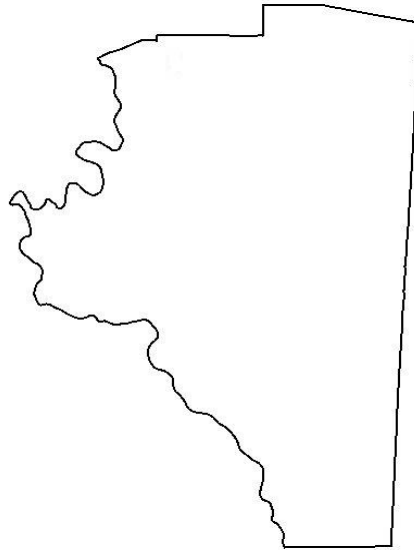


State of the County Health Report

DECEMBER 2013

Davidson County



Statistical Information

Demographics (2011 estimates)

Population - 162,697

Number of white persons (non-Hispanic) - 133,980 (82.3%)

Number of African-Americans - 15,231 (9.4%)

Number of Hispanics - 10,550 (6.5%)

Economics (2011 estimates)

Median household income - \$44,728

Number people living in poverty - 24,567

Health Care (2011 estimates)

Number of hospitals - 2

Number of primary care physicians - 73

Number of people per primary care physician—2228

Number of pediatricians - 19

Number of dentists - 25

Number of people per dentist - 6507

People without health insurance (est.) - 27,558

Davidson Medical Ministries Clinic successfully applied for funding as a Federally Qualified Health Center (FQHC). Medical Ministries is also a charitable clinic providing primary health care and prescription drugs to qualified, medically indigent citizens of Davidson County.

Leading Causes of Death (2011)

Heart disease - 370

Cancer - 343

Chronic Lower Respiratory Disease - 120

Cerebrovascular Disease - 78

Unintentional Injuries - 67

Alzheimer's Disease - 59

Pneumonia/Influenza - 42

Nephritis - 41

Diabetes - 39

Motor Vehicle Injuries - 25

Pregnancy and Births (2011)

Total pregnancies - 1915

White - 1399

Nonwhite - 516

Total teen pregnancies (ages 10-19) - 229

White - 145

Nonwhite - 84

Total births - 1747

White - 1284

Nonwhite - 463

Total teen births (ages 10-19) - 204

White - 133

Nonwhite - 71

Infant Mortality (2011)

Total infant deaths - 9

White - 8

Nonwhite - 1

Updated statistics on CHA Priorities:

1. Obesity

Percentage of adults not overweight or obese

2010 CHA - 33.1 2011 - data not updated

Percentage of adults getting recommended physical activity

2010 CHA - 45.5 2011 - data not updated

Percentage of adults getting 5+ servings of fruits and vegetables

2010 CHA - 18.4 2011 - data not updated

2. Tobacco

Percentage of adults identified as current smokers

2010 CHA - 29.6 2011 - data not updated

Percentage of adults exposed to secondhand smoke in the workplace

2010 CHA - 13.8 2011 - data not updated

COPD admission rate for Medicaid population

2010 CHA - 700.8 2011 - data not updated

3. Access to healthcare providers

Primary care physicians per 10,000

2010 CHA - 4.5 2011 - 4.5

Dentists per 10,000

2010 CHA - 1.7 2011 - 1.5

The 2012 Davidson County Community Health Assessment (CHA) was a collaborative effort between the Davidson County Health Department (DCHD), Wake Forest Baptist Health Lexington Medical Center (LMC), and Novant Health Thomasville Medical Center (TMC). These agencies contracted with The North Carolina Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health in Chapel Hill to coordinate and lead the assessment process. The work was guided by the Davidson County Healthy Communities Coalition Steering Committee. This assessment is intended to enable community leaders to monitor the health of county residents, identify priority health issues needing action, and align available resources to effectively address these priorities. The CHA is based on both primary and secondary data sources. Secondary data was gathered from a wide range of sources. Primary data was collected in three ways: a community health opinion survey, focus groups, and a key stakeholder survey. Community health forums were then held to provide the county residents with an opportunity to share their opinions and inform the community health assessment priority selection process. Four forums were conducted over two weeks in geographically dispersed regions of the county, which provided comparable access to these forums for individuals in all parts of Davidson County. The forums were advertised in local papers, flyers were distributed via email, and participants were recruited by members of the Davidson County Healthy Communities Coalition Steering Committee. Based on an extensive collection and analysis of public health-related primary and secondary data, ten health-related issues were identified as important and meriting additional discussion. These issues are: heart disease, obesity, tobacco use, drug and alcohol use, mental health, oral health, infant mortality, adolescent pregnancy, injury and poisoning, and access to healthcare providers. After much discussion, the steering committee recommended three priorities for the next three years: increasing the number of residents who are physically active and maintain nutritious eating habits; improving access to care (particularly primary care, mental health, and dental services); and reducing tobacco use. The committee decided that the other two issues from the top-five list, mental health and cardiovascular disease, would be addressed as a result of the work completed in the top three areas.

The steering committee leveraged existing workgroups and created new workgroups to determine further actions. By June 2013, these workgroups developed community health improvement plans detailing strategies to address priority issues.

In August 2012, the CHA was presented to the PBH Davidson County Community Advisory Council. Also in August 2012, the CHA was presented to health department staff at the monthly nursing inservice. In October 2012, the CHA was presented to the WFBH Lexington Medical Center's Board of Directors' Retreat. Also in October 2012, the CHA was presented to the Northwest Community Care Network Davidson County Steering Committee meeting. In November 2012, the CHA was presented at the FaithHealthNC Lexington Regional Design meeting. In January 2013, the CHA was presented to the Board of Health meeting prior to being submitted to the state. Also in January, parts of the CHA and the process were presented to the Learning Congress on Collaborative Community Health Assessment and Improvement meeting in Raleigh. Also in January 2013, the Lexington newspaper wrote a feature article on the CHA and the priorities established by the steering committee. This was followed up by a letter from the editor article. In February 2013, the CHA was presented at a joint meeting between the Lexington and Thomasville Chambers of Commerce. In March 2013, the CHA was presented to the Davidson County Wellness Committee meeting. In May 2013, the CHA was presented to the Davidson County Commissioners at a regular informational meeting. In August 2013, the CHA was presented to the North Davidson Chamber of Commerce. In October 2013, an overview of the top ten priority areas of the CHA was presented to health department staff at its 2013-16 Strategic Planning.

Progress during 2013 on priorities:

- 1) Access to Care Work Group
 - * Identified transportation as a primary barrier to accessing services - surveyed clients from over 20 agencies that may or may not utilize County Transportation to determine reasons
 - * Met with insurance brokers to develop plan to educate residents about the Affordable Care Act and how to enroll - have developed 2-page flyer and will be hosting five community forums in November
- 2) Tobacco Work Group
 - * Attended County Commissioners informational session to advocate for smoke free county grounds - County Commissioners voted to make the courthouse grounds smoke free, with two designated smoking areas.
 - * Health department staff met with county and municipalities to determine level of interest in implementing smoke free grounds - current interest seems to be around smoke free parks
 - * Working through Community Transformation Grant (CTG) to implement smoke free multi-unit housing
- 3) Obesity Work Group
 - * Partnered with Cooperative Extension and both YMCAs to offer ESMM Take Control at no charge to the public
 - * Have implemented Corner Store Initiative at four convenience stores - have two more that expressed an interest in joining in the spring
 - * Working through CTG, successfully advocated with Davidson County Schools to open up ten of the 18 elementary school playgrounds to the community for use after school hours

Health Department Activities (2013)

The health department was successful in obtaining grant funds that will enhance our services and increase access to care for community residents:

1. Susan G. Komen - \$30,000 - funds to provide mammogram services to uninsured/underinsured women age 18-64.
2. State Asthma grant - \$8,518 - to educate the community regarding asthma and air quality.

Strategic Plan

The health department revisited its Strategic Plan for 2013-16. The following three priority health issues were established: 1) Obesity; 2) Substance Use and Misuse; and 3) Access to Health and Mental Health Service and lays out an ambitious plan for addressing these priorities. The Plan outlines each priority, the focus of the Health Department in addressing the priority and a set of action steps the Health Department, Board of Health and other community partners will take to make progress in achieving each focus area. This will allow the health department to build on the priority areas established through the CHA.

Focus areas and action steps were written for each health issue. Progress will be reviewed by the Management Team each quarter.

Obesity

Focus Area #1 - Partner with the community resources to increase physical activity opportunities for children & families.

Focus Area #2 - Provide nutrition access/education to families and children.

Focus Area #3 - Explore, advance and utilize interactive media to help the public learn new ways to prevent obesity.

Substance use and misuse (including drugs, alcohol and tobacco)

Focus Area #1 - Develop, implement and promote policies to reduce legal and illegal drug use/misuse.

Focus Area #2 - Provide education and promote awareness of substance abuse/misuse.

Focus Area #3 - Provide opportunities for medication/drug drop offs.

Focus Area #4 - Research grant funding to increase access to substance abuse treatment services.

Access to health and mental health services

Focus Area #1 Educate the community about new and existing services (Affordable Care Act [ACA], Cardinal, etc.)

Focus Area #2 - Advocate for expanded/additional transportation options (routes, times, etc.)

Focus Area #3 - Research funding opportunities to expand clinic services for populations without a service niche (e.g., women who don't qualify for Family Planning or Breast & Cervical Cancer Control Program [BCCCP], men).

Focus Area #4 - Enhance marketing of community wide resources and services.