AVERY COUNTY COMMUNITY HEALTH ASSESSMENT

2024

Appalachian State University

WNC Health Network

Toe River Health
Avery & Mitchell

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Hard copies are available upon request. Please note there may be a small fee to cover printing and mailing costs. To request a hard copy of the Community Health Assessment, please contact us via email..

Please provide the following information:
Full Name, Mailing Address, Phone Number, Reason for Request
For assistance in other languages, please contact us at 828-733-6031
The Community Health Assessment is also available online at https://toeriverhealth.org/health-reports/

2024 AVERY COUNTY COMMUNITY HEALTH ASSESSMENT

Collaboration

Toe River Health District developed this document in partnership with community leaders, public health agencies, businesses, the medical community, school systems, and local faith-based organizations and churches as part of a local community health assessment process. We would like to thank and acknowledge several agencies and individuals for their contributions and support in conducting this health assessment:

Name	Agency	Role/ Contribution	Duration of Participation	Agency Website
Jessica Farley	Toe River Health District	Leader	Yearly	www.toeriverhealth.org
Deb Gragg	Avery County Health District	Participant	Yearly	www.toeriverhealth.org
Tiffany Moon	Western Youth Network	Participant	Yearly	https://www.westernyouthnetwork.org
Lyndsi Richardson	Appalachian Regional Healthcare System	Participant	Yearly	https://apprhs.org
Pam Snyder	Headstart	Participant	Yearly	n/a
Alice Salthouse	High Country Community Health Center	Participant	Yearly	https://www.highcountycommunityhealth.com
Dustin Burleson	Vaya Health	Participant	Yearly	www.vayahealth.com

AVERY COUNTY 2024 COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

COMMUNITY RESULTS STATEMENT

Our mission is to partner with local agencies to not only identify health needs of our community, but to also explore and develop possible solutions to address health concerns in order to work toward improving health for all residents.

LEADERSHIP FOR THE COMMUNITY HEALTH ASSESSMENT PROCESS

The Community Health Assessment team is comprised of many participants representing area agencies in Avery County, North Carolina. The purpose of this Community Health Assessment is to learn about the health status and quality of life concerns of Avery County residents, collaborate with citizens by soliciting input from the community, and to provide an overview of resources that exist for handling those concerns. This document is the result of collaboration between Toe River Health District, WNC Healthy Impact, and the Healthy Carolinians of Avery County Partnership.

PARTNERSHIPS

A health department-led comprehensive Community Health Assessment (CHA) provides community insight into the health status of the county. Using surveys, focus groups, interviews, community members, local government and business leaders, and health professionals came together to identify and prioritize health issues. Participating in the assessment process puts the county in a position to take the next steps in developing policy, environment, and system changes that support their concerns. Currently in Avery County, there is a coalition to bring together all the organizations and individuals that are committed to improving health in the county. This group consists of motivated individuals who are advocates on behalf of a broad range of community members and can appropriately represent the concerns of various populations within the county. The limited resources available in the county demonstrates a need for a coalition who will take responsibility and provide leadership for promoting and supporting policy, systems and environmental change that support healthy eating, and increase physical activity and prevent tobacco use throughout the county to combat most chronic disease conditions.

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REGIONAL/CONTRACTED SERVICES

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

THEORETICAL FRAMEWORK/MODEL

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

COLLABORATIVE PROCESS SUMMARY

Avery County's collaborative process is supported on a regional level by WNC Healthy Impact (WNCHI). Locally, our process is a community-wide and multi-faceted approach to completing the community health assessment and giving this information to the community.

The collaborative process includes input from the community as an important element of the community health assessment process. Our county included community input and engagement: (1) Through partnerships on conducting the health assessment process; (2) Through primary data collection efforts; (3) In the identification and prioritization of health issues. Community engagement is an ongoing focus for our CHA Leadership Team as we move forward to the collaborative action-planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help assure programs and strategies in our community are developed and implemented with community members and partners.

Phase 1 of the collaborative process began in January 2024 with the collection of community health data. For more details on this process, see Chapter 1 – Community Health Assessment Process.

KEY FINDINGS

A comprehensive Community Health Assessment (CHA) was conducted for Avery County, involving Healthy Carolinians of Avery County and CHA Team members, with the purpose of improving and promoting the health of county residents by describing health indicators, community status, and necessary changes. This assessment used a comprehensive dataset, including secondary and primary data from sources like the WNC Healthy Impact dataset, Census and American Community Survey (ACS) data, and community health surveys. Community input and engagement were critical, involving partnerships, primary data collection, and prioritization of health issues. The assessment also focused on at-risk and vulnerable populations, such as youth, poverty-stricken individuals, the elderly, minority groups, and those with physical or mental disabilities, defining terms like "underserved," "at-risk," and "vulnerable" to assist in data analysis and planning.

Avery County is located in the High County region of Western North Carolina, with a population of 17,643 spread across 247 square miles, and approximately half of the county lies within the Pisgah National Forest. The county is known for its mountainous terrain, tourism, and attractions like Grandfather Mountain, Linville Caverns, Beech Mountain, and Sugar Mountain, with Newland being the highest county seat in the eastern United States. While tourism is important, Avery County also produces lumber, tobacco, potatoes, beef cattle, Fraser fir Christmas trees, and minerals like kaolin, mica, iron, and feldspar. The county, formed in 1911, was named after Colonel Waightstill Avery and was historically home to the Cherokee Indians. The 2023 ACS estimated the population at 17,643, with a higher proportion of males (54.6%) than females (45.4%) and a median age of 46.5, older than the North Carolina median. Population projections indicate a plateau or decrease for Avery County by 2050, unlike the WNC Region or NC. The proportion of residents aged 65 or older is projected to increase significantly, highlighting unique challenges for this demographic. Avery County is less racially diverse compared to the WNC region and North Carolina, with 88.4% of the population identifying as white in 2023. Other notable populations include individuals speaking languages other than English at home (5.0%), veterans (1,053 in 2022), and those living with a disability (18.1%), higher than regional and state averages.

Social determinants of health, including economic stability, education, healthcare access, neighborhood environment, and social community, significantly impact health outcomes. Avery County's median household income rose to $53,513 by 2022 but remained lower than the state average. The living wage for a single adult in Avery County is $19.96 per hour, considerably higher than the state's minimum wage of $7.25. The poverty rate in 2022 was 11.2%, with children under 18 and non-white residents disproportionately affected. As of January 2025, 11.1% of the county population received Food and Nutrition Services (FNS) benefits, and 55% of students qualified for free or reduced-cost school meals. Many respondents (27.3%) in a 2024 survey reported not having cash for a $400 emergency.

In terms of employment, Accommodation & Food Services was the largest sector in 2023 (14.40%), but also the lowest paying, followed by Retail Trade (13.02%) and Arts, Entertainment, and Recreation (12.72%). The county's unemployment rate generally tracked state and regional patterns, with a significant but temporary rise during the COVID-19 pandemic in 2020. Education levels in Avery County show that 30.1% of adults aged 25 or older attained only a high school education, higher than the WNC Region and NC, while 22% held a bachelor's degree or higher, lower than regional and state averages. High school dropout rates have been generally higher in Avery County than WNC and NC since SY2017-2018, though graduation rates were similar for all students and males compared to the WNC Region. Students in Avery County demonstrated higher proficiency in math (62.5%) compared to WNC and NC, but lower proficiency in reading (55.3%) compared to NC.

Discrimination and racism are recognized as root causes of health inequities. In 2024, 18.1% of Avery County survey respondents disagreed that the community was welcoming to all races and ethnicities. Some respondents reported experiencing harassment or unfair treatment due to their race or ethnicity, including at school (3.4%) and when getting medical care (3.8%). Community safety data indicated significantly lower index crime rates in Avery County compared to the WNC Region and the state, with larceny and aggravated assault being common crimes. Juvenile delinquency rates in the county have been variable but generally higher than NC and WNC. Domestic violence and child abuse reports vary annually, with Oasis Inc. serving 80 domestic violence clients and 5 sexual assault clients in FY2022-2023, and a higher proportion of children entering foster care being placed in foster homes compared to the state.

Housing and transportation are key social determinants of health. In 2022, 53.3% of Avery County's 14,051 housing units were vacant, significantly higher than the state average. Homeownership is more common in Avery County than in NC, with 75% of occupied units being owner-occupied. Median monthly housing costs for homeowners increased, but the percentage spending over 30% of their income on housing decreased. Renters experienced lower median gross rents than WNC and NC, and the percentage spending over 30% of income on rent also decreased. Housing adequacy issues include a high proportion of mobile homes (17.1%) and older housing units (17.6% built before 1960). Survey data revealed that over 15% of respondents experienced utility outages in the past year, and 13.3% lived in unhealthy or unsafe housing conditions. Vehicle access is lacking for 4.5% of households, particularly rented units. While most residents (77.6%) never had trouble finding transportation, 9.2% sometimes, usually, or always did. Internet access is also a concern, with 18% of households lacking a subscription.

Food insecurity affects 15.1% of Avery County's population, including 17.5% of children. Despite multiple grocery stores, nearly 4.5% of households in 2015 had no car and low access to a grocery store (more than 1 mile distant). Fast food restaurants are more abundant than grocery stores. Vegetable and fruit consumption is low, with only 4% of survey respondents consuming five or more servings per day in 2024. Family and social support are crucial for health. In Avery County, 40.9% of households were householders living with no spouse/partner present, and 28.2% were individuals living alone. A majority of respondents (73.8%) indicated they always or usually have someone to rely on for help. Community resilience is linked

to social vulnerability; over three-quarters (76.22%) of Avery County's population had at least one component of social vulnerability in 2022, higher than WNC and NC.

In terms of mortality, Avery County's life expectancy is slightly below the national average. Heart disease is the leading cause of death, with higher rates than WNC and NC. Cancer is the second leading cause, but death rates are lower than regional and state averages. Chronic Lower Respiratory Diseases rank third, with significantly higher rates in Avery County, likely due to smoking and environmental exposures. Alzheimer's disease mortality rates are notably high and increasing, correlating with the county's aging population. Suicide rates in Avery County are similar to WNC but significantly higher than state averages. Unintentional Motor Vehicle Injuries and Septicemia show concerning rising trends. Cancer incidence rates in Avery County are generally lower than WNC and NC.

Health status and behaviors include maternal and infant health data, showing lower rates of gestational diabetes and overweight/obese BMI among pregnant women in Avery County compared to the state, but higher rates of smoking during pregnancy. Chronic disease diagnoses are prevalent; in 2024, 7.5% of survey respondents had heart disease, 48.1% had high blood pressure, and nearly 12% had diabetes. Overweight and obesity rates are particularly high in Avery County, with 79.6% of survey respondents in 2024 having a BMI over 30.0 (overweight or obese), a substantial increase from 2021. Physical activity levels are slightly lower than WNC for meeting guidelines, but also lower for reporting no physical activity. Injury data highlights concerns about accidental falls among the elderly and motor vehicle crashes. Substance use negatively affected 47.9% of Avery County respondents' lives. Opioid prescribing rates in Avery County exceeded state and regional rates. Alcohol consumption is similar to NC, but binge drinking and excessive drinking rates are lower than comparators. Mental health is a concern, with 8.4% dissatisfied with life and 8.2% having considered suicide in the past year. High school students reported significant rates of sadness, hopelessness, and suicidal ideation.

In terms of clinical care and access, Avery County had 37 physicians in 2024, but lacked specialists like pediatricians, psychologists, and dermatologists. The healthcare workforce is aging, posing challenges for rural areas. There is one hospital, Charles A. Cannon Jr. Memorial Hospital, and two adult care homes, but no dialysis facility in the county. The uninsured rate for those under 65 was 12.8% in 2024, higher than NC and WNC. Many residents reported being unable to get needed medical care (17.4%). High Country Community Health, a Federally Qualified Healthcare Center, serves portions of Avery County, providing primary care, mental health, and substance use disorder services to a diverse patient population, many of whom are low-income or uninsured. Mental health care access is an issue, with 17% of respondents reporting not receiving needed care in the past year. Health inequities are difficult to fully assess due to a lack of race-specific data, but gender-disaggregated data shows males fare worse than females for leading causes of death like cancer and heart disease.

Environmental factors also influence health. Air quality in Avery County was generally good in 2023, with ozone being the most common pollutant. There were no reportable toxic releases in 2023. Secondhand smoke exposure at work was higher in Avery County (14%) compared to WNC (9.1%). About 67% of the population is served by community water systems, with most having no health-based violations. Environmental justice is a focus, recognizing that environmental hazards disproportionately affect communities of color. Western North Carolina is naturally resilient to some climate hazards but faces threats from wildfires, water quality issues, flooding, drought, and heat waves, which can exacerbate health problems.

Based on community engagement and a detailed data review, Healthy Carolinians of Avery County identified six significant health issues in June 2025, which were then prioritized to the top three through a ranked-choice voting technique. The top three health priorities for Avery County are:

1. **Housing Affordability & Availability**: A significant portion of homeowners (29%) and renters (32%) spend over 30% of their lower-than-average monthly income on housing, and utility costs remain an issue.
2. **Mental Health Issues**: This includes depression, anxiety, suicidal thoughts, and social isolation. Over 20% of survey respondents reported fair or poor mental health, and the suicide rate has risen, doubling the percentage of respondents who considered suicide since 2021.
3. **Food Access & Availability**: Over a quarter of survey respondents experienced food insecurity in 2024, compounded by a lack of grocery stores and ongoing poverty, hindering access to fresh, healthy foods.

Other identified issues included Healthy Eating/Active Living, Chronic Conditions, and Substance Abuse. The process emphasized applying equity and social determinants of health as lenses for all improvement efforts.

Health resources are available through the 2-1-1 Counts data portal, which tracks service requests, with housing and shelter, utility, food, and disaster-related calls being the most common. Key informant interviews highlighted positive community efforts like increased Y membership and health intervention programs. Resource gaps include a low number of primary care providers and a lack of specialists, with many current dentists and physicians nearing retirement age. Lack of health insurance and low wages are also cited as challenges. The populations most impacted include average citizens, the underprivileged, and families with children.

HEALTH PRIORITIES

In June 2024, Healthy Carolinians of Avery County along with the CHA Team members participated in a prioritization activity to determine the three leading health concerns to be addressed during this cycle. The worksheet asked that each of the ten concerns be ranked, to find the top three concerns for future action. The results from the prioritization process were reviewed and discussed at the meeting. Results of these worksheets were calculated to come up with the top three priorities, which are as follows:

1. **Housing Affordability & Availability**
2. **Mental Health Issues (including depression, anxiety, suicidal thoughts, and social isolation & loneliness)**
3. **Food Access & Availability**

NEXT STEPS

The 2025 CHA will be disseminated in a variety of ways. To begin, the document will be made available online at http://www.toeriverhealth.org. Hard copies will also be available at the Health Department, local library, and printed upon request. The CHA Facilitator will present the CHA data during a Board of Health Meeting, Healthy Carolinians of Avery County steering committee meeting, Avery County Health Department staff meeting, and upon request.

Further steps will be taken including the development of a community health improvement plan based on the findings from the CHA. The CHA Facilitator will convene community members and partners interested in moving forward on the selected health priorities. Action teams will emerge from the selected health priorities and the teams will begin brainstorming evidence-based strategies. While much work has already been done to improve the health of our community's residents, more work is left to do to ensure that Avery County is the healthiest place to live, learn, work, and play.

Collaborative action 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. A key step in action plans will be to determine what is currently going on regarding the top health concerns, and what we would like to see going on regarding these health concerns.

The health partnership will create subcommittees for each health concern and these committees will work on creating collaborative action planning and implementation efforts. Upcoming meetings will be scheduled, and partners will be notified. We will conduct a root cause analysis and identify possible evidence-based strategies to tackle the health concerns during the action planning process.

While much work has already been done to improve the health of our community's residents, more work is left to do to ensure that Avery County is the healthiest place to live, learn, work, and play.

Hurricane Helene Impacts on Avery County

Hurricane Helene had a profound and devastating impact on Avery County, North Carolina, exacerbating existing vulnerabilities and challenging community health in several critical areas. The storm resulted in the worst flooding in Avery County's recorded history, causing significant damage or destruction to thousands of homes and businesses. This widespread damage directly impacted Housing Affordability & Availability, which is identified as a top health priority for Avery County. Many families were displaced from their homes, requiring relocation to emergency shelters or temporary housing. The Community Health Assessment (CHA) notes that housing instability is a significant challenge, with over 15% of respondents reporting times without electricity, heating, or water in their homes, and 13.3% living in unhealthy or unsafe conditions in the past year. Over 35% of residents also worried about paying rent or mortgage.

Beyond housing, the hurricane caused extensive damage to infrastructure, including bridges and roads, which isolated communities and hindered emergency response efforts. This also contributed to significant communication and transportation disruptions, leaving many residents cut off from outside contact for several days due to damaged systems. Nearly 100% of Avery County experienced power outages due to downed power lines and damage to electrical infrastructure. These disruptions are reflected in 2-1-1 call data, where utility assistance (especially electric) was a common request between 2022 and 2024, and disaster-related calls also spiked in 2024, specifically for food/water, transportation/fuel, and health/safety.

The storm also had severe human costs, with several storm-related deaths attributed to Hurricane Helene in Avery County, according to state records. The broader impact on Mental Health Issues (another key health priority) is evident, as disasters often lead to increased stress, anxiety, and social isolation. While specific post-Helene mental health data isn't detailed in the provided CHA excerpts, the report does highlight that over 20% of survey respondents rate their mental health as "fair" or "poor," and a rising suicide rate (more than doubling since 2021) suggests underlying mental health needs that could be exacerbated by traumatic events like a hurricane. The survey also noted that 19.4% of respondents found their typical day extremely or very stressful.

The displacement and economic hardship caused by the hurricane also impacted Food Access & Availability, a third key health priority for the county. Over a quarter of survey respondents in Avery County experienced food insecurity in 2024, and the lack of grocery stores, combined with continuing poverty rates, makes accessing fresh, healthy foods difficult.

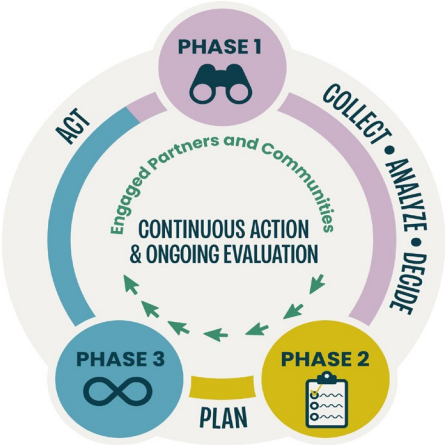
In response to these devastating impacts, the community demonstrated resilience and support. Community members and organizations came together to assist those affected by providing essential supplies like food and water. Local organizations launched fundraising campaigns to aid residents in rebuilding their lives, and state and federal agencies continue to assist with recovery efforts, including debris removal, infrastructure repairs, and disaster relief programs. However, the county's identified "social vulnerability" (where over three-quarters of the population had at least one component of social vulnerability in 2022) indicates that many residents are susceptible to the adverse impacts of natural hazards, underscoring the need for ongoing support and disaster preparedness.

CHAPTER 1 - COMMUNITY HEALTH ASSESSMENT PROCESS

PURPOSE

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A CHA results in a public report which describes the health indicators, status of the community, recent changes, and necessary changes to reach a community's desired health-related results.

Phases of the Community Health Improvement Process:

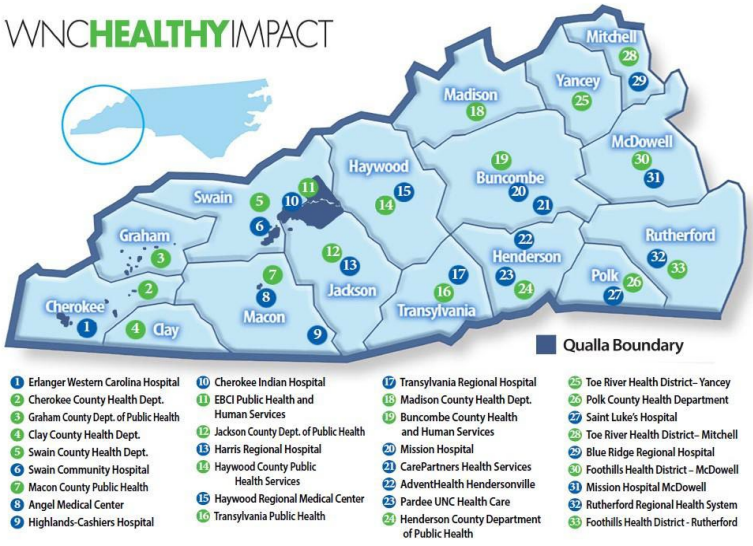


Definition of Community

.Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Avery County is included in Charles A. Cannon Jr. Memorial Hospital'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 and impact. More information is at www.wnchn.org/wnchealthyimpact.



DATA COLLECTION

The set of data reviewed for our community health assessment process is

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

WNC Healthy Impact Dataset Collection

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

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

The following dataset elements and collection are supported by WNC Healthy Impact Steering Committee, WNC Healthy Impact Data Workgroup, WNC Regional Data Team, Mountain Data Equity and Engagement (DEEP), a survey vendor, and additional partner data needs and input:

- A comprehensive set of publicly available secondary data indicators with our county compared to the 16-county WNC Healthy Impact region
- 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.

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources as well as working with partners to include additional information.

COMMUNITY INPUT & ENGAGEMENT

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in a number of ways:

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews, listening sessions, etc.)
- In the identification and prioritization of health issues

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

AT-RISK & VULNERABLE POPULATIONS

Throughout our community health assessment process, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand differences in health outcomes, correlated variables, and

access, particularly among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

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

- Youth in the community
- Poverty stricken community members and their families
- Elderly in the community
- Minority groups in the community
- Physically/Mentally handicapped in the community

If any relevant at-risk groups are not included in our process or product, it is only because they have not been brought to our attention up to this point. Toe River Health District wishes to help every vulnerable population in the communities we serve. We look to the area frequently to assure that we are reaching every disadvantaged group that exists in our community. Toe River Health District also realizes that reaching everyone in the community is a hard task, but we are always willing to reach more individuals that need help once we learn that they are in our county.

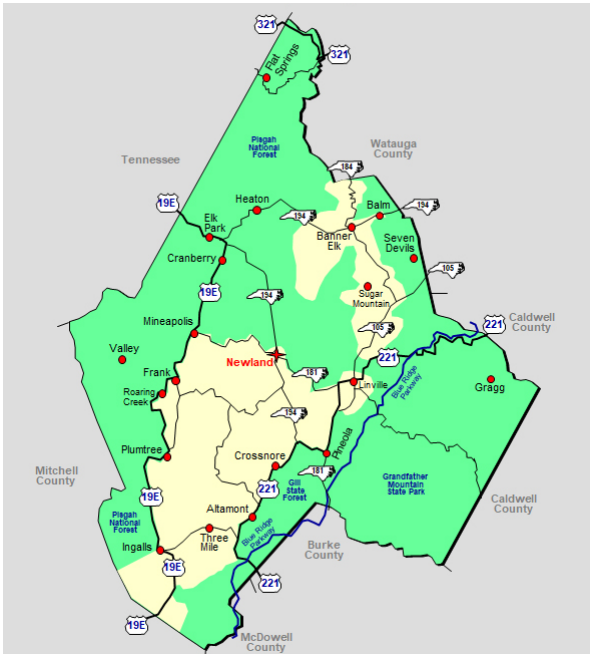
To assist in data analysis, reporting prioritization and health improvement planning, we came up with the following definitions and examples for underserved, at-risk, and vulnerable populations.

- The **underserved** are community members who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy, or understanding on how to access services.
- Those **at-risk** are community members of a group who are likely to, or have the potential to, get a specified health condition. Examples of at-risk populations in Avery County include residents who are low income, minorities, who are un- or under-insured, who smoke, who abuse substances, are obese/overweight, who are sedentary, do not eat the recommended servings of fruits and vegetables, etc.
- The **vulnerable** are community members that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Examples of vulnerable populations in Avery County include residents living below poverty level, residents using WIC/FNS services, older adults, etc.

CHAPTER 2 – AVERY COUNTY

Location, Geography, and History of Avery County

Avery County is located in the High County region of Western North Carolina, bordered by Tennessee and Mitchell, McDowell, Burke, Caldwell, and Watauga Counties. Its population of 17,643 is spread out across a land area of 247 square miles.



Approximately half of Avery County lies within the Pisgah National Forest and the county's mountainous terrain is a primary feature of the significant local tourism industry. Grandfather Mountain and Linville Caverns draw thousands of visitors a year, while Beech Mountain and Sugar Mountain are popular with skiers. Grandfather Mountain is the highest peak in the Blue Ridge Mountains at 5,964 feet. The Linn Cove Viaduct, a lengthy curved bridge near Grandfather Mountain, is a marvel of engineering and a common sight in photos of the NC mountains. Popular annual attractions include the Grandfather Mountain Highland Games & Gathering of Scottish Clans, Banner Elk Art Festival, and the Beech Mountain Storytelling and Crafts Festival.

Banner Elk is home to Lees-McRae College, a small private college established in 1900. Crossnore, Elk Park, and Linville are other notable communities in Avery County. The county seat of Newland lies at an elevation of 3,589 feet, making it the highest county seat in the eastern United States.

While tourism is an important local industry, Avery County also produces lumber, tobacco, potatoes, beef cattle, and Fraser fir Christmas trees. Mining in the county produces kaolin, mica, iron and feldspar (NCPedia, 2021).

Avery County was the 100th county in the state to be created, in 1911, and is named after Colonel Waightstill Avery, an officer in the Revolutionary War and the first Attorney General of North Carolina. Before German, Scotch-Irish, and British settlers moved to the area, the territory that became Avery County was home to the Cherokee Indians. Newland was named after William Calhoun Newland, Lieutenant Governor of NC at the time of the county's formation (NC History Project, 2021).

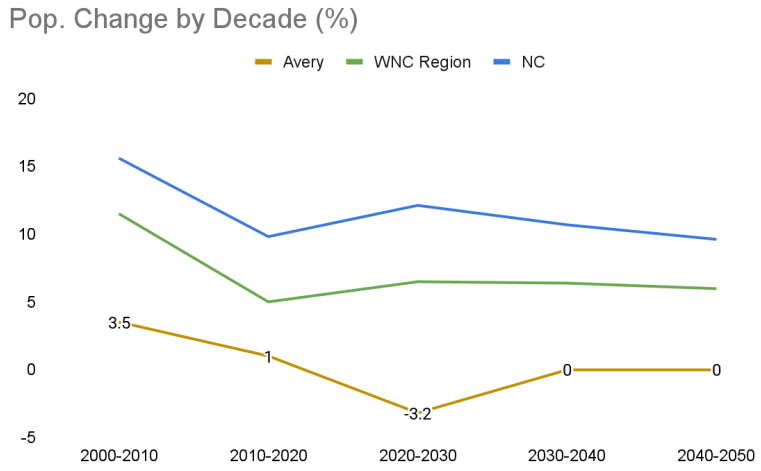
POPULATION

The 2023 American Community Survey (ACS) estimated the population of Avery County at 17,643 residents, lower than the 2020 Decennial Census count of 17,806. Unlike most locations across the WNC Region, Avery County is home to a higher proportion of males than females.

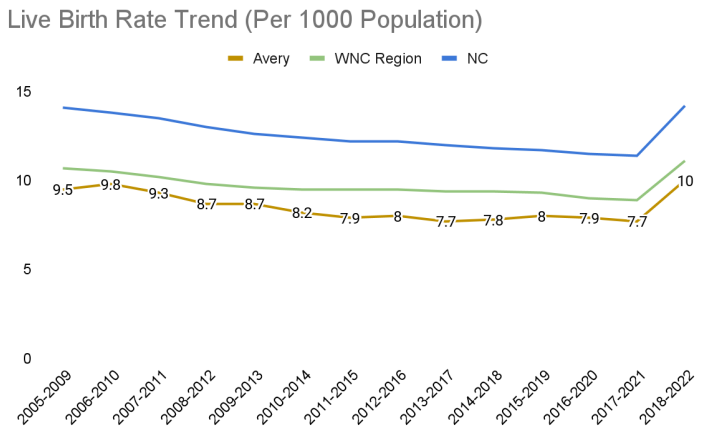
Population Distribution (2023)	Total Population	% Male	% Female	Median Age
Avery County	17,643	54.6	45.4	46.5
WNC Region	817,127	48.7	51.3	44.9
North Carolina	10,835,491	49.0	51.0	39.4

Population Change

According to the most recent estimates from the NC Office of State Budget and Management, Avery County is projected to see a plateau or decrease in population, unlike the WNC Region or NC between 2020 and 2050. Projections indicate the population is expected to decline at a slow rate in the coming decades, by 2050 the county population could approach 17,558.



The birth rate in Avery County has not changed significantly in many years. Between 2018 and 2022, an average of 142.2 people were born each year in the county (NC SCHS, Vital Statistics, 2022). Geographic mobility data indicates that 10.5% of the population moved to Avery County from another county, state, or country in 2023, which is higher compared to other counties in the Toe River Health District (6%) as well as the WNC Region (Census Bureau, ACS, 2023).

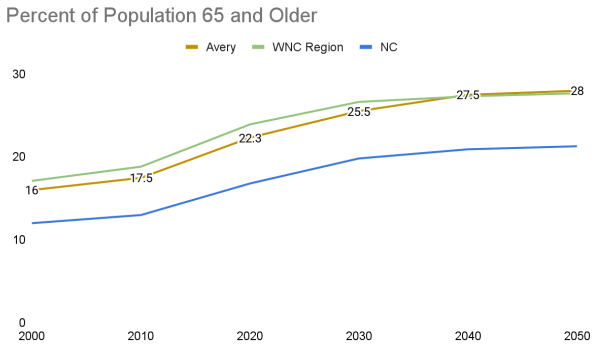


Age

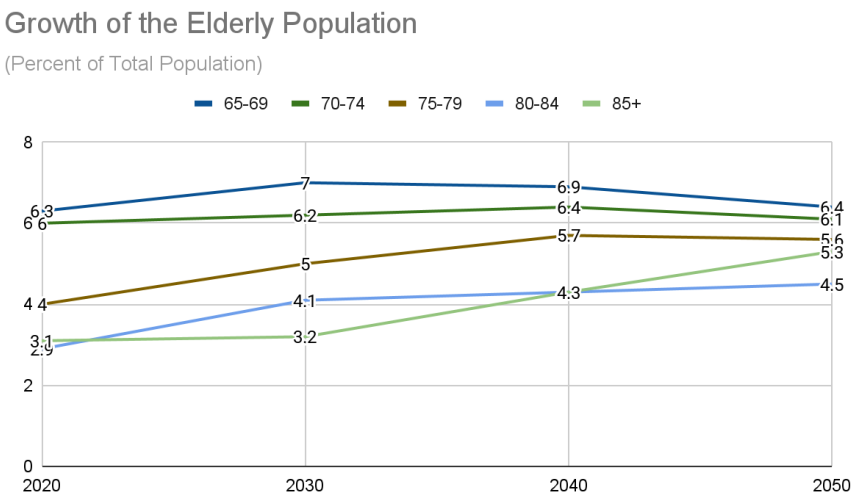
The median age of Avery County's residents was 46.5 in 2023, 7.1 years older than the NC median age of 39.4 and 1.6 years younger than the WNC Region as a whole (44.9). Compared to NC, Avery County is home to a larger proportion of seniors: 23% of the county was age 65 or older in 2023. There are 161 more elderly women than elderly men in Avery County (Census Bureau, ACS, 2023).

Age Distribution (2023)	Age Under 5	Age 5-19	Age 20-64	Age 65 & Older
Avery County	3.8%	14.5%	58.5%	23%
WNC Region	4.5%	16.0%	55.9%	23.6%
North Carolina	5.5%	18.7%	58.1%	17.7%

Much like the projections for NC and the WNC Region as a whole, the proportion of the population over the age of 65 in Avery County is projected to increase between 2020 and 2050, from around 22% to around 28%, or from an estimated 4,011 individuals to a projected 4,882 in 2050.



Seniors will remain a critical component of the Avery County population, with the proportion of adults in most age groups presented in the table below projected to increase through at least 2050. Note that the oldest group, those aged 85 and older, is expected to more than double by 2050 (from 400 to 871) (NC OSBM, County Projections, 2024). The oldest adults can face unique challenges such as increased risk of falls, different patterns of health care utilization, more demanding and complicated long-term care needs, as well as transportation and mobility issues.



Racial and Ethnic Diversity

Compared to the WNC region and to North Carolina, Avery County is less racially diverse. As of the 2023 ACS estimates, 88.4% of the county population was white and 11.6% was non-white. Across the WNC Region, 91.1% of the population was white and 8.9% was non-white; nearly 61.4% of NC was white and 38.6% was non-white. Approximately 5.7% of the Avery County population identifies as ethnically Hispanic or Latino, a lower proportion compared to WNC and NC averages (Census Bureau, ACS, 2023).

Population Distribution By Race/Ethnicity (2023)	White	Black/ African American	American Indian or Alaskan Native	Asian/ Native Hawaiian	Other Race	Two or More Races	Hispanic or Latino (of any race)
Avery County	88.4%	4.2%	0.2%	0.5%	2.9%	3.7%	5.7%
WNC Region	91.1%	4.1%	1.3%	1.2%	2.2%	4.6%	6.6%
North Carolina	61.4%	20.1%	1.0%	3.3%	5.7%	8.3%	11.4%

Other Populations of Note

An average of 5.0% of Avery County individuals five years or older, around 852, spoke a language other than English at home in 2023. A reported 1.9% or 329 individuals speak English less than "very well." An estimated 341 households (5.2%) in Avery County speak a language other than English. Spanish was the most common language spoken and 26.9% of these Spanish-speaking households would be considered limited-English speaking households (Census Bureau, ACS, 2023).

Avery County was home to 1,053 veterans in 2022; 98.4% of them were male and 53.9% were over the age of 65 (Census Bureau, ACS, 2023).

According to the 2023 ACS, an estimated 18.1% of the Avery County civilian noninstitutionalized population was living with a disability, higher than the WNC Region (17.5%) or North Carolina (13.4%). Ambulatory difficulties were most common (9.0% of the population) followed by hearing difficulties

(6.8%). Approximately 5.5% of the county population had a cognitive difficulty and 4.7% had an independent living difficulty; 3.3% had a vision difficulty and 2.1% had a self-care difficulty (Census Bureau, ACS, 2023).

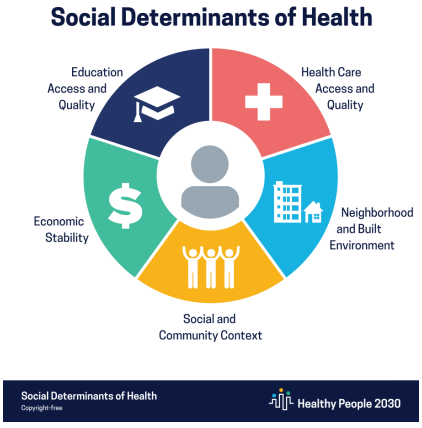
CHAPTER 3 – SOCIAL & ECONOMIC FACTORS

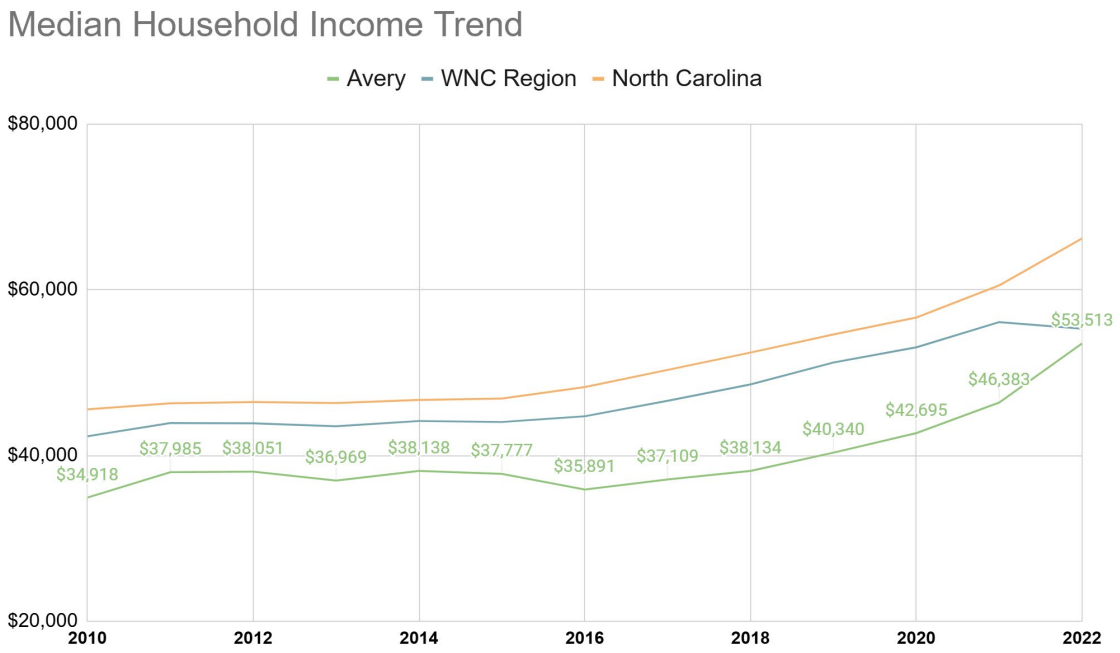
As described by Healthy People 2030, economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context are five important domains of social determinants of health. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Office of Disease Prevention and Health Promotion, 2020).

INCOME & POVERTY

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

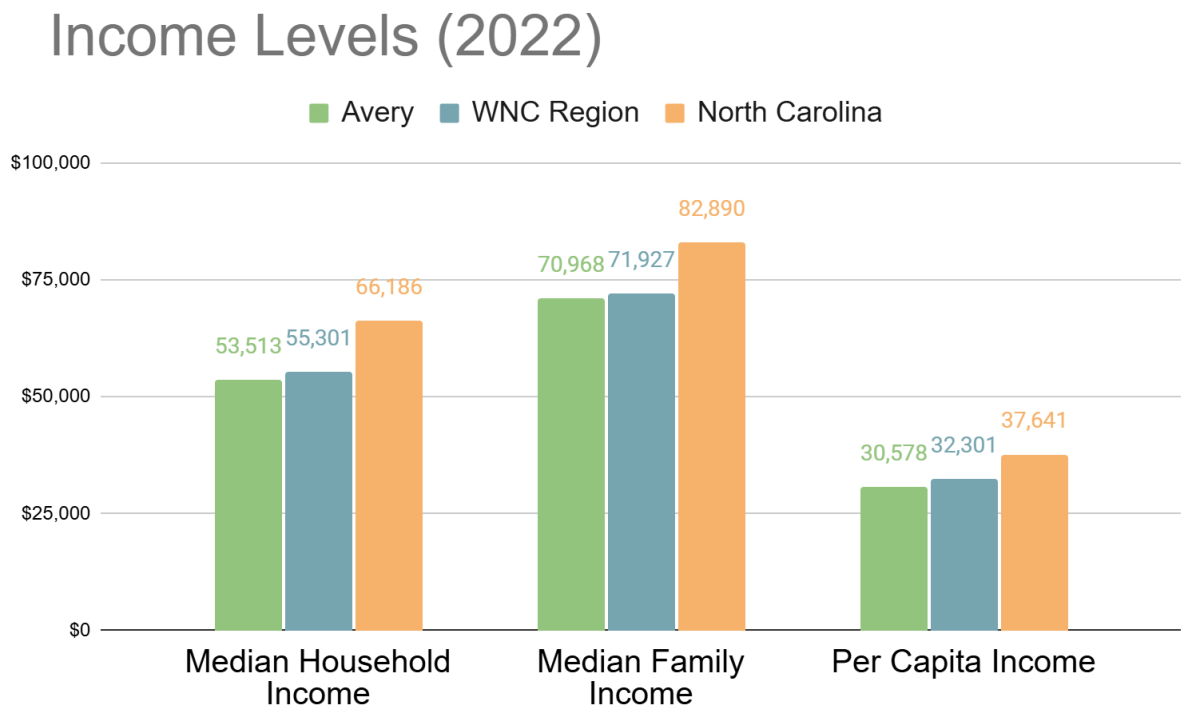
Between 2018 and 2022, the median household income in Avery County rose from $38,134 to $53,513. However, the median household income among residents of Avery County remains more than $12,000 lower than the state average in 2022.





The median family income also rose between 2018 and 2022, from $48,229 to $70,968, though the Avery County median remains nearly $12,000 lower compared to the median family income in NC.

Per capita income in Avery County fell from $21,598 in 2013 to $20,253 in 2018, then rose to $30,578 in 2022 and remains lower compared to both NC and the WNC Region (Census Bureau, ACS, 2023).



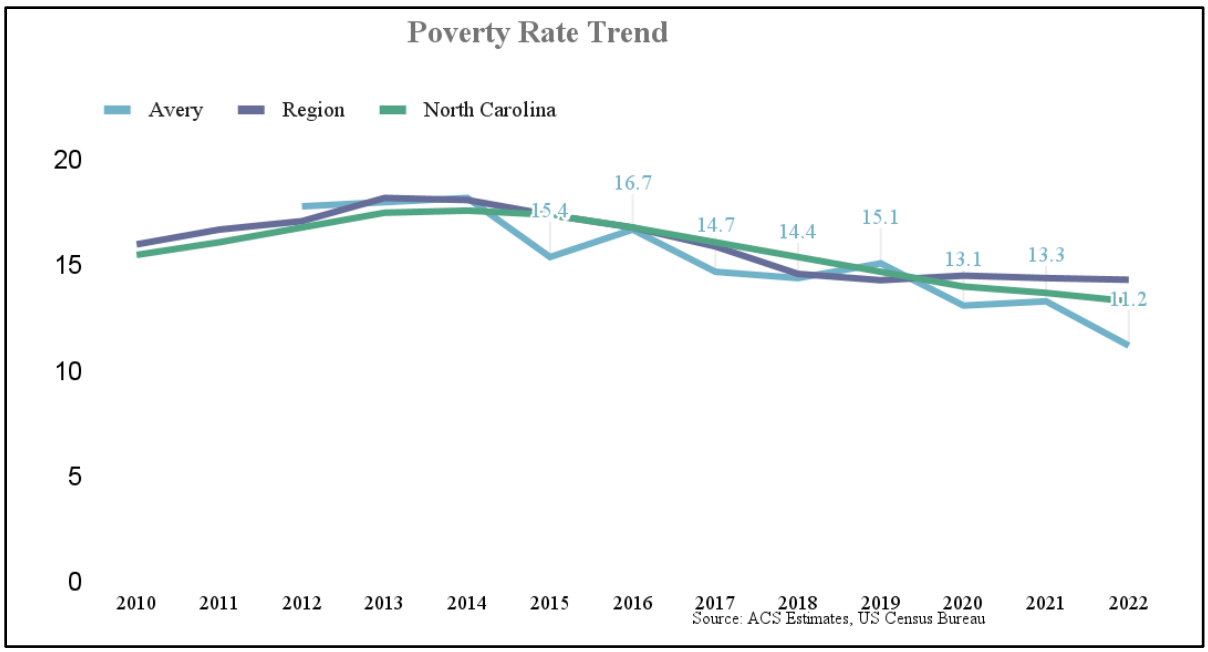
While the minimum wage in North Carolina is $7.25 an hour, according to the MIT Living Wage Calculator, the living wage of a single adult in Avery County is $19.96. MIT defines the living wage as the hourly rate that an individual in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year. Below are three charts from the Living Wage Calculator showing estimates for 12 family types, with varying numbers of adults and children, including the living wage and the poverty wage (the wage that equates to the poverty line) (MIT Living Wage, 2025).

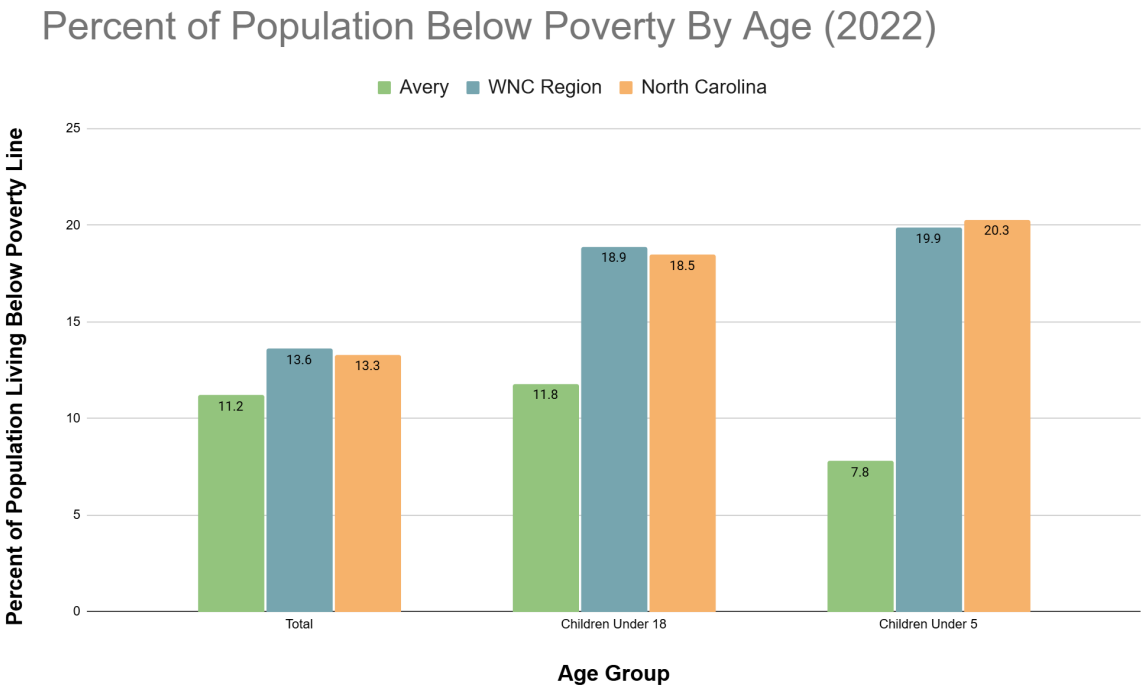
	One Adult			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$19.96	$33.94	$41.69	$50.15
Poverty Wage	$7.52	$10.17	$12.81	$15.46

	Two Adults (One Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$28.20	$34.15	$37.93	$42.59
Poverty Wage	$10.17	$12.81	$15.46	$18.10

	Two Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	$14.10	$19.53	$23.62	$26.95
Poverty Wage	$5.08	$6.41	$7.73	$9.05

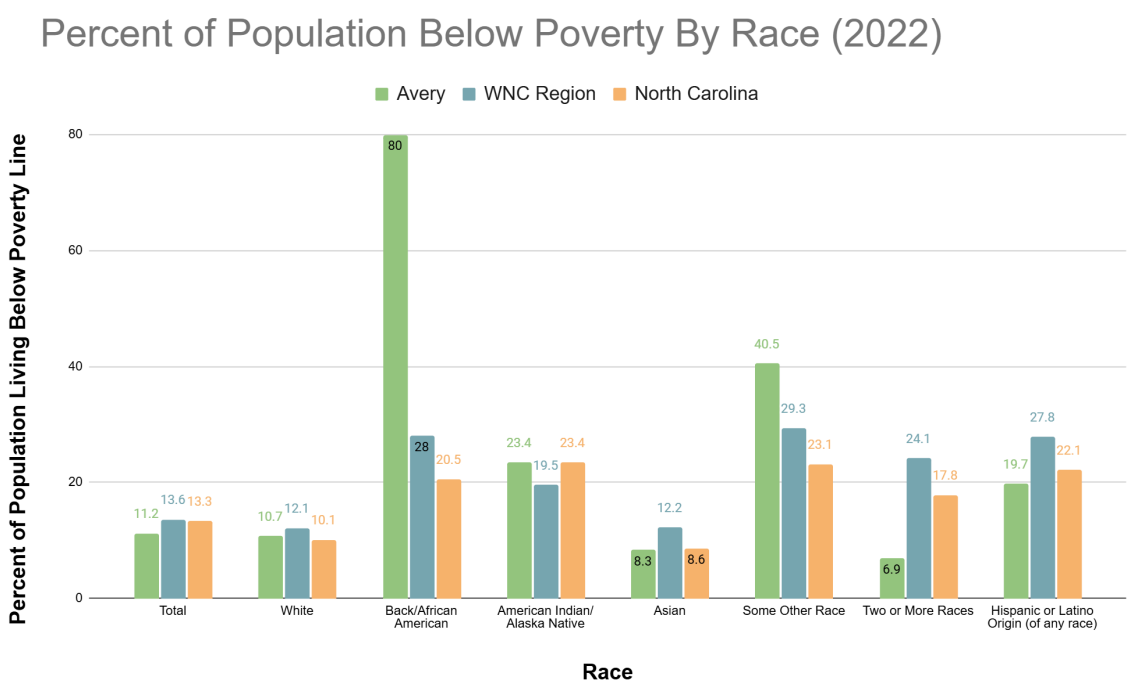
The poverty rate in Avery County in 2022 was 11.2% (representing more than 1,600 individuals), compared to a WNC regional average of 14.3% and a NC total of 13.3%.



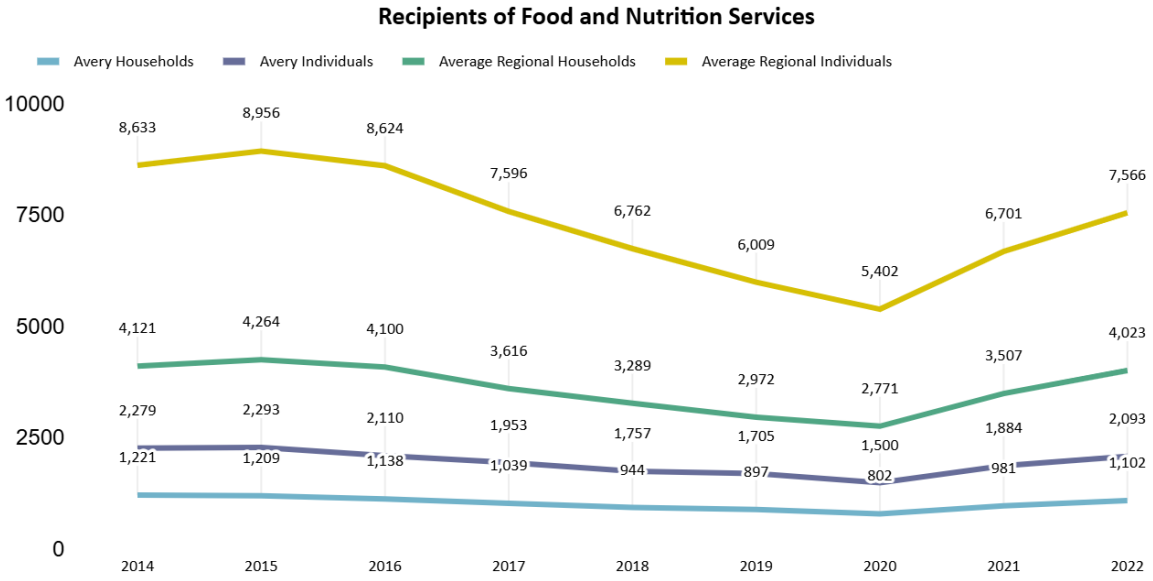


Across the state and the WNC Region, children, particularly those under the age of 5, are more likely to live in poverty. In Avery County, 11.8% of children under 18 live below the federal poverty line, compared to 18.7% in the region and 18.5% in NC. Among children under 5, 7.5% were living in poverty in Avery County, compared to 19.9% in WNC and 20.3% in NC in 2022.

While the poverty rates among non-white residents are based on small numbers, it's important to note that BIPOC individuals in Avery County are more likely than white individuals to live below the poverty line. In 2022, approximately 80.0% of Black/African American residents, 23.4% of AIAN residents, 40.5% of individuals identifying as some other race, and 19.7% of Hispanic residents of Avery County lived below the poverty line (Census Bureau, ACS, 2023).



As of January 2025, 1,016 Avery County households comprised of 1,960 individuals (approximately 11.1% of the county population) were receiving Food and Nutrition Services (FNS) benefits. Children under the age of 18 comprised 32.4% of the Avery County individuals receiving FNS in January 2025 (UNC-CH, Management Assistance, 2025).



School children who are determined to be "needy" (often referred to by school systems as Economically Disadvantaged) qualify to receive free- and reduced-cost school meals. In Avery County, 55% of students in SY18-19 and SY19-20 were determined to be needy, similar to the WNC Region (55%) and lower than NC (58%) (NC Department of Public Instruction, Child Nutrition Division, 2021).

In the 2024 Community Health Survey, 27.3% of respondents in Avery County reported they did not have cash on hand to cover a $400 emergency expense. In this instance, cash refers to being able to pay with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

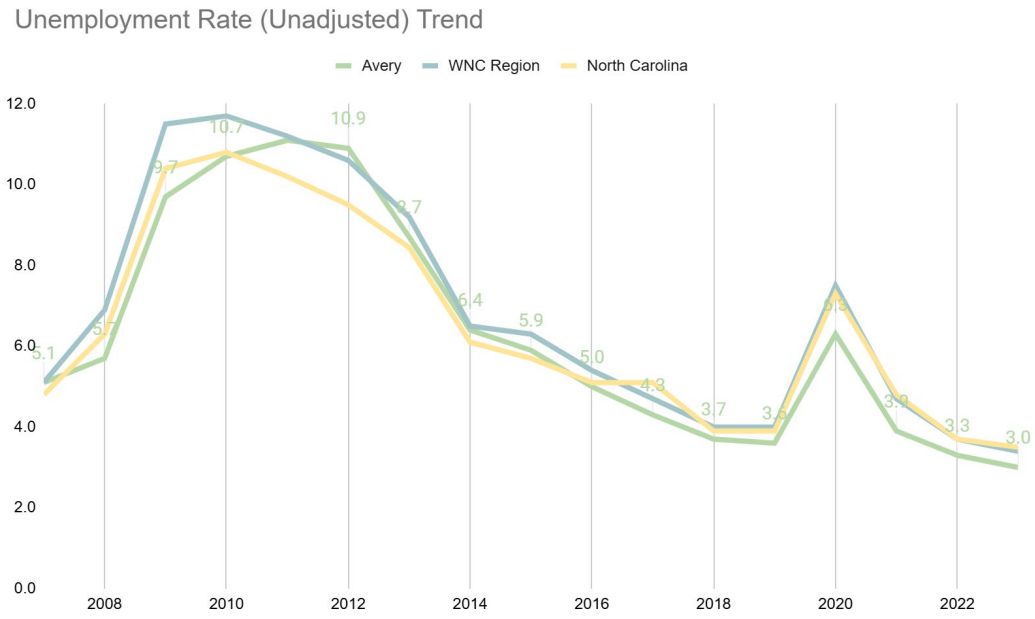
EMPLOYMENT

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

Accommodation & Food Services was the largest employment sector in Avery County in 2023, employing 14.40% of the workforce. The average weekly wage in this sector was $513 in Avery County, higher compared to $468 in the WNC Region and the average $469 in North Carolina. Accommodation & Food Services was reported to be the lowest-paying sector in the county, region, and state of North Carolina in 2023.

Retail Trade was the second largest employment sector in 2023 (13.02%) and paid an average weekly wage of $563 in Avery County, lower than the WNC Region ($624) and NC ($739). Retail Trade is typically one of the lowest wage-earning employment sectors, with unpredictable hours and often lacking employment benefits.

Arts, Entertainment, and Recreation was the third largest employment sector in Avery County in 2023, employing 12.72% of the workforce, slightly higher than the fourth largest sector, Public Administration (12.65%). The Art, Entertainment, and Recreation sector in Avery County pays a higher average weekly wage ($785) compared to the WNC Region ($638) and NC ($770) (NC Department of Commerce, Quarterly Census Employment and Wages, 2024).



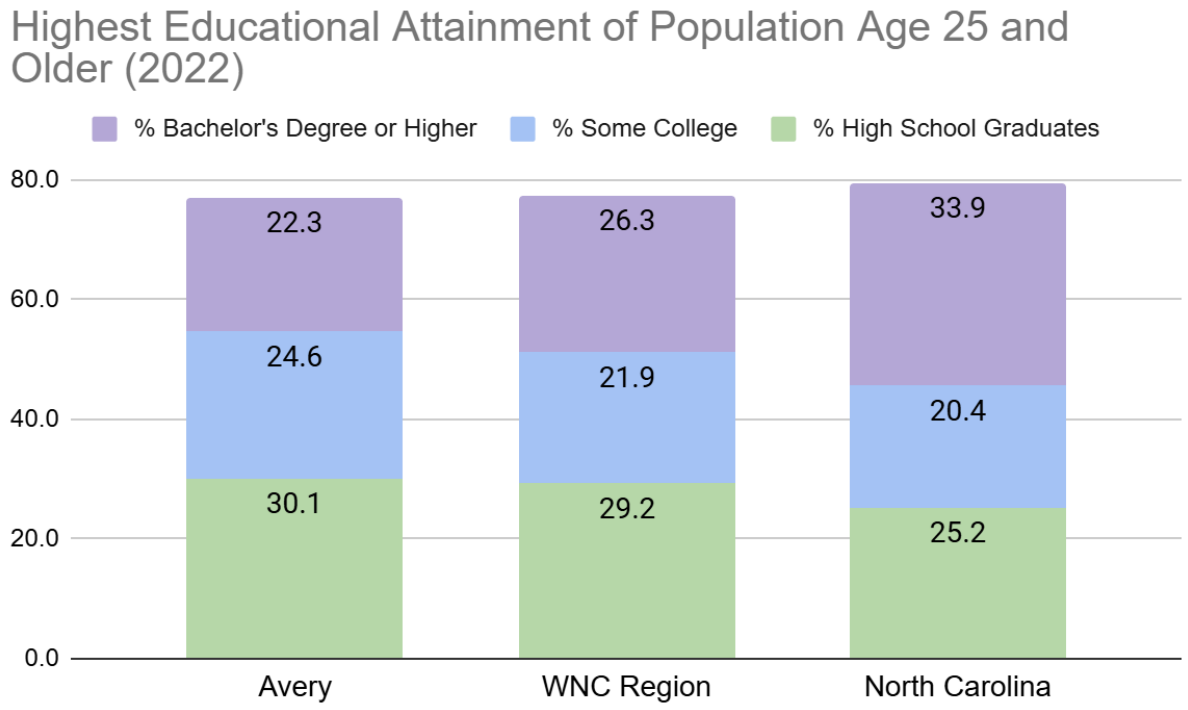
The unemployment rate in Avery County follows the same general pattern as the WNC Region and the state of North Carolina, though the Avery County rate was lower than the comparators in 2016 through 2023.

There was an abrupt rise in the unemployment rate in 2020 to 6.3% due to the COVID pandemic. When monthly unemployment rates from January 2020 through March 2021 are examined, Avery County experienced the same dramatic increase in unemployment rates seen across the state and nation in April and May of 2020 (NC Department of Commerce, Local Area Unemployment Statistics, 2021). The rates have since fallen, and in 2023, the rates were lower than pre-pandemic levels.

EDUCATION

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

Higher levels of education can lead to a greater sense of control over one's life, which is linked to better health, healthier lifestyle decisions, and fewer chronic conditions. Perhaps the greatest evidence for continuing education is connected to lifespan – on average, college graduates live nine more years than high school dropouts. These benefits of education trickle down to children as well: children whose mothers graduate from college are twice as likely to live past their first birthday, have decreased risk of cognitive development, decreased risk of tobacco and drug use, and lower risk of many chronic conditions (CDC, CDC Community Health Improvement Navigator, 2015).

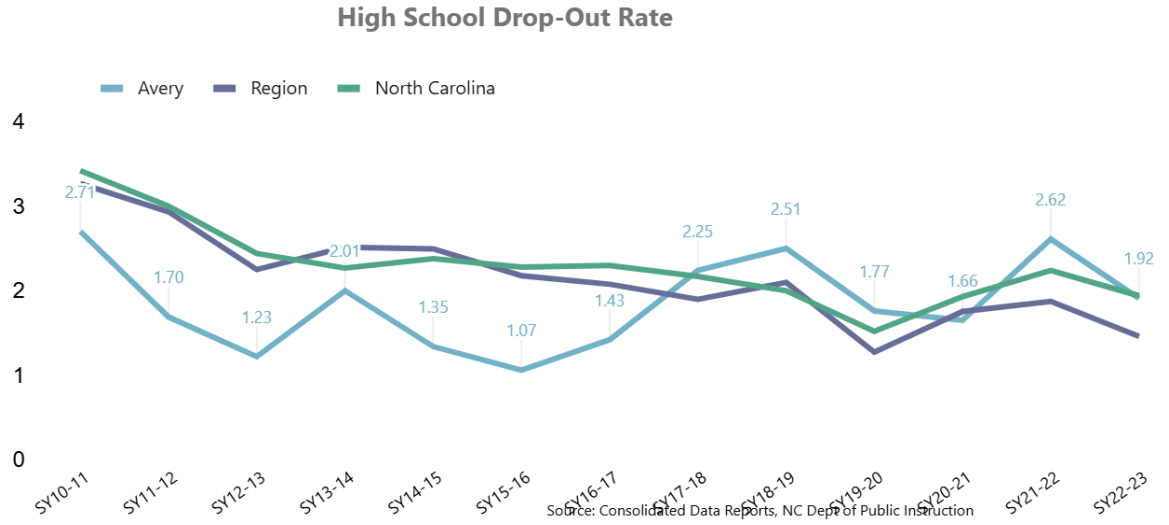


Approximately 30.1% of the Avery County residents aged 25 or older attained only a high school education, the higher compared to the WNC Region in North Carolina. A higher proportion of Avery

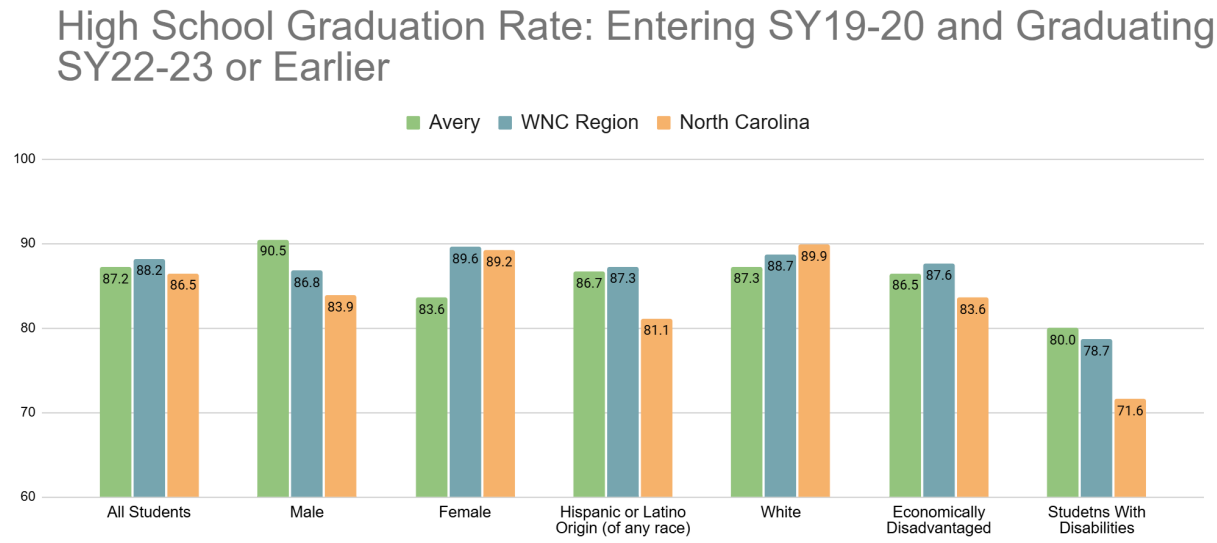
County adults had attended some college but not completed a degree program (24.6%). Over 22% of AveryCounty adults aged 25 and older had received a bachelor's degree or higher, lower to 26.3% across the WNC Region and 33.9% statewide (Census Bureau, ACS, 2023).

Eleven schools within the Avery County School system served 1,858 students in SY2022- 2023: five elementary schools, two middle schools, one high school, and three combined schools (one 6-12 school and two K-12 schools).

Avery County high school drop-out rates have been lower compared to WNC and NC over the period shown in the chart below until SY2017- 2018, and then have been generally higher than WNC and NC. (NC Department of Public Instruction, Dropout and Discipline Data, 2024).



Compared to the WNC Region, Avery County demonstrated similar graduation rates for all students and males, with 87.2% of students who entered in SY2019- 2020 graduating within four years. Females were less likely than males to graduate in Avery County and had lower graduation rates compared to WNC and NC. A higher proportion of students with disabilities graduated from Avery County schools compared to the WNC Region and NC (NC Department of Public Instruction, Cohort Graduation Rates, 2024).



In the SY2022- 2023, Avery County had 62.5% of students who were proficient or above in math, higher compared to the WNC Region (54.0%) and NC (60.4%). Approximately 55.3% of students were proficient or above in reading, higher compared to the WNC Region (52.1%) and lower than the NC average of 72.9%.

For every 100 students, Avery County reported 4.18 short-term suspensions, lower compared to the WNC Region (10.0) and NC (16.46). One student was suspended long-term, and no students were expelled from school in the SY22-23.

DISCRIMINATION & RACISM

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

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

As discussed in Chapter 2, 11.6% of the Avery County population was non-white, and 5.7% identified as Hispanic/Latinx in 2022. Among Avery County respondents to the 2024 Community Health Survey, 18.1% disagreed or strongly disagreed that the community was a welcoming place for people of all races and ethnicities, higher compared to the WNC Region (17.5%).

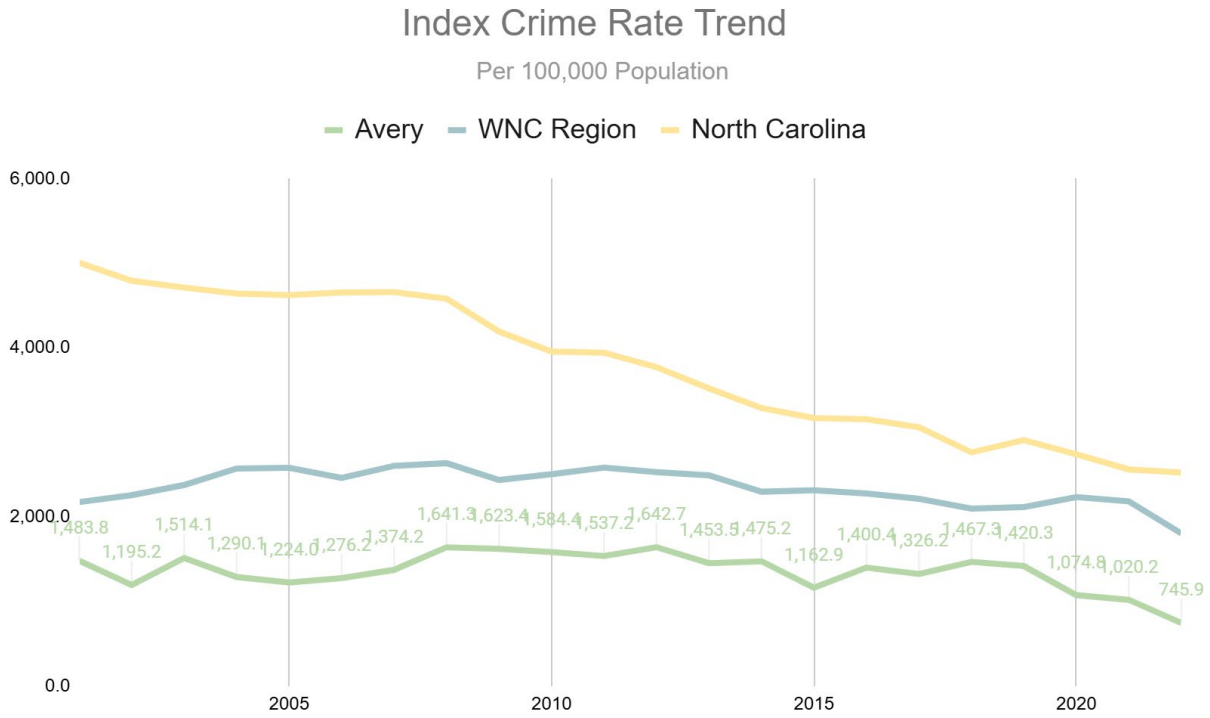
In the 2024 Community Health Survey, approximately 6.3% of Avery County respondents reported being threatened or harassed in the past year due to their race often or sometimes (note that 10.5% of the Avery County survey sample identified as non-white). When asked if they had been discriminated against due to their race or ethnicity, 3.4% of Avery County respondents had been treated unfairly, often or sometimes at school in their lifetime, and 3.8% had been treated unfairly when getting medical care in the past year (WNC Health Network, 2024). In 2021, more than 35% of Avery County respondents said they were often or sometimes criticized for their accent, higher compared to the WNC Region (WNC Health Network, 2021).

Often or Sometimes Experienced Discrimination Due to Race or Ethnicity	Harassed or Threatened	Treated Unfairly at School	Treated Unfairly when Receiving Medical Care	Criticized for Accent
Avery County	6.3%	3.4%	3.8%	35.9%
WNC	7.5%	3.8%	7.3%	29.5%

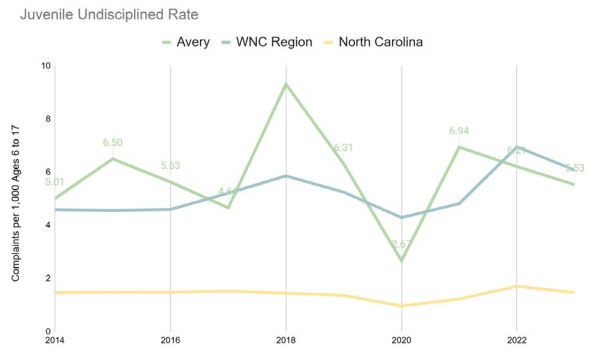
COMMUNITY SAFETY

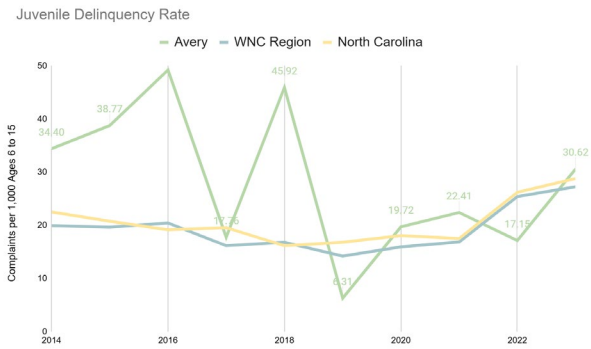
"Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways" (County Health Rankings, 2024).

According to the Uniform Crime Reporting system managed by the State Bureau of Investigation, the index crime rates in Avery County were significantly lower compared to the WNC Region and the state since at least 2001. Property and violent crime rates were also lower at the county level compared to the region and NC. In 2022, the most recent year for which county-level statistics are available, there were a total of 135 criminal offenses in Avery County; aggravated assault was the most common violent crime and larceny (theft of property without the use of force) was the most common property crime (NC State Bureau of Investigation, 2024).



Between 2014 and 2023, an average of 60 complaints of juvenile offenses were processed each year by the Juvenile Crime Prevention Council in Avery County. The juvenile undisciplined rate in Avery County has decreased from a high point of 9.31 in 2018 to 2.67 in 2020, although it remained higher compared to the WNC Region and NC over most of the period shown, as shown below. The rate rose back up in 2021 and was 5.53 in 2023. Avery County's juvenile delinquency rate is variable but was generally higher than NC and the WNC Region from 2014, only dipping below both the WNC Region and NC averages in 2019 and 2022. A juvenile is determined to be undisciplined if they committed offenses that would not be crimes if committed by adults (truancy, running away from home, ungovernable, or regularly found where it is unlawful for juveniles to be). A juvenile delinquent is any juvenile between 6 and 15 who commits an offense that would be a crime under state or local law if committed by an adult (NC Department of Public Safety, Juvenile Crime Prevention Councils, 2024).





In FY2022-2023, Oasis Inc. of Avery County, the NC Council for Women-funded domestic violence and sexual assault agency, served 5 sexual assault clients (rape was the most common type of assault reported) and 80 domestic violence clients. The shelter operated by this agency was full for 162 days during FY22- 23. Between 2010 and 2023, there were five domestic violence-related homicides in Avery County (NC Department of Administration, Council for Women, 2023).

The number of investigated and substantiated reports of child abuse in Avery County varies yearly, with no clear pattern. In FY22-23, 83 children were investigated for reported abuse or neglect, and 3 were substantiated (2 cases of abuse and neglect, 1 case of abuse and neglect, 2 cases of neglect), and 4 were unsubstantiated. In FY22- 23, 17 children entered child welfare custody in Avery County, the same number as FY21- 22. Compared to the state of North Carolina, Avery County has placed a higher proportion of children in foster homes. Placement with a relative is the second most common placement in Avery County (UNC-CH, Management Assistance, 2024).

HOUSING & TRANSPORTATION

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

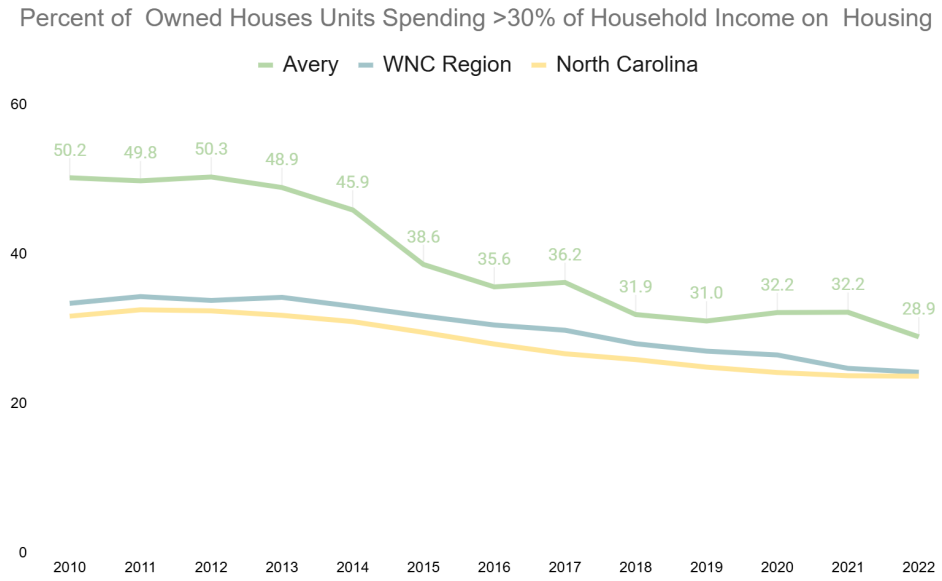
"Transportation decisions affect everyone, by influencing where they live, how they can get to work and school, whether they can easily access health and other essential services, how they socialize with family members and friends, and ultimately if they can thrive in a physical environment that supports healthy outcomes" (Atherton et al., 2024)

As of 2022, there were 14,051 housing units in Avery County: 46.7% were occupied and 53.3% were vacant, higher compared to NC, where 14% of housing units were vacant in 2019. Compared to North Carolina as a whole, Avery County residents are more likely to be homeowners. Three-quarters of occupied Avery County housing units were owner-occupied in 2019, and 25% were renter-occupied. Statewide, 35% of occupied housing units were renter-occupied (Census Bureau, ACS, 2021; Census Bureau, ACS, 2023).

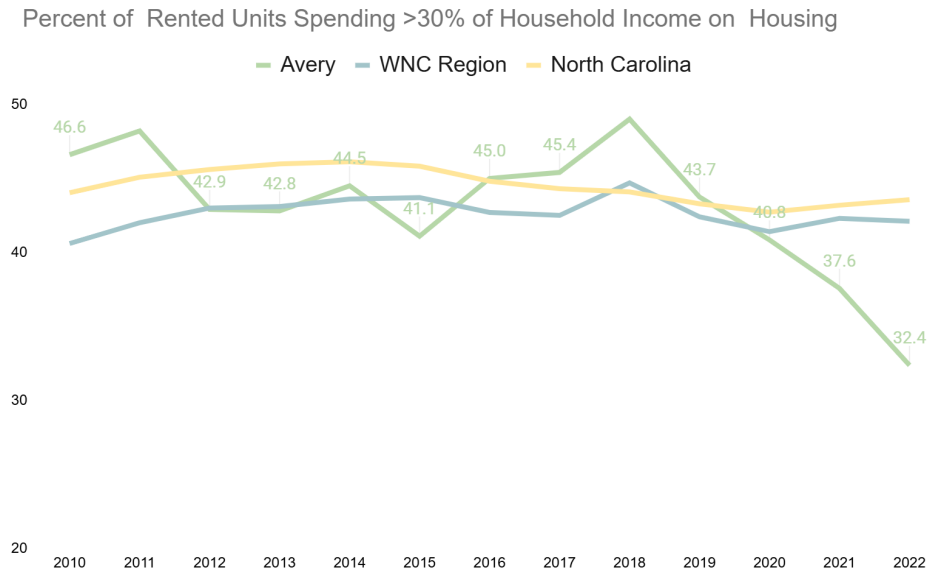
Housing Affordability

As of 2022, the median monthly costs for Avery County homeowners are $1,174, the highest it has been in the recorded data dating back to 2010. Median monthly costs averaged $1,262 across the WNC Region and $1,444 in NC in 2022. The percentage of homeowners spending more than 30% of their household income on housing costs declined overall from a high point of 50.3% in 2012 to 28.9% in 2022. In 2022,

9.1% of Avery County homeowners spent more than 50% of their household income on housing costs, slightly lower than WNC (9.9%) and NC (9.5%).



The median gross rent for rented housing units in Avery County increased from $677 in 2010 to $811 in 2022, lower than the WNC regional average of $822 and the NC average of $1,093. The percentage of renters spending more than 30% of their income on housing is quite variable in Avery County, though it has decreased in recent years from a high of 49.0% in 2018 to 32.4% in 2022. In 2022, 14.1% of renters in Avery County spent more than half of their household income on rent, lower compared to WNC (19.7%) and NC (20.8%) (Census Bureau, ACS, 2023). In 2024, 23 families faced foreclosure in Avery County, and 30 families were facing eviction (NC Housing Coalition, 2024).

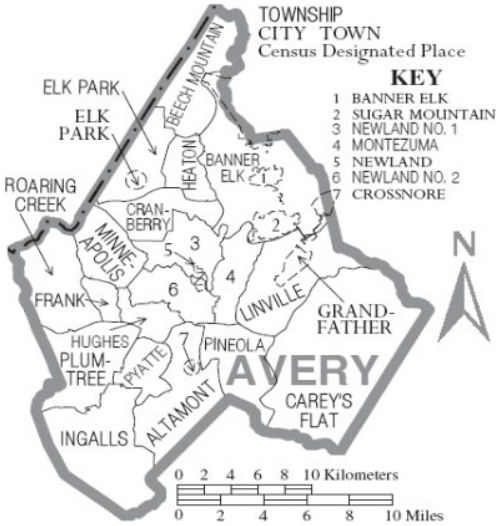


Housing Adequacy

Across Avery County in 2022, 17.1% of the occupied housing units were mobile homes; statewide, mobile homes comprised 13% of housing units. About 17.6% of Avery County housing was built before 1960, and 36.5% of units rely on fuel oil, kerosene, coal, coke, or other fuels for heating. Approximately 1.2% of housing units lacked telephone services, and 4.5% had no vehicle available.

When examining Avery County housing units at the township level:

- Carey's Flat had the highest proportion of mobile homes (69.7%).
- Montezuma had the highest proportion of houses built before 1960 (51.6%).
- The highest proportion of housing units with no vehicle access (18.2%) was in Newland No.2.
- Carey's Flat had the highest proportion of housing units with no telephone service (69.7%) and housing units using fuel oil, kerosene, coal, or other fuels (69.7%).
- Newland No. 2 had the highest proportion of housing units with no heating fuel (1.4%) (Census Bureau, ACS, 2023).



Over 15% of Avery County respondents to the 2024 Community Health Survey reported a time in the past year when their home was without electricity, heating, or water, and 13.3% reported living in unhealthy or unsafe housing conditions in the past year. More than 35% of respondents always, usually, or sometimes worried about paying their rent or mortgage, similar to the WNC average. Approximately 9.2% of Avery County respondents had experienced a housing emergency that necessitated living with a friend or relative in the past three years; 3.1% had lived on the street, in their car, or in a temporary shelter at some point in the past three years (WNC Health Network, 2024).

	"Always/Usually/Sometimes" Worried About Paying Rent/ Mortgage in the Past	Unhealthy or Unsafe Housing Conditions in the Past Year	Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating	Have Had to Live with a Friend/Relative in the Past Three Years Due to a Housing Emergency	Lived on the Street, in a Car, or a Temporary Shelter in the Past Three Years
Avery	35.4%	13.3%	15.5%	9.2%	3.1%
Western NC	36.7%	17.3%	13.55%	12.7%	5.4%
United States	45.8%	16.4%	-	-	-

Vehicle & Internet Access

According to 2022 estimates, 4.5% of Avery County occupied housing units (rented and owned) did not have access to a vehicle. Rented units are more likely than owned units to lack vehicle access: 13.3% of rented housing units did not have access to a vehicle compared to 2.1% of owned units. While senior citizens are more likely than younger age groups to lack vehicle access in the WNC Region, 43.4% of the households with no vehicle access have householders aged 35-64, compared to 34.1% of the households with no vehicle access that had householders aged 65 and older.

Avery, Mitchell, and Yancey County respondents to the Community Health Survey were asked how often they had trouble finding transportation to the places they wanted to go: always, usually, sometimes, seldom, or never. Most Avery County respondents (77.6%) never had difficulty finding transportation; 13.3% seldom found it difficult; 9.2% sometimes, usually, or always found it difficult to find transportation (WNC Health Network, 2021).

In 2022, in Avery County, driving alone to work was the most common means of transportation to work (80.2%), with carpooling being the second highest (7.7%). Only 7.2% of workers 16 and over worked from home in Mitchell County, lower compared to the WNC Region (7.5%) and NC (12.4%). While the majority of Avery County residents worked within the county, 21.2% worked outside of the county of residence, lower than the WNC Region (26.5%) and NC (25.2%). Approximately 1.6% of Avery County workers 16 and over worked outside of NC and 2.3% of the workers in Avery County did not have a car available (US Census Bureau, 2024).

Approximately 8.3% of Avery County households did not have a computer in 2022, which is lower compared to the WNC Region (11.3%) and higher compared to NC (6.9%). Just over eighteen percent of Avery County households did not have an internet subscription, higher than NC (12.9%) and lower compared to the WNC Region (19.2%) in 2022. About 13.8% of Avery County households relied on a smartphone as their only computing device in 2022; 11.4% used only their cellular data plan for internet access, similar to WNC (11.5%) and slightly higher than NC (10.2%) (Census Bureau, ACS, 2023).

FOOD SECURITY

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

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

According to Feeding America, 15.1% of the Avery County population was food insecure in 2023; 17.5% of children were food insecure. Despite projected increases in food insecurity in 2019, rates of food insecurity have decreased from 16% of adults and 19.5% of children in 2019 (Feeding America, 2025).

Participants in the 2024 Community Health Surveys were asked if they ran out of food at least once in the past year and if they were worried about running out of food in the past year. Those who said yes to either question were classified as food insecure. Avery County demonstrated a lower percentage of food insecurity (26.8%) compared to WNC (28.6%) and the US (43.3%) (WNC Health Network, 2024).

While the data available from the US Department of Agriculture's Food Environment Atlas is not particularly recent, it provides standardized information that can be tracked over time. Avery County had 1 farmers market in 2018, the same as in 2013. The number of grocery stores decreased from 5 in 2011 to 4 in 2016: there are three large-chain grocery stores in Avery County (an Ingles in Newland, a Food Lion and a Lowes Foods in Banner Elk). As of 2015, nearly 4.5% of Avery County households had no car and low access (more than 1 mile distant) to a grocery store. In contrast to the grocery stores, fast food restaurants appear more abundant in Avery County: there were 12 fast food establishments in 2011 and in 2016. When participants in the 2024 Community Health Survey were asked about their vegetable/fruit consumption, only 4% of respondents reported consuming five or more servings of fruit/ vegetables per day, a decrease from the 7.1% in the 2021 Community Health Survey.

FAMILY & SOCIAL SUPPORT

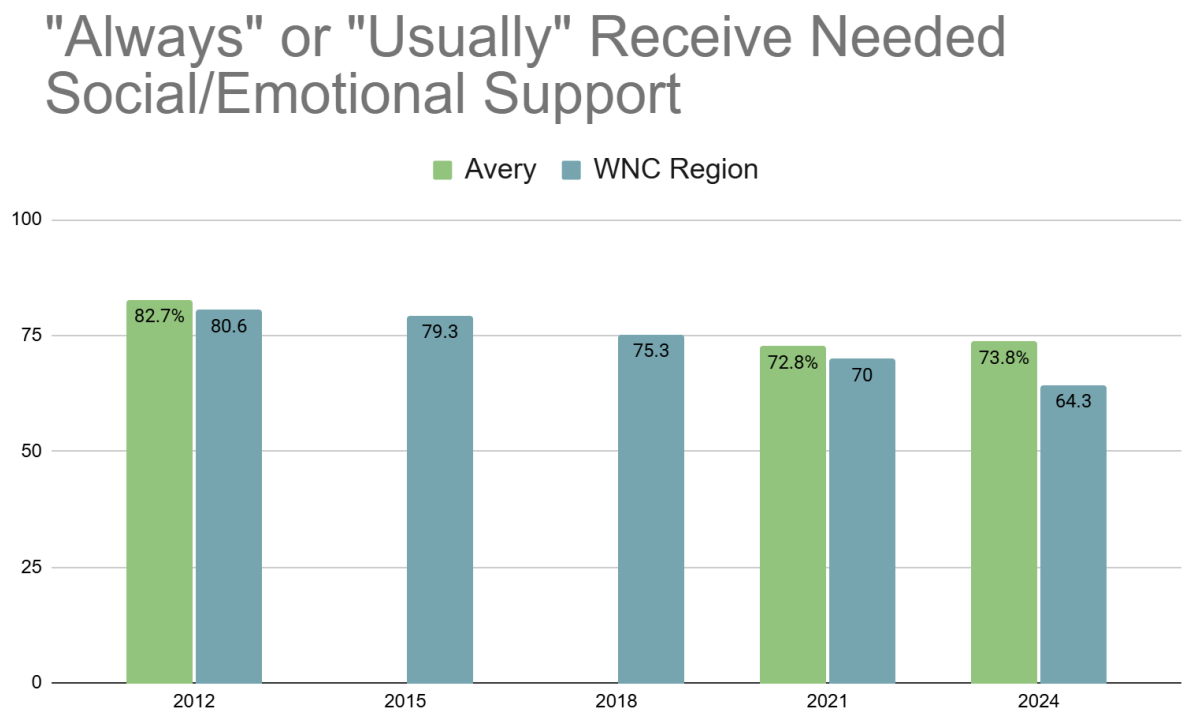
"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County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

Among the 6,481 households in Avery County in 2022, 40.9% were householders living with no spouse/partner present, 55.4% were married-couple families, and 3.6% were cohabiting couple households. Of the total households, 28.2% were householders living alone. Approximately 4.8% of households in the county were comprised of single parents with children under 18.

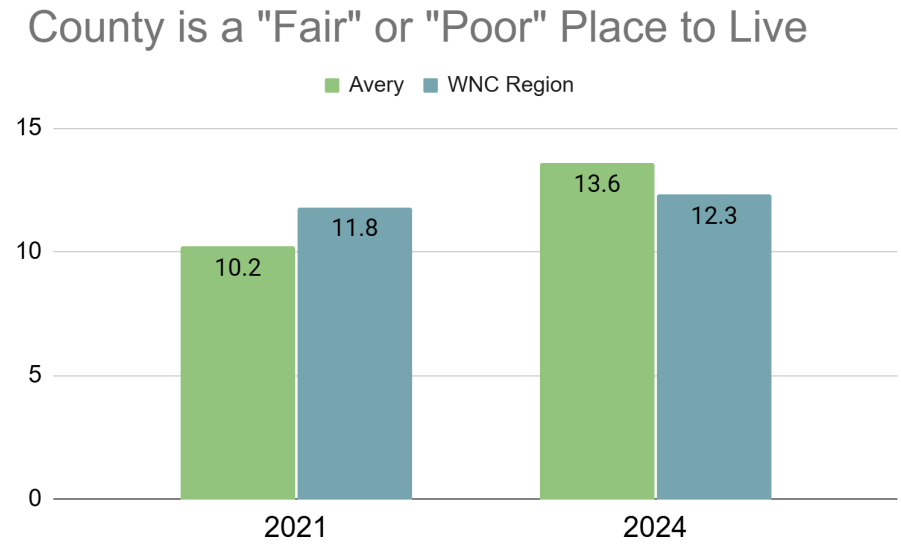
In 2022, 223 grandparents in Avery County lived with their minor grandchildren. Approximately 15.7% of those grandparents are responsible for their grandchildren, meaning they are financially responsible for the basic needs of the grandchild, including food, clothing, and day care. No parent of the grandchild was present among 17.1% of these families. More than 45% of the grandparents responsible for grandchildren were still in the labor force, 8.6% were living below the poverty line, and 54% reported having a disability (Census Bureau, ACS, 2023).

Nearly 73% of Avery County respondents to the 2024 Community Health Survey indicated that they always or usually have someone to rely on for help, higher compared to 64.9% in the WNC Region.

A majority of Avery County survey respondents indicated that they "Always" or "Usually" get the social or emotional support they needed and the proportion slightly increased from 2021 (72.8%) to 2024 (73.8%). Approximately 43.5% of respondents reported feeling lonely often, some of the time, or occasionally, slightly lower than the WNC average of 50.7%. There was no data to report in 2015 or 2018 for Avery County respondents for this item.



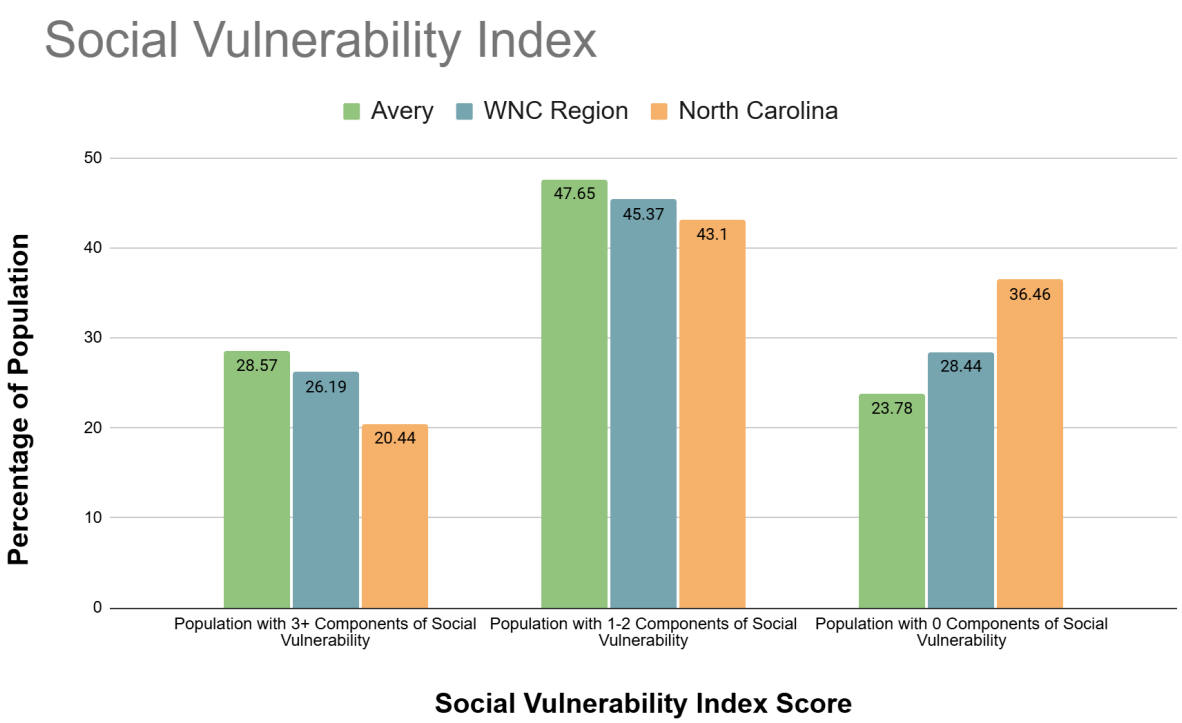
Among survey respondents, an increasing proportion feel that Avery County is a fair or poor place to live, from 10.2% in 2021 to 13.6% in 2024. In 2024, 86.4% of Avery County respondents felt the county was a good, very good, or excellent place to live, lower compared to the WNC Region (87.7%) (WNC Health Network, 2024).

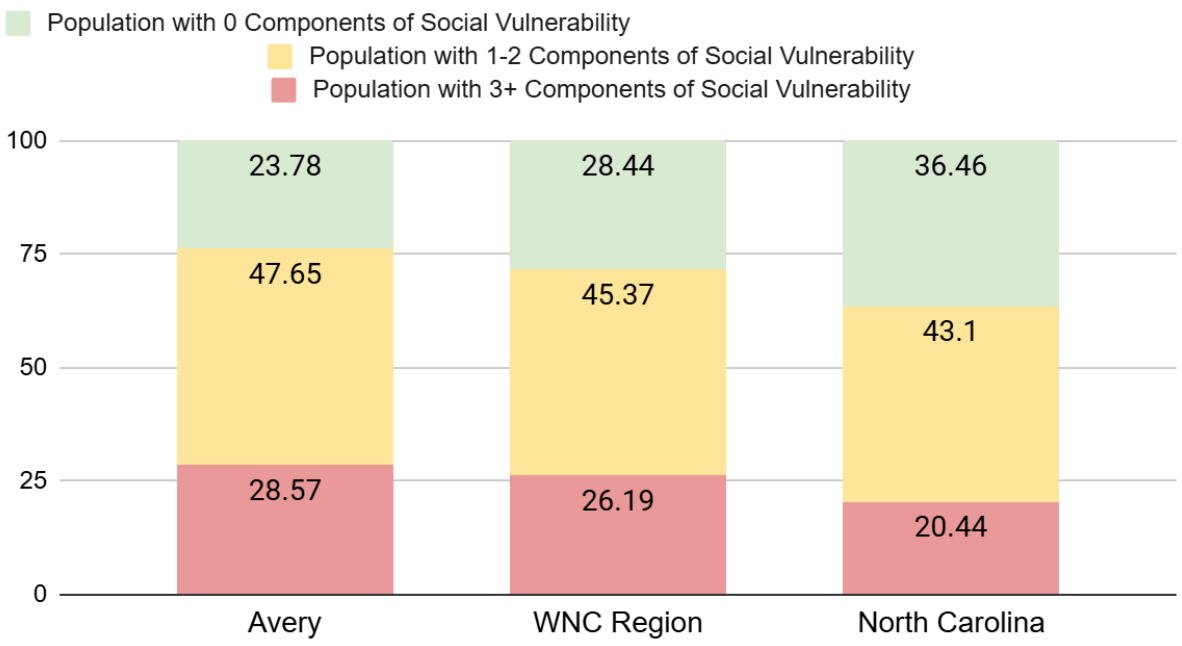


Community Resilience and Social Vulnerability

"Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster" (U.S. Census Bureau, 2020). Social vulnerability, on the other hand, "is the susceptibility of social groups to the adverse impacts of natural hazards, including death, injury, loss, or disruption of livelihood. A Social Vulnerability score and rating represent the relative level of a community's social vulnerability compared to all other communities at the same level " (FEMA, n.d.). Community resilience is partly determined by the vulnerabilities within a community; therefore, the higher the social vulnerability index, the more at-risk the community is and potentially has lower resilience.

In 2022, over one-quarter of the population had three or more components of vulnerability and almost half of the population had one to two components of social vulnerability. In total, over three-quarters (76.22%) of the population of Avery County had at least one component of social vulnerability, slightly higher compared to the WNC Region (71.56%) and higher compared to NC (63.54%) (US Census Bureau, Community Resiliency Estimates, 2024).


Social Vulnerability Index
Avery
WNC Region
North Carolina
Percentage of Population
50
40
30
20
10
0
47.65
45.37
43.1
36.46
28.44
28.57
26.19
23.78
20.44
Population with 3+ Components of Social Vulnerability
Population with 1-2 Components of Social Vulnerability
Population with 0 Components of Social Vulnerability
Social Vulnerability Index Score

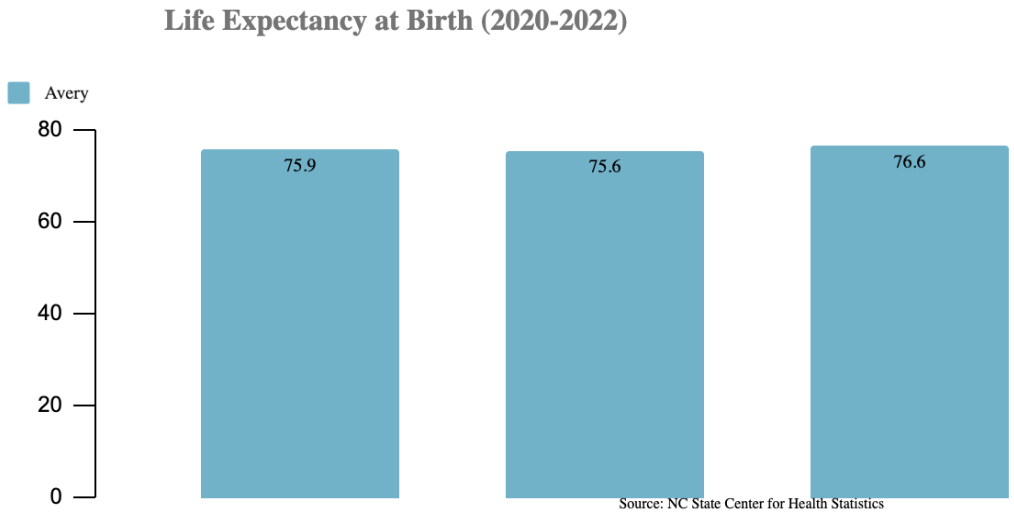

Social Vulnerability Index (2022)
Population with 0 Components of Social Vulnerability
Population with 1-2 Components of Social Vulnerability
Population with 3+ Components of Social Vulnerability
100
75
50
25
0
23.78
47.65
28.57
28.44
45.37
26.19
36.46
43.1
20.44
Avery
WNC Region
North Carolina

CHAPTER 4 – HEALTH DATA FINDINGS SUMMARY

MORTALITY

Life Expectancy

Avery County's life expectancy is slightly below the national average (which typically ranges around 77–78 years). Females in the county live marginally longer than males. However, the absence of race-specific data highlights a potential gap in available health equity information. (NC SCHS, County Health Databook, 2024).



Leading Causes of Death

The table provided below the following narrative, displays the mortality rates and the changes that are discussed: Avery County is compared to the WNC Region and NC and rate changes since 2018-2022. The data presented in the 2021 Community Health Assessment are also provided.

1. **Diseases of the Heart** are the leading cause of death in Avery County with mortality rates 2.2% higher than WNC (172.9) and 9.7% higher than North Carolina (161.2). While showing improvement from 2002-2006 levels (-26.5%), rates have increased 4.3% since 2012-2016, suggesting recent challenges in cardiovascular health management.
2. **Cancer** is the second leading cause of death in Avery County. However, cancer deaths in Avery County are notably lower than both comparison regions - 8.8% below WNC (156.8) and 6.0% below state averages (152.1). This represents significant progress from 2002-2006 (-28.1%), though a modest 4.1% increase has occurred since 2012-2016.
3. **Chronic Lower Respiratory Diseases** rank as the third leading cause of death in Avery County and one of the County's most severe health disparities, with rates 39.0% higher than WNC (51.0) and 78.1% higher than North Carolina (39.8). These elevated rates have persisted since 2002-2006 (+4.8%) and increased 13.4% since 2012-2016, likely reflecting smoking prevalence and environmental exposures.

4. **Alzheimer's disease** is the fourth leading cause of death in the county, with mortality rates that exceed regional averages by 54.9% (WNC:31.7) and state rates by 34.2% (36.6). The condition has shown dramatic increases since 2002-2006 (+63.7%) and 2012-2016 (+28.2%), correlating with the county's aging population.
5. **Cerebrovascular Disease (Stroke)** mortality represents a relative strength for Avery County, with rates 13.8% below WNC (40.7) and 20.9% below state levels (44.4). This reflects substantial improvement from 2002-2006 (-21.7%), though recent trends show a slight increase from 2012-2016 (+32.9%).
6. **Pneumonia** and Influenza rates show alarming disparities in Avery County, with rates 84.7% higher than WNC (17.4) and 132.6% higher than North Carolina (13.8). While improved from 2002-2006 (-15.5%), rates have risen 20.2% since 2012-2016.
7. **All Other Unintentional Injuries rates** in Avery County (38.6) are 39.0% below WNC (63.2) and 26.5% below state averages (52.5). This continues positive trends from 2015-2019 (-13.1%).
8. **Diabetes Mellitus (17.9)** mortality in Avery County is 26.3% lower than WNC (24.3) and 33.7% lower than state rates (27.0). However, rates have increased 47.9% since 2012-2016, potentially signaling emerging challenges.
9. **Suicide** (20.2) mortality rates in Avery County are similar to WNC rates (-0.6%), but exceed state averages by 49.6% (13.5). Rates have increased 27.8% since 2012-2016, highlighting growing mental health needs.
10. **Chronic Liver Disease/Cirrhosis** (15.6) is the tenth leading cause of death in Avery County with mixed mortality rates - 9.3% below WNC (17.2) but 22.8% above state levels (12.7).
11. **Unintentional Motor Vehicle Injuries** (15.8) mortality in Avery County is slightly below regional and state averages (-5.6% vs. WNC's 16.7 and -1.9% vs. NC's 16.1). However, rates have risen significantly since 2012-2016 (+42.3%), suggesting worsening road safety trends.
12. **Septicemia** (12.8) mortality in Avery County is marginally higher than both comparison regions (+6.3% vs. WNC's 12.0 and +4.1% vs. NC's 12.3). This represents a concerning reversal from 2012-2016 (-13.5%), possibly indicating emerging challenges in infection control.
13. **Nephritis/Kidney Disease rates** (9.7) in Avery County are 25.4% below WNC (13.0) and 41.2% below state levels (16.5). This continues a downward trend from 2012-2016 (-21.8%).
14. **Homicide** (2.6) in Avery County is an infrequent occurrence with rates falling 51.6% below WNC (5.4) and 68.7% below state averages (8.3). This reflects dramatic improvement from 2002-2006 (-63.9%).
15. **COVID-19** mortality in Avery County from 2018-2022 was dramatically lower than comparison regions (-69.4% vs. WNC's 47.0 and -66.9% vs. NC's 43.5).
16. **AIDS** deaths are very rare in Avery County, with no reported deaths from 2018-2022. This record has been maintained since at least 2002-2006.

Cause of Death (2018-2022)	Avery		Comparison to DHT Regional Average Rate		Comparison to NC Rate	
	# Deaths	Death Rate	Regional Rate	% Difference	NC Rate	% Difference
All Causes (some not listed)	1,185	882.3	893.2	-1.2%	849.4	3.9%
Acquired Immune Deficiency Syndrome	**0**	**0.0**	0.6	-100.0%	1.5	-100.0%
All Other Unintentional Injuries	43	38.6	63.2	-39.0%	52.5	-26.5%
Alzheimer's disease	68	49.1	31.7	54.9%	36.6	34.2%
Cancer	196	143.0	156.8	-8.8%	152.1	-6.0%
Cerebrovascular Disease	49	35.1	40.7	-13.8%	44.4	-20.9%

Chronic Liver Disease and Cirrhosis	**18**	**15.6**	17.2	-9.3%	12.7	22.8%
Chronic Lower Respiratory Diseases	98	70.9	51.0	39.0%	39.8	78.1%
COVID-19	20	14.4	47.0	-69.4%	43.5	-66.9%
Diabetes Mellitus	23	17.9	24.3	-26.3%	27.0	-33.7%
Diseases of Heart	244	176.8	172.9	2.2%	161.2	9.7%
Homicide	**2**	**2.6**	5.4	-51.6%	8.3	-68.7%
Nephritis, Nephrotic Syndrome, and Nephrosis	**14**	**9.7**	13.0	-25.4%	16.5	-41.2%
Pneumonia and Influenza	43	32.1	17.4	84.7%	13.8	132.6%
Septicemia	**18**	**12.8**	12.0	6.3%	12.3	4.1%
Suicide	**18**	**20.2**	20.3	-0.6%	13.5	49.6%
Unintentional Motor Vehicle Injuries	**16**	**15.8**	16.7	-5.6%	16.1	-1.9%

Mortality Rates for Leading Causes of Death	Avery County Rate 2015-2019	WNC Regional Rate 2015-2019	NC Rate 2015-2019	Avery County Rate 2002-2006	Avery County Rate 2012-2016
Diseases of Heart	182.7	165.5	157.3	240.4	169.4
Cancer	146.9	157.6	158.0	198.8	137.4
Chronic Lower Respiratory Diseases	71.9	54.8	44.0	68.6	63.4
Alzheimer's disease	44.0	33.7	36.9	30.0	38.3
All Other Unintentional Injuries	43.6	50.1	39.3	33.6	44.6
Pneumonia and Influenza	33.9	18.6	16.7	38.0	26.7
Cerebrovascular Disease	30.7	39.4	42.7	44.8	26.4
Unintentional Motor Vehicle Injuries	**17.9**	16.3	14.7	**8.8**	**11.1**
Suicide	**17.2**	19.5	13.4	**15.8**	**16.7**
Diabetes Mellitus	16.5	22.0	23.8	18.2	12.1
Kidney Diseases	14.2	14.9	16.5	15.2	12.4
Chronic Liver Disease and Cirrhosis	**12.2**	15.0	10.6	**11.7**	**7.1**
Septicemia	**11.4**	10.8	12.7	**6.5**	**14.8**
Homicide	**1.1**	4.2	6.8	**7.2**	**0.6**
AIDS	**0.0**	0.8	1.8	**0.0**	**0.0**

Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been presented in bold.

Cancer Mortality

In 2018-2022 Cancer was the second leading cause of death in Avery County, with a mortality rate of 143 that was lower than both the WNC Region and NC.

Lung cancer was the leading cause of cancer-related deaths and in 2018-2022 the Avery County mortality rate (27.4) was 1.5% lower compared to the WNC Region (38.9) and 10.1% lower than NC (37.5). Over time, the lung cancer mortality rate has decreased: 29.5% since 2002-2006 (56.9) and 9.5% since 2012-2016 (36.9).

Breast cancer was the second leading cause of cancer deaths in Avery County, with a 2018-2022 mortality rate (26.6) 5% higher than the WNC Region (21.4) and 6.9% higher than NC (19.7). Since 2002-2006 (18.8) the county mortality rate increased 7.8%; since 2012-2016 (20.9) the mortality rate increased 5.7%.

Prostate cancer was the third leading cause of cancer-related deaths in Avery County. The 2018-2022 mortality rate (16.8) was the same as the WNC Region (16.8) and 3% lower compared to NC (19.7). The county mortality rate has decreased over time: approximately 7% overall since 2002-2006 (24.1) and 2,5% since 2012-2016 (14.3).

Colorectal cancer was the fourth leading cause of cancer-related deaths for which trend data are available. The Avery County colorectal cancer mortality rate in 2018-2022 (8.2) was 6.1% lower compared to WNC (14.8) and 4.7 lower than NC (12.9). Since 2002-2006 (18.2) the mortality rate has declined by 10%; it decreased 4.1% since 2012-2016 (12.3) (NC SCHS, Central Cancer Registry, 2024).

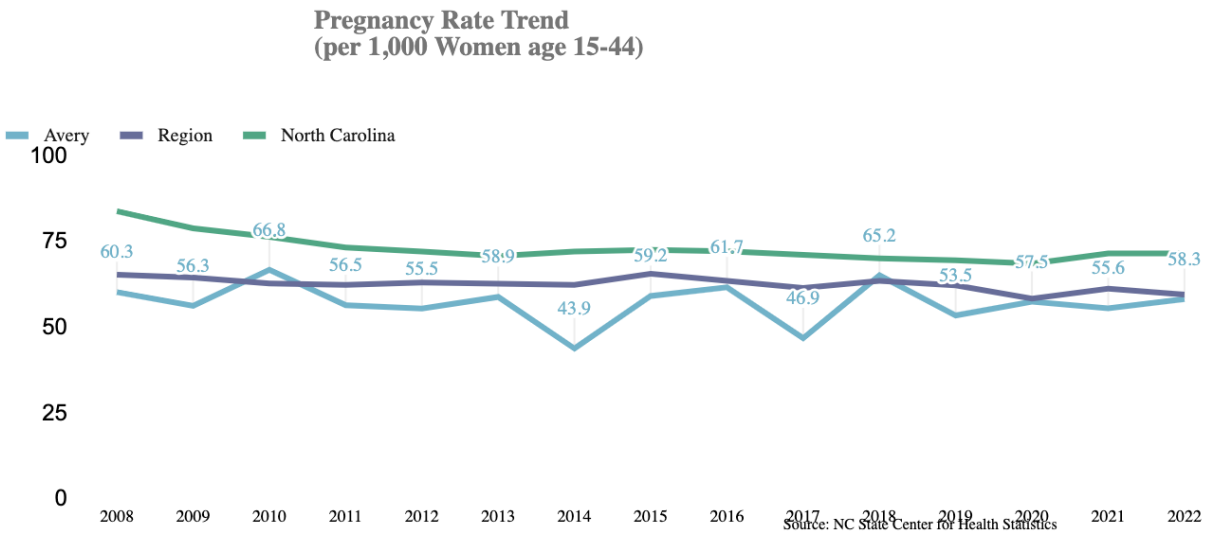
Cancer Mortality in Avery County	Avery County Rate 2018-2022	% Difference from WNC Region 2018-2022	% Change since 2002-2006	% Change since 2012-2016
Total Cancer	452.10%	-20.60%	-45.20%	-19%
Lung Cancer	27.40%	-1.50%	-29.50%	9.50%
Breast Cancer	26.60%	5%	7.80%	5.70%
Prostate Cancer	16.80%	5%	-7.30%	-2.50%
Colorectal Cancer	8.20%	-6.10%	-10%	-4.10%

HEALTH STATUS & BEHAVIORS

The Community Health Survey administered across the WNC Region asked respondents to rate their personal health from poor to excellent. In 2024, 16.3% of Avery County respondents rated their overall health as fair or poor, similar to WNC, lower than NC, and higher than the US (WNC Health Network, 2024).

Maternal & Infant Health

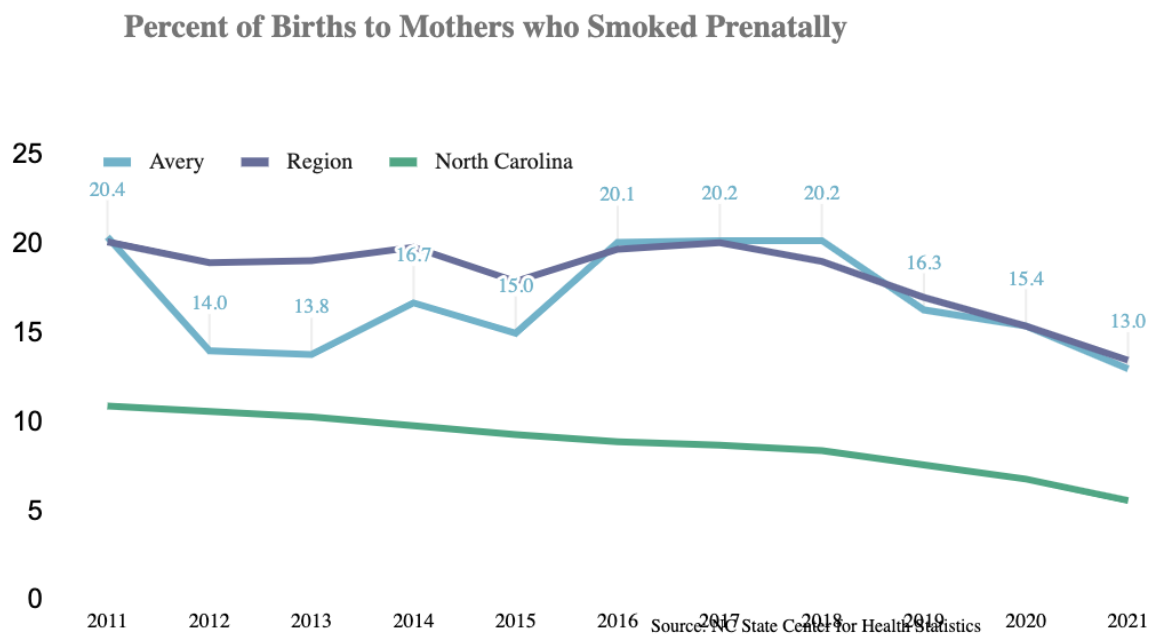
The pregnancy rate among Avery County females of child-bearing age (15-44) fluctuated without a clear pattern between 2008 and 2022 but was lower compared to the state rate over most of the period graphed (2008-2022). There were too few pregnancies among women aged 15-19 (an average of 12 per year between 2013 and 2019) for the NC State Center for Health Statistics to calculate a reliable rate. Most counties across the WNC Region have demonstrated a consistently declining teen pregnancy rate.



Compared to North Carolina in 2022, Avery County pregnant women were less likely to have gestational diabetes and less likely to have a BMI in the overweight or obese range. Avery County mothers were nearly twice as likely to have smoked during pregnancy compared to the state but also more likely to have received prenatal care starting in the first trimester. And they were more likely to have delivered pre-term (NC SCHS, County Health Databook, 2024).

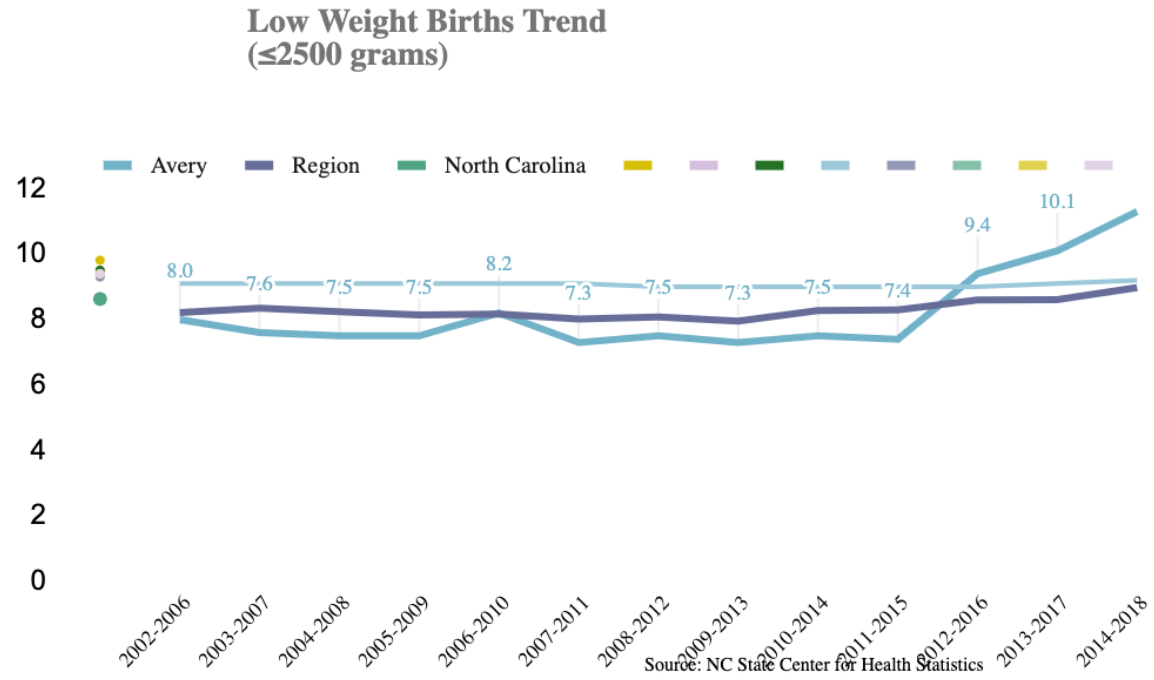
Among Mothers who gave birth in 2022	With gestational diabetes	Overweight or obese BMI	Smoked during pregnancy	Received prenatal care in first trimester	Delivered preterm (before 37 weeks)
Avery County	4.30%	55.40%	7.20%	84.90%	11.10%
WNC Region	10.00%	58.50%	10.90%	82.00%	11.20%

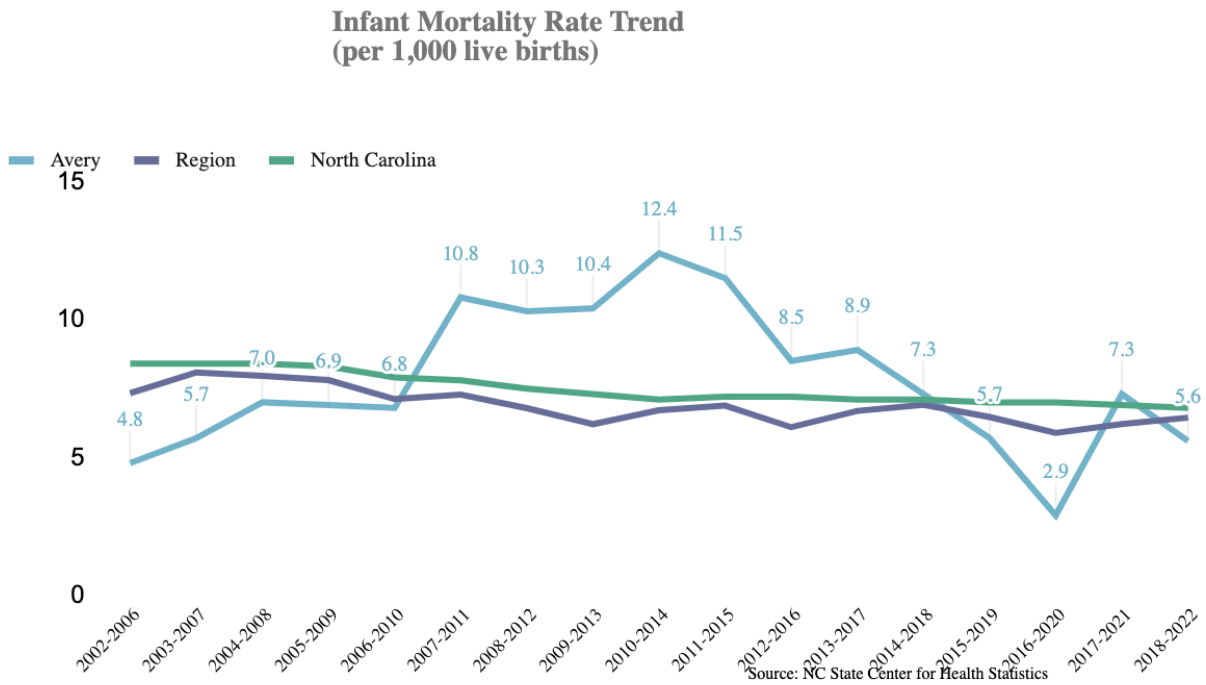
The proportion of women who smoke during pregnancy is an ongoing issue of concern in WNC, where rates have consistently surpassed the comparable state rates. Avery County rates rose between 2012 and 2016 and have dropped since 2019.



The percentage of births that are low weight (less than 5.5 pounds) has increased slightly in Avery County, from 7.5 in 2010-2014 to 7.7 in 2018-2022, lower compared to NC (9.4%). The percentage of births that are very low weight (less than 3.4 pounds) is based on a small number of occurrences in Avery County but has not changed significantly in a decade and is typically similar to the NC Region (North Carolina State Center for Health Statistics, 2024).

The Avery County infant mortality rate increased from a low of 4.8 in 2002-2006 to a high of 12.4 in 2010-2014 before decreasing to 5.7 in 2015-2019. The rate has remained similarly since 2018-2022 (5.6).





Chronic Diseases

In 2024, 7.5% of Avery County Community Health Survey respondents reported being diagnosed with heart disease, higher compared to WNC, NC, and the US. Approximately 48.1% of respondents had been diagnosed with high blood pressure, slightly lower compared to the WNC Region and higher compared to the US in 2024. Compared to the region, a lower proportion of Avery County respondents (36.3%) have been diagnosed with high cholesterol. In 2024, nearly 12% of Avery County survey respondents reported a diabetes diagnosis, lower compared to WNC and the US and similar to NC. An additional 11.2% had been diagnosed with borderline or pre-diabetes, lower than the US but higher than the Region (WNC Health Network, 2024).

Self-Reported Diagnoses	Heart Disease	High Blood Pressure	High Cholesterol	Diabetes	Pre-Diabetes
Avery County	7.5%	48.1%	36.3%	12.8%	11.2%
WNC	7.4%	42.7%	38.6%	13.7%	13.4%
NC	7.1%	34.7%	N/A	12.1%	N/A
United States	10.3%	40.4%	34.2%	12.8%	15.0%

Cancer Incidence

The total cancer incidence rate in 2018-2022 was lower in Avery County (452.1) compared to WNC (472.7) and NC (474.6). The cancer incidence rate fell 45.3% from 497.3 in 2002-2006 and decreased 19.1% from 451.3 in 2012-2016.

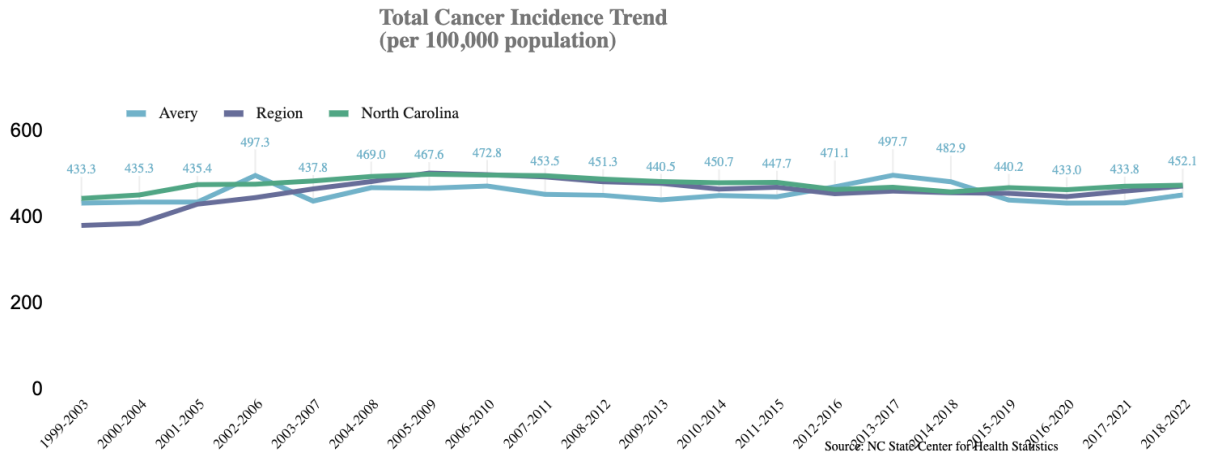
The breast cancer incidence rate in Avery County (138.7) was lower compared to the WNC Region (157.4) and NC (171.0) in 2018-2022. The county rate was 5.5% higher than it was in 2002-2006 (133.2) and fell 30.6% from a high point in 2012-2016 (169.3).

The 2018-2022 Avery County prostate cancer incidence rate (103.7) was almost 3% lower compared to WNC (106.5) and 21.10% lower compared to NC (124.8). While prostate cancer incidence rates have fallen over time in Avery County, decreasing 61.40% since 2002-2006 (165.1), they increased 3.4% since 2012-2016 (100.3).

Lung cancer incidence rates have decreased over time in Avery County, falling 37.80% since 2002-2006 (87.0) and 12% since 2012-2016 (61.2). In 2018-2022 the Avery County lung cancer incidence rate (49.2) was lower compared to WNC (62.5) and NC (58.9).

The colorectal cancer incidence rate in Avery County (30.8) was more than 3% lower compared to both the WNC Region (37.3) and NC (34). The colorectal incidence rate declined in the long and short term in Avery County: the 2018-2022 rate was 37.80% lower than it was in 2002-2006 (49.3) and 9.80% lower than it was in 2012-2016 (40.6%) (North Carolina State Center for Health Statistics (NC SCHS), 2024).

Cancer Incidence in Avery County	Avery County Incidence Rate 2018-2022	% Difference from WNC Region 2018-2022	% Difference from NC Rate 2018-2022	% Change since 2002-2006	% Change since 2012-2016
Total Cancer	452.1	-20.60%	-22.50%	-45.30%	-19.1
Breast Cancer	138.7	-18.70%	-32.30%	5.50%	-30.60%
Prostate Cancer	103.7	-2.80%	-21.10%	-61.40%	3.40%
Lung Cancer	49.2	-13.30%	-9.70%	-37.80%	-12%
Colorectal Cancer	30.8	-6.50%	-3.30%	-18.50%	-9.80%



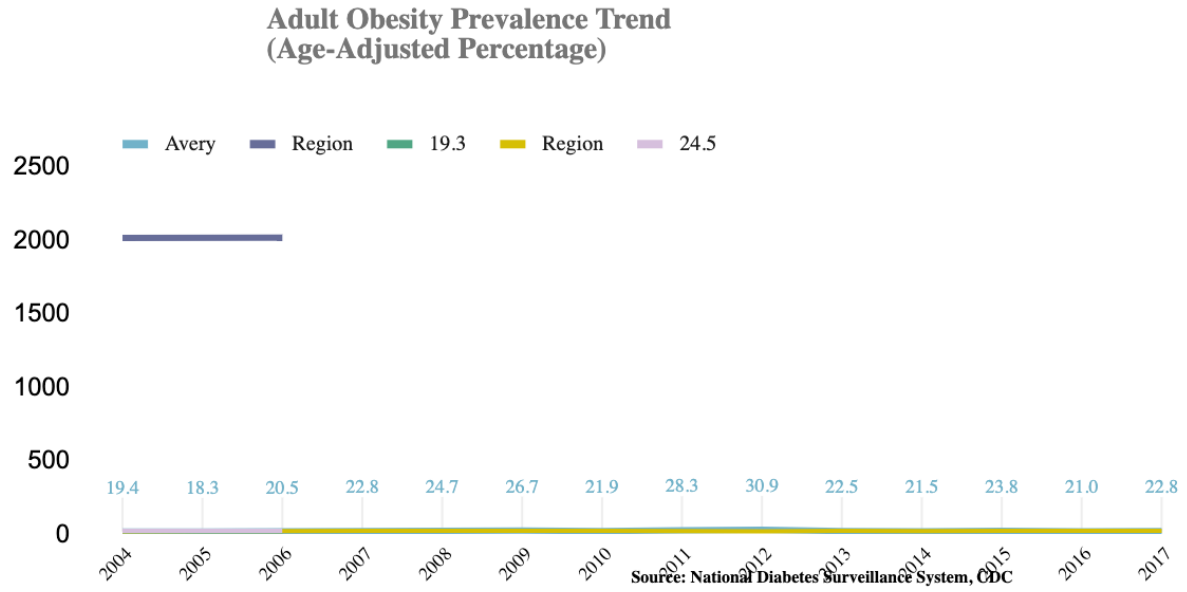
Overweight & Obesity

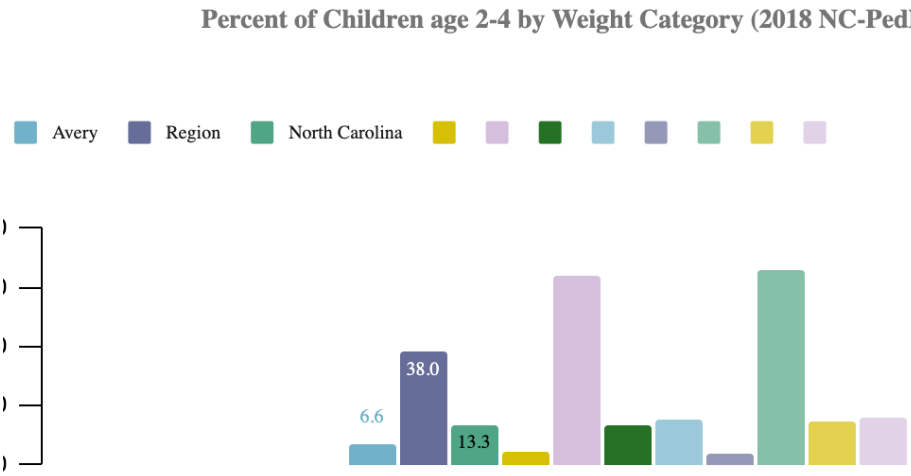
As it is an important risk factor for both diabetes and other chronic health conditions, the Community Health Survey administered in WNC calculated BMIs using the heights and weights reported by respondents.

In 2024, 79.6% of survey respondents in Avery County had a BMI over 30.0 (overweight or obese), higher compared to the WNC Region (68.6%), NC (69.3%) and the US (63.3%). In 2021, 46.5% of Avery County survey respondents had BMIs in the obese range, higher than the WNC Region (36.7%), NC (34.1%) and the US (33.9%) (WNC Health Network, 2024). Prevalence of overweight and obese BMI in Avery County has increased substantially from 2021, when 65.3% of respondents were overweight or obese and 28.7% of respondents were obese.

While data from the CDC pertaining to adult obesity is not especially current, it helps to illuminate the historical trend among Avery County residents. The estimated prevalence of obesity among adults (age 20 and older) in Avery County decreased overall from a high of 61.3% in 2012 to 79.6% in 2024. Avery County prevalence rates were lower compared to the WNC Region but have risen in 2024 with the WNC rate being 68.6%. The WNC Region as a whole demonstrates higher and increasing rates of obesity compared to North Carolina, with an average of 10% of the state estimated to be obese over the period presented in the chart below (WNC Health Network, 2024).

While weight-related data pertinent to children is not particularly recent, what is available demonstrates that in 2018, lower percentages of Avery County 2- to 4-year olds were overweight or obese compared to WNC and NC (Eat Smart Move More, 2021).





Physical Activity

In 2024, 25.2% of Avery County Community Health Survey respondents met the minimum guidelines for physical activity (at least 150 minutes a week of moderate intensity aerobic activity) and muscle-strengthening activity (at least 2 days a week). Compared to WNC (28.7%), NC (21.6%) and the US (30.3%), Avery County respondents were slightly less likely to meet the physical activity recommendations. 21.6 percent of Avery County survey respondents in 2024 reported getting no physical activity, lower compared to WNC (22.4%), NC (23.1%), and the US (30.2%) (WNC Health Network, 2024).

Injury

Given the aging nature of the Avery County population, it is important to understand how accidental falls impact the community. In 2022, there was 1 unintentional fall-related death among Avery County residents and it occurred among an individual aged 65 and older. More than half (n=11) of fall-related deaths occurred among those over the age of 84 (NC SCHS, Detailed Mortality Statistics, 2021). In 2023 there were 11 reportable motor vehicle crashes in Avery County and 10 resulted in injuries. On average, there were 393 accidents and 156 injuries in 2023. (NC Department of Transportation, County Crash Profiles, 2024).

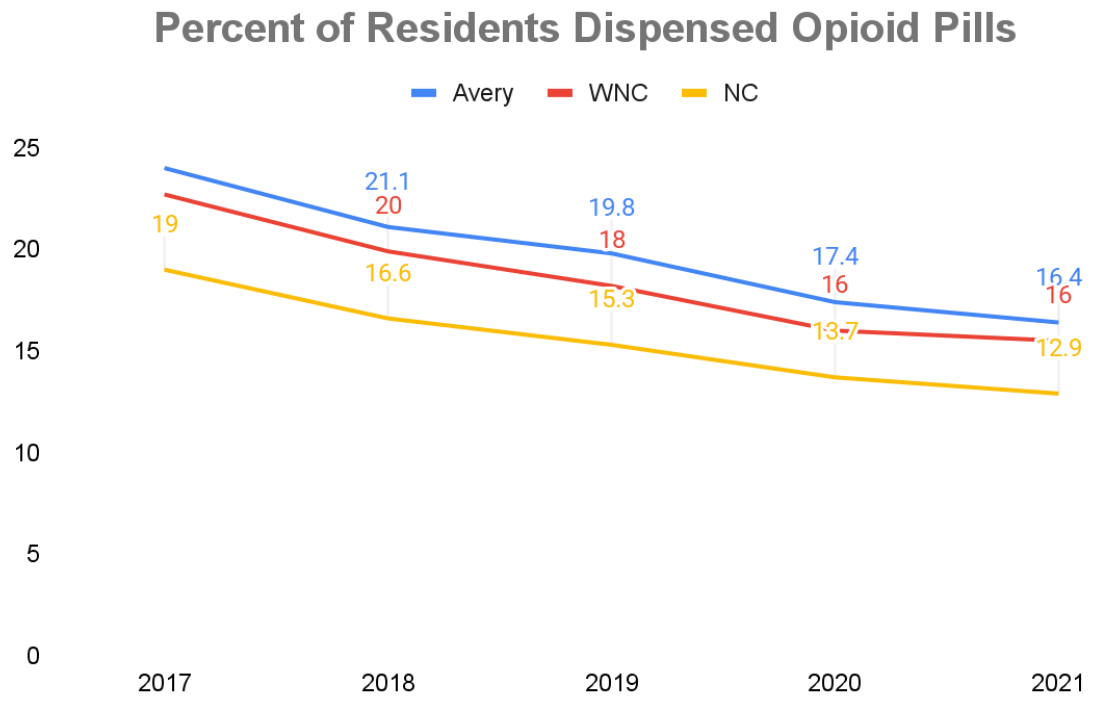
Substance Use

In 2024, 47.9% of Avery County respondents to the Community Health Survey indicated that their life has been negatively affected by substance abuse, a lower proportion compared to WNC (54.2%), and a slightly higher proportion compared to the US (45.4%). 11.4% of the county's respondents reported using opiates/opioids, with or without a prescription, in the past year, lower than the region (13.1%) or the US (15.1%) (WNC Health Network, 2024).

Between 2018-2022, 14 deaths occurred due to unintentional poisoning, which is where drug overdose deaths are categorized, occurred in Avery County, an average of less than 3 deaths per 5 year period. Unfortunately, there were too few cases for rates to be published or discussed further. The WNC Region has demonstrated a higher unintentional poisoning mortality rate compared to North Carolina since 2007-2011 (NC SCHS, County Health Databook, 2024).

The NC Opioid and Substance Use Action Plan established a data dashboard in 2017 and while the metrics presented have changed over time, the dashboard remains a unique source of substance use data.

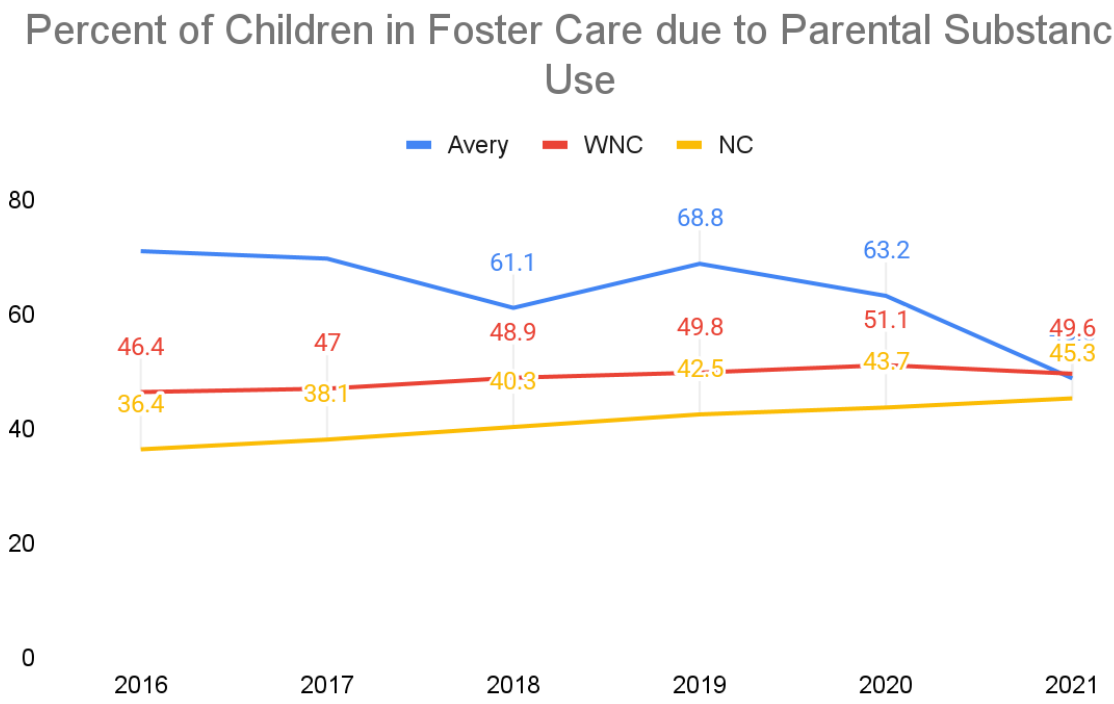
The number and percentage of Avery County residents who were dispensed opioid pills has decreased steadily from a high point of 26.3% in 2017, but the Avery County rate exceed the state and regional rates over the entire period shown in the chart.



Between 2016 and 2023, there were a total of 89 emergency department visits with an opioid overdose diagnosis among Avery County residents, an average of 11 per year. The exact number is variable on a yearly basis and the calculated rate demonstrates no clear pattern of decline.

Although the yearly numbers are too variable and small to draw a clear conclusion about Avery County, an increasing percentage of opioid deaths across the state and WNC Region involved illicit opioids such as heroin, fentanyl, and fentanyl-analogues.

Although the proportion of children in foster care due to parental substance use declined overall in Avery County over the period graphed, the county demonstrated a higher rate compared to NC and the WNC Region until 2021. In 2021, 42.2% of the Avery County children in foster care were there because of parental substance use, compared to 50.5% in WNC and 45.7% in NC.



Buprenorphine is the primary medication used in medication-assisted treatment of opioid dependence. In Avery County, the number of buprenorphine prescriptions dispensed has increased steadily each year, from 163 in 2016 to 268 in 2021, indicating expanded treatment access. The number of Medicaid beneficiaries and uninsured individuals served by opioid use disorder treatment programs is variable from year to year in Avery County but averaged 218 each year between 2016 and 2021 (NC DHHS, Opioid Action Plan, 2024).

The Centers for Medicare and Medicaid track the prescribing behavior of physicians participating in the Medicare Part D plan. In 2022, there were 37 Part D prescribers in Avery County and 26 of them prescribed opioids. When examined by rate, Avery County demonstrated a higher opioid prescribing rate (5.02) compared to WNC (5), NC (4.58), and the US (3.88). The long-acting opioid prescribing rate (8.01) was lower compared to WNC (9.33) and the nation (9.38) and to NC (11.06). Since 2016, there were 1.65% fewer opioid claims and 6.78% fewer long-acting opioid claims filed in Avery County (Centers for Medicare and Medicaid Services, 2024).

While much attention has focused on the opioid crisis in recent years, alcohol continues to be a substance whose misuse impacts our communities. Approximately 44% of Avery County Community Health Survey respondents report current consumption of alcohol, similar to the NC Region, lower than WNC and the US. The percentage of respondents engaging in binge drinking was lower in Avery County (6.6%) than any of the three comparators. Binge drinking is 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.

Compared to NC and the WNC Region, a lower proportion of Avery County respondents were classified as excessive drinkers: 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 (WNC Health Network, 2024).

Self Reported Alcohol Use	Current Drinkers	Binge Drinkers	Excessive Drinkers
Avery County	44.0%	6.6%	10.1%
WNC	52.6%	15.7%	19.0%
NC	49.1%	16.6%	17.9%
US	64.2%	30.6%	34.3%

Mental Health

Among 2024 Avery County Community Health Survey respondents, 8.4% reported feeling dissatisfied or very dissatisfied with life, slightly lower compared to WNC. Less than twenty percent reported more than 7 days of poor mental health in the past month, marginally lower than the Regional average. Nearly eight percent of Avery County respondents in 2024 reported having considered suicide in the past year, a lower percentage compared to WNC (7.2%) (WNC Health Network, 2024).

Self-Reported Mental Health Community Health Survey 2024	Dissatisfied with Life	More than 7 Days of Poor Mental Health	Considered Suicide in the Past Year
Avery County	8.4%	19.6%	8.2%
WNC	12.8%	19.8%	10.7%

Between 2018 and 2012 there were 17 deaths due to suicide in Avery County (North Carolina State Center for Health Statistics, 2024). According to the 2024 AveryCounty Community Health Survey respondents, 19.4% felt their typical day was extremely or very stressful, a large proportion of them (nearly 90%) felt confident in their ability to manage stress. 84.2% agreed or strongly agreed that they were able to stay hopeful in difficult times, similar to WNC (WNC Health Network, 2024).

Self Reported Stress	Typical Day Extremely Stressful	Confident in Ability to Manage Stress	Able to Stay Hopeful in Difficult Times
Avery	19.4%	89.8%	84.2%
WNC	17.2%	86.5%	81.4%

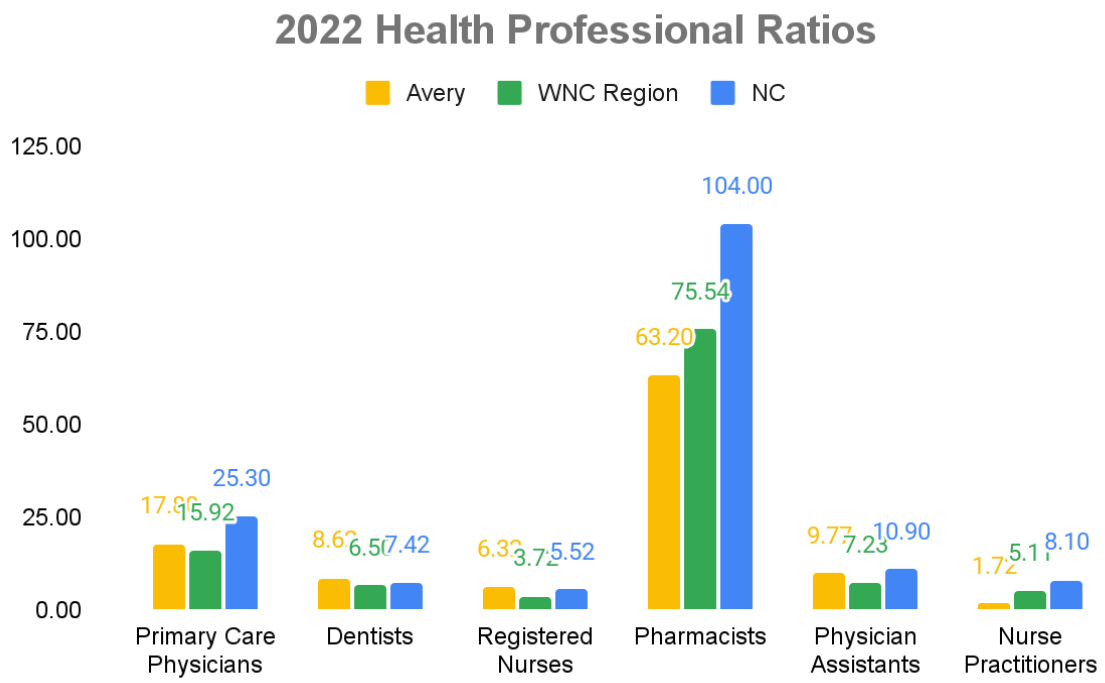
Among respondents to the 2021 Avery County Student Survey, 37% or high school students reported feeling so sad or hopeless every day for two weeks that they stopped doing their usual activities; female students were more likely than other groups to report feeling sad or hopeless. 86.5% 85.0% Twelve

percent of student respondents reported having considered suicide in the past year and 11% had made a plan about how they would commit suicide. Nearly 4% reported that they had attempted suicide 1 or more times in the past year (Avery County Schools, 2021).

CLINICAL CARE & ACCESS

Healthcare Providers

According to NC Health Workforce data from the Cecil B. Sheps Center for Health Services Research, there were 37 physicians (22 of them primary care physicians), 8 dentists (this decreased from 11 in 2022), 127 registered nurses, 5 physician assistants, 18 pharmacists, and 24 nurse practitioners licensed and active in Avery County in 2024. As of October 2024, there were no pediatricians, psychologists, podiatrists, certified nurse midwives, dermatologists, or nephrologists. Compared to the WNC Region, Avery County had higher ratios of physicians but lower ratios of registered nurses and physician assistants.



As the healthcare workforce ages and providers approach retirement, office hours often shorten, and providers may be less likely to accept new patients. Rural areas tend to face the challenge of attracting new, younger providers to replace the retiring physicians. In 2022, 24.2% of Avery County's active physicians, 19.1% of primary care physicians, and 22.2% of dentists were over the age of 65 (Sheps Center, NC Health Workforce Data, 2024).

Healthcare Facilities

There is one hospital in Avery County: Charles A. Cannon Jr. Memorial Hospital located in Linville. The hospital had 30 general beds, 10 psych peds and 10 nursing home beds; there are two shared inpatient/ambulatory surgery operating rooms and one endoscopy operating room. There is no additional ambulatory surgical facility in the county and no nursing pool available to provide temporary, supplementary nursing staff.

Given the aging nature of Avery County, it will be important to ensure that resources specific to the needs of seniors exist. There are two adult care homes located in Newland, with a maximum combined capacity of 100 beds; the one nursing home in Banner Elk has 118 skilled nursing beds and no adult care home beds. There are no family care homes currently operating in Avery County. Three facilities or agencies in Avery County provide home care and home health services and one facility provides hospice services (NC DHHS, Licensed Facilities, 2021).

There is no dialysis facility in Avery County. The closest dialysis facilities are in Spruce Pine (Mitchell County) with 9 hemodialysis stations and no shifts offered after 5pm or in Boone (Watauga County) with 16 hemodialysis stations and no shifts offered after 5pm (Medicare, Dialysis Facility Compare, 2025). As of April 2025, there were 3 licensed facilities, all located in Newland, providing mental health-related services in Avery County: supervised living for adults with developmental disabilities, vocational programs for adults with developmental disabilities, and an intensive outpatient substance abuse treatment program (NC DHHS, Licensed Facilities, 2025).

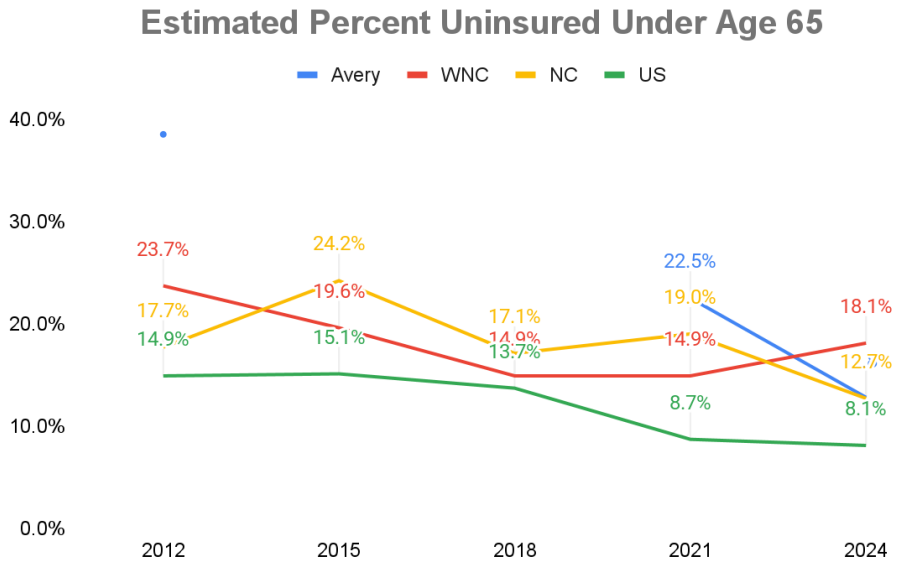
Uninsured Population

According to 2024 estimates, 12.8% of the Avery County population under the age of 65 did not have health insurance. Since 2012 Avery County has demonstrated a higher uninsured rate compared to NC and the WNC Region (WNC Health Network, 2024).

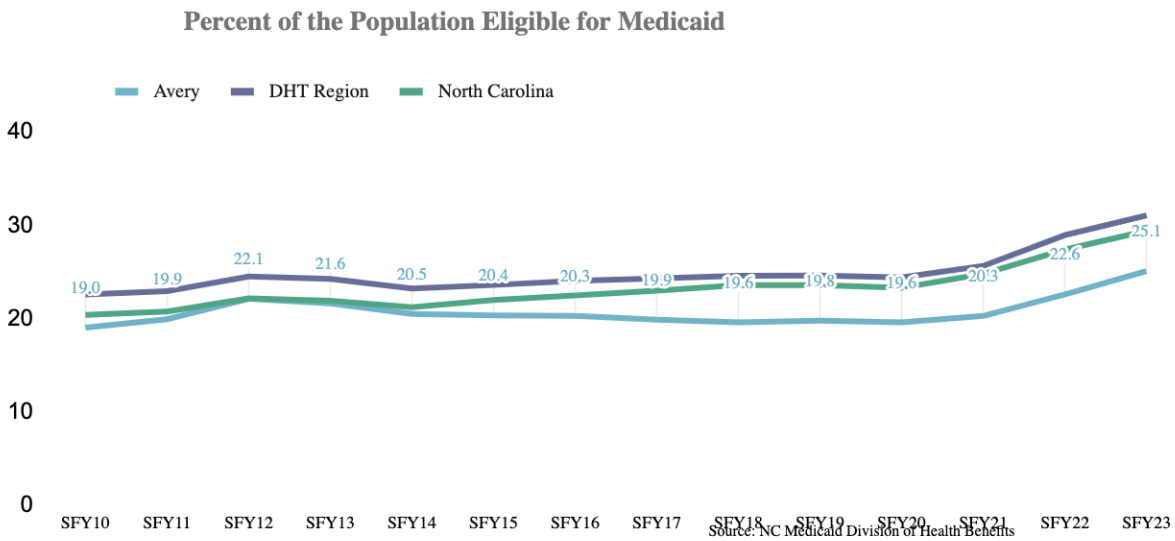
Among Avery County minors in 2022, an estimated 6.7% were uninsured, higher compared to WNC (6.0%) and NC (5.0%); approximately 47.4% of Avery County children were insured via Medicaid or other public coverage, such as CHIP. An estimated 34.1% of adults 19-34 did not have health insurance and 16.8% of adults aged 35-64 were uninsured; both proportions are higher than the region or the state.

Among Avery County seniors over the age of 65 in 2022, 29% relied on Medicare alone for insurance and 69.8% had two or more types of health insurance coverage, higher compared to WNC and NC (Census Bureau, ACS, 2024).

Among Avery County Community Health Survey respondents, 12.8% reported a lack of health insurance coverage, lower compared to the WNC Region (18.1%), and higher compared to the state region (12.7%), and the US (8.1%). 8.3% of Avery County respondents reported losing health insurance coverage during the COVID pandemic (WNC Health Network, 2024).



In SFY20, 19.6% of the Avery County population, more than 3,500 individuals, was eligible for Medicaid. Compared to both the WNC and the state, a lower percentage of Avery County residents are eligible for Medicaid and the proportion has not changed much since SFY2016.



As of 2023, Infants and Children was the largest Medicaid program in Avery County (1,109 eligibles) followed by Medicaid Aid to Families with Dependent Children (AFDC) (865 eligibles) and Disabled (532 eligibles). A total of 287 children were eligible for MCHIP (NC Medicaid Division of Health Benefits, Enrollment Reports, 2023).

Healthcare Access

17.4% of Avery County Community Health Survey 2024 respondents reported a time in the past year when they were unable to get needed medical care, higher compared to 15.7% across the WNC Region. Approximately 27% of Avery County respondents chose to go without needed health care at some point during the COVID pandemic, lower compared to WNC (30%), this data is from the 2021 Community

Health Survey as there is no updated data for this metric at this time. When asked how likely they were to use telemedicine for future routine healthcare, 36.3% of respondents indicated that they were extremely or very likely to do so, lower compared to WNC (44.4%) (WNC Health Network, 2024).

High Country Community Health is a Federally Qualified Healthcare Center (FQHC), recognized as a Patient Centered Medical Home by HRSA. It is headquartered in Boone, NC but portions of Avery County are included in its service area, and it operates a satellite facility in Newland. FQHCs are important safety net providers in rural areas of the country, as they provide primary care services to underserved communities and populations. These services include mental health and substance use disorder services, primary care and dental services, as well as telehealth visits for both behavioral health and primary care visits.

In 2023, High County Community Health served 15,662 patients, an increase from 9,751 in 2019. In 2023, the clinic served 1,406 mental health patients, 648 substance use disorder patients, 12,703 medical patients, and 3,347 dental patients. Adults aged 18-24 comprise more than half of their patients (59%), with pediatric patients (20%) and seniors (21%) accounting for the rest. Approximately 18% of their patients were racial or ethnic minorities: 14% were of Hispanic or Latino ethnicity and 3% were Black/African American. Nearly 9% of their patients were best served in a language other than English. A majority of patients fell below the 200% Federal poverty guideline and 48% fell below the 100% poverty line. 25.16%t of the patients in 2023 were uninsured, 26% were Medicaid or CHIP patients, and 21% were Medicare patients (HRSA, Program Awardee Data, 2023).

Mental Health Care Access

The number of Avery County residents served by the area mental health program (VAYA) did not change dramatically between FY15-16 and FY19-20, averaging 787 each year. Over that same period, an average of 8 Avery County residents per year were served in NC state psychiatric hospitals (Division of MH/SS/SAS, Annual Reports, 2021).

Approximately 27% of Avery County survey respondents indicated that they were currently taking medication or receiving treatment for their mental health, a lower proportion compared to the WNC Region (29.4%) and higher than the US (21.9%). In 2024, 17% of Avery County and 19.7% of WNC respondents reported a time in the past year when they needed mental health care or counseling but did not get it (WNC Health Network, 2024).

HEALTH INEQUITIES

Among Avery County Community Health Survey respondents, 3.8% reported often or sometimes being treated unfairly when getting medical care because of their race or ethnicity, lower compared to the WNC Region (7.3%) (WNC Health Network, 2024).

Reliable data illuminating racial disparities is particularly lacking in Avery County, primarily due to the low number of BIPOC residents. The State Center for Health Statistics does not calculate mortality rates when there are fewer than 20 deaths in an aggregate 5-year period, and so racially disaggregated mortality rates simply are not available for the leading causes of death.

Gender disaggregated data is available for some of the leading causes of death and it demonstrates that males in Avery County fare worse compared to females. Mortality rates among males are higher for cancer, heart disease, and unintentional injuries The information provided in this table is from the WNC Healthy Network (2024).

Mortality Rates by Gender 2018-2022	Avery County Males	Avery County Females	% Difference
Cancer	152.5	124.5	28.00
Heart Disease	200	162.2	37.8
Chronic Lower Respiratory Diseases	73.4	64.9	8.5
Unintentional Injuries (non-motor vehicle)	38.5	n/a	-

CHAPTER 5 – ENVIRONMENTAL FACTORS

"The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives." (County Health Rankings, 2021).

AIR & WATER QUALITY

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

The US Environmental Protection Agency provides Air Quality Index reports from a measuring station in Avery County. In 2023, out of the 283 days with measured air quality, Avery County had 246 good days, 37 moderate days, and no day that was unhealthy for sensitive groups. The most common air pollutant, measurable on 214 days, was ozone (O3). Ozone inhalation can damage the throat and airways and make it more difficult to breathe deeply; it can aggravate existing lung diseases such as asthma, emphysema, and chronic bronchitis. Ground-level ozone is the main ingredient in "smog" and is emitted from industrial facilities, electric utilities, gasoline vapors, and chemical solvents (US EPA, 2024).

The EPA's Toxic Release Inventory tracks more than 650 chemicals that can threaten human health and the physical environment. Facilities that manufacture, process, or use these chemicals in amounts that exceed established levels must report how they release, recycle or manage the materials. Releases can be emissions into air or water, or land disposal (EPA, 2021). Avery County did not have any reportable toxic releases in 2023.

While secondhand smoke exposure has become less prevalent due to the restrictions many communities put in place to discourage smoking, it continues to impact the air quality of homes and workplaces. In 2021, 14% of Avery County Community Health Survey respondents said they had breathed someone else's smoke at work in the past week, higher compared to WNC (9.1%) (WNC Health Network, 2024).

Public water systems provide drinking water to most Americans, and they must abide by established and enforced safety standards. The most common non-public source of water is private wells, the safety of which must be maintained by the homeowner. As of August 2024, approximately 67% of the Avery County population, around 11,800 residents, were served by community water systems. One community water system (Elf River Club Development) had two health-based violations (a contaminant exceeded the safety standard or water was not treated properly) in the past 10 years. All other community water systems have had no health-based violations in the past 10 years (WNC Health Network, 2024).

ACCESS TO HEALTHY FOOD & PLACES

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

According to Feeding America, 15.1% of the Avery County population was food insecure in 2023; 17.5% of children were food insecure. Despite projected increases in food insecurity in 2019, rates of food insecurity have decreased from 16% of adults and 19.5% of children in 2019 (Feeding America, 2025).

Participants in the 2024 Community Health Surveys were asked if they ran out of food at least once in the past year and if they were worried about running out of food in the past year. Those who said yes to either question were classified as food insecure. Avery County demonstrated a lower percentage of food insecurity (26.8%) compared to WNC (28.6%) and the US (43.3%) (WNC Health Network, 2024).

While the data available from the US Department of Agriculture's Food Environment Atlas is not particularly recent, it provides standardized information that can be tracked over time. Avery County had 1 farmers market in 2018, the same as in 2013. The number of grocery stores decreased from 5 in 2011 to 4 in 2016: there are three large-chain grocery stores in Avery County (an Ingles in Newland, a Food Lion and a Lowes Foods in Banner Elk). As of 2015, nearly 4.5% of Avery County households had no car and low access (more than 1 mile distant) to a grocery store. In contrast to the grocery stores, fast food restaurants appear more abundant in Avery County: there were 12 fast food establishments in 2011 and in 2016. There were no recreational or fitness facilities in Avery County in 2011 and 2016 (USDA, 2021).

"Employment with insurance, access to care, support from family and friends. – Public Health Representative (Avery County)"

"The Y. Programs are offered for every segment of the population. Child Development Center serves 6 weeks to 6 years. Day care will serve 2-5 year olds. After School and Summer Camp serves 5-11 year olds, Teen Programs serve 11-14 year olds and at 15 kids are eligible for part time employment. YMCA offers 7 Evidence Based Health Intervention Programs-YMCA's Community Outreach Programs focuses on serving aging in place seniors in their homes and active older adults on campus. YMCA Latino Community Health Worker focuses on the needs and education of services for the Latino community. Swim Lessons, Group Exercise, Personal Training, Aquatic Classes, Wellness center, etc. – Community Leader (Avery County)"

ENVIRONMENTAL JUSTICE

Environmental Justice (EJ) is a broad term that refers to community-based organizing with the goal of creating and maintaining a healthy, safe environment for all life with special attention paid to how environmental hazards are distributed across communities. EJ was born in 1982 in Warren County, NC, when Black residents were told their neighborhood would become the site of a landfill for PCB, which is known to be hazardous to human health. This community banded together to fight the decision to locate the hazardous waste in a predominantly Black community, and recognized that the vast majority of the burden of toxic waste in the US is carried by communities of color (Wells, 2018). The Environmental Justice movement has brought to the forefront the importance of monitoring how environmental contamination impacts the health of communities in disparate ways.

Western North Carolina (WNC) is naturally resilient compared to many other parts of the state. The altitude makes the region less vulnerable to heat waves than the Piedmont area, and floods in WNC are less threatening than those experienced in coastal counties. Since the tuberculosis outbreak of the late 1700's, the air quality has drawn people to the mountains in hopes that it would provide a healing benefit (Cadmus, 2024). However, communities still need to be prepared for many health risks present in our environments. Wildfires, water quality, flooding, drought, and heat waves are all threats to human health. Smoke from fires damages air quality and leads to respiratory issues among other health issues, poor

water quality can cause life-threatening diseases such as cancer and bacterial infection, flooding can increase exposure to water-bourne illnesses, and drought increases the frequency and intensity of flooding. Changes in our climate will continue to make summers hotter and will increase communitywide susceptibility to heat related illness, especially in under-treed communities experiencing heat islands (Donellan, 2023).

CHAPTER 6 – CLIMATE AND HEALTH

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

TEMPERATURE AND EXTREME HEAT

Over the past century, the average annual temperature in Western North Carolina has steadily risen, with most years in the past two decades being warmer than the historical average (Figure 1). Extreme heat events, such as heatwaves, have become more frequent. For instance, 2010 and 2016 saw 35 and 32 days of heatwaves (Figure 2), respectively. These periods of prolonged heat have been linked to increased morbidity and mortality, particularly on days with poor air quality (CDC, 2023).

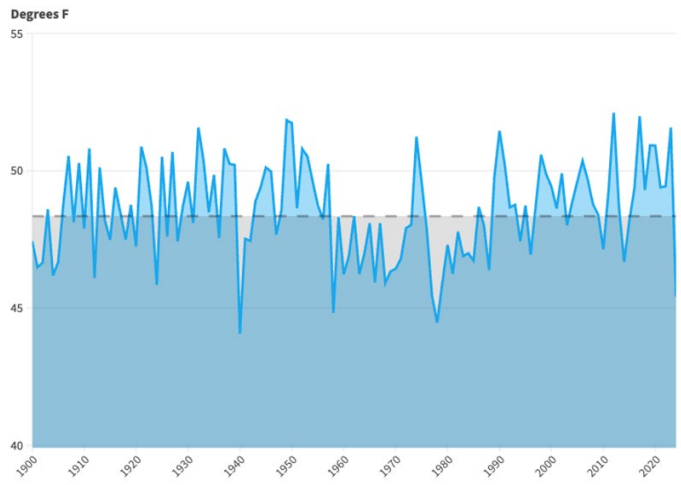


Figure 1. Observed average annual temperature for Western North Carolina from 1901 to 2024 and the temperature of record, 48 °F (dashed grey line). Source: National Centers for Environmental Information Climate at a Glance. Data: COOP, ASOS, CRN

Extreme heat not only poses direct risks such as heatstroke but also exacerbates existing health conditions like heart disease and respiratory illnesses (CDC, 2023). As the frequency of extreme heat events continues to rise, addressing these climate-related health risks becomes increasingly urgent.

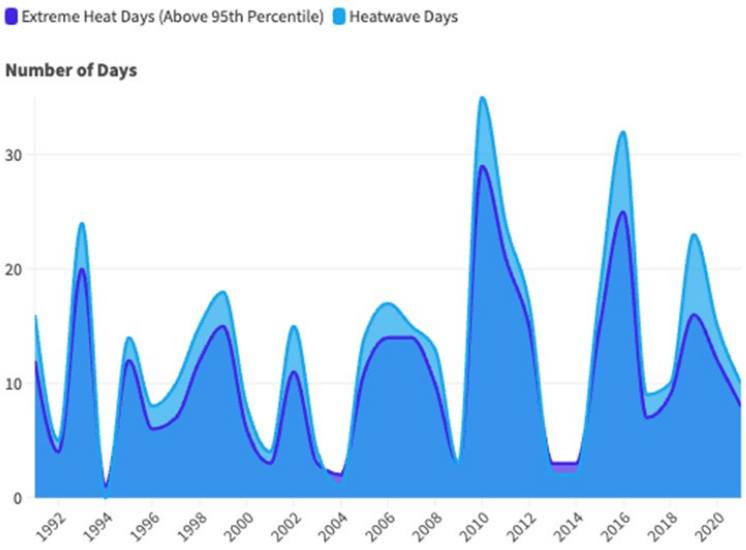


Figure 2. Annual number of Heatwave and Extreme Heat Days in the 18-counties of WNC, 1991 to 2023. ***Heatwave*** *was defined as 3 or more consecutive days, during which the temperature reached the 90th percentile for those days.* ***Extreme Heat days*** *are defined as individual days when the temperature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

PRECIPITATION AND FLOODING

Western North Carolina's climate is characterized by its wet and humid conditions, with precipitation levels remaining relatively constant across seasons (NCICS, 2024). However, extreme precipitation events, such as heavy rainfall leading to flash floods, have become more variable. Several years since 2000 have experienced multiple days of extreme precipitation, significantly increasing the risk of flooding, property damage, and potential injuries or fatalities (Figure 3).

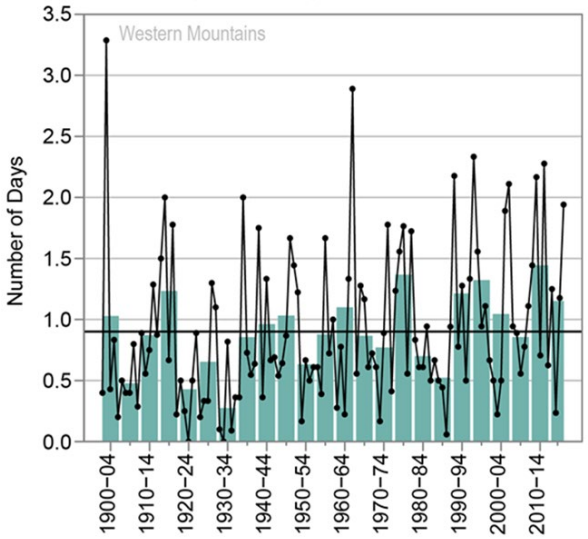
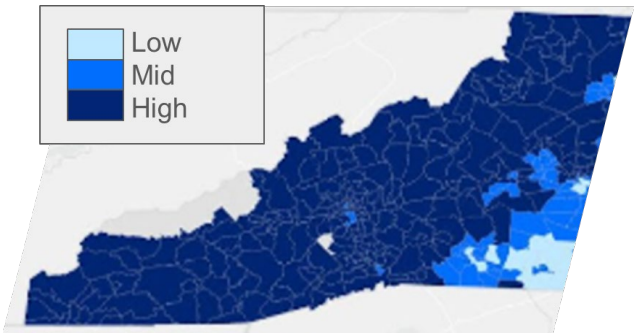


Figure 3. Observed annual number of extreme precipitation events for the Western Mountains of North Carolina. ***Extreme precipitation*** *is defined as 3 inches or more of precipitation within a 24-hour span. Sources: NCICS, NOAA NCEI, and the State Climate Office of North Carolina.*



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

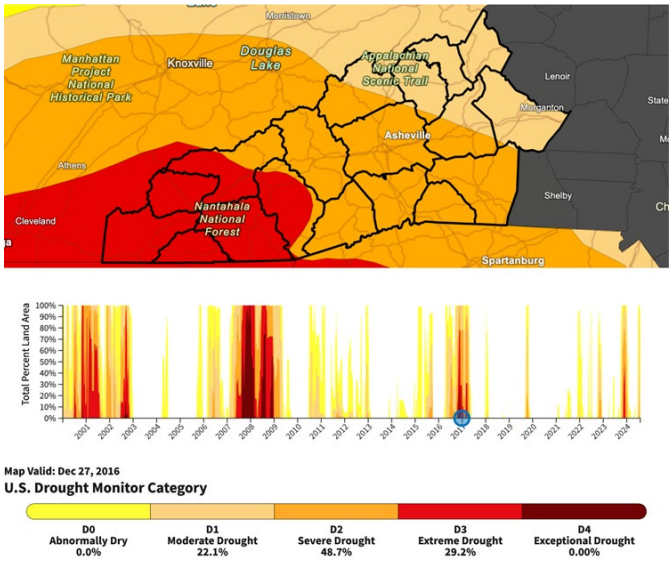
Figure 4. Flood Risk in North Carolina at the ZCTA level. Sources: First Street Foundation. Data: FIRMs, USGS DEMs, NOAA, NHD. We acknowledge Sarah Ulrich for her mapping expertise.

DROUGHT AND WILDFIRES

Despite Western North Carolina's typically humid climate, the region has also faced periods of exceptional drought. Notably from 2007 to 2009 (Figure 5), streamflows dropped to record lows, and drought in 2016 triggered a significant wildfire season in the region.

Figure 5. Historic Drought Conditions from 2000 to 2024 and map highlighting the drought conditions during the 2016 drought season. Sources: NOAA, USDA, and National Drought Mitigation Center. Data: USDM, NOAA, NIDIS, USDA, NDMC.

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



CHAPTER 7 – IDENTIFICATION OF HEALTH PRIORITIES

IDENTIFICATION OF COMMUNITY HEALTH ISSUES

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

Data Review and Initial Shortlist

Beginning in January, 2024, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they're most concerned about. Our key partners, listed in the Executive Summary, reviewed this data collectively, discussing the unique facts and circumstances impacting our community.

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

- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a topic of high community concern
- County data deviates notably from the region, state or benchmark

Community Engagement and Prioritization

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. In June 2025, Jessica Farley from Toe River Health District facilitated the first of three prioritization meetings, via Zoom. The team shared highlights from the Avery County WNC Healthy Impact presentation, summarizing the community health survey results and key informant interviews, and slides containing statistical data pertaining to substance abuse, mental health, and healthy lifestyles. Participants were prompted to ask questions and comment on what data that stood out to them, then used the JamBoard digital tool to start pulling out the priorities.

Identified Issues

At a follow-up meeting in June 2025, the team reviewed highlights from the 2021 CHA and compared them to the 2024 results. As a result of that meeting, the Healthy Carolinians of Avery County partnership identified the following 6 health issues:

- Housing Affordability & Availability. Even though the cost of housing is lower in Avery County compared to NC, 29% of homeowners and 32% of renters in Avery County spend more than 30% of their monthly income (which is already lower than NC average) on housing. As reflected in 2-1-1 calls, the cost of utilities and heating fuel continue to be an issue in our community.
- Mental Health Issues (including depression, anxiety, suicidal thoughts, and social isolation & loneliness). Over 20% of survey respondents indicate their mental health is "fair" or "poor" in Avery County. The lack of availability of mental health services and the continued impact of stigma and fear were felt in Avery County, in a rising suicide rate that was also higher compared to NC. The percentage of respondents who have considered suicide in the past year has doubled since 2021, from 4% to over 8%.

- Food Access & Availability. Over a quarter of survey respondents in Avery County indicated they experienced food insecurity in 2024. The lack of grocery stores and the continuing poverty rates only make it harder for our community to access fresh, healthy foods.
- Healthy Eating/Active Living (including nutrition, overweight, obesity). The estimated percentage of the county population classified as obese has increased from about 29% to over 46% from 2021 to 2024. Obesity leads to increasing rates of cancer, chronic diseases like diabetes, heart disease and kidney diseases, and can be a complicating factor for many other conditions.
- Chronic Conditions (including heart disease, cancer, diabetes, stroke, high blood pressure, memory loss, COPD, etc.). Survey respondents in Avery County experienced heart disease, stroke, and high cholesterol at similar rates as the region, NC, and US averages. High blood pressure rates have increased to 36% in 2024, from 21% in 2021. An estimated 19% of Avery County residents have a disability, higher than both regional and state averages.
- Substance Abuse (including vaping, alcohol, tobacco use, and drug use). Our community experiences higher opioid dispensing rates as well as excessive alcohol use. The fact that nearly half of survey respondents had experienced the negative impacts of substance use on their lives is an indication of the pervasive effects of drug use.

PRIORITY HEALTH ISSUE IDENTIFICATION

Process

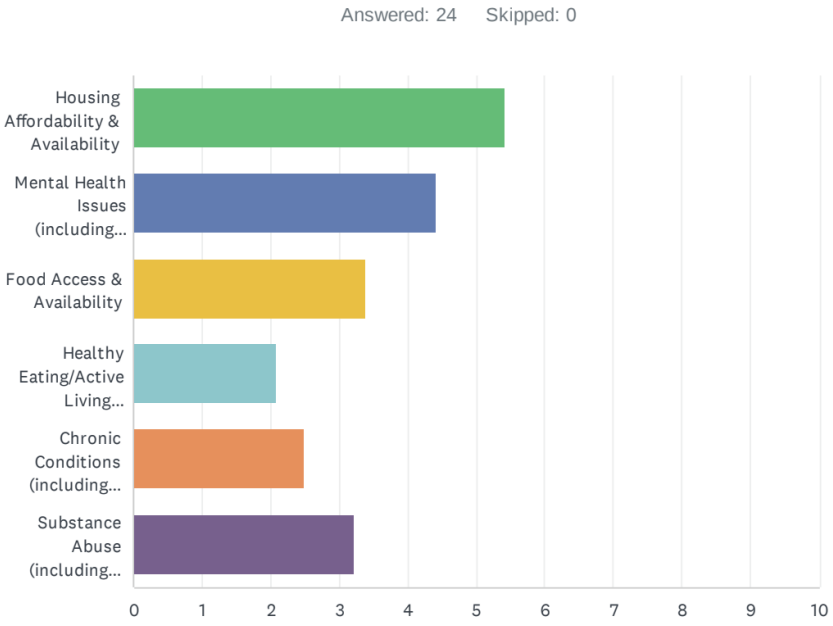
In June 2025, the top six health issues identified by the Community Health Assessment were presented, with the goal of having top three issues prioritized by the end of the meeting. Before breaking participants into two breakout groups, Jessica Farley reminded the group that the issues should be considered using the following criteria:

- Criteria 1 – Relevant – How important is this issue? (Size of the problem; Severity of problem; Focus on equity; Urgency to solve problem; Linked to other important issues)
- Criteria 2 – Impactful – 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 – Feasible – 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)

She also encouraged groups to discuss the inclusion or exclusion of "social determinants of health" as a category since social determinants may underpin every other topic. There was agreement that equity (e.g., Spanish translation) and social determinants of health must be lenses that are applied to ALL work undertaken toward community health improvement and
should influence everything that we do.

Then a ranked-choice voting technique was used to narrow to the top 3 priority health issues.

Q1 Please rank the following health concerns in order of importance to you, with the most important being the first on the list and the least important being the last on the list. Please use the arrows to place your rankings on each concern:



Identified Priorities

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

1. **Housing Affordability & Availability**
2. **Mental Health Issues (including depression, anxiety, suicidal thoughts, and social isolation & loneliness)**
3. **Food Access & Availability**

CHAPTER 8 - HEALTH RESOURCES

HEALTH RESOURCES

Process

The subcontractor writing the CHA report collected service request data available from the NC 2-1-1 Counts data portal for 2022, 2023, and 2024. Local public health and social service agencies, as well as local providers, refer clients to 2-1-1 as a matter of practice. 2-1-1 remains an important resource for several reasons:

- It is an easy-to-remember, three-digit telephone number that connects people with important community services to meet everyday needs and the immediate needs of people in crisis.
- It is free, confidential, and available 24 hours a day.
- It can be accessed through the internet (www.nc211.org) or by calling 2-1-1 from any home, office or cell phone or the toll-free number of 1-888-892-1162.
- 2-1-1 can be updated in real-time, by sending updates to the 2-1-1 coordinator out of Asheville, NC.
- Online/telephone directories such as 2-1-1 have an advantage over printed directories as they are accessible remotely, can be updated easily, and do not require printing costs

The Toe River Health District also compiles a Comprehensive Resource Guide for each of the three counties in their district, which was reviewed as part of the CHA process. Health resources-related comments from the Key Informant Interviews were also reviewed.

Findings

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

Regarding Community Based Organizations:

"The incredible increase in membership at the Y. The number of individuals participating in Health Intervention Programs to include Arthritis Management, Hypertension, Parkinson's Management, Weight loss, Cancer Survivorship and more. Over 40,000 meals served to kids in after school and summer camp. 100% of our kids in out of school programs are being promoted to the next grade. Investment in teen mental health-Increase in collaboration with community partners." - Community Leader (Avery County)

Regarding Human Trafficking:

"Several community agencies were trained on human trafficking in June 2024. After meeting several agencies signed to work on this problem together. Also all of the agencies that are working with Freedom Life. - Public Health Representative (Avery County)

Regarding Substance Use:

"Concerns for addicts and homeless. People willing to foster children." - Public Health Representative (Avery County)

Stakeholders identified the low number of primary care providers, the continuing high cost of medical care, long wait times at medical clinics, and a lack of specialists in the county as particular challenges to the healthcare system.

Access to primary care is especially necessary in Avery County, where there is a focus on preventive

healthcare across the lifespan. The Healthy North Carolina 2030 goal is one primary care provider (primary care physicians, nurse practitioners, physician assistants, and certified nurse midwives) per 1,500 people. As of 2024, with 48 primary care providers (22 primary care physicians, 24 nurse practitioners, 2 physician assistants and 0 certified midwives), Avery County had a ratio of 1 provider to 365 people (Sheps Center, NC Health Workforce Data, 2024).

While the 2-1-1 data does not demonstrate a high number of requests from Avery County residents, housing and shelter, utility, food, and disaster related calls tend to be the most common, followed by healthcare. Between 2022 and 2024, rent assistance and low cost housing were the most common housing related requests. Within the Utilities category, assistance with electric utilities was the most common type of request. Within the Healthcare category, the majority of requests were related to health insurance. (2-1-1 Counts, 2024).

Top 2-1-1 Request Categories	**2022**	**2023**	**2024**	**Total**
Housing & Shelter	25	14	22	**51**
Shelters	*9*	*1*	*4*	***14***
Low-cost housing	*9*	*4*	*4*	***17***
Home repair/maintenance	*2*	*1*	*2*	***5***
Rent assistance	*4*	*6*	*11*	***21***
Mortgage assistance	*1*	*1*	*1*	***3***
Landlord/tenant issues	*0*	*0*	*0*	***0***
Contacts	*0*	*0*	*0*	***0***
Other housing & shelter	*0*	*1*	*0*	***1***
Utilities	5	6	13	**24**
Electric	*5*	*3*	*8*	***16***
Gas	*0*	*1*	*1*	***2***
Water	*0*	*1*	*0*	***1***
Heating Fuel	*0*	*0*	*1*	***1***
Phone/Internet	*0*	*1*	*0*	***1***
Contacts	*0*	*0*	*0*	***0***
Other utilities	*0*	*0*	*1*	***1***
Healthcare & COVID-19	1	5	4	**10**

Health insurance	*0*	*2*	*2*	***4***
Medical expense assistance	*1*	*0*	*0*	***1***
Medical providers	*0*	*0*	*0*	***0***
Dental & eye care	*0*	*0*	*0*	***0***
Prescription medications	*0*	*0*	*0*	***0***
Nursing home & Adult Care	*0*	*2*	*0*	***2***
Death Related	*0*	*0*	*0*	***0***
Public Health & Safety	*0*	*0*	*0*	***0***
COVID testing	*0*	*0*	*0*	***0***
COVID vaccination	*0*	*0*	*0*	***0***
All other COVID	*0*	*1*	*0*	***1***
Other health services	*0*	*0*	*1*	***1***
Contacts	*0*	*0*	*1*	***1***
Other healthcare	*0*	*0*	*0*	***0***
Food	6	6	3	**15**
Help buying food	*1*	*1*	*0*	***1***
Food pantries	*3*	*4*	*0*	***7***
Soup kitchens & Meals to-go	*1*	*1*	*0*	***2***
Feeding children	*0*	*0*	*0*	***0***
Home-delivered meals	*0*	*0*	*0*	***0***
Holiday meals	*0*	*0*	*0*	***0***
Contacts	*0*	*0*	*0*	***0***
Other food	*1*	*0*	*0*	***1***
Mental Health & Addictions	2	1	1	**4**
Substance abuse & addictions	*0*	*1*	*0*	***1***
Marriage & family	*0*	*0*	*0*	***0***
Crisis intervention & suicide	*1*	*0*	*0*	***1***

Mental health services	*1*	*0*	*0*	***1***
Mental health facilities	*0*	*0*	*1*	***1***
Other mental health & addictions	*0*	*0*	*0*	***0***
Employment & Income	2	3	2	**7**
Job search	*0*	*0*	*0*	***0***
Job development	*0*	*0*	*0*	***0***
Unemployment benefits	*0*	*0*	*0*	***0***
Tax preparation	*1*	*0*	*0*	***1***
Financial assistance	*0*	*2*	*2*	***4***
Money management	*1*	*1*	*0*	***2***
Contacts	*0*	*0*	*0*	***0***
Other employment & income	*0*	*0*	*0*	***0***
Clothing & Household	0	5	1	**6**
Clothing	*0*	*0*	*1*	***1***
Personal hygiene products	*0*	*1*	*0*	***1***
Appliances	*0*	*1*	*0*	***1***
Home furnishings	*0*	*2*	*0*	***2***
Thrift shops	*0*	*1*	*0*	***1***
Seasonal / holiday	*0*	*0*	*0*	***0***
Contacts	*0*	*0*	*0*	***0***
Other clothing & household	*0*	*0*	*0*	
Child Care & Parenting	0	0	0	**0**
Government & Legal	0	1	7	**8**
Legal assistance	*0*	*0*	*1*	***1***
Child & family law	*0*	*0*	*0*	***0***
Immigration assistance	*0*	*0*	*0*	***0***

Government	*0*	*0*	*4*	***4***
Contacts	*0*	*1*	*2*	***3***
Other government & legal	*0*	*0*	*0*	***0***
Transportation Assistance	1	3	3	**7**
Medical transportation	*0*	*0*	*0*	***0***
Public transportation	*0*	*0*	*1*	***1***
Automobile assistance	*1*	*0*	*2*	***3***
Long-distance travel	*0*	*0*	*0*	***0***
Ride share services	*0*	*0*	*0*	***0***
Bike programs	*0*	*0*	*0*	***0***
Contacts	*0*	*0*	*0*	***0***
Other transportation assistance	*0*	*0*	*0*	***0***
Education	0	0	0	**0**
Disaster	0	0	15	**15**
Food / water	*0*	*0*	*1*	***1***
Housing / shelter	*0*	*0*	*0*	***0***
Transportation / fuel	*0*	*0*	*1*	***1***
Health / safety	*0*	*0*	*1*	***1***
Utility outage	*0*	*0*	*0*	***0***
Financial assistance	*0*	*0*	*0*	***0***
Disaster relief services	*0*	*0*	*0*	***0***
Evacuation / preparedness information	*0*	*0*	*0*	***0***
Emergency protective measures	*0*	*0*	*0*	***0***
Contacts	*0*	*0*	*0*	***0***
Other disaster	*0*	*0*	*9*	***9***
Other	1	15	7	**23**

Agency & other contact information	*1*	*0*	*1*	***2***
Community development & enrichment	*0*	*0*	*0*	***0***
Volunteering & donations	*0*	*8*	*2*	***10***
Support & advocacy	*0*	*0*	*1*	***1***
Complaints	*0*	*0*	*1*	***1***
Special population services	*0*	*7*	*0*	***7***
Special populations	*0*	*0*	*0*	***0***
All other requests	*0*	*0*	*2*	***2***
Total for top requests	**43**	**59**	**78**	**180**

RESOURCE GAPS

Dentists are a particular need in Avery County; as of 2024, there were eight active dentists in the county. There were no other dental specialists, including pediatric dentistry, periodontics, and oral-maxillofacial surgery, in Avery County in 2024. More than a quarter of the active dentists were over the age of 65, an indicator that unless new dentists are incentivized to work in Avery County, the proportion of dentists will shrink as the providers retire. In SFY2020, six public health dentists billed Medicaid for 3,125 procedures; an additional three general practice dentists billed Medicaid for 2,595 procedures (NC DHHS, Reports, 2021).

Compared to the WNC Region, Avery County had lower ratios of physicians, registered nurses and physician assistants, meaning fewer providers are available to serve the population or that the providers who are there have to serve a higher number of patients. As of 2024, there were no pediatricians, psychologists, podiatrists, certified nurse midwives, dermatologists, oncologists, endocrinologists, pulmonologists, gastroenterologists, otolaryngologists (ear, nose, and throat), radiologists, nephrologists, or ophthalmologists. There was only one optometrist, one cardiologist, one neurologist, one general surgeon, one ob-gyn, and one urologist (Sheps Center, NC Health Workforce Data, 2024).

"Our Health Department is probably the biggest support and school nurses." - Public Health Representative (Avery County)

"Health care professionals do not stay in the area very long. Lack of health care personnel. Lack of health insurance for the poor." - Public Health Representative (Avery County)

"Low wages. No health care insurance. Lack of health care and mental health providers." - Public Health Representative (Avery County)

Populations Most Impacted per Key Informant Interviews:

"Average citizen, underprivileged, tourists with accidents (emergency treatment)." - Public Health Representative (Avery County)

"Families with children." - Public Health Representative (Avery County)

CHAPTER 9 - NEXT STEPS

COLLABORATIVE PLANNING

Collaborative action planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. The next steps will be to formulate action plans regarding these three health concerns, starting with answering the questions to eliminate duplication of services and creating work that is not useful:

- What is currently going on regarding these top three health concerns?
- What would you like to see going on regarding the top three health concerns?

The health partnership will create subcommittees for each health concern and these committees will work on creating collaborative action planning and implementation efforts. Upcoming meetings will be scheduled, and partners will be notified. We will conduct a root cause analysis and identify possible evidence-based strategies to tackle the health concerns during the action planning process.

Further steps will be taken including the development of a community health improvement plan based on the findings from the CHA. The CHA Facilitator will convene community members and partners interested in moving forward on the selected health priorities. Action teams will emerge from the selected health priorities and the teams will begin brainstorming evidence-based strategies.

While much work has already been done to improve the health of our community's residents, more work is left to do to ensure that Avery County is the healthiest place to live, learn, work, and play.

SHARING FINDINGS

The final Community Health Assessment will be shared specifically with the following stakeholders:

- Present to the Toe River Health District Board of Health
- Present to the Avery County Board of Commissioners
- Present to the Healthy Carolinians of Avery County
- Distribution to Avery County School Administration
- Distribution to doctors and nurses at Cannon Memorial Hospital
- Distribution to Avery County Senior Center
- Post on local radio station website www.wecr.com
- Conduct a Public Services Announcement with the local radio station
- Publish in the local newspaper website: www.averymountaintimes.com
- Make available on local agency websites and local libraries in Newland and Banner Elk

WHERE TO ACCESS THIS REPORT

- WNC Health Network website: https://www.wnchn.org/wnc-healthy-impact/reports/
- Toe River Health District website: www.toeriverhealth.org
- Hard copies will be available at the local library and the health department.

FOR MORE INFORMATION AND TO GET INVOLVED

Visit www.toeriverhealth.org or contact Avery County Health Department at (828) 733-6031.

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APPENDICES

Appendix A – Data Collection Methods & Limitations

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data Methodology

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

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

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

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

The WNC Healthy Impact Dataset contains only secondary data that are : (1) retrieved directly from sources in the public domain or by special request; and (2) are available for all 16 counties in the WNC Healthy Impact region. All secondary data included in the workbook 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.