



# 2024 Community Health Needs Assessment

Davidson County, North Carolina

Sponsored by



Atrium Health Wake Forest Baptist Lexington Medical Center

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# 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 Davidson County, the service area of Atrium Health Wake Forest Baptist Lexington 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 Atrium Health Wake Forest Baptist Lexington 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.

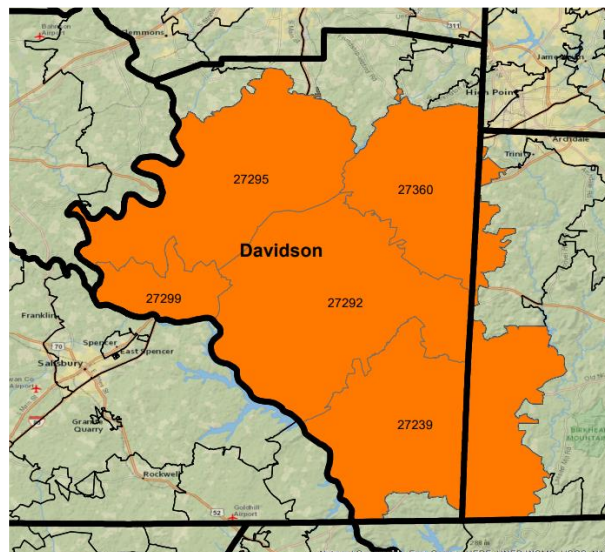
### PRC Community Health Survey

#### 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 Davidson 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 200 individuals age 18 and older in Davidson County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Davidson County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

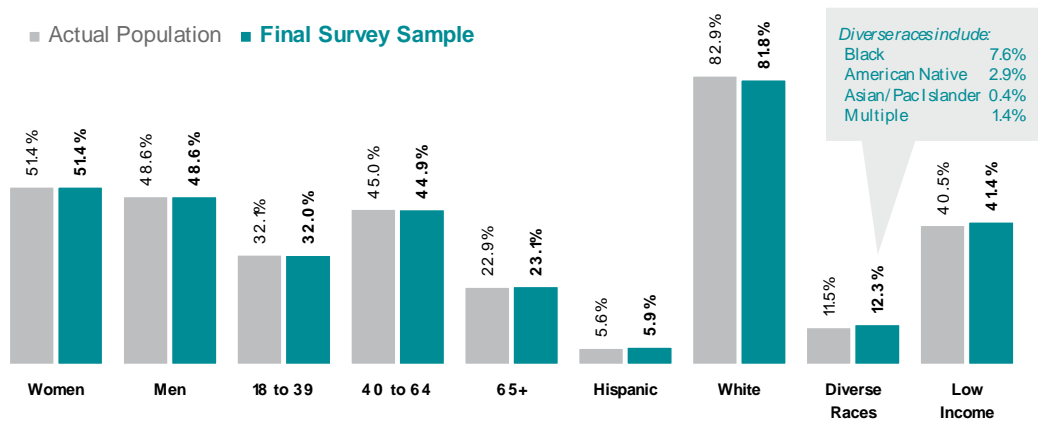
For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is  $\pm 6.9\%$  at the 95 percent confidence level.

## 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 Davidson 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; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

**Population & Survey Sample Characteristics**  
(Davidson County, 2024)



Sources: • USCensus 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 Atrium Health Wake Forest Baptist Lexington 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, 18 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	6
Other Health Providers	7
Social Services Providers	3
Other Community Leaders	1

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.

- Atrium Health Wake Forest Baptist Lexington Medical Center
- Davidson County Connect
- Davidson County First Hope Ministries
- Davidson County Health Department
- Davidson County Senior Services
- Davidson Medical Ministries Clinic
- FaithHealth
- Hospice of Davidson County
- Lexington Area Chamber of Commerce
- Lexington City Schools
- Path of Hope
- RHA Health Services
- St. Stephen UMC
- The Arc of Davidson County
- The Life Center of Davidson County
- United Way of Davidson County



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 Davidson 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-Nativity (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

Atrium Health Wake Forest Baptist Lexington 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, Atrium Health Wake Forest Baptist Lexington 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. Atrium Health Wake Forest Baptist Lexington Medical Center 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
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility		4
<b>Part V Section B Line 3b</b> Demographics of the community		25
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		105
<b>Part V Section B Line 3d</b> How data was obtained		4
<b>Part V Section B Line 3e</b> The significant health needs of the community		10
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs		11
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests		6
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		110



# 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	
Cancer	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> </ul>
Diabetes	<ul style="list-style-type: none"> <li>▪ Diabetes Deaths</li> <li>▪ Kidney Disease Deaths</li> <li>▪ Key Informants: <i>Diabetes</i> ranked as a top concern.</li> </ul>
Disabling Conditions	<ul style="list-style-type: none"> <li>▪ Multiple Chronic Conditions</li> <li>▪ Activity Limitations</li> <li>▪ High-Impact Chronic Pain</li> <li>▪ Alzheimer’s Disease Deaths</li> </ul>
Heart Disease & Stroke	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Stroke Deaths</li> <li>▪ High Blood Pressure Prevalence</li> <li>▪ Overall Cardiovascular Risk</li> </ul>
Housing	<ul style="list-style-type: none"> <li>▪ Key Informants: <i>Social Determinants of Health (especially Housing)</i> ranked as a top concern.</li> </ul>
Infant Health & Family Planning	<ul style="list-style-type: none"> <li>▪ Low-Weight Births</li> </ul>
Injury & Violence	<ul style="list-style-type: none"> <li>▪ Unintentional Injury Deaths                             <ul style="list-style-type: none"> <li>– Including Motor Vehicle Crash Deaths</li> </ul> </li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>▪ Diagnosed Depression</li> <li>▪ Suicide Deaths</li> <li>▪ Key Informants: <i>Mental Health</i> ranked as a top concern.</li> </ul>

— continued on the following page —



Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> <li>Leisure-Time Physical Activity</li> <li>Overweight &amp; Obesity</li> </ul>
Respiratory Disease	<ul style="list-style-type: none"> <li>Lung Disease Deaths</li> <li>Pneumonia/Influenza Deaths</li> <li>Asthma Prevalence [Adults]</li> <li>Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> </ul>
Sexual Health	<ul style="list-style-type: none"> <li>Gonorrhea Incidence</li> </ul>
Substance Use	<ul style="list-style-type: none"> <li>Drug Overdose Deaths</li> <li>Key Informants: <i>Substance Use</i> ranked as a top concern.</li> </ul>
Tobacco Use	<ul style="list-style-type: none"> <li>Cigarette Smoking</li> <li>Cigarette Smoking in the Home</li> <li>Use of Vaping Products</li> <li>Key Informants: <i>Tobacco Use</i> ranked as a top concern.</li> </ul>

### 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. Substance Use
3. Tobacco Use
4. Diabetes
5. Heart Disease & Stroke
6. Nutrition, Physical Activity & Weight
7. Injury & Violence
8. Infant Health & Family Planning
9. Sexual Health
10. Cancer
11. Disabling Conditions
12. Respiratory Disease

It is also important to note that [Social Determinants of Health](#) are a cross-cutting issue that impact all of the above and also ranked highly among key informants’ concerns.



## Hospital Implementation Strategy

Atrium Health Wake Forest Baptist Lexington 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, Davidson County results are shown in the larger, teal column.
- The columns to the right of the Davidson County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Davidson 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	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Population in Poverty (Percent)	12.3	12.8	12.6	<b>h</b> 8.0
High School Graduates (Age 25+, Percent)	86.7	90.2	89.6	
Unemployment Rate (Age 16+, Percent)	4.3	3.8	4.3	
% Unable to Pay Cash for a \$400 Emergency Expense	37.4		34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	37.2		<b>B</b> 45.8	
% Unhealthy/Unsafe Housing Conditions	15.2		16.4	
% Went Without Utilities in the Past Year	14.8			
Population With Low Food Access (Percent)	41.1	47.1	<b>B</b> 50.2	
% Food Insecure	34.7		<b>B</b> 43.3	
		<b>B</b>		<b>h</b>
		better	similar	worse








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






% "Fair/Poor" Overall Health	25.0	<b>h</b>	<b>h</b>	
		18.5	15.7	
		<b>B</b>		<b>h</b>
		better	similar	worse







Access to Health Care	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	8.8	 12.7	 8.1	 7.6
% Difficulty Accessing Health Care in Past Year (Composite)	46.8		 52.5	
% Cost Prevented Physician Visit in Past Year	18.4	<b>h</b> 11.9	 21.6	
% Cost Prevented Getting Prescription in Past Year	16.0		 20.2	
% Difficulty Getting Appointment in Past Year	30.5		 33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.3		<b>B</b> 22.9	
% Difficulty Finding Physician in Past Year	13.9		<b>B</b> 22.0	
% Transportation Hindered Dr Visit in Past Year	14.4		 18.3	
% Language/Culture Prevented Care in Past Year	1.9		<b>B</b>	

			5.0	
% Stretched Prescription to Save Cost in Past Year	14.5			
			19.4	
% Difficulty Getting Child's Health Care in Past Year	6.8			
			11.1	
% Have a Specific Source of Ongoing Care	73.7			<b>h</b>
			69.9	84.0
% Routine Checkup in Past Year	71.0	<b>h</b>		
		77.5	65.3	
% [Child 0-17] Routine Checkup in Past Year	93.2		<b>B</b>	
			77.5	
% Two or More ER Visits in Past Year	15.0			
			15.6	
% Rate Local Health Care "Fair/Poor"	12.6			
			11.5	

**B**  **h**  
 better similar worse

Cancer	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Cancer Deaths per 100,000 (Age-Adjusted)	175.7			<b>h</b>
		154.5	149.4	122.7
% Cancer	11.8			
		12.1	7.4	
% [Women 50-74] Breast Cancer Screening	77.3			
		79.1	64.0	80.5

% [Women 21-65] Cervical Cancer Screening	70.7		 75.4	<b>h</b> 84.3
% [Age 50-75] Colorectal Cancer Screening	79.3	 73.2	 71.5	 74.4
		<b>B</b>		<b>h</b>
		better	similar	worse

Diabetes	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Diabetes Deaths per 100,000 (Age-Adjusted)	26.5	 24.4	<b>h</b> 22.1	
% Diabetes/High Blood Sugar	16.4	 12.1	 12.8	
% Borderline/Pre-Diabetes	13.1		 15.0	
Kidney Disease Deaths per 100,000 (Age-Adjusted)	18.0	 16.4	<b>h</b> 12.9	
		<b>B</b>		<b>h</b>
		better	similar	worse



Disabling Conditions	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030







% 3+ Chronic Conditions	47.6		<b>h</b> 38.0	
% Activity Limitations	36.9		<b>h</b> 27.5	
% High-Impact Chronic Pain	29.7		<b>h</b> 19.6	<b>h</b> 6.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	55.9	<b>h</b> 37.3	<b>h</b> 30.8	
% Caregiver to a Friend/Family Member	25.9		 22.8	

**B** **h**  
better similar worse

Heart Disease & Stroke	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Heart Disease Deaths per 100,000 (Age-Adjusted)	177.3	 156.2	 168.2	<b>h</b> 127.4
% Heart Disease	11.1	 7.1	 10.3	
Stroke Deaths per 100,000 (Age-Adjusted)	46.0	 42.6	<b>h</b> 37.6	<b>h</b> 33.4
% Stroke	4.2	 4.9	 5.4	
% High Blood Pressure	45.2	<b>h</b> 34.7	 40.4	 42.6

% High Cholesterol	39.6		 32.4	
% 1+ Cardiovascular Risk Factor	94.3		<b>h</b> 87.8	
		<b>B</b>		<b>h</b>
		better	similar	worse




Infant Health & Family Planning	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% (W18-50 With Past Pregnancy) Experienced Complications	67.1			
% (W18-50 With Past Pregnancy) 1+ Pregnancy Did Not Result in Live Birth	35.8			
Low Birthweight (Percent of Births)	10.2	 9.4	<b>h</b> 8.4	
Infant Deaths per 1,000 Births	6.0	 6.6	 5.7	<b>h</b> 5.0
		<b>B</b>		<b>h</b>
		better	similar	worse









Injury & Violence	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	74.5	<b>h</b> 58.6	<b>h</b> 52.4	<b>h</b> 43.2
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	17.9	<b>h</b> 14.5	<b>h</b> 11.5	<b>h</b> 10.1

Homicide Deaths per 100,000 (Age-Adjusted)	4.3	B 7.3	B 6.4	B 5.5
Violent Crimes per 100,000	137.9	B 405.1	B 380.7	
% Victim of Violent Crime in Past 5 Years	4.2		☁️ 7.0	
% Victim of Intimate Partner Violence	23.9		☁️ 20.3	




**B**      ☁️      **h**  
 better      similar      worse


Mental Health	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	27.0		☁️ 24.4	
% Diagnosed Depression	29.0	<b>h</b> 21.7	☁️ 30.8	
% Symptoms of Chronic Depression	40.7		☁️ 46.7	
% Typical Day Is "Extremely/Very" Stressful	20.4		☁️ 21.1	
Suicide Deaths per 100,000 (Age-Adjusted)	17.4	<b>h</b> 13.4	<b>h</b> 13.8	<b>h</b> 12.8

% Receiving Mental Health Treatment	23.4		 21.9	
% Unable to Get Mental Health Services in Past Year	9.4		 13.2	
		<b>B</b>		<b>h</b>
		better	similar	worse



Nutrition, Physical Activity & Weight	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	26.6		 30.0	
% No Leisure-Time Physical Activity	29.6	<b>h</b> 23.1	 30.2	<b>h</b> 21.8
% Meet Physical Activity Guidelines	26.9	 21.6	 30.3	 29.7
% [Child 2-17] Physically Active 1+ Hours per Day	37.2		 27.4	
% Overweight (BMI 25+)	72.6	 69.3	<b>h</b> 63.3	
% Obese (BMI 30+)	44.5	<b>h</b> 34.1	<b>h</b> 33.9	<b>h</b> 36.0
		<b>B</b>		<b>h</b>
		better	similar	worse

Oral Health	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% Have Dental Insurance	70.3		 	 







			72.7	75.0
% Dental Visit in Past Year	52.4	<b>h</b>		<b>B</b>
		63.6	56.5	45.0
% [Child 2-17] Dental Visit in Past Year	69.7			<b>B</b>
			77.8	45.0
		<b>B</b>		<b>h</b>
		better	similar	worse

		Davidson County vs. Benchmarks		
Respiratory Disease	Davidson County	vs. NC	vs. US	vs. HP2030
Lung Disease Deaths per 100,000 (Age-Adjusted)	61.9	<b>h</b>	<b>h</b>	
		43.9	40.2	
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	20.0	<b>h</b>	<b>h</b>	
		15.7	13.6	
% Asthma	19.2	<b>h</b>		
		9.2	17.9	
% [Child 0-17] Asthma	9.3			
			16.7	
% COPD (Lung Disease)	15.2	<b>h</b>		
		7.6	11.0	
		<b>B</b>		<b>h</b>
		better	similar	worse

		Davidson County vs. Benchmarks		
Sexual Health	Davidson County	vs. NC	vs. US	vs. HP2030
Chlamydia Incidence per 100,000	441.9	<b>B</b>		

		603.3	495.5	
Gonorrhea Incidence per 100,000	273.7		<b>h</b>	
		271.2	214.0	
		<b>B</b>		<b>h</b>
		better	similar	worse

Davidson County vs. Benchmarks

Substance Use	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	7.4	<b>B</b>	<b>B</b>	
		9.3	10.5	
% Excessive Drinking	15.1		<b>B</b>	
		17.9	34.3	
Drug Overdose Deaths per 100,000 (Age-Adjusted)	37.4	<b>h</b>	<b>h</b>	
		23.9	22.4	
% Used an Illicit Drug in Past Month	10.7			
			8.4	
% Used a Prescription Opioid in Past Year	17.1			
			15.1	
% Ever Sought Help for Alcohol or Drug Problem	7.6			
			6.8	
% Personally Impacted by Substance Use	40.0			
			45.4	
		<b>B</b>		<b>h</b>
		better	similar	worse

Davidson County vs. Benchmarks

Tobacco Use	Davidson County	Davidson County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030

% Smoke Cigarettes	27.7	h 14.5	☁️ 23.9	h 6.1
% Someone Smokes at Home	24.2		h 17.7	
% Use Vaping Products	20.4	h 7.9	☁️ 18.5	

**B**      ☁️      **h**  
 better      similar      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)

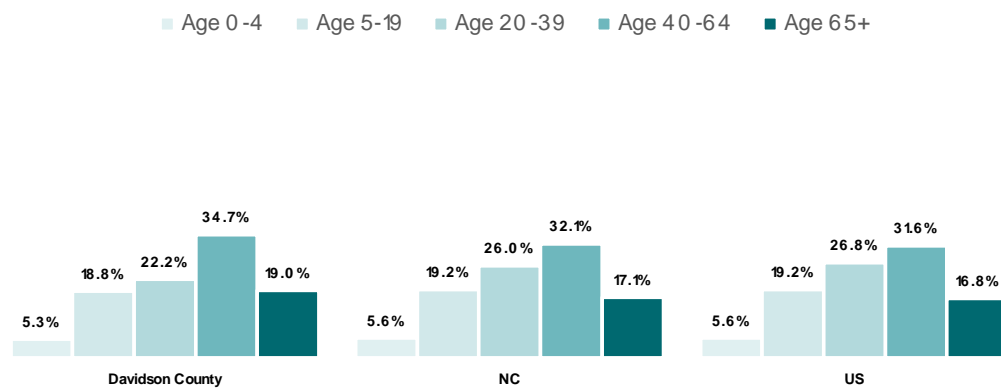
	Total Population	Population Density (per square mile)
<b>Davidson County</b>	<b>169,498</b>	<b>306.41</b>
North Carolina	10,470,214	215.33
United States	331,097,593	93.62

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)



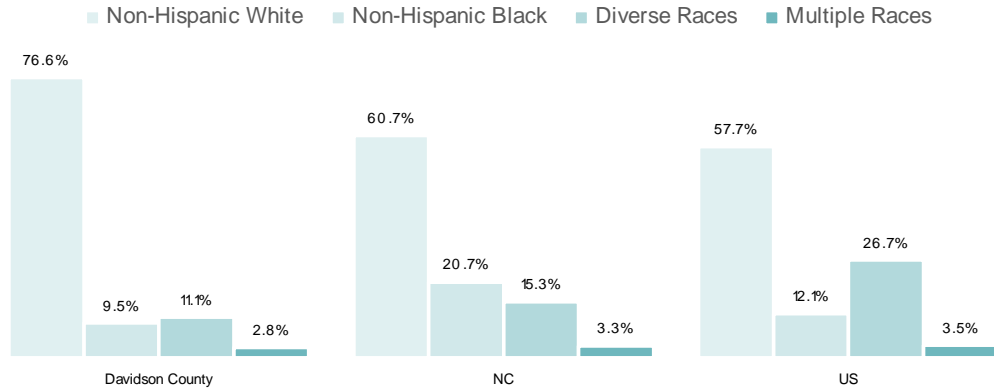
Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

## Race & Ethnicity

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

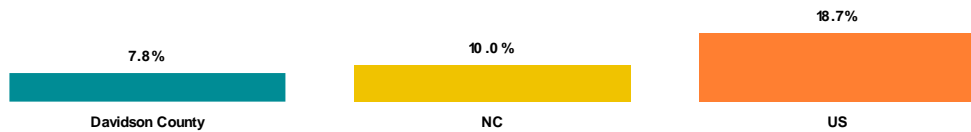
Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

### Total Population by Race Alone (2018-2022)



- 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)



- 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

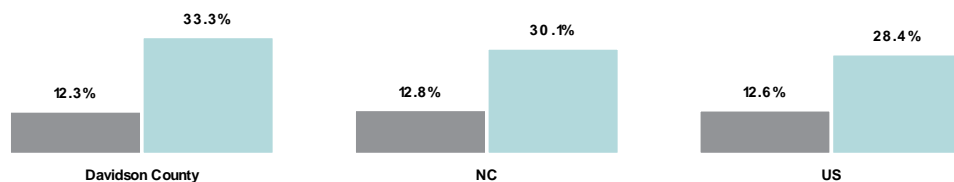
The proportions of our population living below, or just above, the federal poverty threshold in comparison to state and national proportions are shown below.

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



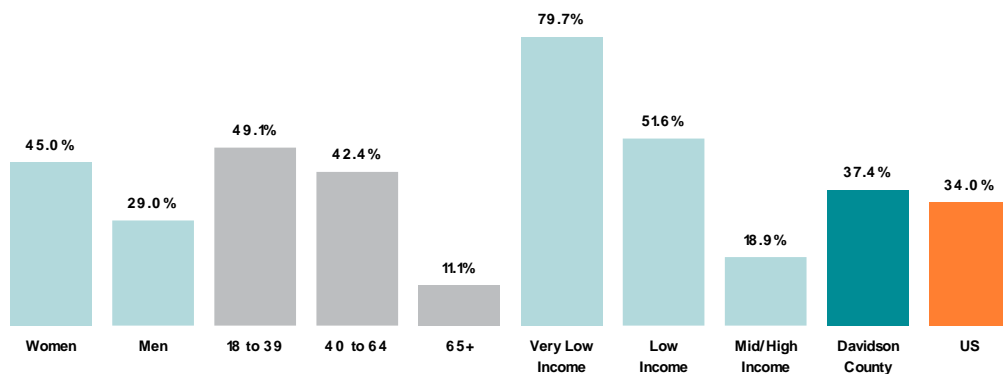
Sources: ● American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.  
● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>.  
Notes: ● State and national percentages are 2022 data.

## 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 Davidson County in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, and income [based on poverty status]).

### Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Davidson County, 2024)



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.

### Income & Race/Ethnicity

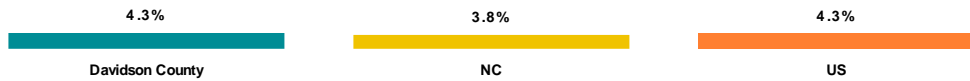
**INCOME** ▶ Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at \$30,000 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ( $\geq 200\%$ ) of the federal poverty level.

**RACE & ETHNICITY** ▶ While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

## Employment

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

### Unemployment Rate (2018-2022)



Sources: 

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

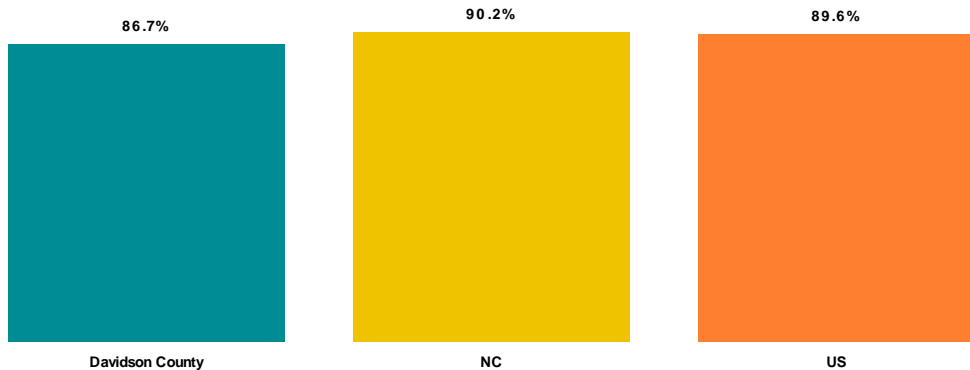
Notes: 

- Percent of residents 16 and older in the civilian labor force who are actively seeking employment.
- State and national percentages are 2022 data.

## 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)



Sources: 

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

Notes: 

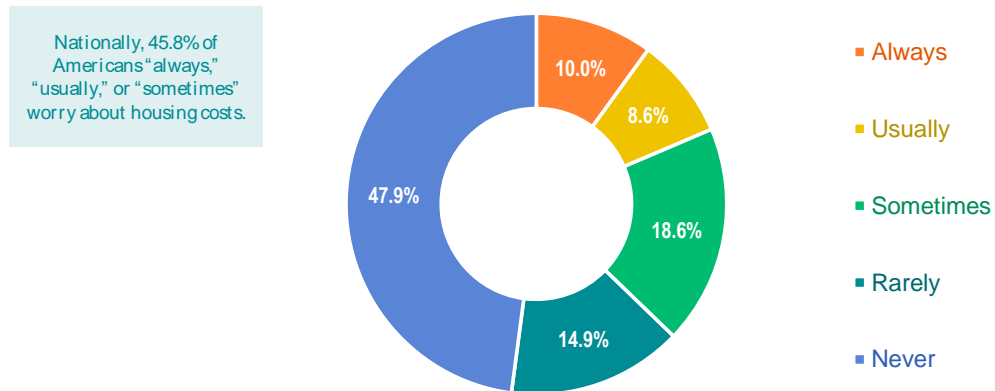
- State and national percentages are 2022 data.

## 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  
(Davidson County, 20 24)

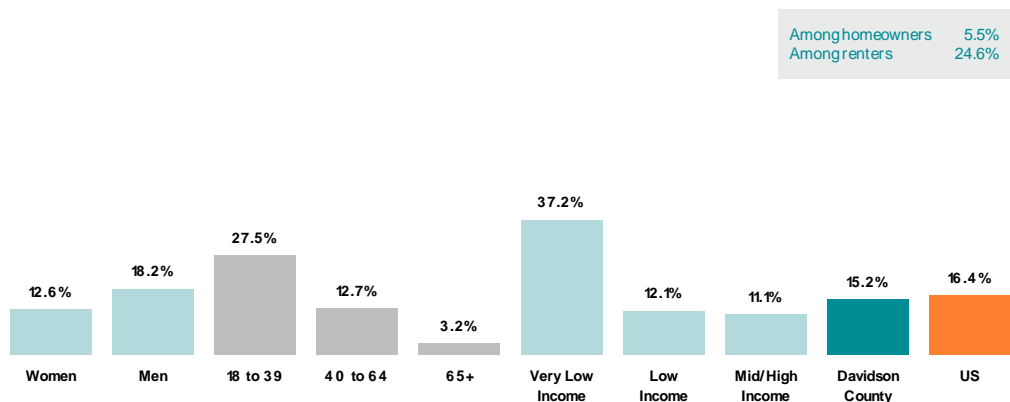


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### 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  
(Davidson County, 20 24)

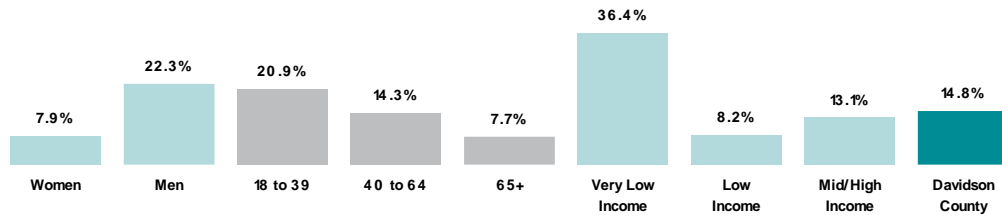


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions 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 (Davidson County, 2024)



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

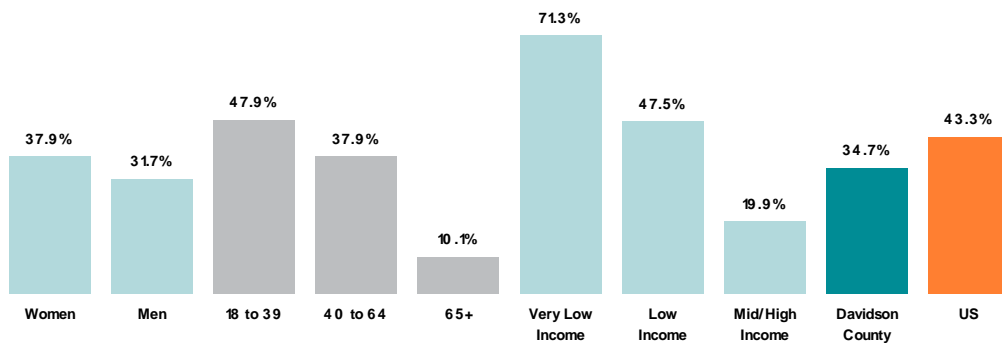
## Food Insecurity

**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 (Davidson County, 2024)



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; Davidson County, 20 24)

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



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:

#### Homelessness

Homelessness, lack of health education, lack of access to good health care, substance abuse, mental illnesses. – Community Leader

Homelessness breeds increased health concerns. Infections, drug abuse, and respiratory conditions. – Community Leader

Homelessness is paramount in Lexington. The housing conditions are awful in some parts of Lexington. The cost to rent an apartment is too high, and people can't afford to pay their rent. Education within our neighborhood is improving, thanks to our young generation and organizations that recognize the need to educate our children in many areas. Parents are trying to support their children more. The Lexington City School system has to take credit for incorporating the family as a unit. Income is a problem for some of our families, especially the wages that are being paid. – Community Leader

Large homeless population. – Health Provider

#### Housing

Not even close to enough affordable, safe housing. Ridiculous waiting lists for Section 8 vouchers and lengthy wait lists for properties. Wide gaps between those close to the poverty line and those working for six figures in the newer factories/businesses that have popped up. – Social Service Provider

Housing is a great need. We are seeing more and more homeless and nowhere to transition them to permanent housing. Davidson County is in need of temporary housing programs. – Community Leader

#### Income/Poverty

Social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities. The biological plausibility of the influence of social factors on health has been established. – Health Provider

Unemployment, racism, lack of outreach, no manpower. – Health Provider

#### Access to Care/Services

Access to community resources to improve outcomes for social determinants of health. – Community Leader

#### Awareness/Education

Data reflects large demographic groups with limited education. Income levels are lower. – Health Provider

#### Lack of Coordination Among Agencies

I would like to see our resources work better together as a unit to help with our health problems in our community. Working together will enhance each health issue. – Community Leader



## Denial/Stigma

Stigma and lack of awareness are large factors. Our county wants to be conservative about spending and only wants to fund/implement programs that meet all of their criteria while the problem continues to grow. Many Davidson County residents do not see the full picture. Not their own fault, but Davidson County is geographically large, and if the hard topics are avoided and not publicized, then how does anyone know? – Public Health Representative

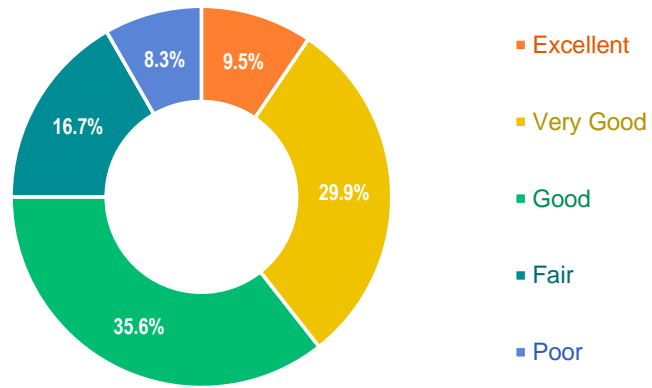


# Health Status

## Overall Health

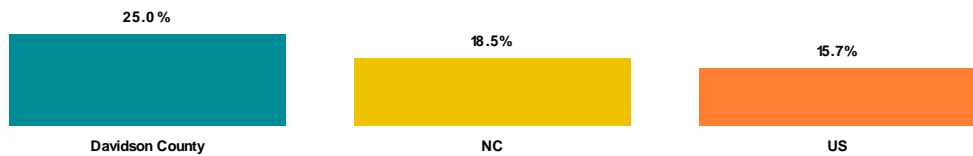
PRC Survey ► “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

### Self-Reported Health Status (Davidson County, 2024)



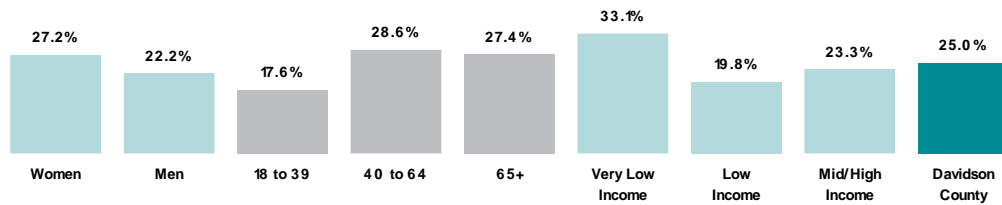
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
Notes: • Asked of all respondents.

## Experience “Fair” or “Poor” Overall Health



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.

## Experience “Fair” or “Poor” Overall Health (Davidson County, 20 24)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]  
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.

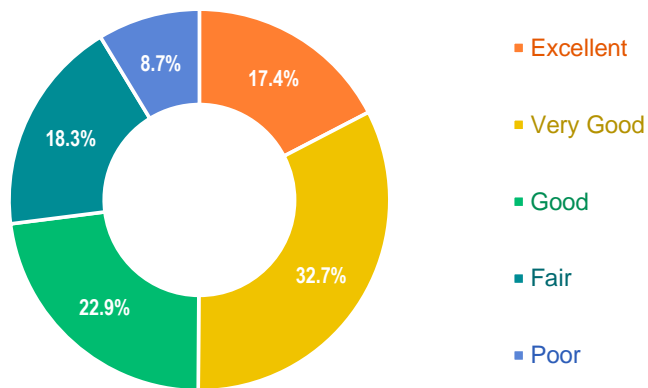
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

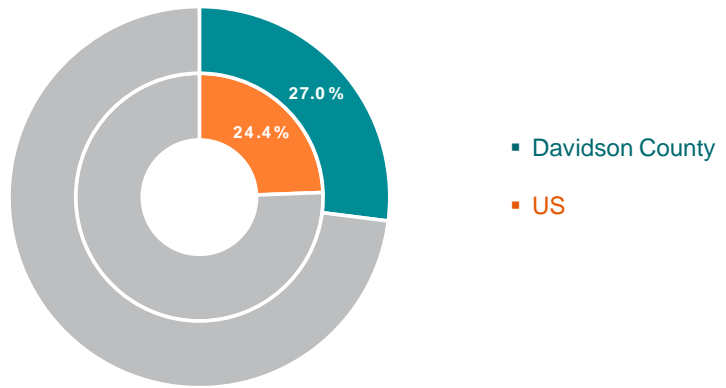
Self-Reported Mental Health Status  
(Davidson County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]  
Notes: • Asked of all respondents.



## Experience “Fair” or “Poor” Mental Health



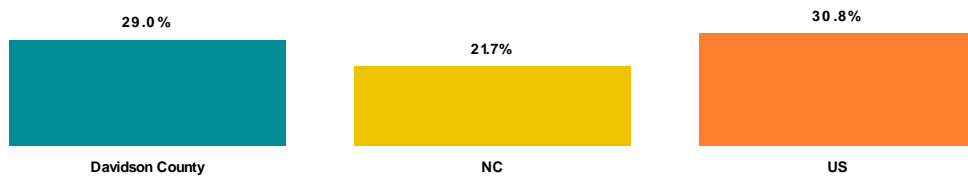
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## 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



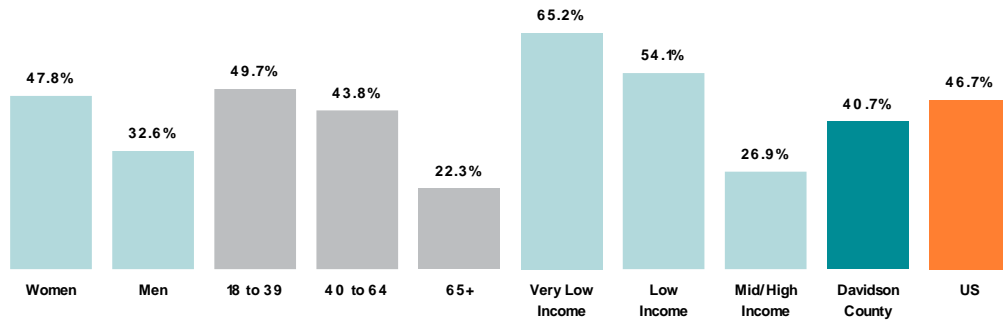
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 80]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.



## Symptoms of Chronic Depression

**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 (Davidson County, 2024)

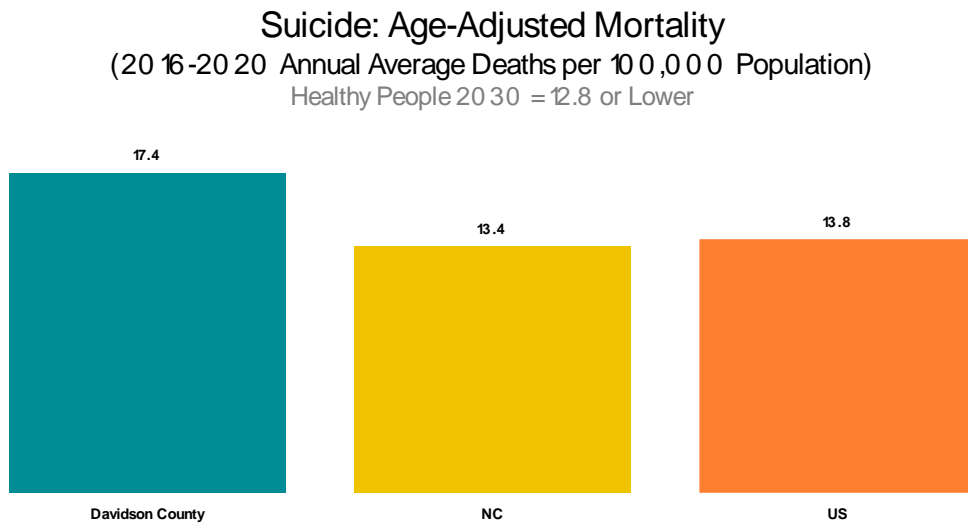


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]  
• 2023 PRC National Health Survey, PRC, Inc.

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.



- 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



- 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.

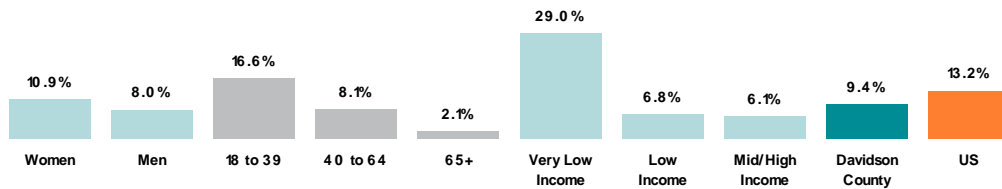
**PRC Survey** ▶ “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

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 Davidson County.

Note that the mental health provider count only reflects providers practicing in Davidson 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 (Davidson County, 2024)

In 2021, there were 238 mental health providers practicing in Davidson County.



- 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.

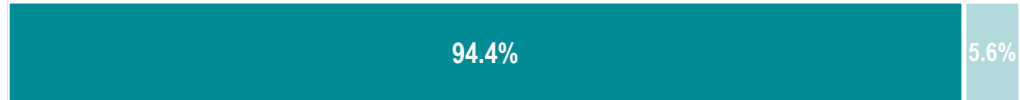


## Key Informant Input: Mental Health

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; Davidson County, 20 24)

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



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

Lack of access, transportation, manpower of mental health workers, multiple chronic diseases, no mental health institutions. – Health Provider

Access to therapists. There are large waiting lists for those who are facing mental health issues. – Community Leader

Access to clinical assessment, medication management, and ongoing counseling services. – Health Provider

Lack of family support, unable to independently navigate the system, transportation issues, no knowledge of available resources. Provider outreach difficulties, which could be a matter of staffing, funding, etc. – Social Service Provider

Lack of services in the area. – Health Provider

Limited access. – Physician

Hard to access services due to wait list, not enough right doors to get help, and misinformation about where to go for help.

Police officers not trained in some form of mental health training. – Health Provider

#### Denial/Stigma

Stigma, unwillingness to accept they may have an illness that is treatable. Feeling that they have someone safe to speak with about their issues, particularly if they do not have the financial resources. – Social Service Provider

Stigma and not enough resources. – Public Health Representative

#### Affordable Care/Services

Lack of access to care for low income, uninsured, and underinsured. – Community Leader

#### Awareness/Education

Mental health care education is not made a priority. People don't know who mental health providers are in the area and who the best rated providers are. The lack of transportation for folks who rely on public transportation is a huge treatment barrier. – Health Provider

#### Transportation

Transportation to access mental health services. Mental health services are available for adults and mostly children. If these services are available, they have a waiting list or waiting on Medicaid to process the paperwork. – Community Leader

#### Homelessness

We are seeing at least 75% of the mental health population in our homeless population in our community. These clients are coming to us with no treatment or services. – Community Leader

## Government/Policy

With the change in federal government assistance/legislation, access to mental health care has been drastically curtailed – especially access to inpatient care facilities where those with these issues can be assessed and treated, not out on the street with no one to look out for or care for them. – 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.

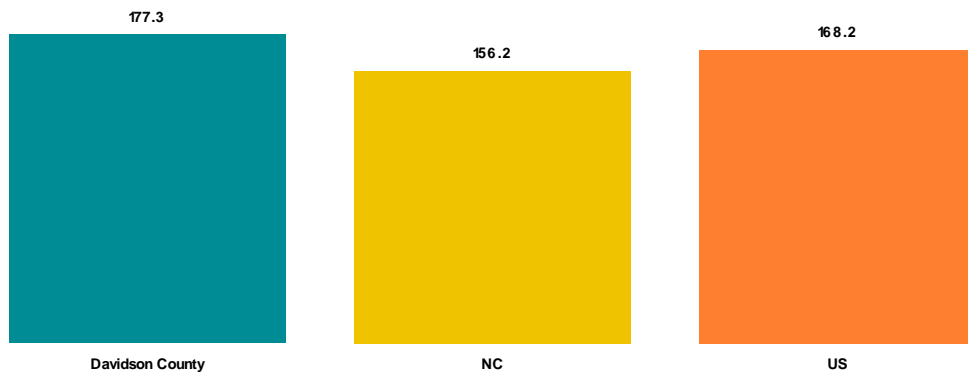
— Healthy People 2030 (<https://health.gov/healthypeople>)

### Age-Adjusted Heart Disease & Stroke Deaths

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

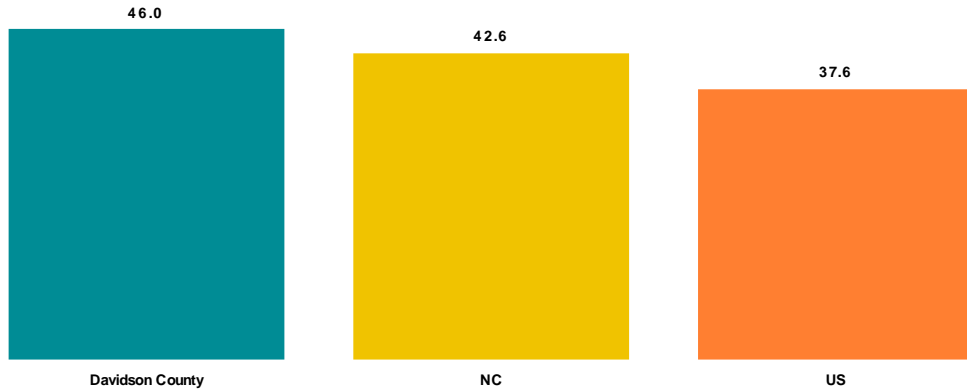
The greatest share of cardiovascular deaths is attributed to heart disease.

**Heart Disease: Age-Adjusted Mortality**  
(2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 127.4 or Lower (Adjusted)



- 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

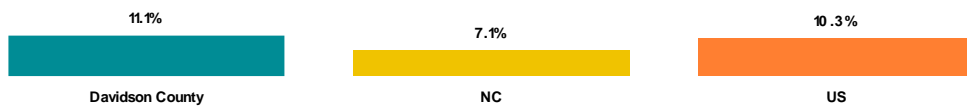


Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Deaths are coded using the Tenth Revision 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

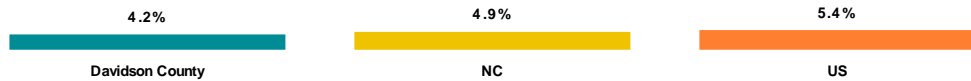


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 22]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
 • 2023 PRC National Health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



PRC Survey ► “Have you ever suffered from or been diagnosed with a stroke?”

## Prevalence of Stroke



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

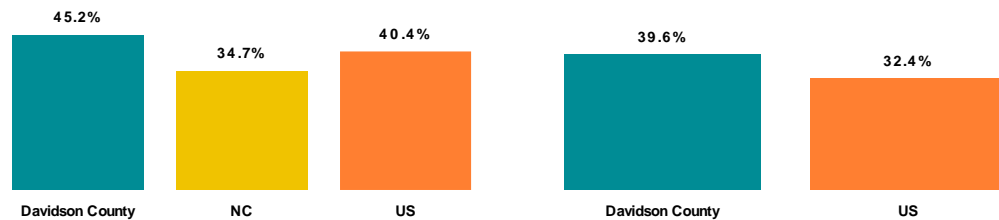
### Blood Pressure & Cholesterol

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



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:

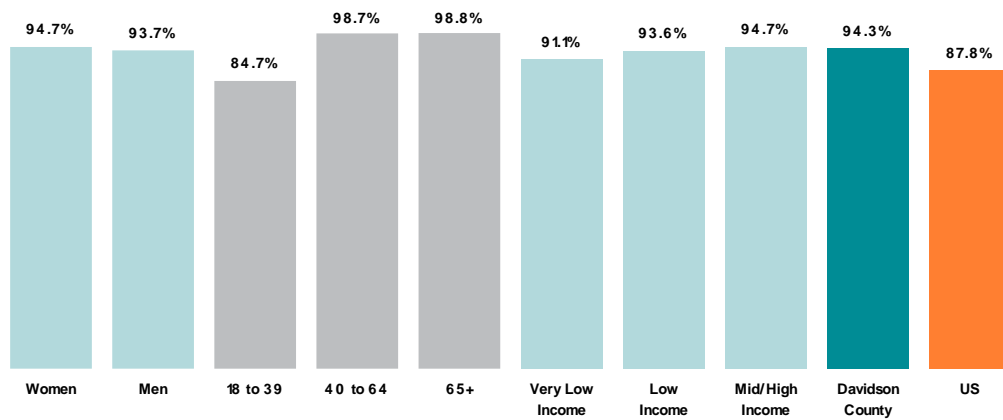
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

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 Davidson 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**  
(Davidson County, 2024)

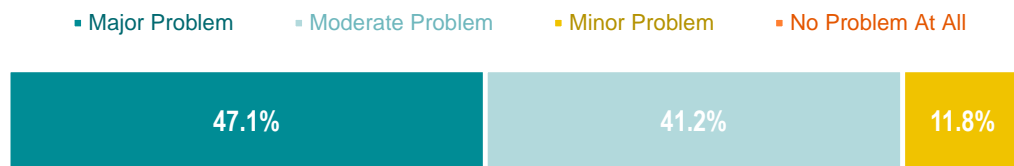


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Reflects all respondents.  
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking;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

## Key Informant Input: Heart Disease & Stroke

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; Davidson County, 2024)



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:

### Lifestyle

Again, poor nutrition, as well as the tobacco and chew lifestyle. – Social Service Provider

Again, diet, lack of regular exercise, obesity, smoking, and preventive health care are major problems. – Community Leader

Diet, lack of exercise, lack of education to prevent heart disease and stroke. – Health Provider

### Incidence/Prevalence

Volumes of these are seen at local hospitals. – Health Provider

Diseases of the heart are among the leading causes of death in Davidson County and the top diagnosed chronic disease among residents. – Public Health Representative

### Access to Care/Services

Access to care and education. – 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.

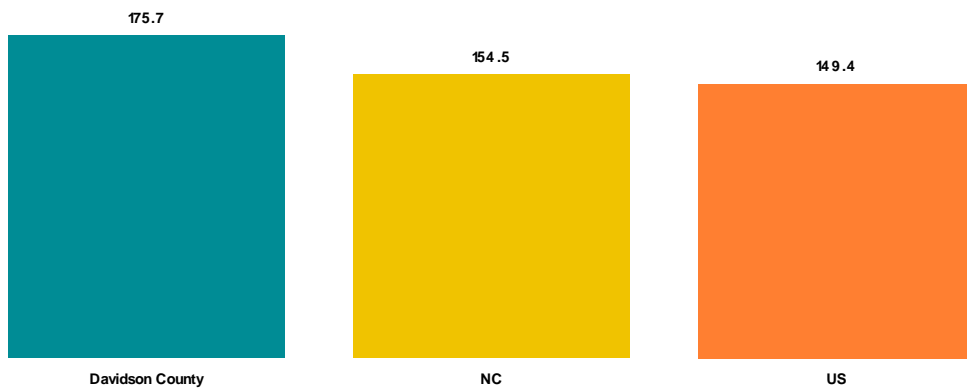
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote 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 Davidson County.

**Cancer: Age-Adjusted Mortality**  
(2016-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 122.7 or Lower

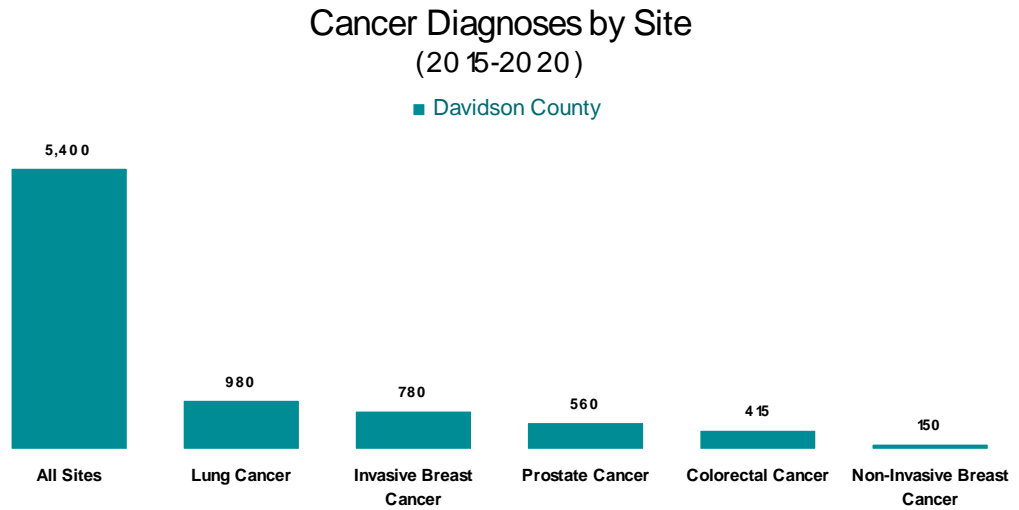


- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision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

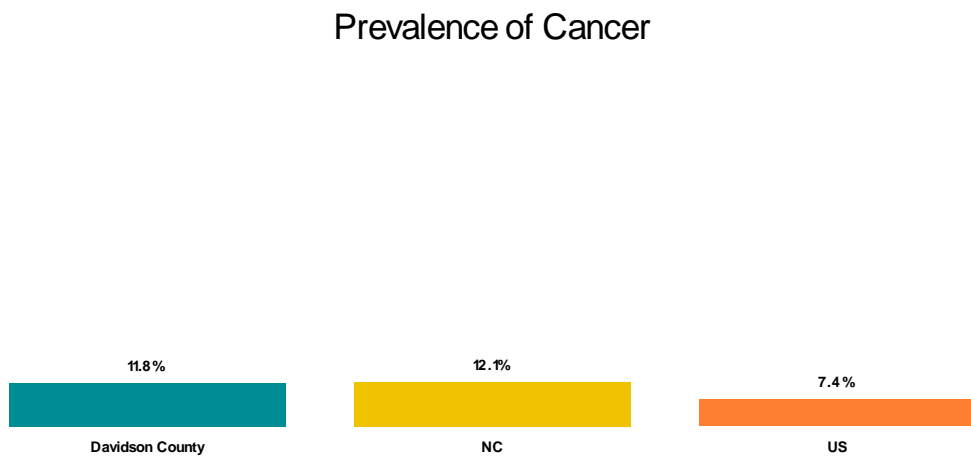
The following chart outlines the numbers of cases of cancer diagnosed between 2015 and 2020 in Davidson County for selected cancer sites.



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?”



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.

## Cancer Screenings

### Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

### Cervical Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

### Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

### Breast Cancer Screening

**PRC Survey** ▶ “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

### Cervical Cancer Screening

**PRC Survey** ▶ “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

**[If Pap test in the past five years]** “HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?”

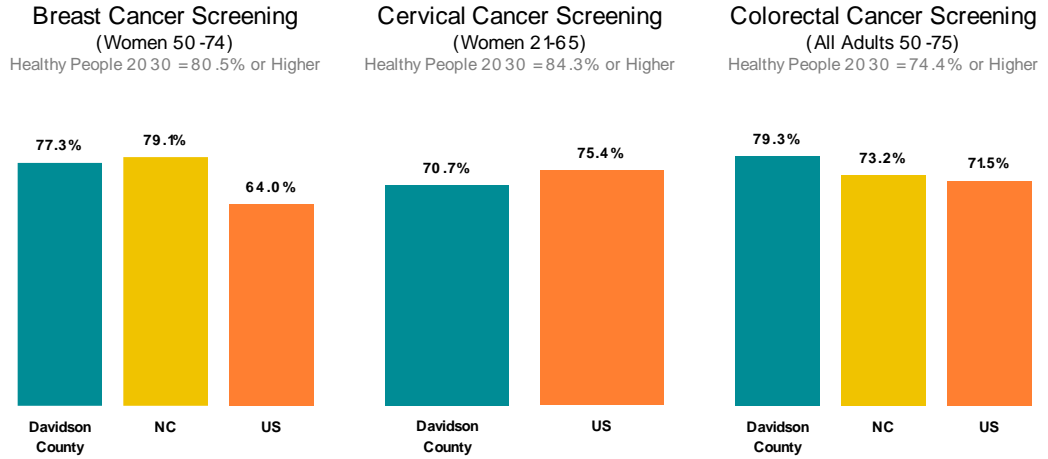
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

### Colorectal Cancer Screening

**PRC Survey** ▶ “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

**PRC Survey** ▶ “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

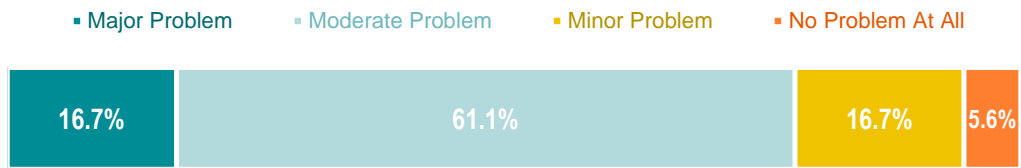


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]  
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Each indicator is shown among the gender and/or age group specified.

**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; Davidson County, 2024)



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:

**Tobacco Use**

So many minorities in the community smoke, have poor nutrition, have a lack of preventive care, and are dying of cancer. – Community Leader

**Vulnerable Populations**

I am a cancer survivor, so I am very aware that there are many women of color who have this illness. There are many women who are afraid to get tested for cancer. They fear that it is a death threat. When they are told that they have cancer, the information is so overwhelming, they don't know which way to go. Unless they have a close friend or relative to walk them through the process, it is hard on them. I often wonder why this disease affects so many women of color, especially in our community. – Community Leader

# 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.

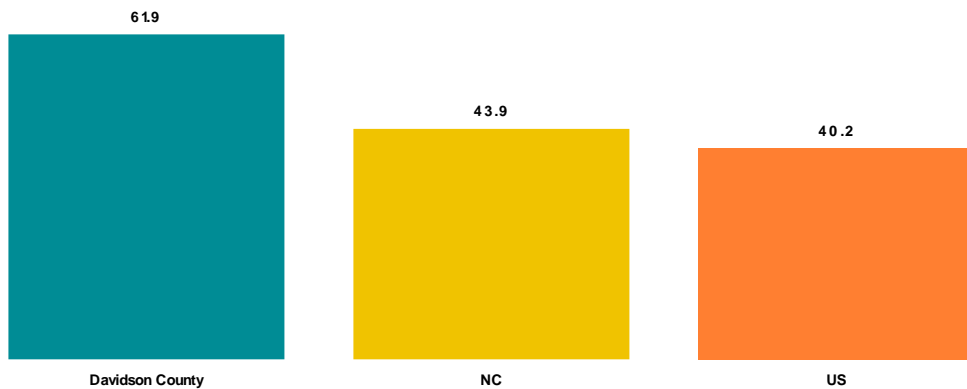
— Healthy People 2030 (<https://health.gov/healthypeople>)

## 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)

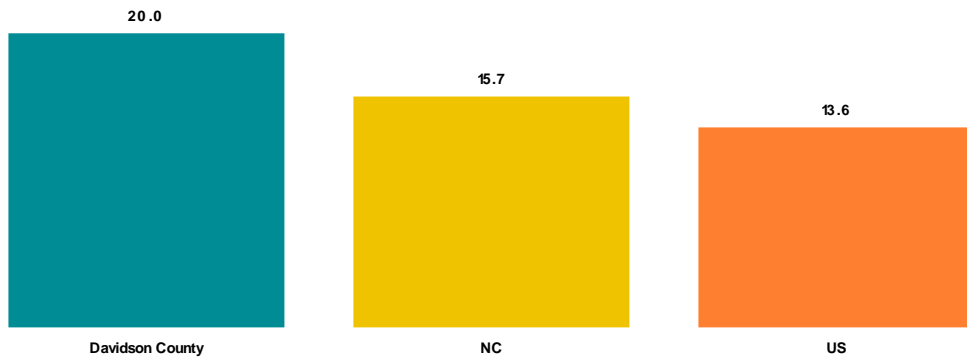


- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and 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)



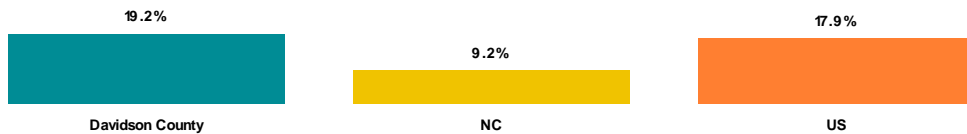
Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • 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

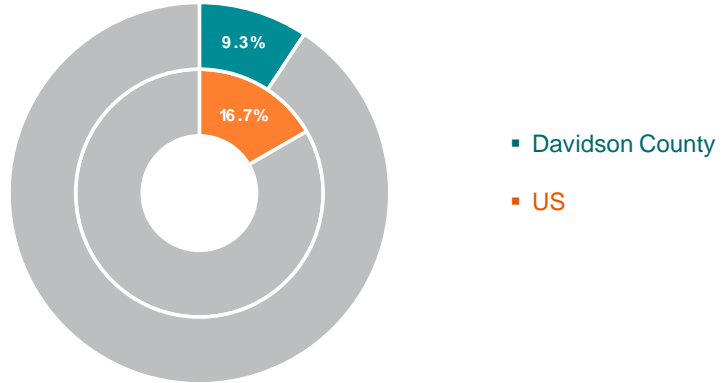


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
 • 2023 PRC National Health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



PRC Survey ► “Has a doctor, nurse, or other health professional ever told you that this child had asthma?”

### Prevalence of Asthma in Children (Children 0 -17)

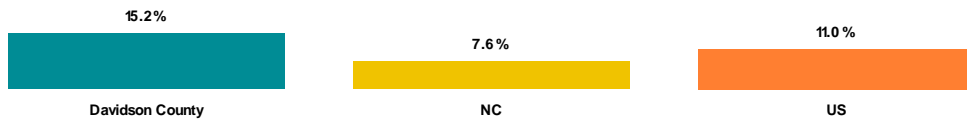


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 92]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children 0 to 17 in the household.

### 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)



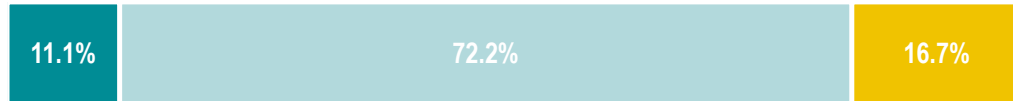
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
• 2023 PRC National Health 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; Davidson County, 2024)

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



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:

#### Environmental Contributors

Poor air quality, exposure to toxic agents, vaping, and use of tobacco contribute to respiratory problems. – Community Leader

# 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.

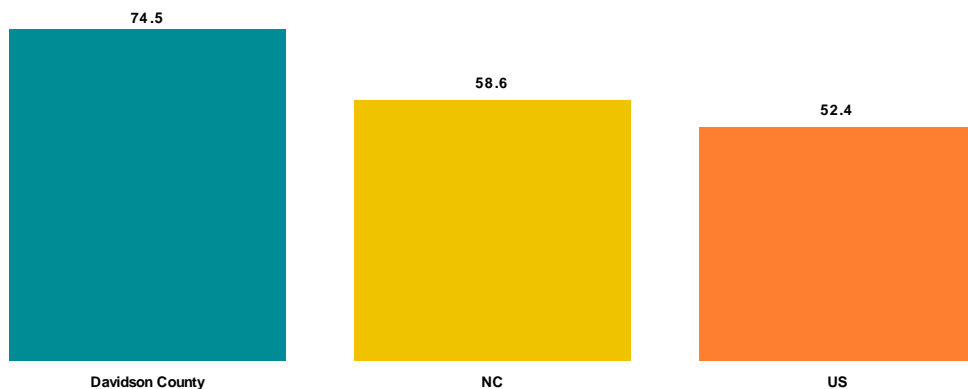
– Healthy People 2030 (<https://health.gov/healthypeople>)

## 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



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.

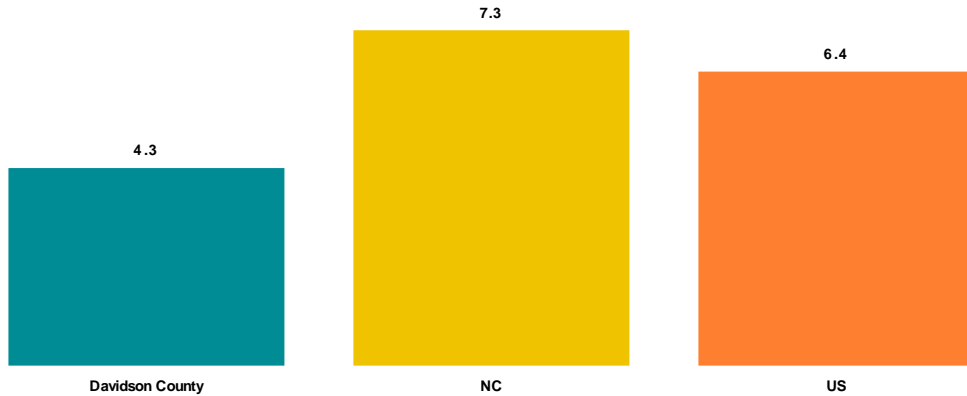


## Intentional Injury (Violence)

### Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart.

**Homicide: Age-Adjusted Mortality**  
(2016-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 5.5 or Lower



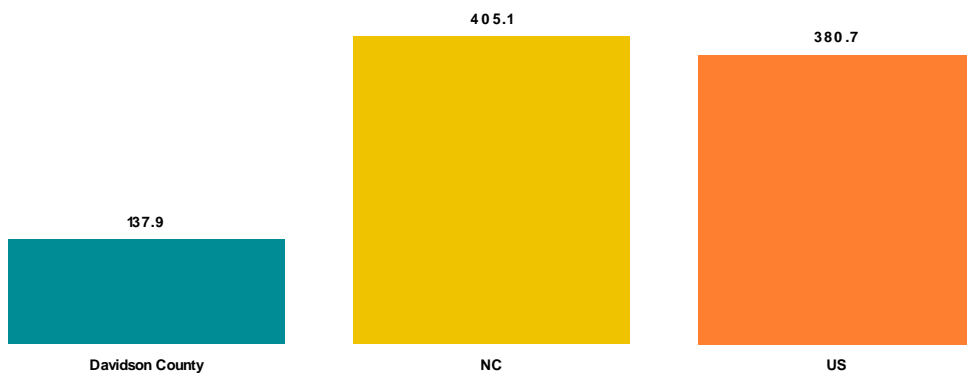
- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision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

## Violent Crime

Violent crime is composed of homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

**Violent Crime Rate**  
(Reported Offenses per 100,000 Population, 2022)



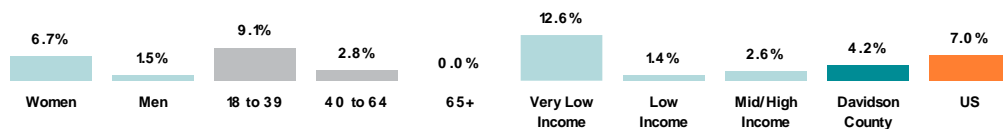
- Sources:
- FBI Crime Data Explorer, Federal Bureau of Investigation. Retrieved May 2024 via Metopio.
- Notes:
- Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.
  - Because agency-level participation in these programs varies, some states have more complete data than others. Data reported by the FBI is checked to make sure it accurately reflects figures reported by police agencies. However, users should proceed with caution, data may still include errors that originated at the agency level.

RELATED ISSUE  
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

## 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 (Davidson County, 2024)



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



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; Davidson County, 2024)

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



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

All three school systems in our community reported a rise in crime and violence last year. – Community Leader  
Lexington has one of the highest crime rates in America, compared to all communities of all sizes, from the smallest towns to the very largest cities. One's chance of becoming a victim of either violence or property crime here is 1 in 28. – Health Provider

#### Gun Violence

Violence incidents are on the rise with shootings, theft, and drugs. All evidence of problems in what could be considered otherwise safe communities. – Community Leader

#### Alcohol/Drug Use

Based on local news reporting of drug-related acts of violence, domestic violence, and child abuse. – Health Provider

#### Social Norms/Community Attitude

Social acceptance of violence and lack of mental health access. – Physician



# 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.

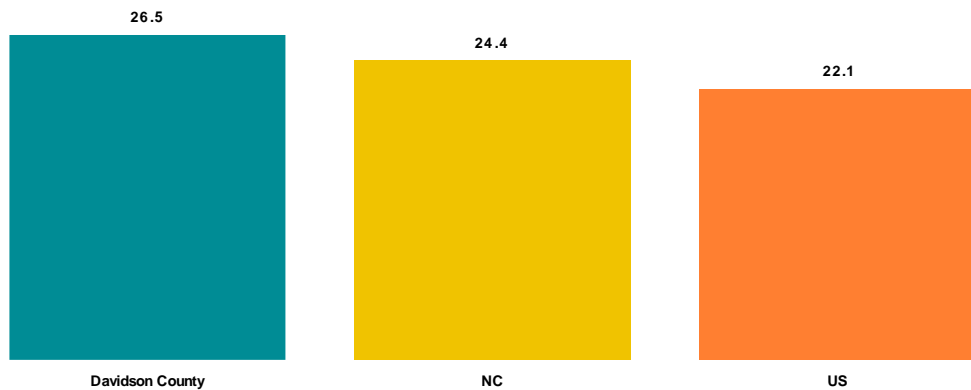
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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



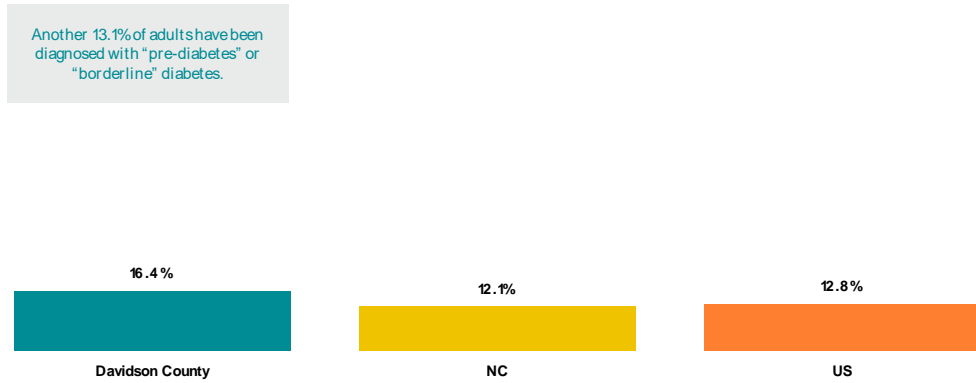
- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - 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?”

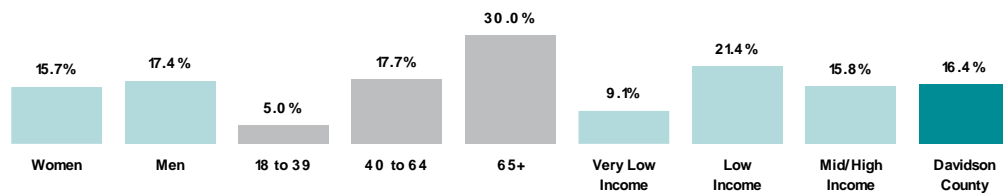
**PRC Survey** ▶ “Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?”

## Prevalence of Diabetes



- 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).

## Prevalence of Diabetes (Davidson County, 2024)

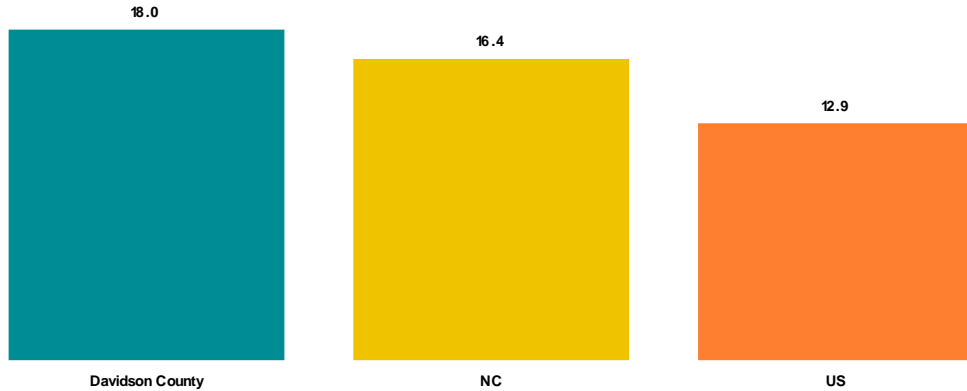


- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Notes:
- Asked of all respondents.
  - Excludes gestational diabetes (occurring only during pregnancy).

## 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)

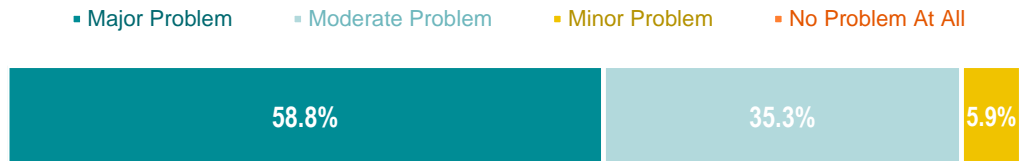


- Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• 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; Davidson County, 2024)



- 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

- Food insecurity, little education for healthy options, processed foods more readily available, education needed for diet and exercise. – Health Provider
- Diet and affordable medications. – Community Leader
- People are unwilling and unable to take the necessary steps to ensure their diet is healthy. I don't see this as a lack of information, rather continuing to engage in poor nutrition. – Social Service Provider
- Diet, knowing the appropriate foods to eat and not eat. Places to exercise that are not too costly. Medication, getting on a dependent schedule. Transportation back and forth for regular checkups. Administration of medicines. – Community Leader

## Affordable Medications/Supplies

Access to needed medication when financial resources are limited. Transportation to appointments. – Health Provider

## Access to Care/Services

Access to care and education. – Physician

## Disease Management

Some are not managing their diabetes and/or are failing to follow through with doctor recommendations. – Social Service Provider

## Prevention/Screenings

Preventative screenings and education. Lack of awareness regarding healthy foods and physical activity. Many citizens see a diagnosis as an end. – Public Health Representative



# Disabling Conditions

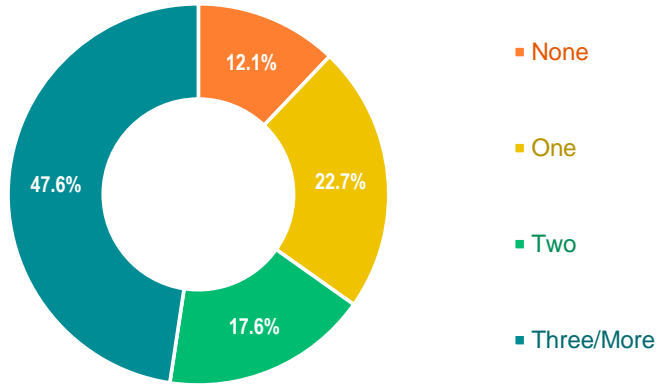
## Multiple Chronic Conditions

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:

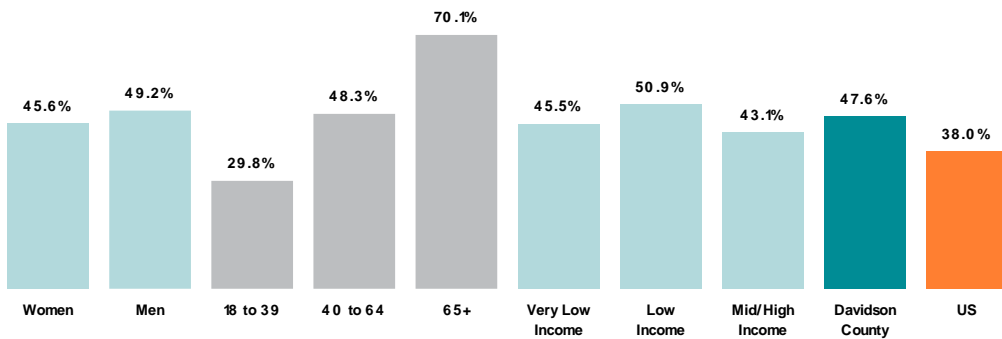
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

**Number of Chronic Conditions**  
(Davidson County, 20 24)



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**  
(Davidson County, 20 24)



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.

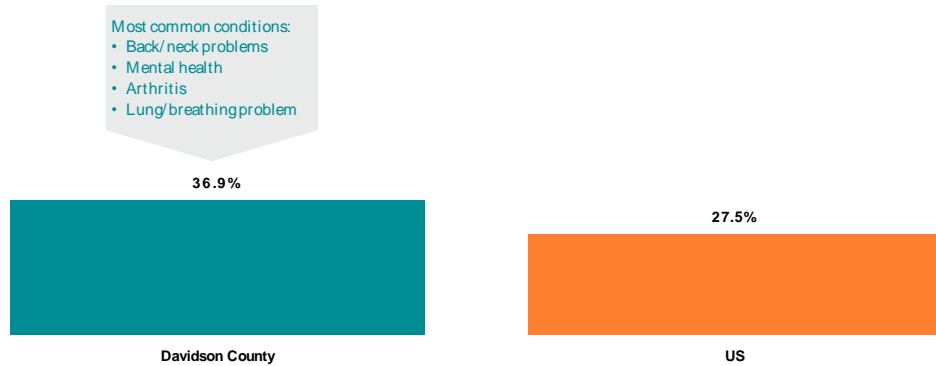
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life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

**PRC Survey** ▶ [Adults with activity limitations] “What is the major impairment or health problem that limits you?”

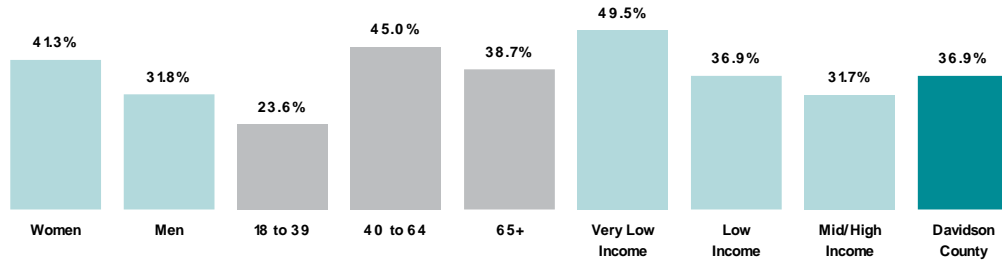
### Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]  
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Davidson County, 2024)



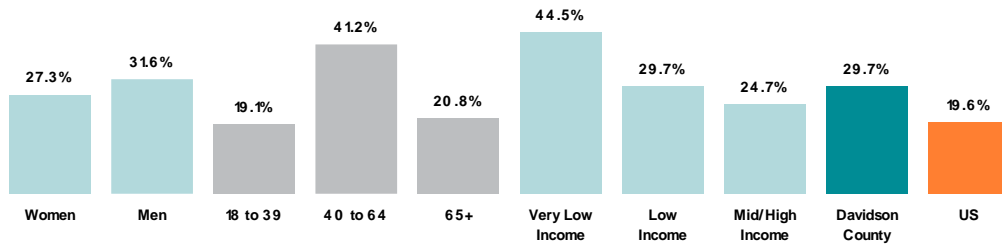
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]  
Notes: • Asked of all respondents.

## 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 (Davidson County, 2024)

Healthy People 2030 = 6.4% or Lower



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.

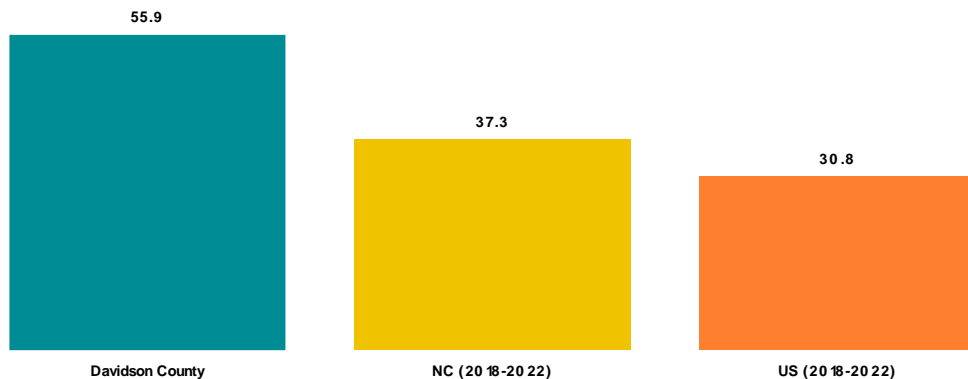
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address 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**  
(2016-2022 Annual Average Deaths per 100,000 Population)



- 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?”

**PRC Survey** ▶ [Among those providing care] “What is the main health problem, long-term illness, or disability that the person you care for has?”

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

The top health issues affecting those receiving their care include:

- Old age/frailty
- Dementia/cognitive impairment
- Chronic respiratory condition
- Arthritis/rheumatism
- Asthma



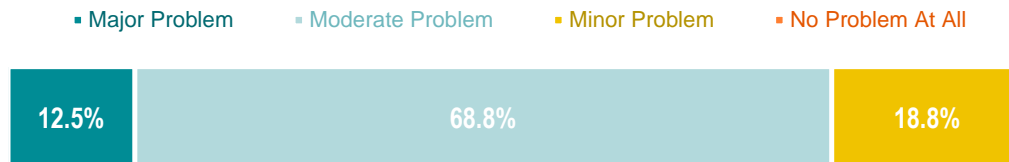
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]  
• 2023 PRC National Health Survey, PRC, Inc.

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; Davidson County, 2024)



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

Disabling conditions can prevent one from accessing services and available resources. For example, chronic pain could prevent someone from attending educational programs that would enhance their quality of life. This would also affect caregivers from obtaining resources, as their time is limited and they are often in desperate need of respite. – Social Service Provider

## Aging Population

Growing-older population with increased dementia diagnoses, few community programs, transportation barriers, isolation of seniors and disabled population. – Health Provider

## Caregiving

Caregiver respite: Family caregivers are exhausted and overwhelmed due to their responsibilities as an unpaid caregiver. Although there are respite vouchers available (Lifespan, Duke Dementia Family Caregiver Support), these are limited and only scratch the surface of the need. – Social Service Provider



# 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.

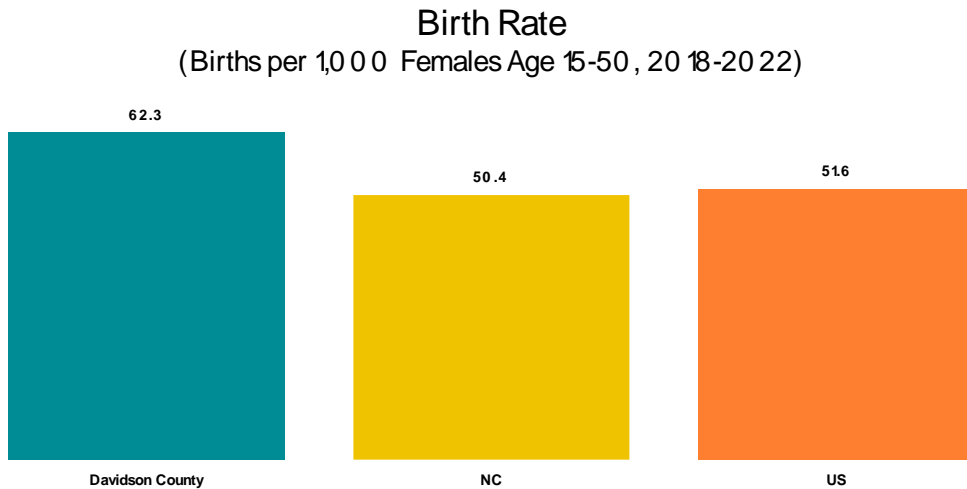
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

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

## Birth Rate

Note the birth rate in Davidson 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.



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

# Birth Outcomes & Risks

## Pregnancy Complications

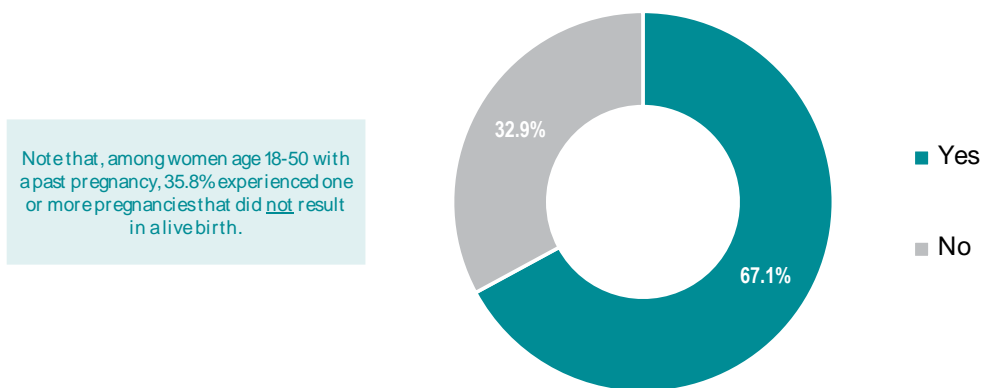
**PRC Survey** ▶ Among women age 18 to 50 with a past pregnancy or pregnancies: “Did you have any health problems, such as gestational diabetes, high blood pressure, depression, or any other complications during any of your pregnancies?”

**PRC Survey** ▶ Among women age 18 to 50 with a past pregnancy or pregnancies: “During any of your pregnancies or during the birthing process, did your baby experience any health or medical problems?”

The following chart outlines the percentage of women encountering complications for themselves or for their babies during any past pregnancy.

**PRC Survey** ▶ Among women age 18 to 50 with a past pregnancy or pregnancies: “In all, how many of your pregnancies resulted in a live birth? Please count the birth of twins or multiples as one birth.”

Mother or Child Experienced Problems During Any Past Pregnancy or Delivery (Women Age 18-50 With a Past Pregnancy, 20 24)



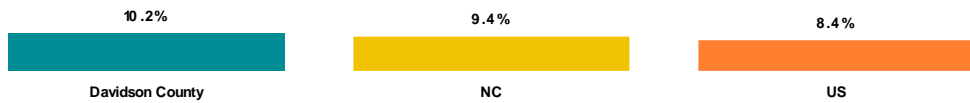
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 306-307]  
Notes: • Among women age 18-50 with a past pregnancy.



## 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)

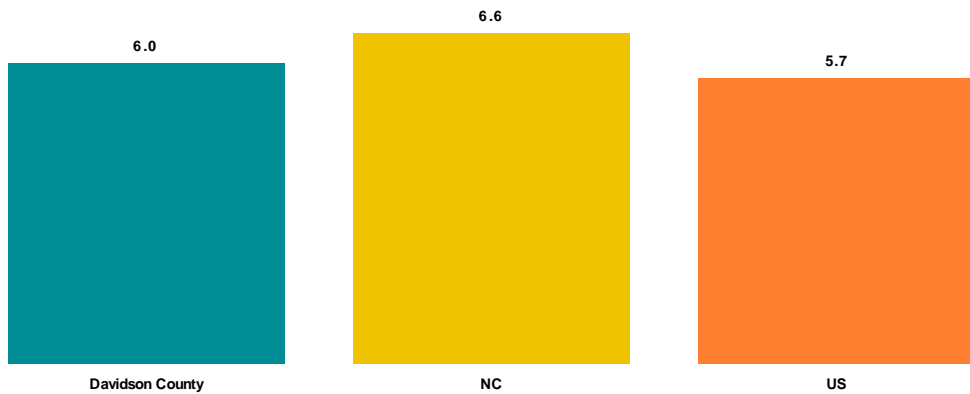


Sources: • National Vital Statistics System-Nativity (NVSS-N), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.  
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).  
• State and US percentages represent 2018-2022 data.

## Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

### Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2021) Healthy People 2030 = 5.0 or Lower



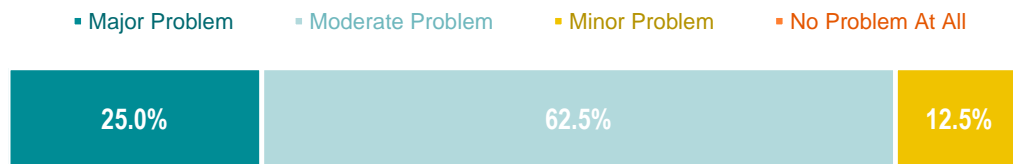
Sources: • National Vital Statistics System-Nativity (NVSS-N), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.  
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
Notes: • Infant deaths include deaths of children under 1 year old.



## 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; Davidson County, 2024)



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

Lack of prenatal care. – Community Leader

#### Lack of Providers

Lack of providers in the area. – Health Provider

#### Homelessness

We have seen an increase in homeless families. We are in need of parenting classes for families experiencing homelessness. – Community Leader

# 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.

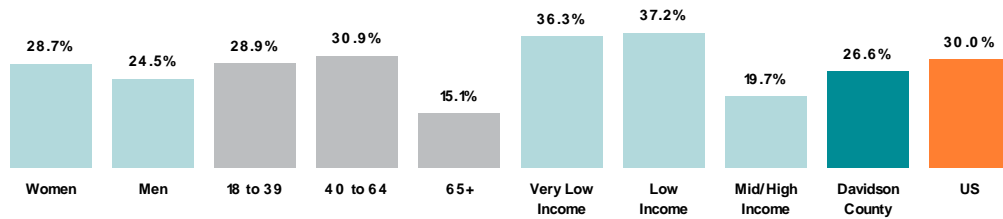
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— 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 (Davidson County, 2024)

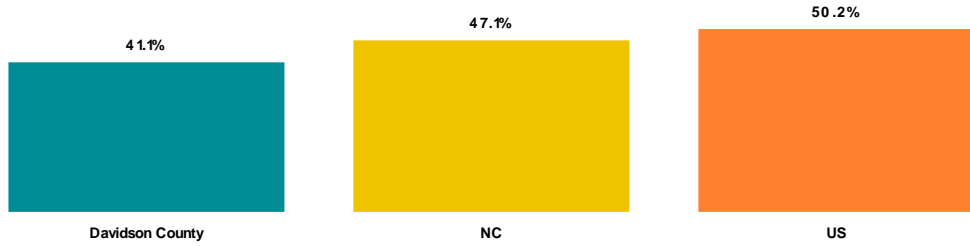


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### 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)



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.

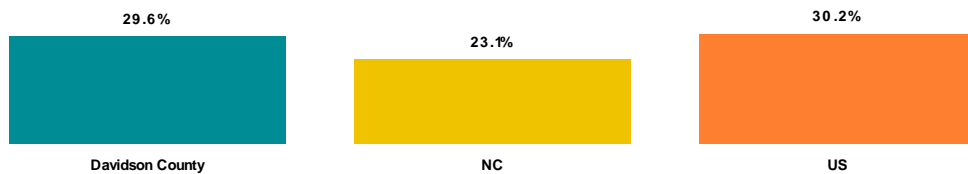
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

— 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



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 both 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](http://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:

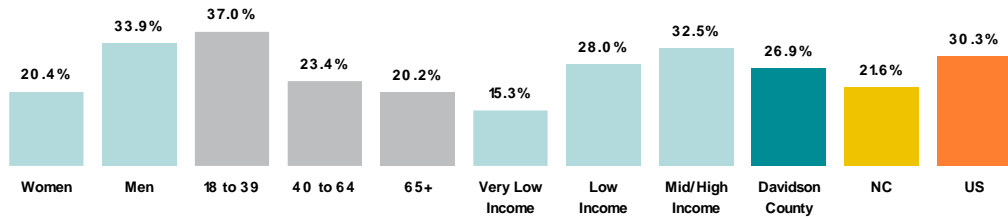
**PRC Survey** ▶ “During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

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



## Meets Physical Activity Recommendations (Davidson County, 2024)

Healthy People 2030 = 29.7% or Higher



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.

## Children's Physical Activity

### Children: Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.  
[www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**PRC Survey** ▶ “During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”



## Child Is Physically Active for One or More Hours per Day (Children 2-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 94]  
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.  
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



# 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<sup>2</sup>). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m<sup>2</sup> and obesity as a BMI  $\geq$ 30 kg/m<sup>2</sup>. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m<sup>2</sup>. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m<sup>2</sup> is reached. For persons with a BMI  $\geq$ 30 kg/m<sup>2</sup>, 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<sup>2</sup>.

- 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 <sup>2</sup> )
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.

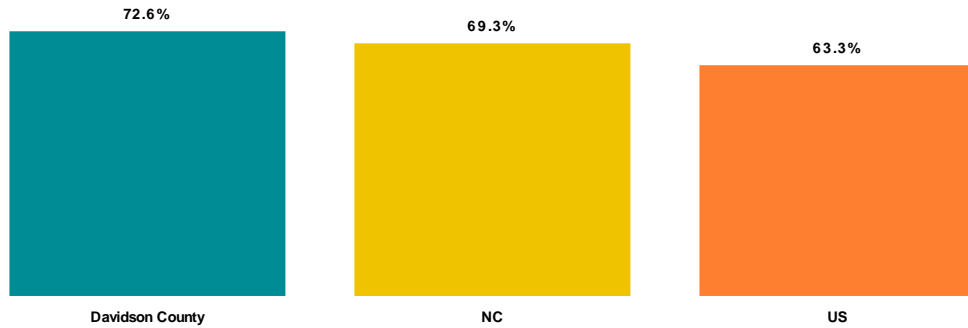
**PRC Survey** ▶ “About how much do you weigh without shoes?”

**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).



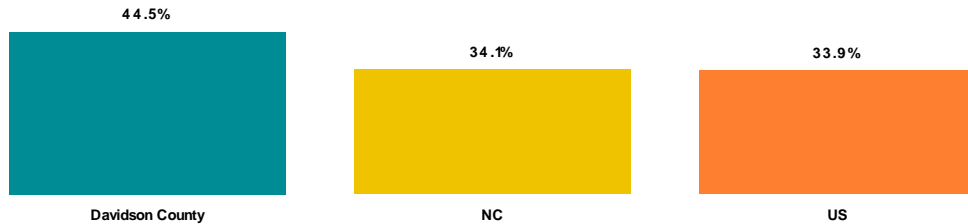
## Prevalence of Total Overweight (Overweight and Obese)



- 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

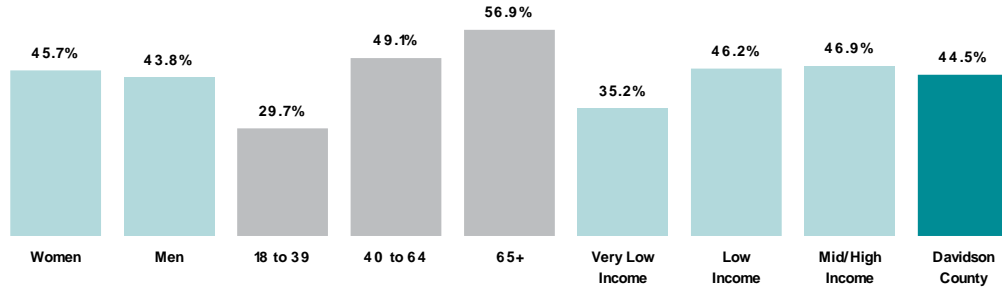


- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
  - 2023 PRC National Health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



## Prevalence of Obesity (Davidson County, 2024)

Healthy People 2030 = 36.0% or Lower

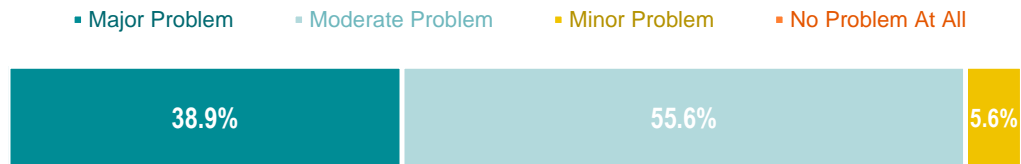


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

### 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; Davidson County, 2024)



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

- Lack of education, lack of finances. – Health Provider
- Lack of education, access to healthy food options. – Health Provider
- Education and economic status. – Physician
- Lack of knowledge and education in many areas. No one organization is able to get the word out to the whole community. – Community Leader

#### Lifestyle

- Old habits die hard. The community would benefit from a free community center where they could engage in activities without paying for a gym. – Social Service Provider

## Transportation

Transportation and food desert. – Health Provider



# 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.

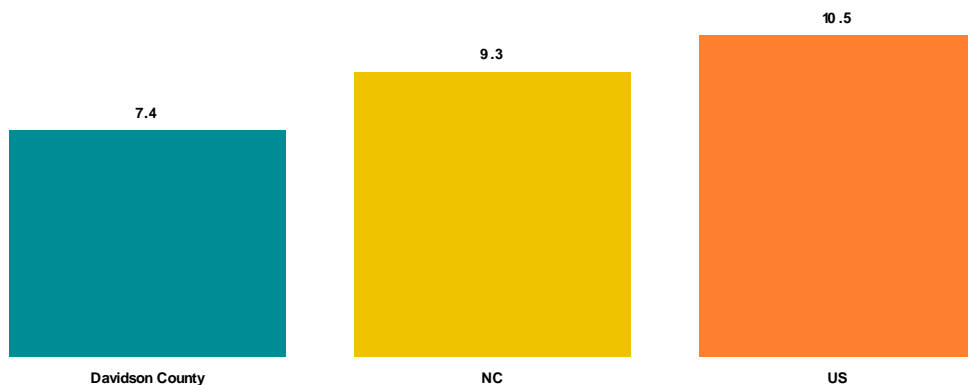
– Healthy People 2030 (<https://health.gov/healthypeople>)

## 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)



- 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?”

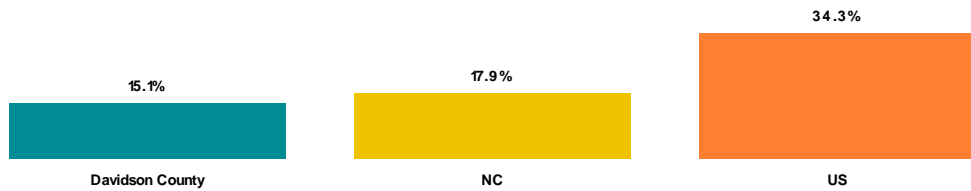
**PRC Survey** ▶ “On the day(s) when you drank, about how many drinks did you have on average?”

**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



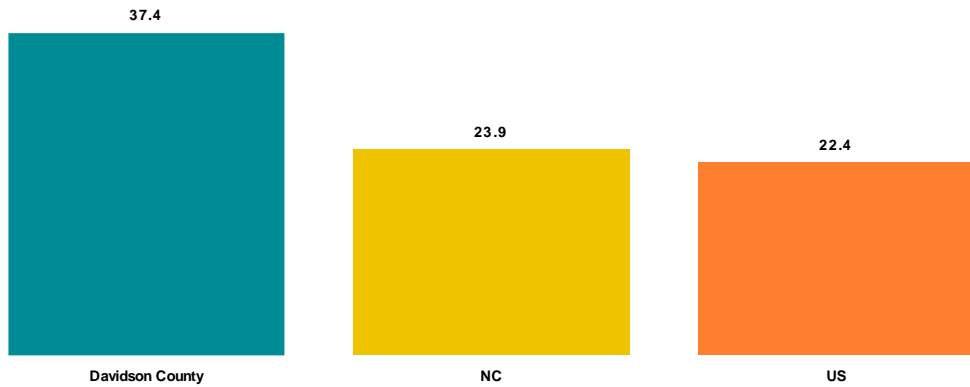
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
  - 2023 PRC National Health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



- 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

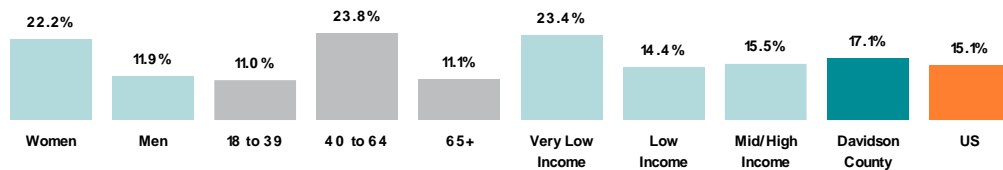


- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Use of Prescription Opioids

**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 (Davidson County, 2024)



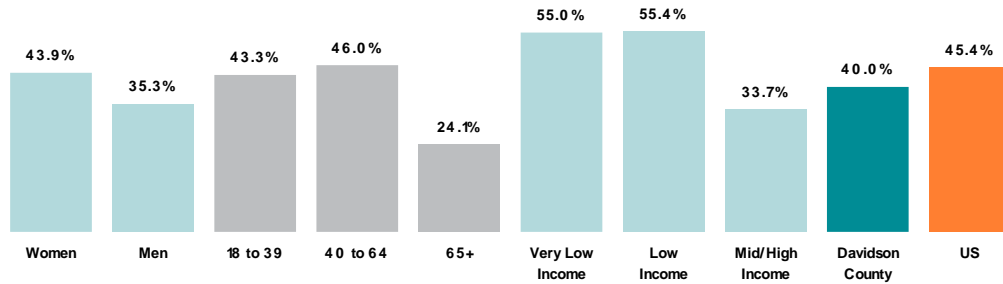
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## 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) (Davidson County, 20 24)



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; Davidson County, 20 24)

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



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

- Lack of services. – Health Provider
- Again, there are not enough resources and a lot of misinformation in the community. Also, the stigma related to getting help is tremendous in Davidson County. – Health Provider
- People can't get help when they want it. It takes too much time to get someone the help needed. Then it could cause them to relapse. – Community Leader
- Cost of treatment, transportation to and from appointments, stigma, biases, lack of social capital to support the recovery process, and fear. – Health Provider

#### Denial/Stigma

- Honestly, I think the hardest step would be getting the substance abuser to realize they need help. Secondly, I'm not sure there are enough treatment options to cover the need. – Community Leader
- Stigma. – Public Health Representative
- Stigma, inability to acknowledge a problem. – Social Service Provider



## Funding

Funding, homeless, no manpower to help with these populations. – Health Provider

Failure to put plans in place with opioid settlement funds available. Failure to put enough emphasis on prevention, treatment, and recovery. Lack of resources to handle the homeless situation. – Community Leader

## Awareness/Education

Knowledge about the consequences of using drugs to our younger people. We need people who are willing to be frank with our young people about substance abuse. Not to hide the effects of taking drugs. Getting help for those who have the desire to stop using drugs. This is an ongoing issue. There needs to be follow-up with these people. Doctors need to be very conscious about the meds they prescribe so that they are not so addictive. – Community Leader

## Transportation

Transportation and knowledge of existing treatment centers. – Community Leader

## Easy Access

Easy access and lack of awareness that they need help. – Physician

## Co-Occurrences

Mental illness, PTSD, ease in which substances can be attained. – Community Leader



# 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.

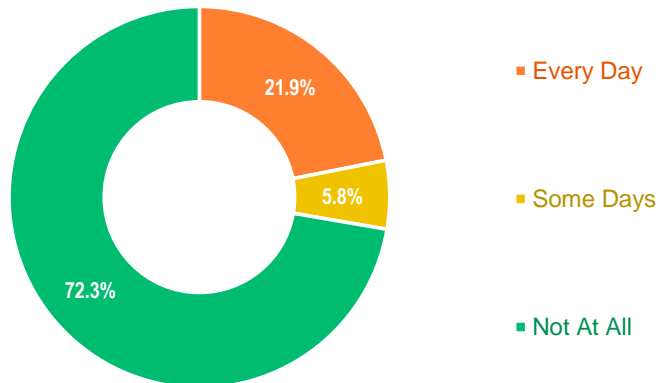
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– 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  
(Davidson County, 2024)

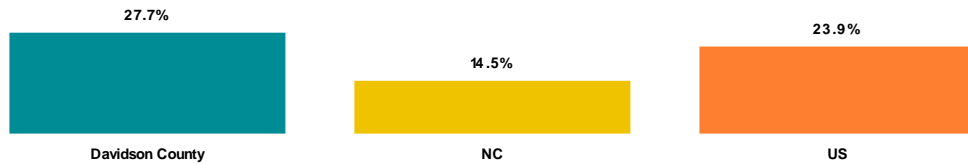


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]  
Notes: • Asked of all respondents.



## Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



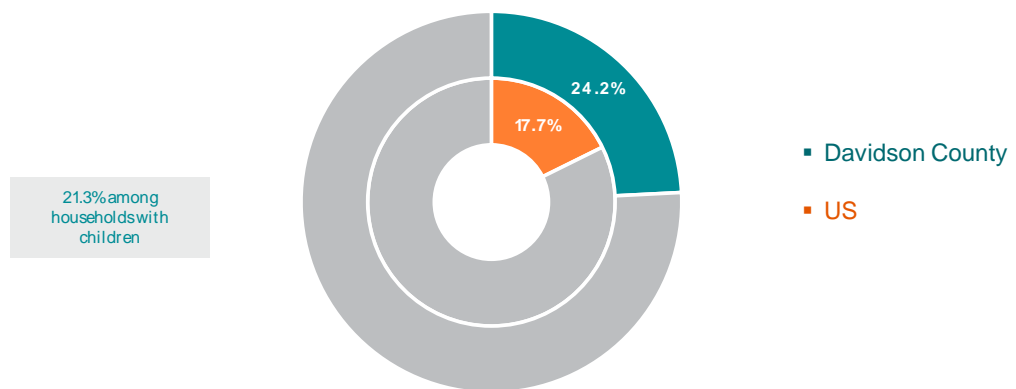
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
  - 2023 PRC National Health 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, as well as among only households with children (age 0-17).

### Member of Household Smokes at Home



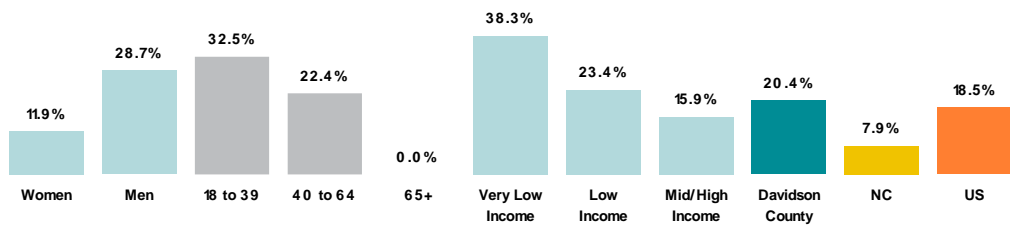
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## 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 (Davidson County, 2024)



- 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; Davidson County, 2024)

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



- 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

High degree of smokers. – Physician

Davidson County continues to have a high percentage of tobacco use that is growing in the vape world of young people. It is easy to access, even with ID required. Causes major health diseases. – Community Leader

Tobacco is normalized in Davidson County. – Public Health Representative

### Awareness/Education

Just see a lot of people smoking and don't hear a lot about programs to help people quit. – Health Provider

### Affordable Care/Services

Expense, increased risk of stroke, heart, and lung disease. – Health Provider

### Impact on Quality of Life

Respiratory illness, as well as secondhand smoke-related illness and problems. – Community Leader

### Lifestyle

Long-held habits make it difficult to change ways. Chewing tobacco, and now vaping, presents a problem, especially for underage people. – Social Service Provider

### Cancer

Smoking causes about 20% of all cancers and about 30% of all cancer deaths in the United States. About 80% of lung cancers, as well as about 80% of all lung cancer deaths, are due to smoking. Lung cancer is the leading cause of cancer death in people in the United States. – Health Provider



# 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)

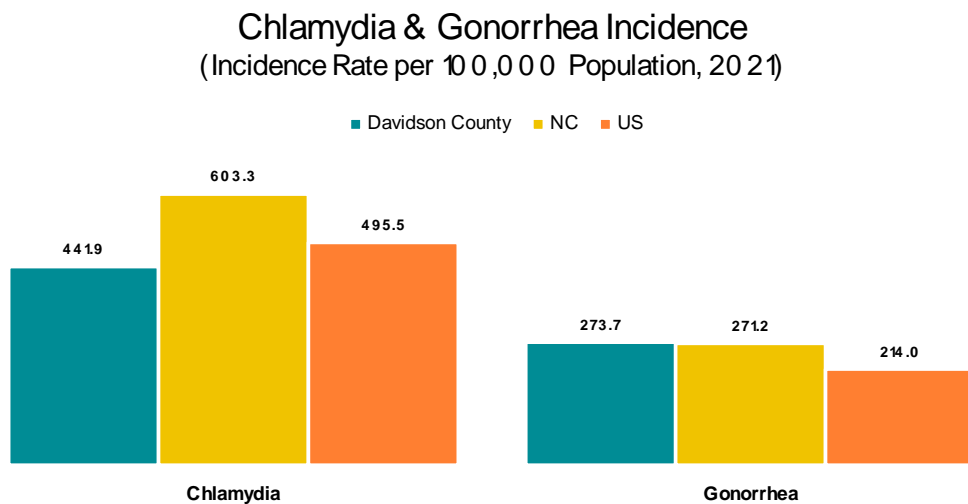
### Chlamydia

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.



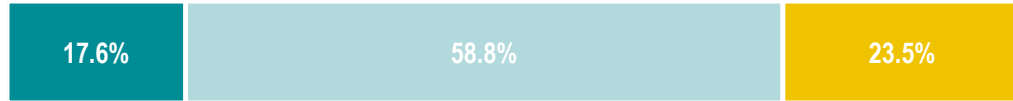
Sources: • National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

## Key Informant Input: Sexual Health

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; Davidson County, 20 24)

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



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

Lack of awareness and stigma. Davidson County is too conservative to talk about sexual health. – Public Health Representative

#### Homelessness

There are homeless and needy people that are going untreated with different illnesses. – Community Leader

# 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.

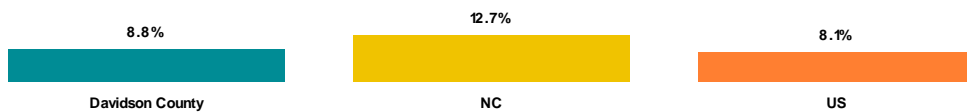
**PRC Survey** ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

**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)

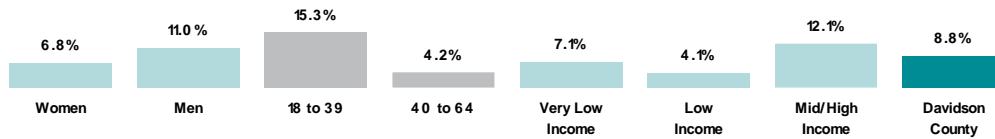
Healthy People 2030 = 7.6% or Lower



- 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.



## Lack of Health Care Insurance Coverage (Adults 18-64 ; Davidson County, 20 24) Healthy People 20 30 =7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]  
 • 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:

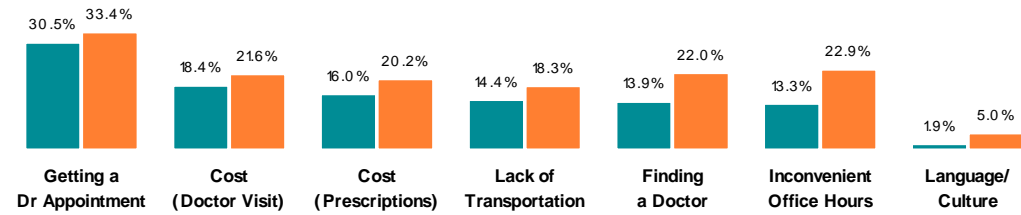
**PRC Survey** ▶ “Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?**”

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

■ Davidson County ■ US

In addition, 14.5% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



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 charts reflect 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.

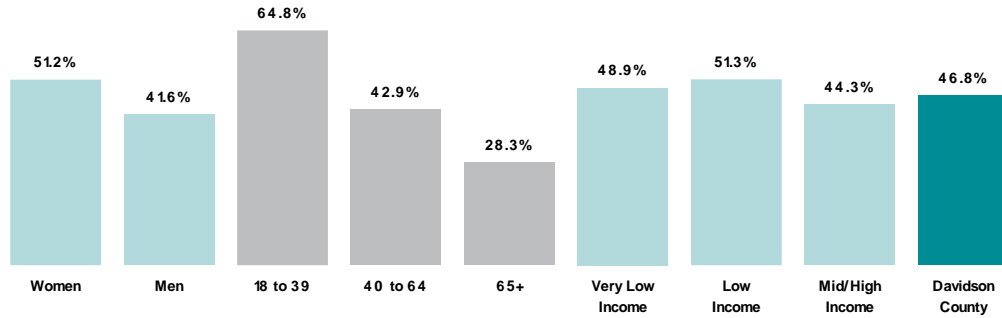
## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Davidson County, 2024)



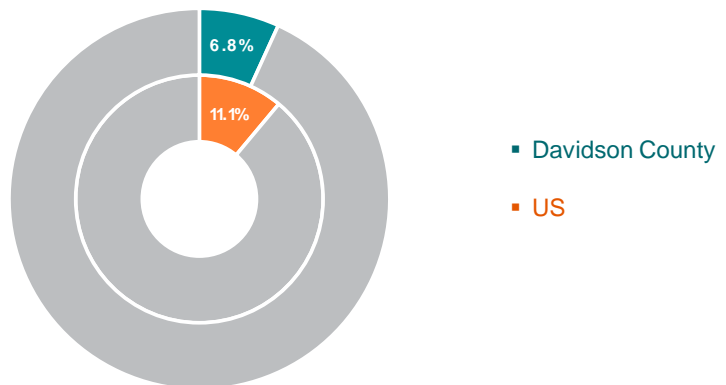
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]  
 Notes: • Asked of all respondents.  
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

### Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

**PRC Survey** ▶ “Was there a time in the past 12 months when you needed medical care for this child but could not get it?”

### Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0 -17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 90]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents with children age 0 to 17 in the household.

## 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; Davidson County, 20 24)

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



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

Two of the biggest challenges I have actually seen are lack of knowledge and transportation. So many people in our community are not aware of the seriousness of self-care. When they become aware of their health problems, the seriousness of their illness, the problem is not how do I get to a doctor who really is concerned about my health. Some people feel the doctors are just in the business of taking their money through the insurance companies. – Community Leader

Lack of knowledge about the resources that are available. It seems that a lot of folks just don't know their options. – Community Leader

#### Access to Care/Services

Access is the biggest challenge. We need to ensure that everyone has a primary care physician that has their best health issues as a priority. Due to poverty, health care, lack of public transportation, etc., access is the biggest challenge. – Community Leader

#### Lack of Providers

Lack of PCP in the area that have availability to see new patients (at least a three-month wait). Lack of transportation outside the city limits. Limited access to specialized medicine, such as neurology. Food desert, which creates difficulty getting nutritious food, like fruits and veggies. – Health Provider

#### Language Barriers

Language barrier of the Spanish-speaking population, and homelessness. – Health Provider



# 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.

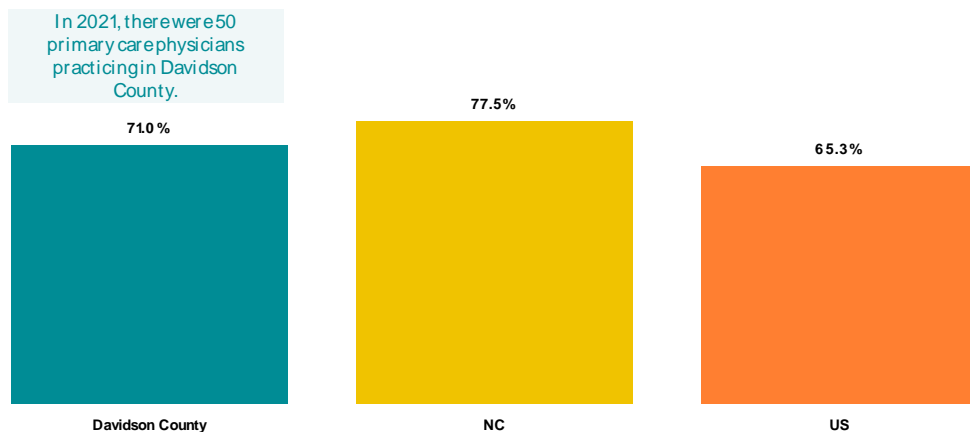
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— 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



- 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 Davidson 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.

**PRC Survey** ▶ “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0 -17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 91]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children age 0 to 17 in the household.

## 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.

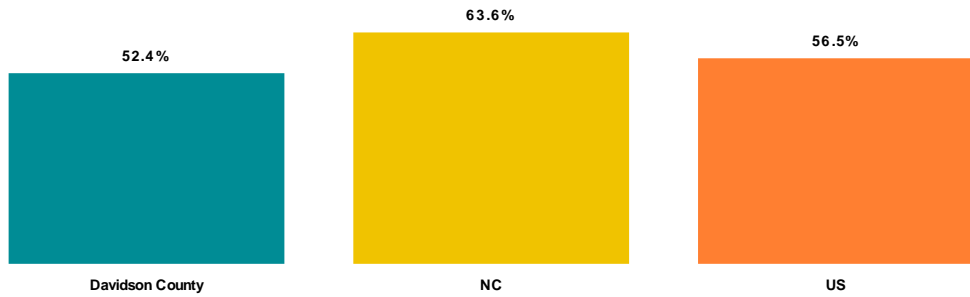
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching 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?”

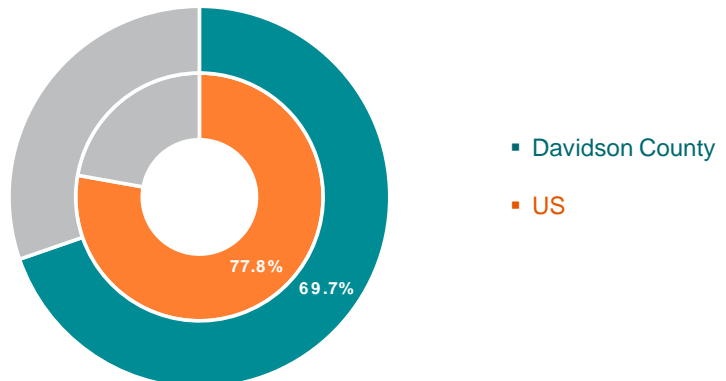
### Have Visited a Dentist or Dental Clinic Within the Past Year Healthy People 2030 = 45.0 % or Higher



- 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.

**PRC Survey** ▶ [Children Age 2-17] “About how long has it been since this child visited a dentist or dental clinic?”

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children 2 to 17) Healthy People 2030 = 45.0 % or Higher



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
  - 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 with children age 2 through 17.

## Key Informant Input: Oral Health

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; Davidson County, 20 24)

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



Sources: • YRNOW 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 for Uninsured/Underinsured

Lack of insurance coverage and cost of treatment. – Health Provider  
Not enough dentists that will see indigent clients. Very few accept Medicaid, and if they do, they are not accepting new patients. Kintegra has a clinic, but not everyone knows how to access their services. – Health Provider

#### Affordable Care/Services

Lack of access for the economically disadvantaged. – Physician

#### Lack of Providers

Davidson County is a physician-deprived area for dentists. – Community Leader

#### Prevention/Screenings

Folks seeking shelter haven't been seen by a dentist in years. – Community Leader

#### Co-Occurrences

Untreated tooth decay can cause other physical problems. – Community Leader





# 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”



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

- Atrium Health Wake Forest Baptist Medical Center
- Davidson County Medical Ministries
- Davidson County Transportation
- FaithHealth
- Health Department
- Medical Ministries
- NCCARE360
- Senior Services of Davidson County
- United Way

- Davidson County Health Department
- Davidson County Transportation
- Doctor's Offices
- DSS
- PACE
- Senior Services of Davidson County
- The Arc
- The Life Center of Davidson County

## Cancer

- American Cancer Society
- Cancer Services of Davidson County
- Doctor's Offices
- Hospitals

## Heart Disease & Stroke

- Atrium Health
- Atrium Health Wake Forest Baptist Medical Center
- Davidson County Health Department
- Davidson County Medical Ministries
- Doctor's Offices
- Low/No-Cost Physical Activity
- Medical Ministries
- Novant Health
- Preventative Health Care
- Public Health

## Diabetes

- Atrium Health
- Atrium Health Wake Forest Baptist Medical Center
- Davidson County Medical Ministries
- Doctor's Offices
- Health Department
- Kintegra Family Medicine
- Lexington Family Pharmacy
- Low/No-Cost Physical Activity
- Medicare/Medicaid
- Novant Health
- Preventative Health Care
- Senior Services of Davidson County
- YMCA/YWCA

## Infant Health & Family Planning

- Alpha Pregnancy
- Department of Social Services
- Health Department

## Disabling Conditions

- Atrium Health

### **Injury & Violence**

Davidson County Connect  
Davidson County Family Services  
DSS  
Homeless Shelter/Domestic Violence Shelters  
Law Enforcement  
Lexington City Schools  
Lexington Police Department  
Opioid Settlement Committee  
Public Health  
RHA  
Thomasville Police Department  
YMCA/YWCA

### **Mental Health**

Center for Emotional Health  
Davidson County Connect  
Davidson County Family Services  
Davidson County Health Department  
Davidson County Medical Ministries  
Daymark  
Doctor's Offices  
Family Services  
Hospitals  
Kintegra Family Medicine  
Monarch  
Nazareth Child and Family Connection  
Novant Health Thomasville Medical Center  
Behavioral Health  
RHA  
The Arc  
The Life Center of Davidson County

### **Nutrition, Physical Activity, & Weight**

Davidson County Health Department  
Davidson County Medical Ministries  
Davidson County Transportation  
Doctor's Offices  
Health Department  
Medical Ministries  
Parks and Recreation  
YMCA/YWCA

### **Oral Health**

Carolina Pines Dentistry  
Davidson County Medical Ministries  
Dentist's Offices  
Kintegra Family Dentistry  
Kintegra Health  
Lexington Dental Care  
Pugh Family Dental  
Welcome Family Dentistry

### **Respiratory Diseases**

Health Department  
Medical Ministries

### **Sexual Health**

Doctor's Offices  
Health Department  
Positive Alliance  
Public Health

### **Social Determinants of Health**

CCM  
Churches  
Community Action of Davidson County  
Davidson County Connect  
Davidson County Family Services  
Davidson County First Hope Ministries  
Davidson County Government  
Davidson County Health Department  
Davidson County Medical Ministries  
Department of Social Services  
DSS  
Family Services of Piedmont  
Health Department  
Home Solutions of Davidson County  
Hospitals  
Lexington City Schools  
Lexington Health Department  
Lexington Housing CDC  
Nonprofits  
RHA  
Salvation Army  
Senior Services

### **Substance Use**

AA/NA  
Atrium Health Wake Forest Baptist Medical Center

- Davidson County Connect
- Davidson County Government
- Davidson County Health Department
- Daymark
- DSS
- Health Department
- Law Enforcement
- Lexington Police Department
- Nazareth Child and Family Connection
- Opioid Settlement Committee
- Path of Hope
- Public Safety
- RHA
- School System

#### **Tobacco Use**

- Atrium Health Wake Forest Baptist Medical Center
- Davidson County Health Department
- Davidson County Medical Ministries
- Doctor's Offices
- Health Department
- Pharmacies
- Public Health
- RHA
- School System





# Appendix

## Evaluation of Past Activities

Health Priority: Access to Care	
<b>Strategy 1: Reduce transportation barriers and enhance awareness of available services</b>	
<p><b>Specific Interventions</b></p> <ol style="list-style-type: none"> <li>1. Share transportation and other resource information with attendees of community education events and health fairs</li> <li>2. Participate with Barriers to Access to Care Workgroup to identify and assist clients facing transportation barriers</li> </ol>	<p><b>Collaborative Partners</b></p> <p>AHWFB CareNet · AHWFB FaithHealth · Davidson County Transportation System · Davidson Medical Ministries · DayMark · DCCConnect · Path of Hope</p>
<p><b>Results/Impact</b></p> <p>During 2022 and 2023, the FaithHealth Connector connected the health system and community, and served 119 community members by providing 543 total caregiving encounters including 125 transportation 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. In particular, the FaithHealth Connector provides transportation for medical appointments. The Connector also assists with completion of applications for Medicaid, Medicare and Food Stamps. Food delivery is also provided.</p> <p>The Barriers to Access to Care Workgroup was combined with the DC Connect Advisory Council. The Advisory Council has a different focus.</p>	
<b>Strategy 2: Provide education regarding drug use and prevention</b>	
<p><b>Specific Interventions</b></p> <ol style="list-style-type: none"> <li>1. Share prevention information with attendees of community education events and health fairs</li> <li>2. Participate with Partners in Prevention Task Force</li> </ol>	<p><b>Collaborative Partners</b></p> <p>AHWFB CareNet · AHWFB FaithHealth · Davidson Medical Ministries · DCCConnect</p>
<p><b>Results/Impact</b></p> <p>The work of the Partners in Prevention Task Force was paused due to staffing/time constraints of collaborative partners.</p>	

## Health Priority: Social Impact and Injustice

### Strategy 1: Connect unhoused populations to community resources

<p><b>Specific Interventions</b></p> <ol style="list-style-type: none"> <li>1. Share housing resource information with FaithHealth clients</li> <li>2. Participate with DCConnect to identify and assist clients in need of housing</li> <li>3. Provide referrals to housing agencies within Davidson County</li> </ol>	<p><b>Collaborative Partners</b></p> <p>AHWFB FaithHealth · Community Action · Crisis Ministry · Open Hands · Salvation Army</p>
<p><b>Results/Impact</b></p> <p>Within the last year the impact has included referring 187 people to the Senior Health Insurance Information Program), 130 people to Social Services, 28 people to Med Assist, 22 people to Social Security, and 860 people to community resources.</p>	

### Strategy 2: Explore issues of health equity through partnering with community stakeholders

<p><b>Specific Interventions</b></p> <ol style="list-style-type: none"> <li>1. Collaborate with City of Lexington Human Relations Commission</li> <li>2. Participate with DC Connect to identify and assist clients in need</li> </ol>	<p><b>Collaborative Partners</b></p> <p>AHWFB FaithHealth · Lexington Alumnae Chapter of Delta Sigma Theta Sorority · City of Lexington’s Office of Diversity/Equity/Inclusion · Davidson Medical Ministries</p>
<p><b>Results/Impact</b></p> <p>FaithHealth Connector assisted with planning of the Health Equity Conference and Health Summit. The Connector also attended health fairs at local churches and referred attendees for care.</p>	

## Health Priority: Chronic and Emerging Diseases

### Strategy 1: Work with community organizations, congregational networks, and individuals to improve care, management, and prevention of chronic diseases

<p><b>Specific Interventions</b></p> <p>Providing health education/outreach encounters to community organizations and churches          Participate in Health Fairs/Events          Aid with access to medications</p>	<p><b>Collaborative Partners</b></p> <p>Davidson County Health Department · Davidson County Senior Services · Davidson Medical Ministries · Faith based organizations · AHWFB FaithHealth</p>
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**Results/Impact**

Community education has been the focus to decrease the amount of people who wait to come to the emergency room when having stroke-like symptoms and to use EMS. In 2023, nine events were held and served/screened nearly 700 people.

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