Davidson County

2012 Community Health Assessment

July 2012

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Chapter One: Introduction and Community Health Assessment Process

Introduction

Community health assessment is the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. It is a “systematic collection, assembly, analysis, and dissemination of information about the health of the community”.

Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, and academic centers, a community assessment team works to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. A community health assessment usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents. By providing the basis for discussion and action, community health assessment is the foundation for improving and promoting the health of community members.

(http://www.healthycarolinians.org/assessment/guidebook.aspx)

Process

This community health assessment was a collaborative effort between the Davidson County Health Department (DCHD), Wake Forest Baptist Health Lexington Medical Center (LMC), and Thomasville Medical Center (TMC). These agencies contracted with The North Carolina Institute for Public Health (NCIPH), UNC Gillings School of Global

Public Health, to coordinate and administer the effort. The Institute has significant prior experience in building capacity among local public health agencies to conduct community health assessments and strengthen community health improvement efforts. This assessment fulfills the requirements for the local public health accreditation program and IRS requirements for nonprofit hospitals.

The North Carolina Community Health Assessment (CHA) process engages communities in eight phases, providing a systematic way of engaging residents in assessing problems and strategizing solutions for health issues. The CHA model sets the standard for a comprehensive and collaborative assessment for North Carolina counties to follow. The eight phases include:

- *Phase 1: Establish the CHA team*
- *Phase 2: Collect Primary Data*
- *Phase 3: Collect Secondary Data*
- *Phase 4: Analyze and Interpret Primary and Secondary Data*
- *Phase 5: Determine Health Priorities*
- *Phase 6: Create the CHA document*
- *Phase 7: Disseminate the CHA document*
- *Phase 8: Develop Community Health Action Plans*

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, Lexington and Thomasville Medical Centers, members from partner agencies, and community representatives

formed the Davidson County Community Health Assessment Planning Team in February 2012 (team members listed in Appendix A).

This team worked very closely with the Davidson County Healthy Communities Coalition (DCHCC), composed of leaders and policymakers (see Appendix B). This coalition acted as the Steering Committee for this assessment and included representation from various organizations and hospital officials from Lexington and Thomasville Medical Centers, reflecting a broad understanding of county characteristics and resources available. This committee simultaneously served as the advisory committee for the ACHIEVE (Action Communities for Health, Innovation & EnVironmental ChangE) grant, awarded by the National Association of County and City Health Officials to Davidson County Health Department to address poor nutrition, tobacco use, and lack of physical activity.

A team of 35 volunteers, including community members, health department staff, and NCIPH staff, conducted an extensive door-to-door community health opinion survey. Additionally, the team held a series of focus groups to collect primary qualitative data on the health issues of most concern to Davidson County residents. The goal of the focus groups was to give traditionally hard-to-reach populations an opportunity to share their concerns about health, further explore areas of interest where data are lacking or hard to interpret, and gain a more well-rounded understanding.

The planning team met at least once a month in person, and more frequently by conference call and email correspondence, to: determine its current priorities; develop a timeline; review progress; present and refine secondary data collection and analysis; create the surveys and focus group questions; and plan the community health forums.

The team developed subcommittees to conduct the community health opinion survey and analyze primary data; collect and analyze secondary data; create, disseminate, and analyze data from the key stakeholder surveys; develop focus group questions and conduct focus groups; and plan and facilitate community health forums.

The team conducted the community health opinion survey in early March 2012, community focus groups in April, and community health forums in four regions of the county in late May. Data collection and analysis took place between March and May 2012. The Community Health Opinion Survey, Focus Group Discussion Questions, and Key Stakeholder Survey are in Appendices C–E, respectively. The team submitted the final report in July 2012.

Methods

Organization of Report

The rest of the document is organized by chapters and sections that reflect key health areas, such as social and economic determinants of health (i.e., income, race, education, access to healthcare, and transportation); physical and mental health; and environmental health. Each topic area is separated into subsections, which address contributing factors and the impact on health; the Healthy NC 2020 Objectives for each of the top five priorities identified for the county; secondary data; primary data including community health opinion survey and focus group results; an inventory of resources; a brief discussion on gaps, unmet needs, and emerging issues; and a list of recommended strategies to consider.

Community Health Opinion Survey

The team collected primary data in three ways: a community health opinion survey, focus groups, and a key stakeholder survey. The Community Health Opinion Survey took place over a three-day period. Trained interviewers administered the surveys to respondents at selected households throughout Davidson County. They randomly selected 210 residences to participate in the survey by using the Centers for Disease Control and Prevention (CDC) 30–7 sampling method. They conducted 209 surveys then sent to NCIPH for analysis. They created the survey with input from community stakeholders and included questions on community issues, preventive care and health behaviors, mental health issues, environmental health issues, disaster preparedness, access to healthcare, and various personal and household demographics.

The UNC Center for Public Health Preparedness (UNC CPHP) facilitated administration of the survey, using a two-stage cluster sampling methodology developed by the CDC and the World Health Organization (WHO). This methodology allows for collected data to be generalizable to the Davidson County target population, based on population-based sampling weights from each census block. The team asked survey participants to provide demographic information about themselves by selecting appropriate responses from lists describing categories of age, gender, race and ethnicity, marital status, education level, household income, and the way they pay for healthcare. With this demographic information, the team could assess how well the survey participants represented the general population. Other survey items sought participants' opinions on a number of quality-of-life statements, lists of health problems and behaviors, and community issues. The survey also asked participants questions

about their personal health and health behaviors. All responses were confidential and not linked directly to the respondents.

The team analyzed data in SAS 9.2 (Cary, North Carolina), with weighted frequencies and their 95% confidence intervals (CI) for each question in the community health opinion survey. They calculated survey weights using methods described in the CASPER toolkit (Department of Health and Human Services, CDC, 2009), which incorporates the total number of households in the sampling frame, the number of households in the census block, and the number of interviews collected in each census block. They used these weights to calculate the standard error for each frequency, from which 95% CIs were derived. They summarized qualitative data into categorical variables where appropriate. Chapter Three contains additional information regarding the collection and analysis of survey data. The community health opinion survey instrument is in Appendix C.

Focus Groups

To complement the quantitative data collected in the survey, the team gathered qualitative data from 71 adults and 16 youths in six focus groups, which represented the different demographics and geographical areas throughout the county. The areas identified as gaps in the quantitative data sampling included data from African Americans, teens, Hispanics, pregnant women, those with a history of substance abuse, the uninsured, and senior citizens. The Primary Data Collection section describes the focus group selection and process. The focus group discussion guide is in Appendix D.

Key Stakeholder Survey

Davidson County and NCIPH staff conducted an electronic survey of 77 community leaders utilizing SurveyMonkey. Forty-five completed the survey. Participants represented agencies in key sectors of the community, such as local health and human services, business, government, education, and law enforcement. A designated set of questions asked each participant to describe the services their agencies provided, the way county residents heard about their services, the barriers residents faced in accessing their services, and methods used to eliminate or reduce any barriers to care that exist. Respondents also described the county's general strengths and challenges, greatest health concerns, and possible causes and solutions for these shortcomings.

The team assured participants that no personally identifiable information, such as names or organizational affiliations, would be connected to their responses. The Key Stakeholder Survey is in Appendix E.

Secondary Data Collection and Analysis

The primary source of health data for this report was the North Carolina State Center for Health Statistics (NC SCHS), including Health Stats for North Carolina, County Health Data Books, Behavioral Risk Factor Surveillance System (BRFSS), Vital Statistics, and the Cancer Registry. Other health data sources included: National Center for Health Statistics; Log Into North Carolina (LINC), North Carolina Department of Medical Assistance, Health Indicator Warehouse, North Carolina Action for Children, Kids Count Data Center, and UNC Cecil G. Sheps Center for Health Services Research.

Community Health Forums

These community health forums provided the residents of the county with an opportunity to share their opinions and inform the community health assessment priority-setting process. Four forums were conducted over two weeks in geographically dispersed regions: (1) the Davidson County Governmental Building, (2) the Thomasville Public Library, (3) the Denton Public Library, and (4) the North Davidson Public Library in Welcome. This site distribution gave comparable access to these forums for individuals in all parts of Davidson County. The forums were advertised in local papers, fliers were distributed via email, and participants were recruited by members of the Davidson County Healthy Communities Coalition Steering Committee.

Each forum lasted two hours, included a presentation about initial research, and discussed the ten most prominent issues. The presentations informed the residents and established a focus for discussion. The team invited participants to take part in small- and large-group, facilitated discussions. They were asked (1) which statistics were most surprising, (2) which issues appeared most important , (3) how well findings corresponded with personal experience and day-to-day observations, (4) whether resources existed in the community to address these issues, and (5) ways to more effectively address these issues. The facilitator encouraged them to engage in the discussions, and the team incorporated their comments into the final report. Finally, the participants prioritized the issues that emerged through a structured voting process.

NCIPH staff analyzed and synthesized primary and secondary data described above and prepared the final Davidson County Community Health Assessment Report in July 2012.

Chapter Two: Community Profile

Methodology

The primary source of health data was the North Carolina State Center for Health Statistics (NC SCHS), including Health Stats for North Carolina, County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics, and the Cancer Registry. Other health data sources included: National Center for Health Statistics; Log Into North Carolina (LINC), North Carolina Department of Medical Assistance, Health Indicator Warehouse, North Carolina Action for Children, Kids Count Data Center, North Carolina Division of Health Service Regulation, and the UNC Cecil G. Sheps Center for Health Services Research.

Economic and political indicator data sources included the North Carolina Department of Commerce, Employment Security Commission of North Carolina, Federal Deposit Insurance Commission, and North Carolina and Davidson County Boards of Election.

Peer counties, i.e., counties that share similar characteristics and are useful for comparison, are calculated for every county in the state. For the purposes of this report, the team used peer counties grouped by SCHS, which utilized a formula based on population, poverty, and population percentage under age 18. SCHS used 2010 Census data to place Davidson County in a peer county group with Craven, Harnett, Johnston, and Randolph Counties. In these four counties, the populations range from 100,000–250,000 people; 16–18% of residents live in poverty; and 23–28% of the population is under age 18. For easy and lasting comparison, a peer county average was calculated for data.

Location and Geography

Davidson County lies just to the west of central North Carolina in the Piedmont region of the state. The county is approximately 220 miles west of the Atlantic Ocean. The nearest metropolitan area is Winston-Salem, located 20 miles north of Davidson County. Raleigh is approximately 100 miles to the northeast, and Charlotte approximately 50 miles to the south.

Davidson County shares its western border with Davie and Rowan Counties. Forsyth County borders Davidson County to the north, Randolph County and a small portion of Guilford County to the east, and Montgomery County to the south. There are 18 townships and municipalities, with Thomasville the most populated city and Lexington the county seat (U.S. Census Bureau, 2012).

Davidson County is easily accessible by major highways. Interstate 85 is the main artery connecting the county to Greensboro and Raleigh in the east and Charlotte in the south. U.S. Highway 52/N.C. Route 8 runs north–south through the center of the county, connecting Davidson County to Winston-Salem in the north and surrounding counties in the south. The main east–west artery across the county is U.S. Highway 64.

The nearest airport offering commercial passenger service is Piedmont Triad International Airport, located 30 miles north in Greensboro. Interstate 85 provides access to the Charlotte International Airport, a regional hub for US Airways, located 50 miles to the south. The Davidson County Airport serves commuter and recreational fliers. Winston-Salem and High Point are the closest major stops on any passenger railway system; the nearest Greyhound Lines stops are in High Point and Salisbury (Office of State Budget and Management, 2012; North Carolina Division of Medical

Assistance, 2010). The county land area is 552 square miles with 205 miles of paved roads. Approximately 95% of residents live within 10 miles of a four-lane highway (Cecil G. Sheps Center for Health Services Research, 2011).

With an elevation 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 (North Carolina State Center for Health Statistics, 2012).

Population Characteristics

Data in this section came from the U.S. Census 2010, unless otherwise stated.

Population Trends

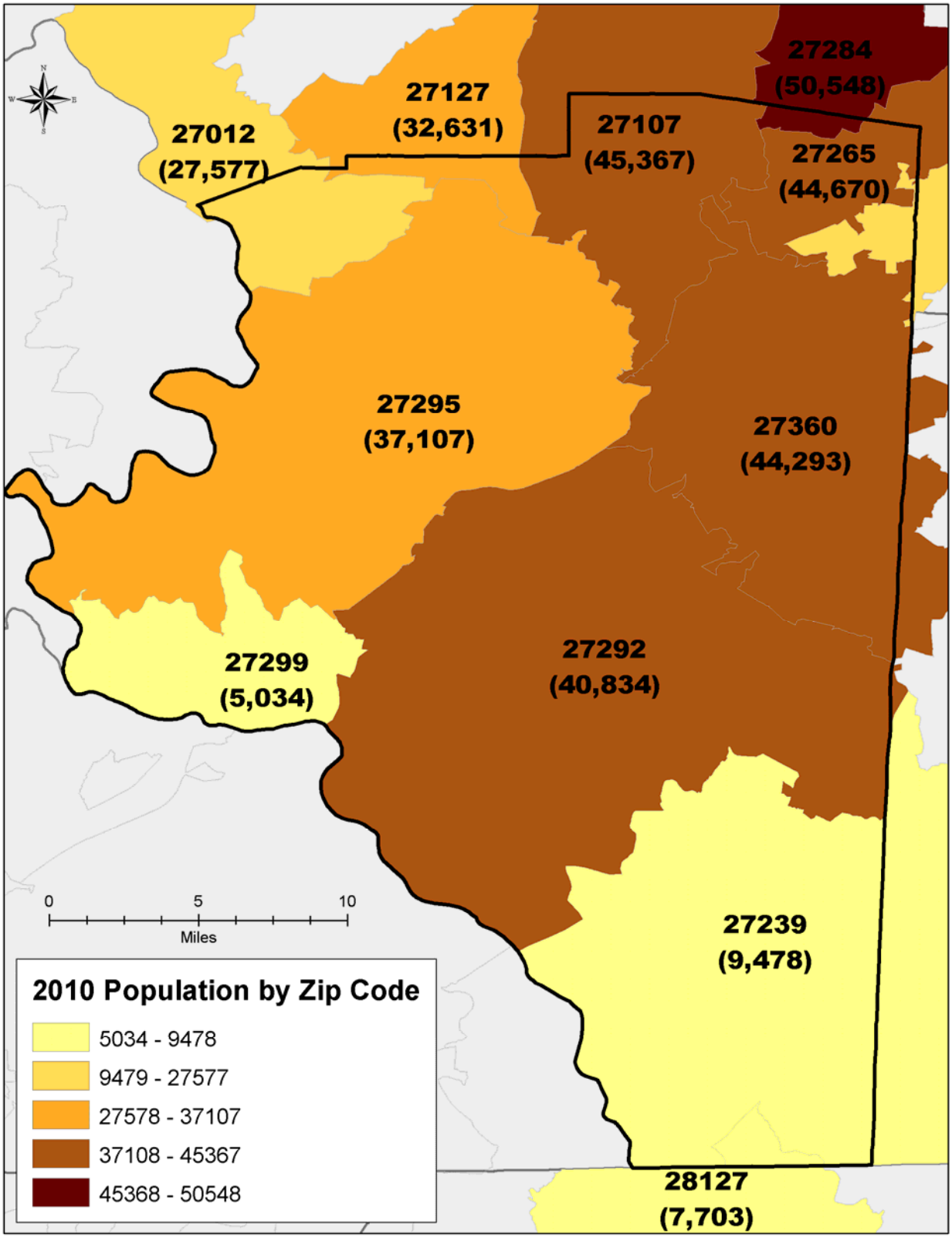
In 2010, Davidson County had an overall population of 162,878. This was larger than the average population of peer counties and an increase of 15,632 (10.6%) people since 2000. Davidson County experienced less growth than the state and peer counties but saw a larger increase in the median age, 40.3 years, several years older than the North Carolina and peer county median ages. Population density was higher than the state and peer county averages and saw an increase similar to the overall population growth. See Table 2.1.

Table 2.1. Population Trends

	2010			2000		
	Population	**Population Density**	**Median Age**	**Population**	**Population Density**	**Median Age**
Davidson County	162,878	293.8	40.3	147,246	266.7	37.1
Peer County Average	132,203	180.7	36.4	108,745	150.5	34.3
North Carolina	9,535,483	191.9	37.4	8,046,813	165.2	35.3
Source	*a*	b	a	a	b	a

Source: a: U.S. Census
b: State Agency Data: Office of the Governor

Figure 2.1. Population by Zip Code



Population Age, Gender, Race Distribution

The proportion of children under age 5 (6.1%) in Davidson County in 2010 was similar to but slightly lower than peer counties and North Carolina. Davidson County as a whole was older than the peer counties and the state—almost 15% of the population was over age 65. Gender distribution was similar across all comparable areas. Davidson County was predominately white: Only 15.7% of people identified as any other race, significantly lower than the minority population in peer counties and North Carolina. Similarly, Davidson County had a smaller proportion of Hispanic or Latino individuals: Only 6.4% of individuals identified as Hispanic or Latino. Note that Davidson had a similar racial and ethnic profile to Randolph County, the only peer county to border Davidson. Nonetheless, these numbers were not visible in the average.

Table 2.2. Population Characteristics

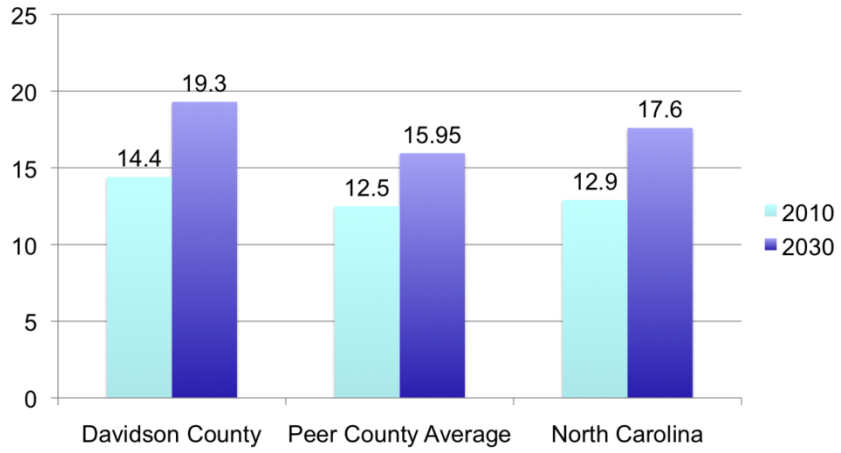
	Age		Gender		Race and Ethnicity		
	Percent Under 5	Percent Over 65	Percent Female	Percent Male	Percent White	Percent non-White	Percent Hispanic or Latino, any race
Davidson County	6.1	14.4	51.0	49.0	84.3	15.7	6.4
Peer County Average	7.4	12.5	50.7	49.3	74.5	25.5	10.1
North Carolina	6.6	12.9	51.3	50.7	68.5	31.5	8.4

Source: U.S. Census

Older Adults

The median age in Davidson County is 40 years old, three years older than the state as a whole. Davidson County has an overall older population than peer counties and the state. This will have significant consequences for needs and services in the future. Health systems and services will face increased demand as older adults comprise a large portion of individuals with chronic disease. By 2030, almost 1 in 5 Davidson County residents will be over the age of 65, a 34% increase in the age group. This projection and current proportion of older adults is significantly higher than peer counties.

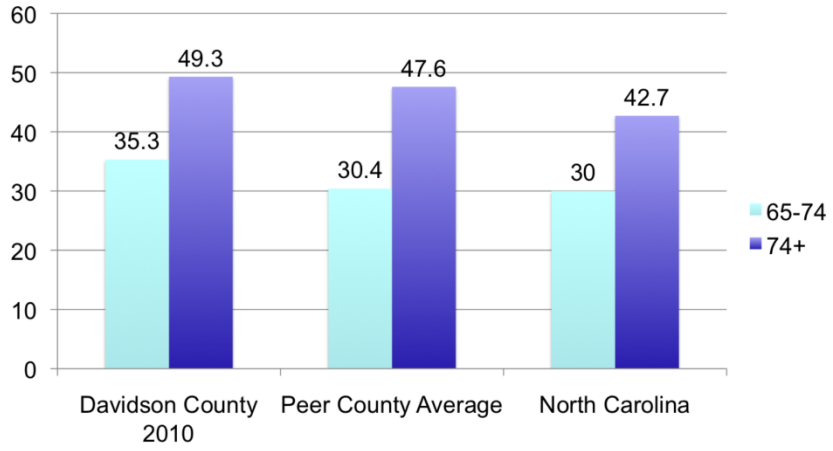
Figure 2.2. Percentage of Population 65 and Older



Source: U.S. Census

Older adults play multiple roles in the community but often have limited resources to meet these demands. Over 1,800 grandparents in Davidson County are raising grandchildren while just under half of individuals 74 and older are living at or below 200% of the Federal Poverty Line. More than 1 out of 3 adults aged 65–74 are living below this threshold, which equals about $30,000 for two people.

Figure 2.3. Percentage of Older Adults Living Below 200% of Poverty Level

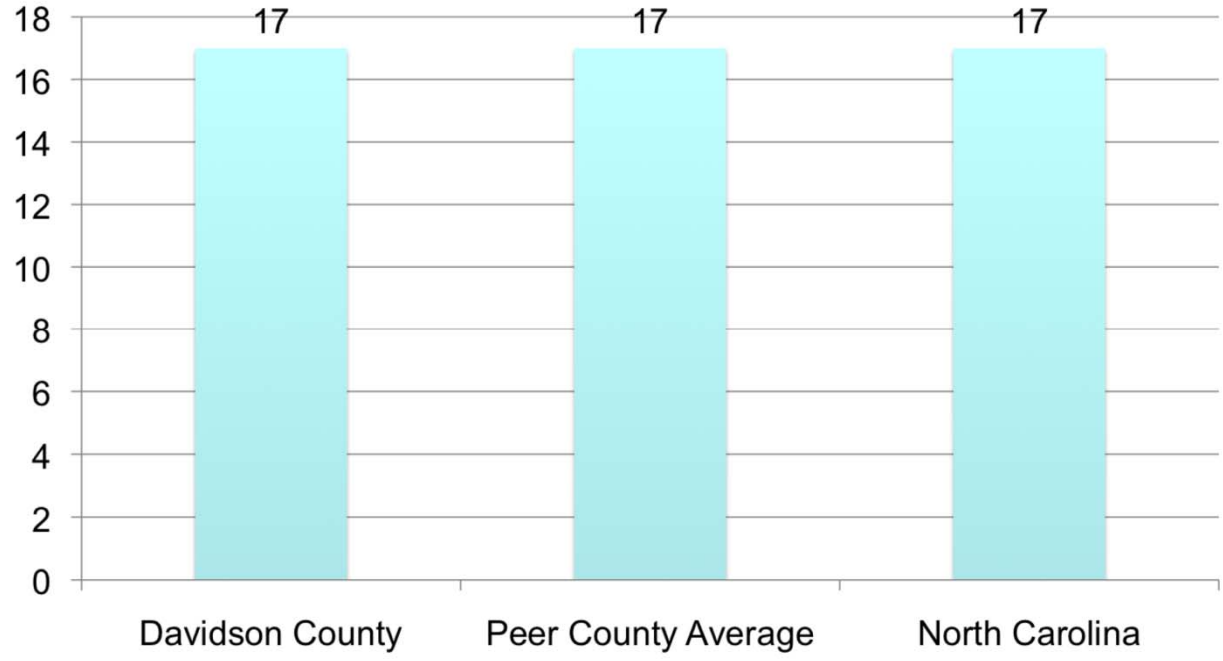


Source: U.S. Census

Medicaid Eligible Population

The percentage of the population actively eligible for Medicaid in Davidson County is equal to the average of the peer counties and North Carolina.

Figure 2.4. Percentage of Population Medicaid Eligible



Source: NC DMA

Social Vulnerability

Overall, social vulnerability was mapped at the census tract level using Flanagan's Social Vulnerability Index (SVI) for Disaster Management (Flanagan, Gregory, Hallisey, Heitgerd, and Lewis, 2011). This index consists of four domains: socioeconomic status, household composition and disability, minority status and language, and housing and transportation. Each domain consists of variables from the 2000 U.S. Census of Population and Housing including per capita household income, employment status, education status, access to a working vehicle, the presence in the home of a person with a disability, a child under the age of 18, an adult over the age of 65, and persons who speak English less than well. The census variables were ranked from highest to lowest across all census tracts in North Carolina and then a percentile rank was calculated for each census tract. Per capita income was ranked from lowest to highest. The following maps indicate that the greatest social vulnerability in Davidson County is in the urban areas of Thomasville and Lexington.

Figure 2.5. Social Vulnerability Index: Total North Carolina Percentile

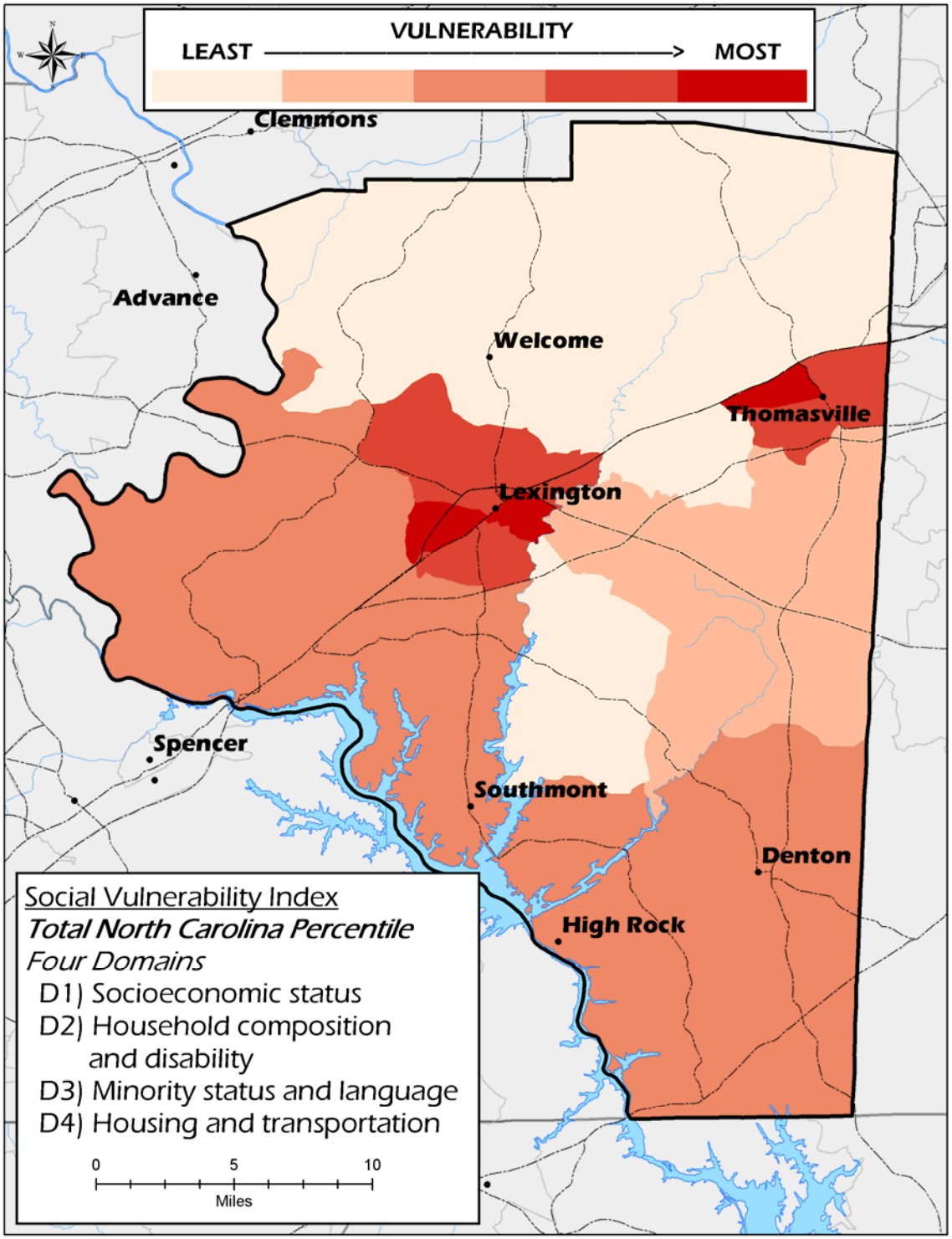


Figure 2.6. Social Vulnerability Index: Socioeconomic Status

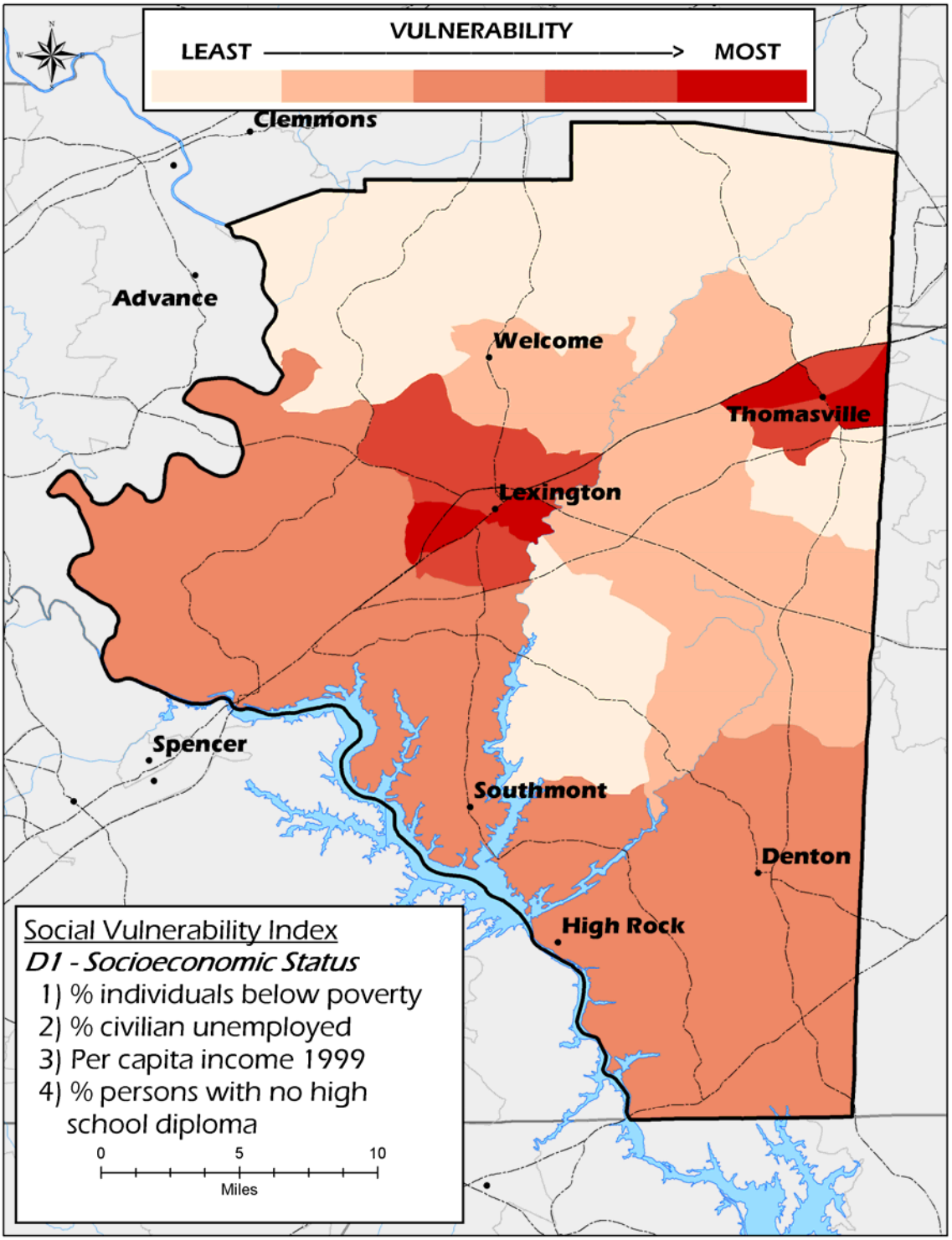


Figure 2.7. Social Vulnerability Index: Household Composition and Disability

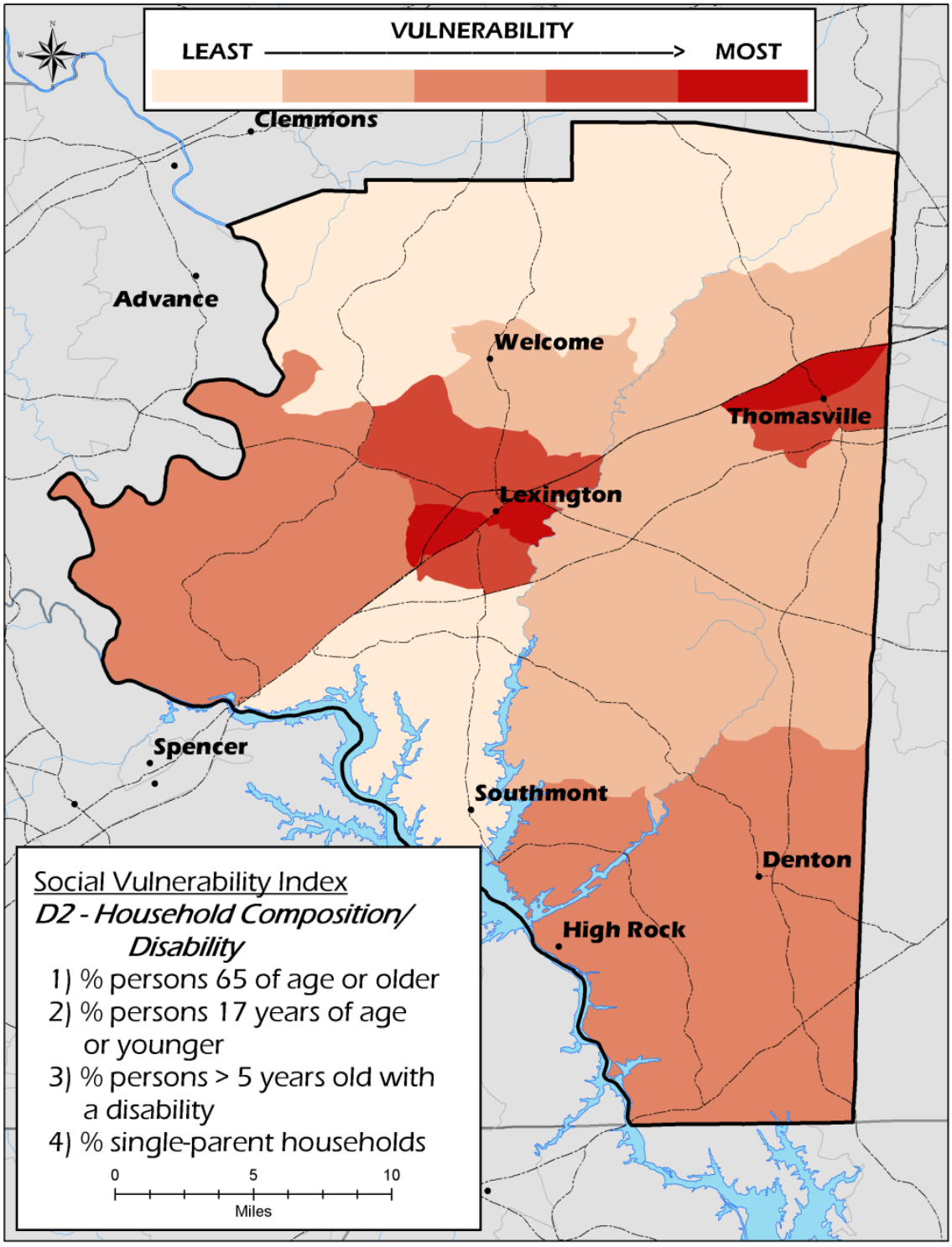


Figure 2.8. Social Vulnerability Index: Minority Status and English Language Ability

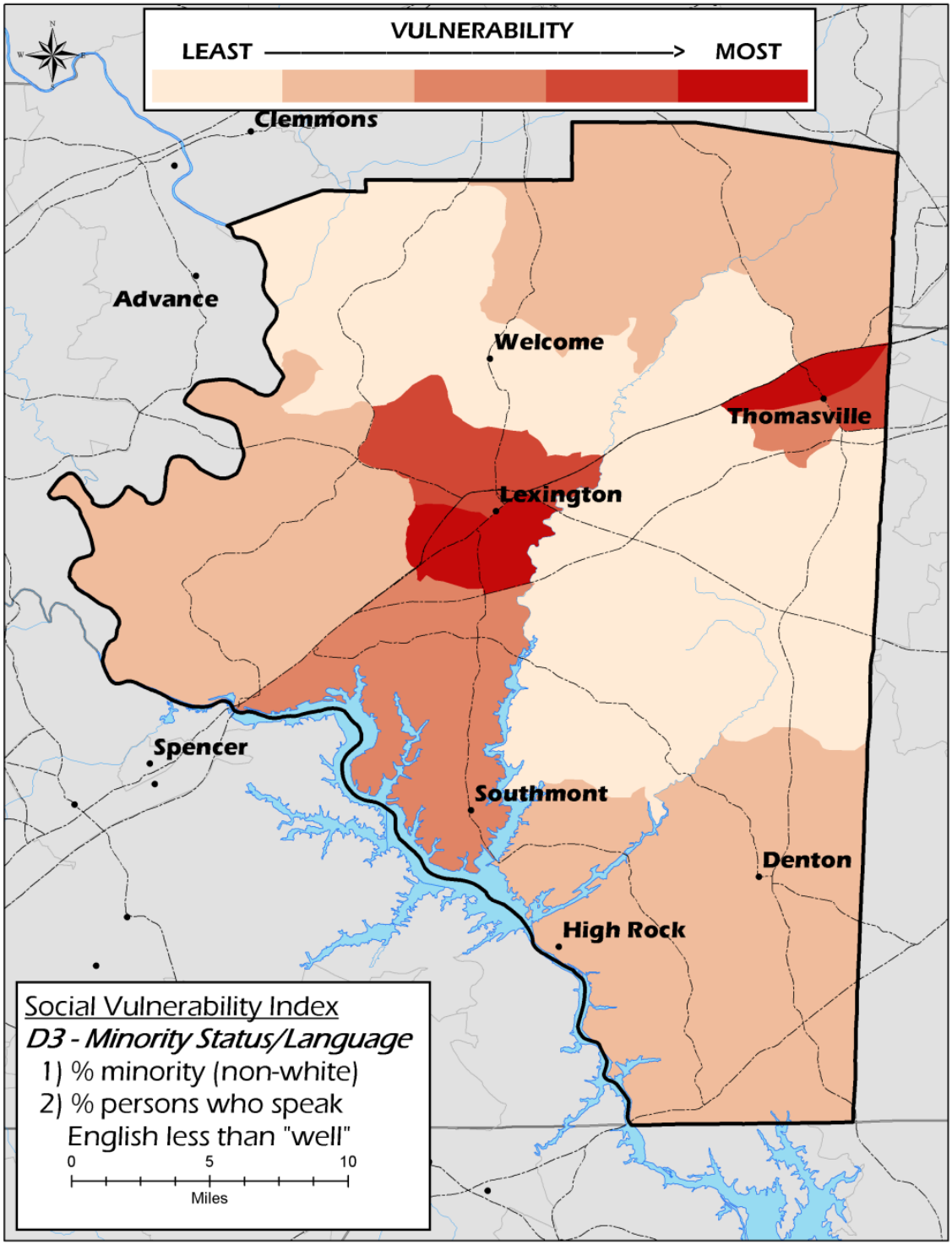
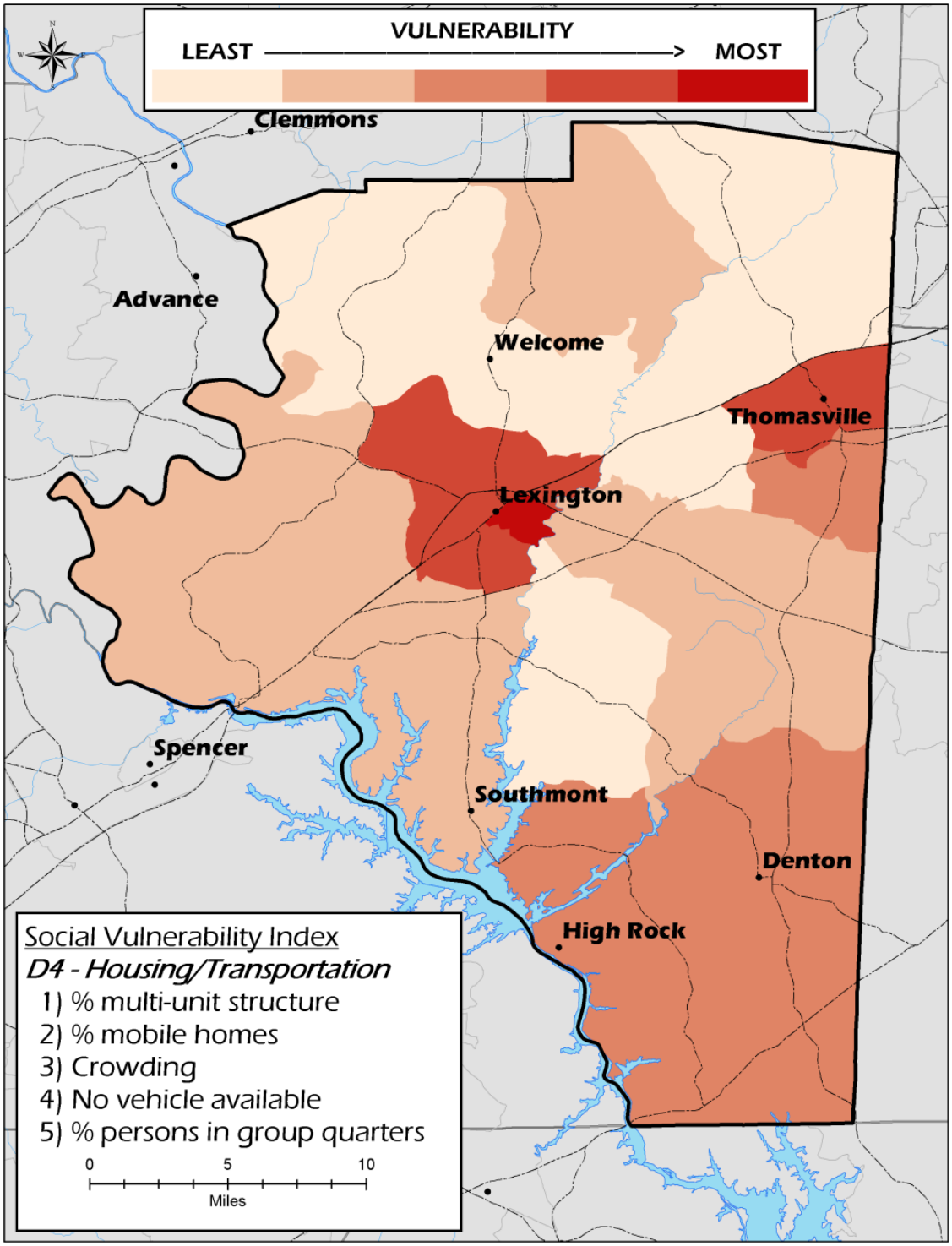


Figure 2.9. Social Vulnerability Index: Housing and Transportation



Political Environment

Davidson County is governed by a seven-member Board of Commissioners elected at large. Members serve staggered, four-year terms. There are no limitations on the number of terms a Commissioner can serve. Commissioners are responsible for adopting a balanced budget each year, setting the County tax rate, and establishing policies by adopting resolutions and local ordinances. (Davidson County Board of Commissioners,)

Of the 102,199 registered voters in Davidson County in 2012, approximately 31% (31,316) are registered as Democrat, 46% (47,184) as Republican, and 26% (23,454) as unaffiliated. The proportion of registered voters who are white is 88.4% and the proportion of registered voters who are black is 9.3%. Voter turnout in the May 2012 primary election in the county was 33.3%, which was somewhat lower than statewide turnout (34.6%). For the last two general elections (2008 and 2010), voter turnout in the county has been slightly less than statewide turnout. (Davidson County Board of Commissioners, 2012; North Carolina State Board of Elections, 2012)

Transportation

In 2010, half of all workers, 35,756, commuted outside the county for work, representing an increase from 2000 when 44.3% (32,272) of county residents commuted outside the county for work. Only a small percentage of county residents (0.8%) commute out of state for work.

Of 72,896 workers in Davidson County in 2010, an estimated 62,987 (86.4%) commuted to work by driving alone, while 7,406 commuters (10.1%) transported via carpool. In 2010, a greater proportion of commuters traveled alone via motor vehicle (as

compared to carpool) than was reported in 2000. The use of public transportation in the county for commuting to work is very low (0.2%). The average travel time for a Davidson County commuter is approximately 23 minutes. (U.S. National Library of Medicine, 2012)

Table 2.3. Commuting Patterns, Davidson County

	Total Worker Transportation Base		Drove Alone		Carpooled		Public Transport		Walked or Worked at Home	
	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010
Davidson	72,893	72,896	59,688 (81.9)	62,987 (86.4)	10,480 (14.4)	7,406 (10.1)	193 (0.3)	135 (0.2)	1,998 (2.7)	1,943 (2.7)

Source: North Carolina Department of Commerce, Economic Development, County Profiles, http://cmedis.commerce.state.nc.us

Non-English-Speaking Population

As of the 2010 Census, there were 7,349 foreign-born residents in Davidson County, making up 4.6% of the total county population. This represents a slight increase in the percentage of foreign-born Davidson county residents from the 2000 Census, when 3.5% of the population was reported as foreign-born. However, the proportion of county residents who are foreign born is still significantly less than that of the state as a whole, which reported 7.4% of North Carolina residents as foreign born in 2010.

In 2010, an estimated 7.3% of Davidson county residents five years or older spoke a language other than English at home. At the state level, 10.4% of North Carolina residents spoke a language other than English at home. Over the past decade, there has been little change in the proportion of Davidson County residents who are English speaking. In 2000, 93.2% of Davidson County households were English speaking (Source: U.S. Census Bureau, 2000 Census). In 2010, 92.7% of individuals in Davidson County spoke only English in their households.

The most common language spoken in the home aside from English in Davidson County is Spanish. Approximately 5.4% of Davidson County residents (8,171 persons) speak Spanish in their household, with a little more than half of these (4,189 persons) reporting that they speak English less than very well. The proportion of individuals speaking languages other than English at home in Davidson County is less than that of the state for all non-English-speaking languages.

Table 2.4. Non-English-Speaking Households in Davidson County (2010)

	Population > 5 Years of Age	English-Speaking Only (%)	Language other than English (%)	Speak English less than "very well" (%)
Davidson County	150,546	139,601 (92.7)	10,945 (7.3)	5,001 (3.3)
State	8,649,307	7,750,904 (89.6)	898,403 (10.4)	424,998 (4.9)
County Average	86,493	77,509	8,984	4,245

Source: U.S. Census Bureau, 2010 Census, 2006–2010 American Community Survey

Table 2.5. Language Spoken at Home, Davidson County

LANGUAGE SPOKEN AT HOME	State of North Carolina	Davidson County
Spanish	601,101 (6.9%)	8,171 (5.4%)
Speak English less than "very well"	327,958 (3.8%)	4,189 (2.8%)
Other Indo-European languages	140,867 (1.6%)	979 (0.7%)
Speak English less than "very well"	34,716 (0.4%)	132 (0.1%)
Asian and Pacific Islander languages	119,684 (1.4%)	1,441 (1.0%)
Speak English less than "very well"	51,677 (0.6%)	571 (0.4%)
Other languages	36,751 (0.4%)	354 (0.2%)
Speak English less than "very well"	10,647 (0.1%)	109 (0.1%)

Source: Log Into North Carolina (LINC) database, http://linc.state.nc.us

Children and Families

Childcare Facilities in Davidson County

As of 2011, there are 109 licensed childcare facilities in Davidson County (74 childcare facilities and 35 family care centers) (Table 2.6). They enroll a total of 3,650 children (Source: North Carolina Department of Health and Human Services, Division of Early Childhood Development and Education). While there has been a decline in the number of childcare and family care centers in the county and in the state over the past four years, the number of children enrolled in four- or five-star childcare centers has significantly increased in the county and state. The number of children in the county enrolled in four- or five-star family care centers has declined in the past four years.

Table 2.6. Childcare Facilities, Davidson County

	2007		2011	
	Child Care Centers	**Family Care Centers**	**Child Care Centers**	**Family Care Centers**
Davidson County	79 (1,446 children)*	54 (71 children)*	74 (1,835 children)*	35 (50 children)*
North Carolina	5,026 (93,953 children)*	3,975 (6,366 children)*	4,816 (150,727 children)*	3,190 (6,811 children)*

***Children enrolled in four or five star centers only**

Source: North Carolina Child Advocacy Institute, County and State Data, CLIKS On-Line database, http://www.aecf.org/cgi-bin/cliks.cgi?action=rawdata_results&subset=NC

Single-parent Homes in Davidson County

Table 2.7 shows that there has been a significant increase in single-mother and single-father families in North Carolina and Davidson County over the past decade, though the increase at the county level is somewhat less than that at the state level. The increase in single-parent families mirrors national trends. The rate of increase for single-male head-of-household families is greater than the rate for female head-of-household families over the past decade.

Table 2.7. Single-parent Families, Davidson County

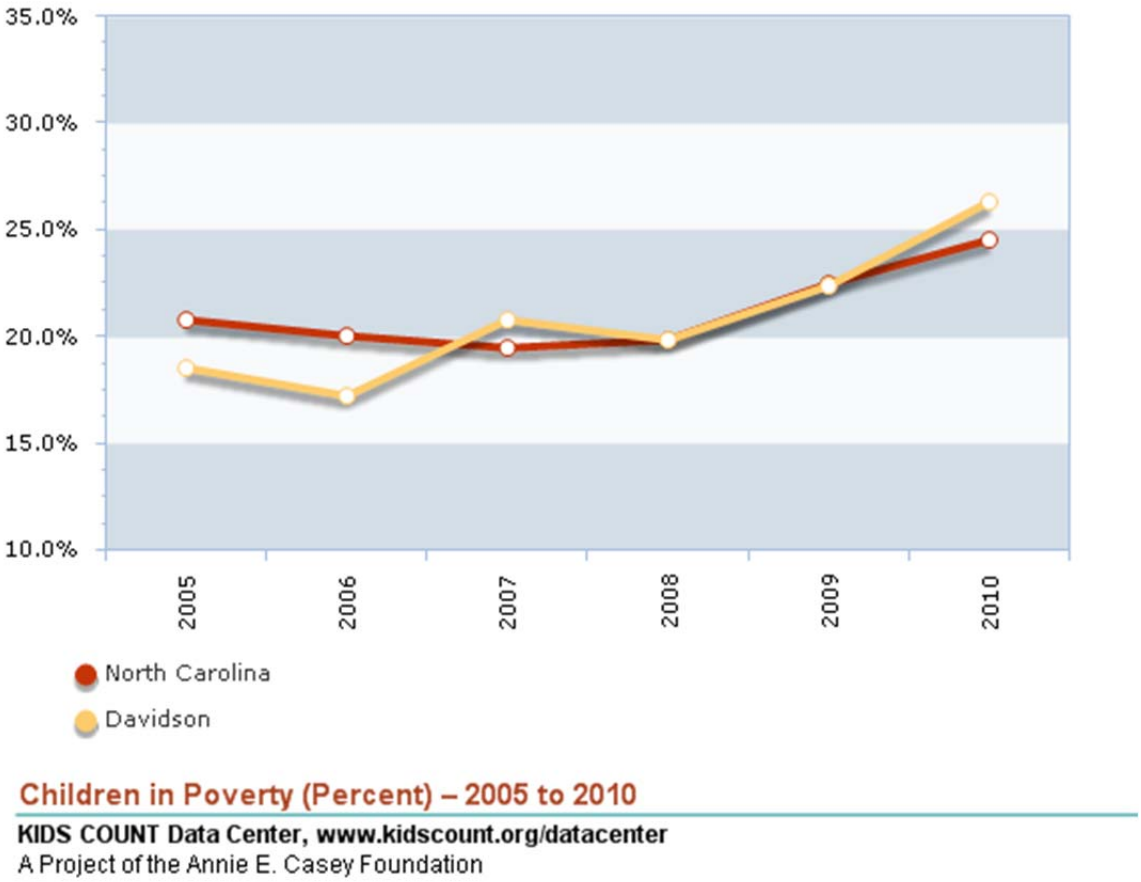
	Single Female Head of Household		% Change	Single Male Head of Household		% Change
	2000	2010		2000	2010	
Davidson	3,526	4,442	+ 25.9%	1,364	1,806	+ 32.4%
State	227,351	292,504	+ 28.7%	60,791	85,199	+ 40.2%

Source: Log Into North Carolina (LINC) database, http://linc.state.nc.us

Children in Poverty in Davidson County

The number of children living in poverty in Davidson County has markedly increased since 2008, when 7,256 children (19.9%) lived at or below the poverty line. In 2010, 10,015 children were living in poverty or 26.3% of all children living in the county. The percentage of children living in poverty has also increased statewide during the same time period, though Davidson County had a slightly higher percentage of children living in poverty than the state in 2010.

Figure 2.10. Children in Poverty, Davidson County



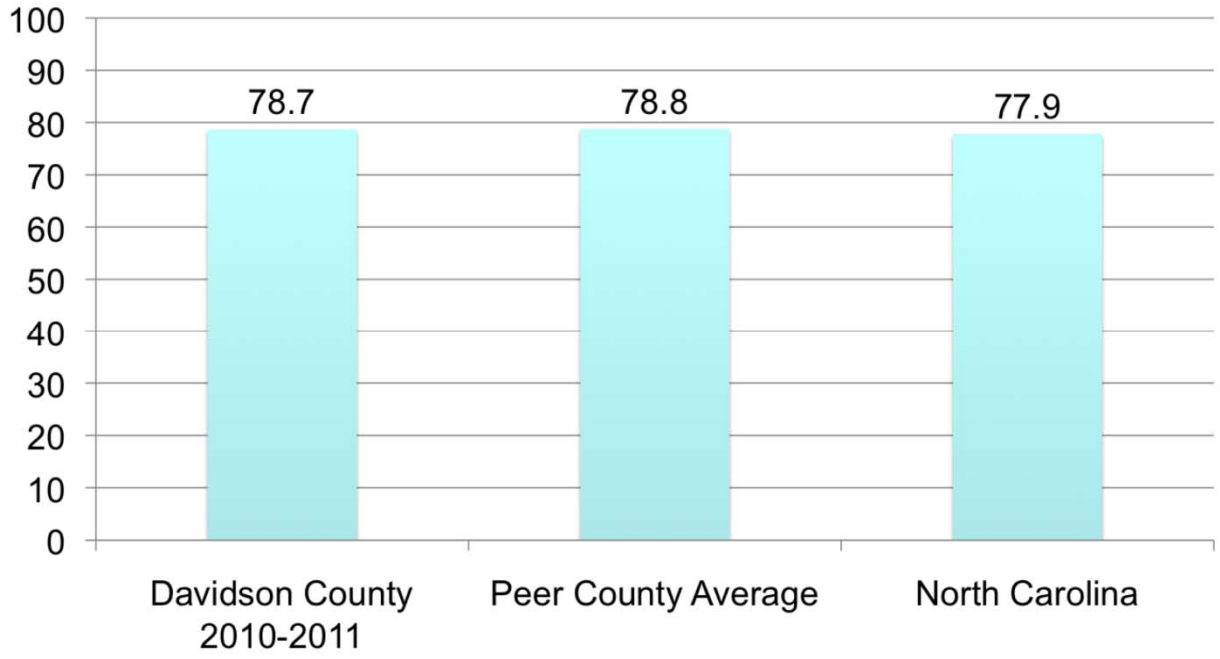
Education

The three school systems in the county include Davidson County Schools (18 elementary, 6 high, 6 middle, 1 extended day school, and 1 ungraded special school), Lexington City Schools (7 schools), and Thomasville City Schools (4 schools) for a total of 43 schools in the county. A new middle school is scheduled to open as part of the Davidson County School System in fall 2012.

High School Graduation Rates

The four-year high school graduation rate captures the percentage of high school students who graduate from high school four years after starting ninth grade. For 2010–2011, 78.7% of Davidson County students graduated high school in four years. This rate is consistent with peer counties and the state, all of which are significantly lower than the Healthy NC 2020 target of 94.6%.

Figure 2.11. Four-year High School Graduation Rate



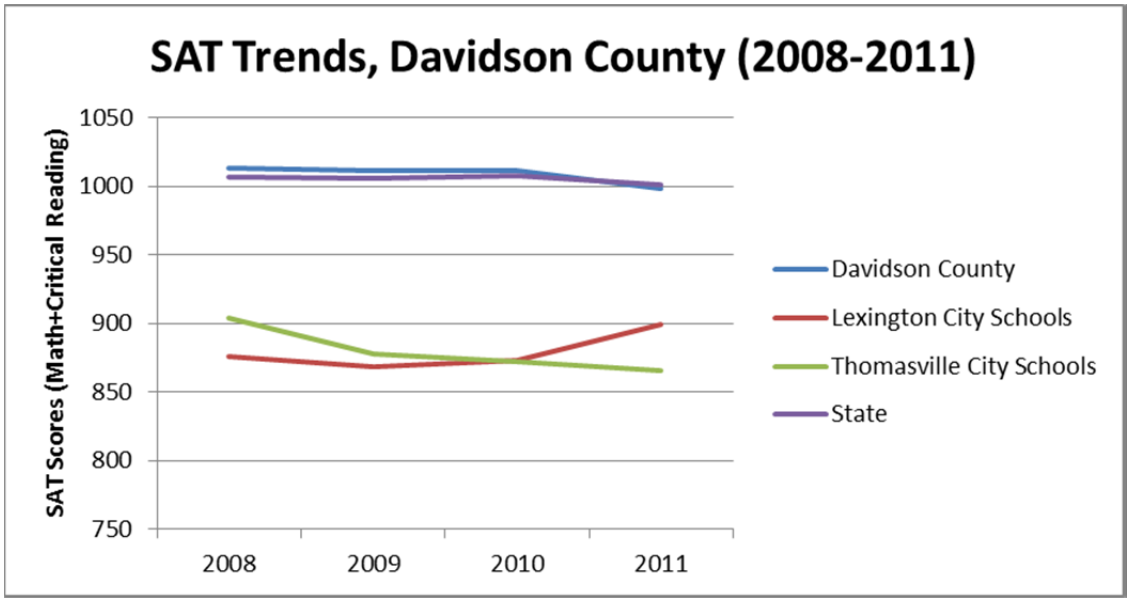
Source: HealthStats

SAT Scores Trends

The mean SAT scores (math plus critical reading score) of students in the Davidson County school district have closely tracked the statewide mean between 2008 and 2011. The mean score in the Davidson County school district in 2011 dropped below

1,000 but the statewide mean dropped by a similar amount that year. Mean SAT scores in the Lexington and Thomasville City school districts were significantly lower than the statewide mean between 2008 and 2011. While Thomasville City schools reported a steady decline in mean SAT scores over the period, Lexington City schools saw an increase in their mean score from 873 in 2010 to 899 in 2011.

Figure 2.12. SAT Scores, Davidson County

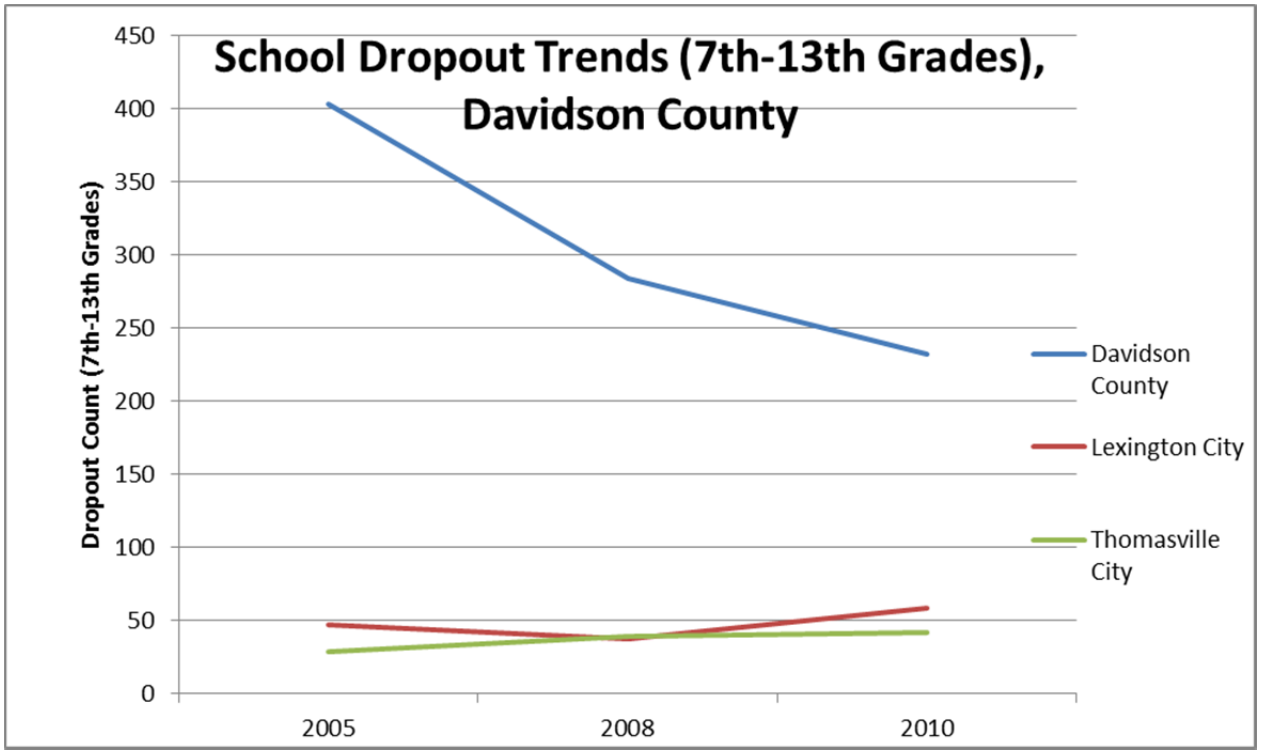


Source: North Carolina SAT report 2011 DPI website:
http://www.ncpublicschools.org/docs/accountability/reporting/sat/2010/satreport2010.pdf

School Dropout Rates

The number of Davidson County School district dropouts in 7th to 13th grades has steadily declined over the past several years (Figure 2.13). The much smaller Thomasville and Lexington City school districts have hovered around 40 dropouts per year. Thomasville City schools have seen a slight uptick in the number of dropouts from 29 in 2005 to 42 in 2010.

Figure 2.13. School Dropouts, Davidson County

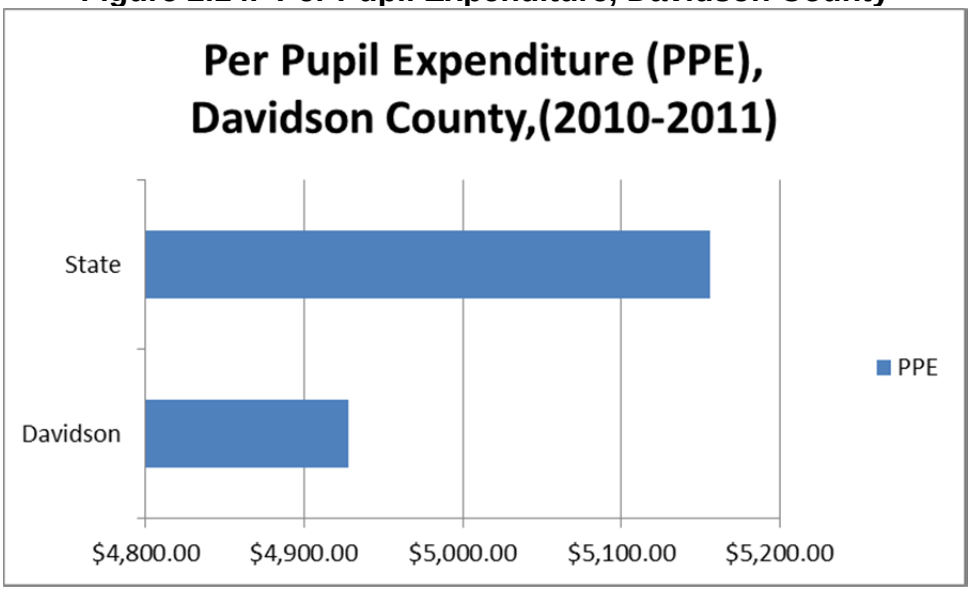


Source: http://www.ncpublicschools.org/docs/research/dropout/reports/2010-11/713countsrates.pdf

Per Pupil Expenditure

The per pupil expenditure for Davidson County public schools in 2010–2011 was $4,928 as compared to the statewide expenditure of $5,156 per pupil. This ranks the Davidson County schools as 100 out of 116 local education authorities in per pupil expenditures that year.

Figure 2.14. Per Pupil Expenditure, Davidson County



Source: North Carolina Department of Public Instruction. http://apps.schools.nc.gov/pls/apex/f?p=1:35:0::NO:::

Economy

Income

In 2010, Davidson County per capita income was less than the state average and this gap has not significantly changed since 2000. However, Davidson County's median household income exceeded the state median in 2010.

Table 2.8. Davidson County Income

	2000		2010	
	Median Household Income	Per Capita Income	Median Household Income	Per Capita Income
Davidson	$38,692	$18,703	$44,249	22,268
State of North Carolina	$39,190	$20,307	$42,941 (2011)	23,955 (2011–projected)

Source: North Carolina Department of Commerce, Economic Development, County Profiles, http://cmedis.commerce.state.nc.us

Employment and Unemployment

Davidson County experienced negative employment growth (i.e., job losses) in 2008 and 2009, which exceeded State totals. These job losses were reversed in the 2010–2011 period and were consistent with a trend of slow positive job growth seen statewide (Table 2.9).

Table 2.9. Davidson County Annual Employment Growth (2008-2010)

Percent change from the previous year

County	2008	2009	2010	2011
Davidson	-3.2	-6.4	0.5	1.4
State Total	0.0	-4.6	0.6	1.3

Source: FDIC, Regional Economic Conditions, http:www2.fdic.gov/recon

Table 2.10. Top 10 Employers in Davidson County, Third Quarter, 2011

Rank	Company	Employment Range
1	Davidson County Board Of Education	1,000+
2	County Of Davidson	500–999
3	Atrium Companies Inc.	500–999
4	Lexington Medical Center	500–999
5	Wal–Mart Associates Inc.	500–999
6	Bradley Personnel Inc.	500–999
7	Davidson County Community College	500–999
8	Lexington City Schools	500–999
9	Thomasville Medical Center	500–999
10	Food Lion LLC	500–999

Source: The Employment Security Commission of North Carolina, Labor Market Information, Largest Employers by County

Davidson County is in the process of an employment shift from primarily manufacturing to education and health services industries. The decline of the furniture industry in particular has resulted in a significant drop in manufacturing jobs within the county. Davidson County Schools are the largest county employer and are the only employer in the county to employ more than 1,000 workers. Notably, manufacturers such as Thomasville Furniture and Ellison Windows and Doors employed more than 1,000 workers in the middle part of the last decade but no longer are within the top 10 places of employment within the county.

Annual unemployment rates in Davidson County rose sharply during the period, reaching a peak of 13% in 2009. While the rates of unemployment in the county have exceeded state rates every year in the 2006–2011 time periods, the gap between the

rates has been on a downward trend since 2009. In April 2012, the unemployment rate in the county dipped into single digits (9.8%) for the first time since 2008.

Table 2.11. Davidson County Annual Unemployment Rate (2006–2011)

County	2006	2007	2008	2009	2010	2011
Davidson	5.8	5.6	7.2	13.0	12.9	11.6
State Total	4.8	4.8	6.3	10.5	10.9	10.5

Source: North Carolina Employment Security Commission, http://www.ncesc.com

Social Determinants of Health

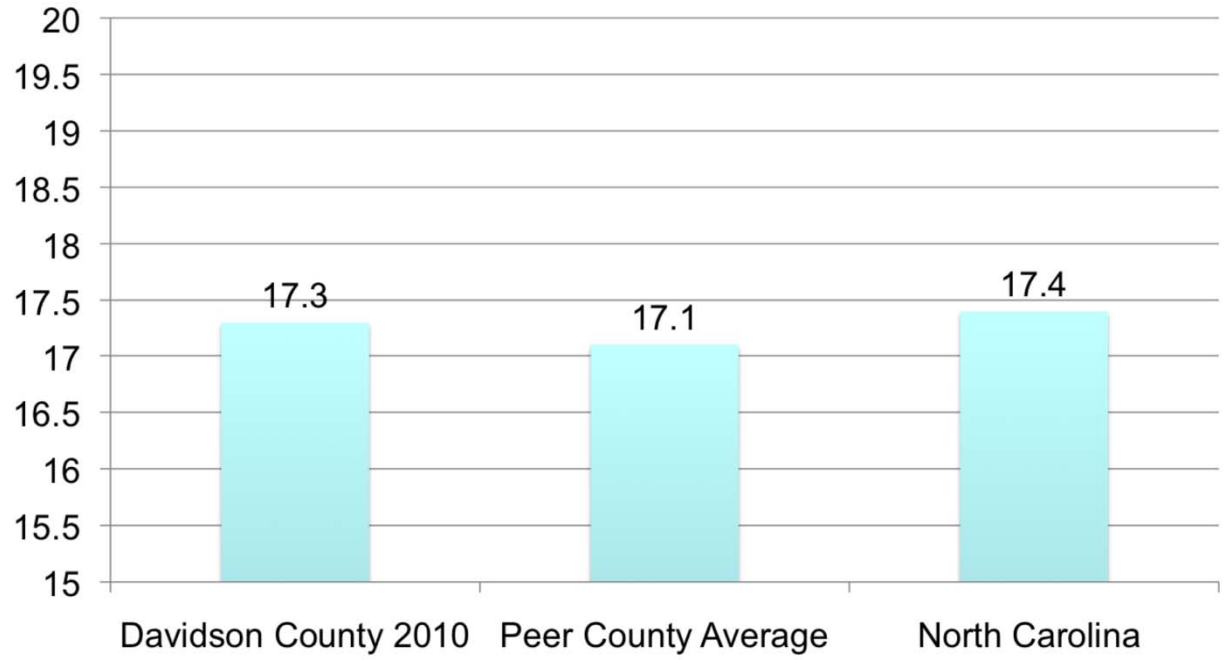
The social determinants of health are the economic and social conditions in which people live. Social determinants of health can influence individual health status directly and indirectly. Three Healthy NC 2020 objectives focus on poverty, education, and affordable housing as important determinants of health.

Poverty

Healthy North Carolina 2020 Objective: Decrease the percentage of individuals living in poverty to 12.5%

In general, income level positively corresponds with health. More often, poor individuals have chronic diseases and poor children are in poor health. In 2010, 17.3% of people in Davidson County were considered to be living in poverty. This percentage is very close to the proportion of poor families in peer counties and North Carolina as a whole, but higher than the target for 2020.

Figure 2.11. Percentage of Individuals Living in Poverty



Source: HealthStats

Education

Healthy North Carolina 2020 Objective: Increase four-year high school graduation rate to 94.6%

As previously addressed, at 78.7%, the four-year high school graduation rate in Davidson County is consistent with peer counties and North Carolina, but is significantly below the Healthy NC 2020 target of 94.6%.

Housing

Healthy North Carolina 2020 Objective: Decrease the percentage of people spending more than 30% of their income on rental housing to 36.1%

While the number of total housing and owner-occupied units in the county increased between 2000 and 2010, the *percentage* of owner-occupied units decreased over the decade—69.1% in 2000 vs. 64.4% in 2010 (Table 2.12). Yet, the percentage of owner occupied units in Davidson County still exceeds the North Carolina county average.

The number of renter-occupied units has increased over the decade, consistent with a statewide increase. However, the percentage of renter-occupied units in the county in 2010 is roughly the same as it was in 2000.

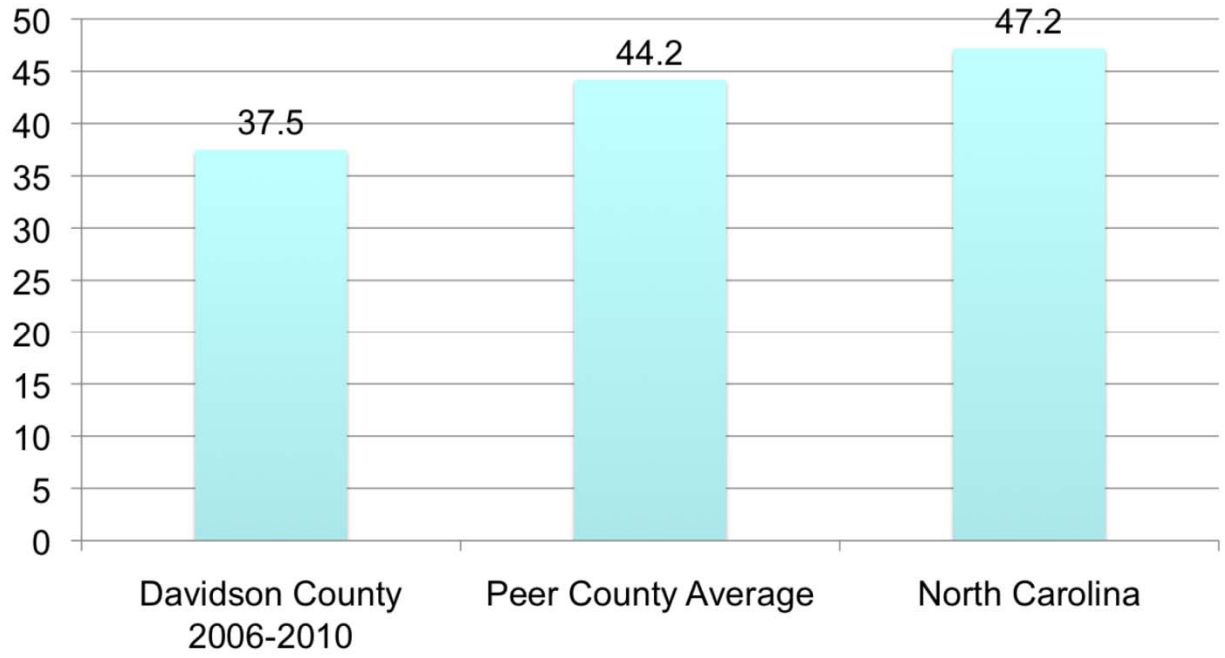
Table 2.12. Housing in Davidson County

	2000				2010			
	Total Housing Units	Average Persons/ Household	Owner-Occupied Units	Renter-Occupied Units	Total Housing Units	Average Persons/ Household	Owner-Occupied Units	Renter-Occupied Units
Davidson	62,432	2.50	43,143 69.1%	15,013 24.4%	72,655	2.48	46,832 64.4%	17,683 24.3%
State Total	3,523,944	n/a	2,172,355 n/a	959,658 n/a	4,327,528	2.50	2,497,900 n/a	1,274,255 n/a
NC County Average	35,239	2.49	21,724 61.6%	9,597 28.6%	43,275	n/a	24,979 57.7%	12,745 29.5

Source: Log Into North Carolina database, http://linc.state.nc.us

Housing affordability is a significant problem for low-income families, stretching budgets and making paying for other basic necessities such as healthcare more difficult. From 2006–2010, 37.5% of people in Davidson County were spending more than one-third of their income on gross rent each month. This is close to meeting the Healthy NC 2020 target. Significantly more people in Davidson County are able to afford rental housing than in peer counties and North Carolina.

Figure 2.12. Percentage of People Spending More than 30% of Income on Rental Housing



Source: HealthStats

Crime and Safety

Juvenile Crime

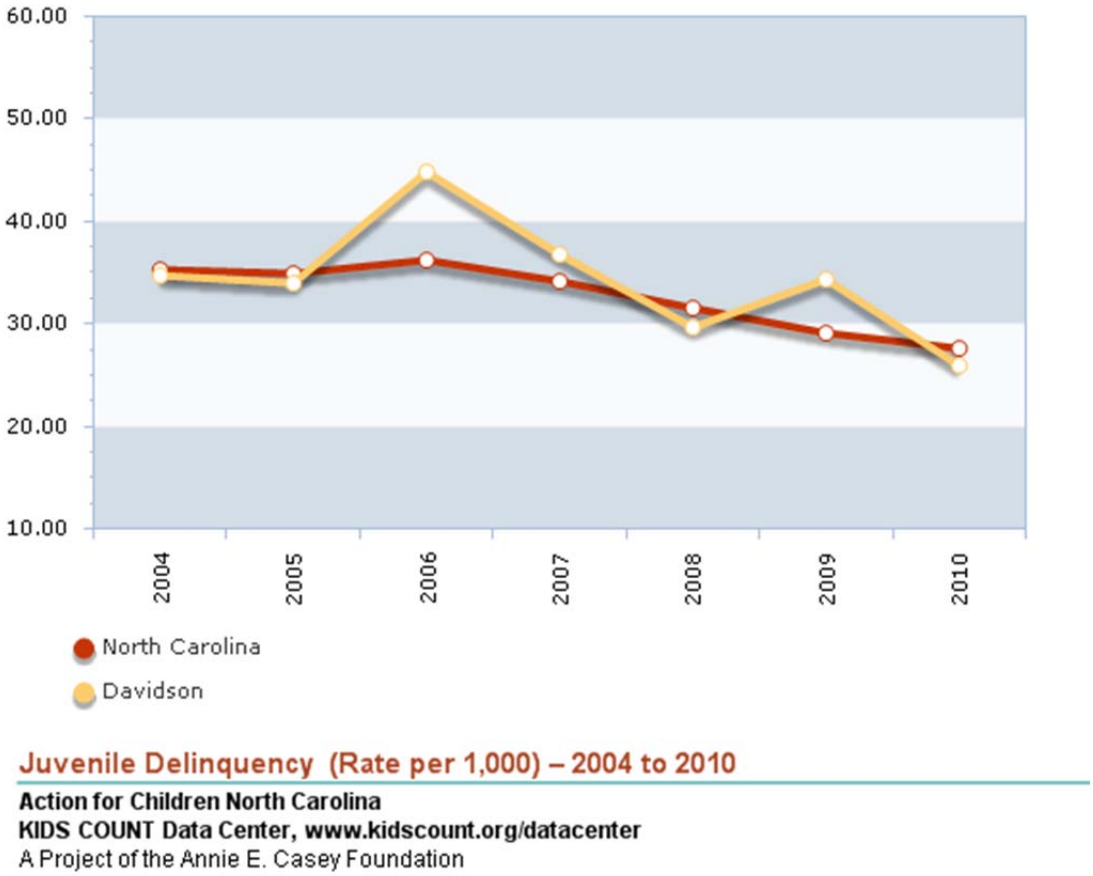
Juvenile delinquency in Davidson County has experienced a downward trend over the past five years, which is in line with observed statewide trends. However, Davidson County's juvenile delinquency rate has fluctuated considerably with rates exceeding the state rate in 2006, 2007, and 2009. The rate of Davidson County juveniles aged 10–17 who have received services through the Juvenile Crime Prevention Councils (JCPCs) experienced an uptick in the 2007–2010 period, which is consistent with a statewide increase. In 2009 and 2010, the rate of Davidson County juveniles receiving services though JCPCs exceeded the state rate, reversing a county trend lower than state rates over the previous four years (see Figure 2.13).

Table 2.13. Number of Davidson County Juvenile Delinquents (Rate per 1,000 in Parentheses)

	2006	2007	2008	2009	2010
Davidson	945 (44.9)	785 (36.8)	637 (29.7)	701 (34.3)	537 (26)
State Total	42,920 (36.2)	41,487 (34.1)	38,901 (31.5)	35,801 (29.1)	33,299 (27.6)

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org.

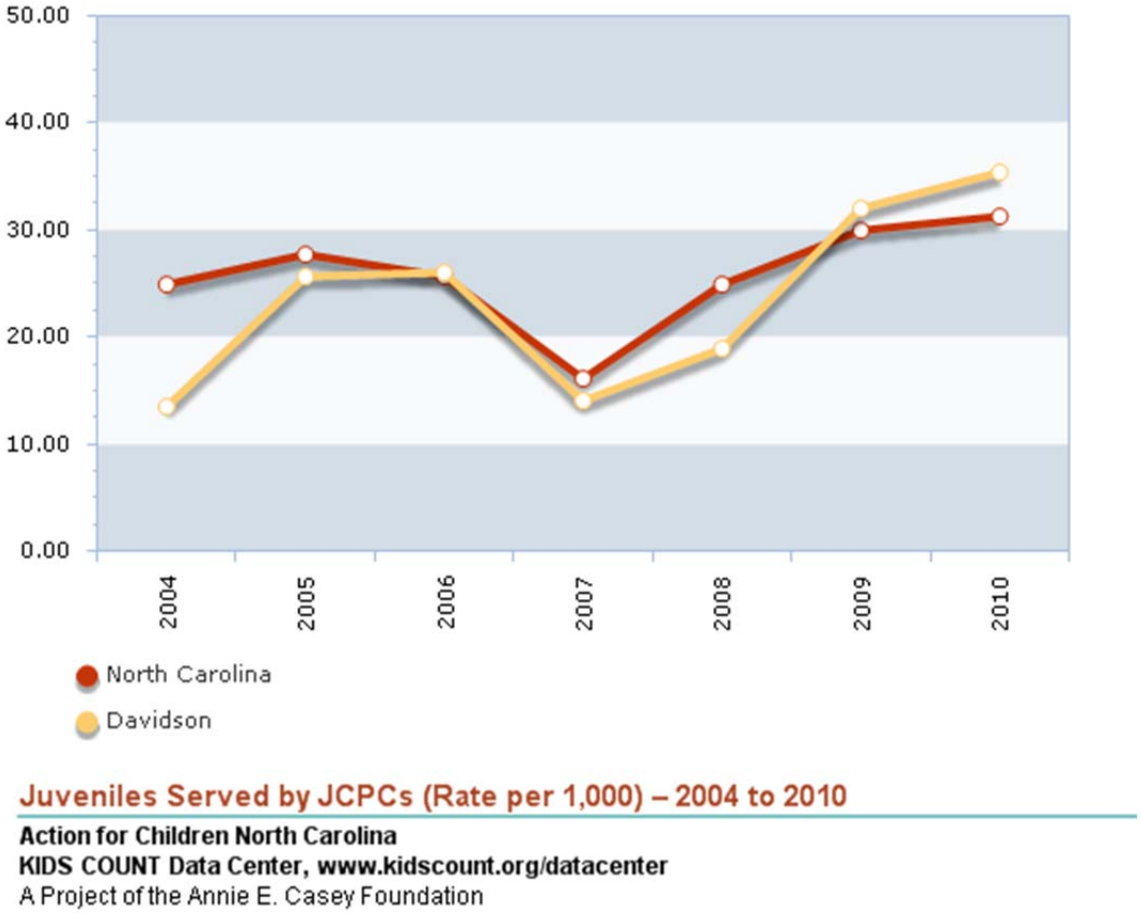
Figure 2.13. Juvenile Delinquency Rates, Davidson County (2004–2010)



Note: The juvenile delinquency rate is a calculation of the number of juvenile delinquent offenses divided by the total youth ages 6–15 in the population. The rate is the number of delinquent offenses per 1,000 youth age 6–15.

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Figure 2.14. Juveniles Served by JCPCs, Davidson County (2004–2010)



Note: The rate per 1,000 youth ages 10–17 at risk of delinquency or who have been adjudicated undisciplined or delinquent receiving services through the Juvenile Crime Prevention Councils (JCPCs).

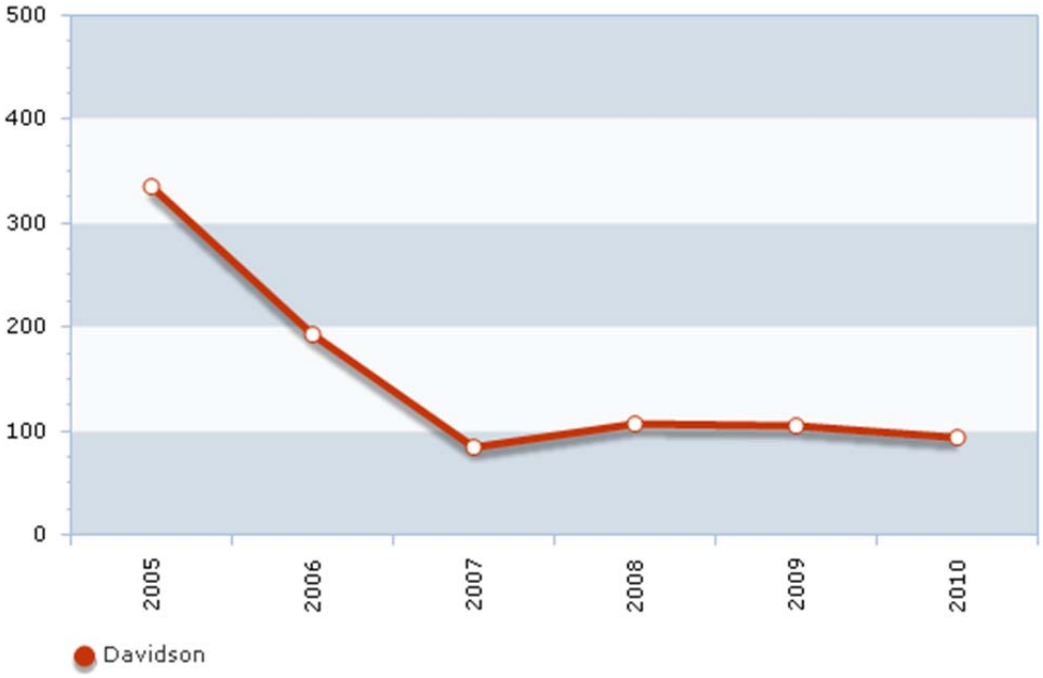
Elder and Child Abuse

Elder abuse. According to data released by the North Carolina Department of Health and Human Services, there were 305 reports of abuse, neglect, or exploitation of elderly citizens and younger adults with disabilities in Davidson County in 2011. (4)

Child abuse. The Davidson County "child abuse and neglect case reports substantiated" dropped significantly in the 2005–2007 time period but has leveled off to approximately 100 cases per year since then. (A case of child abuse is substantiated if

the investigation finds proof that abuse did in fact occur.) This follows a statewide trend, with the number of child abuse and neglect reports substantiated in North Carolina dropping from a high of 20,340 cases in 2005 to 11,300 in 2010.

Figure 2.15. Child Abuse and Neglect Reports Substantiated (Number), Davidson County–2005–2010



Child Abuse and Neglect Reports Substantiated (Number) – 2005 to 2010
Action for Children North Carolina
KIDS COUNT Data Center, www.kidscount.org/datacenter
A Project of the Annie E. Casey Foundation

The Davidson County "child abuse and neglect reports investigated" rate fluctuated over the 2005–2009 time period but was consistently less than the state rate for each year. This is a reversal of a trend from earlier in the decade, when Davidson County rate of "child abuse reports investigated" were routinely higher than the comparable state rate.

Table 2.14. Davidson County Child Abuse and Neglect Reports Investigated

(Rate per 1,000)

	2005	2006	2007	2008	2009
Davidson	55.9	54.1	49.3	55.5	53.8
State Total	58	56.9	56.8	57.9	56.1

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Healthcare Resources

Davidson County is served by two community hospitals, each situated in one of the two main populated areas. There is also a large primary care clinic in each population center, as well as a number of private providers practicing throughout the county. The clinic serves the uninsured adult population. The aging population in the county has increased demands for healthcare resources in the community. While there are shortages of healthcare resources in some key areas (e.g., dental care, mental health), the county has leveraged the resources of large healthcare networks throughout the state to begin to address some of these gaps. For example, a new dental center is to be built at Davidson County Community College in Thomasville as part of a partnership with East Carolina University to bring quality dental services to underserved county residents. (East Carolina University, 2012)

Hospitals and Community Health Centers

Lexington Medical Center. This medical center is a nonprofit, 94-bed, acute care facility that serves as a satellite provider of Wake Forest Baptist Health. Lexington Medical Center is accredited by The Joint Commission and has been committed to providing for the healthcare needs of Davidson County since the 1920s. In addition, the medical center operates 14 physician practices and a public pharmacy.

The hospital lists the following services on their website: Surgical/Anesthesia Services, Birthing Center, Sleep Lab, Case Management, Community Cancer Center, Cardiac Rehabilitation, Critical Care Unit, Diabetes Self-Management Program, Dietary Department, Emergency Department, Imaging Department, Heart Services, Joint Replacement Center, Outpatient Center, Otolaryngology, Nutrition Therapy, Pain Center, Pharmacy, Pulmonary Rehabilitation, Spine Services and Rehabilitation Center.

Thomasville Medical Center. This center, an affiliate of Forsyth Medical Center and a member of the Novant Health healthcare system, is a 146-bed community hospital serving the Davidson County community. Thomasville Medical Center is accredited by the Joint Commission on the Accreditation of Healthcare Organizations and the American Hospital Association. The hospital provides a variety of diagnostic, treatment, educational, rehabilitation, and support services. It was founded in 1929 and joined Novant Health in 1997. Novant Health is a not-for-profit, integrated healthcare system that serves more than 3.5 million people in 34 counties in North Carolina.

The hospital lists the following services on their website: Blood Conservation, Cancer Center, Children Services, Diabetes Education Center, Emergency Services, Geriatric Behavioral Health Services, Heart Care Services, Home Health Services, Neurological Services, Occupational Medicine, Orthopedic Services, Pharmacy, Radiological Services, Rehab and Occupational Medicine, Respiratory Services, Sleep Medicine Services, Stroke Services, Surgical Services, Women's Heart Center, and Wound Care Services.

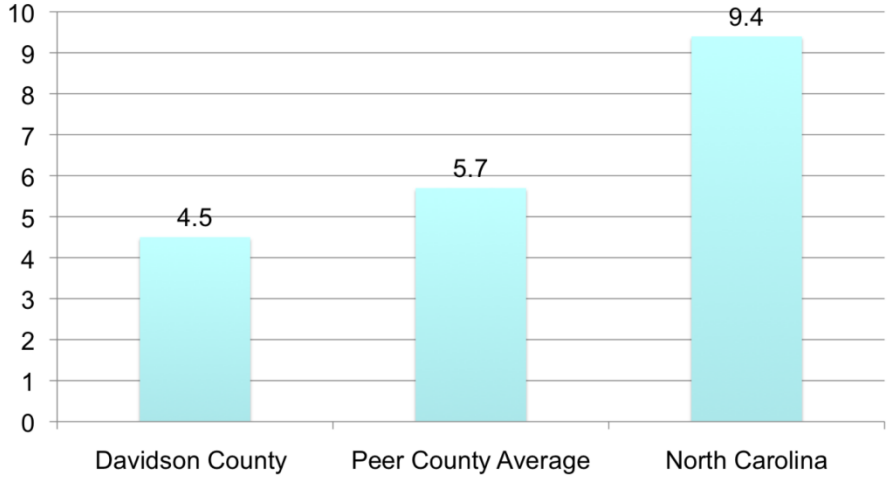
Davidson Medical Ministries Clinic (DMMC). This clinic, founded in 1991, provides primary healthcare and prescription drugs to qualified, medically indigent,

uninsured adult citizens of Davidson County. DMMC has sites in Lexington and at Thomasville Medical Center in Thomasville. DMMC services include basic medical and dental care, a pharmacy, and medication management counseling. A specialty clinic serves patients with diabetes and hypertension; another specialty clinic serves Hispanic, non-English-speaking clients.

Practitioners

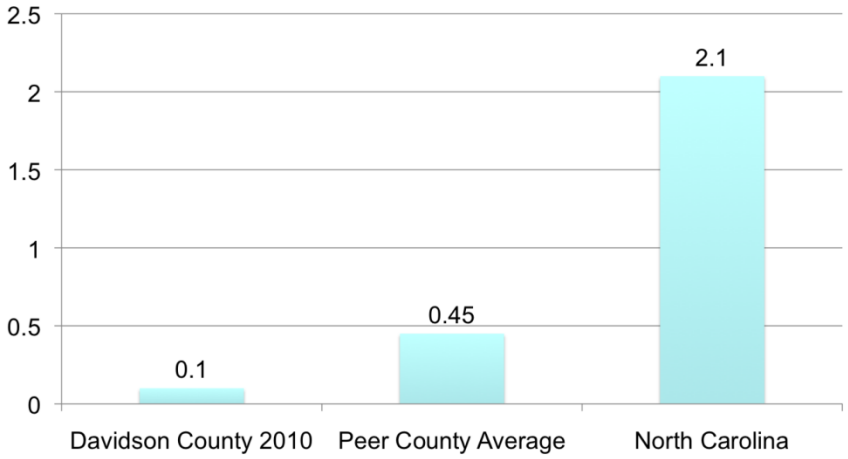
Davidson County is recognized as a Medically Underserved Area. A shortage of primary care, mental health, and dental providers, combined with an aging workforce nearing retirement, limits the availability of services to residents. There are significantly fewer primary care physicians, psychologists, and dentists in Davidson County as compared to the state and peer counties. Limited accessibility can result in increased emergency room usage and decreased preventive care and disease management.

Figure 2.16. Primary Care Physicians per 10,000 People (2010)



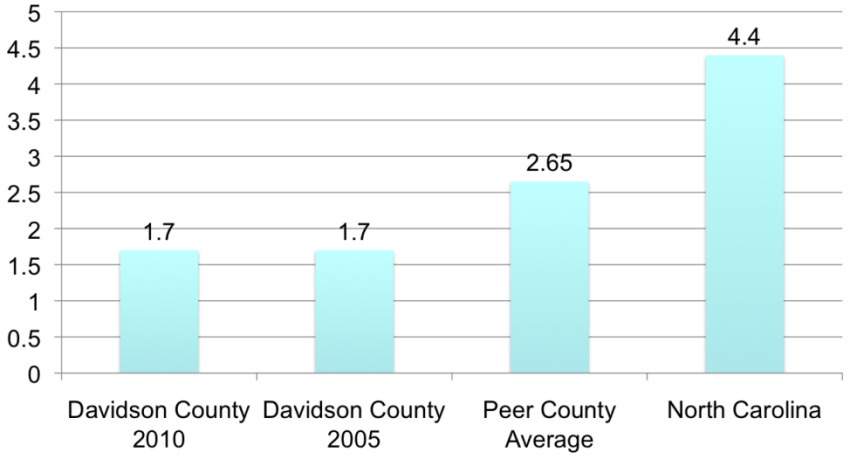
Source: Cecil G Sheps Center for Health Services Research

Figure 2.17. Psychologists per 10,000 People (2010)



Source: Cecil G Sheps Center for Health Services Research

Figure 2.18. Dentists per 10,000 People



Source: Cecil G Sheps Center for Health Services Research

Davidson County 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: Personal Health, Environmental Health**,** WIC**,** Health Education, and the Children's Dental Clinic**.** The main health department facility is located at 915 Greensboro Street in Lexington. In June 2012, it was announced that a new dental clinic will be built in Thomasville. The dental center is to be built at Davidson County Community College as part of a partnership with East Carolina University to bring quality dental services to underserved county residents.

The Davidson County Health Department experienced a significant decline in the number of full-time employees (FTEs) between FY2009 and FY2011. The number of FTEs was reduced by almost one-quarter over the FY2009–2011 period, dropping from 122 to 92 employees. During that same period, the number of local health department FTEs in North Carolina also dropped (-9.2%) but by less proportionally than Davidson County.

Table 2.15. Davidson County Health Department Personnel (FTEs)

County	FTEs–FY2009	FTEs–FY2011	% Change
Davidson	122	92	-24.6%
State	9,567	8,769	-9.2%

Source: North Carolina State Center for Health Statistics, "Local Health Department Services and Staffing Summary FY 2011", http://www.schs.state.nc.us/schs/data/lhd/2011/FacStaff.pdf

Long Term Care Facilities

Nursing homes. According to the Medicare Nursing Home Compare system, there are nine nursing homes in Davidson County, with a total of 794 certified beds. Six are

owned by for-profit corporations or partnerships, two are nonprofit church related, and one is owned by a nonprofit corporation. Five are located in Lexington, three in Thomasville and one in Denton. All participate in Medicaid and Medicare. There has been no change in the number of nursing home beds in the county since 2005. During the same period, nursing home beds increased by 3% statewide.

Table 2.16. Number of Nursing Home Beds in Davidson County

	2005	2007	2009	2011
Davidson	794	794	794	794
State	43,987	44,210	44,315	45,382
NC County Average	439	442	443	454

Source: Log into North Carolina database. http://linc.state.nc.us

Adult and family care homes. There are six adult care homes in Davidson County licensed for 478 residents. This represents a 25% increase in the number of adult care home-licensed beds that were reported in 2005 (382 beds). The number of family care beds has not changed since 2004. There are two family care homes in the county, and each is licensed for a maximum of six residents. (North Carolina State Center for Health Statistics, 2012)

Chapter Three: Health Statistics and Healthy NC 2020 Focus Areas

Healthy NC 2020 is the latest version of North Carolina's decennial health goals. This plan is a set of 40 objectives in 13 focus areas that guides the state's efforts in improving overall health. These areas served as a framework to assess Davidson County's overall health in 2010. Peer counties, counties that share similar characteristics and are useful for comparison, are calculated for every county in the state. For the purposes of this report, peer counties determined by the State Center for Health Statistics were used. Peer County groupings resulted from a formula based on population, poverty, and population percentage under age 18. Using 2010 Census data, Davidson County is in a peer county group with Craven, Harnett, Johnston, and Randolph Counties. These four counties are in a population range of 100,000–250,000 people, have 16–18% of residents living in poverty, and have 23–28% of the population under age 18. For easy and lasting comparison, a peer county average was calculated for data. All objectives with data available at the county level will be addressed, with supplementary health data to follow. Unless otherwise noted, data are from 2010 and from HealthStats.

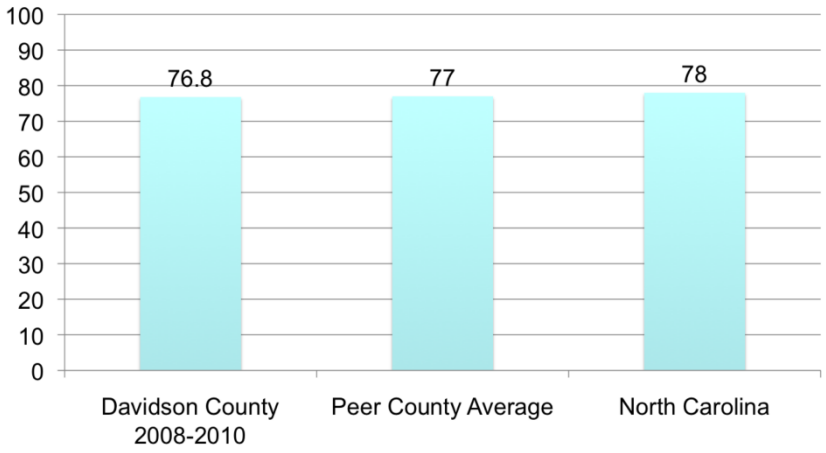
Crosscutting Issues

Crosscutting indicators paint an overall picture of health and are a reflection of a variety of other health, social, environmental, and economic factors. In 2010, according to County Health Rankings, Davidson County was ranked 41 out of 100 counties in county health. This is lower than all peer counties (County Health Rankings and Roadmaps, 2012). Four Healthy NC 2020 objectives highlight crosscutting health indicators.

Healthy North Carolina 2020 Objective: Increase average life expectancy to 79.5 years

From 2008–2010, the life expectancy at birth in Davidson County was 76.8, which is slightly lower than the peer counties and a little more than a year less than North Carolina. Life expectancy serves as a gauge of overall health of a community and reflects mortality trends. As life expectancy increases it can be expected that chronic diseases, which are more common among older adults, increase.

Figure 3.1. Life Expectancy at Birth

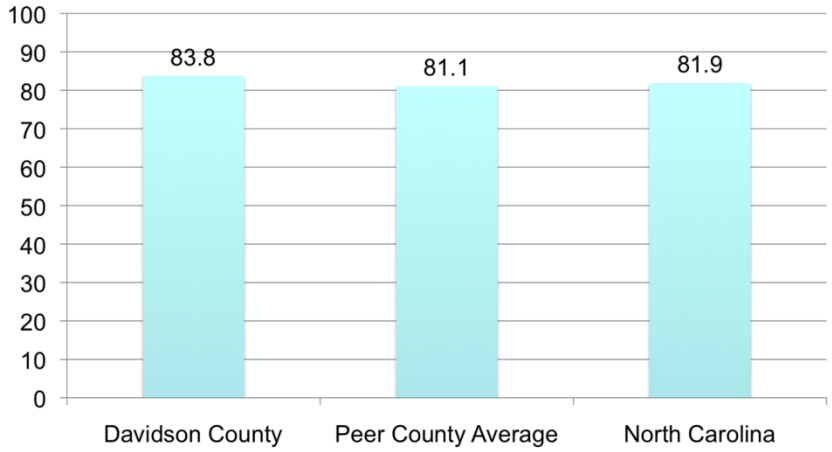


Source: HealthStats

Healthy North Carolina 2020 Objective: Increase the percentage of adults reporting good, very good, or excellent health to 90.1%

When asked for a self-reported measure of overall health, 83.8% of adults in Davidson County rated their health as good, very good, or excellent. This is slightly higher than rankings from other participating peer counties and the state as a whole.

Figure 3.2. Percentage of Adults Reporting Good, Very Good, or Excellent Health

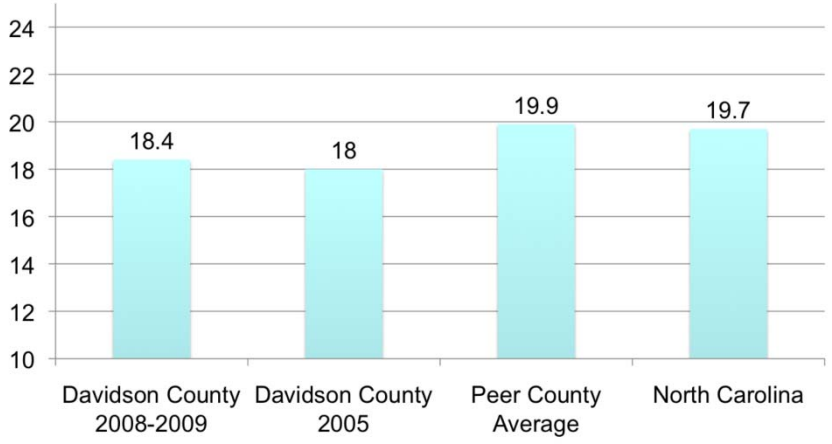


Source: HealthStats

Healthy North Carolina 2020 Objective: Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years) to 8%

Among individuals under the age of 65 in Davidson County, 18.4% are uninsured. This proportion is slightly lower than peer counties and the state, but is significantly higher than the Healthy NC 2020 target.

Figure 3.3. Percentage of Individuals Under-65 Uninsured

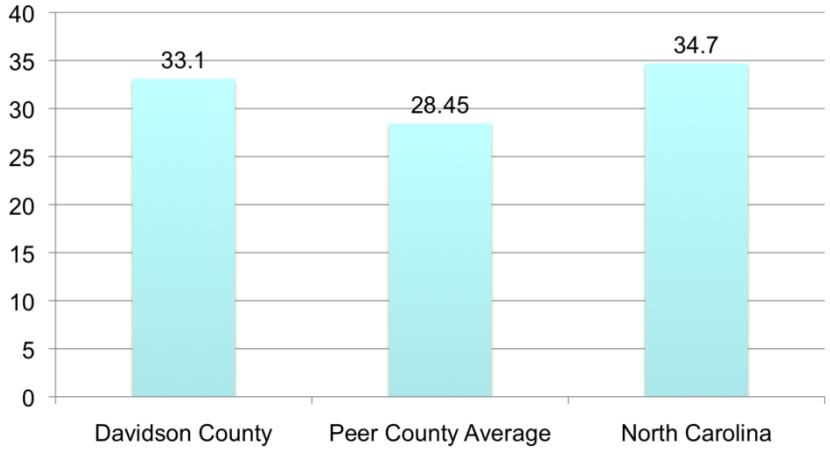


Source: HealthStats

Healthy North Carolina 2020 Objective: Increase the percentage of adults who are neither overweight nor obese to 38.1%

Two-thirds of adults in Davidson County are overweight or obese. Davidson County is slightly better than peer counties and North Carolina as a whole, but has progress to make in order to meet the 2020 target.

Figure 3.4. Percentage of Adults neither Overweight nor Obese



Leading Causes of Death

The top three leading causes of death in Davidson County from 2006–2010 were Diseases of the Heart, Cancer, and Chronic Lower Respiratory Disease. In the state as a whole, Cancer is the leading cause of death, following by Diseases of the Heart and Cerebrovascular diseases.

Table 3.1. Leading Causes of Death, Davidson County

Cause	Rate per 100,000
Disease of the Heart	230.8
Cancer	212.9
Chronic Lower Respiratory Disease	64.3

Source: County Health Data Book

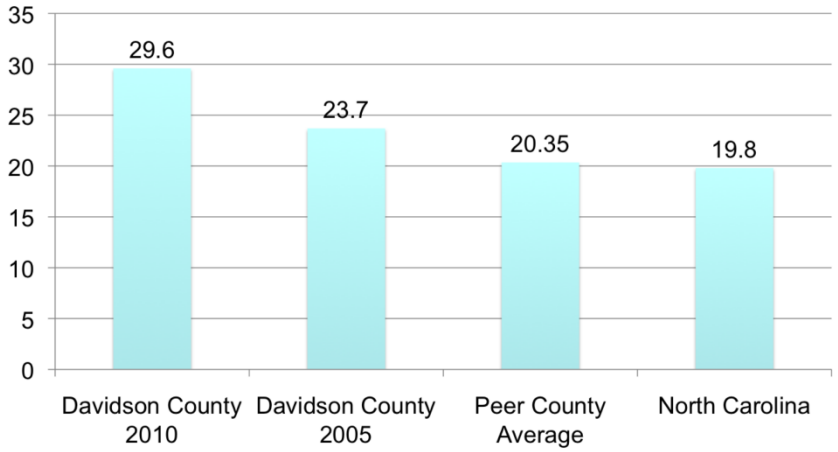
Tobacco

Tobacco use is the single largest preventable cause of death and disability in the United States. Davidson County reports significantly higher rates of smokers, secondhand smoke exposure, and smoking during pregnancy than peer counties and the state. Correspondingly, the second and third leading causes of death are Cancer and Chronic Lower Respiratory Disease. Lung cancer and Chronic Obstructive Pulmonary Disease (COPD) rates are also significantly higher than peer counties and the state. Two Healthy NC 2020 objectives have county level data related to tobacco use. Other tobacco-related health data are included after these objectives.

Healthy North Carolina 2020 Objective: Decrease the percentage of adults who are smokers to 13%

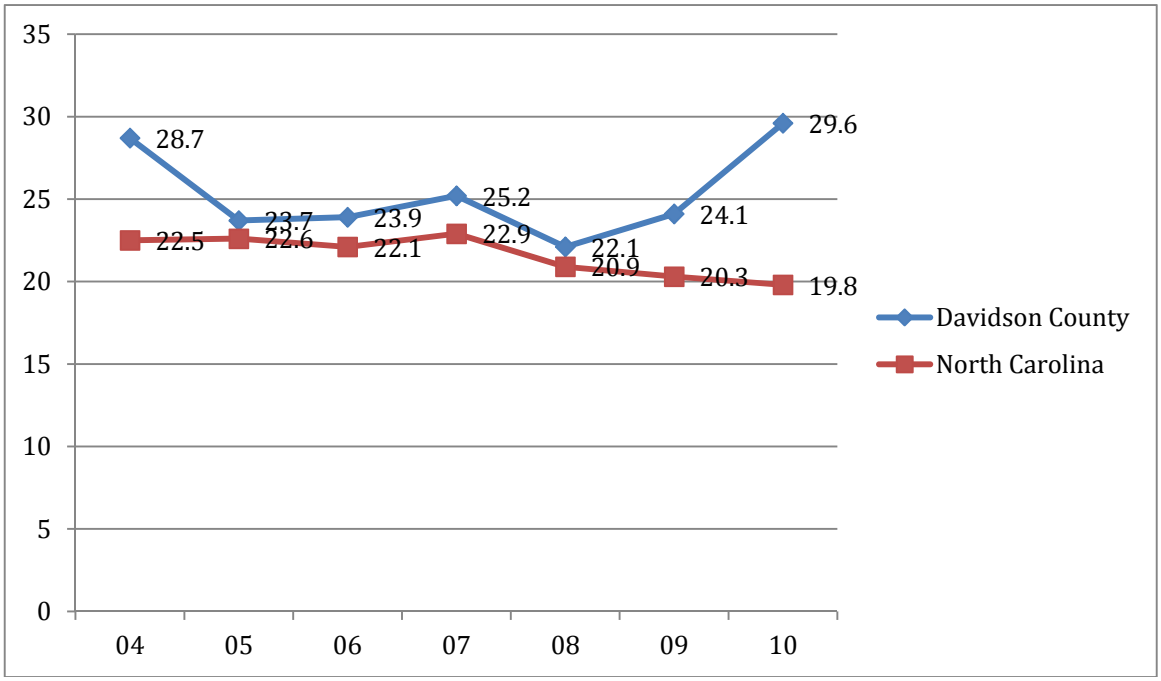
Significantly more adults in Davidson County, 29.6%, report being current smokers than adults in peer counties or North Carolina as a whole. Current smokers are noninstitutionalized individuals over the age of 18 who report smoking 'every day' or 'most days' and have smoked at least 100 cigarettes in their lives. While the percentage of current smokers in North Carolina has generally been decreasing, there is no similar trend in Davidson County. The highest proportion of adult current smokers in Davidson County in the past seven years occurred in 2010. It is important to note that BRFSS data are survey data with large confidence intervals.

Figure 3.5. Percentage of Adults Identified as Current Smokers



Source: HealthStats

Figure 3.6. Percentage of Adults Identified as Current Smokers: North Carolina and Davidson County Trends 2004–2010

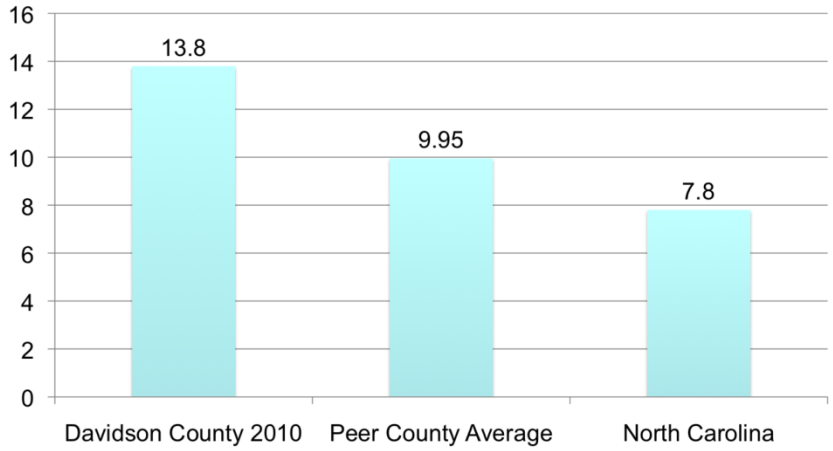


Source: BRFSS

Healthy North Carolina 2020 Objective: No secondhand smoke exposure in the workplace

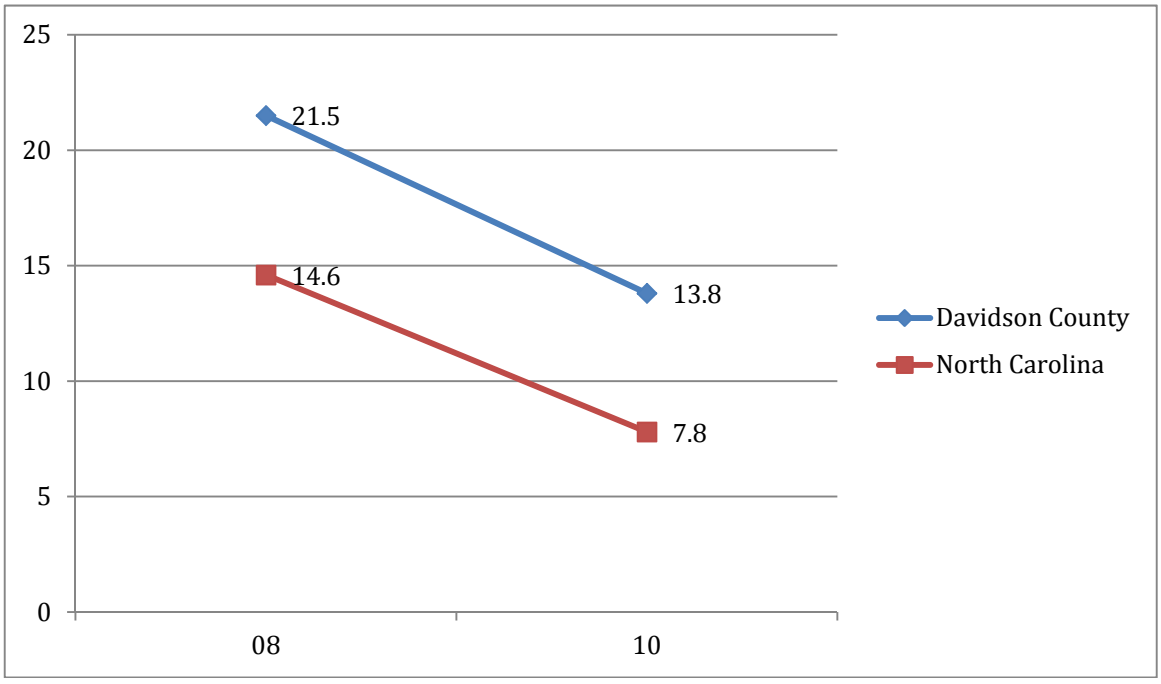
In Davidson County 13.8% of adults are exposed to secondhand smoke in the workplace, a significantly higher number than peer counties and North Carolina. This question was first asked in 2008, therefore limited trend data are available. Both North Carolina and Davidson County saw large decreases between 2008 and 2010. On January 2, 2010, all restaurants, bars, and some lodging areas in North Carolina were required to become smoke free.

Figure 3.7. Percentage of Adults Exposed to Secondhand Smoke in the Workplace



Source: HealthStats

Figure 3.8. Percentage of Adults Exposed to Secondhand Smoke in the Workplace: North Carolina and Davidson County Trends 2008–2010

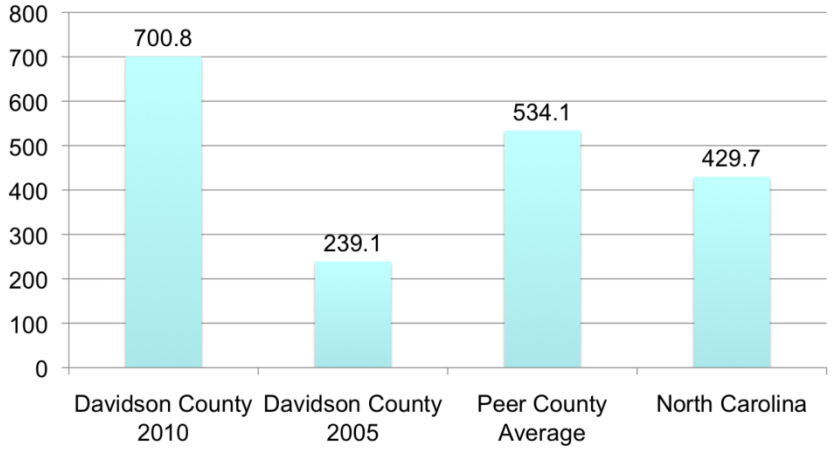


Source: BRFSS

Chronic obstructive pulmonary disease (COPD). COPD is a disease that makes it hard to breathe as it gets progressively worse over time. The leading cause of COPD is cigarette smoking, but it can also be caused by long-term exposure to air pollution or dust. COPD is a major cause of death and disability, making everyday tasks difficult to complete. There is no known cure for COPD, but treatments can slow the progression and improve individual well-being. (National Heart Lung and Blood Institute, 2010)

Among the Medicaid population, the hospital admission rate in Davidson County for individuals with COPD is significantly higher than peer counties, the state, and the 2005 rate. Since COPD can be managed with treatment, this rate is seen as an indicator of avoidable hospitalizations due to inadequate primary care. The large increase likely represents both a real increase in COPD hospital admissions, as well as a decrease in primary care accessibility.

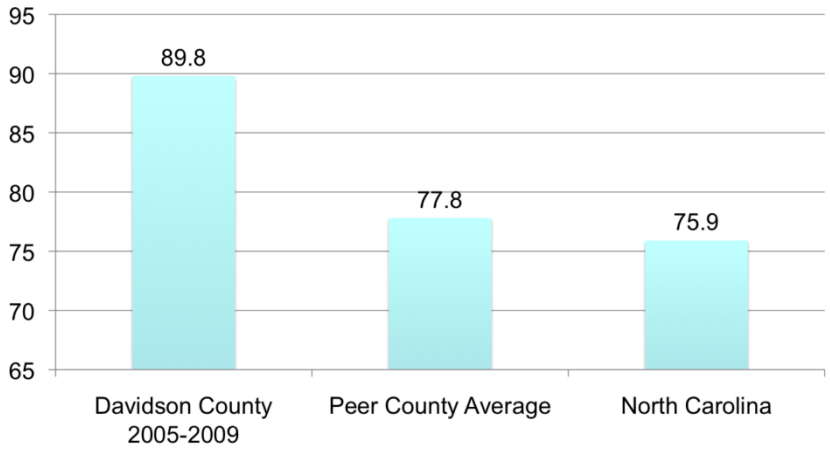
Figure 3.9. COPD Admission Rate for Medicaid Population per 100,000



Source: Department of Medical Assistance via Agency for Healthcare Research Quality

Lung cancer. Another disease caused primarily by cigarette smoking is lung cancer. Exposure to dust, chemicals, pollution, and secondhand smoke can also cause lung cancer, but risk increases with the number of cigarettes smoked and the duration of smoking. Lung cancer is the deadliest form of cancer for men and women (National Heart Lung and Blood Institute, 2010). The lung/bronchus cancer rate in Davidson County from 2005–2009 was significantly higher than North Carolina and peer counties.

Figure 3.10. Lung/Bronchus Cancer Rate per 100,000



Source: County Health Data Book

Physical Activity and Nutrition

Physical activity and nutrition can alleviate negative health effects and contribute to maintaining a healthy body weight. Two Healthy NC 2020 Objectives relate to physical activity and nutrition in Davidson County. One additional indicator is included at the end of the section.

Physical Activity

Healthy North Carolina 2020 Objective: Increase the percentage of adults getting the recommended amount of physical activity to 60.6%

Among adults, 45.5% report getting the recommended 30 minutes of moderate physical activity five or more days per week, or 20 minutes of vigorous physical activity three or more days per week. While this is significantly lower than the objective, and less than peer counties and the state, between 2005 and 2009 Davidson County closed the gap between county and state proportions. In the four-year period, 35% more adults reported meeting physical activity recommendations.

Figure 3.11. Percentage of Adults Getting Recommended Physical Activity

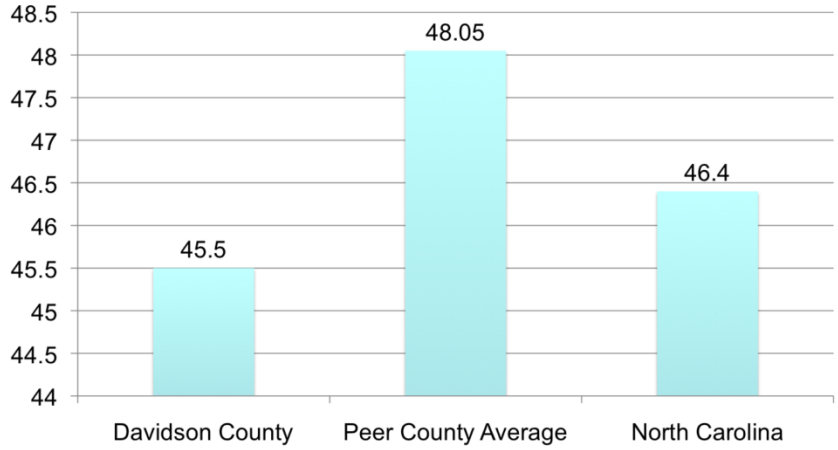
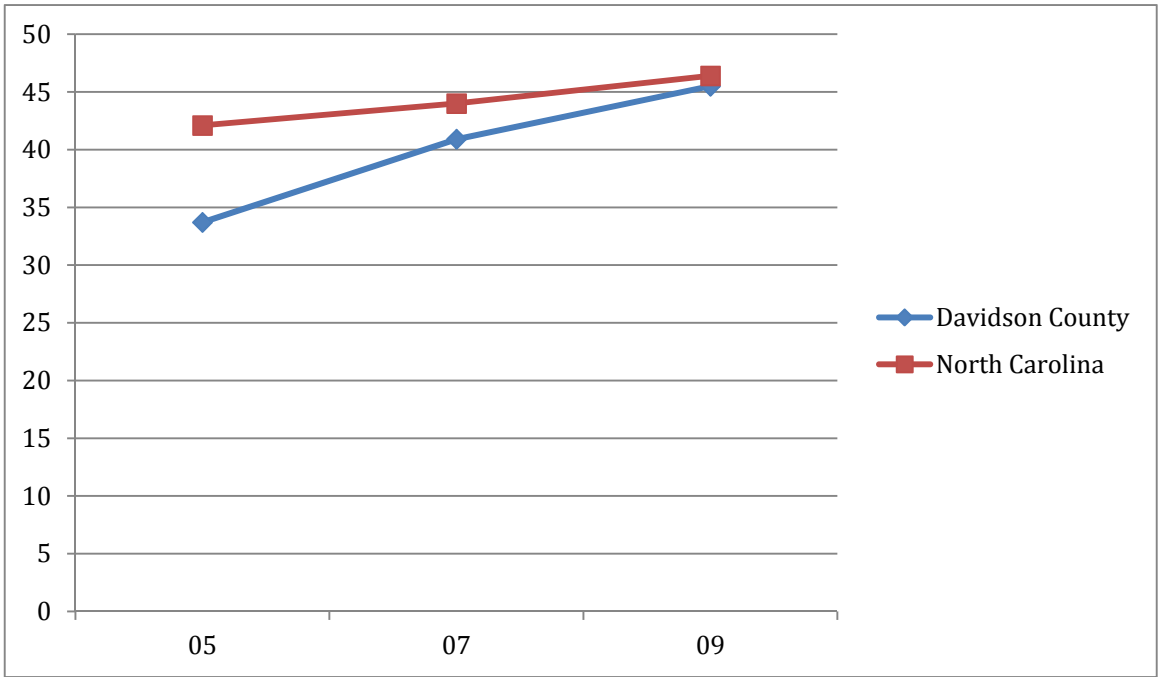


Figure 3.12. Percentage of Adults Getting Recommended Physical Activity: North Carolina and Davidson County Trends 2005–2009



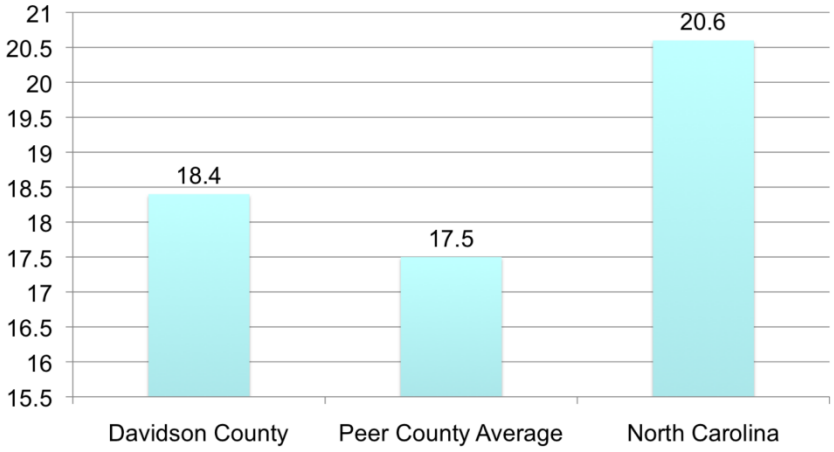
Source: BRFSS

Nutrition

Healthy North Carolina 2020 Objective: 29.3% of adults consume 5+ servings of fruit and vegetables

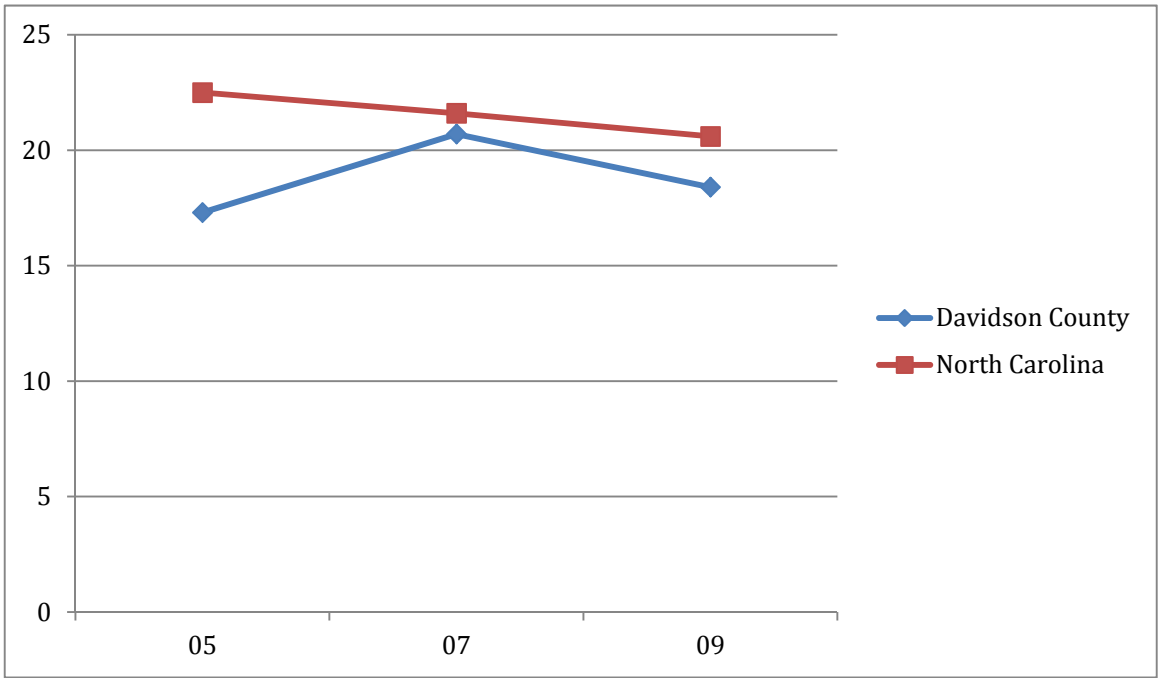
Less than 1 out of 5 adults in Davidson County currently eats the recommended 5+ servings of fruit and vegetables per day. This is consistent with peer counties and slightly lower than North Carolina as a whole. There is no consistent four-year trend, though the difference between Davidson County and North Carolina has decreased since 2005.

Figure 3.13. Percentage of Adults Getting 5+ Servings of Fruits and Vegetables



Source: HealthStats

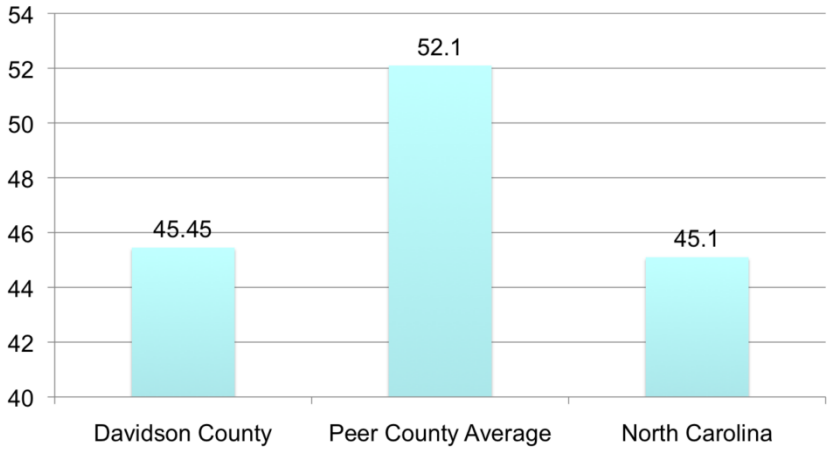
Figure 3.14. Percentage of Adults Getting 5+ Servings of Fruits and Vegetables: North Carolina and Davidson County Trends 2005–2009



Source: BRFSS

Access to healthy foods. One barrier to optimal nutrition is access to healthy foods and fresh produce. Larger grocery stores have been shown to have a larger quantity of fresh, healthy food at a more affordable price than convenient stores or other neighborhood grocers. A healthy food outlet is defined as a grocery store with more than four employees or farmer's market/produce stand. Based on this definition, less than half of the zip codes in Davidson County have a healthy food outlet.

Figure 3.15. Percentage of Zip Codes with a Healthy Food Outlet



Source: Health Indicator Warehouse

Injury and Poisoning

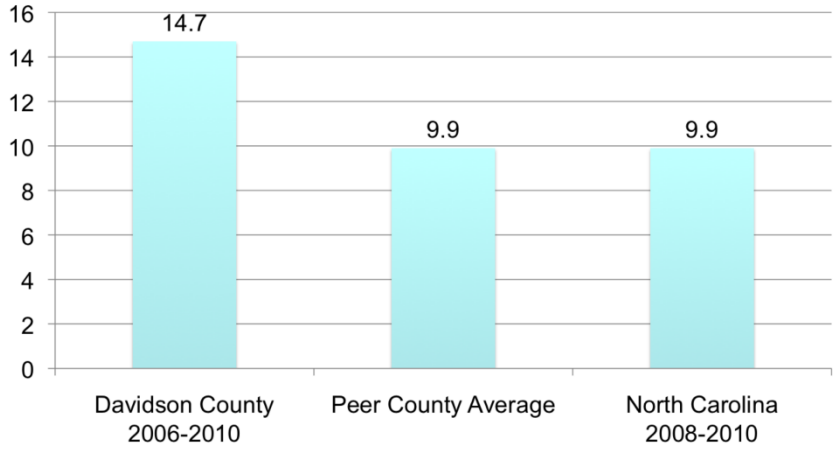
Injury and poisoning are leading causes of death and disability for residents, particularly younger residents. This primarily focuses on traffic accidents, falls, and drug overdose but includes homicide, violent crimes, domestic violence, burns, drowning, and other accidents. Three objectives from Healthy NC 2020 are included, followed by one additional injury indicator.

Unintentional Poisoning

Healthy North Carolina 2020 Objective: Reduce unintentional poisoning mortality rate to 9.9 per 100,000

Poisoning was classified when the primary cause of death was coded as unintentional poisoning. The majority of unintentional poisoning deaths occur as a result of misuse of prescription narcotics. The unintentional poisoning mortality rate of 14.7 per 100,000 people in Davidson County from 2006–2010 is significantly higher than peer counties and North Carolina.

Figure 3.16. Unintentional Poisoning Mortality Rate per 100,000



Source: HealthStats

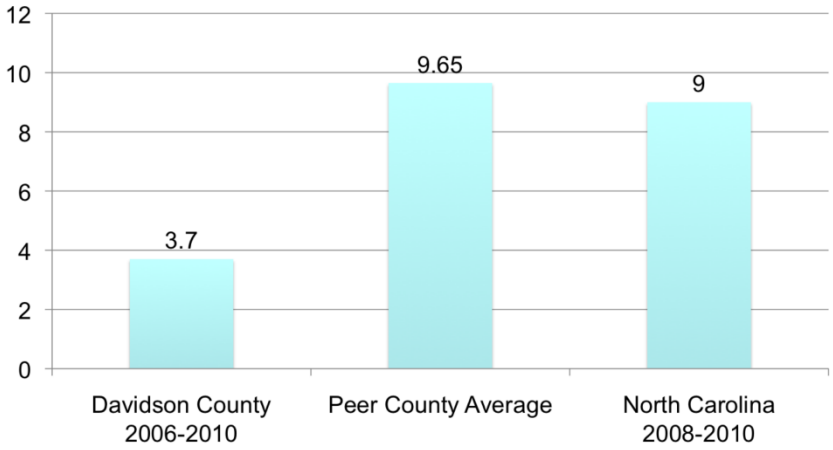
Unintentional Falls

Healthy North Carolina 2020 Objective: Reduce unintentional falls mortality rate to 5.3 per 100,000

The current mortality rate due to unintentional falls in Davidson County, 3.7 per 100,000 people, is significantly lower than peer counties and North Carolina and exceeds the Healthy North Carolina 2020 target. All deaths where unintentional falls were coded as the primary cause of death were included in these numbers. Deaths

where a fall may have been involved but was not coded as the underlying cause are not included. Over 75% of unintentional falls occur in adults over the age of 65; therefore, as the population ages, it is expected that this number could increase. Since Davidson County has an older population, progress on this indicator should be monitored.

Figure 3.17. Unintentional Falls Mortality Rate per 100,000



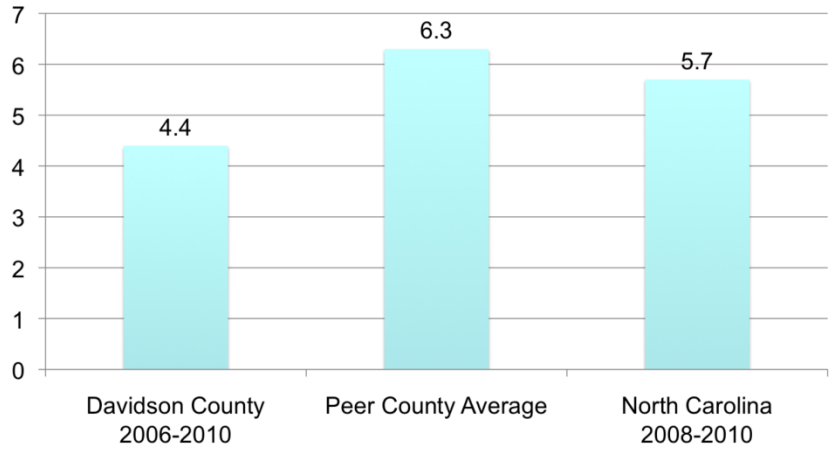
Source: HealthStats

Homicide

Healthy North Carolina 2020 Objective: Reduce homicide rate to 6.7 per 100,000

From 2006–2010 the homicide rate in Davidson County was 4.4 per 100,000. This rate is significantly lower than the peer county rate, North Carolina rate, and the 2020 target.

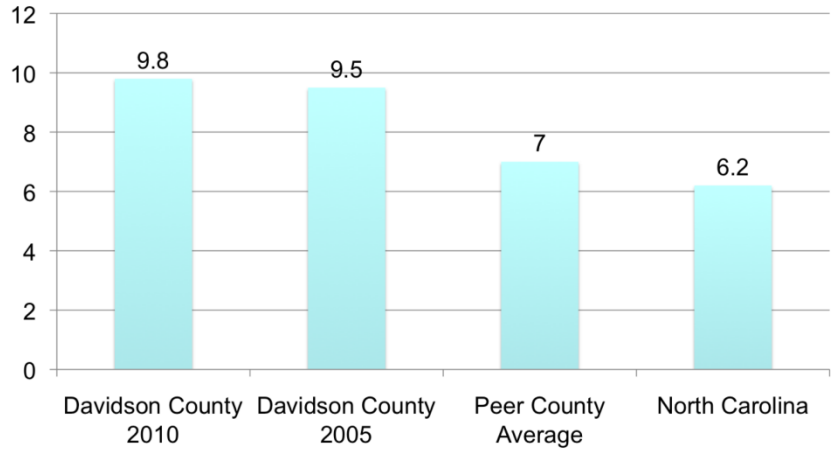
Figure 3.18. Homicide Rate per 100,000



Source: HealthStats

Traffic Accident Fatalities. More traffic accidents are fatal in Davidson County than in peer counties and North Carolina as a whole. This rate of 9.8 fatalities per 1,000 traffic accidents is similar to the rate in 2005.

Figure 3.19. Traffic Accident Fatality Rate per 1,000



Source: LINC

Sexually Transmitted Diseases

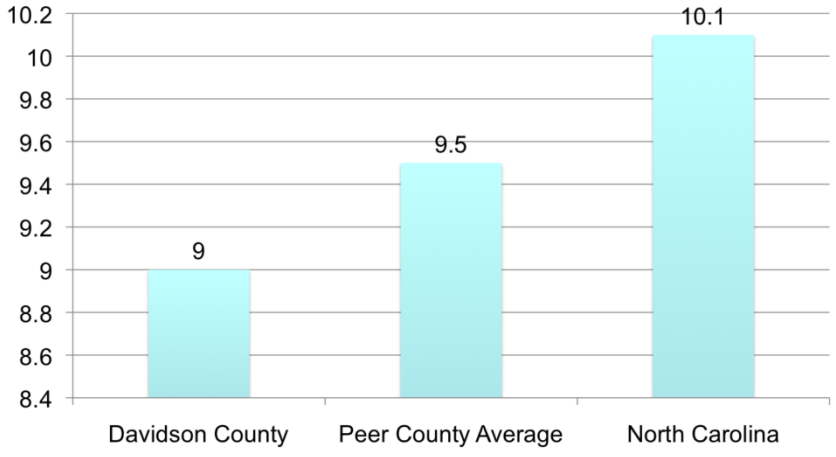
Sexually transmitted diseases (STDs) are infections spread through sexual contact. There are more than 20 types of sexually transmitted diseases, and many do not show symptoms, particularly in women. STDs can cause infertility, health problems for babies, and increase risk for contracting HIV. Bacterial STDs, such as Chlamydia and Gonorrhea, can be treated with antibiotics, but there is no cure for viral STDs, such as HIV and Herpes. STDs are disproportionately found in adolescents and young adults (North Carolina State Center for Health Statistics, 2012).

Chlamydia

Healthy North Carolina 2020 Objective: Reduce the percentage of positive results among individuals aged 15 to 24 tested for Chlamydia to 8.7%

In 2010, 9% of individuals aged 15–24 in Davidson County who were tested for Chlamydia had positive results. This percentage is lower than peer county and state percentages and close to meeting the 2020 target.

Figure 3.20. Percentage of Positive Results among 15–24 Year Olds Tested for Chlamydia

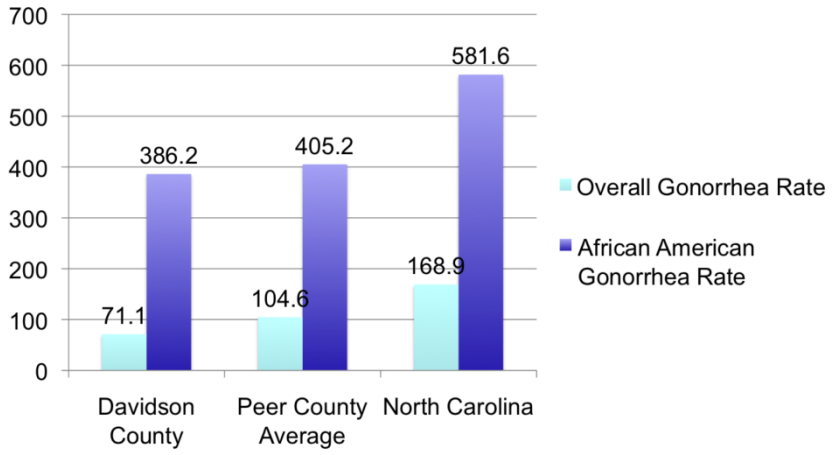


Source: HealthStats

Gonorrhea

The gonorrhea rate in Davidson County from 2006–2010 is significantly lower than the rate in peer counties and North Carolina. However, there is a notable disparity in the overall gonorrhea rate and the gonorrhea rate among African Americans. The rate of gonorrhea among African Americans in Davidson County is five times greater than the general population rate.

Figure 3.21. Gonorrhea Rate per 100,000 people, 2006–2010

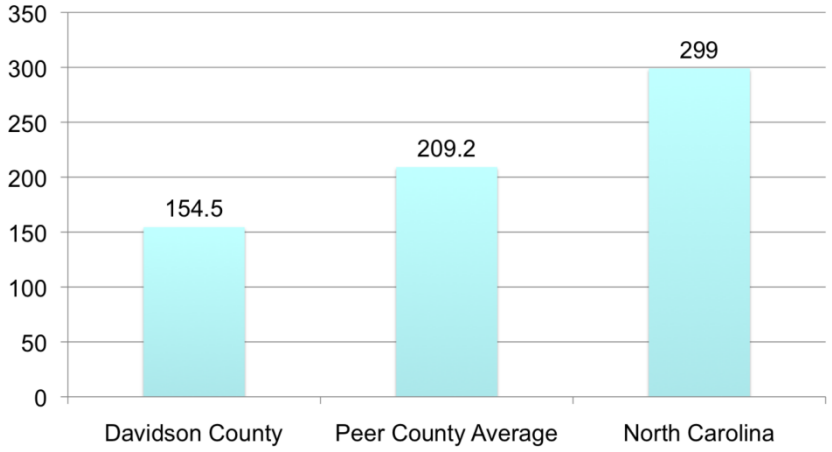


Source: County Health Data Book

HIV/AIDS

Significantly fewer individuals are living with HIV/AIDS in Davidson County as compared to peer counties and the state. The HIV prevalence rate per 100,000 is 154.5, compared to a rate of 299 at the state level. Data are not available for new HIV cases for Davidson County in 2010 because less than 10 cases were reported.

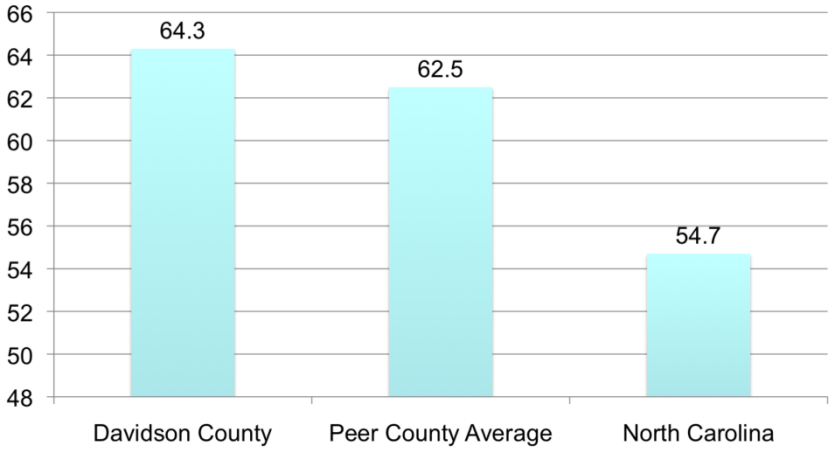
Figure 3.22. HIV Prevalence Rate Among Individuals 13 and Older per 100,000



Source: Health Indicator Warehouse

The HIV rate is significantly lower in Davidson County. However, fewer individuals report ever having been tested for HIV/AIDS than in peer counties and the state.

Figure 3.23. Percentage of Individuals Who Have Never Been Tested for HIV

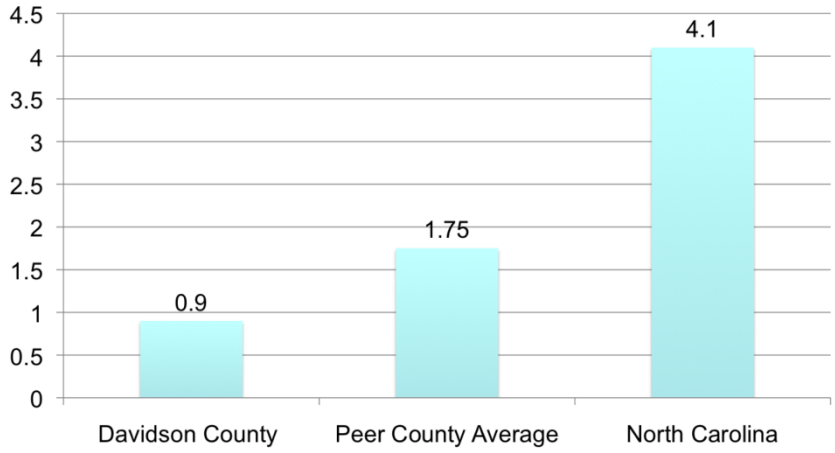


Source: BRFSS

Syphilis

Similar to other sexually transmitted disease trends, the rate of syphilis in Davidson County is significantly lower than peer counties and the state. From 2006–2010 the rate of primary and secondary syphilis per 100,000 was 0.9.

Figure 3.24. Primary and Secondary Syphilis Rate per 100,000; 2006–2010



Source: County Health Data Book

Maternal and Infant Health

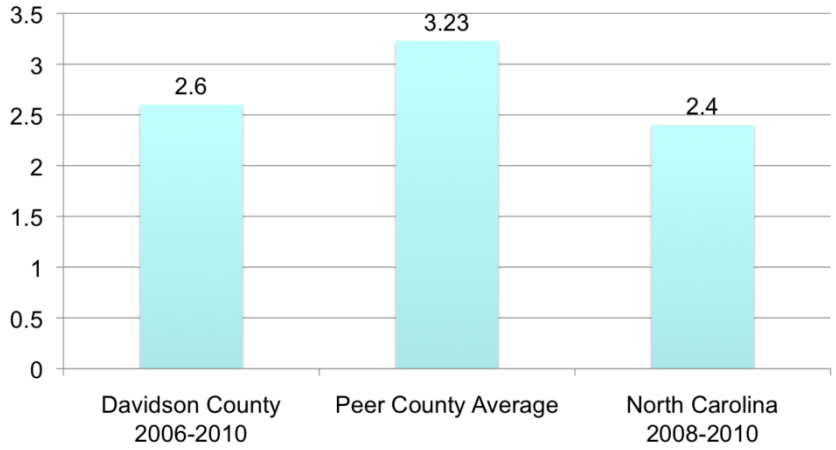
Maternal and infant health is generally concerned with the health of women and infants from pregnancy through the first year of life. Infant mortality is the death of a live born infant within the first year of life. Low birthweight, prematurity, Sudden Infant Death Syndrome (SIDS), congenital anomalies, and birth defects are contributors to infant mortality. Of particular concern is the racial disparity present in infant mortality. Healthy NC 2020 has three maternal and infant health indicators. Additional indicators about women and infants during this period have been included.

Racial Disparity

Healthy North Carolina 2020 Objective: Reduce the infant mortality racial disparity between Whites and African Americans to 1.92

The death rate of African American infants in the first year of life is 2.6 times that of white infants in Davidson County. This ratio is greater than North Carolina and the 2020 target, but lower than the peer county average.

Figure 3.25. Infant Mortality Ratio, White to African American



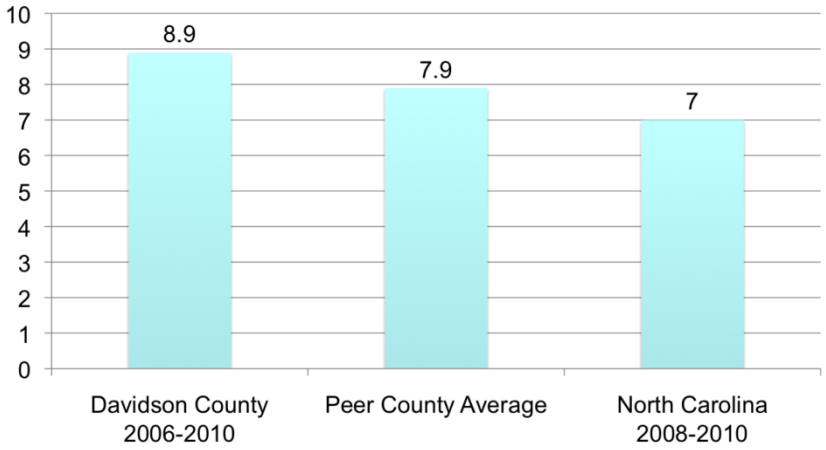
Source: HealthStats

Infant Mortality Rate

Healthy North Carolina 2020 Objective: Reduce the infant mortality rate to 6.3 per 1,000 live births

An infant death is counted as any live born infant who dies within the first year. In Davidson County 8.9 infants per 1,000 live births died within the first year. This rate is significantly higher than the North Carolina rate and higher than peer counties and the Healthy NC 2020 Objective.

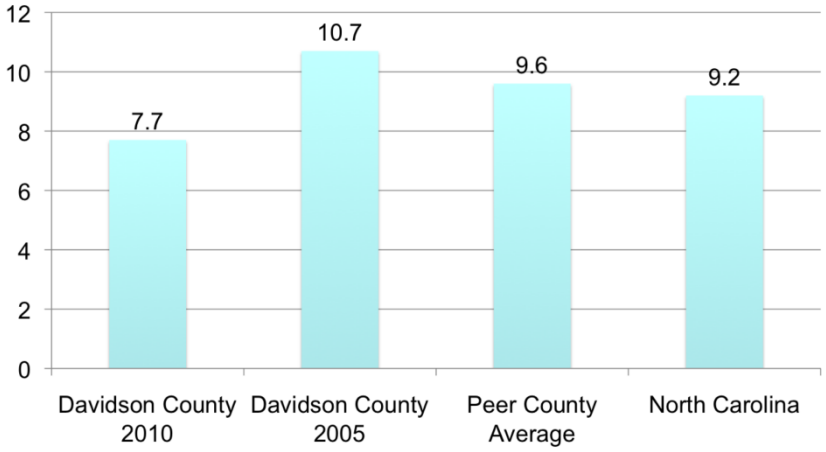
Figure3.26. Infant Mortality Rate per 1,000 Live Births



Source: HealthStats

The infant mortality rate among women who had Medicaid for their births is lower than the overall infant mortality rate in Davidson County at 7.7 deaths per 1,000 live births. This rate also significantly decreased from 2005. It is lower than the peer county and North Carolina Medicaid infant mortality rate.

Figure 3.27. Infant Mortality Rate per 1,000 Medicaid Live Births



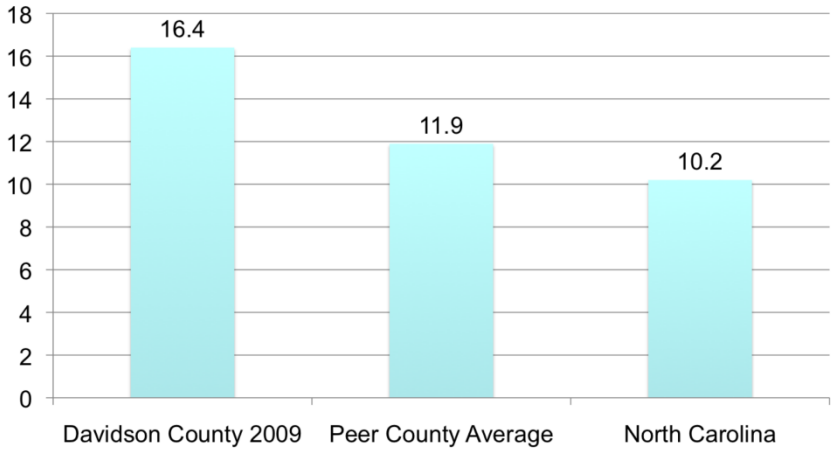
Source: North Carolina Division of Medical Assistance

Percentage of Women Who Smoke During Pregnancy

Healthy North Carolina 2020 Objective: Reduce the percentage of women who smoke during pregnancy to 6.8%

Significantly more women who were pregnant in 2009 in Davidson County smoked than in peer counties and North Carolina as a whole. With 16.4% of women reporting smoking during the prenatal period, Davidson County is significantly above the Healthy NC 2020 objective of 6.8%. Birth outcomes are worse for women who smoke during pregnancy; they are more likely to have a preterm birth, a low-birthweight baby, or an infant death from SIDS.

Figure 3.28. Percentage of Women who Smoke During Pregnancy



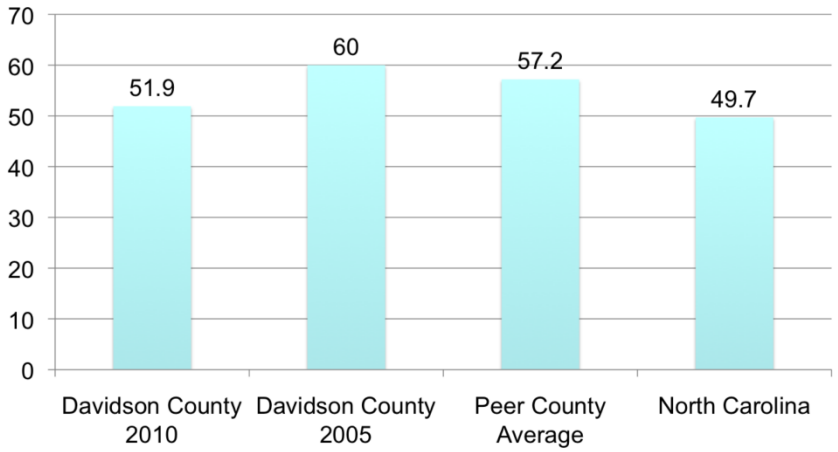
Source: HealthStats

Other Maternal and Infant Health Indicators

Adolescent pregnancy. Adolescent pregnancy is pregnancy in girls ages 15–19. The majority of teen pregnancies are unplanned and health outcomes for adolescent pregnancies tend to be worse for both the mom and the infant. Adolescent pregnancy can be an indicator of access to accurate sexual and reproductive health information and services. Additionally, there are numerous social, educational, and economic

consequences resulting from adolescent pregnancies. The adolescent pregnancy rate in Davidson County is slightly higher than in North Carolina as a whole.

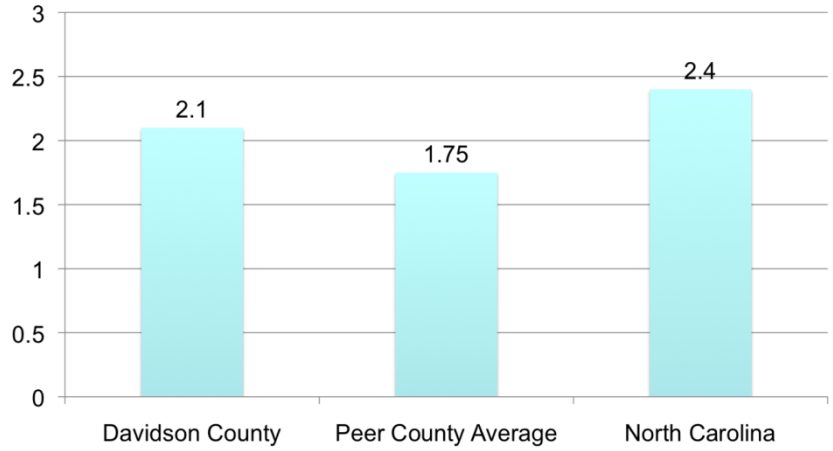
Figure 3.29. Teen Pregnancy Rate per 1,000 Females 15–19



Source: LINC: linc.state.nc.us

Adequate prenatal care. Babies of mothers without prenatal care have worse outcomes than those of mothers receiving prenatal care. Prenatal care is an opportunity for screenings and maternal education. Very late prenatal care is defined as starting prenatal care during the third trimester. About 2% of births in Davidson County had very late or no prenatal care.

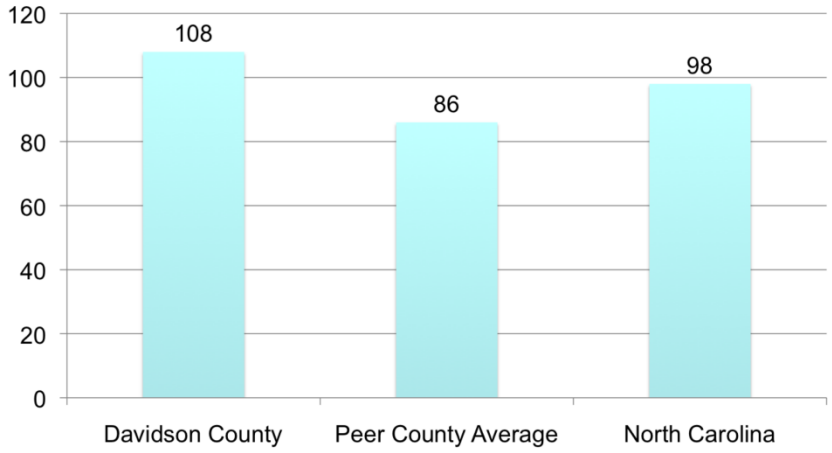
Figure 3.30. Percentage of Births with Late or Very Late Prenatal Care



Source: Action for Children http://www.ncchild.org/

Low birthweight. Low-birthweight babies are defined as weighing less than 5 lbs. 8 oz. (2500 grams) at birth. Babies who meet this classification are at increased risk for health complications. Some causes of low birthweight include: young age at birth, poor nutrition, hypertension, substance use, and smoking during pregnancy. Davidson County has a significantly higher low-birthweight rate than peer counties and North Carolina.

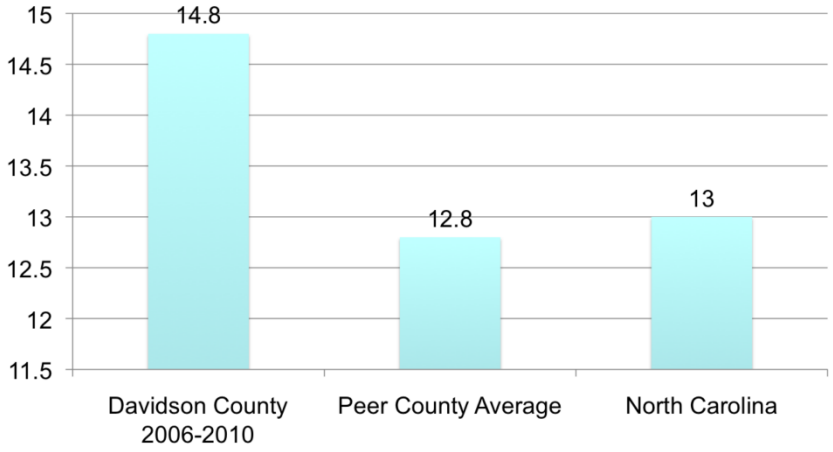
Figure 3.31. Low Birthweight Rate per 1,000 Live Births



Source: LINC http://linc.state.nc.us/

Short birth intervals. A short birth interval is defined as less than six months between last delivery and conception. Short birth intervals have been associated with worse birth outcomes. A higher percentage of women in Davidson County have short birth intervals than peer counties and North Carolina.

Figure 3.32. Percentage of Short Birth Intervals with Less than 6-month Interval between Last Delivery and Conception



Source: County Health Data Book

Substance Abuse and Mental Health

Substance Abuse

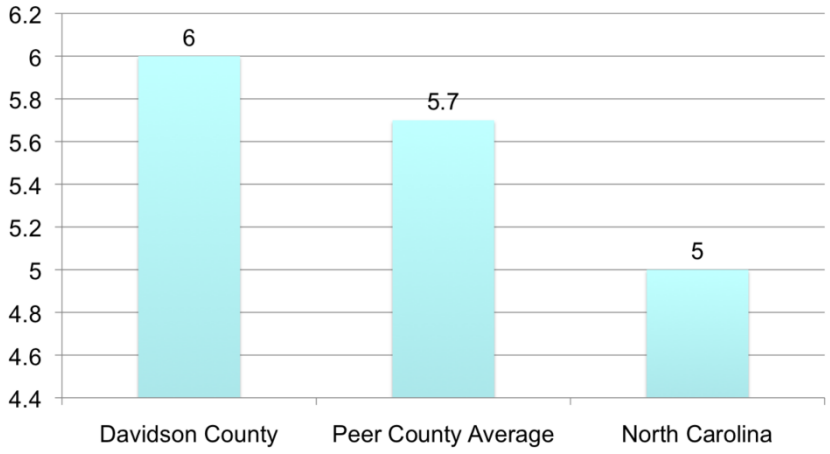
Residents consistently identified drug and alcohol abuse as a community-wide unhealthy behavior. Drug and alcohol abuse is inclusive of accident and injury resulting from use, addiction, underage use, binge drinking, prescription misuse, and other physical and mental health conditions. Substance abuse is inclusive of drugs and alcohol. There is one Healthy NC 2020 objective at the county level related to substance abuse.

Healthy North Carolina 2020 Objective: Reduce traffic crashes that are alcohol related to 4.7%

About 1 out of 17 traffic accidents in Davidson County in 2010 was reported to be alcohol related. This figure is similar to the peer county percentage, but higher than the state as a whole, where 1 out of 20 accidents is reported to be alcohol related. Alcohol-

related crashes are more likely to be fatal. In 2008, 1 out of 3 alcohol-related traffic accidents in North Carolina was fatal.

Figure 3.33. Percentage of Alcohol-Related Traffic Crashes 2010



Source: HealthStats

Mental Health

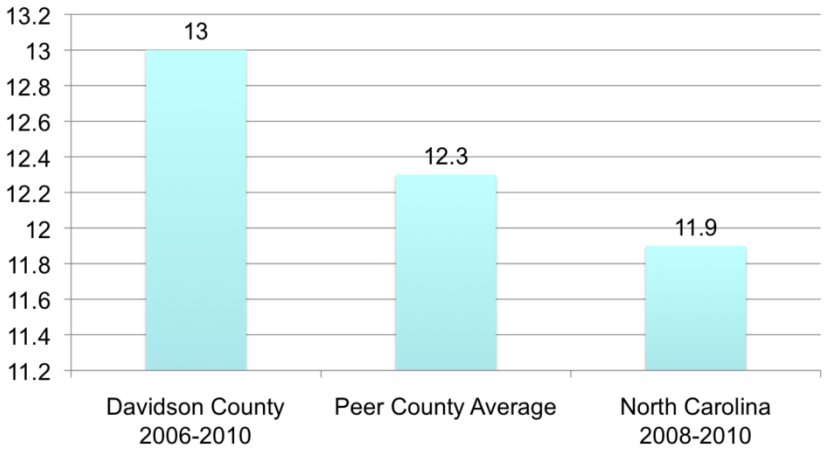
Mental health is a broad area that refers to overall well-being of an individual, and his or her ability to fulfill responsibilities and manage life stressors. Emotional, social, and psychological aspects of well-being are included in mental health. Poor mental health can impair functioning and includes mental illnesses, such as mood, behavior, personality, anxiety, and substance use disorders. Multiple factors, including genetics and environmental stressors, influence the onset of mental illness. With access to appropriate care, mental health illnesses can be managed. However, untreated mental health conditions can lead to numerous co-occurring morbidities, including suicide. Positive mental health is linked to improved health outcomes. Two Healthy NC 2020 Objectives relate to mental health in Davidson County. Additional indicators include availability of mental health providers (see access to healthcare providers) and persons

served in mental health programs.

Healthy North Carolina 2020 Objective: Reduce suicide rate to 8.3 per 100,000

From 2006–2010 in Davidson County, the suicide rate was 13 suicide deaths for every 100,000 people. A suicide death was counted if suicide was coded as the primary cause of death. The rate in Davidson County is slightly higher than peer counties and North Carolina and significantly higher than the Healthy NC 2020 objective. Since depression is a leading cause of suicide, high suicide rates are often used as an indicator of adequate mental health services.

Figure 3.34. Suicide Rate per 100,000

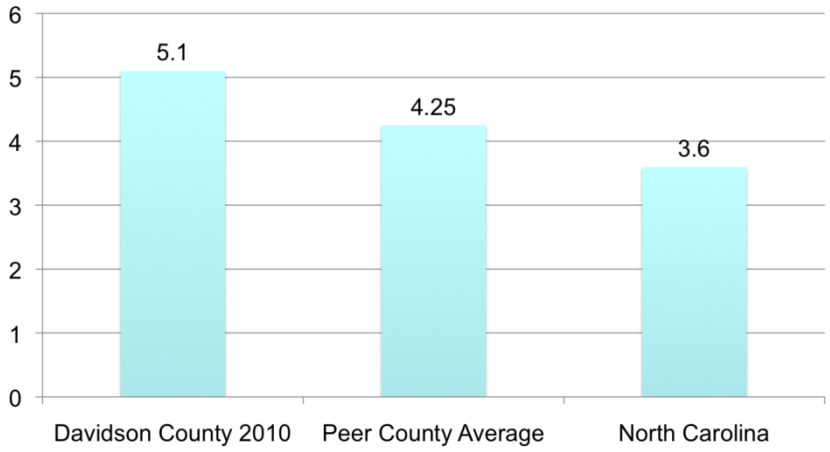


Source: HealthStats

Healthy People 2020 Objective: Decrease average number of poor mental health days to 2.8 in past 30 days

When asked via a phone survey, "Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?," Davidson County residents on average reported 5.1 days, more than 1 poor mental health day per week. This is almost a day more than peer counties and a day-and-a-half more than the North Carolina average. To meet the 2020 objective, Davidson County residents need to perceive just over 2 days a month of poor mental health.

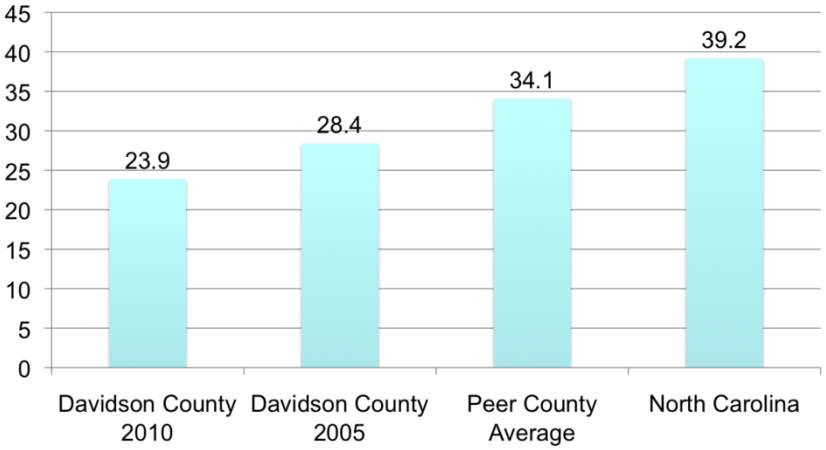
Figure 3.35. Average Number of Poor Mental Health Days in Past 30 Days



Source: HealthStats

Poor mental health outcomes could be an association of access to mental health services. Significantly fewer people are served in mental health programs in Davidson County than in peer counties and the state. Additionally, less people per 1,000 were being served in 2010 than in 2005.

Figure 3.36. Persons Served in Mental Health Programs per 1,000 People



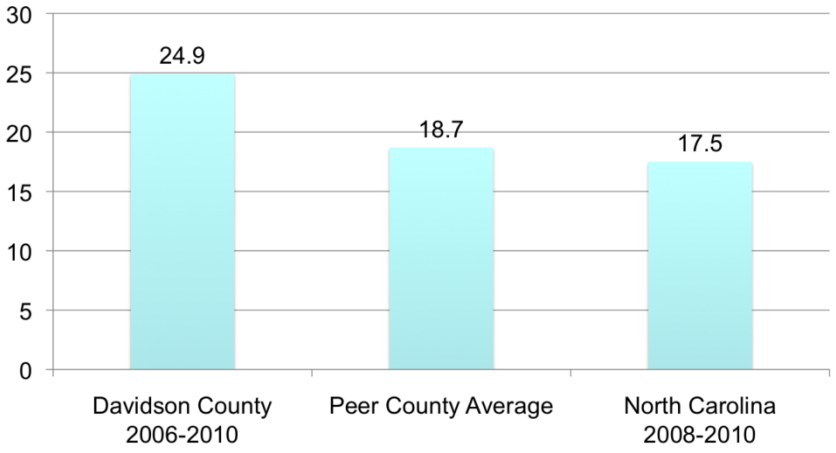
Source: LINC

Infectious Disease

Healthy North Carolina 2020 Objective: Reduce the pneumonia and influenza mortality rate to 13.5 per 100,000

Individuals over the age of 65, with co-occurring health conditions, pregnant women, and children are at increased risk of dying from pneumonia and the flu. From 2006–2010, 24.9 people died from pneumonia or influenza for every 100,000 people in Davidson County. This rate is significantly higher than the peer county average, North Carolina, and the Healthy NC 2020 objective.

Figure 3.37. Pneumonia and Influenza Mortality Rate per 100,000



Source: HealthStats

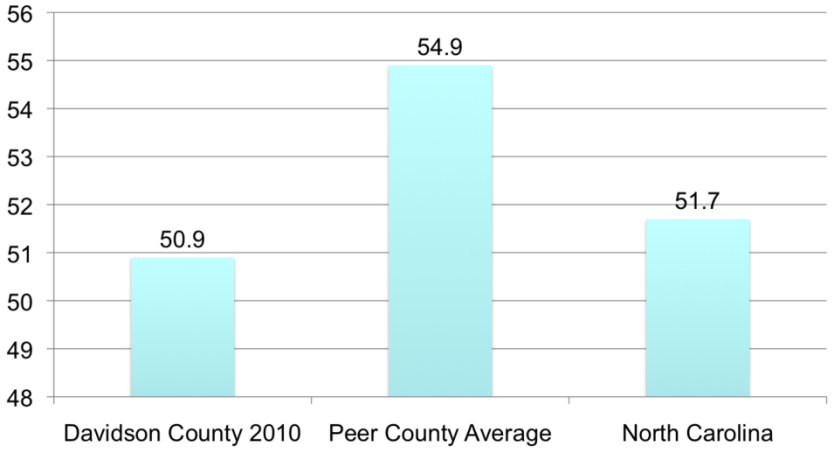
Oral Health

Oral health includes gum and tooth diseases. Poor oral health is related to other conditions; tobacco use contributes to oral disease, and gum disease can lead to heart disease. Availability and access to services, particularly among children, are primary contributors to poor oral health outcomes. There are three Healthy NC 2020 objectives for oral health.

Healthy North Carolina 2020 Objective: Increase the percentage of children aged 1–5 enrolled in Medicaid who received any dental service during the previous 12 months to 56.4%

In the past year, just over half of Medicaid-enrolled children aged 1–5 in Davidson County have received some dental service. This is below the target and percentages for peer counties, and similar to the rate in North Carolina.

Figure 3.38. Percentage of Children Aged 1–5 Enrolled in Medicaid Receiving Any Dental Service in Past 12 Months

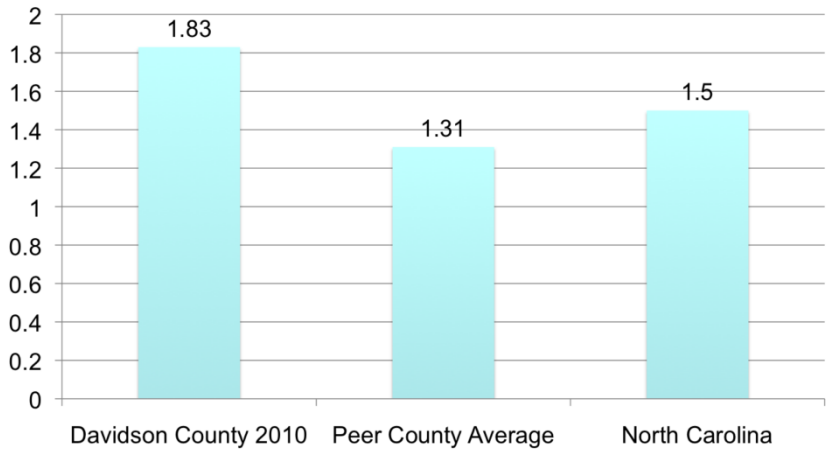


Source: HealthStats

Healthy North Carolina 2020 Objective: Decrease the average number of decayed, missing, or filled teeth among kindergartners to 1.1

When entering kindergarten in Davidson County, children have on average almost two teeth that are decayed, missing, or have been filled. This indicator of dental decay is worse than the peer counties, the state, and the 2020 target.

Figure 3.39. Average Number of Decayed, Missing, or Filled Teeth among Kindergartners

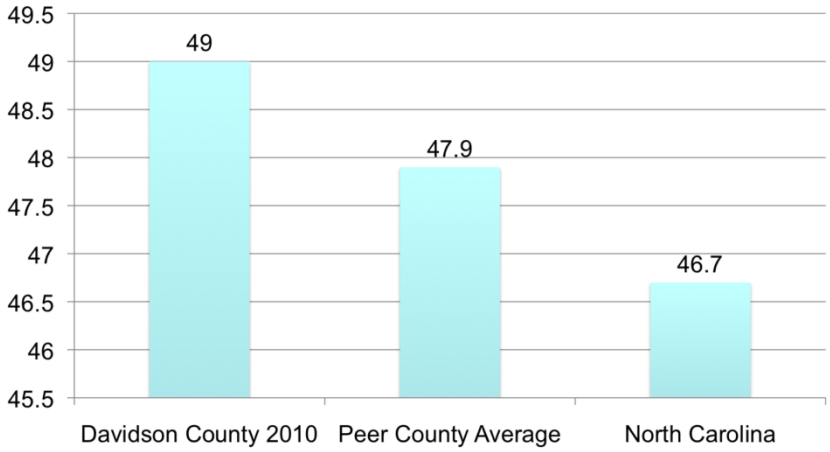


Source: HealthStats

Healthy North Carolina 2020 Objective: Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease to 38.4%

Almost half of adults in Davidson County report having had at least one tooth removed as a direct result of tooth decay or gum disease. This is not significantly higher than peer counties or the state as a whole, but it does represent a large need for oral health services to meet the Healthy NC 2020 objective.

Figure 3.40. Percentage of Adults with Permanent Teeth Removed Due to Tooth Decay or Gum Disease



Source: HealthStats

Chronic Disease

Chronic diseases are long lasting, more commonly found in older populations, and rarely cured. Chronic diseases are preventable yet cause the majority of death and illness in the United States. Examples of chronic disease include: heart disease, stroke, diabetes, arthritis, and cancer. Nearly 1 in 2 Americans is living with a chronic disease (National Heart Lung and Blood Institute, 2010). Three Healthy NC 2020 objectives relate to chronic disease.

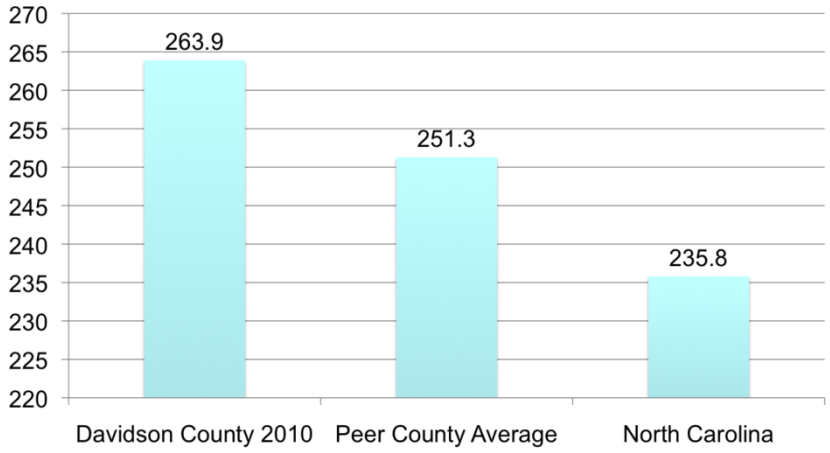
Cardiovascular Disease

Healthy North Carolina 2020 Objective: Reduce the cardiovascular disease mortality rate to 161.5 per 100,000

Diseases of the heart were the leading cause of death in Davidson County from 2006–2010. Correspondingly, the cardiovascular disease mortality rate was 263.9 per 100,000 people in 2010. This is higher than the cardiovascular disease death rate in

peer counties and the state, and significantly higher than the 2020 target of 161.5 per 100,000 people.

Figure 3.41. Cardiovascular Disease Mortality Rate per 100,000



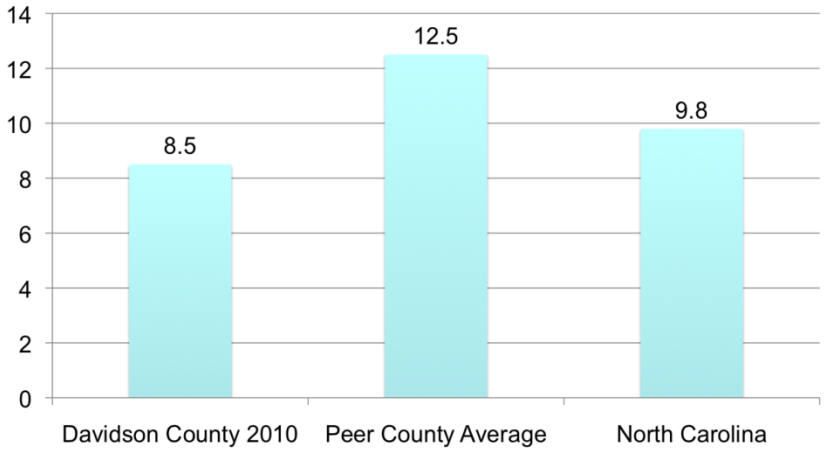
Source: HealthStats

Diabetes

Healthy North Carolina 2020 Objective: Decrease the percentage of adults with diabetes to 8.6%

With 8.5% of adults reporting that a doctor has told them they have diabetes, Davidson County has met the Healthy NC 2020 target. A smaller proportion of adults in Davidson County have diabetes than in peer counties or North Carolina. As obesity and age are two important contributors to adult diabetes, other indicators should be monitored to ensure this is an accurate representation of adult diabetes while not overlooking cases undiagnosed by a physician.

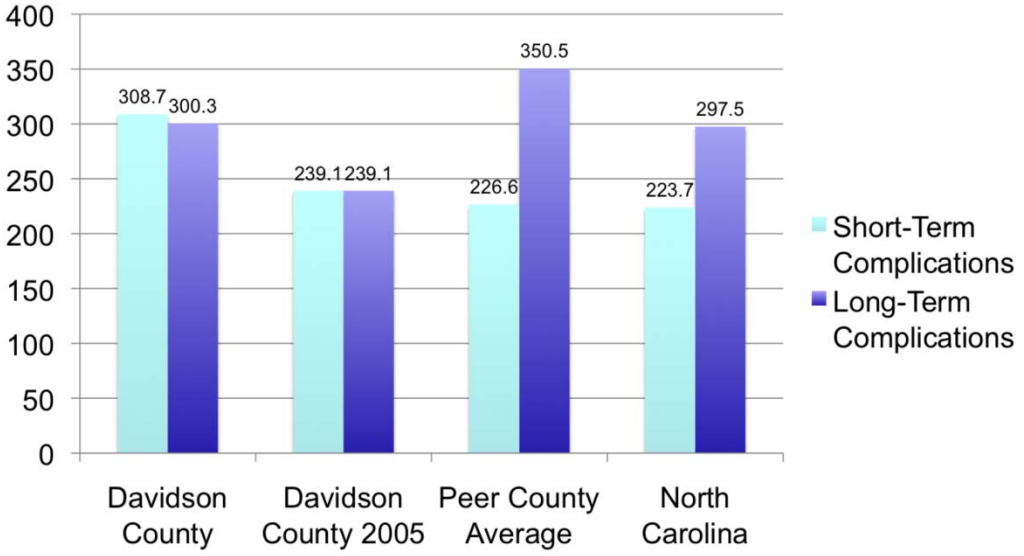
Figure 3.41. Percentage of Adults with Diabetes



Source: HealthStats

It is important to note: While the overall diabetes rate is on target in Davidson County, those individuals with diabetes have a significantly higher hospitalization rate for complications than the state average. The hospitalization rate for short- and long-term diabetes complications among Medicaid patients has increased since 2005. The short-term hospitalization admission rate is also significantly higher than both peer counties and the state. Hospitalization may indicate inadequate disease management and primary care.

Figure 3.42. Diabetes Complications Hospital Admission Rate among Medicaid Patients

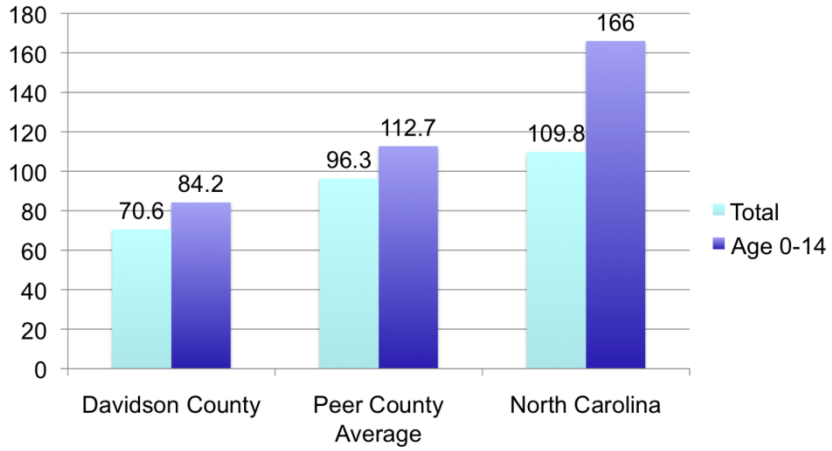


Source: NC DMA

Asthma

Among the overall population and the pediatric population, asthma hospitalizations are less frequent in Davidson County than peer counties and North Carolina. This could reflect overall lower asthma rates, as well as adequate disease management through primary care and treatment.

Figure 3.44. Asthma Discharge Rate per 100,000



Source: County Health Data Book

Cancer

Cancer rates. From 2005–2009, there were 4,330 cancer cases diagnosed in Davidson County. Common cancer rates are in Table 3.2. Davidson County has a lower overall cancer rate than the state (494 versus 500), as well as lower prostate and female breast cancer rates than the state. Colorectal and lung cancer rates are higher than the state averages.

Table 3.2. Davidson County Cancer Rates 2005–2009

Type	Rate per 100,000
Colon/Rectum	49.7
Lung/Bronchus	89.8
Female Breast	140.9
Prostate	127.7
All Cancers	494

Source: County Health Data Book

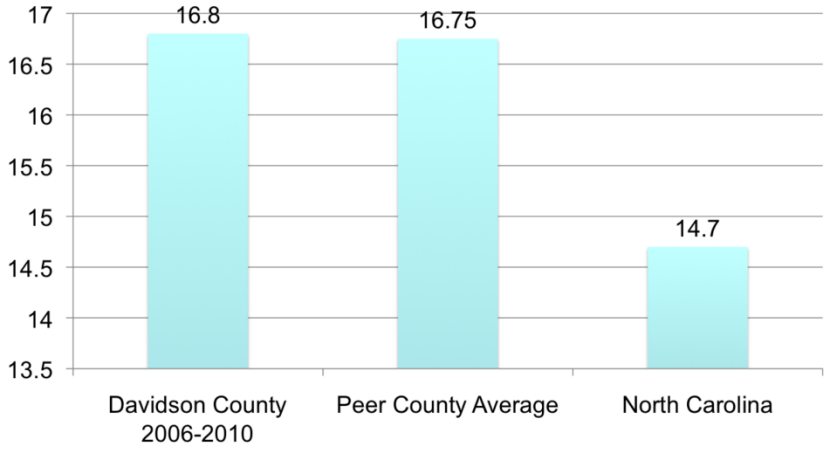
Colorectal, female breast, and prostate cancer rates are discussed in this section. See lung cancer information in Chapter 3 under the "Leading Causes of Death" section.

Colorectal Cancer

Healthy North Carolina 2020 Objective: Reduce the colorectal cancer mortality rate to 10.1 per 100,000

The colorectal cancer mortality rate in Davidson County is comparable with that in peer counties and higher than the rate in North Carolina and the 2020 target. Colorectal cancer is a leading cause of cancer death in men and women but is very treatable if found early. Higher mortality rates from colorectal cancer could be associated with lower screening rates; about 1 in 3 North Carolinians over the age of 50 reports never being screened.

Figure 3.45. Colorectal Cancer Mortality Rate per 100,000

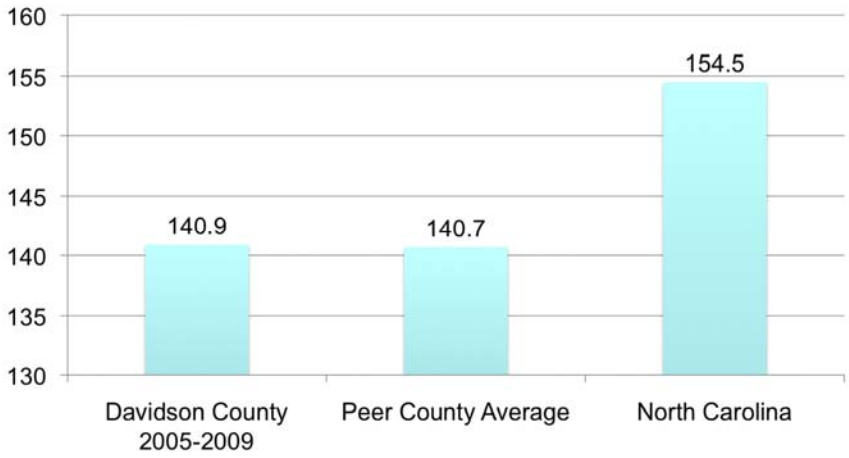


Source: HealthStats

Female Breast Cancer

The breast cancer rate from 2005–2009 in Davidson County was not significantly different from the peer counties or North Carolina. The rate is virtually the same as the peer county average and slightly lower than the overall state rate.

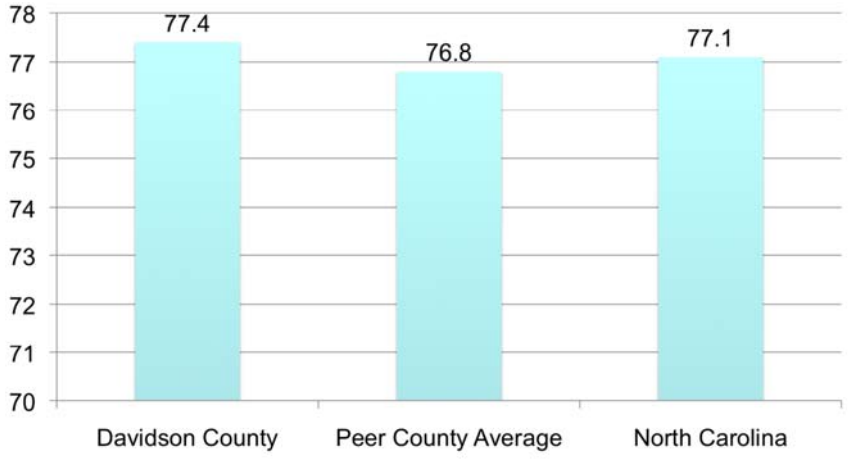
Figure 3.46. Female Breast Cancer Rate per 100,000



Source: County Health Data Book

Early detection is an important part of increasing survival and treatment outcomes. Women over the age of 40 are advised to have a mammogram every year. In 2010, 77.4% of women over 40 in Davidson County had a mammogram in the past 2 years. This rate is very similar to the peer county average and North Carolina percentage.

Figure 3.47. Percentage of Women Age 40+ with Mammogram in Past 2 Years

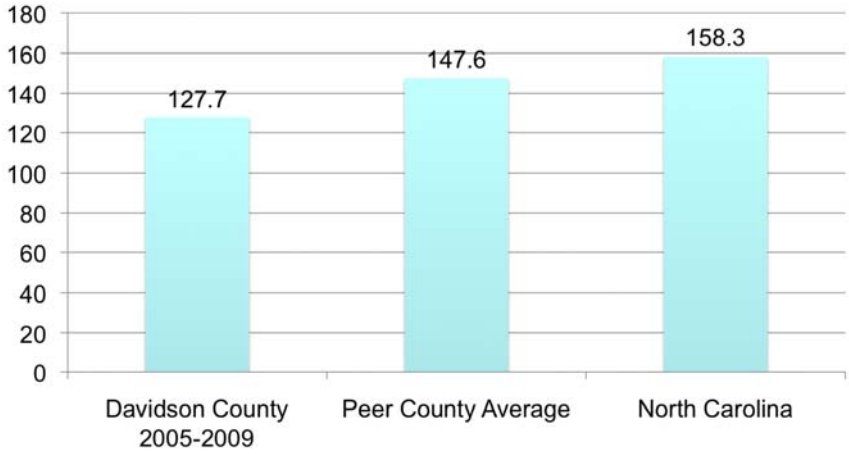


Source: BRFSS

Prostate Cancer

The prostate cancer rate in Davidson County is lower than the peer county average and North Carolina. On both state and national levels, it is important to note that a significant disparity exists between African American and White prostate cancer rates. African Americans have higher rates and are more likely to die from prostate cancer.

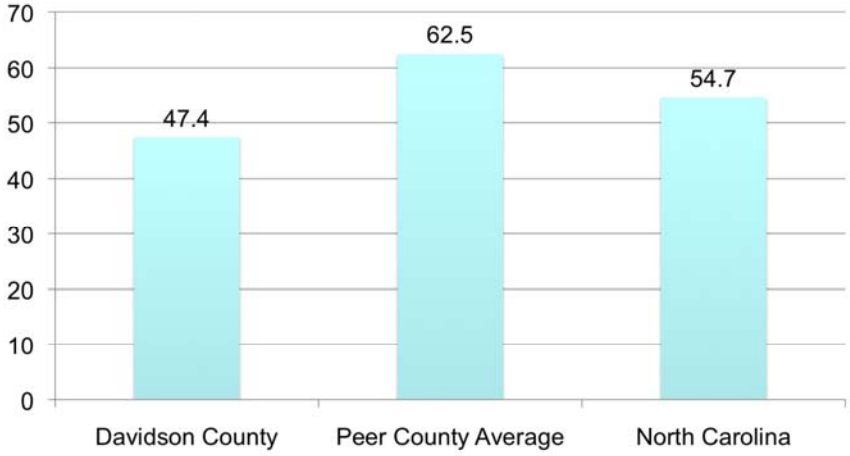
Figure 3.48. Prostate Cancer Rate per 100,000



Source: County Health Data Book

Like breast cancer, early detection can help improve outcomes for prostate cancer. Less than half of men over the age of 40 in Davidson County have had a prostate screening exam in the past 2 years. This is lower than the peer county average and North Carolina percentage.

Figure 3.49. Percentage of Men Age 40+ with Prostate Screening in Past 2 Years



Source: BRFSS

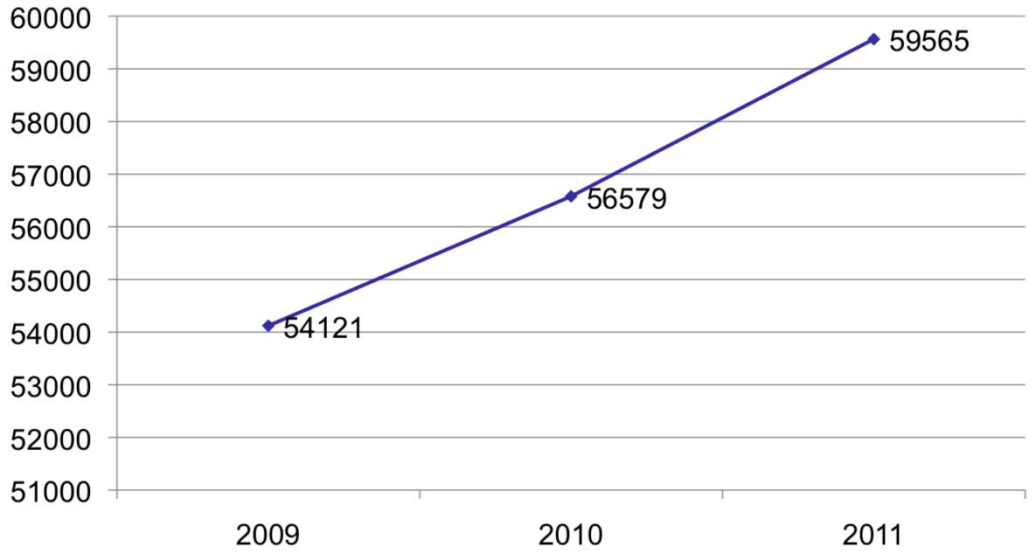
Hospital Specific Data

Emergency room data from the two hospitals in Davidson County, Thomasville Medical Center and Lexington Medical Center, were reviewed to supplement county-level health data. Three years of data from both facilities were aggregated to identify trends in emergency room (ER) usage and areas with the highest admission rates. This data can help inform target geographical areas for intervention and recognize gaps in care. The following data are additional data looking specifically at several key diagnoses.

Overall Trends

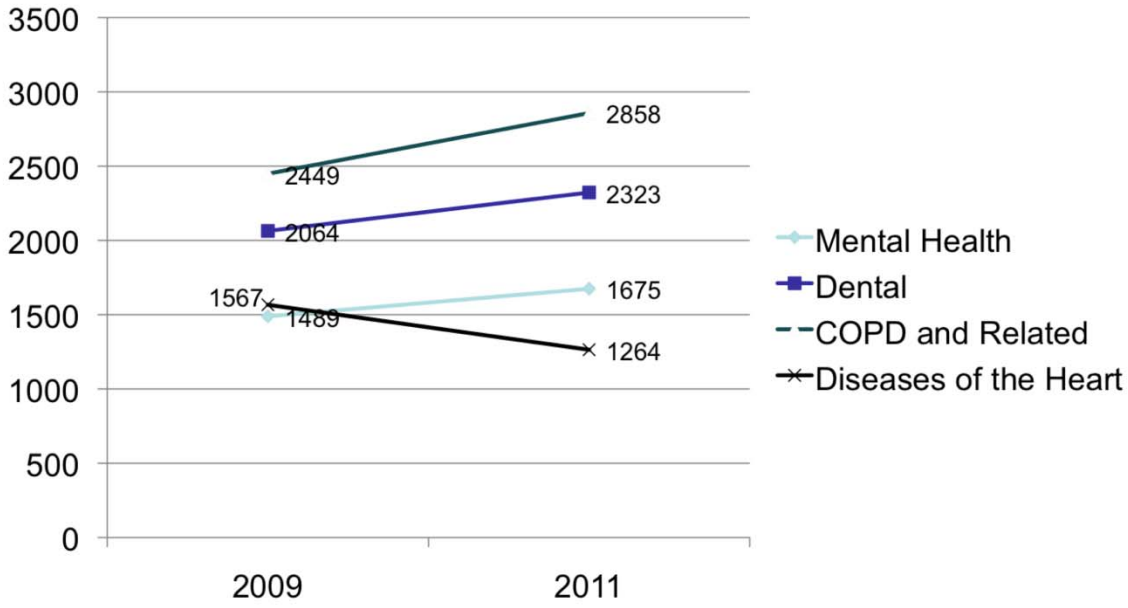
Emergency room usage increased 10% between 2009 and the end of 2011. The increasing ER use corresponds with the decreasing availability of primary care in the county.

Figure 3.50. Overall Emergency Room Usage Trend



The most common diagnoses were respiratory diseases, injury (not addressed here), and dental disorders. COPD and allied diseases (identified as ICD-9 codes 490–496) increased 16% from 2009–2011, and dental-related disorders (identified as ICD-9 codes 520–529) increased 13%. A large proportion of other diagnoses related to ill-defined symptoms or conditions, including many primary care ailments (e.g., abdominal pain, headache, fever, cough). Additionally, the emergency room was increasingly used as a point of treatment for mental health disorders, with a 12% increase from 2009–2011.

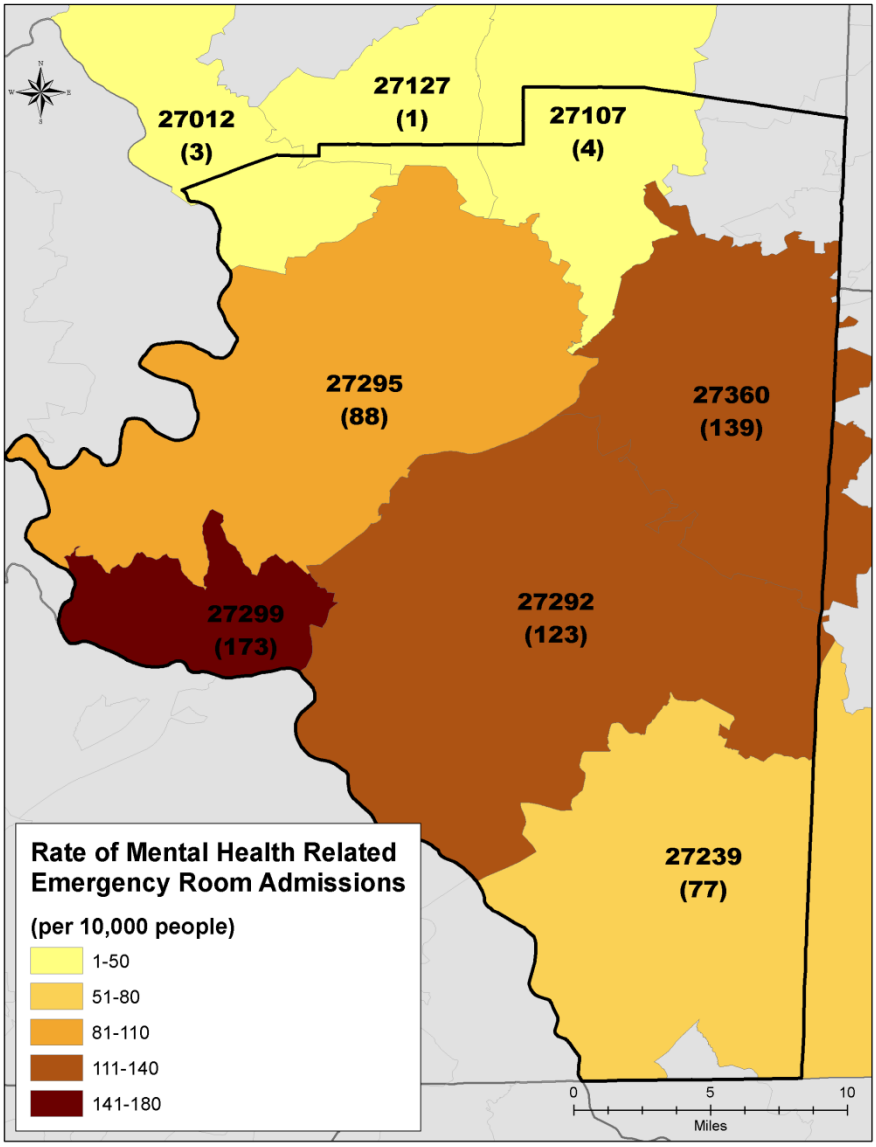
Figure 3.51. Emergency Room Trends for Select Diagnoses



Select Diagnoses by Zip Code Areas

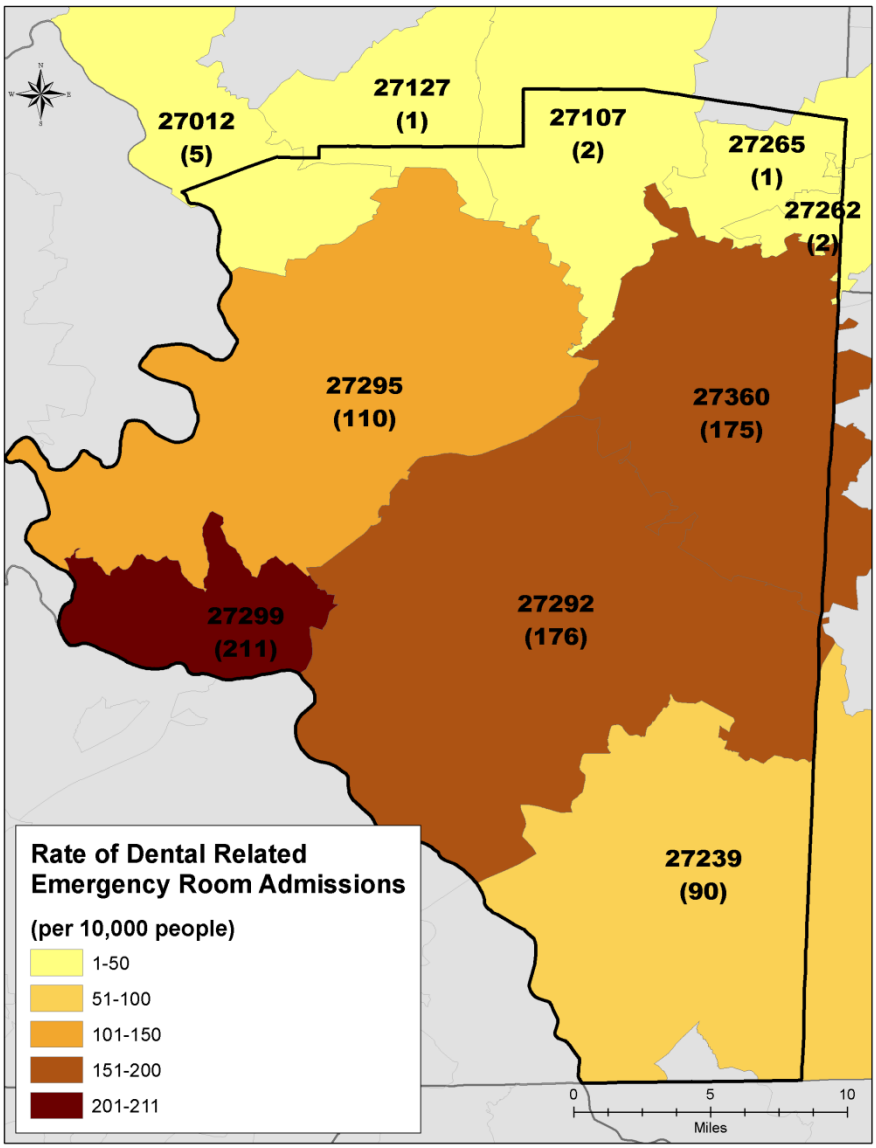
Mental health. The highest rates of emergency room visits for mental health reasons were among individuals living in the 27299 zip code area where there were 173 mental health ER visits per 10,000 people in 2011. High rates were also present for the 27360 and 27292 zip code areas.

Figure 3.52. Rate of Mental Health-Related ER Admissions by Zip Code



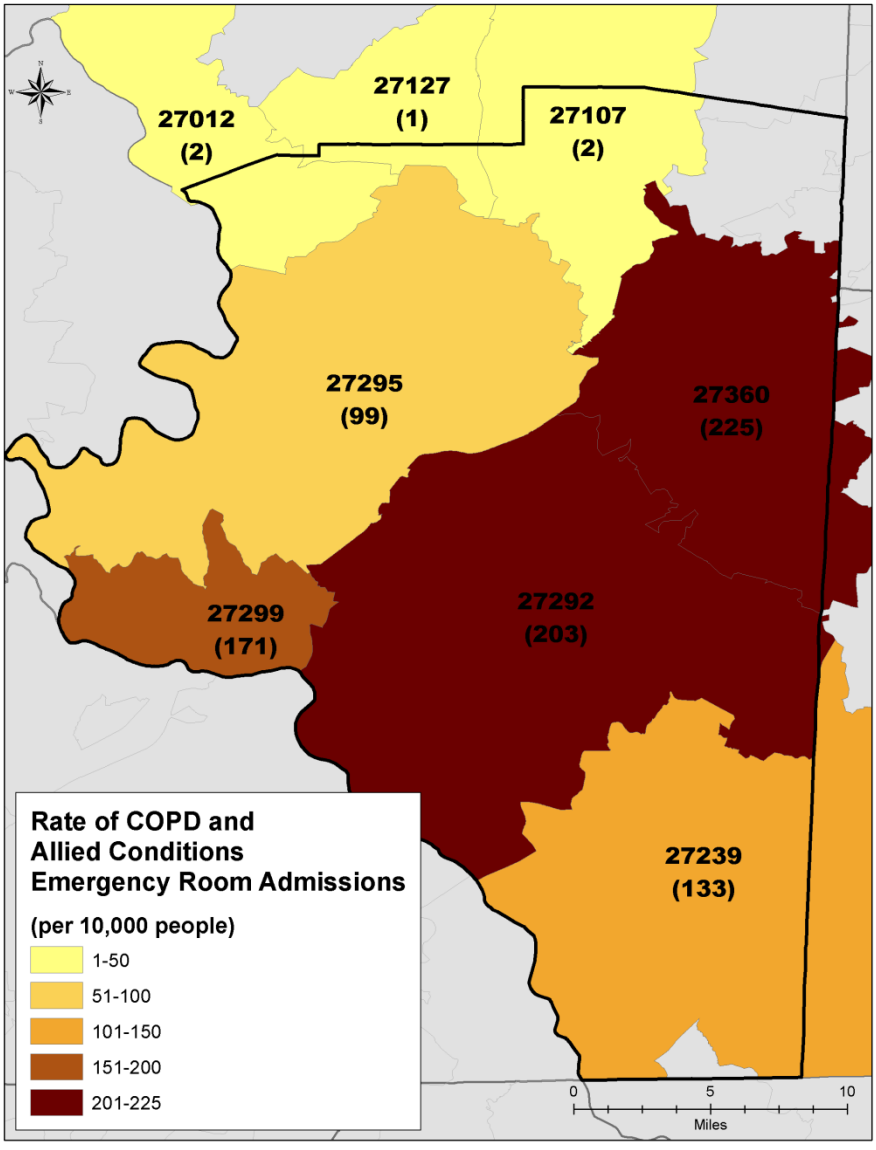
Oral health. Similar to mental health, the highest rates of emergency room usage for dental-related disorders came from three zip code areas: 27299, 27292, and 27360. The rates ranged from 175–211 diagnoses per 10,000 people.

Figure 3.53. Rate of Dental-Related ER Admissions by Zip Code



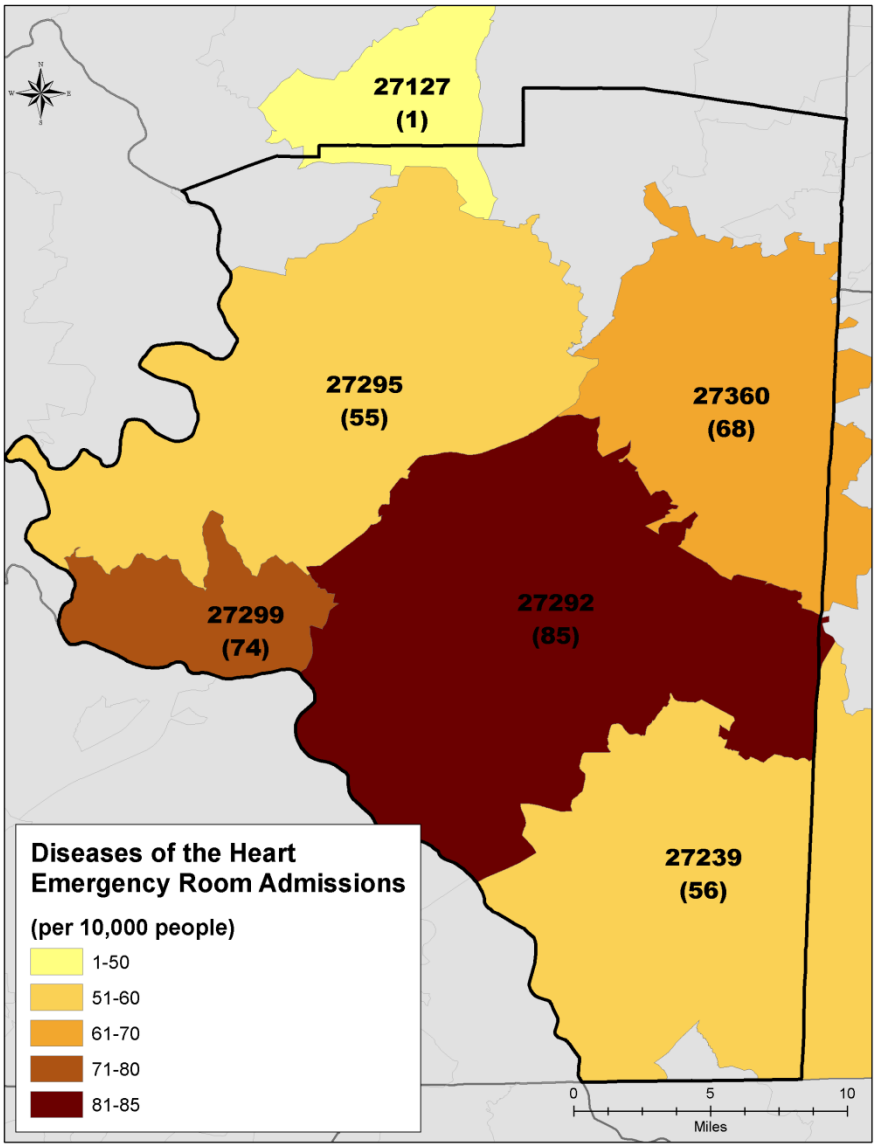
COPD and allied conditions. The Thomasville area (27360 zip code) had the highest rate of ER admissions in Davidson County for COPD and related conditions, with a rate of 225 admissions per 10,000 residents. Progressively lower rates were seen in 27292, 27299, and 27239 zip code areas, respectively.

Figure 3.54. Rate of COPD and Allied Conditions ER Admissions by Zip Code



Diseases of the heart. Compared to mental health, dental, and COPD diagnoses, the rate of diagnosis for diseases of the heart was more evenly distributed among the zip code areas. Rates ranged from 55–85 diagnoses per 10,000 residents in the following zip code areas: 27295, 27239, 27360, 27299, and 27292.

Figure 3.54. Rate of Heart Disease ER Admissions by Zip Code



Chapter Four: Community Health Opinion Survey and Focus Groups

Community Health Opinion Survey

Introduction and Methods

Primary data for the Davidson County Community Health Assessment were collected over a three-day period (March 8th–10th). Trained interviewers administered a community health opinion survey to respondents at randomly selected households throughout Davidson County. The survey was created with input from community stakeholders and included questions on community issues, preventive care and health behaviors, mental health issues, environmental health issues, disaster preparedness, access to healthcare, and various personal and household demographics.

Sampling. The UNC Center for Public Health Preparedness (UNC CPHP) facilitated administration of the community health opinion survey, using a two-stage cluster sampling methodology developed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) (Malilay, Flanders, and Brogan,1996). This methodology allowed for the collected data to be generalizable to the target population, based on population-based sampling weights from each census block.

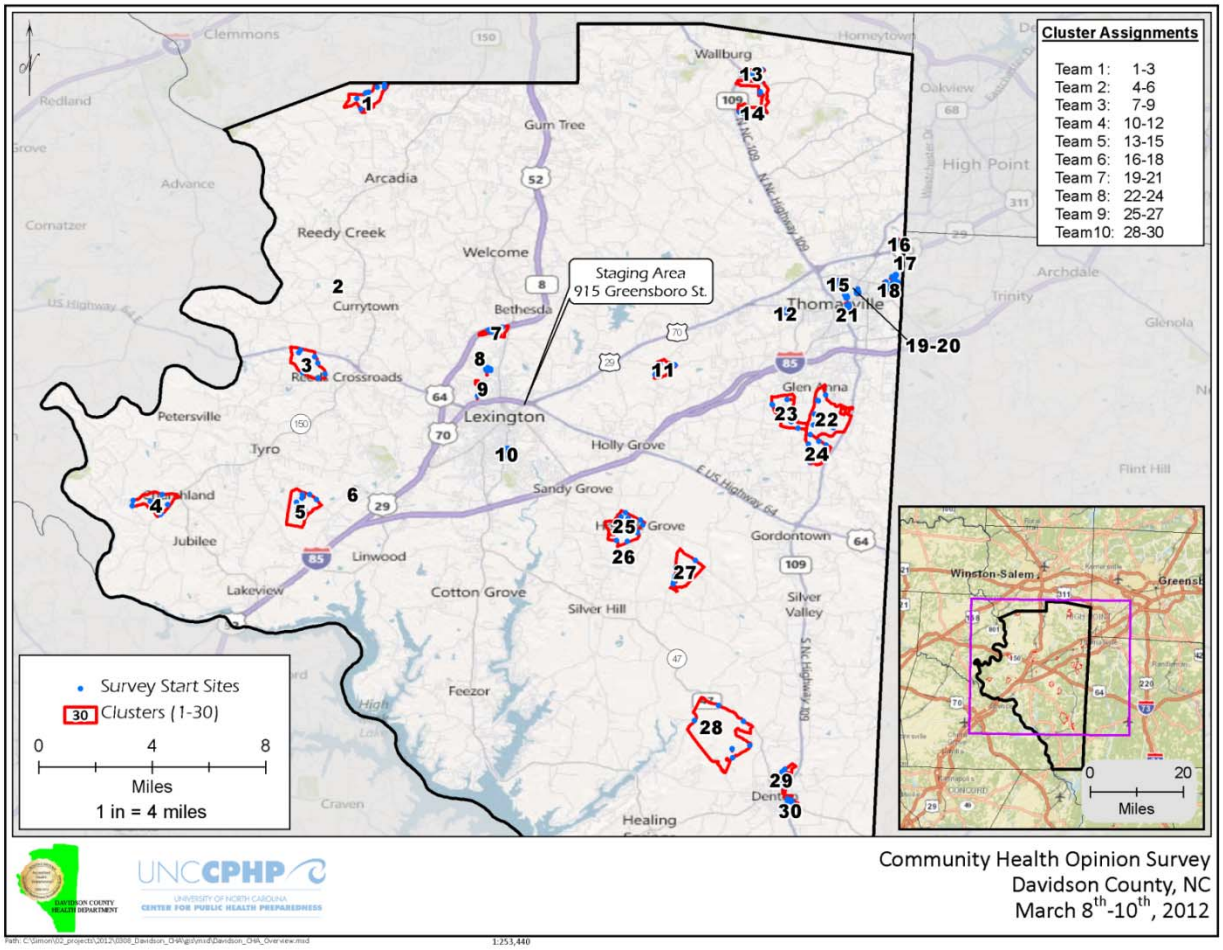
In the first stage of sampling, 30 census blocks were randomly selected probability proportionate to population, with the most populated census blocks more likely to be selected. The selected census blocks throughout Davidson County are shown in Figure 4.1. In the second stage of sampling, seven random interview locations within each selected block were identified using an automated routine in ArcGIS. Interviewers obtained oral informed consent before interviewing potential study participants. Eligible participants were at least 18 years of age and residents of the selected household.

Responses were recorded at the time of the interview on hard copy surveys or taken electronically using Magellan Mapper handheld computers. A total of 209 interviews were conducted throughout the county for a success rate of 99.5%, just below the goal of 210 interviews (7 interviews from 30 census blocks). Eighty-four individuals refused to be interviewed, and four encountered a language barrier preventing interview, for an overall response rate of 70.4%. Interviews were attempted at 658 households, for a contact rate of 31.8%.

Data analysis. Data were analyzed in SAS 9.2 (Cary, North Carolina), with weighted frequencies and their 95% confidence intervals (CIs) for each question in the community health opinion survey. Unlike a simple random sample of the entire county, households selected in cluster sampling have an unequal probability of selection. To avoid biased estimates, data analyses included a mathematical weight for probability of selection. Survey weights were calculated using methods described in the CDC's Community Assessment for Public Health Emergency Response (CASPER) toolkit (Department of Health and Human Services, CDC, 2009). The weights incorporated the total number of households in the sampling frame, the number of households in the census block, and the number of interviews collected in each census block. These weights were used to calculate the standard error for each frequency, from which 95% confidence intervals (CIs) were derived. Qualitative data were summarized into categorical variables where appropriate. The results of the Davidson County community health opinion survey were used as primary data within this 2012 Davidson County Community Health Assessment.

Interpretations of these data were generalizable at the county level, as the sampling methods collected responses from residents throughout the county in weighted census blocks. These weights allowed for the calculation of 95% CIs, interpreted as the interval which contains the true value in 95% of repeated samples. This methodology has a limitation: Stratifications to a finer scale, or within subpopulations of the county, result in imprecise estimates with no meaningful interpretive value. Demographics from survey respondents were similar to county Census 2010 estimates, indicating that these data are representative of county residents (Table 4.1).

Figure 4.1. Selected Census Blocks (n=30) for Community Health Opinion Survey



Demographics

The mean age of survey respondents was 56 years and ranged from 19–90 years (Figure 4.2). Table 4.1 displays data for gender, race, and ethnicity. The majority of survey respondents were female (57.9%; 95% CI [51.1, 64.6]). Most reported white race (87.1%; 95% CI [82.6, 91.7]), with only 6.2% (95% CI [2.9, 9.5]) reporting black race (Figure 3). Few survey respondents reported Hispanic or Latino ethnicity (2.9%; 95% CI [0.6, 5.1]). These demographic characteristics were very similar to the 2010 census projections, with the exception of gender and age. The distribution of age among respondents was generally older than that of the county census estimates, as individuals interviewed had to be at least 18 years of age (Table 4.1).

Additional demographics collected were education and household income. High school was the most commonly reported highest level of education completed (32.5%; 95% CI [26.1, 38.9]), with 16.2% (95% CI [11.2, 21.2]) reporting an associate degree from college, and 7.7% (95% CI [4.0, 11.4]) reporting a bachelor's degree from a four-year college (Figure 3). Of the participating respondents, the most commonly reported household income was $25,000–$34,999 (15.8%, 95% CI [10.8, 20.8]); however, many respondents refused to provide an answer (17.7%; 95% CI [12.5, 22.9]) (Figure 4.4).

Figure 4.2. Age Distribution of Survey Respondents (n=209)

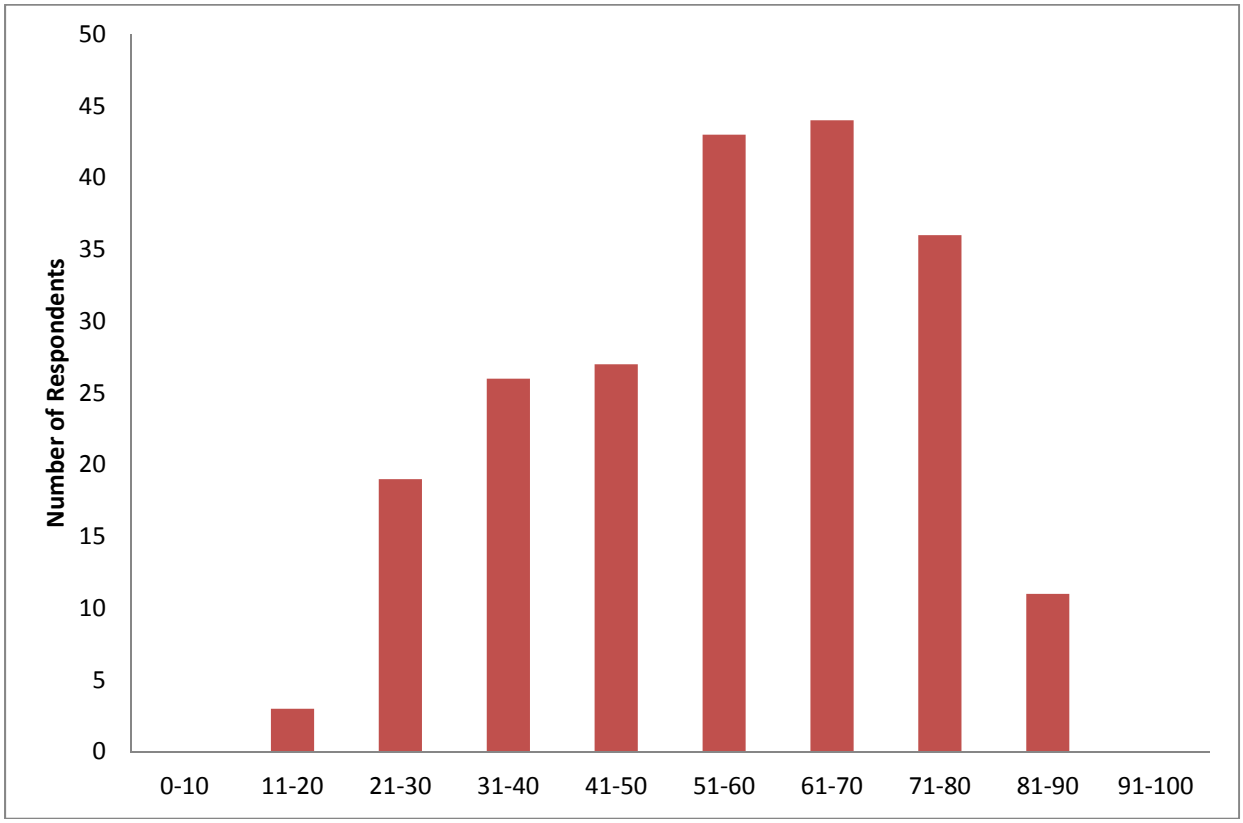


Table 4.1. Gender, Race, and Ethnicity of Survey Respondents (n=209)

	Frequency - % (95% CI)	Davidson County - % (2010 U.S. Census)
Gender		
Male	42.1 (35.4, 48.9)	49.0
Female	57.9 (51.1, 64.6)	51.0
Race		
White	87.1 (82.6, 91.7)	84.3
Black or African American	6.2 (2.9, 9.5)	8.9
Other	3.8 (1.2, 6.4)	5.1
Asian	1.9 (0.0, 3.8)	1.2
American Indian or Alaskan Native	1.4 (0.0, 3.0)	0.5
Ethnicity		
Hispanic/Latino	2.9 (0.6, 5.1)	6.4
Non-Hispanic/Latino	97.1 (94.9, 99.4)	82.0

Figure 4.3. Highest Level of Education Completed Among Survey Respondents (n=209)

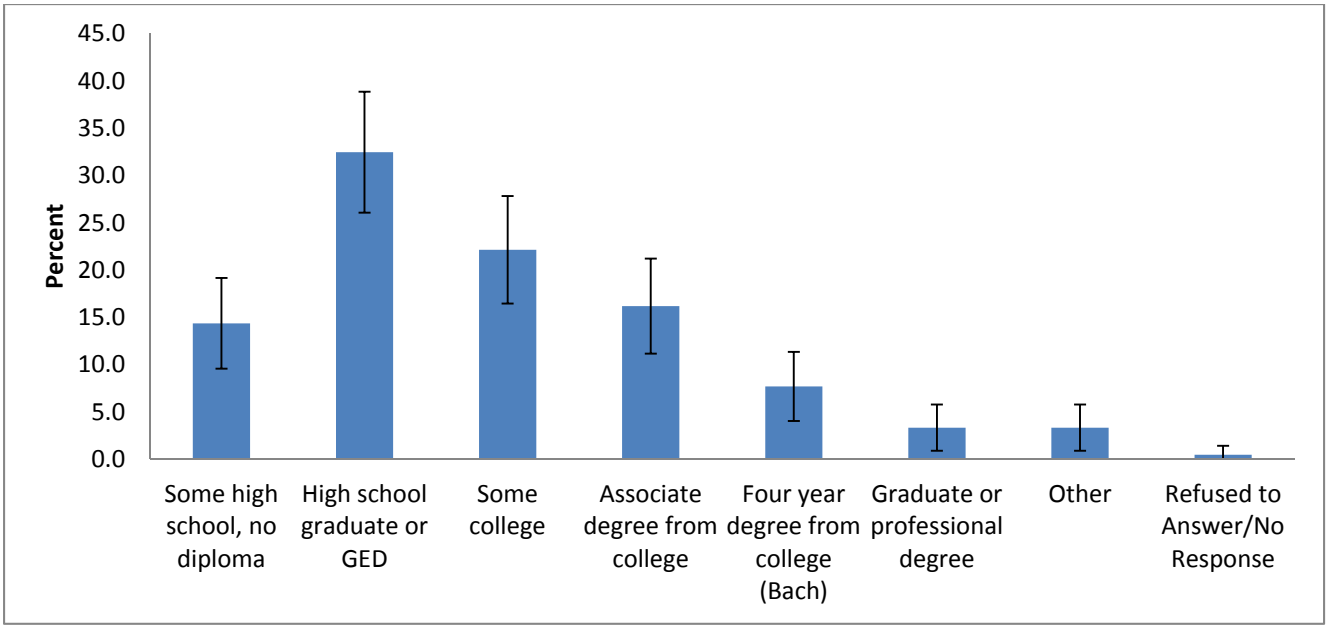
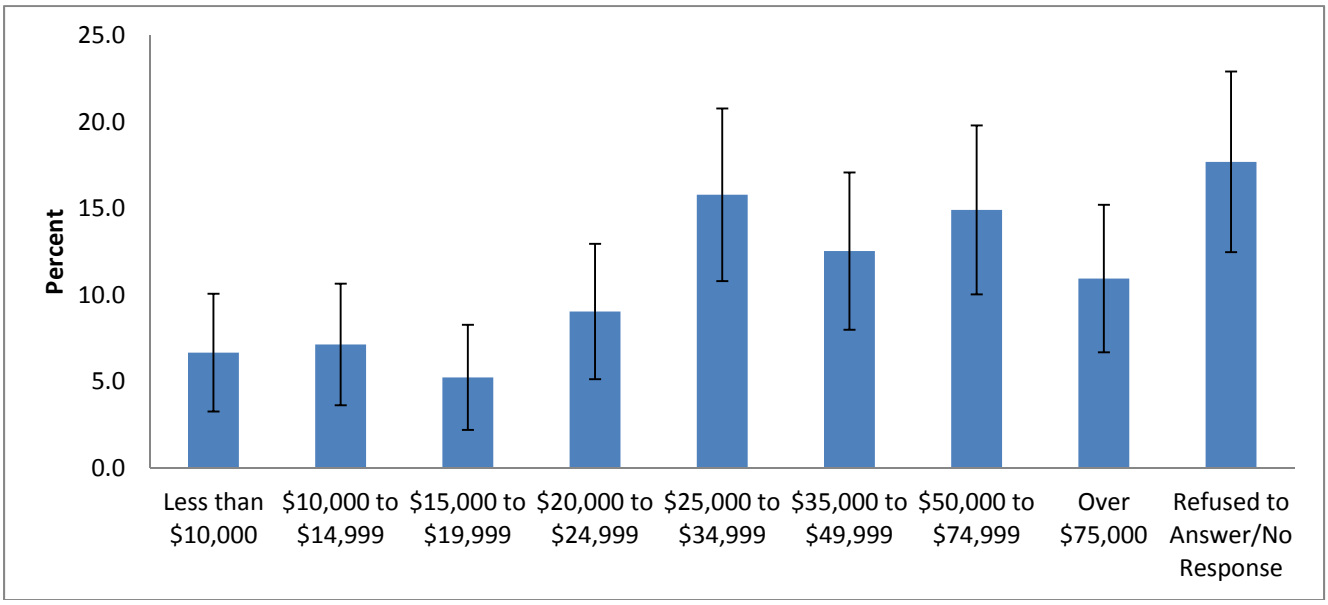


Figure 4.4. Annual Household Income among Survey Respondents (n=209)



Community Issues

Survey respondents were asked a series of questions related to community issues, such as health problems, unhealthy behaviors, and substance abuse. When asked to pick the five most important health problems in Davidson County, survey respondents identified cancer (59.4%, 95% CI [52.7, 66.2]); diabetes (56.8%; 95% CI [50.1, 63.6]); heart disease (53.6%; 95% CI [46.8, 60.4]); aging problems (48.3%; 95% CI [41.5, 55.2]); and obesity/overweight (42.0%; 95% CI [35.2, 48.7]) (Figure 4.5). Given the age of our population, it is not surprising that the most frequent health concerns were related to chronic disease.

When asked to identify the five most important unhealthy behaviors, respondents identified drug abuse (74.1%; 95% CI [68.1, 80.1]); alcohol abuse (72.2%; 95% CI [66.1, 78.3]); smoking/tobacco (54.3%; 95% CI [47.5, 61.1]); lack of exercise (46.0%; 95% CI [39.1, 52.8]); and poor eating habits (45.8%; 95% CI [39.0, 52.6]) (Figure 4.6). Some of these behaviors, such as lack of exercise and poor eating habits, relate to the health concerns given in Figure 4.5, whereas drug and alcohol abuse reflect a concern for substance abuse problems in the county.

Respondents were asked to pick the three most important substance abuse problems. They identified drinking alcohol (66.4%; 95% CI [60.0, 72.9]); abusing prescription drugs/pills (48.4%; 95% CI [41.6, 55.2]); and drinking and driving (41.7%; 95% CI [34.9, 48.4]). Concerns about illicit drug abuse were less frequently identified but were still listed by more than 20% of the respondents (Figure 4.7).

Lastly, respondents were asked to select the five most important community issues that have the biggest impact on quality of life. They most commonly identified

unemployment (69.9%; 95% CI [63.7, 76.2]); lack of health insurance (46.4%; 95% CI [39.6, 53.2]); low income/poverty (45.4%; 95% CI [38.6, 52.2]); affordable health services (38.7%; 95% CI [32.1, 45.4]); and school drop-out rates (37.8%; 95% CI [31.1, 44.4]) (Figure 4.8). Many of these issues relate to the current economic climate on a local and national scale: Unemployment, health insurance, and affordable health services are tied closely to low income and poverty.

From these responses, it is apparent that chronic health problems, alcohol abuse, and economic issues are the most important concerns of Davidson County residents.

Figure 4.5. Most Important Health Problems Identified by Survey Respondents

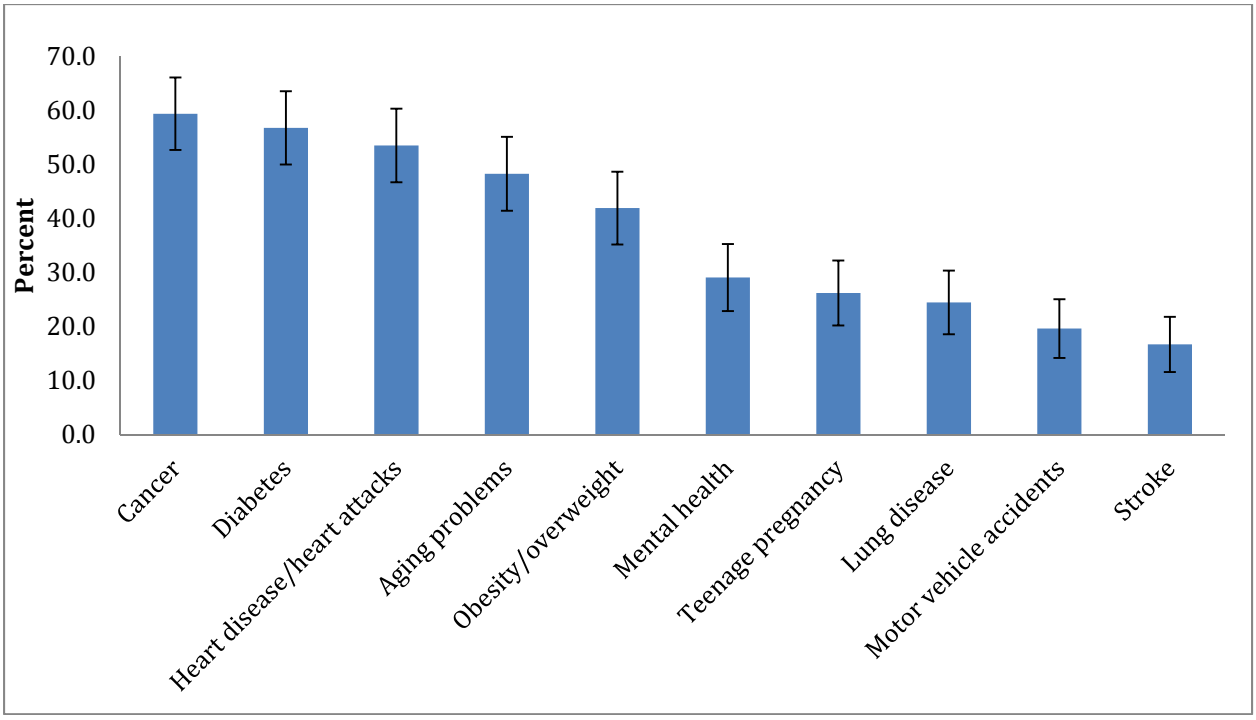


Figure 4.6. Most Important Unhealthy Behaviors Identified by Survey Respondents

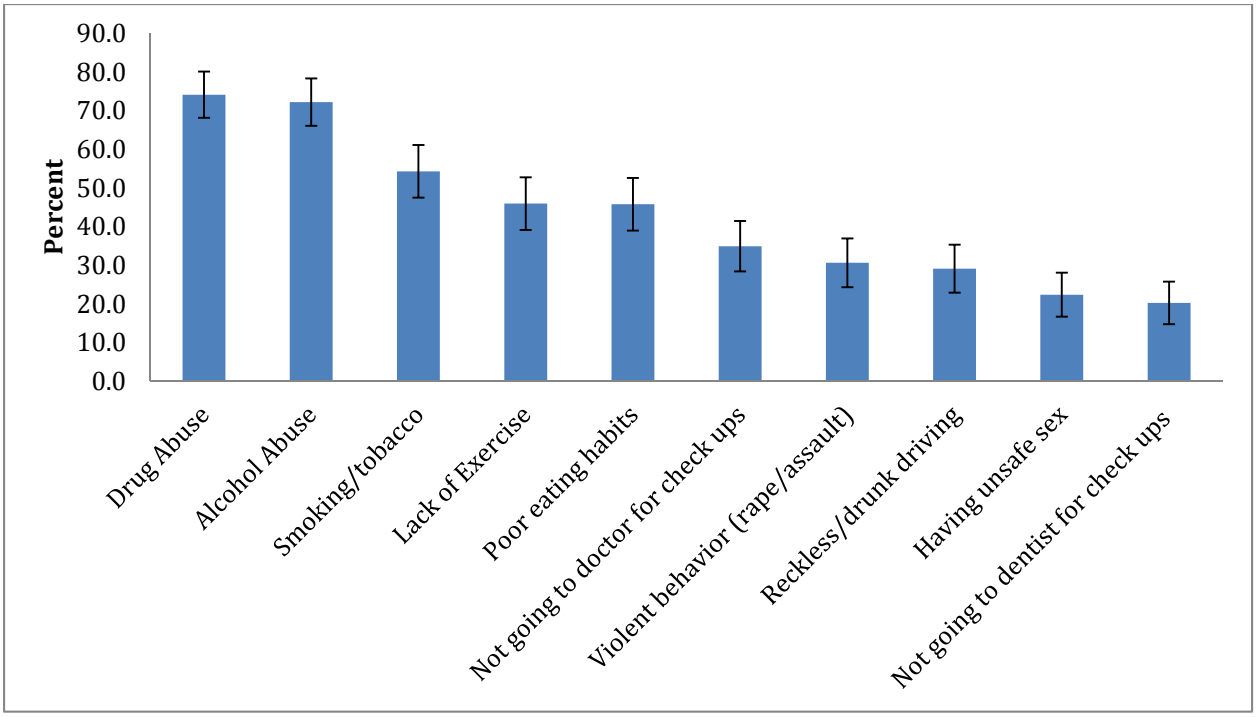


Figure 4.7. Most Important Substance Abuse Problems Identified by Survey Respondents

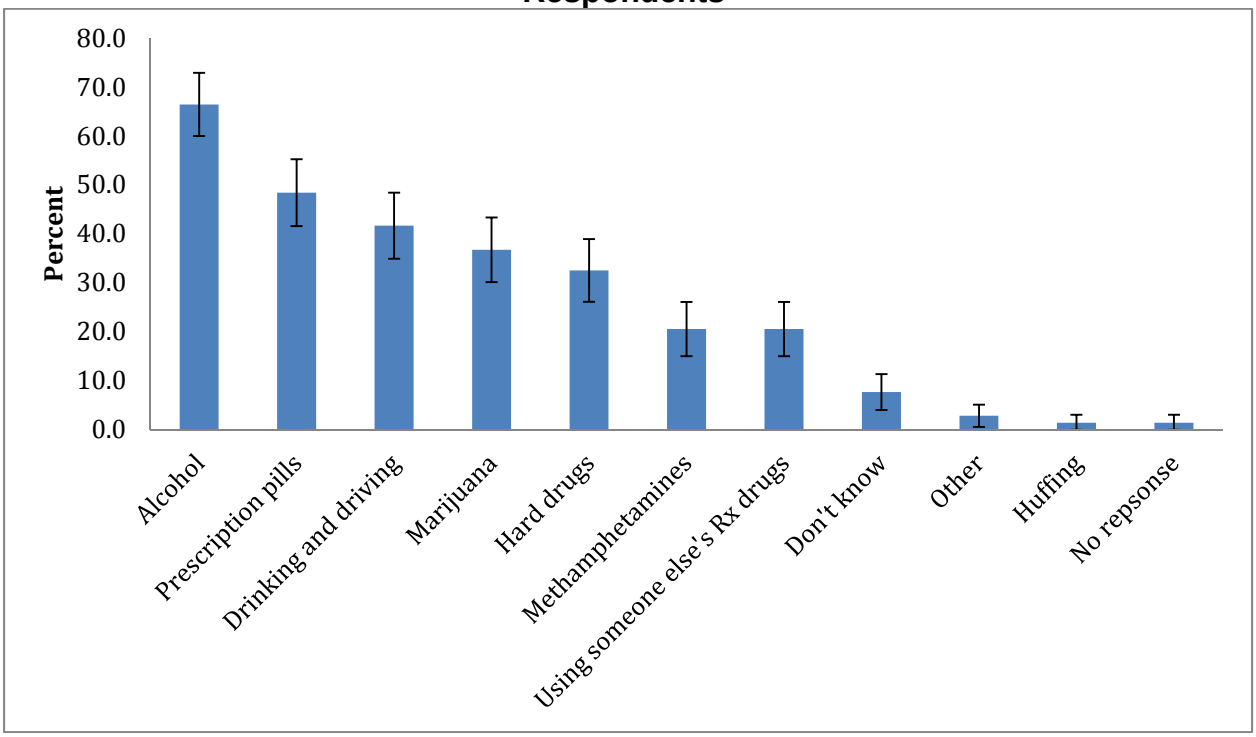
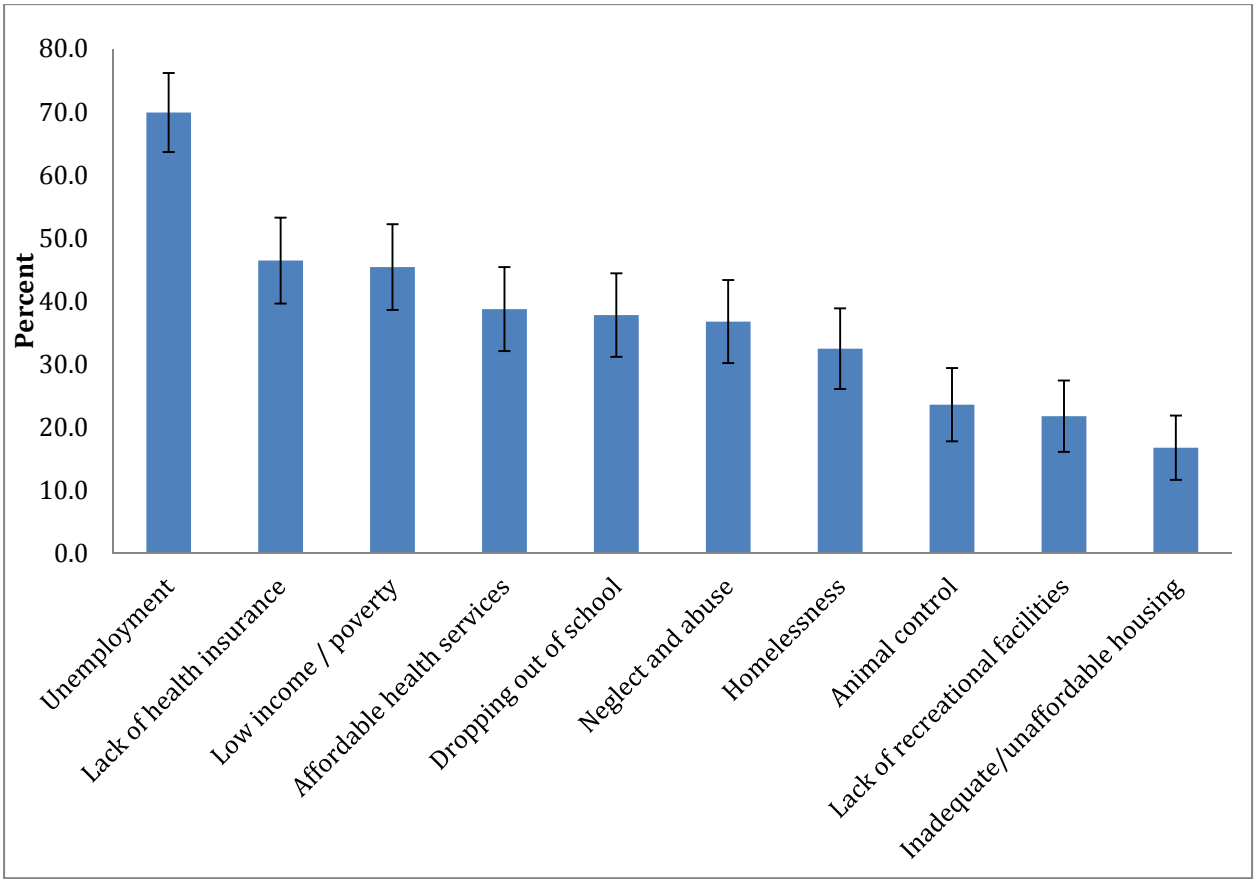


Figure 4.8. Community Issues That Have the Greatest Effect on Quality of Life, as Identified by Survey Respondents



Preventive Care and Health Behaviors

Respondents were asked a series of questions related to health behaviors. When asked about physical activity—recommendation is that individuals get 30 minutes of physical activity five days a week—37.5% (95% CI [30.8, 44.1]) reported that they meet or exceed the required amount of exercise. The primary reasons given for not achieving this amount of exercise were time constraints (11.5%; 95% CI [7.1, 15.9]); physical disability (11.4%; 95% CI [7.1, 15.8]); and dislike of exercise (10.0%; 95% CI [6.0, 14.2]) (Figure 4.9).

In addition, respondents were asked whether or not they consume the recommended amounts of fruits and vegetables, defined as five servings a day, not including French fries or potato chips. Over 40% reported eating at least the recommended amount (41.2%; 95% CI [34.5, 47.9]). The most commonly selected reasons for not consuming the recommended amount were: "I do not think about it." (14.3%; 95% CI [9.5, 19.1]); "They're too expensive." (11.0%; 95% CI [6.7, 15.3]); and "I don't have time to fix them." (8.2%; 95% CI [4.4, 11.9]) (Figure 4.10).

In terms of preventive medical care, 81.8% (95% CI [76.6, 87.1]) keep their family vaccines up to date. The few who do not listed the following reasons: "I do not know when they're due." (3.8%; 95% CI [1.2, 6.4]); "Vaccines cost too much." (2.9%; 95% CI [0.6, 5.1]); and "I'm afraid of possible side effects." (2.0%; 95% CI [0.0, 3.9]) (Figure 4.11). Some respondents mentioned the excessive cost involved with vaccines. However, over one-third of the respondents were unaware that school-required vaccines for children under the age of 18 were given at no cost by the local health department (37.1%; 95% CI [30.5, 43.8]) (Table 4.2).

Finally, male and female respondents were asked about various screening tests recommended at their age. For males over the age of 50 years, 78.8% (95% CI [71.8, 85.7]) reported having at least one colonoscopy. Those who had not said they did not want to, did not feel the need to, or did not know it was needed. Males over the age of 40 years were asked whether or not they have an annual prostate exam—69.0% (95% CI [57.4, 80.6]) responded that they did have an annual exam. Common reasons given for not having an annual prostate exam were they did not think it was necessary and they were uncomfortable with the procedure. Preventive health results were similar for

women. Over the age of 40, 72.8% (95% CI [63.7, 81.9]) had an annual mammogram, with cost and insufficient insurance given as the main reasons for not having one. The majority of women had a pap smear at least every other year (63.0%; 95% CI [54.2, 71.7]), with insufficient insurance and ineligibility due to age or hysterectomy given as the main reasons for not having one (Table 4.2).

From these data, it is easy to see that there is room to improve physical activity and eating habits among Davidson County residents. In terms of preventive care, the majority of individuals do have recommended screening exams. Although, increased knowledge of the procedures for men and better insurance coverage for women would likely increase the screening rates among residents.

Figure 4.9. Reasons for Not Getting Recommended Physical Activity

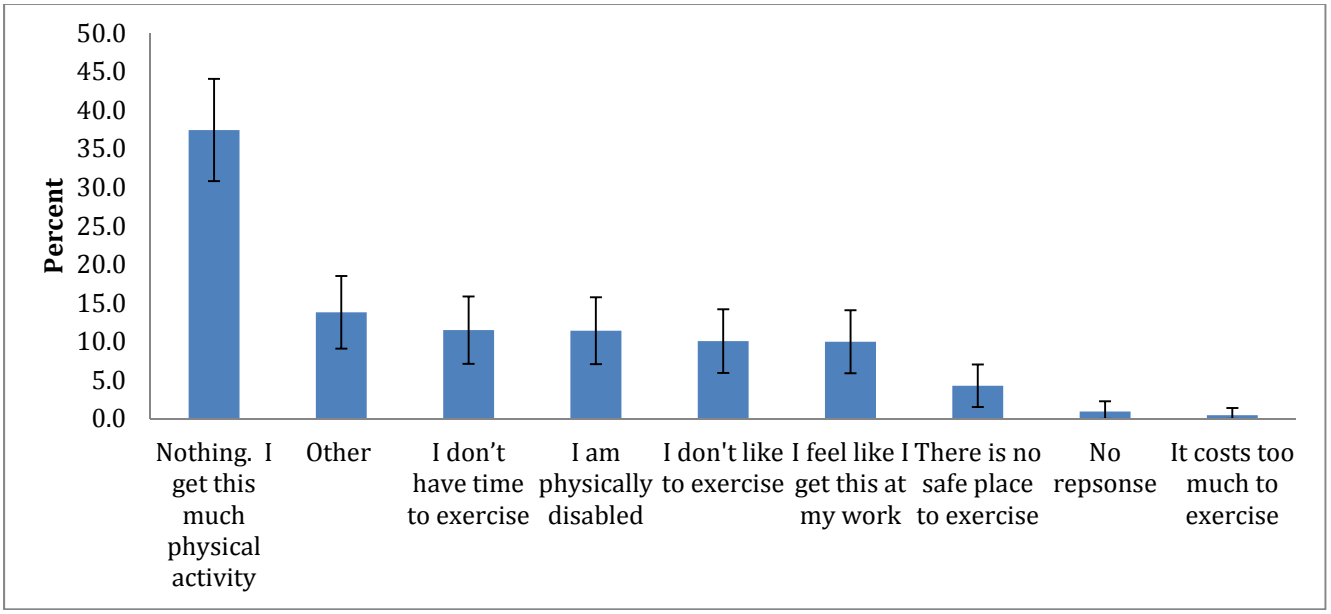


Figure 4.10. Reasons for Not Getting Recommended Servings of Fruits and Vegetables

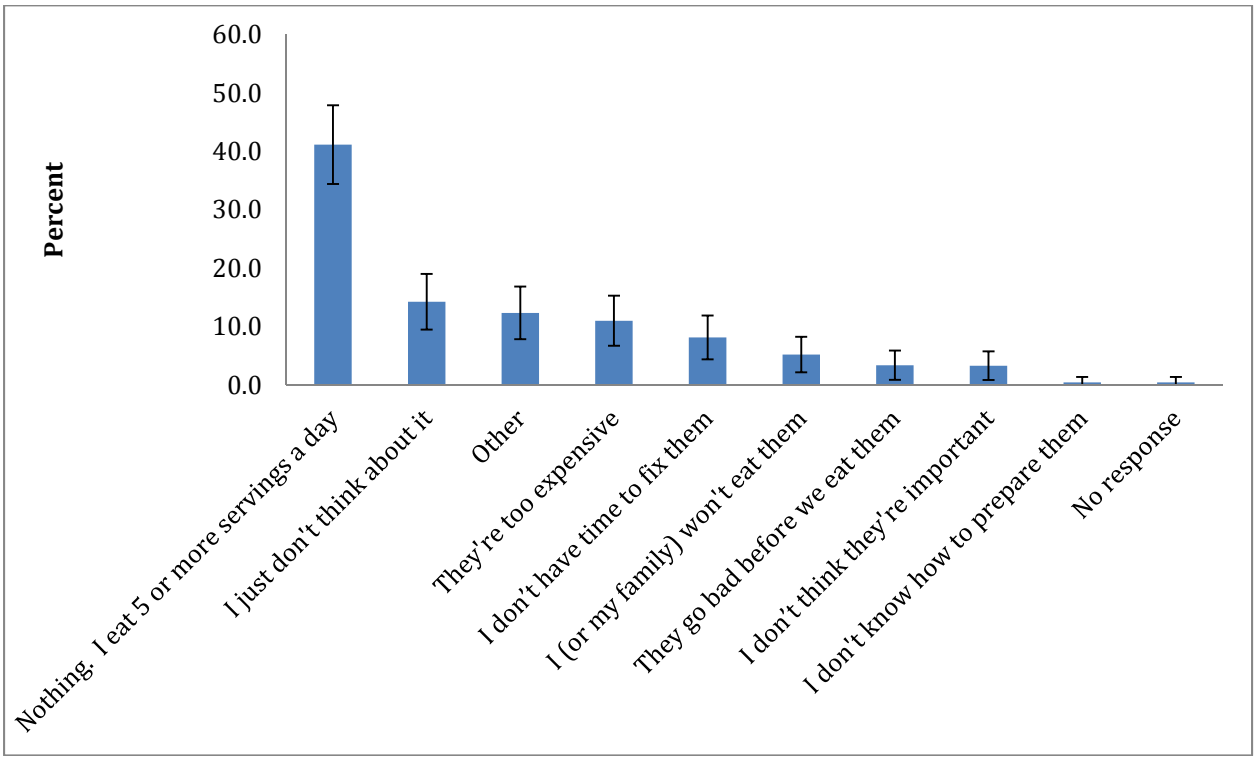


Figure 4.11. Reasons for Not Keeping Family Vaccines Up to Date

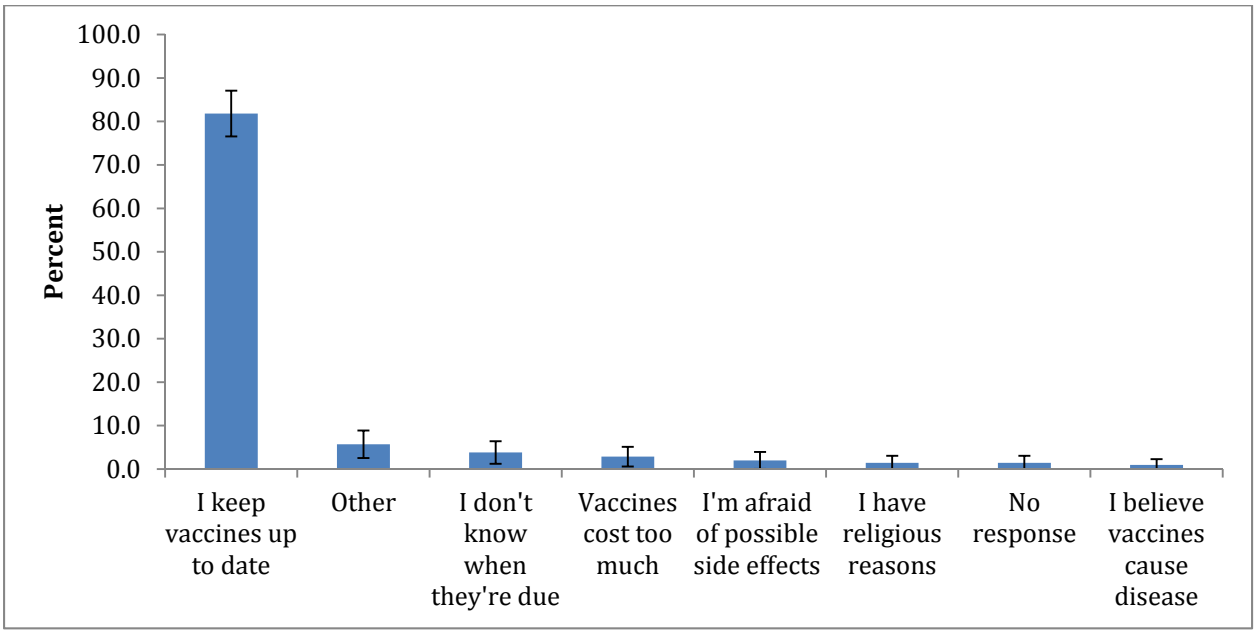


Table 4.2. Preventive Healthcare Questions

	Frequency - % (95% CI)
Did you know your child can receive free vaccines at the health department?	
Yes	2.9 (0.6, 5.1)
No	97.1 (94.9, 99.4)
If you are a male over age 50, have you ever had a colonoscopy?	
Yes	51.2 (44.4, 58.0)
No	13.8 (9.1, 18.5)
If you are a male over age 40, do you have an annual prostate exam?	
Yes	21.5 (15.9, 27.1)
No	9.7 (5.6, 13.8)
If you are a female over age 40, do you have an annual mammogram?	
Yes	33.3 (26.9, 39.8)
No	12.5 (7.9, 17.0)
If you are a female, do you have a pap smear at least every other year?	
Yes	36.4 (29.8, 43.0)
No	21.4 (15.8, 27.0)

Access to Healthcare

The majority of survey participants answered “private doctor’s office” when asked where they go most often for healthcare when sick (80.8%; 95% CI [75.4, 86.2]) or for a yearly checkup or physical (76.9%; 95% CI [71.1, 82.7]) (Figure 4.12, Figure 4.13). Only 8.6% (95% CI [4.8, 12.4]) reported having a problem getting the healthcare they needed over the past 12 months, and only 7.1% (95% CI [3.6, 10.7]) reported having a problem filling a medically necessary prescription over the past 12 months (Table 4.3).

Figure 4.12. Where Survey Respondents Would Go Most Often for Healthcare When Sick

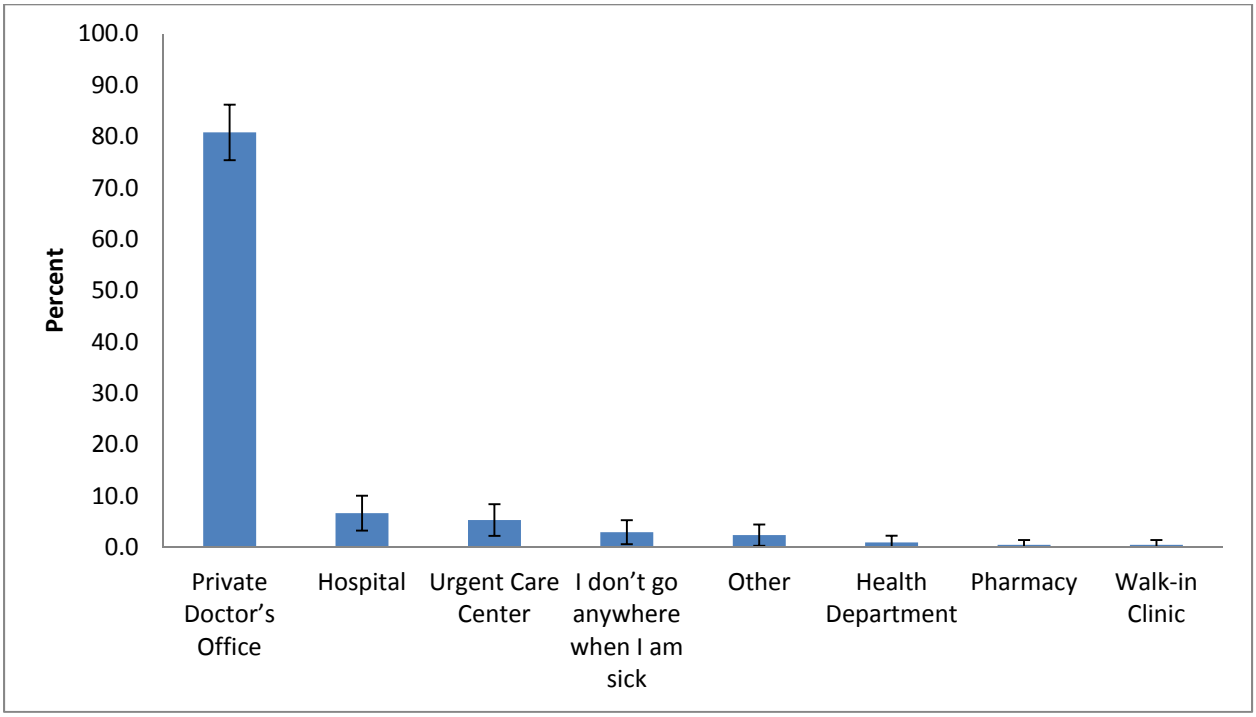


Figure 4.13. Where Survey Respondents Would Go Most Often for Yearly Checkup or Physical

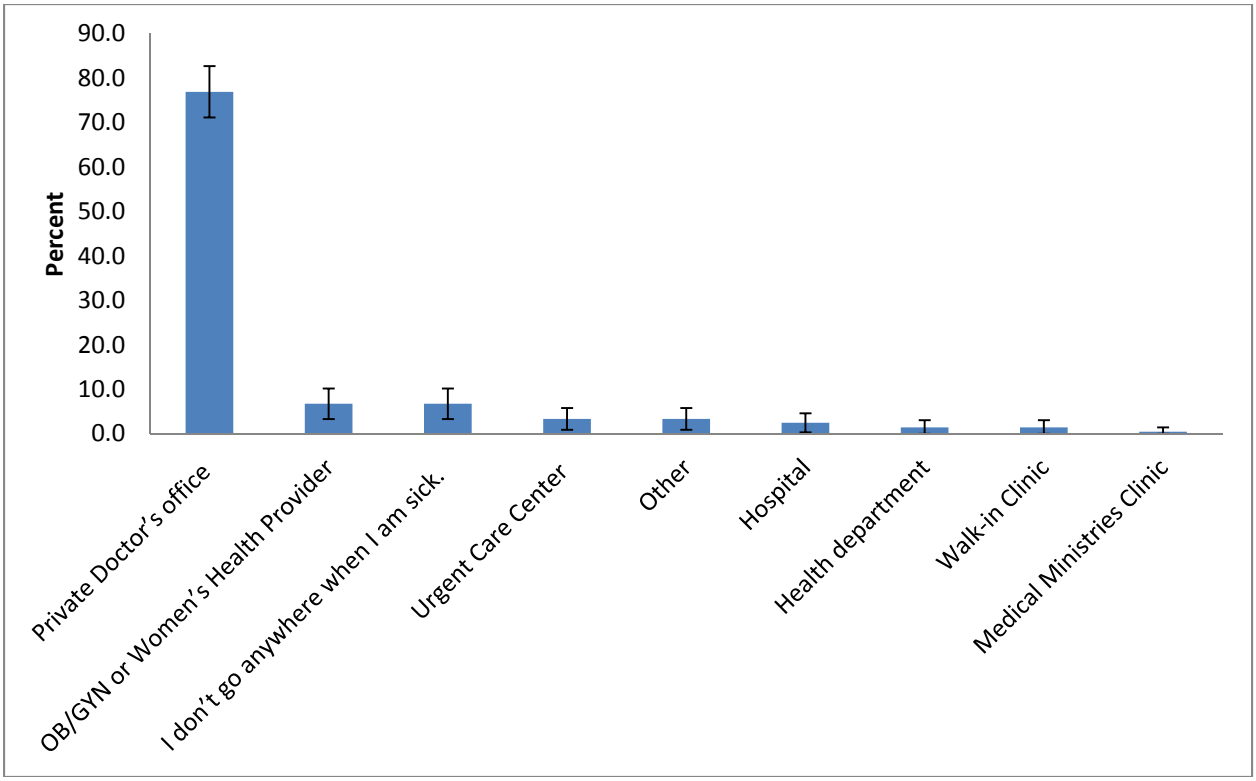


Table 4.3. Access to Healthcare and Prescription Medications

	Frequency - % (95% CI)
In the past 12 months, did you have a problem getting the healthcare you needed?	
Yes	8.6 (4.8, 12.4)
No	91.4 (87.6, 95.2)
In the past 12 months, did you have a problem filling a medically necessary prescription?	
Yes	7.1 (3.6, 10.7)
No	92.9 (89.3, 96.4)

Environmental Health

When asked to identify an environmental health concern most affecting their health, participants reported drinking water (27.8%; 95% CI [21.7, 33.9]); air quality (13.4%;

95% CI [8.7, 18.1]); food safety (11.4%; 95% CI [7.1, 15.8]); and secondhand smoke (10.1%; 95% CI [6.0, 14.2]) (Figure 4.14).

As secondhand smoke was listed as one of the top five health concerns, it was not surprising that the majority of respondents (70.8%; 95% CI [64.6, 77.0]) supported tobacco-free outdoor public areas, such as parks, festivals, and fairs. Although recycling was not listed as one of the most important, the majority of respondents reported participating in a recycling program (81.0%; 95% CI [75.6, 86.3]) (Table 4.4).

Figure 4.14. Most Important Environmental Health Concerns Identified by Survey Respondents

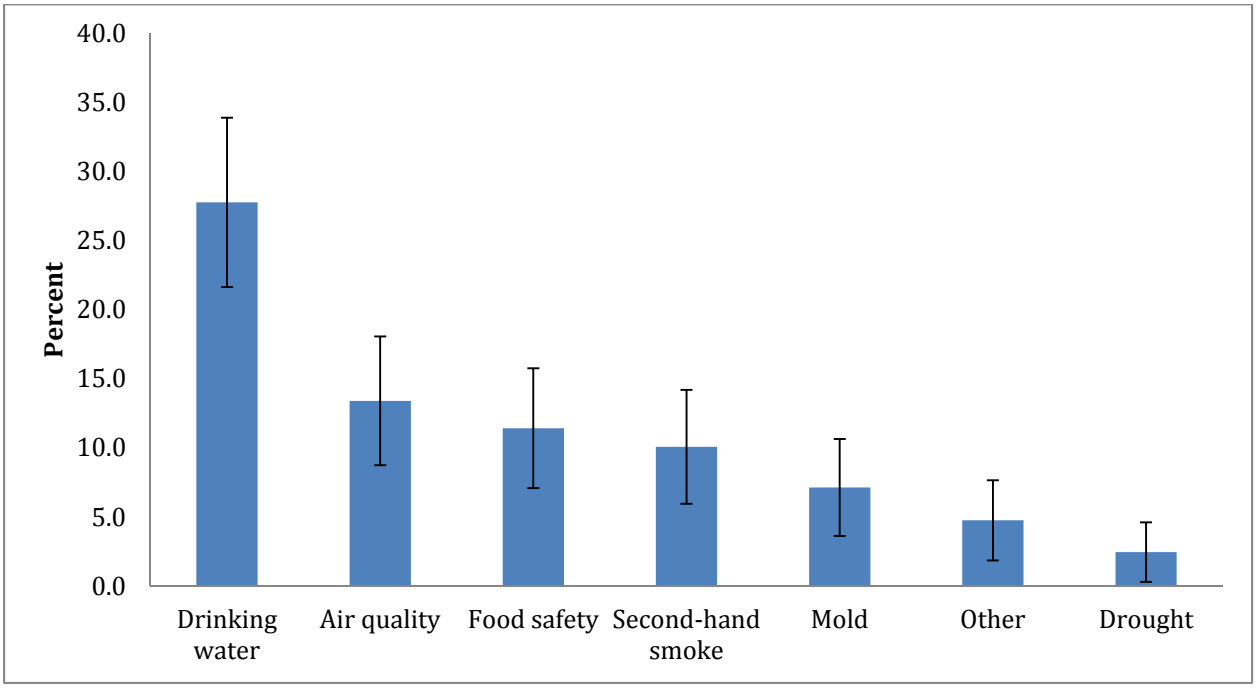


Table 4.4. Environmental Issues

	Frequency - % (95% CI)
Do you support tobacco-free outdoor public areas such as parks, festivals, fairs, etc.?	
Yes	70.8 (64.6, 77.0)
No	24.9 (19.0, 30.8)
Don't know	2.38 (0.3, 4.5)
No response	1.9 (0.0, 3.8)
Do you and your family recycle?	
Yes	81.0 (75.6, 86.3)
No	19.0 (13.7, 24.4)

Mental Health

When survey participants were asked qualitatively to whom should a friend talk about mental health problems, the most common response categories were health department (47 responses), doctor/psychiatrist (45 responses), pastor/church (26 responses), counseling (22 responses), and social services (9 responses) (Figure 4.15). When asked qualitatively to whom a friend should talk about suicide, the most common response categories were pastor/church (54 responses), doctor/psychiatrist (30 responses), 911/police (27 responses), suicide hotline (23 responses), health department (19 responses), and counselor (14 responses) (Figure 4.16).

Figure 4.15. Where to Refer a Friend for Mental Health Problems

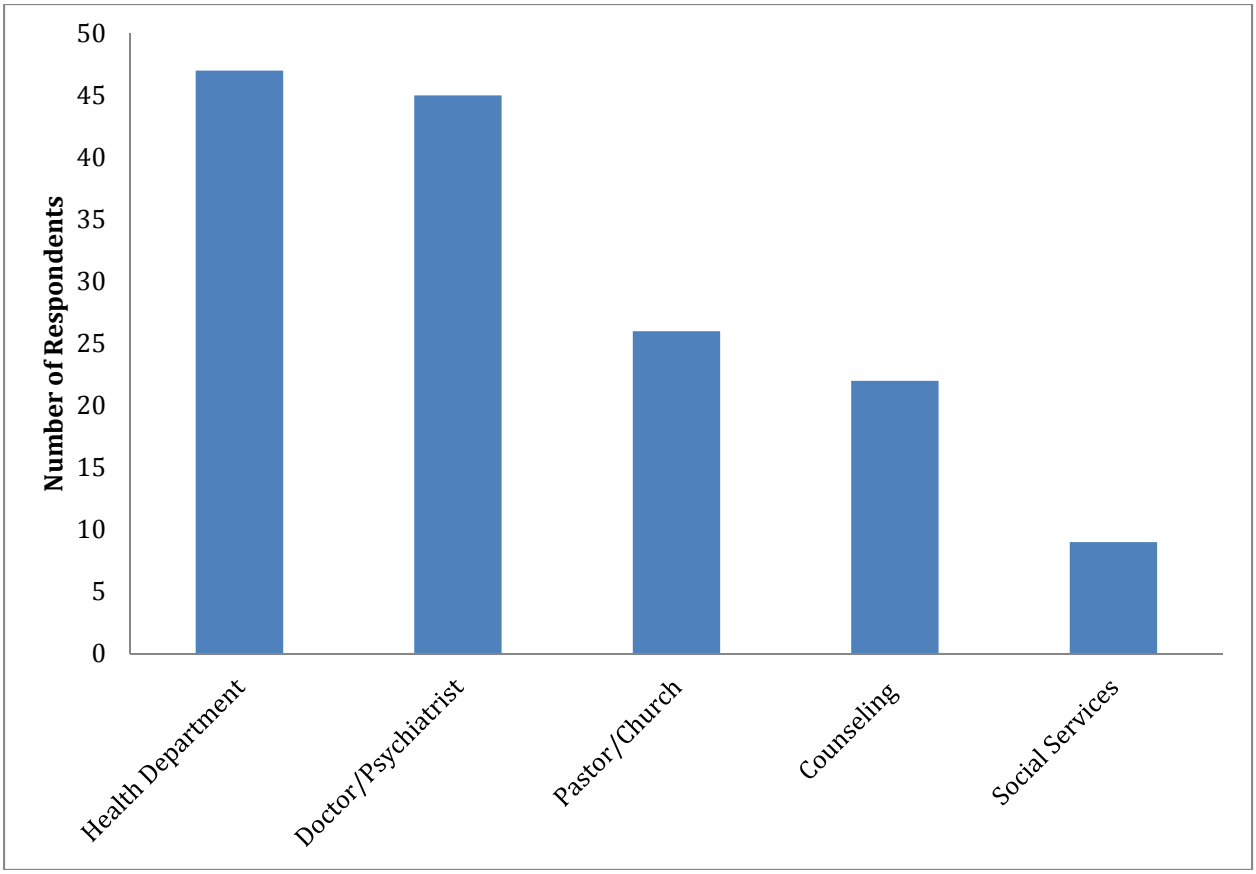
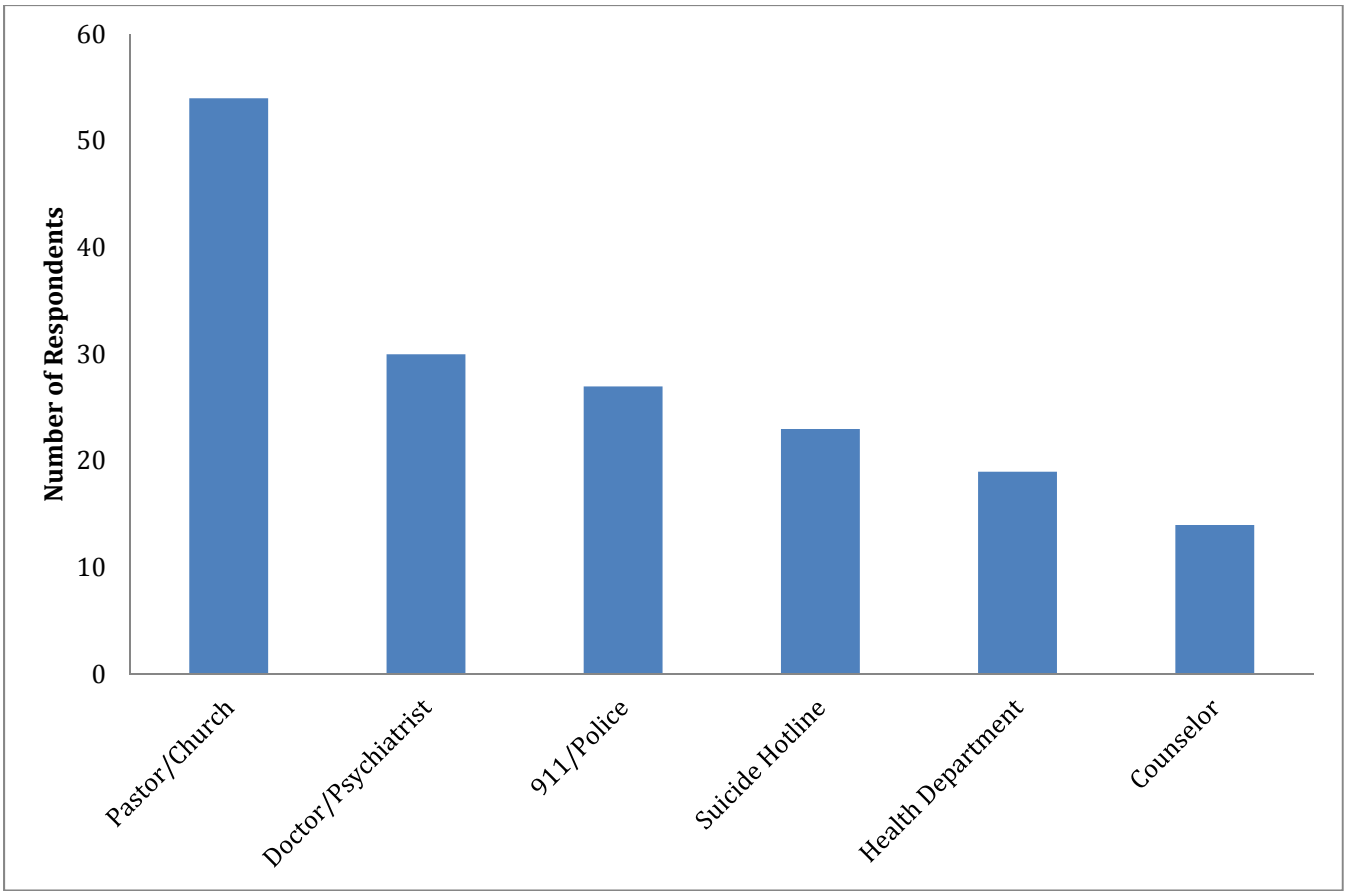


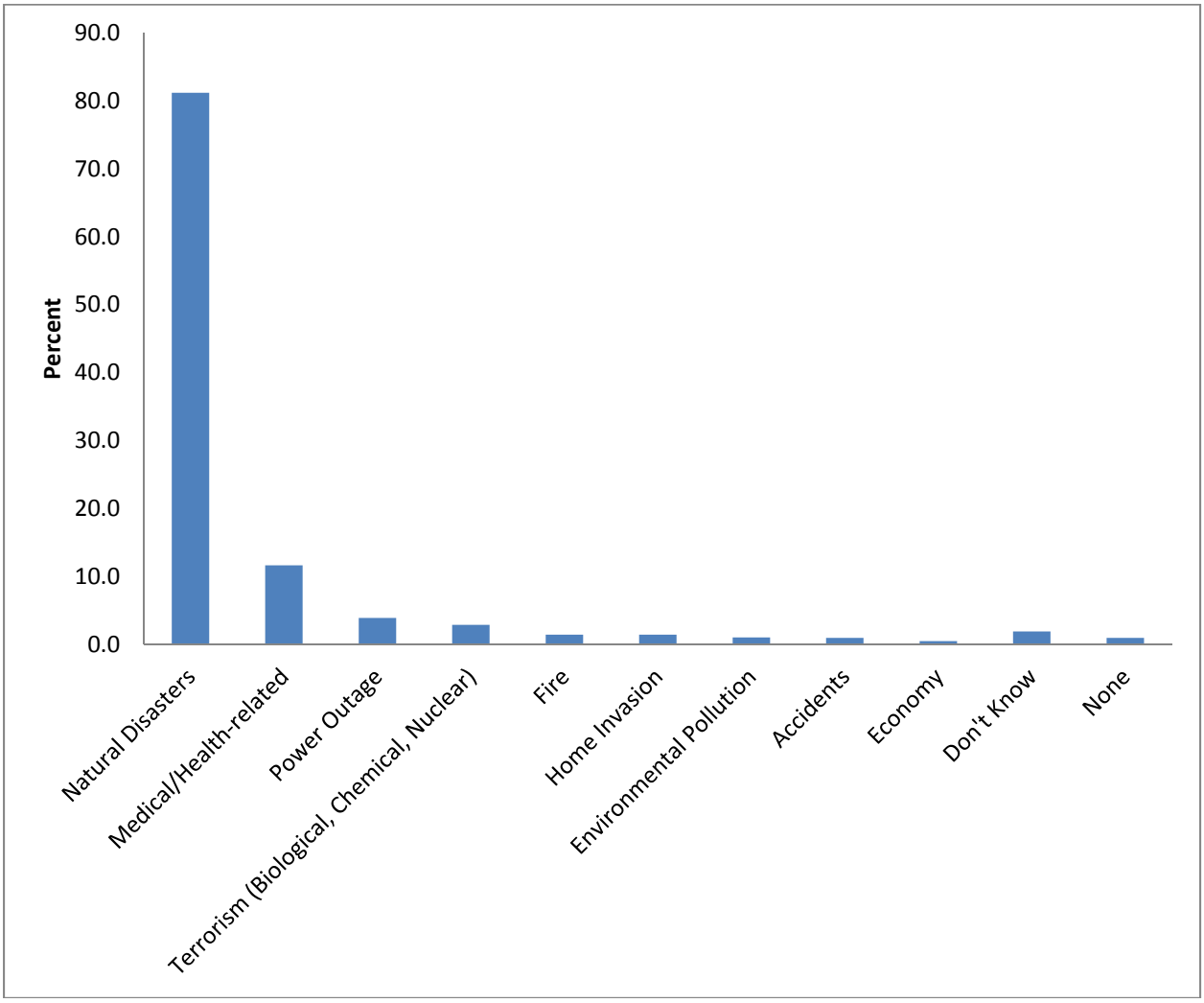
Figure 4.16. Where to Refer a Friend Talking about Suicide



Disaster Preparedness

Survey respondents were asked what emergency situations were of greatest concern. The overwhelming majority indicated natural disasters as the greatest concern (81.2%), with 60.4% listing tornadoes as their primary concern. This was not unexpected, as severe weather and tornadoes caused extensive damage and resulted in several deaths in Davidson County and the surrounding area in November 2011. Despite the heightened awareness of storm-related emergencies, only 39.7% (95% CI [33.0, 46.4]) reported having an emergency supply kit able to sustain family members for 72 hours (results not shown). Other emergency situations of concern were medical- and health-related emergencies (11.6%), and power outages (3.9%) (Figure 4.17).

Figure 4.17. Emergency Situations of Greatest Concern



Communication and Information

Survey respondents were asked a series of questions concerning means of communication and the way one might obtain information about disasters, local news, and other current events. The overwhelming majority of respondents obtained information about disasters from television (75.6%; 95% CI [69.8, 81.5]). Other frequent responses were radio (39.2%; 95% CI [32.5, 45.9]) and the Internet (24.9%; 95% CI [19.0, 30.8]) (Figure 4.18). In nonemergency situations, respondents listed television

(75.5%; 95% CI [69.6, 81.4]) as the primary source for receiving information about local news and events, with newspapers (36.7%; 95% CI [30.2, 43.3]) and the Internet (28.9%; 95% CI [22.7, 35.1]) other frequent sources of information. Although listed as a frequent source of disaster information, only 15.2% (95% CI [10.3, 20.1]) reported obtaining local news from the radio (Figure 4.19).

The majority of survey respondents had access to the Internet (77.5%; 95% CI [71.8, 83.2]); had a working landline telephone (80.9%; 95% CI [75.5, 86.2]); and had a working cellular telephone (94.8%; 95% CI [91.7, 97.8]) (Table 4.5). The percentage of households with a cellular telephone but no landline telephone was 18.2% (95% CI [12.9%, 23.5%]), lower than the most recent estimate for North Carolina of 25.2% (95% CI [22.7, 27.7]) (Blumberg et al., 2011).

Figure 4.18. Information Sources During a Disaster

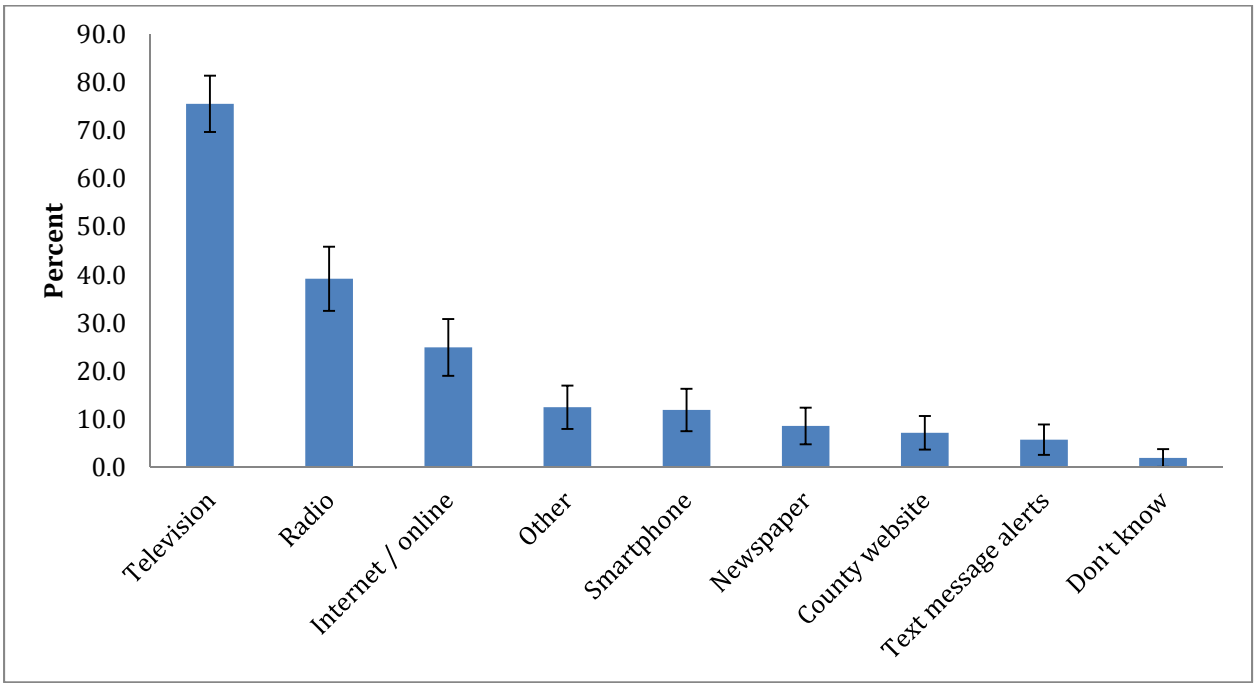


Figure 4.19. Information Sources for Local News and Events

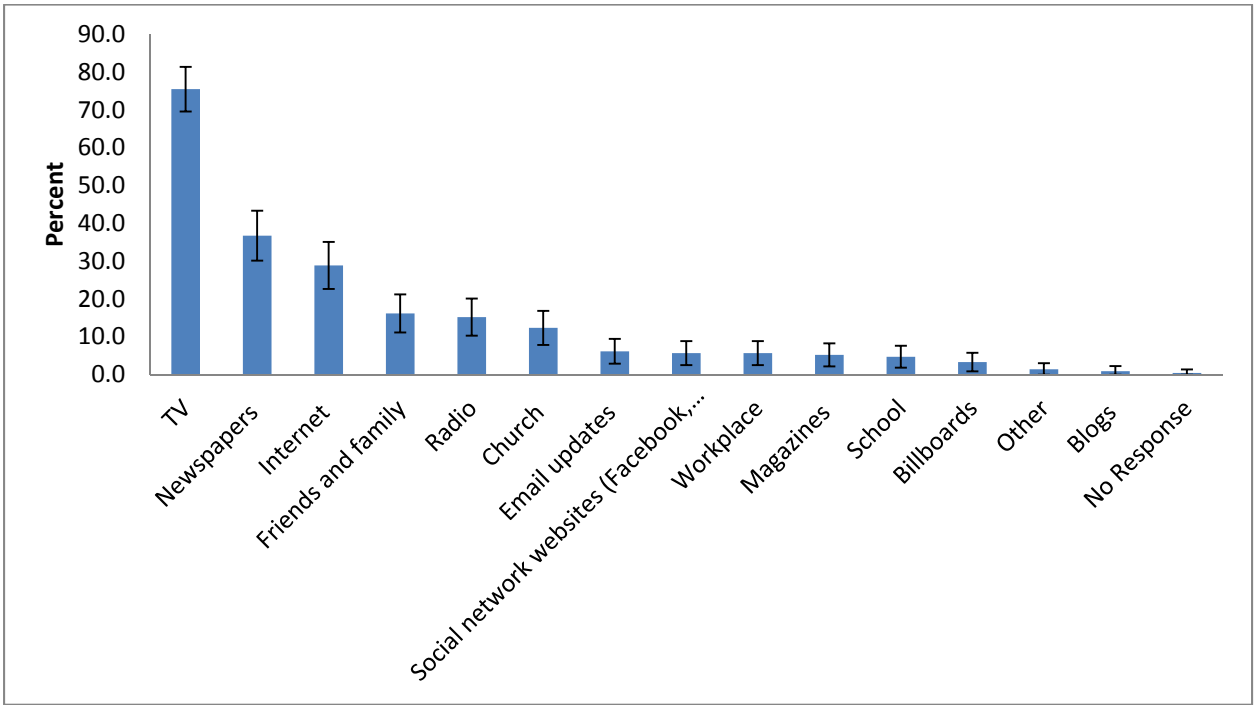


Table 4.5. Household Access to Internet and Telephone

	Frequency - % (95% CI)
Do you have access to the Internet?	
Yes	77.5 (71.8, 83.2)
No	22.5 (16.8, 28.2)
Does anyone in your household have a working cellular telephone?	
Yes	94.8 (91.7, 97.8)
No	5.2 (2.2, 8.3)
Does your household have a working landline telephone?	
Yes	80.9 (75.5, 86.2)
No	18.2 (12.9, 23.4)
No response	1.0 (0.0, 2.3)

Summary

The most important community health issues were chronic disease, drug and alcohol abuse, poor eating and exercise habits, and poverty/unemployment. In terms of healthy

behaviors and preventive care, there was good vaccine coverage and the majority of individuals had regular screening tests. Regardless, less than half exercised regularly and ate healthfully. Few reported problems accessing healthcare; nonetheless, some did mention lack of and insufficient insurance as reasons for not having screening tests. The majority of residents obtained local news and current events from television, although many relied on radios during times of disaster. Over three-quarters had access to the Internet, and almost all households had either a landline or cellular telephone.

Focus Groups

Introduction and Methods

To complement the quantitative data collected, qualitative data were gathered from 71 adults and 16 youths in six focus groups, conducted in April 2012. The goals were to give traditionally hard-to-reach populations an opportunity to share their health concerns, further explore areas of interest in which data were lacking or hard to interpret, and gain a more well-rounded understanding of what health concerns are in Davidson County.

Areas identified as gaps in the quantitative data sampling included African Americans, teens, Hispanics, pregnant women, those with a history of substance abuse, the uninsured, and senior citizens. The demographics of each group are in Table 4.6.

Table 4.6. Demographics of Sample

Ethnicity	*Group Type*	*Location*	*Gender*	*Age*	*Number of participants*
100% African American	AME church	Thomasville	80% female 20% male	Mean age 30	35
80% Caucasian, 10% AA, 10% Hispanic	High school students	Thomasville City Schools	50% girls 50% boys	Mean age 16	16
100% Hispanic	Hispanic Women	Lexington	100% female	Mean age 30	6
100% Caucasian	Seniors Group	Lexington	50% male 50% female	Mean age 70	16
90% Caucasian 10% African American	Substance Abuse Treatment	All areas of Davidson County	100% female	Mean age 30	10
50% Caucasian 50% African American	Davidson Medical Ministries Clinic (DMMC) Clients	All areas of Davidson County	75% female 25% male	Mean age 50	4

Focus group guide questions were intentionally broad. Questions explored important aspects of good health, community strengths, and barriers to good health, including access to healthcare and information. Follow-up questions and prompts were tailored for each specific group.

After being informed about the purpose of the assessment and steps to ensure confidentiality, focus group participants were asked to provide verbal consent to participate. A CHA team member attended all focus groups, where notes were taken and summarized to identify themes. These qualitative data are potentially helpful in highlighting gaps and specific concerns and adding richness and increased understanding to the quantitative results.

Focus Group Topics for Discussion

The areas explored in each of the focus groups included:

- Individual and Community Health Perspectives
- Living and Working in Davidson County
- Health Concerns
- Davidson County Strengths
- Types of Healthcare Providers Utilized by Citizens in the Community
- Barriers and Access to Healthcare
- Sources of Health Information Used
- Suggestions for Improving the Health of People Residing in Davidson County

Individual and Community Health Perspectives

Personal health. Participants from the Hispanic pregnancy group were asked: "Since we will be talking about health, what does being healthy mean to you, personally?" Most participants spoke about how they looked and felt, being free of abuse and illness and living in a community free of violence and environmental contaminants.

Responses from the substance abuse treatment group centered on being productive for their families and community, as well as taking care of themselves. One of the participants said: "Taking care of your body and eating right is healthy. Having health physically, mentally, emotionally, and spiritually all are parts of being healthy."

The members of the teen group expressed perceptions regarding health or being healthy. They included eating healthy and being emotionally, mentally, and psychologically well-balanced. One teen pointed out that he is the healthiest when

preparing to keep a doctor's appointment, because his eating habits are then at their best.

Uninsured residents felt that being healthy meant living a longer life, being able to do things they enjoy, and being available to help family. Another healthy behavior was the ability to pay for and take medicines to maintain their health. Finally, they expressed that being healthy meant asking questions and receiving answers about how to stay healthy.

Participants in the AME church described being healthy as a state of not being ill and not having to visit the doctor. Another participant said that to stay healthy you need to go to the doctor regularly for checkups. Many respondents agreed that being healthy meant getting enough rest, eating "sensibly", and exercising regularly. One woman said: "I appreciate not hurting when I am healthy and my body functions are operating normally."

The senior citizens responded that being healthy meant having more independence, as well as being able to help others. They described feeling good, having more fun, being happy, and having the drive to do things you enjoy as states of health.

Healthy community. Next, participants were asked how a healthy community would look. The Hispanic pregnancy group participants answered that community members would go to the doctor when they were sick and support would be there for people who could not afford healthcare. Everyone would have the privilege to receive regular healthcare checkups, as well as sick care when they needed it. Women thought that a healthy community would include substance abuse prevention programs for youth

and up-to-date immunizations. They also thought that exercise programs and health campaigns would be available in a healthy community.

The participants of the substance abuse treatment group voiced some similar characteristics, including coverage of medical needs for everybody and attention paid to the people who fall through the cracks and the elderly. This group felt that all residents would get healthcare and have basic needs met by the community when they needed it.

The teenage group saw a healthy community where people kept the lawns and recreational areas clean and free of trash and mowed the grass regularly. They also thought the community should be safe and free of crime. Finally, they spoke of being able to go to clinics for checkups without being turned away if they could not afford it.

The participants from the Davidson Medical Ministries Clinic for uninsured residents believed that a healthy community would include employment opportunity and the ability to earn more income, as well as the ability to access healthcare. Additionally, residents would know what resources were available and where to find them. Moreover, all residents would have insurance, and homeless residents would have access to community services.

The focus group participants at the AME Church considered a community healthy when people maintained lawns, employment opportunities were available, and families were intact. A healthy community is one that pulls together during crisis and depends on others. In addition, having services available and knowing the resources would be characteristic of a healthy community. Similarly, everyone would be able to access services and take care of their children at home when they are ill.

Senior citizens characterized a healthy community as a place with multiple areas for recreation and parks, lots of participation in activities at senior centers, and low use of tobacco products. They also described a community with limited substance abuse, low levels of pollution, and opportunities for education on health topics. In addition, they considered environmental health issues, such as access to clean water and metropolitan city sanitation, as attributes of a healthy community.

Living and working in Davidson County. When asked about their experiences living and working in Davidson County, the Hispanic pregnancy group included positive comments regarding good schools, clean and safe parks, the presence of health clinics, and the availability of Hispanic houses of worship. Some of the negative comments were:

> Some parks are not clean and safe; housing communities– some areas are safe and some are not; people on streets late; other areas no one out late; many people don't go to the doctor because there is no transportation; very expensive to receive medical care; police need to focus more on getting drug dealers off streets and less on traffic violations. There are health clinics available but sometimes people are afraid to go because of license checks or many people aren't aware of clinics

When questioned about the healthiest aspects of life, the majority stated that they felt safe to go out into the community without fear of being assaulted.

Participants in the substance abuse treatment group appreciated that their community was life-changing for them and that residents work together to create solutions. One participant commented: "Everyone is friendly here. I would call it home. I enjoy it. How the community comes together really means a lot to me. Community helps when a problem comes up. Everybody knows everybody."

This group also thought living in a small town was an advantage. They also enjoyed having a wonderful resource such as Path of Hope, a quality educational system, great

churches, and a feeling of cohesiveness similar to a family. Other participants felt as if Davidson County was a safe place where they could leave their doors unlocked and not worry about crime.

The teen group appreciated Davidson County as a place where “you can walk down the street without getting shot”. They described a community that is close knit and a “melting pot”, with a diverse population including many Hispanic American and African American residents. The teens also said that Davidson County is well known for having a variety of sports.

The uninsured group described their community as having different activities open to the public and a variety of recreational activities. They felt they lived in a friendly community with “great school systems”.

AME Church members characterized living and working in Davidson County as family-oriented and safe, e.g., the elderly feel safe enough not to lock doors. Moreover, they believed that this community “shows love” to strangers. Participants liked having Community Watch programs and a community that is friendly—where everyone knows their neighbors and everyone is kind and giving.

The senior citizens liked the fact that they can experience four seasons and described the community as “a good area to grow up in”. They also commented about how the county is growing, specifically in the northern area, with improved schools and hospitals. They thought that the area is safe, having the benefits of a big city with a small town feel. This group felt that Davidson County treats senior citizens well, making it attractive to retirees who are considering relocating to the community. One participant said that the senior centers were very well attended and had more participants in the

Senior Games than any other county in North Carolina. Finally, this group believed that the hospitals have made many positive changes.

Health concerns in Davidson County. The Hispanic pregnancy focus group identified these issues: drugs, people unaware of available resources, alcoholism, tobacco, gangs, violence, school dropouts, child abuse, and bullying.

Members of the substance abuse treatment program expressed concern over the treatment of and disregard for the elderly in terms of having their healthcare needs met. These participants felt that the children, elderly, and others who cannot afford services "fall through the cracks", many unable to afford their required medication.

The teens reported unhealthy eating habits as one of their main health concerns. They spoke of the frequency of fast food intake—it is encouraged by having popular hang-out spots at McDonald's and Hardee's. They also mentioned secondhand smoke exposure at school from teachers who have smoke on their clothes or on the papers they grade and return to students. These teens felt that schools encourage unhealthy eating during school activities by stopping at fast food restaurants. Lastly, they raised concern about the city pool being poorly maintained.

The participants of Davidson Medical Ministries Clinic expressed concern regarding unemployment, especially how it has the capacity to increase crime. Several members mentioned that many residents were not aware of many of the available resources. Other issues included few activities for teens and the need for additional agencies to help the unemployed or homeless.

Members of the church group reported not having enough recreation and physical activity areas. They also commented that there was a large youth community—not

having enough activities to occupy their free time might lead to substance abuse and increased risky behavior. Participants expressed that there were few attractions to bring people and money to Davidson County. Members listed several needs: more volunteer opportunities; sidewalks to keep pedestrians from walking in traffic; and limited transportation, as bus stops are not easily accessible to many residents.

Senior citizens were concerned about young residents relocating outside the county following graduation from high school. Because of the recession, they worried about their retirement savings and the length of time they can count on Medicare to fund healthcare needs. Also, with the economic downturn, residents are seeing more and more of its elderly population not able to pay their premiums to continue receiving the care they need. Additionally, the senior community felt that residents are not utilizing local businesses: Most folks go out of the county for recreational attractions, restaurants, theatres, and shops. Since they do not support local commerce, less money is in the community to improve services.

Davidson County strengths. The Hispanic pregnancy group identified some common strengths. Respondents described the help they received when they were in need; the company Bradley Personnel, which provides transportation to work and back home; the local health department services; and the churches, which have helped to provide resources to people, such as clothes, food, and other donations.

The residents in the substance abuse treatment program felt that caring for each other was a strength, with some people able to go the extra mile and give back to the community. One participant commented: "When the tornadoes came through some

people got help from people who they never met and people who could give would get a great feeling from helping."

The teen group believed that Davidson County had some very important strengths. Residents come together for community events, such as the March of Dimes walk at the track and parades. Also, there is an extensive church network, and the recreation department has special activities.

The Medical Ministry focus group said that outreach centers are a strength and show that the county cares for its residents. Davidson County helps residents find food, housing, and utilities when in crisis. This group believed that this community has a lot of resources.

The men and women in the church group felt that being in intact families and coming together in times of crisis were two of the biggest strengths. They also thought that the community has many resources; residents know what resources are available; residents can gain access to county resources in time of need; and child care is available so a parent can stay home when a child is sick. Finally, participants reported that homes are well maintained.

Senior citizens credited Davidson County with having many "good, Bible preaching churches" and good, hard-working people doing important jobs in county government. They also thought that the county health department is a "bright spot" in their community. They considered good schools a strength and gave accolades to the Board of County Commissioners for great work in the last five years. In addition, they recognized the power company as another strength—during disasters the company was very responsive and timely.

Types of healthcare providers utilized by citizens in the community. Members of the Hispanic group said that they only used the emergency department for emergencies. Instead, most of the time they went to Med Choice or the health department or paid private doctors from the newspaper rather than going to the ER and "getting a large bill".

The substance abuse treatment group listed the providers utilized most by community members: Davidson Medical Ministries Clinic (DMMC), Davidson County Health Department, primary care physicians, and Daymark Mental Health Services. This group felt that Davidson Medical Ministries Clinic was a "blessing to this community".

Participants of the teen group reported using their pediatricians or family doctors as primary providers of their healthcare. They also utilized the hospital for emergency situations.

When questioned about his use of healthcare providers, a member of the Medical Ministries group responded: "I don't go anywhere until I have to. Children have access to Medicaid for their healthcare but it is not so easy for adults."

Participants of the uninsured resident group used the Davidson Medical Ministries Clinic or the emergency department for their healthcare needs.

The African American church group reported using private doctors' offices and specialists to meet their healthcare needs. Some members utilized the local health department services or the hospital emergency department.

The senior citizens received healthcare from private physicians and at health events sponsored by Senior Services.

Barriers and access to healthcare. The Hispanic group participants were asked what their experiences had been when trying to utilize community resources. They responded that they had to ask friends about services, felt concern over not qualifying for services, had to meet transportation needs, and experienced a language barrier. Participants were also questioned about their experiences with other community residents whose healthcare needs were either overlooked or not met. They commented: "Various people cannot get help—many older people are unsure if they will qualify financially; people who live further away have more challenges—may not have a ride; men and women both."

The substance abuse treatment group had a difficult time getting appointments or enrolling in the DMMC program, often waiting over a month. This group expressed similar problems with mental health treatment. They also felt as though some providers were not as knowledgeable as they should be. Once care was established, they received good care, but getting to that point was very challenging. Finally, they voiced concern for groups of people whose healthcare needs seemed to be overlooked.

When asked about experiences teenagers had with accessing healthcare, one child said he urgently needed a doctor for his mother, so he called 911. EMS came quickly and got his mother to the ER, where she was treated. Additionally, teens listed community members not receiving adequate care: the elderly population, children, blind people, immigrants, low-income residents, uninsured people, unemployed individuals, veterans, and dropouts.

One participant in the Medical Ministries group described a time when she needed money to pay her power bill. She received assistance from the outreach center and

was able to keep on her electricity. Another member spoke of receiving food from the Food Pantry: "The Pantry was awesome. I had a very positive experience getting help when I needed it." Another person got assistance paying for her medications and found it was a positive experience. This group thought that the homeless population who do not know about DMMC experience healthcare access barriers. Participants suggested that this underserved group needs to be reached in nontraditional ways of advertising healthcare services.

Church group participants spoke about instances when family members needed assistance. Because they were able to access the healthcare system, they found resources needed and shared them with family members. This group also described two groups who experience healthcare barriers: the elderly who need to choose between food and medications and the working poor who need assistance but make too much to qualify.

Senior citizens illustrated incidences in which members needed help from their community. One participant experienced a burglary to which the sheriff's office responded quickly. Another time he locked his keys in the house and had to break into his own home—the police responded quickly to the alarm. A second resident called 911 when experiencing heart attack symptoms—Emergency Management Services responded quickly and got him to the medical center, where he received good care. They also listed groups lacking healthcare access: the disabled and the working poor who overqualified for Medicaid and can only afford healthcare in an emergency. Senior citizens suggested that the uninsured need more services than DMMC.

Sources of health information used. The Hispanic pregnant women obtained most of their health information from television, word of mouth, clinic pamphlets in Spanish, postings at the stores and doctors' offices, and newspapers.

Participants in the substance abuse treatment group received most health information from others in their programs, as well as the social services bulletin board, agency bulletin boards, the hospital, and Facebook.

Teens obtained the majority of their healthcare information from teachers, coaches, health teachers, physicians, parents, and school health fairs.

Members of the DMMC group accessed their health information by word of mouth or from Dr. Mehmet Oz on television.

The participants at the church gathered their healthcare information from the Internet or their doctors.

Seniors reported learning about healthcare issues from insurance company newsletters, the Internet, health classes sponsored by Senior Services, their family doctors, the local health department, newspapers, and magazines.

Suggestions for improving the health of people residing in Davidson County. The Hispanic pregnant women's group was asked how they would tackle some of these problems. Some of their comments were:

> Later clinics because people work or spouse works and cannot give a ride.
>
> Allow patients to set up payments in private clinics if medical care is needed.
>
> Making sure that people going to the health department try to get together all the documentation required to receive care, however, some don't have ID and some don't work so they have no check stubs; some people working in home share living expenses but refuse to provide check stubs.

> Receiving medical care is expensive; need to reduce costs for people not working; be patient—explain available resources, procedures, what is going on with patient's health; provide interpreters; don't assume since someone is Hispanic he/she doesn't understand and deserve the same treatment; provide equal services despite one's ethnicity; don't be prejudiced; have read in paper that 'if you don't speak English, don't come to this restaurant'—this shouldn't be allowed.
>
> Trying to get help brings us to many road blocks—people can't get a license due to no social security number—patients miss appointments due to getting stopped or fear of driving; police or other clinics 'doubt' or accuse people of their native IDs not being legitimate or valid.

The substance abuse treatment group commented about improving health of the community: promote services by allowing several services in one place and encourage good customer service. Concerning good customer service, participants suggested: encourage workplace etiquette training and select employees gifted with working with the type of clients who come for care. Additionally, they recommended better education on substance abuse prevention, as well as additional opportunities for counseling and therapy.

The teen group encouraged improving the following: access to free gym membership, better landscaping, development of libraries, more health education posters around the community, incentives for residents to participate in activities and programs, a phone tree for getting community members involved and connected, clinic services at Walmart, healthy food in fast food establishments, and cost reduction of healthy food offerings. They also felt people's health would advance if some residents would change their attitudes to more positive outlooks. Lowering the cost of YMCA benefits and services for adolescents would encourage healthy lifestyle behaviors.

The uninsured residents at DMMC suggested that communication improve across the community, patients receive more information when they undergo diagnostic

procedures, programs need more funding, and public transportation requires improvement. They also felt like working members of the community would benefit from healthcare services being offered on weekends and evenings.

The men and women from the AME Church suggested the following benefits: free healthcare, more help with dental care, hearing aids, and vision accessories. Alongside these benefits, they thought that the minimum wage should be increased to a "living wage". Likewise, some participants felt that bringing more jobs to the community would help improve people's health. Furthermore, residents' spending time working for the needs of each other in Davidson County, rather than in other areas of North Carolina and the United States, would be very advantageous to citizens.

Seniors saw people's health improving with more health clubs and facilities being available. Other factors influencing health included exercising more, getting outside and walking, and having active folks help motivate more sedentary people to get moving. Participants stated:

> Davidson County residents need more access to dentists, more affordable healthcare in general, and we need the medical providers to volunteer services for those who cannot afford to pay. Offering services where the people live, in the rural areas that do not have hospitals or clinics, that is where medical providers need to go because these people will not come into town for the help they need.

All groups described Davidson County as a cohesive and friendly place to live, work, and raise a family. Healthcare access is a big issue in Davidson County, according to the qualitative data obtained from its residents. Teenagers are concerned about their health, especially when it comes to secondhand smoke exposure, poor nutrition, and sedentary lifestyles. Much of this qualitative data has been substantiated with

secondary data analysis. Moreover, key stakeholders reiterated the qualitative data in the next section of this report.

Chapter Five: Community Stakeholder Survey

Introduction and Methods

In April 2012, NCIPH staff and Davidson County team members conducted an online survey of community leaders. Survey respondents represented agencies in key sectors of the community, such as board members, agency presidents, upper management, and elected officials. The survey asked each community leader to explain the services their agencies or organizations provide, the ways county residents hear about their services, the barriers residents face in accessing their services, and methods used to eliminate or decrease any barriers. Respondents then described the county's general strengths and challenges, greatest health concerns, and possible causes of and solutions to these shortcomings. Seventy-seven people were invited to complete the survey and 45 (58%) completed it. The results are summarized below. The complete survey and the names and organizations of key stakeholders asked to complete the survey are in Appendix E.

Survey Items and Response Summary

Utilization of Services Provided in Davidson County

When asked about the services provided by their agencies to county residents, the majority responded that their agencies offered healthcare. Other services included: social and supportive services, educational programs, and financial services. The organizations represented have several qualities that make their programs attractive to residents: quality customer service, availability, accessibility, prices reasonable, excellence, and reputation. They also mentioned affiliation with an outstanding medical center, "nice facilities", and diverse services with cutting-edge technology. Some

banking facilities included loans, convenient location, and experience. In addition, respondents listed the following: continuing education outreach programs, reasonable prices for healthcare services, programs available for adults over 60, permits, follow-up, fitness equipment and classes, management of state and local services related to county taxpayers, “safety net” services, and encouragement of residents to get involved in fundraising events. One respondent stated, “We are the only agency that deals solely with HIV patients.”

The majority of respondents indicated that their services are available to all county residents. Sixteen percent served those with medical care needs; 9% unemployed or uninsured residents; 7% low-income residents; and 4% those wishing to further their education.

When questioned, “In the past five years, have there been any changes in the composition of the people who use your services?”, 51% indicated a change and the other 49% reported no change. Differences included: higher rate of uninsured, increase of programs and treatments offered, more Medicaid and Medicare participants, self-paying clients, more middle class being served, an increase in population over 62 utilizing services, an increase in 18–26 year olds using services, and decline in socioeconomic status. Other changes were an increase in volume of persons requesting services, more psychiatric needs, more working poor, and an increase in the number of African Americans diagnosed with HIV.

Barriers in Access

When asked, “What barriers do residents face in accessing services?”, the majority of respondents identified transportation. They also reported lack of ability to pay for

services and past credit history as top barriers. Other responses included: not knowing what services are available, deciding which hospital to choose, experiencing illiteracy, lacking capacity, not understanding the workings of county government, waiting for services for long periods of time, lacking local medical providers, and having inadequate appointment slots available.

In addition, the survey inquired how their agencies meet the special needs of the people who utilize services. Some common responses were: giving charity care for those who cannot afford care; providing high quality medical access and treatment 7 days a week, 24 hours a day; having Piedmont Authority for Regional Transportation (PART) available; and offering financial assistance and reasonable accommodations as needed. Other needs met included: programs and policies to assist discovery of needs and the way to meet them, translation services, specialty physicians, handicapped access, services across county in both Lexington and Thomasville, ease of access and connection of patients to appropriate services, schedule management and internal efficiencies, and online services.

Community Issues

Ninety-one percent felt that there was a good healthcare system in Davidson County, whereas 9% felt that there was not a good healthcare system in Davidson. Ninety-three percent saw Davidson County as a good place to raise children, and 95% saw the county as a good place to grow old. When asked if there was plenty of support for individuals and families during times of stress and need, 62% reported that there was. All respondents felt Davidson County was a safe place to live. Ninety-eighty percent reported that the county had clean water.

Services in Davidson County

Survey participants listed the following services or programs: transportation, medical services and access, basic needs of living, Lexington Medical Center, Davidson County Community College, Davidson Medical Ministries Clinic, human services agencies, hospitals, free public education, and provision of care regardless of ability to pay.

They identified services or programs not currently available but needed: more parks and recreation, mental health services, substance abuse treatment for adults and youth, sex offender treatment options, employment opportunities, additional healthcare support in Denton, transportation, urgent care facilities for nonemergent cases, after-school programs to help children with homework, train service, better schools, geriatric services, more dental care, access to health services at night and on weekends without visiting the hospital emergency department, a strong food bank, and low cost health services.

Strengths and Challenges for Davidson County

Respondents pointed out the greatest strengths: Davidson County Community College, medical care facilities, the citizens, good interstate and highways, strong governmental services, low tax rate, rural community, focus on family and care for individual needs, high quality of life, “fantastic” infrastructure, close proximity to major cities, hometown feel, High Rock Lake, strong work ethic, diversity, available work force, and level of collaboration among agencies.

They identified the following challenges: unemployment, conservative thinking, aging population, workforce education, economy, transportation, increase in the Hispanic population, sales tax revenue, fewer shopping options, equal care throughout

the county, quality-of-life services, deficiency in education, lack of engaged parents due to substance abuse, paucity of mental health services, greater involvement of citizens, provision of adequate services as state government reduces funding, lack of primary care unit, provision of primary care on long weekends without using the ER, Thomasville and Lexington collaboration, need for a single school system, reduction of funding for programs serving unemployed citizens, and each of the services for the city of Denton.

Health Behaviors

Most frequently, respondents cited that the most important health behaviors affecting the residents of Davidson County were obesity and tobacco use. Other behaviors included: ability to pay, dental hygiene, substance abuse, lack of knowledge about the need for primary preventive medical care, mental health, geriatrics, working relationship between Thomasville and Lexington Health Care systems, poor eating habits, cardiovascular issues, lack of physical activity, lack of education, noncompliance, promotion of healthy lifestyles, reduction in state support for programs, lack of a primary care unit, inability to get doctor on long weekends/holidays instead of using the emergency department, pediatric primary care for patients unable to pay, and risky sexual behaviors.

Additional Comments from Respondents

Respondents provided the comments below.

> Unemployment in Davidson County is central to many of its primary woes. Medical and dental insurance, typically provided by employers, has been severely curtailed. Certainly return of a few major local employers would help to rectify many issues. Short of that improbable occurrence, however national health insurance, though controversial, would provide some prompt and sorely needed relief.

Create one common healthcare goal for the county and make it for all people.

Davidson County has come a long way in the last decade, but there is still much to do to improve the quality of life here.

I would like our county to provide safe biking trails and other outside recreation that would encourage people to get up and be active.

I was born here in Davidson County in the mill village of Erlanger. I learned very early in life about responsibility and how to 'give back' to a community. I am now 83 years old and still love to be 'involved'. I have such a sense of pride for my home town. What can we do to get our residents to 'love Lexington' and get involved? Thank you for this opportunity.

Hope there will be a major effort to provide employment for those seeking work.

Davidson County is a 'black hole'—need to encourage industries to come into the county.

We should have only one public school system in the county.

Obesity and morbid obesity is crippling not only Davidson County's health, but the nation's. This trend is particularly disturbing in our children.

My hope is that we can have a healthier county, but still have the friendly atmosphere.

I hope that Davidson County leaders will make the investment in the county necessary to move our county in a more progressive direction. Creating of greenways, county parks, and other such facilities is a costly investment, but the payoff can be significant. Increase tourism, residents enjoying amenities within the county rather than outside it, bringing tax dollars to the general fund. Additionally, it can be an incentive for employers to locate here who are looking for healthier employees.

Chapter Six: Community Health Priorities

Introduction and Methods

The Davidson County Community Health Forums provided county residents with an opportunity to share their opinions and inform the community health assessment priority-selection process. The team conducted four forums over two weeks in geographically dispersed regions of the county: (1) the Davidson County Governmental Building, (2) the Thomasville Public Library, (3) the Denton Public Library, and (4) the North Davidson Public Library in Welcome. This distribution of sites gave comparable access to these forums for individuals in all parts of Davidson County. The forums were advertised in local papers, fliers were distributed via email, and participants were recruited by members of the Davidson County Healthy Communities Coalition Steering Committee. (See Appendix F.) Appendix G includes a list of attendees at each location.

Each forum lasted two hours and included a presentation about initial Davidson County community health assessment research, with the ten most prominent issues discussed. These presentations informed the participants and established a focus for discussion.

The team then invited the participants to take part in facilitated discussions in small and large groups. They questioned the groups: (1) Which statistics were most surprising? (2) Which issue appeared most important? (3) How well did findings correspond with personal experience and day-to-day observations? (4) What resources in the community are addressing any of these issues? and (5) What strategies would better address any of these issues? Team members encouraged participants to engage in the discussions and noted their comments to include in the final

assessments. Finally, through a structured voting process, the team asked participants to prioritize the issues that emerged during earlier research.

Public Health Priorities

Based on 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 include the following.

Heart Disease

The leading cause of death in Davidson County from 2006–2010 was diseases of the heart. The cardiovascular disease mortality rate is 63% higher than the Healthy NC 2020 target and is also higher than the peer counties and the state. High blood pressure, smoking, diet, stress, diabetes, and excessive drug and alcohol use have been linked to cardiovascular disease.

Obesity

Obesity is an increasing problem across the state. In Davidson County the rate of overweight and obese adults increased in the last five years—two-thirds of adults are overweight or obese. An unhealthy body weight has numerous physical health consequences, including diabetes, stroke, and heart disease. Physical activity and nutrition can alleviate negative health effects and contribute to maintaining a healthy body weight.

Tobacco Use

Tobacco use is the single, largest, preventable cause of death and disability in the United States. Davidson County sees significantly higher rates of smokers, secondhand smoke exposure, and smoking during pregnancy than peer counties and

the state. Correspondingly, the second and third leading causes of death are Cancer and Chronic Lower Respiratory Disease. Lung cancer and COPD disease rates are also significantly higher than peer counties and the state.

Drug and Alcohol Abuse

Residents consistently identified drug and alcohol abuse as a community-wide unhealthy behavior. Drug and alcohol abuse includes accident and injury resulting from use, addiction, underage use, binge drinking, prescription misuse, and other physical and mental health conditions.

Mental Health/Suicide

Mental health is a broad area referring to overall well-being of an individual, and his or her ability to fulfill responsibilities and manage life stressors. Mental health includes emotional, social, and psychological well-being. Poor mental health can impair functioning and encompasses mental illnesses such as mood, behavior, personality, anxiety, and substance use disorders. Multiple factors, e.g., genetics and environmental stressors, influence the onset of mental illness. With access to appropriate care, mental health illnesses can be managed. However, untreated mental health conditions can lead to numerous co-occurring morbidities, including suicide. Positive mental health links to improved health outcomes.

Oral Health

Oral health includes gum and tooth diseases. Poor oral health relates to other conditions. Tobacco use contributes to oral disease, and gum disease can lead to heart disease. Availability and access to services, particularly among children, are primary indicators of poor oral health outcomes.

Infant Mortality

Infant mortality is the death of a live-born infant within the first year of life. Low birthweight, prematurity, SIDS, congenital anomalies, and birth defects contribute to infant mortality. The racial disparity present in infant mortality is of particular concern—the African American infant death rate in Davidson County is 2.6 times higher than the white infant death rate.

Adolescent Pregnancy

Adolescent pregnancy is pregnancy in girls ages 15–19. The majority of teen pregnancies are unplanned, and health outcomes for adolescent pregnancies tend to be worse for both the mother and infant. Adolescent pregnancy can indicate lack of access to accurate sexual and reproductive health information and services. Additionally, numerous social, educational, and economic consequences result from adolescent pregnancies. The adolescent pregnancy rate in Davidson County is slightly higher than North Carolina.

Injury and Poisoning

Injury and poisoning are leading causes of death and disability for residents, particularly younger residents. This primarily focuses on traffic accidents, falls, and drug overdose but also includes homicide, violent crimes, domestic violence, burns, drowning, and other accidents.

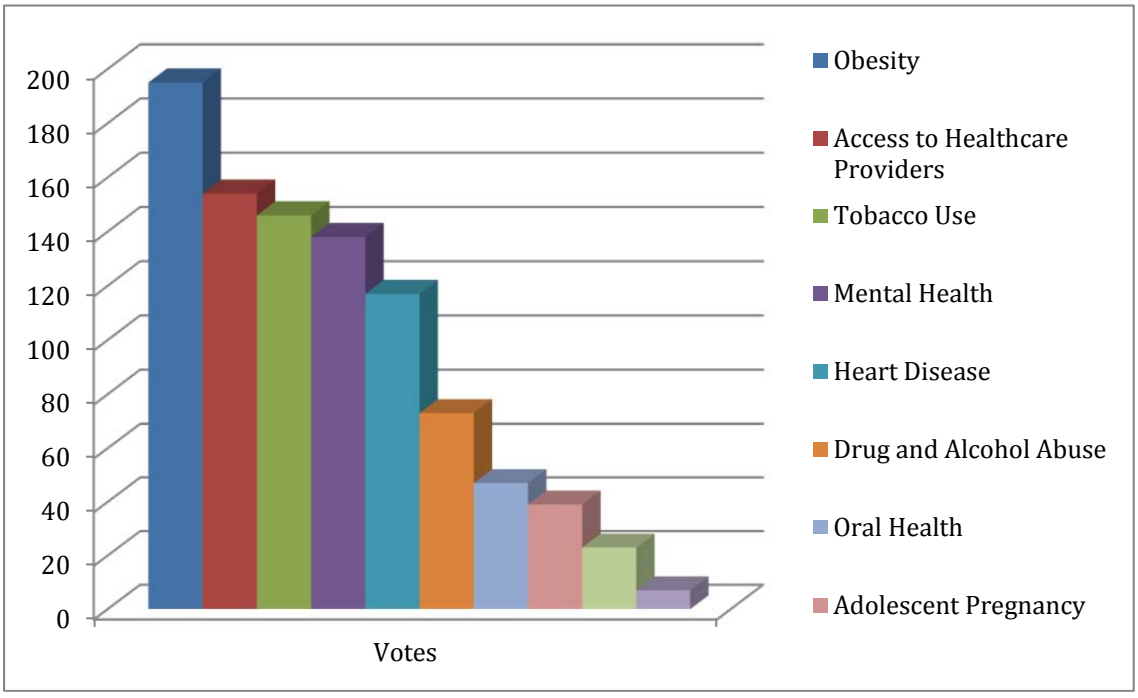
Access to Healthcare Providers

Davidson County is recognized as a Medically Underserved Area. A shortage of primary care, mental, and dental health providers, combined with an aging workforce nearing retirement, limits the availability of services. Significantly fewer primary care

physicians, dentists, and psychologists practice in Davidson County compared to peer counties and the state. This can result in increased emergency room usage and decreased preventive care and disease management.

After the forum discussions, the team invited the participants to vote and prioritize these issues. The figure below shows their rankings. Respective colored bars represent the issues and numbers on the vertical bar the number of votes. The graph illustrates that participants consider obesity the most important issue. The next four—access to healthcare providers, tobacco use, mental health, and heart disease—cluster together with distinctly more votes than those associated with the remaining three issues.

Davidson County Public Health Issues Ranking



That obesity was highest was not surprising. The data confirmed what most attendees observed in their day-to-day lives: most adults (roughly two-thirds of the adult population) were overweight or obese, and obesity dramatically increased over the last five years. Similarly, most attendees were aware of limited healthcare access—few primary care physicians, psychologists, and, most importantly, the small number of dentists. Through public messaging and prevention interventions, they appreciated the impact of smoking on a number of chronic diseases, such as heart disease, COPD, and lung cancer. Even though a number of prevention programs and policies have successfully targeted tobacco use and caused use to go down materially, participants still ranked tobacco a top priority, because it is such an important risk factor for a number of prominent chronic diseases. Similarly, participants recognized mental health as a common risk factor for reduced life expectancy—those with chronic mental illness show a propensity to make poor lifestyle choices, including substance abuse. Finally, they selected heart disease as a top-five priority, because it is the most important cause of death in the county.

Community Health Forums Common Themes

A number of themes emerged during the forum discussions. Several or all of the forums discussed these topics. Many of these themes could impact the selection and design of possible improvement plans.

First, better education is necessary and could be a source of “low-hanging fruit”. Specifically, several attendees across forums noted that while programs and resources to address these important public health issues are limited, a number do exist. Simply, many people who might benefit from these programs are unaware of them. If efforts

were made to better educate the public in general, and the low-income and minority communities in particular, existing programs might have a greater impact on these important public health issues. Example programs and resources in Davidson County include: (1) J. Smith Young YMCA MEND (Mind, Exercise, Nutrition, Do-It!), (2) PLAY 60, (3) the ACHIEVE program, (4) nutrition classes by the Cooperative Extension Office, (5) VA health system for uninsured veterans, (6) the 24/7 “800” number for mental health through PBH, and (7) school nurses in Davidson County, Lexington, and Thomasville schools. The Allied Circles Program trains mentors throughout the community to help those in need access available services. It is a new program that could be expanded to address these educational needs.

Furthermore, attendees felt that many in the community share a real interest in more lifestyle-choice education. As an example, one attendee pointed to the worksite wellness program in place for county employees. One-hundred-fifty people signed up for a “headache triggers” program, and another one-hundred-forty people participated in an “emotional eating” program. Participants suggested that interventions target captive audiences, such as schools, church congregations, local businesses, and government agencies.

Second, many attendees pointed to the down economy that Davidson County has been experiencing over the last few years, and even earlier with the closure of important manufacturing plants. They noted that this was a key social determinant behind many of the most important public health issues. The long-standing recession caused greater stress for many, along with corresponding increases in substance abuse; less access to more costly, healthier foods; reduced access to transportation; increased smoking; and

lower utilization of healthcare services. Furthermore, people have withdrawn more from their friends and families. Particularly troubling were anecdotes about those suffering from chronic diseases, such as diabetes: They often knew about services but could not access them. This resulted in corresponding complications, such as blindness and amputation. Attendees also speculated that the economy created a vicious circle for community healthcare providers. The poor economy led to more people who could not afford to pay for their clinical services, which in turn discouraged providers from locating in Davidson County.

Third, related to the need for better education about existing programs, attendees pointed out that many of those in greatest need were least able to access existing programs. Frequently, people did not even know about the programs. Many could not get to the programs for various reasons. For example, they did not have access to a car. If they did, they could not afford gas. Often, public transportation options were not available. Not uncommonly, even for subsidized programs, they could not afford the services. Given these access problems, those in need frequently waited until their conditions became extreme, and they had to visit an emergency department for treatment. Of course, this was an expensive option, and outcomes were less likely to be good.

Fourth, most forums devoted part of their discussions to the fact that a number of risk factors contributed to more than one disease. In particular, they pointed to tobacco use as a key risk factor for heart disease, COPD, and lung disease. They also noted that tobacco use was expensive: Money spent on tobacco meant less available for other healthy food choices and transportation. Another important risk factor for multiple

chronic diseases was chronic mental illness. One attendee observed that those with chronic mental illness have a life expectancy twenty-five years less than that of their otherwise mentally functional counterparts, largely the result of consistently poor lifestyle choices. Generally, the forum attendees concluded that public health interventions (e.g., providing mental health and health education interventions for the mentally ill) should focus on these multiple risk factors

Fifth, attendees, particularly those from more rural areas, observed that access to healthy foods and recreational facilities was either poor or nonexistent in various regions of the county, particularly in the southeastern and northern regions. They pointed to a paucity of facilities, such as gyms, bike paths, walking trails, green ways, parks, playing fields, and playgrounds. They also validated research that many locales within Davidson County were “food deserts”, making healthy foods nonexistent for many.

Finally, participants, particularly some who represented area agencies and nonprofits, noted that better collaboration among service providers could lead to more effective services. This is especially true for those programs that naturally complement one another (e.g., the same nutritional education might be provided across target communities, such as churches, businesses, and schools). They discussed the causes of less-than-desirable collaboration. Examples included “turf” considerations, one organization’s being unaware of other programs’ activities, and programs/services dispersed geographically. They believed that these causes are “fixable” with focused efforts.

In summary, the community health forums provided a clear ranking of important public health issues in Davidson County. Through their exchanges, they outlined and discussed a number of themes that could positively influence the selection of interventions and development of overall health improvement plans.

Action Planning

Process

The tallied results from the community forums were brought to the Davidson County Healthy Communities Coalition Steering Committee to establish the 2–3 health priorities for action planning. Attendees were asked to take the top-ranked issues from the forums and discuss them in terms of ongoing efforts, issue overlap, and the strengths and challenges of the community to affect change in the identified health area.

The meeting agenda was much like the community forums and included a discussion of which issues were most critical to address in the next three years, what issues are actionable on a local level, and were there community resources and energy to address. The group also discussed that some of the issues overlapped and that strategies to address one health concern would also be beneficial to other health concerns.

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.

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 December 2012, these workgroups will develop community health improvement plans detailing strategies that will address priority issues. Appendix H includes a summary of evidence-based interventions to address these priority health concerns. Appendix I includes an inventory of available resources that may be leveraged to implement these interventions. The committee will encourage collaborative planning among the various partners in Davidson County, thereby achieving the

greatest impact in greater physical activity and healthier nutrition, improved access to care, and tobacco use prevention for the residents of Davidson County.

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Appendices

Appendix A

Davidson County Community Health Assessment Planning Team

Name	***Role***
1. Dorothy Cilenti	Lead CHA, NCIPH
2. Steve Snelgrove	WFBH-LMC COO
3. Jennifer Houlihan	WFBH-Forsyth
4. Laura Kennedy	Marketing/TMC
5. Jane Wilder	Marketing/TMC
6. Layton Long	Health Director
7. Jen Hames	HD CHA Coordinator
8. Tavie Flanagan	Co-Lead CHA, NCIPH
9. Erin O'Quinn	Secondary Data Analysis, NCIPH
10. Kathie Johnson	Novant Health CEO
11. Andrea McDonald	Novant Health (TMC)
12. Matt Simon	Primary Data collection, NCIPH
13. John Wallace	Primary Data collection, NCIPH
14. John Graham	Community Forums, NCIPH

Appendix B

Davidson County Healthy Communities Coalition Steering Committee

Angela Kimsey – Senior Center Manager - Davidson County Senior Services
Angela Mauck – Nurse Educator – Thomasville Medical Center
Billy Freeman – Project Director – Lexington YMCA
Bruce Davis – Director - Lexington City Recreation
Charles Parnell – Director - Davidson County Recreation
Dale Moorefield – Director – Davidson County Social Services
Darren Cecil – Interim Health Director – Davidson County Health Department
Don Truell – County Commissioner
Dr. Amy Suttle – Pediatrician – Thomasville Pediatric Clinic
Dr. Fred Mock – Superintendent - Davidson County Schools
Ellen Welborn – Foundation Director - Lexington Medical Center
Gene Klump – Executive Director - Lexington YMCA
Jarrod Dunbar – Outreach and Operations - Thomasville YMCA
Jeannie Leonard – FCS Agent – Davidson County Cooperative Extension
Jen Hames – Health Education Supervisor – Davidson County Health Department
Keith Raulston – Board of Health
LaShay Avery – Community Relations – PBH
Layton Long – Health Director - Davidson County Health Department
Linda Leonard – Director - Smart Start
Mary Jane Akerman – Wellness Coordinator - Thomasville City Schools
Mary Lou Collett – Nursing Director - Davidson County Health Department
Orla Kelly-Rajan – Nurse – Lexington Medical Center
Rick Kriesky – Superintendent - Lexington City Schools
Robert Hyatt – County Manager – Davidson County Government
Rose McDaniel – Davidson County Community College
Sandy Motley – Executive Director - Davidson Medical Ministries Clinic
Scott Leonard – County Planner – Davidson County Planning Department
Sherry Brannon – Center Management Specialist – Smart Start
Thessia Everhart-Roberts – Director - Davidson County Senior Services
Tommy Hodges – Director – Thomasville YMCA
Vickie McKiver – Director - Thomasville City Recreation
Zeb Hanner – Assistant County Manager – Davidson County Government

Appendix C

Community Health Opinion Survey

Instructions to Survey interviewers/ CHA Team:

- You may change this survey in any way. You may add or remove questions. It is just a guide for you. All questions have been pretested and reviewed for accuracy. So, before changing the wording of the questions, we encourage you to seek professional advice on questionnaire design.
- You must have demographic questions in your survey to be able to tell how representative your survey sample is. Use these questions to compare your sample population to your county's population (from the U.S. Census estimates for that year). The demographic categories in this survey match the categories from the 2010 Census questions to make your comparisons easier.
- Instructions for the interviewers are in **red** type. **Do not** read these instructions out loud when administering the surveys. If these surveys will be self-administered, you may want to simplify the directions.
- Questions similar to or exactly like those from the Behavioral Risk Factor Surveillance System (BRFSS) 2010 are in **blue** type. You may take these questions out of your CHA survey if you have recent county-level BRFSS data for these questions. Recent data includes data from the year before your Community Health Assessment is due. Ex: If your CHA is due in December 2011 and you have BRFSS 2010 data for your county, do not include these questions in your community survey.
- This survey explores all of the Healthy North Carolina 2020 focus areas. Questions that gather information about one or more of the focus areas are noted with **HNC2020: Focus Area**. **If these surveys will be self-administered, you may want to remove this notation.**

  Key to Focus Area Abbreviations:
  Tobacco=T
  Physical Activity and Nutrition= PAN
  Injury= I
  STDs/Unintended Pregnancy= STD/UP
  Maternal and Infant Health= MIH
  Substance Abuse= SA
  Mental Health=MH
  Infectious Disease/Foodborne Illnesses= ID/FI
  Oral Health=OH
  Social Determinants of Health= SDH
  Environmental Health= EH
  Chronic Disease= CD
  Cross-cutting= C

COMMUNITY HEALTH OPINION SURVEY
DAVIDSON COUNTY

Hello, I am _____ and this is ____. We are working with the Davidson County Health Department, Lexington Medical Center and Thomasville Medical Center to complete the Community Health Assessment, which is done every 3 years. We are here to ask you to participate in a health opinion survey for our county. The purpose of this survey is to learn more about health and quality of life in Davidson County. The Davidson County Health Department, Lexington Medical Center, and Thomasville Medical Center will use the results of this survey and other data to find and act upon our county's most pressing health problems. All the information you give us will be completely confidential. It will be reported only as a group summary. We will use the results of the survey to review our health programs and policies. And, the survey results will help Davidson County obtain public and private money for our community needs.

You were one of 210 addresses selected at random. To have a completely random sample means we can assume that the people we interview represent our county. That is why your participation is vital.
The survey is completely voluntary. It should take no longer than 20 minutes to complete. Would you be willing to participate?
Thank you for your participation.

---

1. These next questions are about health problems that individual people have that have the largest impact on the community as a whole. Please look at this list of health problems. I would like for you to pick the 5 most important health problems in Davidson County. Remember, this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem that you consider one of the most important 5, please let me know and I will type it in. I can also read these out loud as you look at them.

Health Problems

_____ Aging problems (Alzheimers, arthritis Hearing or vision loss, etc.)
_____ Asthma
_____ Birth defects
_____ Cancer
_____ HIV/AIDS
_____ Infant death
_____ Infectious/contagious diseases (TB, salmonella, pneumonia, flu, etc.)
_____ Kidney disease
_____ Other injuries (drowning, choking home or work related)
_____ Obesity/overweight
_____ Lung disease (emphysema, COPD, etc.)
_____Sexually transmitted diseases

What kind? _____
_____ Dental health
_____ Diabetes
_____ Gun-related injuries
_____ Heart disease/heart attacks
_____ Liver disease
_____ Mental health (depression, schizophrenia, etc.)
_____ Motor vehicle accidents
_____ Stroke
_____ Teenage pregnancy
_____ Other _____

2. These next questions are about unhealthy behaviors that individual people do that have the greatest impact on the community as a whole. Please look at this list of unhealthy behaviors. Pick the 5 biggest unhealthy behaviors in Davidson County. Remember, this is your opinion and your choices will not be linked to you in any way. If you do not see an unhealthy behavior that you consider one of the most important 5, please let know and I will type it in. I can also read these out loud as you look at them.

Unhealthy Behaviors

_____ Alcohol abuse
_____ Drug abuse
_____ Having unsafe sex
_____ Lack of exercise
_____ Not getting immunizations to prevent disease
_____ Not using child safety seats
_____ Not using seat belts
_____ Not going to the dentist for preventive check-ups and care
_____Not going to the doctor for yearly check-ups and screenings
_____ Not getting prenatal (pregnancy) care
_____ Other _____
_____ Poor eating habits
_____ Reckless/drunk driving
_____ Smoking/tobacco use
_____ Suicide
_____ Violent behavior (including rape/sexual assault)

3. These next questions are about community-wide issues that have the largest impact on the overall quality of life in Davidson County. Please look at this list of community issues. Pick the 5 community issues that have the greatest effect on quality of life in Davidson County. Remember, this is your opinion and your choices will not be linked to you in any way. If you do not see a community problem that you consider one of the most important 5, please let know and I will type it in. I can also read these out loud as you look at them.

Community Issues

_____ Animal control issues
_____ Availability of child care
_____ Affordability of health services
_____ Lack of/inadequate health insurance
_____ lack of culturally appropriate services for minorities
_____ Pollution (air, water, land)
_____ Low income/poverty
_____ Racism

_____ Availability of healthy food choices
_____ Bioterrorism
_____ Dropping out of school
_____ Homelessness
_____ Inadequate/unaffordable housing
_____ Lack of health care providers
What kind? _____
_____ Lack of recreational facilities (parks, trails, community centers, etc.)
_____ Neglect and abuse (specify type)
_____ elder abuse
_____ child abuse
_____ domestic violence
_____ Transportation options
_____ Unemployment
_____ Unsafe, un-maintained roads
_____ Violent crime (rape, murder, assault, etc.)
_____ Other _____

Now, I am going to ask you some questions about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

4. The recommendation for physical activity is 30 minutes a day 5 days a week (2 ½ hours per week). What is the **main** reason that keeps you from getting this much physical activity? (Check one.)

___ Nothing. I get this much physical activity.
___ I feel like I get this at my work.
___ I am physically disabled.
___ There is no safe place to exercise.
___ I don't have time to exercise.
___ It costs too much to exercise.
___ I don't like exercise.
___ Other_____

5. One recommendation for healthy eating is to eat at least 5 servings of fruits and vegetables a day (not French fries or potato chips). What is the **main** reason that keeps you from eating this way? (Check one.)

___ Nothing. I eat 5 or more servings a day.
___ I (or my family) won't eat them.
___ I don't know how to prepare them.
___ They go bad before we eat them.
___ I don't think they are important.
___ I just don't think about it.
___ I don't have time to fix them.
___ They're too expensive.
___ Other_____

6. What are the top **3** biggest substance abuse problems in this county? (Pick 3)

___ Abusing prescription drugs/pills
___ Alcohol abuse
___ Drinking and driving
___ Huffing (inhaling glue, Dust-off, Whiteout)
___ Other_____
___ Marijuana
___ Methamphetamine (Meth)
___ Other hard drugs (cocaine, crack, heroin)
___ Using someone else's prescription drugs/pills
___ I really don't know.

7. If a friend or family member needed counseling for a mental health problem, who would you tell them to call or talk to?

_____

8. If a friend or family member were thinking about suicide, who would you tell them to call or talk to?

_____

9. What is the **main** reason that you or your family would not be up-to-date on vaccines? (Check one)
___ I keep me and my family's vaccines up-to-date at the health department or at my doctor's office.
___ Vaccines cost too much.
___ I don't want to see my child in pain.
___ I have religious reasons.
___ Other _____
___ I am afraid of possible side effects.
___ I believe the vaccines cause the disease.
___ I don't know when they are due.

10. Did you know before now that your child can receive free school-required vaccines at the health department up to age 18?
___ Yes ___ No

11. Do you support tobacco-free outdoor public areas such as parks, festivals, fairs, etc.?
    ___ Yes ___ No _____Don't Know

12. Do you and your family recycle? ___ Yes ___ No
    If no, why not? (Check one)
    _____ It is too much trouble to recycle
    _____ I don't know where to take the materials I recycle
    _____ My garbage pick up does not offer recycling
    _____ Other _____

13. In a disaster, where would you likely look for information? (Check **all** that apply)

    _____ County website
    _____ Internet/Online
    _____ Newspaper
    _____ Radio
    _____ Other _____
    _____ Smartphone
    _____ Text message alerts
    _____ Television
    _____ Don't Know

14. Does your family have an emergency supply kit set aside for immediate use that could sustain all members of the family for 72 hours? (Supplies include drinking water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)
    _____ Yes _____ No _____ Don't Know/Not sure

15. Which emergency situation concerns you most?
    _____

16. Which of the following Environmental Health concerns do you believe **most** affects your health? (Check one)

___ Drinking water	___ Fluoride-enriched water	___ Food safety
___ Mold	___ Ozone	___ Rabies
___ Radon	___ Recycling	___ Second hand smoke
___ Lead exposure	___ Drought	___ Septic system failure
___ Meth labs	___ Air quality	___ Don't Know

___ Other_____ ___ None of the above

The next set of questions are age and gender specific. Would you mind telling me what year you were born?

17. What year were you born? _____

18. Gender: ____ Male ____ Female

19. If you are over age 50, have you ever had a colonoscopy?
___ Yes ___ No
If no, why not? _____ ___ I am not over age 50.

20. If you are a male over age 40, do you have an annual prostate exam? (Females skip to question 21)
___ Yes ___ No
If no, why not? _____ ___ I am not over age 40.

21. If you are a female over age 40, do you have an annual mammogram? (Males skip to question 23)
___ Yes ___ No
If no, why not? _____ ___ I am not over age 40.

22. If you are a female, do you have a pap smear at least every other year?
___ Yes ___ No
If no, why not? _____

23. Where do you go **most often** for health care when you are sick? (Check one)
___ Private Doctor's office ___ Health department ___ Medical Ministries Clinic
___ Hospital ___ Urgent Care Center ___ Walk-in Clinic
___ Pharmacy ___ Other_____
___ I don't go anywhere when I am sick.

24. Where do you go when you need your yearly check-up or physical? (Check **all** that apply)
___ Private Doctor's office ___ Health department ___ Medical Ministries Clinic
___ Hospital ___ Urgent Care Center ___ Walk-in Clinic
___ OB/GYN or Women's Health Provider ___ Other_____
___ I don't go anywhere for a yearly check-up or physical.

25. In the past 12 months, did you have a problem getting the health care you needed?
_____ Yes _____ No

Since you said yes, which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have listed here, please tell us and I will write it in:
_____I didn't have health insurance
_____ My insurance didn't cover what I needed
_____ My share of the cost (deductible/co-pay) was too high
_____ Doctor would not take my insurance or Medicaid
_____ Hospital would not take my insurance
_____ I didn't have a way of getting there
_____ I didn't know where to go
_____ I couldn't get an appointment
_____ Other _____

26. In the past 12 months, did you have a problem filling a medically necessary prescription?

_____ Yes _____ No

Since you said yes, which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have listed here, please tell us and I will write it in:

_____I didn't have health insurance
_____ My insurance didn't cover what I needed
_____ My share of the cost (deductible/co-pay) was too high
_____ Pharmacy would not take my insurance or Medicaid
_____ I didn't have a way of getting there
_____ I didn't know where to go

27. Where do you find out about local news or events? (Check **all** that apply)

____ Billboards ____ Blogs ____ Church

____ Email updates ____ Friends and family ____ Internet

____ Magazines ____ Newspapers ____ Radio

____ School ____ TV ____ Workplace

____ Social network websites (Facebook, MySpace) ____ Other: _____

28. Do you have access to the Internet?

____ Yes _____ No

CONTINUE ON NEXT PAGE →

Please complete the questions below for statistical purposes only:

29. Are you of Hispanic or Latino origin*? ____ Yes ____ No

*The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race."

30. Race (Check **all** that apply):

____ Black or African American
____ American Indian or Alaskan Native
____ Asian
____ White
____ Native Hawaiian or Other Pacific Islander
____ Other: _____

31. What is the **highest** level of school, college or vocational training that you have finished? (Check one.)

____ Some high school, no diploma
____ Some college (no degree)
____ High school diploma or GED
____ Bachelor's degree
____ Associate Degree/Vocational Training
____ Graduate or professional degree
____ Other:_____

32. What was your total household income last year, before taxes? (Check one.)

____ Less than $10,000
____ $10,000 to $14,999
____ $15,000 to $19,999
____ $20,000 to $24,999
____ $25,000 to $34,999
____ $35,000 to $49,999
____ $50,000 to $74,999
____ Over $75,000
_____Refused to Answer

33. Does anyone in your household have a working cellular telephone?

____Yes _____No

34. Does your household have a working landline telephone?

___Yes ____No

DO NOT READ, for administrative purposes only. Remove for self-administered surveys:
Based on total household income (#47) and number of people supported (#48).
Percent of Federal Poverty Level = (Income/Guideline*100%) = ____%
[Get conservative estimate by assuming the mean income level for each category in #47 and compare to guideline for number of persons in family.]

2011 HHS Poverty Guidelines
For 48 Contiguous States and D.C.

Persons in Family	Yearly Income
1	$10,890
2	14,710
3	18,530
4	22,350
5	26,170
6	29,990
7	33,810
8	37,630
For each additional person, add	$3,820

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

Appendix D

Focus Group Script and Discussion Questions

Davidson County Community Health Assessment

Focus Group Discussion Guide

INTRODUCTION

- Thank you for taking the time to join us today.
- INTRODUCE YOURSELF, NOTETAKER(S)

THE FOLLOWING SCRIPT IS FOR YOU TO SUMMARIZE. YOU DO NOT NEED TO READ IT WORD FOR WORD. YOU DO NEED TO COVER CONFIDENTIALITY AND THE RIGHT TO WITHDRAW WITHOUT PENALTY.

I work for the Davidson County Health Department. We are partnering with Lexington Medical Center and Thomasville Medical Center in learning about the health of Davidson County residents. Today we would like to hear what you think about the physical, mental, and environmental health of your community. The information that you share, along with information gathered from a community survey, other discussions and existing statistics, will help us plan future programs that better meet the needs of residents of Davidson County.

No names will be attached to any of the information we collect. We will share what we learn with community and agency members during open forums in the fall. In the winter we will write a report about our county's health, to submit to the state. If you would like to be invited to a community forum, please write your name and contact information on the sign-up sheet.

While we talk today, I want you to feel free to share your opinions even if they are different from others and to react to each other's thoughts. There are no right or wrong answers. I am here to help facilitate the discussion and listen to what you have to say. (NOTETAKER'S NAME) _____ will be taking notes. If there are no objections, we will be recording this discussion to make sure we do not miss any comments. Try and speak up so the recorder can pick up your answer. After this discussion, we will listen to the recording and write down all of the responses, then we will erase/destroy the recording. Since this is a group discussion, you do not have to wait for me to call on you to speak. Anything we say here is confidential. I ask that when you all leave today that you remember to respect others' privacy and not share any information outside of this discussion. We will talk for about 45-60 minutes.

You are here because you voluntarily agree to participate in this group discussion. However, if for any reason you feel uncomfortable and do not want to continue in the discussion, you are free to withdraw at any time. This will not affect in any way the services you receive in the future from the Davidson County Health Department. Again, no names will be attached to the information that we collect. Is this OK with everyone? (DO NOT CONTINUE UNTIL EVERYONE AGREES OR DISMISSES THEMSELVES. ONCE YOU ARE READY TO BEGIN, TURN ON THE RECORDER).

OPENING QUESTIONS

1. **Let us start with introductions. One at a time, please introduce yourself and tell us how long you have lived in Davidson County, NC.**

INTRODUCTORY QUESTIONS

2. **Since we will be talking about health, what does being healthy mean to you, personally?**

3. **Another way to think about health is looking at the health of a community, not just individuals. To you, what would a healthy community look like?**

4. **Today we will be talking about people's health here in Davidson County where you live or work. What is it like living or working in this community?**

TRANSITION QUESTIONS

5. **What do you think are the most healthy things about your physical community/Davidson County?**

KEY QUESTIONS

6. **Thinking about the people in your community, what are your main health concerns?**

7. **Tell us about the strengths of the people in your community.**

8. **Where do you go for health care services?**

9. **Tell us about your own experience getting the help you need in Davidson County.**

10. **Are there groups of people within your community whose healthcare needs seem to be overlooked, or not met?**

11. **Where do you and others in your community get most of your health information?**

12. **Think back over all the topics we've discussed. If you were in charge, what specific things would you do to improve the health status of community members?**

ENDING QUESTIONS

13. **We want to make sure that the health programs in this community will help *you and your community*. With that in mind, is there anything that we have not asked or that you would like to add?**

CLOSING

14. **Questions from the notetaker(s)?**

- Thank you!!

Appendix E

Key Stakeholder Survey

2012 CHA STAKEHOLDER SURVEY QUESTIONS

1. What is your position in your agency?

2. What services does your agency provide for county residents?

3. What are some aspects of your organization that attracts county residents to your programs/services?

4. Describe county residents who are most likely to use your services.

5. In the past 5 years, have there been any changes in the composition of the people who use your services?

6. What barriers do residents face in accessing your services?

7. What does your agency do to meet the special needs of people who use your services?

8. There is good health care system in Davidson County.
   _____ Agree _____ Disagree

9. Davidson County is a good place to raise children.
   _____ Agree _____ Disagree

10. Davidson County is a good place to grow old.
    _____ Agree _____ Disagree

11. There is plenty of support for individuals and families during times of stress and need in Davidson County.
    _____ Agree _____ Disagree

12. Davidson County is a safe place to live.
    _____ Agree _____ Disagree

13. Davidson County has clean water.

_____ Agree _____ Disagree

14. What services or programs currently available in Davidson County are most beneficial to residents?

15. What services or programs that aren't currently available are needed?

16. What would you consider to be Davidson County's greatest strengths?

17. What are some of the challenges Davidson County faces?

18. What are the most important health behaviors that affect residents of Davidson County?

19. Is there anything else you would like to share?

Key CHA Stakeholders

Mary Jane Akerman
Wellness Coordinator
Thomavsille City Schools

Meredith Andrews
Private Citizen
WFBH Lexington Medical Center Foundation Board

LaShay Avery
Community Relations Manager
PBH

Joel Ayers
Administration
Bank of North Carolina
WFBH Lexington Medical Center Foundation Board

Sam Barefoot
Administration
Baptist Children's Home
Thomasville Medical Center Board of Directors

Mark Breeden
Owner
Breeden Insurance
WFBH Lexington Medical Center Board

Dan Briggs
Owner
Davidson Funeral Home
WFBH Lexington Medical Center Board

David Brookbank
Private Citizen
Thomasville Medical Center Board of Directors

Corey Buggs
Attorney
Private Practice
Davidson County Board of Health

Gayle Burke
Private Citizen
WFBH Lexington Medical Center Foundation Board

Alan Carson
Administration
City of Lexington
WFBH Lexington Medical Center Foundation Board

Dr. Monica Carter
Chief of Staff
Thomasville Medical Associates
Thomasville Medical Center Board of Directors

Eddie Causey
Credit Officer
Bank of the Carolinas
Thomasville Medical Center Board of Directors

David Clifton
Vice President
ASMO North Carolina, Inc.
Thomasville Medical Center Board of Directors

Troy Coggins
Director
Davidson County Cooperative Extension

Ron Coleman
Private Citizen
Thomasville Medical Center Board of Directors

Mary Lou Collett
Nursing Director
Davidson County Health Department

Robert Craven
Private Citizen
WFBH Lexington Medical Center Board

Karen Craver
Administration
Wake Forest Baptist Health
WFBH Lexington Medical Center Board

Kelly Craver
City Manager
City of Thomasville
Thomasville Medical Center Board of Directors

Doug Croft
Director
Thomasville Chamber of Commerce

Rebecca Daley
Nurse
Davidson County Community College
Davidson County Board of Health

Bruce Davis
Director
City of Lexington Recreation Department

Dr. Mark Davis
Dentist
Private Practice
Thomasville Medical Center Board of Directors

Lee Davis
Owner
Davis Chevrolet
WFBH Lexington Medical Center Foundation Board

Sara DeLapp
Private Citizen
WFBH Lexington Medical Center Foundation Board

Wayne Dick
Private Citizen
WFBH Lexington Medical Center Foundation Board

Tom Doyle
Wellness Coordinator
Thomasville Medical Center

Thessia Everhart-Roberts
Director
Davidson County Senior Services

Bryant Foriest
Private Citizen
Thomasville Medical Center
Board of Directors

Father Al Gondek
Priest
Our Lady of the Rosary
Catholic Church
Thomasville Medical Center
Board of Directors

Alice Gray
Wellness Coordinator
WFBH Lexington Medical
Center
Davidson County Board of
Health

Terra Greene
Private Citizen
WFBH Lexington Medical
Center Board

David Grice
Sheriff
Davidson County Sheriff's
Department

Terry Hales
Administration
Wake Forest Baptist Health
WFBH Lexington Medical
Center Board

Dr. Mark Hamrick
Veterinarian
Large Animal Veterinary
Hospital
Davidson County Board of
Health

Steve Hodges
Owner
Steve Hodges Associates
WFBH Lexington Medical
Center Foundation Board

Dr. James Hoekstra
Physician
Wake Forest Baptist Health
WFBH Lexington Medical
Center Board

Donnie Holt
Private Citizen
Thomasville Medical Center
Board of Directors

Ray Howell
Minister
First Baptist Church
WFBH Lexington Medical
Center Board

Robert Hyatt
County Manager
Davidson County
Government

Kathie Johnson
President
Thomasville Medical Center

Rod Kcuik
Pharmacist
WFBH Lexington Medical
Center
Davidson County Board of
Health

Evelyn Kepley
Private Citizen
WFBH Lexington Medical
Center Foundation Board

Antionette Kerr
Executive Director
Lexington Housing
Community Development
Thomasville Medical Center
Board of Directors

Dr. Usman Khawaja
Physician
Davidson Cardiology
Thomasville Medical Center
Board of Directors

Chad Kirkendall
Owner
Kirkendall Restorations
WFBH Lexington Medical
Center Foundation Board

Gene Klump
Executive Director
YMCA of Lexington

Rick Kriesky
Superintendent
Lexington City Schools

Dr. Karolyn Kruger
Physician
Thomasville Medical Center
Thomasville Medical Center
Board of Directors

Donny Lambeth
Administration
Wake Forest Baptist Health
WFBH Lexington Medical
Center Board

Dr. Michael Lanning
Dentist
Private Practice
Davidson County Board of
Health

Linda Leonard
Director
Smart Start

Layton Long
Health Director
Davidson County Health
Department

Dr. Phillip Marks
Chief of Staff
Davidson Urology
Thomasville Medical Center
Board of Directors

Jeff Mast
Manager
Carolina Drawer
WFBH Lexington Medical
Center Board

Fred McClure
Owner
McClure Insurance Group
Thomasville Medical Center
Board of Directors

Vickie McKiver
Director
City of Thomasville
Recreation Department

Julie Meyer
Executive Director
Positive Wellness Alliance

Thompson Miller
Attorney
Brinkley Walser
WFBH Lexington Medical Center Foundation Board

Bill Mitchell
Private Citizen
WFBH Lexington Medical Center Foundation Board

Dr. Fred Mock
Superintendent
Davidson County Schools

Rev. Lamar Moore
Minister
Retired
Davidson County Board of Health

Dale Moorefield
Director
Davidson County Deparment of Social Services

Scott Morris
Realtor
Uwharrie Real Estate
Thomasville Medical Center Board of Directors

Sandy Motley
Executive Director
Davidson Medical Ministries Clinic

Charles Parnell
Director
Davidson County Recreation Department

Beth Parrott
Owner
Parrott Insurance
WFBH Lexington Medical Center Foundation Board

Larry Perdue
Private Citizen
Thomasville Medical Center Board of Directors

Larry Potts
Private Citizen
Davidson County Commissioner
WFBH Lexington Medical Center Board

Keith Raulston
Engineeer
N.C. Department of Transportation
Davidson County Board of Health

Dr. Debbie Rice
Director
Family Services of Davidson County

Dr. Cathy Riggan
Physician
Thomasville Pediatric Clinic
Davidson County Board of Health

Dr. Sims Riggan
Physician
Lexington Orthopedic Clinic
WFBH Lexington Medical Center Board

Dr. Mary Rittling
President
Davidson County Community College

Dr. Peter Rogaski
Optometrist
Private Practice
Davidson County Board of Health

Ben Ross
Executive Director
Davidson Vision

Rose Runion-McDaniel
Associate Dean
Davidson County Community College

Brian Shipwash
Clerk of Superior Court
Davidson County Clerk of Courts Office
Thomasville Medical Center Board of Directors

Trish Shoemaker
Private Citizen
WFBH Lexington Medical Center Board

Dr. Tom Sibert
Physician
Wake Forest Baptist Health
WFBH Lexington Medical Center Board

Jeff Smith
Director
Davidson County Emergency Services

Jeff Smith
Administration
PPG Industries
WFBH Lexington Medical Center Foundation Board

Nina Smith
Private Citizen
WFBH Lexington Medical Center Foundation Board

R.B. Smith
Attorney
Brinkley Walser
WFBH Lexington Medical Center Board

Steve Snelgrove
Chief Operating Officer
WFBH Lexington Medical Center

Greg Stabler
Administration
Davidson Water
WFBH Lexington Medical Center Board

Burr Sullivan
Director
Lexington Chamber of Commerce

Rebecca Sullivan
Private Citizen
WFBH Lexington Medical Center Foundation Board

Dr. Amy Suttle
Physician
Thomasville Pediatric Clinic

Kara Thompson
Administration
Wake Forest Baptist Health
WFBH Lexington Medical Center Foundation Board

Teenie Tilley
Private Citizen
WFBH Lexington Medical Center Foundation Board

Daniel Timberlake
Private Citizen
WFBH Lexington Medical Center Foundation Board

Keith Tobin
Superintendent
Thomasville City Schools

Don Truell
Private Citizen
Davidson County Commissioner
Davidson County Board of Health

Dr. David Wagner
Physician
Private Practice
WFBH Lexington Medical Center Board

Dr. Asif Wahid
Physician
Davidson Cardiology
Thomasville Medical Center Board of Directors

Misti Boles Whitman
Private Citizen
Foundation President
Thomasville Medical Center Board of Directors

Dr. William Woodruff
Physician
Wake Forest Baptist Health
WFBH Lexington Medical Center Board

Judy Younts
Director
Communities in Schools
Thomasville Medical Center Board of Directors

Appendix F

Community Health Forums Flyer

2012 Davidson County Community Health Assessment

COMMUNITY FORUMS

Together we will:

- **Present and discuss findings from the 2012 Community Health Assessment**
- **Select priority health issues for the Davidson County Health Department, WFBH Lexington Medical Center, and Thomasville Medical Center**
- **Plan next steps to develop a community –wide plan for improved health**

We will have Spanish interpretation services available at each of the community forums.

Forum Dates

North Davidson Public Library

Date: Monday, May 21, 2012
Time: 6:00 pm—8:00 pm
Address: 559 Critcher Dr., Welcome, NC 27374

Thomasville Public Library

Date: Wednesday, May 23, 2012
Time: 6:00 pm—8:00 pm
Address: 14 Randolph Street, Thomasville, NC 27360

Davidson County Governmental Building - County Commissioners Meeting Room

Date: Wednesday, May 30, 2012
Time: 6:00 pm—8:00 pm
Address: 913 Greensboro Road, Lexington, NC 27292

Denton Public Library

Date: Thursday, May 31, 2012
Time: 6:00 pm—8:00 pm
Address: 310 W. Salisbury Street, Denton, NC 27239

Light Snacks Provided!

NCPH North Carolina Public Health

Davidson County Established 1822

To learn more, email Jen.Hames@DavidsonCountyNC.gov or call 336-242-2354.

Appendix G

Community Health Forums Representation

The following agencies and participants were represented at each of the four community forums. They are listed by place and date of each community forum held.

May 21, 2012 North Davidson Public Library

Wake Forest Baptist Hospital Lexington Medical Center

Medical Providers

Davidson County Health Department

Davidson Medical Ministries Center

PBH

5 community residents

May 23, 2012 Thomasville Public Library

Lexington Medical Center

Thomasville Medical Center (2 participants)

J. Smith Young YMCA

Tom A. Finch Community YMCA

May 30, 2012 Commissioners Meeting Room Lexington

Davidson Medical Ministries

Piedmont Behavior Health

Wake Baptist Lexington Medical Center (10 participants)

Residents of Davidson County (4 participants)

Parent

Local Physician

Hospice of Davidson County

Davidson County Boards of Health

Yadkin Star Baptist Church member

May 31, 2012 South Davidson Public Library in Denton

Wake Forest Baptist Hospital

Lexington Wound Care Center

Davidson County Government

Davidson County Medical Ministries

NC Cooperative Extension

PBH

Appendix H

Evidence-Based Interventions for Priority Areas

Based on the Institute of Medicine (IOM) (2009) prevention action plan, the following evidence-based interventions are recommended to address the top five priority areas.

Obesity

A lifestyle in which men and women eat fruits and vegetables daily reduces the risk of obesity. Regular physical activity is also a widely accepted behavior that prevents obesity. The Institute of Medicine Healthy North Carolina Initiative has used these variables as methods for reducing obesity risk in their 2020 Objectives.

This IOM report documents that 34.7% of adults living in North Carolina are neither overweight nor obese. Davidson County has only 33.1%. The Healthy NC 2020 Objective for this indicator is to increase the percentage of adults who are neither overweight nor obese from the current 34.7% to 38.1% by 2020.

Currently, 46.4% of North Carolina adults are getting the recommended amount of physical activity. In Davidson County it is 45.5%. By 2020, the North Carolina objective is to raise the percentage to 60.6%, an increase of slightly over 15% from Davidson's current status.

In North Carolina, the percentage of adults who consume five or more servings of fruits and vegetables per day is 20.6%. In Davidson County, only 18.4% of its adult citizens meet the intake criteria for fruits and vegetables. The 2020 Healthy NC Objective is 29.3% of adults in the state consuming at least five servings of fruits and vegetables daily.

The Healthy NC 2020 report identifies strategies to prevent and reduce obesity by promoting healthy eating and physical activity.

Recommendations

- Serve fruits and vegetables with meals and reduce screen time at home.
- Offer obesity screening for children aged more than 6 years and for adults, as well.
- Offer counseling and behavioral interventions for those identified as obese (BMI>30).
- Expand childhood obesity prevention initiatives for children.
- Institute worksite wellness programs and promote healthy foods and physical activity.
- Assess health risks for employees and offer feedback, as well as intervention support.
- Implement Eat Smart, Move More community-wide obesity prevention strategies.
- Build active living communities.
- Support joint participation in recreational activities.
- Fund Eat Smart, Move More community-wide obesity prevention plans.
- Provide community grants to promote physical activity and healthy eating.
- Provide tax incentives to encourage comprehensive worksite wellness programs.

Access to Healthcare Providers

Telemedicine is one strategy used to address healthcare-provider shortage and increase primary and specialty care access. Telemedicine is the use of

telecommunication technology for diagnostic, monitoring, and therapeutic purposes when there is geographic distance separating the patient and provider. This can potentially increase effectiveness of healthcare delivery, particularly in rural areas. Medicare reimburses for some forms. Three main forms of telemedicine include:

Store-and-forward: Clinical data are collected and stored and interpreted later.

Home-based: Physiological measurements, test results, images, and sound are collected in the patient's home and health is monitored remotely.

Office/Hospital-based: Provider and patient interact in real time. (Hersh et al., 2006)

The research base for telemedicine is small and of variable quality and thus far provides only limited evidence for its overall efficacy. Studies have found no harm from telemedicine, but the heterogeneity of results makes drawing conclusions difficult. Telemedicine alone may not be a substitute for care; however, evidence shows it to be an effective addition to care, particularly in the case of specialists. The strongest evidence supports the use of office/hospital-based telemedicine for psychiatric and neurological assessment (Hersh et al., 2006). Such technology might help resolve the provider shortage in multiple specialties where there are no other provider options. Continued research is necessary to monitor developments in this field.

Recommendations

- Work with hospitals and providers to use office/hospital-based telemedicine for psychiatric assessment.

  The best evidence for telemedicine endorses office-based interactive videoconferencing, both for assessment and treatment.

- Investigate and pilot remote monitoring of chronic conditions.

Remote monitoring chronic health conditions and vital signs could potentially reduce medical costs and hospitalizations. (Hall, Stellefson, and Bernhardt, 2012)

- Partner dental schools and residency programs and explore the use of telemedicine for dentistry.

Recently, East Carolina University received a federal grant for dental telemedicine to improve dental services in rural areas. Dental residents will consult with specialists and use teledentistry equipment to receive instruction from a mobile clinic. (East Carolina University, 2012)

Tobacco

The Centers for Disease Control and Prevention (CDC) recommends a comprehensive tobacco control program as the best method to reduce smoking rates and tobacco-related morbidity and mortality. This coordinated effort includes educational, clinical, regulatory, economic, and social evidence-based strategies. California, the state with the longest running comprehensive tobacco control program, saw an almost 10% decline in smoking rates in eight years (North Carolina Institute of Medicine, 2009). The county can exercise this effort in multiple ways.

Recommendations

- Expand tobacco-free policies in work places and public spaces.

  Smoke-free spaces decrease secondhand smoke exposure and increase the number of people who quit smoking. By working with county commissioners to adopt and enforce comprehensive smoke-free ordinances, more individuals can be protected and supported in their efforts to quit smoking. Under current laws, 31% of workers are unprotected by a smoking ban. In addition to expanding smoke-free policies in all public spaces and local government property and workplaces, the county might consider prohibiting use by long-term care and childcare facility employees while working or transporting.

- Arrange tobacco cessation training for providers.

Interactions with healthcare providers can serve as an important point of contact to educate and encourage tobacco cessation. However, 30% of patients had not been advised to quit by their physicians, and 61.6% of patients reported healthcare providers did not recommend or discuss medication at recent appointments. Advice from a physician can increase quit rates 10%; therefore, it is important providers feel prepared to provide brief counseling and prescribe tobacco treatment medications. An annual training that updates dosing recommendations, motivational interviewing strategies, best practices, and billing could improve physician confidence.

- Integrate tobacco treatment and cessation programs into all healthcare settings.

  Incorporating brief tobacco monitoring and treatment into all medical interactions can help increase success rates. Examples of this at other institutions include collecting tobacco status as a vital sign at intake, and having nurses, social workers, and ancillary staff ask tobacco users if they have thought about quitting or need assistance.

- Encourage use of QuitlineNC.

  QuitlineNC, a toll free number that offers personalized support and prescription assistance, has increased quitting rates by more than 10%. Recommending use of this resource when patients indicate desire to quit is an effective way to support tobacco cessation without adding to provider burden.

- Encourage physician counseling and pharmacotherapy.

  The gold standard in tobacco treatment is multisession counseling in partnership with pharmacotherapy. This two-pronged approach most effectively eliminates tobacco use. When possible, this is the recommended intervention for individual tobacco cessation. Although this can be resource intensive, physicians and other qualified healthcare professionals can bill for tobacco cessation counseling as brief as three minutes. (American Academy of Family Physicians, 2011)

Mental Health

Undetected mental health disorders pose a significant challenge to administering mental health services. Early detection and connection to services can improve

outcomes and decrease instances of acute treatment. Hence, identification of mental health disorders should be a primary goal for intervention.

Primary care. Over half of mental health treatment is administered in the primary care setting, and 55% of Americans visit a primary care provider annually (North Carolina Institute of Medicine, 2009). This contact opportunity provides a broad scope of coverage. It can be used to screen, treat, and refer, ideally to an in-house care team.

Recommendations

- Train primary care providers to diagnose and treat mental health disorders.
- Implement mental health screenings at primary care providers.
- Create a collaborative care team composed of nurses, social workers, and other staff to consult with the primary care provider.
    - Co-location of primary care and mental health is optimal.

Faith communities. A significant number of residents indicated they would turn to a faith leader when a friend was in need of mental health assistance. Faith communities serve as an important social support and exist as resources within the county. The majority of North Carolinians attend a church or synagogue every week, and many of these individuals first turn to faith leaders before medical providers. These existing relationships of trust offer a unique opportunity for screening and early intervention.

Recommendations

- Train faith leaders to recognize signs and symptoms of mental illness.
- Train faith leaders to screen for mental health disorders.
- Educate faith communities on community resources, referral agencies, and the referral process.
- Implement basic mental health screening and early intervention through faith communities.

Heart Disease

The Institute of Medicine Healthy North Carolina 2020 Report documents that North Carolina ranks 33rd out of 50 states in America in its mortality rate from cardiovascular disease. As a top health priority in Davidson County, evidence-based interventions designed to reduce the risk of cardiovascular disease mortality are essential. Reducing the cardiovascular disease mortality rate (per 100,000 people) to 161.5 is the Healthy NC 2020 objective for cardiovascular disease.

Recommendations

- Encourage fruit and vegetable intake, increase physical activity, and endorse a tobacco-free home.
- Implement Eat Smart, Move More, a community-wide obesity prevention intervention.
- Offer high-quality physical education and healthy foods and beverages and implement evidence-based healthful living curricula in schools.
- Reduce screen time and encourage physical activity for family members.
- Promote menu labeling in restaurants.
- Build active-living communities.
- Provide community grants to promote physical activity and healthy eating.
- Support joint use of recreational facilities.
- Provide funding and create public policies to support a community-wide obesity prevention plan, such as Eat Smart, Move More.
- Include nutrition counseling for adults with hyperlidpidemia and other cardiovascular risk factors.

- Prescribe aspirin for adults between the ages of 45-79 to reduce the number and severity of heart attacks.

- Prescribe beta-blockers for individuals who have had prior heart attacks.

- Limit fast food intake in family members; include healthy choices in household groceries; and limit saturated fat in meal preparation.

- Establish household commitment to behavior change for nutritional intake and increased physical activity.

Appendix I

Community Resources

MISCELLANEOUS MISCELÁNEOS
Alpha Pregnancy Support 242-1218
American Association for Retired Persons (AARP)
Davidson County Library 242-2040
Davidson Info. Assistance Line (DIAL) 242-2005
Get Real Program 242-2217
Kid Talk, Inc. 688-1648
Services for Deaf & Hard of Hearing 224-0116
Smart Start of Davidson County 249-6688
Social Security Administration 800-772-1213
Volunteer Income Tax Assistance (VITA) 474-2651
Women's Shelter-Domestic Violence 243-1934

CITIES—TOWNS MUNICIPALITIES COUNTY GOVERNMENT CIUDADES—PUEBLOS MUNICIPALIDADES GOBIERNO CONDAL
City of Lexington 243-2489
City of Thomasville 475-4210
Davidson County Government 242-2000
Town of Denton 859-4231
Town of Midway 764-5455
Town of Wallburg 409-5163

Need Help?

Dial 2-1-1 to speak to a referral specialist who can help you find services such as
Food*Housing*Employment*Counseling
Health Care*Volunteer Opportunities
Free & Confidential*24 Hours a Day

¿Necesita Ayuda?

Marque 2-1-1 para hablar con alguien que le ayudará a encontrar servicios como
Comida*Vivienda*Empleo*Orientación
***Atención en Salud*Oportunidades de Voluntariado*Gratis & Confidencial*24 Horas al Día**

2-1-1™
Get Connected. Get Answers.
North Carolina · www.nc211.org

Dear Citizens,
All of us are aware that hard times have hit Davidson County. Representatives of our five towns—Denton, Lexington, Midway, Thomasville, and Wallburg along with Davidson County Government and the United Way, worked together to create this information. We hope this listing will help those that are in need of assistance in areas such as food, medical care, employment opportunities, housing and other support groups. The groups listed here can help you. Please share this information with family and friends who may also be in need.

Sincerely,
W. Max Walser, Chairman
Community Assistance Resource Committee

Apreciados Ciudadanos,

Todos sabemos que estos tiempos duros han golpeado al Condado de Davidson. Representantes de nuestros cinco pueblos--Denton, Lexington, Midway, Thomasville y Wallburg, junto con el Gobierno del Condado de Davidson y United Way, crearon este documento. Esperamos que esta lista ayude a aquellos que necesiten asistencia en alimentación, atención médica, empleo, vivienda y otros grupos de apoyo. Los grupos citados aquí pueden ayudarle. Por favor comparta esta información con familiares y amigos que puedan estar necesitados.

Atentamente,
W. Max Walser, Chairman
Comité de Recursos de Asistencia Comunitaria

United Way
United Way of Davidson County

United Way of Davidson County
P.O. Box 492
11 Court Square, Suite 100
Lexington, NC 27293
(336) 249-2532 - phone
(336) 248-5286 - fax

REVISED JUNE 2011

Community Assistance Resources in Davidson County

Recursos de Ayuda Comunitaria en el Condado de Davidson

FOOD
COMIDA

Central United Methodist Church-Denton (serves South Davidson residents) 859-3502

Community Action 249-0234

Cooperative Community Ministries 476-1842

Crisis Ministries 248-6684

Davidson Co. Health Dept. Women's Infant and Children (WIC) 242-2330

Fairgrove Family Resource Center 472-7217

Free & Reduced Lunch Contact Your Child's School

God's Storehouse
His Laboring Few Ministries
475-2455

Meals on Wheels
Lexington 248-8010
Thomasville 472-7532

North Lexington Baptist Church 248-6285

Pastor's Pantry 249-8824

Salvation Army
Lexington 249-0336
Thomasville 472-7800

Senior Services-Nutrition Program
Lexington 242-2290
Thomasville 474-2754

Shepherd's Inn 491-6876

Social Services– Food and Nutrition Services (Food Stamps) Lexington 242-2500
Thomasville 474-2760

South Davidson Family Resource Center 859-5399

Upper Room Food Pantry 798-7777

West Davidson Food Pantry 787-4357

MEDICAL CARE
MEDICAL SUPPLIES
MEDICATION
ATENCIÓN MÉDICA
PROVISIÓN MÉDICA
MEDICINAS

Alpha Pregnancy Support 272-1218

Carolina Cancer Services 249-7265

Central United Methodist Church-Denton (serves South Davidson residents) 859-3502

Cooperative Community Ministries 476-1842

Davidson County Children's Dental Clinic 243-1653

Davidson Co. Health Dept. Lexington 242-2300

Davidson Co. Prescription Card 1-877-321-2562

Davidson Medical Ministries 243-7475

Lexington Memorial Hospital 248-5161

Lion's Club (eye exam, Rx glasses or eye surgery) 242-2544

Medical Assistance Program 474-3228

Medication Management Program 242-2945

Partnership for Prescription Assistance 1-888-477-2669

Positive Wellness Alliance-HIV/AIDS 248-4646

Senior Services
Lexington 242-2290
Thomasville 474-2754

Services for the Blind 242-2544 or 242-2547

Services for the Deaf & Hard of Hearing 224-0116
TTY: 224-5048

Social Services 242-2500
Medicaid-NC Health Choice

Thomasville Medical Center 472-2000

HOUSING/SHELTER
VIVIENDA/ALBERGUE

Bob's Rooming House 249-4527

Crisis Ministry Homeless Shelter 248-6684 or 248-5930

Genesis House Family Shelter 248-6684

Green Hill Apartments 249-2568

Grimes School Apartments 248-8775

Habitat for Humanity 249-4307 or 476-7900

Hilltop Terrace Apartments (elderly or handicapped) 248-2868

Home Protection Pilot Program 373-8882

Housing Authority
Lexington 249-8936
Thomasville 475-6137

Kidron Corner (elderly or mobility impaired) 248-2298

Lexington Housing Community Development Center (minor home repairs & modifications) 236-1675

Mt. Moriah (for Sr. Citizens) 248-4612

PBH Shelter Plus Care 800-939-5911

Regional Consolidated Services (home weatherization) 249-2016

Senior Services
Lexington 242-2290
Thomasville 474-2754

Shepherd's Inn Homeless Shelter 491-6876

Thomasville Church Homes 475-2817

Tomlinson Hill Apartments (elderly housing) 472-7853

TRANSPORTATION
TRANSPORTE

Davidson Co. Transportation System 242-2000

Lexington Wheelchair Transportation 456-0709

Piedmont Area Regional Transportation System (PART) (336) 662-0002

Piedmont Triad Ambulance and Rescue (PTAR) 249-0570

RENT/UTILITIES
EMERGENCY ASST.
AYUDA PARA PAGO DE ALQUILER Y DE SERVICIOS PÚBLICOS

Central United Methodist Church-Denton (serves South Davidson residents) 859-3502

Community Action 249-0234

Cooperative Community Ministry 476-1842

Crisis Ministries 248-6684

Energy United Foundation 800-522-3793

Fairgrove Family Resource Ctr. 472-7217

Positive Wellness Alliance (HIV/AIDS) 248-4646

Salvation Army
Lexington 249-0336
Thomasville 472-7800

Senior Services
Lexington 242-2290
Thomasville 474-2754

Social Services
Lexington: 242-2500
Thomasville: 472-7800

South Davidson Family

EMPLOYMENT OPPORTUNITIES
OPORTUNIDADES DE EMPLEO

Community Action 249-0234

Davidson County Community College JobLink Center 249-8186

DavidsonWorks
Lexington 242-2065
Thomasville 474-2655

Employment Security Commission 248-2326

Goodwill Career Connections 236-8020

NC Vocational Rehabilitation 249-0241

Senior Community Svcs.
Lexington 248-2326
Thomasville 472-3116

WorkFirst (Social Services) 242-2500

SUPPORT GROUPS
GRUPOS DE APOYO

Alcoholics Anonymous 249-6636

Alpha Pregnancy 242-1218

Autism-Davidson County Chapter 956-5834

Caregivers Solutions 238-4454

Carolina Cancer Services 249-7265

Diabetes Support Group 800-622-8000

Family Services of Davidson County 249-0237

Friendship Club-Visually Impaired 248-3960

Geriatric Behavioral Health 476-2446

Grandparents Raising Grandchildren 242-2092

Grief Share Group 764-4389

Hospice of Davidson County 475-5444

Life Center of Davidson County 249-2155

Parents of Children of Sexual Abuse 249-0237

Meadowview Pregnancy Care Center 309-0326

Positive Wellness Alliance-HIV/AIDS 248-4646

Powerful Tools for Caregivers 242-2092

Sexual Assault Response Program 249-0237

Smoking Cessation 248-5161

HOME HEALTH/ RESPITE
SALUD Y REPOSO DOMICILIARIO

Hospice of Davidson County 475-5444

Lifeline-Lexington 238-4131

Senior Services 242-2290

The Life Center of Davidson County 249-2155

MENTAL HEALTH
SUBSTANCE ABUSE
SALUD MENTAL
ABUSO DE SUSTANCIAS

Daymark Recovery Services 242-2450

Family Services of Davidson County 249-0237

Geriatric Behavioral Health 472-2000

Mental Health Association

Monarch 224-6071

Path of Hope, Inc. 248-8914

PBH (Crisis Care)

RHA Behavioral Health Services 841-0143

School Social Workers
Contact your child's school

CLOTHING/ FURNITURE
FURNIROPA/ MUEBLESTURE

Cooperative Community Ministry 476-1842

Fairgrove Family Resource Ctr. (Children's Clothes) 472-7217

God's Closet
961 Talbert Blvd
Lexington

God's Storehouse-His Laboring Few Ministries 475-2455

His Father's Storehouse 475-HELP or 870-8179

North Davidson Family Resource Center 472-7242

North Lexington Baptist Church 248-6285

Salvation Army
249-0336 or 472-7800

South Davidson Family Resource Center 859-5399

First Lutheran Church 248-6018

DAVIDSON COUNTY RESOURCE LIST

ADULT DAY CARE

Alzheimer Association-Carolina Piedmont Chapter
Phone: 1-800-888-6671
24-hour information line.
Alzheimer Association Western Carolina/Triad Chapter - 1315 Ashleybrook Lane, Winston-Salem, NC 27103
Phone: (336) 725-3085
Elizabeth and Tab Williams Adult Day Center
231 Melrose Street, Winston-Salem NC
Phone: (336) 724-2155
Life Center of Davidson County
601 W. Center St., Lexington, NC 27292
Phone: (**336) 249-2155**
Triad Adult Day Care Center
409-A East Fairfield Rd, Suites A&B, High Point, NC 27263
Phone: (**336) 431-1537**
Emanuel Senior Enrichment Center
1401 Heathcliff Road, High Point
Phone: (336) 882-6613
Provides: daytime care & activities for frail elderly; respite for caregiver.

AGRICULTURE EXTENSION

301 E. Center St., Lexington, NC 27292
Phone: (**336) 242-2081**
450 Fairchild Drive, Winston-Salem, NC 27105
Phone(s): (336) 767-8213; Teletip: 1-800-662-7301
Educational information - Financial counseling, economics, & agriculture.

AIDS / HIV

AIDS Care Service
207 Spring St, Winston-Salem, NC
Phone: (336) 722-6551
HIV/AIDS Treatment Information Service
Phone: 1-800-448-0440
Positive Wellness Alliance
400 E Center St Lexington NC 27292
Phone: (336) 248-4646
National Hotline – **1-800-342-2437**
North West Consortium - **(336) 721-9332**
Triad Health Project - AIDS Information
Phone: 1-800-868-6785

ALCOHOLISM

Alcoholics Anonymous, Al-Anon:
Phone: **(336) 249-8824**
Alcohol / Drug Council of NC:
Phone: 1-800-688-4232
Information and Referral Services, Durham, NC
Path of Hope Inc.
1675 E. Center St. Ext. (PO Box 1824) Lexington, NC 27292
Phone(s): (336) 248-8914 or (336) 249-7561
Inpatient treatment for male & female substance abusers.
Davidson Assessment & Counseling Services
110-C Cotton Grove Road, Lexington, NC 27292
Phone: (336) 242-1269

AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)

AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)
694 Buie Bodenheimer Rd. Thomasville, NC 27360
Phone: (336) 472-6454
Thomasville Chapter. A non-profit organization that serves those over 50 whether retired, semi-retired, or employed by providing representation, education, community service programs and direct member benefits.

ARC OF DAVIDSON COUNTY

Non-Profit 24-hour residential supervised services to Adults with Developmental Disabilities. Family support groups meeting once a month. Summer day camp for children with special needs. Information and referral for services and advocacy for special needs.
GROUP HOMES
6 Vance Circle, Lexington, NC 27292.
Phone: (336) 248-2842
Fax Line after 5:00 PM - (336) 248-2407
DAVIDSON # 1 - 108 Fairview Drive, Lexington, NC 27292 **(336)248-2842**
DAVIDSON # 2 - 434 Shannon Drive, Lexington, NC 27292 (**336)248-2842**

DAVIDSON # 3 - 700 Hunters Way, Lexington, NC 27292 **(336)248-2842**
DAVIDSON # 4 - 125 Delta Street, Lexington, NC 27295 **(336)248-2842**

CANCER

American Cancer Society
4-A Oak Branch Drive
Greensboro, NC
Phone(s): (336) 834-0844 or Toll Free 1-800-227-2345
In Lexington- **Phone: (336) 249-8824.**
Information, Education, Volunteer Opportunities; Services, Donations and Memorials.
Cancer Information Service - Duke Comprehensive Cancer Center
Phone: 1-800-422-6237
Davidson County Cancer Services, Inc.
25 W. 6th Ave., Lexington, NC 27292.
Phone: (336)249-7265
Help with financial assistance for cancer medications, supplies, equipment & nutritional support, support groups, & transportation.
Leukemia Society of America of North Carolina
5624 Executive Center Dr-Suite 100, Charlotte NC 28212
Phone: (704)535-8585
Patient aid program; support group; National Bone Marrow Registry.

CARELINE

Phone: 1-800-662-7030
Information, referrals, or complaints in regards to health and human resources

CHILDREN'S SERVICES

21st Century Community Center*
400 Unity Street, Thomasville, NC 27360
Phone: (336) 474-4120
Provides before and after school enrichment activities that include tutoring, assistance with homework, employment skills and career research.
Advocacy Center for Children's Education –
1320 Glenwood Ave. Greensboro NC 27403
Phone: (336) 272-6376
Train parents of handicapped children, information and referral, advocacy.
Assistive Technology
Phone: (336) 375-2575
Services help children, their families and service providers select and use the appropriate tools based on a child's individual needs. This center can provide consultation and technical assistance to families and programs, equipment loans and demonstration, resource library and training workshops.

B.A.B.I.E.S. Program
Phone(s): (336) 774-8809, 744-8820, 744-8810
The B.A.B.I.E.S. Program offers family focused Community Based Rehabilitation Services (CBRS) in the most convenient place for parents. These services provide credentialed Infant-Toddler-Family Specialists that are skilled in Assistive Technology, Augmentative Communication, and adapting toys, equipment and activities to children's special needs. They offer a toy library for families to use. Early Intervention Services Coordinators make referrals through the CDSA.
Boys and Girls Club of Lexington
314 W 9th Ave.
Lexington,NC 27292
Phone: (336) 249-0336
Boys and Girls Club of Thomasville
10 Pine Street
Thomasville, NC 27361-0502
Phone: (336) 472-7800
Office Hours: M-F 9am-5pm
Offers prevention oriented programs for needy youth after school, evenings and during the summer, including tutoring, character building, education, drug prevention, family life skills and education.
Children's Developmental Services Agency (CDSA):
Phone: (336) 744-2410
Coordinating agency for Early Intervention Services. Children are evaluated by a team of experienced child development specialists, to determine eligibility for the Infant-Toddler Program (ITP). The CDSA also houses the KIDS EAT program for children with feeding disorders.
Children's Special Health Services*
DHHS Office; 1904 Mail Service Center, Raleigh, NC 27699-1904
Phone: 1-800-737-3028
For children with disabilities.

Comp. Rehab Pediatric Therapy*
131 Miller Street, Winston-Salem, NC 27103
Phone: (336) 716-8841

Communities in Schools of Lexington
6 B East 4th Street
Lexington, NC 27292
Phone: (**336) 242-1520**
Office Hours: M-F 8:30am-5pm

Communities in Schools of Thomasville
400 Turner Street
Thomasville, NC 27360
Phone: (336) 474-4233
Office Hours: M-F 8am-5pm
Links at-risk students with mentors and assists in bringing resources into the schools (including school supplies, clothing, and medical referrals). Provides college, career and scholarship counseling for high school students.

Davidson County Child Support Recovery Unit
Lexington Office: 913 Greensboro St. Lexington, NC 27293
Phone: (**336)242-2500**
Thomasville Office: 211 West Colonial Drive Thomasville, NC 27360
Phone: (336) 474-2760
Assist in obtaining court-ordered child support payments from an absent parent.

Parent Resource Line
Phone: 1-800-367-2229

Phone: (336) 249-668

Smart Start of Davidson County
235 East Center Street, Lexington, NC 27292

Developmental Evaluation Clinic
3325 Silas Creek Pkwy, Winston-Salem NC 27103
Phone: (336)774-2400
Multi-specialty center for evaluation of pre-school children suspected of having a developmental delay or disability.

DHHS CARE LINE* (replaces Family Health and Child Care Resource Line)
Phone: 1-800-662-7030 (English/Spanish)
1-877-452-2514 (TTY)

Easter Seals UCP: ECHOES - An educational and outreach service that supports inclusion of children who have a disability in community settings for education and recreation.
Phone: (336) 545-6744

Fetal Alcohol & Drug Prevention Program – Dept. of Pediatrics, Bowman Gray School of Medicine, Winston-Salem, NC 27157-1081
Phone(s): (336) 748-3960
Evaluation & follow-up; counseling, information & referral.

Gateway Education Center*
3205 E. Wendover Ave, Greensboro, NC
Phone: (336) 375-2575
Works with children with special needs.

Head Start
13 Talbert Blvd Lexington, NC 27292
Phone: (**336) 249-4034**
300 W 9th Ave. Lexington NC 27292
Phone: (**336) 249-9926**
406 Duke St, Thomasville NC 27360
Phone: (336) 475-4700
Child development program, ages 6 weeks to 4 years.

Juvenile Service Division
15 E 2nd Ave. Lexington NC 27292.
Phone: (336) 249-2197
Information & referral; file juvenile petitions, court counselors.

Protective Services Social Services
Residential & services for children/families experiencing family breakdown:

American Children's Home - 3844 NC Hwy 8, Lexington, NC 27292 Administrative Office:
Phone: (336) 357-7126
Outlet Store: 103 East Center Street, Lexington, NC 27292
Phone(s): (336)249-2260

Baptist Children's Home
204 Idol St., Thomasville, NC 27360
Phone: 336-474-1200

Methodist Children's Home
1001 Reynolda Rd. Winston-Salem, NC 27104-3200
Phone: (336) 721-7654

School Readiness
Phone: (336) 472-4666
Provides timely information on child development. It involves parents in parent-child activities that encourage language development, intellectual growth, social development and motor skill development.

Nazareth Home
855 Crescent Rd. Rockwell, NC 28138
Phone: **(704) 279-8354**

CLERK OF SUPERIOR COURT

110 W Center Street
Lexington, NC 27293-1064
Phone: (336) 249-3829

Office Hours: M-F 8am-5pm

All matters pertaining to the court system; civil (249-3849), criminal (249-0351), estates (224-2148), juvenile, passports, fines, court costs, alimony and support (224-2150), special proceedings, jury, mental commitments, court dates, small claims and records of such.
Service Area: Davidson County

COMMODITY DISTRIBUTORS

Co-operative Community Ministries:
10 West Guilford Street, Thomasville, NC 27360
Phone: (336) 476-1842
Food Pantry of Thomasville
9 Commerce Street, Thomasville, NC 27360
Hours: 2nd and 4th Tuesday, 4-7pm
His Laboring Few Ministries
812 Martin Luther King Dr., Thomasville, NC 27360
Phone: (336) 475-2455
Provides furniture and clothing
North Davidson FRC
Phone: (336) 472-7242
North Lexington Baptist Church:
Phone: (336)242-2500-ask for Information & Referral. Homebound only.
The Pastors' Pantry:
208 East Center Street, Lexington
Phone: (336)249-8824
Provides assistance with food for Seniors, Serious ill, or Disabled Adults.
Salvation Army
314 West Ninth Avenue Lexington, NC 27292
Phone: (336) 249-0336
10 Pine Street Thomasville, NC 27360
Phone: (336) 472-7800
34 S. Main St. Thrift Store- Denton, NC 27239
Phone: (336) 859-2299
South Davidson FRC
338 West Salisbury Street, Denton, NC 27239
Phone(s): (336) 859-5399, Fax: (336)859-3093; or 701 Watson Circle, Thomasville, NC 27360
Phone: (336)474-1200
The Upper Room Food Ministry
10545 NC Hwy 8, Suite D, Lexington, NC 27292
Monday and Wednesday 8:30 – 12:00
West Davidson Food Pantry
4600 Old Hwy 64, West-Reeds Crossroads
Phone: (336) 787-4357

COMMUNITY ACTION

15 E 2nd Avenue
Lexington, NC 27292
Phone: (336) 249-0234
Office Hours: M-F, 8am-5pm

Provides a comprehensive service to certain low and moderate income persons who desire to become self-sufficient. Also provides housing counseling and a food pantry.

CONSUMER INFORMATION

Better Business Bureau of NC
Phone: 1-800-777-8348
Chamber of Commerce
Phone(s): Denton (336) 859-5922; Thomasville (336) 475-6134; Lexington (336) 248-5929
Promote the Community.
Charities:
NC Solicitations Licensing Board
Phone: (919) 733-4510
Philanthropic Advisory Service
Phone: (703) 276-0100
National Charities Info. Bureau
Phone: (212) 929- 6200
To find out if a charity is legitimate.
Consumer Credit Counseling
8064 N. Pointe Blvd, Suite 204, Winston-Salem, NC 27106
Phone: 1-888-474-8015
Consumer Product Safety Commission
Phone: 1-800-638-2772
Fraud/Scam:
National Fraud Information Center
Phone: 1- 800-876-7060
NC State Attorney General & Consumer Protection Agency
Phone: (919) 716-6000
To check out organizations.

COUNSELING AND SUPPORT SERVICES

ACTT Rowan and ACTT Davidson
2710-C South Main Street
Salisbury, NC 28146
Phone: (704) 983-4157
Assertive Community Treatment Team Services

to Adults with Severe Mental Illness

Behavior Resources
417 N. Main St. Suite C1, Salisbury, NC
Phone: (704) 636-9550
Psychological testing & IQ Testing

Consumer Planning and Support Services
820 Grimes Blvd, Lexington, NC 27292
Phone: (336) 224-6730
Case management services to adults with Mental Health issues, Substance Abuse, or Developmental Disabilities.

Daymark Recovery Services, Inc.
220 East First Avenue Ext, Lexington, NC 27292
Phone: (336) 242-2450

Green Center of Growth and Development
212 West Center St Lexington NC 27292
Phone: (336) 224-2203
25 West Guilford Street, Thomasville, NC 27360
Phone: (336) 472-4459
DWI, Drug and Alcohol Assessments, Marriage and Family counseling, Out-Patient Treatment

High Point Behavioral Health
Phone: 1-800-525-9375

Family Services of Davidson County Inc.
1303 Greensboro Street Ext. Lexington, NC 27292
Phone(s): (336) 249-0237-Lexington; (336) 476-0050-Thomasville; Credit Counseling: (336)243-8111
Domestic Violence and Sexual Assault Counseling Center.

Lexington Assessment Center
Lexington Memorial Hospital, Old Salisbury Rd. (PO Box 1817) Lexington, NC 27293
Phone: (336) 248-5161, ext. 578
Psychological & chemical dependency assessments.

Lifeskills Counseling Center
9 West Third Street, Lexington, NC 27292
Phone: (336) 224-0863
411 Waughtown Street, Suite B, Winston-Salem, NC
Phone: (336) 631-8904
Substance Abuse Assessments and Treatment, Individual Counseling, Anger Management Treatment, Domestic Violence Counseling:

Lifeworks-Behavioral Health Services
612 Mocksville Ave. Salisbury, NC 28144
Phone(s): 1-888-557-6926 or (704) 210-5302
Free confidential assessment/screening & referral, medical detoxification, inpatient chemical dependency services.

Monarch Behavioral Services, Inc
820 Grimes Blvd., Lexington, NC 27292
Phone(s): (336) 224-6071 or New patients (866) 272-7826
Provides support and services to people with developmental disabilities, mental illness, substance abuse and co-occurring disabilities.

Piedmont Behavioral Healthcare:
Phone: 1-800-939-5311

CRISIS ASSISTANCE

American Red Cross
8 Franklin Street, Lexington, NC 27292
Phone(s): (336) 248-2205
815 Phillips Ave, High Point NC 27262
Thomasville and High Point area.
Phone(s): (336) 885-9121
Hotline Phone(s): (336) 248-5580
Provides assistance to individuals in emergency disaster/fire situations & reaching military personnel in case of emergency

Cooperative Community Ministry
10 W. Guilford Street, Thomasville, NC 27360
Phone: (336)476-1842
Office Hours: Monday & Wednesday 9am-12pm; Friday 9am-2pm.
Thomasville area; food bank, referral.

Crisis Ministry of Davidson County –
Office Address: 112 E 1st Ave. **Mailing Address:** 107 E 1st Ave Lexington, NC 27292
Phone(s): (336) 248-6684

Department of Social Services
913 Greensboro Street, Lexington, NC 27292
Phone: (336) 242-2500
211 Colonial Drive, Thomasville, NC 27360
Phone: (336) 474-2760

Family Resource Centers (FRC) - Food bank, referral, counseling:

Fairgrove FRC
701 Watson Circle Thomasville, NC 27260
Phone: (336) 472-7217
Intensive family services, clothes closet, GED, limited transportation, parents as teachers program, & family empowerment.

North Davidson FRC - contact Fairgrove FRC to relay request (until permanent address found)

South Davidson FRC - (Smart Start) 338 West Salisbury St. Denton, NC 27239
Phone(s): (336) 859-5399 or Fax (336) 859-3093

911
Phone(s): Lexington (336) 242-2000, ext. 2743; Thomasville (336) 475-1305
Provides ambulance service for Davidson County.

Also provides information about emergency preparedness for natural and other disasters.

Salvation Army
314 W. Ninth Ave., Lexington, NC 27292
Phone: (336)249-0336
10 Pine Street Thomasville, NC 27360
Phone: (336) 472-7800
34 S. Main Street, Denton, NC 27239
Phone: (336) 859-2299
Office Hours: Mon-Fri 9am- 4:30pm
Social Service Hours: Mon-Fri 9am-4pm

Soup Kitchen and Thrift Store
524 South Main Street, Lexington, NC 27292
Phone: (336) 249-4458

Boys/Girls Club –Lexington
Phone: (336) 249-0336

Boys/Girls Club-Thomasville
Phone: (336) 472-7800

Thrift Store
13 Cloniger Street Thomasville, NC 27360
Phone: (336)476-5364
Provides assistance with payment of rent, utilities, medicines, & food. Clothing voucher, Summer Camp for Children.

DAVIDSON COUNTY 4-H PROGRAM

301 East Center Street, Lexington, NC 27292
Phone: (336) 242-2085
Office Hours: M-F 8am-5pm
Eligibility: Youth ages 5-19.
A non-formal educational program offered to help children develop living skills necessary to participate as active citizens. Utilizes research based curriculum and attitudes. Programs are offered through in-school classes and out-of-school settings as well.

DAVIDSON COUNTY ANIMAL SHELTER

490 Glendale Road, Lexington, NC 27292
Phone: (336) 357-0805
Office Hours: M-F 10am-5pm - After hours, call 249-0131
Stray animal pick up, and availbe for adoption.
Fees: Adoptions: $95 for dogs and $75 for cats.

DAVIDSON COUNTY COMMUNITY COLLEGE

297 DCCC Road
Lexington, NC 27295

Phone: (336) 249-8186, (336) 751-2885
Office Hours: M-Tu, 8am-7pm; W-F, 8am-5pm
Davidson County Community College is a comprehensive provider of workforce education and training for individuals and employers in the county. Opportunities include classes to improve basic literary skills, provide job skills and knowledge, lead to associate degrees, diplomas and certificates in a wide variety of program areas, and prepare for transfer to senior colleges and universities. In addition to a wide variety of courses, workshops, seminars, and programs which are scheduled each term in response to community needs, the college provides custom-design job training programs to meet specific needs of employers. Support services such as counseling, career planning, child care, financial aid, job placements, testing, tutoring and veterans to assist students.

Adult Basic Education (ABE) Classes

Phone: (**336) 249-8186**
Office Hours: M-Tu, 8am-7pm; W-F, 8am-5pm

Adult Basic Education (ABE) is designed to instruct adults of all ages who did not complete their education through the public schools.
Eligibility: Adults age 18 and older who did not complete their education through the public schools

English as a Second Language (ESL)

Fees: None.
Eligibility: Adults age 18 and older and whose native language is not English.

General Education Development (GED)

Fees: $7.50 GED testing fee.
Eligibility: Adults age 18 and older and who did not complete their education through public schools.
Intake procedure: Registration through the admissions office.

Real Education Achievements for Life Program (Get Real)

DAVIDSON MEDICAL MINISTRIES CLINIC

420 N. Salisbury Street
Lexington, NC 27292
Phone (336) 243-7475; Fax: (336) 249-6771
Agency Type: Public Non-Profit
Office Hours: Monday & Thursday / 9am-9pm
Tuesday & Wednesday 9am-5pm
Thomasville Clinic
Phone: (336) 476-2800
Office Hours: Call for an appointment Tuesday's at 2pm.

Volunteer staffed free medical clinic. Provides medical and dental care as well as prescription drugs for people who have **NO INSURANCE** at all. Patients are seen on a first come first served basis. Four new patients are admitted per clinic day.

Fees: No fees charged.
Eligibility: Davidson County resident, under 200% federal poverty level for household size, uninsured for medical/dental/prescription service.

Intake procedure: Eligibility appointments made prior to other services. Must provide proof of monthly income and expenses.

DIABETES

American Diabetes Association, NC Affiliate -
2315-A Sunset Ave. Rocky Mount NC 27804
Phone: 1-800-682-9692
Diabetic Direct
Phone(s): 1-800-200-4113; (336)-956-2339
Nutrition & Diabetes
Phone: 1-800-366-1655
Juvenile Diabetes Research Foundation -
1401-B Old Mill Circle, Lexington 27293
Phone: (336) 768-1027
DIALYSIS CENTER, Thomasville
10 Laura Lane, Thomasville, NC 27360
Phone: (336) 472-4500
DIALYSIS CENTER, Lexington
2318 Old Salisbury Rd. Lexington, NC 27292
Phone: (336) 248-6808

DOMESTIC VIOLENCE

Family Service Center of Davidson County
1303 Greensboro Street Ext, Lexington, NC 27295
Phone: (336) 249-0237, crisis line (336) 243-1934
1401 Long St, High Point NC 27260
Phone: (336)889-6161
610 Coliseum Dr. Winston-Salem NC 27103
Phone: (336)722-4457
Shelter & counseling for victims of abuse. 24-hour crisis line, information & referral, court advocacy, & education.
Family Violence Prevention Services
Phone: (336)243-7647
Group & individual therapy; counseling services for men abusers; information, support & advocacy before, during & after court.

EMPLOYMENT

Davidson Works
915 Greensboro Street, Lexington, NC 27292
Phone: (336) 242-2065
211 W. Colonial Drive, Thomasville, NC 27360
Phone: (336) 474-3116
Assessment for employment, case management, scholarship programs for vocational, technical or occupational programs and GED.
Employment Security Commission of NC -
103 W Center St Ext., Lexington NC 27295
Phone: (336) 248-2326
211 W Colonial Dr. Thomasville, NC 27360.
Phone(s): (336) 472-3116
Senior Citizens Service Employment
Phone(s): (336) 474-2655
Contact Dora Kale
Program helps Seniors 55 years of age or old with employment. Program is through the Winston-Salem Urban League.
Goodwill Career Connections
40 E. 1st Avenue Lexington, NC 27292
Phone(s): (336) 236-8020
Employment readiness training. GED classes and Re-entry Program for persons recently released from incarceration. Services are available for any Davidson County resident. No fee for services.
JobLink - Program assists with Assessment of Skills, Job Search Assistance, Resume Preparation, Job Listings, Career Planning and Development, Connection to High School Completion and GED, Occupation Skills Training for a Specific Career, Literacy Skills, and

Unemployment Claims. Three locations
Davidson County JobLink Information Site -
Davidson County Community College, Lexington
Phone: (336) 249-8186 ext. 6245

Thomasville JobLink Career Center -
211 W. Colonial Dr, Suite 119, Thomasville, NC 27360
Phone: (336) 474-2655
Assessment for employment, case management, scholarship programs for vocational & technical or occupational programs and GED.
Vocational Rehabilitation
414 Piedmont Dr. Lexington, NC 27292
Phone: (336)249-0241

EMERGENCY NUMBERS

Non-Emergency
Davidson County Ambulance, Sheriff, Fire Departments
Phone: (336) 249-0131
Denton Police Department
Phone: (336) 859-2164
Lexington Fire Department
Phone: (336) 248-3935
Lexington Police Department
Phone: (336) 243-3302
Thomasville Police Department
Phone: (336) 475-7755
State Highway Patrol
Phone: 1-800-233-3151
Carolinas Poison Center
Phone: 1-800- 222-1222

EYE

LION'S CLUB - Eye exam, prescription glasses, or eye surgery for Club approved individuals. Call Services for the Blind for referral. (336) 242-2544.
Carolina Eye Association
Phone: 1-800-672-9503
National Center for Sight
Phone: 1- 800-221-3004
NC Division of Services for the Blind-
Phone: 1-800-422-0373
Services for the Blind
Phone(s): (336) 242-2544, (336) 242-2547

HABITAT FOR HUMANITY

Lexington Habitat for Humanity
PO Box 543, Lexington, NC 27293
Phone: (336) 249-4307
Contact Deborah C. Conrad

Thomasville Habitat for Humanity
PO Box 1072, Thomasville, NC 27360
Phone: (336) 476-7900
Contact Greg Rice
Home ownership opportunities for lower income families.

HEALTH DEPARTMENT

915 N.Greensboro Street
Lexington, NC 27292
Phone: (336) 242-2300
203 Old Lexington Rd
Thomasville, NC 27360
Phone: (336) 474-2780
Office Hours: M-F, 8am-5pm
Appointment line for clinics in Lexington and Thomasville
Phone: (336) 242-2510
Adult Health / health promotion program; child health programs; children's special health service; communicable disease control program; daycare inspection and regulations; family planning program; food, lodging and institutional sanitation program; health education program; immunization program to children and adults; inspection program - residential care; manufactured home parks and travel trailer parks program; milk sanitation program; prenatal program; public swimming pool program; rabies control program; school health program; sewage disposal program; sexually transmitted disease program; sickle cell program; solid waste program; support services for sudden infant death syndrome; tuberculosis program; vital statistics program; water supply program; WIC program.
Children's Medicaid and Health Choice Dental Clinic- serves children 0-21yrs. Health Check Coordinator provides information about benefits of Medicaid and Health Choice.

Fees: Fees are determined by the services provided.
Eligibility: Davidson County residents. Some services are provided based on individual/family income.

HEARING

Better Hearing Institute
Phone: 1-800-327-9355

Davidson County Services for the Deaf & Hard of Hearing
5 North Main Street, Lexington, NC 27292
Phone: (336) 224-0116; TTY (336) 224-5048
Help to get hearing aids, sign language, job counseling, interpreters, TTY, fax machine.
Telecommunication Equipment Distribution Program (TEDP) – Provides hearing aids to those who qualify. Contact the Greensboro Regional Resources Center
Phone(s): (336)273-9692 or (888)467-3413
Hearing Impairment
Phone: 1-800-638-8255
Hear Now
Phone: 1-800-648-4327
Provides hearing aids & cochlear implants. Also collects & recycles used hearing aids.
Relay North Carolina
Phone(s): Voice – 1-800-735-8262; TT –1-800-735-2962
Telephone communication service for deaf & hard of hearing.
TTY Directory Assistance
Phone: 1-800-855-1155

HOME HEALTH AGENCIES

HOME HEALTH AGENCIES -Provide nursing, home health aides, social work, personal care services, and therapy.
Alpha Healthcare of the Carolinas
Phone: (336) 224-2600
Advanced Home Care
Phone(s): 1-800-868-8822 or (336) 883-8822 (High Point)
All Heart Home Care
Phone: (336) 224-1281
Amedisys Home Health of Lexington
Phone: (336) 243-4449
American Health & Home Care
Phone: (336) 889-9900
Apria Health Care
Phone(s): 1-800-766-1111or (336) 632-9556
Assisted Living Serving Senior Citizens
Phone: (336) 883-6023
Bayada Nurses
Phone(s): (336) 723-1000 or (336) 331-1000
Care Connection
Phone: (336) 889-8446
Care South Home Care Professionals-Lexington
Phone: (336) 249-7813
Comfort Keepers
1121 Old Concord Road, Suite 13 Salisbury, NC 28146
Phone(s): (704)630-0370 or (877)898-0060
Non-medical in-home care licensed provider of CAP & PCS services.
Community Care
Phone(s): (336) 841-7600; 1-800-722-9321
Comprehensive Home Health Care
Phone: (336) 378-1939
Duke/St. Joseph Home Care
Phone(s): (336) 472-0391 or 1- 800-272-5283
Fairway Home Care
Phone: (336) 249-1022
Home Health Professionals
Phone(s): (336) 249-0382 or 1-800- 448-0382
Home Health Specialists
Phone: (336) 896-0035
House calls
Phone: 1-800-533-5270
Interim Health Care
(336) 273-4600 or 1-800-967-6997
Liberty Home Care & Hospice
Phone: (336) 472-1080
Maxim HealthCare Services
Phone: (336) 852-3148
Nursefinders of Winston-Salem, Inc.
Phone: 1-800- 323-1015
Olsten Kimberly Quality Care
Phone: 1-800-727-2598 or (336) 768-9330
Personal Care, Inc.
Phone: (336) 274-9200
Piedmont Home Care
Phone: (336) 248-8212
Pride in Carolina
Phone: (336) 243-2452
Primary Health Concepts
Phone: (336) 249-0220 or 1-800-448-0382
Superb Nursing
Phone: (336) 889-3372-non Medicare
Total Care, Inc.
Phone: (336) 475-5715
Total Care of the Carolinas
Phone: (336) 475-5088
Total Care Home Health
Phone: (336) 243-1194

HOMELESS SHELTERS

Davidson County
Crisis Ministries Adult and Family Shelter

Office Address: 112 E 1st Ave Lexington, NC 27292
Mailing Address: 107 E. 1st Ave. Lexington, NC 27292
Phone(s): **(336) 248-5930 or (336) 248-6684**
AM & PM meals only

Greensboro

Weaver House
305 E Lee St. Greensboro, NC.
Phone: (336)271-5975
Noon meals; singles only

High Point

Open Door Shelter
400 N Centennial St. High Point, NC 27262
Phone: (336)886-4922
Males only, PM meal, 2-week limit on stay.

Salvation Army Shelter
301 W. Green Dr. High Point, NC
Phone: (336)881-5400
Meals, day care; no single men.

Winston-Salem

Lighthouse Ministry
519 W. 8th St. Winston Salem, NC 27101
Phone: (336) 723-7884
Men over 18 only; 3 meals to residents; AM & PM meal only to those staying overnight.

Rescue Mission
717 Oak St. Winston Salem NC 27101
Phone: (336)723-1848
3 meals, men only.

Salvation Army
1255 N Trade St. Winston-Salem NC 17102
Phone: (336)722-8721
Food and clothing. Forsyth residents only. No single men.

Samaritan Ministries
1243 N. Patterson Ave, Winston-Salem, NC
Phone: (336)748-1962

Salisbury: Rowan Helping Ministries
226 N. Long St. Salisbury, NC 28144
Phone: (704) 637-6838
Mainly Rowan county residents/families meals.

HOME IMPROVEMENT AND REPAIR

Carlina Cross Connection
Phone(s): (704) 735-4257 or Fax: (704) 735-1916

Lexington Housing Community Development Corporation (LHCD) www. lexingtoncdc.com
11 West 3rd Street, Lexington, NC 27292
Phone: (336) 236-1675 or Fax: (336) 236-9408
Provides home repair programs for elderly and/or disabled homeowners.

Regional Consolidated Services
521-C E. Center St. Lexington, NC 27292
Phone(s): (336) 629-5141-main; (336) 249-2016
Weatherization of seniors' homes and heating appliance repair & replacement program. Names will be put on a waiting list.

Rural Development
301 E. Center St. Lexington, NC 27292
Phone(s): (336)249-6792
Office Hours: Tuesdays 9:00-3:00 pm
Provides loans and grants.

HOSPICE

Hospice of Davidson County
524 S State St Lexington, NC 27292
Phone(s): (336) 248-6185, 1-800-768-4677
www.hospiceofdavidson.org

Liberty Home Care & Hospice
1007 Lexington Ave., Thomasville, NC 27360
Phone: (336) 472-1080, 800-999-9883

Hospice of the Piedmont –
1801 Westchester Dr. High Point, NC 27262
Phone(s): (336) 889-8446

Hospice Home (Kate B Reynolds)
101 Hospice Lane, Winston-Salem, NC 27103
Phone: (336)760-1114
Provides care, equipment, funding, and assistance to terminally ill patients and their families.

HOSPITALS

Forsyth Medical Center
3333 Silas Creek Parkway, Winston-Salem, NC 27103
Phone: (336) 718-5000

High Point Behavioral Health
601 N Elm St. High Point 27262
Phone(s): (336) 878-6098; 1-800-525-9375
(**Parkside**)

High Point Regional Hospital
610 N. Elm St., High Point, NC 27262
Phone: (336) 878-6000

Moses Cone Hospital Geriatric Assessment Center
1131 N. Church St., Greensboro, NC 27401
Phone: (336)574-8327

Randolph Hospital
364 White Oak Drive, Asheboro, NC

Phone: (336)625--5151

Rowan Regional Medical Center
612 Mocksville Ave., Salisbury, NC 28144
Phone: (704) 210-5000 - Day Break Program
(704) 638-1524 (Respite - 1 to 24 days)

Thomasville Medical Center
207 Old Lexington Rd, Thomasville, NC 27360
Phone: (336) 472-2000

Psychiatric Center of Excellence
The program is located in Thomasville Medical Center's Geriatric Behavioral Health Center.
Phone: (336)476-2446 (24-hour admission line). (15 beds, Geriatric unit that offers short-term mental health care for patients 55 and older)
Phone(s): (704)630-0370 or (877)898-0060

VA Hospital – Salisbury
1601 Brenner Ave., Salisbury, NC 28144
Phone: 1-800-469-8262 Wake Forest University Baptist Health Center -Medical Boulevard, Winston-Salem, NC 27157 **Phone: (336) 716-2011**; GERIATRIC CLINIC: **(336) 716-4798**

Wake Forest Baptist Health Lexington Medical Center
250 Hospital Drive, Lexington, NC 27292
Phone: (336) 248-5161

HOUSING

Green Hill Apartments
309 Ninth St., Lexington, NC 27292
Phone: (336) 249-2568
Persons 62 years of age or older

Grimes School Apartments
27 Hege Dr, Lexington, NC 27292
Phone: (336) 248-8775
Housing for elderly (55 or older) or handicapped.

Habitat for Humanity
Phone: Lexington (**336) 249-4307**; Thomasville **(336) 476-7900**

Hilltop Terrace Apartments
111 Carolina Ave., Lexington, NC 27292
Phone: (336) 248-2868
Housing for elderly or handicapped.

Kidon Corner
500 Swing Dairy Rd., Lexington, NC 27292
Phone: (336) 248-2298
Elderly or mobility impaired physically handicapped.

Lexington Housing Authority
Office: 1 Jamaica Dr. (Eastview Terrace)
Phone(s): (336) 249-8936; TDD Assistance-(336) 249-8936
Provides public housing for low-income people. (Section 8) Apartments at: Eastview; Helen Caple; Southside Village. (Takes applications on Tuesday's 9:00 to 12:00)

Lexington Housing Community Development Corporation (LHCDC) www.lexingtoncdc.com
11 West 3rd Street, Lexington, NC 27292
Phone: (336) 236-1675 or Fax: (336) 236-9408
LHCDC is a non-profit affordable housing agency. It provides homebuyer education for families in low to moderate-income households, provides financial assistance for qualified buyers and provides home repair programs for elderly and/or disabled homeowners. LHCDC also develops affordable housing for home ownership.

Mt. Moriah
202 Robert Floyd Dr., Lexington, NC 27292
Phone: (336) 248-4612
Housing for the Elderly.

Thomasville Church Homes
904 Doak Street, Thomasville, NC 27360
Phone: (336) 475-2827
Low-income housing.

Thomasville Housing Authority
Office: 201 James Ave., Thomasville, NC 27360
Phone: (336) 475-6137
Provides public housing for low-income people. (Section 8) Apartments at: Bisch Court, Dedmond Court, James Avenue, and Liberty Arms (elderly) (Takes applications on Tuesday - Thursday's from 8:30 to 11:30 & 1:00 to 4:30)

Tomlinson Hill Apartments
305 Pineywood Rd., Thomasville, NC 27360
Phone: (336)472-7853
Rentals for person 62 years of age or older and low income.
Tuesday and Thursday 8:30am-4:30pm

IN-HOME SERVICES

Arcadia Health Care
Phone: (336) 474-1590
Non-medical home care service that provides temporary or long-term help with household duties. Services include light housecleaning, laundry, meal preparation, shopping, local transportation, pharmaceutical and medical services and daily phone calls. Respite services are also available.

Parrish Nurse Program - Lexington Memorial Hospital, all of Davidson County except for Thomasville city; works with churches to provide the following: health education, personal health

counseling, patient advocacy and referral, visitation-home, nursing home, or hospital

INDEPENDENT LIVING REHAB PROGRAM
1510-B Martin St., Suite 201, Winston-Salem, NC 27105
Phone: (336) 784-2700
Works with eligible individuals with significant disabilities. Provides guidance counseling, personal care, rehabilitation engineering, home & vehicle modification, housing information & placement, some equipment purchases. Serves Davidson, Davie, Forsyth, Stokes, Surry, and Yadkin Counties.

The Adaptables, Inc.
3650 Patterson Avenue, Suite B, Winston-Salem, NC 27105
Phone(s): (336)767-7060 or toll free at 1-866-894-3103
Center for Independent Living; Gateway to information for persons with disabilities.

Serve You Only
Phone: (336) 885-2273; Fax (336) 885-2276

INFORMATION & REFERRAL CARELINE

Information & Referral or complaints
Phone: 1-800-662-7030

DIAL -Davidson Information & Assistance Line
602 S. Main St., Lexington, NC 27292
Phone: (336) 242-2005
Database of human service agencies. Tel-Med tape library.

Senior Services
Phone(s): (336) 242-2290- Lexington; **(336) 474-2754-**Thomasville;

Social Services
Phone(s): (336) 242-2500- Lexington; **(336) 474-2760** Thomasville;

NC Department of Insurance
Phone: 1- 800-546-5664
Consumer Service. Life & Health, Property & Causality Specialist who assist individuals with insurance companies that are having problems with getting their claims processed.

Seniors' Health Insurance Information Program (SHIIP)
Phone: 800-443-9354
SHIIP is a division of the NC Department of Insurance that provides free unbiased information and one-on-one counseling to assist when making decisions regarding the new Medicare Modernization Act.

INSURANCE

Department of Insurance
Phone: (919) 733-5060
Phone: 1- 800-546-5664-Consumer Service
Long-term Care Insurance

Seniors' Health Insurance Information Program (SHIIP)
Phone: 1-800-443-9354

LEGAL AID

122 North Elm Street, Suite 700, Greensboro, NC 27401
Phone(s): (336) 249-7736, 1-800-722-1740, or 1-800-951-2257
Offers free civil legal services to low income people in the area of domestic abuse, employent, landlord problems, debt collection, collection of judgments, and repossession.

LIBRARY

Davidson County Public Library - Denton
PO Box 578
Denton, NC 27239
Phone: (336) 869-2215
Office Hours: M 12pm-8pm; T-F 9am-5:30pm, Closed Saturdays

Davidson County Public Library - Lexington
602 South Main Street
Lexington, NC 27292
Phone: (336) 242-2040
Office Hours: M-Th 9am-8:30pm; F, 9am-5:30pm; Sa, 10am-3pm

Davidson County Public Library - North Davidson
559 Critcher Road
Welcome, NC 27374
Phone: (336) 242-2050
Office Hours: Mon-12noon-9pm; Tu-Thu- 9am-8pm; Fri- 9am-5:30pm; 1st Sat. of month 10am-2pm

Davidson County Public Library - Thomasville
14 Randolph Street Thomasville, NC 27361

Phone: (336) 474-2690
Office Hours: M-Th 9am-8pm; F, 9am-5:30pm; Sa, 10am-3pm
Library services and materials, children and youth programs, copier, meeting facilities, AV equipment. Computer and Internet access provided

LIFELINE

Companion Call Light - **Mary Ann Blair**
Lexington Memorial Hospital
Phone: (336) 238-4131
Guardian Calling
Phone: (336)242-2132
The Guardian Call will begin at 8 am and will attempt to call you 3 times in 40-minute intervals. If after the third attempt and no OK Pass code has been entered, an automatic call will be generated to your emergency contacts. The contacts will receive a message stating that "Guardian Call" was unable to verify the individual's welfare is ok and that the emergency contact will be ***required*** to respond to the residence to verify welfare. After the message is delivered, the contact person will be prompted to verify their response. If response cannot be verified, at this time an officer will be sent to the residence to check the welfare of the subscriber.
Hasten Help Systems
301 Creek Ridge Rd., Greensboro, NC 27416
Phone: 1-800-582-3073
Provides a telephone alert system.
Lifeline - **Virginia Beck** Thomasville Medical Center
Phone: (336) 472-2000
LIFELINE provides a pendant so that help can be called in the event of an emergency. Keeps a current medications list.

LONG TERM CARE FACILITIES

(Rest Homes/ Homes for the Aged/Adult Care Homes; Family Care Homes/ Group Homes)
Alterra Clare Bridge
275 S. Peacehaven Rd., Winston-Salem, NC 27107
Phone: (336) 659-7797
Rest Home for the memory impaired; **DOES NOT TAKE MEDICAID.**
Brookstone Retirement Center
2968 Salisbury Rd., Lexington, NC 27292
Phone: (336)243-2500; Fax (336)243-1201
Alzheimer Unit
Carolina House of Lexington
161 Young Dr. Lexington, NC 27292; PO Box 1733, Lexington NC 27293
Phone: (336) 238-1700; Fax (336) 224-1448
Alzheimer's Unit
Hilltop Living Center
592 Hilltop Dr., Linwood, NC 27299
Phone: (336) 853-8113; Fax: (336) 853-8105
Kateland Family Care Home
294 Old Hwy 109, Lexington, NC 27292
Phone: (336) 472-2745
6 bed home.
Landmark Estates
255 Thomas School Rd., Winston-Salem, NC 27107
Phone: (336) 764-1056; Fax: (336) 775-9992
Mallard Ridge
9420 N Hwy 150, Clemmons NC 27012
Phone: (336) 775-2205 Fax: (336)775-2207
Alzheimer's Unit, 100 Beds, 16 Special Care
The Oaks of Thomasville
915 Salem St., Thomasville, NC 27360
Phone: (336)472-7171; Fax: (336)472-8270
Westanna Family Care
716 W. Fifth Ave., Lexington, NC 27292
Phone: (336) 248-6489
6 bed home.

LONG TERM CARE FACILITIES

(Intermediate & Skilled Nursing Facilities)

Alston Brook (Alzheimer's Unit)
4748 Old Salisbury Road, Lexington, NC 27295
Phone(s): (336)956-1132; Fax (336)956-3112
Liberty Wood Nursing Center -
1028 Blair St., Thomasville, NC 27360
Phone: (336) 472-7771
Brian Center
279 Brian Center Dr., Lexington, NC 27292
Phone: (336) 249-7521
Britthaven of Davidson (Alzheimer's Unit)
706 Pineywood Rd., Thomasville, NC 27360
Phone: (336) 475-8425; Fax: (336) 475-9120
Centerclair Nursing Center
185 Yountz Rd., Lexington, NC 27292
Phone: (336) 249-7057; Fax: (336) 249-9984
Lexington Health Care Center (RH)
17 Cornelia Dr., Lexington, NC 27292
Phone: (336) 242-1349; Fax: (336) 242-1380
TDD Line: (336) 242-1488

Mountain Vista Health Park (RH)
106 Mountain Vista Rd., PO Box 1547, Denton, NC 27239
Phone: (336) 859-2181; Fax: (336) 859-4053
Piedmont Crossing (RH)
100 Hedrick Dr., Thomasville, NC 27360 **Phone: (336)472-2017; Fax: (336)472-8747**
SunBridge Care & Rehabilitation for Lexington (formerly **SunRise; Buena Vista) (**RH)
877 Hill Everhart Rd., PO Drawer S, Lexington, NC 27293
Phone: (336) 248-6644; Fax: (336) 248-6491
Transcare (Short Term at Community General Hospital)
207 Old Lexington Rd, Thomasville, NC 27360
Phone: (336) 474-3400; Fax: (336) 476-2414
LONG-TERM CARE OMBUDSMAN
Phone: (336) 294-4950
Works with consumers, concerned citizens, nursing & rest homes, & public agencies to enhance the quality of care & life of residents in long-term care facilities.

MEALS

Davidson County Department of Senior Services
Home Delivered Meals
211 W. Colonial Drive, Thomasville, NC 27360
Phone: (336) 474-2757
Office Hours: M-F, 8am-5pm
Provide nutritious meals to homebound senior citizens (60 years old or older), who live within Davidson County and are unable to prepare or obtain and adequate and complete noon-time meal. There are 17 delivery routes. Meals are delivered by local volunteers Monday - Friday, but not on holidays or during inclement weather. Volunteers provide a daily check and brief friendly visit.
Fees: No fees charged.
Eligibility: Must be 60+ years, live within our serving area, have inability to obtain or prepare nutritious meals, and be homebound.
Intake procedure: Call Sabrina Orman or Ron Bellini
Service Area: Davidson County rural communities
Nutrition Sites
211 West Colonial Drive
Thomasville, NC 27360
Phone: (336) 474-2757
Eligibility: Must be 60+ and a resident of Davidson County.
Intake procedure: Call Sabrina Orman or Ron Bellini.
Service Area: Have 5 sites in the county (Lexington, Thomasville, Denton, Southmont and Welcome).
Meals on Wheels of Lexington
104 E. Center Street, Lexington, NC 27292
Phone: (336) 248-4934
Contact: Bob Husted
Eligibility: Must live within the city limits of Lexington. Contact Bob Husted for mor information.
Meals on Wheels of Thomasville
PO Box 1821, Thomasville, NC 27360
Phone: (336) 472-7532
Delivers one meal a day Mon-Fri.
Fee: None
Eligibility: Have to be homebound with no one to prepare a meal. Call to discuss eligibility.
Service Area: 5 routes from Thomasville Medical Center and 1 from Piedmont Crossing. Must live within an hour's drive from departure sites.

MEDICAL SUPPLIES

(Rent and sell)
Advanced Services
713 N. Main St. High Point NC 27262
Phone: 1-800-868-8822
207-F S Westgate Dr., Greensboro, NC 27407
Phone: 1-800-868-8822
495K Arbor Hill Rd., Kernersville, NC 28274
Phone: (336) 996-8822
American HomePatient Inc.
1209 N Fayetteville St. Asheboro NC 27203
Phone(s): 1-800-682-8351 or (336) 625-1010
American Legion
Phone: (336)249-1437
Can provide crutches, wheelchairs, and walkers.
Apria Health Care
3187 Peters Creek Pkwy, Suite B, Winston-Salem, NC 27127
Phone: (336) 771-8347
Area Pharmacies (in phone book)
Assistive Technology Project
1510-B Martin St., Winston-Salem, NC 27103.
Phone(s): 336-761-2290; 1-800-852-0042
To help persons with disabilities get information about assistive devices.
Avery Medical Inc.

2515 Countryview Dr Lexington, NC 27292
Phone: 1-800-356-7969; (336) 744-6219

Carolina Mobility and Seating
317-M S. Westgate Dr., Greensboro, NC 27403
Phone: (336) 643-1518

Co-Care Medical
900 N Fayetteville St Asheboro, NC 27203
Phone(s): 1-800-562-3509; (336) 626-3555

Core Medical Supplies
218 Anna Lewis Dr., Lexington, NC 27292
Phone: (336) 248-3700

Diabetic Supply Foundation
290 Evergreen Circle Lexington, NC
Phone(s): (336)956-2339 or 1-800-583-3770
Must be insulin dependent: glucometer, strips, insulin. Insurance eligibility.

Easter Seals
205- A National Highway Thomasville, NC 27360
Phone(s): (336)476-4554 or 1-800-662-7119
Can provide durable medical equip, access to Beach Ability Supplies, and family support services for those with disabilities.

First Health
110 G Cotton Grove Rd., Lexington, NC 27292
Phone(s): 1-800-804-5567; (336)249-6902

Holladay Surgical Supply
2551 Landmark Dr., Winston-Salem, NC 27103
Phone: (336) 760-2111

Professional Medical Services, Inc.
9034 Country Barn Court, Charlotte NC 28273
Phone: (704)504-3055

Quality Medical, Inc.
Phone: (336)249-1942
Provides oxygen and related needed equipment only.

Reuse LLC
205 N. Main St. Denton, NC 27239
Phone: (336)859-9647

Sunburst Medical Corp.
11 S. Main Street
Phone: (336) 248-4854

Tyro United Methodist Church
4484 S NC Hwy 150, Lexington, NC 27292
Phone: (336) 853-7459
Loan Closet

MENTAL HEALTH

CRISIS CONTACT 800-939-5911 (24/7)*

DayMark Recovery Services
220 East 1st Avenue Extension, Suite 10
Lexington, NC 27292
Office Hours: M-F 8am-8pm
Phone: (336) 242-2450
Fax: (336) 249-9920

EXCEL
Phone: (704) 510-1535
Provides community support & targeted case management services to individuals who have mental health, developmental disability and/or substance abuse needs.

Foundations Behavioral Services - Arc Services, Inc.
820 Grimes Blvd, Lexington, NC 27292
Phone(s): (336)224-6071
Provides supports and services to people with developmental disabilities, mental illness, substance abuse and co-occurring disabilities**.**

Monarch Behavioral Service,Inc
820 Grimes Blvd., Lexington, NC 27292
Provides support and services to people with developmental disabilities, mental illness, substance abuse and co-occurring disabilities.

Piedmont Behavioral Healthcare
Cabarrus-Davidson-Rowan-Stanly-Union
Phone(s): 1-800-939-5911 or 1-800-219-4965
for 24-hour-7 day a week services
Mental health: inpatient, outpatient, case management, early childhood intervention, in-home, & day treatment; mental retardation/developmental disabilities: CAP-MR Program. Outpatient, case management, service coordination, in-home, respite & day program, Community Living Skills; substance abuse: detoxification & outpatient services.

RHA Health Services, Inc.
Phone: 1-800-848-0180
Provides support to individuals with mental health, substance abuse, and/or developmental disability needs.

The Center For Emotional Healing
Phone: (336)476-4880
Fax: (336)841-7267
Counseling services for Individuals and families with depression, anger mangement, trauma, anxiety, grief. Accepting Medicare, private insurance pay, and private pay. (Medicaid pending)

PARKS & RECREATION

Lexington: 512 S. Hargrave, Lexington, NC
Phone: (336)248-3960
Thomasville: 1 East Main St., Thomasville, NC 27360
Phone: (336)475-4280
Davidson County: 301 E Center St. Lexington NC 27292
Phone: (336)242-2285.
Activities. Helps coordinate Senior Games.

PREGNANCY

Alpha Pregnancy Support, Inc.
19-B E. 2nd Avenue
Lexington, NC 27293-1385
Phone: (336) 272-1218; Fax: (336) 272-1218
Office Hours: M-F 9am-4pm
E-mail Address: alpha3@lexcominc.net
Free pregnancy tests, counseling services, support services (clothing, cribs, etc.), referrals for adoption services, supply information regarding pregnancy, abortion, adoption, pre-natal, postnatal and AIDS. Mom's support classes, abstinence education and biblical counseling. All services free and confidential.
Florence Crittenden Services
300 Blyth Blvd., Charlotte, NC 28236
Phone: 1-800-448-0024
Infertility Clinics*
Bowman Gray School of Medicine
Phone: (336) 716-6476 or (336) 716-4141

UNC School of Medicine-Chapel-Hill*
Phone: 1-800-872-1931

SENIOR SERVICES OF DAVIDSON COUNTY

106 Alma Owens Drive, Lexington, NC 27292
Phone: (336)242-2290
211 W. Colonial Dr., Thomasville, NC 27360
Phone: (336)474-2754
Lead Agency for Services for Seniors in Davidson County, home delivered meals, congregate nutrition sites, CAP/DA, in-home aides, care management, information & case assistance, senior games, Family Support Group, monthly senior publication, general advocacy for seniors, educational & social programming.

SOCIAL SECURITY

Phone: 1-800-772-1213
www.socialsecurity.gov
Salisbury
1816 E Innes St Salisbury, NC 28146
Phone: (704) 633-9432
Winston-Salem
5205 University Pkwy Winston- Salem, NC 27106
Phone: (**336) 767-3736**

Greensboro
6005 Landmark Center Blvd, Greensboro, NC 27407
Phone: **(336) 854-1809**

SOCIAL SERVICES (DSS)

913 N.Greensboro Street
Lexington, NC 27292
Phone: (336) 242-2500
211 West Colonial Drive
Thomasville, NC 27360
Phone: (336) 474-2760
Office Hours: M-F, 8am-5pm excluding Holidays
Provides opportunities which assure personal dignity and self-sufficiency for all citizens. Assists individuals and families in reaching these goals through economic support programs which ensure that food, shelter, medical care and other basic needs are met. Social work services promote self-determination, enhance family functioning and protect children and disabled adults from abuse, neglect and exploitation. Advocates for services which improve the quality of life for individuals and families, affirm each individual's worth, and encourage personal responsibility in decision making.
Emergency assistance: rent, medicine, utilities, heating, etc.; Eye certifications.
Adoption and Foster Care: Assists with adoption; becoming foster care parents;
Adult: Rest home/ nursing home inquiries/ placement. In-home aides; ADULT PROTECTIVE SERVICES; Medical Transportation; Services for the Blind; **Child Support Enforcement: Children's Protective Services; Food Stamp Program; Information & Referral;**

Medicaid Program; Subsidized Child Care; Work First Employment; Work First Family Assistance (WFFA): assistance for families and children.

SUPPORT GROUPS

Alcoholics Anonymous - (336) 249-8824
Alzheimer's - Senior Services (336) 242-2290
Bereavement/Grief Support Group
(336) 248-6185
Cancer: (336) 249-7265; for cancer survivors
1-800-228-7421
Caregiver: Senior Services **(336) 242-2290**
Caregivers Solutions
250 Hospital Drive, Lexington, NC 27292
Phone: (336) 238-4454
Compassionate Friends, The Lexington Chapter
Lexington Memorial Hospital
Phone: (336) 859-3253
Support group for bereaved parents/grandparents.
Davidson County Multiple Sclerosis Self Help Group - (336) 351-7136
Diabetes Support Group – 1-800-682-9692
For Parents Whose Children have been Sexually Abused - (336) 243-1934
Friendship Club
Phone: (336)248-3960
For the visually impaired. Meets the 2nd Saturday of each month from 12:00-2:00 pm. Call activity director for place.
Sexual Assault Response Program
Phone: (336) 243-1934

TRANSPORTATION

Davidson County Transportation Services
Phone(s): (336) 242-2250-Lexington; (336) 474-2648-Thomasville
Provides transportation to doctor's appointments, grocery, drug store & others for elderly & other agency specified clients.
Social Services - Medical Transportation:
Phone: (336) 242-2500-Lexington and Thomasville
Some eligibility requirements.
Express Taxi:
Phone: (336) 472-5553-Thomasville
National Cab Co.
117 N. Main Street, Lexington, NC 27292
Phone: (336) 249-2363
PART-Piedmont Authority for Regional Transportation
Phone: (336) 883-PART (7278)
Express Buses and Shuttles

UNITED WAY OF DAVIDSON COUNTY

36 Vance Circle
Lexington, NC 27292
Phone: (336) 249-2532
Office Hours: M-F, 8:30am-5pm
United Way provides support to 31 member agency programs in Davidson County. This support includes financial support (through annual campaign drive); start-up assistance through venture grants; volunteer recruitment through volunteer center functions; and management/financial consultant assistance if requested.

VETERAN ORGANIZATIONS

American Legion
100 Wilfred Ave Lexington, NC 27292
Phone: (336)249-1437
Donations to veterans in distress; limited medical equipment loan closet.
Veteran's Benefits 1-800-827-1000
Veteran's Outreach Program
223 S. Brevard St, Charlotte NC 28202
Phone: (704) 333-6107
Counseling for veterans & family.
Veteran's Services Office
913 Greensboro Street, Lexington, NC 27292
Phone(s): Lexington Office- (336) 242-2037; (336) 724-3803 ext.2037, (336) 472-8052;
Denton Office- (336) 859-5399, First & Third Wednesday- 1:30-4:30 PM;
Thomasville Office- (336) 474-2677, (336) 476-9999, each Tuesday & Thursday, 1:30-4:30 PM

WORKSHOP OF DAVIDSON

275 Monroe Rd, Lexington, NC 27292
Phone: (336) 248-2816
Work with mental retardation and physical handicaps.

YMCA

J Smith Young YMCA:
119 West Third Avenue
Lexington, NC 27292
Phone: (336) 249-2177
Office Hours: M-F, 5:30am-10pm; Sat, 8:30am-6pm; Sun, 1:30pm-6pm

Tom A Finch Community YMCA:
1010 Mendenhall Street
Thomasville, NC 27360
Phone: (336) 475-6125
Office Hours: M-Th, 5:45am-9:30pm; F, 5:45am-7pm; Sat, 9am-6pm; Sun, 2pm-6pm
Offers a Wellness Center for members, floor aerobics classes, yoga classes, and water exercise classes. Provide afterschool care and childcare drop-off for workouts. Meeting room facilities are available to members and the public for social gatherings.

800 & Other Numbers

Addiction & Abuse Issues 24 Hr. Hotline - 800-222-0828
Alcohol and Drug Helpline - 800-821-4357
Alcohol/Drug Council of NC - 800-688-4232
Alcohol Rehab for the Elderly -800-354-7089
Allergies/Asthma - 800-222-LUNG; 800-727-8462
Alliance for the Mentally Ill – 800-451-9682
Alzheimer's Association – Helpline-800-888-6671; High Point- (336) 882-6033; Charlotte-(704) 532-7390.
American Diabetes Association of NC - 800-342-2383
American Foundation for the Blind - 800-232-5463
American Heart Association, American Stroke Association –800-284-6601
American Kidney Fund – 800-638-8299
American Liver Foundation - 800-223-2732

American Lung Association of NC - 800-892-5650; (336) 856-0520
Area Agency on Aging (Piedmont Triad Council of Government)-(336) 294-4950
Arthritis Foundation - 800-883-8806
Auto Safety Hotline – 800-424-9393
Bureau of Alcohol, Tobacco & Firearms - 800-283-4867
Carolina's Poison Center - 800-848-6946 - Charlotte
Center for Missing Persons-NC - 800-522-5437
Child Find Hotline - 800-426-5678
Child Help (crisis counseling for abused children & abused adults) 800-422-4453
CIGNA (list of physicians accepting Medicare) 800-672-3071
Consumer Insurance Service Division - 800-662-7777
Crime Stoppers – (336) 243-2400
Cystic Fibrosis Foundation - 800-344-4823
Department of Housing & Urban Development (HUD) –800-669-9777
DHHS CARELINE-1-800-662-7030 (English/Spanish) and 1-877-452-2514(TTY**)**
Disability Hotline of NC - 800-638-6810
Down's Syndrome Society –800-221-4602
Drug Abuse Hotline - 800-662-4357
Duke Regional Poison Control Center – 800-672-1697
Easter Seal Society of NC -800-662-7119
Eldercare Locator – 800-677-1116 nationwide contacts for services for seniors
Eli Lilly Indigent Patient Program - 800-545-6962
Epilepsy Association of NC - 800-451-0694
Epilepsy Information - 800-642-0500
Equal Employment Opportunity Commission - 800-669-4000
Family Support Network of NC - 800-852-0042
Federal Information Center - 800-347-1997
Federal Tax Information &Assistance 800-424-3676
Foster Grandparents Program -800-424-8867
Governor's Advocacy Council for Person's with Disabilities -800-821-6922
Governor's Office of Citizen's Affairs, NC 800-662-7952
Handicapped Advocacy - 800-248-2253
Headaches - 800-843-2256
Home Health Complaint Hotline (NC) 800-624-3004
Insurance, Health for NC's underinsured children: 800-742-KIDS
Insurance Information Institute - 800-221-4954
Internal Revenue Service - 800-829-1040
Juvenile Diabetes Foundation - 800-533-2873
Kidney Foundation – NC Office - 800-356-5362
Lawyer's Referral Service of NC – 800-662-7660

Leukemia Society - 800-888-9934
Library for the Blind & Physically Handicapped - 800-662-7726
Long Term Care Ombudsman (Area Agency on Aging-PTCOG)-(336) 294-4950
Lupus Foundation - 800-558-0121
March of Dimes information on birth defects 336-723-4386
Medicaid Information - 800-662-7030
Medicare -
Complaints about Care - 800-624-3004
Complaints on Medicare Supplement or Long Term Care Insurance 800-662-7777
Durable Medical Equipment - 800-213-5452
Fraud - 803-788-0222, ext. 2659
General Information - 800-443-9354
Part A (hospital room & board) - 800-685-1512
Part B (doctors, lab, x-ray) - 800-672-3071
Telephone Hotline - 800-638-6833
Website: http://www.medicare.gov
Menopause 800-222-2225
Muscular Dystrophy - 800-722-6700
Multiple Sclerosis - 800-344-4867; 800-477-2955
Narcotics Anonymous - 800-721-8225
National Center for Sight - 800-221-3004
National Eye Care Project Helpline - Provides referrals for free eye exams for people 65 & older on limited incomes who do not have access to an ophthalmologist they have seen in the past 800-222-3937
National Health Information Center - 800-336-4797
National Kidney Foundation – (704) 522-1351
National Osteoporosis Foundation - 800-223-9994
National Parkinson's Foundation - 800-327-4545
National Referral Network for Kids in Crisis – 800-543-7283
National Runaway Switchboard - 800-621-4000
National Stroke Association - 800-787-6537
NC Board of Nursing-(919) 782-3211
NC Brain Injury Association - 800-377-1464
NC Department of Insurance - 800-662-7777
NC Client Assistance Program Information about rehabilitation programs in NC 800-215-7227
NC Lions Foundation - 800-662-7401
NC Medical Board-(919) 326-1100 or 800-253-9653
NC Board of Occupational Therapy- (919) 832-1380
NC Board of Pharmacy-(919) 246-1050
NC Board of Physical Therapy-(919) 490-6393 or 800-800-8982
NC Podiatry Medical Soc. - 800-685-2224
NC Board of Speech and Language Pathologist and Audiologists-(336) 272-1828
NC State Bar-(919) 826-4620
NC Travel & Tourism Information - 800-VISIT-NC
NC Wildlife (Violations) - 800-662-7137
Neurological Disorders - 800-352-9424
Peace Corps - 800-424-8580
Piedmont Triad Council of Government (PTCOG)-(336) 294-4950
Prescription Medication Assistance: http://www.needymeds.com
Senior Care: Toll Free – 866-226-1388, (888) 816-7874
Sickle Cell Diseases - 800-421-8453; 336-761-2390
Simon Foundation for Incontinence – 800-237-4666
Spina Bifida Association - 800-621-3141
United Cerebral Palsy of NC - 800-868-3787
Voices in Action (Victims of Incest can Emerge Survivors) 800-786-4238
www.freetranslation.com (free translation of English text to Spanish)

Other Resources - Locally

Your church, your bank, your physician, your attorney, your pharmacist, your phone book, your police department, your newspaper, your hospital, and your neighbors are also excellent resources!

We hope you will find these sources helpful. This listing is not intended to be a complete listing of all the services available in and for Davidson County.

Also, if this information has been confusing and you are not sure where to turn, call Davidson County Health Department (DCHD) at (336) 242-2880.

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If you have any corrections or additions, call DCHD Health Education at (336) 242-2880.