
Anson County Community Health Assessment



Prepared by:

**Anson County Health Department
Anson Community Hospital
Healthy Ansonians
Leverage & Development, LLC
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Submitted to:

**NC Department of Health and Human Services
Division of Public Health
Community Health Assessment**

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Special thanks to Mr. Thomas Cureton for the beautiful Anson County photographs throughout this document.



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Many people and organizations provided information, statistics and opinions during the Community Health Assessment process. The level of cooperation given by the Health Care Professionals, government representatives and citizens to the Project Facilitators made it possible to gather a wealth of information. The information and help enabled the Project Facilitator to develop a report that can be used by non-profits, government agencies, health care providers and others to develop plans, seek funding, address problems and improve the health of Anson County citizens.

The Staff at the Anson County Health Department provided not only information about the services of the Health Department, but also vital information on the health of Ansonians. The Staff collected 671 Public Surveys; this number exceeded the number needed to adequately represent the population of the County. Following are the individuals at the Health Department that were instrumental in conducting the CHA and making this report possible:

- Carol Ann Gibson, Health Department Interim Director and Preparedness Coordinator
- Steven Cox, Health Department Environmental Health Programs Coordinator
- Evonne Burr, Health Department Administrative Officer
- Lisa Clark, Health Department Processing Assistant V
- Dana Thomas, Nursing Supervisor
- Donna Allen, WIC Director
- Jennifer Dockery, Family Nurse Practitioner
- Mary Lynn Railton, Family Planning Supervisor
- Pam Vernon, STD/Communicable Disease Supervisor

The Professionals of Anson Community Hospital provided much information in the study on the health care situation of the County in addition to explaining the services of the hospital. Dr. Fred Thompson, Anson Community Hospital President, was an essential contributor to the CHA process and this report, as he is to the Health Care Community in Anson County. Dr. Thompson provided both guidance and important information that helped shape this report into a multi-use document. Dr. Thompson also provided financial support for the CHA. As Chairman of the Healthy Ansonians Task Force Dr. Thompson has led the group over the last four years in addressing the needs of the County citizens and facilitated the discussions of the Task Force that resulted in the choosing of the health priorities for action. Denise Dunn, Anson Community Hospital Executive Secretary, was essential to the study; she coordinated the research and interviews with Hospital staff and gathered necessary statistical information. All of the department leaders within the Hospital were very cooperative and willing to provide detailed information about their areas of service and expertise.

Dr. Don Altieri and Lois Crumpler of DJL Solutions made the depth of the study possible by conducting the bulk of the Health Resource Inventory and the Key Informant interviews. Their knowledge of the County and its leaders and citizens expanded the ability of the CHA and enabled the collection of a broader base of information.

An acknowledgement of the time and effort required to provide the requested information is due to all those who provided information on the state of Health and Wellness in Anson County. Without the information from the Health Care Professionals, business owners, government officials and organization leaders the comprehensive Resource Directory would not have been possible.

Appreciation is also due to the 115 individuals who took the time to participate in the Key Informant interviews. Without their participation it would not have been possible to develop such a complete picture of the Health situation in Anson County.

Executive Summary

According to a Public Survey conducted as part of the Community Health Assessment (CHA) 56% of those surveyed disagree with the statement “People in Anson County can get good health care.” In the same survey 38.3% said that people can get good health care and 5.7% said they “Don’t Know.”

The Public Survey and other research and data collection instruments were used to discover the things – lack of resources, lack of knowledge, lack of insurance/money, etc. – that are keeping people in Anson County from getting good health care. The following instruments were used to collect the information:

- 671 Public Surveys were collected to gather specific information from citizens on health concerns and issues
- 115 Key Informant interviews were conducted to determine concerns and issues about health and the environment
- 120 interviews with health and wellness resources were conducted in order to develop a comprehensive Health Resource Directory
- Secondary Data (statistics, summaries, etc.) that expanded and completed the findings from the surveys and interviews was gathered from local sources and from State and national sources (County Health Data Book, Census, NC Department of Health and Human Services, etc.)

This report includes details on the results from all of this research including:

- Resource Directory
- Resource Operation Directory
- Detailed Summaries of Public Survey responses on all questions for the entire County and for each Town
- Narratives of various health concerns, who is involved and the statistical data that support and explain them

The CHA Guide from the NC Department of Health and Human Services was used to develop the data collection plan and instruments and to compile the information into this useable report. The information collected enabled the Healthy Ansonians (serving as the Advisory Group of the CHA process) to determine the foremost Priorities that should be addressed through Action Plans in order to address the most serious and far reaching health concerns/issues. The two Priorities chosen are Obesity and Diabetes.

Addressing Obesity and Diabetes will have a positive impact on many health issues that have chronically been a problem in Anson County including Cardio/Heart Disease, Hypertension, Stroke and Kidney Disease. If these two areas are addressed and improved they will have a larger impact on the overall health of Anson County citizens because they will lead to a healthier life-style for individuals and in turn will minimize other unhealthy choices and activities.

The Public Survey and Key Informant interviews provided great insight into the concerns and attitudes of the people of Anson County. Following are some of those results.

The top five health concerns of those participating in the Public Survey are:

1. Illegal Drug Use
2. Tobacco Use/Smoking
3. Teenage Pregnancy
4. Obesity/Overweight
5. Alcoholism/Alcohol Abuse

The top five health concerns of Key Informants interviewed are:

1. Adult Diabetes
2. Lack of knowledge/education/understanding of healthy life style and care of self or children
3. Obesity
4. Poor diet/Nutrition
5. Cardio Problems/Diseases

According to the NC Department of Health and Human Services 2012 County Health Data Book the top 5 causes of death in Anson County are:

1. Diseases of the Heart
2. Cancer (primarily trachea, bronchus and lung)
3. Cerebrovascular Disease (brain blood clot or hemorrhage)
4. Chronic Lower Respiratory Disease
5. Diabetes

According to the County Health Rankings & Roadmaps 36% of the adults in Anson County are obese (have a Body Mass Index [BMI] of 30 or more). In the Public Survey participants were asked if they had been diagnosed with several diseases related to the two Priorities – Obesity and Diabetes. Here are those results:

- 17% have Heart Disease
- 27% have Hypertension (High Blood Pressure)
- 21% have High Cholesterol
- 5% have had a Stroke
- 12% have Diabetes

The research revealed that there are non-health issues and behaviors that either impact the health and wellness of people in the County or are indicators that there are problems, some of which affect health and wellness. Following are the top 5 Community Issues as shared by the Public Survey participants:

1. Unemployment/Underemployment
2. Crime (theft, robbery, etc.)
3. Lack of Recreational Facilities
4. Domestic Violence
5. Lack of/Inadequate Health Insurance

The Key Informants said the following are the top 5 non-health issues:

1. Lack of jobs, Unemployment
2. Poverty
3. Lack of Education
4. Hopeless Society
5. Economic Condition of County

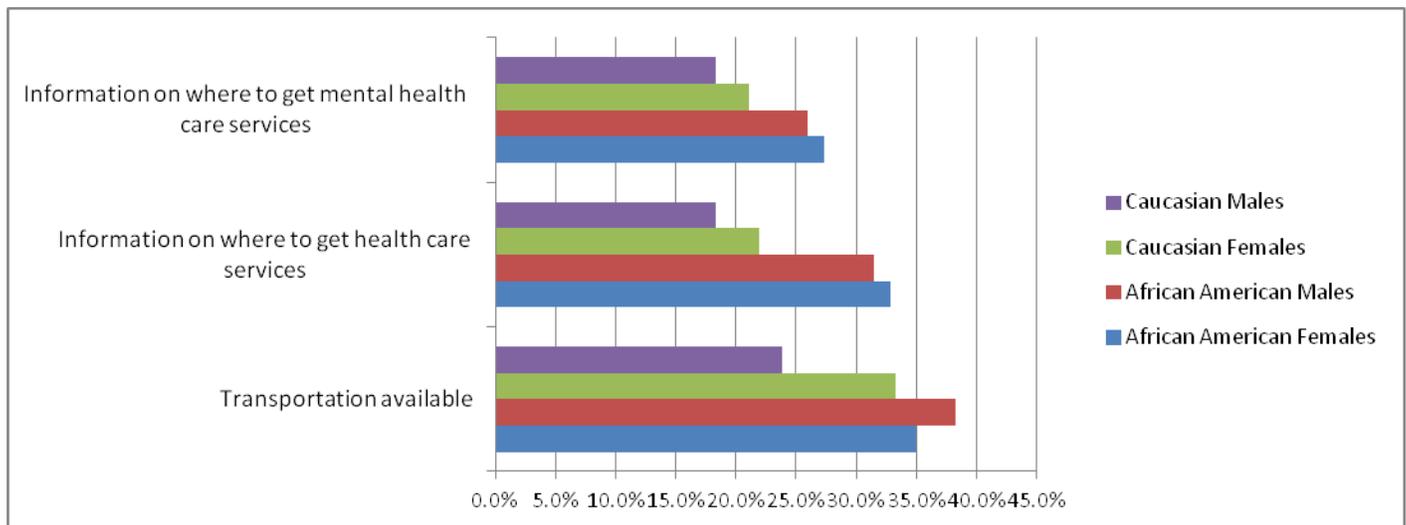
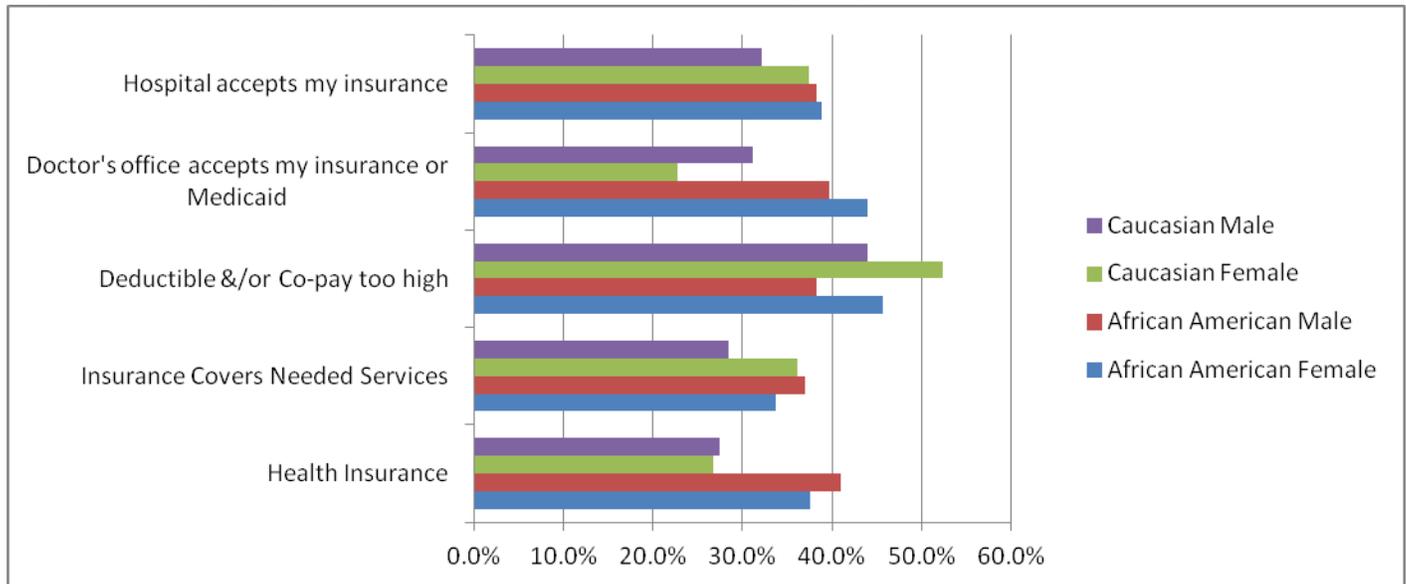
Unemployment and poverty have direct impacts on health and wellness because they make it difficult, sometimes impossible, to obtain proper health care and medication. People who are unemployed usually do not have insurance; they may qualify for Medicaid or Medicare, but are still often hampered in getting the level of care they need because of finances.

Other factors contributing to the health issues of County citizens and often directly related to Obesity and Diabetes are the things besides lack of insurance that keep people from getting the health care they need. Here are those major factors.

Key Informants provided the following responses about barriers to health care:

- 14% -- Lack of Specialists
- 18% -- Must leave County for many types of care
- 15% -- People do not get care because it is not in the County and they cannot get it out-of-county because they:
 - Cannot afford to travel
 - Do not have transportation
 - Cannot take time off from work
 - Do not have someone to care for children
- 14% -- People do not have transportation to Health Care
- 12% -- Lack of Doctors and other Health Care Professionals

Responses in the Public Surveys provided insight into the barriers to health care. Following are two charts that show the responses when participants were asked which are barriers to their getting health care:



Many participants, Public Survey and Key Informants, in the CHA research said that a major contributor to the Obesity and Diabetes problems is the lack of affordable, accessible recreational and fitness facilities/programs and to healthy food. Some also said that people often do not know/ understand the importance and/or components of a healthy life-style. Key Informants gave the following responses:

1. 15% said people do not take advantage of what is available
2. 19% said it is too costly for many people to eat healthy
3. 23% said that using fitness facilities is too costly for many people
4. 14% said that affordable, accessible healthy life-style components are not available

Public Survey participants gave these responses:

- Participants ranked “Inactivity/Lack of Physical Activity” as the 7th highest Health Concern – 83.2% of respondents have said it is a problem (Major or Somewhat)
- 51% of Survey respondents said that “Access to Healthy Food” is a problem (Major or Somewhat)
- 71% of Survey respondents said the “Lack of Recreational Programming” is a problem (Major or Somewhat)

Information on the Environment of the County was also gathered during the CHA process.

Key Informants said the top two Environmental Concerns are:

1. Poor water quality, antiquated water pipes
2. Unsanitary living conditions, substandard housing

Of the participants in the Public Survey 57.1% of survey participants said that water pollution is a problem (26% said Major, 31.1% said Somewhat). 76.6% of participants said that Litter is a problem (36.1% Major, 50.5% Somewhat). 48% of participants said that Land & Soil Pollution are a problem (19.5% Major, 28.5% Somewhat).

The following report provides in detail, with input from multiple sources (outlined in this summary), a picture of the health and wellness situation in Anson County at present. Where possible, historical comparisons are provided. The public input was instrumental in conducting a thorough research effort and in presenting an inclusive look at Health and Wellness in Anson County.



Chapter 1

Background and Introduction

The three principals of the Community Health Assessment (CHA)-Anson County Health Department, Anson Community Hospital and the Healthy Ansonians Task Force-are using the required CHA to do the following:

- Get a current picture of the health of County citizens
- Determine if the health priorities have changed since the last CHA was done
- Evaluate the activities and plans of the Health Ansonians Task Force
- Incorporate health related needs and concerns into the services and plans of the Health Department and the Community Hospital

These three CHA principals understand the importance of public input, public concurrence and statistical information in meeting the health needs and improving the quality of life of their community. They recognize the value of a structured research process and organized reporting such as the Community Health Assessment. The three principals employed the CHA to identify the factors that affect the health of the Anson County citizens and are using the results to address, capitalize on and compensate for those factors.

In the pages of this report the health picture of Anson County will be presented through input from the public, key informants, health care providers and statistical data. The information has been collected, compiled and analyzed in a manner that can be used by the County, the municipalities, the hospitals, organizations and agencies. It is designed to help them with planning, development, funding requests, grant writing and other efforts that will help Ansonians become and stay healthy. One example of this is the detailed Resource Directory that can be distributed and posted online. The tables of survey responses separated by city, gender and race are additional examples.

The CHA Team utilized an Advisory Group, a Work Group and a Project Facilitator to conduct the CHA and prepare the report:

- Healthy Ansonians Task Force served as the Advisory Group (*additional information on Healthy Ansonians is provided in the following pages*)
- The Work Group consisted of the following individuals:
 - Carol Ann Gibson, Health Department Interim Director and Preparedness Coordinator

- Steven Cox, Health Department Environmental Health Programs Coordinator
- Evonne Burr, Health Department Administrative Officer
- Lisa Clark, Health Department Processing Assistant V
- Dr. Fred Thompson, Anson Community Hospital President and Chair of Health Ansonians Task Force
- Denise Dunn, Anson Community Hospital Executive Secretary
- The Project Facilitator was an outside consulting firm – Leverage & Development, LLC

Advisory Group

The Healthy Ansonians Task Force served as the Advisory Group for the CHA. Healthy Ansonians was established in 1995 and was certified by the North Carolina Healthy Carolinians Program in 1996. Because the Healthy Ansonians Task Force has been operational for 17 years and was responsible for developing and implementing the action plans after the previous CHA, the task force was used as the Advisory Group for this CHA.

Healthy Ansonians is comprised of representatives from the following entities:

Anson Community Hospital	Anson County Partnership for Children
Anson Community Hospice	Anson County Schools
Churches in Anson County	Anson Pediatrics
Anson County DSS	Burnsville Recreation and Learning Center
Anson County Domestic Violence Coalition	
Anson County Health Department	South Piedmont Community College
Anson County Law Enforcement	
Sandhills Center for Mental Health, Developmental Disabilities and Substance Abuse Services	

In the past the Task Force has been the core of initiatives that dealt with health issues considered a priority at that point in time. Examples:

- Sexually Transmitted Diseases
- Substance Abuse
- Maternal and Child Health
- Injury Control
- Asthma
- Health Screening

Even though the Healthy Carolinians is no longer a state-wide program, Healthy Ansonians continues to operate and serve its county primarily through the CHA process and the development and carrying out of the associate Action Plans.

Work Group

The Work Group served as the core of the CHA process providing the following:

- Overall guidance and monitoring
- Development of the public survey instrument
- Collection and tallying of the public surveys
- Advisement on the individuals that should participate as Key Informants
- Provision of or guidance on obtaining secondary and statistical data

-
- Historical health data
 - Funding for the CHA

Project Facilitator

An outside consulting firm, Leverage & Development, LLC, was contracted to gather and compile the information from the public surveys, health resources, key informants and the secondary and statistical data. The firm also prepared the CHA report with guidance and input from the Work Group. Janet Christy, President of this consulting firm, has provided research and analysis consulting on several projects in Anson County that positioned her as ideal to gather and compile the information for the CHA. Following are some of the services provided by Leverage & Development, LLC in Anson County:

- Research, analysis and preparation of E-Communities Report
- Feasibility Study and Supply Chain Study for New Ventures Business Development Inc. (small business incubator and development center)

Leverage & Development, LLC contracted with local consultants Dr. Don Altieri and Lois Crumpler to conduct the majority of the Health Resources research and Key Informant interviews. Dr. Altieri is the former President of South Piedmont Community College and currently serves as a Board Member of the Anson County United Way and Economic Development Corporation and of Uptown Wadesboro. Mrs. Crumpler is the former Executive Vice President of South Piedmont Community College; she also served as the first female President of the Rotary Club of Wadesboro and the first female District Governor for Rotary District 7680.



Chapter 2 County Description

Anson County is a rural county that most citizens feel is a good place to live and raise a family. But its economic situation has suffered in recent years due to the erosion of the textile industry upon which the economy was heavily based. As a consequence, the quality of life and the access to health care and healthy life styles has deteriorated. Following are some statistics from the public survey completed by 671 individuals that demonstrate this economic situation.

Overwhelmingly the survey respondents said that there are not enough jobs in Anson County -- 576 of 671 respondents (85.5%).disagree or strongly disagree. Males and females were in accord 86.7% female to 85.2% male. There was little difference in the opinions of African Americans and Caucasians.

Survey respondents were more divided on whether Anson County is a good place to raise children. A little more than half (57.9%) agree or strongly agree that it is; 36.7% disagree or strongly disagree. Women were slightly less favorable than men – 56% of females agree or strongly agree, 62.4% of males. Again there is virtually no difference in the opinions of African Americans compared to Caucasians.

Although males and females have the same view of the availability of good health care in the County there is a difference in opinion between African Americans and Caucasians:

- 30.6% of African Americans agree or strongly agree
- 44.8% of Caucasian agree or strongly agree

Here are the details of the responses:

Question	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Total Responses	307	355	480	182	671
There are enough jobs & opportunities to move up in Anson County.					
➤ Strongly Disagree	152 (49.5%)	172 (48.5%)	246 (51.3%)	79 (43.4%)	326 (48.5%)
➤ Disagree	101 (33%)	145 (40.8%)	170 (35.4%)	76 (41.8%)	250 (37.3%)
➤ Agree	27 (8.7%)	25 (7.1%)	39 (8.1%)	13 (7.1%)	54 (8.1%)
➤ Strongly Agree	14 (4.6%)	3 (.8%)	13 (2.6%)	4 (2.2%)	17 (2.5%)
➤ Don't Know	13 (4.2%)	10 (2.8%)	13 (2.6%)	10 (5.5%)	24 (3.6%)
Anson County is a good place to raise children					
➤ Strongly Disagree	39 (12.7%)	37 (10.4%)	64 (13.3%)	12 (6.7%)	77 (11.5%)
➤ Disagree	69 (22.5%)	98 (27.6%)	124 (25.8%)	43 (23.7%)	169 (25.2%)
➤ Agree	155 (50.5%)	180 (50.7%)	236 (49.2%)	97 (53.5%)	338 (50.4%)
➤ Strongly Agree	25 (8.1%)	23 (6.5%)	32 (6.8%)	16 (8.9%)	50 (7.5%)
➤ Don't Know	19 (6.2%)	17 (4.8%)	23 (4.9%)	13 (7.2%)	37 (5.4%)
People in Anson County can get good health care.					
➤ Strongly Disagree	79 (25.7%)	49 (13.8%)	101 (21.1%)	27 (14.8%)	129 (19.2%)
➤ Disagree	111 (36.2%)	132 (37.2%)	172 (35.8%)	71 (39%)	247 (36.8%)
➤ Agree	75 (24.4%)	136 (38.3%)	158 (32.9%)	52 (28.6%)	215 (32%)
➤ Strongly Agree	19 (6.2%)	23 (6.5%)	25 (5.2%)	18 (9.9%)	42 (6.3%)

➤ Don't Know	23 (7.5%)	15 (4.2%)	24 (5%)	14 (7.7%)	38 (5.7%)
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Geography

The Anson County Chamber describes the County in this paragraph from their website (www.ansoncounty.org):

Anson is a largely rural area with 536 square miles. Located in the south central region of North Carolina, the county is bordered by Richmond, Stanly and Union counties, and Chesterfield County, S.C. The county seat is Wadesboro. Anson enjoys a mild climate, with an annual average temperature of 76 degrees Fahrenheit. January is the coldest month, with an average temperature of 42.5 degrees. July is the hottest, with an average temperature of 78.9 degrees. The annual average rainfall is 41.52 inches. Centrally located, Anson is approximately one hour from Charlotte (50 miles), two hours and 10 minutes from Raleigh (115 miles) and two hours from Greensboro (100 miles).

The County has two primary transportation corridors. US Highway 74 runs through the County and the municipality of Wadesboro tying the County to Richmond County on the west and Union County on the east; Charlotte and Mecklenburg County are beyond Union County. US Highway 52 is the primary north-south roadway.

There are seven municipalities in Anson County:

- Ansonville
- Lilesville
- McFarlan
- Morven
- Peachland
- Polkton
- Wadesboro (County Seat and largest municipality)

The County is positioned inside three watersheds of the Yadkin River Basin:

- Rocky River is in the northwest corner of the County
- Upper Pee Dee is the central watershed and contains the Pee Dee national Wildlife Refuge, Blewett Falls Lake and the municipalities of Ansonville and Polkton and parts of Lilesville and Wadesboro
- Lower Pee Dee includes the drainage below Blewett Falls Lake and the municipalities of McFarlan and Morven

Almost 60 percent of the 33 million acres in the County is considered forestland. Agriculture and Agri-Business play a vital role in this rural county. According to the NC Cooperative Extension website

(<http://anson.ces.ncsu.edu/spotlight/where-does-anson-county-rank-in-agricultural-categories/>) the following rankings and situations exist for Anson County:

- Ranks 22nd in the state overall in agricultural production
- Ranked 4th in 2010 for timber harvest income
- Of the total acreage of 340, 216 in the county, Anson County has 487 Farms with 20,065 acres of harvested cropland; 257,600 acres in timber and forestland and 30,000 acres in pasture and hay



History

The Anson County Chamber of Commerce website (<http://www.ansoncounty.org/aboutanson.html>) provides the following information on the history of the County and its municipalities.

- County

Anson County, once the largest in the state with a border on the Mississippi River, was carved from Bladen County in 1750. It was named for Lord George Anson, a British Admiral.

- Ansonville

Ansonville was first settled in 1844. The settlement became Ansonville in 1857 and was incorporated in 1885. Ansonville was the home of Carolina Female College (1850 – 1867), which was established by local planters and aided by Methodists.

- Lilesville

Although a post office was established as early as 1828, the town was not incorporated until 1874. The town is generally thought to be named after merchant Nelson P. Liles, although claims have been made in favor of Elijah Liles and Ephraim Liles.

- McFarlan

Named for Allan McFarland, president of the Cheraw and Salisbury Railroad, the 1900 Census dropped the “d”. A post office was established in 1883. The town was incorporated in 1836.

- Morven

A post office was established in 1823 and named Morven. When the Cheraw and Salisbury Railroad came through, the settlement moved to its present site. The town was incorporated in 1883.

- Peachland

Originally Mulcahy, the town was renamed in 1888 for the peach orchards owned by Pad Gray. Peachland was incorporated in 1895.

- Polkton

Incorporated in 1875, the town is named for Leonidas Lafayette Polk, a state agricultural leader who started *Progressive Farmer*. When the railroad came through the county, it passed through his farm.

- Wadesboro

Established in 1783 as the county seat, Wadesboro was called New Town until 1787 when the name was changed to honor Revolutionary War patriot Col. Thomas Wade.

Following are some interesting historical facts about Anson County that reflect its people and its geography:

- Much of the movie “Color Purple” was filmed in the County using its land, historical buildings and people.
- In 1928 Susan Braswell was elected as mayor of McFarlan becoming one of the first female mayors in North Carolina.
- During the Civil War, Sherman’s troops encamped at the plantation of Loch Adele in Morven. Yankee raiders burned most of Old Morven
- Peachland was once known for gold panning.
- President Andrew Jackson was issued his license to practice law from the Anson County Court of Anson.
- In 1900 scientists from the United States and Europe gathered in Wadesboro to observe a total eclipse of the sun.



Demographics

The demographic make-up of Anson County is a contributing factor to the health and wellness situation of the County.

The N.C. Department of Commerce annually ranks the state's 100 counties based on economic well-being; the 40 most distressed counties are designated as Tier 1. Anson County is currently a Tier 1 County and has been designated as such since 2007. The economic condition reflected in this designation has a direct impact on the health of the county citizens because it affects both the availability and affordability of health care.

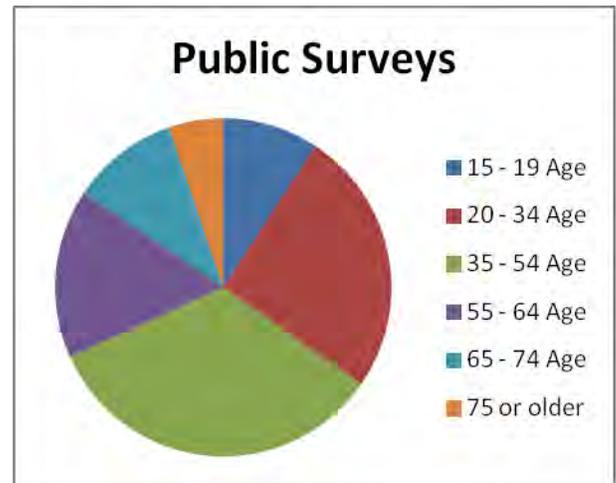
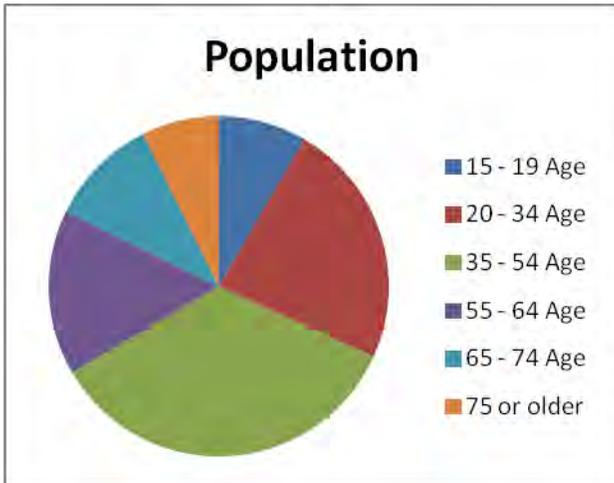
Another demographic element that impacts the availability of health care is the population and its composition. Anson County does not have the population to justify all the health care providers (general and specialty) needed by the specific population groups. For instance, there are no cardiologists in Anson, yet 20% of the population is 60 years of age or older and the following responses were given on the public survey to the question "Have you even been told by a doctor that you have one or more of the following conditions?"

- Heart Disease – 9.2%
- High Blood Pressure/Hypertension – 34.6%
- High Cholesterol – 24.1%

Following are demographics that draw a picture of the people of Anson County. Unless noted otherwise, the data comes from the American Community Survey (ACS) of the US Census Bureau. Also provided are the demographics of the public survey respondents.

Population

The following pie charts show the age make-up of the population of the county compared to the breakdown of the public surveys by age group.



The following tables provide the details by age, race and gender of the population and survey respondents.

Age Group	Population Female	Survey Female	Population Male	Survey Male	Population Total	Survey Total
a. 15 – 19	289	21	343	5	632	26
b. 20 – 34	956	48	972	24	1928	72
c. 35 – 54	1612	102	2072	38	3684	140
d. 55 – 64	883	44	922	21	1805	65
e. 65 – 74	718	21	617	17	1335	38
f. 75 or older	657	10	424	4	1081	14

Caucasian

African American

Age Group	Population Female	Survey Female	Population Male	Survey Male	Population Total	Survey Total
a. 15 – 19	697	29	663	4	1360	33
b. 20 – 34	1046	79	1608	17	2654	96
c. 35 – 54	1798	59	2071	23	3869	82
d. 55 – 64	832	31	781	13	1613	44
e. 65 – 74	411	23	454	8	865	31
f. 75 or older	433	13	58	8	491	21

Total

Age Group	Population Female	Survey Female	Population Male	Survey Male	Population Total	Survey Total
a. 15 – 19	896	50	954	9	1850	62
b. 20 – 34	2143	127	3011	41	5154	171
c. 35 – 54	3456	161	4182	61	7638	225
d. 55 – 64	1733	75	1735	34	3468	109
e. 65 – 74	1200	44	1092	25	2292	69
f. 75 or older	1135	23	478	12	1613	35

These numbers show that from age 15 to 54 the total male population is larger than the total female population. In the African American total population the majority vacillates between male and female until age 75 when the male population is only 11.8% of the total population for the age group. During the public survey process men of all ages in both races were less willing to participate than women; that is reflected in the survey numbers.

The population of Anson County is predominantly African American and Caucasian. Following is a breakdown of the population by race/ethnicity:

- African American – 48.5%
- Caucasian – 47.12%
- American Indian/Alaska Native - .6%
- Asian – 1%
- Hispanic – 3%

There were 9 survey respondents that were not African American or Caucasian. There were 3 Asian, 4 Hispanic and 2 American Indian. Their responses are included in the Totals, but not in the gender or race statistics.

According to the North Carolina Office of Budget and Management [OSBM] (www.osbm.state.nc.us) there was a 5.5% growth in the total population of Anson County from 2000 to 2012 and a growth of 1.3% is expected between 2012 and 2029. The OSBM website states that “Anson is the slowest growing county in the State.”

The NC Office of Budget and Management provides estimated population in 2011 for each municipality in Anson County. Following is a table showing that estimated population and the number of surveys collected for each municipality/zip code.

Municipality	Population	Survey Responses
Ansonville (28007)	607	42
Lilesville (28091)	516	77
McFarlan (28102)	113	3
Morven (28119)	488	65
Peachland (28135)	415	64
Polkton (28135)	3286	139
Wadesboro (28170)	5584	281

Poverty

Of the overall population of Anson County 19.6% are below poverty level. Following are the percentages by age, gender and race:

- Under 18 years – 31%
- 18 to 64 years – 16.2%
- Male – 16.4%
- Female – 22.5%
- Caucasian – 10.4%
- African American – 28.3%

The percentage of people living under the poverty level by employment status is as follows. In both cases more females live under the poverty level than males.

- Employed – 9.8%
 - Male – 7.6%
 - Female – 11%
- Unemployed – 33.5%
 - Male – 24.8%
 - Female – 41.9%

Marital Status

The male and female populations of the County are close to the same for three of the five marital status categories. There are 10.4% less widowed males than females; there are 10.4% more males that have never been married than females.

Following are marital status statistics by gender for the County population over 15 compared to those who took the public survey:

Marital Status	Population Females	Survey Females	Population Males	Survey Males
Married	41.6%	45.4%	42.5%	51.1%
Widowed	13.7%	9.7%	3.3%	4.9%
Divorced	10%	8.1%	9.5%	14.3%
Separated	4.6%	2.5%	3.1%	5.5%
Single/Never Married	30.1%	34.3%	41.5%	24.2%

Households

According to American Fact Finder there are 9,755 households in Anson County. Following are some characteristics about those households:

- 6,628 family households
 - 4,002 male householder
 - 2,626 female householder

- 3,127 non-family households
 - 1,463 male householder
 - 1,258 male living alone
 - 1,664 female householder
 - 1,515 female living alone

The following table shows the household size of the population and the survey respondents.

Household Size	Male Population	Percentage of Population	Male Survey Respondents	Percentage of Respondents
1-Person	2,773	28.4%	103	15.3%
2-Persons	3,170	32.5%	209	31.1%
3-Persons	1,611	16.5%	147	21.9%
4 or more Persons	2,201	22.6%	212	31.7%

American Fact Finder estimates the following:

- There are 4,352 African American households
 - 1,300 (30%) received Food Stamps/SNAP in the past 12 months
 - 3,052 (70%) did not receive Food Stamps/SNAP in the past 12 months
- There are 5,041 Caucasian households
 - 261 (5%) received Food Stamps/SNAP in the past 12 months
 - 4,780 (95%) did not receive Food Stamps/SNAP in the past 12 months
- There are 559 households with at least one person over 60 that received Food Stamps/SNAP in the past 12 months

Education

Following are statistics on educational attainment according to the NC Rural Economic Development Center County Profile for Anson County and the educational attainment of survey respondents.

Educational Attainment	Rural Center Statistic (2006-2010)	Survey Respondents
Less Than High School Diploma	22%	13%
High School Diploma/Equivalent	46%	41%
Associate's Degree	7%	11%
Bachelor's Degree or Higher	8%	15%

Note: The NC Rural Economic Development Center did not report statistics on people who had some college or technical school, whereas the survey did. 20% of survey respondents fell in this category.

Other important statistics in the County related to education are as follows:

- Graduation rate 74% (NC Rural Economic Development Center)
- Students Passing End of Grad Exams in 2012 was 44% (NC Rural Economic Development Center)

- High School Dropout Rates according to the NC Public School System
 - 2009/10 School Year – 59 (rate 4.56)
 - 2010/11 School Year – 50 (rate 4.31)
- SAT Scores according to the NC Public Schools website
 - 50.2 % of students tested (68% statewide)
 - Total average combined scores (Math, Critical Reading, Writing)
 - Year 2010 – 1268
 - Year 2011 – 1270
 - Year 2012 – 1269

Disability

The American Fact Finder (U S Census Bureau) estimates the following disability statistics in Anson County.

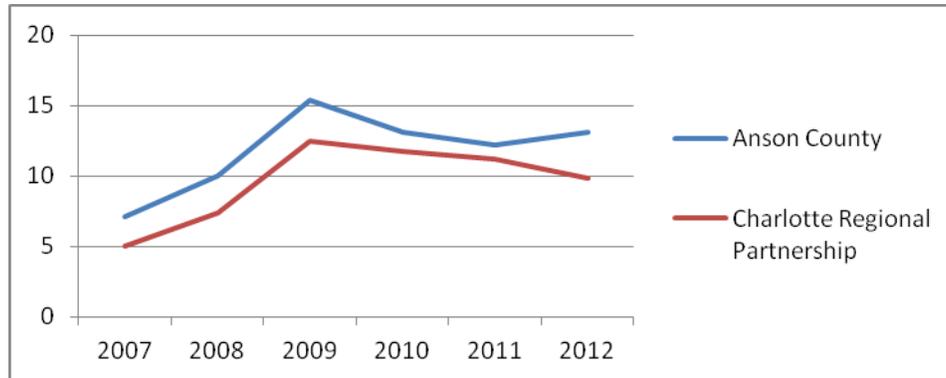
Age Group	Hearing Difficulty	Vision Difficulty	Cognitive Difficult	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Under 5	*	4.1%	*	*	*	*
5 to 17 years	.8%	.6%	4.2%	.3%	1%	N/A
18 to 64 years	2.9%	2.8%	4.5%	10.5%	2.9%	6.5%
65 & over	12.8%	10.2%	16.7%	36.2%	6.6%	24.8%

*Number of sample cases too small to calculate



Unemployment

According to the NC Department of Commerce’s Division of Employment Security, the unemployment rate for Anson County has been 10% or greater since August 2008. The latest statistic is for August 2012 which shows the unemployment in the County as 13.1%. This is compared to a rate of 9.8% unemployment for the Charlotte Regional Partnership which includes Anson County. The following chart shows the unemployment rates in August since 2008 for the County and the Charlotte Regional Partnership. The rate for the partnership is going down; Anson County’s rate is going up.



Income

American Fact Finder of the US Census Bureau shows the median family income for Anson County is \$39,612. The mean family income is \$52,299. The breakdown for each income level in Anson County households is shown in the table below. Also in the table is the breakdown of household income for the public survey participants.

Household Income	Households	Survey Participants
Less than \$10,000	10.6%	14.6%
\$10,000 - \$14,999	7.0%	11.6%
\$15,000 - \$24,999	15.6%	14.0%
\$25,000 – \$34,999	17.3%	15.8%
\$35,000 - \$49,999	21.4%	15.5%
\$50,000 - \$74,999	14.7%	16.4%
\$75,000 - \$99,999	7.9%	8.5%
\$100,000 or more	5.6%	3.6%

Chapter 3

Health Data Collection Process

The Anson County Health Department, the Anson Community Hospital and the Healthy Ansonians Task Force worked together to conduct the Community Health Assessment for Anson County. These three entities acted as the Advisory group for the CHA. They guided the process for collecting information based on their broad knowledge of the historical and current health situation in the County. To ensure that the data gathered was thorough and comprehensive they decided to collect more input than is suggested by the CHA guide. The experience of these health professionals convinced them that the priorities would be apparent if 1) adequate data was collected (depth and number of people/sources) and 2) they compared it to their understanding of historical priorities.

Data Collection Process

Following is an outline of the process used to collect primary and secondary data.

Note: The resource data collection followed by the Key Informant interviews were conducted by the Project Facilitators while Anson County Health Department personnel were conducting the sampling (surveying).

1. Get Public Input through Community Health Opinion Surveys
 - A. Developed Survey Instrument (Questionnaire)
 1. Three Health Department Staff attended training session on CHAs and associated surveys
 2. Developed survey instrument using CHA Guide and surveys of similar counties
 2. Solicited input from Advisory Group and Project Facilitator
 3. Modified instrument (questionnaire) based on input
 4. Conducted validation test of survey with a group at DSS
 - B. Determined the number of surveys needed from each Zip Code
 1. Decided to use Convenience Sampling because of availability of personnel and funds
 2. Estimated that at least 600 samples were needed to reduce the bias susceptibility
 3. Established a quota per Zip Code based on population
 - C. Determined best method to collect the samples so that data was accurate and representative of the County
 1. Decided that in order to get people to participate and to actually complete the surveys they should be handed out and collected in person
 2. Decided that to ensure that all demographics were properly represented sampling should be done in the places where people congregate/visit and would have time to complete them (i.e. physician offices, Health Department, community centers, etc.)
 - D. Conducted sampling -- began collecting surveys on April 20, 2012
 1. Anson County Health Department personnel conducted the sampling at the Health Department, in community centers and at physician offices during the period May 1, 2012 – June 15, 2012
 2. Anson Community Hospital conducted sampling in hospital departments and physician offices associated with the hospital
 3. Conducted sampling through churches, organizations, centers and other places where citizens congregate including:

Rabies Clinic at Tractor Supply	Grace Senior Center
Health Fair at Harvest Ministry	Anson County Early College

Lilesville Community Park
County Government Offices
Holla! Center
Post Office in McFarlan

Burnsville Community Center
Peachland/Polkton Senior Meal Site
CMH Flooring

- E. Tallied the surveys in categories that facilitated analysis
 - 1. Health Department personnel tallied all survey responses by sample area (zip code/municipality), gender, race and age
 - 2. Project Facilitator totaled survey responses by sample area (zip code/municipality), gender and race for all input. Totals by age were done for selected sample questions
- II. Gathered data to compile a Health Resource Inventory and Directory of Health Services
 - A. Determined that the best method for collecting the necessary data to compile a comprehensive Health Resource Inventory was interviews.
 - B. Developed the list of people/entities to be interviewed
 - 1. Project Facilitator developed a list of the physician offices, agencies, departments, organizations and other entities that needed to be included in the Inventory and therefore interviewed using the CHA Guide
 - 2. Verified the list for completeness with the Work Group (see specific members listed in Background and Introduction section)
 - 3. Modified the list based on input from the Work Group
 - C. Developed the questionnaire to be used in interviewing entities to be included in the inventory
 - 1. Used the suggestions in the CHA Guide
 - 2. Included questions that would gather the information necessary to develop a Directory of Health Services
 - 3. Included questions that would gather statistical data on patients, members, participants
 - 4. Included questions that would gather information on operations that help or hinder the use of that resource by the public
 - D. Developed a method for gathering the resource inventory data
 - 1. Developed a schedule for conducting the interviews
 - 2. Made assignments to the Project Facilitators group (Leverage & Development, LLC – consulting firm and its subcontractor DJL Solutions [Don Altieri and Lois Crumpler]) – for conducting the interviews.
 - E. Conducted research to gather data on resources
 - 1. Conducted approximately 120 interviews
 - 2. Gathered detailed data on 177 resources
- III. Decided to gather data from Key Informants to ensure that opinions and data from community leaders, health care professionals and government principals were adequately included in the CHA
 - A. Developed a list of appropriate Key Informants
 - 1. Used the CHA Guide
 - 2. Ensured that adequate representation from appropriate areas were included (i.e. health care, government, community, etc.)
 - 3. Used the experience of the Project Facilitator
 - 4. Verified the list with the Work Group
 - 5. Modified the list based on input from the Work Group
 - B. Developed simple open-ended questions to guide the input of the Key Informants

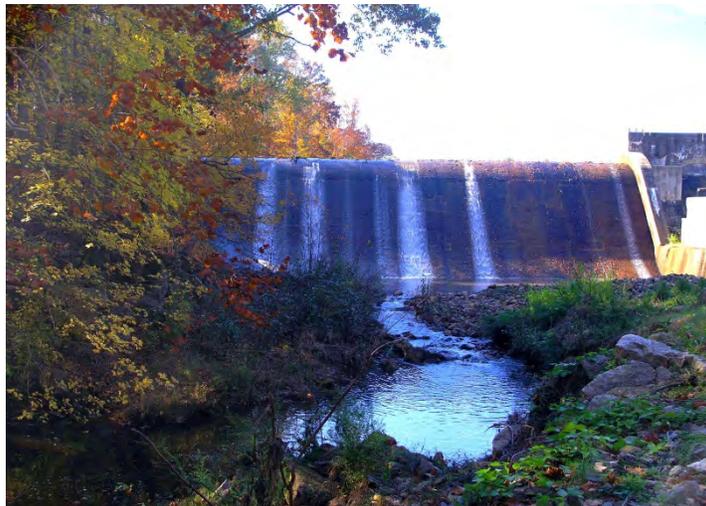
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1. Used the CHA Guide
 2. Treated the Key Informant interviews the same as if conducting a focus group
- C. Developed a plan for conducting the Key Information interviews
1. Made assignments to Project Facilitators (Leverage & Development, LLC and its subcontractor DJL Solutions) for the interviews
 2. Determined that in some cases interviews would not be feasible and decided to have participants simply fill out the Key Informant questionnaire (i.e. the questionnaire was given to all the attendees at a meeting of the Economic Development Corporation)
- D. Conducted the Key Informant Interviews either in-person or by phone – Total of 115
1. 57 people in health care or related professions
 2. 8 representatives of non-profits
 3. 19 Business/Industry leaders
 4. 6 Elected Officials
 5. 7 Community Leaders
 6. 13 representatives of government agencies and departments
 7. 5 representatives of education entities
- E. Compiled results of Key Informant Interviews and ranked responses
- IV. Developed and carried out a plan to collect the appropriate secondary data
- A. Utilized the CHA Guide to determine what data needed to be collected
 - B. Work Group of Anson CHA Team provided suggestions for secondary data to use and sources of data
 - C. Utilized the CHA Appendix to find sources for secondary data
 - D. Used the results of the Public Survey and Key Informant Interviews to determine what secondary data should be gathered and analyzed
 - E. Used the previous Anson County CHA Report and those of nearby counties to determine secondary data that would be appropriate and where that data could be found
- V. The tools used to collect primary data are included in the appendices of this report
- A. Public Survey Form
 - B. Resource Inventory Questionnaire
 - C. Key Informant Interview Questionnaire

Analysis and Interpretation Process

The Anson County CHA Team has been involved in assessing and addressing the health situation in the County since 1995. The knowledge and understanding that this history provides enabled the CHA Team to develop a collection process and the tools that would gather the necessary data and uncover the issues and assets. Following is a summary outline of the process used.

- I. Used the responses of the Public Surveys to determine:
 - A. What the public thinks are the major health concerns
 - B. What the public thinks are the major non-health community issues
 - C. The sources trusted by the public for information on health, health care and emergencies
 - D. Where the public gets its health care
 - E. What the public sees as obstacles to a healthy life style and health care

-
- F. What health situations (disease, prevention, life style) currently affect the public
 - II. Used the responses of the Key Informant Interviews to determine:
 - A. What they see as major health concerns
 - B. What they see as major environmental concerns
 - C. What health resources they think are missing in the County
 - D. If they think the components of a healthy life style are adequately available in the County
 - E. What they think are the major non-health community issues
 - III. Used the Resource interview data to determine:
 - A. What health care services and healthy life style resources are available in the County
 - B. Who uses the health care and healthy life style resources, who does not and why
 - C. What are the obstacles for using the health care and healthy life style resources
 - D. What health care and healthy life style resources are missing
 - IV. Compared the data from the three Primary sources (Public Surveys, Key Informant interviews, Resource interviews to determine:
 - A. Agreement
 - B. Disparity
 - C. Commonality
 - D. Extremes
 - E. Conclusions
 - V. Compared the Primary data and the results of the analysis to the Secondary and historical data to:
 - A. Determine how Anson County compares to the State and/or other Counties
 - B. Determine what situations, problems, assets, etc. are chronic, trends or new
 - C. Determine if there are differences between demographic groups (races, age groups, geographic areas, genders, etc.)
 - D. Determine what demographics and socioeconomic factors affect the results of the primary and secondary data and how
 - E. Determine what environmental factors affect the results of the Primary and Secondary data and how
 - VI. Presented the data and analysis to the Advisory and Work Groups of the CHA Team to solicit their input and allow them to decide on priorities.
 - VII. Conducted research to obtain additional Secondary data as needed to further understand the issues chosen as priorities by the CHA Team.



Chapter 4

Health Data Results

The majority of the citizens surveyed during the Community Health Assessment process said they feel that Anson County is a good place to raise a child (57.9%) and to grow older (67.5%); however, a majority (56%) also said that they do not think the County is a good place to get good health care. The Health Status of Anson County is a reflection of its economic condition, population factors and socioeconomic situation.

The lack of, not only good paying jobs, but any jobs; high unemployment; and a small business/industry tax base creates health care hardships for the citizens of the County. Many of the citizens either do not have access to health insurance or they cannot afford it. A large number of citizens who have health insurance (public or private) do not get health care because they cannot afford the co-pay or they cannot afford the expense of getting the care outside the County – because it is not available in the County.

The population factors in Anson County place its citizens in a detrimental juxtaposition. The population is too small to justify most health care specialists and some resources. However, it has a growing over- 60 population and a high population of people with chronic health conditions. African Americans make up 48.5% of the population. Typically African Americans suffer from chronic disease more than other population sectors.

The socioeconomic factors that cause negative health behaviors (reliance on cheap fast food, lack of participation in fitness activities due to cost) also make it difficult to afford health care – preventative or reactionary. The number of people on Medicaid and Medicare decreases the number of health care providers who can profitably locate in the County. These situations perpetuate both the poor health situation and the sustained economic hardships.

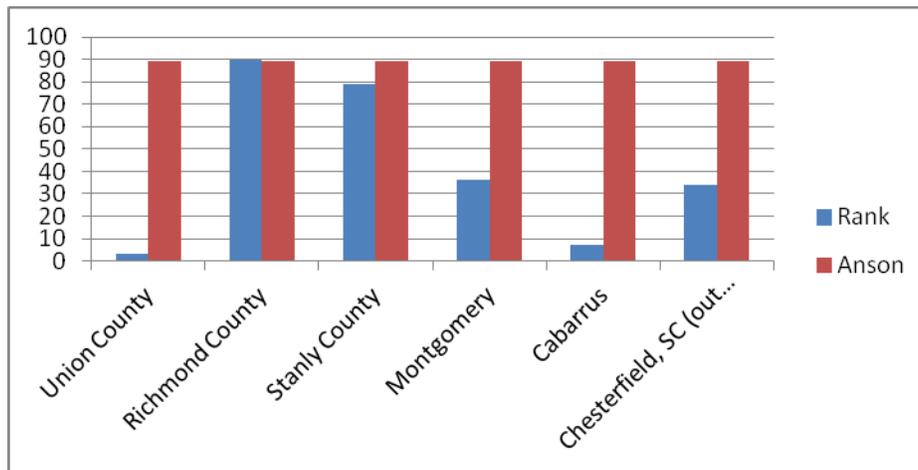
The overall ranking of Anson County within the State of North Carolina as published by the *County Health Rankings & Roadmaps* program (www.countyhealthrankings.org) for 2012 is 89th out of 100. The ranking for 2011 and 2010 was 87th.

Note: The lower the ranking the better

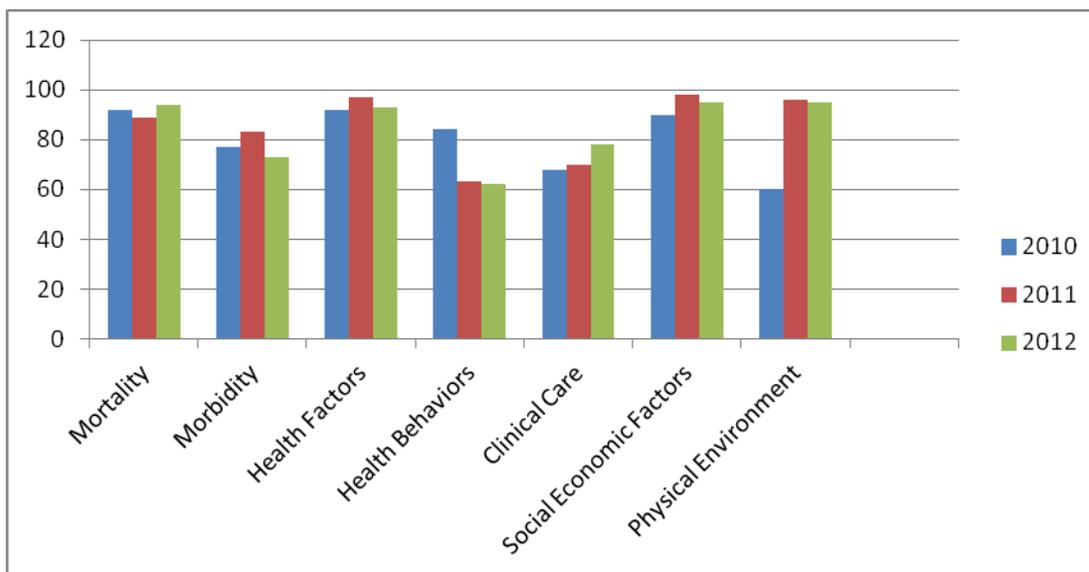
The overall 2012 ranking for neighboring counties is:

- Union – 3
- Richmond 90
- Stanly 79
- Montgomery 36
- Cabarrus 7
- Chesterfield, SC 34 (out of 46)

Those rankings compared to Anson County are shown in the following chart.



Anson County's ranking for the primary measurements in the *County Health Rankings & Roadmaps* is reflected in the following table.



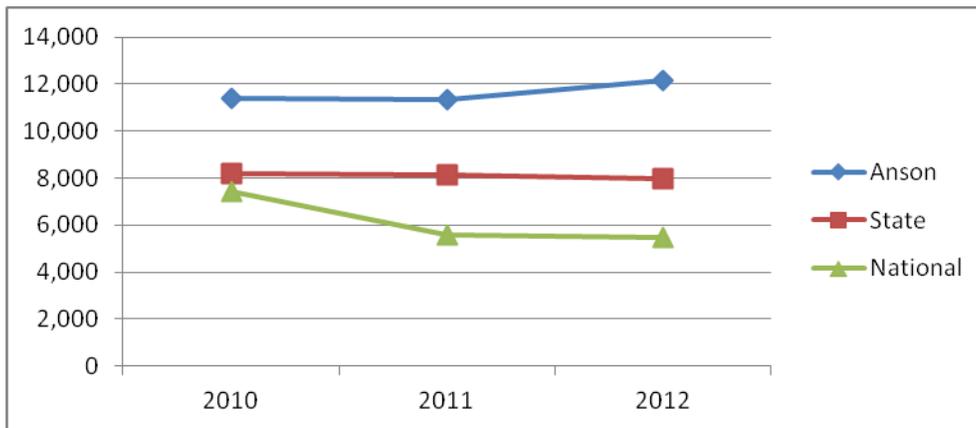
This chart along with other data that is presented in this report shows that Anson County consistently ranks high in critical health measurements – in this case the higher the ranking, the worse the situation.

Mortality

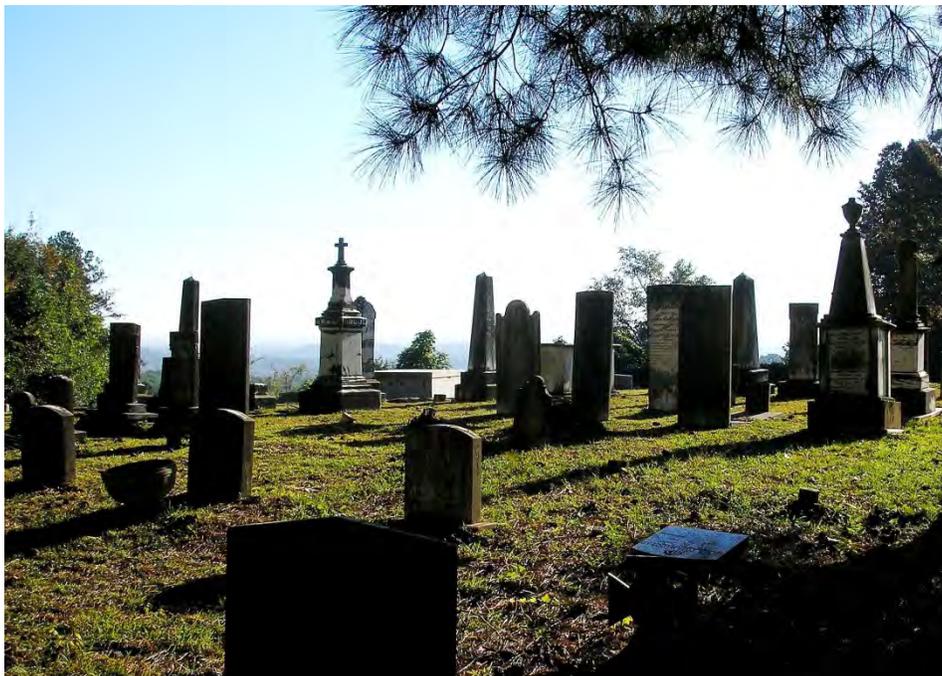
Premature Death

According to the *County Health Rankings & Roadmaps* Anson County has had a ranking of near 90 (out of 100) for the last three years: 2010 – Rank 92, 2011 – Rank 89, 2012 – Rank 94

The primary measurement in the *County Health Rankings & Roadmaps* related to Mortality is the number of premature deaths. This measurement is the years of potential life lost before age 75 per 100,000 population. In 2010 and 2011 Anson County had more than 11,000 years lost and in 2012 reached a level of 12,132 years. Following is a chart that shows how Anson County compares to the State and to the National Benchmark for this 2010, 2011, 2012.



The National Benchmark rate is decreasing, the State's rate is virtually stagnant, but Anson County's rate has increased.



Causes of Death

The following table lists the causes of death overall and by race and by gender.

The statistics are from the NC Department of Health and Human Services 2012 County Health Data Book. The data is based on 2006 – 2010 Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates using the Standard Year 2000 Populations. Rates are per 100,000 Population.

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		Male (Includes Other Races and Hispanic)		Female (Includes Other Races and Hispanic)		Overall (Includes Other Races and Hispanic)	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	847	929.4	600	1038.4	725	1187.6	733	803.7	1,458	968.2
Diseases of Heart	196	203.4	129	218.0	164	276.0	163	167.8	327	212.9
Acute Myocardial Infarction	39	40.6	31	51.1	38	61.3	32	30.3	70	44.9
Other Ischemic Heart Disease	71	73.0	41	68.8	64	110.2	49	50.1	113	73.0
Cerebrovascular Disease	61	61.0	60	106.8	51	87.4	72	71.2	123	78.3
Cancer	171	185.0	114	195.2	159	253.2	126	145.7	285	188.7
Colon, Rectum, and Anus	10	N/A	12	N/A	12	N/A	10	N/A	22	14.7
Pancreas	9	N/A	4	N/A	5	N/A	8	N/A	13	N/A
Trachea, Bronchus, and Lung	61	66.8	32	54.2	65	103.0	28	31.2	93	61.8
Breast	15	N/A	9	N/A	0	N/A	24	28.9	24	28.9
Prostate	5	N/A	7	N/A	12	N/A	0	N/A	12	N/A
Diabetes Mellitus	20	22.7	28	47.6	21	30.4	27	30.0	48	31.9
Pneumonia and Influenza	25	25.4	10	N/A	16	N/A	19	N/A	35	23.2
Chronic Lower Respiratory Diseases	51	52.3	13	N/A	31	54.0	35	37.7	66	43.5
Chronic Liver Disease and Cirrhosis	15	N/A	8	N/A	18	N/A	5	N/A	23	16.2
Septicemia	24	23.2	17	N/A	16	N/A	25	24.7	41	26.4
Nephritis, Nephrotic Syndrome, and Nephrosis	18	N/A	27	47.0	17	N/A	28	31.0	45	29.2
Unintentional Motor Vehicle Injuries	21	36.6	17	N/A	29	43.7	10	N/A	39	30.6
All Other Unintentional Injuries	25	35.0	18	N/A	33	51.5	11	N/A	44	31.7
Suicide	19	N/A	1	N/A	14	N/A	6	N/A	20	15.2
Homicide	5	N/A	11	N/A	13	N/A	3	N/A	16	N/A
Alzheimer's disease	16	N/A	10	N/A	4	N/A	22	21.1	26	16.3
Acquired Immune Deficiency Syndrome	2	N/A	6	N/A	3	N/A	5	N/A	8	N/A

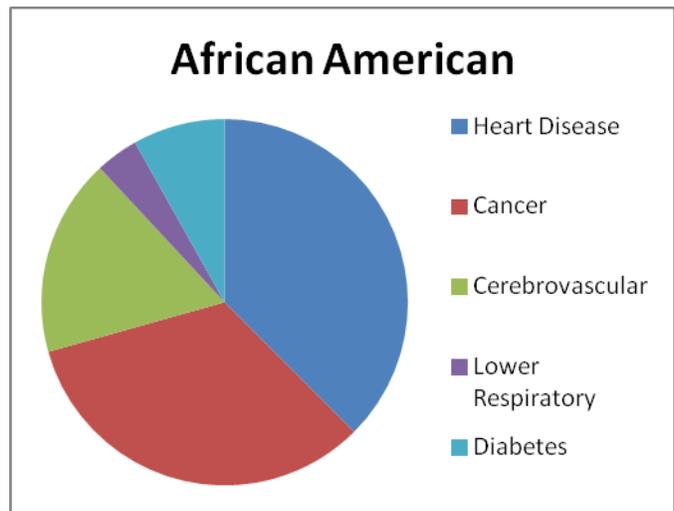
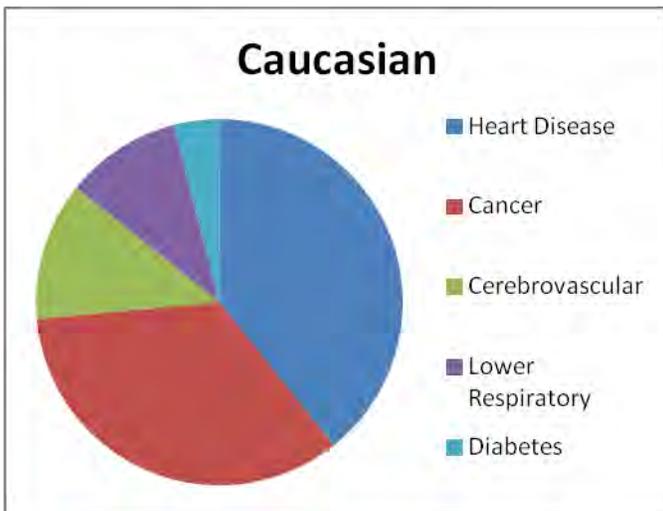
Rates based on fewer than 20 cases (indicated by "N/A") are unstable and have been suppressed.

Rates for Breast and Prostate Cancers have sex-specific denominators (female and males, respectively)

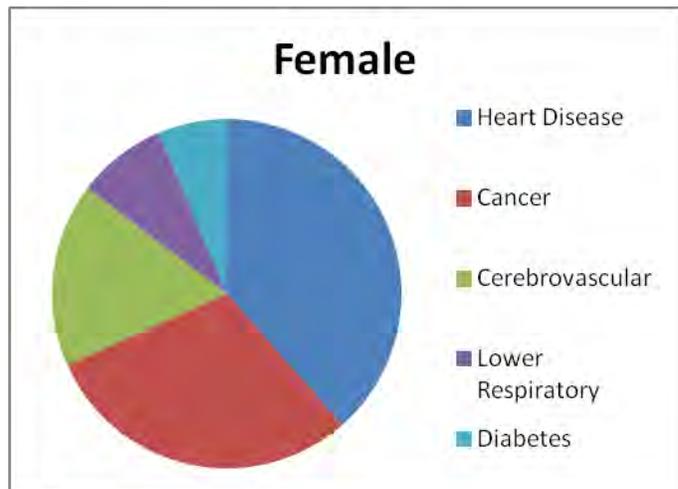
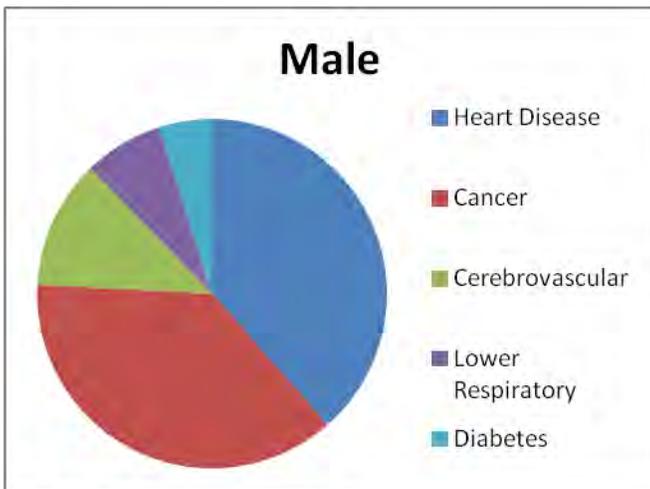
According to the data in the previous chart the top 5 causes of health related deaths (non-injury) in Anson County are:

1. Diseases of the Heart
2. Cancer (primarily trachea, bronchus and lung)
3. Cerebrovascular Disease (brain blood clot or hemorrhage)
4. Chronic Lower Respiratory Disease
5. Diabetes

Below are charts showing the comparison between Caucasian and African American and between Male and Female

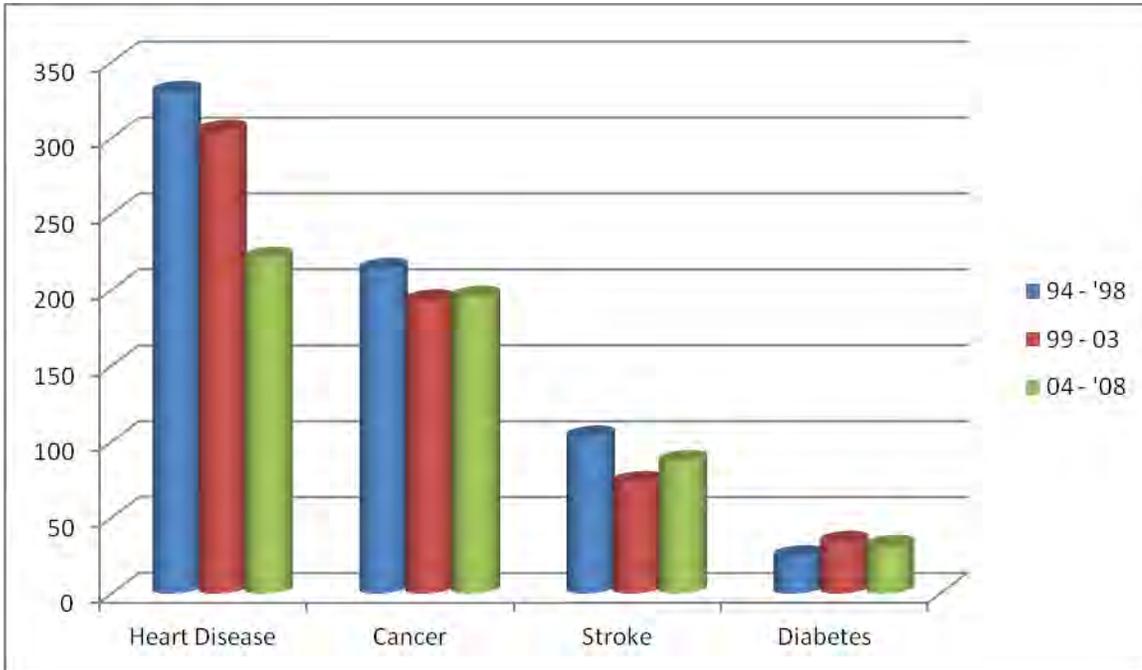


There is a higher number of Lower Respiratory deaths for Caucasians and higher number of Diabetes related deaths for African Americans.



Males have a higher rate of deaths due to Cancer; females to Cerebrovascular disease.

The North Carolina County Trends Reports from the North Carolina Department of Health and Human Services shows the following indicators on death rates for Anson County between 1994 and 2008.



Although there was no indicator for Lower Respiratory related deaths in the Trends Report the other leading causes were in keeping with the 2006 – 2010 report covered in the previous pages.

The data collected from the Key Informants and Surveys showed that there is a good deal of awareness and agreement on the top 5 causes of death in the County. Following are the key points from that data.

Key Informants:

- 43% said Adult Diabetes is a major health concern – this was the top ranked health concern, 9% higher than the next highest
- 22% said that Cardio Problems/Diseases are a major health concern
- 22% said that Hypertension is a major health concern
- 11% said that Cancer is a major health concern
- 8% said that Stroke is a major health concern

Public Survey:

The following chart shows how the persons surveyed feel about the leading causes of death in the County:

Question	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Cancer					
Major Problem	118	110	178	50	229
Somewhat of a Problem	98	164	185	77	265
Not a Problem	38	16	39	15	55
Don't Know	53	65	78	40	122
Cerebrovascular Disease (stroke)					
Major Problem	111	79	144	46	192
Somewhat of a Problem	108	173	199	82	284
Not a Problem	33	25	43	15	59
Don't Know	55	80	94	39	136
Diabetes					
Major Problem	151	149	229	71	301
Somewhat of a Problem	95	142	167	70	242
Not a Problem	29	18	28	19	48
Don't Know	32	46	56	22	80
Heart Disease					
Major Problem	143	133	208	68	278
Somewhat of a Problem	86	135	154	67	224
Not a Problem	34	21	38	17	57
Don't Know	44	66	80	30	112
Lung Disease (COPD, Asthma, etc.)					
Major Problem	88	70	131	27	160
Somewhat of a Problem	106	156	181	81	263
Not a Problem	42	35	52	25	78
Don't Know	42	35	116	49	170

Survey respondents were asked to rank 22 Health Concerns (not all related to mortality) as: (a) Major Problem, (b) Somewhat of a Problem, (c) Not a Problem or (d) Don't Know. Of the 22 Health Concerns those related to the top causes of death were ranked by the number of people choosing "Major Problem" as follows:

- Diabetes - #8
- Heart Disease - #9
- Cancer - #11
- Cerebrovascular Disease (stroke) - #12
- Lung Disease - #15

The percentage of people ranking these five Health Concerns as a "Major Problem" or "Somewhat of a Problem" is as follows:

- Cancer – 73.6%
- Cerebrovascular Disease – 70.9%
- Diabetes – 80.9%
- Heart Disease – 74.8%

- Lung Disease – 63%

The response from the Surveys and the Key Informants does illustrate that the public is aware of the Health Concerns that are the primary causes of death in Anson County.

Morbidity and Diseases

This section presents the health problems/concerns and disease burden for Anson County. It provides information on how county residents view the health problems.

The *County Health Rankings & Roadmaps* reports four indicators as morbidity measurements. The following table shows how Anson County ranks compared to the State and its neighboring counties in 2012.

Measurement	Anson County	Union County	Richmond County	Stanly County	Montgomery County
Poor or fair health (percent of adults reporting fair or poor health)	27%	16%	24%	27%	24%
Poor physical health days (average number of physically unhealthy days reported in past 30 days)	4.5	3.2	4.9	5.5	4.2
Poor mental health days (average number of mentally unhealthy days reported in past 30 days)	3.5	3	5.4	5	2.9
Low Birthweight (percent of live births for which infant weighed less than 5 lbs., 8oz.)	10.2%	7.3%	9.6%	9.6%	8.9%

The statistics for Anson County are very similar to neighboring counties except for Union County.

These measurements have changed very little over the last 3 years for Anson County as illustrated in the table below.

Measurement	2010	2011	2012
Poor or Fair Health	28%	27%	23%
Poor Physical Health Days	4.2	4.5	4.3
Poor Mental Health Days	3.4	3.5	3.3
Low Birthweight	10.2%	10.2%	10.4%

Low Birthweight

The Low Birthweight statistic has improved slightly over the rate between 1994 and 2008 as shown in the NC County Trends report. Below are those rates:

- 1994 to 1998 – 11.8%
- 1999 to 2003 – 10.6%
- 2004 to 2008 – 10.9%

Teen Pregnancy

The number of Teen Pregnancies in a county normally increases the number of babies born with a low birthweight (less than 5 lbs. 8 oz.). Teens are considered those 15 to 19 years of age. Teen Pregnancy was designated as one of the Priorities after the 2008 CHA was done. An Action Plan and a Committee were established.

The public perception in Anson County is that Teen Pregnancy is one of the major Health and Community Concerns.

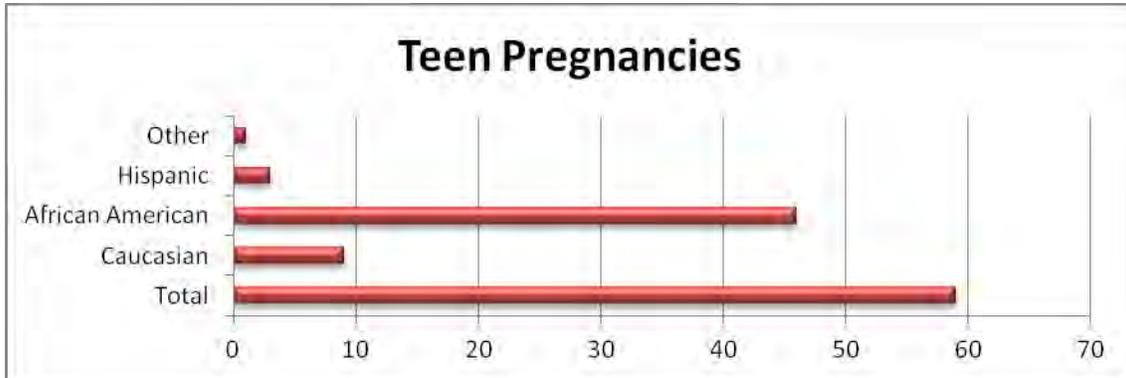
- 13% of the Key Informants listed it as a Major Health Concern
- 86.3% of the Survey Participants said that Teen Pregnancy is a problem (Major or Somewhat)

Following are statistics on the actual number of Teen Pregnancies in Anson County. Unless otherwise noted a “Teen” is considered a female 15 to 19 years of age.

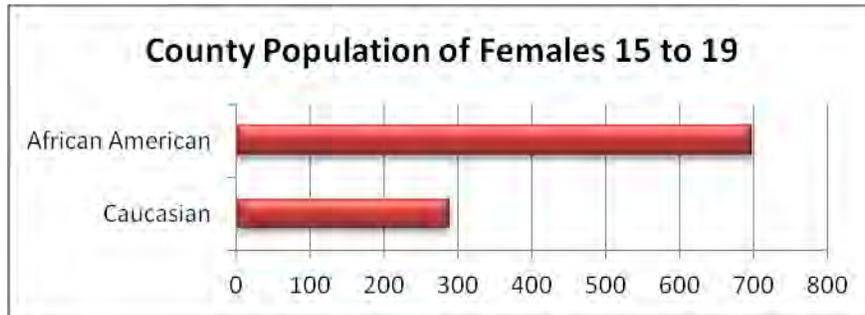
Source	Year(s)	Statistic
NC County Trends in Key Health Indicators	1994-1998	112.3 per 1,000 female population
NC County Trends in Key Health Indicators	1999-2003	86.4 per 1,000 female population
NC County Trends in Key Health Indicators	2004-2008	78.2 per 1,000 female population
NC-DHHS State Center for Health Statistics	2010	59 Teen Pregnancies / 66.3 per 1,000 females / 18% of total pregnancies
NC-DHHS State Center for Health Statistics	2006-2010	118 pregnancies for ages 15 – 17 / 43.4 per 1,000 female population
American Fact Finder of the U S Census Bureau	5 year estimate based on 2006-2010	14 births to unwed females 15 to 19 years of age in last 12 months
County Health Rankings & Roadmaps	2010	72 per 1,000 female population
County Health Rankings & Roadmaps	2011	72 per 1,000 female population
County Health Rankings & Roadmaps	2012	69 per 1,000 female population
Anson County Health Department	2010/11 Fiscal Year	16 (9% of total OB patients)
Anson County Health Department	2011/12 Fiscal Year	6 (6.5% of total OB patients)

This table shows that the Teen Pregnancy rate, while still a concern, has decreased over the last nearly 20 years. The CHA Team feels that attention should continue to be paid to this issue, but has decided it will not be one of the priorities for the next four years because there are other more critical, far reaching concerns as shown in other sections of this report.

The following chart depicts the breakdown by race/ethnicity of the Teen Pregnancies in 2010.



It is important to point out that the African American female population of Anson County is higher than the Caucasian population and the population of Hispanics and other races is very small. According to the American Fact Finder of the US Census Bureau the number of African American 15 to 19 year olds is 697 and the Caucasian population is 289.



Smoking During Pregnancy

Smoking during pregnancy contributes to Low Birthweight and other infant problems. The NC County Trends shows the following about the percentage of women who smoke during pregnancy:

Geography	1994-1998	1999-2003	2004-2008
Anson County	16.1%	18.6%	19%
State	15.7%	13.6%	11.5%

The state rate went down, but the Anson County rate increased.

In the Public Survey the respondents ranked Tobacco Use/Smoking as the 2nd highest Health Concern. 89.7% of those surveyed said this was a problem (Major or Somewhat).

Lack of OB/GYN

Another concern for Anson County that relates to Low Birthweight is the fact that there is no Obstetrician/Gynecologist in the County. Citizens can get prenatal care at the Health Department, but must visit an out-of-county OB/GYN before their delivery or if they have complications. There is no measurement on how this affects Low Birthweight, but the health care professional interviewed during the CHA process feels that it does have a direct impact. They feel that women, and especially Teens, do not seek prenatal care early enough or at all partially due to the absence of in-county prenatal care. This makes Low Birthweight more likely.

The NC County Trends report provides the following statistics on pregnant females that receive prenatal care in the first trimester:

- 78.9% received prenatal care in 1994 – 1998
- 80.9% received prenatal care in 1999 – 2003
- 79.9% received prenatal care in 2004 – 2008

In the Public Survey 47% of respondents said that Access to Prenatal Care is a problem (21.5% said Major, 25.5% said Somewhat). 51% of females said it is a problem.

Obesity

Obesity and all the negative health impacts it has on people has long been a concern and problem in Anson County. It was one of the Priorities of the previous CHA; an Action Plan and Committee have been working to decrease the incidence and impact of Obesity in the County for the last four years. It has been chosen by the CHA Advisory Group as a priority for the next 4 years.

The following reflect the public opinion on Obesity:

- Key Informants ranked Obesity as the 3rd biggest Health Concern - 31% of respondents said it was a problem
- Respondents in the Public Survey ranked it as the 4th biggest Health Concern - 86.6% of respondents said it was a problem (Major or Somewhat).

Following is additional data from the public research that expands on the concern about Obesity:

- Second highest ranked Health Concern by the Key Informants was the “Lack of knowledge, education and understanding of healthy life style and care of self/children” – 34% of persons interviewed said this is a problem.
- Key Informants ranked Cardio Problems/Diseases and Hypertension as tied for the 5th highest Health Concern – 22% said both of these are a Major Concern
- 8% of Key Informants said the Stroke is a Major Health Concern

Details from the Key Informant interviews and the Public Surveys are provided in exhibits at the end of this report.

Medical Factors

The *County Health Rankings & Roadmaps* provides statistics on the percentage of adults in a county that are considered Obese. Obese in this case is considered an adult with a BMI (Body Mass Index) of 30 or more. Following are the percentages for the last 3 reports:

- 2010 – 33%
- 2011 – 33%
- 2012 – 36%

The rate remained the same for 2 years and then increased by 3% in the latest report

The Health Department does offer treatment for Hypertension via its Family Nurse Practitioner.

- Fiscal year 2010/11 – 38 people were treated
- Fiscal year 2011/12 – 24 people were treated

The NC County Trends report showed the following death rates for Heart Disease and Stroke. Death rates are per 100,000 Population.

	1994-1998	1999-2003	2004-2008
Heart Disease Deaths - Anson County	330.2	304.5	220.9
Heart Disease Deaths - State of North Carolina	288.2	243.2	202.2
Anson County Rate compared to State Rate	+42	+61.3	+18.7
Stroke Deaths – Anson County	103.1	73.1	86.9
Stroke Deaths – State of North Carolina	80.0	70.7	54.4
Anson County Rate compared to State Rate	+23.1	+2.4	+32.5

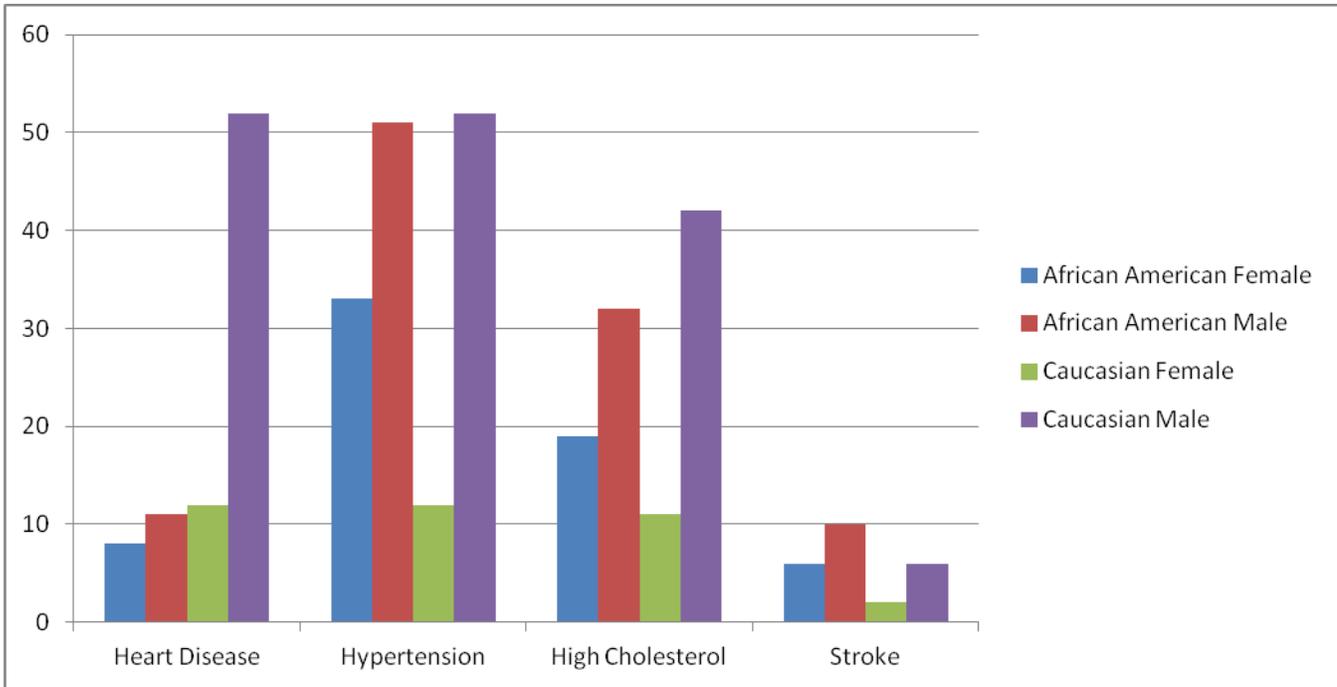
Anson County's death rate from both of these health conditions consistently ranked higher than the State's even though the rate of death from Strokes dipped to only 2.4 in the 1999 – 2003 period.



In the Public Survey participants were asked, *Have you ever been told by a doctor that you have one or more of the following conditions?* Several of the conditions listed are often consequences of obesity: Heart Disease, High Blood Pressure and High Cholesterol. Here is a summary of those results:

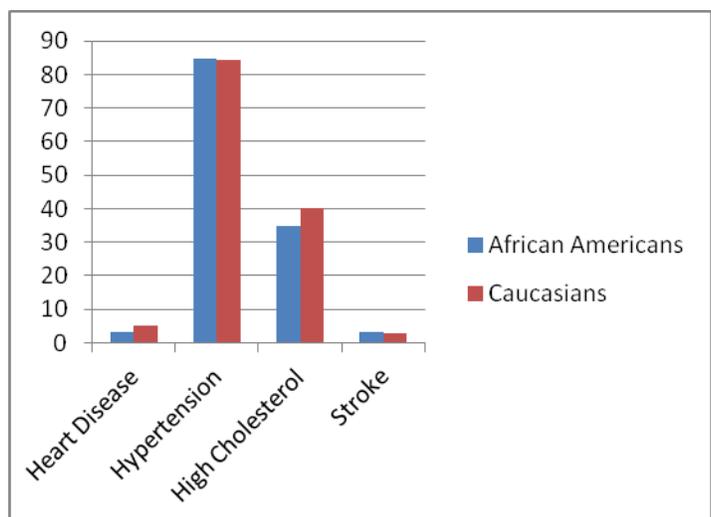
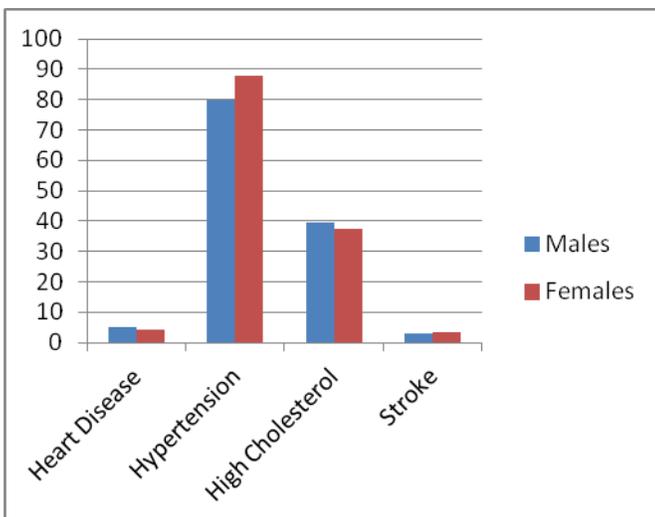
Health Condition	Age Range	Total Female	Total Male	TOTAL
Heart Disease	15 to 19	0	0	0
Heart Disease	20 to 34	4%	17%	7%
Heart Disease	35 to 54	8%	36%	15%
Heart Disease	55 to 64	20%	62%	33%
Heart Disease	65 to 74	32%	40%	38%
Heart Disease	75+	13%	42%	23%
Total		12%	27%	17%
High Blood Pressure (Hypertension)	15 to 19	2%	0	2%
High Blood Pressure (Hypertension)	20 to 34	9%	27%	9%
High Blood Pressure (Hypertension)	35 to 54	23%	36%	26%
High Blood Pressure (Hypertension)	55 to 64	31%	85%	48%
High Blood Pressure (Hypertension)	65 to 74	50%	52%	51%
High Blood Pressure (Hypertension)	75+	39%	75%	51%
Total		22%	46%	27%
High Cholesterol	15 to 19	0	0	0
High Cholesterol	20 to 34	5%	15%	7%
High Cholesterol	35 to 54	15%	39%	21%
High Cholesterol	55 to 64	23%	65%	36%
High Cholesterol	65 to 74	53%	36%	42%
High Cholesterol	75+	17%	67%	34%
Total		15%	38%	21%
Stroke	15 to 19	0	0	0
Stroke	20 to 34	3%	7%	4%
Stroke	35 to 54	4%	5%	4%
Stroke	55 to 64	3%	12%	5%
Stroke	65 to 74	2%	4%	3%
Stroke	75+	17%	25%	20%
Total		4%	7%	5%

Following are charts that compare the percentage incidence of these health conditions among African American and Caucasian Females and Males.



The incidence of health conditions related to Obesity is highest overall in Caucasian Males. All of the percentages for African American Males are also high except Heart Disease; the percentage of Strokes is highest in this group. Hypertension and High Cholesterol are more frequent for African American Females than Caucasian Females.

The following charts show the percentage of people in North Carolina who have been diagnosed with these same four health conditions as reported by the BRFSS (Behavioral Risk Factor Surveillance System) from its 2011 Survey.



The state percentages are very similar to Anson County's; however, there is a bigger overall difference between Males and Females in Anson County.

According to the NC Department of Health and Human Services 2012 County Health Data Book, the Diseases of the Heart are the number one Cause of Death in Anson County with a rate of 327 per 100,000 people. Following is the breakdown by race and gender:

- Caucasians – 196 per 100,000 persons
- African Americans – 129 per 100,000 persons
- Hispanics – 1 per 100,000 persons
- Other Races – 1 per 100,000 persons
- Males – 164 per 100,000 persons
- Females – 163 per 100,000 persons

Lifestyle Factors

Research for the CHA shows that the lifestyle of most Ansonians is a major contributing factor to Obesity and the consequential health conditions. Following are some of the findings.

Key Informants:

- 19% of Key Informants said it is too costly for many people to eat healthy
- Many comments were made by Key Informants about healthy food not being available and fast food being too easy and cheap for people to pass up
- 23% of Key Informants said that fitness facilities in the County are too costly for many to use
- Many comments were made by Key Informants about the lack of fitness facilities in the County
- Many Key Informants commented that citizens do not know what healthy food and fitness facilities are available

Public Surveys

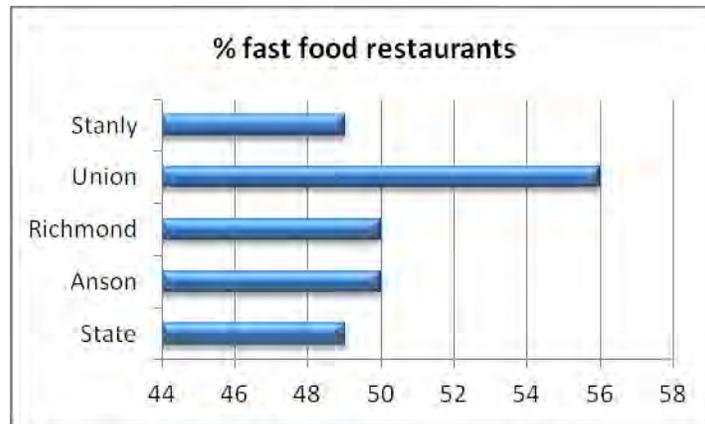
- Participants in the Public Survey ranked “Inactivity/Lack of Physical Activity” as the 7th highest Health Concern – 83.2% of respondents have said it is a problem (Major or Somewhat)
- 51% of Survey respondents said that “Access to Healthy Food” is a problem (Major or Somewhat)
- 71% of Survey respondents said the “Lack of Recreational Programming” is a problem (Major or Somewhat)
- 62% of Survey respondents said they have “Participated in a physical activity to benefit your health” in the last 7 days.
- 66% of Survey respondents said they consider their dietary habits to be generally healthy.

It is interesting to note that people in the County feel that, overall, Ansonians do not live healthy lifestyles, but the Survey respondents feel that they, personally, do live a healthy lifestyle.

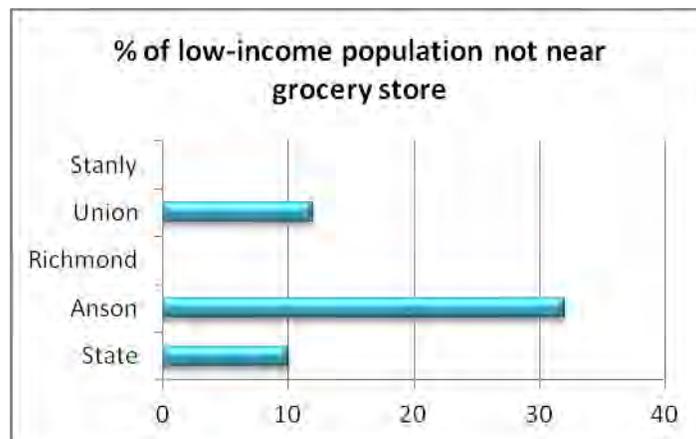
The BRFSS (Behavioral Risk Factor Surveillance System) from its 2011 Survey provides the following statistics on exercise and consumption of fruits and vegetables by respondents throughout the State.

Question	Male	Female	African American	Caucasian
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?	75.5%	71.3%	67.5%	75.5%
Have you consumed five or more servings of fruits or vegetables or beans per day?	9.9%	17.2%	14.5%	13.6%

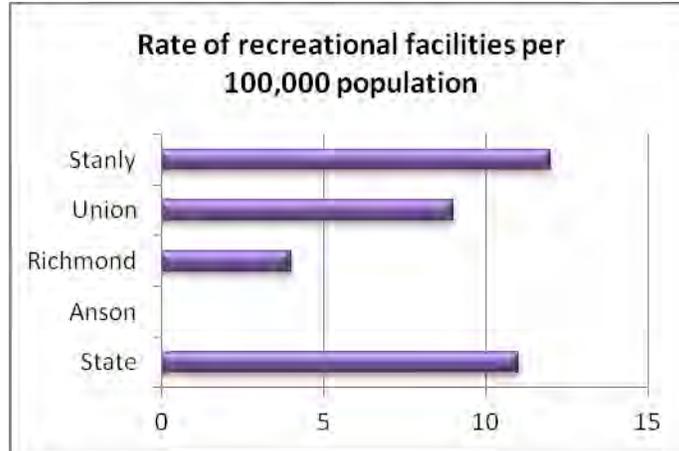
The *County Health Rankings & Roadmaps* provides data on the number of fast food restaurants, access to healthy foods and access to recreational facilities. Following are charts that compare Anson County’s data to the State and closest North Carolina counties.



Although many of those surveyed and interviewed said that there are too many fast food restaurants and not enough sources of healthy food, the *County Health Rankings & Roadmaps* shows that Anson’s statistic is very similar to the State and nearby counties except for Union, which is much higher.



Anson County has a much greater percentage of low-income people that do not live near a grocery store. They are 20% higher than the next highest neighboring county – Union at 12%.



The *County Health Rankings & Roadmaps* shows that there are no (0) recreational facilities per 100,000 people in Anson County. This statistic does not give a complete picture of the recreational and fitness opportunities in the County. Information on the opportunities for recreation and fitness in the County is provided in the following pages and in the Resource Directory that is in this report.

Many Key Informants said that the Major Concern was that people did not know about and/or did not take advantage of the healthy foods and fitness/activity opportunities. As part of the CHA Resource Inventory, information was gathered on all the opportunities and resources available for leading a Healthy Lifestyle and avoiding Obesity and the consequential health conditions. A Resource Directory was developed and is provided as an exhibit in this report. Following is a summary of the Healthy Food, Fitness and Wellness resources in the County:

Healthy Food Sources

Allen's General Store
 Anson Community Kitchen
 County Farmer's Market
 David Black's Produce
 Bountiful Harvest
 Ted Clontz's produce
 Dara Ly's produce

William McKay's produce
 MerrieLynn's Specialty Nuts & Sweets
 Nelson All Natural
 Pee Dee Orchards
 Peaches 'n' Cream
 Rayfield's Meat Center

Red Barn Produce
 Red Clay Farm
 Sherri's Country Store
 Simply Herbal
 Jimmy Sturdivant's Produce Stand
 Uptown Wadesboro Farmers Market
 Wihoit Produce

Private & Public Fitness

Anson District Boy Scouts
 Buff Monkey Fitness
 HOLLA Fitness
 Just for Kicks
 Life Long Fitness

Wadesboro Park
 Wadesboro Municipal Lake
 Town of Peachland Walking Trail
 Town of Polkton Walking Trails
 Anson County School Gyms

Little Park
 County Swimming Pool
 Athletics
 Town of Lilesville Park

Private & Public Wellness

Simply Herbal	ServSafe	School System Fitness Class
Pathways to Peace	Pressure Canning Safety Testing	Nutritional School Meals
Anson District Boy Scouts	Youth Summer Day Camp	Free or Reduced Price School Meals
Eat Smart, Move More, Weigh Less	Back Pack Buddies	SPCC Fitness Class for Seniors
Color Me Healthy	4H Youth Promise Program	
Families Eat Smart, Move More	School System Physical Education	

During the CHA research the Project Facilitators attempted to obtain statistics on use/participation from the Health and Wellness Resources, but not all of the Resources are able to record statistics. Following are the statistics that were gathered. Additional information on the operation of all Health and Wellness Resources is at the end this Report in the Resource Operational Directory.

Private Fitness:

Name	Patients/Clients Served	Obstacles/ Barriers to Use of Resource
Anson District Boy Scouts of America	Est 500 participants per year	Family finances Parent involvement
Buff Monkey Fitness Co., LLC	Avg Appr 520 per month	Distance from other towns in the county, no space for classes, personal decision about fitness
HOLLA!	Avg 60 per month	Transportation, people make excuses for not utilizing services of HOLLA
HOLLA! Fitness Center	Avg 30 per day	Transportation, people make excuses for not utilizing services of HOLLA
Just For Kicks	Avg 125 per month	Do not have a website, need weekly media exposure and better funding
Life Long Fitness	Avg 16 per month	Lack of time for those who work, financial restrictions for some, lack of knowledge about the benefits of proper exercise

Cooperative Extension Service & 4H:

Name	Patients/Clients Served	Obstacles/ Barriers to Use of Resource
Eat Smart, Move More, Weigh Less	2010 – 21 2011 – 33	Time, cost, discipline
Color Me Healthy	None, Ext Service has trained person, but no school has asked	Schools must ask for program
Families Eat Smart, Move More	Conducted about 5 groups in 2010 – 2012	Time, discipline
ServSafe	Only done mini versions for School System Food Workers, none for restaurants	Cost, time, lack of awareness of value
Pressure canning safety testing	No statistics available	None
Youth Development Summer Day Camp	25 Attendees in 2011 109 Attendees in 2012	Cost, limit in number of participants
Back Pack Buddies	2011/12 Schl Yr: 8 Aug to Mar, 13 April to end	Resources limit number of children served
4H Youth Promise Program	17 in 2011	Space limitations

School District:

Type of Resource	Patients/Clients Served	Obstacles/ Barriers to Use of Resource
Nutritionally Balanced Meals	Total Student Population	N/A
Free or Reduced Meals	2009/10 – 74% 2010/11 – 75% 2011/12 – 76%	N/A

Diabetes

The CHA Team Advisory Group (the Health Ansonians Task Force) has chosen Diabetes as their second priority. This is based on the incident of Diabetes in Anson County, the responses of the Key Informants and the Public through the surveys and the high occurrence of health conditions in the County caused by this chronic disease.

In the Public Survey 81% of respondents said that Diabetes is a problem (Major or Somewhat) in Anson County. Diabetes ranked as the 8th highest Major Health Concern.

According to the website of the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) of the U.S. Department of Health and Human Services (<http://kidney.niddk.nih.gov/Kudiseases/pubs/kdd/>)

“Diabetes is the most common cause of kidney failure, accounting for nearly 44 percent of new cases. Even when diabetes is controlled, the disease can lead to CKD (Chronic Kidney Disease) and kidney failure. Most people with diabetes do not develop CKD that is severe enough to progress to kidney failure. Nearly 24 million people in the United State have diabetes and nearly 180,000 people are living with kidney failure as a result of diabetes.”

The NKUDIC also states that the African Americans, American Indians and Hispanics/Latinos develop diabetes, CKD and kidney failure at rates higher than Caucasians and that high blood pressure also contributes to Kidney Disease. (The previous section of this report on Heart Disease provides data on High Blood Pressure [Hypertension] in Anson County.)

53.3% of the participants in the Public Survey said that Kidney Disease is a problem (Major or Somewhat) in the County. Only 14.6% said that it is not a problem. The remaining 32.1% responded “Don’t Know” in the survey.

12% of Key Informants said that Kidney Disease is a Major Health Concern.

Medical Factors

The *County Health Rankings & Roadmaps* reports the percentage of adults in Anson County with Diabetes as follows:

- 2010 – 14%
- 2011 – 14%
- 2012 – 14%

According to the North Carolina 2012 County Health Data Book the death rate from Diabetes in 2006-2010 is as follows:

- Caucasians – 20 deaths; rate of 22.7 per 100,000 population
- African Americans – 28 deaths; rate of 47.7 per 100,000 population
- Hispanics – Not enough data to report
- Other races – Not enough data to report
- Males – 21 deaths; rate of 30.4 per 100,000 population
- Females – 48 deaths; rate of 31.9 per 100,000 population

The NC County Trends report shows the following Diabetes death rates. The rates are per 100,000 population.

	1994-1998	1999-2003	2004-2008
Anson County Diabetes Death Rate	22.7	40.4	39.0
NC Statewide Average Diabetes Death Rate	25.7	27.5	25.2
Difference between Anson County and State	-3.0	+12.9	+13.8

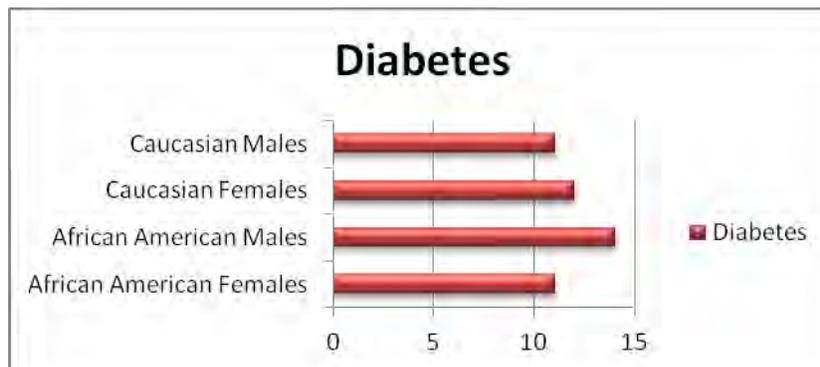
In the 1994-1998 period Anson County’s rate was better than the State rate. In the two subsequent periods Anson County’s rates increased drastically and went ahead of the State rate by 12.9 and 13.8.

In the Public Survey participants were asked, *Have you ever been told by a doctor that you have one or more of the following conditions?* One of the conditions listed was Diabetes. Here is a summary of those results by age and gender:

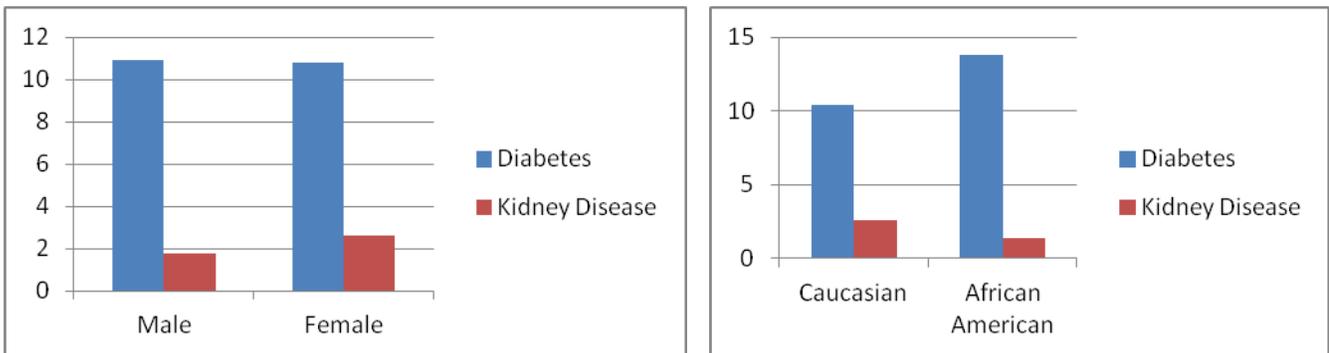
Health Condition	Age Range	Total Female	Total Male	TOTAL
Diabetes (non-pregnancy)	15 to 19	2	0	2
Diabetes (non-pregnancy)	20 to 34	5	5	10
Diabetes (non-pregnancy)	35 to 54	21	2	23
Diabetes (non-pregnancy)	55 to 64	12	8	20
Diabetes (non-pregnancy)	65 to 74	12	4	16
Diabetes (non-pregnancy)	75+	3	3	6
Total		55 (11%)	22 (12%)	77 (12%)

The highest occurrence of Diabetes is in Females age 35 to 54.

The following chart compares Diabetes incidence rate by race and gender. There is little difference between the races or the genders on this disease.



The following charts show the percentage of people who have been diagnosed with these two chronic health conditions as reported by the BRFSS (Behavioral Risk Factor Surveillance System) from its 2011 Survey.



The statewide responses are similar to Anson County’s responses. There is little difference between the genders on Diabetes or Kidney Disease. However there is more difference between the races. African Americans have a 3.4% higher rate of Diabetes; Caucasians have a 1.2% higher rate of Kidney Disease than African Americans.

There are currently 61 individuals receiving dialysis treatment at one of the two dialysis centers in Anson County. Of those receiving dialysis at the two centers 42.6% are under 50 and 85.5% are African American.

The NC Diabetes Prevention and Control Program (DPCP) published a Fact Sheet that provided data on Diabetes in the State. The following statement from the DPCP website (<http://www.ncdiabetes.org/programs/index.aspx>) gives background on the Program.

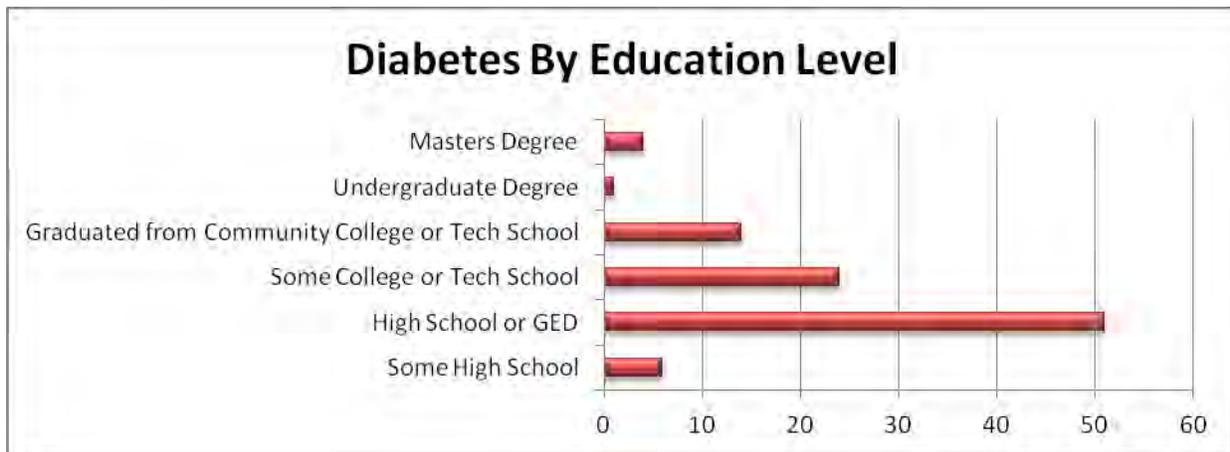
The DPCP currently serves the citizens of North Carolina by increasing awareness of diabetes and enhancing community-based efforts to reduce the burden of diabetes in the state. The DPCP is primarily funded by the Centers for Disease Control and Prevention and is a public health program of the Division of Public Health (DPH) within the North Carolina Department of Health and Human Services (DHHS.)

In the “Diabetes in North Carolina, 2011 Fact Sheet” published by DPCP the following statement appears.

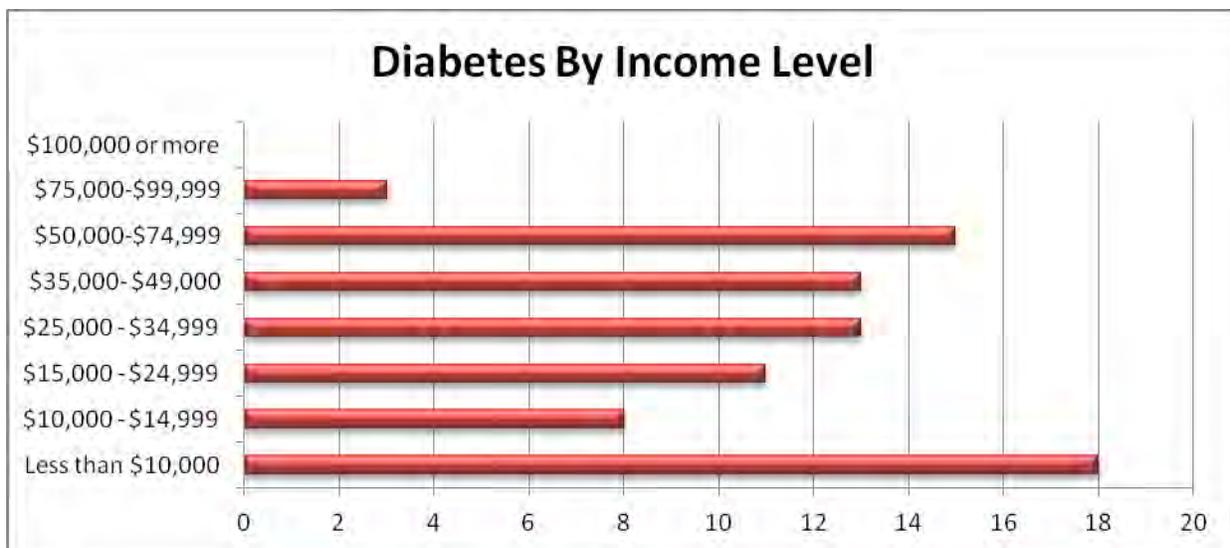
On average, individuals with more education and income tend to have better health outcomes than those with less education and income. In 2010 almost one in five adults (18%) with less than a high school education was diagnosed with diabetes, compared with 5.9% prevalence among college graduates in North Carolina. Diabetes prevalence was 3.6 times higher among North Carolinians with less than \$15,000 household income, compared to adults with income of \$75,000 or more. Regardless of income and education levels, more African Americans tend to have diabetes than whites.

According to the Public Survey the impact of Education and Income Levels on the occurrence of Diabetes is not as clear cut in Anson County as they are statewide. The statistics on the previous page show that race is not as large a factor in Diabetes occurrence in Anson County as it is statewide.

Education Attainment Level does appear to be a factor in the incidence of Diabetes in Anson County – 51% of the Survey respondents who have Diabetes have a High School Diploma or GED, but the rate of Diabetes in those with less than a High School Diploma or GED is less than those with Some College or Technical School and those that graduated from a Community College or Technical School.



In Anson County the incidence of Diabetes in the Public Survey participants with less than a \$10,000 Income is the highest at 18%. The next highest occurrence is in the \$50,000 to \$74,000 Income Level with 15%, only 3% less than the \$10,000 level.



Based on interviews with the Key Informants and Health Professionals during the CHA Process, it is likely that the reason statewide conclusions about Diabetes are not entirely applicable in Anson County is the common Lifestyle of Ansonians. The previous section on Obesity provided details on the Lifestyle and Lifestyle Resources, particularly healthy foods and physical activity. The same Lifestyle practices are also large contributors to Diabetes.

Lifestyle Factors

It is important for Diabetes to be controlled so individuals must seek medical care and must take medication consistently if it is needed. Interviews with Key Informants and Health Professionals revealed several factors that contribute to the rate of Diabetes in Anson County. Many Health Professionals said that many Anson County citizens do not seek medical care. They often self-diagnose and self-treat. Following are some facts that are related to that.

The *County Health Rankings & Roadmaps* shows the following statistics about people in the County getting Diabetic Screening:

- 2010 – 77%
- 2011 – 80%
- 2012 – 73%

The Public Survey showed the following responses on people having Blood Sugar Screening in the past 12 months.

- African American Females – 49%
- African American Males – 40%
- Caucasian Females – 60%
- Caucasian Males – 57%
- Total – 53%

Other findings during the interviews with Key Informants and Health Professionals that impact Diabetes include:

- People do not understand the importance of medication in controlling a chronic disease and avoiding complications and escalation. 18% of Key Informants stated that people cannot afford proper health care and/or medication.
- 25% of Key Informants said that Poor Diet/Nutrition is a Major Health Concern.
- 18% of Key Informants said that Unhealthy Lifestyle is a Major Health Concern.
- 47% of Public Survey respondents said that Inactivity/Lack of Physical Activity is a Major Health Concern

The Anson County Health Department is able to provide help to Diabetic individuals. One program provides medication to individuals who cannot afford it. The Yost Foundation provides \$25,000 to \$30,000 each year to fund the medication. To qualify, an individual must be diagnosed by a physician, regularly see a Health Department Nurse for checkup and meet financial need requirements. Another program that was funded by a bequest allows the Health Department to purchase eye examinations, eye glasses and shoe insoles for Diabetic individuals who cannot afford them and do not have any insurance.

Sexually Transmitted Diseases (STDs)

In the Public Survey 73% of respondents said that STDs are a problem (Major or Somewhat). Only 7% of respondents said that it is was not a problem. 20% responded “Don’t Know.”

2.6% of Key Informants said that STDs are a Major Health Concern.

In Fiscal Year 2010/11 the Anson County Health Department STD and Communicable Disease department tested 704 patients for STDs. 65.7% (463) of those were female; 34.3% (241) were male. The Health Department Communicable Disease Nurse stated that they also test for STDs that are not tracked by the State such as Trichomoniasis and Herpes; these cases are included in the 704 patients. The Communicable Disease Nurse said that they consistently treat 600-700 cases of some type of STD each year.

The report on STDs from the North Carolina Electronic Disease Surveillance System of the NC Division of Public Health provided the following statistics on STDs in Anson County.

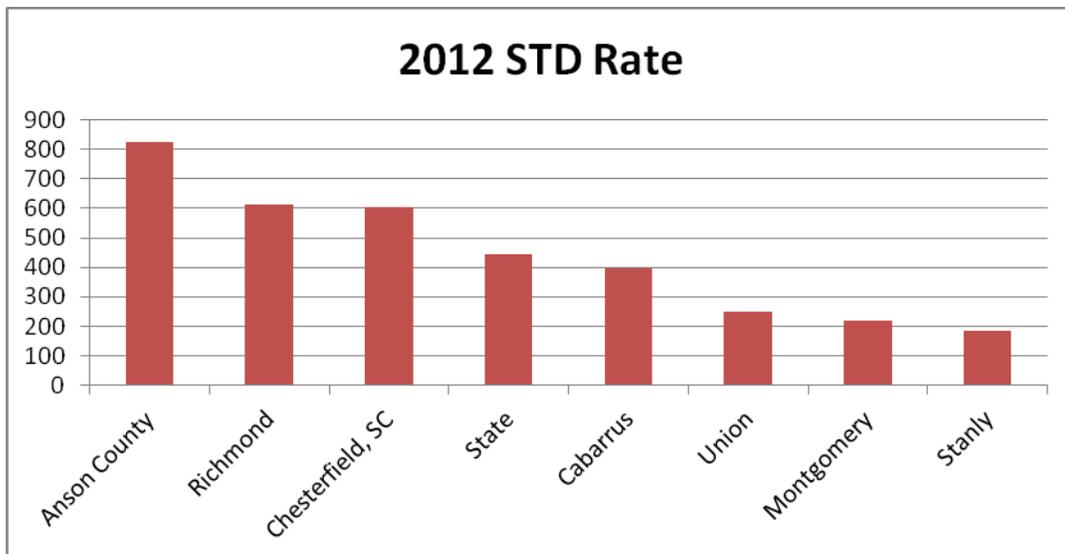
Classification	2010/11 Number of Records	2010/11 Percent of STD Cases in County	2010/11 Number of Records	2010/11 Percent of STD Cases in County
Chlamydia	174	56.31%	208	57.14%
Gonorrhea	85	27.51%	64	17.58%
Non-gonococcal Urethritis	49	15.88%	91	.25%
PID (Pelvic Inflammatory Disease)	1	.32%	1	.27%

The *County Health Rankings & Roadmaps* reports the number of STD infections per 100,000 population. (Report only shows Chlamydia cases.) Following are those statistics:

- 2010 – 479 per 100,000 population
- 2011 – 624 per 100,000 population
- 2012 – 827 per 100,000 population

There was an increase of 203 cases per 100,000 population in 2012 over 2011.

The 2012 rate in the *County Health Rankings & Roadmaps* of Anson County compared to neighboring counties and the State is shown in the following table.



The Health Department does STD and Communicable Disease testing for the minimum security State prison located in Anson County and for the County Jail. According to the Communicable Disease Nurse there is an increase in STDs in the younger population. She said that risky behaviors – exposure through unprotected sex, drug use – along with poverty and lack of education are the three major contributing factors to STD occurrence in Anson County.

Communicable and Infectious Diseases

The following clarification on Communicable Disease is provided on the website of the Communicable Disease Branch of the NC Department of Health and Human Services (<http://epi.publichealth.nc.gov/cd/>).

A Dictionary of Epidemiology defines communicable disease as "illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment." Communicable disease pathogens include bacteria, viruses, fungi, parasites and prions.

Because communicable diseases can have so much impact on the population, the surveillance and control of such diseases is an important part of protecting the public's health. The Communicable Disease Branch of the Division of Public Health primarily deals with infectious diseases that are reportable by law to the state health department, as well as a few other communicable diseases of public health significance, such as influenza, norovirus infection and certain healthcare-associated infections.

The report on Communicable Disease from the North Carolina Electronic Disease Surveillance System of the NC Division of Public Health provided the following statistics on Communicable Diseases in Anson County.

Disease	2010/11 Number of Records	2010/11 Percent of Cases in County	2010/11 Number of Records	2010/11 Percent of Cases in County
Legionellosis	1	6.25%		
Cryptosporidiosis (parasitic disease)	2	12.50%		
Rocky Mountain Spotted Fever	2	12.50%	3	25.00%
Lyme Disease			1	8.33%
Salmonellosis (infection from salmonella bacterial)	6	37.50%	6	50.00%
Campylobacter Infection (bacterial infection)	5	31.25%	2	16.67%

HIV/AIDS

The Anson County Health Departments had the following number of HIV and AIDS incidents in the last two fiscal years.

- 2010/11 – 6 new HIV cases and 2 new AIDS cases
- 2011/12 – 3 new HIV cases and 1 new AIDS case

The *County Health Rankings & Roadmaps* shows the HIV prevalence rate as 388 for 2010, 2011 and 2012. This is the number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.

The NC 2011 HIV/STD Surveillance Report states that as of 12/31/11 there were 55 HIV/AIDS cases living that had their initial diagnosis in Anson County.

Tuberculosis

The North Carolina Tuberculosis Control Program of the N.C. Division of Public Health showed in a report (April 2011) that in 2010 there was 1 case of TB (Tuberculosis). There were none in 2009.

Infectious Disease

When asked about Infectious Diseases Public Survey participants responded this way:

Question	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Infectious Diseases (flu, cold, etc.)					
Major Problem	24.4%	16.6%	21.2%	17.6%	20.1%
Somewhat of a Problem	39.4%	48.2%	45.4%	40.7%	44.1%
Not a Problem	23.2%	19.1%	19.6%	24.7%	20.7%
Don't Know	13.0%	16.1%	13.8%	17.0%	14.9%

Cancer

The public concern about Cancer overall in Anson County is as follows:

- 73.6% of respondents in the Public Survey said that Cancer is a problem
 - 34.1% said Major Problem
 - 39.4% said Somewhat of a Problem
 - 8.2% said Not a Problem
 - 18.3% said Don't Know
- 11% of Key Informants said Cancer is a Major Health Concern

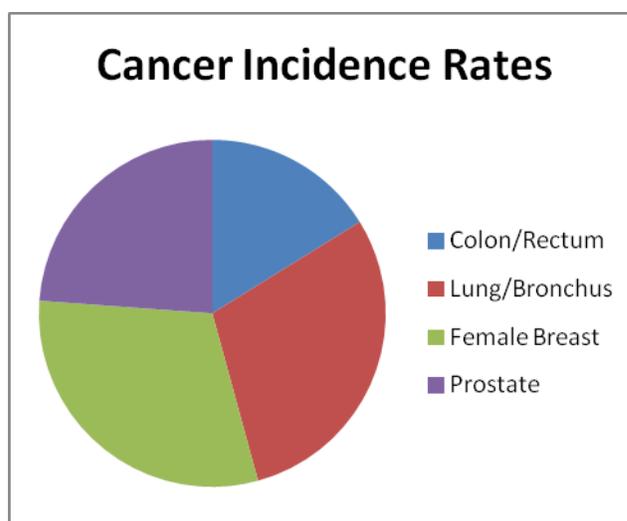
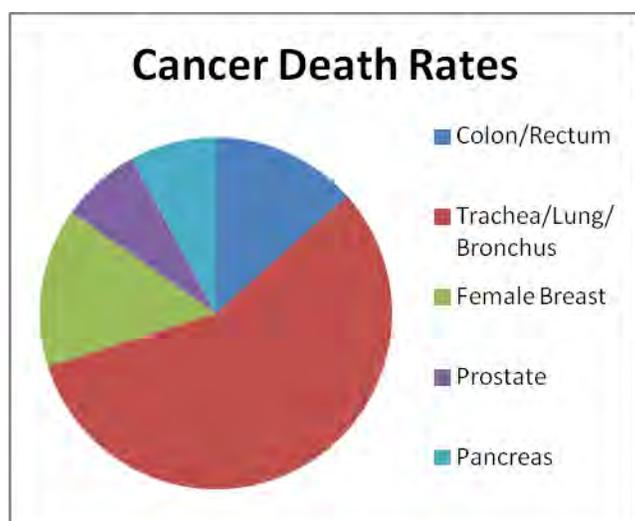
According to the 2012 County Health Data Book the following are the Cancer related death rates per 100,000 population in Anson County. There was not enough data for the table to include deaths in any other races or ethnicities. These rates are based on 2006 to 2010 NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates using the 2000 U. S. Population.

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Cancer	171	185.0	114	195.2	159	253.2	126	145.7	285	188.7
Colon, Rectum, and Anus	10	N/A	12	N/A	12	N/A	10	N/A	22	14.7
Pancreas	9	N/A	4	N/A	5	N/A	8	N/A	13	N/A
Trachea, Bronchus, and Lung	61	66.8	32	54.2	65	103.0	28	31.2	93	61.8
Breast	15	N/A	9	N/A	0	N/A	24	28.9	24	28.9
Prostate	5	N/A	7	N/A	12	N/A	0	N/A	12	N/A

The Cancer Incidence rates by County for selected sites per 100,000 population Age-Adjusted to the 2000 U.S. Census as produced by the NC Central Cancer Registry in January 2012 shows the following cancer incident rates for Anson County. These rates are based on data from 2005 – 2009.

CANCER TYPE	CASES	RATE
Colon/Rectum	59	40.7
Lung/Bronchus	108	75.4
Female Breast	111	146.2
Prostate	87	133.3
All Cancers	636	439.0

The following charts compare the cancer incidence rates with cancer death rates. The County Health Data Book includes Pancreatic Cancer, but the Incidence Rate from the NC Central Cancer Registry does not. The charts show that the rate of death for Trachea/Lung/Bronchus is the highest of any cancer. The charts also show that the death for this type of cancer is more likely than other cancers.



The NC Statewide and County Trends provide the statistics on Cancer Incidence and Death Rates per 100,000 population. Following is a table with rates for Anson County and the State of North Carolina.

CANCER TYPE	Anson 1994-1998	NC State 1994-1998	Anson 1999-2003	NC State 1999-2003	Anson 2004-2008	NC State 2004-2008
Colon, Rectum, Anus Cancer Death Rates	29.4	21.7	20.3	19.4	17.3	17.3
Trachea, Bronchus, Lung Death Rates	50.0	63.5	57.6	59.9	56.4	59.1
Breast Cancer Incident Rates	161.7	150.3	100.2	148.7	131.2	148.4
Prostate Incidence Rates	99.2	155.3	150.9	160.2	131.9	151.9
Total Cancer Death Rates	213.5	213.0	192.8	199.7	195.2	192.5

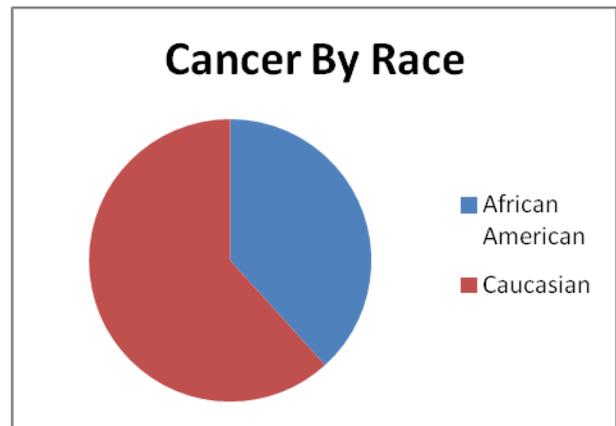
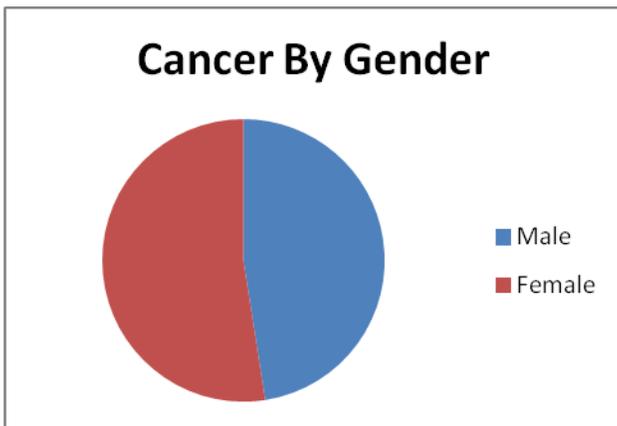
A comparison for the rates between Anson County and the State shows the following:

- Colon, Rectum, Anus Cancer Death Rates were consistently higher for the State than for Anson County
- Breast Cancer Incident Rates were higher for the State than Anson County except from 1994-1998
- Prostate Cancer Incident Rates increased drastically for Anson County after the 1994-1998 period, but still remained under the State rate
- Total Cancer Death Rates varies little

In the Public Survey respondents were asked if they had been diagnosed with cancer. 8.2% of survey participants said they have or have had cancer. The following tables and charts provide details on the respondents that said “yes” by age, race and gender. [They were not asked about specific type of cancer.]

The following pie charts show:

- The percentage of females with cancer (number with cancer divided by the total number of female respondents) compared to the percentage males with cancer (number with cancer divided by the total number of male respondents).
- The percentage of African American’s with cancer (number with cancer divided by the total number of African American respondents) compared to the percentage of Caucasians with cancer (number with cancer divided by the total number of Caucasians).



The incidence rate of Cancer is higher in Females than Males and in Caucasians than African Americans. None of the other races/ethnicities responded in the affirmative about having cancer.

Cancer in Males

Race	Age	Number	Percentage of that population (same gender, race & age range)
African American	20 – 34	1	5.5%
African American	35 – 54	1	4.3%
African American	55 – 64	1	7.8%
African American	75+	2	25.0%
Caucasian	20 – 34	2	8.3%
Caucasian	35 – 54	1	2.7%
Caucasian	55 – 64	2	9.5%
Caucasian	65 – 74	3	17.6%

Caucasian	75+	1	25.0%
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There is no real pattern in age or race, except that persons 75 or older have the highest rate of incidence at 25% in both races. The second highest incidence rate is Caucasian Males 65 – 74 at 17.6%.

Cancer in Females

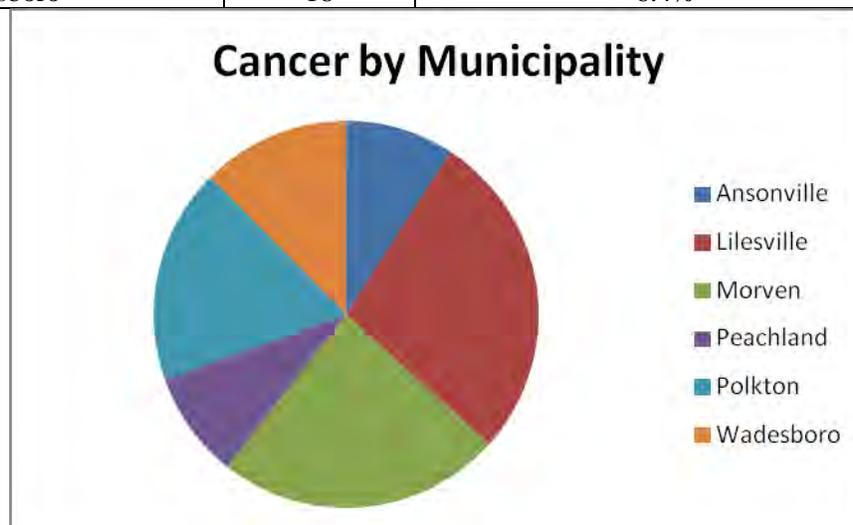
Race	Age	Number	Percentage of that population (same gender, race & age range)
African American	20 – 34	2	2.5%
African American	35 – 54	5	8.4%
African American	55 – 64	3	9.7%
African American	65 – 74	2	8.7%
African American	75+	2	15.3%
Caucasian	20 – 34	2	4.1%
Caucasian	35 – 54	13	12.7%
Caucasian	55 – 64	7	15.9%
Caucasian	65 – 74	4	19.0%
Caucasian	75+	1	10.0%

The rate of Cancer incidence in Females is consistently higher in Caucasians than in African Americans except for those 75 or older.

The following table and chart shows the rate of cancer incidence by municipality in Anson County.

Cancer by Municipality

Municipality	Number	Percentage of the respondents in that City
Ansonville	2	4.7%
Lilesville	11	14.2%
McFarlan	0	0
Morven	8	12.3%
Peachland	3	4.6%
Polkton	13	9.3%
Wadesboro	18	6.4%



In the BRFSS (Behavioral Risk Factor Surveillance System) report from its 2011 Survey the following statistics for Statewide Incidence of Cancer (other than Skin Cancer) were given:

Group	Number	Percentage
All	1,112	6.5%
Males	370	5.1%
Females	742	7.8%
Caucasian	937	7.4%
African American	120	4.7%
18 – 34 years	20	1.1%
35 – 44 years	56	3.5%
45 – 54 years	121	5.3%
55 – 64 years	229	9.9%
65 – 74 years	337	15.0%
75+ years	343	20.8%

The rates for the State are similar to those of Anson County. The only pattern is that the likelihood of incidence increases with age.

Other Health Concerns

Tobacco Use/Smoking

Tobacco Use and Smoking was ranked as the 2nd highest Health Concern in the Public Survey. 68.3% said that it is a Major Problem; 21.5% said it is Somewhat of a Problem – total of 89.8% said it is a Problem.

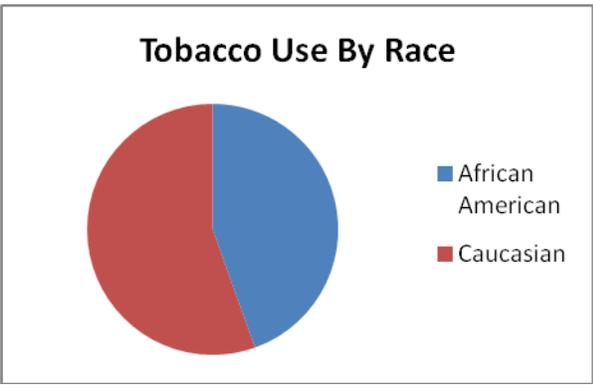
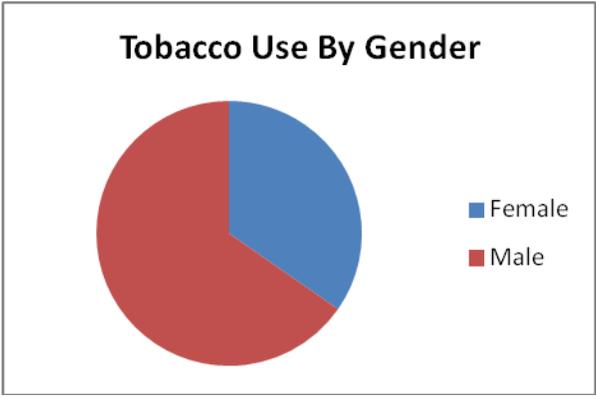
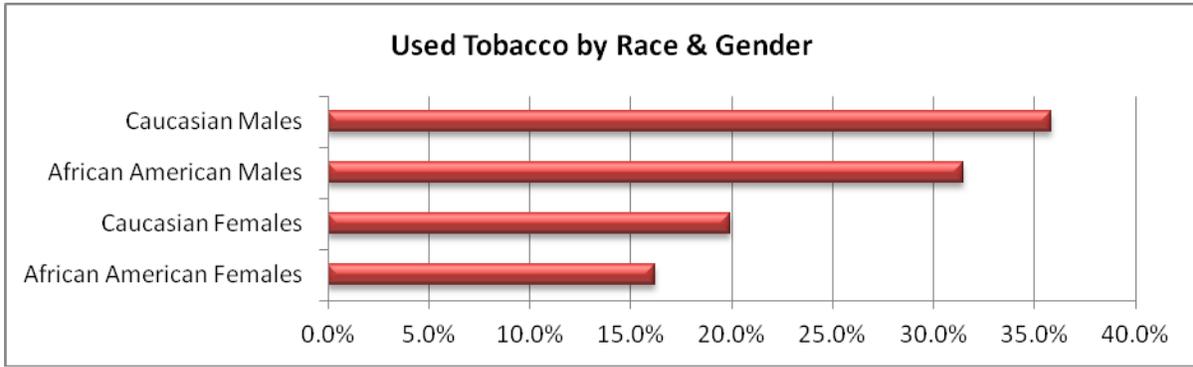
Concern	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Tobacco Use/Smoking					
Major Problem	66.8%	69.6%	71.0%	61.0%	68.3%
Somewhat of a Problem	19.5%	23.4%	20.6%	24.2%	21.5%
Not a Problem	8.2%	2.3%	4.2%	7.1%	5.1%
Don't Know	5.5%	4.7%	4.2%	7.7%	5.1%

6% of the Key Informants said that this is a Major Problem.

Breakdown on Public Survey Respondents who used Tobacco products in the last 7 days:

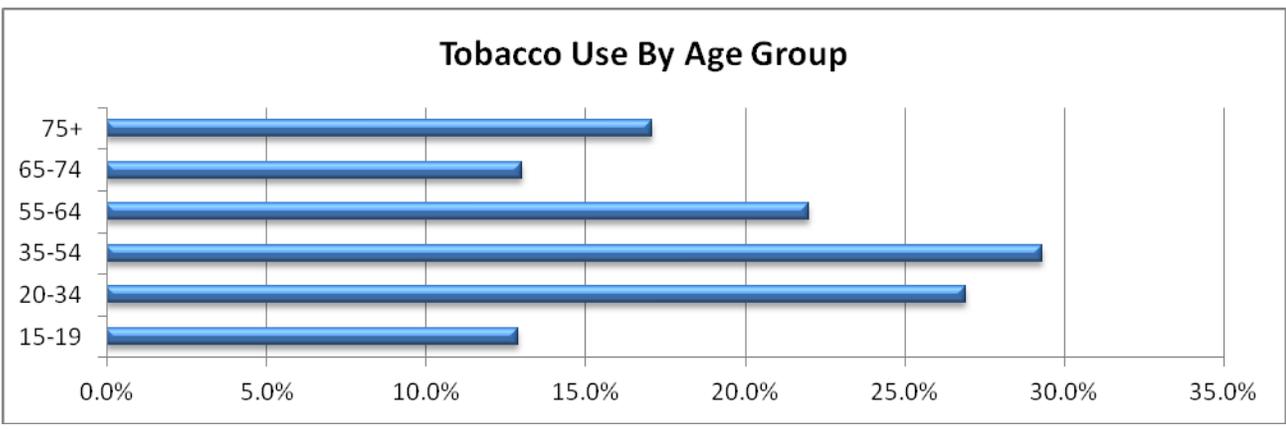
By Race and Gender

Group	Percentage of that Group that said Yes
African American Females	16.2%
Caucasian Females	19.9%
African American Males	31.5%
Caucasian Males	35.8%



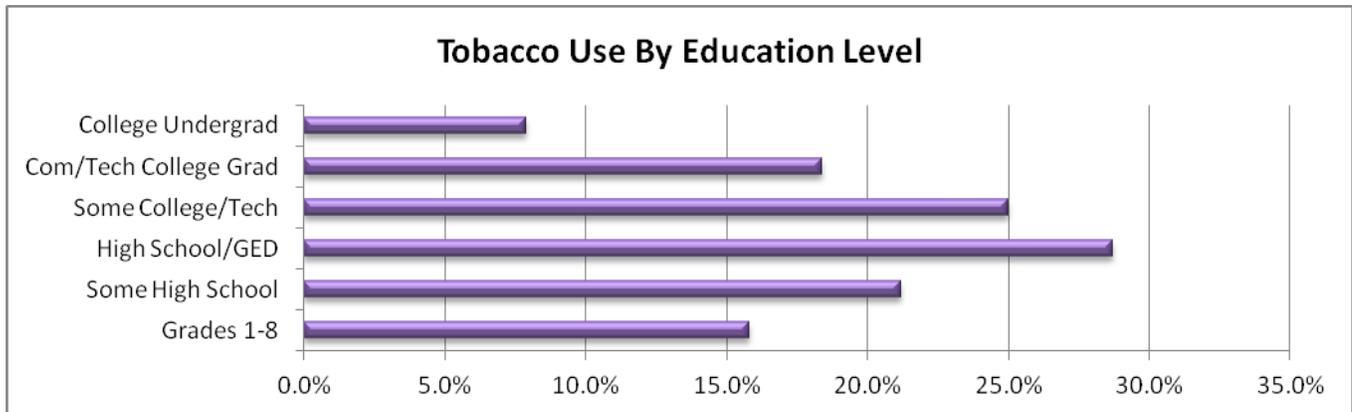
By Age Group

Age Group	Percentage of that Group that said Yes
15 -19 Years	12.9%
20 – 34 Years	26.9%
35 – 54 Years	29.3%
55 – 64 Years	22.0%
65 – 74 Years	13.0%
75+	17.1%



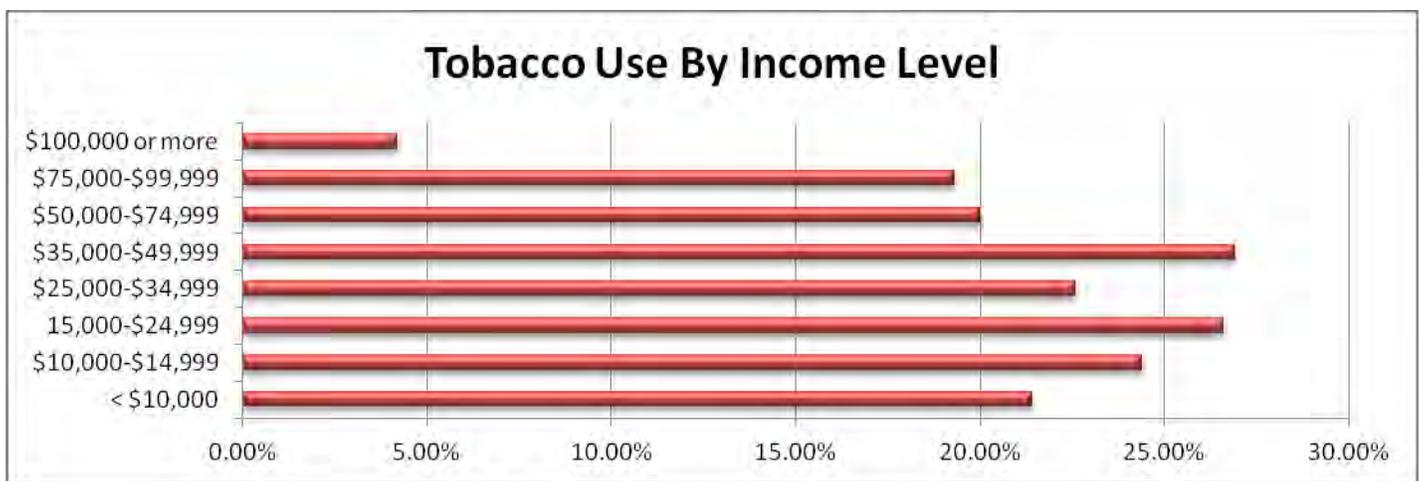
By Education Level

Education Level	Percentage of that Group that said Yes
Grade 1 – 8	15.8%
Some High School	21.2%
High School Graduate or GED	28.7%
Some College or Technical School	25.0%
Community College/Technical School Graduate	18.4%
College Undergraduate	7.9%



By Household Income Level

Household Income Level	Percentage of that Group that said Yes
Less than \$10,000	21.4%
\$10,000 - \$14,999	24.4%
\$15,000 - \$24,999	26.6%
\$25,000 - \$34,999	22.6%
\$35,000 - \$49,999	26.9%
\$50,000 - \$74,999	20.0%
\$75,000 - \$99,999	19.3%
\$100,000 or more	4.2%



Summary of Tobacco Users

- Percentage use of Tobacco by Males is almost double that of Females (34.1% to 18.1%)
- Caucasian Males are the highest users of Tobacco
- 35 – 54 Age Group is the highest users of Tobacco by age, but is only 3.6% points ahead of the 20 – 34 Group
- Middle three groups make up most of the Tobacco Users in the Education Level breakdown
- Income Level below \$75,000 does not seem to play much of a role in Tobacco Use

The data on Tobacco Users is important in Anson County because the *NC Department of Health and Human Services 2012 County Health Data Book* shows that Trachea, Bronchus, Lung death rate in Anson County is 61.8 per 100,000 population. Other relevant statistics are covered in the previous sections on Death Rates and Cancer.

Additional Health Problems

Participants in the Public Survey were asked to rank six additional Health Problems not covered elsewhere in this report. They were asked to rank them as a Major Problem, Somewhat of a Problem, Not a Problem or Don't Know. The additional Health Problems and the percentage of people who thought they were a Major Problem are listed as follows:

- Birth Defects – 8.6%
- Dental Health – 27.2% %
- Motor Vehicle Injuries - 14.6% %
- Neurological Diseases (Alzheimer's, MS, MD, Parkinson's Epilepsy, etc.) – 18.8%
- Other Injuries (drowning, choking, etc.) – 6.6%
- Suicide – 15.6%

Key Informants were asked an open-ended question, "What are the Major Health Concerns in Anson County?" None of the 115 Key Informants interviewed said that any of these six issues was a concern.

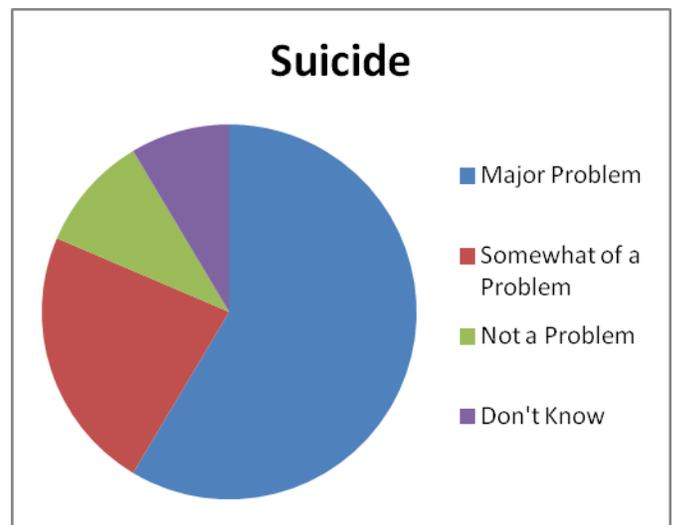
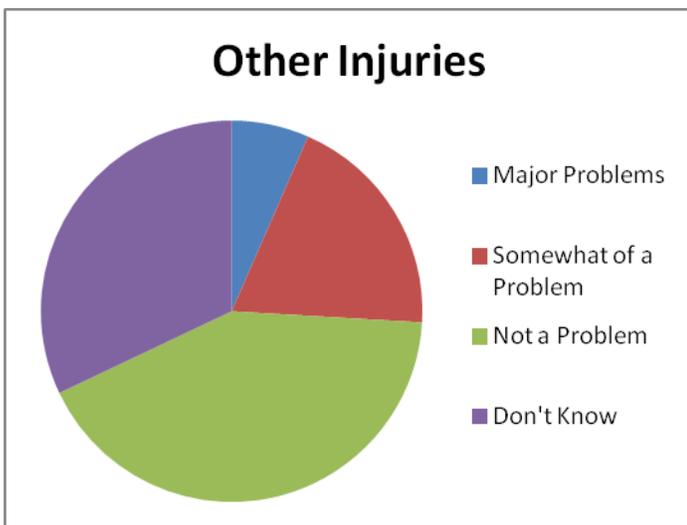
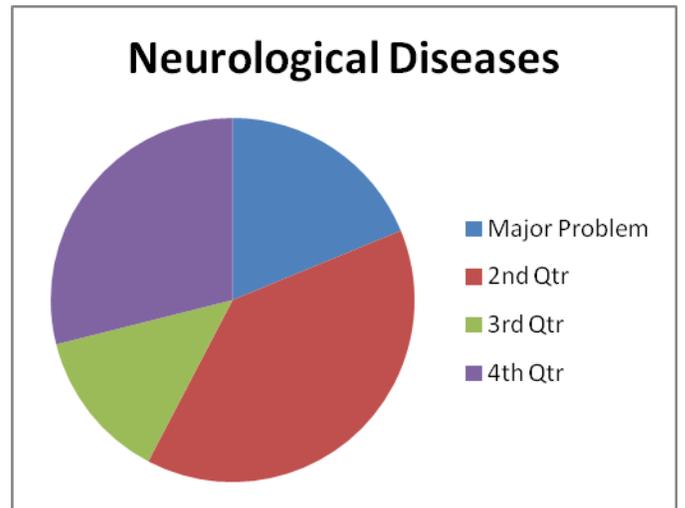
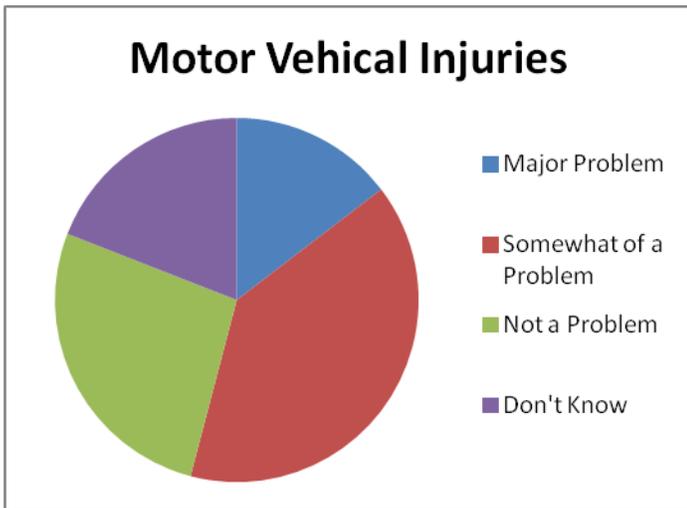
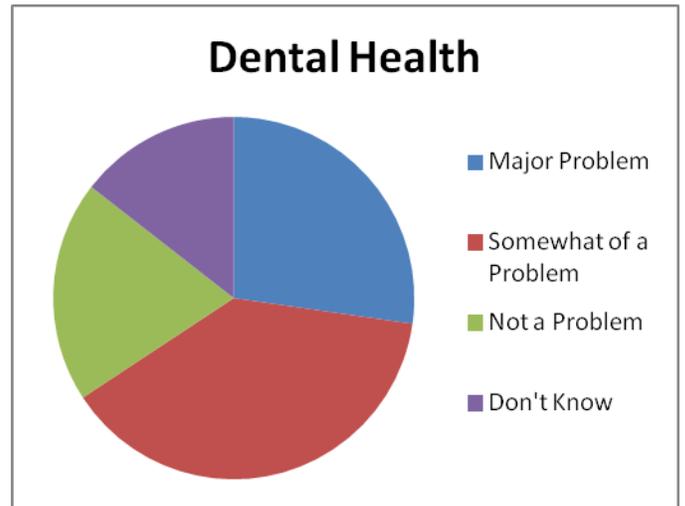
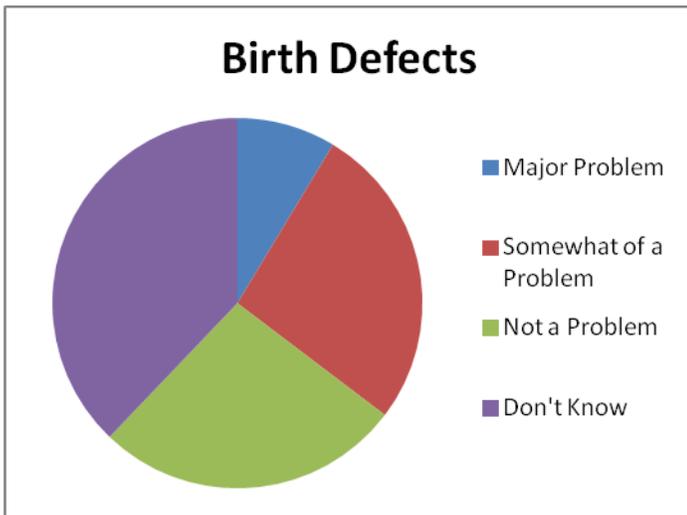
The *NC Department of Health and Human Services 2012 County Health Data Book* rate included three of these issues. The rate per 100,000 population is as follows:

- Suicide – 15.2
- Motor Vehicle – 30.6
- Injuries – 31.7

The *County Health Rankings & Roadmaps* reported the following rankings on two of the issues. Below are the ratings for the last three reports.

Health Concern	2010		2011		2012	
	Anson	NC	Anson	NC	Anson	NC
Motor Vehicle Crash death rate per 100,000	33	15	34	20	32	19
Ratio of Population to Dentists	13,332:1	3,199:1	13,332:1	3,199:1	13,332:1	3,199:1

The following charts show the breakdown of Public Survey responses for these six Health Problems.



Mental Health

This section of the report provides primary and secondary data on the aspects of Mental Health including Mental Illness, Drug Use/Abuse and Alcohol Abuse.

According to the 2009/10 and 2010/11 Annual Statistics and Admission Reports from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the following number of people in/from Anson County received services in the Sandhills LME (Local Management Entity).

- Fiscal Year 2009/2010 – 1,230
- Fiscal Year 2010/11 – 1,467

This is an increase of 19.3% (237) from 2009/10 to 2010/11

Mental Illness

In the Public Survey 61.1% of respondents said that Mental Health is a Health Problem (Major or Somewhat). Following is a breakdown of the responses.

Health Problem	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Mental Illness					
Major Problem	86	92	135	43	180
Somewhat of a Problem	96	132	166	62	230
Not a Problem	63	51	72	42	115
Don't Know	62	80	107	35	146

Mental Illness was ranked as 14th out of 22 Health Problems in the Public Survey.

Sixteen (14%) of the Key Informants interviewed said that Mental Illness/Mental Disorders is a Major Health Concern.

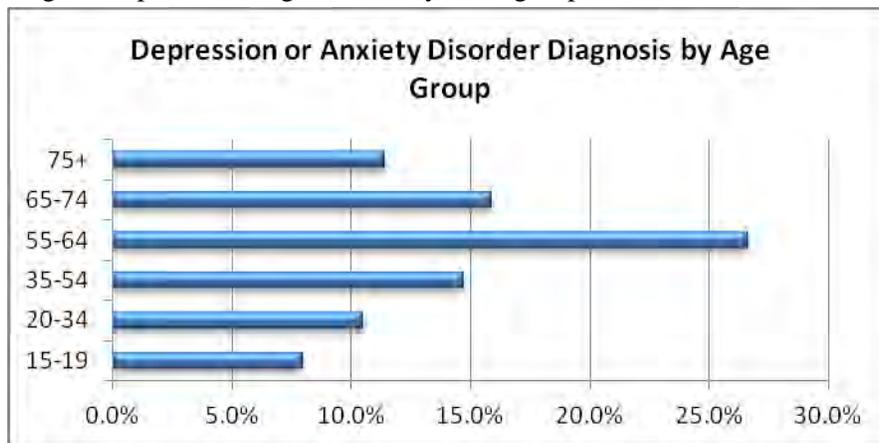
Public Survey participants were asked if they had ever been told by a doctor that they have Depression or Anxiety Disorder. 14.9% said *yes*. Following are the details of the *yes* responses by race and gender.

- 9% of African American Female's surveyed
- 11% of African American Males surveyed
- 9.4% of African Americans surveyed
- 22.4% of Caucasian Females surveyed
- 14.7% of Caucasian Males surveyed
- 20% of Caucasians surveyed
- 15.8% of Females surveyed
- 13% of Males surveyed

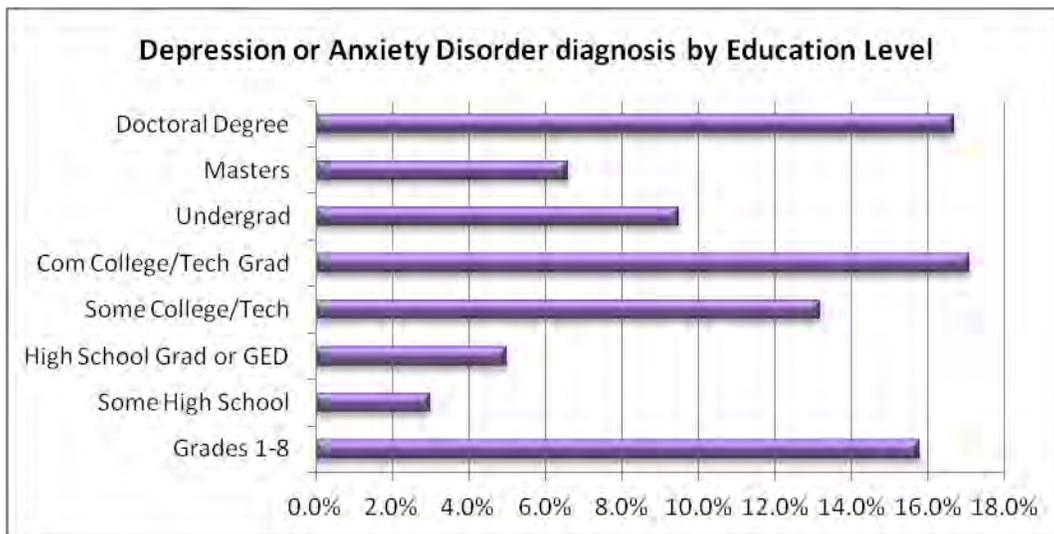
The BRFSS (Behavioral Risk Factor Surveillance System) from its 2011 Survey reports the following statistics on North Carolina respondents who have been diagnosed with a depressive disorder (depression, major depression, dysthymia or minor depression).

- 12.8% of Male respondents
- 21.8% of Female respondents
- 19.2% of Caucasian respondents
- 12.8% of African American respondents

The following chart shows the percentage of Public Survey participants in each Age Group that has been diagnosed. The incidents in the 55 to 64 Age Group is much higher than any other group.



The following chart shows the percentage of those surveyed in each Education Level that has been diagnosed. There are no obvious patterns of incidence by Education Level.



The *County Health Rankings & Roadmaps* reported the following rankings on “Poor Mental Health Days”. Below are the ratings for the last three reports.

Health Issue	2010		2011		2012	
	Anson	NC	Anson	NC	Anson	NC
Average number of mentally unhealthy days reported in past 30 days	3.4	3.2	3.5	3.3	3.3	3.4

The average number of mentally unhealthy days for Anson County citizens has been fairly consistent for the last three years. The number is also very close to that of the State.

According to the NC Psychiatric Hospitals 2009/10 and 2010/11 Annual Statistical Reports for the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the following number of people in/from Anson County were treated at a State Psychiatric Hospital.

- Fiscal Year 2009/10 -- 27 (a rate of 107 per 100,000 population)
- Fiscal Year 2010/11 – 27 (a rate of 107 per 100,000 population)

Drug Abuse

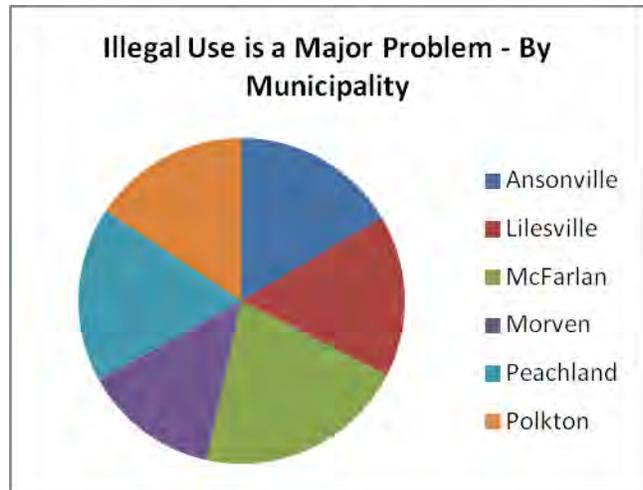
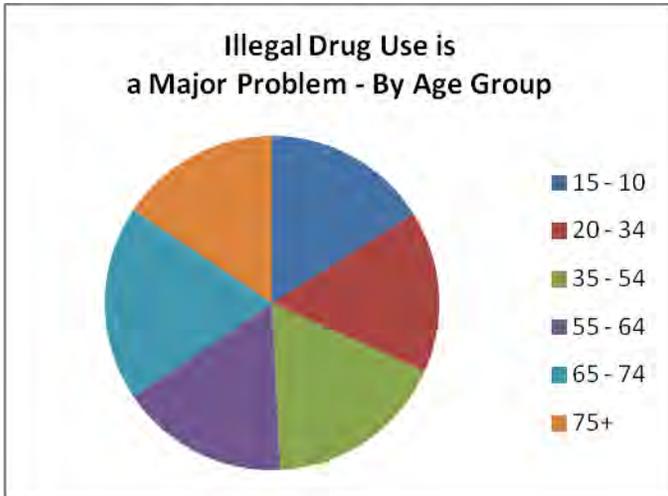
Illegal Drug Use was the highest ranked Health Concern in the Public Survey. 71.1% of respondents said that it is a Major Problem. The following table shows the details of the responses:

Concern	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Illegal Drug Use					
Major Problem	64.5%	77.5%	72.7%	68.1%	71.1%
Somewhat of a Problem	17.3%	16.9%	16.3%	18.7%	17.1%
Not a Problem	9.4%	2.0%	4.6%	7.7%	5.5%
Don't Know	8.8%	3.6%	6.4%	5.5%	6.3%

Although both genders and both races ranked this Health Concern well over 50%, there are some differences as follows:

- There is a 13% difference in the percentage of Caucasians who think this is a Major Problem over the percentage of African Americans.
- 7% more African Americans said that Illegal Drug Use is Not a Problem than did Caucasians.
- There is only a +4.6% difference in the number of Females that said this is a Major Problem compared to Males.
- 88.2% of respondents said this is a problem (Major or Somewhat).

The following charts show the breakdown by age and by municipality of those who said that Illegal Drug Use is a Major Problem.



This chart shows that the opinion about Illegal Drug Abuse being a Major Problem is consistent among all age groups and among the residents of all the Municipalities. Following are a few key points:

- Those 65 to 74 had the highest percentage of respondents that consider this a Major Problem – 79.7%
- McFarlan only had 3 respondents and all said this is a Major Problem
- Peachland had the highest percentage (besides McFarlan) of respondents that consider this is a Major Problem – 82.8%

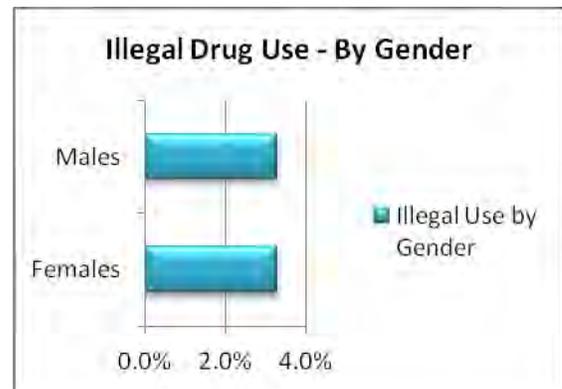
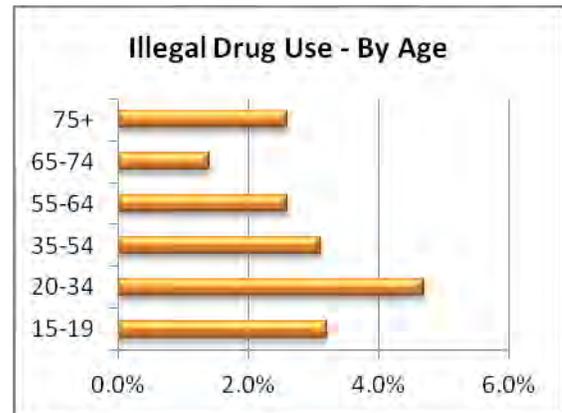
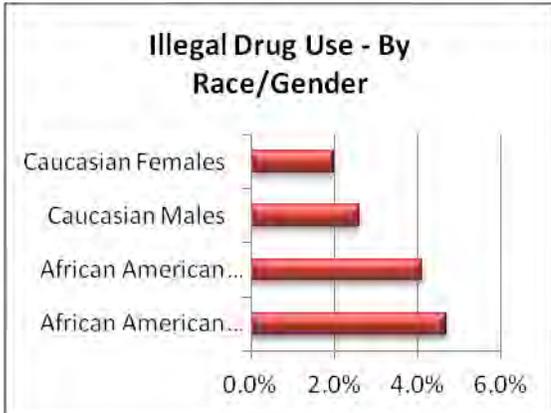
Public Survey participants were also asked about the Abuse of Prescription Drugs. Following is a table showing those results.

Concern	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Abuse of Prescription Drugs					
Major Problem	33.9%	44.5%	40.8%	36.3%	39.5%
Somewhat of a Problem	35.5%	39.4%	35.4%	43.4%	37.4%
Not a Problem	16.6%	4.2%	10.2%	9.3%	9.9%
Don't Know	14.0%	11.9%	65.0%	11.0%	13.2%

Key Informants did mention these two as Major Health Concerns. They ranked them as follows:

- Drug Abuse was 10th highest – 17% said it is a Major Problem
- 3% said that Prescription Drug Abuse is a Major Problem.

In the Public Survey, participants were asked if they had used illegal drugs or abused medication in the past 7 days. Only 3.4% (23 out of 671) responded “yes”. Following are charts that show the breakdown of Illegal Use by specific groups. The data used in the charts is the percentage of yes responses for that population (i.e. number of females saying “yes” divided by the total number of respondents).



Alcoholism/Alcohol Abuse

The Public Survey asked respondents if Alcoholism/Alcohol Abuse is a Health Problem. 86% said that it is a problem (Major or Somewhat). Following are the details about the responses to that question.

Concern	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Alcoholism/Alcohol Abuse					
Major Problem	53.4%	56.9%	57.9%	48.4%	369 (55%)
Somewhat of a Problem	26.7%	34.9%	28.5%	37.9%	208 (31%)
Not a Problem	13.0%	1.7%	6.9%	7.1%	47 (7%)
Don't Know	6.9%	6.5%	6.7%	6.6%	47 (7%)

7% of Key Informants said that this is a Major Health Concern.

Respondents to the Public Survey were asked if they had drunk one or more alcoholic beverages in the last 7 days. (This study is not saying that those respondents who said they had taken a drink or drinks in the last 7 days have an alcohol problem or will have a problem.). The following said they had taken a drink in the last 7 days.

- 21.8% of total respondents
- 18.2% of African Americans
- 24.5% of Caucasians
- 21.3% of Females
- 23.1% of Males

Alcohol Consumption is an important factor in the overall health of Anson County because of the high number of persons with Diabetes. According to the *County Health Rankings & Roadmaps* 14% of people in Anson County have Diabetes. CHA Research found that 61 people currently receive Dialysis treatment in Anson County. (Additional data on Diabetes in this County is provided in previous pages.)

According to the 2009/10 and 2010/11 Annual Statistical Reports North Carolina Alcohol & Drug Abuse Treatment Centers from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services the following number of people in/from Anson County were admitted to a substance abuse treatment facility:

- Fiscal Year 2009/10 -- 6 (rate of 24 per 100,000 population)
- Fiscal Year 2010/11 – 19 (rate of 76 per 100,000 population)

There was an increase of 13 people treated from 2009/10 fiscal year to 2010/11 fiscal year - a 217% increase.



Health Care

Overview

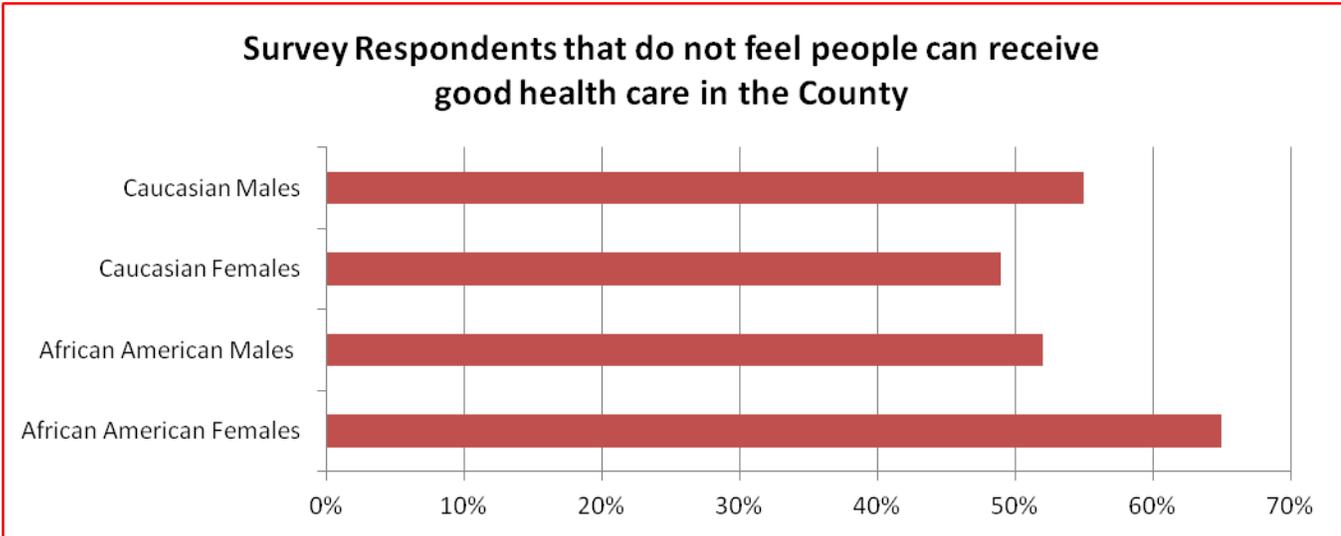
Health Care in Anson County includes a community hospital, a county health department, seven (7) family care practices including one FQHC (Federal Qualified Health Center), limited health care specialists and several mental health/substance abuse providers. Lacking in the County are several specialists that are needed on a regular basis. This section includes details on all the health care, wellness and fitness entities in the County.

In the Public Survey 38.3% of the participants agreed with the statement, “People in Anson County can get good health care”; 56% disagreed. Following are details of the responses by race and gender.

	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
➤ Strongly Disagree	25.7%	13.8%	21.0%	14.8%	19.2%
➤ Disagree	36.1%	37.2%	35.8%	39.0%	36.8%
➤ Agree	24.4%	38.3%	32.9%	28.6%	32.0%
➤ Strongly Agree	6.2%	6.5%	5.2%	9.9%	6.2%
➤ Don't Know	7.6%	4.2%	5.1%	7.7%	5.8%

The following chart shows the percentage of each race/gender group that does not feel people can get good health care in Anson County. The respondents included in this chart said they Strongly Disagree or Disagree. More African American Females than any other group responded in the negative – 65%. Caucasian Females are the most confident of the four

groups that good health care is available in the County – 49% Strongly Disagree or Disagree with the statement “People in Anson County can get good health care.”



Availability of Health Care

Direct Health Care

In this section data from the research for the Resource Inventory, the Public Surveys, the Key Informant interviews and Secondary Data is provided and compared to give a comprehensive picture of the health care available in Anson County. Detailed information on each health care resource is provided in the Resource Directory that is included at the end of the report.

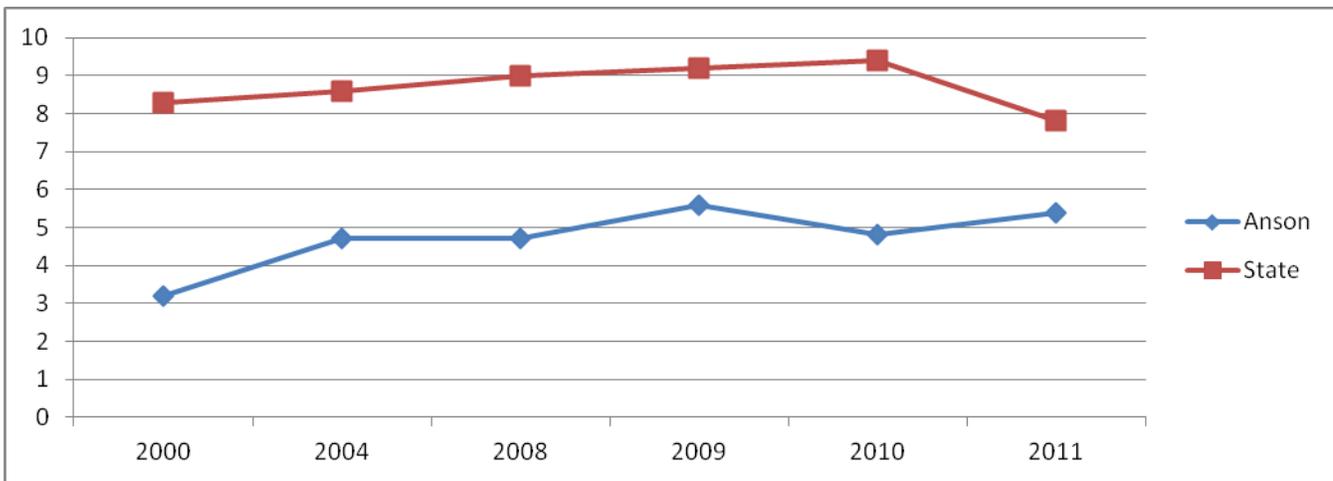
The following table compares the number of Active Health Professionals in Anson County as reported in the *NC Professional Data System, UNC Sheps Center for Health Services* for the previous CHA (used 2007 report), 2009, 2010, and 2011.

Professional	Previous CHA (2007)	2009	2010	2011
Non-Federal Physicians (total of Primary Care Physicians and Other Specialties)	17	17	16	22
Primary Care Physicians	10	14	13	14
• Family Practice	4	9	8	9
• General Practice	0	0	0	0
• Internal Medicine	5	3	3	2
• Obstetrics / Gynecology	0	0	0	0
• Pediatrics	1	2	2	2
Other Specialties	7	3	3	8
Dentists	4	4	5	5
Dental Hygienists	2	2	3	3
Registered Nurses	139	135	140	130
Licensed Practical Nurses	68	76	65	62
Nurse Practitioners	2	2	1	2
Chiropractors	2	2	2	1
Occupational Therapists	Not Reported	3	2	5
Occupational Therapy Assistants	Not Reported	5	4	4
Optometrists	1	1	1	1
Pharmacists	9	11	13	11
Physical Therapists	4	7	8	7
Physical Therapist Assistants	3	3	4	3
Physician Assistants	4	3	2	2
Podiatrists	Not Reported	0	0	0
Practicing Psychologists	3	3	3	3
Psychological Associates	4	4	4	4
Respiratory Therapists	10	8	8	8

There have not been significant increases or decreases in the number of Health Care Professionals in Anson County over the last six years. The largest increase was in the number of Non-Federal Physicians (+4 Primary Care and +1 Specialists

from 2007 to 2011). There was a decrease in Nurses from 2007 to 2011 (-9 RNs, -6 LPNs). There was not an increase in Nurse Practitioners and there was a 50% decrease in Physician Assistants; this is significant because there is an increase in these two mid-level providers in general in health care.

The number of Primary Care Physicians per 10,000 population for Anson County and the State since 2000 is shown in the chart below. Anson consistently ranks well below the State in this important ratio with an average of 4 points. 2009 was the highest ratio for Anson County with 5.6 Primary Care Physicians per 10,000 population. In 2010 the ratio dipped to 4.8 and then bounced back to 5.4 in 2011. The State ratio was consistently rising in small increments from 2000 until 2010 when it decreased – 9.4 in 2010 to 7.8 in 2011.



This statistical data is not the complete picture of the provision of Health Care in Anson County because some of these Health Care Professionals are only available in the County on a limited basis, *i.e.* 3 days a week or twice a month.

The Resource Inventory conducted during the CHA process gathered the following data about the actual availability of Health Care Resources/Professionals in Anson County. The following information is a summary. Details on specific services, location, days and times of operation and the payment options are provided in the Resource Directory section of this report.

Family Medicine

- 6 Practices located in Anson County that provide family medicine care
 - 1 Practice is ARMS (Anson Regional Medical Services, Inc.) which is a FQHC
 - 1 Practice is Carolinas Primary Care and is owned by Carolinas HealthCare System which also owns Anson Community Hospital. (This practice is classified as an outpatient clinic by insurance providers.)
- Health Department Nurse Practitioner and Nurses
- 1 Practice located in Marshville that had been located in Wadesboro – geographic proximity makes it still feasible to obtain care and continuity of care is attractive to some Anson County residents

Internal Medicine

- 2 Family Practices that also provide Internal Medicine care
- 1 Practice that specializes in Internal Medicine and Geriatric care
- 2 Hospitalists at Anson Community Hospital (provide care to hospital patients only)

Obstetrics / Gynecology

- Dr. Joel Puleo of the Pinehurst Women's Clinic in Rockingham sees patients in Anson County at the Carolinas Primary Care facility only on Thursdays from 9 am to 2:30 pm.
- There is no Obstetrician or baby delivery services in Anson County
- Health Department does provide gynecological and prenatal care. (Health Department provides prenatal care to non-risk pregnant women and coordinates care with the out-of-county obstetricians chosen by the patient. Women then deliver in the county where their chosen Obstetricians practices.) 1 OB/GYN is contracted to see patients twice a month at the Health Department.

Urology

- Dr. Hazem El-Droubi has a Urology practice in Rockingham; he sees Anson County patients at the Anson Community Hospital on alternate Wednesdays.

Pediatrics

- Anson Pediatrics is located in Wadesboro and provides health care to children 0 to 12 years of age

Surgery

- Dr. Edward Blasko who is co-located in Wadesboro with Carolinas Primary Care provides general surgery services
- Anson Community Hospital provides Surgical Services

Cardio Pulmonary Services

- Anson Community Hospital provides Cardio Pulmonary Services

Diabetes Self-Management

- Anson Community Hospital provides education and appropriate referrals to diabetics and their families
- Anson County Health Department does some self-management education

Emergency

- Anson Community Hospital provides a full menu of emergency services. The hospital is part of a larger network of hospitals owned/managed by Carolinas HealthCare System so patients needing specific care can be stabilized in the Emergency Department at Anson Community Hospital and then transported to Monroe or Charlotte facilities.
- Anson County EMS (Emergency Medical Services) provides paramedic level emergency care, emergency transport and inter-medical facility transport

Laboratory Services

- Anson Community Hospital
- Anson County Health Department

Medical Imaging

- Anson Community Hospital provides a full gamut of imaging services including Ultrasound, CT, Mammography, fluoroscopy and diagnostic radiography

Pharmacy Services

- 4 commercial pharmacies
- Pharmacy Services at Anson Community Hospital (for hospital patients and patients in Lillie Bennett Center, a long-term care facility owned by Carolinas HealthCare System)

Rehabilitative Services

- OT (Occupational Therapy), PT (Physical Therapy) Speech Therapy at Anson Community Hospital for Out-patients, In-Hospital Patients and Long-Term Care patients
- OT, PT and Speech Therapy for students through Anson County School System
- OT, PT and Speech Therapy from one private company, Carolina Physical Rehabilitation Services, Inc.
- Outpatient OT, PT, Speech Therapy is provided by Ambassador Health & Rehab of Wadesboro for persons 16 years of age or older
- Wadesboro Chiropractic PA provides chiropractic treatment and massage therapy
- Donna Burr Message Therapy provides all types of massage therapy

Communicable Diseases

- Anson County Health Department provides testing and some treatment for Communicable Disease

Family Planning

- Anson County Health Department provides services to help prevent unwanted pregnancies and/or space pregnancies apart to maintain the reproductive health of the mother

Immunizations

- Local Family and Internal Medicine Practices offer appropriate immunizations
- Anson County Health Department offers several immunizations
- Some local pharmacies offer flu vaccines

Physicals

- Local Family Medicine Practices offer physicals – annual health, employment, school, sports
- Anson County Health Department offers physical check-ups for women that are post-menopausal or no longer able to bear children and for men; also sports, employment and school physicals

Sexually Transmitted Diseases (STDs)

- Anson County Health Department provides testing and some treatment for STDs

Dental

- 3 Dental Practices
- ARMS (Anson Regional Medical Services, Inc.) provides dental care
- Anson County School System provides some dental check-ups and care for elementary age students

Optometry

- 2 Optometric Clinics located in Wadesboro
- Anson County School System provides screening for all students and some treatment for elementary students

Mental Health and Substance Abuse

- ARMS (Anson Regional Medical Services, Inc.) provides some mental health services
- Daymark Recovery is the LME (Local Management Entity) for Anson County, providing some services and referring people to other services.
- 9 private companies offer mental health and/or substance abuse/recovery services in Anson County
- An area Vocational Rehabilitation office in Rockingham offers services for Anson County residents

Dialysis

- 2 private dialysis centers offer dialysis in Anson County – DaVita Dialysis Care of Anson County and Fresenius Medical Care of Anson County

Home Care

- 6 private companies provide varying levels of in-home care for people incapacitated by disease, injury or age
- Anson County Council on Aging provides respite care for Care providers and some in home aid

Long-Term Care

- Lillie Bennett Nursing Home provides skilled nursing care and active therapy and rehabilitation services for adults 45 years of age and older
- Meadow View Terrace provides 24 hour residential health care and medicine management for persons 60 years of age and older
- Ambassador Health & Rehab of Wadesboro offers clinical care for those needing residential services

Hospice Care

- Anson County Council on Aging
- Anson Community Hospice (associated with Richmond Community Hospice)
- Hospice of Anson County
- Liberty Home Care and Hospice
- Hospice of Stanly County



During the Resource Inventory process the Project Facilitators attempted to find out how many Health Care Professionals worked at each Health Care entity. This data was not always available so the following numbers are estimates. It is important to understand that there is likely more of each profession working in Health Care Facilities in Anson County. The numbers in this table include full and part time.

Professional	Number
Physicians in County Full Time	21
Physicians in County Part Time	4
Nurse Practitioners	1
Physicians Assistants	1
RNs	78
LPNs	41
CMAs (Certified Medical Assistants)	10
CNAs (Certified Nursing Assistants I & II)	159
In-Home Aides	118
Medical Technologists	1
Medical Lab Technicians	9
Certified Lab Assistants	1
Radiology Technologists	7
Physical Therapists	6
Physical Therapist Assistants	5
Occupational Therapists	5
Occupational Therapist Assistants	2
Speech Therapists	3
Surgical Technologists	2
Dentists	2
Dental Assistants	5
Dental Hygienists	3
Optometrists	2
Chiropractors	1
Paramedics	18

Health Care Support

Anson County does have several businesses, facilities and organizations that provide products and services to help citizens with health and wellness. These supports include assistance in obtaining medication, care for seniors and parenting training. Details on all of these support entities and the products and services they offer is included in the Resource Directory and Resource Operational Directory that is part of the report. Following are summaries of these supports.

Services

Anson Community Hospital

- The Hospital offers an annual one-week Asthma Camp that provides education, activities and supplies to participants. The camp serves between 25 and 42 children ages 5 to 12 per camp.

-
- A Community Alternatives Program is offered by Anson Community Hospital to do Case Management for Seniors, Disabled Adults and Children. The Case Manager oversees the services provided by the various health care providers and agencies to an individual or family.
 - Insurance Filing for Patients is a service offered by the Hospital.

Health Department

- Contraception and reproductive life planning
- Education on STDs and the need for testing and minimizing risk
- YOST Grant provides medication and diabetic supplies for those uninsured attending counseling sessions
- Free spay/neuter clinic for low income families and senior citizens

Anson County Partnership for Children

- Breastfeeding Classes
- Car Seat Distribution for Infants and Young Children on Medicaid
- Car Seat Inspection
- Diaper Distributions for Infants and Young Children
- Welcome Baby Bags
- Training for day care workers on nutrition for children
- Teen Pregnancy Prevention Program
- TIPS (Teen Information and Parenting Program)

Medication Assistance

- MedAssist offers free prescriptions by mail for any uninsured person under 65 that does not qualify for Medicaid or Medicare
- Anson Crisis Ministry on rare occasions will pay for medication for an Anson citizen that is ill and in crisis and the medication is critically needed

Department of Social Services (DSS)

- Adult Medicaid provides Health Care Assistance for disabled citizens aged 19-64 and disabled children under 19
- Family and Children Medicaid is administered through DSS to provide Health Care Assistance to anyone in the County who qualifies. Details on the various programs is provided in the Resource Directory of this report
- NC Health Choice is a Health Insurance (not Medicaid) program for uninsured children ages 6 to 18

Food Assistance

- Anson Crisis Ministry provides food vouchers for groceries to anyone who qualifies
- There are 3 Food Banks that serve the Anson area providing food to anyone who qualifies:
 - Feed My Lambs
 - South Anson Community Outreach Ministry (SACM) in Morven
 - Burnsville Learning Center

Transportation

- Anson County Emergency Medical Services (EMS) provides Inter-Medical Facility Transport including to the Carolinas HealthCare System facilities and offices in Monroe and Charlotte
- ACTS (Anson County Transportation System) offers transportation to doctor's appointments and nutrition sites
- On The Move Transportation, LLC is a private business that provides transportation to and from physician offices, hospitals and other health care facilities

Anson County Public Schools

- Faculty & Staff Workshops and Seminars on CPR, First Aid, Blood Disorders and other important topics
- Seminars for students on Bleeding, Disease Transmission, Hygiene and Healthy Nutrition
- Optional Health Class for High School students

Pharmacies

- Anson Community Hospital (for hospital patients and residents of Lillie Bennett Long-Term Care)
- Anson Pharmacy
- CVS Pharmacy
- Parson Drugs
- Walmart Pharmacy

Medical Equipment and Supplies – there are 3 private companies in the County

- Liberty Medical Specialties
- Medi Home Care
- Second to Nature Home Medical

Wellness

Following is a summary of products and services related to Wellness that are available in Anson County. Details on these are provided in the Resource Directory of this report.

Food/Nutrition Assistance

- The Anson County Health Department offers a Nutrition Supplement and Education Program – WIC (Women, Infant and Children) provides nutritional education and vouchers to purchase food. The Program serves:
 - Infants and children up to age 5 that qualify because of household income and nutritional risk
 - Qualifying post-partum women for up to 6 months, 1 year if breastfeeding
 - Qualifying pregnant women no matter the number of pregnancies

The following chart shows the number of women, infants and children served by this program from July 2010 – September 2012.

Group Served	7/2010 – 6/2011 (12 months)	7/2011 – 6/2012 (12 months)	7/2012 – 9/2012 (2 months)
Pregnant Women	1221	1212	315
Post-Partum Women	997	931	231
Partially Breastfeeding Women	184	219	57
Fully Breastfeeding Women	104	62	21
Partially Breastfeeding Infants	206	228	55
Fully Breastfeeding Infants	101	39	17
Fully Formula Infants	2290	2310	572
Children	5593	6029	1503
Total	10,696	11,030	2,271

If the number of users so far in 2012/13 year continues the total number served by WIC could be 13,626.

- SNAP (Supplemental Nutritional Assistance Program) from the USDA (US Department of Agriculture) is administered by DSS (Department of Social Services). This program provides an EBT card that can be used to purchase food. The card is provided to Adults whose household income meets the requirements. *This used to be called the Food Stamp Program.* The number of people in Anson County served by SNAP varies somewhat from month to month – the number served in April 2012 was 3,383 households.
- HOLLA! has a café that offers prepared food.
- Cooperative Extension Service
 - Eat Smart, Move More, Weigh Less program to help people lose weight and get healthy
 - Color Me Healthy
 - Families Eat Smart and Move More
 - ServSafe
 - Pressure canning safety testing
- 4H
 - Youth Development Summer Day Camps
 - Back Pack Buddies program to provide non-perishable food for the weekend to children that do not have access to healthy food
 - Youth Promise Program for At Risk Youth ages 12 to 15
- Anson County Public School System
 - Nutritionally Balanced Meals
 - Free or Reduced meals for those who qualify
 - Accommodation for Students with special medical nutritional needs

Healthy Food:

- Allen's General Store
- Anson Community Kitchen
- County Farmer's Market
- David Black's Produce
- Bountiful Harvest
- Ted Clontz's produce
- Dara Ly's produce
- William McKay's produce
- MerrieLynn's Specialty Nuts & Sweets
- Nelson All Natural
- Pee Dee Orchards
- Peaches 'n' Cream
- Rayfield Meat Center
- Red Barn Produce
- Red Clay Farm
- Sherri's Country Store
- Simply Herbal
- Jimmy Sturdivant's Produce Stand
- Uptown Wadesboro Farmers Market
- Wilhoit Produce

Fitness

- Boy Scouts
- Buff Monkey Fitness Co., LLC
- HOLLA! Fitness Center
- Pathways to Peace
- Just for Kicks
- Life Long Fitness
- Wadesboro Park
- Wadesboro Municipal Lake
- Town of Peachland Walking Trail
- Town of Polkton Walking Trail
- Anson County Public Schools
- Little Park
- County Swimming and Athletics
- Recess for K-5 students at Anson County Public Schools
- Physical Education structured class for High School students at Anson County Public Schools
- Fitness classes at High Schools in Anson County Public Schools
- Fitness Class for Seniors at South Piedmont Community College

Employer Assistance/Support

- 5 employers include wellness as a component in the health insurance they provide
- 3 employers provide health screenings
- 3 employers have a smoke-free facility
- 2 employers offer education on health for employees
- 2 employers provide flu shots for employees
- 1 employer provides a full-time Nurse on duty to provide free health services; employees are not docked for time spent with Nurse
- 1 employer provides a Nurse 20 hours a week to educate and counsel employees on health issues
- 1 employer provides the services of a Physician one day each week for employees and their families at no charge; employees are not docked for time spent with Physician
- 1 employer provides a health newsletter
- 1 employer provides a walking track at their place of business
- 1 employer provides healthy food (such as fruit) in vending machines
- 1 employer provides refrigerators for employees who bring food
- 1 employer pays 90% of Mammogram costs
- 1 employer encourages employees to be active and move more on breaks
- 1 employer provides smoking cessation patches for employees
- 1 employer provides a Fitness Center on site

Emergency and Crisis Services

Anson County is served by several organizations and agencies that offer emergency and crisis services. Not all of these services are directly related to health care, but do have an effect on health and wellness. A summary of these services follows; details are provided in the Resource Inventory and Operations Directories.

Anson County Domestic Violence Coalition and Rape Crisis Center provides the following services:

- Court Advocacy
- Group and one-on-one counseling
- Hospital response/support for Victims
- Youth Awareness program

Anson County EMS

- Paramedic Level Emergency Care
- Emergency and Inter-Medical Facility Transport

Anson Crisis Ministry

- Fans in summer to adults 65 and older
- Blankets
- Clothing and shoes at extremely low prices in Crisis Clothing Store
- Clothing and shoe vouchers at Crisis Clothing Store for victims of fire
- Emergency housing in motels for referrals from DSS and local churches
- Furniture free or at reduced prices based on circumstances

Red Cross

- Disaster response
- Service for Armed Forces
- Health and Safety Education

Anson County Emergency Management

- Emergency Management Office oversees the response to all disasters in the County
- County has a formal Emergency Operations Plan that meets County and State Guidelines

Child Care Centers

There are fourteen child care entities in the county that are regulated by the Anson County Health Department to ensure a healthy environment for children.

- Anson Children’s Center
- Back 2 Basics
- Central Center for Children
- C’s & T’s Child Care Center
- Open Doors Center for Children
- Shirley Smith Happy Face Child Care
- Faison Head Start
- Happy Days
- Morven Head Start Center
- Noah’s Ark Child Care Too
- Tina Maye’s Day Care Center 1 & 2
- W & W Day Care 1 & 3

There are also numerous registered home child care facilities that are regulated by child care consultants.

Education

Health Careers education is offered at local schools. Following is a summary- details on the courses and the number of students is provided in the Resource Operational Directory.

Anson Public School System

- Health Careers courses

South Piedmont Community College (SPCC)

- Registered Nurse (RN)
- Practical Nursing (LPN)
- RN to BSN (Associate Degree RNs to Bachelor’s Degree)
- Surgical Technology
- Medical Sonographers
- Medical Office Administration
- Medical Insurance Coding
- Medical Office Administration
- Medical Transcription
- Medical Assisting
- Medical Laboratory Assistant
- Infant and Toddler Care
- Biomedical Equipment Technology
- Pre-Nursing and Pre-Pharmacy
- Nurse Assistant I & II
- Medical Coding Specialist
- Medical Administrative Assistant
- Massage Therapy
- EMT Basic and Paramedic
- CPR Instructor Training
- Pediatric Emergency Assessment, Recognition & Stabilization

Wingate University

- Doctorate in Pharmacy

Insurance

In the Public Survey most participants stated that they have some type of health insurance – private, Medicare or Medicaid. Following are the responses about insurance. It is important to note that some respondents likely said *yes* to having insurance and to having Medicare or Medicaid; this could have been because they either 1) have a supplemental policy even if they have Medicare or 2) they view Medicare or Medicaid as “insurance”.

- 70.6% said they have insurance
- 15.6% said they have Medicare
- 13.8% said they have Medicaid
- 10.6% said they use Prepaid insurance plans

In the Community Issues section of the Public Survey, Lack of/Inadequate Health Insurance was ranked as the 5th highest issue. 73% of participants said this is a problem (36% said Major, 37% said Somewhat).

There are at least 7 insurance agencies in Anson County that offer health insurance:

- Anson County Farm Bureau
- Anson Real Estate and Insurance Co.
- Blue Cross/Blue Shield of North Carolina – for state and county employees
- New York Life – 2 agencies
- State Farm
- Tyson Insurance Agency

Following are important statistics on persons in Anson County with no insurance. The statistics come from the US Census Bureau’s American Fact Finder.

- By age:
 - Under 18 – 8.5%
 - 18 to 64 – 25.3%
 - 65 + - 0%
- By Gender
 - Males – 14.0%
 - Females – 19.2%
- By Race (not enough data to compute on other than African American and Caucasian)
 - Caucasian – 15.3%
 - African American – 19.2%
- By Education attainment
 - Less than high school graduate – 31.9%
 - High School Graduate/GED/Alternative – 14.9%
 - Some college or Associate’s Degree – 24.2%
 - Bachelor’s degree or higher – 8.3%

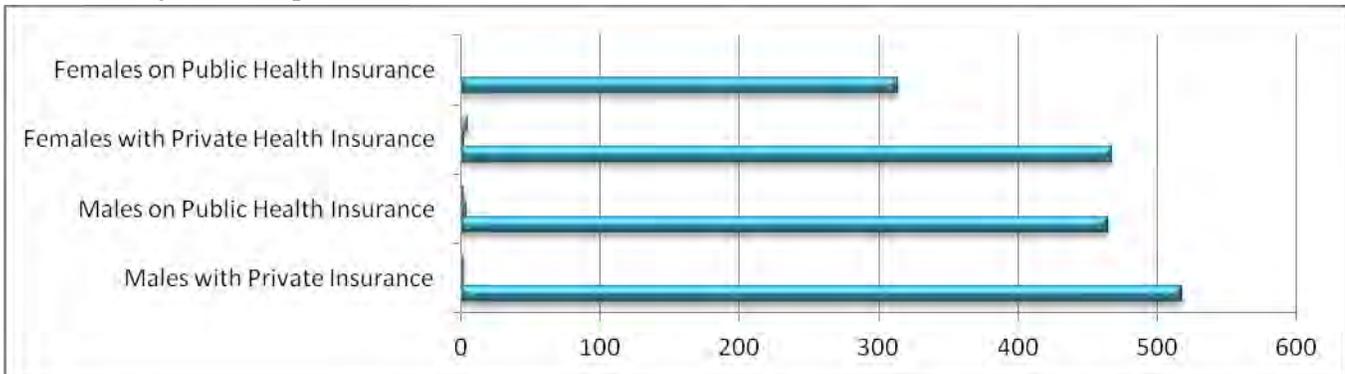
- By Employment status
 - Employed – 15.7%
 - Unemployed – 43.4%
 - Not in labor force – 19.4%

- By Income Level
 - Under \$25,000 – 22.2%
 - 25,000 - \$49,000 – 24.9%
 - \$50,000 - \$74,000 – 10.7%
 - \$75,000 - \$99,999 – 1.5%
 - \$100,000 + -- 4%

According to the American Fact finder 59.2% of Anson County citizens (all ages) have private insurance and 34.9% have public insurance (Medicare, Medicaid).

This statistical information shows that both employment status and income level do impact whether a person has health insurance of some type or not. It does not show as clearly that education attainment has a direct impact. There is a +4% difference in the number of Caucasians that have insurance over African Americans. A greater percentage of Males have insurance than Females with a difference of +5.2%. The number of people ages 18 to 64 without insurance is 16.8% greater than those under 18 and 25.3% greater than those over 65; this is likely because more government options are available to those under 18 and over 64.

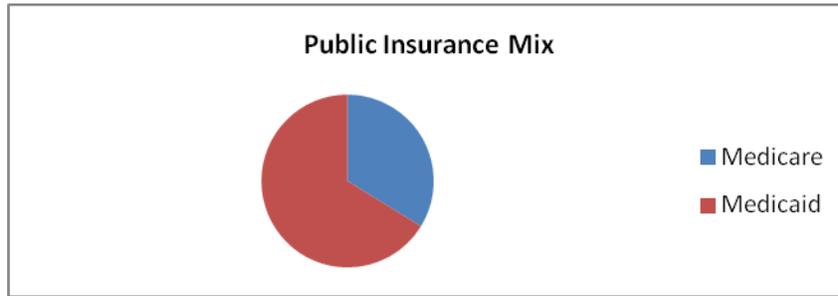
The following chart compares the number of Males and Females that have Public or Private Health Insurance



In the BRFSS (Behavioral Risk Factor Surveillance System), 2011 Survey respondents were asked if they had some type of health care coverage (health insurance, prepaid plans or government plans). Following are the responses:

- 77% of Male respondents have some type of health coverage
- 81.4% of Female respondents have some type of health coverage
- 84.4% of Caucasian respondents have some type of health coverage
- 73.2% of African American respondents have some type of health coverage

The mix of Medicare and Medicaid in Anson County citizens covered by Public Insurance is shown in the following chart.



Important facts about Public Insurance (Medicaid and Medicare) for children in Anson County:

- 43.3% of children 5 years and under are on Medicaid
- 34.3% of children 6 to 17 years of age are on Medicaid

Sources of Health Care and Health Information

Anson Community Hospital

Anson County has had a hospital since 1913. The Anson Community Hospital is owned and managed by Carolinas HealthCare System. Details about the Hospital are provided in this excerpt from their website (<http://www.carolinashealthcare.org/documents/carolinashcsystem/ansoncommhosp2012.pdf>).

Anson Community Hospital has distinguished itself as a premier community hospital committed to providing quality care to Wadesboro, North Carolina and surrounding communities for almost a century. Through the years, the hospital has built its reputation on its small size and ability to provide personalized attention and care with up-to-date medical technology and experienced medical professionals.

Accredited by The Joint Commission, Anson Community Hospital is a 125-bed facility consisting of 30 acute care beds and 95 long-term care beds at Lillie Bennett Nursing Center. With more than 300 employees, Anson Community Hospital is one of the largest employers in the county. In addition to providing primary services including Family Medicine, Internal Medicine, Pediatrics and General Surgery, Anson Community Hospital delivers programs that are tailored to the needs of the surrounding community such as the Diabetes Self-Management program. The Hospital's Home Care Program provides local residents with in-home Certified Nursing Assistants.

In 2008, Anson Community Hospital opened Carolinas Primary Care, a medical practice that employs two family practitioners and a surgeon. The hospital also serves as the lead agency for the Community Alternatives Program in Anson County. Uncompromising excellence and commitment to care - It's who we are at Anson Community Hospital.

The following chart shows hospital usage from January 2009 through July 2012.

Type of Use	2009 (12 months)	2010 (12 months)	2011 (12 months)	1/1/12 – 7/31/12 (7 months)
Discharges	1,087	935	681	338
Days of Care	3,942	3,230	2,134	1,074
Average Daily Census	10.8	8.8	5.8	5.0
Average Length of Stay	3.8	3.5	3.1	3.2
Emergency Department Visits	14,756	13,654	12,848	8,023
ED Admits as % of Total Visits	5.1%	4.8%	4.7%	3.8%
ED Admits as % of Total Hospital Admits	69.1%	67.3%	88.5%	89.2%
Operating Room Inpatient Cases	138	75	66	15
Operating Room Outpatient Cases	316	240	234	73
Inpatient Scopes	127	118	40	12
Outpatient Scopes	303	294	251	117
Outpatient Visits	16,235	14,002	12,912	6,617



Hospital Utilization

Following is a chart showing 2010 inpatient hospital utilization and charges by principal diagnosis and county of residence. The chart comes from the 2012 County Health Data Book from the North Carolina Department of Health and Human Services. **These statistics cover Anson County citizens in any hospital, not just the Anson Community Hospital.**

Utilization for diagnosis related to the priority areas (Obesity and Diabetes) selected by the CHA Advisory Group are highlighted.

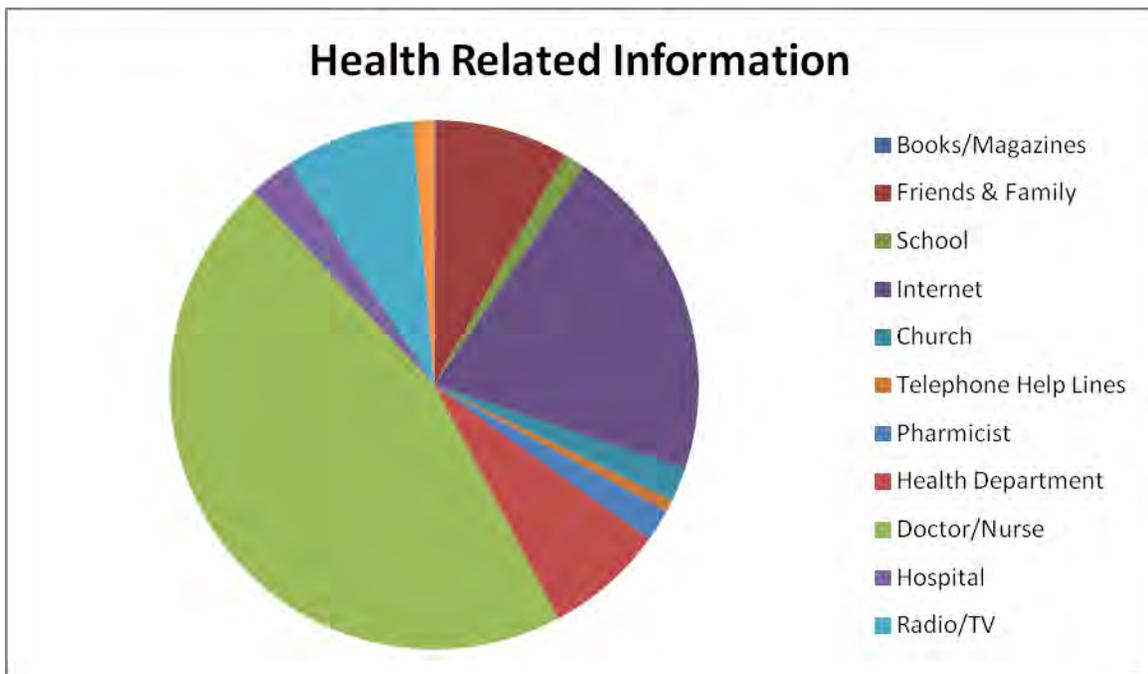
DIAGNOSTIC CATEGORY	TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
INFECTIOUS & PARASITIC DISEASES	263	9.8	6.5	63.6	\$8,377,012	\$4,887	\$31,852
-- Septicemia	209	7.8	6.7	52.1	\$7,394,546	\$5,271	\$35,381
-- AIDS	10	0.4	11.2	4.2	\$401,518	\$3,585	\$40,152
MALIGNANT NEOPLASMS	106	3.9	5.3	20.9	\$3,930,176	\$6,993	\$37,077
-- Colon, Rectum, Anus	13	0.5	5.7	2.7	\$493,115	\$6,664	\$37,932
-- Trachea, Bronchus, Lung	18	0.7	6.9	4.6	\$691,960	\$5,580	\$38,442
-- Female Breast	4	0.1	2.0	0.3	\$43,781	\$5,473	\$10,945
-- Prostate	4	0.1	5.0	0.7	\$154,254	\$7,713	\$38,564
BENIGN, UNCERTAIN & OTHER NEOPLASMS	20	0.7	3.9	2.9	\$578,075	\$7,507	\$28,904
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	200	7.4	4.4	32.8	\$4,204,927	\$4,757	\$21,025
-- Diabetes	100	3.7	5.4	20.0	\$2,473,978	\$4,598	\$24,740
BLOOD & HEMOPOETIC TISSUE DISEASES	60	2.2	4.7	10.5	\$1,037,686	\$3,667	\$17,295
NERVOUS SYSTEM & SENSE ORGAN DISEASES	74	2.7	3.6	10.0	\$1,596,595	\$5,935	\$21,576
CARDIOVASCULAR & CIRCULATORY DISEASES	694	25.8	4.5	115.3	\$20,748,852	\$6,676	\$29,897
-- Heart Disease	426	15.8	4.1	65.4	\$12,082,316	\$6,857	\$28,362
-- Cerebrovascular Disease	143	5.3	5.4	28.5	\$4,281,435	\$5,582	\$29,940
RESPIRATORY DISEASES	387	14.4	5.5	79.1	\$9,498,746	\$4,457	\$24,545
-- Pneumonia/Influenza	151	5.6	5.1	28.4	\$3,309,456	\$4,332	\$21,917
-- Chronic Obstructive Pulmonary Disease	100	3.7	3.8	14.0	\$1,604,324	\$4,244	\$16,043
DIGESTIVE SYSTEM DISEASES	343	12.7	4.5	57.5	\$8,091,189	\$5,223	\$23,589
-- Chronic Liver Disease/Cirrhosis	2	0.1	10.5	0.8	\$76,400	\$3,638	\$38,200
GENITOURINARY DISEASES	214	7.9	3.9	30.8	\$3,433,408	\$4,142	\$16,044
-- Nephritis, Nephrosis, Nephrotic Synd.	89	3.3	4.4	14.5	\$1,442,540	\$3,680	\$16,208
PREGNANCY & CHILDBIRTH	299	11.1	2.9	31.9	\$3,220,566	\$3,749	\$10,771
SKIN & SUBCUTANEOUS TISSUE DISEASES	77	2.9	4.1	11.7	\$1,069,123	\$3,383	\$13,885
MUSCULOSKELETAL SYSTEM DISEASES	190	7.1	4.5	31.5	\$9,375,653	\$11,056	\$49,346
-- Arthropathies and Related Disorders	93	3.5	4.1	14.1	\$4,099,796	\$10,817	\$44,084
CONGENITAL MALFORMATIONS	7	0.3	9.1	2.4	\$815,320	\$12,739	\$116,474
PERINATAL COMPLICATIONS	8	0.3	8.5	2.5	\$193,627	\$2,847	\$24,203
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	143	5.3	2.2	11.9	\$1,828,666	\$5,715	\$12,788
INJURIES & POISONING	258	9.6	5.3	50.6	\$9,741,113	\$7,147	\$37,756
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	207	7.7	8.1	62.4	\$3,347,831	\$1,990	\$16,173
ALL CONDITIONS	3,550	131.7	4.8	628.1	\$91,088,568	\$5,382	\$25,659

Where citizens get health information and care

The Public Survey asked participants where they get their health related information. Following are those responses by race and gender.

Where do you get most of your health related information? (Choose only one)	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Books/Magazines	8.5%	6.5%	7.9%	6.0%	7.3%
Friends & Family	7.5%	7.8%	6.8%	9.3%	7.6%
Internet	14.1%	23.6%	29.8%	11.5%	19.1%
School	1.2%	.8%	1.1%	1.6%	1.2%
Church	1.9%	1.9%	1.4%	3.3%	1.9%
Telephone Help Lines	1.2%	.2%	.4%	1.6%	.7%
Pharmacist	2.2%	1.4%	1.4%	2.7%	1.8%
Health Department	9.5%	3.9%	7.3%	4.4%	6.8%
Doctor/Nurse	43.6%	41.9%	41.6%	45.1%	42.5%
Hospital	2.2%	2.8%	1.8%	4.4%	2.5%
Radio/TV	7.5%	7.3%	.6%	8.8%	7.4%
Mailings	.6%	1.9%	1.7%	1.1%	1.2%

The following chart gives a picture of the sources of health related information as used by Ansonians.

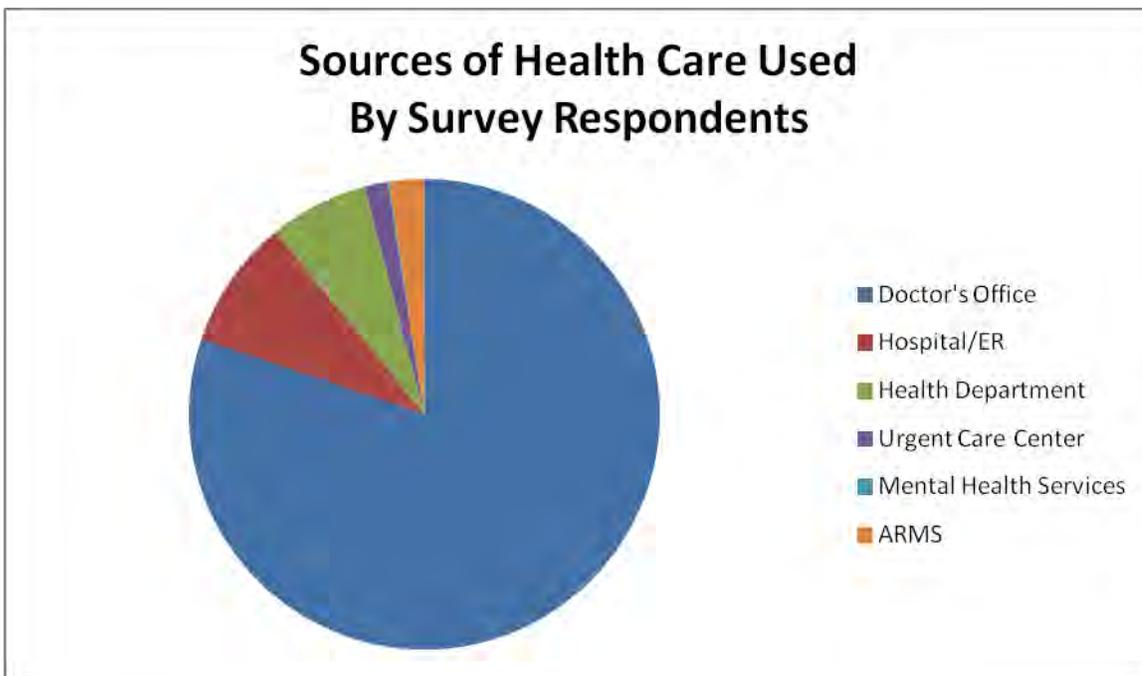


By far the primary source of health care related information for those surveyed is a Doctor or Nurse – 42.5%. The second highest used source is the Internet with 19.1%. All other sources are under 10%; 6 of the 12 potential sources were utilized by less than 5% of the survey participants. The survey also shows that women are more likely to get information via the Internet than men and Caucasians are more likely to use that method than African Americans. There is little difference in percentages on other sources except for the Health Department. African Americans are more likely to use the Health Department than Caucasians by a margin of 5.6%.

Survey participants were asked where they go most often for health care. Following is the breakdown of responses by gender and race.

Where do you go <i>most often</i> when you are sick or need advice about your health? (Choose only one)	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Doctor's Office	69.3%	89.6%	80.8%	78.6%	80.2%
Hospital/ER	15.3%	3.1%	8.7%	8.8%	8.9%
Health Department	10.4%	3.9%	6.9%	7.1%	6.8%
Urgent Care Center	1.7%	1.4%	1.1%	2.7%	1.6%
Mental Health Services	0	.3%	0	.5%	.1%
ARMS	3.3%	1.7%	2.5%	2.2%	2.4%

The following chart shows the health care sources used by the Public Survey participants.



The responses to this question are commensurate with the response about the sources of health related information. Caucasians by a margin of 20.3% are more likely to go to a Doctor's Office if they are sick or need health advice. African Americans by a margin of 8.2% are more likely to use the Hospital Emergency Department and 6.5% more likely to use the Health Department for health care than Caucasians.

One of the concerns for rural counties is that the residents will use the hospital Emergency Room/Department for routine health care. This study shows that 8.9% of survey respondents use the Anson Community Hospital Emergency Department as their primary health care provider.

The Anson Community Hospital Emergency Department Manager related in an interview that about 50% of the patients could be served adequately in a physician's office. She gave the following reasons for people using the Emergency Department instead of a physician or other health care provider.

- Do not want to wait for appointment
- Want to be seen immediately
- Cannot pay Co-pay
- Do not have a primary care provider
- Primary care provider terminated association because:
 - Patient was non-compliant
 - Patient not taking medications as directed
 - Non-payment
 - Misuse of medications
- Just visiting in area
- Looking for a prescription for a specific medication to support a substance habit

The Emergency Department sees a high rate of patients with the following health problems:

- Diabetes complications
- Stroke
- Heart Attack
- Complications/Issues from Cancer
- Abuse of Drugs and Prescription Drugs

Preventive Screenings

As previously stated Anson County has indicators that preventive care is a challenge for many of the County's citizens. Some of those indicators include:

- High rate of Obesity
- High rate of Diabetes

The Public Survey asked participants if they had preventive screenings. Following is information about those responses.

What preventive screening have you had in the past year? <i>Only Yes Shown</i>	African American Female	African American Male	Total African American	Caucasian Female	Caucasian Male	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Blood Pressure	71.8%	72.6%	72.0%	79.7%	68.8%	76.3%	75.8%	70.3%	73.8%
Blood Sugar	49.1%	39.7%	46.9%	59.8%	56.9%	58.9%	54.6%	50.0%	52.9%
Cholesterol	49.1%	42.5%	47.5%	53.6%	55.9%	54.4%	51.4%	19.2%	50.8%
Colonoscopy	15.4%	15.1%	15.3%	12.2%	17.4%	13.8%	13.7%	16.5%	14.3%
Dental	42.3%	32.9%	40.1%	58.5%	56.9%	58.0%	47.9%	17.9%	49.2%
Hearing	21.8%	23.3%	22.1%	15.8%	23.8%	18.3%	18.7%	23.6%	20.0%
Vision	44.0%	46.6%	44.6%	51.6%	45.9%	49.9%	47.9%	46.1%	46.9%

Survey participants were also asked about screenings that are specific to their gender.

Female Responses

What preventive screening have you had in the past year? (Mark all that apply) <i>Only Yes Shown</i>	African American Female	Caucasian Female	Total Female
Mammogram	42.7%	45.5%	44.2%
Pap Smear	59.4%	52.8%	56.0%
Self Breast Exam	58.5%	69.9%	64.4%

The *County Health Rankings & Roadmaps* provides statistics on Mammography screening in Anson County. Following is the rate for the last 2 years of the percentage of female Medicare enrollees that receive mammography screening.

- 2011 – 63%
- 2012 – 63%

Male Responses

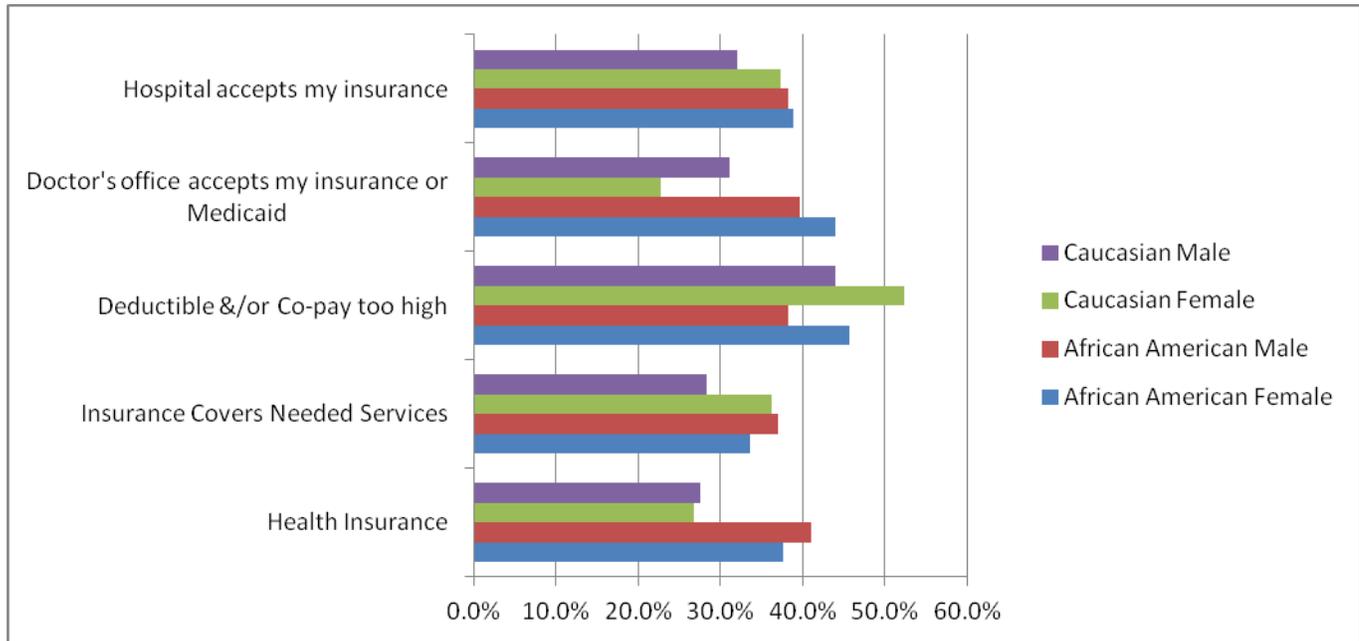
What preventive screening have you had in the past year? (Mark all that apply) <i>Only Yes Shown</i>	African American Male	Caucasian Male	Total Male
PSA (prostate cancer screening)	38.3%	28.4%	32.4%
Digital Rectal Exam	28.8%	16.5%	21.4%

Barriers to Access to Health Care

Public Survey

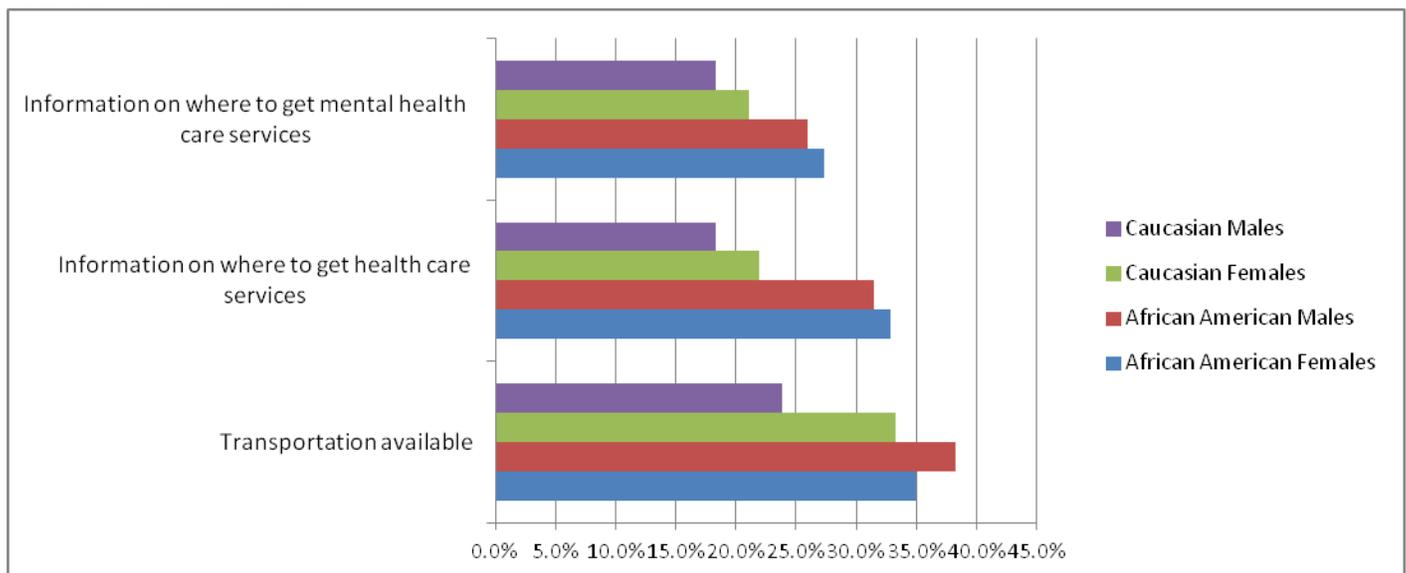
Participants were asked “Which of the following are barriers for you to use existing health services?” They were asked to choose one. Following are charts showing the responses.

Potential Insurance Related Barriers



Both Caucasian and African American Females responded that Insurance related issues are a barrier at a much higher rate than Males.

Potential Access Barriers



Key Informants

Key Informants were asked open ended questions. When asked what the Major Health Concerns in Anson County were, 34% of them responded that it was *Lack of knowledge/education/understanding of healthy life style and care of self or children.*

They were also asked “What are the missing health resources in the County?” Following are the top five responses

- 41% -- Lack of Specialists
- 18% -- Must leave County for many types of care
- 15% -- People do not get care because it is not in the County and they cannot get it out-of-county because they:
 - Cannot afford to travel
 - Do not have transportation
 - Cannot take time off from work
 - Do not have someone to care for children
- 14% -- People do not have transportation to Health Care
- 12% -- Lack of Doctors and other Health Care Professionals

The full list of Missing Health Resources responses from the Key Informants is provided as an exhibit in this report.

Summary

Based on the Public Survey and the Key Informant Interviews and information gathered during the Resource Inventory, the primary barriers to accessing Health Care are:

- Lack of needed care in Anson County
 - No specialists except Pediatrician and Internist located in the County
 - One Gynecologist and one Urologist see patients in the County on a limited basis
 - Particularly need Orthopedic and Cardiology providers
- Affordability
 - Do not have insurance
 - Cannot afford insurance
 - Deductible and/or Co-Pay is too high
 - Insurance does not cover a needed service
- Transportation
 - Do not have transportation to in-County care and cannot afford to pay for it
 - Do not have transportation to out-of-County care when it is not available in the County and cannot afford to pay for it
- Lack of knowledge and understanding that preventive and/or early care has a direct impact on the magnitude of a health issue or problem

Future

Anson Community Hospital is planning a new facility to serve the County. It is called the Anson Centennial Project. Following are excerpts from the website (<http://www.carolinashealthcare.org/centennial>) that provide information on the project.

Since its construction in 1913, Anson Community Hospital has provided care for thousands of Anson County residents. As it nears its centennial milestone and begins its next 100 years, Carolinas HealthCare System intends to create an innovative, viable healthcare model in Anson County that provides high quality healthcare with a new facility and strong community partnerships.

What is Centennial? What does Centennial mean for healthcare in Anson?

Centennial is more than a 100-year anniversary. The Centennial Development Project is a vision to better address the healthcare needs of the community and the patients we serve. The manner in which healthcare has been delivered in Anson County cannot and should not be sustained, but should be updated with an innovative delivery model. We intend to work collaboratively as a community to provide easier access to appropriate care for all citizens.

Centennial will build on Anson Community Hospital's long history of providing quality healthcare to Anson County residents by creating a sustainable, long-term healthcare model that provides high quality healthcare through innovative partnerships and access to the right care for the right need at the right time.

What services will be in the new facility?

The Centennial Development Project will bring improved access to primary care, triage and treatment for urgent care, a 24-hour emergency department, inpatient beds, observation beds, digital imaging (X-ray, ultrasound, MRI and CT scanner), full laboratory services and a pharmacy. In addition, if services outside of Anson County are needed, access to services will be available in a fully connected, fully integrated manner to Carolinas HealthCare System's comprehensive healthcare services.

What specific services will the Centennial Development Project provide for the community, either alone or in partnership with other community organizations?

We envision a collaborative community services initiative that would evaluate and implement innovative wellness and prevention programs to build relationships with existing community networks, enhance existing programs and most importantly advance the health of the community.

We want to promote a strong emphasis on wellness and disease management, through community intervention programs, collaboration with other established community-based social and health organizations and disease management clinics. Beyond primary care services, the patient-centered Medical Home, in coordination with other CHS services, will lead all community outreach efforts, and coordinate on-site and remote services in collaboration with local community healthcare providers.

Programs that have been proposed and may be offered by Carolinas HealthCare System include but are not limited to:

- Faith-based community health services (parish nursing)
- Financial support to re-develop the Healthy Ansonians task force
- Patient navigation services
- Transportation assistance
- Mobile dental clinic
- Wellness coaches
- Enhanced intervention within the schools, including dietary oversight and coordination, and improved health education
- Sliding scale pharmacy and medication management counseling

How will Centennial change the care patients receive in this community?

Centennial is about building on the rich 100-year history of healthcare in Anson County and about transforming and enhancing that care for the next 100 years. Working in collaboration with healthcare providers throughout the County, Centennial will bring a higher level of care to patients than can currently be provided through the existing facility. At the core of Centennial is the opportunity to create a true Medical Home and bring access to more of the services that Anson County needs so that relationships between physicians and their patients are enhanced.

Determinants of Health

The research during the CHA process discovered several factors that directly or indirectly affect the health of Anson citizens. There was consensus about the importance and impact of most of these factors across race, gender and age and in many cases across education attainment and income level.

In the Public Survey, participants were asked to choose Major Problem, Somewhat of a Problem, Not a Problem or Don't Know on 35 Community Issues. Following is a ranking of those issues based on the number of people who said they were a Major Problem. There were 671 total responses.

COMMUNITY ISSUES	# That Said "Major Problem"
1. Unemployment/Underemployment	483
2. Crime (theft, robbery, etc.)	323
3. Lack of Recreational Facilities	289
4. Domestic Violence	281
5. Lack of/Inadequate Health Insurance	278
6. Lack of Recreational Programming	259
7. Racism	259
8. Litter	242
9. Inadequate/Unaffordable Housing	241
10. Lack of Recycling	221
11. Child Abuse & Neglect (physical, emotional & sexual)	217
12. Foreclosures	207
13. Gangs	206
14. Quality of Education (K-12)	205
15. Homelessness	197
16. Crime (murder, assault, rape, etc.)	189
17. Lack of Transportation	181
18. Water Pollution	175
19. Elder Abuse & Neglect	169
20. Access to Adult Day Care	149
21. Access to Health Care	147
22. Access to Prenatal Care	144
23. Access to Healthy Food	142
24. Quality of Child Care	137
25. Access to Higher Education	133
26. Land & Soil Pollution	131
27. Access to Dental Care-Adult	120
28. Access to Mental Health Services	114
29. Access to Dental Care – Children	112
30. Air Pollution	107
31. Access to In-Home Care	95
32. Access to Legal Services	92
33. Access to Adult Education	86
34. Access to Child Care	86
35. Bioterrorism	53

Key Informants were asked in interviews what they thought are the major Non-Health Issues in Anson County. Following is a ranking of those issues based on the responses.

MAJOR NON-HEALTH ISSUE	NUMBER	PERCENTAGE
Lack of Jobs, Unemployment	54	47%
Poverty	49	43%
Lack of Education	46	40%
Hopeless Society	24	21%
Economic Condition of County	22	19%
Lack of Transportation	11	10%
Crime in General	8	7%
Illiteracy	7	6%
Incest or Inappropriate sexual contact	7	6%
People who are able to move away, do so	6	5%
Workforce not educated/quality to attract business and industry	6	5%
Drug Related Crime	6	5%
Lack of Family Unit	5	4%
Lack of strong, visionary, caring leadership	5	4%
Poor quality School System	5	4%
Over reliance on Medicaid, causes tax burden	4	3%
People do not take responsibility for self and family, rely too much on government, teach children same philosophy	4	3%
Domestic violence	2	2%
Different Value System	2	2%
Lack of Communication	1	.9%
Unsupervised Youth	1	.9%
Child Sexual Abuse	1	.9%
Teens becoming parents	1	.9%
Kindergarten Students under developed	1	.9%
Effective Animal Control	1	.9%
Cost of fuel oil	1	.9%
Resident disenfranchisement	1	.9%
Number of elderly Grandparents raising children	1	.9%
Prostitution	1	.9%
Schools need to look at Bullying and Drug Use	1	.9%

Social Environment

It became obvious during the research that social issues play a major role in the health of individuals. This section will summarize some of those findings. Additional details are provided in other sections of this report where they were applicable for explanation and/or validation.

Education

It is widely accepted that Education Attainment has an impact on the health of individuals and populations as a whole; the impact in Anson County is not dramatic. There is some correlation between lack of Education Attainment and disease or unhealthy life-style that leads to disease. This correlation is illustrated in previous sections of this report where statistics are provided as they relate to specific diseases and conditions.

Anson County citizens do feel that education plays an important role in the incidence of unhealthy life-style and resulting diseases and conditions. Many people who participated in the surveys and interviews said that the knowledge and understanding of what constitutes a healthy-life style needs to start at a very young age. People feel this is especially true if the incidence of Obesity, Diabetes, Kidney Disease, Hypertension, Stroke, Heart Disease, STDs and other controllable conditions prevalent in Anson County are to be decreased. Many people stated during the research phase that more instruction on how to control one's own health needs to be included in K-12 education. Here are some of the points made during the research.

- Key Informants ranked “Lack of knowledge/education/understanding of healthy life style and care of self or children” as the 2nd highest Major Health Concern. 34% of participants mentioned this in response to an open ended question about Major Health Concerns
- Key Informants ranked “Lack of Education” as the 3rd highest Major Non-Health Issue. 40% of participants mentioned this.
- Many Health Care Professionals said that the reason Obesity, Diabetes and resulting problems are so prevalent in the County is that children are not taught what causes or contributes to these conditions so the problem self- perpetuates. Most agree that if the “curse” is to be broken it will have to start with children.
- One Key Informant pointed out that if the mindset of children about healthy living – eating and exercise – is improved then they will have an impact on the life-styles of their parents.

It is important to point out that Anson County Public School System is doing many things to help children be healthier. They are also providing screening and treatment services to students in order to compensate for the lack of these things. Specifics on these services are detailed in this report in the Health Care section and the Resource Directory.

Families

Several factors concerning families surfaced during the research. These factors have direct or indirect impact on the health and safety of children and families and ultimately the community.

Following is information from the Public Survey, Key Informants, the Resource Inventory and the Secondary Data that illuminate these factors and the outcomes from them.

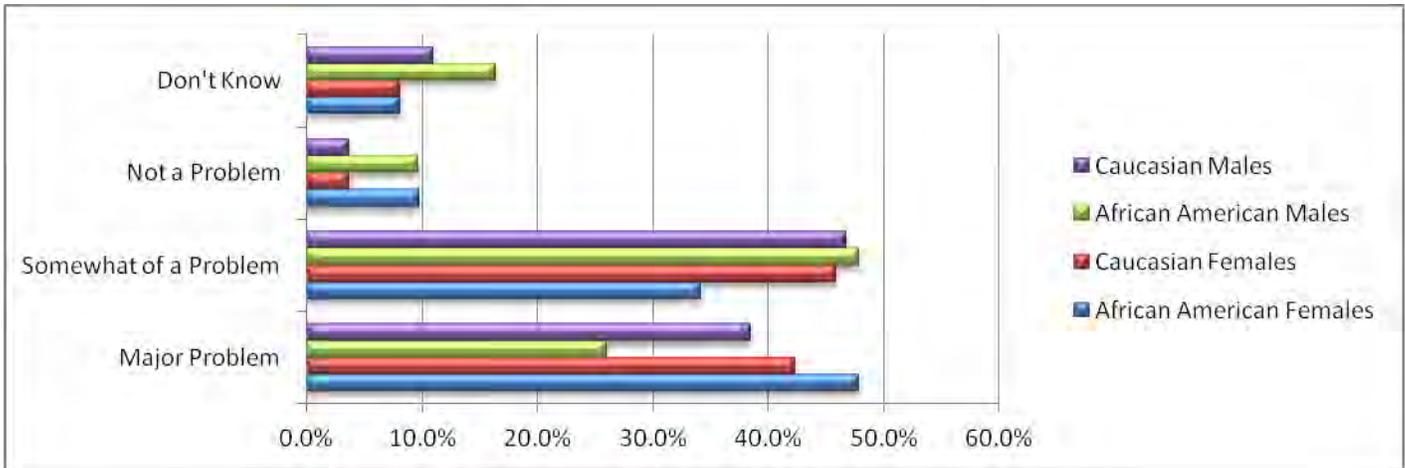
Domestic Violence

Domestic Violence is both a condition and an indicator. It is normally higher in communities that are suffering from economic struggles, thus it is an indicator. It is a problematic condition because it endangers the health of the victims and the children in a family. Often there is child abuse in a family that has Domestic Violence.

In the Public Survey participants ranked Domestic Violence as the 4th highest issue.

Domestic Violence	African American Female	African American Male	Total African American	Caucasian Female	Caucasian Male	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Major Problem	47.9%	26.0%	42.7%	42.3%	38.5%	40.5%	45.0%	33.5%	41.9%
Somewhat of a Problem	34.2%	47.9%	37.4%	45.9%	46.8%	46.4%	40.2%	47.3%	41.9%
Not a Problem	9.8%	9.7%	9.8%	3.7%	3.7%	3.9%	6.7%	6.0%	6.7%
Don't Know	8.1%	16.4%	10.1%	8.1%	11.0%	9.2%	8.1%	13.2%	9.5%

The following chart provides a picture of the statistics in the above table.



Important points from this survey:

- 83.8% of respondents said that Domestic Violence is a problem (Major or Somewhat)
- Less than 10% of any race/gender group said that this issue is Not a Problem
- There is only a +4.4% difference in the number of females versus males that think this is a problem
- Only 9.5% of respondents say they Don't Know if this is a problem. This is an unusually low response on this volatile issue.

The Anson County Domestic Violence Coalition and Rape Crisis Center reported the following statistics:

- In fiscal year 2010/11 served:
 - 508 Domestic Violence victims
 - 374 crisis calls
 - 16 rape victims
- In fiscal year 2011/12 served:
 - 369 Domestic Violence victims
 - 306 crisis calls
 - 14 rape crisis calls

Child Maltreatment

Participants in the Public Survey ranked Child Abuse & Neglect (physical, emotional & sexual) as the 11th highest Community Issue. 70.3% of respondents said it is a problem (32.3% Major, 38% Somewhat). Only 11.6% said it is Not a Problem and 18.1% said Don't Know.

Several Health Care Professionals in Mental Health stated that Incest is a problem. They said that many of the Mental Health issues they deal with in treating children stem from Incest.

Family Composition

Lack of a Family Unit was mentioned as a Major Issue by 4% of the Key Informants.

The American Fact Finder of the US Census Bureau provided the following statistics on households in Anson County

	Total:	9,957		
Family households:	6,606		Nonfamily households:	3,351
2-person household	2,927		1-person household	3,095
3-person household	1,520		2-person household	256
4-person household	1,504		3-person household	0
5-person household	400		4-person household	0
6-person household	236		5-person household	0
7-or-more person household	19		6-person household	0
			7-or-more person household	0

Following are the household statistics from the Public Survey

	Total African American	Total Caucasian	Total Female	Total Male	TOTAL (includes Asian, Am. Indian & Hispanic)
Total persons in household					
1-person household	45	58	72	31	103
2-person household	86	122	142	66	209
3-person household	71	74	111	34	147
4-or-more person household	105	101	155	51	212

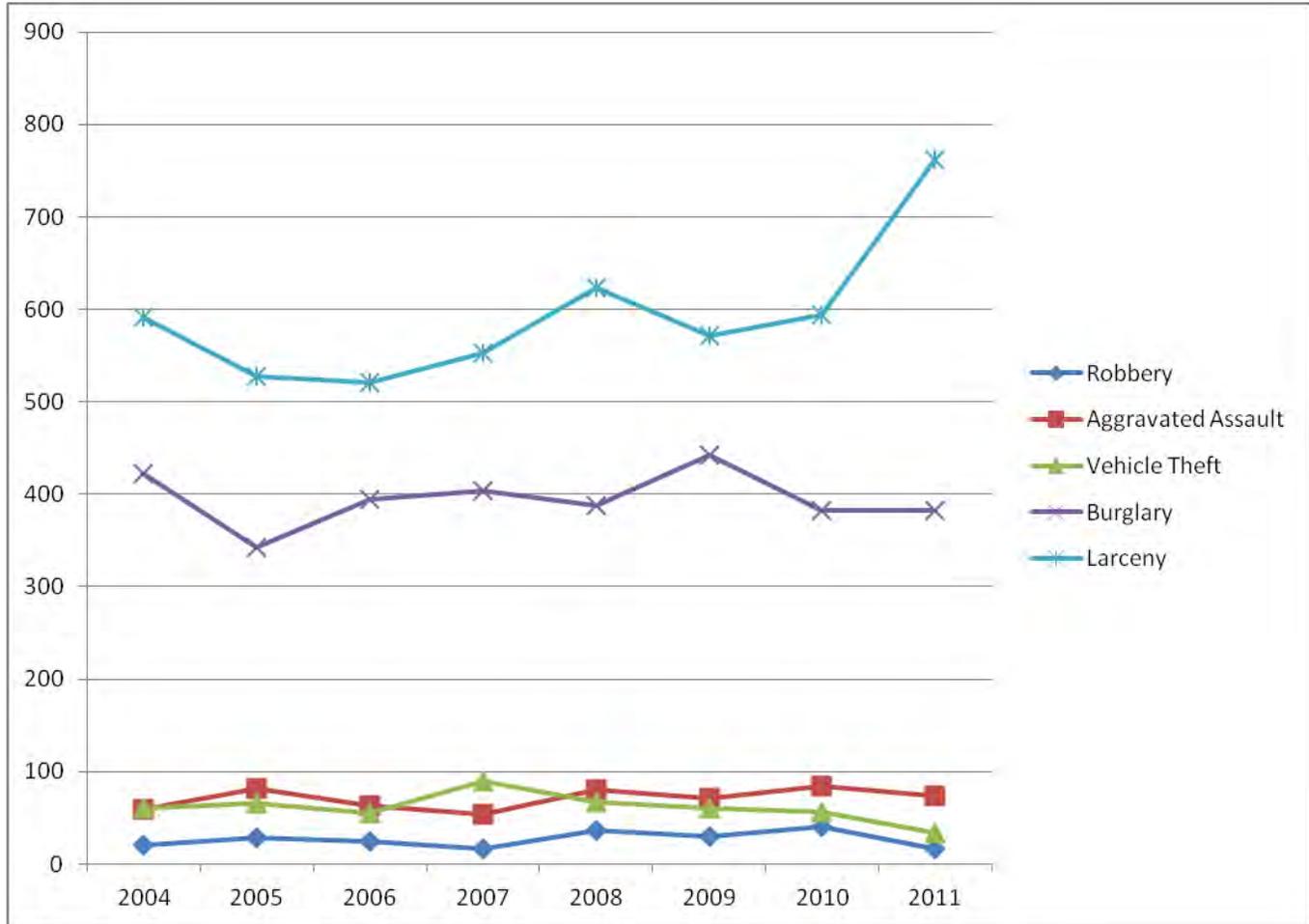
These statistics show that the majority of residents live in a multi-person household, but they do not reflect the strength of the family unit nor its impact on health related issues. However, based on the interviews with Key Informants and Health Care Professionals the following assumptions can be drawn:

- Overall, parents are not teaching children about the importance of a healthy life-style – proper nutrition, physical activity, preventive care, etc.
- The high rate of teen pregnancy (2010 - 72 per 1,000 female population, 2011 - 72 per 1,000 female population. 2012 - 69 per 1,000 female population) has health impacts on the mother and child.

Crime

Public Survey participants ranked Crime – Theft, Robbery, etc. – as the 2nd highest Community Issue. 87.3% of participants said that this is a problem (48.1% Major, 39.2% Somewhat). The opinion that it is a problem transcends race, gender, age and socio-economic demographics.

Following is a graph that shows the incidence trend of these types of crimes in the County from 2004 to 2011.



There has not been much variance in the number of incidents in any of the categories except for a spike in Robberies in 2008 and a large spike in 2011 and a spike in Burglaries in 2009.

66.5% of respondents in the Public Survey said that Gangs are a problem (30.7% Major, 35.8% Somewhat).

Many of the people interviewed saw this type of crime as a symptom of other problems in the County such as unemployment and poverty. In that case the commission of crimes is one of several indicators that health and wellness are not priorities for the citizens. The research showed that there is a pervasive sentiment of survival instead of one of progress and growth.

Community Attitude

During the interviews with Key Informants and Resources it became evident that there is an overall feeling of hopelessness and resignation in the County. This type of community attitude has an impact on health and wellness. Following are some facts and statistics that illustrate this community attitude.

In the Public Survey the following responses about Racism were given:

- 45.3% of African Americans said it is a Major Problem
- 32.7% of Caucasians said it is a Major Problem
- 41.5% of Females said it is a Major Problem
- 30.8% of Males said it is a Major Problem
- 38.6% Overall said it is a Major Problem

21% of the Key Informants said that the community has the attitude of a “hopeless society”.

Other Major Non-Health Issues mentioned during the Key Informant interviews by more than one person were:

- Lack of strong, visionary, caring leadership
- People who are able to move away do so
- People do not take responsibility for self and family, rely too much on government and teach children the same philosophy
- Different value system

Financial/Economic Factors

Unemployment

Lack of jobs and Unemployment were the #1 Non-Health Issues of both the Public Survey and Key Informant Interviews. The majority of Health Care Professionals said they regularly see people whose health is impacted by unemployment. Unemployment impacts people’s health primarily because it makes health care and a healthy life-style unaffordable.

Details on Unemployment are provided in the County Description section of this report. The August 2012 rate for Anson County was 13.2%. The rate has been above 10% since 2008.

Poverty

Key Informants ranked Poverty as the 2nd highest Major Non-Health Issue in the County – 43% of participants said this is a Major Issue.

Following are the ‘below poverty’ statistics from a 3-year estimate from the American Fact Finder of the US Census Bureau.

- 19.6% of Anson County citizens
- 31% of those under 18 years
- 16.2% of those 18 to 64 years

-
- 15.4% of those 65 years and older
 - 16.4% of Males
 - 22.5% of Females
 - 10.4% of Caucasians
 - 28.3% of African Americans
 - 34.4% of non-high school graduates
 - 13.6% of high school graduates
 - 14.4% of those with some college or associate's degree
 - 2% of college graduates
 - 9.2% of Employed
 - 33.5% of Unemployed

Poverty directly impacts a person's ability to obtain health care and live a healthy life-style.

Income Levels

Details on the income of Anson County citizens are provided in the County Description section of this report. 71.5% of employed citizens earn less than \$50,000 per year.

Low income levels have an impact on an individual's ability to afford adequate health care and healthy life components such as healthy foods and physical activity.

Summary

The adverse economic situation in the County is impacting the health of its citizens in the following ways:

- Many people do not have health care insurance because they are unemployed
- Because of low income many people rely on Medicaid
- Senior citizens cannot afford supplemental health care insurance and rely solely on Medicare
- Many people who do have private health insurance cannot afford the co-pay and/or deductible so they do not get health care
- The high number of Medicaid and Medicare patients in the County are a large factor in the lack of specialist health care providers (cardiologists, orthopedists, OB/GYN, etc.). This causes people to have to travel out-of-county to get care, which increases the health care expense and/or the likelihood they will not get care.
- People do not get health care because they have to travel out of the county and they:
 - Cannot afford to travel
 - Cannot get time off from work
 - Do not have transportation
 - Cannot get child care
- Many people rely on fast food because it is cheaper than healthy food
- Many people do not participate in available recreational facilities (gyms, parks, etc.) because they:
 - Cannot afford the cost
 - Do not have transportation
 - Do not have access to a facility within their schedule, often because they must work outside the County

Individual Behavior

Individual Behavior was addressed in large part in the various sections of this report. Behavior was included in appropriate areas to directly show how it impacted or is impacted by a specific health condition or issue.

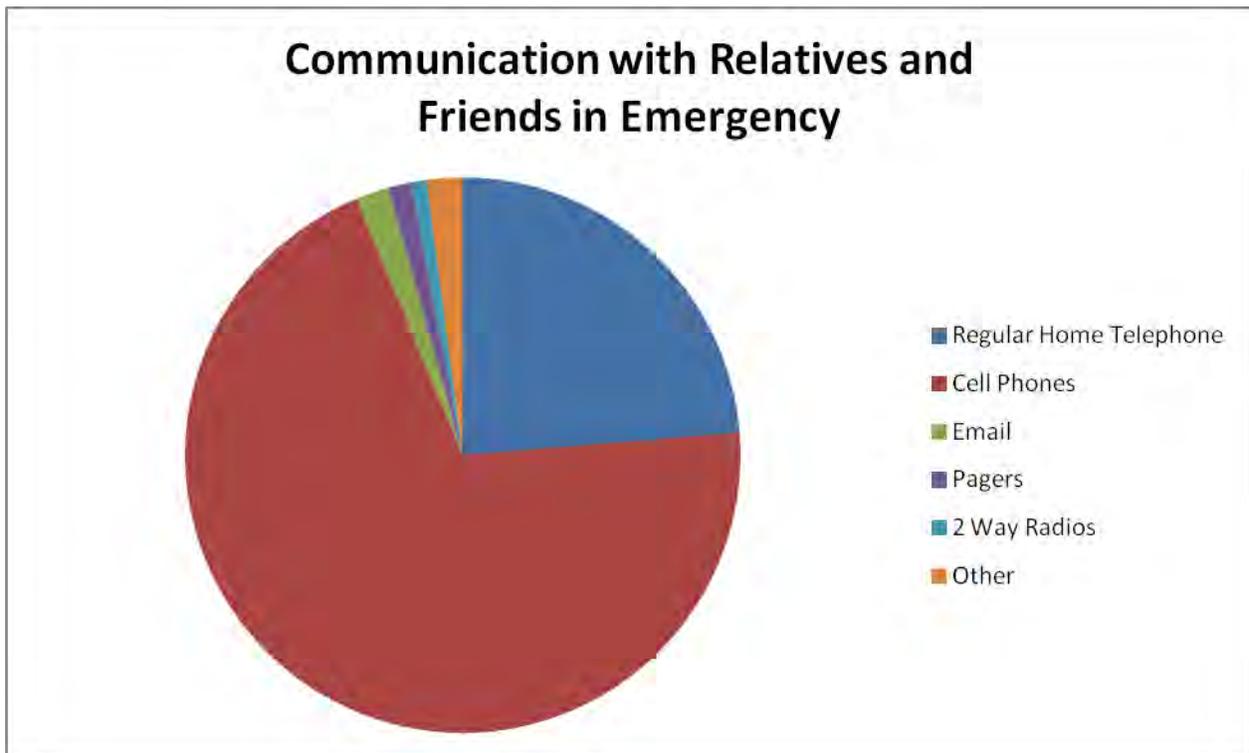
Emergency Preparedness

Issues related to emergency preparedness were not ranked high by those participating in the Public Survey or the Key Informant interviews.

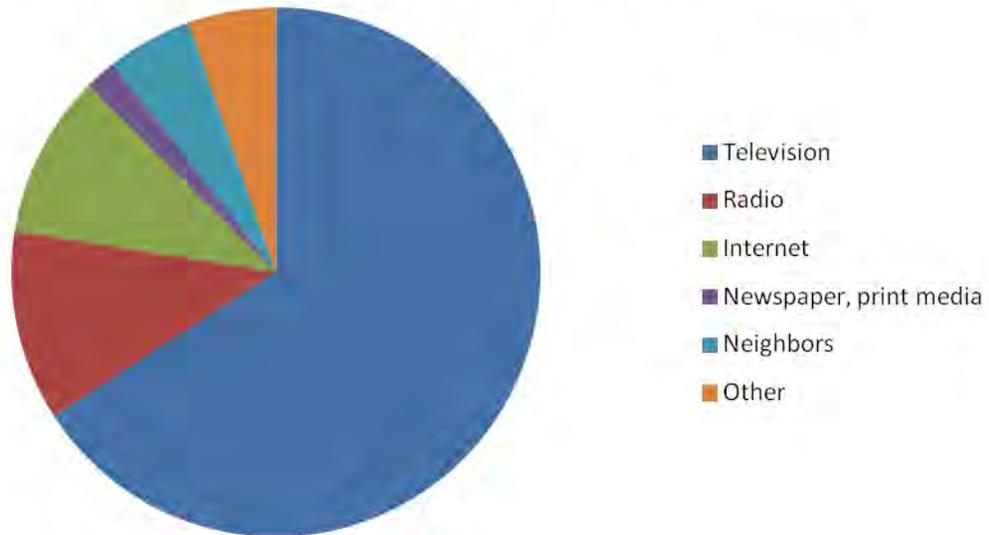
Participants in the Public Survey were asked to provide information on the following three questions:

- In a large scale disaster or emergency what would be your main method or way of communicating with relatives and friends? (Choose only one)
- What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (Choose only one)
- What would be the main reason you would not evacuate if asked to do so? (Choose only one)

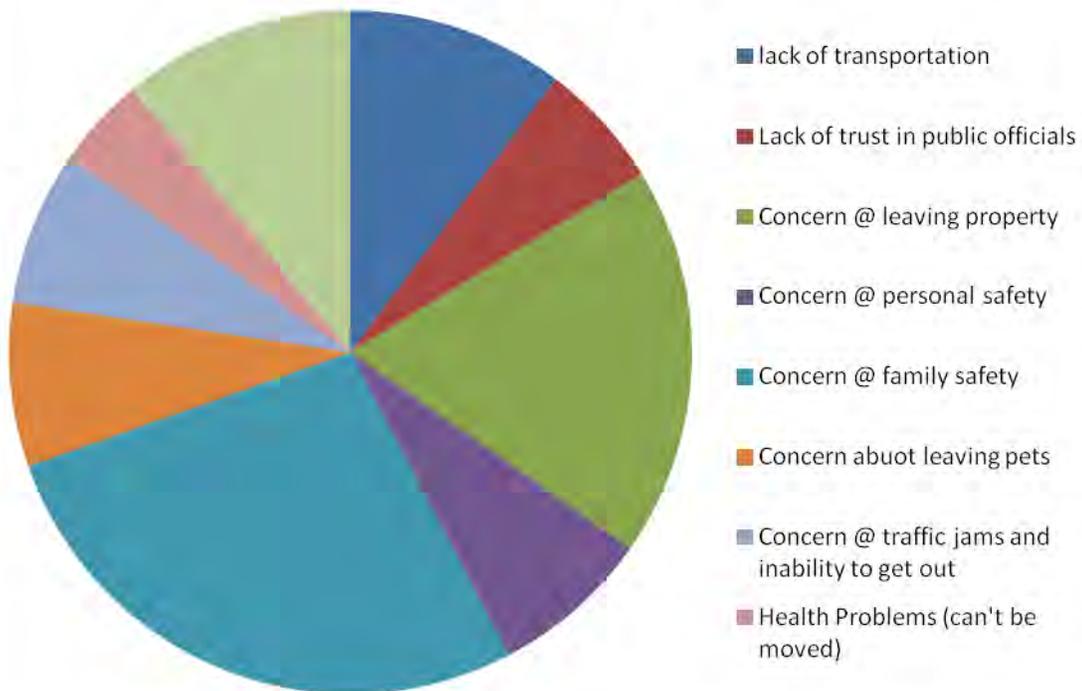
The following charts show the distribution of their responses.



Information Method in Disaster/Emergency



Main Reason Would Not Evacuate If Asked To Do So

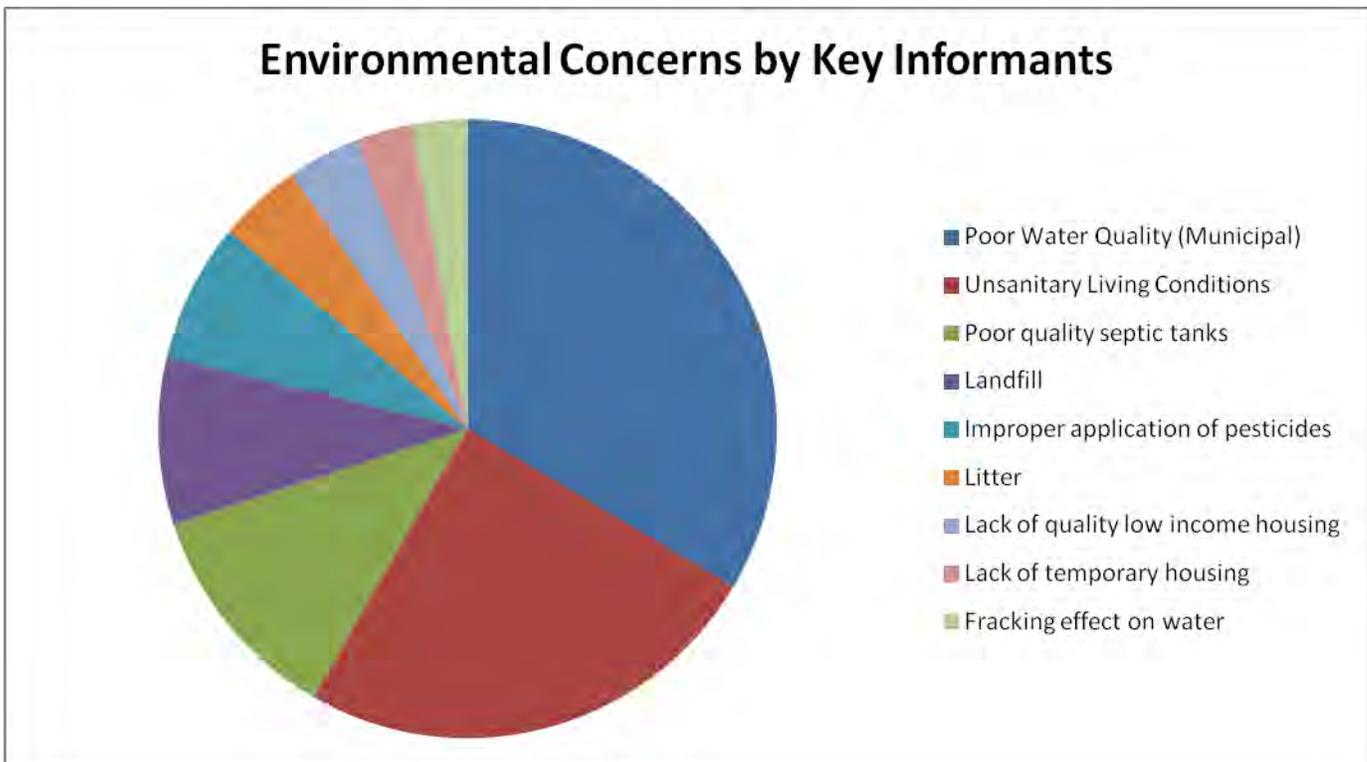


Physical Environment

The CHA research found that people in Anson County feel that environmental factors do not play an important part in their health, but that physical factors play a very large role.

41.7% of Key Informants said that they knew of no Environmental Concerns.

The following chart provides a picture of the Environmental Concerns mentioned by the Key Informants. All concerns that were mentioned by more than one person are included.



Land and Soil Pollution

Litter was the only environmental factor that ranked high in concern for the individuals participating in the research. It was the 8th highest Community Issue concern in the Public Survey. 76.6% of Public Survey participants said that Litter is a major problem (36.1% Major, 50.5% Somewhat). There was a consensus across race and gender.

48% of Public Survey participants said that Land & Soil Pollution are a problem (19.5% Major, 28.5% Somewhat). 50.2% of Females consider this a problem compared to 41.2% of Males.

59.4% of Public Survey participants said that Lack of Recycling is a problem (32.9% Major, 26.5% Somewhat). There was only a 1.4% difference between the opinion of Males and Females.

Key Informants mentioned the following concerns related to land, soil and litter when asked about Environmental Concerns.

- Poor quality septic tanks and use of outdoor privies – 8%
- Landfill – 6%
- Improper application of pesticides – 5%
- Litter – 3%
- Removing timber and not replacing - .9%
- Turkey/chicken waste as fertilizer - .9%
- Animal byproducts converted to feed - .9%
- Failure to care for/preserve natural resources - .9% (Note: .9% = 1 person)

The Registered Environmental Health Specialists of the Anson County Health Department conduct soil evaluations for new construction requiring onsite sewage disposal systems to determine soil suitability for installation; the evaluation addresses topography, soil characteristics, soil wetness, depth, restrictive horizons, space and setbacks. The REHS must also confirm that existing wastewater systems meet the current rules prior to issuing an Operations Permit for reuse or change of use.

Air Pollution

Anson County does not experience the air pollution problems of its neighboring counties to the East.

Air pollution was ranked at #30 out of 35 Community Issues in the Public Survey. 36.4% said that air pollution is Not a Problem; 18.8% said they Do Not Know; 15.9% said it is a Major Problem and 28.9% said it is Somewhat of a Problem.

None of the Key Informants mentioned air pollution as a concern.

Water Pollution

In the Public Survey Water Pollution was ranked 18th out of 35 Community Issues. 57.1% of survey participants said that water pollution is a problem (26% said Major, 31.1% said Somewhat). A slightly higher number of Males (+7.4%) than Females said that water pollution is a problem.

27 out of 115 Key Informants (23%) said that “Poor water quality, antiquated water pipes” is a Major Environmental Concern. This was the #1 Environmental Concern of the Key Informants. Other concerns related to water pollution mentioned by Key Informants include:

- Fracking effect on water – 2%
- Water runoff not treated properly - .9%
- Arsenic in rural wells - .9%

(Note: .9% = 1 person)

Anson County is served mainly by the Anson County Water System. The Towns are served by their own Water Distribution Systems. According to the 2011 Annual Water Quality Report the source of Anson County Water is Blewett

Falls Lake on the Pee Dee River which is part of the Yadkin Pee Dee River Basin. All of the towns in the County with water distribution systems (Ansonville, Lilesville, Morven, Peachland and Polkton) except Wadesboro get their water from Anson County Water System. The primary source of water for the Town of Wadesboro Water System is the Wadesboro Municipal Lake; Wadesboro only uses Anson County Water System as an emergency source. All of the Water Systems are compliant with State and EPA requirements.

The Anson County Health Department conducts water sampling and testing for coliform bacteria and inorganic chemicals of wells in the County by request. Most residences and commercial buildings in the County are served by one of the Water Systems in the County so there are very few wells used for drinking water; since 2008, there have been only 43 permitted residential wells installed in Anson County. If the Health Department finds elevated levels of any contaminate in a well the owner is informed and the risks are explained. However, it is up to the owner whether they will use the well or not. Some samples have shown elevated levels of arsenic, but not to the extent of Anson County’s western neighbor Union County.

All new onsite wastewater disposal systems are inspected by Registered Environmental Health Specialists of Anson County Health Department before an Operations Permit is issued. The initial statutes governing sewage treatment and disposal systems became effective July 1, 1982; rules were last amended effective April 17, 2002. Many systems in Anson County were installed prior to the date of these rules.

The Environmental Health Division of Anson County Health Department is also responsible for handling complaints, such as failing sewage disposal systems, water contamination, food handling establishment concerns, etc. The REHS works with the individual or business that is causing the problem and is authorized to take legal action if the complaint is not resolved.

The following table provides most of the fees charged by the Environmental Health Division of the Anson County Health Department.

Service	Fee
Lot Evaluation	\$150
LPPS Design	\$100
Revisit/Layout Change	\$100
Connection Permit	\$75
Expansion of Existing System	\$100
Annual Mobile Home Park Fee	\$100
Annual Swimming Pool Permit	\$50
Swimming Pool Plan Review	\$100
Annual Tattoo Parlor Permit	\$500
New Food Service Establishment Plan Review	\$200
Existing Food Service Establishment Plan Review	\$100
Well Water Sample: Coliform, Inorganic Chemical	\$25
Well Permit	\$250
Impoundment Fee per Day	\$3

Health Safety

Health safety in restaurants, child care centers and other public places was not mentioned as a concern by anyone during the CHA research.

Anson County Health Department conducts all state mandated sanitation inspections and grading of food handling establishments, child care centers, hospitals, nursing homes, tattoo parlors, residential care facilities, swimming pools, etc. Details on the fees are provided in the Resource Directory and in the previous section.

Living Conditions

During interviews with Key Informants, 20 of the 115 (17%) said that the unsanitary living conditions and substandard housing of some of the residents is a major Environmental Concern. Key Informants from the Mental Health Care and Education areas related personal experiences of seeing people living in virtual squalor. Following are some of the conditions they have seen:

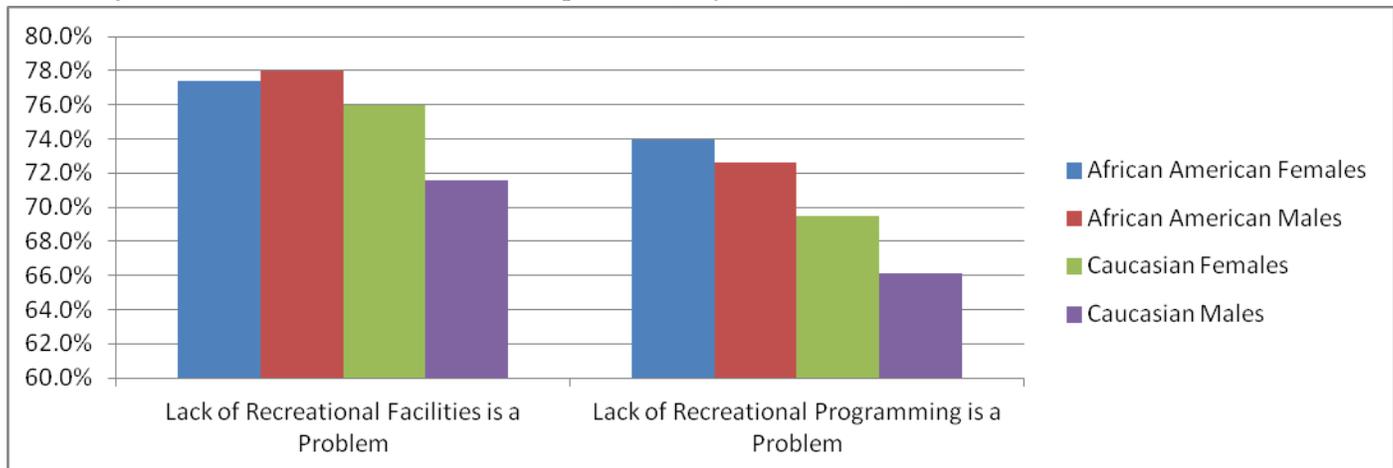
- People “squatting” in vacant homes that have no electricity or water
- Homes that do not have indoor toilet facilities
- Homes that have no heat and have little or no insulation
- Children coming to school in unclean states

There were no questions in the Public Survey that directly addressed this issue.

Healthy Life Components

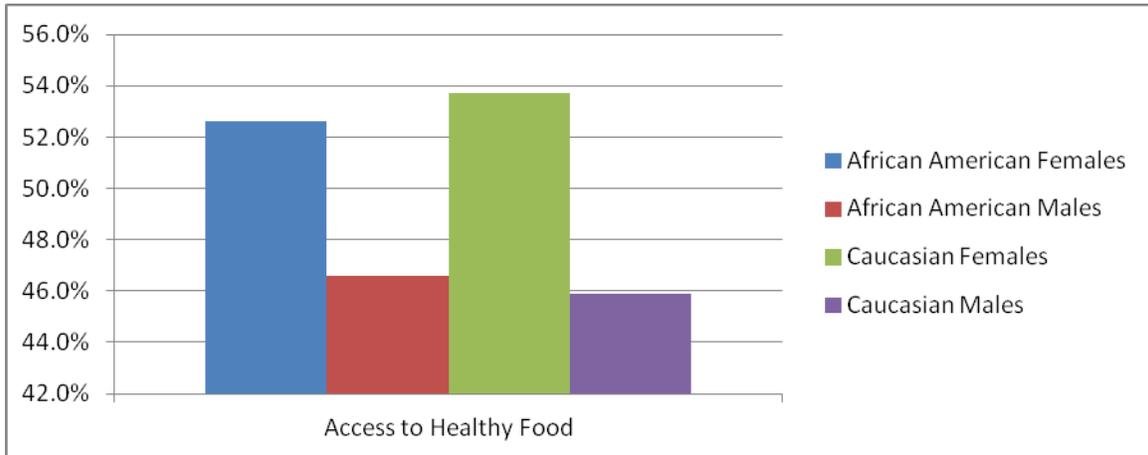
The two priorities of the CHA Advisory Group are Obesity and Diabetes. Both conditions are directly impacted by physical activity. Therefore, the accessibility of healthy life-style components – recreation facilities, recreation programming and healthy foods are important factors to the health situation in Anson County.

Participants in the Public Survey ranked “Lack of Recreational Facilities” as the 3rd highest Major Problem out of 35 Community Issues. “Lack of Recreational Programming” was ranked #6. The following charts show a breakdown by race and gender of who think these issues are a problem (Major or Somewhat).



Slightly more people feel that the Lack of Recreational Facilities is more of a problem than Lack of Recreational Programming.

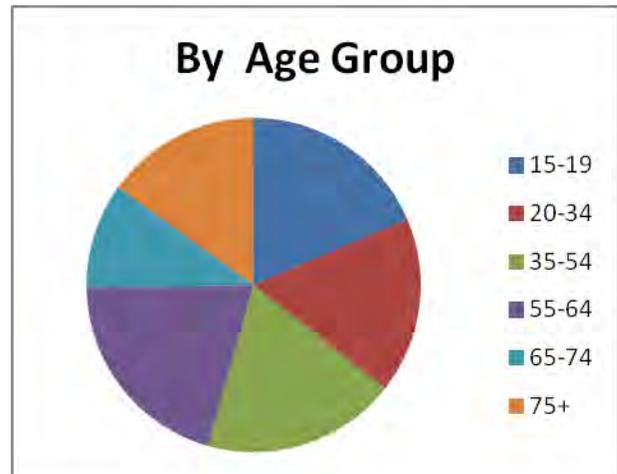
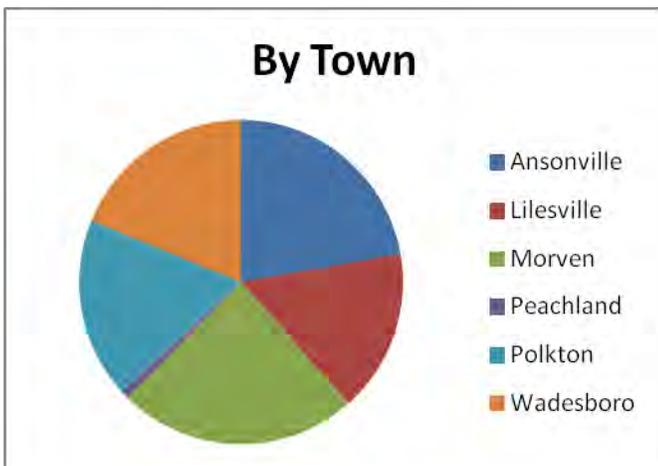
In the Public Survey 51.1% of participants said the Access to Healthy Food is a problem (Major or Somewhat) Following is a chart that shows the breakdown by race and gender of those who think it is a problem.

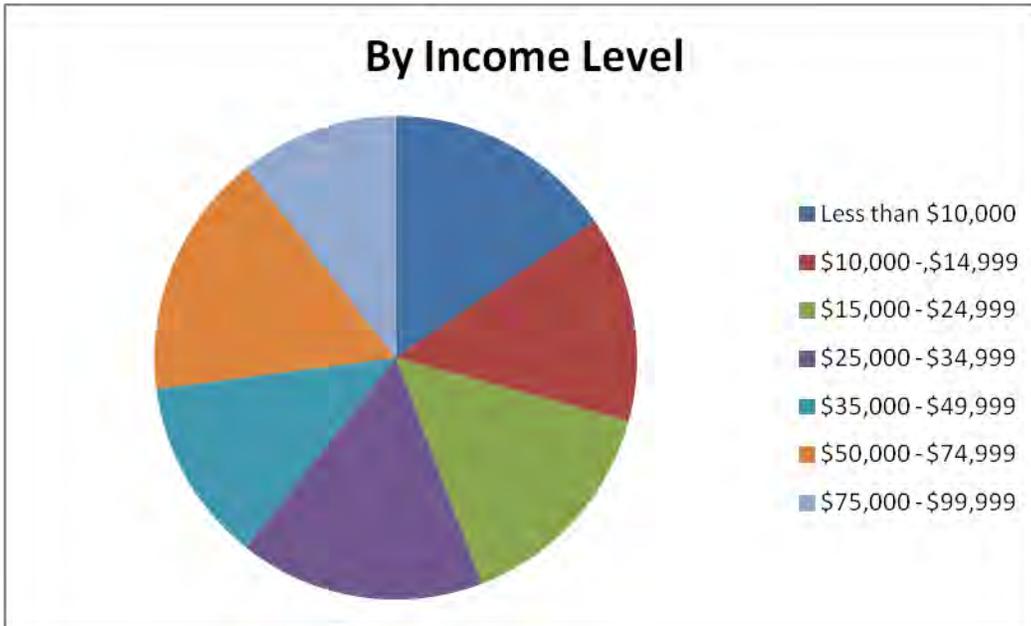


This chart shows that women feel more strongly that Access to Healthy Food is a problem than do men.

The following charts provide the breakdown by town, age and income level on these 3 healthy life component issues. Each pie chart shows the percentage of a population segment (i.e., percentage of respondents in Ansonville, percentage of 35-54 year old respondents or percentage of respondents with household income of \$25,000 to \$34,999) that thinks these are a Major Problem.

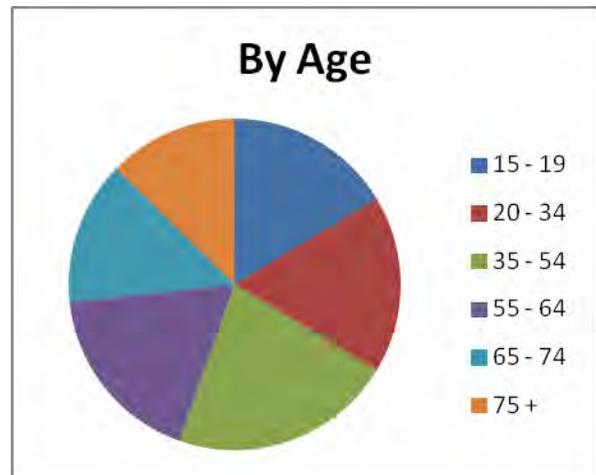
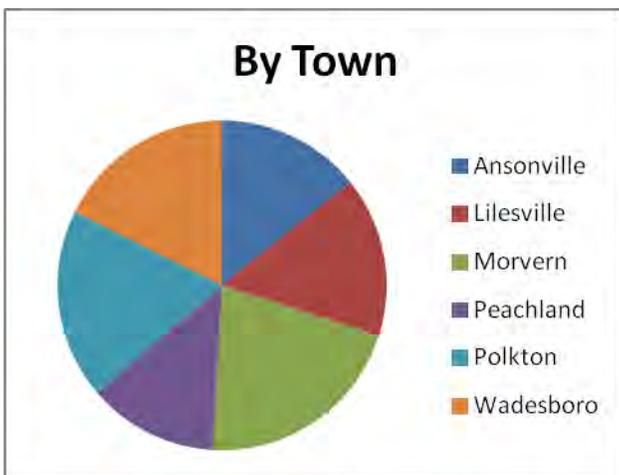
Access to Healthy Food

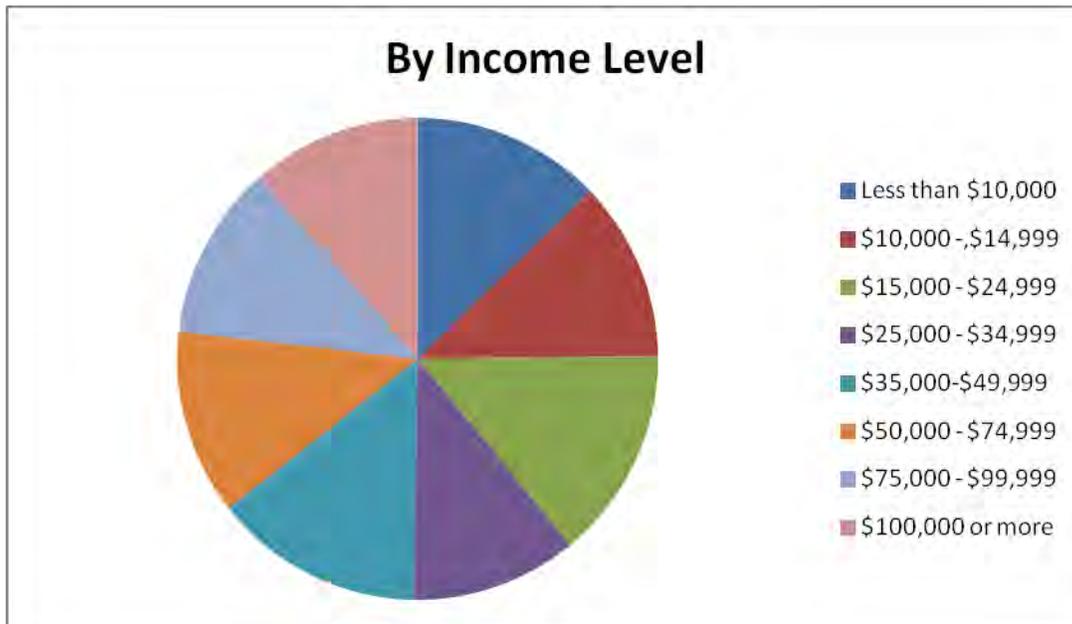




Except for survey respondents in Peachland, all population groups (town, age group, and income level) have a similar number of people who think that Access to Healthy Food is a Major Problem.

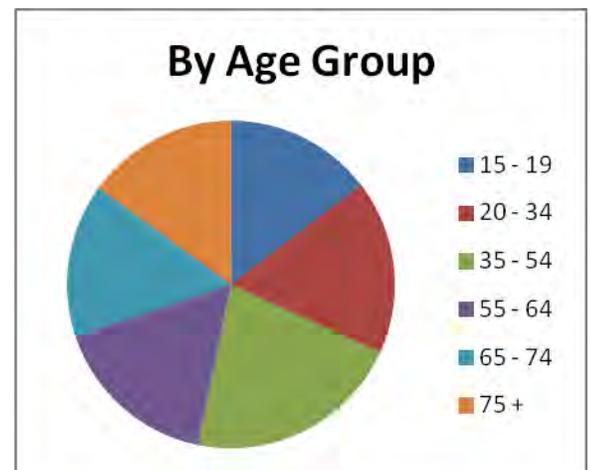
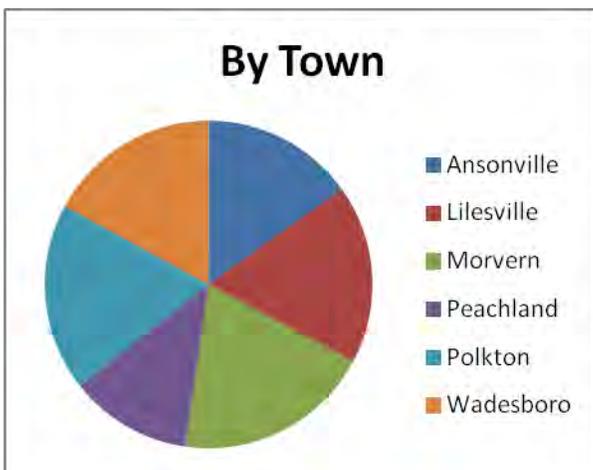
Lack of Recreational Facilities





There is no single population (age group, town, income level) that feels more strongly about the need for more Recreational Facilities than the other group. These charts confirm that it is a consensus.

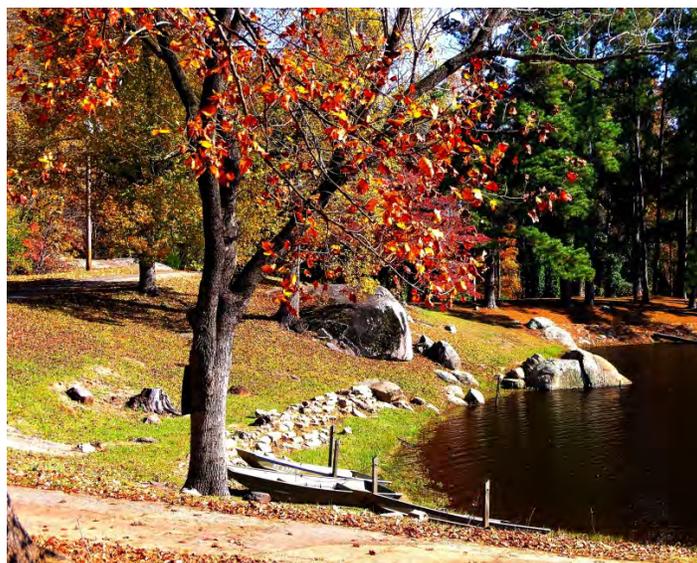
Lack of Recreational Programming





The survey responses about Lack of Recreational Programming being a Major Problem are fairly uniform throughout the various populations (town, age group, income level).

Because the opinion about the need for and improvement in the availability of the 3 healthy life-style components is fairly consistent among the towns, all age groups and all income levels this issue can be considered a genuine problem. Because a healthy life-style directly relates to the priority issues (Obesity and Diabetes) agreed upon by the CHA Advisory Group, these issues are elevated in importance to the overall health assessment of Anson County.



Key Informants were asked if Healthy Life Components (healthy foods, fitness facilities/programs, etc.) are readily available in the County. Following is a summary of their comments on this topic:

- 23% said that the available fitness facilities are too costly for many people
- 19% said it is too costly for many people to eat healthy
- 15% said NO
- 14% said YES
- 10% said there are not enough fitness facilities
- 9% said that physical activity and healthy food are not convenient and options are limited
- 8% said that there is no YMCA or similar facility
- 7% said people need more education on the benefits of Healthy Food
- 6% said there is too much fast food available in the County
- 4% said the County needs more physical fitness for kids in schools
- 2.6% said that people don't have transportation to take advantage of recreational and healthy food resources

Additional information on the wellness, fitness and healthy food resources in the County are provided in the Obesity section of this report under Mortality. Details on all the sources of fitness and healthy food are provided in the Resource Directory included at the end of the report.



Chapter 5

Prevention and Health Promotion

Information on prevention and health promotions are provided throughout this document.

- Information on screenings available and the use of these screenings is provided in the sections on Obesity, Diabetes, Sources of Health Care and the Resource Inventory.
- Information on Educational and Promotional Programs is provided primarily in the Resource Operational Directory.
- Information on Community Support for Healthy Behaviors is provided the sections on Obesity, Diabetes, STDs and the Resource Directory.

The Anson County Health Department has a grant from the Kate B Reynolds Foundation to finance a Family Nurse Practitioner position for two years. The grant money has also been used to purchase medical equipment that expanded the services of the Health Department.



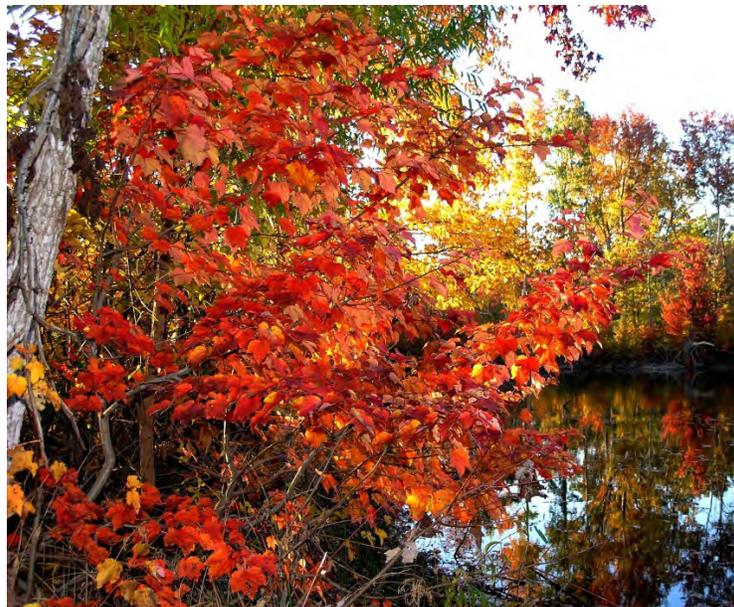
Chapter 6

Community Concerns and Priorities

The CHA Advisory Group has chosen Obesity and Diabetes as their priorities and will develop community plans to address these issues and reduce their incidence. Detailed information on the statistics and public input that made it clear these should be the priorities is included in the sections on Obesity and Diabetes.

The following are additional reasons the CHA Advisory Group chose these two as priorities:

- Obesity has a direct impact on health issues that have chronically been a problem in Anson County:
 - Cardio/Heart Disease
 - Hypertension
 - Stroke
 - Diabetes
- Diabetes is related to Obesity and has caused a high rate of Kidney Disease especially in those under 50.
- If these two areas are addressed and improved they will have a larger more far reaching impact on the overall health of Anson County citizens.
- Proper addressing these two health situations will lead to a healthier life-style for individuals which will in turn improve other unhealthy choices and activities such as:
 - Tobacco Use
 - Substance Abuse
 - Risky sexual behavior
 - Physical inactivity
 - Consumption of unhealthy foods
 - Ignoring preventive health care



**Following is the
Public Survey Instrument
Used by Anson County Health Department**

DO NOT PHOTOCOPY

**Anson County Community Health Assessment
Survey 2012**

DO NOT PHOTOCOPY

Anson County residents older than 14 years old are asked to complete the following survey. North Carolina requires each county to conduct a community health assessment every four years. This information is used 1) to learn more about the health and quality of life in the county, 2) to identify needs in the community, 3) to determine the community's view of these needs, and 4) to access grant funds. The results of this anonymous survey will be compiled and the community health assessment will be written using this information; the document will be available on January 2, 2013.

Fill in **one** circle for each quality of life statement.

<u>QUALITY OF LIFE STATEMENTS</u>	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. There are enough jobs & opportunities to move up in Anson County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Anson County is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Anson County is a good place to grow older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People in Anson County can get good health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Anson County is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following are health problems that impact communities. Please give your opinion of their impact in Anson County. Fill in **one** circle for each health problem.

<u>HEALTH PROBLEMS</u>	Major Problem	Somewhat of a Problem	Not a Problem	Don't Know
1. Prescription Drugs Abuse of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcohol Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Birth Defects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cerebrovascular Disease (stroke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Illegal Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Inactivity/Lack of Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Infectious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diseases (flu, cold, etc.)					
12.	Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Lung Diseases (COPD, Asthma, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Motor Vehicle Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Neurological Diseases (Alzheimer's, MS, MD, Parkinson's, epilepsy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Obesity/Overweig ht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>HEALTH PROBLEMS, cont.</u>		Major Proble m	Somewha t of a Problem	Not a Proble m	Don't Kno w
18.	Other Injuries (drowning, choking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Sexually Transmitted Diseases (STDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Teenage Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Tobacco Use/Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following are community issues that impact a community. Please give your opinion of their impact in Anson County. Fill in **one** circle for each community issue.

<u>COMMUNITY ISSUES</u>		Major Proble m	Somewh at of a Problem	Not a Proble m	Don' t Kno w
1.	Access to Adult Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Access to Adult Day Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Access to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Access to Dental Care - Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Access to Dental Care - Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Access to Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Access to Healthy Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Access to Higher Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Access to In-Home Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Access to Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Services					
11. Health Services	Access to Mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Care	Access to Prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Air Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Bioterrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Neglect (physical, emotional & sexual)	Child Abuse &	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. assault, rape, etc.)	Crime (murder,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. etc.)	Crime (theft, robbery,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Neglect	Elder Abuse &	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Foreclosures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. ble Housing	Inadequate/Unaffordab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Health Insurance	Lack of/Inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Facilities	Lack of Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Programming	Lack of Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	Lack of Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	Lack of Recycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	Land & Soil Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	Litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. (K-12)	Quality of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	Quality of Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>COMMUNITY ISSUES, cont.</u>		Major Problem	Somewhat of a Problem	Not a Problem	Don't Know
34. employment	Unemployment/Under	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	Water Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EMERGENCY PREPAREDNESS

The following are emergency preparedness issues that impact a community. Please give your opinion of their impact on your family and you. Fill in **one** circle for each emergency preparedness issue.

1. In a large scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (Choose only **one**)

<input type="radio"/>	Regular Home Telephones	<input type="radio"/>	Email	<input type="radio"/>	2-Way Radios
<input type="radio"/>	Cell Phones	<input type="radio"/>	Pagers	<input type="radio"/>	Other

2. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (Choose only **one**)

<input type="radio"/>	Television	<input type="radio"/>	Internet	<input type="radio"/>	Neighbors
<input type="radio"/>	Radio	<input type="radio"/>	Newspaper, print media	<input type="radio"/>	Other

3. What would be the main reason you would not evacuate if asked to do so? (Choose only **one**)

<input type="radio"/>	Lack of Transportation	<input type="radio"/>	Concern about Personal Safety	<input type="radio"/>	Concern about Traffic Jams & Inability to Get Out
<input type="radio"/>	Lack of Trust in Public Officials	<input type="radio"/>	Concern about Family Safety	<input type="radio"/>	Health problems (could not be moved)
<input type="radio"/>	Concern about Leaving Property Behind	<input type="radio"/>	Concern about Leaving Pets	<input type="radio"/>	Other

PERSONAL HEALTH

1. **Where do you get most of your health-related information? (Choose only one)**

<input type="radio"/>	Books/Magazines	<input type="radio"/>	Church	<input type="radio"/>	Doctor/Nurse
<input type="radio"/>	Friends & Family	<input type="radio"/>	Telephone Help Lines	<input type="radio"/>	Hospital
<input type="radio"/>	Internet	<input type="radio"/>	Pharmacist	<input type="radio"/>	Radio/TV
<input type="radio"/>	School	<input type="radio"/>	Health Department	<input type="radio"/>	Mailings

2. **Where do you go most often when you are sick or need advice about your health? (Choose only one)**

<input type="radio"/>	Doctor's Office	<input type="radio"/>	Health Department	<input type="radio"/>	Mental Health Services
<input type="radio"/>	Hospital/ER	<input type="radio"/>	Urgent Care Center	<input type="radio"/>	ARMS

3.	Do you have health coverage?	NO	YES
a)	Insurance	<input type="radio"/>	<input type="radio"/>
b)	Prepaid plan (HMO, etc.)	<input type="radio"/>	<input type="radio"/>

c)	Medicare	<input type="radio"/>	<input type="radio"/>
d)	Medicaid	<input type="radio"/>	<input type="radio"/>
4. Have you ever been told by a doctor that you have one or more of the following conditions?			
a)	Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>
b)	Arthritis	<input type="radio"/>	<input type="radio"/>
c)	Asthma	<input type="radio"/>	<input type="radio"/>
d)	Cancer	<input type="radio"/>	<input type="radio"/>
e)	Depression or anxiety disorder	<input type="radio"/>	<input type="radio"/>
f)	Diabetes (not during pregnancy)	<input type="radio"/>	<input type="radio"/>
g)	Heart Disease	<input type="radio"/>	<input type="radio"/>
h)	High Blood Pressure/Hypertension	<input type="radio"/>	<input type="radio"/>
i)	High Cholesterol	<input type="radio"/>	<input type="radio"/>
j)	Osteoporosis	<input type="radio"/>	<input type="radio"/>
k)	Stroke	<input type="radio"/>	<input type="radio"/>
5. Are you on medication for any of the above conditions?		<input type="radio"/>	<input type="radio"/>
6. In the past 7 days, have you:			
a)	Participated in a physical activity to benefit your health?	<input type="radio"/>	<input type="radio"/>
b)	Drank one or more alcoholic beverages?	<input type="radio"/>	<input type="radio"/>
c)	Used any form of tobacco?	<input type="radio"/>	<input type="radio"/>
d)	Used illegal drugs or abused medication(s)?	<input type="radio"/>	<input type="radio"/>
7. What preventive screening have you had in the past year?		NO	YES
a)	Blood Pressure	<input type="radio"/>	<input type="radio"/>
b)	Blood Sugar	<input type="radio"/>	<input type="radio"/>
c)	Cholesterol	<input type="radio"/>	<input type="radio"/>
d)	Colonoscopy	<input type="radio"/>	<input type="radio"/>
e)	Dental	<input type="radio"/>	<input type="radio"/>
f)	Hearing	<input type="radio"/>	<input type="radio"/>
g)	Vision	<input type="radio"/>	<input type="radio"/>
8. Do you consider your dietary habits to be generally healthy?		<input type="radio"/>	<input type="radio"/>
9. What preventive screening have you had in the past year? (Mark all that apply)			
Women only answer:			
a)	Mammogram	<input type="radio"/>	<input type="radio"/>

b)	Pap Smear	<input type="radio"/>	<input type="radio"/>
c)	Self Breast Exam	<input type="radio"/>	<input type="radio"/>
Men only answer:			
d)	PSA (prostate cancer screening)	<input type="radio"/>	<input type="radio"/>
e)	Digital Rectal Exam	<input type="radio"/>	<input type="radio"/>

Barriers to Health & Human Services

1. Which of the following are barriers for you to use existing health services? Fill in one circle for each barrier.		NO	YES
a)	Health insurance.	<input type="radio"/>	<input type="radio"/>
b)	Insurance covers needed services.	<input type="radio"/>	<input type="radio"/>
c)	Deductible and/or co-pay is too high.	<input type="radio"/>	<input type="radio"/>
d)	Doctor's office accepts my insurance or Medicaid.	<input type="radio"/>	<input type="radio"/>
e)	Hospital accepts my insurance.	<input type="radio"/>	<input type="radio"/>
f)	Transportation available.	<input type="radio"/>	<input type="radio"/>
g)	Information on where to get health care services.	<input type="radio"/>	<input type="radio"/>
h)	Information on where to get mental health care services.	<input type="radio"/>	<input type="radio"/>

Demographics

1.	Residence zip code:		
	a) 28007 (Ansonville)		<input type="radio"/>
	b) 28091 (Lilesville)		<input type="radio"/>
	c) 28102 (McFarlan)		<input type="radio"/>
	d) 28119 (Morven)		<input type="radio"/>
	e) 28133 (Peachland)		<input type="radio"/>
	f) 28135 (Polkton)		<input type="radio"/>
	g) 28170 (Wadesboro)		<input type="radio"/>
	h) Other _____		<input type="radio"/>
2.	Gender:		
	a) Female		<input type="radio"/>
	b) Male		<input type="radio"/>
3.	Your primary racial or ethnic identity:		
	a) African American/Black		<input type="radio"/>
	b) American Indian		<input type="radio"/>
	c) Asian		<input type="radio"/>
	d) Caucasian/White		<input type="radio"/>
4.	Hispanic/Latino		<input type="radio"/>

5.	Age Group	
	a) 15-19	<input type="radio"/>
	b) 20-34	<input type="radio"/>
	c) 35-54	<input type="radio"/>
	d) 55-64	<input type="radio"/>
	e) 65-74	<input type="radio"/>
	f) 75 or older	<input type="radio"/>
6.	Mark the highest	
	grade or year of school you <u>completed</u>.	
	a) Never attended school or only attended kindergarten	<input type="radio"/>
	b) Grades 1 through 8	<input type="radio"/>
	c) Grades 9 through 11 (some high school)	<input type="radio"/>
	d) Grade 12 or GED (high school graduate)	<input type="radio"/>
	e) College 1 to 3 years (some college or technical school)	<input type="radio"/>
	f) Graduated from community college or technical school	<input type="radio"/>
	g) Graduated from college with undergraduate degree	<input type="radio"/>
	h) Graduated from college with Masters degree	<input type="radio"/>
	i) Graduated from college with Doctoral degree	<input type="radio"/>
7.	Marital status	
	a) Single/Never Married	<input type="radio"/>
	b) Married	<input type="radio"/>
	c) Divorced	<input type="radio"/>
	d) Separated	<input type="radio"/>
	e) Widowed	<input type="radio"/>
8.	Total persons in	
	household	
	a) 1-person household	<input type="radio"/>
	b) 2-person household	<input type="radio"/>
	c) 3-person household	<input type="radio"/>
	d) 4-or-more person household	<input type="radio"/>
9.	Total household	
	income per year:	
	a) Less than \$10,000	<input type="radio"/>

b)	\$10,000-\$14,999	<input type="radio"/>
c)	\$15,000-\$24,999	<input type="radio"/>
d)	\$25,000-\$34,999	<input type="radio"/>
e)	\$35,000-\$49,999	<input type="radio"/>
f)	\$50,000-\$74,999	<input type="radio"/>
g)	\$75,000-\$99,999	<input type="radio"/>
h)	\$100,000 or more	<input type="radio"/>

Thank you very much for participating in this very important community health assessment. Please return this completed survey to the facilitator or Evonne Burr, Anson County Health Department.

Mail to: Evonne Burr
 Anson County Health Department
 110 W. Ashe Street/PO Box 473
 Wadesboro, NC 28170

Fax to: Evonne Burr
 704-694-9067



Anson County Health Department

**Following is the
Resource Inventory Instrument
Used by the Project Facilitator**

Health and Wellness Resource

Date filled out:

Completed by:

	Agency		Health Care Provider		Health Care Facility
	Organization		Other (write in)		

Resource Name:

Resource Address:

Information on Resource Person providing the information

Name:

Title:

Email:

Phone:

Contact Information on Resource:

Website:

Phone:

Info Email:

Mailing Address (if different from Physical Address):

Services Provided by Resource:

If Resource offers any free or sliding scale services, describe:

Accept Medicare?		Accept Medicaid?	
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Resource is available:

Days (i.e. M-F, 7 days)		Hours (i.e. 9 am – 5 pm)	
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Population Served: (i.e. whole county, children, etc.)

Number of patients, clients served (preferably actual count, but estimate is acceptable). Use the most appropriate from the following list:

Average per day:		Average per week:		Average per month:	
Number provided is actual count:		Number provided is estimate:			

How do County residents learn about the Resource and its services?

What primarily attracts patients, clients to the Resource?

What are the barriers for accessing the services of the Resource? How could more people get access?

How is the Resource funded? (i.e. patient/insurance pays, state funding, non-profit, etc.)

Likelihood of funding continuance. Any concerns with or problems about fundin



**Following is the
Key Informant Interview Instrument
Used by the Project Facilitator**

Key Informant Interview Form

Date Filled Out:

Completed by:

Category of Key Informant

<input type="checkbox"/>	Health Department	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	County Agency/Department
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	State Agency	<input type="checkbox"/>	Elected Official
<input type="checkbox"/>	Emergency Services	<input type="checkbox"/>	Education	<input type="checkbox"/>	Senior Care
<input type="checkbox"/>	Church/Religious Organization	<input type="checkbox"/>	Business/Industry	<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Children Organization/Child Care	<input type="checkbox"/>	Youth Leader	<input type="checkbox"/>	Community Leader
<input type="checkbox"/>	Other (explain):				

Key Informant:

Name:

Title:

Organization/Agency/Business/etc.:

Notes about Key Informant:

What are the major health concerns of the County? Why?

What are the environmental concerns of the County? What impact do they have on the residents?

What are the missing health resources in the County and what impact does this have on the residents?

Are healthy life components (healthy foods, fitness facilities/programs, health care) adequately available?

What are the major non-health related concerns/problems in the County? What impact does this have?

Other comments:

Appendices

- Appendix 1 - Resource Directory
- Appendix 2 - Resource Operational Directory
- Appendix 3 - Summary of Survey Responses of County
- Appendix 4 - Summary of Survey Responses by Town
 - Appendix 4.1 - Ansonville
 - Appendix 4.2 - Lilesville
 - Appendix 4.3 - McFarlan
 - Appendix 4.4 - Morven
 - Appendix 4.5 - Peachland
 - Appendix 4.6 - Polkton
 - Appendix 4.7 - Wadesboro