Davidson County Board of Health
Minutes
Regular Meeting of the Board of Health
Health Department Boardroom
April 14, 2026

Board of Health Present	Staff Present	Visitors Present
Dr. Terry Ellington, Chair	Lillian Koontz	Adam Jones, County Attorney
Mr. Calvin Odom, Vice Chair	Janna Walker	Ryan Hargrave, Asst. County Attorney
Commissioner Tripp Kester	Corinne Bates	Elizabeth Williams, Resident
Ms. Datra Delk-Patrick	Stacy Hull	
Mr. Justin Nifong	Randy Swicegood	
Mr. Jason Gibson	Mary Lou Collett	
Mr. Christal Yates	Michelle Allen	
Dr. Christian Brandyberry	Crystal Swink	
Dr. Mark Hamrick	Belinda Wilson	
Dr. Andrew King		

I. **Welcome, Introductions, Announcements –** Dr. Terry Ellington
Dr. Ellington called the meeting to order at 3:00 and welcomed everyone to the meeting. Mary Lou Collett, director of nursing, introduced Crystal Swink who is the community health team supervisor. Mary Lou shared that Crystal works with her on the child fatality team. Crystal is the new chair on the team, and Mary Lou is the review coordinator. The child fatality report will be presented later in the meeting. Health Director Lillian Koontz also stated that Crystal has taken on a huge role as the child fatality chair. There are mandates from the North Carolina General Statutes for this program which have a lot of directions but zero dollars for funding. We appreciate the work Crystal is doing, and we are glad she can join us today for the meeting.

II. **Agenda – Discussion and Amendments** – Dr. Terry Ellington
There were no amendments or discussions. Commissioner Tripp Kester made a motion to accept the agenda, and Dr. Mark Hamrick seconded the motion. The motion was approved without dissent.

III. **Public Comment**
None

IV. **Consent Agenda** – Dr. Terry Ellington
The consent agenda was presented and included the March 10, 2026 meeting minutes, the March 10, 2026 closed session meeting minutes and the financial report as presented. Commissioner Kester made a motion to accept the consent agenda, and Mr. Jason Gibson seconded the motion. The motion was approved without dissent.

V. **Commissioner's Report**
None

VI. **Health Director's Report (Including Program Reports) –** Ms. Lillian Koontz
Before Ms. Koontz presented the health director's report, she asked Dr. Ellington if he would like to provide an update about the email she sent regarding the social media post that stated that there were concerns about the Davidson County Board of Health (BOH). Dr. Ellington stated that

there was a post on Face Book about the (BOH) from a local media outlet, Davidson Local. Davidson Local always has good coverage for our area, but what concerned him about the post was the title. The original post stated that "Some have expressed concerns about the Davidson County Board of Health" and that a public meeting with announcements will take place on April 14th. Once you open the post, it takes you to a description of the agenda for the April 14th meeting, and it does not mention any concerns. Dr. Ellington responded to this post by extending a personal invitation on Face Book to residents to come to the meeting and share any concerns they might have. After extending the invitation and speaking with someone from Davidson Local, he discovered that it was just a post to let people know about the meeting; however, he thought the post had a somewhat negative connotation. As the Chairman, Dr. Ellington wanted to go on record that he wants to address any and every concern that citizens might have, and he welcomes them to come and share their concerns. He shared that he could have been more tactful with his phone call to Davidson Local. He hoped it was not taken poorly, and he did apologize. Hopefully, we can continue to work together with Davidson Local like we have been. Ms. Koontz thanked Dr. Ellington for sharing that information. She also stated that we have had no calls or concerns at the Health Department, so the headline was a little confusing. Ms. Koontz stated she appreciated Dr. Ellington making the phone call to Davidson Local and asking them to address this.

Ms. Koontz shared the following highlights from the health director's report and the program reports:

We are recruiting for the following positions: PHN 1/clinic, two nutritionist II's/WIC, and two social worker II's/care management. We are very hopeful we can get the nutritionists hired for the WIC program. Currently we are relying on contract nutritionists to get us through our very heavy case load. We are holding on the health educator position for health promotions, and the office support supervisor, billing supervisor, and an office support III for the business office. Now that Corinne Bates, our business officer, is back, we can begin getting things in place. The office support supervisor will need to be in place before we can hire the office support III. Then, we will allow the supervisor to hire the office support III that will be on their team.

April is Public Health Month. Ms. Koontz stated that last night she completed the last of the meetings with local municipalities that proclaimed April as Public Health Month.

Our assistant county manager is moving on at the end of April. His last day is April 30th, and the county is currently seeking a new assistant county manager.

Accreditation is coming up soon. Janna Walker, the health promotions director, and her team are very busy preparing for accreditation. The accreditation process has been completely revamped, and Davidson County is one of the pilot counties for the new process. Janna and her team are working hard to make sure we meet all the criteria, and staff are working hard to provide documentation that is needed for accreditation. This is especially important as we could lose funding from the state if we are not reaccredited. North Carolina General Statute also requires us to be accredited.

We are hosting lunch and learning events in April for financial literacy. This was a suggestion of BOH member, Mr. Gibson. Ms. Koontz thanked Mr. Gibson for his suggestion. We have around 7 to 8 participants at each meeting, and our team is really enjoying it. These learning sessions are offered through Home Solutions of Davidson County, and it is a great way for staff to come and learn more about financial literacy. Also, there is no cost to the health department for this program.

We continue to await news about the care management team. Funding has been secured for the program to remain in the health department through the end of the 2026 calendar year. As a reminder, this program will not be discontinued, because it saves so much money for these

prepaid health plans. However, it may not be provided through the local health department in the future. We do not know what is going to happen. We try to be as transparent as possible with staff and candidates that apply for positions. Before anyone comes in for an interview for a position on this team, they are informed before the interview that funding is only secure for this program until the end of the 2026 calendar year, but there are no assurances past this point.

Randy Swicegood, environmental health onsite water protection director and Trey Mason, EH specialist, did a presentation about our drone program at the EH supervisors meeting. Their presentation was very well received, and it has created a lot of interest in the work we are doing with drones in Davidson County. Dr. Ellington asked Randy if he could explain to the BOH what they use the drones for. Randy shared that the drones are used for onsite wastewater final inspections. In the past for a final inspection, a hand drawing was done of the site showing the installation of the system. Now the drone takes an actual picture of the installation site which replaces the hand drawing. We use the drones in some other areas but using them for our final inspections is our focus right now.

We are working on filling vacant positions in the WIC and business office divisions which we talked about a few minutes ago.

Pool season is upon us. Stacy Hull, food and lodging director, shared that they are very busy with pools along with finishing their restaurant inspections. However, this year they have a full team.

Ms. Walker is working on a marketing and branding toolkit that will be coming soon. We are very excited about how much our logo is recognizable in the community. This toolkit will make it easier for teams when creating flyers and things like that and will also help us to maintain consistency within the department of what is presented to the community.

VII. Old Business

a. **Request for Future Agendas** – Dr. Terry Ellington
   Dr. Ellington shared that he did not receive any suggestions for topics for future agendas. He did share that he was working on a suggestion for a future topic. He will send an email out to all the members to see if there is any interest in putting it on an agenda.

VIII. New Business

a. **Child Fatality Protection Team Report** - Mary Lou Collett
   Mary Lou shared that the 2024 child fatality team report was in the information packet the BOH received. Last year we spoke about the changes that were going to occur on July 1, 2025. One of those changes was the merger of the Child Fatality Prevention Team (CFPT) with the Community Child Protection Team (CCPT) led by DSS (Department of Social Services). We have transitioned now, and Crystal has come on board and is helping with data management, which is a tremendous help. The presentation on the screen is the causes of deaths for 2024 that were reviewed in 2025 before the two teams merged. The review only involved CFPT and did not involve DSS. Next year when the report is presented, it will be an all-new report, because the review will be after the two teams merged on July 1, 2025. We also started a new system on January 1, 2026, in which we are entering the deaths that are reviewed into a national database. Also, we will not be reviewing all deaths. The state will instruct us as to which deaths are mandated for review and those that are not mandated. As of now, both teams are combined, but we are still required to have the same membership, but there may or may not be involvement with DSS folks. This year we have received some funding which we are planning to use toward fire prevention strategies due to the house fires that have occurred this year. Last year we were able to give out Pack 'n Plays with the cooperation of the police and sheriffs department. When they came across situations where infants did not have a safe sleep place, they would let us know, and we would provide them with a Pack 'n Play they could take to the family. We still have a few left if you know of anyone with a need for a Pack 'n Play.

Mary Lou asked if anyone had any questions. Ms. Koontz added that as a member of the CFPT, reviewing the details of a child's death is one of the hardest and most painful things a public health professional is called to do. Ms. Koontz thanked Mary Lou and Crystal for their leadership on this team. Since there have been so many things in the news about DSS, I wanted to reiterate that there was no DSS involvement in the last 12 months with the families of the 13 deaths that were reviewed by CFPT that occurred in 2024. The 2024 deaths reported by CFPT are the only deaths that CFPT was responsible for reviewing. It does not include the deaths that fell under the CCPT review, because we were still two separate teams at the time of review. However, going forward as of January 1, 2026, we will be one team reviewing all the child fatalities. Our focus will be on the prevention of future deaths.

Child Health Report Card – Ms. Mary Lou Collett
Ms. Collett shared that she has no new information, since the new child health report card has not been released yet. It will probably be released in February or March of next year.

b. **2025 Community Health Needs Assessment (CHNA) Findings** – Janna Walker
Janna shared that this will be a brief review of the assessment findings. When it is all finalized, the BOH members will receive a link that will show the full report, a data workbook and visuals. She shared a brief overview of the process for the CHNA for those that may not be familiar with it. The CHNA is mandated for us to do. We do it every 3 years in partnership with our hospital partners. For this cycle we did it with a regional group which made it a lot easier. For Davidson County purposes, Novant Health, Atrium Health and the Health Department, which are all on the same cycle, issue the same questions, and we try to align on the end result.

Janna presented a snapshot of the community profile on a PowerPoint slide. She pointed out that the population continues to grow, and the majority of our population is white, and male and female are 50%/50%. However, our population is aging, and the birth rate is down. The next slide shown was regarding the socio-economic conditions. Janna pointed out that although the rate of people living below the federal poverty line has declined some over the years, it is not where we would like it to be. The median household incomes shown on the screen are based on family composition. The median income for married couples with children shows significant median income when compared to single females with children.

Janna also presented information on the graduation rate, unemployment rate and health insurance by provider type. The high school graduation rate is 83.2%, and 11.52% of the population over the age of 25 do not have a high school diploma. Our unemployment rate has declined, which is similar to the state unemployment rate. 22.8% of our population do not have any kind of health insurance. She also shared a snapshot of responses to the survey questions. We received around 1000 responses from the survey, which is just a small representation of our population. A good portion stated that they do have a primary care physician. About 80% stated they have dental insurance, and 34% were satisfied with the healthcare system in our community. Almost 60% were satisfied with their health insurance in meeting their needs.

The leading causes of death have not really changed. Cancer and heart disease still remain the top two which are about the same as several other counties and the state of North Carolina with similar population demographics. Overdose deaths still continue to be higher than the state average in Davidson County. While the numbers have decreased greatly, they are still above the state average which points to an area of concern. Also, firearm deaths are still significant here in Davidson County.

Janna also shared information regarding mental health. Of those that responded, 59% in Davidson County stated that yes, they needed mental health treatment and were able to get it.

Some of the reasons given for those that did not receive mental health treatment were cost and insurance. Most of our respondents stated that they are supported socially and emotionally. Janna felt like the numbers that are listed under "usually" for the response to the question "How often do you feel lonely?" are reason to investigate to make sure we are not isolating populations and that we have checks and balances with our community.

The big question that we look at is what the community believes are the most important needs. As far as health challenges, the community in our survey responded that access to healthcare, substance use, and access to affordable medication were the top 3 for health challenges. For community issues in general, the top three concerns were affordable and safe housing, access to affordable healthy food, and access to affordable childcare.

The priorities that were developed from the assessment will be our priorities for the next 3 years. These priorities were also adopted by Novant and Atrium. The priorities are social drivers of health, chronic disease, and behavioral health. Social drivers of health will help us focus on getting those community-based things like childcare (things that make or break people in the community). For chronic disease our focus will be on prevention with healthy food, exercise opportunities, ensuring folks see their family physician every year and having routine health screenings. For behavioral health, we will look at mental health care and substance use. From the public health perspective, we are looking more at prevention. Dr. Ellington asked if the firearm deaths fell into the unintentional category. Janna replied that yes, they do fall into the unintentional injury category, but this category includes all ages. Also, poisonings, overdoses, and falls are included in the unintentional category. Ms. Koontz also wanted to make everyone aware of the bias regarding the survey responses. There were only about a 1000 responses, and there are around 172,000 people in Davidson County. Of those 172,000, some were not eligible to respond to the survey, such as young children. We had a poor response to the survey questions. Ms. Koontz shared that she had sent this survey to all county employees, and there are about 1000 employees that work for the county. She stated that she is afraid that a lot of the responses for Davidson County were from county employees. She wanted the BOH to keep this in mind when they are looking at the survey responses. The indigent population is not well represented by the responses. In the past, staff would go door to door to complete the CHNA surveys; however, there are a lot of reasons why we do not do that anymore. Also, there is no funding for us to set up at Wal-Mart to ask people to complete a survey with a gift card as an incentive. Ms. Koontz emphasized that we must do something better. Before the next CHNA, this will be our mission to work on this with our partners. Janna stated that the full report will have the breakdown of the respondents, and you will be able to compare it to what our full population is. Janna stated that Ms. Koontz is correct. The responses are very much represented by the female population of Davidson County employees. This is why secondary data is so important, because we use that to help us find what is collected in the primary to support the secondary. Ms. Koontz stated that she was excited that we did the regional project this year, and she is hopeful that the hotwash at the end of this assessment will provide an opportunity for regional conversations, and we can get some ideas from others of what they are doing. Janna also stated that most of the data that is in the full report is secondary data. It is not just reflective of the survey population. Dr. Andrew King asked about the "other" response under reasons for not receiving mental health treatment. He stated that category was almost 27% and asked if the responses were broken down further as to what the comments were. Ms. Walker replied that no, they were not broken down. She stated that for the last cycle, when we did it ourselves without the region approach, we had an open text box. This time around we had the "other" category, and we did not get any data with that unfortunately. The "other" category leaves a lot open to interpretation. Ms. Koontz added that Janna can bring this up at the hotwash to get ideas of how to breakdown the "other" category.

c. **Budget Update –** Ms. Corinne Bates
Corinne Bates, Business Officer, gave a status update on the budget. The first two steps have been completed. The budget was presented to the BOH and approved, and the budget was submitted to county management. They reviewed it, asked questions and requested data to support our requests. The budget is currently at the third step in which county management analyzes and adjusts the budget. The last step in the process is the presentation to and approval by the Davidson County Board of Commissioners. Corinne also shared some of the questions that were asked by county management during their review which included a question about our school nurse ratio, since we did get approval to add a school nurse to the budget for next year. They also asked for data on our WIC participation, because we requested an additional position there as well.

d. **2025 DCHD Year in Review** – Ms. Lillian Koontz
Ms. Koontz stated that the year in review was supposed to have been shared in the February meeting, but it was cancelled due to inclement weather. Even though it is later in the year, she still wanted to share what the health department accomplished in 2025.

EH Food, Lodging & Institutions
Inspections: 1,717
All facility types - includes inspections, re-inspections and educational visits.

Permits Issued: 378
All facility types; opening new facilities as well as transitional permits.

118 complaints investigated.

Rabies
475 bite reports – We are working hard to do more education in the community to make sure the residents of Davidson County know to make a report, so we can follow the correct steps for rabies prevention.

556 community CRV (certified rabies vaccinators) vaccinations – These vaccinations were given by CRVs, Robin Lindsay and Allyson Little. They are non-professionals and are allowed to give rabies vaccines under the NC General Statutes. They are both volunteers and provide vaccines at the same cost we do here, so they are not making any money. They do it as a service to the community for people that would probably never take their pets to a veterinarian.

2522 DCAS (Davidson County Animal Shelter) CRV vaccinations (animal shelter staff) - We were able to provide the DCAS free rabies vaccines during the year. Currently they are charging $5.00 a vaccine, since we exhausted the funding that enabled us to provide the free vaccines.

215 DCHD (Davidson County Health Department) vaccine clinic vaccinations - The management team and EPI team will be working on trying to figure out the best way to bring rabies vaccines to the community. We gave the smallest number of vaccines, but it required a lot of staff time. We want to be more efficient of our delivery of rabies vaccines which we have talked about before.

WIC
49,559 unduplicated participants (Fed FY: October 2024-September 2025)

$3,794,093.00 WIC expenditure (Fed FY October 2024-September 2025) – These were WIC dollars that were spent in Davidson County. These dollars go to local food stores in Davidson County that participate in the WIC program, and those dollars are redeemed here.

Baby Café in Lexington – We are very excited about our baby café and the recognition that we have received from it. We have heard great things from the participants, and we have also had staff members to participate.

Communicable Disease
Total reportable diseases - There were 1,796 reportable diseases in Davidson County for 2025. STDs made up 1,025 of this total and non-STDs made up the rest. The largest by type was chronic hepatitis C which was 362.

Care Management and Community Health
Care management for at risk children - 1,962 client encounters (12 months totaled, some duplication).

Care management for high-risk pregnant women - 3,038 client encounters (12 months totaled, some duplication).

Community care management – 63 clients were served, no duplication.

This team has been very busy. The work that this team does saves money on the back end, because the preventative care they provide keeps people out of the emergency rooms and hospitals.

Health Promotions
75 Public Health Education presentations

Participated in ~20 community outreach events (including job and career fairs) – We are really trying to focus on the job and career fairs to let residents in Davidson County know about the jobs we have here at the Health Department.

20 "Caught in the Act" awards given to staff – These are awards that are co-worker driven. It allows staff to recognize their co-workers for something great they did or for going above and beyond.

~300 IT work orders completed.

Clinic
6,142 non-duplicated patients.

3,110 immunizations administered – We do back to school immunizations, and travel vaccines.

Environmental Health: OSWP
This team is very busy and a chart was presented showing the numbers for each function of this team. 372 repairs were done in 260 working days which equals more than one repair a day. They also did more than one 1 IP/CA a day.

Vital Records
1,686 death certificates

627 birth certificates

25 home births

Dr. Ellington asked if there were any questions. Mr. Gibson had a question for Randy. Mr. Gibson explained a situation that was shared with him. Someone bought a 6-bedroom house, but the septic permit was only for a 4-bedroom house. He asked how this happens and how can we stop it from happening. Randy explained that what people apply for is what we typically give them. We do not walk through homes, but typically the inspection department should catch that. What the clients submit to inspections are usually the plans that show the bedrooms. Around the county there are two-bedroom septic systems because that is all that would fit on the site. Then they build a home with more than two bedrooms. The plans could call it an office, studio, den, or library, but it has all the components to become a bedroom. Then if a buyer doesn't go through the process of hiring a point-of-sale inspector to pull these permits and due diligence is not done, they could purchase what appears to be a 6 bedroom house, but on paper the septic is four bedrooms. People purchasing a house should do due diligence because additions are done without permits. Not everything is permitted. Randy replied that how to prevent this from happening is a million-dollar question. Discussion followed regarding the challenges in preventing this from happening. Ms. Koontz asked Randy if EH is allowed to revoke a permit if the house built does not comply with the septic permit that was issued. Per Mr. Swicegood, the potential to issue and intent to revoke an operator permit may be there. Obviously, we would need to seek legal counsel before we did something like that. He didn't know if anything had been done like that in the past. More discussion followed regarding the health department inspecting the property after completion, what other counties do, the challenges and excess cost for the person building, and possible delays in getting permits if we implemented these procedures.

The next BOH meeting is June 2, 2026.

IX. Adjournment

Commissioner Kester made a **motion** to adjourn. Mr. Gibson seconded the motion. The motion carried without dissent.

This meeting was recorded and is available for viewing in its entirety on the Health Department website at https://www.co.davidson.nc.us/AgendaCenter/Board-of-Health. These minutes reflect actions and an overview of conversation during the meeting. The presentation slides from the meeting are also attached to these minutes.

This is a true and accurate copy of the April 14, 2026 Board of Health Minutes.

Respectfully submitted,

Lillian Koontz

Ms. Lillian Koontz, MPH, REHS
Secretary to the Board

Dr. Terry Ellington
Chair to the Board

Consent Agenda

- Minutes
  - Meeting, Closed Session: March 10, 2026

- Financial Report

Health Director's Report: State of the Agency

Open Positions, Recruiting

- Clinic: PHN I
- WIC: Nutritionist II (2)
- Care Management SW II (2)

Open Positions, Holding

- Health Promotions: Health Educator
- Business Office: Office Support Supervisor, Billing Supervisor, Office Support III

NEWS

- April is Public Health Month!
- Our Assistant County Manager is moving on at the end of April
- Accreditation is coming soon
- We are hosting lunch and learning events in April for financial literacy

Program Reports

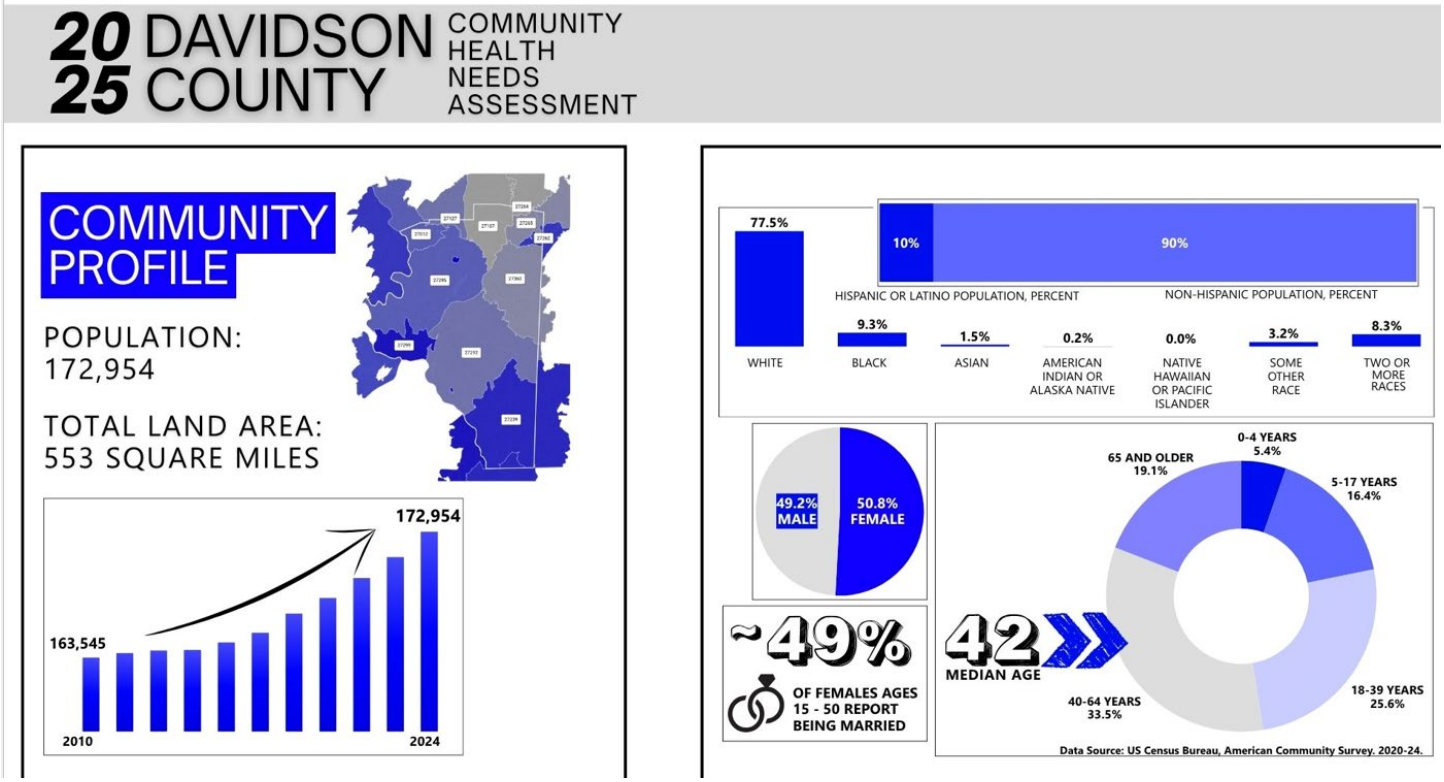
- Continue to await news about the Care Management Team. Funding has been secured through the end of the 2026 calendar year.
- Randy and Trey presented to EH Supervisors about our drone program, very well received.
- Working on filling vacant positions in the WIC and Business Office divisions.
- Pool season is upon us.
- A marketing and branding toolkit is coming soon.

2024 Child Fatality Team Report

- Reviewed 13 child fatalities
  - Death of a Davidson County child 17yo or younger
  - Not involved with DSS
- Summary of causes of death
  - Medical conditions (4)
  - Prematurity (2)
  - Motor vehicle accident/Drowning (4)
  - Undetermined/other (3)

Child Health Report Card

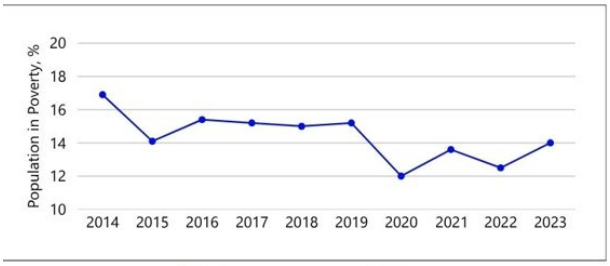
Have not released the new report



2025 DAVIDSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

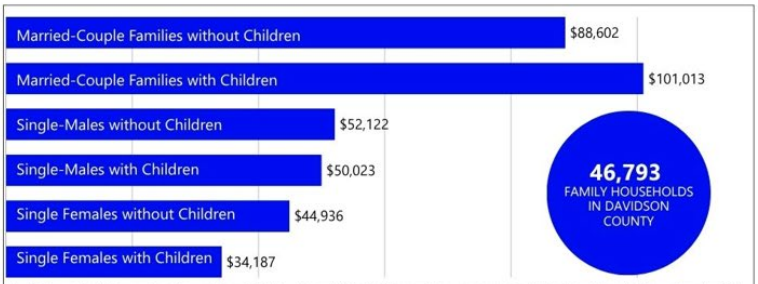
SOCIO-ECONOMIC CONDITIONS

171,005	21,970 (12.9%)	57,744 (33.8%)
Total Population	Below Poverty (100% FPL)	Below 200% FPL



16% OF DAVIDSON COUNTY HOUSEHOLDS RECEIVE SNAP BENEFITS

25% OF FOOD INSECURE POPULATION IS INELIGIBLE FOR SNAP DATA SOURCE: FEEDING AMERICA, 2023.



Family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.
Data Source: US Census Bureau, American Community Survey. 2020-24.

2025 DAVIDSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

SOCIO-ECONOMIC CONDITIONS

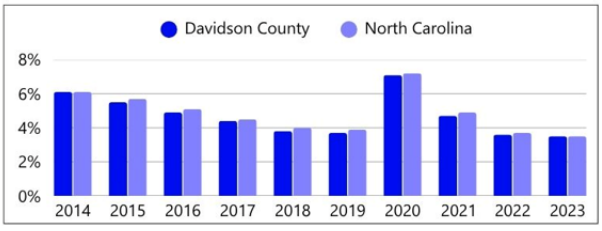
83.2% HIGH SCHOOL GRADUATION RATE

11.52% POPULATION AGE 25+ DOES NOT HAVE A HIGH SCHOOL DIPLOMA

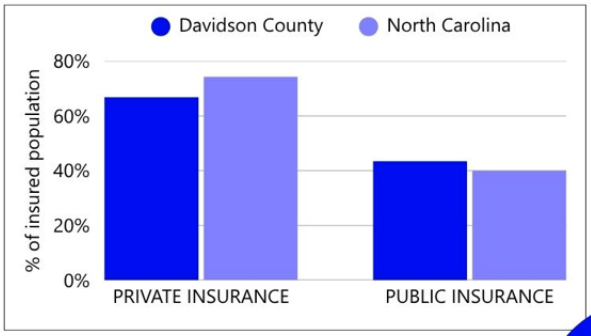
WORKFORCE BY INDUSTRY

Manufacturing	17.30%
Health Care & Social Assistance	13.40%
Retail Trade	12.10%
Accommodation & Food	7.70%
Education	6.60%

AVERAGE ANNUAL UNEMPLOYMENT RATE

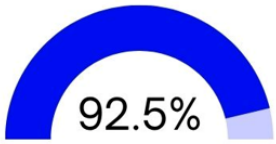


HEALTH INSURANCE BY PROVIDER TYPE

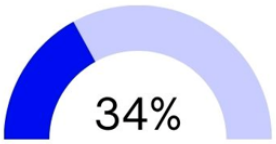


11.8% POPULATION UNDER AGE 65 IS UNINSURED

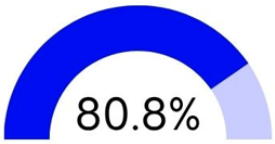
2025 DAVIDSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



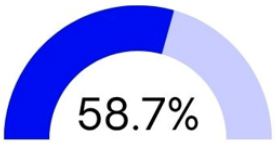
Percentage of survey respondents who selected 'Yes' in response to the question: 'Do you have a doctor or clinic where you go for care when you need it?'



Percentage of survey respondents who selected 'Agree' or 'Strongly Agree' in response to the statement: 'I am satisfied with the healthcare system in this community.'



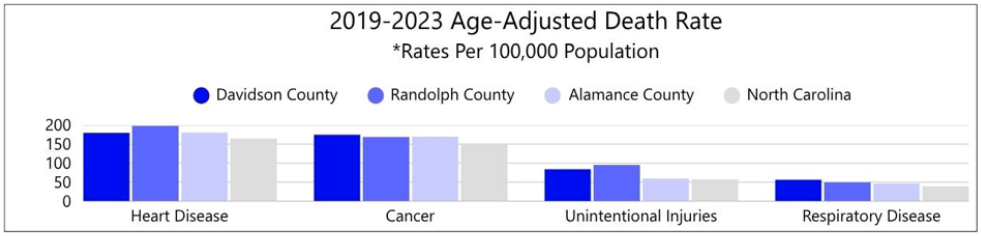
Percentage of survey respondents who answered 'Yes' in response to the question: 'Do you have dental insurance?'

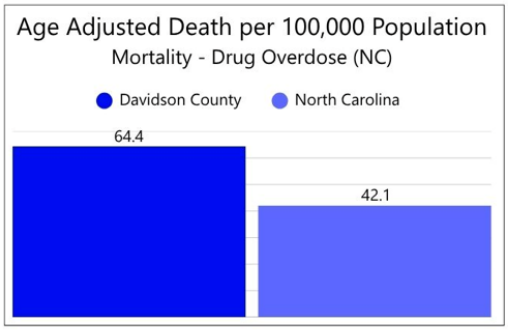


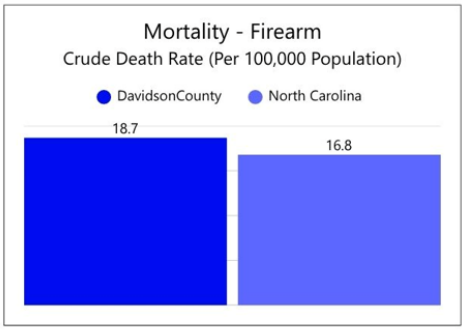
Percentage of insured survey respondents who selected 'Satisfied' or 'Very Satisfied' in response to the question: 'How well does your insurance meet your needs?'

2025 DAVIDSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

2019-2023 Leading Causes of Death Unadjusted Death Rates per 100,000 Population	
Cancer	245.2
Heart Disease	236.2
Unintentional Injuries	84.9
Respiratory Disease	78.6
COVID-19	73.7
Cerebrovascular disease	64.3
Alzheimer's disease	62.4
Diabetes	43.8
Kidney disease	26
Motor vehicle injuries	20.5







Received mental health treatment	
Yes	59.00%
No	39.90%

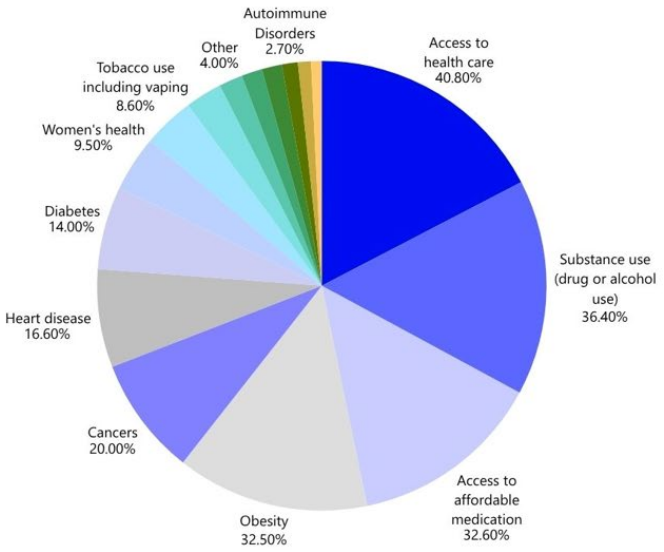
Reasons for Not Receiving Mental Health Treatment	
I could not afford the cost	43.60%
Other	26.40%
My health insurance does not cover or pay enough for mental health treatment or counseling	19.40%
I was concerned that getting help might cause my family or community to have a negative opinion of me	18.70%
I did not know where to get services	17.80%
I tried to get mental health treatment or counseling but was put on a waitlist	15.50%

Percentage of survey respondents who selected 'Sometimes', 'Usually', or 'Always' in response to the question: 'How often do you get the social and emotional support you need.'	
Usually	31.50%
Sometimes	29.10%
Always	23.30%
Rarely	9.60%
Never	6.20%
(blank)	0.30%

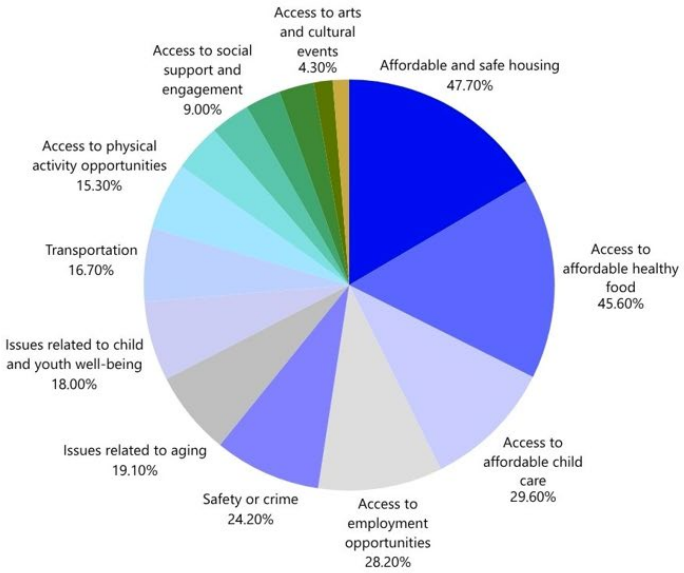
Percentage of survey respondents who selected 'Sometimes', 'Usually', or 'Always' in response to the question: 'How often do you feel lonely?'	
Rarely	35.60%
Sometimes	33.40%
Never	19.30%
Usually	7.10%
Always	4.30%
(blank)	0.30%

20 DAVIDSON 25 COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

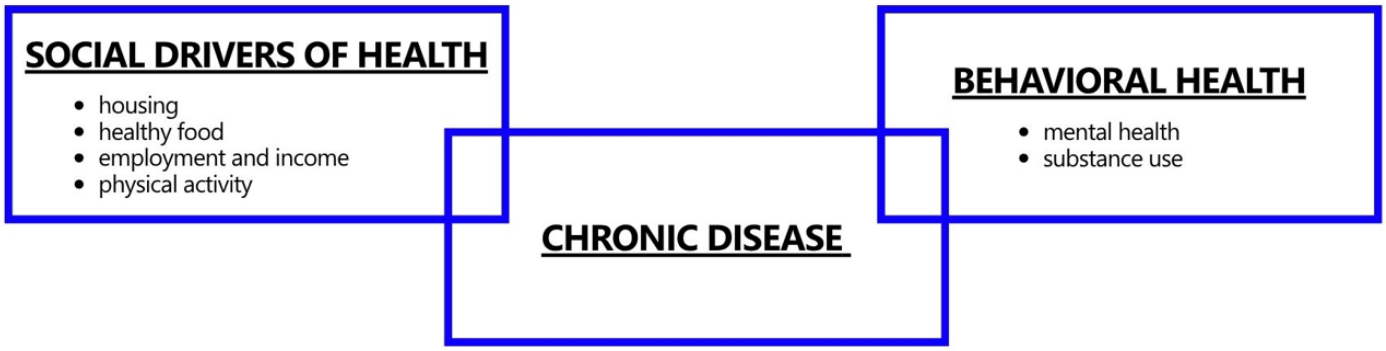
What do you believe are the most important health related challenges in your community? Please select 3.

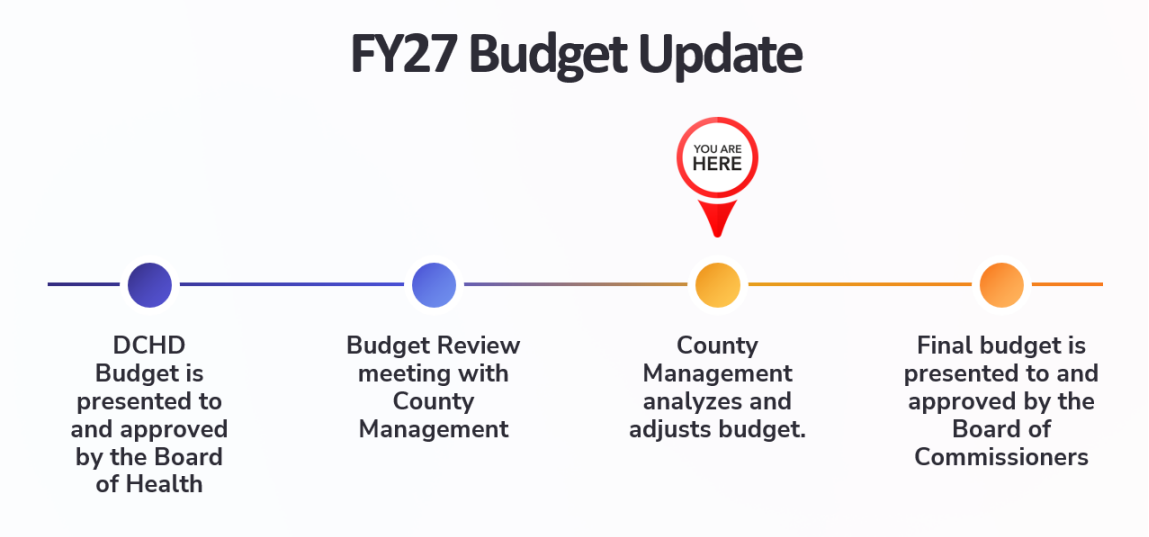


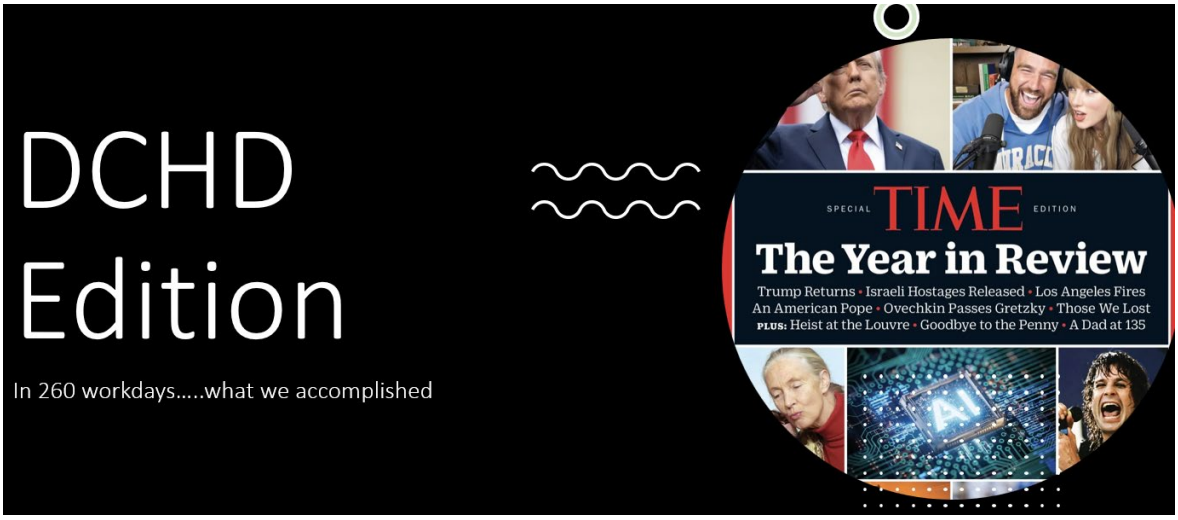
What are the most important community issues? Please select 3.



2025 DAVIDSON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT







EH Food, Lodging & Institutions

- Inspections: 1,717
  - All facility types; includes inspections, re-inspections and educational visits
- Permits Issued: 378
  - All facility types; opening new facilities as well as transitional permits
- 118 complaints investigated

Rabies

- 475 bite reports
- 556 community CRV vaccinations (Robin Lindsay/Allyson Little)
- 2522 DCAS CRV vaccinations (animal shelter staff)
- 215 DCHD vaccine clinic vaccinations given

WIC

- 49,559 unduplicated participants
  - Fed FY: October 2024-September 2025
- $3,794,093.00 WIC expenditure
  - Fed FY October 2024-September 2025
- Baby Café in Lexington

Communicable Disease

- Total reportable diseases: 1,796
- In the total, STD : 1,025
- Non-STD: 771
- Largest by disease: chronic Hepatitis C – 362

Care Management and Community Health

- Care management for at risk children: 1,962 client encounters (12 months totaled, some duplication)
- Care management for high-risk pregnant women: 3,038 client encounters (12 months totaled, some duplication)
- Community Case management: 63 clients served, no duplication

Health Promotions

- ~75 Public Health Education presentations
- Participated in ~20 community outreach events (including job and career fairs)
- 20 “Caught in the Act” awards given to staff
- ~300 IT work orders completed

Clinic

- 6,142 non-duplicated patients
- 3,110 immunizations administered

Environmental Health: OSWP

	LHD	A2/A5	EOP/AOW E	TOTAL
IP/CA	325	195	289	809
IP	120	25		145
CA	76	3	1	80
BAMH	50			50
Repair	372	1	1	374
WELL	72			72
WATER SAMPLE	26			26
COMPLAINT-OSWP	136			136

Vital Records

1,686 death certificates

627 birth certificates

25 home births