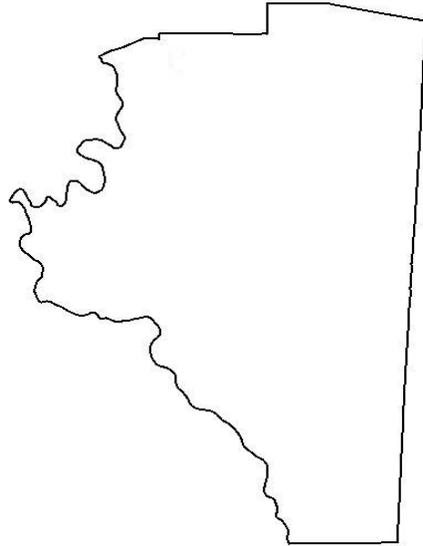


State of the County Health Report

DECEMBER 2017

Davidson County



Statistical Information

Demographics (2016 estimates - US Census Bureau)

Population - 164,926

Number of white persons (non-Hispanic) - 132,781 (80.5%)

Number of African-Americans - 15,299 (9.3%)

Number of Hispanics - 11,571 (7.0%)

Economics (2016 estimates)

Median household income - \$44,469

Number people living in poverty - 26,221

Health Care (2017 estimates)

Number of hospitals - 2

Number of primary care physicians - 87

Number of people per primary care physician - 1895

Number of pediatricians - 19

Number of dentists - 24

Number of people per dentist - 6871

People without health insurance (est.) - 21,935

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 (2016)

Cancer - 364

Heart disease - 340

Chronic Lower Respiratory Disease - 132

Cerebrovascular Disease - 102

Unintentional Injuries - 74

Diabetes - 60

Alzheimer's Disease - 114

Nephritis - 30

Pneumonia/Influenza - 49

Chronic Liver Disease - 21

Septicemia - 34

Motor Vehicle Injuries - 30

Pregnancy and Births (2016)

Total pregnancies - 1954

White - 1435

Nonwhite - 519

Total births - 1771

White - 1344

Nonwhite - 427

Total teen pregnancies (ages 15-19) - 148

White - 105

Nonwhite - 43

Total teen births (ages 15-19) - 133

White - 96

Nonwhite - 37

Infant Mortality (2016)

Total infant deaths - 16

White - 8

Nonwhite - 8

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 2015 was 29.9%, 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 2015 data from NC-PedNESS (North Carolina Pediatric Nutrition and Epidemiology Surveillance System), 17.1% of 2-4 year olds in the NC-PedNESS program in Davidson County were overweight, and 14.6% were obese.

2. Smoking/Tobacco Use

The frequency of pregnant women who smoked in 2011 was 19.2, falling in 2015 to 15.8% in Davidson County. The frequency of pregnant women who smoked from 2012-2016 was 17.2 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 2010-2014, the county lung cancer age adjusted death rate was 61.6 as compared to the state at 50.6. In 2012-2016, the county lung cancer age adjusted death rate was 61.2 as compared to the state at 47.5

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 2010-2014, the county suicide mortality rate decreased to 11.6 as compared to an increase in the state rate to 13.5. In 2012-2016, the county suicide mortality rate increased by approximately 30% to 15.5 as compared to the state remaining relatively stable at 13.6.

4. Chronic disease (especially heart disease and diabetes)

Diabetes was the seventh leading cause of death overall in Davidson County in 2012-2016. In that period the county diabetes mortality rate was 28.4, slightly higher than the state rate at 23.0. Among African Americans in Davidson County, the death rate for diabetes was almost 2 *times* the comparable mortality rate for whites. According to the 2017 County Health Rankings, both North Carolina and Davidson County have a diabetes prevalence of 11% of the total population. 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 2010-2014, the county heart disease death rate was 188.6 as compared to the state at 165.9. In 2012-2016, the county heart disease death rate decreased to 176.9 as compared to the state rate decreasing to 161.3.

5. Substance abuse

According to local hospital admissions data for the period 2016 and January 1-September 30, 2017, admissions for diagnoses related to substance abuse have increased at least 10%.

	2016	1/1/17-9/30/17
Benzodiazepines	43	16
Heroin	74	72
Opioids	94	83
Medications/Drugs	449	490

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; Thomasville Medical Center Board of Trustees; Davidson County Member Agency Council; Thomasville Rotary Club; Davidson Health Department Personal Health Staff; Hospice Professional Advisory Committee; and posted on the Davidson County Health Department website.

The 2016 State of the County Health (SOTCH) Report was presented to the Davidson County Board of Health; Davidson County Healthy Communities Coalition; congregational members of First United Methodist Church; and is posted on the Davidson County Health Department website.

Progress during 2017 on priorities:

- 1) Overweight/Obesity
 - * See Chronic Disease category below
- 2) Smoking/Tobacco Use
 - * See Chronic Disease category below
- 3) Mental Health
 - * Daymark opened a Facility Based Crisis Center in Lexington
 - * Conducted Mental Health First Aid at the Health Department for community partners
 - * Conducted CIT training (Crisis Intervention Team) with officers from Thomasville Police Department
 - * Continued working on Community Resource mobile app
- 4) Chronic Disease
 - * Implemented Menu Labeling with locally owned restaurant - analyzed recipes, printed table tents, created separate menu for health items - looked at calories, fat, saturated fat, sodium
 - * Thomasville Medical Center named Baby Friendly Facility - only 5th one in NC with this designation
 - * Increased the number of employers that support breastfeeding through policy development - Thomasville Medical Center, Lexington Medical Center, Davidson Medical Ministries Clinic
 - * Hospice removed its vending machine and put in a healthy snack machine
 - * The Local Food Network sponsored a Farm to Table event - all food purchased was locally grown
 - * Partnered with Thomasville City Schools to promote shared use agreements that allow community members to use school owned recreation facilities - the track and tennis courts at the high school, the soccer field at the middle school, and playground at the elementary school -
 - * Partnering with Davidson County Schools to include healthy food choices at booster concessions - in December 2017 began selling goldfish, animal crackers, pretzels, and almonds
 - * Formed a Davidson County High School Mountain Bike team - made up of middle and high school students - includes a bike loaner program for those kids who don't have a bike
 - * Worked with Thomasville Housing Authority to implement smoke free policy
- 5) Substance Abuse
 - * Daymark opened a Facility Based Crisis Center in Lexington
 - * DC Recovery Team sponsored the first annual Recovery Rally in downtown Lexington
 - * Lexington Treatment Associates opened a center in Thomasville - methadone clinics
 - * DCSPAN hosted a Drug Impairment Training with schools
 - * Conducted CIT training (Crisis Intervention Team) with officers from Thomasville Police Department
 - * Held Medication Take Back event on October 26th in Thomasville and December 4th in Lexington
 - * Continued working on the Community Resource mobile app

Health Department Activities (2017)

During 2017, the health department applied for eight grant opportunities. We were unsuccessful in five, 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. Thomasville Medical Center - \$10,000 - funds to provide mammogram services to uninsured/underinsured residents age 18-64.
2. Lexington Medical Center - \$10,000 - funds to provide mammogram services to uninsured/underinsured residents age 18-64.

Strategic Plan

The health department 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 is 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