

CHNA Priorities Summary

The following were established as Wilkes County's health priorities for the next three years (2022-2025):

- Obesity and Chronic Disease
- Mental Health and Substance Abuse
- Access to Care
- Tobacco and Smoking

OBESITY AND CHRONIC DISEASE

Health Indicators

Obesity and overweight are precursors to several chronic diseases, several of which are prevalent in Wilkes County where they result in high mortality rates and numerous hospital admissions. It is a complicating condition for many other diseases and was a critical risk factor for poor outcomes with COVID infections.

Diabetes, a chronic disease related to obesity, was the eighth leading cause of death overall in Wilkes County in 2015-2019, with a mortality rate exceeded the state rate by 6% and had increased 7% since 2001-2005.

Other chronic conditions, including heart disease, high cholesterol, and high blood pressure (hypertensive disease) are also associated with obesity or at least with an unhealthy diet. Heart disease was the leading cause of death in Wilkes County in 2015-2019.

Unhealthy behaviors like sedentary lifestyles and consumption of sugar-sweetened beverages can increase the risk of overweight or obesity.

Specific Populations at Risk

The poor and uninsured. Obesity is sometimes—but not exclusively—associated with poverty, as the economically disadvantaged often do not have same access to healthy food and lifestyle choices as wealthier persons. An estimated 18% of the Wilkes County population, nearly 12,000 individuals, lived below the poverty line in 2019. Members of the community who lack health insurance are always at-risk for poor health outcomes, and the percent of the Wilkes County population under age 65 without health insurance was 16.4% in 2019, or more than 8,600 persons. While racially stratified data pertaining to the uninsured is not available for Wilkes County, it is likely that the BIPOC population is also vulnerable because of traditionally high rates of uninsured and poverty in this group.

Males. Mortality rates in Wilkes County for most chronic diseases are higher for males than for females. Heart disease and diabetes mortality rates for Wilkes County males exceed comparable mortality rates for females by more than 75%. Total cancer mortality rates are 41% higher among males compared to females.

African Americans. While stable, racially stratified diabetes mortality rates for African Americans in Wilkes County are not available, statewide the most recent diabetes mortality rate for African Americans was double the comparable rate for whites, and there is no reason to expect a lesser relative racial disparity in Wilkes County.

Children. As a behavior-related health outcome, obesity affects all cross-sections of society, but we do know that habits—good and bad—learned and practiced at a young age can make a difference, which would point to children as perhaps the population most vulnerable to obesity and its life-long effects. In 2018, Wilkes County 2-4-year-olds had higher rates of overweight (15.9%) and obesity (23.2%) compared to the state averages (14.4% and 15.9%, respectively).

Health Resources Available

Wilkes County YMCA. The Wilkes Family YMCA is active in the local community and offers a wide range of programs for the whole family including swim lesson, before and after school care and youth sports. The Y offers a comprehensive Wellness center with on-duty staff, group exercise programs, and Silver Sneakers classes for senior citizens. The Y is dedicated to social responsibility with efforts such as *Wilkes on Wheels*, a childhood obesity prevention program for under-served children in Wilkes County.

Food Pantries. Wilkes County has six food pantries, associated with Second Harvest Food Bank, which are accessed by low-income families throughout the county. The food pantries also link their clients to a wide variety of community resources. Numerous “blessing boxes” have popped-up over the last few years. These self-standing pantries are supported by local organizations such as local churches, day cares, schools, doctors’ offices, or non-profits. Communities members take what they need or leave what they can at the pantries. Local agencies have also supported numerous personal care pantries pop-ups to provide personal care products such as tooth brushes, toothpaste, and other personal care products for those in need. Our House and the Partnership for Children now have diaper pantries that offers supplies to families with children 3 and under.

Wilkes County Schools. Wilkes public schools started to participate in the Community Eligibility Provision (CEP), a part of the Healthy, Hunger-Free Kids Act of 2010, during the 2014-15 school year and have continued it through the 2018-2019 school year. CEP allows elementary and middle schools in qualifying districts to serve all students one free breakfast and one free lunch each day the student is in attendance. Wilkes County Schools has also integrated the SPARK curriculum into all 13 elementary PE classes.

Wilkes County Schools continues to use **FitnessGram**. Grades K-8 will continue to collect BMI data and test physical fitness using the FitnessGram model and sends the information home to parents.

Brenner FIT. The Brenner FIT Academy is a six-month program designed to help families with children, ages 2-18, who have concerns about their child's weight and health. No doctor's referral necessary. If families have a concern about their child's weight and health, the family may join the program. The program lasts for six months, and while family is enrolled and participates in classes, they receive a family membership at the Y.

MENTAL HEALTH AND SUBSTANCE ABUSE

Health Indicators

While the actual number of persons with mental health needs in Wilkes County is not precisely known, 32% of respondents to the 2021 Wilkes Community Health Survey reported a personal diagnosis of depression (only one kind of mental health problem), 11% felt their mental health was fair or poor, and 37% felt their mental health had gotten worse since the start of the COVID-19 pandemic. When asked to select three services needing improvement in Wilkes County, 26% of respondents identified Mental Health and Counseling services.

3% of all Wilkes Medical Center ED discharges are attributable to mental health diagnoses (including substance abuse). Many of these discharges likely represent a population unable or possibly unwilling to access other mental health providers. With 20% of Wilkes County uninsured and a poverty rate of 18%, it's likely that many who access the hospital ED instead of the "official" network of mental health practitioners do so because they cannot afford anything other than a provider of last resort.

The unintentional poisoning mortality rate in Wilkes County was higher compared to the state rate between 2009-2013 and 2015-2019.

The Centers for Medicaid and Medicare Services publishes data describing opioid prescribing patterns among Medicare Part D prescribers. In 2019, 80% of Part D prescribers across Wilkes County prescribed opioids, higher than both state and national averages (72% and 65%, respectively). According to data from the NC Opioid Action Plan, the percentage of residents dispensed opioid pills decreased between 2015 and 2020 but the Wilkes County percentage surpassed the state rate over those six years.

Administrations of naloxone by community-based agencies or law enforcement agencies were rare in Wilkes County. The number of buprenorphine prescriptions dispensed increased between 2012 and 2020, as did the number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs.

Specific Populations at Risk

The poor and uninsured. The uninsured and those in poverty are always at risk for poor outcomes to their mental health and substance abuse problems because of access issues. In addition, it is not uncommon for persons of any age burdened by economic and other life stressors to seek “relief” in alcohol or drugs. Access to mental health/substance abuse services in this group may be poor; the stigma of being poor or uninsured compounds the already prevalent stigma of mental illness of addiction.

Youth and the elderly. Youth may initially experiment with drugs or alcohol for other reasons, including peer pressure, risk-taking, and escapism. Youth suffering from depression and other mental health problems may be especially reticent to share and discuss their problems with anyone, despite an increased societal awareness of mental health issues. Consequently, youth are especially likely to suffer from undiagnosed and untreated mental health problems. Many elderly persons were raised not to discuss or even recognize mental health problems and attach to them a stigma that prevents them from seeking needed care even on their own behalf. The elderly may fall into prescription drug abuse accidentally, resulting in severe illness or death.

Whites. Neither African Americans nor Hispanics composed large percentages of the ED admissions for substance abuse; the vast majority were white non-Hispanic patients.

Health Resources Available

Wilkes County Schools has established substance abuse prevention teams in three middle schools and four high schools and is providing evidence-based curriculum and education to the Turning Points Alternative Learning Program within the Wilkes County School system. Prevention Teams and Turning Points focus on intervention and prevention of substance abuse among youth in Wilkes County, and continuously strategize and formulate more efficient ways to combat the issue.

A Project Lazarus Wilkes Youth Coalition (PLWYC) was formed by community members wishing to prevent prescription medication misuse and abuse and opioid poisonings among youth and young adults. Each coalition sector is given assistance in providing and developing educational materials for use within the sector they serve.

Access to Naloxone/Narcan Rescue Kits and training is available to those wishing to reverse overdose. Working as an antidote, naloxone blocks opioids from the brain’s receptors, allowing overdose victims to be revived. Naloxone must be prescribed by a healthcare professional (doctor, nurse practitioner, PA, or through the standing county order). Those who are uninsured or underinsured can receive a Naloxone auto injector at no cost thanks to grants and donations.

Medication disposal drop boxes, known as Project Pill Drop (PPD) is a service offered in five locations within the community. The boxes are permanent medication disposal drop

boxes within law enforcement agencies and pharmacies. Using a medication disposal drop box keeps medications out of landfills and water systems and diverts misuse.

The Lazarus Recovery Services (LRS) program is a peer-led recovery support program which combines case management, community resource navigation, crisis intervention, group facilitation, and family involvement. LRS is available for individuals suffering from a substance use disorder (SUD)/disease of addiction and their families and loved ones. The LRS program partners individuals seeking recovery with a Lazarus Peer Guide (LPG) to help navigate the recovery journey. LPGs are extensively trained and certified, have a desire to save and help others, and are themselves in recovery from the disease of addiction. Additionally, *Project Lazarus* offers training to community sectors on providing support mechanisms within their population groups to help erase the elements of stigma attached to substance use disorders and the disease of addiction.

Shirley B. Randleman Center at Synergy Recovery is an expansion of a regional crisis stabilization center. The facility-based crisis center provides secure, residential stays for people experiencing mental health and substance use disorders, as well as people in need of non-hospital detox. The center serves adults living throughout western North Carolina, with a focus on residents of Wilkes, Alleghany, Ashe, Watauga and Avery counties.

ACCESS TO CARE

Health Indicators

One of the best predictors of likely difficulty in accessing health care is being uninsured. Approximately 20% of the Wilkes County working age population (18-64) lacked health insurance in 2019, a large proportion of potential access problems.

Although poverty can also be a predictor, the cost of healthcare can be a significant burden for even those earning higher incomes. Nearly 18% of the Wilkes County population fell below the poverty line and income measures were thousands of dollars lower for Wilkes County residents compared to the state average in 2019. The average weekly wage in Wilkes County was lower compared to the state and 16% of the workforce was employed in the Retail Trade sector, an industry that does not always provide health or dental benefits.

While there exist safety net mechanisms, such as Medicaid and Health Choice, to help the poor overcome economic barriers to access, these safety nets do not always work where providers limit the number of public-assistance patients accepted, or where services and providers are out of reach of potential patients due to geographical and transportation barriers. Among the 9% of respondents to the 2021 Wilkes County Community Health Survey who reported having a problem accessing health care recently, 38% of those did not get care because of high costs or inability to afford care.

Compared to the state average, Wilkes County had lower ratios of health professionals per 10,000 population for physicians, dentists, registered nurses, and pharmacists in 2019. With 21% of active physicians and dentists over the age of 65 in 2019, access to care likely will not improve without the addition of new providers.

The ability of Wilkes County residents to access healthcare has implications for both of the previously identified priorities. Stigma about seeking treatment can apply to those suffering from obesity or from addiction or those receiving Medicaid benefits. Those struggling to pay for housing, food or childcare, regardless of income level, sometimes cannot prioritize even healthcare needed to manage chronic diseases.

Specific Populations at Risk

The poor and uninsured. Limited access to healthcare is specifically related to poverty and lack of insurance. While safety nets do exist to help the poor and uninsured, access to medical and dental care can be complicated by the often-limited appointment availability with an already small number of providers. A lack of specialists in the county and the concentration of services in the Wilkesboro/North Wilkesboro area means the accessibility and affordability of transportation is a complicating factor.

Medicaid clients. As noted previously, Medicaid clients may find that there are limited providers who accept their insurance, and working people, especially those who work multiple jobs or exclusively day-time shifts or have no weekday time off may find limited providers who offer appointments at hours they can seek services.

BIPOC population. While the proportion of BIPOC residents may be small in Wilkes County, poverty rates tend to be higher among African American and Hispanic members of the community. Twenty-four percent of non-white Wilkes County survey respondents had been treated unfairly often or sometimes when getting medical care because of their race/ethnicity in the past three years. Wilkes County is home to a significant number of foreign workers, especially Hispanics, for whom the lack of culturally appropriate services in their native language presents a significant access barrier.

Health Resources Available

The primary health care resource in Wilkes County is Wilkes Medical Center. Aside from Wilkes Medical Center there are a number of services available to community members seeking care.

Wilkes County Health Department (WCHD). WCHD offers a multitude of services to uninsured adults and children and those receiving Medicaid. The health department offers extended clinic hours to meet community needs. Services at the WCHD include family planning, breast and cervical cancer screening, pregnancy care management, pharmacy, immunizations, communicable and sexually transmitted disease management, environmental health and vital records keeping. Services for maternal

and child health include care coordination for children, mobile expanded school health (inclusive of immunizations, sports physicals, sick and injury care, counseling and support), newborn/post-partum services and services for women, infants and children (WIC). The Diabetes and Nutrition Center offers diabetes self-management education and medical nutrition therapy to community members and offers free classes to those who are uninsured/underinsured.

Wilkes Community Health Center (WCHC). WCHC is a public entity federally qualified health center (FQHC) that operates out of the health department. WCHC offers a multitude of services to community residents. The health center offers extended clinic hours to meet community needs. Services at the WCHC include adult health, child health, family planning, immunizations, behavioral health and other wrap around services. The FQHC enables Wilkes County to serve the underinsured/uninsured population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors made up of a majority of patients.

The **Wilkes Public Health Dental Clinic** provides private practice-type services to patients with Medicaid with sliding scale fees for those who qualify.

Other agencies offering care for underinsured/uninsured include Care Connection Pharmacy, Hugh Chatham Family Medicine Boomer, Hugh Chatham Family Medicine Mountain View, and Foothills Free Medical Clinic.

Wilkes County also has two urgent care facilities: Fast Med and Urgent Care at West Park. Residents who live in the eastern part of the county may choose to access the urgent care facilities located in Surry County: Hugh Chatham Express Care, and Mid-Atlantic QuickCare Urgent Care, both located in Elkin, NC.

Effective economic development—including affordable housing—that reaches even the “minimally prepared” was identified by community stakeholders as a “lifts all boats” way to address economic need in Wilkes County. The stakeholder group also repeatedly cited a need for a county-wide transportation system with regular routes and recommended that service agencies try to reach further into the rural parts of the county with satellite offices and mobile units.

Further, there is a need to expand or enhance *existing* programs to provide care at a reduced cost for patients with limited financial means who are un- or under-insured.

Finally, there is a general need for community organizations to increase awareness of available healthcare resources within schools, food pantries, churches, and media venues.

TOBACCO AND SMOKING

Health Indicators

The association of smoking with health consequences is now firmly established and is accepted by most of the public. As a result, tobacco-quitting behaviors have increased in recent years. For example, 21% of the respondents to the 2021 Wilkes County Community Health Survey reported that they once smoked but had quit, and another 4% said they are actively trying to quit. Nevertheless, smoking remains prevalent in Wilkes County, where 5% of survey respondents say they currently smoke and do *not* identify themselves as “trying to quit”.

Most experts agree that chronic lung disease, including emphysema, is associated with smoking. Chronic lower respiratory disease (CLRD) was the third leading cause of death in Wilkes County in the 2015-2019 period, with a mortality rate 51% higher than it was in 2001-2005 and 52% higher than the comparable rate statewide. Four percent of survey respondents reported receiving a COPD diagnosis (including bronchitis or emphysema) from a medical professional. According to Wilkes Medical Center data for FY2015 through FY2020, there were 3,515 ED discharges (2.4% of all ED discharges) and 820 IP discharges (3.8% of all IP discharges) associated with a diagnosis of CLRD. The mortality rate for lung cancer (a chronic condition as long as the patient lives) in Wilkes County has decreased over the past decade, but it remains higher compared to NC.

Specific Populations at Risk

Pregnant Women. High percentages of pregnant women in the county smoke during their pregnancies and the proportion has not improved much over time. As reported previously, in 2019 20% of Wilkes County pregnancies involved women who smoked while pregnant, a figure almost three times higher than the comparable average statewide. These women are at risk for adverse health outcomes for themselves and/or their babies.

Males. Analysis of 2021 Wilkes County Community Health Survey results by gender shows that 42.0% of males reported current or previous tobacco use compared to 26.8% of females.

Youth. According to the Youth Substance Use Survey conducted at the beginning of SY21-22, approximately 8% of high school respondents reported ever using tobacco and 19% had used a vape device. Nearly 5% reported using tobacco in the past 30 days and 11% reported current vape use. Among middle school respondents, 5% had used tobacco and 8% had used a vape device; less than 5% reported current tobacco or vape use. Students were asked their perception of the risk of physical or other harm when using substances: 8.5% of high school respondents saw no risk of harm in smoking one or more packs of cigarettes per day and more than 10% saw no risk of harm in vaping several times a day. The proportions were even higher among middle school respondents: 19% felt there was no risk of harm in smoking one or more packs of cigarettes every day; 19% also saw no risk of harm in vaping several times a day (95).

Health Resources Available

Currently Wilkes County offers access to the free North Carolina Quitline.

Tobacco Free Policies. Wilkes Community College amended their tobacco-free policy to specifically include electronic cigarettes as well. Wilkesboro parks and the greenways throughout the county are tobacco-free. Both of the farmers markets are tobacco free as well. Through the efforts of the Community Transformation Grant (CTG) Project, Northwest Regional Housing Authority adopted a multi-unit housing smoke-free policy. In addition, we had four other multi-unit housing complexes go smoke free. As of July 1, 2018, all HUD housing is now smoke-free inside the units.

Clinical Effort Secondhand Smoke Exposure (CEASE) Interventions. CEASE aims to reduce tobacco use and second-hand smoke and may in the future include a focus on increasing access and availability of nicotine replacement therapies (NRTs) or evidence-based programs among pediatricians to promote tobacco cessation in parents or other adults who smoke in households where children live. Additionally, WCHD could provide training to local medical offices and healthcare providers about “5 A’s”.

Wilkes County Schools. Wilkes County Schools specifically cite electronic cigarettes in their tobacco-free campus policy. Starting in the fall of 2019, all middle school and all 9th graders will start the Catch My Breath curriculum.

In addition, Wilkes County Health Department continues to work with the **Northwest Regional Tobacco Manager** to host 5A trainings to providers and community members when requested. Wilkes County Health Department also has trained 2 health educators, 4 school nurses, and 1 community member to be Certified Tobacco Treatment Specialist.

In the arena of secondhand smoke reduction, it may be necessary to encourage more public places to establish and enforce smoke-free or tobacco-free policies. This would include more efforts to connect with local government to address and adopt smoke-free policies.