

2015
Wilkes County
Community Health
Needs Assessment

Data Summary

Health Summit
March 23, 2016



Contributing Viewpoints

Secondary Data Existing Data from Authoritative Sources	Primary Data Citizen and Stakeholder Opinion
<ul style="list-style-type: none">-Demographic-Socioeconomic-Health-Environmental	<ul style="list-style-type: none">-Community health survey-Stakeholder interviews-Issues prioritization activities<i>-Health Summit input</i>



We Take Special Notice When...

- Wilkes County statistics deviate from North Carolina or peer county statistics, or some other “norm”.
- Trend data show significant changes over time.
- There are significant age, gender, or racial disparities.



Definitions and Symbols

- **Arrows**

- Arrow up (▲) indicates an increase.
- Arrow down (▼) indicates a decrease.

- **Color**

- **Red** indicates a “worse than” or negative difference
- **Green** indicates a “better than” or positive difference
- **Blue** indicates a likely unstable rate or difference based on a small number of events; figures in blue should be used with great caution.

- **Bold Type**

- Indicates the higher value of a pair, or the highest value among several.



Demographic Data



General Population Characteristics

- Median age of the Wilkes County population is 6.0 years older than NC average

July 1, 2014 US Census Bureau Estimate

Location	Total Population	Number Males	% Population Male	Median Age Males	Number Females	% Population Female	Median Age Females	Overall Median Age
Wilkes County	68,838	33,947	49.3	42.9	34,891	50.7	45.6	44.2
Surry County	72,968	35,693	48.9	41.4	37,275	51.1	44.4	43.0
State of NC	9,943,964	4,844,593	48.7	36.7	5,099,371	51.3	39.7	38.2



Minority Populations

- Wilkes County is less diverse – i.e., has lower proportions of African Americans and Hispanics -- than NC as a whole.

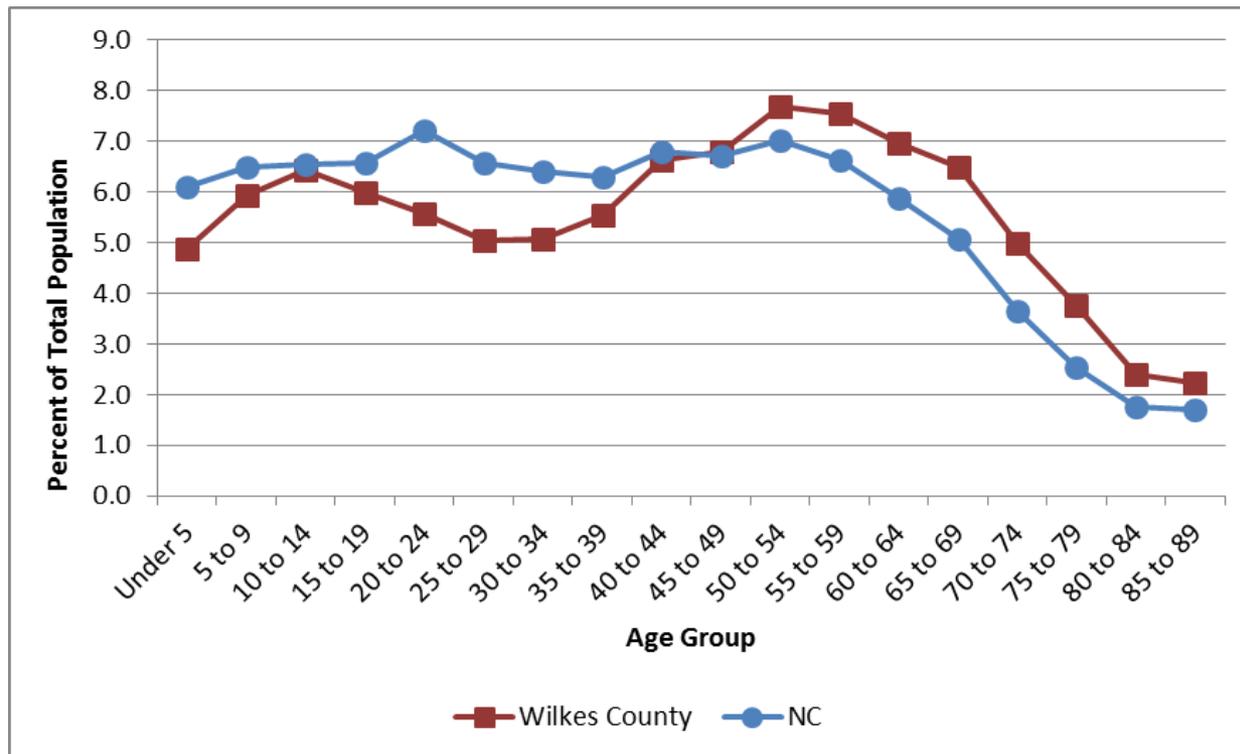
Population Distribution by Race/Ethnicity July 1, 2014 US Census Bureau Estimate

Location	Percent of Overall Population					
	White	Black	AI/AN	Asian	Multiple Races	Hispanic
Wilkes County	93.3	4.5	0.4	0.5	1.3	5.8
State of NC	71.5	22.1	1.6	2.8	2.1	9.0



Population Age Distribution

- According to 2014 US Census Bureau estimates, compared to NC, Wilkes County has lower proportions of people in all age categories under age 44, and higher proportions of people in all age categories over age 44.



Growth of the Elderly Population

- According to population county figures from the NC Office of State Budget and Management, the population in every major age group age 65 and older in Wilkes County will increase between 2010 and 2030.
 - **Age 65-74:** by 43%
 - **Age 75-84:** by 79%
 - **Age 85+:** by 69%
 - **Overall Age 65+:** by 57%
- By 2030 estimates predict 18,472 persons age 65+ in Wilkes County.



Socioeconomic Data



Income

In Wilkes County (according to US Census Bureau figures):

- 2014 Per Capita Personal Income = \$19,492
– \$5,792 **below** NC average
- 2014 Median Household Income = \$35,029
– \$11,305 **below** NC average
- 2013 Median Family Income = \$42,083
– \$14,845 **below** NC average

Household: all people in a housing unit sharing living arrangements; may or may not be related

Family: householder and people living in household related by birth, marriage or adoption.

All families are also households; not all households are families.



Overall Poverty Rate Trend

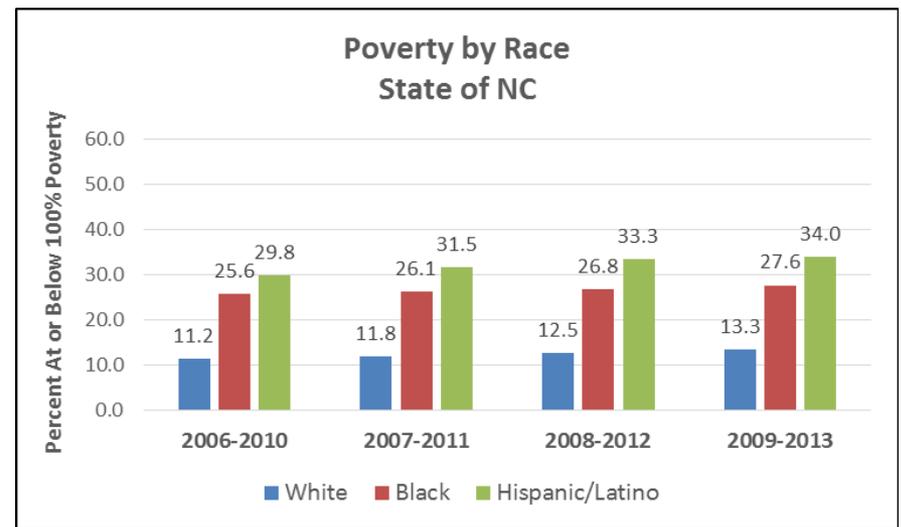
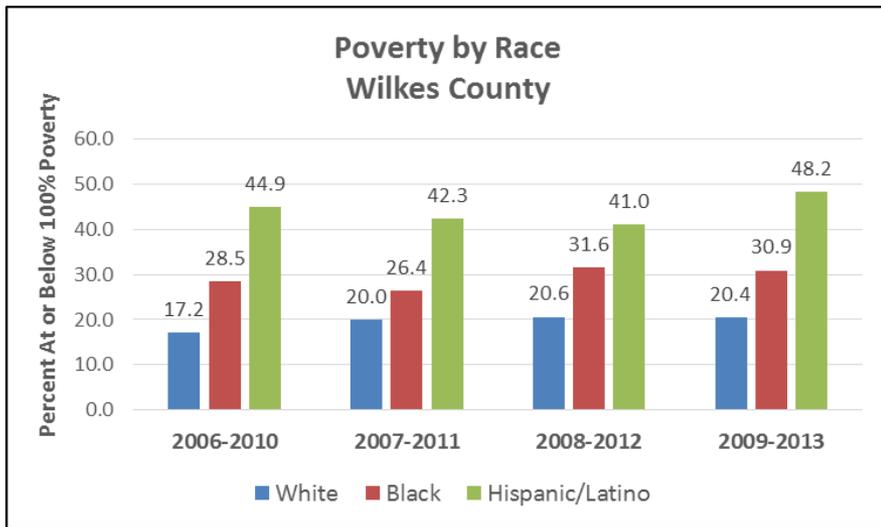
- According to US Census Bureau figures, the overall poverty rate in Wilkes County was higher than the comparable state rate throughout the period cited.
- The poverty rate in Wilkes County increased in every period cited.

Location	Percent of All People in Poverty			
	2006-2010	2007-2011	2008-2012	2009-2013
Wilkes County	19.2	21.7	22.4	22.7
Surry County	16.9	18.0	18.3	19.9
State of NC	15.5	16.1	16.8	17.5



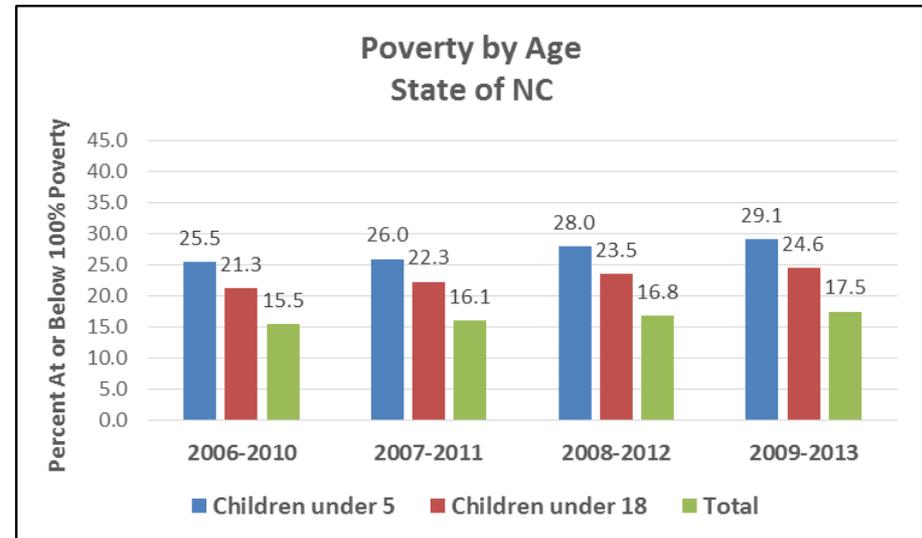
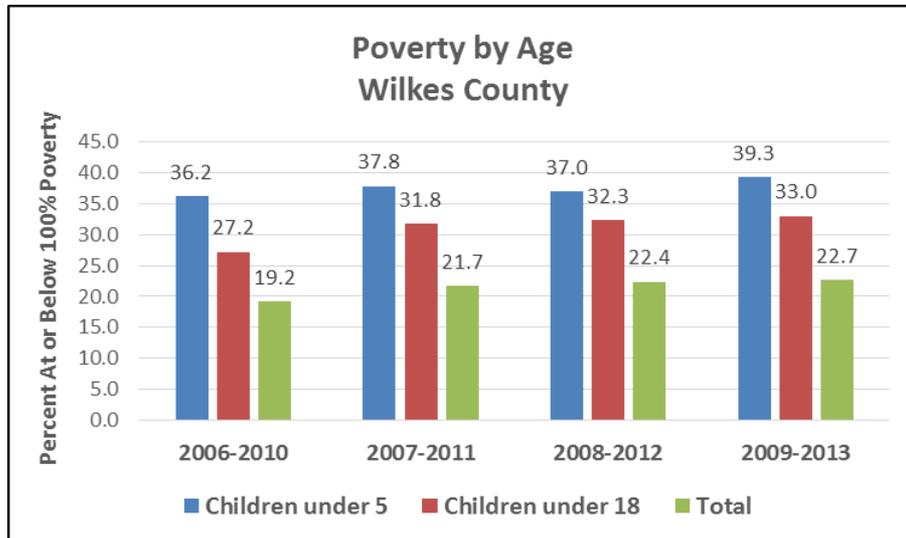
Poverty and Race

- According to US Census Bureau figures, the poverty rate among Hispanics in Wilkes County exceeded the comparable poverty rates for other groups throughout the period cited. In NC as a whole, the highest poverty rate over the period cited occurred among Hispanics.
- The poverty rates in all racial and ethnic groups in Wilkes County exceeded the comparable state rates.



Poverty and Age

- According to US Census Bureau figures, the poverty rate among children in Wilkes County and NC exceeded the comparable poverty rates for the population as a whole throughout the period cited.
- The poverty rates for both <18 age groups in Wilkes County exceeded the comparable state rates.



Educational Achievement and Investment

- Compared to the NC average, Wilkes County has:
 - **13% lower** percentage of high school graduates (2009-2013)
 - **54% lower** percentage of college graduates (2009-2013)



Health Resources



Health Insurance

- US Census Bureau data demonstrates that the percent uninsured in all age groups in Wilkes County exceeded comparable NC figures in all but one time period.
- The percent uninsured in all age groups in Wilkes County and NC peaked in 2012.

Percent of Population *Without* Health Insurance, by Age Group

Location	2011			2012			2013		
	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64
Wilkes County	7.1	25.4	20.5	7.9	26.6	21.6	7.4	25.3	20.5
State of NC	7.9	23.0	18.7	7.9	23.4	19.0	6.9	22.5	18.1

- The age group 0-18 tends to have a lower percentage of uninsured than the 19-64 age group, due partly at least to NC Health Choice.



Health Care Practitioners

- 2012 ratios of active health professionals per 10,000 population were **lower** in Wilkes County than NC for:
 - MDs: **11.90** (NC=**22.31**)
 - Primary Care MDs: **5.88** (NC=**7.58**)
 - Dentists: **2.58** (NC=**4.51**)
 - Registered Nurses: **62.93** (NC=**98.56**)
 - Pharmacists: **5.73** (NC=**10.06**)
- These ratios from the Sheps Center for Health Services Research do not take into consideration medical practitioners in neighboring counties accessible to Wilkes County residents.

Health Statistics



Health Rankings

- According to *America's Health Rankings* (2014)
 - NC ranked 37th overall out of 50 (where 1 is “best”)
- According to *County Health Rankings* (2015) for NC, Wilkes County was ranked:
 - 67th overall out of 100 (where 1 is best) for ***health outcomes***
 - 66th in length of life
 - 64th for quality of life
 - 61st overall out of 100 for ***health factors***
 - 68th for health behaviors
 - 68th for clinical care
 - 54th for social and economic factors
 - 66th for physical environment



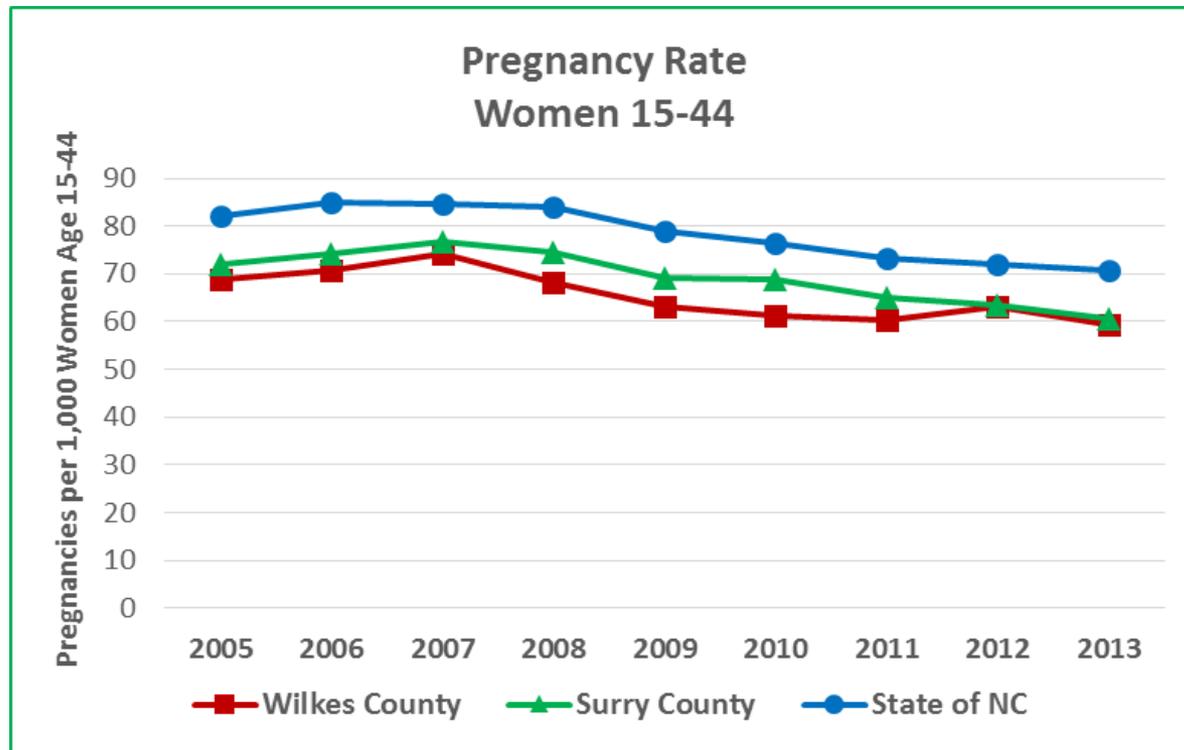
Maternal and Infant Health

(All data from the NC State Center for Health Statistics unless otherwise cited.)

Pregnancy Rate

Pregnancies per 1,000 Women Age 15-44

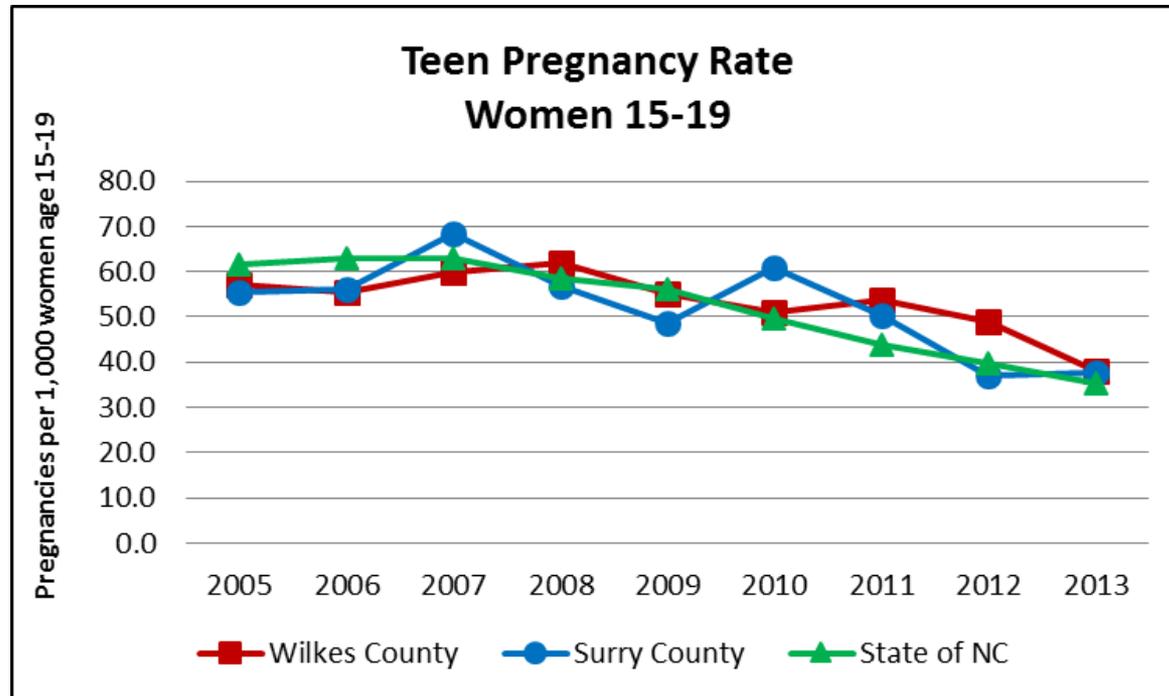
- The total pregnancy rates in Wilkes County and NC have fallen overall since 2008.



Pregnancy Rate

Pregnancies per 1,000 women Age 15-19 (Teens)

- The teen pregnancy rates in Wilkes County, and NC have fallen significantly since 2008, and appear to be falling still.



Pregnancy Risk Factors

Smoking During Pregnancy

- According to NC Vital Statistics data, the percentage of Wilkes County women who smoked during pregnancy was significantly higher than the NC average in every period cited.
- The percentage of Wilkes County women who smoked during pregnancy was lower in 2013 than in 2011 or 2012. Comparable percentages for the state did not change significantly over the same period.

County	Percent of Births to Mothers Who Smoked While Pregnant		
	2011	2012	2013
Wilkes County	23.2	24.5	18.9
State of NC	10.9	10.6	10.3



Pregnancy Risk Factors

Prenatal Care

- According to data in the NC Baby Book, the percentage of Wilkes County women who received early prenatal care exceeded the comparable NC figure in every period cited.
- The percentage of Wilkes County women who received early prenatal care was lower in 2013 than in 2011 or 2012.

County	Percent of Pregnancies Receiving Prenatal Care in 1st Trimester		
	2011	2012	2013
Wilkes County	78.3	81.1	77.1
State of NC	71.2	71.3	70.3

Pregnancy Outcomes

Hospital Discharges for Newborns and Neonates with Conditions Originating in the Perinatal Period

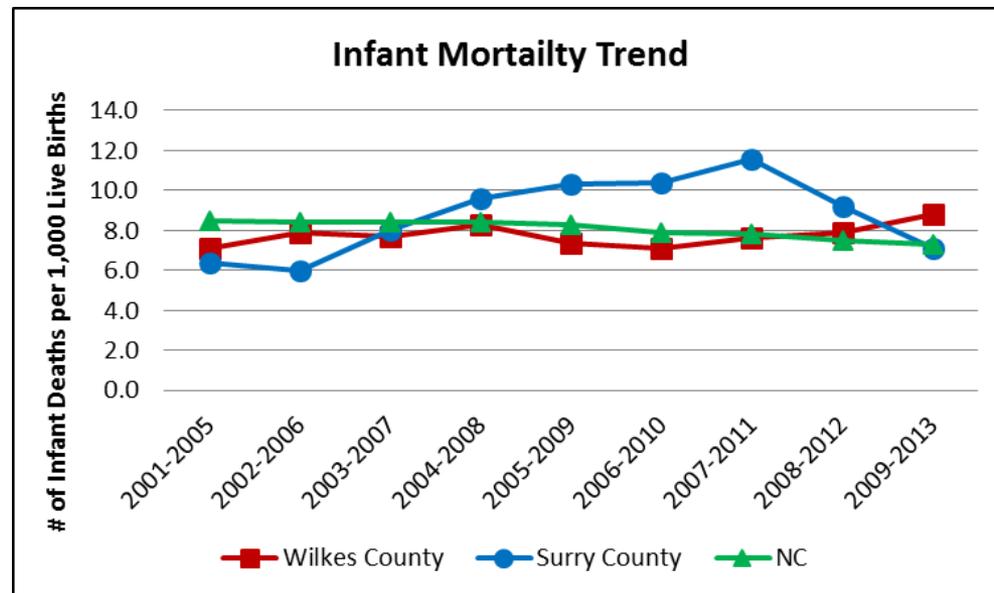
- According to local hospital data, the number of discharges associated with newborns or neonates in Wilkes County with some kind of problem originating in the perinatal period increased between 2013 and 2014.

Year	Number of Hospital Discharges by DRG (Diagnosis Related Group) Diagnosis						
	Total Newborns	Extreme Immaturity or Respiratory Distress	Prematurity with Major Problems	Prematurity without Major Problems	Full-Term Neonate with Major Problems	Neonate with Other Significant Problems	Normal Newborn
2012	513	2	1	24	8	82	379
2013	489	0	2	25	4	82	361
2014	493	0	4	28	15	96	325

Pregnancy Outcomes

Infant Mortality

- The overall infant mortality rate in Wilkes County has been increasing since 2006-2010. Throughout most of the period cited, infant mortality was lower in Wilkes County than in NC as a whole.
- Note that according to the CDC the 2013 infant mortality rate in NC was the 10th highest in the nation.



Mortality

Life Expectancy

- **Life Expectancy Comparison: 1990-1992 and 2011-2013**
 - Life expectancies have increased among all groups.
 - The largest increase – 7.0 years – occurred among African Americans.

Location	Life Expectancy in Years									
	Person Born in 1990-1992					Person Born in 2011-2013				
	Overall	Male	Female	White	African-American	Overall	Male	Female	White	African-American
Wilkes County	75.7	72.5	78.8	76.0	69.6	77.2	74.7	79.7	77.1	76.6
Surry County	76.1	71.9	80.2	76.6	66.8	77.1	74.2	79.8	77.0	76.8
State of NC	74.9	71.0	78.7	76.4	69.8	78.2	75.7	80.6	78.8	75.9

Leading Causes of Death: Overall

Age-Adjusted Rates (2009-2013)	Wilkes County No. of Deaths	Wilkes County Mortality Rate	Wilkes Rate Difference from NC
1. Total Cancer	860	182.7	+5.4%
2. Diseases of the Heart	766	166.4	-2.1%
3. Chronic Lower Respiratory Disease	250	53.0	+15.0%
4. All Other Unintentional Injuries	170	47.0	+60.4%
5. Cerebrovascular Disease	191	41.7	-4.6%
6. Pneumonia and Influenza	130	29.4	+64.2%
7. Diabetes Mellitus	114	24.8	+14.3%
8. Alzheimer's Disease	103	22.7	-21.5%
9. Unintentional Motor Vehicle Injuries	61	17.7	+29.2%
10. Septicemia	78	17.1	+28.6%
11. Nephritis, Nephrotic Syndrome, Nephrosis	73	16.1	-8.5%
12. Suicide	53	13.6	+11.5%
13. Chronic Liver Disease and Cirrhosis	49	11.5	+21.1%
14. Homicide	19	5.4	+7.4%
15. AIDS	4	1.4	-51.7%

Leading Causes of Death: Gender Comparison

Wilkes County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank Among Males	Rank Among Females	% Male Rate Difference from Females
1. Total Cancer	1	1	+61%
2. Diseases of the Heart	2	2	+58%
3. Chronic Lower Respiratory Disease	4	3	+20%
4. All Other Unintentional Injuries	3	5	2.2X
5. Cerebrovascular Disease	5	4	+17%
6. Pneumonia and Influenza	7	6	+18%
7. Diabetes Mellitus	6	8	+88%
8. Alzheimer's Disease	13	7	-44%
9. Unintentional Motor Vehicle Injuries	8	11	n/a
10. Septicemia	10	9	+24%
11. Nephritis, Nephrotic Syndrome, Nephrosis	11	10	+26%
12. Suicide	9	13	n/a
13. Chronic Liver Disease and Cirrhosis	12	12	n/a
14. Homicide	14	14	n/a
15. AIDS	15	15	n/a

Leading Causes of Death: Time Comparison

Wilkes County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank 2006-2010	Rank Change 2006-2010 to 2009-2013	% Rate Change 2006-2010 to 2009-2013
1. Total Cancer	1	nc	-1%
2. Diseases of the Heart	2	nc	-5%
3. Chronic Lower Respiratory Disease	4	+1	-1%
4. All Other Unintentional Injuries	3	-1	-13%
5. Cerebrovascular Disease	5	nc	-15%
6. Pneumonia and Influenza	8	+2	+15%
7. Diabetes Mellitus	9	+2	+7%
8. Alzheimer's Disease	7	-1	-15%
9. Unintentional Motor Vehicle Injuries	6	-3	-36%
10. Septicemia	11	+1	+3%
11. Nephritis, Nephrotic Syndrome, Nephrosis	12	+1	+29%
12. Suicide	10	-2	-22%
13. Chronic Liver Disease and Cirrhosis	13	nc	+12%
14. Homicide	14	n/a	n/a
15. AIDS	15	n/a	n/a

Mortality Trends, 2001-2005 to 2009-2013

Leading Cause of Death in Wilkes County	Overall Trend Direction
1. Total Cancer	▼
2. Diseases of the Heart	▼
3. Chronic Lower Respiratory Disease	▲
4. All Other Unintentional Injuries	▲
5. Cerebrovascular Disease	▼
6. Pneumonia and Influenza	▲
7. Diabetes Mellitus	▲
8. Alzheimer's Disease	▼
9. Unintentional Motor Vehicle Injuries	▼
10. Septicemia	▲
11. Nephritis, Nephrotic Syndrome, Nephrosis	▼
12. Suicide	▼
13. Chronic Liver Disease and Cirrhosis	▲
14. Homicide	▼
15. AIDS	▲

Site-Specific Cancer Trends

Wilkes County

Incidence: 1996-2000 to 2008-2012

Mortality: 2001-2005 to 2009-2013

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence Mortality	▲ ▼
Prostate Cancer	Incidence Mortality	▲ ▼
Breast Cancer	Incidence Mortality	▲ ▼
Colorectal Cancer	Incidence Mortality	▼ ▼
Pancreas Cancer	Incidence Mortality	n/a ▲

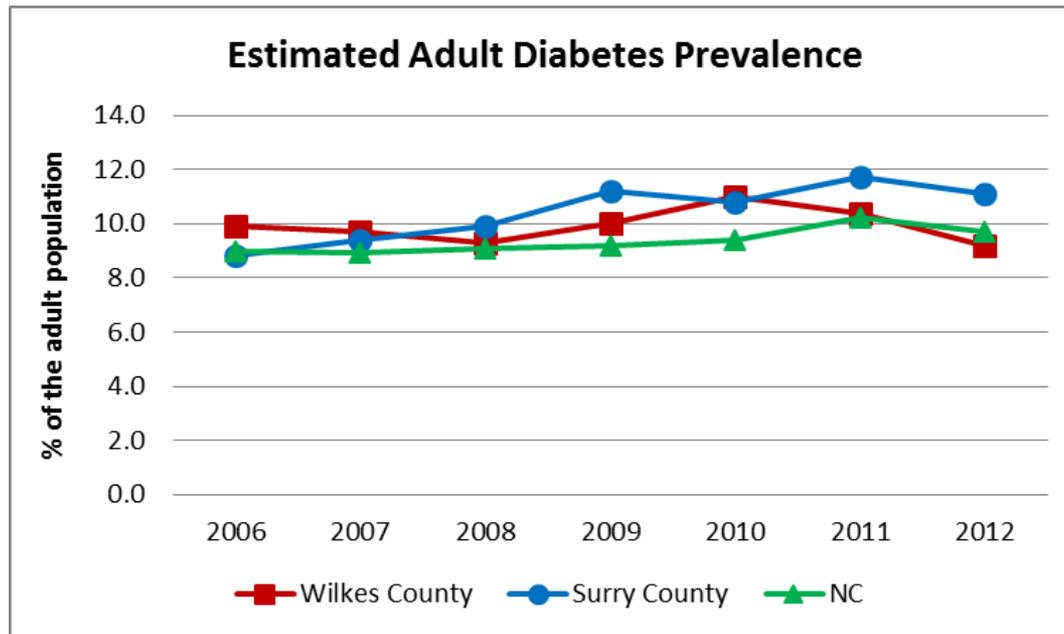
Morbidity



Adult Diabetes

According to data from the CDC (based on BRFSS results):

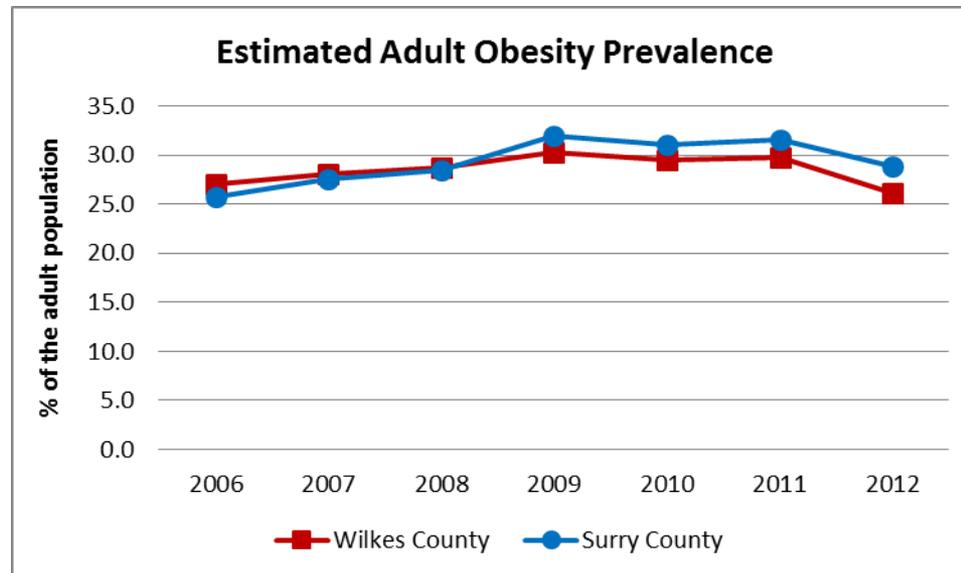
- The average self-reported prevalence of Wilkes County adults with diabetes was 9.9% in the period from 2006 - 2012.
- Over the same period the NC average was 9.4%.



Adult Obesity

According to data from the CDC (based on BRFSS results):

- The average prevalence of Wilkes County adults considered “obese” on the basis of self-reported height and weight (BMI > 30) was 28.5% in the period from 2006 - 2012. Comparable data for the state is not available.



Child Obesity

Ages 2-4

- There is limited data on the prevalence of childhood obesity in Wilkes County.
- The NC-NPASS data presented below covers only children seen in health department WIC and child health clinics and certain other facilities and programs.
- According to this NC-NPASS data, over the period cited an annual average of 17.6% of the participating children in Wilkes County age 2-4 were deemed “overweight”, and an additional 17.1% were deemed obese”.

Prevalence of Overweight and Obese Children, Ages 2-4 2008-2010

Location	Prevalence of Overweight and Obesity in Children Ages 2-4, by Percent									
	2008		2009		2010		2011		2012	
	Overweight	Obese	Overweight	Obese	Overweight	Obese	Overweight	Obese	Overweight	Obese
Wilkes County	17.4	15.7	17.4	15.7	18.9	18.0	16.5	16.6	17.8	19.7
Surry County	16.8	16.2	16.8	16.2	14.7	20.3	17.0	18.1	13.0	15.8
State of NC	16.3	15.4	15.8	15.4	16.1	15.6	16.2	15.7	14.9	14.5

Mental Health

According to data from the NC Office of State Budget and Management:

- Between 2009 and 2014, the number of Wilkes County residents served by the **Area Mental Health Program** *decreased* overall by 40%. In 2014, **1,959** persons were served.
- Over the same 6-year period the number of Wilkes County residents served by **State Psychiatric Hospitals** *decreased* by 91%. In 2014, **10** persons were served.
- During the 6-year period from 2009 through 2014, a total of **201** Wilkes County residents were served by **NC State Alcohol and Drug Abuse Treatment Centers (ADATCs)**, with the annual number averaging **34**.

Mental Health

According to data from the local hospital:

- Emergency Department admissions for all Mental, Behavioral and Neurological Disorders among Wilkes County residents in recent years were:
 - 2012: 1,049 admissions (3.7% of all ED admissions)
 - 2013: 1,060 admissions (3.6%)
 - 2014: 1,144 admissions (3.8%)

Note: the 2014 ED admissions figure is 60% of the 2014 LME figure for persons served.



Community Health Survey



Survey Demographics Summary

- Compared to US Census Bureau and other authoritative statistics for the overall Wilkes County population, the 2015 survey sample:
 - Was predominately female
 - Was racially balanced
 - Slightly under-represented Hispanics
 - Over-represented 35-64 year olds
 - Under-represented less well educated and over-represented college-educated persons



Community Issues

2015 Survey Results

(936 Responses)

1. Drug/alcohol abuse (62%)	12. Dropping out of school (5%)
2. Low income/poverty (46%)	13. Theft (4%)
3. Lack of jobs (39%)	14. Lack of transportation (4%)
4. Lack of high-income jobs (34%)	15. Discrimination/racism (3%)
5. Affordable health care (22%)	16. Elder neglect/abuse (3%)
6. Mental health (15%)	17. Domestic violence (2%)
7. Child neglect/abuse (15%)	18. Homelessness (2%)
8. Lack of health insurance (9%)	19. Lack of community support (2%)
9. Affordable housing (9%)	20. Violent crime (<1%)
10. Hunger (8%)	21. Pollution (<1%)
11. Affordable higher education (17%)	22. Rape/sexual assault (<1%)



Services Needing Improvement

2015 Survey Results

(936 Responses)

1. Positive teen activities (37%)	11. Affordable housing (12%)
2. Affordable health services (28%)	12. Food banks/pantries (12%)
3. Substance abuse services (25%)	13. Unemployment assistance (10%)
4. Healthy family activities (19%)	14. Transportation options (10%)
5. Healthy food choices (19%)	15. Services for the disabled(9%)
6. Recreational facilities (17%)	16. Access to healthcare providers (9%)
7. Mental health services (16%)	17. Counseling/support groups (8%)
8. Elder care options (15%)	18. Animal control (5%)
9. Child care options (14%)	19. Transitional/halfway housing (4%)
10. Road maintenance/safety (12%)	20. Culturally-appropriate health services (2%)



Health Behaviors: Need Information

2015 Survey Results

(936 Responses)

1. Substance abuse prevention (38%)	15. Crime prevention (6%)
2. Anxiety/depression (28%)	16. Preparing for emergencies/disasters (6%)
3. Eating well/nutrition (24%)	17. Going to dentist regularly (5%)
4. Texting and driving (23%)	18. Caring for the disabled (5%)
5. Child care/parenting (22%)	19. Going to doctor regularly (5%)
6. Managing weight (20%)	20. Personal hygiene (5%)
7. Exercise/fitness (15%)	21. End-of-life resources (5%)
8. Quitting/preventing smoking (15%)	22. Using child safety seats (3%)
9. Stress management (14%)	23. Suicide prevention (3%)
10. Preventing pregnancy (10%)	24. Getting prenatal care (3%)
11. Anger management (9%)	25. Preventing STDs (2%)
12. Domestic violence prevention (8%)	26. Rape/sexual abuse prevention (2%)
13. Elder care (8%)	27. Getting flu shots/vaccines
14. Driving safely (6%)	



Health Topics: Youth Need Information

2015 Survey Results

(929 Respondents)

1. Do not have child 9-19 (53%, n=494)	12. Sexually transmitted diseases (3%)
2. Internet/social media safety (22%)	13. Reckless driving (3%)
3. Bullying (16%)	14. Suicide prevention (3%)
4. Texting and driving (15%)	15. Dental hygiene (2%)
5. Drug abuse (15%)	16. Eating disorders (2%)
6. Self-esteem (13%)	17. Personal hygiene (2%)
7. Sex/pregnancy prevention (15%)	18. Tobacco (2%)
8. Nutrition (7%)	19. Asthma management (1%)
9. Healthy food choices/school (5%)	20. Diabetes management (1%)
10. Mental health issues (4%)	21. Infectious disease (<1%)
11. Alcohol (4%)	22. Other (3%)



Personal Health Behavior

- **Current Use of Tobacco Products (n=913)**
 - Current tobacco user: 8%
 - Trying to quit: 4%
 - Have already quit: 21%
 - Never used tobacco: 67%
- **Preferences for help in quitting tobacco use (n=114)**
 - Don't want to quit: 20%
 - I don't know: 31%
 - Doctor: 31%
 - Free Quit Line: 13%
 - Health Department: 6%
 - Private counselor/therapist: 6%

Health Screening Behaviors

- **Prostate Exams - Males age > 40 (n=131)**
 - Get an annual prostate exam: 70%
- **Mammograms - Females age > 40 (n=427)**
 - Get an annual mammogram: 81%
- **Pap Smears - Females (n=710)**
 - Get a Pap smear at least every other year: 78%
- **Colon Cancer Screenings - Age > 50 (n=356)**
 - Ever had a colonoscopy: 78%
- **Dental Visit – Everyone (n=870)**
 - Ever been to a dentist: 77%

Health Information Access

- **Where respondents get most of their general health-related information (n=914)**
 - Doctor or nurse: 56%
 - Internet: 29%
 - Print media (books, newspaper, magazine): 5%
 - Friends or family: 4%
 - Television: 4%
 - Hospital: 3%
 - Health department: 2%
 - Pharmacist: 2%
 - Church: 1%
 - My child's school: <1%
 - Help lines: <1%
 - Other: 3%

Medical Care Preferences

- **Where respondents go for check-ups (n=881)**
 - Doctor's office: 76%
 - OB/GYN or Women's Health Provider: 12%
 - Health department: 3%
 - Urgent Care Center or Walk-in Clinic: <1%
 - Free Clinic: <1%
 - I don't get an annual check-up or physical: 8%
 - Other: <1%

Medical Care Preferences

- **Where respondents go when sick (n=879)**
 - Doctor's office: 82%
 - Urgent Care Center or Walk-in Clinic: 6%
 - Health Department: 3%
 - Hospital Emergency Department: 3%
 - Pharmacy: <1%
 - Free Clinic: <0%
 - Holistic Health Clinic: <1%
 - Sobador/Curandero: <2%
 - MESH Unit: 0%
 - I don't go anywhere when I'm sick: 4%
 - Other: 1%

Medical Care Access

- **Problem in past year getting medical care for self or family member (875 respondents):**
 - **79% had *not* had a problem**
 - **21% *did* have a problem seeing particular practitioners:**
 - Dentist: 52%
 - General practitioner: 34%
 - Specialist: 18%
 - Pharmacy/prescriptions: 14%
 - Optometrist/ophthalmologist: 11%
 - Hospital: 11%
 - OB/GYN: 8%
 - Urgent Care Center: 7%
 - Free Clinic: 6%
 - Health Department: 5%
 - Pediatrician: 1%
 - Holistic practitioner: 1%

Medical Care Access

- **Of the 21% of respondents that *did* have a problem accessing health care, the main reasons were (multiple answers possible):**
 - Deductible/co-pay was too high: 20%
 - Didn't have health insurance: 17%
 - Insurance didn't cover what was needed: 12%
 - The wait for an appointment was too long: 8%
 - Couldn't get an appointment: 7%
 - Doctor/dentist couldn't take my insurance (including Medicaid): 6%
 - Didn't know where to go: 2%
 - No way to get there: 2%
 - Pharmacy couldn't take my insurance (including Medicaid): 1%
 - Hospital couldn't take my insurance (including Medicaid): <1%
 - Language barrier: <1%

Mental Health: Substance Abuse

- **The three biggest substance abuse problems among ADULTS in Wilkes County (n=898):**
 - Abusing prescription drugs: 77%
 - Methamphetamine (Meth): 58%
 - Alcohol abuse: 46%
 - Abusing someone else's prescription drugs: 38%
 - Tobacco: 23%
 - Drinking and driving: 18%
 - Marijuana: 13%
 - Cocaine/crack: 9%
 - Heroin: 7%
 - Huffing (inhaling glue, dust-off, etc.): <1%
 - Don't know: 2%
 - Other: 1%

Stakeholder Interviews



Stakeholder Interviews: Methodology

- Total of 56 participants
- All participants answered a fixed set of questions
- Participants represented a broad range of organizations and agencies serving clientele including:

All people of Wilkes County	Hispanic populations
Children	Substance abusing populations
Parents/families	Unemployed/job-seeking populations
School-age children/students	Employers
At-risk students	Pregnant women
Persons needing healthcare	Businesses/non-profit organizations
Persons needing mental health services	New residents
Aging populations	Childcare providers
Low-income populations	Caregivers of aging adults
Uninsured populations	Persons with transportation needs
Minority/disabled populations	Community organizations

Stakeholder Interviews: Themes

- **Changes in agency/organization *clientele and their needs* in past 5 years include:**
 - Increased poverty, increased unemployment
 - Greater need for food supports
 - Greater need for temporary crisis services
 - Local transportation inadequate to meet need
 - More clients with mental health needs
 - Greater need for crisis care
 - Inadequate services for substance abusers
 - More clients with chronic illnesses
 - More elderly clients and retirees
 - More grandparents in parental role
 - Clients generally have more complex needs
 - Problems arising at younger client ages
 - Some say more uninsured; others say fewer
 - Growth of migrant populations (Hispanics, Burmese)

Stakeholder Interviews: Themes

- **Client *barriers* to accessing services and care include:**
 - Poverty
 - Lack of transportation
 - Physically “scattered” services; multiple trips sometimes required
 - Lack of evening transportation
 - Lack of insurance
 - High cost of co-pays and deductibles for those insured
 - Inadequate inter-agency communication/coordination of services
 - Shortages of some services (e.g., daycare)
 - Lack of providers accepting Medicaid
 - Lack of services available in evenings/weekends
 - Stigma of seeking and accepting services, especially DSS and mental health services
 - Lack of information or misinformation about available services and providers; language and cultural barriers in information transfer

Stakeholder Interviews: Themes

- **Unavailable but *needed community services* include:**
 - County-wide transportation with regular routes
 - Improved community-wide awareness of mental health issues and treatment options
 - More *local* mental health providers and services
 - Substance abuse treatment
 - On-site services for students
 - In-patient treatment facilities
 - Better inter-agency communication and cooperation; deconstruction of service and information “silos”.
 - Better coordinated community advocacy
 - Greater outreach to rural areas
 - Greater use of electronic resources
 - Electronic medical records
 - Resource lists
 - Volunteer coordination
 - Improved telecommunications/broader Internet access
 - More employment options, especially for the minimally prepared
 - Affordable housing



Issue Prioritization

- Advisory team met to consider all the data and the following criteria regarding health issues:
 - **Magnitude:** how many people does the issue affect?
 - **Consequences:** what degree of disability or premature death occurs because of the issue? What are the burdens to individuals or the community if the problem is *not* addressed?
 - **Capacity to correct or address the problem:** is the problem amenable to correction? What resources will that take and are they available in Wilkes County?
 - **Social and political will:** is there likely to be community and political support sufficient to address the issue?



Priorities

• Obesity and Chronic Disease

- High prevalence of obesity in Wilkes County
 - 29% adults obese (CDC)
 - 45% adults overweight or obese (2015 Wilkes County Community Health Survey)
 - 35% of children age 2-4 over ideal weight (NC-NPASS)
- Important chronic diseases and conditions in Wilkes County
 - **Diabetes** mortality rate is 14% higher than NC average; mortality rate has increased 7% since last CHNA.
 - **Heart disease** is the 2nd leading cause of death in Wilkes and NC
 - **CLRD/COPD** mortality rate is 15% higher than NC average; the 3rd leading cause of death in Wilkes County and NC
 - **Kidney disease** mortality rate has increased 29% since last CHNA.
 - **Chronic liver disease** mortality rate is 21% higher than NC average; mortality rate has increased 12% since last CHNA.
 - **Hypertension** present in 31% of Community Survey participants
 - **High cholesterol** present in 28% of Community Survey participants
- Community Health Survey results show high concern among respondents for issues of weight management, proper nutrition, and exercise/fitness.

Priorities

- **Mental Health and Substance Abuse**

- Utilization of all LME/MCO services provided by Smokey Mountain Center has decreased by 43% overall in Wilkes County between 2009 and 2014
 - Utilization of mental health services decreased by 28% between 2009 and 2012
 - Utilization of substance abuse services decreased by 6% between 2009 and 2012
- Despite decreased utilization of LME/MCO services, mental health and substance abuse problems remain prevalent in Wilkes County.
 - 25% of respondents to Community Health Survey reported a diagnosis of depression.
 - Community stakeholders report they are seeing more clients with mental health issues
 - Hospital ED admissions associated with diagnoses of mental and behavioral health conditions total approximately 4% of all ED admissions annually.
 - ED admissions associated with a diagnosis of “non-dependent abuse of drugs” increased from 229 in 2012 to 360 in 2014 (57% increase); ED admissions associated with a diagnosis of “drug dependence” increased from 20 in 2012 to 36 in 2014 (80% increase)
 - The number of methamphetamine drug busts in Wilkes County recently has been among the highest in NC.
- Community Health Survey respondents identified drug/alcohol abuse as the issue *most* affecting quality of life in Wilkes County.

Priorities

- **Access to Care**

- Wilkes County population lacking health insurance in 2013: 20%
- Wilkes County total population in poverty in 2009-2013: 22%
- 21% of Community Health Survey respondents reported a recent problem in accessing care, attributable mostly to a total lack of insurance or personal cost (deductible or co-pay) that was too high.
- Community Stakeholders reported that their clients' barriers to access to care included poverty, lack of insurance, lack of transportation, shortages of some services, and lack of information about services.
- Provider to population ratios for health care providers in Wilkes County have been consistently lower than state or national averages for MDs, primary care MDs, registered nurses, dentists, and pharmacists.
- As of 2012 representatives of most medical specialties were present in Wilkes County, although there were no certified nurse midwives or practicing psychologists, and there were particularly low numbers of general practitioners, obstetricians/gynecologists, and podiatrists.

Priorities

- **Tobacco and Smoking**

- CLRD/COPD and lung cancer, both associated with smoking, are significant health problems in Wilkes County.
 - **CLRD/COPD** mortality rate is 15% higher than NC average; the 3rd leading cause of death in Wilkes County and NC.
 - Lung cancer is the leading cause of cancer death in Wilkes County.
 - The lung cancer mortality rate in Wilkes County decreased 14% between 2001-2005 and 2009-2013, but the lung cancer *incidence* rate increased by 4% over the same period.
- Almost 19% of Wilkes County pregnancies involved women who smoked while pregnant, a behavior potentially harmful to both the mother and the fetus. In 2013 the county figure was 83% higher than the NC average.
- While 21% of Community Health Survey respondents reported that they smoked at one time but have quit, 8% of respondents report they still smoke, and half of them don't want to quit.
 - A higher proportion of male respondents (16%) than female respondents (6%) reported they were “current smokers”.
 - A higher proportion of male respondents (26%) than female respondent (19%) reported that they used to smoke but have quit.
- “Second-hand smoke” was the top rated environmental problem among respondents to the Community Health Survey.