

CLAY COUNTY COMMUNITY HEALTH ASSESSMENT

PREPARED BY

Clay County Health Department

2024

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The Community Health Assessment is also available online at:
<https://health.claync.us/community-health-assessment>

CLAY COUNTY COMMUNITY HEALTH ASSESSMENT

Collaboration

This document was developed by Clay County Health Department in partnership with Clay County Community Health Assessment Team, Clay County School Health Advisory Committee, Erlanger-Murphy Medical Center, and Union General Hospital 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:

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CLAY COUNTY 2024 COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

COMMUNITY RESULTS STATEMENT

All people in Clay County are healthy and resilient.

LEADERSHIP FOR THE COMMUNITY HEALTH ASSESSMENT PROCESS

The leadership for the CHA process included the Health Director and Public Health Educator within Clay County Health Department.

Name	Agency	Title	Agency Website
Clarissa Rogers	Clay County Health Department	Health Director	www.clayhdnc.us
Regina Harper	Clay County Health Department	Public Health Educator	www.clayhdnc.us

PARTNERSHIPS

Partnerships during the CHA process were particularly crucial. The main partnership came from the CHA Team, which is comprised of multiple entities from around the county. CHA Team was developed to enhance the health of Clay County through networking to determine how we can support each other within our county.

Name	Agency	Title	Agency Website
Becky Grindstaff	Clay County Senior Center	Senior Center Director	https://seniors.claync.us
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Todd Goins	Clay County Department of Social Services	Health and Human Services Director	https://dss.claync.us

REGIONAL SUPPORT

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

THEORETICAL FRAMEWORK/MODEL

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

COLLABORATIVE PROCESS SUMMARY

Clay County's collaborative process is supported regionally by WNC Healthy Impact.

Locally, our process is to share our Community Health Assessment Primary and Secondary data with our CHA team to identify and prioritize our priorities for the CHA. Clay County examined the data that was distributed by WNC Healthy Impact and distributed the information to the CHA team. To determine the key issues for Clay County, the Public Health Educator created a survey with a PowerPoint to help determine which issue is the highest priority that can be obtained within Clay County. The results showed that **Mental Health/ Substance Use** and **Chronic Disease Prevention and Control** are two areas of need that are still troubling our county.

Phase 1 officially began in January 2024 with collecting health data. See Chapter 1, Community Health Assessment Process for details.

KEY FINDINGS

The data gathered from the 2024 Community Health Assessment reveals a pressing need for improved prevention and management of chronic illnesses within the community. The leading causes of death identified were heart disease, cancer, and chronic lower respiratory diseases. Unfortunately, lifestyle factors such as physical inactivity, obesity, poor nutrition, and smoking continue to play a significant role in the prevalence of these chronic conditions, contributing to the overall health burden.

The findings also underscored the importance of addressing substance use and mental health, which have emerged as critical areas of concern. The data analysis revealed a strong correlation between mental health disorders and substance use, highlighting that these issues often co-occur and may exacerbate each other. This co-occurrence suggests that interventions targeting both mental health and substance use are essential for effective treatment and prevention.

Furthermore, the assessment pointed to the need for community-based strategies aimed at improving health behaviors and promoting healthier lifestyles. Focused efforts on increasing physical activity, improving dietary habits, and reducing smoking rates are key to combating the root causes of many chronic diseases. Additionally, enhancing mental health resources and substance use treatment programs is vital to addressing the complex relationship between mental health and addiction. Implementing comprehensive, integrated public health initiatives will be crucial in tackling these ongoing health challenges and improving overall community well-being.

HEALTH PRIORITIES

The following health issues were identified as priorities:

1. Substance Use and Mental Health
2. Chronic Diseases Control and Prevention

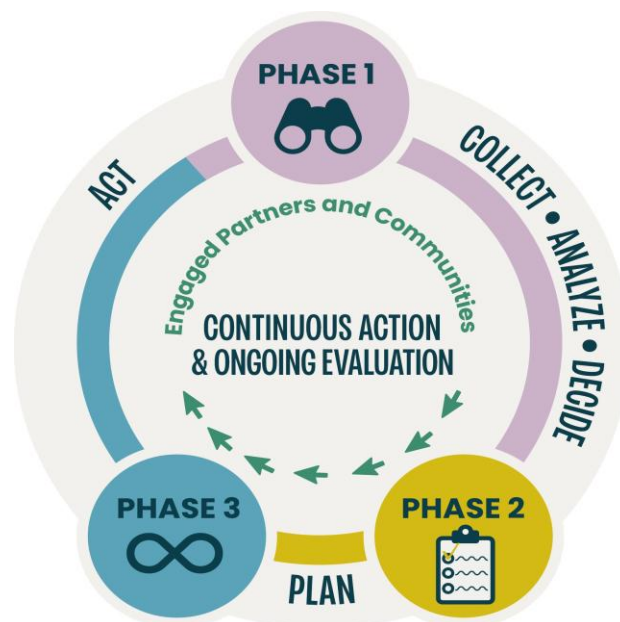
NEXT STEPS

The next steps for developing the community health improvement plans include:

- Working with partners and community members to understand the root cause of the problem and determine how to implement changes to improve the overall health of the county
- Using evidence-based strategies when working on health issues within the county.
- Selecting priority strategies and creating performance measures to help us evaluate how people are better off because of the strategies.
- Publish the Community Health Improvement Plan (CHIP) on an electronic Scorecard that anyone can access to monitor progress.
- To access the full data set that was used for the CHA please email Regina Harper at reginaharper@clayhdnc.us

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

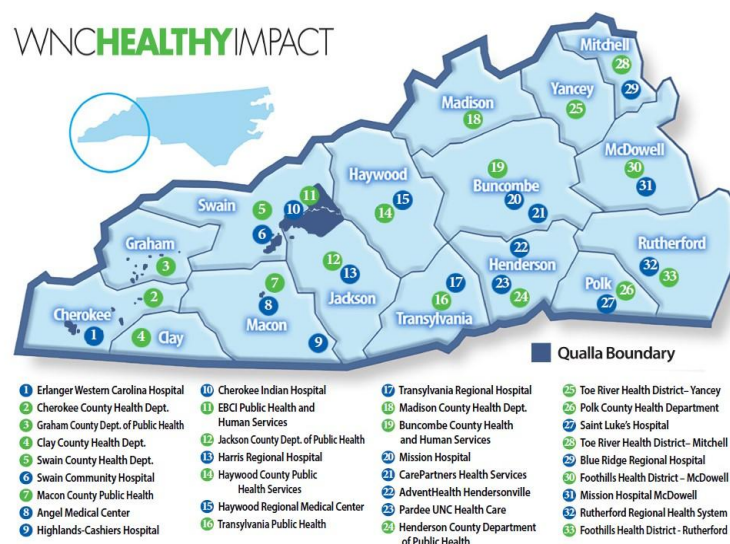
Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Clay county is included in Erlanger Western Carolina Hospital, Chatuge Regional Hospital, and Union General Hospitals community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

WNC HEALTHY IMPACT

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

DATA COLLECTION

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



WNC Healthy Impact Dataset Collection

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

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

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

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

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

Additional Community-Level Data

The Clay County Health Department enhanced the data presented by the Western North Carolina Health Network by incorporating additional insights from several reputable sources, including the North Carolina Department of Health and Human Services (NCDHHS) Dashboard, County Health Rankings, the Centers for Disease Control and Prevention (CDC), and the U.S. Census Bureau. This multi-source approach allowed for a more comprehensive understanding of the community's health status and trends.

By integrating data from the NCDHHS Dashboard, the Health Department gained deeper insights into the state's health priorities and regional health disparities. The County Health Rankings provided valuable comparative data, enabling the county to assess its performance against other counties and identify areas of improvement. Information from the CDC added a national perspective, highlighting disease trends and public health concerns that may impact Clay County. Meanwhile, U.S. Census Bureau data helped contextualize health trends by providing demographic information, such as population size, age distribution, and socio-economic factors, which play a significant role in shaping health outcomes.

Together, these combined data sources allowed the Clay County Health Department to paint a more accurate picture of community health, identify specific areas of concern, and make informed decisions about necessary interventions and resources to address the health needs of the population. This integrated approach ensures that the health initiatives and strategies developed for the community are evidence-based and tailored to the county's unique challenges and opportunities.

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. See **Chapter 7** for more details related to this process.

COMMUNITY INPUT & ENGAGEMENT

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

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews, listening sessions, etc.)
- By reviewing and making sense of the data to better understand the story behind the numbers and determine their highest priorities.
- 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:

- People of low socioeconomic status
- Elderly
- Young children
- Uninsured individuals
- Ethnic groups (African Americans, Hispanics, American Indians and Alaska Natives, Asians and Pacific Islanders.)
- Pregnant Women
- People with limited English proficiency
- People experiencing homelessness
- People with disabilities
- People with chronic conditions

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

- **Underserved populations** relate to those who do not access health care either because there is a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, or other barriers.
- **At-risk populations** are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (e.g. smoking while pregnant) that could cause a specified health condition, having an indicator or precursor (e.g. high blood pressure) that could lead to a specified health condition or having a high ACE score (traumatic experiences), which is correlated with increased risk of specified health conditions.
- **A vulnerable population** is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as discrimination/prejudice based on race/ethnicity, socio-economic status, gender, cultural factors, and age groups.

CHAPTER 2 – CLAY COUNTY



LOCATION, GEOGRAPHY, AND HISTORY OF CLAY

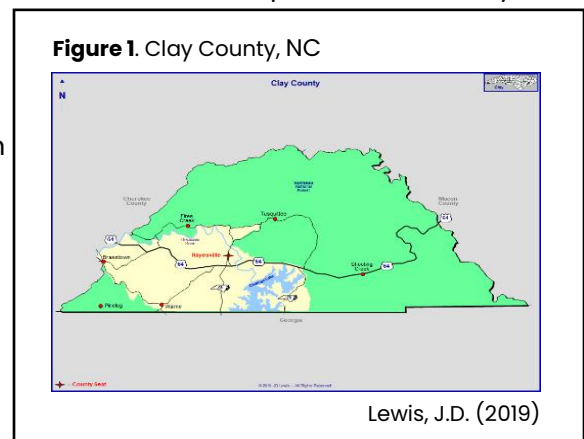
According to the U.S. Census Bureau, Clay County ranks as the third smallest county in North Carolina. Situated in the mountainous region of southwestern North Carolina, the county spans 214.9 square miles of land and includes 6 square miles of water. It shares a border with Georgia and is adjacent to five other counties: Macon County to the northeast, Cherokee County to the north, Rabun County (GA) to the southeast, Towns County (GA) to the south, and Union County (GA) to the southwest (U.S. Census Bureau, 2025).

The county seat and economic hub of Clay County is Hayesville, its only incorporated town. However, the county also consists of several unincorporated communities, including Warne, Brasstown, Elf, and Tusquittee. A portion of the Nantahala National Forest extends into Clay County, along with notable natural features such as Lake Chatuge, the Hiawassee River, Jack Rabbit Mountain, Yellow Mountain, and Standing Indian Mountain (NCpedia, 2006).

Clay County was established in 1861 after being separated from Cherokee County. It was named in honor of Senator Henry Clay, despite not being a North Carolina native. Thirty years later, Hayesville was officially incorporated as the county seat, named after George W. Hayes, a North Carolina General Assembly member who played a key role in the county's formation (Encyclopedia of North Carolina, 2016).

Primarily in rural areas, Clay County's economy has traditionally relied on agriculture, though other industries such as wire and cable manufacturing, health and human services, education, and tourism also contribute. For over a century, farming was the economic backbone of the county, but in recent years, tourism has become a more profitable industry (North Carolina Visitors Network, 2022).

However, as a rural community, Clay County faces challenges related to limited resources, particularly in healthcare. The nearest hospital is approximately 30 minutes away, and access to specialty care may require traveling up to two hours. This lack of healthcare access disproportionately affects individuals living in poverty.



Culturally, Clay County embodies Appalachian traditions, which influence both societal norms and dietary habits. Many residents have followed an Appalachian-style diet for generations, typically consisting of fried foods, rich meats, breads, cobbles, and sweet tea. While these foods are flavorful and comforting, a diet heavy in such items increases the risk of chronic illnesses such as heart disease, cerebrovascular disease, and diabetes (Hoogland et al., 2019; Appalachian Regional Commission, 2019).

Clay County is also known for its deep-rooted conservative values, shaped by Appalachian heritage. Common cultural traits include loyalty to family, independence, self-reliance, modesty, pride, a strong connection to the land, and religious faith. While these values are commendable, they can sometimes discourage individuals from seeking medical care, as self-reliance and independence may lead to a mindset where hospitals are viewed as places of last resort (Morrone et al., 2021; National Institutes of Health, 2022). As society continues to evolve, these long-standing traditions may contribute to a slower pace of progress in certain areas, including healthcare access and public health awareness.

POPULATION

According to the U.S. Census Bureau, Clay County had a population of 10,587 in 2010, which grew by 5.7% by 2022. Despite this growth, the county remains one of the least populous in the

state, ranking 92nd out of North Carolina’s 100 counties (North Carolina Demographics, 2024). A significant portion of the population consists of seasonal residents who live in the county only part of the year, contributing to fluctuations in local demand for services, housing, and economic activity throughout different times of the year.

Clay County has a notably older population, with a median age of 54—substantially higher than the Western North Carolina regional median of 47 and the statewide median of 39, as shown in **Figure 2** (U.S. Census Bureau, 2024). This aging demographic impacts various aspects of community planning, including healthcare services, workforce availability, and housing needs. The county’s older population may also influence local policies, with an increased focus on senior services, healthcare accessibility, and retirement-friendly infrastructure.

The combination of a growing but aging population, along with its seasonal nature, presents unique opportunities and challenges for the county’s long-term development. Strategic planning in areas such as healthcare, housing, and economic diversification will be essential in ensuring the county can continue to meet the needs of both its year-round and part-time residents.

Figure 2. Total population in Clay County compared to the State of North Carolina.

County Total	Total Population (2022)	Total Population (2010)	% Males	% Females	Median Age	% under 5 years old	% 5-19 years old	% 20-64 years old	% 65 years and older
Clay County	11,186	10,587	47.8%	52.2%	54	4.2%	16%	47.9%	31.9%
WNC (Regional)	806,696	759,727	48.3%	51.3%	47	4.5%	16%	55.8%	23.7%
State of NC	10,470,214	8,049,313	49%	51%	39	5.6%	19.1%	58.6%	16.7%

U.S Census Bureau ACS. (2024)

POPULATION BY RACE AND ETHNICITY

Clay County has a predominantly White/Caucasian population, surpassing both regional and state averages, as reflected in **Figure 3**. However, demographic shifts have occurred over time. Between 2010 and 2021, the county experienced a 1.5% increase in Hispanic or Latino residents and a 0.4% increase in African American residents, indicating gradual diversification within the community (US Census Bureau, 2024).

English remains the primary language spoken throughout the county, but there is a notable presence of non-English-speaking households. Out of 4,982 households, 278 communicate primarily in a language other than English. Among them, 191 households speak Spanish, while 87 speak other languages. This linguistic diversity highlights the evolving cultural landscape of Clay County, emphasizing the need for inclusive community resources, bilingual services, and cultural integration efforts to better serve its growing and changing population (US Census Bureau, 2024).

Figure 3. Race/Ethnicity of Population.

County Total	Total Population (2021)	White %	Hispanic or Latino %	Black or African American %	American Indian, Alaskan Native %	Asian %	Native Hawaiian, Other Pacific Islander %	Two or More Races %
Clay County	11,186	94.5%	3.9 %	1 %	1.1 %	1.1 %	0.1 %	2 %
WNC (Regional)	806,696	92.1 %	6.6 %	3.9 %	1.3 %	0.9 %	0.1 %	6.6 %
State of North Carolina	6,800,458	65 %	10 %	20.9 %	1 %	3.1 %	0.1 %	10 %

U.S Census Bureau ACS. (2024)

POPULATION CHANGES AND BIRTH RATE

In 2022, Clay County had a total population of 11,186, with 31.9% of residents aged 65 and older. The U.S. Census Bureau projects that by 2030, this age group will see a slight increase of 0.9%. In contrast, younger residents make up a smaller portion of the population (US Census Bureau, 2024). In 2020, 16.5% of Clay County's population was under the age of 18. Between 2017 and 2022, the county experienced a modest 1.6% increase in birth rates. However, because this growth remains minimal, the population of residents under 18 is expected to change very little, with only a 0.7% projected increase (North Carolina Office of State Budget and Management, 2024).

These demographic trends suggest that Clay County's population will continue to age, with a slow rate of growth among younger residents. While the county is not expected to see significant population shifts, these projections highlight the importance of maintaining essential services, supporting local businesses, and ensuring a sustainable future for both older and younger generations.

GEOGRAPHIC MOBILITY

Geographic mobility refers to the movement of individuals or groups from one location to another, whether within the same region, across state lines, or internationally. This movement can be voluntary, such as relocating for job opportunities, or involuntary, driven by factors like economic hardship, natural disasters, or political instability.

According to the 2024 U.S. Census Bureau, Clay County has experienced a degree of geographic mobility in comparison to both the Western North Carolina region and North Carolina as a whole. **Figure 4** illustrates this mobility for the years 2018 through 2022 (U.S. Census Bureau, 2024).

Figure 4. Geographic Mobility

Location	Total Population 1 year and over	Moved within the same county	Moved from different counties within the state	Moved from different state	Moved from abroad
Clay	11,084	4.0	0.5	3.0	0.0
WNC (Regional)	799,975	5.0	3.3	3.2	0.3
NC State	10,362,852	6.5	3.7	3.1	0.5

U.S Census Bureau. (2024)

FAMILY COMPOSITION

Family composition refers to the structure and organization of families within a given population. Understanding family composition is essential for analyzing social dynamics, economic stability, and the overall well-being of a community.

Family structures can vary widely, with common types including nuclear families (two parents and their children), single-parent families, extended families (including grandparents or other relatives), and blended families formed through remarriage. In addition to these structures, some households may consist of non-related individuals living together for economic or personal reasons.

Family composition also has significant implications for communities and policymakers. It affects housing needs, healthcare access, educational planning, and employment trends. For example, areas with a high proportion of single-parent households may require additional support services such as childcare assistance and affordable housing programs. Conversely, regions with a growing elderly population living in extended families may require more healthcare resources and senior care services.

By analyzing family composition, researchers and policymakers can better understand the changing needs of a population and develop strategies to support diverse family structures. Recognizing these patterns is essential for creating policies and programs that enhance social and economic stability while addressing the evolving needs of families.

As shown in **Figure 5**, Clay County has a total of 4,892 households. Of these, 2,588 are married couple families, while 2,172 are single-person households. Among the single-person households, 89 include children under the age of 18 (U.S. Census Bureau, 2024).

In addition, there are 252 grandparents in Clay County who live with their grandchildren, and of these, 109 have primary responsibility for their grandchildren. Notably, 12.8% of these grandparents responsible for their grandchildren do so without a parent present. This highlights the presence of multi-generational households, which play a vital role in supporting family stability and childcare needs within the community (U.S. Census Bureau, 2024).

Figure 5. Family Composition

Clay County- 4,892 Total Households		
Married-Couple Family	Total:	2,588
	With Children under 18	552
Cohabiting Couple Household	Total:	132
	With Children under 18	9
Female Household, No spouse/partner	Total:	1,242
	Living Alone	900
	With Children under 18	45
Male Household, No spouse/partner	Total:	930
	Living Alone	738
	With Children under 18	44

U.S. Census Bureau. (2024)

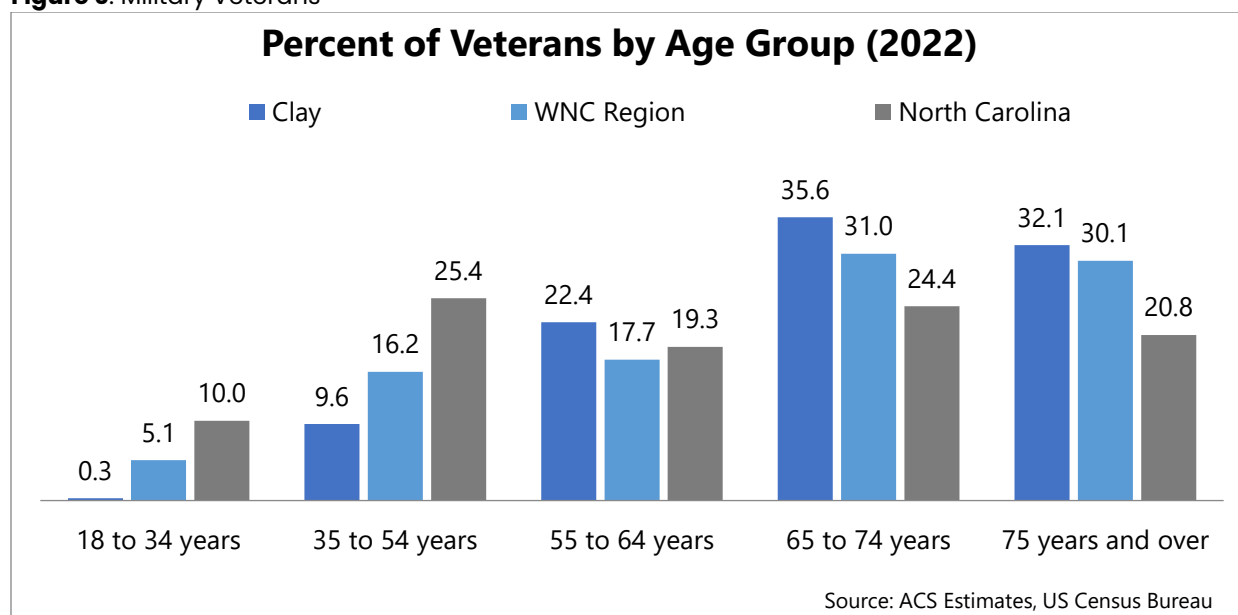
MILITARY VETERANS

In 2022, Clay County was home to a total of 759 veterans, with the majority being 65 years of age or older, as shown in **Figure 6** (U.S. Census Bureau, 2024). This age distribution highlights

an aging veteran population, many of whom likely served in conflicts such as the Vietnam War.

As these veterans continue to age, ensuring access to comprehensive healthcare services remains crucial. Expanding transportation options for medical appointments, improving access to home care services, and creating volunteer programs where younger community members assist older veterans with daily tasks can significantly improve their well-being. Additionally, addressing mental health needs is essential. Many veterans face long-term effects of trauma, anxiety, or depression stemming from their military service. Expanding access to counseling services, peer support groups, and mental health resources will provide critical support. By promoting both physical and mental well-being, these efforts help veterans maintain their independence and quality of life as they age.

Figure 6. Military Veterans



U.S. Census Bureau. (2024)

HOMELESS POPULATION

In 2023, Clay County reported four individuals experiencing homelessness, all of whom were residing in emergency shelters (North Carolina Coalition to End Homelessness, 2024). While this number may seem small, it reflects ongoing challenges faced by individuals in need of stable housing. Factors such as limited affordable housing options, economic hardship, and access to mental health or substance abuse support services can contribute to homelessness. Additionally, job instability, domestic violence, and a lack of family or social support networks can further increase vulnerability. Addressing these issues through community outreach programs, increased funding for shelters, and expanded social services

will help provide these individuals with the resources they need to regain stability. Efforts such as job training programs, rental assistance initiatives, and partnerships with local organizations will create a more comprehensive support system. By implementing proactive strategies that focus on prevention and long-term solutions, the community can reduce homelessness and improve overall well-being for residents in need.

EDUCATIONAL ATTAINMENT

Between 2018 and 2022, Clay County had a total population of 8,551 individuals aged 25 and older. Among them, 24.3% earned a high school diploma, while 22.1% attended college but did not complete a degree. Additionally, 28.8% pursued higher education and obtained a bachelor's degree or higher, as shown in **Figure 7** (U.S. Census Bureau ACS, 2024).

These educational attainment levels highlight the county's academic landscape and workforce readiness. While a significant portion of the population has pursued higher education, there remains a considerable percentage with only a high school diploma or some college experience. This trend may influence employment opportunities, economic growth, and community development in Clay County. Efforts to expand access to higher education, vocational training, and adult learning programs could help increase degree completion rates and enhance workforce skills, contributing to long-term economic sustainability.

Figure 7. Education Attainment

County	2018–2022							
	Total Population Age 25 Years and Older	% High School Graduation Rate (Includes equivalency)			% Some College, no degree			% Bachelor's Degree or Higher
		Total	Male	Female	Total	Male	Female	
Clay	8,551	24.3	26.1	22.7	22.1	21.3	22.9	28.8
WNC (Regional) Arithmetic Mean	37,305	28.9	31.6	27.0	21.8	21.5	22.0	27.0
NC State Total	7,172,112	25.2	26.8	23.6	20.4	20.1	20.6	33.9

U.S. Census Bureau. (2024)

CHAPTER 3 – SOCIAL & ECONOMIC FACTORS

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

INCOME & POVERTY

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

Clay County, with a median household income of \$57,065, finds itself earning \$1,554 more than the regional median but still \$9,121 behind the state average (U.S. Census Bureau, 2024). This income disparity reveals the unique economic situation in Clay County, where many families may be struggling to make ends meet. As outlined in **Figure 8**, 46.5% of the county’s population lives at or below 300% of the federal poverty level, which is a significant indicator of financial hardship. Additionally, 53% of students in the county qualify for free or reduced-price lunches, highlighting the financial challenges many families face (U.S. Census Bureau, 2024; NC Department of Public Instruction, 2021).

Figure 8. Income and Poverty

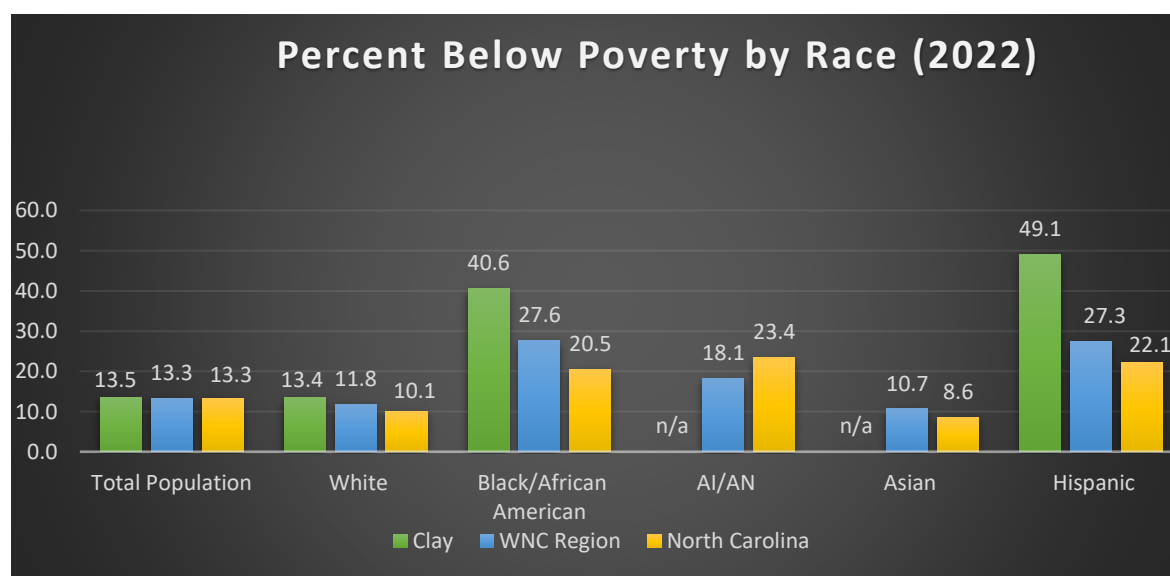
County	Population	Below 100% Poverty Level	Below 50% Poverty Level	Below 125% Poverty Level	Below 150% Poverty Level	Below 185% Poverty Level	Below 200% Poverty Level	Below 300% Poverty Level
		%	%	%	%	%	%	%
Clay	11,073	13.5	2.6	16.4	23.3	28.6	30.7	46.5
WNC (Regional) Total	787,487	13.3	5.5	17.9	23.4	30.4	33.4	52.2
State Total	10,186,155	13.3	6.0	17.8	22.4	28.8	31.6	48.7

U.S. Census Bureau. (2024)

One of the key support programs in the county is Food and Nutrition Services, which helps individuals and families make essential food purchases at local grocery stores. In North Carolina, the Electronic Benefits Transfer (EBT) card is used by recipients to access their benefits. In Clay County, however, participation in the program has seen a slight decline, dropping from 1,749 participants in 2023 to 1,549 in 2024 (UNC-CH Jordan Institute for Families, 2024). This decrease could be influenced by various factors, such as changes in eligibility requirements or relocation. It might also indicate improvements in economic conditions or evolving community needs.

Despite these programs, the economic challenges in Clay County persist. In 2022, 13.5% of the county's population was living below the poverty line. However, certain groups were disproportionately affected, with Black/African American and Hispanic populations facing higher rates of poverty, as illustrated in **Figure 9** (U.S. Census Bureau, 2024). This demographic disparity calls attention to the need for targeted interventions and support systems that address the unique challenges faced by these communities.

Figure 9. Poverty by Race



U.S Census Bureau. (2024)

Further compounding the issue, 27.9% of Clay County residents reported that they would not be able to cover a \$400 emergency expense. This statistic reflects the financial vulnerability of a significant portion of the population, suggesting that many families live paycheck to paycheck without a financial cushion. In times of crisis, whether due to health emergencies, job loss, or unexpected expenses, these residents are more likely to fall deeper into financial distress. These figures paint a clear picture of the economic hardships faced by many Clay

County residents, underscoring the importance of continued and expanded support services to help them through these challenging times.

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).

Clay County is home to 328 businesses that provide employment opportunities for 4,036 individuals. The largest sector in terms of employment is accommodation and food services, which supports 2,322 workers, highlighting the county’s reliance on the hospitality industry. The second-largest sector is retail trade, employing 406 individuals, underscoring the importance of retail to the local economy (NC Department of Commerce, 2024).

Over the past few years, unemployment in Clay County has steadily declined, reflecting the area’s ongoing economic recovery and growth. This positive trend suggests that more individuals are finding stable employment opportunities, contributing to the county’s economic stability. As shown in **Figure 10**, this decrease in unemployment indicates the effectiveness of local workforce development initiatives and growing business activity, which continue to create job opportunities across various sectors. Moving forward, it’s important to maintain this momentum by supporting workforce training and expanding job opportunities in diverse industries.

Figure 10. Unemployment Rate for Clay County

County	2020	2021	2022	2023
Clay	7.4	4.9	4.0	3.7
WNC Regional (Arithmetic Mean)	7.5	4.8	3.7	3.4
State Total (Unadjusted)	7.3	4.8	3.7	3.4

NC Department of Commerce. (2024)

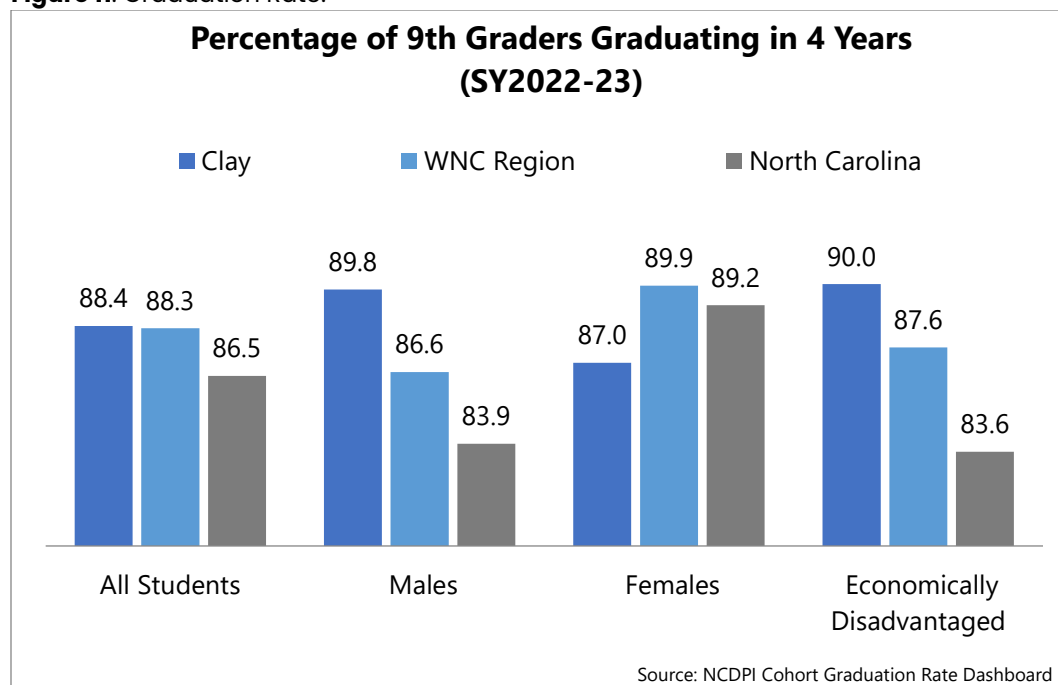
EDUCATION

“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).

During the 2022–2023 school year, the Clay County School District had an enrollment of 1,276 students. During this time, 9 students dropped out of Clay County High School, resulting in an 88.4% graduation rate for the district. Compared to the WNC regional average and the state overall, Clay County’s graduation rate aligns with that of many other counties, as demonstrated in **Figure 11** (NC Department of Public Instruction, 2024).

Figure 11. Graduation Rate.



NC Department of Public Instruction. (2024)

In terms of academic achievement, Clay County outperforms both the Western region of the state and the state as a whole in math and reading proficiency. Currently, 57.5% of students are proficient or above in math, and 58.2% are proficient or above in reading, as shown in **Figure 12**. This places Clay County 2nd in the state for reading proficiency and 5th in math proficiency, showcasing the district's strong academic performance (NC Department of Public Instruction, 2024).

Figure 12. Educational Achievement

Location	% students proficient or above in math.	% students not proficient in math.	% student proficient or above in reading.	% students not proficient in reading.
Clay	57.5	42.4	58.2	41.8
WNC (Regional) Average	53.3	45.1	52.1	47.9
State of NC	53.1	47.0	50.1	49.8

NC Department of Public Instruction. (2024)

DISCRIMINATION

“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).

In recent years, many individuals have reported experiencing discrimination and its negative effects on their well-being. In 2024, 8.9% of people felt threatened or harassed due to their race or ethnicity, while 6.0% reported feeling unfairly treated in medical care settings for the same reason. Additionally, 3.6% of individuals felt they were treated unfairly because of their race or ethnicity at school. These experiences have had tangible impacts, with 13.9% of individuals reporting negative physical symptoms such as headaches, upset stomachs, muscle tension, or a pounding heart in the past month as a result of unfair treatment. Looking back to 2021, 40.1% of people reported being frequently criticized for their accent or the way they spoke, highlighting the ongoing challenges faced by many due to discrimination (WNC Health Network, 2024).

Racism

“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).

In 2021, Clay County had a population of 11,186, with the majority identifying as white (94.5%). The remaining population included 1% African American, 1.1% American Indian or Alaskan

Native, 1.1% Asian, 0.1% Native Hawaiian or other Pacific Islander, and 2% identifying as two or more races. Additionally, 3.9% of the population identified as Hispanic or Latino. In 2024, when asked whether Clay County felt like a welcoming place for people of all races and ethnicities, nearly 16% of residents disagreed, indicating ongoing concerns about inclusivity within the community (WNC Health Network, 2024). These perceptions highlight the need for continued efforts to foster inclusivity, promote cultural understanding, and create a more welcoming environment for all residents.

COMMUNITY SAFETY

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways” (County Health Rankings, 2024).

During 2022, Clay County reported a total of 174 crimes, as noted in **Figure 13**. This figure is significantly lower than the crime totals for the Western North Carolina region and the state of North Carolina (North Carolina Department of Justice, 2024). Between 2022 and 2023, Clay County received 412 domestic abuse calls, resulting in 303 individuals becoming clients. During this period, Reach of Clay County operated at full capacity for a total of 27 days (North Carolina Department of Administration, 2024). Tragically, Clay County experienced one domestic violence-related homicide in 2021 (NC State Bureau of Investigation, 2024).

Figure 13. Criminal Offenses

Location	Totals	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft	Arson
Clay	174	1	6	0	12	39	104	11	1
WNC Regional (Total)	16,344	32	309	189	1,472	3,393	9,712	1,237	114
NC State	258,068	849	3,216	5,788	32,254	39,082	158,202	18,677	1,370

North Carolina Department of Justice. (2024)

Sexual assault cases also posed a concern in the 2023–2024 period. During this time, Clay County received 30 calls related to sexual assault, leading to services being provided to 31 clients—5 males and 26 females. Reported incidents included 14 rapes, 1 case involving an

adult survivor of childhood sexual abuse (CSA), 7 child sex offenses, 6 cases of incest, 8 instances of human trafficking, and 29 other acts (North Carolina Department of Administration, 2024). Contrary to the common misconception that sexual assaults are typically committed by strangers, data from the North Carolina Department of Administration indicates otherwise. Among the reported cases, 14 involved relatives, 6 involved acquaintances, 7 were committed by dates, 3 by a partner, boyfriend, or girlfriend, 3 by a spouse, and only 3 by strangers. The ages of the victims varied, with 5 children aged 0–12, 3 adolescents aged 13–17, 4 young adults aged 18–24, 5 adults aged 25–59, and 10 seniors aged 60 and older. In 4 cases, the victim's age was unknown (North Carolina Department of Administration, 2024).

HOUSING

“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).

Between 2018 and 2022, Clay County had a total of 1,852 mortgages, with a median monthly cost of approximately \$1,345. Among these, 644 households spent more than 30% of their income on housing, making homeownership a financial strain for many (U.S. Census Bureau, 2024). For some, renting was the only feasible option. During the same period, there were 992 rental units in Clay County, with a median gross rent of \$793. However, 391 renters also spent more than 30% of their household income on housing costs, highlighting the financial burden across both homeowners and renters (U.S. Census Bureau, 2024).



Housing affordability remained a concern in 2024, with 30.3% of residents reporting stress or worry about paying rent or mortgage costs in the past year. Additionally, 15 families faced foreclosure, while 52 families were at risk of eviction (WNC Health Network, 2024).

Beyond affordability, the quality of housing presented further challenges. In 2024, 15.4% of Clay County residents experienced a lack of essential utilities, such as electricity, heating, or water, at some point during the year. Additionally, 18.7% of residents reported living in unhealthy conditions, including issues like mold, water leaks, or rodent infestations. Housing instability was also a concern, with 9.7% of residents stating they had to stay with friends or relatives in the past three years due to a housing emergency (WNC Health Network, 2024).

TRANSPORTATION

“Transportation decisions affect everyone, by influencing where they live, how they

can get to work and school, whether they can easily access health and other essential services, how they socialize with family members and friends, and ultimately if they can thrive in a physical environment that supports healthy outcomes” (Atherton et al., 2021).

Clay County faces several transportation challenges that impact residents’ mobility and daily lives. The county has a total of 3,900 owner-occupied households, with 107 of those having no vehicle available. Additionally, there are 992 renter-occupied households, of which 252 lack access to a vehicle. Among those without transportation, older adults are most affected, with 276 residents aged 65 or older reporting no access to a vehicle. This lack of transportation makes routine errands, medical appointments, and social engagement difficult, particularly for vulnerable populations (U.S. Census Bureau, 2024).

Adding to these challenges is the absence of a local DMV office within Clay County. Residents must travel roughly 30 minutes to a neighboring county for DMV services. Since this DMV location serves residents from both counties, demand is often high, resulting in longer wait times and the need for appointments to be scheduled well in advance. This inconvenience can significantly impact those seeking CDL certifications, license renewals, or first-time driver’s licenses. For individuals who rely on timely license updates for employment or other essential needs, this barrier creates added stress and complications.



Commuting is another major concern in Clay County. Approximately 41.7% of residents travel outside the county for work, which can result in lengthy commutes that place added strain on household budgets and daily routines. Limited transportation options will further complicate these commutes, especially for individuals without reliable access to a vehicle (U.S. Census Bureau, 2024).

While Clay County does offer public transportation services to assist residents with essential trips such as medical appointments or grocery store visits, these services require advance notice, limiting their flexibility. For those facing unexpected needs or urgent errands, this scheduling requirement can pose additional challenges.

A small percentage of Clay County residents — about 1.5% — rely on walking as their primary mode of transportation to work. Unfortunately, pedestrian safety is a concern, as the county lacks designated crosswalks at its main intersections. This absence of proper pedestrian infrastructure increases the risk for individuals walking in high-traffic areas, particularly near busy roadways and key commercial zones (U.S. Census Bureau, 2024).

Addressing these transportation barriers is crucial for improving access to essential services, enhancing road safety, and supporting residents in maintaining their independence and well-being.

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.

Clay County faces significant challenges when it comes to food access and nutrition. The county has only one grocery store available to serve its entire population, and there are no local farmers markets to provide additional sources of fresh produce (U.S. Department of Agriculture Economic Research Service, 2021). This limited access to fresh fruits and vegetables leaves residents with fewer healthy food options, making it difficult for many to maintain a well-balanced diet.

A 2024 survey revealed that only 7.9% of residents reported consuming five or more servings of fruits and vegetables per day, meaning that over 92% of the population is not meeting the recommended dietary guidelines. This lack of proper nutrition can contribute to a range of health concerns, including obesity, diabetes, and heart disease.



Adding to the county's nutritional challenges, fast food options are more accessible than fresh food sources. In 2016, Clay County had five fast food restaurants (U.S. Department of Agriculture Economic Research Service, 2021), which may provide convenient meal options but often lack the nutritional value necessary for a healthy diet.

Food insecurity is another major concern in the community. In 2024, 27.9% of residents reported either running out of food or worrying about not having enough food due to financial constraints. This reflects a significant portion of the population struggling to maintain consistent access to adequate nutrition. Additionally, in 2015, 27.7% of residents reported that they found it very difficult to purchase fresh produce at prices they could afford, highlighting affordability as a key barrier to healthy eating (WNC Health Network, 2024).

The combination of limited grocery options, financial hardship, and a lack of affordable fresh produce creates a significant challenge for many Clay County residents. These factors not only affect individual well-being but also contribute to broader public health concerns within the community. Expanding access to affordable, healthy food options and implementing nutrition education programs could play a crucial role in improving overall health outcomes in Clay County.

FAMILY & SOCIAL SUPPORT

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

In 2021, 84.3% of individuals reported that they always or usually received the social or emotional support they needed. By 2024, this percentage had dropped notably to 68.2%, indicating an increased need for stronger community connections and enhanced support systems. Despite these challenges, 85.2% of individuals expressed that they were able to remain hopeful during difficult times, demonstrating resilience within the community (WNC Health Network, 2024).

In 2024, 65.7% of individuals reported that they usually or always had someone they could rely on for help with essential needs such as childcare, transportation, or food. Conversely, 35.3% of individuals in 2024 said they often or sometimes felt lonely, further emphasizing the need for improved social connections and emotional support (WNC Health Network, 2024). Strengthening community programs, fostering social connections, and expanding mental health resources are essential steps in addressing these concerns. By building stronger networks of support, individuals feel more connected, supported, and equipped to navigate life's challenges.

DISABILITY

Clay County had a total population of 11,114, with 1,813 individuals living with a disability between 2018 and 2022, as shown in **Figure 14**. These disabilities include hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties, as detailed in **Figure 15**. Specifically, 451 individuals experience hearing difficulty, 462 have vision impairment, 538 face cognitive challenges, 1,089 have ambulatory limitations, 362 struggle with self-care, and 580 require assistance with independent living. Some individuals may experience multiple disabilities (U.S. Census Bureau, 2024).

Recognizing these numbers is essential for fostering a more inclusive and supportive community. By understanding the specific challenges faced by individuals with disabilities, local leaders and organizations can implement better policies, improve accessibility, and expand essential services. Prioritizing these efforts not only enhances the quality of life for those affected but also strengthens the entire community by promoting equity, independence, and social inclusion.

Figure 14. Disability

County	Total Disabled	Under 5 years old	5-17 years old	18-34 years old	35-64 years old	65-74 years old	75 and older
Clay	1,813	29	72	98	490	573	551
WNC (Regional) Total	796,575	316	6,638	12,283	46,589	25,863	34,939
NC State Total	10,256,318	4,203	97,968	162,562	529,055	260,209	313,520

U.S. Census Bureau. (2024)

Figure 15. Disability Type

Disability Type	Ages	Clay County
Hearing Difficulty	Total	451
	Under 5	29
	Age 5-17	2
	Age 18-64	23
	Age 65-74	199
	Age 75 and over	198
Vision Difficulty	Total	462
	Under 5	0
	Age 5-17	1
	Age 18-64	211
	Age 65-74	68
	Age 75 and over	182
Cognitive Difficulty	Total	538
	Under 18	72
	Age 18-64	190
	Age 65-74	65
	Age 75 and over	211
Ambulatory Difficulty	Total	1,089
	Under 18	2
	Age 18-64	305
	Age 65-74	370
	Age 75 and over	412
Self-Care Difficulty	Total	362
	Under 18	2
	Age 18-64	110
	Age 65-74	29
	Age 75 and over	21
Independent Living Difficulty	Total	580
	Age 18-64	208
	Age 65-74	87
	Age 75 and over	285

U.S. Census Bureau. (2024)

LIFE AFTER THE PANDEMIC

At the start of 2020, COVID-19 had a profound impact on our community, reshaping daily life in ways no one could have anticipated. By mid-March of that year, the effects of the pandemic became increasingly evident, particularly in employment and healthcare.

During this period, 6.4% of individuals reported losing their jobs due to the pandemic, while 23.7% experienced a reduction in work hours or wages, creating financial instability for many

households. Additionally, 1.2% of people lost their health insurance coverage, further complicating access to essential healthcare services. Fear of exposure to the virus also played a significant role in healthcare decisions, with 18.9% of individuals choosing to forgo necessary medical care due to concerns about contracting COVID-19 (WNC Health Network, 2024).

Life after the pandemic has been a journey of rebuilding and adaptation. Many individuals and families continue to recover from the financial setbacks caused by job losses and reduced wages. The workforce has also evolved, with an increase in remote work opportunities and a shift in job markets. Small businesses, which were hit hard during the pandemic, are still working to regain stability, while many larger companies have adjusted to a hybrid work model.

Mental health challenges have emerged as a significant concern, as prolonged isolation, stress, and grief have taken a toll on many people. The demand for mental health services has surged, yet access to care remains limited due to long wait times, affordability concerns, and provider shortages. Schools and universities have also had to address the lingering effects of pandemic-related disruptions, with students facing learning gaps, social setbacks, and increased anxiety.

Additionally, healthcare access remains an ongoing challenge, as many facilities continue to experience staffing shortages, delayed appointments, and financial barriers for patients. The pandemic also exposed and deepened existing disparities in healthcare, employment, and education, disproportionately affecting low-income communities and marginalized groups. Despite these challenges, communities have shown resilience by coming together to support recovery efforts. Local governments, nonprofit organizations, and businesses have expanded programs to assist those in need, focusing on economic relief, mental health resources, and public health initiatives. The pandemic underscored the importance of strong social support systems, adaptability, and investment in healthcare and infrastructure. While recovery is ongoing, the lessons learned continue to shape a more prepared and resilient society for the future.

CHAPTER 4 – HEALTH DATA FINDINGS

SUMMARY

MORTALITY

Figure 16. Mortality

Cause of Death	Clay		Comparison to WNC Regional Average Rate		Comparison to NC Rate	
	# Deaths	Death Rate	Regional Rate	% Difference	NC Rate	% Difference
All Causes (some not listed)	813	810.0	891.9	-9.2%	849.4	-4.6%
Acquired Immune Deficiency Syndrome	1	0.9	0.6	44.0%	1.5	-40.0%
All Other Unintentional Injuries	39	61.9	64.7	-4.3%	52.5	17.9%
Alzheimer's disease	34	30.0	30.9	-2.9%	36.6	-18.0%
Cancer	153	130.5	157.4	-17.1%	152.1	-14.2%
Cerebrovascular Disease	34	30.5	40.7	-25.1%	44.4	-31.3%
Chronic Liver Disease and Cirrhosis	9	10.4	17.3	-39.9%	12.7	-18.1%
Chronic Lower Respiratory Diseases	38	36.7	49.5	n/a	39.8	n/a
COVID-19	66	59.1	27.0	119.3%	43.5	35.9%
Diabetes Mellitus	22	25.2	24.4	3.4%	27.0	-6.7%
Diseases of Heart	180	170.9	172.5	-0.9%	161.2	6.0%
Homicide	3	5.7	5.4	4.8%	8.3	-31.3%
Nephritis, Nephrotic Syndrome, and Nephrosis	11	9.9	13.1	-24.3%	16.5	-40.0%
Pneumonia and Influenza	15	14.4	16.6	-13.3%	13.8	4.3%
Septicemia	11	10.4	12.2	-14.6%	12.3	-15.4%
Suicide	13	22.5	20.6	9.0%	13.5	66.7%
Unintentional Motor Vehicle Injuries	7	14.7	16.7	-12.1%	16.1	-8.7%

North Carolina State Center for Health Statistics. (2024)

From 2018 to 2022, the leading causes of death in Clay County were heart disease, cancer, and COVID-19. High mortality rates from chronic illnesses and acute respiratory infections have contributed to the county's overall life expectancy of 77 years, as shown in **Figure 16**. This figure is notably higher than the averages for both the Western Carolina Region and the state.

However, despite a relatively high life expectancy, Clay County faces significant healthcare challenges. As the cost of living continues to rise, so do medical expenses, making healthcare access increasingly difficult for many residents. In 2022, 44.8% of Clay County residents aged 19-34 lacked health insurance (WNC Health Network, 2024). This lack of coverage often discourages individuals from seeking medical attention, leading to delayed diagnoses,

unmanaged chronic conditions, and a greater risk of premature death. Additionally, uninsured individuals often rely on emergency care rather than preventive services, further straining local healthcare systems.

Improving access to affordable healthcare and expanding insurance coverage are crucial steps in addressing these disparities. Investing in community health programs and increasing awareness about preventive care helps ensure that all residents receive the medical attention they need, ultimately improving health outcomes across the county.

HEALTH STATUS & BEHAVIORS (INCLUDE MORBIDITY AND HEALTH BEHAVIOR DATA)

In 2023, Clay County ranked 36th out of 100 in overall health status, with 1 being the best score. This represents a notable improvement from its 2020 ranking of 67th. The county's health ranking is based on two primary factors: length of life and quality of life (County Health Rankings, 2022). These rankings serve as a reflection of both individual health outcomes and the community's overall wellbeing.

The pregnancy rate among women aged 15–44 in Clay County has shown a steady decline since 2020. In fact, it now falls below the average rate of the Western Carolina Region, indicating a possible shift in demographic trends or access to reproductive health services. For more details, see **Figure 17**, which tracks pregnancy rates, and **Figure 18**, which displays data on prenatal care access. Unfortunately, the proportion of mothers receiving prenatal care in the first trimester has also decreased since 2020 (North Carolina State Center for Health Statistics, 2024). This is concerning, as early prenatal care is critical in reducing the risks associated with pregnancy complications, such as low birth weight and preterm births, both of which can have lasting effects on infant health.

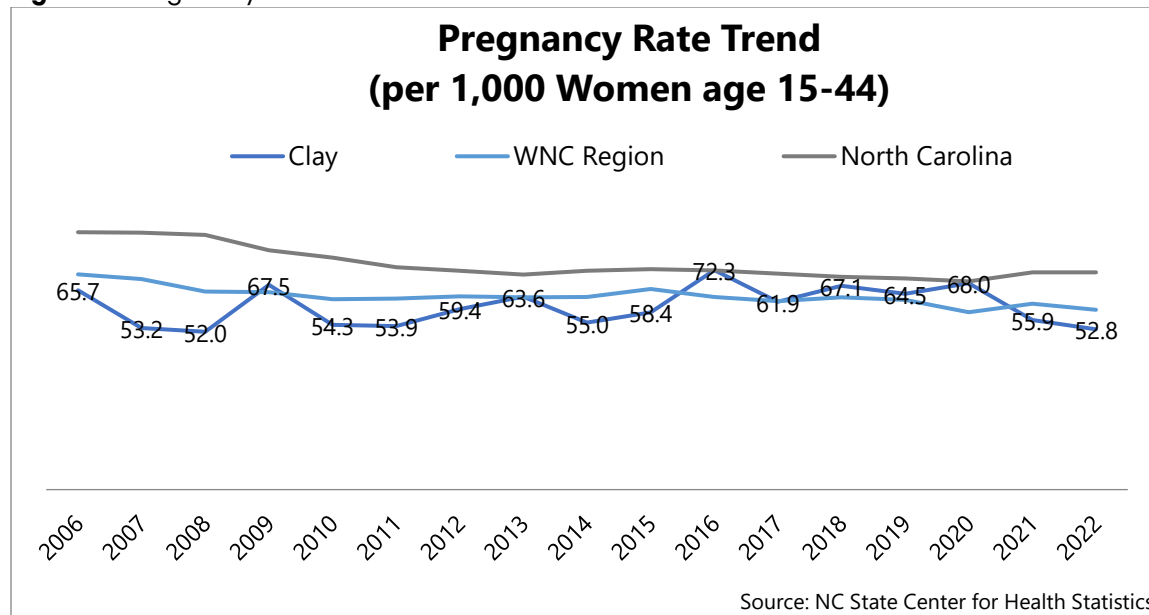
Between 2018 and 2022, there were 4 infant deaths in the county, and 37 infants were born prematurely, meaning they were delivered before 37 weeks of gestation (North Carolina State Center for Health Statistics, 2024). Premature births can lead to serious health complications for infants, including respiratory issues, developmental delays, and an increased risk of chronic health conditions later in life.

Additional health concerns have emerged within the county's pregnant population. In 2022, 12 mothers smoked during pregnancy, a behavior that often leads to various adverse outcomes, such as low birth weight, premature birth, and developmental challenges for the child. Furthermore, 4 mothers were diagnosed with gestational diabetes, a condition that increases the risk of complications like preterm birth, high birth weight, and later development of type 2 diabetes (North Carolina State Center for Health Statistics, 2024).

Additionally, 47 mothers were classified as overweight or obese during pregnancy, which can increase the risk of gestational hypertension, preeclampsia, and delivery complications, as well as potential long-term health problems for both mother and child (North Carolina State Center for Health Statistics, 2024).

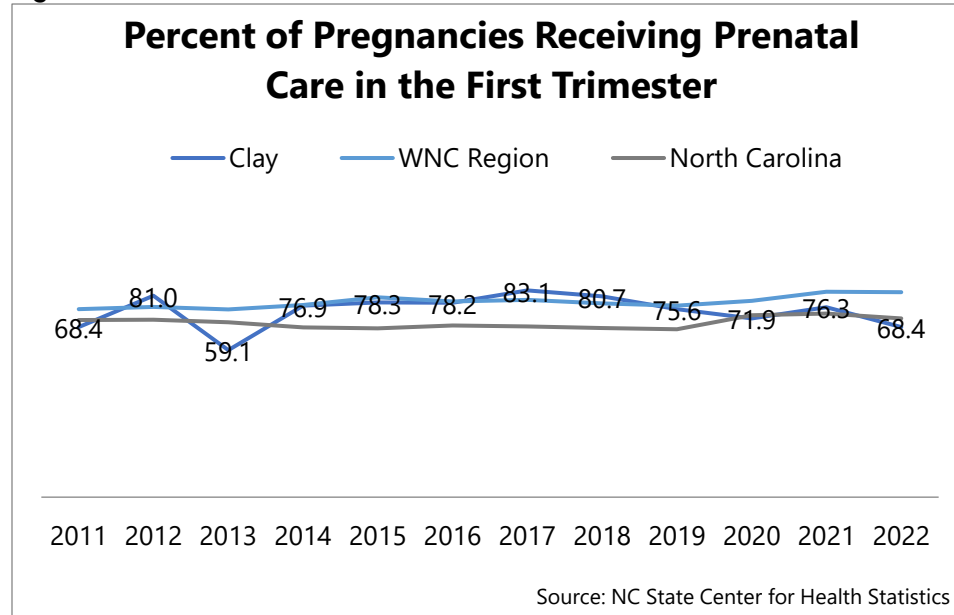
While the health status of Clay County has improved over the years, these indicators highlight ongoing challenges. Addressing the decline in prenatal care, promoting healthier pregnancies, and providing better access to healthcare services, particularly for expectant mothers, will be crucial in continuing to improve both maternal and infant health outcomes in the county. Enhanced public health interventions and community-based support systems will be key to tackling these persistent health concerns.

Figure 17. Pregnancy Rate



North Carolina State Center for Health Statistics. (2024)

Figure 18. Prenatal Care



North Carolina State Center for Health Statistics. (2024)

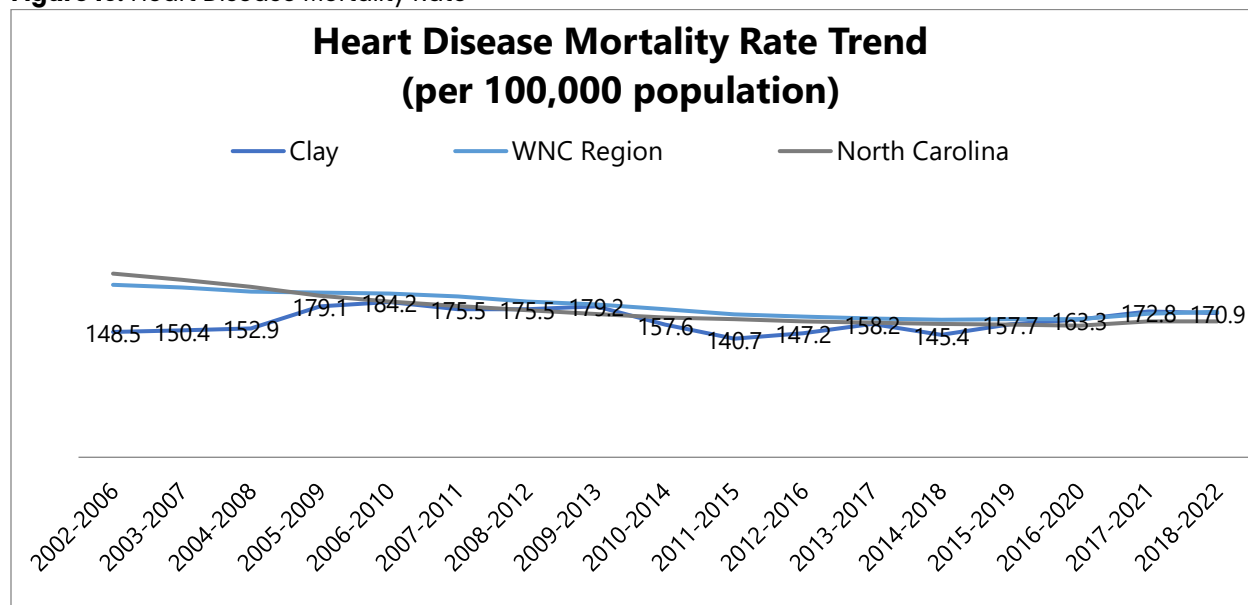
Chronic Diseases

Chronic diseases remain a significant health challenge in Clay County, with heart disease, cancer, and diabetes being some of the most prevalent conditions impacting the community. Heart disease, in particular, continues to have a devastating effect. In 2024, 14.4% of residents reported being diagnosed with coronary heart disease, angina, or having experienced a heart attack. Additionally, nearly half of the population—49.2%—has been told they have high blood pressure, and 49.9% have been diagnosed with high cholesterol (WNC Health Network, 2024). These conditions are strongly associated with an increased risk of cardiovascular events, which continue to be a significant burden on public health. Elevated blood pressure and cholesterol are major risk factors for heart disease, stroke, and other serious cardiovascular problems, making early detection and management critical for improving health outcomes.

Between 2018 and 2022, heart disease claimed the lives of 180 individuals in Clay County, as shown in **Figure 19** (North Carolina State Center for Health Statistics, 2024). This statistic underscores the severe impact of heart disease on the community. The high rates of hypertension and high cholesterol suggest that a large portion of the population is at risk for more serious heart-related complications. To address this, there is a need for enhanced preventive measures, such as more widespread screenings, improved access to treatment for those already diagnosed, and greater community education on lifestyle changes like

healthier eating, regular physical activity, and smoking cessation. Addressing these factors will help mitigate the growing burden of cardiovascular disease in the county.

Figure 19. Heart Disease Mortality Rate



North Carolina State Center for Health Statistics (2024).

Cancer represents another major health concern for Clay County. From 2018 to 2022, 449 individuals were diagnosed with some form of cancer. The most common types included breast cancer (56 cases), prostate cancer (64 cases), lung cancer (70 cases), colon/rectal cancer (28 cases), and melanoma (20 cases). During the same period, 153 individuals died from cancer-related causes, underscoring the severe impact of this disease in the region. Detailed data on cancer-related mortality can be found in **Figure 20**, which outlines the specific cancers that caused these deaths (North Carolina State Center for Health Statistics, 2024).

The prevalence of cancer in Clay County emphasizes the need for increased prevention, early detection, and treatment efforts. Raising awareness about the risk factors for different types of cancer, such as smoking, poor diet, and lack of physical activity, could help reduce the incidence of these diseases. Additionally, improving access to screenings—particularly for breast, prostate, and colorectal cancers—could lead to earlier diagnoses and better treatment outcomes. As cancer remains one of the leading causes of death in the county, enhancing healthcare services and expanding community outreach and education on cancer prevention will be essential in addressing this ongoing health challenge.

Figure 20. Cancer Mortality Rate

Cancer Mortality Rates by Cancer Site						
County	Lung/Bronchus	Prostate	Female Breast	Colon/Rectum	Melanoma	Cervix Uteri
Clay	40	8	12	15	3	0
WNC	2,495	475	669	847	159	54
NC State	25,313	5,220	6,962	8,095	1,328	634

North Carolina State Center for Health Statistics (2024).

Diabetes, while not one of the top three leading causes of death, continues to be a significant concern in Clay County. In 2024, the county saw a 1.7% decrease in the percentage of individuals with diabetes, from 20.6% to 18.9%. While this is an improvement, it still surpasses both the regional and state averages by 6%. Additionally, 12.8% of residents have been told they have prediabetes, marking an 11% increase from previous years (WNC Health Network, 2024). The rise in diabetes and prediabetes can be linked to lifestyle factors such as lack of physical activity and poor nutritional habits, which also contribute to increasing obesity rates. With only 24.1% of residents meeting physical activity guidelines in 2024 and the obesity rate surging from 33.1% in 2021 to 41.7% in 2024, Clay County faces a growing health challenge (WNC Health Network, 2024). Addressing these lifestyle factors is critical to reversing the trends of obesity and diabetes.

Chronic Lower Respiratory Diseases (CLRD), which include emphysema, chronic obstructive pulmonary disease (COPD), and chronic bronchitis, are another major health issue in Clay County. In 2018–2022, CLRD accounted for a significant portion of the county’s mortality rate, with a 36.7% death rate from these conditions. Additionally, 16.6% of the population has been diagnosed with COPD (North Carolina State Center for Health Statistics, 2024). Smoking remains a major risk factor for these diseases, with 18.3% of the population still smoking cigarettes and 7% using electronic vaping products in 2024 (WNC Health Network, 2024). The long-term use of tobacco and e-cigarettes is a major contributor to CLRD, making prevention and smoking cessation programs essential for improving public health outcomes.

As the population ages, Alzheimer’s Disease has become a growing concern for Clay County, particularly given that 30% of the population is 65 years or older. Between 2018 and 2022, 34 individuals died from Alzheimer’s disease (U.S. Census Bureau, 2024; North Carolina State Center for Health Statistics, 2024). With an aging population, the need for services and support for those affected by Alzheimer’s and other dementias will continue to rise, highlighting the importance of awareness and resources for caregivers and patients alike.

Dental care is another area of concern for residents of Clay County. While the county has four dental offices, only two accept Medicaid patients, and none specialize in pediatric dentistry. Fortunately, the Clay County Health Department Dental Clinic has been a valuable resource

for the community. In 2022, the clinic performed 5,374 procedures for Medicaid patients and many more for other clients (North Carolina Department of Health and Human Services, 2024). Dental care plays a crucial role in overall health, and early intervention is critical in preventing more serious health issues. To support the community, the Dental Clinic was awarded a grant to offset the cost of dental procedures for qualifying patients without insurance. Continued support for accessible dental care, particularly for those on Medicaid or without insurance, will help improve the overall health and wellbeing of residents.

Clay County faces significant challenges with chronic diseases such as heart disease, cancer, diabetes, chronic respiratory conditions, and Alzheimer's. These issues underscore the need for enhanced healthcare access, preventive measures, and lifestyle interventions to improve the health outcomes of residents. By focusing on early detection, better management of chronic conditions, and increasing awareness of health risks, the county can take important steps toward improving the overall health and quality of life for its population.

Violence and Injury

Many individuals face risks beyond acute and chronic illnesses that can lead to serious injuries or even death. Two significant concerns are accidental falls and motor vehicle accidents, both of which can have life-altering consequences.

Accidental Falls

Accidental falls are a major concern, particularly among the elderly population. Falls can lead to severe injuries such as fractures, head trauma, and long-term disabilities, significantly impacting an individual's quality of life. In 2024, Clay County reported a total of 178 traumatic falls among individuals aged 65 and older (ESO Solutions Reporting, 2024). Many of these incidents had the potential to cause serious injuries, emphasizing the importance of fall prevention measures such as home safety modifications, regular vision check-ups, and strength and balance exercises to reduce risks and promote overall well-being.

Motor Vehicle Accidents

Motor vehicle accidents continue to be a significant public safety issue, often resulting in injuries or fatalities. In 2023, Clay County recorded 249 reportable crashes, with 84 of these incidents leading to injuries. Among these crashes, 11 were attributed to alcohol impairment, and five involved motorcycles. Tragically, two of these accidents resulted in fatalities. These statistics emphasize the need for increased road safety measures, including stricter enforcement of impaired driving laws, enhanced driver education, and the promotion of safe driving practices for all motorists (NC Department of Transportation, 2024).

Substance Use

Substance use remains a significant concern across the nation, affecting individuals, families, and entire communities. It encompasses alcohol, prescription medications, and illicit drugs, each carrying the potential for misuse and serious health consequences. The impact of substance use extends beyond health, influencing social stability, economic productivity, and public safety.

In 2024, 40.1% of individuals reported consuming at least one alcoholic beverage within the past year, while 17.4% engaged in excessive drinking (WNC Health Network, 2024). Alcohol misuse contributes to addiction, impaired judgment, and an increased risk of accidents, liver disease, and other chronic health conditions. It can also lead to strained relationships, job loss, and legal troubles, further exacerbating its negative effects.

Methamphetamine use continues to pose a serious threat to communities. Between 2016 and 2021, five individuals required emergency medical care for unintentional methamphetamine overdoses (NC Injury and Violence Prevention Branch, 2024). This illicit drug is highly addictive and linked to severe physical and mental health consequences, including paranoia, aggression, cognitive impairment, and long-term organ damage. The presence of methamphetamine in communities not only endangers users but also places stress on law enforcement, healthcare providers, and social services.

Opioid use remains a pressing crisis. In 2024, 18.2% of individuals reported using opioids—either with or without a prescription—within the past year. The dangers of opioid misuse include dependence, overdose, and increased pressure on healthcare resources. In 2022, one person was treated in the emergency room for an opioid overdose, with two unintentional deaths linked to opioid use (WNC Health Network, 2024). However, in 2023, emergency room visits for opioid overdoses rose dramatically to 13 cases, highlighting the escalating crisis (NC Opioid Action Plan Dashboard, 2024). In 2021, 2,189 residents were dispensed opioid prescriptions, and in 2022, there were 62,106 opioid-related claims filed by Medicare Part D participants, indicating the widespread presence of these drugs (Centers for Medicare and Medicaid Services, 2024).

Beyond individual consequences, substance use takes a profound toll on families and entire communities. In 2024, 50.7% of individuals reported being negatively impacted by substance abuse, whether through personal struggles, strained family relationships, or broader social consequences such as crime and homelessness (WNC Health Network, 2024). The economic burden of substance use is also substantial, with costs associated with healthcare, lost productivity, and criminal justice interventions. Addressing these challenges requires a comprehensive strategy that includes education, prevention programs, mental health support, and expanded access to treatment services.

Children are especially vulnerable to the effects of substance use in the household. In 2021, 22 children were placed in foster care due to parental substance abuse, underscoring the generational impact of addiction. However, effective treatment programs offer hope.

Medications like Buprenorphine are crucial in helping individuals recover from opioid dependency. In 2021, 67 patients received treatment with Buprenorphine, demonstrating the importance of making evidence-based treatment options widely available crisis (NC Opioid Action Plan Dashboard, 2024).

Substance use is a complex issue requiring a multifaceted response. By increasing awareness, strengthening prevention efforts, and improving access to treatment, communities can work toward reducing substance misuse and its devastating consequences.

Mental Health

Mental health continues to be a growing concern, with more individuals reporting struggles with their well-being. In 2024, 18% of individuals experienced seven or more days of poor mental health in the past month, highlighting a significant portion of the population facing ongoing distress. Additionally, 20% of individuals stated that they are currently receiving medical treatment for mental health concerns, reflecting an increased demand for professional support.

Despite this, access to care remains a major issue, as 16% of individuals reported being unable to obtain the mental health services they needed in the past year. The consequences of unmet mental health needs are severe, with 7.3% of individuals in 2024 having considered suicide within the past year—a concerning increase from 1.8% in 2021 (WNC Health Network, 2024).

Life satisfaction has also seen a decline, with 11.5% of individuals in 2024 expressing dissatisfaction with life, compared to only 3.9% in 2021. Additionally, indicators of emotional resilience show challenges: while in 2021, 94.6% of individuals reported feeling confident in their ability to manage stress, and 91% said they could remain hopeful during difficult times, in 2024 only 85.2% reported being able to stay hopeful during challenging periods (WNC Health Network, 2021).

These figures paint a concerning picture of mental health trends, indicating a rising prevalence of distress, reduced optimism, and difficulties in accessing care. Addressing these challenges will require expanded mental health services, improved outreach efforts, and a greater societal focus on overall well-being.

CLINICAL CARE & ACCESS (INCLUDE HEALTH RESOURCES DATA)

Healthcare Workforce and Provider Availability

Clay County faces challenges in healthcare provider availability. In 2022, the county had fewer physicians, dentists, primary care providers, registered nurses, and physician assistants

per 10,000 residents compared to both the regional and state averages. This shortage limits access to essential healthcare services, potentially increasing wait times and reducing the quality of care for residents (Cecil G. Sheps Center for Health Services Research, 2024).

However, in recent years, the county has experienced a notable influx of nurse practitioners, helping to partially alleviate the strain on primary care services. Despite this, a significant portion of the county's healthcare workforce is aging—13% of professionals in various fields are 65 or older and remain actively practicing. This raises concerns about future provider shortages as these professionals retire (Cecil G. Sheps Center for Health Services Research, 2024).

Access to Medical Care and Barriers

Access to healthcare has been a persistent issue in Clay County, with trends indicating a worsening situation over time. A 2018 survey found that 82.5% of residents had a designated healthcare provider for ongoing medical care. However, by 2024, 10.6% of the population reported being unable to access needed medical care within the past 12 months—an increase from 6.5% in 2021. This suggests growing difficulties in obtaining timely medical attention, potentially due to provider shortages, financial constraints, or systemic inefficiencies (WNC Health Network, 2024).

The cost of medications has also been a significant barrier to healthcare. In 2024, 16.3% of individuals in Clay County reported that financial limitations prevented them from obtaining necessary medications, which often leads to worsening health conditions and increased emergency room visits (WNC Health Network, 2024).

Despite these challenges, there is a growing interest in alternative healthcare solutions. In 2024, 39.2% of residents indicated they were very likely to use telemedicine for routine care in the future. This shift suggests that affordable healthcare services would play a critical role in improving access, especially for residents in rural areas who may struggle with transportation or provider shortages (WNC Health Network, 2024).

Healthcare Facilities and Available Services

One of the most pressing healthcare challenges in Clay County is the absence of a hospital. Residents in need of hospital services must travel to the nearest facilities, located in Cherokee County, North Carolina, or across the state line in Blairsville, Georgia. This lack of local hospital access creates a significant barrier, particularly for individuals with limited transportation options. It also increases travel times for urgent medical care and places additional strain on existing healthcare providers.

As of 2024, Clay County has a limited number of healthcare facilities and specialized care services. The county is home to one licensed nursing home and one assisted living facility:

- **Clay County Care Center**, which has 90 beds, and
- **Hayesville House**, which has 60 beds.

Additionally, one hospice agency and three home health agencies provide essential care for patients needing ongoing medical support outside of a hospital setting (NC Department of Health and Human Services, Division of Health Services Regulation, 2024).

Access to substance abuse treatment is another critical concern. Clay County lacks local treatment options, forcing residents to seek services outside the county. The nearest outpatient opioid treatment center, MedMark Treatment Center, is located in Cherokee County, requiring individuals struggling with opioid dependency to travel for care. The absence of local substance abuse treatment presents a significant gap in healthcare access.

Similarly, Clay County does not have an inpatient mental health facility. Residents experiencing severe psychiatric crises must travel to other counties for treatment, creating additional obstacles for those in need of immediate care. This lack of mental health resources further limits options for residents requiring specialized support (NC Department of Health and Human Services, Division of Health Services Regulation, 2024).

Health Insurance Coverage and Medicaid Eligibility

Health insurance coverage remains a critical issue in Clay County, with significant portions of the population lacking insurance. In 2022, the number of uninsured individuals by age group was as follows:

- **86 individuals** under the age of **19** were uninsured,
- **549 individuals** between the ages of **19–34** lacked coverage,
- **1,062 individuals** between the ages of **35–64** was uninsured,
- **0 individuals** aged **65 and older** were without insurance, likely due to Medicare eligibility (US Census Bureau, 2024).

By 2024, 3,048 residents in Clay County qualified for Medicaid, with eligibility distributed across various service categories, as shown in **Figure 21** (NC Department of Health and Human Services, 2024).

Figure 21: Medicaid Eligibles by Qualifying Service Type in Clay County (2024)

<u>Service Type</u>	<u>Number of Eligible Individuals</u>
Families & Children (TANF, Infants and Children, Foster Care, and Medicaid Chip)	1,639
Pregnant Women and Family Planning	209
Aged, Blind, and Disabled	563
Medicaid Expansion	507
Other (Special Programs)	130
Total	3,048

NC Department of Health and Human Services. (2024).

The largest proportion of Medicaid recipients in Clay County consists of families and children, followed by individuals classified as aged, blind, or disabled. The introduction of Medicaid expansion has provided additional coverage for low-income adults who previously did not qualify, helping to reduce the number of uninsured residents. However, despite Medicaid's reach, many working-age adults continue to struggle with access to affordable healthcare.

Clay County continues to face significant challenges in healthcare access, provider availability, and affordability. While the increase in nurse practitioners and the growing interest in telemedicine offer potential solutions, barriers such as provider shortages, high medication costs, and the absence of nearby hospital services remain critical issues. The lack of a local hospital forces residents to travel long distances for emergency and specialized care, further exacerbating healthcare challenges.

HEALTH INEQUITIES

According to the World Health Organization (WHO), health inequalities refer to systematic differences in health status among various population groups. These disparities lead to certain communities experiencing poorer health outcomes and facing greater challenges in accessing healthcare services (World Health Organization, 2018). Unfortunately, Clay County exemplifies these health inequities, with significant barriers preventing many residents from receiving adequate medical care.

A substantial portion of Clay County's population faces financial and insurance-related challenges, further exacerbating healthcare disparities. High rates of low-income individuals and limited access to comprehensive health coverage restrict residents' ability to obtain

necessary medical services. According to data from the NC Department of Health and Human Services (2024) and the WNC Health Network (2024), nearly 29.7% of the county's population qualifies for Medicaid, while 14.4% remain uninsured. This means that close to half of Clay County's residents require some form of financial assistance when seeking medical care. These statistics highlight the significant economic barriers that hinder access to essential healthcare services.

For uninsured or underinsured individuals, healthcare options are severely restricted, often dictating which providers they can afford to see. As a result, specialty care for chronic or complex medical conditions is rarely utilized due to high out-of-pocket costs. This lack of access to specialized treatment elevates the risk of worsening health conditions, preventable complications, and an increased reliance on emergency services rather than preventative care.

Additionally, Clay County has experienced an influx of non-English-speaking residents, further complicating healthcare accessibility. Language barriers, combined with cultural differences, create challenges for both patients and healthcare providers. Limited access to medical interpreters and culturally competent care is a large risk factor discouraging non-English speakers from seeking medical attention, widening health disparities and leading to poorer health outcomes within these communities.

Addressing these challenges requires a multifaceted approach, including expanding insurance coverage, increasing access to affordable healthcare providers, and implementing language and cultural support services. By taking proactive steps to eliminate these barriers, Clay County can move toward a more equitable healthcare system, ensuring that all residents receive the care they need regardless of financial or linguistic limitations.

CHAPTER 5 – ENVIRONMENTAL FACTORS



Wallace, Ron. (2025)

Air, water, and land are essential natural resources necessary for human health, environmental sustainability, and food production. However, pollution and degradation of these resources pose serious risks.

Air pollution is linked to respiratory and cardiovascular diseases, worsened by exposure to pollutants like particulate matter and ozone. It also harms crops, biodiversity, and accelerates climate change. Contaminated water increases risks of infections, neurological disorders, and cancer due to industrial waste, agricultural runoff, and inadequate wastewater treatment. Similarly, polluted land reduces food quality and exposes communities to harmful toxins, leading to chronic illnesses, developmental delays, and cancer (County Health Rankings & Roadmaps, 2025).

Addressing these issues requires stronger environmental regulations, sustainable practices, and investment in pollution prevention to ensure a healthier future for all.

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).

Air Quality

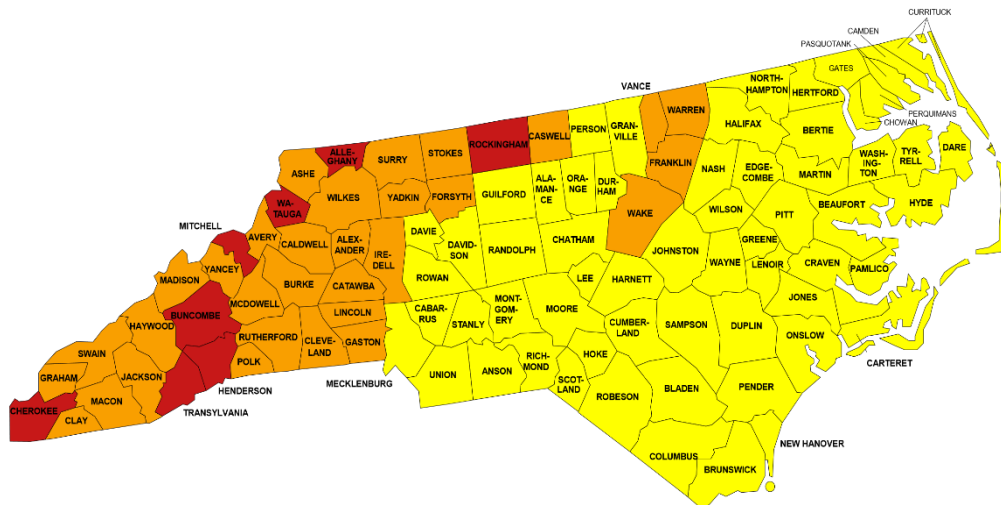
To determine air pollutants, many counties have an air quality monitoring station to help provide this information. Due to Clay County's small population size, an air quality monitoring station is not set up. Even though, there is no way to determine unhealthy days, Clay County's neighboring counties, Graham and Macon, have reported no unhealthy days for the general population (US Environmental Protection Agency, 2024).

According to County Health Ranking, particle pollution is the term used to describe liquid and solid particles that are found in the air. Any fine particulate matter that is 2.5 micrometers in diameter (PM_{2.5}) or less is considered more dangerous due to its ability to be lodged deep within the lungs. Fine particulate matter can be emitted from wood smoke, motor vehicle emission, manufacturing plant emissions, and any other combustion process. Clay County is considered as having less fine particulate matter (7.0) than that of top U.S. performers (7.4) and the state of North Carolina (7.8) (County Health Rankings, 2024).

Toxic Release Inventory (TRI) tracks the management of certain toxic chemicals that may pose a risk to human health and the environment. U.S. facilities in different industries are required to report how much of each chemical is released into the environment. In terms of release, it means that the chemical was emitted in the air or water or placed in some type of land disposal. Clay County has had no on site or off site disposed of or otherwise released chemicals (US EPA TRI Explorer, 2024).

Radon is an underrated health issue that Clay County and the rest of the Western North Carolina region need to be concerned about. Radon is an odorless, colorless, tasteless gas that occurs naturally with the breakdown of uranium in granite rock. It is a known cancer-causing agent and is the second-leading cause of lung cancer after active smoking. Radon is responsible for 21,000 lung cancer death per year in the United States. Clay County has been zoned in Zone 2 by the Environmental Protection Agency for a county that is predicted to average indoor radon screening levels from 2 to 4 pCi/L compared to Zone 1 that has levels greater than 4 pCi/L and need radon mitigation as shown in **Figure 22** (US Environmental Protection Agency, 2024). However, in 2024, Clay County had at least one radon building test that measured above 4 pCi/L with a reading of 266.1 pCi/L. leaving it the second highest radon level measured among the other 16 counties (NC DHHS NC Radon Data, 2024).

Figure 22. North Carolina Map Radon Zones



US Environmental Protection Agency (2024)

Water Quality

Water quality plays a vital role in the health of people, animals, and plants that rely on it. Contaminated or poor-quality water has been associated with disease outbreaks and adverse health effects. In Clay County, water quality management is overseen by the Clay County Health Department, which monitors both private wells and community water systems. Currently, four community water systems (CWS) operate in the county, serving approximately 21.7% of the population. This is about 30% lower than the average CWS coverage in the Western North Carolina region (US EPA, 2024).

To address water pollution and protect water resources, the Clean Water Act was enacted to regulate the discharge of pollutants and establish quality standards for surface waters. Under this law, the Environmental Protection Agency (EPA) developed pollution control programs, including wastewater standards for industries (US EPA, 2024). One key program, the National Pollutant Discharge Elimination System (NPDES), plays an important role in safeguarding public health by ensuring that pollutants are properly managed. As of August 2024, two facilities in Clay County are monitored and permitted under the NPDES (North Carolina Division of Water Resources, 2024).

THE IMPACT OF HURRICANE HELENE ON WESTERN NORTH CAROLINA



Boone, North Carolina.

Drake, Jonathan (2024)

Hurricane Helene brought unexpected and lasting challenges to communities across Western North Carolina. Hurricane Helene, the third-deadliest hurricane of the modern era, caused over 200 deaths, with nearly half of them in North Carolina (National Centers for Environmental Information, 2024). Early estimates suggest the economic losses from Helene could exceed \$50 billion (North Carolina Office of State Budget and Management, 2024). A total of 25 counties in North Carolina were included in the federal disaster declaration following Hurricane Helene, 14 counties located within the WNC Healthy Impact Region (Buncombe, Clay, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania and Yancey.) The Eastern Band of Cherokee Indians (EBCI) was also included in the disaster declaration (North Carolina Department of Public Safety, 2024).

While this Community Health Assessment (CHA) is based on data collected before the hurricane, it is important to recognize how this disaster has affected and will continue to affect many aspects of health in the region. Natural disasters like hurricanes do not just cause immediate physical harm—they also impact long-term health, the environment, and the economy (North Carolina Office of State Budget and Management, 2024).

Storms disrupt access to healthcare, damage homes and infrastructure, and cause financial hardship for many families (Kaiser Family Foundation, 2024). Some communities faced greater challenges than others. People with lower incomes, older adults, individuals with disabilities, and those without stable housing were affected the most (U.S. Census Bureau, 2024). Many families lost wages due to business closures, and some small businesses struggled to recover. The stress of these losses can lead to mental health challenges, including anxiety and depression (North Carolina Department of Public Safety, 2024).

Environmental factors also changed due to the hurricane. Floodwaters can spread disease and pollutants, affecting drinking water and air quality (North Carolina State Climate Office, 2024). Mold in homes and buildings can make respiratory conditions worse. In some areas, roads and bridges were washed out, making it harder for people to reach doctors, pharmacies, and grocery stores (U.S. Census Bureau, 2024).

Morbidity and mortality rates have been significantly impacted by the storm, with some individuals dying from injuries sustained during the hurricane. Others have faced ongoing medical issues due to limited healthcare access, prolonged stress, and the challenging recovery environment (North Carolina Department of Insurance, 2024). Communities in WNC continue to work toward recovery, but the devastating effects of Hurricane Helene will be felt for years to come.

Clay County-Specific Impact:

Clay County was fortunate to experience less environmental damage than many of its neighboring counties during recent natural disasters in the region. Despite being spared the worst of the destruction, the county played a critical role in regional recovery efforts. Natural disasters of this scale tend to foster unity, and Clay County demonstrated strong community values by stepping in to support others. Volunteers from the Clay County Health Department partnered with Samaritan's Purse to assist with relief efforts, while local churches organized supply drives and set up distribution centers throughout town. These collaborative efforts underscored the county's resilience and commitment to regional solidarity.

Although the direct environmental impact in Clay County was relatively limited, several important sectors still faced significant challenges:

- **Economic and Business Impacts:** The local economy experienced disruptions due to regional damage. Notably, the Ingles grocery chain lost a major warehouse, which led to a temporary food shortage affecting both residents and nearby communities.
- **Transportation Disruptions:** Damaged roads and bridges across the region led to widespread transportation challenges, affecting access to goods, services, and neighboring counties. These disruptions also complicated relief logistics and travel for both residents and emergency personnel.
- **Communication Challenges:** Residents faced difficulties accessing reliable and timely information during and after the disaster. Limited broadband infrastructure in rural areas, coupled with misinformation circulating through social media and word of mouth, contributed to confusion and uncertainty.
- **Educational Disruptions:** Although Clay County schools were not directly damaged, the displacement of children from surrounding counties impacted the local education

system. Some schools saw an influx of new students, requiring quick adjustments in staffing, classroom space, and support services to accommodate their needs.

Despite these challenges, Clay County's response reflected a deep-rooted commitment to community, cooperation, and resilience. The disaster highlighted areas of strength, such as cross-sector collaboration, as well as opportunities for improvement in disaster preparedness, infrastructure, and communication.

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 polychlorinated biphenyls (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 predominately 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.

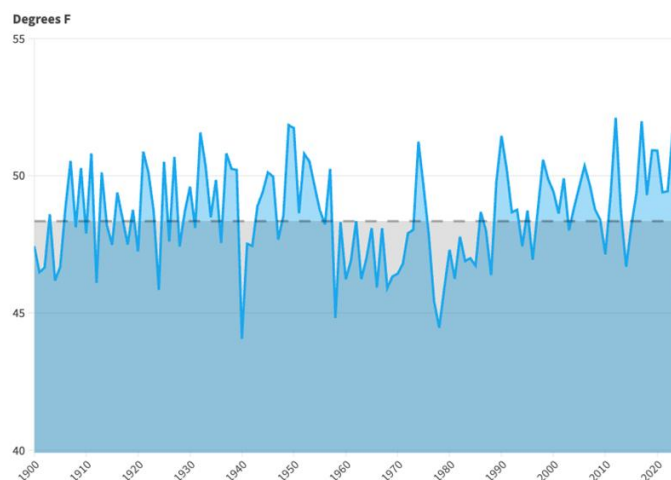
Western North Carolina (WNC) is naturally resilient compared to many other parts of the state. The altitude makes the region less vulnerable to heat waves than the Piedmont area, and floods in WNC are less threatening than those experienced in coastal counties. Since the tuberculosis outbreak of the 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

Changes in our climate are increasingly affecting the health of communities across Western North Carolina (WNC). Rising temperatures, shifts in precipitation patterns, and more frequent extreme weather events are contributing to significant public health challenges. Vulnerable populations—such as children, pregnant individuals, outdoor workers, and those with chronic health conditions—are especially at risk. Reflecting these concerns, a recent survey found that 70.3% of Clay County residents believe that weather conditions are either very or somewhat connected to health risks (United States Environmental Protection Agency, 2024).

TEMPERATURE AND EXTREME HEAT

Over the past century, the average annual temperature in Western North Carolina has



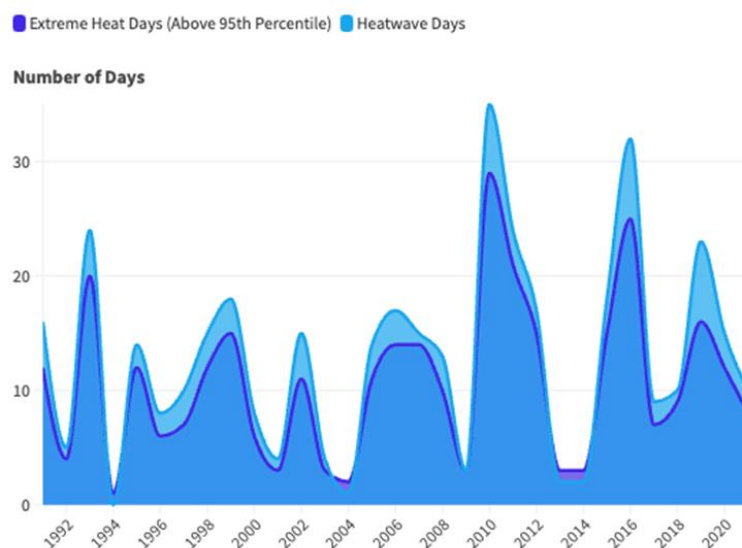
steadily risen, with most years in the past two decades being warmer than the historical average (**Figure 23**).

Extreme heat events, such as heatwaves, have become more frequent. For instance, 2010 and 2016 saw 35 and 32 days of heatwaves (**Figure 24**), respectively. These periods of prolonged heat have been linked to increased morbidity and mortality, particularly on days with poor air quality (CDC, 2023).

Figure 23. Observed average annual temperature for Western North Carolina from 1901 to 2024 and the temperature of record, 48 °F (dashed grey line).

Source: National Centers for Environmental Information Climate at a Glance. Data: COOP, ASOS, CRN

Extreme heat not only poses direct risks such as heatstroke but also exacerbates existing health conditions like heart disease and respiratory illnesses (CDC, 2023). As the frequency of



extreme heat events continues to rise, addressing these climate-related health risks becomes increasingly urgent.

Figure 24. Annual number of Heatwave and Extreme Heat Days in the 18-counties of WNC, 1991 to 2023. **Heatwave** was defined as 3 or more consecutive days, during which the temperature reached the 90th percentile for those days. **Extreme Heat days** are defined as individual days when the temperature exceeds the 95th percentile. Source: PRISM Climate Group. Data: PRISM.

PRECIPITATION AND FLOODING

Western North Carolina's climate is characterized by its wet and humid conditions, with precipitation levels remaining relatively constant across seasons (NCICS, 2024). However, extreme precipitation events, such as heavy rainfall leading to flash floods, have become more variable. Several years since 2000 have experienced multiple days of extreme precipitation, significantly increasing the risk of flooding, property damage, and potential injuries or fatalities (**Figure 25**).

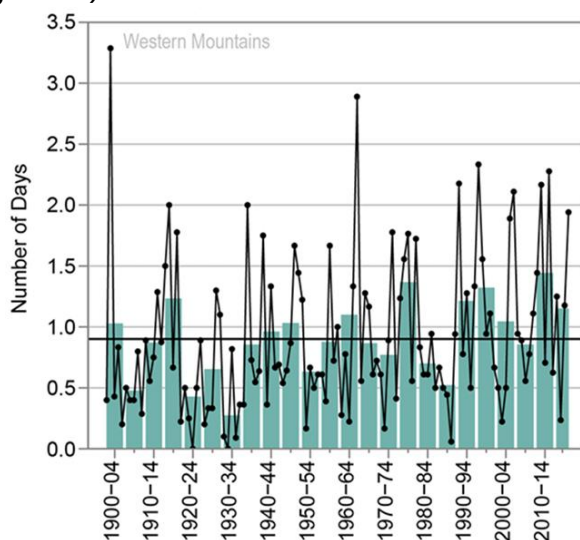
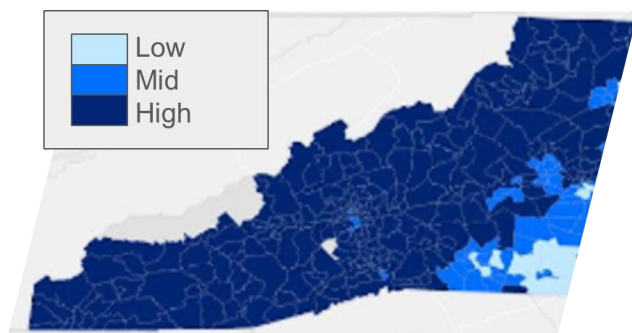


Figure 25. Observed annual number of extreme precipitation events for the Western Mountains of North Carolina. **Extreme precipitation** is defined as 3 inches or more of precipitation within a 24-hour span. Sources: NCICS, NOAA NCEI, and the State Climate Office of North Carolina.



Flood risk in this region is high (**Figure 26**), 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.

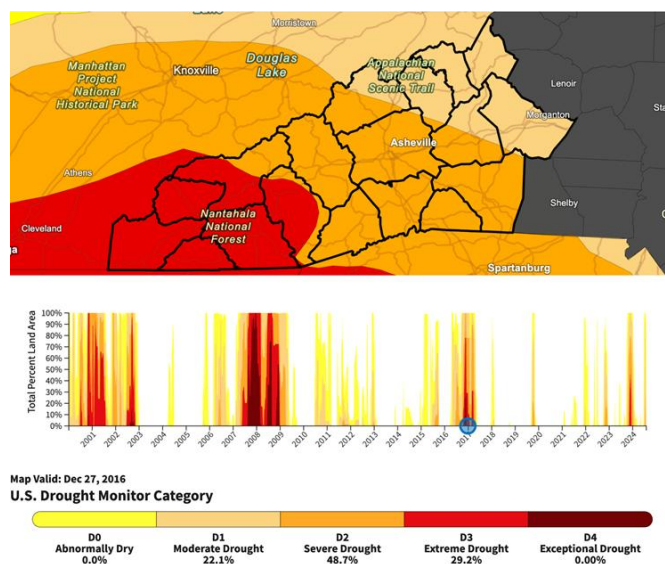
Figure 26. Flood Risk in North Carolina at the ZCTA level. Sources: First Street Foundation. Data: FIRMs, USGS DEMs, NOAA, NHD. We acknowledge Sarah Ulrich for her mapping expertise.

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 27**), stream flows dropped to record lows, and drought in 2016 triggered a significant wildfire season in the region.

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

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



CHAPTER 7 – IDENTIFICATION OF HEALTH PRIORITIES

IDENTIFICATION OF COMMUNITY HEALTH ISSUES

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

Data Review and Initial Shortlist

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

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

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

Community Engagement and Prioritization

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. The participants used the information we presented to score each issue, and then vote for their top areas of concern. They considered the severity of the issue, the relevancy of the issue, and the feasibility in improving the issue.

This process, often called health issue prioritization, is an opportunity for various community stakeholders, such as the hospital, health department, school system, and community partners to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

Identified Issues for Indicators

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

- **Access to Mental Healthcare:** Resources for adults and children to prevent and provide mental health and wellbeing.
- **Substance use/abuse/misuse:** The misuse of substance either prescribed or obtained illegally.
- **Unhealthy or Unsafe Housing Conditions:** Provide resources or support for homeowners and landlords to rehabilitate or repair housing.
- **Chronic Disease Prevention and Control:** Illnesses that can be controlled or prevented through lifestyle changes.
- **Access to Health Care:** Lack of specialty care within the county.
- **Obesity/ Physical Activity/ Nutrition:** There are high rates of obesity within the county due to the lack of physical activity and healthy nutritional diet.

PRIORITY HEALTH ISSUE IDENTIFICATION

Process

As part of the identification process, the data workbook was shared with community partners for review. Following their review, a survey link was provided to gather input on the top three health issues that should be prioritized. After collecting feedback from community partners, the Clay County Health Department presented the data workbook to the local school system. Upon completion of the presentation, the same survey was distributed to school personnel to capture their perspectives.

The health issues identified through this collaborative process were then evaluated using a specific set of criteria to determine the final health priorities for the community over the next three years. The criteria used included:

- **Relevance:** How important is this issue? (*Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; Linked to other important issues*)
- **Impact:** What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)
- **Feasibility** Can we adequately address this issue? (*Availability of resources – staff, community partners, time, money, equipment – to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins*)

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then Clay County Health Department reviewed the survey and narrowed down the top 2 priority health issues.

Identified Priorities

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

- **Priority 1 – Mental Health and Substance Use / Access to Care**

Mental health and substance use remain growing concerns, with an increasing number of individuals affected by these serious health challenges. In Clay County, access to necessary services for those struggling with mental health issues and/or substance abuse is limited, creating a significant gap in care and support.

- **Priority 2 – Chronic Disease Prevention and Control**

Chronic diseases such as heart disease, diabetes, and obesity continue to impact the health and well-being of residents in Clay County. Many of these conditions are preventable through healthy lifestyle choices, yet there remains a need for greater awareness, education, and access to preventive care. Strengthening efforts around prevention, early detection, and effective management is essential to improving long-term health outcomes in the community.

Mental Health and Substance Use



Community Health Assessment- Priority Setting Data Summary

Mental Health and Substance Use was identified as a key health issue through review of primary and secondary data sources, including the WNC Healthy Impact Community Health Survey, the Online Key Informant Survey (OKIS), and input from community partners as part of the Community Health Assessment (CHA) process.

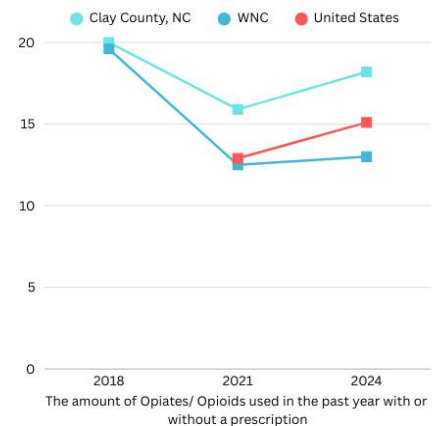
THE NUMBERS

Community Health Assessment- Priority Setting Data Summary

In 2024, Clay County reported significantly higher rates of opiate and opioid use than both Western North Carolina and the national average, including non-prescribed use. More than half (50.7%) of residents said substance abuse had negatively affected their lives—either personally or through someone close to them (WNCHN, 2024).

This growing crisis is taking a toll on the community, underscoring the urgent need for expanded prevention, treatment, and recovery resources. The impact extends beyond addiction—mental health concerns are also rising. Nearly one in five residents experienced seven or more days of poor mental health in the past month, and 20% are currently receiving treatment. Still, 16% reported being unable to access the care they needed.

Perhaps most concerning, 7.3% of residents said they had considered suicide in the past year—a dramatic rise from 1.8% in 2021. These figures reflect a deepening need for accessible, coordinated support across both substance use and mental health services in Clay County.



WHAT THIS MEANS FOR CLAY COUNTY

The high rates of substance use, rising mental health struggles, and limited access to care suggest that many residents are suffering without the support they need. This doesn't just affect individuals—it impacts families, schools, workplaces, and the overall well-being of the community.

For Clay County, this means:

- **A need for more accessible treatment options:** There's a growing demand for both substance use and mental health services, but not enough resources to meet it.
- **Greater investment in prevention and education:** Early intervention is important to reduce the long-term impact of substance misuse and mental health issues.
- **Support for families and caregivers:** Since over half the population is affected directly or indirectly, services must extend beyond the individual.
- **Community-wide collaboration:** Local organizations, healthcare providers, schools, and faith-based groups will need to work together to build a stronger, more supportive network.

Mental Health and Substance Use

What's Helping?

- Appalachian Community Service/ Vaya Health
- Appalachian Mountain Health
- Rock Bottom Recovery
- Suboxone clinics
- Clay County Transportation
- Sheriffs office supplied with Narcan
- Narcan spray readily available
- Peer support groups.
- Community outreach services
- Mountain Projects
- Chatuge Family Practice

What's Hurting?

- Housing insecurity
- Poverty
- Unemployment
- Lack of mental health In-patient services
- Limited resources
- Stigma and shame
- Underfunded systems
- Easy access to harmful substances
- Unhealed trauma or grief

Most Impacted?

- Children, Adolescents and Young Adults
- People with history of trauma
- People facing low-economic insecurity
- People in the criminal justice system
- Isolated elderly individuals

What Else Do We Know?

The growing prevalence of mental health disorders—such as depression, anxiety, PTSD, and bipolar disorder—has highlighted the urgent need for greater awareness, early intervention, and accessible mental health services. In parallel, substance abuse, including the misuse of alcohol, prescription medications, and illicit drugs, continues to rise, often co-occurring with underlying mental health issues.

These interconnected challenges not only affect individuals' emotional and psychological well-being but also contribute to strained healthcare systems, increased homelessness, unemployment, and involvement with the criminal justice system. The COVID-19 pandemic further exacerbated these issues, leading to heightened levels of isolation, stress, and economic hardship, all of which are known risk factors for both mental illness and substance misuse.

What's Already Happening?

- Vaya Health- Applied Suicide Intervention Skills Training (ASIST) for school personnel.
- Mental Health and Substance Misuse Resource Guide was developed.
- Clay County Health Department hiring for peer support.
- Opioid Grant

*Not an exhaustive list

Chronic Disease Prevention and Control



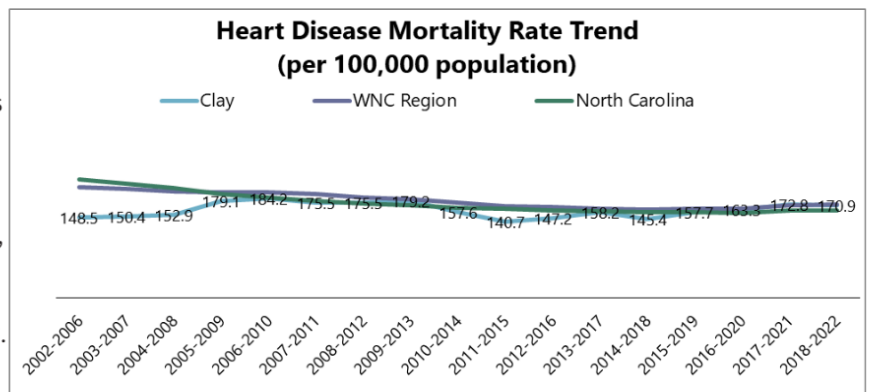
Community Health Assessment- Priority Setting Data Summary

Chronic Disease was identified as a key health issue through review of primary and secondary data sources, including the WNC Healthy Impact Community Health Survey, the Online Key Informant Survey (OKIS), and input from community partners as part of the Community Health Assessment (CHA) process.

THE NUMBERS

Community Health Assessment- Priority Setting Data Summary

Between 2018 and 2022, Clay County recorded 180 deaths from heart disease—higher than the state average and just slightly below the rate for the western region (NC SCHS, 2024). During the same period, cancer-related deaths also increased, rising to 153 from 148 in the 2016–2020 timeframe. These concerning trends reflect the growing impact of chronic diseases within the community. Unfortunately, many of these conditions are closely tied to preventable risk factors, including smoking, obesity, poor diet, and lack of physical activity. In 2024, 41.7% of Clay County residents were classified as obese, highlighting the urgent need for increased health education, community wellness programs, and access to preventive care (WNCHN, 2024).



WHAT THIS MEANS FOR CLAY COUNTY

These statistics suggest that Clay County faces significant public health challenges that could strain local healthcare resources and impact overall quality of life. High rates of heart disease, cancer, and obesity point to a critical need for targeted prevention and intervention efforts. Without action, these trends will continue to rise, leading to increased healthcare costs, reduced workforce productivity, and a higher burden on families and caregivers. For Clay County, this means investing in community health initiatives—such as nutrition education, physical activity programs, smoking cessation support, and improved access to healthcare—will be essential to reversing these trends and promoting long-term well-being for residents.

Chronic Disease Prevention and Control

What's Helping?

- NC Quitline
- Medication assistance program.
- Healthy Heart and Smiles
- Community-based organizations
- Health Department offers primary care.
- Medicaid expansion
- Local food stands
- Community Paramedic Program
- Primary Care offices
- Clay County Transportation
- Food Pantry and Matts Ministry
- Meals on Wheels

What's Hurting?

- Affordability
- Clinic availability
- Lack of specialist
- Staffing Shortages
- Inflation
- Lack of insurance
- Lack of transportation
- Lifestyle habits
- Lack of education

Most Impacted?

- Rural Residents
- Older population
- People facing low-economic insecurity
- People with limited access to travel long distances
- Caregivers and families
- Working adults
- People with disabilities

What Else Do We Know?

Many chronic diseases are caused by high-risk behaviors, including tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use. These behaviors not only increase the risk of heart disease, cancer, and diabetes but also contribute to other serious health conditions such as hypertension, stroke, and respiratory diseases. Poor diet, particularly one high in processed foods, sugars, and unhealthy fats, is a major risk factor for obesity, which in turn raises the risk for numerous chronic conditions. Lack of physical activity weakens the heart and muscles, leads to weight gain, and increases stress, all of which can accelerate the development of chronic diseases. Excessive alcohol use is linked to liver disease, high blood pressure, and cancer, while also contributing to mental health disorders and impairing decision-making around other health behaviors. These high-risk behaviors are often influenced by environmental factors, such as socioeconomic status, access to healthcare, and community support, making prevention and intervention efforts more complex but critical in reducing the burden of chronic disease.

What's Already Happening?

- Healthy Heart and Smiles program
- Community paramedic
- Healthy Communities program
- Medication assistance program

*Not an exhaustive list

CHAPTER 8 - HEALTH RESOURCES

“A strong, healthy community has to have all the whole health/whole person components needed for the individuals living there.” –Community Leader.

HEALTH RESOURCES

Process

As part of the process of building the Community Health Assessment (CHA), I began by reviewing existing documentation and guides to establish a foundational understanding of the county’s health landscape. This included analyzing past Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs), and State of the County Health reports (SOTCHes) to gain insight into historical trends, long-standing partnerships, and existing resources. I also utilized current Health Resource Guides and the Online Key Informant Survey (OKIS) to identify active community partnerships and gather input on the availability and effectiveness of local resources. Through this review, I assessed and clarified gaps in services by highlighting areas where resources were insufficient or nonexistent. I referenced key directories such as the WNC Health Network, NCDHHS, NCCare360, MAHEC, Clay County resources, and the Clay County Mental Health Resource Guide to ensure a comprehensive inventory.

Next, I engaged with community partners by identifying individuals and organizations with relevant knowledge and perspectives—including health professionals, community leaders, and representatives of priority population groups. I conducted outreach through email, face-to-face meetings, and other forms of communication to share the compiled resource list and invite feedback. These stakeholders were asked to identify outdated resources, suggest additional ones, and highlight unmet needs in the community. I facilitated focused conversations with key informants to collect more detailed insights, then documented and organized all feedback received. Finally, I incorporated this input into the CHA to ensure it accurately reflects the current state of community health resources, addresses existing gaps, and informs strategic planning moving forward.

Findings

Primary Care Providers (4)

- Clay County Health Department
- Erlanger Primary Care / Urgent Care
- Hometown Healthcare

- Chatuge Family Practice

Skilled Nursing & Assisted Living Facilities (2)

- Clay County Care Center (*Skilled Nursing*)
- Hayesville House (*Assisted Living*)

Specialty Care

- **Orthopedics (1)**
 - Union General Orthopedics
- **Endocrinology (1)**
 - Erlanger Endocrinology

Mental & Behavioral Health Providers (4)

- Rock Bottom Recovery
- Chatuge Family Practice
- Appalachian Community Services
- Vaya Health

Transportation Services (1)

- Clay County Transportation

Social Support Services (12+)

- Clay County Health Department
- Community Alternatives Program for Disabled Adults
- Clay County Department of Social Services
- Clay County Senior Center
- Reach Center
- Communities in Schools
- Hands of Hope
- Hearts in Ministry (H.I.M.)
- St. Vincent De Paul
- United Way Essential Community Services
- Truett Children's Home
- Various local churches offering supportive meetings (e.g., AA, Divorce Care)

Community Strengths (Perceived)

- Strong collaboration and partnerships across agencies (e.g. Clay County Multidisciplinary team)
- Community paramedic program
- Multiple faith-based ministries supporting various needs
- Outreach events

Resource Gaps

Clay County faces several resource gaps that significantly impact the well-being and quality of life of its residents. The absence of a local hospital means that individuals must travel outside the county for emergency and inpatient care, creating delays in treatment. Access to medical specialists is minimal, forcing residents to seek specialized care in neighboring areas, which may be inconvenient or unaffordable. Mental health services, while present, are limited in scope and capacity, making it difficult for individuals to receive consistent and comprehensive support. Additionally, there is a notable lack of affordable food and housing, contributing to financial strain and food insecurity for many families. Transportation services are only available during limited hours, with no options during nights or weekends, restricting access to healthcare, employment, and other essential services during non-traditional hours. Childcare options in the area are scarce, posing challenges for working parents and impacting early childhood development. The county also suffers from limited job opportunities, which not only affects household incomes but also contributes to the relocation of young adults seeking better employment elsewhere. Furthermore, access to higher education and vocational training is limited, which hinders workforce development and upward mobility. These combined gaps underscore the need for strategic investments and partnerships to improve health, economic, and social outcomes for Clay County residents.

CHAPTER 9 - NEXT STEPS

“Build a healthier community one step at a time.” - Community Leader.

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

Clay County Health Department will disseminate the results of this CHA cycle to all stakeholders, community partners, and the general population. Sharing the results will occur through paper copies and online access.

WHERE TO ACCESS THIS REPORT

Clay County’s Community Health Assessment will be disseminated using in-person and online methods.

- WNC Health Network website
- Clay County Health Department Lobby
- Clay County Health Department Website www.clayhdnc.us
- Moss Memorial Library
- Email Dissemination to partners and stakeholders.

FOR MORE INFORMATION AND TO GET INVOLVED

The community stakeholders and partners were instrumental in the process of collecting and analyzing the community survey data. If you would like to become more involved in the process of bettering the health of our community, please contact the health department or visit our website at www.clayhdnc.us.

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APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data

- Data Presentation Slides (PDF of slides)

Appendix C – County Maps

Appendix D – Survey Findings

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key-Informant Survey Findings

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.

Gaps in Available Information

Some of the data that is used in this report may have inherent limitations, due to the sample size, geographic focus, or the information is older than we would like to use but it is the most up-to-date information available.

WNC HEALTHY IMPACT COMMUNITY HEALTH SURVEY (PRIMARY DATA)

Survey Methodology

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

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

Survey Instrument

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

three additional questions of particular interest to their county, which were asked only of their county's residents.

The three additional county questions included in the 2024 survey were:

- 1) Overall, how would you rate your personal or your family financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? Would you say: (Excellent, Very Good, Good, Fair, or Poor.)
- 2) Of the following support services, which one do you MOST need, that you are not currently getting? 1. Help in getting access to services, 2. Individual counseling to help cope with giving care, 3. Respite Care, 4. You don't need any of these support services, 5. Don't know/not sure.
- 3) Have you EVER sought help from a professional for a mental or emotional problem?

Sampling Approach & Design

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

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

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion of the sample

population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments. The final sample included 3,313 random sample surveys (PRC).

PRC also created a link to an online version of the survey, and WNC Health Network in collaboration with Mountain DEEP, Survey Ambassadors and local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded 1,927 additional community outreach surveys for the region, and locally an additional 208.

About the Clay County Sample

Size: The total regional sample size was 5,240 individuals age 18 and older, with 208 from our county. PRC conducted all analysis of the final, raw dataset.

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

Expected error ranges for a sample of 208 respondents at the 95% confidence level in Clay County is $\pm 6.9\%$.

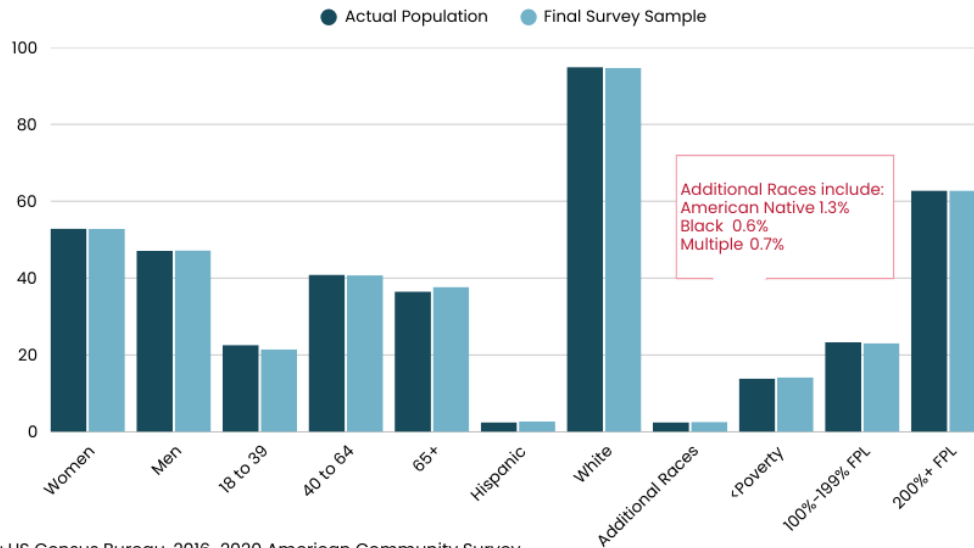
The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

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

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

Population & Survey Sample Characteristics (Clay County, 2024)



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

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

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



Benchmark Data

North Carolina Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2030

Since 1980, the [Healthy People initiative](#) has set goals and measurable objectives to improve health and well-being in the United States. The initiative's fifth edition, Healthy People 2030,

builds on knowledge gained over the past 4 decades to address current and emerging public health priorities and challenges.

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

Survey Limitations and Information Gaps

Limitations

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

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

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

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

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

Information Gaps

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

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Survey Purpose and Administration

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

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

Survey instrument

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

Participation

In all, 17 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community Leader	19	7
Other Health Provider	11	6
Physician	1	0
Public Health Representative	1	2
Social Services Provider	3	2

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

Survey Limitations

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

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

Data Definitions

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

Error

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

Age-adjusting

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

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

Rates

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

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

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

Regional arithmetic mean

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

Describing difference and change

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for

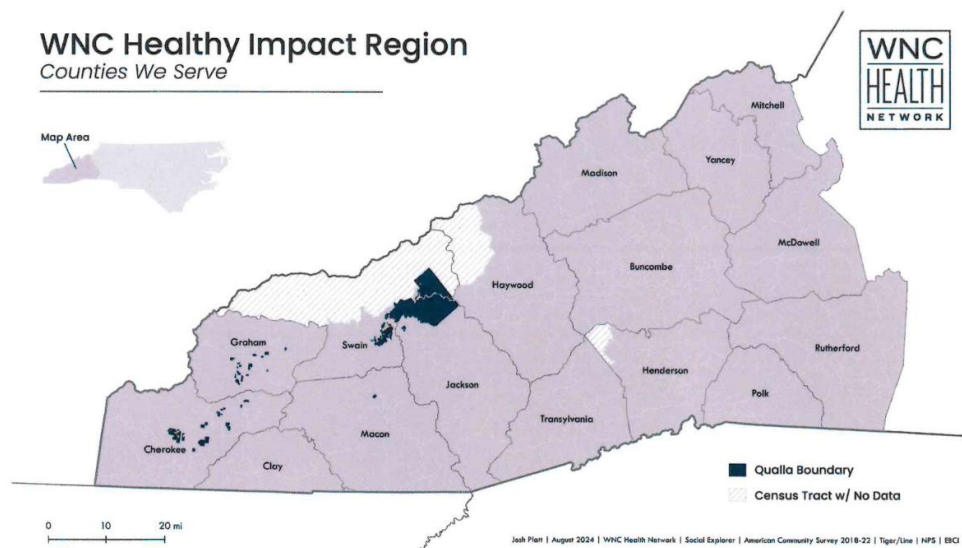
describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change.

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

Data limitations

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

APPENDIX B - DATA



Methodology

Survey methodology

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



Methodology

5,898 surveys throughout WNC

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



Methodology

Full WNC sample allows for drill-down by:

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

Individual county samples allow for drill-down by:

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



Survey Instrument

Based largely on national survey models

- When possible, question wording from public surveys (e.g., CDC BRFSS)
75 questions asked of all counties
- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input



Keep in mind

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

- Results for WNC regional data have maximum error rate of $\pm 1.3\%$ at the 95% confidence level
- Results for each of the 18 counties have maximum error rates ranging from $\pm 3.3\%$ to $\pm 9.8\%$ at the 95% confidence level
PRC indicates in regional report when differences – between county and regional results, different demographic groups, and data years – are statistically significant



Approximate Error Ranges at the 95 Percent Level of Confidence

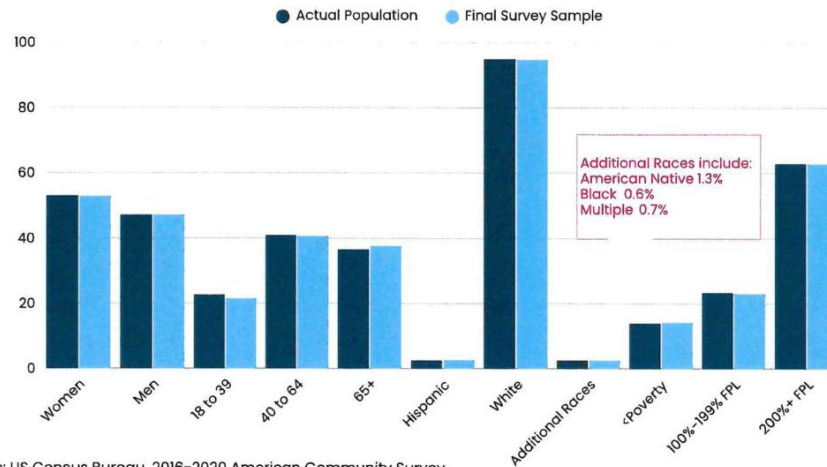
	Sample	Error Rate
Avery County	n = 166	$\pm 8.0\%$
Buncombe County	n = 908	$\pm 3.3\%$
Burke County	n = 492	$\pm 4.6\%$
Cherokee County	n = 213	$\pm 6.9\%$
Clay County	n = 208	$\pm 6.9\%$
Graham County	n = 136	$\pm 9.8\%$
Haywood County	n = 393	$\pm 5.2\%$
Henderson County	n = 755	$\pm 3.6\%$
Jackson County	n = 345	$\pm 5.7\%$
Macon County	n = 272	$\pm 6.2\%$
Madison County	n = 294	$\pm 6.2\%$
McDowell County	n = 231	$\pm 6.9\%$
Mitchell County	n = 203	$\pm 6.9\%$
Polk County	n = 246	$\pm 6.9\%$
Rutherford County	n = 223	$\pm 6.9\%$
Swain County	n = 247	$\pm 6.9\%$
Transylvania County	n = 264	$\pm 6.2\%$
Yancey County	n = 302	$\pm 5.7\%$
WNC Service Area	n = 5,898	$\pm 1.3\%$

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

Example: If 50% of the sample of 5,898 respondents answered a certain question with a "yes one could be certain with a 95 percent level of confidence that between 48.7% and 51.3% ($50\% \pm 1.3\%$) of the total population would respond "yes" if asked this question.



Population & Survey Sample Characteristics (Clay County, 2024)



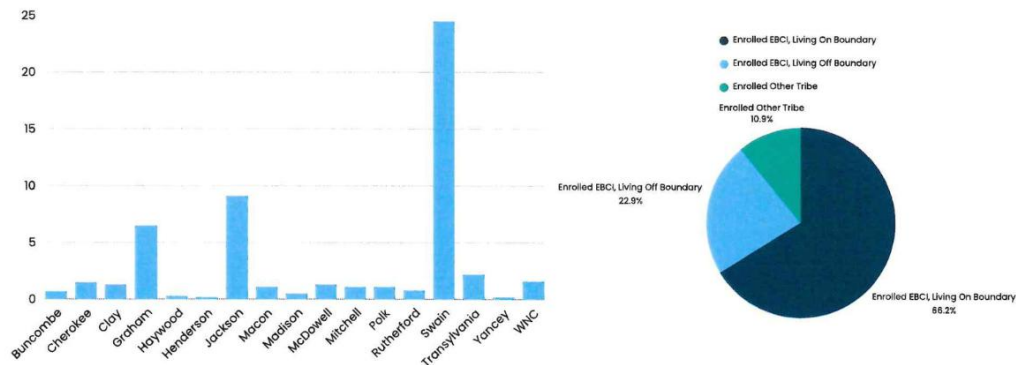
Sources: US Census Bureau, 2016-2020 American Community Survey.

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

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



Native American Sample (By County, 2024)



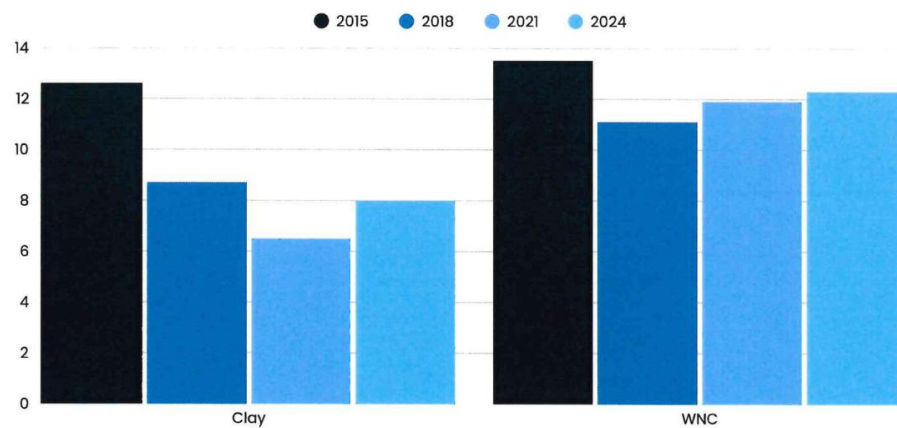
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Items 30, 88]

Notes: Asked of all respondents.





County Is a “Fair/Poor” Place to Live (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 5]
Notes: Asked of all respondents.



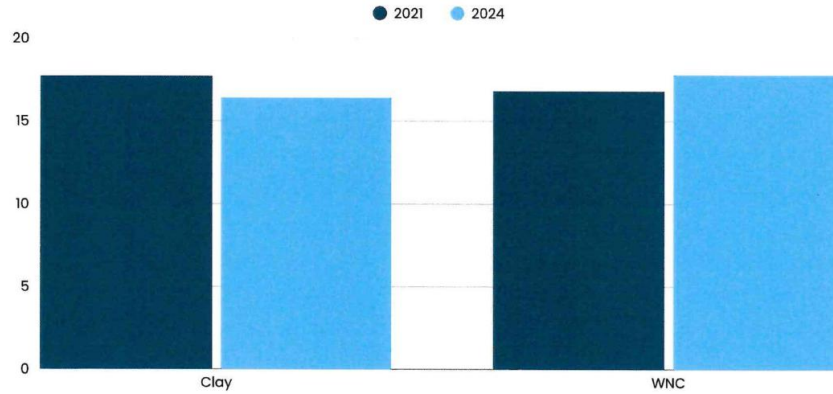
SOCIAL DETERMINANTS OF HEALTH



EQUITY



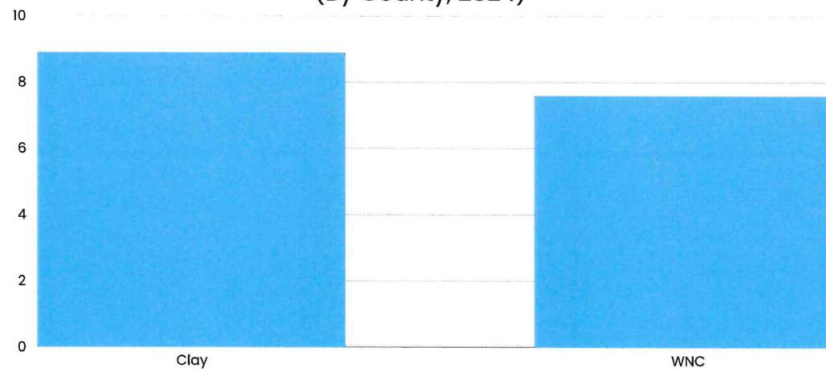
Disagree That the Community Is a Welcoming Place for People of All Races and Ethnicities ("Disagree" or "Strongly Disagree" Responses; By County)



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



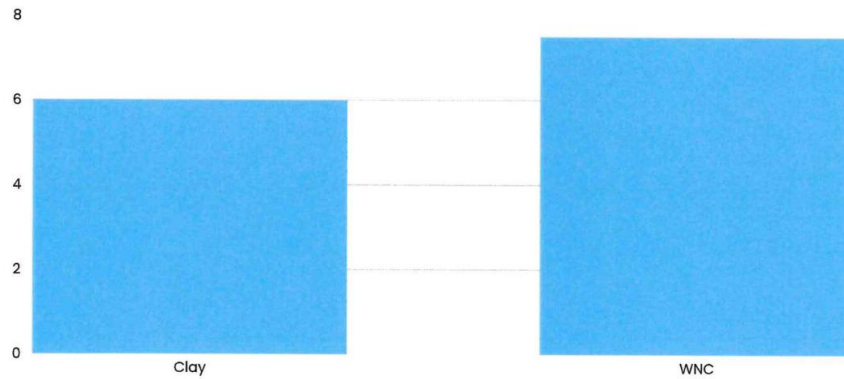
"Often/Sometimes" Threatened or Harassed in the Past Year (By County, 2024)



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



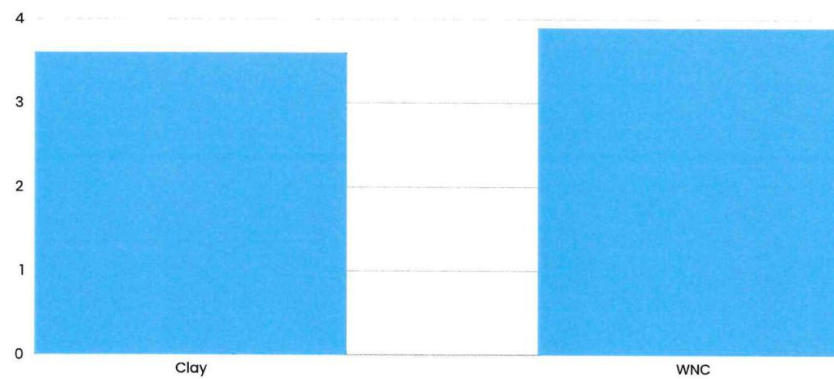
**"Often/Sometimes" Treated Unfairly
When Getting Medical Care in the Past Year
(By County, 2024)**



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



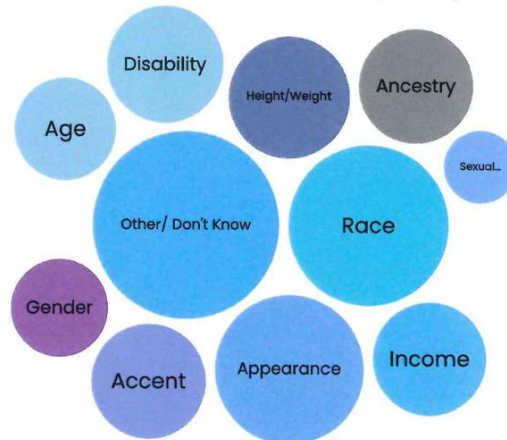
**"Often/Sometimes" Treated Unfairly at School in the Past
Year
(By County, 2024)**



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



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



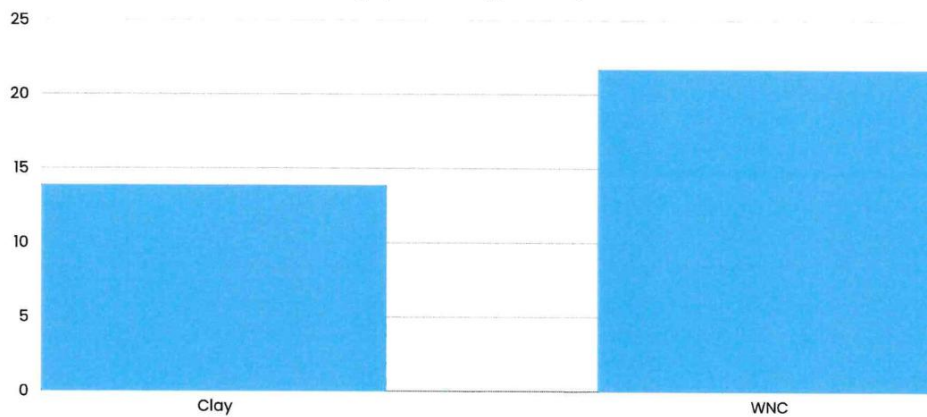
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 73]

Notes: Asked of respondents reporting they received unfair treatment “often” or “sometimes” in the past year.

Unfair treatment includes threats, harassment, discrimination when receiving medical care, and/or discrimination at school.



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



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

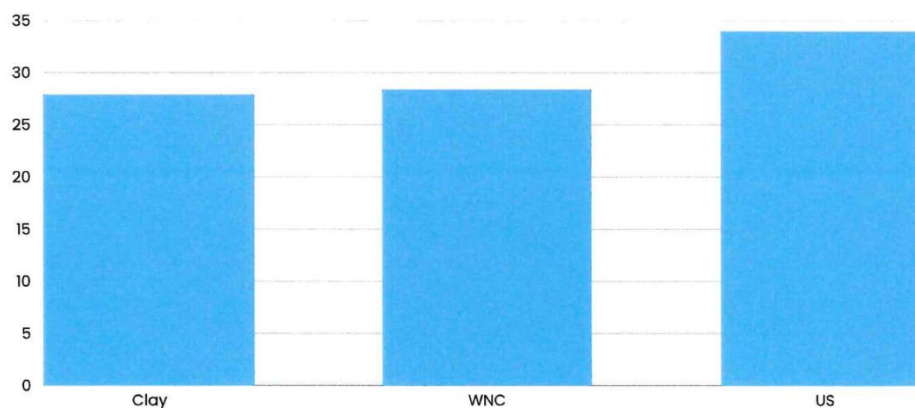
Notes: Asked of all respondents.

Examples of physical symptoms include a headache, an upset stomach, tensing of muscles, or a pounding heart.





Do Not Have Cash on Hand to Cover a \$400 Emergency Expense
(By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 37]
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

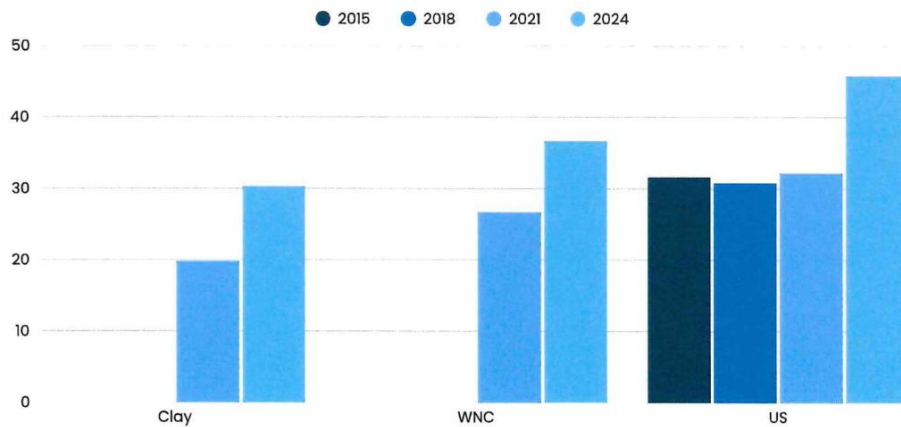
Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.



HOUSING



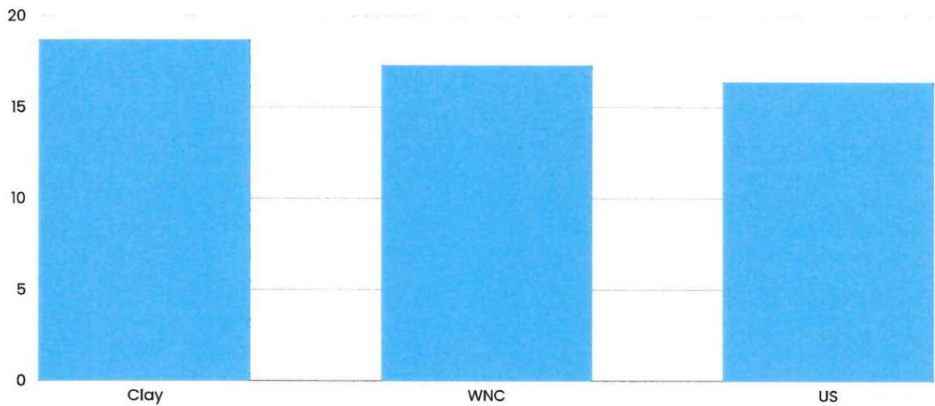
"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 38]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.



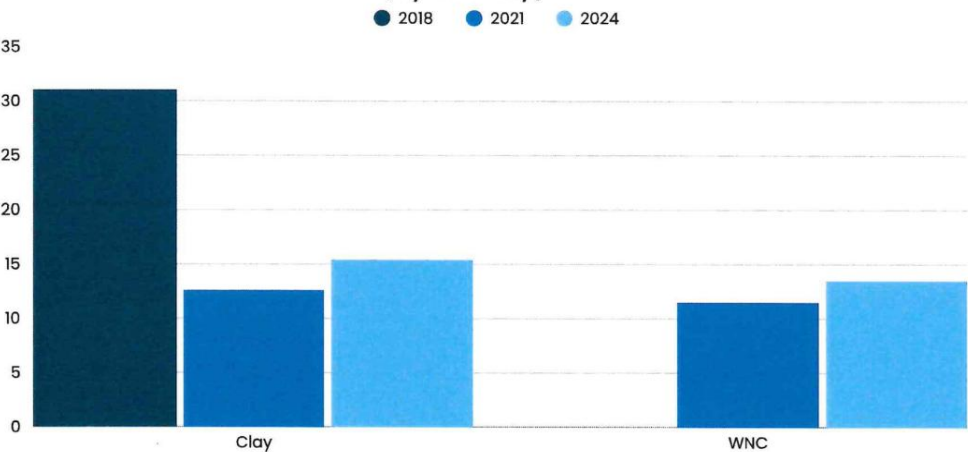
Unhealthy or Unsafe Housing Conditions in the Past Year
(By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 39]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



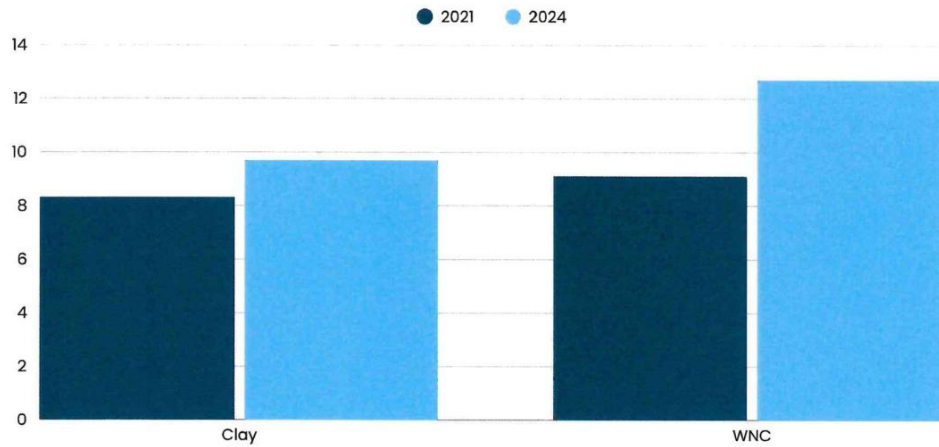
Had a Time in the Past Year
When Home Was Without Electricity, Water, or Heating
(By County)



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



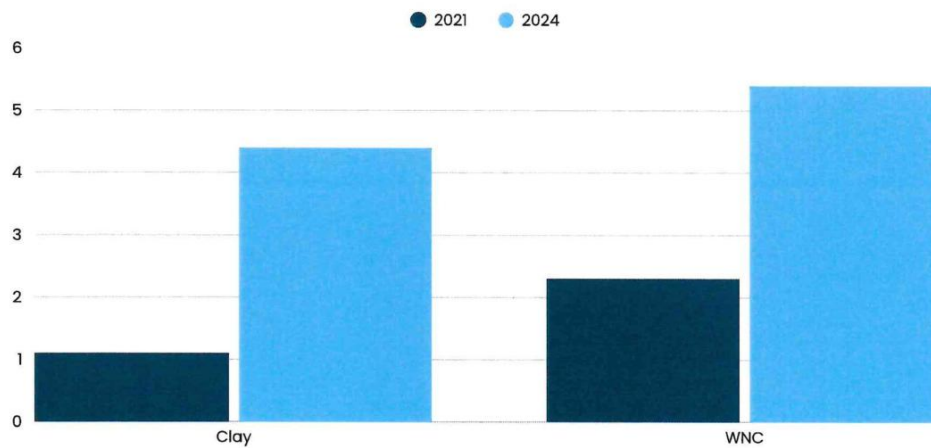
Have Had to Live With a Friend/Relative in the Past Three Years Due to a Housing Emergency (By County)



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



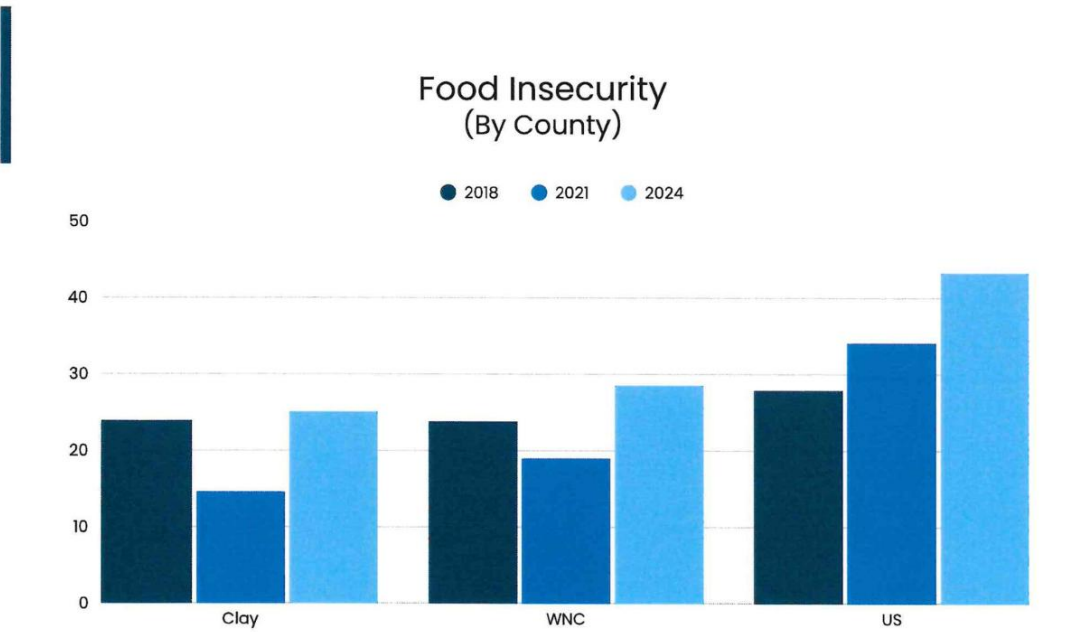
Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 42]
Notes: Asked of all respondents.



FOOD INSECURITY

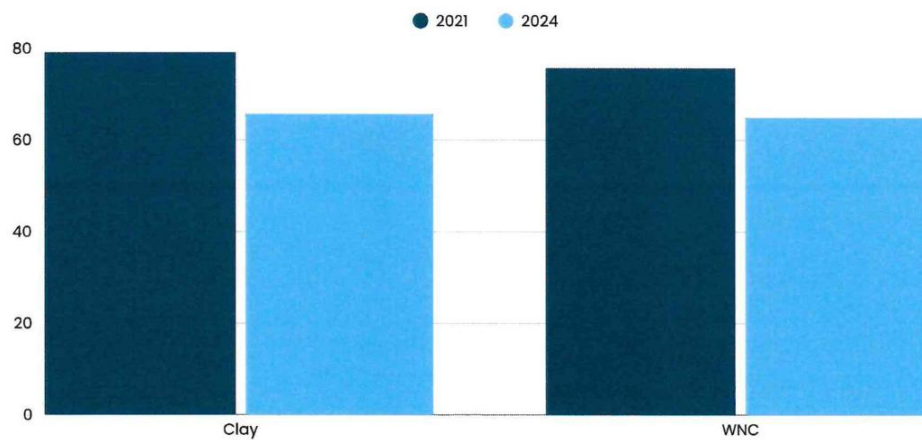


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 77]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.





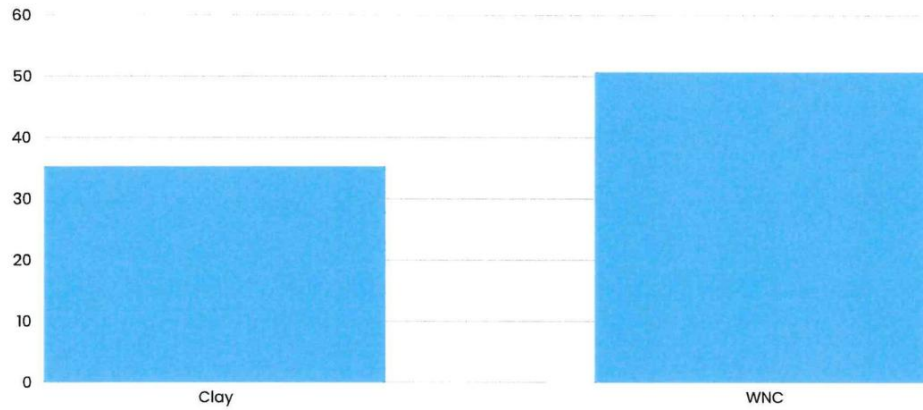
**"Always" or "Usually" Have
Someone to Rely on for Help When Needed
(By County)**



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 62]
Notes: Asked of all respondents.



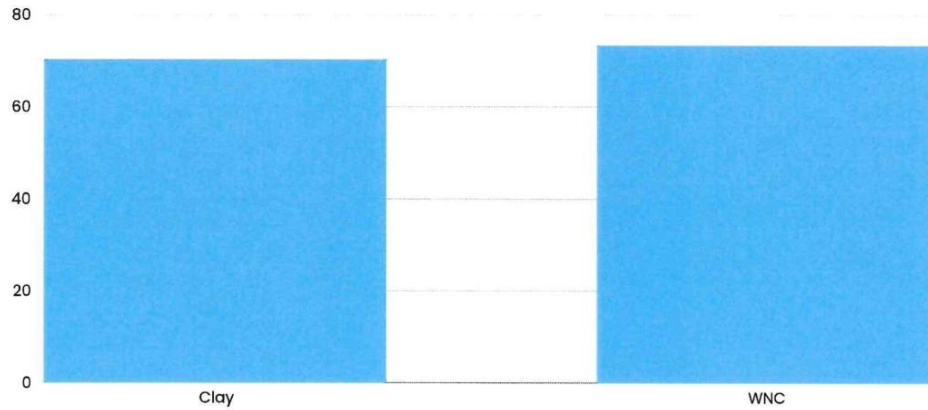
Feel Lonely "Often/Some of the Time/Occasionally" (By County, 2024)



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



Climate is “Very/Somewhat Connected” to Health Risks (By County, 2024)

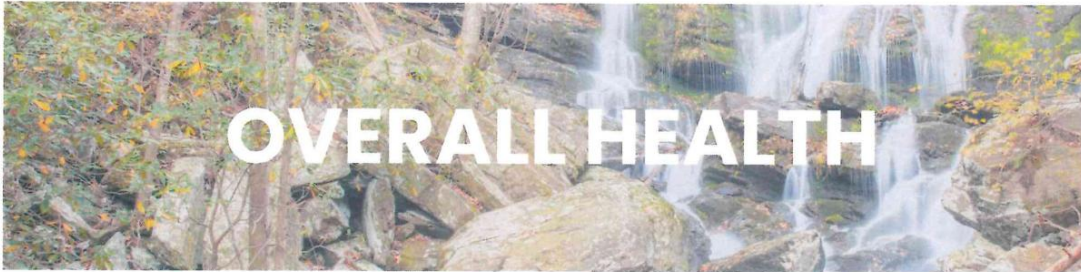


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 57]

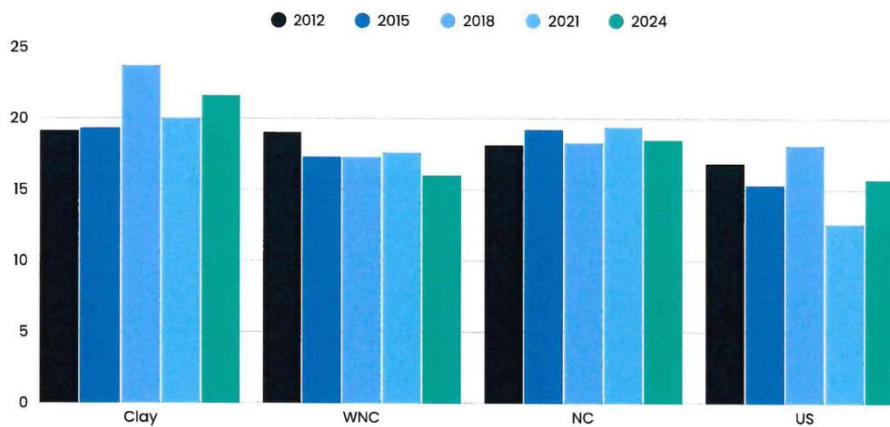
Notes: Asked of all respondents.

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





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



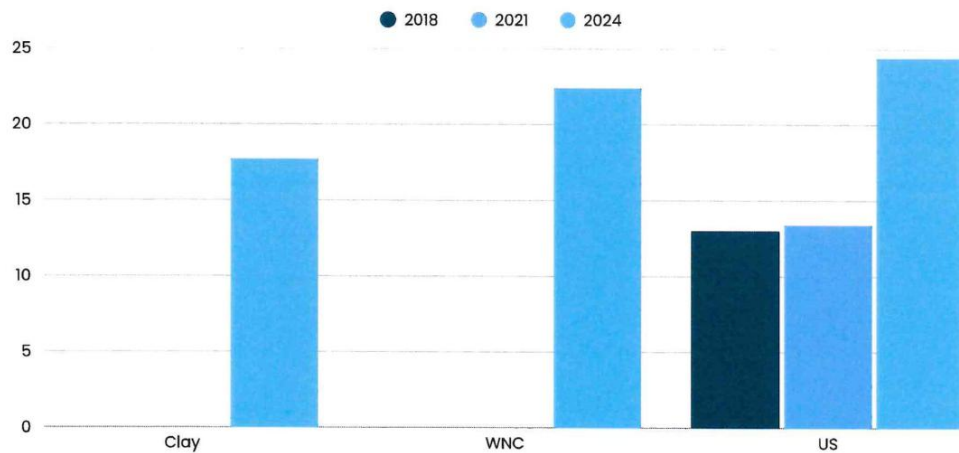
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [item 6]
 Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human
 Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
 2023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



MENTAL HEALTH & MENTAL DISORDERS



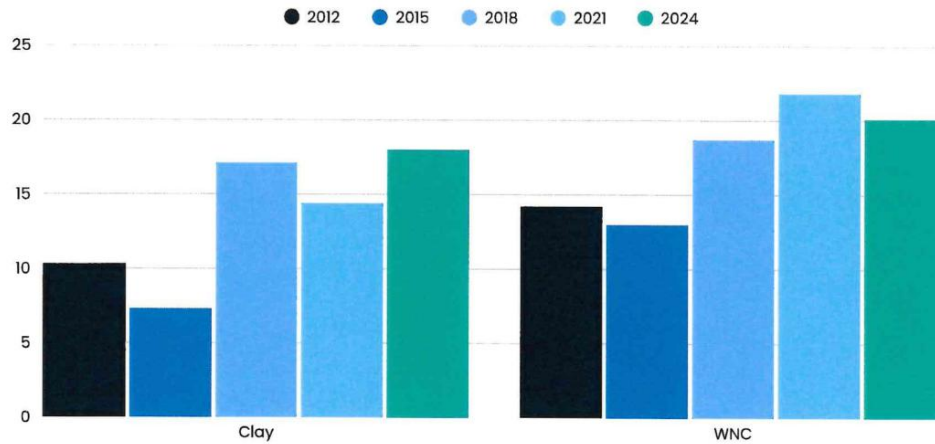
Experience "Fair" or "Poor" Mental Health (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 59]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Only Jackson and Swain counties were tested previously.



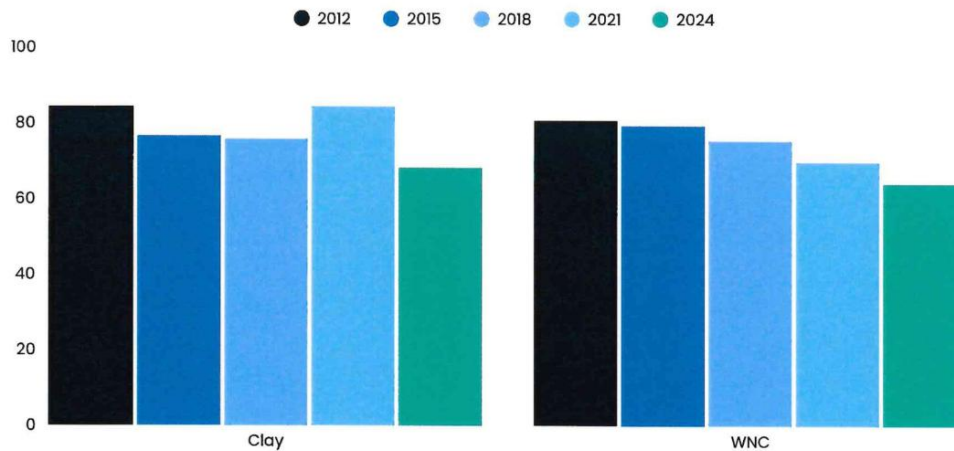
More Than Seven Days of Poor Mental Health in the Past Month (By County)



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



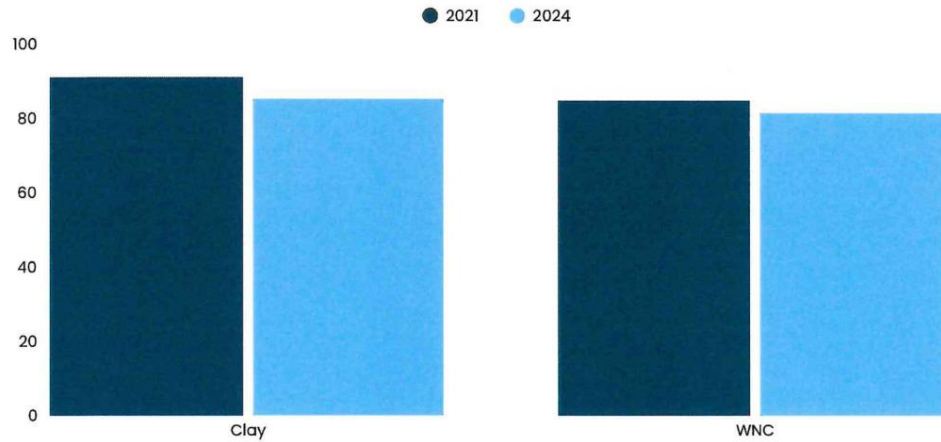
"Always" or "Usually" Get Needed Social/Emotional Support (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 63]
Notes: Asked of all respondents.



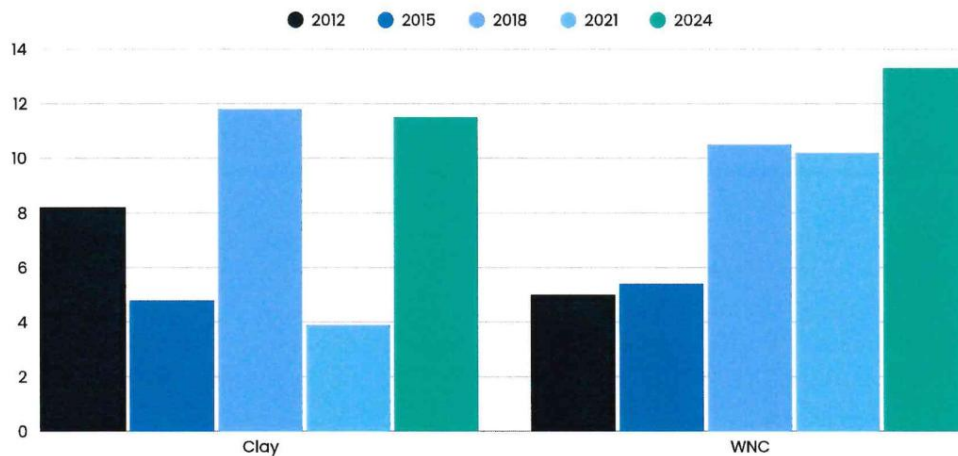
Able to Stay Hopeful in Difficult Times (By County)



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



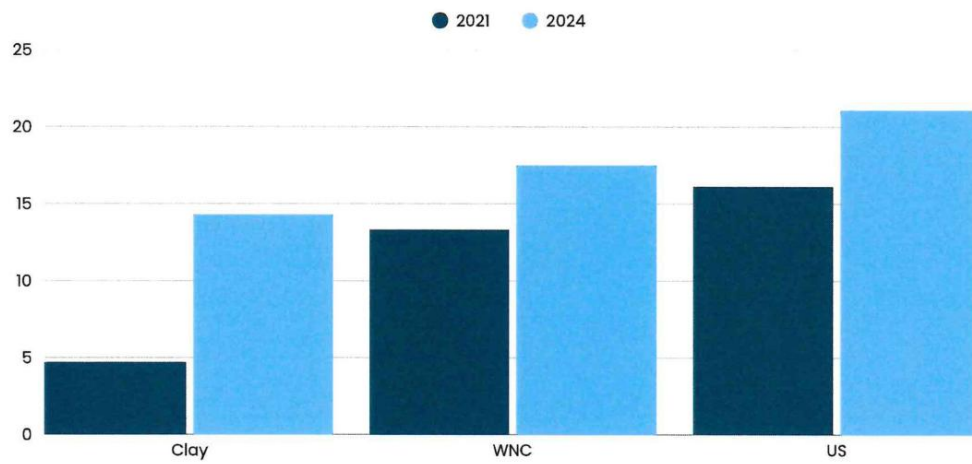
Dissatisfied with Life (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 58]
 Notes: Asked of all respondents.
 Includes "dissatisfied" and "very dissatisfied" responses.



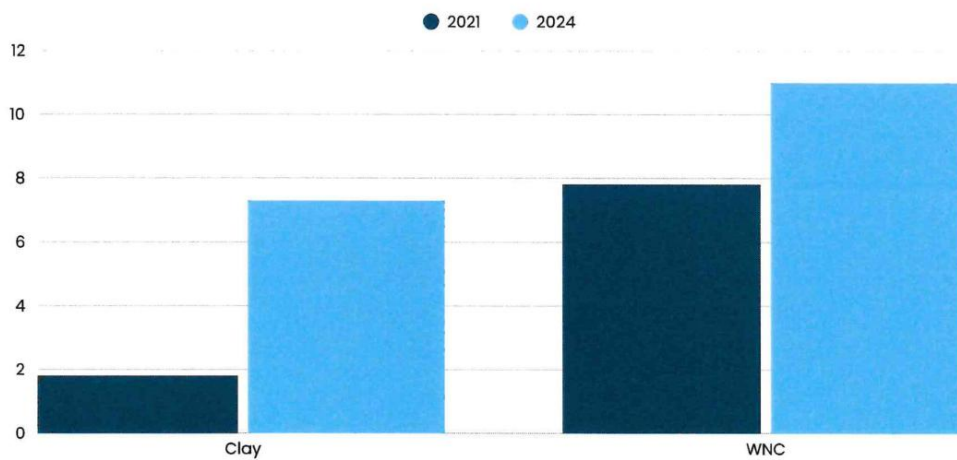
Typical Day is “Extremely/Very Stressful” (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 61]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.



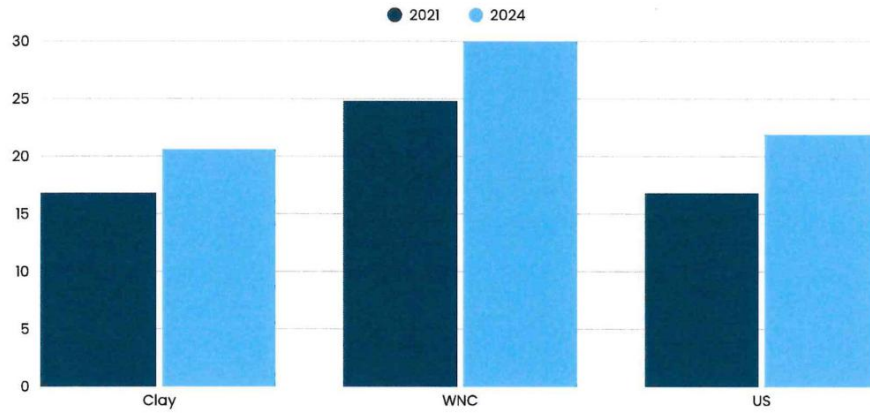
Have Considered Suicide in the Past Year (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 66]
Notes: Asked of all respondents.



Currently Receiving Mental Health Treatment (By County)



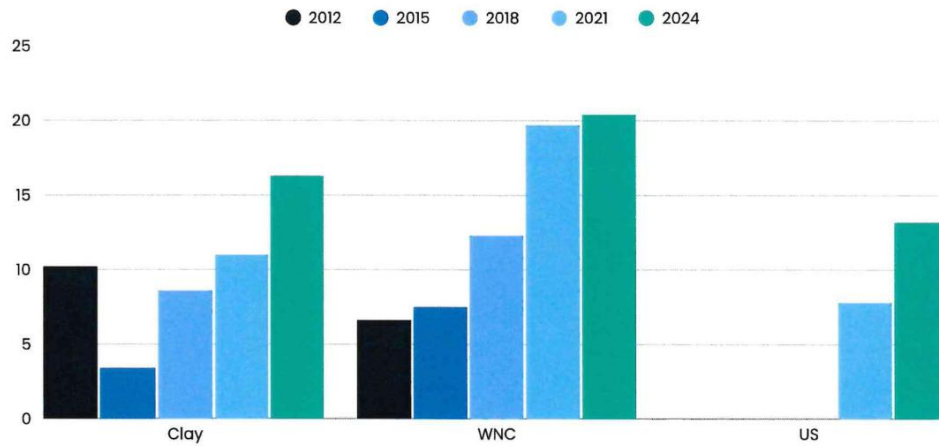
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 69]
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

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



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



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

Notes: Asked of all respondents.



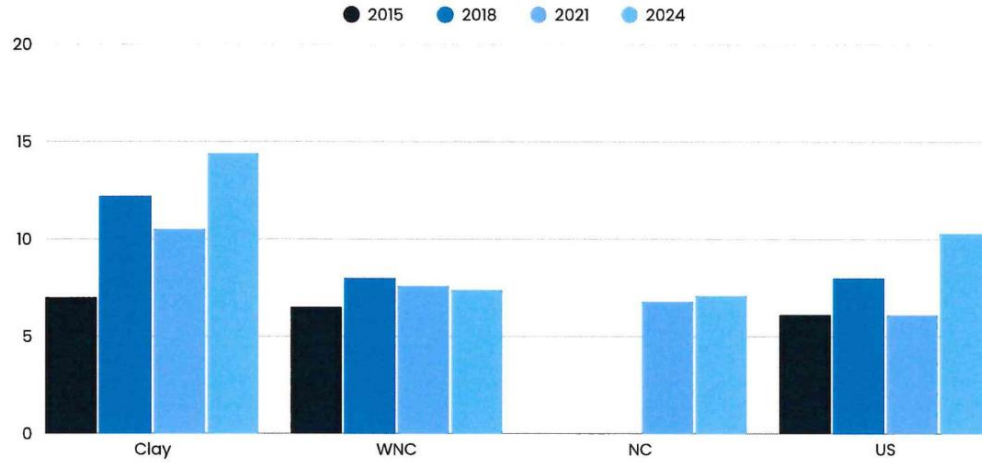
CHRONIC CONDITIONS



CARDIOVASCULAR RISK



Prevalence of Heart Disease (By County)

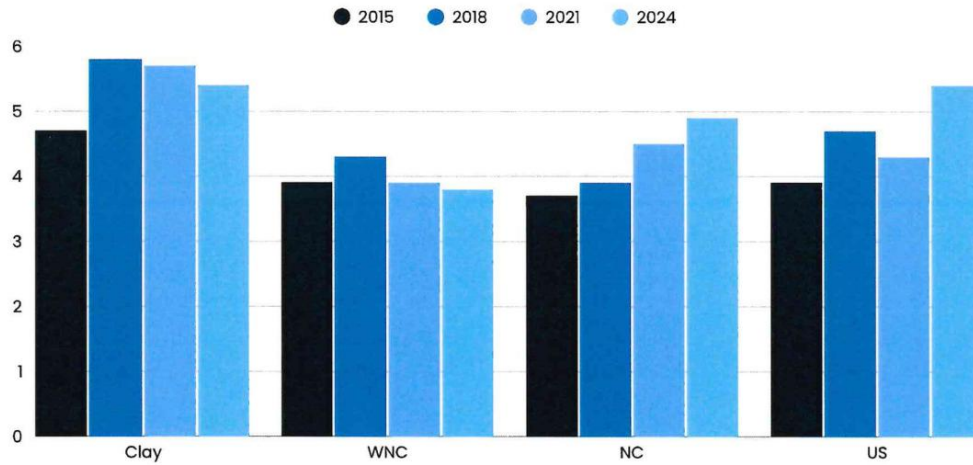


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 12]
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 North Carolina data.
2023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

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



Prevalence of Stroke (By County)



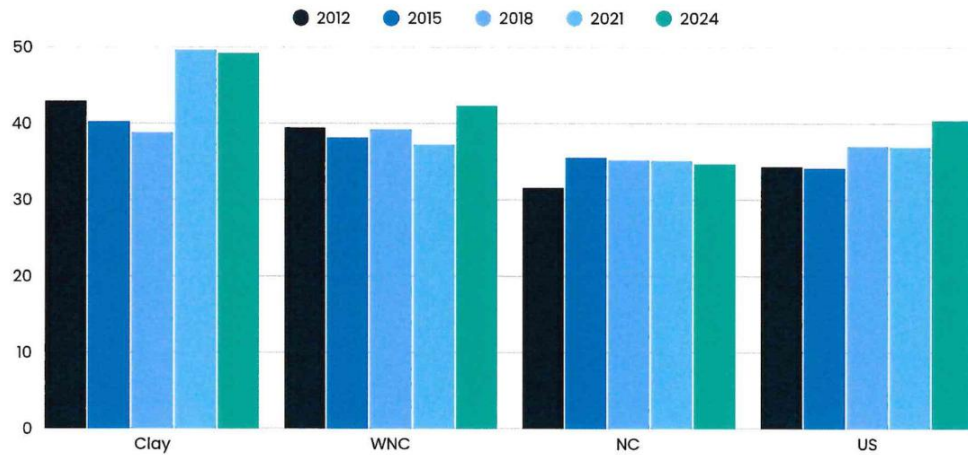
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 13]
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.



Prevalence of High Blood Pressure (By County)

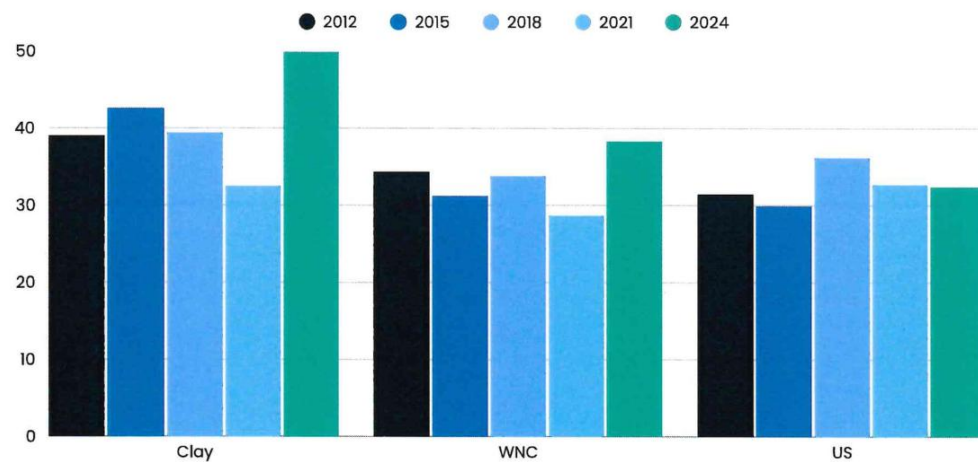
Healthy People 2030 Target = 42.6% or Lower



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.

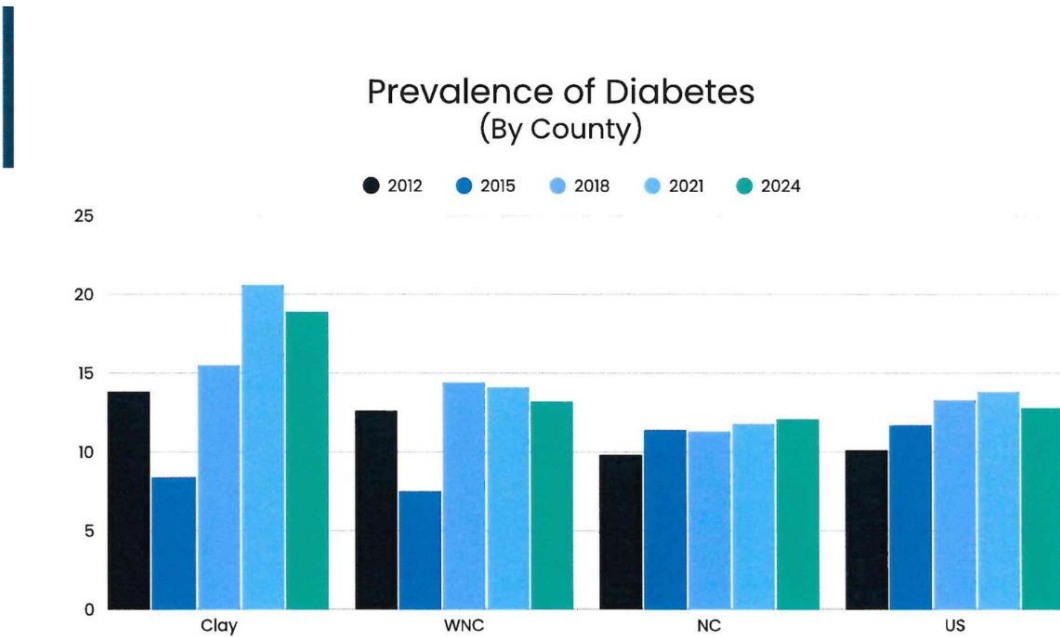


Prevalence of High Blood Cholesterol (By County)



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.

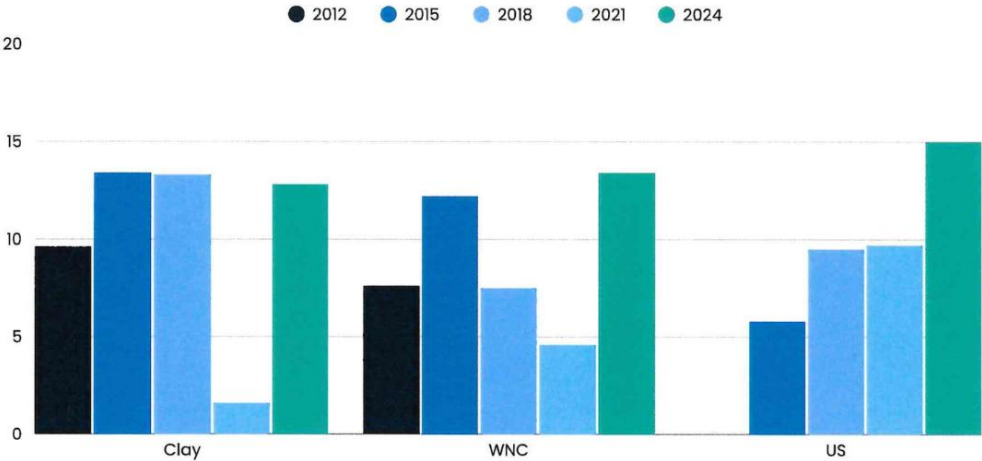




Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 80]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of
Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina
data.
2023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



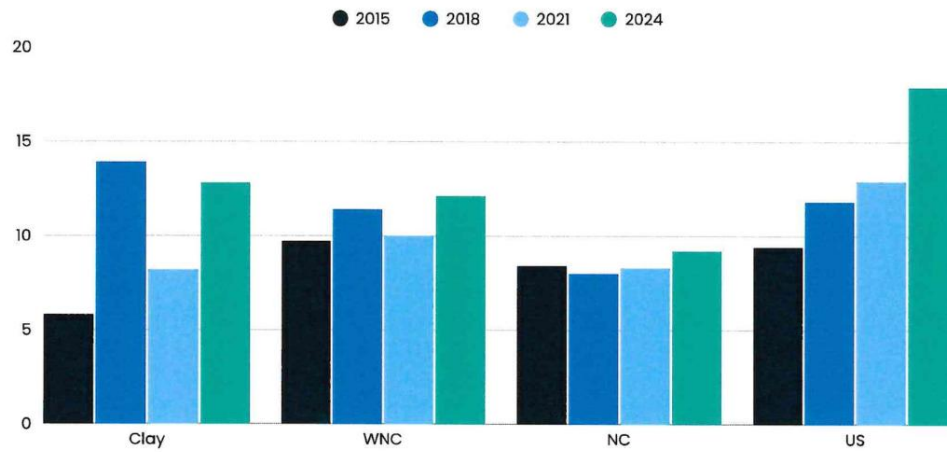
Prevalence of Borderline or Pre-Diabetes (By County)



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.



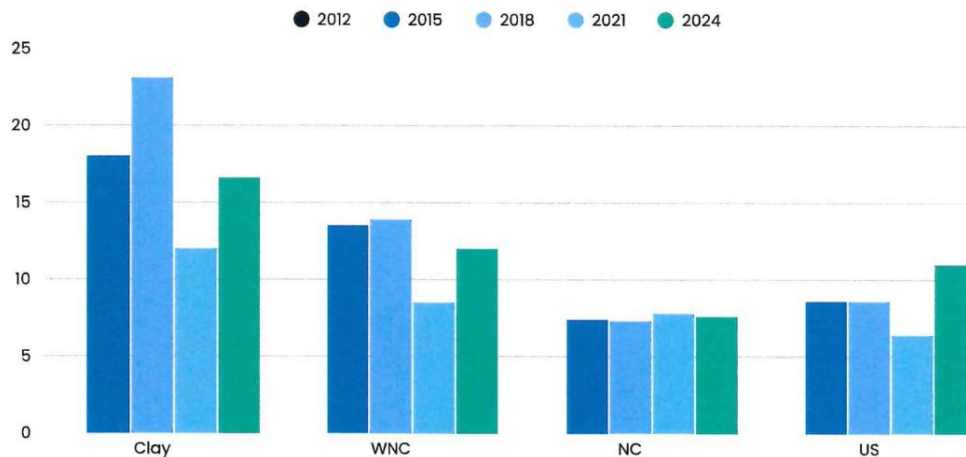
Prevalence of Asthma (By County)



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.



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.



A photograph of a waterfall cascading over rocks in a forest with autumn foliage. The text "MODIFIABLE HEALTH RISKS" is overlaid in white, bold, sans-serif font.

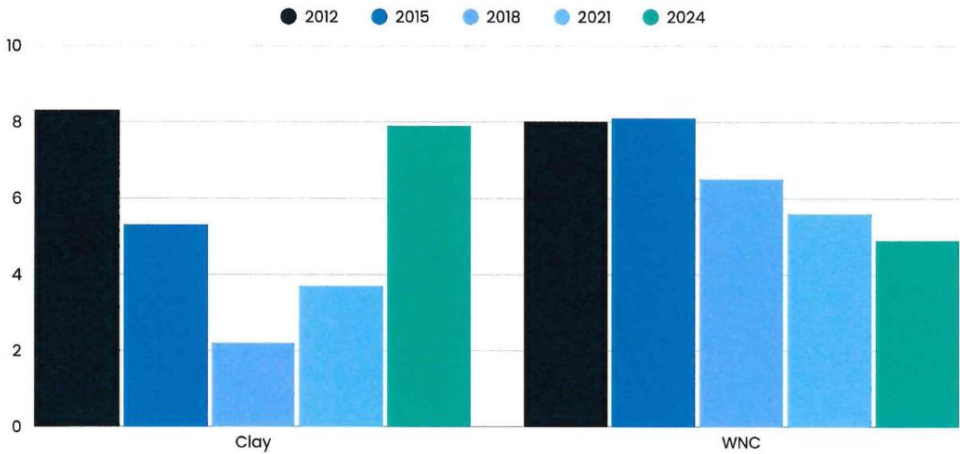
MODIFIABLE HEALTH RISKS

A photograph of a river flowing through a forest with autumn foliage. The text "NUTRITION" is overlaid in white, bold, sans-serif font.

NUTRITION



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

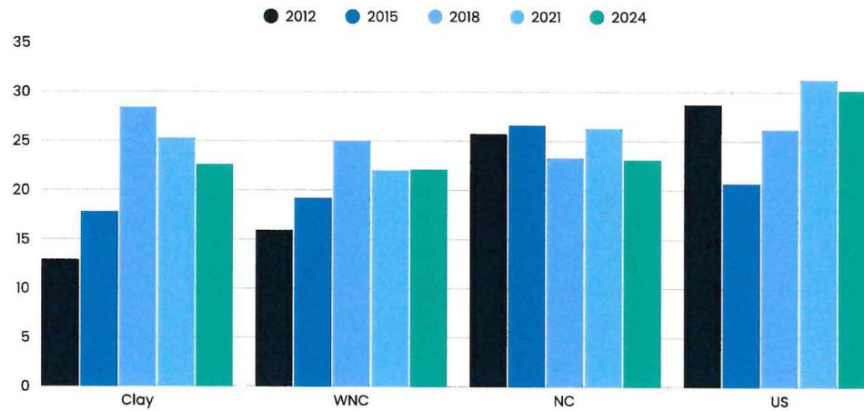


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 81]
Notes: Asked of all respondents.
For this issue, respondents were asked to recall their food intake during the previous week.
Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding potatoes. Surveys before 2021 also excluded lettuce salads.



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

Healthy People 2030 = 21.8% or Lower

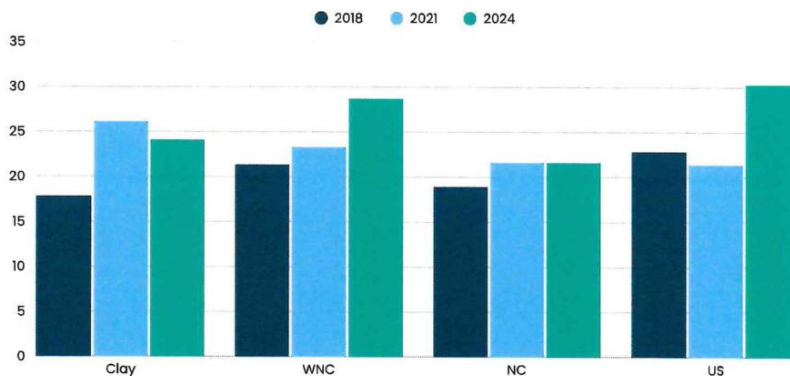


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 49]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023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



Meets Physical Activity Recommendations (By County)

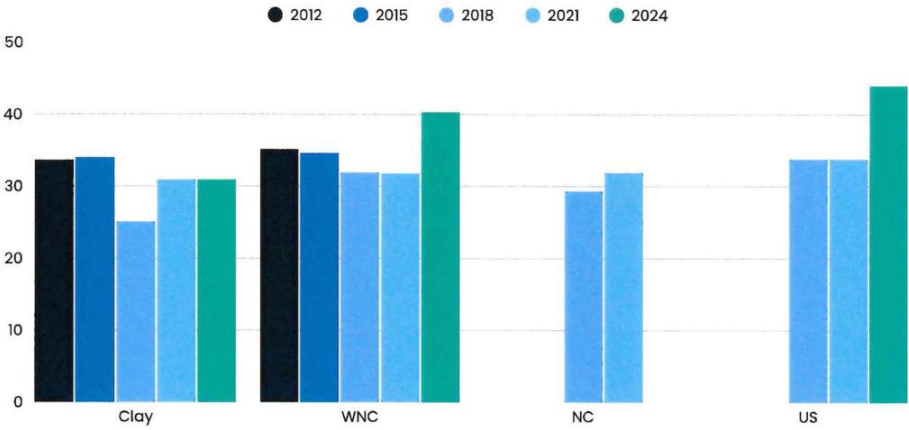
Healthy People 2030 Target = 29.7% or Higher



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.



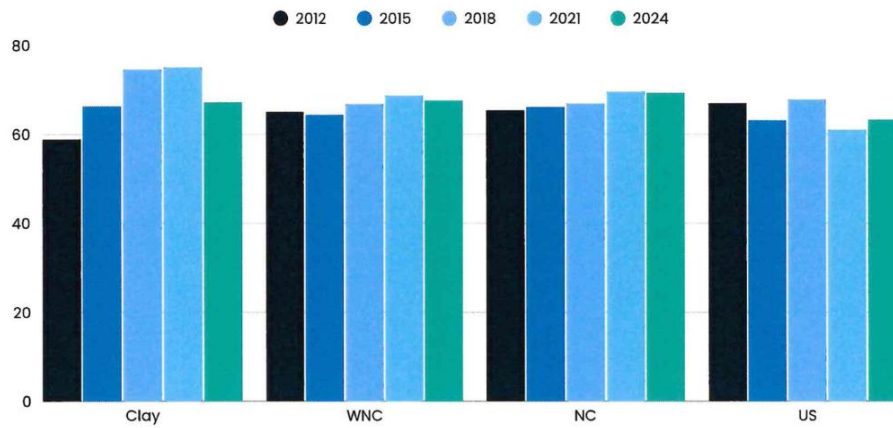
Strengthening Physical Activity (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 56]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.



Prevalence of Total Overweight (Overweight or Obese) (By County)



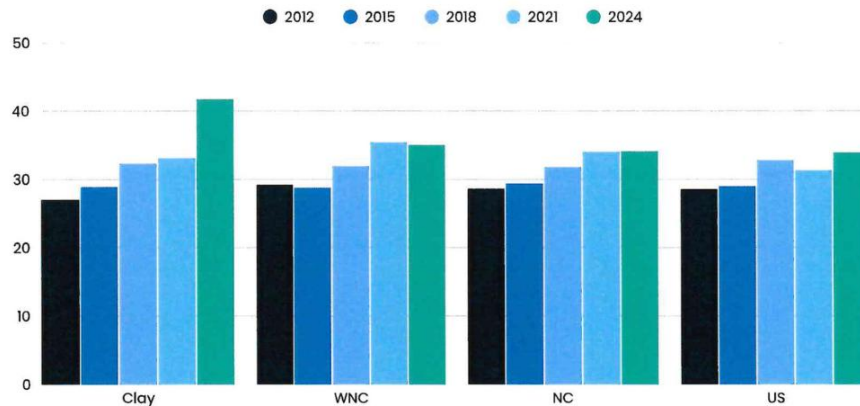
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

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



Prevalence of Obesity (By County)

Healthy People 2030 Target = 36.0% or Lower



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
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>.

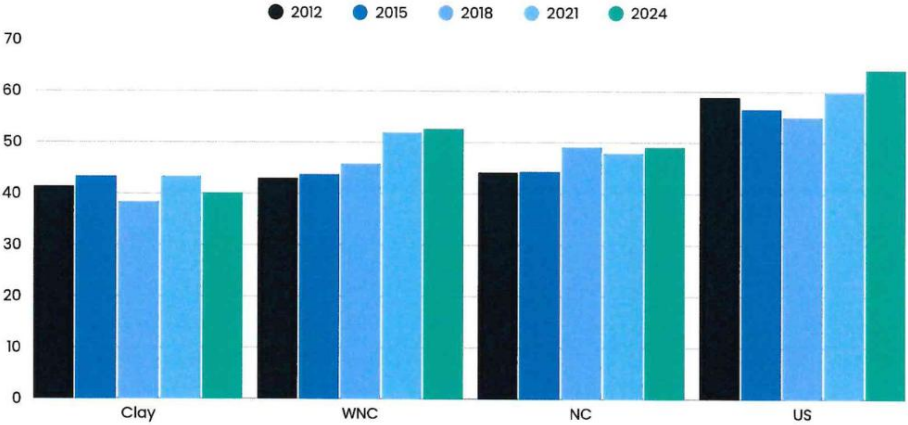
Notes: Based on reported heights and weights; asked of all respondents.
The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



SUBSTANCE USE



Current Drinking (By County)



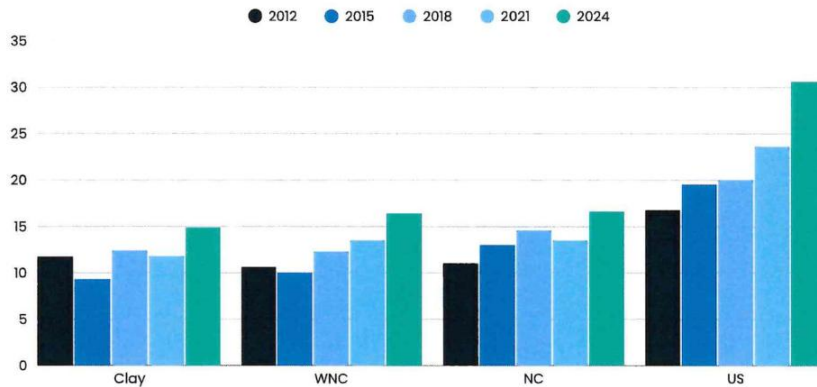
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 338]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Current drinking reflects persons age 18 years and over who had at least one alcoholic drink in the past month.



Binge Drinking (By County)

Healthy People 2030 Target = 25.4% or Lower



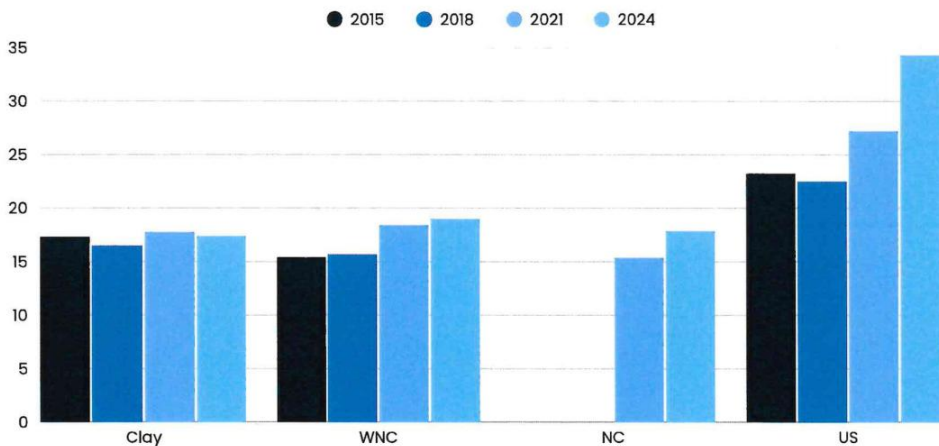
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 337]
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 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.

Binge drinking is defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
Before 2021, survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.



Excessive Drinking (By County)



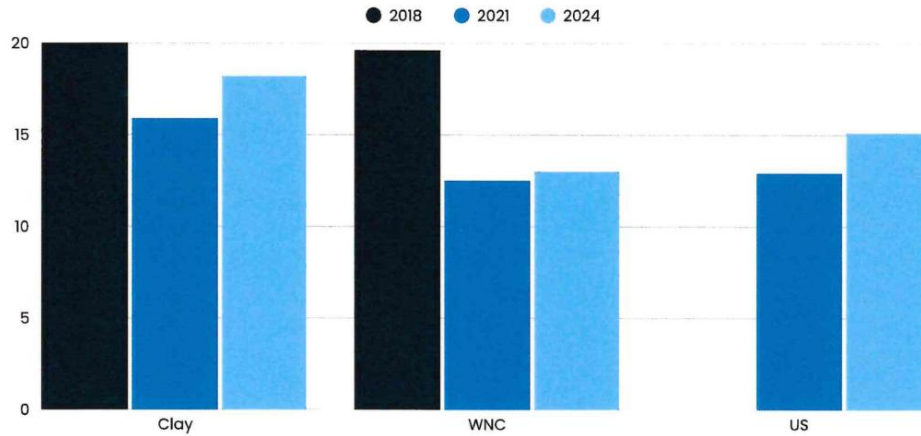
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 85]
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

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



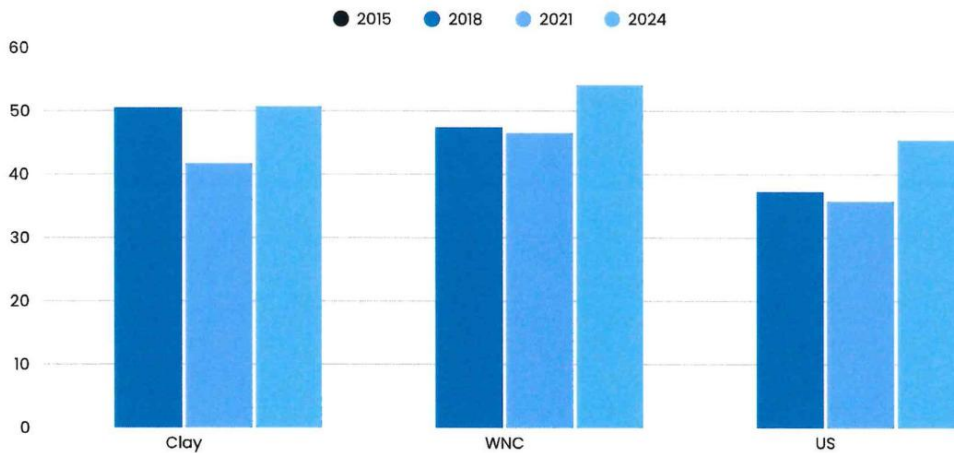
Used a Prescription Opioid in the Past Year, With or Without a Prescription (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 23]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.



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



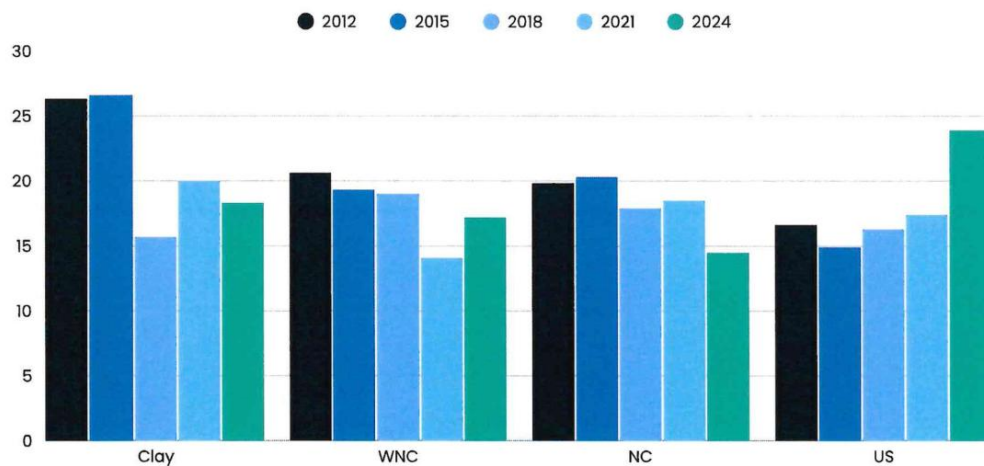
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 24]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.





Currently Smoke Cigarettes (By County)

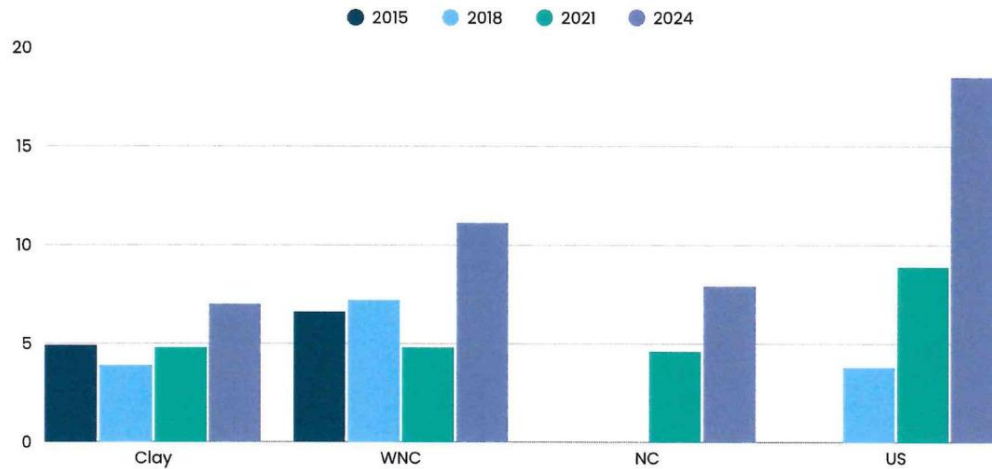
Healthy People 2030 Target = 6.1% or Lower



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.



Currently Use Vaping Products (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 26]
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 those who use vaping products every day or on some days.

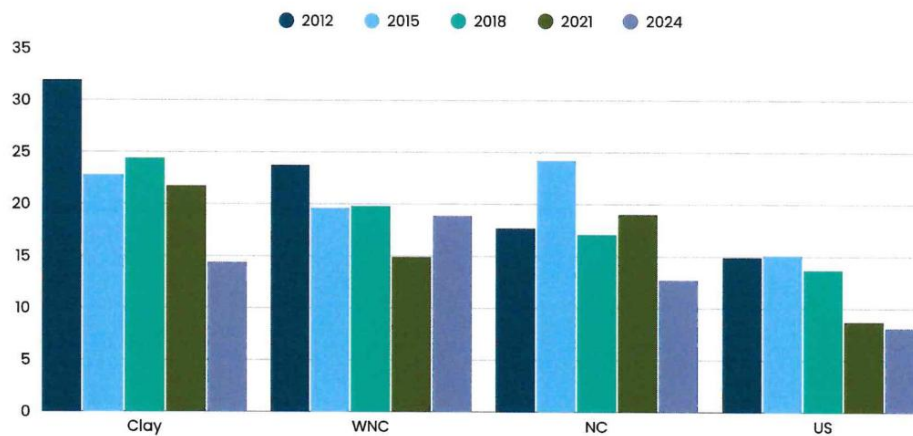


HEALTH INSURANCE COVERAGE



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>.

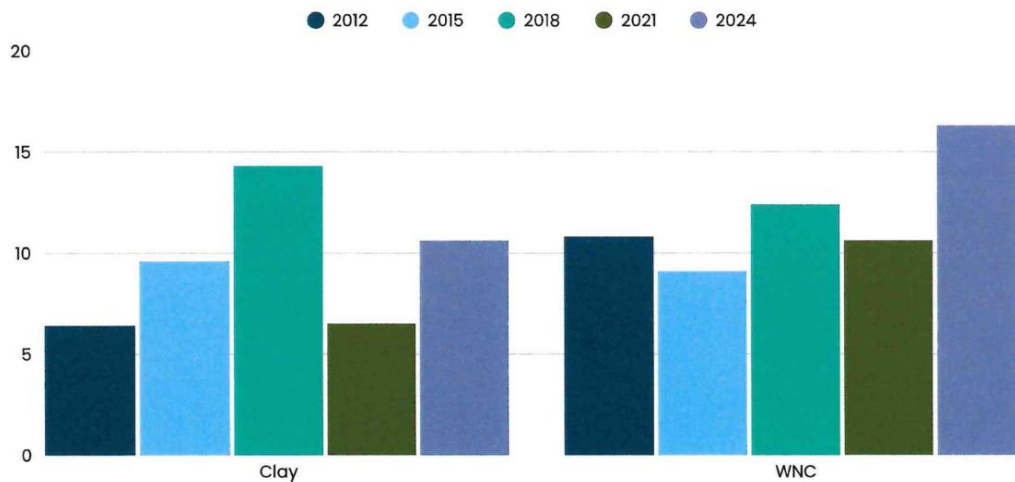
Notes: Reflects all respondents under the age of 65.
 Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).



DIFFICULTIES ACCESSING HEALTH CARE



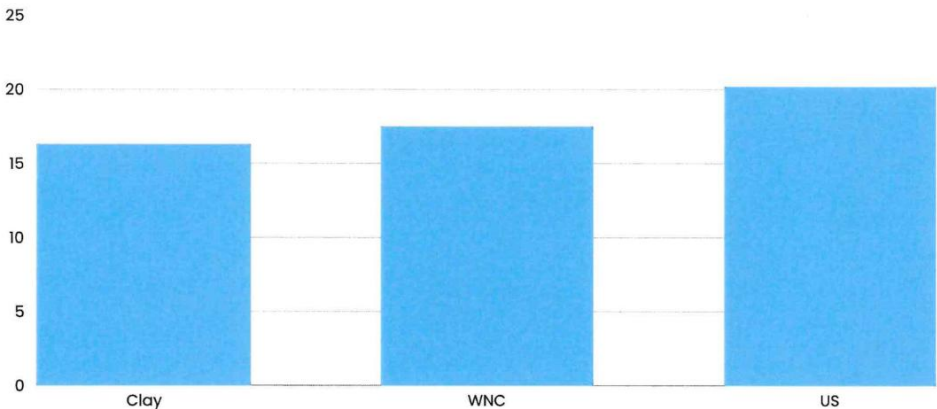
Was Unable to Get Needed Medical Care at Some Point in the Past Year (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 7]
Notes: Asked of all respondents.



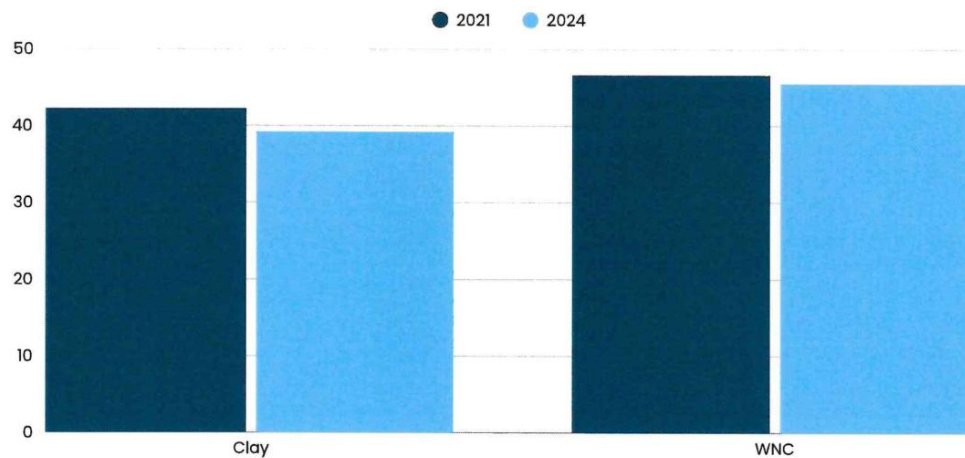
Cost Prevented Getting a Prescription in the Past Year
(By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 9]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.



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



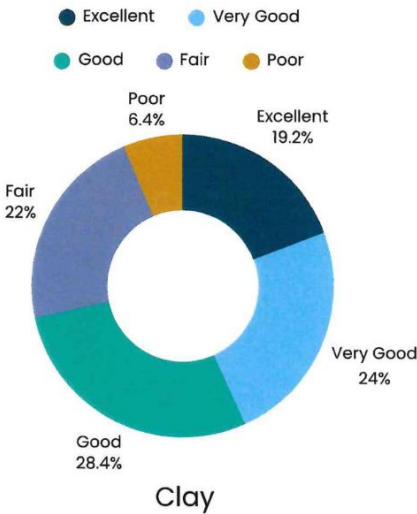
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 10]

Notes: Asked of all respondents.

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



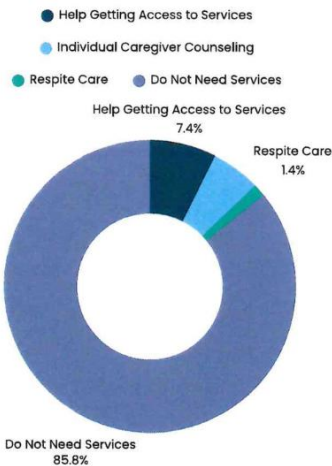
Ratings of Personal/Family Financial Situation
(By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 318]
Notes: Asked of all respondents.
Includes ability to afford adequate food and housing and to pay bills.



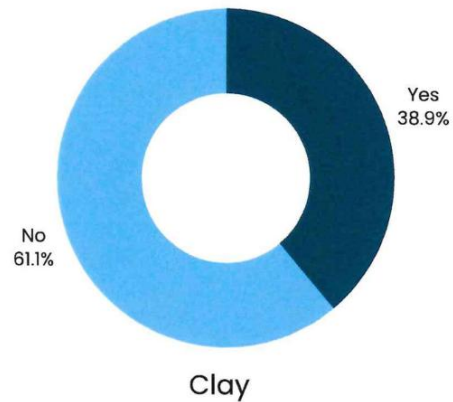
Support Service Most Needed but Not Getting
(Clay County, 2024)



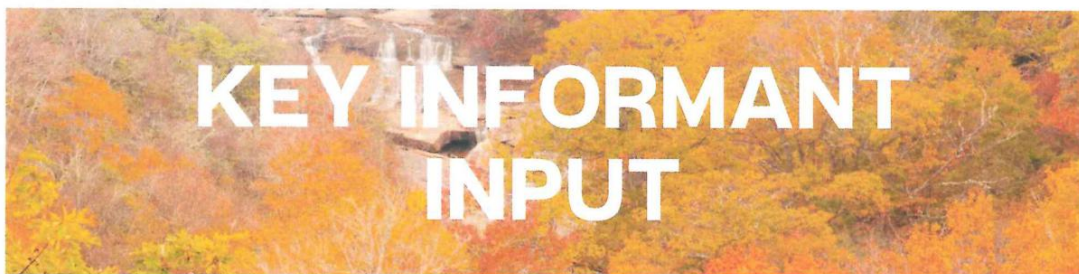
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 332]
Notes: Asked of all respondents.



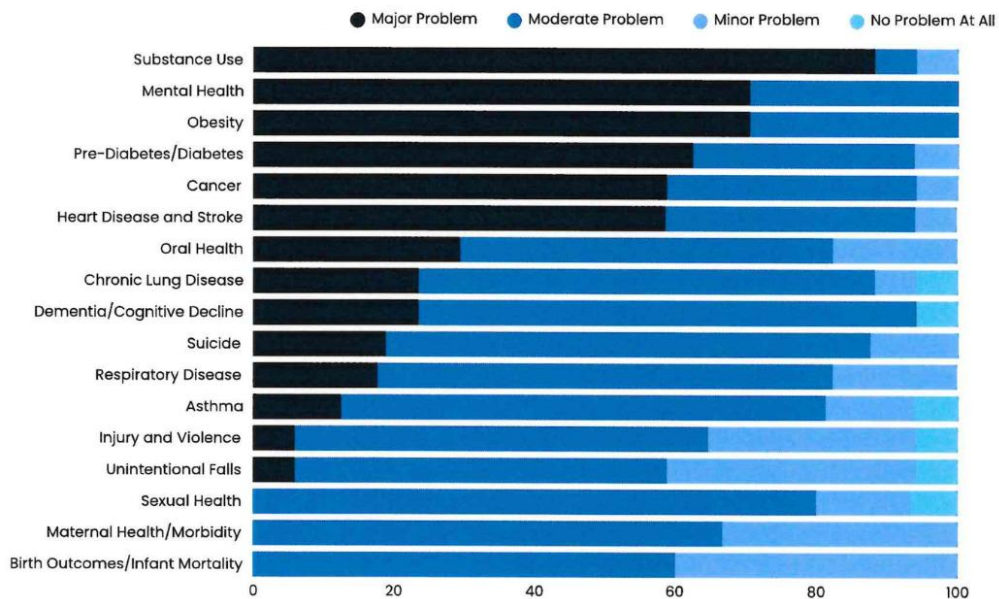
Have Ever Sought Help for Mental/Emotional Health (By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 331]
Notes: Asked of all respondents.



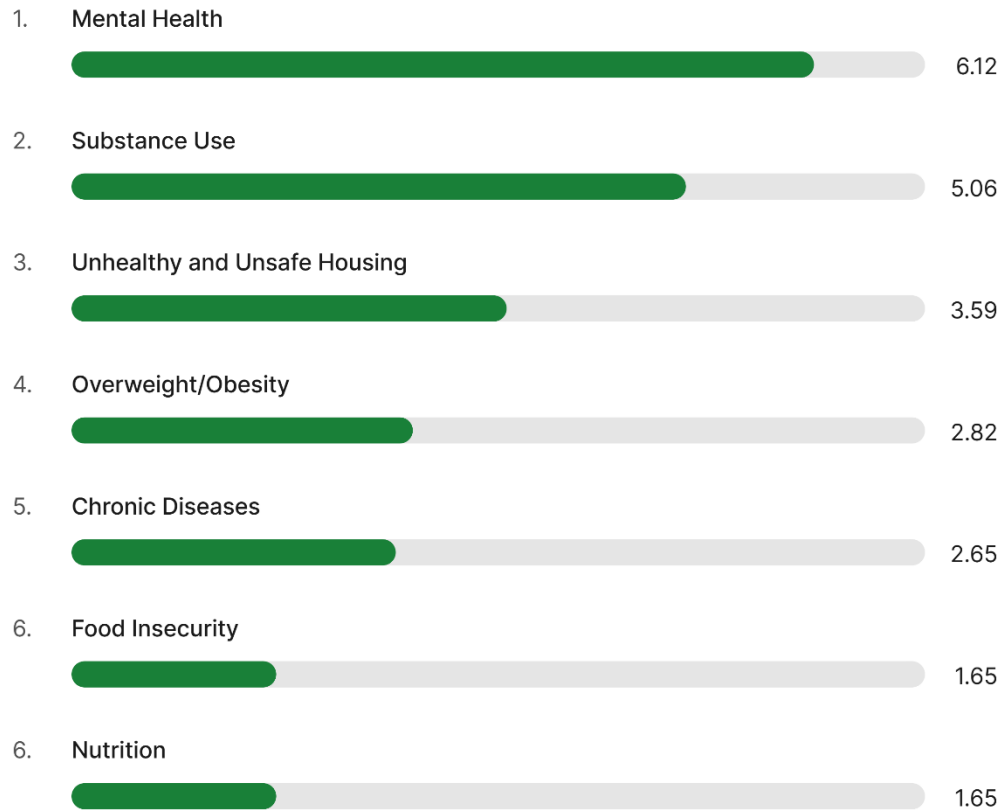
Clay County Key Informants: Relative Position of Health Topics as Problems in the Community





BASED ON THE SURVEY RESULTS, WHICH COMMUNITY ISSUE DO YOU FEEL NEEDS TO BE A PRIORITY?

Ranking Poll 17 votes 17 participants

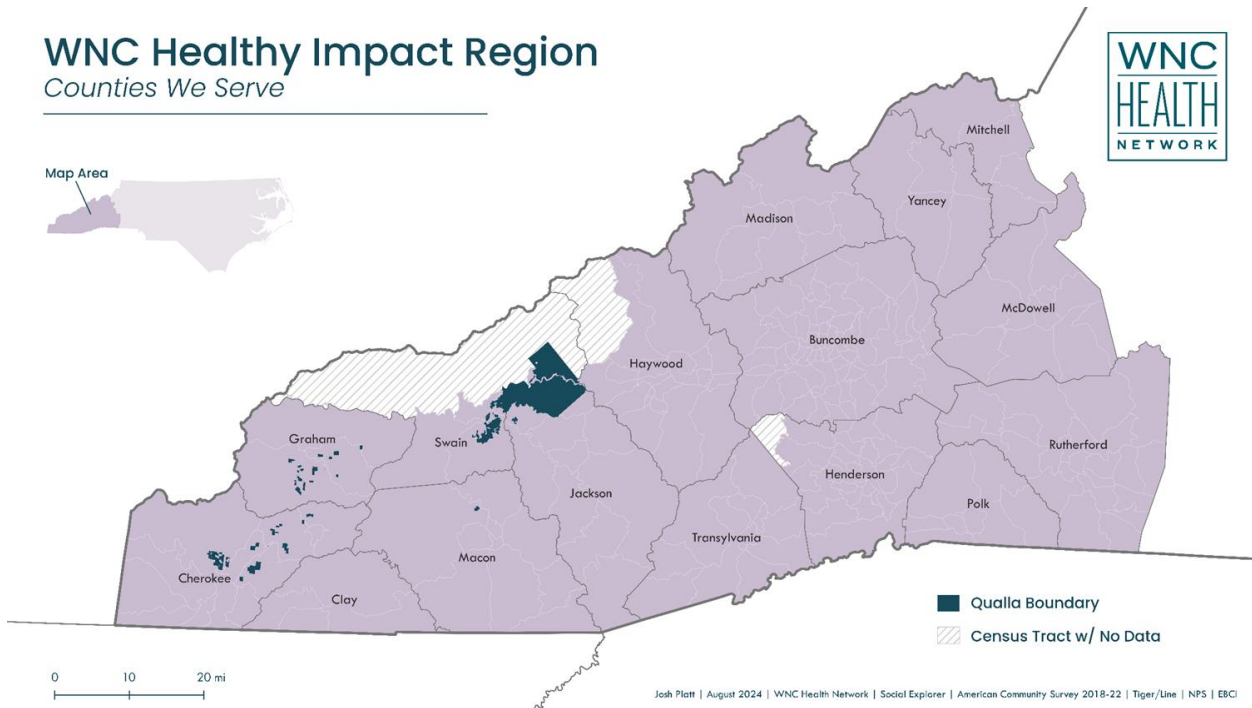


slido

APPENDIX C – County Maps

WNC Healthy Impact Region

Counties We Serve

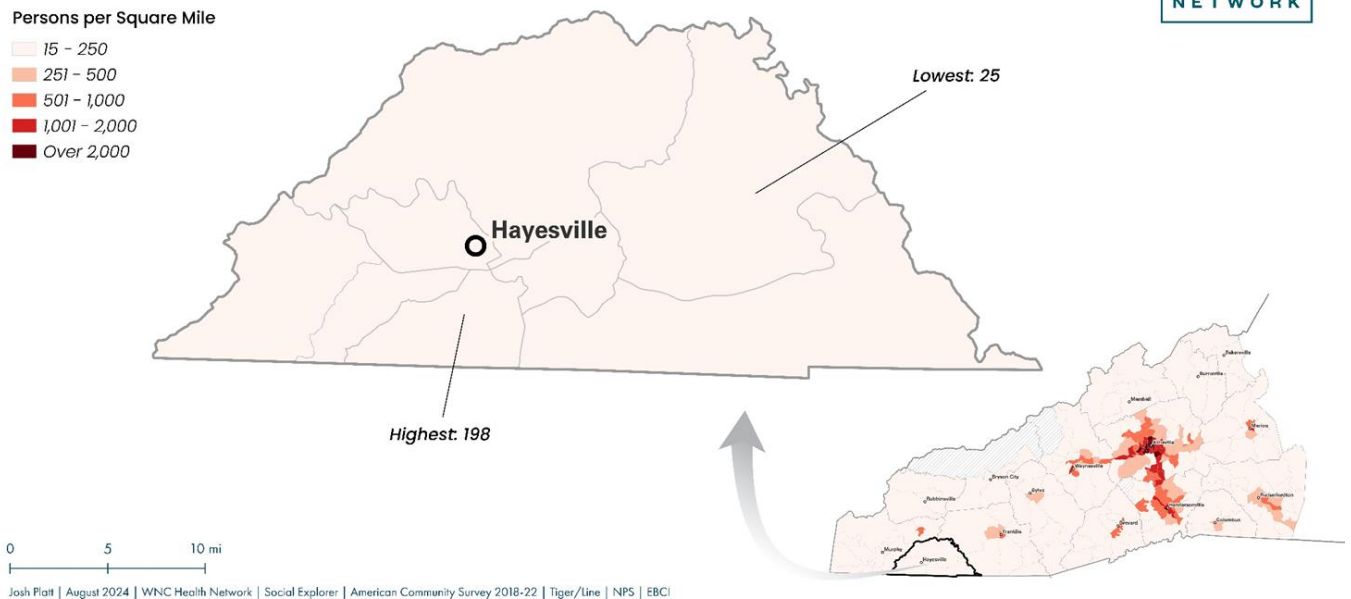


Population Density

Clay County

Persons per Square Mile

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



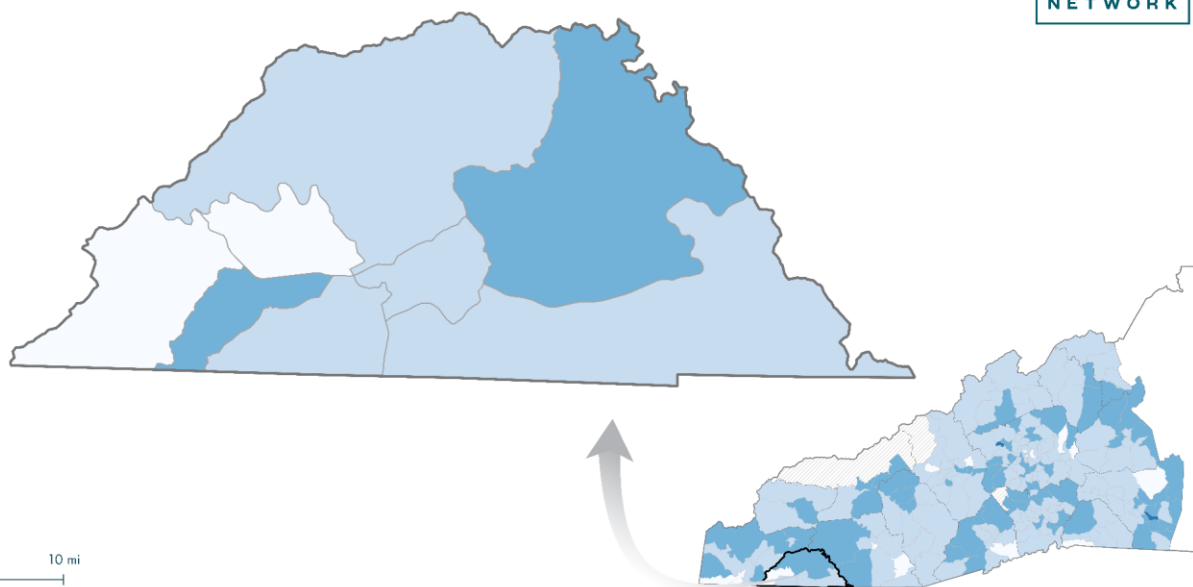
Percentage of Population Under Age 18

Clay County

- 1 - 10%
- 10.1 - 20%
- 20.1 - 30%
- 30.1 - 40%
- Over 40%

0 5 10 mi

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



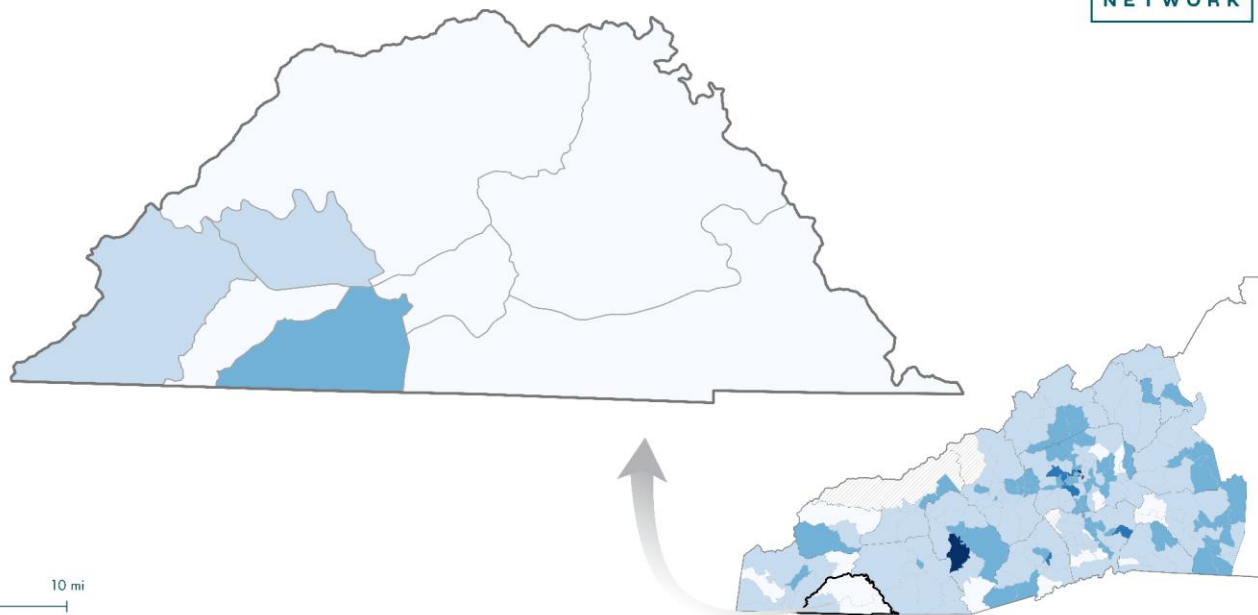
Percentage of Population Ages 18-34

Clay County

- 1 - 10%
- 10.1 - 20%
- 20.1 - 30%
- 30.1 - 40%
- Over 40%

0 5 10 mi

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

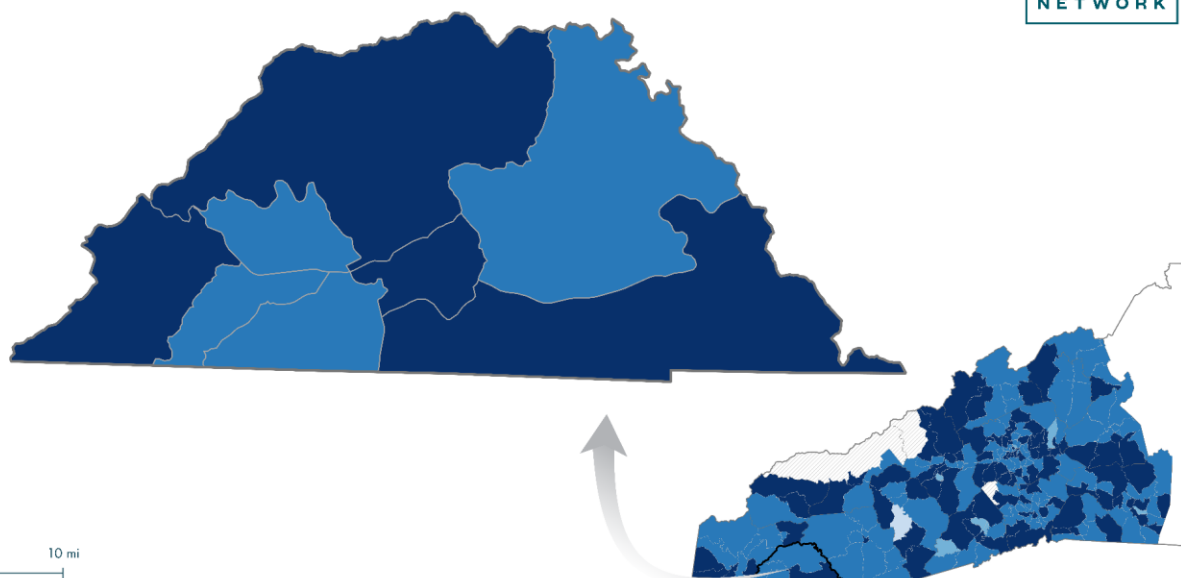


Percentage of Population Ages 35-64

Clay County



- 1 - 10%
- 10.1 - 20%
- 20.1 - 30%
- 30.1 - 40%
- Over 40%



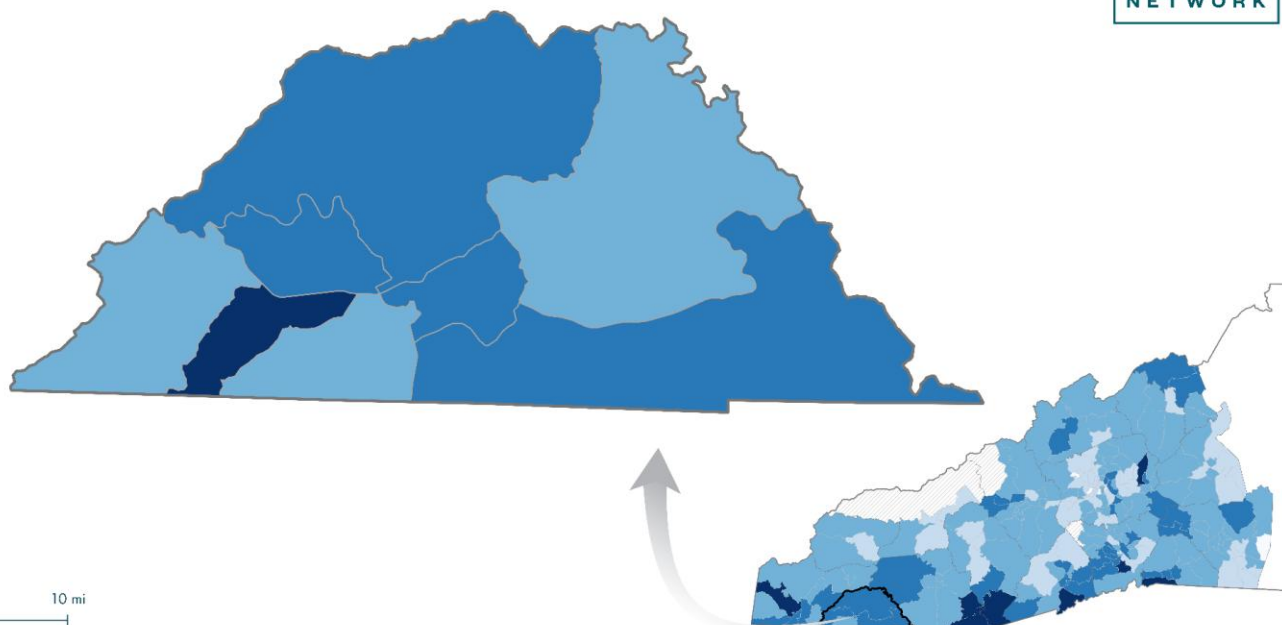
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

Percentage of Population Over Age 65

Clay County



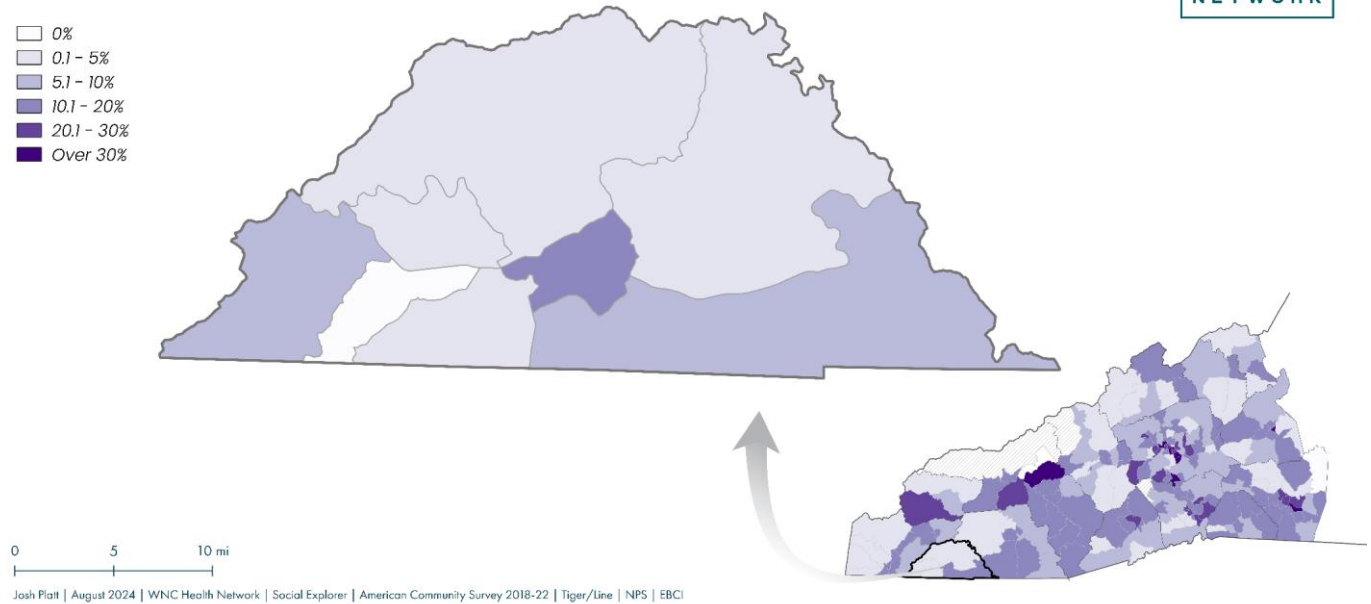
- 1 - 10%
- 10.1 - 20%
- 20.1 - 30%
- 30.1 - 40%
- Over 40%



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

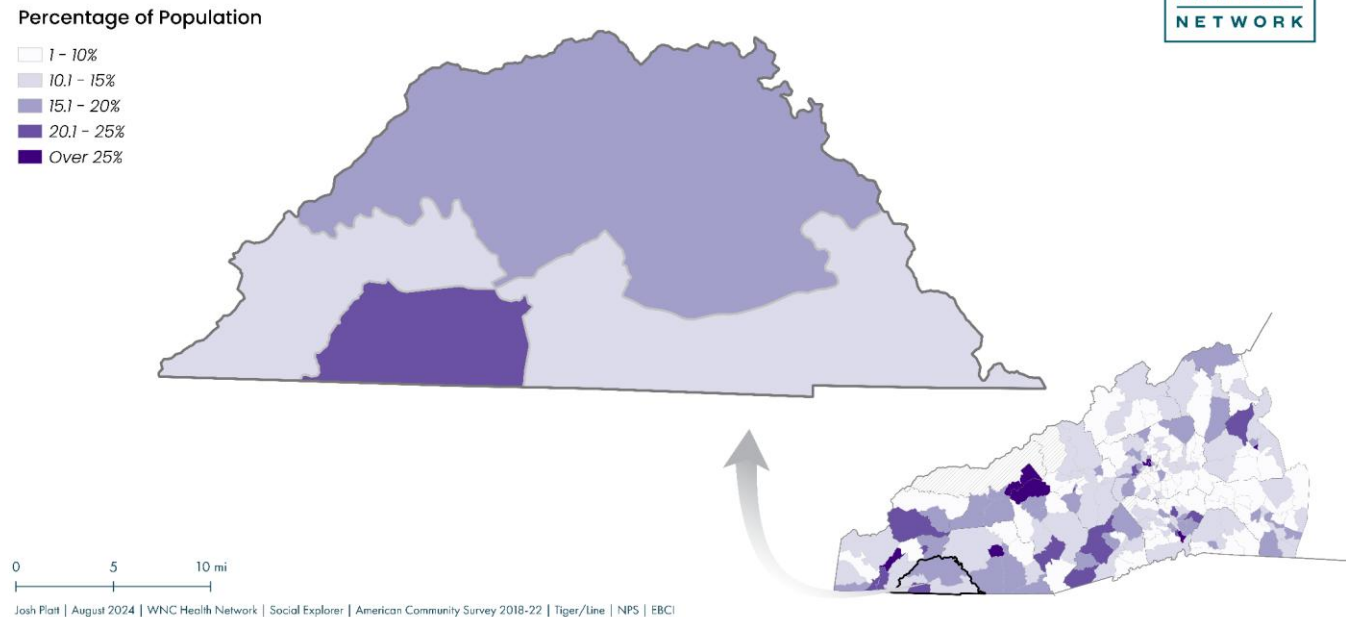
Percentage of Black, Indigenous, & People of Color

Clay County



Individuals Without Health Insurance

Clay County



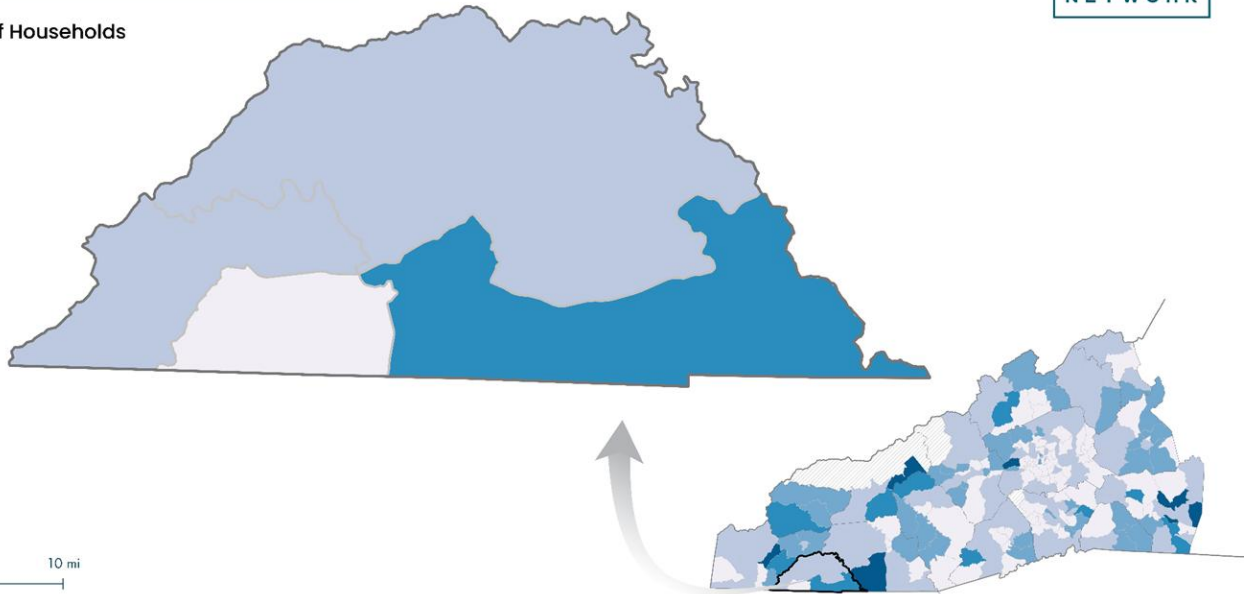
Grandparents as Primary Caregiver to Grandchildren

Clay County



Percentage of Households

- 0%
- 0.1 - 2%
- 2.1 - 4%
- 4.1 - 6%
- Over 6%



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

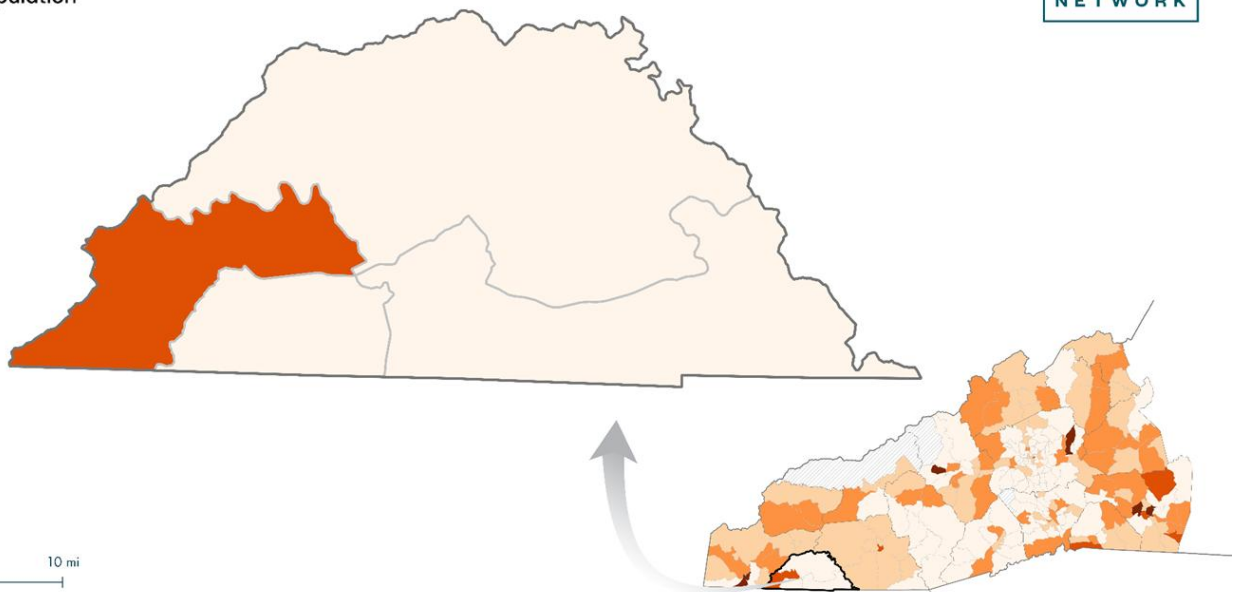
Individuals Living with a Disability

Clay County



Percent of Population

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



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

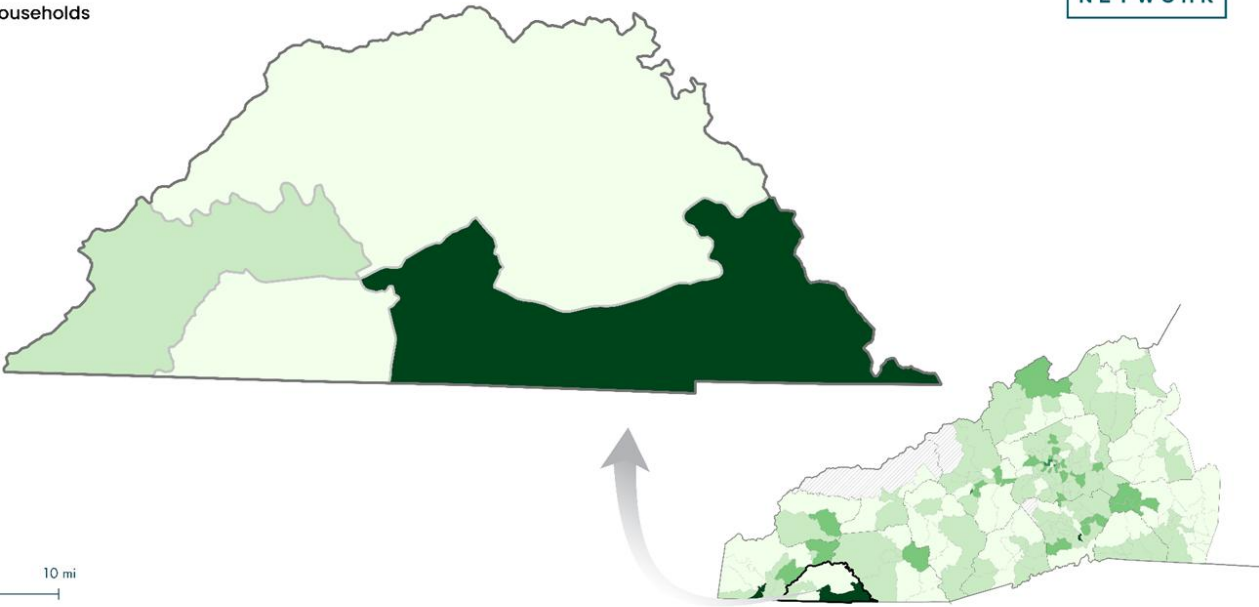
Spending Over 30% on Rent or Mortgage

Clay County



Percentage of Households

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



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

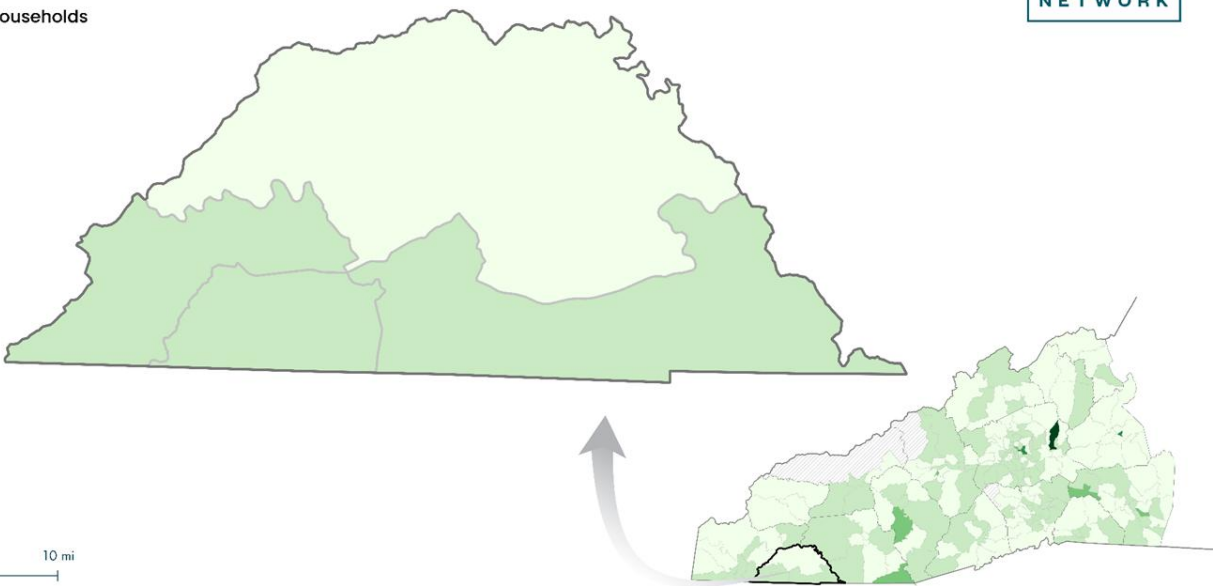
Spending Over 50% on Rent or Mortgage

Clay County



Percentage of Households

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



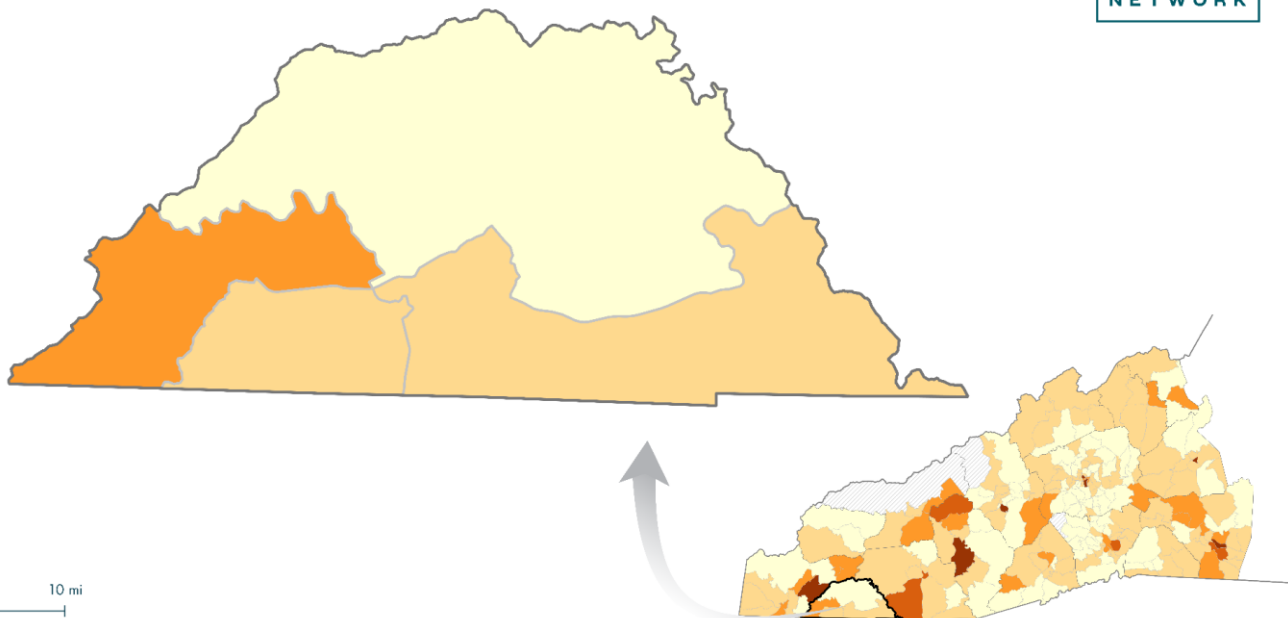
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

Percentage of Population Living in Poverty

Clay County



- 1 - 10%
- 10.1 - 20%
- 20.1 - 25%
- 25.1 - 30%
- Over 30%



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

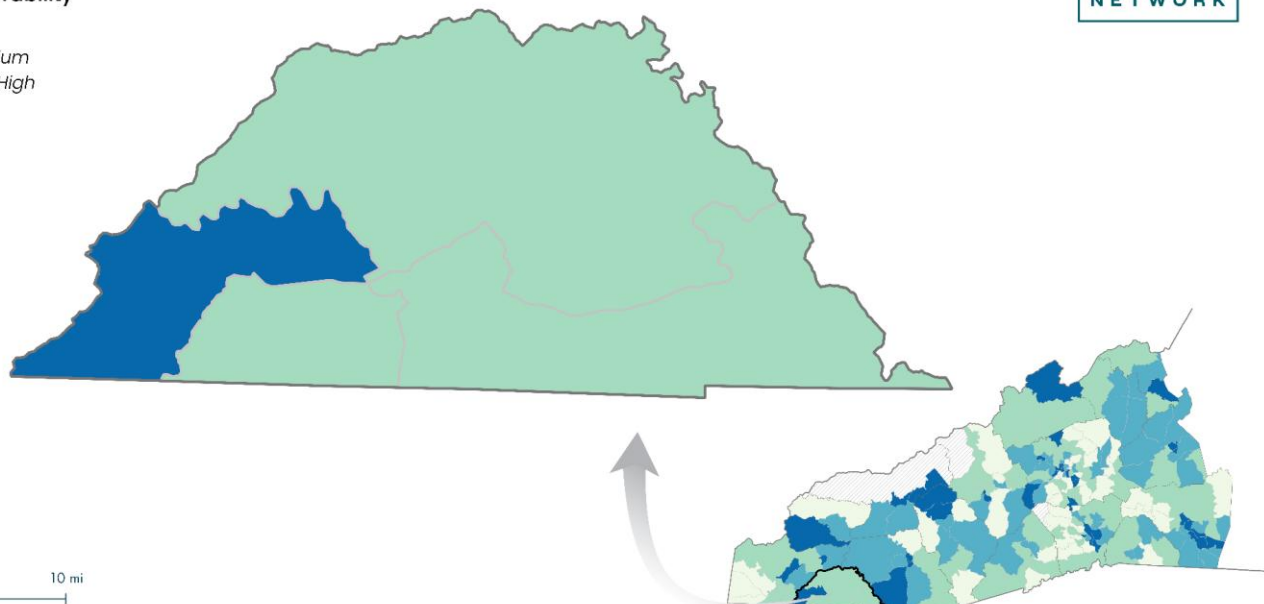
Social Vulnerability Index (SVI)

Clay County



Level of Vulnerability

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



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

APPENDIX D – SURVEY FINDINGS

CHA Local Questions

Clay County Health Department

Steps to Achieve Local Questions

1. Review current questions for 2024 CHA/CHNA. (Everyone will be asked these questions)
2. Review past local questions asked from 2010-2021.
3. Review the local data gaps.
4. Decide upon 3 questions that will be asked during the 2024 cycle of the CHA.

STEP 1

Review current questions for 2024
CHA/CHNA.

3

Core Survey Questions

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

Key:

- Purple Highlight – New or newly modified question in 2024
- "Mod" – Last modified (or in 2024 potential to be modified)
- Grey highlight – Potential modification language
- Yellow Highlight – Questions that might still be modified or replaced (with new topic-specific questions)

4

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included				
		2012	2015	2018	2021	2024
10	Next, I'd like to ask you some general questions about yourself. What is your age?	x	x	x	x	x
11	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x	x	x	x
12	What is your race? Would you say: (American Indian, Alaska Native, Native Hawaiian, Pacific Islander/Asian/Black or African American/White) * (Do Not Read the Latino/Hispanic Code <u>Include/Indigenous?</u>)	x	x	x	x	x Mod
13	Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla Boundary, or an enrolled member of a different federally recognized tribe) (Qualla is pronounced KWAH-lah)	x	x	x Mod	x	x Mod
14	Total Family Household Income	x	x	x	x	x
Questions used for Calculated Measures						
15	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	x	x	x	x	x
16	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	x	x	x	x	x
County Questions						
17	First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is: (Excellent, very good, good, fair or poor)		x	x	x	x
Overall Health						
18	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	x	x	x	x	
Access to Care						
19	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x	x	x	x
20	Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?					x

5

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included				
		2012	2015	2018	2021	2024
21	What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of child care, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x	x	x
22	In the future, how likely would you be to use telemedicine instead of office visits if you needed routine medical care--such as a check-up--got sick or hurt, or needed advice about a health problem? Would you be: (Extremely likely to not at all likely)				x	x Mod
Chronic Disease						
23	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, including Bronchitis, or Emphysema? (Yes/No)		x	x	x	x
24	Has a doctor, nurse or other health professional EVER told you that you had any of the following: (a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)		x	x	x	x
25	(b) A Stroke (Yes/No)		x	x	x	x
26	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		x	x	x	x
27	Do you still have asthma? (Yes/No)		x	x	x	x
28	Have you ever been told by a doctor that you have diabetes? (Yes/No)	x	x	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x	x	x
29	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	x	x	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x	x	x
30	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	x	x	x	x	x

6

2018 WNC Core Survey Question Wording		Survey Year to be Included				
		2012	2015	2018	2021	2024
31	Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse or other health care professional that your blood cholesterol is high? (Yes/No)	x	x	x	x	x
Substance Use						
32	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	x	x	x	x	x
33	The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		x	x	x	x
34	The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. @@During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.) (1 to 30) <i>Include Hard Cider?</i>	x	x	x	x	x Mod
35	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x	x	x	x
36	(If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion? (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during a typical month did you have 4 or more drinks on an occasion? (0 to 30)	x	x	x	x	x
37	(description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?			x	x	x
38	To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:			x	x	x

7

2018 WNC Core Survey Question Wording		Survey Year to be Included				
		2012	2015	2018	2021	2024
Food Security/ Nutrition						
39	Now I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	x	x	x	x	x
40	And, NOT counting potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.	x	x	x	x Mod	x
41	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			x	x	x
42	The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:			x	x	x
Physical Activity						
43	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	x	x	x	x	x
44	What type of physical activity or exercise did you spend the MOST time doing during the past month?			x	x	x
45	How many times per week or per month did you take part in this activity during the past month?			x	x	x
46	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x	x	x
47	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			x	x	x
48	How many times per week or per month did you take part in this activity during the past month?			x	x	x
49	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x	x	x

8

2018 WNC Core Survey Question Wording		Survey Year to be Included				
		2012	2015	2018	2021	2024
50	During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.	x	x	x	x	x
Mental Health						
51	Now I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	x	x	x	x	x
52	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x	x	x	x
53	How often do you have someone you can rely on to help with things like food, transportation, childcare, or other support if needed? Would you say: (Always, Usually, Sometimes, Seldom, or Never)				x	x
54	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	x	x	x	x	x
55	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: Excellent to Poor scale)					x
56	Thinking about the amount of stress in your life, would you say that most days are: (Extremely, Moderately, Not at all stressful)				x	x
57	Please tell me your level of agreement or disagreement with the following statements: I am confident in my ability to manage stress and work through life's difficulties. (Strongly Agree-Strongly Disagree)				x	x Mod
58	I am able to stay hopeful even in difficult times. (Strongly Agree-Strongly Disagree)				x	x Mod

9

2018 WNC Core Survey Question Wording		Survey Year to be Included				
		2012	2015	2018	2021	2024
59	Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time? (Yes/No)	x	x	x	x	x
60	Reason did not receive mental health care/counseling: What is the MAIN reason you did not get mental health care or counseling? (Open-ended)	x	x			x
61	Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of mental or emotional health need? (Yes/No)				x	x
62	[Insert script national suicide prevention hotline information] The next question is about a sensitive topic, and some people may NOT feel comfortable answering. Please keep in mind that you do not have to answer any question you do not want to. Has there been a time in the past 12 months when you thought of taking your own life? (Yes/No)				x	x
Racism and Discrimination						
63	The next questions are about race and ethnicity. Please indicate your level of agreement or disagreement with the following statement: I feel like my community is a welcoming place for people of all races and ethnicities. (Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, Strongly Disagree)				x	x Mod
64	If yes, what was the reason (open-ended)				x	x Mod
65	Over your entire lifetime, how often have you been threatened or harassed because of your race/ ethnicity? (Never, Rarely, Sometimes, Often, Don't know, Refused)				x	x Mod
66	Over your entire lifetime, how often have you been treated unfairly or been discriminated against when getting medical care because of your Race/ Ethnicity? (Never, Rarely, Sometimes, Often, Don't know, Refused)				x	x Mod
67	Over your entire lifetime, how often have you been treated unfairly or been discriminated against at school because of your Race/ Ethnicity? Would you say... (Never, Rarely, Sometimes, Often, Don't know, Confused)				x	x Mod

10

2018 WNC Core Survey Question Wording		Survey Year to be Included				
		2012	2015	2018	2021	2024
68	In the past 12 months, how often have people criticized your accent or the way you speak?: (Never, Rarely, Sometimes, Often, Don't Know, Confused)				x	x Mod
Housing						
69	Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe? (Yes/ No)					x
70	Next, I would like to ask about your living situation. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?: (Yes/No)				x	x
71	How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say: (Always, Usually, Sometimes, Seldom Never)				x	x
73	Has there been a time in the past three years when you've had to live with a friend or relative because of a housing emergency, even if this was only temporary?				x	x
73	Has there been a time in the past three years when you were living on the street, in a car, or in a temporary shelter?				x	x
74	Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement? (Yes/ No)					x

11

Step 2

Review Past Local Questions

In 2012, 2015, 2018, and 2021 these were the community questions that were chosen.

Review Past Local Questions

- 2012

- Do you currently have access to the internet for personal use, either at home, work, or school?
 - Yes/No
- Please tell me your level of agreement or disagreement with the following statement: I believe my county provides the facilities and programs needed for CHILDREN and YOUTH to be physically active throughout the year. Do you:
 - Strongly agree
 - Agree
 - Neither Agree or Disagree
 - Disagree
 - Strongly Disagree
- How would you rate the availability of recreational options available to community residents throughout the year? Would you say:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

13

Review Past Local Questions

- 2015

- Are all dogs, cats, and ferrets that you own as pets up to date on their rabies vaccinations?
 - Yes
 - No
 - Don't have pets
 - Too young
 - Don't know
- I believe it is important for all public places to be 100% tobacco free
 - Strongly agree
 - Agree
 - Neither Agree or Disagree
 - Disagree
 - Strongly Disagree
- Please tell me your level of agreement or disagreement with the following statement: I believe my county provides the facilities and programs needed for CHILDREN and YOUTH to be physically active throughout the year. Do you:
 - Strongly agree
 - Agree
 - Neither Agree or Disagree
 - Disagree
 - Strongly Disagree
- Do you feel existing community resources or services for chronic disease such as diabetes, heart disease, or COPD are:
 - More than sufficient
 - Sufficient
 - Insufficient
 - Not Available

14

Review Past Local Questions

- **2018**

- Do you keep your medicine in a locked place so that no one else can access it?
 - Yes/No
- Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?
 - Yes/No
- Are all dogs, cats, and ferrets that you own as pets up to date on their rabies vaccinations?
 - Yes
 - No
 - Don't have pets
 - Too young
 - Don't know

15

Review Past Local Questions

- **2021**

- Was there a time during the past 12 months when you needed dental care but did not get it?
 - Yes/No
- Do you currently have access to the internet for personal use, either at home, work, or school?
 - Yes/No
- Which one of the following support services do you most need, but are not currently getting:
 - Help in getting access to services
 - Support groups
 - Individual counseling
 - Transportation
 - Classes about giving care to elderly dependents, such as giving medications
 - You don't need any of these support services.

16

Step 3

Review Local Data Gaps

Topics Include:

- Access to Care
- Access to internet
- Dental
- Hep C
- Housing Affordability and Adequacy
- Mental Health
- Resilience/Social Connectedness
- Substance Use
- Support for Caregivers
- Tobacco (Cigars)
- Transportation

Think about each topic listed above. Which questions would you feel would give us more information about our community and their needs? Once you have looked over the questions, please click on the survey monkey link to submitted the three questions that you would like to see on the survey for the upcoming CHA 2024.

17

Access to Care Questions

1. Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?
2. Is there a particular place that you usually go to if you are sick or need advice about your health?
 - What kind of place is it:

18

Access to Internet Questions

1. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?
 - Yes
 - No

19

Community Tolerance/ Racism and Discrimination Questions

1. How would you rate tolerance in your community for people of different RACES or CULTURAL backgrounds? Would you say:
2. How would you rate tolerance in your community for people with different viewpoints or lifestyles? Would you say:
3. BRFSS Reactions to Race Module:
 1. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?
 2. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?
 3. Within the past 30 days. Have you experienced any physical symptoms, for example, headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?
 4. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

20

Dental Questions

1. Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover dental costs?
 1. Part 1 of 2 "Was there a time during the past 12 months when you needed dental care but did not get it? (Yes/No)"
 2. Part 2 of 2 "Would you please tell me why you were NOT able to get dental care?" OR "What was the main reason you did not get this needed dental care?" (open -ended)
2. "What is the MAIN reason you have NOT visited a dentist in the past year?" (open -ended)
3. "How would you rate the ease with which you are able to get the dental care you need? Would you say: (Excellent to Poor)"
4. "Do you or does a family member have dental problems that you can NOT take care of because of a lack of insurance? (Yes/No)" **Note that your core survey doesn't currently ask about dental insurance, so that couldn't be separated out here**.

21

Hep C Questions

1. Except for donating or giving blood, have you ever had your blood tested for Hepatitis C? (Yes/No)

22

Housing Questions

1. Which of the following best describes your living situation? Do you: (own your own home/condo, rent a house, rent an apartment, live in subsidized housing, or live with your parents/other relative)?
2. Overall, how would you rate the availability of affordable housing in your community? (excellent to poor)
3. How supportive do you feel the people in your community are towards affordable housing developments? Would you say (very to not at all supportive)
4. How many times in the past 2 years have you moved? Moving might indicate housing insecurity.
5. To limit your expenses, do you share housing costs with someone other than a spouse or partner?
6. Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? Would you say: (Excellent, Very Good, Good, Fair, or Poor)

23

Mental Health Questions

1. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes? (Yes/ No)
2. Has a doctor, nurse, or other health professional EVER told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (Yes/ No)
3. Have you EVER sought help from a professional for a mental or emotional problem? (Yes/ No)

24

Resilience/ Social Connectedness Questions

1. In general, how connected do you feel to your community? Would you say: (very to not at all connected)

25

Safety Questions

1. And now thinking about your own personal safety, have you been the victim of a VIOLENT crime in your area in the past 5 years?

26

Substance Use Questions

1. During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them?
2. Do you keep your medicine in a locked place so that no one else can access it?

27

Support Services to Caregivers Questions

1. Of the following support services, which one do you MOST need, that you are not currently getting?
[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care. [Interviewer reads option 1-6]
 1. Classes about giving care, such as giving medications
 2. Help in getting access to services
 3. Support groups
 4. Individual counseling to help cope with giving care
 5. Respite care
 6. You don't need any of these support services
 7. Don't Know /Not Sure
 8. Refused

28

Tobacco Questions

1. Do you now smoke cigars "Every Day," "Some Days," or "Not At All"?
2. Do you now smoke cigars, including cigarillos or Black and Milds, "Every Day," "Some Days," or "Not At All"?
3. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?

29

Transportation Questions

1. Overall, would you say that public transportation in your community is: (excellent to poor)
2. If you needed to, do you think you could rely on public transportation to get you to work, appointments, and shopping? (yes/no)
3. What is your primary means of transportation? Would you say: (your own vehicle, a bus or other public transit, another person drives you, biking, walking, or something else)
4. Please tell me your level of agreement or disagreement with the following statement: Public transportation is readily available to me if I need it (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
5. In the past 12 months, has a lack of transportation prevented you from going someplace you wanted or needed to go? (yes/no)
6. Please tell me your level of agreement or disagreement with the following statement: In the past 12 months, a lack of transportation has prevented you from going someplace you wanted to go? (Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)

30

“

Thank you

”

Click the link below to select your questions.

<https://www.surveymonkey.com/r/TXQ7K7V>

Local Questions Selection 2024

ANSWER CHOICES	Was there a time in the past 12 months when you skipped doses or took smaller doses in order to	RESPONSES
make your prescriptions last longer and save costs?		14.29% 2
Is there a particular place that you usually go to if you are sick or need advice about your health?		0. 0
Do you currently have access to the internet for PERSONAL use, either at home, work, or school?		00% 1
How would you rate tolerance in your community for people of different RACES or CULTURAL backgrounds?		7. 0
How would you rate tolerance in your community for people with different viewpoints or lifestyles?		14% 1
BRFSS Reaction to Race Module: (All these questions will be placed together) Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? Within the past 30 days. Have you experienced any physical symptoms, for example, headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?		0. 0 00% 7. 14%
Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover dental costs?		21. 43% 3
Part 1 of 2 "Was there a time during the past 12 months when you needed dental care but did not get it? (Yes/No)" Part 2 of 2 "Would you please tell me why you were NOT able to get dental care?" OR "What was the main reason you did not get this needed dental care?" (open-ended)		00% 28. 57% 4
What is the MAIN reason you have NOT visited a dentist in the past year?		
How would you rate the ease with which you are able to get the dental care you need?		21. 3
Do you or does a family member have dental problems that you can NOT take care of because of a lack of insurance?		43% 0. 0
Except for donating or giving blood, have you ever had your blood tested for Hepatitis C?		00% 7. 1
Which of the following best describes your living situation? Do you: (own your own home/condo, rent a house, rent an apartment, live in subsidized housing, or live with your parents/other relative)?		14% 7. 1
Overall, how would you rate the availability of affordable housing in your community? (excellent to poor)		14% 0. 0
How supportive do you feel the people in your community are towards affordable housing developments? Would you say (very to not at all supportive)		00% 7. 1
How many times in the past 2 years have you moved? Moving might indicate housing insecurity.		14% 0
To limit your expenses, do you share housing costs with someone other than a spouse or partner?		0. 0
Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? Would you say: (Excellent, Very Good, Good, Fair, or Poor)		0. 00% 00% 0. 00% 0
Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay some times?		42. 6
Has a doctor, nurse, or other health professional EVER told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?		86% 21. 43% 3
Have you EVER sought help from a professional for a mental or emotional problem?		
In general, how connected do you feel to your community?		7. 14% 1
And now thinking about your own personal safety, have you been the victim of a VIOLENT crime in your area in the past 5 years?		35. 5
During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them?		71% 0. 0
		00% 0. 0
		00% 21. 43% 3

Local Questions Selection 2024

Do you keep your medicine in a locked place so that no one else can access it?	0. 00%	0
Of the following support services, which one do you MOST need, that you are not currently getting? 1.Classes about giving care, such as giving medications 2.Help in getting access to services 3.Support groups 4.Individual counseling to help cope with giving care 5.Respite care 6.You don't need any of these support services 7.Don't Know /Not Sure 8. Ref us ed	42. 86%	6
Do you now smoke cigars "Every Day," "Some Days," or "Not At All"?	0.	0
Do you now smoke cigars, including cigarillos or Black and Milds, "Every Day," "Some Days," or "Not At All"?	00%	0
In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?	0.	0
Overall, would you say that public transportation in your community is: (excellent to poor)	00%	
If you needed to, do you think you could rely on public transportation to get you to work, appointments, and shopping? (y es / no)	0.	0
What is your primary means of transportation? Would you say: (your own vehicle, a bus or other public transit, another person drives you, biking, walking, or something else)	00% 00%	0
Please tell me your level of agreement or disagreement with the following statement: Public transportation is readily available to me if I need it (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)	0.	0
In the past 12 months, has a lack of transportation prevented you from going someplace you wanted or needed to go?	0. 00%	0
Please tell me your level of agreement or disagreement with the following statement: In the past 12 months, a lack of transportation has prevented you from going someplace you wanted to go? (Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)	7.	1
Total Respondents: 14	14%	0
	0.	
	00%	

APPENDIX E – KEY INFORMANT SURVEY FINDINGS

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METHODOLOGY

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 17 community stakeholders took part in the Online Key Informant Survey, as outlined below:

CLAY COUNTY: ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	2
Other Health Providers	6
Social Services Providers	2
Other Community Leaders	7

Final participation included representatives of the organizations outlined below.

- Clay Co. Schools
- Clay County DSS
- Clay County Health Department
- Clay Schools
- Communities for Schools
- Erlanger
- Four Square
- Matt's Ministry
- Mental Health
- Region A Partnership for Kids
- VAYA Health

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

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



QUALITY OF LIFE

PERCEPTIONS OF LOCAL QUALITY OF LIFE

Key Informant Perceptions of Community Resilience

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

Community-Based Organizations

Relay for Life event. – Social Services Provider (Clay County)

One of the best programs that has been started in Clay County in the past few years is the Community Paramedic Program- I'm thankful to have it in the community. – Community Leader (Clay County)

Collaboration

The collaboration of community agencies and common desire for leaders to support one another. We are willing and able to think creatively. – Social Services Provider (Clay County)

Strong coordination, collaboration and support across agencies and organizations. – Health Care Provider (Clay County)

The way all the community partners work together. – Community Leader (Clay County)

Local Health Departments

Service at the local health department. – Community Leader (Clay County)

Parks and Recreation

The recreation dept presented a survey where individuals of the community could weigh in on needs that they felt that the county had. I was pleased to see different options being available for many kinds of people to be interested in, not strictly ball fields. – Health Care Provider (Clay County)

Community Events

The local events being offered that are allowing people to get out and explore and socialize. – Health Care Provider (Clay County)

Now that monitoring of COVID has become more of a syndrome/surveillance, there has been an increase in community participation in events. This is encouraging to see. There has been an increase in community driven outreach events. – Public Health Representative (Clay County)

School System

Working/ volunteering in the Primary School. The level of care and the competence of the teachers and staff are exemplary. – Health Care Provider (Clay County)

Staff Wellness Initiatives at the school; partnership between the school and health department. – Community Leader (Clay County)

Fundraising

Our community coming together to support local families in medical crisis with fundraising to provide financial support. This allowed the families to pay for medical care, take needed time off work to be at the hospital or rehab facilities and travel. Our community is 2 hours away from larger hospitals so this requires families to travel back and forth and that can take a toll emotionally and financially. Our community is really good at coming together to help others when there is a great need. – Health Care Provider (Clay County)

Personal Commitment

I have noticed that several individuals are seeking out care to better their health. – Public Health Representative (Clay County)

Resources for Families and Children

The resources that are provided to help families and children in the county. – Community Leader (Clay County)

Ultrasound Mobile Unit

The mobile unit for ultrasounds and other services for expectant mothers and the professionalism of health care providers. – Community Leader (Clay County)

Key Informant Perceptions of a Healthy Community

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

FIRST MENTION

Access to Quality Care/Services

Adequate services based on community needs that are defined clearly. – Community Leader (Clay County)
The availability of a provider that is needed for whatever reason and the ability to get to your appointment. – Community Leader (Clay County)
Physical health. – Health Care Provider (Clay County)

Access to Affordable/Safe Housing

Affordable housing. – Health Care Provider (Clay County)
Able to meet basic needs of its citizens (housing, education, medical/mental health, workforce). – Social Services Provider (Clay County)
Affordable housing. This has almost become a crisis in our area. – Community Leader (Clay County)

Awareness/Education

Information. – Community Leader (Clay County)

Access to Affordable Care/Services

Access to affordable health care. Also, mental health support. – Health Care Provider (Clay County)

Quality Employment Opportunities

Available jobs. – Community Leader (Clay County)

Community Support

Community support of families known to be in crisis or loss. – Health Care Provider (Clay County)

Positive Social Interaction

Strong social support for children, families and marginalized communities. – Health Care Provider (Clay County)

Healthy Community

A strong, healthy community has all the whole health/whole person components needed for the individuals living there. This includes the availability of physical health programs (activities/programs for all age groups). A strong recreational department that includes a wide variety of low cost/free activities for all ages is an example of this. Also, medical providers/hospital programs that can provide treatment for people of all ages and for a variety of medical conditions including specialized health care providers. – Health Care Provider (Clay County)

Access for Affordable/Quality Child care

Children in safe child care. – Community Leader (Clay County)

Inclusivity

Welcoming and inclusive. – Community Leader (Clay County)

Environmental Health

Environmental health. – Public Health Representative (Clay County)

Lower Obesity Rates

Lower obesity rates. – Public Health Representative (Clay County)

SECOND MENTION

Access to Quality Care/Services

Able to offer opportunities for its citizens to better themselves and live independent lives. – Social Services Provider (Clay County)

Equitable access to quality health services. – Public Health Representative (Clay County)

Easy access to health care and dental. – Health Care Provider (Clay County)

Accessible medical care. – Community Leader (Clay County)

Access to medical care. – Community Leader (Clay County)

Access to Affordable Care/Services

Access to affordable health and behavioral health care. – Health Care Provider (Clay County)

Affordable. – Community Leader (Clay County)

Awareness/Education

Members of the community must know how to access programs and services. – Community Leader (Clay County)

Ability to read the information and understand where to find help. – Community Leader (Clay County)

Access for Affordable/Quality Child care

Access to child care that is affordable. – Health Care Provider (Clay County)

Having affordable child care at the times when needed. – Community Leader (Clay County)

Access to Affordable/Safe Housing

Affordable housing and health care. – Community Leader (Clay County)

More Physical Activity

More individuals who participate in physical activity. – Public Health Representative (Clay County)

Mental Health Services

Mental health. – Health Care Provider (Clay County)

Law Enforcement

A competent and caring law enforcement. – Health Care Provider (Clay County)

Spiritual Health

Spiritual/Mental Health- A variety of Churches and Spiritual programs that are available for all. This includes caring for and serving those less fortunate than you in your community. Also, a wide variety and availability of support groups for people of all ages. Also, a strong mental health program that addresses a variety of mental health and behavioral health needs. – Health Care Provider (Clay County)

THIRD MENTION

Access to Affordable/Safe Housing

Affordable safe housing. – Community Leader (Clay County)

There is adequate housing available for those most in need. – Community Leader (Clay County)

Access to affordable/low-income rental and purchase. – Health Care Provider (Clay County)

Secure housing. – Health Care Provider (Clay County)

Social Health- Access to affordable, safe healthy housing for all, access to affordable nutritious, healthy food especially for low-income populations, children, and the elderly. Supportive family, friends and neighbors in the community who help each other especially in times of crisis. Access to various options of affordable and safe child care that meet families' needs. Access to a safe, quality public school system that is supported by the entire community and provides a variety of options and opportunities for every student regardless of their educational capabilities/goals. And lastly, a strong thriving job market/work force that pays competitive/comparable wages and families can grow and afford to live here and contribute back to their community. – Health Care Provider (Clay County)

Having affordable quality housing. – Community Leader (Clay County)

Collaboration

Family and social supports. – Community Leader (Clay County)

Take care of one another. – Social Services Provider (Clay County)

Access to Affordable Healthy Food

Access to nutritious food throughout the food for children and elders which leads to fewer illnesses, doctor visits, and falls (elders). – Community Leader (Clay County)

Many options for healthy eating. – Health Care Provider (Clay County)

Access to Quality Care/Services

Timely availability to access services. – Community Leader (Clay County)

Quality Employment Opportunities

More job opportunities. – Public Health Representative (Clay County)

Safe Spaces

A clean and safe physical environment. – Public Health Representative (Clay County)

Access to Affordable Care/Services

Cost-effective and open health care facilities. – Community Leader (Clay County)

Competent/Diligent School System

A competent and diligent school system. – Health Care Provider (Clay County)

Community Attitudes

Happiness. – Health Care Provider (Clay County)

SOCIAL DETERMINANTS OF HEALTH

Key Informant Perceptions of Social Determinants of Health & Physical Environment

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

Accessibility of Reproductive Care/Family Planning Services

STRENGTHS

Access to Care/Services

People must travel to the closest facility which is out of state. – Health Care Provider (Clay County)

Health Department Offers These Services

The local health department and medical providers in our community is great for family planning services. They provide excellent care. – Health Care Provider (Clay County)

CHALLENGES

Access to Care/Services

Travel. – Health Care Provider (Clay County)

We only have one option for childbirth and specialized OB/GYN care locally and that is at Union General Hospital which is 2 counties over from Clay County. If our mothers or babies need specialized care or encounter serious medical problems during their pregnancies, they have to travel 2 hours away from home for care. – Health Care Provider (Clay County)

POPULATIONS MOST IMPACTED

Pregnant Women

Pregnant women. – Health Care Provider (Clay County)

The segment of the population that I feel is most impacted is the low income pregnant women and children. Traveling 2 hours away for specialized care can be very difficult for low income families. – Health Care Provider (Clay County)

Adverse Childhood Experiences

STRENGTHS

Community-Based Organizations

Agencies serving the community. – Community Leader (Clay County)

Awareness/Education

Increased awareness and common language. Attempts made to coordinate services for children through school staff (social worker, counselors, teachers, administration). Tight-knit community agencies that attempt to support needs of children and families in the community. – Social Services Provider (Clay County)

School System

Collaboration between schools and community organizations; training for educators on how to have trauma informed classrooms. – Community Leader (Clay County)

School system and counselors for children directly experiencing trauma and those affected by traumatized parents. – Health Care Provider (Clay County)

Health Department

Local Health department and school nurses. – Community Leader (Clay County)

CHALLENGES

Access to Care/Services

There is a lack of trauma-informed therapy services available in Clay County. There has not been outpatient in-person therapy available for children and adults for periods of years. The mental health providers have difficulty recruiting and retaining therapists. – Social Services Provider (Clay County)

Access to mental health supports outside of school, community/parent's lack of understanding of mental health (stigma). – Community Leader (Clay County)

Alcohol/Drug Use

Parental substance use, neglect. – Community Leader (Clay County)

Lack of Mental Health Providers

Lack of sufficient mental health support. – Health Care Provider (Clay County)

Transportation

Transportation and parental care. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Children

Children. – Social Services Provider (Clay County)

Children. – Community Leader (Clay County)

Children. – Community Leader (Clay County)

Low Income

Low social economic status. – Community Leader (Clay County)

Adults

Adults. – Health Care Provider (Clay County)

Availability of Providers/Sources of Care

STRENGTHS

Community-Based Organizations

Clay County Transportation helps with getting individuals to their doctors appointments. Clay County Health Department helps by providing a sliding scale fee for their patients. – Public Health Representative (Clay County)

Local School System and County Health Departments and Social Services, Church communities, Local Businesses, Rock Bottom Recovery. – Health Care Provider (Clay County)

We have dental clinics, maternal mobile units, a Community Paramedic who does home-check and provides health care to those at high risk to determine if they are safe to remain in their home or if further emergency care is needed. – Community Leader (Clay County)

Hospitals

Hospitals and health experts in neighboring states and counties. – Community Leader (Clay County)

Local Medical Providers/Clinics

Drs. Community services ie health dept social services schools. – Community Leader (Clay County)

Health Department

Local county health department. – Health Care Provider (Clay County)

Community Support

Clay County does have a "close knit" community type of feel. Much of the care provided locally is very, personal. Many providers are from the area or have been practicing here for several years. This makes them a rich resource for their patients, as they know the area and how to navigate through the limited resources we have available. – Public Health Representative (Clay County)

Medicaid Expansion

Medicaid program. – Community Leader (Clay County)

Affordable Housing

Available and affordable access to housing. – Health Care Provider (Clay County)

CHALLENGES

Access to Care/Services

Lack of resources. – Community Leader (Clay County)

Access to care, socioeconomic barriers. – Health Care Provider (Clay County)

Distance and for any trauma-based injuries they have to be flown out because there is no trauma unit nearby. – Community Leader (Clay County)

Lack of Providers

Lack of Providers. – Health Care Provider (Clay County)

Transportation

Transportation and ignorance. – Community Leader (Clay County)

Income/Poverty

High cost. Low inventory. – Health Care Provider (Clay County)

Affordable Care/Services

Clay County has limited resources available for all aspects of health (mental, social, physical, etc.). We do not even have a local hospital to serve our population. For the limited resources we do have available, it is difficult to ensure that all providers/professionals are aware of all of them. Attempts have been made at a collaborative list but, with resources constantly changing, it is difficult to ensure accuracy. – Public Health Representative (Clay County)

Lack of Specialists

The lack of specialty providers within the area. – Public Health Representative (Clay County)

POPULATIONS MOST IMPACTED

Older Adults

I think older adults are impacted the most. – Public Health Representative (Clay County)

The elderly and the uninsured. – Community Leader (Clay County)

I feel like the aging population is the ones most affected by this. As we age, the need for health care services increases. Specialty care providers can be several hours away. This is a difficult task for patients with age related limitations. – Public Health Representative (Clay County)

Low Income

Low-income community that has Medicaid. – Health Care Provider (Clay County)

Low income and uninsured individuals who may not qualify for community assistance. – Health Care Provider (Clay County)

Children

Children. – Community Leader (Clay County)

Children. – Community Leader (Clay County)

Children and Older Adults

Older adults and children. – Community Leader (Clay County)

Families

Women and families. – Health Care Provider (Clay County)

Climate Change/Extreme Weather Events

No comments.

Community Safety

No comments.

Early Childhood Education/Child care

STRENGTHS

Access to Quality/Affordable Child Care

Creative efforts were made to keep child care centers open and expand child care center classrooms after the announcement that 3 out of the 4 child care centers that accepted subsidy were closing. There has been a lot of advocacy from within the community with our legislators to address this need. – Social Services Provider (Clay County)

We have a wonderful Pre-K, Head Start program and summer/after-school program for Pre-K through 5th. The local school board in our local community has voted to keep the child care center on campus open for the community at this time. – Health Care Provider (Clay County)

Day care, Head Start, preschool. – Health Care Provider (Clay County)

Affordable, quality access to child care. – Health Care Provider (Clay County)

Child care centers still being open. – Health Care Provider (Clay County)

Community-Based Organizations

Agencies in the community. – Community Leader (Clay County)

School System

School day cares. – Community Leader (Clay County)

Local schools and three preschool programs. – Community Leader (Clay County)

Small schools where all students/families are known; small class sizes; substantial community support. – Community Leader (Clay County)

Doctor's Offices

That we do have local providers for non-trauma/emergency issues, health fairs, and Clay County Health Department communicates with residents about health care opportunities via the website and working with other community partners. – Community Leader (Clay County)

Statistics

There needs to be an accurate method of tracking the number of children that need child care and early childhood education. It is difficult to determine accurately the funding needed without this information. – Community Leader (Clay County)

CHALLENGES

Access/Affordable Child Care

Lack of affordable convenient child care. – Community Leader (Clay County)

*Child care centers struggle to remain open due to many factors: lower market rate reimbursements for children receiving subsidy, workforce shortage (unable to pay child care center staff competitively due to low market rates), *When available, the cost of child care is extremely high*Without child care, many single parents (as well as two-parent households) struggle to maintain employment, which leads to bigger needs. – Social Services Provider (Clay County)

There is very limited space for child care, with only 3 child care centers in our entire community. Many families cannot afford child care because the cost is so high, especially if they do not qualify for subsidy. I feel like many families are forced to have one parent stay home or they rely on other family members (sometimes elderly grandparents) to provide care for their child while they work. – Health Care Provider (Clay County)

Lack of adequate day care options; lack of parental support with education; the lack of importance of education in society; limited local funding to support gaps in state funding. – Community Leader (Clay County)

In this case, the price of child care. – Community Leader (Clay County)

Lack of Funding

Lack of funding from GA, low wages for child care workers. – Health Care Provider (Clay County)

No county dollars are allocated to early childhood services, or if there are the community is not able to know how much. – Community Leader (Clay County)

Affordable Care/Services

- High expense of day care. – Health Care Provider (Clay County)
- Not enough affordable child care centers. – Health Care Provider (Clay County)

Access to Care/Services

- Resources. – Community Leader (Clay County)

Parental Influence

- Parent responsibility and no trauma/emergency child care provider. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Children

- Children. – Health Care Provider (Clay County)
- All incomes and socioeconomic levels of people with children are being affected. – Health Care Provider (Clay County)
- Children. – Community Leader (Clay County)
- Children. – Community Leader (Clay County)
- Children. – Community Leader (Clay County)
- Children and young parents. – Community Leader (Clay County)
- Children. – Community Leader (Clay County)
- Children. – Community Leader (Clay County)

Working Parents

- I feel like the young working families is the most impacted. Those who are trying to work and provide for their families and may not necessarily met the eligibility of subsidy is most impacted. Also the children who do not attend any early child care or Pre-K program are starting school (KG) already somewhat behind their peers who did have the opportunity to attend Pre-K or an early child care program. – Health Care Provider (Clay County)

Families

- Families with small children in the home. – Social Services Provider (Clay County)

Women and Children

- Women and children. – Health Care Provider (Clay County)

Education

STRENGTHS

School System

| Caring teachers who look out for students; community resources. – Community Leader (Clay County)

CHALLENGES

Affordable/Safe Housing

| Hiring can be a challenge due to a lack of affordable housing, therefore, we don't always get the best applicants. Online classes through TCCC for high school students create some barriers with too much screen time and not enough face to face interaction for this age group. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

High School Students

| High school students. – Community Leader (Clay County)

Family/Social Support

STRENGTHS

Community-Based Organizations

| Programs available in the county. – Community Leader (Clay County)

Department of Social Services

| Good programs through DSS and various nonprofits in the county. – Community Leader (Clay County)

CHALLENGES

Denial/Stigma

| Some people may be too proud to ask for help, while others may fall through the gaps by not meeting income guidelines. – Community Leader (Clay County)

Time

| Too much on a family's plate, not enough time, transportation. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Children

| Children. – Community Leader (Clay County)

Children and Older Adults

| Older adults and children. – Community Leader (Clay County)

Healthy Foods

STRENGTHS

Food Banks/Pantries

Adequate funding and resources for those with limited access to health food. Partnerships among those that provide food services. – Community Leader (Clay County)

Farmer's Markets

Local Farms and Farmers Markets. – Health Care Provider (Clay County)

CHALLENGES

Access to Affordable Healthy Food

Cost of the local grocery store. – Health Care Provider (Clay County)

Income/Poverty

Not enough money or resources to obtain. Limited access to convenient stores and food sources. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Low Income

Low income. – Health Care Provider (Clay County)

Older Adults

Older adults. – Community Leader (Clay County)

Healthy Environment

No comments.

Housing

STRENGTHS

Access to Affordable/Safe Housing

Some apartments are being built. – Health Care Provider (Clay County)

Many of our local families have family land or family homes that they are able to live on/in. There are also families who live together in one home such as parents, adult children and grandchildren. I think having this family support is a benefit for our community. – Health Care Provider (Clay County)

Community-Based Organizations

Work closely Four Square – Connie Cagle does a good job tapping into the local resources and knowing homes that are available to rent. – Social Services Provider (Clay County)

Hinton Center Housing Projects. – Health Care Provider (Clay County)

Faith-Based Communities

Churches. Social services Health dept. – Community Leader (Clay County)

Community Leaders

Community partners work together to inform families of potential rentals. – Community Leader (Clay County)

CHALLENGES

Affordable/Safe Housing

There is little or limited affordable rental properties available in our community. Due to housing prices many families can no longer afford to buy a home, buy land, and build a home. There are very little housing options for low-income families as well. – Health Care Provider (Clay County)

Lack of affordable housing or short-term housing. – Health Care Provider (Clay County)

Lack of affordable options to rent. – Health Care Provider (Clay County)

There are not enough affordable homes available for rentals or purchasing. This has a far-reaching effect on the community and its workforce. – Social Services Provider (Clay County)

Affordable Care/Services

Affordability. – Community Leader (Clay County)

Access to Care/Services

Not enough resources. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Low Income

Low income. – Health Care Provider (Clay County)

Low income and even middle income families. Definitely single parents. – Health Care Provider (Clay County)

I think the biggest impact is on lower middle income families because they do not qualify for low income housing (which is also very limited and a problem in our area) and they also cannot afford to buy a home or build a home at the current prices. – Health Care Provider (Clay County)

Everyone

Everyone. – Community Leader (Clay County)

Young Adults

Young people trying to get started (after finishing high school or college), people looking to re-locate. It affects people of all incomes, gender, race, age. – Social Services Provider (Clay County)

Families

Young families/adults. – Community Leader (Clay County)

Income/Employment

STRENGTHS

Food Stamps

- The ability to receive food stamps and other local assistance. – Public Health Representative (Clay County)

CHALLENGES

Employment/Low Wages

- The lack of jobs within the area. – Public Health Representative (Clay County)

POPULATIONS MOST IMPACTED

Adults

- This impacts adults in the age range of 20 to 65 years of age. – Public Health Representative (Clay County)

Intimate Partner Violence

STRENGTHS

Community-Based Organizations

- REACH of Clay County does great work in the community. – Community Leader (Clay County)

Law Enforcement

- Well trained and supportive LEOs, DV agencies, treatment for offenders. – Health Care Provider (Clay County)

CHALLENGES

Denial/Stigma

- Stigma, unresponsive LEOs. – Health Care Provider (Clay County)
- People may fear leaving the abusive situation. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Women and Children

- Women, children. – Community Leader (Clay County)

Pregnant Women

- Pregnant women, children. – Health Care Provider (Clay County)

Physical Activity Opportunities

STRENGTHS

Community-Based Organizations

Clay County Recreation Center helps provide physical activity for all ages. Services are offered at a low price. – Public Health Representative (Clay County)

Gyms/Fitness Centers

Clay County has a local facility in which residents can access to exercise, for a minimal fee. There are also free opportunities, with walking trails at the Rec. ball fields, Jack Rabbit, and Chatuge Dam. There are multiple sports opportunities for children (i.e., soccer, cross country, basketball, softball/baseball, etc.). Gym times have been altered to help meet the needs for those who are still working. – Public Health Representative (Clay County)

CHALLENGES

Built Environment

The indoor exercise facility, located at the Rec Department, is limited in size. Facilitated exercise classes are limited. Limited options for exercise opportunities, for instance individuals who are interested in water aerobics would not have a space to do that in Clay County (as we do not have a public pool). – Public Health Representative (Clay County)

Insufficient Physical Activity

I think the willingness to do physical activity is missing along with struggling to find the time to get it accomplished. – Public Health Representative (Clay County)

POPULATIONS MOST IMPACTED

Everyone

I feel like this issue affects individuals of all ages, but especially the middle age to aging population. Exercise is critical for individuals of all age, and having multiple avenues for opportunity and different exercise options, would be nice. – Public Health Representative (Clay County)

Working Class

Those who are already committed to a 40 hour work week. – Public Health Representative (Clay County)

Public Transport

STRENGTHS

Community-Based Organizations

Clay County Transportation has a wide service area for medical services. – Community Leader (Clay County)

CHALLENGES

Access to Care/Services

CCT does have limitations with hours and days of service. – Community Leader (Clay County)

POPULATIONS MOST IMPACTED

Everyone

All. – Community Leader (Clay County)

Racism/Discrimination

No comments.

Tobacco/Vape-Free Spaces

STRENGTHS

Tobacco Free Policies

There are many facilities and such that have initiated a smoke free policy. The school is committed to educational opportunities and groups/organizations aimed at promoting smoke free health. – Public Health Representative (Clay County)

School System

Awareness within the school/community of the problem. – Health Care Provider (Clay County)

CHALLENGES

Awareness/Education

Lack of education and interventions for the problem. – Health Care Provider (Clay County)

Incidence/Prevalence

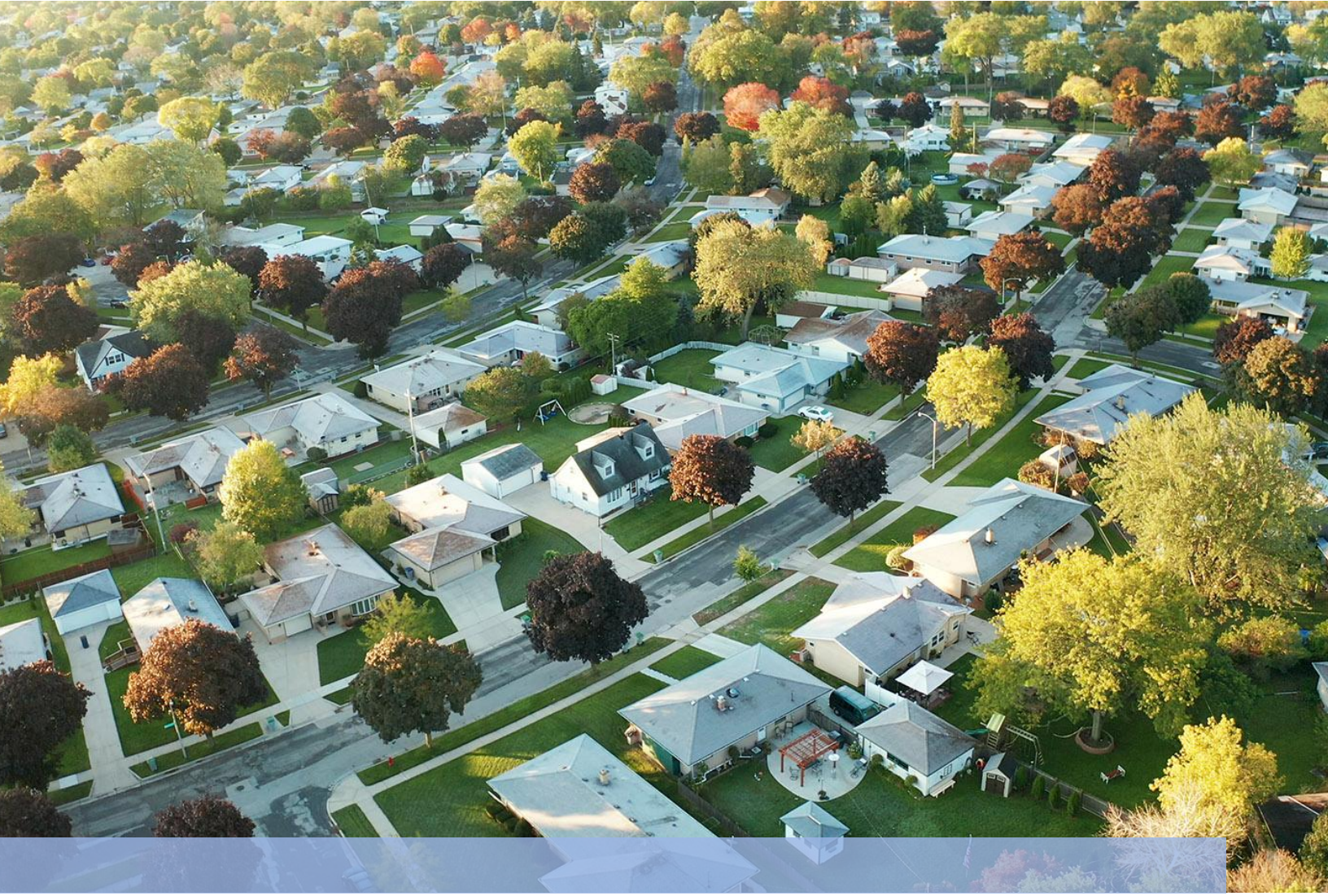
Smoking rates are still high within the county. Vapes are easily accessed by the youth. There has been an increase in youth vaping within the school system. – Public Health Representative (Clay County)

POPULATIONS MOST IMPACTED

Children

I feel that the youth is greatly impacted regarding this issue. – Public Health Representative (Clay County)

12- to 21-year-olds. – Health Care Provider (Clay County)

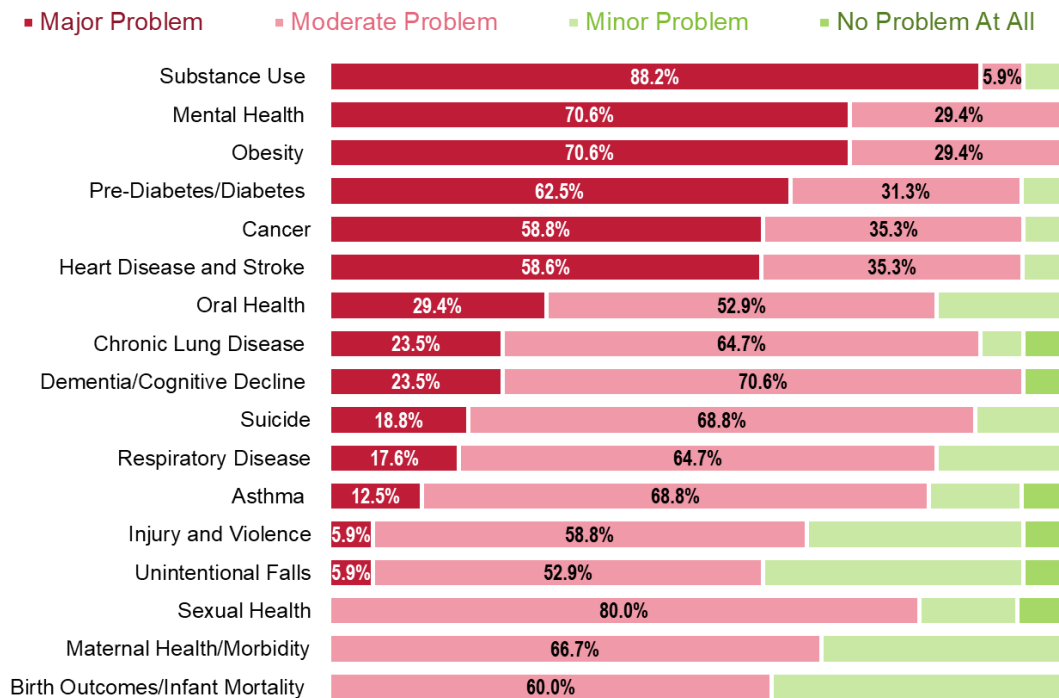


HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

When key informants taking part in the Online Key Informant Survey were asked to rate each of 17 health issues.

Clay County Key Informants: Relative Position of Health Topics as Problems in the Community



SPECIAL TOPICS

For the following, key informants who acknowledged having personal or professional insight, experience, and/or knowledge about youth mental health and/or Medicaid expansion were further asked to outline what they see as going well or currently working (strengths) and what is missing or not helping (challenges).

Key Informant Perceptions of Youth Mental Health

STRENGTHS

Resources Available to Child/Youth

- There are a variety of resources available to children and youth for mental health/addiction/grief. – Health Care Provider (Clay County)
- Supportive youth programs, communities in schools' program, school nurses and counselors. – Community Leader (Clay County)
- Community agencies working together to support student needs (Communities for Students; Clay County Collaborative)
- Increased awareness and knowledge of ACES/trauma and mental health needs why school personnel increased screening in schools for mental health concerns. – Community Leader (Clay County)

Counselors in the School System

- I think having a school counselor available at each school is a great asset to our public-school children. Also having a school social worker who works with specific students and families is also a great asset. The availability of virtual/online mental health services is also a great asset for those who have internet/computer capability. – Health Care Provider (Clay County)

Getting Kids Involved in School/Community

- Getting kids involved in school and community activities. – Health Care Provider (Clay County)

Juvenile Justice

- Experiential programs supporting youth in juvenile justice, at risk youth that also provide treatment resources. – Health Care Provider (Clay County)

Parent Support

- Parent support group pilot through collaboration. – Community Leader (Clay County)

CHALLENGES

Access to Care/Services

- I think what is missing or is not helping with youth mental health is the lack of available local mental health facilities/resources. If our students need inpatient mental health services, there are no facilities available locally and families have to travel anywhere from two to six hours away for these types of services. – Health Care Provider (Clay County)
- Long waiting lists for providers. – Community Leader (Clay County)
- Lack of quality mental health services. – Social Services Provider (Clay County)

Lack of Providers

- Not enough providers specializing in behavioral health for youth. – Health Care Provider (Clay County)
- Lack of providers, a stigma amongst families to feel comfortable enough to ask for services. Also, an abuse of alcohol/drug use. – Community Leader (Clay County)

Awareness/Education

- The above resources are not necessarily well known to parents/teachers. Too often parents are unwilling to take advantage of the above resources. – Health Care Provider (Clay County)

Social Media

| Social media and access to digital technology is not helping. – Health Care Provider (Clay County)

Key Informant Perceptions of Medicaid Expansion

STRENGTHS

More People are Enrolled

| The expansion opened Medicaid up to a younger population in need. – Community Leader (Clay County)
| There is an increase in individuals who are insured, allowing patients to treat medical issues/conditions prior to them becoming critical. – Public Health Representative (Clay County)
| Many agencies are able to help individuals/families promote Medicaid expansion as well as help apply for Medicaid. – Community Leader (Clay County)
| More people have applied or have received Medicaid due to the expansion. – Health Care Provider (Clay County)
| Over 500 people have been enrolled in Medicaid expansion since it began 12/1. – Social Services Provider (Clay County)
| Number of individuals being approved for MXP. – Social Services Provider (Clay County)

Increased Access to Care/Services

| More people are able to access services. – Community Leader (Clay County)

Awareness/Education

| Lots of community education and information is being shared. – Health Care Provider (Clay County)

CHALLENGES

Lack of Providers

| Many in the community are still not linked to Medicaid insurance and we do not have enough medical providers and dentists. – Community Leader (Clay County)
| The increase in insured patients also increases in the demand for services but Clay has limited resources so the strain on the options available can be felt. – Public Health Representative (Clay County)

Awareness/Education

| There are still many who don't understand that the expansion relates to qualifying for Medicaid not the expansion of services so many are still not even checking to see if they qualify. – Community Leader (Clay County)

Lack of Medicaid Acceptance

| There aren't enough medical and dental providers that accept Medicaid insurance. – Health Care Provider (Clay County)

Access

| Not broad enough to make it accessible to the next income bracket. – Community Leader (Clay County)

Outreach

Still not reaching homeless, marginalized communities. – Health Care Provider



CLAY COUNTY LIONS CLUB

Summer Concert Series

MAY 26 - HOLMAN AUTRY BAND	JUNE 23 - LE...
JUNE 9 - JUST US BLUEGRASS	JUNE 30 - W...
JUNE 16 - THE RED WINE EFFECT	JULY 14 - S...