2024 Community Health Needs Assessment

Davie County, North Carolina

Sponsored by

Atrium Health

Atrium Health Wake Forest Baptist Davie Medical Center,
a Facility of North Carolina Baptist Hospital

Table of Contents

Introduction

Project Overview

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Davie County, the service area of Atrium Health Wake Forest Baptist Davie Medical Center, a Facility of North Carolina Baptist Hospital (hereafter referred to as Davie Medical Center). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of Davie Medical Center by PRC, Inc., a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Atrium Health and PRC.

Community Defined for This Assessment

The targeted population for this survey effort included each of the ZIP Codes comprising Davie County, North Carolina, as outlined in the following map.
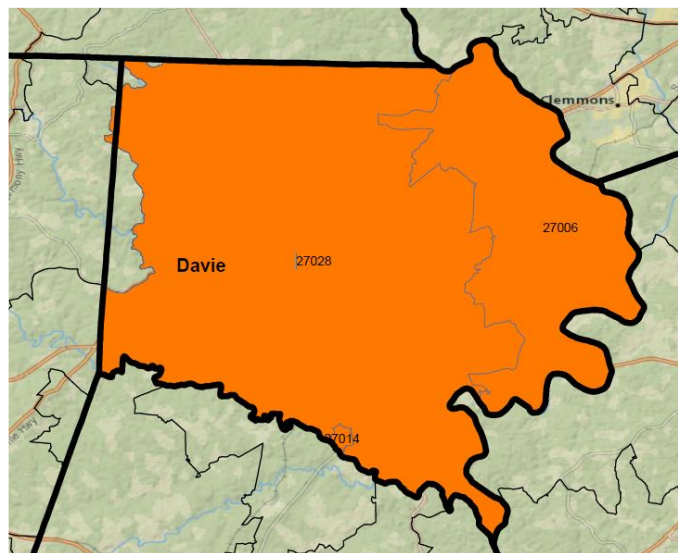
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 100 individuals age 18 and older in Davie County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Davie County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.
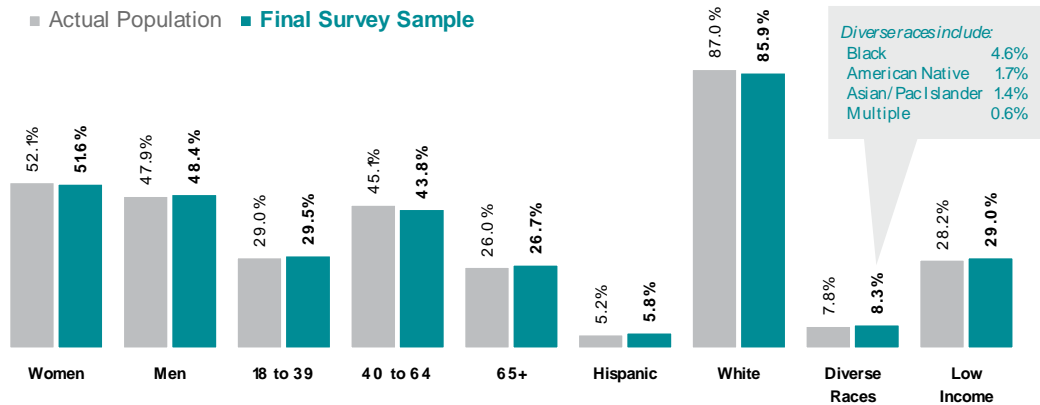
For statistical purposes, the maximum rate of error associated with a sample size of 100 respondents is ±9.8% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Davie County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older.]

Population & Survey Sample Characteristics
(Davie County, 2024)

■ Actual Population ■ **Final Survey Sample**

	Actual Population	Final Survey Sample
Women	52.1%	51.6%
Men	47.9%	48.4%
18 to 39	29.0%	29.5%
40 to 64	45.7%	43.8%
65+	26.0%	26.7%
Hispanic	5.2%	5.8%
White	87.0%	85.9%
Diverse Races	7.8%	8.3%
Low Income	28.2%	29.0%

Diverse races include:
Black — 4.6%
American Native — 1.7%
Asian/Pac Islander — 1.4%
Multiple — 0.6%

Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Davie Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 11 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	1
Public Health Representatives	1
Other Health Providers	2
Other Community Leaders	7

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- A Storehouse for Jesus
- Atrium Health Wake Forest Baptist Family Medicine – Bermuda Run
- Davidson–Davie Community College
- Davie Center for Violence Prevention
- Davie Community Foundation
- Davie County Sheriff's Office
- Davie Medical Center
- Eatons Baptist Church
- Family Promise of Davie County
- First Presbyterian Church, Mocksville
- The Bridge @ 197 Main

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Davie County were obtained in collaboration with Metopio and draw from the following sources (specific citations are included with the graphs throughout this report):

- American Community Survey (ACS), U.S. Census Bureau

- Area Health Resources Files, Health Resources & Services Administration

- FBI Crime Data Explorer, Federal Bureau of Investigation

- Food Access Research Atlas, US Department of Agriculture (USDA) - Economic Research Service

- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC)

- National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS)

- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC)

- National Vital Statistics System-Natality (NVSS-N), Centers for Disease Control and Prevention (CDC)

- Rural-Urban Continuum Codes, US Department of Agriculture (USDA) - Economic Research Service

- State Cancer Profiles, National Cancer Institute (NCI)

Benchmark Data

North Carolina Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Davie Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Davie Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. The hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	23
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	88
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	91

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Health Care Services	▪ Cost of Physician Visits ▪ Ratings of Local Health Care
Cancer	▪ Leading Cause of Death ▪ Cancer Prevalence
Disabling Conditions	▪ Multiple Chronic Conditions
Heart Disease & Stroke	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence
Injury & Violence	▪ Unintentional Injury Deaths
Mental Health	▪ Diagnosed Depression ▪ Suicide Deaths ▪ Receiving Treatment for Mental Health ▪ Key Informants: *Mental Health* ranked as a top concern.
Nutrition, Physical Activity & Weight	▪ Lack of Leisure-Time Physical Activity ▪ Overweight & Obesity
Respiratory Disease	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Prevalence of COPD
Substance Use	▪ Drug Overdose Deaths

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Cancer
3. Substance Use
4. Disabling Conditions
5. Nutrition, Physical Activity & Weight
6. Access to Health Care Services
7. Heart Disease & Stroke
8. Injury & Violence
9. Respiratory Diseases

Hospital Implementation Strategy

Atrium Health Wake Forest Baptist Davie Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

■ In the following tables, Davie County results are shown in the larger, teal column.

☐ The columns to the right of the Davie County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Davie County compares favorably (**B**), unfavorably (**h**), or comparably (☺) to these external data.

> Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
>
> Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

Social Determinants of Health

Social Determinants of Health	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Population in Poverty (Percent)	11.6	☁ 12.8	☁ 12.6	**h** 8.0
High School Graduates (Age 25+, Percent)	89.8	☁ 90.2	☁ 89.6	
Unemployment Rate (Age 16+, Percent)	4.6	**h** 3.8	☁ 4.3	
% Unable to Pay Cash for a $400 Emergency Expense	38.0		☁ 34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	29.7		**B** 45.8	
% Unhealthy/Unsafe Housing Conditions	21.4		☁ 16.4	
% Went Without Utilities in the Past Year	11.8			
Population With Low Food Access (Percent)	40.1	**B** 47.1	**B** 50.2	
% Food Insecure	33.8		☁ 43.3	

B better	☁ similar	**h** worse

Overall Health

Overall Health	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030

	% "Fair/Poor" Overall Health	26.5	☁ 18.5	h 15.7	

	B	☁	h
	better	similar	worse

	Davie County	Davie County vs. Benchmarks		
Access to Health Care		**vs. NC**	**vs. US**	**vs. HP2030**
% [Age 18-64] Lack Health Insurance	4.9	B 12.7	☁ 8.1	☁ 7.6
% Difficulty Accessing Health Care in Past Year (Composite)	47.4		☁ 52.5	
% Cost Prevented Physician Visit in Past Year	21.9	h 11.9	☁ 21.6	
% Cost Prevented Getting Prescription in Past Year	21.8		☁ 20.2	
% Difficulty Getting Appointment in Past Year	24.7		☁ 33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.0		☁ 22.9	
% Difficulty Finding Physician in Past Year	17.0		☁ 22.0	
% Transportation Hindered Dr Visit in Past Year	16.4		☁	

	Davie County	vs. NC	vs. US	vs. HP2030
			18.3	
% Language/Culture Prevented Care in Past Year	3.2		☁ 5.0	
% Stretched Prescription to Save Cost in Past Year	21.8		☁ 19.4	
% Have a Specific Source of Ongoing Care	75.9		☁ 69.9	☁ 84.0
% Routine Checkup in Past Year	78.4	☁ 77.5	**B** 65.3	
% Two or More ER Visits in Past Year	14.3		☁ 15.6	
% Rate Local Health Care "Fair/Poor"	26.4		**h** 11.5	
		B better	☁ similar	**h** worse

Cancer	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Cancer Deaths per 100,000 (Age-Adjusted)	163.5	☁ 154.5	☁ 149.4	**h** 122.7
% Cancer	16.6	☁ 12.1	**h** 7.4	
		B better	☁ similar	**h** worse

Diabetes	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Diabetes Deaths per 100,000 (Age-Adjusted)	20.1	B 24.4	☁ 22.1	
% Diabetes/High Blood Sugar	12.1	☁ 12.1	☁ 12.8	
% Borderline/Pre-Diabetes	11.7		☁ 15.0	
Kidney Disease Deaths per 100,000 (Age-Adjusted)	12.3	B 16.4	☁ 12.9	

B	☁	h
better	similar	worse

Disabling Conditions	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% 3+ Chronic Conditions	51.7		h 38.0	
% Activity Limitations	29.2		☁ 27.5	
% High-Impact Chronic Pain	21.4		☁ 19.6	h 6.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	31.9	B 37.3	☁ 30.8	
% Caregiver to a Friend/Family Member	31.1		☁ 22.8	

		better	similar	worse
		B	☁	**h**

Heart Disease & Stroke	**Davie County**	**vs. NC**	**vs. US**	**vs. HP2030**
		Davie County vs. Benchmarks		
Heart Disease Deaths per 100,000 (Age-Adjusted)	129.4	**B** 156.2	**B** 168.2	☁ 127.4
% Heart Disease	13.1	☁ 7.1	☁ 10.3	
Stroke Deaths per 100,000 (Age-Adjusted)	42.1	☁ 42.6	☁ 37.6	**h** 33.4
% Stroke	4.9	☁ 4.9	☁ 5.4	
% High Blood Pressure	58.0	**h** 34.7	**h** 40.4	**h** 42.6
% High Cholesterol	45.8		**h** 32.4	
% 1+ Cardiovascular Risk Factor	91.6		☁ 87.8	

		better	similar	worse
		B	☁	**h**

Infant Health & Family Planning	**Davie County**	**vs. NC**	**vs. US**	**vs. HP2030**
		Davie County vs. Benchmarks		
Low Birthweight (Percent of Births)	8.5	☁ 9.4	☁ 8.4	

Injury & Violence	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	68.5	☁ 58.6	h 52.4	h 43.2
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	10.6	B 14.5	☁ 11.5	☁ 10.1
% Victim of Violent Crime in Past 5 Years	5.0		☁ 7.0	
% Victim of Intimate Partner Violence	18.8		☁ 20.3	

Mental Health	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	23.8		☁	

	Davie County	vs. NC	vs. US	vs. HP2030
			24.4	
% Diagnosed Depression	45.7	h 21.7	h 30.8	
% Symptoms of Chronic Depression	47.6		☁ 46.7	
% Typical Day Is "Extremely/Very" Stressful	20.3		☁ 21.1	
Suicide Deaths per 100,000 (Age-Adjusted)	17.9	h 13.4	h 13.8	h 12.8
% Receiving Mental Health Treatment	34.9		h 21.9	
% Unable to Get Mental Health Services in Past Year	9.9		☁ 13.2	

B	☁	h
better	similar	worse

Davie County vs. Benchmarks

Nutrition, Physical Activity & Weight	Davie County	vs. NC	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.0		☁ 30.0	
% No Leisure-Time Physical Activity	32.4	h 23.1	☁ 30.2	h 21.8
% Meet Physical Activity Guidelines	27.0	☁	☁	☁

	Davie County	vs. NC	vs. US	vs. HP2030
		21.6	30.3	29.7
% Overweight (BMI 25+)	78.0	h 69.3	h 63.3	
% Obese (BMI 30+)	40.3	☁ 34.1	☁ 33.9	☁ 36.0

	B	☁	**h**
	better	similar	worse

Oral Health	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% Have Dental Insurance	76.7		☁ 72.7	☁ 75.0
% Dental Visit in Past Year	62.5	☁ 63.6	☁ 56.5	**B** 45.0

	B	☁	**h**
	better	similar	worse

Respiratory Disease	Davie County	Davie County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Lung Disease Deaths per 100,000 (Age-Adjusted)	51.0	☁ 43.9	h 40.2	
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	16.3	☁ 15.7	h 13.6	
% Asthma	13.1	☁ 9.2	☁ 17.9	
% COPD (Lung Disease)	15.7	h	☁	

		7.6	11.0

	better	similar	worse
	B	☁	**h**

	Davie County	Davie County vs. Benchmarks		
Sexual Health		**vs. NC**	**vs. US**	**vs. HP2030**
Chlamydia Incidence per 100,000	**300.9**	**B** 603.3	**B** 495.5	
Gonorrhea Incidence per 100,000	**64.3**	**B** 271.2	**B** 214.0	

	better	similar	worse
	B	☁	**h**

	Davie County	Davie County vs. Benchmarks		
Substance Use		**vs. NC**	**vs. US**	**vs. HP2030**
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	**8.4**	☁ 9.3	**B** 10.5	
% Excessive Drinking	**18.3**	☁ 17.9	**B** 34.3	
Drug Overdose Deaths per 100,000 (Age-Adjusted)	**29.4**	**h** 23.9	**h** 22.4	
% Used an Illicit Drug in Past Month	**8.7**		☁ 8.4	
% Used a Prescription Opioid in Past Year	**16.9**		☁ 15.1	
% Ever Sought Help for Alcohol or Drug Problem	**12.0**		☁	

		6.8	
% Personally Impacted by Substance Use	**47.4**	☁️ 45.4	

	better	similar	worse
	B	☁️	**h**

	Davie County	Davie County vs. Benchmarks		
Tobacco Use		**vs. NC**	**vs. US**	**vs. HP2030**
% Smoke Cigarettes	**24.8**	**h** 14.5	☁️ 23.9	**h** 6.1
% Someone Smokes at Home	**25.0**		☁️ 17.7	
% Use Vaping Products	**12.4**	☁️ 7.9	☁️ 18.5	
		B better	☁️ similar	**h** worse

Data Charts & Key Informant Input

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to population and density.

Total Population
(Estimated Population, 2018-2022)

	Total Population	Population Density (per square mile)
Davie County	**43,030**	**163.18**
North Carolina	10,470,214	215.33
United States	331,097,593	93.62

Sources: ● American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups
(2020)

■ Age 0-4   ■ Age 5-19   ■ Age 20-39   ■ Age 40-64   ■ Age 65+

Davie County: 4.7%, 18.4%, 20.0%, 34.9%, 22.0%
NC: 5.6%, 19.2%, 26.0%, 32.1%, 17.1%
US: 5.6%, 19.2%, 26.8%, 31.6%, 16.8%
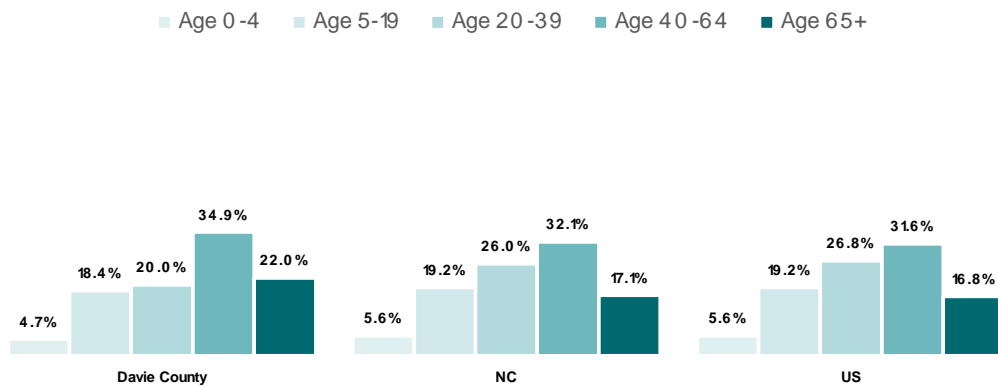
Sources: ● American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone
(2018-2022)
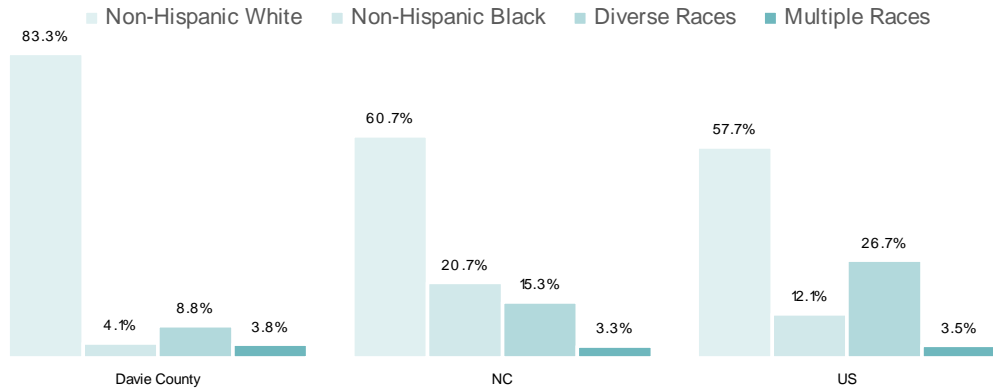
■ Non-Hispanic White ■ Non-Hispanic Black ■ Diverse Races ■ Multiple Races

Davie County: 83.3%, 4.1%, 8.8%, 3.8%
NC: 60.7%, 20.7%, 15.3%, 3.3%
US: 57.7%, 12.1%, 26.7%, 3.5%

Sources: ●   American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: ●   "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.
●   State and national percentages for non-Hispanic White are 2022 data.

Hispanic Population
(2018-2022)
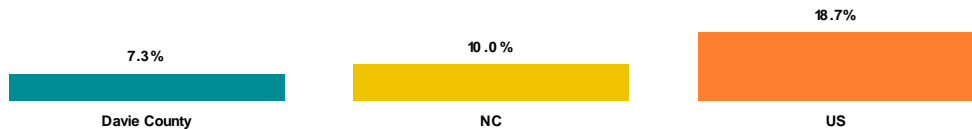
Davie County: 7.3%
NC: 10.0%
US: 18.7%

Sources: ●   American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: ●   People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

About Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

— Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

The proportions of our population living below, or just above, the federal poverty threshold in comparison to state and national proportions are shown below.

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

Percent of Population in Poverty
(2018-2022)
Healthy People 2030 = 8.0% or Lower Below Poverty

■ Below Federal Poverty Level   ■ Below 200% of FPL
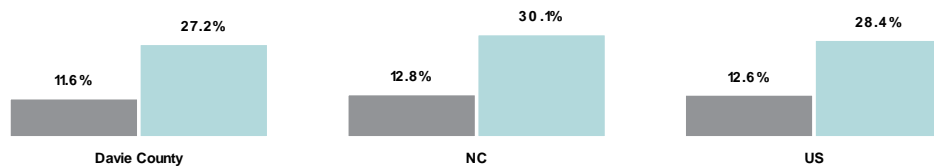
	Davie County	NC	US
Below Federal Poverty Level	11.6%	12.8%	12.6%
Below 200% of FPL	27.2%	30.1%	28.4%

Sources:
- American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Notes:
- State and national percentages are 2022 data.

Employment

The following outlines the unemployment rate in Davie County during 2018-2022 in comparison to state and national unemployment.

Unemployment Rate
(2018-2022)
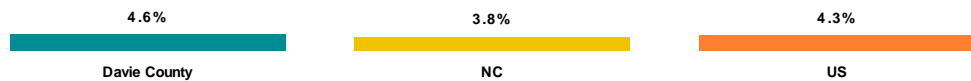
Davie County	NC	US
4.6%	3.8%	4.3%

Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: • Percent of residents 16 and older in the civilian labor force who are actively seeking employment.
• State and national percentages are 2022 data.

Financial Resilience

PRC Survey ▶ "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

The following chart details "no" responses in Davie County in comparison to benchmark data.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

34.0% **38.0%**

■ Davie County

■ US
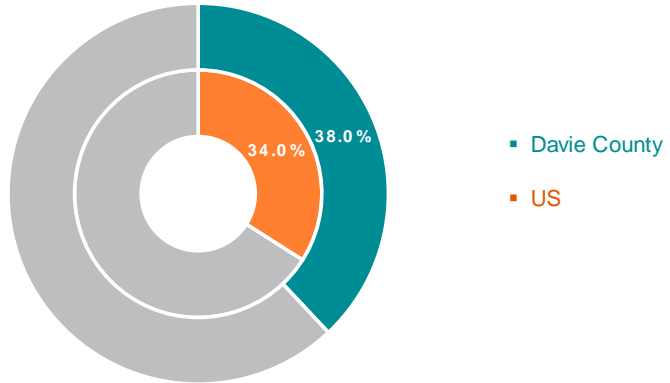
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Education

Education levels are reflected in the proportion of our population with high school diplomas. This indicator is relevant because educational attainment is linked to positive health outcomes.

Percent of High School Graduates
(Adults Age 25 and Older with Diploma, GED or Higher Education; 2018-2022)

Davie County	NC	US
89.8%	90.2%	89.6%

Sources: ● American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: ● State and national percentages are 2022 data.

Housing

Housing Insecurity

PRC Survey ▶ **"In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"**

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Davie County, 2024)

Nationally, 45.8% of Americans "always," "usually," or "sometimes" worry about housing costs.

10.5%
10.1%
9.1%
20.5%
49.8%

- Always
- Usually
- Sometimes
- Rarely
- Never
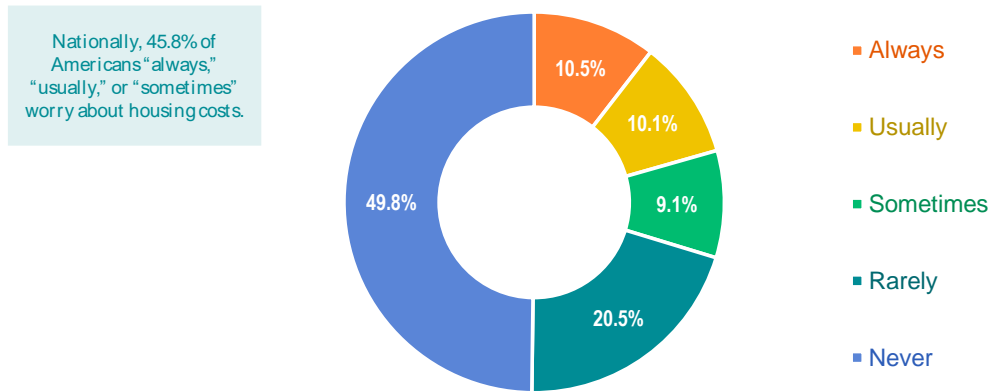
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents

Unhealthy or Unsafe Housing

PRC Survey ▶ **"Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"**

Unhealthy or Unsafe Housing Conditions in the Past Year
(Davie County, 2024)
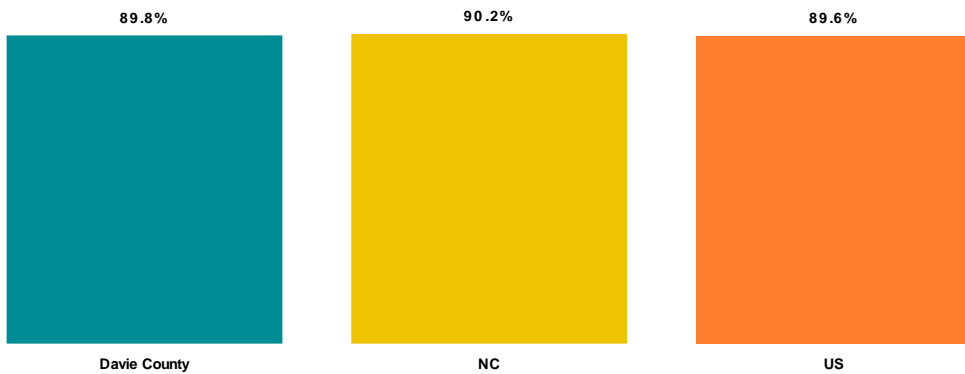
21.4%
Davie County

16.4%
US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Utilities

PRC Survey ► **"Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?"**

Went Without Electricity, Water, or Heating in Home at Some Point in the Past Year
(Davie County, 2024)

11.8%

88.2%

- Yes
- No

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

Food Insecurity

PRC Survey ► **"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months.**

> - 'I worried about whether our food would run out before we got money to buy more.'
>
> - 'The food that we bought just did not last, and we did not have money to get more.'"

Agreement with either or both of these statements ("often true" or "sometimes true") defines food insecurity for respondents.

Food Insecurity
(Davie County, 2024)

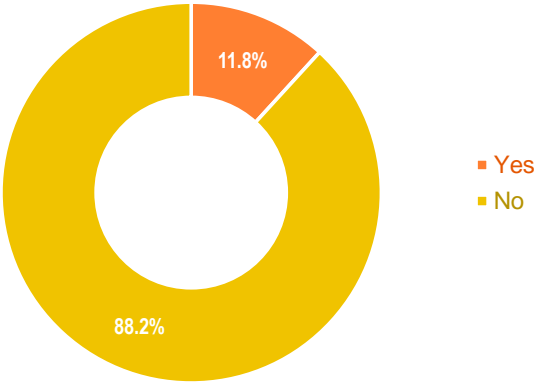|	
Davie County	33.8%
US	43.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
　　　　 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　 ● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

Note key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:

Perceptions of Social Determinants of Health
as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem　　■ Moderate Problem　　■ Minor Problem　　■ No Problem At All

Major Problem	Moderate Problem	Minor Problem
27.3%	63.6%	9.1%
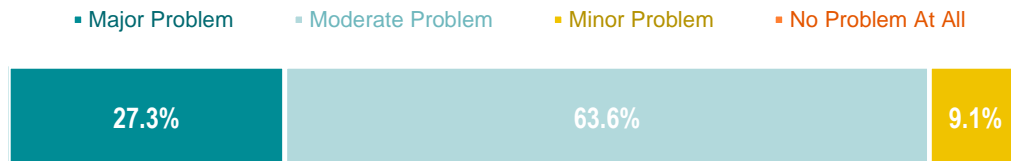
Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Housing

> Available and affordable housing/rent is hard to find. – Community Leader

> Lack of affordable housing, no public transportation, food deserts in Cooleemee, lack of healthcare facilities in Cooleemee. – Community Leader

Affordable Care/Services

> We are a free clinic. We care for patients that have few means, and frequently, their employment is intermittent. – Physician

Health Status

Overall Health

PRC Survey ▶ **"Would you say that in general your health is: excellent, very good, good, fair, or poor?"**

Self-Reported Health Status
(Davie County, 2024)

- Excellent
- Very Good
- Good
- Fair
- Poor

11.3%
3.3%
23.2%
30.9%
31.3%
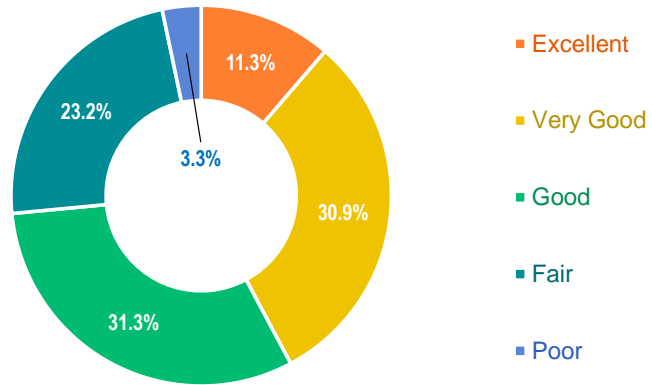
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

26.5% Davie County
18.5% NC
15.7% US
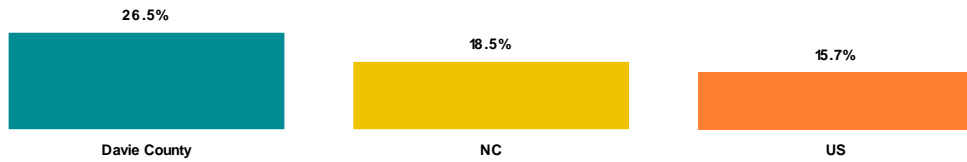
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Mental Health

About Mental Health & Mental Disorders

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

— Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

PRC Survey ▶ **"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"**

Self-Reported Mental Health Status
(Davie County, 2024)

- Excellent — 16.6%
- Very Good — 29.5%
- Good — 30.1%
- Fair — 14.5%
- Poor — 9.3%
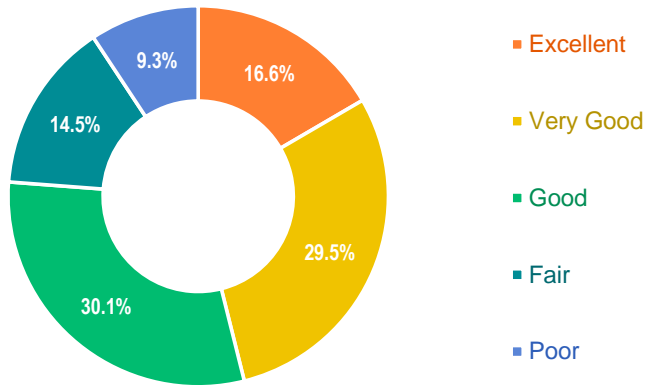
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

23.8%

24.4%

- Davie County
- US

Depression

Diagnosed Depression

PRC Survey ▶ **"Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"**

Have Been Diagnosed With a Depressive Disorder

45.7%

21.7%

30.8%

Davie County   NC   US

PRC Survey ▶ **"Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"**

Have Experienced Symptoms of Chronic Depression
(Davie County, 2024)

47.6%
46.7%

Davie County
US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

Age-adjusted mortality rates attributed to suicide in our population are illustrated below.

Suicide: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

17.9	13.4	13.8
Davie County	NC	US

Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
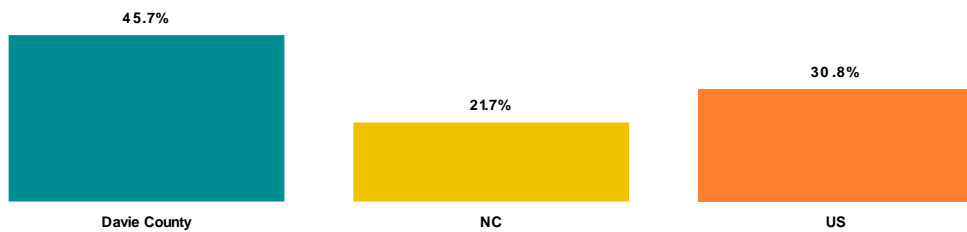- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, North Carolina and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

PRC Survey ▶ **"Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"**

Currently Receiving Mental Health Treatment
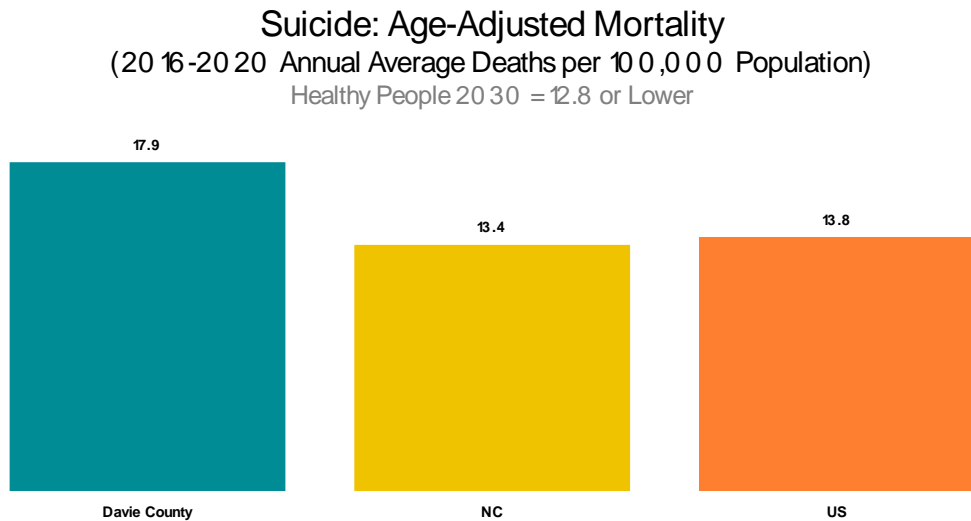
34.9%
Davie County

21.9%
US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

PRC Survey ▶ **"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"**

Note also the number of mental health providers (such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners specific to behavioral health) currently practicing in Davie County.

Note that mental health provider count only reflects providers practicing in Davie County; it does not account for the potential availability of providers in surrounding areas.

Unable to Get Mental Health Services When Needed in the Past Year
(Davie County, 2024)

In 2021, there were 33 mental health providers practicing in Davie County.

9.9%
Davie County

13.2%
US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
● National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS). Retrieved May 2024 via Metopio.
Notes: ● Asked of all respondents.
● Number of mental health providers, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners specific to behavioral health.

Key Informant Input: Mental Health

Note key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of
Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

54.5%	45.5%

Sources: ●   2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Access to services and resources are very limited in Davie County. Transportation is often problematic getting to services and resources as well. There is no public transportation in the area, other than YVETTI, which is limited. – Public Health Representative

We are very fortunate to have a psychiatrist and psychiatric nurse specialist to care for our patients with mental health issues. Having the care providers on-site has attracted a steady patient following. – Physician

Affordable Care/Services

Lack of affordable mental health services and long waitlists to access care. – Community Leader

Access to get and afford help. Access to available beds. – Community Leader

Awareness/Education

A lack of general knowledge by the community at large - they do not understand it so they tend to shy away from conversations regarding the topic and do not support funding of resources that would help. There is a lack of services available in certain parts of the county. There is a stigma around mental health and when people finally do make the brave leap to ask for help, they are often met with challenges regarding cost of services, finding resources, continuity of services. And for the resources that are available, they are challenged with being overwhelmed and facing burnout, which just further exacerbates the problem. – Health Provider

Due to COVID-19

Young and old seem to struggle much more with depression and isolation now than prior to the pandemic. School students seem to have increased in numbers of those feeling isolated and depressed. – Community Leader

Death, Disease & Chronic Conditions

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Age-adjusted mortality rates for heart disease and for stroke are illustrated below.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality
(2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)
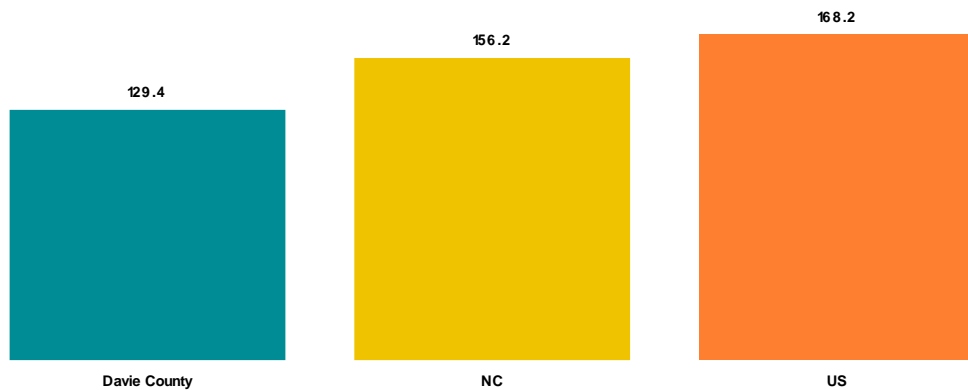
Davie County	NC	US
129.4	156.2	168.2

Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower
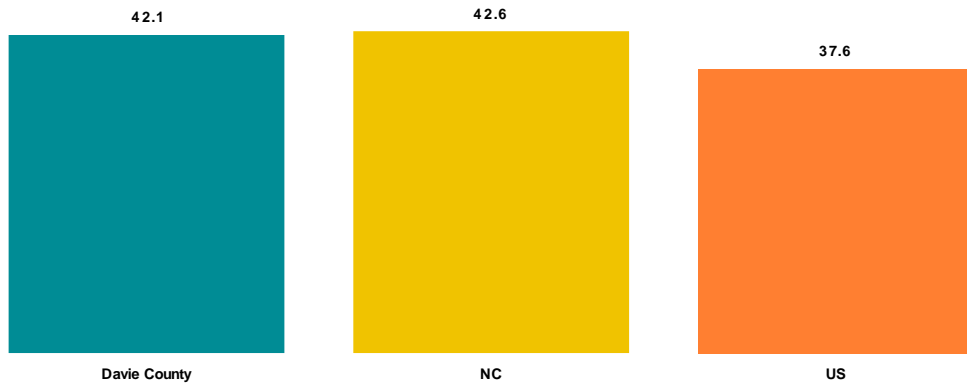
42.1	**42.6**	**37.6**
Davie County	NC	US

Sources: ● National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

PRC Survey ▶ **"Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"**

Prevalence of Heart Disease

13.1%	**7.1%**	**10.3%**
Davie County	NC	US
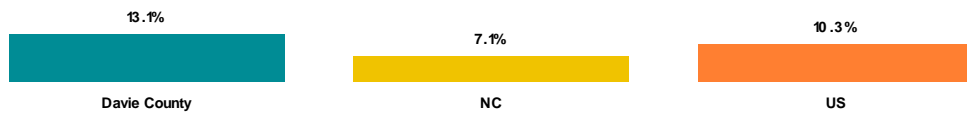
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

4.9%	4.9%	5.4%
Davie County	NC	US

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

PRC Survey ▶ **"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"**

PRC Survey ▶ **"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"**

Prevalence of
High Blood Pressure
Healthy People 2030 = 42.6% or Lower
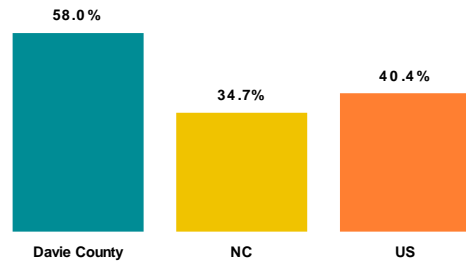
Prevalence of
High Blood Cholesterol

High Blood Pressure:
- Davie County: 58.0%
- NC: 34.7%
- US: 40.4%

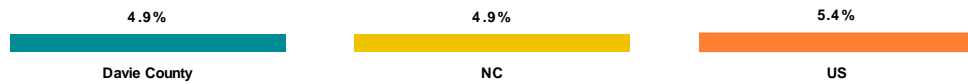**High Blood Cholesterol:**
- Davie County: 45.8%
- US: 32.4%
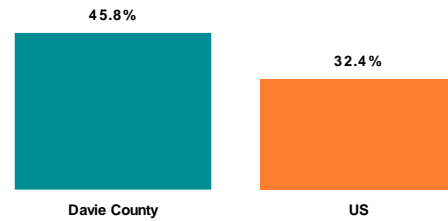
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

The following chart reflects the percentage of adults in Davie County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Exhibit One or More Cardiovascular Risks or Behaviors
(Davie County, 2024)

91.6%   87.8%

Davie County   **US**

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
           ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
           ● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Note key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease & Stroke
as a Problem in the Community
(Among Key Informants; Davie County, 2024)

▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

9.1%	90.9%

Sources: ●   2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Co-Occurrences

> Our population, with significant DM-2, hyperlipidemia, and hypertension, has significant prevalence of heart disease. – Physician

Cancer

About Cancer

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

The chart below illustrates age-adjusted cancer mortality (all types) in Davie County.

Cancer: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower
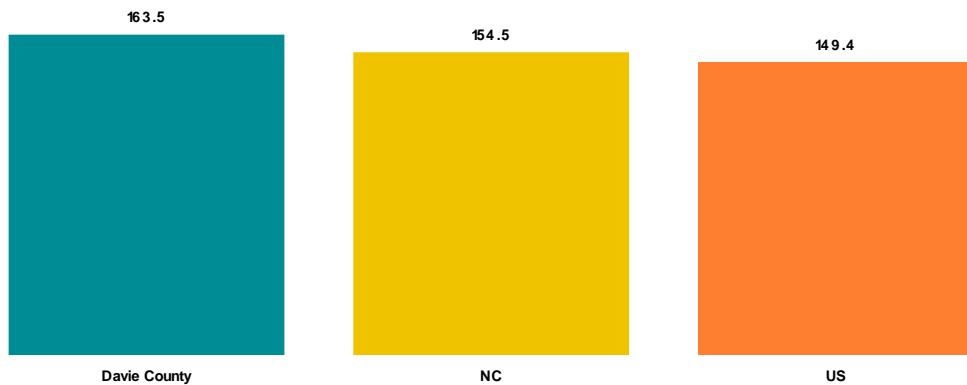
Davie County	NC	US
163.5	154.5	149.4

Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Diagnoses

The following chart outlines the numbers of cases of cancer diagnosed between 2015 and 2020 in Davie County for selected cancer sites.

Cancer Diagnoses by Site
(2015-2020)

■ Davie County

	Davie County
All Sites	1,485
Lung Cancer	230
Invasive Breast Cancer	215
Prostate Cancer	140
Colorectal Cancer	120
Non-Invasive Breast Cancer	40
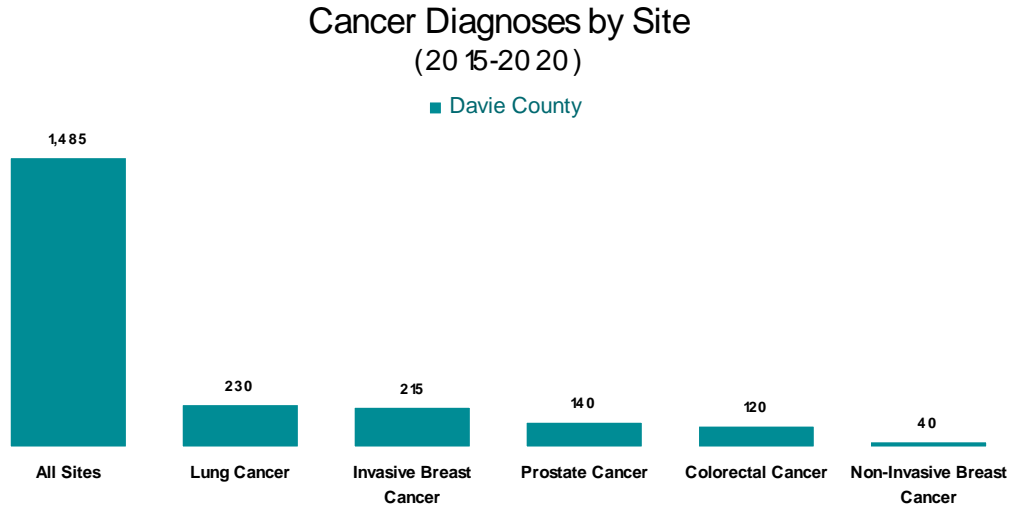
Sources: ● State Cancer Profiles, National Cancer Institute (NCI). Retrieved May 2024 via Metopio.
Notes: ● This indicator reports the 2015-2020 number of diagnosed cases of cancers by selected sites.

Prevalence of Cancer

PRC Survey ▶ "Have you ever suffered from or been diagnosed with cancer?"

Prevalence of Cancer

Davie County	NC	US
16.6%	12.1%	7.4%
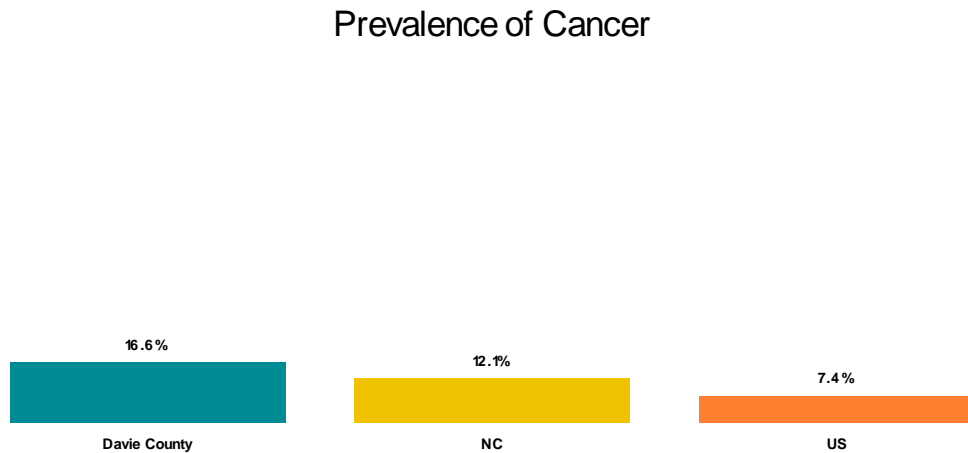
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Cancer

Note key informants' perceptions of the severity of *Cancer* as a problem in the community:

Perceptions of Cancer as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

36.4%	63.6%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Numerous Davie County residents have varying forms of cancer. It seems difficult to find someone who has not been affected by cancer, either themselves or a family member or friend. – Health Provider

> It seems that the number of people presenting with cancer has increased and it is touching more younger folks. – Community Leader

> We constantly hear of community members who have been diagnosed with one form of cancer or another. I do not know what the actual numbers are, however. – Community Leader

Affordable Care/Services

> Cancer is a feared outcome of many patient symptoms, by the patients, and due to financial limitations, access to testing and specialists is limited. – Physician

Respiratory Disease

About Respiratory Disease

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

- Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

Lung Disease: Age-Adjusted Mortality
(2015-2020 Annual Average Deaths per 100,000 Population)
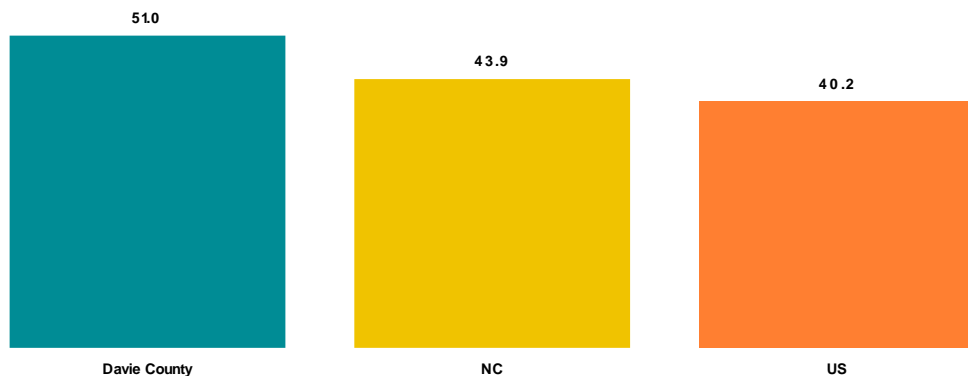
Davie County	NC	US
51.0	43.9	40.2

Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

Pneumonia/Influenza: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
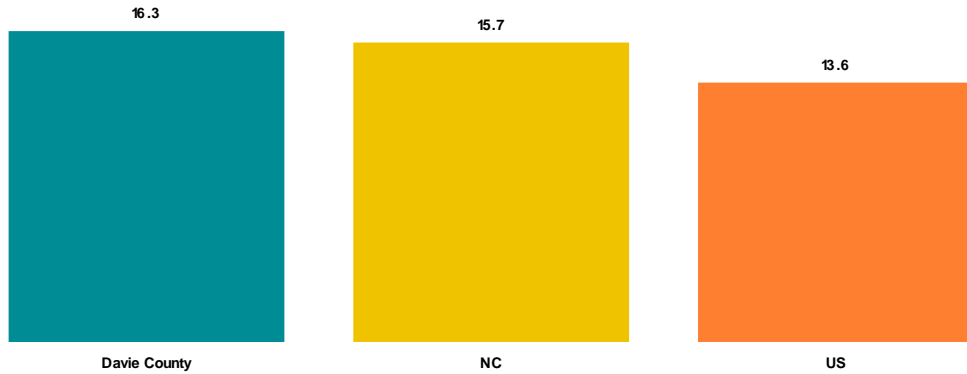
Davie County	NC	US
16.3	15.7	13.6

Sources: ● National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

PRC Survey ▶ **"Do you currently have asthma?"**

Prevalence of Asthma

Davie County	NC	US
13.1%	9.2%	17.9%
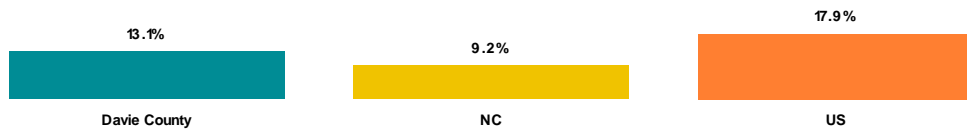
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Chronic Obstructive Pulmonary Disease (COPD)

PRC Survey ► **"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"**

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

15.7%	7.6%	11.0%
Davie County	NC	US
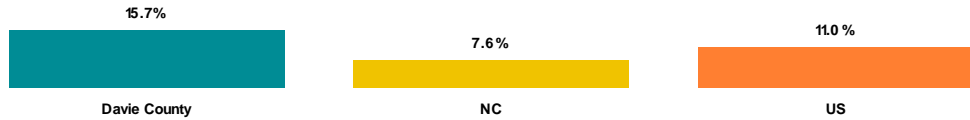
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Note key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

45.5%	54.5%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Injury & Violence

About Injury & Violence

INJURY ▶ In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ▶ Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

— Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

Unintentional Injuries: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
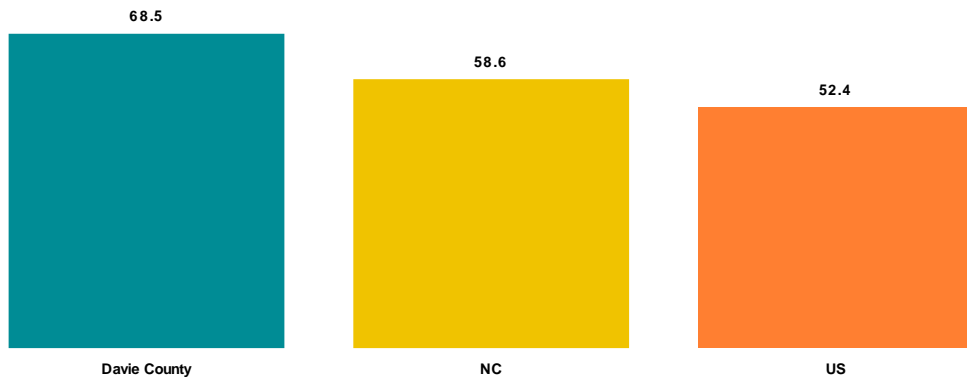
Davie County	NC	US
68.5	58.6	52.4

Sources: ● National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Violent Crime Experience

PRC Survey ▶ **"Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?"**

Victim of a Violent Crime in the Past Five Years
(Davie County, 2024)

5.0%	**7.0%**
Davie County	US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
          ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Intimate Partner Violence

PRC Survey ▶ **"The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"**

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

18.8%	**20.3%**
Davie County	US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
          ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

Note key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

63.6%	36.4%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Diabetes

About Diabetes

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

Diabetes: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
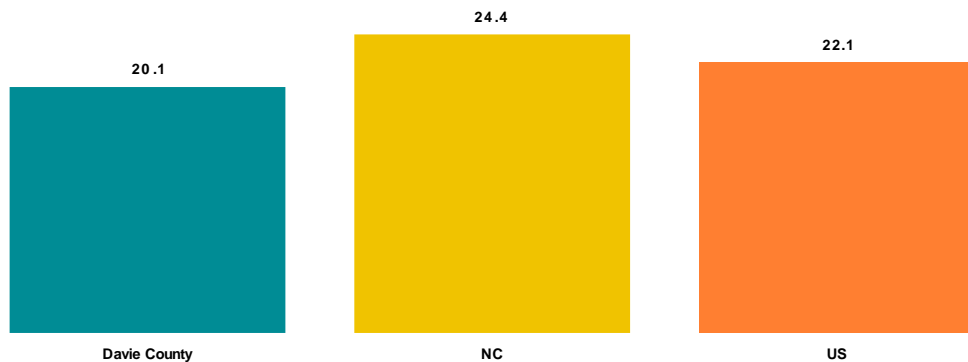
	Davie County	NC	US
	20.1	24.4	22.1

Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Diabetes

PRC Survey ▶ **"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?"**

PRC Survey ▶ **"Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?"**

Prevalence of Diabetes

Another 11.7% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Davie County	NC	US
12.1%	12.1%	12.8%
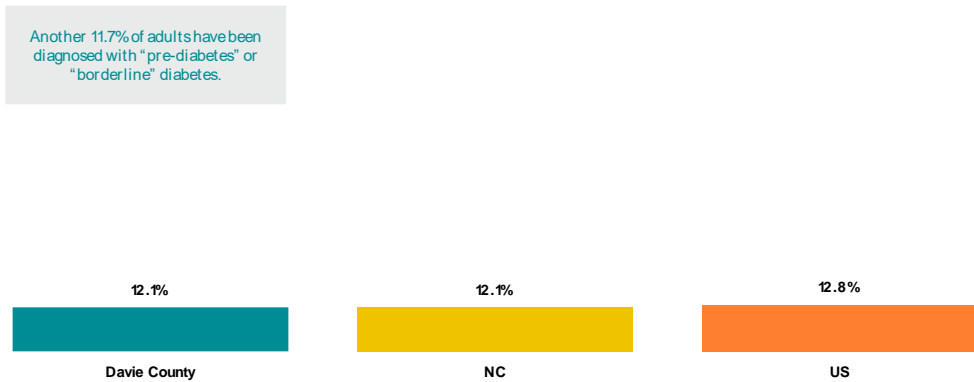
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

Diabetes is a leading cause of kidney disease. The following chart shows the local age-adjusted kidney disease mortality rate.

Kidney Disease: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
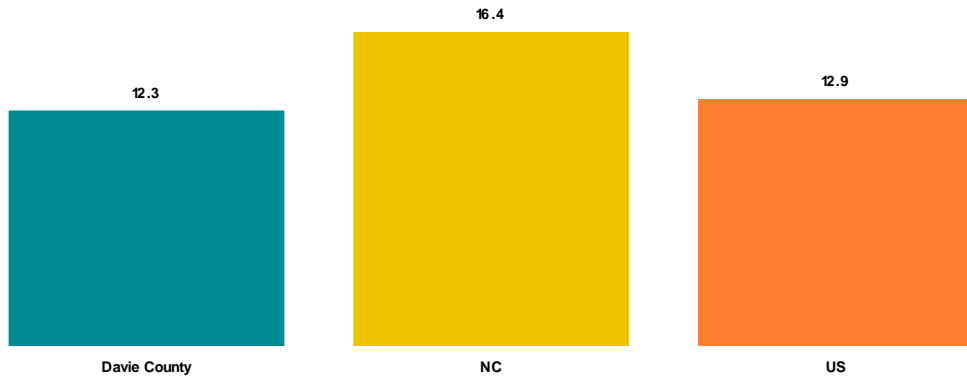
|		
12.3	16.4	12.9
Davie County	NC	US

Sources: ● National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

Note key informants' perceptions of the severity of *Diabetes* as a problem in the community:

Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; Davie County, 2024)
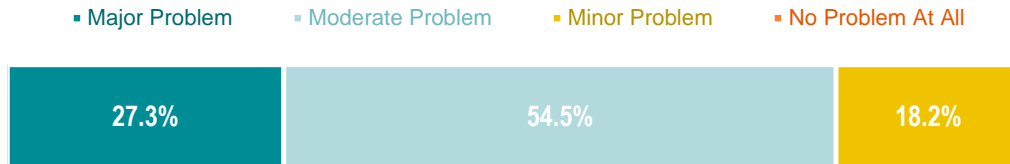
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

27.3%	54.5%	18.2%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

> The biggest challenge I see is eating habits. Soft drinks and sweet tea seem to be deadly. – Community Leader

Awareness/Education

> Lack of knowledge regarding the disease and treatment. High cost of many medications, including various forms of insulin. Cost of testing supplies. Lack of diabetic educators in the county. – Health Provider

Vulnerable Populations

> Our large undocumented Hispanic populations of patients, 55% of what we see, has a high prevalence of DM-2. – Physician

Disabling Conditions

Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Number of Chronic Conditions
(Davie County, 2024)

- None — 11.2%
- One — 20.3%
- Two — 16.8%
- Three/More — 51.7%
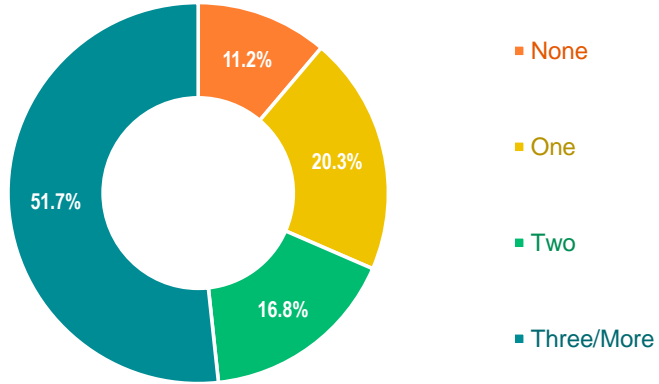
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

Have Three or More Chronic Conditions
(Davie County, 2024)

Davie County	US
51.7%	38.0%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

About Disability & Health

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

   — Healthy People 2030 (https://health.gov/healthypeople)

PRC Survey ► **"Are you limited in any way in any activities because of physical, mental, or emotional problems?"**

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem

Davie County	US
29.2%	27.5%

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
          • 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

High-Impact Chronic Pain

PRC Survey ▶ **"Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?" (Reported here among those responding "most days" or "every day.")**

Experience High-Impact Chronic Pain
(Davie County, 2024)
Healthy People 2030 = 6.4% or Lower

21.4%	19.6%
Davie County	US

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

About Dementia

Alzheimer's disease is the most common cause of dementia... . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

Alzheimer's Disease: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
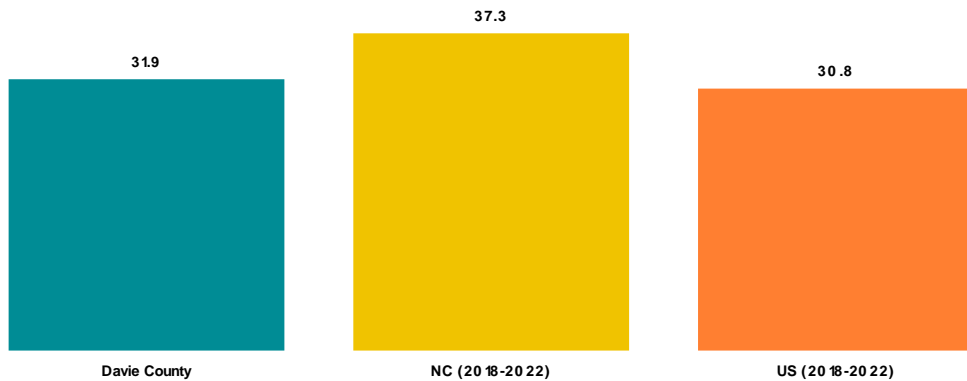
Davie County	NC (2018-2022)	US (2018-2022)
31.9	37.3	30.8

Sources: ● National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Caregiving

PRC Survey ▶ **"People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"**

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability

Davie County	US
31.1%	22.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 85]
● 2023 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

Note key informants' perceptions of the severity of *Disabling Conditions* as a problem in the community:

Perceptions of Disabling Conditions
as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 18.2% | 63.6% | 18.2% |
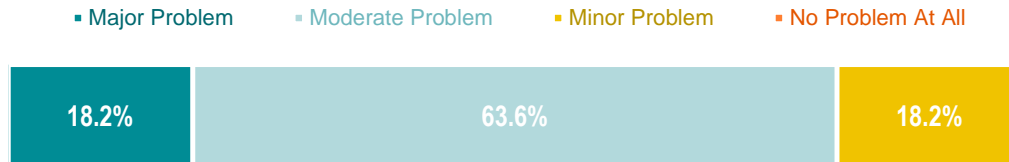
Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Dementia/Alzheimer's disease are major problems for the county. So many people have these disorders and there are few resources to help families cope with all of the changes that go along with it. Family members/friends/neighbors/ etc. take time out of their workday (leads to decreased productivity, increased absent days from work) or their hobbies to provide care for those affected. Medicaid is the only insurance that will cover the cost of an in-home aid, and many people are unaware of this and fail to prepare financially to cover the cost out of pocket. Many are left with the decision to place their loved one in a facility, but those are limited and understaffed. Some choose to keep their loved ones at home, with limited support available for those doing so. There are some respite services available, but again, they are limited. If insurance companies would cover the cost of in-home aid, I believe it would help improve patient/family members' lives as well as save money. – Health Provider

Transportation

> There are many families who live in remote parts of Davie County, such as Cooleemee, who have limited resources to include transportation, to travel back to Mocksville or Clemmons for some care needs. – Community Leader

Births

About Infant Health

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

— Healthy People 2030 (https://health.gov/healthypeople)

Birth Rate

Note the birth rate in Davie County, compared to the state and nation.

Here, birth rate include births to women age 15 to 50 years old, expressed as a rate per 1,000 female population in this age cohort.

Birth Rate
(Births per 1,000 Females Age 15-50, 2018-2022)

Davie County	NC	US
45.0	50.4	51.6
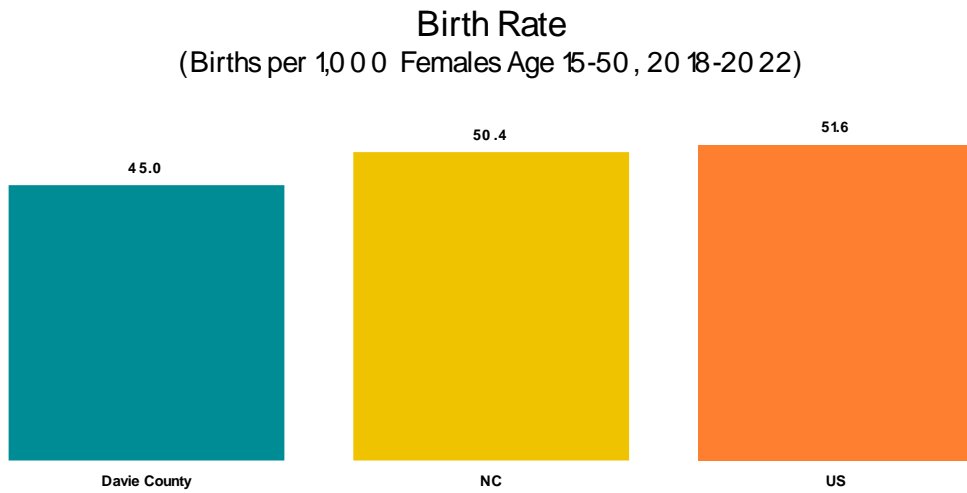
Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2018)
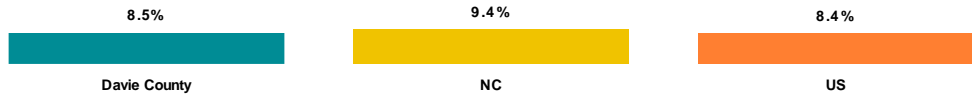
8.5%	9.4%	8.4%
Davie County	NC	US

Sources: ● National Vital Statistics System-Natality (NVSS-N), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g).
● State and US percentages represent 2018-2022 data.

Key Informant Input: Infant Health & Family Planning

Note key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:

Perceptions of Infant Health & Family Planning
as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

63.6%	36.4%
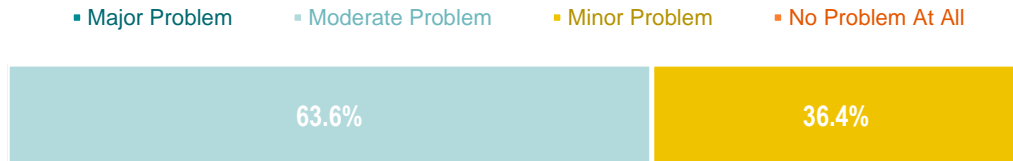
Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Modifiable Health Risks

Nutrition

About Nutrition & Healthy Eating

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— Healthy People 2030 (https://health.gov/healthypeople)

Access to Fresh Produce

PRC Survey ▶ **"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"**

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Davie County, 2024)

| Davie County	US
23.0%	30.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Low Food Access

Low food access is defined as living more than one-half mile from the nearest supermarket, supercenter, or large grocery store for those living in urban areas (or >10 miles for those in rural areas). This related chart is based on US Department of Agriculture data.

Population With Low Food Access
(2019)

Davie County	NC	US
40.1%	47.1%	50.2%
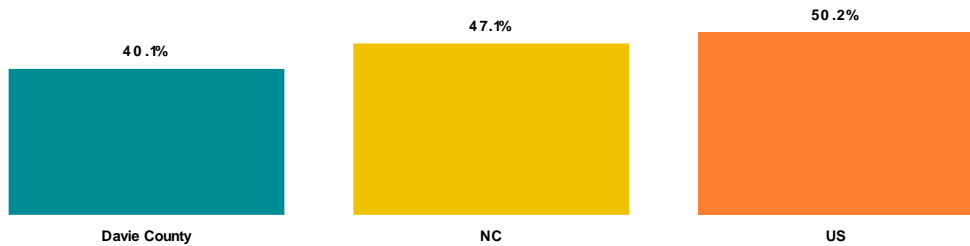
Sources: ● Food Access Research Atlas, US Department of Agriculture (USDA) - Economic Research Service. Retrieved May 2024 via Metopio.
Notes: ● Low food access is defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.

Physical Activity

About Physical Activity

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

— Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

PRC Survey ▶ **"During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"**

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

	32.4%	23.1%	30.2%
	Davie County	NC	US
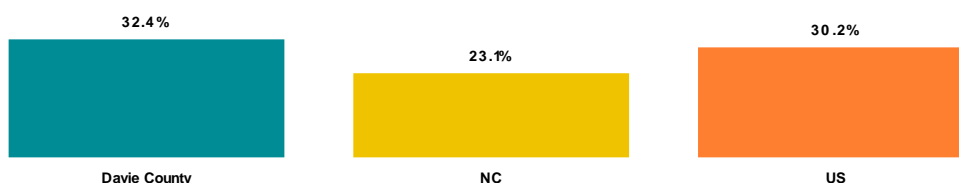
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Meeting Physical Activity Recommendations

Adults: Recommended Levels of Physical Activity

"Meeting physical activity recommendations" includes adequate levels of <u>both</u> aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;

- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

To measure physical activity frequency, duration and intensity, respondents were asked:

PRC Survey ▶ **"During the past month, what type of physical activity or exercise did you spend the most time doing?"**

PRC Survey ▶ **"And during the past month, how many times per week or per month did you take part in this activity?"**

PRC Survey ▶ **"And when you took part in this activity, for how many minutes or hours did you usually keep at it?"**

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

Percentages below represent the proportion of adults meeting physical activity recommendations based on the above guidelines.

Meets Physical Activity Recommendations
(Davie County, 2024)
Healthy People 2030 = 29.7% or Higher

Davie County	NC	US
27.0%	21.6%	30.3%
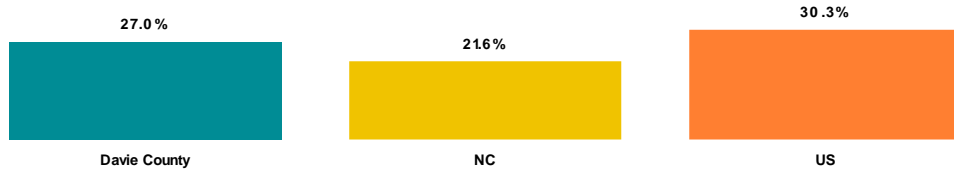
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) _and_ who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Weight Status

About Overweight & Obesity

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

— Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq$30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq$30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq$30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

PRC Survey ▶ **"About how much do you weigh without shoes?"**

PRC Survey ▶ **"About how tall are you without shoes?"**

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)
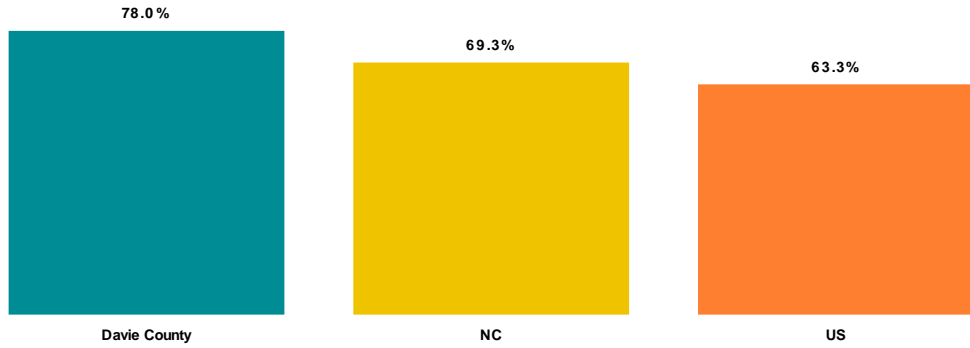
Davie County	NC	US
78.0%	69.3%	63.3%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0,.
  The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower
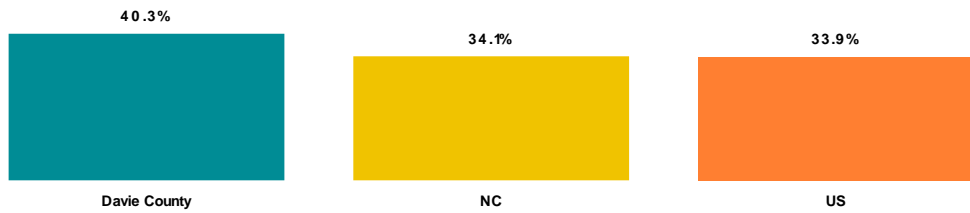
Davie County	NC	US
40.3%	34.1%	33.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Key Informant Input: Nutrition, Physical Activity & Weight

Note key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

18.2%	63.6%	18.2%
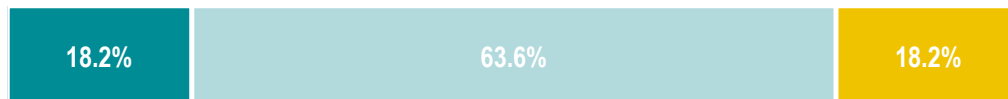
Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Our patient population has a poor understanding of the importance of nutrition, physical activity and weight management. – Physician

> In my opinion, our community needs a county-wide education program that teaches about nutrition and the consequences of not eating a healthy diet. The program should also encourage the community to get moving, similar to what Healthy Davie did in offering the Billion Step Challenge. – Community Leader

Substance Use

About Drug & Alcohol Use

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

— Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Age-Adjusted Alcohol-Induced Deaths

The following outlines age-adjusted, alcohol-induced mortality in the area.

Alcohol-Induced Deaths: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
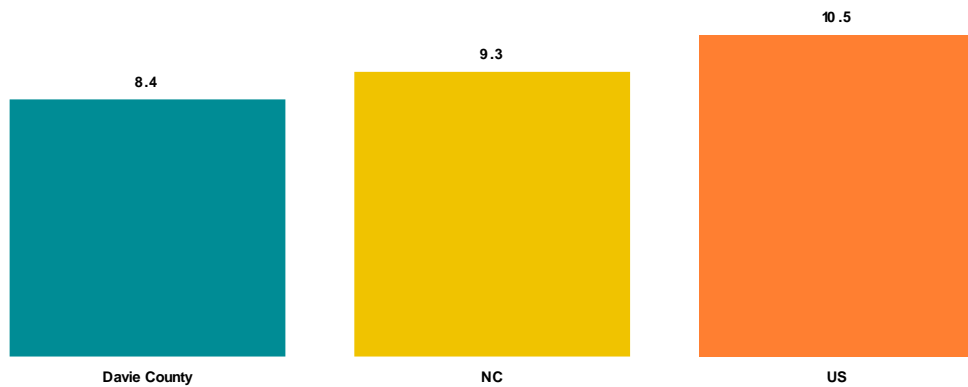
	Davie County	NC	US
	8.4	9.3	10.5

Sources: ● National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

PRC Survey ► **"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"**

PRC Survey ► **"On the day(s) when you drank, about how many drinks did you have on average?"**

PRC Survey ► **"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?"**

> Excessive drinking includes heavy and/or binge drinkers:
>
> - Heavy Drinking ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
>
> - Binge Drinking ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Engage in Excessive Drinking

Davie County	NC	US
18.3%	17.9%	34.3%
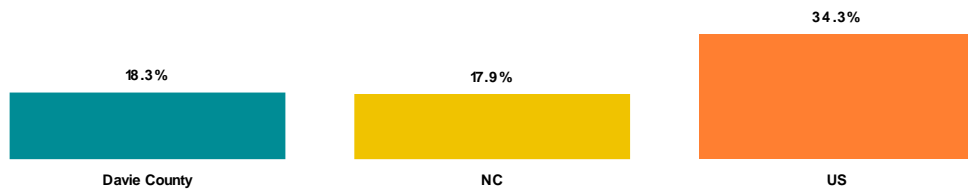
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

Age-Adjusted Drug Overdose Deaths

Data below present local age-adjusted mortality for drug overdose deaths. Drug overdose deaths include deaths due to drug poisoning (such as overdose), whether accidental or intentional. Increases during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here.

Drug Overdose Deaths: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
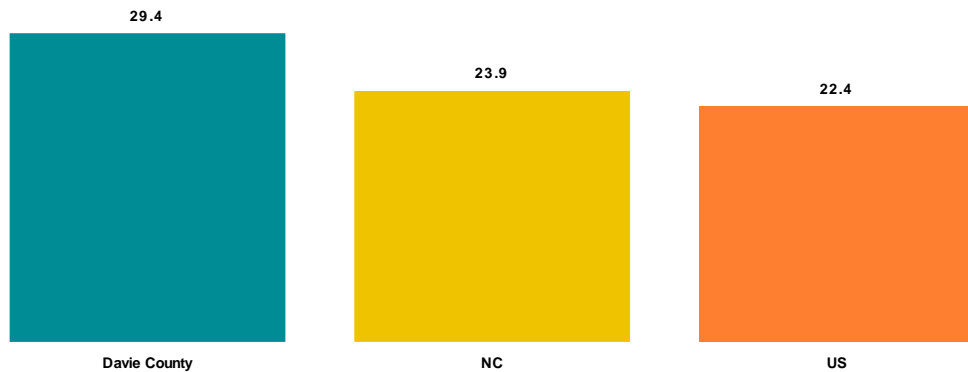
Davie County	NC	US
29.4	23.9	22.4

Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here.

Illicit Drug Use

PRC Survey ► **"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"**

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Davie County	US
8.7%	8.4%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

PRC Survey ▶ **"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"**

Used a Prescription Opioid in the Past Year
(Davie County, 2024)

16.9%	15.1%
Davie County	**US**

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
            • 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

PRC Survey ▶ **"To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"**

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Davie County, 2024)

Davie County	US
47.4%	45.4%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Note key informants' perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem
36.4%	63.6%

Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Availability of resources. – Health Provider

Access to resources and prevention or treatment programs in the area. – Public Health Representative

Lack of treatment options and facilities, long waitlists for care. – Community Leader

Incidence/Prevalence

Our patient population has significant problems with substance abuse. – Physician

Tobacco Use

About Tobacco Use

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

— Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

PRC Survey ▶ **"Do you currently smoke cigarettes every day, some days, or not at all?" ("Currently Smoke Cigarettes" includes those smoking "every day" or on "some days.")**

Prevalence of Cigarette Smoking
(Davie County, 2024)

- Every Day: 16.9%
- Some Days: 7.9%
- Not At All: 75.2%
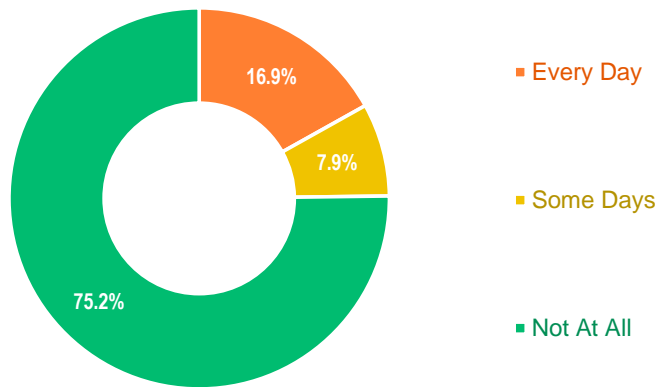
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

24.8%	14.5%	23.9%
Davie County	NC	US

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
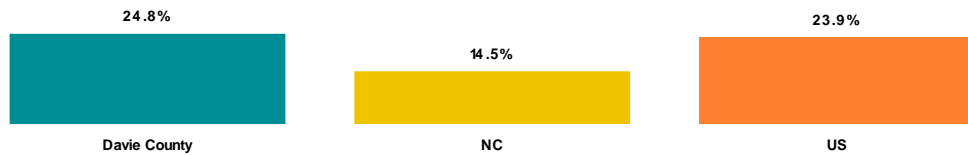- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

PRC Survey ▶ **"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?"**

The following chart details these responses among the total sample of respondents.

Member of Household Smokes at Home

25.0%

17.7%

- Davie County
- US
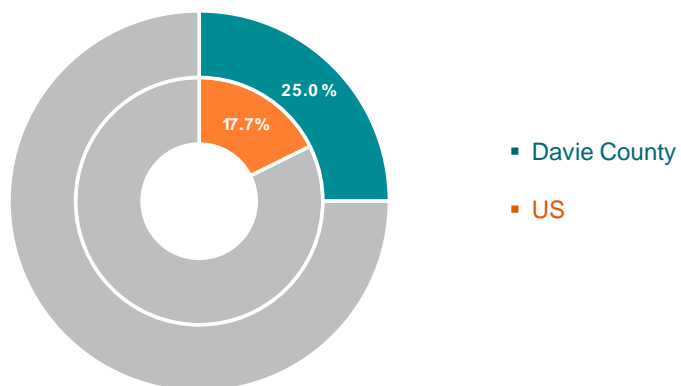
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 35]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

PRC Survey ▶ **"Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?"**

("Currently Use Vaping Products" includes use "every day" or on "some days.")

Currently Use Vaping Products
(Davie County, 2024)

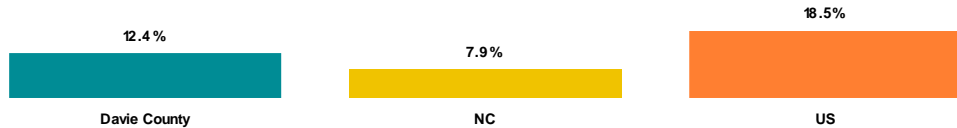| Davie County	NC	US
12.4%	7.9%	18.5%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

Note key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Davie County, 2024)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

Major Problem	Moderate Problem	Minor Problem
18.2%	45.5%	36.4%

Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Prevalence and availability. – Community Leader

> A large portion of our patients smoke tobacco, or previously smoked. – Physician

Sexual Health

About HIV & Sexually Transmitted Infections

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

— Healthy People 2030 (https://health.gov/healthypeople)

Sexually Transmitted Infections (STIs)

Chlamydia

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2021)

Legend: ■ Davie County ■ NC ■ US

Chlamydia: Davie County 300.9, NC 603.3, US 495.5
Gonorrhea: Davie County 64.3, NC 271.2, US 214.0
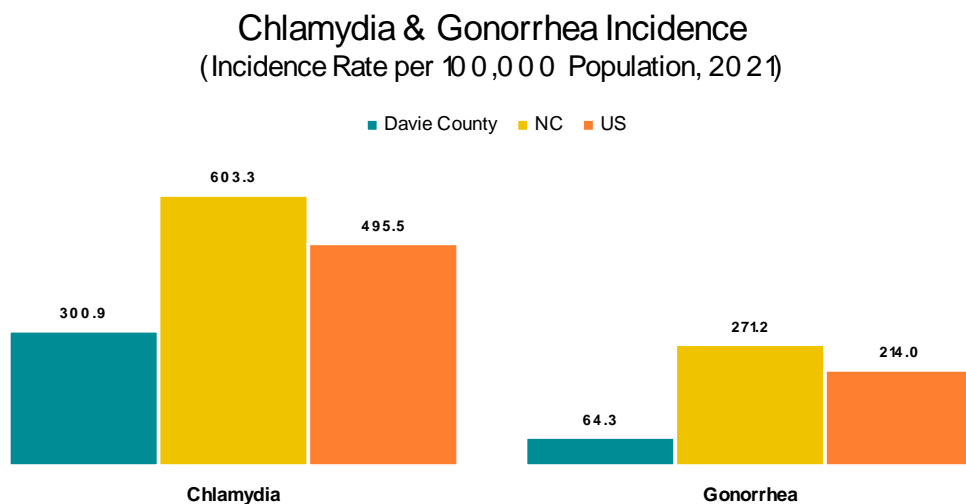
Sources: • National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Note key informants' perceptions of the severity of *Sexual Health* as a problem in the community:

Perceptions of Sexual Health as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

45.5%	54.5%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Access to Health Care

About Health Care Access

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC Survey ▶ **"Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?"**

PRC Survey ▶ **"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?"**

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

Davie County	NC	US
4.9%	12.7%	8.1%
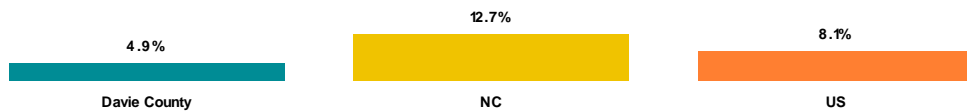
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC Survey ► "Was there a time in the past 12 months when you needed medical care but had **difficulty finding a doctor**?"

PRC Survey ► "Was there a time in the past 12 months when you had **difficulty getting an appointment** to see a doctor?"

PRC Survey ► "Was there a time in the past 12 months when you needed to see a doctor but could not because of the **cost**?"

PRC Survey ► "Was there a time in the past 12 months when a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?"

PRC Survey ► "Was there a time in the past 12 months when you were not able to see a doctor because the **office hours were not convenient**?"

PRC Survey ► "Was there a time in the past 12 months when you needed a **prescription medicine** but did not get it because you could not afford it?"
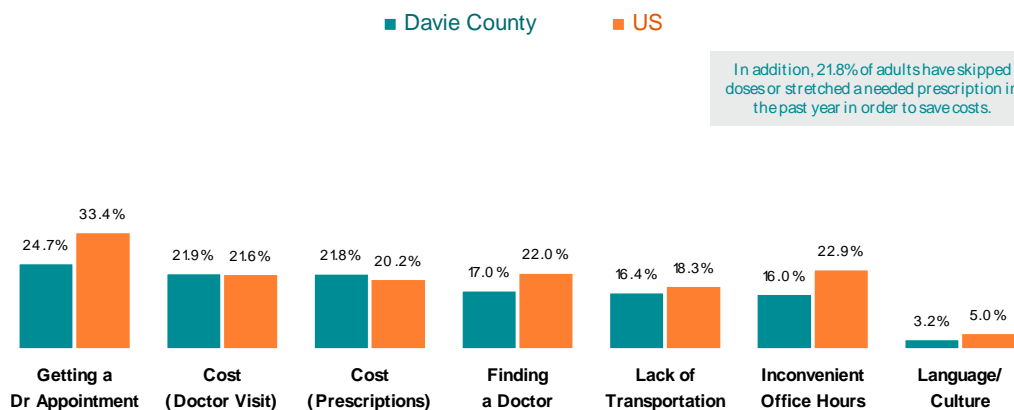
PRC Survey ► "Was there a time in the past 12 months when you were not able to see a doctor due to **language or cultural differences**?"

Also:

PRC Survey ► "Was there a time in the past 12 months when you **skipped doses** or took smaller doses in order to make your prescriptions last longer and save costs?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Davie County ■ US

In addition, 21.8% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

	Davie County	US
Getting a Dr Appointment	24.7%	33.4%
Cost (Doctor Visit)	21.9%	21.6%
Cost (Prescriptions)	21.8%	20.2%
Finding a Doctor	17.0%	22.0%
Lack of Transportation	16.4%	18.3%
Inconvenient Office Hours	16.0%	22.9%
Language/ Culture	3.2%	5.0%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

The following chart reflects the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year


47.4% Davie County

52.5% US

Key Informant Input: Access to Health Care Services

Note key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Davie County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 9.1% | 54.5% | 27.3% | 9.1% |
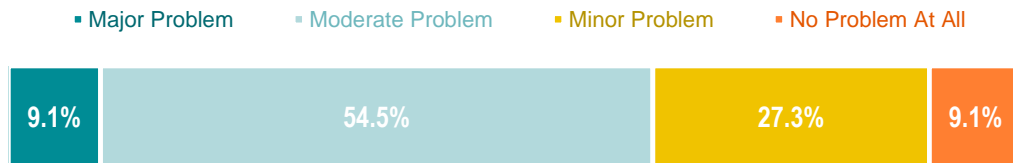
Among those rating this issue as a "major problem," reasons related to the following:

Vulnerable Populations

The majority of undocumented (adult) patients have no access to health care except A Storehouse for Jesus for routine care, and Health Care Access for specialty care, hospitalization. Medicaid has expanded, and that helps a specified demographic, but those with an income just over the limit, and do not have health insurance through their employer are at risk. Another risk group are those who are not willing to comply with all the paperwork requirements to obtain Medicaid and maintain coverage. The health department helps with infants and children, but there are many that are unable to get the specialty care they need. – Physician

Access to Specialty Care

We wish we had better access to sleep specialists for CPAP fittings, gastroenterology for colon cancer screenings, and surgical ophthalmology. – Physician

Primary Care Services

About Preventive Care

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.
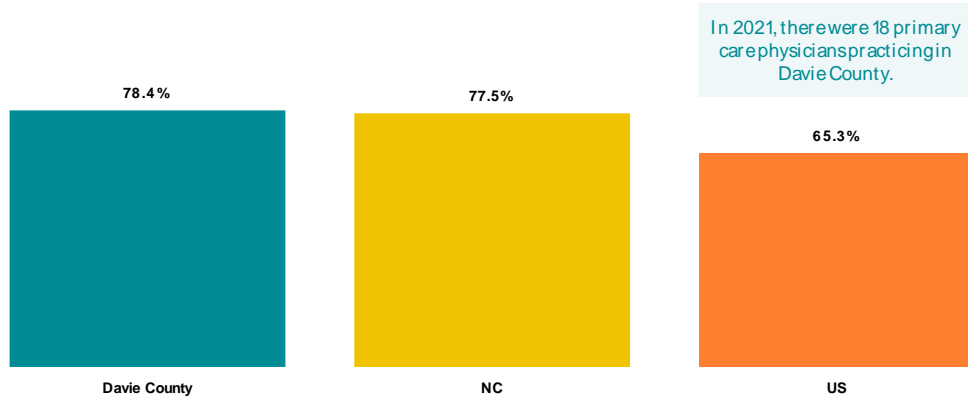
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (https://health.gov/healthypeople)

Utilization of Primary Care Services

PRC Survey ▶ **"A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?"**

Have Visited a Physician for a Checkup in the Past Year

In 2021, there were 18 primary care physicians practicing in Davie County.

	78.4%	77.5%	65.3%
	Davie County	NC	US

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Area Health Resources Files, Health Resources & Services Administration. Retrieved May 2024 via Metopio.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Primary care physician count includes the number of clinically active primary care physicians. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Note also the number of practicing primary care providers in Davie County. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. However, keep in mind that this indicator takes into account *only* primary care physicians; it does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Oral Health

About Oral Health

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

— Healthy People 2030 (https://health.gov/healthypeople)

Dental Care

PRC Survey ▶ **"About how long has it been since you last visited a dentist or a dental clinic for any reason?"**

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

Davie County	NC	US
62.5%	63.6%	56.5%
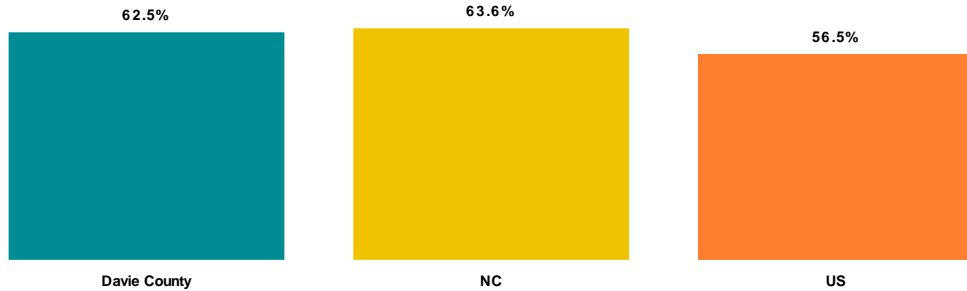
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Note key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community
(Among Key Informants; Davie County, 2024)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

63.6%	36.4%

Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Local Resources

Perceptions of Local Health Care Services

PRC Survey ► **"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"**

Perceive Local Health Care Services as "Fair/Poor"

26.4%	**11.5%**
Davie County	US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Resources Available
to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- A Store House For Jesus
- Advocate Health
- Davie County Medical Associates
- Health Care Access
- Kintegra Family Medicine

Cancer

- Advocate Health
- Cancer Services
- Health Care Access
- YMCA/YWCA

Diabetes

- A Store House For Jesus
- ASFJ
- Atrium Health Wake Forest Baptist Medical Center
- Davie County Health Department
- Doctor's Offices
- Health Care Access

Disabling Conditions

- Davie County Senior Services
- The Bridge

Heart Disease & Stroke

- ASFJ
- Health Care Access

Mental Health

- Advocate Health
- Atrium Health Wake Forest Baptist Medical Center
- Davie County Health Services
- Davie County Schools
- Davie County Senior Services
- Daymark
- Doctor's Offices
- Dragonfly House
- Healthcare
- Hospitals
- Kintegra Health
- Old Vineyard
- Partners Health Management
- School System

- Silver Linings for Seniors
- Southern Family Medicine

Nutrition, Physical Activity & Weight

- Davie County Health and Human Services
- Davie Medical Center
- Smart Start
- YMCA/YWCA

Social Determinants of Health

- A Store House For Jesus
- Family Promise of Davie County
- Second Harvest Food Bank
- Serving Our Neighbors
- YVEDDI

Substance Use

- Davie Medical Center
- Daymark
- Health Department
- Kintegra Behavioral Health
- Mental Health Providers
- Senior Services
- Southern Family Medicine

Tobacco Use

- Advocate Health

Appendix

Evaluation of Past Activities

<table>
<tr><td colspan="2" style="text-align:center">

Health Priority: Access to Care

</td></tr>
<tr><td colspan="2">

Strategy 1: Utilize traditional and non-traditional forms of transportation to assist in alleviating access barriers

</td></tr>
<tr><td>

Specific Interventions

1. Utilize available transportation opportunities to patients in need

2. Increase awareness of transportation options during patient scheduling and appointments

3. Provide education of community transportation resources at community events

</td><td>

Collaborative Partners

FaithHealth volunteers · "Last Mile" ministry · Mocksville circulator route and YVEDDI · Surge Transportation

</td></tr>
<tr><td colspan="2">

Results/Impact

A partnership formed between The Last Mile and FaithHealth to offer 176 transports to medical appoints within and outside of Atrium Health in 2023.

</td></tr>
<tr><td colspan="2">

Strategy 2: Provide drug use and drug prevention education and drug take back resources

</td></tr>
<tr><td>

Specific Interventions

1. Increase community awareness of drug take back locations

2. Increase community awareness of substance misuse through education

</td><td>

Collaborative Partners

Davie County Health Department · CareNet Counseling · Evexia Counseling (Cooleemee location) · Davie County Chamber of Commerce · Davie County United Way · The Bridge @ 197 Main

</td></tr>
<tr><td colspan="2">

Results/Impact

The results and impact were difficult to measure. The 38-gallon container is emptied every two months, but there is no way to accurately estimate the number of individuals assisted. It is, however, promoted through primary care offices and through Atrium Health Wake Forest Baptist promotional materials. For future work, focus on partnerships and education will be enhanced.

</td></tr>
<tr><td colspan="2">

Strategy 3: Engage in efforts to destigmatize mental health, encourage utilization of mental health resources, and promote resiliency within the community

</td></tr>
<tr><td>

Specific Interventions

1. Increase awareness of emotional regulation and resiliency

2. Promote local counseling services available to Davie County residents

3. Utilize peer support specialists or community health workers to identify barriers to support and encourage opportunities to engage community

</td><td>

Collaborative Partners

CareNet Counseling · Evexia Counseling · Daymark Human Services · FaithHealth · A Storehouse for Jesus · Partners LME/MCO

</td></tr>
</table>

Results/Impact

CareNet Counseling provided 948 counseling sessions equaling 870.60 hours of therapy to Davie County residents. CareNet Counseling also provided a community debriefing for 60 individuals and emotional regulation training for a faith community and volunteer fire department. Atrium Health participates in the Davie Community Collaborative to address mental wellness and FaithHealth partners with community health workers to support community members.

Strategy 4: Increase access to affordable care

Specific Interventions	Collaborative Partners
1. Expand FaithHealth footprint and connector caseloads	FaithHealth · A Storehouse for Jesus · CareNet Counseling · Davie County Health Department · Heart of a Champion program through sports medicine

Results/Impact

During 2022 and 2023, FaithHealth Connectors connected the health system and community, and served over 650 community members by providing 1,186 total caregiving encounters including 533 transportation encounters, 256 food encounters, 177 other encounters, 123 emotional support encounters, and 97 medication encounters. These encounters are actions devoted by the Connectors or their volunteers to reduce barriers to access, address social drivers of health, and improve holistic health and wellbeing through the support of communities including faith organizations.

Health Priority: Social Impact and Injustice

Strategy 1: Identify food-insecure community members

Specific Interventions	Collaborative Partners
1. Increase awareness of food pantries in Davie County and promotion of FindHelp as a resource 2. Educate front line workers about community resources to decrease access barriers to healthy foods 3. Automate community resource referrals through screening of emergency department patients	FaithHealth · A Storehouse for Jesus · Episcopal Church of the Ascension · The Bridge @ 197 Main · Davie High School Hunger fighters

Results/Impact

Davie Medical Center partnered with Davie Hunger Fighters to provide 40 Thanksgiving meals. FaithHealth connectors in Davie County helped 32 families in need of food assistance. FaithHealth partners with a local congregation who was awarded a food security grant to support area families in need.

Strategy 2: Identify housing insecurity

Specific Interventions	Collaborative Partners
1. Provide referrals to housing agencies within Davie County and promotion of FindHelp as a resource 2. Educate front line workers about community resources to decrease access barriers to safe/healthy housing	FaithHealth · Family Promise of Davie County · Hope Homes · Habitat for Humanity

Results/Impact

Davie Medical Center partnered with Habitat for Humanity and Family Promise of Davie County for two building projects to support local families. Additionally, FaithHealth connectors helped 168 clients needing support with housing security.

Final Report Approved: December 5, 2024

Health Priority: Chronic and Emerging Diseases

Strategy 1: Provide cancer prevention and education for early detection

Specific Interventions	Collaborative Partners
1. Increase after hours and weekend screening availability 2. Increase tobacco cessation awareness and program opportunities	The Bridge @ 197 Main · Davie County Health Department

Results/Impact

Davie Medical Center partnered with Atrium Health's Levine Cancer Institute's mobile lung screening program to offer quarterly low-dose CT screenings in Davie County. Information about smoking cessation was provided as well. Providers from Atrium Health, Novant Health, Kintegra Health and A Storehouse for Jesus offered education regarding this program and the referral criteria. The program screened 42 individuals, 16 of which were female and 25 uninsured. After-hours and weekend screenings did not increase due to staffing constraints.

Strategy 2: Provide heart disease prevention programs for early detection

Specific Interventions	Collaborative Partners
1. Increase offerings of blood pressure screenings 2. Increase number of BestHealth classes in Davie County promoting healthy eating and exercise	BestHealth · Davie County Health Department

Results/Impact

Due to significant changes within our health system and limitations due to COVID-19, we were unable to increase classes. However, a process was developed to coordinate early follow up appointments for A-Fib patients following emergency department visits. Our team offered blood pressure screenings at the Davie Senior Center Expo.