

**MITCHELL COUNTY**

**2024**  
**COMMUNITY  
HEALTH  
ASSESSMENT**



# CONTACT INFORMATION:

**Department Name:** Toe River Health District, serving Avery and Mitchell County Health Departments

**Address:** 130 Forest Service Drive, Suite A in Bakersville, NC 28705

**Phone Number:** 828-688-2371

**Website:** [www.toeriverhealth.org](http://www.toeriverhealth.org)

***For Community Health Assessment (CHA) inquiries:***

**Contact Person:** Jessica Farley

**Phone Number:** 828-688-5071

**Email:** [Jessica.farley@toeriverhealth.org](mailto:Jessica.farley@toeriverhealth.org)

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Please provide the following information:

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# 2024 MITCHELL COUNTY COMMUNITY HEALTH ASSESSMENT

## Collaboration

This document was developed by Toe River Health District in partnership with community leaders, public health agencies, businesses, 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:

<b>Name</b>	<b>Agency</b>	<b>Role/ Contribution</b>	<b>Duration of Participation</b>	<b>Agency Website</b>
Jessica Farley	Toe River Health District	Leader	Yearly	<a href="http://www.toeriverhealth.org">www.toeriverhealth.org</a>
Pam Snyder	Headstart	Participant	Yearly	n/a
Ron & Libby McKinney	Mitchell County Health Partnership	Leader	Yearly	n/a
Norma Duncan	NC Tarheel Legislature	Participant	Yearly	<a href="https://ncseniortarheellegislature.org">https://ncseniortarheellegislature.org</a>
Amber Dillinger	Mountain Community Health Partnership	Participant	Yearly	<a href="https://www.mchp.care">https://www.mchp.care</a>
Schell McCall	Partners Aligned Toward Health	Leader	Yearly	<a href="https://pathwnc.org">https://pathwnc.org</a>
Susan Larson	SEARCH	Participant	Yearly	<a href="https://www.searchwnc.org">https://www.searchwnc.org</a>
Katie Willet	YMCA	Participant	Yearly	<a href="https://www.ymcaavery.com">https://www.ymcaavery.com</a>
Jessica Zucchini	Mitchell-Yancey Substance Abuse Task Force	Participant	Yearly	<a href="https://pathwnc.org/category/substance-abuse-task-force">https://pathwnc.org/category/substance-abuse-task-force</a>
Amanda North	Center for Rural Health Innovation	Participant	Yearly	<a href="http://www.crhi.org">http://www.crhi.org</a>
Angela Atkins	Mitchell County Schools	Participant	Yearly	<a href="http://www.mcsnc.org">http://www.mcsnc.org</a>
Pana Columbus	High Country Caregivers	Participant	Yearly	<a href="https://www.highcountrycaregivers.com">https://www.highcountrycaregivers.com</a>
Wendy Boone	Mitchell County DSS	Participant	Yearly	<a href="https://www.mitchellcounty.org/departments/social-services">https://www.mitchellcounty.org/departments/social-services</a>
Amber Briggs	Mitchell County Public Library	Participant	Yearly	<a href="https://www.amyregionallibrary.org/locations/spruce-pine-library">https://www.amyregionallibrary.org/locations/spruce-pine-library</a>

# 2024 MITCHELL COUNTY 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

Many local organizations assisted the local health department with the creation of this document. Among those were community leaders, public health agencies, businesses, medical community, school systems, and local faith-based organizations and churches. This team worked to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. This document is the result of collaboration between Toe River Health District, WNC Healthy Impact, and the Mitchell County Health Partnership.

## PARTNERSHIPS

A health department-led comprehensive Community Health Assessment (CHA) provides community insight into the health status of the county. Through the use of 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 put the county in a position to take the next steps in developing policy, environment, and system changes that support their concerns. Currently in Mitchell 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.

<b>Name</b>	<b>Agency</b>	<b>Contact Information</b>		
Ron and Libby McKinney, Vice Chairperson	Mountain Community Health Partnership	P.O. Box 176 Bakersville, NC 28705	828-688-2622	ronmck@frontier.com
LaCosta Tipton, Administrator	Mountain Community Health Partnership	P.O. Box 27 Bakersville, NC 28705	828-688-2104	Lacosta.tipton@mcph.care.org
Chad Calhoun, Superintendent	Mitchell County Schools	72 Ledger School Rd Bakersville, NC 28705	828-688-4432	ccalhoun@mcsnc.org
Amelia Gouge, School Nurse	Mitchell County Schools	72 Ledger School Rd. Bakersville, NC 28705	828-688-4432	agouge@mcsnc.org
Jennifer Simpson, Executive Director	Blue Ridge Partnership for Children	P.O. Box 1387 Burnsville, NC 28714	828-682-0047	director@mypartnershipforchildren.org
Jessica Farley, Health Promotion Supervisor	Mitchell County Health Department	130 Forest Service Dr. Bakersville, NC 28705	828-688-2371	jessica.farley@toeriverhealth.org
Mason Gardner, Health Director	Toe River Health District	130 Forest Service Dr. Bakersville, NC 28705	828-765-2239	Mason.gardner@toeriverhealth.org
Libby Phillips, Community Development Manager	Blue Ridge Partnership for Children	215 Pineola St Newland, NC 28657	828-733-2899	cdm@brpartnershipforchildren.org
Kathy Garland, Director of MCS	Mitchell County Senior Center	152 Ledger School Rd. Bakersville, NC 28705	828-688-3019	scdirect061@yahoo.com
Brandon Pitman, Director	Mitchell County Cooperative Extension	10 S Mitchell Ave. P.O. Box 366 Bakersville, NC 28705	828-688-4811	Brandon.pitman@ncsu.edu
Sheila Blalock, Director	Mitchell County Department of Transportation	Crimson Laurel Circle Bakersville, NC 28705	828-688-4715	sheila.blalock@michtellcounty.org
Brock Duncan, Director	Mitchell County Dept. of Parks and Recreation	Crimson Laurel Circle Bakersville, NC 28705	828-688-5901	recreation@mitchellcounty.org
Pam Snyder	Intermountain Children Services Inc.	4929 South 226 Hwy Bakersville, NC 28705	828-688-2199	pamsnyder40@yahoo.com
Donald Street, Sheriff	Mitchell County Sheriff's Department	26 Crimson Laurel Circle Bakersville, NC 28705	828-688-2139	mcsd@michtellcounty.org
Amanda North, Program Coordinator	My Health-e-Schools/Center for Rural Health Innovation	11 North Mitchell Ave. Bakersville, NC 28705	828-467-8815	amanda.north@crhi.org

Nickey Stamey, Program Director	Mitchell-Yancey Healthy Families	202 Medical Campus Dr. Burnsville, NC 28714	828-682-6118	director@ myhealthyfamilies.org
Wendy Boone, Director	Department of Social Services	347 Long View Dr. Bakersville, NC 28705	828-688-2175	wendy.boone@ mitchellcounty.org
Michael Sink, Manager	WTOE Radio Station	P.O. Box 744 Burnsville, NC 28714	828-765-7441	mike@ wkyk.com
Schell McCall, Director	Partners Aligned Toward Health	202 Medical Campus Dr #9004 Burnsville, NC 28714	828-682-7889	schell@ pathwnc.org
Jessica Zucchini	MYSATF / Partners Aligned Toward Health	202 Medical Campus Dr. #9004 Burnsville, NC 28714	828-682-7899	jessica@ pathwnc.org
Amber Dellinger	Bakersville Community Medical Clinic	P.O. Box 27 Bakersville, NC 28705	828-688-2104	adillinger@ mchp.care
Marylee Yearick	Blue Ridge Partnership for Children	215 Pineola St. Newland, NC 28657	828-733-2899	ccrr@ brpartnershipforchildren.org
Amber Chapman	High Country Area Agency on Aging	468 New Market Blvd Boone, NC 28607	828-265-5434	achapman@ regiond.org

**REGIONAL SUPPORT**

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

**THEORETICAL FRAMEWORK/MODEL**

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

**COLLABORATIVE PROCESS SUMMARY**

Mitchell County’s collaborative process is supported on a regional level by WNC Healthy Impact (WNCHI). The Community Health Assessment outlines the community’s current health status. Based upon findings, steps have been developed to implement interventions, as well as community resources to address these health issues.

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 in a number of ways: (1) Partnership 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 officially began in January 2024 with collecting health data. See Chapter 1, Community Health Assessment Process, for details.

## KEY FINDINGS

Mitchell County, a rural area in the Blue Ridge Mountains of Western North Carolina, is experiencing a projected population decline and has an older median age (48.0) compared to the regional and state averages, with a higher proportion of seniors (25.5% aged 65 or older). The county is less racially diverse than the WNC region and North Carolina, with 92.1% of the population identifying as white, though Black/African American and Hispanic/Latino residents are concentrated in the southern portion, particularly around Spruce Pine. A significant portion of the population (54.2%) speaks a language other than English at home, and 1.5% speak English less than "very well," potentially creating communication barriers. Mitchell County also faces a higher proportion of residents living with a disability (18.6%) compared to the region and state.

Economically, Mitchell County residents face challenges with lower median household incomes (\$55,533) compared to the state average and a living wage of \$19.04 for a single adult, significantly higher than North Carolina's minimum wage of \$7.25. Despite a decrease from previous years, 13.4% of residents lived below the poverty line in 2022 and a higher percentage of Black/African American, American Indian/Alaskan Native, and Hispanic/Latino residents experience poverty compared to white residents. Nearly 16.1% of the population receives Food and Nutrition Services (FNS) benefits, and a significant portion of the community (25.3%) reported not having cash to cover a \$400 emergency expense. While the unemployment rate has fallen since the COVID-19 pandemic, community leaders highlight a lack of high-paying jobs, leading young people to move away. Educational attainment is lower than regional and state averages, with fewer residents holding a bachelor's degree or higher, and the county has recently seen an increase in high school dropout rates and lower proficiency in math and reading.

Community perception of discrimination is a concern, with 26.5% of survey respondents feeling the community is not welcoming to people of all races and ethnicities, and some reported being threatened, harassed, or treated unfairly in school or when receiving medical care due to their race or ethnicity. Access to standardized crime data is limited, but there are notable issues with domestic violence, including four domestic violence-related homicides between 2010 and 2023, and rising juvenile undisciplined and delinquency rates. The county also sees a higher percentage of children entering foster care due to parental substance use compared to state averages.

Housing stability is a significant issue, with 28% of housing units vacant in 2019, higher than the state average. While homeowners' costs are stable, renters face rising median gross rents, and 11.5% spent more than half of their income on rent in 2022. Many residents reported experiencing housing insecurities, such as living without electricity, heating, or water (14.4%), unhealthy or unsafe housing conditions (14.1%), or needing to live with friends/relatives (10.4%) or on the street (3.8%) due to housing emergencies. Transportation also presents barriers, with 8.4% of households lacking vehicle access, a rate much higher than WNC and NC, disproportionately affecting rented units and seniors. Additionally, over 15% of households lack a computer and 20.4% lack an internet subscription, indicating a digital divide.

Food insecurity is a growing problem, with nearly a quarter of Mitchell County survey respondents in 2024 reporting that they ran out of food or worried about running out of food. The county has limited options for healthy foods, with only one large-chain grocery store and few farmers markets, leading to community concerns about access and prices. Fruit and vegetable consumption remains low, with less than 7% of residents meeting daily recommendations. Despite these challenges, nearly three-quarters of residents feel they always or usually have someone to rely on for help, and almost 90% view Mitchell County as a good, very good, or excellent place to live, suggesting strong social support and community satisfaction. However, the county faces a high level of social vulnerability, with almost three-quarters of the population having at least one component of social vulnerability, indicating lower resilience to disasters.

Regarding health outcomes, Mitchell County's life expectancy (74.2 years) is slightly below the national average, and males generally have lower life expectancies than females. The county experiences higher mortality rates than the WNC region and North Carolina for leading causes of death, including heart disease, cancer, and chronic lower respiratory diseases. Other elevated mortality rates include COVID-19, cerebrovascular disease (stroke), Alzheimer's, suicide, chronic liver disease/cirrhosis, unintentional motor vehicle injuries, pneumonia/influenza, nephritis, and septicemia. Cancer incidence rates, particularly for total cancer, lung cancer, breast cancer, and prostate cancer, are higher than regional and state averages and have been increasing significantly over time. Mitchell County also faces alarmingly high and rising rates of overweight and obesity (74.8% overweight/obese, 43% obese in 2024), which surpass regional, state, and national averages and are critical risk factors for chronic conditions. Relatedly, only 23% of residents meet physical activity guidelines.

The county reports high rates of chronic disease diagnoses, including high blood pressure (44.5%), high cholesterol (42.2%), and increasing diagnoses of borderline or pre-diabetes (15.5%). Smoking rates are notably high (23.1% in 2024), exceeding WNC and NC averages. Substance abuse significantly impacts the community, with half of survey respondents reporting negative effects. Mitchell County also shows higher opioid prescribing and dispensing rates, and a consistently higher rate of infant drug withdrawal diagnoses compared to the region and state. Mental health issues are prevalent, with increasing dissatisfaction with life and a higher percentage reporting extremely or very stressful typical days compared to the WNC average. While suicide rates are slightly lower than the WNC region in recent surveys, the suicide mortality rate (20.8) for 2018-2022 still exceeds the state average significantly (13.5).

Access to clinical care faces challenges due to a lack of specialists in the county, requiring residents to travel for many medical needs. While the ratio of primary care providers to population is favorable, an aging healthcare workforce poses future concerns for provider availability. Over 11% of the population under 65 is uninsured, higher than the state average, and 30% of the population is eligible for Medicaid. An increasing proportion of residents report a lack of needed medical care, and nearly a third chose to go without care during the COVID-19 pandemic.

Environmental factors also contribute to community health. While air quality is generally good, fine inhalable particulate matter (PM 2.5) is the most common pollutant. Mitchell County has low toxic chemical releases, with only styrene reported from one facility. The region's climate is changing, with rising average annual temperatures and more frequent extreme heat events linked to increased morbidity and mortality. Extreme precipitation events have become more variable, increasing flood risk, which was devastatingly demonstrated by Hurricane Helene, causing widespread damage, economic hardship, loss of life, and long-term mental health and physical disabilities. Periods of exceptional drought also increase the risk of wildfires, which pose respiratory and cardiovascular health risks.

Through a comprehensive Community Health Assessment process, including data review, key informant interviews, and community engagement, Mitchell County has identified three priority health issues for the next three years: **Housing Affordability & Availability**, **Mental Health Issues** (including depression, anxiety, suicidal thoughts, and social isolation & loneliness), and **Food Access & Availability**. Other important identified issues include Healthy Eating/Active Living, Chronic Conditions, and Substance Abuse, all contributing to the overall health profile of the community.

## HEALTH PRIORITIES

In June 2024, 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, as to find the top three concerns to take action. The results from the prioritization process are reviewed and discussed at the meeting. The final health concerns are named as the focus for the next four-year cycle. 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 2024 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, Health Partnership meetings, Mitchell 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.

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 prioritized health concerns, starting with determining 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 Mitchell County is the healthiest place to live, learn, work, and play.

## **Hurricane Helene Impacts on Mitchell County**

Hurricane Helene had a devastating impact on Mitchell County, causing widespread damage, economic hardship, and loss of life. The storm brought major flooding, especially in Spruce Pine, which damaged homes, businesses, and infrastructure, including the downtown area. Essential services like water and sewer were disrupted for eight weeks.

The physical damage was extensive, with 338 buildings damaged and 120 private bridges destroyed. Economically, the county saw its unemployment rate rise to 7.5% in October from 3% before the storm, and tourism in Spruce Pine declined by 25%. The disruption of the water system also impacted major employers, the Avery-Mitchell Correctional Institution and Mountain View Correctional Institution prisons, forcing them to move inmates and leaving staff without jobs. Public schools in the county experienced a decrease of 45 students after the storm. Tragically, eight deaths were reported in Mitchell County due to Helene.

In the aftermath, over 5.3 million cubic yards of debris were removed from right-of-ways in western North Carolina. Recovery efforts included 4,688 people registering for assistance from FEMA, and the county is seeking further funding for the next phase of recovery. While businesses in Bakersville and Spruce Pine are rebuilding, their revenue was down due to the loss of the peak season. The Army Corps of Engineers is working to restore the water system to allow inmates to return to the prisons.

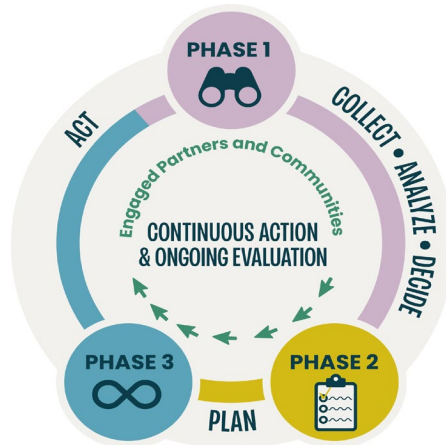
The long-term effects of Hurricane Helene continue to be felt, as the downed trees have increased the risk of wildfires. The rebuilding process is ongoing, and residents are left dealing with mental health issues and physical disabilities because of the storm.

# 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:

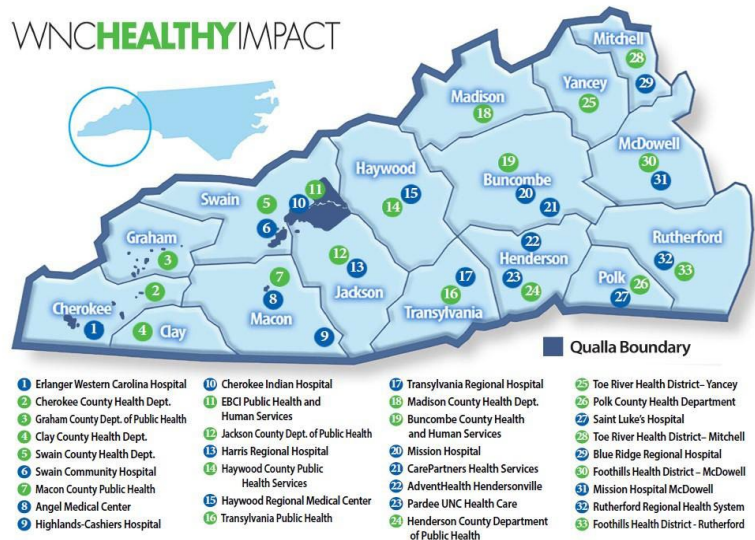


## Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Mitchell County is included in Blue Ridge Regional 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](http://www.wnchn.org/wnchealthyimpact).



## DATA COLLECTION

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

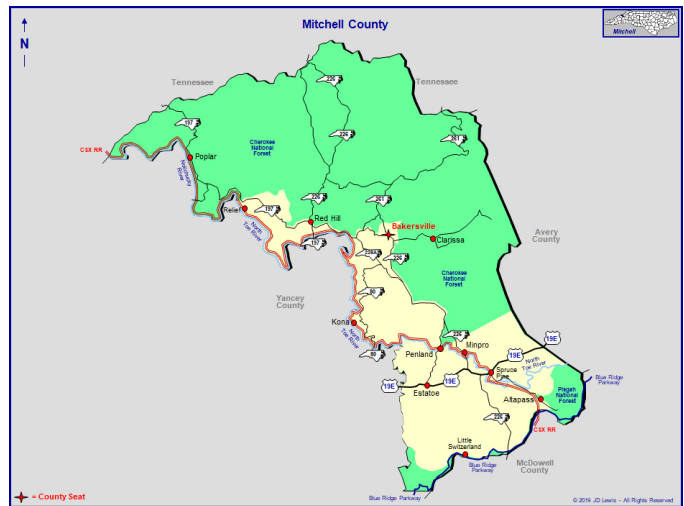
- The **underserved** are community members who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy, or understanding on how to access services.
- Those **at-risk** are community members of a group who are likely to, or have the potential to, get a specified health condition. Examples of at-risk populations in Mitchell 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 Mitchell County include residents living below poverty level, residents using WIC/FNS services, older adults, etc.

# CHAPTER 2 – Mitchell COUNTY

## Location, Geography, and History of Mitchell County

Mitchell County is located in the Blue Ridge Mountains of Western North Carolina, approximately 50 miles northeast of Asheville, NC and 25 miles southeast of Johnson City, TN. The county covers 220 square miles. Bakersville is the county seat, with a population of approximately 400.

The county's largest town, Spruce Pine, located in the southern part of the county, has a population of approximately 2,000. The county's average year-round temperature is 52 degrees, and it receives an average of 46.7 inches of rain annually. Elevation ranges from 1,700 to 6,313 feet above sea level with an average elevation of 3,000 feet. The mountain climate is particularly attractive for outdoor activities such as whitewater rafting, hiking, backpacking, camping, fishing, horseback riding, canoeing, kayaking, mountain biking, and picnicking. Spruce Pine is known as the "Mineral City of the World". Roan Mountain, on the NC/TN border, is home to the world's largest natural rhododendron garden and the longest stretch of grassy bald in the Appalachian range. Events such as the North Carolina Mineral and Gem Festival and North Carolina Rhododendron Festival bring many people to the area throughout the year.



Mitchell County was formed in 1861 from parts of Burke County, Caldwell County, McDowell County, Watauga County and Yancey County. During the build up to the Civil War, the northern half of the region strongly supported the Union and wanted to part company with the southern half, which favored secession. Jacob W. Bowman, a rising young politician from what is now Bakersville, was elected to represent Yancey County in the state legislature. Eager to serve his constituents living north of Toe River, young Bowman was instrumental in the passage of an act that created the new county. Mitchell County was named in honor of Elisha Mitchell, professor of mathematics, chemistry, geology and mineralogy at the University of North in the 1800s. Dr. Mitchell was the first scientist to argue that a nearby peak in the Black Mountains was the highest point east of the Mississippi River. He measured the mountain's height while climbing and exploring it. In 1857, he fell to his death on a waterfall on the side of the mountain. The mountain was subsequently named Mount Mitchell in his honor.

Source: [www.carolana.com](http://www.carolana.com)

Until 2009, Mitchell County was one of the three dry counties in North Carolina, along with Graham and Yancey. After much controversy, the Town of Spruce Pine approved beer, wine, and ABC store sales. The county took a direct hit from "The Storm of the Century", also known as the "'93 Superstorm", or "The Great Blizzard of 1993". This storm event was similar in nature to a hurricane. The storm occurred between March 12–13, 1993, on the east coast of North America and vast swaths of the continent were impacted. The county suffered another tragic event on May 3, 2002, when eight firemen lost their lives fighting a blaze at the Mitchell County jail in Bakersville.

## POPULATION

The 2023 American Community Survey (ACS) estimated the population of Mitchell County at 14,973 residents, lower than the 2020 Decennial Census count of 17,806. Like most locations across the WNC Region, Mitchell County is home to a slightly higher proportion of females than males.

Population Distribution (2023)	Total Population	% Male	% Female	Median Age
Mitchell County	14,973	49.3	50.7	48.0
WNC Region	817,127	48.7	51.3	44.9
North Carolina	10,835,491	49.0	51.0	39.4

The Mitchell County population is concentrated in the southern portion of the county, with the highest population density occurring around Spruce Pine.

### Population Density Mitchell County

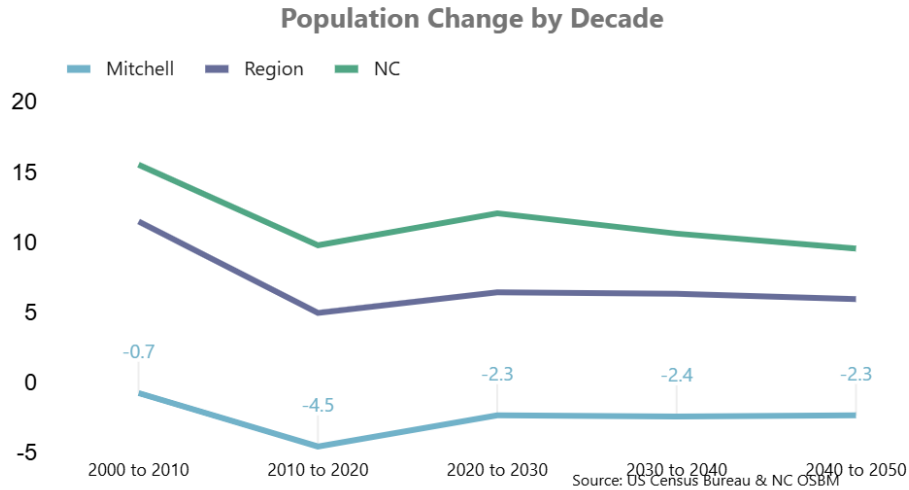
Persons per Square Mile

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



## Population Change

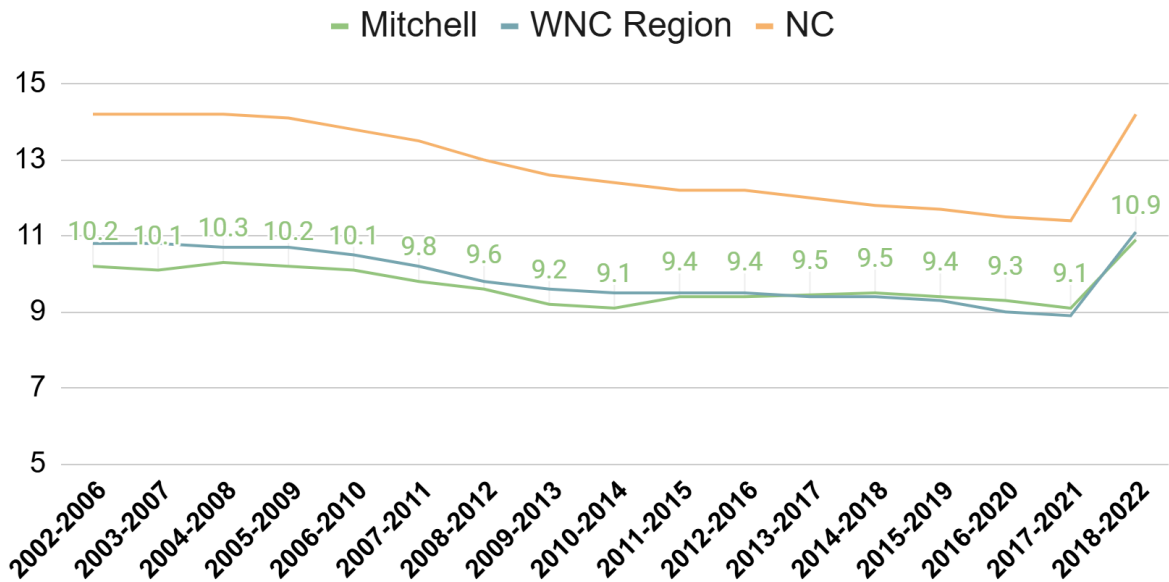
According to estimates from the NC Office of State Budget and Management, the population of Mitchell County is projected to decrease in the coming decades. By 2050, the county population could be 13,627. Mitchell County is the only location in the WNC Healthy Impact region that is projected to demonstrate consistent population decline.



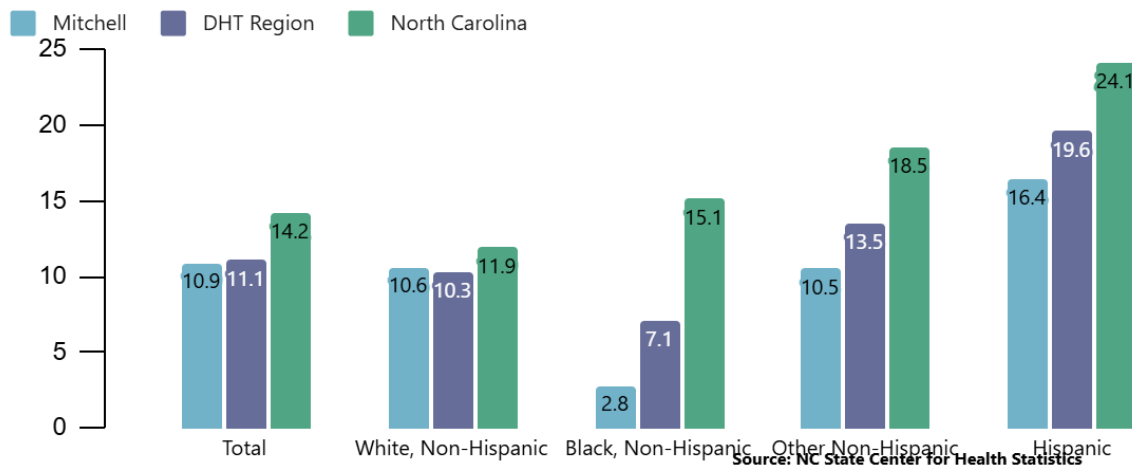
The birth rate in Mitchell County remained stable between 2014 and 2021 after a slow decline from 2009 to 2014, and recently increased showing consistency with the WNC Region and NC average. An average of 141 people were born each year in Mitchell County. Geographic mobility data indicates that 4.5% of the population moved to Mitchell County from another county, state, or country in 2022 (U.S. Census Bureau, ACS, 2022).

## Live Birth Rate Trend

(per 1,000 population)



### Live Birth Rate Comparison 2018-2022



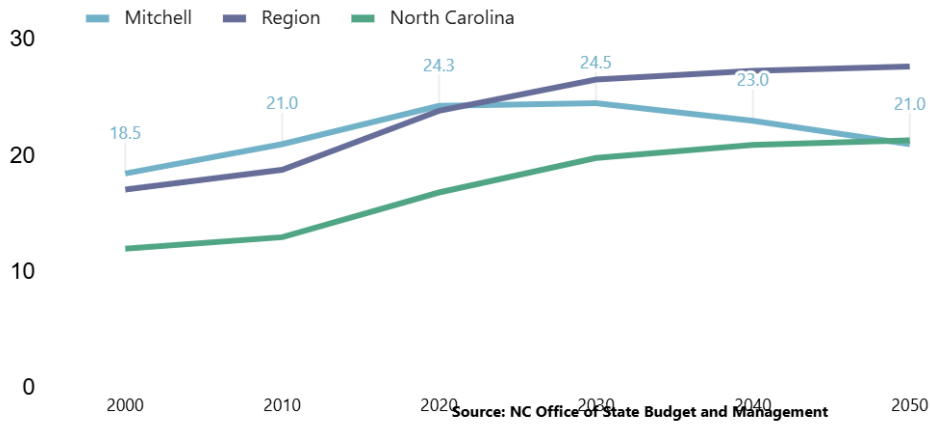
### Age

The median age of Mitchell County’s residents was 48.0 in 2022, over eight years older than the NC median age of 39.4 and higher than the WNC Region as a whole (44.9). Compared to both the NC and WNC regional averages, Mitchell County is home to a higher proportion of seniors: 25.5% of the county was age 65 or older in 2022. There are several hundred (about 400) more elderly women than elderly men in Mitchell County (Census Bureau, ACS, 2023).

Age Distribution (2023)	Age Under 5	Age 5-19	Age 20-64	Age 65 & Older
Mitchell County	4.5%	15.7%	54.2%	25.5%
WNC Region	4.5%	16.0%	55.9%	23.6%
North Carolina	5.5%	18.7%	58.1%	17.7%

Unlike the projections for NC and the WNC Region as a whole, the proportion of the population over the age of 65 in Mitchell County is projected to increase until 2030 and then decrease slightly. The number of residents over 65 is projected to increase from an estimated 3,792 in 2020 to a projected 3,952 in 2030 and then decrease to a projected 3,207 by 2050.

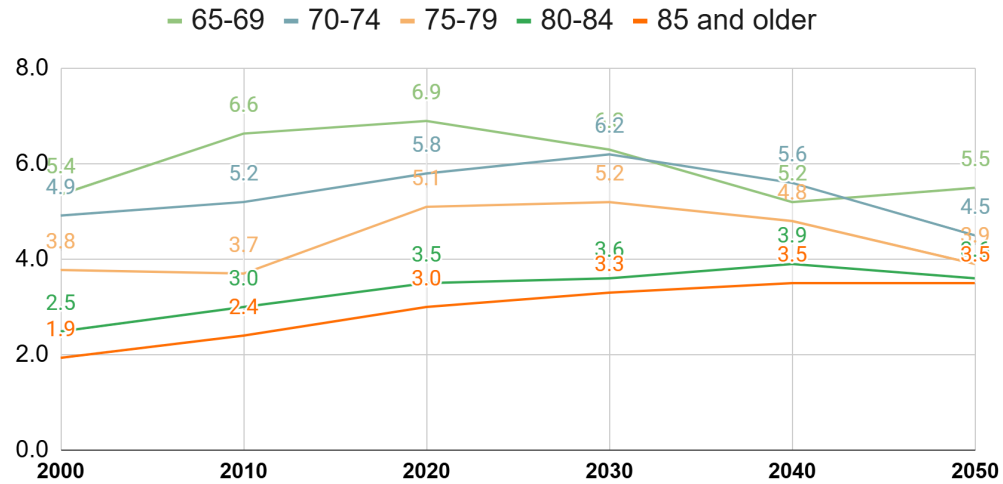
### Change in Percent of Population 65 and Older



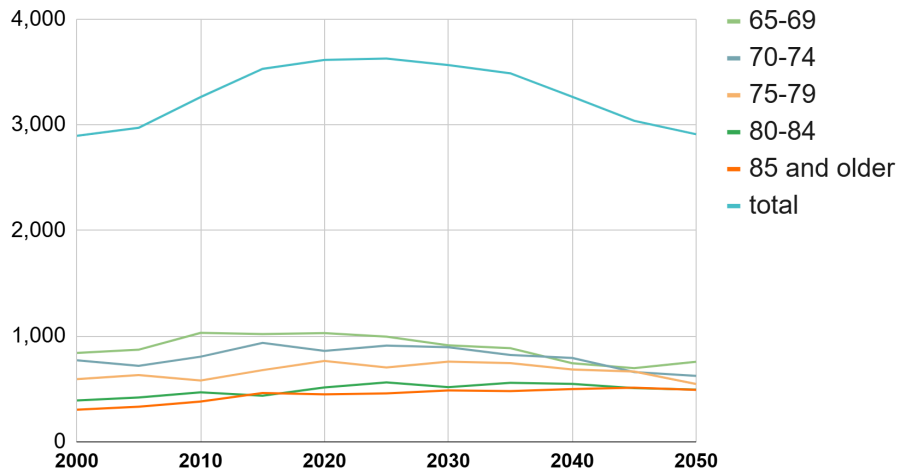
Seniors will remain a critical component of the Mitchell County population, particularly as the proportion of adults in the **oldest** two age groups is expected to increase through 2050, from 916 in 2020 to 985 by 2050 (NC OSBM, County Projections, 2024). The oldest adults can face unique challenges 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.

### Growth of Elderly Population

(percent of total population)



## Elderly Population Projections



## Racial and Ethnic Diversity

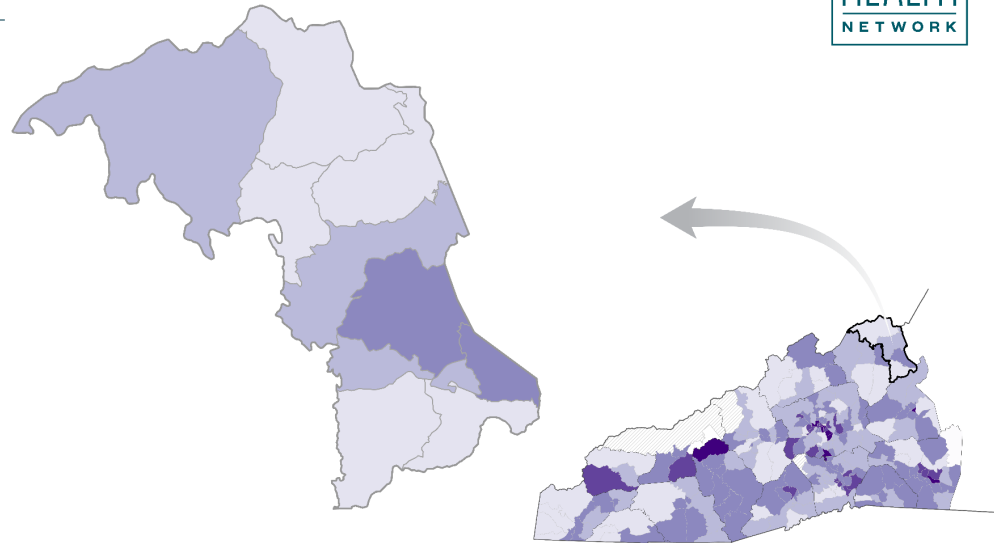
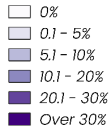
Compared to the WNC region and to North Carolina, Mitchell County is less racially diverse. As of the 2023 ACS estimates, 92.1% of the Mitchell County population was white and 7.9% was nonwhite. Across the WNC Region, 84.6% of the population was white and 15.4% was non-white in 2022; approximately 61.4% of NC was white and 38.6% was non-white in 2023. Over 5% of the Mitchell County population identifies as ethnically Hispanic or Latino, slightly lower compared to the WNC Regional average and lower than the NC average for 2023 (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)
Mitchell County	92.1%	0.8%	0.4%	0.4%	2.5%	3.8%	5.3%
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%

When examined by census block, Black, Indigenous, People of Color (BIPOC) residents appear to be concentrated toward the southern portion of the county. The highest proportion of Black/African American residents lives near the Snow Creek township, and the highest proportion of Hispanic/Latino residents lives around Spruce Pine.

# Percentage of Black, Indigenous, & People of Color

Mitchell County



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

## Other Populations of Note

An average of 54.2% of Mitchell County individuals five years or older, around 605, spoke a language other than English at home in 2023. A reported 1.5% or 215 individuals speak English less than “very well.” An estimated 362 households (5.6%) in Mitchell County speak a language other than English. Spanish was the most common language spoken other than English (196 households) and 15.8% of these Spanish-speaking households would be considered limited-English speaking households (Census Bureau, ACS, 2023). It may be important to note that although Spanish-speaking households are the most common, households speaking other Indo-European languages at home have the highway number of limited-English speaking households. 125 households primarily speak other Indo-European languages at home, and an estimated 38.4% are limited-English speaking households.

Mitchell County was home to 1,074 veterans in 2022; 92.3% of them were male, and 63.9% were over the age of 65 (OSBM, 2022).

According to the 2023 ACS, an estimated 18.6% of the Mitchell County population was living with a disability, higher than the WNC Region (17.5) or North Carolina (13.3%). Ambulatory difficulties were most common (11.4% of the population), followed by cognitive difficulties (8.5%). Approximately 7.9% of the county population had an independent living difficulty and 7.0% had a hearing difficulty; 4.4% had a self-care difficulty and 4.4% had a vision difficulty (Census Bureau, ACS, 2023).

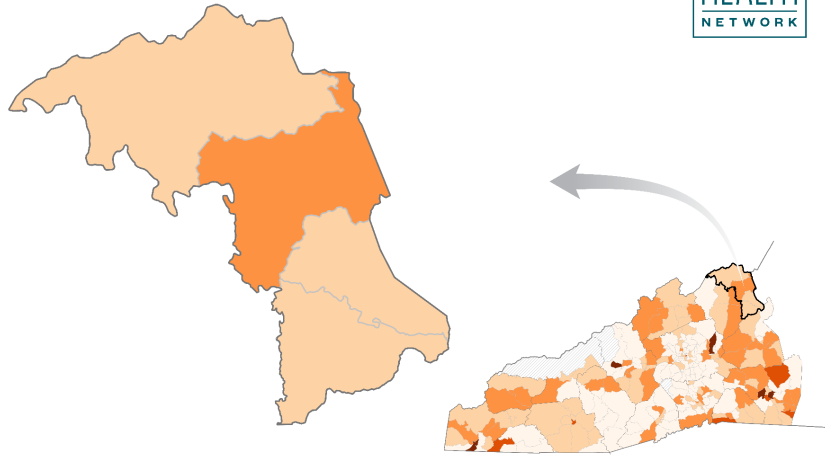
# Individuals Living with a Disability

Mitchell County



### Percent of Population

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



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

# 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).



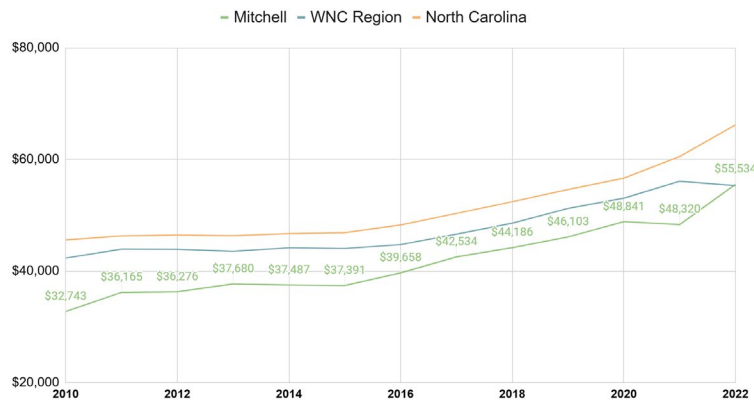
Social Determinants of Health Copyright-free Healthy People 2030

## 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).

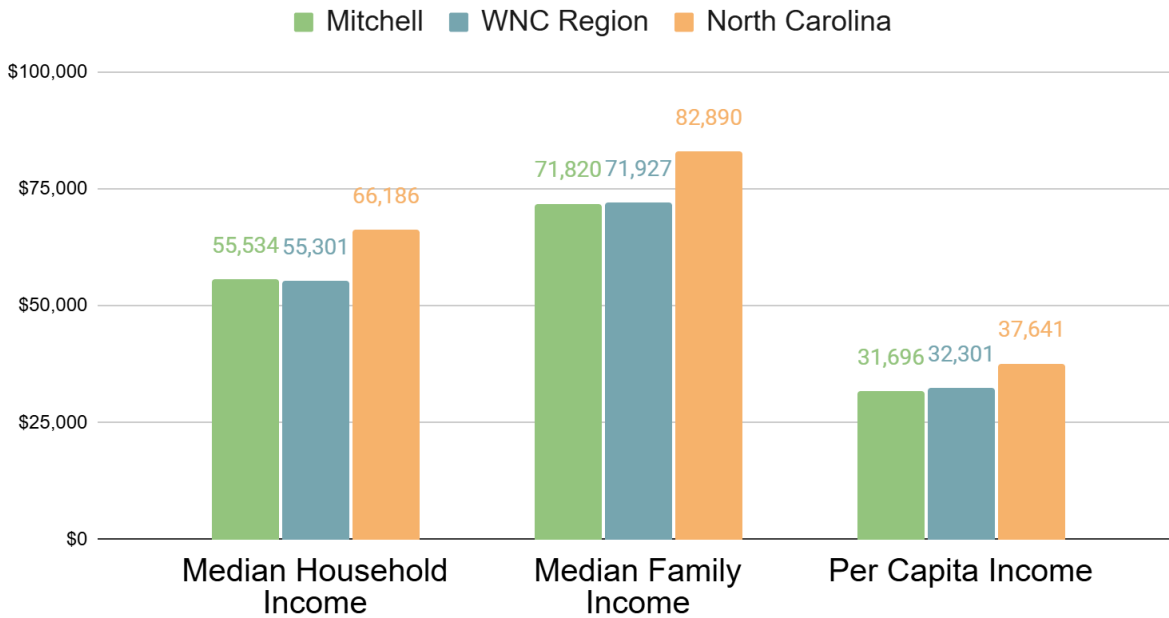
Between 2018 and 2022, the median household income in Mitchell County rose from \$44,186 to \$55,533. However, the median household income among residents of Mitchell County remains more than \$10,000 lower than the state average in 2022.

Median Household Income Trend



The median family income also rose between 2018 and 2022, from \$56,584 to \$71,820, though the Mitchell County median remains more than \$11,000 lower compared to the median family income in NC. Per capita income in Mitchell County rose from \$21,404 in 2013 to \$31,696 in 2022, which was lower compared to both NC and the WNC Region (Census Bureau, ACS, 2023).

# Income Levels (2022)



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 Mitchell County is \$19.04. 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	\$19.04	\$32.10	\$38.32	\$45.75
Poverty Wage	\$7.52	\$10.17	\$12.81	\$15.46

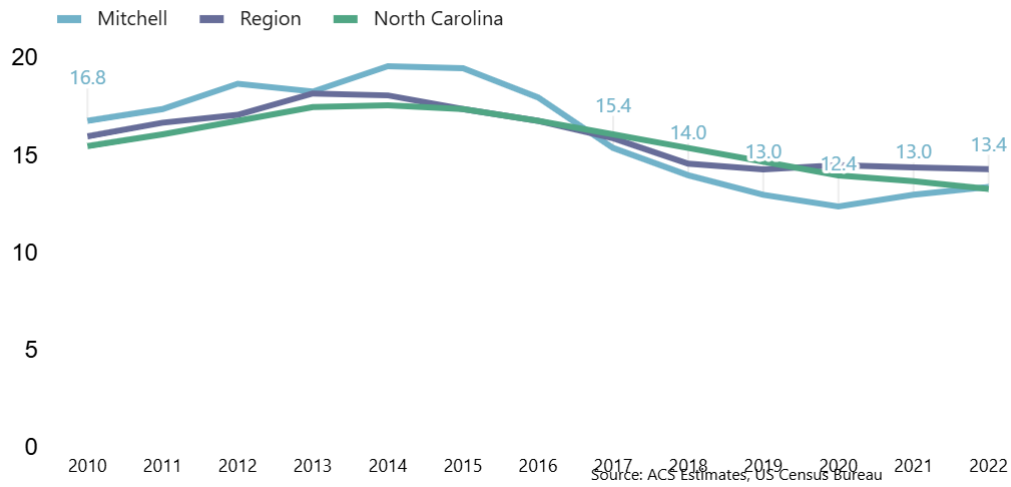
	Two Adults (One Working)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	\$26.81	\$32.37	\$35.80	\$40.23
Poverty Wage	\$10.17	\$12.81	\$15.46	\$18.10

	Two Adults (Both Working)			
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	0 Children	1 Child	2 Children	3 Children
Living Wage	\$13.40	\$18.41	\$21.74	\$24.75
Poverty Wage	\$5.08	\$6.41	\$7.73	\$9.05

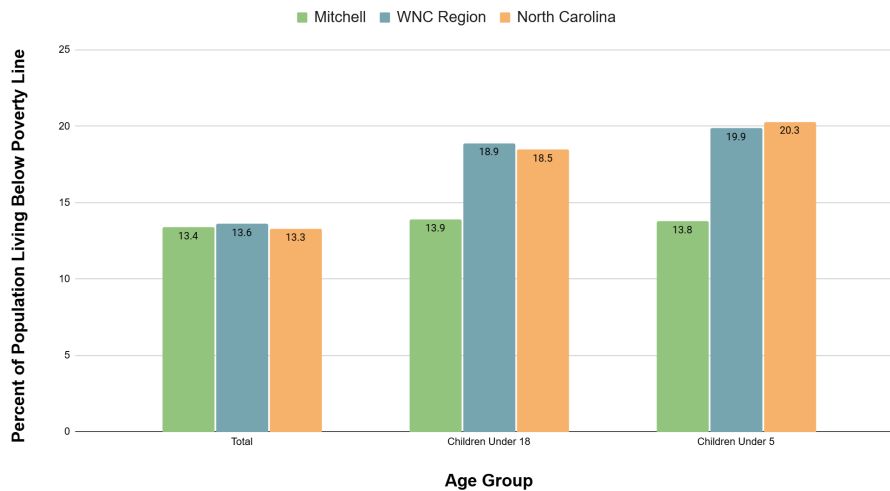
The poverty rate in Mitchell County has fallen each year from a high point of 19.6% in 2014 down to 13.0% in 2019 and slightly rose to include 13.4% of Mitchell County residents living below the poverty line in 2022, compared to a WNC regional average of 14.3% and a NC total of 13.3%.

### Poverty Rate Trend



Across the state and the WNC Region, children, particularly those under the age of 5, are more likely to live in poverty. In Mitchell County, 13.9% 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, 13.8% were living in poverty in Mitchell County, compared to 19.9% in WNC and 20.3% in NC in 2022.

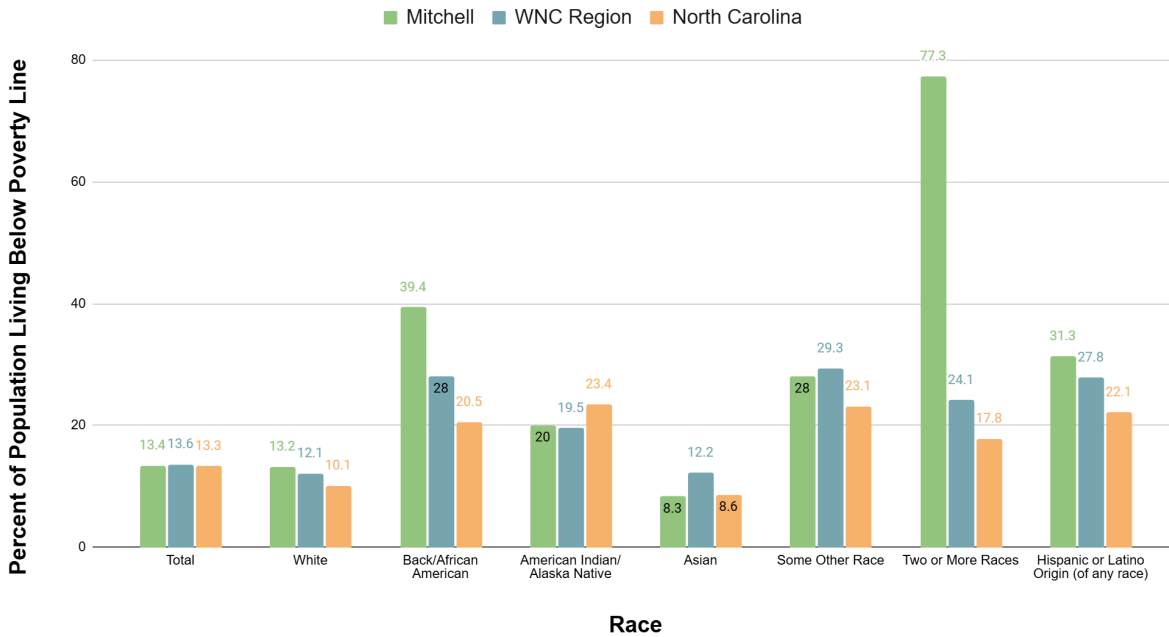
### Percent of Population Below Poverty By Age (2022)



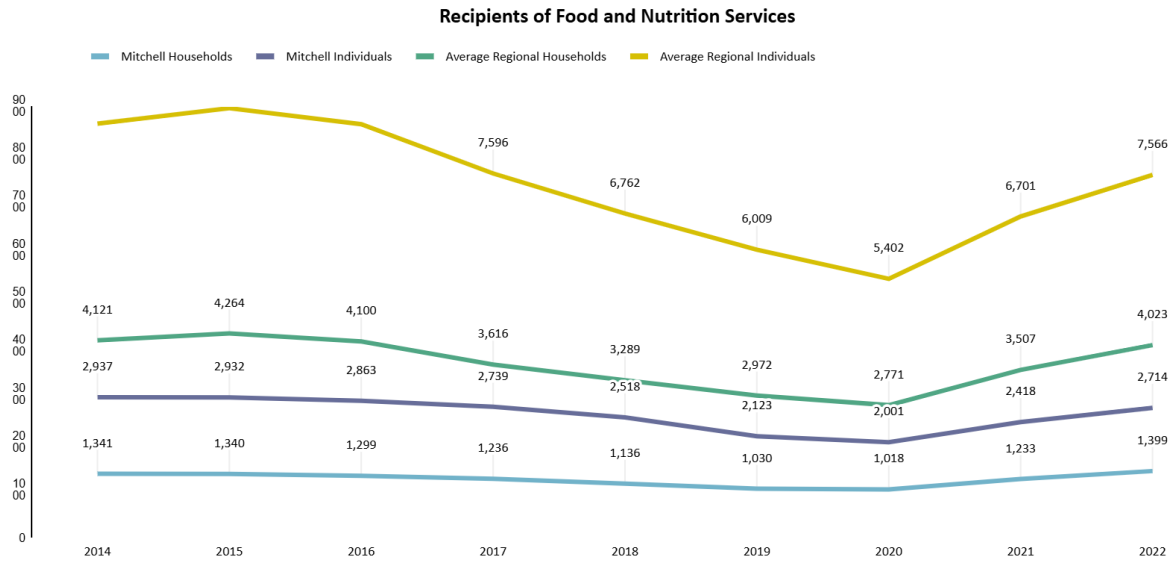
While the poverty rates among non-white residents are based on small numbers, it's important to note

that BIPOC individuals in Mitchell County are more likely than white individuals to live below the poverty line. In 2023, 39.4% of the Black/African American residents of Mitchell County, 20.0% of the AIAN and Asian residents lived in poverty, 28.0% of individuals identifying as some other race, 77.3% of individuals identifying as two or more races and 31.3% of the Hispanic/Latino residents live below the poverty level (Census Bureau, ACS, 2021).

## Percent of Population Below Poverty By Race (2022)



As of January 2025, 1,306 Mitchell County households encompassing 2,412 individuals (approximately 16.1% of the county population) were receiving Food and Nutrition Services (FNS) benefits. Children under the age of 18 comprised 29.5% of the Mitchell County individuals receiving FNS in January 2025 (UNC-CH, Management Assistance, 2025).



The percentage of schoolchildren determined to be “needy” (sometimes referred to as Economically Disadvantaged) and qualifying to receive free- and reduced-cost school meals decreased overall in Mitchell County, from a high point of 59% in SY13-14 to 53% in SY19-20. A higher proportion of students were determined to be needy in the WNC Region (55%) and NC (58%) in SY19-20 (NC Department of Public Instruction, Child Nutrition Division, 2021).

In the 2024 Community Health Survey, 25.3% of respondents in Mitchell 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

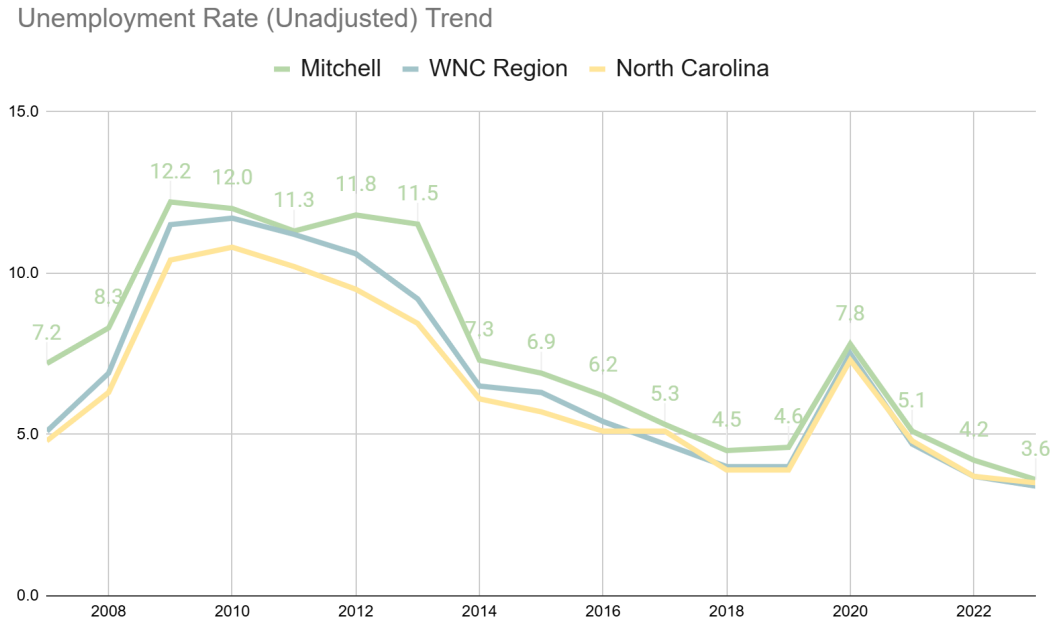
“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and underemployment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both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

Health Care and Social Assistance was the largest employment sector in Mitchell County in 2023, employing 17.70% of the workforce. The average weekly wage in this sector was \$954 in Mitchell County, similar to \$958 in the WNC Region and lower than the average \$1,241 in North Carolina.

Retail Trade was the second largest employment sector in 2023 (15.02%) and paid an average weekly wage of \$592, lower than both 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.

Educational Services was the third largest employment sector in Mitchell County in 2023, employing 12.44% of the workforce and paying a lower weekly wage (\$787) compared to the Region (\$896) and NC (\$1,110) (NC Department of Commerce, Quarterly Census Employment and Wages, 2024).

The unemployment rate in Mitchell County (3.6%) follows the same general pattern as the WNC Region and the state of North Carolina over the entire period of 2007 through 2023.



There was an abrupt rise in the unemployment rate in 2020 to 7.8% due to the COVID pandemic. When monthly unemployment rates from January 2020 through March 2021 are examined, Mitchell 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.

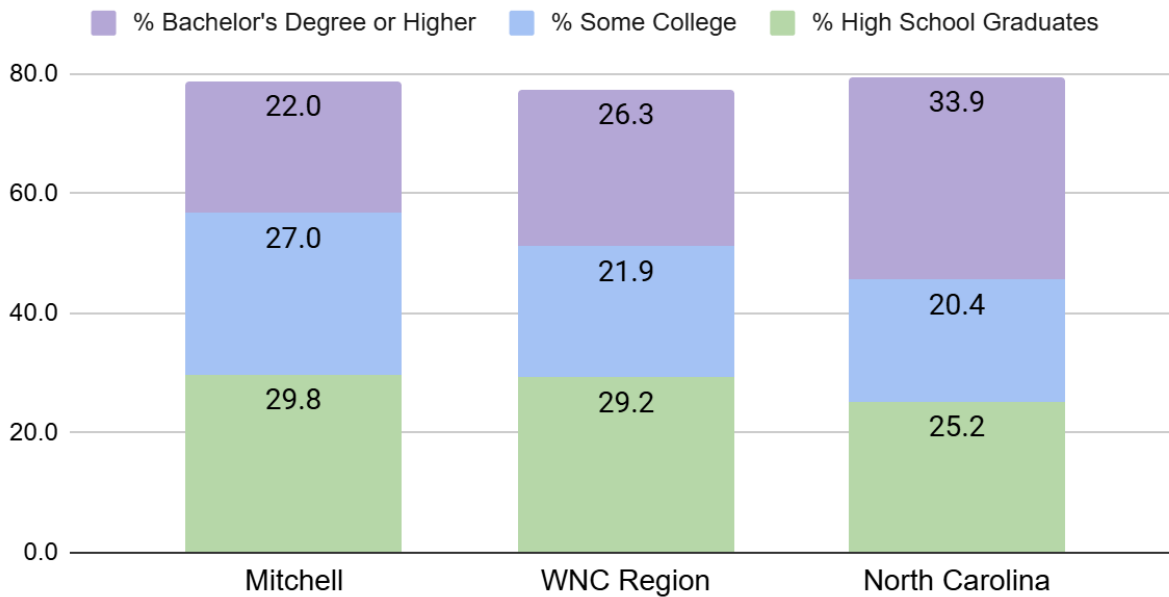
*“Most of the jobs we have are low-paying, and there is no new development in our county to speak of. Young people move out and don't come back because of this.” – Community Leader (Mitchell County Key Informant Interview)*

## 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).

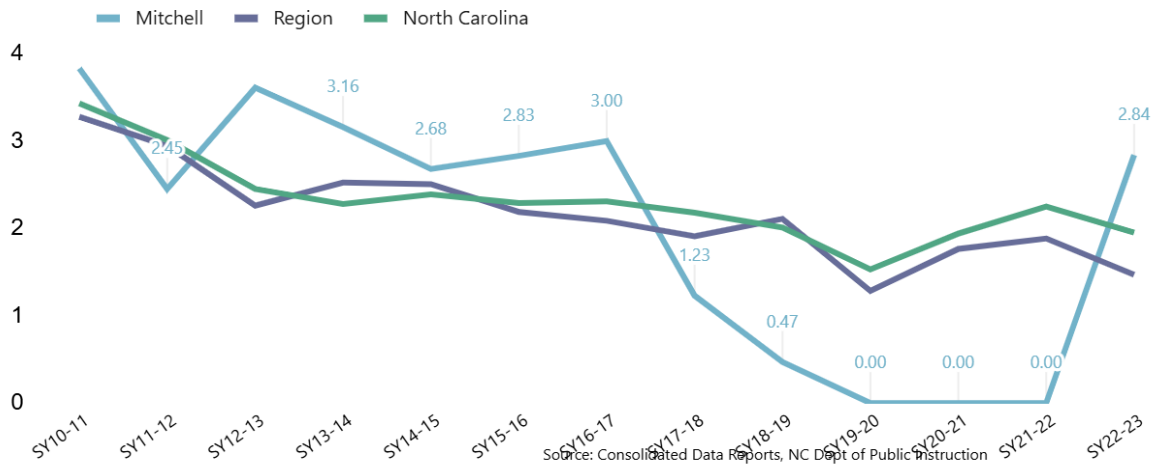
## Highest Educational Attainment of Population Age 25 and Older (2022)



Compared to the WNC Region and North Carolina, Mitchell County demonstrated lower educational attainment in 2023. Approximately 29.8% of the Mitchell County residents age 25 years or older attained only a high school education, and 27.0% had attended some college but not completed a degree program. Only 22.0% of Mitchell County adults aged 25 or older had received a bachelor's degree or higher, compared to 26.3% across the WNC Region and 33.9% statewide (Census Bureau, ACS, 2023).

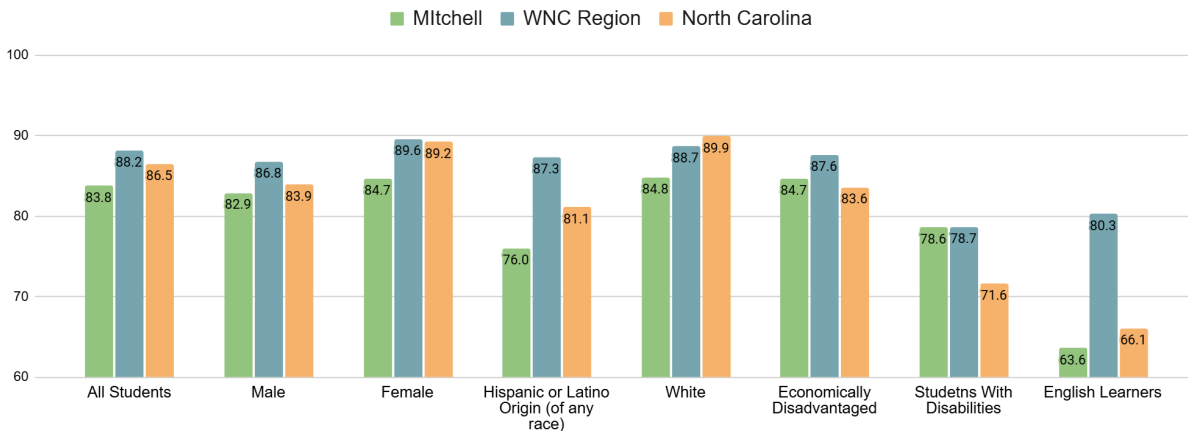
Seven schools within the Mitchell County School system served 1,764 students in SY2022- 2023: three elementary schools, two middle schools, and two high schools. Mitchell County high school drop-out rates surpassed comparable rates for WNC and NC in SY12-13 through SY16-17 but have since fallen steadily. There were no student dropouts to report for the SY19-20 through SY21-22. The most recent SY22-23 dropout rate increased to an average higher than the WNC Region and NC average rates (NC Department of Instruction, Dropout and Discipline Data, 2024).

### High School Drop-Out Rate



Mitchell County demonstrated lower graduation rates for All Students compared to WNC and NC, with 83.8% of 9<sup>th</sup> graders who entered in SY19-20 graduating in SY22-23. Mitchell County graduated a higher percentage of students with disabilities graduating with 78.6% compared to the North Carolina average of 71.6% (NC Department of Public Instruction, Cohort Graduation Rates, 2024).

### High School Graduation Rate: Entering SY19-20 and Graduating SY22-23 or Earlier



In the SY2022-2023, Mitchell County had 50.1% of students who were proficient or above in math, lower compared to the WNC Region (54.0%) and NC (60.4%). Approximately 49.5% of students were proficient or above in reading, lower compared to the WNC Region (52.1%) and the NC average of 72.9%.

For every 100 students, Mitchell County reported 7.43 short-term suspensions, lower compared to the WNC Region (10.0) and NC (16.46). There were two students suspended long-term and no students expelled from school in Mitchell County 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, 7.9% of the Mitchell County population identified as non-white, and 5.3% identified as Hispanic/Latinx in 2022. Among Mitchell County respondents to the 2024 Community Health Survey, 26.5% disagreed or strongly disagreed that the community was a welcoming place for people of all races and ethnicities, higher compared to the WNC Region (17.8%).

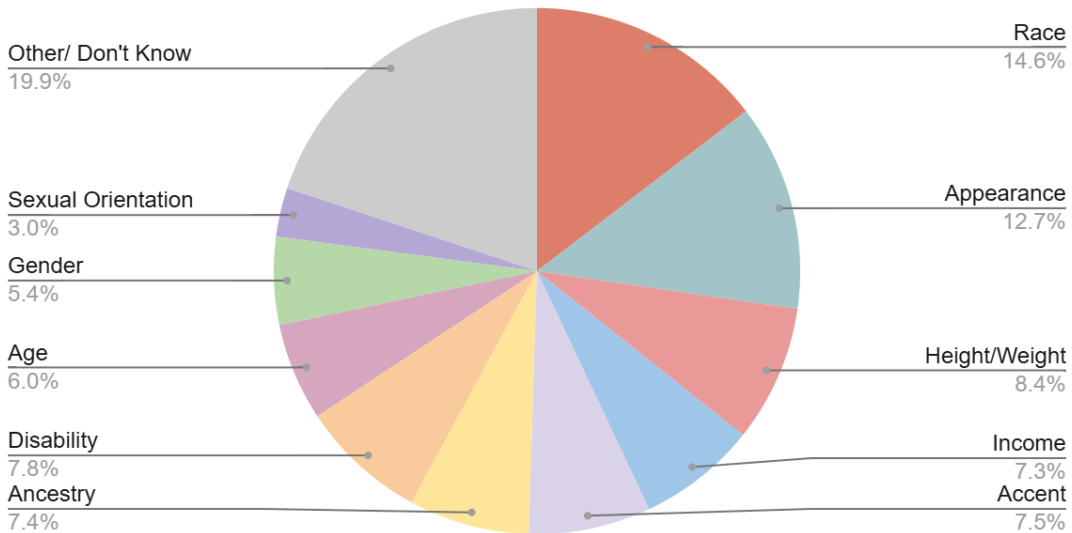
In the 2024 Community Health Survey, approximately 4.8% of Mitchell County respondents reported being threatened or harassed in the past year due to their race, often or sometimes (note that 7.1% of the Mitchell County survey sample identified as non-white). When asked if they had been discriminated against due to their race or ethnicity, 2.5% of Mitchell County respondents had been often or sometimes treated unfairly at school, and 7.7% had been treated unfairly when getting medical care in the past year (WNC Health Network, 2024). In 2021, nearly one-third of respondents said they were often or sometimes criticized for their accent in their entire lifetime, 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
Mitchell County	4.8%	2.5%	7.7%	32.9%
WNC	7.5%	3.8%	7.3%	29.5%

The highest perceived reasons for unfair treatment in the past year were “Other/ Don’t Know” (19.9%), “Race” (14.6%), and “Appearance” (12.7%).

## Perceived Main Reason for Unfair Treatment in the Past

Among Those Treated Unfairly "Often" or "Sometimes" (Western North Carolina, 2024)



*"There is rampant racism and bigotry pervasive in Mitchell County. No community leaders are openly talking about it, addressing it, or even acknowledging it." – Community Leader (Mitchell County Key Informant Interview)*

## 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).

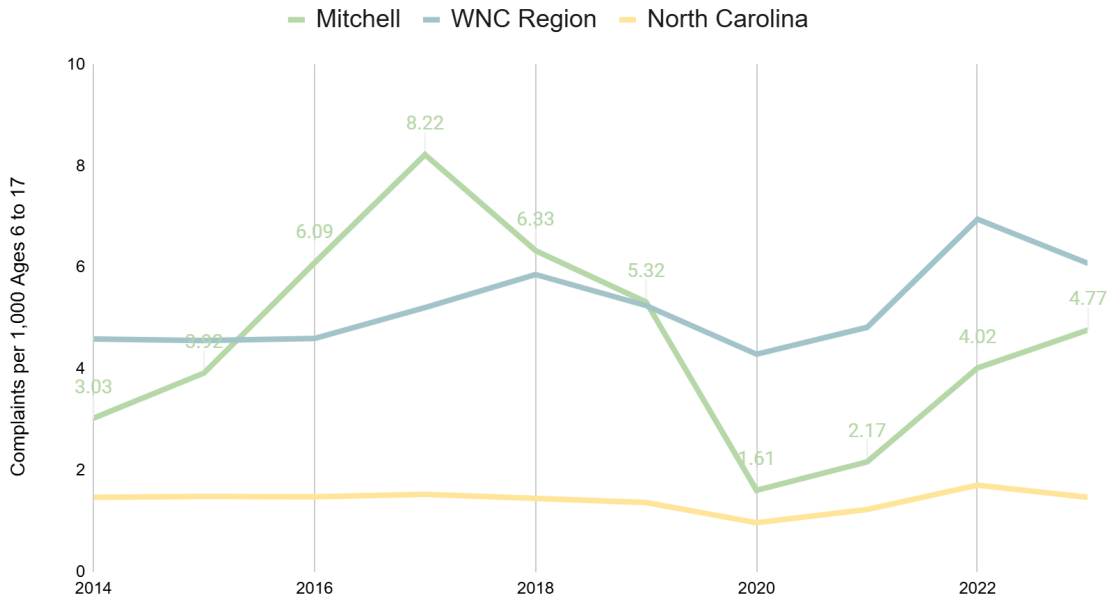
According to the Uniform Crime Reporting system managed by the State Bureau of Investigation, crime statistics from Mitchell County between 2001 and 2020 were reported inconsistently and are often incomplete, representing only partial years. So, standardized, comparable crime-related data that might illuminate the community safety of Mitchell County is lacking.

In FY2022-2023, Mitchell County Safeplace, the NC Council for Women-funded domestic violence and sexual assault agency, served 114 sexual assault clients and 426 domestic violence clients. The shelter operated by Mitchell County Safeplace was full on 44 days during FY22-23. Between 2010 and 2023, there were four domestic violence-related homicides in Mitchell County. Two of the four domestic violence-related homicides took place in 2023 (NC Department of Administration, Council for Women, 2023).

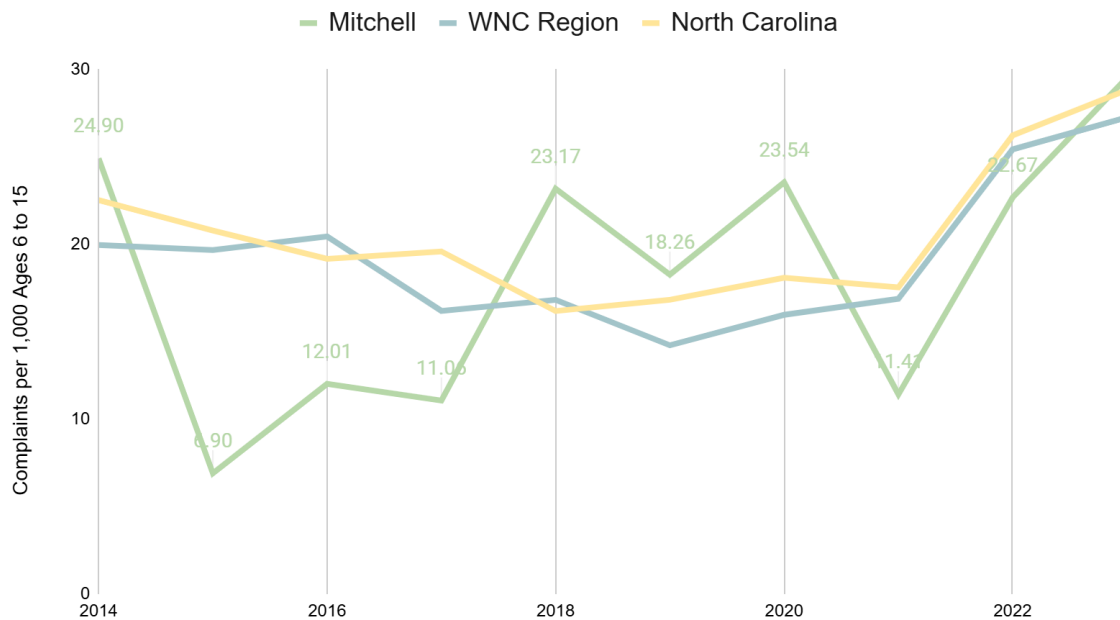
Between 2014 and 2023, an average of 38 complaints of juvenile offenses were processed each year by the Juvenile Crime Prevention Council in Mitchell County. The juvenile undisciplined rate fell in Mitchell County from 2017 through 2020 and has risen from 2020 to 2023. The rate is lower compared to the WNC Region, though it remains higher compared to NC. Mitchell County's juvenile delinquency rate increased from 2015 to 2018, dipped down in 2021 and has now risen to its highest rate in at least the last ten years. The delinquency rate was lower than the NC and the WNC Region in 2021 and 2022, but rose higher than the WNC Region and NC in 2023. 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, 2021).

### Juvenile Undisciplined Rate



### Juvenile Delinquency Rate



The number of investigated and substantiated reports of child abuse in Mitchell County has decreased since FY08- 09. In FY22-23, 64 children were investigated for reported abuse or neglect: six cases were

substantiated (4 cases of abuse and neglect, 2 cases of neglect) and one was unsubstantiated. In FY23- 24, 14 children entered child welfare custody in Mitchell County, a decrease from 23 in FY22- 23. Compared to the state of North Carolina, Mitchell County places a higher proportion of children with relatives and with a parent/guardian.

Placed with relatives is the most common placement in Mitchell County, with a parent/guardian being the second most common and a foster home the third; a foster home is the most common placement in NC (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).

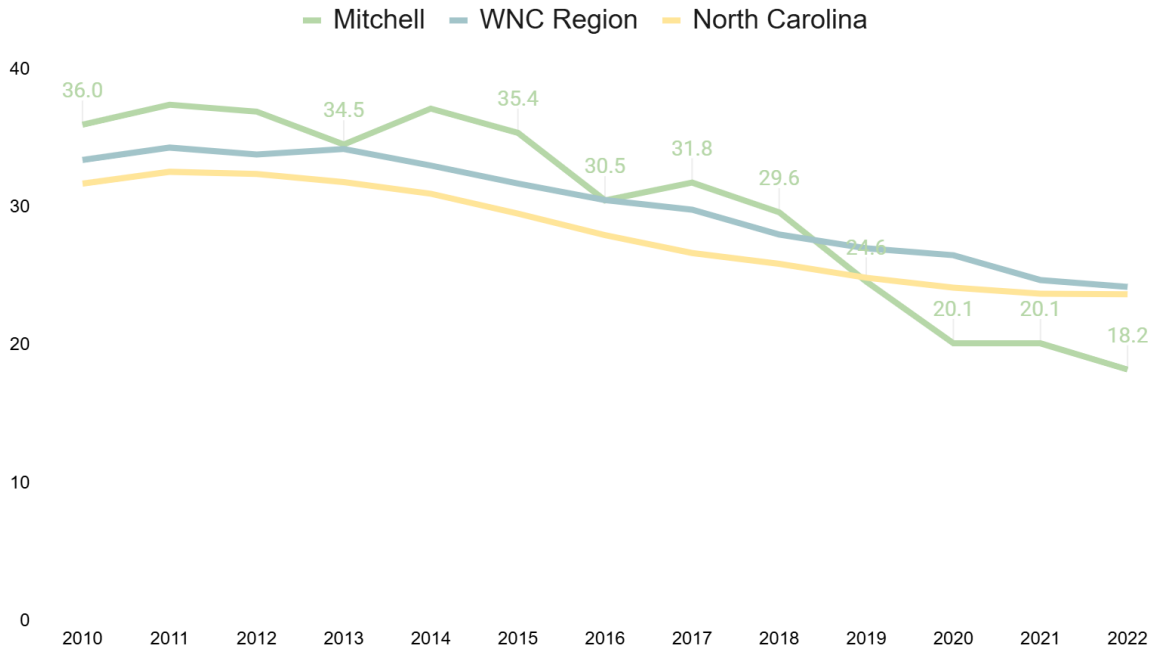
"Transportation decisions affect everyone, by influencing where they live, how they can get to work and school, whether they can easily access health and other essential services, how they socialize with family members and friends, and ultimately if they can thrive in a physical environment that supports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

As of 2019, there were 8,831 housing units in Mitchell County: 72% were occupied and 28% were vacant, higher compared to NC, where 14% of housing units were vacant in 2019. Compared to North Carolina as a whole, Mitchell County residents are more likely to be homeowners. More than three-quarters of Mitchell County housing units were owner-occupied in 2019, and 22% were renter-occupied. Statewide, 35% of occupied housing units were renter occupied (Census Bureau, ACS, 2021).

### **Housing Affordability**

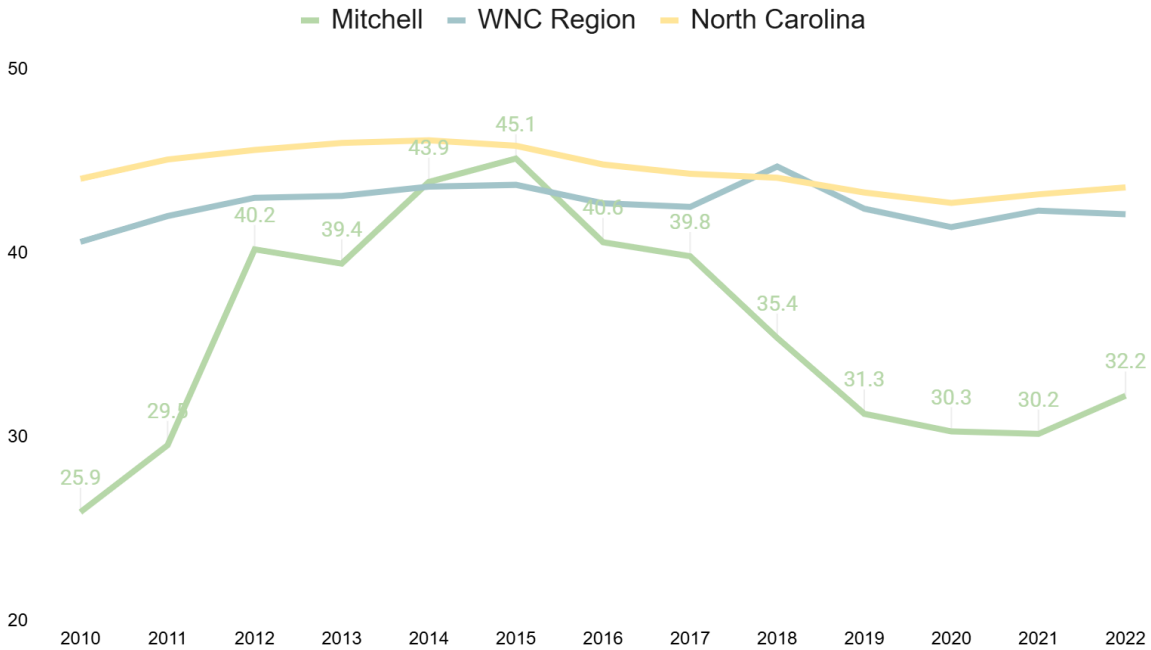
The median monthly costs for Mitchell County homeowners increased from \$880 in 2010 to \$1,207 in 2022. The percentage of homeowners spending more than 30% of their household income on housing costs declined overall from a high point of 37.4% in 2011 to 18.2% in 2022. In 2022, 7.9% of Mitchell County homeowners spent more than 50% of their household income on housing costs, lower compared to the WNC Region average (9.9%) and NC (9.5%).

### Percent of Owned Houses Units Spending >30% of Household Income on Housing



The median gross rent for rented housing units in Mitchell County increased from \$462 in 2010 to \$701 in 2022, still well below 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 decreased from a high of 45.1% in 2015 to 32.2% in 2022, lower than the WNC of 42.1% and the NC average of 43.6%. In 2022, 11.5% of renters in Mitchell County spent more than half of their household income on rent (Census Bureau, ACS, 2023). In 2024, 19 families faced foreclosure in Mitchell County and 40 families were facing eviction (NC Housing Coalition, 2024).

## Percent of Rented Units Spending >30% of Household Income on Housing

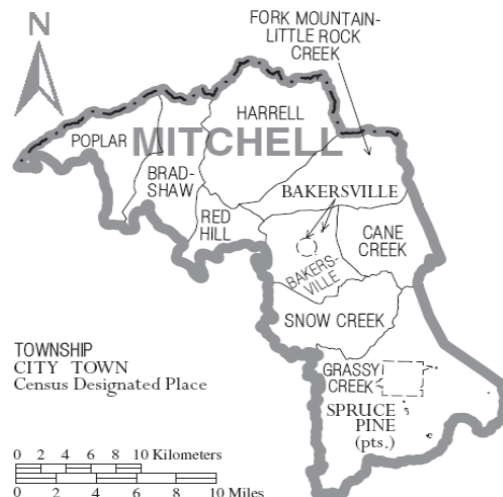


## Housing Adequacy

Across Mitchell County in 2022, 16.4% of the occupied housing units were mobile homes; statewide, mobile homes comprised 12.2% of housing units. About 27.7% of Mitchell County housing was built before 1960, and 42.0% of units rely on fuel oil, kerosene, coal, coke or other fuels for heating. Just over 7.1% of housing units had no vehicle available, and over 3% lacked telephone services.

When examining Mitchell County housing units at the township level:

- Poplar had the highest proportion of mobile homes (45.7%).
- Bradshaw had the highest proportion of houses built before 1960 (62.8%).
- The highest proportion of housing units with no vehicle access (15.2%) and no telephone service (10.0%) were in Harrell.
- The highest proportion of housing units using fuel oil, kerosene, coal or other fuels (63.1%) were located in Snow Creek.
- Grassy Creek had the highest percentage of housing units with no heating fuel (0.8%) (Census Bureau, ACS, 2023).



About 14.4% of Mitchell County and WNC respondents to the Community Health Survey reported a time in the past year when their home was without electricity, heating, or water, and 14.1% reported living in unhealthy or unsafe housing conditions in the past year. Over a quarter of Mitchell County respondents always, usually, or sometimes worried about paying their rent or mortgage, lower compared to WNC (36.7%). Approximately 10.4% of Mitchell County respondents had experienced a housing emergency that necessitated living with a friend or relative in the past three

years; 3.8% 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).

Housing Security	"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
Mitchell	26.1%	14.1%	14.4%	10.4%	3.8%
WNC	36.7%	17.3%	13.55%	12.7%	5.4%
United States	45.8%	16.4%	-	-	-

### Vehicle & Internet Access

According to 2022 estimates, 8.4% of Mitchell 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: 25.8% of rented housing units did not have access to a vehicle compared to 3.9% of owned units. Senior citizens are more likely than younger age groups to lack vehicle access: more than half of the households with no vehicle access had householders aged 65 and older. Mitchell County statistics of lacking vehicle access are much higher compared to WNC and NC.

Avery, Mitchell, and Yancey County respondents to the 2021 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 Mitchell County, driving alone to work was the most common means of transportation (79.7%), with carpooling being the second highest (12.3%). Only 5% 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 Mitchell County residents worked within the county, 37.5% worked outside of the county of residence, higher than the WNC Region (26.5%) and NC (25.2%). Over three percent of Mitchell County workers 16 and over worked outside of NC and 1.6% of the workers in Mitchell County did not have a car available (US Census Bureau, 2024).

Just over 15% of Mitchell County households did not have a computer in 2022, which is over double the NC rate (6.9%) and higher compared to the WNC Region (11.3%). More than a fifth of Mitchell County households (20.4%) did not have an internet subscription, higher than NC (12.9%) and similar to the WNC Region (19.2%) in 2022. Approximately 10.5% of Mitchell County households relied on a smartphone as their only computing device in 2022; 14.3% used only their cellular data plan for internet access, higher than WNC (11.5%) and NC (10.2%) (Census Bureau, ACS, 2023).

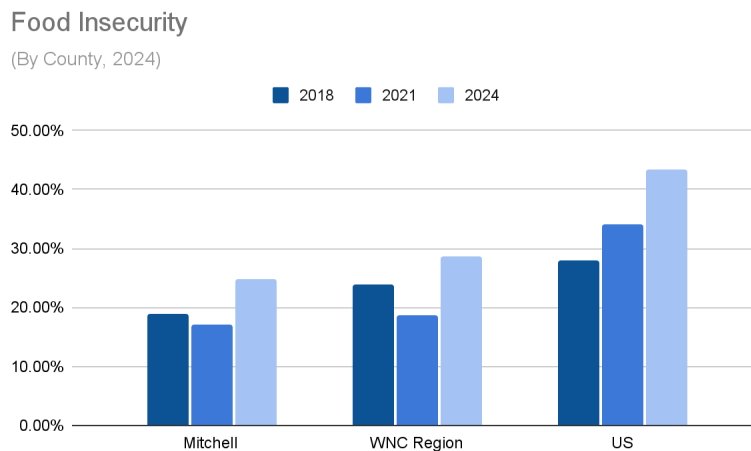
## FOOD SECURITY

“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 2018, 2021, and 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: nearly 19% in 2018, 17% in 2021, and nearly 25% in 2024; Mitchell County demonstrated lower percentages in all three years compared to WNC and the US (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. Mitchell County had 2 farmers markets in 2018, the same as in 2013 (in Bakersville and Spruce Pine). The number of grocery stores remained unchanged between 2011 and 2016: there is one large-chain grocery store in Mitchell County (an Ingles in Spruce Pine). As of 2015, nearly 6% of Mitchell County households had no car and low access (more than 1 mile distant) to a grocery store. There is one supercenter (Walmart) in Spruce Pine and while it sells groceries, it is counted separately by the USDA. In contrast to the grocery stores, fast food restaurants appear more abundant in Mitchell County: there were 10 fast food establishments in 2011 and 8 in 2016. In the 2015 WNC Community Health Survey, 39.5% of the respondents reported that it was “Very” or “Somewhat” difficult to buy fresh produce (WNC Health Network, 2015).

When participants in the 2024 Community Health Survey were asked about their vegetable/fruit consumption, 6.7% of respondents reported consuming five or more servings of fruit/vegetables per day, an increase from the 2.0% in the 2021 Community Health Survey (WNC Health Network, 2024).

## FAMILY & SOCIAL SUPPORT

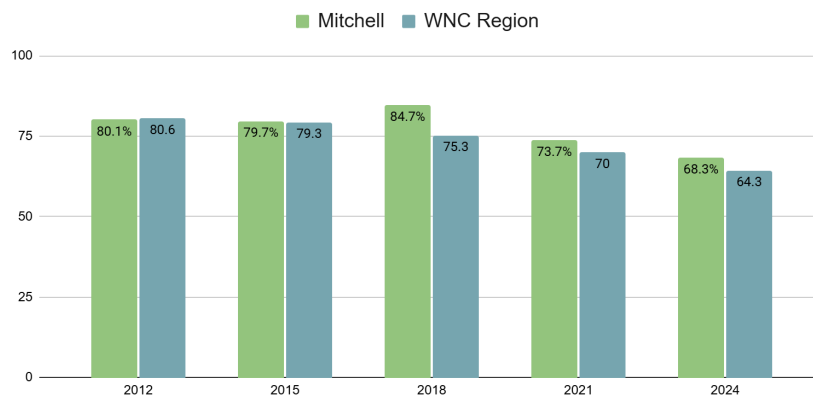
"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County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

Among the 6,479 households in Mitchell County in 2022, 44.7% were householders living with no spouse/partner present, 51.6% were married-couple families, and 3.7% were cohabiting couple households. Of the total households, 32.1% were householders living alone. Approximately 5.3% of households in the county were comprised of single parents with children under 18.

In 2022, 144 grandparents in Mitchell County lived with their own minor grandchildren. Approximately 73.6% 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 75.5% of these families. More than 50.9% of the grandparents responsible for grandchildren were still in the labor force, 5.7% were living below the poverty line, and 7.5% reported having a disability (Census Bureau, ACS, 2023).

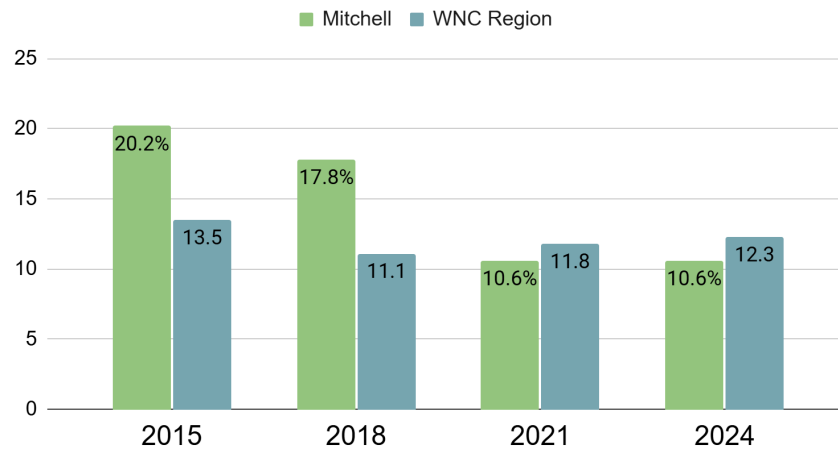
Just under three-quarters (74.7%) of Mitchell County respondents to the 2024 Community Health Survey indicated that they always or usually have someone to rely on for help when needed, higher compared to 64.9% in the WNC Region. While a clear majority of Mitchell County survey respondents over the past four survey cycles indicated that they always or usually get the social or emotional support they needed, the proportion decreased in 2021 (73.7%) and further in 2024 (68.3%). Approximately 46.7% of respondents reported feeling lonely often, some of the time, or occasionally, slightly lower than the WNC average of 50.7% (WNC Health Network, 2024).

### "Always" or "Usually" Receive Needed Social/Emotional Support



Among survey respondents over time, a decreasing proportion feels that Mitchell County is a fair or poor place to live. In 2024, nearly 90% of Mitchell County respondents felt the county was a good, very good, or excellent place to live (WNC Health Network, 2024).

## County is a "Fair" or "Poor" Place to Live



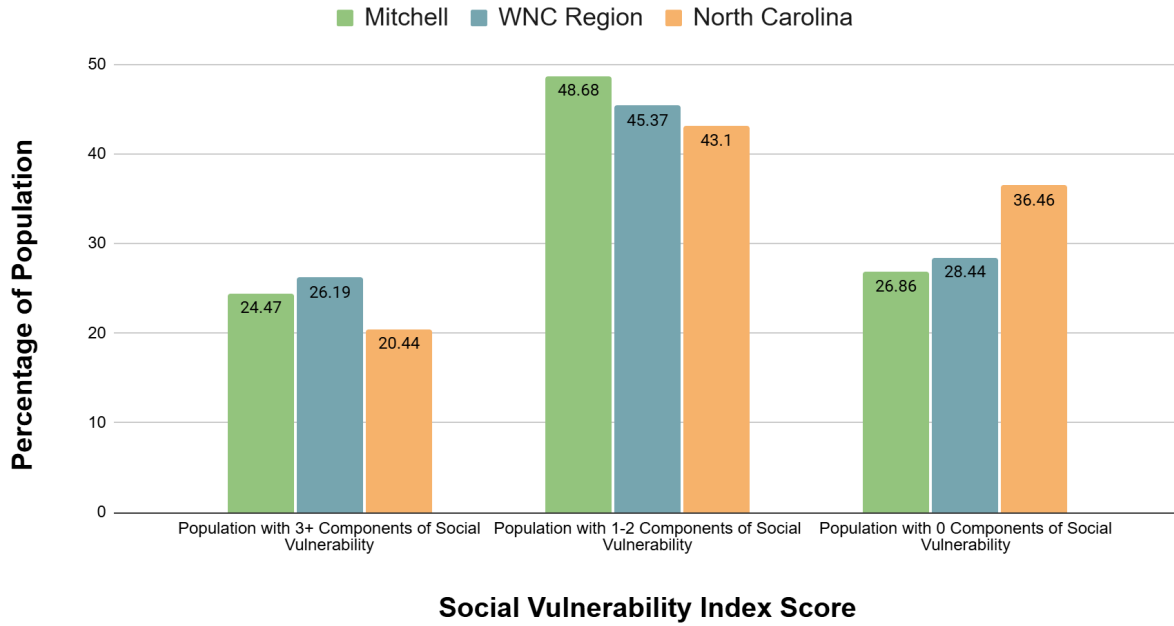
*"This is a small, tight-knit community with many great systems of support and services, so I believe the social support is there, but I do not always know about family. Every family is different, and each family prioritizes and values things differently." – Public Health Representative (Mitchell County Key Informant Interview)*

### Community Resilience and Social Vulnerability

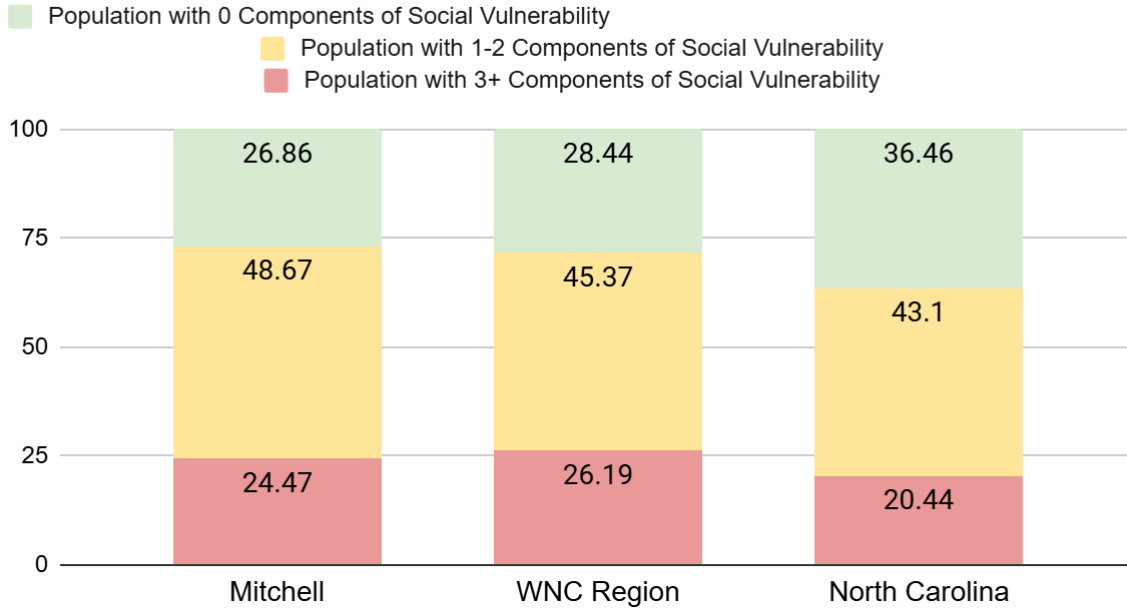
"Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster" (U.S. Census Bureau, 2020). Social vulnerability, on the other hand, "is the susceptibility of social groups to the adverse impacts of natural hazards, 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, almost one-quarter of the population had three or more components of vulnerability, and nearly half of the population had one to two components of social vulnerability. In total, close to three-quarters (73.14%) of the population of Mitchell County had at least one component of social vulnerability, comparable to the WNC Region (71.56%) and higher compared to NC (63.54%) (US Census Bureau, Community Resiliency Estimates, 2024).

## Social Vulnerability Index (2022)



## Social Vulnerability Index (2022)



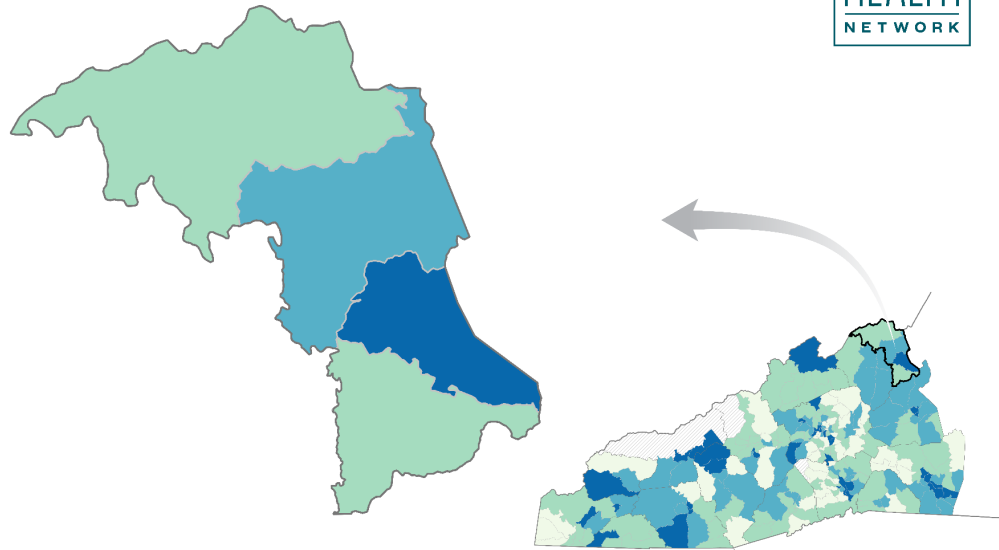
# Social Vulnerability Index (SVI)

Mitchell County



### Level of Vulnerability

- Low
- Low to Medium
- Medium to High
- High



0 5 10 mi

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

# CHAPTER 4 – HEALTH DATA FINDINGS

## SUMMARY

### MORTALITY

Mitchell 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).

The table provided below the following narrative, displays the mortality rates and the changes that are discussed: Mitchell 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.

Life Expectancy (Born 2020-2022)	Overall	Male	Female	White	African American
Mitchell County	74.2	71.4	77.2	n/a	n/a
WNC	75	72	78.3	n/a	n/a
North Carolina	76.2	73.4	79.2	n/a	n/a

### LEADING CAUSES OF DEATH

The table below displays the mortality rates and the changes that are discussed: Mitchell County is compared to the WNC Region and NC and rate changes for the period 2018-2022

1. **Heart disease** is the leading cause of death in Mitchell County, with mortality rates remaining at 22.9% higher than WNC (172.9) and 31.9% higher than North Carolina (161.2).
2. **Cancer** is the second leading cause of death in Mitchell County (232), with rates that tower above both comparison regions - 13.6% above WNC (156.8) and 17.1% above state averages (152.1).
3. **Chronic Lower Respiratory Diseases** are the third leading cause of death in Mitchell County with rates 42.4% higher than WNC (51.0) and 82.4% higher than North Carolina (39.8).
4. **Other Unintentional Injuries** are the fourth most common cause of death in Mitchell County with rates 4.7% below WNC (63.2) and 14.9% above state averages (52.5).
5. **COVID-19** was the fifth leading cause of death in Mitchell County from 2018-2022 with rates 27.2% higher than WNC and 37.5% higher than North Carolina.
6. **Cerebrovascular Disease (stroke)** is the sixth leading cause of death in Mitchell county. Stroke mortality for Mitchell County is moderately high with rates 19.1% above WNC (40.7) and 9.2% above state levels (44.4).
7. **Alzheimer's mortality** in Mitchell County exceeds regional averages by 51.4% (WNC:31.7) and state rates by 31.1% (36.6).
8. **Diabetes** mortality in Mitchell County is 6.9% lower than WNC (24.3) and 16.3% lower than state rates (27.0).
9. **Suicide mortality rates** in Mitchell County for 2018-2022 exceed regional averages by 2.4% (WNC:12), however the difference increases significantly when comparing to the state rate by 54.1% (13.5).

10. **Chronic Liver Disease/Cirrhosis** in Mitchell County has mortality rates (19.4) that are 12.8% higher than WNC (17.2) and 52.8% higher than North Carolina (12.7).
11. **Unintentional Motor Vehicle Injuries** are the 11th leading cause of death in Mitchell County, with a mortality rate (18.9) that is 12.9% higher than WNC (16.7) and 17.4% higher than North Carolina (16.1).
12. **Pneumonia and Influenza** is the 12th leading cause of death in County. Mitchell county's rate of Pneumonia is 7.9% lower than WNC and 15.9% higher than North Carolina.
13. **Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney Disease)** rates in Mitchell County are 9.2% higher than WNC and 13.9% lower than North Carolina.
14. **Septicemia** rates in Mitchell County are higher than both the regional and state averages. Rates surpass the regional average by 14.6% and the state average by 12.2% (12.0; 12.3, respectively).
15. **Homicide** is an infrequent occurrence in Mitchell County. Mitchell county only experienced 1 death by homicide between 2018-2022. This rate is 70.2% lower than WNC and 80.7% lower than North Carolina.
16. **Acquired Immune Deficiency Syndrome (AIDS)** is also an infrequent occurrence in Mitchell County with only 1 death occurring between 2018-2022, however this rate is 159.5% higher than WNC and 1.5% higher than North Carolina.

Cause of Death 2018-2022	Mitchell		Comparison to WNC Regional Average Rate		Comparison to NC Rate	
	# Deaths	Death Rate	Regional Rate	% Difference	NC Rate	% Difference
All Causes (some not listed)	1,274	1,019.7	893.2	14.2%	849.4	20.0%
Acquired Immune Deficiency Syndrome	1	<b>1.6</b>	0.6	159.5%	1.5	6.7%
All Other Unintentional Injuries	56	60.3	63.2	-4.7%	52.5	14.9%
Alzheimer's disease	65	48.0	31.7	51.4%	36.6	31.1%
Cancer	232	178.1	156.8	13.6%	152.1	17.1%
Cerebrovascular Disease	64	48.5	40.7	19.1%	44.4	9.2%
Chronic Liver Disease and Cirrhosis	21	19.4	17.2	12.8%	12.7	52.8%
Chronic Lower Respiratory Diseases	98	72.6	51.0	42.4%	39.8	82.4%
COVID-19	75	59.8	47.0	27.2%	43.5	37.5%
Diabetes Mellitus	27	22.6	24.3	-6.9%	27.0	-16.3%
Diseases of Heart	281	212.6	172.9	22.9%	161.2	31.9%
Homicide	1	<b>1.6</b>	5.4	-70.2%	8.3	-80.7%
Nephritis, Nephrotic Syndrome, and Nephrosis	18	<b>14.2</b>	13.0	9.2%	16.5	-13.9%
Pneumonia and Influenza	21	16.0	17.4	-7.9%	13.8	15.9%
Septicemia	16	13.8	12.0	14.6%	12.3	12.2%
Suicide	19	<b>20.8</b>	20.3	2.4%	13.5	54.1%
Unintentional Motor Vehicle Injuries	18	<b>18.9</b>	16.7	12.9%	16.1	17.4%

## Cancer Mortality

In 2018-2022 Cancer was the second leading cause of death in Mitchell County, with a mortality rate of 178.1 that was higher than both the WNC Region and NC.

Cancer Mortality in Mitchell County	Mitchell County Rate 2018-2022	% Difference from WNC Region 2018-2022	% Change since 2002-2006	% Change since 2012-2016
Total Cancer	178.1	21.70%	-17.10%	3%
Lung Cancer	40.7	1.80%	-22.2	-14.70%
Breast Cancer	29	9%	12.80%	-1.90%
Prostate Cancer	24.7	8%	-17.00%	4.10%
Colorectal Cancer	16.2	1.90%	-2%	3.90%

Lung cancer was the leading cause of cancer-related deaths and in 2018-2022 the Mitchell County mortality rate (40.7) was 1.8% higher compared to the WNC Region (38.9) and 3.3% higher than NC (37.4). Over time, the lung cancer mortality rate has decreased: 17.1% since 2002-2006 (62.9) and 14.7% since 2012-2016 (55.4).

Breast cancer was the second leading cause of cancer deaths in Mitchell County, with a 2018-2022 mortality rate (29) 9% higher than the WNC Region (21.4) and 7.6% higher than NC (19.7). Since 2002-2006 (16.2) the county mortality rate increased 9%; since 2012-2016 (30.9) the mortality rate decreased 1.9%.

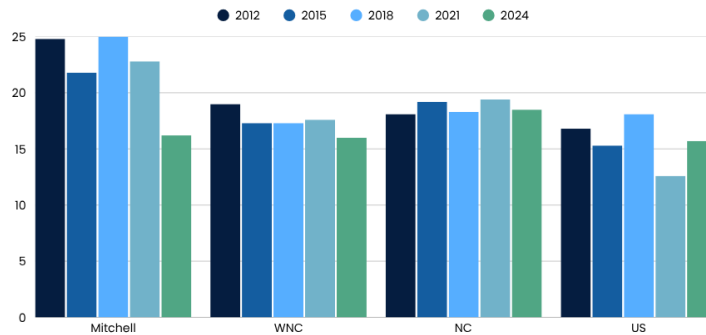
Prostate cancer was the third leading cause of cancer-related deaths in Mitchell County. The 2018-2022 mortality rate (24.7) was higher than the WNC Region (16.8) and 5% higher compared to NC (19.7). The county mortality rate has fluctuated over time: it decreased approximately 17% overall since 2002-2006 (41.7) and increased by 4.1 since 2012-2016 (14.1).

Colorectal cancer was the fourth leading cause of cancer-related deaths for which trend data are available. The Mitchell County colorectal cancer mortality rate in 2018-2022 (16.2) was 1.9% higher compared to WNC (14.8) and 3.3% higher than NC (12.9). Since 2002-2006 (18.3) the mortality rate has declined by 2.1%; it decreased nearly 4% since 2012-2016 (12.3) (NC SCHS, Central Cancer Registry, 2024).

## HEALTH STATUS & BEHAVIORS

The Community Health Survey administered across the WNC region asked respondents to rate their personal health from poor to excellent. Over the four survey cycles analyzed, more than 16% of Mitchell County respondents have rated their overall health as fair or poor, making Mitchell county's average very close to both the WNC and Country averages, but lower than North Carolina's ratings. (WNC Health Network, 2024).

### Experience "Fair" or "Poor" Overall Health (By County)



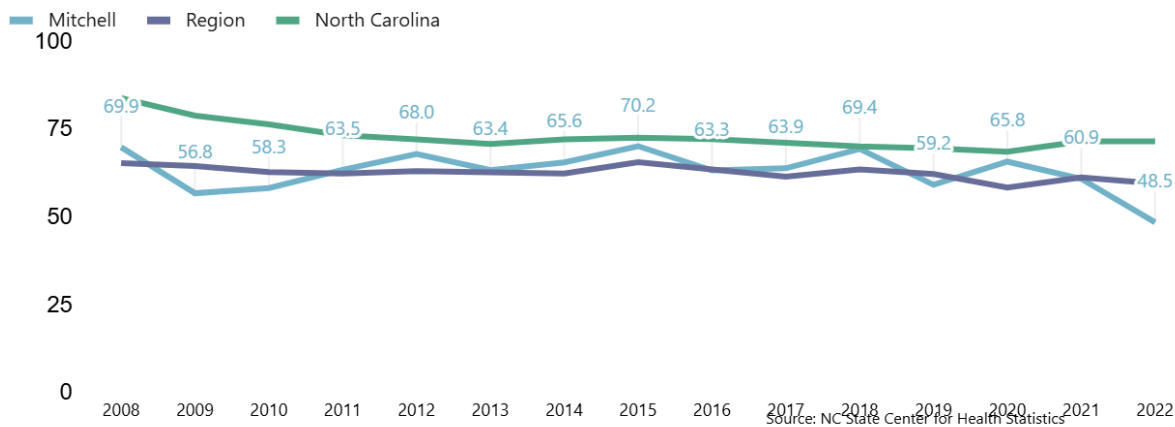
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 6] Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data. 2023 PRC National Health Survey, PRC, Inc.  
Notes: Asked of all respondents.



## Maternal & Infant Health

The pregnancy rate among Mitchell 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 9 per year between 2018 and 2022) 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.

### Pregnancy Rate Trend (per 1,000 Women age 15-44)

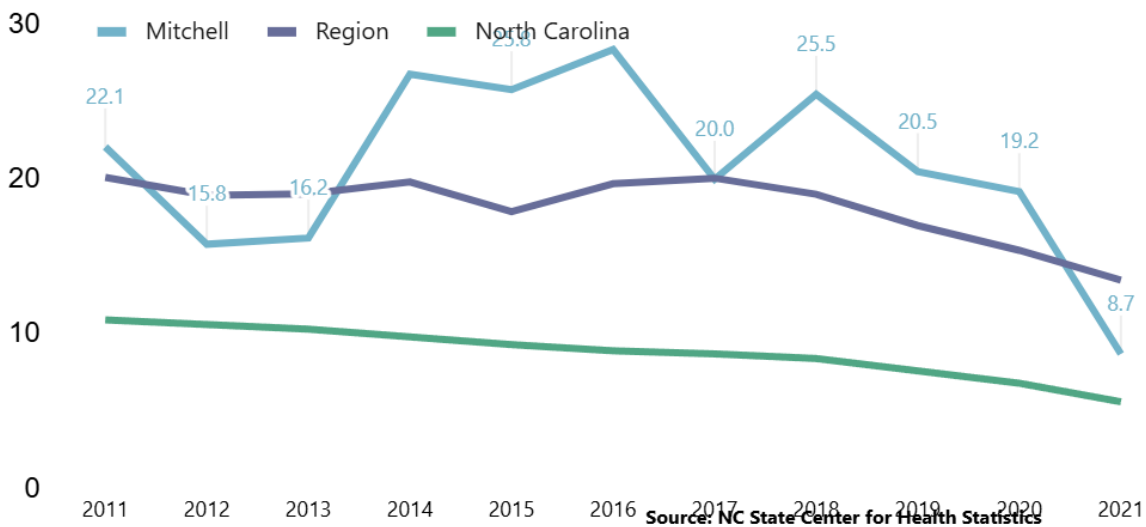


Compared to North Carolina in 2022, Mitchell County pregnant women were less likely to have gestational diabetes and more likely to have a BMI in the overweight or obese range. Mitchell County mothers were nearly three times as likely to have smoked during pregnancy compared to the state and also more likely to have received prenatal care starting in the first trimester. Between 2018-2022, pre-term births were more common in Mitchell county than the state’s average, while full term births (37+ weeks) were lower than North Carolina’s average. (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)
Mitchell County	11.70%	65.10%	12.60%	82.50%	13.30%
WNC Region	10.00%	58.50%	10.90%	82.00%	11.20%
North Carolina	8.60%	58.50%	4.50%	71.90%	10.70%

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. Mitchell County rates dropped significantly in 2021 (11; 8.7%) from 2020 (28; 19.2%), and climbed slightly in 2022 (13; 12.6%).

### Percent of Births to Mothers who Smoked Prenatally

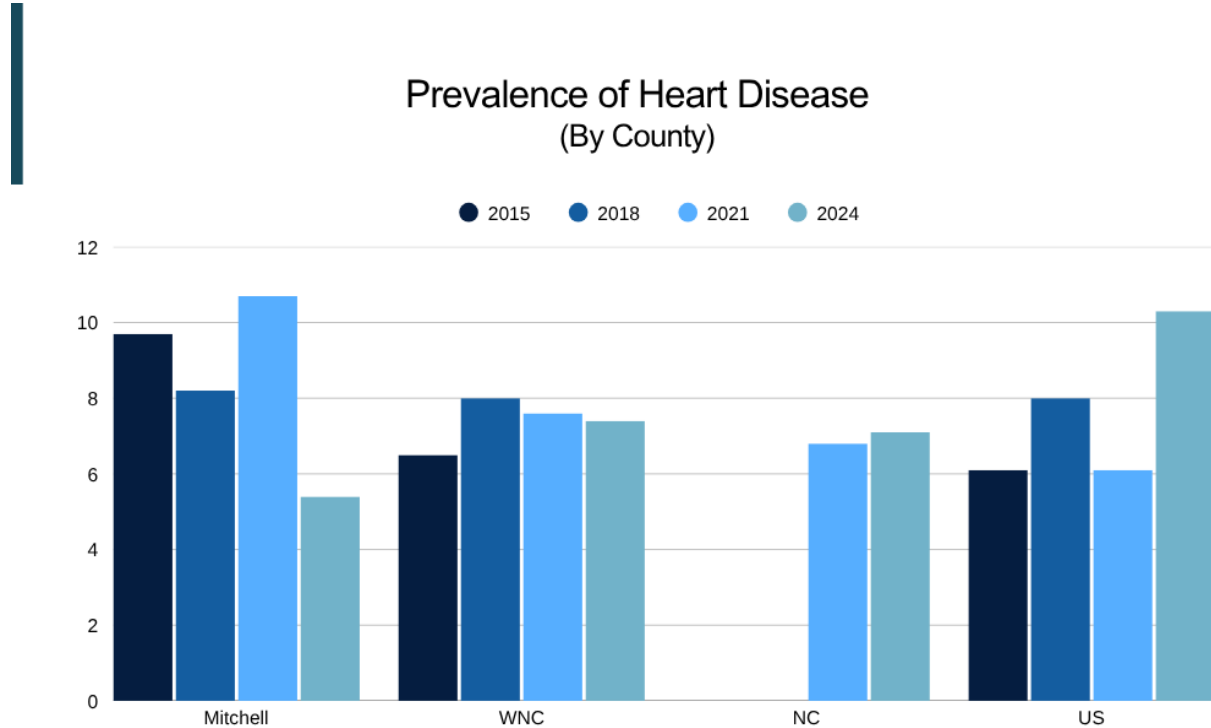


The percentage of births that are low weight (less than 5.5 pounds) has decreased in Mitchell County, from 8% in 2015-2019 to 7.7% in 2018-2022. This is lower compared to both WNC (9.5%) and NC (9.4%) (NC SCHS, County Health Databook, 2024).

Historically there have been too few infant deaths in Mitchell County (less than 2 per 5-year aggregate period) for stable infant mortality rate to be discussed in detail, but the Mitchell County infant mortality rate tends to be much lower compared to the WNC regional average and NC (NC SCHS, Infant Mortality, 2024).

## Chronic Diseases

In 2021, approximately 5.4% of Mitchell County Community Health Survey respondents reported being diagnosed with heart disease, a decrease from 2015 and 2018 and lower compared to WNC and NC and the US.



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 12]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 North Carolina data.  
 2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.  
 Includes diagnoses of heart attack, angina, or coronary heart disease.

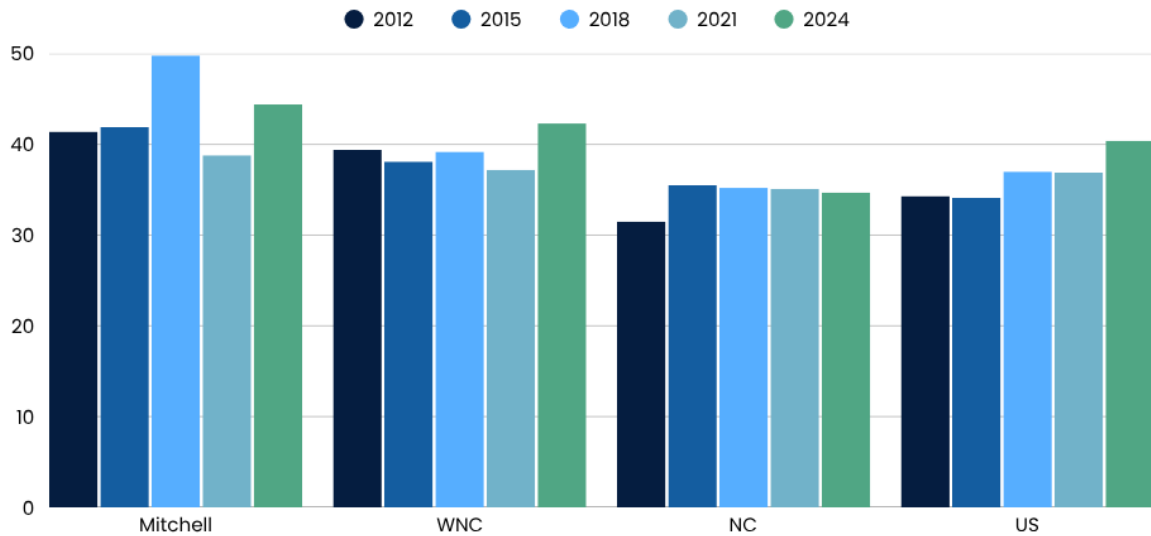


Compared to WNC, NC and the US a higher proportion of Mitchell County respondents over all four survey cycles reported being told by a health professional that they had high blood pressure. In 2024, almost 44.5% of Mitchell County respondents had high blood pressure. All four locations presented would need to see significant improvement to meet the Health People 2030 target of 27.7% or lower.

Since 2015, the proportion of Mitchell County survey respondents reporting a diagnosis of high cholesterol decreased and in 2024 Mitchell County demonstrated an even higher percentage of diagnosed high cholesterol (42.2%) compared to WNC (38.6%) and the US (34.2%).

# Prevalence of High Blood Pressure (By County)

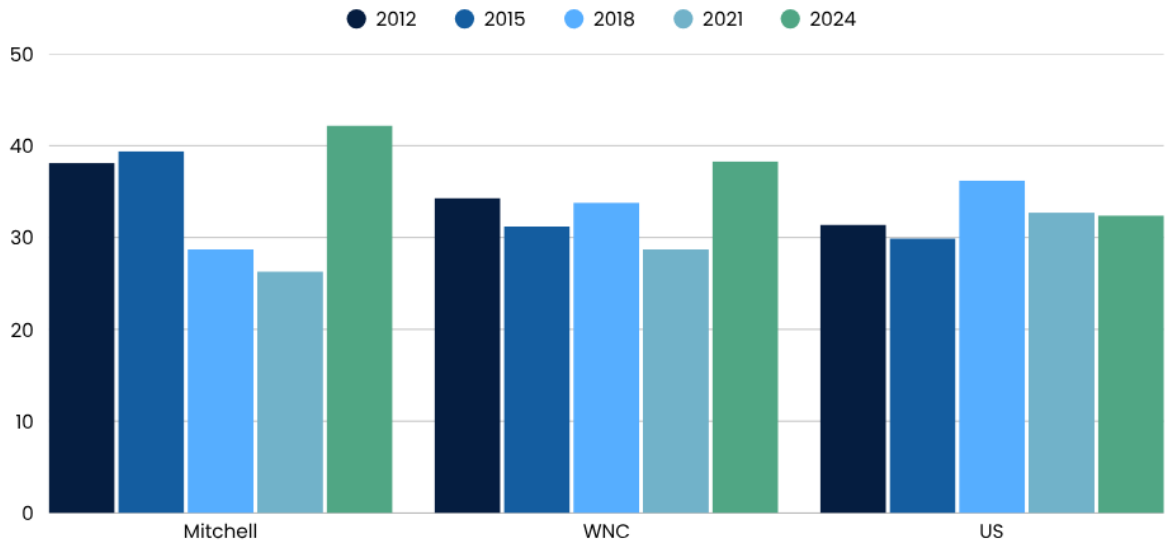
Healthy People 2030 Target = 42.6% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 18]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
 2023 PRC National Health Survey, PRC, Inc.  
 US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.  
 Notes: Asked of all respondents.



## Prevalence of High Blood Cholesterol (By County)

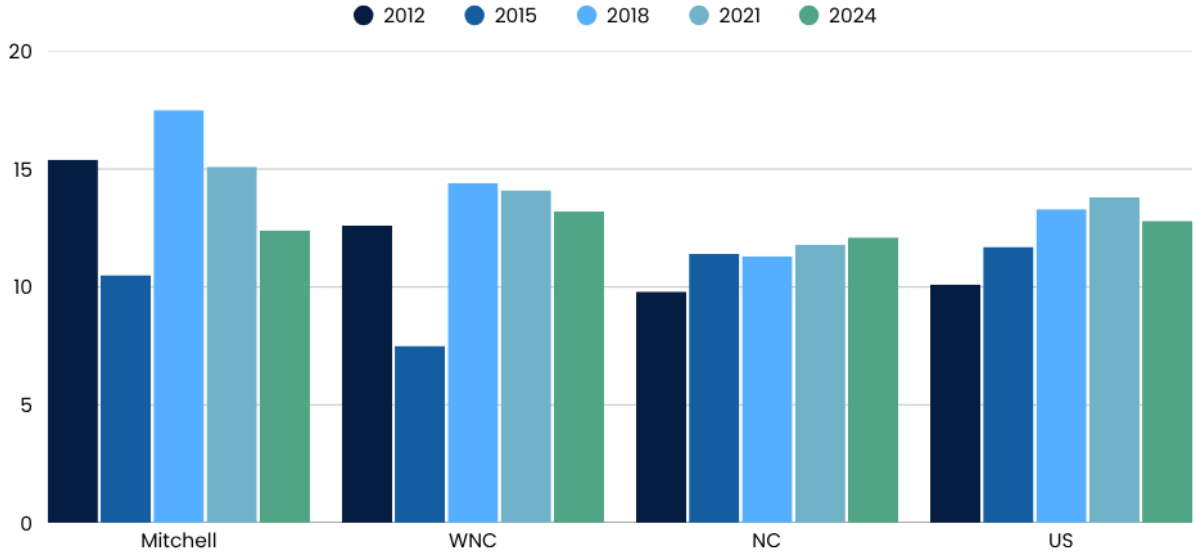


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 19]  
 2023 PRC National Health Survey, PRC, Inc.  
 Notes: Asked of all respondents.



In 2024, 12.4% of Mitchell County survey respondents reported a diabetes diagnosis, higher compared to WNC (13.7%), NC (12.1%) and lower than the US (12.8%).

## Prevalence of Diabetes (By County)

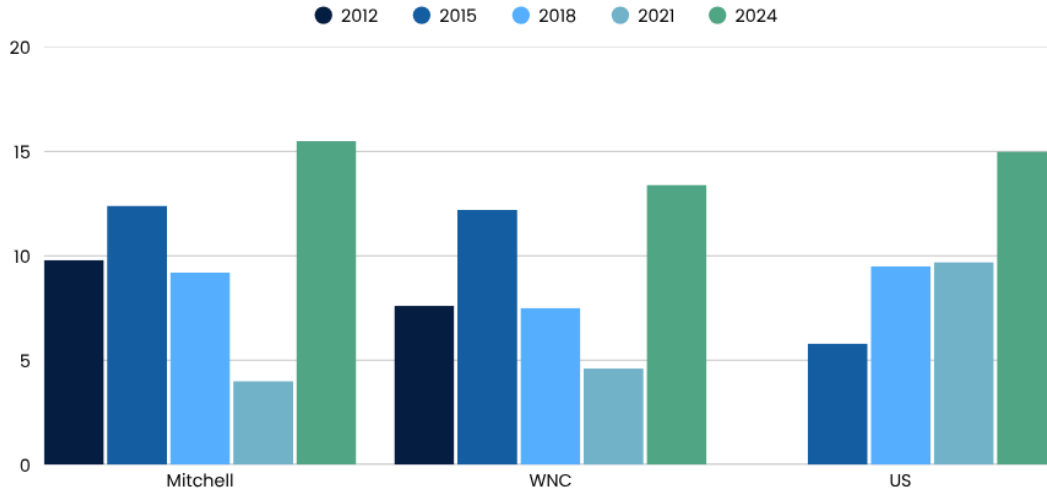


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 80]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and  
 Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.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



The percentage of Mitchell County survey respondents reporting a borderline or pre-diabetes diagnosis has increased since 2021. In 2024, 15.5% of respondents reported such a diagnosis, higher than WNC (13.4%) and the US (15%). This is an over 11% increase to 2021 where the percent of individuals reporting a borderline or pre-diabetes diagnosis was 4% for the county and the WNC region, and 9.7% for the state (WNC Health Network, 2024).

## Prevalence of Borderline or Pre-Diabetes (By County)



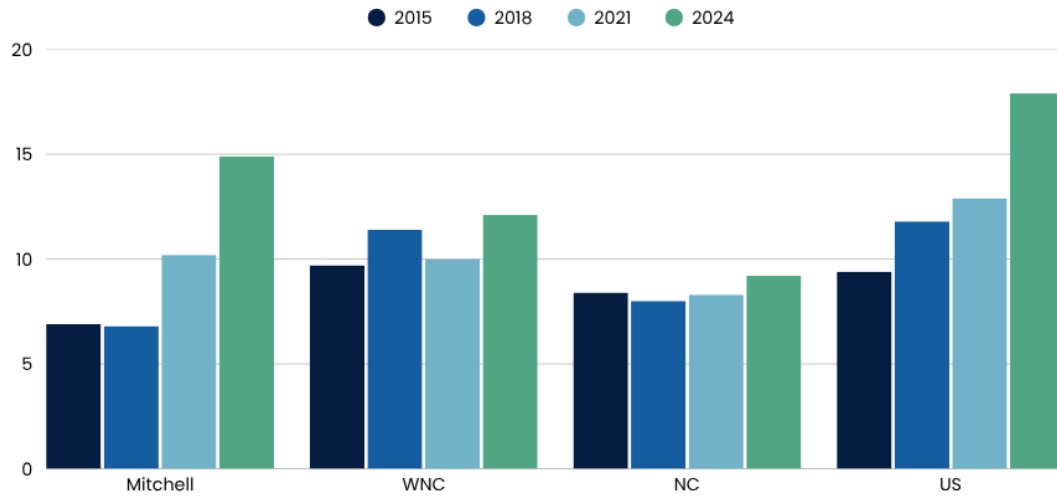
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 80]  
 2023 PRC National Health Survey, PRC, Inc.  
 Notes: Asked of all respondents.



### Respiratory Conditions

Among Mitchell County respondents to the Community Health Survey, a higher proportion reported an asthma diagnosis in 2024 (14.9%) compared to 2015 and 2018 (7%). Mitchell County and WNC reported similar rates in 2024, both of which were higher than NC and lower than the US.

## Prevalence of Asthma (By County)

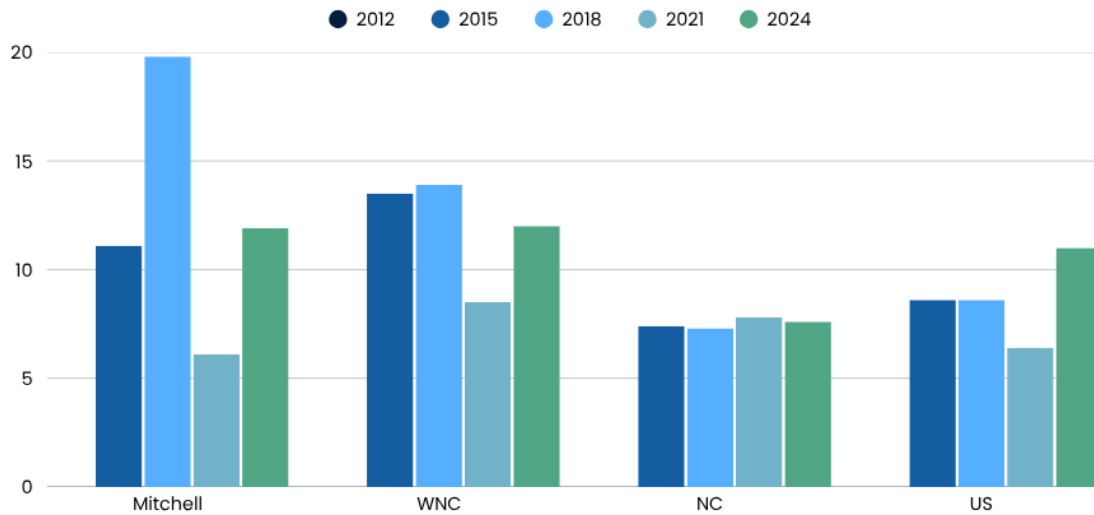


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 79]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health  
 and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.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



The percentage of respondents who had received a diagnosis of chronic obstructive pulmonary disease (COPD) seems particularly variable in Mitchell County. Both Mitchell County and the WNC saw a decrease between 2018 (19.8%) and 2021 (6.1%);but then an increase in 2024 (11.95).

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



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 11]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
 2023 PRC National Health Survey, PRC, Inc.

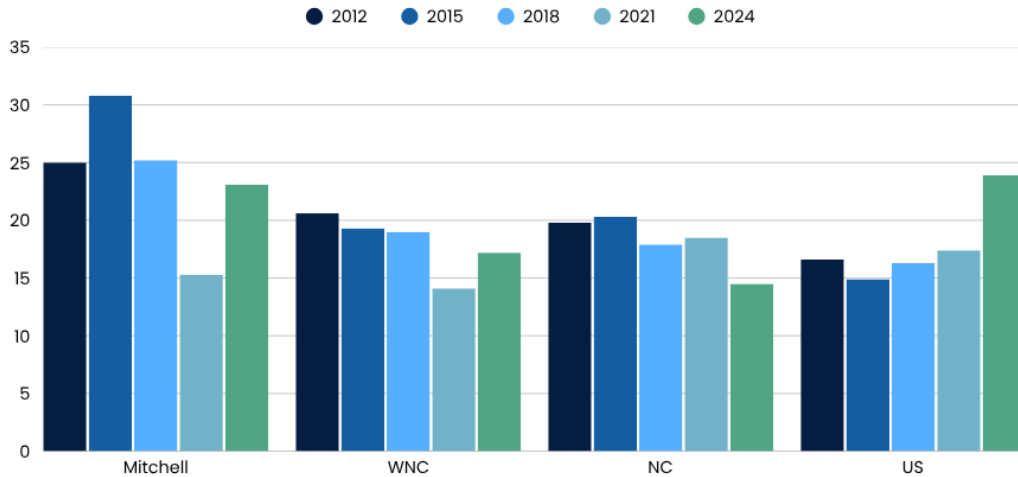
Notes: Asked of all respondents.  
 Includes conditions such as chronic bronchitis and emphysema.



One of the critical risk factors for COPD is tobacco use. The proportion of tobacco smokers among Mitchell County survey respondents increased from 2021 to 2024; a similar trend was seen across WNC. In 2021, 15.1% of Mitchell County survey respondents reported smoking regularly or occasionally, slightly higher than 14.9% in WNC. Compared to WNC (16.75%), NC (14.5%), Mitchell County demonstrated higher rates of smoking in 2024 with a rate of 23.1%. This rate is lower than the US rate of 23.9%.

## Currently Smoke Cigarettes (By County)

Healthy People 2030 Target = 6.1% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 25]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
2023 PRC National Health Survey, PRC, Inc.  
US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.

Notes: Asked of all respondents.  
Includes those who smoke cigarettes every day or on some days.



Smokeless tobacco products appear decreasingly popular among Mitchell County survey respondents, with 1.8% reporting current smokeless tobacco use in 2021, down from 5.1% in 2018. Vaping products also saw a decrease in current users: 8.5% of 2018 respondents reported current vape use compared to 2.5% in 2021. Compared to NC and the US, Mitchell County respondents were less likely to use smokeless tobacco or vape products in 2021 (WNC Health Network, 2021).

## Cancer Incidence

The total cancer incidence rate in 2018-2022 was higher in Mitchell County (493.0) compared to WNC (472.7) and NC (474.6) and the rate has increased in both the long term (59.7% increase since 2002-2006) and the short term (26.1% increase since 2012-2016).

Lung cancer incidence rates have fluctuated over time in Mitchell County, falling 13% since 2002-2006 (71.2) and 18% since 2012-2016 (75.2). As of 2018-2022 the Mitchell County lung cancer incidence rate was 69.2, higher compared to WNC (62.5) and NC (59.8). The breast cancer incidence rate in Mitchell County (164.3) was higher compared to the WNC Region (157.4) in 2018-2020 and it has increased 26% since 2002-2016 (131) and 16% since 2012-2016 (141.4).

Prostate cancer incidence rates are higher in Mitchell County (113.1) compared to WNC (106.5) and lower compared to NC (124.8) and have increased over time. Rates have increased 17.2% since 2015-2019 (89.3) and nearly 10% increase from 2017-2021 (103.2).

The colorectal cancer incidence rate in Mitchell County from 2018-2022 (40.7) was similar to the WNC Region (37.3) and 6.7% higher than NC (34). Over time, the incidence rate has declined in Mitchell County, by 8.5% since 2002-2006 (49.2) and by approximately 1% since 2012-2016 (41.6) (NC SCHS, Central Cancer Registry, 2024).

Cancer Incidence in Mitchell County	Mitchell 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	493	20.3%	18.4%	58.7%	26.1%
Breast Cancer	164.3	6.9%	-6.7%	33.3%	22.9%
Prostate Cancer	113.1	6.6%	-11.7%	-6.5%	26.8%
Lung Cancer	69.2	6.7%	10.3%	-2.0%	-6.0%
Colorectal Cancer	40.7	3.4%	6.7%	-8.5%	-0.9%

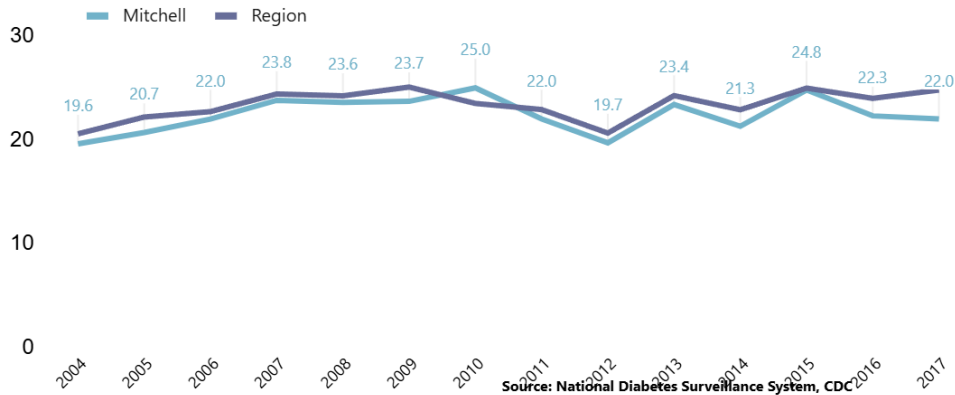
### Overweight & Obesity

As it is an important risk factor for both diabetes and other chronic health conditions, the Community Health Survey administered in WNC has calculated BMIs using the heights and weights reported by respondents in each survey cycle since 2012. The percentage of Mitchell County respondents with a BMI in the overweight or obese range increased in 2018 and 2021 and surpassed all locations provided for comparison. In 2021, three quarters of survey respondents in Mitchell County had a BMI over 25.0, compared to 69% of the WNC Region, 70% of NC and 61% of the US. In 2024 the rate has decreased marginally in 2024 (74.8), and remains higher than the WNC region (69%), NC (69%) and the US (63%).

The proportion of Mitchell County survey respondents with BMIs in the obese range increased each survey cycle, with the 2024 percentage of approximately 43% surpassing the WNC Region (36%), NC (34%) and the US (34%) (WNC Health Network, 2024).

While obesity data from the CDC is not particularly current, it helps to illuminate the historical trend toward the increasing prevalence of obesity among Mitchell County residents. The WNC Region as a whole also 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 (CDC, National Diabetes Surveillance System, 2021).

### Adult Obesity Prevalence Trend (Age-Adjusted Percentage)



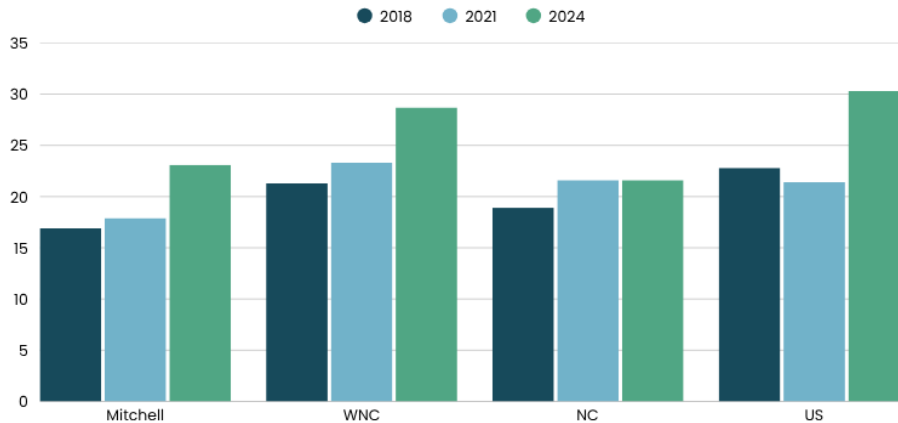
While weight-related data pertinent to children is not particularly recent, what is available demonstrates that in 2018 lower percentages of Mitchell County 2–4-year-olds were overweight or obese compared to WNC and NC (Eat Smart Move More, 2021).

### Physical Activity

In 2024, approximately 23% of Mitchell County Community Health Survey respondents met the minimum guideline 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, NC and the US, Mitchell County respondents were less likely to meet the physical activity recommendations in 2015 and 2018.

## Meets Physical Activity Recommendations (By County)

Healthy People 2030 Target = 29.7% or Higher



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 82]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 North Carolina data.  
2023 PRC National Health Survey, PRC, Inc.  
US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.

Notes: Asked of all respondents.

Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



A quarter of Mitchell County survey respondents in 2024 reported getting no physical activity during their leisure time, a decrease from 29% in 2018. Compared to WNC (22%) and NC (23%), the county tends to be more physically active. Compared to US (30.2%), Mitchell County respondents were less likely to report no physical activity over the four surveys that have been conducted (WNC Health Network, 2024).

### Injury

Given the aging of the Mitchell County population and the increasing rate of unintentional injury related deaths, it is important to understand how accidental falls impact the community. In 2018-2022, there were 22 unintentional fall-related deaths among Mitchell County residents, 13% (n=3) occurred among individuals aged 65 and older. Half (n=11) occurred among those over the age of 84 (NC SCHS, Detailed Mortality Statistics, 2024).

In 2023 there were 229 reportable motor vehicle crashes in Mitchell County and 138 (60 resulted in injuries). Alcohol was a factor in 5.2% (n=12), a similar number to all crashes between 2015 and 2019, with an average of 12 motor vehicle crashes per year and 8 of the resulting injuries per year being alcohol related (NC Department of Transportation, County Crash Profiles, 2024).

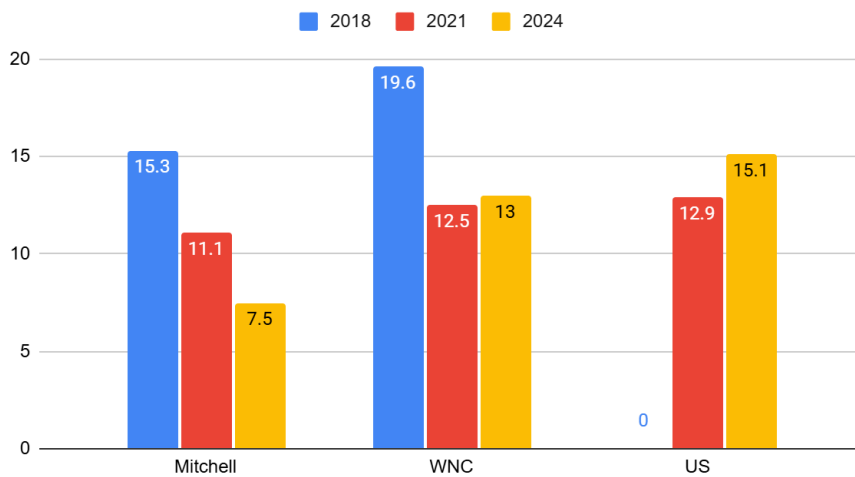
### Substance Use

In 2024, 50% of Mitchell County respondents to the Community Health Survey indicated that their life has been negatively affected by substance abuse, a decrease from 54% in 2021 and a lower proportion compared to WNC (54.2%), but higher than the US (45.4%) (WNC Health Network, 2024).

While the number of deaths due to unintentional poisoning (the category where drug overdoses get counted) is variable on a yearly basis in Mitchell County, the mortality rates have decreased since 2014-2018 (37). In 2018-2022, the Mitchell County unintentional poisoning mortality rate was 34.9, compared to an average of 55.8 across WNC, and 32.2 in NC (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 Mitchell County residents who were dispensed opioid pills has decreased steadily since 2015, but the Mitchell County rate exceed both the state and the WNC Region over the entire period shown below. A similar pattern was seen among respondents to the Community Health Survey: in Mitchell County, a smaller proportion reported using opioid (with or without a prescription) in 2024 (7.5%) compared to 2021 (11.1%).

Mitchell County Opioid Use With or Without a Prescription

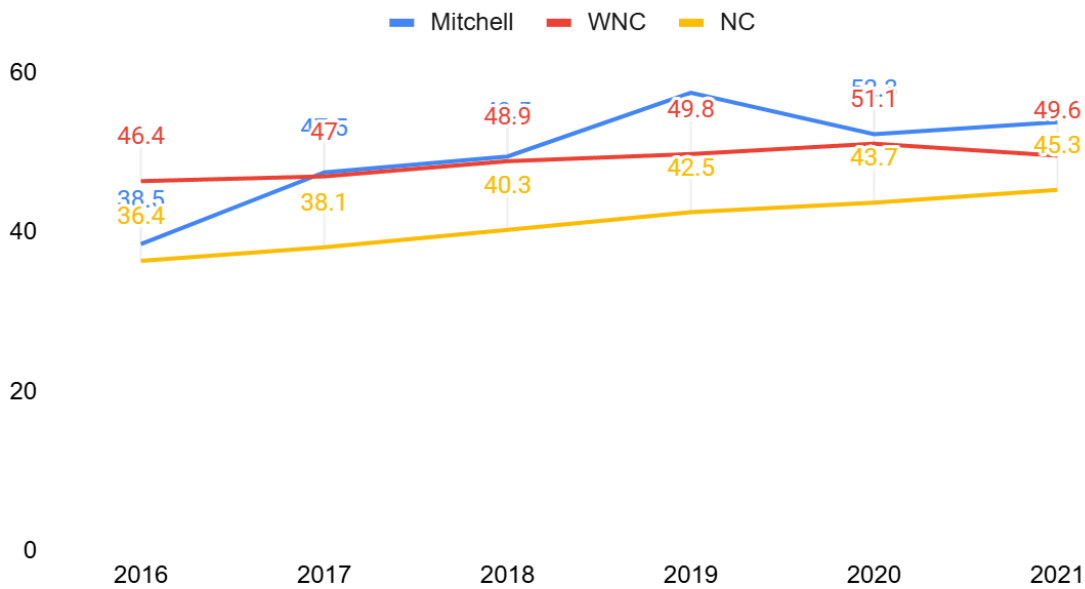


Between 2019 and 2023, there were a total of 70 emergency department visits with an opioid overdose diagnosis among Mitchell County residents, an average of 14 per year. The exact number is quite variable on a yearly basis and the calculated rate demonstrates no clear pattern of decline. Community-administered and law enforcement-administered naloxone reversals were almost non-existent in Mitchell County, with only one community-administered naloxone reversal reported between 2013 and 2020.

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

An increasing proportion of children in foster care are in custody due to parental substance use. Compared to NC and the WNC Region, Mitchell County tends to have a higher percentage of children in foster care due to parental substance use.

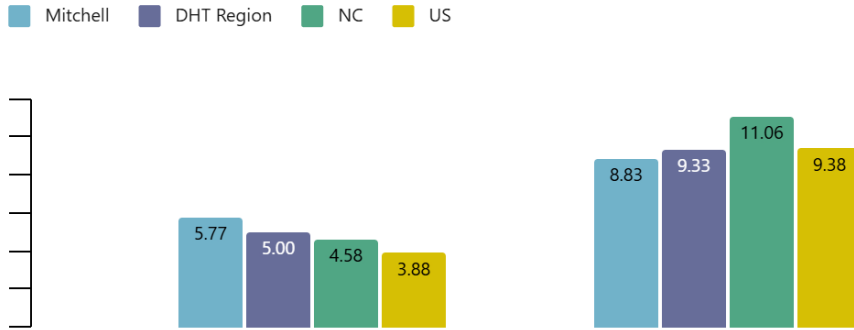
## Percent of Children in Foster Care due to Parental Substance Use



Buprenorphine is the primary medication used in medication-assisted treatment of opioid dependence. In Mitchell County, the number of buprenorphine prescriptions dispensed has increased steadily each year, from 209 in 2019 to 384 in 2021, indicating expanded treatment access. The number of Medicaid beneficiaries and uninsured individuals served by opioid use disorder treatment programs has expanded significantly; between 2017 and 2021, an average of 118 individuals were served each year (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 57 Part D prescribers in Mitchell County (9 in Bakersville and 44 in Spruce Pine) and 50 of them (9 in Bakersville and 44 in Spruce Pine) prescribed opioids. Those providers filed 6,390 opioid claims and 617 long-acting opioid claims. When examined by rate, Mitchell County demonstrated a higher opioid prescribing rate (5.77) compared to WNC (5.00), NC (4.58) and the US (3.88) and a lower long-acting opioid prescribing rate (8.83) compared to WNC (9.33), NC (11.06) and the nation (9.38). From 2016-2021, there were less than 1% fewer opioid and long-acting opioid claims filed in Mitchell County.

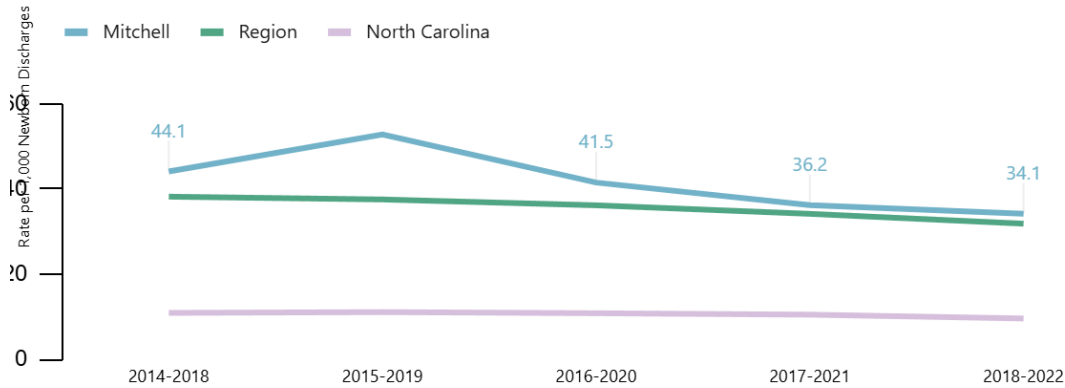
### Opioid Prescribing Rates among Medicare Part D Prescribers (2022)



Source: Centers for Medicare and Medicaid Services

Data related to infant drug withdrawal diagnoses was provided to WNC Healthy Impact by special request from the NC State Center for Health Statistics. The rate of discharges with infant drug withdrawal diagnoses in Mitchell County has fluctuated over time, increasing from 2014-2018 (32) to 2015-2019 (37) and then steadily decreasing from 2015-2019 to 2018-2022 (36.2). The rate has stayed consistently higher in Mitchell County compared to the WNC Region and North Carolina (WNC Health Network, 2024).

### Newborn Discharge Rate for Infant Drug Withdrawal Diagnosis



Source: Special Request from Injury and Violence Prevention Branch, NC DPH

### Mental Health

Since 2015 the proportion of Mitchell County Community Health Survey respondents reporting that they are dissatisfied with life has increased with each survey sample.

An increasing percentage of Mitchell County community survey respondents report more than 7 days per month of poor mental health days, though the proportion does not exceed the WNC Regional comparator. In 2024 a higher percentage of Mitchell County respondents felt their typical day was extremely or very stressful (18.5%) compared to WNC (17.2%) and the US (21.1%). Approximately 90% agreed or strongly agreed that they were able to stay hopeful in difficult times, slightly higher compared to WNC (81.4%) (WNC Health Network, 2024).

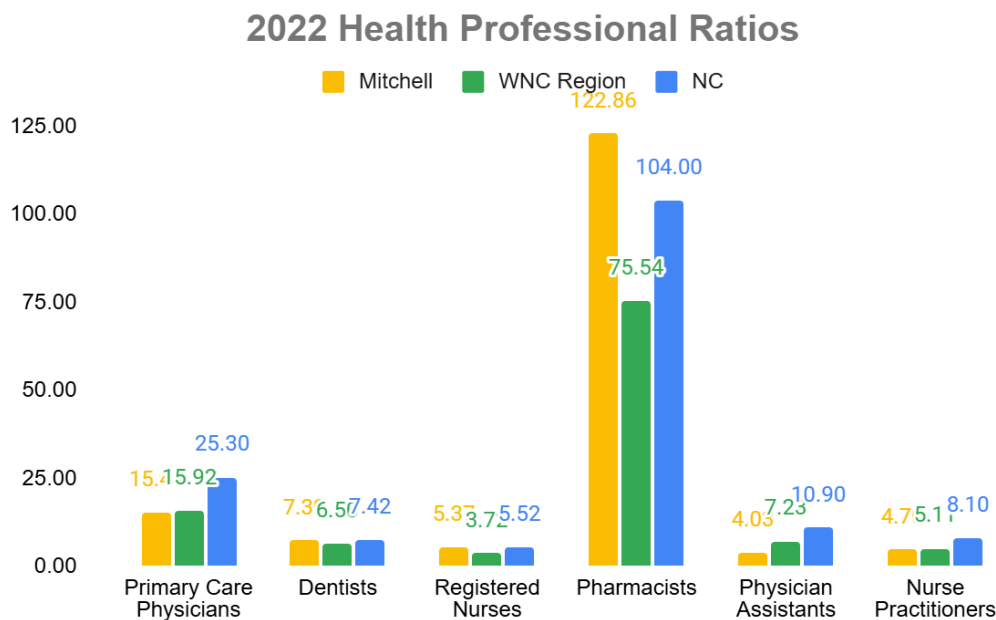
Eight percent of Mitchell County respondents in 2024 reported having considered suicide in the past year, a lower percentage compared to WNC (10.7%). Between 2018 and 2022 there were 19 deaths due to suicide, the majority of them were male (17) (NC SCHS, Detailed Mortality Statistics, 2024).

## CLINICAL CARE & ACCESS

### Healthcare Providers

According to NC Health Workforce data from the Cecil B. Sheps Center for Health Services Research, there were 15 physicians (7 of them primary care physicians), 5 dentists, 123 registered nurses, 5 physician assistants, 4 pharmacists, and 15 nurse practitioners active in Mitchell County in 2022. As of October 2024 there was only one active psychologist, one chiropractor, and one podiatrist. There were no pediatricians, psychiatrists, ob-gyn specialists, certified nurse midwives, cardiologists, dermatologists, nephrologists, or urologists.

Compared to the WNC Region, Mitchell County had higher ratios of the selected types of health professionals to population in 2022, meaning that more providers were available to serve the community compared to the average county in WNC.



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, 17.4% of Mitchell County’s active physicians were over the age of 65 (Sheps Center, NC Health Workforce Data, 2024).

### Healthcare Facilities

There is one hospital in Mitchell County: Blue Ridge Regional Hospital located in Spruce Pine and providing 46 general hospital beds. It has three 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 in the county to provide temporary, supplementary nursing staff.

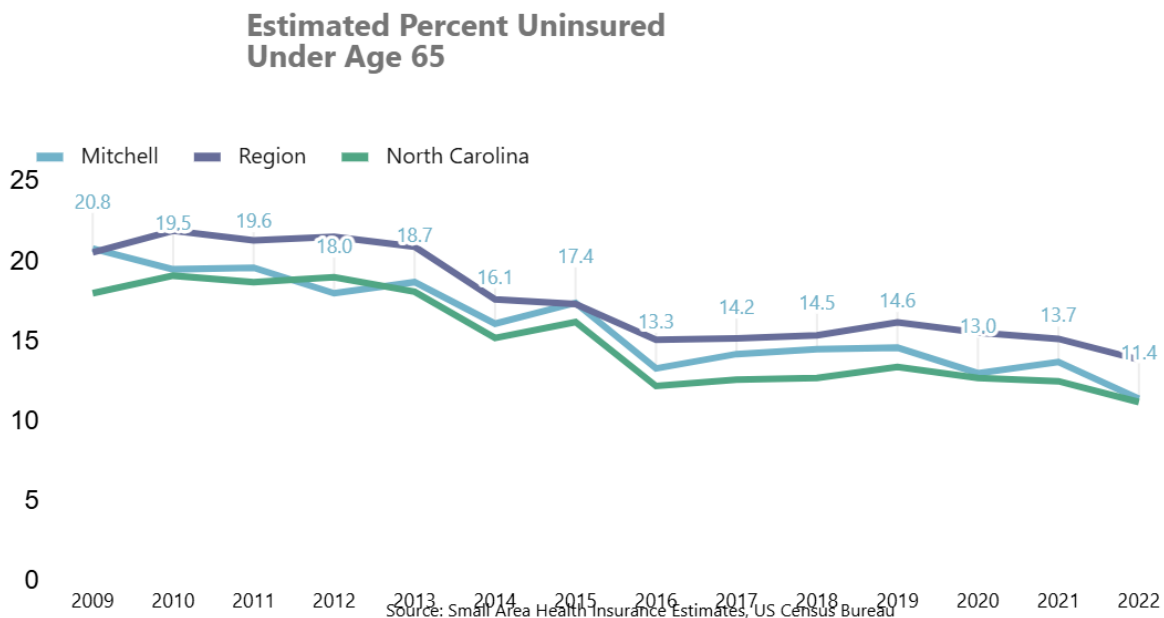
Given the aging nature of Mitchell County, it will be important to ensure that resources specific to the needs of seniors exist. There is one adult care home located in Spruce Pine, with a maximum capacity of 80 beds; the one nursing home in Spruce Pine has 127 skilled nursing beds and 6 adult care home beds. There is one family care home in Bakersville, with a maximum capacity of 6 beds. Five facilities or agencies in Mitchell County provide home care and home health services, two facilities provide hospice services (NC DHHS, Licensed Facilities, 2024).

There is one for-profit dialysis facility in Mitchell County, located in Spruce Pine, with 9 hemodialysis stations and no shifts offered after 5pm. (Medicare, Dialysis Facility Compare, 2025).

As of April 2025, there were 6 licensed facilities providing a variety of mental health-related services in Mitchell County: a supervised living for adults with developmental disabilities, two supervised living facilities for families, a day treatment for children and adolescents with emotional or behavioral disturbances, vocational programs for adults with developmental disabilities, and one intensive outpatient substance abuse treatment program. All facilities are in either Bakersville or Spruce Pine (NC DHHS, Licensed Facilities, 2025).

### Uninsured Population

According to 2022 estimates, 11.4% of the Mitchell County population under the age of 65, did not have health insurance. Over the period shown in the chart, Mitchell County’s uninsured rate tends to be higher than NC and lower compared to the WNC Region. After a steady decrease, the percent of the population that is uninsured increased in all three locations between 2016 and 2019 (Census Bureau, SAHIE, 2024).



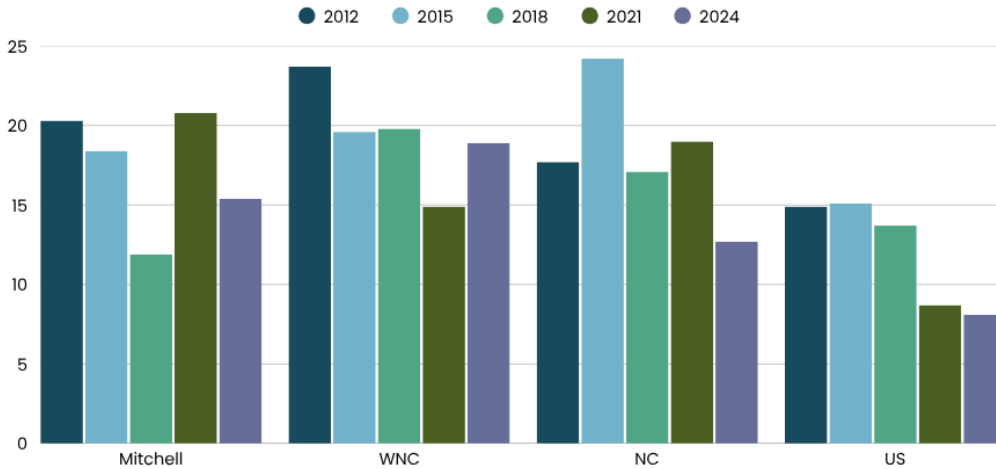
Among Mitchell County minors in 2022, an estimated 3.9% were uninsured; approximately 35% were insured via Medicaid or other public coverage, such as CHIP. An estimated 23% of adults 19-34 did not have health insurance; 15% of adults aged 35-64 were uninsured. Among Mitchell County seniors

over the age of 65 in 2022, 31% relied on Medicare alone for insurance and 67% had two or more types of health insurance coverage, similar to WNC and NC (Census Bureau, ACS, 2024).

The percentage of Mitchell County Community Health Survey respondents reporting a lack of health insurance coverage decreased from 2021 to 2024. The percentage of individuals who reported lack of health insurance in 2021 was 20.8%. In 2024, nearly 15% of respondents aged 18-64 did not have health insurance, higher compared to WNC, NC and the US (WNC Health Network, 2024). In 2021, 7.5% of respondents reported losing health insurance coverage during the COVID pandemic (WNC Health Network, 2021).

## Lack of Health Care Insurance Coverage (By County)

Healthy People 2030 Target = 7.6% or Lower

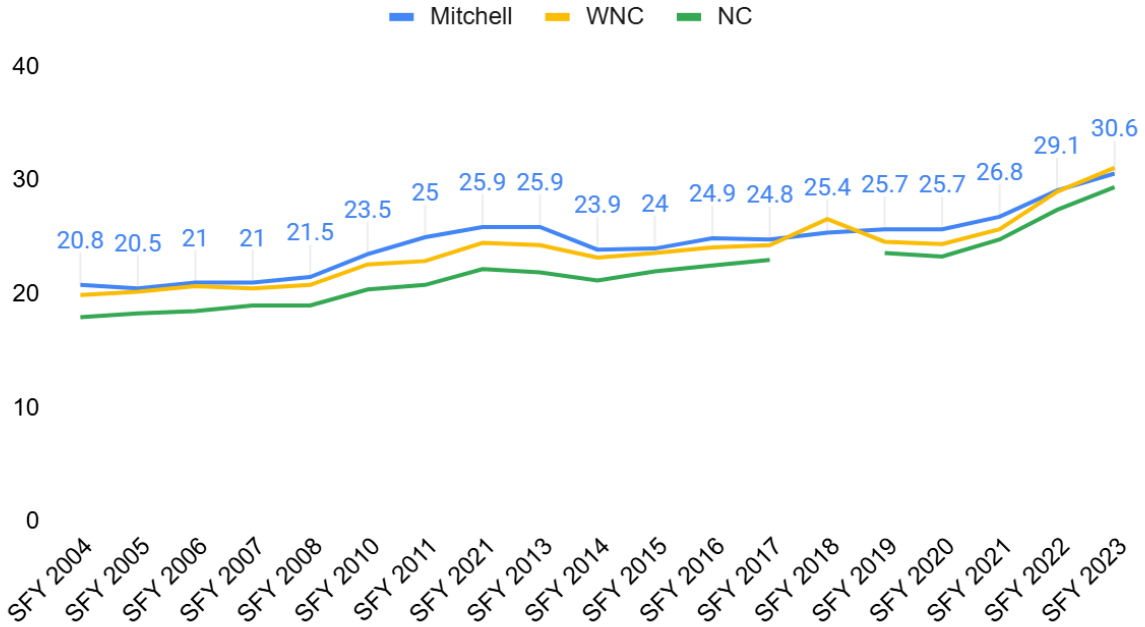


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 86]  
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
 2023 PRC National Health Survey, PRC, Inc.  
 US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.  
 Notes: Reflects all respondents under the age of 65.  
 Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).



In SFY23, approximately 30% of the Mitchell County population, nearly 4,500 individuals, was eligible for Medicaid. Compared to both the WNC and the state as a whole, a higher percentage of Mitchell County residents are eligible for Medicaid and the proportion has not changed dramatically in a decade.

## Percent of Population Eligible for Medicaid

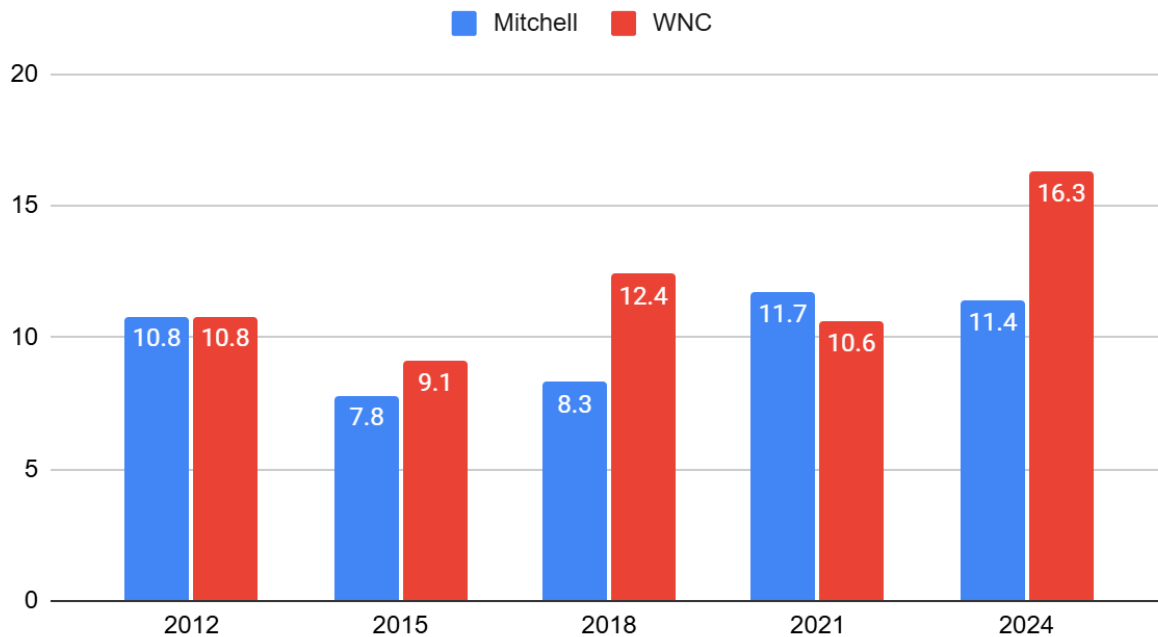


As of December 2023, Medicaid Aid to Families with Dependent Children (AFDC) was the largest program (1,161 eligibles), followed by Infants and Children (670 eligibles), and MCHIP (620). A total of 574 individuals were eligible for Disabled Medicaid coverage (NC Medicaid Division of Health Benefits, Enrollment Reports, 2023).

### Health Care Access

Since the 2015 Health Impact survey cycle, the proportion of Mitchell County Community Health Survey respondents reporting a lack of needed medical care has increased, from 7.8% to 11.4% in 2024.

## Rate of People Unable to Get Necessary Health Care



Approximately 33% of Mitchell County respondents chose to go without needed health care at some point during the COVID pandemic, higher compared to WNC (30%). More than 42% of respondents indicated that they were extremely or very likely to use telemedicine for future routine healthcare, lower compared to WNC (47%) (WNC Health Network, 2021).

The Bakersville Community Medical Clinic is a Federally Qualified Healthcare Center (FQHC), recognized as a Patient Centered Medical Home by HRSA. Referred to locally as Mountain Community Health Partnership, the clinic provides services to Mitchell and Yancey counties. 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, immunizations, pediatric and women’s healthcare, and in 2021 at some sites, including Mitchell County, COVID-19 testing. In 2023, Mountain Community Health Partnership served 10,511 patients, a dramatic increase from 7,713 in 2019. In 2023, the clinic served 980 mental health patients and 198 substance use disorder patients. Adults aged 18-24 comprise 49% of their patients, with pediatric patients (23%) and seniors (27%) accounting for the rest. Ten percent of their patients were racial or ethnic minorities: approximately 9% were of Hispanic or Latino ethnicity and 6% were American Indian/Alaska Native. A majority of patients fell below the 200% Federal poverty guideline and 37% fell below the 100% poverty line. Fourteen percent of the patients in 2023 were uninsured, 24% were Medicaid or CHIP patients, and 26% were Medicare patients (HRSA, Program Awardee Data, 2023).

### Mental Health Care Access

The number of Mitchell County residents served by the area mental health program (VAYA) decreased overall from a high of 742 in FY13-14 to 363 in FY19-20. In the decade between FY10-11 and FY19-20, an average of 475 individuals were served per year. Over that same decade, an average of 4 Mitchell County residents per year were served in NC state psychiatric hospitals (Division of MH/SS/SAS, Annual Reports, 2021).

In 2024, 24% of Mitchell County respondents indicated that they were currently taking medication or receiving treatment for their mental health, a slightly lower proportion compared to the WNC Region (29%) and higher than the US (22%). Approximately 18% of Mitchell County and 20% 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**

Reliable data illuminating racial disparities is particularly lacking in Mitchell 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 Mitchell County fare much worse compared to females. Mortality rates among males are higher for cancer, stroke, CLRD, heart disease, and unintentional injuries. The information provided in this table is from the WNC Healthy Network (2024).

Mortality Rates by Gender 2018-2022	Mitchell County Males	Mitchell County Females	% Difference
Cancer	203.8	163.7	40.10
Heart Disease	273.2	153.9	119.3
Chronic Lower Respiratory Diseases	79.4	67.4	12
Unintentional Injuries (non-motor vehicle)	74	46.2	27.8

Among Mitchell County Community Health Survey respondents, 8% reported often or sometimes being treated unfairly when getting medical care because of their race or ethnicity (WNC Health Network, 2024).

# 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 Mitchell County. In 2023, out of the 353 days with measured air quality, Mitchell County had 281 good days, 71 moderate days, and 1 day that was unhealthy for sensitive groups. The most common air pollutant, measurable on all 353 days, was fine inhalable particulate matter (PM 2.5). Fine particles pose the greatest risk to health because they are small enough to get into the lungs and bloodstream. They are the main cause of reduced visibility (haze) and can be emitted from a variety of sources, from fires and construction sites to unpaved roads, vehicles, and industries (US EPA, 2021).

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). Among the 85 reporting counties in North Carolina, Mitchell County ranked 63rd in 2022, with 6,305 pounds of toxic chemicals being released. For comparison, Rutherford County, ranked 1st, released nearly 13.3 million pounds of TRI chemicals. The only chemical released was styrene and all of it was managed on-site by the releaser: Bombardier Recreational Products in Spruce Pine (EPA, 2024). Exposure to styrene may impact the central nervous system and complaints include headache, fatigue, dizziness, confusion and a feeling of intoxication (OSHA, 2021).

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. After increasing in 2015 (from 11.1% to 13.5%) and 2018 (from 13.5% to 18.5%), the proportion of Mitchell County Community Health Survey respondents who said they had breathed someone else’s smoke at work in the past week decreased to 7.6%, lower 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 45% of the Mitchell County population, 6,696 residents, were served by community water systems. The towns of Spruce Pine and Bakersville are the largest community water systems and neither had any health-based violations (a contaminant exceeded the safety standard or water was not treated properly) in the past 10 years (EPA, 2024).

## HEALTHY FOOD & PLACES

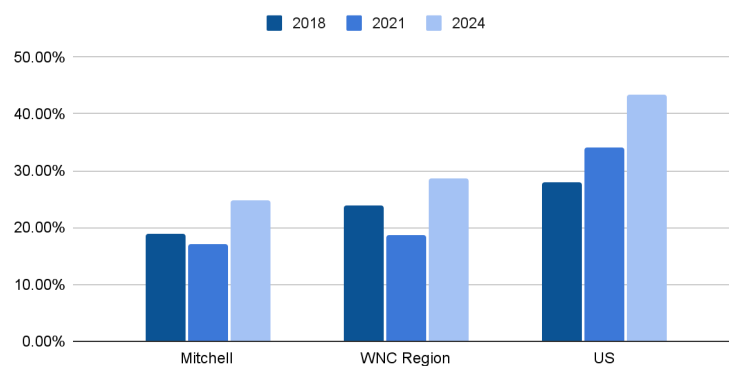
Food security, as defined by the United Nations' Committee on World Food Security, exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

According to Feeding America, 17% of the Mitchell County population was food insecure in 2023; 16.7% of children were food insecure. Despite projections of rising food insecurity by 2021, the population of adults experiencing food insecurity has remained stable, and food insecurity among children has decreased from 19.2% in 2019 (Feeding America, 2023).

Participants in the 2018, 2021, and 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: nearly 19% in 2018, 17% in 2021, and nearly 25% in 2024; Mitchell County demonstrated lower percentages in all three years compared to WNC and the US (WNC Health Network, 2024).

### Food Insecurity

(By County, 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. Mitchell County had 2 farmers markets in 2018, the same as in 2013 (in Bakersville and Spruce Pine). The number of grocery stores remained unchanged between 2011 and 2016: there is one large-chain grocery store in Mitchell County (an Ingles in Spruce Pine). As of 2015, nearly 6% of Mitchell County households had no car and low access (more than 1 mile distant) to a grocery store. There is one supercenter (Walmart) in Spruce Pine and while it sells groceries, it is counted separately by the USDA. In contrast to the grocery stores, fast food restaurants appear more abundant in Mitchell County: there were 10 fast food establishments in 2011 and 8 in 2016. There were no recreational or fitness facilities in Mitchell County in 2011 or 2016 (USDA, 2021). A fitness gym located in Spruce Pine was likely established since 2016.

"Limited options for healthy foods. Limited Farmers Markets. Transportation barriers to access grocery and other stores." – Community Leader (Mitchell County)

"Low income, high prices at Ingles, farmers growing commodity corn/soy instead of food for local communities." – Community Leader (Mitchell County)

"The collaborative nature of TRACTOR, Dig In, Reconciliation House, the various community gardens that offer programs like Harvest Share." – Community Leader (Mitchell 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-borne illnesses, and drought increases the frequency and intensity of flooding. Changes in our climate will continue to make summers hotter and will increase communitywide susceptibility to heat related illness, especially in under-treed communities experiencing heat islands (Donellan, 2023).

# CHAPTER 6 – CLIMATE AND HEALTH

## 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).

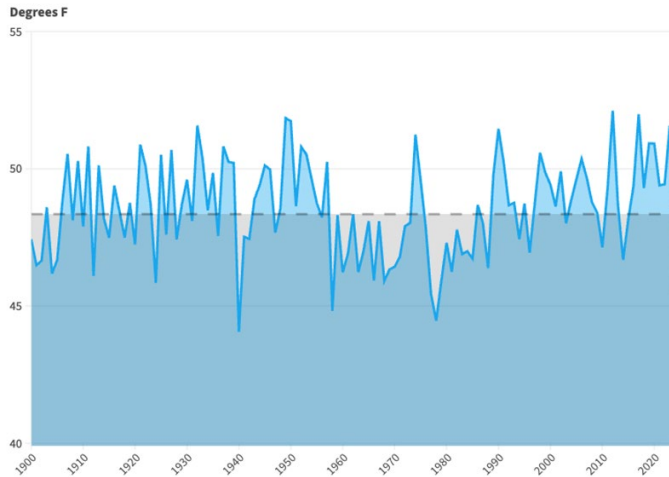
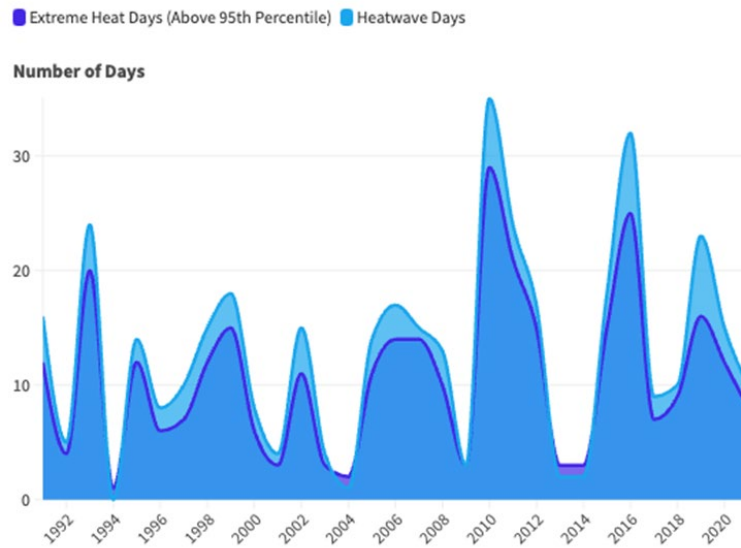


Figure 1. Observed average annual temperature for Western North Carolina from 1901 to 2024 and the temperature of record, 48 °F (dashed grey line). Source: National Centers for Environmental Information Climate at a Glance. Data: COOP, ASOS, CRN



Group. Data: PRISM.

Extreme heat not only poses direct risks such as heatstroke but also exacerbates existing health conditions like heart disease and respiratory illnesses (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

## 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).

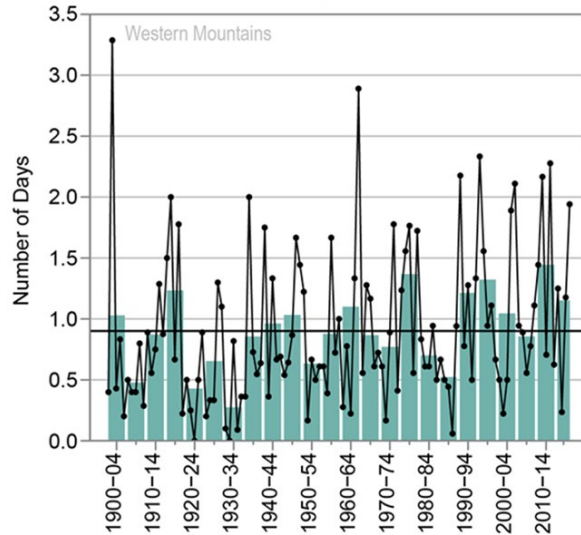
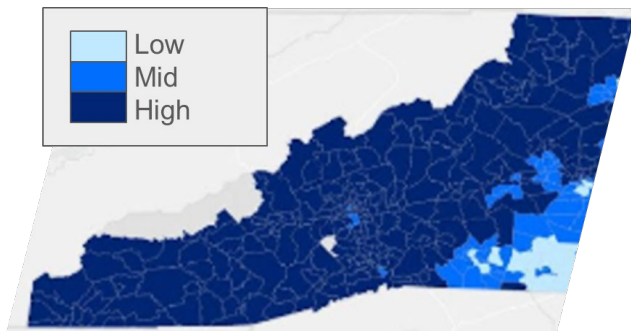


Figure 3. Observed annual number of extreme precipitation events for the Western Mountains of North Carolina. **Extreme precipitation** is defined as 3 inches or more of precipitation within a 24-hour span. Sources: NCICS, NOAA NCEI, and the State Climate Office of North Carolina.



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.

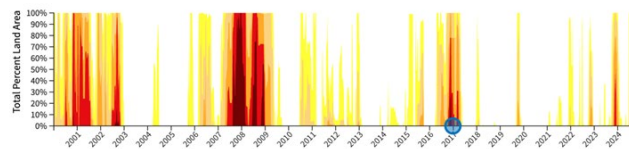
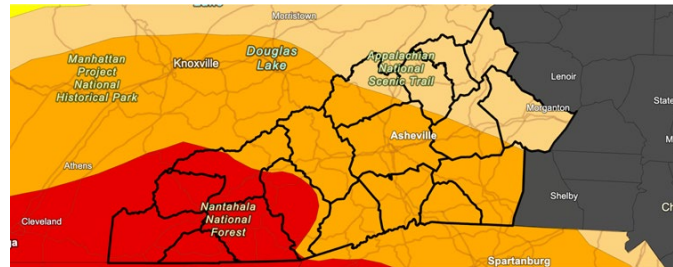
Figure 4. Flood Risk in North Carolina at the ZCTA level. Sources: First Street Foundation. Data: FIRMs, USGS DEMs, NOAA, NHD. We acknowledge Sarah Ulrich for her mapping expertise.

## 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.

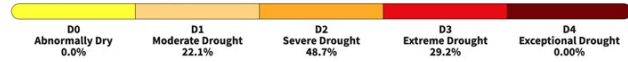
Figure 5. Historic Drought Conditions from 2000 to 2024 and map highlighting the drought conditions during the 2016 drought season. Sources: NOAA, USDA, and National Drought Mitigation Center. Data: USDM, NOAA, NIDIS, USDA, NDMC.

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.



Map Valid: Dec 27, 2016

### U.S. Drought Monitor Category



# 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. To identify the significant health issues in our community, our key partners (see a full list in the Executive Summary) reviewed data and discussed the facts and circumstances of our community.

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

- Data is related to past health priorities
- Data reflects 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 2024, Jessica Farley from Toe River Health District facilitated the first of three prioritization meetings, via Zoom. She presented highlights from the Mitchell County WNC Healthy Impact presentation, summarizing the community health survey results and key informant interviews, and shared slides containing statistical data pertaining to substance abuse, mental health, and healthy lifestyles. Participants were prompted to ask questions and comment via JamBoard, addressing what data that stood out to them.

### Identified Issues

At a follow-up meeting in June 2024, Farley reviewed highlights from the 2021 CHA and compared them to the 2024 results. Attendees participated in a JamBoard discussion to answer a series of questions. A Wordle Poll activity facilitated the identification of the 6 most important issues in Mitchell County:

- **Housing Affordability and Availability.** Over a quarter of survey respondents reported at least sometimes worrying about paying their mortgage or rent in 2024, up from 19% in 2021. 10% of respondents have had to live with a friend or relative in the past 3 years due to a housing emergency. Respondents living on the street, in a car, or in a temporary shelter have nearly doubled since 2021, from 2.2% to 3.8%.
- **Mental Health Issues (including depression, anxiety, suicidal thoughts, and social isolation & loneliness).** The suicide mortality is rising in Mitchell County and was higher than NC and WNC. Around 16% of survey respondents report more than a week of poor mental health a month, a decrease from 2021 (20.3%). Mental health services are sparse in Mitchell County, but it

is becoming increasingly apparent that mental health services need to be readily available and easy to access without stigma.

- **Food Access & Availability.** Food insecurity is a growing issue in Mitchell County, with a quarter of respondents having run out of food or worried about running out of food in 2024.
- **Healthy Eating/Active Living (including nutrition, overweight, obesity).** Obesity rates in Mitchell County are higher than the state and rising: 43.4% of the county was estimated to be obese and about 75% of survey respondents were overweight or obese. About 23% of survey respondents met the physical activity recommendations, an increase from previous years, but a quarter reported no leisure-time physical activity. Healthy eating in Mitchell County is a challenge as well, with less than 7% of residents consuming the recommended daily intake of fruits and vegetables.
- **Chronic Conditions (including heart disease, cancer, diabetes, stroke, high blood pressure, memory loss, COPD, etc.).** Mitchell County has higher (and rising) mortality rates due to heart disease, diabetes, CLRD, kidney diseases, and liver disease compared to NC and WNC. Hypertension, high cholesterol, and obesity are chronic disease risk factors that impact many residents in the county.
- **Substance Abuse (including vaping, alcohol, tobacco use, and drug use).** Mitchell County had higher opioid prescribing rate, higher opioid dispensing rate, higher infant withdrawal diagnoses discharge rate, and higher unintentional poisoning mortality compared to the state. About half of survey respondents said their life has been negatively impacted by substance abuse.

## PRIORITY HEALTH ISSUE IDENTIFICATION

### Process

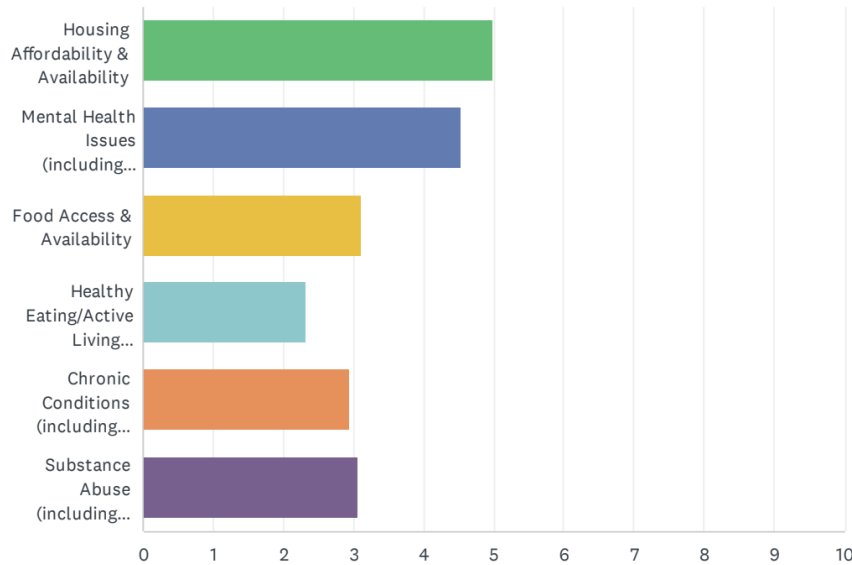
In June 2024, the top eight health issues identified by the Community Health Assessment were presented. Participants were then asked to participate in a Poll and vote on which issue they believe should be on our prioritization list for the next three years.

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)

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:

Answered: 51 Skipped: 0



### 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

*"Private insurance limitations with limited providers and higher rates, limited ease of access for community paths: sidewalk, safe surface playground that is all-accessible (pour-in place, not loose mulch type), transportation challenges, limited after-hour service options for full-time working community; referral out of area for services not provided in direct county and the added time/transportation/work challenges that go with it; limited OB services and required out of county Labor and Delivery - limiting younger thriving population and limiting health care provider availability to come and stay in area to serve."*

*- Community Leader (Mitchell County)*

## HEALTH RESOURCES

### Process

The subcontractor writing the CHA report collected service request data available from the NC 2-1-1 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 every day 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](http://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

Access to primary care is especially necessary in Mitchell County, where there is a focus on preventive healthcare across the lifespan of an individual. The Healthy North Carolina 2030 goal is 1 primary care provider (primary care physicians, nurse practitioners, physician assistants, and certified nurse midwives) per 1,500 people. As of 2024, with 44 primary care providers (10 primary care physicians, 29 nurse practitioners, 5 physician assistants, and 0 certified midwives), Mitchell County had a ratio of 1 provider to 341 people.

Compared to the WNC Region, Mitchell County had higher ratios of physicians, registered nurses, and nurse practitioners. Which means that more providers are available to serve the population or that the providers who are there serve a small number of patients. As mentioned in an earlier chapter, 24% of physicians, 23% of primary care physicians, 11% of nurse practitioners were over the age of 65 in 2019.

While the 2-1-1 data does not demonstrate a high number of requests from Mitchell County residents each year, utility and housing related calls were the most common, followed by other requests. Rent assistance and information about shelters were the most requested topics within Housing and Shelter. Assistance with electric utilities and water were the most frequent Utilities requests. Within the Other category, the requests were spread across several areas and were highest in special population services, support & advocacy, and all other requests. (2-1-1 Counts, 2024).

Top 2-1-1 Request Categories 2022 2023 2024 Total				
Housing & Shelter	27	22	45	<b>94</b>
<i>Shelters</i>	5	6	11	<b>22</b>
<i>Low-cost housing</i>	6	3	9	<b>18</b>
<i>Home repair/maintenance</i>	5	3	10	<b>18</b>
<i>Rent assistance</i>	9	7	15	<b>31</b>
<i>Mortgage assistance</i>	2	3	0	<b>5</b>
<i>Landlord/tenant issues</i>	0	0	0	<b>0</b>
<i>Contacts</i>	0	0	0	<b>0</b>
<i>Other housing &amp; shelter</i>	0	0	0	<b>0</b>
Utilities	36	39	28	<b>103</b>
<i>Electric</i>	26	30	23	<b>79</b>
<i>Gas</i>	3	0	0	<b>3</b>
<i>Water</i>	2	3	3	<b>8</b>
<i>Heating Fuel</i>	2	1	0	<b>3</b>
<i>Phone/Internet</i>	1	1	1	<b>3</b>
<i>Contacts</i>	0	1	0	<b>1</b>
<i>Other utilities</i>	1	1	0	<b>1</b>
Healthcare & COVID-19	8	7	8	<b>23</b>
<i>Health insurance</i>	0	1	3	<b>4</b>
<i>Medical expense assistance</i>	0	2	1	<b>3</b>
<i>Medical providers</i>	0	0	0	<b>0</b>
<i>Dental &amp; eye care</i>	0	0	0	<b>0</b>
<i>Prescription medications</i>	0	0	0	<b>0</b>
<i>Nursing home &amp; Adult Care</i>	7	2	3	<b>12</b>
<i>Death Related</i>	0	0	0	<b>0</b>

<i>Public Health &amp; Safety</i>	0	0	0	<b>0</b>
<i>COVID testing</i>	0	0	0	<b>0</b>
<i>COVID vaccination</i>	0	0	0	<b>0</b>
<i>All other COVID</i>	0	0	0	<b>0</b>
<i>Other health services</i>	1	0	1	<b>2</b>
<i>Contacts</i>	0	2	0	<b>2</b>
<i>Other healthcare</i>	0	0	0	<b>0</b>
<b>Food</b>	<b>3</b>	<b>7</b>	<b>14</b>	<b>24</b>
<i>Help buying food</i>	1	3	4	<b>8</b>
<i>Food pantries</i>	0	4	6	<b>10</b>
<i>Soup kitchens &amp; Meals to-go</i>	0	0	1	<b>1</b>
<i>Feeding children</i>	2	0	0	<b>2</b>
<i>Home-delivered meals</i>	0	0	3	<b>3</b>
<i>Holiday meals</i>	0	0	0	<b>0</b>
<i>Contacts</i>	0	0	0	<b>0</b>
<i>Other food</i>	0	0	0	<b>0</b>
<b>Mental Health &amp; Addictions</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>11</b>
<i>Substance abuse &amp; addictions</i>	0	0	0	<b>0</b>
<i>Marriage &amp; family</i>	0	0	0	<b>0</b>
<i>Crisis intervention &amp; suicide</i>	2	0	2	<b>4</b>
<i>Mental health services</i>	1	3	3	<b>7</b>
<i>Mental health facilities</i>	0	0	0	<b>0</b>
<i>Other mental health &amp; addictions</i>	0	0	0	<b>0</b>
<b>Employment &amp; Income</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>14</b>
<i>Job search</i>	1	0	1	<b>2</b>
<i>Job development</i>	0	0	0	<b>0</b>

<i>Unemployment benefits</i>	0	0	0	<b>0</b>
<i>Tax preparation</i>	0	0	0	<b>0</b>
<i>Financial assistance</i>	5	5	0	<b>10</b>
<i>Money management</i>	1	0	1	<b>2</b>
<i>Contacts</i>	0	0	0	<b>0</b>
<i>Other employment &amp; income</i>	0	0	0	<b>0</b>
Clothing & Household	1	1	4	<b>6</b>
<i>Clothing</i>	1	0	1	<b>2</b>
<i>Personal hygiene products</i>	0	0	1	<b>1</b>
<i>Appliances</i>	0	0	0	<b>0</b>
<i>Home furnishings</i>	0	1	0	<b>1</b>
<i>Thrift shops</i>	0	0	0	<b>0</b>
<i>Seasonal / holiday</i>	0	0	1	<b>1</b>
<i>Contacts</i>	0	0	0	<b>0</b>
<i>Other clothing &amp; household</i>	0	0	1	<b>1</b>
Child Care & Parenting	4	0	0	<b>4</b>
Government & Legal	10	2	11	<b>23</b>
<i>Legal assistance</i>	3	2	4	<b>9</b>
<i>Child &amp; family law</i>	1	0	1	<b>2</b>
<i>Immigration assistance</i>	0	0	0	<b>0</b>
<i>Government</i>	1	0	4	<b>5</b>
<i>Contacts</i>	5	0	2	<b>7</b>
<i>Other government &amp; legal</i>	0	0	0	<b>0</b>
Transportation Assistance	5	2	3	<b>10</b>
<i>Medical transportation</i>	0	0	1	<b>1</b>
<i>Public transportation</i>	0	0	1	<b>1</b>

<i>Automobile assistance</i>	1	1	0	2
<i>Long-distance travel</i>	0	0	0	0
<i>Ride share services</i>	0	0	0	0
<i>Bike programs</i>	0	0	0	0
<i>Contacts</i>	0	0	0	0
<i>Other transportation assistance</i>	4	1	1	6
Education	0	1	0	1
Disaster	0	0	10	10
<i>Food / water</i>	0	0	0	0
<i>Housing / shelter</i>	0	0	1	1
<i>Transportation / fuel</i>	0	0	0	0
<i>Health / safety</i>	0	0	0	0
<i>Utility outage</i>	0	0	0	0
<i>Financial assistance</i>	0	0	0	0
<i>Disaster relief services</i>	0	0	0	0
<i>Evacuation / preparedness information</i>	0	0	0	0
<i>Emergency protective measures</i>	0	0	0	0
<i>Contacts</i>	0	0	0	0
<i>Other disaster</i>	0	0	6	6
Other	10	5	20	35
<i>Agency &amp; other contact information</i>	1	1	0	2
<i>Community development &amp; enrichment</i>	0	0	1	1
<i>Volunteering &amp; donations</i>	0	1	2	3
<i>Support &amp; advocacy</i>	3	1	4	8
<i>Complaints</i>	0	0	4	4
<i>Special population services</i>	4	1	4	9

<i>Special populations</i>	0	0	0	<b>0</b>
<i>All other requests</i>	2	7	5	<b>8</b>
<b>Total for top requests</b>	<b>114</b>	<b>94</b>	<b>150</b>	<b>358</b>

## RESOURCE GAPS

Dentists are a particular need in Mitchell County; as of 2024, there were 4 active dentists in the county. There were no other dental specialists, including pediatric dentistry, periodontist, orthodontics, and oral-maxillofacial surgery, in Mitchell County in 2024. Fortunately, none of the active dentists were over the age of 65 in 2019.

Mitchell County residents must travel out of the county for most medical needs that involve specialists. As of 2024 in Mitchell, there were no cardiologists, dermatologists, endocrinologists, gastroenterologists, surgical oncologists, nephrologists, obstetrician gynecologists, otolaryngologists (ear, nose, and throat), pediatricians, pulmonologists, radiologists, or urologists. There was only one general surgeon, one psychologist, two podiatrists, two optometrists, and two chiropractors. (Sheps Center, NC Health Workforce Data, 2021).

*"Lack of consistent providers. Distance to specialty care."*

*- Community Leader (Mitchell County)*

*"Stigma about health care conditions (mental health, behavioral health associations with a moral failing rather than connection to the chronic health care conditions that they may be), lack of or limited understanding by providers on how to care for and refer people who need to receive mental and/or behavior health services (leading to decreased access), specialists are farther away."*

*-Community Leader (Mitchell County)*

*"Lack of education on the need for preventive health care."*

*- Public Health Representative (Mitchell County)*

*"Financial constraints, mental health and substance abuse issues with limited resources, limited primary care availability."*

*- Health Care Provider (Mitchell County)*

# CHAPTER 9 - NEXT STEPS

## COLLABORATIVE PLANNING

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

## 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 Mitchell County Board of Commissioners
- Present to the Mitchell Community Health Partnership
- Distribution to Mitchell County School Administration
- Distribution to doctors and nurses at Blue Ridge Regional Hospital
- Distribution to Mitchell County Senior Center
- Post on local radio station website [www.wtoe.com](http://www.wtoe.com)
- Conduct a Public Services Announcement with the local radio station
- Publish on the monthly Health Page and posted on the local newspapers websites: [www.mitchellnewsjournal.com](http://www.mitchellnewsjournal.com) and [www.blueridgechristiannews.com](http://www.blueridgechristiannews.com)
- Make available on local agency websites and local libraries in Spruce Pine and Bakersville

## 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](http://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](http://www.toeriverhealth.org) or contact Mitchell County Health Department at (828) 688-2371.

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# WRITING CONTRIBUTORS

The following people have supported the development of this community health assessment: .

Name, Credentials	Affiliation
Jennifer Schroeder Tyson, MPH	Research Faculty, <a href="#">Appalachian Public Health Innovation Lab</a>
Cameron Pittman, NCCPSS	Research Assistant, <a href="#">Appalachian Public Health Innovation Lab</a>
Alexander Britton	Research Assistant, <a href="#">Appalachian Public Health Innovation Lab</a>
Nadia Chauhan, MSW	Program Coordinator, <a href="#">Appalachian Public Health Innovation Lab</a>
Nikki Slade	Public Health AmeriCorps Member Program Coordinator, <a href="#">Appalachian Public Health Innovation Lab</a>

# 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.