable housing	Pipeline needed for health professionals to increase equity
Collaboration with community partners working together for shared goal of housing our most vulnerable Population	COVID is negatively affecting physical activity	Upstream solutions
Nonprofits work extremely well together verses competitive	How to connect people to resources	Do sexual assault numbers for children reflect alleged or substantiated?
Covid response	Shortage of childcare for growing young families in our area	Child Abuse data horrific
Increase in WIC fruit and vegetable benefits!	Trickle down effects on our little ones	Neighborhoods can be support systems
The collaboration and community support of our amazing non Profits	Resource-rich community	support for DV/ human trafficing and education to ID symptoms
Health department leadership thru covid	Meth use	have more POC representation
Access to prenatal care	Problems so interconnected	Must work on all at once in a coordinated effort
Seventh Avenue resurrection	Two Henderson Counties	High ACE scores impact adult high
government support for Hendersonville Connection Center	feels overwhelming	Even smaller proportions of data are made up of real people who have needs!
COMMUNITY FORUMS	Latino population needs more help	Can unintentional falls be broken out by setting?
Increase in traffic at farmers markets	HenCty has issues but it also has resources with which to address most if not all of the “top of mind” community issues	ACE's Collaborative
Community activities downtown	Smoking vs Vaping	Making WIC referrals a standard part of prenatal care

Food justice addressed during pandemic
Community coming together to help with Covid vaccines
Outdoor events on Main St.

Vaccine clinics

Creating a new farmers market

Compassion
local support of greenways

Medical lending closet
Increased access to community services (food pantries, etc.)
Educational opportunities
CAN!
Collaboration
The positive engagement to identify and provide navigation for addiction persons.
CAN
Free Clinics Rocks!
Equity progress at CAN
Speed and coordination of vaccines
The indentification , engagement and support to addicted persons of our community
Transportation challenges
gentle nudges to healthy behavior
Connecting all the pieces of wellness
multiple perspectives
hopes for collaboration of services
concern for those who fall through the cracks
expand health care for mental health/ substance misuse
Focus on falls
Continued awareness of inclusion

Focus on housimg
New drug use that is not researched as well
Thinking about food access, what are our malnutrition rates?
So great to see the high level data related to our community.
Henderson County's resources+honesty+vision= problem-solving

Equity stats 'at school' notable
How does the mortality numbers/rate for preventable diseases compare to those numbers for substance use mortality and race, ethnicity, and poverty?
intersectionality
Access to services
Humbling
Transportation
All of the connections

Unintentional fall deaths are very high!
Elderly falls prevention needed
Childcare needs

Early Education

We need to door to door survey in order to increase equitable participation in future
assessments

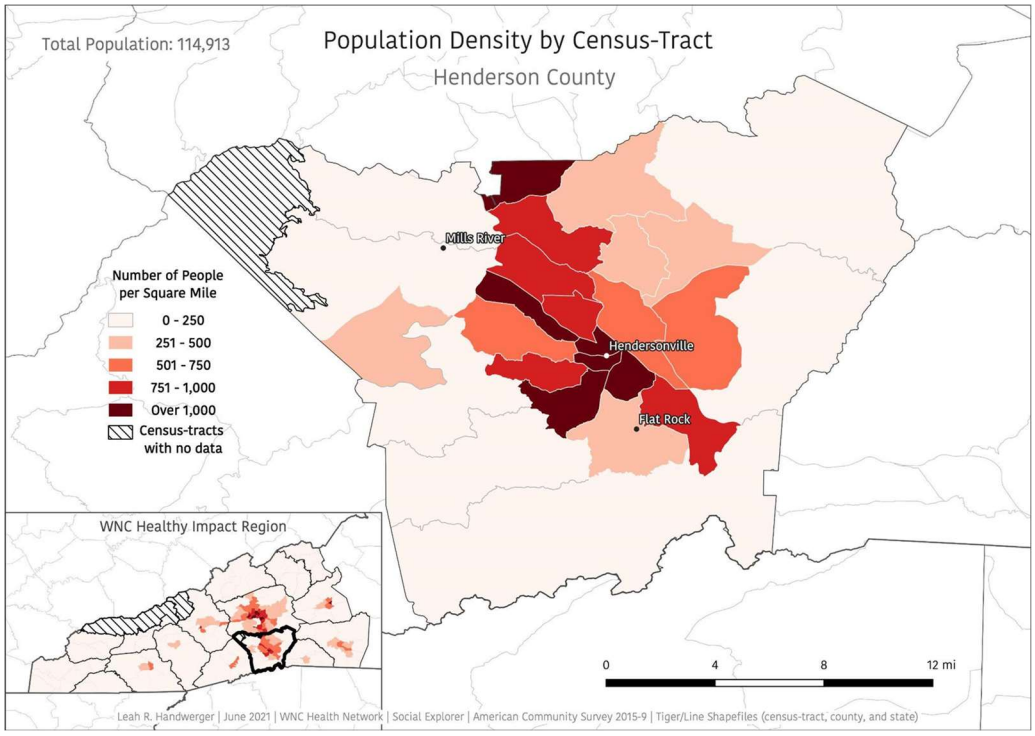
APPENDIX C - COUNTY MAPS

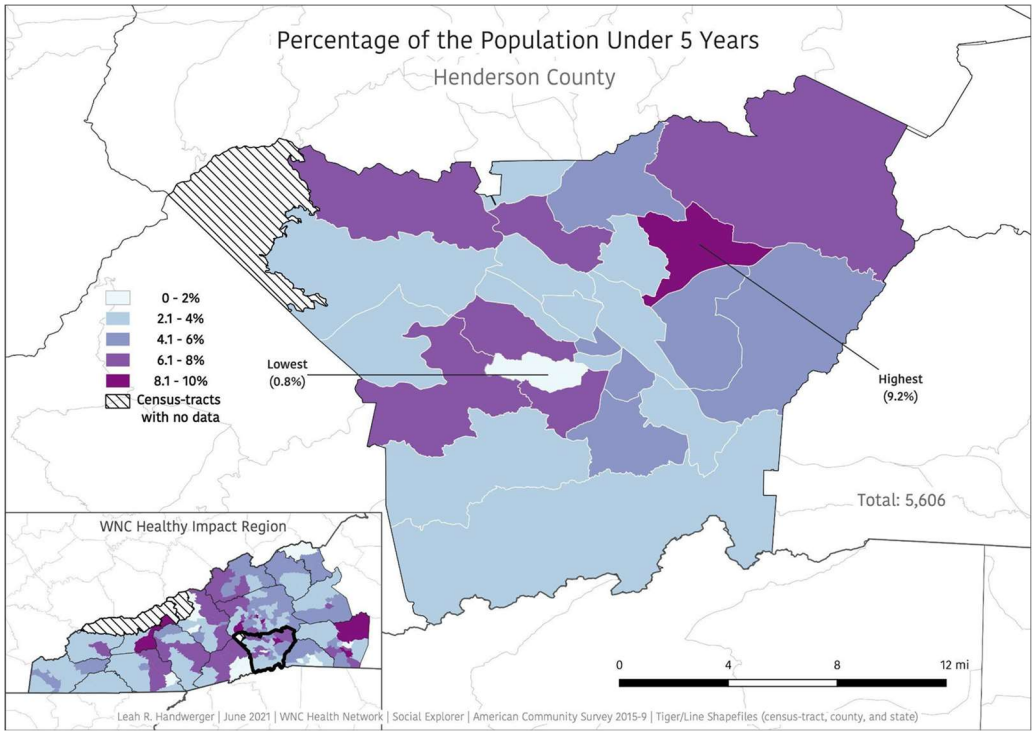
See attached for:

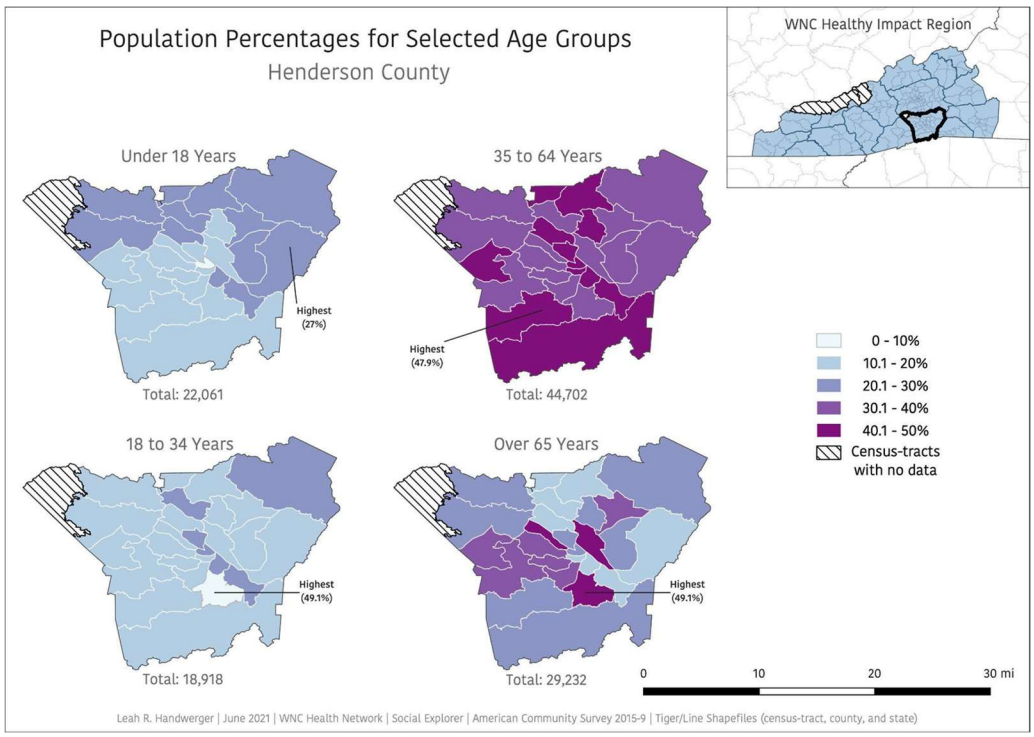
- *PowerPoint slides prepared by WNC Health Network.*

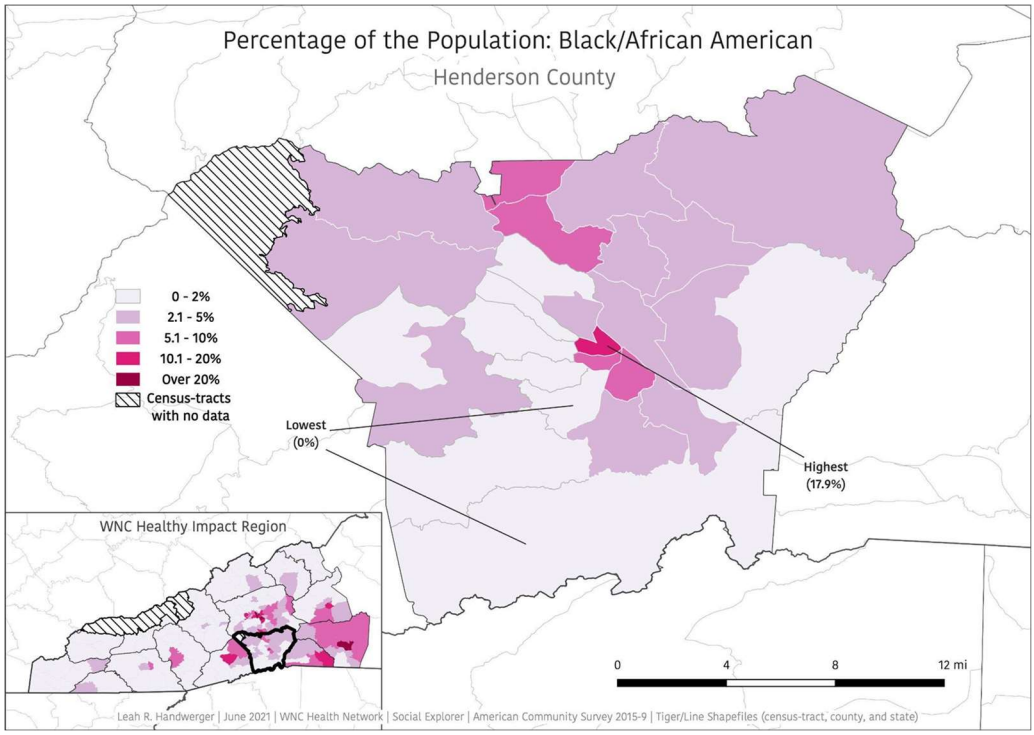
Henderson County Maps 2021

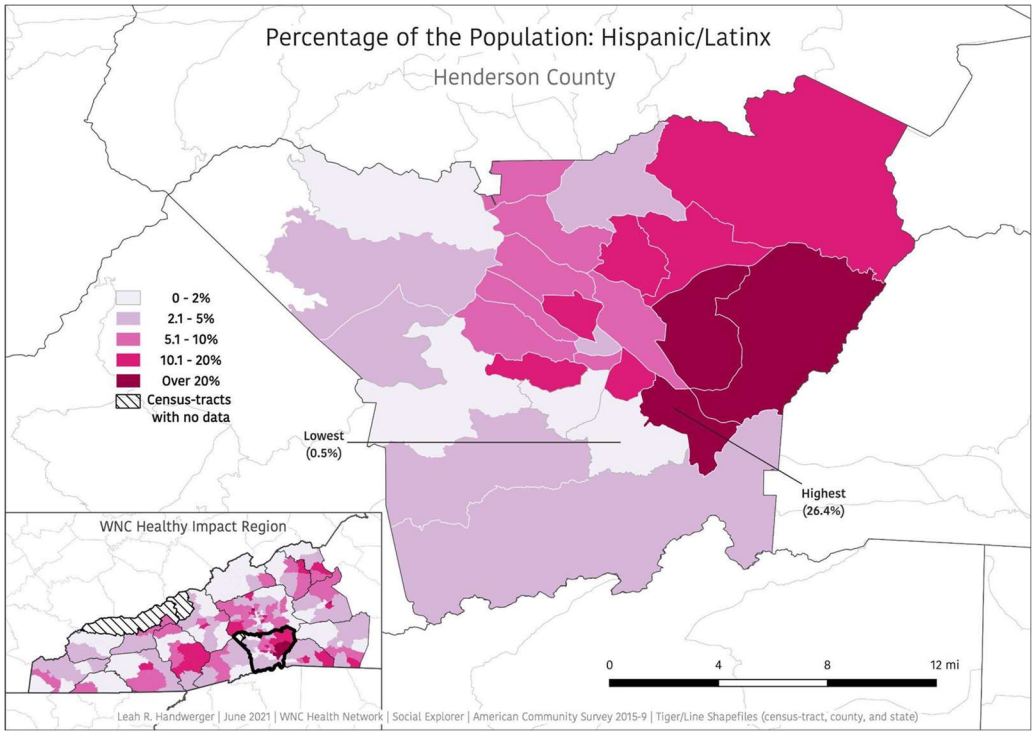
Sources: Social Explorer, American Community Survey 5-Year Estimates 2015-2019, Food Access Research Atlas (2019), Social Vulnerability Index (2018), Tiger/Line Shapefiles

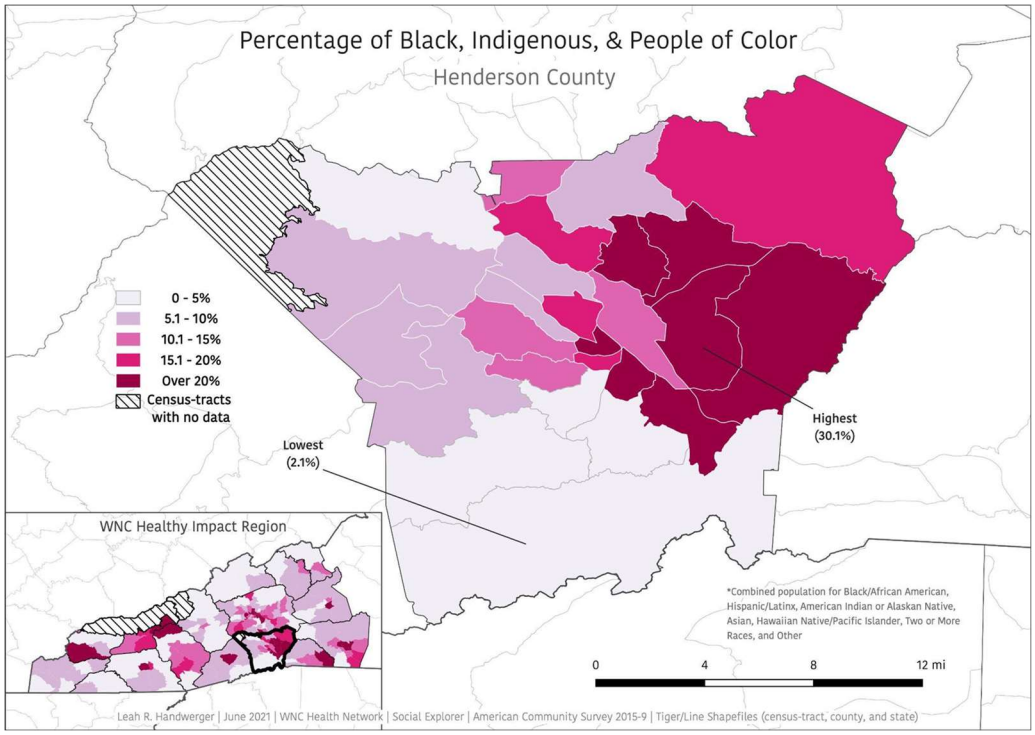


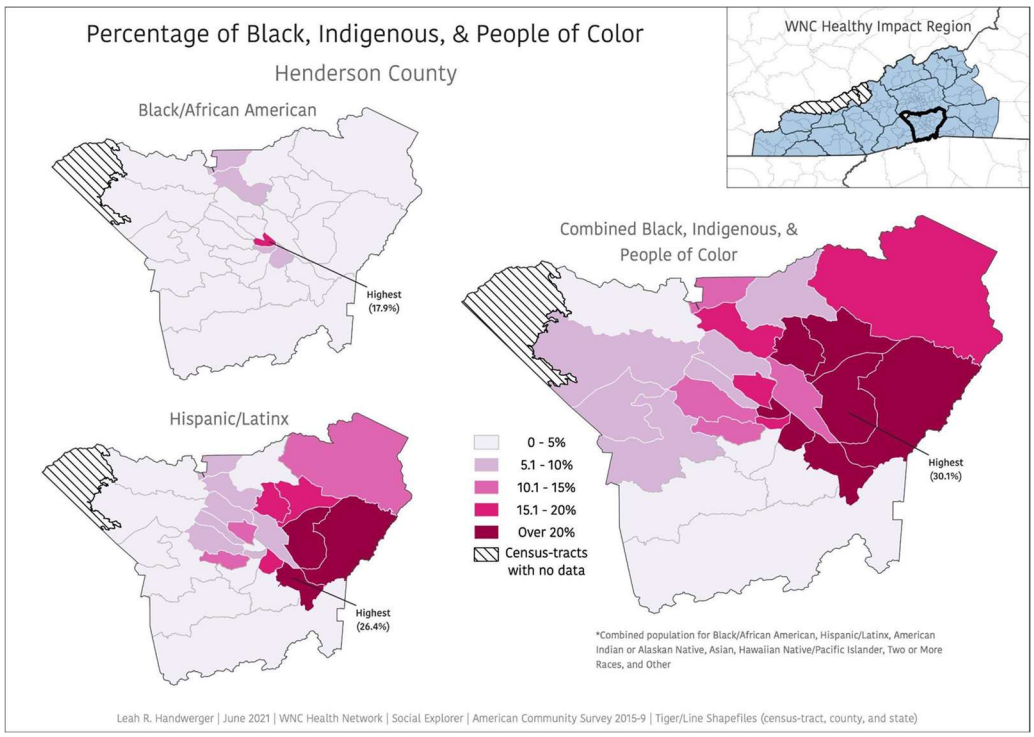

Percentage of the Population Under 5 Years
Henderson County
0 - 2%
2.1 - 4%
4.1 - 6%
6.1 - 8%
8.1 - 10%
Census-tracts with no data
Lowest (0.8%)
Highest (9.2%)
Total: 5,606
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

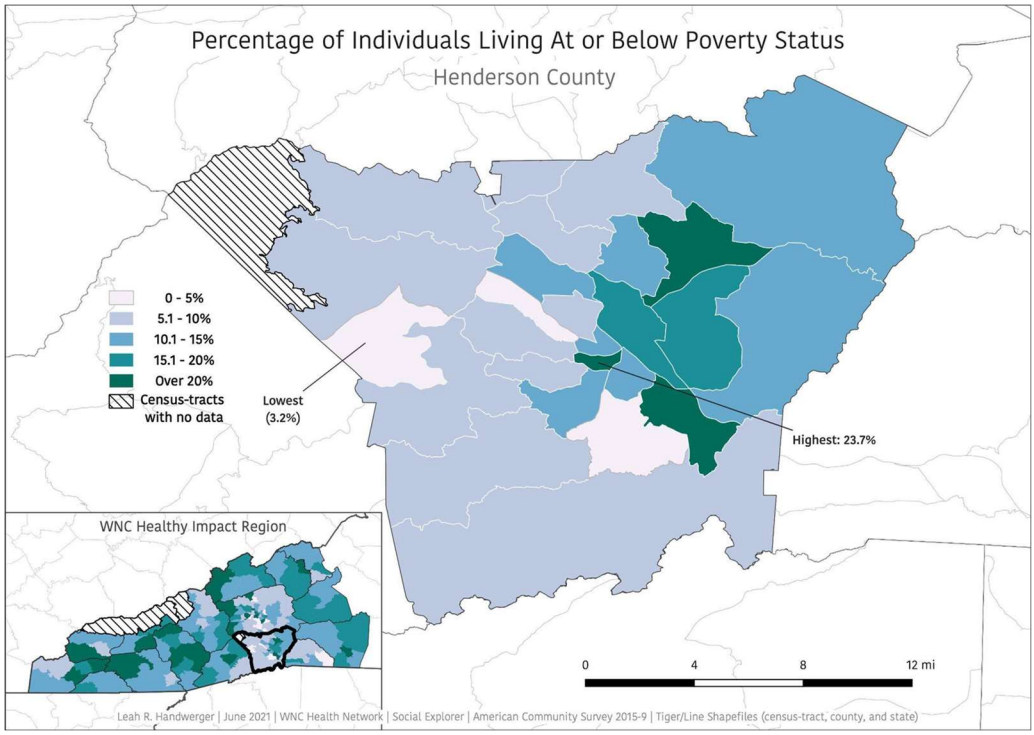

Population Percentages for Selected Age Groups
Henderson County
WNC Healthy Impact Region
Under 18 Years
Highest (27%)
Total: 22,061
35 to 64 Years
Highest (47.9%)
Total: 44,702
18 to 34 Years
Highest (49.1%)
Total: 18,918
Over 65 Years
Highest (49.1%)
Total: 29,232
0 - 10%
10.1 - 20%
20.1 - 30%
30.1 - 40%
40.1 - 50%
Census-tracts with no data
0
10
20
30 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

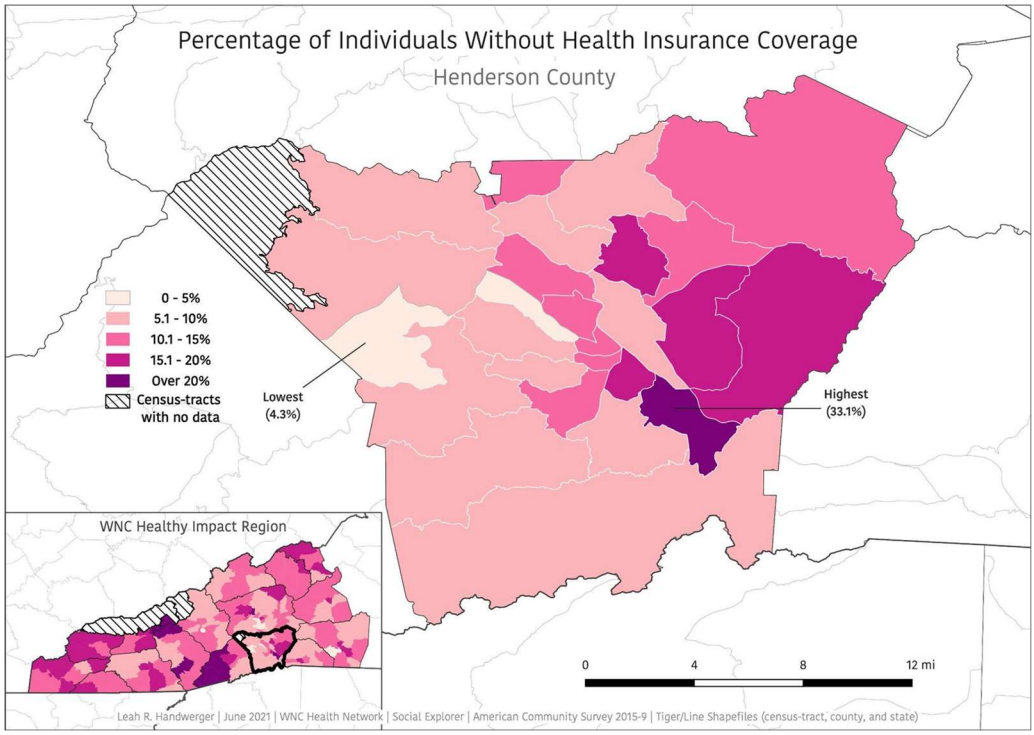

Percentage of the Population: Black/African American
Henderson County
0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts with no data
Lowest (0%)
Highest (17.9%)
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

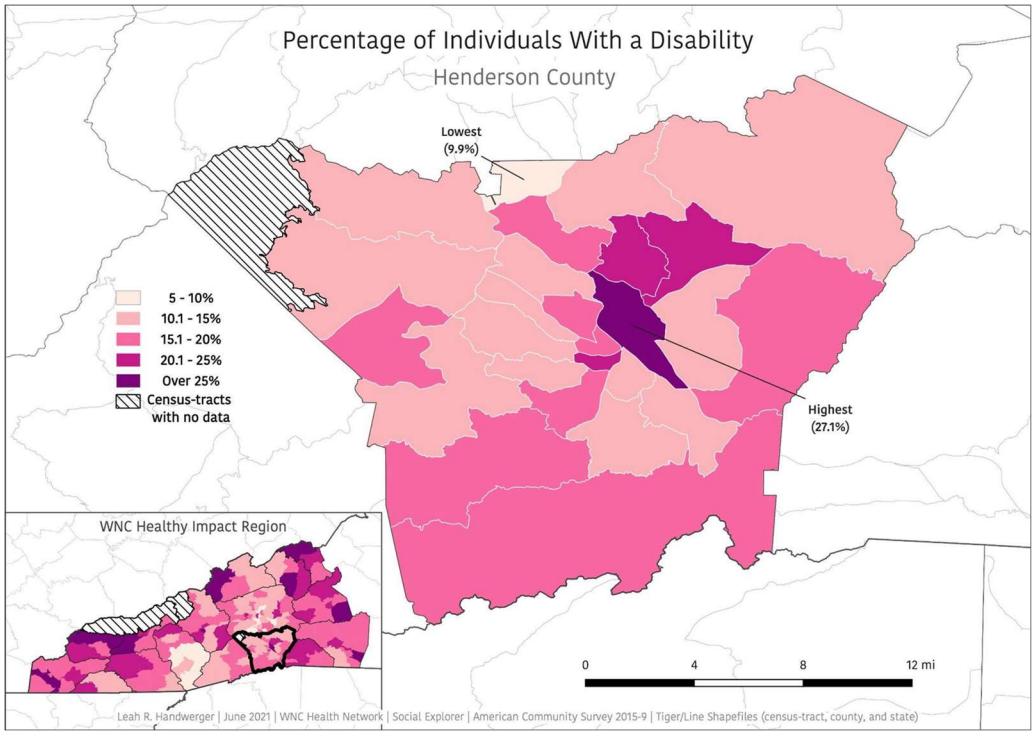

Percentage of the Population: Hispanic/Latinx
Henderson County
0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts with no data
Lowest (0.5%)
Highest (26.4%)
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

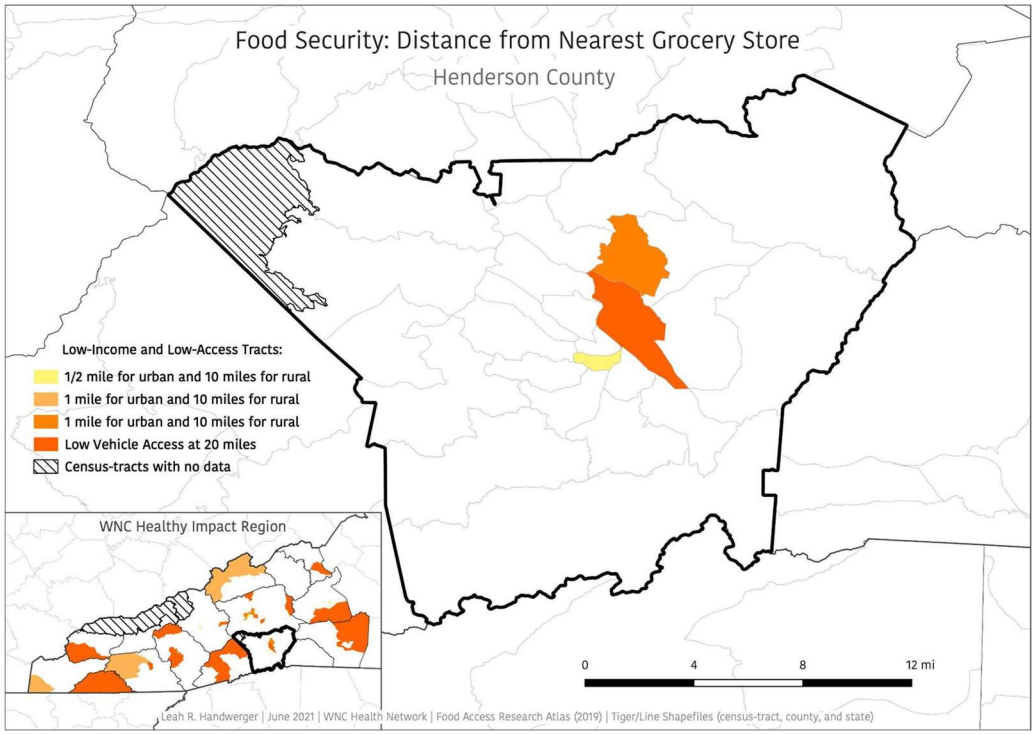

Percentage of Black, Indigenous, & People of Color
Henderson County
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
Highest (30.1%)
Lowest (2.1%)
WNC Healthy Impact Region
*Combined population for Black/African American, Hispanic/Latinx, American Indian or Alaskan Native, Asian, Hawaiian Native/Pacific Islander, Two or More Races, and Other
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

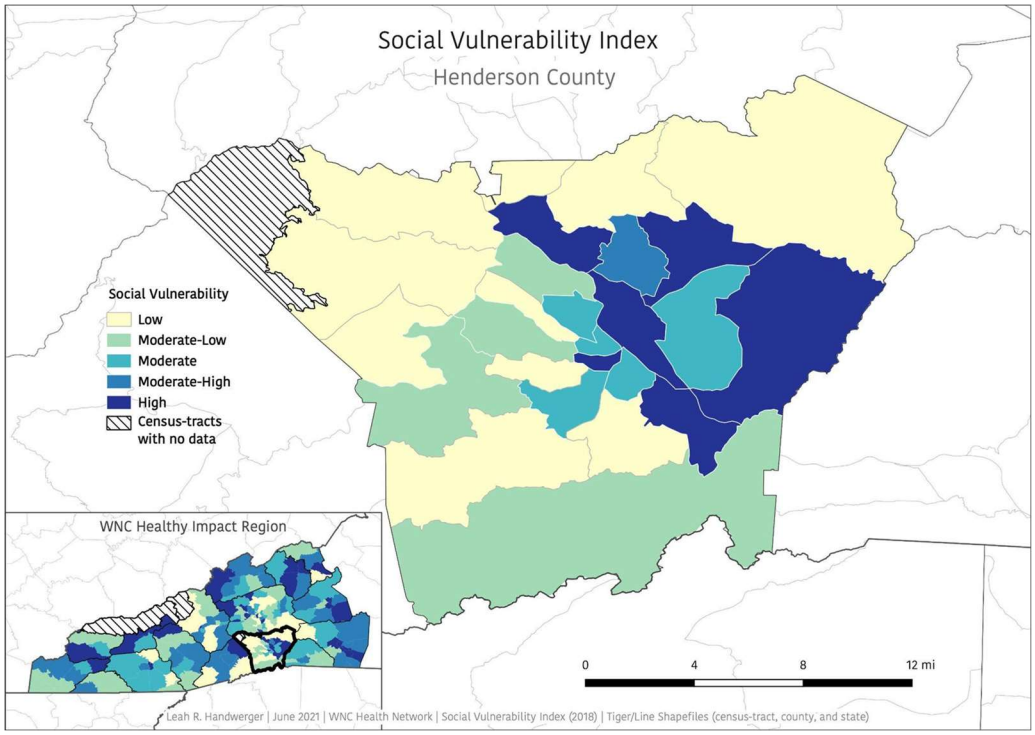

Percentage of Black, Indigenous, & People of Color
Henderson County
WNC Healthy Impact Region
Black/African American
Highest (17.9%)
Combined Black, Indigenous, & People of Color
Hispanic/Latinx
Highest (26.4%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
Highest (30.1%)
*Combined population for Black/African American, Hispanic/Latinx, American Indian or Alaskan Native, Asian, Hawaiian Native/Pacific Islander, Two or More Races, and Other
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

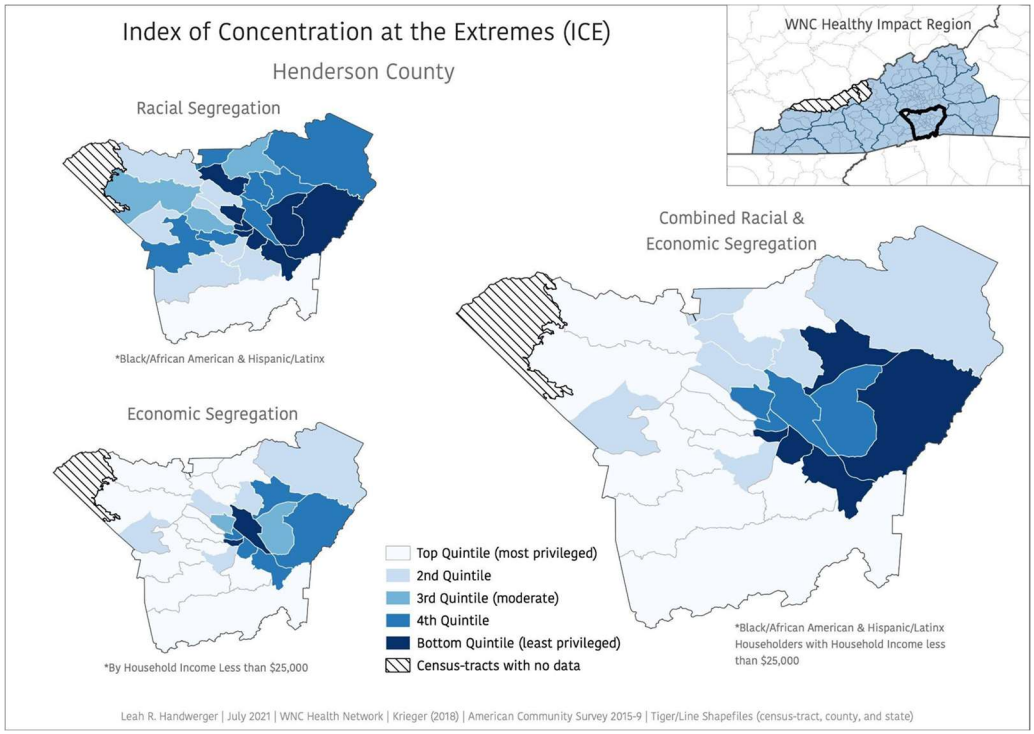

Percentage of Individuals Living At or Below Poverty Status
Henderson County
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
Lowest (3.2%)
Highest: 23.7%
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

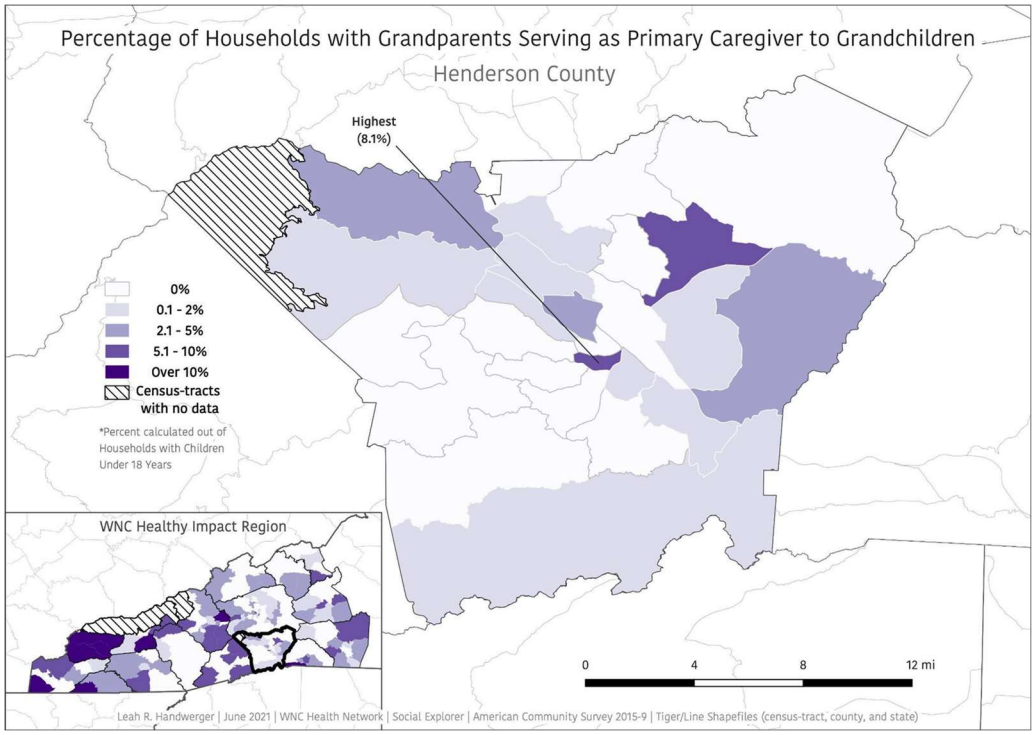

Percentage of Individuals Without Health Insurance Coverage
Henderson County
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
Lowest (4.3%)
Highest (33.1%)
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

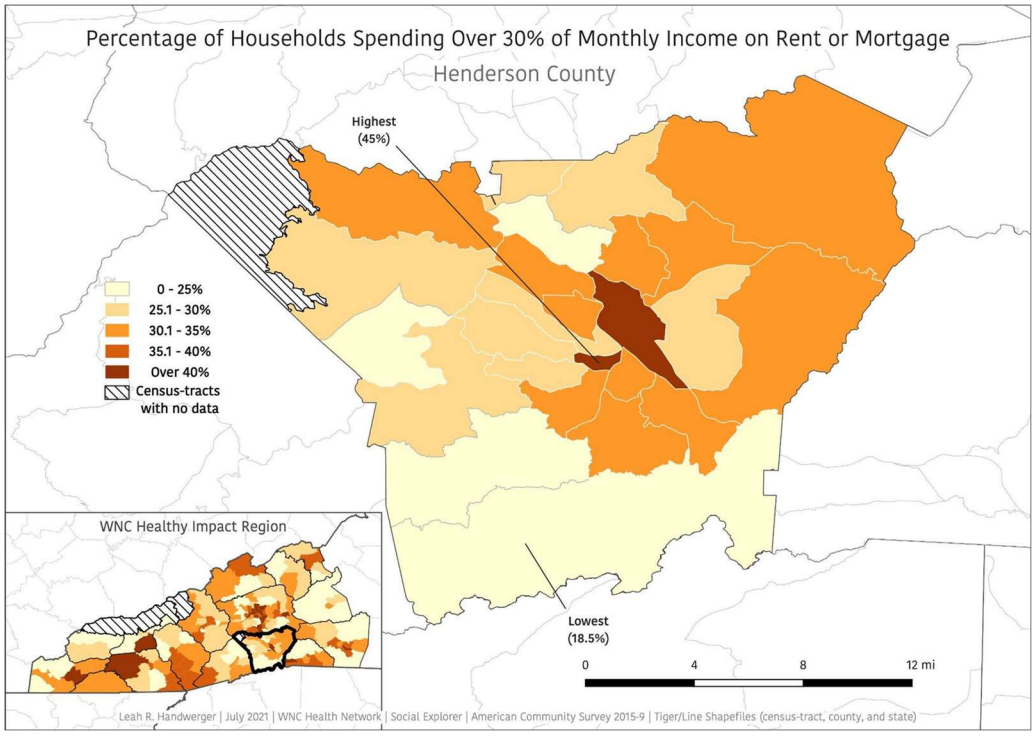

Percentage of Individuals With a Disability
Henderson County
Lowest
(9.9%)
Highest
(27.1%)
5 - 10%
10.1 - 15%
15.1 - 20%
20.1 - 25%
Over 25%
Census-tracts
with no data
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

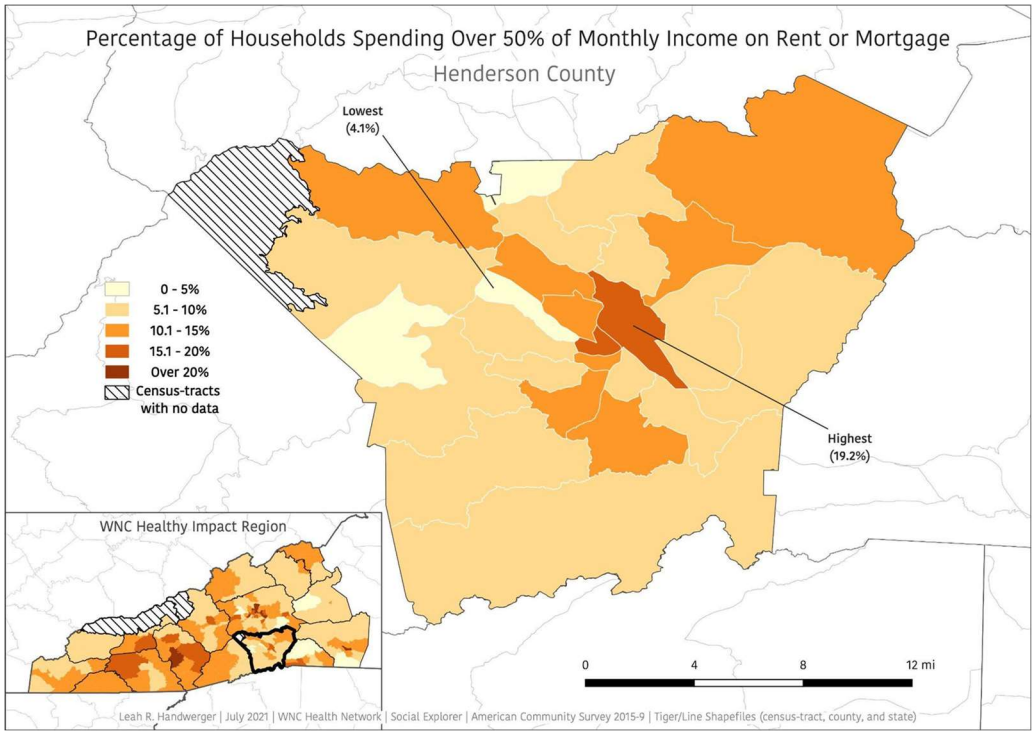

Food Security: Distance from Nearest Grocery Store
Henderson County
Low-Income and Low-Access Tracts:
1/2 mile for urban and 10 miles for rural
1 mile for urban and 10 miles for rural
1 mile for urban and 10 miles for rural
Low Vehicle Access at 20 miles
Census-tracts with no data
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Food Access Research Atlas (2019) | Tiger/Line Shapefiles (census-tract, county, and state)


Social Vulnerability Index
Henderson County
Social Vulnerability
Low
Moderate-Low
Moderate
Moderate-High
High
Census-tracts with no data
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Vulnerability Index (2018) | Tiger/Line Shapefiles (census-tract, county, and state)


Index of Concentration at the Extremes (ICE)
Henderson County
WNC Healthy Impact Region
Racial Segregation
*Black/African American & Hispanic/Latinx
Combined Racial & Economic Segregation
Economic Segregation
*By Household Income Less than $25,000
Top Quintile (most privileged)
2nd Quintile
3rd Quintile (moderate)
4th Quintile
Bottom Quintile (least privileged)
Census-tracts with no data
*Black/African American & Hispanic/Latinx Householders with Household Income less than $25,000
Leah R. Handwerger | July 2021 | WNC Health Network | Krieger (2018) | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Households with Grandparents Serving as Primary Caregiver to Grandchildren
Henderson County
Highest
(8.1%)
0%
0.1 - 2%
2.1 - 5%
5.1 - 10%
Over 10%
Census-tracts
with no data
*Percent calculated out of
Households with Children
Under 18 Years
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | June 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Households Spending Over 30% of Monthly Income on Rent or Mortgage
Henderson County
Highest
(45%)
0 - 25%
25.1 - 30%
30.1 - 35%
35.1 - 40%
Over 40%
Census-tracts
with no data
WNC Healthy Impact Region
Lowest
(18.5%)
0
4
8
12 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)


Percentage of Households Spending Over 50% of Monthly Income on Rent or Mortgage
Henderson County
Lowest
(4.1%)
Highest
(19.2%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts
with no data
WNC Healthy Impact Region
0
4
8
12 mi
Leah R. Handwerger | July 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

APPENDIX D - COMMUNITY SURVEY FINDINGS

See attached for:

- *WNC Healthy Impact Survey Instrument*
- *Community Health Survey Results*

Q#	2018 WNC Core Survey Question Wording	Core Survey Question History (Years Included)			
		2021	2018	2015	2012
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
5	Sex of Respondent.	x	x	x	x
6	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	
7	Would you say that, in general, your health is: (Excellent, very good, good, fair, or poor)	x	x	x	x
8	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
9	(If Yes) What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of childcare, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x	x
10	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)	x	x	x	
11	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	
12	(b) A Stroke (Yes/No)	x	x	x	
13	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)	x	x	x	
14	(if Yes) Do you still have asthma? (Yes/No)	x	x	x	
15	Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (Yes/No)	x	x	x	x
	(If Yes) Was this only when you were pregnant? (Yes/No)	x	x	x	x
16	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
	(If Yes) Was this only when you were pregnant? (Yes/No)	x	x	x	x
17	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
18	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
19	Doctors and other medical providers sometimes use telemedicine or tele-health to evaluate, diagnose, or treat a patient using a computer, smartphone, or telephone to communicate in real time without being face-to-face. 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	x			

	a health problem? Would you be: (Extremely likely to not at all likely)				
20	The next questions are about tobacco use. Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	x	x	x	x
23	During how many of the past 7 days, at your workplace, did you breathe the smoke from someone (IF SMOKER: other than yourself) who was using tobacco? (0 to 7)	x	x	x	x
21	Do you currently use chewing tobacco, dip, snuff, or snus? ("Every Day," "Some Days," or "Not At All")	x	x	x	x
22	Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.-Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?	x	x	x	
24	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, 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
25	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x	x	x
26	(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
27	(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		
28	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		
29	Next, I'd like to ask you some general questions about yourself. What is your age?	x	x	x	x
30	Do you identify your gender as: (Male/Female/or Some Other Way)	x			
31	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x	x	x
32	What is your race? Would you say: (American Indian, Alaska Native/Native Hawaiian, Pacific Islander/Asian/Black or African American/White)	x	x	x	x
33	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	x

61	The next questions are about race and ethnicity. Please indicate your level of agreement or disagreement with the following statement: I feel like my community is a welcoming place for people of all races and ethnicities. (Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, Strongly Disagree)	x			
62	Over your entire lifetime, how often have you been threatened or harassed because of your race or ethnicity? (Never, Rarely, Sometimes, Often, Don't know, Refused)	x			
63	Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity when getting medical care? (Never, Rarely, Sometimes, Often, Don't know, Refused)	x			
64	Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity at school? Would you say… (Never, Rarely, Sometimes, Often, Don't know, Refused)	x			
65	Over your entire lifetime, how often have people criticized your accent or the way you speak? (Never, Rarely, Sometimes, Often, Don't Know, Confused)	x			
34	What is the highest grade or year of school you have completed?	x	x	x	x
35	Are you currently: (Employment Status Options)	x	x	x	x
36	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
Local	Do you currently have access to the internet for PERSONAL use, either at home, work, or school? (Yes/ No)	x			
Local	Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? Would you say: (Excellent, Very Good, Good, Fair or Poor)	x			
66	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			
67	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			
68	Has there been a time in the past three years when you've had to live with a friend or relative because of a housing emergency, even if this was only temporary?	x			
69	Has there been any time in the past three years when you were living on the street, in a car, or in a temporary shelter?	x			
37	Now I would like to ask, about how much do you weigh without shoes? (INTERVIEWER: Round Fractions Up)	x	x	x	x
38	About how tall are you without shoes? (INTERVIEWER: Round Fractions Down)	x	x	x	x
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
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

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		
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		
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
44	What type of physical activity or exercise did you spend the MOST time doing during the past month?	x	x		
45	How many times per week or per month did you take part in this activity during the past month?	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		
47	What OTHER type of physical activity gave you the NEXT most exercise during the past month?	x	x		
48	How many times per week or per month did you take part in this activity during the past month?	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		
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
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
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
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			
56	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
60	Thinking about the amount of stress in your life, would you say that most days are: (Extremely, Moderately, Not at all stressful)	x			
54	Please tell me your level of agreement or disagreement with the following statements: I am confident in my ability to manage stress and work through life's difficulties. (Strongly Agree-Strongly Disagree)	x			
55	I am able to stay hopeful even in difficult times. (Strongly Agree-Strongly Disagree)	x			
57	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

58	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			
59	[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			
70	[The following questions are about the coronavirus and COVID-19 pandemic that began in mid-March of 2020.] Since the beginning of the pandemic, have you: - Lost a job	x			
71	- Lost hours or wages (but didn't lose a job)	x			
72	- Lost health insurance coverage	x			
73	Has there been a time since the beginning of the pandemic when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus? (Yes/No)	x			
Local	Since the beginning of the pandemic, would you say that your mental health: (has gotten worse, gotten better, or stayed about the same).	x			
74	Thinking about all of the ways that the coronavirus pandemic has affected you, what would you say is the most significant to you and your family? (Open-ended)	x			
75	Total Family Household Income.	x	x	x	x

2021 PRC Community Health Needs Assessment

Western North Carolina

WNCHEALTHYIMPACT

Methodology

Survey methodology

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

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

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

© PRC

Methodology

4,861 surveys throughout WNC

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

© PRC

PRC Community Health Needs Assessment

Methodology

Full WNC sample allows for drill-down by:

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

Individual county samples allow for drill-down by:

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

© PRC

Survey Instrument

Based largely on national survey models

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

75 questions asked of all counties

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

© PRC

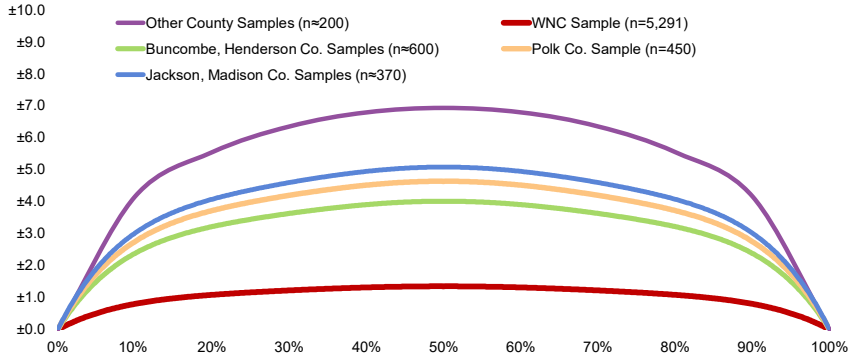
Keep in mind

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

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

© PRC

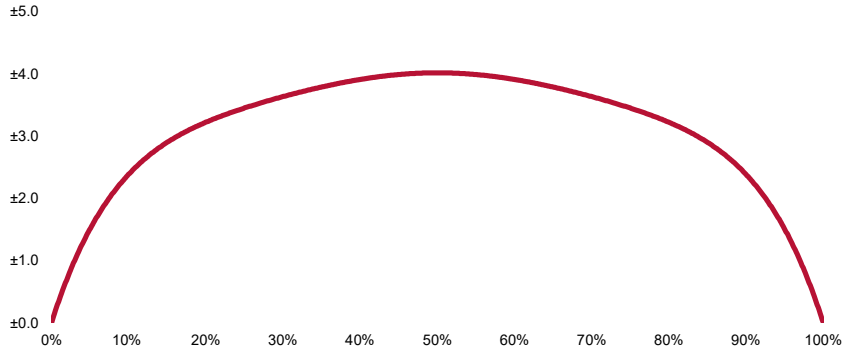
Approximate Error Ranges at the 95 Percent Level of Confidence



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

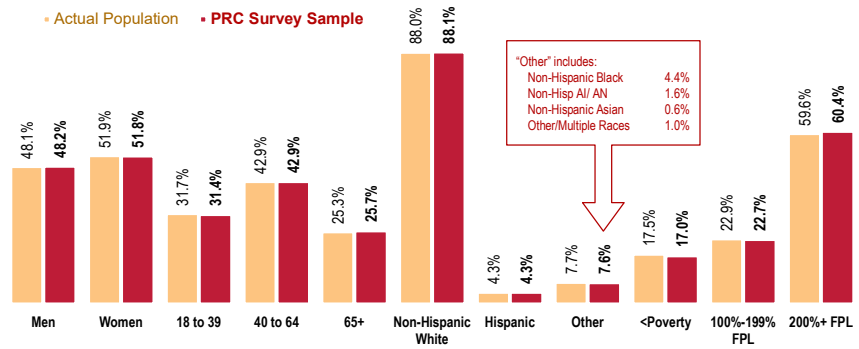
Examples:
- If 10% of the sample of 5,289 respondents answered a certain question with a "yes," it can be asserted that between 9.2% and 10.8% (10% ± 0.8%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.6% and 51.4% (50% ± 1.4%) of the total population would respond "yes" if asked this question.

Expected Error Ranges for a Sample of 637 Respondents at the 95 Percent Level of Confidence



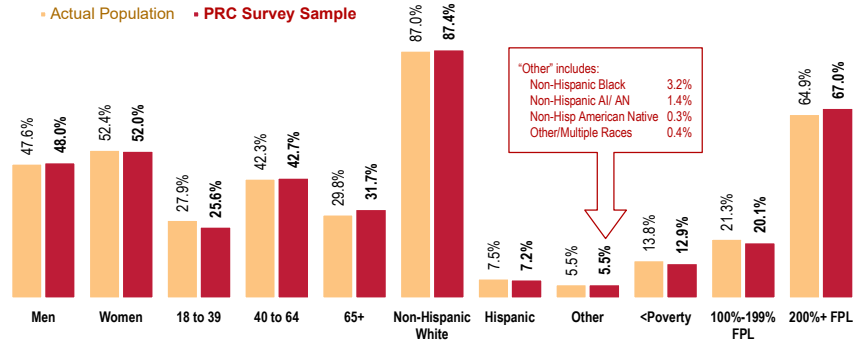
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Population & Survey Sample Characteristics
(Age 18 and Older; Western North Carolina, 2021)



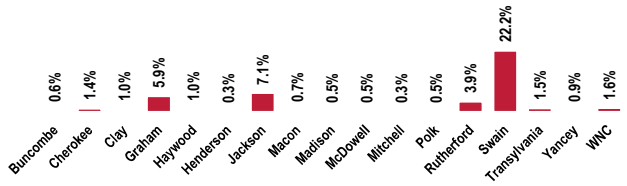
Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Survey Sample Characteristics
(Age 18 and Older; Henderson County, 2021)

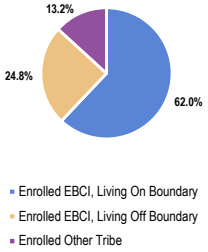


Sources:
- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

American Indian/ Alaska Native Sample
(By County, 2021)



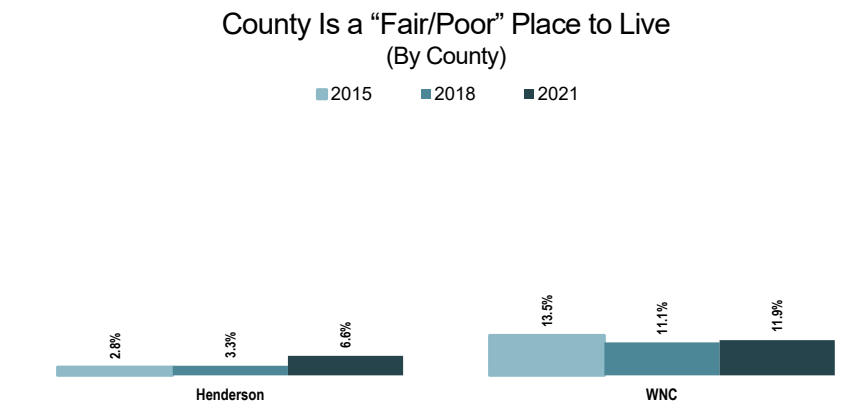
Enrolled Status in Eastern Band of Cherokee Indians (EBCI)
(Among AI/ AN Respondents, WNC)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Items 32, 108]
Notes: ● Asked of all respondents.

QUALITY OF LIFE

© PRC



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

SOCIAL DETERMINANTS OF HEALTH

© PRC

Equity

© PRC

Disagree That the Community Is a Welcoming Place for People of All Races and Ethnicities

("Disagree" or "Strongly Disagree" Responses; Western North Carolina, 2021; By County)

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.

"Often/Sometimes" Threatened or Harassed Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: ● Asked of all respondents.

"Often/Sometimes" Treated Unfairly Due to Race/Ethnicity When Getting Medical Care
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
Notes: ● Asked of all respondents.

“Often/Sometimes” Treated Unfairly at School Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: ● Asked of all respondents.

“Often/Sometimes” Criticized for My Accent or the Way I Speak
(Western North Carolina, 2021; By County)

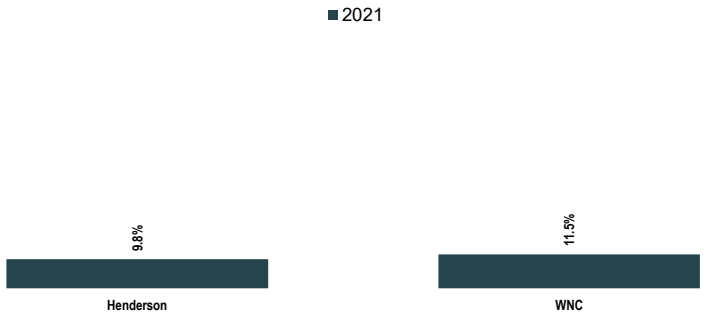
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes: ● Asked of all respondents.

Housing

© PRC

Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating

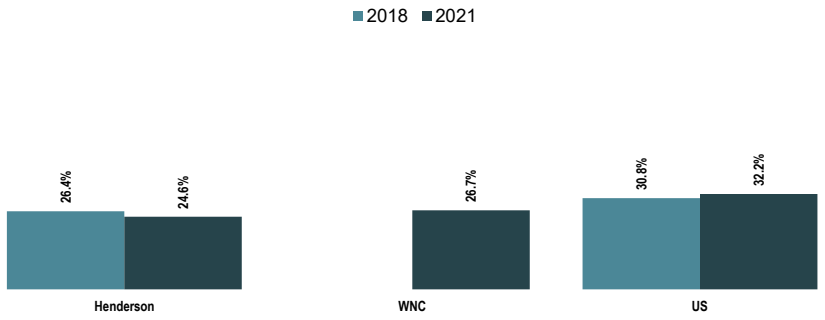
(Western North Carolina, 2021; By County)



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
Notes: • Asked of all respondents.

Worried or Stressed About Paying Rent or Mortgage in the Past Year

("Always/Usually/Sometimes" Responses; Western North Carolina, 2021; By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]

Notes:
- Asked of all respondents.

Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years

(Western North Carolina, 2021; By County)

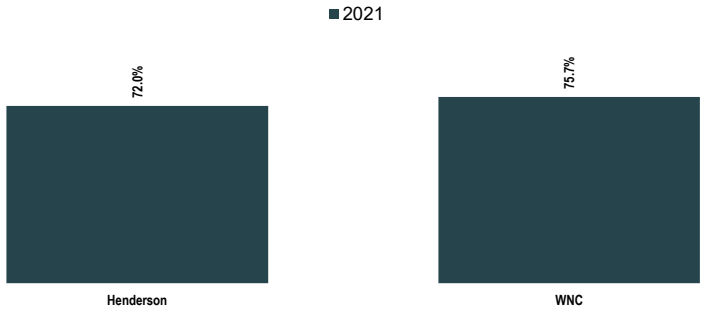
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all respondents.

Support

© PRC

Have Someone to Rely on for Help or Support if Needed

(e.g. Food, Transportation, Childcare, etc.; Western North Carolina, 2021; By County)



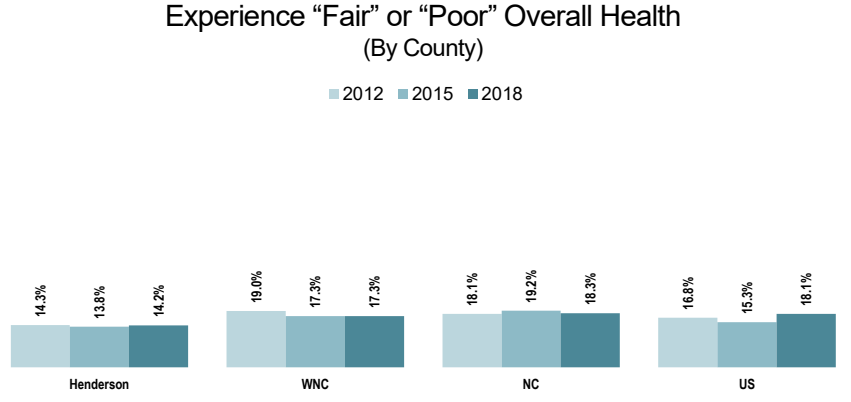
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
Notes: • Includes "always" and "usually" responses.

SELF-REPORTED HEALTH STATUS

© PRC

Overall Health

© PRC

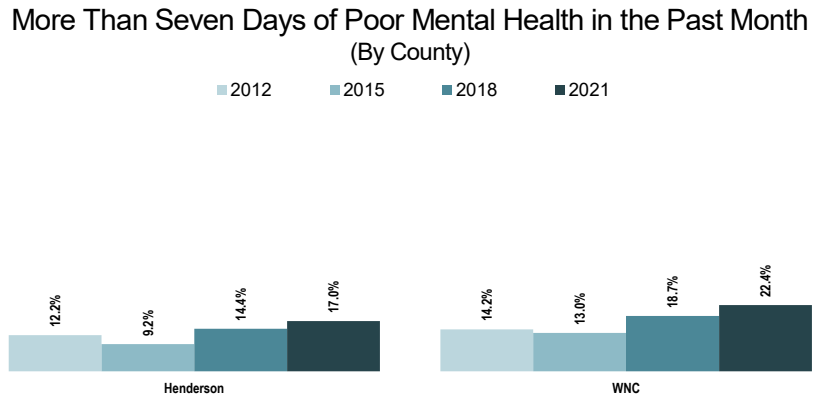


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Mental Health & Mental Disorders

© PRC

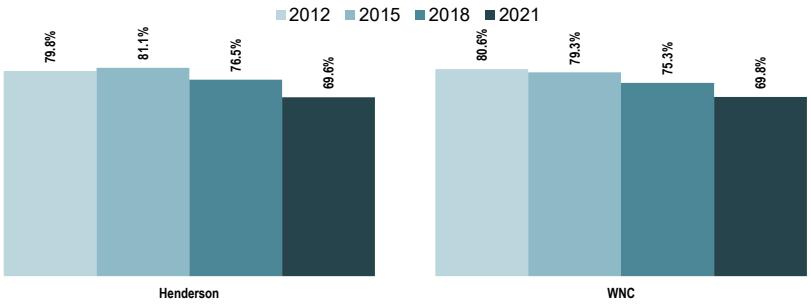


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: • Asked of all respondents.

Have Considered Suicide in the Past Year
(Western North Carolina, 2021; By County)

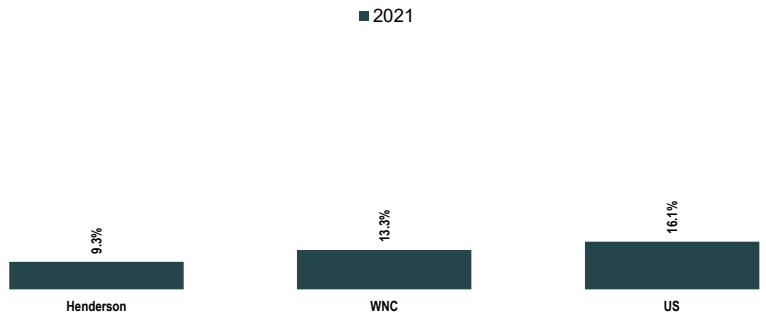
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents.

"Always" or "Usually" Get Needed Social/Emotional Support
(By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Includes "always" and "usually" responses.

Typical Day is “Extremely/Very Stressful”
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Confident in Ability to Manage Stress
(By County, 2021)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]

Notes:
- Asked of all respondents.
- Includes “strongly agree” and “agree” responses.

Able to Stay Hopeful in Difficult Times
(By County, 2021)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]

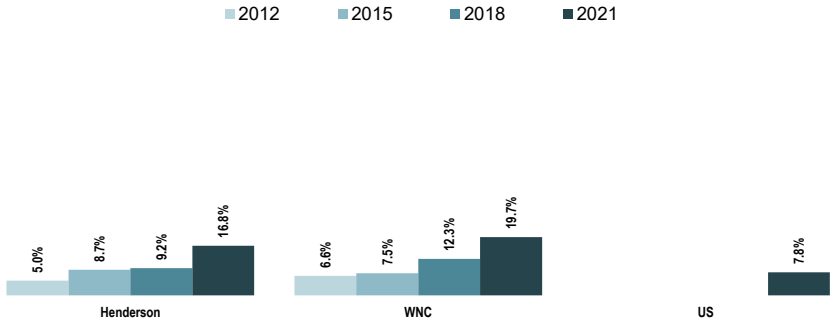
Notes:
- Asked of all respondents.
- Includes "strongly agree" and "agree" responses.

Currently Taking Medication or Receiving Treatment for Mental Health
(Western North Carolina, 2021; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

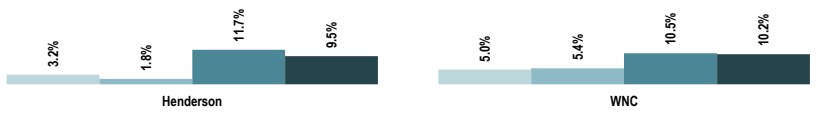
Did Not Get Mental Health Care or Counseling That Was Needed in the Past Year
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Dissatisfied with Life
("Dissatisfied" and "Very Dissatisfied" Responses; By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]

Notes:
- Asked of all respondents.

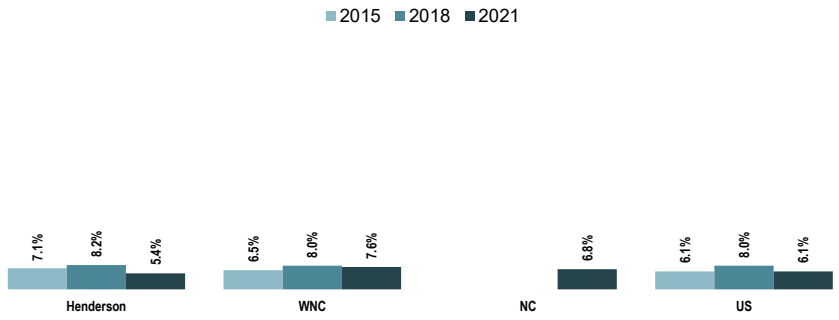
CHRONIC CONDITIONS

© PRC

Cardiovascular Risk

© PRC

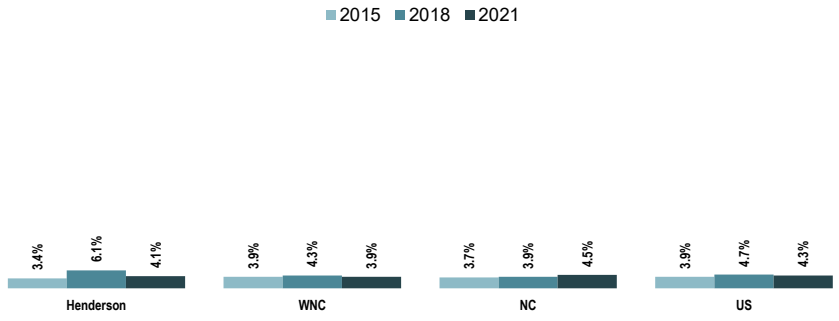
Prevalence of Heart Disease
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Stroke
(By County)

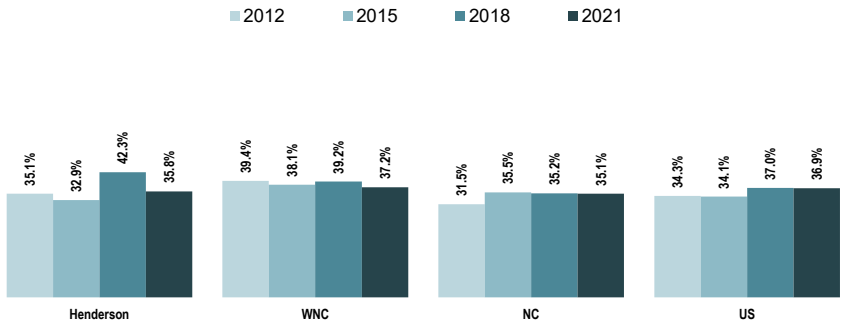


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure
(By County)

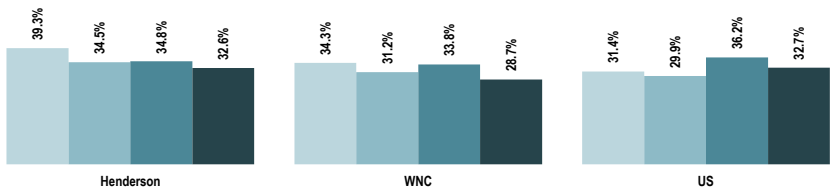
Healthy People 2030 Target = 27.7% or Lower



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol
(By County)

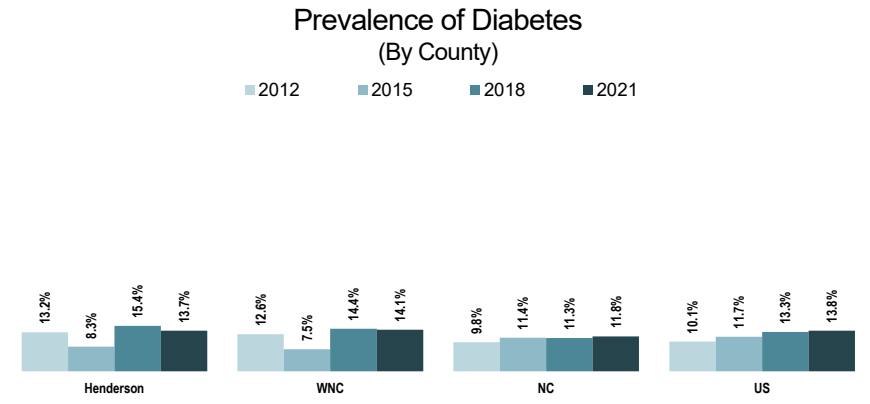


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Diabetes

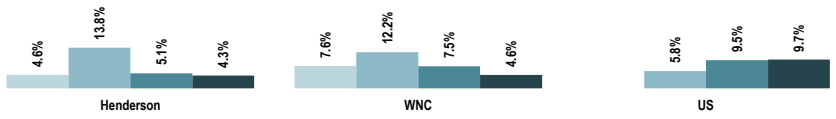
© PRC



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Borderline or Pre-Diabetes
(By County)



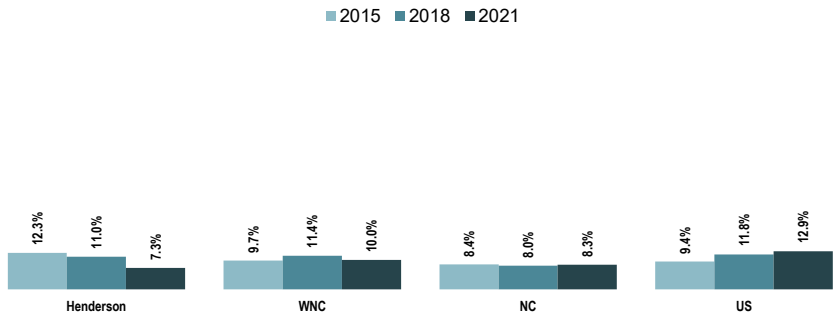
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Respiratory Conditions

© PRC

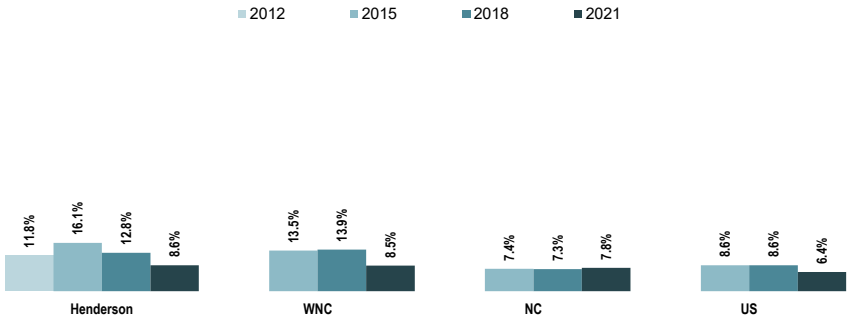
Prevalence of Asthma
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

COVID-19

© PRC

Lost a Job During the Pandemic
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
Notes: ● Asked of all respondents.

Lost Work Hours or Wages During the Pandemic
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: ● Asked of all respondents.

Lost Health Insurance Coverage During the Pandemic
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
Notes: ● Asked of all respondents.

Chose to Go Without Needed Health Care During the Pandemic
(Western North Carolina, 2021; By County)

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: ● Asked of all respondents.

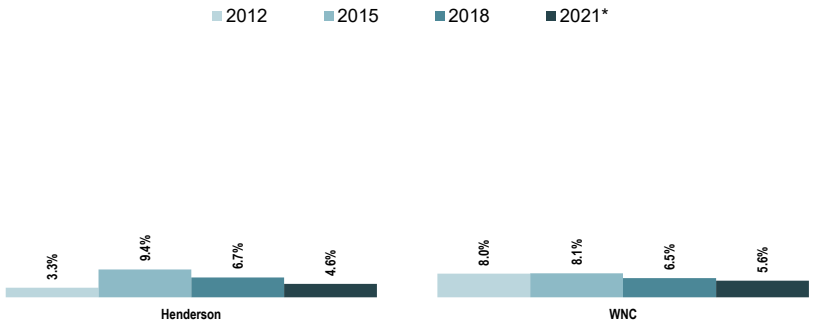
MODIFIABLE HEALTH RISKS

© PRC

Nutrition

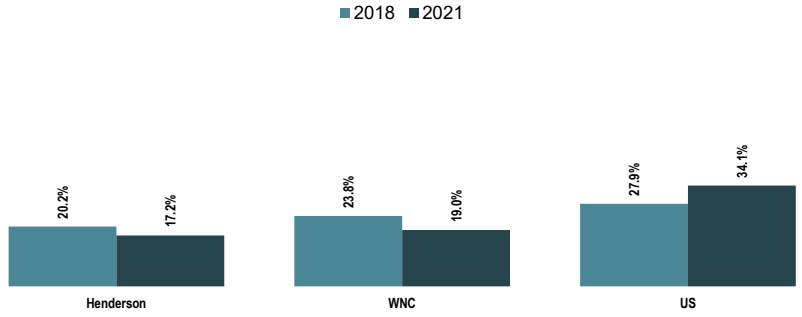
© PRC

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



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
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; note that the previous WNC surveys also excluded lettuce salads.

Food Insecurity
(By County, 2021)



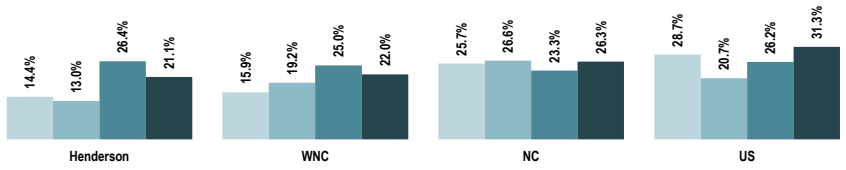
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Physical Activity & Fitness

© PRC

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

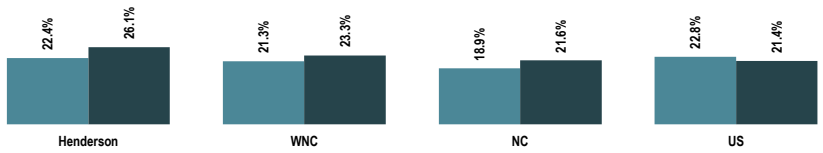


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Meets Physical Activity Recommendations
(By County, 2021)

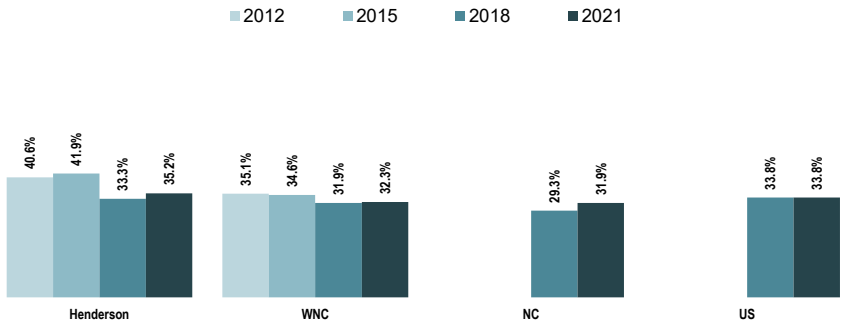
Healthy People 2030 Target = 28.4% or Higher



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Asked of all respondents.

Strengthening Physical Activity (By County)



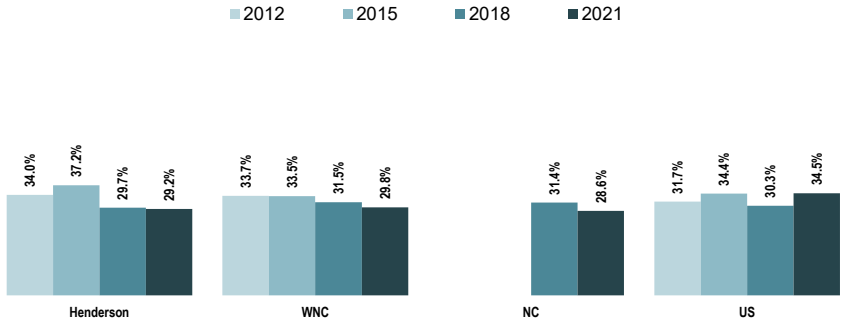
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Body Weight

© PRC

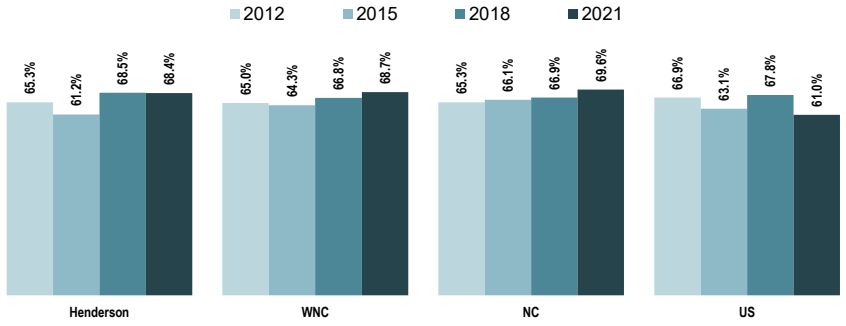
Healthy Weight
(Body Mass Index Between 18.5 and 24.9; By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

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



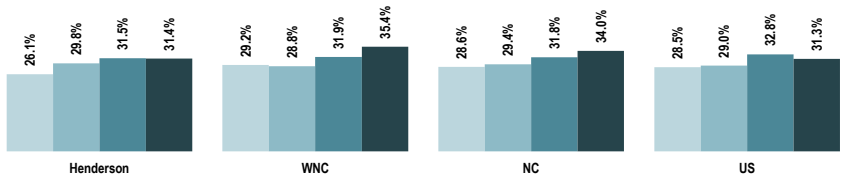
Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Obesity

(Body Mass Index of 30.0 or Higher; By County)

Healthy People 2030 Target = 36.0% or Lower

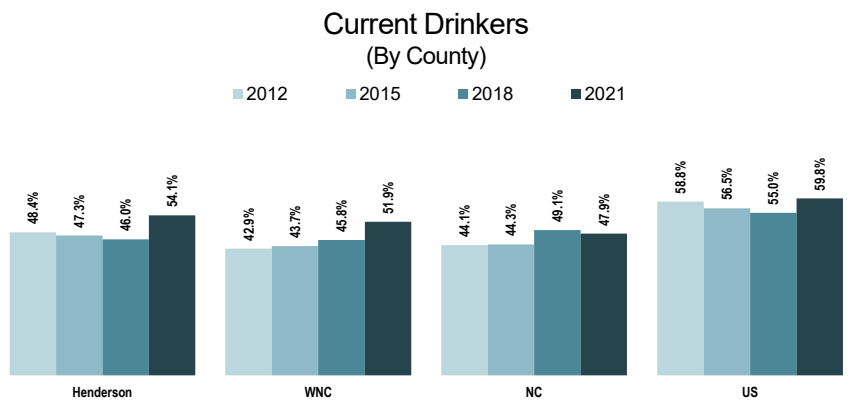


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Based on reported heights and weights; asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

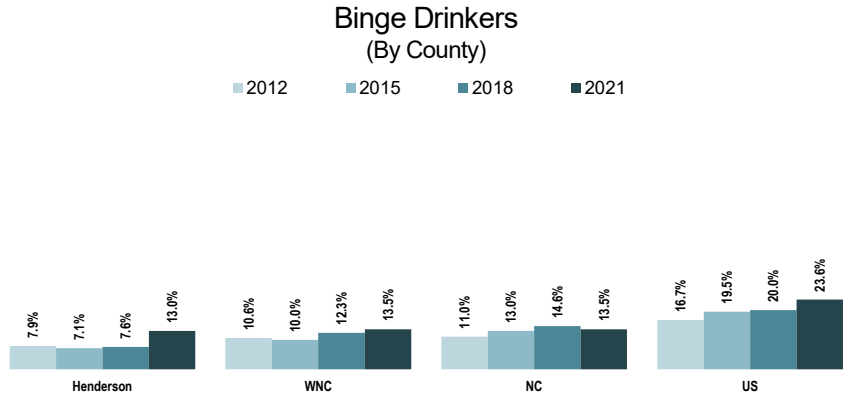
Substance Abuse

© PRC



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

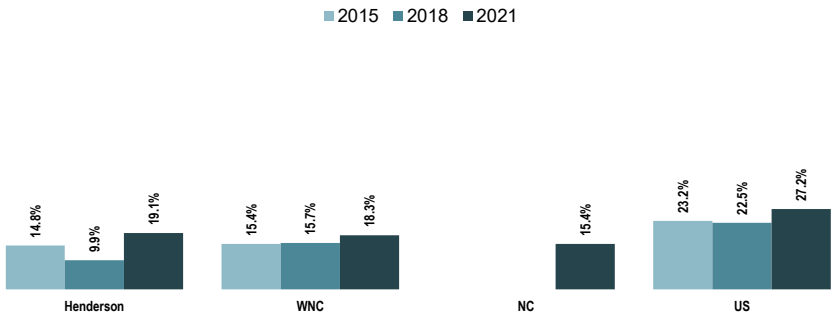
Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
- Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

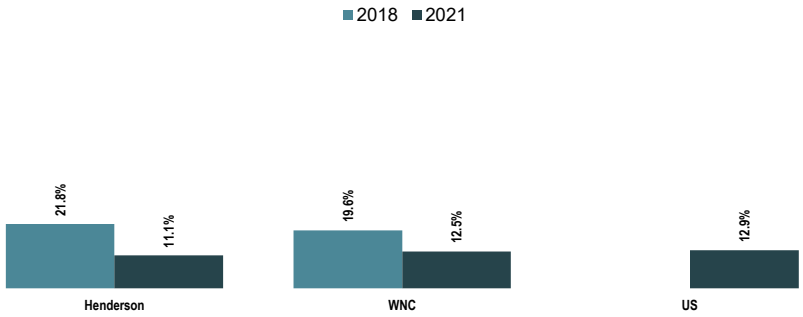
Excessive Drinkers
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

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

Used Prescription Opiates/Opioids in the Past Year, With or Without a Prescription
(By County, 2021)

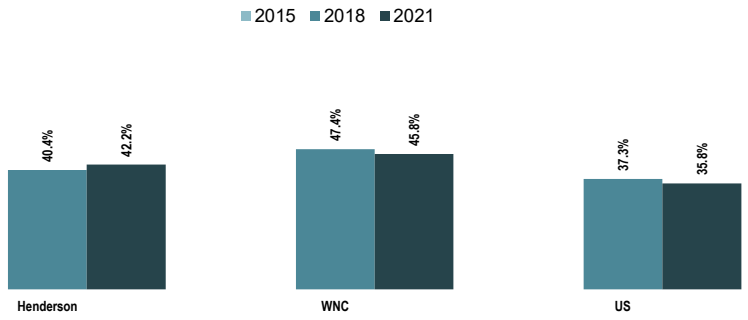


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

(By County, 2021)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- PRC National Health Survey, Professional Research Consultants, Inc.

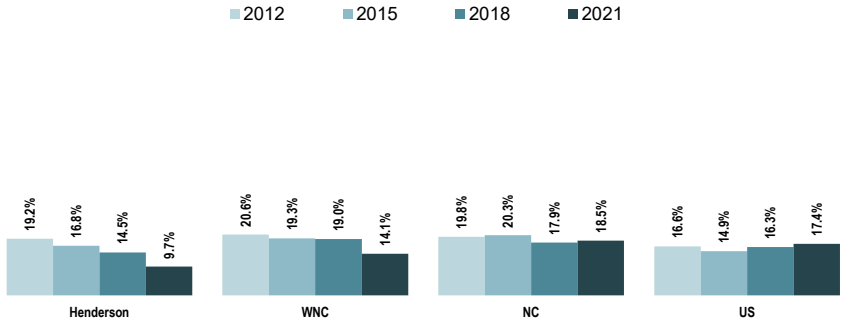
Notes:
- Asked of all respondents.

Tobacco Use

© PRC

Current Smokers
(By County)

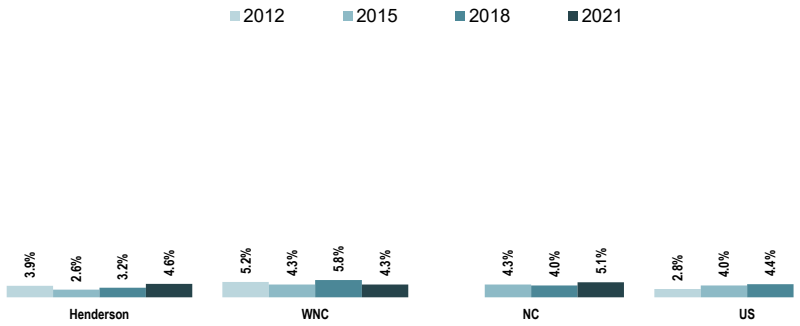
Healthy People 2030 Target = 5.0% or Lower



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

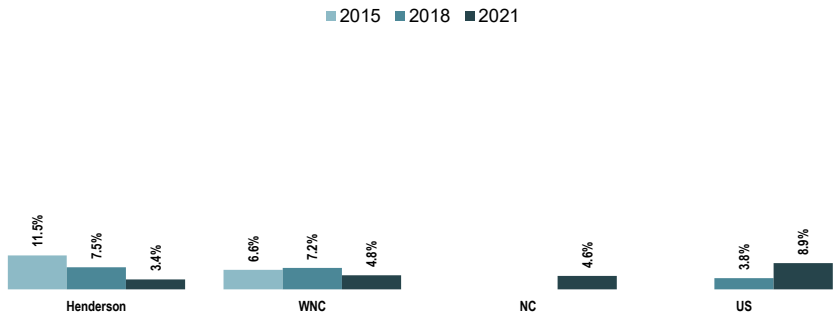
Currently Use Smokeless Tobacco Products
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Currently Use Vaping Products (Such as E-Cigarettes)
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

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

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

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
- Asked of employed respondents.

ACCESS TO HEALTH CARE

© PRC

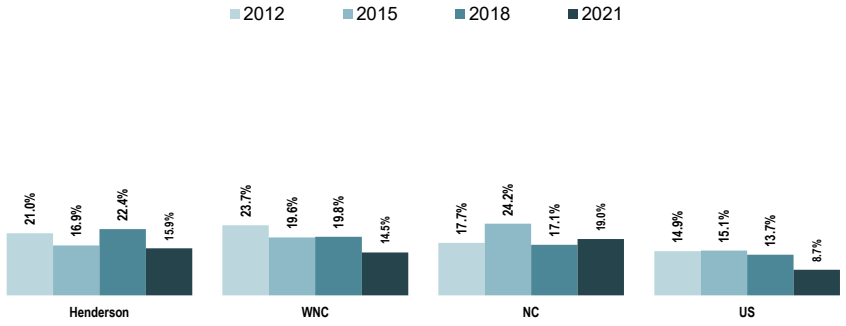
Health Insurance Coverage

© PRC

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; By County)

Healthy People 2030 Target = 7.9% or Lower

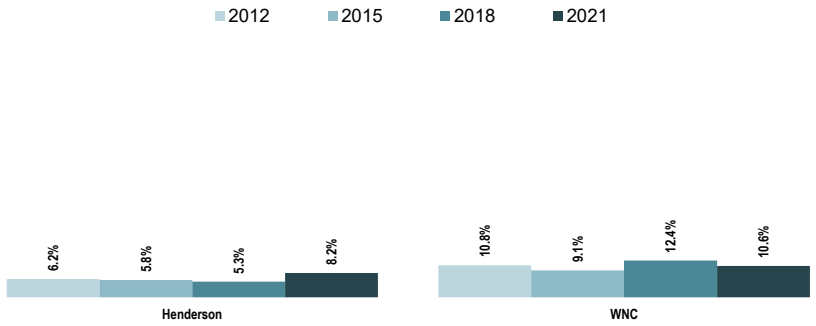


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.

Notes:
- Reflects all respondents under the age of 65.
- Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).

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

(Western North Carolina, 2021; By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]

Notes:
- Asked of all respondents.

Telemedicine

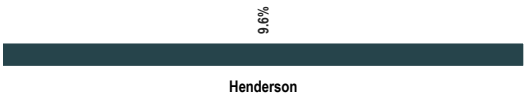
© PRC

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: ● Asked of all respondents.

COUNTY-SPECIFIC QUESTIONS

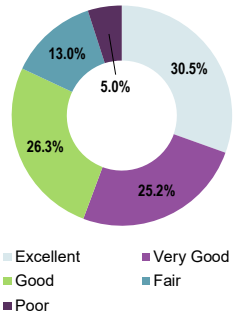
© PRC

Do Not Have Access to the Internet for Personal Use at Home, Work, or School
(By County, 2021)



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: • Asked of all respondents.

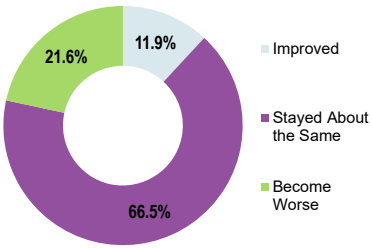
Ratings of Personal/Family Financial Situation
(By County, 2021)



Henderson

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: ● Asked of all respondents.

Perceived Change in Mental Health During the Pandemic
(By County, 2021)



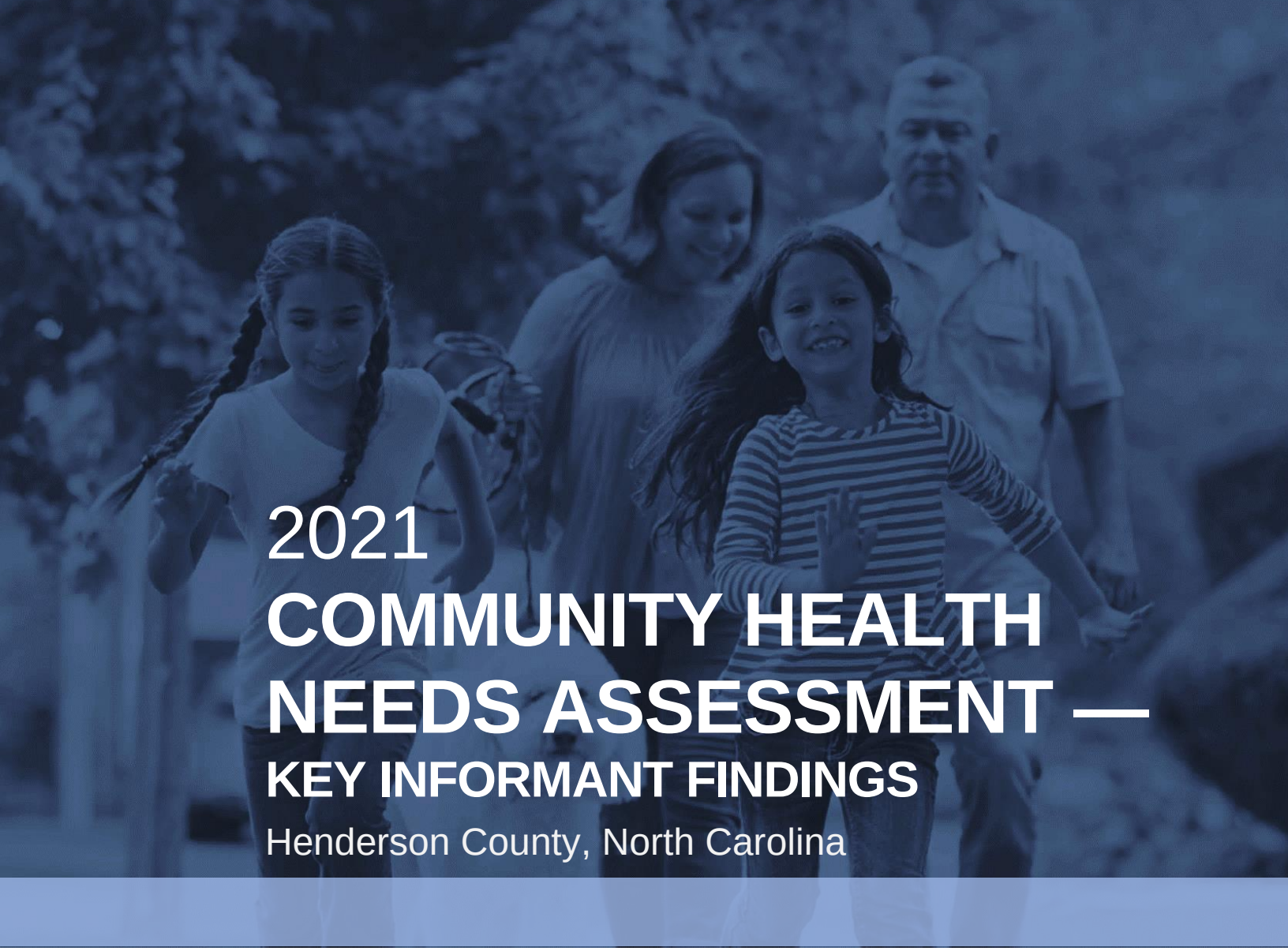
Henderson

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: ● Asked of all respondents.

APPENDIX E - KEY INFORMANT SURVEY FINDINGS

See attached for:

- *Online Key Informant Survey Questions & Results*



2021 COMMUNITY HEALTH NEEDS ASSESSMENT — KEY INFORMANT FINDINGS

Henderson County, North Carolina

Sponsored by
WNC Health Network for
WNCHEALTHYIMPACT

© August 2021
2021-0740-02

Prepared by PRC

www.PRCCustomResearch.com

TABLE OF CONTENTS

INTRODUCTION 3

METHODOLOGY 4

QUALITY OF LIFE 6

PERCEPTIONS OF LOCAL QUALITY OF LIFE 7

Key Informant Perceptions of Community Resilience 7

Key Informant Perceptions of a “Healthy Community” 8

SOCIAL DETERMINANTS OF HEALTH 12

Key Informant Perceptions of Social Determinants of Health & Physical Environment 12

HEALTH ISSUES 27

KEY INFORMANT RATINGS OF HEALTH ISSUES 28

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

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	2
Public Health Representatives	3
Other Health Providers	6
Social Services Providers	1
Other Community Leaders	21

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

- AdventHealth
- Avery Health- Education and Consulting
- Black History Collective of Henderson County
- Blue Ridge Health
- Boys and Girls Club
- Children and Family Resource Center
- Council on Aging
- Crossnore School
- Family Preservation Services
- Henderson County Coop. Extension
- Henderson County Department of Public Health
- Henderson County Emergency Mang.
- Henderson County Parks and Recreation
- Henderson County Public Schools
- Henderson County Sheriff's Department
- Hendersonville Family YMCA
- Hope Coalition
- Housing Assistance
- Interfaith Assistance Ministry
- Safelight
- Smart Start Partnership for Children
- Speak Life Community Church
- Special Olympics
- The Free Clinics
- Thrive
- United Way
- Western Carolina Community Action

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

QUALITY OF LIFE

PERCEPTIONS OF LOCAL QUALITY OF LIFE

Key Informant Perceptions of Community Resilience

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

Community Response to COVID-19 Pandemic

> I am inspired and feel confident about the ways our community collaborated to address high need during COVID19. Together, our community was able to meet critical needs including food and rent assistance, clothing, emergency housing, help with utility bills, etc. Our community leaders demonstrated great resilience in response efforts. I am hopeful that the partnerships built during the pandemic will sustain and exist through future efforts. – Public Health Representative (Henderson County)
>
> Our response to the pandemic has been well thought out and overall well organized. – Community Leader (Henderson County)
>
> The community response to the pandemic from the school system to the health systems, I feel like the best interests of the community were always considered. – Social Services Provider (Henderson County)
>
> People working together to address adversity in all its many forms ... the primary example for this time period obviously being the means to overcome the many hardships imposed by the COVID-19 pandemic. – Public Health Representative (Henderson County)
>
> True community coordination, communication and planning among numerous diverse health, governmental and nonprofit agencies to address area needs. – Other Health Provider (Henderson County)
>
> The collaborative efforts of community partners as we navigated the COVID-19 pandemic. – Public Health Representative (Henderson County)
>
> The community does well with meeting together to work together on solving big issues. COVID response was tight and supported by several different institutions working together to create change. – Community Leader (Henderson County)
>
> Collaborative partnerships to address issues in our community. – Community Leader (Henderson County)
>
> Wonderful cooperation between entities working to help people in the community. There is a true spirit of wanting to do the best we can do to serve the people that we serve, whether it is our organization, other organizations, or partnerships between us. The pandemic provided a beautiful window into the nature of our community as we watched the health department, hospitals, health clinics, nonprofits, school system, and more come together to navigate the crisis together. – Community Leader (Henderson County)
>
> Local pride and mutual aid. – Community Leader (Henderson County)

COVID-19 Testing/Vaccination Efforts

> That so many organizations worked on the COVID-19 crisis. Testing was set up, vaccine efforts were ramped up, lots of information was shared. The hospitals, health department, BRHC, BRCC, WCCA, Apple Country Transportation, EMS, Community Foundation, United Way, etc. all pitched in. – Community Leader (Henderson County)
>
> Working on COVID vaccine events and seeing such relief for community members (particularly older residents) in getting immunized! – Other Health Provider (Henderson County)
>
> I feel that the community as a whole worked diligently and swiftly to implement a vaccine plan when they became available to our community. I also feel like lots of folks took great care to support local businesses and patronized locally owned restaurants, even when takeout was the only option. – Community Leader (Henderson County)
>
> In doing our community work we found many low-wealth residents had been vaccinated through Blue Ridge Community Health Center or Pardee Hospital for COVID-19. – Community Leader (Henderson County)
>
> There were healthcare professionals that took the time out to make sure that the vulnerable segments of the population were vaccinated. – Community Leader (Henderson County)

Community Food Distribution

> During the pandemic I saw many people in Henderson County post information on where to go get food or additional resources for those who may have lost their job or needed additional assistance. Henderson county pulled together during the pandemic. – Other Health Provider (Henderson County)
>
> I was inspired by the collaboration of the community behavioral health resources during the COVID pandemic. In addition, the roll out of vaccinations was well coordinated. – Physician (Henderson County)

> Double Dollars at Farmer's Markets for EBT recipients. Especially with more families receiving EBT benefits through P-EBT, the availability of affordable local food is inspiring. The collaboration between all of our healthcare entities in providing testing and vaccination for COVID-19 has also made me feel confident in the care provided in our community, especially Advent Health's equity doses and partnership with community organizations to ensure marginalized individuals have access. The frequent and informative communication from the Health Department through multiple media channels has also been key. Seeing families utilizing the many parks and trails in our area always makes me feel inspired. – Other Health Provider (Henderson County)
>
> Many generous community members donating to food pantries and other critical services during the pandemic; decisions made to keep students in remote learning during the most severe periods of COVID transmission; progress made on large-scale greenway projects. – Community Leader (Henderson County)

Action Groups/Collaboratives

> The amount of action groups that were created and shared information and help in Henderson County. CSA boxes, to food donations, emergency food donations, double dollars at the Farmer's Markets, testing sites, rental assistance and bill assistance organizations, emergency day care money and providers. It shows me how adaptable we can be. – Community Leader (Henderson County)
>
> I have seen lots of new conversations about meeting needs and reaching out, new partnerships. COVID is also forcing agencies and leaders to think about wellness, self-care, stress, the importance of connection, and addressing burnout issues. – Community Leader (Henderson County)
>
> I have been inspired by the deepening of partnership and collaboration among the health and social service and government sectors. While Henderson has always been a highly collaborative community, during the pandemic, we came together even more and the few points of friction (from pre-pandemic) seemed to smooth away. Everyone brought their best selves and worked together to create as much stability for our vulnerable neighbors as we could. – Other Health Provider (Henderson County)

Increased Interest in Parks/Recreation

> Being able to access parks with my children, being able to access trainings offered to the community about trauma, parenting skills, and wellness. – Community Leader (Henderson County)
>
> Seeing other people active and participating in activities. – Community Leader (Henderson County)

Outpouring of Generosity

> Assistance to nonprofits from community funders during the coronavirus pandemic. – Community Leader (Henderson County)

Improved Access to Mental Health Resources

> Access to mental health resources is improving and social emotional learning is being valued and implemented by more organizations and institutions. – Community Leader (Henderson County)

Health Promotion Efforts

> I have seen more advocacy groups promote the importance of health. – Community Leader (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 Care/Services

> Opportunity to be healthy and seek care when needed. – Other Health Provider (Henderson County)
>
> Having the ability to provide services for anyone, no matter if they have insurance or not. Many Latinx in our community don't have legal status and therefore unable to apply or afford medical insurance. Which causes the issue of not taking care of their health. – Community Leader (Henderson County)
>
> Access to needed resources. – Other Health Provider (Henderson County)

Access to Affordable Healthy Food

> Easy access to nutritious food; livable wages; access to health care. – Community Leader (Henderson County)

> Access to healthy foods and no food insecurity. Access to education and physical activity. Access to healthcare. – Community Leader (Henderson County)

Community Connections/Support

> Widespread social connections that bridge income levels, education levels, race, ethnicity; extraordinary investments in human/social services to break repetitive cycles of loss/despair; community values that embrace and encourage diversity; lack of stigma about mental health and substance use problems. – Public Health Representative (Henderson County)

Built Environment

> Active communities, public spaces or the idea of "space making" that has locations all around the communities that draw people out to interact and get active. Diversity; the actual interaction of all demographics. – Community Leader (Henderson County)
>
> Access to green space. – Community Leader (Henderson County)

Health & Wellness of Residents

> Mental wellbeing. – Public Health Representative (Henderson County)

Employment & Opportunity

> Job opportunities, a living wage, good schools, and a community expectation that we take care of each other. – Community Leader (Henderson County)
>
> Living wage employment. – Physician (Henderson County)
>
> Hope, a sense of opportunity to change your situation and circumstances. – Other Health Provider (Henderson County)

Equality

> Equity in access and outcomes. – Community Leader (Henderson County)
>
> Inclusive- community members of all race/ethnicity, age, ability, religion, sex, etc. have equitable access to opportunities to be healthy – Public Health Representative (Henderson County)
>
> A healthy community should have equity that addresses the needs of each community and individual within that community. A community that is safe and free from crime. A healthy community should have economic growth for all the people young and old, so they earn a "real" living wage that lets them work and live with dignity throughout their lifespan. People can love their family and their neighborhood and have pride in their community. – Community Leader (Henderson County)
>
> Equality in the financial sector, education, and healthcare. – Community Leader (Henderson County)

Affordable Housing

> Affordable and safe housing. Good educational institutions birth – graduate degrees. Top quality healthcare. – Community Leader (Henderson County)
>
> Safe, affordable housing. – Community Leader (Henderson County)
>
> Safe and affordable housing. – Community Leader (Henderson County)
>
> Safe and affordable homes. – Community Leader (Henderson County)

Diversity

> A community that is inclusive and non-judgmental. A community where people feel heard, supported, respected and encouraged. – Other Health Provider (Henderson County)
>
> Diversity in age. – Community Leader (Henderson County)

Safety

> The key to a healthy community would be one with a low crime rate. – Community Leader (Henderson County)

SECOND MENTION

Access to Care/Services

> Access to affordable, high quality education and youth supports. – Community Leader (Henderson County)
>
> Access to hospitals and healthcare for all. – Community Leader (Henderson County)
>
> Affordable and reliable transportation. Places to exercise. Availability of healthy food choices. – Community Leader (Henderson County)

Accessible- community members have means to move around the community via accessible transportation options (whether that be personal vehicles, public transportation, active transportation, etc.). – Public Health Representative (Henderson County)

Access to health care for all residents. – Community Leader (Henderson County)

A plethora of available resources that are explicitly trauma-informed, anti-racist, anti-heterosexist, and person-centered. These services can/should reflect healthcare needs, social needs (food, transportation, housing, shelter), the needs of children (schools, afterschool programs, childcare), the needs of youth (clubs, activities, sports, leisure time), the needs of older adults (assisted living, assistance remaining at home, food supports/Meals on Wheels, socialization, transportation support), arts and culture, parks and recreation, and fun as well as well-financed behavioral health and substance use disorder support. – Other Health Provider (Henderson County)

Access to quality medical and behavioral healthcare. – Community Leader (Henderson County)

Awareness/Education

Quality education and access to education. – Community Leader (Henderson County)

High high-school graduation rates. – Community Leader (Henderson County)

High level educational opportunities starting early in life. – Physician (Henderson County)

Education, upward economic mobility, healthcare. – Community Leader (Henderson County)

A community that is big on educating the community on how to make better choices or where to go to get assistance. Truly teaching people how to take steps to improve their lives on their own so that they feel more confident and independent and can also pass this down to future generations. – Other Health Provider (Henderson County)

Employment & Opportunity

Availability of jobs paying a living wage. – Other Health Provider (Henderson County)

Living wage jobs readily available to all. – Public Health Representative (Henderson County)

Community Connections/Support

Community events to promote collaboration. – Community Leader (Henderson County)

Built Environment

Activity levels. – Public Health Representative (Henderson County)

Affordable Housing

Safe and affordable housing; public transportation. – Community Leader (Henderson County)

Affordable homes – as the cost of housing increases as a percentage of other expenses, it leaves less for food, transportation, medical care, etc. – Community Leader (Henderson County)

Safe and affordable housing. – Other Health Provider (Henderson County)

Safety

1. Safety 2. Economic security for each individual. 3. Healthy individuals with access to quality healthcare. – Community Leader (Henderson County)

Safety, safe place to live free from fear of violence and uncertainty. – Other Health Provider (Henderson County)

THIRD MENTION

Access to Care/Services

Healthcare, education, economic stability. – Community Leader (Henderson County)

Access to medical care physical and mental, healthy food, education for the children that is equitable, and teachers understands the needs of each child. – Community Leader (Henderson County)

Proactive healthcare. – Public Health Representative (Henderson County)

Access to transportation and sidewalks available. – Community Leader (Henderson County)

Access to substance use disorder treatment. – Physician (Henderson County)

Access to medical care, specifically behavioral health services. – Other Health Provider (Henderson County)

Employment & Opportunity

Community members are not experiencing crisis (all basic needs are met- housing, food, clothing, healthcare). – Public Health Representative (Henderson County)

> Living wage in most/ all jobs; safe/ injury free work environments. – Community Leader (Henderson County)
>
> Jobs and transportation for all who are employable. – Community Leader (Henderson County)
>
> Adequate employment. – Community Leader (Henderson County)

Access to Affordable Healthy Food

> Food resources and assistance with transportation, when needed. – Other Health Provider (Henderson County)

Community Connections/Support

> A community that works together regardless of race, class or financial status. All people need to feel respected. A community will always have different races, incomes, etc. The key is respect and kindness to help support one another in the community. Another piece of this is the people having access to different services they need regardless of financial status or insurance, etc. – Other Health Provider (Henderson County)
>
> Vibrant community connections for residents. – Community Leader (Henderson County)
>
> Connectedness in the community – the degree to which family, friends, neighbors, nonprofits, and others work together and look out for one another, the easier it is for those in need to get the help they need and to be encouraged to keep working hard to get past rough spots. – Community Leader (Henderson County)

Diversity

> Minimal disparities for health outcomes among all population groups. – Public Health Representative (Henderson County)

Built Environment

> A network of parks, gardens, bike and walking paths that are accessible, beautiful, inviting, well-maintained, and well-used. – Other Health Provider (Henderson County)

Health & Wellbeing of Residents

> Programs for residents who have mental health challenges; housing for homeless. – Community Leader (Henderson County)

Safety

> A low crime rate, good paying jobs, recreational opportunities. – Community Leader (Henderson County)
>
> Trauma-transformed organizations. – Other Health Provider (Henderson County)
>
> Low crime rate. – Community Leader (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.

Accessible & Affordable Healthy Foods

STRENGTHS

Access to Healthy Foods

> There are farmers markets that give the opportunity to access healthy food choices. Sometimes, accessibility could be an issue. - Community Leader (Henderson County)
>
> Access to free or affordable produce. Making the healthy choice the easy choice. - Community Leader (Henderson County)
>
> Having grocery stores close by or transportation, bus service, to get people to where healthy food choices are available. Our organization, IFPHA, brings fresh fruit and vegetables to people's homes with healthy food education. - Community Leader (Henderson County)
>
> For those who can afford it, plenty of food is available in local grocery stores, farmer's markets, etc. The tourism and retirement economy ensure plenty of restaurants. For those who cannot afford it, there are numerous food banks available that provide food. There seems to be plenty of food available if only we could effectively get it to those who need it. - Community Leader (Henderson County)

Community Partners

> Interfaith Assistance Ministry's free Food Assistance and other smaller pantries, SNAP, MANNA foodbank as Henderson County's Feeding America partner for the WNC region. Farmer's Market benefits for those living at or beneath the poverty line. - Community Leader (Henderson County)
>
> Agriculture, farmers markets, WIC, SNAP, passionate community leaders, HPHC, CAN, food assistance programs, IAM, MANNA. - Public Health Representative (Henderson County)
>
> SNAP at farmers markets. Food pantries supported by donations from local farms. - Community Leader (Henderson County)

Health Department

> I am honestly not sure exactly how to answer this question. I know the health department does many things to educate the community and make them aware of options in the community. I just see many clients that are low income and feel like they are unable to make healthier options with food due to price. Thought I feel like with increased education this could help decrease obesity, diabetes etc. which is occurring more and more frequently. These health issues often then contribute to mental health needs in the future. - Other Health Provider (Henderson County)

Prevention/Screenings

> This community is supported by having health screenings at various locations that help people who are low income or have jobs with challenging schedules. Having health screenings set up at places that people frequent is key such as Walmart parking lots, schools, church buildings, school events would help the underserved population greatly. - Community Leader (Henderson County)

Food Deserts

> I believe equitable access supports the community. Identifying food deserts and providing support to those who might not have transportation. Making sure that we get feedback from the community in what they need and how they would purchase healthier options. - Community Leader (Henderson County)

CHALLENGES

Access to Affordable Healthy Food

> Groceries are surprisingly expensive. Moving to the area five years ago from Phoenix, I anticipated that the price of food would be lower than it was in the middle of the desert. But we found it is 15-20% higher here, despite so many local options nearby. For those who need to take advantage of food banks, transportation is often an issue preventing them from getting the food that is available. The price of housing, medical care, and transportation often leaves little remaining for food. The predominance of service industry jobs supporting the tourism industry and the limited options for higher paying manufacturing, tech, management, and similar positions result in a high percentage of people not making a living wage. - Community Leader (Henderson County)
>
> Although in the summertime we have several farmers markets and farmer food share programs selling fresh, local produce, these venues do not reach the community members with highest need. IAM for instance serves food to individuals in crisis. These community members would likely not shop at local farmers markets because the food there is still not affordable or accessible to them. We must reconsider some of our initiatives and programs to provide for community members in great need. Engaging the community in planning and implementing programs is necessary. Need to also consider food access considering transportation, employment, housing, etc. All are intertwined. - Public Health Representative (Henderson County)
>
> Ideas that fresh produce is expensive, difficult to prepare and not appetizing. - Community Leader (Henderson County)

Contributing Factors

> Transportation issues for many residents. Income inequality makes it difficult for many to purchase healthy foods. - Community Leader (Henderson County)
>
> Lack of public transportation, low wages, unsafe housing, overpriced housing, lack of affordable housing, and mental health issues. - Community Leader (Henderson County)

Awareness/Education

> People not having health education, so lifestyle changes are difficult. People continue to eat what they are accustom to. - Community Leader (Henderson County)
>
> Lack of education, lack of resources. - Other Health Provider (Henderson County)

Access to Care/Services

> Accessibility. - Community Leader (Henderson County)

Funding

> Funding and lack of organization. - Community Leader (Henderson County)

POPULATIONS IMPACTED

Low Income

> Low income. - Community Leader (Henderson County)
>
> I certainly feel that lower income or social economic status is a factor. If I had to choose one, I would choose minority families. - Community Leader (Henderson County)
>
> Low income residents of any other group, migrant workers, service industry workers, fixed income older adults. - Community Leader (Henderson County)
>
> Low wage earners. - Community Leader (Henderson County)
>
> low income families that include white, African American and Hispanic households. I feel like this is affecting the children in the community who are becoming overweight at a very young age and ae not being taught how to make healthier choices and how their eating effects their physical body and also mental health. - Other Health Provider (Henderson County)

Older Adults

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

People of Color

> I have found that it effects all ethnic groups, but African Americans and older adults need the most health education to make small changes in their health. - Community Leader (Henderson County)
>
> Ethnic groups. - Community Leader (Henderson County)
>
> LatinX, rural, low-income. - Public Health Representative (Henderson County)

Adverse Childhood Experiences/Childhood Trauma

STRENGTHS

Community Partners

> Support mechanisms in the community. – Public Health Representative (Henderson County)
>
> We work with a lot of young children through our early childhood programs. Preventing trauma and helping vulnerable families and children deal with trauma is an important part of what we do. – Community Leader (Henderson County)
>
> Home Visiting and Parenting Education services (i.e. Parents as Teachers at Children and Family Resource Center and CMARC at the Health Department). Trauma-informed/transformed organizations (i.e. Crossnore, Children and Family Resource Center). Availability of basic needs assistance for families (i.e. IAM, DSS, Smart Start Scholarships). School social workers. – Other Health Provider (Henderson County)
>
> There are multiple agencies and providers that provide therapy/support to the community but due to the Pandemic, understaffed agencies and the increased need, there are very few places that are accepting new patients for outpatient therapy services. There is a very long wait which is very detrimental to the people of the community. – Other Health Provider (Henderson County)
>
> Programs that are offered by organizations like Boy's and Girl's Club, YMCA and churches. – Community Leader (Henderson County)

Awareness/Education

> Trauma sensitive practices, family and parenting support. – Community Leader (Henderson County)
>
> Resources devoted to increasing awareness of available resources, so patients know where to go to receive assistance. Many agencies coordinate services to create a safety net. – Other Health Provider (Henderson County)
>
> Henderson is working to become a trauma informed community. The schools engaged trauma-informed care many years ago and provide an amazing atmosphere of support, with trauma-informed teachers and staff, and with investment in behavioral health supports in the schools. Several organizations are beginning to link together to engage in trauma-informed care community-wide and to serve as "anchor" organizations for other organizations/groups/businesses that are newer to ACEs and trauma work. The Free Clinics is a model of explicitly trauma-informed healthcare and provides all its care through a trauma-informed lens. – Other Health Provider (Henderson County)
>
> Trauma informed care and best practices integrated into programs, organizations and institutions to promote resilience. Professional development on this topic for care providers. Access to affordable and high-quality counseling. – Community Leader (Henderson County)

School System

> Strong public-school system and agencies supporting youth and children, namely Crossnore, Thrive and Safelight. – Other Health Provider (Henderson County)
>
> School based health centers. Counselors within the schools. Community Health Centers. Head start programs. – Physician (Henderson County)

Access to Care/Services

> Access to medical and behavioral health care remotely and onsite, access to entitlements, access to public spaces. – Community Leader (Henderson County)
>
> Access to care and affordable health insurance for services that are accessible and reliable. Community education on the issues surrounding trauma and the reality of the scope of the problem and how to link children to proper care. – Community Leader (Henderson County)

CHALLENGES

Awareness/Education

> Perception of the issue. Accepting the widespread pervasiveness of this issue and understanding the importance of trauma-informed care. – Other Health Provider (Henderson County)

Access to Care/Services

> There is not a level playing field with regards to resources such as access to certain clubs or other organizations. – Community Leader (Henderson County)

> Lack of mental health and substance abuse services for adults. Lack of affordable childcare options. Lack of understanding of the effects of trauma by key community entities. Lack of availability of high wage jobs. – Other Health Provider (Henderson County)

Alcohol/Drug Use

> Substance abuse, neglect, lack of resources. – Community Leader (Henderson County)

Lack of Providers

> Lack of providers. Transportation deficiencies. Children not having access, rapport with a safe adult to hear them or being afraid surrounded with sharing. – Community Leader (Henderson County)
>
> Lack of providers. – Physician (Henderson County)

Denial/Stigma

> There is still a stigma around reaching out and getting mental health treatment in the area. There are also times where people in the community do not know where to go to get help or what kind of help is out there and available for them. Many families do not really understand trauma and its effects, and it just continues generation after generation without people being more educated on how to stop or prevent it. – Other Health Provider (Henderson County)

Contributing Factors

> Transportation, lack of internet, lack of access due to Covid. Lack of behavioral health providers increase in need for foster care parents. – Community Leader (Henderson County)

Cultural/Personal Beliefs

> Religion and the old-fashioned treatment of women and children as the "property" of the men, with his treatment/abuse at his sole discretion. Lack of behavioral health supports for adults, to heal from the trauma they endured so that they don't pass along the same treatment to their children. Lack of substance use disorder support and treatment, to assist adults in their healing so that they don't pass along the trauma to their children. The "war on drugs" and treating those with substance use disorder as criminals rather than individuals struggling with a disease, and one that's root is often in untreated trauma that person experienced as a child. – Other Health Provider (Henderson County)

Diagnosis/Treatment

> Limited diagnosis and education for young adults. – Public Health Representative (Henderson County)

Funding

> Funding, perceptions of homeless people and those with substance use addiction. People feeling like it's not their problem. – Other Health Provider (Henderson County)

Mental Health

> Mental health, substance abuse, housing, and other stressors. Language and cultural differences also create barriers. – Social Services Provider (Henderson County)

Politics

> Immigration and Customs Enforcement (ICE) and anyone that supports them. The NC Legislature by not expanding Medicaid. – Community Leader (Henderson County)

POPULATIONS IMPACTED

Children

> Children. If ACE's are addressed in childhood, it's harder to recognize that trauma and effectively provide treatment in adulthood. – Other Health Provider (Henderson County)
>
> Children, especially children in communities of color who have less access to resources due to systemic racism. – Other Health Provider (Henderson County)
>
> Our children are the most impacted and if the cycle of trauma and abuse is not broken, their children will also deal with the effects of trauma and abuse. Trauma has effects that can last a lifetime if resiliency is not also added as a means for support. – Social Services Provider (Henderson County)
>
> Children, the Latin X Community and especially children living in poverty. – Community Leader (Henderson County)
>
> At risk children. – Community Leader (Henderson County)

Low Income

> Low to no income individuals and then families. – Community Leader (Henderson County)
>
> Lower income persons without insurance and a strong social safety net. Both children and adults. Of all races and ethnicities. Socio-economic status has more to do with trauma and ACEs than anything else. Adults don't have access to the treatment they need to heal and end up passing along damage to their children. Children don't have the safety net of multiple adults (e.g., coaches, mentors, teachers, those outside the family system) because they are rarely able to participate in activities due to financial status. – Other Health Provider (Henderson County)

Low Income Children

> Children in poverty. – Community Leader (Henderson County)
>
> Low income youth. – Community Leader (Henderson County)

Teens/Young Adults

> Young adults. – Public Health Representative (Henderson County)

Women and Children

> Children and women, but ultimately everyone. – Other Health Provider (Henderson County)

People of Color

> Race. – Community Leader (Henderson County)

Rural

> Rural families. – Physician (Henderson County)

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

STRENGTHS

Local Healthcare Facilities

> Community health centers, free clinics. - Physician (Henderson County)
>
> The health center like Blue Ridge, especially for the Latino population. The hospital when people become acutely ill. The free clinic for the uninsured and homeless population. Manna food and the churches. - Community Leader (Henderson County)

Access to Care for Uninsured/Underinsured

> Many options for uninsured patients, including FQHC, Free Clinic, Health Department. - Other Health Provider (Henderson County)

CHALLENGES

Lack of Providers

> Lack of providers, lack of funding, lack of adequate reimbursement fees especially for behavioral health services. - Physician (Henderson County)

Access to Care for Uninsured/Underinsured

> Not enough support from the hospital and other specialists to see uninsured or underinsured patients for specialty care needs. Not enough language support for those that do not speak English, fear and intimidation. - Other Health Provider (Henderson County)

Health Disparities

> Healthcare needs to make sure they are serving all the populations in their communities so they see how people actually live. Meet people where they live and worship and socialize. - Community Leader (Henderson County)

POPULATIONS IMPACTED

Uninsured/Underinsured

> The uninsured, homeless, and migrant workers. - Other Health Provider (Henderson County)

Rural

> Rural residents. - Physician (Henderson County)

Those in Public Housing

> Public housing, older adults and African American population even though a small 3.4%. They have lived in the community for many years and have been overlooked. - Community Leader (Henderson County)

STRENGTHS

Community Partners

> Many clinics, doctor offices, and advocacy groups support individual, family's health and wellbeing. – Community Leader (Henderson County)

Access to Care/Services

> Adequate resources and funding. – Community Leader (Henderson County)

CHALLENGES

Funding

> Funding. – Community Leader (Henderson County)

Access to Care

> The only things I would say that gets in the way would be the lack of being able to afford or even apply for medical insurance for some people, or the knowledge of knowing where to go to if one needs some type of assistance. – Community Leader (Henderson County)

POPULATIONS IMPACTED

All Populations

> I can't just say one group specifically because it really is an issue for all ages, ethnicity, and all types of people. – Community Leader (Henderson County)

People of Color

> Minority populations. – Community Leader (Henderson County)

Education

STRENGTHS

School System

> Widely available quality public schools and highly trained, effective teachers. – Community Leader (Henderson County)
>
> Excellent public schools, great boys and girls club. Nonprofits that coordinate well with the schools to provide support services. – Community Leader (Henderson County)
>
> Inclusive models for education, alternative and adaptive strategies for different kinds of learners, resources for lower income families to support the educational journey of their children. – Public Health Representative (Henderson County)

Awareness/Education

> Attainable and easy access to education supports the health and wellbeing of people in our community. Having an educational system that is adaptable and affordable, attainable is critical. – Community Leader (Henderson County)
>
> Collaboration among organizations to educate. – Community Leader (Henderson County)

Community Partners

> External supports to keep youth engaged outside of the school day. Proactive "upstream" interventions for youth who are struggling in the classroom, with consideration given to outside stressors that might impede learning. Resources for continuing education that are accessible and affordable. – Community Leader (Henderson County)
>
> WCCA Head Start, Early Head Start, NC Pre-K. Crossnore, Thrive, BRHC, Safelight, the Health Department. – Community Leader (Henderson County)

Prevention/Screenings

> Early prevention and education. – Community Leader (Henderson County)
>
> WCCA Head Start, Early Head Start and NC Pre-K. The Henderson County Public Schools. Blue Ridge Community College. – Community Leader (Henderson County)

CHALLENGES

Awareness/Education

> Education or level of understanding of parents, substance use among family. Limited English proficiency, mental health issues among family, income levels, housing, stability of family. – Public Health Representative (Henderson County)
>
> Lack of knowledge of programing can get in the way. Also, having the funds to pay or access to the pertinent information to apply for federal funds can also be a barrier. – Community Leader (Henderson County)

Funding

> Lack of funding for early interventions. – Community Leader (Henderson County)
>
> The NC Legislature and Henderson County Commissioners by not adequately funding public education. – Community Leader (Henderson County)
>
> Funding challenges. – Community Leader (Henderson County)

Contributing Factors

> Poor attendance, social isolation, transportation, low expectations. – Community Leader (Henderson County)

Affordable Education

> Lack of affordable pre-school options, especially for younger children. Low pay for childcare workers. – Community Leader (Henderson County)
>
> High cost of traditional college education. Low supports for first generation high school graduates, college students who are pursuing postsecondary education. – Community Leader (Henderson County)

Immigration and Customs Enforcement

> ICE. The state legislature and Henderson County Commissioners by providing enough funding for teacher pay and facilities. – Community Leader (Henderson County)

POPULATIONS IMPACTED

Children

> Children. – Community Leader (Henderson County)
>
> At risk children who otherwise could be very successful students. – Community Leader (Henderson County)
>
> More rural families with young children. – Community Leader (Henderson County)
>
> Children. – Community Leader (Henderson County)

All Populations

> Without statistical data, I would say that pregnant women, single moms, and certain ethnic groups may face barriers to obtaining education. – Community Leader (Henderson County)

Low Income

> Families experiencing lower incomes and mental health, substance use issues. – Public Health Representative (Henderson County)

Low Income Children

> Children form families living in poverty. – Community Leader (Henderson County)
>
> Low income students. – Community Leader (Henderson County)
>
> Children from families living in poverty. – Community Leader (Henderson County)

Family & Social Support

STRENGTHS

Community Partners

> Officials. – Other Health Provider (Henderson County)

Family and Social Supports

> Availability of family support resources through a broad network of nonprofit organizations and government entities. Children and Family Resource Center, Smart Start, Health Department, Henderson County Public Schools, social workers. – Other Health Provider (Henderson County)
>
> Naturally occurring community that forms through participation in programs and services. – Community Leader (Henderson County)
>
> Social connectedness, overcoming isolation, strong screening and assessment processes for mental health, substance use impacts, ACE's, concerted efforts to diminish discrimination and improve equity for all. – Public Health Representative (Henderson County)

Religious Organizations

> Religious organizations. – Community Leader (Henderson County)

Supportive Community Members

> Parenting support, close communities, foster care, substance and mental health treatment. – Community Leader (Henderson County)

Access to Care/Services

> Having easy access to dependable behavioral health resources. – Public Health Representative (Henderson County)

CHALLENGES

Contributing Factors

> Lack of time to access resources because of the need to work so many hours to make ends meet due to low wages. Lack of transportation or internet needed to access resources. – Other Health Provider (Henderson County)
>
> Approaches that appear to be charitable where I am receiving a service in place of sustainable support, where I can contribute and help grow this support to others. – Community Leader (Henderson County)
>
> Abuse, neglect, substance use, mental health, divorce and dysfunction. – Community Leader (Henderson County)
>
> Apathy, bias, discrimination, lack of reasonable income opportunities, minimal education, generational dysfunction, cycles not broken, limited alternatives when interacting with judicial system. – Public Health Representative (Henderson County)

Family/Social Support

> Barriers have been in place for a while with the disintegration of the nuclear family unit. – Community Leader (Henderson County)

Access to Care/Services

> Lack of access to BH resources. – Public Health Representative (Henderson County)

Mental Health

> Prevalence of mental health and substance abuse needs. Broken families and hopelessness. – Other Health Provider (Henderson County)

POPULATIONS IMPACTED

Children

> Young children. – Other Health Provider (Henderson County)
>
> Children and those living in poverty. – Other Health Provider (Henderson County)

At risk children. – Community Leader (Henderson County)

Low Income

> Low income and unstable family units. – Public Health Representative (Henderson County)
>
> Low income. – Community Leader (Henderson County)

All Populations

> Every aspect of the community. Everyone is affected. – Community Leader (Henderson County)

Young Families

> Young families and single parents. – Public Health Representative (Henderson County)

Income & Employment

STRENGTHS

Employment

> Job opportunities with a living wage. – Community Leader (Henderson County)

School System

> The local public schools and the community college support the health and wellbeing of our community. Having key officials that focus on removing barriers helps both entities in serving the community. – Community Leader (Henderson County)

CHALLENGES

Income/Poverty

> Income and having no place to live in our community based on the income provided from employment sectors. – Community Leader (Henderson County)

POPULATIONS IMPACTED

Low Income

> Low to moderate income persons. – Community Leader (Henderson County)

Intimate Partner Violence (IPV)

STRENGTHS

Affordable Care/Services

> Good resources located around the community. People can't afford them, no insurance. – Community Leader (Henderson County)

Vulnerable Populations

> Women and children, but all of society is impacted. – Other Health Provider (Henderson County)

CHALLENGES

Affordable Care/Services

> Lacking affordable health care. – Community Leader (Henderson County)

Perception of the Issue/Prevalence

> Perception of the issue and its prevalence. – Other Health Provider (Henderson County)

POPULATIONS IMPACTED

Women and Children

> Women with children. – Community Leader (Henderson County)
>
> Women and children. – Other Health Provider (Henderson County)

Opportunities for Physical Activity

STRENGTHS

Built Environment

> Public parks and facilities, affordable or discounted rates, minority outreach, free classes, access to educate people on the benefits and what is available, accessibility, childcare, community-based efforts, connections to leaders in varies neighborhoods/communities – Community Leader (Henderson County)
>
> Safe outdoor spaces, such as greenways, and affordable membership to facilities promoting an active lifestyle. – Community Leader (Henderson County)
>
> Ocklawaha Greenway, Track Trails, community parks. Flat Rock, Fletcher, Mills River, hiking trails, YMCA, parks and rec sports programs. – Public Health Representative (Henderson County)

CHALLENGES

Built Environment

> Safety in neighborhoods for walking, sidewalk infrastructure, location of ability of community members to access public parks, lack of interest in outdoor activity. – Public Health Representative (Henderson County)
>
> Fear of falling and outside, public spaces not designed or maintained to accommodate mobility challenged individuals or frail older adults. – Community Leader (Henderson County)

Access to Recreational Facilities

> Access, costs, no childcare, location, language barriers. – Community Leader (Henderson County)

POPULATIONS IMPACTED

Elderly

> Older adults and adults with mobility issues. – Community Leader (Henderson County)

Low Income

> Minorities, those with financial struggles and lack of transportation. – Community Leader (Henderson County)

Rural

> Individuals living in more rural parts of the county. Cannot easily access public parks, individuals not living in the same neighborhood as a park. – Public Health Representative (Henderson County)

Public Transportation

STRENGTHS

Transportation Options

> For those in the city limits and on regular routes, Apple County Transit is a relatively inexpensive option. – Community Leader (Henderson County)

Community Partners

> Apple Country Transportation on a very limited basis. Nonprofits that offer ride assistance. – Community Leader (Henderson County)

CHALLENGES

Transportation Time/Location/Accessibility

> No 24-hour public transportation, low wages that cause residents who do own vehicles to not be able to repair them when they break down. – Community Leader (Henderson County)
>
> Apple Country Transit only covers certain areas of the county. The expansive geography and remote locations that people live render public transportation not cost effective to provide. Private options like taxis, Uber, or Lyft are not universally available and are expensive when they are. – Community Leader (Henderson County)

POPULATIONS IMPACTED

Elderly

> Low income of any other demographic but this is particularly difficult for older adults who are no longer able to drive, especially if they live in more remote parts of the county. – Community Leader (Henderson County)

People of Color

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

Racism & Other Forms of Discrimination

STRENGTHS

Awareness/Education

> Emerging community conversations around diversity, equity and inclusion. Creation of police advisory board that engages community citizens. – Community Leader (Henderson County)

Supportive Community Members

> The historically marginalized communities are strong within themselves, taking care of each other, looking out for each other. This is true for the small Black community, for the Latinx community, for the LGBTQIA community. There are allies among some of the community (e.g., churches, social clubs) who are becoming more active and vocal since the summer of 2020. – Other Health Provider (Henderson County)

CHALLENGES

Structural/Systemic Racism

> Long-standing structural racism, especially in law enforcement. Good-ole boys and the old-fashioned cultural norms. White resistance to seeing privilege and the impact of racism (e.g., white fragility in all its forms). Politics and the perception of more conservative folks that racism is not really real, but just the latest "fad" of the liberal elite. So, there is resistance to engaging in conversation or reflection, and a perpetuation and widening of the ugly political divide. The politicization of immigration and documentation status. The politicization of sexual orientation and gender identity. Folks take the easy route of blaming politics rather than actually engaging the hard and uncomfortable questions and truth. – Other Health Provider (Henderson County)

Local Government

> Underrepresentation for communities of color on government panels, citizen advisory boards and other positions of community leadership. Teachers, law enforcement, medical community, government, business owners. – Community Leader (Henderson County)

POPULATIONS IMPACTED

People of Color

> Black and brown people across all socioeconomic classes. – Community Leader (Henderson County)
>
> In Henderson County, our LatinX neighbors. – Other Health Provider (Henderson County)

All Populations

> Low-wealth, low education, POC, older people who have been raised in the area tend to be more effected. – Community Leader (Henderson County)

Safe & Healthy Housing

STRENGTHS

Affordable Housing

> Organizations that are helping to provide safe and healthy housing services. – Community Leader (Henderson County)
>
> By meeting the core need of safe and secure shelter. – Public Health Representative (Henderson County)
>
> Access to units that are affordable and meet HUD inspection standards. – Community Leader (Henderson County)
>
> Affordable housing options, transitional housing options, enforcement of existing ordinances for habitable housing, landlord accountability, government involvement to overcome market forces that are driving extraordinary costs of housing. – Public Health Representative (Henderson County)

Community Partners

> Safelight is an amazing resource linking care. – Community Leader (Henderson County)

Local Programs

> Efforts that prevent evictions and help people stay in their homes. Efforts that hold landlords accountable to make needed repairs, increasing the stock of affordable housing in our community, moving people from homelessness to housing. – Community Leader (Henderson County)

Having a Safe Home

> Conscientious homeowners who care about the value of their own homes. – Community Leader (Henderson County)
>
> Not a lot for those seeking safe and healthy housing. There are limited opportunities at this time. – Other Health Provider (Henderson County)

Safety Net Providers

> Safety net nonprofits, Medicaid, Henderson County Health Department, Henderson County DSS. – Community Leader (Henderson County)

CHALLENGES

Housing

> Lack of affordable housing units. Lack of enforcement of minimum housing standards, cost of housing not fitting with our wages for many full time workers. – Community Leader (Henderson County)
>
> Lack of affordable housing is a huge issue when combined with the lack of higher income wage options. Values of homes have skyrocketed in recent years, raising rents for renters as well as low end homes as well. As the cost of housing escalates, it makes it difficult to afford other basics such as food and medical care. Also, lower end rentals are often unsafe mobile homes, which also result in high heating/cooling bills because of minimal insulation. Organizations such as HAC and Habitat are stretched and can't make a dent in the demand. – Community Leader (Henderson County)
>
> Very low housing stock housing stock that is over priced for the condition (deterioration) of the unitlandlords not willing to work with 3rd party payments no access to transportation in more rural parts of the county which makes living in those areas more difficulty – Community Leader (Henderson County)

Funding

> Lack of funding and restrictions to funding. – Community Leader (Henderson County)
>
> Funding, people's perception of affordable housing. Don't want that in my neighborhood. More options for those who need this level of housing support. – Other Health Provider (Henderson County)
>
> Lack of funds to fill the gaps for services. – Community Leader (Henderson County)

Contributing Factors

> Low wages, substandard housing, mental health issues, lack of public transportation, and lack of education. – Community Leader (Henderson County)

Access to Care for Uninsured/Underinsured

> Costs. – Public Health Representative (Henderson County)

Government

> Gap between haves and have nots, no particular consensus among local government how to tackle on a large scale, limited water, sewer infrastructure, retirement community not oriented toward priority of affordable housing. – Public Health Representative (Henderson County)

POPULATIONS IMPACTED

Low Income

> Low income persons, elderly, and disabled. – Community Leader (Henderson County)
>
> Low income of any other demographic. – Community Leader (Henderson County)
>
> Low income families. – Public Health Representative (Henderson County)
>
> People in poverty. Single workers who cannot afford the housing. – Community Leader (Henderson County)

People of Color

> People of color, indigent population. – Community Leader (Henderson County)
>
> Race and ethnic groups. – Community Leader (Henderson County)

Homeless

> Homeless, those recovering from substance use addiction, children, migrant workers. – Other Health Provider (Henderson County)

All Populations

> Working class, under adults and families. – Public Health Representative (Henderson County)

Single Parent Homes

> Single parents. – Community Leader (Henderson County)

Tobacco-Free Spaces

STRENGTHS

Tobacco-Free Space Policies

> Tobacco free campuses as well as vape free sidewalks and public areas. – Community Leader (Henderson County)

CHALLENGES

Awareness/Education

> Lack of education around the dangers of vaping and the use of tobacco. – Community Leader (Henderson County)

POPULATIONS IMPACTED

Children

> Youth. – Community Leader (Henderson County)

Uninsured/Underinsured

STRENGTHS

Access to Care for Uninsured/Underinsured

> We have a few agencies that work primarily with the uninsured or underinsured population, but the need is much greater than we can meet. This leads to clients with a variety of mental illness, substance use or other needs that we are not able to meet in our community. This then leads to increased hospitalizations, incarcerations, DSS involvement etc. – Other Health Provider (Henderson County)

Affordable Care/Services

> The Free Clinics has built a strong network of 180+ health and community partners and passionately advocates for care. Blue Ridge, Pardee, and AdventHealth work with The Free Clinics in enabling care for uninsured persons. The collaborative nature of the community and the incredible volunteer spirit of hundreds of providers makes care possible for vulnerable persons. – Other Health Provider (Henderson County)
>
> The free clinics, health department, Blue Ridge Health, providing free or sliding scale services. – Other Health Provider (Henderson County)

Community Partners

> Access to Medicaid workers at DSS. Access to Obamacare through BRCH and Pisgah Legal. – Community Leader (Henderson County)

Safety Net Providers

> Community Health Centers, free clinics. – Physician (Henderson County)

CHALLENGES

Insurance Issues

> We need Medicaid expansion. – Community Leader (Henderson County)

Access to Care/Services

> Not enough services or no services at all for uninsured or underinsured people. – Other Health Provider (Henderson County)

Affordable Care/Services

> Fear of bills, so people don't even seek care. Appalachian pride, so people don't even seek care. Lack of awareness of the healthcare safety net. – Other Health Provider (Henderson County)

Contributing Factors

> The inability of families without legal status to acquire health insurance. Lack of knowledge, awareness of resources for assistance. – Other Health Provider (Henderson County)

Lack of Providers

> Lack of providers decreases rapid access to services, lack of adequate funding. – Physician (Henderson County)

POPULATIONS IMPACTED

Uninsured/Underinsured

> In our agency we see this effect all ages and races. There are different areas of Henderson County where there may be slightly more uninsured or underinsured but it is spread throughout the county. – Other Health Provider (Henderson County)
>
> Indigent population. – Community Leader (Henderson County)

All Populations

> Cannot choose one. All effected. – Physician (Henderson County)

Low Income

> Low-income adults. Usually those who have experienced generational poverty who live on the fringes of society, who struggle with ACEs and past traumas, who struggle with co-occurring behavioral health issues (mental illness and substance use disorder), who are low literacy and especially low healthcare literacy, who struggle with obesity because fast food is cheap, cooking is not an option if one is homeless or couch-surfing or living in one's car. – Other Health Provider (Henderson County)

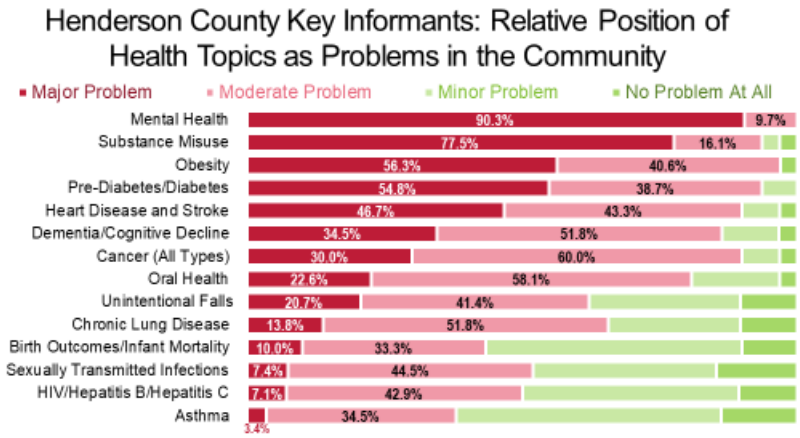
Undocumented Individuals

> Undocumented individuals. – Other Health Provider (Henderson County)

HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

Key informants taking part in the Online Key Informant Survey were asked to rate each of 14 health issues; the following chart illustrates those most often identified as "major problems" in their own communities.



APPENDIX F - HANDOUTS FROM CHA COMMUNITY FORUM

See attached for:

- *Data One-Pages from 2021 Community Forum*
- *Prioritization Worksheet*

Mental Health

18.4

Suicide Mortality Rate
per 100,000 residents
Henderson County, 2015-2019

Seven in 10 people "always" or "usually" get the social/ emotional support they need.

Did not get needed mental health care or counseling in the past year. **16.8%**

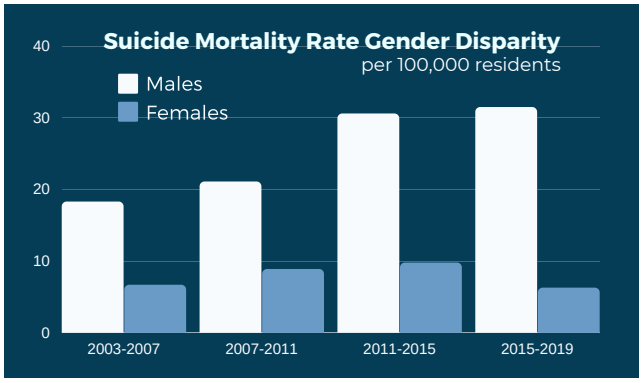
More than 7 days of poor mental health in the past month. **17%**

Currently taking medication or receiving treatment for mental health. **22.3%**

HAVE CONSIDERED SUICIDE IN THE PAST YEAR:

5.9% OF HENDERSON COUNTY RESIDENTS

7.9% OF WNC RESIDENTS

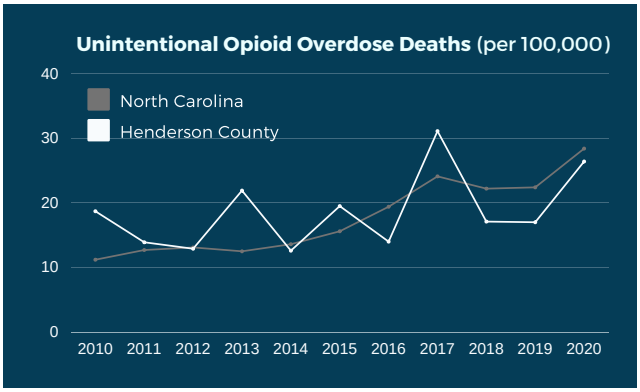


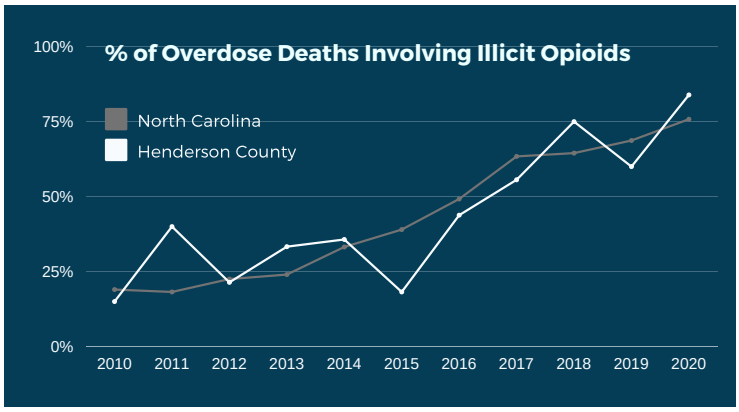
Substance Misuse

The % of current smokers has been decreasing since 2012, now at 9.7%.

The % of binge drinkers has been increasing since 2012, now at 13.0%.

42.2% of respondents report their life has been negatively affected by substance abuse.





Percent of unintentional overdose deaths in 2019 caused by heroin or other synthetic narcotics.

BUPRENORPHINE PRESCRIPTIONS PER 100.000 RESIDENTS (IN 2018)

4286.5 HENDERSON COUNTY

4834.4 NORTH CAROLINA

Healthy Eating & Active Living

Met the physical activity recommendation of 150 minutes of activity/week. **26.1%**

Did not participate in any physical activity in the past month. **21.1%**

Consumed 5 or more servings of fruits/ vegetables per day **4.6%**

PERCENT OF HENDERSON COUNTY RESIDENTS THAT ARE:

29.2%
HEALTHY WEIGHT
BMI 18.5-24.9

68.4%
OVERWEIGHT OR OBESE
BMI 25.0 OR HIGHER

"Often" or "sometimes" worried about whether food would run out before having money to buy more.

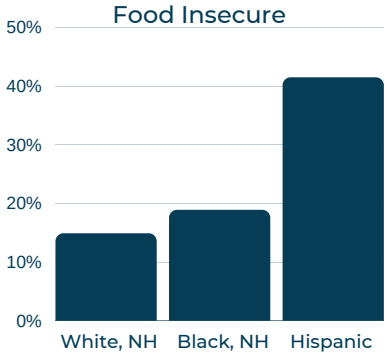
13.2% White, Non-Hispanic
16.9% Black, Non-Hispanic
40.3% Hispanic

+

"Often" or "sometimes" the food we bought just did not last and we did not have money to get more.

10.6% White, Non-Hispanic
18.9% Black, Non-Hispanic
17.4% Hispanic

=

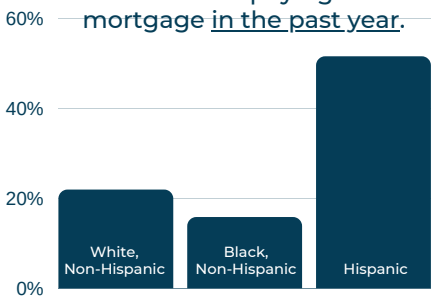


Safe & Affordable Housing

42.8%
of renters spend 30% or more of their income on housing.

25.8%
of home owners spend 30% or more of their income on housing.

Worried about paying rent or mortgage in the past year.



$995
Median rental cost of a one-bed/one-bath apartment.

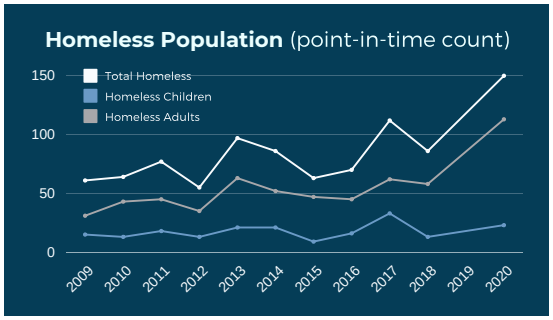
40.9%
Percent of renter-occupied units with potential lead paint exposure.

HAVE HAD TO LIVE WITH A FRIEND/RELATIVE IN THE PAST THREE YEARS DUE TO A HOUSING EMERGENCY:

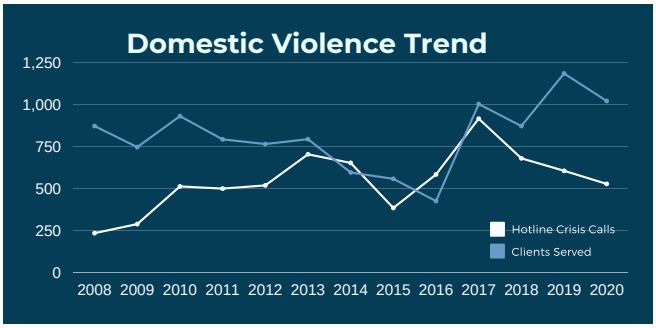
8.8%
OF HENDERSON COUNTY RESIDENTS

9.3%
OF WESTERN NC RESIDENTS

0%
Percent vacancy in Government Subsidized housing
Henderson County, 2019



Domestic Violence & Sexual Assault



Because of the pandemic, survivors are more likely to be at home with their abusers and less likely to be able to access resources & support.

1,022 Total # of domestic violence clients served in Henderson County between July 2019-June 2020.

297 Total # of sexual assault clients served in Henderson County between July 2019-June 2020.

60.3% Percent of sexual assault cases involving minors.

20.8% Percent of sexual assault cases involving a relative.

15.2% Percent of sexual assault cases involving a partner.

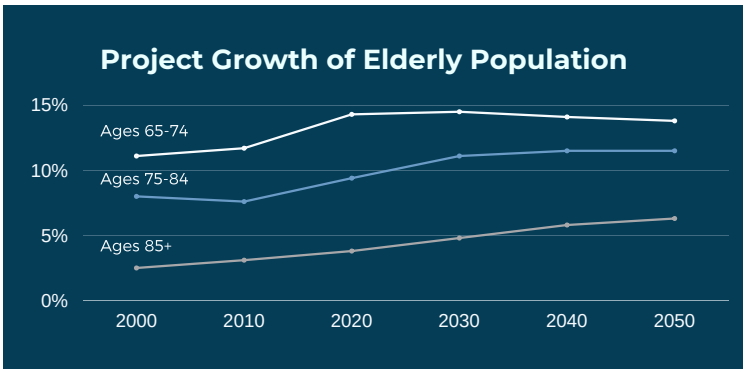
Healthy Aging

Over 25% of Henderson County residents are ages 65 and older.

1,358 Total # of emergency department visits for unintentional falls in ages 65+ in Henderson County (2020).

223 Total # of Henderson County residents that died as a result of an unintentional fall (2015-2019).

92% Percent of the total 223 falls that occurred in the population age 65+.



In North Carolina, unintentional fall-related deaths have risen from 845 in 2010 to 1,499 in 2019 **(75% increase)**.

Equity

DISAGREE that the community is a welcoming place for people of all races and ethnicities.

15.6% White, Non-Hispanic

40.8% Black, Non-Hispanic

12.6% Hispanic

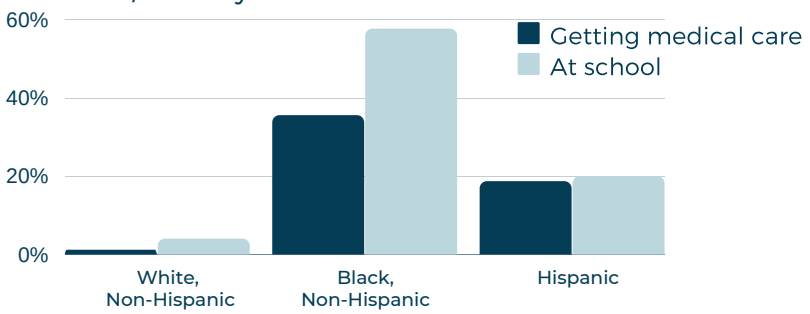
"Often" or "sometimes" threatened or harassed due to race/ethnicity.

6.2% White, Non-Hispanic

44% Black, Non-Hispanic

23.5% Hispanic

"Often" or "sometimes" treated unfairly due to race/ethnicity when:



"Often" or "sometimes" criticized for my accent or the way I speak.

PRIORITIZATION WORKSHEET

1= Lowest score, **2**= Medium, **3**= High, **4**= Highest score

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
HEALTH TOPIC	**RELEVANCE** • Size of the problem (% of population affected) • Severity of the problem (lives lost, cost, etc.) • Linked to other important issues.	**IMPACT** • Significant consequences of not addressing issue now. • Builds on other work. • Availability of proven strategies.	**FEASIBILITY** • Political capacity and will • Can identify easy, short-term wins • Availability of resources to address the issue (staff, money, partners, time, etc.)	**TOTAL RATING** • Sum of columns 2, 3 and 4. • Topic with the highest score= top (1st) priority.
1. Mental Health	+	+	=	
2. Substance Misuse	+	+	=	
3. Healthy Eating/ Food Access	+	+	=	
4. Active Living	+	+	=	
5. Safe & Affordable Housing	+	+	=	
6. Domestic Violence & Sexual Assault	+	+	=	
7. Healthy Aging	+	+	=	
8. Equity	+	+	=	

APPENDIX G - CHART OF CHA PROCESS PARTICIPANTS

See attached for:

- *Complete list of 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
Allison Morgan	Henderson County Public Schools	CHA Forum	December 2021
Alyce Knaflich	Aura Home Women Vets	CHA Forum	December 2021
Amy McCall	Henderson County Dept of Public Health	CHA Forum	December 2021
Amy Phillips	WNC Source	CHA Forum	December 2021
Amy Treece	Pardee UNC Health Care	CHA Forum	December 2021
Angie Garner	Vaya Health	CHA Forum	December 2021
Angie Pena	Pisgah Legal Services	CHA Forum	December 2021
Ann Crisp	Interfaith Assistance Ministry	CHA Forum	December 2021
Anna Hoy	Community Member	CHA Forum	December 2021
Anne Hafer	Henderson County Public Schools	CHA Forum	December 2021
Ashlynn McCoy	Housing Assistance Corporation, Partnership for Health	CHA Data Team, CHA Team, CHA Forum	Ongoing
Bill Lapsley	HC Board of Health, HC Board of Commissioners	CHA Support	Ongoing
Bob German	Community Member	CHA Forum	December 2021
Brett English	Pardee UNC Health Care	CHA Forum	December 2021
Brian Leutner	Pardee UNC Health Care	CHA Forum	December 2021
Bridget Fluech	Pardee UNC Health Care	CHA Forum	December 2021
Camden Stewart	Henderson County Dept of Public Health, Partnership for Health	CHA Lead, Author	Ongoing
Carissa Frank	AdventHealth	CHA Forum	December 2021
Carleen Dixon	Henderson County Parks and Rec	CHA Forum	December 2021
Carmen Rodriguez	Council on Aging	CHA Forum	December 2021
Carol Brown	Pardee UNC Heatlh Care	CHA Forum	December 2021
Caroline Sharrits	AdventHealth	CHA Forum	December 2021
CarrieAnn Chandler	Smart Start Partnership for Children	CHA Forum	December 2021
Cheryl Mott	The Free Clinics	CHA Forum	December 2021
Christine Craft	Henderson County Dept of Public Health	CHA Forum	December 2021
Courtney Davis	Family Preservation Services	CHA Forum	December 2021
Dana Davis	Pardee UNC Health Care	CHA Forum	December 2021
Darla Lindeman	Interfaith Assistance Ministry	CHA Forum	December 2021
Denise Long	United Way of Henderson County, Partnership for Health	CHA Team, CHA Forum	Ongoing
Dr. Craig Poole	HC Board of Health	CHA Support	Ongoing
Dr. David Ellis	HC Board of Health	CHA Support	Ongoing
Dr. Diana Curran	Henderson County Dept of Public Health	CHA Data Team	September 2021
Dr. John Bryant	Henderson County Public Schools, HC Board of Health	CHA Support	Ongoing

Dr. Kelley Singer	AdventHealth	CHA Data Team	September 2021
Dr. Laura Leatherwood	Blue Ridge Community College, Partnership for Health	CHA Team, CHA Forum	Ongoing
Dr. Leslie Leidecker	HC Board of Health	CHA Support	Ongoing
Dr. Maggie Hayes	Chair- HC Board of Health	CHA Support	Ongoing
Dr. Pete Richards	Vice Chair - HC Board of Health	CHA Forum, CHA Support	Ongoing
Elizabeth Moss	Interfaith Assistance Ministry, Partnership for Health	CHA Team, CHA Forum	Ongoing
Emily Balcken	Children and Family Resource Center	CHA Forum	December 2021
Emily Kujawa	WNC Health Network	CHA Forum	December 2021
Emily Shock	The Free Clinics	CHA Forum	December 2021
Erica Woodall	Smart Start Partnership for Children	CHA Forum	December 2021
Ericka Berg	Conserving Carolina	CHA Forum	December 2021
Fran German	Community Member	CHA Forum	December 2021
Graham Fields	AdventHealth, HC Board of Health, Partnership for Health	CHA Team, CHA Forum, CHA Support	Ongoing
Gretchen Koehler	The Free Clinics	CHA Forum	December 2021
Jacob Compher	Henderson County	CHA Forum	December 2021
Jamie Wiener	Children and Family Resource Center	CHA Forum	December 2021
Jeffrey Young	HC Board of Health	CHA Support	Ongoing
Jerrie McFalls	Henderson County DSS, Partnership for Health	CHA Team, CHA Forum	Ongoing
Jessi Correa	Hope Coalition	CHA Forum	December 2021
Jimmy Brissie	Henderson County Emergency Services	CHA Forum	December 2021
Jodi Grabowski	Henderson County Dept of Public Health, Partnership for Health	Action Team Lead, CHA Data Team, CHA Team, CHA Forum	Ongoing
Joe Brittain	Mills River Farmers Market	CHA Forum	December 2021
Johnna Reed	Pardee UNC Health Care, Partnership for Health	CHA Team, CHA Forum	Ongoing
Judy Long	The Free Clinics, Partnership for Health	CHA Data Team, CHA Team, CHA Forum	Ongoing
Julia Hockenberry	Boys & Girls Club	CHA Forum	December 2021
Julie Huneycutt	Hope Coalition, Partnership for Health	Action Team Lead, CHA Team, CHA Forum	Ongoing
Julie Sabin	The Free Clinics	CHA Forum	December 2021
Kathleen Baluha, FNP	HC Board of Health	CHA Support	Ongoing
Kathryn Walker	Pisgah Legal Services	CHA Forum	December 2021

Keith Logan	Council on Aging, Partnership for Health	CHA Data Team, CHA Team, CHA Forum	Ongoing
Kelly Hart	Smart Start Partnership for Children	CHA Forum	December 2021
Kenesha Smith	HC Board of Health	CHA Support	Ongoing
Kenneth Hipps	Hendersonville Police Department	CHA Forum	December 2021
Kristen Martin	Thrive, Partnership for Health	CHA Team, CHA Forum	Ongoing
Kristina Henderson	Henderson County Dept of Public Health	CHA Forum	December 2021
Lauren Wilkie	Safelight, Partnership for Health	CHA Team, CHA Forum	Ongoing
Leann Noakes	Pardee UNC Health Care	CHA Forum	December 2021
Lexie Wilkins	The Free Clinics	CHA Forum	December 2021
Linda Carter	Western Carolina Community Action	CHA Forum	December 2021
Linda Davidson	Blue Ridge Health	CHA Forum	December 2021
LoriKay Paden	Hendersonville Family YMCA, Partnership for Health	CHA Team, CHA Forum	Ongoing
Makala Perez	Blue Ridge Health	CHA Forum	December 2021
Martha Draughn	YMCA of WNC	CHA Forum	December 2021
Matthew Gruebmeyer	Henderson County Public Schools, Partnership for Health	CHA Team, CHA Forum	Ongoing
McCray Benson	Community Foundation of Henderson County	CHA Forum	December 2021
Melissa West	AdventHealth	CHA Forum	December 2021
Michelle Geiser	Hope Coalition	CHA Data Team, CHA Forum	September, December 2021
Milton Butterworth	Pardee UNC Health Care, Partnership for Health	CHA Data Team, CHA Team, CHA Forum	Ongoing
Mitzi Biney	Blue Ridge Health	CHA Forum	December 2021
Nicole Sweat	Mills River Parks and Recreation	CHA Forum	December 2021
Noelle McKay	Community Foundation of Henderson County	CHA Forum	December 2021
Pat Sandahl	The Free Clinics	CHA Forum	December 2021
Pauline Carpenter	Thrive	CHA Forum	December 2021
Rachel Walker	Western Carolina Community Action	CHA Forum	December 2021
Renee Urban	Vaya Health	CHA Forum	December 2021
Ruth Birge	Vision Henderson County	CHA Forum	December 2021
Ruth Ramirez-Tafolla	Smart Start Partnership for Children	CHA Forum	December 2021
Samantha Jamison	Smart Start Partnership for Children	CHA Forum	December 2021
Sarah Beth Gallenberger	Hope Coalition	CHA Forum	December 2021
Sharon Tirrell	UWHC, IAM, Blue Ridge Literacy Council	CHA Forum	December 2021

Sharon Willen	Got Your Back Neighborhood Network	CHA Forum	December 2021
Sonia Gironda	Smart Start Partnership for Children	CHA Forum	December 2021
Sonya Jones	Pardee UNC Health Care, Partnership for Health	Action Team Lead, CHA Team, CHA Forum	Ongoing
Stacy Taylor	Henderson County Dept of Public Health	CHA Data Team, CHA Team, CHA Forum	Ongoing
Steve Smith	Henderson County Dept of Public Health, Partnership for Health	CHA Team, CHA Forum	Ongoing
Susan Odom	Pardee UNC Health Care	CHA Forum	December 2021
Tammy Greenwell	Blue Ridge Health, Partnership for Health	CHA Team, CHA Forum	Ongoing
Tanya Blackford	Crossnore Communities for Children, Partnership for Health	CHA Team, CHA Forum	Ongoing
Tanya Romanyukha	Hope Coalition	CHA Forum	December 2021
Tiffni Baxley	Council on Aging	CHA Forum	December 2021
Tom Morgan	Project Dignity of WNC, Inc.	CHA Forum	December 2021
Tracey Gruver	Thrive	CHA Forum	December 2021
Trina Stokes	AdventHealth, Partnership for Health	CHA Data Team, CHA Team	Ongoing
Trisha Ecklund	Blue Ridge Health	CHA Forum	December 2021
Wendy Hamil	Community Foundation of Henderson County	CHA Forum	December 2021