

Stanly County 2015 Community Health Needs Assessment

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	5
EXECUTIVE SUMMARY	6
COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS	8
SELECT DEMOGRAPHICS OF SURVEY PARTICIPANTS	9
SELECT DEMOGRAPHICS OF 2015 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY PARTICIPANTS & U.S. CENSUS	10
STANLY COUNTY OVERVIEW	11
QUALITY OF LIFE	13
Jobs & opportunities to move up in Stanly County	13
Stanly County is a good place to raise children	14
Stanly County is a safe place to live.....	15
Good healthcare is available in Stanly County	16
STANLY COUNTY & NORTH CAROLINA.....	17
MORTALITY DATA	17
HEALTH ISSUES.....	19
Overview	19
Zip Code	20
Gender.....	20
Race.....	20
Education.....	21
Age.....	21
Marital Status	21
HEALTH ISSUES DISCUSSION	22
Overview	22
Drug Abuse	22
Heart Disease & Risk Factors.....	23
Reproduction Issues.....	27
Accidents	29

COMMUNITY ISSUES	30
Overview.....	30
County Region Concerns.....	30
Gender.....	31
Race.....	31
Age.....	31
Education.....	32
Marital Status	32
COMMUNITY ISSUES DISCUSSION	33
Overview.....	33
Lack of/Inadequate Insurance	33
Child Abuse & Neglect.....	34
Quality of Education (K-12)	35
Environment	36
Mental Health	36
PEER COUNTY COMPARISONS	38
PERSONAL HEALTH PROFILE	40
BARRIERS TO HEALTH AND HUMAN SERVICES	41
EMERGENCY PREPAREDNESS.....	41
FOCUS GROUP SPECIFIC QUESTIONS.....	43
Health Issues.....	43
Community Issues.....	43
IDENTIFIED HEALTH PRIORITIES.....	45
APPENDICES	50
Stanly County Employer Profile Listing.....	51
Stanly County Agriculture Table	52
Quality of Life	53
There are enough jobs & opportunities to move up in Stanly County	53
Stanly County is a good place to raise children	54
Stanly County is a good place to grow older	56
Stanly County is a safe place to live.....	57
Healthcare is available in Stanly County.....	59

Selected Stanly County & North Carolina Mortality Charts..... 61

Health Issues - Tables..... 67

 Overall 67

 Zip Code 68

 Gender..... 69

 Race 70

 Education 71

 Age..... 72

 Marital Status 73

Stanly County & North Carolina Cancer Death/Incidence Trends 74

Ethnicity/Race Weight Prevalence Rates – WIC Program – CY 2012 76

Low Birth Weight Charts 77

Community Issues - Tables..... 79

 Overall 79

 Zip Code 80

 Gender..... 81

 Race 82

 Education 84

 Age..... 86

 Marital Status 88

Child Abuse Chart..... 90

End of Life Questions Tables 91

Barriers to Health & Human Services Tables 93

Focus Group Questions 95

Data Resources 96

Community Resources 98

ACKNOWLEDGEMENTS

Appreciation is extended to Stanly County residents for their participation in the community health needs assessment survey and/or focus groups. We value the opportunity to learn from citizens' input concerning their view of the quality of life in Stanly County, the significance of various health and community issues, selected personal health behaviors, barriers to accessing services and emergency preparedness matters.

Partners in Health, a Stanly County health coalition, assisted in the review, promotion and dissemination of the surveys. They, also, provided their organizations' staff and clients access to the survey website and/or paper copies. We are grateful for their support.

Media outlets including WZKY 1580AM, WSPC 1010AM, Stanly Community College Television – SCC-TV channel 21, The Stanly News and Press, The Weekly Post and Time Warner Cable News 14 informed the public about the community health needs assessment. We are grateful for their willingness to inform the public of the survey as well as disseminate the results.

We are grateful to local churches, schools, agencies and civic organizations for their participation and support as well as Stanly County and municipal elected and governmental officials.

Appreciation is extended to Randy Huneycutt, IT Specialist with the Stanly County Information Technology Department, for his assistance with pre and post survey activities.

EXECUTIVE SUMMARY

The Stanly County Health Department and Carolinas HealthCare System Stanly Regional Medical Center collaborated on the 2015 community health needs assessment. Primary data was collected through online and hard copy surveys as well as convening three focus groups for their input. The 2015 community health assessment survey was revised from the 2013 survey. Surveys were available to the public April 13 through June 14, 2015 on the health department's and hospital's websites. Paper copies were provided in the hospital's Same Day Surgery Waiting area, health department clinics, churches, specific health fairs and community programs. The Partners in Health coalition, Stanly County Minority Health Council and the Greater Oakboro Business Association served as focus groups.

Overall, Stanly County is a good place to raise children, grow old, feel safe and have access to good health care. Concern was expressed about the lack of opportunities for employment in the county even though the unemployment rate has been trending downward.

The five leading causes of mortality 2009-2013 in Stanly County were heart disease; cancer-all sites; cancer – trachea, bronchus & lung; chronic lower respiratory diseases and cerebrovascular disease. Stanly County 2009-2013 age-adjusted mortality rates exceed North Carolina's rates in 12 of the 19 leading causes of mortality. There is a correlation between the leading causes of mortality and leading health issues. The five leading 2015 Health Issues were Drug Abuse; Overweight/Obesity; Tobacco Use; Diabetes and Cancer. These Health Issues were in the top five in the 2013 community health assessment results, except Tobacco Use which was omitted from the 2013 survey.

Heart disease and cancer are the top two causes of mortality in Stanly County. Survey participants rated Heart Disease (#10) and Cancer (#5) as major Health Issues. However, contributors to these diseases were rated much higher, such as Obesity/Overweight (#2), Tobacco Use (#3), Inactivity/Lack of Physical Activity (#6) and Nutrition (#9). There seemed to be a disconnect between All Other Unintentional Injuries being the sixth leading cause of death in Stanly County and being rated last at #21 as a major health concern. Pneumonia & Influenza is the eighth leading cause of death, but it was ranked #18 as a major problem. There was a difference in how the survey segments (zip code, age, race, gender, marital status and education) rated Health Issues.

Additional Health Issues were included in this report to clarify the scope of the Health Issue and/or convey its prevalence in Stanly County. These Health Issues were Drug Abuse, Heart Disease & Risk Factors, Reproductive Issues and Accidents.

The leading five Community Issues identified by survey participants were: Unemployment/Underemployment, Child Abuse/Neglect, Lack of/Inadequate Health Insurance, Bullying, Domestic Violence (T) and Quality of Education (T). Bullying, Domestic Violence and Quality of Education were new additions to the top five. They replaced Crime (theft, robbery, etc.) and Lack of Recycling from the top five in the 2013 survey. There was a profound difference in how the survey segments (zip code, age, race, gender, marital status and education) rated Community Issues.

Additional Community Issues were included in this report to clarify the scope of the Community Issue and/or convey its prevalence in Stanly County. These Community Issues were Lack of/Inadequate Insurance, Quality of Education (K-12), Child Abuse & Neglect, Environment and Mental Health.

Stanly County's peer counties are Carteret, Chatham, Haywood and Moore. A comparison of select Stanly County 2009-2013 key health indicators with these peer counties revealed Stanly County was usually in the middle. Stanly

County had the smallest rate of inpatient hospitalization for asthma, ages 0-14 and the highest rate or percentage of low birth weight births, age-adjusted cardiovascular disease deaths and age-adjusted colorectal cancer deaths.

Health care advice or care is overwhelmingly accessed at the person's doctor's office, except for Hispanics/Latinos. Many Hispanics/Latinos cited the health department as their source of health care. The majority of survey participants had their blood sugar, blood pressure and cholesterol checked within the past year. Fewer had been to the dentist or had a vision test during the year. The majority of survey respondents participated in physical activity three times a week. Those 75 years old and older reported the least amount of physical activity. The overwhelming majority reported they had not had an alcoholic beverage, used a tobacco product or abused drugs/medications in the past week.

A new section was added to the community health assessment survey this year – end of life decisions. Age, race, gender, marital status and education had an impact on the responses in this section. Males and older participants had more of the official paperwork completed. Less than half of the survey participants had wills. American Indians and Caucasians/Whites reported the highest percentage being organ donors.

Deductibles/Co-pays Too High was the greatest barrier for survey participants receiving health and human services. There were race/ethnic specific barriers as American Indians and Hispanics/Latinos had the highest percentage of those reporting they did not have health insurance. Asian and multi-racial survey respondents indicated greater barriers to transportation issues.

TV was cited as the main resource to get information during an emergency event with internet a close second. Concern about family's safety was the main reason given why people would not leave during an emergency evacuation.

Partners in Health, Stanly County Minority Health Council and the Greater Oakboro Business Association served as focus groups. Health Issues and Community Issues were examined by these groups. Issues discussed in detail included heart disease, drug/alcohol abuse, unemployment/underemployment, racism and quality of education.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The Community Health Needs Assessment (CHNA) is a process that identifies factors that affect the health and well being of a community. These factors are determined by the results of primary data collection activities (community health assessment survey and focus groups) as well as secondary data from reputable sources. This information is, then, compiled into a report that is used for planning efforts by local and state entities to protect and promote the health of Stanly County residents.

In the past, Stanly County Health Department (SCHD) was required to conduct a community health needs assessment every four years. The Affordable Care Act of 2010 required 501(c)3 hospitals to conduct a community health needs assessment at least once every three years. It was decided that SCHD and Stanly Regional Medical Center (SRMC) would collaborate and prepare one report every three years to comply with this requirement. Our initial collaboration was the 2013 community health needs assessment. In March of 2014, SRMC began the two year integration process with Carolinas HealthCare System and is now Carolinas HealthCare System Stanly Regional Medical Center (CHCS-SRMC). A community health needs assessment was required in 2015 to comply with Carolinas HealthCare System's assessment calendar. The community health needs assessment will be conducted on a three year cycle after 2015.

Staff from CHCS-SRMC, SCHD and Partners in Health, a community coalition that addresses health issues, collaborated on the 2015 community health assessment survey. The survey instrument, the primary data collection tool, was evaluated. This survey was made available to the public online through the SRMC and SCHD and Stanly County government websites. Paper copies were utilized at SCHD clinics, community programs, the Same Day Surgery Waiting area at CHCS-SRMC and churches. Community programs included the following venues: Senior Spirit Day, nutrition sites, a Grandcare event, a Homes of Hope meeting and the Community Inn.

Three focus groups were conducted to augment the statistical data from the surveys. It was decided to conduct focus groups with established groups. The three groups utilized were Partners in Health, the Stanly County Minority Health Council and Greater Oakboro Business Association. All were very well attended. Their feedback was most helpful.

Remark Office Data program software was used to analyze data from surveys collected during this process. It is important to note the zip code was the filtering factor. If a valid zip code was not provided, the survey was discarded. Survey responses were analyzed according to one's zip code, race, gender, age, education and marital status. Sources for the health and health-related statistics used in this report included the U.S. Census Bureau, North Carolina State Center for Health Statistics, North Carolina Department of Commerce, North Carolina Division of Social Services, Stanly County School System, North Carolina Department of Public Instruction, Butterfly House Children Advocacy Center of Stanly Regional Medical Center, Passport to Fitness and Stanly County Health Department. The source of all health statistics is the North Carolina Center for Health Statistics unless otherwise cited. The selected data included in this report provides an overview of health issues and concerns in Stanly County, but is not an exhaustive compilation of available data.

SELECT DEMOGRAPHICS OF SURVEY PARTICIPANTS

2015 Survey Demographics*		
Select Demographics	Number	Percent (%)
Marital Status		
Single/Never Married	274	23.01
Married	672	56.42
Divorced	108	9.07
Separated	52	4.37
Widowed	82	6.88
Total Persons in the Household		
1-Person	125	10.50
2-Person	349	29.30
3-Person	270	22.67
4-Person or more	426	35.77
Education		
<High school graduate	162	13.60
High school graduate/GED	235	19.73
Some college; community or technical college (1-3 years)	197	16.54
Graduated community college or technical school	217	18.22
College – graduated with undergraduate degree	230	19.31
College – graduated with post graduate degree (Masters or Doctoral)	142	11.92
Age		
15-19	57	4.79
20-34	364	30.56
35-54	404	33.92
55-64	171	14.36
65-74	114	9.57
75 or older	70	5.88
Town/City/Village - Zip Codes		
Albemarle – 28001/28002	656	55.08
Badin – 28009	29	2.43
Gold Hill – 28071	5	0.42
Locust – 28097	66	5.54
Village of Misenheimer – 28109	7	0.59
Mt. Pleasant – 28124	5	0.42
New London – 28127	112	9.40
Norwood – 28128	128	10.75
Oakboro – 29129	82	6.88
Richfield – 28137	31	2.60
Stanfield – 28163	70	5.88

*There were 1,191 valid surveys collected. Not all questions were answered on each survey.

SELECT DEMOGRAPHICS OF 2015 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY PARTICIPANTS & U.S. CENSUS

The 2015 community health needs assessment survey respondent participation results are relatively comparable to the Stanly County U.S. Census Bureau percentages with two exceptions. More females than males participated in the survey. This is not unusual even though efforts were made to increase the percentage of males participating in this survey. The second exception was almost double the percentage of residents with bachelor degrees or higher degrees participated in this survey than the overall percentage living in Stanly County. This also occurred in the 2013 community health assessment.

Demographics**	2015 CHA Survey Respondents	Stanly County U.S. Census	North Carolina U.S. Census
POPULATION, 2014 est.	1,191/1,236	60,600	9,943,964
RACE, 2013			
* African American/Black	9.82%	11.2%	22.0%
* American Indian/Alaska Native	0.50%	0.4%	1.6%
* Asian	1.26%	2.0%	2.6%
*Caucasian/White	80.86%	84.9%	71.7%
*Hispanic/Latino	5.46%	3.9%	8.9%
*2 or more races	1.43%	1.2%	2.0%
GENDER, 2013			
*Female	76.74%	50.0%	51.3%
*Male	18.34%	50.0%	49.7%
AGES, 2013			
*65 years and over	15.45%	17.3%	14.3%
EDUCATION, 2009-2013			
*High school degree or higher	86.40%	80.6%	84.9%
*Bachelor's degree or higher	31.23%	16.0%	27.3%

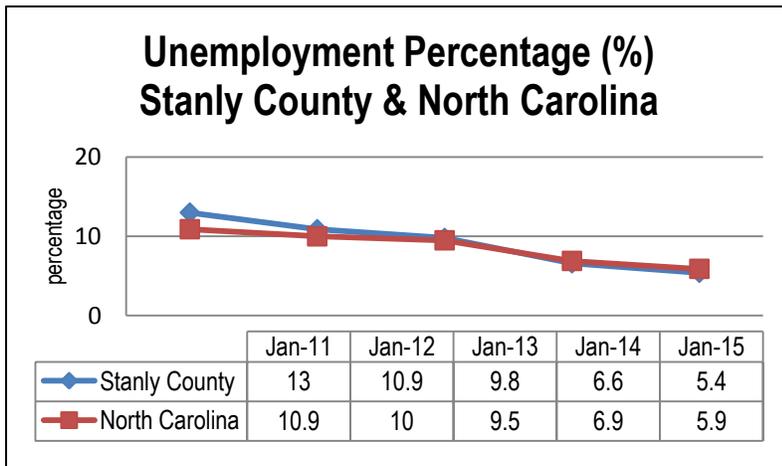
**Year pertains to U.S. Census only

STANLY COUNTY OVERVIEW

Stanly County is located in the southern piedmont region of North Carolina. It is located approximately 30 miles northeast of Charlotte, North Carolina. There are 10 incorporated cities in Stanly County: Albemarle, Badin, Locust, New London, Norwood, Oakboro, Red Cross, Richfield, Stanfield and the Village of Misenheimer. Albemarle is the largest city and the county seat. Unincorporated areas include Aquadale, Big Lick, Cottonville, Endy, Finger, Frog Pond, Millingport, Palestine, Palmerville, Plyler, Porter and Tuckertown.

The estimated population of Stanly County in 2014 was 60,600. (U.S. Census Bureau). According to the 2014 Provisional County Population Estimates, Stanly County is the 43rd largest county in North Carolina. (North Carolina Office of State Budget and Management) The greatest percentage of estimated population growth from 2010-2013 is in those 62 years old and older – 18.4% to 19.9%. (North Carolina Office of State Budget and Management)

The western part of the county (Locust, Stanfield and Oakboro) has experienced growth due to improved access to Charlotte via I-485 and Highway 24-27 improvements. The northern part of the county (Village of Misenheimer, Richfield and New London) may experience similar growth when the widening of Highway 49 is completed.



The Stanly County and North Carolina January unemployment rate for the past five years is shown in the chart to the left. It is trending downward and more jobs are slowly coming to Stanly County.

Construction of a new retail space is taking place in east Albemarle, The Shops of Olive Place. According to the Stanly News and Press (August 29-30, 2015), Hobby Lobby, T.J. Maxx and Ross will fill some of that retail space.

Source: North Carolina Department of Commerce

The three largest employers in the fourth quarter of 2014 are (1) Stanly County Schools – 1000+ employees, (2) Carolinas HealthCare System Stanly Regional Medical Center – 500-999 employees and 3) Wal-Mart Associates, Inc. – 500-999 employees. (North Carolina Department of Commerce) The three largest industrial employers during this time frame are Michelin Tire Center – 250-499 employees, IAC – Interactive Automotive Components (carpeting) – 250-499 employees and Fiberon (decking and railing products) – 250-499 employees. (North Carolina Department of Commerce) The list of top 25 employers in Stanly County is found on page 51 in the Appendices.

Agriculture is an additional economic engine in Stanly County. There are large and small farms throughout the county. Crops and livestock products grown/produced in Stanly County brought in cash receipts of \$86,382,145 in 2012. A detailed table of Stanly County agricultural products is found on page 52 in the Appendices.

There is a growing movement in Stanly County to purchase produce and meats locally grown. This is evident by the growth of farmers’ markets as well as local restaurants utilizing locally grown produce and meats. Three farmers’ markets are located in Albemarle and offer locally grown produce and meats as well as bakery goods during the spring,

summer and fall months. Stanly County Farmers' Market is open Wednesday and Saturday mornings at Market Station. The Stanly Commons Farmers' Market is located at The Stanly Commons on Monday mornings and early afternoons. A farmers' market is located in Locust every Thursday during the afternoon hours. There are many roadside produce stands open throughout Stanly County during the spring, summer and fall months.

Traditional farming is the norm for most farms in Stanly County; however aquaculture is gaining a foothold. Lucky Clays Farm and Spring Lake Family Farms are two local farms that practice aquaponics. Aquaponics is "a system of aquaculture in which the waste produced by farmed fish or other aquatic animals supplies nutrients for plants grown hydroponically, which in turn purify the water." (Oxforddictionaries.com) Simply stated – plants are grown in nutrient-rich water not soil.

Educational opportunities are available in Stanly County ranging from pre-school through higher education. There has been much discussion on the current public school facility needs, quality of the curriculum and fiscal responsibility. With the population of children decreasing in Stanly County, educational leaders and the community are in the process of determining the best use of limited resources to provide our children with a quality education.

Recreation is prominent in Stanly County. There are at least 15 parks located throughout Stanly County and its municipalities. Recreational opportunities at these parks include playgrounds, hiking, baseball, bocce, tennis, basketball, swimming, fishing, disc golf and more. The Roger F. Snyder Greenway, part of the regional Carolina Thread Trail, when completed will connect Albemarle parks and the downtown. The popularity of bicycling is evident by the utilization of the many marked bicycle routes throughout the county. Runners can take advantage of the multiple short jogging/running routes in various municipalities as well as several planned running events such as the Beach Blast 5K, Morrow Mountain Challenge and Run the Valley 5K, 10K and Half Marathon. Morrow Mountain State Park, part of the Uwharrie Mountains, offers a variety of outdoor experiences throughout the year. These experiences include hiking, camping, fishing, swimming, canoeing, picnicking, etc. Outdoor water activities such as boating, skiing, swimming and fishing are very popular in Stanly County. Popular water recreation venues include Lake Tillery, Badin Lake, Tuckertown Lake, Rocky River and Yadkin-Pee Dee River.

Performing and visual arts are greatly appreciated in Stanly County. There are many opportunities to participate in or appreciate cultural opportunities. Performing arts opportunities include Stanly County Chorale, Uwharrie Men, Stanly County Concert Association, Uwharrie Players, Singing Americans of Stanly County, The Talent Company, Pfeiffer University theater and music productions, etc. Visual art opportunities include the Stanly Arts Guild and Falling Rivers Gallery. New on the visual art scene is the First Presbyterian Church (Albemarle) Art Gallery where a new exhibit of art work is highlighted monthly.

Religion plays an important role in the lives of Stanly County residents of all ages. Traditional, nontraditional, large and small churches abound in Stanly County. The outreach of these churches in the community plays a significant role in the quality of life that is enjoyed in Stanly County. Churches provide opportunities for their members and resources for community groups to serve those in need in our community. These organizations include Stanly Community Christian Ministry (SCCM) and West Stanly Christian Ministries (WSCM); both of which offer food pantries. SCCM sponsors the Community Table I (Albemarle) and Community Table II (Norwood) offering lunches Monday through Saturday. Community volunteers provide lunches on Sundays at the Community Table I. WSCM and the Clothing Closet (Albemarle) provide clothing. The Community Inn, administered by Homes of Hope, provides temporary shelter for homeless men, women and children. Community Coalition for Christ, a group comprised of members from churches throughout Stanly County, provides food, clothing and assistance to those in need.

QUALITY OF LIFE

Survey participants were asked several questions to determine their perception of the quality of life in Stanly County. The qualities of a good life explored in this report are employment opportunities, good place to raise children, good place to grow older, safe place to live and availability of healthcare. Overall, Stanly County is seen as a great place to live. This trend remains consistent with previous community health assessment results. The main concern expressed is the lack of jobs and opportunities to move up. This, too, is in line with previous health assessment results. However, fewer see this as a major problem than in previous community health assessments. Selected Quality of Life tables are highlighted on the following pages. All Quality of Life tables are found on pages 53-60 in the Appendices. Please note survey participants not indicating a selection (no response) is the reason responses do not tally 100%.

Jobs & opportunities to move up in Stanly County

Lack of employment – jobs and opportunities to move up – was still the overwhelming negative cited by Stanly County residents completing a community health assessment survey. The majority of survey participants believed there were not enough jobs or opportunities to promote in Stanly County. As noted in the table below, the South and West sections of Stanly County indicated the employment situation was better than other sections of the county. This is understandable for the western end of Stanly County as there is easy access to Charlotte or Concord via I-485 or 24/27.

There are enough jobs & opportunities to move up in Stanly County – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	30.90	35.52	31.75	26.56	18.81
Disagree	40.81	39.18	42.33	42.97	43.12
Agree	13.35	11.13	14.81	16.41	16.97
Strongly Agree	1.85	1.83	1.59	1.56	2.29
Don't Know	6.88	5.64	6.88	7.81	10.09

When comparing 2013 and 2015 Community Health Assessment survey results, the employment situation was seen as improving in all sections....especially in the West and North sections. This sentiment is supported by the unemployment data.

Quality of Life – CHA*					
Strongly disagree there are enough jobs & opportunities to move up in Stanly County – Zip Code					
	Overall	East	North	South	West
2015 CHA	30.90	35.52	31.75	26.56	18.81
2013 CHA	37.83	41.14	40.19	27.56	31.84

*CHA – Community Health Assessment

There was a wide difference in how Races viewed the employment situation in Stanly County. Asian and Hispanics/Latinos viewed the unemployment situation in Stanly County as less a problem than the other Races. However, the Asian and Hispanics/Latino races had a greater percentage that did not know the employment situation. See the chart on the following page.

There are enough jobs & opportunities to move up in Stanly County - Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	30.90	35.04	0	6.67	31.78	13.85	52.94
Disagree	40.81	42.74	66.67	26.67	42.78	15.38	23.53
Agree	13.35	9.40	0	40.00	12.05	35.38	11.76
Strongly Agree	1.85	4.27	0	0	1.25	4.62	5.88
Don't Know	6.88	5.13	16.67	13.33	6.02	23.08	0

Stanly County is a good place to raise children

Survey respondents overwhelmingly agreed that Stanly County was a good place to raise children. A larger percentage of Female respondents agreed than Male respondents with this premise – 82.28% versus 78.44%. Caucasian/White respondents had the highest percentage of those stating Stanly County was a good place to raise children. Two minority groups (2 or More Races and African American/Black) had lower percentages for this quality of life.

Stanly County is a good place to raise children - Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	2.77	8.55	0	0	1.45	7.69	17.65
Disagree	7.72	11.97	0	13.33	7.58	1.54	11.76
Agree	56.93	57.26	33.33	66.67	57.22	55.38	47.06
Strongly Agree	23.68	13.68	33.33	6.67	25.23	23.08	17.65
Don't Know	2.94	4.27	0	0	2.60	7.69	0

There was an overwhelming positive response to this premise that Stanly County was a good place to raise children. Those between the ages of 20-64 had the highest percentage of respondents in agreement.

Stanly County is a good place to raise children - Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	2.77	7.02	3.57	1.24	2.92	1.75	2.86
Disagree	7.72	3.51	6.32	7.67	10.53	14.91	1.43
Agree	56.93	57.89	60.71	56.44	53.80	56.14	48.57
Strongly Agree	23.68	14.04	23.35	29.21	25.73	15.79	12.86
Don't Know	2.94	14.04	2.47	0.99	0.58	2.63	10.00

Although three-fourths of the survey participants agreed that Stanly County was a good place to grow older, those 15-19 and 75 or Older had the lowest percentage of agreement – 68.42% and 70.00% respectively. The age group that had the highest percentage of agreement was 65-74 at 83.33%.

Stanly County is a good place to grow older - Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	2.69	5.26	3.02	1.98	3.51	0.88	4.29
Disagree	8.56	8.77	7.97	7.92	15.20	7.89	1.43
Agree	53.90	52.63	54.12	53.47	49.12	64.91	48.57
Strongly Agree	24.69	15.79	25.82	27.48	25.15	18.42	21.43
Don't Know	4.37	14.04	5.22	4.70	0.58	0	5.71

There were racial differences in response to this Quality of Life statement. A lower percentage of Hispanic/Latino, American Indian and African American/Black respondents agreed with this statement. Caucasian/White respondents had the highest percentage of Race agreeing that Stanly County was a good place to grow older.

Stanly County is a good place to older - Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	2.69	7.69	0	0	1.77	6.15	11.76
Disagree	8.56	11.11	0	6.67	8.72	3.08	11.76
Agree	53.90	47.01	33.33	73.33	55.45	40.00	58.82
Strongly Agree	24.69	23.08	33.33	6.67	25.65	20.00	11.76
Don't Know	4.37	5.98	0	0	3.01	24.62	0

Stanly County is a safe place to live

Age had an impact on how the respondents answered the Quality of Life statement – Stanly County is a safe place to live. Survey respondents ages, 15-19 and 75 or Older, had a lower percentage agreeing with the premise of Stanly County being safe. Those ages 35-54 had the highest percentage of agreement that Stanly County was safe.

Stanly County is a safe place to live - Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	1.68	1.75	2.20	0.99	2.34	1.75	0
Disagree	5.71	8.77	6.87	3.71	6.43	8.77	2.86
Agree	63.31	59.65	65.11	66.09	59.06	64.91	50.00
Strongly Agree	19.48	12.28	17.31	23.27	23.98	13.16	15.71
Don't Know	3.44	12.28	3.85	1.73	1.17	2.63	8.57

Those Married, Divorced or Separated felt Stanly County was a safer place to live than those Single/Never Married or Widowed.

Stanly County is a safe place to live – Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	1.68	3.28	0.89	0.93	5.77	1.22
Disagree	5.71	10.22	3.87	7.41	5.77	3.66
Agree	63.31	60.22	64.43	68.52	67.31	56.10
Strongly Agree	19.48	15.33	22.77	16.67	17.31	12.20
Don't Know	3.44	5.11	2.38	0.93	1.92	9.76

Good healthcare is available in Stanly County

Even though the majority of respondents indicated good healthcare is available in Stanly County, those residing in the South section had a significant lower percentage of strongly agree/agree. There was also a noticeable difference for African American/Black and American Indian races compared with the other races.

Good healthcare is available in Stanly County - Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/ White	Hispanic/ Latino	2 or More Races
Strongly Disagree	7.64	10.26	0	13.33	7.17	7.69	11.76
Disagree	18.89	17.95	16.67	6.67	19.94	10.77	11.76
Agree	50.04	42.74	33.33	60.00	50.88	49.23	58.82
Strongly Agree	12.68	14.53	0	13.33	12.15	16.92	11.76
Don't Know	4.79	8.55	16.67	0	4.15	9.23	0

The percentage of those divorced, separated or widowed indicated good healthcare was not as readily available as the other groups in the marital status section.

Good healthcare is available in Stanly County – Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	7.64	7.66	6.40	12.96	13.46	7.32
Disagree	18.89	18.98	20.09	16.67	21.15	10.98
Agree	50.04	47.81	52.83	49.07	42.31	42.68
Strongly Agree	12.68	14.60	12.35	10.19	13.46	10.98
Don't Know	4.79	6.20	2.83	5.56	5.77	13.41

STANLY COUNTY & NORTH CAROLINA MORTALITY DATA

Stanly County 2009-2013 age-adjusted mortality rates exceed North Carolina's age-adjusted mortality rates in 12 of the 19 leading causes of mortality. (See table below) The two major causes of mortality in Stanly County 2009-2013 are heart disease and cancer – all sites. This ranking has been consistent throughout the years. The incidence of heart disease mortality has been trending upward. The trend of the incidence of Cancer – All Sites and Pneumonia & Influenza has been fluctuating. Cancer – Breast, Cancer - Colon, Rectum & Anus and Alzheimer's disease have been trending upward. Cancer – Trachea, Bronchus & Lung and Prostate have been trending downward.

Mortality data for Diabetes Mellitus; Nephritis, Nephrotic Syndrome & Nephrosis; All Other Unintentional Injuries and Chronic Liver Disease & Cirrhosis have been trending downward. Chronic Lower Respiratory Diseases and Septicemia mortality data have been trending upward. See pages 61-66 for selected charts in the Appendices.

STANLY COUNTY & NORTH CAROLINA Leading Causes of Mortality & Age-Adjusted Mortality Rates 2009-2013			
Rank	Cause of Mortality	Stanly County	North Carolina
1	Heart Disease	227.9	170.0
2	Cancer – All Sites	181.1	173.3
3	Cancer – Trachea, Bronchus & Lung	55.8	51.6
4	Chronic Lower Respiratory Diseases	49.0	46.1
5	Cerebrovascular Disease	46.9	43.7
6	All Other Unintentional Injuries	37.1	29.3
7	Alzheimer's Disease	31.6	28.9
8	Pneumonia & Influenza	24.2	17.9
9	Breast Cancer*	21.1	21.7
10	Diabetes Mellitus	20.0	21.7
11	Suicide	17.1	12.2
12	Septicemia	16.4	13.3
13	Unintentional Motor Vehicle Injuries	16.1	13.7
14	Cancer – Colon, Rectum & Anus	15.6	14.5
15	Prostate Cancer*	14.4	22.1
16	Nephritis, Nephrotic Syndrome & Nephrosis	14.1	17.6
17	Chronic Liver Disease & Cirrhosis*	7.8	9.5
18	Homicide*	5.2	5.8
19	HIV Disease*	0.7	2.9

*Death rates with a small number (<50) of deaths in the numerator should be interpreted with caution. **Per100, 000 population

Red numbers = higher rate

Source: North Carolina State Center for Health Statistics

Examination of the top five causes of death in Stanly County reveals a significant disparity between local and statewide mortality rates for Whites and African Americans. (See table below) African Americans who reside in Stanly County have a higher rate of heart disease, cancer, cerebrovascular disease and cancer (trachea, bronchus & lung) than White Stanly County residents. Stanly County African American residents have higher mortality rates for heart disease, cancer, cerebrovascular disease and cancer (trachea, bronchus & lung) than White and African American North Carolina residents. White Stanly County residents have a higher rate of chronic lower respiratory diseases than African American Stanly County residents and White and African American North Carolina residents.

Race Specific Age-Adjusted Mortality Rates* 2009-2013				
Disease	Stanly County White, Non-Hispanic	North Carolina White, Non-Hispanic	Stanly County African American, non-Hispanic	North Carolina African American, non-Hispanic
Diseases of Heart	224.9	168.0	263.5	193.2
Cancer	176.0	171.3	269.2	201.5
Cerebrovascular Disease	44.1	41.3	86.3	57.1
Cancer-Trachea, Bronchus & Lung	53.9	53.0	87.6	51.6
Chronic Lower Respiratory Diseases	50.5	50.9	N.A.**	28.0

*Rates per 100,000 population

**Rates based on fewer than 20 cases are unstable and have been suppressed

Source: North Carolina State Center for Health Statistics

HEALTH ISSUES

Overview

Survey participants were given 21 Health Issues to rate on the 2015 community health assessment survey. For the complete listing of Health Issues, reference pages 67-73 in the Appendices. The chart below reveals the top 10 Health Issues identified by survey participants. Drug Abuse was the top Health Issue with 43.41% of the 2015 survey participants marking it as a major problem. This was not surprising given the continued level of drug abuse and related issues reported by local media, law enforcement and health and human organizations. There has been substantial media attention to opiate/heroin overdoses and prevention in the region and country.

Overall Health Issues Major Problems - 2015 CHA	
	%
1. Drug Abuse (prescription, illegal)	43.41
2. Obesity/Overweight	40.30
3. Tobacco Use	39.46
4. Diabetes	33.59
5. Cancer	32.66
6. Inactivity/Lack of Physical Activity	29.55
7. Alcoholism/Alcohol Abuse	27.79
8. Teenage Pregnancy	27.04
9. Nutrition	24.60
10.Heart Disease	24.10

It must be noted; about 25% of the overall survey respondents saw Heart Disease as a major problem. Considering heart disease is the number one cause of mortality in Stanly County 2009-2013, this ranking seems to create a divergence of reality and perception. However, this may not be the case as four of the top 10 Health Issues address several contributors to heart disease – Obesity/Overweight (#2), Tobacco Use (#3), Inactivity/Lack of Physical Activity (#6) and Nutrition (#9).

Cancer was another Health Issue that ranked high in mortality in Stanly County (2009-2013), but was seen as a Major Problem by about one-third of the survey participants. See pages 74-75 for specific cancer mortality listings in the Appendices. Several Health Issues listed in the top 10 Major Problems table are known to increase or possibly affect the risk of cancer. Cigarette smoking and tobacco use are known to increase the risk of cancer. Diet, alcohol, physical inactivity and obesity may also affect a person's risk of cancer. (National Institutes of Health - National Cancer Institute)

There were several examples of misaligned results when comparing causes of mortality in Stanly County with survey rankings. Diabetes was ranked #4 as a Major Problem by survey participants, but it was the 10th leading cause of death (2003-2013). All Other Unintentional Injuries is the 6th leading cause of mortality 2009-2013, but ranked last (#21) as a Major Problem on the survey. Alzheimer's disease ranked 7th as a cause of mortality (2009-2013), but Neurological Diseases was ranked 17 as a Major Problem. Pneumonia & Influenza were ranked 18 by survey participants as a Major Problem, but it was the 8th leading cause of mortality. Charts are available on pages 17 and 68.

Zip Code

The top three Health Issues were the same for all geographic areas of the county – East, North, South and West. However, their rankings were different. Drug Abuse was the top concern for the East and South zip codes. Tobacco Use was the #1 concern for the North zip codes. Obesity was cited as the #1 problem in the West zip codes.

Health Issues – Zip Code					
Rank	Overall	East	North	South	West
1	Drug Abuse (prescription, illegal) 42.48%	Drug Abuse (prescription, illegal) 44.97%	Tobacco Use 44.97%	Drug Abuse (prescription, illegal) 49.22%	Obesity/ Overweight 35.78%
2	Obesity/ Overweight 39.24%	Obesity/ Overweight 40.24%	Obesity/ Overweight 44.44%	Tobacco Use 45.31%	Drug Abuse (prescription, illegal) 33.03%
3	Tobacco Use 38.75%	Tobacco Use 39.33%	Drug Abuse (prescription, illegal) 40.63%	Obesity/ Overweight 42.19%	Tobacco Use 31.65%

The lowest ranking Health Issues Overall and by Zip Codes were Kidney Diseases (#20) and Other (Unintentional) Injuries (#21). Health Issues varied significantly in some Zip Codes from the Overall rankings and percentages. Dental Health was ranked 8th (17.56%) Overall which was comparable with all areas except West. The West had Dental Health ranked 16th with 11.93% seeing it as a Major Problem. Lung Diseases was ranked 16th Overall (15.70%), but it was ranked 12th in the South with 25.00% seeing it as a Major Problem.

Gender

Females and Males included Drug Abuse, Tobacco Use, Obesity/Overweight and Diabetes in their top five selections as Major Problems. The difference stemmed from ranking.

Health Issues – Gender - Major Problems – 2015 CHA			
Female - Health Issues	%	Males - Health Issues	%
1. Drug Abuse (prescription, illegal)	45.73	1. Obesity/Overweight	40.83
2. Tobacco Use	41.36	2. Diabetes	37.61
3. Obesity/Overweight	40.70	3. Drug Abuse (prescription, illegal)	35.78
4. Cancer	33.59	4. Tobacco Use	35.32
5. Diabetes	32.82	5. Inactivity/Lack of Physical Activity	32.57

Race

Drug Abuse was either first or tied for first Health Issue as a Major Problem for all races. There were differences among the races when rating Health Issues as Major Problems. Some differences include the following examples: only 26.67% of Asian and 10.77% Hispanic/Latino survey participants rated Tobacco Use as a Major Problem compared to 2 or More Races (52.94%), African American/Black (44.44%) and Caucasian/White (41.02%) survey participants. There were several Health Issues not ranked as a Major Problem by American Indian survey participants. These Health Issues included Cerebrovascular Disease, Kidney Disease and Neurological Disorders. Mental Illness was seen as less of a Major Problem by the Hispanic/Latino (13.85%) and 2 or More Races (17.65%) participants than other races. A greater percentage of African American/Black (36.75%) and 2 or More Races (35.29%) survey participants rated Sexually Transmitted Diseases as a Major Problem. Hispanic/Latino (4.62%) survey participants rated Teenage Pregnancy last (#21) out of all the Health Issues as a Major Problem.

Education

Drug Abuse was ranked as a top or tied as a top selection as a Major Problem for all education groups, except for Undergraduate Degree and Postgraduate Degree groups. Obesity/Overweight was their top choices. Drug Abuse ranked second for Undergraduate Degree and Postgraduate Degree groups. Undergraduate Degree (32.17%) and Postgraduate Degree (42.96%) groups ranked Nutrition higher than other educational groups. The percentages were the same for all the Health Issues for the Never Attended School/Kindergarten group.

Age

There is a significant difference of Health Issue rankings among the various age groups. Those 75 or Older did not have a high percentage of Health Issues as Major Problems. Their percentages were low compared to other age groups. Cancer was the highest ranked Health Issue at 25.71%. Drug Abuse was the top ranked Health Issue for 15-19 Years (36.84%), 20-34 Years (42.58%) and 65-74 Years (48.25%). Those 35-54 Years (48.76%) and 55-64 Years (49.12%) ranked Obesity/Overweight as the top Health Issue. The percentage of those ranking Motor Vehicle Injuries (22.81%) and Suicide (22.81%) highest as a Major Problem was in the 15-19 Year group. Those in 55-64 Years (29.24%) and 65-74 Years (31.58%) groups viewed Heart Disease more a Major Problem than other age groups.

Age – Health Issues – Major Problems – 2015 CHA														
	Overall		15-19 years		20-34 years		35-54 years		55-64 years		65-74 years		75 or older	
Rank	Health Issue	%												
1	Drug Abuse (prescription, illegal)	43.41	Drug Abuse (prescription, illegal)	36.84	Drug Abuse (prescription, illegal)	42.58	Obesity/Overweight	48.76	Obesity/Overweight	49.12	Drug Abuse (prescription, illegal)	48.25	Cancer	25.71
2	Obesity/Overweight	40.30	Tobacco Use	33.33	Tobacco Use	40.66	Drug Abuse (prescription, illegal)	47.52	Drug Abuse (prescription, illegal)	43.86	Obesity/Overweight	43.86	Drug Abuse (prescription, illegal)	22.86
3	Tobacco Use	39.46	Cancer	31.58	Teenage Pregnancy	34.07	Tobacco Use	45.54	Tobacco Use	42.11	Diabetes	39.47	Cerebrovascular Disease	20.00
4	Diabetes	33.59	Obesity/Overweight(T)	29.82	Obesity/Overweight	32.97	Diabetes	43.07	Cancer	36.84	Cancer	37.72	Alcoholism/Alcohol Abuse	17.14
5	Cancer	32.66	Teenage Pregnancy(T)	29.82	Alcoholism/Alcohol Abuse	27.47	Cancer	36.88	Diabetes	36.26	Heart Disease	31.58	Diabetes	

Marital Status

Drug Abuse was selected as the top Health Issue for Divorced, Separated and Widowed groups. Single/Never Married ranked Tobacco Use as the top pick. Obesity/Overweight was the top pick for the Married group. Sexually Transmitted Diseases (29.56%) was ranked higher with the Single/Never Married group. Sexually Transmitted Diseases (1.22%) was ranked last by the Widowed group.

HEALTH ISSUES DISCUSSION

Overview

There were several changes in the Health Issues section of the 2015 community health assessment survey. Nutrition and Tobacco Use were added and Birth Defects was removed from the Health Issues list. Illegal Drug Use was changed to Drug Abuse (prescription, illegal) to more adequately convey what was being asked. Regardless of these changes, the 2015 community health assessment results can be compared to the 2013 community health assessment results.

Rankings of Health Issues in 2015 were similar to the rankings in 2013. Only Heart Disease experienced a large difference dropping four spots from #6 to #10 in 2015. In the 2013 community health assessment survey results, Cerebrovascular Disease was #8 at 32.20% and Mental Illness was #10 at 28.17%. The below table indicates the top ranking health issues from 2013 were recognized more significantly as issues than the results from 2015.

2015 CHA		Health Issue	2013 CHA	
Rank	Percentage (%)		Rank	Percentage (%)
1	43.41	Drug Abuse (prescription, illegal)	2	50.78
2	40.30	Obesity/Overweight	1	54.27
3	39.46	Tobacco Use*	*	*
4	33.59	Diabetes	4	43.29
5	32.66	Cancer	3	47.43
6	29.55	Inactivity/Lack of Physical Activity	5	42.80
7	27.79	Alcoholism/Alcohol Abuse	9	29.80
8	27.04	Teenage Pregnancy	7	39.62
9	24.60	Nutrition*	*	*
10	24.10	Heart Disease	6	40.46

*Included in 2015 community health assessment survey – not a selection in 2013 community health assessment survey

Drug Abuse

Drug Abuse is a perennial major problem cited in community health assessment survey results. Drug abuse leads to adverse consequences such as unemployment, death and crime as well as increasing risks for many health issues. The connection of drug use to unemployment became obvious during the focus groups. It was noted that qualified potential employees are often unable to pass employment drug screening tests. In 2013, there were 12 deaths attributed to the improper use of drugs in Stanly County. These deaths occurred in males and females, ages 25 to 74. According to the National Council on Alcohol and Drug Dependence, “Drug addiction can lead to criminal behavior. The use of illegal drugs is often associated with murder, rape, robbery, aggravated assault, burglary, larceny/theft, serious motor vehicle offenses with dangerous consequences, arson and hate crimes. Without question, drug use and criminality are closely linked.” (<https://ncadd.org/learn-about-drugs/drugs-and-crime>)

According to the National Council on Alcohol and Drug Dependence, 80% of inmates in prison abuse alcohol or drugs. (<https://ncadd.org/learn-about-drugs/drugs-and-crime>) The table on the next page from the North Carolina Department of Justice shows the number of county offenses for Stanly County.

Stanly County Annual Summary Report

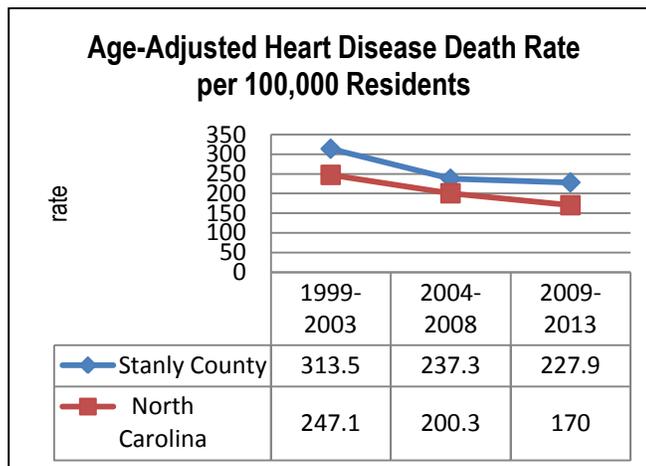
Offense Category	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Murder	1	1	3	1	2	5	1	2		1
Rape	25	32	25	31	14	14	9	8	11	11
Robbery	29	34	38	40	46	28	22	42	22	16
Aggravated Assault	107	107	108	143	98	92	79	64	75	67
Burglary	536	408	393	553	594	552	469	469	531	502
Larceny	1,008	944	1,065	1,217	1,141	973	941	813	919	838
MV Theft	80	91	63	105	97	97	78	58	45	49
Total	1,786	1,617	1,695	2,090	1,992	1,761	1,599	1,456	1,603	1,484

Source: North Carolina Department of Justice at <http://crimereporting.ncdoj.gov/Reports.aspx>

It is challenging to address drug abuse as it is complex with many facets, such as prevention, treatment, and punishment. However, doing nothing is not an option given the negative effects that drug abuse has on the community, families and individuals. There are a variety of resources available in Stanly County to address drug abuse. Narcotics Anonymous meetings are held throughout Stanly County. Monarch, Daymark, Stanly Regional Medical Center and other groups provide treatment in Stanly County. Bridge to Recovery provides transitional housing for both men and women until acceptance into a long term treatment facility for drug addiction and/or alcoholism. A drug drop box is located at the Albemarle Police Station on First Street to provide a proper disposal option and reduce ease of access to prescription drugs. It is available for people to drop off unused or outdated medications 24/7. There have been 124,670 grams of medications year-to-date (January 1, 2015 –September 21, 2015) collected and destroyed. Local pharmacies were given educational materials to share with customers advertising the drug drop box. A DEA Drug Take Back event held September 26, 2015 in Oakboro collected 34,019 grams of prescription and nonprescription drugs. (Oakboro Police Department) There is a drug drop box planned for the Oakboro community.

Heart Disease & Risk Factors

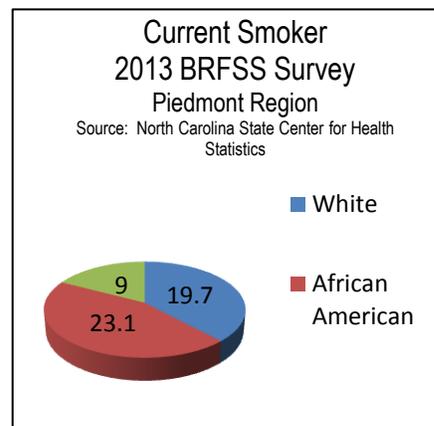
Heart disease is the number one cause of mortality in Stanly County and has ranked number one for the past 15 years. The rate of death from heart disease in Stanly County exceeds the current North Carolina rate and has for 15 years. The positive news from the data shows the rate of heart disease mortality in Stanly County has steadily decreased.



Source: North Carolina State Center for Health Statistics

There are several behaviors that increase one's risk of having heart disease. These behaviors include tobacco use, unhealthy nutrition habits, inactivity and obesity.

Tobacco Use was ranked third in the 2015 community health assessment survey results. Multi-race respondents had Tobacco Use tied for first place with 52.94% and African American/Black had it ranked second with 44.44% seeing it as a major problem. The high percentage of minority groups seeing Tobacco Use as a problem may be explained by the Piedmont Region 2013 Behavioral Risk Factor Surveillance System (BRFSS) Tobacco Use question, "Are you a current smoker?" The accompanying chart shows that more African Americans self report being current smokers than Caucasians and other minorities in the Piedmont Region. BRFSS defines a current smoker as one who smokes every day or some days.

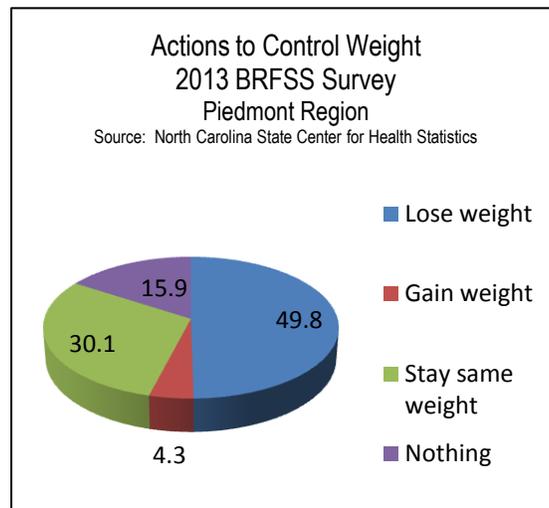


More males (22.7%) than females (16.1%) in the Piedmont Region reported that they were current smokers on the 2013 BRFSS survey. The Ages that reported the highest percentage of smoking was Ages 18-34 (22.7%) with Ages 35-54 (21.6%) in second. Those with Less Than High School (26.6%) or High School/GED (26.2%) had a significantly higher percentage of smokers than College Graduates (8.4%).

Nutrition was a newly added Health Issue on the community health assessment survey. There has been quite a bit of media attention on eating locally grown foods, genetically modified foods and chemicals added to foods. One question that needs media attention is "Am I eating a nutritious selection of foods?" A question on the North Carolina BRFSS survey that addressed this concern was "Did you consume fruits or vegetables or beans five or more times a day?" The responses were overwhelmingly "No" regardless of gender, race, age, education and income. Of those polled in the Piedmont Region, 88.2% answered "No." The statewide response was not much better at 87.7% answering "No."

Availability of healthy foods to purchase was a question on the 2013 BRFSS survey. When asked if it was easy to purchase healthy foods (whole grain foods, low fat options, and fruits and vegetables) in their neighborhoods, the majority of Piedmont Region survey participants agreed (36.2%) or strongly agreed (52.4%).

Obesity/Overweight was listed as the #2 concern on the Overall community health assessment survey. The results of the 2013 BRFSS survey question, "Which of the following are you trying to do about your weight?" are shown at the right. The largest percentage of adult respondents (49.8%) was trying to lose weight.



An additional question on the 2013 BRFSS survey asked adults if they had a body mass index greater than 25.00 which would indicate one being overweight or obese. 64.5% of the adult respondents in the Piedmont Region stated they had a body mass index greater than 25.00. This would suggest about 15% of the survey participants were not aware or did not acknowledge they were obese or overweight. More adult males (71.9%) than females (57.2%) answered yes to having a body mass index greater than 25.00.

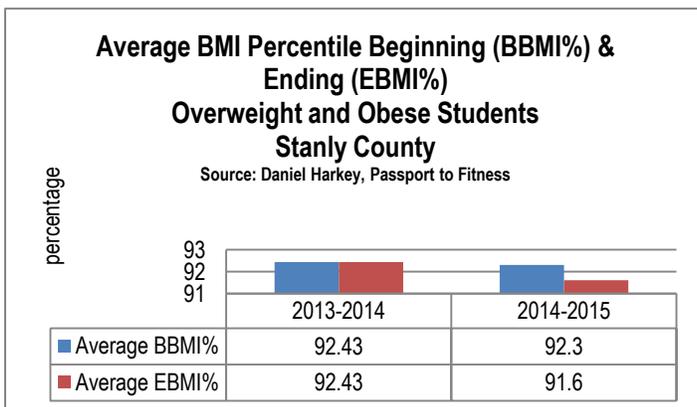
Children's weight was studied in the 2013 North Carolina Child Health Assessment and Monitoring Program (CHAMP) survey. The CHAMP data is not specific to Stanly County. It reflects the Piedmont Region of which Stanly County is part

of with 34 other counties. When parents were asked if their child’s physician or other health professional told them that their child was overweight in the past year, 6.1% of the respondents answered yes. This response is in sharp contrast with the results of the parents’ responses about their children’s BMIs. The majority of children, ages 2 through 17, were in the recommended range. However, a greater percentage of children were shown to be overweight (14.8%) or obese (11.8%) than the parents’ response to the physicians’ responses.

North Carolina CHAMP Survey Results Piedmont Region & North Carolina Weight-for-Age Categories Children Ages 2 through 17										
Weight^	2009-2010		2008-2009		2007-2008		2006-2007		2005-2006	
	PR*	NC**	PR	NC	PR	NC	PR	NC	PR	NC
Underweight <5 th	3.2%	3.6%	3.2%	3.8%	3.8%	3.9%	4.3%	4.1%	4.7%	4.6%
Healthy Weight 5 th to 84 th	70.2%	67.9%	69.2%	66.5%	68.3%	66.0%	69.6%	68.2%	69.4%	68.8%
Overweight 85 th to <95 th	14.8%	15.2%	15.8%	16.3%	15.6%	16.2%	13.9%	15.1%	13.9%	13.8%
Obese ≥95 th	11.8%	13.4%	11.8%	13.5%	12.4%	13.9%	12.2%	12.7%	12.1%	12.8%

*Piedmont Region **North Carolina
Source: North Carolina State Center for Health Statistics

Passport to Fitness, a childhood obesity prevention program through CHS-SRMC and the school system, provides a



local view of weight issues in our children. All fourth graders in 11 Stanly County elementary schools and Christ the King Christian Academy and fifth graders in Park Ridge Christian School receive instruction on nutrition, physical fitness and generally healthy living choices. At the beginning of the school year, 528 children were classified as overweight and 737 were classified as obese prior to participation in this program. After participating in this program throughout the school year, 523 children were classified as overweight and 724 obese. The chart shows slightly improved EBMI% for obese and

overweight children in the program. These results may not be dramatic, but they hopefully indicate a slowing or leveling of the trend of increased weight in our children. This is a long term endeavor. Passport to Summertime Hiking Program was offered to all rising fifth graders this past June. For 10 weeks, they hiked once a week at Morrow Mountain State Park or City Lake Park. Children are learning to make healthier lifestyle choices. “Box lesson” programs are provided to public elementary schools for K-3 and fifth grade students to facilitate teaching healthy lifestyles and decision making.

Stanly County is home to many parks throughout the county, so every community has reasonable access to a park. To familiarize people with the parks and promote their use, the annual Golden Shoe event is held in the early spring where people search for hidden golden shoes in the parks to redeem for prizes.

North Carolina-Nutritional and Physical Activity Surveillance System (NC-NPASS) data in the table below reflects the weights of children seen in the Women, Infants, and Children (WIC) Program and public health child health clinics. This data is Stanly County and North Carolina specific. For past three years, the healthy weight has been trending upward and obese trending downward. However, one-third of the children were overweight or obese according to the 2012 survey. To see the ethnicity and racial breakdown of the 2012 NC-NPASS Prevalence of Obesity, Overweight, Healthy Weight and Underweight in Children 2 through 4, go to page 76 in the Appendices.

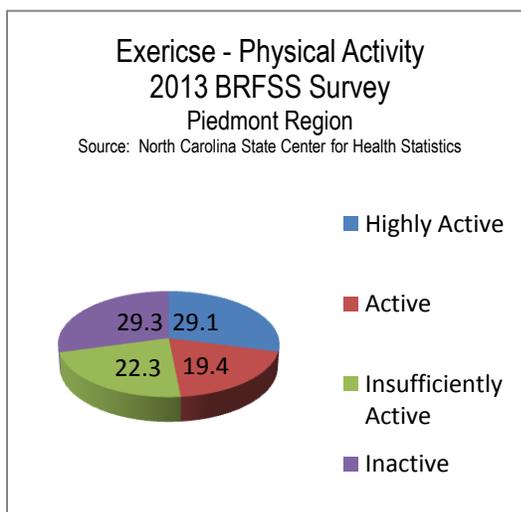
Prevalence of Obesity, Overweight, Healthy Weight and Underweight in Children 2 through 4 years, NC-NPASS										
	2008		2009		2010		2011		2012	
Weight ^A	Stanly*	NC**	Stanly	NC	Stanly	NC	Stanly	NC	Stanly	NC
Underweight <5%	2.5%	3.5%	2.1%	3.8%	4.9%	4.7%	5.3%	4.3%	3.9%	6.4%
Healthy Weight 5 th to 84 th	67.1%	64.8%	65.4%	65.0%	60.1%	63.5%	65.6%	63.9%	66.7%	64.2%
Overweight 85 th to <95 th	14.8%	16.3%	18.6%	15.8%	16.1%	16.1%	13.7%	16.2%	16.1%	14.9%
Rank Order***	30	X	53	X	49	X	15	X	78	X
Obese >95 th	15.6%	15.4%	13.9%	15.4%	18.9%	15.6%	15.4%	15.7%	13.2%	14.5%
Rank Order***	52	X	52	X	32	X	91	X	26	X

*Stanly County **North Carolina

***Counties are ranked 1 to 100 indicating the lowest (best) rate of overweight or obesity.

Source: North Carolina Division of Public Health, Nutrition Services Branch

Physical activity is an important component in maintaining a healthy weight and heart. "Being active boosts high-density lipoprotein (HDL), or "good," cholesterol and decreases unhealthy triglycerides. This one-two punch keeps your blood flowing smoothly, which decreases your risk of cardiovascular diseases..." (<http://www.mayoclinic.org/>) "The American Heart Association recommends at least 150-minutes of moderate activity each week." (<http://www.heart.org/>)



The chart (on the left) highlights the self-reported exercise/physical activity engagement of BRFSS survey participants in the Piedmont Region. Slightly more reported they were Insufficiently Active (22.3%) or Inactive (29.3%) than Active (19.4%) and Highly Active (29.1%) It may be troubling to notice that almost one-third of the respondents were inactive. Slightly more females (30.6%) were Inactive than males (27.8%). The age group that self reported highest percentage of inactivity was 75+ (42.3%). This has some clear implications for health promotion in the older population.

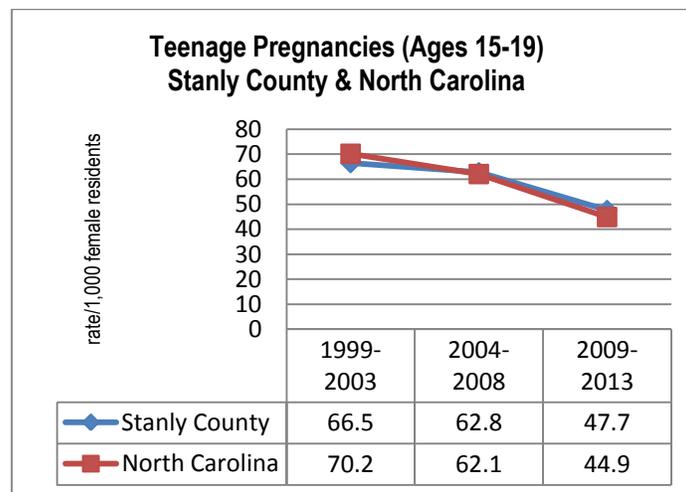
Although older people self-reported the most inactivity, questions regarding the physical activity of children were raised. The 2009-2010 North Carolina CHAMP survey results showed 17.6% of the children in the Piedmont Region watched TV more than two hours a day. According to parents' responses, 62.1% of the children watched one to two hours of TV a day. There was not a question on the 2013 BRFSS survey about children's recreational use of video games and computers. However, that question was asked on the 2013 North Carolina Youth Risk Behavior Survey. Youth surveyed were 9th through 12th grade students enrolled in public and private schools. Regional data was not available, but the State data is still applicable. Youth were watching significantly less TV when comparing 2005 (36.3%) data with 2013 (32.9%) data. There was a significant increase in the percentage of youth playing video games and recreational use of the computer. The table below highlights the significant increase in the recreational use of video games and computers from 2005 to 2013.

Percent of Students Who Spend Three or More Hours Per Day Playing Video Games or Using the Computer for Something that is Not School work on a Average School Day North Carolina 2013 North Carolina Youth Risk Behavior Survey						
	Total	Male	Female	White	Black	Hispanic/Latino
2007	21.2%	23.8%	18.5%	19.5%	24.4%	20.0%
2009	23.5%	28.2%	19.1%	21.3%	26.5%	21.3%
2011	27.8%	31.5%	24.2%	24.5%	35.5%	25.4%
2013	42.4%	38.7%	46.3%	37.4%	48.5%	46.4%

Source: North Carolina Department of Public Instruction

Reproduction Issues

Teenage pregnancy was listed in the top 10 Health Issues in the 2013 and 2015 community health assessment survey results. "Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children." (cdc.gov/teenpregnancy/) The trend of teenage pregnancy (ages 15-19) is downward in Stanly County. (See chart below) Unfortunately the percentage of teenage pregnancies (ages 15-19) that were repeats trended upward from 25.0% (2004-2008) to 26.3% (2009-2013).



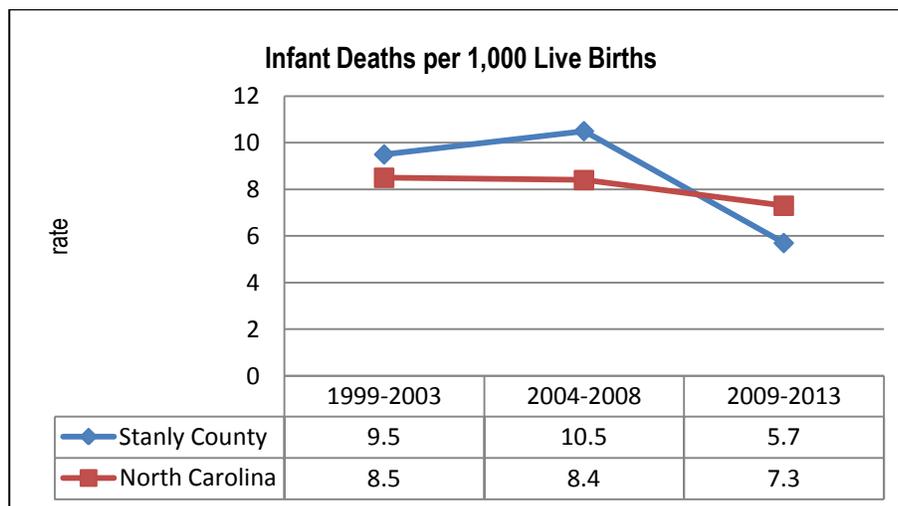
Source: North Carolina State Center for Health Statistics

Sexually transmitted diseases (STDs) ranked 14th as a major problem on the Health Issues. STDs are not health issues that receive much community attention, but they have a life changing impact on the individual. The following chart highlights the rate of newly diagnosed cases of reportable STDs. Chlamydia is the most reported STD in Stanly County and has been increasing since 2012. There are 83 Stanly County residents living with HIV Disease and 34 living with AIDS as of December 31, 2014. Stanly County ranked 22 (with Warren County) for newly diagnosed syphilis cases in North Carolina during the years 2012-2014.

Newly Diagnosed Reportable Sexually Transmitted Diseases Infection Rates* Stanly County & North Carolina 2014		
	Stanly County	North Carolina
AIDS	3.3	7.2
HIV Disease	13.2	13.6
Chlamydia	323.4	501.9
Gonorrhea	67.7	150.4
Total Syphilis (primary, secondary, early and late latent)	16.5	18.0

Source: 2014 North Carolina HIV/STD Surveillance Report, North Carolina Department of Health and Human Services
*Rate per 100,000 population

There has been an upward trend in the percentage of low and very low birth weight infants and premature infants in Stanly County. These birth weight charts are found on pages 77-78 in the Appendices. Nonetheless, Stanly County recorded a steep decline in infant deaths from 2004-2008 to 2009-2013.



Source: North Carolina State Center for Health Statistics

There continues to be a significant disparity in infant mortality between White Non-Hispanic and African American Non-Hispanic races. The following chart shows the five year mortality rate of infants dying before one year of age. The mortality rate for White infants is below the State average. The mortality rate for African American infants is double the State rate. The Stanly County disparity ratio is more than three times the State's disparity ratio.

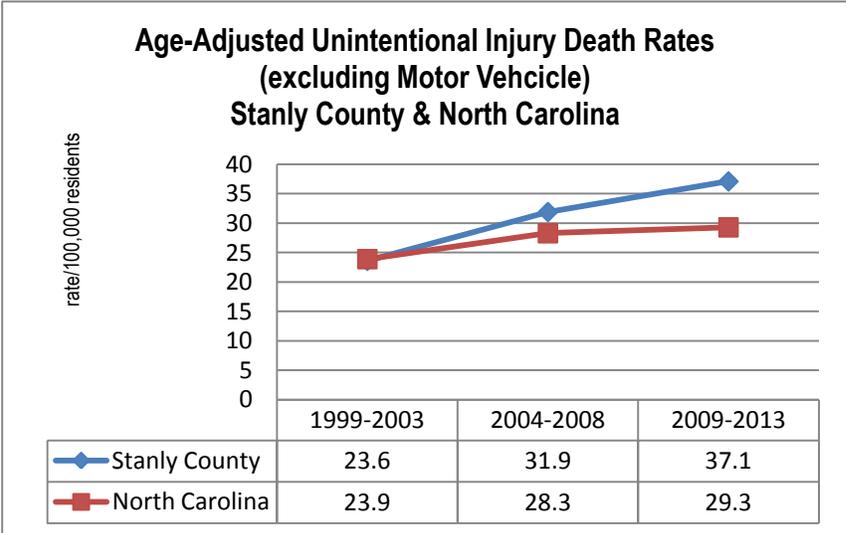
**2010-2014
North Carolina
Infant Mortality Racial Disparities between
White Non-Hispanics & African American Non-Hispanics**

	White Non-Hispanic	African American Non-Hispanic	Disparity Ratio
Stanly County	3.2*	24.1	7.53
North Carolina	5.4	12.9	2.39

*Rate based on less than 10 deaths
Source: North Carolina State Center for Health Statistics

Accidents

Age-adjusted unintentional motor vehicle injury death rates are trending downward. However, age-adjusted unintentional injury death rates are trending upward. Poisoning, drowning, suffocation, burns and falls are examples of unintentional injuries. Unintentional Injuries was rated last by health assessment survey participants, but it is the 6th leading cause of death in Stanly County.



Source: North Carolina State Center for Health Statistics

COMMUNITY ISSUES

Overview

Survey participants were given 26 Community Issues to rate on the 2015 community health assessment survey. For the complete listing of Community Issues, go to pages 79-89 in the Appendices. Overall, the percentages of Community Issues viewed as major problems on the 2015 survey were less than those marked on the 2013 survey for most issues. The chart below shows the top 10 Community Issues identified by survey participants. It was not unexpected that Unemployment/Underemployment and Child Abuse/Neglect were once again top Community Issues. These issues are regularly in the local, regional, state and national media. Lack of/Inadequate Health Insurance was listed high on the list of Community Issues. Perhaps this may change as the Affordable Care Act becomes further implemented, but early indication signifies continued concerns about adequate health insurance.

Regarding the top 10 Community Issues, there was a slight increase in the Overall percentage of survey participants who marked Quality of Education K-12 (2015-21.33% vs. 2013-20.94%) as a Major Problem. Local concerns about funding education (K-12) in Stanly County have been a passionate topic of discussion in the community. Even though incidences involving law enforcement and African-American men have initiated a national and regional dialogue on racism, there was a slight decrease in the Overall percentage of survey participants who saw Racism as a Major Problem 17.80% (2015) vs. 20.88 (2013). In fact, the Race/Ethnicity percentage of survey participants in 2013 marked racism as a bigger problem than in 2015, except for multi-racial and American Indian respondents.

Overall Community Issues – Major Problems – 2015 CHA	
	%
1. Unemployment/Underemployment	38.20
2. Child Abuse & Neglect	24.35
3. Lack of/Inadequate Health Insurance	22.17
4. Bullying	21.91
5T. Domestic Violence	21.33
5T. Quality of Education (K-12)	21.33
7. Crime	18.64
8T. Access to Adult Day Care	18.30
8T. Access to Health Care Specialists	18.30
10. Racism	17.80

County Region Concerns

Unemployment/Underemployment was viewed as the top major Community Issue across all the county's geographic regions. Three of the four zip codes had Child Abuse as the Community Issues with the next highest concern. The county's northern respondents were the only zip code to rank Access to Health Care Specialists in the top five issues. The North was the only region not to have Lack of/Inadequate Health Insurance or Domestic Violence in the top five. The southern area did not rank Quality Education (K-12) in the top five Community Issues.

Zip Code – Community Issues – Major Problems - 2015									
Overall		East		North		South		West	
R a n k	Community Issue	R a n k	Community Issue	R a n k	Community Issue	R a n k	Community Issue	R a n k	Community Issue
1	Unemployment/ Underemployment 38.20%	1	Unemployment/ Underemployment 40.70%	1	Unemployment/ Underemployment 43.39%	1	Unemployment/ Underemployment 41.41%	1	Unemployment/ Underemployment 24.31%
2	Child Abuse & Neglect 24.35%	2	Child Abuse & Neglect 26.83%	2	Child Abuse & Neglect 23.28%	2	Bullying 26.56%	2	Child Abuse & Neglect 18.35%
3	Lack of/Inadequate Health Insurance 22.17%	3	Lack of/Inadequate Health Insurance 24.09%	3T	Bullying & Access to Health Care Specialists 22.75%	3	Domestic Violence 25.00%	3	Quality of Education (K-12) 18.35%
4	Bullying 21.91%	4	Quality of Education (K-12) 23.02%						4
5T	Domestic Violence & Quality of Education(K-12) 21.33%	5	Bullying 22.56%	5T	Domestic Violence & Quality of Education (K-12) 20.63%	4T	Child Abuse & Neglect & Lack of/Inadequate Health Insurance 23.44%	5T	Bullying & Domestic Violence 16.51%

Gender

Unemployment/Underemployment and Lack of/Inadequate Health Insurance were the only Community Issues that made the top five for both females and males. Females' other top five selections were more concentrated on violence against the individual. The top five selections for males were more concentrated on the provision of services.

Community Issues – Gender - Major Problems – 2015 CHA				
Female		%	Males	%
1.	Unemployment/Underemployment	38.95	1. Unemployment/Underemployment	37.16
2.	Child Abuse & Neglect	26.81	2. Quality of Education (K-12)	27.52
3.	Bullying	24.29	3. Lack of/Inadequate Health Insurance	20.64
4.	Domestic Violence	23.09	4. Access to Adult Day Care	16.51
5.	Lack of/Inadequate Health Insurance	22.65	5. Access to Health Care Specialists	16.06

Race

Unemployment/Underemployment was the Community Issue that garnered the highest percentage of survey participants marking it as a Major Problem, except for two Races. American Indian selected Lack of/Inadequate Insurance and Hispanic/Latino selected Bullying as their top Major Problems. Racism was rated as a top 10 Community Issue by all races, except Caucasian/White. It was tied for 13th place with Homelessness. African American/Black rated it highest at their second highest major concern.

Age

Unemployment/Underemployment was viewed as the highest Major Problem among all age groups, except two. Crime and Domestic Violence tied for the top place for those 15-19 years old. For those 75 or older, Access to Adult Day Care

was their top Community Issue. It was the second highest rated concern for those 55-64 years old and sixth for those 65-74 years of age. Quality Education (K-12) was a top five concern for ages, 35-54 and 55-64. Bullying was on the top five list of those 54 years and younger. Crime was also a prominent concern for every age group, except ages 35-64.

Age – Community Issues – Major Problems – 2015 CHA															
Overall		15-19 years		20-34 years		35-54 years		55-64 years		65-74 years		75 or older			
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Rank
1	Unemployment/Underemployment	38.20	Crime & Domestic Violence (T)	28.07	Unemployment/Underemployment	37.64	Unemployment/Underemployment	39.60	Unemployment/Underemployment	46.78	Unemployment/Underemployment	42.11	Access to Adult Day Care & Litter (T)	20.00	1
2	Child Abuse & Neglect	24.35			Bullying	25.00	Child Abuse & Neglect	28.96	Access to Adult Day Care	32.16	Child Abuse & Neglect	28.07			2
3	Lack of/Inadequate Health Insurance	22.17	Unemployment/Underemployment	26.32	Racism	23.35	Lack of/Inadequate Health Insurance	28.47	Lack of/Inadequate Health Insurance	23.39	Domestic Violence	27.19	Unemployment/Underemployment	18.57	3
4	Bullying	21.91	Bullying & Homelessness (T)	24.56	Domestic Violence	22.80	Quality of Education (K-12)	25.99	Child Abuse & Neglect	22.81	Crime & Quality of Education (K-12) (T)	25.44	Crime & Domestic Violence (T)	14.29	4
5	Domestic Violence & Quality of Education (K-12) (T)	21.33			Child Abuse & Neglect	21.70	Bullying	24.50	Quality of Education (K-12)	22.22					22

Education

Unemployment/Underemployment had the highest percentage of survey participants listing it as a Major Problem from the Grades 9-11 through Postgraduate Degree. Grades 1-8 listed Bullying as their top Community Issue as a Major Problem. Due to the limited number of Never Attended School/Only Kindergarten survey participants, there was no clear Community Issue viewed as a Major Problem. Child Abuse & Neglect was rated high as a Major Problem for all age groups. Access to Adult Day Care was rated high by those with technical certification or degrees.

Marital Status

Unemployment/Underemployment was viewed as the leading Major Problem across all marital status categories. Single/Never Married and Widowed gave Crime a higher percentage of being a Major Problem than other marital groups. Inadequate/Unaffordable Housing was a major concern for those Divorced. Access to Dental Care – Adult was a major concern for Separated and Widowed survey participants. Access to Adult Day Care was a concern for those Married and Widowed.

Marital Status – Community Issues – Major Problems – 2015										
	Single/Never Married		Married		Divorced		Separated		Widowed	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/Underemployment	38.69	Unemployment/Underemployment	38.99	Unemployment/Underemployment	43.52	Unemployment/Underemployment	38.46	Unemployment/Underemployment	23.17
2	Bullying	27.74	Child Abuse & Neglect	24.26	Child Abuse & Neglect	31.48	Lack of/Inadequate Health Insurance	32.69	Crime (T)	21.95
3	Domestic Violence	27.37	Quality of Education (K-12)	23.96	Inadequate/Unaffordable Housing	26.85	Bullying	30.77	Access to Dental Care-Adult (T)	21.95
4	Crime	25.55	Lack of/Inadequate Health Insurance	21.58	Lack of Recycling	25.93	Inadequate/Unaffordable Housing	26.92	Access to Adult Day Care	19.51

COMMUNITY ISSUES DISCUSSION

Overview

There were several changes in the Community Issues section of the 2015 community health assessment survey. Two selections in the 2013 community health assessment survey were removed in the 2015 survey as they were seen as redundant. These selections were: Access to Adult Education and Access to Dental Care – Children. The following selections, Access to Legal Services and Access to Prenatal Care, were removed due to survey time constraints. Several other 2013 community health assessment survey selections were combined in the 2015 survey due to time constraints. Crime (theft, robbery, etc.) and Crime (murder, assault, rape, etc.) were combined into Crime. Water Pollution, Land & Soil Pollution and Air Pollution were combined into Pollution. Lack of Recreational Facilities and Lack of Recreation Programming were combined into Lack of Recreational Facilities/Programming. Bioterrorism was changed to Emergency Preparedness to better reflect the subject matter.

Rankings of Community Issues in 2015 were similar to the rankings in 2013. Survey participants had lower percentages for the major problems in 2015. Domestic Violence, Quality of Education (K-12) and Access to Health Care Specialists had a higher percentage of Major Problems on the 2015 community health assessment survey than 2013.

2015 CHA		Community Issue	2013 CHA	
Rank	Percentage (%)		Rank	Percentage (%)
1	38.20	Unemployment/Underemployment	1	71.61%
2	24.35	Child Abuse & Neglect	3	25.86%
3	22.17	Lack of/Inadequate Health Insurance	2	32.67%
4	21.91	Bullying	5	23.70%
5T	21.33	Domestic Violence	6	21.16%
5T	21.33	Quality of Education (K-12)	11	20.94%
7	18.64	Crime	**	**
8T	18.30	Access to Adult Day Care	16	18.49%
8T	18.30	Access to Health Care Specialists	19	15.66%
10	17.80	Racism	12	20.88%

**Combination of Crime (theft, robbery, etc.) & Crime (murder, assault, rape, etc.)

Lack of/Inadequate Insurance

Survey respondents saw Lack of/Inadequate Insurance as the third highest Major Problem on the 2015 community health assessment survey. The passing of the Affordable Care Act was to help address this problem. According to the U.S. Department of Health and Human Services, “92 percent of North Carolina consumers who were signed up qualified for an average tax credit of \$315 per month through the Marketplace” and “65 percent of North Carolina Marketplace enrollees obtained coverage for \$100 or less after any applicable tax credits in 2015, and 91 percent had the option of doing so.” (hhs.gov/healthcare) Adult children, ages 18-25, may be eligible to be covered by their parents’ health insurance.

The 2013 BRFSS survey asking about health insurance coverage for those under age 65 showed that about 24% were without health insurance coverage. Almost 50% of Other Minorities did not have health insurance coverage. Education

attainment impacted one's insurance coverage. Those with the least amount of health care coverage were those with less than a high school diploma at 57.4%. College graduates had the most health insurance coverage with only 6.8% not covered.

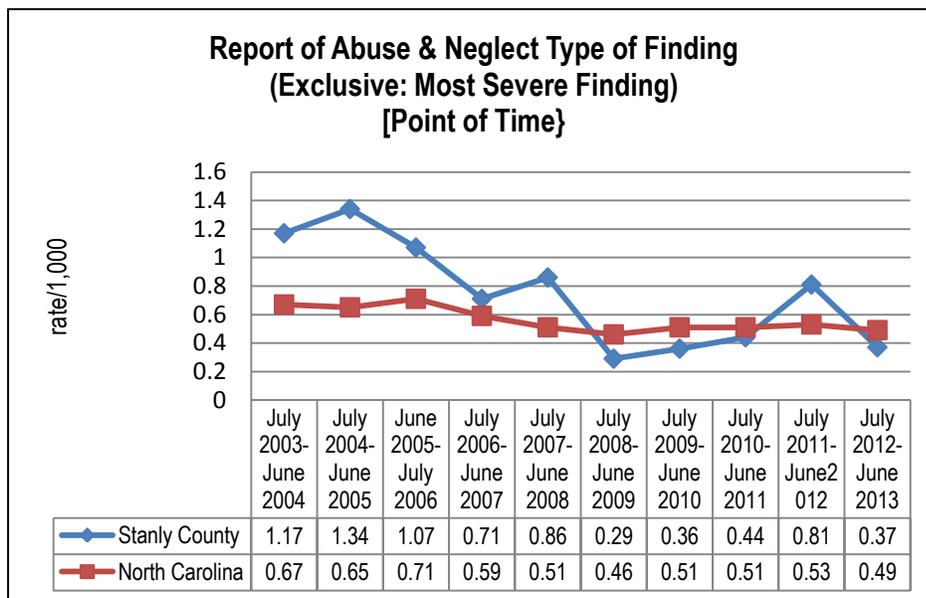
The reasons for this concern about lack of insurance include:

1. The State of North Carolina declined to extend Medicaid coverage as was expected by the Affordable Care Act. So instead of an additional 377,000 uninsured people being covered, only 239,686 North Carolinians have health care coverage by Medicaid or CHIP (Children's Health Insurance Program). (hhs.gov/healthcare)
2. It is possible to have health care coverage and not be able to afford the deductible.

The ultimate goal of the Affordable Care Act is to expand health insurance coverage for all North Carolinians.

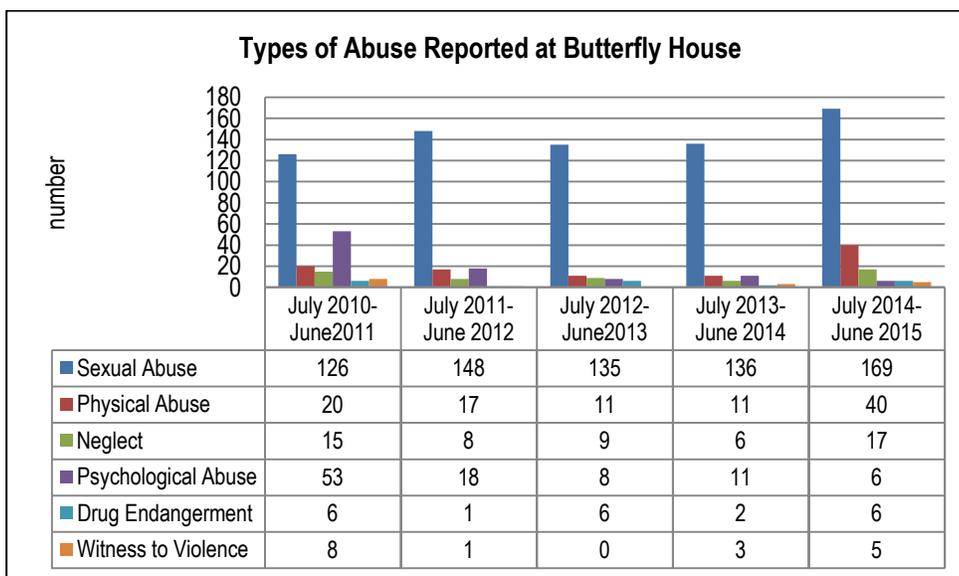
Child Abuse & Neglect

Child Abuse & Neglect was deemed as a Major Problem by almost 25% of the survey participants and ranked second as a Major Problem on the Community Issues section. The data for the following chart came from information Stanly County Department of Social Services reported to the North Carolina Division of Social Services.



Source: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., You, A. (2015). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.1). Retrieved [month day, year], from University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>

The Butterfly House, the local child advocacy agency, provides services to those, birth through 18 years of age, who are suspected of experiencing maltreatment. The following chart shows the number of children seen at the Butterfly House the past five years and the type of abuse that was reported. Sexual abuse is the most seen child abuse. It is not unexpected that sexual abuse reports increased. The Stanly County Family YMCA has led the effort to educate the public on sexual abuse via the program, Darkness into Light. Since this program's inception in 2014, there has been 424 Stanly County citizens complete it. More awareness will increase more reporting and hopefully more prevention activities.



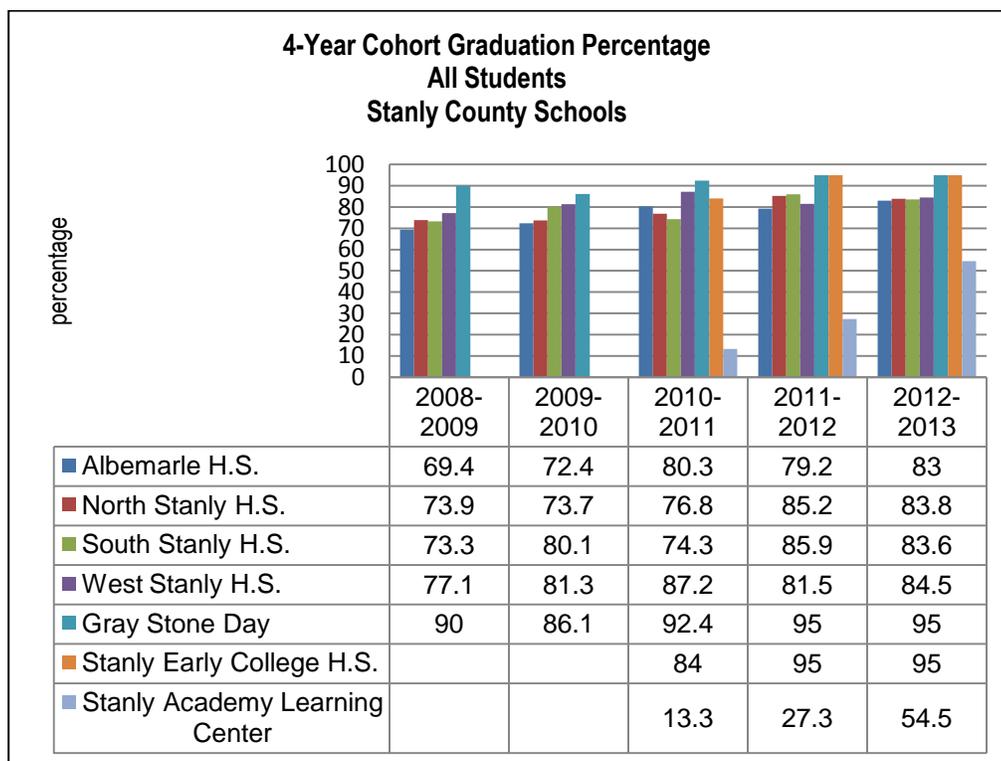
Source: Butterfly House Children Advocacy Center of Stanly Regional Medical Center

The Butterfly House serves children in Stanly County and surrounding counties. Stanly County children comprise the highest number of children seen at the Butterfly House, which is a 27% from the previous time period. See the chart on page 90 for specific counties served by the Butterfly House.

Quality of Education (K-12)

There has been increased attention to the quality of education Stanly County children are receiving through the Stanly County Public School System. The Stanly County School System has 11 elementary schools (PK/K-5), four middle schools (6-8) and four high schools (9-12). Two additional schools offered by Stanly County School System are Stanly Early College High School (9-13) and Stanly Academy Learning Center (6-12). Stanly Early College High School allows students to earn a high school diploma and an Associate degree from Stanly Community College in five years. Stanly Learning Center Academy provides students extra guidance, so they will successfully earn a high school diploma. Gray Stone Day School (9-12) is a public charter high school located on the Pfeiffer University campus. There are three Christian schools offering educational opportunities in Stanly County. These schools are: Christ the King Christian Academy (K-12), Park Ridge Christian School (K-8) and Carolina Christian School (PK/K-12). A community based program being established October 2015 in the former New London Middle School is the Tarheel Challenge Academy. Its purpose is “lead, train and mentor 16-18 year old high school dropouts so they can become productive citizens.....” (<http://nc-tcachallenge.org/>) Two higher education institutions are located in Stanly County – Stanly Community College (Albemarle and Locust campuses) and Pfeiffer University (Village of Misenheimer).

The graduation rate for Stanly County schools is very good as seen in the following chart. The Stanly County Board of Education has been reviewing options to improve the educational courses (Honors and Advanced Placement classes) and address the aging facilities and decreasing enrollment. Two consolidation and redistricting plans were reviewed, but public objection has placed those changes on hold at the present time. (<http://www.thesnaponline.com/>)



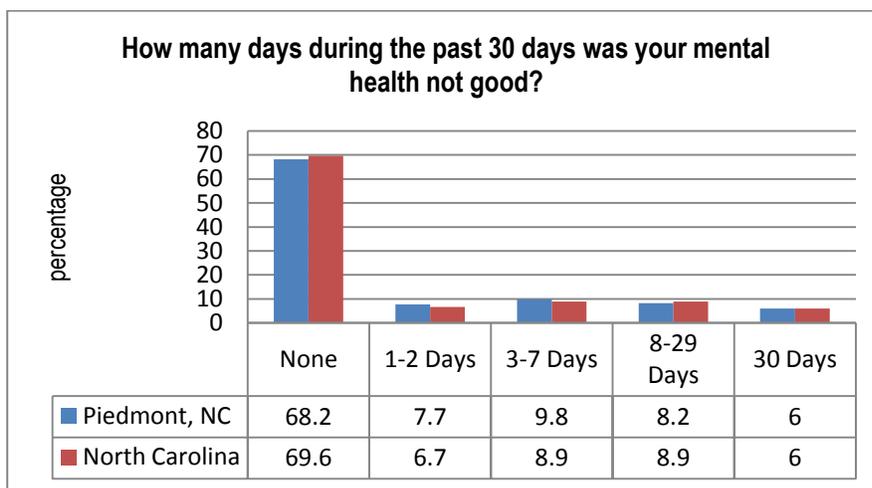
Note: Those schools with 95% graduation rate 95% or higher.
Source: North Carolina Department of Public Instruction

Environment

Environmental issues were included on the 2015 community health assessment survey as Litter and Pollution. Overall, Litter was ranked 16 as a major problem and Pollution was ranked 20. These low rankings could indicate that people are pleased with how environmental concerns are being addressed in Stanly County or they are not mindful of it. In a focus group, concern was raised about the pollution in Badin Lake from past industrial operations. The individual felt people just were not aware of the problem. Regardless, the environment plays a very important role in the health and wellbeing of Stanly County citizens. Its role in being a financial apparatus via farming and tourism is becoming more prominent. Its contribution to recreational activities is evident with all the municipal parks' athletic events, fun runs and expanding facilities. Currently there is movement to create Albemarle Recreation and Parks ball fields at the former site of the Wiscassett Mills. (Stanly News and Press June 11, 2015)

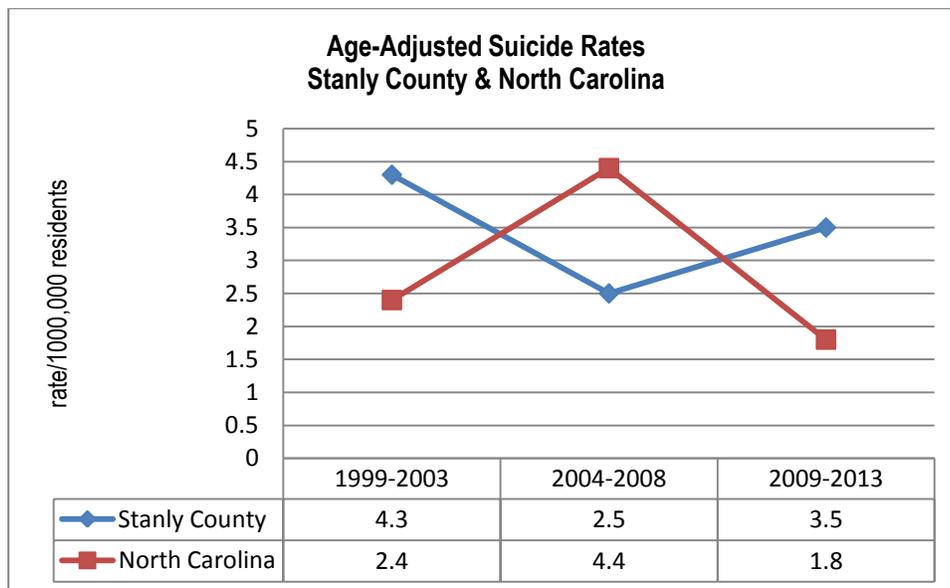
Mental Health

Access to Mental Health Services ranked 17th on the 2015 survey. On the BRFSS survey, the following question was asked: 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? According to the following chart, the majority of Piedmont residents did not experience any poor mental health days.



Source: North Carolina State Center for Health Statistics

The incidence of suicide is an indicator of mental health status. The age-adjusted suicide rate is shown below. The most recent detailed mortality data from 2013, reports that there were 17 incidents of “intentional self-harm” by 17 white residents – 1 female and 16 males. Methods utilized include drug overdose, strangulation and use of firearms/guns. (2013 Detailed Mortality Statistics for North Carolina-North Carolina State Center for Health Statistics)



Source: North Carolina State Center for Health Statistic

PEER COUNTY COMPARISONS

Stanly County's peer counties are Carteret, Chatham, Haywood and Moore. Criteria considered assigning peer counties included county size, percentage of individuals living below the poverty line and age group distribution. (North Carolina State Center for Health Statistics, March 2012) The chart below highlights comparisons among these counties.

Health Outcomes & Factors Comparisons Selected Key Health Indicators Stanly County & Peer Counties 2009-2013						
	North Carolina	Stanly County	Carteret County	Chatham County	Haywood County	Moore County
% Low birth weight ^a	9.0	9.8	8.1	8.0	8.9	7.9
% Born premature ^b	9.5	9.8	8.1	8.0	10.9	8.7
Teen pregnancies ^c	44.9	47.7	39.2	38.3	48.0	43.4
% Repeat teen pregnancies ^d	26.3	26.3	27.3	38.3	26.5	22.5
Infant deaths ^e	7.3	5.7	8.1	6.6	4.0	5.0
Child deaths ^f	59.1	47.3	55.3	39.1	42.5	39.6
Cardiovascular disease deaths ^g	229.6	287.1	236.0	180.0	241.3	179.0
Diabetes deaths ^h	21.7	20.0	15.6	21.6	13.9	12.8
Colorectal cancer deaths ⁱ	14.3	15.3	14.6	11.9	11.9	10.0
Female breast cancer deaths ^j	157.0	147.7	146.2	168.1	147.5	168.0
Unintentional injury deaths ^k	29.3	37.1	39.0	18.2	41.3	23.2
Suicide deaths ^l	12.2	17.1	18.5	11.8	15.3	16.2
Inpatient hospitalization for asthma ^m	162.0	98.7	160.6	108.6	134.7	140.6
# Primary care physicians ⁿ	7.6	5.5	5.9	4.4	7.4	9.7
# dentists ⁿ	4.5	2.6	6.9	2.7	4.6	6.6

a- % of resident live births (<2,500 grams/5 lbs. 8 ozs.)
 b- % of resident live births that were born (<37 weeks gestation)
 c-Teen pregnancies, ages 15-19, /1,000 female residents
 d-% teen pregnancies, ages 15-19
 e-Infant deaths/1,000 live births (Healthy NC 2020 Target-6.3)
 f- Child deaths/100,000 residents, ages 0-17
 g-Age-adjusted death rate/100,000 residents (Healthy NC 2020 Target-61.5)
 h-Age-adjusted death rate/100,000 residents
 i-Age-adjusted death rate/100,000 residents (Healthy NC 2020 Target-10.1)
 j-Age-adjusted incident rate/100,000 residents
 k-Age-adjusted death rate/100,000 residents (excluding motor vehicle deaths)
 l-Age-adjusted rate/100,000 residents (Healthy NC 2020 Target-8.3)
 m- Per 100,000 residents: ages 0-14
 n- Number/10,000 residents

Numbers in **red** worse percentage or rate.

Source: North Carolina State Center for Health Statistics

Stanly County comparison with its peer counties used the years 2009-2013. Comparing in five year intervals allows for a more accurate view of the data. It addresses the years where the numbers were too small and it levels out extreme year fluctuations.

Stanly County was in the middle for the majority of health outcomes and factors. Stanly County had the smallest rate of inpatient hospitalization for asthma, ages 0-14 among its peer counties and North Carolina. Three areas where Stanly County had the highest incidence percentage or rate among the peer counties and North Carolina were: percentage of low birth weight births; age-adjusted cardiovascular disease death rates and age-adjusted colorectal cancer death rates. Stanly County was second highest for percentage of infants born premature; teen pregnancies, ages 15-19; child deaths, ages 0-17; age-adjusted diabetes deaths and suicide deaths. Stanly County was in the middle of peer counties for infant deaths, female breast cancer death rates; percentage of repeat teen pregnancies, ages 15-19 and age-adjusted unintentional injury death rates. Stanly County ranked low for the number of physicians and dentists. Overall, Stanly County had an inferior incident percentage or rate in nine of the 15 selected health outcomes and factors when compared to the State.

PERSONAL HEALTH PROFILE

Survey participants were asked to respond to personal health questions such as where they go for health care advice or care, yearly health screenings done, physical activity participation, alcohol ingestion, inappropriately use drugs or medications, use of tobacco products and addressing end of life issues. Over 70% would contact their doctor's office when they were sick or needed medical advice. Almost 48% of Hispanic/Latino survey participants cited the health department for these services. For African Americans/Blacks, over 50% would access their doctor and over 25% would utilize the hospital for these services.

Yearly preventive screenings questions were asked. The majority had their blood sugar, blood pressure and cholesterol checked within the year. Fewer survey participants had been to the dentist, but over 50% had been within the past year. Over 70% said they had not had a hearing test or stroke screening within the past year. Only 47.10% had a vision test within the past year. Approximately 25% of those over the age of 55 had a colonoscopy in the past year. Over 40% of the females reported that they had had a pap smear within the past year. With the new cervical cancer screening guidelines, this does not raise a major health concern. Generally speaking, women 40 and older are recommended to have yearly mammograms – dependent upon their personal and family history. (American Cancer Society) Only 29.81% of the females stated they had a mammogram within the past year. Only 35.32% of the males had a PSA prostate cancer screening done in the past year. The American Cancer Society has very broad guidelines regarding when this testing should begin and how often. (American Cancer Society) Men and women had very similar yearly screening percentages on comparable screening tests.

Over 60% of the people who completed a survey stated they participated in physical activity three or more times in the past week. The age groups that reported the least amount of physical activity were 75 or Older (51.43%) and 65-74 (56.14%). The age groups that reported the highest percentage of physical activity were 35-54 (64.11%) and 55-64 (63.74%).

Over 68% of survey participants stated they did not drink alcoholic beverages in the past seven days. The age groups that had the highest percentage of alcohol use in the past week were 55-64 (30.41%) and 65-74 (28.96%). The age groups with the lowest percentage of alcohol use were 15-19 (5.26%) and 75 and Older (14.29%). Note that it is illegal to purchase or consume alcoholic beverages in North Carolina under the age of 21. Over 76% stated they did not use any form of tobacco in the past week. A greater percentage of males than females reported tobacco use and drinking alcoholic beverages. Over 89% reported they did not use illegal drugs or abuse medications in the past week. Less than 1% of the females and males indicated use of illegal drugs or abuse of medications.

End of life issues included having a written will, health care power of attorney, durable power of attorney, a do not resuscitate order(DNR)/Physician Orders for Life-Sustaining Treatment(POLST) and an organ donation card. Overall, there were 364 survey respondents who stated they had a written will. More males (46.33%) than females (27.24%) reported having a written will. More Caucasians/Whites (35.31%) reported having a written will. Those 65-74 (67.54%) and 75 or Older (64.29%) had a higher percentage of written wills than other age groups. Those with an Undergraduate Degree (40.43%) or Postgraduate Degree (53.52%) had written wills at a higher rate than other educational levels. For marital status, those Widowed (57.32%) and Married (39.29%) had the highest percentage of written wills.

There were 265 respondents who had a health power of attorney. The ages with the highest percentage of having a health care power of attorney were 55-64 (36.84%), 65-74 (57.89%) and 75 or Older (55.71%). Widowed participants

(48.78%) had the highest percentage of those with a health care power of attorney. The Martial Status group with the smallest percentage of those with a health care power of attorney was Single/Never Married (5.11%).

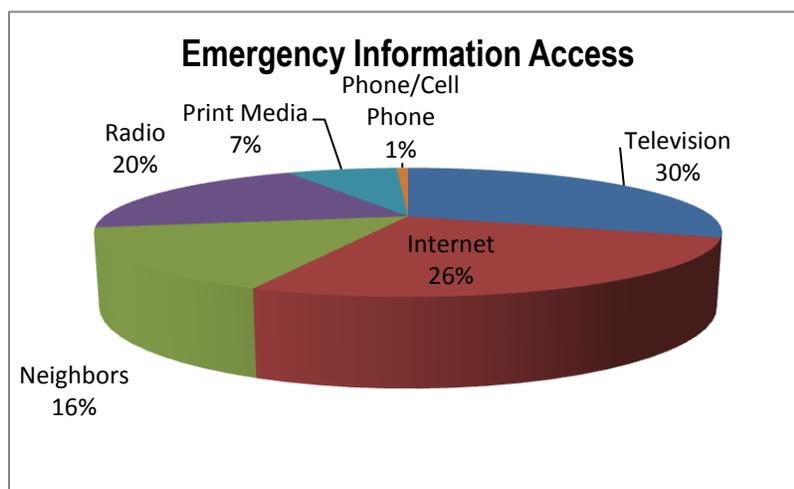
More males than females reported they had a health care power of attorney, durable power of attorney and a DNR/POLST. There were more older participants reported having a health care power of attorney, durable power of attorney and a DNR/POLST than younger participants.

American Indians (50.00%) and Caucasian/Whites (45.38%) had the highest percentage of organ donors. Those participants with an undergraduate degree (55.22%) and postgraduate degree (56.34%) had the highest percentage of organ donors. Those aged 55-64 (52.63%) had the highest percentage reporting they had an organ donation card. Those 75 or Older (12.86%) had the least percentage. See pages 91-92 for a complete listing of End of Life responses in the Appendices.

BARRIERS TO HEALTH AND HUMAN SERVICES

Survey participants were asked about barriers to receiving health and human services. Deductible/Co-pay Too High (31.74%) was seen as the greatest barrier for survey participants to access health services. More females (33.48%) than males (23.85%) reported that Deductible/Co-pay Too High. The percentage of those reporting they did not have health insurance was 19.56%. According to the Gallup-Healthways Well-Being Index, the percentage of North Carolinians uninsured at the end of 2014 was 16.1%. (www.gallup.com) With the Affordable Care Act, everyone should have access to health insurance. As noted previously, North Carolina did not extend Medicaid benefits (as was expected by the Affordable Care Act), so there will be a group of people not able to afford health insurance. American Indians (50.00%) and Hispanics/Latinos (49.23%) were the highest percentage of those citing Lack of Health Insurance as a barrier. Asian (26.67%) and 2 or More Races (23.53%) reported that Lack of Transportation was a barrier to accessing health and human services. See pages 93-94 for a complete listing of barriers in the Appendices.

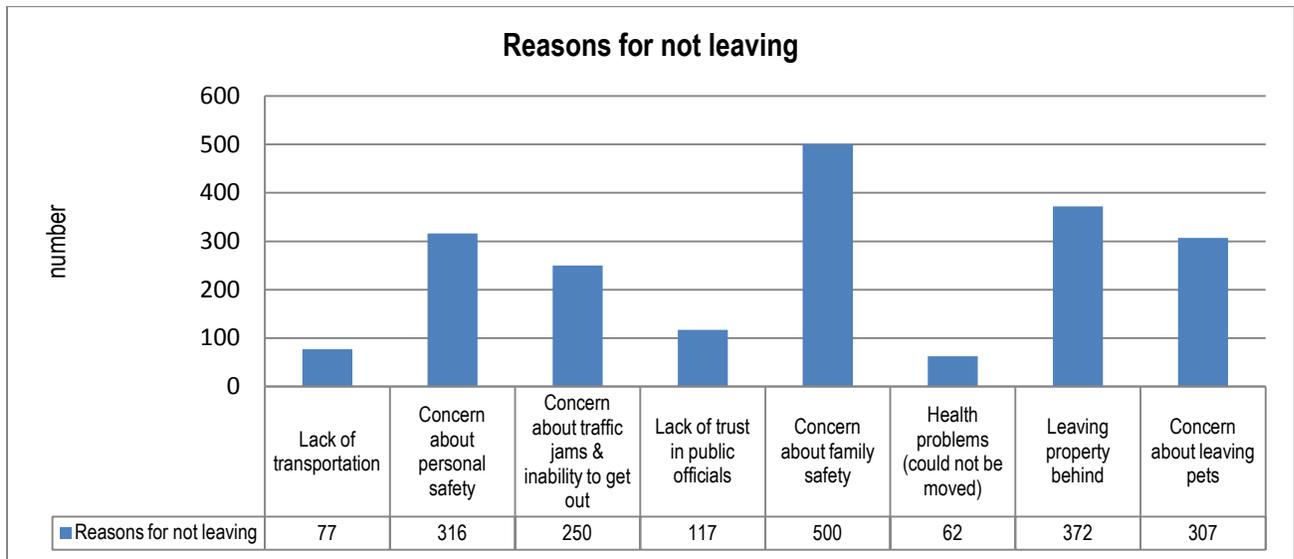
EMERGENCY PREPAREDNESS



Emergency Preparedness pertains to activities to address man-made or natural disasters. Man-made disasters include bioterrorism events, power service black-out/disruption, explosions, and/or hazardous materials spill. Natural disasters include disease outbreaks and weather-related events (hurricanes, tornados, extreme heat/cold damaging winds, floods). One question asked was, "How would you get information from authorities in a large-scale disaster or emergency?" The majority of people

responding to this question chose Television (890) with Internet (771) coming in next. (Note: Survey participants could mark all that apply.)

The chart below shows the main reason survey participants would be reluctant to leave their home if so advised during an emergency is concern about their families' safety. Concern about leaving property behind was the concern of 372 survey participants. Only 62 survey participants marked Health Problems (Could Not Be Moved); the lowest number of survey responses. (Note: Survey participants could mark all that apply.)



FOCUS GROUP SPECIFIC QUESTIONS

Three established groups served as focus groups for the 2015 community health assessment report. These three groups were: Partners in Health (community health coalition), Stanly County Minority Health Council and the Greater Oakboro Business Association. Dennis Joyner, Stanly County Health Department Health Director, served as the focus group moderator. The list of questions are found on page 95 in the Appendices

Health Issues

Heart disease's low survey ranking was a concern for all groups. There was much discussion on why it was ranked so low at #10 when it was the #1 cause of mortality in Stanly County. It was noted that contributors to heart disease were easier to see than actual heart disease. Contributors to heart disease discussed included obesity, tobacco use, inactivity and nutrition. Tobacco use, including e-cigarettes, was seen as a contributor to cancer. Obesity in children and adults was viewed as contributing to diabetes as well as heart disease. It was stressed that disease management was as important as disease prevention. The affects of drug abuse and alcohol/alcoholism on the individual and community were discussed. It was felt that law enforcement was responsive to the crime issues associated with drug/alcohol use. The need for more treatment facilities was stressed. It was suggested drug testing should be required of those seeking welfare assistance.

What can be done to address these health issues? It was suggested that people utilize free resources such as municipal parks and church/school facilities and/or seek scholarships for those that cost money (YMCA). Walking costs nothing and every community has a park where this activity is feasible. It was suggested that community leaders take the initiative to begin activities to address these health issues and, then, the community claim leadership for these activities to continue. One group suggested targeting communities mostly affected by diseases. Classes to provide prevention as well as diseases management guidance should be provided throughout the community. Schools should provide educational opportunities to children who in turn would bring this information home. The result would benefit children and their parents. Farmers markets should be utilized by the community. Communication efforts need to occur in schools, businesses, churches, public housing, etc. to address prevention and management of health issues. More meetings of Narcotics Anonymous were suggested.

Community Issues

Unemployment/Underemployment was the #1 Community Issue and has been. Lack of meaningful employment contributes to many of society's ills, such as child abuse, domestic abuse, crime, disease, drug abuse, alcoholism, mental illness, homelessness, etc. Jobs are becoming more available in Stanly County. Lack of soft skills (interpersonal skills) was cited as a problem for those seeking employment. Another barrier to employment for prospective employees was passing the pre-employment drug test. It was also brought out the potential employees may not present well at their job interviews – attire, not on time, etc. The requirement of potential employees to complete an online employment application may restrict employers' pool of employees.

Racism was raised as a concern. It is more challenging for all minorities (not just African Americans) to be employed in Stanly County. It was stated that minorities go to Cabarrus or Mecklenburg counties for employment opportunities. Businesses in Stanly County would benefit from a more diverse workforce. It would be helpful to have more community activities that would allow the races to better understand and interact with each other.

It was noted that our youth get a good education here, but must leave Stanly County to get a job. Many felt that a quality education was available at the Stanly County public schools. There was a concern raised about bullying, especially cyberbullying. The need for more parental involvement was cited. One suggestion was parents attend a parenting class if their child gets in trouble at school.

IDENTIFIED HEALTH PRIORITIES

Heart Disease and Substance Abuse have been selected as the priority health issues to be addressed by the Stanly County Health Department and Carolinas HealthCare System Stanly Regional Medical Center. Both of these priorities are part of the North Carolina Healthy 2020 objectives (with Heart Disease under the Chronic Disease category). At their September 23, 2015 meeting, members of Partners in Health chose these two priorities from the 2015 Community Health Needs Assessment and the Board of Health approved these priorities at their October 1, 2015 meeting. The Board of Directors for Carolinas HealthCare System Stanly Regional Medical Center approved the 2015 Community Health Assessment, including the aforementioned health priorities, on December 29, 2015. These health issues were selected as priorities after review and analysis of current health data and discussion of opportunities to impact these concerns in the county through multi-agency collaboration.

Heart disease is the leading chronic disease in terms of mortality. Likewise it is impacted by multiple related conditions and risk factors such as obesity, poor dietary habits, physical inactivity, diabetes, tobacco use and lack of preventive screenings to name a few. Because of these varied risk factors, multiple interventions and strategies are needed to impact the disease and it allows opportunities for many organizations and sectors of our community to be involved in helping reduce heart disease. Stanly County's heart disease age-adjusted mortality rates are trending downward, but the county's rate continues to be higher than the State's. Through sustained efforts to address these health issues, this downward trend will hopefully continue and the gap with the State will close.

Substance abuse has a profound effect on our County's health status. In addition to its own direct health impact on individuals, substance abuse is a contributor to numerous other health and social issues. Injuries, motor vehicle crashes, suicide, communicable diseases, unintended pregnancy, poor birth outcomes and psychological disorders are examples of health issues and conditions that are often connected with substance abuse. Alcohol and illegal "street" drugs are commonly thought of when discussing the general term of substance abuse. However, prescription drug abuse has become a fast growing concern. Because of its multiple impacts, substance abuse is often difficult to quantify and monitor until it results in incarceration, physical harm, and/or death. Multifaceted efforts are needed in the community to address both prevention and treatment aspects of substance abuse.

In partnership with other community efforts, the health department will prepare specific community health action plans for these priorities over the next six months as part of the Community Health Assessment process.

CONCLUSION

Overall, Stanly County is a great place to live. It is seen as a good place to raise children, grow old, feel safe and have access to good health care by survey participants. Concern was expressed about the lack of opportunities for employment in the county. The unemployment rate has been trending downward and new employment opportunities are now available in the county and region. Nonetheless, lack of employment/underemployment is still a major concern.

The five leading causes of mortality in 2009-2013 in Stanly County were heart disease; cancer-all sites; cancer – trachea, bronchus & lung; chronic lower respiratory diseases and cerebrovascular disease. Stanly County 2009-2013 age-adjusted mortality rates exceed North Carolina's rates in 12 of the 19 leading causes of mortality. The following Stanly County 2009-2013 age-adjusted mortality rates were higher than North Carolina's for the following: heart disease; cancer-all sites; cancer-trachea, bronchus & lung; cancer–colon, rectum & anus; chronic lower respiratory diseases; cerebrovascular disease; all other unintentional injuries; Alzheimer's disease, pneumonia & influenza; suicide; unintentional motor vehicle injuries and septicemia. Stanly County 2009-2013 age-adjusted mortality rates were lower than North Carolina's for the following: breast cancer; diabetes mellitus; prostate cancer; nephritis, nephrotic syndrome & nephrosis; chronic liver disease & cirrhosis; HIV Disease and homicide. Upon further review of the data, African American residents of Stanly County had a significant higher mortality rate for heart disease, cancer, cerebrovascular disease and cancer (trachea, bronchus & lung) than White Stanly County residents as well as White and African American residents of North Carolina.

The incidence of leading causes of mortality trending upward in Stanly County is heart disease; breast cancer; cancer-colon, rectum & anus; chronic lower respiratory diseases and septicemia. Cancer–trachea, bronchus & lung; prostate cancer; diabetes mellitus; nephritis, nephrotic syndrome & nephrosis; all other unintentional injuries and chronic liver disease & cirrhosis have been trending downward. The trend has been uneven in the incidence of cancer–all sites.

The 2015 community health assessment survey was revised from the 2013 survey. Among Health Issues, Nutrition and Tobacco Use were added to the listing and Birth Defects was removed. Illegal Drug Use was changed to Drug Abuse (prescription, illegal). Among Community Issues, Bioterrorism was renamed Emergency Preparedness. Those Community Issues combined were: Crime (theft, robbery, etc.) and Crime (murder, assault, rape, etc.) to Crime; Water Pollution, Land & Soil Pollution and Air Pollution to Pollution and Lack of Recreational Facilities and Lack of Recreation Programming to Lack of Recreational Facilities/Programming. Selections removed were Access to Adult Education, Access to Dental Care-Children, Access to Legal Services and Access to Prenatal Care.

There were 21 Health Issues for survey participants to rate on the 2015 community health assessment survey. The five leading 2015 Health Issues were Drug Abuse, Overweight/Obesity, Tobacco Use, Diabetes and Cancer. These Health Issues were in the top five in the 2013 community health assessment results, except Tobacco Use. Tobacco Use was inadvertently omitted from the list. Inactivity/Lack of Physical Activity was included in the top five in the 2013 report and was #6 in the 2015 Community Health Assessment Report.

In some instances, there seems to be a contradiction with survey participants' opinions and the actual causes of mortality. Heart Disease was listed 10th (a drop from #6 in the 2013 survey) by survey participants as a major problem, but it is the overwhelming leading cause of death in Stanly County (2009-2013). However, in the top 10 list of Health Issues were four contributors to heart disease – Obesity/Overweight, Tobacco Use, Inactivity/Lack of Physical Activity and Nutrition. This was a similar situation with Cancer being listed as fifth as a major problem by survey participants and it being the second leading cause of death in Stanly County (2009-2013). Overall, All Other Unintentional Injuries

was ranked last (#21) by survey participants, but it is the sixth leading cause of death in Stanly County. Pneumonia & Influenza was ranked #18 by survey participants, but it is the eighth leading cause of mortality in Stanly County.

There were differences in how Races viewed major problems in the Health Issues section. Some of these differences include the following. Asians and Hispanic/Latinos rated Tobacco Use lower as a major problem than other races. African Americans/Blacks and 2 or More Races rated Teenage Pregnancy higher than other races at #3. Hispanic/Latino survey participants rated Teenage Pregnancy at #21. There were several Health Issues that American Indians did not see as a major problem. This could, also, be attributed to the low number of American Indians participating in this survey.

There is much being done in the community to address Health Issues of major concern. Activities to decrease access of illegal prescription drugs is being addressed by a drug drop box being available 24/7 in the Albemarle Police Department lobby. Another drug drop box is planned for Oakboro. Bridge to Recovery, a temporary housing program for those seeking a treatment program for their addictions, is another venue to address this problem. Programs to address heart disease are varied in their approach. Passport To Fitness educates the elementary age child on physical activity and healthy lifestyle choices. Fresh produce is available from the three farmers' markets in Stanly County as well as the roadside stands. Stanly County park systems provide individuals and families the opportunities to get outside and be active. The Golden Shoe event motivates individuals and families to see what the parks have to offer.

Survey participants were given 26 Community Issues to rate on the 2015 community health assessment survey. Generally, the percentages of Community Issues marked as major problems on the 2015 survey were less than those marked on the 2013 survey for most issues. The leading five Community Issues identified by survey participants were: Unemployment/Underemployment, Child Abuse/Neglect, Lack of/Inadequate Health Insurance, Bullying, Domestic Violence (T) and Quality of Education (T). Bullying, Domestic Violence and Quality of Education were new additions to the top five. They replaced Crime (theft, robbery, etc.) and Lack of Recycling that were in the 2013 top five. Domestic Violence was rated sixth in the 2013 Community Health Assessment Report. Local, regional, statewide and national media coverage of the above Community Issues could be instrumental in the shift of top five priorities.

Unemployment/Underemployment was the greatest concern for all age groups except 15-19 years (Crime & Domestic Violence) and 75 or Older (Access to Adult Day Care). All races viewed Unemployment/Underemployment as the number one major problem, except Hispanic/Latino race. Bullying was their major concern. Racism was ranked in the top 10 Community Issues by all races, except Caucasian/White. African Americans/Blacks ranked Racism as their second highest major concern. Unemployment/Underemployment and Lack of/Inadequate Health Insurance were the only Community Issues that made the top five for both females and males. Females other top five selections were more concentrated on violence against the individual. The males other top five selections were more concentrated on the provision of services.

County resources are addressing components of the Community Issues identified as major problems. There was a significant reduction in the survey participants rating Unemployment/Underemployment as the #1 Community Issue as a major problem. It was still the #1 major problem, but the unemployment rate is trending downward due to new businesses moving to Stanly County. Lack of/Inadequate Insurance is still seen as a problem even though the Affordable Care Act has been ratified. This may be due to North Carolina opting out of the Medicaid coverage expansion or co-pays and deductions too high. Child Abuse & Neglect is still a major concern. The Butterfly House, the Stanly County child advocacy center for children, is the community leader in addressing this problem. The Stanly County Family YMCA has joined the effort by introducing and taking the lead role in providing the program, Darkness to Light to the community. Darkness to Light provides people with the opportunity to learn more about sexual abuse and how to

identify and/or prevent it. Esther House is providing services to women and families experiencing domestic violence. The Stanly County Adult Day Health Care Center initiative is in its fund raising phase. Public education is providing a quality education to children while addressing the allocation of limited resources due to dwindling student numbers, limited funding and aging facilities. The Environment is an important player in the health and financial well being of Stanly County. Mental Health issues in Stanly County continue to be complex in addressing.

Stanly County's peer counties are Carteret, Chatham, Haywood and Moore. Comparison of select 2009-2013 key health indicators showed Stanly County in the middle of the counties. Stanly County had the smallest rate of inpatient hospitalization for asthma, ages 0-14 among its peer counties and North Carolina. However, Stanly County had the highest rate or percentage in the percentage of low birth weight births, age-adjusted cardiovascular disease mortality rates and age-adjusted colorectal cancer mortality rates.

When looking at selected data in five year intervals for 15 years (1999-2013), Stanly County shows improvement in rate of teen pregnancies, age-adjusted cardiovascular disease deaths, age-adjusted diabetes deaths, age-adjusted female breast cancer deaths, age-adjusted prostate cancer deaths and inpatient hospitalization for asthma (ages 0-14). However, the percentage of low birth weights is trending upward as is the rate of age-adjusted unintentional injuries deaths.

Personal health profiles of survey participants indicate the majority seek health care advice or care at their doctor's office. While almost 50% of the Hispanic/Latino survey participants identified the health department as this source. The majority of survey participants had their blood sugar, blood pressure and cholesterol checked within the year. Fewer had been to the dentist, but over 50% had been there within the past year. Less than 50% of the survey respondents had had a vision test. Over 60% stated they participated in physical activity three times a week. Those 35-64 indicated the most physical activity while those 75 years and older indicated the least. The overwhelming majority indicated they did not drink alcoholic beverages, use tobacco products or abuse drugs within the past seven days.

Less than 50% of the survey participants had written wills. Males had a higher percentage of those with written wills than females. A higher percentage of older adults had written wills than younger ones. Those with undergraduate and postgraduate degrees had a higher percentage of written wills. More males than females reported they had a health care power of attorney, durable power of attorney and a DNR/POLST. Older survey participants reported having a health care power of attorney, durable power of attorney and a DNR/POLST than younger participants.

American Indians and Caucasians/Whites had the highest percentage of being organ donors. Those with college degrees had the highest percentage of being organ donors. Those 75 years and older had the lowest percentage of being organ donors.

The greatest barrier to survey participants to receive health and human services was the Deductible/Co-pay Too High. Almost 20% of the survey participants reported they did not have health insurance. American Indians and Hispanics/Latinos had the highest percentage of those reporting they did not have health insurance. About ¼ of the Asian and 2 or More Races reported that transportation was a barrier to receiving services.

Almost 1/3 of the respondents indicated TV was their source of information during an emergency event with internet close behind it. Most people would not leave if ordered to leave, because of concern about their family's safety.

There were three focus groups held throughout Stanly County. Established groups were used to serve as focus groups. These groups were Partners in Health, Stanly County Minority Health Council and the Greater Oakboro Business Association. Health Issues and Community Issues were examined by all the groups.

Heart disease was the #1 cause of death in Stanly County. The incidence of heart disease and its low survey ranking (#10) was a concern to all the groups. The various contributors to heart disease were discussed. These contributors were obesity, tobacco use, inactivity and nutrition. Targeting the communities where the highest incidence of heart disease occurs was proposed in one group. There was overwhelming support for people to utilize free resources to address this health issues. Free resources included the municipal parks, church facilities, school facilities and scholarships at places that cost money to participate. The school curriculum could contain heart healthy guidelines, so children could take this information home to their parents and families could benefit.

Drug abuse and alcohol/alcoholism was discussed on how it affects the individual and community. It was stated law enforcement was responsive to the situation of crime and drug use. One of the issues that came up regarding employment was the number of applicants who failed the required drug testing. It was suggested drug testing should be required of those seeking welfare assistance. There was general agreement of the need for more treatment facilities. Additional Narcotic Anonymous meeting are needed throughout the county.

Unemployment/Underemployment was seen as the cause of many of society's ills, such as child abuse, domestic abuse, crime, disease, drug abuse, alcoholism, mental illness, homelessness, etc. Jobs are becoming more available in Stanly County, but people may not be ready for them. Major barriers to gaining employment cited were lack of soft skills (interpersonal skills), lack of computer access to complete job application and the prospective employee passing the pre-employment drug test. How potential applicants presented at job interviews was, also, discussed as they were not on time, wore inappropriate attire, etc.

Racism has negative effects on everyone – not just minorities. The lack of employment opportunities for minorities in Stanly County was raised. The benefits of a diverse workforce were shared. Having more community activities where all races interacted would help bridge the gap of knowing one another. This in turn could lead to networking opportunities which could lead to more job opportunities.

It was felt that the children receive a quality education in Stanly County. The concern raised was that they don't return to Stanly County once they get a college education due to lack of well paying job opportunities. Parents need to be more involved with the schools to decrease the discipline problems (bullying, cyberbullying, etc.) that do occur.

APPENDICES

Stanly County Employer Profile Listing

Stanly County Employer Profile 2014 - 4th Quarter			
Rank	Company	Industry	Employment Range
1	Stanly County Schools	Education & Health Services	1000+
2	Stanly Regional Medical Center	Education & Health Services	500-999
3	Wal-Mart Associates, Inc.	Trade, Transportation & Utilities	500-999
4	County of Stanly	Public Administration	250-499
5	Michelin Tire Center	Trade, Transportation & Utilities	250-499
6	Stanly Community College	Education & Health Services	250-499
7	IAC Old Fort Llc	Manufacturing	250-499
8	N.C. Department of Public Safety	Public Administration	250-499
9	Fiberon	Manufacturing	250-499
10	Food Lion	Trade, Transportation & Utilities	250-499
11	Monarch	Education & Health Services	250-499
12	City of Albemarle	Public Administration	250-499
13	Pfeiffer University	Education & Health Services	100-249
14	N.C. Department of Transportation	Public Administration	100-249
15	GHA Autism Supports	Education & Health Services	100-249
16	Clayton Mobile Homes	Manufacturing	100-249
17	Summit Management Group, Inc.	Leisure & Hospitality	100-249
18	Principle Long Term Care, Inc.	Education & Health Services	100-249
19	Preformed Line Products Co.	Manufacturing	100-249
20	Stanly County Family YMCA (A Corp)	Other Services	100-249
21	Petsense Llc	Trade, Transportation & Utilities	100-249
22	Stanly Manor, Inc.	Education & Health Services	100-249
23	Bank of Stanly	Financial Activities	100-249
24	Lowes Home Centers, Inc.	Trade, Transportation & Utilities	100-249
25	Bayada Home Health Care, Inc.	Education & Health Services	100-249

Source: N.C. Department of Commerce, Labor and Economic Analysis Division

Note: County is determined by the address provided by the business

Stanly County Agriculture Table

Stanly County Agriculture – 2012					
Crop	Production	Rank	Livestock	Production	Rank
Corn for grain, Bushel	1,200,000	24	Broilers Produced (2012)	8,200,000	28
Cotton: Lbs*	25,500	19	Cattle, All (Jan. 1, 2013)	15,900	16
Hay, Other: Tons	19,000	36	Beef Cows (Jan. 1, 2013)	8,600	11
Soybeans: Bushel	670,000	33	Milk Cows (Jan. 1, 2013)	800	18
Wheat: Bushel	620,000	22	Layers (Dec. 1, 2012)	72,000	28
Vegetables, Fruits, Nuts & Berries (dollars)	801,000	78	Turkeys Raised (2012)	495,000	13
Cash Receipts - 2012				Dollars	Rank
Livestock, Dairy and Poultry				54,106,00	34
Crops				30,817,000	41
Government Payments				1,459,145	57
Total				86,382,145	41

Source: North Carolina Department of Agriculture & Consumer Services

Quality of Life

There are enough jobs & opportunities to move up in Stanly County

There are enough jobs & opportunities to move up in Stanly County – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	30.90	35.52	31.75	26.56	18.81
Disagree	40.81	39.18	42.33	42.97	43.12
Agree	13.35	11.13	14.81	16.41	16.97
Strongly Agree	1.85	1.83	1.59	1.56	2.29
Don't Know	6.88	5.64	6.88	7.81	10.09

There are enough jobs & opportunities to move up in Stanly County - Gender			
	Overall	Female	Male
Strongly Disagree	30.90	29.87	38.99
Disagree	40.81	42.56	36.70
Agree	13.35	14.11	7.80
Strongly Agree	1.85	1.64	2.29
Don't Know	6.88	6.35	6.42

There are enough jobs & opportunities to move up in Stanly County - Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	30.90	35.04	0	6.67	31.78	13.85	52.94
Disagree	40.81	42.74	66.67	26.67	42.78	15.38	23.53
Agree	13.35	9.40	0	40.00	12.05	35.38	11.76
Strongly Agree	1.85	4.27	0	0	1.25	4.62	5.88
Don't Know	6.88	5.13	16.67	13.33	6.02	23.08	0

There are enough jobs & opportunities to move up in Stanly County - Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	30.90	8.77	22.25	35.64	43.86	39.47	22.86
Disagree	40.81	43.86	41.76	45.05	38.60	36.84	25.71
Agree	13.35	24.56	21.98	9.65	3.51	9.65	5.71
Strongly Agree	1.85	1.75	2.20	1.24	1.17	0.88	5.71
Don't Know	6.88	17.54	7.42	3.96	6.43	3.51	17.14

There are enough jobs & opportunities to move up in Stanly County – Grade Completion									
	Overall	No School/ Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/ Technical School Degree/ Certification	Undergraduate Degree	Postgraduate Degree
Strongly Disagree	30.90	16.67	18.18	17.07	25.53	28.43	30.88	40.00	44.37
Disagree	40.81	0	18.18	34.15	40.85	42.64	43.32	46.96	38.73
Agree	13.35	50.00	36.36	20.33	17.87	12.69	14.75	4.78	6.34
Strongly Agree	1.85	16.67	0	2.44	0.85	2.54	1.84	0.87	2.82
Don't Know	6.88	0	15.15	17.89	8.94	6.60	5.07	1.30	3.52

There are enough jobs & opportunities to move up in Stanly County – Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	30.90	21.53	33.93	39.81	38.46	21.95
Disagree	40.81	40.88	42.41	37.04	32.69	39.02
Agree	13.35	21.90	11.16	8.33	17.31	7.32
Strongly Agree	1.85	2.92	1.19	0.93	3.85	2.44
Don't Know	6.88	8.76	5.51	8.33	3.85	12.20

Stanly County is a good place to raise children

Stanly County is a good place to raise children – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	2.77	3.20	2.12	3.91	1.38
Disagree	7.72	9.60	6.88	5.47	4.13
Agree	56.93	57.01	55.56	63.28	54.13
Strongly Agree	23.68	20.58	30.69	19.53	29.36
Don't Know	2.94	2.29	2.12	4.69	4.59

Stanly County is a good place to raise children - Gender			
	Overall	Female	Male
Strongly Disagree	2.77	2.52	2.29
Disagree	7.72	7.55	9.63
Agree	56.93	58.10	54.13
Strongly Agree	23.68	24.18	24.31
Don't Know	2.94	2.63	2.29

Stanly County is a good place to raise children – Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	2.77	8.55	0	0	1.45	7.69	17.65
Disagree	7.72	11.97	0	13.33	7.58	1.54	11.76
Agree	56.93	57.26	33.33	66.67	57.22	55.38	47.06
Strongly Agree	23.68	13.68	33.33	6.67	25.23	23.08	17.65
Don't Know	2.94	4.27	0	0	2.60	7.69	0

Stanly County is a good place to raise children – Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	2.77	7.02	3.57	1.24	2.92	1.75	2.86
Disagree	7.72	3.51	6.32	7.67	10.53	14.91	1.43
Agree	56.93	57.89	60.71	56.44	53.80	56.14	48.57
Strongly Agree	23.68	14.04	23.35	29.21	25.73	15.79	12.86
Don't Know	2.94	14.04	2.47	0.99	0.58	2.63	10.00

Stanly County is a good place to raise children – Grade Completion									
	Overall	No School/Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/Technical School Degree/Certification	Undergraduate Degree	Postgraduate Degree
Strongly Disagree	2.77	0	6.06	9.76	2.55	2.54	0.92	2.17	0
Disagree	7.72	16.67	0	5.69	5.96	7.61	6.45	11.74	9.86
Agree	56.93	50.00	72.73	56.10	61.70	57.87	55.76	51.74	57.75
Strongly Agree	23.68	0	6.06	13.01	20.85	22.84	30.41	27.39	28.17
Don't Know	2.94	16.67	6.06	8.13	3.40	3.55	1.38	0.87	0

Stanly County is a good place to raise children – Marital Status						
	Overall	Single/Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	2.77	5.47	1.19	0.93	9.62	4.88
Disagree	7.72	7.66	7.89	9.26	5.77	6.10
Agree	56.93	62.04	55.65	64.81	48.08	46.34
Strongly Agree	23.68	16.42	28.42	17.59	28.85	14.63
Don't Know	2.94	4.38	1.34	1.85	3.85	10.98

Stanly County is a good place to grow older

Stanly County is a good place to grow older– Zip Code					
	Overall	East	North	South	West
Strongly Disagree	2.69	3.05	2.12	5.47	0.46
Disagree	8.56	10.67	8.99	4.69	4.13
Agree	53.90	53.66	55.03	58.59	50.92
Strongly Agree	24.69	21.80	29.63	25.78	28.44
Don't Know	4.37	3.81	1.59	3.13	9.17

Stanly County is a good place to grow older - Gender			
	Overall	Female	Male
Strongly Disagree	2.69	2.41	3.21
Disagree	8.56	8.64	9.17
Agree	53.90	54.92	50.92
Strongly Agree	24.69	24.84	26.61
Don't Know	4.37	4.16	2.75

Stanly County is a good place to older – Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	2.69	7.69	0	0	1.77	6.15	11.76
Disagree	8.56	11.11	0	6.67	8.72	3.08	11.76
Agree	53.90	47.01	33.33	73.33	55.45	40.00	58.82
Strongly Agree	24.69	23.08	33.33	6.67	25.65	20.00	11.76
Don't Know	4.37	5.98	0	0	3.01	24.62	0

Stanly County is a good place to grow older – Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	2.69	5.26	3.02	1.98	3.51	0.88	4.29
Disagree	8.56	8.77	7.97	7.92	15.20	7.89	1.43
Agree	53.90	52.63	54.12	53.47	49.12	64.91	48.57
Strongly Agree	24.69	15.79	25.82	27.48	25.15	18.42	21.43
Don't Know	4.37	14.04	5.22	4.70	0.58	0	5.71

Stanly County is a good place to grow older – Grade Completion									
	Overall	No School/ Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/ Technical School Degree/ Certification	Undergraduate Degree	Postgraduate Degree
Strongly Disagree	2.69	16.67	9.09	7.32	3.40	1.52	0.92	1.30	2.11
Disagree	8.56	16.67	6.06	10.57	6.38	7.61	7.37	13.04	7.04
Agree	53.90	33.33	51.52	52.03	58.72	54.82	56.22	48.70	54.23
Strongly Agree	24.69	0	6.06	14.63	21.28	27.92	29.49	26.96	28.87
Don't Know	4.37	16.67	18.18	11.38	3.83	2.54	1.38	3.48	3.52

Stanly County is a good place to grow older – Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	2.69	4.38	1.19	3.70	9.62	3.66
Disagree	8.56	9.49	8.78	10.19	3.85	4.88
Agree	53.90	53.28	54.02	54.63	53.85	54.88
Strongly Agree	24.69	22.26	27.23	21.30	25.00	17.07
Don't Know	4.37	6.20	3.13	4.63	5.77	6.10

Stanly County is a safe place to live

Stanly County is a safe place to live – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	1.68	2.29	0.53	2.34	0.46
Disagree	5.71	7.01	5.82	3.13	3.21
Agree	63.31	63.72	61.90	72.66	57.80
Strongly Agree	19.48	16.01	27.51	14.06	26.15
Don't Know	3.44	3.20	1.59	2.34	6.42

Stanly County is a safe place to live – Gender			
	Overall	Female	Male
Strongly Disagree	1.68	1.53	1.83
Disagree	5.71	6.02	3.21
Agree	63.31	65.32	57.80
Strongly Agree	19.48	18.38	27.06
Don't Know	3.44	3.06	3.21

Stanly County is a safe place to live – Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	1.68	5.13	0	0	0.83	4.62	11.76
Disagree	5.71	5.98	0	6.67	5.92	3.08	5.88
Agree	63.31	62.39	50.00	66.67	64.17	52.31	70.59
Strongly Agree	19.48	10.26	16.67	13.33	20.87	21.54	5.88
Don't Know	3.44	11.11	0	0	2.08	12.31	0

Stanly County is a safe place to live – Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	1.68	1.75	2.20	0.99	2.34	1.75	0
Disagree	5.71	8.77	6.87	3.71	6.43	8.77	2.86
Agree	63.31	59.65	65.11	66.09	59.06	64.91	50.00
Strongly Agree	19.48	12.28	17.31	23.27	23.98	13.16	15.71
Don't Know	3.44	12.28	3.85	1.73	1.17	2.63	8.57

Stanly County is a safe place to live – Grade Completion									
	Overall	No School/ Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/ Technical School Degree/ Certification	Undergraduate Degree	Postgraduate Degree
Strongly Disagree	1.68	0	6.06	4.07	2.13	1.52	0.46	0.43	1.41
Disagree	5.71	33.33	9.09	8.94	8.51	4.57	5.53	2.61	3.52
Agree	63.31	33.33	57.58	52.85	63.40	70.56	65.90	65.22	59.15
Strongly Agree	19.48	0	9.09	14.63	14.47	15.23	21.66	24.35	30.99
Don't Know	3.44	16.67	6.06	11.38	5.53	2.03	1.38	0.87	0.70

Stanly County is a safe place to live – Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	1.68	3.28	0.89	0.93	5.77	1.22
Disagree	5.71	10.22	3.87	7.41	5.77	3.66
Agree	63.31	60.22	64.43	68.52	67.31	56.10
Strongly Agree	19.48	15.33	22.77	16.67	17.31	12.20
Don't Know	3.44	5.11	2.38	0.93	1.92	9.76

Healthcare is available in Stanly County

Good healthcare is available in Stanly County – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	7.64	7.47	5.82	12.50	6.88
Disagree	18.89	19.51	21.16	20.31	14.22
Agree	50.04	48.78	53.97	46.88	52.29
Strongly Agree	12.68	13.41	12.17	9.38	12.84
Don't Know	4.79	3.81	4.23	6.25	7.34

Good healthcare is available in Stanly County – Gender			
	Overall	Female	Male
Strongly Disagree	7.64	7.77	6.88
Disagree	18.89	20.57	14.68
Agree	50.04	49.34	52.75
Strongly Agree	12.68	12.80	14.22
Don't Know	4.79	4.38	4.13

Good healthcare is available in Stanly County – Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Strongly Disagree	7.64	10.26	0	13.33	7.17	7.69	11.76
Disagree	18.89	17.95	16.67	6.67	19.94	10.77	11.76
Agree	50.04	42.74	33.33	60.00	50.88	49.23	58.82
Strongly Agree	12.68	14.53	0	13.33	12.15	16.92	11.76
Don't Know	4.79	8.55	16.67	0	4.15	9.23	0

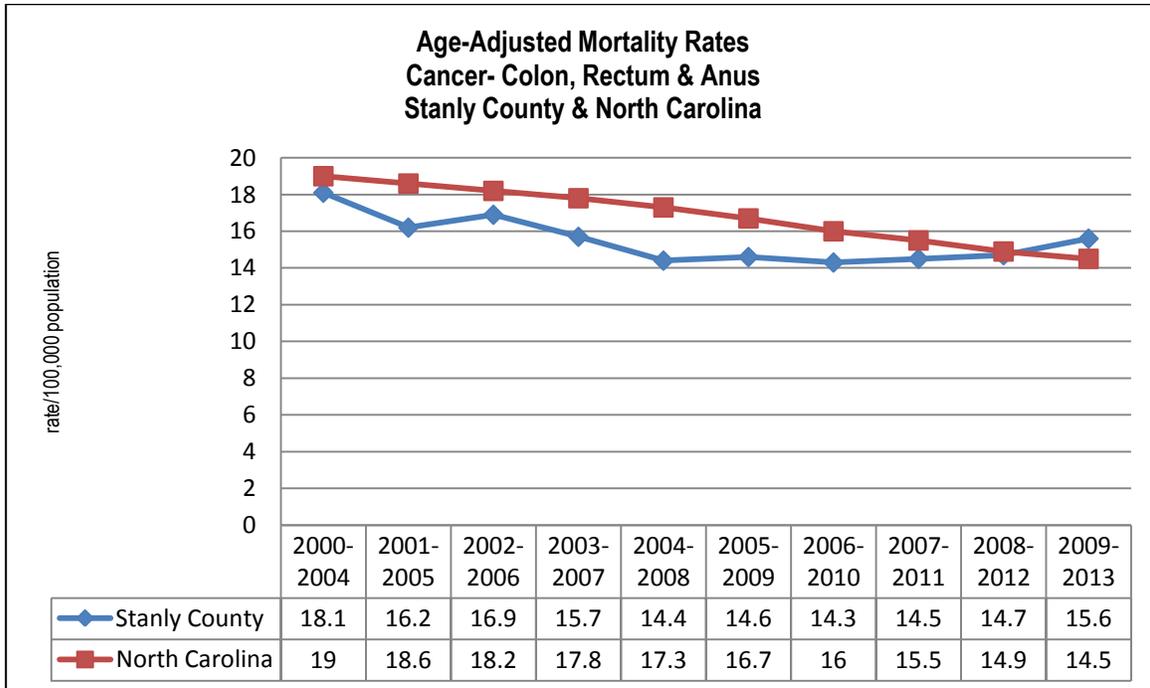
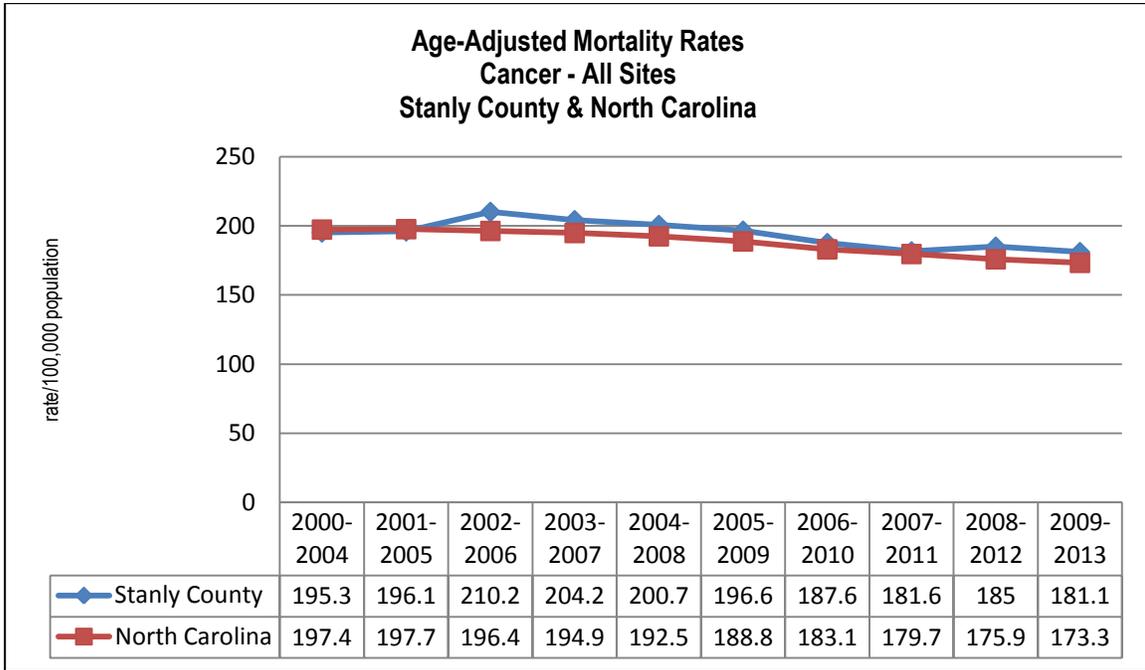
Good healthcare is available in Stanly County – Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Strongly Disagree	7.64	7.02	6.32	9.41	8.77	6.14	2.86
Disagree	18.89	10.53	19.23	22.03	18.71	19.30	8.57
Agree	50.04	52.63	52.20	50.74	47.95	50.00	40.00
Strongly Agree	12.68	15.79	12.91	11.14	14.62	11.40	15.71
Don't Know	4.79	10.53	5.22	2.48	4.09	5.26	10.00

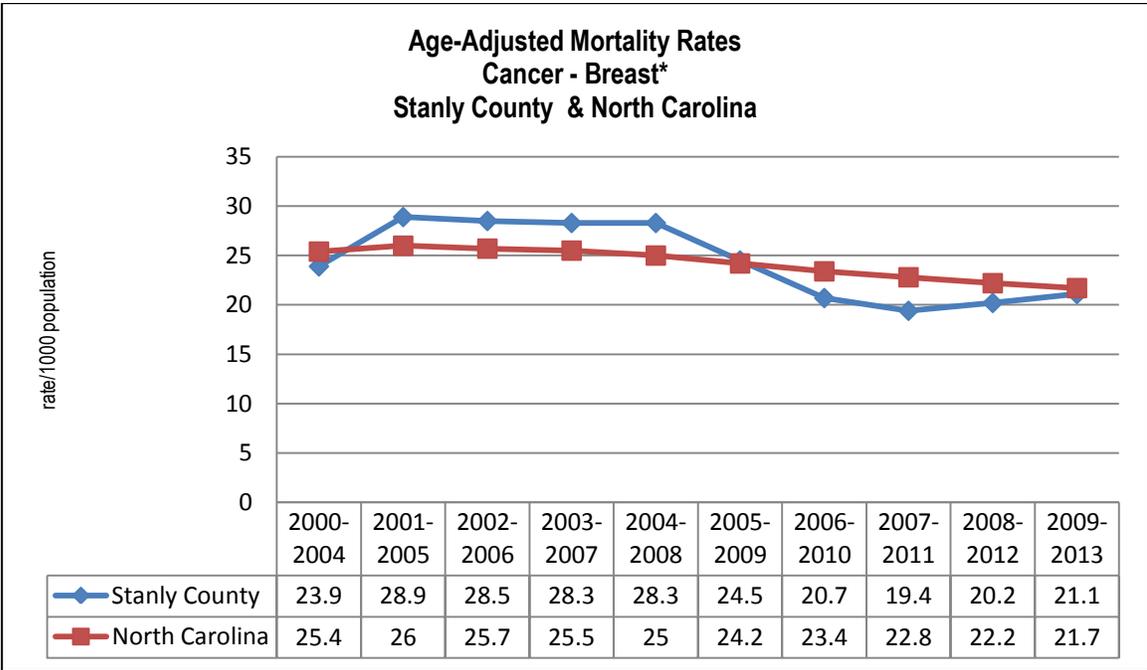
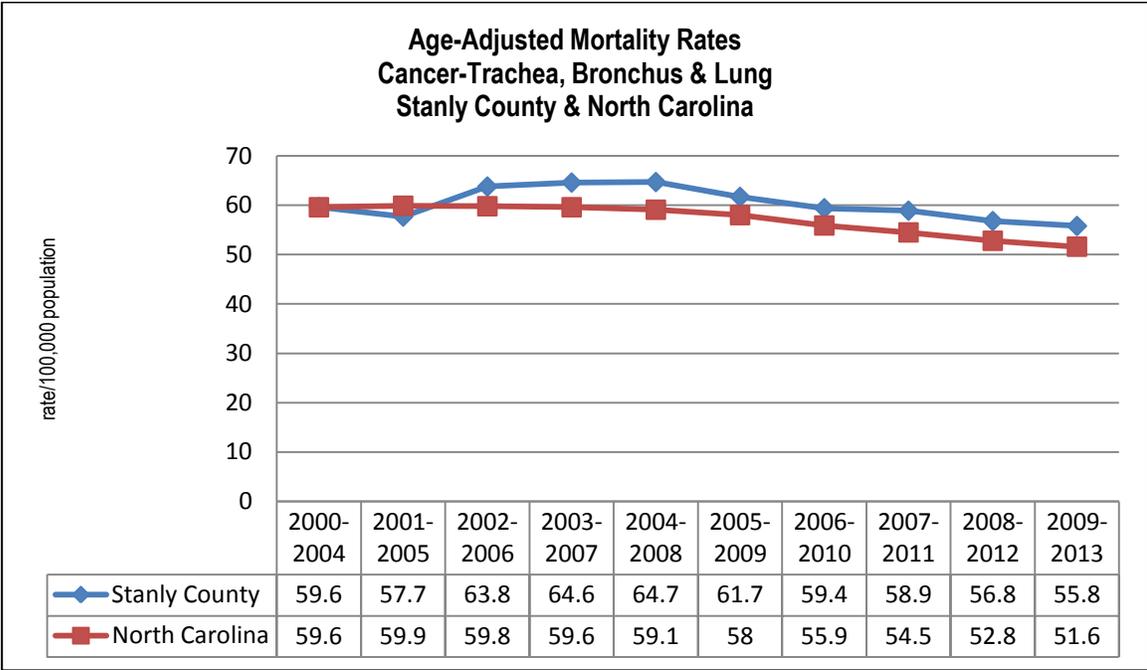
Good healthcare is available in Stanly County – Grade Completion									
	Overall	No School/ Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/ Technical School Degree/ Certification	Undergraduate Degree	Postgraduate Degree
Strongly Disagree	7.64	0	15.15	7.32	6.81	10.15	6.45	5.65	8.45
Disagree	18.89	16.67	6.06	14.63	16.60	20.81	24.88	17.83	20.42
Agree	50.04	33.33	63.64	45.53	48.94	50.25	51.61	52.17	49.30
Strongly Agree	12.68	0	3.03	17.89	14.47	9.64	7.83	16.09	14.08
Don't Know	4.79	16.67	3.03	7.32	7.66	4.57	4.15	1.74	3.52

Good healthcare is available in Stanly County – Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Strongly Disagree	7.64	7.66	6.40	12.96	13.46	7.32
Disagree	18.89	18.98	20.09	16.67	21.15	10.98
Agree	50.04	47.81	52.83	49.07	42.31	42.68
Strongly Agree	12.68	14.60	12.35	10.19	13.46	10.98
Don't Know	4.79	6.20	2.83	5.56	5.77	13.41

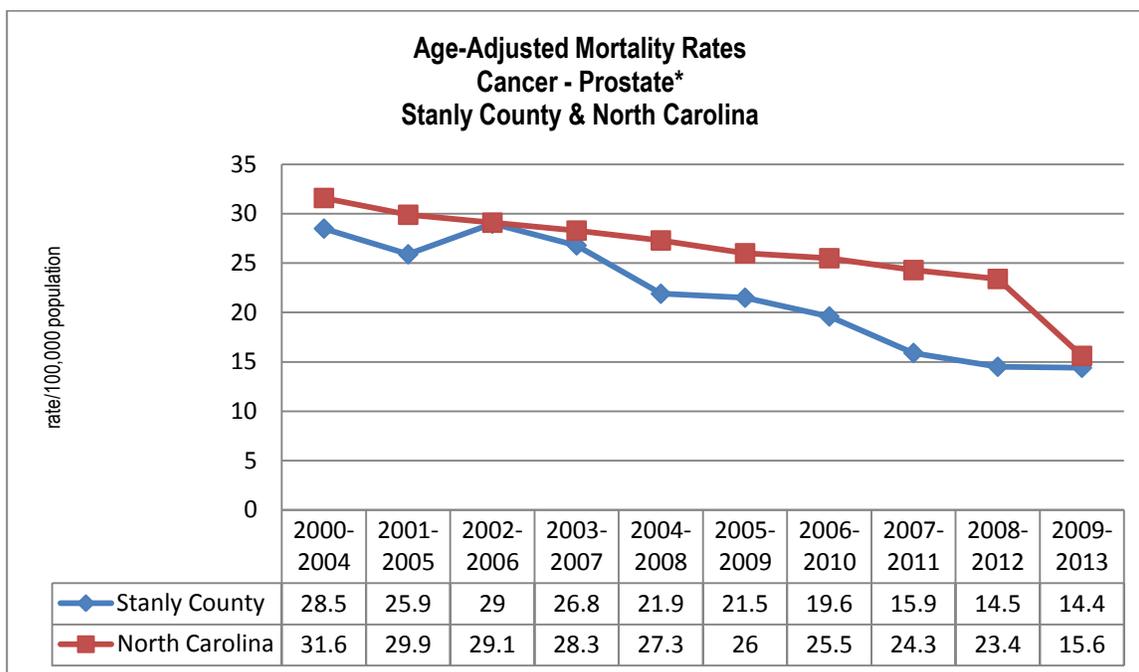
Selected Stanly County & North Carolina Mortality Charts

Source: North Carolina State Center for Health Statistics

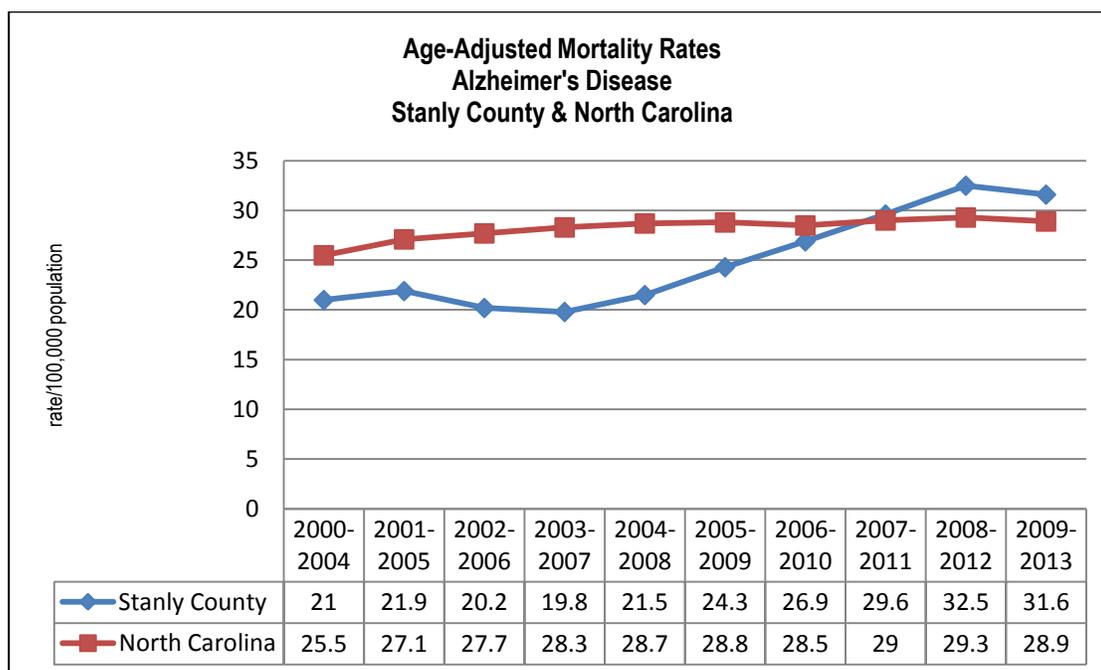


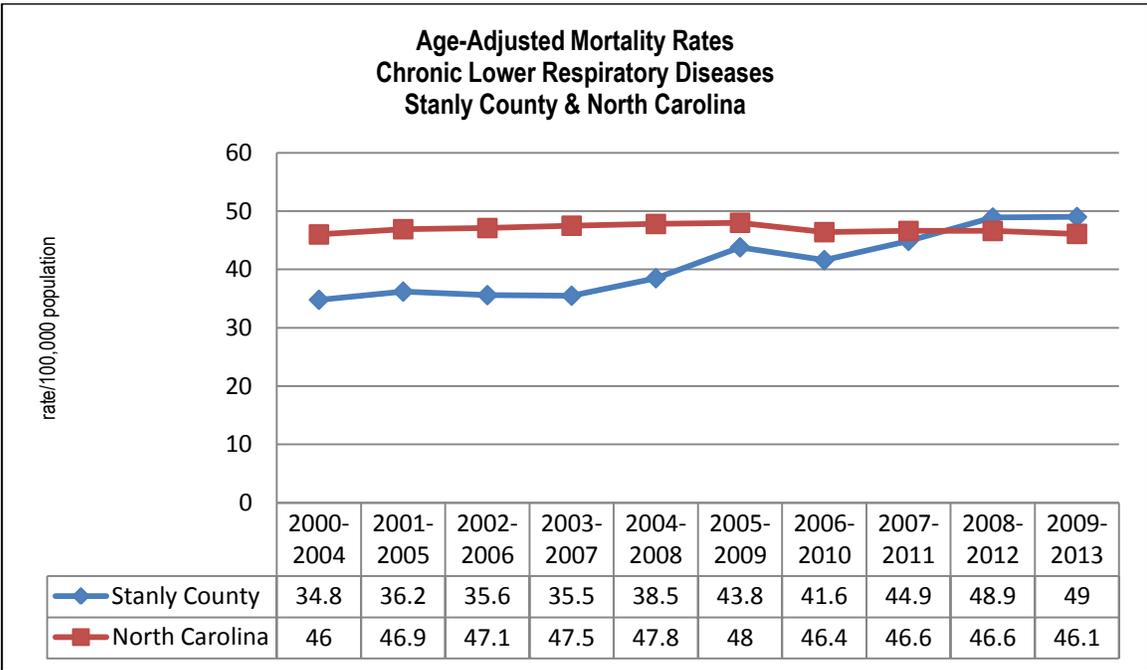
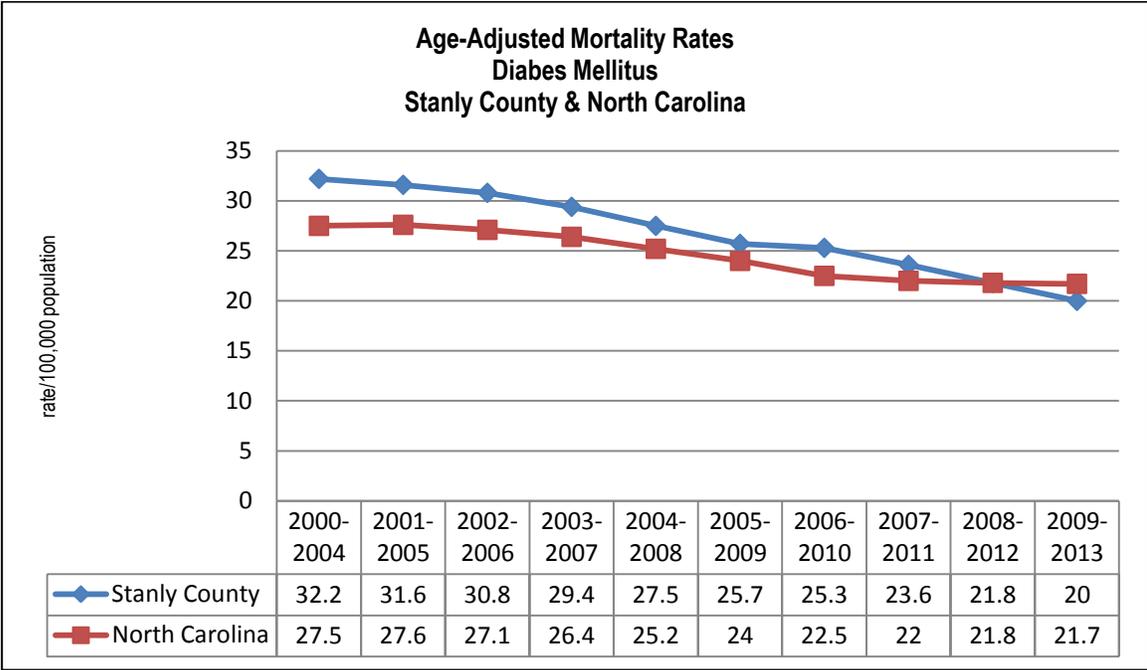


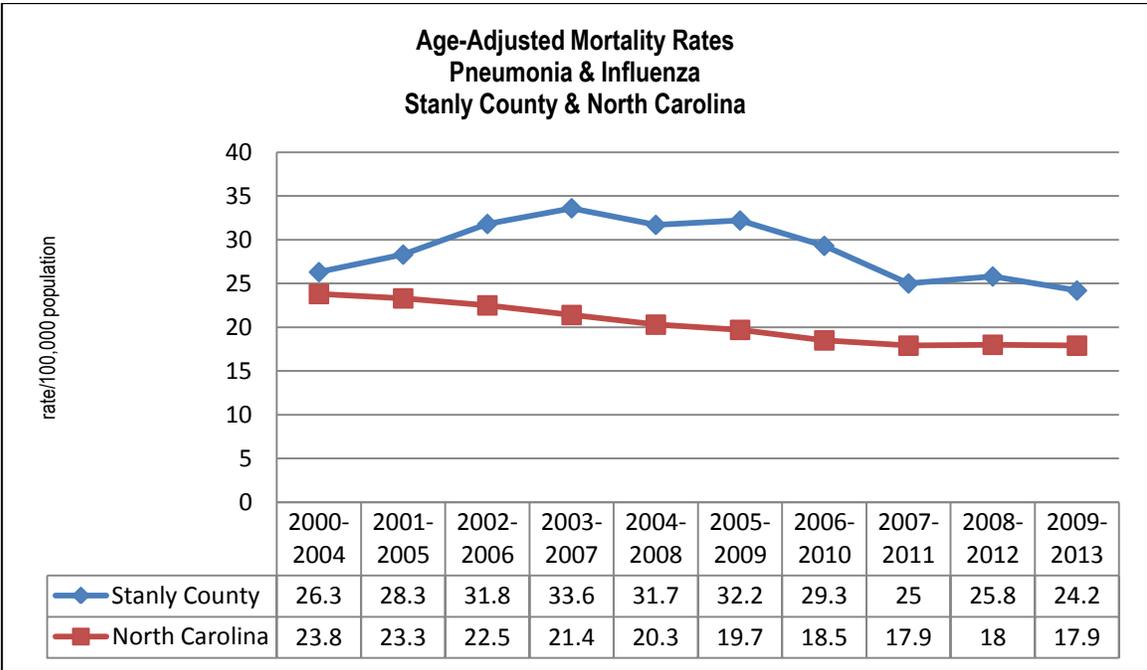
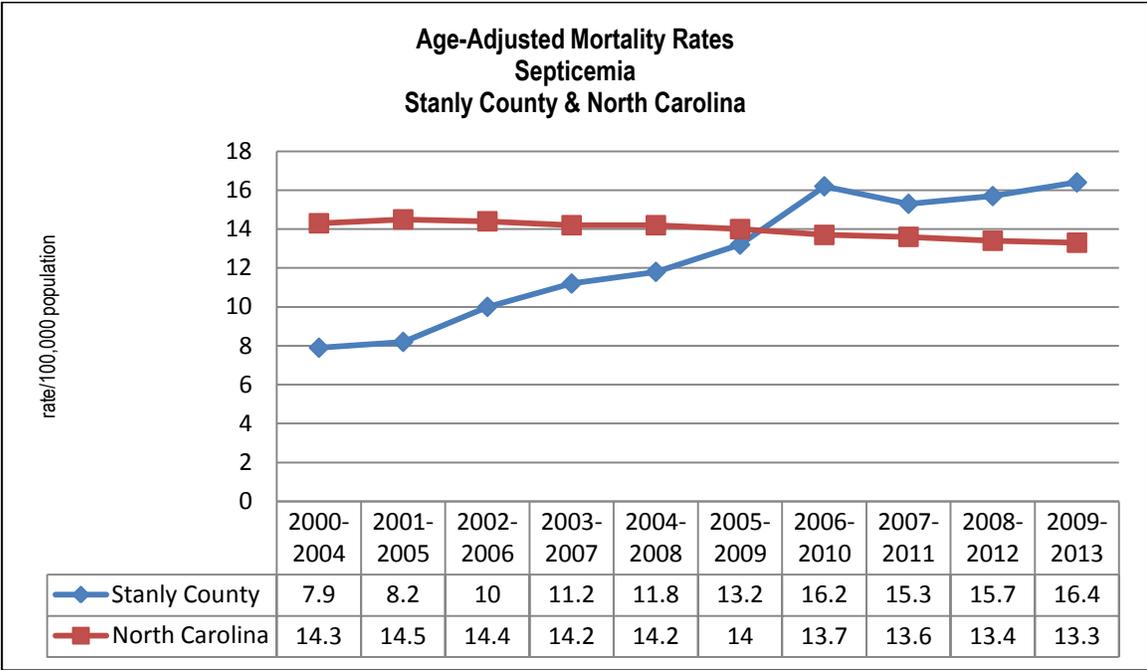
*death rates with a small number (<50) of deaths in the numerator should be interpreted with caution



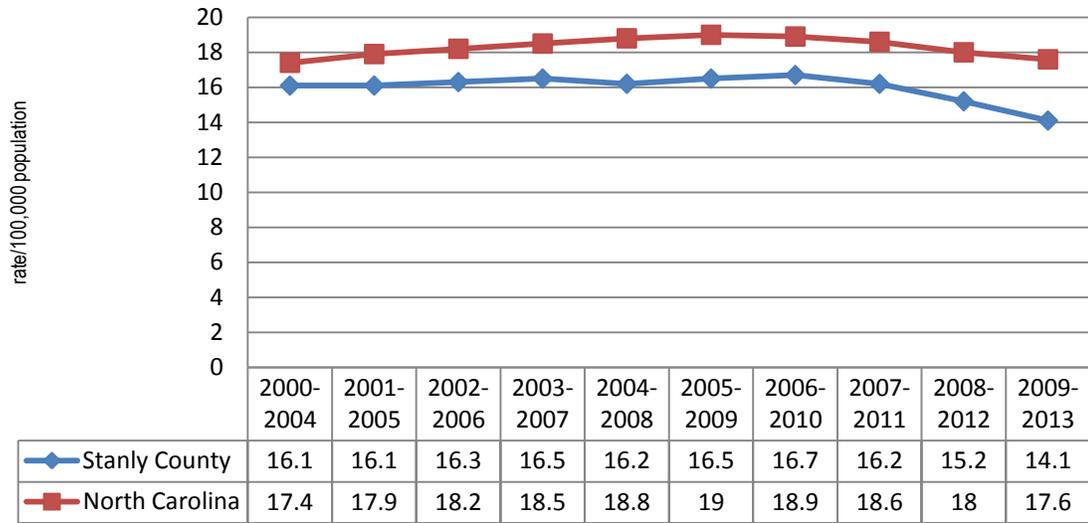
*death rates with a small number (<50) of deaths in the numerator should be interpreted with caution







**Age-Adjusted Mortality Rates
Nephritis, Nephrotic Syndrome & Nephrosis
Stanly County & North Carolina**



Health Issues - Tables

Overall

Overall Health Issues – Major Problems - 2015 CHA	
Health Issues	%
1. Drug Abuse (prescription, illegal)	43.41
2. Obesity/Overweight	40.30
3. Tobacco Use	39.46
4. Diabetes	33.59
5. Cancer	32.66
6. Inactivity/Lack of Physical Activity	29.55
7. Alcoholism/Alcohol Abuse	27.79
8. Teenage Pregnancy	27.04
9. Nutrition	24.60
10.Heart Disease	24.10
11.Mental Illness	23.17
12T. Cerebrovascular Disease	17.88
12T. Dental Health	17.88
14. Sexually Transmitted Diseases (STDs)	16.62
15. Suicide	16.29
16. Lung Diseases (asthma, COPD)	16.20
17. Neurological Disorders	14.36
18. Infectious Diseases	12.59
19. Motor Vehicle Injuries	11.42
20. Kidney Disease	6.13
21. Other Injuries (poisonings, drowning)	4.79

Zip Code

Zip Code – Health Issues – Major Problems – 2015 CHA														
Overall			East			North			South			West		
R a n k	Health Issue	%	R a n k	Health Issue	%	R a n k	Health Issue	%	R a n k	Health Issue	%	R a n k	Health Issue	%
1	Drug Abuse (prescription, illegal)	42.48	1	Drug Abuse (prescription, illegal)	44.97	1	Tobacco Use	44.97	1	Drug Abuse (prescription, illegal)	49.22	1	Obesity/Overweight	35.78
2	Obesity/Overweight	39.24	2	Obesity/Overweight	40.24	2	Obesity/Overweight	44.44	2	Tobacco Use	45.31	2	Drug Abuse (prescription, illegal)	33.03
3	Tobacco Use	38.75	3	Tobacco Use	39.33	3	Drug Abuse (prescription, illegal)	40.63	3	Obesity/Overweight	42.19	3	Tobacco Use	31.65
4	Diabetes	32.61	4	Diabetes	32.93	4	Diabetes	37.57	4	Cancer	40.63	4	Diabetes	29.82
5	Cancer	31.88	5	Cancer	32.47	5	Cancer	33.33	5	Diabetes	37.50	5T	Cancer	27.98
6	Inactivity/Lack of Physical Activity	28.72	6	Teenage Pregnancy	30.03	6	Alcoholism/Alcohol Abuse	31.75	6	Alcoholism/Alcohol Abuse	32.03	5T	Inactivity/Lack of Physical Activity	27.98
7	Alcoholism/Alcohol Abuse	27.27	7	Inactivity/Lack of Physical Activity	29.57	7	Inactivity/Lack of Physical Activity	31.22	7	Inactivity/Lack of Physical Activity	29.69	7	Nutrition	21.56
8	Teenage Pregnancy	26.54	8	Alcoholism/Alcohol Abuse	28.66	8	Heart Disease	29.63	8T	Heart Disease	28.91	8T	Alcoholism/Alcohol Abuse	19.27
9	Nutrition	23.95	9	Nutrition	24.85	9	Teenage Pregnancy	27.51	8T	Mental Illness	28.91	8T	Teenage Pregnancy	19.27
10	Heart Disease	23.46	10	Mental Illness	23.78	10T	Mental Illness	25.40	10	Nutrition	27.34	10	Heart Disease	18.81
11	Mental Illness	22.82	11	Heart Disease	23.32	10T	Nutrition	25.40	11	Cerebrovascular Disease	25.78	11	Mental Illness	16.06
12	Dental Health	17.56	12	Dental Health	19.21	12	Cerebrovascular Disease	19.05	12	Lung Diseases	25.00	12	Lung Diseases	15.14
13	Cerebrovascular Disease	17.39	13	Sexually Transmitted Diseases	18.45	13	Dental Health	17.46	13	Teenage Pregnancy	24.22	13	Neurological Disorders	13.76
14	Sexually Transmitted Diseases	16.34	14	Cerebrovascular Disease	17.84	14	Sexually Transmitted Diseases	15.34	14	Dental Health	21.88	14	Suicide	12.84
15	Suicide	15.86	15	Suicide	17.53	15T	Neurological Disorders	14.81	15	Sexually Transmitted Diseases	18.75	15	Cerebrovascular Disease	12.39
16	Lung Diseases	15.70	16	Lung Diseases	15.84	15T	Suicide	14.81	16	Suicide	17.97	16	Dental Health	11.93
17	Neurological Disorders	14.00	17	Neurological Disorders	13.87	17	Lung Diseases	12.70	17T	Neurological Disorders	17.19	17	Motor Vehicle Injuries	11.47
18	Infectious Diseases	12.30	18	Infectious Diseases	12.96	18	Infectious Diseases	11.64	17T	Infectious Diseases	17.19	18	Sexually Transmitted Diseases	11.01
19	Motor Vehicle Injuries	11.17	19	Motor Vehicle Injuries	11.13	19	Motor Vehicle Injuries	10.58	19	Motor Vehicle Injuries	14.06	19	Infectious Diseases	9.63
20	Kidney Disease	6.07	20	Kidney Disease	5.95	20	Kidney Disease	5.82	20	Kidney Disease	10.94	20T	Kidney Disease	4.13
21	Other Injuries (poisonings, drowning)	4.69	21	Other Injuries (poisonings, drowning)	4.88	21	Other Injuries (poisonings, drowning)	4.23	21	Other Injuries (poisonings, drowning)	6.25	20T	Other Injuries (poisonings, drowning)	4.13

Gender

Health Issues – Gender - Major Problems – 2015 CHA			
Female - Health Issues	%	Males - Health Issues	%
1. Drug Abuse (prescription, illegal)	45.73	1. Obesity/Overweight	40.83
2. Tobacco Use	41.36	2. Diabetes	37.61
3. Obesity/Overweight	40.70	3. Drug Abuse (prescription, illegal)	35.78
4. Cancer	33.59	4. Tobacco Use	35.32
5. Diabetes	32.82	5. Inactivity/Lack of Physical Activity	32.57
6. Alcoholism/Alcohol Abuse	30.20	6. Cancer	29.82
7. Inactivity/Lack of Physical Activity	29.65	7. Heart Disease	27.52
8. Teenage Pregnancy	28.77	8. Nutrition	23.39
9. Nutrition	25.38	9. Teenage Pregnancy	21.10
10. Mental Illness	24.18	10. Mental Illness	19.27
11. Heart Disease	23.74	11. Cerebrovascular Disease	17.89
12T. Dental Health	18.16	12. Alcoholism/Alcohol Abuse	16.51
12T. Sexually Transmitted Diseases	18.16	13. Dental Health	15.60
14. Cerebrovascular Disease	17.40	14. Neurological Disorders	14.68
15. Suicide	17.07	15. Lung Diseases (asthma, COPD)	12.84
16. Lung Diseases (asthma, COPD)	16.63	16. Suicide	10.09
17. Neurological Disorders	14.00	17. Sexually Transmitted Diseases	9.63
18. Infectious Diseases	13.24	18. Infectious Diseases	8.26
19. Motor Vehicle Injuries	11.93	19. Motor Vehicle Injuries	6.42
20. Kidney Disease	6.13	20. Kidney Disease	3.67
21. Other Injuries (poisonings, drowning)	5.03	21. Other Injuries (poisonings, drowning)	1.83

Race

Races – Health Issues – Major Problems – 2015 CHA															
R a n k	Overall		African American /Black		American Indian		Asian		Caucasian/White		Hispanic/Latino		Two or More Races		
	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	
1	Drug Abuse (prescription, illegal)	43.41	Drug Abuse (prescription, illegal)	46.15	Alcoholism/Alcohol Abuse (T)	33.33	Drug Abuse (prescription, illegal)	40.00	Drug Abuse (prescription, illegal)	44.13	Drug Abuse (prescription, illegal)	30.77	Drug Abuse (prescription, illegal) (T)	52.94	
2	Obesity/Overweight	40.30	Tobacco Use	44.44	Drug Abuse (prescription, illegal) (T)		Alcoholism/Alcohol Abuse (T)	33.33	Obesity/Overweight	42.37	Obesity/Overweight	26.15	Tobacco Use (T)		47.06
3	Tobacco Use	39.46	Teenage Pregnancy	39.32	Infectious Diseases (T)		Cerebrovascular Disease (T)		Diabetes	34.06	Cancer (T)	23.08	Cancer	41.18	
4	Diabetes	33.59	Diabetes (T)	37.61	Mental Illness (T)		Teenage Pregnancy (T)		Cancer (T)	32.92	Diabetes (T)		18.46		
5	Cancer	32.66	Obesity/Overweight (T)	36.75	Motor Vehicle Injuries (T)		26.67	Diabetes (T)	31.57	Inactivity/Lack of Physical Activity	16.92	Sexually Transmitted Diseases		15.38	Obesity/Overweight (T)
6	Inactivity/Lack of Physical Activity	29.55	Sexually Transmitted Diseases (T)		Teenage Pregnancy (T)			Mental Illness (T)		Alcoholism/Alcohol Abuse		27.41	Dental Health (T)		15.38
7	Alcoholism/Alcohol Abuse	27.79	Cancer (T)		Tobacco Use (T)			Obesity/Overweight (T)		Tobacco Use (T)	26.69	Lung Diseases (T)	15.38	Alcoholism/Alcohol Abuse (T)	
8	Teenage Pregnancy	27.04	Alcoholism/Alcohol Abuse	33.33	Cancer (T)	16.67	Heart Disease (T)	20.00	Nutrition	15.38	Inactivity/Lack of Physical Activity (T)	23.53		Inactivity/Lack of Physical Activity (T)	
9	Nutrition	24.60	Nutrition	30.77	Diabetes (T)		Heart Disease(T)		Heart Disease (T)		26.06		Infectious Diseases (T)	13.85	Nutrition (T)
10	Heart Disease	24.10	Mental Illness	26.50	Heart Disease(T)		Inactivity/Lack of Physical Activity (T)		Inactivity/Lack of Physical Activity (T)	25.34	Suicide (T)	12.31	Suicide (T)		23.53
11	Mental Illness	23.17	Inactivity/Lack of Physical Activity	25.64	Inactivity/Lack of Physical Activity (T)		Nutrition (T)		Heart Disease (T)	23.47	Mental Illness		12.31	Dental Health (T))	
12	Cerebrovascular Disease (T)	17.88	Heart Disease	23.08	Obesity/Overweight (T)		Cerebrovascular Disease		Inactivity/Lack of Physical Activity (T)	18.48	Cerebrovascular Disease	10.77		Infectious Diseases (T)	17.65
13	Dental Health (T)		Infectious Diseases (T)	21.37	Cerebrovascular Disease		Dental Health		Infectious Diseases (T)	17.65	Motor Vehicle Injuries		10.77	Mental Illness (T)	
14	Sexually Transmitted Diseases	16.62	Lung Diseases (T)	18.80	Cerebrovascular Disease		Kidney Disease (T)		Suicide	16.51	Cerebrovascular Disease (T)	10.77		Motor Vehicle Injuries (T)	17.65
15	Suicide	16.29	Neurological Disorders		18.80	Dental Health	Lung Diseases (T)	Lung Diseases	15.78	Kidney Disease (T)	10.77		Cerebrovascular Disease (T)	17.65	
16	Lung Diseases	16.20	Cerebrovascular Disease		17.09	Kidney Disease	Motor Vehicle Injuries (T)	Neurological Disorders	14.43	Neurological Disorders (T)		10.77	Lung Diseases (T)		17.65
17	Neurological Disorders	14.36	Neurological Disorders	16.24	Lung Diseases	Neurological Disorders	Sexually Transmitted Diseases	14.02	Tobacco Use (T)	10.77	Other Injuries (T)		17.65		
18	Infectious Diseases	12.59	Suicide		16.24	Neurological Disorders	0	Nutrition (T)	6.67		Nutrition (T)	9.23		Heart Disease (T)	5.88
19	Motor Vehicle Injuries	11.42	Kidney Disease(T)		15.38	Other Injuries (poisonings, drowning)	Sexually Transmitted Diseases	Other Injuries		11.21	Other Injuries (T)		7.69	Kidney Disease (T)	
20	Kidney Disease	6.13	Motor Vehicle Injuries (T)	7.69	Sexually Transmitted Diseases	Suicide	Sexually Transmitted Diseases (T)	10.70	Heart Disease	4.62	Neurological Disorders (T)	5.88			
21	Other Injuries	4.79	Other Injuries	7.69	Suicide	Suicide	Suicide (T)	4.67	Kidney Disease		4.62		Neurological Disorders (T)	5.88	
								4.05	Teenage Pregnancy						

Education

Education – Health Issues – Major Problems – 2015 CHA																	
R a n k	Never Attended School/Only Kindergarten		Grades 1-8		Grades 9-11		Completed Grade 12/GED		College 1-3 Years (College/ Technical School)		Community College/ Technical School Degree/ Certificate		Undergraduate Degree		Postgraduate Degree		
	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	
1	Alcoholism/ Alcohol Abuse	33.33	Alcoholism/ Alcohol Abuse (T)	30.30	Drug Abuse (prescription, illegal)	35.77	Drug Abuse (prescription, illegal)	37.87	Drug Abuse (prescription, illegal)	47.21	Drug Abuse (prescription, illegal)	43.78	Obesity /Overweight	52.17	Obesity/ Overweight	64.79	
2	Cancer	33.33	Drug Abuse (prescription, illegal) (T)		Obesity/ Overweight (T)	30.08	Tobacco Use	31.91	Tobacco Use	44.16	Tobacco Use	41.01	Drug Abuse (prescription, illegal)	45.65	Drug Abuse (prescription, illegal) (T)	55.63	
3	Cerebrovascular Disease	33.33	Motor Vehicle Injuries (T)	Tobacco Use (T)	28.94		Alcoholism/Alcohol Abuse (T)	28.94	Obesity/ Overweight	37.56	Obesity/ Overweight	39.63	Tobacco Use	41.30	Tobacco Use (T)		52.82
4	Dental Health	33.33	Sexually Transmitted Diseases (T)	Alcoholism/ Alcohol Abuse		Cancer (T)	Diabetes		33.50	Cancer	37.33	Cancer	37.33	Inactivity/Lack of Physical Activity	40.43	Diabetes	
5	Diabetes	33.33	Teenage Pregnancy (T)	Cancer	26.02	Obesity/ Overweight	28.61	Cancer	32.49	Diabetes	35.48	Diabetes	39.57	Inactivity/Lack of Physical Activity	52.11		
6	Drug Abuse (prescription, illegal)	33.33	Cancer (T)	Diabetes (T)	21.95	Diabetes (T)	21.95	Teenage Pregnancy	24.68	Teenage Pregnancy	31.98	Alcoholism/ Alcohol Abuse	30.41	Cancer	36.09	Nutrition	42.96
7	Heart Disease	33.33	Diabetes (T)	Sexually Transmitted Diseases (T)		Diabetes		23.83	Inactivity/Lack of Physical Activity	27.92	Teenage Pregnancy	29.95	Nutrition	32.17	Cancer	37.32	
8	Inactivity/Lack of Physical Activity	33.33	Inactivity/Lack of Physical Activity (T)	Teenage Pregnancy (T)	21.14	Teenage Pregnancy (T)	21.14	Sexually Transmitted Diseases (T)	26.90	Alcoholism/ Alcohol Abuse	26.90	Heart Disease	27.19	Heart Disease	30.87	Heart Disease	34.51
9	Infectious Diseases	33.33	Lung Diseases (T)	Dental Health (T)		Inactivity/Lack of Physical Activity (T)		18.72		Mental Illness	26.40	Mental Illness	24.42	Mental Illness	25.22	Teenage Pregnancy	30.99
10	Kidney Disease	33.33	Obesity/ Overweight (T)	Inactivity/Lack of Physical Activity (T)	20.33	Neurological Disorders	20.33	Heart Disease	24.87	Inactivity/Lack of Physical Activity	23.96	Alcoholism/ Alcohol Abuse	24.78	Mental Illness	30.28		
11	Lung Diseases	33.33	Suicide (T)	Lung Diseases (T)		Nutrition		17.87	Dental Health	21.32	Nutrition	22.12	Teenage Pregnancy	24.35	Alcoholism/ Alcohol Abuse	28.17	
12	Mental Illness	33.33	Tobacco Use (T)	Mental Illness (T)	17.45	Mental Illness (T)	17.45	Nutrition	20.30	Cerebrovascular Disease	21.66	Cerebrovascular Disease	21.74	Dental Health (T)	23.24		
13	Motor Vehicle Injuries	33.33	Nutrition	15.15	Suicide	18.70	Motor Vehicle Injuries	16.17	Sexually Transmitted Diseases	18.27	Suicide	17.97	Suicide	17.83	Cerebrovascular Disease (T)		
14	Neurological Disorders	33.33	Infectious Diseases	12.12	Motor Vehicle Injuries (T)	17.07	Motor Vehicle Injuries (T)	17.07	Suicide	17.26	Lung Diseases	16.59	Lung Diseases	16.09	Lung Diseases	16.90	
15	Nutrition	33.33	Cerebrovascular Disease (T)	Nutrition (T)	Dental Health (T)		15.74		Cerebrovascular Disease	16.75	Neurological Disorders	16.13	Dental Health	15.65	Sexually Transmitted Diseases (T)	14.08	
16	Obesity /Overweight	33.33	Dental Health (T)	9.09	Infectious Diseases (T)	14.63	Infectious Diseases (T)	14.63	Infectious Diseases	14.89	Lung Diseases	15.23	Dental Health	15.67	Suicide (T)		
17	Other Injuries (poisonings, drowning)	33.33	Heart Disease (T)	Cerebrovascular Disease	Lung Diseases		14.04		Neurological Disorders	14.72	Sexually Transmitted Diseases	14.75	Neurological Disorders	11.30	Neurological Disorders	12.68	
18	Sexually Transmitted Diseases	33.33	Mental Illness (T)	6.06	Heart Disease	13.82	Suicide	12.34	Infectious Diseases	14.21	Infectious Diseases (T)	9.68	Infectious Diseases	10.43	Infectious Diseases	10.56	
19	Suicide	33.33	Neurological Disorders (T)		Neurological Disorders	13.01	Cerebrovascular Disease	11.49	Motor Vehicle Injuries	12.69	Motor Vehicle Injuries (T)		6.52	Motor Vehicle Injuries	6.52	Motor Vehicle Injuries	4.93
20	Teenage Pregnancy	33.33	Other Injuries (poisonings, drowning) (T)	Kidney Disease	9.76	Other Injuries (poisonings, drowning)	8.51	Kidney Disease	6.09	Kidney Disease	5.07	Kidney Disease	4.78	Kidney Disease (T)	3.52		
21	Tobacco Use	33.33	Kidney Disease	3.03	Other Injuries (poisonings, drowning)	5.69	Kidney Disease	8.09	Other Injuries (poisonings, drowning)	1.52	Other Injuries (poisonings, drowning)	4.61	Other Injuries (poisonings, drowning)	3.48	Other Injuries (poisonings, drowning) (T)		

Age

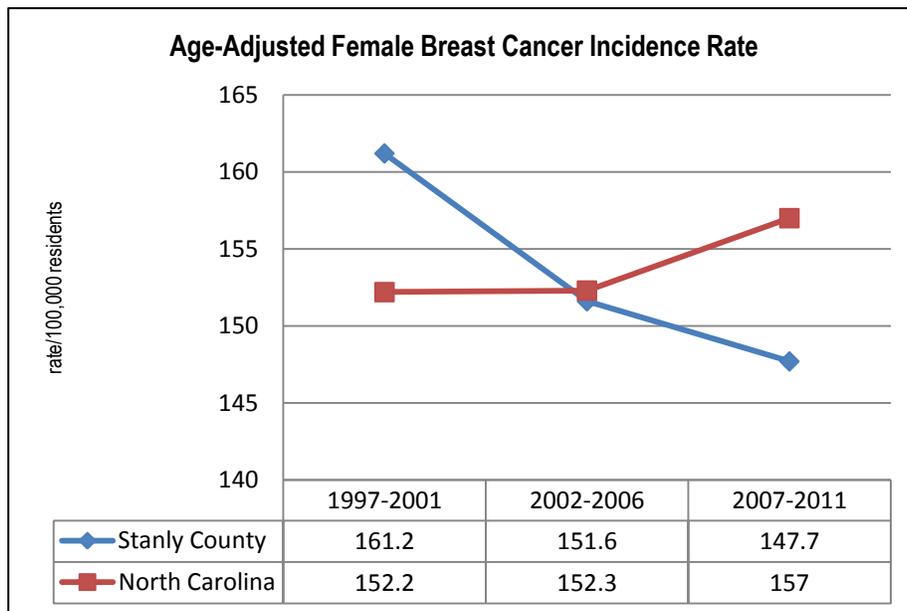
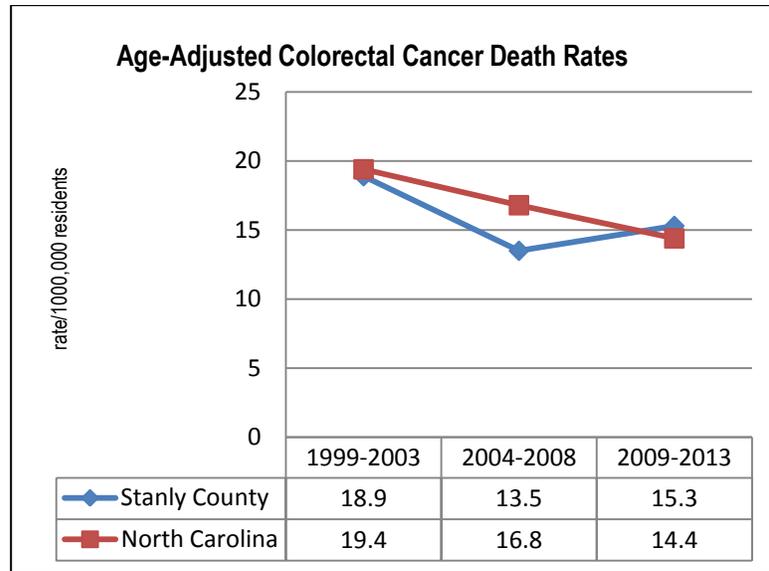
Age – Health Issues – Major Problems – 2015 CHA															
	Overall		15-19 years		20-34 years		35-54 years		55-64 years		65-74 years		75 or older		
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Rank
1	Drug Abuse (prescription, illegal)	43.41	Drug Abuse (prescription, illegal)	36.84	Drug Abuse (prescription, illegal)	42.58	Obesity/Overweight	48.76	Obesity/Overweight	49.12	Drug Abuse (prescription, illegal)	48.25	Cancer	25.71	1
2	Obesity/Overweight	40.30	Tobacco Use	33.33	Tobacco Use	40.66	Drug Abuse (prescription, illegal)	47.52	Drug Abuse (prescription, illegal)	43.86	Obesity/Overweight	43.86	Drug Abuse (prescription, illegal)	22.86	2
3	Tobacco Use	39.46	Cancer	31.58	Teenage Pregnancy	34.07	Tobacco Use	45.54	Tobacco Use	42.11	Diabetes	39.47	Cerebrovascular Disease	20.00	3
4	Diabetes	33.59	Obesity/Overweight (T)	29.82	Obesity/Overweight	32.97	Diabetes	43.07	Cancer	36.84	Cancer	37.72	Alcoholism/Alcohol Abuse (T)	17.14	4
5	Cancer	32.66			Teenage Pregnancy (T)	Alcoholism/Alcohol Abuse	27.47	Cancer	36.88	Diabetes	36.26	Heart Disease			31.58
6	Inactivity/Lack of Physical Activity	29.55	Inactivity/Lack of Physical Activity (T)	28.07	Inactivity/Lack of Physical Activity	27.20	Inactivity/Lack of Physical Activity	36.39	Inactivity/Lack of Physical Activity	32.16	Tobacco Use	30.70	Heart Disease (T)	15.71	6
7	Alcoholism/Alcohol Abuse	27.79	Sexually Transmitted Diseases (T)		Cancer (T)	26.37	Nutrition	30.69	Alcoholism/Alcohol Abuse	30.99	Alcoholism/Alcohol Abuse	29.82	Neurological Disorders (T)		7
8	Teenage Pregnancy	27.04	Nutrition	26.32	Diabetes (T)	23.08	Mental Illness	30.45	Heart Disease	29.24	Inactivity/Lack of Physical Activity	26.32	Tobacco Use (T)	12.86	8
9	Nutrition	24.60	Alcoholism/Alcohol Abuse	24.56	Nutrition		23.08	Heart Disease	29.46	Teenage Pregnancy	25.73	Cerebrovascular Disease (T)	25.44		Obesity/Overweight
10	Heart Disease	24.10	Motor Vehicle Injuries (T)	22.81	Sexually Transmitted Diseases	22.25	Alcoholism/Alcohol Abuse	28.71	Mental Illness	24.56	Mental Illness (T)	24.56	Lung Diseases (T)	11.43	10
11	Mental Illness	23.17			Suicide (T)	Mental Illness	19.23	Teenage Pregnancy	25.25	Nutrition	23.39		Teenage Pregnancy		24.56
12	Cerebrovascular Disease (T)	17.88	Infectious Diseases	17.54	Dental Health	17.58	Dental Health	22.52	Cerebrovascular Disease	21.64	Nutrition	23.68	Teenage Pregnancy	8.57	12
13	Dental Health (T)		Cerebrovascular Disease (T)		Heart Disease	17.03	Cerebrovascular Disease	20.30	Lung Diseases	16.96	Lung Diseases	21.93	Lung Diseases	21.93	Infectious Diseases
14	Sexually Transmitted Diseases	16.62	Dental Health (T)	15.79	Suicide	15.38	Suicide	19.06	Suicide	16.37	Neurological Disorders	20.18	Inactivity/Lack of Physical Activity (T)	5.71	14
15	Suicide	16.29	Diabetes (T)		Infectious Diseases	14.84	Lung Diseases	17.57	Neurological Disorders	15.79	Dental Health	18.42			Suicide (T)
16	Lung Diseases	16.20	Mental Illness	14.04	Lung Diseases	14.01	Sexually Transmitted Diseases	16.58	Dental Health (T)	13.45	Suicide	11.40	Suicide (T)	4.29	16
17	Neurological Disorders	14.36	Lung Diseases (T)	12.28	Motor Vehicle Injuries	13.46	Neurological Disorders	15.35	Sexually Transmitted Diseases (T)		10.53	Infectious Diseases (T)	10.53		Mental Illness
18	Infectious Diseases	12.59	Neurological Disorders (T)		Cerebrovascular Disease	10.99	Infectious Diseases	11.88	Infectious Diseases	10.53	Infectious Diseases	10.53		Motor Vehicle Injuries (T)	Kidney Disease
19	Motor Vehicle Injuries	11.42	Heart Disease	10.53	Neurological Disorders	10.71	Motor Vehicle Injuries	8.42	Motor Vehicle Injuries	9.94	Kidney Disease (T)	7.02	Nutrition (T)	1.43	19
20	Kidney Disease	6.13	Kidney Disease (T)	5.26	Kidney Disease	6.87	Kidney Disease	5.69	Kidney Disease	5.85	Sexually Transmitted Diseases (T)		4.39		Other Injuries (poisonings, drowning) (T)
21	Other Injuries (poisonings, drowning)	4.79	Other Injuries (poisonings, drowning) (T)		5.77	Other Injuries (poisonings, drowning)	5.77	Other Injuries (poisonings, drowning)	4.46	Other Injuries (poisonings, drowning)	4.09	Other Injuries (poisonings, drowning)	4.39	Sexually Transmitted Diseases	0.00

Marital Status

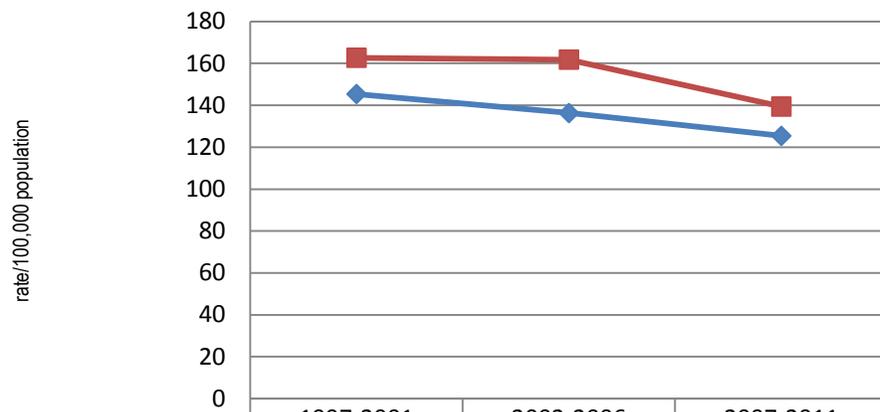
Marital Status – Health Issues – Major Problems – 2015 CHA												
	Overall		Single/ Never Married		Married		Divorced		Separated		Widowed	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Drug Abuse (prescription, illegal)	43.41	Tobacco Use	37.23	Obesity/Overweight	44.94	Drug Abuse (prescription, illegal)	46.30	Drug Abuse (prescription, illegal)	55.77	Drug Abuse (prescription, illegal)	34.15
2	Obesity/Overweight	40.30	Drug Abuse (prescription, illegal)	41.24	Drug Abuse (prescription, illegal)	44.05	Obesity/Overweight	43.52	Tobacco Use	42.31	Cancer	31.71
3	Tobacco Use	39.46	Obesity/Overweight	32.85	Tobacco Use	41.37	Tobacco Use	40.74	Alcoholism/Alcohol Abuse (T)	36.54	Tobacco Use	28.05
4	Diabetes	33.59	Teenage Pregnancy	32.12	Diabetes	37.20	Inactivity/Lack of Physical Activity	34.26			Diabetes (T)	Heart Disease (T)
5	Cancer	32.66	Cancer	31.39	Cancer	34.23	Diabetes	32.41	Obesity/Overweight	34.62	Obesity/Overweight (T)	
6	Inactivity/Lack of Physical Activity	29.55	Sexually Transmitted Diseases	29.56	Inactivity/Lack of Physical Activity	31.70	Alcoholism/Alcohol Abuse (T)	31.48	Dental Health	32.69	Diabetes	25.61
7	Alcoholism/Alcohol Abuse	27.79	Inactivity/Lack of Physical Activity	27.37	Alcoholism/Alcohol Abuse	27.23			Nutrition (T)	28.85	Cancer (T)	28.85
8	Teenage Pregnancy	27.04	Alcoholism/Alcohol Abuse (T)	27.01	Teenage Pregnancy	26.93	Mental Illness	29.63	Teenage Pregnancy (T)		Mental Illness	17.07
9	Nutrition	24.60			Diabetes (T)		Heart Disease	26.64	Cancer	28.70	Inactivity/Lack of Physical Activity	25.00
10	Heart Disease	24.10	Nutrition	24.45	Nutrition	25.89	Dental Health	25.00	Cerebrovascular Disease (T)	23.08	Lung Diseases (T)	
11	Mental Illness	23.17	Suicide	18.61	Mental Illness	24.85	Teenage Pregnancy	24.07			Heart Disease (T)	23.08
12	Cerebrovascular Disease (T)	17.88	Mental Illness (T)	18.25	Cerebrovascular Disease	19.49	Heart Disease	22.22	Lung Diseases (T)		Cerebrovascular Disease (T)	13.41
13	Dental Health (T)		Dental Health (T)			Dental Health (T)	16.52	Suicide	19.44	Mental Illness (T)		Neurological Disorders (T)
14	Sexually Transmitted Diseases	16.62	Heart Disease	17.88	Lung Diseases (T)		Sexually Transmitted Diseases	18.52	Nutrition (T)		Infectious Diseases (T)	
15	Suicide	16.29	Infectious Diseases	17.52	Suicide	15.92	Lung Diseases	16.67	Sexually Transmitted Diseases (T)	19.23	Motor Vehicle Injuries (T)	9.76
16	Lung Diseases	16.20	Motor Vehicle Injuries	16.42	Neurological Disorders	14.29	Cerebrovascular Disease	14.81	Infectious Diseases	17.31	Dental Health (T)	
17	Neurological Disorders	14.36	Cerebrovascular Disease	15.33	Sexually Transmitted Diseases	12.65	Neurological Disorders	13.89	Neurological Disorders (T)	15.38	Nutrition (T)	8.54
18	Infectious Diseases	12.59	Neurological Disorders	14.60	Infectious Diseases	10.57	Infectious Diseases	12.04	Suicide (T)		Kidney Disease (T)	7.32
19	Motor Vehicle Injuries	11.42	Lung Diseases	13.87	Motor Vehicle Injuries	9.97	Motor Vehicle Injuries	8.33	Motor Vehicle Injuries	11.54	Suicide (T)	
20	Kidney Disease	6.13	Other Injuries (poisonings, drowning)	8.76	Kidney Disease	4.46	Kidney Disease	7.41	Kidney Disease	9.62	Other Injuries (poisonings, drowning)	3.66
21	Other Injuries (poisonings, drowning)	4.79	Kidney Disease	8.39	Other Injuries (poisonings, drowning)	3.27	Other Injuries (poisonings, drowning)	3.70	Other Injuries (poisonings, drowning)	5.77	Sexually Transmitted Diseases	1.22

Stanly County & North Carolina Cancer Death/Incidence Trends

Source: North Carolina State Center for Health Statistics



Age-Adjusted Prostate Cancer Incidence Rates



	1997-2001	2002-2006	2007-2011
◆ Stanly County	145.4	136.3	125.4
■ North Carolina	162.7	161.8	139.4

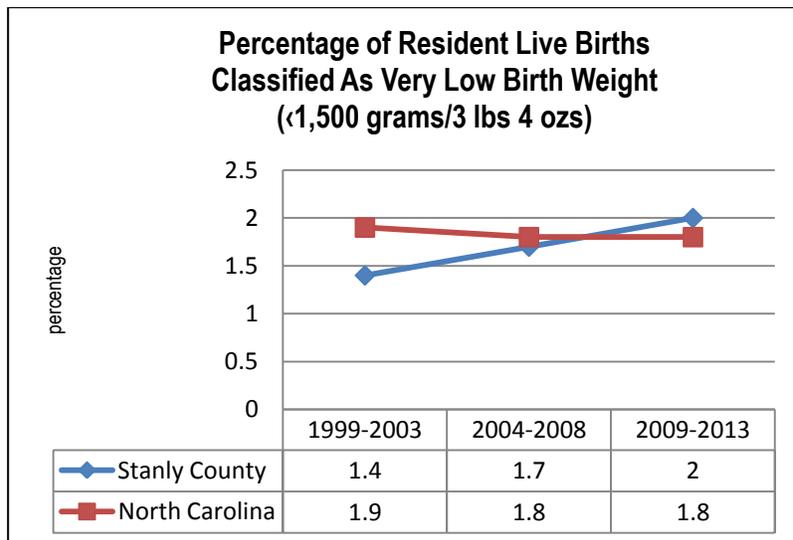
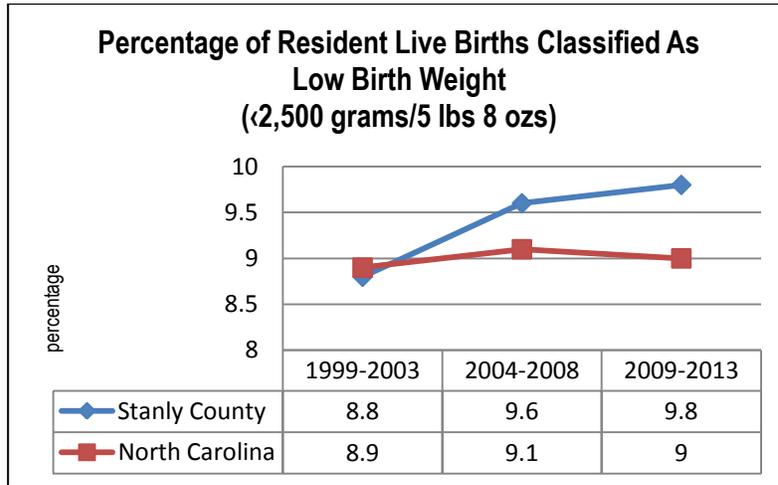
Ethnicity/Race Weight Prevalence Rates – WIC Program – CY 2012

Prevalence of Obesity, Overweight, Healthy Weight, and Underweight Children 2 through 4 Years of Age in Stanly County WIC Program by Race and Ethnicity during CY 2012									
Race	Underweight		Healthy Weight		Overweight		Obese		Total
	<5 th Percentile		≥5 th to <95 th Percentile		≥85 th to <95 th Percentile		≥95 th Percentile		
	Number	%	Number	%	Number	%	Number	%	Number
Stanly County total	23	3.9	389	66.7	94	16.1	77	13.2	583
White	13	3.1	278	65.7	73	17.3	59	13.9	423
African-American	9	6.9	93	71.0	16	12.2	13	9.89	131
Asian	1	3.8	16	61.5	4	15.4	5	19.2	26
American Indian	0	0	2	100.0	0	0	0	0	2
Native Hawaiian	0	0	0	0	1	100.0	0	0	1
Ethnicity									
Hispanic	3	2.7	67	59.8	21	18.8	21	18.8	112
Non-Hispanic	20	4.2	322	68.4	73	15.5	56	11.9	471

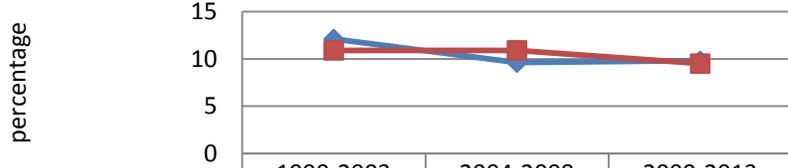
Source: North Carolina Division of Public Health, Nutrition Services Branch

Low Birth Weight Charts

Source: North Carolina State Center for Health Statistics



**Percentage of Resident Live Births
That Were Premature
(37 Weeks Gestation)**



	1999-2003	2004-2008	2009-2013
—◆— Stanly County	12.1	9.6	9.8
—■— North Carolina	10.9	10.9	9.5

Community Issues - Tables

Overall

Overall Community Issues – Major Problems – 2015 CHA	
Community Issues	%
1. Unemployment/Underemployment	38.20
2. Child Abuse & Neglect	24.35
3. Lack of/Inadequate Health Insurance	22.17
4. Bullying	21.91
5T. Domestic Violence	21.33
5T. Quality of Education (K-12)	21.33
7. Crime	18.64
8T. Access to Adult Day Care	18.30
8T. Access to Health Care Specialists	18.30
10. Racism	17.80
11. Inadequate/Unaffordable Housing	17.13
12. Homelessness	16.79
13. Lack of Recycling	15.79
14. Lack of Transportation	15.03
15. Gangs	14.53
16. Litter	14.27
17. Access to Mental Health Services	14.02
18. Access to Dental Care - Adult	13.01
19. Lack of Recreational Facilities/Programming	11.75
20. Pollution	11.59
21. Elder Abuse & Neglect	11.08
22. Access to Higher Education	10.41
23. Access to Primary Healthcare	8.73
24. Emergency Preparedness	8.14
25. Access to Quality Child Care	7.30
26. Access to In-Home Care	5.63

Zip Code

Zip Code – Community Issues – Major Problems – 2015 CHA														
Overall			East			North			South			West		
Rank	Community Issue	%	Rank	Community Issue	%	Rank	Community Issue	%	Rank	Community Issue	%	Rank	Community Issue	%
1	Unemployment/ Underemployment	38.20	1	Unemployment/ Underemployment	40.70	1	Unemployment/ Underemployment	43.39	1	Unemployment/ Underemployment	41.41	1	Unemployment/ Underemployment	24.31
2	Child Abuse & Neglect	24.35	2	Child Abuse & Neglect	26.83	2	Child Abuse & Neglect	23.28	2	Bullying	26.56	2T	Child Abuse & Neglect (T)	18.35
3	Lack of/Inadequate Health Insurance	22.17	3	Lack of/Inadequate Health Insurance	24.09	3T	Bullying	22.75	3	Domestic Violence	25.00	2T	Quality of Education (K-12)	18.35
4	Bullying	21.91	4	Quality of Education (K-12)	23.02	3T	Access to Health Care Specialists	22.75	4T	Child Abuse & Neglect	23.44	4	Lack of/Inadequate Health Insurance	17.89
5T	Domestic Violence	21.33	5	Bullying	22.56	5T	Domestic Violence	20.63	4T	Lack of/Inadequate Health Insurance	23.44	5T	Bullying	16.51
5T	Quality of Education (K-12)	21.33	6	Domestic Violence	22.41	5T	Quality of Education (K-12)	20.63	6T	Homelessness	21.09	5T	Domestic Violence	16.51
7	Crime	18.64	7	Racism	20.12	7	Lack of/Inadequate Health Insurance	19.58	6T	Inadequate/Unaffordable Housing	21.09	7	Crime	15.14
8T	Access to Health Care Specialists	18.30	8	Crime	19.97	8T	Inadequate/Unaffordable Housing	18.52	8T	Access to Adult Day Care	20.31	8	Access to Health Care Specialists	13.76
8T	Access to Adult Day Care	18.30	9	Access to Adult Day Care	19.82	8T	Racism	18.52	8T	Access to Health Care Specialists	20.31	9	Access to Adult Day Care	12.84
10	Racism	17.80	10	Homelessness	19.21	10T	Access to Adult Day Care	17.99	10	Litter	19.53	10	Inadequate/ Unaffordable Housing	11.01
11	Inadequate/Unaffordable Housing	17.13	11	Lack of Recycling	18.90	10T	Crime	17.99	11T	Crime	18.75	11	Litter	10.55
12	Homelessness	16.79	12	Access to Health Care Specialists	18.14	10T	Lack of Transportation	17.99	11T	Quality of Education (K-12)	18.75	12	Racism	10.09
13	Lack of Recycling	15.79	13	Inadequate/ Unaffordable Housing	17.99	13	Homelessness	15.34	13T	Lack of Recycling	17.97	13T	Access to Dental Care-Adult	9.63
14	Lack of Transportation	15.03	14	Gangs	17.07	14T	Gangs	13.23	13T	Racism	17.97	13T	Gangs	9.63
15	Gangs	14.53	15	Access to Mental Health Services	16.62	14T	Lack of Recreational Facilities/Programming	13.23	15T	Access to Dental Care-Adult	17.19	15	Lack of Transportation	8.72
16	Litter	14.27	16	Lack of Transportation	16.31	14T	Lack of Recycling	13.23	15T	Lack of Recreational Facilities/ Programming	17.19	16T	Access to Higher Education	8.26
17	Access to Mental Health Services	14.02	17	Litter	15.40	14T	Pollution	13.23	17	Lack of Transportation	14.84	16T	Access to Mental Health Services	8.26
18	Access to Dental Care-Adult	13.01	18	Access to Dental Care-Adult	13.57	18	Access to Mental Health Services	12.70	18	Pollution	13.28	16T	Elder Abuse & Neglect	8.26
19	Lack of Recreational Facilities/ Programming	11.75	19	Elder Abuse & Neglect	13.11	19	Access to Dental Care-Adult	12.17	19T	Access to Higher Education	12.50	16T	Homelessness	8.26
20	Pollution	11.59	20	Pollution	11.89	20	Litter	11.11	19T	Access to Mental Health Services	12.50	16T	Lack of Recreational Facilities/ Programming	8.26
21	Elder Abuse & Neglect	11.08	21	Lack of Recreational Facilities/ Programming	11.43	21	Access to Primary Healthcare	8.99	21	Gangs	11.72	16T	Pollution	8.26
22	Access to Higher Education	10.41	22	Access to Higher Education	11.28	22	Access to Higher Education	8.47	22T	Access to Primary Healthcare	10.94	22	Lack of Recycling	7.34
23	Access to Primary Healthcare	8.73	23	Emergency Preparedness	9.30	23	Emergency Preparedness	7.94	22T	Elder Abuse & Neglect	10.94	23	Access to Primary Healthcare	6.42
24	Emergency Preparedness	8.14	24	Access to Primary Healthcare	8.99	24T	Access to Quality Child Care	7.41	24	Access to Quality Child Care	7.81	24	Access to Quality Child Care	5.96
25	Access to Quality Child Care	7.30	25	Access to Quality Child Care	7.62	24T	Elder Abuse & Neglect	7.41	25	Emergency Preparedness	7.03	25	Emergency Preparedness	5.50
26	Access to In-Home Care	5.63	26	Access to In-Home Care	6.10	26	Access to In-Home Care	5.82	26	Access to In-Home Care	6.25	26	Access to In-Home Care	3.67

Gender

Community Issues – Gender - Major Problems – 2015 CHA			
Female - Community Issues	%	Male - Community Issues	%
1. Unemployment/Underemployment	38.95	1. Unemployment/Underemployment	37.16
2. Child Abuse & Neglect	26.81	2. Quality of Education (K-12)	27.52
3. Bullying	24.29	3. Lack of/Inadequate Health Insurance	20.64
4. Domestic Violence	23.09	4. Access to Adult Day Care	16.51
5. Lack of/Inadequate Health Insurance	22.65	5. Access to Health Care Specialists	16.06
6. Crime	20.24	6. Litter	13.30
7. Quality of Education (K-12)	20.13	7. Child Abuse & Neglect	12.84
8. Racism	19.15	8T. Access to Mental Health Services	12.39
9. Inadequate/Unaffordable Housing	18.93	8T. Domestic Violence	12.39
10T. Access to Adult Day Care	18.82	8T. Lack of Recycling	12.39
10T. Access to Health Care Specialists	18.82	11. Racism	11.93
12. Homelessness	18.05	12. Lack of Transportation	11.01
13. Lack of Recycling	16.63	13T. Bullying	10.09
14. Lack of Transportation	15.97	13T. Crime	10.09
15. Gangs	15.54	13T. Homelessness	10.09
16. Access to Mental Health Services	14.55	16. Inadequate/Unaffordable Housing	9.63
17. Litter	14.44	17. Access to Dental Care - Adult	9.17
18. Access to Dental Care - Adult	13.13	18. Pollution	8.72
19. Lack of Recreational Facilities/Programming	13.02	19T. Access to Higher Education	7.80
20. Pollution	12.14	19T. Gangs	7.80
21. Elder Abuse & Neglect	12.04	21T. Access to Primary Healthcare	6.88
22. Access to Higher Education	10.72	21T. Emergency Preparedness	6.88
23. Access to Primary Healthcare	9.08	23. Lack of Recreational Facilities/Programming	6.42
24. Emergency Preparedness	8.21	24. Elder Abuse & Neglect	5.50
25. Access to Quality Child Care	7.55	25. Access to Quality Child Care	5.05
26. Access to In-Home Care	5.80	26. Access to In-Home Care	3.67

Race

Races – Community Issues – Major Problems – 2015 CHA															
Rank	Overall		African American/ Black		American Indian		Asian		Caucasian/White		Hispanic/Latino		Two or More Races		
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	
1	Unemployment/ Underemployment	38.20	Unemployment/ Underemployment	51.28	Lack of/Inadequate Health Insurance	33.33	Unemployment/ Underemployment	33.33	Unemployment/ Underemployment	37.90	Bullying	26.15	Unemployment/ Underemployment	52.94	
2	Child Abuse & Neglect	24.35	Racism	31.62	Access to Adult Day Care (T)	16.67	Crime (T)	26.67	Child Abuse & Neglect	24.92	Domestic Violence	24.62	Bullying (T)	41.18	
3	Lack of/Inadequate Health Insurance	22.17	Inadequate/ Unaffordable Housing	30.77	Access to Dental Care-Adult (T)		Quality of Education (K-12) (T)		22.85	Quality of Education (K-12)	22.12	Child Abuse & Neglect (T)	23.08		Domestic Violence (T)
4	Bullying	21.91	Bullying	29.06	Access to Mental Health Services (T)		Child Abuse & Neglect (T)	20.00	Lack of/Inadequate Health Insurance	20.87		Racism (T)			21.54
5	Domestic Violence (T)	21.33	Crime	28.21	Child Abuse & Neglect (T)		Lack of Transportation (T)	20.00	Bullying		20.66	Unemployment/ Underemployment (T)	23.08	Racism (T)	
6	Quality of Education (K-12) (T)		Homelessness	27.35	Lack of Recreational Facilities/ Programming (T)		Racism (T)	20.00	Domestic Violence	16.82		Crime (T)		15.38	Crime (T)
7	Crime	18.64	Access to Dental Care-Adult	25.64	Lack of Recycling (T)		Access to Adult Day Care (T)	13.33	Access to Adult Day Care		18.38	Lack of/Inadequate Health Insurance	18.46		Homelessness (T)
8	Access to Health Care Specialists (T)	18.30	Domestic Violence (T)	24.79	Lack of Transportation (T)		Access to Dental Care-Adult (T)		13.33	Access to Health Care Specialists (T)		16.82		Access to Dental Care-Adult	18.46
9	Access to Adult Day Care (T)		Lack of/Inadequate Health Insurance (T)		23.08		Racism (T)	Access to Higher Education (T)		13.33	Lack of Recycling (T)		16.82	Homelessness (T)	
10	Racism	17.80	Lack of/Inadequate Health Insurance (T)	23.08	Racism (T)		Bullying(T)	13.33	Lack of Recycling (T)		16.82	Access to Health Care Specialists (T)		15.38	Elder Abuse & Neglect (T)
11	Inadequate/ Unaffordable Housing	17.13	Lack of Transportation (T)	23.08	Unemployment/ Underemployment (T)		Domestic Violence (T)		13.33	Litter (T)		15.68	Litter (T)		15.38
12	Homelessness	16.79	Child Abuse & Neglect	22.22	Access to Health Care Specialists		Gangs (T)	13.33		Access to Mental Health Services	15.68		Homelessness (T)	15.38	
13	Lack of Recycling	15.79	Access to Health Care Specialists (T)	21.37	Access to Higher Education		Homelessness (T)		13.33	Inadequate/ Unaffordable Housing		15.58	Inadequate/ Unaffordable Housing (T)		12.31
14	Lack of Transportation	15.03	Quality of Education (K-12) (T)		Access to In-Home Care		0	Inadequate/ Unaffordable Housing (T)		13.33	Homelessness (T)		15.47	Elder Abuse & Neglect (T)	
15	Gangs	14.53	Access to Adult Day Care	19.66	Access to Primary Healthcare		0	13.33	Racism (T)		14.23	Gangs (T)		9.23	Access to Higher Education (T)
16	Litter	14.27	Lack of Recreational Facilities/ Programming	17.95	Access to Quality Child Care		0		6.67	Lack of Transportation		14.12	Emergency Preparedness (T)		9.23
17	Access to Mental Health Services	14.02	Litter	17.09	Bullying		0	6.67		Litter	14.12		Lack of Transportation (T)	9.23	
					Crime		0			Gangs		13.40	Pollution (T)		

Races – Community Issues – Major Problems – 2015 CHA continued

Rank	Overall		African American /Black		American Indian		Asian		Caucasian/White		Hispanic/Latino		Two or More Races									
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%								
18	Access to Dental Care-Adult	13.01	Elder Abuse & Neglect	16.24	Domestic Violence	0	Lack of/Inadequate Health Insurance (T)	6.67	Lack of Recreational Facilities/ Programming	11.53	Access to Higher Education	7.69	Access to Quality Child Care (T)	11.76								
19	Lack of Recreational Facilities/ Programming	11.75	Pollution	15.38	Elder Abuse & Neglect	0	Lack of Recreational Facilities/ Programming (T)		Pollution	11.32	Access to Primary Healthcare (T)	6.15	Lack of Recreational Facilities/ Programming (T)		11.76							
20	Pollution	11.59	Access to Higher Education (T)	14.53	Emergency Preparedness	0	Lack of Recycling (T)		Access to Dental Care-Adult	11.21	Lack of Recycling (T)		6.15			Lack of Recycling (T)	11.76					
21	Elder Abuse & Neglect	11.08	Access to Quality Child Care (T)		Gangs	0	Pollution (T)		Elder Abuse & Neglect	10.28	Access to Adult Day Care (T)					6.15		Litter (T)	11.76			
22	Access to Higher Education	10.41	Emergency Preparedness (T)		Homelessness	0	Access to In-Home Care		0	Access to Higher Education	10.07							Access to Quality Child Care (T)		6.15	Quality of Education (K-12) (T)	11.76
23	Access to Primary Healthcare	8.73	Lack of Recycling (T)		Inadequate/ Unaffordable Housing	0	Access to Mental Health Services		0	Access to Primary Healthcare	8.62							Lack of Recreational Facilities/ Programming (T)			4.62	
24	Emergency Preparedness	8.14	Access to Primary Healthcare		11.97	Litter	0	Access to Primary Healthcare	0	Emergency Preparedness	7.58			Quality of Education (K-12) (T)				Emergency Preparedness (T)				
25	Access to Quality Child Care	7.30	Access to In-Home Care (T)		11.11	Pollution	0	Emergency Preparedness	0	Access to Quality Child Care	6.54	Access to Mental Health Services		3.08	Access to In-Home Care			0				
26	Access to In-Home Care	5.63	Access to Mental Health Services (T)	Quality of Education (K-12)		0	Litter	0	Access to In-Home Care	5.61	Access to In-Home Care	0	Access to Mental Health Services	0								

Education

Education – Community Issues – Major Problems – 2015 CHA																
Rank	Never Attended School/Only Kindergarten		Grades 1-8		Grades 9-11		Completed Grade 12/GED		College 1-3 Years (College/Technical School)		Community College/Technical School Degree/Certificate		Undergraduate Degree		Postgraduate Degree	
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Access to Dental Care-Adult	33.33	Bullying	30.30	Unemployment/Underemployment	27.64	Unemployment/Underemployment	36.17	Unemployment/Underemployment	39.09	Unemployment/Underemployment	34.10	Unemployment/Underemployment	46.09	Unemployment/Underemployment	49.30
2	Access to Higher Education	33.33	Child Abuse & Neglect (T)	24.24	Crime	24.39	Bullying	28.94	Child Abuse & Neglect	27.92	Lack of/Inadequate Health Insurance	24.42	Quality of Education (K-12)	28.70	Quality of Education (K-12)	29.58
3	Access to Quality Child Care	33.33			Domestic Violence (T)	23.58	Child Abuse & Neglect	25.96	Lack of/Inadequate Health Insurance	24.87	Quality of Education (K-12)	23.96	Access to Adult Day Care (T)	21.74	Child Abuse & Neglect (T)	27.46
4	Bullying	33.33	Crime (T)	21.21	Bullying	22.76	Domestic Violence	24.26	Bullying	23.35	Access to Adult Day Care	23.50			Child Abuse & Neglect (T)	Access to Adult Day Care
5	Child Abuse & Neglect	33.33	Gangs (T)		Lack of/Inadequate Health Insurance	21.95	Crime	23.83	Domestic Violence	22.84	Child Abuse & Neglect	23.04	Lack of/Inadequate Health Insurance	20.00		Lack of/Inadequate Health Insurance
6	Crime	33.33	Homelessness (T)		Child Abuse & Neglect (T)	20.33	Homelessness (T)	20.85	Crime	21.32	Bullying	22.12	Access to Health Care Specialists (T)	18.70	Access to Health Care Specialists	21.13
7	Domestic Violence	33.33	Inadequate/Unaffordable Housing (T)		Homelessness (T)	19.51			Lack of/Inadequate Health Insurance (T)	20.85	Inadequate/Unaffordable Housing	20.81			Domestic Violence	20.28
8	Emergency Preparedness	33.33	Lack of/Inadequate Health Insurance (T)		Access to Dental Care-Adult		19.51	Lack of/Inadequate Health Insurance (T)	20.43		Access to Health Care Specialists	20.30	Crime	19.35	Domestic Violence	17.39
9	Gangs	33.33	Litter(T)		Elder Abuse & Neglect	17.07	Access to Health Care Specialists	19.57		Quality of Education (K-12) (T)	19.80	Lack of Recycling	17.51	Access to Mental Health Services (T)	17.39	
10	Homelessness	33.33	Pollution (T)		Racism	16.26	Litter		19.57	Racism (T)		18.78	Inadequate/Unaffordable Housing	17.05		Bullying(T)
11	Inadequate/Unaffordable Housing	33.33	Racism (T)		Access to Health Care Specialists (T)	15.45	Racism	19.15	Homelessness	18.78	Homelessness		16.59	Lack of Recycling	13.48	Racism
12	Lack of/Inadequate Health Insurance	33.33	Unemployment/Underemployment (T)		Inadequate/Unaffordable Housing (T)		17.02	Gangs	17.45	Access to Adult Day Care	17.77	Access to Health Care Specialists	16.13	Lack of Transportation		12.17
13	Lack of Recreational Facilities/ Programming	33.33	Access to Dental Care-Adult		18.18	Lack of Transportation (T)		Pollution (T)	15.32	Access to Mental Health Services	16.75	Litter	15.67	Access to Higher Education	11.74	
14	Lack of Recycling	33.33	Access to Higher Education (T)	12.12	Litter (T)	Access to Dental Care-Adult (T)	15.32	Gangs		16.24	Gangs	15.21	Homelessness	11.30		Access to Higher Education
15	Lack of Transportation	33.33	Lack of Transportation (T)		Gangs	14.63		Elder Abuse & Neglect (T)	15.32	Lack of Recycling	15.23	Racism	14.75		Inadequate/Unaffordable Housing (T)	11.30
16	Quality of Education (K-12)	33.33	Access to In-Home Care (T)	9.09	Pollution (T)	Lack of Transportation (T)	15.32	Lack of Transportation		14.72	Elder Abuse & Neglect	13.82	Litter (T)	10.87	Crime	
17	Racism	33.33	Access to Primary Healthcare) (T)		Lack of Recycling (T)	13.82		Quality of Education (K-12) (T)	15.32	Access to Dental Care-Adult	12.69	Lack of Transportation	13.36		Crime	10.87

Education – Community Issues – Major Problems – 2015 CHA continued

Rank	Never Attended School/Only Kindergarten		Grades 1-8		Grades 9-11		Completed Grade 12/GED		College 1-3 Years (College/Technical School)		Community College/Technical School Degree/Certificate		Undergraduate Degree		Postgraduate Degree	
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
18	Unemployment/Underemployment	33.33	Lack of Recreational Facilities/ Programming (T)	9.09	Access to Higher Education	13.01	Access to Adult Day Care (T)	14.47	Lack of Recreational Facilities/ Programming	12.18	Access to Dental Care-Adult (T)	12.90	Gangs	10.00	Gangs (T)	11.97
19	Access to Adult Day Care	16.67			Lack of Recycling(T)	Quality of Education (K-12)	12.20	Lack of Recycling		14.04	Litter			11.68		
20	Access to Health Care Specialists	16.67	Access to Adult Day Care (T)	6.06	Access to Primary Healthcare (T)	9.76	Lack of Recreational Facilities/ Programming	13.62	Elder Abuse & Neglect	10.15	Access to Mental Health Services	11.52	Access to Quality Child Care (T)	6.96	Access to Dental Care-Adult	10.56
21	Access to In-Home Care	16.67	Access to Health Care Specialists (T)		Emergency Preparedness (T)		Access to Quality Child Care	11.91			Pollution	9.14			Pollution	10.14
22	Access to Mental Health Services	16.67	Access to Mental Health Services (T)		Access to Mental Health Services	8.94	Access to Primary Health Services (T)	11.49	Access to Primary Healthcare (T)	7.61	Access to Higher Education (T)	8.29	Elder Abuse & Neglect (T)	6.52	Emergency Preparedness (T)	9.86
23	Access to Primary Healthcare	16.67	Elder Abuse & Neglect (T)		Lack of Recreational Facilities/ Programming	7.32	Access to Primary Healthcare (T)		Access to Quality Child Care (T)		Access to Primary Healthcare (T)				Access to Dental Care-Adult (T)	
24	Elder Abuse & Neglect	16.67	Quality of Education (K-12) (T)		Access to Adult Day Care (T)	6.50	Emergency Preparedness (T)	6.60	Access to Higher Education (T)	6.91	Emergency Preparedness	6.09	Access to Primary Healthcare	6.09	Access to In-Home Care	6.34
25	Litter	16.67	Access to Quality Child Care (T)		Access to In-Home Care (T)		Access to Higher Education		9.79		Emergency Preparedness (T)	Access to In-Home Care	5.53	Emergency Preparedness	5.65	Access to Quality Child Care
26	Pollution	16.67	Emergency Preparedness (T)	3.03	Access to Quality Child Care	5.69	Access to In-Home Care	5.96	Access to In-Home Care	5.08	Access to Quality Child Care	4.61	Access to In-Home Care	4.35	Elder Abuse & Neglect	4.93

Age

Age – Community Issues – Major Problems – 2015 CHA															
	Overall		15-19 years		20-34 years		35-54 years		55-64 years		65-74 years		75 or older		
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Rank
1	Unemployment/ Underemployment	38.20	Crime(T)	28.07	Unemployment/ Underemployment	37.64	Unemployment/ Underemployment	39.60	Unemployment/ Underemployment	46.78	Unemployment/ Underemployment	42.11	Access to Adult Day Care (T)	20.00	1
2	Child Abuse & Neglect	24.35	Domestic Violence (T)	28.07	Bullying	25.00	Child Abuse & Neglect	28.96	Access to Adult Day Care	32.16	Child Abuse & Neglect	28.07	Litter (T)		2
3	Lack of/Inadequate Health Insurance	22.17	Unemployment/ Underemployment	26.32	Racism	23.35	Lack of/ Inadequate Health Insurance	28.47	Lack of/ Inadequate Health Insurance	23.39	Domestic Violence	27.19	Unemployment/ Underemployment	18.57	3
4	Bullying	21.91	Bullying(T)	24.56	Domestic Violence	22.80	Quality of Education (K-12)	25.99	Child Abuse & Neglect	22.81	Crime (T)	25.44	Crime (T)		4
5	Domestic Violence (T)	21.33	Homelessness (T)		Child Abuse & Neglect	21.70	Bullying	24.50	Quality of Education (K-12)	22.22	Quality of Education (K-12) (T)		Domestic Violence (T)	14.29	5
6	Quality of Education (K-12) (T)		Child Abuse & Neglect	22.81	Crime	20.88	Access to Health Care Specialists	23.76	Access to Health Care Specialists	20.47	Access to Adult Day Care	23.68	Lack of Transportation	12.86	6
7	Crime	18.64	Pollution	21.05	Lack of/ Inadequate Health Insurance	20.05	Access to Adult Day Care	21.04	Domestic Violence	19.30	Gangs	22.81	Access to Health Care Specialists	11.43	7
8	Access to Health Care Specialists(T)	18.30	Gangs	19.30	Quality of Education (K-12)	18.41	Inadequate/ Unaffordable Housing	19.55	Crime	18.71	Access to Mental Health Services	21.93	Access to Dental Care-Adult (T)		8
9	Access to Adult Day Care (T)		Lack of Recycling	15.79	Inadequate/ Unaffordable Housing	18.13	Domestic Violence	19.31	Bullying	17.54	Lack of Transportation	20.18	Child Abuse & Neglect (T)		9
10	Racism	17.80	Elder Abuse & Neglect (T)	14.04	Homelessness	17.58	Lack of Recycling	18.07	Homelessness	16.96	Homelessness(T)	19.30	Homelessness (T) Lack of/ Inadequate Health Insurance (T)		10
11	Inadequate/ Unaffordable Housing	17.13	Quality of Education (K-12) (T)		Lack of Recycling	15.93	Access to Mental Health Services	16.83	Access to Mental Health Services (T)	16.37	Lack of/ Inadequate Health Insurance (T)	19.30			11
12	Homelessness	16.79	Racism (T)		Access to Health Care Specialists	15.66	Racism	16.58	Litter (T)			Inadequate/ Unaffordable Housing (T)		Inadequate/ Unaffordable Housing (T)	
13	Lack of Recycling	15.79	Access to Higher Education (T)	12.28	Gangs	14.01	Lack of Transportation	16.34	Access to Dental Care-Adult (T)	15.79	Racism (T)	18.42	Gangs (T)	8.57	13
14	Lack of Transportation	15.03	Access to Primary Healthcare (T)		Litter	13.74	Homelessness	15.10	Racism (T)			Bullying (T)		Quality of Education (K-12) (T)	
15	Gangs	14.53	Litter (T)		Lack of Transportation	13.46	Lack of Recreational Facilities/ Programming	14.36	Lack of Recycling (T)	14.62	Lack of Recycling	17.54	Access to Mental Health Services (T)		15
16	Litter	14.27	Access to Health Care Specialists (T)	10.53	Elder Abuse & Neglect	12.64	Crime	14.11	Lack of Transportation (T)			Litter	16.67	Pollution (T)	
17	Access to Mental Health Services	14.02	Access to Mental Health Services (T)	10.53	Access to Dental Care-Adult	12.36	Gangs	13.61	Inadequate/ Unaffordable Housing	14.04	Access to Dental Care-Adult	15.79	Access to Higher Education (T)	5.71	17

Age – Community Issues – Major Problems – 2015 CHA continued

Age – Community Issues – Major Problems – 2015 CHA continued															
	Overall		15-19 years		20-34 years		35-54 years		55-64 years		65-74 years		75 or older		
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Rank
18	Access to Dental Care-Adult	13.01	Emergency Preparedness (T)	10.53	Lack of Recreational Facilities/ Programming	12.09	Access to Dental Care-Adult	13.37	Gangs	12.28	Access to Health Care Specialists(T)	14.04	Access to Primary Healthcare (T)	5.71	18
19	Lack of Recreational Facilities/ Programming	11.75	Inadequate/ Unaffordable Housing (T)		Access to Higher Education	11.81	Litter	12.62	Pollution	11.70	Elder Abuse & Neglect (T)		Access to In-Home Care (T)	4.29	19
20	Pollution	11.59	Lack of/ Inadequate Health Insurance (T)		Pollution	11.54	Access to Higher Education	11.39	Access to Higher Education (T)	9.94	Pollution (T)		Bullying (T)		20
21	Elder Abuse & Neglect	11.08	Lack of Transportation (T)		Access to Mental Health Services	9.62	Elder Abuse & Neglect	10.64	Access to Primary Healthcare (T)		Lack of Recreational Facilities/ Programming		13.16		Elder Abuse & Neglect (T)
22	Access to Higher Education	10.41	Access to Adult Day Care (T)	8.77	Access to Quality Child Care	9.34	Pollution	10.40	Elder Abuse & Neglect (T)	8.77	Emergency Preparedness	10.53	Lack of Recreational Facilities/ Programming (T)	2.86	22
23	Access to Primary Healthcare	8.73	Lack of Recreational Facilities/ Programming (T)		Access to Adult Day Care (T)	8.79	Access to Primary Healthcare	9.65	Lack of Recreational Facilities/ Programming (T)		Access to Quality Child Care	8.77	Lack of Recycling (T)		Access to Quality Child Care (T)
24	Emergency Preparedness	8.14	Access to In-Home Care	Emergency Preparedness (T)	Emergency Preparedness		9.16	Access to In-Home Care	6.43	Access to In-Home Care (T)	7.89	Access to Quality Child Care (T)	24		
25	Access to Quality Child Care	7.30	Access to Dental Care-Adult (T)	5.26	Access to Primary Healthcare	7.69	Access to Quality Child Care	6.68	Access to Quality Child Care	5.85	Access to Primary Healthcare (T)	7.89	Emergency Preparedness(T)		25
26	Access to In-Home Care	5.63	Access to Quality Child Care (T)		Access to In-Home Care	4.40	Access to In-Home Care	5.94	Emergency Preparedness	4.09	Access to Higher Education	5.26	Racism (T)		26

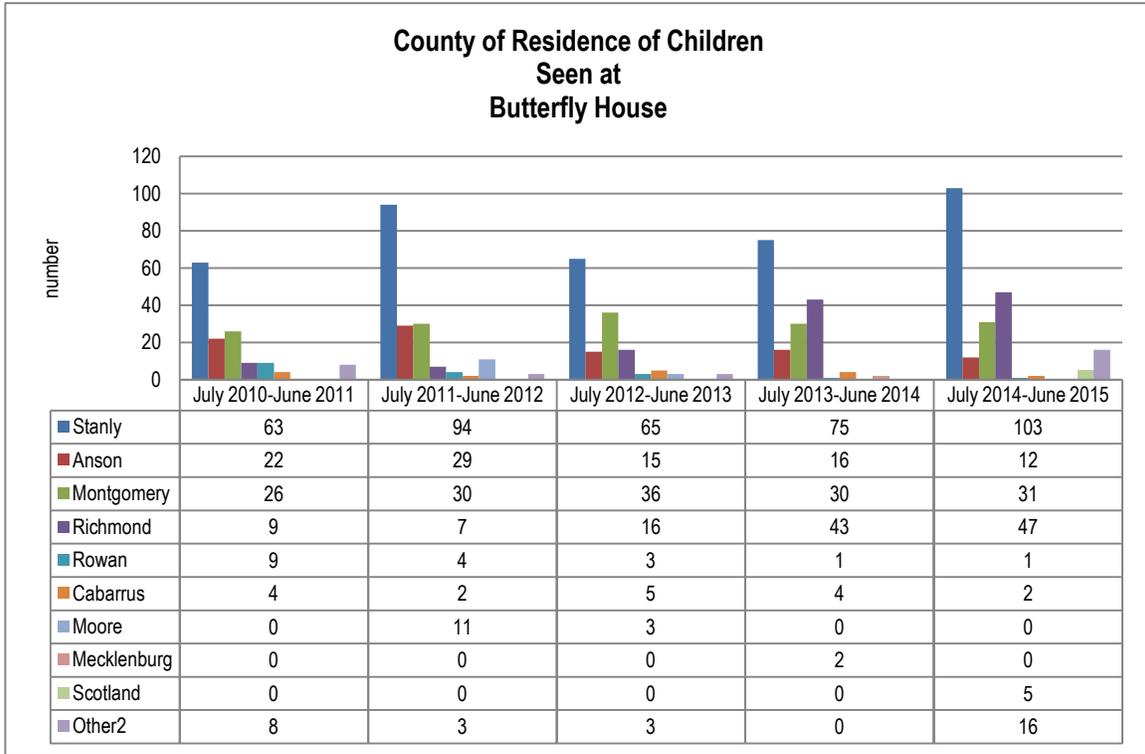
Marital Status

Marital Status – Community Issues – Major Problems – 2015 CHA												
	Overall		Single/Never Married		Married		Divorced		Separated		Widowed	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/ Underemployment	38.20	Unemployment/ Underemployment	38.69	Unemployment/ Underemployment	38.99	Unemployment/ Underemployment	43.52	Unemployment/ Underemployment	38.46	Unemployment/ Underemployment	23.17
2	Child Abuse & Neglect	24.35	Bullying	27.74	Child Abuse & Neglect	24.26	Child Abuse & Neglect	31.48	Lack of/Inadequate Health Insurance	32.69	Crime (T)	21.95
3	Lack of/Inadequate Health Insurance	22.17	Domestic Violence	27.37	Quality of Education (K-12)	23.96	Inadequate/ Unaffordable Housing	26.85	Bullying	30.77	Access to Dental Care-Adult (T)	
4	Bullying	21.91	Crime	25.55	Lack of/ Inadequate Health Insurance	21.58	Lack of Recycling	25.93	Inadequate/ Unaffordable Housing	26.92	Access to Adult Day Care	19.51
5	Domestic Violence (T)	21.33	Child Abuse & Neglect	24.45	Access to Adult Day Care	20.68	Quality of Education (K-12)	26.85	Access to Dental Care-Adult	25.00	Child Abuse & Neglect (T)	17.07
6	Quality of Education (K-12) (T)		Racism	22.63	Access to Health Care Specialists	19.79	Lack of/Inadequate Health Insurance (T)	25.00	Domestic Violence (T)	23.08	Domestic Violence (T)	
7	Crime	18.64	Lack of/Inadequate Health Insurance	22.26	Bullying	19.20	Lack of Transportation (T)		23.08		Lack of Recreational Facilities/ Programming (T)	Litter (T)
8	Access to Health Care Specialists (T)	18.30	Homelessness	21.17	Domestic Violence	18.60	Bullying (T)	23.15		21.15	Lack of/Inadequate Health Insurance	
9	Access to Adult Day Care (T)		Inadequate/ Unaffordable Housing	20.80	Racism	15.48	Domestic Violence (T)		Access to Health Care Specialists(T)		Bullying (T)	14.63
10	Racism	17.80	Gangs	19.71	Lack of Recycling	15.33	Crime (T)	22.22	21.23	Gangs (T)	13.41	
11	Inadequate/ Unaffordable Housing	17.13	Pollution	17.15	Access to Mental Health Services	14.88	Access to Adult Day Care (T)			22.22		19.23
12	Homelessness	16.79	Access to Health Care Specialists	16.79	Crime	14.43	Lack of Recreational Facilities/ Programming (T)	21.30	19.23		Homelessness	
13	Lack of Recycling	15.79	Litter (T)	16.42	Homelessness	14.29	Racism (T)			21.30	19.23	Lack of Recycling (T)
14	Lack of Transportation	15.03	Quality of Education (K-12) (T)		Lack of Transportation (T)	13.54	Access to Mental Health Services	21.30	19.23			17.31
15	Gangs	14.53	Lack of Transportation	15.33	Inadequate/ Unaffordable Housing (T)		Access to Dental Care-Adult (T)			20.37	Elder Abuse & Neglect (T)	

Marital Status – Community Issues – Major Problems – 2015 CHA continued

	Overall		Single/Never Married		Married		Divorced		Separated		Widowed	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
16	Litter	14.27	Elder Abuse & Neglect	14.96	Litter	12.65	Homelessness (T)	20.37	Lack of Transportation (T)	17.31	Lack of Recreational Facilities/ Programming (T)	10.98
17	Access to Mental Health Services	14.02	Lack of Recycling	14.60	Gangs	12.05	Access to Health Care Specialists	19.44	Access to Adult Day Care (T)	15.38	Lack of Transportation (T)	
18	Access to Dental Care-Adult	13.01	Access to Dental Care-Adult	13.50	Access to Higher Education (T)	9.82	Elder Abuse & Neglect (T)	17.59	Access to Mental Health Services (T)	15.38	Quality of Education (K-12)	9.76
19	Lack of Recreational Facilities/ Programming	11.75	Access to Higher Education	13.14	Access to Dental Care-Adult	9.67	Litter (T)		Gangs(T)		Access to Health Care Specialists (T)	8.54
20	Pollution	11.59	Emergency Preparedness	12.04	Lack of Recreational Facilities/ Programming (T)	9.23	Gangs (T)	15.74	Access to Primary Healthcare (T)	13.46	Pollution (T)	
21	Elder Abuse & Neglect	11.08	Access to Primary Healthcare (T)	11.68	Pollution (T)		Pollution (T)		Litter (T)		Access to In-Home Care (T)	
22	Access to Higher Education	10.41	Lack of Recreational Facilities/ Programming (T)			Elder Abuse & Neglect	8.04	Emergency Preparedness	12.96	Access to Quality Child Care (T)	11.54	Emergency Preparedness (T)
23	Access to Primary Healthcare	8.73	Access to Adult Day Care	10.95	Access to Primary Healthcare	7.29	Access to Higher Education (T)	10.19	Emergency Preparedness (T)	11.54	Lack of Recycling (T)	
24	Emergency Preparedness	8.14	Access to Quality Child Care	10.58	Emergency Preparedness	5.51	Access to Primary Healthcare (T)		Access to Higher Education (T)	9.62	Access to Higher Education (T)	
25	Access to Quality Child Care	7.30	Access to Mental Health Services	9.85	Access to Quality Child Care	5.36	Access to Quality Child Care (T)		Pollution (T)		Access to Primary Healthcare (T)	6.10
26	Access to In-Home Care	5.63	Access to In-Home Care	7.30	Access to In-Home Care	4.32	Access to In-Home Care	7.41	Access to In-Home Care	7.69	Access to Quality Child Care	4.88

Child Abuse Chart



Source: Butterfly House Children Advocacy Center of Stanly Regional Medical Center

End of Life Questions Tables

(% that responded "YES")

Zip Code					
Do you have:	Overall	East	North	South	West
A written will	30.56	31.10	30.16	30.47	29.36
A health care power of attorney	22.25	23.32	16.93	22.66	23.39
A durable power of attorney	18.64	19.66	13.76	18.75	19.72
A DNR/POLST*	13.60	15.24	10.58	11.72	12.39
An organ donation card	39.46	41.16	43.39	38.28	31.65

Gender			
Do you have:	Overall	Female	Male
A written will	30.56	27.24	46.33
A health care power of attorney	22.25	20.02	33.94
A durable power of attorney	18.64	15.97	31.65
A DNR/POLST*	13.60	12.36	20.18
An organ donation card	39.46	40.37	39.91

Race							
Do you have:	Overall	African American/ Black	American Indian	Asian	Caucasian/ White	Hispanic/ Latino	2 or More Races
A written will	30.56	10.26	16.67	13.33	35.31	6.15	11.76
A health care power of attorney	22.25	6.84	33.33	13.33	25.75	1.54	11.76
A durable power of attorney	18.64	5.13	16.67	13.33	21.39	1.54	17.65
A DNR/POLST*	13.60	2.56	0	6.67	15.99	1.54	5.88
An organ donation card	39.46	13.68	50.00	0	45.38	9.23	29.41

Age							
Do you have:	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
A written will	30.56	3.51	4.95	30.94	56.14	67.54	64.29
A health care power of attorney	22.25	1.75	4.12	19.80	36.84	57.89	55.71
A durable power of attorney	18.64	1.75	2.47	14.11	34.50	51.75	51.43
A DNR/ POLST*	13.60	1.75	1.65	11.63	23.39	39.47	31.43
An organ donation card	39.46	24.56	28.57	50.99	52.63	41.23	12.86

Grade Completion									
Do you have:	Overall	No School/ Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/ Technical School Degree/ Certification	Undergraduate Degree	Postgraduate Degree
A written will	30.56	0	9.09	8.94	20.00	32.49	31.34	40.43	53.52
A health care power of attorney	22.25	0	3.03	8.94	15.32	23.86	22.58	28.26	38.73
A durable power of attorney	18.64	0	6.06	6.50	12.77	21.83	18.43	21.74	34.51
A DNR/ POLST*	13.60	0	12.12	3.25	9.36	16.75	11.98	17.83	22.54
An organ donation card	39.46	0	18.18	15.45	25.96	41.62	43.78	55.22	56.34

Marital Status						
Do you have:	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
A written will	30.56	7.66	39.29	24.07	9.62	57.32
A health care power of attorney	22.25	5.11	27.68	17.59	11.54	48.78
A durable power of attorney	18.64	2.92	23.96	12.96	11.54	40.24
A DNR/ POLST*	13.60	2.55	17.41	12.96	5.77	25.61
An organ donation card	39.46	20.80	49.40	48.15	30.77	15.85

*DNR – Do Not Resuscitate/POLST – Physician Orders for Life-Sustaining Treatment

Barriers to Health & Human Services Tables

(% that responded "Yes")

Zip Code					
	Overall	East	North	South	West
Lack of health insurance	19.56	18.45	17.99	21.09	23.39
Deductible/Co-pay too high	31.74	31.25	33.86	29.69	32.57
Doctor's office does not accept my insurance or Medicaid	9.74	8.38	11.11	12.50	11.01
Lack of transportation	5.88	6.71	3.17	3.91	6.88

Gender			
	Overall	Female	Male
Lack of health insurance	19.56	19.58	16.97
Deductible/Co-pay too high	31.74	33.48	23.85
Doctor's office does not accept my insurance or Medicaid	9.74	10.72	6.88
Lack of transportation	5.88	5.80	5.05

Race							
	Overall	African American/Black	American Indian	Asian	Caucasian/White	Hispanic/Latino	2 or More Races
Lack of health insurance	19.56	29.06	50.00	26.67	15.89	49.23	35.29
Deductible/Co-pay too high	31.74	29.91	50.00	40.00	31.26	36.92	41.18
Doctor's office does not accept my insurance or Medicaid	9.74	18.80	33.33	6.67	8.41	9.23	17.65
Lack of transportation	5.88	11.97	0	26.67	4.15	10.77	23.53

Age							
	Overall	15-19	20-34	35-54	55-64	65-74	75 or Older
Lack of health insurance	19.56	15.79	32.14	18.07	10.53	8.77	8.57
Deductible/Co-pay too high	31.74	8.77	35.99	41.83	23.39	19.30	15.71
Doctor's office does not accept my insurance or Medicaid	9.74	3.51	12.91	11.14	5.85	3.51	10.00
Lack of transportation	5.88	5.26	8.24	4.70	4.09	5.26	7.14

Grade Completion									
	Overall	No School/ Kindergarten	1-8	9-11	12/GED	College 1-3 Yrs.	Community/ Technical School Degree/ Certification	Undergraduate Degree	Postgraduate Degree
Lack of health insurance	19.56	0	24.24	38.21	31.91	21.83	15.67	8.26	4.23
Deductible/ Co-pay too high	31.74	0	18.18	30.89	35.74	36.04	32.72	29.13	28.87
Doctor's office does not accept my insurance or Medicaid	9.74	0	9.09	12.20	13.19	12.18	11.98	4.78	4.23
Lack of transportation	5.88	0	9.09	17.89	8.94	6.09	1.84	1.30	3.52

Marital Status						
	Overall	Single/ Never Married	Married	Divorce	Separated	Widowed
Lack of health insurance	19.56	31.75	12.35	24.07	42.31	18.29
Deductible/ Co-pay too high	31.74	27.74	32.89	34.26	38.46	29.27
Doctor's office does not accept my insurance or Medicaid	9.74	13.14	8.33	6.48	15.38	10.98
Lack of transportation	5.88	10.22	3.42	3.70	13.46	8.54

Focus Group Questions

Health Issues

1. As you think about the ranked list of Health Issues, do any of these rankings surprise you? If so, why?
2. As you look at the top ten Health Issues on the list, are there certain issues that seem to be more critical to address in Stanly County than others? If so, why?
3. Which of the leading Health Issues and causes of death do you feel our community has the capacity and readiness to address? Why?
4. Who should be some of the key groups involved in helping address these leading Health Issues?
5. Do you have suggested strategies that you think would be effective in addressing these leading Health Issues and causes of death?

Community Issues

1. As you think about the ranked list of Community Issues, do any of these rankings surprise you? If so, why?
2. As you look at the top ten Community Issues on the list, are there certain issues that seem to be more critical to address in Stanly County than others? If so, why?
3. Which of the leading Community Issues and causes of death do you feel our community has the capacity and readiness to address? Why?
4. Who should be some of the key groups involved in helping address these leading Community Issues?
5. Do you have suggested strategies that you think would be effective in addressing these leading Community Issues and causes of death?

Data Resources

Albemarle Police Department

William I. Halliburton, Chief of Police

(Provided Albemarle Police Department drug drop box totals)

Butterfly House Children Advocacy Center of Stanly Regional Medical Center Annual Report

Amy Yow, Director

(Provides services to abused/neglected children in Stanly County and surrounding counties)

National Council on Alcohol and Drug Dependence

(Stanly County drug & alcohol incarceration data)

<https://ncadd.org/learn-about-drugs/drugs-and-crime>

N.C. Department of Agriculture & Consumer Services

(Stanly County agriculture data)

<http://www.ncagr.gov/stats/index.htm>

N.C. Department of Commerce

(Stanly County & North Carolina employment data)

<http://www.nccommerce.com/>

N.C. Department of Justice

(Stanly County crime report data)

<http://www.ncdoj.gov/Crime/View-Crime-Statistics.aspx>

N. C. Department of Health and Human Services

(Stanly County STD data)

<http://epi.publichealth.nc.gov/cd/stds/figures.html>

N.C. Department of Public Health

(Stanly County and North Carolina communicable diseases and NC-NPASS data)

<http://epi.publichealth.nc.gov/cd/figures.html>

N. C. Office of State Budget & Management

(Stanly County estimated provisional population growth data)

http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates/county_estimates.shtm

Data Resources continued

N.C. Department of Public Instruction

(Stanly County & North Carolina education data)

<http://www.ncpublicschools.org/data/reports/>

N. C. Division of Social Services

(Stanly County & North Carolina child abuse data)

<http://www.ncdhhs.gov/dss/stats/cr.htm>

N.C. State Center for Statistics

(Stanly County & North Carolina public health data
Including mortality, morbidity, chronic diseases & pregnancy data)

<http://schs.state.nc.us/SCHS/>

Oakboro Police Department

Joe E. Lowder, Chief of Police

(Oakboro DEA Drug Take Back event totals)

Passport to Fitness

Carolinas HealthCare System – Stanly Regional Medical Center

Daniel Harkey, Community Health Educator

(Stanly County Passport to Fitness obesity data)

U.S. Census Quick Facts

(Stanly County population data)

<http://quickfacts.census.gov/qfd/states/37/37167.html>

U.S. Department of Health and Human Services

(Affordable Care Act North Carolina coverage data – Stanly County)

<http://www.hhs.gov/healthcare/>

Community Resources

Agency	Access Information	Description of Service
Abused/Neglected Adults		
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 www.stanlydss.com	DSS receives and evaluates reports of abuse, neglect, or exploitation of elderly or disabled adults
Abused/Neglected Children		
Butterfly House Children Advocacy Center of Stanly Regional Medical Center	217 B Yadkin Street Albemarle, NC 28001 704-984-4625 www.stanly.org	Provides services for children suspected of being sexually abused. Services include forensic interviews, certified medical exams, treatment and access to a victim advocate. A multidisciplinary approach is utilized.
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 www.stanlydss.com	DSS is required by law to receive and investigate reports of abuse or neglect of children by parents or caretakers. Investigations of allegations of abuse or serious risk to a child are initiated within 24 hours. Referrals alleging neglect must be investigated within 72 hours.
Animals		
Stanly County Animal Control	1037 Coble Ave. Albemarle, NC 28001 704-986-3881 www.co.stanly.nc.us	Provides rabies control safety measures, trapping and sheltering dogs and cats. Adoption of stray dogs and cats. All services free except adoption and reclaiming.
Stanly County Humane Society, Inc.	650 Hwy 24/27 Bypass- East Albemarle, NC 28001 704-983-SPAY (7729) www.stanlycountyhumanesociaty.org	Non-profit animal rescue organization. Provides shots, tests, treatments, spaying/neutering and micro chipping (dogs only) to improve animals' adoptability.
Arts/Culture		
Stanly County Arts Council	116 E. North Street Albemarle, NC 28001 704-982-0908 www.stanlyarts.org	Promotes cultural and educational activities in the arts throughout Stanly County.
Stanly County Arts Guild/ Falling Rivers Gallery	Falling Rivers Gallery 1169 W. Main Street Albemarle, NC 28001 704-983-4278 www.fallingriversgallery.com	Supports established artists and nurtures beginning artists. The public is introduced to artists' works, such as pottery, jewelry, stained glass items, paintings, photography, glass blown items, etc.
Uwharrie Players	594 E. Main Street Albemarle, NC 28001 704-269-8675 (voice mail) www.uwharrieplayers.org	Non-profit organization that sponsors community theater productions.
Children		
Boy Scouts of America	32252 NC Hwy 24/27 Albemarle, NC 28001 704-982-0141 www.centralnccouncilbsa.com	Programs offered to boys 7 through 18 years of age. Programs include leadership, family, decision-making, outdoor programs, personal fitness and community service
Girl Scouts – Hornets' Nest Council	7007 Idlewood Road Charlotte, NC 28212 704-731-6500 1-800-868-0528 (toll free) www.hngirlscouts.org/	Programs offered to girls Kindergarten through 12th grade. Programs include environmental leadership, STEM (science, technology, engineering, math), healthy living and community building.

Agency	Access Information	Description of Service
Children continued		
Guardian ad Litem	Carolyn Green 201 S Second Street 2 nd Floor Stanly County Courthouse Albemarle NC 28002 704-986-7103 www.ncgal.org	Serves as a child's advocate in court.
N.C. Cooperative Extension	26032-E Newt Road Albemarle, NC 28001 704-983-3987 www.stanly.ces.ncus.edu/	Provides programs to children on health, nutrition, physical activity, food safety and 4-H activities
Stanly County Partnership for Children (Smart Start)	Stanly Commons 1000 N. First Street, Suite 8 Albemarle, NC 28001 704-982-2038 http://www.stanlypartnership.org/	Provides early childhood, ages 0-5, resources and materials; programs for parents and child care resource and referrals.
Stanly County Public Library (Main)	133 E. Main Street Albemarle, NC 28001 704-986-3755 www.stanlycountylibrary.org	Provides children's story time – Wednesday at 10:30am. Child appropriate books, movies and internet access. Summer activities offered.
Stanly County Public Library Branches	Badin – 62 Pine Street Badin, NC 28009 704-422-3218 Locust – 213 Town Centre Drive Locust, NC 28097 704-888-0103 Norwood – 23 Pee Dee Avenue Norwood, NC 28128 704-474-3625 Oakboro – 214 S. Main Street Oakboro, NC 28129	Provides child appropriate books, movies and internet access. Summer activities offered.
Stanly County Family YMCA	427 N. First Street Albemarle, NC 28001 704-982-1916 www.stanlycountyyymca.org	Community-based afterschool programs and summer camps (scholarships available). Fitness, swimming and playground facilities available.
Diseases		
Alzheimer's Association	3800 Shamrock Drive Charlotte, NC 28215-3220 704-532-7390 1-800-272-3900 www.alz.org	Non-profit organization provides support, education and resources (including clinical trials) for families dealing with Alzheimer's disease.
American Lung Association	514 Daniels Street, #109 Raleigh, NC 27605 1-919-719-9960 1-800-LUNGUSA (586-4872) www.lungusa.org/associations/states/north-carolina/	Non-profit organization whose focus is on improving lung health and preventing lung diseases through education, advocacy and research. Lung diseases include COPD, asthma, lung cancer and influenza.
American Cancer Society	Charlotte Office: 6000 Fairview Road, Suite 200 Charlotte, NC 28210 704-552-6147 www.cancer.org	Non-profit organization whose focus is on cancer prevention, education, services, resources, research and advocacy
American Diabetes Association	222 South Church Street, Suite 336M Charlotte, NC 28202 704-373-9111 1-800—DIABETES (342-2383) www.diabetes.org	Non-profit organization whose focus is on diabetes prevention, education, research and advocacy.

Agency	Access Information	Description of Service
Diseases continued		
American Heart Association/American Stroke Association	222 S. Church Street, #303 Charlotte, NC 28202-3247 704-208-5500 www.heart.org	Non-profit organization whose focus is on the prevention of cardiovascular diseases and stroke through prevention, education, treatment and research.
National Kidney Foundation	4819 Park Road, Suite C Charlotte, NC 28209-3842 704-519-0020 1-877-858-3808 (toll free) www.kidney.org	Non-profit organization whose focus is on the prevention of kidney diseases, support dialysis/transplant patients, treatment and education.
Stanly County Health Department	Stanly Commons 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-982-9171 704-986-3099 (clinic appointment line) www.co.stanly.nc.us	Public health healthcare provider that offers services that include immunizations; sexually transmitted diseases testing and treatment; HIV antibody testing and lice checks. Gynecological services (mammograms, pap smear and clinical breast exam) for women 50-64 years of age available free of charge – income eligibility.
Carolinas HealthCare System Stanly Regional Medical Center	301 Yadkin Street Albemarle, NC 28001 704-984-4000 www.stanly.org	Medical facility that provides health care services that include disease management, treatment, education and prevention. Diseases include cancer and diabetes.
Disabilities		
Albemarle Lions Club	P.O. Box 727 Albemarle, NC 28002 704-982-9184	Provides financial assistance for hearing aids or eyeglasses for income eligible Stanly County residents who are visually or hearing impaired.
GHA Autism Supports	213 N. Second Street P.O. Box 2487 Albemarle, NC 28002 704-982-9600 www.ghainc.org	Non-profit organization focused on individuals with the primary diagnosis of autism spectrum disorder by providing residential, day and community services; education, supported employment and in-home services.
Monarch	350 Pee Dee Avenue, Suite A Albemarle, NC 28001 Local - 704-986-1500 Toll free 1-800-230-7525 www.monarchnc.org	Non-profit organization whose focus is supporting those with intellectual and development disabilities, mental illness and substance abuse issues. Services include supported, supervised, or group home living; respite; family support; advocacy; counseling; DWI; substance abuse and employment support.
N.C. Division of Services for the Blind	Stanly Commons Department of Social Services 1000 N. First Street, Suite 2 Albemarle, NC 28001 704-986-2070 www.dhhs.nc.gov	Provides advocacy and equipment to assist visually impaired to live independently, job training and placement services. At office on Tuesdays and Fridays.
Vocational Rehabilitation	702 Henson Street Albemarle, NC 280901 704-982-8124 www.dvr.dhhs.state.nc.us	Provides job placement, functioning /skills assessments, guidance and counseling, restoration, training and post-employment support for those eligible. Eligibility includes physical, mental, learning disability or emotional impairment that affects employment status.

Agency	Access Information	Description of Service
Domestic Violence		
Esther House	P.O. Box 734 Albemarle, NC 28002 704-961-7502 704-961-7500 (24 hour crisis line)	Non-profit organization that provides women who experienced domestic violence or sexual assault shelter, court advocacy, safety planning, parenting training, group counseling, education and resources.
Education		
Carolina Christian School	P.O. Box 399 Locust, NC 28097 704-888-4332 www.privateschoolreview.com	Private Christian-based education for grades K-8. Affiliated with Presbyterian Church. Coed.
Christ the King Christian Academy	210 N. Ferry Avenue New London, NC 28127 704-463-7285 www.privateschoolreview.com	Private Christian-based education for grades K-9. Coed
Gray Stone Day School	49464 Merner Terrace Misenheimer, NC 28109 704-463-4332 www.graystoneday.org	Public charter high school, 9-12 grade, located on Pfeiffer University campus.
Park Ridge Christian School	312 Park Ridge Road Albemarle, NC 28001 704-982-9798 www.parkridgechristianschool.com	Private Christian-based education for grades K-8. Coed.
Pfeiffer University	48380 U.S. Highway 52 N Misenheimer, NC 28109 704-463-1360 www.pfeiffer.edu	Offers traditional undergraduate degree programs. Graduate and School of Adult Studies available on Charlotte campus. Online courses available.
Stanly Community College	Albemarle campus: 141 College Drive Albemarle, NC 28001 704-982-0121 Crutchfield campus: 102 Stanly Parkway Locust, NC 28097 704-888-8848 www.stanly.edu	Offers Associate degrees, diplomas or certificates. Online courses available.
Stanly County Head Start	405 Davis Street Albemarle, NC 28001 704-983-4742	Promotes school readiness for low income children, ages 3-5. Services include educational, nutritional, health and social.
Stanly County Schools	Stanly Commons 1000 N. First Street, Suite 4 Albemarle, NC 28001 704-961-3000 www.stanlyschools.org	Provides education opportunities, grades kindergarten through grade 12. Coed.
Emergency Preparedness		
Stanly County Emergency Management	201 S. Second Street Albemarle, NC 28001 704-986-3660 www.co.stanly.nc.us	Responsible for disaster preparedness, response and recovery in Stanly County.
Stanly County Health Department	Stanly Commons 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-982-9171 www.co.stanly.nc.us	Preparedness Coordinator works with Stanly County Emergency Management staff to develop response plans to a natural or man-made event.
Employment		
Employment Staffing, Inc.	160 N. First Street, #3 Albemarle, NC 28001 704-986-0447 www.employemnetstaffing.com	Provides workers to employers who are seeking temporary, temporary-to-permanent or seasonal employees.

Agency	Access Information	Description of Service
Employment continued		
Joblink Career Center	2215 U.S. Highway 52 N Albemarle, NC 28001 704-982-2183 www.centralinaworks.com/Website/JobLinks/Stanly/index.asp	Provides workshops, skills development, resume writing, scholarship, interview techniques and financial aid information.
NC Works	2215 U.S. Highway 52 N Albemarle, NC 28001 704-982-2183 www.ncesc.com	State agency that provides employment services, unemployment insurance and labor market information.
Staffmasters USA	1954B E. North Street Albemarle, NC 28001 704-983-3630 www.staffmasters.com	Provides workers to employers who are seeking temporary, temporary-to-permanent or seasonal employees.
Vocational Rehabilitation	702 Henson Street Albemarle, NC 280901 704-982-8124 www.dvr.dhhs.state.nc.us	Provides job placement, functioning /skills assessments, guidance and counseling, restoration, training and post-employment support for those eligible. Eligibility includes physical, mental, learning disability or emotional impairment that affects employment status.
Financial Assistance		
Gaston Community Action, Inc.-Stanly	507 Old Charlotte Road Albemarle, NC 28001 704-985-1928 www.gastonca.org	Provides funds for services that include rent, utilities, child care, clothing, tuition, medical and transportation. Assists with money management skills. Must be income eligible.
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28002 704-982-6100 www.stanlydss.com	Services include child care subsidies, emergency assistance (families with child under 21 years of age) and food stamps. Manages Medicaid or N.C. Health Choice for Children, Carolina ACCESS, and child support.
Stanly Community Christian Ministries	506 S. First Street P.O. Box 58 Albemarle, NC 28001 704-982-7915	Provides financial assistance for utilities, rent, and some medications for those who are income eligible. Also operates the food pantry, Clothing Closet and Community Tables I & II.
West Stanly Christian Ministries	100 S. Love Chapel Road Stanfield, NC 28163 704-888-6406	Provides financial assistance for food or services for the poor.
Healthcare/Urgent Care		
Albemarle Lions Club	P.O. Box 727 Albemarle, NC 28002 704-982-9184	Provides financial assistance for hearing aids or eyeglasses for income eligible visually or hearing impaired residents.
First Care Medical Clinic	1426 E. Main Street Albemarle, NC 28001 704-322-4311 http://www.firstcarecanhelp.com/	Provides comprehensive healthcare for adults and children. Services include occupational healthcare, physical and pain therapy.
First Care Medical Clinic	210 W. Main Street Locust, NC 28097 704-888-6156 http://www.firstcarecanhelp.com/	Provides comprehensive healthcare for adults and children.
Hospice of Stanly County	960 N. First Street Albemarle, NC 28001 704-982-9133 www.hospiceofstanly.org	Provides physical, emotional, and spiritual support for those with a life expectancy of six months or less. Services include nursing, counseling, respite and payment for medicine/equipment.

Agency	Access Information	Description of Service
Healthcare/Urgent Care continued		
John P. Murray Community Care Clinic	303 Yadkin Street Albemarle, NC 28001 704-984-4668 www.ncfreeclinics.org	Provides free primary medical care and medication assistance to the working poor, ages 18-64, who are residents of Stanly County. Criteria include being uninsured and having a household income of 150% of the Federal Poverty Guidelines or less.
Roy M. Hinson Cancer Center	Stanly Regional Medical Center 301 Yadkin Street Albemarle, NC 28001 704-983-8268 www.stanly.org	Provides radiation treatment to cancer patients. Northeast Oncology Associated of Albemarle located here provides chemotherapy services.
Stanly County Dental Clinic	Stanly Commons 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-986-3845 www.co.stanly.nc.us	Provides dental care for children through age of 18* on Medicaid, N.C. Health Choice or are at or below 100% of the Federal poverty level. Services include exams, cleaning, sealants and extractions. *New patients accepted 12 years old and younger.
Stanly County Health Department	Stanly Commons 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-982-9171 704-986-3099 (clinic appointment line) www.co.stanly.nc.us	Provides infant, children and adult health care; services include family planning; prenatal; immunizations; women, infant & children (WIC); pregnancy testing; sexually transmitted diseases; HIV antibody testing and lice checks.
Carolinas HealthCare System Stanly Regional Medical Center	301 Yadkin Street Albemarle, NC 28001 704-984-4000 www.stanly.org	Provides hospital services that include inpatient/outpatient surgery, rehabilitation, & behavioral health; imaging services; emergency department, disease management (including diabetes, heart disease, weight management, smoking) and health promotion services
Carolinas HealthCare System Stanly Regional Medical Center - Locust Medical Services Urgent Care	103-C Stanly Parkway Locust, NC 28097 704-888-0580	Provides services for conditions that need immediate attention. These conditions include: sprains, strains, fractures, minor cuts and burns, removal of foreign objects from the ear, nose or skin, allergies, sore throats, ear infections, colds, flu and immunizations
Homelessness/Housing		
City of Albemarle Department of Public Housing	300 S. Bell Street Albemarle, NC 28001 704-984-9580 www.ci.albemarle.nc.us	Offers public housing to low and moderate income families. Section 8 (rental assistance) available.
Community Inn	Location: 510 S. First Street Albemarle, NC 28001 704-984-6454 www.stanlycohomesofhope.org	Emergency overnight shelter (6pm-7am daily). Open to the public for those in need of temporary overnight housing. Services include meals, showers and referrals. Operated by Homes of Hope, Inc.
Gaston Community Action, Inc.-Stanly	507 Old Charlotte Road Albemarle, NC 28001 704-985-1928 www.gastonnc.org	Provides funds for services that include rent, utilities, child care, clothing, tuition, medical and transportation. Assists with money management skills. Must be income eligible.
Habitat for Humanity	1506 Hwy. 24/27 Bypass W Albemarle, NC 28001 704-985-1051 www.habitatstanly.org	Provides low income people to become home owners. Potential home owners work with community volunteers to build houses.

Agency	Access Information	Description of Service
Homelessness/Housing continued		
Homes of Hope, Inc.	Homes of Hope 1816B East Main Street Albemarle, NC 28001 704-982-3634 www.stanlycohomesofhope.org	Non-profit organization that operates a six month program for homeless families, as well as support services, advocacy and education to prevent and eliminate homelessness.
Mental Health		
Clinical and Consulting Solutions, PLLC	246 Town Centre Drive Locust, NC 28097 704-781-0029	Provides individual or family counseling. Services include assessment, stress management, grief counseling, depression/anxiety, trauma, life coaching and substance abuse
Creative Counseling & Learning Solutions, PLLC	P.O. Box 81 Badin, NC 28009 704-422-5694 (main office) 704-422-5041 (main office fax) www.creativecounselingandlearningasolutions.com	Provides counseling services for youth, children and families with interventions to assist client with emotional, behavioral, social and academic needs.
Daymark Recovery Services	Stanly Commons 1000 N. First Street, Suite 1 Albemarle, NC 28001 704-983-2117 www.daymarkrecovery.org	Provides outpatient treatment to adults and children/adolescents for substance abuse disorders and/or mental health disorders. Also provides referral and psychiatric services.
Monarch	350 Pee Dee Avenue, Suite A Albemarle, NC 28001 Local - 704-986-1500 Toll free 1-800-230-7525 www.monarchnc.org	Provides outpatient treatment to adults and/or children/adolescents experiencing substance abuse and/or mental health disorders.
Piedmont Community Operations Center/Cardinal Innovative Healthcare Solutions	245 LePhillip Court NE Concord, NC 28025 704-721-7000	Management organization of all regional mental health and substance abuse service providers. Assist with referrals, locating appropriate services and reporting concerns of quality of services.
Miscellaneous		
Partners in Health	Stanly County Health Department 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-982-9171	Stanly County health coalition where the public and agency/organization/medical/business/school/church personnel collaborate to address local health and safety concerns. All are welcomed to attend the meetings and committees. Meets every other month.
Social Security Administration	1925 E. Main Street Albemarle, NC 28001 704-982-3640 www.ssa.gov/	Assist with applications for initial entitlement to Medicare; General information about Medicare provisions; information and assistance with all Social Security related matters; applications for new/replacement Social Security cards.
Chamber of Commerce	Albemarle Office: 116 E. North Street Albemarle, NC 28002 Phone 704 982-8116 West Stanly Office: 236 Market St., Suite 130 Locust NC 28097 Phone 704-888-1116 www.stanly-chamber.org/	Offers services and information to local businesses. Networking opportunities and group purchasing discounts are provided. An advocate for economic growth, positive change and consensus-building.
Stanly County Economic Development Commission	1000 North First Street, Suite 11 Albemarle, NC 28001 Ph: 704-986-3682 www.co.stanly.nc.us	Advocate for economic development in Stanly County. Resource for businesses locating or expanding Stanly County.

Agency	Access Information	Description of Service
Miscellaneous continued		
Stanly County Public Library (Main)	133 E. Main Street Albemarle, NC 28001 704-986-3755 www.stanlycountylibrary.org	Provides children's story time – Wednesday at 10:30am. Child appropriate books, movies and internet access. Summer activities offered.
Stanly County Public Library Branches	Badin – 62 Pine Street Badin, NC 28009 704-422-3218 Locust – 213 Town Centre Drive Locust, NC 28097 704-888-0103 Norwood – 23 Pee Dee Avenue Norwood, NC 28128 704-474-3625 Oakboro – 214 S. Main Street Oakboro, NC 28129	Provides child appropriate books, movies and internet access. Summer activities offered.
United Way of Stanly County	124 E. North Street P.O. Box 1178 Albemarle, NC 28002 704-982-6916 www.stanlyunitedway.org	Local information and referral agency that financially supports 16 local agencies.
Nutrition		
Community Table I	512 South First Street Albemarle, NC 28001 704-984-6825	Serves lunch Monday – Sunday 11:30am-12:30pm
Community Table II	226 N. Kendall Street Norwood, NC 28128 704-474-9085	Serves lunch Monday – Saturday; 11:15am-1:00pm
N.C. Cooperative Extension	26032-E Newt Road Albemarle, NC 28001 704-983-3987 www.stanly.ces.ncsu.edu/	Provides programs to children on health, nutrition, physical activity, food safety and 4-H activities
Stanly County Department of Senior Services	283 N. Third Street Albemarle, NC 28001 704-986-3789 www.co.stanly.nc.us	Nutrition sites provide a nutritious mid-day meal for seniors, 60 years and older, along with daily educational and recreational programs Monday through Friday at four sites in the county (Albemarle, Locust, Oakboro and Norwood). Home delivered meals and supplemental meals available.
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 www.stanlydss.com	Determines eligibility for and enrolls people in Food Stamps program. Eligibility is based on both income and reserve limits.
Stanly County Health Department	Stanly Commons 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-982-9171 www.co.stanly.nc.us	Women, Infant, and Children (WIC) Program provides food and nutrition education to low income pregnant, postpartum, or breastfeeding women; infants and children to age five. Breastfeeding support is available from a Breastfeeding Peer Counselor or Lactation Educator.
Stanly County Schools	Stanly Commons 1000 N. First Street, Suite 4 Albemarle, NC 28001 704-961-3000 www.stanlyschools.org	Provides nutrition sites during the summer months for children 1-18.

Agency	Access Information	Description of Service
Pregnancy		
Florence Crittenton Services	1300 Blythe Boulevard Charlotte, NC 28203 1704-372-4663 www.fcsnc.org	Residential program for pregnant females (pregnant 22 weeks or more) until baby born.
Pregnancy Resource Center of Stanly County	731 W. Main Street Albemarle, NC 28001 704-983-2100 www.prcstanly.com OR www.stanlyoptions.com	Provides support, comfort and education to those experiencing an unplanned pregnancy. Services include: pregnancy testing, counseling, prenatal education, parenting classes, baby clothes and items.
Stanly County Health Department	Stanly Commons 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-982-9171 704-986-3099 (clinic appointment line) www.co.stanly.nc.us	Provides infant, children and adult health care; Women, Infant, & Children (WIC) nutrition services; prenatal care; post partum-newborn services; family planning services; case management services for Medicaid children, 0-5 years old and case management services for pregnant women
Recreation		
Albemarle Parks and Recreation Department	1816A East Main Street Albemarle, NC 28001 704-984-9560	Provides programs and facilities throughout Albemarle. Activities include swimming, sailing, disc golf, volleyball, basketball, baseball, and soccer for youth and adults including senior planning.
Morrow Mountain State Park	49104 Morrow Mountain Road Albemarle, NC 28001 Office Phone: 704- 982-4402 www.ncparks.gov	Activities include fishing, canoeing and boating on Lake Tillery and the Yadkin/Pee Dee River; hiking and horseback riding. Cabins and camping sites are available.
Stanly County Family YMCA	427 N. First Street Albemarle, NC 28001 704-982-1916 www.stanlycountyyymca.org	Programs offered include fitness, swimming, aerobics and playground facilities available. Community-based afterschool programs and summer camps (scholarships available).
Recycling/Environment		
Christ Episcopal Church	428 Pee Dee Avenue Albemarle, NC 28001 704-982-1428	Aluminum cans ONLY. Recycle locations throughout Albemarle.
Green Pieces Recycling	Albemarle, NC 28001 704-787-4610 www.greenpiecesrecycling.net	Residential and commercial curbside recycling service throughout Stanly County. Long term contracts with Albemarle and Locust. Recycles plastic bottles & jugs, wide-mouth plastic containers, rigid plastics, empty aerosol cans, milk & juice cartons, juice boxes, aluminum cans, glass bottle & jars, cereal & food boxes, cardboard boxes (flattened), magazines & phone books, metal (tin & steel) food cans, junk mail, newspaper & brown paper bags.
Stanly County Solid Waste Department – Convenient Centers	Nine locations throughout Stanly County: *Aquadale – 33235 S. Stanly School Road Norwood, NC 28128 704-474-5341 *Austin Road – 13106 Austin Road Oakboro, NC 28129 704-485-8743	Closed Wednesdays and Sundays Hours of operation 7:00am-6:00pm All sites recycle: aluminum cans, newspaper, corrugated cardboard, plastic jugs & bottles, steel cans, brown paper bags (without plastic handles), telephone books, glass bottles & jars (clear & brown - NO green), used motor oil and used oil filters.

Agency	Access Information	Description of Service
Recycling/Environment continued		
Stanly County Solid Waste Department – Convenient Centers continued	*Badin – 16 NC Hwy 740 Badin, NC 28009 704-422-5018 *Bethany – 34103 Bethany Road Albemarle, NC 28001 704-982-4713 *Charlotte Road – 26162 Newt Road Albemarle, NC 28001 704-982-2645 *Corner Store – 8126 NC Hwy 200 Stanfield, NC 28163 704-888-3620 *Millingport – 34877 Esther Road Albemarle, NC 28001 704-982-4573 *Norwood 13095 Indian Mound Road Norwood, NC 28128 704-474-3469 *Richfield – 175 High Rock Road New London, NC 28127 704-463-5404	Bethany site – office paper & cooking oil Austin, Bethany & Charlotte – anti-freeze Austin, Badin, Charlotte Road & Norwood – magazines & catalogues White goods, tires and yard debris take to City of Albemarle landfill – 40592B Stony Gap Road Albemarle, NC 28001 704-982-3302. Household Hazardous Waste collection held once a year. Items accepted include old paints, automotive products, household cleaners, computers, batteries (not car) and fertilizers.
Waste Management	1008 Old Charlotte Road Albemarle, NC 28001 704-982-1224 www.wm.com	Provides curbside solid waste (paper, plastic, and metals) collection services for residents. Residential, yard and leaf waste. Appliances – call in basis.
Senior Services		
Community Adult Respite Experience (C.A.R.E.) CARE Café	1003 Meadow Street Albemarle, NC 28001 704-986-CARE (2273) Monday - Thursday 10:00 a.m. - 2:00 p.m.	Respite care for caregivers of older adults with cognitive or physical deficits which require supervision. Provides frail older adults socialization and intellectual stimulation. CARE Cafe' also connects families with other community services that may be of assistance.
Older Adult Services in Stanly County (O.A.S.I.S.)	172 N. Second Street P.O. Box 957 Albemarle, NC 28002 704-983-6483	Provides adults, 60 and older, with services to maintain their independence. Volunteers provide services that include transportation to medical appointment, yard work, minor home repairs, grocery trips, and medicine pick-up.
Stanly County Senior Services Department	283 N. Third Street Albemarle, NC 28001 704-986-3789 www.co.stanly.nc.us	Provides services to those 60 years and older. Services include information & assistance, nutrition (congregate and home delivered meals), educational classes, family caregiver support, tax aides and Alzheimer's support group.
Substance Abuse		
Alcoholics Anonymous	106 Rock Creek Drive Albemarle, NC 28001 704-983-1123 www.aa.org	Fellowship of men and women whose goal is to help themselves and others to achieve and maintain sobriety.

Agency	Access Information	Description of Service
Substance Abuse continued		
Bridge to Recovery	7312 Hill-Ford Road Oakboro, NC 28129 704-486-0203	Free short-term Christian based transitional sober house for men and women seeking recovery from alcoholism and/or addiction. It is non-denominational and does not discriminate according to denomination or lack of religious conviction.
Clinical and Consulting Solutions, PLLC	246 Town Centre Drive Locust, NC 28097 704-781-0029	Provides individual or family counseling. Services include assessment, substance abuse, stress management, grief counseling, depression/ anxiety, trauma and life coaching.
Daymark Recovery Services	Stanly Commons 1000 N. First Street, Suite 1 Albemarle, NC 28001 704-983-2117 www.daymarkrecovery.org	Provides outpatient treatment to adults and children/adolescents for substance abuse disorders and/or mental health disorders. Also provides referral and psychiatric services.
Monarch	350 Pee Dee Avenue, Suite A Albemarle, NC 28001 Local - 704-986-1500 Toll free 1-800-230-7525 www.monarchnc.org	Provides outpatient treatment to adults and/or children/adolescents experiencing substance abuse and/or mental health disorders.
Narcotics Anonymous	*Monday, Wednesday & Friday meetings @ 7:00pm Christ Episcopal Church 428 Pee Dee Avenue Albemarle, NC 28001 *Monday & Wednesday at 7:00 pm Saturday at 8:00 pm E.E. Waddell Community Center 612 E. Wall Street Albemarle, NC 28001 Helpline: 704-640-6488 www.crna.org	Community-based group counseling that assists those with (any) drug and/or alcohol addiction achieve and maintain sobriety.
Piedmont Community Operations Center/ Cardinal Innovative Healthcare Solutions	245 LePhillip Court NE Concord, NC 28025 1-800-939-5911	The management organization of all regional mental health and substance abuse service providers. Assist with referrals, locating appropriate services, and reporting concerns of quality of services.
Transportation		
B & G Taxi	1970 E. Main Street, Suite 7 Albemarle, NC 28001 704-982-8114	Provides taxi services.
Stanly County Umbrella Services (SCUSA)	Stanly Commons 1000 N. First Street, Suite 15 Albemarle, NC 28001 704-982-3790 www.co.stanly.nc.us	Provides community transportation services. Services are available on a first come/first serve basis. Schedule ride at least 24 hours in advance. Vehicles available to serve disabled.
Veterans Services		
W.G. (Bill) Hefner VA Medical Center	1601 Brenner Avenue Salisbury, NC 28144 704-638-9000 1-800-469-8262 www.salisbury.va.gov/	Services include the following primary health care, mental health, caregiver support, advanced low vision, extended care and rehabilitation, pharmacy, research, social work, specialty care, and women's health.
Stanly County Veteran's Service Office	Stanly Commons 1000 N. First Street, Suite 6 Albemarle, NC 28001 704-986-3694 www.co.stanly.nc.us	Provides assistance to veterans, their dependents and survivors, apply for benefits and programs. Coordinates the claims process with the NC Division of Veterans Affairs & Veterans Administration

