

**Lexington Medical Center
Community Health Needs Assessment
Accepted by the Board of Trustees
Approved on May 28, 2013**

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I. Background

Lexington Medical Center (LMC) is a North Carolina not-for-profit corporation that owns and operates a 94-bed, community hospital. Lexington Medical Center (LMC) serves the city of Lexington, North Carolina and the greater Davidson County area. LMC has served the needs of its community since the 1920s. LMC is currently owned by Wake Forest Baptist Medical Center and is part of a healthcare enterprise serving the Piedmont region of North Carolina.

In Fiscal Year 2012, LMC provided care for 4,045 inpatient admissions, 3,302 inpatient and outpatient surgical cases, 111,436 (including provider based clinic technical) outpatient visits, and 36,574 emergency department visits. A high proportion of this care represented charity care- accounting for \$4,903,054 dollars or 3% of gross revenue.

Our Vision

Lexington Medical Center will serve the residents of Lexington and Davidson County as a quality and value oriented hospital and system of health services that address the health and wellness of the community, the management of chronic and acute needs, and the restoration of health through provision of post discharge services.

Our Mission

The mission of Lexington Medical Center is to provide an appropriate level of inpatient and outpatient service capability in a high quality, compassionate, cost effective manner to anyone presenting in need.

Our Values

Health Services for the citizens of our community based on medical and ethical considerations of patient's needs, provided with dignity, compassion and respect. A working environment where physicians and employees abide by an established code of conduct and ethics, are treated with dignity, trust and respect and provided with the opportunity for personal and professional growth. A health care system that is fiscally prudent, ethically administered, economically sound and provides the financial means to meet the health care needs of the community we serve, including those with a limited ability to pay.

II. Establishing the Community Health Assessment Infrastructure

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. The North Carolina Community Health Assessment (CHA) process engages communities in eight phases, providing a systematic way of engaging residents in assessing problems and strategizing solutions for health issues. The CHA model sets the standard for a comprehensive and collaborative assessment for North Carolina counties to follow. The eight phases include:

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

Involving a variety of people in the assessment process was vital to fully understand the community’s perspective on health, determine what health issues the community deemed most important, and discern the perceptions held by Davidson County residents. The Davidson County Health Department, Lexington and Thomasville Medical Centers, members from partner agencies, and community representatives formed the Davidson County Community Health Assessment Planning Team in February 2012. *Please see exhibit 1 for a complete list of CHNA participants.

Figure 1 - ACHI 6-Step Community Health Assessment Process



III. Defining the Purpose and Scope

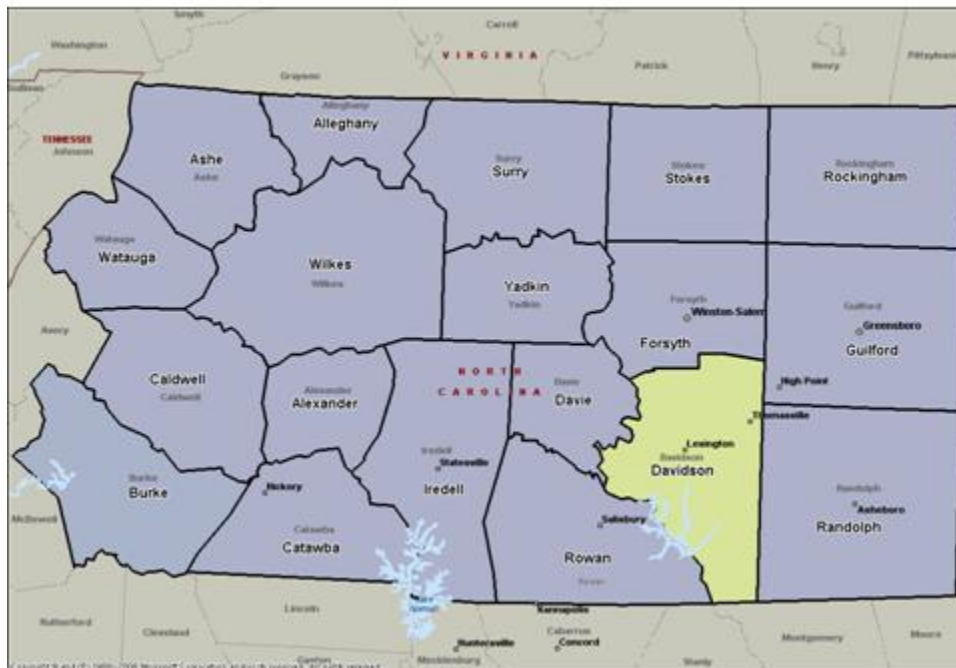
Founded on the principles of collaboration and community mobilization, the community health needs assessment process was conducted to include the following scope: 1) a definition of the community served and a description of how the community was determined; 2) a description of the process and methods used to conduct the assessment; 3) a description of how the hospital facility took into account input from persons who represent the broad interests of the community; 4) a prioritized description of the significant health needs identified through the assessment; and 5) a description of the potential measures and resources identified through the CHNA to address the significant health needs. Particular emphasis was placed on ensuring that the broad interests of the community were taken into account including the medically underserved, low income and minority populations, which were represented throughout the data collection and community prioritization process.

A) Defining the Primary Community Health Assessment Service Area

To effectively reach the mission, LMC conducted a collaborative formal community health needs assessment (CHNA) using a multiple organization partnership approach in coordination with the public health department and Thomasville Medical Center during FY 2012-13. LMC is located in central Lexington, Davidson County, with 90% of all inpatient admissions originating from Davidson County.

County	Inpatient Discharges	%
Davidson	3580	89%
All Other	465	11%

Therefore, the primary community benefit service area (CBSA) as defined in the CHNA is Davidson County, North Carolina. See service area map below.



IV. Collecting and Analyzing Data

A) Community Perspective

The community's perspective was obtained through two sources of primary data collection- 1) A door-to-door survey of Davidson County residents to identify their top health concerns and their top barriers in accessing health care and 2) Six focus groups conducted with residents throughout the county including key underserved, low income and minority communities. Collectively, the input from the community was used to gauge the community's thoughts and perceptions regarding a wide range of community and healthcare issues. For the full detailed report and the complete set of primary data collection findings please refer to the report- 2012 Davidson County Community Health Assessment Report -

<http://www.dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>

The community's perspective was obtained through two sources of primary data collection. A 34-item survey asked respondents to identify their top health concerns and their top barriers in accessing health care. In addition, six focus groups with key communities were conducted throughout the county. Collectively, both were valuable in gauging the community's thoughts and perceptions regarding a wide range of issues.

Primary Data Collection Methods

1) Door-to-Door community opinion survey: Utilizing the CDC 30-7 rapid needs assessment sampling method, 209 household completed a 34-item question survey in early March 2012 that asked questions regarding preventive care and health behaviors, mental health issues, environmental health issues, disaster preparedness, access to health care, and various personal and household demographics.

The mean age of survey respondents was 56 years and ranged from 19–90years (Figure 4.2). Table 4.1 displays data for gender, race, and ethnicity. The majority of survey respondents were female (57.9%; 95% CI [51.1, 64.6]). Most reported white race (87.1%; 95% CI [82.6, 91.7]), with only 6.2% (95% CI [2.9, 9.5]) reporting black race (Figure 3). Few survey respondents reported Hispanic or Latino ethnicity (2.9%; 95% CI [0.6, 5.1]). These demographic characteristics were very similar to the 2010 census projections, with the exception of gender and age. The distribution of age among respondents was generally older than that of the county census estimates, as individuals interviewed had to be at least 18 years of age (Table 4.1). Additional demographics collected were education and household income. High school was the most commonly reported highest level of education completed (32.5%; 95% CI [26.1, 38.9]), with 16.2% (95% CI [11.2, 21.2]) reporting an associate degree from college, and 7.7% (95% CI [4.0, 11.4]) reporting a bachelor's degree from a four-year college (Figure 3). Of the participating respondents, the most commonly reported household income was \$25,000–\$34,999 (15.8%, 95% CI [10.8, 20.8]).

Administration of the community health opinion survey was facilitated with the assistance of the UNC Center for Public Health Preparedness (UNC CPHP), using a two-stage cluster sampling methodology developed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). This methodology allowed for the collected data to be generalizable to the target population, Davidson County, based on population-based sampling weights from each census block. The results are summarized below:

Top 5 Most Important Health Problems	Top 5 Unhealthy Behaviors
Cancer	Drug Abuse- Prescription Drugs
Diabetes	Alcohol Abuse
Heart Disease	Smoking/Tobacco Use
Aging Problems	Lack of Exercise
Obesity/Overweight	Poor Eating Habits
Top 5 Most Important Community Issues	
Unemployment	
Lack of Health Insurance	
Low Income/Poverty	
Affordable Health Services	
School Drop-outs	

2) Focus Groups: To complement the quantitative data collected in the survey, qualitative data were gathered from 71 adult and 16 youth in six focus groups, which were conducted in April 2012. The goal of the focus groups was to give traditionally hard-to-reach populations an opportunity to share their concerns about health; to further explore areas of interest where data are lacking or hard to interpret; and to gain a more well-rounded understanding of what health concerns are in Davidson County. The areas identified as gaps in the quantitative data sampling included African-Americans, teens, Hispanics, pregnant women, those with a history of substance abuse, the uninsured, and senior citizens. Davidson County was described by all groups as a cohesive and friendly place to live, work and raises a family. Its greatest strengths articulated were that the residents come together to help each other. Health care access is also a big issue in Davidson County, according to this qualitative data obtained from its residents. Teenagers are concerned about their health, especially when it comes to exposure to second hand smoke and poor nutrition, along with sedentary lifestyles. Seniors saw improvements to the community in more health clubs and facilities made available for more residents. Exercising more, getting outside and walking, and having those who are active help to motivate others who are more sedentary to get moving, were reported as ways to help improve the health of this community.

The Hispanic pregnancy focus group responded to the issue of community health concerns by identifying drugs; people unaware of available resources; alcoholism; tobacco; gangs; violence; quitting school; child abuse; bullying. The teens reported unhealthy eating habits as one of the main health concerns in their community. They spoke of the frequency of fast food intake and how it is encouraged by having popular hang-out spots at McDonalds and Hardees. Members of the church group also reported their health concerns for the community included not having enough areas for recreation and physical activity. They also expressed that there was a large youth community in Davidson County and not having enough activities available to occupy their free time, leading to substance abuse and increased risky behavior.

Overall, top concerns reported included the need for greater physical activity as it leads to health and the need to ensure adequate employment for its residents.

B) Health Experts

LMC worked with Jen Hames, Health Education Supervisor, of the Davidson County Health Department with expertise in Community Health, Health Promotion and Community Coalitions. LMC also contracted with the North Carolina Institute for Public Health (NCIPH) to coordinate and administer the CHNA

process. NCIPH has significant experience in building capacity among local public health agencies to conduct community health assessments and strengthen community health improvement efforts.

C) Community Stakeholders

Forty five community leaders representing the faith community, private business, healthcare, higher education, preK-12 education, public safety, social services, mental health, government, and private and public foundations completed an online survey during the month of April 2012 with questions on wide variety of topics including the ways county residents hear about their services, the barriers residents face in accessing their services, and methods used to eliminate or decrease any barriers. The complete list of key CHA stakeholders can be found in Exhibit 2.

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

The challenges identified that Davidson County faces were: employment, conservative thinking, aging population, education of the workforce, economy, transportation, increasing Hispanic population, sales tax revenue, fewer options in county for shopping, equal care throughout the county, quality of life services, lack of educational attainment, lack of engaged parents due to substance abuse, lack of mental health services, getting citizens more involved in the community, the ability to provide adequate services as state government reduces funding, lack of primary care unit, getting to primary care provider on long weekends without using ER, Thomasville and Lexington collaboration, need for a single school system, reduction of funding for programs serving unemployed citizens, and each of the services for the city of Denton. The most important health behaviors, identified most frequently by respondents, affecting the residents of Davidson County were obesity and tobacco use.

D) County Level Health Statistics/Indicators

An additional aspect of the CHNA process was to review all readily available secondary data published by the local health department and the North Carolina Department of Health and Human Services.

LMC staff reviewed the following local and state data sources:

- Davidson County Health Department Data- mortality, morbidity, mental health
- North Carolina Center for Health Statistics-North Carolina Healthy People 2020
- NC Community Health Information Portal

LMC also reviewed the following national data sources:

- Healthy People 2020 - National Agenda
- Centers for Disease Control reports/updates
- Dignity Health- Community Need Index

The data below is categorized into nine public health data categories with local and state and national data reviewed for each

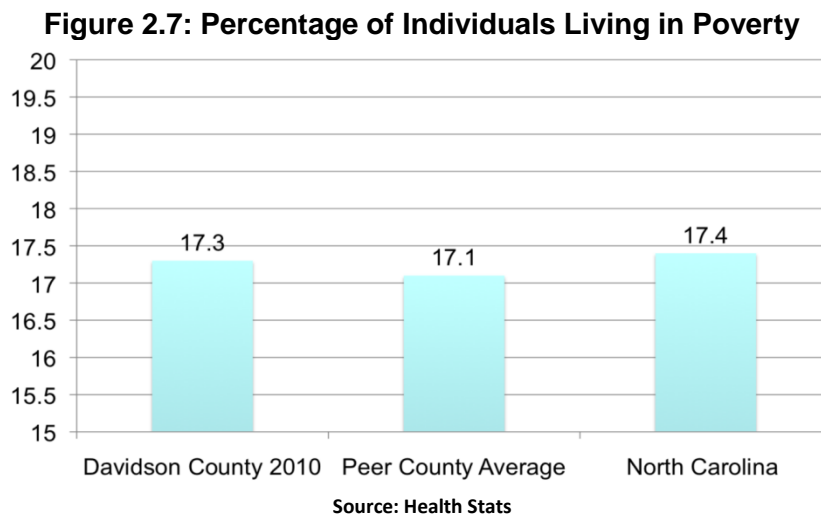
1. Social Determinants of Health

Social determinants of health are defined by the Centers for Disease control as the circumstances, in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. The CHNA regarded social/health disparities as an important aspect to understanding the relation of healthcare needs to the community. Education was identified as leading Health Indicator in Davison County to address social determinants as a means to improve population health. Higher levels of education are associated with:

- Longer life expectancy
- Financial security
- Improved health and quality of life
- Health-promoting behaviors like getting regular physical activity, not smoking, and going for routine checkups and recommended screenings.

In 2009, the four year high school graduation rate was 78.7%; High school drop-outs are five times more likely to live below the poverty line, earn 32% less on average than graduates, live nine years less, and are more likely to serve time in jail. This rate is consistent with peer counties and the state, all of which are significantly lower than the Healthy NC 2020 target of 94.6%.

The average annual pay in Davidson County rose going from \$38,692 in 2000 to \$44,249 in 2010 and Davidson County average per capita income was \$1,511+ higher on average than North Carolina from 2000-2010. The percent of the population living below poverty level in 2010 overall was 17.3% which is consistent with the state average.



The number of Davidson County residents employed fluctuated between 2000 and 2010, indicative of the economic downturn. Annual unemployment rates in Davidson County rose sharply during the period reaching a peak of 13% in 2009. While the rates of unemployment in the county have exceeded state rates every year in the 2006-2011 time periods, the gap between the rates has been on a downward trend since 2009. In April 2012, the unemployment rate in the county dipped into single

SOCIAL DETERMINANTS

Indicators	Forsyth	Davie	Davidson	Benchmark/ Targets
<u>Healthy People 2020</u>				
% Graduate HS in 4 years (2010-11)	78.80%	76.60%	78.70%	82.40%
<u>NC Healthy People 2020</u>				
% Persons Living in Poverty	16.70%	14%	17.30%	12.50%
% Spending >30% Income on Rent	46.10%	33.80%	37.50%	36.10%
<u>RWJ Indicators</u>				
% Age 25-44 w/ some post-secondary education	61.70%	57.60%	48.90%	-
% Ava Freshman Graduation Rate	82.10%	77.30%	80%	-
% Children Eligible for Free lunch	38.70%	21.50%	16.40%	45%
% Children in Poverty	24.20%	21.60%	26.30%	13%
% High Housing Costs	31.60%	24.20%	27.50%	32%
% Illiterate	13.20%	12.40%	14%	13.60%
% No Social/ Emotional Support	17.90%	18.50%	22.40%	14%
% Single Parent Households	37.10%	22.50%	31.10%	20%
% Unemployed	9.90%	10.80%	12.50%	5.40%
Median Household Income	\$44,443	\$46,957	\$40,618	\$43,417

2. Access to Healthcare Services

Davidson County has a shortage of primary care providers and a lower percentage of adults reporting having a usual primary care provider as Davidson County is recognized as a Medically Underserved Area. A shortage of primary care, mental health and dental providers combined with an aging workforce nearing retirement limits the availability of services to residents. There are significantly fewer primary care physicians, psychologists and dentists in Davidson County as compared to the state and peer counties. Davidson County also continues to have a high percentage of uninsured when compared to benchmarks as well as lower median income when compared state and national averages. Barriers like lack of health insurance and the high cost of medical care decrease access to quality health care and can lead to unmet health needs. This includes delays in receiving appropriate care, inability to get preventive services, and potentially preventable hospitalizations thus increasing mortality and morbidity (HHS, 2010). Approximately 19% of Davidson County residents were without health insurance in 2010.

	Forsyth	Davie	Davidson	Benchmark/Targets
<u>Healthy People 2020</u>				
% persons with usual primary care provider	86.30%	na	72.50%	83.90%
<u>RWJ Indicators</u>				
% could not access doctor due to cost	13%	16%	21%	17%
% uninsured	17.00%	19.00%	19.00%	11%
PCP Physicians	624:1	2,282:1	2,508:1	631:1
Preventable Hospital Stays	61	75	84	49

3. Chronic Disease

Chronic diseases are diseases that are long lasting more commonly found in older populations and rarely cured. Chronic diseases are preventable, yet cause the majority of death and illness in the US. Examples of chronic disease include: heart disease, stroke, diabetes, arthritis, and cancer. Nearly 1 in 2 Americans is living with a chronic disease.¹ Three Healthy NC 2020 objectives relate to chronic disease. Davidson County consistently demonstrates higher death rates related especially as it relates to cancer and heart disease.

Cardiovascular Disease

Cardiovascular disease, commonly called heart disease, refers to a group of heart conditions. The most common is coronary artery disease. It also includes heart attacks, anginas, heart failure, stroke and arrhythmias. Heart disease is the leading cause of death in the United States. Diseases of the heart were the leading cause of death in Davidson County from 2006-2010. Correspondingly, the cardiovascular disease mortality rate was 263.9 per 100,000 people in 2010. This is higher than the cardiovascular disease death rate in peer counties and the state as a whole, and significantly higher than the NC Healthy People 2020 target.

Cancer

From 2005-2009 there were 4,330 diagnoses cancer cases in Davidson County. The rates of common cancers are found in the table below. Davidson County has an overall lower cancer rate than the state (494 vs. 500) and lower prostate and female breast cancer rates than the state. Colorectal and lung cancer rates are higher than the state averages.

Davidson County Cancer Rates 2005-2009

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

Source: County Health Data Book

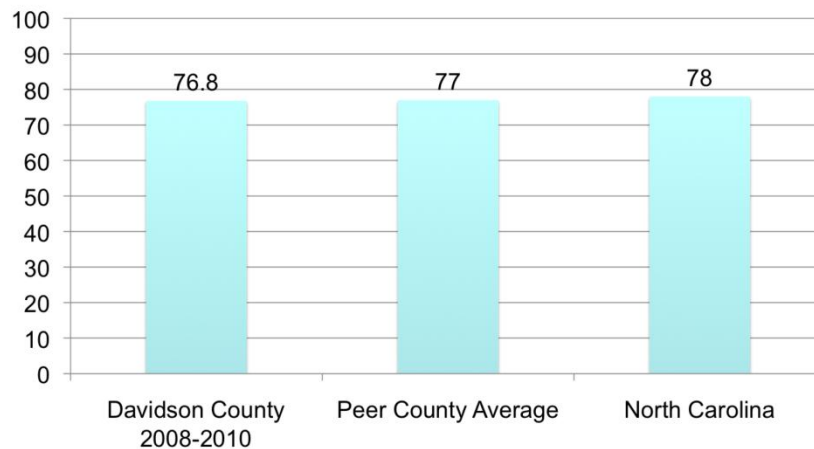
	<u>Forsyth</u>	<u>Davie</u>	<u>Davidson</u>	<u>Benchmark/Targets</u>
<u>Healthy People 2020</u>				
Age Adjusted Heart Disease Deaths per 100K	101.9	120.4	162.6	100.8
Cancer Death Rate per 100K	181.3	173.8	189.7	160.6
Breast Cancer Death Rate per 100K (females)	23.5	22.1	22.9	20.6
Lung Cancer Death Rate per 100K	54.2	61.7	61.9	45.5
Prostate Cancer Deaths per 100K (males)	25.9	18	23.6	21.2
Stroke Deaths per 100K	53.7	41.6	58.3	33.8
<u>NC Healthy People 2020</u>				
Age Adjusted CVD Deaths per 100K	197.2	196.5	263.9	161.5
Age Adjusted Colorectal Deaths per 100K	15	13.6	16.8	10.1
Age Adjusted % Adults w/ Diabetes	7.90%	8.30%	9.70%	8.60%
<u>RWJ Indicators</u>				

¹ Centers for Disease Control and Prevention (CDC)

% Diabetic	9.50%	10.30%	9.90%	10%
<u>NC Healthy People 2020</u>				
% Adults with Colorectal Cancer Screening	62.40%	-	60.30%	70.50%
<u>RWJ Indicators</u>				
%HbA1C Screening	87.60%	88.80%	85.80%	-
% Mammography Screening	66.60%	66.10%	63%	74%
Ambulatory Care Sensitive Conditions Rate	61.20%	75.30%	83.80%	-

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

Figure 3.1: Life Expectancy at Birth



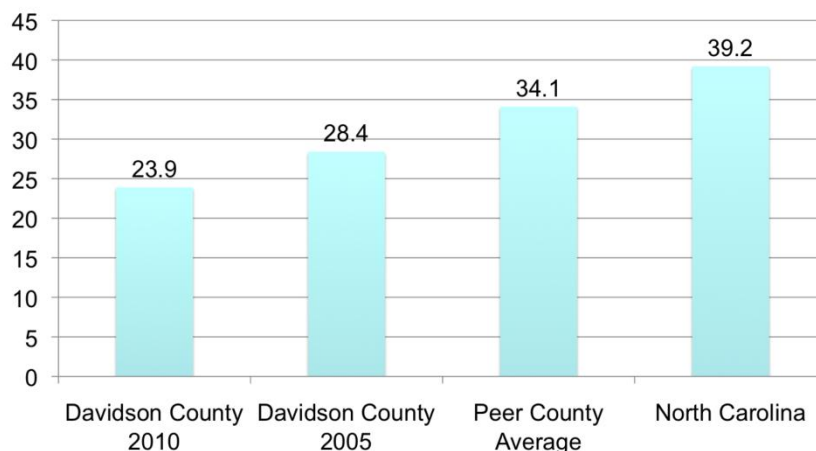
4. Mental/Behavioral Health

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

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

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

Figure 3.33: Persons Served in Mental Health Programs per 1,000 People



Indicators	Forsyth	Davie	Davidson	Benchmark/ Targets
% Adults Good/Very Good/Excellent Health	85.70%	83.90%	80.50%	90.10%
Life Expectancy	78.7	79.6	76.8	79.5
<u>RWJ Indicators</u>				
% Fair/Poor Health	13.70%	17.50%	19.90%	10%
Mentally Unhealthy Days	3.2	3.3	3.7	2.3
Physically Unhealthy Days	3.1	4.6	4.2	2.6
Years of Potential Life Lost	7,938	7,444	8,582	-

5. Infectious Disease

North Carolina requires certain sexually transmitted diseases (STDs), as communicable diseases, to be reported to local health departments who then report to the state. These STDs are human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), Chlamydia, Gonorrhea, and Syphilis. HIV case reports include all new diagnoses with HIV regardless of stage.

HIV & AIDS-Cases are counted as date of first diagnosis for HIV. AIDS case reports only count those with HIV infection who have progressed to a later, more life-threatening stage of HIV. AIDS case report represents persons previously diagnosed with HIV. Significantly fewer individuals are living with HIV/AIDS in Davidson County as compared to peer counties and the state. The HIV prevalence rate per 100,000 is 154.5 compared to a rate of 299 at the state level. There is no available data for new HIV cases for Davidson County in 2010 because fewer than 10 cases were reported.

Indicators	Forsyth	Davie	Davidson	Benchmark/ Targets
<u>NC Healthy People 2020</u>				
Age Adjusted Pneumonia Flu Deaths per 100K	16.9	22.4	24.9	13.5
HIV Prevalence Rate	404	76	154	294

6. Maternal, Infant, Child Health

Maternal and Infant Health is generally concerned with the health of women and infants from pregnancy through the first year of life. Infant mortality is the death of a live born infant within the first year of life. Low birth weight, prematurity, SIDS, congenital anomalies and birth defects are all contributors to infant mortality. Of particular concern is the racial disparity present in infant mortality. Healthy NC 2020 has three maternal and infant health indicators. Additional indicators about women and infants during this period have been included. The death rate of African American infants in the first year of life is 2.6 times that of white infants in Davidson County. This ratio is greater than North Carolina as a whole and the 2020 target, but lower than the peer county average.

Indicators	Forsyth	Davie	Davidson	Benchmark/ Targets
Infant Deaths per 1K Live Births	10.5	5	8.9	6
% Preterm Birth of All Live Births	15.10%	15.90%	14%	11.40%
<u>NC Healthy People 2020</u>				
Infant Deaths per 1K Live Births	10.5	5	8.9	6.3
Ratio Black to White Infant Mortality	3.07		2.64	1.92
<u>RWJ Indicators</u>				
% Low Birth Weights	10.70%	8.40%	9.40%	6%
Teen Birth Rate	49.7	36.8	55.4	22

7. Nutrition, Physical Activity, Obesity

Physical activity and nutrition can alleviate negative health effects and contribute to maintaining a healthy body weight

Obesity

During the past twenty years, obesity rates have increased in the United States; doubling for adults and tripling for children. The most important health behaviors, identified most frequently by respondents, affecting the residents of Davidson County were obesity. In Davidson County, the rate of overweight and obese adults has increased in the last 5 years; as over 2/3 of adults are overweight or obese. Overweight is defined as having excess body weight for a particular height from either fat, muscle, bone, water, or a combination thereof. Obesity is defined as having excess body fat. Both result from a caloric imbalance in which too few calories are expended for the amount of calories consumed.

Physical Activity & Nutrition

Among adults, 45.5% report getting the recommended 30 minutes of moderate physical activity five or more days per week, or 20 minutes of vigorous physical activity three or more days per week. While this is significantly lower than the objective, and less than peer counties and the state, between 2005 and 2009 Davidson County closed the gap between county and state proportions. In the four-year period, 35% more adults reported meeting physical activity recommendations. In addition, fewer than 1 out of 5 adults in Davidson County currently eats the recommended 5+ servings of fruit and vegetables per day. This is consistent with peer counties and slightly lower than North Carolina as a whole.

Indicators	Forsyth	Davie	Davidson	Benchmark/ Targets
% Adults Meeting Physical Activity Recommendations (2009)	42.10%		45.50%	60.80%
<u>NC Healthy People 2020</u>				
% Adults Eating 5+ Fruits/Veggies per Day (2005-2009)	23.90%	22%	18.70%	29.30%

RWJ Indicators

% Obese	25.60%	28.50%	29.20%	25%
% Physically Inactive	21.30%	28.90%	30%	21%

8. Injury & Violence

Injury and poisoning is a leading cause of death and disability for residents, particularly younger residents. This primarily focuses on traffic accidents, falls and drug overdose but is inclusive of homicide, violent crimes, domestic violence, burns, drowning and other accidents. In particular, the unintentional poisoning mortality rate of 14.7 per 100,000 people in Davidson County from 2006-2010 is significantly higher than peer counties and North Carolina.

Healthy People 2020

Age Adjusted Homicide Deaths per 100K	6.1	na	4.4	5.5
Fatal Injury Deaths per 100K	47.5	74.8	59.3	53.3

NC Healthy People 2020

Age Adjusted Unintentional Poison Deaths per 100K	8.7	13.7	14.7	9.9
Age Adjusted Unintentional Fall Deaths per 100K	6.6	10.3	8.8	5.3

RWJ Indicators

Homicide Rate	7.2	na	4.7	
Motor Vehicle Mortality rate	13.3	21.3	22.2	
Violent Crime Rate	661	185.4	292.6	73

9. Physical Environment

When asked to identify an environmental health concern that they believe most affects their health, Davidson County participants reported drinking water (27.8%; 95% CI [21.7, 33.9]), air quality (13.4%; 95% CI [8.7, 18.1]), food safety (11.4%; 95% CI [7.1, 15.8]), and second-hand smoke (10.1%; 95% CI [6.0, 14.2]) as their top concerns.

<u>Indicators</u>	Forsyth	Davie	Davidson	Benchmark/ Targets
<u>RWJ Indicators</u>				
% Fast Food Restaurants	46.60%	46.70%	38.90%	25%
% Limited Access to Healthy Foods	10.80%	21.80%	na	0%
% Zip Codes with Healthy Foods	87.50%	100%	80%	
Air Pollution- Particulate Matter Days	1	na	1	0
Air Pollution- Ozone Days	10	11	6	0
Recreational Facility Rate per 100K	15.30	4.8	12.6	

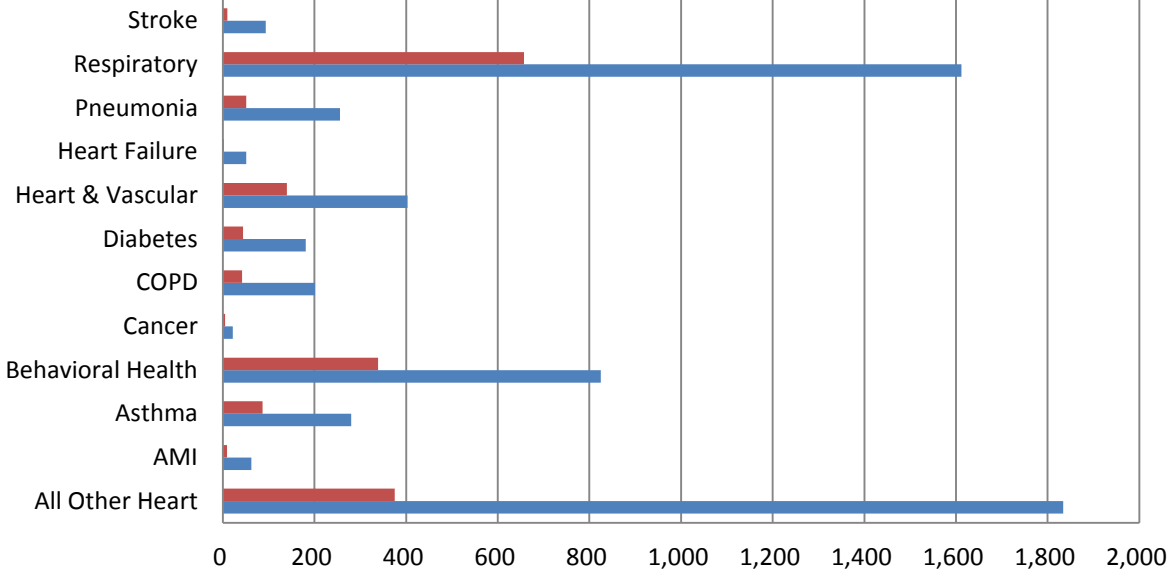
E) LMC Data

LMC is located in central Lexington- Davidson County, North Carolina. As a community hospital, LMC serves a geographic area that includes the city of Lexington and the surrounding area. The majority of patients reside within a five zip code area including Davidson County. Provided below are the inpatient demographics of LMC patients for FY 11 and FY 12:

Demographic	Primary Service Area- LMC Zip Codes 27292, 27293, 27295, 27299,	
	LMC Discharges IP FY11	LMC Discharges IP FY12
Age,%		
0-17	580- 16%	531- 16%
18-44	820- 23%	758- 23%
45-64	732- 20%	702- 21%
65+	1,448- 40%	1,367- 41%
Race/Ethnicity,%		
Native American	6- <1%	6- <1%
Asian	57- 2%	52- 2%
Black	419- 12%	40- 12%
White	2843- 79%	2656-79%
Other/Unknown	255-7%	242-7%

LMC also reviewed its emergency department visits for fiscal years 2012 by chronic disease to understand utilization trends and to look specifically at the self-pay/uninsured population to identify trends. Specifically, the primary diagnosis of AMI, asthma, behavioral health, cancer, COPD, diabetes, all heart including heart failure, respiratory/pneumonia and stroke were reviewed. As the table below depicts, Heart represents the highest number of ED admissions followed by respiratory and behavioral health. It should be noted that close to half of all total behavioral health ED visits were for self-pay patients.

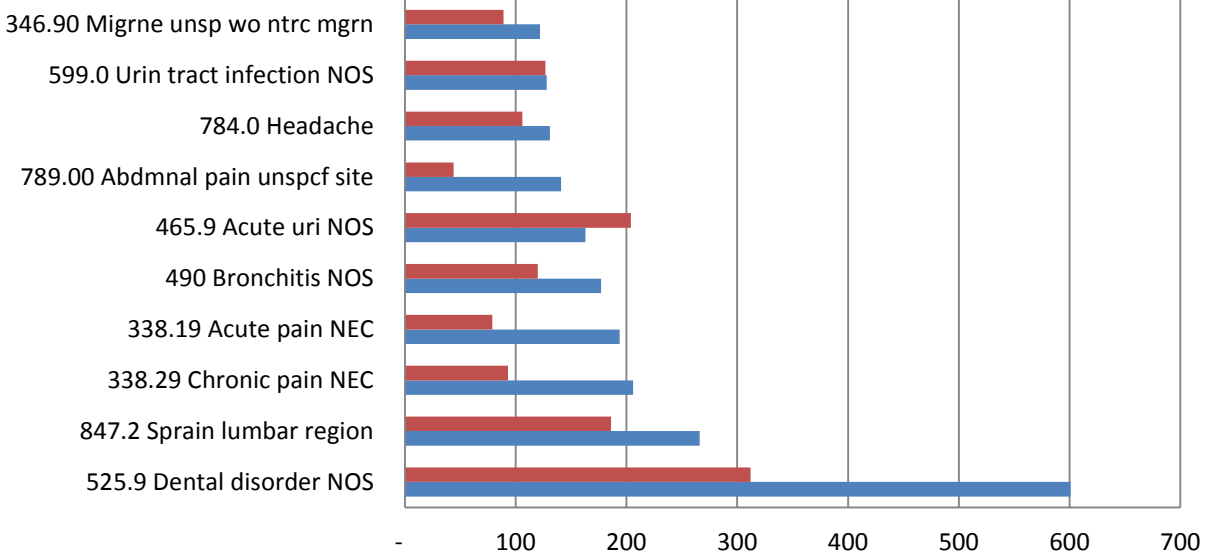
FY 12 ED visits by Chronic Disease



	All Other Heart	AMI	Asthma	Behavioral Health	Cancer	COPD	Diabetes	Heart & Vascular	Heart Failure	Pneumonia	Respiratory	Stroke
■ FY 11-uninsured	375	9	87	339	5	42	44	140	2	51	657	10
■ FY 11-all	1,834	62	280	825	22	201	181	403	51	256	1,612	94

In addition, LMC reviewed the top ten diagnoses in the ED for self-pay; the most significant trend in the table below is the dramatic increase in dental disorders treated in the ED between FY 11 and FY 12. Dental services have been very limited for the uninsured in Davidson County, however, a dental clinic is in the process of being developed by East Carolina University Dental School to be located on the campus of the Davidson County Community College; other significant presenting conditions include back and chronic pain which are addressed through the WFBH LMC Pain Clinic.

FY 11 & 12 Self Pay ED Visits by Top 10 Dx



	525.9 Dental disorder NOS	847.2 Sprain lumbar region	338.29 Chronic pain NEC	338.19 Acute pain NEC	490 Bronchitis NOS	465.9 Acute uri NOS	789.00 Abdmnal pain unspcf site	784.0 Headache	599.0 Urin tract infection NOS	346.90 Migrne unsp wo ntrc mgrn
■ FY11	312	186	93	79	120	204	44	106	127	89
■ FY12	601	266	206	194	177	163	141	131	128	122

IV. Selecting Priorities

Based on an extensive collection and analysis of public health-related primary and secondary data, ten health-related issues were identified as important and meriting additional discussion. These health issues were further prioritized by participation in four Community Health forums, which were held across the county in late May 2012 to allow the public to help prioritize the top issues. The tallied results from the community forums were brought to the Davidson County Healthy Communities Coalition Steering Committee in June 2012 to establish the top health priorities for action planning. Attendees were asked to take the top-ranked issues from the forums and discuss them in terms of ongoing efforts, issue overlap, and the strengths and challenges of the community to affect change in the identified health area. After much discussion, the steering committee recommended three priorities for the next three years: increasing the number of residents who are physically active and maintain nutritious eating habits; improving access to care (particularly primary care, mental health, and dental services); and reducing tobacco use. The committee decided to also include mental health and cardiovascular disease, which would be addressed as a result of the work completed in the top three areas.

LMC further conducted an inventory of its community sponsorships and activities/programs to further identify the significant health priorities it could impact upon. The questions outlined below were utilized to assist in the ranking and priorities were then rank ordered through a voting process of each issue:

- 1) Which statistics were most surprising?
- 2) Which issue appeared most important?
- 3) How well do these findings correspond with your experience and day-to-day observations?
- 4) Are there resources that you are aware of in the community that can or are addressing any of these issues?
- 5) How would you suggest that we better address any of these issues?

Based on the criteria, review of data and programming, LMC selected the following significant priorities which are aligned with the Davidson County communitywide priorities below:

Community Wide Priorities	LMC Priorities
1. Obesity	1. Physical Activity/Nutrition-Obesity
2. Access to Healthcare Providers	2. Access to Healthcare
3. Tobacco Use	3. Tobacco
4. Mental Health/Suicide	4. Chronic Disease Prevention & Intervention-Heart Disease
5. Heart Disease	5. Mental Health

Obesity and Access to Healthcare were chosen to the top two areas of focus for LMC. These two issues were thought to be driving factors for the other areas of concern, and attention to these would indirectly drive improvement in the other areas of concern.

Although not focusing the same level of resources on Tobacco, Chronic Disease Prevention, and Mental Health as Obesity and Access to Care, LMC will continue to make efforts to make improvements in all of these areas of concern.

LMC will also continue to provide leadership and support within the Davidson County community at a variety of response levels. Because the Medical Center serves the county, priorities may need to be adjusted rapidly to address an urgent or emergent need in the community, (i.e. disaster response or infectious disease issue). Other prioritized community needs will be determined based on the criteria below:

- Rapid Response - Emergency response to local, national, and international disasters, i.e. Haiti disaster, weather disasters – earthquake, blizzards, terrorist attack
- Urgent Response - Urgent response to episodic community needs, i.e. H1N1/ Flu response
- Sustained Response - Ongoing response to long-term community needs, i.e. obesity and tobacco prevention education, health screenings, workforce development
- Strategic Response - Long-term strategic leadership at legislative and corporate levels to leverage relationships to promote health-related policy or reform and build key networks

V. Documenting and Community Results

The completion of this community health needs assessment marks a milestone in community involvement and participation with input from community leaders, the academic community, the general public, Davidson County hospitals, and health experts. This report will be posted on the LMC's website under the Community section at <http://lexington.wakehealth.edu>. Reports and data will also be shared with our community partners and community leaders as we work together to make a positive difference in our community by empowering and building healthy communities. Written copies of the report will also be available upon request for members of the public at no charge. As this is LMC's initial CHNA report, written comments submitted by the public will be considered and included in LMC's future CHNA analyses and report.

LMC has also invested in web based software from Healthy Communities Institute (HCI) to help track all NC Healthy People 2020 indicators for Davidson County that will be integrated into LMC's public internet site. The software is designed to help local public health departments, hospitals and community coalitions to measure community health, share best practices, identify new funding sources and drive improved community health. The information will be used to promote transparency, best practice sharing, collaboration and civic engagement and will allow specifically for community tracking of the goals/impact outlined in the implementation strategy and is inclusive of tools available for performance measures that will linked to public health interventions. LMC believes the HCI software will allow for a meaningful way to measure and communicate progress with the general public and patients related to its CHNA report.

V. Planning for Action and Monitoring Progress

LMC has identified its resources in the table below which was to show the integration of LMC's identified priorities and their alignment with the Davidson County Department of Public Health and the State. Further review of current and the development of new resources/ programs/ activities will occur as part of the "Implementation Strategy" planning and review phase that is expected to occur in Summer/Fall of 2013.

NC Healthy People 2020 Objectives- Focus Area	LMC Priorities
Physical Activity & Nutrition	<p>LMC will continue to participate/sponsor the following:</p> <ol style="list-style-type: none"> 1. Healthy Kids program with Lexington City and Davidson County Schools – to teach children nutrition, exercise, etc. 2. Childhood Obesity Program in partnership with the J. Smith Young YMCA 3. BMI Adult Weight Loss and Healthy Living class in partnership with the J. Smith Young YMCA 4. HelpPD – diabetes prevention class offered by LMC at the J. Smith Young YMCA 5. Active member of the Obesity Committee through the Davidson County Healthy Communities Coalition 6. Lunch and Learn series 7. Health Screenings, including BMIs, Glucose, etc. for local businesses
Access to Healthcare	<p>LMC will continue to offer the following:</p> <ol style="list-style-type: none"> 1. Free Screenings- cholesterol, blood pressure, etc. for the public 2. Lunch and Learns 3. First Aid at Festivals 4. Tele-medicine 5. Bimonthly Health information sessions at Lexington Wal-Mart 6. Free Labs and Radiology for Medical Ministries referrals
Tobacco Cessation	<p>LMC will continue to offer the following:</p> <ol style="list-style-type: none"> 1. Tobacco Cessation classes at LMC 2. Tobacco Cessation classes at J. Smith Young YMCA

Mental Health	<ol style="list-style-type: none">1. LMC has opened a new psych holding area in the ED to expand capacity for patients2. LMC is working with the Davidson County Family Services and the Health Department to make plans to help with the mental health situation in Davidson County.
Heart	<ol style="list-style-type: none">1. Continue to support Cardiac Rehab services with scholarships2. Continue to offer CHF patients free scales and other materials

Exhibits

Exhibit 1

Davidson County Community Health Assessment Work Team

<u>Name</u>	<u>Role</u>
1. Dorothy Cilenti	Lead CHA, NCIPH
2. Steve Snelgrove	WFBH-Lexington Medical Center President
3. Jennifer Houlihan	WFBH
4. Laura Kennedy	Marketing/Thomasville Medical Center
5. Jane Wilder	Marketing/Thomasville Medical Center
6. Layton Long	Health Director Davidson County Health Department
7. Jen Hames	HD CHA Coordinator Davidson County Health Department
8. Tavie Flanagan	Co-Lead CHA, NCIPH
9. Erin O'Quinn	Secondary Data Analysis, NCIPH
10. Kathie Johnson	Thomasville Medical Center, Novant Health CEO
11. Andrea McDonald	Thomasville Medical Center, Novant Health
12. Matt Simon	Primary Data collection, NCIPH
13. John Wallace	Primary Data collection, NCIPH
14. John Graham	Community Forums, NCIPH

Exhibit 2

Key CHA Stakeholders

Mary Jane Akerman
Wellness Coordinator
Thomasville City Schools

Meredith Andrews
Private Citizen
WFBH Lexington Medical
Center Foundation Board

LaShay Avery
Community Relations
Manager
PBH

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

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

Mark Breeden
Owner
Breeden Insurance
WFBH Lexington Medical
Center Board

Dan Briggs
Owner
Davidson Funeral Home
WFBH Lexington Medical
Center Board

David Brookbank
Private Citizen
Thomasville Medical Center
Board of Directors

Corey Buggs
Attorney
Private Practice
Davidson County Board of
Health

Gayle Burke
Private Citizen
WFBH Lexington Medical
Center Foundation Board

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

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

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

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

Troy Coggins
Director
Davidson County
Cooperative Extension

Ron Coleman
Private Citizen
Thomasville Medical Center
Board of Directors

Mary Lou Collett
Nursing Director
Davidson County Health
Department

Robert Craven
Private Citizen
WFBH Lexington Medical
Center Board

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

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

Doug Croft
Director
Thomasville Chamber of
Commerce

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

Bruce Davis
Director
City of Lexington Recreation
Department

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

Lee Davis
Owner
Davis Chevrolet
WFBH Lexington Medical
Center Foundation Board

Sara DeLapp
Private Citizen
WFBH Lexington Medical
Center Foundation Board

Wayne Dick
Private Citizen
WFBH Lexington Medical
Center Foundation Board

Tom Doyle
Wellness Coordinator
Thomasville Medical Center

Thessia Everhart-Roberts
Director
Davidson County Senior
Services

Bryant Foriest
Private Citizen
Thomasville Medical Center
Board of Directors

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

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

Terra Greene
Private Citizen
WFBH Lexington Medical
Center Board

David Grice
Sheriff
Davidson County Sheriff's
Department

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

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

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

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

Donnie Holt
Private Citizen
Thomasville Medical Center
Board of Directors

Ray Howell
Minister
First Baptist Church
WFBH Lexington Medical
Center Board

Robert Hyatt
County Manager
Davidson County
Government

Kathie Johnson
President
Thomasville Medical Center

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

Evelyn Kopley
Private Citizen
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Center Foundation Board

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

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

Chad Kirkendall
Owner
Kirkendall Restorations
WFBH Lexington Medical
Center Foundation Board

Gene Klump
Executive Director
YMCA of Lexington

Rick Kriesky
Superintendent
Lexington City Schools

Dr. Karolyn Kruger
Physician
Thomasville Medical Center
Thomasville Medical Center
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WFBH Lexington Medical
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Dentist
Private Practice
Davidson County Board of
Health

Linda Leonard
Director
Smart Start

Layton Long
Health Director
Davidson County Health
Department

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

Jeff Mast
Manager
Carolina Drawer
WFBH Lexington Medical
Center Board

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

Vickie McKiver
Director
City of Thomasville
Recreation Department

Julie Meyer
Executive Director
Positive Wellness Alliance

Thompson Miller
Attorney
Brinkley Walser
WFBH Lexington Medical
Center Foundation Board

Bill Mitchell
Private Citizen
WFBH Lexington Medical
Center Foundation Board

Dr. Fred Mock
Superintendent
Davidson County Schools

Rev. Lamar Moore
Minister
Retired
Davidson County Board of
Health

Dale Moorefield
Director
Davidson County Department
of Social Services

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

Sandy Motley
Executive Director
Davidson Medical Ministries
Clinic

Charles Pamell
Director
Davidson County Recreation
Department

Beth Parrott
Owner
Parrott Insurance
WFBH Lexington Medical
Center Foundation Board

Larry Perdue
Private Citizen
Thomasville Medical Center
Board of Directors

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

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

Dr. Debbie Rice
Director
Family Services of Davidson
County

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

Dr. Sims Riggan
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Lexington Orthopedic Clinic
WFBH Lexington Medical
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Dr. Mary Rittling
President
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College

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

Ben Ross
Executive Director
Davidson Vision

Rose Runion-McDaniel
Associate Dean
Davidson County Community
College

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

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Private Citizen
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Center Board

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Physician
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WFBH Lexington Medical
Center Board

Jeff Smith
Director
Davidson County Emergency
Services

Jeff Smith
Administration
PPG Industries
WFBH Lexington Medical
Center Foundation Board

Nina Smith
Private Citizen
WFBH Lexington Medical
Center Foundation Board

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

Steve Snelgrove
Chief Operating Officer
WFBH Lexington Medical
Center

Greg Stabler
Administration
Davidson Water
WFBH Lexington Medical
Center Board

Burr Sullivan
Director
Lexington Chamber of
Commerce

Rebecca Sullivan
Private Citizen
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Center Foundation Board

Dr. Amy Suttle
Physician
Thomasville Pediatric Clinic

Kara Thompson
Administration
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WFBH Lexington Medical
Center Foundation Board

Teenie Tilley
Private Citizen
WFBH Lexington Medical
Center Foundation Board

Daniel Timberlake
Private Citizen
WFBH Lexington Medical
Center Foundation Board

Keith Tobin
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Thomasville City Schools

Don Truell
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Thomasville Medical Center
Board of Directors

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

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

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