Community Assessment for Public Health Emergency Response (CASPER) following Hurricane Helene in Buncombe County, NC, June 2025

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Executive Summary

In June 2025, Buncombe County Health and Human Services - Division of Public Health (BCHHS-DPH) and North Carolina Department of Health and Human Services (NCDHHS) conducted a Community Assessment for Public Health Emergency Response (CASPER) survey of 210 randomly selected households to understand public health impacts and ongoing health needs from Hurricane Helene eight months after the storm. In addition to the loss of 43 lives in Buncombe County, Hurricane Helene destroyed homes, roads, and public services such as water, sewer, electricity, and communications.

Key findings about Ongoing Needs

BEHAVIORAL HEALTH

The most common health need reported was for behavioral health support. After Helene, households experienced new or worsening behavioral health symptoms, with 45.7% reporting at least one of the following: anxiety (34.9%), depressed mood (24.5%), trouble sleeping (19.7%), difficulty concentrating (17.6%), and feeling alone/isolated (9.4%). Households also reported increased alcohol/drug use (8.2%), and feelings of numbness (6.2%). Nearly eighteen percent (17.6%) of households needed help but did not receive it.

ACCESS TO HEALTH CARE

Access to health care after Hurricane Helene was a challenge for some households (7.9%), with the most commonly reported reasons being health care provider availability (27.3%) and insurance problems (24.7%).

HURRICANE PREPAREDNESS

Although 38% of households reported some or all members evacuated at some point due to the hurricane, the main reasons reported for not evacuating included that respondents did not need to evacuate (33.9%), did not believe evacuation was necessary (24.3%), did not receive evacuation alerts or warnings (8.5%), had impassible or damaged roads (7.0%), or were concerned about leaving property (6.1%) or pets (5.5%).

HOME REPAIR AND DEBRIS REMOVAL

While 42.4% of households reported no home damage, eight months after the hurricane nearly a third of homes (30.8%) had been damaged but repaired, 12.4% of homes had been damaged and somewhat repaired, and 9.5% of homes had been damaged but not repaired at all. At least some debris removal was still needed from homes, as 8.8% of households reported only some debris had been removed while 31.5% reported no debris had been removed.

FINANCIAL ASSISTANCE

Forty-one percent of households (41.1%) received assistance from the Federal Emergency Management Agency (FEMA), while 16.7% attempted to receive assistance from FEMA but were unsuccessful. In addition to FEMA, aid was received from nonprofit organizations (19.6%), church groups (19.5%), state or local government (9.0%), and other sources (4.2%).

ENVIRONMENTAL HEALTH

Several ongoing concerns about environmental exposures were reported.

- **Household Water Quality.** One fifth of households (21.3%) stated they did not feel their source of tap water was safe at the time of the survey. Surveyed households reported increased use of bottled water and decreased use of municipal water even though this service had been fully restored.
- **Private Well Testing.** Among private well users, there was broad interest in private well testing kits. Of the 76 households that used a private or shared well as their main source of drinking water prior to Hurricane Helene, only one reported their well had flooded immediately after the hurricane. This household reported it tested and treated its well water after the flooding.
- **Mold.** Out of 14.3% of households that saw mold or smelled musty odors in their home after the storm, 61.5% continued to see mold or smell musty odors at the time of the survey. Households expressed barriers to mold remediation including cost and challenges with landlord response for renters.

Recommendations

1. Expand access to coordinated, whole-person health care, with focused investment in behavioral health resources.
2. Partner with community organizations to strengthen awareness of emergency preparedness knowledge and resources.
3. Develop and implement a comprehensive environmental health education initiative that includes linking the community to resources.

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Background

Hurricane Helene arrived in Western North Carolina on September 27, 2024, and caused catastrophic flooding and landslides (US, 2024). In response to Hurricane Helene, Governor Cooper declared a Major Disaster and FEMA deemed 39 counties in the state eligible for federal disaster assistance including Buncombe County (Cooper, 2024). As of April 2, 2025, there were 107 verified storm-related deaths in the state, with 43 (40%) occurring in Buncombe County (NCDHHS, 2024). In addition to the loss of life, thousands of homes were destroyed; tens of thousands of homes and thousands of miles of roads were damaged; and millions of residents lost access, in some cases for months, to services such as water, sewer, electricity, telecommunications, and health care (Cooper, 2024). As of December 31, 2024, the estimated damages and needs reached $59.6 billion (Cooper, 2024).

In June 2025, Buncombe County Health and Human Services – Division of Public Health (BCHHS-DPH) and North Carolina Department of Health and Human Services (NCDHHS) conducted a Community Assessment for Public Health Emergency Response (CASPER) survey of 210 randomly selected households with support from Spatial Data Consulting LLC to understand public health impacts and ongoing health needs from Hurricane Helene eight months after the storm. Results from the CASPER will be provided to county leadership and the community for continued response and future planning. The specific objectives of this CASPER were the following:

- To understand community needs, identify public health issues and social drivers of health to inform recovery and preparedness efforts in Buncombe County following Hurricane Helene.
- To provide information about support and recovery resources including disaster case management, fire safety and wildfire education, and well testing information and kits directly to participants.

Methods

BCHHS-DPH and NCDHHS, with support from Spatial Data Consulting, LLC, conducted a modified CASPER in Buncombe County during June 4-5, 2025. The questionnaire (Appendix A) included 30 household-level questions to assess hurricane impacts including evacuation planning, repair and recovery status, mold and indoor air quality concerns, access to health care, drinking water and waste disposal issues, and new or worsening health concerns since the storm.

A three-stage cluster sample was performed to select a representative sample of households from the 129,141 households in the sampling frame (2020 U.S. Census). In the first stage, the sample was stratified into urban and rural strata to ensure sufficient representation of households from rural communities. In the second stage, 15 clusters (census blocks) were randomly selected in each stratum with a probability proportional to the number of households in each (Figure 1 and Figure 2). For the third stage of sampling, seven random addresses within each cluster were selected in accordance with the CASPER goal of 210 total household interviews. Addresses were obtained from the Buncombe County GIS website (May 12, 2025).

Figure 1: Selected clusters in Buncombe County, NC

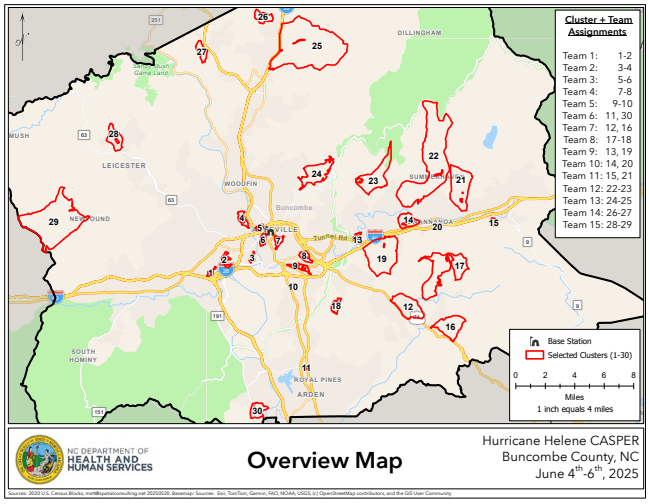
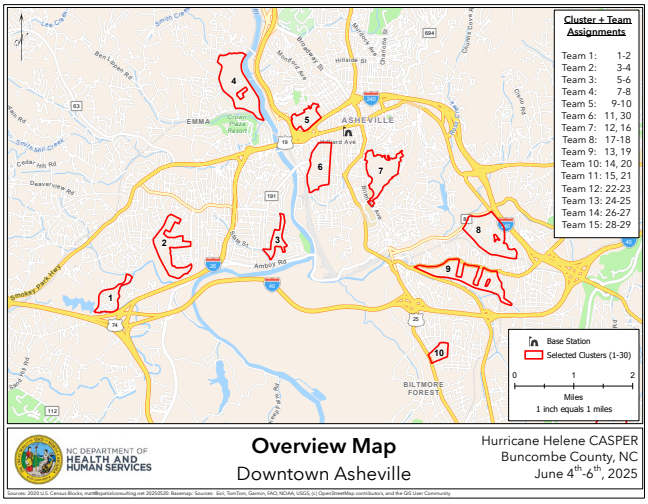


Figure 2: Selected clusters around Downtown Asheville





Matt Simon from Spatial Data Consulting LLC conducting Just-in-time training on June 4th at Buncombe County Department of Health. Photo Credit Virginia Guidry.

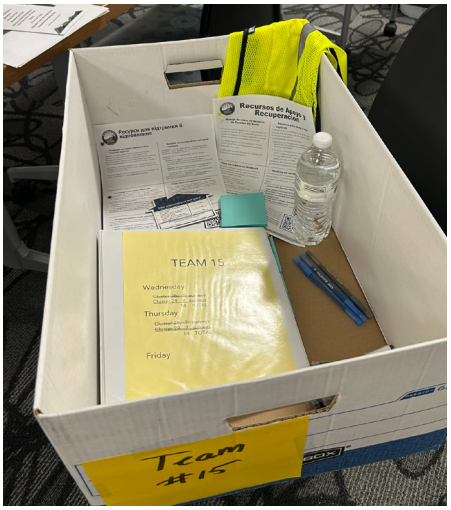


NCDHHS Volunteers before the first day of surveys. Photo Credit: Virginia Guidry.

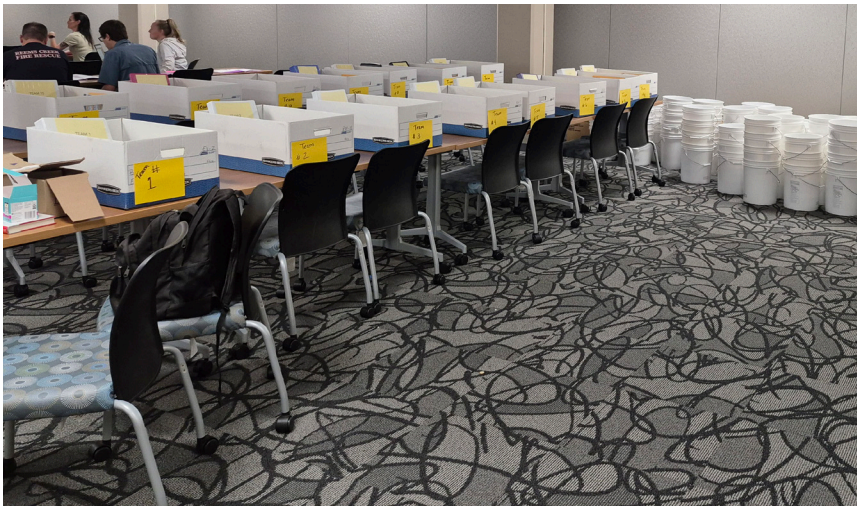
Spatial Data Consulting LLC provided a three-hour "Just-in-time training" on Wednesday, June 4, 2025. This training covered sampling strategies, the consent process (Appendix B), field safety during data collection (Appendix C), logistics, questionnaire content, and survey tracking and techniques (Appendix D). Teams consisted of volunteers from BCHHS-DPH, NCDHHS, and other Buncombe County staff including emergency management and communications. Volunteers from city and county fire districts also participated in this effort. Each two-to-three-person team was assigned two clusters and visited each of the seven addresses within those clusters.

Ahead of the survey, BCHHS-DPH published a press release and did interviews with local news sources to alert the public in advance of the survey (Appendix E). All teams had materials for sampled households, including informational flyers of support and recovery services provided in Buncombe County, and participants with wells were offered a well kit that included the instructions and material required to disinfect and test their well for free through the County Health Department (Appendix F).

Fifteen teams surveyed on Wednesday, June 4 and 14 teams surveyed on Thursday June 5. The surveys occurred between 1:00 p.m. and 6:00 p.m. Eastern Time on June 4 and between 10:00 a.m. and 6:00 p.m. on June 5. Before starting each interview, teams assessed participants for eligibility. Eligible participants were at least 18 years of age and a resident of the home. If the resident was not home, refused the interview, had a language barrier, the home was abandoned, vacant, or the resident was not eligible, the survey team would attempt to survey the house closest to the original randomly selected home. Several teams had bilingual members, Spanish questionnaires, and access to interpreting services via phone calls (Appendix F) to mitigate potential language barriers. Three surveys were completed in Spanish. After teams determined eligibility, they asked residents to consent to participate in the survey. As part of the consent process, participants were assured of data privacy and confidentiality (Appendix B). If a replacement was needed, the teams approached households neighboring the initially sampled address until they completed an interview. They would then move on to the next sampled address in the cluster until seven interviews were completed using field maps showing cluster boundaries and building points. Field teams recorded all survey responses on paper. Teams also had access to an online map for navigation and marking interviews as completed on the map in real time.



Supply Box for each team. Photo Credit: Allison McElroy.



Supply Boxes for all 15 teams and well disinfection kits. Photo Credit: Allison McElroy.

NCDHHS manually entered results into a REDCap database and performed a weighted cluster analyses in SAS 9.4. We applied the weighting formulas below for each cluster depending on whether the cluster was urban or rural. A different formula was used for each cluster to account for the number of interviews conducted in each cluster and the probability that the households were selected which varied by strata. NCDHHS reported the predicted number of and percentages of households in the entire sampling frame for each particular response type (unweighted frequency, unweighted percentage, weighted frequency, and weighted percentage with 95% confidence interval).

$$\textit{Rural Weight} = \frac{\textit{(Total number of rural households in the sampling frame)}}{\textit{(Number of households interviewed within cluster)} * \textit{(Number of rural clusters selected)}}$$

$$\textit{Urban Weight} = \frac{\textit{(Total number of urban households in the sampling frame)}}{\textit{(Number of households interviewed within cluster)} * \textit{(Number of urban clusters selected)}}$$

Results

The survey teams conducted 210 surveys with a completion rate of 100%. Among households where an eligible participant opened the door, 81.4% completed the survey. Teams completed surveys for 41.0% of houses contacted (Table 1).

Table 1: Survey Response Rates

Response Rates (See CASPER documentation)	Definition	Calculation	Rate	Percentage
Completion	Represents how close interview teams came to completing the goal of 210 interviews. A completion rate below 80% (n=168) is too low to represent the sampling frame.	Completed Surveys / Target Number of Surveys	210/210	100%
Cooperation	Represents the eligibility and willingness of households to complete the interview.	Completed Surveys / Total Number Households Contacted*	210/258	81.4%
Contact	Represents the proportion of households where contact was attempted and interview was completed. It is one indicator of the representativeness of the sample to the population. Lower rates indicate that the field teams had to attempt interviews at many households to obtain the results.	Completed Surveys / Total Number Households Attempted**	210/512	41.0%

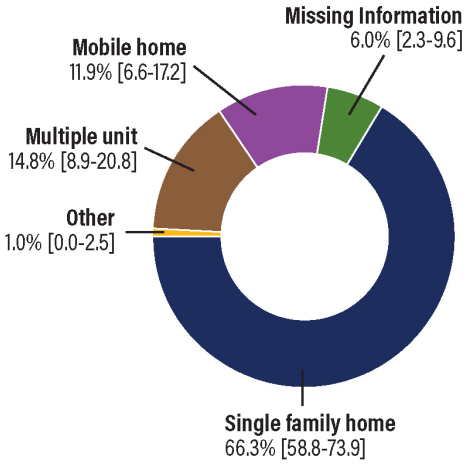
* Contacted: volunteers spoke to someone, whether or not they were eligible.

**Attempted: volunteers knocked on a door, whether or not anyone answered or was eligible

Household Demographics

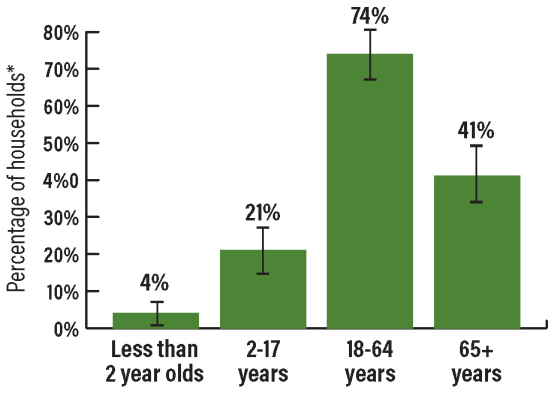
All results are presented as an estimated percentage of households represented and were weighted to reflect the urban/rural stratification. Single family homes were the most common households surveyed (66.3%), followed by multiple unit households (14.8%), mobile homes (11.9%) and other dwellings (1.0%) (Figure 3).

Figure 3: Types of Household Structure



The mean and median household size was 2.4 (95% CI [2.2, 2.6]) and 2.0 respectively. Seventy-four percent of households had at least one member aged 18-64 years old (73.7%), while 41.3% of households had a member 65 years or older, 21.2% had someone aged 2 to 17 years, and 4.1% had someone less than 2 years of age (Figure 4).

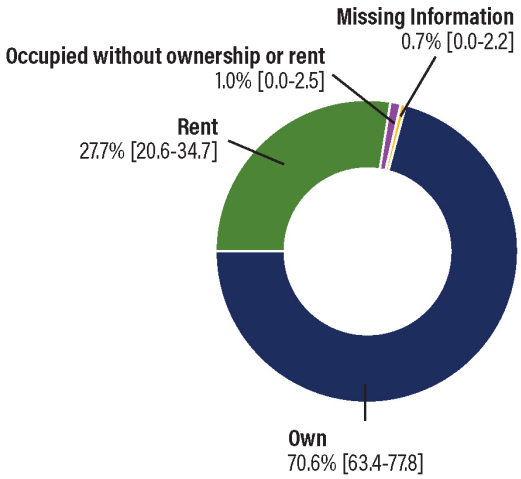
Figure 4: Age Demographics of Households



A household may have chosen more than one response for each household member.

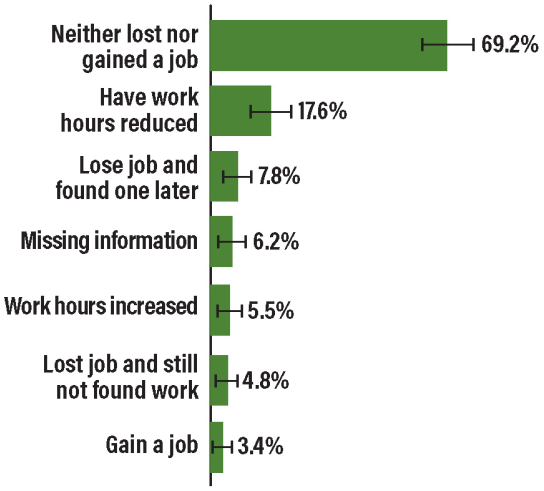
The majority of households owned their home (70.6%), while 27.7% rented, and 1.0% were occupied without ownership or rent (Figure 5).

Figure 5: Home Ownership



There were negative changes in job status after the hurricane, with 4.8% of households experiencing ongoing job loss at the date of the interview and 17.6% having at least one member who had work hours reduced since the hurricane (Figure 6). Sixty-nine percent of households reported that they neither gained nor lost a job after the hurricane (69.2%) due to the hurricane.

Figure 6: Employment Status since the hurricane



A household may have chosen more than one response.

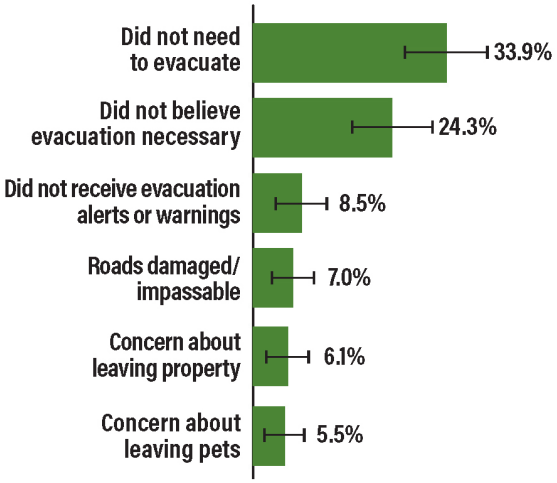
Storm Impacts on Households

EVACUATION INFORMATION

Thirty-eight percent of residents reported evacuating some (7.2%) or all household members (30.8%) before, during, or after the hurricane, however most households did not evacuate (62.0%)

(Appendix G, Table 3). The main reasons for not evacuating included the household reporting they did not need to evacuate (33.9%), did not believe evacuation was necessary (24.3%), did not receive evacuation alerts or warnings (8.5%), reported impassable or damaged roads (7.0%), or were concerned about leaving property (6.1%) or pets (5.5%) (Figure 7). Only 5.7% of households had a person displaced by the hurricane staying in the home (Appendix G, Table 2).

Figure 7: Barriers to Evacuation

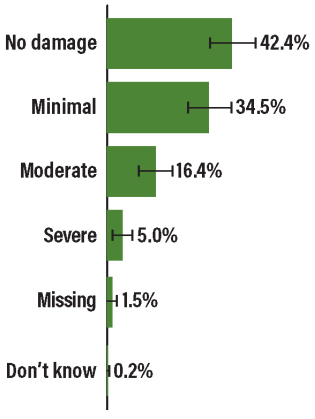


**A household may have chosen more than one response.*

HOUSEHOLD REPAIR

Most homes sustained some damage, either minimal (34.5%), moderate (16.4%), or severe (5.0%). Forty-two percent of homes sustained no damage (42.4%) (Figure 8). Over 50% of homes were damaged; 30.8% were damaged and repaired, 12.4% were damaged and somewhat repaired, and 9.5% were damaged but not repaired at all at the time of the interview. Debris had been completely removed from 39.3% of households. Nearly all households (95.7%) considered their home currently safe to live in.

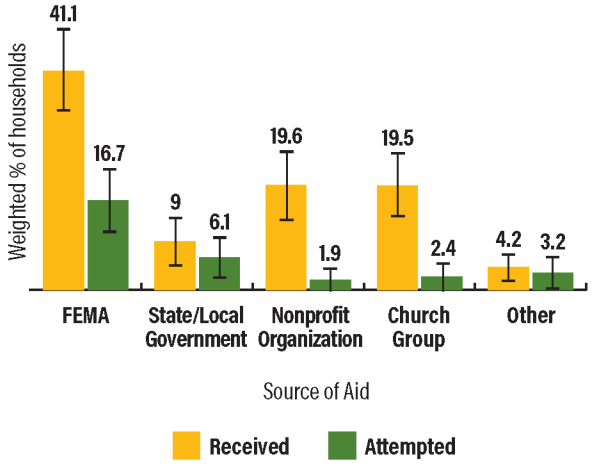
Figure 8: Damage to Homes



AID ASSISTANCE

Forty-one percent of households received assistance from FEMA (41.1%), while 16.7% attempted to receive assistance from the agency but were unsuccessful (Figure 9). Aid was also received from a variety of other sources, including nonprofit organizations (19.6%), church groups (19.5%), state or local government (9.0%), and other sources (4.2%).

Figure 9: Sources of Aid/Assistance



MOLD OR MUSTY ODORS

Fourteen percent of households reported mold or musty odors after the storm (14.3%) (Appendix G, Table 5). Among households with mold or musty odors, 61.5% still saw mold or smelled an odor as of June 2025. Significant barriers to mold removal were identified, with households most commonly reporting money or cost was a barrier to remove mold (62.9%). Time (13.1%) and physical ability (11.2%) were also significant barriers (Appendix G, Table 5).

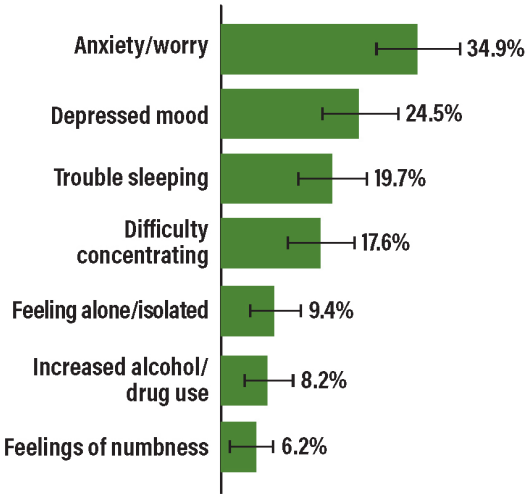
Fourteen percent of households reported experiencing at least one symptom associated with indoor air quality (13.8%), The most common symptoms of poor indoor air quality were skin rash (7.9%), burning eyes (7.4%), wheezing (7.1%), itchy eyes (5.9%), shortness of breath (5.2%), other respiratory difficulties (5.0%), and asthma attacks (2.5%) (Appendix G, Table 5).

Storm Impacts on Health

Following Hurricane Helene, 45.7% of households reported having experienced at least one new or worsening behavioral health symptom. Anxiety was the most common symptom reported (34.9%), followed by depressed mood (24.5%), trouble sleeping (19.7%), difficulty concentrating (17.6%), feeling alone/isolated (9.4%), increased alcohol/drug use (8.2%), and feelings of numbness (6.2%) (Figure 10). Nearly eighteen percent (17.6%) of households did not receive help but needed help for behavioral health concerns, suggesting that there is a gap in behavioral health services or difficulties in accessing care. Despite worsening behavioral health, 62.9% of households reported not needing help from a counselor,

pastor/clergy member, therapist, case worker, or social worker for behavioral health concerns. Only 15.9% of households did receive help (Appendix G, Table 10). When asked if the household had had any difficulty seeking services for behavioral health concerns, major reported issues were with health care availability and insurance. Households prefer to get their behavioral health support in the following ways: individualized counseling (31.8%) and in-person support (25.8%). Support within their primary care office (21.1%), virtual support (17.3%), faith-based support (14.4%), were also preferred sources of behavioral health support behavioral health support. Roughly ten percent (10.4%) of households preferred other unlisted services. Family and friend support were often given as a preferred source of behavioral health support.

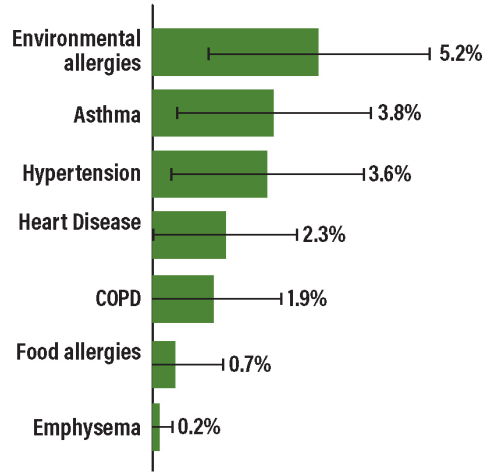
Figure 10: Behavioral Health Concerns



NEW OR WORSENING HEALTH CONDITIONS

Since the hurricane, 14.2% of households reported they had been told by a health care professional that they have a new or worsening health condition. Households reported they had new or worsening environmental allergies (5.2%), asthma (3.8%), hypertension (3.6%), heart disease (2.3%), COPD (1.9%), food allergies (0.7%), or emphysema (0.2%) (Figure 11).

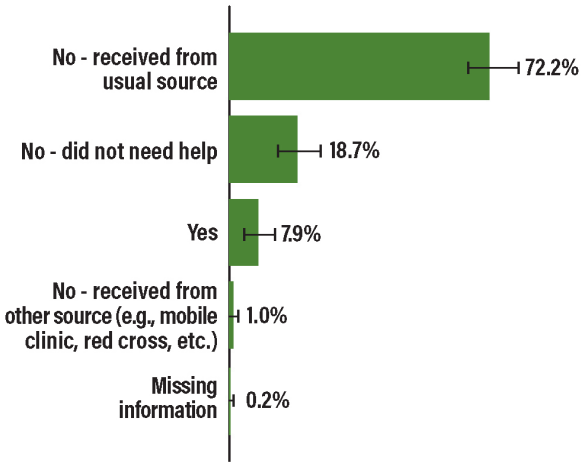
Figure 11: New or Worsening Health Concerns



ACCESS TO HEALTHCARE

After Hurricane Helene, eight percent of households (7.9%) had difficulty accessing medical care (Figure 12). Of those households who reported having difficulty getting the medical care they needed, the main barriers were clinic closed/health care providers being unavailable (27.3%), insurance problems (24.7%), money/cost (15.2%), no transportation (8.3%), no child care (3.0%) and no cell phone/Internet access (3.0%) (Appendix G, Table 6). Seventy-two percent of households did not have difficulty getting the medical care they needed and obtained it from their usual source (72.2%). Only 1.0% did not have difficulties receiving care but received care from an alternative source different from their usual source (e.g., mobile clinic, etc.).

Figure 12: Difficulty Accessing Healthcare

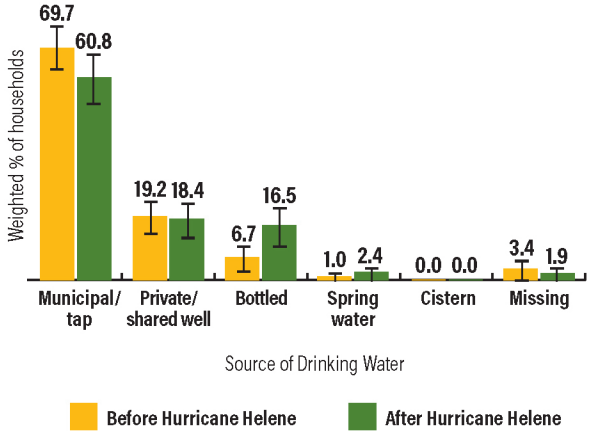


Environmental Health

DRINKING WATER

Before the hurricane, 69.7% of households reported municipal/ tap water as their main source of water, followed by private/ shared well (19.2%), bottled water (6.7%), and spring water (1.0%) (Figure 13). After the hurricane, the largest percentage of reported main source of water was still municipal/tap (60.8%), followed by private/shared well (18.4%), bottled water (16.5%), and spring water (2.4%). After the hurricane, municipal/tap water use decreased by approximately 8%, where bottled water use more than doubled.

Figure 13: Main Source of Drinking Water



Twenty-one percent of households (21.3%) felt that their tap water was not safe as of June 2025 (Appendix G, Table 8). This includes all households in the survey regardless of source of drinking water.

For those households that used well water, only one household (0.2%) reported that their well flooded immediately after the hurricane (Appendix G, Table 8). That single household reported having treated its well, testing it through local or state government, and was drinking the well water. Despite the small number of households reporting flooded wells, households still expressed interest in free resources for testing their well water. Fifteen percent of households (15.3%) were interested in receiving information on how to receive a well testing kit.

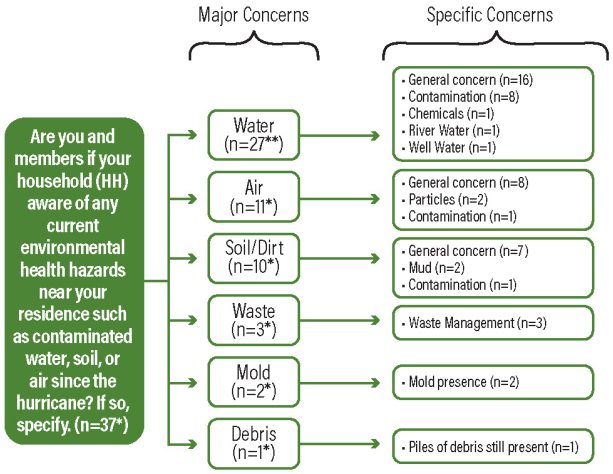
WASTE MANAGEMENT

Less than one-third of households in Buncombe County reported having a septic system (26.6%) (Appendix G, Table 9). Among households with a septic system, only 7.9% had septic system flooding during and after the hurricane, while 77.8% did not experience any signs of septic system issues after the hurricane. Reported septic system issues included the following: fixtures draining very slowly (5.9%), sewage backing up into toilets, tubs, or sinks (5.1%), a soggy area in the yard where the septic system was even if there had not been any rain (3.1%), sewage on the ground surface after pumps turned on (1.5%), sewage overflowing from the septic or pump tank (0.8%) or unusual odors around the septic tank, drain field, or home (0.8%).

CURRENT ENVIRONMENTAL HAZARDS

Over twenty-three percent of households (23.5%) reported they were aware of a current environmental hazard near their residence such as contaminated water, soil, or air (Figure 14). Environmental contamination in water sources was the most commonly reported concern.

Figure 14: Known Environmental Health Hazards

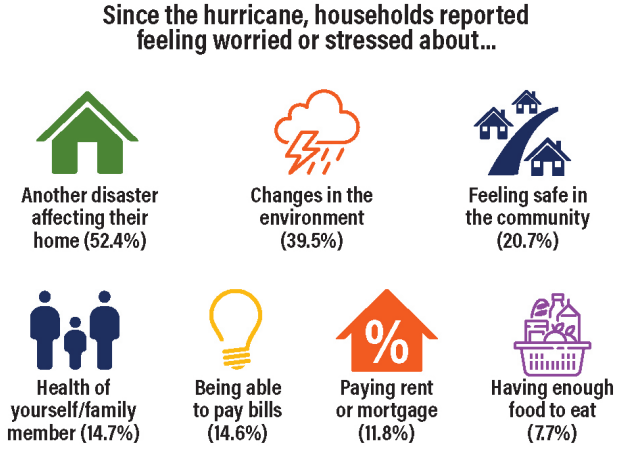


**Three households did not provide a response*
***Respondents may have mentioned more than one health hazard.*

Ongoing Concerns

Over half of households surveyed (52.4%) reported being worried or stressed about another disaster affecting their home. Households also reported worries about changes in the environment (39.5%), feeling safe in the community (20.7%), health of themselves or a family member (14.7%), being able to pay bills (14.6%), paying rent or mortgage (11.8%), and having enough food to eat (7.7%) (Figure 15).

Figure 15: Ongoing Concerns



Discussion

The CASPER survey in Buncombe County, North Carolina was designed to identify ongoing needs and resource gaps among residents following Hurricane Helene in September 2024. This modified CASPER reached 100% completion (210 households). Additionally, this survey had a cooperation rate of 81.4%, highlighting willingness and cooperation of the community to complete the interview, and strong interagency collaboration between Buncombe County and NCDHHS. Survey teams completed 210 interviews in less than two days of surveying. Inclusion of emergency responders and other county employees who regularly work with the community likely helped teams establish trust and achieve this high cooperation rate

Many households reported new or worsening behavioral concerns since Hurricane Helene, including anxiety, depression, trouble sleeping, and isolation. Previous studies on flooding events and hurricanes like Katrina have identified behavioral health impacts on people exposed to traumatic events like hurricanes and flooding (Johnson et al., 2025; Galea et al., 2007). Additionally, some households expressed they did not receive services to address these new or worsening issues, despite needing help. Some households had challenges getting behavioral health support due to long waits for appointments and insurance issues. More work could be done to provide access to behavioral health services, and to reduce potential stigma against seeking mental health services. Respondents reported their preferred means of services would be in-person individualized counseling. Among those who preferred services outside of the options given, family or friends were often listed as sources of support. Community-level training could improve the ability of individuals to offer neighbor-to-neighbor and family-to-family support. These services could be promoted in the community across Buncombe County.

This disaster highlights the need for coordinated whole person health care. Most households received their health care from their usual sources in the months following the hurricane. Difficulties included long waiting times for appointments due to their usual clinics being unavailable and insurance issues. Barriers of lack of transportation and clinic availability highlight the importance of mobile care units after disasters. The reduction of work hours and loss of jobs after the hurricane may contribute to difficulties accessing care and worsening health outcomes as employment is often linked to insurance coverage (Silver et al., 2021). Nearly thirty-five percent of households reported using Medicare, twenty percent use Medicaid, and four percent have some or all members completely uninsured. Findings of ongoing financial insecurity like concerns about paying rent/mortgage, paying bills, having enough food to eat, and lack of insurance or reliance upon Medicaid could be implicated in these behavioral health concerns. Further exploration is needed to assess if and how issues like self-reported anxiety and depression among residents of Buncombe County are associated with financial insecurity from Hurricane Helene.

At the time of the survey there were still ongoing environmental health concerns. There have been extensive efforts to restore municipal water and ensure its safety after initial disruptions in public water supplies. However, there was a change in the main source of household drinking water in some households. Paired with the high percentage of households indicating they do not feel their water is safe, this suggests a lack of public trust in the municipal water system. This perceived lack of trust from the community suggests the need for more investigation to understand and address ongoing concerns about the safety of public water supplies. In addition to concerns about water quality, mold was an ongoing environmental health concern. Households expressed barriers to mold remediation including cost and challenges with landlord response for renters.

Although many households evacuated after Hurricane Helene, the main reasons reported that prevented households from evacuating included: residents did not believe evacuation was necessary, they did not receive evacuation alerts or warnings, roads were impassable or damaged, and households were concerned about leaving behind property or pets. These results indicate the need for continued planning and education to ensure residents receive emergency notices and that barriers to evacuation are understood and addressed. Preparedness education is needed including county residents having signed up for emergency alerts to know when to evacuate, and for households to develop preparedness plans for people, pets, and property when evacuation is needed.

Residents of Buncombe County received assistance from a wide variety of sources after Hurricane Helene. This provides crucial information on how and where residents received financial assistance in the recovery process, from what sources they attempted but failed to receive support, and can inform preparedness and recovery efforts to promote resilience in the future. Communities need to communicate and coordinate in advance of a disaster to ensure residents know what preparedness measures and resources are available (like emergency alert systems) and where they can go during and after an emergency for resources. The Helene Resource Center continues to provide access to recovery services as a long-term, locally curated recovery model. While the majority of households that attempted to receive assistance from FEMA were successful, for a variety of reasons, some households were unsuccessful. Survey teams shared information with households about the

One Buncombe Call Center, a centralized location for resources accessible via a single phone number. Staff were available to collect reports of storm damage, share resources, and provide storm-related information. Residents could seek help with resubmitting an application for FEMA individual assistance disaster relief funding if their claim had previously been denied. Widespread promotion of these services after qualifying disasters is needed to increase community awareness. In addition to FEMA, nonprofit organizations and church groups are important sources of aid in addition to FEMA and should be advertised for community awareness after disasters.

Hurricanes and flooding routinely affect the Coastal Plain of North Carolina, but Hurricane Helene's effects in the western region of the state were unprecedented. At the time of this survey, participants reported being worried or stressed about another disaster affecting their home and changes in the environment. According to the Fifth National Climate Assessment, flooding and other effects from hurricanes have been shown to make people feel insecure in their physical environment (Crimmins et al., 2023). Mobile homes and manufactured housing, common in Buncombe County, are more vulnerable to climate risk than other types of housing. There are barriers to flood insurance and flood disaster assistance due to lack of disaster relief programs for renters and cost of flood insurance. The findings in this report will be increasingly important in the coming years.

The Fifth National Climate Assessment found that hurricanes in the Southeast United States are expected to occur more frequently, rapidly, and intensely due to human-caused climate change. The findings in this report will be increasingly important in the coming years to inform ongoing recovery and rebuilding efforts in Buncombe County and to increase resilience to be prepared for future disasters.

Recommendations

The following recommendations were developed in collaboration with BCHHS-DPH.

1. Expand Access to Coordinated Whole Person Health care

a. Focus Area: Behavioral Health

b. Key Strategies

i. Invest in culturally competent care and workforce training.

ii. Expand Telehealth and Mobile Health options for rural and underserved populations.

iii. Support service providers to use a shared technology platform to better connect individuals with physical, behavioral, and social drivers of health such as NCCARE 360.

iv. Engage local businesses, faith-based groups, and nonprofit organizations to help disseminate information about integrated physical, behavioral, and social health services available in the community.

2. Strengthen Emergency Preparedness Awareness

a. Focus Area: Community Engagement and Education

b. Key Strategies

i. Ensure community awareness of how to evacuate in a disaster, including when to evacuate and which evacuation routes to use.

- Further investigate and address concerns that prevent people from complying with evacuation orders (e.g. not believing it was necessary, concerns about pets).

ii. Collaborate with schools, churches, and nonprofits for outreach on preparedness.

iii. Develop and distribute multilingual preparedness toolkits, including guidance on household disaster planning.

iv. Host culturally responsive workshops and public events.

v. Prioritize high-risk and historically marginalized neighborhoods.

vi. Encourage residents to ensure emergency notifications are enabled in the notification settings of their phone.

3. Launch Environmental Health Education Initiatives

a. Focus Area: Environmental Public Health

b. Key Strategies

i. Educate on safe water, clean air, mold, and vector control.

ii. Include content on climate-related health risks.

iii. Disseminate age-appropriate materials through schools and workplaces.

iv. Partner with media and local leaders to expand reach.

v. Educate on NCDHHS well testing guidelines for yearly microbial contamination testing and other necessary tests.

- Consider supplying well testing kits for free as funding allows.

Limitations

CASPER employs a cross-sectional epidemiologic design (CDC, 2024). Interviews were conducted in Buncombe County on June 4 and 5, 2025, more than eight months after Hurricane Helene. Since all household responses were self-reported, there was potential for recall bias where respondents may have inaccurately remembered and reported past experiences related to the hurricane. Additionally, as data was collected at a single point in time, results from this CASPER may not account for how household needs or conditions have changed over time.

This survey had a Contact Rate of 40% due to survey teams having to replace randomly sampled households with nearby residences after the initially sampled household did not answer the door, refused to participate, was inaccessible, or was ineligible. Therefore, survey teams attempted interviews at more than twice as many households than ultimately consented to complete the interviews. Households that chose to complete the interview may be different from households that did not, such as having greater exposure to or damage from Helene. The lower Contact Rate for this survey indicates less representativeness of the sample to the population.

Survey teams visited households on two weekdays during daylight hours. This may have resulted in an overrepresentation of certain demographic groups, such as households with retired or unemployed members, as compared to the population of Buncombe County. Attempts were made to minimize potential bias by conducting interviews later that day to accommodate a household's availability or visiting a household for a second time if there was no answer.

The CASPER survey was administered by volunteers from the state and local health department, as well as by emergency management, communications, and city and county fire districts. Use of official representatives from state and local government may have contributed to response bias (i.e., social desirability) in how households answered questions on sensitive topics like behavioral health (such as not disclosing increased alcohol/drug use). Additionally, interviews were conducted door-to-door with officials approaching the household wearing yellow vests and badges for identification and safety purposes. This may have dissuaded some households from answering the door. Efforts were made in advance of survey rollout to communicate with the public about the CASPER survey, its purpose, and to alert the public that survey teams would be in communities across Buncombe County conducting interviews.

As a household-based survey, the CASPER only conducted interviews in occupied households across Buncombe County. High-risk populations, including houseless individuals and those living in congregate settings like long-term care or correctional facilities were not included in the survey. These individuals may have greater resource needs and other issues stemming from Hurricane Helene than the surveyed population, as well as other barriers to emergency preparedness and evacuation. It is important for emergency planners to recognize that these populations are not represented in the CASPER results and additional efforts are needed to account for these populations in future planning efforts and emergency response operations.

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- *OEEB = Occupational and Environmental Epidemiology Branch*

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References:

1. US Census Bureau. Urban and Rural. The United States Census Bureau. Published December 16, 2024. www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html
2. NC Department of Health and Human Services. Hurricane Helene Storm Related Fatalities. ncdhhs.gov. Published 2024. www.ncdhhs.gov/assistance/hurricane-helene-recovery-resources/hurricane-helene-storm-related-fatalities
3. US. Hurricane Helene: Record-Breaking Rainfall and Historic Flooding. Weather.gov. Published 2024. www.weather.gov/mrx/Hurricane_Helene
4. Cooper R. *Hurricane Helene Recovery Recommendations Preliminary Damage and Needs Assessment.*; 2024. www.osbm.nc.gov/hurricane-helene-dna/open
5. Johnson, O., Balasuriya, L., Riley, T., Lockard, A. S., Raleigh, A., Ellis, M., Schnall, A. H., Hanchey, A., & Thoroughman, D. (2025). Assessing mental health effects of eastern Kentucky households after the state's deadliest flood: using a community assessment for public health emergency response (CASPER). *Disaster Medicine and Public Health Preparedness, 18,* e331. https://doi.org/10.1017/dmp.2024.137
6. Galea, S., Brewin, C. R., Gruber, M., Jones, R. T., King, D. W., King, L. A., McNally, R. J., Ursano, R. J., Petukhova, M., & Kessler, R. C. (2007). Exposure to hurricane-related stressors and mental illness after Hurricane Katrina. *Archives of General Psychiatry, 64*(12), 1427–1434. https://doi.org/10.1001/archpsyc.64.12.1427
7. Silver, S. R., Li, J., & Quay, B. (2022). Employment status, unemployment duration, and health-related metrics among US adults of prime working age: Behavioral Risk Factor Surveillance System, 2018-2019. *American Journal of Industrial Medicine, 65*(1), 59–71. https://doi.org/10.1002/ajim.23308
8. Crimmins, A.R. (editor) et al. "Fifth National Climate Assessment", 2023, https://repository.library.noaa.gov/view/noaa/61592
9. Centers for Disease Control and Prevention. (2024). *Overview of Casper.* Centers for Disease Control and Prevention. www.cdc.gov/casper/php/overview/index.html

Appendix A: Questionnaire

Community Assessment for Public Health Emergency Response (CASPER) - Hurricane Helene, Buncombe County, NC 2025

HH = Household, DK = Don't know; PNA = Prefer not to answer, NA = Not applicable

Date: ____/____/2025 **Cluster Number: _____** **Interview Number: _____** **Team name: _____**

[Complete before beginning survey]

Type of structure: □ *Single family home* □ *Multiple unit* □ *Mobile home* □ *Other* _____

Are there currently any of the following on the property *(Check ALL that apply)*
□ *Environmental debris (e.g. trees)* □ *HH debris* □ *On-site HH debris disposal container* □ *Other:* _____ □ *None*

First, we would like to gather some info about your HH – this includes yourself and any others who sleep at your home most nights

Q1. Including yourself, how many people live in your home? ____ (#)

Q2. Including yourself, how many people living in your HH are
Less than 2 years old? ___ (#) 2-17 years old? ____ (#)
18-64 years old? ____ (#) 65+ years? ____ (#) □ DK □ PNA

Q3. Does your HH own or rent your home? *(Check ONE)*
□ Own □ Rent □ Occupied without ownership or rent □ DK □ PNA

Q4. Is anyone displaced by the hurricane currently staying in this home? *(Check ONE)* □ Yes □ No □ DK □ PNA

Q5. Did anyone in your HH… *(Check ALL that apply)*
□ Lose a job(s) after Hurricane Helene and still have not found work
□ Lose a job(s) initially after Hurricane Helene but found one later
□ Gain a job(s) after Hurricane Helene
□ Neither lost nor gained a job(s) after Hurricane Helene
□ Have work hours reduced since Hurricane Helene
□ Have work hours increased since Hurricane Helene □ DK □ PNA

Q6. Is anyone in your HH covered by any of the following sources of health insurance? *(Check ALL that apply)*
□ Insurance through a current or former employer or union
□ Insurance purchased directly from an insurance company
□ Medicare, for people 65 and older, or people with certain disabilities
□ Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability
□ TRICARE or other military health insurance
□ Veterans Affairs (enrolled for VA health care)
□ Indian Health Services
□ Any other type of health insurance or health coverage plan
□ At least one member without insurance
□ All members of HH uninsured
□ DK □ PNA

The next few questions are about whether your household evacuated because of the hurricane

Q7. Did any members of your HH evacuate your home because of Hurricane Helene? *(Check ONE)*
□ Yes – some members □ Yes – all members If YES, where to? _____ □ No evacuation □ DK □ PNA

Q8. What were the main reasons that prevented your HH from evacuating? *(Check ALL that apply)*
□ Did not need to evacuate
□ Did not believe evacuation was necessary
□ Did not receive evacuation alerts or warnings
□ Roads damaged/impassable
□ Road congestion/traffic
□ No transportation
□ Not able to buy gas
□ Nowhere to go
□ Concern about leaving property
□ Concern about leaving pets
□ Concern about leaving horses/ chickens/livestock
□ Concern about family safety
□ Inconvenient/expensive
□ Health problems prevent evacuation
□ Other _____
□ No reason, all members of the HH evacuated
□ DK □ PNA

Now we would like to know more about your household's repair and recovery status after Hurricane Helene in September 2024

Q9. How would you describe the damage to your home from the hurricane? *(Check ONE)*
□ None □ Minimal □ Moderate □ Severe □ DK □ PNA

Q10. How close is your home (not including landscape) to being how it was prior to the hurricane? *(Check ONE)*
□ Repaired □ Somewhat Repaired □ Not repaired
□ N/A – Home not damaged □ DK □ PNA

Q11. Has debris and waste been removed from your property?
□ Yes – all □ Yes – some □ No – none □ No – no need □ DK □ Ref

Q12. Do you and members of your HH feel that your home is currently safe to live in? □ Yes □ No □ DK □ PNA

Q13. Has anyone in your HH attempted to receive assistance related to the hurricane from…

FEMA	□ Received	□ Attempted	□ NA	□ DK	□ PNA
State/Local Govt	□ Received	□ Attempted	□ NA	□ DK	□ PNA
Nonprofit Organization	□ Received	□ Attempted	□ NA	□ DK	□ PNA
Church Group	□ Received	□ Attempted	□ NA	□ DK	□ PNA
Other_____	□ Received	□ Attempted	□ NA	□ DK	□ PNA

Now we are going to ask about any mold or musty odors in your home since the hurricane

Q14. Since the hurricane, has your HH seen mold or smelled a moldy/musty odor in your home? *(Check ONE)*
□ Yes *(Q14a)* □ No □ DK □ PNA

Q14a. If YES, does your HH currently have mold or smell moldy/musty odor? *(Check ONE)* □ Yes □ No □ DK □ PNA

Q14b. What, if any, are barriers to taking action to remove the mold or musty smell? *(Check ALL that apply)*
□ Money/cost □ Do not have PPE (boots, gloves, mask) □ Allergies □ Time □ DK □ PNA
□ No cleaning supplies □ Physically unable □ Don't know how □ Other _____

Q15. Since the hurricane, has anybody in your HH experienced any of the following symptoms that may be associated with mold or indoor air quality [please don't report symptoms related to a known illness such as COVID-19, colds, flus, etc.]

Skin rash	□ Yes	□ No	□ DK	□ PNA
Burning eyes	□ Yes	□ No	□ DK	□ PNA
Itchy eyes	□ Yes	□ No	□ DK	□ PNA
Shortness of breath	□ Yes	□ No	□ DK	□ PNA
Wheezing	□ Yes	□ No	□ DK	□ PNA
Asthma attack(s)	□ Yes	□ No	□ DK	□ PNA
Other respiratory difficulties	□ Yes	□ No	□ DK	□ PNA

Q16. Since the hurricane, have you or a member of your HH been told by a health care professional that you/they have new or worsening…

Environmental allergies	□ Yes	□ No	□ DK	□ PNA
Food allergies	□ Yes	□ No	□ DK	□ PNA
Asthma	□ Yes	□ No	□ DK	□ PNA
COPD	□ Yes	□ No	□ DK	□ PNA
Emphysema	□ Yes	□ No	□ DK	□ PNA
Hypertension	□ Yes	□ No	□ DK	□ PNA
Heart Disease	□ Yes	□ No	□ DK	□ PNA

The next question is about access to healthcare

Q17. Since Hurricane Helene has it been difficult for you or anyone in your HH to get the medical care they needed? *(Check ONE)*

☐ Yes *(Q17a)* ☐ No – received from usual source ☐ No – received from other source (e.g., mobile clinic, red cross, etc.)

☐ No – did not need help ☐ DK ☐ PNA

Q17a. If yes, why? ☐ Usual clinic closed/healthcare provider unavailable ☐ Home health service disrupted

☐ Insurance problems ☐ No childcare ☐ No cell phone/Internet access

☐ Money/cost ☐ No transportation ☐ Other _____ ☐ DK ☐ PNA

Observed Environmental Impacts

Q18. Are you and members of your HH aware of any current environmental health hazards near your residence such as contaminated water, soil, or air since the hurricane? Environmental health hazards are pollutants in the environment that can cause health problems in people. ☐ Yes ☐ No ☐ DK ☐ PNA If YES: (*specify*) _____

Now, we are going to ask about your households drinking water

Q19. Before the hurricane, what was your HH's main source of drinking water? *(Check ONE)* ☐ Private/Shared well ☐ Municipal/Tap ☐ Cistern ☐ Bottled ☐ Spring water ☐ Other _____ ☐ DK ☐ PNA

Q20. What is your HH's current source of drinking water? *(ONE)* ☐ Private/Shared well ☐ Municipal/Tap ☐ Cistern ☐ Bottled ☐ Spring water ☐ Other _____ ☐ DK ☐ PNA

Q21. Does your HH feel that your source of tap water is safe? ☐ Yes ☐ No ☐ NA – no tap water ☐ DK ☐ PNA

Q22. If your HH ever used well water, was your HH's well flooded (water covering the top of the well) during or immediately after Hurricane Helene? ☐ Yes *(Q22a)* ☐ No ☐ NA – never used well ☐ DK ☐ PNA

Q22a. ***If YES*** (HH's well was flooded), did you treat your well?

☐ Yes, now drinking the well water

☐ Yes, but not yet drinking the well water

☐ No, now drinking well water, don't plan to treat the well

☐ No, not drinking the well water, but plan to treat the well

☐ No, not drinking the well water, don't plan to treat the well

☐ DK ☐ PNA

Q22b. ***If YES*** (HH's well was flooded), has your HH's well been tested since the flooding?

☐ Yes, tested through local or state government

☐ Yes, tested independently

☐ No, but plan to test

☐ No, and no plans to test *(Q22c)* ☐ DK ☐ PNA

Q22c. If NO plans to test, why not? _____

Q23. Would your HH like to receive information on how to receive a free testing kit for your well? ☐ Yes ☐ No ☐ NA – no well ☐ DK ☐ PNA

The next question is about your household's septic system

Q24. Does your HH have a septic system? ☐ Yes *(Q24a)* ☐ No ☐ DK ☐ PNA

Q24a. Did your HH's septic system flood (i.e. any portion completely covered with water) during and after the hurricane? ☐ Yes ☐ No ☐ DK ☐ PNA

Q24b. After the hurricane, has your HH experienced any of the following signs of septic system issues?

☐ Sewage backing up into your toilets, tubs, or sinks

☐ Sewage overflowing from the septic tank or pump tank

☐ Unusual odors around the septic tank, drain field, or in the home

☐ Fixtures draining very slowly

☐ Sewage on the ground surface after the pump turns on

☐ A soggy area in the yard where the septic system is even if there has not been any rain

☐ No ☐ DK ☐ PNA

The next questions are about the health of you and members of your household

Q25. Since the hurricane (late September 2024), have you or members of your HH had new or worsening:

Difficulty Concentrating	☐ Yes	☐ No	☐ DK	☐ PNA
Trouble Sleeping	☐ Yes	☐ No	☐ DK	☐ PNA
Depressed mood	☐ Yes	☐ No	☐ DK	☐ PNA
Anxiety/worry	☐ Yes	☐ No	☐ DK	☐ PNA
Increased alcohol/drug use	☐ Yes	☐ No	☐ DK	☐ PNA
Feeling alone/isolated	☐ Yes	☐ No	☐ DK	☐ PNA
Feelings of numbness	☐ Yes	☐ No	☐ DK	☐ PNA

Q26. Since Hurricane Helene, have you or anyone in your HH received help from a counselor, pastor/clergy member, therapist, case worker, or social worker for behavioral health concerns? ☐ Yes ☐ No, but needed help ☐ Didn't need help ☐ DK ☐ PNA

Q27. Since the hurricane, if you or anyone in your HH has had difficulty in seeking services for behavioral health concerns, what are those reasons? _____

_____

☐ No difficulties ☐ No need for services ☐ DK ☐ PNA

Q28. Since the disasters, has your HH worried or stressed about…

Another disaster affecting our home	☐ Yes	☐ No	☐ DK	☐ PNA
Feeling safe in the community	☐ Yes	☐ No	☐ DK	☐ PNA
Paying rent or mortgage	☐ Yes	☐ No	☐ DK	☐ PNA
Being able to pay bills	☐ Yes	☐ No	☐ DK	☐ PNA
Having enough food to eat	☐ Yes	☐ No	☐ DK	☐ PNA
Changes in the environment	☐ Yes	☐ No	☐ DK	☐ PNA
Health of yourself/family member	☐ Yes	☐ No	☐ DK	☐ PNA

Q29. How does your HH prefer to get mental health support? *(Check ALL that apply)* ☐ Trusted source of self-help information

☐ Drop-in support groups ☐ Virtual support ☐ Support within primary care office ☐ School-based support

☐ In-person support ☐ Individualized counseling ☐ Faith-based support ☐ Other _____ ☐ None/NA ☐ DK ☐ PNA

Q30. Last question, what is your greatest need at this time?

☐ Nothing ☐ DK ☐ PNA

Evaluación de la comunidad para la respuesta a emergencia de salud pública (CASPER, por sus siglas en inglés) del huracán Helene
Condado de Buncombe, Carolina del Norte 2025

NLS = No lo sé; PNR = Prefiero no responder, NA = No aplica

Fecha: ___/___/2025 **Número de grupo: _____** **Número de entrevista: _____** **Nombre del equipo: _____**

[Completar antes de comenzar la encuesta]

Tipo de estructura □ *Casa unifamiliar* □ *Unidad múltiple* □ *Casa móvil / rodante* *Otra* _____

¿Hay actualmente alguno de los siguientes elementos en la propiedad? *(seleccione TODAS las que correspondan):* □ *Desechos ambientales (por ejemplo, árboles)* □ *Desechos del hogar* □ *Contenedor de eliminación de escombros del hogar en el sitio* □ *Otros:* _____ □ *Ninguno:* _____

Primero, nos gustaría recopilar información sobre su hogar, esto incluye a Ud. y a cualquier otra persona que duerma en su casa la mayoría de las noches

P1. Incluyéndose a usted, ¿cuántas personas viven en su hogar? ____(#)

P2. Incluyéndose a usted mismo, cuántas personas que viven en su hogar tienen:
Menos de 2 años ___ (#) De 2 a 17 años ____ (#)
De 18 a 64 años ____ (#) Más de 65 años ____ (#) □ NLS □ PNR

P3.¿Es el propietario/dueño o renta su casa? *(Seleccione UNA opción)*
□Soy dueño □ Rento □Ocupo sin ser propietario ni rentar □NLS □PNR

P4. ¿Hay alguien desplazado por el huracán viviendo actualmente en esta propiedad? *(Seleccione UNA opción)* □ Sí □ No □ NLS □ PNR

P5. ¿Alguien en su hogar…? *(seleccione TODAS que correspondan)*
□ Perdió un(os) empleo(s) tras el huracán Helene y aún no ha encontrado trabajo.
□ Perdió un(os) empleo(s) inicialmente después del huracán Helene, pero encontró un(os) empleo(s) más tarde.
□ Consiguió trabajo(s) después del huracán Helene.
□ Ni perdió ni ganó empleo después del huracán Helene.
□ Ha reducido las horas de trabajo desde el huracán Helene.
□ Ha aumentado las horas de trabajo desde el huracán Helene. □ NLS □ PNR

P6. ¿Alguien en su hogar está cubierto por alguna de las siguientes fuentes de seguro de salud? *(seleccione TODAS las que correspondan)*
□ Seguro a través de un empleador o sindicato actual o anterior. □ Seguro comprado directamente a una compañía de seguros.
□ Medicare, para personas de 65 años o más, o personas con ciertas discapacidades.
□ Medicaid, asistencia médica o cualquier tipo de plan de asistencia gubernamental para personas de bajos ingresos o con una discapacidad.
□ TRICARE u otro seguro médico militar.
□ Asuntos de Veteranos (inscrito para la atención médica de VA).
□ Servicios de Salud para indígenas estadounidenses.
□ Cualquier otro tipo de seguro médico o plan de cobertura médica.
□ Al menos un miembro sin seguro.
□ Todos los miembros del hogar no tienen seguro. □ NLS □ PNR

Las siguientes preguntas son sobre si personas en su hogar fueron evacuadas debido al huracán

P7. ¿Algún miembro de su hogar evacuó su casa debido al huracán Helene? *(Elija UNA)*
□ Sí-algunos □ Sí-todos Si afirmativo, a dónde?_____ □ No evacuamos □ NLS □ PNR

P8. ¿Cuáles fueron las principales razones que impidieron que su hogar evacuara? *(Seleccione TODAS las que correspondan)*
□ No tuve que evacuar.
□ No creía que la evacuación fuera necesaria.
□ No recibí alertas o advertencias de evacuación.
□ Carreteras dañadas y/o intransitables.
□ Vías congestionadas y/o tráfico.
□ Falta de transporte.
□ No pude comprar gasolina.
□ No había a dónde ir.
□ Preocupación por dejar la propiedad.
□ Preocupación por dejar mascotas.
□ Preocupación por dejar caballos, pollos, y/o ganado.
□ Preocupación por la seguridad familiar.
□ Inconveniente y/o caro.
□ Los problemas de salud impiden la evacuación.
□ Otro _____
□ Sin motivo, todos los miembros del hogar fueron evacuados.
□ NLS □ PNR

Ahora nos gustaría saber sobre la reparación de su hogar y el estado de recuperación después del huracán Helene en septiembre de 2024

P9. ¿Cómo describiría los daños causados por el huracán a su casa? *(Elija UNA)* □ Ninguno □ Mínimo □ Moderado □ Severo □ NLS □ PNR

P10. ¿Qué tan cerca está su casa (sin incluir sus alrededores) de estar como estaba antes del huracán? *(Elija UNA)* □ Reparado □ Algo Reparado □ No reparado □ NA – Casa no dañada □ NLS □ PNR

P11. ¿Se han retirado los escombros y residuos de su propiedad?
□Sí – todos □Sí - algunos □No - ninguno □No - no es necesario □NLS □ PNR

P12. ¿Usted y los miembros de su hogar sienten que su casa es actualmente segura para vivir? □ Sí □ No □ NLS □ PNR

P13. ¿Alguien en su hogar ha intentado recibir asistencia relacionada con el huracán de…

FEMA	□ Recibí □ Intenté □ NA □ NLS □ PNR
Gobierno estatal o local	□ Recibí □ Intenté □ NA □ NLS □ PNR
Instituciones sin fines de lucro	□ Recibí □ Intenté □ NA □ NLS □ PNR
Grupo de la iglesia	□ Recibí □ Intenté □ NA □ NLS □ PNR
Otro_____	□ Recibí □ Intenté □ NA □ NLS □ PNR

Ahora vamos a preguntar sobre cualquier moho u olor a moho en su hogar desde el huracán

P14. Desde el huracán, ¿su hogar ha visto moho u olido un olor a moho y/o humedad en su casa? *(Elija UNA)* □ Sí *(P14a)* □ No □ NLS □ PNR

P14a. Si contestó SÍ, ¿tiene su hogar actualmente moho u olor a moho y/o humedad? *(Elija UNA)* □ Sí □ No □ NLS □ PNR

P14b. ¿Cuáles son las barreras, si las hay, para tomar medidas para eliminar el moho o el olor a humedad? *(Seleccione TODAS las que correspondan)*

□Dinero y/o costo. □Falta de EPP (botas, guantes, mascarilla) □Falta de conocimiento (cómo hacerlo) □Alergias □Tiempo □ NLS □PNR
□ Falta de suministros de limpieza. □Incapacidad física □Otro _____

P15. Desde el huracán, ¿alguien en su hogar ha experimentado alguno de los siguientes síntomas que pueden estar asociados con problemas de moho o de calidad del aire interior? [por favor, no incluya síntomas relacionados con una enfermedad conocida, como COVID-19, resfriados, gripes (influenza), etc.].

Erupción en la piel	□ Sí □ No □ NLS □ PNR
Ardor de ojos	□ Sí □ No □ NLS □ PNR
Picazón en los ojos	□ Sí □ No □ NLS □ PNR
Dificultad para respirar	□ Sí □ No □ NLS □ PNR
Sibilancia	□ Sí □ No □ NLS □ PNR
Ataque asmático	□ Sí □ No □ NLS □ PNR
Otras dificultades respiratorias	□ Sí □ No □ NLS □ PNR

P16. Desde el huracán, un profesional de la salud le ha dicho a usted o a un miembro de su hogar que usted o ellos tienen algo nuevo o que está empeorando de lo siguiente:

Alergias ambientales	□ Sí □ No □ NLS □ PNR
Alergias alimentarias	□ Sí □ No □ NLS □ PNR
Asma	□ Sí □ No □ NLS □ PNR
EPOC	□ Sí □ No □ NLS □ PNR
Enfisema	□ Sí □ No □ NLS □ PNR
Hipertensión	□ Sí □ No □ NLS □ PNR
Enfermedad del corazón	□ Sí □ No □ NLS □ PNR

La próxima pregunta es sobre el acceso a la atención médica

P17. Desde el huracán Helene, ¿le ha resultado difícil a usted o a alguien en su hogar obtener la atención médica que necesitaban? (Elija UNA)
□ Sí (P17a) □ No – se recibió de la manera habitual □ No – se recibió de otro lado [por ejemplo, clínica móvil, cruz roja, etc.]
□ No, no necesitaba ayuda. □ NLS □ PNR

P17a. De ser así, ¿por qué? □ Clínica habitual cerrada y/o proveedor de atención médica no disponible.

- ☐ Clínica habitual cerrada y/o proveedor de atención médica no disponible.
- ☐ Servicio de salud en el hogar interrumpido.
- ☐ Dinero y/o costo.
- ☐ Problemas con el seguro.
- ☐ Falta de cuidado infantil.
- ☐ Falta de transporte.
- ☐ Falta de acceso a teléfono móvil y/o internet.
- ☐ Otro _____
- ☐ NLS
- ☐ PNR

Impactos ambientales observados

P18. ¿Usted y los miembros de su hogar conocen algún peligro ambiental actual para la salud cerca de su casa, como agua, suelo o aire contaminado desde el huracán? Los peligros para la salud ambiental son contaminantes en el medio ambiente que pueden causar problemas de salud en las personas.
□ Sí □ No □ NLS □ PNR Si contestó SÍ, *especifique*: _____

Ahora, le vamos a preguntar sobre el agua potable de su hogar

P19. Antes del huracán Helene, ¿cuál era la fuente de agua potable de su hogar? (Elija UNA) □ Pozo Privado □ Municipal / del grifo □ Cisterna □Embotellada □ Agua de manantial □ Otro _____ □ NLS □ PNR

P20. ¿Cuál es la fuente actual de agua potable de su hogar? (UNA) □ Pozo Privado □ Municipal / del grifo □ Cisterna □Embotellada □Agua de manantial □Otro _____ □NLS □PNR

P21. ¿Su hogar cree que su fuente de agua del grifo es segura? □ Sí □ No □ NA □ NLS □ PNR

P22. Si su hogar alguna vez usó agua de pozo, ¿se inundó el pozo de su hogar (agua encima de la parte superior del pozo) durante o inmediatamente después del huracán Helene? □ Sí *(P22a)* □ No □ NA – nunca se usó el pozo □ NLS □ PNR

P22a. Si contestó SÍ (el pozo de hogar se inundó), ¿hizo el tratamiento de su pozo?

- ☐ Sí, ahora bebo el agua del pozo.
- ☐ Sí, pero aún no bebo agua del pozo.
- ☐ No, ahora bebo agua de pozo, no planeo tratar el pozo.
- ☐ No, no bebo agua del pozo, pero planeo hacer el tratamiento del pozo.
- ☐ No, no bebo agua del pozo, no planeo hacer el tratamiento del pozo.

□ NLS □ PNR

P22b. Si contestó SÍ, (el pozo del hogar se inundó), ¿se ha hecho una prueba del pozo de su hogar desde la inundación?

- ☐ Sí, prueba realizada a través del gobierno local o estatal.
- ☐ Sí, prueba realizada de forma independiente.
- ☐ No, pero tenemos planeado hacerlo.
- ☐ No, y no hay planes para hacer la prueba *(P22c).*

□ NLS □ PNR

P22c. Si no tiene planes para realizar una prueba, ¿por qué no?
_____

P23. ¿Le gustaría a su hogar recibir información sobre cómo recibir un kit de prueba gratuito para su pozo? □ Sí □ No □ NA – no hay pozo □ NLS □ PNR

La siguiente pregunta es sobre el sistema séptico de su hogar.

P24. ¿Su hogar tiene un sistema séptico? □ Sí *(P24a)* □ No □ NLS □ PNR

P24a. ¿Se inundó el sistema séptico de su hogar (es decir, cualquier parte completamente cubierta de agua) durante y después del huracán?
□ Sí □ No □ NLS □ PNR

P24b. Después del desastre, ¿su hogar ha experimentado alguno de los siguientes signos de problemas en el sistema séptico?

- ☐ Las aguas residuales se acumularon en los inodoros, bañeras o lavabos.
- ☐ Desbordamiento de aguas residuales desde el tanque séptico o el tanque de la bomba.
- ☐ Olores inusuales alrededor de la fosa séptica, el campo de drenaje o dentro de la casa.
- ☐ Accesorios que drenan muy lentamente.
- ☐ Aguas residuales en la superficie del suelo después de que la bomba se enciende.
- ☐ Un área empapada en el patio donde está el sistema séptico incluso si no ha llovido.
- ☐ No

□ NLS □ PNR

Las siguientes preguntas son sobre la salud de usted y los miembros de su hogar.

P25. Desde el huracán Helene (finales de septiembre de 2024), usted o los miembros de su hogar han tenido algo nuevo o que empeora de lo siguiente:

Problemas de concentración	□ Sí □ No □ NLS □ PNR
Problemas para dormir	□ Sí □ No □ NLS □ PNR
Depresión	□ Sí □ No □ NLS □ PNR
Ansiedad o preocupación	□ Sí □ No □ NLS □ PNR
Mayor consumo de alcohol o de drogas	□ Sí □ No □ NLS □ PNR
Sintiéndose solo o aislado	□ Sí □ No □ NLS □ PNR
Sensación de letargo	□ Sí □ No □ NLS □ PNR

P26. Desde el huracán Helene, ¿usted o alguien en su hogar ha recibido ayuda de un consejero, pastor, miembro del clero, terapeuta, gestor de caso o trabajador social para problemas de salud conductual? □ Sí □ No, pero necesitaba ayuda □ No, no necesitaba ayuda □ NLS □ PNR

P27. Desde el huracán Helene, si usted o alguien en su hogar ha tenido dificultades para buscar servicios por problemas de salud conductual, ¿cuáles son esas razones? _____
□ Ninguna dificultad □ No tengo necesidad de los servicios
□ NLS □ PNR

P28. Desde los desastres, ¿los miembros de su hogar se han preocupado o estresado por...

Otro desastre que afecta a nuestro hogar	□ Sí □ No □ NLS □ PNR
Sentirse seguro en la comunidad	□ Sí □ No □ NLS □ PNR
Pago de alquiler o hipoteca	□ Sí □ No □ NLS □ PNR
Poder pagar facturas	□ Sí □ No □ NLS □ PNR
Tener suficiente comida para comer	□ Sí □ No □ NLS □ PNR
Cambios en el entorno	□ Sí □ No □ NLS □ PNR
Salud de usted/miembro de la familia	□ Sí □ No □ NLS □ PNR

P29. ¿Cómo prefiere obtener apoyo de salud mental? *(seleccione TODAS las que correspondan)* □ Fuente confiable de información de autoayuda. □ Grupos de ayuda sin cita previa. □ Ayuda virtual. □ Apoyo dentro de la oficina de atención primaria. □ Ayuda basada en la fe. □ Ayuda en persona. □ Asesoramiento individualizado. □ Ayuda en la escuela. □ Otro _____ □ Ningún/NA □ NLS □PNR

P30. Última pregunta, ¿cuál es su mayor necesidad en este momento?
□ Nada □ NLS □ PNR

Appendix B: Informed Consent Script

Buncombe County, NC

Community Assessment for Public Health Emergency Response (CASPER)

Hello, we are _____ and _____with the Buncombe County Public Health Department.

We are here today to learn about the impact of Hurricane Helene on you and your household.

- The purpose of this conversation is to get a better idea of what kind of help people still need in Buncombe County after Hurricane Helene.
- This interview should take no more than 15 minutes to complete.
- If your household agrees to participate, we will ask you some general questions about your home, the health issues of the people who live here, and questions about your experience with Helene.
- This interview is completely confidential. We will not ask for any information that can identify you or your household. Your address is not recorded with your answers.
- You or your household do not have to answer any questions if you do not want to, and you can end the interview at any time.

If you and your household would like to confirm that we are with the Buncombe County Public Health Department, you can call Buncombe County Health and Human Services at (828) 250-5000.

[Surveyor: Wait for respondent to clearly answer YES or NO after each question below]

1. Would you be willing to participate in this survey?
2. Do you live in this home?
    a. If “no”: Is there someone else who lives in this home that we can speak to?
3. Are you at least 18 years or older?
    a. If “no”: Is there someone else 18 years or older who lives in this home that we can speak to?

[IF NO TO ANY ABOVE, THANK THEM FOR THEIR TIME]

Buncombe County, NC

Community Assessment for Public Health Emergency Response (CASPER)

Hola, somos _____ y _____con el Departamento de Salud Pública del Condado de Buncombe.

Estamos aquí hoy para aprender sobre el impacto del huracán Helene en usted y su hogar.

- El propósito de esta conversación es tener una mejor idea de qué tipo de ayuda sigue necesitando la gente en el condado de Buncombe después del huracán Helene.
- Completar esta entrevista no debería llevar más de 30 minutos.
- Si su hogar acepta participar, le haremos algunas preguntas generales sobre su hogar, los problemas de salud de las personas que viven aquí y preguntas sobre su experiencia con Helene.
- Esta entrevista es completamente confidencial. No le pediremos ninguna información que pueda identificarlo a usted o a su hogar. Su dirección no se registra con sus respuestas.
- Usted o su familia no tienen que responder ninguna pregunta si no lo desean, y pueden finalizar la entrevista en cualquier momento.

Si usted y su familia desean confirmar que estamos con el Departamento de Salud Pública del Condado de Buncombe, pueden llamar a Salud y Servicios Humanos del Condado de Buncombe al (828) 250-5000.

¿Tiene alguna pregunta sobre la entrevista?

[espere a que el encuestado responda claramente sí o no]

1. ¿Su familia está dispuesta a participar en esta entrevista?
2. ¿Vive usted en esta casa?
    a. Si "no": ¿Hay alguien más que viva en esta casa con quien podamos hablar?
3. ¿Tiene al menos 18 años o más?
    b. Si "no": ¿Hay alguien más mayor de 18 años que viva en esta casa con quien podamos hablar?

[Le agradezco mucho por su tiempo.]

Appendix C: Safety Sheet

Community Health Assessment for
Public Health Emergency Response, Hurricane Helene
Buncombe County, NC

June 4th-6th, 2025

Training Outline and Agenda

Headquarters Location

Buncombe County Health and Human Services
40 Coxe Ave., Asheville, NC 28801

Training

Wednesday, 9:00 am – Noon

- Welcome and Introductions
- Hurricane Helene Overview
- Survey Overview
- Sampling Approach
- STRETCH BREAK
- Safely Conducting Door-to-Door Interviews
- Interview Techniques
- Review Questionnaire
- STRETCH BREAK
- Team Binders & Supplies
- Check In & Check Out Procedures
- Wrap-up

Door-to-Door Interviews

Wednesday, 1-6:00 pm
Thursday & Friday, 9:30 am – 6:00 pm

- Meet at HQ at **9:30 am**
- Quick briefing
- Collect materials
- Teams check out
- Teams conduct interviews ~10:00am – 5:30 pm
- Teams check in by **6:00 pm** at the latest.

Team Safety Checklist

1. Operations/Technical Assistance:
   a Call/Text into the Survey Headquarters:

Survey Managers	**Cell Phone**

2. For safety assistance call **<contact name and phone number>**. **You may also call 9-1-1 directly for urgent emergency. Give your specific location.**

3. Safety check in calls. Call/Text into the Survey Headquarters:
   a. After you complete your first interview
   b. On your way back to the Survey Headquarters after you have completed your final survey

4. Additionally, check your cell phone often. The Survey Headquarters staff may try to contact you and leave messages as necessary. Please remember to check your phone.

5. When approaching a home, wait a minute to get out of your vehicle. Observe what's going on and be aware of your surroundings. If you have a bad feeling, leave.

6. Beware of dogs, cats, and other animals even if they seem friendly. Avoid petting or picking up pets. Use caution when entering gated yards. For Animal Control emergencies, contact:
   Animal Control in the city of Asheville ***(828) 252-1110***
   Animal Control in Buncombe County ***(828) 250-6670***

7. Complete the interview outside of the home.

8. Be aware of remote areas where there may not be restrooms nearby. Use the restroom in town areas at a public place, never at a residence.

9. County staff should have their badges/ID, all others have some other form of ID.

10. Be a safe driver. Be productive, but don't rush.

11. Ensure paper surveys and tablets are always kept secure and in your possession.

12. **Survey Headquarters Check In: Your team should be checked in to the Survey Headquarters (where you started) no later than 6:00 pm. That means even if you have one more interview left in your cluster and it is 6:00 pm, you need to come back to base. Please report in on time.**

13. **ARRIVING BACK AT BASE:** Remember to check your vehicle to make sure you are bringing in all the items you checked out with. Check for your phones, charging cords, the team binder, tablets, questionnaires, etc. – Refer to the Team Check-Out List before coming in to save time.

It is imperative that your team follows the specified guidelines above. Use good judgment and common sense. Your safety is more important than conducting an additional interview.

Appendix D: Tracking Form

TEAM #: CLUSTER #:

Survey Tracking Form

Date: _____ Interview Team: _____
(# and Names)

Status Codes: Enter a code for every door you knock on

IC: Interview Conducted	**NE**: No Resident Eligible
NT: Not Home	**LB**: Language Barrier
AB: Abandoned/Appears vacant	**CB**: Come back (write time)
IR: Interview Refused	

			Status Codes			
	Cluster-Survey	Address	Attempt 1	Attempt 2	Attempt 3	NOTES
Example	1-1	*101 Main Street Apt. B*	CB-4pm	IC		*come back Saturday*
	1-2	*201 Main Street*	IR			--

EXAMPLE ONLY

TEAM #: 1 CLUSTER #: 2

Survey Tracking Form

Date: 10/12/23
10/14/23

Interview Team: 1 - MATT + LAURA
(# and Names) 1 - MARK + LAURA

Randomly Selected Point & Address		Status
2-1	7289 Burlington Rd, Trlr 3, Whitsett	IC
2-2	7289 Burlington Rd, Trlr 18, Whitsett	IC
2-3	107 Walnut Crossing Dr, Whitsett	IC
2-4	117 Walnut Crossing Dr, Whitsett	IC
2-5	311 Walnut Crossing Dr, Whitsett	IC
~~2-6~~	509 Walnut Crossing Dr, Whitsett	IC
2-7	609 Walnut Crossing Dr, Whitsett	IC

Status Codes: Enter a code for every door you knock on

IC: Interview Conducted
NT: Not Home
AB: Abandoned/Appears vacant
IR: Interview Refused
NE: No Resident Eligible
LB: Language Barrier
CB: Come back (write time)

EXAMPLE ONLY

	Cluster-Survey	Address	Status Codes: Attempt 1	Attempt 2	Attempt 3	NOTES
Example	2-1	*101 Main Street Apt. B*	CB-4pm	IC		*come back Saturday*
	2-2	*201 Main Street*	IR			--
	2-1	7289 BURL. TRLR 3	NT			
	2-1	" " 4	NT			
	2-1	5	IC	—	—	
	2-2	" " 18	IR			
	↓	19	NT	CB	IC	2pm - SAT
	↓	20	NT	IR	X	
	2-3	107 WALNUT	NT	NT	NT	
	↓	109 "	NT	IR	X	
	↓	111 "	NT	NT	IR	
	↓	106 "	NT	NT	IR	
	↓	108 "	LB	→	IC	SPANISH SPEAKER
	2-4	117 WALNUT	IC			
	2-5	311 WALNUT	AB	—	—	
	'	313 "	IC			
	2-7	609 WALNUT	NT	→	NT	
	↓	611 "	NT	→	IC	
	↓	613 "	NT			
	↓	615 "	IR	—	—	
	↓	617 "	NT			
	↓	619 "	NT			
	↓	621 "	NT			

Appendix E: Press Releases

BUNCOMBE COUNTY NORTH CAROLINA | I WANT TO... | COUNTY SERVICES | TRANSPARENCY | COMP PLAN 2043 | 2022 BONDS

In-Person Public Health Survey June 4 - 6



Buncombe County Re-Launches CASPER Survey to Assess Community Needs

Buncombe County Public Health is rebooting efforts to conduct a door-to-door survey about specific public health needs or trends occurring in areas of Buncombe County in the wake of Tropical Storm Helene. The goal of the Community Assessment for Public Health Emergency Response (CASPER) survey is designed to better understand community needs, identify public health issues, and inform recovery and preparedness efforts.

Trained Public Health teams will visit randomly selected households throughout Buncombe County on June 4-6, 2025, during the afternoon and early evening. The survey will cover questions about household demographics, emergency preparedness, health needs, and access to resources. We encourage everyone who is available to answer the door and participate. However, please note that participation is voluntary, and all responses will remain anonymous.

The CASPER methodology is a proven tool to quickly assess the needs of communities and identify gaps in resources. For example, CASPER has been used to estimate the public health needs of a community and to assist in planning for emergency response. The survey process also creates a valuable touchpoint with households by providing additional connections to resources, well water testing kits, and disaster case management.

"Understanding the needs of our community continues to be essential for responding to and preparing for emergencies," said Dr. Ellis Matheson, Buncombe County Public Health Director. "The CASPER survey will provide invaluable insights into how we can better support our residents now and in the future."

In addition to a press release, Buncombe County will notify survey communities via Next Door, print flyers, and through a BC Alert. Questions about the Buncombe County Public Health's CASPER process can be directed to Buncombe County Public Health via email at this website or by calling 828-250-5109.

Filter News:

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Article Information

Updated May 20, 2025 11:28 AM
Published May 16, 2025 02:03 PM

Featured News

Previous Article: Buncombe County Memorial Day Schedules

Next Article: Free Community Fair: Flip the Script on Aging



Buncombe County Public Health Survey

Coming to Your Area!

April 2 & 3, 2025

PUBLIC HEALTH WILL BE VISITING HOUSEHOLDS IN YOUR AREA TO CONDUCT AN IN-PERSON SURVEY TO HEAR ABOUT TRENDING HEALTH ISSUES & COMMUNITY HEALTH NEEDS!

Learn more about the survey at www.buncombeready.org or by scanning the QR Code.

SCAN ME

BUNCOMBE COUNTY
HEALTH & HUMAN SERVICES



Encuesta de Salud Pública del Condado de Buncombe

¡Llegando a tu Zona!

2 y 3 de abril de 2025

¡EL DEPARTAMENTO DE SALUD PÚBLICA VISITARÁ LOS HOGARES DE SU ÁREA PARA REALIZAR UNA ENCUESTA EN PERSONA PARA CONOCER LOS PROBLEMAS DE SALUD DE TENDENCIA Y LAS NECESIDADES DE SALUD DE LA COMUNIDAD!

Obtenga más información sobre la encuesta en www.buncombeready.org o escaneando el código QR.

ESCANEAME

CONDADO DE BUNCOMBE
SALUD Y SERVICIOS HUMANOS

Appendix F: Materials Provided to Households

Support & Recovery Resources

NC Disaster Case Management

The state-led North Carolina Disaster Case Management Program (NC-DCM) is available to guide individuals and households in Buncombe County through the Tropical Storm Helene recovery process.

To get started, call the NC-DCM Contact Center at 844-746-2326. The Contact Center is open Monday-Friday, 8 a.m.-5 p.m.

You can also fill out the NC-DCM intake survey at www.ncdps.gov/helene/dcm.

Well & Septic Permitting

Buncombe County Environmental Health provides permitting, inspection, and approval of septic tank systems.

Applications for permitting can be submitted:

- **In person** at 30 Valley Street, Asheville. Before visiting in person, call (828) 250-5360 for information on required documentation.
- **By mail** to 30 Valley Street, Asheville, NC 28801. Include PIN and plat of property.
- **By fax** to (828) 250-6082. Only use fax if you are paying by credit card.

Find applications at www.buncombecounty.org/governing/depts/health/environmentalhealth.aspx.

Medicaid Enrollment

If you are applying for Medicaid and do not have all your required documents because of Helene, contact Buncombe County Health & Human Services by calling (828) 250-5500.

You can apply for Medicaid any time of the year:

- **Online** through www.epass.nc.gov.
- **In person** at 40 Coxe Avenue, Asheville.
- **By phone** at (828) 250-5500.

Learn more online at www.buncombecounty.org/Governing/Depts/PublicAssistance/Medicaid.aspx.

Primary Care Physicians

Federally Qualified Health Centers (FQHCs) provide primary care and other services, such as behavioral health, at low or no cost to qualified patients.

These are the FQHCs in Buncombe County:

- **Appalachian Mountain Health**, www.appalachianmountainhealth.org
- **Blue Ridge Health**, www.brchs.com
- **Mountain Area Health Education Center**, www.mahec.net
- **Western North Carolina Community Health Services**, www.wncchs.org

Behavioral Health Support

These organizations offer behavioral health services at low or no cost to qualified patients:

- **All Souls Counseling,** www.allsoulscounseling.org
- **C3@356 Comprehensive Care Center**, 356 Biltmore Avenue or (828) 210-2651
- **Disaster Distress Helpline**, call or text (800) 985-5990
- **Resources for Resilience**, www.resourcesforresilience.com
- **SeekHealing**, www.seekhealing.org
- **Vaya Health,** www.vayahealth.com

Find additional storm recovery resources online by scanning the QR code or visiting www.buncombecounty.org/countycenter/news-detail.aspx?id=21910.

Recursos de Apoyo y Recuperación

Manejo de casos de desastre de Carolina del Norte

El Programa estatal de Administración de Casos de Desastre de Carolina del Norte (NC-DCM) está disponible para ayudar a las personas y los hogares en el condado de Buncombe a través del proceso de recuperación de la tormenta tropical Helene.

Para empezar, llame al Centro de Contacto de NC-DCM al 844-746-2326. El Centro de Contacto está abierto de lunes a viernes, de 8. a.m. a 5. p.m.

También puede responder a la encuesta de inscripción de NC-DCM en www.ncdps.gov/helene/dcm.

Permisos para pozos y fosa sépticas

La división de Salud Ambiental del condado de Buncombe se encarga de la autorización, inspección y aprobación de los sistemas de fosas sépticas..

Se pueden presentar solicitudes de permiso:

- En persona en 35 Woodfin Street, Asheville. Antes de ir, llame al (828) 250-5360 para obtener información sobre la documentación necesaria.
- Por correo a 35 Woodfin Street, Asheville, NC 28801. Incluya el PIN y el plano de la propiedad.
- Por fax al (828) 250-6082. Utilice el fax sólo si usted está pagando con tarjeta de crédito.

Encuentre las aplicaciones en www.buncombecounty.org/governing/depts/health/environmentalhealth.aspx.

Para inscribirse en Medicaid

Si está solicitando Medicaid y debido a la Tormenta Helene no tiene todos sus documentos requeridos, comuníquese con el Departamento de Salud y Servicios Humanos del Condado de Buncombe llamando al (828) 250-5500.

Puede solicitar Medicaid durante todo el año:

- **En línea** a través de www.epass.nc.gov.
- **En persona** en 40 Coxe Avenue, Asheville.
- **Por teléfono:** (828) 250-5500.

Para más información, visite www.buncombecounty.org/Governing/Depts/PublicAssistance/Medicaid.aspx

Médicos de cuidado primario

Los Centros de Salud Federalmente Calificados (FQHCs, por sus siglas en inglés) proporcionan atención primaria y otros servicios, como salud conductual, a bajo o ningún costo para los pacientes elegibles.

Estos son los FQHC del condado de Buncombe:

- **Appalachian Mountain Health**, www.appalachianmountainhealth.org
- **Blue Ridge Health**, www.brchs.com
- **Mountain Area Health Education Center**, www.mahec.net
- **Western North Carolina Community Health Services**, www.wncchs.org

Apoyo para la Salud del Comportamiento

Estas organizaciones ofrecen servicios de salud conductual a bajo costo o gratis a los pacientes elegibles:

- **All Souls Counseling,** www.alllsoulscounseling.org
- **C3@356 Comprehensive Care Center**, 356 Biltmore Avenue or (828) 210-2651
- **Disaster Distress Helpline (Línea de Ayuda para el Estrés por Desastre)**,call or text (800) 985-5990
- **Resources for Resilience**, www.resourcesforresilience.com
- **SeekHealing**, www.seekhealing.org
- **Vaya Health,** www.vayahealth.com

Encuentre recursos adicionales en línea para recuperarse de la tormenta escaneando el código QR o visitando e sitio web:

www.buncombecounty.org/countycenter/news-detail.aspx?id=21910.

Ресурси для підтримки й відновлення

Ліквідація наслідків стихійних лих у Північній Каролініі

Державна програма штату Північна Кароліна з ліквідації наслідків стихійних лих (North Carolina Disaster Case Management Program, NC-DCM) розроблена з метою допомогти фізичним особам і домогосподарствам в окрузі Buncombe пройти процес відновлення після тропічного шторму «Хелен».

Щоб почати, зателефонуйте до контакт-центру «NC-DCM» за номером: 844-746-2326. Контакт-центр працює з понеділка по п'ятницю з 8:00 до 17:00.

Ви також можете заповнити анкету для вступу до програми «NC-DCM» за посиланням: www.ncdps.gov/helene/dcm.

Дозволи на використання колодязів і септиків

Департамент охорони навколишнього середовища округу Buncombe надає дозволи на використання септичних резервуарів, перевіряє й схвалює їх.

Заявки на отримання дозволів можна подавати такими способами:

- **Особисто** за адресою: 35 Woodfin Street, Asheville. Перш ніж прийти особисто, зателефонуйте за номером: (828) 250-5360 і дізнайтеся, яку документацію слід при собі мати.
- **Поштою,** надіславши листа на адресу: 35 Woodfin Street, Asheville, NC 28801. Вкажіть PIN-код і номер об'єкта.
- **Факсом** на номер: (828) 250-6082. Використовуйте факс тільки в разі оплати кредитною карткою.

Заявки можна знайти за посиланням: www.buncombecounty .org/ governing/depts/health/environmentalhealth.aspx.

Реєстрація в програмі «Medicaid»

Якщо внаслідок урагану «Хелен» у вас немає всіх необхідних документів для подачі заявки на участь в програмі «Medicaid», зателефонуйте до Департаменту охорони здоров'я та соціального забезпечення округу Buncombe за номером: (828) 250-5500.

Ви можете подати заявку на участь в програмі «Medicaid» у будь-який час року такими способами:

- **Онлайн** за посиланням: www.epass.nc.gov.
- **Особисто** за адресою: 40 Coxe Avenue, Asheville.
- **По телефону** за номером: (828) 250-5500.

Докладніше за посиланням: www.buncombecounty .org/ Governing/Depts/PublicAssistance/Medicaid.aspx.

Лікарі первинної медичної допомоги

Медичні центри, атестовані на федеральному рівні (Federally Qualified Health Centers, FQHC), надають пацієнтам, які цього потребують, первинну медичну допомогу й інші послуги, як-от лікування поведінкових розладів, за низькими цінами або безкоштовно.

В окрузі Buncombe працюють такі центри FQHC:

- **Appalachian Mountain Health**, сайт: www.appalachianmountainhealth.org
- **Blue Ridge Health**, сайт: www.brchs.com
- **Mountain Area Health Education Center**, сайт: www.mahec.net
- **Western North Carolina Community Health Services**, сайт: www.wncchs.org

Лікування поведінкових розладів

Ці організації пропонують пацієнтам, які цього потребують, послуги з лікування поведінкових розладів за низькими цінами або безкоштовно:

- **All Souls Counseling,** сайт: www.allsoulscounseling.org
- **C3@356 Comprehensive Care Center**, адреса: 356 Biltmore Avenue або номер телефону: (828) 210-2651
- **Disaster Distress Helpline**, приймає дзвінки або текстові повідомлення на номер: (800) 985-5990
- **Resources for Resilience**, сайт: www.resourcesforresilience.com
- **SeekHealing**, сайт: www.seekhealing.org
- **Vaya Health,** сайт: www.vayahealth.com

Додаткові ресурси з ліквідації наслідків штормів можна знайти онлайн, відсканувавши QR-код, або за посиланням: www.buncombecounty .org/ countycenter/news-detail.aspx?id=21910.

Support & Recovery Resources

Помощь & ресурсы по восстановлению после стихийного бедствия

Программа содействия по восстановлению после стихийных бедствий в штате Северная Каролина

Для лиц, пострадавших от урагана Helene, властями штата организована программа North Carolina Disaster Case Management Program (NC-DCM) по информированию и содействию населению в получении доступных ресурсов в процессе восстановления от стихийного бедствия на территории округа Buncombe.

Позвоните по телефону: 844-746–2326 в контактный центр программы NC-DCM. Часы работы центра: понедельник-пятница с 8:00 до 17:00.

Вы можете принять участие в опросе программы NC-DCM, обратившись на сайт: www.ncdps.gov/helene/dcm.

Функционирование скважин/ колодцев и канализационных систем

Отдел по экологической безопасности населения округа Buncombe предоставляет услуги по выдаче разрешений на бурение водозаборных скважин, установку канализационных систем и проведение инспекций.

Заявления могут быть поданы:

- **Лично**: 35 Woodfin Street, Asheville. Позвоните по тел.:(828) 250–5360 по поводу необходимой документации.
- **По почте**: 35 Woodfin Street, Asheville, NC 28801. Предоставьте код и кадастровые координаты участка.
- **По факсу**: (828) 250–6082. При оплате кредитной картой используйте номер факса.

Образцы заявлений на сайте:www.buncombecounty.org/ governing/depts/health/environmentalhealth.aspx.

Регистрация на получение услуг по программе Medicaid

Если вы подаёте заявление по программе Medicaid и у вас нет всех необходимых документов (пропажа, в связи с последствиями урагана Helene), обратитесь в Департамент здравоохранения и социальных услуг округа Buncombe по телефону: (828) 250–5500.

Программа Medicaid принимает заявления от граждан круглогодично:

- **Веб-сайт**: www.epass.nc.gov.
- **Лично**: 40 Coxe Avenue, Asheville.
- **По телефону**: (828) 250–5500.

Дополнительная информация на сайте: www.buncombecounty.org/ Governing/Depts/PublicAssistance/Medicaid.aspx.

Поликлиническое обслуживание

Медицинские центры, аккредитованные федеральными властями (FQHCs), предлагают поликлинические и иные услуги, такие как услуги в области психического здоровья для пациентов, чья ситуация позволяет предоставлять подобные услуги за небольшую плату или бесплатно.

Перечень аккредитованных медицинских центров в округе Buncombe:

- **Appalachian Mountain Health**, www.appalachianmountainhealth.org
- **Blue Ridge Health**, www.brchs.com
- **Mountain Area Health Education Center**, www.mahec.net
- **Western North Carolina Community Health Services**, www.wncchs.org

Услуги в области психического здоровья

Организации, предоставляющие услуги в области психического здоровья, для категорий пациентов, чья ситуация позволяет предлагать данные услуги за небольшую плату или бесплатно:

- **All Souls Counseling,** www.alllsoulscounseling.org
- **C3@356 Comprehensive Care Center**, 356 Biltmore Avenue or (828) 210-2651
- **Disaster Distress Helpline**, позвоните или пошлите сообщение (800) 985-5990
- **Resources for Resilience**, www.resourcesforresilience.com
- **SeekHealing**, www.seekhealing.org
- **Vaya Health,** www.vayahealth.com

Для получения дополнительной информации о ресурсах по восстановлению после стихийного бедствия отсканируйте QR-код или перейдите по ссылке на веб-сайт www.buncombecounty.org/countycenter/news-detail.aspx?id=21910.

Buncombe County
Environmental Health Services

Step 1: Please complete the water sample application by scanning this QR Code. Write the water sample case number you receive after completing the application on the label on the side of the bottle. Example of water sample case number is WAT2025-5002.

Step 2: Collect your water sample.

A. Follow well shock chlorination instructions provided. Pay close attention to step F of the process.
   i. **Do NOT** run the chlorinated water through your drains into the septic tank.

B. When collecting a distribution tap sample, the water in the service line should be completely flushed.
   - Do not sample from taps surrounded by excessive foliage (leaves, flowers, etc) or taps that are dirty, corroded or leaking.
   - Never collect a sample from a hose or any other attachment fastened to a faucet.
   - The sample bottle should never come in contact with the faucet.
   - Do not lay the sample container lid down, splatter water on the lid or container, and never touch the inside of the container or lid.
   - Make sure to disinfect your well using the provided instructions BEFORE collecting the sample.

C. The water sample to be tested for bacteria must be collected in the sterilized bottle you received when you applied. The bottle contains sodium thiosulfate, a dechlorinating agent. If the bottle is damaged or the lid is loose, do not use it. Contact Environmental Health 828-250-5016 for a replacement.

D. It is best to take your sample from the wellhead or an outside faucet.

E. Before taking sample, let the water run from the tap 5 minutes. Before taking the sample ensure cleaning of faucet head with alcohol swabs.

F. When taking the sample, let nothing but the water itself come in contact with the mouth of the bottle or the inside of the cap. Fill the bottle at least to the 100 ml line, but do not fill bottle completely. Leave ½ inch of air space at the top of the bottle.

G. Bring all samples back to Environmental Health at 30 Valley St. the same day of collection. Samples must be analyzed within 30 hours of the collection. Do not mail samples.

H. Write the water sample case number you received in Step 1 on the label on the side of the bottle.

STEP THREE: Return your sample to the Buncombe County Lab at **40 Coxe Avenue Asheville, NC 28801.**
Samples are accepted in the lab: Monday thru Wednesday 8:00am-4:00pm and Thursday 8:00am-12:00pm
No samples are accepted on Fridays

Appendix G: Data Tables

Table 1: Survey Response Rates

Response Rate	Description	Rate	Percentage
Completion	Total Completed / Target Number of Surveys	210/210	100%
Cooperation	Completed Surveys / Total Number Households Contacted*	210/258	81.4%
Contact	Total Completed / Total Number Households Attempted**	210/512	41.0%

** Contacted: volunteers spoke to someone, whether or not they were eligible.*

***Attempted: volunteers knocked on a door, whether or not anyone answered or was eligible*

Table 2. Household Demographics

PRE-SURVEY SECTION — TYPE OF STRUCTURE

	UNWEIGHTED		WEIGHTED			
Type of Structure (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Single family home	152	72.4	85,683	66.3	58.8	73.9
Multiple unit	22	10.5	19,175	14.8	8.9	20.8
Mobile home	21	10.0	15,365	11.9	6.6	17.2
Other	2	1.0	1,230	1.0	0.0	2.5
Missing	13	6.2	7,688	6.0	2.3	9.6

PRE-SURVEY SECTION — ARE THERE CURRENTLY ANY OF THE FOLLOWING ON THE PROPERTY

	UNWEIGHTED		WEIGHTED			
Type of Debris on Property* (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Environmental debris (e.g., trees)	31	14.8	11,756	9.1	5.3	12.9
HH debris	6	2.9	2,289	1.8	0.0	3.5
On-site HH debris disposal container	1	0.5	265	0.2	0.0	0.6
Other	3	1.4	1,495	1.2	0.0	2.7
None	147	70.0	93,461	72.4	65.5	79.3
Missing	29	13.8	22,429	17.4	11.2	23.5

Q1. INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOME?

	UNWEIGHTED		WEIGHTED			
Number of HH members (n=210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
1	44	21.0	31,204	24.1629	17.2884	31.0375
2	102	48.6	60,024	46.4795	38.6651	54.2939
3	25	11.9	15,035	11.6422	6.6355	16.6489
4	26	12.4	15,267	11.8216	6.8051	16.8382
5	7	3.3	4,622	3.5788	0.6063	6.5513
6	3	1.4	1,495	1.1575	0	2.7336
7	1	0.5	965	0.7473	0	2.2176
10	2	1.0	530	0.4102	0	0.9846

Q2. INCLUDING YOURSELF, HOW MANY PEOPLE LIVING IN YOUR HH ARE...

	UNWEIGHTED		WEIGHTED			
Number of households with at least one member in each age group* (n=210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Less than 2 years old	7	3.3	5,322	4.1	0.9	7.4
2-17 years old	45	21.4	27,345	21.2	14.8	27.6
18-64 years old	148	70.5	95,226	73.7	67.0	80.5
65+ years old	93	44.3	53,340	41.3	33.6	49.0

Q3. DOES YOUR HH OWN OR RENT YOUR HOME?

	UNWEIGHTED		WEIGHTED			
HH Own or Rent (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Own	152	72.4	91,229	70.6	63.4	77.8
Rent	55	26.2	35,717	27.7	20.6	34.7
Occupied without ownership or rent	2	1.0	1,230	1.0	0.0	2.5
Missing	1	0.5	965	0.7	0.0	2.2

Q4. IS ANYONE DISPLACED BY THE HURRICANE CURRENTLY STAYING IN THIS HOME?

	UNWEIGHTED		WEIGHTED			
Anyone staying in HH displaced by hurricane (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	12	5.7	7,357	5.7	2.1	9.3
No	196	93.3	119,853	92.8	88.7	96.9
Missing	2	1.0	1,930	1.5	0.0	3.6

Q5. DID ANYONE IN YOUR HH...

	UNWEIGHTED		WEIGHTED			
Job Status After Hurricane (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Lose job and still not found work	10	4.8	6,150	4.8	1.4	8.1
Lose job and found one later	17	8.1	10,115	7.8	3.7	12.0
Gain a job	6	2.9	4,390	3.4	0.4	6.4
Neither lost nor gained a job	147	70.0	89,404	69.2	62.0	76.5
Have work hours reduced	36	17.1	22,739	17.6	11.6	23.6
Have work hours increased	11	5.2	7,159	5.5	1.9	9.2
Missing	9	4.3	7,985	6.2	2.1	10.2

Q6. IS ANYONE IN YOUR HH COVERED BY ANY OF THE FOLLOWING SOURCES OF HEALTH INSURANCE?

	UNWEIGHTED		WEIGHTED			
HH sources of health insurance* (n=210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Through a current or former employer	96	45.7	59,003	45.7	37.9	53.5
Purchased directly from an insurance company	39	18.6	25,635	19.9	13.5	26.2
Medicare	81	38.6	44,637	34.6	27.2	41.9
Medicaid	38	18.1	26,258	20.3	13.9	26.8
TRICARE or other military health insurance	5	2.4	2,725	2.1	0.0	4.3
Veterans affairs	12	5.7	6,023	4.7	1.6	7.8
Indian Health Services	-	-	-	-	-	-
Any other type of health insurance plan	4	1.9	1,760	1.4	0.0	3.0
At least one member without insurance	7	3.3	2,642	2.0	0.2	3.8
All members of HH uninsured	6	2.9	2,990	2.3	0.1	4.5
Missing	1	0.5	265	0.2	0.0	0.6

**a household may have chosen more than one response*

Table 3. Evacuation Information

Q7. DID ANY MEMBERS OF YOUR HH EVACUATE YOUR HOME BECAUSE OF HURRICANE HELENE?

	UNWEIGHTED		WEIGHTED			
Did any members evacuate (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes: some members	14	6.7	9,310	7.2	3.1	11.3
Yes: all members	60	28.6	39,731	30.8	23.5	38.1
No evacuation	136	64.8	80,100	62.0	54.4	69.7

Q8. WHAT WERE THE MAIN REASONS THAT PREVENTED YOUR HH FROM EVACUATING?

	UNWEIGHTED		WEIGHTED			
Main reasons that prevented evacuation* (n=210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Did not need to evacuate	81	38.6	43,738	33.9	26.6	41.2
Did not believe evacuation necessary	42	20.0	31,430	24.3	17.4	31.3
Did not receive evacuation alerts or warnings	15	7.1	10,975	8.5	4.0	13.0
Roads damaged/impassable	18	8.6	9,057	7.0	3.2	10.8
Road congestion/traffic	1	0.5	265	0.2	0.0	0.6
No transportation	6	2.9	5,790	4.5	1.0	8.0
Not able to buy gas	4	1.9	3,860	3.0	0.1	5.9
Nowhere to go	5	2.4	4,169	3.2	0.3	6.2
Concern about leaving property	11	5.2	7,815	6.1	2.2	9.9
Concern about leaving pets	11	5.2	7,115	5.5	1.9	9.1
Concern about leaving horses/ chickens/livestock	2	1.0	530	0.4	0.0	1.0
Concern about family safety	4	1.9	2,460	1.9	0.0	4.0
Inconvenient/expensive	1	0.5	965	0.7	0.0	2.2
Health problems prevent evacuation	4	1.9	1,760	1.4	0.0	3.0
Other	23	11.0	15,238	11.8	6.7	16.9
No reason, all members of HH evacuated	48	22.9	31,641	24.5	17.7	31.3
Missing	13	6.2	4,810	3.7	1.3	6.2

Table 4. Repair and Recovery Status

Q9. HOW WOULD YOU DESCRIBE THE DAMAGE TO YOUR HOME FROM THE HURRICANE?

	UNWEIGHTED		WEIGHTED			
Damage to your home (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
None	85	40.5	54,700	42.4	34.6	50.1
Minimal	76	36.2	44,504	34.5	27.0	41.9
Moderate	35	16.7	21,229	16.4	10.6	22.2
Severe	11	5.2	6,514	5.0	1.7	8.4
Don't know	1	0.5	265	0.2	0.0	0.6
Missing	2	1.0	1,930	1.5	0.0	3.6

Q10. HOW CLOSE IS YOUR HOME (NOT INCLUDING LANDSCAPE) TO BEING HOW IT WAS PRIOR TO THE HURRICANE?

	UNWEIGHTED		WEIGHTED			
How close is HH to prior state (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Repaired	69	32.9	39,783	30.8	23.6	38.0
Somewhat repaired	31	14.8	16,012	12.4	7.5	17.3
Not repaired	17	8.1	12,293	9.5	4.8	14.3
N/A - home not damaged	84	40.0	55,169	42.7	34.9	50.5
Don't know	4	1.9	2,460	1.9	0.0	4.0
Missing	5	2.4	3,425	2.7	0.1	5.2

Q11. HAS DEBRIS AND WASTE BEEN REMOVED FROM YOUR PROPERTY?

	UNWEIGHTED		WEIGHTED			
Debris been removed (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes - all	78	37.1	50,756	39.3	31.6	47.0
No - no need	40	19.0	17,629	13.7	8.7	18.6
Yes - some	19	9.0	11,334	8.8	4.4	13.2
No - none	61	29.0	40,641	31.5	24.1	38.8
Don't know	2	1.0	1,230	1.0	0.0	2.5
Missing	10	4.8	7,550	5.8	2.0	9.7

Q12. DO YOU AND MEMBERS OF YOUR HH FEEL THAT YOUR HOME IS CURRENTLY SAFE TO LIVE IN?

	UNWEIGHTED		WEIGHTED			
Home currently safe to live in (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	200	95.2	123,636	95.7	92.7	98.8
No	8	3.8	4,975	3.9	0.8	6.9
Don't know	1	0.5	265	0.2	0.0	0.6
Missing	1	0.5	265	0.2	0.0	0.6

Q13. HAS ANYONE IN YOUR HH ATTEMPTED TO RECEIVE ASSISTANCE RELATED TO THE HURRICANE FROM...

	UNWEIGHTED		WEIGHTED			
Assistance from FEMA (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Received	89	42.4	53,091	41.1	33.4	48.8
Attempted	34	16.2	21,620	16.7	10.8	22.6
NA	86	41.0	53,465	41.4	33.7	49.1
Missing	2	1.0	1,930	1.5	0.0	3.6

	UNWEIGHTED		WEIGHTED			
Assistance from state/local govt (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Received	20	9.5	11,610	9.0	4.6	13.4
Attempted	14	6.7	7,909	6.1	2.4	9.8
NA	174	82.9	107,692	83.4	77.6	89.2
Missing	2	1.0	1,930	1.5	0.0	3.6
Assistance from nonprofit org (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Received	39	18.6	25,254	19.6	13.3	25.8
Attempted	4	1.9	2,460	1.9	0.0	4.0
NA	165	78.6	99,497	77.0	70.4	83.7
Missing	2	1.0	1,930	1.5	0.0	3.6
Assistance from church group (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Received	44	21.0	25,189	19.5	13.4	25.6
Attempted	4	1.9	3,160	2.4	0.0	5.0
NA	160	76.2	98,862	76.6	69.9	83.2
Don't know	1	0.5	965	0.7	0.0	2.2
Missing	1	0.5	965	0.7	0.0	2.2
Assistance from other (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Received	15	7.1	5,417	4.2	1.7	6.7
Attempted	5	2.4	4,125	3.2	0.3	6.1
NA	185	88.1	117,530	91.0	86.9	95.1
Missing	5	2.4	2,069	1.6	0.0	3.3

Table 5. Mold or Musty Odor/ New or Worsening Symptoms and Conditions

Q14. SINCE THE HURRICANE, HAS YOUR HH SEEN MOLD OR SMELLED A MOLDY/MUSTY ODOR IN YOUR HOME

	UNWEIGHTED		WEIGHTED			
HH seen mold/smelled musty odor (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	30	14.3	18,493	14.3	8.8	19.8
No	180	85.7	110,648	85.7	80.2	91.2

Q14A. IF YES, DOES YOUR HH CURRENTLY HAVE MOLD OR SMELL MOLDY/MUSTY ODOR?

	UNWEIGHTED		WEIGHTED			
If yes, currently see mold/ odor (n = 30)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	19	63.3	11,378	61.5	40.2	82.9
No	11	36.7	7,115	38.5	17.1	59.8

Q14B. WHAT, IF ANY, ARE BARRIERS TO TAKING ACTION TO REMOVE THE MOLD OR MUSTY SMELL?

	UNWEIGHTED		WEIGHTED			
If current mold, barriers given* (n = 19)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Money/cost	11	57.9	7,159	62.9	35.7	90.2
No cleaning supplies	1	5.3	309	2.7	0.0	8.6
Do not have PPE (boots, gloves, mask)	1	5.3	265	2.3	0.0	7.4
Physically unable	2	10.5	1,274	11.2	0.0	29.3
Allergies	1	5.3	965	8.5	0.0	25.9
Don't know how	1	5.3	265	2.3	0.0	7.4
Time	3	15.8	1,495	13.1	0.0	31.6
Other	10	52.6	6,194	54.4	26.0	82.9

Q15. SINCE THE HURRICANE, HAS ANYBODY IN YOUR HH EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS THAT MAY BE ASSOCIATED WITH MOLD OR INDOOR AIR QUALITY [PLEASE DON'T REPORT SYMPTOMS RELATED TO A KNOWN ILLNESS SUCH AS COVID-19, COLDS, FLUS, ETC.]

	UNWEIGHTED		WEIGHTED			
Skin rash (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	12	5.7	10,225	7.9	3.4	12.4
No	197	93.8	118,652	91.9	87.4	96.4
Missing	1	0.5	265	0.2	0.0	0.6
Burning eyes (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	12	5.7	9,524	7.4	3.1	11.7
No	197	93.8	119,352	92.4	88.1	96.7
Missing	1	0.5	265	0.2	0.0	0.6
Itchy eyes (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	10	4.8	7,594	5.9	2.0	9.7
No	199	94.8	121,282	93.9	90.0	97.8
Missing	1	0.5	265	0.2	0.0	0.6
Shortness of breath (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	12	5.7	6,768	5.2	1.8	8.6
No	197	93.8	122,109	94.6	91.1	98.0
Missing	1	0.5	265	0.2	0.0	0.6
Wheezing (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	16	7.6	9,227	7.1	3.2	11.1
No	193	91.9	119,649	92.6	88.7	96.6
Missing	1	0.5	265	0.2	0.0	0.6

	UNWEIGHTED		WEIGHTED			
Asthma attack(s) (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	7	3.3	3,254	2.5	0.3	4.8
No	202	96.2	125,622	97.3	95.0	99.6
Missing	1	0.5	265	0.2	0.0	0.6
Other respiratory difficulties (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	11	5.2	6,414	5.0	1.6	8.3
No	197	93.8	122,153	94.6	91.2	98.0
Missing	2	1.0	574	0.4	0.0	1.1

Q16. SINCE THE HURRICANE, HAVE YOU OR A MEMBER OF YOUR HH BEEN TOLD BY A HEALTH CARE PROFESSIONAL THAT YOU/THEY HAVE NEW OR WORSENING...

	UNWEIGHTED		WEIGHTED			
Environmental allergies (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	12	5.7	6,690	5.2	1.8	8.6
No	197	93.8	122,186	94.6	91.2	98.0
Missing	1	0.5	265	0.2	0.0	0.6
Food allergies (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	1	0.5	965	0.7	0.0	2.2
No	206	98.1	125,981	97.6	95.0	100.0
Don't know	2	1.0	1,930	1.5	0.0	3.6
Missing	1	0.5	265	0.2	0.0	0.6
Asthma (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	8	3.8	4,920	3.8	0.8	6.8
No	200	95.2	123,648	95.7	92.7	98.8
Missing	2	1.0	574	0.4	0.0	1.1
COPD (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	4	1.9	2,460	1.9	0.0	4.0
No	204	97.1	126,107	97.7	95.4	99.9
Missing	2	1.0	574	0.4	0.0	1.1
Emphysema (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	1	0.5	265	0.2	0.0	0.6
No	207	98.6	128,302	99.4	98.6	100.0
Missing	2	1.0	574	0.4	0.0	1.1

	UNWEIGHTED		WEIGHTED			
Hypertension (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	7	3.3	4,655	3.6	0.6	6.6
No	201	95.7	123,912	96.0	92.9	99.0
Missing	2	1.0	574	0.4	0.0	1.1
Heart Disease (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	6	2.9	2,990	2.3	0.1	4.5
No	202	96.2	125,578	97.2	94.9	99.5
Missing	2	1.0	574	0.4	0.0	1.1

**a household may have chosen more than one response*

Table 6. Access to Healthcare

Q17. SINCE HURRICANE HELENE HAS IT BEEN DIFFICULT FOR YOU OR ANYONE IN YOUR HH TO GET THE MEDICAL CARE THEY NEEDED?

	UNWEIGHTED		WEIGHTED			
Difficult to get medical care you need (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	17	8.1	10,148	7.9	3.7	12.0
No - received from usual source	143	68.1	93,257	72.2	65.3	79.1
No - received from other source (e.g., mobile clinic, red cross, etc.)	2	1.0	1,230	1.0	0.0	2.5
No - did not need help	47	22.4	24,197	18.7	12.8	24.6
Missing	1	0.5	309	0.2	0.0	0.7

Q17A. IF YES, WHY?

	UNWEIGHTED		WEIGHTED			
If yes, reasons why* (n = 17)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Insurance problems	4	2.4	2,504	24.7	0.0	51.2
Money/cost	3	1.8	1,539	15.2	0.0	36.2
Usual clinic closed/health care provider unavailable	5	2.9	2,769	27.3	0.4	54.2
No childcare	1	0.6	309	3.0	0.0	9.8
No transportation	3	1.8	839	8.3	0.0	19.1
Home health service disrupted	-	-	-	-	-	-
No cell phone/internet access	1	0.6	309	3.0	0.0	9.8
Other	11	6.5	7,115	70.1	42.9	97.3

**a household may have chosen more than one response*

Table 7. Observed Environmental Impacts

Q18. ARE YOU AND MEMBERS OF YOUR HH AWARE OF ANY CURRENT ENVIRONMENTAL HEALTH HAZARDS NEAR YOUR RESIDENCE SUCH AS CONTAMINATED WATER, SOIL, OR AIR SINCE THE HURRICANE? ENVIRONMENTAL HEALTH HAZARDS ARE POLLUTANTS IN THE ENVIRONMENT THAT CAN CAUSE HEALTH PROBLEMS IN PEOPLE.

	UNWEIGHTED		WEIGHTED			
Aware of current environmental health hazards (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	40	19.0	30377.0	23.5	16.7	30.4
No	165	78.6	96040.0	74.4	67.3	81.4
Don't know	3	1.4	1495.0	1.2	0.0	2.7
Missing	2	1.0	1230.0	1.0	0.0	2.5

Table 8. Household Drinking Water

Q19. BEFORE THE HURRICANE, WHAT WAS YOUR HH'S MAIN SOURCE OF DRINKING WATER?

	UNWEIGHTED		WEIGHTED			
Before the hurricane, HH main source of drinking water (N=210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Private/shared well	76	36.2	24,831	19.2	14.2	24.3
Municipal/tap	112	53.3	90,069	69.7	63.1	76.4
Cistern	-	-	-	-	-	-
Bottled	14	6.7	8,654	6.7	2.8	10.6
Spring water	2	1.0	1,230	1.0	0.0	2.5
Missing	6	2.9	4,357	3.4	0.4	6.3

Q20. WHAT IS YOUR HH'S CURRENT SOURCE OF DRINKING WATER?

	UNWEIGHTED		WEIGHTED			
After the hurricane, HH main source of drinking water (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Private/shared well	72	34.3	23,772	18.4	13.4	23.4
Municipal/tap	100	47.6	78,522	60.8	53.4	68.2
Cistern	-	-	-	-	-	-
Bottled	30	14.3	21,261	16.5	10.5	22.4
Spring water	4	1.9	3,160	2.4	0.0	5.0
Missing	4	1.9	2,427	1.9	0.0	4.0

Q21. DOES YOUR HH FEEL THAT YOUR SOURCE OF TAP WATER IS SAFE?

	UNWEIGHTED		WEIGHTED			
Feel that source of tap water is safe (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	161	76.7	95,758	74.1	67.2	81.1
No	35	16.7	27,531	21.3	14.6	28.0
NA - no tap water	10	4.8	3,349	2.6	0.7	4.5
Don't know	2	1.0	1,230	1.0	0.0	2.5
Missing	2	1.0	1,274	1.0	0.0	2.5

Q22. IF YOUR HH EVER USED WELL WATER, WAS YOUR HH'S WELL FLOODED (WATER COVERING THE TOP OF THE WELL) DURING OR IMMEDIATELY AFTER HURRICANE HELENE?

	UNWEIGHTED		WEIGHTED			
If ever used well water, HH well flooded immediately after hurricane (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	1	0.5	265	0.2	0.0	0.6
No	83	39.5	31,609	24.5	18.5	30.5
NA - never used well	109	51.9	89,964	69.7	63.1	76.3
Don't know	7	3.3	2,554	2.0	0.2	3.7
Missing	10	4.8	4,749	3.7	0.9	6.4

Q22A. IF YES (HH'S WELL WAS FLOODED), DID YOU TREAT YOUR WELL?

	UNWEIGHTED		WEIGHTED			
If yes flooded, was the well treated (n = 1)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes - now drinking the well water	1	100.0	554	100.0	NA	NA
Yes - but not yet drinking the well water	-	-	-	-	-	-
No - now drinking well water, don't plan to treat the well	-	-	-	-	-	-
No - not drinking the well water, but plan to treat the well	-	-	-	-	-	-
No - not drinking the well water, don't plan to treat the well	-	-	-	-	-	-

Q22B. IF YES (HH'S WELL WAS FLOODED), HAS YOUR HH'S WELL BEEN TESTED SINCE THE FLOODING?

	UNWEIGHTED		WEIGHTED			
If yes flooded, has the well water been tested (n = 1)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes - tested through local or state government	1	100.0	554	100.0	NA	NA
Yes - tested independently	-	-	-	-	-	-
No - but plan to test	-	-	-	-	-	-
No - and no plans to test	-	-	-	-	-	-

Q23. WOULD YOUR HH LIKE TO RECEIVE INFORMATION ON HOW TO RECEIVE A FREE TESTING KIT FOR YOUR WELL?

	UNWEIGHTED		WEIGHTED			
Would you like to receive information on how to receive free testing kit (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	54	25.7	19,804	15.3	10.5	20.1
No	30	14.3	10,625	8.2	4.7	11.8
NA - no well	103	49.0	86,886	67.3	60.5	74.1
Missing	23	11.0	11,826	9.2	4.9	13.5

Table 9. Waste Management

Q24. DOES YOUR HH HAVE A SEPTIC SYSTEM?

	UNWEIGHTED		WEIGHTED			
HH have septic system (n=210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	96	45.7	34,308	26.6	20.5	32.6
No	109	51.9	90,708	70.2	63.7	76.7
Don't know	3	1.4	2,195	1.7	0.0	3.8
Missing	2	1.0	1,930	1.5	0.0	3.6

Q24A. DID YOUR HH'S SEPTIC SYSTEM FLOOD (I.E. ANY PORTION COMPLETELY COVERED WITH WATER) DURING AND AFTER THE HURRICANE?

	UNWEIGHTED		WEIGHTED			
Did septic system flood (n = 96)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Yes	5	5.2	2,725	7.9	0.0	15.9
No	85	88.5	29,294	85.4	75.7	95.0
Don't know	3	3.1	1,495	4.4	0.0	10.2
Missing	3	3.1	795	2.3	0.0	5.0

Q24B. AFTER THE HURRICANE, HAS YOUR HH EXPERIENCED ANY OF THE FOLLOWING SIGNS OF SEPTIC SYSTEM ISSUES?

	UNWEIGHTED		WEIGHTED			
HH experienced signs of septic system issues* (n=96)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Sewage backing up into your toilets, tubs, sinks	4	4.2	1,760	5.1	0.0	11.2
Sewage overflowing from septic tank or pump tank	1	1.0	265	0.8	0.0	2.3
Unusual odors around tank, drain field or in the home	1	1.0	265	0.8	0.0	2.3
Fixtures draining very slowly	5	5.2	2,024	5.9	0.0	12.1
Sewage on ground surface after pump turns on	2	2.1	530	1.5	0.0	3.7
A soggy area in the yard where the septic eyes is even if no rain	4	4.2	1,059	3.1	0.0	6.2
No	75	78.1	26,678	77.8	67.5	88.0
Missing	4	4.2				

**a household may have chosen more than one response*

Table 10. Behavioral Health

Q25. SINCE THE HURRICANE (LATE SEPTEMBER 2024), HAVE YOU OR MEMBERS OF YOUR HH HAD NEW OR WORSENING:

	UNWEIGHTED		WEIGHTED			
Difficulty concentrating (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	38	18.1	22,734	17.6	11.7	23.5
No	167	79.5	104,994	81.3	75.3	87.3
Don't know	1	0.5	265	0.2	0.0	0.6
Missing	4	1.9	1,148	0.9	0.0	1.8
Trouble sleeping (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	43	20.5	25,415	19.7	13.5	25.9
No	163	77.6	102,578	79.4	73.2	85.7
Missing	4	1.9	1,148	0.9	0.0	1.8
Depressed mood (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	50	23.8	31,603	24.5	17.7	31.2
No	157	74.8	96,700	74.9	68.1	81.7
Missing	3	1.4	839	0.6	0.0	1.4
Anxiety/worry (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	72	34.3	45,132	34.9	27.5	42.4
No	137	65.2	83,745	64.8	57.3	72.3
Missing	1	0.5	265	0.2	0.0	0.6

	UNWEIGHTED		WEIGHTED			
Increased alcohol/drug use (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	16	7.6	10,584	8.2	3.8	12.6
No	188	89.5	116,880	90.5	86.0	95.0
Prefer not to answer	1	0.5	265	0.2	0.0	0.6
Missing	5	2.4	1,413	1.1	0.1	2.1
Feeling alone/isolated (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	19	9.0	12,134	9.4	4.8	14.0
No	187	89.0	115,904	89.7	85.1	94.4
Missing	4	1.9	1,104	0.9	0.0	1.7
Feelings of numbness (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	12	5.7	8,013	6.2	2.3	10.1
No	192	91.4	118,750	92.0	87.8	96.2
Missing	6	2.9	2,378	1.8	0.1	3.6

Q26. SINCE HURRICANE HELENE, HAVE YOU OR ANYONE IN YOUR HH RECEIVED HELP FROM A COUNSELOR, PASTOR/ CLERGY MEMBER, THERAPIST, CASE WORKER, OR SOCIAL WORKER FOR BEHAVIORAL HEALTH CONCERNS?

	UNWEIGHTED		WEIGHTED			
Received help for behavioral health concerns (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	35	16.7	20,528	15.9	10.2	21.6
No - but needed help	41	19.5	22,696	17.6	11.7	23.4
Didn't need help	127	60.5	81,217	62.9	55.4	70.4
Missing	7	3.3	4,699	3.6	0.7	6.6

Q27. SINCE THE HURRICANE, IF YOU OR ANYONE IN YOUR HH HAS HAD DIFFICULTY IN SEEKING SERVICES FOR BEHAVIORAL HEALTH CONCERNS, WHAT ARE THOSE REASONS?

	UNWEIGHTED		WEIGHTED			
Difficulty in seeking services (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Reasons listed	15	7.1	7,518	5.8	2.4	9.3
No difficulties	70	33.3	41,525	32.2	24.9	39.5
No need for services	107	51.0	67,584	52.3	44.5	60.2
Missing	18	8.6	12,514	9.7	4.9	14.4

Q28. SINCE THE DISASTERS, HAS YOUR HH WORRIED OR STRESSED ABOUT...

	UNWEIGHTED		WEIGHTED			
Another disaster affecting your home (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	105	50.0	67,733	52.4	44.6	60.3
No	102	48.6	59,914	46.4	38.6	54.2
Missing	3	1.4	1,495	1.2	0.0	2.7
Feeling safe in the community (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	45	21.4	26,678	20.7	14.4	27.0
No	159	75.7	98,773	76.5	69.9	83.1
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	5	2.4	2,725	2.1	0.0	4.3
Paying rent or mortgage (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	23	11.0	15,294	11.8	6.7	17.0
No	181	86.2	110,158	85.3	79.7	90.9
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	5	2.4	2,725	2.1	0.0	4.3
Being able to pay bills (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	29	13.8	18,895	14.6	9.0	20.2
No	174	82.9	106,247	82.3	76.2	88.3
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	6	2.9	3,034	2.3	0.1	4.6
Having enough food to eat (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	16	7.6	9,883	7.7	3.5	11.8
No	187	89.0	115,259	89.3	84.4	94.1
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	6	2.9	3,034	2.3	0.1	4.6
Changes in the environment (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	71	33.8	50,992	39.5	31.7	47.3
No	131	62.4	73,185	56.7	48.8	64.5
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	7	3.3	3,999	3.1	0.4	5.8
Health of yourself/family member (n = 210)	**Frequency**	**% of HH**	**Estimated # of HH**	**% of HH**	**Lower 95% CI**	**Upper 95% CI**
Yes	29	13.8	18,928	14.7	9.0	20.3
No	172	81.9	104,284	80.8	74.5	87.0
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	8	3.8	4,964	3.8	0.8	6.9

Q29. HOW DOES YOUR HH PREFER TO GET MENTAL HEALTH SUPPORT?

	UNWEIGHTED		WEIGHTED			
HH prefer to get mental health support* (n = 210)	Frequency	% of HH	Estimated # of HH	% of HH	Lower 95% CI	Upper 95% CI
Trusted source of self-help information	22	10.5	14,373	11.1	6.1	16.1
Drop-in support groups	14	6.7	9,398	7.3	3.1	11.4
In-person support	59	28.1	33,319	25.8	19.0	32.6
Virtual support	34	16.2	22,320	17.3	11.3	23.3
Individualized counseling	70	33.3	41,123	31.8	24.6	39.1
Support within primary care office	47	22.4	27,219	21.1	14.8	27.4
Faith-based support	41	19.5	18,550	14.4	9.3	19.4
School-based support	11	5.2	7,203	5.6	1.9	9.2
Other	19	9.0	13,446	10.4	5.5	15.3
None/NA	35	16.7	22,475	17.4	11.4	23.4
Prefer not to answer	1	0.5	965	0.7	0.0	2.2
Missing	2	1.0	574	0.4	0.0	1.1

**a household may have chosen more than one response*

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