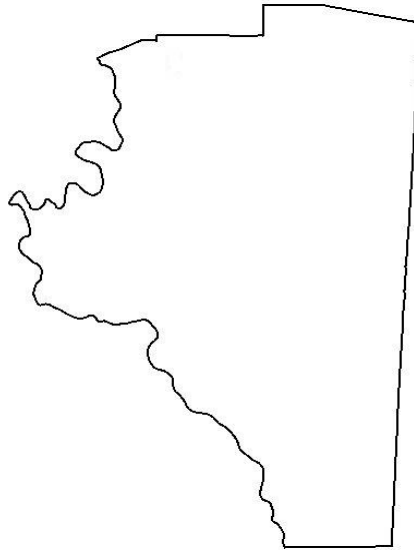


State of the County Health Report

DECEMBER 2016

Davidson County



Statistical Information

Demographics (2015 estimates - US Census Bureau)

Population - 164,622

Number of white persons (non-Hispanic) - 134,239 (81.5%)

Number of African-Americans - 15,588 (9.4%)

Number of Hispanics - 11,151 (6.7%)

Economics (2016 estimates)

Median household income - \$41,588

Number people living in poverty - 25,866

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 Health Services/Davidson Medical Ministries Clinic is 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 (2014)

Cancer - 417

Heart disease - 344

Chronic Lower Respiratory Disease - 123

Cerebrovascular Disease - 96

Unintentional Injuries - 63

Diabetes - 62

Alzheimer's Disease - 48

Nephritis - 43

Pneumonia/Influenza - 36

Chronic Liver Disease - 33

Septicemia - 29

Motor Vehicle Injuries - 25

Pregnancy and Births (2014)

Total pregnancies - 1922

White - 1396

Nonwhite - 523

Total births - 1749

White - 1307

Nonwhite - 442

Total teen pregnancies (ages 10-19) - 162

White - 112

Nonwhite - 50

Total teen births (ages 10-19) - 138

White - 99

Nonwhite - 39

Infant Mortality (2014)

Total infant deaths - 7

White - 4

Nonwhite - 3

Updated statistics on CHA Priorities:

1. Overweight/Obesity

Lifestyle factors also contribute to prevalence and mortality for diabetes and heart disease, and their precursors. Overweight and obesity are among the most important of these factors. According to the CDC the prevalence of diagnosed adult obesity in Davidson County in 2012 was 30%, and had averaged 29% from 2006 through 2012. According to results from the 2015 Davidson County Community Health Survey, 42.3% of respondents reported that they had been diagnosed by a doctor, nurse or other health professional as being either overweight or obese. According to 2012 data from NCNPASS (North Carolina Nutrition and Physical Activity Surveillance System), 16.3% of 2-4 year olds in the NPASS program in Davidson County were overweight, and 13.5% were obese.

2. Smoking/Tobacco Use

The frequency of pregnant women who smoked in 2011 was 19.2, falling in 2013 to 18.6% in Davidson County and 10.3% statewide. In 2015, the frequency of pregnant women who smoked continued to fall to 15.8 in Davidson County.

Lifestyle factors and unhealthy behaviors contribute to mortality and the prevalence of chronic disease in Davidson County. For example, smoking is a known contributor to chronic lower respiratory disease. We have no definitive measured data on the prevalence of smoking in the overall Davidson County population, but according to results from the 2015 Davidson County Community Health Survey, 12% of the respondents reported being current smokers and 3% of the current smokers say they don't want to quit. (It should be noted that the survey sample was predominately female, relatively affluent, and well-educated.)

In 2009-13, the county lung cancer age adjusted death rate was 61.0 as compared to the state at 51.6. In 2010-14, the county lung cancer age adjusted death rate was 61.6 as compared to the state at 50.6 .

3. Mental Health

According to de-identified admissions data provided by the two major medical centers in Davidson County, an average of 2.1% of all emergency department admissions and 2.0% of all inpatient hospitalizations in the three-year period 2012-2014 were for mental health diagnoses in the ICD-9 category: Mental, Behavioral and Neurological Disorders. Furthermore, LINC data shows that between 2009 and 2014, the number of Davidson County residents served by the Area Mental Health Program (LME/MCO) decreased overall by 47% . In the 2015 Davidson County Community Health Survey, nearly 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). In 2009-13, the county suicide mortality rate was 15.3 as compared to the state at 12.9. In 2010-14, the county suicide mortality rate decreased to 11.6 as compared to an increase in the state rate to 13.5.

4. Chronic disease (especially heart disease and diabetes)

Diabetes was the seventh leading cause of death overall in Davidson County in 2009-2013. In that period the county diabetes mortality rate was 27.1 and exceeded the state rate by 6%. In 2010-14, the county diabetes death rate increased to 29.4. Among African Americans in Davidson County, the death rate for diabetes was 2.4 *times* the comparable mortality rate for whites.

The prevalence of self-reported adult diabetes in Davidson County was 10.4% in 2012, and averaged 9.7% over the period from 2006 through 2012; the comparable NC figures were 9.7% and 9.4%, respectively. Complications from overweight and obesity include not only diabetes but also heart disease, high cholesterol, and high blood pressure. Each of these conditions is prevalent in the Davidson County community, as indicated by results of the 2015 Davidson County Community Health Survey. In this survey, 5.2% of the respondents reported they had been diagnosed with angina or heart disease, 30.7% reported they had been diagnosed with high cholesterol, and 33.6% had received a diagnosis of hypertension/high blood pressure.

In 2009-13, the county heart disease death rate was 197.7 as compared to the state at 170.0. In 2010-14, the county heart disease death rate decreased to 188.6 as compared to the state rate decreasing to 165.9.

5. Substance abuse

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

The 2015 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 an independent consultant 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 via a community health opinion survey. The Consultant presented a summary of secondary data findings, and results from the community survey, to an audience of community stakeholders and projected partners and collaborators. After discussion, attendees were asked to use the information presented, supplemented by their personal and organizational knowledge, to develop a list of what they considered to be the ten most important issues to address in Davidson County. Three community forums were then held to provide county residents with an opportunity to share their opinions and inform the community health assessment priority selection process. These forums were held 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. Each forum included a presentation about initial Davidson County community health assessment research, with the ten most prominent issues discussed. Through a structured voting process, participants were asked to prioritize the issues that emerged during earlier research.

The following were established as Davidson County's health priorities for the next three years:

1. Overweight/Obesity
2. Smoking/Tobacco Use
3. Mental Health
4. Chronic Disease
5. Substance Abuse

The steering committee leveraged existing workgroups and created new workgroups to determine further actions. By June 2016, these workgroups developed community health improvement plans detailing strategies to address priority issues.

The 2015 Community Health Assessment report was presented to the Davidson County Board of Health, Davidson County Healthy Communities Coalition and posted on the Davidson County Health Department website.

Progress during 2016 on priorities:

- 1) Overweight/Obesity
 - * See Chronic Disease category below
- 2) Smoking/Tobacco Use
 - * See Chronic Disease category below
- 3) Mental Health
 - * Updated Mental Health resource guide - shared with community partners and posted on health department website
 - * Working with law enforcement to develop a mobile phone app to assist with referring the public to the appropriate resource
 - * Have begun work on a Crisis Recovery Center located in the county - scheduled to open in spring 2017
 - * Conducted CIT training (Crisis Intervention Team) and 13 officers from Thomasville Police Department attended
- 4) Chronic Disease
 - * Formed the Chronic Disease Workgroup - because most of the risk factors for chronic disease are nutrition, physical activity, and tobacco use, those priority areas were placed under the auspices of the Chronic Disease Workgroup
 - * Developed a Physical Activity Resource Guide for the county - it lists the fitness centers, martial arts studios, dance studios, walking trails, elementary school playgrounds, high school tracks, basketball courts, tennis courts, golf courses, etc. - the Guide has been shared with community partners and is posted on the health department web site
 - * Met with Davidson County Schools superintendent to discuss opening up outside facilities for use by the public after school hours - still in discussion
 - * Also discussed with Davidson County Schools superintendent and their School Nutrition Director the possibility of working with school booster clubs to offer healthy food choices - still in discussion
 - * Have begun developing a beginner's mountain bike trail at one of our city parks
- 5) Substance Abuse
 - * Updated Substance Use resource guide - shared with community partners and posted on health department website
 - * Clerk of Court has started a Commission on Opioid Use - formed three workgroups (Education/Prevention, Mental Health/Recovery/Rehab, and Law Enforcement/Legal) and each has developed recommendations
 - * Conducted CIT training (Crisis Intervention Team) and 13 officers from Thomasville Police Department attended

Health Department Activities (2015-2016)

During 2015-2016, the health department applied for four grant opportunities. We were unsuccessful in one and one is still pending, but were successful in obtaining the following grant funds to enhance our services and increase access to care for community residents:

1. Susan G. Komen - \$20,000 - funds to provide mammogram services to uninsured/underinsured women age 18-64.
2. APHA/Aetna Foundation's Healthiest Cities and Communities Challenge Prize - \$10,000 - funds to increase access to healthy food options and opportunities for physical activity

Strategic Plan

The health department recently developed its Strategic Plan for 2016-19. The following priority health issues were established: 1) To gain and keep clients; 2) Improve healthy outcomes and increasing healthy eating; 3) Improve healthy outcomes and increasing physical activity; 4) Address rising substance abuse and mental health issues in the county; and 5) Increase staff retention rate. The Plan lays out an ambitious plan for addressing these priorities. Each priority area is outlined, along with the goal, visions/dreams, major initiatives we may pursue, mandates, existing strategies, and consequences of doing nothing. 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.

Gain and Keep Clients:

- Strategy #1 - Advocate with county manager to increase starting salary for provider
- Strategy #2 - Advertise provider position with applicable universities
- Strategy #3 - Encourage more staff to attend ERRN trainings
- Strategy #4 - Research procedures for billing all insurance providers and apply with insurance providers to accept our billing
- Strategy #5 - Establish contract with universities for PA students
- Strategy #6 - Improve website appearance to promote our services
- Strategy #7 - Bill for STD services
- Strategy #8 - Offer clinic hours after 5:00 p.m. and accept walk in patients
- Strategy #9 - Work with HR to establish employee health, including billing for services
- Strategy #10 - Improve appearance of facility
- Strategy #11 - Provide Men's Health Clinic

Improve healthy outcomes—Increase healthy eating:

- Strategy #1 - Provide healthier options during health department functions that serve food
- Strategy #2 - Menu labelling with restaurants
- Strategy #3 - Booster clubs offer healthier options
- Strategy #5 - Promote WIC program with local providers
- Strategy #6 - Advocate with corner stores to sell healthier options

Improve healthy outcomes - Increase physical activity

- Strategy #1 - Advocate with providers to inform parent(s) of child's BMI and healthy range
- Strategy #2 - Plan and promote Healthy Lifestyle classes
- Strategy #3 - Distribute Physical Activity Opportunities brochure throughout the community
- Strategy #5 - Host walk events in downtown Lexington and Thomasville
- Strategy #6 - Advocate with law enforcement to increase patrol in community exercise areas
- Strategy #7 - Educate the public about benefits of physical activity

Substance use and mental health issues:

- Strategy #1 - Work with community partners to develop phone app for law enforcement
- Strategy #2 - Obtain and distribute Naloxone through the health department
- Strategy #3 - Support the Needle Exchange legislation
- Strategy #4 - Recruit additional community members to serve on DCSPAN and its workgroups
- Strategy #5 - Assist with promoting the Crisis Recovery Center
- Strategy #6 - Contact providers and educate and advocate for them to use the Controlled Substance Reporting System (CSRS)
- Strategy #7 - Promote and advocate with law enforcement to attend Crisis Intervention Team training
- Strategy #8 - Advocate with pharmacies to install a medication drop box

Increase staff retention:

- Strategy #1 - Advocate with county leadership to support incentives for retention
- Strategy #2 - Develop incentive package for staff growth and retention
- Strategy #3 - Propose a career path for employees
- Strategy #4 - Advocate to increase salary and fringe benefits for staff
- Strategy #5 - Establish tiers for Environmental Health
- Strategy #6 - Allow staff time to attend leadership development trainings
- Strategy #7 - Establish a mentor program between new energetic staff and seasoned staff