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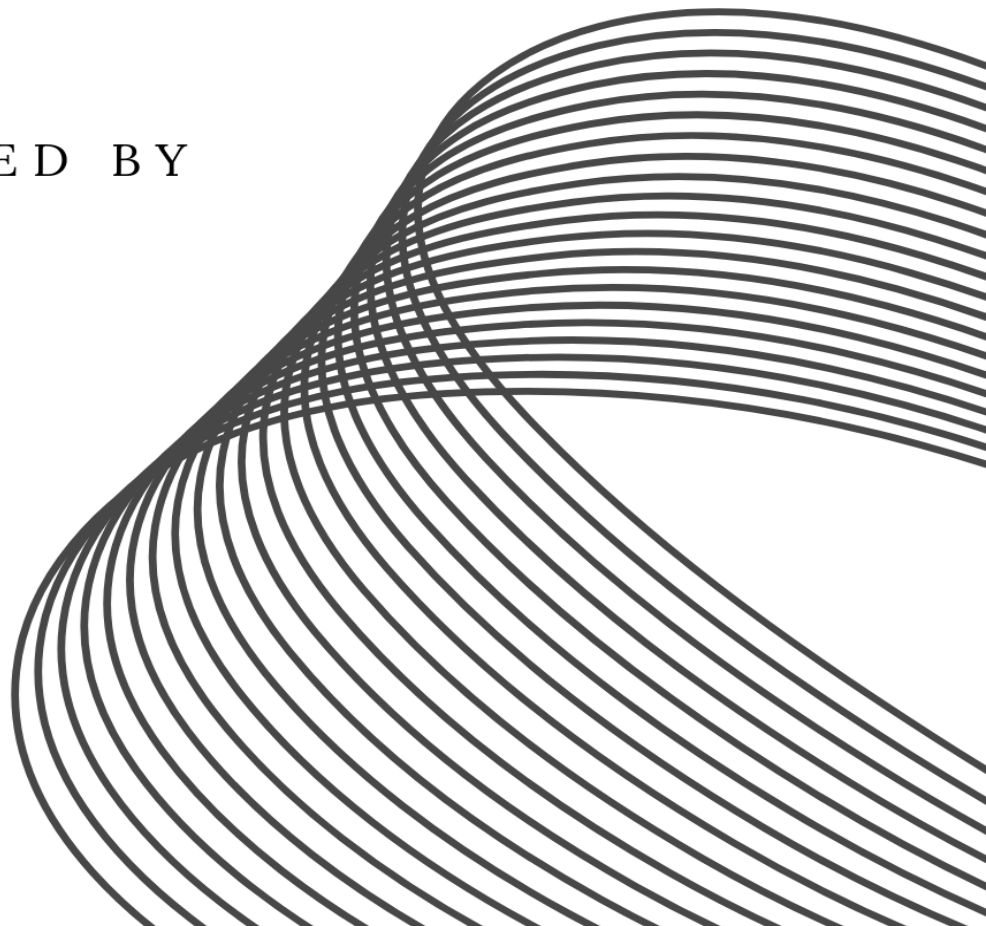
Access to Care Needs Assesement

Prepared for SEARCH

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Executive Summary

Mothers and Young Children

The thousands of women of childbearing age (15-44) who call Mitchell and Yancey counties home account for approximately 15% of the population of each county in 2020. Young children under the age of 5 comprise nearly 5% of the population of either county. Both population groups are projected to grow over the next three decades. Among married-parent families with children, more than 60% have both parents in the workforce; more than 60% of single parents with children work. The median family income in Mitchell County is higher compared to Yancey County in 2020 but both counties fall below the state average of \$71,000. Poverty rates among children under the age of 5 have decreased since 2016 in both counties, with Yancey County rates exceeding the state average and Mitchell County rates falling below the NC average in 2020.

With pregnancy rates typically lower than NC, fewer pregnancies and births occur among Mitchell County women (15-44). Yancey County, with a larger population than its neighbor, has higher pregnancy rates compared to NC and a higher number of pregnancies and births compared to Mitchell County. While pregnant women in Mitchell and Yancey counties were more likely to receive prenatal care in the first trimester compared to NC, the percentage of women getting early prenatal care declined between 2016 and 2020 in Yancey County.

Since labor and delivery services are no longer available at Blue Ridge Regional Hospital (BRRH), local women must leave the county to give birth in a hospital setting. Traveling to Mission Health Asheville or Mission Health McDowell, the primary setting for most births to Mitchell and Yancey county families, involves driving more than 45 minutes, adding anxiety, cost, and inconvenience to what is already a stressful experience. Currently, no obstetrician or gynecologist practices full time in either county. The women's healthcare services available locally are provided by rotating specialists and auxiliary providers like nurse practitioners, certified nurse midwives, and physician assistants. Currently, there are no licensed pediatricians or pediatric dentists active in the county and while BRRH can see children in the emergency room, they do not admit pediatric patients for inpatient care.

Mountain Community Health Partnership (MCHP) helps meet the needs of pediatric patients in particular, seeing more than 2,000 patients under the age of 18 in 2021.

Youths

Children aged 5 to 19 comprise 15% of the population of each county, with the age group projected to increase in Yancey County by 2050 and remain static in Mitchell County over the next several decades. The poverty rate among children under 18 has decreased over the past five years in Mitchell and Yancey counties; Yancey County poverty rates tend to be higher than NC while Mitchell County rates are lower. Data describing the health status of children is lacking, but comments from participants in listening sessions identify mental health in general, suicidal ideation in particular, vaping/e-cigarette use, obesity, and vision issues as the most impactful health problems faced by youths in the SEARCH region.

Safety net programs like Medicaid, CHIP, and school-based nutrition services are utilized by hundreds of local children. In the absence of local pediatricians, providers like MCHP, health departments, and the innovative Health-e-Schools program work to meet the healthcare needs of children in Mitchell and Yancey counties. Advocacy groups such as Partners Aligned Toward Health spearhead local efforts to identify and address the mental health challenges exacerbated by the lack of behavioral health services for young people.

Adults

Adults of working age (18-64) account for approximately 55% of the Mitchell and Yancey county populations; the group is projected to decrease in Mitchell County and increase in Yancey County by 2050. In 2020, the Mitchell County poverty rate of 12.4 was lower compared to Yancey County (14.7) and North Carolina (14.0). Yancey County demonstrates lower educational attainment compared to Mitchell County but both counties fall short of the state average, with higher proportions of adults achieving only a high school education and lower proportions earning a bachelor's degree or higher compared to NC.

The average weekly wage among working adults, across all employment sectors, was \$838 in Mitchell County and \$738 in Yancey County, both lower than the state average of \$1,282. The second largest employment sector in both counties was Retail Trade, accounting for approximately 15% of each county's workforce. Retail jobs do not usually include benefits like health insurance and the often irregular, changeable hours can lead to unpredictable income. As of 2020, an estimated 15% of Mitchell County adults aged 18-64 were uninsured and 17% of adults were uninsured in Yancey County.

Mitchell County demonstrated higher mortality rates, compared to NC in 2015-2019, for 12 of the 15 leading causes of death and demonstrated rising mortality rates for eight causes. Yancey County had higher mortality rates compared to NC for eight of the 15 leading causes of death, with rates rising for four causes. In both counties, heart disease, cancer, chronic lower respiratory diseases, and unintentional injuries are the most common causes of death, with deaths due to suicide, kidney diseases, and chronic liver disease becoming more frequent. Respiratory-related diseases and disorders accounted for an increasing proportion of inpatient hospitalizations at BRRH, even before the arrival of COVID-19, and unintentional injuries were the most common category of medically related 911 calls in both Mitchell and Yancey County in FY2021-22.

CareReach's Toe River Project Access, a network of donated medical care and healthcare navigators, helps meet the healthcare needs of uninsured adults in Mitchell and Yancey counties while MCHP provides medical, dental, and behavioral healthcare to all ages regardless of their insurance status. Mitchell County has a lower physician-to-population compared to NC, meaning there are fewer medical doctors available to serve the community; Yancey County has even fewer physicians per population than Mitchell County. Given the lack of providers in the SEARCH region, some local residents turn to 911 and EMS responders as their access point for care. Mitchell Medics and Heritage EMS provide thousands of transports in response to 911 calls each year. While some specialist providers serve the SEARCH region, often on a rotating basis, many people in Mitchell and Yancey counties travel outside of the county for healthcare. Utilization of Mitchell Medics, which drove 850,000 passenger miles in FY21-22, 78% of which were destined for locations outside of Mitchell County, highlights both the lack of local care and how critical transportation services are.

Seniors

Adults aged 65 and older account for a quarter of the population in Mitchell and Yancey counties and while the overall number of seniors is projected to decrease by 2050, the number of individuals in the oldest and most vulnerable age group, those aged 85 and older, is projected to increase in the coming decades. The mean retirement income in Mitchell County is higher compared to NC; mean retirement income is lower in Yancey County compared to the state average. Seniors account for more than half of the Mitchell County population with a disability; they account for slightly less than half of Yancey County's disabled population.

Heart disease, cancer, chronic lower respiratory diseases, and Alzheimer's disease were the leading causes of death among older adults in 2016-2020. Compared to both Yancey County and NC, Mitchell County had higher mortality rates for lung cancer, breast cancer, and colorectal cancer in 2016-2020; Yancey County had higher incidence rates for lung cancer, breast cancer, and melanoma, compared to both Mitchell County and NC.

The small local array of nursing homes and adult care homes provide residential care for seniors while home health agencies and the MY Neighbors eldercare network support seniors in their own homes. As has been noted with all of the younger age groups, seniors also feel the impact of the need to travel to seek medical care. Households with older adults are more likely than those with younger adults to lack vehicle access, making the efforts of transportation agencies especially critical to this age group. Of the passenger miles driven by Mitchell County Transportation in FY21-22, 52% were for the elderly; 41% of miles driven by Yancey County Transportation were for the elderly in FY21-22.

Behavioral Health

The impacts of poor mental health, substance use, and accumulating trauma and stress stretch across all ages, races, educational, and economic segments of a community. Among Mitchell County participants in the 2021 WNC Healthy Impact Community Health Survey, 20% reported more than a week of poor mental health days in the past month and 22% were currently treating a mental health issue. Yancey County respondents fared worse: 24% reported more than a week of poor mental health days in the past month and 28% were currently treating a mental health issue. Fifteen percent of

Mitchell County respondents and 19% of Yancey County respondents were unable to get needed mental health care at some point in the past year. Between 2017 and 2020, anxiety and depression were the most common mental health conditions for which Mitchell and Yancey county residents sought care in emergency departments.

More than half of Mitchell County Healthy Impact survey respondents felt their life had been at least a little impacted for the worse by substance use and more than 40% of Yancey County respondents felt so affected by substance use. While opioids tend to dominate the local, state, and national conversations around substance use, listening session participants suggested that misuse of methamphetamines and alcohol continue to be important issues in Mitchell and Yancey County. Heroin and fentanyl have come to account for an increasing proportion of opioid overdose deaths: 80% of Mitchell County fatal overdoses and 100% of Yancey County's fatal overdoses involved illicit opioids in 2021. The number of substance use disorder patients receiving buprenorphine treatment has increased over the past six years in both Mitchell and Yancey counties, as has the number of individuals served by opioid use disorder treatment programs.

The SEARCH region has a limited landscape of behavioral health providers and listening session comments indicate that the current network feels insufficient to meet the needs of the community. As of August 2022, Mitchell County had one active psychologist and two active psychiatrists; Yancey County had neither. Eight providers (mostly counselors and clinical social workers) with an addiction specialty were active in Mitchell County and six were active in Yancey County. Five state licensed mental health facilities operated in each county; one in each county offered intensive outpatient treatment for substance abuse and one in each county offered mental health treatment for children.

Areas of Greatest Need

While physician assistants, nurse practitioners, and rotating physicians provide a variety of healthcare services in Mitchell and Yancey counties, the patchwork network of care may be insufficient for the current population which suffers disproportionately from heart disease, cancer, and respiratory diseases. The need to travel out of the county to access a broader network of providers only adds cost and stress to a healthcare system that is already prohibitively expensive for many. Provider retention

is not a new issue in rural North Carolina, but it seems particularly tenacious in Western North Carolina. Stakeholders in the SEARCH area can collaborate with groups already investigating the issue to explore ways to meet the current challenges.

The medical and health insurance system is challenging for providers to navigate, much less the general public that sometimes feels at the mercy of an expensive and opaque structure. Numerous agencies and organizations in Mitchell and Yancey counties actively work to fill some of the gaps in healthcare services, to address barriers like cost and lack of transportation, and to advocate for change and improvement. Many of them found ways to coordinate for the better during the COVID pandemic; ongoing collaboration can only benefit the local communities. However, many residents, particularly those new to the area, may not be aware of the resources available to them. Healthcare services are offered locally, albeit often on a rotating and changeable basis that is not always reflected on websites, much less in print materials. Younger populations may be more likely to visit a website than make a phone call; provider or facility websites that do not accurately represent the services offered may lead patients to look elsewhere.

Conclusion

Mitchell County is home to fewer residents who have higher incomes and higher educational attainment; demonstrates lower poverty rates among adults and children and has fewer uninsured adults; and has higher (better) provider to population ratios. Yet it has higher mortality rates for many of the leading causes of death, including several site-specific cancers, with many of those rates worsening over time, and lower life expectancy in general. Mitchell County residents travel to Asheville and McDowell county to give birth, are more likely to be transported to Blue Ridge Regional Hospital in an emergency situation, and are more likely to be hospitalized at Mission Health in Asheville.

Yancey County, with a larger and growing population, has lower incomes, lower educational attainment and higher poverty rates among adults and children. A higher percentage of the population is uninsured, fewer pregnancies receive early prenatal care, and there are fewer healthcare providers available to serve the community. Yet they have lower mortality rates for many of the leading causes of death, with rates decreasing for some causes, and longer life expectancy even compared to the state of NC. Yancey County residents appear to utilize Mission Health in Asheville for giving birth, inpatient hospitalization, and emergency care; they are more likely to seek care from Blue Ridge Regional Hospital than from Mission Health McDowell.

Indicator (2020 unless otherwise noted)	Mitchell County	Yancey County
Total Population	14,959	17,870
White Population	14,322	17,004
Hispanic Population	848	928
Children Under 5	696	860
Women 15-44	2,329	2,752
Children age 5-19	2,335	2,743
Adults 20-64	8,190	9,666
Seniors 65 and older	3,728	4,601
% Population Growth 2020-2040	0%	5%
% of Population over 25 with only a high school education	30.3%	35.0%
% Population over 25 with bachelor's degree or Higher	22.1%	20.3%
Median Household Income	\$48,842	\$44,554
Median Family Income	\$61,051	\$59,923

Median Retirement Income	\$29,265	\$25,767
% of workforce in sectors paying less than \$600 a week	28%	25%
Poverty Rate	12.4%	14.7%
% of Children under 5 in poverty	17.0%	24.6%
% of Children 5-17 in poverty	12.7%	20.6%
% of children under 6 with both parents in workforce	67.3%	62.3%
% Uninsured Adults Age 18-64	15.3%	17.2%
% with a disability	19.6%	18.2%
Life expectancy	74.7	77.8
Heart Disease mortality rate (2019)	190.7	168.4
Cancer mortality rate	167.5	166.8
Lung cancer mortality rate	42.0	39.1
Breast cancer mortality rate	36.8	23.1
Colorectal cancer mortality rate	17.8	16.8
CLRD mortality rate (2019)	78.7	57.4
Unintentional Injuries mortality rate (2019)	64.8	41.1
Alzheimer's mortality rate (2019)	48.5	47.4
Number of deaths	251	274
Number of live births	146	183
% of pregnancies receiving early prenatal care	83%	79%
Teen pregnancy rate	30.2	33.7
% of births that are low-weight	8.1%	8.9%
Unable to get needed medical care (2021)	11.7%	7.0%
Unable to get needed mental health care (2021)	15.2%	19.2%
Physicians per 10,000 population (2021)	18.0	8.4
PCPs per 10,000 population (2021)	8.0	6.3
Nurse practitioners per 10,000 population (2021)	12.6	4.7

Areas of Greatest Need

Recruiting and Retaining Providers

It should, by now, be quite apparent that both secondary and primary data points to a need for additional healthcare providers in Mitchell County, and particularly in Yancey County. The providers most needed are obstetrician/gynecologists, pediatricians, primary care providers, and specialists,

especially cardiologists, pulmonologists, and behavioral health providers. Having to travel for prenatal care and to give birth clearly inconveniences, potentially endangers, and certainly causes anxiety for pregnant women and their families. There are, on average, more births each year in Mitchell or Yancey counties than there are, for instance, deaths due to heart disease or cancer. With no pediatrician active in either county, Mitchell and Yancey county children would need to be pulled from day care and school so a parent or caregiver, who may well be missing work, can travel out of county to visit a pediatric practice. Children who need inpatient hospitalization cannot be served in either Mitchell or Yancey County. With heart issues and respiratory diseases causing a significant proportion of county-wide deaths, ED visits, and EMS calls, the adult population of Mitchell and Yancey counties may need more specialized care than the current providers can offer. Primary care providers are a first line of defense against chronic conditions and can address some of the same concerns as specialists but there simply may be too few of them in the current local network.

Provider retention is not a new issue in rural North Carolina, as demonstrated through investigations by the NC Office of Rural Health Services, MAHEC's Rural Health Initiatives section of the Rural Health Fellows program, and the Center for Rural Health Innovation. Stakeholders in the SEARCH area can work to collaborate with the knowledge and expertise of such regional, state, and national groups as a means of meeting the current challenges in recruitment and retainment of providers to the SEARCH area. What personal reasons drive providers away: are they seeking a higher quality of life, are family needs not met locally, have they encountered housing issues, or an unwelcoming community? What professional reasons might cause providers to leave: Are they asked to see too many patients, do they routinely encounter billing issues, do they want to be paid more? Do they find patients disrespectful or non-compliant? Is there a lack of communication between providers or a lack of support staff? What impact has the HCA transition had on the local provider landscape?

Awareness

Concurrent with attempts to recruit additional providers to the SEARCH area, efforts could be undertaken to ensure that the community maximizes utilization of the currently available resources. As became apparent in listening sessions, a distrust of providers and dissatisfaction with the quality of

care simmers among residents of Mitchell and Yancey counties. While it may be common for rural and small communities to distrust “outsiders”, that perspective may prevent some residents from accessing the already available healthcare. Agencies and organizations in Mitchell and Yancey counties actively work to fill some of the gaps in healthcare services, to address barriers like cost and lack of transportation, and to advocate for change and improvement. Healthcare services are offered locally, albeit often on a rotating and changeable basis that is not always reflected on websites, much less in print materials. The local community, particularly those new to the area, may not be aware of the resources available to them. Promoting the use of telemedicine, increasingly an option for receiving healthcare, may help address some of the transportation-related barriers to care. That could require extra effort among seniors, whose discomfort with technology may prevent them from shifting away from the traditional face-to-face model of care, but younger adults might embrace telemedicine more readily. Younger populations may be more likely to visit a website than make a phone call; provider or facility websites that do not accurately represent the services offered may lead patients to look elsewhere.

While the advent of electronic medical records may have increased the ability of providers to coordinate care, it does not ensure that the necessary communication happens at all, much less in a timely way. The labyrinthine medical and health insurance system can be challenging for providers to navigate, much less the general public that sometimes feels at the mercy of an expensive and opaque structure. Building a network of patient advocates may help maximize treatment while managing expenses, especially if deployed among seniors and those facing complicated diagnoses. The COVID-19 crisis forced agencies and practices to move out of their silos and coordinate against the pandemic. One might hope that the live demonstration of positive impacts from such collaboration would encourage healthcare agencies to continue such efforts.

Looking Forward

Mitchell and Yancey Counties have abundant agencies, nonprofits, and institutions, each focused on some aspect of healthcare. The recent pandemic saw them working together and learning from each

other in new ways. As assets the SEARCH region can claim:

- A centrally located 25-bed critical access hospital
- A Federally Qualified Health Clinic with two locations in each county.
- Several agencies dedicated to the health and well-being of children
- A number of providers in private practice
- Each county has:
 - A hospice and palliative care agency
 - Ambulance and Emergency Medical Services
 - A senior center
 - A public health department
 - A robust transportation system
 - A mental health service agency
 - Nursing homes and adult care centers
 - Physical therapy, rehabilitation and wellness centers
- Agencies dedicated to serving special needs such as:
 - Education for Alzheimer's caregivers
 - Activities for children being raised by grandparents
 - Transportation for those without it
 - In-school healthcare via telehealth
 - Assistance with medical bills

Additionally, a YMCA is opening soon in Mitchell County. Beginning in March of 2020, the Williams YMCA of Avery County has staffed positions in a storefront location in Spruce Pine and conducted Parkinson's Disease Management, Diabetes Management, and starting in 2023 has held a three times per week group exercise class for Seniors that can attend daytime classes. A surgeon is being added to Blue Ridge Regional Hospital in the summer of 2023.

As has hopefully been demonstrated, the list of What's Helping in Mitchell and Yancey counties is encouraging. Success will come when they work together.