

2018 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*

*January 7,
2019*

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ACKNOWLEDGMENTS

The 2018 Davidson County Community Health/Community Health Needs Assessment process was conducted by the Davidson County Health Department, in partnership with Novant Health Thomasville Medical Center and Wake Forest Baptist Health Lexington Medical Center. The Davidson County Health Department's Health Education Supervisor served as the Project Coordinator. The primary participants in project sponsorship and oversight were:

Name	Agency	Role/Contribution
Bill James	WFBH Lexington Medical Center	President
Jon Applebaum	Novant Health Thomasville Medical Center	President
Jen Hames	Davidson County Health Department	CHA Coordinator

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. To expand participation in the CHA/CHNA process, the Davidson County CHA/CHNA team worked very closely with the Davidson County Healthy Communities Coalition (DCHCC), a community coalition composed of agency and organization leaders and community policymakers. This coalition acted as the Steering Committee for this assessment, reflecting a broad understanding of county characteristics and resources available. We thank DCHCC members for their guidance and support.

Davidson County Healthy Communities Members (and Affiliation)

Angie Banther (Path of Hope)
Bill James (Wake Forest Baptist Health Lexington Medical Center)
Billy Freeman (Thomasville YMCA)
Brittany Pruitt (United Way of Davidson County)
Dale Moorefield (Davidson County Department of Social Services)
Dianne Horton (Wake Forest Baptist Health Lexington Medical Center)
Don Truell (Davidson County Commissioner)
Gene Klump (Lexington YMCA)
Jane Murphy (Novant Health Thomasville Medical Center)
Jen Hames (Davidson County Health Department)
John Frank (Citizen)
John Giampaolo (Cardinal Innovations Healthcare)
Keisha Jones (Davidson County Community College)
Kelly Burchette (Davidson County Senior Services)
Laura Duran (City of Lexington Parks and Recreation)
Laura Owen (Hospice of Davidson County)
Lillian Koontz (Davidson County Health Department)
Marcy Shipwash (Novant Health Thomasville Medical Center)
Martika Nelson (Davidson County Community College)
Mary Jane Akerman (Communities in Schools/Thomasville City Schools)
Reid Thornburg (Cardinal Innovations Healthcare)
Rose McDaniel (Davidson County Community College)

Sandy Motley (Davidson Medical Ministries Clinic/Davidson Health Services)
Sherry Brannon (Smart Start of Davidson County)
Sherry Yarbrough (Davidson County Schools)
Teresa McKeon (The Arc of Davidson County)
Vickie McKiver (City of Thomasville Parks and Recreation)

Besides representatives from the organizations above, collaborators also included personnel from:

Daymark Recovery Services
Family Services of Davidson County

Thank you 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 *2018 Davidson County Community Health Needs Assessment: Secondary Data and Community Health Survey Report* which is the source document from which this summary report was derived.

The community health assessment process, source document, and summary 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 2018 CHNA and for developing this and other reports.

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 (~4.4% vs. ~15.8%, respectively) in the decade 2010-2020.

Davidson County has a moderate degree of racial and ethnic diversity. In 2016, 9.0% of the population was African American, and 6.7% was of Hispanic origin, compared to NC averages of 22.5% and 8.9%, respectively. In 2016, the median age in the county was 41.9 years, 3.6 years “older” than the median age of NC as a whole. There is a larger proportion of persons in every age category over the age of 39 in Davidson County than in NC; on the other hand, there is a smaller proportion of persons in almost every age category age 39 and younger. The population of citizens age 65 and older is projected to grow by 57% between 2010 and 2030, at which point there will be an estimated 36,812 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, Hispanics, and children. The overall 100% poverty rate in Davidson County in 2012-2016 was 15.8%, compared to 16.8% in NC. However, the poverty rate among African Americans in the county in the same period was 24.8%, 1.7 times the rate among whites. In 2012-2016 the poverty rate for Hispanics in Davidson County was 42.9%, almost three times the rate among Davidson County whites. Among children in the county under the age of 5, the poverty rate for the same period was 30.4%, almost twice the overall poverty rate. Poverty in Davidson County may relate to the high fraction of the workforce employed in job sectors (especially the 12% employed in retail trade) paying relatively low wages and offering few benefits. Also significant is that the average weekly wage for all employment sectors in Davidson County (\$805) is \$271/week lower than the average weekly wage across NC (\$1,076).

In 2016, 16.1% of the Davidson County population between ages 19-64 lacked health insurance of any kind. Children ages 0-18 fared considerably better, with only 4.9% uninsured, due largely to growing success in enrolling eligible Davidson County children in NC Health Choice.

DAVIDSON COUNTY HEALTH OUTCOMES

According to results from the 2018 Davidson County Community Health Survey, approximately 16% of respondents reported being in “excellent” health, and 50% reported “good” health. Slightly under 7% deemed themselves in “poor” or “below average” health.

Life expectancies for persons born in 2012-2014 in Davidson County are lower in all gender and racial groups by one to two years compared to similarly stratified data for NC. It is interesting to note that while life expectancies have increased significantly over time, they have been decreasing recently, at the county, state and national levels. In Davidson County – as elsewhere in NC – males experience poorer health outcomes than females. For example, 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 long term has identified significant improvement in certain health parameters, such as the 15 leading causes of death. Between 2001-2005 and 2012-2016, 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 currently (2012-2016) demonstrate higher mortality rates for Davidson County African Americans than for whites: total cancer (+13%), stroke (+10%), Alzheimer's disease (+49%) and especially kidney disease (+86%) and diabetes (+91%).

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 2018 Davidson County Community Health Survey, 9% 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 16% of births in Davidson County in 2016 were to women who smoked during pregnancy, 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 2013 was 31.2% and had averaged 29.8% from 2006 through 2013. In the 2018 Davidson County Community Health Survey, 50% of respondents self-reported having received a medical diagnosis of overweight/obesity.

Between 2001-2005 and 2012-2016, 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 between 1996-2000 and 2012-2016 for lung, prostate, and breast cancer and remained unchanged for colorectal cancer. 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 CHNA in 2015. For example, the overall pregnancy rate for teens (girls ages 15 through 19) fell by 32% between 2012 and 2016. The frequency of smoking in pregnancy fell from 19.2 in 2011 to 15.7 in 2016 but remains at a level almost twice the frequency statewide. The overall infant mortality rate in Davidson County fell 6% between 2008-2012 and 2012-2016, decreasing from 8.6 to 8.1.

DAVIDSON COUNTY POPULATIONS AT RISK FOR POOR HEALTH OUTCOMES

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 rural parts of the county, who may have problems accessing health and human services. 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 CHA/CHNA team used the results of extensive secondary data collection and analysis, a large community health survey, and results of a community health forum to establish community health priorities. In the community forum, the contracted consultant presented a summary of the results of secondary and primary data collection and analysis, and those present in the audience used a specially-prepared ballot to indicate their top five evidence-based priorities. The results of the Community Forum balloting informed a subsequent discussion of community health priorities by members of the Health Communities Coalition, which ultimately developed the final list of health priorities for Davidson County.

The following were established as Davidson County's health priorities for the next three years (2019-2021):

- Substance misuse
- Mental health
- Chronic disease
- Access to care

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 2019, 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.

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 2018 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 experienced independent consultant for assistance in conducting the 2018 assessment. The team's work culminated in this summary CHA report to DPH as well as a comprehensive CHA/CHNA report.

The CHA/CHNA, 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 (including hospital) 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 is available on the Davidson County Health Department website.

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, Wake Forest Baptist Health Lexington Medical Center and Novant Health Thomasville Medical Center led the 2018 CHA/CHNA process. Several members of this leadership team had participated in the 2015 CHA/CHNA and were veterans to the process. The Davidson County Health Department's Health Education Supervisor served as the CHA/CHNA Coordinator. This team worked very closely with the Davidson County Healthy Communities Coalition (DCHCC), a community coalition composed of agency and community leaders and policymakers. This coalition acted as the Steering Committee for this assessment, reflecting a broad understanding of county characteristics and resources available. A list of DCHCC members and participants is appended to this report.

TEAM OPERATIONAL PROCESS

The initial CHA/CHNA team meeting with the consultant was held via phone in March 2018. Since most members of the team had participated in the 2015 CHA/CHNA, the call was used to clarify general partnership expectations and individual roles in the 2018 process. In April 2018, the primary partners began work on developing the community health survey. The team was tasked with promoting the on-line community health survey from mid-June to mid-August 2018. By October 31, 2018, 1,109 surveys had been collected and the Public Health Consultant and her team had analyzed the survey results. On November 16, 2018, the consultant presented a summary of secondary data findings and results from the community survey at a *Davidson County Community Health Forum* 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 December 2018 the Davidson County Healthy Communities Coalition, which serves as the Steering Committee for the CHA/CHNA, met to review the primary and secondary data and the initial issues prioritization results from the November 16th Forum. After discussion, attendees were asked to list what they considered to be the three most important health issues to address in Davidson County, in ranked order. The Health Department combined these issues to create the final list for 2019-2021.

Lists of participants in the Community Forum and the subsequent prioritization meeting are provided in the Appendix to this report.

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, as is a copy of the consultant's PowerPoint presentation summarizing the secondary data and community health survey results.

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. Collaborators in the 2018 CHA/CHNA process in Davidson County include representatives from:

- ARC of Davidson County
- Cardinal Innovations Healthcare
- Davidson County Community College
- Davidson County Department of Social Services
- Davidson County Government

- Davidson County Health Department
- Davidson County Schools
- Davidson County Senior Services
- Davidson Medical Ministries/Davidson Health Services
- Daymark Recovery Services
- Family Services of Davidson County
- Hospice of Davidson County
- Lexington City Schools
- Lexington Parks and Recreation
- Lexington YMCA
- Novant Health Thomasville Medical Center
- Path of Hope
- Smart Start of Davidson County
- Thomasville City Schools/Communities in Schools
- Thomasville Parks and Recreation
- Thomasville YMCA
- United Way of Davidson County
- Wake Forest Baptist Health Lexington Medical Center

DATA COLLECTION PROCESS

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 Transportation; NC Department of Administration; NC Division of Medical Assistance; NC State Board of Elections; NC Division of Health Services Regulation; and the Cecil B. Sheps Center for Health Services Research. The consultant made every effort to obtain the most current data available at the time.

The primary source of health data 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; 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 and in-patient hospitalization discharge 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 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.

The two hospitals in Davidson County—Novant Health Thomasville Medical Center and Wake Forest Baptist Health Lexington Medical Center—provided deidentified data detailing demographic characteristics and ICD- and DRG-coded diagnoses of the patient population discharged in 2015, 2016 and 2017 from the emergency department and from inpatient hospitalization. The consultant worked with the hospitals to assure that the data provided preserved the confidentiality of individual patients. For the purposes of this CHNA, the data from both hospitals was combined and reported as singular data per category or diagnosis. Limited hospital data is summarized in this report; most hospital data appears in detail in the comprehensive 2018 Davidson County CHNA Report.

Finally, it should be noted that as is typical in all time-dependent 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 2018 Davidson County CHNA project, as well as data collected via the 2018 Davidson County Community Health Survey, consultant presentations, and community prioritization exercises. That comprehensive report is available on the Davidson County Health Department website at www.dchdnc.com. Four Data Workbooks used to support the comprehensive report as well as the discussion in this document are being submitted separately to accompany this report.

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 non-traditional 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

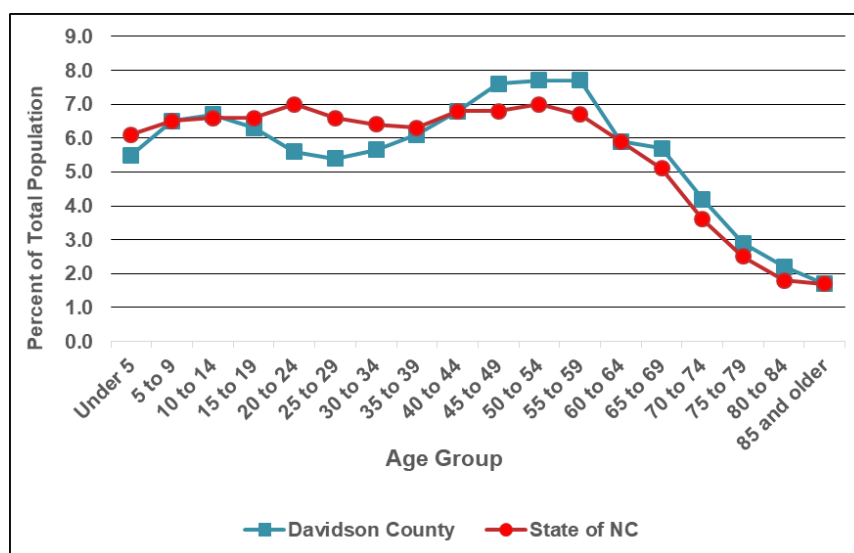
in a unique position to draw together key community leaders to collaborate on strategies and activities to improve the health of residents in the county.

DEMOGRAPHICS

According to the US Census Bureau American Community Survey (ACS) data, the estimated population of Davidson County in 2016 was 164,058. The Davidson County population is far less diverse than the NC population overall: 86.5% white, 9.0% African American, and 6.7% Hispanic/Latino (compared to NC percentages of 69.2% white, 21.5% African American, and 8.9% Hispanic/Latino (2)).

In 2016 the median age in the county was 41.9 years, 3.6 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: Table B01001: Sex by Age (for numbers) and Table S0101: Age and Sex (for percentages). 2016 ACS 5-year estimates. U.S. Census Bureau, American FactFinder website: <http://factfinder2.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 27,390 in 2016 to 36,812 by 2030, an increase of 34%. More specifically, between

2010 and 2030 the Davidson County population age 65-74 is projected to grow by 63%, the population age 75-84 by 79%, and the population over age 85 by 61% (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 May 2018 listing of NC-licensed long-term beds by the NC Division of Health Services Regulation, there were 493 beds in Adult Care Homes/Homes for the Aged, 28 beds in Family Care Homes, and 794 beds in Nursing Homes/Homes for the Aged that can provide skilled nursing, for a total of 1,315 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 2016 to 1:28 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 June 2018, there were 17 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 2018, 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

Despite improvement since the last CHNA in 2015, incomes in Davidson County were below comparable state figures in 2016. Projected 2016 *per capita personal income* in Davidson County (\$23,146) was \$3,633 lower than the comparable state average, and the projected 2016 *median household income* in the county (\$44,469) was \$3,787 lower than the comparable state average. Estimated 2016 *median family income* in Davidson County (\$54,909) was \$4,758 lower than the comparable state average (8). These differences may be attributed in part to the proportion of low-wage earning persons in Davidson County, as described below.

Employment

At the end of 2017, the employment sector in Davidson County that employed the largest percentage of the workforce (22.56%) was Manufacturing, with an average weekly wage of \$934. The second-largest proportion of the workforce was employed in the Retail Trade sector (12.01%) at an average weekly wage of \$496. Note that the retail trade sector includes many part-time workers, and many whose employers do not provide health benefits. In 2017, for all 20 major employment sectors, the average weekly wage per worker in Davidson County was \$805, \$271 (or 25%) less than the average weekly wage per worker statewide (9).

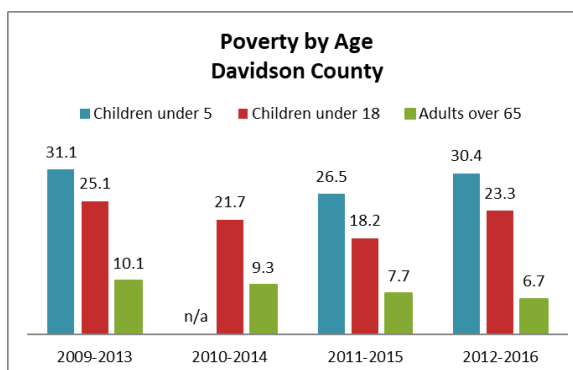
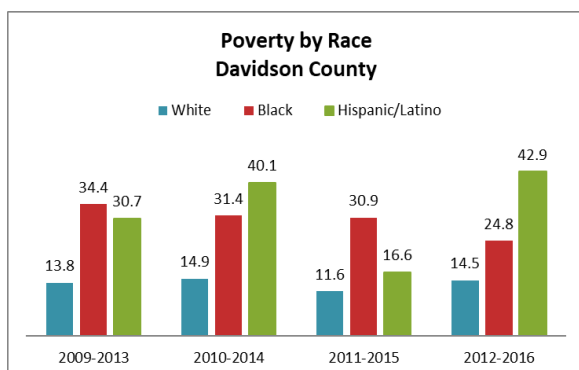
As elsewhere in NC, the unemployment rate in Davidson County (calculated by dividing the number of unemployed persons in the county by the number of people in the county's civilian

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. In 2017, the unemployment rate was 4.3% in Davidson County and 4.6% in NC (10).

In Davidson County and the state of NC, the overall annual poverty rate (100% level) has not changed significantly even as the unemployment rate has fallen. The current (2012-2016) Davidson County poverty rate, 16.2%, is the second 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 in Davidson County experience poverty at significantly higher rates than their white counterparts. In the 2009-2013 through 2012-2016 period, the poverty rate among blacks in Davidson County was from 1.7 to 2.7 *times* the comparable rate for whites, and the poverty rate among Hispanics in the county was from 1.4 to 3.0 *times* the rate for whites. In 2012-2016, the poverty rate for whites in Davidson County was 14.5%, for African Americans, 24.8%, and for Hispanics, 42.9% (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 2012-2016 in Davidson County the estimated poverty rate among children under age 18 (23.9%) was 51% higher than, and the rate among children under 5 (27.3%) was 73% higher than, the overall county poverty rate of 15.8%.



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 often 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 2012-2016, 46% of rental units and 27% of

mortgaged units in Davidson County were paying 30% or more on housing, compared to figures of 49% and 28%, respectively, statewide. In the same period the estimated median monthly mortgage cost in Davidson County (\$1,068) was \$175 lower than the state median of \$1,243, and the estimated gross monthly rent in the county (\$676) was \$140 lower than the state median of \$816 (13).

In 2012-2016, 14.9% of all housing units in Davidson County were classified as mobile homes, a figure 12% higher than the NC average of 13.3% (13).

Primary and Secondary Education

Schools and Enrollment

There are 46 public schools in Davidson County, divided into three separate local education authorities (LEAs): Thomasville City Schools, Lexington City Schools, and Davidson County Schools (14). There are also 10 private schools in the county, eight of them religiously affiliated (15).

According to NC Department of Public Instruction figures, enrollment in all three LEAs in Davidson County Schools and Thomasville City Schools decreased overall between SY2010-2011 and SY2016-2017; over the same period enrollment increased slightly in Lexington City Schools (16).

Educational Attainment

As of a 2012-2016 ACS estimate, compared to state figures, a 23% higher percentage of Davidson County residents over the age of 25 had less than a 9th grade education, and a 27% higher proportion had a terminal high school diploma or GED. In the same period a 37% lower proportion of Davidson County residents age 25 or older had a bachelor's degree or higher.

According to SY2016-17 End of Grade (EOG) Test results, higher proportions of third and eighth graders in the Davidson County LEA demonstrated grade-appropriate proficiency in reading and math than students statewide. In the Lexington and Thomasville LEAs, lower proportions in both grades demonstrated grade-level proficiency in reading and math than students statewide (17).

In SY2016-17, the average total SAT score for students in the Davidson County LEA (1078) was slightly above the average total SAT score for students statewide (1074), while SAT scores in both the Thomasville City and Lexington City LEAs (950 and 958, respectively) were below the state average.

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 the Davidson County LEA decreased overall between SY2011-2012 and SY2012-2016; the drop-out rates in the Lexington City and Thomasville City LEAs increased over the same period. While the annual drop-out rates in the Lexington and Thomasville LEAs were consistently higher than comparable state rate over the period cited, the drop-out rate in the Davidson County LEA was lower than the state rate in every school year cited except SY2013-2014 and SY2014-2015 (18).

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 SY2013-14 and graduating in SY2016-17 are shown in the following table, which illustrates that the graduation rates for all groups in the Davidson County LEA were higher than comparable state rates, except for economically disadvantaged students. Comparable graduation rates in the two city LEAs were lower than state rates for all groups except for economically disadvantaged students in the Thomasville City system.

**Four-Year Cohort High School Graduation Rate
9th Graders Entering 2013-14 and Graduating in 2016-17 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	1,521	1,339	88.0	759	650	85.6	762	689	90.4	511	407	79.6
Lexington City Schools	176	143	81.3	98	78	79.6	78	65	83.3	75	59	78.7
Thomasville City Schools	155	120	77.4	86	65	75.6	69	55	79.7	131	112	85.5
Randolph County Schools	1,335	1,194	89.4	704	610	86.6	631	584	92.6	550	456	82.6
Asheboro City Schools	316	290	91.8	156	138	88.5	160	152	95.0	197	175	88.8
State of NC	115,730	110,164	86.5	58,885	49,167	83.5	46,844	50,997	89.7	46,465	38,029	81.8

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/cohortgradrate>.

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 by 13% overall between 2012 and 2016, from 2,610 to 2,265 crimes per 100,000 population. The index crime rate in Davidson County was lower than the comparable state rate throughout that period (19).

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 2012 and 2016 (from 185 to 166) and was consistently lower than the comparable state violent crime rate throughout that period. 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 (20).

Besides index crime, a variety of other criminal activities occur in Davidson County. For example, as of May 2018, there were 346 non-incarcerated registered sex offenders in Davidson County (21). According to the NC Highway Patrol Gang Assessment, between 6 and 20 gangs were reported in Davidson County in 2017 (22). 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, most of them in 2005 and 2007. After a period of no reports, 6 busts were reported in 2017 (23).

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 decreased overall from 80 in 2014 to 58 in 2017. Over the same period the number of complaints of *delinquent* youth in Davidson County decreased overall from 738 in 2014 to 463 in 2017 (24). It is unclear whether this pattern reflects a real improvement 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 the NC Department of Administration, Council for Women Domestic Violence Commission, 64 individuals filed sexual assault complaints in Davidson County in FY2016-2017. Of these 64 complaints, 10 (16%) were for child sexual assault; the nature of the assault was not specified in 46 (72%) of the complaints. The perpetrator type was not specified in 53 (83%) of the complaints (25).

The same state source catalogues data on complaints of domestic violence. In FY2016-2017 596 individuals in Davidson County filed domestic violence complaints. The domestic violence shelter serving Davidson County was full on 119 days in FY2016-2017 (26). There were nine domestic violence-related homicides in Davidson County over the period 2012 through 2016 (27).

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. 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 FY2011-2012 and FY2016-2017, 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 number of findings was 72 in FY2014-2015, 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 46. Most findings in the period cited were associated with neglect (28).

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 in populous areas or along highway routes that carry significant traffic loads. According to EPA Air Quality Index (AQI) data, of the 359 days on which air quality was measured in Davidson County in 2017, 294 registered “good” air quality and 65 registered “moderate” air quality. On all 359 days the troublesome pollutant was small particulate matter, PM_{2.5} (29).

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 (30).

According to the 2017 TRI Annual Summary for NC, Davidson County had the 62nd highest level of TRI releases among the 86 counties in NC reporting in that year (31). The primary releasing industries in Davidson County were manufacturing facilities (32). The primary releases at these facilities are listed in the table below.

Toxic Release Inventory (TRI) Summary, 2017

Location	Total On- and Off-Site Disposal or Other Releases, In Pounds	County Rank (of 86 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	45,707	62	Methanol	37,110	Electric Glass Fiber America LLC (36,250)	Total On-site Disposal or Other Release	Lexington
			Lead Compounds	3,808	Brasscraft - Thomsaville (3,452)	Total Off-site Disposal or Other Release	Thomasville
					Owens-Brockway Glass Container Inc. Plant #06 (351)	Total On-site Disposal or Other Release	Lexington
			Toluene	2,604	Kurz Transport Properties LP (2,604)	Total On-site Disposal or Other Release	Lexington
			Copper compounds	1,815	Brasscraft - Thomsaville (1,814)	Total Off-site Disposal or Other Release	Thomasville
			Vinyl Acetate	196	Southern Resin, Inc. (196)	Total On-site Disposal or Other Release	Thomasville
			Formaldehyde	120	Southern Resin, Inc. (120)	Total On-site Disposal or Other Release	Thomasville
			Lead	3	Electric Glass Fiber America LLC (51)	Total Off-site Disposal or Other Release	Lexington
NC Total	52,282,279						
NC County Average	522,823						

Source: TRI Release Reports: Chemical Reports, 2017. 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 (33).

As of December 2018, SDWIS listed six active water systems in Davidson County. Five were *community water systems* that served 203,237 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, both the Handy Sanitary District and the City of Lexington had repeated health violations in the past 10 years (34).

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.

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 FY2016-17, Davidson County managed 139,226 tons of municipal solid waste (MSW) for a rate of 0.84 tons per capita, a *decrease* of 22% from the per capita rate for FY1991-92 (the period customarily used for the base rate). During the same 2016-17 period, the overall state per capita solid waste management rate was 1.11, 2% *higher* than the FY1991-92 base per capita rate (35).

Almost all (96.4%) of the solid waste generated in Davidson County is landfilled within the county, primarily at the Davidson County Municipal Solid Waste Lined Landfill (36). According to a state report for FY2016-17, the municipal solid waste landfill had capacity projected to last for approximately another 41 years (37).

RABIES

According to the Epidemiology Section of NC DPH, there were 102 confirmed cases of rabies in animals in Davidson County between 2007 and 2017. These county cases represent approximately 2% of the total for the state over that period (38). 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 each 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).

MATERNAL AND INFANT HEALTH

Pregnancy Rates

Overall Pregnancy Rate

In NC as a whole, the *overall* pregnancy rate for women of childbearing age (15-44) has been falling gradually, decreasing by 5% in the years between 2010 and 2016. Over the same period, the overall pregnancy rate in Davidson County *increased* by 6%. Despite the increase, in 2016 the overall pregnancy rate in Davidson County was 67.0 pregnancies per 1,000 women, 7% *lower* than the comparable state rate of 72.2. When stratified by race, it is apparent that between 2010 and 2016 total pregnancy rates in Davidson County increased by 25% among African American non-Hispanic women and decreased 13% among Hispanic women. The overall pregnancy rate among white non-Hispanic women increased by 6% same over that same period. In 2016, the overall pregnancy rates for African American non-Hispanic women (79.5) and Hispanic women (88.0) in Davidson County both were higher than the comparable rate among white non-Hispanic women (63.1) (39).

Teen Pregnancy Rate

Pregnancy rates among Davidson County teens (ages 15-19) also fell between 2010 and 2016, as they did statewide. In Davidson County, the decrease over that period was 48%; statewide the decrease was 43%. In 2016, the overall teen pregnancy rate in Davidson County was 28.7 pregnancies per 1,000 teen females, 3% *higher* than the state rate of 28.1. When stratified by race, it is apparent that between 2010 and 2016 pregnancy rates in Davidson County fell by 33% among African American non-Hispanic teens and fell 42% among white non-Hispanic teens. The 2016 pregnancy rate for Hispanic teens was based on below-threshold numbers and was suppressed by NC SCHS, so no 2010 to 2016 comparison is possible for this group. In 2016, the overall pregnancy rates in Davidson County for African American non-Hispanic teens (50.9) was higher than the comparable rate among white non-Hispanic teens (26.8) (40).

In terms of numbers rather than rates, teen pregnancies in Davidson County fell from 275 in 2010 to 148 in 2016 (41).

Pregnancy Risk Factors

High Parity and Short-Interval Births

According to NCSCHS, 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 2012-2016 the frequency of high parity births among Davidson County women under the age of 30 (15.8%) was 11% *higher* than the comparable NC figure. Among Davidson County women age 30 or older, the frequency of high parity births in the same period (21.6%) was 2% *lower* than the comparable NC figure (42).

The frequency of short-interval births in Davidson County in the 2012-2016 aggregate period (13.6%) was 11% higher than the comparable NC figure of 12.2% (43).

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 2016 except 2015. In 2016, 69.8% of pregnant women in Davidson County received early prenatal care, compared to 69.0% of pregnant women statewide (44).

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 in every year from 2011 through 2016. The frequency of pregnant women who smoked in 2016 was 15.7% in Davidson County and 8.9% statewide (45).

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 (46).

The overall frequency of low birth weight (≤ 5.5 lbs.) births in Davidson County averaged 9.5% over the five aggregate periods from 2008-2012 through 2012-2016. This average county figure was higher than the comparable five-period average for the state (9.0%). 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 9.4% while the comparable frequency for African American non-Hispanic women in the county averaged 14.3%, 52% 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 five aggregate periods, the same as the comparable state average of 1.7%. When racially-stratified, the average frequency of very low birth weight births in Davidson County over the same period is more than twice as high among African American non-Hispanic women as among white non-Hispanic women (3.5% vs. 1.6%, respectively) (47).

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 *decreased* overall from 8.9 in 2006-2010 to 8.1 in 2012-2016, with highly variable rates in intervening aggregate periods. For 2012-2016, the overall infant mortality rate in Davidson County was 13% *higher* than the comparable state average of 7.2 (48). 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 below threshold numbers of infant deaths 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 2012-2016, the infant mortality rate among African American

non-Hispanics was 13.0, almost twice the overall rate (7.2) and almost 2½ times the comparable rate among white non-Hispanics (5.4) (49).

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 2014-2016. However, life expectancies for persons born in 2014-2016 in Davidson County were *lower* than the comparable state averages in all groups except African Americans. It is noteworthy that Davidson County and NC life expectancy figures *decreased* between 2010-2012 and 2014-2016, a disturbing trend.

Life Expectancy at Birth, by Gender and Race

Location	Life Expectancy in Years									
	Person Born in 1990-1992					Person Born in 2014-2016				
	Overall	Male	Female	White	African-American	Overall	Male	Female	White	African-American
Davidson County	75.7	72.1	79.3	76.3	70.3	76.4	73.8	78.9	76.6	75.0
Randolph County	75.8	71.8	79.8	76.2	69.5	76.7	74.9	78.5	76.8	76.1
State of NC	74.9	71.0	78.7	76.4	69.8	77.4	74.8	79.9	78.3	74.9

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 (LCDs) 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, 2012-2016 mortality rates in Davidson County exceeded the comparable rates statewide for 13 of the 15 LCDs (as indicated by the “plus” sign).

Leading Causes of Death in Davidson County 2012-2016

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Davidson Co. No. of Deaths	Davidson Co. Mortality Rate	County Rate Difference from NC
1. Total Cancer	1,915	182.3	+9%
2. Diseases of the Heart	1,764	176.9	+10%
3. Chronic Lower Respiratory Disease	645	62.1	+36%
4. Cerebrovascular Disease	499	51.1	+19%
5. Alzheimer's Disease	370	39.6	+24%
6. All Other Unintentional Injuries	314	37.1	+16%
7. Diabetes Mellitus	292	28.4	+23%
8. Pneumonia and Influenza	206	21.2	+19%
9. Unintentional Motor Vehicle Injuries	151	18.8	+33%
10. Nephritis, Nephrotic Syndrome and Nephritis	168	16.8	+2%
11. Suicide	127	14.9	+16%
12. Septicemia	151	14.8	+13%
13. Chronic Liver Disease and Cirrhosis	122	11.7	+14%
14. Homicide	21	2.7	-56%
15. AIDS	16	1.7	-23%

The next table shows how the mortality rates for each of the 15 LCDs in Davidson County shifted between 2009-2013 (the period covered in the last Davidson CHA) and 2012-2016. According to this table, mortality rates for three causes of death improved over the interval cited, but rates *worsened* for nine: total cancer, cerebrovascular disease, Alzheimer's disease, all other unintentional injuries, diabetes mellitus, kidney diseases, suicide, septicemia and chronic liver disease and cirrhosis. There was no rate difference for three LCDs.

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

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Rate in 2009-2013	Rate in 2012-2016	% Rate Change 2009-2013 to 2012-2016
1. Total Cancer	177.5	182.3	+3%
2. Diseases of the Heart	197.7	176.9	-11%
3. Chronic Lower Respiratory Disease	62.1	62.1	n/c
4. Cerebrovascular Disease	49.2	51.1	+4%
5. Alzheimer's Disease	37.3	39.6	+6%
6. All Other Unintentional Injuries	33.5	37.1	+11%
7. Diabetes Mellitus	23.0	28.4	+23%
8. Pneumonia and Influenza	22.0	21.2	-4%
9. Unintentional Motor Vehicle Injuries	19.1	18.8	-2%
10. Nephritis, Nephrotic Syndrome and Nephritis	16.6	16.8	+1%
11. Suicide	12.7	14.9	+17%
12. Septicemia	13.0	14.8	+14%
13. Chronic Liver Disease and Cirrhosis	9.9	11.7	+18%
14. Homicide	2.7	2.7	n/c
15. AIDS	1.7	1.7	n/c

According to data in the following table it appears that in 2012-2016 Davidson County males disproportionately suffered mortality from *all* LCDs *except* Alzheimer's disease.

Leading Causes of Death in Davidson County 2012-2016, by Gender

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Rank Among Males	Rank Among Females	% Male Rate Difference from Females
1. Total Cancer	2	1	+41%
2. Diseases of the Heart	1	2	+69%
3. Chronic Lower Respiratory Disease	3	3	+18%
4. Cerebrovascular Disease	4	4	+5%
5. Alzheimer's Disease	7	5	-40%
6. All Other Unintentional Injuries	5	6	+72%
7. Diabetes Mellitus	6	7	+48%
8. Pneumonia and Influenza	11	8	+11%
9. Unintentional Motor Vehicle Injuries	8	11	+2x
10. Nephritis, Nephrotic Syndrome and Nephritis	10	10	+70%
11. Suicide	9	13	+4X
12. Septicemia	13	9	+9%
13. Chronic Liver Disease and Cirrhosis	12	12	+3X
14. Homicide	14	14	n/a
15. AIDS	15	15	n/a

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

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

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Rank Among White Non- Hispanic	Rank Among Black non- Hispanic	% Black Rate Difference from White
1. Total Cancer	1	1	+13%
2. Diseases of the Heart	2	2	-21%
3. Chronic Lower Respiratory Disease	3	n/a	n/a
4. Cerebrovascular Disease	4	4	+10%
5. Alzheimer's Disease	5	3	+49%
6. All Other Unintentional Injuries	6	n/a	n/a
7. Diabetes Mellitus	7	5	+91%
8. Pneumonia and Influenza	8	n/a	n/a
9. Unintentional Motor Vehicle Injuries	9	n/a	n/a
10. Nephritis, Nephrotic Syndrome and Nephritis	11	5	+86%
11. Suicide	10	n/a	n/a
12. Septicemia	12	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	13	n/a	n/a
14. Homicide	14	n/a	n/a
15. AIDS	15	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 2012-2016, the leading cause(s) of death in each of the age groups in Davidson County were as follows (50):

- 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 LCDs. The summary arrow describes the direction of slope of a regression line calculated using the twelve rolling five-year aggregate mortality rates in the period from 2001-2005 through 2012-2016. 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 LCDs. 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 2012-2016

Leading Cause of Death in Davidson County	Overall Trend Direction
1. Total Cancer	▼
2. Diseases of the Heart	▼
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. Unintentional Motor Vehicle Injuries	▼
10. Nephritis, Nephrotic Syndrome and Nephritis	▲
11. Suicide	▼
12. Septicemia	▼
13. Chronic Liver Disease and Cirrhosis	▲
14. Homicide	▼
15. AIDS	n/a

Total cancer was the leading cause of death in Davidson County in the 2012-2016 period. Examining incidence and mortality rate trends for site-specific cancers is helpful in understanding 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 2012-2016 and the mortality rate data covers the period from 2001-2005 through 2012-2016. 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 2012-2016
Mortality, 2001-2005 through 2012-2016

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence	▲
	Mortality	▼
Prostate Cancer	Incidence	▲
	Mortality	▼
Breast Cancer	Incidence	▲
	Mortality	▼
Colorectal Cancer	Incidence	No change
	Mortality	
Pancreas Cancer	Incidence	Not available
	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 three major site-specific cancers: lung, prostate and breast cancers. (Note that the NC SCHS does not calculate an incidence rate for pancreas cancer.)

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 that incidence 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, in 2016 15.7% of pregnant women in Davidson County smoked, a figure 76% higher than the state average of 8.9%. If there is good news here it is that the frequency of smoking in pregnancy in Davidson County decreased 13% between 2013 and 2016. According to the results of the 2018 Davidson County Community Health Survey, 9% of 1,109 respondents reported that they were current tobacco users (51).

Patient discharge data provided by the two hospitals in Davidson County can illuminate the burden of non-fatal disease among residents of the county. The table below summarizes emergency department and inpatient discharges associated with the same ICD-codes that the NCSCHS uses to describe the 15 Leading Causes of Death.

From this data it is apparent that CLRD and pneumonia/influenza each account for a larger number of ED discharges than diseases of the heart. Since these conditions drive high numbers of patients to the ED for examination and treatment, and because they account for numerous inpatient hospitalizations as well, their burden on the community's residents is obviously significant.

Hospital Discharges Coded for the Leading Causes of Death

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Davidson Co. No. of Deaths 2012-2016	Hospital ED Discharges 2015-2017 Total=166,031	Hospital IP Discharges 2015-2017 Total=13,126
1. Total Cancer	1,915	154	120
2. Diseases of the Heart	1,764	2,205	798
3. Chronic Lower Respiratory Disease	645	6,024	440
4. Cerebrovascular Disease	499	590	213
5. Alzheimer's Disease	370	68	13
6. All Other Unintentional Injuries	314	n/a	n/a
7. Diabetes Mellitus	292	1,260	216
8. Pneumonia and Influenza	206	3,607	256
9. Unintentional Motor Vehicle Injuries	151	n/a	n/a
10. Nephritis, Nephrotic Syndrome and Nephritis	168	392	209
11. Suicide	127	n/a	n/a
12. Septicemia	151	642	1,342
13. Chronic Liver Disease and Cirrhosis	122	84	7
14. Homicide	21	n/a	n/a
15. AIDS	16	14	1

MORBIDITY AND CHRONIC DISEASE

Diabetes

As noted previously, diabetes was the seventh leading cause of death overall in Davidson County in 2012-2016. In that period the county diabetes mortality rate exceeded the state rate by 23%, and it had increased by 23% since the 2009-2013 period. Among African Americans in Davidson County, the 2012-2016 mortality rate for diabetes was 91% higher than 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 9.5% in 2013 and averaged 9.7% over the period from 2006 through 2013; the comparable NC figures were 10.5% and 9.5%, respectively (52). Twelve percent of the respondents to the 2018 Davidson County Community Health Survey reported having received a medical diagnosis of diabetes.

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 31.2% in 2013 and averaged 29.6% over the period from 2006 through 2013. The comparable figures for Randolph County were 32.2% and 29.2%, respectively. (Similar state-level data is not available from the source) (53).

According to results from the 2018 Davidson County Community Health Survey, 50% of respondents reported that they had been diagnosed by a doctor, nurse or other health professional as being either overweight or obese.

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 2015 data from NCPedNESS (North Carolina Pediatric Nutrition and Epidemiology Surveillance System), 17.1% of 2 to 4-year-olds in the NCPedNESS program in Davidson County were overweight, and 14.6% were obese. For comparison, according to the same NCPedNESS source, in Randolph County 14.8% of 2 to 4-year-old participants were overweight and 14.6% were obese, and statewide 15.0% were overweight and 14.0% were obese (54).

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 2018 Davidson County Community Health Survey. In this survey, 6% of the respondents reported they had been diagnosed with angina or heart disease, 31% reported they had been diagnosed with high cholesterol, and 34% had received a diagnosis of hypertension/high blood pressure.

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 2016. In 2016 the Davidson County incidence rate for chlamydia infection was 413 new cases per 100,000 population (an increase of 28% since 2013); the comparable chlamydia rate statewide in 2016 was 572 (55). In 2016 the gonorrhea incidence rate in Davidson County was 173 new cases per 100,000 population (an increase of 94% since 2013); the comparable rate statewide in 2016 was 194 (56). Nationally, the highest rates of gonorrhea have been found in African Americans, people 20 to 24 years of age, and women, respectively (57).

Mental Health and Substance Abuse

According to data gathered from the Log Into North Carolina (LINC) website, between 2009 and 2017, the number of Davidson County residents served in state psychiatric hospitals fell by over 79% (58). 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 discharge data provided to the consultant by the two major

medical centers in Davidson County, an average of 2.8% of all emergency department discharges in the three-year period 2015-2017 were for mental health diagnoses in the ICD-9 and ICD-10 category: Mental, Behavioral and Neurodevelopmental Disorders. Furthermore, the average annual *number* of hospital discharges from the two Davidson County medical centers for mental health conditions in the period 2015 through 2017 (1,533) equaled approximately 48% of the number of patients served by Cardinal Innovations in FY2017 (3,188) (59). In the 2018 Davidson County Community Health Survey, 38% of respondents self-reported a personal diagnosis of depression, 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 *totaled* only 42 patients in the entire eight-year period 2009-2016 (60), a very low number given the population 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, given the high utilization of the hospital EDs for mental health problems including drug use. The public appears well aware of the toll of mental health and substance abuse problems in the community, since respondents to the 2018 Davidson County Community Health Survey named mental health and the opioid crisis as the second and third most serious health problems in the county, identified alcohol abuse and drug abuse in first and second place, respectively, on the list of unhealthy behaviors most affecting health in the county, and named substance abuse and misuse the leading social issue in the community.

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 2013 through 2016. The table illustrates how the percent of uninsured in all age groups in Davidson County *decreased* in almost 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. We should expect to see future changes in the percent of the population that is uninsured reflect enrollment in ACA programs.

Percent of Population without Health Insurance, by Age Group

Location	2013			2014			2015			2016		
	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	6.1	21.9	17.5	4.7	19.7	15.5	5.0	16.5	13.3	4.9	16.1	13.0
Randolph County	8.4	26.1	21.0	6.9	21.0	17.0	5.9	20.0	16.1	5.1	19.3	15.3
State of NC	6.9	22.5	18.1	5.5	18.9	15.2	4.6	16.2	13.0	4.7	15.1	12.2

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 2018 Davidson County Community Health Survey asked participants whether they had health insurance at the time of the survey (Summer 2018). Among the respondents who answered the question, 9% reported not have health coverage, a figure not even close to the admittedly dated figures in the table above. 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 2016. 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 reported previously is *worse* among children, the percent of children who are uninsured is *lower* than the percent of adults who are uninsured. Commonly in NC, as demonstrated by data in the table above, 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 existence of NC Health Choice, the program that provides insurance to children in low-income families who earn too much to qualify for Medicaid.

HEALTH CARE PROVIDERS

The Cecil B. Sheps Center for Health Services Research at UNC Chapel Hill computes ratios of providers to population for major groups of health care professionals. These ratios are lower in Davidson County than state averages for: MDs, registered nurses, dentists, and pharmacists in every year between 2013 and 2017 (61). This data would seem to point to limited health care access for residents of 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.

Participants in the 2018 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 17% of respondents reported a problem accessing medical care, and approximately 22% 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” (7-8%) followed by “my share of the cost (i.e., deductible or co-pay) was too high” (7-10%). Approximately 4% of respondents reported that their barrier to medical care was the time it took to get an appointment.

HEALTH CARE FACILITIES

Hospitals

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 (62).

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 (63).

An examination of local hospital utilization data, available to the consultant, stratified by gender, age and race can be used to discover possible access to care issues.

For instance, stratifying hospital ED discharge data by gender and age groups reveals that hospital discharge percentages reflect approximately the proportions of those groups in the overall Davidson County population according to current US Census information:

- Females: Hospital – 56.8%; County – 51.2%
- Males: Hospital – 43.2%; County – 48.8%
- Under age 18: Hospital – 17.9%; County – 23.9%
- Age 18-64: Hospital – 68.0%; County – 61.7%
- Age 65 and older: Hospital 14.1%; County – 14.4%

When stratified by race, however, ED discharge data would seem to indicate that African Americans utilize the ED in significantly higher proportion than their representation in the overall county population:

- Black/African American: Hospital – 17.6%; County – 9.0%
- Caucasian/White: Hospital – 76.2%; County – 86.5%
- Hispanic/Latino (as ethnicity): Hospital – 4.8%; County – 6.7%

Such “over-utilization” of ED services might point to lack of a medical home, lack of health insurance, lack of knowledge about how to access the private healthcare system, or some other access issue for this population group.

Age-stratification of inpatient discharge data reveals clearly the significant extent to which the elderly utilize that part of the healthcare system:

- Under age 18: Hospital – 22.1%; County – 23.9%
- Age 18-64: Hospital – 46.7%; County – 61.7%
- Age 65 and older: Hospital - 31.2%; County – 14.4%

As the population of the county ages, healthcare providers, especially hospitals, need to be cognizant of increased need for services by this segment of the population.

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 (64).

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 (65).

Long-Term Care Facilities

As of May 2018, there were eight state-licensed nursing homes, six adult care homes/homes for the aged, and five family care homes in Davidson County, together offering 1,315 beds (66). 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.

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 20 counties in central NC. The public can find out how to obtain services and support for mental health, developmental disabilities, and substance abuse in their community by accessing a sponsored toll-free number (1-800-939-5911) which is operational 24 hours a day, 7 days a week (67). As of December 2018, the Cardinal Innovations Healthcare Solutions On-line Provider Directory listed 53 providers serving Davidson County, though not all were physically located in Davidson County (68).

It is unclear what the public knows about the local LME/MCO or how to access it. Respondents to the 2018 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 (23-29%), or a local hospital (10-17%). Eighteen to nineteen percent of the respondents said they "weren't sure/did not know" where to refer someone. Accurate knowledge about mental health services should be important to Davidson County citizens, since almost 38% of respondents to the 2018 Community Health Survey reported they had been diagnosed with depression.

As of June 2018, there were 38 state-licensed mental health *facilities* in Davidson County, most of which offered supervised living, day services or sheltered workshops for developmentally disabled adults. Nine of the listed facilities provided substance abuse services (69).

OTHER HEALTHCARE RESOURCES

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 the population 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 (70).

School Health

Student's needs for on-site nursing services at school 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 (71). The recommended ratio is 1:750.

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 June 2018, there were 17 licensed home care, home health or hospice providers in Davidson County, all of them located in either Lexington or Thomasville (72). The 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 (73). Davidson County Senior Services Program offers an In-Home Service Program that provides assistance to individuals and their families by performing personal care and home management tasks enabling clients to 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.

As of December 2018, there were no state-licensed, independent, free-standing ambulatory surgical facilities in Davidson County, (74), but both hospitals in the county offer same-day surgery services. There were two licensed cardiac rehabilitation facilities listed, one each at the Thomasville and Lexington Medical Centers, and two Medicare-approved dialysis facilities

(operated by Wake Forest Baptist Health) (75). 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 2018 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 2½ 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.

On-Line Resources

Many government agencies and community organizations maintain on-line resource directories to help the citizens of Davidson County locate the organizations and services they need. Among them are:

Davidson County Department of Senior Services Community Resource Directory

The county department of Senior Services maintains an on-line directory of resources of interest—but not limited—to senior citizens. It can be located via the following URL:

<https://www.co.davidson.nc.us/DocumentCenter/View/1330/Community-Resource-Directory-2018>

Davidson County Health Department Resource List

The Davidson County Health Department maintains an on-line resource list arranged topically by kind of service offered. It can be located at:

<https://www.co.davidson.nc.us/DocumentCenter/View/199/Davidson-County-Resource-List-PDF>

United Way of Davidson County

The United Way maintains an alphabetized list of links to partner agencies, most of which provide advocacy or direct assistance to the public. The list is accessed via:

http://uwdavidson.org/Partner_Agencies.php

2-1-1 of Davidson County

With the help of the United Way, many communities in NC, including Davidson County, help maintain a local “2-1-1” phone information system to help citizens locate health and human services and resources as varied as employment assistance, food pantries, or homeless shelters. A call to NC 2-1-1 is free, confidential, available all day, every day, and in any language. In addition, there is an on-line “gateway” to NC 2-1-1 that provides links to a listing of county resources via: <http://www.nc211.org/index.php/component/cpx/?task=search.advanced>

Davidson County Assistance Programs

This unnamed source provides information on local charities, non-profit agencies, and other organizations that can provide economic assistance, such as help in paying rent, mortgage, and utility bills, finding free food, and other forms of aid. The website is indexed by type of aid needed. It can be located at:

http://www.needhelppayingbills.com/html/davidson_county_assistance_pro.html

Davidson County Government Services

The Davidson County government website provides a page with links to a directory of the programs and services provided by twenty-six county departments, covering topics like Planning, Administration, Taxes, Recycling, Child Care, Permits, Deeds, Senior Care, Health and Well Being, Transportation and much more. The Directory also shows where these services are located in the county and how to find them. It includes maps and driving directions to services, as well as phone numbers and the times services are available. The URL is:

<https://www.co.davidson.nc.us/27/Government>

Thomasville Area Chamber of Commerce

The Thomasville Area Chamber of Commerce website offers a homepage “tab” labeled “Area Information” that provides links to community services and health and wellness resources. The tab is located on the Chamber’s homepage at:

<http://www.thomasvillechamber.net/#>

Lexington Chamber of Commerce

The Lexington Area Chamber of Commerce offers a simple list of community resources on its website, located at:

http://www.lexingtonchamber.net/community_resources.html

COMMUNITY CONCERNS SUMMARY

COMMUNITY HEALTH SURVEY

The 2018 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 2018 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 1,109 citizens of the county. Despite attempts to prevent it, certain groups were either over-sampled or under-sampled. The 2018 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 2018 CHA/CHNA 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. (Like results from the 2015 Davidson County Community Health Survey are provided for comparison.)

Health Problems Having Greatest Overall Effect on Health in Davidson County

Health Problem	2018	2015
Obesity/overweight	60.3%	60.4%
Opioid crisis	58.2%	n/a
Mental health	57.0%	44.7%
Diabetes	47.3%	53.9%
Aging problems	44.6%	50.8%
Heart disease/heart attack	41.7%	49.0%
Cancer	41.4%	53.6%
Lung disease	21.1%	23.5%
Motor vehicle accident injuries	21.1%	17.3%
Dental health	19.1%	23.8%
Accidental injuries NOT involving vehicles	16.7%	17.6%
Infectious/contagious diseases	13.6%	16.9%
Teenage pregnancy	13.2%	23.4%
Stroke	9.4%	14.4%
Sexually transmitted infections	9.1%	10.5%
Asthma	6.4%	10.7%
Kidney disease	3.4%	4.8%
HIV/AIDS	2.5%	5.6%
Liver Disease	1.9%	2.4%
Infant death	1.8%	2.2%
Birth defects	1.0%	2.7%

The most frequently cited issue in both 2018 and 2015 was overweight/obesity, selected by approximately 60% of respondents. The opioid crisis, not offered on the 2015 list community health problems list, debuted in second place in the 2018 survey.

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=16), and to select, in no particular order, their top five.

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

Unhealthy Behavior	2018	2015
Drug abuse (incl. both prescription drugs and illegal drugs)	90.2%	78.1%
Alcohol abuse	62.3%	63.0%
Lack of exercise/poor physical fitness	59.1%	58.7%
Poor eating habits	51.5%	50.2%
Smoking/tobacco use	46.8%	45.8%
Not going to the doctor for preventive check-ups and screenings	41.9%	37.1%
Reckless/drunk driving	32.9%	23.6%
Violent, angry behavior (including rape/sexual assault)	25.0%	18.2%
Not going to a dentist for preventive checkups and cleaning	23.1%	18.5%
Having unsafe sex	17.7%	27.2%
Suicide	14.1%	7.3%
Not getting immunizations (“shots”) to prevent disease	8.0%	6.4%
Not using seatbelts	7.7%	5.3%
Poor preparation for disasters and emergencies	5.4%	4.0%
Not using child safety seats	5.3%	4.1%
Not getting prenatal (pregnancy) care	4.6%	4.9%

In 2018 the most frequently selected unhealthy behavior was “drug abuse” (90%), followed by a related issue, “alcohol abuse” (62%). The order, if not the percentage, of these behaviors was the same in 2015.

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. Their responses to that question in 2018 (2015) were:

1. Abusing prescription drugs/pills – 61% (58%)
2. Alcohol abuse – 45% (59%)
3. Methamphetamines – 43% (29%)
4. Heroin – 39% (n/a)
5. Other “hard” drugs (e.g., cocaine, crack) – 24% (36%)
6. Drinking and driving – 24% (31%)
7. Using someone else’s prescription drugs/pills – 21% (21%)
8. Marijuana – 20% (30%)

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

Social Issue	2018	2015
Substance abuse/misuse	58.8%	n/a
Affordability of health services	58.7%	49.3%
Availability of healthy food choices in restaurants and grocery stores	46.6%	19.2%
Crime	38.7%	30.5%
Transportation options	35.7%	11.8%
Unsafe schools	31.7%	7.4%
Unemployment/underemployment	27.9%	49.3%
Lack of healthcare providers	27.9%	8.1%
Unsafe/unmaintained roads	26.8%	7.7%
Lack of counseling/mental health services/support groups	18.8%	21.8%
Lack of recreational facilities	16.7%	19.6%
Low income/poverty	15.5%	55.4%
Hunger	13.9%	26.8%
Lack of/inadequate health insurance	13.5%	24.4%
Dropping out of school	11.8%	19.5%
Neglect and abuse of children	11.3%	25.0%
Animal control issues/rabies	9.3%	11.0%
Homelessness	8.7%	32.2%
Neglect and abuse of domestic partners	8.3%	4.7%
Racism/discrimination	7.4%	12.2%
Neglect and abuse of the elderly	7.3%	11.2%

While the four important community issues most frequently selected in 2015 all were economic in nature (“low income/poverty” [55%], “unemployment/underemployment” [49%], “affordability of health services” [49%], and “homelessness” [32%]), the respondents to the 2018 survey had a less economically-focused outlook. Substance abuse/misuse (not offered in 2015) rose immediately to the top of the 2018 list (59% of all responses), and social issues like the availability of healthy food choices, crime, transportation issues and unsafe schools all neared the top of the list and were selected with much higher frequency in 2018 than in 2015.

DAVIDSON COUNTY PROGRESS TOWARD HEALTHY NC 2020 GOALS

Parameter	Davidson	Current NC	2020 Target
Tobacco Use			
% Adults Current Smokers	9% of 2018 survey respondents	17.9% (2016)	13.00%
% HS Students Using Any Tobacco Products	not available at the county-level	28.8% (2017)	15.00%
% of People Exposed to 2nd-Hand Smoke in Workplace in Past 7 Days	not available at the county-level	7.7% (2016)	0.00%
Physical Activity and Nutrition			
% of HS Students Not Overweight or Obese	not available at the county-level	69.1% (2017)	79.20%
% Adults Getting Recommended Physical Activity	37% of 2018 survey respondents	48.1% (2015)	60.60%
% Adults Consuming 5 Servings Fruits/Vegetables Daily	39% of 2018 survey respondents	56.7% (2015)	29.30%
Injury and Violence			
Unintentional Poisoning Mortality Rate/100,000 Population	20.2 (2012-2016)	18.5 (2016)	9.9
Unintentional Falls Mortality Rate/100,000 Population	not available	10.8 (2016)	5.3
Homicide Rate/100,000 Population	2.7 (2012-2016)	7.5 (2016)	6.7
Maternal and Infant Health			
White/African American Disparity in Infant Mortality	no minority rates available	2.68 (2016)	1.92
Infant Mortality Rate/1,000 Live Births	8.1 (2012-2016)	7.2 (2016)	6.3
% Women Who Smoke During Pregnancy	15.7% (2016)	8.9% (2016)	6.80%
Sexually Transmitted Disease and Unintended Pregnancy			
% Unintended Pregnancies	no county numbers only statewide	32.2% (2016)	30.90%
% Positive Chlamydia Tests Ages 15-24	no county-level data available in recent years	11.1% (2016)	8.70%
Rate of New HIV Infection Diagnoses/100,000 Population	7.9 (2016)	13.9 (2016)	22.2
Substance Abuse			
% HS Students Consuming Alcohol on 1 or More of Past 30 Days	not available at the county-level	26.5% (2017)	26.40%
% Alcohol-Related Traffic Crashes	6.7% (2017)	4.2% (2016)	4.70%
% ≥ Age 12 Reporting Illicit Drug Use in Past 30 Days	not available at the county-level	9.9% (2015-16)	6.60%
Mental Health			
Suicide Rate/100,000 Population	14.9 (2012-2016)	13.0 (2016)	8.3
Average Number Poor Mental Health Days Among Adults in Past 30 Days	not available at the county-level	3.8 (2016)	2.8
Rate Mental Health-Related ED Visits/10,000 Population	not available	103.3 (2014)	82.8
Oral Health			
% Children Aged 1-5 Enrolled in Medicaid Receiving Dental Services in Past 12 Months	not available	60.4% (2016)	56.40%
Average Number Decayed, Missing or Filled Teeth among Kindergarteners	no longer available at the county level	1.6 (2015-16)	1.1
% Adults With Permanent Teeth Removed Due to Tooth Decay/Gum Disease	not available	47.6% (2016)	38.40%
Environmental Health			
% Air Monitoring Sites Meeting Current Ozone Standard (0.075 ppm)	not available	100% (2014-16)	100.00%
% Population Served by Community Water Systems with No Contaminant Violations	unclear from the data available	96.3% (2016)	95.00%
Work-Related Injuries Mortality Rate/100,000 Equivalent Full-Time Workers	not available	3.7 (2016)	3.5
Infectious Disease and Food-Borne Illness			
% Children Age 19-35 Months Receiving Recommended Vaccines	not available at the county-level	77.8% (2016)	91.30%
Pneumonia/Influenza Mortality Rate/100,000 Population	21.2 (2012-2016)	16.5 (2016)	13.5
Average Number of Critical Violations per Restaurant/Food Stand	not available	3.0 (2017)	5.5
Social Determinants of Health			
% People Living in Poverty	16.2 (2012-2016)	15.4% (2016)	12.50%
Four-Year HS Graduation Rate	88.0% (County schools only, graduating 16-17)	86.5% (2016-17)	94.60%
% People Spending >30% Income on Rental Housing	45.8% (2012-2016)	46.9% (2016)	36.10%
Chronic Disease			
Cardiovascular Disease Mortality Rate/100,000 Population	243.3 (2012-2016)	214.1 (2016)	161.5
% Adults with Diabetes	9.5% (2013)	11.3% (2016)	8.60%
Colorectal Cancer Mortality Rate/100,000 Population	14.8 (2012-2016)	13.2 (2016)	10.1
Cross-Cutting			
Average Life Expectancy (Years)	76.4 (2014-2016)	78.0 (2016)	79.5
% Adults Reporting Good, Very Good, or Excellent Health	65% of 2018 survey respondents	81.7% (2016)	90.10%
% Non-Elderly (<65) Uninsured People	13.0% (2016)	12.2% (2016)	8.00%
% Adults Not Overweight or Obese	50% of 2018 survey respondents	33.1% (2016)	38.10%
Source: Annual Report to the NC Medical Society, October 2018			

COMMUNITY PRIORITIES

PRIORITY SELECTION PROCESS

The CHA/CHNA Team conducted a *Davidson County Community Health Forum* on November 16 at the Davidson County Community College campus in Thomasville. This event provided community stakeholders and county residents an opportunity to share their opinions and inform the community health assessment priority-selection process. The forum was advertised in local papers, fliers were distributed via email, and participants were recruited by members of the Davidson County Healthy Communities Coalition Steering Committee. A list of Forum attendees and their organizational affiliations is appended to this report. The forum lasted two hours and included a PowerPoint presentation by the consultant that summarized major findings of secondary data research and results of the community health survey. The presentation was followed by distribution of a ballot asking participants to list – *in no particular order* – the *five* issues they identified from the data in the presentation as the most important in Davidson County. The ballot included guidelines to help the participants create their lists thoughtfully and realistically. The Forum prioritization ballot is also appended to this report.

Fourteen members of the Davidson County Healthy Communities Coalition, which serves as the Steering Committee for the 2018 CHA/CHNA, met on December 6, 2018, at which meeting the Health Education Supervisor with the Davidson County Health Department provided a PowerPoint overview of the primary and secondary data that had been gathered, along with the initial prioritization from balloting that occurred on November 16. After discussion, attendees were asked to list, *in rank order*, what they considered to be the *three* most important issues to address in Davidson County. The Health Department combined these issues into a list of the overall most significant health issues – or priorities – in the county.

PRIORITIES

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

- Substance misuse
- Mental health
- Chronic disease
- Access to care

Substance Misuse

Health Indicators

Community opinion provided strong impetus to name substance misuse/abuse as chief 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, identified substance abuse/misuse as the leading social issue, and identified the opioid crisis as the second most important health problem.

According to data from NC SCHS, the unintentional poisoning mortality rate in Davidson County has increased each year since 2009-2013 and was higher than the comparable state rate in all four periods available. In 2012-2016, the Davidson County rate was 47% higher than the state rate. Unintentional poisoning includes any "noxious substance", such as narcotics and hallucinogens, unspecified drugs, medicaments, and biological substances, gases and vapors (76).

The Centers for Medicaid and Medicare Services publishes data describing opioid prescribing patterns among Medicare Part D prescribers. Between 2013 and 2016, an average of 60% of Part D prescribers across Davidson County prescribed opioids, higher than both the state and national averages (54% and 46%, respectively). While most Davidson County prescribing rates do not appear to deviate dramatically from national and state comparators, there is a Lexington-based zip code that has significantly higher prescribing rates for opioids and extended release opioids over all four years of available data (77).

The NC Opioid Action Plan, established in 2016 by NC DHHS in partnership with other agencies, publishes quarterly data relating to 13 measures they have identified as key indicators relating to the opioid crisis. Between 2016 and 2017, the number of unintentional opioid related deaths in Davidson County increased from 33 to 45; the number of ED visits receiving an opioid overdose diagnosis also increased, from 141 to 176. The number of opioid pills dispensed in Davidson County decreased from 10.8 million in 2016 to 8.5 million in 2017 and appears on-track to decreased again by the end of 2018. Compared to NC, Davidson County had a higher percentage of patients with an opioid prescription receiving more than the recommended dosage in both 2016 and 2017, which can increase the risk for opioid use disorder and overdose. Similarly, the county had higher rates of patients with both opioid and benzodiazepine prescriptions on the same day, concurrent use of which can increase the risk of an overdose. Administrations of naloxone by both EMS and community agencies increased between 2016 and 2017, suggesting either that the need for overdose reversals increased or that access to the life-saving treatment has improved. The number of buprenorphine prescriptions dispensed increased between 2016 and 2017, as did the number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs, indicating that treatment is reaching more individuals in need (78).

Specific Populations at Risk

The poor and uninsured. The uninsured and those in poverty are always at risk for poor outcomes for mental health and substance abuse 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 abuse prescription drugs accidentally and are especially at risk if they have cognition problems.

Medically underserved. According to the US Health Resources and Services Administration (HRSA), Davidson County qualifies as both a Medically Underserved Area (MUA) and Medically Underserved Populations (MUP). 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
Inpatient Facility-Based Crisis facility at Daymark
Monarch – outpatient services
Path of Hope – Residential Treatment
Cardinal Innovations – Access Line
Lexington Treatment Associates – Methadone program
Nazareth Child and Family Connection – Suboxone treatment
Family Services of Davidson County
Project Lazarus – Davidson County Stop Prescription Abuse Now (DCSPAN) program
Davidson County Schools - 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 at 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
Medicaid expansion

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 in the recent past, 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 2018 Davidson Community Health Survey (the same percentage as in 2015) reported a personal diagnosis of depression (only one kind of mental health problem). Survey respondents also named mental health as the third 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) in the period 2015-2017 averaged almost 2.8% (up from 2% in 2012-2014). 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). Something is surely amiss in the mental health services sector in Davidson County, since the average annual number of hospital ED discharges for mental health conditions in the period 2015-2017 (1,533) equaled approximately 48% of the number of patients served by Cardinal Innovations in FY2017 (3,188).

While there are Cardinal network providers physically located in Davidson County, it's possible that many in the community do not know about them or how to access that network of services. Respondents to the 2018 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 (23-29%). 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 13%, and an overall poverty rate at almost 16%, 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 11th in 2012-2016), the suicide mortality rate in the county exceeded the comparable state rate by 16%. Interestingly, respondents to the 2018 Davidson County Community Health Survey ranked suicide 11th among the 16 most significant unhealthy behaviors in the county.

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.

Males. Males suffer mortality attributable to suicide at a rate four times the rate for females. Middle-aged and older men, particularly, seem particularly vulnerable to suicide, for reasons that are inadequately understood.

Health Resources Available and/or Needed

Available Resources:

Cardinal Innovations (LME/MCO)
Daymark Recovery Services – Outpatient services
Inpatient Facility-Based Crisis facility at Daymark
Monarch
Family Services of Davidson County
Workshop of Davidson County
Hospitals
CARENet
Private counselors
Passageways Clubhouse
Davidson County Schools - Traumatic Event Debriefing (TED) Program and Training
Davidson County Schools - Partner with Cardinal Innovations and its providers
Mental Health Association of Davidson County

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 on local resources
Local facility and case workers
Medicaid expansion

Chronic Disease

Health Indicators

As noted previously, heart disease was the second, chronic lower respiratory disease the third, and diabetes the seventh leading cause of death in Davidson County in 2012-2016. At that time, the county heart disease mortality rate exceeded the comparable NC rate by over 10%, the chronic lower respiratory disease mortality rate was 36% higher than the rate statewide, and the local diabetes mortality rate exceeded the state rate by 23%.

According to data made available to the CHA/CHNA consultant by Davidson County hospitals, there were 2,205 emergency department (ED) discharges with primary diagnoses associated with heart disease in 2015 through 2017, representing 1.3% of all ED discharges in that three-year period. Similarly, inpatient (IP) hospitalizations attributable to a primary diagnosis of heart disease accounted for 798 admissions, or 6.0% of all IP hospitalizations over the same period. Approximately 6% of respondents to the 2018 Davidson County Community Health Survey reported having been diagnosed with angina or heart disease.

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 2018 Davidson County Community Health Survey reported they had been diagnosed with high cholesterol (31%) or hypertension/high blood pressure (34%).

An examination of Davidson County hospital data revealed 6,024 ED discharges in 2015 through 2017 associated with a diagnosis of chronic lower respiratory disease, representing almost 4% of all ED discharges in that period, and 440 IP hospitalizations in the same period, representing 3.4% of all IP hospitalizations in that period. Almost 4% of 2018 community survey respondents reported having been diagnosed with “lung disease”.

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, which remains a problem behavior in Davidson County. For instance, approximately 16% of pregnant women in Davidson County smoked during pregnancy in 2016, a frequency almost twice the frequency statewide. Further, 9% of respondents to the 2018 community health survey reported themselves to be “current smokers”.

Data from the two hospitals in the county revealed that 1,260 ED discharges in 2015-2017 were associated with a diagnosis of diabetes, representing nearly 0.8% of all ED discharges in that period; in addition, there were 216 IP hospitalizations in the same period, representing 1.6% of all IP hospitalizations in that period. Approximately 12% of 2018 community survey respondents reported having been diagnosed with diabetes. According to data reported by the CDC, the prevalence of diabetes in Davidson County in 2013 was estimated at 9.5% and had averaged 9.7% between 2006 and 2013. Overweight and obesity—both prevalent in Davidson County (50% of 2018 survey respondents reported having been so diagnosed)—may be precursors to developing Type II diabetes later in life.

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 2016 was 13%, or over 17,500 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 2012-2016 exceeded the comparable mortality rate for females by approximately 69%, and the mortality rate for diabetes among males exceeded the comparable rate among females by 48%.

Minorities. According to racially-stratified mortality data for 2012-2016, the diabetes mortality rate for African Americans in Davidson County was 91% higher than the comparable rate for whites. The African American mortality rate for heart disease in Davidson County was 21% lower than the comparable rate for whites in the same aggregate period.

Health Resources Available and/or Needed

Available Resources:

Private providers
Clinics like DMMC-DHS for uninsured
Health education opportunities
Hospitals
Lexington Medical Center (LMC) - Lunch and Learn Series
LMC - Cardiologist
LMC - Cardiac and Pulmonary Rehabilitation
LMC - Respiratory Services
Davidson County Schools - 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
Medicaid expansion

Access to Care

Health Indicators

As described in an earlier section of this report, Davidson County has a shortage of healthcare providers, especially as compared to the state. The 2017 ratios of active health professionals per 10,000 population were lower in Davidson County than in NC for medical doctors, dentists, registered nurses, and pharmacists. This can result in increased emergency room usage and decreased preventive care and disease management. There is speculation that the downswing in the economy has created a vicious circle for community health care providers. The poor economy has led to more people who cannot afford to pay for their medical services, which in turn has discouraged providers from locating to Davidson County.

While the actual number of persons experiencing difficulties accessing health care in Davidson County is not known, 22% of respondents to the 2018 Davidson County Health Survey reported having a problem in the past year getting medical care. In addition, 17% of survey respondents reported having a problem in the past year getting a necessary prescription filled.

Lack of public transportation is also a factor in not being able to access health care. According to DataUSA, in 2016 there were 1,359 households in Davidson County without a car. There is no public transportation, or even a taxi service, serving Davidson County outside city limits.

Specific Populations at Risk

The poor and uninsured. The uninsured and those in poverty are always at risk for poor health outcomes because of access issues. 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. This is borne out in the apparent over-utilization of hospital emergency department services by Davidson County African-Americans, as described previously.

Medically underserved. According to the U.S. 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 providers, dentists, pharmacists, and registered nurses limits the availability of services to residents. Limited accessibility can result in increased Emergency Room usage and decreased preventive care and disease management.

Persons living in rural parts of the county. The lack of a transportation is a critical factor in limiting access to health care by those living far from medical centers and medical providers.

Health Resources Available and/or Needed

Available Resources:

Community Resource Brochure

Community Resource List

Davidson County Transportation – limited routes within city limits

Resources Still Needed:

Resources for community engagement/education

Davidson County Transportation – routes outside the city limits

Enhanced access to Telemedicine

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 2019, 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.

REFERENCES

- 1 *Davidson County 2015 Community Health Assessment, March 2016.*
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Davidson County Healthy Communities Coalition Steering Committee

Members (and Affiliations)

Angie Banther (Path of Hope)

Bill James (Wake Forest Baptist Health Lexington Medical Center)

Billy Freeman (Thomasville YMCA)

Brittany Pruitt (United Way of Davidson County)

Dale Moorefield (Davidson County Department of Social Services)

Dianne Horton (Wake Forest Baptist Health Lexington Medical Center)

Don Truell (Davidson County Commissioner)

Gene Klump (Lexington YMCA)

Jane Murphy (Novant Health Thomasville Medical Center)

Jen Hames (Davidson County Health Department)

John Frank (Citizen)

John Giampaolo (Cardinal Innovations Healthcare)

Keisha Jones (Davidson County Community College)

Kelly Burchette (Davidson County Senior Services)

Laura Duran (City of Lexington Parks and Recreation)

Laura Owen (Hospice of Davidson County)

Lillian Koontz (Davidson County Health Department)

Marcy Shipwash (Novant Health Thomasville Medical Center)

Martika Nelson (Davidson County Community College)

Mary Jane Akerman (Communities in Schools/Thomasville City Schools)

Reid Thornburg (Cardinal Innovations Healthcare)

Rose McDaniel (Davidson County Community College)

Sandy Motley (Davidson Medical Ministries Clinic/Davidson Health Services)

Sherry Brannon (Smart Start of Davidson County)

Sherry Yarbrough (Davidson County Schools)

Teresa McKeon (The Arc of Davidson County)

Vickie McKiver (City of Thomasville Parks and Recreation)

Davidson County CHNA Community Forum Participants

November 16, 2018

Cardinal Innovations Healthcare – John Giampaolo

Davidson County Board of Health – Becky Daley

Davidson County Commission – Commissioner Fred McClure

Davidson County Community College – Martika Nelson

Davidson County Department of Social Services – Amanda Parris, Thessia Everhart-Roberts, Will Fulbright

Davidson County Department of Social Services – Dale Moorefield

Davidson County Health Department - Jen James, Lillian Koontz

Davidson County Senior Services Planning Board – Janette Deang, Catherine Lambeth, Tom Smith, Dwight Canton

Davidson Medical Ministries/Davidson Health Services – Rebecca Grubb, Karina Camp, Asana Adnani, Abbie Eldridge

Daymark Recovery Services – Heather Hedrick

Faith Health Davidson County – Ken Davis

Hospice of Davidson County – Laura Owen

Novant Health – Lynn Watkins, Kimberly Dull

Novant Health Thomasville Medical Center - Jon Applebaum, Brittney Turner, Carolyn Shoal, Jane Murphy, Colleen Danson

Our Lady of the Highways Catholic Church – Francisco Ortega

Path of Hope – Angie Banther

Piedmont Triad Area Regional Council on Aging Agency – Bob Cleveland

The Life Center – Beth Rummage, Catherine Pyle

Thomasville YMCA – Billy Freeman

United Way of Davidson County – Brittany Pruitt, Jennifer Jacobs, Kristie Hege

Wake Forest Baptist Health – Tracy Lesser

Wake Forest Baptist Health Lexington Medical Center – Clyde Bristow, Ken Hall, Dianne Horton, June Britt

Davidson County
2018 Community Health Needs Assessment
Issues Prioritization Ballot

November 16, 2018

Please list below the **five** issues or problems you believe *most significantly* affect health and wellbeing in Davidson County. It is not necessary to list the issues in any particular order, but when selecting your priority choices, please consider the following:

- **Magnitude:** How many persons does the issue/problem affect, either actual or potential?
- **Seriousness of consequences:** What degree of disability or premature death occurs because of the issue/problem? What are the potential burdens to the community, such as economic or social burdens, if the issue/problem is *not* addressed?
- **Capacity for correcting or preventing:** Is the issue/problem amenable to intervention? What resources of equipment, expertise, personnel or money are necessary to effect a change? Are those necessary resources available in Wilkes County, or can they reasonably be acquired?
- **Social and/or political will:** Is there likely to be sufficient local community and political support to address the issue/problem effectively? Will the solution to the issue/problem require partnerships? Do those partnerships already exist in Wilkes County, or must they first be developed?

1.

2.

3.

4.

5.

Davidson County Healthy Communities Coalition Steering Committee
Final CHNA Issues Prioritization Meeting

December 6, 2018

Participants (and Affiliations)

Laura Owen (Hospice of Davidson County)
Amanda Parris (Davidson County Department of Senior Services)
Teresa McKeon (The Arc of Davidson County)
Sherry Brannon (Smart Start of Davidson County)
Jane Murphy (Novant Health Thomasville Medical Center)
Kimberly Dull (Novant Health)
Olympeia Howell (Family Services of Davidson County)
Dianne Horton (Wake Forest Baptist Health Lexington Medical Center)
Sandy Motley (Davidson Medical Ministries/Davidson Health Services)
Mary Jane Akerman (Thomasville City Schools/Communities in Schools)
Angie Banther (Path of Hope)
Lillian Koontz (Davidson County Health Department)
Jen Hames (Davidson County Health Department)

2018 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, Wake Forest Baptist Health Lexington Medical Center and Novant Health 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. All completed surveys will be entered into for a \$25 gift card.

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 Davidson 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 (falls, choking, drowning, poisoning, gun accidents, etc.)
___ Aging problems (Alzheimer's disease, arthritis, hearing/vision loss, etc.)
___ Asthma
___ Birth defects
___ Cancer
Type _____

___ Dental health
___ Diabetes
___ Heart disease/heart attack
___ HIV/AIDS
___ Infant death
___ Infectious/contagious diseases (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
___ Opioid crisis
___ Sexually transmitted infections (chlamydia, gonorrhea, etc.)
___ Stroke
___ Teenage pregnancy

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"/> Not getting immunizations ("shots") to prevent disease | <input type="checkbox"/> Not getting prenatal (pregnancy) care | <input type="checkbox"/> Suicide |
| | | <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 recreational facilities (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"/> Crime (theft, murder, assault, etc.) | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Homelessness (individuals who lack a fixed, regular, and adequate nighttime residence) | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Racism/discrimination |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Substance use/misuse |
| <input type="checkbox"/> Lack of counseling/mental health services/support groups | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Lack of healthcare providers | <input type="checkbox"/> Unemployment/underemployment |
| What kind: _____ | <input type="checkbox"/> Unsafe/unmaintained roads |
| | <input type="checkbox"/> Unsafe schools (in/at-school crime, violence, bullying, etc.) |

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

<input type="checkbox"/> Abusing prescription drugs/pills	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Methamphetamines (Meth)
<input type="checkbox"/> Drinking and driving	<input type="checkbox"/> Other “hard” drugs (e.g. cocaine, crack)
<input type="checkbox"/> Heroin	<input type="checkbox"/> Using someone else’s prescription drugs/pills
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> I really don’t know	

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

<input type="checkbox"/> Air quality	<input type="checkbox"/> Lead exposure	<input type="checkbox"/> Mold	<input type="checkbox"/> Second-hand smoke
<input type="checkbox"/> Food safety	<input type="checkbox"/> Meth labs	<input type="checkbox"/> Radon	<input type="checkbox"/> Other: _____

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.

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

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

7. 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
<input type="checkbox"/> Telemedicine	

8. 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 get a yearly check-up or physical

9. Do you currently have any kind of health insurance? (Check **as many answers** as needed).

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

10. 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: _____

11. 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 my health insurance 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 my physician would not refill my prescription.
- ☐ 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: _____

12. If a friend or family member needed counseling for 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"/> Cardinal Innovations | <input type="checkbox"/> Minister/religious official |
| <input type="checkbox"/> Daymark Recovery Services | <input type="checkbox"/> Monarch |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Path of Hope |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Private counselor or therapist |

- | | |
|--|---|
| <input type="checkbox"/> Local hospital | <input type="checkbox"/> School counselor, nurse or social worker |
| <input type="checkbox"/> Not sure/don't know | <input type="checkbox"/> Support group (e.g., AA, Al-Anon) |
| <input type="checkbox"/> Other: _____ | |

13. If a friend or family member needed **mental health services**, who would you tell them to call or talk to? Choose **as many answers** as you need to.

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

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. How would you rate your own health?

☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Poor

15. 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

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

☐ Yes ☐ No

17. 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.

18. 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

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

☐ Yes ☐ No ☐ Don't know

20. 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.

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

21. 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.

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

22. 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.

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung disease (emphysema, 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

23. If you are a **male or female age 50 or older**, have you ever had a **colon cancer screening** (fecal occult blood test, sigmoidoscopy, or colonoscopy)?

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

24. If you are a **male**, do you conduct **monthly testicular self-exams**?

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

25. If you are a male age 50 or older, do you have a **prostate exam** (PSA blood test or digital rectal exam) as frequently as recommended by a doctor or other health care provider?

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

26. If you are a female, do you conduct **monthly breast self-exams**?

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

27. If you are a female age 40 or older, do you have an **annual mammogram** (breast x-ray)?

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

28. 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?

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

29. If you have been pregnant:

Did you use any type of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you intend to get pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you smoke during your pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> N/A; I have never been pregnant		

Part 4. Health Department Questions

30. I have completed my advance care planning by designating (in writing) a health care power of attorney and/or finalizing a living will.

☐ Yes ☐ No ☐ Not sure/don't know

31. I have discussed my end of life care wishes with my primary physician and/or completing a Medical Orders for Scope of Treatment (MOST) form.

☐ Yes ☐ No ☐ Not sure/don't know

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

<input type="checkbox"/> Yes, smoke detectors only	<input type="checkbox"/> Yes, both kinds of detectors
<input type="checkbox"/> Yes, carbon monoxide detectors only	<input type="checkbox"/> Not sure/don't know

Part 7. (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.

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

☐ 27012 ☐ 27107 ☐ 27239 ☐ 27260 ☐ 27262 ☐ 27265
☐ 27292 ☐ 27295 ☐ 27299 ☐ 27351 ☐ 27360 ☐ 27373
☐ 27274

34. 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

35. How would you identify? ☐ Male ☐ Female ☐ Other

36. Are you of Hispanic/Latino origin? ☐ Yes ☐ No

37. 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

38. 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: _____

39. 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
40. 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

41. 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

42. Do you have access to the Internet? ___ Yes ___ No

If yes, where: ___ at home ___ on cell phone ___ public place (library, work, etc.)

Thank you very much for completing the Community Health Survey!

Yes, I want to be registered for the \$25 gift card drawing.

Name (please print legibly) _____

Phone # _____

2018 Davidson County Community Health Needs Assessment

Summary of Secondary Data and Community Health Survey Results

November 16, 2018

Shirley S. Pfeender, Public Health Consultant

1

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, Novant Thomasville Medical Center, Wake Forest Baptist Health Lexington Medical Center, and other community organizations.
- Provide direction for the planning of disease prevention and health promotion services and activities.

Shirley S. Pfeender, Public Health Consultant

2

Contributing Viewpoints

Secondary Data	Hospital Data	Citizen Opinion
-Demographic -Socioeconomic -Health -Environmental	-Emergency department discharges - Inpatient discharges	-Community health survey

Shirley S. Pfeender, Public Health Consultant

3

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.

Shirley S. Pfeender, Public Health Consultant

4

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.

Shirley S. Pfeender, Public Health Consultant

5

Data Caveats

- Data sources are not presented among these slides, but are thoroughly cited in the narrative report.
- Most secondary data originated from authoritative sources in the public domain (e.g., US Census Bureau, and 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 NC as a whole.
- All secondary data were mined at a point in time in the recent past, and may not represent present circumstances. Numbers, entity names, program titles, etc. that appear in the data may no longer be current.

Shirley S. Pfeender, Public Health Consultant

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Demographic Data

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7

General Population Characteristics

- The Davidson County population has slightly more females than males.
- The median age of Davidson County females is 2.5 years older than the comparable median age for males.
- The median age of the Davidson County population is 3.6 years older than NC average

2016 US Census Bureau

Location	2016 ACS Estimate						Overall Median Age
	Total Population	Number Males	% Population Male	Median Age Males	Number Females	% Population Female	
Davidson County	164,058	80,048	48.8	40.6	84,009	51.2	43.1
Randolph County	142,586	70,281	49.3	40.2	72,307	50.7	41.9
State of NC	9,940,826	4,834,592	48.6	38.6	5,106,236	51.4	39.7

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Population Growth

- Throughout the period cited, growth rates in NC exceeded growth rates in Davidson County.
- The recent decrease in rate of growth in Davidson County is expected to recover slightly through 2030.

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	4.4	15.8
2020-2030	5.8	12.9

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9

Minority Populations

- Davidson County has a lower proportion all minority groups compared to NC as a whole.

Population Distribution by Race/Ethnicity
2016 ACS Estimates

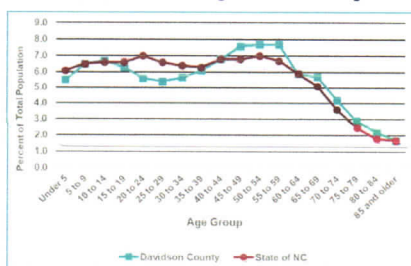
Location	Percent of Overall Population						
	White	Black	AI/AN	Asian	Other	Multiple Races	Hispanic
Davidson County	86.5	9.0	0.4	1.3	1.2	1.6	6.7
Randolph County	86.6	6.1	0.4	1.1	4.0	1.7	10.8
State of NC	69.2	21.5	1.2	2.7	3.0	2.4	8.9

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10

Population Age Distribution

- In 2016, compared to NC, Davidson County has lower proportions of most categories of people younger than age 39, and higher proportions of people in most categories older than age 39.



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11

Growth of the Elderly Population

- The population aged 65 and older in Davidson County totaled 27,390 in 2016.
- 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 63% (to 22,080)
 - Age 75-84: by 79% (to 13,166)
 - Age 85+: by 61% (to 3,960)
 - Overall Age 65+: by 57% (to 36,812)

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12

Socioeconomic Data

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13

Income

In Davidson County:

- 2016 Per Capita Personal Income = \$23,146
 – ▲\$1,363 since 2014
 – \$3,633 **below** NC average
- 2016 Median Household Income = \$44,469
 – ▲\$2,881 since 2014
 – \$3,787 **below** NC average
- 2016 Median Family Income = \$54,909
 – ▲\$691 since 2014
 – \$4,758 **below** NC average

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Employment

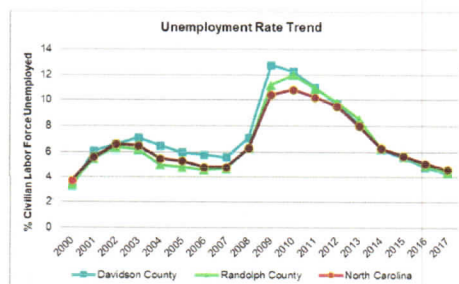
- As of the end of 2017, the three employment sectors in Davidson County with the largest proportions of workers (and average weekly wage):
 - Manufacturing, 22.56% (\$934)
 - Retail Trade, 12.01% (\$496)
 - Health Care and Social Assistance, 10.14% (\$717)

In 2017 the average weekly wage for all 20 major employment sectors in NC was \$1,076, compared to \$805 in Davidson County, or a deficit of \$271/week for the county. This computes to an annual county deficit of \$14,092.

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15

Annual Unemployment Rate



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16

Poverty

- While fluctuating from year to year, the total poverty rate in Davidson County was lower in 2012-2016 than in 2009-2013.
- Over the same period, the total poverty rate in Davidson County was lower than the comparable NC rate in each period cited.

	2009-2013	2010-2014	2011-2015	2012-2016
Davidson County	16.3	17.2	13.2	15.8
Randolph County	17.8	16.7	16.9	14.1
State of NC	17.5	17.6	17.4	16.8

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17

Poverty and Race

- The poverty rate among blacks in Davidson County exceeded the comparable poverty rate for whites throughout the period cited, but appears to be decreasing. Still, in 2012-2016 the poverty rate among blacks was 71% higher than the rate among whites.
- In 2012-2016 the poverty rate among Hispanics was almost three times the rate among whites.



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18

Poverty and Age

- In Davidson County, as elsewhere, children suffer disproportionately from poverty, with the youngest children faring the worst.
- In 2012-2016 in Davidson County the estimated poverty rate among children under age 18 was 51% higher than, and the rate among children under 5 was 73% higher than, the overall county poverty rate of 15.8%.



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19

Housing Costs

- For 2012-2016, the estimated median monthly mortgage cost among Davidson County homeowners = \$1,068 (▼ \$73 since 2009-2013).
\$175 less than the NC median
- For 2012-2016, the estimated median monthly rent among Davidson County renters = \$676 (▲ \$39 since 2009-2013).
\$140 less than the NC median

In Davidson County for 2012-2016, approximately 46% of renters and 27% of mortgage-holders lived in a household paying > 30% of household income for housing. The comparable NC figures were 49% and 28%.

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20

Single-Parent Families

- Of the 64,064 households in Davidson County in 2016, 17,875 (28%) had children under the age of 18. Of these:
 - 69% were married couple households (NC = 66%)
 - 9% were headed by a male householder; no wife (NC = 8%)
 - 22% were headed by a female householder; no husband (NC = 26%)

Location	Total Households	Married Couple Family Households		Male Householder (no wife present) Family Households		Female Householder (no husband present) Family Households	
		Total Households	with own children <18	Total Households	with own children <18	Total Households	with own children <18
Davidson County	64,064	33,597	12,331	3,154	1,687	7,775	3,857
Randolph County	54,864	28,312	10,088	2,856	1,578	6,897	3,378
State of NC	2,815,392	1,833,772	706,208	169,547	85,557	512,019	284,537

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21

Grandparents Raising Grandchildren

- In Davidson County in 2016, over 1,680 grandparents were financially responsible for grandchild(ren) under age 18. Of these grandparents:
 - A large majority (88%) were white
 - 29% had some kind of disability
 - 13% lived at or below the 100% poverty level

Location	# Grandparents Living with Own Grandchildren (<18 Years)	Grandparent Responsible for Grandchildren (under 18 years)*					
		#	%	White	Black/ or African-American	Hispanic/Latino	With any Disability Below the Poverty Level
Davidson County	3,829	1,686	42.9	88.3	4.4	7.1	28.8
Randolph County	3,770	1,717	45.5	77.5	8.7	13.2	22.3
State of NC	210,039	96,871	46.0	58	34.4	6.2	28.2

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22

Educational Attainment

- Among residents age 25 or older, in 2016, compared to the NC average, Davidson County had:
 - 23% higher percentage with less than a 9th grade education
 - 27% higher percentage with a terminal high school (or equivalency) diploma
 - 37% lower percentage with bachelor's degree or higher

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23

Educational Proficiency

- In SY2016-2017, compared to the NC average, Davidson County Schools had:
 - higher proportions of grade-appropriate proficiency on EOG reading and math tests among 3rd and 8th graders
 - 4% lower HS drop-out rate
 - 2% higher cohort graduation rate

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Educational Proficiency

- In SY2016-2017, compared to the NC average, Lexington City Schools had:
 - lower** proficiency on EOG reading and math tests among 3rd and 8th graders
 - 85% higher** HS drop-out rate
 - 6% lower** cohort graduation rate
- In SY2016-2017, compared to the NC average, Thomasville City Schools had:
 - lower** proficiency on EOG reading and math tests among 3rd and 8th graders.
 - 156% higher** HS drop-out rate
 - 11% lower** cohort graduation rate

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25

School Enrollment

- Enrollment in Davidson County schools decreased most years over the period cited, and was 6% lower in SY2016-17 than in SY2010-11.
- Enrollment in Lexington City Schools **increased** 4%, and enrollment in Thomasville City Schools **decreased** 7% over the same period.

Location	Number of Students						
	SY2010-11	SY2011-12	SY2012-13	SY2013-14	SY2014-15	SY2015-16	SY2016-17
Davidson County Schools	20,697	20,473	20,355	20,405	20,067	19,794	19,508
Lexington City Schools	3,041	3,096	3,125	3,227	3,164	3,167	3,161
Thomasville City Schools	2,536	2,527	2,490	2,447	2,466	2,460	2,368
Randolph County Schools	18,980	18,768	18,691	18,527	18,310	17,909	17,505
Asheboro City Schools	4,694	4,812	4,793	5,021	4,913	4,833	4,741
State of NC	1,450,435	1,458,972	1,467,297	1,493,980	1,498,854	1,493,809	1,486,448

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Crime and Safety

- The "index crime rate" is the rate of the sum of violent crime and property crime.
- The index crime rate in Davidson County was lower than the comparable NC average in every year cited.
- The index crime rate in Davidson County fell by 13% overall between 2012 and 2016.
- In 2016 the index crime rate in Davidson County was the lowest in five years.

Index Crime Rate Trend

Location	Crimes per 100,000 Population				
	2012	2013	2014	2015	2016
Davidson County	2610.0	2339.8	2431.4	2330.0	2264.9
Randolph County	3498.9	3414.2	3319.6	2570.4	2970.1
State of NC	3767.2	3506.2	3285.5	3174.3	3154.5

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27

Crime and Safety

- Types of Crimes Reported in Davidson County (2012-2016)

Type of Crime	Number of Crimes				
	2012	2013	2014	2015	2016
Violent Crime	289	294	279	264	265
Murder	0	4	3	1	7
Rape	14	18	17	14	12
Robbery	75	81	83	67	72
Aggravated Assault	200	191	176	182	174
Property Crime	3,798	3,470	3,573	3,441	3,351
Burglary	1,312	1,369	1,543	1,430	1,396
Larceny	2,327	1,936	1,852	1,863	1,769
Motor Vehicle Theft	159	165	178	148	186
Total Index Crimes	4,087	3,764	3,852	3,705	3,616

- 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.

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Crime and Safety

- Of 15,522 **registered sex offenders** in NC in May 2018, **346** lived in Davidson County.
- 44 clandestine methamphetamine lab** busts took place in Davidson County over the period 2005-2013, most of them in 2005 and 2007; another 6 occurred in 2017.
- As of 2017 there were **6 to 20 gangs** reported by the NC Highway Patrol Gang Assessment for Davidson County.

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29

Domestic Violence and Sexual Assault

- 596 individuals filed domestic violence complaints in Davidson County in FY2016-2017.
 - The domestic violence shelter serving Davidson County was full on 119 days in FY2016-2017.
- 64 individuals filed sexual assault complaints in Davidson County in FY2016-2017
 - 10 (16%) were for child sexual assault
 - The nature of the assault was not specified in 46 (72%) of the complaints
 - The perpetrator type was not specified in 53 (83%) of the complaints.

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30

Child Maltreatment

- The numbers of children subject to abuse, neglect, or abuse and neglect in Davidson County have fluctuated significantly over time. Neglect only cases are the most common type.

Category	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total No. of Findings of Abuse, Neglect, Dependency	21	41	43	72	53	43
No. Substantiated Findings of Abuse and Neglect	2	4	6	2	2	4
No. Substantiated Findings of Abuse	9	5	12	13	11	7
No. Substantiated Findings of Neglect	10	31	25	57	38	30
No. Substantiated Findings of Dependency	0	1	0	0	2	2
Services Needed	125	122	151	137	178	125
Services Provided, No Longer Needed	13	13	24	50	44	31
Services Recommended	104	75	94	141	126	173
No. Unsubstantiated Findings	141	149	160	158	117	90
Services Not Recommended	708	631	614	703	590	485

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.

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Health Resources

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Health Insurance

- The percent uninsured in Davidson County decreased among persons aged 19-64 every year between 2014 and 2016 while fluctuating moderately in the under 19 age group. Statewide, the percent uninsured decreased or remained the same in all groups every year.

Percent of Population Without Health Insurance, by Age Group

Location	2014			2015			2016		
	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64
Davidson County	4.7	19.7	15.5	5.0	16.5	13.3	4.9	16.1	13.0
Randolph County	6.9	21.0	17.0	5.9	20.0	16.1	5.1	19.3	15.3
State of NC	5.5	18.9	15.2	4.6	16.2	13.0	4.7	15.1	12.2

- 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.

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Health Care Practitioners

- 2017 ratios of active health professionals per 10,000 population were **lower** in Davidson County than NC for:

- MDs: 6.64 (NC=23.78)
- Dentists: 1.56 (NC=4.98)
- Registered Nurses: 46.62 (NC=100.68)
- Pharmacists (2016): 4.72 (NC=11.44)

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Long-Term Care Facilities

Number of beds in NC-licensed long-term care facilities in Davidson County (May, 2018):

- Adult Care Homes/Homes for the Aged (6): 493 beds
- Family Care Homes (5): 28 beds
- Nursing Homes/Homes for the Aged (8): 794 beds

Total: 1,315 beds, or 1 bed for every 21 persons age 65 and older (based on 2016 population estimate of 27,390). With no new beds, the ratio in 2030 could be as high as 1:28 (based on NC Office of State Budget and Management population estimate of 36,812).

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Hospital Utilization:

Emergency Department Discharges by Gender and Age Group Davidson County Hospitals

- Females: Hospital – 56.8%; County – 51.2%
- Males: Hospital – 43.2%; County – 48.8%
- Under age 18: Hospital – 17.9%; County – 23.9%
- Age 18-64: Hospital – 68.0%; County – 61.7%
- Age 65 and older: Hospital 14.1%; County – 14.4%

No. ED Discharges by Gender and Age Group						Total No. Annual Discharges
Year	No. by Gender		No. by Age Group			
	Females	Males	< 18	18-64	≥ 65	
2015	31,416	24,067	10,361	37,542	7,580	55,483
2016	31,052	23,888	9,954	37,358	7,630	54,942
2017	31,768	23,837	9,410	37,938	8,258	55,606
Total	94,236	71,792	29,725	112,838	23,468	166,031

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Hospital Utilization:**Emergency Department Discharges by Race/Ethnicity
Davidson County Hospitals**

- Black/African American: Hospital – 17.6%; County – 9.0%
- Caucasian/White: Hospital – 76.2%; County – 86.5%
- Hispanic/Latino (as ethnicity): Hospital – 4.8%; County – 6.7%

No. ED Discharges by Racial Group						
Year	Am. Indian/ Alaskan Native	Asian/ Native Hawaiian	Black/ African American	Caucasian/ White	Hispanic/ Latino	Total No. Annual Discharges
2015	351	623	9,519	42,577	2,531	55,483
2016	303	495	9,714	41,885	2,615	54,942
2017	307	505	10,067	42,005	2,759	55,606
Total	961	1,623	29,300	126,467	7,905	166,031

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Hospital Utilization:**Inpatient Hospitalization Discharges by Gender and Age Group
Davidson County Hospitals**

- Females: Hospital – 65.6%; County – 51.2%
- Males: Hospital – 34.4%; County – 48.8%
- Under age 18: Hospital – 22.1%; County – 23.9%
- Age 18-64: Hospital – 46.7%; County – 61.7%
- Age 65 and older: Hospital – 31.2%; County – 14.44%

No. IP Discharges by Gender and Age Group						
Year	No. by Gender		No. by Age Group			Total No. Annual Discharges
	Females	Males	< 18	18-64	≥ 65	
2015	2,979	1,516	969	2,060	1,466	4,495
2016	2,896	1,514	986	2,058	1,366	4,410
2017	2,740	1,481	949	2,014	1,258	4,221
Total	8,615	4,511	2,904	6,132	4,090	13,126

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Hospital Utilization:**Inpatient Hospitalization Discharges by Race/Ethnicity
Davidson County Hospitals**

- Black/African American: Hospital – 11.4%; County – 9.0%
- Caucasian/White: Hospital – 75.0%; County – 86.5%
- Hispanic/Latino (as ethnicity): Hospital – 6.1%; County – 6.7%

No. ED Discharges by Racial Group						
Year	Am. Indian/ Alaskan Native	Asian/ Native Hawaiian	Black/ African American	Caucasian/ White	Hispanic/ Latino	Total No. Annual Discharges
2015	15	43	538	3,500	259	4,495
2016	13	38	500	3,255	276	4,410
2017	15	45	452	3,086	266	4,221
Total	43	126	1,490	9,841	801	13,126

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Health Statistics

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**Maternal and Infant
Health**

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Current Pregnancy Rates**Women Age 15-44****Pregnancies per 1,000 women (2016)**

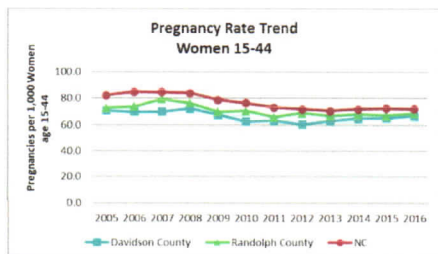
- Davidson County:
 - Total = 65.1 (▲ 10% since 2012) (NC = 72.2)
 - White non-Hispanic = 63.1 (NC = 63.0)
 - African American non-Hispanic = 79.5 (NC = 76.4)
 - Other non-Hispanic = 54.3 (NC = 80.2)
 - Hispanic = 88.0 (NC = 100.0)

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Pregnancy Rate Trend

Women Age 15-44



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Current Teen Pregnancy Rates

Women Age 15-19

Pregnancies per 1,000 women (2016)

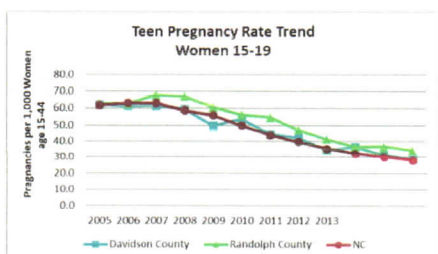
- **Davidson County:**
 - Total = **28.7** (▼ 32% since 2012) (NC = 28.1)
 - White non-Hispanic = **26.8** (NC = 19.4)
 - African American non-Hispanic = **50.9** (NC = 38.0)
 - Other non-Hispanic = **n/a** (NC = 13.8)
 - Hispanic = **n/a** (NC = 46.9)

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Teen Pregnancy Rate Trend

Women Age 15-19



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Pregnancy Risk Factors

In Davidson County:

- **High Parity Births (2012-2016) and change since 2008-2012**
 - Mothers age <30 = **15.8%** (NC = 14.2%) ▼ 12%
 - Mothers age ≥30 = **21.6%** (NC = 22.0%) ▼ 13%
- **Short Interval Births (2012-2016) and change since 2008-2012**
 - Overall = **13.6%** (NC = 12.2%) ▼ 4%
- **Percent of Births to Moms Who Received Prenatal Care in the First Trimester (2016) and change since 2012**
 - Overall = **69.8%** (NC = 69.0%) ▲ 17%
- **Percent of Births to Moms Who Smoked During Pregnancy (2016) and change since 2012**
 - Overall = **15.7%** (NC = 8.9%) ▼ 13%

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Pregnancy Outcomes

In Davidson County for 2012-2016:

- **Low Birth Weight Births (<5.5 pounds)**
 - Overall = **9.4%** (NC = 9.0%) (▼ 4% since 2008-2012)
 - White non-Hispanic = **9.3%** (NC = 7.5%)
 - African American non-Hispanic = **13.2%** (NC = 13.9%)
 - Hispanic = **6.8%** (NC = 6.9%)
- **Very Low Birth Weight (<3.3 pounds)**
 - Overall = **1.8%** (NC = 1.7%) (▲ 6% since 2008-2012)
 - White non-Hispanic = **1.7%** (NC = 1.2%)
 - African American non-Hispanic = **3.7%** (NC = 3.2%)
 - Hispanic = **0.0%** (NC = 1.2%)

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Pregnancy Outcomes

In Davidson County for 2012-2016:

- **Cesarean Section Deliveries**
 - Overall = **33.7%** (NC = 29.8%)
- **Infant Mortality Rate (per 1,000 live births)**
 - Overall = **8.1** (NC = 7.2) (▼ 6% since 2008-2012)
 - White non-Hispanic = **6.1** (NC = 5.4)
 - African American non-Hispanic = **n/a** (NC = 13.0)
 - Hispanic = **n/a** (NC = 5.1)
 - Note that in 2016 NC ranked 41st of the 50 states in infant mortality (#1 ranking = lowest rate, #50 ranking = highest rate)

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Mortality

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Life Expectancy

Life Expectancy for persons born in Davidson County in 2014-2016:

- Overall: 76.4 years (NC=77.4)
- Male: 73.8 years (NC=74.8)
- Female: 78.9 years (NC=79.9)
- White: 76.6 years (NC=78.3)
- African American: 75.0 years (NC=74.9)
- All county and state life expectancy figures *decreased* between 2010-2012 and 2014-2016.

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Leading Causes of Death: Overall

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Davidson Co. No. of Deaths	Davidson Co. Mortality Rate	County Rate Difference from NC
1. Total Cancer	1,915	182.3	+9%
2. Diseases of the Heart	1,764	176.9	+10%
3. Chronic Lower Respiratory Disease	645	62.1	+36%
4. Cerebrovascular Disease	499	51.1	+19%
5. Alzheimer's Disease	370	39.6	+24%
6. All Other Unintentional Injuries	314	37.1	+16%
7. Diabetes Mellitus	292	28.4	+23%
8. Pneumonia and Influenza	206	21.2	+19%
9. Unintentional Motor Vehicle Injuries	151	18.8	+33%
10. Nephritis, Nephrotic Syndrome and Nephritis	168	16.6	+2%
11. Suicide	127	14.9	+16%
12. Septicemia	151	14.8	+13%
13. Chronic Liver Disease and Cirrhosis	122	11.7	+14%
14. Homicide	21	2.7	-56%
15. AIDS	16	1.7	-23%

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Leading Causes of Death: Gender Comparison

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Rank Among Males	Rank Among Females	% Male Rate Difference from Females
1. Total Cancer	2	1	+41%
2. Diseases of the Heart	1	2	+69%
3. Chronic Lower Respiratory Disease	3	3	+18%
4. Cerebrovascular Disease	4	4	+5%
5. Alzheimer's Disease	7	5	-40%
6. All Other Unintentional Injuries	5	6	+72%
7. Diabetes Mellitus	6	7	+48%
8. Pneumonia and Influenza	11	8	+11%
9. Unintentional Motor Vehicle Injuries	8	11	+2x
10. Nephritis, Nephrotic Syndrome and Nephritis	10	10	+70%
11. Suicide	9	13	+4X
12. Septicemia	13	9	+9%
13. Chronic Liver Disease and Cirrhosis	12	12	+3X
14. Homicide	14	14	n/a
15. AIDS	15	15	n/a

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Leading Causes of Death: Race Comparison

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Rank Among White Non- Hispanic	Rank Among Black non- Hispanic	% Black Rate Difference from White
1. Total Cancer	1	1	+13%
2. Diseases of the Heart	2	2	-21%
3. Chronic Lower Respiratory Disease	3	n/a	n/a
4. Cerebrovascular Disease	4	4	+10%
5. Alzheimer's Disease	5	3	+49%
6. All Other Unintentional Injuries	6	n/a	n/a
7. Diabetes Mellitus	7	5	+91%
8. Pneumonia and Influenza	8	n/a	n/a
9. Unintentional Motor Vehicle Injuries	9	n/a	n/a
10. Nephritis, Nephrotic Syndrome and Nephritis	11	5	+86%
11. Suicide	10	n/a	n/a
12. Septicemia	12	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	13	n/a	n/a
14. Homicide	14	n/a	n/a
15. AIDS	15	n/a	n/a

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Leading Causes of Death: Hospital Utilization

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Davidson Co. No. of Deaths 2012-2016	Hospital ED Discharges 2015-2017 Total=166,031	Hospital IP Discharges 2015-2017 Total=13,126
1. Total Cancer	1,915	154	120
2. Diseases of the Heart	1,764	2,205	798
3. Chronic Lower Respiratory Disease	645	6,024	440
4. Cerebrovascular Disease	499	590	213
5. Alzheimer's Disease	370	68	13
6. All Other Unintentional Injuries	314	n/a	n/a
7. Diabetes Mellitus	292	1,280	216
8. Pneumonia and Influenza	206	3,607	266
9. Unintentional Motor Vehicle Injuries	151	n/a	n/a
10. Nephritis, Nephrotic Syndrome and Nephritis	168	392	209
11. Suicide	127	n/a	n/a
12. Septicemia	151	642	1,342
13. Chronic Liver Disease and Cirrhosis	122	84	7
14. Homicide	21	n/a	n/a
15. AIDS	16	14	1

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Short-Term LCD Mortality Rate Change 2009-2013 Compared to 2012-2016

Davidson County Rank by Descending Overall Age-Adjusted Rate (2012-2016)	Rate in 2009-2013	Rate in 2012-2016	% Rate Change 2009-2013 to 2012-2016
1. Total Cancer	177.5	182.3	+3%
2. Diseases of the Heart	197.7	176.9	-11%
3. Chronic Lower Respiratory Disease	62.1	62.1	n/c
4. Cerebrovascular Disease	49.2	51.1	+4%
5. Alzheimer's Disease	37.3	39.6	+6%
6. All Other Unintentional Injuries	33.5	37.1	+11%
7. Diabetes Mellitus	23.0	28.4	+23%
8. Pneumonia and Influenza	22.0	21.2	-4%
9. Unintentional Motor Vehicle Injuries	19.1	18.8	-2%
10. Nephritis, Nephrotic Syndrome and Nephritis	16.6	16.8	+1%
11. Suicide	12.7	14.9	+17%
12. Septicemia	13.0	14.8	+14%
13. Chronic Liver Disease and Cirrhosis	9.9	11.7	+18%
14. Homicide	2.7	2.7	n/c
15. AIDS	1.7	1.7	n/c

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Long-Term LCD Mortality Rate Change 2001-2005 through 2012-2016

Leading Cause of Death in Davidson County	Overall Trend Direction
1. Total Cancer	▼
2. Diseases of the Heart	▼
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. Unintentional Motor Vehicle Injuries	▼
10. Nephritis, Nephrotic Syndrome and Nephritis	▲
11. Suicide	▼
12. Septicemia	▼
13. Chronic Liver Disease and Cirrhosis	▲
14. Homicide	▼
15. AIDS	n/a

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Site-Specific Cancer Trends Davidson County

Incidence: 1996-2000 to 2012-2016

Mortality: 2001-2005 to 2012-2016

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence	▲
	Mortality	▼
Prostate Cancer	Incidence	▲
	Mortality	▼
Breast Cancer	Incidence	▲
	Mortality	▼
Colorectal Cancer	Incidence	No change
	Mortality	▼
Pancreas Cancer	Incidence	Not available
	Mortality	▲

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Morbidity

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Sexually Transmitted Infections

- Total Chlamydia Incidence Rates (2016)**

- Davidson County – 413/100,000 population
 - Overall Chlamydia trend 2009-2016 = ▲
- Randolph County - 293
- State of NC – 572

- Total Gonorrhea Incidence Rates (2016)**

- Davidson County – 173/100,000 population
 - Overall Gonorrhea trend 2009-2016 = ▲▲
- Randolph County - 129
- State of NC - 194

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Adult Diabetes and Obesity

- Average 8-year prevalence of diagnosed diabetes among adults (2006 through 2013):

- Davidson County: 9.7%
- Randolph County: 9.8%
- State of NC: 9.5%

- Average 8-year prevalence of diagnosed obesity among adults (2006 through 2013):

- Davidson County: 29.8%
- Randolph County: 29.2%

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Childhood Obesity

NCPedNESS 2015

2-4 Year-Olds

Overweight

- Davidson – 17.1%
- Randolph – 14.8%
- State of NC – 15.0%

Obese

- Davidson – 14.6%
- Randolph – 14.5%
- State of NC – 14.0%

5-11 Year-Olds

Overweight

- Davidson – 10.2% (n=19)
- Randolph – *n/a*
- State of NC – 13.3%

Obese

- Davidson – 50.3% (n=94)
- Randolph – *n/a*
- State of NC – 15.0%

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Mental Health

- In 2017, **3,188 persons** from Davidson County persons were served by the **Local Area Mental Health Program (LME/MCO)**, Cardinal Innovations.
- In 2017, **21 persons** from Davidson County were served by **State Psychiatric Hospitals**.
- In 2016, **5 Davidson County residents** were served by **NC State Alcohol and Drug Abuse Treatment Centers (ADATCs)**.

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Mental Health

According to data from Davidson County hospitals, Emergency Department admissions for all Mental, Behavioral and Neurodevelopmental Disorders among Davidson County residents in recent years were:

- 2015: 1,560 patients (2.8% of all ED admissions)
- 2016: 1,406 patients (2.6%)
- 2017: 1,633 patients (2.9%)
- The average annual number of hospital ED visits for mental health conditions in the period 2015 through 2017 (1,533) equaled approximately **48%** of the number of patients served by Cardinal Innovations in FY2017 (3,188).

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Opioid Prescribers

- Between 2013 and 2016, an average of 59% of Medicare Part D prescribers in Davidson County were prescribing opioids
 - 55% in Thomasville zip code
 - 64% in 27292 Lexington zip code
 - 54% in 27295 Lexington zip code
 - 47% in Denton zip code
 - 64% in Randolph County
 - 54% in NC
 - 46% nationwide

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Opioid Prescribing Rate

- The opioid prescribing rate is the percent of all Medicare Part D claims which are opioid claims.

Location	Opioid Claims	Extended Release Opioid Claims	Overall Claims	Opioid Prescribing Rate	Extended Release Opioid Prescribing Rate
Davidson County	32,281	1,651	671,661	4.81	5.11
27360 (Thomasville)	9,953	358	262,322	3.79	3.60
27292 (Lexington)	19,573	1,098	383,977	5.10	5.61
27295 (Lexington)	1,487	168	3,850	38.62	11.30
27239 (Denton)	1,268	27	21,512	5.89	2.13
Randolph County	34,547	1,854	694,250	4.98	5.37
NC	3,192,021	231,591	53,717,099	5.94	7.26
National	77,716,608	5,381,275	1,452,978,228	5.35	6.92

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Opioid Action Plan: Deaths and Oversupply

Davidson County	2016	2017
Unintentional Opioid Related Deaths	32	43
EMS Visits receiving an opioid overdose diagnosis	94	119
Multiple Provider Episode Rate (per 100,000 pop.)	23.1	10.9
Opioid Pills Dispensed	10.8 million	8.5 million
% of patients with an opioid Rx receiving more than the recommended average daily dose	7.2	6.8
% of Rx days a patient had an opioid Rx and at least one benzodiazepine Rx on the same day	32.4	27.4

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Opioid Action Plan: Diversion, Naloxone, and Treatment

Davidson County	2016	2017
% of opioid deaths involving fentanyl/fentanyl analogues	n/a	75.6
EMS Naloxone Administrations	153	204
Community Naloxone Administrations	40	97
Buprenorphine prescriptions dispensed	8,375	8,675
Uninsured or Medicaid beneficiaries with an opioid use disorder served by treatment programs	1,185	1,230

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Community Health Survey

1109 respondents

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Survey / Population Comparison

Demographic Parameter	%, 2018 Survey (n=1109)	%, Davidson County 2016 ACS, etc.
GENDER		
Male	16.7	48.8
Female	83.2	51.2
RACE		
White/Caucasian	91.0	86.5
Black/African American	4.4	9.0
Hispanic	6.3	6.7
AGE		
18-29	9.2	11.0
30-64	77.8	47.5
65 and Older	13.0	16.7
EDUCATION		
Less than HS Diploma or GED	6.6	17.7
High School Diploma or Above	92.5	82.4
Bachelor's Degree or Higher	46.6	18.2
UNEMPLOYED	3.0	4.3

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Survey Demographics Summary

- Compared to US Census Bureau and other authoritative statistics for the overall Davidson County population, the 2018 survey sample:
 - Was predominately female
 - Under-represented African Americans.
 - Adequately represented Hispanics
 - Over-represented 30-64 year olds
 - Under-represented less well educated and over-represented college (and above) educated persons.

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Community Health Problems

Health Problem	2018	2015
Obesity/overweight	60.3%	60.4%
Opioid crisis	58.2%	n/a
Mental health	57.6%	44.7%
Diabetes	47.3%	53.9%
Aging problems	44.6%	50.8%
Heart disease/heart attack	41.7%	49.0%
Cancer	41.4%	53.6%
Lung disease	21.1%	23.5%
Motor vehicle accident injuries	21.1%	17.3%
Dental health	19.1%	23.8%
Accidental injuries NOT involving vehicles	16.7%	17.6%
Infectious/contagious diseases	13.6%	16.9%
Teenage pregnancy	13.2%	23.4%
Stroke	9.4%	14.4%
Sexually transmitted infections	9.1%	10.5%
Asthma	6.4%	10.7%
Kidney disease	3.4%	4.8%
HIV/AIDS	2.5%	5.6%
Liver Disease	1.9%	2.4%
Infant death	1.8%	2.2%
Birth defects	1.0%	2.7%

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Unhealthy Behaviors

Unhealthy Behavior	2018	2015
Drug abuse (incl. both prescription drugs and illegal drugs)	90.2%	78.1%
Alcohol abuse	62.3%	63.0%
Lack of exercise/poor physical fitness	59.1%	58.7%
Poor eating habits	51.5%	50.2%
Smoking/tobacco use	46.8%	45.8%
Not going to the doctor for preventive check-ups and screenings	41.9%	37.1%
Reckless/drunken driving	32.9%	23.6%
Violent, angry behavior (including rape/sexual assault)	25.0%	18.2%
Not going to a dentist for preventive checkups and cleaning	23.1%	18.5%
Having unsafe sex	17.7%	27.2%
Suicide	14.1%	7.3%
Not getting immunizations ("shots") to prevent disease	8.0%	6.4%
Not using seatbelts	7.7%	5.3%
Poor preparation for disasters and emergencies	5.4%	4.0%
Not using child safety seats	5.3%	4.1%
Not getting prenatal (pregnancy) care	4.6%	4.9%

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Community Social Issues

Social Issue	2018	2015
Substance abuse/misuse	58.8%	n/a
Affordability of health services	58.7%	49.3%
Availability of healthy food choices in restaurants and grocery stores	46.6%	19.2%
Crime	38.7%	30.5%
Transportation options	35.7%	11.8%
Unsafe schools	31.7%	7.4%
Unemployment/underemployment	27.9%	49.3%
Lack of healthcare providers	27.8%	8.1%
Unsafe/unmaintained roads	26.8%	7.7%
Lack of counseling/mental health services/support groups	18.8%	21.8%
Lack of recreational facilities	16.7%	19.6%
Low income/poverty	15.5%	55.4%
Hunger	13.8%	26.8%
Lack of/inadequate health insurance	13.5%	24.4%
Dropping out of school	11.8%	19.5%
Neglect and abuse of children	11.3%	25.0%
Animal control issues/rabies	9.3%	11.0%
Homelessness	8.7%	32.2%
Neglect and abuse of domestic partners	6.3%	4.7%
Racism/discrimination	7.4%	12.2%
Neglect and abuse of the elderly	7.3%	11.2%

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Substance Abuse Issues

Substance Abuse Issue	2018	2015
Abusing prescription drugs/pills	60.6%	58.1%
Alcohol abuse	45.4%	59.2%
Methamphetamines (Meth)	42.5%	28.7%
Heroin	38.5%	n/a
Other "hard" drugs (e.g., cocaine, crack)	24.1%	36.1%
Drinking and driving	24.0%	31.4%
Using someone else's prescription drugs/pills	21.2%	21.3%
Marijuana	19.9%	29.8%
I really don't know	12.4%	12.9%
Other (please specify)	2.0%	n/a

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Environmental Health Concerns

Environmental Health Concern	2018	2015
Air quality	32.3%	32.2%
Second-hand smoke	26.0%	21.1%
Food Safety	18.7%	24.1%
Mold	15.8%	19.8%
Meth labs	5.5%	1.6%
Other (please specify)	2.8%	n/a
Lead exposure	1.0%	0.7%
Radon	0.7%	0.5%

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Health Information Access

- Most common source of health-related information (and 2015 responses)
 - Doctor or nurse: 61% (56%)
 - Internet: 20% (18%)
 - Friends or family: 8% (12%)
 - Newspapers, magazines or TV: 3% (3%)

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Medical Care Preferences

- Most common place to go when sick
 - Private doctor's office: 68% (65%)
 - Urgent Care Center or Walk-in Clinic: 13% (10%)
 - I don't go anywhere when I'm sick: 8% (10%)
 - Hospital Emergency Department: 3% (5%)
 - OB/GYN or Women's Health Provider: 3% (7%)
- Most common place to go for check-ups
 - Private doctor's office: 74% (64%)
 - OB/GYN or Women's Health Provider: 23% (28%)
 - I don't get an annual check-up or physical: 8% (11%)
 - Medical Ministries Clinic: 4% (3%)
 - Urgent Care Center or Walk-in Clinic: 3% (3%)

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Health Insurance Coverage

- Currently have no health insurance: 9% (13%)
- Private insurance through employer: 63% (60%)
- Purchase their own insurance: 16% (12%)
- Medicare: 12% (9%)
- Private insurance via spouse or parent: 6% (7%)
- Medicaid: 3% (6%)
- Military insurance: 2% (2%)
- Insurance through ACA Marketplace: 1% (2%)

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Medical Care Access

- Problem in past year getting medical care (with 2015 responses)
 - 78% had *not* had a problem (73%)
 - Most common problems
 - Personal share of cost too high despite insurance coverage: 10% (10%)
 - Didn't have health insurance: 8% (12%)
 - It took too long to get an appointment: 4% (3%)
 - Insurance didn't cover what was needed: 4% (4%)

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Prescription Drug Access

- Problem in past year getting necessary Rx filled (with 2015 responses):
 - 83% had *not* had a problem (76%)
 - Most common problems
 - Didn't have health insurance: 7% (11%)
 - Personal share of cost too high despite insurance coverage: 7% (8%)
 - Insurance didn't cover needed Rx: 4% (4%)

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Mental Health

- Where respondents would refer someone with a drug or alcohol abuse problem:
 - Doctor: 42%
 - Daymark Recovery Services: 30%
 - Private counselor or therapist: 30%
 - Minister or religious official: 29%
 - Support group (e.g., AA, Al-Anon): 29%
 - Family Services: 20%
 - Not sure/don't know: 19%
 - School counselor, nurse or social worker: 16%
 - Local hospital: 10%
 - Monarch: 10%
 - Path of Hope: 9%
 - Cardinal Innovations: 7%

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Mental Health

- Where respondents would refer someone needing mental health services:
 - Doctor: 49%
 - Private counselor or therapist: 38%
 - Daymark Recovery Services: 25%
 - Minister or religious official: 23%
 - Family Services: 21%
 - Not sure/don't know: 18%
 - School counselor, nurse or social worker: 17%
 - Local hospital: 17%
 - National or other crisis phone line: 14%
 - Monarch: 11%
 - Cardinal Innovations: 7%

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Personal Health Behaviors

- Alcohol consumption (and 2015 responses)
 - More than 5 drinks in a single occasion: 19% (19%)
- Tobacco Use
 - Current smoker: 9% (12%)
 - E-cigarette user: 3% (4%)
- Physical activity
 - Physically active at recommended level (30 min., 5 days/week): 37% (35%)
 - Main reason for not being physically active at recommended level is "not enough time": 25% (26%)
- Consumption of fruits and vegetables
 - Consume recommended level (5 servings/day): 39% (35%)
 - Main reason for not consuming recommended level is "I just don't think about it": 15% (16%)

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Personal Health Diagnoses

Percent participants with health care diagnosis of (with 2015 responses):

- Asthma – 17% (n/a)
- Angina/heart disease – 6% (5%)
- Lung disease – 4% (n/a)
- Cancer – 9% (8%)
- Depression – 38% (38%)
- Diabetes – 12% (14%)
- High blood pressure – 34% (34%)
- High cholesterol – 31% (31%)
- Overweight/obesity – 50% (42%)

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Health Screening Behaviors

- **Colon Cancer Screenings – among respondents Age \geq 50**
 - Ever had a colon cancer screening: 83% (78%)
- **Testicular Self-Exams – among All males**
 - Conduct monthly: 46% (31%)
- **Prostate Exams - among Males age \geq 50**
 - Get a prostate exam as recommended by provider: 83% (69%)
- **Breast Self-Exams – among All females**
 - Conduct monthly: 62% (58%)
- **Mammograms – among Females age \geq 40**
 - Get an annual mammogram: 87% (79%)
- **Pap Smears - Females age \geq 21**
 - Get a Pap smear as recommended by provider: 81% (79%)

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New Topics in 2018

- Have completed advanced care planning by designating in writing a health care power and/or attorney or finalizing a living will: 28%
- Have discussed end-of-life care wishes with PCP and/or completed a MOST form: 15%

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