

2015 DAVIDSON COUNTY COMMUNITY HEALTH ASSESSMENT

Davidson County Health Department,
Novant Health Thomasville Medical
Center, and Wake Forest Baptist Health
Lexington Medical Center

*Report to
NCDPH*

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Thank you also to our community for completing the survey or contributing information in other ways.

Independent public health consultants Sheila S. Pfaender and Annika Pfaender-Purvis provided secondary data collection and analysis, primary data analysis, and report development services to produce the comprehensive *2015 Davidson County Community Health Needs Assessment: Secondary Data and Community Health Survey Report* which is the source document from which this report was derived.

The community health assessment process, source document, and final report were made possible by financial contributions from Novant Health Thomasville Medical Center, Wake Forest Baptist Health Lexington Medical Center, and the Davidson County Health Department.

EXECUTIVE SUMMARY

INTRODUCTION

The primary partners in the Davidson County Community Health Needs Assessment (CHNA) project were the Davidson County Health Department, Novant Health Thomasville Medical Center and Wake Forest Baptist Health Lexington Medical Center, with the health department supplying staff to coordinate the project. The primary partners contracted with an independent consultant for assistance in conducting the 2015 CHNA. The team's work culminated in a comprehensive CHNA report that was excerpted to create this report.

THE DAVIDSON COUNTY COMMUNITY

Davidson County is a large, primarily rural county located in the Piedmont region of NC. As elsewhere in much of NC, the Davidson County population is growing, but at a rate slower than the state as a whole (~13% vs. ~16%, respectively) in the decade 2010-2020.

Davidson County does have some degree of racial and ethnic diversity. In 2014, 9.4% of the population was African American, and 6.8% was of Hispanic origin, compared to NC averages of 22.1% and 9.0%, respectively. One noteworthy demographic aspect of the Davidson County population is its age. In 2014, the median age in the county was 42.1 years, almost four years "older" than the population for NC as a whole. The population of citizens age 65 and older is projected to grow by 55% between 2010 and 2030, at which point there will be an estimated 38,303 persons in that age group in the county.

Despite an economy that is improving nationally and locally, at least in terms of unemployment, poverty remains significant in Davidson County, especially among African Americans and children. The overall 100% poverty rate in Davidson County in 2009-2013 was 16.3%, 7% higher than in NC as a whole. However, the poverty rate among African Americans in the county in the same period was 34.4%, twice the overall rate and almost 2½ times the rate among whites. Among children in the county under the age of 5, the poverty rate for the same period was 31.1%, 91% higher than the overall rate. Poverty in Davidson County may relate to the high fraction of the workforce employed in job sectors (especially the nearly 12% employed in retail trade) paying relatively low wages and offering few benefits.

In 2013, 21.9% of the Davidson County population between ages 19-64 lacked health insurance of any kind. Children ages 0-18 fared considerably better, with only 6.1% uninsured, due largely to growing success in enrolling eligible Davidson County children in NC Health Choice, a health insurance program that enrolled 99% of eligible children as of January, 2013.

DAVIDSON COUNTY HEALTH OUTCOMES

According to results from the 2015 Davidson County Community Health Survey, approximately 12% of respondents reported being in "excellent" health, and almost 44% reported "good" health. Slightly under 9% deemed themselves in "poor" or "below average" health.

Life expectancy in Davidson County has improved overall. For persons born in 2011-2013, the overall life expectancy was 76.6 years, compared to 75.7 years in 1990-1992. Life expectancy in the African American community, despite continued poverty and poor health outcomes,

improved from 70.3 years in 1990-1992 to 75.1 years in 2011-2013. While life expectancy for males rose from 72.1 to 74.5 over the period described, gender-stratified mortality data shows that men in Davidson County have long had higher mortality rates than women for *all* leading causes of death except stroke and Alzheimer's disease.

Comparison of Davidson County health data over the past eight years has identified significant improvement in certain health parameters, such as the 15 leading causes of death. Between 2001-2005 and 2009-2013, mortality rates in the county declined overall for heart disease, total cancer, stroke, diabetes, pneumonia and influenza, unintentional motor vehicle injuries, septicemia, suicide, and homicide. *However*, mortality rates *increased* over the same period for chronic lower respiratory disease, Alzheimer's disease, unintentional non-motor vehicle injury, kidney diseases, and chronic liver disease. Among the leading causes of death, several demonstrate higher mortality rates for Davidson County African Americans than for whites: total cancer (+3%), stroke (+31%), Alzheimer's disease (+40%) and especially diabetes (+2.4 times).

Lifestyle factors and unhealthy behaviors contribute to mortality and the prevalence of chronic disease in Davidson County. For example, smoking is a known contributor to chronic lower respiratory disease. We have no definitive measured data on the prevalence of smoking in the overall Davidson County population, but according to results from the 2015 Davidson County Community Health Survey, 12% of the respondents reported being current smokers. (It should be noted that the survey sample was predominately female, relatively affluent, and well-educated.). Data on the frequency of smoking among expectant mothers shows that almost 19% of pregnant women in Davidson County in 2013 were smokers, a frequency almost double the state figure.

Lifestyle factors also contribute to prevalence and mortality for diabetes and heart disease, and their precursors. Overweight and obesity are among the most important of these factors. According to the CDC the prevalence of diagnosed adult obesity in Davidson County in 2012 was 30%, and had averaged 29% from 2006 through 2012. In the 2015 Davidson County Community Health Survey, over 43% of respondents self-reported having received a medical diagnosis of overweight/obesity.

Between 2001-2005 and 2009-2013, site-specific cancer mortality rates in Davidson County decreased overall for lung, breast, prostate, and colorectal cancers, and increased only for pancreas cancer. However, *incidence* rates increased overall for lung, prostate, breast and colorectal cancers. Since community cancer screening efforts sometime result in the identification of cancers that may not otherwise have been discovered, it will be important to identify if screening activities help account for these increases in cancer incidence.

Some parameters of maternal and infant health in Davidson County have improved since the last CHA. For example, the overall pregnancy rate for teens (girls ages 15 through 19) fell by 36% between 2010 and 2013, and the pregnancy rate for African American teens fell 38%. The frequency of smoking in pregnancy fell from 19.2 in 2011 to 18.6 in 2013, but still remains at a level almost twice the frequency statewide. The overall infant mortality rate in Davidson County fell 11% between 2006-2010 and 2009-2013, decreasing from 8.9 to 7.9. Infant mortality rates among African Americans in that period were technically unstable, but nevertheless were more than double the comparable rates for white, non-Hispanic infants.

DAVIDSON COUNTY POPULATIONS AT RISK FOR POOR HEALTH OUTCOMES

It would appear that the poor, the uninsured, African Americans (and other minorities), and males in Davidson County are at greater risk for poor health outcomes than their wealthy, insured, white, and female counterparts. Other vulnerable populations include people living in the rural parts of the county, who may have problems accessing health and human service resources. Populations at-risk for poor health outcomes relative to priority health topics are discussed later in this report.

DAVIDSON COUNTY HEALTH PRIORITIES

The Davidson County CHNA team used the results of extensive secondary data collection and analysis, a large community health survey, and results of stakeholder and community forums to establish community health priorities. The contracted consultant gave presentations of the results of secondary and primary data collection and analysis to (1) a gathering of stakeholders and (2) three community forums at which those present voted individually on their preferred, evidence-based priorities. The CHNA team tabulated the results.

The following were established as Davidson County's health priorities for the next three years (2016-2018):

- Overweight/obesity
- Smoking/tobacco use
- Mental health
- Chronic disease (especially heart disease and diabetes)
- Substance abuse

NEXT STEPS

Davidson County has many strengths and unmet needs. This report is an effort to provide a glimpse into the health challenges facing the community and to offer some direction on addressing these concerns. The information from this document will be widely shared and utilized to influence community health improvement planning across the community. The Davidson County Health Department, in collaboration with the members of the steering committee, will develop a community-wide communication plan to assure broad dissemination of this report. Municipal and county government, economic development committees, the Chamber of Commerce, the faith community, civic groups and community groups will be among those targeted. Ideally, these entities will actively seek and find ways to align their programs, services and resources to have the greatest impact on the identified health needs. The steering committee will also leverage existing workgroups and create new workgroups to determine further actions. More than likely, additional analysis of the issues and their underlying causes will be necessary to fully understand and respond to the communities disproportionately impacted by poor health and limited access to health services. By September 2016, these workgroups will develop community health improvement plans detailing strategies that will address priority issues. The committee will encourage collaborative planning among the various partners in Davidson County, thereby achieving the greatest impact in greater physical activity and healthier nutrition, improved access to care, and tobacco use prevention for the residents of Davidson County.

INTRODUCTION: THE COMMUNITY HEALTH ASSESSMENT PROCESS

OVERVIEW

Local public health agencies in North Carolina (NC) are required to conduct a comprehensive Community Health Assessment (CHA) at least once every four years. The CHA is a requirement in the consolidated agreement between the NC Division of Public Health (NCDPH) and the local public health agency. Furthermore, a CHA is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1). Not-for profit hospitals are required by the US IRS to conduct a similar Community Health Needs Assessment (CHNA) every three years, so many hospitals partner with local public health agencies to jointly complete the assessment task.

The primary partners in the 2015 Davidson County CHA/CHNA project were the Davidson County Health Department, Novant Health Thomasville Medical Center and Wake Forest Baptist Health Lexington Medical Center, with the health department supplying staff to coordinate the project. The primary partners contracted with an independent consultant for assistance in conducting the 2015 assessment. The team's work culminated in a comprehensive CHNA report that was excerpted to create this report.

The community health (needs) assessment, which is both a process and a document, investigates and describes the current health status of the community, what has changed since the last assessment, and what still needs to change to improve the health of the community. The *process* involves the collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, environmental data, and professional and public opinion. The *document* is a summary of all the available evidence and is a useful data resource until the next assessment. The completed assessment serves as the basis for prioritizing the community's health needs and culminates in planning to meet those needs.

The CHA/CHNA team coordinator worked with the consultant to develop a multi-phase plan for conducting the assessment. The phases included: (1) a secondary data research phase to identify, collect and analyze secondary demographic, socioeconomic, health, and environmental data; (2) a primary data research phase to collect and analyze data collected via an on-line community survey; (3) a data synthesis and analysis phase; (4) a period of data reporting and discussion among community stakeholders and the public, including issues prioritization exercises; and (5) a decision-making phase among partners. Upon completion of this work, the assessment partners and the community have the tools they need to develop plans and activities that will improve the health and well-being of the people living in Davidson County.

The consultant's comprehensive CHA/CHNA report that was excerpted to create this report is available on the Davidson County Health Department website at: www.dchdnc.com/.

TEAM SELECTION PROCESS

Involving a variety of people in the assessment process was vital to fully understand the community's perspective on health, determine what health issues the community deemed most important, and discern the perceptions held by Davidson County residents. The Davidson

County Health Department, Lexington and Thomasville Medical Centers, members from partner agencies, and community representatives formed the Davidson County Community Health Assessment Planning Team in 2015. Most of the Planning Team had participated in the 2012 Community Health Assessment and were veterans to the process. The Davidson County Health Department's Health Education Supervisor served as the Project Coordinator. This team worked very closely with the Davidson County Healthy Communities Coalition (DCHCC), composed of leaders and policymakers. This coalition acted as the Steering Committee for this assessment and included representation from various organizations and hospital officials from Lexington and Thomasville Medical Centers, reflecting a broad understanding of county characteristics and resources available.

TEAM OPERATIONAL PROCESS

The initial CHA team meeting/orientation was held in February 2015. CHA team members were provided a brief history of the CHA in Davidson County, oriented about the phases of the process along with a timeline for each phase, informed about the changes in requirements since the 2012 CHA, and made aware of the expectations of team members. In April 2015, the primary partners began work on developing the community health survey. Team meetings were held quarterly, along with communication in the interim via email and phone. The team was tasked with promoting the on-line community health survey from July 13, 2015 to August 14, 2015. By September 28, 2015, 961 surveys had been completed and the Public Health Consultant and her team analyzed the survey results. In October 2015, the consultant presented a summary of secondary data findings, and results from the community survey to an audience of community stakeholders and project partners and collaborators, who at that meeting each used the information presented, supplemented by their personal and organizational knowledge, to prioritize health issues in Davidson County. In November the consultant presented project findings at three community forums in disparate parts of the county and attendees further sharpened the original priority list. The community health survey and priorities methodology and results are discussed in detail in the consultant's comprehensive report, available on the health department website. The survey instrument is appended to this report.

COMMUNITY INPUT AND ENGAGEMENT

Collaboration between the Davidson County Health Department, Novant Health Thomasville Medical Center, Wake Forest Baptist Health Lexington Medical Center, and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, promoting and distributing the community health survey, participating in stakeholder interviews, and attending consultant presentations. Collaborators in the 2015 CHA/CHNA process in Davidson County include:

- ARC
- Cardinal Innovations Healthcare
- Center for Prevention Services
- Davidson County Community College
- Davidson County Cooperative Extension
- Davidson County Department of Social Services
- Davidson County Government
- Davidson County Health Department
- Davidson County Parks and Recreation

- Davidson County Schools
- Davidson County Senior Services
- Davidson Medical Ministries Clinic
- Daymark Recovery Services
- Family Services of Davidson County
- Hospice of Davidson County
- Lexington City Schools
- Lexington Parks and Recreation
- Lexington YMCA
- North Carolina Department of Transportation
- Novant Health Thomasville Medical Center
- Path of Hope
- Second Harvest Food Bank
- Smart Start of Davidson County
- Thomasville City Schools
- Thomasville Parks and Recreation
- Thomasville YMCA
- United Way of Davidson County
- Wake Forest Baptist Health Lexington Medical Center

DATA COLLECTION PROCESS

Most data referred to in the present document were derived, unless otherwise specifically noted, from the consultant's comprehensive report, *2015 Davidson County Community Health Needs Assessment: Secondary Data and Community Health Survey Report*, which is available on the Davidson County Health Department website. The consultant's *condensed* presentation of those data is appended to this report. The consultant's data collection process is described below.

In order to learn about the specific factors affecting the health and quality of life of Davidson County residents, the consultant tapped numerous readily available secondary data sources. For data on Davidson County demographic, economic and social characteristics, sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; NC Department of Public Instruction; NC Department of Justice; NC Department of Public Safety; NC Department of Administration; NC Division of Medical Assistance; NC State Board of Elections; NC Division of Health Services Regulation; the Cecil B. Sheps Center for Health Services Research; and the Annie E. Casey Foundation *Kids Count Data Center*. The consultant made every effort to obtain the most current data available at the time.

The primary source of health data for the consultant's comprehensive *2015 Davidson County Community Health Needs Assessment* report was the NC State Center for Health Statistics, including its County Health Data Books, and Vital Statistics and Cancer Registry units. Other health data sources included: US Centers for Disease Control and Prevention; NCDPH Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; National Center for Health Statistics; Healthy NC 2020; NCDPH Nutrition Services Branch; UNC Highway Safety Research Center; NC Department of Transportation; and the NCDPH Oral Health Section, among other *public domain* sources. Other important *local* health data sources included Davidson County Health Department (which provided service

utilization data) and the two hospitals in the county (which provided de-identified emergency department, in-patient hospitalization, and ambulatory surgery/procedure admissions data).

Because in any community health assessment it is instructive to relate local data to similar data in other jurisdictions, Davidson County data is compared to like data describing the state of NC as a whole, as well as data from Randolph County, NC, which was selected from the state-approved “peer county” list. In some cases Davidson County data is compared to US-level data or other standardized measures. Where appropriate, trend data was used to show changes in indicators over time, at least since the previous Davidson County CHA three years ago, but sometimes further back than that. Throughout the data collection process particular attention was given to identifying at-risk and vulnerable populations when the data was stratifiable according to age, gender or race/ethnicity.

Environmental data were gathered from public domain sources including: US Environmental Protection Agency, NC Department of Environment and Natural Resources Divisions of Air Quality and Waste Management, and the Section of Environmental Health in NCDPH.

Finally, it should be noted that as is typical in all time-limited activities such as community health assessment, all data were mined at points in time in the recent past and may not represent present conditions. Numbers, entity names, program titles, etc. that appear in the consultant’s report may no longer be current.

The consultant’s comprehensive report represents a topical synthesis of all the secondary data researched in connection with the 2015 Davidson County CHA/CHNA project, as well as data collected via the 2015 Davidson County Community Health Survey and consultant presentations/prioritization exercises. The consultant’s report was intended from the outset to serve as the master data resource for guiding community deliberations about the most important health issues in Davidson County. That comprehensive report is available on the Davidson County Health Department website at www.dchdnc.com. Selected data from the comprehensive report used to support the discussion in this document is attached, as *Appendix 1: Data Workbook*. The instrument used in the 2015 Davidson County Community Health Survey is attached as *Appendix 2: 2015 Davidson County CHA Community Health Survey Instrument*, and the consultant’s PowerPoint presentation summarizing the secondary data and community health survey results is attached as *Appendix 3: Consultant’s Presentation*.

DAVIDSON COUNTY: DEMOGRAPHIC, ECONOMIC AND SOCIOECONOMIC DATA FINDINGS

COUNTY DESCRIPTION AND HISTORY

Davidson County is a large, primarily rural county located in the Piedmont region of NC. It is bordered to the west by Davie and Rowan counties, to the north by Forsyth County, to the east by Randolph County and a small part of Guilford County, and to the south by Montgomery County. Davidson County is divided geopolitically into 18 townships and municipalities. Thomasville is the most populated city in the county and Lexington is the county seat.

Davidson County encompasses a land area of 552 square miles with 205 miles of paved roads, and 95% of Davidson County residents live within 10 miles of a four-lane highway. Major highways include Interstate Highway 85, US Highways 52 and 64, and NC Route 8. There is no major commercial airport in Davidson County, but Piedmont Triad International Airport in Greensboro and Charlotte/Douglas International Airport in Charlotte are accessible by major highways. The local Davidson County Airport serves commuter and recreational fliers. Davidson County is not a major stop on any passenger railway system (the closest stops are Winston-Salem and High Point) and there are no interstate bus lines within the county that offer passenger services.

With an elevation ranging between 760 and 810 feet above sea level, Davidson County enjoys a moderate year-round climate with an average annual temperature of around 60 degrees. Average annual precipitation is around 45 inches (1).

The Davidson County Health Department (DCHD) had its beginning in May 1, 1916 upon the appointment of the first “health officer” in the county. DCHD’s stated mission is to “assess, protect and promote the quality of life and health of all people within Davidson County”. Five municipalities, Denton, Lexington, Midway, Thomasville and Wallburg, are located within the county, with the two major population centers being Thomasville and Lexington, the county seat. This presents a unique challenge in that the county is often perceived as “divided” between the two towns rather than having one major municipality. There are two hospitals: Wake Forest Baptist Health Lexington Medical Center and Novant Health Thomasville Medical Center. The main provider of primary care services for the uninsured is Davidson Medical Ministries Clinic (DMMC).

Over recent years, Davidson County has experienced the loss of most of the textile and furniture manufacturing industry that had been the basis of economic stability for the county for generations. Many of the residents had for generations worked in these plants and earned a middle class income with limited education and training. Education in the community tended to be undervalued and with the loss of manufacturing jobs, thousands of workers found themselves with limited options for new careers. Many of these workers have since lost access to health insurance, which has had significant impacts on delivery of health services in the community. To a large extent, this need has driven new partnerships between the health department and nontraditional partners, and strengthened existing partnerships. DMMC provides primary care services and the need had become so great that it has surpassed DMMC’s capacity to accept new clients. DCHD has driven the initiative to address chronic disease, obesity, nutrition, physical activity and tobacco use in the county. Davidson County is

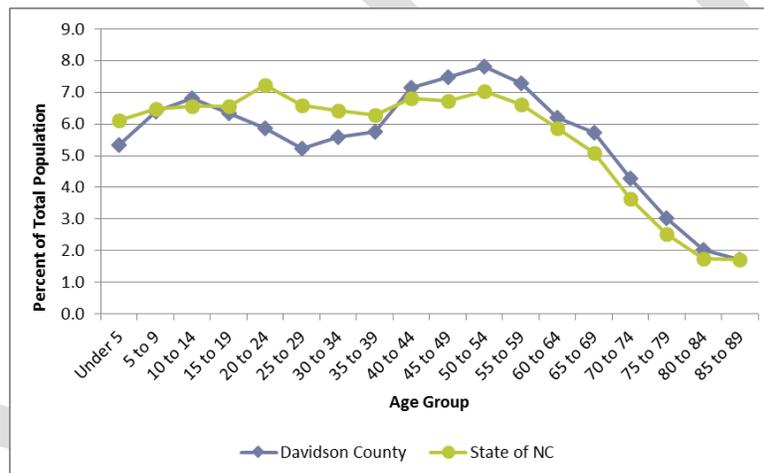
in a unique position to draw together key community leaders to collaborate on strategies and activities to improve the health of residents in the county.

DEMOGRAPHICS

According to the US Census Bureau data, the estimated population of Davidson County in 2014 was 164,072. The Davidson County population is far less diverse than the NC population overall: 86.9% white, 9.4% African American, and 6.8% Hispanic/Latino (compared to NC percentages of 75.1% white, 22.1% African American, and 9.0% Hispanic/Latino (2)).

In 2014 the median age in the county was 42.1 years, 3.9 years “older” than the population for NC as a whole. Furthermore, the graph of population distributions for Davidson County and NC shown below demonstrates how the Davidson County population has higher percentages of “older” residents, and lower percentages of several groups of “younger” residents, especially the 25-29 year-old age group, than NC (3).

Population Distribution, by Age Group



Source: US Census Bureau, American FactFinder, 2014 Population Estimates, PEPAGESEX: Annual Estimates of the Resident Population for Selected Age Groups by Sex. <http://factfinder.census.gov/>.

The “gap” in the number of persons of younger working age might indicate that employment opportunities in Davidson County are not sufficient to attract and/or keep young workers, since much of the “missing” age group is beyond college age. Its larger-than-NC average proportions of older residents should be of concern to the county, since this is a population group that tends to utilize health and human services at higher rates than younger age groups.

Exacerbating current concern about older segments of the population is projected growth in the population over the age of 65. According to figures from the NC Office of State Budget and Management, the population of persons age 65 and older in Davidson County is projected to grow from 23,388 at the time of the 2010 US Census to 38,303 by 2030, an increase of 64%. More specifically, between 2010 and 2030 the Davidson County population age 65-74 is projected to grow by 57%, the population age 75-84 by 76%, and the population over age 85 by 62% (4).

One concern in meeting the future, and perhaps even the current needs, of its elderly population is the relative dearth of beds in long-term care facilities in Davidson County. As of the September 2015 listing of NC-licensed long-term beds by the NC Division of Health Services Regulation, there were 488 beds in Adult Care Homes/Homes for the Aged, 22 beds in Family Care Homes, and 794 beds in Nursing Homes/Homes for the Aged that can provide skilled nursing, for a total of 1,304 beds (5). If the current number of long-term beds does not change, the ratio of beds to population over the age of 65 will worsen from 1:21 in 2014 to 1:29 by 2030.

An alternative to institutional care preferred by many disabled and senior citizens is to remain at home and use community in-home health and/or home aide services. As of September 2015, there were 18 NC-licensed home care, home health and hospice services in Davidson County (6). In addition, the Davidson County Department of Social Services provides limited home-care related services, data for which was not available for inclusion in this report. The fact of the growing elderly population in Davidson County points to closer investigation of the adequacy of current resources for this population group, and of new facilities and services that might be necessary to meet future needs.

ECONOMICS

The NC Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns a Tier Designation, where the 40 most distressed counties are Tier 1, the next 40 are Tier 2, and the 20 least distressed are Tier 3. In 2015, Davidson County was assigned Tier 2 Designation (7). With this Tier Designation, Davidson County is *not* eligible to offer the same economic incentives to prospective businesses as Tier 1 counties.

Income

Regardless of income category designation, incomes in Davidson County were below comparable state figures in 2013/2014. Projected 2014 *per capita personal income* in Davidson County (\$21,783) was \$3,501 lower than the comparable state average, and the projected 2014 *median household income* in the county (\$41,588) was \$4,746 lower than the comparable state average. Estimated 2013 *median family income* in Davidson County (\$54,218) was \$2,710 lower than the comparable state average (8). These differences are due partly to the proportion of low-wage earning persons in Davidson County, as described below.

Employment

In 2014, the employment sector in Davidson County that employed the largest percentage of the workforce (22%) was Manufacturing, with an average weekly wage of \$803. The second-largest proportion of the workforce was employed in the Retail Trade sector (12%) at an average weekly wage of \$470. Note that the retail trade sector includes many part-time workers, and many whose employers do not provide health benefits. In 2012, for all employment sectors, the average weekly wage per worker in Davidson County was \$818, \$116 (or 12%) less than the average weekly wage per worker statewide (9).

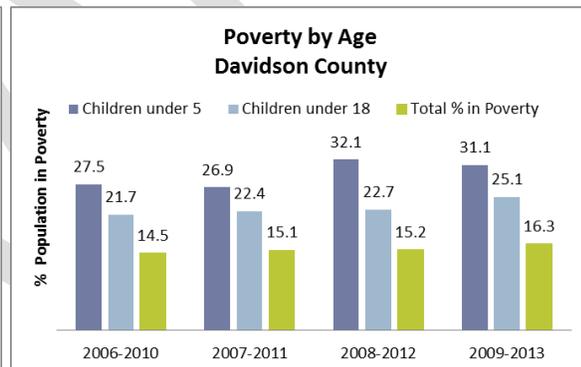
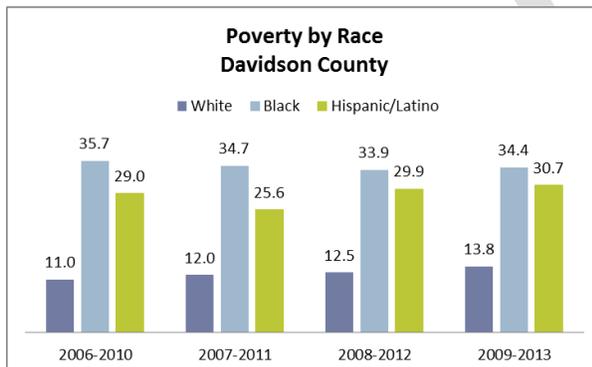
As elsewhere in NC, the unemployment rate in Davidson County (calculated by dividing the number of unemployed persons in the county by the number of people in the county's civilian labor force) accelerated abruptly between 2008 and 2009—from approximately 7% to about 13%—with the onset of the nation-wide economic recession. Unemployment in NC began to decrease significantly beginning in 2011, but in Davidson County, it began to improve earlier, by

2010. As of June, 2015, the unemployment rate was 5.9% in both Davidson County and NC (10).

In Davidson County and the state of NC, the overall annual poverty rate (100% level) is continuing to rise even as the unemployment rate has fallen. The current (2009-2013) Davidson County poverty rate, 16.3%, is the highest since 1970, despite that aggregate time period containing several years of falling unemployment rates (11).

As illustrated in the left-hand graph below, African Americans and Hispanics experience poverty at significantly higher rates than their white counterparts. In the 2006-2010 through 2009-2013 period, the poverty rate among blacks in Davidson County was from 2.5 to 3.2 *times* the comparable rate for whites, and the poverty rate among Hispanics in the county was from 2.1 to 2.6 *times* the rate for whites. In 2009-2013, the poverty rate for African Americans in Davidson County was 34.4%, and the comparable rate for Hispanics was 30.7% (12).

Another group that suffers disproportionately from poverty is children. As illustrated in the right-hand graph below, youth under the age of 18, and especially those under the age of 5, have higher poverty rates than the overall population. In the 2006-2010 through 2009-2013 period in Davidson County, the proportion of related children under age 18 living at or below the 100% poverty level ranged from 48% to 54% higher than the total (overall) poverty rate, and the proportion of children under age 5 living under the same circumstances ranged from 78% to 111% higher than the total poverty rate. In 2009-2013 the poverty rate for children under age 18 in Davidson County was 25.1% and the rate for children under age 5 was 31.1% (13).



Left-hand table: US Census Bureau, American Fact Finder, ACS 5-Year Estimates (years as noted). Table S1701: Poverty Status in the Past 12 Months (Counties as listed); <http://factfinder2.census.gov>.

Right-hand table: US Census Bureau, American Fact Finder, ACS 5-Year Estimates (years as noted). DP03: Selected Economic Characteristics (Counties as listed); <http://factfinder2.census.gov>.

Poverty can diminish all aspects of quality of life including health. The population in poverty is even more at risk for poor health outcomes if its members do not have health insurance. The uninsured population in Davidson County will be discussed more fully in the Health Resources section of this report.

SOCIOECONOMICS

Housing

Housing is often the largest expense for a household. A benchmark sometimes used to compare housing expense among communities is to cite the proportion of household units

spending 30% or more of total household income on housing. In 2009-2013, 47% of rental units and 32% of mortgaged units in Davidson County were paying 30% or more on housing, compared to figures of 51% and 32%, respectively, statewide. In the same period the estimated median monthly mortgage cost in Davidson County (\$1,141) was \$140 lower than the state average of \$1,281, and the estimated gross monthly rent in the county (\$637) was \$139 lower than the state average of \$776 (14).

In 2009-2013, approximately 15% of all housing units in Davidson County were classified as mobile homes, a figure 10% higher than the NC average (14).

Primary and Secondary Education

Schools and Enrollment

There are 47 public schools in Davidson County, divided into three separate local education authorities (LEAs): Thomasville City Schools, Lexington City Schools, and Davidson County Schools (15). There are also seven private schools in the county, five of them religiously affiliated (16).

According to NC Department of Public Instruction figures, enrollment in all three LEAs in Davidson County decreased overall between SY2007-2008 and SY2012-2013 (17).

Educational Attainment

As of a 2009-2013 US Census Bureau estimate, Davidson County overall had lower percentages of both high school graduates (80.4%) and residents with a bachelor's degree or higher (17.6%) than NC as a whole (84.9% and 27.3%, respectively) (18).

According to SY2013-14 End of Grade (EOG) Test results, third graders in all three LEAs and eighth graders in both Lexington and Thomasville City Schools demonstrated grade-appropriate proficiency in reading and math at *lower* percentages than students statewide. That same year, *higher* proportions of eighth graders in the county school system demonstrated grade-level proficiency than eighth graders statewide. (19). It should be noted that SY2012-13 was the first year of implementation of the new statewide Standard Course of Study, new assessments, and a new school accountability model. As a result, student performance data from SY2012-13 and SY2013-14 is very different from, and is not directly comparable to, similar data from previous years.

In SY2013-14, the average total SAT score for students in the Davidson County LEA (1011) was above the average total SAT score for students statewide (994), while SAT scores in both the Thomasville and Lexington LEAs (815 and 909, respectively) were below the state average (19).

High School Drop-out Rate and Graduation Rate

According to the NC Department of Public Instruction, a "drop-out" is any student who leaves school for any reason before graduation or completion of a program of studies without transferring to another elementary or secondary school. Specific to high school students in public schools in Davidson County, the drop-out rate in all three LEAs decreased overall between SY2007-2008 (a pre-recession period) through SY2013-2014, although there was some volatility in the rates in the Lexington and Thomasville LEAs. While the annual drop-out rates in the Lexington and Thomasville LEAs were consistently higher than comparable state

rate, the drop-out rate in the county school system was sometimes lower than the state rate over the period cited (20).

Some educators prefer to use graduation rate rather than drop-rate when discussing the proportion of students who finish/do not finish school, since it emphasizes success rather than failure. The four-year cohort graduation rates for subpopulations of 9th graders in Davidson County entering public high school in SY2011-12 and graduating in SY2014-15 are shown in the following table, which illustrates that the graduation rates for all groups in all LEAs were lower than comparable state rates, except for economically disadvantaged students in the Lexington City Schools.

**Four-Year Cohort High School Graduation Rate
9th Graders Entering 2011-12 and Graduating in 2014-15 or Earlier**

School System	All Students			Male			Female			Economically Disadvantaged		
	Total Students	# Students Graduating	% Students Graduating	Total Students	# Students Graduating	% Students Graduating	Total Students	# Students Graduating	% Students Graduating	Total Students	# Students Graduating	% Students Graduating
Davidson County Schools	1,657	1,362	82.2	841	670	79.7	816	692	84.8	626	479	76.5
Lexington City Schools	188	152	80.9	102	80	78.4	86	72	83.7	138	110	79.7
Thomasville City Schools	175	149	85.1	87	71	81.6	88	78	88.6	66	51	77.3
Randolph County Schools	1,279	1,146	89.6	642	550	85.7	637	596	93.6	544	453	83.3
Asheboro City Schools	302	262	86.8	148	128	86.5	154	134	87.0	175	148	84.6
State of NC	110,469	94,380	85.4	56,294	46,212	82.1	54,175	48,168	88.9	44,069	34,992	79.4

Source: Public Schools of North Carolina, Cohort Graduation Rate. 4-Year Cohort Graduation Rate Report, 2011-12 Entering 9th Graders Graduating in 2014-15 or Earlier. <http://www.ncpublicschools.org/accountability/reporting/cohortgraduate>.

Crime and Safety

Crime Rates

The NC Department of Justice catalogs data on *index crime*. Index crime is composed of *violent crime* and *property crime*. The overall index crime rate in Davidson County decreased overall between 2006 and 2013, from 3,545 to 2,212 crimes per 100,000 population. The index crime rate in Davidson County was lower than the comparable state rate throughout the period cited (21).

Violent crime can be subdivided into the following categories: *murder, rape, robbery* (larceny by the threat of violence); and *aggravated assault* (a physical attack on another person which results in serious bodily harm and/or is made with a deadly or dangerous weapon, such as a gun, knife, sword, ax or blunt instrument). The violent crime rate in Davidson County fell steadily between 2006 and 2013 (from 363 to 187) and was consistently lower than the comparable state violent crime rate throughout the period cited. The largest component of Davidson County index crime was property crime, rates for which also were consistently lower than the comparable rates for the state as a whole. Property crime can be subdivided into: *burglary* (unlawful breaking and entering into the premises of another with the intent to commit a felony); *larceny* (the theft of property without use of force); and *motor vehicle* theft (the theft or attempted theft of a motor vehicle). In Davidson County, the predominant violent crime reported in every year cited was aggravated assault, and the predominant property crime reported in every year cited was larceny (22).

Besides index crime, a variety of other criminal activities occur in Davidson County. For example, as of September 8, 2015, there were 316 non-incarcerated registered sex offenders in Davidson County (23). According to the NC Governor's Crime Commission, seven gangs were reported in Davidson County in 2013 (24). And finally, according to the NC State Bureau of Investigation, there were 44 methamphetamine drug lab busts in Davidson County during the period from 2005 through 2013 (25).

Juvenile Crime

The following definitions will be useful in understanding the subsequent data and discussion.

Complaint: A formal allegation that a juvenile committed an offense, which will be reviewed by a counselor who decides whether to approve or not approve the complaint. If approved, it will be heard in juvenile court.

Undisciplined: Describes a juvenile between the ages of six and 16, who is unlawfully absent from school, or regularly disobedient and beyond disciplinary control of parent/guardian, or is regularly found where it is unlawful for juveniles to be, or has run away from home for more than 24 hours. It also includes 16-17 year olds who have done any of the above except being absent from school.

Delinquent: Describes a juvenile between the ages of six and not yet 16 who commits an offense that would be a crime under state or local law if committed by an adult.

The number of complaints for *undisciplined* youth in Davidson County rose from 81 in 2011 to 129 in 2013 before falling again to 80 in 2014. Over the same period the number of complaints of *delinquent* youth in Davidson County rose annually, from 516 in 2011 to 738 in 2014, a 43% overall increase (26). It is unclear whether this pattern reflects a real deterioration of behavior among youth or a change in the reaction of complainants regarding what behaviors they think they are seeing.

Sexual Assault and Domestic Violence

According to data from the Domestic Violence Commission of the NC Council for Women on the number of individuals who filed complaints of sexual assault in the 10-year period from FY2004-2005 through FY2013-2014, the average annual number of sexual assault complaints filed in Davidson County was higher in the first five years of the period than in the last five years (75 vs. 39, respectively). (27).

The same state source catalogues data on complaints of domestic violence. In the ten-year period between FY2004-2005 and FY2013-2014 the average annual number of complaints in Davidson County again was higher in the first five years of the period cited than in the last five years: 511 vs. 231, respectively (28). There were six domestic violence-related homicides in Davidson County over the period 2008-2013 (29).

Child Maltreatment

The responsibility for identifying and reporting cases of child abuse, neglect, and exploitation falls to the child protective services program within a county's department of social services. Generally speaking, such a unit will have sufficient staff to handle intake of all reports. However, an agency's ability to investigate and monitor reported cases may vary from year to year, depending on the number of properly trained staff available to it; hence, follow-up on reports may vary independently of the number of reports.

Between FY2004-2005 and FY2013-2014, the total number of findings of child abuse, neglect or dependency in Davidson County fluctuated without a clear pattern. Over the period cited, the highest numbers of findings were 148 in FY2004-2005 and 81 in FY2005-2006, and the lowest was 21 in FY2011-2012. The average annual number of findings of child abuse, neglect, or dependency per year throughout the 10-year period cited was 53 (30). The findings of child

abuse in Davidson County appear to have little connection to the timing of the economic recession.

DRAFT

ENVIRONMENTAL DATA FINDINGS

AIR QUALITY INDEX

The US Environmental Protection Agency (EPA) maintains air quality monitoring stations throughout the country to continuously measure the air pollutants that most affect the health and well-being of the public: carbon monoxide, nitrous oxide, sulfates, ozone and particulate matter. These stations tend to be located in populous areas or along highway routes that carry significant traffic loads. According to EPA Air Quality Index (AQI) data, of the 176 days on which air quality was measured in Davidson County in 2013, 108 registered “good” air quality and 68 registered “moderate” air quality. On all 176 days the troublesome pollutant was small particulate matter, PM_{2.5} (31).

Toxic Chemical Releases

The US Toxic Releases Inventory (TRI) program is the tool the EPA uses to track industrial releases of toxic chemicals to land, air and water. Approximately 20,000 industrial facilities are required to report estimates of their environmental releases and waste generation annually to the TRI program office. Note that these reports do *not* cover all toxic chemicals, and they omit pollution from motor vehicles and small businesses (32).

According to the 2014 TRI Annual Summary for NC, Davidson County had the 54th highest level of TRI releases among the 87 counties in NC reporting in that year (33). The primary releasing industries in Davidson County were manufacturing facilities (34). The primary releases at these facilities are listed in the table below.

Toxic Release Inventory (TRI) Summary, 2014

Location	Total On- and Off-Site Disposal or Other Releases, In Pounds	County Rank (of 87 reporting) for Total Releases	Compounds Released in Greatest Quantity	Quantity Released, In Pounds	Facilities Releasing Greatest Amount of Compound (Amount, In Pounds)	Primary Nature of Release	Facility Location
Davidson County	79,648	54	Methanol	44,228	PPG Industries Fiber Glass Products NC (41,846)	Total On-site Disposal or Other Release	Lexington
					Kurz Transport Properties LP (2,382)	Total On-site Disposal or Other Release	Lexington
			Styrene	22,708	Gainsborough Baths, Inc. (22,708)	Total On-site Disposal or Other Release	Lexington
					Toluene	5,093	Kurz Transport Properties LP (5,093)
			Lead Compounds	3,720			Brasscraft - Thomsaville (3,339)
					Owens-Brockway Glass Container Inc. Plant #06 (377)	Total On-site Disposal or Other Release	Lexington
					Wilderness NC Inc. (5)	Total On-site Disposal or Other Release	Lexington
			Copper compounds	2,770	Brasscraft - Thomsaville (2,770)	Total Off-site Disposal or Other Release	Thomasville
					Formaldehyde	1,125	Southern Resin, Inc. (1,125)
			Lead	3			PPG Industries Fiber Glass Products NC (3)
Copper	1	Asco Power Technologies (1)	Total Off-site Disposal or Other Release	Welcome			
Nickel	1	Asco Power Technologies (1)	Total Off-site Disposal or Other Release	Welcome			
NC Total	43,026,747						
NC County Average (n=87)	494,560						

Source: TRI Release Reports: Chemical Reports, 2014. Retrieved on August 5, 2014 from US EPA TRI Explorer, Release Reports, Chemical Reports website: http://iaspub.epa.gov/triexplorer/tri_release.chemical

Drinking Water Systems

The EPA's Safe Drinking Water Information System (SDWIS) contains information about public water systems and their violations of EPA's drinking water regulations, as reported to EPA by the states. The EPA establishes maximum contaminant levels, treatment techniques, and monitoring and reporting requirements to ensure that water systems provide safe water to their customers (35).

As of June 8, 2015, SDWIS listed six active water systems in Davidson County. Five were *community water systems* that served 207,267 people (with many population duplicates since both residences and businesses are represented in the count). A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among the five CWS's, only the Handy Sanitary District had repeated health violations in the past 10 years, all for trihalomethane or haloacetic acid exceedances. The City of Lexington water system had one health violation in that period, in 2009, for coliforms exceeding the safety standard (36).

In addition to the five community water systems in Davidson County, there was also one *transient, non-community water system (T/N-C)* serving an estimated 74 people. Water systems in the T/N-C category do not consistently serve the same people, and include rest stops, campgrounds, and gas stations (36).

Although according to the data from SDWIS, the five active community water systems in Davidson County serve over 100% of the population, there is likely a significant segment of the county population that gets their water from private wells or other sources; these residents are at greatest risk for environmental contamination of their water source.

Solid Waste Disposal

The solid waste disposal trend in Davidson County is moving in the right direction. In FY2013-14, Davidson County managed 126,075 tons of municipal solid waste (MSW) for a rate of 0.77 tons per capita, a *decrease* of 29% from the per capita rate for FY1991-92 (the period customarily used for the base rate). During the same 2013-14 period, the overall state per capita solid waste management rate was 0.94, 12% *lower* than the FY1991-92 base per capita rate (37).

Almost all (98.3%) of the solid waste generated in Davidson County is landfilled within the county, at either the Davidson County Municipal Solid Waste Lined Landfill or the Davidson County Construction and Demolition Landfill (38). According to a state report for FY2013-14, the municipal solid waste landfill had capacity projected to last for approximately another 26 years, but the construction and demolition landfill had capacity projected to last for only another 1.6 years (39).

Rabies

According to the Epidemiology Section of NC DPH, there were 83 confirmed cases of rabies in animals in Davidson County between 2007 and 2014. These county cases represent 2% of the total for the state over that period (40). The primary carriers of animal rabies in Davidson County are skunks and raccoons.

HEALTH DATA FINDINGS

USING HEALTH DATA

Routinely collected surveillance data can be used to describe—and compare—the health status of communities. These data, which are readily available in the public domain, typically use standardized definitions. Some of the important terms used in this section of the report are defined or explained below, as excerpted from the consultant’s comprehensive CHA report:

- **Mortality rate** – The mortality rate, or the rate of death, is calculated by dividing the number of deaths in a target population in a given time period due to a specific cause by the total number of persons in the target population in the same period. Mortality rate typically is described as number of deaths per 100,000 persons.
- **Age-adjustment** - Many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is *age*, because as a population ages, its collective risk of death increases. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data, a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data.
- **Aggregate data** – Aggregation of data combines annual data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data consisting of relatively few cases or deaths. Aggregating annual counts over a five year period before calculating a rate is a method commonly used by the NC State Center for Health Statistics (NCSCHS). Sometimes even aggregating data is not sufficient, so the NCSCHS recommends that all rates based on fewer than 20 events—whether covering an aggregate period or not—be considered “unstable”, and interpreted only with caution.
- **Morbidity** - Morbidity as used in this report refers generally to the presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) among the living population.
- **Prevalence** – Prevalence refers to the number of *existing* cases of a disease or health condition in a population at a defined point in time or during a defined period. Prevalence is usually expressed as a *proportion*, not a rate.
- **Incidence** - Incidence is the population-based *rate* at which *new* cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a given period by the population size during that period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000; sometimes the multiplier is a smaller number, such as 10,000.
- **Pregnancy rate** – The pregnancy rate is the number of pregnancies per 1,000 women of target reproductive age. In this report, the target ages are “all women of reproductive age” (15-44 years) and “teen women” (15-19 years).

HEALTH RANKINGS

Each year for more than 20 years, *America's Health Rankings*™, a project of United Health Foundation, has tracked the health of the nation and provided a comprehensive perspective on how the nation and each state measures up. America's Health Rankings are based on several kinds of measures, including *determinants* (socioeconomic and behavioral factors and standards of care that underlie health and well-being) and *outcomes* (measures of morbidity, mortality, and other health conditions). For the purposes of this report, NC's ranking is included because it adds a national perspective to these comparisons. The table below shows where NC stood in the 2014 rankings relative to the "best" and "worst" states, and those states ranked on either side of NC. Note that first ranked (Hawaii) is best and 50th ranked (Mississippi) is worst.

**Rank of North Carolina in America's Health Rankings
(2014)**

Location	National Rank (Out of 50) ¹								
	Overall	Determinants	Outcomes	Diabetes	Smoking	Binge Drinking	Drug Deaths	Obesity	Physical Inactivity
Hawaii	1	3	1	9	3	38	18	2	9
Missouri	36	37	34	22	41	31	38	34	40
North Carolina	37	36	40	43	33	8	24	25	34
Georgia	38	40	32	37	23	9	10	33	31
Mississippi	50	50	50	48	47	5	11	49	50

Source: United Health Foundation, 2014. America's Health Rankings; <http://www.americashealthrankings.org>.

The Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute, produces annual health rankings for the counties in all 50 states. In this project, each state's counties are ranked within the state according to the health outcomes and the health factors that determine a county's health. The following table presents the 2015 county rankings for Davidson County and its peer comparator, Randolph County. In 2015, Davidson County was ranked 59th in the state of NC in terms of health outcomes, due largely to quality of life, and 56th in terms of health factors, in which category 'physical environment' and 'clinical care' contributed most to the lower rank. These parameters will be discussed more fully later in this report.

**County Health Rankings
(2015)**

Location	County Rank (Out of 100) ¹							
	Health Outcomes			Health Factors				
	Length of Life	Quality of Life	Overall Outcomes Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Factors Rank
Davidson County	50	70	59	62	72	40	73	56
Randolph County	43	39	38	42	66	39	80	47

Source: County Health Rankings and Roadmaps, 2015. University of Wisconsin Population Health Institute; <http://www.countyhealthrankings.org/app/north-carolina/2015/rankings/outcomes/overall>.

MATERNAL AND INFANT HEALTH

Pregnancy Rates

Overall Pregnancy Rate

As is true for NC as a whole, the *overall* pregnancy rate for women of childbearing age (15-44) in Davidson County has been falling gradually, decreasing by 11% between 2005 and 2013. Statewide, over the same period, the overall pregnancy rate also fell by 14%. In 2013, the overall pregnancy rate in Davidson County was 63.3 pregnancies per 1,000 women, 11% *lower* than the state rate of 70.8. When stratified by race, it is apparent that between 2010 and 2013 overall pregnancy rates in Davidson County fell by 2% among African American non-Hispanic women, and fell 4% among Hispanic women. The overall pregnancy rate among white non-Hispanic women remained about the same over that period (~58.4). In 2013, the overall pregnancy rates for African American non-Hispanic women (62.3) and Hispanic women (96.9) in Davidson County both were higher than the comparable rate (59.6) among white non-Hispanic women (41).

Teen Pregnancy Rate

Pregnancy rates among Davidson County teens (ages 15-19) also fell between 2005 and 2013, as they did statewide. In Davidson County, the decrease over that period was 45%; statewide the decrease was 43%. In 2013, the overall teen pregnancy rate in Davidson County was 34.4 pregnancies per 1,000 teen females, 2% *lower* than the state rate of 35.2. When stratified by race, it is apparent that between 2010 and 2013 pregnancy rates in Davidson County fell by 38% among African American non-Hispanic teens, and fell 35% among Hispanic teens. The overall pregnancy rate among white non-Hispanic teens fell 38% over the same period. In 2013, the overall pregnancy rates for African American non-Hispanic teens (46.6) and Hispanic teens (63.7) in Davidson County both were higher than the comparable rate among white non-Hispanic teens (28.6) (42).

In terms of numbers rather than rates, teen pregnancies in Davidson County fell from 295 in 2005 to 169 in 2013 (43).

Pregnancy Risk Factors

High Parity and Short-Interval Births

According to NCSCSHS, a birth is *high parity* if the mother is younger than 18 when she has had one or more births, or aged 18 or 19 and has had two or more births, or is 20-24 and has had four or more births, etc. A *short-interval* birth involves a conception occurring less than six months since the last birth. High-parity and short-interval pregnancies can be a physical strain on the mother and sometimes contribute to complicated pregnancies and/or poor birth outcomes.

For the aggregate period 2009-2013 the frequency of high parity births among Davidson County women under the age of 30 (17.0%) was 6% *higher* than the comparable NC figure. Among Davidson County women age 30 or older, the frequency of high parity births in the same period (22.2%) was 2% higher than the comparable NC figure (44).

The frequency of short-interval births in Davidson County in the 2009-2013 aggregate period (14.3%) was 13% higher than the comparable NC figure (45).

Lack of Early Prenatal Care

Good pre-conception health and early prenatal care can help assure women the healthiest pregnancies possible. The percent of pregnant women in Davidson County who received early prenatal care (i.e., prenatal care in the first three months of their pregnancies) exceeded the comparable state figure in every year from 2011 through 2013. In 2013, 77.6% of pregnant women in Davidson County received early prenatal care, compared to 70.3% of pregnant women statewide (46).

Smoking during Pregnancy

Smoking during pregnancy is an unhealthy behavior that may have negative effects on both the mother and the fetus. Smoking can lead to fetal and newborn death and contribute to low birth weight and pre-term delivery. The percent of births to mothers who smoked during pregnancy was significantly higher in Davidson County than in NC as a whole in 2011, 2012 and 2013. The frequency of pregnant women who smoked in 2013 was 18.6% in Davidson County and 10.3% statewide. Interestingly, the frequency of smoking in pregnancy has not changed appreciably in Davidson County since 2007 (47).

Birth Outcomes

Low and Very Low Birth Weight Births

Low birth weight can result in serious health problems in newborns (e.g., respiratory distress, bleeding in the brain, and heart, intestinal and eye problems), and cause lasting disabilities (mental retardation, cerebral palsy, and vision and hearing loss) or even death (48).

The overall frequency of low birth weight (≤ 5.5 lbs.) births in Davidson County averaged 9.7% over the four aggregate periods from 2006-2010 through 2009-2013. This average county figure was higher than the comparable four-period average for the state (9.1%). When stratified by race, a clear disparity in these birth weight outcomes emerges. Over the same period, the frequency of low birth weight births among white non-Hispanic women in Davidson County averaged 9.5% while the comparable frequency for African American non-Hispanic women in the county averaged 15.6%, 64% higher than the rate for whites.

The overall frequency of *very* low birth weight (≤ 3.3 lbs.) births in Davidson County averaged 1.7% over the same four aggregate periods, slightly lower than the comparable state average of 1.8%. When racially-stratified, the average frequency of very low birth weight births is more than twice as high among African American non-Hispanic women as among white non-Hispanic women (3.5% vs. 1.5%, respectively) (49).

Infant Mortality

The infant mortality rate is the number of deaths of infants under one year of age per 1,000 live births. The infant mortality rate in Davidson County *increased* from 7.7 in 2001-2005 to 7.9 2009-2013, with even higher rates in intervening aggregate periods. For 2009-2013, the overall infant mortality rate in Davidson County was 8% *higher* than the comparable state average of 7.3 (50). It bears noting at this point that the infant mortality rate in NC was among the 10 worst of the 50 states throughout the period covered by the statistic.

There have been too few incidents of infant death among minorities in Davidson County to calculate stable infant mortality rates, but it is apparent from statewide data that infant mortality rates among African American non-Hispanics far exceed the comparable rates for white non-

Hispanics. Statewide in 2009-2013, the infant mortality rate among African American non-Hispanics was 13.6, almost twice the overall rate (7.3) and 2½ times the comparable rate among white non-Hispanics (5.4) (51).

LIFE EXPECTANCY AND LEADING CAUSES OF DEATH

Life Expectancy

According to data shown in the table below, life expectancies in Davidson County improved in all categories *except* females between 1990-1992 and 2011-2013. However, life expectancies for persons born in 2011-2013 in Davidson County were *lower* in all groups than the comparable state averages.

Life Expectancy at Birth, by Gender and Race

Location	Life Expectancy in Years									
	Person Born in 1990-1992					Person Born in 2011-2013				
	Overall	Male	Female	White	African-American	Overall	Male	Female	White	African-American
Davidson County	75.7	72.1	79.3	76.3	70.3	76.6	74.5	78.7	76.7	75.1
Randolph County	75.8	71.8	79.8	76.2	69.5	77.1	74.4	79.7	77.0	77.0
State of NC	74.9	71.0	78.7	76.4	69.8	78.2	75.7	80.6	78.8	75.9

Source: NC State Center for Health Statistics, County-level Data, Life Expectancy, State and County Estimates, Life Expectancy: North Carolina 1990-1992 and 2011-2013, State and County; <http://www.schs.state.nc.us/schs/data/lifexpectancy/>.

Leading Causes of Death

The following four tables present information on the leading causes of death in Davidson County. The source for these tables is a PowerPoint presentation summarizing CHA data that was prepared by the CHA consultant and is appended to this report. The source data on which they are based is also appended to this report.

According to the table below, 2009-2013 mortality rates in Davidson County exceeded the comparable rates statewide for 12 of the 15 leading causes of death.

Leading Causes of Death in Davidson County 2009-2013

Age-Adjusted Rates (2009-2013)	Davidson County No. of Deaths	Davidson County Mortality Rate	Davidson Rate Difference from NC
1. Diseases of the Heart	1,817	197.7	+16.3%
2. Total Cancer	1,725	177.5	+2.4%
3. Chronic Lower Respiratory Disease	590	62.1	+34.7%
4. Cerebrovascular Disease	442	49.2	+12.6%
5. Alzheimer's Disease	315	37.3	+29.1%
6. All Other Unintentional Injuries	275	33.5	+14.3%
7. Diabetes Mellitus	221	23.0	+6.0%
8. Pneumonia and Influenza	198	22.0	+22.9%
9. Nephritis, Nephrotic Syndrome and Nephritis	176	19.1	+8.5%
10. Unintentional Motor Vehicle Injuries	138	16.6	+21.2
11. Septicemia	121	13.0	-2.3%
12. Suicide	109	12.7	+4.1%
13. Chronic Liver Disease and Cirrhosis	97	9.9	+4.2%
14. Homicide	21	2.7	-53.4%
15. AIDS	15	1.7	-41.4%

The next table shows how the rank order of the leading causes of death in Davidson County shifted between 2006-2010 (the period covered in the last Davidson CHA) and 2009-2013. From this data it is clear that mortality rates for several causes of death improved over the interval cited, but rates *worsened* for six: chronic lower respiratory disease, Alzheimer's disease, unintentional non-motor vehicle injuries, diabetes, kidney diseases, and chronic liver disease and cirrhosis.

Leading Causes of Death in Davidson County 2009-2013 and Change from 2006-2010

Davidson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank 2006-2010	Rank Change 2006-2010 to 2009-2013	% Rate Change 2006-2010 to 2009-2013
1. Diseases of the Heart	1	n/c	-17.6%
2. Total Cancer	2	n/c	-6.5%
3. Chronic Lower Respiratory Disease	3	n/c	+6.5%
4. Cerebrovascular Disease	4	n/c	-10.9%
5. Alzheimer's Disease	5	n/c	+7.8%
6. All Other Unintentional Injuries	6	n/c	+13.9%
7. Diabetes Mellitus	8	+1	+2.3%
8. Pneumonia and Influenza	7	-1	-11.6%
9. Nephritis, Nephrotic Syndrome and Nephritis	10	+1	+1.6%
10. Unintentional Motor Vehicle Injuries	9	-1	-16.2%
11. Septicemia	11	n/c	-13.9%
12. Suicide	12	n/c	-2.3%
13. Chronic Liver Disease and Cirrhosis	13	n/c	+13.8%
14. Homicide	14	n/c	-38.6%
15. AIDS	15	n/c	n/a

According to data in the following table it appears that Davidson County males disproportionately suffer mortality from all leading causes of death except stroke and Alzheimer's disease.

Leading Causes of Death in Davidson County 2009-2013, by Gender

Davidson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank Among Males	Rank Among Females	% Male Rate Difference from Females
1. Diseases of the Heart	1	1	+62.4%
2. Total Cancer	2	2	+58.9%
3. Chronic Lower Respiratory Disease	3	3	+17.7%
4. Cerebrovascular Disease	4	4	-6.8%
5. Alzheimer's Disease	9	5	-44.7%
6. All Other Unintentional Injuries	5	6	+72.3%
7. Diabetes Mellitus	6	8	+63.1%
8. Pneumonia and Influenza	7	7	+33.0%
9. Nephritis, Nephrotic Syndrome and Nephritis	8	9	+58.1%
10. Unintentional Motor Vehicle Injuries	11	10	+48.5%
11. Septicemia	13	11	+30.2%
12. Suicide	10	12	3.7X
13. Chronic Liver Disease and Cirrhosis	12	13	2.9X
14. Homicide	n/a	n/a	n/a
15. AIDS	n/a	n/a	n/a

Racially stratified data is not available for several leading causes of death due to below-threshold numbers of deaths and suppressed unstable rates. However, stable data in the following table indicates that African Americans in Davidson County suffer disproportionate mortality due to total cancer, stroke, Alzheimer's disease, and especially diabetes.

Leading Causes of Death in Davidson County 2009-2013, by Race

Davidson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank Among White Non- Hispanic	Rank Among Black non- Hispanic	% Blacks Rate Difference from Whites
1. Diseases of the Heart	1	2	-20.5%
2. Total Cancer	2	1	+2.6%
3. Chronic Lower Respiratory Disease	3	7	-49.6%
4. Cerebrovascular Disease	4	3	+31.3%
5. Alzheimer's Disease	5	4	+40.0%
6. All Other Unintentional Injuries	6	n/a	n/a
7. Diabetes Mellitus	7	5	2.4X
8. Pneumonia and Influenza	8	n/a	n/a
9. Nephritis, Nephrotic Syndrome and Nephritis	9	6	n/a
10. Unintentional Motor Vehicle Injuries	10	n/a	n/a
11. Septicemia	11	n/a	n/a
12. Suicide	12	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	13	n/a	n/a
14. Homicide	n/a	n/a	n/a
15. AIDS	n/a	n/a	n/a

Each age group tends to have its own leading causes of death. Note that for this purpose, it is important to use *non-age adjusted* death rates. In the period 2009-2013, the leading cause(s) of death in each of the age groups in Davidson County were as follows (52):

- Age Group 00-19: Conditions originating in the perinatal period
- Age Group 20-39: All other unintentional injuries (i.e., non-motor vehicle injuries)
- Age Group 40-64: Cancer – all sites
- Age Group 65-84: Cancer – all sites
- Age Group 85+: Diseases of the heart

The next table, also from the consultant’s PowerPoint presentation, summarizes long-term mortality rate trends in Davidson County for the 15 leading causes of death. The summary arrow describes the direction of slope of a regression line calculated using the nine rolling five-year aggregate mortality rates in the period from 2001-2005 through 2009-2013. A downward arrow indicates a falling slope/rate; an upward arrow indicates a rising slope/rate. It is apparent from this data that over the period cited mortality rates in Davidson County improved overall for nine of the 15 leading causes of death. Unfortunately, rates *increased* overall for five causes of death: chronic lower respiratory disease, Alzheimer’s disease, unintentional non-motor vehicle injuries, kidney diseases, and chronic liver disease and cirrhosis. The many unstable mortality rates for AIDS prohibited a valid time trend comparison.

**Trends of Change in the Leading Causes of Death in Davidson County
2001-2005 through 2009-2013**

Leading Cause of Death in Davidson County	Overall Trend Direction
1. Diseases of the Heart	▼
2. Total Cancer	▼
3. Chronic Lower Respiratory Disease	▲
4. Cerebrovascular Disease	▼
5. Alzheimer’s Disease	▲
6. All Other Unintentional Injuries	▲
7. Diabetes Mellitus	▼
8. Pneumonia and Influenza	▼
9. Nephritis, Nephrotic Syndrome and Nephritis	▲
10. Unintentional Motor Vehicle Injuries	▼
11. Septicemia	▼
12. Suicide	▼
13. Chronic Liver Disease and Cirrhosis	▲
14. Homicide	▼
15. AIDS	n/a

Total cancer was the second leading cause of death in Davidson County in the 2009-2013 period. Examining incidence and mortality rate trends for site-specific cancers is helpful in understanding more about the problem of cancer in the community. The following table from the consultant’s PowerPoint presentation summarizes trends in the incidence and mortality rates for five site-specific cancers: lung cancer, prostate cancer, breast cancer, colorectal cancer, and pancreas cancer. The incidence data covers the period from 1996-2000 through 2008-2012 and the mortality rate data covers the period from 2001-2005 through 2009-2013. The symbol protocol is the same as that used in the table above.

Trends of Change in Cancer Incidence and Mortality in Davidson County
Incidence, 1996-2000 through 2008-2012
Mortality, 2001-2001 through 2009-2013

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence	▲
	Mortality	▼
Prostate Cancer	Incidence	▲
	Mortality	▼
Breast Cancer	Incidence	▲
	Mortality	▼
Colorectal Cancer	Incidence	▲
	Mortality	▼
Pancreas Cancer	Incidence	n/a
	Mortality	▲

The table above shows that mortality has decreased over time for all the site-specific cancers cited except pancreas cancer, and that incidence has risen for all four major site-specific cancers except pancreas cancer (for which the NC SCHS does not calculate an incidence rate).

It is difficult to fully interpret cancer incidence data without information about cancer screening activities, since screenings sometimes raise incidence rates by discovering cancer cases that might otherwise go unnoticed for some period of time. A rise in incidence connected to screening is not necessarily a bad thing, since the resulting figure may include numerous cases that might have been caught early and treated. While screenings for prostate, breast and colorectal cancers are common, there is no routine lung cancer screening mechanism.

The rise in lung cancer incidence is not surprising, since one major cause of lung cancer, smoking, remains a problem in Davidson County. As illustrated in the data on smoking during pregnancy, pregnant women in Davidson County smoke at a frequency 81% higher than the state average. According to the results of the 2015 Davidson County Community Health Survey, 12% of 908 respondents reported that they were current tobacco users (53).

MORBIDITY AND CHRONIC DISEASE

Diabetes

As noted previously, diabetes was the seventh leading cause of death overall in Davidson County in 2009-2013. In that period the county diabetes mortality rate exceeded the state rate by 6%, and it had increased by 2% since the 2006-2010 period. Among African Americans in Davidson County, the mortality rate for diabetes was 2.4 *times* the comparable mortality rate for whites.

Data available from the Centers for Disease Control and Prevention (CDC) describes the estimated prevalence of diagnosed diabetes among adults age 18 and older at the county level. According to this data (derived from the BRFSS) the prevalence of self-reported adult diabetes in Davidson County was 10.4% in 2012, and averaged 9.7% over the period from 2006 through 2012; the comparable NC figures were 9.7% and 9.4%, respectively (54).

Almost 14% of the respondents to the 2015 Davidson County Community Health Survey reported having received a medical diagnosis of diabetes (53)

Overweight and Obesity

Overweight and obesity are well-recognized as precursors to many health problems, including diabetes. As with diabetes, the CDC describes the estimated prevalence of diagnosed obesity in adults age 18 and older at the county level. According to this data (also derived from the BRFSS) the prevalence of diagnosed obesity in Davidson County was 30.0% in 2012, and averaged 29.6% over the period from 2006 through 2012. The comparable figures for Randolph County were 29.7% and 28.8%, respectively. (Similar state-level data is not available from the source) (55).

According to results from the 2015 Davidson County Community Health Survey, 42.3% of respondents reported that they had been diagnosed by a doctor, nurse or other health professional as being either overweight or obese (53).

While data on childhood obesity is far sparser than data on adult obesity, the existing data appears to indicate that overweight and obesity are as pervasive among toddlers as among adults. According to 2012 data from NCNPASS (North Carolina Nutrition and Physical Activity Surveillance System), 16.3% of 2-4 year olds in the NPASS program in Davidson County were overweight, and 13.5% were obese. For comparison, according to the same NCNPASS source, in Randolph County 15.2% of 2-4 year old participants were overweight and 15.7% were obese, and statewide 14.9% were overweight and 14.5% were obese (56).

Complications from overweight and obesity include not only diabetes but also heart disease, high cholesterol, and high blood pressure. Each of these conditions is prevalent in the Davidson County community, as indicated by results of the 2015 Davidson County Community Health Survey. In this survey, 5.2% of the respondents reported they had been diagnosed with angina or heart disease, 30.7% reported they had been diagnosed with high cholesterol, and 33.6% had received a diagnosis of hypertension/high blood pressure (53).

Communicable Disease

Sexually transmitted infections (STIs) are the most common communicable diseases in Davidson County. Among STIs, chlamydia is the most prevalent, followed by gonorrhea. Davidson County incidence rates for both chlamydia and gonorrhea were consistently lower than comparable rates for the state overall from 2009 through 2013. In 2013 the Davidson County incidence rate for chlamydia infection was 333.2 new cases per 100,000 population; the comparable chlamydia rate statewide was 496.5 (57). In 2013 the gonorrhea incidence rate in Davidson County was 84.5 new cases per 100,000 population; the comparable rate statewide was 140.1 (58). Nationally, the highest rates of gonorrhea have been found in African Americans, people 20 to 24 years of age, and women, respectively (58).

Mental Health

According to data gathered from the Log Into North Carolina (LINC) website, between 2009 and 2014, the number of Davidson County residents served in state psychiatric hospitals fell by over 84% (59). This would be in keeping with NC's mental health reform goal of steering mental health patients to local, rather than state, facilities. However, it is unclear whether the local resources can actually meet the need, because the hospital is seeing many mental health

patients. According to de-identified admissions data provided to the consultant by the two major medical centers in Davidson County, an average of 2.1% of all emergency department admissions and 2.0% of all inpatient hospitalizations in the three-year period 2012-2014 were for mental health diagnoses in the ICD-9 category: Mental, Behavioral and Neurological Disorders. Furthermore, LINC data shows that between 2009 and 2014, the number of Davidson County residents served by the Area Mental Health Program (LME/MCO) decreased overall by 47% (60). In the 2015 Davidson County Community Health Survey, nearly 38% of respondents self-reported a personal diagnosis of depression (53), so there appears to be sufficient need to keep LME/CMO utilization by the public high.

Utilization of NC State Alcohol and Drug Abuse Treatment Centers by Davidson County residents *totalled* only 44 patients in the entire six-year period 2009-2014 (61), a very low number given the size of the county. There is a question as to whether the need for substance abuse treatment is being adequately pursued or met in Davidson County, since respondents to the community health survey named alcohol abuse and drug abuse in first and second place, respectively, on the list of unhealthy behaviors most affecting health in the county (53).

PREVENTION AND HEALTH PROMOTION NEEDS AND RESOURCES

Access to and utilization of healthcare is affected by a range of variables including the availability of health insurance coverage, availability of medical and dental professionals, transportation, cultural expectations and other factors.

HEALTH INSURANCE

In most communities, citizens' utilization of health care services is related to their ability to pay for those services, either directly or through private or government health insurance plans and programs. People without health insurance are often the segment of the population least likely to seek and/or to be able to access necessary health care.

The table below summarizes the population (by age group) without health insurance of any kind from 2010 through 2013. The table illustrates how the percent of uninsured in all age groups in Davidson County *decreased* in every period cited. Prior to the advent of the Affordable Care Act the health insurance system in the US was built largely on employer-based insurance coverage, and any significant increase in the number of unemployed people usually led to an increase in the number of uninsured. With the implementation of the Affordable Care Act, we should expect to see future changes in the percent of the population that is uninsured.

Percent of Population without Health Insurance, by Age Group

Location	2010			2011			2012			2013		
	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64
Davidson County	8.4	24.5	19.9	7.3	23.2	18.8	6.8	23.0	18.5	6.1	21.9	17.5
Randolph County	8.5	25.2	20.3	9.8	26.5	21.7	8.7	26.8	21.6	8.4	26.1	21.0
State of NC	8.3	23.5	19.1	7.9	23.0	18.7	7.9	23.4	19.0	6.9	22.5	18.1

Source: *Small Area Health Insurance Estimates, 2009 [and other years as noted]*. U.S. Census Bureau, Small Area Health Insurance Estimate (SAHIE) Interactive Data Tool. Geographies and age groups as noted.
www.census.gov/did/www/sahie/data/interactive.

The 2015 Davidson County Community Health Survey asked participants whether or not they had health insurance at the time of the survey (Summer 2015). Among the 922 respondents who answered the question, 118 (12.8%) did not have health coverage, a figure not even close to the admittedly dated figures in the table above (53). Among Davidson County males participating in the survey, the percent uninsured was 22%; the percent of females who were uninsured was 11%. According to survey data, the highest frequency of uninsured occurred among African Americans (33%) and Hispanics (84%) (53). The smaller proportion of uninsured identified in the survey compared to the data in the table may be due to a number of factors, including uneven distribution of survey participants (the survey was based on a convenience sample that reached predominately wealthier and employed residents), and an economy that had improved since 2013. It is also possible that the lower survey figure was connected to persons recently having gained coverage through the Affordable Care Marketplace.

In the opposite case from poverty, which as was reported previously is worse among children, the percent of children who are uninsured is *lower* than the percent of adults. The table above contains data showing that the percent of children age 0-18 without health insurance is much lower than the comparable percent for the 19-64 age group. This may be attributed in part to the fact that, as shown in the following table, enrollment in NC Health Choice (the program that provides insurance to children in low-income families who earn too much to qualify for Medicaid) has increased steadily over time in all three jurisdictions. According to data in the table below, in Davidson County, enrollment in NC Health Choice increased from 76% of eligible children in 2008 to 99% in 2013.

Enrollment in NC Health Choice

Location	January, 2008		January, 2009		January, 2010		January, 2011		January, 2012		January, 2013	
	# Children Eligible	% Eligibles Enrolled										
Davidson County	2,360	76.0	2,433	86.0	2,653	90.0	2,871	94.6	2,935	98.7	3,027	99.0
Randolph County	1,978	58.0	2,202	67.0	2,415	71.0	2,551	83.3	2,703	94.6	2,815	96.3
State of NC	116,712	65.0	124,434	77.0	131,499	83.0	137,825	88.9	1,455,992	92.5	151,262	96.1

Source: NC Division of Medical Assistance, Statistics and Reports, N.C. Health Choice Monthly Enrollment/Exemption Reports, 2009-2013; <http://www.ncdhhs.gov/dm/ca/nchcenroll/index.htm>.

HEALTH CARE PROVIDERS

According to County Health Rankings, cited previously, Davidson County was ranked 72nd in NC in terms of clinical care, in the bottom third of the range statewide. Further, the ratios of

providers to population for major groups of health care professionals in Davidson County are also lower than state averages: the ratios for MDs, primary care MDs, registered nurses, dentists, and pharmacists were lower than comparable state or national averages in every year between 2008 and 2012 (62). This data would seem to indicate substandard health care access in Davidson County. However, Davidson County is adjacent to Forsyth County and Winston-Salem, home to two major medical centers—Wake Forest Baptist Health Medical Center and Novant Health Forsyth Medical Center—and many satellite clinics in both Davidson and Forsyth counties operated by those hospitals, which Davidson County residents likely patronize. One of the hospitals in Davidson County, Lexington Medical Center, is affiliated with Wake Forest Baptist Health, and the other, Thomasville Medical Center, is affiliated with Novant Health, likely solidifying the referral network between the two counties.

According to 2012 data from the Sheps Center for Health Services Research, Davidson County has at least one provider in most categories of health professionals listed. Particularly underrepresented groups of specialists included general practitioners, certified nurse midwives, podiatrists, and practicing psychologists and psychological assistants (63).

Participants in the 2015 Davidson County Community Health Survey were asked whether they (or a family member) had had a problem accessing medical or pharmaceutical care in the past 12 months. Approximately 27% of respondents reported a problem accessing medical care, and approximately 24% had had a problem getting a medically necessary prescription. Among those who had access problems, the most frequently cited barrier was “didn’t have health insurance” (11%) followed by “my share of the cost (i.e., deductible or co-pay) was too high” (8%). Slightly over 3% of respondents reported that their barrier to medical care was the time it took to get an appointment, and 1.1% reported their preferred provider was not taking new patients (53).

HEALTH CARE FACILITIES

Hospital

The city of Thomasville, in the eastern part of Davidson County, is home to Novant Health Thomasville Medical Center, a not-for-profit hospital offering advanced treatments for residents of Davidson County and surrounding communities. Over 200 physicians have privileges at Thomasville Medical Center, including hospitalists available 24/7 to treat the urgent medical needs of hospitalized patients. The hospital has 101 general beds, and an additional 45 beds in its Geriatric Behavioral Health unit designed to meet the unique medical needs of persons age 55 and older (64).

Lexington, in the center of Davidson County, is home to Wake Forest Baptist Health Lexington Medical Center. As part of Wake Forest Baptist Health, Lexington Medical Center is a not-for-profit facility which operates 94 acute care beds and serves as a satellite provider of Wake Forest Baptist Health specialty services including digestive health, ENT Head and Neck surgery among others. In addition, the medical center operates 14 physician practices and a public pharmacy (65).

Health Department

Davidson County Health Department began in 1916 when the county first appointed a health officer. Since that time, the Davidson County Health Department's mission has been to assess,

protect, and promote the quality of life for all people within the county. The agency carries out this mission by identifying and reducing health risks, preventing the spread of diseases, fostering healthy lifestyles through education, promoting a safe and healthful environment, and providing quality healthcare services in partnership with the community. The health department houses five distinct sections: Administration, Personal Health, Environmental Health, WIC, and Health Education. The health department is located at 915 Greensboro Street in Lexington. The Davidson County Health Department experienced a significant decline in the number of full-time employees (FTEs) between FY2009 and FY2011 (dropping from 122 to 92) but has seen an increase in the number of full-time employees to 98 in FY2015 (66).

Davidson Medical Ministries Clinic/Davidson Health Services/Federally Qualified Health Center

Davidson Medical Ministries Clinic/Davidson Health Services (DMMC/DHS) is a low-cost charitable clinic located in Lexington, with a second clinic in Thomasville that meets the needs of the uninsured and the underinsured of Davidson County. It is a private, not-for-profit 501(c)(3) organization; it is not a part of the Department of Social Services or the Health Department. Before services can be provided, all uninsured clients must provide necessary paperwork to determine their eligibility. If a patient's household income is under 100% of the Federal Poverty Level DMMC charges a \$15 administrative fee for medical, dental, or behavioral health visits. If household income is between 101-200% of the Federal Poverty Level, the patient pays on a sliding scale fee, paying the \$15 administrative fee upon arrival and being billed subsequently on the scale for the remainder of the cost. Services are not denied based on inability to pay. Those who have Medicaid, Medicare or private insurance will be seen through Davidson Health Services, an affiliate of DMMC, and the only Federally Qualified Health Center in Davidson County. DMMC provides primary medical care as a patient medical home. Adult dental care, behavioral health and pharmacy services are available only to patients of record as their medical home. DMMC/DHS provides preventative, chronic and acute care; but does not treat emergency situations. DHS began operating a Children's Dental Clinic in July 2015. Located at the site in Lexington, the Dental Clinic accepts patients ages 0-17 with Medicaid, Health Choice, private insurance, and self-pay (67).

Emergency Medical Services

Established in 1967, Davidson County EMS (DCEMS) was the first county government-funded service of its type in NC. It has grown from a small, basic life support provider into a high-volume, EMT-Paramedic Service. DCEMS was awarded Model System Status by the NC Office of EMS in 2002 and was the first EMS program in the Piedmont Triad to achieve this title. DCEMS operates from seven different locations within the county and is funded by general tax revenues.

DCEMS provides emergency medical care for a population of over 164,000 in a 582 square mile area. With an annual emergency call volume in excess of 20,000 responses, DCEMS operates a minimum of nine Advanced Life Support ambulances and one Advanced Life Support Operations Supervisor Quick Response Vehicle each day. The department has approximately 57 full-time career employees and 40 part-time career employees. In excess of 90% of DCEMS full-time personnel are cross-trained in Rescue, Fire, Law Enforcement, and Emergency Medical Response (68).

School Health

Lexington City Schools and Thomasville City Schools each employ one full-time nurse; Davidson County Schools employs two full-time nurses. The Davidson County Health Department employs the other 14 school nurses. Student's needs range from first aid for cuts, acute illness nursing, and hygiene counseling to chronic disease management, grief counseling, and suicide prevention. The most recent (SY2012-2013) ratio of school nurses to students in Davidson County schools was 1:3,625; the comparable ratio for Lexington City Schools was 1:753 and for Thomasville City Schools 1:598. During the same school year the ratio for the state was 1:1,177 (69). The recommended ratio is 1:750.

Long-Term Care Facilities

As of September, 2015, there were eight state-licensed nursing homes, six adult care homes/homes for the aged, and four family care homes in Davidson County, together offering 1,304 beds (70). As was discussed previously, this number of beds may not be adequate for a county whose population over the age of 65 is projected to grow significantly in the next 15 years.

Home Care, Home Health and Hospice Services

An alternative to institutional care preferred by many disabled and senior citizens is to remain at home and use community in-home health and/or home aide services. This report cites only those in-home health and/or home aide services that are licensed by the state of NC. Note that there may be additional providers in Davidson County that refer to themselves as "home health service (or care) providers" that are *not* licensed by the state and therefore are not named in this report.

As of September 2015, there were 18 licensed home care, home health or hospice providers in Davidson County, all of them located in either Lexington or Thomasville (71). Davidson County Department of Social Services provides limited home management and respite services to disabled and elderly adults, families, and children who are unable to perform these tasks themselves (72). Davidson County Senior Services Program provides an In-Home Service Program that provides assistance to individuals and their families by performing personal care and home management tasks. The goal of the program is to assist individuals so they can remain in their own home as long as possible. Given the projected growth of the county, it would be prudent to more fully assess the adequacy of these alternatives to institutional care of the elderly and disabled as the county grows.

Mental Health Services Providers and Service Facilities

At the time this report was prepared, the local management entity/managed mental health care organization (LME/MCO) for Davidson County was Cardinal Innovations Healthcare, which is headquartered in Kannapolis, NC and serves a total of 16 counties in central NC. There is an toll-free number (1-800-939-5911) by which the public can find out how to obtain services and support for mental health, developmental disabilities, and substance abuse in their community. The number is operational 24 hours a day, 7 days a week (73). For FY2015 the Cardinal Innovations Healthcare Solutions on-line Provider Directory listed 20 contracted providers with physical addresses in Davidson County (74).

It is unclear whether the public knows about the local LME/MCO or how to access it. Respondents to the 2015 Davidson County Community Health Survey were asked to where

they might refer a friend or family member with a mental health or drug/alcohol problem. While most respondents recommended a physician or a mental health practitioner in private practice, a significant proportion chose referral answers outside of the network of mental health professionals, such as a member of the clergy (36%), or a local hospital (9%). (Note that Cardinal Innovations LME/MCO was *not* a specific choice offered in the survey questions as the agency does not provide direct services.) Eighteen-percent of the respondents said they “weren’t sure/did not know” where to refer someone. Interestingly, when asked where they might refer someone thinking about suicide, the largest proportion of responses (46%) was “minister or religious official”, followed by “private counselor or therapist” (38%). Accurate knowledge about mental health services should be important to Davidson County citizens, since almost 38% of respondents to the 2015 Community Health Survey reported they had been diagnosed with depression (53).

As of September 2015, there were 34 state-licensed mental health *facilities* in Davidson County, most of which offered supervised living, day services or sheltered workshops for developmentally disabled adults. Only 11 of the listed facilities provided substance abuse services (75).

Other Healthcare Resources

As of September 2015, there were no state-licensed, independent, free-standing ambulatory surgical facilities in Davidson County, (76), but both hospitals in the county offer same-day surgery services (64, 65). There were two licensed cardiac rehabilitation facilities listed, one each at the Thomasville and Lexington Medical Centers (77), and two Medicare-approved dialysis facilities (operated by Wake Forest Baptist Health) (77). Since, as noted previously in this document, diabetes is one of the county’s leading health problems and high blood pressure is prevalent according to the 2015 Davidson County Community Health Survey, complications from these conditions, including kidney failure, might be expected to become more prevalent. The community should investigate the need for kidney dialysis now and in the future and determine if this one dialysis facility is adequate.

Disease Prevention and Health Promotion Resources in Davidson County

The following is a list of some of the prevention and health promotion resources in Davidson County. It is by no means exhaustive of everything available. These resources are primarily those with which public health has been directly involved. The list highlights services, programs, partnerships, community resources and facilities, and a resource guide, all of which has and will continue to play an important role in addressing the county’s health priorities.

Living Healthy Self-Management Program - *Living Healthy* is a skill-building workshop series that helps people with one or more chronic conditions (e.g. diabetes, chronic pain, hypertension, cancer, arthritis) learn to manage their condition and their life. This workshop involves 6 weekly sessions, each one 2 ½ hours long. *Living Healthy* sessions address action planning, nutrition, fitness, medication management, communication with health care providers, dealing with fatigue and pain, fall prevention, etc. as strategies for self-managing chronic conditions. This evidence-based program was developed by Stanford University.

Eat Smart, Move More Weigh Less – *Eat Smart, Move More, Weigh Less* is a weight-management program that uses strategies proven to work. Each lesson informs, empowers, and motivates participants to live mindfully as they make choices about eating and physical activity. This 15-week program provides opportunities for participants to track their progress and keep a journal of healthy eating and physical activity behaviors. *Eat Smart, Move More, Weigh*

Less is an evidence-based program developed by North Carolina Public Health and North Carolina State University.

Shared Use Agreements – Recreational facilities are more accessible to county residents and organizations through joint use agreements. Davidson County Schools allows ten of its 18 elementary schools to open their playgrounds to the public for use after hours. All three school systems allow the public to utilize their high school tracks for walking, pending a school-sponsored activity.

Local Farmers' Markets – Three farmers markets make fresh, local foods more accessible. Both markets are centrally located in the county in an area identified as a food desert. A market is located in each of downtown Lexington, Thomasville, and Denton. All census tracts in Thomasville are considered food deserts, two of the four census tracts in Lexington are considered food deserts, and, while the Town of Denton is not considered a food desert, it is a rural, remote location approximately 20 miles from either Lexington or Thomasville.

Davidson County Resource Guide –The Davidson County Health Department makes available a comprehensive resource guide of the many services and programs in the county. A plethora of health and human services resources for all ages are listed in the guide. It is available via hard copy and is posted on the Health Department's website at <http://www.dchdnc.com/Docs/customerservice/Resource%20List%20DCHD%20Updated%2013.pdf>.

The Health Department also maintains a list of Community Resources to assist the public in locating assistance. It is available in print form and is posted on the Health Department's website at [http://www.dchdnc.com/Docs/Community%20Assistance%20Brochure%20\(2\).pdf](http://www.dchdnc.com/Docs/Community%20Assistance%20Brochure%20(2).pdf)

On-Line Resources

Davidson County United Way 211 System
www.nc211.org

North Carolina Department of Health and Human Services
<http://www.dhhs.state.nc.us/>

Piedmont Triad Council of Governments
<http://www.ptcog.org>

For additional information on any of these resources contact the Davidson County Health Department (336-242-2300).

COMMUNITY CONCERNS SUMMARY

COMMUNITY HEALTH SURVEY

The 2015 Davidson County Community Health Survey solicited respondents' concerns about community health problems, unhealthy behaviors, and community social issues. Respondents were also queried as to their medical care access, personal health, and personal health behaviors. The 2015 survey was conducted primarily electronically, using Survey Monkey, but paper copies also were made available in both English and Spanish. A stratified convenience sample approach was used and collected responses from 961 citizens of the county. Despite attempts to prevent it, certain groups were either over-sampled or under-sampled. The 2015 survey respondent pool can be generally characterized as predominately female, ethnically diverse and racially-balanced, and more highly educated than the general population. A complete description of survey methodology and results appear in the consultant's comprehensive 2015 CHA report, available on the Davidson County Health Department website. The following tables were excerpted from that larger report.

Respondents were asked to select, in no particular order, the five health problems (from a list of 21) that had the greatest overall effect on health in Davidson County.

Health Problems Having Greatest Overall Effect on Health in Davidson County

Answer Options	Response Percent	Response Count
Obesity/overweight	60.4%	580
Diabetes	53.9%	518
Cancer	53.6%	515
Aging problems (e.g., Alzheimer's disease, arthritis, hearing/vision loss, etc.)	50.8%	488
Heart disease/heart attack	49.0%	471
Mental health (depression, schizophrenia, etc.)	44.7%	430
Dental health	23.8%	229
Lung disease (asthma, emphysema, COPD, chronic bronchitis, etc.)	23.5%	226
Teenage pregnancy	23.4%	225
Accidental injuries NOT involving vehicles (e.g., falls, choking, drowning, poisoning, gun accidents, etc.)	17.6%	169
Motor vehicle accident injuries	17.3%	166
Infectious/contagious diseases (e.g., TB, flu, pneumonia, food poisoning, etc.)	16.9%	162
Stroke	14.4%	138
Asthma	10.7%	103
Sexually transmitted diseases (e.g., chlamydia, gonorrhea)	10.5%	101
HIV/AIDS	5.6%	54
Kidney disease	4.8%	46
Gun-related injuries	3.6%	35
Birth defects	2.7%	26
Liver Disease	2.4%	23
Infant death	2.2%	21

answered question 961
skipped question 1

The most frequently cited issue was overweight/obesity, selected by 60% of respondents. The second and third most frequently selected health problems were diabetes and cancer, each chosen by approximately 54% of the respondents.

The survey also sought community input on which unhealthy behaviors had the greatest overall effect on health and safety in Davidson County. Again, respondents were asked to review a list of unhealthy behaviors (n=17), and to select, in no particular order, their top five.

Unhealthy Behaviors Having Greatest Overall Effect on Health and Safety in Davidson County

Answer Options	Response Percent	Response Count
Drug abuse (incl. both prescription drugs and illegal drugs)	78.1%	748
Alcohol abuse	63.0%	604
Lack of exercise/poor physical fitness	58.7%	562
Poor eating habits	50.2%	481
Smoking/tobacco use	45.8%	439
Lack of parenting skills	40.4%	387
Not going to the doctor for preventive check-ups and screenings	37.1%	355
Having unsafe sex	27.2%	261
Reckless/drunken driving	23.6%	226
Not going to a dentist for preventive checkups and cleaning	18.5%	177
Violent, angry behavior (including rape/sexual assault)	18.2%	174
Suicide	7.3%	70
Not getting immunizations ("shots") to prevent disease	6.4%	61
Not using seatbelts	5.3%	51
Not getting prenatal (pregnancy) care	4.9%	47
Not using child safety seats	4.1%	39
Poor preparation for disasters and emergencies	4.0%	38
	answered question	958
	skipped question	4

The most frequently selected unhealthy behavior was "drug abuse" (78%), followed by a related issue, "alcohol abuse" (63%). The top two were followed, in order, by "lack of exercise/poor physical fitness" (59%), "poor eating habits" (50%) and "smoking/tobacco use" (46%).

Opinion was also sought from the respondents about the community social issues that had the greatest overall effect on quality of life in Davidson County. The survey offered a list of 26 social issues and again asked respondents to select, in no particular order, their top five.

Social Issues Having Greatest Overall Effect on Quality of Life in Davidson County

Answer Options	Response Percent	Response Count
Low income/poverty	55.4%	530
Unemployment/underemployment	49.3%	471
Affordability of health services	49.1%	469
Homelessness	32.2%	308
Crime (e.g., theft, murder, assault, etc.)	30.5%	292
Hunger	26.8%	256
Neglect and abuse of children	25.0%	239
Lack of/inadequate health insurance	24.4%	233
Lack of counseling/mental health services/support groups	21.8%	208
Lack of recreational facilities (e.g., parks, trails, community centers, etc.)	19.6%	187
Dropping out of school	19.5%	186
Availability of healthy food choices in restaurants and grocery stores	19.2%	184
Inadequate/unaffordable housing	15.5%	148
Racism/discrimination	12.2%	117
Transportation options	11.8%	113
Neglect and abuse of the elderly	11.2%	107
Animal control issues/rabies	11.0%	105
Availability of child care	10.8%	103
Gang activity	9.9%	95
Lack of healthcare providers	8.1%	77
Unsafe/unmaintained roads	7.7%	74
Unsafe schools (e.g., in/at-school crime, violence, bullying, etc.)	7.4%	71
Neglect and abuse of domestic partners	4.7%	45
Lack of culturally appropriate services for minorities	4.4%	42
Pollution (air, water, land)	3.5%	33
Bioterrorism	1.0%	10
	answered question	956
	skipped question	6

The four most frequently selected important community issues all were economic in nature: “low income/poverty” (55%), “unemployment/underemployment” (49%), “affordability of health services” (49%), and “homelessness” (32%).

Anticipating that the public would choose substance abuse among the most important unhealthy behaviors, respondents were asked to consider a list of nine substance abuse issues and select the three they thought were the biggest substance abuse problems in Davidson County. The responses to that question are shown in the table below.

Biggest Substance Abuse Problems in Davidson County

Answer Options	Response Percent	Response Count
Alcohol abuse	59.2%	563
Abusing prescription drugs/pills	58.1%	553
Other "hard" drugs (E.g., cocaine, crack, heroin)	36.1%	343
Drinking and driving	31.4%	299
Marijuana	29.8%	283
Methamphetamines (Meth)	28.7%	273
Using someone else's prescription drugs/pills	21.3%	203
I really don't know	12.9%	123
Huffing (inhaling glue, Dust-Off, Whiteout, etc.)	1.9%	18
	answered question	951
	skipped question	11

According to these results, the survey respondents considered alcohol abuse (59%) and the abuse of prescription drugs (58%) to be the county's biggest substance abuse problems, followed by use/abuse of other "hard" drugs (36%) and "drinking and driving" (31%).

DRAFT

DAVIDSON COUNTY PROGRESS TOWARD HEALTHY NC 2020 GOALS

Parameter	Davidson	Current NC	2020 Target
Tobacco Use			
% Adults Current Smokers		20.3% (2009)	13.0%
% HS Students Using Any Tobacco Products		25.8% (2009)	15.0%
% of People Exposed to 2nd-Hand Smoke in Workplace in Past 7 Days		14.6% (2008)	0.0%
Physical Activity and Nutrition			
% of HS Students Not Overweight or Obese	unstable rate based on only 6 kids in 2009	72.0% (2009)	79.2%
% Adults Getting Recommended Physical Activity		46.4% (2009)	60.6%
% Adults Consuming 5 Servings Fruits/Vegetables Daily		20.6% (2009)	29.3%
Injury and Violence			
Unintentional Poisoning Mortality Rate/100,000 Population	16.4 (2009-2013)	11.0 (2008)	9.9
Unintentional Falls Mortality Rate/100,000 Population		8.1 (2008)	5.3
Homicide Rate/100,000 Population	2.7 (2009-2013)	7.5 (2008)	6.7
Maternal and Infant Health			
White/African American Disparity in Infant Mortality	n/a (no minority rates)	2.45 (2008)	1.92
Infant Mortality Rate/1,000 Live Births	7.9 (2013)	8.2 (2008)	6.3
% Women Who Smoke During Pregnancy	18.6% (2009-2013)	10.4%	6.8%
Sexually Transmitted Disease and Unintended Pregnancy			
% Unintended Pregnancies	no county numbers only statewide	39.8% (2007)	30.9%
% Positive Chlamydia Tests Ages 15-24		9.7% (2009)	8.7%
Rate of New HIV Infection Diagnoses/100,000 Population	8.6 (2013)	24.7 (2008)	22.2
Substance Abuse			
% HS Students Consuming Alcohol on 1 or More of Past 30 Days	no county numbers	35.0% (2009)	26.4%
% Alcohol-Related Traffic Crashes	5.3 (2013)	5.7% (2008)	4.7%
% ≥ Age 12 Reporting Illicit Drug Use in Past 30 Days		7.8% (2007-08)	6.6%
Mental Health			
Suicide Rate/100,000 Population	12.7 (2009-2013)	12.4% (2008)	8.3
Average Number Poor Mental Health Days Among Adults in Past 30 Days		3.4 (2008)	2.8
Rate Mental Health-Related ED Visits/10,000 Population		92.0 (2008)	82.8
Oral Health			
% Children Aged 1-5 Enrolled in Medicaid Receiving Dental Services in Past 12 Months		46.9% (2008)	56.4%
Average Number Decayed, Missing or Filled Teeth among Kindergarteners	2.02 (SY12-13)	1.5 (2008-09)	1.1
% Adults With Permanent Teeth Removed Due to Tooth Decay/Gum Disease		47.8% (2008)	38.4%
Environmental Health			
% Air Monitoring Sites Meeting Current Ozone Standard (0.075 ppm)		62.5% (2007-09)	100.0%
% Population Served by Community Water Systems with No Contaminant Violations		92.2% (2009)	95.0%
Work-Related Injuries Mortality Rate/100,000 Equivalent Full-Time Workers		3.9 (2008)	3.5
Infectious Disease and Food-Borne Illness			
% Children Age 19-35 Months Receiving Recommended Vaccines	no county numbers	77.3% (2007)	91.3%
Pneumonia/Influenza Mortality Rate/100,000 Population	22.0 (2009-2013)	19.5 (2008)	13.5
Average Number of Critical Violations per Restaurant/Food Stand		6.1 (2009)	5.5
Social Determinants of Health			
% People Living in Poverty	16.3 (2009-2013)	16.9% (2009)	12.5%
Four-Year HS Graduation Rate	82.2% (graduating 14-15)	71.8% (2008-09)	94.6%
% People Spending >30% Income on Rental Housing	47% (2009-2013)	41.8% (2008)	36.1%
Chronic Disease			
Cardiovascular Disease Mortality Rate/100,000 Population	263.6 (2008-2012)	256.6 (2008)	161.5
% Adults with Diabetes	10.4 (2012)	9.6% (2009)	8.6%
Colorectal Cancer Mortality Rate/100,000 Population	15.6 (2009-2013)	15.7 (2008)	10.1
Cross-Cutting			
Average Life Expectancy (Years)	76.6 (2011-2013)	77.5 (2008)	79.5
% Adults Reporting Good, Very Good, or Excellent Health		81.9% (2009)	90.1%
% Non-Elderly (<65) Uninsured People	17.5 (2013)	20.4% (2009)	8.0%
% Adults Not Overweight or Obese		34.6% (2009)	38.1%

Source: NC Institute of Medicine

COMMUNITY PRIORITIES

PRIORITY SELECTION PROCESS

The Davidson County Healthy Communities Coalition, which serves as the Steering Committee for the Community Health Assessment, met in October 2015. The CHA consultant provided a PowerPoint overview of the primary and secondary data that had been gathered. After discussion, attendees were asked to develop a list of what they considered to be the ten most important issues to address in Davidson County. The Health Department combined these issues into a list of the overall top ten issues.

The Davidson County Community Health Forums provided county residents with an opportunity to share their opinions and inform the community health assessment priority-selection process. The team conducted three forums over two weeks in November in geographically dispersed regions of the county: (1) the Lexington Public Library, (2) the Thomasville Public Library, and (3) the Denton Public Library. This distribution of sites gave comparable access to these forums for individuals in all parts of Davidson County. The forums were advertised in local papers, fliers were distributed via email, and participants were recruited by members of the Davidson County Healthy Communities Coalition Steering Committee. (See Appendix 4.) Appendix 5 includes a list of attendees at each location. Each forum lasted two hours and included a presentation about initial Davidson County community health assessment research, with the ten most prominent issues discussed. These presentations informed the participants and established a focus for discussion. Finally, through a structured voting process, the team asked participants to prioritize the issues that emerged during earlier research.

PRIORITIES

The following were established as Davidson County's health priorities for the next three years (2015-2018):

- Overweight/obesity
- Smoking/Tobacco use
- Mental health
- Chronic disease (especially heart disease and diabetes)
- Substance abuse

Overweight/Obesity

Health Indicators

As cited previously in this report, according to CDC data, the prevalence of diagnosed obesity in Davidson County was 30.0% in 2012 and averaged 29.6% over the period from 2006 through 2012. Results from the 2015 Davidson County Community Health Survey showed that over 43% of respondents reported that they had been diagnosed as either overweight or obese. According to recent data from the CDC, more than one-third (34.9% or 78.6 million) of US adults are obese (78). By this measure, the figure representing the results of the Davidson community survey seems low, since it includes *both* overweight and obese persons. However, the survey respondent pool included high proportions of respondents from the groups *not* traditionally most susceptible to overweight and obesity (see discussion of Special Populations at-Risk, below).

Obesity and overweight are precursors to a number of chronic diseases, some of which are prevalent in Davidson County, where they result in high mortality rates and numerous hospital admissions. Obesity-related conditions include heart disease, stroke, Type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. Other chronic conditions, including high cholesterol and high blood pressure (hypertensive disease) are also associated with obesity or at least with an unhealthy diet. (Some of these conditions will be discussed in the section on the Chronic Disease Priority, below.) According to the CDC, the estimated annual medical cost of obesity in the US was \$147 billion in 2008 US dollars; the medical costs for people who are obese were \$1,429 per-person higher than those of normal weight (78)

Specific Populations at Risk

The poor and uninsured. Obesity is sometimes—but not exclusively—associated with poverty, as the economically disadvantaged often do not have the same access to healthy food and lifestyle options as wealthier persons. For example, according to data from the CDC, higher income women are less likely to have obesity than low-income women. On the other hand, the same source indicates that non-Hispanic black and Mexican-American men with higher incomes are *more* likely to have obesity than those with low income (78).

Minorities. According to the CDC, non-Hispanic blacks have the highest age-adjusted rates of obesity (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%) (78).

Middle-age adults. Nationally, the frequency of obesity is higher among middle age adults, 40-59 years old (39.5%) than among younger adults, age 20-39 (30.3%) or adults over 60 or above (35.4%) adults, according to the CDC (78).

Males. As cited previously, non-Hispanic black and Mexican-American men with higher incomes are *more* likely to have obesity than those with low income. Educational level would appear to have little bearing on obesity in men. Among women, however, those with college degrees are less likely to have obesity compared with less educated women (78).

Children. As a behavior-related health outcome, obesity affects all cross-sections of society, but we do know that habits—good and bad—learned and practiced at a young age can make a difference, which would point to children as perhaps the population most vulnerable to obesity and its life-long effects. In Davidson County, limited data cited previously on obesity in toddlers ages 2-4 shows frequencies of overweight and obesity approaching 30%, a high prevalence for a very young population.

Health Resources Available and/or Needed

Available Resources:

Health Educators at the Davidson County Health Department
Davidson County Cooperative Extension
YMCAs in Davidson County
Gyms
Park and Recreation Departments
Lexington Medical Center (LMC) - Diabetes Education Program
LMC - Clinical Dieticians
LMC - Healthy Schools Initiative
LMC - Community Health Nurse

Davidson County Schools (DCS) -12 schools currently have walking/running groups for students and/or staff (i.e., Walk the Track Events, Go Far, PTO Runner's Club, Girls on the Run)
DCS - Davidson County Education Foundation sponsors an Annual 5K
DCS - Wellness Committee and Wellness Policy
DCS - Promotes Wellness Events on Community Bulletin Boards throughout the 35 DCS.
Physician Offices
Corner Store Initiative
Farmers Markets
Walking trails

Resources Still Needed:

Support Groups
Low cost/low impact exercise programs
Lower-cost healthy food choices
Motivational theme people can get behind

Chronic Disease (especially heart disease and diabetes)

Health Indicators

Also as noted previously, heart disease was the leading cause of death, and diabetes the seventh leading cause of death in Davidson County in 2009-2013. At that time, the county heart disease mortality rate exceeded the comparable NC rate by over 16%, and the local diabetes mortality rate exceeded the state rate by 6%. These chronic diseases, largely preventable, are expensive to treat. Inpatient hospital charges in Davidson County in 2014 totaled almost \$59 million for heart disease, and almost \$6 million for diabetes (79).

According to data made available to the CHA/CHNA consultant by Davidson County hospitals, there were 1,798 emergency department (ED) admissions with primary diagnoses associated with heart disease in 2012 through 2014, representing 1.0% of all ED admissions in that three-year period. Similarly, inpatient (IP) hospitalizations attributable to a primary diagnosis of heart disease accounted for 1,952 admissions, or 9.4% of all IP hospitalizations over the same period. Approximately 5% of respondents to the 2015 Davidson County Community Health Survey reported having been diagnosed with angina or heart disease (53).

The same hospital data revealed 930 ED admissions in 2012 through 2014 associated with a diagnosis of diabetes, representing 0.5% of all ED admission in that period, and 448 IP hospitalizations in the same period, representing 2.2% of all IP hospitalizations in that period. Almost 14% of 2015 community survey respondents reported having been diagnosed with diabetes (53). According to data reported by the CDC and presented previously in this report, the prevalence of diabetes in Davidson County in 2012 was estimated at 10.4%, and had averaged 9.7% between 2006 and 2012. As noted above, overweight and obesity—both prevalent in Davidson County—may be precursors to developing Type II diabetes later in life.

Other chronic conditions, including high cholesterol and high blood pressure (hypertensive disease) are considered indicators/precursors to eventual heart disease. Significant proportions of respondents to the 2015 Davidson County Community Health Survey reported they had been diagnosed with high cholesterol (31%) or hypertension/high blood pressure (34%).

Chronic lung disease also is a significant health problem in Davidson County. For example, as cited previously, chronic lower respiratory disease (CLRD) was the third leading cause of death in the county in the 2009-2013 period, with a mortality rate almost 35% higher than the comparable rate statewide. According to Davidson County hospital admissions data for 2012 through 2014 provided to the consultant, there were 7,361 ED admissions (4.2% of all ED admissions) and 944 IP hospitalizations (4.5% of all IP hospitalizations) attributable to a diagnosis of COPD and Allied Conditions (ICD-9 code 490-496xx). As noted in the earlier discussion of site-specific cancer rates, the mortality rate for lung cancer (a chronic condition as long as the patient lives) in Davidson County has decreased over the past decade, but the lung cancer incidence rate has increased. Most experts agree that chronic lung disease, including cancer, is associated with smoking, a priority issue in its own right that will be discussed subsequently.

Specific Populations at Risk

The poor and uninsured. Members of the community who lack health insurance are always at-risk for poor health outcomes, and the percent of the Davidson County population under age 65 without health insurance in 2013 was 17.5%, or almost 24,000 persons. While this report offers no racially stratified data pertaining to the uninsured, the high poverty rates in the African American and Hispanic communities, consistently higher than comparable rates for whites, are likely indicative of high proportions of uninsured, or at least limited access to healthcare, among blacks and Hispanics. The proper treatment and management of chronic diseases is, by definition, ongoing, an expensive and often unattainable protocol for certain groups.

Males. As cited elsewhere in this report, mortality rates in Davidson County for most chronic diseases are higher for males than for females. For example, the heart disease mortality rate for Davidson County males in 2009-2013 exceeded the comparable mortality rate for females by approximately 62%, and the mortality rate for diabetes among males exceeded the comparable rate among females by 63%.

Minorities. According to racially-stratified diabetes mortality data for the same period, the rate for African Americans in Davidson County was 2.4 *times* the comparable rate for whites, similar to the statistic statewide, where the most recent diabetes mortality rate for African Americans was 2.5 times the comparable rate for whites. The African American mortality rate for heart disease in Davidson County was actually 21% *lower* than the comparable rate for whites in the 2009-2013 period.

Health Resources Available and/or Needed

Available Resources:

- Private providers
- Clinics like DMMC-DHS for uninsured
- Health education opportunities
- Hospitals
- LMC - Body Mind Intervention Program
- LMC - Lunch and Learn Series
- LMC - Cardiologist
- LMC - Cardiac and Pulmonary Rehabilitation
- LMC - Respiratory Services
- LMC - Community Health Nurse
- DCS - Partner with DCHD School Nurse Team to address student needs

Resources Still Needed:

Improved health care delivery system
Integration of social workers into primary care
Expansion of health education opportunities for uninsured
Expansion of Medicaid

Smoking

Health Indicators

The association of smoking with health consequences—especially lung diseases like COPD and lung cancer—is now firmly established and accepted by most of the public. Although tobacco-quitting behaviors have increased in recent years—and 25% of respondents to the 2015 Davidson County Community Health Survey said they used to smoke but have quit—smoking remains prevalent in Davidson County, where 12% of 2015 community survey respondents say they currently smoke, and 3% of the current smokers say they don't want to quit (53). While data available for this project cannot prove cause-and-effect, it is likely that prevalence and mortality for some chronic diseases in Davidson County are influenced by the past and present smoking behaviors of the public.

Specific Populations at Risk

Pregnant Women. Alarmingly, high percentages of pregnant women in the county smoke during their pregnancies. As reported previously, in 2013 almost 19% of Davidson County pregnancies involved women who smoked while pregnant, a figure almost 50% higher than the comparable average statewide. These women, some of whom may believe the adage that smoking during pregnancy prevents excess weight gain, are at risk for adverse health outcomes for themselves and/or their babies.

Males. Analysis of gender-stratified 2015 Davidson County Community Health Survey results shows that a larger proportion of males than females report being “current smokers”: 15.5% of males compared to 11.6% of females. A lower proportion of males than females reported that they “never used tobacco” (46% vs. 66%). On the other hand, a higher proportion of males than females reported that they had quit using tobacco (39% vs. 22%), perhaps because a higher proportion of males than females were smokers in the first place (53). There were too few African Americans and Hispanics in the survey respondent pool to yield reliable racially and/or ethnically stratified results regarding smoking.

Health Resources Available and/or Needed

Available Resources:

Quit Helpline
Medical Assistance Program (MAP) - programs for medications
No smoking policies (e.g., in restaurants, etc.)
Center for Prevention Services (education and capacity building)
DCS - Tobacco-Free School Policy
Hospitals
Physician offices
DCS – pilot of ASPIRE program in middle and high schools, an intervention for tobacco violation; 5-module series; free through the MD Anderson Cancer Foundation (program currently in place in Winston-Salem/Forsyth County Schools).

Resources Still Needed:

- Enhance target marketing to young adults
- Government limits to e-cig and vapor products
- All indoor public facilities smoke free
- Smoke free parks
- Tobacco Cessation Educators
- Tobacco free county grounds
- Smoke free multi-unit housing

Mental Health**Health Indicators**

As described in an earlier section of this report, utilization of state mental health services by Davidson County residents has decreased over the past five years, partly as a result of NC Mental Health system reform, which favors local- over state-level care. It is unlikely, however, that decreases in service utilization represent a truly diminished need for services.

While the actual number of persons with mental health needs in Davidson County is not precisely known, 38% of respondents to the 2015 Davidson Community Health Survey reported a personal diagnosis of depression (only one kind of mental health problem). Survey respondents also named mental health as the sixth most important community health problem.

As noted previously, the fraction of all ED admissions in Davidson County attributable to mental health diagnoses (including substance abuse) currently is at 2%. Many of these admissions likely represent a population unable or possibly unwilling to access other mental health providers, including those in the service network of the LME/MCO serving Davidson County (Cardinal Innovations Healthcare), utilization figures for which fell overall by 47% between 2008 and 2014. While there are some 20 providers physically located in Davidson County listed in the 2015 Cardinal Innovations on-line LME/MCO Provider Directory, it's possible that many in the community do not know about them or how to access that network of services. As described previously, respondents to the 2015 Davidson County Community Health Survey were asked where they might refer someone with a mental health or drug/alcohol problem. While most respondents would recommend a "doctor", an unnamed "private counselor or therapist", or a specific mental health facility (for example, Daymark Recovery Services) a significant proportion would refer to someone outside of the network of mental health professionals, such as a member of the clergy (36%), or the local hospital (9%). Fully 18% percent of the respondents said they were "not sure/didn't know" where to refer someone. Of course, with the fraction of uninsured under age 65 in Davidson County at almost 18%, and an overall poverty rate over 16% in the county, it's likely that many who access the hospital ED instead of the "official" network of mental health practitioners do so because they cannot afford other than a provider of last resort.

One tragic outcome of mental health problems is suicide. While not among the top few leading causes of death in Davidson County (ranking 12th in 2009-2013), the suicide mortality rate in the county exceeded the comparable state rate by 4%. Interestingly, respondents to the 2015 Davidson County Community Health Survey ranked suicide 12th among the 17 most significant unhealthy behaviors in the county (53).

Specific Populations at Risk

The poor and uninsured. The uninsured and those in poverty are always at risk for poor outcomes for mental health problems because of access issues. In addition, it is not uncommon for persons of any age burdened by economic and other life stressors to have depression and other mental health issues.

Youth and the elderly. Youth suffering from depression and other mental health problems may be especially reticent to share and discuss their problems with anyone for fear of being labeled “different”, and parents are not always aware of warning signs. Consequently, youth are especially likely to suffer from undiagnosed and untreated mental health problems. Many elderly persons were raised not to discuss or even recognize mental health problems, and attach to them a stigma that prevents them from seeking needed care even on their own behalf.

Medically underserved. According to the US Health Resources and Services Administration’s (HRSA) designation of Medically Underserved Areas (MUAs) and Populations (MUPs), Davidson County is considered a medically underserved area/population. A shortage of primary care and mental health providers limits the availability of services to residents. Limited accessibility can result in increased emergency room usage and decreased preventative care and disease management.

Health Resources Available and/or Needed

Available Resources:

Cardinal Innovations (LME/MCO)
Daymark Recovery Services
Monarch
Family Services of Davidson County
Workshop of Davidson County
Path of Hope
Hospitals
CARENet
Private counselors
Passageways Clubhouse
DCS - Traumatic Event Debriefing (TED) Program and Training
DCS - Partner with Cardinal Innovations and its providers
Mental Health Association of Davidson County

As cited previously, there are 21 state-licensed mental health facilities in Davidson County, most of which offer supervised living, day services or sheltered workshops for developmentally disabled adults.

“Lack of mental health care” was named to 9th place among the 26 most significant community social issues in the county by respondents to the 2015 Davidson County Community Health Survey (53).

Resources Still Needed

More access to inpatient care
More individualized care for uninsured, low income
Quicker response time for crisis situations
More integrated care into primary care settings
More residential facilities for those who cannot live alone

Education of local resources
Local facility and case workers

Substance Abuse

Health Indicators

Community opinion provided strong impetus to name substance abuse among Davidson County health priorities. As reported elsewhere in this document, respondents to the community survey named drug abuse and alcohol abuse first and second among the unhealthy behaviors most affecting the quality of life in the county (53).

According to local hospital ED admissions data for the period 2012 through 2014 provided to the consultant, ED visits for diagnoses related to substance abuse numbered approximately 410 per year, predominately for non-dependent abuse of drugs (including alcohol) which averaged 290 admissions per year.

Specific Populations at Risk

The poor and uninsured. The uninsured and those in poverty are always at risk for poor outcomes for mental health problems because of access issues. In addition, it is not uncommon for persons of any age burdened by economic and other life stressors to sometimes turn to alcohol and/or drugs as a means of escaping their harsh reality.

Youth and the elderly. Youth may initially experiment with drugs or alcohol for a variety of reasons, including peer pressure, risk-taking, and escapism. Youth experimenting with (or addicted to) drugs may not share and discuss their problems with anyone with the possible exception of their peer group, and parents are not always aware of warning signs. Consequently, youth are especially likely to suffer from undiagnosed and untreated drug problems. The elderly sometimes fall into prescription drug abuse accidentally, and are especially at risk if they have cognition problems.

Medically underserved. According to the US Health Resources and Services Administration's (HRSA) designation of Medically Underserved Areas (MUAs) and Populations (MUPs), Davidson County is considered a medically underserved area/population. A shortage of primary care and mental health/substance abuse providers limits the availability of services to residents. Limited accessibility can result in increased emergency room usage and decreased preventative care and disease management.

Health Resources Available and/or Needed

Available Resources:

Mental health facilities
Hospitals
School education
Treatment centers
Daymark Recovery Services - outpatient services
Monarch – outpatient services
Path of Hope – Residential Treatment
Cardinal Innovations – Access Line
Lexington Treatment Association – Methadone program

Carolina Counseling – Suboxone treatment
Family Services of Davidson County
Prevention Services and the Partnership for Success project
Project Lazarus – Davidson County Stop Prescription Abuse Now (DCSPAN) program
DCS - Partner with DCSPAN to promote awareness
4 Medication drop boxes

Resources Still Needed:

Faster response to crisis intervention
More public education re: use of drugs, etc.
School nurses all schools
More treatment centers, especially detox facilities
Halfway houses – men’s and women’s
Materials/resources for drop boxes/mail back resources
Education
Resources for community engagement/education
Provider Education
Facilities and counselors

NEXT STEPS

Davidson County has many strengths and unmet needs. This report is an effort to provide a glimpse into the health challenges facing the community and to offer some direction on addressing these concerns. The information from this document will be widely shared and utilized to influence community health improvement planning across the community. The Davidson County Health Department, in collaboration with the members of the steering committee, will develop a community-wide communication plan to assure broad dissemination of this report. Municipal and county government, economic development committees, the Chamber of Commerce, the faith community, civic groups, and community groups will be among those targeted. Ideally, these entities will actively seek and find ways to align their programs, services, and resources to have the greatest impact on the identified health needs. The steering committee will also leverage existing workgroups and create new workgroups to determine further actions. More than likely, additional analysis of the issues and their underlying causes will be necessary to fully understand and respond to the communities disproportionately impacted by poor health and limited access to health services. By September 2016, these workgroups will develop community health improvement plans detailing strategies that will address priority issues. The committee will encourage collaborative planning among the various partners in Davidson County, thereby achieving the greatest impact in physical activity and healthier nutrition, tobacco use prevention, mental health, chronic disease prevention, and substance abuse reduction for the residents of Davidson County.

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APPENDIX 2

2015 Davidson County Community Health Survey

The purpose of this survey is to learn more about the health and quality of life in Davidson County. The Davidson County Health Department, Lexington Medical Center and Thomasville Medical Center will use the results of this survey to help them develop plans for addressing the county's most pressing health issues. *Your participation in this survey is completely voluntary. Your answers will not be linked to you in any way.* Thank you for taking the time to complete this Community Health Survey.

PLEASE READ THIS IMPORTANT MESSAGE

DO NOT complete the survey (1) if you live outside Davidson County, or (2) you are not at least 18 years old, or (3) if you have already completed this survey.

PART 1: Community Problems and Issues

The next three questions ask your opinion about the most important health, behavioral and community-wide problems and issues in Person County.

1. Health Problems

Using the following list please **put a check mark next to the five (5) most important health problems in Davidson County.** (These would be the health problems that you think have the greatest overall effect on health in the community.)

Remember to check only FIVE (5):

- Accidental injuries NOT involving vehicles (e.g., falls, choking, drowning, poisoning, gun accidents, etc.)
- Aging problems (e.g., Alzheimer's disease, arthritis, hearing/vision loss, etc.)
- Asthma
- Birth defects
- Cancer
Type _____

- Dental health
- Diabetes
- Gun-related injuries
- Heart disease/heart attack
- HIV/AIDS
- Infant death
- Infectious/contagious diseases (e.g., TB, flu, pneumonia, food poisoning, etc.)
- Kidney disease
- Liver Disease

- Lung disease (asthma emphysema, COPD, chronic bronchitis, etc.)
- Mental health (depression, schizophrenia, etc.)
- Motor vehicle accident injuries
- Obesity/overweight
- Sexually transmitted diseases (e.g., chlamydia, gonorrhea)
- Stroke
- Teenage pregnancy

APPENDIX 2

2. Unhealthy Behaviors

Using the following list please **put a check mark next to the five (5) most important unhealthy behaviors in Davidson County.** (These would be the unhealthy behaviors that you think have the greatest overall effect on health and safety in the community.)

Remember to check only FIVE (5):

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not using child safety seats | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Drug abuse (incl. both prescription drugs and illegal drugs) | <input type="checkbox"/> Not using seatbelts | <input type="checkbox"/> Poor preparation for disasters and emergencies |
| <input type="checkbox"/> Having unsafe sex | <input type="checkbox"/> Not going to a dentist for preventive checkups and cleaning | <input type="checkbox"/> Reckless/drunk driving |
| <input type="checkbox"/> Lack of exercise/poor physical fitness | <input type="checkbox"/> Not going to the doctor for preventive check-ups and screenings | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Lack of parenting skills | <input type="checkbox"/> Not getting prenatal (pregnancy) care | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Not getting immunizations (“shots”) to prevent disease | | <input type="checkbox"/> Violent, angry behavior (including rape/sexual assault) |

3. Community Issues

Using the following list please **put a check mark next to the five (5) most important community-wide issues in Davidson County.** (Social issues that you think have the greatest overall effect on the quality of life in the community.)

Remember to check only FIVE (5):

- | | |
|---|---|
| <input type="checkbox"/> Animal control issues/rabies | <input type="checkbox"/> Lack of healthcare providers
What kind: _____ |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Lack of recreational facilities (e.g., parks, trails, community centers, etc.) |
| <input type="checkbox"/> Affordability of health services | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Availability of healthy food choices in restaurants and grocery stores | <input type="checkbox"/> Neglect and abuse (please specify below:) |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Crime (e.g., theft, murder, assault, etc.) | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Gang activity | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Racism/discrimination |
| <input type="checkbox"/> Inadequate/unaffordable housing | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Unemployment/underemployment |
| <input type="checkbox"/> Lack of culturally appropriate services for minorities | <input type="checkbox"/> Unsafe/unmaintained roads |
| <input type="checkbox"/> Lack of counseling/mental health services/support groups | <input type="checkbox"/> Unsafe schools (e.g., in/at-school crime, violence, bullying, etc.) |

APPENDIX 2

4. What are the top three biggest substance abuse problems in Davidson County? Choose **three (3)** answers.

- Abusing prescription drugs/pills
- Alcohol abuse
- Drinking and driving
- Huffing (inhaling glue, Dust-Off, Whiteout, etc.)
- Marijuana
- Methamphetamines (Meth)
- Other "hard" drugs (E.g., cocaine, crack, heroin)
- Using someone else's prescription drugs/pills
- Other: _____
- I really don't know

PART 2: Health Care Access

The following questions ask about how you access health care. Remember, this survey will not be linked to you in any way.

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Church | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> Newspaper/magazine/TV | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> School | |
| <input type="checkbox"/> Help lines | | |

6. Where do you go most often **when you are sick**? Choose **only one (1)** answer.

- | | |
|---|--|
| <input type="checkbox"/> Private Doctor's office | <input type="checkbox"/> OB/GYN or Women's Health Provider |
| <input type="checkbox"/> Hospital Emergency Department | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Urgent Care Center or Walk-In Clinic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical Ministries Clinic | <input type="checkbox"/> I don't go anywhere when I'm sick |

7. Where do you go when you need your **yearly check-up or physical**? (Check **as many answers** as you need to.)

- | | |
|---|--|
| <input type="checkbox"/> Private Doctor's office | <input type="checkbox"/> OB/GYN or Women's Health Provider |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Urgent Care Center or Walk-In Clinic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical Ministries Clinic | <input type="checkbox"/> I don't go anywhere when I'm sick |

APPENDIX 2

8. Do you currently have any kind of health insurance?

- No, I do not have health insurance of any kind.
- Yes: Private insurance I purchased from a vendor (e.g., Aetna, Blue Cross/Blue Shield, etc.).
- Yes: Insurance I purchased on the Affordable Care Marketplace.
- Yes: Private insurance my employer pays for.
- Yes: Private insurance my spouse's employer or my parent's employer pays for.
- Yes: Military insurance (e.g., VA benefits, Tricare, CHAMPUS, etc.)
- Yes: Medicare
- Yes: Medicaid

9. Was there a time in the past 12 months when you needed **medical care** but could not get it? (Check **as many answers** as you need to.)

- No; I got all the medical care I needed in the past 12 months.
- Yes, because I didn't have health insurance and couldn't afford the cost by myself.
- Yes, because I had health insurance but it didn't cover what I needed.
- Yes, because I had health insurance but my share of the cost (deductible/co-pay/co-insurance) was too high.
- Yes, because the provider (doctor, clinic or hospital) would not take my insurance or Medicaid.
- Yes, because I didn't have transportation to get there.
- Yes, because I didn't know where to go.
- Yes, because it took too long to get an appointment.
- Yes, because the doctor wasn't taking new patients.
- Yes; Other reason: _____

10. Was there a time in the past 12 months when you could not get a **medically necessary prescription**? (Check **as many answers** as you need to.)

- No; I could get all the medically necessary prescriptions I needed.
- Yes, because I didn't have health insurance and couldn't afford the cost by myself.
- Yes, because I had health insurance but it didn't cover any prescriptions or the prescription I needed.
- Yes, because I had health insurance drug coverage but my share of the cost (deductible/co-pay/co-insurance) was too high.
- Yes, because the pharmacy would not take my insurance or Medicaid.
- Yes, because I had problems with Medicare Part D coverage.
- Yes, because I didn't have transportation to get there.
- Yes, because I didn't know where to go.
- Yes; Other reason: _____

11. What is the main reason that you or your family would not be up-to-date on vaccines? (Check **only one (1)** answer.)

- | | |
|---|--|
| <input type="checkbox"/> My family and I are up-to-date on our vaccines. | <input type="checkbox"/> I am afraid of possible side effects. |
| <input type="checkbox"/> Vaccines cost too much | <input type="checkbox"/> I believe the vaccines cause the disease. |
| <input type="checkbox"/> I don't want to see my child in pain | <input type="checkbox"/> I don't know when they are due. |
| <input type="checkbox"/> I have religious reasons not to vaccinate | <input type="checkbox"/> Other: _____ |

APPENDIX 2

12. If a friend or family member needed counseling for a **mental health or a drug/alcohol abuse problem**, who would you tell them to call or talk to? Choose **as many answers** as you need to.

<input type="checkbox"/> Daymark Recovery Services	<input type="checkbox"/> Minister/religious official
<input type="checkbox"/> Family Services	<input type="checkbox"/> Local hospital
<input type="checkbox"/> Monarch	<input type="checkbox"/> School counselor, nurse or social worker
<input type="checkbox"/> ARC	<input type="checkbox"/> Support group (e.g., AA, Al-Anon)
<input type="checkbox"/> Private counselor or therapist	<input type="checkbox"/> Not sure/don't know
<input type="checkbox"/> Doctor	<input type="checkbox"/> Other: _____

13. If a friend or family member were thinking about suicide, who would you tell them to call or talk to? Choose **as many answers** as you need to.

<input type="checkbox"/> Daymark Recovery Services	<input type="checkbox"/> Local hospital
<input type="checkbox"/> Family Services	<input type="checkbox"/> School counselor, nurse or social worker
<input type="checkbox"/> Monarch	<input type="checkbox"/> National or other crisis phone line
<input type="checkbox"/> Private counselor or therapist	<input type="checkbox"/> Not sure/don't know
<input type="checkbox"/> Doctor	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Minister/religious official	

PART 3. Personal Health

The following questions ask about **your own personal health**. Remember, this survey will not be linked to you in any way.

14. Considering all types of **alcoholic beverages**, on how many days during the past month did you have **5 or more** alcoholic drinks on a single occasion or at one sitting? Choose **only one (1)** answer.

None One or two times Three or four times Five or more times

15. Do you use “**electronic-cigarettes**” (e.g., e-cigs, vape pens, e-hookahs, etc.)?

Yes No

16. Do you **smoke regular (tobacco) cigarettes**? Choose **only one (1)** answer.

<input type="checkbox"/> I have never smoked.	<input type="checkbox"/> I smoke less than one pack a day.
<input type="checkbox"/> I used to smoke but have quit.	<input type="checkbox"/> I smoke one or more packs a day.

17. Where would you go for help if you wanted to **quit smoking**? Choose **as many** answers as you need to.

<input type="checkbox"/> Not applicable: I don't smoke	<input type="checkbox"/> Pharmacy/over-the-counter product
<input type="checkbox"/> Not applicable: I don't want to quit smoking	<input type="checkbox"/> Hospital
<input type="checkbox"/> Quit Now NC/Quit Line	<input type="checkbox"/> Doctor, private counselor/therapist
<input type="checkbox"/> Health Department	<input type="checkbox"/> Not sure/don't know

APPENDIX 2

18. Do you support tobacco-free outdoor public areas such as parks, festivals, fairs, etc?

Yes No Don't know

19. The recommendation for physical activity is **30 minutes a day, 5 days a week (2½ hours per week.)** Pick the **one main reason** that you do not get this much physical activity.

Nothing; I do get this much physical activity I don't have time to exercise.
 I feel like I get this at my work. It costs too much to exercise
 I am physically disabled. I don't like to exercise
 There is no safe place to exercise. Other: _____

20. One recommendation for healthy eating is to eat **at least five (5) servings of fruits and vegetables a day** (NOT counting French fries or potato chips). Pick the *one main reason* that you do not eat this way.

Nothing; I eat 5 or more servings a day. I just don't think about it.
 I (or my family) won't eat them. I don't have time to fix them.
 I don't know how to prepare them. They're too expensive.
 They go bad before we eat them. Other: _____
 I don't think they are important.

21. Have you ever been told by a **doctor, nurse, or other health professional** that you have any of the conditions in the following list? Please answer **every** question.

Angina/heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung disease (asthma, COPD, chronic bronchitis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression or anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes (not during pregnancy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overweight/obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22. **If you are a male**, do you conduct **monthly testicular self-exams**? (*If you are a female, skip this question.*)

Yes No Not sure/don't know N/A; I am a female

23. **If you are a male age 50 or older**, do you have a **prostate exam** (e.g., PSA blood test or digital rectal exam) as frequently as recommended by a doctor or other health care provider? (*If you are a female, OR a male under age 50, skip this question.*)

Yes No Not sure/don't know N/A; I am a female

APPENDIX 2

24. If you are a female, do you conduct **monthly breast self-exams**? (*If you are a male, skip this question.*)

Yes No Not sure/don't know N/A; I am a male

25. If you are a female age **40 or older**, do you have an **annual mammogram** (breast x-ray)? (*If you are a male, OR a female under age 40, skip this question.*)

Yes No Not sure/don't know N/A; I am a male, or a female under age 40

26. If you are a female age **21 or older**, do you have a **Pap smear** as frequently as recommended by a doctor or other health care provider? (*If you are a male, OR a female under age 21, skip this question.*)

Yes No Not sure/don't know N/A; I am a male, or a female under age 21

27. If you are a **male or female age 50 or older**, have you ever had a **colon cancer screening** (e.g., fecal occult blood test, sigmoidoscopy, or colonoscopy)? (*If you are under age 50, skip this question.*)

Yes No Not sure/don't know N/A; I am age 50 or older

28. **All males and females:** Do you conduct **monthly skin self-checks** (for moles, skin changes, etc.)?

Yes No Not sure/don't know

Part 4. Environmental Health

29. Do you and your family recycle? Yes No

If no, why not? (**Check only one (1) answer**):

It is too much trouble to recycle.

I don't know where to take materials for recycling.

My garbage pick-up does not offer recycling.

Other: _____

30. Which of the following Environmental Health concerns do you believe **most** affects your health? Choose **only one (1)** answer.

Mold

Radon

Lead exposure

Meth labs

Air quality

Food safety

Second-hand smoke

Other: _____

APPENDIX 2

Part 5. Emergency Preparedness

31. Does your household have *working* **smoke and carbon monoxide detectors**? (Choose **only one (1)** answer.)

- Yes, smoke detectors only Yes, both kinds of detectors
 Yes, carbon monoxide detectors only Not sure/don't know

32. Does your family have a **basic emergency supply kit with enough supplies to last at least three (3) days**? (These kits include water, non-perishable food, necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.).

- Yes No Not sure/don't know

33. What would be your **main way of getting information** from authorities in a large-scale disaster or emergency? Choose **only one (1)** answer.

- Television Print media (newspaper) Text message or phone call from an
 Radio Social networking site emergency alert system
 Internet Neighbors, friends, family Not sure/don't know
 County website

34. If public authorities announced a **mandatory evacuation** from your neighborhood or community due to a large-scale disaster or emergency, would you voluntarily evacuate?

- Yes, I would evacuate
 Not sure/don't know if I would evacuate
 No, I would not evacuate

35. If you answered "Not sure/don't know" or "No", why are you unsure or why would you not evacuate? (Choose **as many** reasons as you need to):

- Not applicable: I said I would evacuate Concern about family safety
 Lack of transportation Concern about leaving pets
 Lack of trust in public officials Concern about traffic jams/ability to leave
 Concern about leaving property behind Health problems (could not be moved)
 Concern about personal safety Other: _____

36. What potential emergency situation concerns you the most? Choose **only one (1)** answer.

- Flood/high water Bioterrorism/other terrorist attack
 Tornado/wind damage Epidemic disease
 Forest/brush fire Other: _____
 Hurricane

APPENDIX 2

Part 6. (Final Part). Demographic Questions

We have a final set of questions about you. These are questions that help us understand how different types of people view different health issues.

37. What is the ZIP code of your PRIMARY residence in Davidson County? Check only one (1).

27012 27239 27260 27292 27295
 27299 27351 27360 27373 27274

38. How old are you?

18-19 40-49 65-69 85 or older
 20-29 50-59 70-79
 30-39 60-64 80-85

39. Are you male or female? Male Female

40. Are you of Hispanic, Latino, or Spanish origin? Yes No

41. What do you consider your race? Please check **only one (1)** answer.

White only
 Black/African American only
 Native American/American Indian/Alaska Native only
 Asian (Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino/a) only
 Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro) only
 Other race not listed here
 Two or more races

42. What is the **highest** level of school, college or training that you have finished? Choose **only one (1)** answer.

Less than 9th grade Some college (no degree)
 9th – 12th grade, no diploma Bachelor's degree
 High school diploma (or GED/equivalent) Graduate or professional degree
 Associate's Degree or Vocational Training Other: _____

43. What was your **total household income** last year, before taxes? (This includes everybody age 15 or older who lives in your house and has income.) Choose **only one (1)** answer.

Less than \$20,000 \$40,000 to \$49,999 \$70,000 to \$79,000
 \$20,000 to \$29,999 \$50,000 to \$59,999 \$80,000 to \$99,000
 \$30,000 to \$39,999 \$60,000 to \$69,000 \$100,000 or more

APPENDIX 2

44. How many people does this income support? (If you are paying child support but your child is not living with you, this still counts as someone living on your income.) Choose **only one (1)** answer.
- 1 person 2 people 3 or 4 people 5 or more people
45. What is your employment status? (Choose **as many** answers as you need to describe your situation.)
- Employed full-time Unemployed Homemaker
 Employed part-time Disabled Self-employed
 Retired Student
46. Does anyone in your household have a working telephone?
- No; no one in my household has a telephone of any kind
 Yes: a land line only
 Yes: one or more cell phone(s) only
 Yes: both a land line and one or more cell phones
47. Do you have access to the Internet? Yes No

Thank you very much for completing the Community Health Survey!

APPENDIX 3

2015
Davidson County
Community Health Assessment

Summary of Secondary Data and
Community Health Survey Results

October 16, 2015



Purpose of the Community Health Assessment

- Describe the health status of the community.
- Create a report that will serve as a resource for the Davidson County Health Department, local hospitals and other community organizations.
- Provide direction for the planning of disease prevention and health promotion services and activities.



Contributing Viewpoints

Secondary Data	Citizen and Stakeholder Opinion
<ul style="list-style-type: none">-Demographic-Socioeconomic-Health-Environmental	<ul style="list-style-type: none">-Community health survey



We Take Special Notice When...

- Davidson County statistics deviate from North Carolina or peer county statistics, or some other “norm”.
- Trend data show significant changes over time.
- There are significant age, gender, or racial disparities.



Definitions and Symbols

- **Arrows**

- Arrow up (▲) indicates an increase.
- Arrow down (▼) indicates a decrease.

- **Color**

- **Red** indicates a “worse than” or negative difference
- **Green** indicates a “better than” or positive difference
- **Blue** indicates a likely unstable rate or difference based on a small number of events; figures in blue should be used with great caution.

- **Bold Type**

- Indicates the higher value of a pair, or the highest value among several.



Data Caveats

- Data sources presented among these slides are rudimentary, but are thoroughly cited in the supporting Data Workbooks.
- Most secondary data originated from authoritative sources in the public domain (e.g., US Census Bureau, US EPA, NC State Center for Health Statistics).
- Most data for Davidson County is compared also to data for Randolph County (a state-sanctioned peer county) and data for North Carolina as a whole.
- All secondary data were mined at a point in time in the recent past, and may not represent present conditions. Numbers, entity names, program titles, etc. that appear in the data may no longer be current.



Demographic Data



General Population Characteristics

- The Davidson County population has a slightly higher proportion of females than males.
- The median age of the Davidson County population is 3.9 years older than NC average

July 1, 2014 US Census Bureau Estimate

Location	Total Population	Number Males	% Population Male	Median Age Males	Number Females	% Population Female	Median Age Females	Overall Median Age
Davidson County	164,072	80,435	49.0	41.0	83,637	51.0	43.0	42.1
Randolph County	142,778	70,548	49.4	39.9	72,230	50.6	42.0	41.0
State of NC	9,943,964	4,844,593	48.7	36.7	5,099,371	51.3	39.7	38.2



Population Growth

- According to data from the NC Office of State Budget and Management, the double-digit rate of growth in Davidson County is expected to continue through 2030, although at a rate below that for NC as a whole.

Percent Population Growth		
Decade	Davidson County	State of NC
1980-1990	11.9	12.8
1990-2000	16.2	21.3
2000-2010	10.6	18.5
2010-2020	12.8	15.8
2020-2030	11.1	12.9



Minority Populations

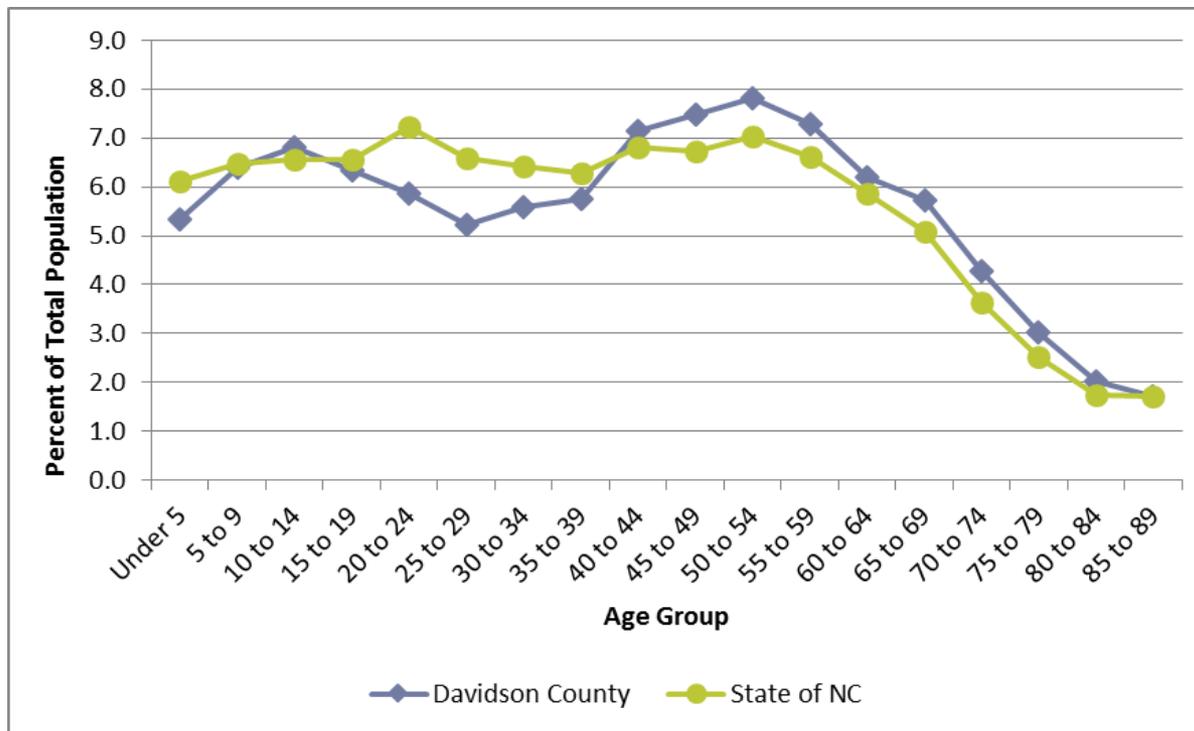
- Davidson County has lower proportions of African Americans and Hispanics than NC as a whole.

Population Distribution by Race/Ethnicity July 1, 2014 US Census Bureau Estimate

Location	Percent of Overall Population					
	White	Black	American Indians	Asian	Multiple Races	Hispanic
Davidson County	86.9	9.4	0.8	1.5	1.5	6.8
Randolph County	89.8	6.3	1.0	1.3	1.5	11.1
State of NC	71.5	22.1	1.6	2.8	2.1	9.0

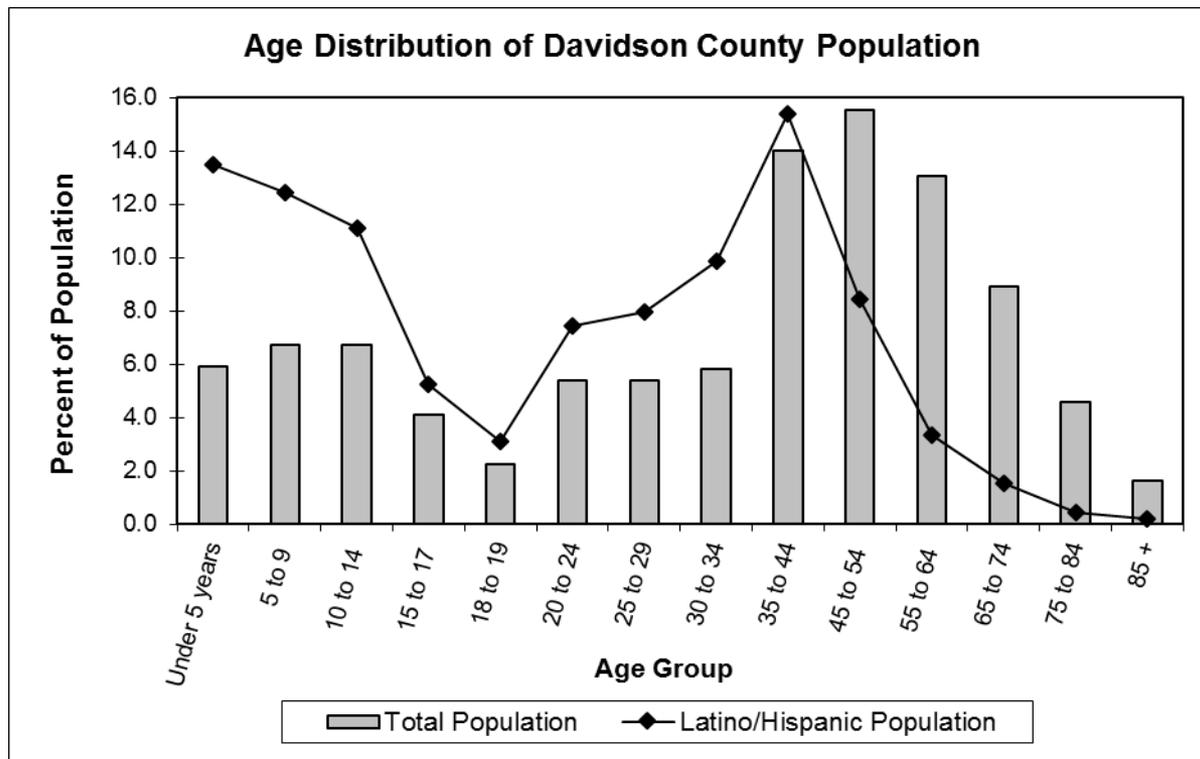
Population Age Distribution

- According to 2014 US Census Bureau estimates, compared to NC as a whole Davidson County has lower proportions in most age categories of people under age 40 and higher proportions in most age categories of people over age 40.



Hispanic Population Age Distribution

- According to a 2009-2013 US Census Bureau estimate, the Hispanic population in Davidson County has higher proportions of persons under age 45 and lower proportions of persons over age 45 than the overall county population.



Growth of the Elderly Population

- According to figures from the NC Office of State Budget and Management, the population in every major age group age 65 and older in Davidson County is projected to increase between 2010 and 2030.
 - **Age 65-74:** by 49%
 - **Age 75-84:** by 67%
 - **Age 85+:** by 53%
 - **Overall Age 65+:** by 55%
- According to the US Census Bureau, in 2014 there were an estimated 27,527 persons age 65 and older in Davidson County. This figure is projected to grow to 38,303 by 2030.



Socioeconomic Data



Income

In Davidson County (according to US Census Bureau figures):

- 2014 Per Capita Personal Income = \$21,783
 - \$3,501 **below** NC average
- 2014 Median Household Income = \$41,588
 - \$4,746 **below** NC average
- 2013 Median Family Income = \$54,218
 - \$2,710 **below** NC average

Household: all people in a housing unit sharing living arrangements; may or may not be related

Family: householder and people living in household related by birth, marriage or adoption.

All families are also households; not all households are families.



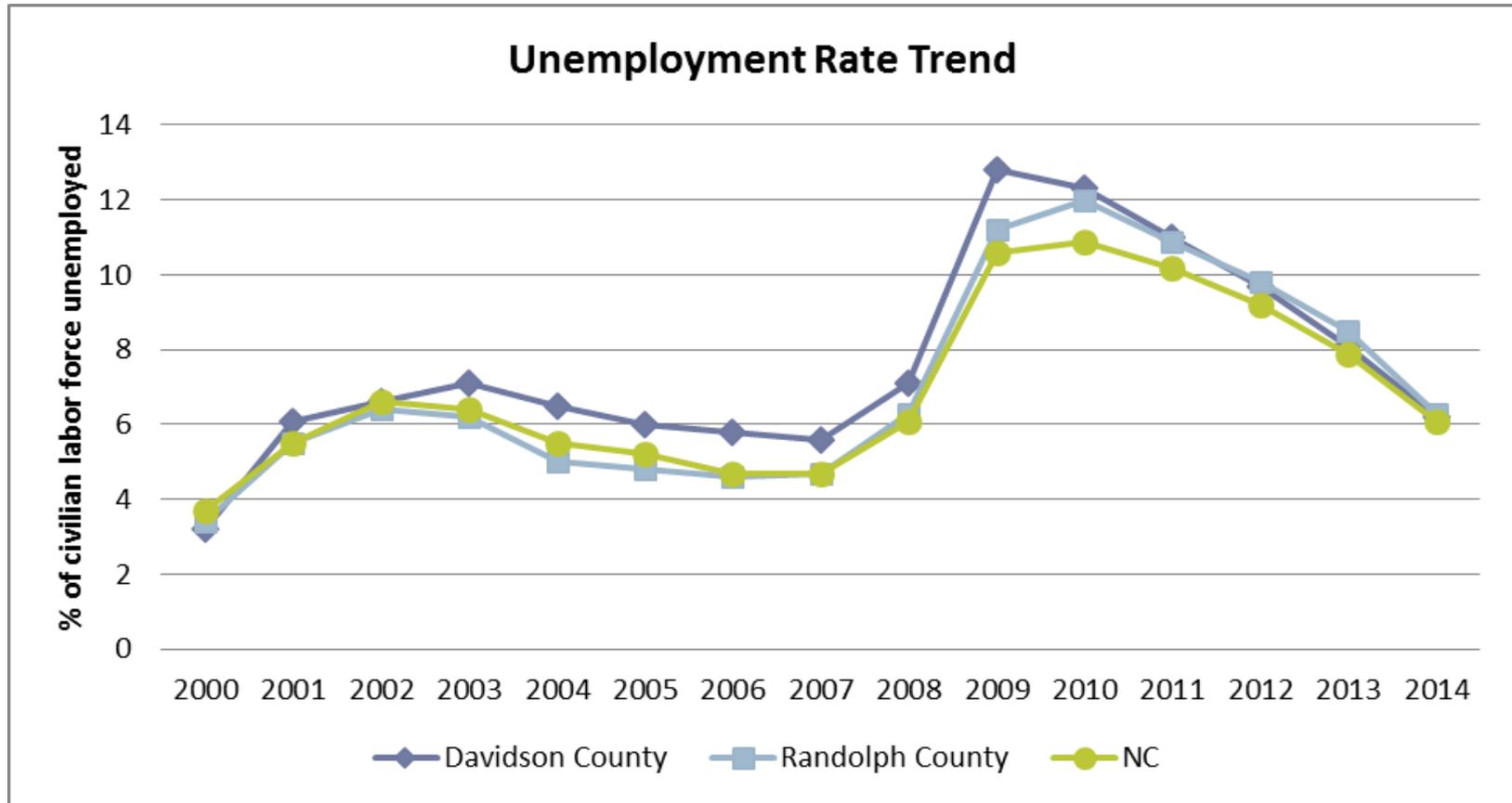
Employment

- According to NC Employment Security Commission figures, in 2014 the three employment sectors in Davidson County with the largest workforce sectors (and average weekly wages) were:
 - Manufacturing: 22.06% of workforce (\$803)
 - Retail Trade: 12.04% of workforce (\$470)
 - Health Care and Social Assistance: 11.45% of workforce (\$690)

Statewide in 2014 the largest employment sector was Health Care and Social Assistance (14.29%) at an average weekly wage of \$880 per employee.

Annual Unemployment Rate

(NC Department of Commerce Figures)



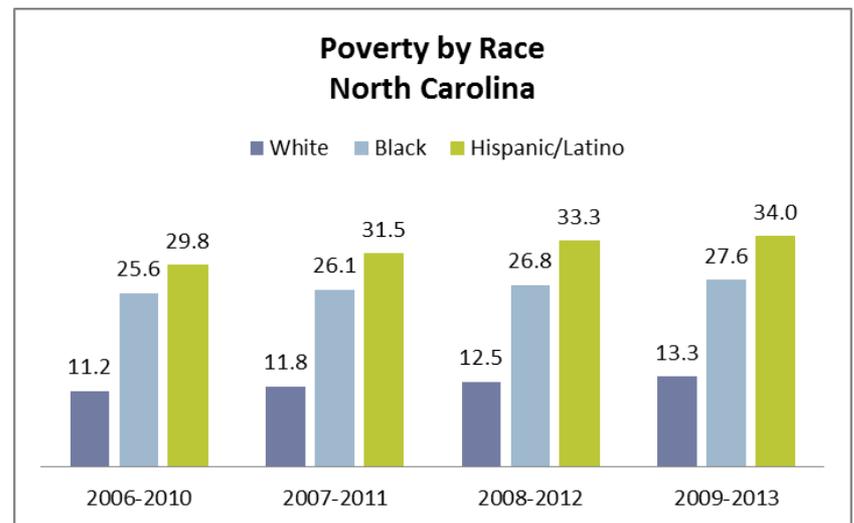
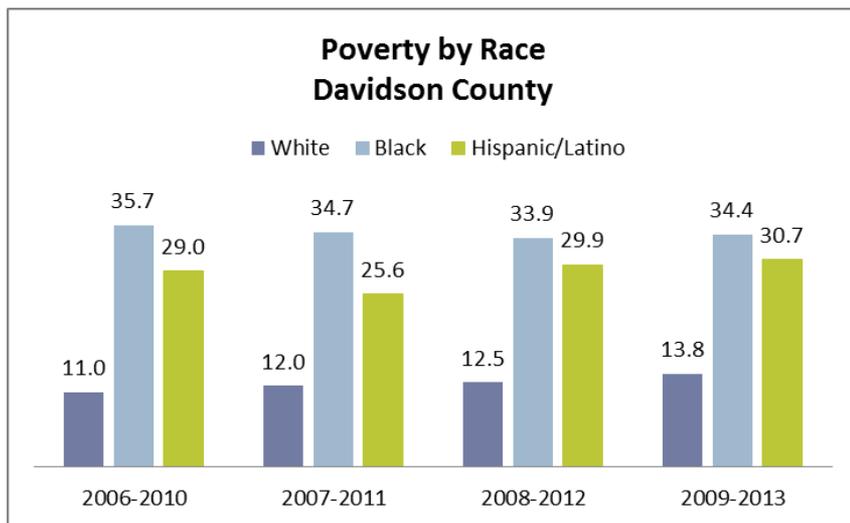
Overall Poverty Rate Trend

- According to US Census Bureau figures, the overall poverty rate in Davidson County was lower than the comparable state rate throughout the period cited.
- Poverty rose in Davidson County and in NC in every period cited.

Location	Percent of All People in Poverty			
	2006-2010	2007-2011	2008-2012	2009-2013
Davidson County	14.5	15.1	15.2	16.3
Randolph County	17.2	17.6	17.1	17.8
State of NC	15.5	16.1	16.8	17.5

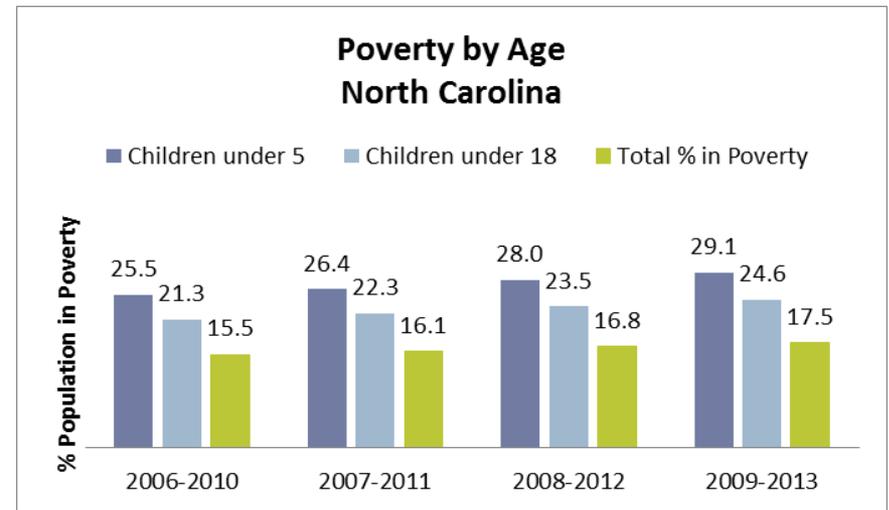
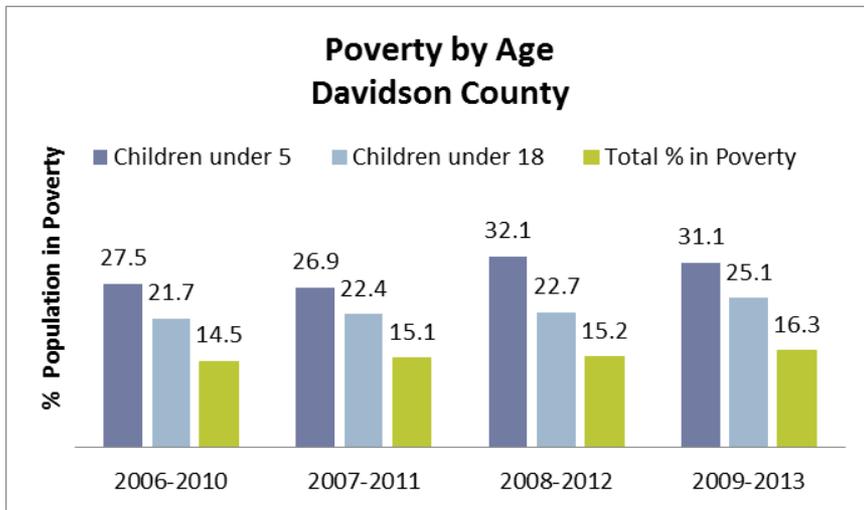
Poverty and Race

- According to US Census Bureau figures, the poverty rate among Blacks in Davidson County exceeded the comparable poverty rates for other groups throughout the period cited. In NC as a whole, the highest poverty rate over the period cited occurred among Hispanics.



Poverty and Age

- According to US Census Bureau figures, the poverty rate among children in Davidson County exceeded the comparable poverty rates for the population as a whole throughout the period cited. Figures for NC demonstrated the same disparity.



Housing Costs

According to US Census Bureau figures for 2009-2013:

- The estimated median monthly mortgage cost among Davidson County homeowners = \$1,141.

\$140 less than the NC median

- The estimated median gross monthly rent among Davidson County renters = \$637

\$139 less than the NC median

In Davidson County for 2009-2013, approximately 47% of renters and 32% of mortgage-holders lived in a household paying > 30% of household income for housing. The comparable NC figures were 51% and 32%.

Children and Families

According to US Census Bureau figures for 2009-2013:

- There were 18,398 households living with their own children under age 18.
 - 68% were headed by a married couple [NC = 65%]
 - 24% were headed by a female householder (no husband present) [NC = 27%]
 - 8% were headed by a male householder (no wife present) [NC = 8%]
- 53% of the estimated 3,436 Davidson County grandparents living with their minor grandchildren *also* were financially responsible for their care. [NC = 49%]



Educational Achievement

- According to US Census Bureau data, compared to the NC average, Davidson County has:
 - **5% lower** population who were high school graduates or higher (2009-2013)
 - **36% lower** population who had a bachelor's degree or higher (2009-2013)
- According to NC Public Schools data, compared to the NC average the 2014-2015 4-Year Cohort HS Graduation Rate was:
 - **4% lower** in Davidson County Schools
 - **5% lower** in Lexington City Schools
 - **0.4% lower** in Thomasville City Schools

Educational Achievement

- The NC Department of Public Instruction reports the following test results:

Location	% 3rd Graders Grade Level Proficient on EOG Reading Test	% 3rd Graders Grade Level Proficient on EOG Math Test	% 8th Graders Grade Level Proficient on EOG Reading Test	% 8th Graders Grade Level Proficient on EOG Math Test	SAT Participation Rate	Average Total SAT Scores
	SY2013-14	SY2013-14	SY2013-14	SY2013-14	SY2012-13	SY2013-14
Davidson County Schools	58.7	64.8	60.1	46.5	48%	1,011
Lexington City Schools	49.8	55.4	36.8	28.4	50%	909
Thomasville City Schools	36.5	48.7	38.9	28.6	69%	815
Randolph County Schools	54.6	61.4	48.3	35.2	40%	957
Asheboro City Schools	46.0	55.4	37.6	36.8	52%	942
State of NC	60.2	60.9	54.2	42.2	53%	994



Educational Investment

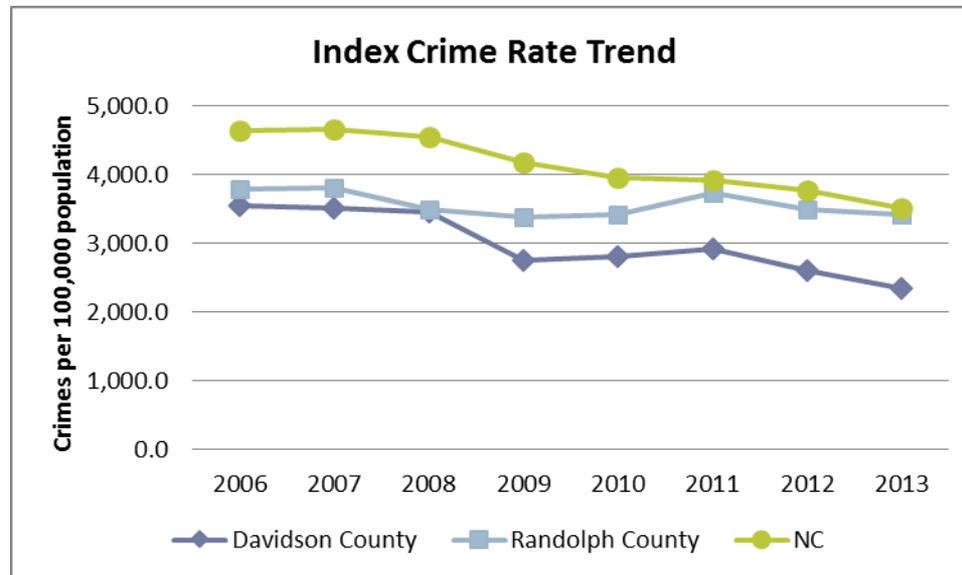
- The NC Department of Public Instruction reports the following LEA expenditures for SY2013-2014:

Location	Average Per Pupil Expenditure			
	Local	State	Federal	Total
Davidson County Schools	\$1,400	\$5,172	\$710	\$7,282
Lexington City Schools	\$1,912	\$6,143	\$1,573	\$9,628
Thomasville City Schools	\$1,867	\$5,927	\$2,166	\$9,960
Randolph County Schools	\$1,579	\$5,413	\$807	\$7,799
Asheboro City Schools	\$2,210	\$5,654	\$1,460	\$9,324
State of NC	\$2,103	\$5,386	\$965	\$8,454

Crime and Safety

Index Crime

- The “index crime rate” is the rate of the sum of violent crime and property crime.
- According to data from the NC Department of Justice, the index crime rate in Davidson County was lower than the comparable NC average in every year cited.
- In 2013 the index crime rate in Davidson County was the lowest it had been in eight years.



Crime and Safety

- According to data from the NC State Bureau of Investigation the crimes reported in Davidson County from 2006 through 2013 were:

Type of Crime	Number of Crimes							
	2006	2007	2008	2009	2010	2011	2012	2013
Violent Crime	549	555	424	395	361	334	289	294
<i>Murder</i>	5	3	4	0	8	7	0	4
<i>Rape</i>	15	16	22	22	17	24	14	18
<i>Robbery</i>	109	114	102	112	87	78	75	81
<i>Aggravated Assault</i>	420	422	296	261	249	225	200	191
Property Crime	4,808	4,779	4,863	3,883	4,042	4,247	3,798	3,470
<i>Burglary</i>	918	1,072	1,586	1,331	1,334	1,541	1,312	1,369
<i>Larceny</i>	3,523	3,340	2,952	2,336	2,535	2,510	2,327	1,936
<i>Motor Vehicle Theft</i>	367	367	325	216	173	196	159	165
Total Index Crimes	5,357	5,335	5,287	4,278	4,403	4,581	4,087	3,764

- *Aggravated assault* is the purposeful use of force, often involving a weapon, to inflict bodily harm.
- *Larceny* is theft of property without the use of force.

Crime and Safety

- According to the NC Department of Justice, of **14,469 registered sex offenders** in NC in September 2015, **316** lived in Davidson County.
- According to the NC Department of Justice, **44 clandestine methamphetamine lab** busts took place in Davidson County over the period from 2005 through 2013.
- According to the NC Department of Crime Control and Public Safety, as of 2013 **seven gangs** were identified in Davidson County

Juvenile Crime

According to the NC Department of Juvenile Justice and Delinquency Prevention:

- Between 2011 and 2014 the *number* and *rate* of complaints of **undisciplined** youth (ages 6-17) in Davidson County were essentially unchanged: 81 and 3.1, respectively
 - *Undisciplined* refers to disobedience beyond disciplinary control of parent/guardian (e.g., truancy, vagrancy, running away from home for more than 24 hours).
- Over the same period the *number* of complaints of **delinquent** youth in the county ▲ 43%, and the *rate* ▲ 47%.
 - *Delinquency* refers to acts committed by youths that would be crimes if committed by an adult
 - “Rate” equals the number of events per 1,000 youth in the age group
- 68 Davidson County youths were sent to secure detention in 2011; 54 were sent in 2014.

Sexual Assault

- According to the NC Domestic Violence Commission, the number of individuals filing sexual assault claims decreased dramatically in Davidson County after FY2006-2007.

Location	No. of Individuals Filing Complaints ("Clients")									
	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14
Davidson County	59	90	95	65	65	44	24	30 *	55	40
Randolph County	71	55	34	24	43	76	96	148	410	205
State of NC	8,564	8,721	7,444	6,527	8,494	13,392	13,881	13,214	12,971	13,736

* Program submitted partial data

- In FY2013-2014 the most commonly reported type of sexual assault in Davidson County was marital rape (28%). Statewide the most common complaint was child sexual offense (26%)
- In FY2013-2014 the most frequently reported offender was a relative. Statewide the most frequently reported offender also was a relative.



Domestic Violence

- According to the NC Domestic Violence Commission, the number of individuals filing domestic violence claims decreased dramatically in Davidson County after FY2005-2006.

Location	No. of Individuals Filing Complaints ("Clients")									
	FY2004-05	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14
Davidson County	649	617	491	389	408	259	232	143 *	325	197
Randolph County	1,982	1,416	1,609	2,690	4,226	4,858	3,192	2,833	3,194	2,732
State of NC	50,726	48,173	47,305	41,787	51,873	66,320	61,283	51,563	57,345	55,274

* Program submitted partial data

- The domestic violence shelter serving Davidson County was full on 64 days in FY2013-2014.
- There were six domestic violence homicides over the period from 2008 through 2013.



Child Maltreatment

- According to Child Welfare data from the NC Social Services Data Warehouse at UNC, the numbers of children subject to abuse, neglect, or abuse and neglect in Davidson County have fluctuated without pattern in the period cited. Neglect-only cases composed the most common type of child maltreatment.

Category	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Total No. of Findings of Abuse, Neglect, Dependency	52	46	32	21	40	39
No. Substantiated ¹ Findings of Abuse and Neglect	6	4	3	2	4	4
No. Substantiated Findings of Abuse	15	16	6	9	5	10
No. Substantiated Findings of Neglect	31	26	23	10	31	25
Services Needed	94	101	110	127	122	151
Services Recommended	120	164	155	104	75	90
No. Unsubstantiated Findings	127	116	137	141	149	153
Services Not Recommended	610	671	654	707	627	591

¹ A "substantiated" report of child abuse, neglect or exploitation indicates that the investigation supports a conclusion that the subject child(ren) was/were abused, neglected, or exploited.



Health Resources



Health Insurance

- According to US Census Bureau data the percent of uninsured in Davidson County decreased in all age groups over period shown.

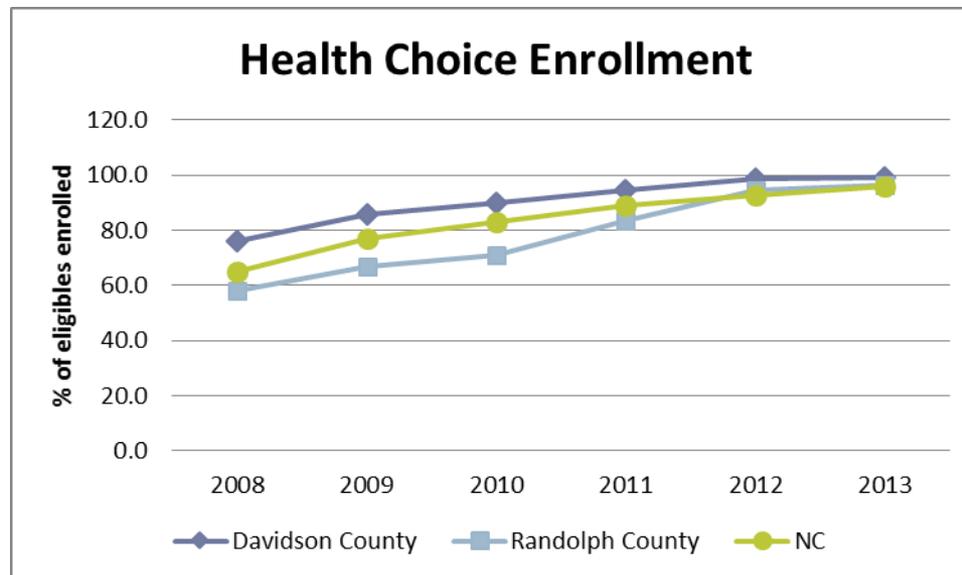
Percent of Population Without Health Insurance, by Age Group

Location	2011			2012			2013		
	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64
Davidson County	7.3	23.2	18.8	6.8	23.0	18.5	6.1	21.9	17.5
Randolph County	9.8	26.5	21.7	8.7	26.8	21.6	8.4	26.1	21.0
State of NC	7.9	23.0	18.7	7.9	23.4	19.0	6.9	22.5	18.1

- The age group 0-18 tends to have a lower percentage of uninsured than the 19-64 age group, due partly at least to NC Health Choice.

NC Health Choice Enrollment

- Data from the NC Division of Medical Assistance shows that the percent of eligible children enrolled in NC Health Choice in all three jurisdictions increased annually between 2008 and 2013.



Medicaid Eligibility

- According to data from the NC Division of Medical Assistance, the total number of people in Davidson County eligible for Medicaid increased annually in most years from 2008 through 2013.
- The Medicaid programs with the largest numbers of eligibles were Infants & Children and AFDC.

Davidson County Medicaid-Eligibles by Program Area

Year	Number of Eligibles											
	Aged	Blind	Disabled	AFDC	Foster Care	Pregnant Women	Infants & Children	Medicaid CHIP	Medicare Catastrophic	Refugees Aliens	BCC	Total Eligibles
2008	1,893	23	3,812	5,801	49	503	10,153	761	1,266	6	6	24,273
2009	1,830	25	3,818	6,082	40	520	11,390	719	1,410	3	5	25,842
2010	1,841	22	3,875	6,400	34	505	11,362	740	1,479	26	7	26,291
2011	1,866	23	4,024	6,272	39	546	12,261	745	1,600	21	10	27,407
2012	1,882	18	4,070	5,302	22	568	13,074	784	1,575	24	6	27,325
2013	1,916	19	4,159	5,153	23	535	13,204	801	1,682	26	11	27,529



Health Care Practitioners

- 2012 ratios of active health professionals per 10,000 population were **lower** in Davidson County than in NC for:
 - MDs: **7.71** (NC=**22.31**)
 - Primary Care MDs: **4.04** (NC=**7.58**)
 - Dentists: **1.59** (NC=**4.51**)
 - Registered Nurses: **46.57** (NC=**98.56**)
 - Pharmacists: **5.32** (NC=**10.06**)
- These ratios from the Sheps Center for Health Services Research do not take into consideration medical practitioners in neighboring counties accessible to Davidson County residents.

Long-Term Care Facilities

According to data from the NC Division of Health Services Regulation, the number of beds in NC-licensed long-term care facilities in Davidson County as of September, 2015 were:

- Adult Care Homes/Homes for the Aged (6): 488 beds
- Family Care Homes (4): 22 beds)
- Nursing Homes/Homes for the Aged (8): 794 beds

Total = 1,304 beds, or 1 bed for every 21 persons age 65 and older (2014 US Census Bureau population estimate)



Health Statistics



Health Rankings

- According to *America's Health Rankings* (2014)
 - NC ranked 37th overall out of 50 (where 1 is “best”)
- According to *County Health Rankings* (2015) for NC, Davidson County was ranked:
 - 59th overall out of 100 (where 1 is best) for ***health outcomes***
 - 50th in length of life
 - 70th for quality of life
 - 56th overall out of 100 for ***health factors***
 - 62nd for health behaviors
 - 72nd for clinical care
 - 40th for social and economic factors
 - 73rd for physical environment

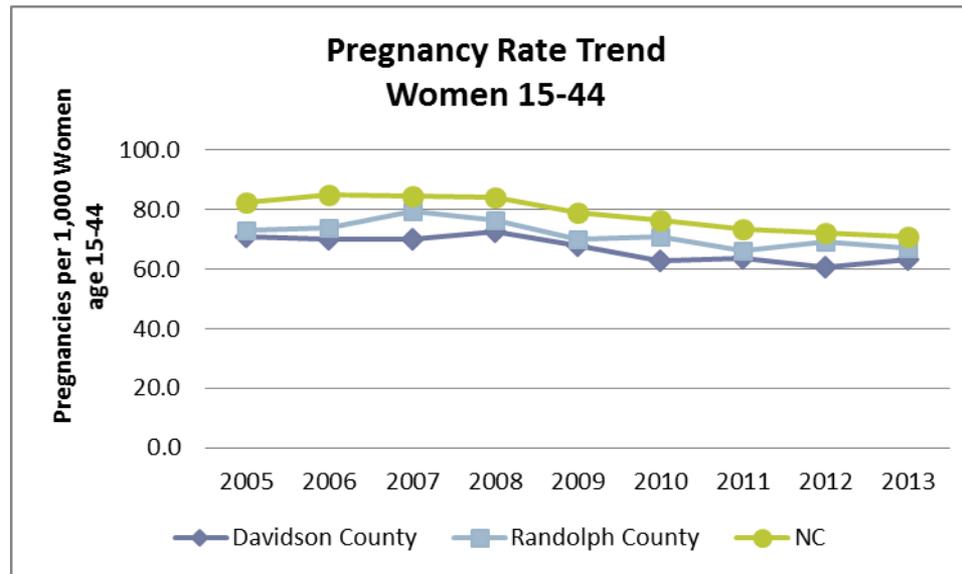
Maternal and Infant Health

(All data from the NC State Center for Health Statistics unless otherwise cited.)

Pregnancy Rate

Pregnancies per 1,000 Women Age 15-44

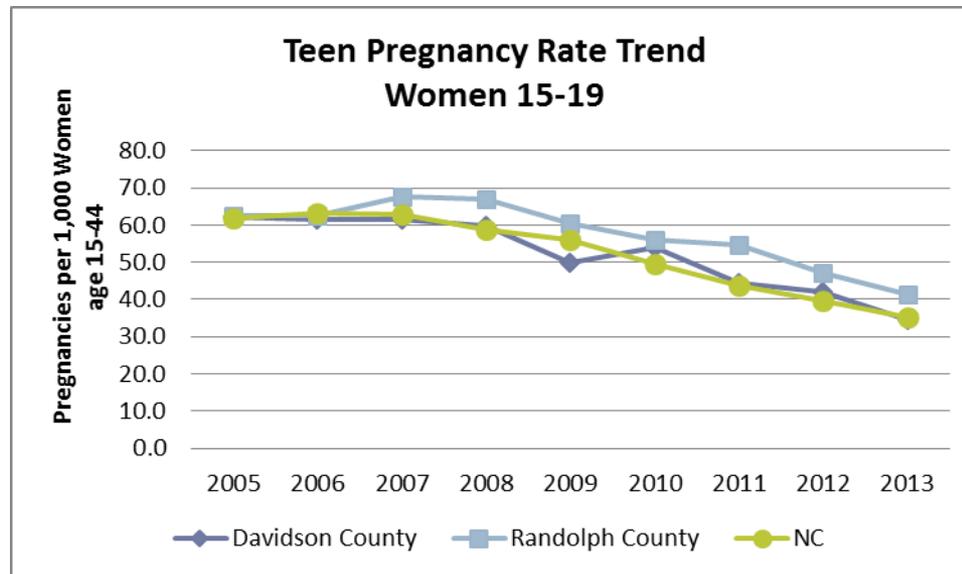
- Total pregnancy rates in Davidson County, Randolph County and NC have fallen overall since 2008.



Pregnancy Rate

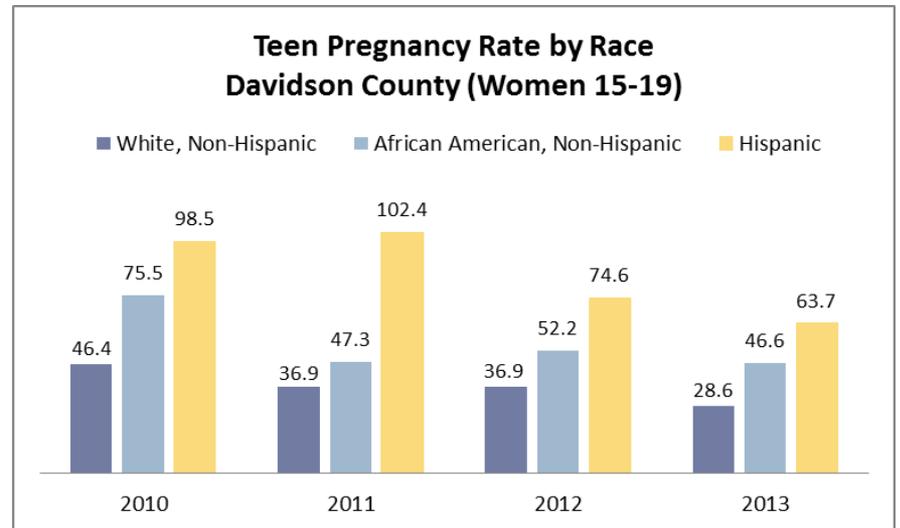
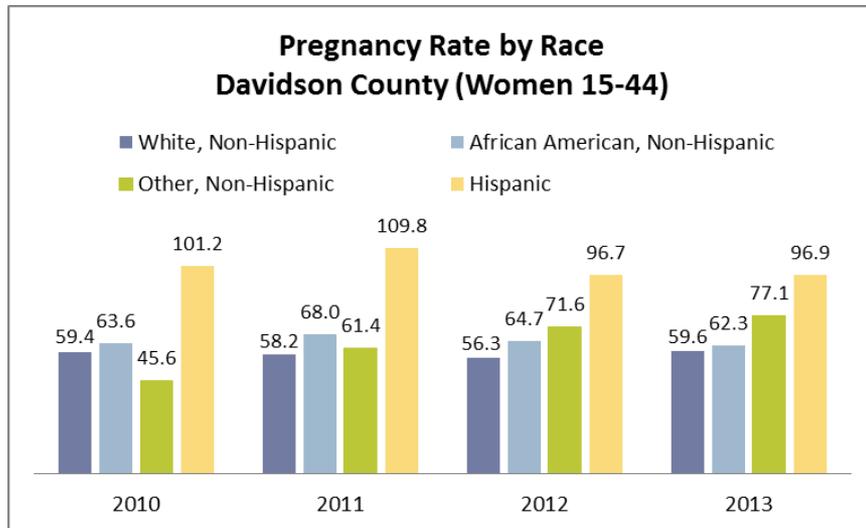
Pregnancies per 1,000 women Age 15-19 (Teens)

- Teen pregnancy rates in Davidson County, Randolph County and NC have fallen significantly since 2008, and appear to be falling still.



Pregnancy Rate By Race/Ethnicity

- Among Davidson County women age 15-44 the highest pregnancy rates appear to occur usually among Hispanics; among teens age 15-19 the highest pregnancy rates in the county also appear to occur most frequently among Hispanics.



Pregnancy Risk Factors

Smoking During Pregnancy

- According to NC Vital Statistics data, the percentage of Davidson County women who smoked during pregnancy increased between 2009 and 2011, while comparable percentages for the state did not change significantly over the same period.
- Among comparators throughout the period cited, the highest percentages of mothers who smoked while pregnant were in Davidson County.

Location	Percent of Births to Mothers Who Smoked While Pregnant					
	2008	2009	2010	2011	2012	2013
Davidson County	16.0	16.4	n/a	19.2	18.0	18.6
Randolph County	13.4	15.6	n/a	14.2	13.0	14.8
State of NC	10.4	10.2	n/a	10.9	10.6	10.3

Pregnancy Risk Factors

Prenatal Care

- According to data in the NC Baby Book, the percentage of women in all three jurisdictions who received early prenatal care decreased significantly after 2010.
- From 2011 through 2013 women in Davidson County had higher percentages of early prenatal care than women in the comparator jurisdictions.

County	Percent of Pregnancies Receiving Prenatal Care in 1 st Trimester					
	2008	2009	2010	2011	2012	2013
Davidson County	80.3	83.5	n/a	76.1	76.2	77.6
Randolph County	81.2	85.1	n/a	61.9	66.0	57.4
State of NC	82.0	83.3	n/a	71.2	71.3	70.3

Pregnancy Risk Factors

High Parity and Short-Interval Births

In Davidson County:

- **High Parity Births (2009-2013)**
 - Mothers age <30 = **17.0%** (NC = 16.0%)
 - Mothers age ≥30 = **22.2%** (NC = 21.7%)
- **Short Interval Births (2009-2013)**
 - Overall = **14.3%** (NC = 12.6%)

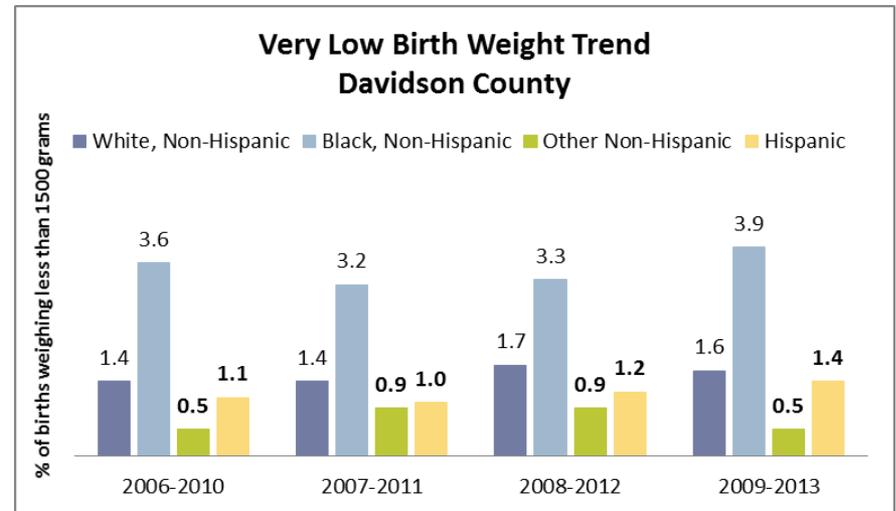
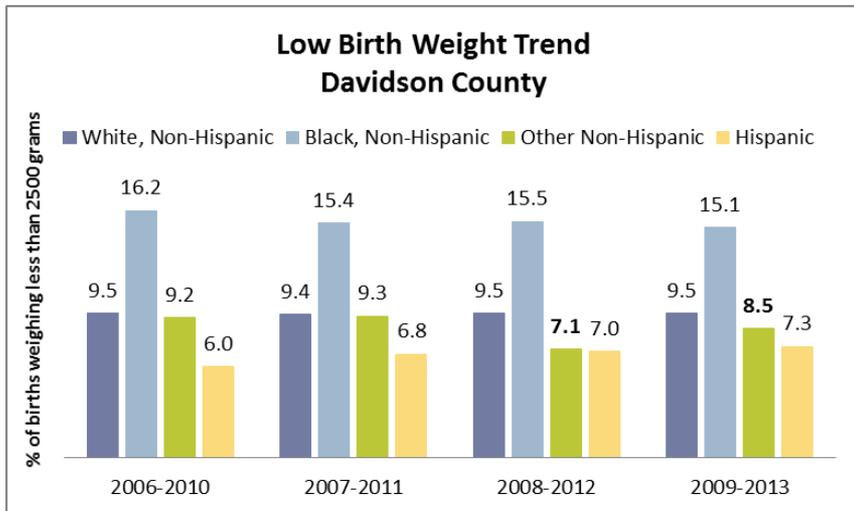


Pregnancy Outcomes

Low Birth Weight Births

by Race

- The highest percentages of Davidson County women experiencing low birth-weight (<5.5 lbs.) and very-low birth-weight (<3.3 lbs.) births occur among African Americans.



Pregnancy Outcomes

Hospital Discharges for Newborns and Neonates with Conditions Originating in the Perinatal Period

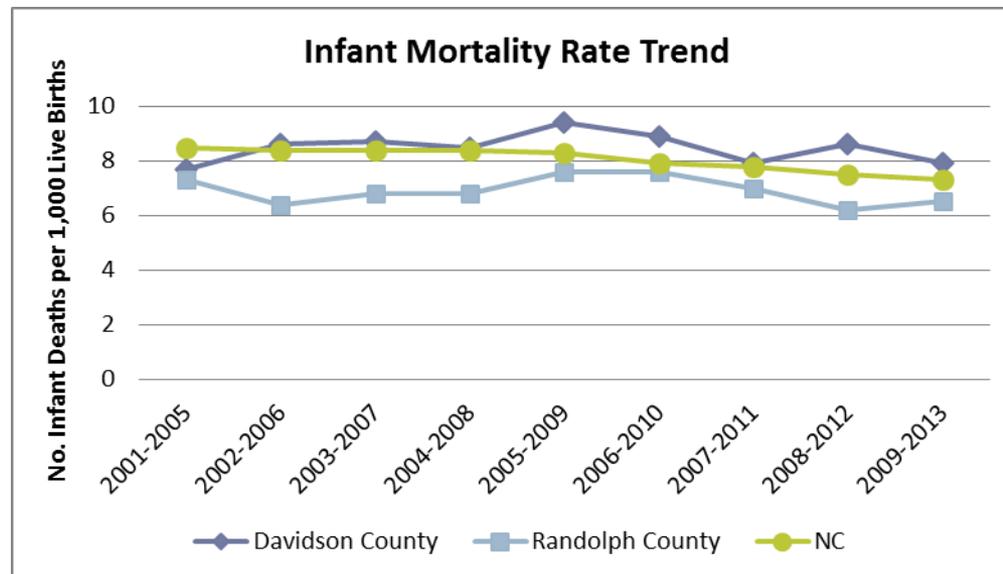
- According to data from Davidson County hospitals, the number of discharges associated with newborns or neonates with some kind of problem originating in the perinatal period increased between 2013 and 2014.

Year	Number of Hospital Discharges by DRG (Diagnosis Related Group) Diagnosis						
	Total Newborns	Extreme Immaturity or Respiratory Distress	Prematurity with Major Problems	Prematurity without Major Problems	Full-Term Neonate with Major Problems	Neonate with Other Significant Problems	Normal Newborn
2012	992	1	2	67	24	141	724
2013	1,108	4	4	67	23	202	772
2014	1,094	6	15	74	44	217	721

Pregnancy Outcomes

Infant Mortality

- The total infant mortality rate in Davidson County has decreased overall since 2005-2009. Throughout much of the period cited, infant mortality was higher in Davidson County than in either Randolph County or NC as a whole.
- Note that according to the CDC the 2013 infant mortality rate in NC was the 10th highest in the nation.

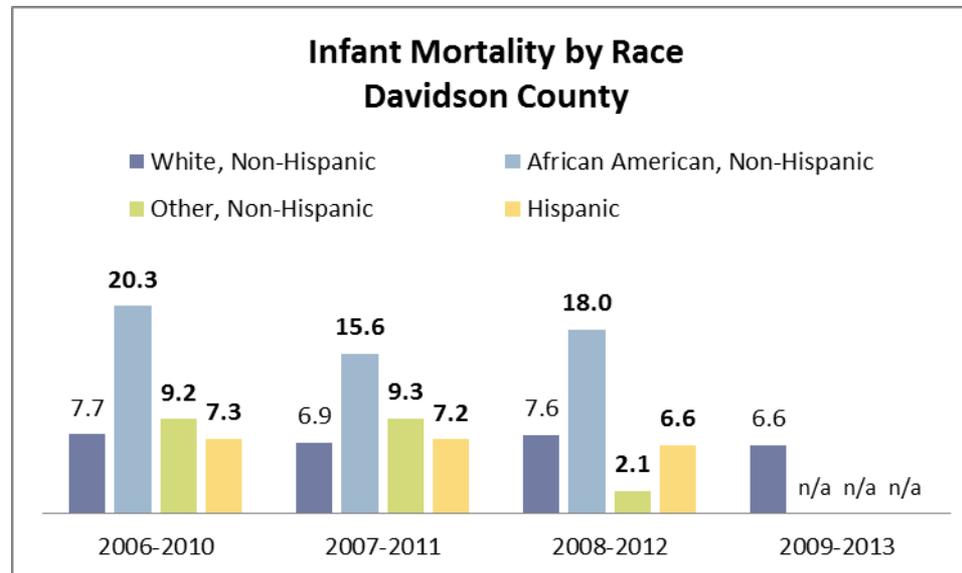


Pregnancy Outcomes

Infant Mortality

by Race

- The infant mortality rate in Davidson County is highest among African American women. Note, however, that most infant mortality rates among minority groups are unstable (or suppressed).



Mortality



Life Expectancy

Life Expectancy for persons born in 2011-2013

- Among comparators, Davidson County had the shortest life expectancies in all categories cited except males.

Location	Life Expectancy in Years				
	Person Born in 2011-2013				
	Overall	Male	Female	White	African-American
Davidson County	76.6	74.5	78.7	76.7	75.1
Randolph County	77.1	74.4	79.7	77.0	77.0
State of NC	78.2	75.7	80.6	78.8	75.9

Leading Causes of Death: Overall

Age-Adjusted Rates (2009-2013)	Davidson County No. of Deaths	Davidson County Mortality Rate	Davidson Rate Difference from NC
1. Diseases of the Heart	1,817	197.7	+16.3%
2. Total Cancer	1,725	177.5	+2.4%
3. Chronic Lower Respiratory Disease	590	62.1	+34.7%
4. Cerebrovascular Disease	442	49.2	+12.6%
5. Alzheimer's Disease	315	37.3	+29.1%
6. All Other Unintentional Injuries	275	33.5	+14.3%
7. Diabetes Mellitus	221	23.0	+6.0%
8. Pneumonia and Influenza	198	22.0	+22.9%
9. Nephritis, Nephrotic Syndrome and Nephrosis	176	19.1	+8.5%
10. Unintentional Motor Vehicle Injuries	138	16.6	+21.2
11. Septicemia	121	13.0	-2.3%
12. Suicide	109	12.7	+4.1%
13. Chronic Liver Disease and Cirrhosis	97	9.9	+4.2%
14. Homicide	21	2.7	-53.4%
15. AIDS	15	1.7	-41.4%

Hospital Activity Associated with Leading Causes of Death (LCD)

- Below is data on emergency department admissions from Davidson County hospitals for diagnoses matching the NC State Center for Health Statistics' ICD-9 case definitions for the top eight Leading Causes of Death

Year	Number of Emergency Department Admissions (by SCHS ICD-9 Case Definitions for LCD)							
	Heart Disease	Total Cancer	COPD (Bronchitis & Emphysema)	Stroke	Alzheimer's Disease	Injury & Poisoning	Diabetes	Pneumonia and Influenza
2012	464	43	1,904	138	4	14,876	318	1,129
2013	497	66	1,587	157	5	14,703	336	866
2014	509	51	1,408	129	7	13,025	276	971

Leading Causes of Death: Gender Comparison

Davidson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank Among Males	Rank Among Females	% Male Rate Difference from Females
1. Diseases of the Heart	1	1	+62.4%
2. Total Cancer	2	2	+58.9%
3. Chronic Lower Respiratory Disease	3	3	+17.7%
4. Cerebrovascular Disease	4	4	-6.8%
5. Alzheimer's Disease	9	5	-44.7%
6. All Other Unintentional Injuries	5	6	+72.3%
7. Diabetes Mellitus	6	8	+63.1%
8. Pneumonia and Influenza	7	7	+33.0%
9. Nephritis, Nephrotic Syndrome and Nephrosis	8	9	+58.1%
10. Unintentional Motor Vehicle Injuries	11	10	+48.5%
11. Septicemia	13	11	+30.2%
12. Suicide	10	12	3.7X
13. Chronic Liver Disease and Cirrhosis	12	13	2.9X
14. Homicide	n/a	n/a	n/a
15. AIDS	n/a	n/a	n/a

Leading Causes of Death: Race Comparison

Davidson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank Among White Non- Hispanic	Rank Among Black non- Hispanic	% Blacks Rate Difference from Whites
1. Diseases of the Heart	1	2	-20.5%
2. Total Cancer	2	1	+2.6%
3. Chronic Lower Respiratory Disease	3	7	-49.6%
4. Cerebrovascular Disease	4	3	+31.3%
5. Alzheimer's Disease	5	4	+40.0%
6. All Other Unintentional Injuries	6	n/a	n/a
7. Diabetes Mellitus	7	5	2.4X
8. Pneumonia and Influenza	8	n/a	n/a
9. Nephritis, Nephrotic Syndrome and Nephrosis	9	6	2.0X
10. Unintentional Motor Vehicle Injuries	10	n/a	n/a
11. Septicemia	11	n/a	n/a
12. Suicide	12	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	13	n/a	n/a
14. Homicide	n/a	n/a	n/a
15. AIDS	n/a	n/a	n/a

Leading Causes of Death: Time Comparison

Davidson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank 2006-2010	Rank Change 2006-2010 to 2009-2013	% Rate Change 2006-2010 to 2009-2013
1. Diseases of the Heart	1	n/c	-17.6%
2. Total Cancer	2	n/c	-6.5%
3. Chronic Lower Respiratory Disease	3	n/c	+6.5%
4. Cerebrovascular Disease	4	n/c	-10.9%
5. Alzheimer's Disease	5	n/c	+7.8%
6. All Other Unintentional Injuries	6	n/c	+13.9%
7. Diabetes Mellitus	8	+1	+2.3%
8. Pneumonia and Influenza	7	-1	-11.6%
9. Nephritis, Nephrotic Syndrome and Nephrosis	10	+1	+1.6%
10. Unintentional Motor Vehicle Injuries	9	-1	-16.2%
11. Septicemia	11	n/c	-13.9%
12. Suicide	12	n/c	-2.3%
13. Chronic Liver Disease and Cirrhosis	13	n/c	+13.8%
14. Homicide	14	n/c	-38.6%
15. AIDS	15	n/c	n/a

Leading Causes of Death – By Age

Age Group	Rank	Cause of Death in Davidson County (2009-2013)
00-19	1	Conditions originating in the perinatal period
	2	Congenital anomalies (birth defects)
	3	Motor vehicle injuries; all other unintentional injuries
20-39	1	All other unintentional injuries
	2	Motor vehicle injuries
	3	Suicide
40-64	1	Cancer (all sites)
	2	Diseases of the heart
	3	Chronic lower respiratory disease
65-84	1	Cancer (all sites)
	2	Diseases of the heart
	3	Chronic lower respiratory disease
85+	1	Diseases of the heart
	2	Cancer (all sites)
	3	Alzheimer's disease

Mortality Trends, 2001-2005 to 2009-2013

Leading Cause of Death in Davidson County	Overall Trend Direction
1. Diseases of the Heart	▼
2. Total Cancer	▼
3. Chronic Lower Respiratory Disease	▲
4. Cerebrovascular Disease	▼
5. Alzheimer's Disease	▲
6. All Other Unintentional Injuries	▲
7. Diabetes Mellitus	▼
8. Pneumonia and Influenza	▼
9. Nephritis, Nephrotic Syndrome and Nephrosis	▲
10. Unintentional Motor Vehicle Injuries	▼
11. Septicemia	▼
12. Suicide	▼
13. Chronic Liver Disease and Cirrhosis	▲
14. Homicide	▼
15. AIDS	n/a

Site-Specific Cancer Trends

Davidson County

Incidence: 1996-2000 to 2008-2012

Mortality: 2001-2005 to 2009-2013

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence Mortality	▲ ▼
Prostate Cancer	Incidence Mortality	▲ ▼
Breast Cancer	Incidence Mortality	▲ ▼
Colorectal Cancer	Incidence Mortality	▲ ▼
Pancreas Cancer	Incidence Mortality	n/a ▲

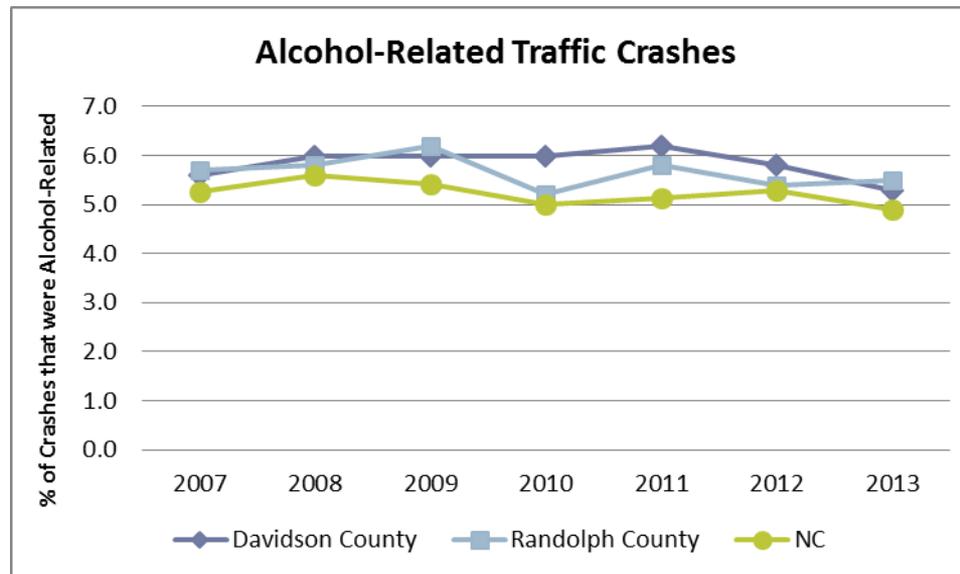
Morbidity



Vehicular Injury

Alcohol-Related Motor Vehicle Crashes

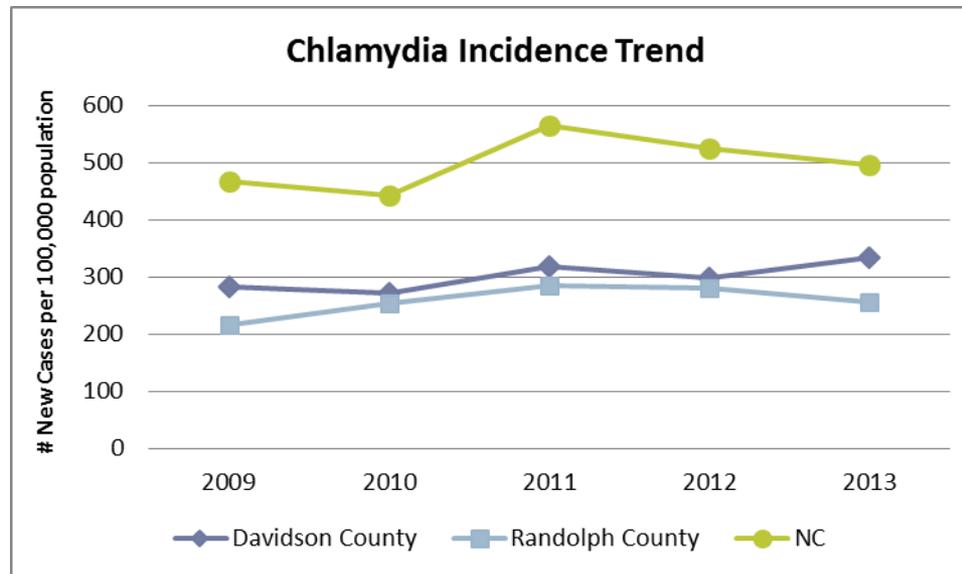
- According to the NC Highway Safety Research Center, over the period from 2007 through 2013 an annual average of 5.8% of all traffic crashes in Davidson County were alcohol-related. Statewide the comparable figure was 5.2%.



Sexually Transmitted Infections

Chlamydia

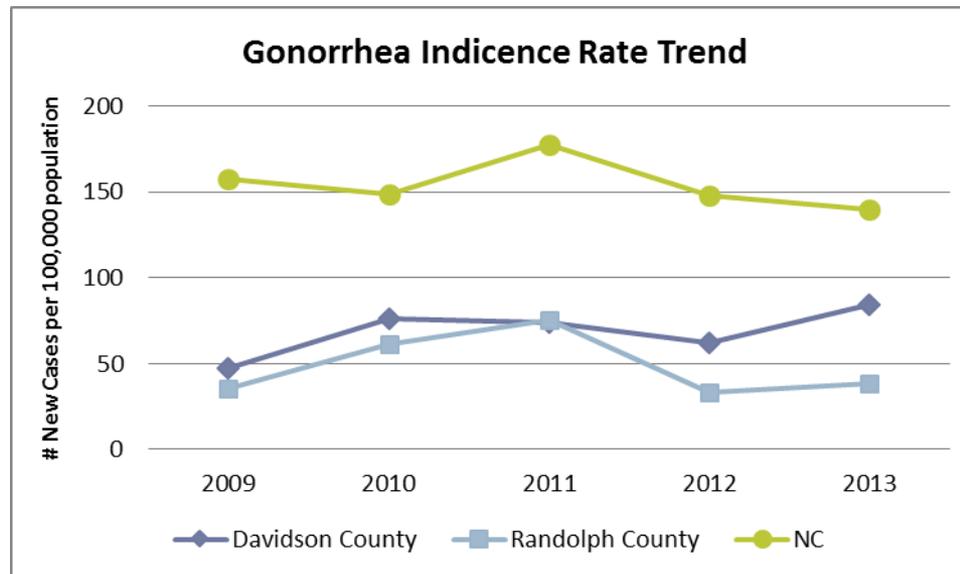
- According to data from the NC Communicable Disease Branch, the chlamydia infection rate in Davidson County, which has risen recently, was higher than the Randolph County rate but lower than the NC rate throughout the period cited.



Sexually Transmitted Infections

Gonorrhea

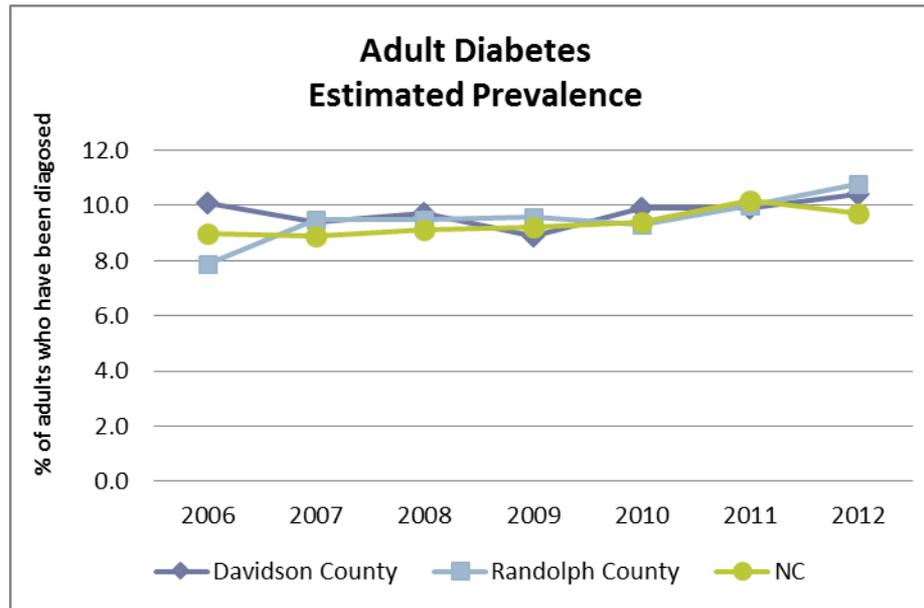
- According to data from the NC Communicable Disease Branch, the gonorrhea infection rate in Davidson County, which has risen sharply lately, was higher than the Randolph County rate but lower than the NC rate throughout the period cited.



Adult Diabetes

According to data from the CDC (based on BRFSS results):

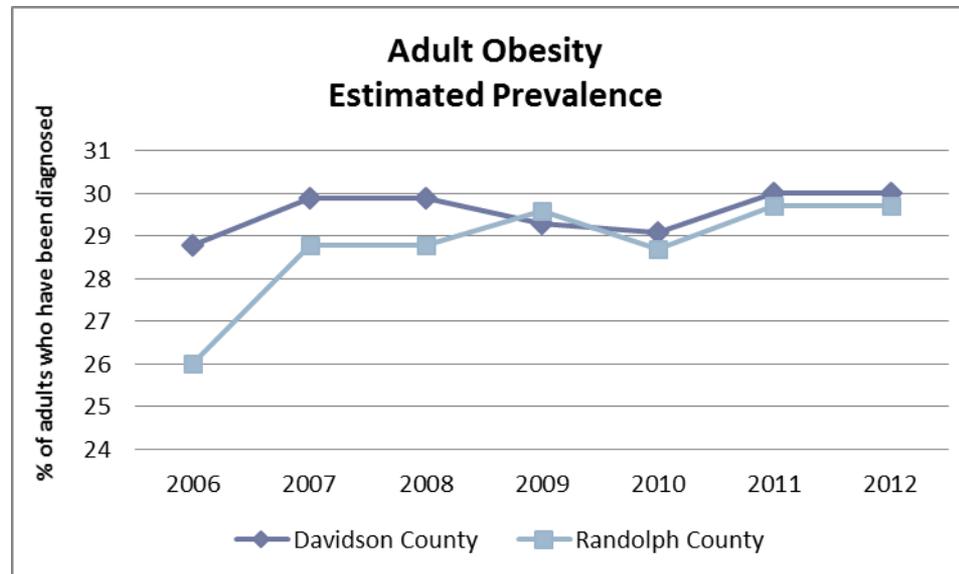
- The average prevalence of diabetes among Davidson County adults was 9.7% in the period from 2006 through 2012.
- Over the same period the NC average was 9.4%.



Adult Obesity

According to data from the CDC (based on BRFSS results):

- The average prevalence of Davidson County adults considered “obese” on the basis of height and weight (BMI > 30) was 29.6% in the period from 2006 through 2012.
- Over the same period the Randolph County average was 28.8%. Comparable data for the state is not available.



Child Obesity

Ages 2-4

- There is limited data on the prevalence of childhood obesity in Davidson County.
- The NC-NPASS data presented below covers only children seen in health department WIC and child health clinics and certain other facilities and programs.
- According to this NC-NPASS data, from 2008 through 2012 an annual average of 15.7% of the participating children in Davidson County age 2-4 were deemed “overweight”, and an additional annual average of 14.7% were deemed “obese” (total = 30.4%)

Prevalence of Overweight and Obese Children, Ages 2-4 2008-2012

Location	Prevalence of Overweight and Obesity in Children Ages 2-4, by Percent									
	2008		2009		2010		2011		2012	
	Overweight	Obese	Overweight	Obese	Overweight	Obese	Overweight	Obese	Overweight	Obese
Davidson County	14.8	14.5	14.8	14.5	17.3	14.8	15.4	16.4	16.3	13.5
Randolph County	15.5	16.4	15.5	16.4	16.2	15.9	16.4	16.7	15.2	15.7
State of NC	16.3	15.4	15.8	15.4	16.1	15.6	16.2	15.7	14.9	14.5

Mental Health

According to data from the NC Office of State Budget and Management:

- Between 2008 and 2014, the number of Davidson County residents served by the **Area Mental Health Program** *decreased* overall by 47%. In 2014, **2,884** persons were served.
- Over the same 7-year period the number of Davidson County residents served by **State Psychiatric Hospitals** *decreased* by 84%. In 2014, **32** persons were served.
- During the 6-year period from 2008 through 2014, a total of **44** Davidson County residents were served by **NC State Alcohol and Drug Abuse Treatment Centers (ADATCs)**, with the number varying from year to year.

Mental Health

According to data from Davidson County hospitals:

- ED admissions and IP discharges related to all Mental, Behavioral and Neurological Disorder diagnoses compose approximately 2% of all admissions and discharges.
- Note that these diagnoses include psychotic and non-psychotic disorders, and conditions associated with alcohol and drug abuse

Year	No. Emergency Department Admissions	No. In-Patient Hospitalization Discharges
2012	725 (1.9% of all ED admissions)	138 (1.9% of all IP discharges)
2013	1,509 (2.5%)	133 (1.9%)
2014	1,450 (2.6%)	143 (2.1%)

Environment



Air Quality

- **EPA Air Quality Index (AQI) Summary, 2015**
 - **AQI Measurements (176 days)**
 - 108 days with “good” air quality
 - 68 days with “moderate” air quality
 - Small particulate matter (PM_{2.5}) was present at the level of “pollutant” on all 176 days
 - Exposure to particulate matter can have effects on breathing and respiratory systems, causing damage to lung tissue, cancer, and premature death. The elderly, children, and people with chronic lung disease, influenza, or asthma tend to be especially sensitive to the effects of particulate matter. Small particulate matter (PM_{2.5}) in air pollution has the best chance of reaching the lower respiratory tract.

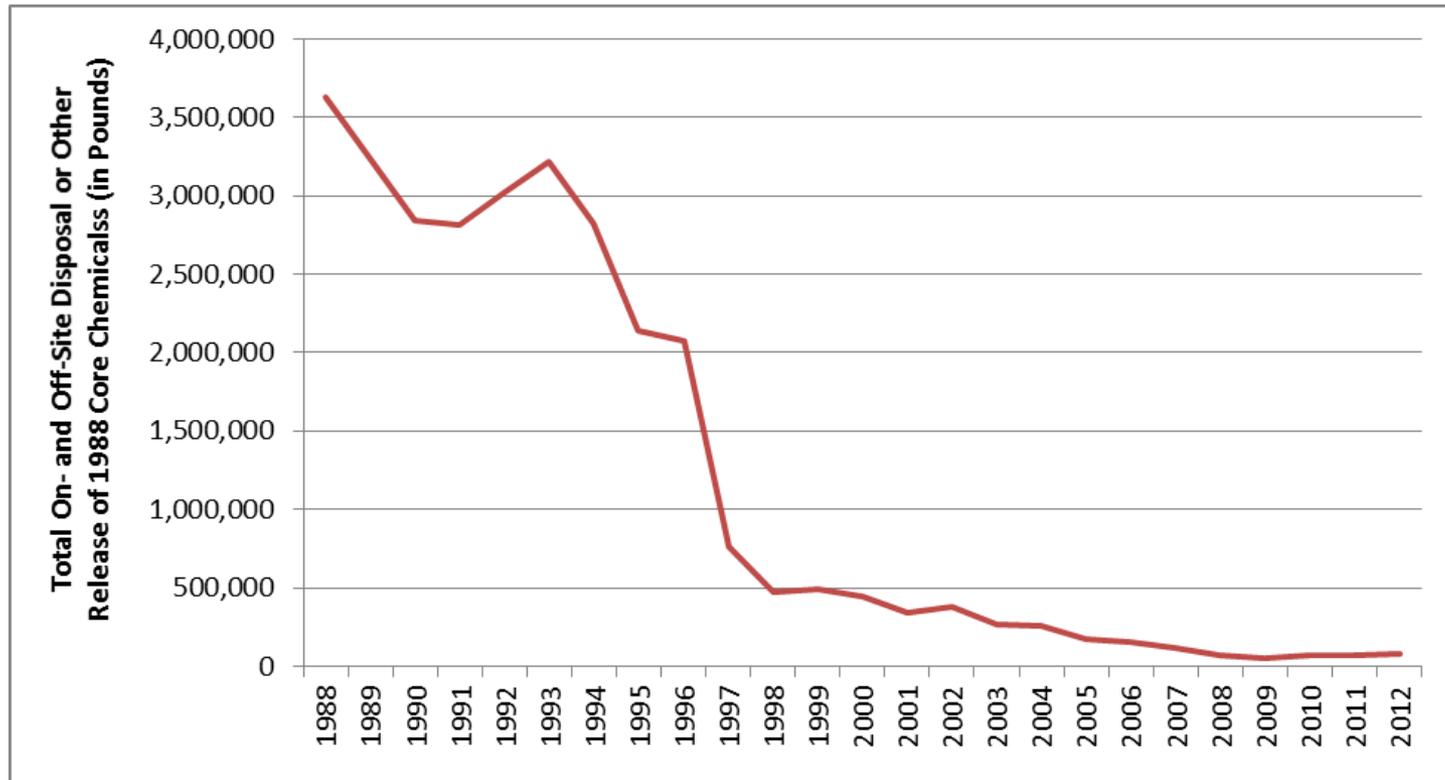
Air Quality

- **EPA Toxic Release Inventory (TRI), 2014**
 - **TRI Releases**
 - Davidson County ranks 54th among the 86 NC counties reporting TRI releases
 - 79,648 pounds of TRI releases were reported for Davidson County (Brunswick County had the highest level of releases in the state: over 5 million pounds)
 - The TRI chemicals released in greatest quantity in Davidson County are methanol and styrene, which together account for 84% of all releases.
 - Methanol is released in greatest quantity by PPG Industries Fiber Glass Products plant in Lexington
 - Styrene is released in greatest quantity by Gainsborough Baths, Inc., in Lexington

Air Quality

- **EPA Toxic Release Inventory (TRI) Trend, Davidson County, 1988-2012**

- TRI releases in Davidson County decreased significantly between 1993 and 1998. The 2012 level was 98% lower than the 1988 level.



Water Quality

- **Davidson County Drinking Water Systems, 2015 (from EPA SDWIS data):**
 - **Community Water Systems (5)**
 - Include municipalities, subdivisions and mobile home parks
 - Serve essentially the entire county population
 - Together these CWSs have had 5 health violations in the past 10 years, all associated with excessive levels of trihalomethanes and haloacetic acids or coliform contamination.
 - **Non-Transient/Non-Community Water Systems (0)**
 - Includes schools, factories, office buildings and hospitals that have their own water systems
 - **Transient/Non-Community Water Systems (1)**
 - Includes churches, rest stops, campgrounds and gas stations
 - Newsome Mobile Home Park Campground
 - Serves an estimated 74 people
 - No health violations in the past 10 years



Solid Waste

According to data from NC DENR Division of Waste Management:

- **Solid Waste Disposal Rates**

- 2013-14 Per-Capita Disposal Rate

- Davidson County = 0.77 tons
- NC = 0.94 tons

- **Solid Waste Disposal Patterns in Davidson County**

- 98% of the solid waste generated in Davidson is landfilled in the county.

- The Davidson County Municipal Solid Waste Landfill has a remaining capacity of approximately 26 years.
- The Davidson County Construction and Demolition debris landfill has remaining capacity of approximately 2 years.

- 2% is exported outside the county.

Community Health Survey



Survey / Population Comparison

Demographic Parameter	%, 2015 Survey (n=962)	%, Davidson County 2010 US Census, etc.
GENDER		
Male	20	48.5
Female	80	51.5
RACE		
White/Caucasian	83.5	86.9
Black/African American	9.7	9.4
Hispanic	5.7	6.8
AGE		
20-29	12.9	11.0
30-64	73.6	47.3
65 and Older	11.1	16.7
EDUCATION		
Less than HS Diploma or GED	8.5	19.6
High School Diploma or Above	91.5	80.4
Bachelor's Degree or Higher	36.8	17.6
UNEMPLOYED	5.0	5.9

Survey Demographics Summary

- Compared to US Census Bureau and other authoritative statistics for the overall Davidson County population, the 2015 survey sample:
 - Was predominately female
 - Was racially balanced
 - Adequately represented Hispanics
 - Over-represented 30-64 year olds
 - Under-represented less well educated and over-represented college (and above) educated persons



Community Health Problems

2015 Survey Results

(961 Responses)

1. Overweight/obesity (60%)	12. Infectious/contagious diseases (17%)
2. Diabetes (54%)	13. Stroke (14%)
3. Cancer (54%)	14. Asthma (11%)
4. Aging problems (51%)	15. Sexually transmitted diseases (11%)
5. Heart disease (49%)	16. HIV/AIDS (6%)
6. Mental health (45%)	17. Kidney disease (5%)
7. Dental health (24%)	18. Gun-related injuries (4%)
8. Lung diseases (24%)	19. Birth defects (3%)
9. Teenage pregnancy (23%)	20. Liver disease (2%)
10. Accidental injuries (18%)	21. Infant death (2%)
11. Motor vehicle injuries (17%)	



Unhealthy Behaviors

2015 Survey Results

(958 Responses)

1. Drug abuse (78%)	10. Not going to the dentist (19%)
2. Alcohol abuse (63%)	11. Violent/angry behavior (18%)
3. Lack of exercise (59%)	12. Suicide (7%)
4. Poor eating habits (51%)	13. Not getting immunizations (6%)
5. Smoking/tobacco use (46%)	14. Not using seatbelts (5%)
6. Lack of parenting skills (40%)	15. Not getting prenatal care (5%)
7. Not going to the doctor (37%)	16. Not using child safety seats (4%)
8. Having unsafe sex (27%)	17. Poor disaster preparation (4%)
9. Reckless/drunken driving (24%)	



Community Social Issues

2015 Survey Results

(956 Responses)

1. Low income/poverty (55%)	14. Racism/discrimination (12%)
2. Un-/under-employment (49%)	15. Transportation options (12%)
3. Affordability of healthcare (49%)	16. Elderly abuse/neglect (11%)
4. Homelessness (32%)	17. Animal control/rabies (11%)
5. Crime (31%)	18. Availability of child care (11%)
6. Hunger (27%)	19. Gang activity (10%)
7. Child abuse/neglect (25%)	20. Lack of healthcare providers (8%)
8. Lack of health insurance (24%)	21. Unsafe/unmaintained roads (8%)
9. Lack of mental health care (22%)	22. Unsafe schools (7%)
10. Lack of recreational facilities (20%)	23. Partner abuse/neglect (5%)
11. Dropping out of school (20%)	24. Culturally appropriate services (4%)
12. Lack of healthy food choices (19%)	25. Pollution (4%)
13. Inadequate housing (16%)	26. Bioterrorism (1%)



Health Insurance Coverage

- **Of 922 respondents (multiple answers possible):**
 - Currently no health insurance – 12.8%
 - Private insurance through employer – 59.5%
 - Private insurance via spouse or parent – 6.8%
 - Purchase their own insurance – 11.8%
 - Medicare – 8.5%
 - Medicaid – 5.8%
 - Military insurance – 1.7%
 - Insurance through ACA Marketplace – 1.7%

Health Insurance Coverage

- **Currently Uninsured, by Demographic Group**
 - Males (172 respondents) – 22%
 - Females (708 respondents) – 11%
 - Whites (734 respondents) – 7%
 - African Americans (86 respondents) – 33%
 - Hispanics (50 respondents) – 84%



Health Information Access

- **Where respondents get most of their health-related information (n=901)**
 - Doctor or nurse: 56%
 - Internet: 18%
 - Friends or family: 12%
 - Hospital: 4%
 - Newspapers, magazines or TV: 3%
 - Church: 2%
 - Health department: 2%
 - Social media: 1%
 - Pharmacist: 1%
 - School: 1%
 - Help lines: <1%

Medical Care Preferences

- **Where respondents go for medical check-ups (n=912; multiple answers possible)**
 - Private doctor's office: 64%
 - OB/GYN or Women's Health Provider: 28%
 - Urgent Care Center or Walk-in Clinic: 3%
 - Health department: 3%
 - Medical Ministries Clinic: 3%
 - Pharmacy: <1%
 - I don't get an annual check-up or physical: 11%

Medical Care Preferences

- **Where respondents go when sick (n=910)**
 - Private doctor's office: 65%
 - Urgent Care Center or Walk-in Clinic: 10%
 - OB/GYN or Women's Health Provider: 7%
 - Hospital Emergency Department: 5%
 - Medical Ministries Clinic: 3%
 - Pharmacy: 1%
 - I don't go anywhere when I'm sick: 10%

Medical Care Access

- **Problem in past year getting medical care (913 respondents):**
 - **73% had *not* had a problem**
 - **27% *did* have a problem (multiple answers possible)**
 - Didn't have health insurance: 12%
 - Personal share of cost too high: 10%
 - Insurance didn't cover what was needed: 4%
 - It took too long to get an appointment: 3%
 - Provider would not accept insurance or Medicaid: 1%
 - Didn't have transportation: 1%
 - Didn't know where to go: 1%
 - Doctor wasn't taking new patients: 1%

Prescription Drug Access

- **Problem in past year getting necessary R_x filled (904 respondents):**
 - **76% had *not* had a problem**
 - **24% *did* have a problem (multiple answers possible)**
 - Didn't have health insurance: 11%
 - Personal share of cost too high: 8%
 - Insurance didn't cover needed Rx: 4%
 - Pharmacy wouldn't take insurance or Medicaid: 1%
 - Didn't have transportation: <1%
 - Had a problem with Medicare Part D coverage: <1%
 - Didn't know where to go: <1%

Immunizations

- **Why respondents and their families would not be up-to-date on immunizations (n=910)**
 - **85% were up-to-date on immunizations**
 - **15% were *not* up-to-date (only one reason allowed):**
 - I don't know when they are due: 7%
 - Vaccines cost too much: 4%
 - I am afraid of possible side-effects: 3%
 - I believe the vaccines cause the disease: 2%
 - I have religious reasons not to vaccinate: <1%
 - I don't want to see my child in pain: <1%



Mental Health

- **Where respondents would refer someone with a mental health or substance abuse problem (n=911; multiple answers possible):**
 - Doctor: 43%
 - Private counselor or therapist: 36%
 - Minister or religious official: 36%
 - Daymark Recovery Services: 27%
 - Family Services: 24%
 - Support group (e.g., AA, Al-Anon): 20%
 - School counselor, nurse or social worker: 18%
 - Monarch: 10%
 - Local hospital: 9%
 - ARC: 3%
 - Not sure/don't know: 18%

Mental Health

- **Where respondents would refer someone who was thinking of suicide (n=911; multiple answers possible):**
 - Minister or religious official: 46%
 - Private counselor or therapist: 38%
 - Doctor: 38%
 - National or other crisis phone line: 33%
 - Family Services: 22%
 - Local hospital: 22%
 - Daymark Recovery Services: 22%
 - School counselor, nurse or social worker: 20%
 - Monarch: 8%
 - Not sure/don't know: 14%

Personal Health Behaviors

- **Alcohol consumption (n=907)**
 - Binge drinkers (≥ 5 drinks/occasion): 2%
- **Cigarette smoking (n=908)**
 - Less than 1 pack/day: 9%
 - 1 pack or more/day: 3%
 - E-cigarette user: 4%
- **Physical activity (n=856)**
 - Physically active at recommended level (30 min., 5 days/week): 35%
 - Main reason for not being physically active at recommended level is “not enough time”: 26%
- **Consumption of fruits and vegetables (n=898)**
 - Consume recommended level (5 servings/day): 35%
 - Main reason for not consuming recommended level is “fruits and vegetables are too expensive”: 18%

Personal Health Diagnoses

Percent participants with health care diagnosis of:

- Angina/heart disease – 5.2%
- Cancer – 8.0%
- Depression – 37.8%
- Diabetes – 13.8%
- High blood pressure – 33.6%
- High cholesterol – 30.7%
- Lung disease (including asthma) – 12.0%
- Overweight/obesity – 42.3%



Personal Health Diagnoses

- **Personal Health Diagnoses by Gender**
 - **Most common diagnoses among males**
 - High blood pressure (43%)
 - High cholesterol (37%)
 - Overweight/obesity (37%)
 - **Most common diagnoses among females**
 - Overweight/obesity (44%)
 - Depression (41%)
 - High blood pressure (31%)

Personal Health Diagnoses

- **Personal Health Diagnoses by Race/Ethnicity**
 - **Most common diagnoses among whites**
 - Overweight/obesity (44%)
 - Depression/anxiety (40%)
 - High blood pressure (33%)
 - **Most common diagnoses among African Americans**
 - High blood pressure (41%)
 - Overweight/obesity (36%)
 - High cholesterol (30%)
 - **Most common diagnoses among Hispanics**
 - Overweight/obesity (22%)
 - High blood pressure (20%)
 - High cholesterol (20%)

Health Screening Behaviors

- **Testicular Self-Exams - All males (n=174)**
 - Conduct monthly: 30%
- **Prostate Exams - Males age \geq 50 (n=116)**
 - Get a prostate exam as recommended by provider: 69%
- **Breast Self-Exams - All females (n=706)**
 - Conduct monthly: 58%
- **Mammograms - Females age \geq 40 (n=488)**
 - Get an annual mammogram: 79%
- **Pap Smears - Females age \geq 21 (n=678)**
 - Get a Pap smear as recommended by provider: 79%
- **Colon Cancer Screenings - Age \geq 50 (n=328)**
 - Ever had a colon cancer screening: 74%
- **Skin Self-Exams – Everyone (n=709)**
 - Conduct monthly: 62%

APPENDIX 4

DAVIDSON COUNTY HEALTHY COMMUNITIES COALITION MEMBERS

Amber Kirkman – WFBH Lexington Medical Center
Angela Kimsey – Davidson County Senior Services
Angie Banther – Path of Hope
Bill James - WFBH Lexington Medical Center
Billy Freeman – Lexington YMCA
Brittany Pruitt – United Way of Davidson County
Dr. Cathy Riggan – Physician
Charles Parnell – Davidson County Parks and Recreation
Dale Moorefield – Davidson County Department of Social Services
Darren Cecil – Davidson County Health Department
Dasia Jenkins - WFBH Lexington Medical Center
Don Truell – Davidson County Commissioner
Dr. Amy Suttle – Physician
Dr. Lory Morrow – Davidson County Schools
Ellen Welborn - WFBH Lexington Medical Center
Gene Klump – Lexington YMCA
Helen Fitzgerald – Life Center of Davidson County
Jane Wilder – Novant Health Thomasville Medical Center
Jarrod Dunbar – Thomasville YMCA
Jeannie Leonard – Davidson County Cooperative Extension
Jen Hames – Davidson County Health Department
Jim Price – Davidson County Government
John Giampaolo – Cardinal Innovations Healthcare
Kathie Johnson – Novant Health Thomasville Medical Center
Keith Raulston – N.C. Department of Transportation
Laura Duran – City of Lexington Parks and Recreation
Laura Owen – Hospice of Davidson County
Mary Jane Akerman – Thomasville City Schools
Mary Lou Collett – Davidson County Health Department
Nancy Litton – Center for Prevention Services
Rick Kriesky – Lexington City Schools
Rose McDaniel – Davidson County Community College
Sandy Motley – Davidson Medical Ministries Clinic/Davidson Health Services
Scott Leonard – Davidson County Planning and Zoning
Sherry Brannon – Smart Start of Davidson County
Teresa McKeon – ARC
Vickie McKiver – City of Thomasville Parks and Recreation

APPENDIX 5

Community Forum Participants

Denton – November 12

Event was conducted, but no members of the public attended

Lexington – November 16

Bill James – WFBH Lexington Medical Center – President

Scott McLaughlin – Davidson County Community Action – Executive Director

Fred McClure – Davidson County Commissioner

Dasia Jenkins – WFBH Lexington Medical Center – Health Promotions

Sue Epley – WFBH Lexington Medical Center – Community Outreach

Thomasville – November 19

Cate Gentry – Thomasville City Schools

Jane Murphy – Novant Health Thomasville Medical Center – Community Outreach

Melissa Hartley – Health Department Intern; public citizen