



Montgomery County Community Health Assessment 2020

Montgomery County Department of Health
Troy, North Carolina

FirstHealth Montgomery



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Executive Summary

Vision

The shared vision of the Montgomery County Department of Health (MCDH) and its Community Partners is to improve the quality of life of Montgomery County citizens by enhancing their capacity to be healthy. MCDH and its Community Partners conducted the Community Health Assessment (CHA) with several end goals in mind:

- Understand the status of health in the County – what are the Leading Causes of Death, what diseases and conditions are prevalent and where do people get their health care.
- Understand the health and wellness obstacles and needs of the citizens. Calculate their perception of current services.
- Assess the effectiveness of communication between individuals and the health and wellness providers.
- Compare the current status to that of the past with an eye toward altering processes and improving communication in order to affect real change.
- Measure the equity of services and processes.
- Evaluate the position and strength of the County, MCDH and the Community Partners to obtain the necessary funding to make the changes and additions that will improve the capacity of its citizens to be healthy.

Leadership and Partnerships

The historic and ongoing affiliation of the Montgomery County Department of Health and its Community Partners, including FirstHealth, creates a core group of leaders that continually work to improve the health and quality of life of Montgomery County citizens. This core group has stepped-up to lead past CHAs and other efforts to evaluate, modify and improve health and wellness in the County. The core group again provided the leadership, and the muscle, to execute the 2020 CHA. The fact that a full CHA with appropriate documentation was accomplished during an unprecedented pandemic that drastically altered the day-to-day functionality and substantially increased the workload of all the partners is a testament to the fact that the core leadership is committed and the partnership is strong. Some of the challenges of the pandemic and resulting staff changes/losses is reflected in the Process included in this report. The CHA Work Group which represents most of the Community Partners is also provided in the following table:

Work Group Member	Organization
Craig Jones	Town of Troy Mayor
Bridgette V. Bennett	Better Together Montgomery
Tawanda Bennett	Why Not Me Services
Kimberly Burger	Department of Health, Public Health Educator
Deandra Chambers	Purpose By Design
Annie Dara	FirstHealth School Health Centers
Roxanne Elliott	FirstHealth Community Health
Chrissy Haynes	Cooperative Extension
Pamela Munger	Sandhills Center
Debbi Musika	Montgomery County Partnership for Children
Rhonda Peters	Cooperative Extension
Dottie Robinson	Board of County Commissioner
Amy Santos	FirstHealth Community Health
Karina Sedano	Esther House

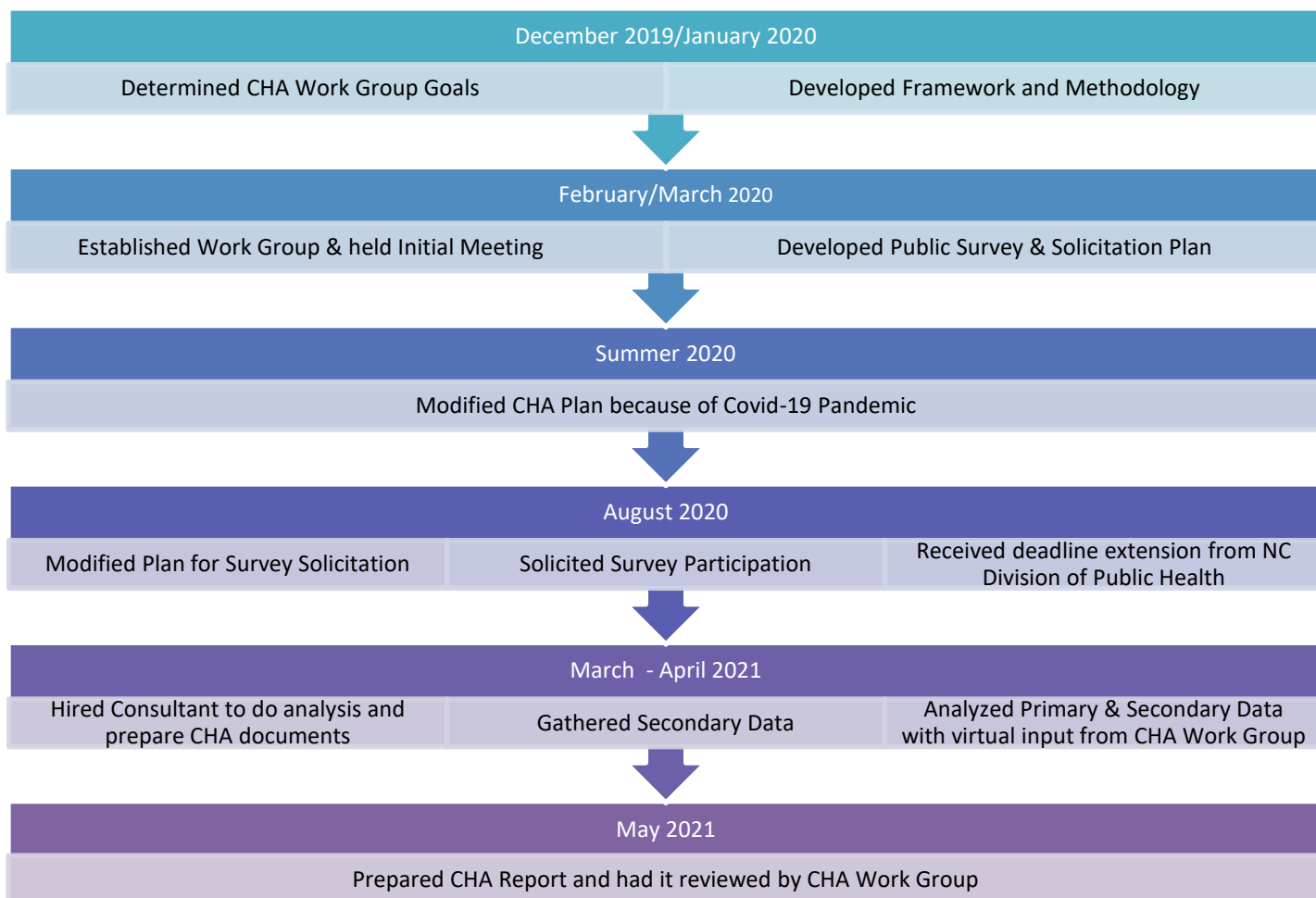
Regional/Contracted Services

Montgomery County Department of Health (MCDH) contracted with the consulting firm Leverage & Development, LLC to assist in the analysis of the data and in the development of the CHA report and appendices. The contractor worked under the direction of MCDH. The contractor has worked with several other counties in North and South Carolina on CHAs or CHNAs including: Anson County, NC (2012, 2016, 2020), Rowan County, NC, Union County, NC, Spartanburg County, SC and Cherokee County, SC.

Theoretical Framework/Model

The 2020 CHA was performed in accordance with the guidelines and recommendations from the NC Division of Public Health. The MAPP (Mobilizing for Action through Planning and Partnerships) was used in a modified form. Modifications were done to comply with Covid-19 guidelines from the CDC and the NC Division of Public Health. Modifications primarily impacted the collection of public input because survey solicitation, focus groups and meetings could not be done in person.

Collaborative Process Summary



Key Findings

Diseases of the Heart is the Leading Cause of Death in the County at a Rate that is 108.1 points higher than the #3 Cause of Death.

It is 7.9 points higher than Cancer the #2 Leading Cause of Death.

Several prevalent health conditions & behaviors contribute to *Diseases of the Heart* including:

- > Hypertension
- > Obesity
- > Diabetes
- > Nutrition
- > Cardiovascular Disease
- > Lack of Physical Activity

Mental Health / Substance Abuse was seen as a major health problem and unhealthy behavior by the Public Survey participants.

Rate of Opioid Emergency Department visits has increased by 110.8 points since 2010.

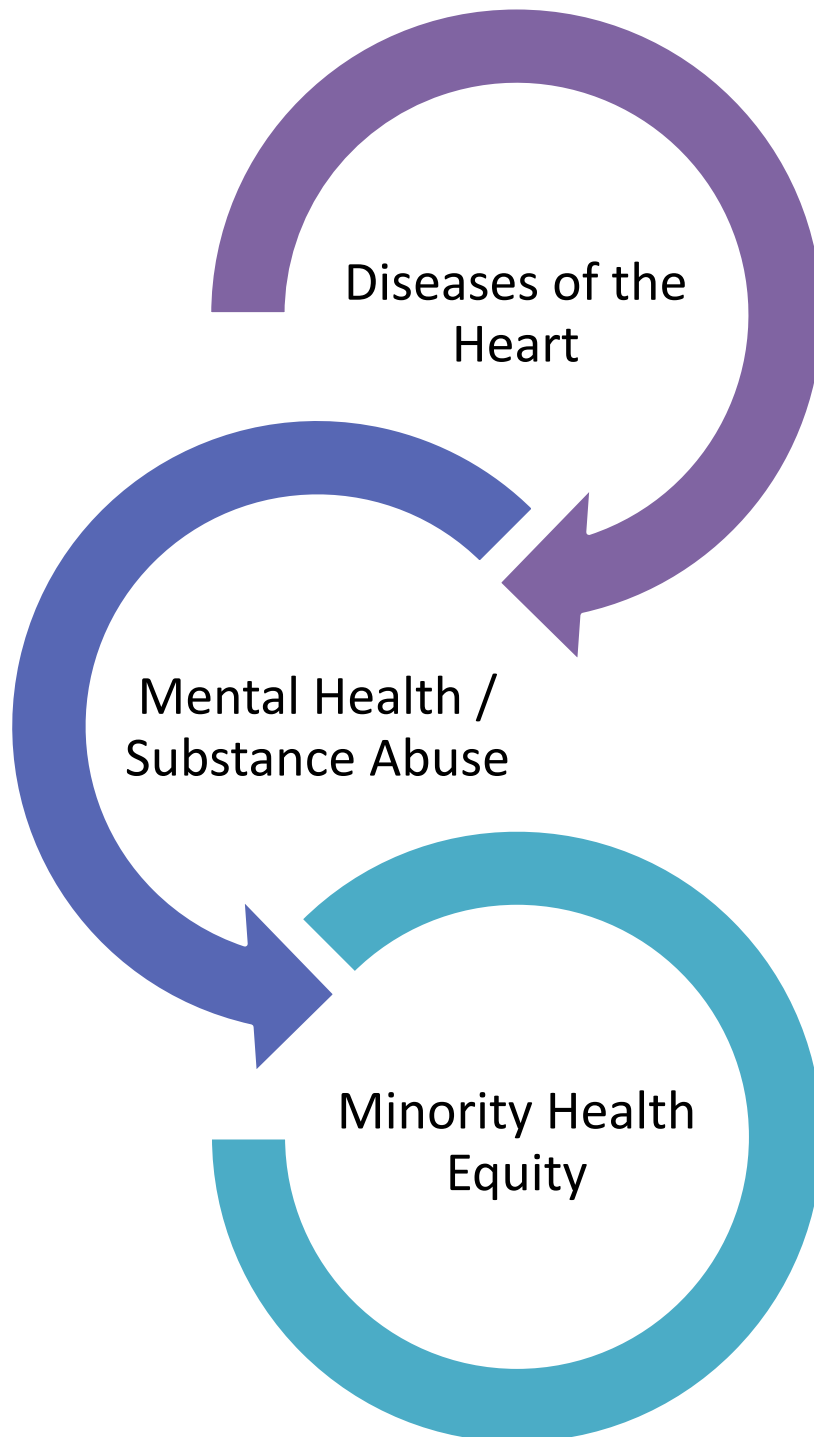
Life Expectancy of minorities has consistently been lower than whites since 2012.

Percentage of deaths in several "Leading Causes" is extremely disproportionate to the percentage of Race/Ethnic population:

- > Kidney Disease
- > Diabetes
- > Cancer
- > Homicides
- > Unintentional Injuries

Health Priorities

Three priorities were selected based on the data collected through the CHA and considering the Healthy North Carolina 2030 Health Indicators/Targets. Care was made to be certain the priorities not only matched the data findings and the priorities of the State, but also position Montgomery County to capitalize on State and local funding and resources.



Diseases of the Heart – Priority

Diseases of the Heart were chosen as a priority not only because it is the Leading Cause of Death in the County, but also because of the following:

- It moved from the second Leading Cause of Death in the 2016 CHA to the first in 2020.
- It has increased in females.
- It impacts Blacks/African Americans by a greater percentage than whites even though it is the #2 Leading Cause in Blacks/African Americans.
- It is caused or worsened by other health factors and unhealthy behaviors that can be changed/improved/treated.
- It not only has the potential to shorten life, it also diminishes Quality of Life.
- It is related to (affects/causes or is impacted by) several of the Healthy NC 2030 Health Indicators and the Desired Results:
 - Increase physical activity
 - Improve access to healthy food
 - Reduce overweight and obesity
 - Increase life expectancy

Mental Health / Substance Abuse – Priority

Mental Health and Substance Abuse as a combination were chosen as a priority because of the following factors:

- Both of these impact many other health and quality of life issues such as:
 - Employment barrier
 - Maternity complications and Infant health/mortality
 - Traffic accidents and fatalities
 - Violent Crime increase
- Both have consistently been an issue for many years.
- They are often intertwined and must be addressed simultaneously.
- Mental Health was chosen as the 3rd most important Health Problem in the County. (#1 Obesity/Overweight and #2 Diabetes are addressed in the previous priority – Diseases of the Heart)
- Since 2010 there have been significant increases in the Rate of Unintentional Opioid Overdose Deaths and the Rate of Opioid Overdose Emergency Department/Room Visits. The Rate of Emergency Department/Room visits has increased 110.8 points since 2010.
- Participants in the CHA Public Survey said that 3 of the top 4 Unhealthy Behaviors listed in the survey are related to Substance Abuse:
 - #1 Illicit Drug Abuse
 - #3 Prescription Drug Abuse
 - #4 Drunk Driving
- They are related to (affects/causes or is impacted by) several of the Health NC 2030 Health Indicators and the Desired Results:
 - Improve child well-being
 - Decrease drug overdose deaths
 - Decrease excessive drinking
 - Improve birth outcomes
 - Improve access and treatment for mental health needs

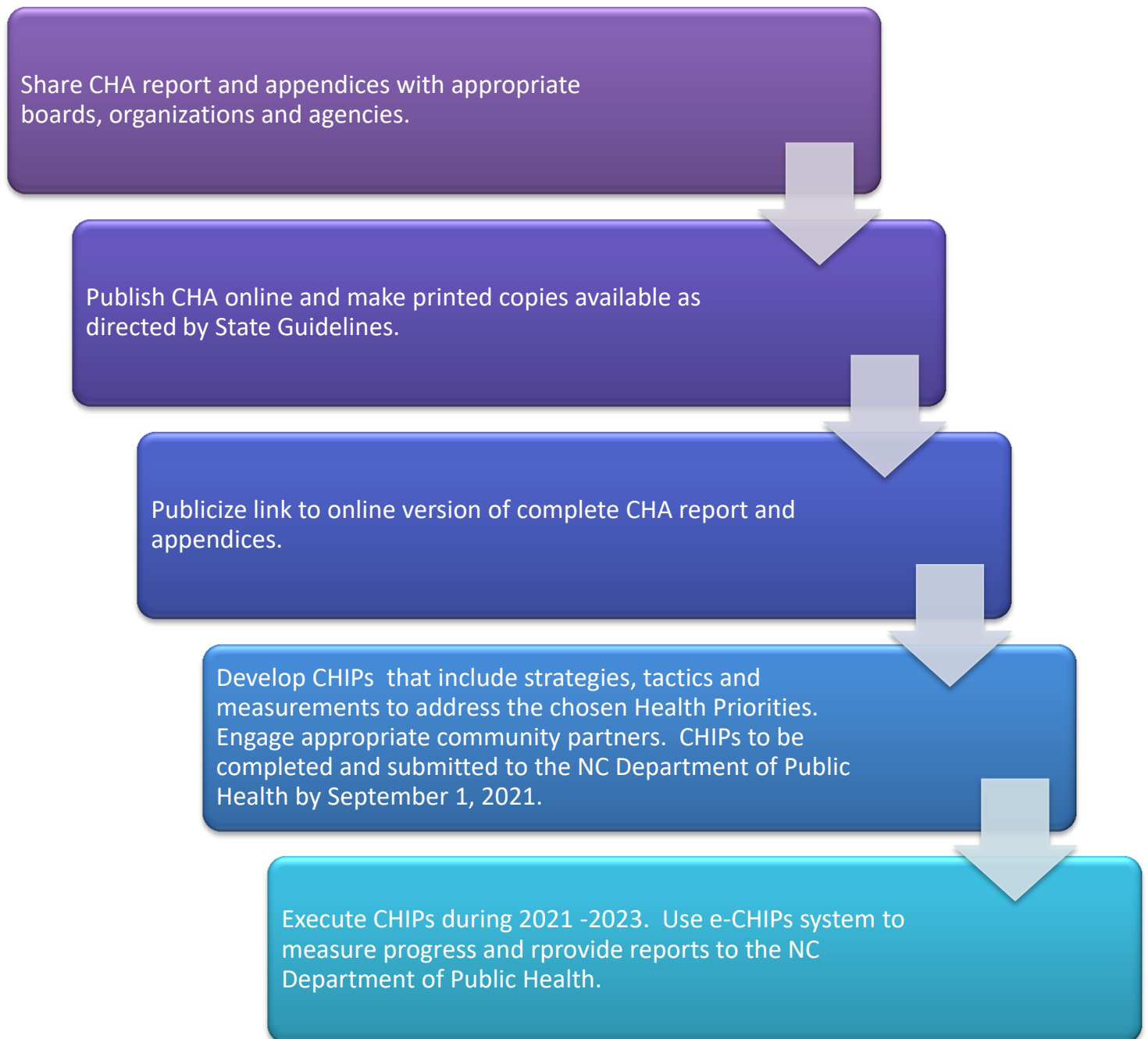
Minority Health Equity – Priority

One of the chosen priorities to be addressed during the following three years is Minority Health Equity. This issue was chosen as a priority in part because of the statistical data collected during the CHA process. Another factor in choosing this as a priority was the input and insight from a group of Key Informants that due to their professional positions and involvement with minorities in the County are aware of factors that cause or perpetuate inequities.

Following are the primary factors influencing the choosing of this issue as a priority:

- The high percentage of minority deaths in several *Leading Causes of Death* compared to the percentage of minority population percentages.
- The high percentage of incident rate for minorities in some diseases and health conditions compared to the percentage of minority population percentages.
- Cultural norms that hamper access to and use of health care, as shared by Key Informants.
- They are related to (affects/causes or is impacted by) several of the Health NC 2030 Health Indicators and the Desired Results:
 - Improve child well-being
 - Reduce overweight and obesity
 - Improve birth outcomes
 - Decrease infant mortality
 - Increase life expectancy

Next Steps



Overview

Introduction

This document is the presentation of data collected and analyzed during a Community Health Assessment (CHA). The document also includes comparisons: to peers and the State, between public opinion and statistical data, and between history and the present.

The North Carolina Division of Public Health requires that local Health Department's lead an effort in their community (county) to conduct a comprehensive CHA every 3 or 4 years. The CHA and resulting documentation provide the foundation for community health improvement. This foundation includes:

- An assessment of the current state of health.
- Appropriate data comparisons to peer counties and the State of North Carolina.
- Determination of priorities on which to concentrate.
- Data that can be used by organizations, agencies and efforts to improve the Health and Wellness of County citizens.

The 2020 CHA was conducted in compliance with recommendations and guidance from the NC Division of Public Health including the collection of personal opinion. A modified version of the MAPP (Mobilizing for Action through Planning and Partnerships) was used. Modifications to the MAPP were necessary because of the restrictions and workload caused by the Covid-19 Pandemic. The restrictions included the inability to conduct in-person meetings, focus groups and solicitation of public survey participation. The workload of many professionals that are normally very involved in the conducting of the CHA limited their availability; Covid-19 testing, treatment, vaccinations, and mediation took precedence over all other activities.

The Health Indicators and 2030 Targets of Healthy North Carolina were used as guiding factors in determining priorities. An outside consultant, Leverage & Development, LLC was contracted to assist in data analysis and preparation of the CHA documentation (report and appendices).

The Montgomery County Department of Health (MCDH) formed a CHA Work Group to advise and assist in the execution of the data collection and analysis and the determination of priorities on which to focus community health improvement over the next three years. Following are the members of the CHA Work Group.

Work Group Member	Organization
Craig Jones	Town of Troy Mayor
Bridgette V. Bennett	Better Together Montgomery
Tawanda Bennett	Why Not Me Services
Kimberly Burger	Department of Health, Public Health Educator
Deandra Chambers	Purpose By Design
Annie Dara	FirstHealth School Health Centers
Roxanne Elliott	FirstHealth Community Health
Chrissy Haynes	Cooperative Extension
Pamela Munger	Sandhills Center
Debbi Musika	Montgomery County Partnership for Children
Rhonda Peters	Cooperative Extension
Dottie Robinson	Board of County Commissioner
Amy Santos	FirstHealth Community Health
Karina Sedano	Esther House

Process

Following is an outline of the CHA process steps. Also noted are the obstacles posed by the Covid-19 pandemic and unavoidable employee changes at Montgomery County Department of Health (MCDH).

CHA Process



December 2019 MCDH began planning to establish the CHA team.

January 2020 the Department of Health determined the advisory group and meeting dates and determined the framework and methodology

In February 2020 MCDH:

- Formulated a plan to conduct the CHA.
- Established the CHA Work Group.



Early February and Early March meetings of CHA Work Group were held to:

- Look over the Public Survey used in 2016 and provide suggested changes.
- Suggest methods, places, and means for soliciting Public Survey solicitation.
- Coordinate collection of Primary Data (survey questions, solicitation targets, etc.) with the CHNA done by FirstHealth in 2018 (published in 2019)



The Public Survey was prepared and made available to gather public input:

- 2016 survey was modified to reflect input from the CHA Work Group.
 - Online and paper versions were developed.
 - CHA Work Group gave final approval.

In mid March, the NC Governor ordered shut downs due to Covid-19 and health care resources were redirected to testing, tracking and treating Covid-19. This resulted in the following changes to the CHA Process:

- Meetings of the CHA Work Group would have to be virtual.
- Solicitation of participation in the Public Survey would have to be done through Social Media and Email, no in-person solicitation could take place as it had been done during past CHAs. In the past the in-person solicitations had been the best method for the majority of the surveys collected.
- Participation by CHA Work Group in survey solicitation and other activities was drastically limited because Covid-19 efforts took precedent over all other activities.

- Solicitation of Public Survey participation began in August 2020 using the following methods:

- Link to the online survey was placed on the MCDH web page of the County website.
- Solicitation to MCDH clinic patients using paper copies was done for 3 months.
- County policy prohibited MCDH from having a social media presence including Facebook; however, the MCDH Health Educator and several other MCDH Staff solicited participation in the online survey through their personal Facebook pages and social media presence. These staff members used the chain method by asking their social media connections to “pass on” the link to the online survey.
- An email chain was begun by MCDH Staff, CHA Work Group members and CHA Community Partners. Each person sent an email request to their Montgomery County contacts asking them to complete the online survey and to pass on the request to their Montgomery County contacts.
- Community Partners and CHA Work Group members were asked to publicize the Public Survey on their web pages, in meetings and through other contacts with Montgomery County citizens.



Due to the redirection of time and effort to addressing Covid-19 and to the loss of the MCDH Staff member responsible for coordinating the CHA, much of the activities and efforts normally performed during a CHA were

delayed or postponed until the situation became more normalized as the pandemic abated. It was understood that additional public input might be required as an initial step in any CHIP (Community Health Improvement Plan) that resulted from the CHA. It was a consensus that the Primary and Secondary data along with information from other recent studies would provide adequate indicators to determine priorities.



An extension until June 1, 2021 for submission of the full CHA report obtained from the NC Division of Public Health.



Conducted Key Informant interviews to insure adequate public input from the African American population.

- Interviewed several Black/African American leaders, including members of the Better Together Montgomery team. These Key Informants provided observations on the equity of healthcare in the County for minorities.
- All interviews were conducted by phone because of the Covid-19 Pandemic restrictions and concerns.



The directory of Health and Wellness Resources was developed by updating and verifying the 2016 Directory with the assistance of the CHA Work Group



Analysis and summarizations were done on the public input from the Public Survey.
This information was shared with the CHA Work Group.



Results of four other health and wellness related public surveys was used to supplement the responses from the Montgomery County CHA Public Survey. The other surveys were:

- Better Together Montgomery Brutonville Community Survey
- Better Together Montgomery Peabody Community Survey
- Health Equity Survey done by MCDH through Hispanic churches
- FirstHealth 2018 CHNA



Secondary statistical data was gathered based on CHA Guidelines as follows:

- NC Division of Public Health provided data from US Census and North Carolina State sources.
- Consultant pulled data from County Health Rankings and additional State and national sources.



Because of continued restrictions and work load due to Covid-19 a virtual method was used to facilitate participation of the CHA Work Group in the determination of priorities and the development of the CHA report.

The CHA Work Group was asked to provide input through an online questionnaire to facilitate the determination of priorities and determine if additional, more in-depth secondary data was needed. Information provided to the CHA Work Group to aid in their virtual priority setting exercise included the following:

- A Data Book composed of primary and secondary data (this is included as an addendum in the CHA report).
 - A report addendum of primary and secondary data related to Social Determinants of Health.
 - Public Survey results.

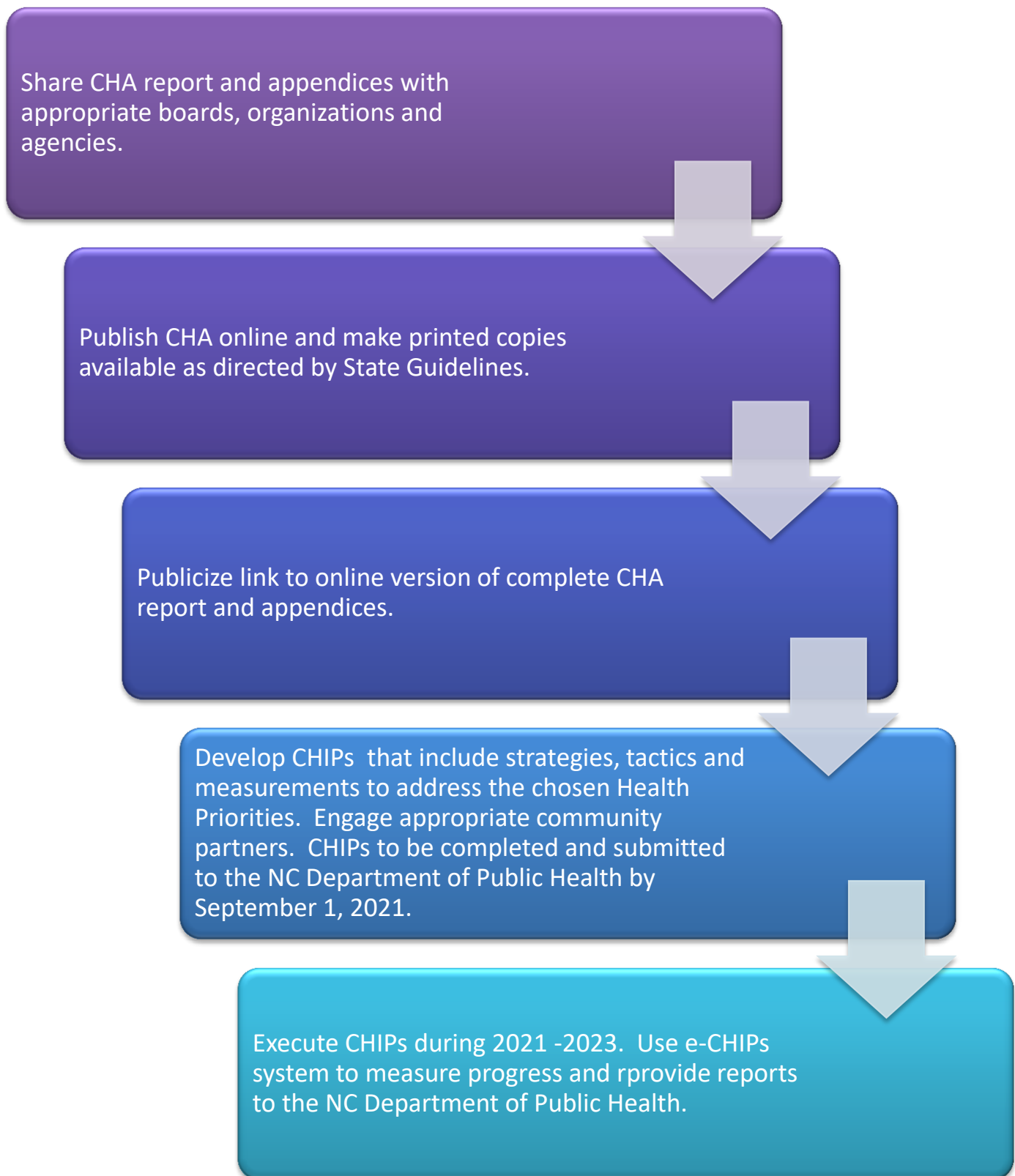


The additional data identified as needed by the CHA Work Group was gathered and the priorities were set.



A draft of the report was prepared and shared with the CHA Work Group for editing and revisions. Feedback was provided by the Work Group. The final report was completed and readied to be reviewed by the appropriate local boards and entities before it was submitted to the NC Division of Public Health.

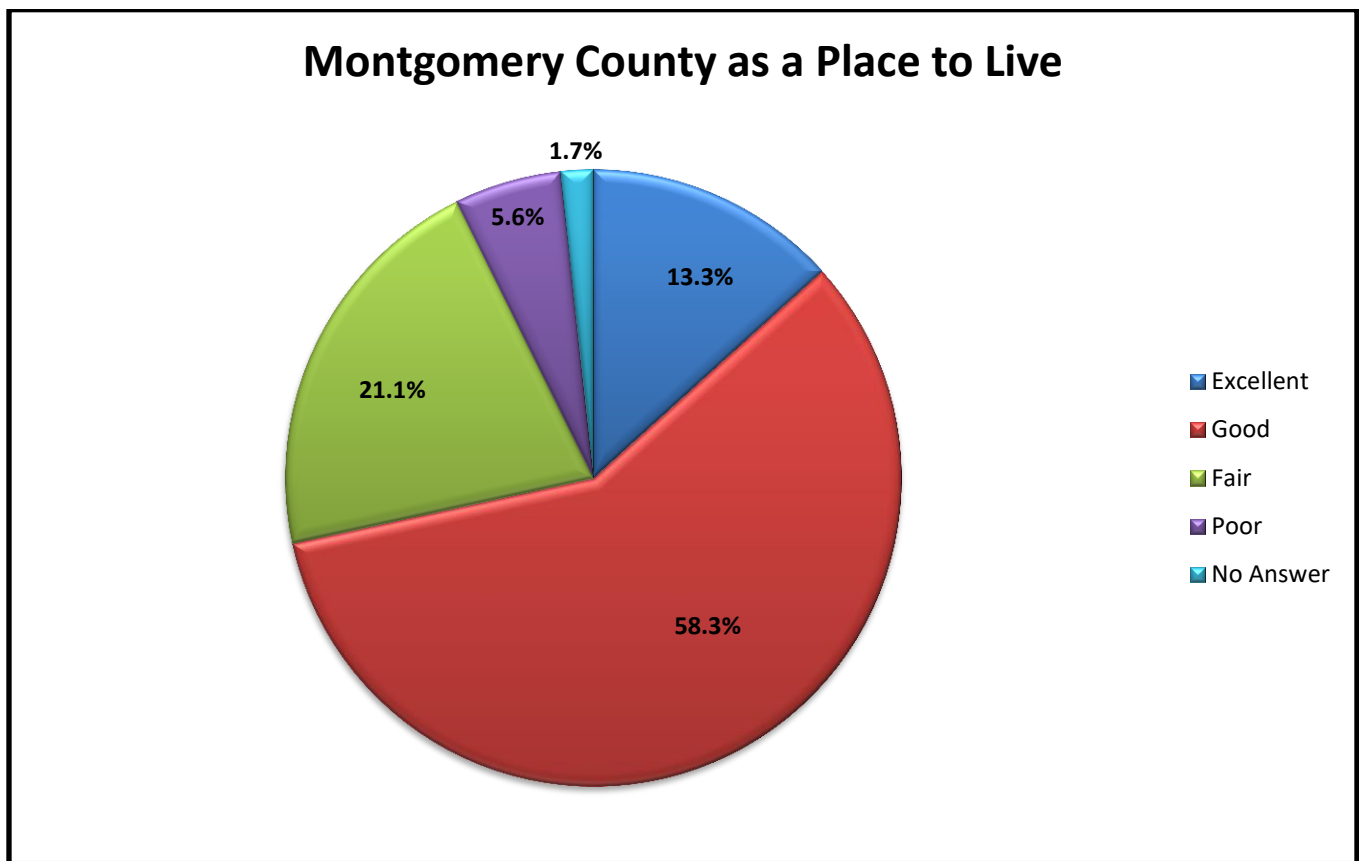
Next Steps



County Description

Montgomery County is located in the Southern Piedmont region of North Carolina and is the exact geographic center of the State. The County seat is Troy; there are four other incorporated towns/cities: Mt. Gilead in the southeast corner of the county and Star, Biscoe and Candor located along I-73/I-74 near the western border of the County. Approximately two-thirds of the county acreage (50,000 acres) is included in the Uwharrie National Forest. The County is surrounded by six counties: Randolph, Davidson, Stanly, Anson, Richmond and Moore. The area includes many rivers, lakes, mountains and woodlands that provide opportunities for physical activity and attract outdoor enthusiasts.

In the Public Survey of the Community Health Assessment participants were asked “Thinking about your community, what kind of place is it to live?” The following graph shows the responses of participants.



Economics & Population

The Montgomery County population and its demographics have not changed much since the 2016 Community Health Assessment was done. There has been improvement in some of the economic factors. In the following graphics, data about the current population along with some historical statistics are provided. The 2019 American Community Survey (US Census Bureau) 5-year average is the source of the data.

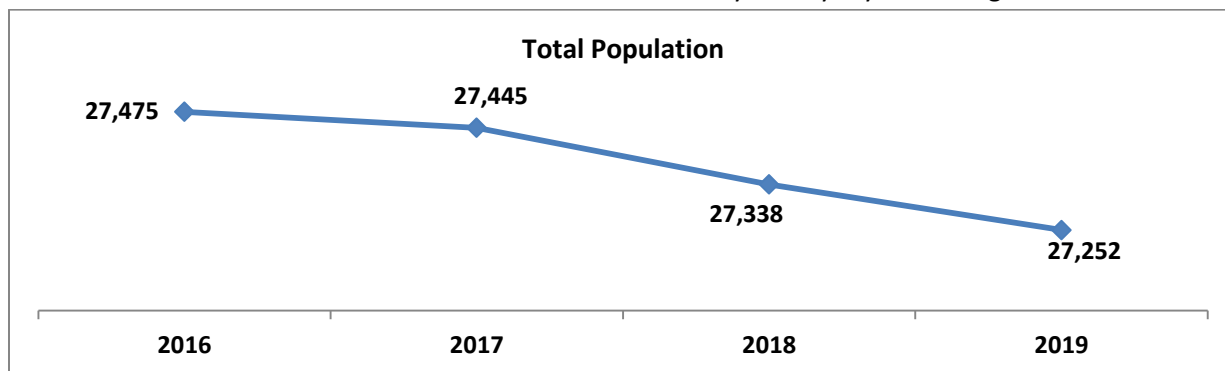
Factor	At Time of 2016 CHA	For 2020 CHA
Total Population	27,475	27,252
Black Alone population	18.8%	17.6%
White Alone population	76.6%	75.6%
Hispanic Ethnicity population	15.1%	15.4%
Male Population	48.1%	49.0%
Female Population	51.9%	51.0%
Median Household Income	\$34,819	\$44,146
Families below poverty level	16.4%	11.5%
Households that received Food Stamps/SNAP	20.0%	14.1%
Percentage of Families with Female Householder, no husband present	12.7%	27.8%
Households below poverty level with related children under age 18	29.7%	20.3%
Unemployment Rate	8.8%	4.0%

All statistics are from the 2016 and 2019 American Community Survey (ACS) 5-year averages of the US Census Bureau.

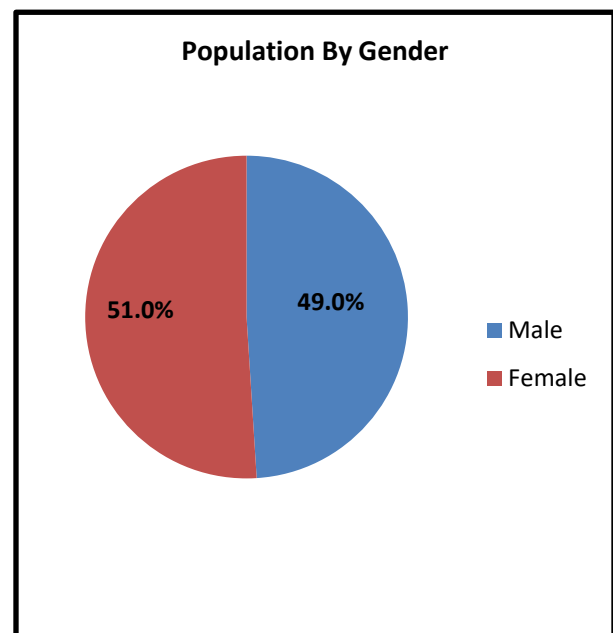
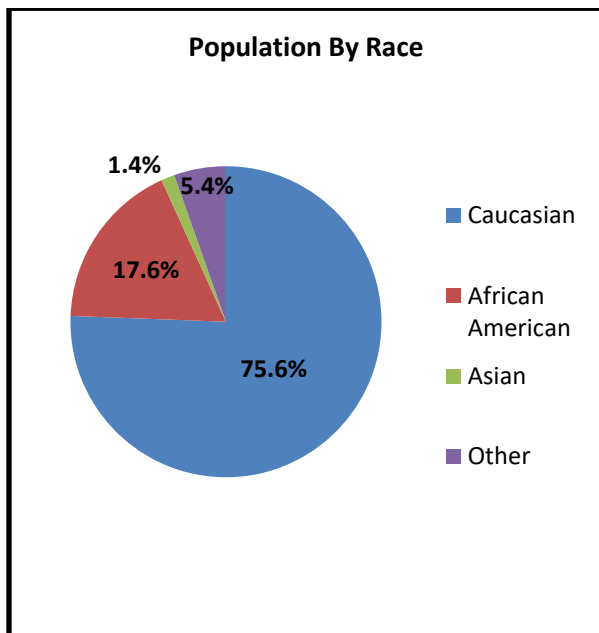
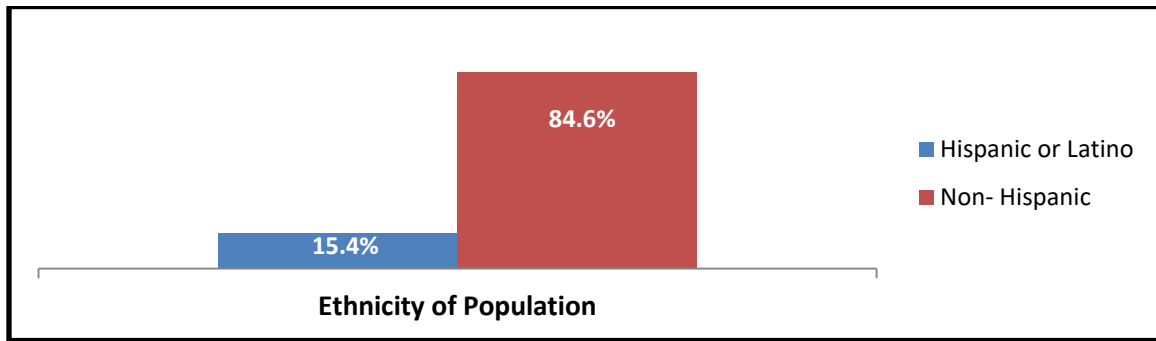
Total Population
27,252

\$44,146
Median Income

The total population in of Montgomery County has been gradually decreasing. The following graph shows the decrease from 2016 to 2019 based on data from the 2019 American Community Survey 5-year average.



The following graphs show the percentage of County population by Race, Gender, Ethnicity and Age Group.

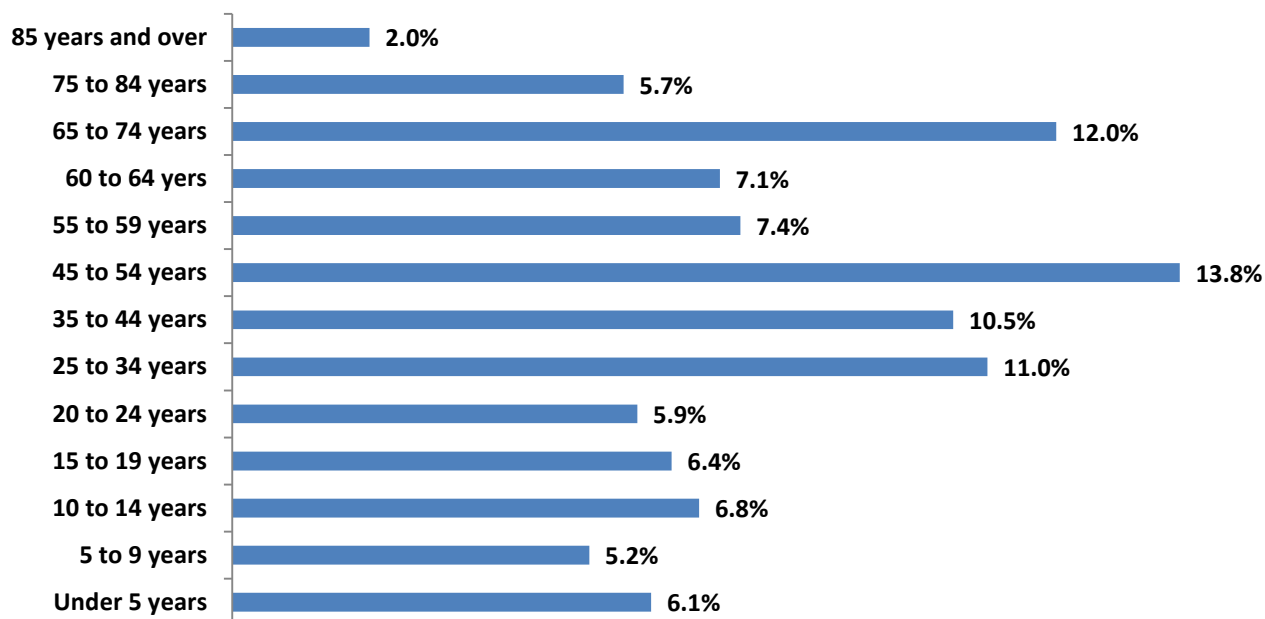


The following table provides a comparison of the Race, Gender and Ethnicity of Montgomery County's population with the populations of its peer counties.

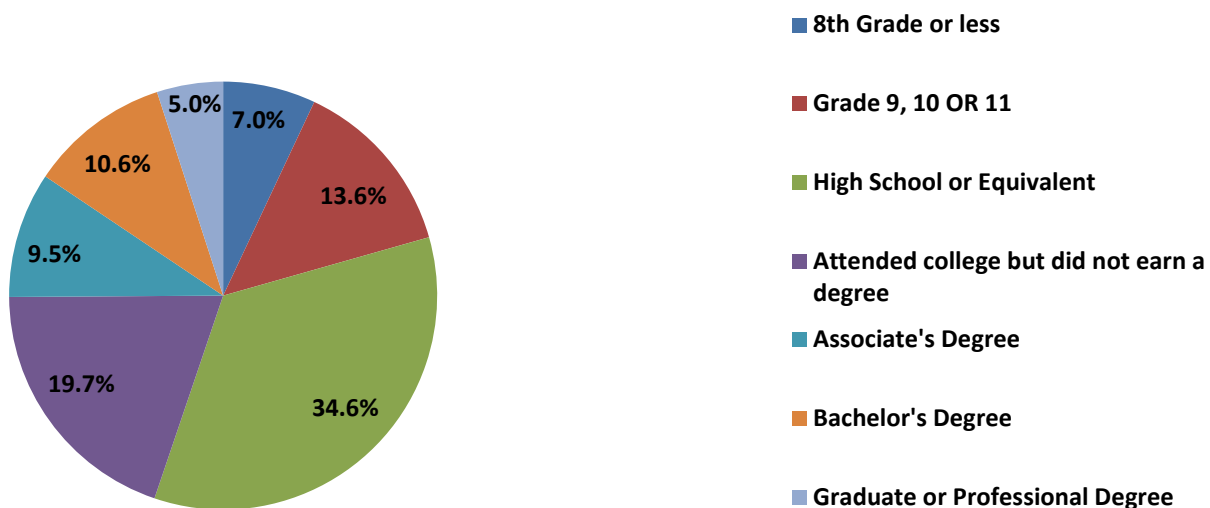
County	Total Population	Male	Female	African American	Caucasian	Other Race	Hispanic
Anson	24,902	52.4%	47.6%	48.6%	47.8%	3.6%	4.0%
Montgomery	27,252	49.0%	51.0%	17.6%	75.6%	6.8%	15.4%
Richmond	44,999	49.0%	51.0%	31.9%	61.7%	6.4%	6.5%
Scotland	35,076	49.3%	50.7%	38.9%	43.7%	17.4%	3.0%
Stanly	61,588	49.8%	50.2%	11.4%	83.6%	5.0%	4.2%

Note: Montgomery County has more than double the percentage of Hispanic population than all of its peer counties.

Population By Age Group

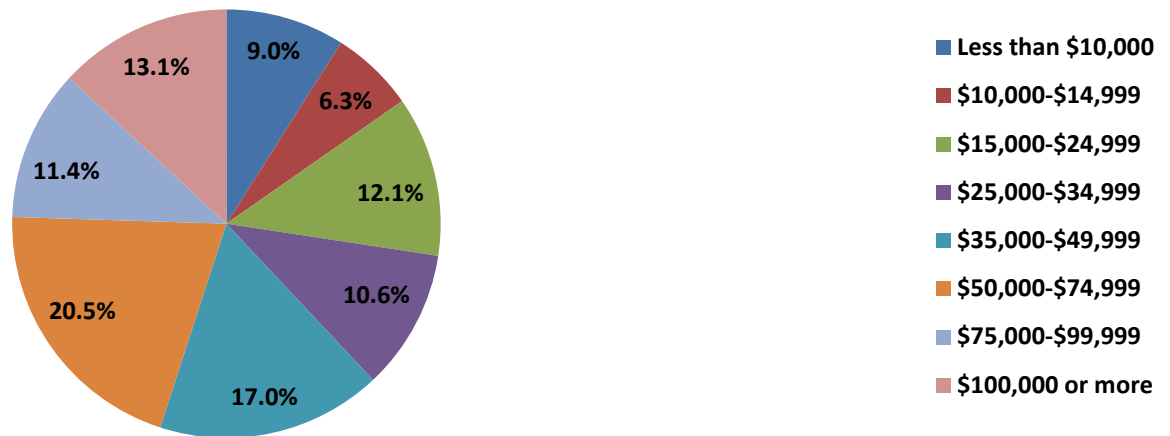


Census Education Level Distribution



All statistics are from the 2016 and 2019 American Community Survey (ACS) 5-year averages of the US Census Bureau.

Census Income Range Distribution



The following chart compares some key economic factors of Montgomery County to those of its peer counties. *[The data in this table is from the 2018 5-year average in the American Community Survey (ACS) of the US Census Bureau, therefore, the Montgomery County percentages may be different from some previous graphics which are from the 2019 ACS 5-year estimate.]*

This data also presents a picture of the economics of the geographic area in which Montgomery County is located.

County	Total Households	Median Household Income	Percentage of Households With Food Stamp/ SNAP in past 12 months	Percentage of Families With Income Below Poverty Level past 12 months	Percentage of Families with Female Householder, no husband present
Anson	9,516	\$39,126	21.9%	16.1%	40.7%
Montgomery	10,411	\$42,346	15.1%	14.5%	34.7%
Richmond	18,546	\$36,091	25.5%	19.8%	37.5%
Scotland	13,113	\$35,617	27.3%	24.5%	51.4%
Stanly	23,717	\$49,590	14.1%	10.1%	34.5%
State	3,918,597	\$45,208	13.2%	11.2%	13.1%

This table provides a more finite look at poverty by age range. The data is from the 2019 ACS 5-year estimate.

	Poverty Percentage by Age Groups					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Montgomery County	24.7%	27.8%	23.1%	18.4%	12.2%	11.2%
State of North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Community

Participants in the CHA Public Survey were asked: ***What community issues do you consider to have the greatest impact on the overall quality of life in Montgomery County? Please choose up to five from this list.***

The following table provides the percentage of participants who said a Community Issue has a great impact on the overall quality of life in the County.

Community Issue	Percentage	Rank
Low income/poverty	56.1%	1
Child neglect and abuse	41.7%	2
Affordability of health services	38.9%	3
Availability of healthy family activities	33.3%	4
Availability of positive teen activities	31.1%	5
Availability of healthy food choices	29.4%	6
Lack of/inadequate health insurance	28.3%	7
Availability of child care	25.0%	8
Lack of recreational facilities	20.6%	9
Domestic violence	20.0%	10
Inadequate/unaffordable housing	19.4%	11
Racism	18.3%	12
Unemployment	15.6%	13
Dropping out of school	15.0%	14
Lack of health care providers	11.1%	15
Literacy	11.1%	16
Human trafficking	7.2%	17
Lack of culturally appropriate health services	5.6%	18
Sexual assault	4.4%	19
No Answer	3.9%	20
Pollution	2.2%	21
Other	2.8%	N/A

The County Health Rankings & Roadmaps provides indicators on health and factors that impact health for all counties in the United States. On the following pages are some of indicators that aid in understanding Montgomery County as a *Community*.

The County Health Rankings & Roadmaps is a Robert Wood Johnson Foundation program of the University of Wisconsin Population Health Institute that works to improve health outcomes for all and to close the health disparities between those with the most and least opportunities for good health. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. They provide a starting point for change in communities. Quoted from <https://www.countyhealthrankings.org/>



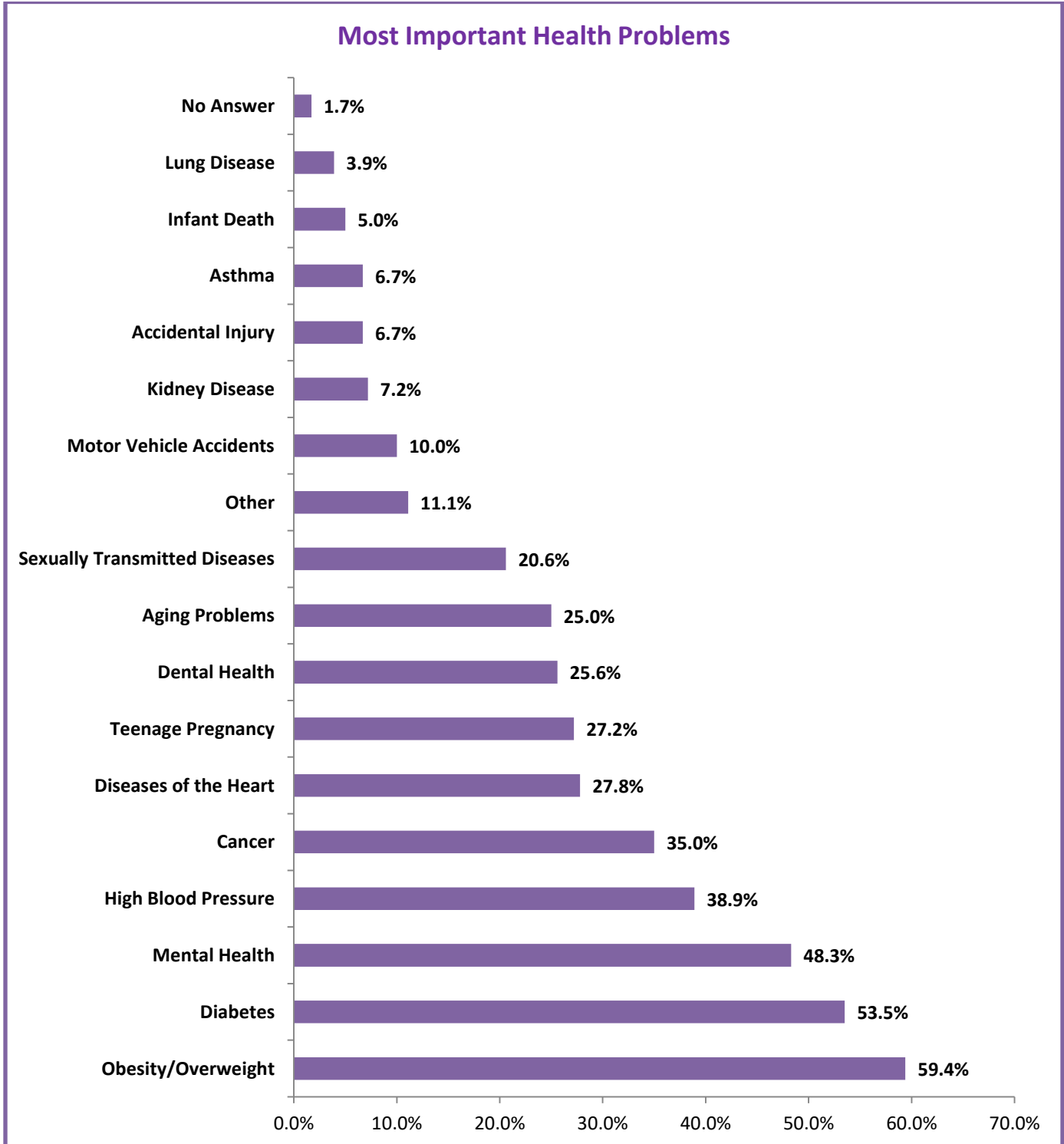
Additional details on these and other indicators are included in the *Data Book* and *Social Determinants of Health* appendices of this document.

**A Complete Directory of
*Health and Wellness
Resources*
in Montgomery County
is provided in an appendix
on Page 233 of this
document.**

Health Data

Health Problems According to CHA Public Survey

The chart below provides the percentage of Public Survey participants that said a Health Problem is one of the most important in Montgomery County. Participants were allowed to choose up to 5 problems.



Only 2 problems
were seen as major
by 50% or more:
Obesity/Overweight
Diabetes

Mental Health as
the 3rd highest
ranked problem
ranked higher than
13 physical health
problems.

8 problems were
ranked as major by
less than 25% (one-
fourth) of the
survey participants

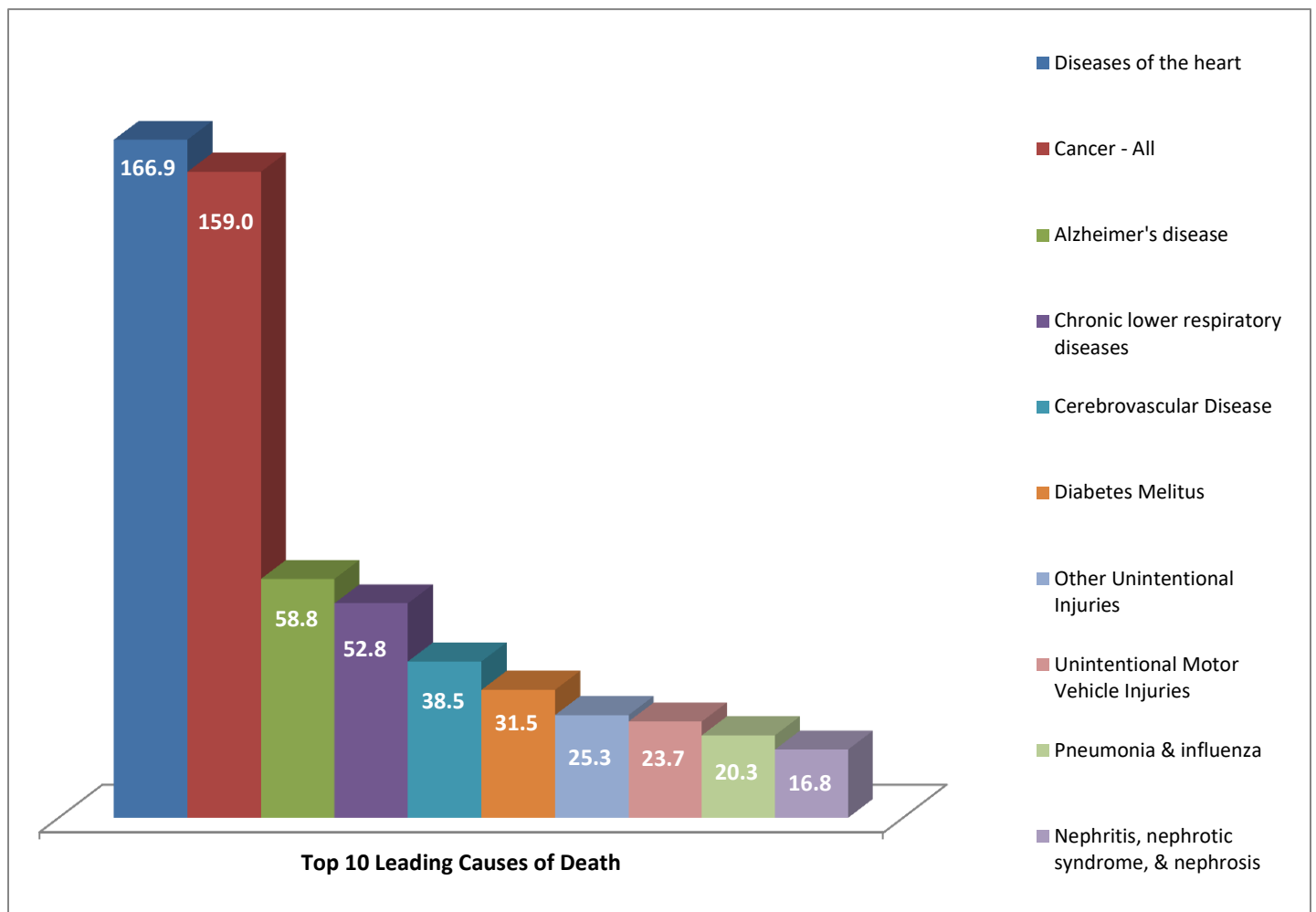
There is not a strong consensus on what
the major health problems are because
no problem was seen as major by more
than three-fourths (75%) of the survey
participants.

Only 1.2% of survey participants did not answer the question about major health problems.

8.9% of survey participants said that a Health Problem other than those listed in the survey was a major problem. Of those who checked “other” the following responses were provided:

- Drug Use/Substance Abuse – 56.3%
- Covid-19 – 25.1%
- Stress/Anxiety – 6.2%
- Not able to afford health insurance or health care – 6.2%
- People killing people – 6.2%

Causes of Death



Source: North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>

The graph above shows the top 10 Leading Causes of Death in Montgomery County.

There is a drastic difference in the Death Rate of the top 2 causes compared to the other 8 causes.

- Diseases of the Heart the #1 cause is 108.1 points higher than the #3 cause, Alzheimer's disease.
- Cancer the #2 cause is 100.2 points higher than the #3 cause, Alzheimer's disease.

Two of the Top 10 Leading Causes of Death are not necessarily related to health problems or conditions:

- Other Unintentional Injuries - #7
- Unintentional Motor Vehicle Injuries - #8

Below is a table that shows the top 15 *Leading Causes of Death* and compares them to the opinions on major health problems as expressed by the CHA Public Survey participants.

Rank	Age- Adjusted Causes of Death in Montgomery County 2014 - 2018	Number of Deaths	DEATH RATE Per 100,000 population	Most Important Health Problems according to CHA Public Survey
	CAUSE OF DEATH:	1,486	809.3	N/A
	TOTAL DEATHS --- ALL CAUSES			
1	Diseases of the heart	306	166.9	#6
2	Cancer - All Types	309	159.0	#5
3	Alzheimer's disease	108	58.8	#9 (Aging Problems)
4	Chronic lower respiratory diseases	104	52.8	#17 (Lung Disease)
5	Cerebrovascular disease	73	38.5	Not asked
6	Diabetes mellitus	61	31.5	#2
7	Other Unintentional injuries	40	25.3	#14 (Accidental Injury)
8	Unintentional Motor Vehicle Injuries	33	23.7	#12 (Motor Vehicle Accidents)
9	Pneumonia & influenza	37	20.3	Not asked
10	Nephritis, nephrotic syndrome, & nephrosis	32	16.8	#13 (Kidney Disease)
11	Septicemia	24	12.2	Not asked
12	Suicide	19	N/A	#3 (Mental Health)
13	Chronic Liver Disease and Cirrhosis	18	N/A	Not asked
14	Homicide	8	N/A	Not asked
15	Acquired Immune Deficiency Syndrome (AIDS)	2	N/A	Not asked

Source: North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>

Causes of Death #12 through #15 did not have an adequate number of deaths in the 2014 – 2018 period to compute a reliable Death Rate. The number of deaths is provided in the table above.

Cause of death varies by Race, Ethnicity and Gender. The graphics on the following page provide the top ten causes of death by these demographics. All data in the following tables are from the North Carolina County Health Data Book – 2020 from the NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>.

Leading Age-Adjusted Causes of Death by Race.

White/Caucasian			Black/African American	
Cause of Death	Number of Deaths	Rank	Cause of Death	Number of Deaths
Diseases of Heart	244	1	Cancer	69
Cancer	234	2	Diseases of Heart	56
Chronic Lower Respiratory Diseases	90	3	Diabetes	22
Alzheimer's Disease	87	4	Alzheimer's Disease	21
Cerebrovascular Disease	58	5	Nephritis, Nephrotic Syndrome, and Nephrosis	14
Diabetes	39	6	Cerebrovascular Disease	13
Pneumonia and Influenza	30	7	Chronic Lower Respiratory Diseases	13
All Other Unintentional Injuries	27	8	All Other Unintentional Injuries	11
Unintentional Motor Vehicle Injuries	25	9	Pneumonia and Influenza	7
Septicemia	21	10	Unintentional Motor Vehicle Injuries	5
			Homicide	

Leading Age-Adjusted Causes of Death for Hispanics.

All Hispanic		
Cause of Death	Number of Deaths	Rank
Diseases of Heart	4	2
Cancer	6	1
All Other Unintentional Injuries	1	4
Unintentional Motor Vehicle Injuries	3	3

Leading Age-Adjusted Causes of Death by Gender regardless of Race or Ethnicity.

All Males			All Females	
Cause of Death	Number of Deaths	Rank	Cause of Death	Number of Deaths
Cancer	171	1	Diseases of Heart	144
Diseases of Heart	162	2	Cancer	138
Chronic Lower Respiratory Diseases	51	3	Alzheimer's Disease	75
Cerebrovascular Disease	38	4	Chronic Lower Respiratory Diseases	53
Diabetes	35	5	Cerebrovascular Disease	35
Alzheimer's Disease	33	6	Diabetes	26
All Other Unintentional Injuries	23	7	Pneumonia and Influenza	20
Unintentional Motor Vehicle Injuries	22	8	All Other Unintentional Injuries	17
Pneumonia and Influenza	17	9	Nephritis, Nephrotic Syndrome, and Nephrosis	17
Nephritis, Nephrotic Syndrome, and Nephrosis	15	10	Unintentional Motor Vehicle Injuries	11
			Septicemia	

Diseases of the Heart and Cancer rank as the #1 or #2 Leading Cause of Death in all demographic classifications.

Priorities Identified through CHA

Priorities for the 2020 – 2023 period were determined by evaluation and analysis of Primary and Secondary data collected through the course of the Community Health Assessment. The priorities were further assessed by their association to the Healthy North Carolina 2030 Health Indicators/Targets to be certain that they matched the needs of Montgomery County and the priorities of the State in order to position the county to utilize future funding and resources. Finally the priorities were evaluated as to how well they correlated with the capacity of the Department of Health and its Community Partners to address them.

The priorities chosen are:

- Heart Disease and its contributors
- Mental Health / Substance Abuse
- Minority Health Inequity

The Primary Data sources include:

- CHA Public Survey responses.
- Surveys done by Better Together Montgomery in the Peabody and Brutonville Communities.
- Health Equity Survey conducted by the Montgomery County Department of Health through Spanish Speaking churches.
- Relevant survey responses from FirstHealth 2018 Community Health Needs Assessment (CHNA).
- Montgomery County Department of Health Management Team and Health Educator.
- Interviews with Key Informants from minority communities. *Following is a list of those Key Informants.*

Key Informant	Title	Organization/Function
Demond Hairston	Community Centered Health Coordinator	Better Together Montgomery
Bridgett Bennet	Community Connector - Peabody	Better Together Montgomery
Willie Moore	Community Connector – Brutonville	Better Together Montgomery
Vera Richardson	Counselor	Montgomery County Schools
Dr. Pandora Smith-Dumas	DMT, MSN, CMSRN, RN	Nurse Educator

The Secondary Data sources include:

- 2019 American Communities Survey 5-year estimate (US Census Bureau)
- County Health Rankings and Roadmaps
- North Carolina State Center for Health Statistics
- North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics
- NC State Center for Health Statistics of the NC Department of Health and Human Services
- NC Central Cancer Registry
- United States Renal Data System, 2020 Annual Data Report
- Montgomery County School District
- Surveillance Reports from the HIV/STD/Hepatitis Surveillance Unit of the Division of Public Health of the NC Department of Health and Human Services
- 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions
- NC Opioid Action Plan
- Sheps Health Workforce NC website <https://nchealthworkforce.unc.edu/>
- Statistical data provided by the Division of Public Health, State Center for Health Statistics

Diseases of the Heart

Diseases of the Heart was chosen as a priority not only because it is the Leading Cause of Death in the County, but also because of the following:

- It moved from the second Leading Cause of Death in the 2016 CHA to the first in 2020.
- It has increased in females.
- It impacts Blacks/African Americans by a greater percentage than whites even though it is the #2 leading cause in Blacks/African Americans.
- It is caused or worsened by other health factors and unhealthy behaviors that can be changed/improved/treated.
- It not only has the potential to shorten life, it also diminishes Quality of Life
- It is related to (affects/causes or is impacted by) several of the Healthy NC 2030 Health Indicators and the desired results:
 - Increase physical activity
 - Improve access to healthy food
 - Reduce overweight and obesity
 - Increase life expectancy

By the Numbers – Diseases of the Heart

166.9

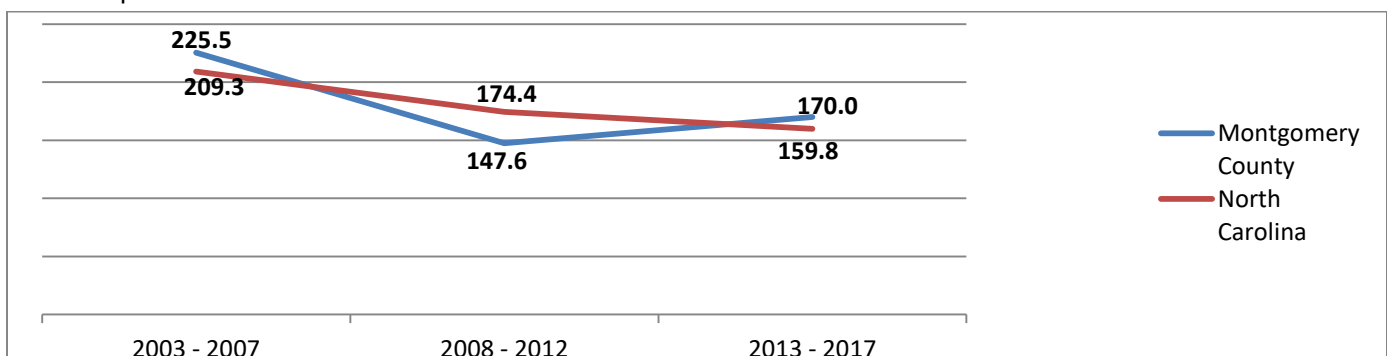
Death Rate (per 100,000 Residents) for period 2014-2018

This rate is 7.9 points higher than the second highest cause – Cancer

This rate is 108.1 points higher than the third highest cause – Alzheimer's disease

Source: North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>

The Heart Disease Death Rate (per 100,000 Residents) increased from 2008-2012 period to 2013-2017 period after a dramatic previous decrease and in reverse to the State rate decrease.



Source: 2020 North Carolina County Health Data Book.

The following table provides a comparison of the 2014 -2018 Diseases of the Heart Death Rate (per 100,000 population) between Montgomery County and its four peer counties. In order to consider the death rates in perspective, the population for each County is also provided. The Death Rates are from the 2020 County Health Data Book of the NC Department of Health and Human Services; the population counts are from the 2019 5-year estimate of the American Community Survey (ACS) of the US Census Bureau.

County	Death Rate (per 100,000 population)	Population
Anson County	226.1	25,306
Montgomery County	166.9	27,338
Richmond County	241.4	45,189
Scotland County	196.9	35,262
Stanly County	217.4	61,114

#6
Most Important Health Issue
according to CHA survey participants

Better Together Montgomery – Diseases of the Heart

In a survey done by Better Together Montgomery in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the percentages of survey participants that say they have been diagnosed with Heart Disease:

- ♥ Brutonville Community – 6.5%
- ♥ Peabody Community – 33.3%

The survey did not ask participants about their Race or Ethnicity.

Health Equity Survey by Montgomery Department of Health – Diseases of the Heart

The Outreach department of the Montgomery County Department of Health conducted a survey through Spanish Speaking churches in February and March 2021. Of the participants 5.7% said they have been diagnosed with Heart Disease.

In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.

8.2%

of participants in the FirstHealth 2018 CHNA
said they had been diagnosed with Heart Disease
(Heart Attack, Angina, Coronary Disease)

Contributors – Diseases of the Heart

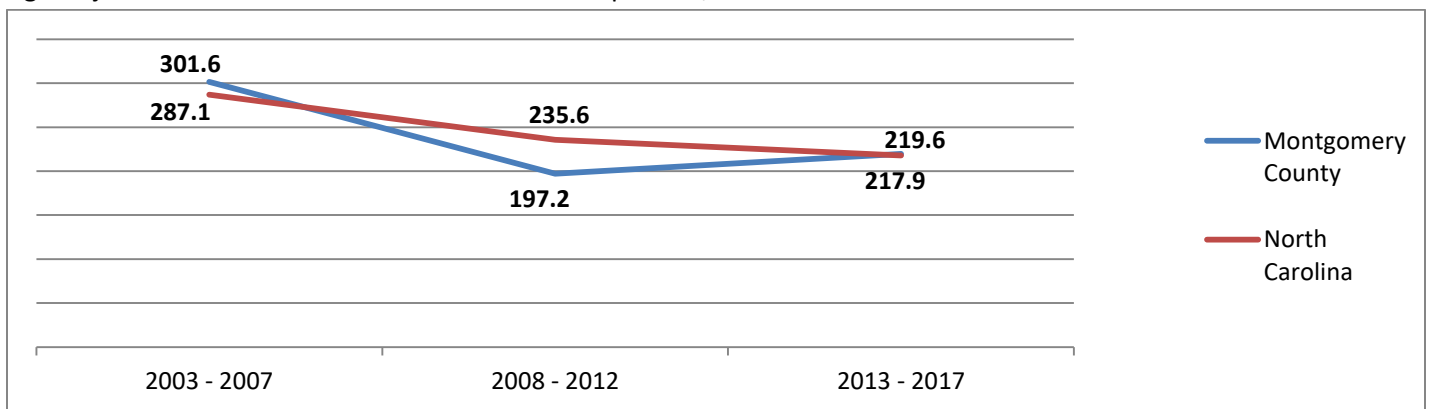
Diseases of the Heart were chosen as a priority because there are specific contributors that can be addressed by the Department of Health and its Community Partners. These factors include the following:

- Hypertension/High Blood Pressure
- Obesity/Overweight
- Diabetes
- Cardiovascular Disease & High Cholesterol
- Physical Activity
- Nutrition

Following is statistical and public input collected through the CHA on these contributors.

Contributing Conditions – Diseases of the Heart

Age-Adjusted **Cardiovascular Disease** Death Rates per 100,000 Residents

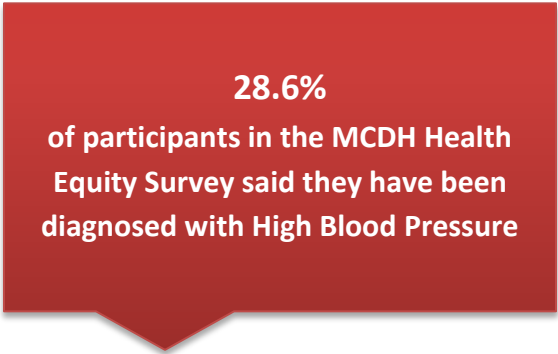
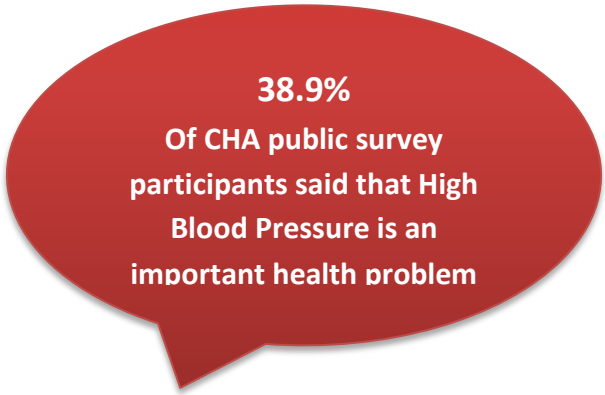


Source: 2020 North Carolina County Health Data Book.

Hypertension/High Blood Pressure

In the Better Together Montgomery surveys done in the Brutonville and Peabody Communities it was discovered that Hypertension/High Blood Pressure is prevalent as shown in the following percentages of people who say they have this condition:

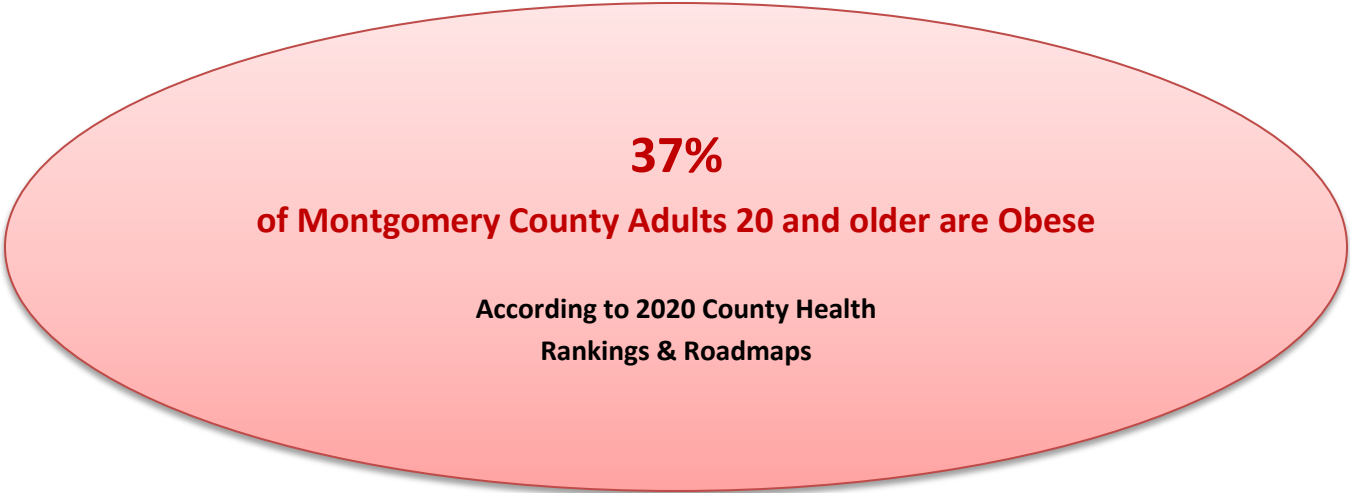
- Brutonville Community – 67.7%
- Peabody Community – 50.0%



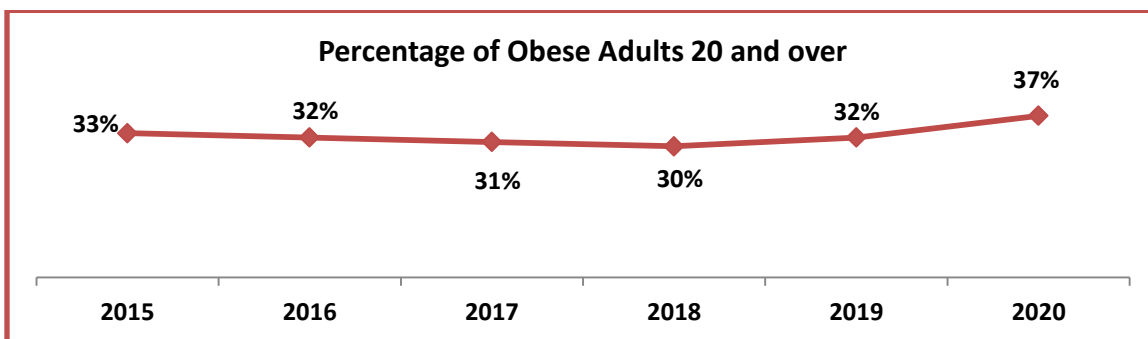
Participants in the FirstHealth 2018 Community Health Needs Assessment (CHNA) survey were asked questions about contributors to Heart Disease. This table shows those responses.

Health Factor Related to Diseases of the Heart	Percentage of FirstHealth 2018 CHNA Survey
Had Blood Pressure Checked in Past 2 Years	98.5%
Told have High Blood Pressure (Ever)	46.7%
Of those with High Blood Pressure currently Taking Action to Control High Blood Pressure	97.9% (of those who have High Blood Pressure)
Had Cholesterol Checked in Past 5 Years	94.3%
Told have High Cholesterol (Ever)	41.7%
Of those with High Cholesterol currently Taking Action to Control High Blood Cholesterol	89.7% (of those who have High Cholesterol)

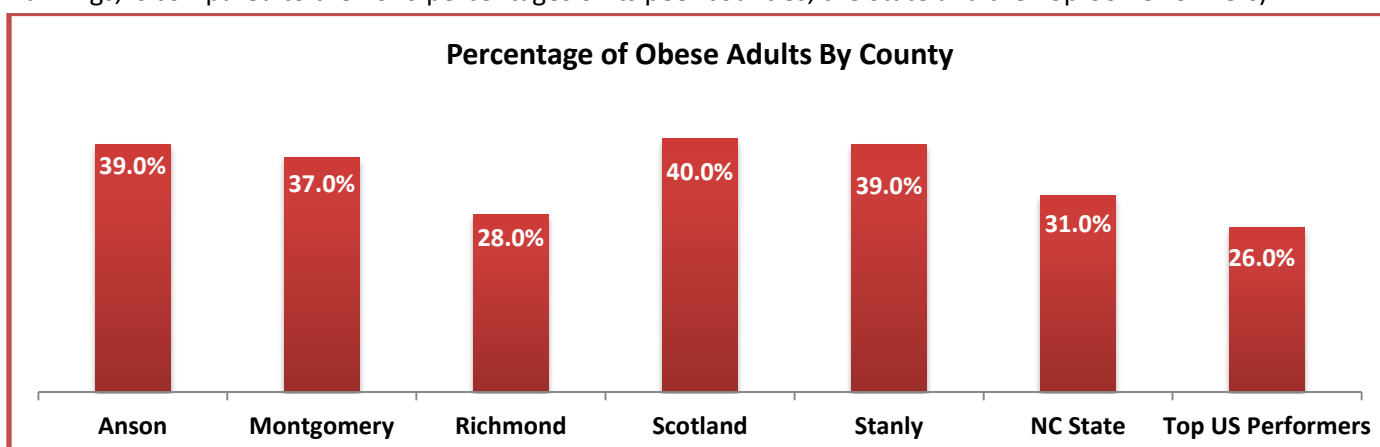
Obesity/Overweight



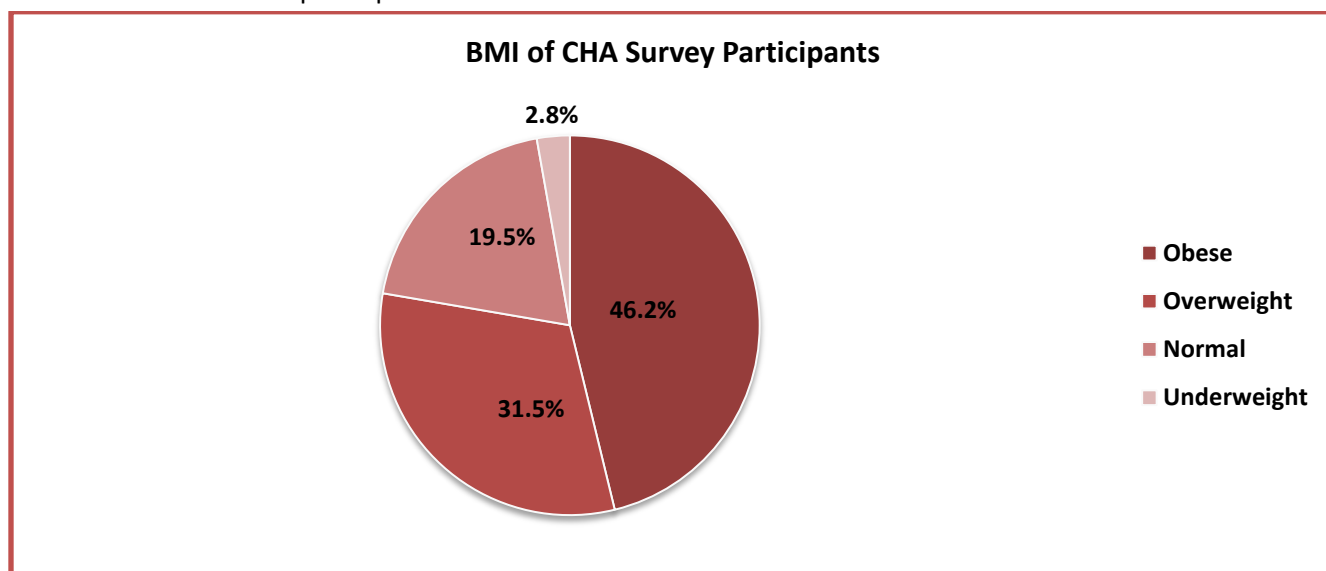
The following graph shows the Adult Obesity trend from 2015 to 2020 according to County Health Rankings & Roadmaps.



In the graph below the 2020 percentage of Obese Adults in Montgomery County, according to the County Health Rankings, is compared to the 2020 percentages of its peer counties, the State and the Top US Performers).

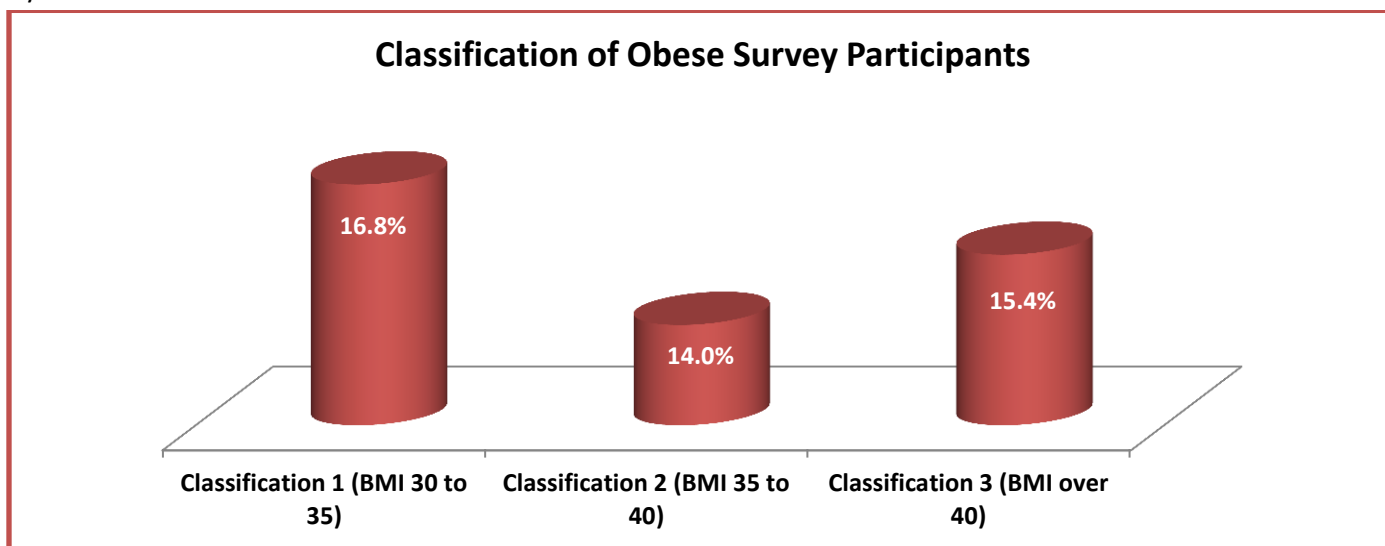


Participants in the CHA Public Survey were asked to provide their Height and Weight so that a BMI (Body Mass Index) could be calculated. 79.5% of the participants provided the requested information. The following graphs provide details on the calculated BMI of the participants.



77.7% of the survey participants who answered this question said they are Obese or Overweight

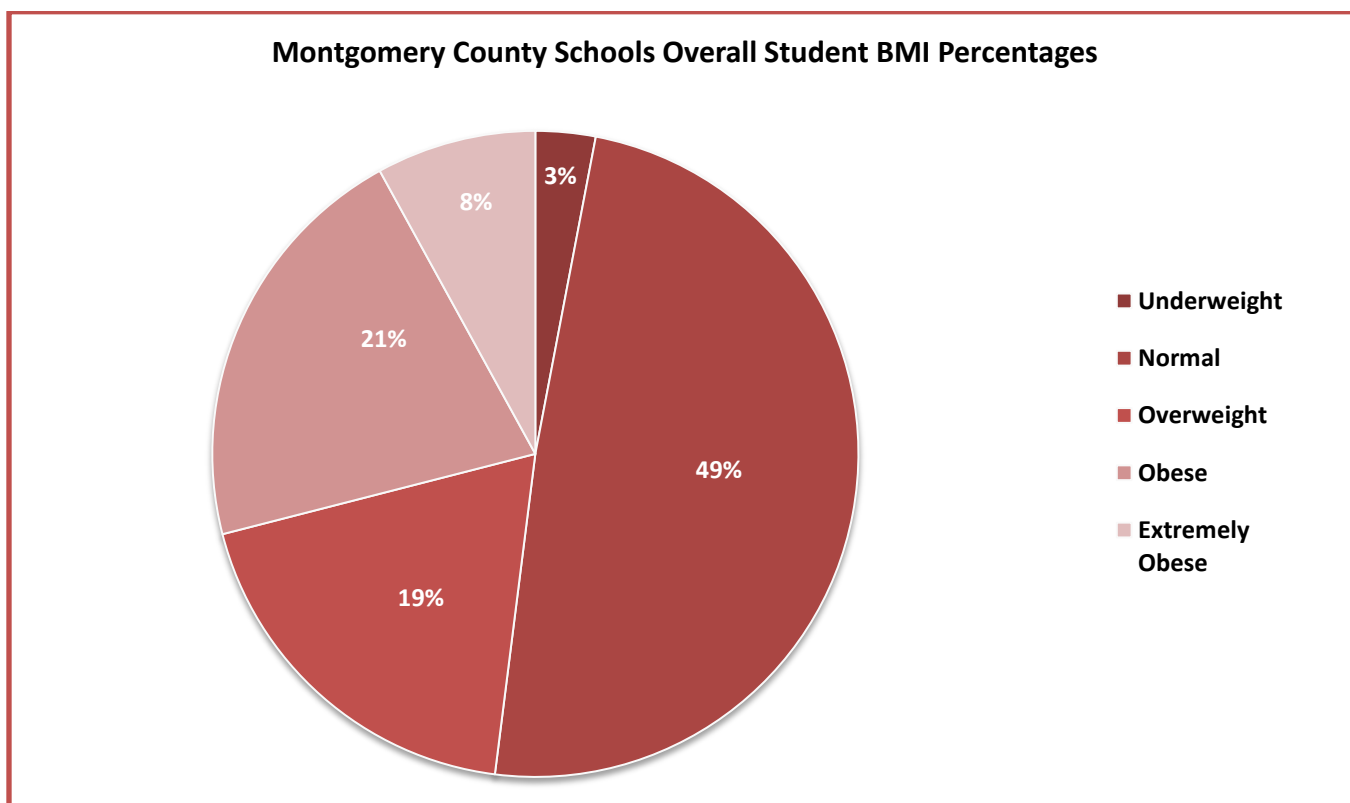
In the graph below is presented the classification of Obesity severity of survey participants who were determined Obese by their calculated BMI.



The following graph provides the 2018-2019 BMI statistics for the Montgomery County Schools district. The information was supplied by the school district.

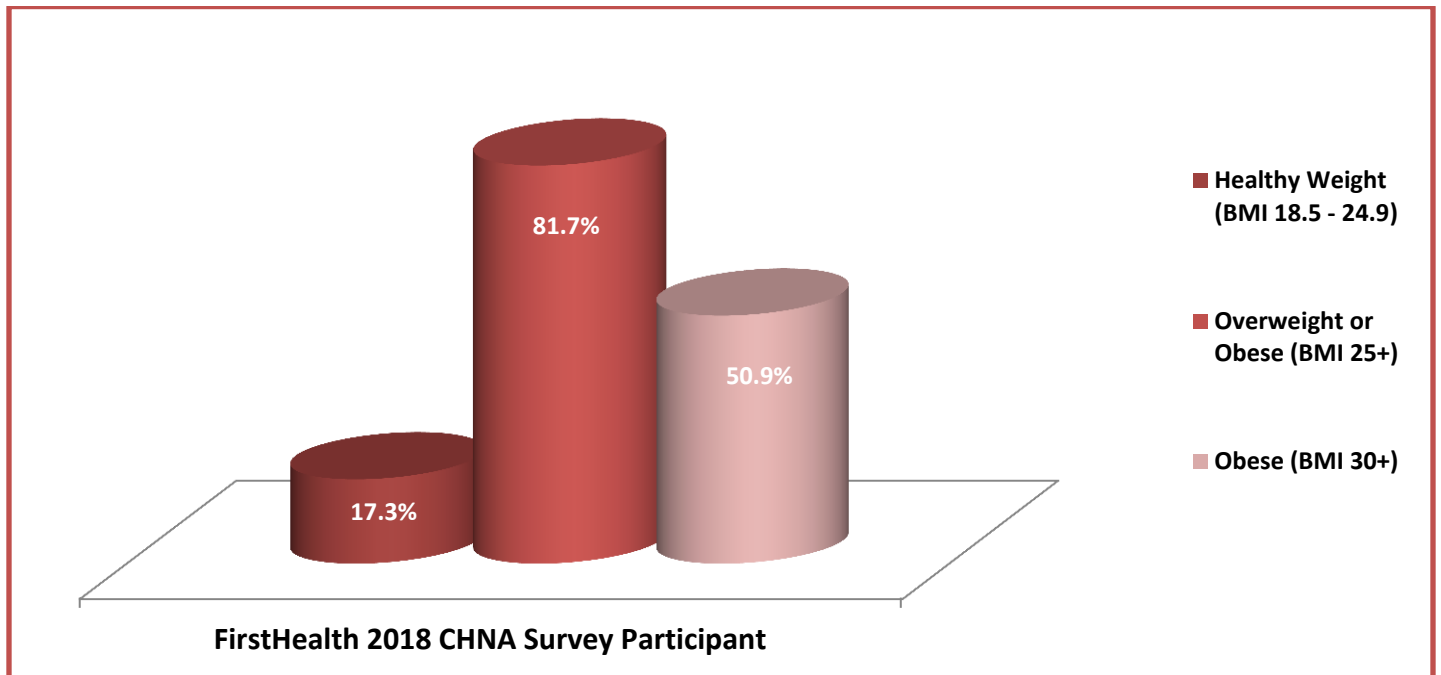
The categories are based on the following:

- Extremely Obese – BMI above 99%
- Obese – BMI 95% to 98%
- Overweight – BMI 85% to 94%
- Normal – BMI 5% to 84%
- Underweight – BMI under 5%



BMI details for each school in the district are provided in the Data Book appendix in this document.

In the survey conducted during the FirstHealth 2018 Community Health Needs Assessment (CHNA) participants were asked about their BMI. The following chart shows the percentage of responses.



Diabetes

“Over time, high blood sugar can damage blood vessels and the nerves that control your heart.”

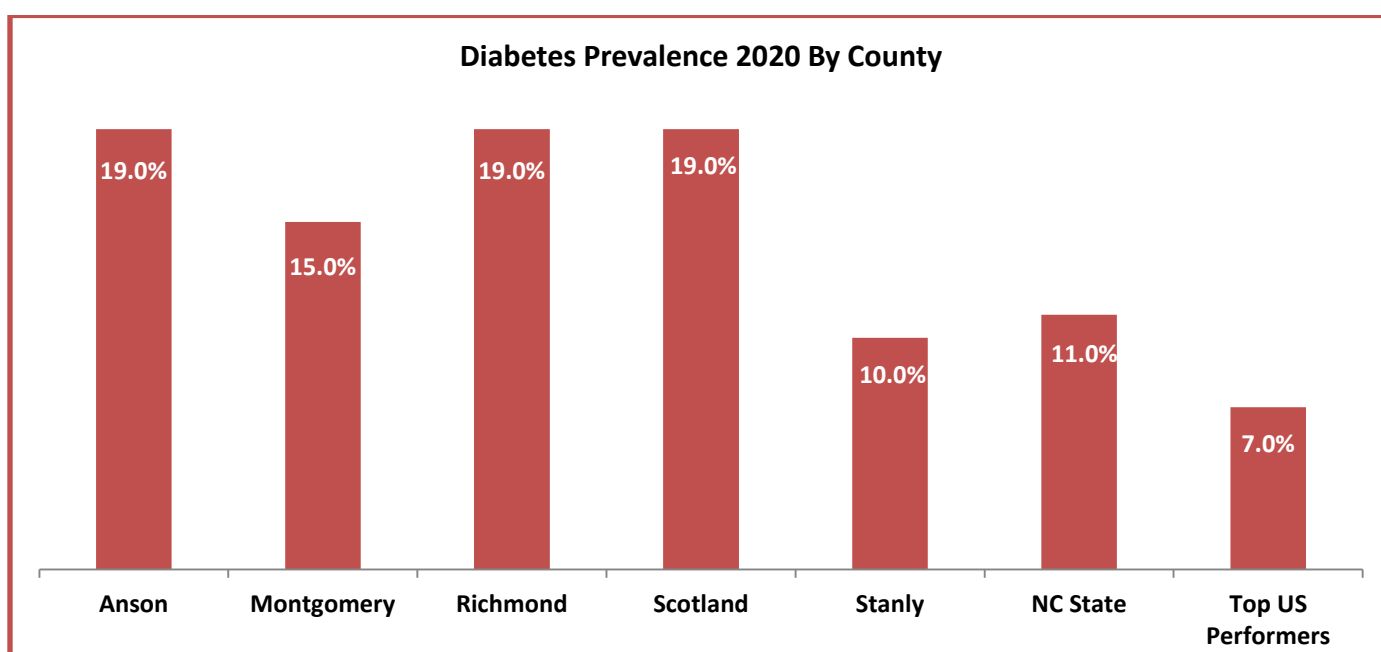
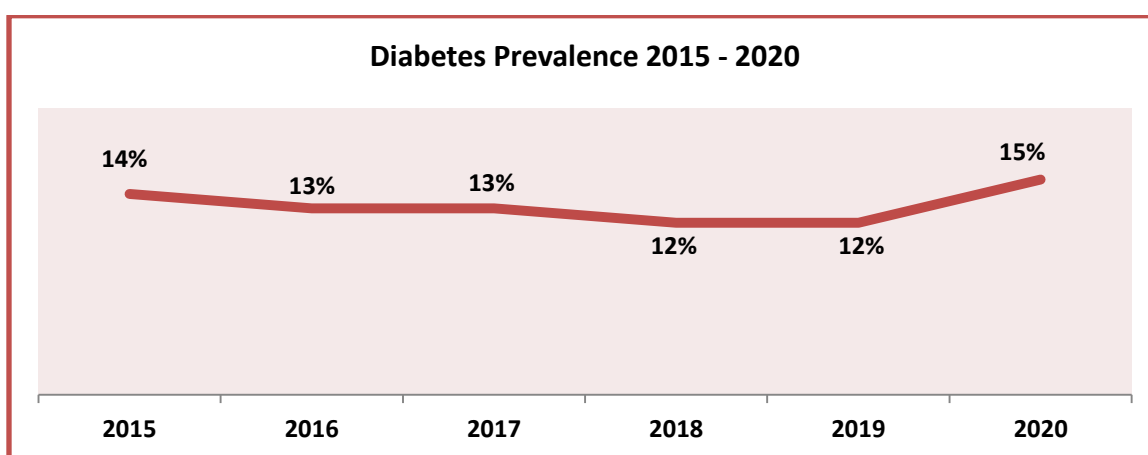
Quoted from the CDC website.

Diabetes was the #6 Leading Cause of Death in Montgomery County for the 2014-2018 period according to the NC County Health Data Book published in 2020 by the Division of Public Health of the NC Department of Health and Human Services. The Age-Adjusted Rate was 31.5. Diabetes was also the cause of Kidney Failure for 39.8% of those in the County on Dialysis. This was according to the United States Renal Data System, 2020 Annual Data Report (www.usrds.org). However, even if having Diabetes is not the direct cause of death it can be a contributor to the #1 Leading Cause of Death in the County – Diseases of the Heart. It also has a substantial impact on quality of life due to its contribution to Renal Failure, Obesity/Overweight and other health conditions.

According to the County Health Rankings & Roadmaps 2020 statistics, the Diabetes prevalence of Montgomery County is 15%.

The County Health Rankings & Roadmaps defines Diabetes Prevalence as the percentage of adults aged 20 and above with diagnosed diabetes.

The charts below show the trend of Diabetes Prevalence in Montgomery County from 2015 to 2020 and compares the 2020 percentage with that of the State, Montgomery's peer counties and the Top US Performers.



**Diabetes was ranked as the
2nd most important health
problem in the County.**

53.9% consider it a problem.

In a survey done by Better Together Montgomery in the Brutonville and Peabody communities in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. Following are the percentages of survey participants that say they have been diagnosed with Diabetes:

- Brutonville Community – **38.7%**
- Peabody Community – **6.7%**

The survey did not ask participants about their Race or Ethnicity.

In the Health Equity Survey done by the Department of Health, **20.0%** of participants said they had been diagnosed with Diabetes. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

As part of the FirstHealth 2018 CHNA a public survey was conducted. The following table shows the percentage of participants that provided information on their own health factors related to Diabetes.

Health Factor Related to Diabetes	Percentage of FirstHealth 2018 CHNA Survey
Have Diabetes/High Blood Sugar	22.4%
Are Borderline/Pre-Diabetic	15.2%
Of those who are Diabetic, currently Taking Insulin/Medication	95.2% (of those that said they are Diabetic)
Of those who are Diabetic, had a Hospital/ER Visit for Diabetes in the Past Year	2.2% (of those that said they are Diabetic)
Of those who are Diabetic, have taken Diabetes Management Course	54.8% (of those that said they are Diabetic)
Had Blood Sugar Tested in Past 3 Years	88.2%

Contributing Behaviors

CHA Public Survey participants were asked what they consider to be the most important unhealthy behaviors in the County. Three of the behaviors in the list are directly related to Hypertension, Diabetes, Obesity and Heart Disease:

- 43.9% said that *Poor Eating Habits* is an important unhealthy behavior (ranked #2 of 16)
- 40.6% said that *Lack of Exercise* is an important unhealthy behavior (ranked #5 of 16)
- 31.1% said that *Not going to doctor for a yearly checkup/screenings* is an important unhealthy behavior (ranked #8 of 16)

The County Health Rankings and Road Maps provide information to counties on several Health Indicators that impact Heart Health. The County Health Rankings & Roadmaps also provides measurements on several Health Behaviors that impact Heart Health. The following table provides the statistics on those measurements.

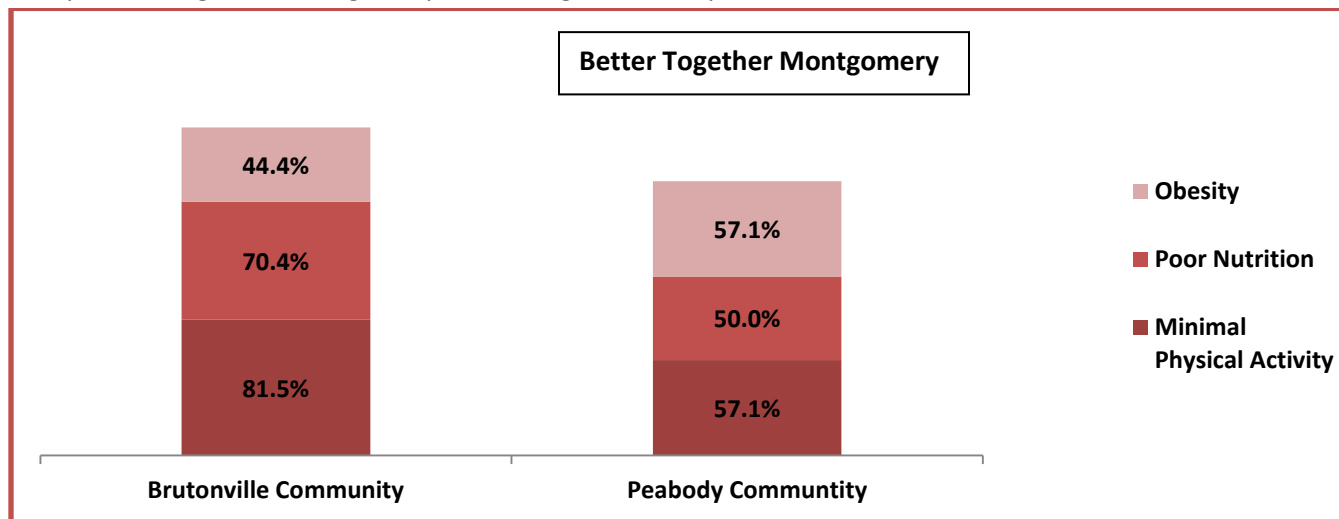
Health Behavior	Measurement	Measurement Explanation
Adult Obesity	37%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) of 30 or more.
Food Environmental Index	7.9	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).
Physical Inactivity	33%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	73%	Percentage of population with adequate access to locations for physical activity.

Following is information on Montgomery County, its peer counties and the State on these indicators that apply.

Health Indicator	Anson	Montgomery	Richmond	Scotland	Stanly	State
Overall Rank out of 100	96	48	93	98	55	N/A
Poor or Fair Health	23%	20%	22%	24%	16%	16%
Poor physical health days	4.6	4.4	4.8	5.1	3.9	3.9
Adult Obesity	39%	37%	39%	40%	28%	28%
Physical inactivity % adults 20 & over reporting no leisure-time physical activity	31%	39%	32%	26%	24%	24%
Access to exercise opportunities % adults living reasonably close to physical activity location	6%	73%	39%	66%	69%	74%

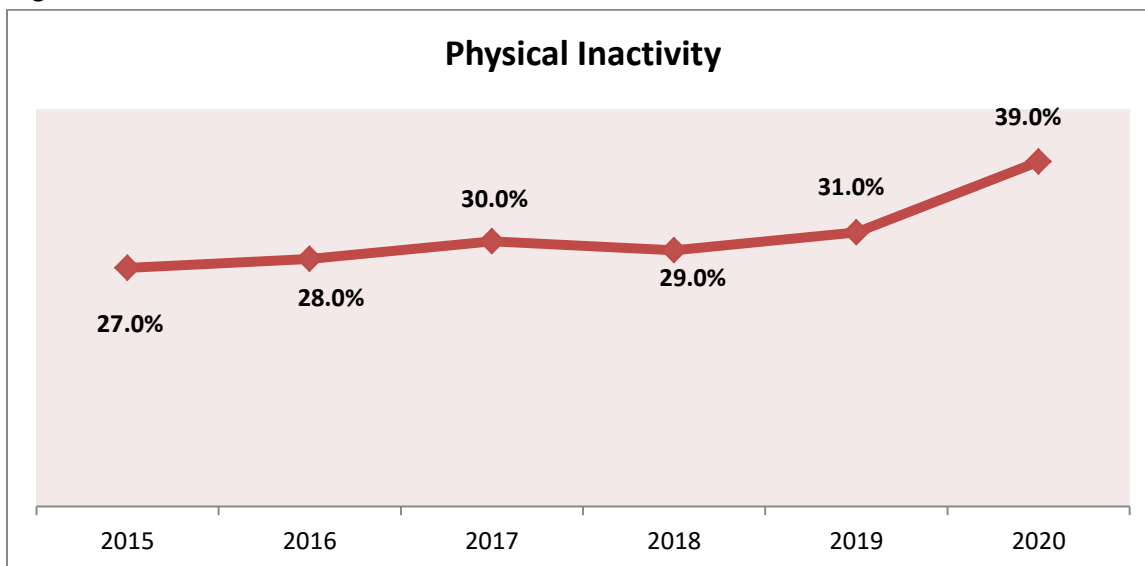
Physical Activity

In the survey done by Better Together Montgomery in early 2020 participants were asked which health risks seem to have impacted their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the responses about health risks that are related to Heart Health.



Additional information on Physical Inactivity, a contributor of Diseases of the Heart follows.

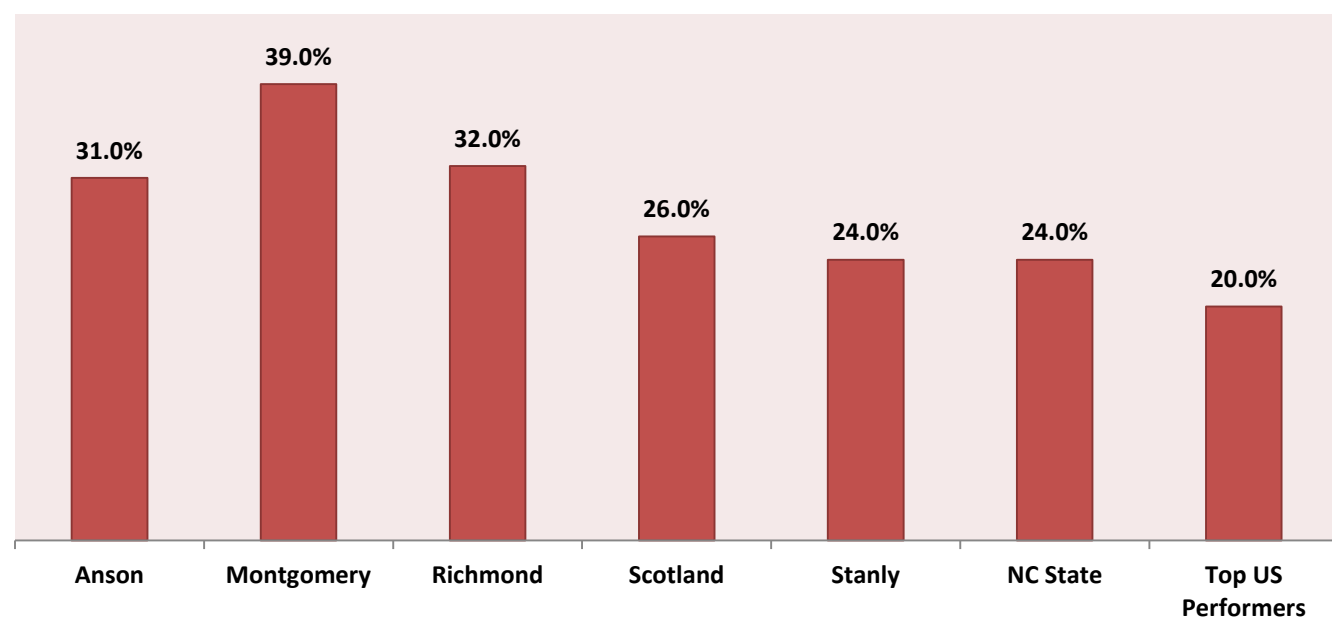
The following chart shows the level of Physical Inactivity over the last 6 years (2015 – 2020) according to the County Health Rankings.



Physical inactivity has increased by 12% since 2015. There was an increase of 10% from 2018 to 2020.

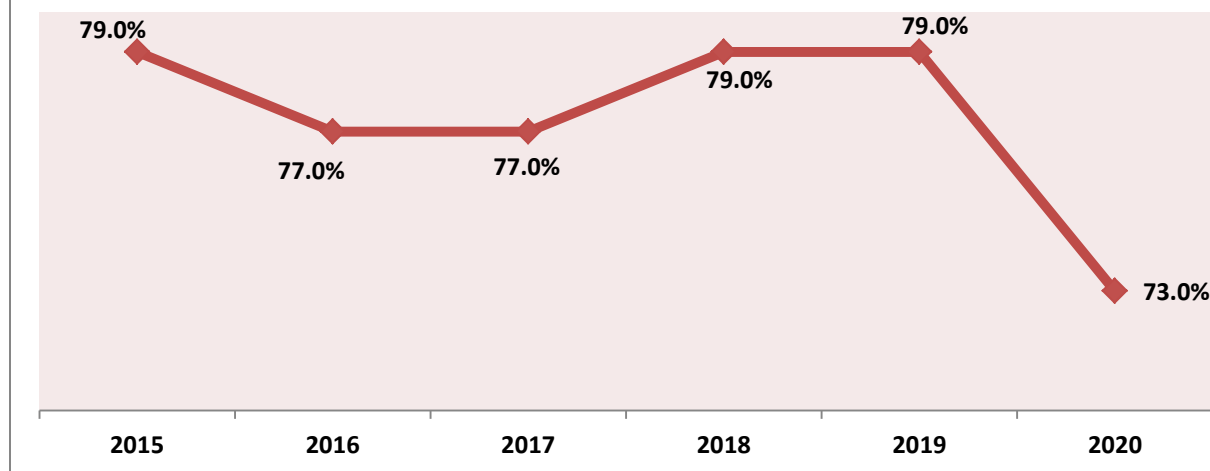
In the following graph the 2020 percentage of Inactive Adults in Montgomery County, according to the County Health Rankings, is compared to the 2020 percentages of its peer counties, the State of North Carolina and the Top US Performers. Montgomery has at least a 7% higher percentage than the closest peer.

Percentage of Adults Reporting No Leisure-Time Physical Activity By County



In the graph below is presented the measurement on access to exercise opportunities over the last 6 years.

Access to Exercise Opportunities

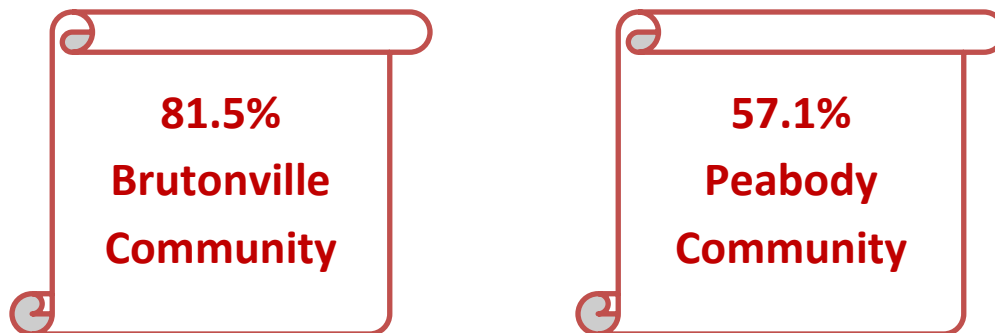


There has been a drop in the accessibility of exercise opportunities. Most of the decrease was between 2019 and 2020. Further research would need to be done to determine if there is a correlation between the increase of Physical Inactivity and the decrease in Access to Exercise Opportunities.

Several of the questions in the CHA Public Survey collected opinions from the survey participants on Physical Activity factors. That information is presented in the following table.

Category	Factor	Percentage of Survey Participants that said it is important/of great impact.
Unhealthy Behavior	Lack of exercise	40.6%
Community Issue	Availability of healthy family activities	33.3%
Community Issue	Availability of positive teen activities	31.1%
Community Issue	Lack of recreational facilities	20.6%
Self/Family	I have transportation to places to do physical activity	86.1%
Self/Family	The children in my house want to be physically active	75.0%
Self/Family	The adults in my house want to be physically active	72.2%
Self/Family	My neighborhood is safe for physical activity	62.2%
Self/Family	Places for me to be active are too far away	30.6%
Self/Family	Physical activity takes too much time	25.6%
Self/Family	It costs too much to be physically active	15.6%
Self/Family	I/My child need more information on Physical Inactivity	21.9%

In a survey done by Better Together Montgomery in early 2020, participants ranked Minimal Physical Activity as the risk factor having the highest impact on their personal health. The percentage of participants in each survey that said this factor is the most impactful:

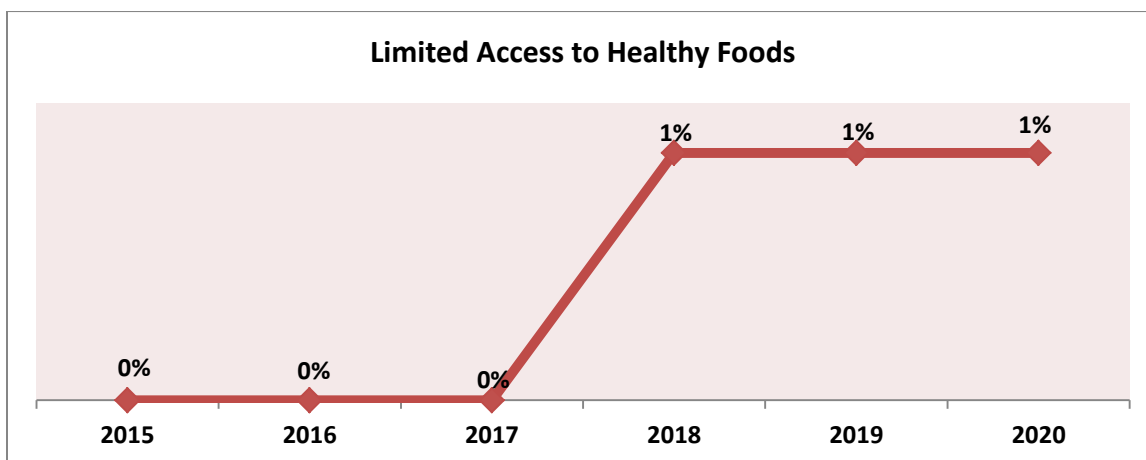


As part of the FirstHealth 2018 CHNA a public survey was conducted. The following table provides the percentage of participant responses on several factors related to Physical Activity.

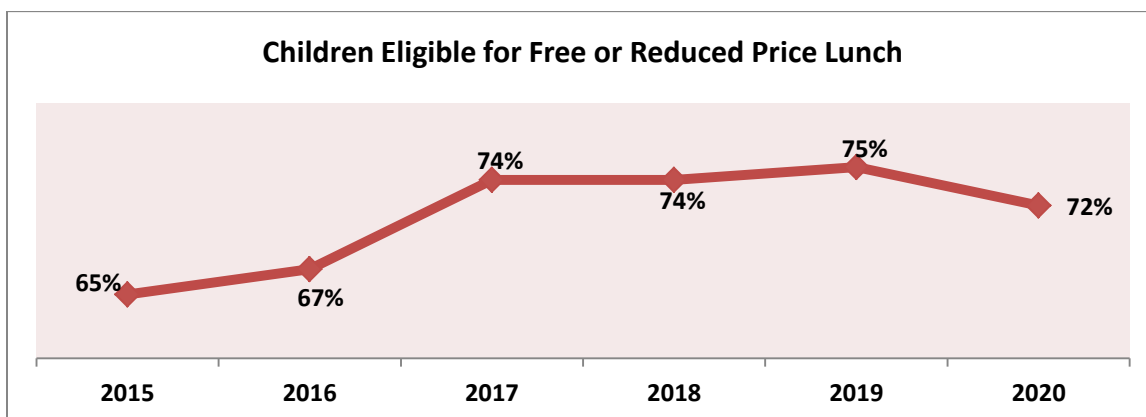
Physical Activity Factor	Percentage of FirstHealth 2018 CHNA Survey Participants
No Leisure-Time Physical Activity	31.5%
Meeting Physical Activity Guidelines	15.0%
Have a Park/Playground Within Walking Distance of Home	32.0%
Neighborhood is Safe For Walking at Night	47.7%
Neighborhood Has Adequate Lighting	45.4%
Neighborhood Has Safe Crosswalks	32.8%
Neighborhood Has Good Sidewalks	28.5%

Nutrition/Health Eating

The next two graphs show reporting on Montgomery County from the County Health Rankings and Roadmaps on the percentage of the population that has lacked adequate access to food and the percentage of children eligible for free or reduced price lunch during the last six years.



The low percentage of the population that has limited access to healthy foods does not indicate that poor eating behaviors are caused by lack of access; however, further research would be required to determine if the limited access is more prevalent in some populations or geographic areas.



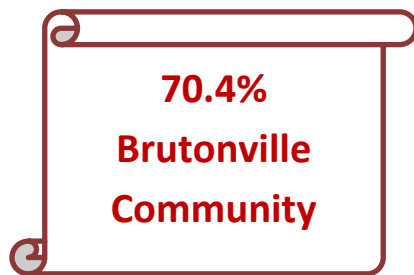
The percentage of children eligible for free and or reduced price lunch seems to have leveled out in the mid-70 percentage after an increase from the mid-60 percentage in 2015 and 2016.

Poor Eating Habits
#2 most important Unhealthy Behavior
According to CHA survey participants

Several of the questions in the CHA Public Survey collected opinions from the participants on Eating/Nutrition factors. That information is presented in the following graphs and tables.

Category	Factor	Percentage of Survey Participants that said it is important/of great impact.
Unhealthy Behaviors	Poor eating habits	43.9%
Community Issue	Availability of healthy food choices	29.4%
Self/Family	I know the difference between healthy and unhealthy food	88.9%
Self/Family	I have transportation to buy healthy food	88.7%
Self/Family	I have the skills to prepare or cook healthy food	83.9%
Self/Family	Healthy foods taste good	80.6%
Self/Family	There is a store where I can buy healthy food near me	63.9%
Self/Family	It costs too much to eat healthy food	58.9%
Self/Family	I/my child need more information on Eating Disorders	12.5%
Self/Family	I/my child need more information on Unhealthy eating	42.2%

In a survey done by Better Together Montgomery in early 2020, participants ranked Poor Nutrition as the risk factor having the 2nd highest impact on their personal health. The percentage of participants in each survey that said this factor is the most impactful:



As part of the FirstHealth 2018 CHNA a public survey was conducted. Following are percentage responses from the survey participants about eating habits and nutrition access.

Eating Habit/Nutrition Access Factor	Percentage of FirstHealth 2018 CHNA Survey Participants
Food Insecure	24.0%
Eat 2+ Servings of Fruit Per Day	12.4%
Eat 3+ Servings of Vegetables Per Day	14.7%
“Very/Somewhat” Difficult to Buy Fresh Produce	24.5%
Used a Food Bank/Pantry or Church/Community Organization for Fruit & Vegetables in Past Year	17.2%
Used a Corner/Convenience/Gas Station for Fruit & Vegetables in Past Year	26.8%
Used a Grocery/Superstore for Fruits & Vegetables in Past Year	95.5%
Used a Farmer’s Market or Permanent Farm Stand in the Past Year	69.6%
Eat 2+ Servings of Whole Grain Bread Per Day	15.9%
Consumed 1+ Sugar-Sweetened Beverage Yesterday	66.6%
Less than 4 Days a Week Eating Meals at Home	11.3%
Can Purchase Healthy Foods Within Walking Distance of Home	27.9%

Race Impact – Diseases of the Heart

Diseases of the Heart was #2 Leading Cause of death for Blacks/African American; Cancer was the #1.

The table below compares Diseases of the Heart Deaths in 2019 to Race population percentages. The percentages of County population are from the 2019 American Community Survey 5-year Estimate. The death information is from the 2020 North Carolina County Health Data Book.

Cause of Death	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/African Americans	Percentage of County Population that is Black/African American
Hypertensive Diseases	70.0%	75.6%	30.0%	17.6%
Other Heart Diseases	72.0%	75.6%	28.0%	17.6%
Ischemic (Coronary) Heart Disease	85.7%	75.7%	14.3%	17.6%

Only four people (3 male; 1 female) of Hispanic ethnicity died of Heart Disease in Montgomery County during the 2014 to 2018 period. This was 1.3% of the total number of the Heart Disease deaths in the County.

It is obvious that the percentage of deaths related to Diseases of the Heart in Blacks/African Americans is significantly disproportionate to the percentage of Black/African American population in the County.

The people in the Brutonville and Peabody Communities are primarily Black/African American. Therefore, the percentage of persons in those Communities with Heart Disease (6.5% Brutonville, 33.3% Peabody) is an important factor when considering Race as it is related to Diseases of the Heart.

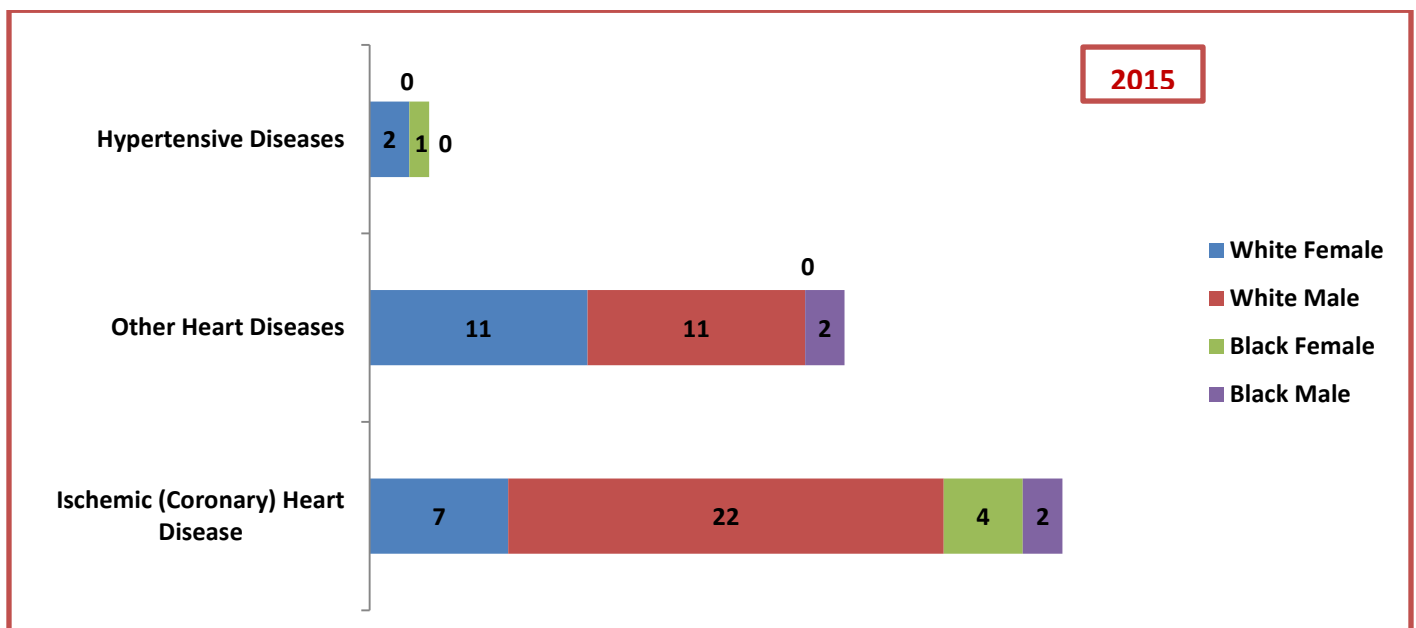
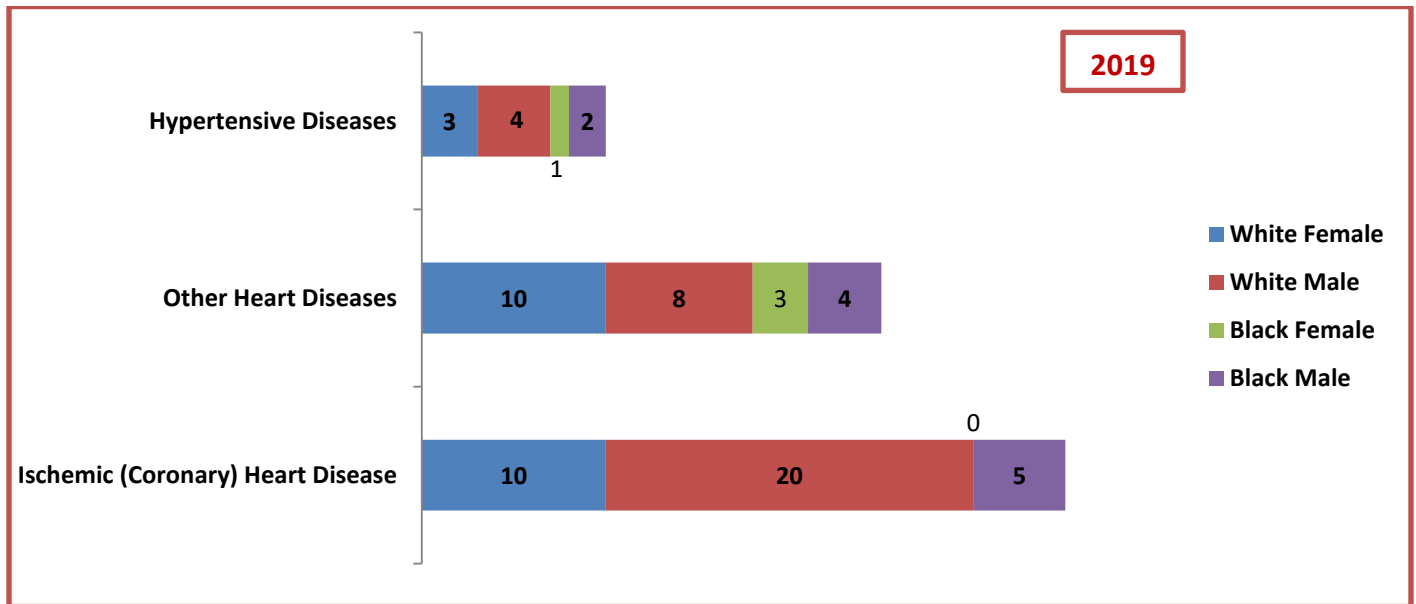
Gender Impact – Diseases of the Heart

The table below compares Diseases of the Heart Deaths in 2019 to Gender population percentages. The percentages of County population are from the 2019 American Community Survey 5-year Estimate. The death information is from the 2020 North Carolina County Health Data Book.

Cause of Death	Percentage of Deaths in Females	Percentage of County Population that is Female	Percentage of Deaths in Males	Percentage of County Population that is Male
Hypertensive Diseases	40.0%	51.0%	60.0%	49.0%
Other Heart Diseases	52.0%	51.0%	48.0%	49.0%
Ischemic (Coronary) Heart Disease	28.6%	51.0%	71.4%	49.0%

The percentage of deaths in these heart conditions by Gender is in keeping with the percentage of population by Gender except for Ischemic (Coronary) Heart Disease.

The following graphs provide Race & Gender details on the number of deaths from common heart related diseases. The number for 2019 and 2015 are provided for historic comparison.



Mental Health/Substance Abuse

Mental Health and Substance Abuse as a combination were chosen as a priority because of the following factors:

- Both of these impact many other health and quality of life issues such as:
 - Employment barrier
 - Maternity complications and Infant health/mortality
 - Traffic accidents and fatalities
 - Violent Crime increase
- Both have consistently been an issue for many years.
- They are often intertwined and must be addressed simultaneously.
- Mental Health was chosen as the 3rd most important Health Problem in the County. (#1 Obesity/Overweight and #2 Diabetes are addressed in the previous priority – Diseases of the Heart)
- Since 2010 there have been significant increases in the Rate of Unintentional Opioid Overdose Deaths and the Rate of Opioid Overdose Emergency Department/Room Visits. The Rate of Emergency Department/Room visits have increased 110.8 points since 2010.
- Participants in the CHA Public Survey said that 3 of the top 4 Unhealthy Behaviors listed in the survey are related to Substance Abuse:
 - #1 Illicit Drug Abuse
 - #3 Prescription Drug Abuse
 - #4 Drunk Driving
- They are related to (affects/causes or is impacted by) several of the Health NC 2030 Health Indicators and the Desired Results:
 - Improve child well-being
 - Decrease drug overdose deaths
 - Decrease excessive drinking
 - Improve birth outcomes
 - Improve access and treatment for mental health needs

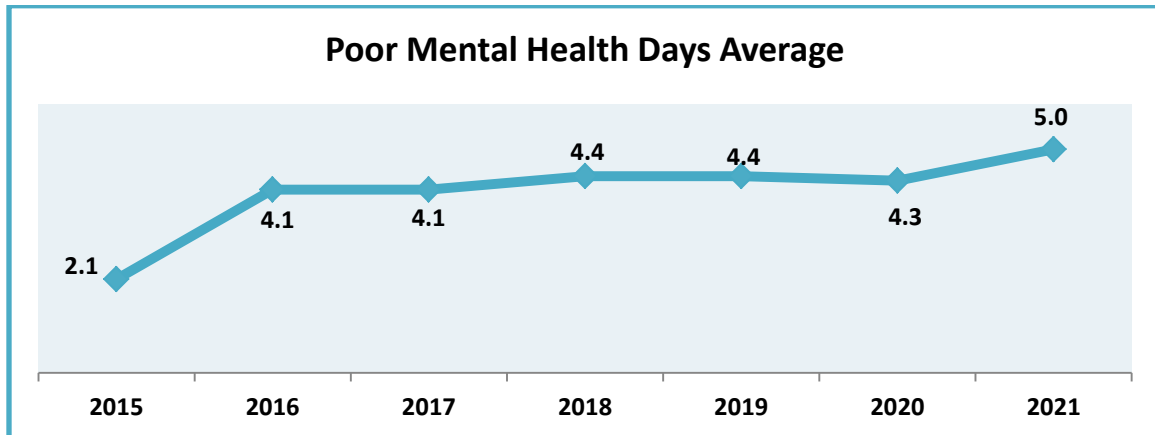
By the Numbers – Mental Health

The 2020 rankings for Montgomery County, its peers and the State of North Carolina Overall and on Poor Mental Health Days from the County Health Rankings is provided in the following table.

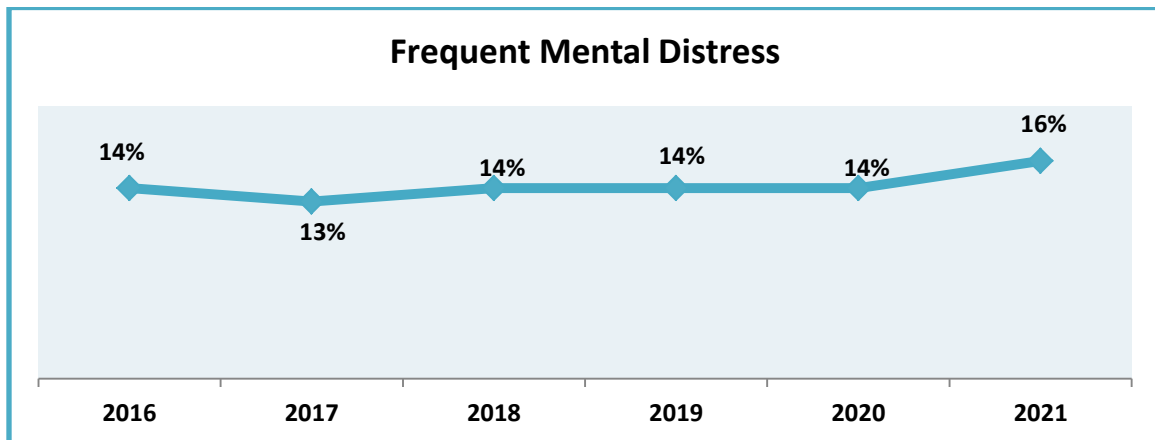
Health Indicator	Anson	Montgomery	Richmond	Scotland	Stanly	State
Overall Rank out of 100	96	48	93	98	55	N/A
Poor mental health days						
Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.4	4.3	4.6	4.8	4.0	4.0

Although Montgomery County's Overall Rank is much better than its peer counties, the average number of mentally unhealthy days is similar to those of its peer counties. In the 2021 County Health Rankings, Montgomery County's average number of mentally unhealthy days increased to 5.0.

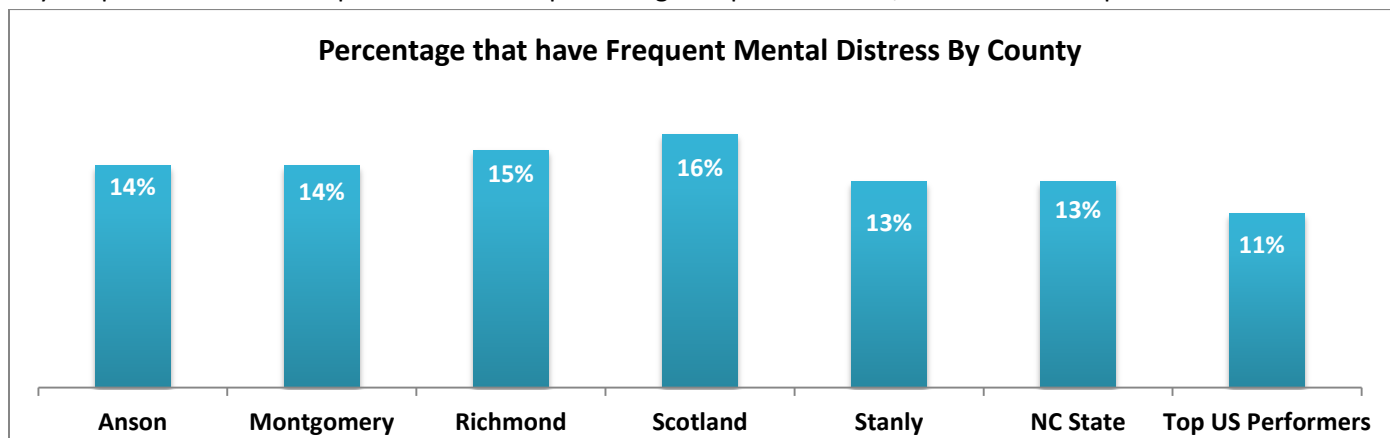
The following graph shows the trend from 2015 to 2021 of Poor Mental Health Days Average in the County Health Rankings for Montgomery County. The measurement was based on earlier data, so Covid-19 was not a factor. This graph shows that there has been an almost steady increase since 2015 and that the average number of days has been twice as many, or more, than 2015 in the last 4 years.



The County Health Rankings & Roadmaps also provided the percentage of adults reporting 14 or more days of poor mental health per month. In Montgomery County that percentage was 16% in 2021. Data from 2018 was used for this measure. The graph below shows the trend for this measure from 2016 through 2021.



The following chart compares the 2020 percentage of county citizens in Montgomery County who reported 14 or more days of poor mental health per month to the percentages in peer counties, the State and Top US Performers.



A ratio of Mental Health Providers to population is provided in the County Health Rankings & Roadmaps. The following table provides the ratio for 2015 through 2020. The ratios are all based on the previous year data.

	2015	2016	2017	2018	2019	2020
Ratio of Mental Health Providers to population	1,060:1	1,010:1	1,020:1	1,050:1	910:1	830:1

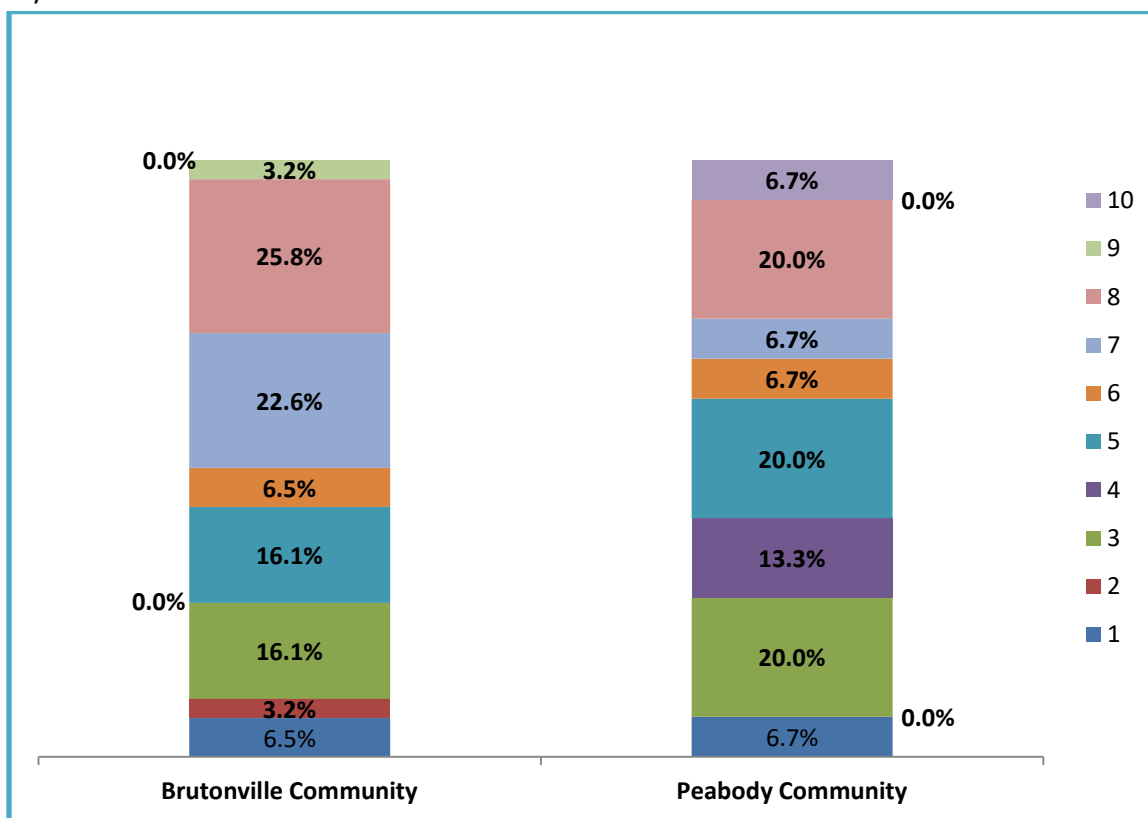
There has been a significant improvement in the ratio of Mental Health Providers in the last two years compared to 2015 – 2018; however, the Poor Mental Health Days Average and Frequent Mental Distress day percentage has increased in the same period of time.

Participants in the CHA Public Survey were asked to answer off-line the 10 question ACEs (Adverse Childhood Experiences) screening tool. The participants were then asked to provide in the survey the number of questions (1 to 10) to which they answered YES. Following is a table that presents the results.

Number of “Yes” on ACEs Questionnaire	Percentage
0	31.2%
1	11.7%
2	9.4%
3	5.6%
4	4.4%
5	4.4%
6	2.8%
7	2.8%
8	1.7%
9	2.2%
10	0.5%
No Answer	23.3%
45.5% of Survey participants answered “Yes” to at least one ACEs Question	

CHA Survey participants were provided a list of 12 health related topics and asked which ones they (or their children) needed additional information on – 30.5% of participants answered this question. Of those who answered this question, 40.1% said they (or their children) need more information on Mental Health.

In a survey done by Better Together Montgomery in the Brutonville and Peabody communities in early 2020 participants were asked about their level of stress on a scale of 1 to 10. The following graph provides the percentages of survey participants by level of scale:



The survey did not ask participants about their Race or Ethnicity.

Some of the Better Together Montgomery survey participants provided information on factors that impacted their stress level. Following is a summary by category of the responses:

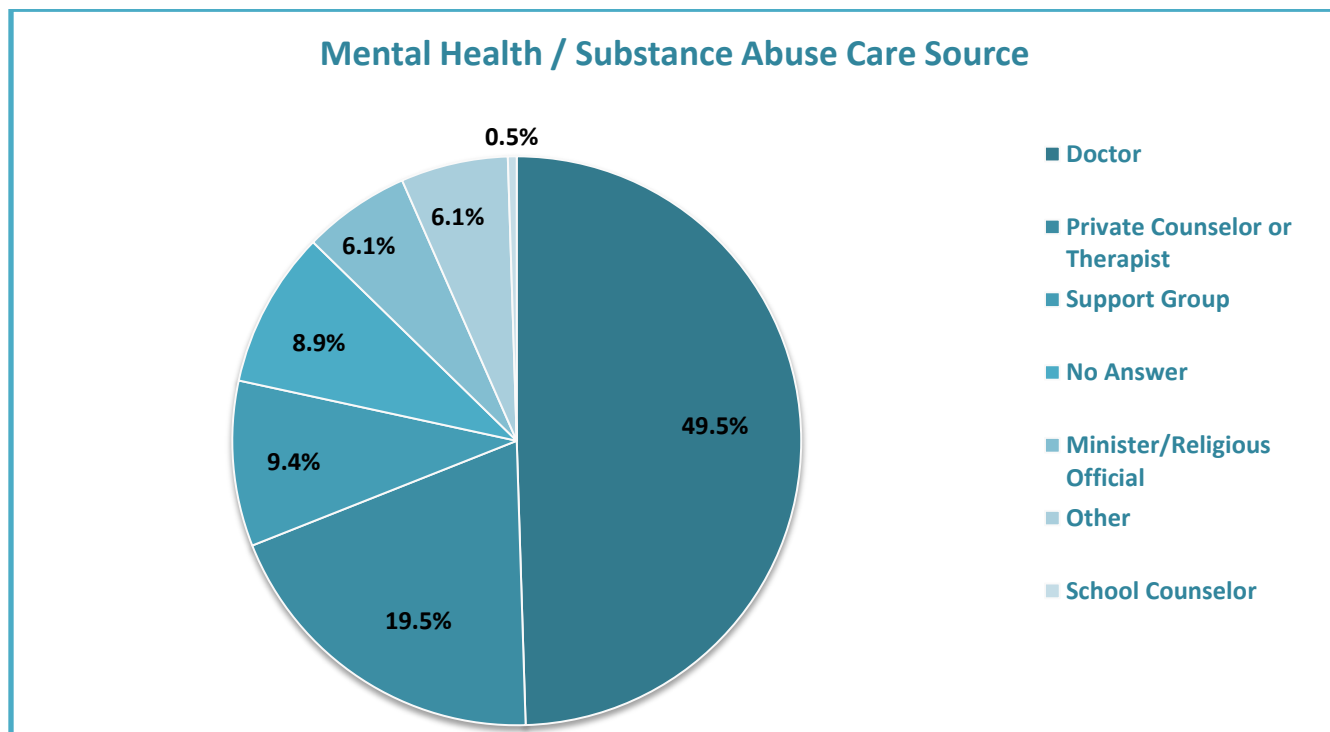
- Personal/Family problems – 6
- Financial problems – 5
- Community/Lack of Community Resources – 3
- Safety -2
- Racial inequity – 1

Following are response percentages to questions about Mental Health in the FirstHealth 2018 CHNA survey.

Mental Health Factor	Percentage of FirstHealth 2018 CHNA Survey Participants
3+ Days of Poor Mental Health in Past Month	23.5%
Have had Symptoms of Chronic Depression for 2+ Years	33.4%
Have had 3+ Days that were Worried, Tense or Anxious in Past Month	36.7%
Have Ever Sought Help for Mental Health	30.5%
Was Unable to Get Mental Health Services in Past Year	3.0%
Percentage that said they had “Fair/Poor” Mental Health	17.7%

From the CHA Public Survey:

If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to call or talk to?



By the Numbers – Substance Abuse

The following statistical data on Opioid use and consequences is from the NC Opioid Action Plan (<https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>).

4

Montgomery County
resident unintentional
opioid overdose deaths
in 2018

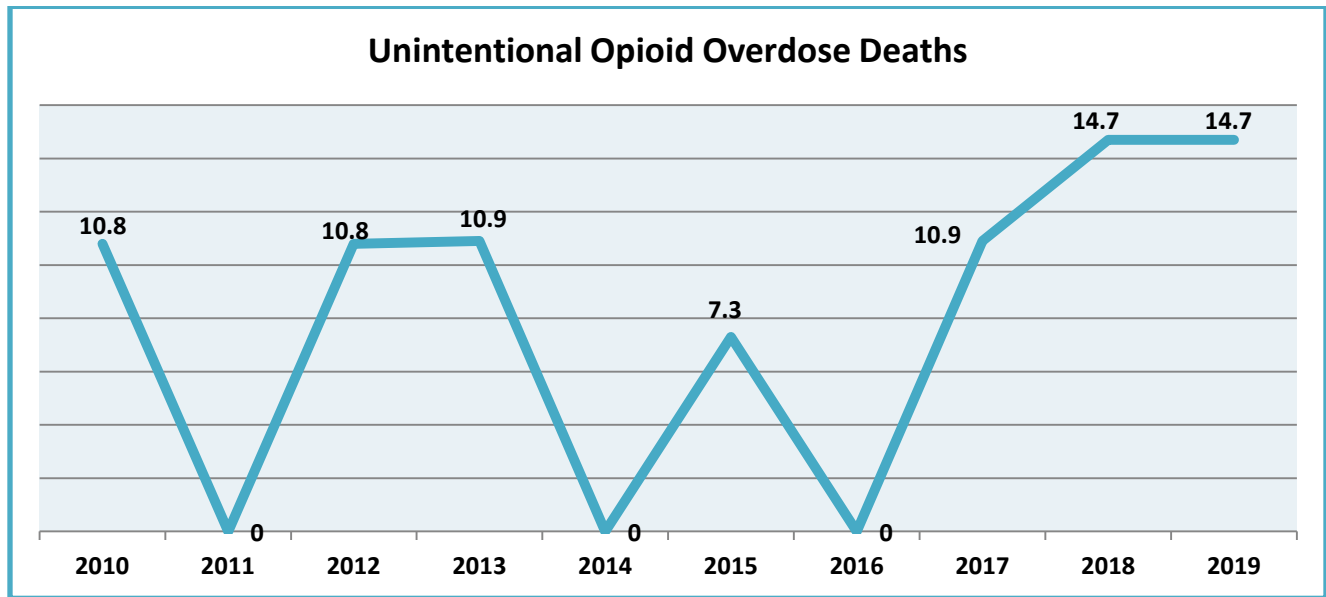
16

Montgomery County
resident opioid
overdose ED visits in
2018

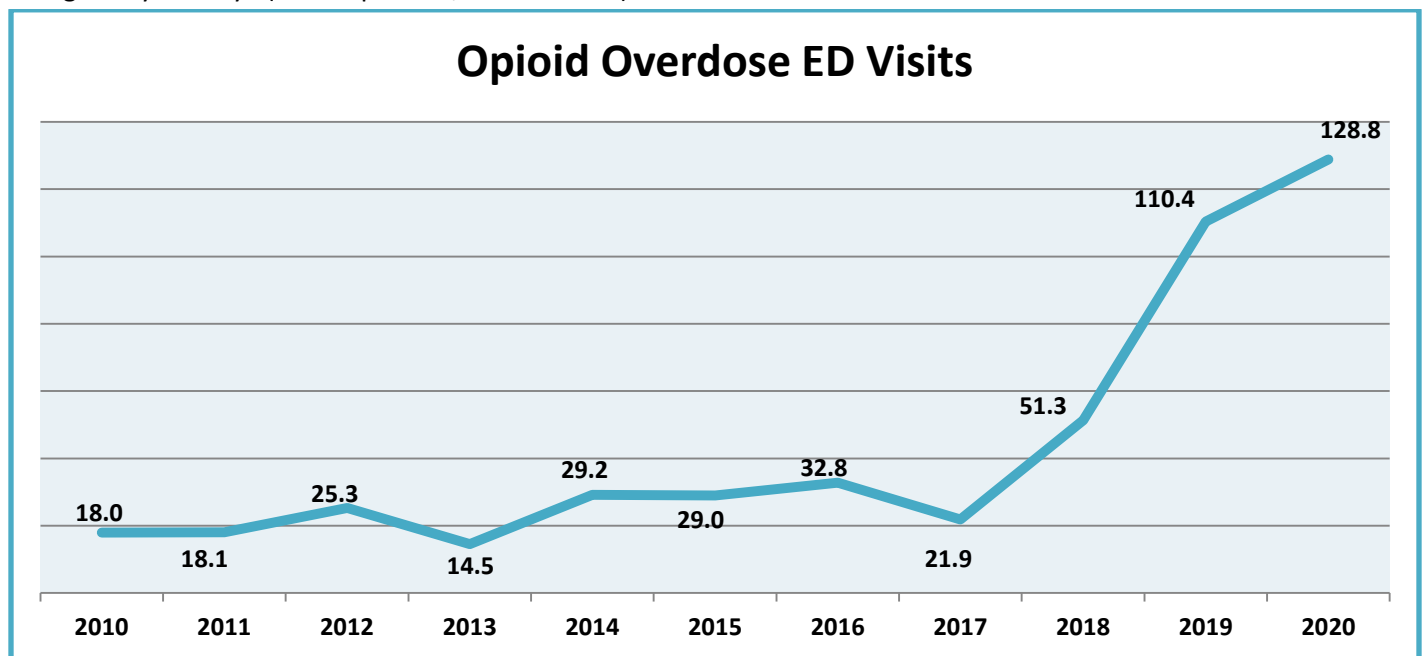
1,765,000

Opioid pills dispensed to
Montgomery County
residents in 2018

The following graph shows the Rate of Unintentional Opioid Overdose Deaths among residents of Montgomery County (Rate is per 100,000 residents)

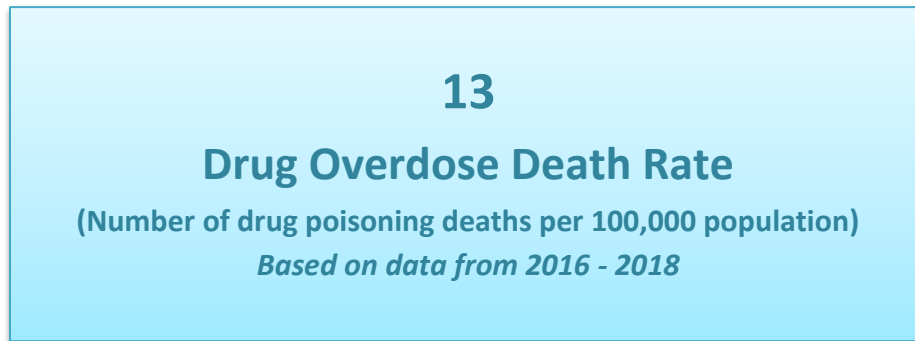


In the following graph is presented the Rate of Opioid Overdose Emergency Department (ED) Visits among residents of Montgomery County. (Rate is per 100,000 residents).

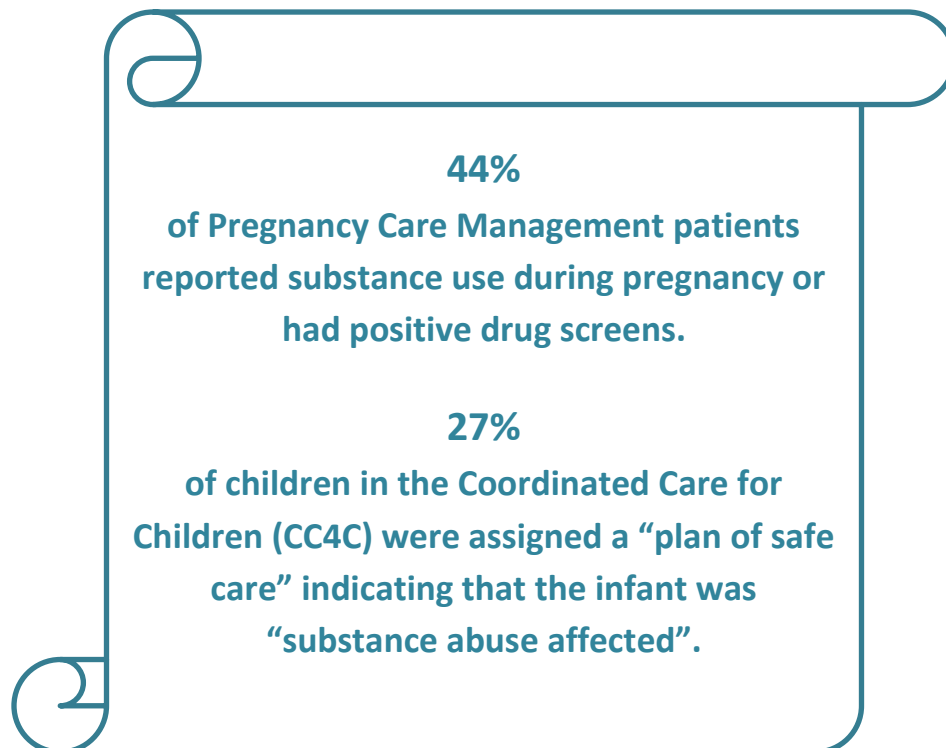


The 2 previous graphs illustrate the increase in Opioid Overdose Deaths and Emergency Department (ED) Visits since 2010. There has been a drastic increase in ED visits since 2017.

The following rate from the County Health Rankings & Roadmaps includes deaths from Opioids and other drugs.

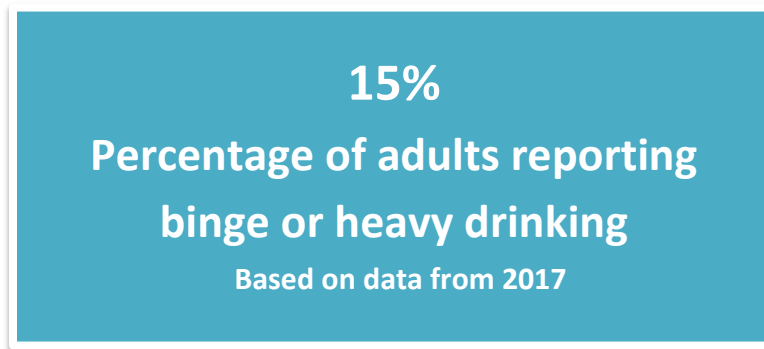


Montgomery County Department of Health Staff is aware that there is a significant problem of Substance Abuse among their prenatal patients. For the CHA, data related to this concern was collected from the Montgomery County Health Department records. Following are important statistics on this issue.

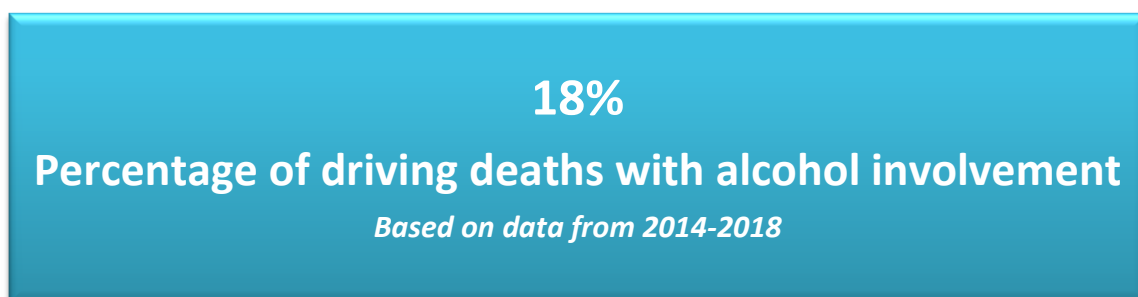
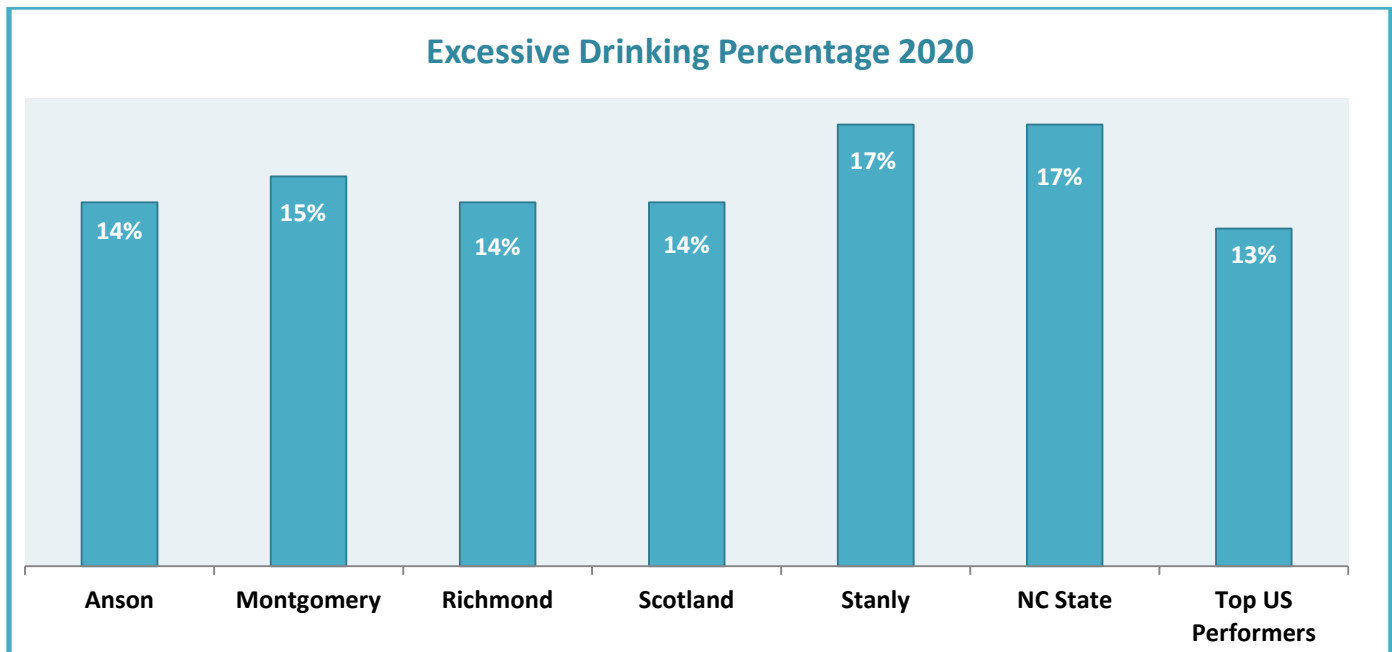


It is important to keep in mind that these statistics apply only to patients of the Montgomery County Health Department. Other pregnant females are getting prenatal care at other providers and some are not getting any prenatal care. Other factors such as the staffing shortage at the Department of Social Services make it very likely that the above percentages are less than the actuals.

The data provided on this page is from the County Health Rankings and Roadmaps.



The following graph compares the Excessive Drinking percentage of Montgomery County with its peer counties, the State and the Top US Performers.



In the CHA Public Survey participants were asked what they thought were the most important unhealthy behaviors in Montgomery County. Participants were allowed to choose up to 5 from a list of 16. Three of the Unhealthy Behaviors are related to Drug Use/Substance Abuse. Following are the rankings and percentages of participants who said these are of the most important.

Unhealthy Behavior	CHA Survey Rank	Percentage of CHA Survey Participants
Illicit Drug Abuse	1	65.6%
Prescription Drug Abuse	3	43.3%
Drunk Driving	4	42.8%

These 3 Unhealthy Behaviors ranked higher than behaviors such as not getting checkups/screenings, lack of exercise and tobacco use. The #2 unhealthy behavior as ranked by survey participants was poor eating habits.

Participants in the survey associated with the FirstHealth 2018 CHNA were asked questions about drug use, substance abuse and alcohol use. The following table provides the percentage of responses.

Behavior	Percentage of Survey Participants
Current Drinker	37.8%
Binge Drinker Single Occasion (5+ Drinks for Men, 4+ Drinks for Women)	6.3%
Excessive Drinker	7.0%
Illicit Drug Use in Past Month	0.4%
Illegal Drug Use by Member of Household in Past Year	4.4%
Prescription Drug Abuse by Member of Household in Past Year	1.2%
Ever Sought Help for Alcohol or Drug Problem	6.3%
Life Negatively Affected by Substance Abuse	40.8%

CHA Survey participants were provided a list of 12 health related topics and asked which ones they (or their children) needed additional information on – 30.5% of participants answered this question. Of those who answered this question, 35.9% said they or their children need more information on Mental Health. 26.6% said they or their children need more information on Alcohol.

Drugs Use/Substance Abuse was not included in the list of most important Health Problems in the CHA Public Survey. However, survey participants were able to write in Health Problems.

Sixteen people provided a write-in Health Problem; half (8) of those who provided a write-in Health Problem named Drug Use/Substance Abuse as a problem.

Minority Health Equity

One of the chosen priorities to be addressed during the following three years is Minority Health Equity. This issue was chosen as a priority in part because of the statistical data collected during the CHA process. Another factor in choosing this as a priority was the input and insight from a group of Key Informants that due to their professional positions and involvement with minorities in the County are aware of factors that cause or perpetuate inequities.

Following are the primary factors influencing the choosing of this issue as a priority:

- The high percentage of minority deaths in several *Leading Causes of Death* compared to the percentage of minority population percentages.
- The high percentage of incident rate for minorities in some diseases and health conditions compared to the percentage of minority population percentages.
- Cultural norms that hamper access to and use of health care, as shared by Key Informants.
- They are related to (affects/causes or is impacted by) several of the Health NC 2030 Health Indicators and the Desired Results:
 - Improve child well-being
 - Reduce overweight and obesity
 - Improve birth outcomes
 - Decrease infant mortality
 - Increase life expectancy

By the Numbers – Minority Health Equity

On the following pages is presented statistical information on these factors as they relate to minorities:

- Cause of Death
- Life Expectancy
- Diseases and Health Conditions
- Births

Cause of Death – Minority Health Equity

The table on the following page provides details on Cause of Death by Race/Ethnicity and compares it to the percentage of populations by Race/Ethnicity. The statistics are from the North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>. The source for the population percentages is the 2019 American Community Survey 5-year average.

Cause of Death 2014 – 2018 Period	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/ African Americans	Percentage of County Population that is Black/African American	Percentage of Deaths in Other Race or Ethnicity as stated below	Percentage of County Population that is Stated Race or Ethnicity
Homicide Note: Total of 8 deaths, all Males	25.0%	75.6%	62.5%	17.6%	12.5% Other Race	6.8%
Nephritis, Nephrotic Syndrome & Nephrosis	37.8%	75.6%	37.8%	17.6%	12.5% Other Race	6.8%
Diabetes	63.9%	75.6%	36.1%	17.6%		
Other Unintentional Injuries	67.5%	75.6%	27.5%	17.6%	2.5% Hispanic	15.4%
Cancer	75.8%	75.6%	22.3%	17.6%	1.9% Hispanic	15.4%
Alzheimer's disease	80.6%	75.6%	19.4%	17.6%		
Pneumonia & Influenza	81.1%	75.6%	18.9%	17.6%		
Diseases of the Heart	79.7%	75.6%	18.3%	17.6%	1.3% Hispanic	15.4%
Cerebrovascular disease	79.5%	75.6%	17.8%	17.6%		
Unintentional Motor Vehicle Injuries	75.8%	75.6%	15.2%	17.6%	9.0% Hispanic	15.4%
Chronic Lower Respiratory disease	86.5%	75.6%	12.5%	17.6%		
Septicemia	87.5%	75.6%	12.5%	17.6%		
Suicide	94.7%	75.6%	5.3%	17.6%		

Highlights in the above chart show:

- 4% to 10% higher percentage of deaths than population percentage.
- 11% to 21% higher percentage of deaths than population percentage.
- 22% or more higher percentage of deaths than population percentage.

More detailed breakdown by Race on Heart Disease and Cancer are provided in the charts on the following page. The statistics are from the North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>. The source for the population percentages is the 2019 American Community Survey 5-year average.

Diseases of the Heart Deaths

Diseases of the Heart Cause of Death	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/African Americans	Percentage of County Population that is Black/African American	Percentage of Deaths in Other Race or Ethnicity as stated below	Percentage of County Population that is Stated Race or Ethnicity
Total Diseases of the Heart # 1 Cause of Death for Whites	79.7%	75.6%	18.3%	17.6%	0.6% Other Race ----- 1.3% Hispanic	6.8% Other Race ----- 15.4% Hispanic
Hypertensive Diseases	70.0%	75.6%	30.0%	17.6%	N/A	N/A
Other Heart Diseases	72.0%	75.6%	28.0%	17.6%	N/A	N/A
Ischemic (Coronary) Heart Disease	85.7%	75.7%	14.3%	17.6%	0.9% Other Race ----- 1.8% Hispanic	6.8% ----- 15.4%

Cancer Deaths

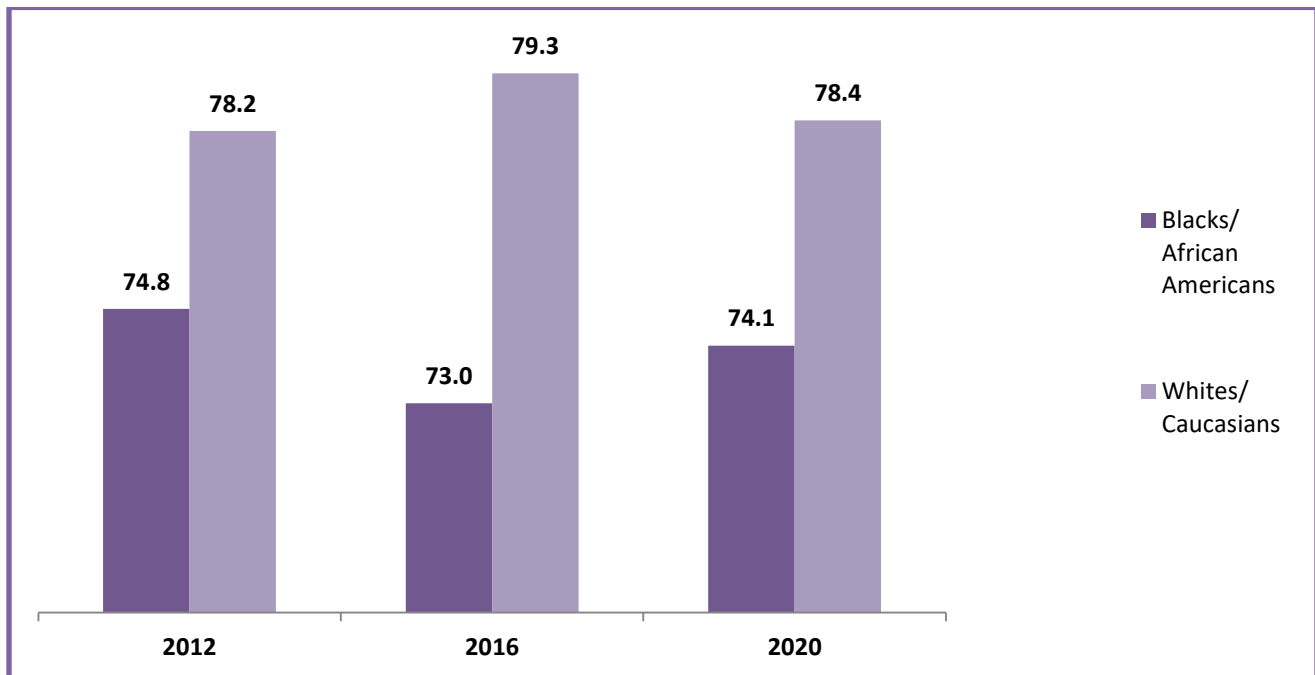
Cancer Cause of Death	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/African Americans	Percentage of County Population that is Black/African American	Percentage of Deaths in Other Race or Ethnicity as stated below	Percentage of County Population that is Stated Race or Ethnicity
Total Cancer Deaths #1 Cause of Death for Blacks	75.7%	75.6%	22.3%	17.6%	1.9% Hispanic	15.4% Hispanic
Colon Rectum & Anus	80.8%	75.6%	19.2%	17.6%	N/A	N/A
Pancreas	76.0%	75.6%	20.0%	17.6%	4.0% Hispanic	15.4% Hispanic
Trachea, Bronchus & Lung	75.0%	75.6%	22.7%	17.6%	2.3% Hispanic	15.4% Hispanic
Breast All Female	85.7%	75.6%	14.3%	17.6%	N/A	N/A
Prostate All Male	78.3%	75.6%	21.7%	17.6%	N/A	N/A

Highlights in the above chart show:

- 4% to 10% higher percentage of deaths than population percentage.
- 11% to 21% higher percentage of deaths than population percentage.

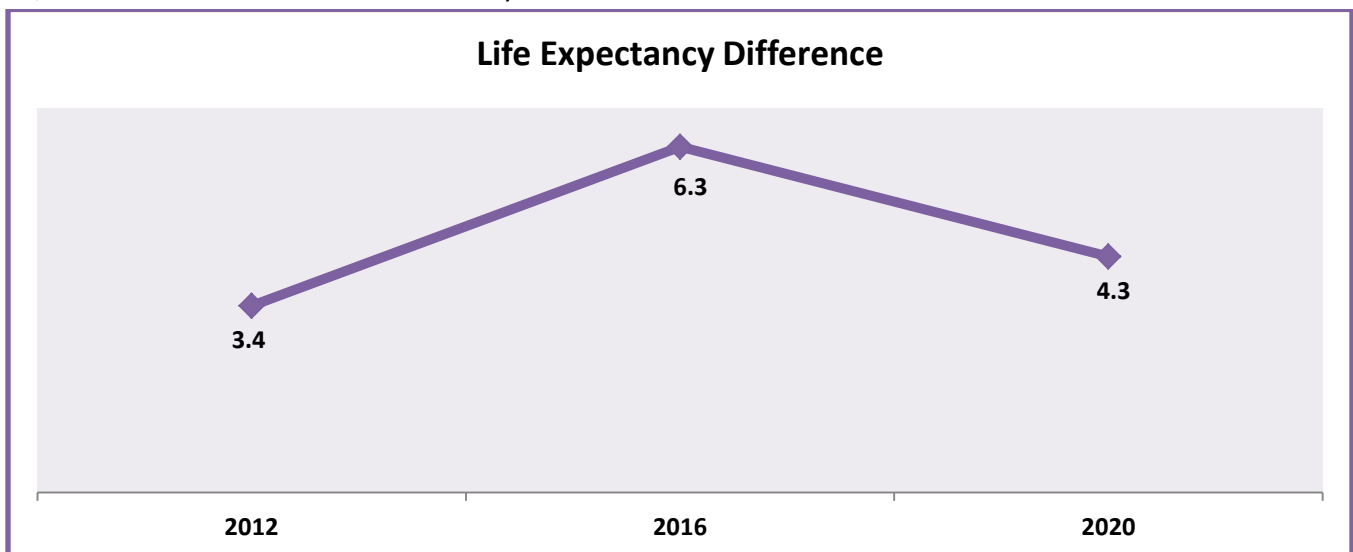
Life Expectancy – Minority Health Equity

Life Expectancy is a common measurement used to determine equity between races and ethnicities. The following graph provides a comparison between Life Expectancy in Years for Blacks/African Americans and Whites/Caucasians now and at the time of the last two CHAs.



The Life Expectancy for Whites/Caucasians has been consistently higher than that of Blacks/African Americans.

Following is a graph that shows the additional number of years of Life Expectancy for Whites/Caucasians over Blacks/African Americans at the CHA interval years.



Diseases & Health Conditions – Minority Health Equity

Kidney Disease disproportionately affects Blacks/African Americans and, to a lesser degree, people of Hispanic ethnicity. Nephritis, Nephrotic Syndrome and Nephrosis is the #5 Leading Cause of Death among Blacks/African Americans even though it is the #10 Leading Cause of Death overall.

Renal Failure and the need for Dialysis can result from Kidney Disease. Following is data that provides additional insight on Dialysis in Montgomery County from the “United States Renal Data System, 2020 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD 20892” (www.usrds.org)

Category	Number	Percentage of total in Montgomery County on Dialysis	Category’s Percentage of Total County Population (According to ACS 5-year average)
White Male	110	29.0%	
Black Male	95	25.1%	
White Female	59	15.6%	
Black Female	90	23.7%	
Asian Male	19	5.0%	
Asian Female	*	*	
Hispanic Male	21	5.5%	
Hispanic Female	14	3.7%	
Black	185	48.8%	17.6%
White	169	44.6%	75.6%
Hispanic	35	9.2%	15.4%
Asian	19	5.0%	1.4%
Male	205	54.1%	49.0%
Female	149	38.3%	51.0%
Caused by Diabetes	151	39.8%	
Caused by Hypertension	97	25.6%	
Caused by Hypertension or Diabetes	248	65.4%	
Ages 35 to 59	136	35.9%	31.7%
Ages 60 +	233	61.5%	21.1%

Two surveys were conducted in early 2020 to help understand the health condition of the minority populations in Montgomery County.

- Better Together Montgomery is a grant funded organization that is working to improve the quality of life in the Peabody and Brutonville Communities by addressing disparities. These communities are predominantly African American. This survey did not ask the Race or Ethnicity of the participants.
- The Montgomery County Department of Health conducted a Health Equity Survey through Spanish Speaking Churches in the County. The race/ethnicity demographics of the participants was:
 - Hispanic/Latino – 68.6%
 - Black/African American – 11.4%
 - White/Caucasian 17.1%
 - American Indian/Alaska Native – 2.9%

Following is a chart that provides responses from these surveys on the health conditions of the participants.

Disease/Health Condition	Brutonville Survey	Peabody Survey	MCDH Health Equity Survey
Diabetes	53.3%	38.7%	20.0%
Arthritis	40.0%	45.2%	Not asked
Asthma	40.0%	22.6%	Not asked
Stroke	13.3%	16.1%	5.7%
High Blood Pressure	60.0%	67.7%	28.6%
Cancer	6.7%	9.7%	2.9%
Heart Disease	33.3%	6.5%	5.7%
Obesity	57.1%	44.4%	Not asked
Respiratory Disease	Not asked	Not asked	2.9%
Stress level of 7 or more on scale of 1 to 10 (Better Together Surveys)	33.4%	51.6%	See next line
Mental Illness/Depression (MCDH Health Equity Survey)	See above line	See above line	2.9%
Alzheimer's disease	Not asked	Not asked	0
Kidney Disease	Not asked	Not asked	0

According to the 2018 North Carolina STD Surveillance Report the monitored Sexually Transmitted Diseases have a higher rate of occurrence in Blacks/African Americans. Following are related statements from the report.

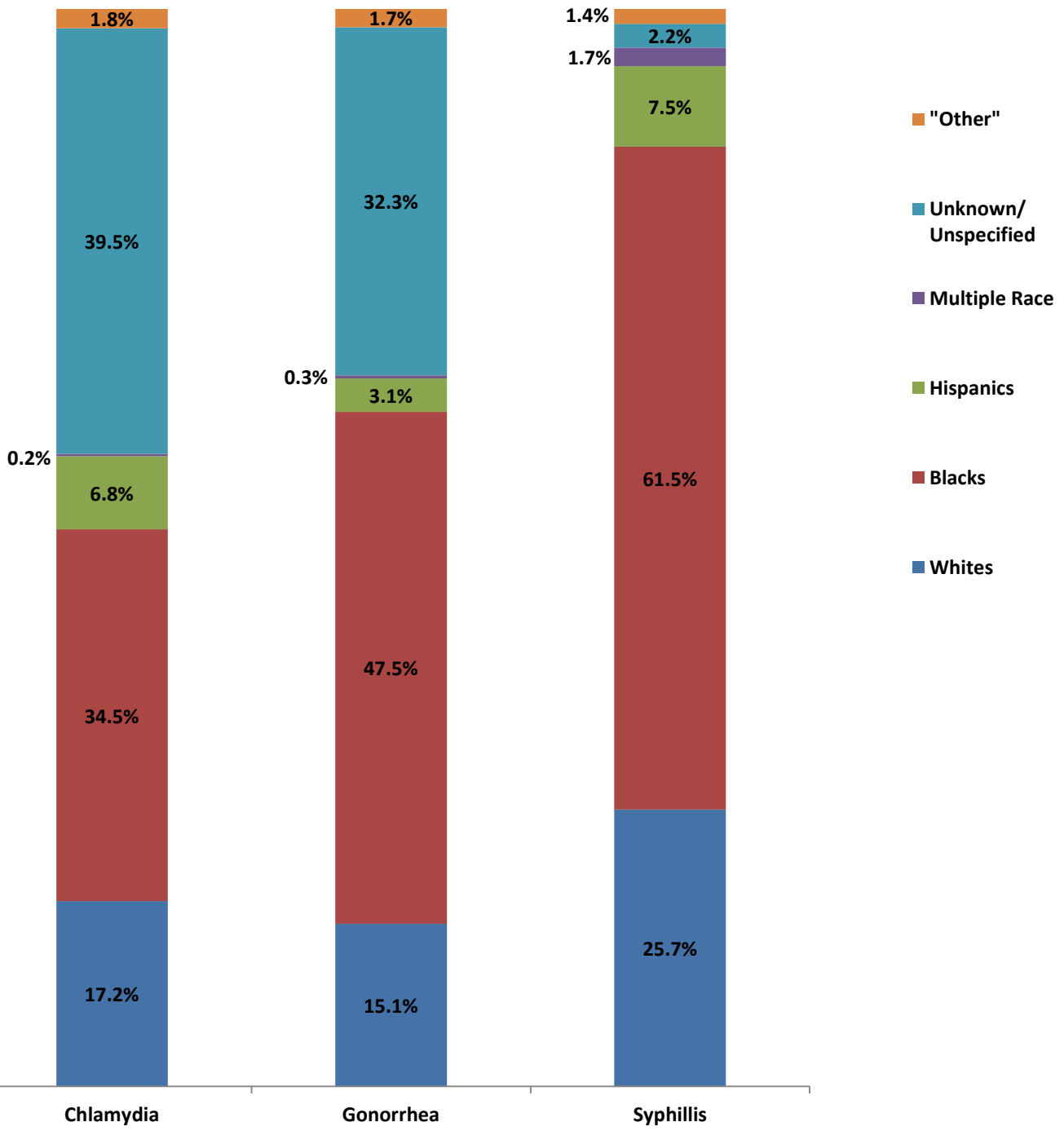
In 2018, Black/African American men and women had the highest chlamydia rates (702.1 and 1,266.3 per 100,000, respectively) and accounted for 34.5% of people diagnosed with chlamydia.

In 2018, Black/African American men and women had the highest gonorrhea rates (557.2 and 425.6 per 100,000, respectively) and accounted for 47.5% of people diagnosed with gonorrhea.

Black/African men had the highest rates of early syphilis (89.7 per 100,000) and accounted for 50.3% of total early syphilis cases in 2018.

Demographic information is not available by County. Percentages by Race/Ethnicity for North Carolina are provided in the graph on the following page.

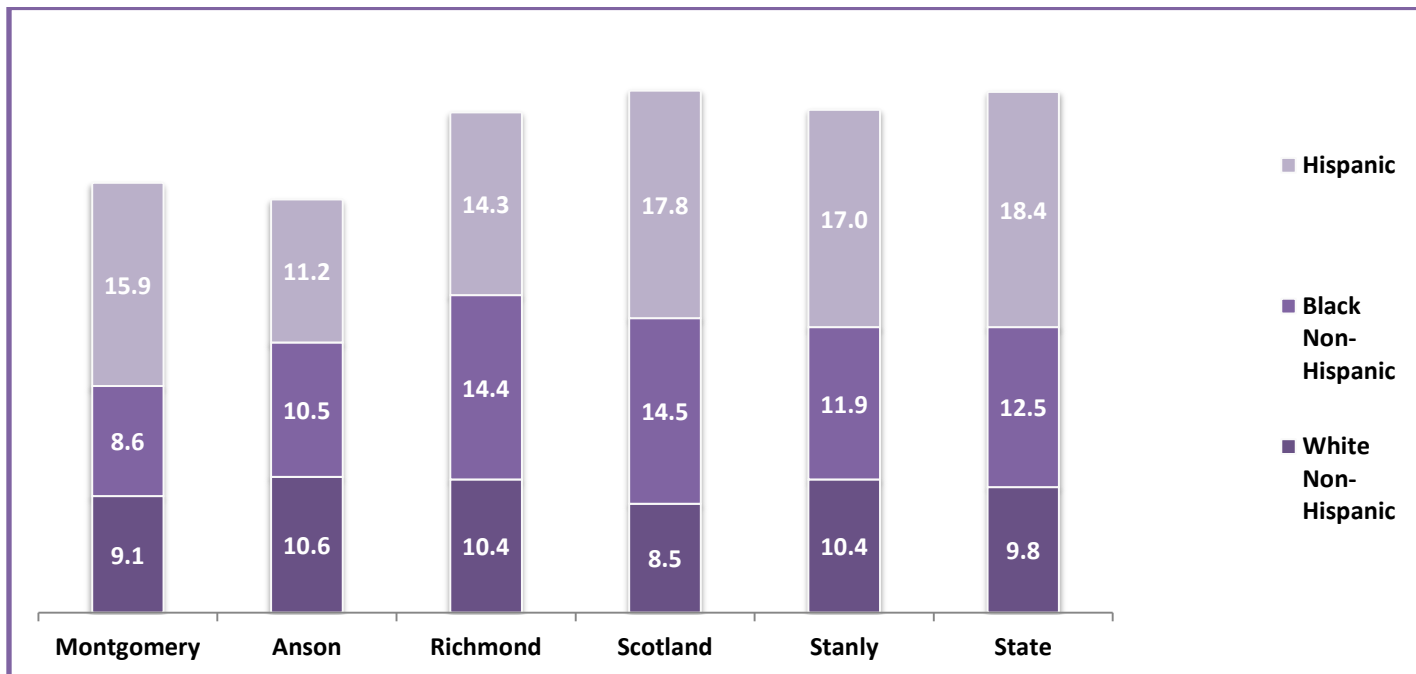
Demographic Percentages of North Carolina STD Rates



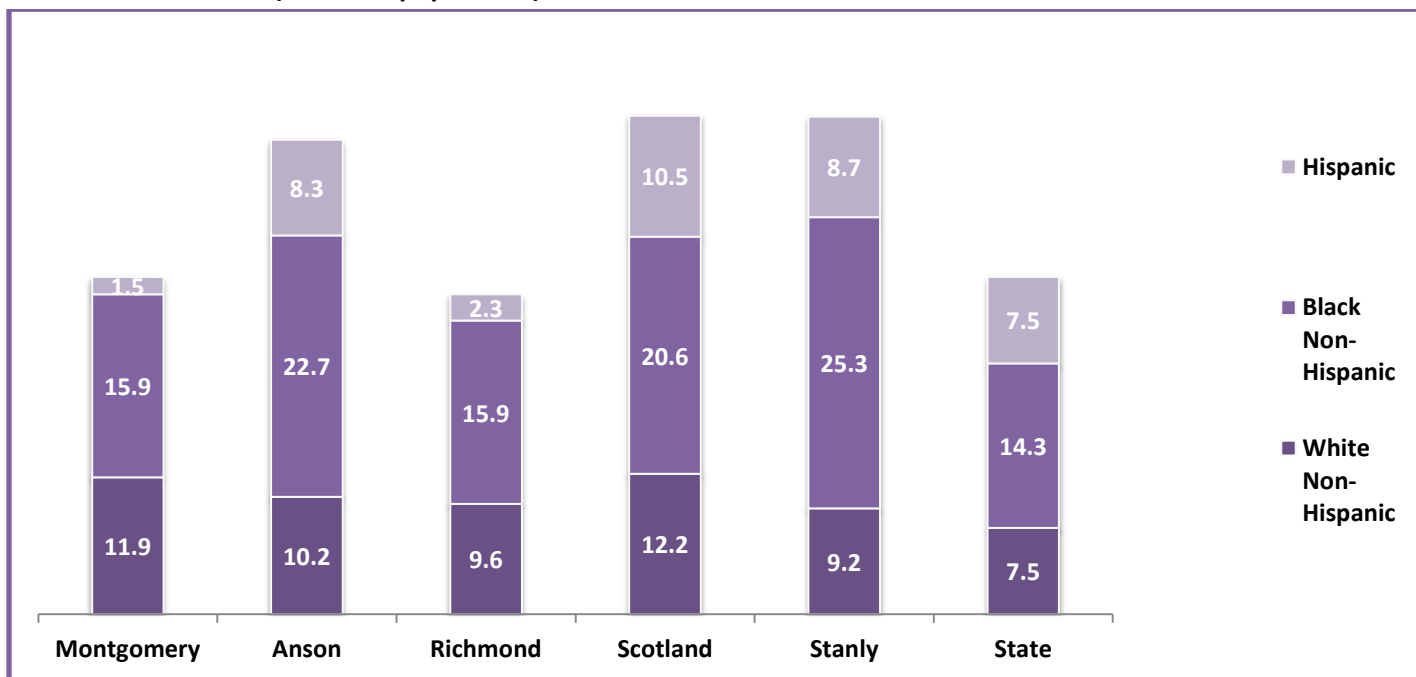
Births – Minority Health Equity

The following graphics provide data including demographics from the NC State Center for Health Statistics (Vital Statistics Volume 1 2018 and County Databook) on births and infant deaths in Montgomery County compared to births in its peer counties and the State.

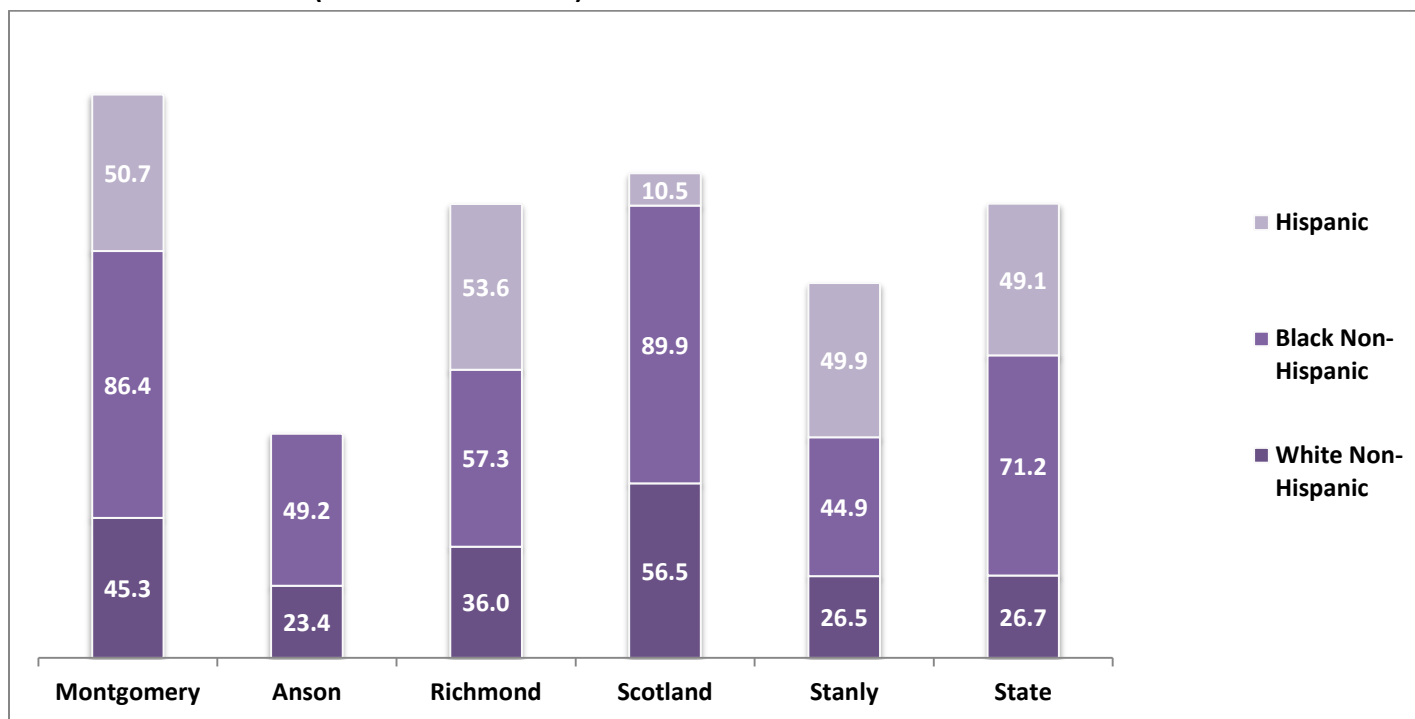
Live Birth Rates 2018 (based on population)



Low Birth Rates 2018 (based on population)

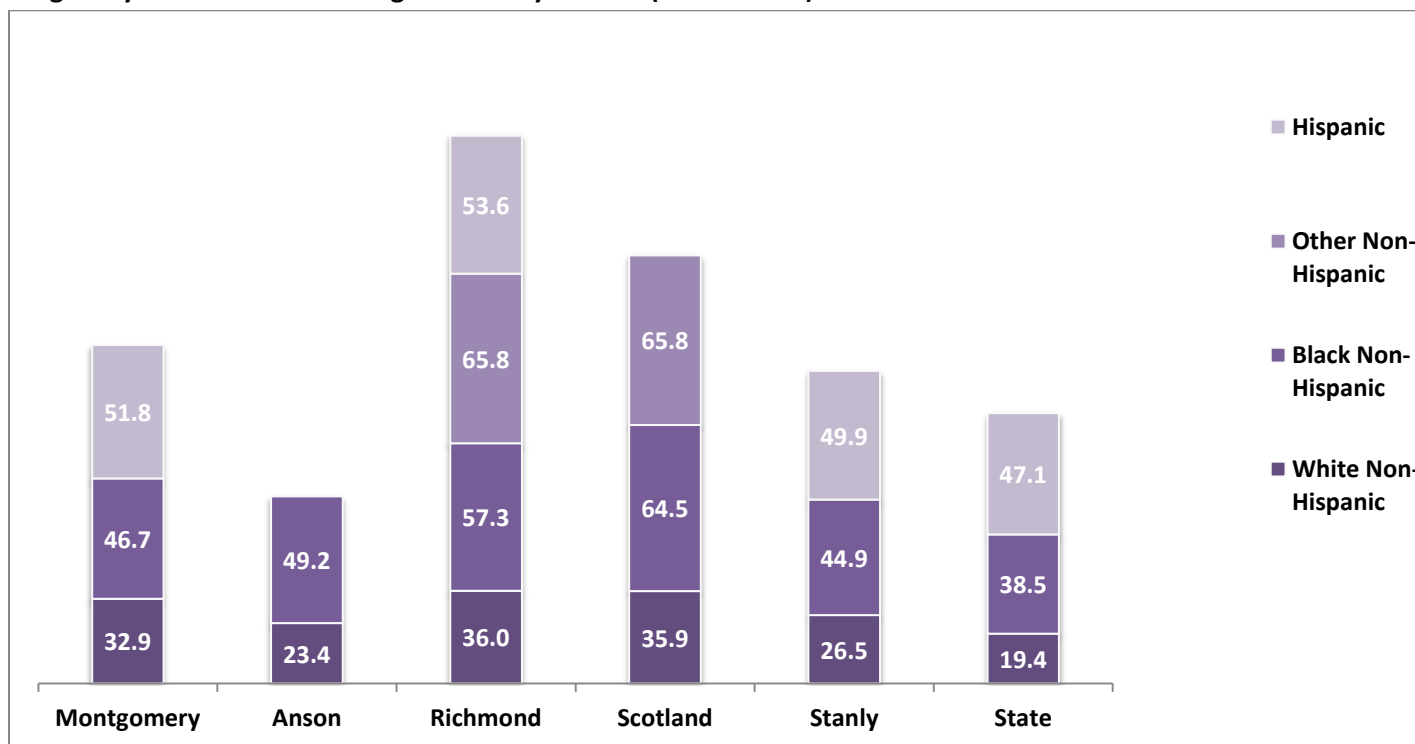


Unmarried Mother 2018 (based on total births)



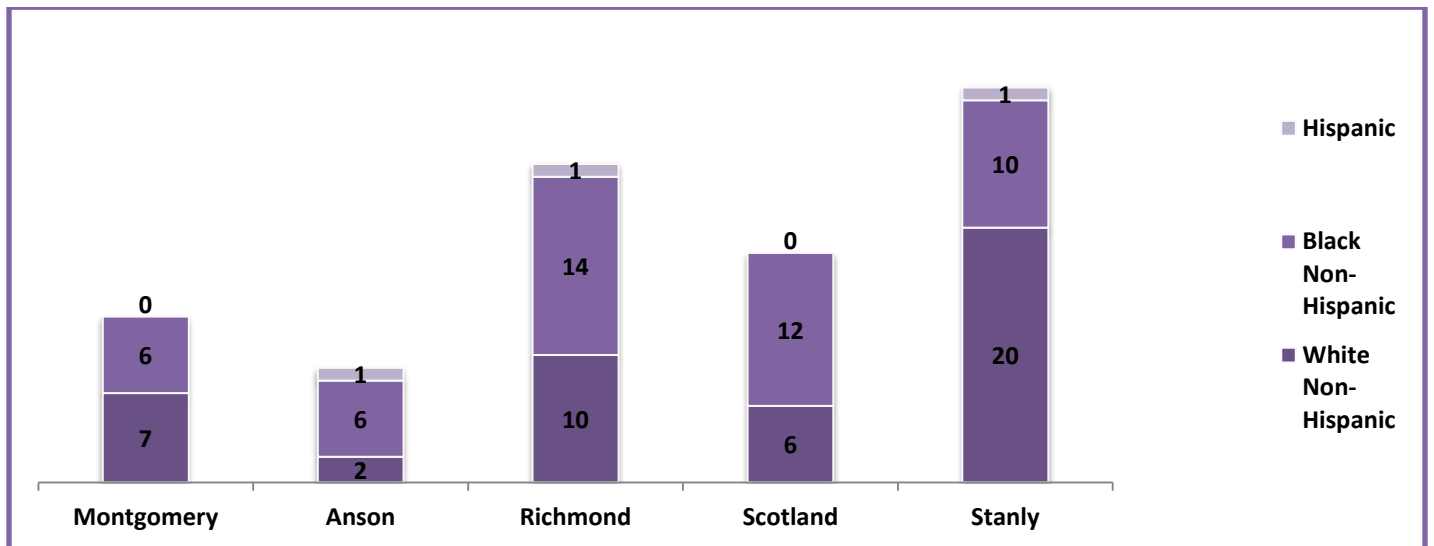
Anson County did not have an adequate number of births to Unmarried Hispanic women to calculate a rate.

Pregnancy Rates of Residents Ages 15 – 19 years old (2014 – 2018)



For some counties Other Non-Hispanic and Hispanic classifications the number of pregnancies was too low to formulate a rate.

Infant Deaths per 1,000 Live Births by Race/Ethnicity, 2014-2018



NC Resident Fetal Death Rates per 1000 Deliveries, 2014-2018



NC Resident Neonatal (<28 Days) Death Rates per 1,000 Live Births (2014-2018)



Summary of Birth Statistics

The following table compares the Birth Statistics of Montgomery County to its peers and the State.

Area	Comparison
Live Birth Rate 2018	Montgomery County's Rate (9.1) was lower than the State and all of its peer counties except Scotland (8.5)
Low Birth Rates 2018	Montgomery County's Rate for White Non-Hispanic Low Birth Rate (11.9) was higher than the State and all of its peer except Scotland. The Black Non-Hispanic Low Birth Rate was lower than all of its peers except Richmond, with which it tied at 15.9; its rate was 1.6 points higher than the State. The County's rate for Hispanic Low Birth Rates (1.5) was lower than all peer counties and the State.
Unmarried Mothers 2018	Montgomery County's Rates of Unmarried Mothers Non-Hispanic White and Black were higher than all of the State and all of its peer counties except Scotland County. The Rate of Unmarried Hispanic Mothers was very close to the State and its peer counties except Anson (0) and Scotland (10.5)
Pregnancy Rates of Residents Ages 15 – 19 (2014-2018)	Montgomery County's Rate for White Non-Hispanic births (32.9) was higher than the State (by 13.5 points), Anson (by 9 points) and Stanly (by 6.4 points); it was lower than Richmond and Scotland counties. The rate for Black Non-Hispanic births (46.7) was lower than 3 of its peer counties (by at least 2.5 points), but it was 13.8 points higher than the White Non-Hispanic births in Montgomery County. The rate for Hispanic births was lower than 2 peer counties (by at least 0.9 points), but was higher than the Montgomery County rates for Whites and Blacks.
Infant Deaths per 1,000 Live Births 2014-2018	There was a lot of variance on the Infant Death Rates between Montgomery and its peer counties. Montgomery was equal to or better than all of its peer counties for Infant Deaths in Blacks Non-Hispanic. There were no Hispanic Infant Deaths reported. Infant Deaths in Whites Non-Hispanic was one point higher than Blacks.
Fetal Death Rates per 1,000 Deliveries 2014-2018	Montgomery County's rate of Black Non-Hispanic Fetal Deaths was lower than all of its peer counties and was 2 points higher than the White Non-Hispanic rate. The rate for Hispanics was equal to or lower than peer counties except for Anson which had no Hispanic Fetal Deaths.
Neonatal (<28 days) Death Rates per 1,000 Live Births 2014-2018	Only Anson County had a lower rate than Montgomery County of the Neonatal Rate (by 1 point) for Blacks Non-Hispanics. The rate for Blacks Non-Hispanic was one point higher than the rate for Whites Non-Hispanics within Montgomery County. There were no Neonatal Deaths in Hispanics.

Public Input – Minority Health Equity

In this section is public input about Minority Health. The input is provided by the following:

- Key Informant interviews
- Better Together Montgomery surveys in Brutonville and Peabody Communities
- Health Equity Survey conducted by Montgomery County Department of Health

Key Informant Interviews – Minority Health Equity

Interviews were conducted with Key Informants that through their professional positions, community involvement and place of residence are able to represent the opinions and concerns of the Black/African American population in Montgomery County. The persons interviewed:

Interviewed:

Key Informant	Position	Organization
Demond Hairston	Community Centered Health Coordinator	Better Together Montgomery
Bridgett Bennet	Community Connector – Peabody Community	Better Together Montgomery
Willie Moore	Community Connector – Brutonville Community	Better Together Montgomery
Vera Richardson	Counselor	Montgomery County Schools
Dr. Pandora Smith-Dumas	DMT, MSN, CMSRN, RN	Nurse Educator

According to these Key Informants the most prevalent diseases/health conditions in the Black/African American population and the County are:

- Hypertension – all five
- Overweight/Obesity – all five
- Diabetes – 4
- Mental Health/Stress – 4
- Teen Pregnancy – 1
- Kidney Disease/Dialysis – 1
- Heart Disease – 1
- COPD – 1
- Substance Abuse – 1

Following is a summary of the issues and needs related to health that were shared by the Key Informants

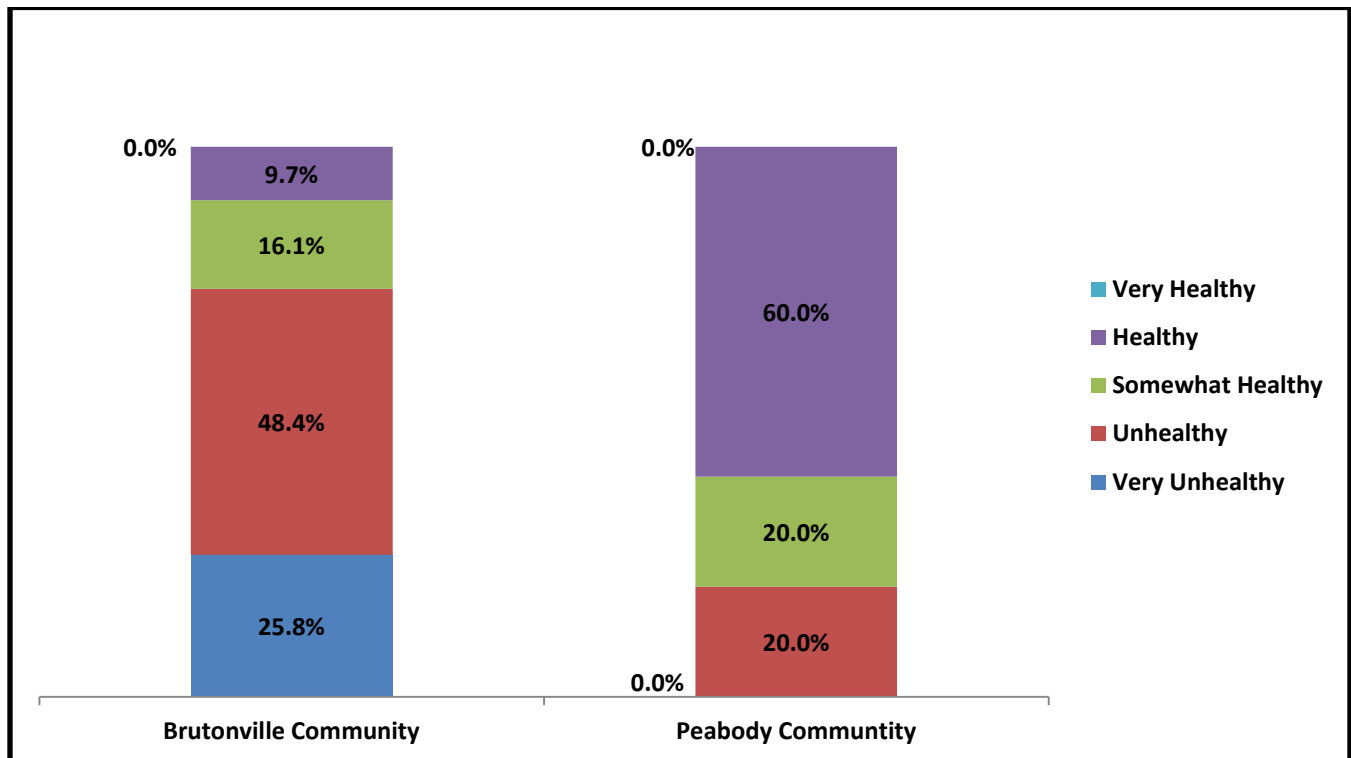
- Lack of knowledge/understanding of health. This is more prevalent in lower income groups and is not limited to Blacks/African Americans or any minority. All 5 Key Informants mentioned this issue, but there were various factors mentioned. The factors are listed below:
 - Do not understand cause and effect of behaviors such as:
 - Impact of not taking medication consistently.
 - Impact of diet on health, disease.
 - Impact of sedentary life style.
 - Do not understand when to seek care or that prevention is important.
 - Do not seek care until in an emergency situation.
 - Think must be really sick to go to the Doctor.
 - Because many people do not seek care until they are desperate they end up in Emergency Department at a hospital because the situation is that dire or because they are not able to get an appointment with a health care provider quickly enough.
 - Do not grasp concept of preventative care.

- Believe cannot afford care, so do not even attempt to get:
 - Health insurance.
 - Health care.
 - Medication.
 - Surgery or Procedure.

Note: Many lower income people cannot afford the co-pay/deductible or even premium of health insurance, but do not qualify for Medicaid because of income and/or home ownership. It was a common opinion that lower income people with Medicaid seek care more often than those with private insurance.
- Minorities have culture norms that hamper getting health care.
 - Blacks are not comfortable talking with doctors because:
 - Are afraid they will be seen as disrespectful and possibly punished if ask questions.
 - Do not know what information should be shared with doctor (i.e. all symptoms, history, etc.).
 - Do not tell provider that something did not work or is not helping, just stop doing/taking and maybe even do not go back.
 - Do not trust health care providers in general. Most prevalent reason is that provider “does not look like him/her”.
 - Spanish speaking people are fearful:
 - Distrust authority.
 - Fearful of deportation for self or family members.
 - Assume they will be suspected of undocumented status or something illegal.
- Lack of ability to eat a healthy diet or do not understand how to eat a healthy diet:
 - Feel cost is too high.
 - Lack time to shop and prepare fresh/healthy foods.
 - Widespread reliance on food banks puts many people in a position to accept less than healthiest foods.
 - Grocery stores with healthy food options are not available within safe walking distance for many.
- Lack of Transportation was mentioned by 3 people. This includes:
 - To health care, especially out-of-county specialists.
 - To get medications.
 - To purchase healthy food.
- Idle teens results in risky behaviors that impact their health and that of others.
 - Causes
 - Lack of jobs.
 - Lack of transportation to jobs.
 - Parents are not around to supervise behavior, food consumed, being physically active.
 - Outcomes
 - Get pregnant.
 - Use drugs.
 - Sell drugs.
 - Eat junk food.
 - Are physically inactive.

Better Together Surveys – Minority Health Equity

In the survey done by Better Together Montgomery in early 2020 participants were asked to rate the physical health of the residents of their specific community. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Participants were not asked about their race or ethnicity; however, the residents of the two communities are predominantly Black/African American. The following graph shows the responses of the survey participants.



The participants in the Better Together Montgomery surveys were asked: *What factors contribute to your rating of this community's physical health?* Following are the comments:

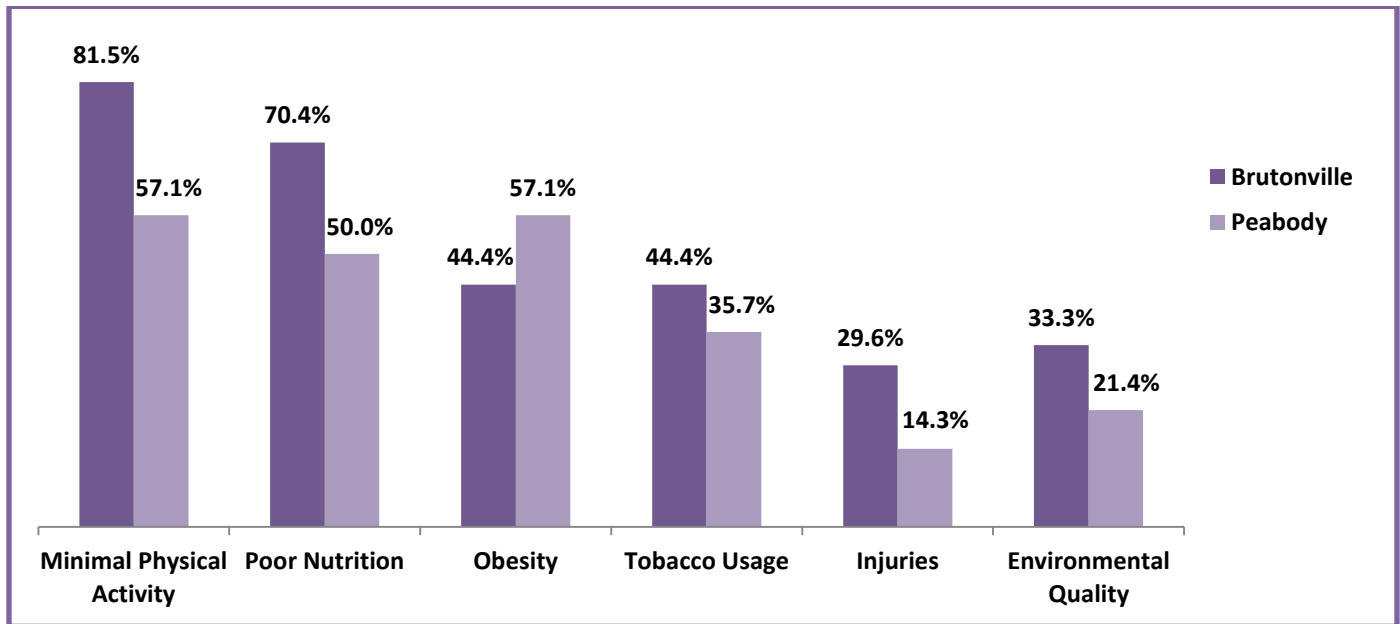
- Brutonville
 - No resources, nowhere to go to find resources.
 - The water system is not in good quality condition, nothing to do for recreation or socially.
 - This community needs to be cleaned up.
 - No involvement, I feel like I'm being held back compared to other communities I see. Lack of educating the community, we need to get involved in the government like voting and knowing what is going on.
 - No plans or programs in place for the community. We could use something like the YMCA for the entire family especially the children.
 - The community has a lot of trash. There is drug activity. The people aren't taking care of their trash.
 - Hearing the conversations between people about medications they are on.
- Peabody
 - The condition of the community, most people don't eat right or exercise because we don't know how to. We cook what we know to cook.
 - Nowhere to go to improve health.
 - Environment, lack of services and information.
 - The community doesn't get out much.

- Drug activity, housing not in good condition, need sidewalks for walking.
- Nowhere for people to exercise.
- Drug activity, nothing for the children to do, no resources.
- Poor eating habits, genetics.
- Lack of exercise. Need fitness. Substance abuse. Lack of resources. Need healthy choice like grocery stores.

Survey participants were asked: *What challenges prevent the residents of this community from being physically healthy?*
Following are the comments:

- Brutonville:
 - We don't have proper health care. No resources. No education for the community.
 - No resources, speed limit signs not on the roads, we could use some speed bumps. I feel unsafe out walking, I would probably walk more if I felt safer.
 - Eating habits, drug dealers make it unsafe.
 - No resources or access to reaching the healthy options.
 - Lack of knowledge, no exposure, and no initiatives.
 - We have a lot of lazy people who are on drugs and refuse to take care of their homes. People need to see something different. Drinking and drugs.
 - Transportation and education.
 - No resources.
- Peabody
 - Foods we eat, drugs are really bad over here, no one seems to care.
 - Little access to exercise opportunities.
 - Fear of the unknown.
 - Transportation challenges, health challenges, bad eating habits, not knowing how to cook healthy.
 - Need walking trails, educate on how to be healthy, the gym there needs enhancements, nowhere for the children to play, playground needed.
 - They don't have anything here.
 - Safety, not safe enough to be out in the community, drug activity.
 - Don't like change; ignorance, mindset.
 - Lack of exercise. Lack of resources.

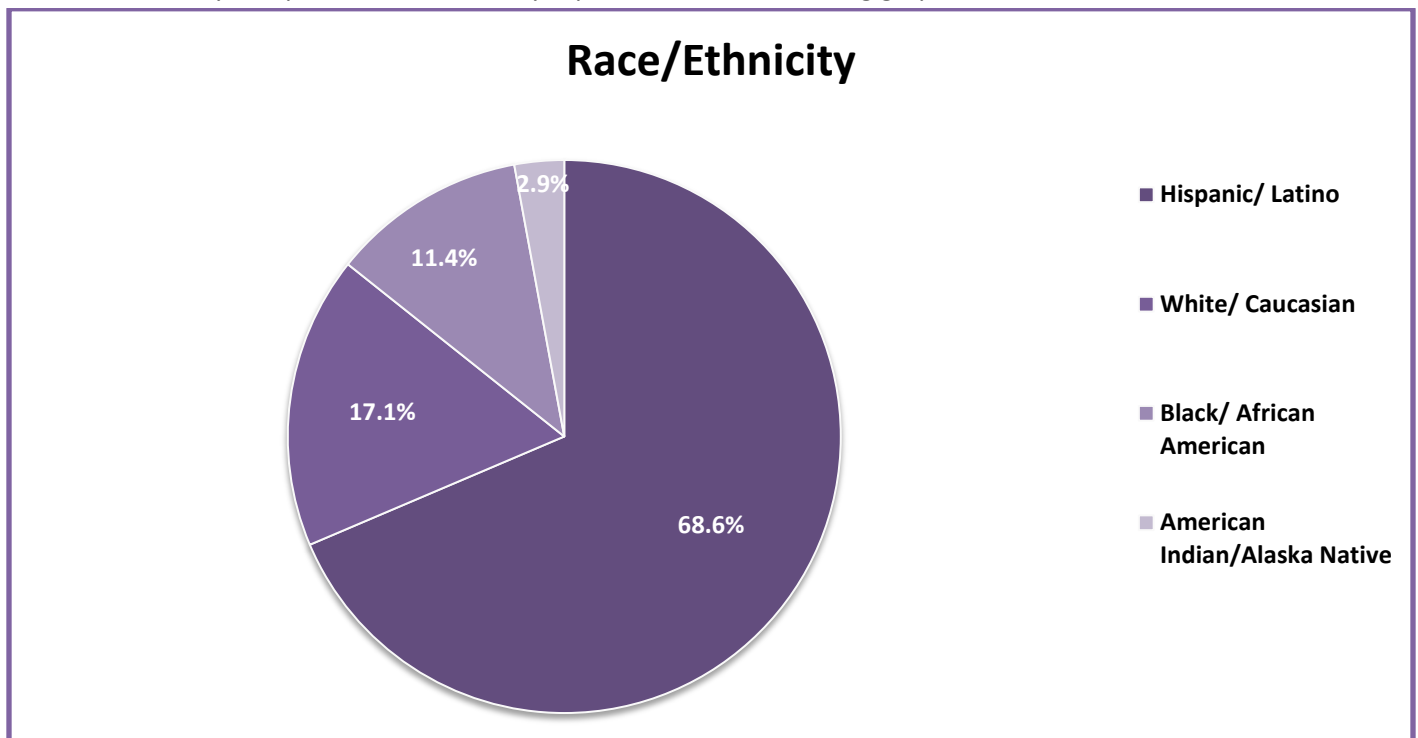
The Better Together Montgomery Survey participants were also asked about health risks that seem to have impacted their physical health. The following graph shows the responses from both communities.



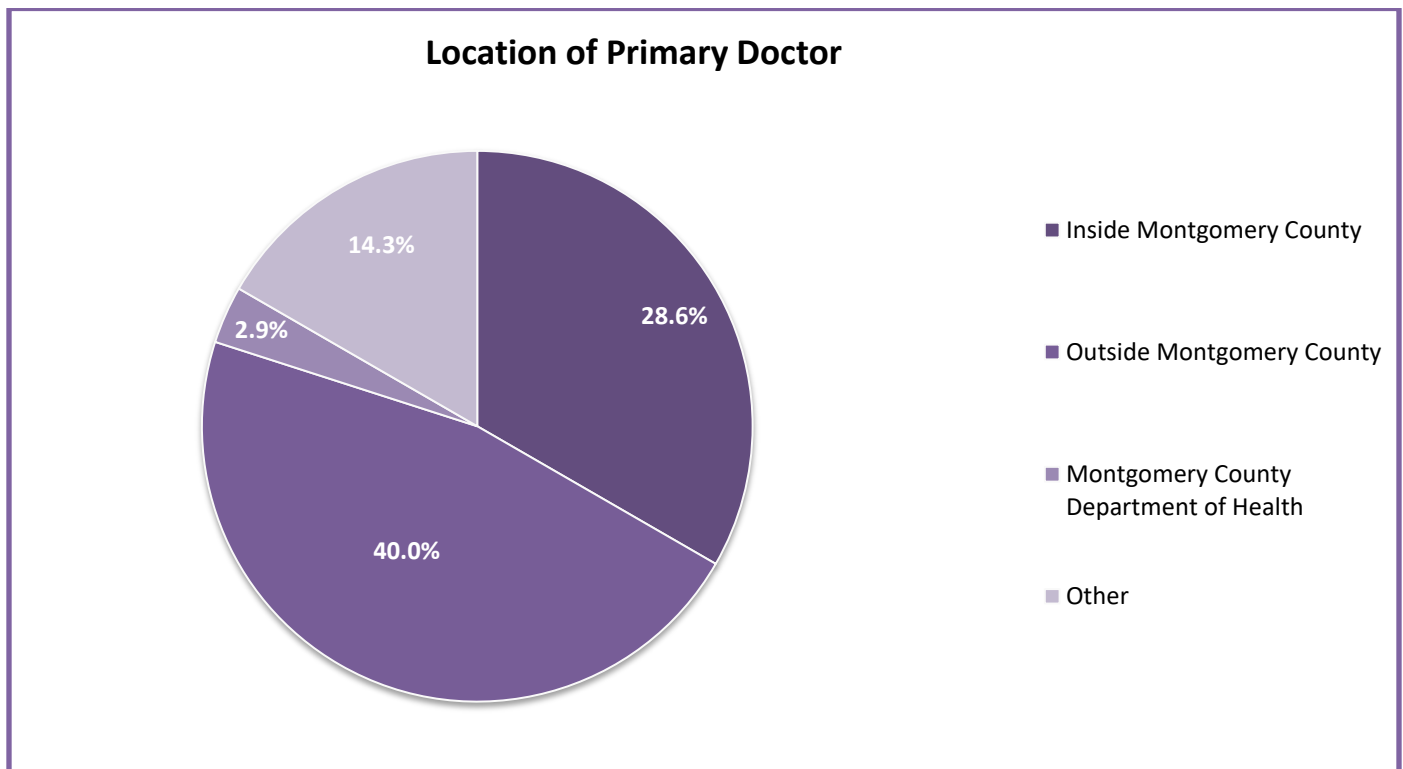
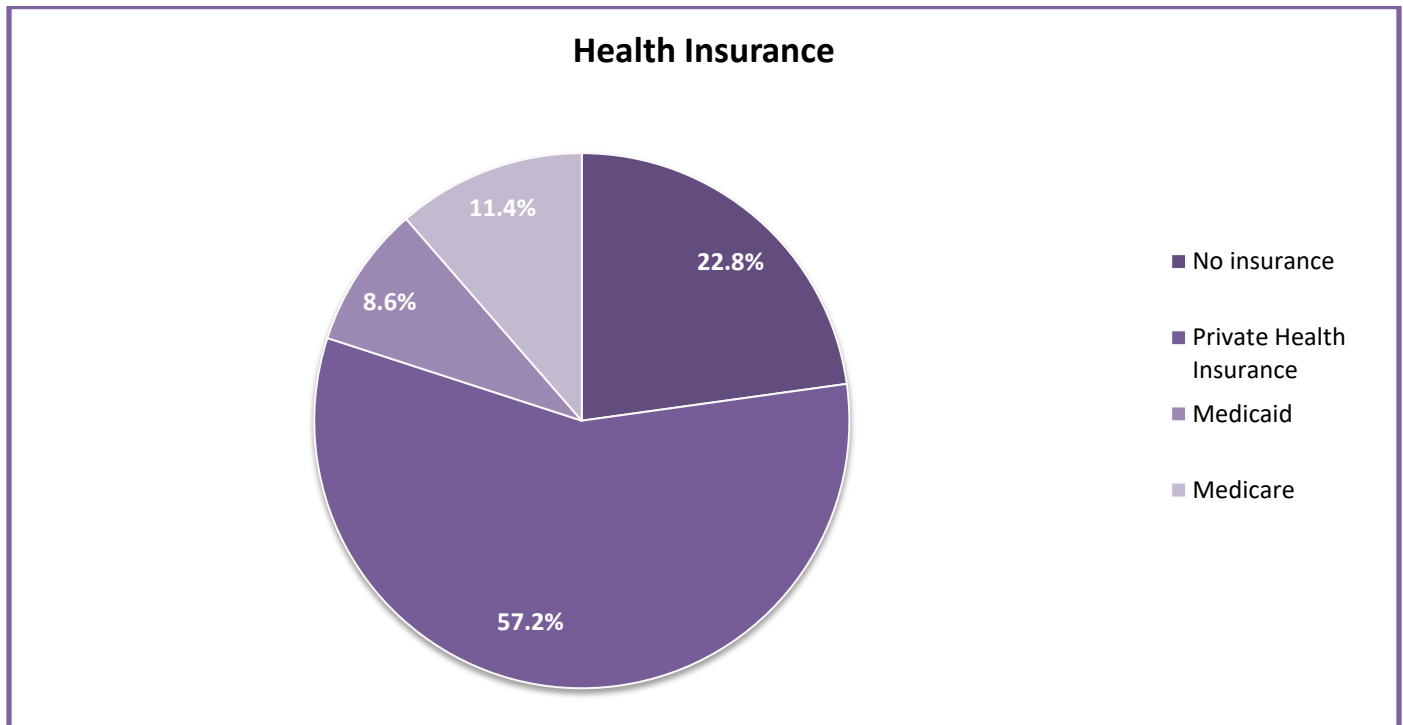
Health Equity Survey – Minority Health Equity

The Outreach department of the Montgomery Department of Health conducted a survey focused on minorities in February and March 2021. Participation in the survey was solicited primarily through Spanish Speaking churches in order to get input from the Hispanic population in the County.

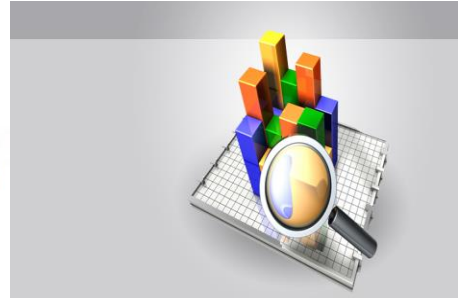
The race/ethnicity composition of the survey is provided in the following graph.



Participants in the Health Equity study were also asked what kind of health care insurance they have and where their primary doctor is located. The graphs below provide those responses.



Montgomery County 2020 Data Book

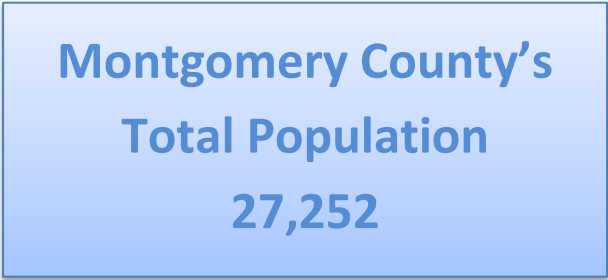


An Appendix to the 2020 Community Health Assessment

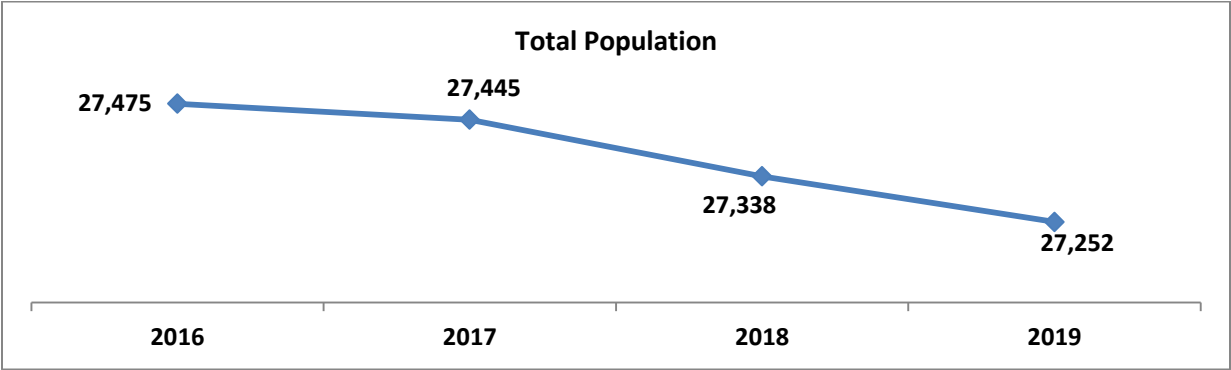
Overview

Population

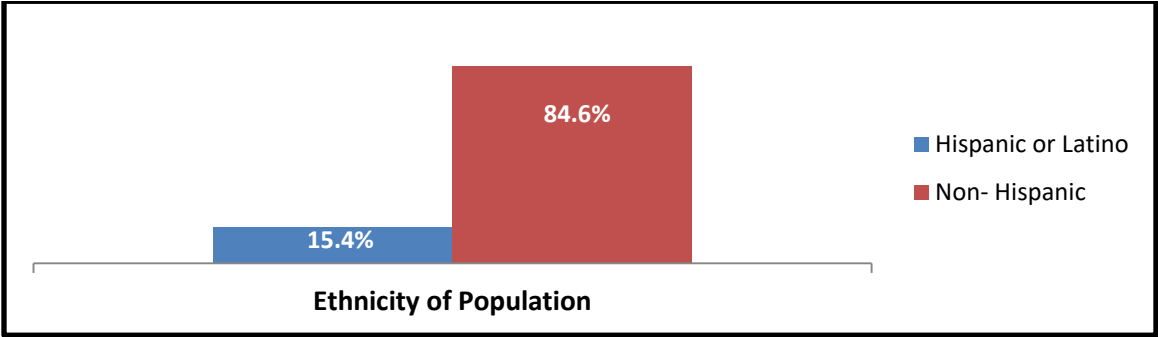
The Montgomery County population and its demographics have not changed much since the 2016 Community Health Assessment was done. In the following graphics, data about the current population along with some historical statistics are provided. The 2019 American Community Survey (US Census Bureau) 5-year average is the source of most of the data.

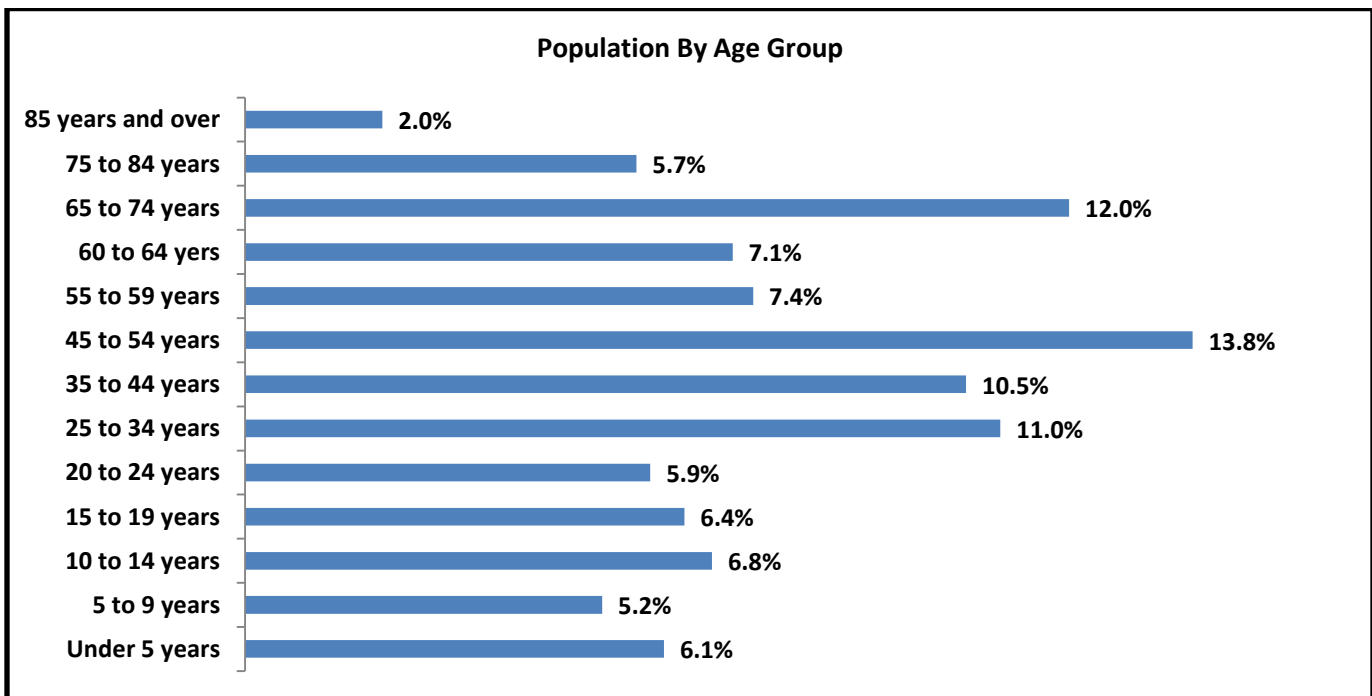
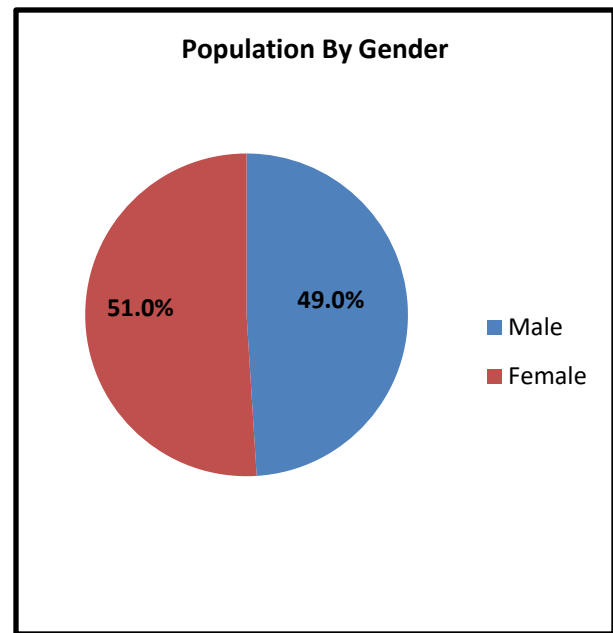
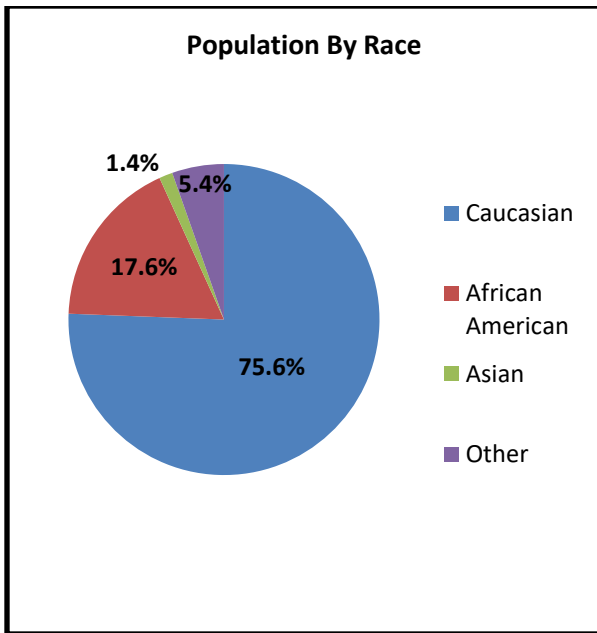


The total population in of Montgomery County has been gradually decreasing. The following graph shows the decrease from 2016 to 2019 based on data from the 2019 American Community Survey 5-year average.



The following graphs show the percentage of County population by Race, Gender, Ethnicity and Age Group.





The following table provides a comparison of the Race, Gender and Ethnicity of Montgomery County's population with the populations of its peer counties.

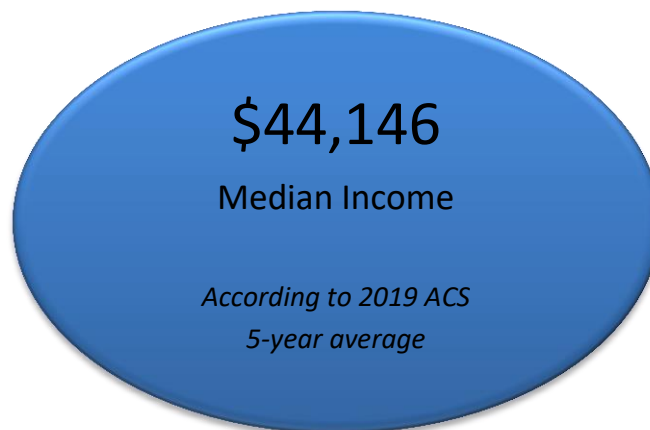
County	Total Population	Male	Female	African American	Caucasian	Other Race	Hispanic
Anson	24,902	52.4%	47.6%	48.6%	47.8%	3.6%	4.0%
Montgomery	27,252	49.0%	51.0%	17.6%	75.6%	6.8%	15.4%
Richmond	44,999	49.0%	51.0%	31.9%	61.7%	6.4%	6.5%
Scotland	35,076	49.3%	50.7%	38.9%	43.7%	17.4%	3.0%
Stanly	61,588	49.8%	50.2%	11.4%	83.6%	5.0%	4.2%

Note: Montgomery County has more than double the percentage of Hispanic population than all of its peer counties.

Economic Factors

The following chart compares some key economic factors of Montgomery County to those of its peer counties. The data is from the 2018 5-year average in the American Community Survey (ACS) of the US Census Bureau. This data also presents a picture of the economics of the geographic area in which Montgomery County is located.

County	Total Households	Median Household Income	Percentage of Households With Food Stamp/ SNAP in past 12 months	Percentage of Families With Income Below Poverty Level past 12 months	Percentage of Families with Female Householder, no husband present
Anson	9,516	\$39,126	21.9%	16.1%	40.7%
Montgomery	10,411	\$42,346	15.1%	14.5%	34.7%
Richmond	18,546	\$36,091	25.5%	19.8%	37.5%
Scotland	13,113	\$35,617	27.3%	24.5%	51.4%
Stanly	23,717	\$49,590	14.1%	10.1%	34.5%
State	3,918,597	\$45,208	13.2%	11.2%	13.1%



Public View of the County

Public opinion on the County as a **Place to Live** was obtained through the 2020 CHA Public Survey and a survey done as part of the 2018 FirstHealth Community Health Needs Assessment (CHNA).

2020 CHA Public Survey	
Good	58.3%
Fair	21.1%
Excellent	13.3%
Poor	5.6%
No Answer	1.7%

12.4% of 2018 FirstHealth CHNA survey participants said the County is a Fair/Poor Place to Live

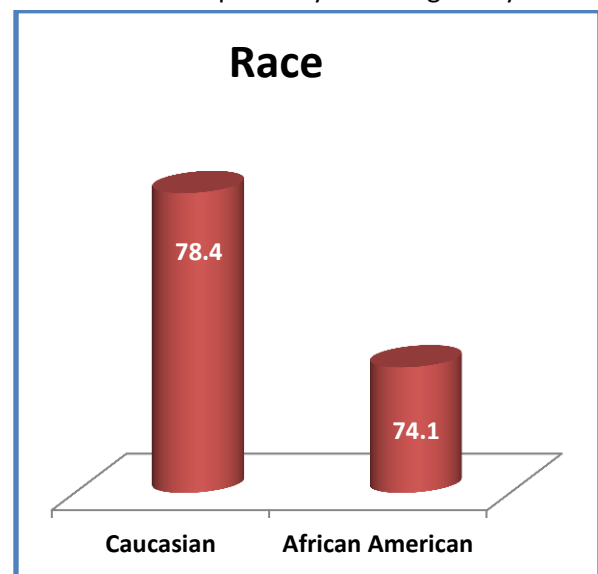
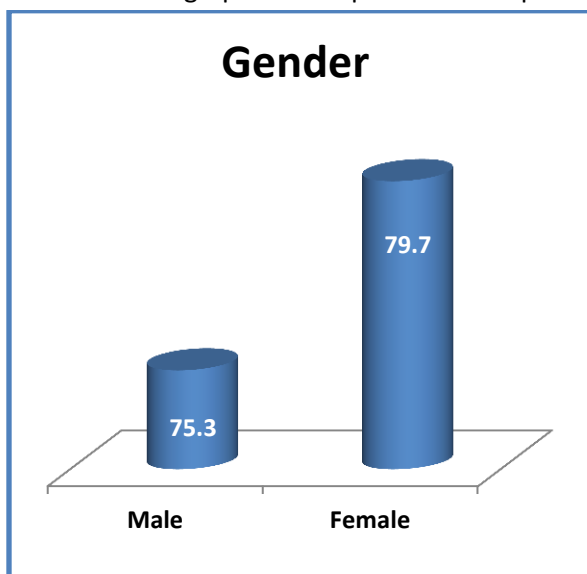
Life Expectancy

Life Expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime.

The data in the following table and charts are from the North Carolina State Center for Health Statistics.

2018 State of North Carolina and 2016-2018 County Life Expectancy at Birth					
		Sex		Race	
	Total	Male	Female	White	African American
Geographic Area	Life Expectancy	Life Expectancy	Life Expectancy	Life Expectancy	Life Expectancy
Anson County	74.1	72.4	75.9	75.9	72.7
Montgomery County	77.4	75.3	79.7	78.4	74.1
Richmond County	74.0	70.8	77.3	74.5	72.9
Scotland County	74.2	72.1	76.1	75.6	73.7
Stanly County	75.9	73.4	78.4	75.9	74.9
State of North Carolina	77.0	74.1	79.8	77.9	74.5

The two graphs below provide a comparison by Race and Gender for Life Expectancy in Montgomery County.



Health Indicators

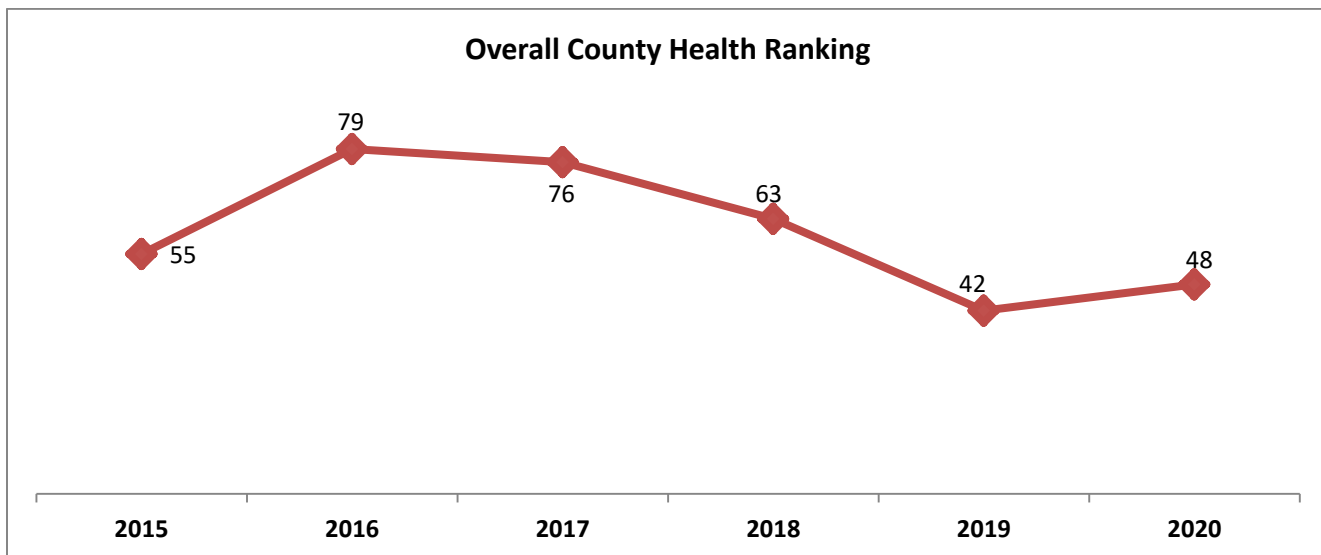
Montgomery County Ranks 48 out of the 100 North Carolina Counties

*According to County Health Rankings
& Roadmaps 2020*

County Health Rankings – Health Indicators

The County Health Rankings & Roadmaps is a Robert Wood Johnson Foundation program of the University of Wisconsin Population Health Institute that works to improve health outcomes for all and to close the health disparities between those with the most and least opportunities for good health. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. They provide a starting point for change in communities.

Quoted from <https://www.countyhealthrankings.org/>



Notes:

- The lower the Overall County Health Ranking the better.
- The ranking of Montgomery County has varied significantly over the last 6 years.
- Because this snapshot is a “ranking” it compares counties within the State; therefore, the ranking of any county is dependent on the outcomes of every other county in the State.

The following table compares the rankings of Montgomery County on key Health Indicators to those of its peer counties. The rankings are from County Health Ranking & Roadmaps 2020. The **orange** shading notes the worst county; the **green** shading notes the best county.

Health Indicator	Anson	Montgomery	Richmond	Scotland	Stanly
Overall Rank out of 100	96	48	93	98	55
Length of Life	94	29	88	96	64
Quality of Life > Poor or fair health percentage > Poor physical health days > Poor mental health days > Low birthweight > Child & Infant mortality > Diabetes prevalence > Life expectancy	94	78	95	99	38
Health Factors	89	71	95	99	33
Health Behaviors > Adult Smoking > Adult obesity > Food environment index > Physical inactivity > Access to exercise opportunity > Excessive Drinking > STDs/STIs > Teen Births > Limited access to healthy food	93	64	94	99	23
Clinical Care > Uninsured > Primary care physicians > Mental health providers > Preventable hospital stays > Mammography screening > Flu vaccinations	84	86	97	71	50
Social & Economic Factors > High school graduation > Some college > Unemployment > Children in poverty > Income inequality > Children in single-parent households > Violent crime > Children eligible for free or reduced price lunch	85	60	88	100	19

Health Indicator	Anson	Montgomery	Richmond	Scotland	Stanly
> Homicides > Suicides					
Physical Environment > Air Pollution > Drinking water violations > Severe housing problems > Long commute – driving alone > Homeownership > Severe housing cost burden	99	91	62	84	95

Montgomery County did not rank worst, compared to its peer counties, in any indicator. It did rank best overall, however, it only ranked best in one indicator.

In the following table are the 2020 rankings for Montgomery County, its peers and the State of North Carolina on some key measures from the County Health Rankings. The “best” county is highlighted in **green**; and the worst county is highlighted in **orange**.

Health Indicator	Anson	Montgomery	Richmond	Scotland	Stanly	State
Overall Rank out of 100	96	48	93	98	55	N/A
Poor or Fair Health	23%	20%	22%	24%	16%	16%
Poor physical health days	4.6	4.4	4.8	5.1	3.9	3.9%
Poor mental health days	4.4	4.3	4.6	4.8	4.0	4.0
Low birthweight	12%	11%	12%	13%	10%	10%
Adult Smoking	20%	18%	21%	23%	17%	17%
Adult Obesity	39%	37%	39%	40%	28%	28%
Physical inactivity <i>% adults 20 & over reporting no leisure-time physical activity</i>	31%	39%	32%	26%	24%	24%
Access to exercise opportunities <i>% adults living reasonably close to physical activity location</i>	6%	73%	39%	66%	69%	74%
Excessive Drinking	14%	15%	14%	14%	17%	17%

Note: Montgomery County ranked best, compared to its peer counties, in *Access to exercise opportunities*; but ranked worst in *Physical Inactivity*.

- 73% of the County’s population has adequate access to locations for physical activity.
- 39% of adults age 20 and over reported no leisure-time physical activity.

The table below depicts a six year trend of Montgomery County's rankings in the individual Health Indicators from the County Health Rankings and Roadmaps <https://www.countyhealthrankings.org/>.

Health Indicator	2015	2016	2017	2018	2019	2020	Overall Worsening or Improvement	Increase/ Decrease 2015 to 2020
Overall Rank out of 100	55	79	76	63	42	48	Improved	-7 points
Length of Life	81	81	70	54	21	29	Improved	-52 points
Quality of Life > Poor or fair health percentage > Poor physical health days > Poor mental health days > Low birthweight > Child & Infant mortality > Diabetes prevalence > Life expectancy	15	76	79	73	78	78	Worsened	+63 points
Health Factors	78	73	72	69	67	71	Improved	-7 points
Health Behaviors > Adult Smoking > Adult obesity > Food environment index > Physical inactivity > Access to exercise opportunity > Excessive Drinking > STDs/STIs > Teen Births > Limited access to healthy food	65	70	66	53	60	64	Maintain	- 1point
Clinical Care > Uninsured > Primary care physicians > Mental health providers > Preventable hospital stays > Mammography screening > Flu vaccinations	81	75	86	86	77	86	Worsened	+5 points
Social & Economic Factors > High school graduation > Some college > Unemployment > Children in poverty > Income inequality > Children in single-parent	72	62	59	58	62	60	Improved	-12 points

Health Indicator	2015	2016	2017	2018	2019	2020	Overall Worsening or Improvement	Increase/ Decrease 2015 to 2020
households > Violent crime > Children eligible for free or reduced price lunch > Homicides > Suicides								
Physical Environment > Air Pollution > Drinking water violations > Severe housing problems > Long commute – driving alone > Homeownership > Severe housing cost burden	77	90	83	92	57	91	Worsened	+17 points

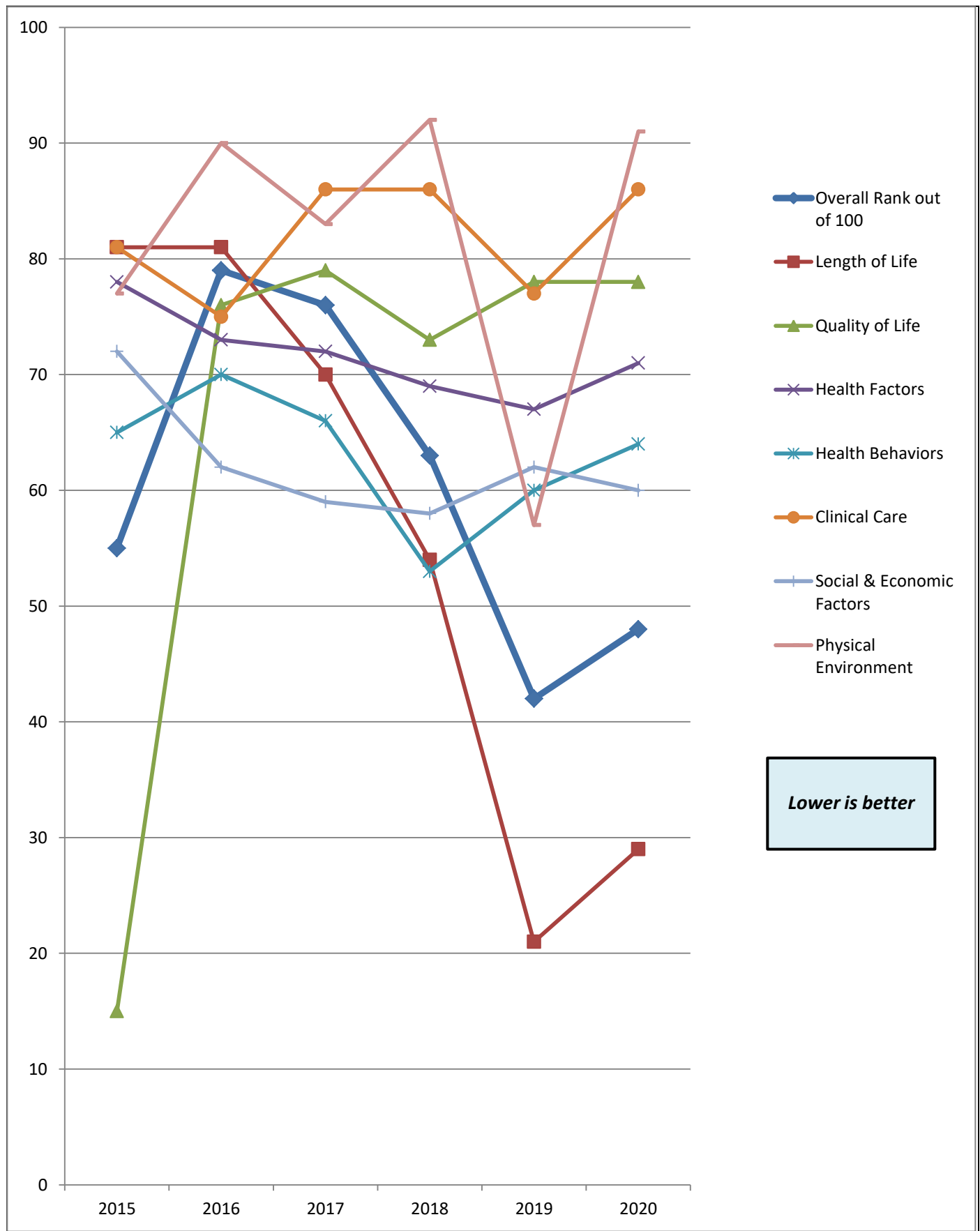
Trend analysis and comparison between 2015 and 2020:

- The overall ranking improved slightly from 2015 to 2020, but worsened dramatically in 2016, 2017 and 2018.
- The Length of Life improved by 52 points from 2015 to 2020; however, Quality of Life worsened by 63 points.
- Health Behaviors improved by 1 point from 2015 to 2020, but Clinical Care worsened by 5 points. This resulted in only a small improvement of 7 points in Health Factors.
- Social & Economic Factors improved by 12 points from 2015 to 2020; however, in 2020 it was worse than in 2017 and 2018.
- The Physical Environment indicator worsened by 17 points from 2015 to 2020, but it actually worsened by 34 points from 2019 to 2020.

Following is input from the Public Survey that is related to these key health indicators:

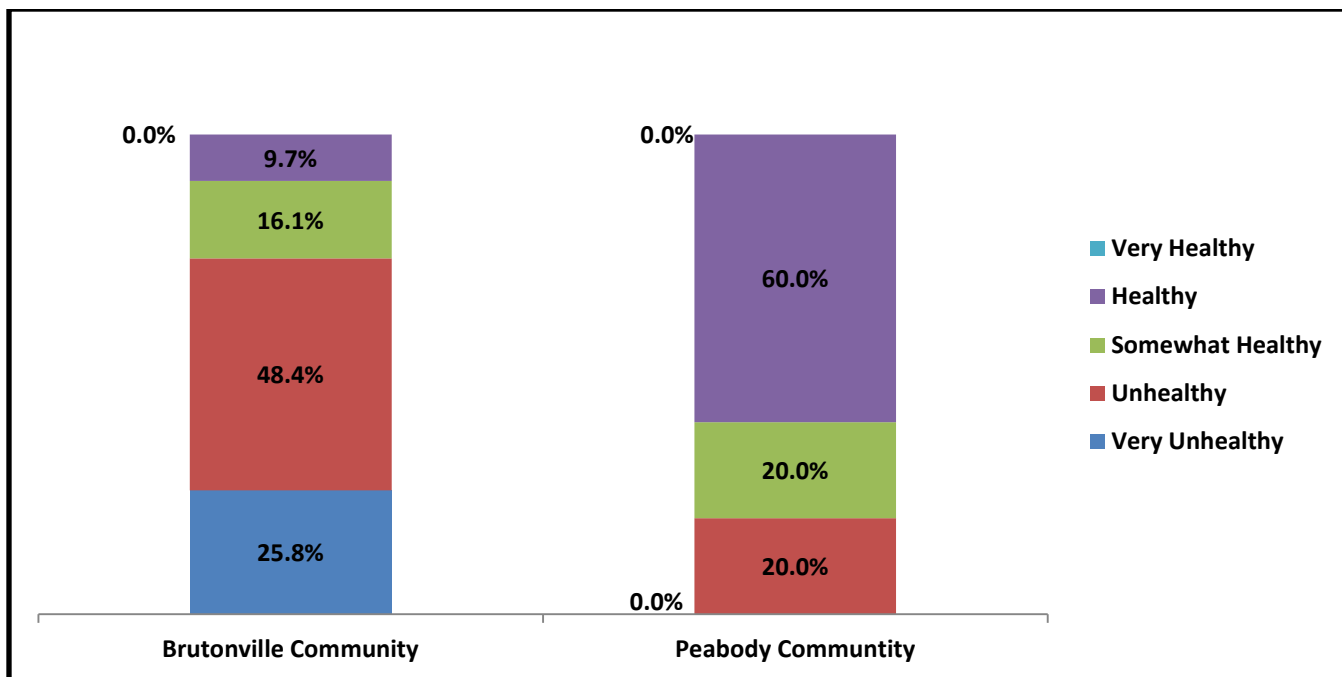
- Health Problems
 - Obesity/Overweight was seen as the #1 health problem by survey participants.
 - Diabetes was seen as the #2 health problem by survey participants.
- Unhealthy Behaviors
 - Poor eating habits were seen as a problem by 43.9% of survey participants.
 - Lack of exercise was seen as a problem by 40.6% of survey participants.
 - Smoking/tobacco use was seen as a problem by 33.3% of survey participants.
- Community Issues
 - Low income/poverty was seen as the #1 community issue by survey participants.
 - Affordability of health services was seen as the #3 community issue by survey participants.
 - Availability of healthy family activities was seen as the #4 community issue by survey participants.
 - Availability of healthy food choices was seen as the #6 community issue by survey participants.

The following chart provides a visual graph of the County Health Ranking trends from 2015 to 2020 for these categorical rankings.



Better Together Montgomery – Health Indicators

In a survey done by Better Together Montgomery in early 2020 participants were asked to rate the physical health of the residents of their specific community. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. The following graph show the responses of the survey participants.



The survey did not ask participants about their Race or Ethnicity.

FirstHealth 2018 CHNA – Health Indicators

35.4%
Of 2018 CHNA survey participants
ranked the Overall Health of the
County as Fair/Poor

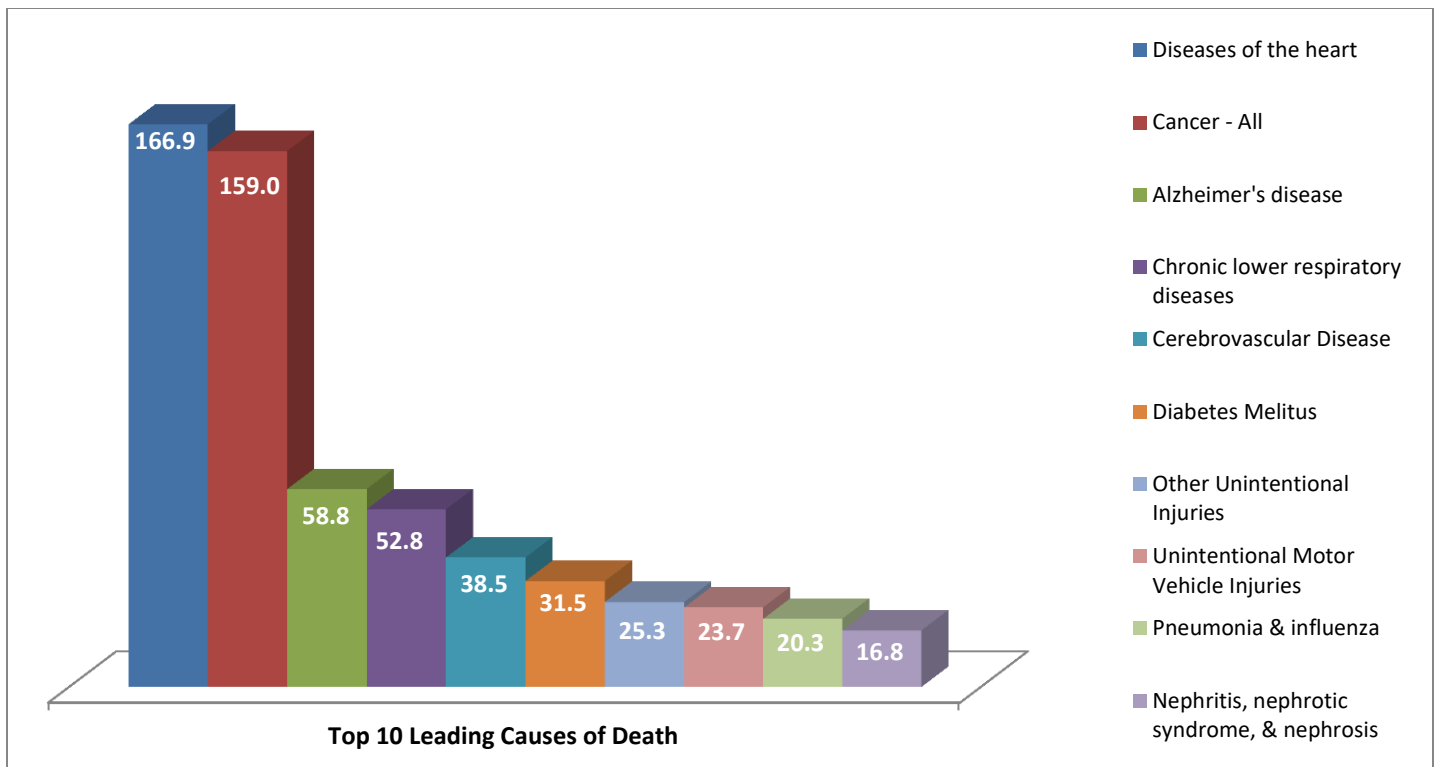
Causes of Death

Rank	Age- Adjusted Causes of Death in Montgomery County 2014 - 2018	Number of Deaths	DEATH RATE Per 100,000 population	Most Important Health Problems according to CHA Public Survey
	CAUSE OF DEATH:	1,486	809.3	N/A
	TOTAL DEATHS --- ALL CAUSES			
1	Diseases of the heart	306	166.9	#6
2	Cancer - All Types	309	159.0	#5
3	Alzheimer's disease	108	58.8	#9 (Aging Problems)
4	Chronic lower respiratory diseases	104	52.8	#17 (Lung Disease)
5	Cerebrovascular disease	73	38.5	Not asked
6	Diabetes mellitus	61	31.5	#2
7	Other Unintentional injuries	40	25.3	#14 (Accidental Injury)
8	Unintentional Motor Vehicle Injuries	33	23.7	#12 (Motor Vehicle Accidents)
9	Pneumonia & influenza	37	20.3	Not asked
10	Nephritis, nephrotic syndrome, & nephrosis	32	16.8	#13 (Kidney Disease)
11	Septicemia	24	12.2	Not asked
12	Suicide	19	N/A	#3 (Mental Health)
13	Chronic Liver Disease and Cirrhosis	18	N/A	Not asked
14	Homicide	8	N/A	Not asked
15	Acquired Immune Deficiency Syndrome (AIDS)	2	N/A	Not asked

Source: North Carolina County Health Data Book – 2020, NC Department of Health and Human Services Division of Public Health State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/>

In the table above the top 15 Causes of Death are compared to the Most Important Health Problems as ranked by the participants in the CHA Public Survey. The survey does not use the exact language used by NC Public Health in classifying Causes of Death; therefore, a Health Problem related to the specific Cause of Death is included where the terms differ.

On the next page are additional graphic details about the leading Causes of Death in Montgomery County.



The following tables compare the Ten Leading Causes of Death 2014 – 2018 by Race and Gender. The number of Deaths instead of Rate from the 2020 NC County Health Data Book was used to determine the leading Causes of Death in these tables because for some Causes the number of Deaths was insufficient to calculate a Rate per 100,000.

Leading Age-Adjusted Causes of Death by Race

White/Caucasian			Black/African American	
Cause of Death	Number of Deaths	Rank	Cause of Death	Number of Deaths
Diseases of Heart	244	1	Cancer	69
Cancer	234	2	Diseases of Heart	56
Chronic Lower Respiratory Diseases	90	3	Diabetes	22
Alzheimer's Disease	87	4	Alzheimer's Disease	21
Cerebrovascular Disease	58	5	Nephritis, Nephrotic Syndrome, and Nephrosis	14
Diabetes	39	6	Cerebrovascular Disease	13
Pneumonia and Influenza	30	7	Chronic Lower Respiratory Diseases	13
All Other Unintentional Injuries	27	8	All Other Unintentional Injuries	11
Unintentional Motor Vehicle Injuries	25	9	Pneumonia and Influenza	7
Septicemia	21	10	Unintentional Motor Vehicle Injuries	5
			Homicide	

The table above displays the difference in Cause of Death between White/Caucasian and Black/African American populations in Montgomery County.

The following table shows the Cause of Death for all Hispanic deaths in Montgomery County for period 2014 – 2018; there were only 4 Causes of Death listed in the NC County Health Data Book 2020 for those of Hispanic ethnicity.

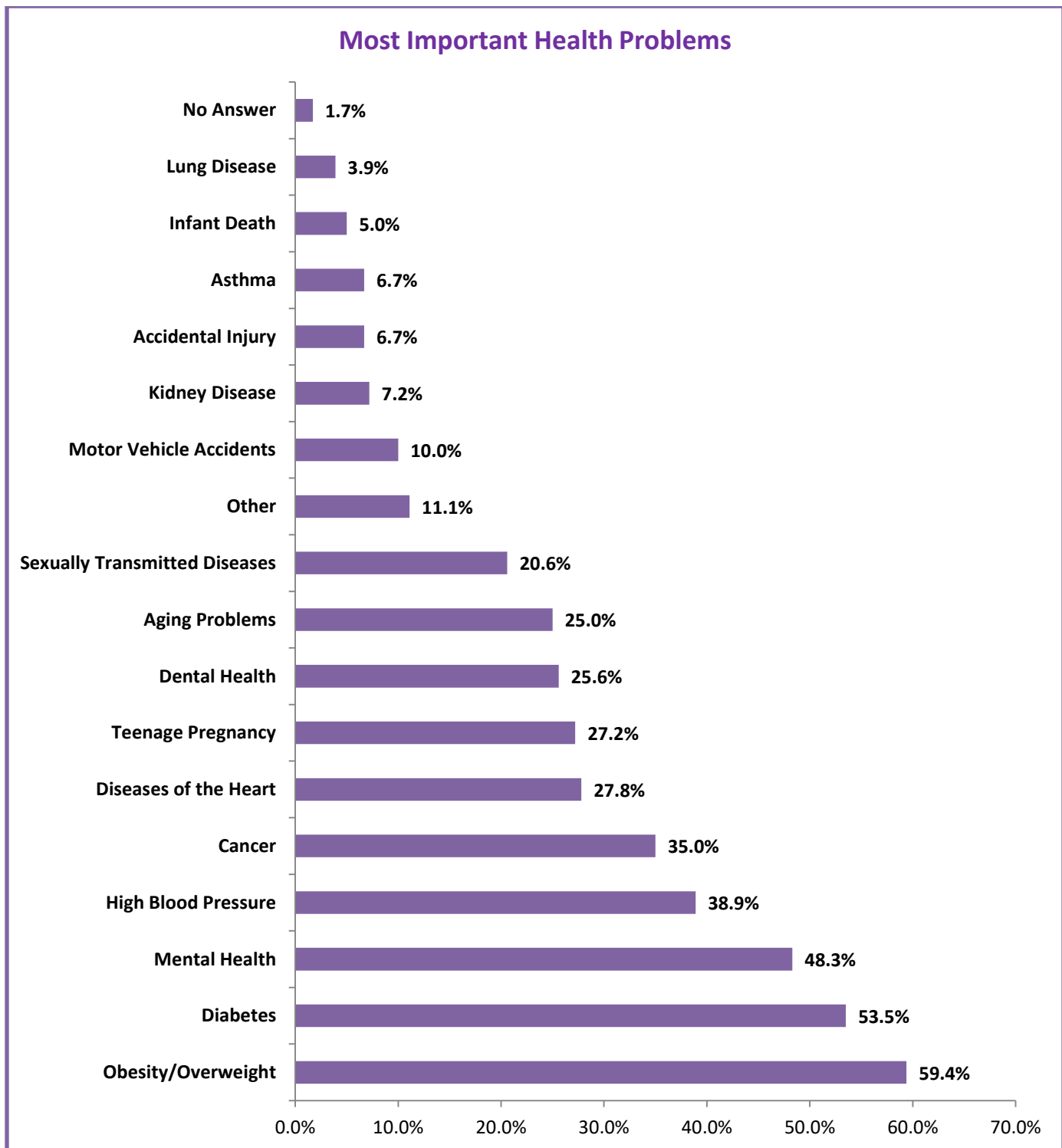
Hispanic		
Cause of Death	Number of Deaths	Rank
Cancer	6	1
Diseases of Heart	4	2
Unintentional Motor Vehicle Injuries	3	3
All Other Unintentional Injuries	1	4

Leading Age-Adjusted Causes of Death by Gender regardless of Race or Ethnicity.

All Males			All Females	
Cause of Death	Number of Deaths	Rank	Cause of Death	Number of Deaths
Cancer	171	1	Diseases of Heart	144
Diseases of Heart	162	2	Cancer	138
Chronic Lower Respiratory Diseases	51	3	Alzheimer's Disease	75
Cerebrovascular Disease	38	4	Chronic Lower Respiratory Diseases	53
Diabetes	35	5	Cerebrovascular Disease	35
Alzheimer's Disease	33	6	Diabetes	26
All Other Unintentional Injuries	23	7	Pneumonia and Influenza	20
Unintentional Motor Vehicle Injuries	22	8	All Other Unintentional Injuries	17
Pneumonia and Influenza	17	9	Nephritis, Nephrotic Syndrome, and Nephrosis	17
Nephritis, Nephrotic Syndrome, and Nephrosis	15	10	Unintentional Motor Vehicle Injuries	11
			Septicemia	

Health Problems According to CHA Public Survey

The chart below provides the percentage of Public Survey participants that said the Health Problem is one of the most important in Montgomery County.



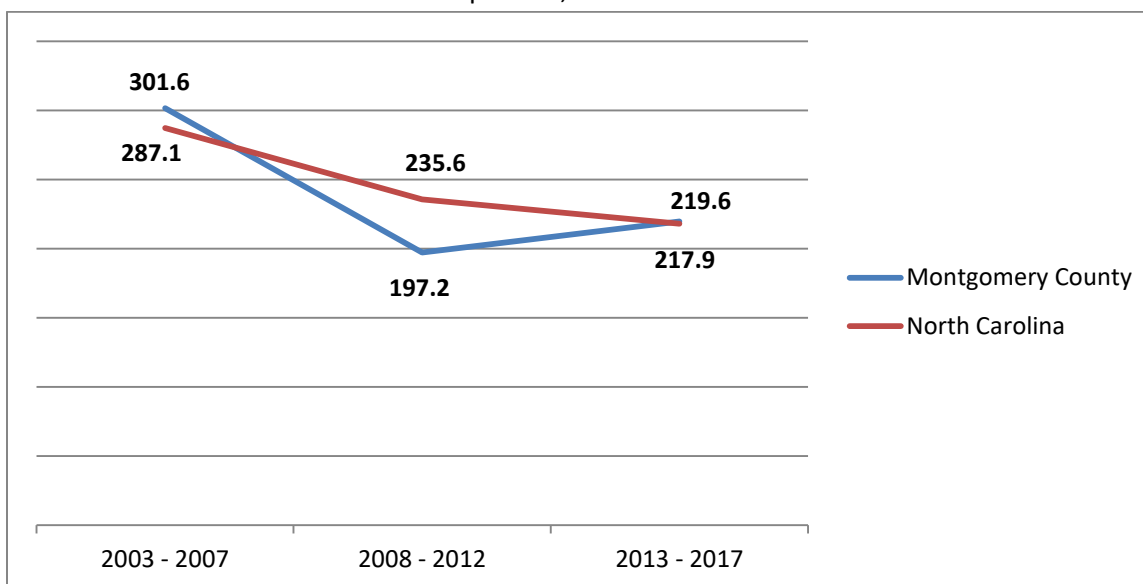
Survey participants were allowed to choose as “most important” up to five from the 17 Health Problems listed in the survey.

Diseases of the Heart

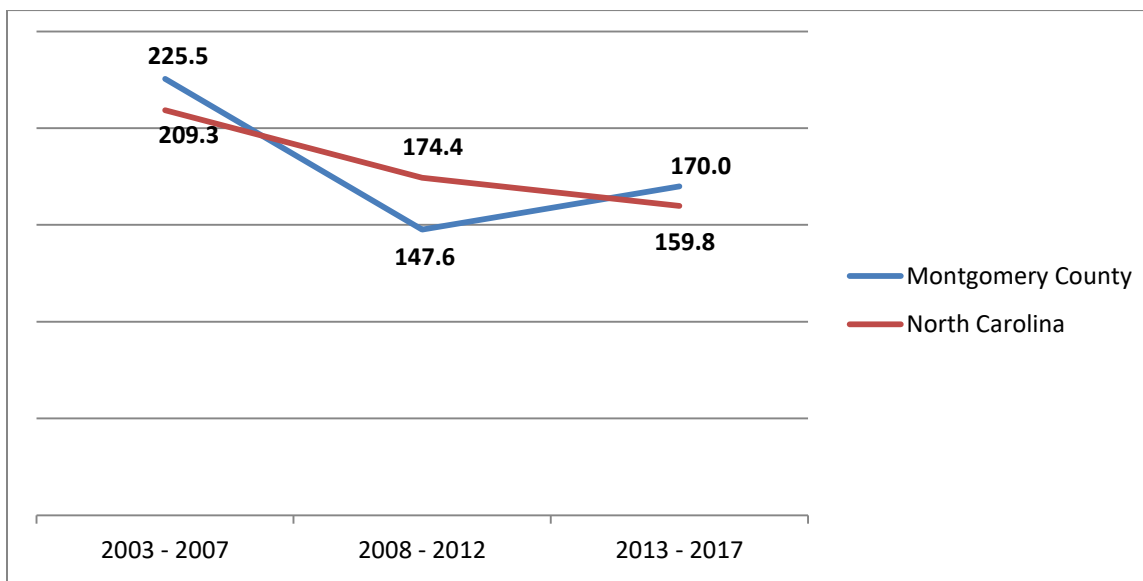
Statistics – Diseases of the Heart

Diseases of the Heart was the number one Cause of Death for period 2014 -2018 in Montgomery County according to the 2020 North Carolina County Health Data Book. The following pages show historic rates related to this specific Cause.

Age-Adjusted **Cardiovascular Disease** Death Rates per 100,000 Residents



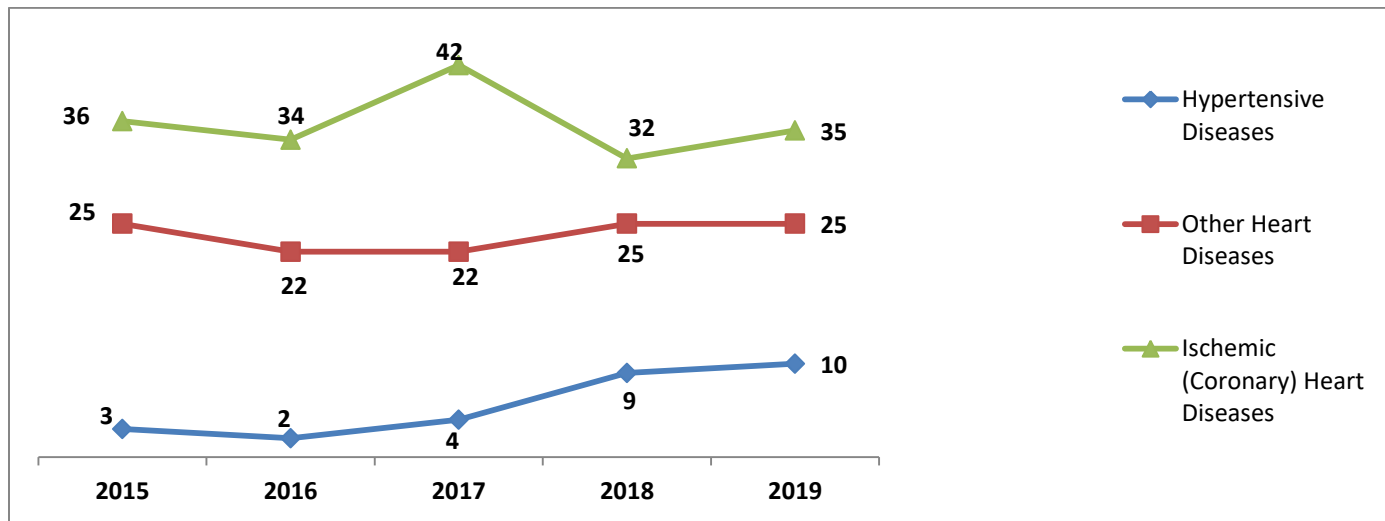
Age-Adjusted **Heart Disease** Death Rates per 100,000 Residents from 2008-2012 period to the 2013-2017 period The Heart Disease Death Rate (per 100,000 Residents) increased from 2008-2012 period to 2013-2017 period after a dramatic previous decrease and in reverse to the State rate decrease.



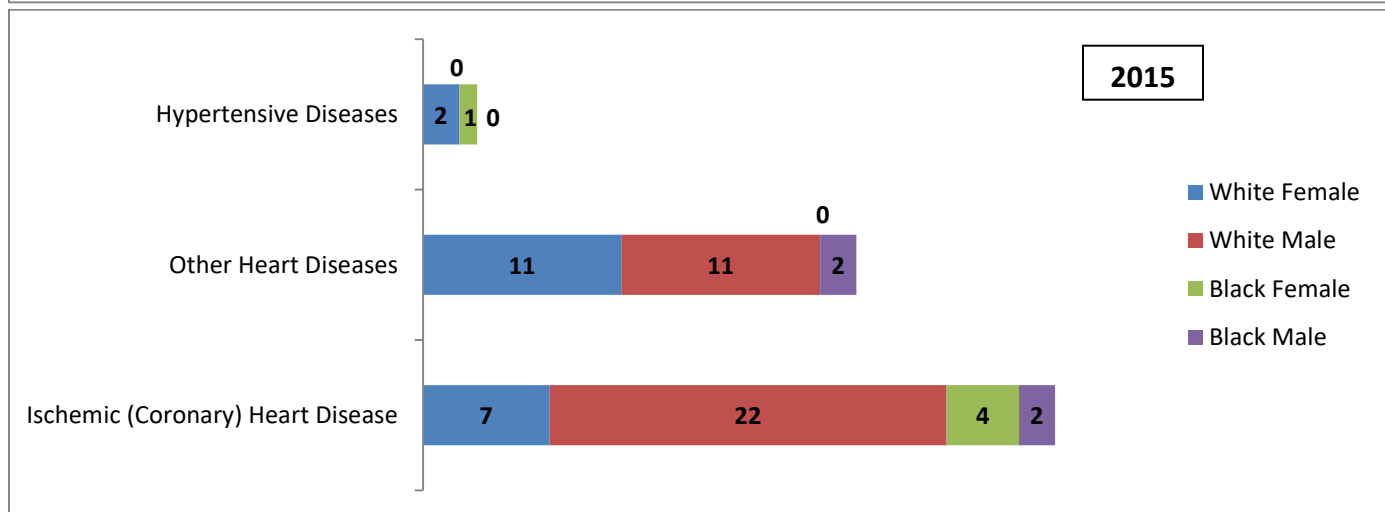
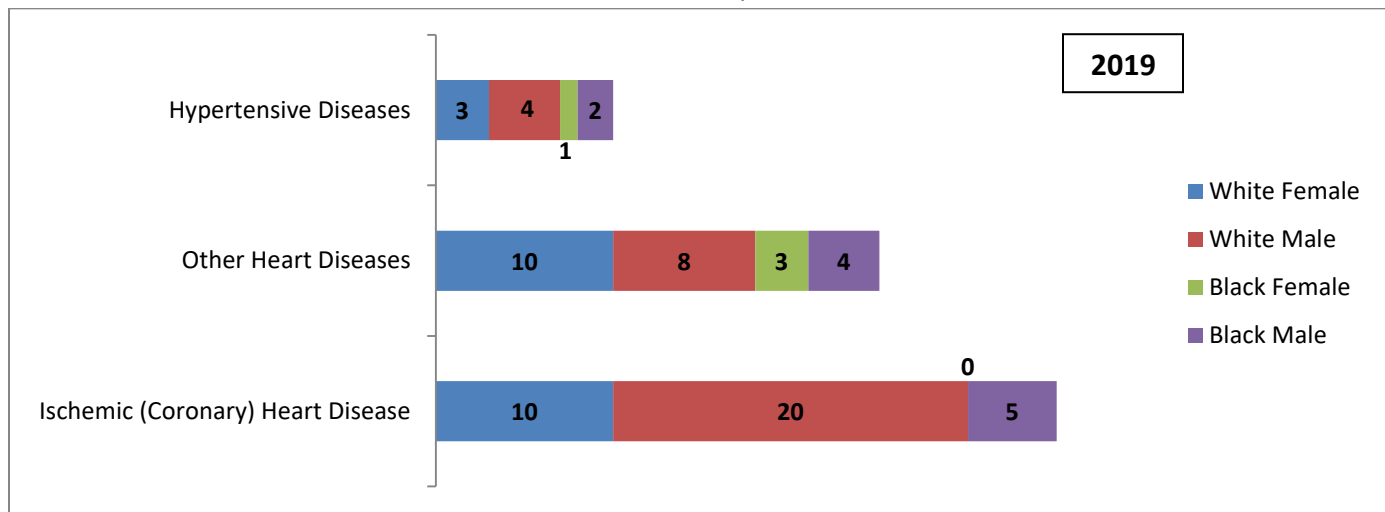
The data for the above two charts are from the 2020 North Carolina County Health Data Book.

The following charts show the actual number of deaths related to Heart Disease and Hypertension from 2015 to 2019. The first graph shows the total number of deaths over the five years. The other two charts provide the breakdown by gender and race for 2019 and 2015 for comparison. The data is from the Detailed Mortality Statistics from the NC State Center for Health Statistics of the NC Department of Health and Human Services.

Number of Deaths from 2015 to 2018



Number of Deaths by Gender and Race



Comparison of Diseases of the Heart Deaths by Race & Gender

The table below compares Diseases of the Heart Deaths in 2019 to Race and Gender population percentages. The percentages of County population are from the 2019 American Community Survey 5-year Estimate.

Comparison by Race

Cause of Death	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/African Americans	Percentage of County Population that is Black/African American
Hypertensive Diseases	70.0%	75.6%	30.0%	17.6%
Other Heart Diseases	72.0%	75.6%	28.0%	17.6%
Ischemic (Coronary) Heart Disease	85.7%	75.7%	14.3%	17.6%

Only four people (3 male; 1 female) of Hispanic ethnicity died of Heart Disease in Montgomery County during the 2014 to 2018 period. This was 1.3% of the total number of the Heart Disease deaths in the County.

Comparison by Gender

Cause of Death	Percentage of Deaths in Females	Percentage of County Population that is Female	Percentage of Deaths in Males	Percentage of County Population that is Male
Hypertensive Diseases	40.0%	51.0%	60.0%	49.0%
Other Heart Diseases	52.0%	51.0%	48.0%	49.0%
Ischemic (Coronary) Heart Disease	28.6%	51.0%	71.4%	49.0%

The following table provides a comparison of the 2014 -2018 Diseases of the Heart Death Rate (per 100,000 population) between Montgomery County and its four peer counties. In order to consider the death rates in perspective, the population for each County is also provided. The Death Rates are from the 2020 County Health Data Book of the NC Department of Health and Human Services; the population counts are from the 2019 5-year estimate of the American Community Survey (ACS) of the US Census Bureau.

County	Death Rate (per 100,000 population)	Population
Anson County	226.1	25,306
Montgomery County	166.9	27,338
Richmond County	241.4	45,189
Scotland County	196.9	35,262
Stanly County	217.4	61,114

Note: Montgomery County's Death Rate for Diseases of the Heart is lower than any of its peer counties even though most (all except Anson) of the counties have a larger population.

FirstHealth 2018 CHNA – Diseases of the Heart

As part of the FirstHealth 2018 CHNA a public survey was conducted. The following table shows the percentage of participants that provided information on their own health factors related to Diseases of the Heart.

Health Factor Related to Diseases of the Heart	Percentage of FirstHealth 2018 CHNA Survey
Have Heart Disease (Heart Attack, Angina, Coronary Disease)	8.2%
Had Blood Pressure Checked in Past 2 Years	98.5%
Told have High Blood Pressure (Ever)	46.7%
Of those with High Blood Pressure currently Taking Action to Control High Blood Pressure	97.9% (of those who have High Blood Pressure)
Had Cholesterol Checked in Past 5 Years	94.3%
Told have High Cholesterol (Ever)	41.7%
Of those with High Cholesterol currently Taking Action to Control High Blood Cholesterol	89.7% (of those who have High Cholesterol)

Public Input – Diseases of the Heart

Public Survey Opinion – Diseases of the Heart

Following is a summary of responses from the Public Survey on issues related to Heart Disease.

When asked what they considered to be the most important health problems in the County:

- 38.9% said that *High Blood Pressure* is an important health problem (ranked #4 of 17)
- 27.8% said that *Diseases of the Heart* is an important health problem (ranked #6 of 17)

Survey participants were asked what they consider to be the most important unhealthy behaviors in the County. Three of the behaviors in the list are directly related to Hypertension and Heart Disease:

- 43.9% said that *Poor Eating Habits* is an important unhealthy behavior (ranked #2 of 16)
- 40.6% said that *Lack of Exercise* is an important unhealthy behavior (ranked #5 of 16)
- 31.1% said that *Not going to doctor for a yearly checkup/screenings* is an important unhealthy behavior (ranked #8 of 16)

In the Public Survey participants were asked what community issues they consider to have the greatest impact on the overall quality of life in Montgomery County. Several issues are related to or can impact Heart Health. Following is the percentage of participants who said an issue is impactful on quality of life (participants could choose up to five).

- Low income/poverty – 56.1% (ranked #1 of 21)
- Affordability of health services – 38.9% (ranked #3 of 21)
- Availability of healthy family activities – 33.3% (ranked #4 of 21)
- Availability of healthy food choices – 29.4% (ranked #6 of 21)
- Lack of/inadequate health insurance – 28.3% (ranked #7 of 21)
- Lack of recreational facilities – 20.6% (ranked #9 of 21)

- Lack of health care providers – 11.1% (tied with Literacy for #15 of 21)
- Lack of culturally appropriate health services – 5.6% (ranked #18 of 21)

Lack of/inadequate health insurance was considered a community issue that has a great impact on quality of life in the County. Public Survey participants were asked what type of insurance they have. The following table provides response percentages:

Insurance Type	Percentage
Private Insurance	42.2%
None	18.9%
Medicaid	13.9%
Medicare	7.8%
Other	6.1%
No answer	5.6%
Tricare/VA	1.1%

Better Together Montgomery Survey – Diseases of the Heart

In a survey done by Better Together Montgomery in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the percentages of survey participants that say they have been diagnosed with Heart Disease or High Blood Pressure:

- Heart Disease
 - Brutonville Community – 6.5%
 - Peabody Community – 33.3%
- High Blood Pressure
 - Brutonville Community – 67.7%
 - Peabody Community – 50.0%

The survey did not ask participants about their Race or Ethnicity.

Health Equity Survey by Montgomery Department of Health – Diseases of the Heart

The Outreach department of the Montgomery County Department of Health conducted a survey through Spanish Speaking churches in February and March 2021. Following are the percentage of survey participants that said they have been diagnosed with Heart Disease or High Blood Pressure:

- Heart Disease – 5.7%
- High Blood Pressure – 28.6%

In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.

Cancer

Cancer was ranked as the #2 Cause of Death in Montgomery County in the 2020 North Carolina County Health Data Book (from the NC Department of Health and Human Services, Division of Public Health, State Center for Health Statistics). The Death Rate per 100,000 population was 159.0 for 2014-2019. The number one Cause of Death in the County was Diseases of the Heart at a rate of 166.9.

In the following pages are data that provide details and perceptions about the significance of Cancer as a health problem in Montgomery County. All rates are from the NC County Health Data Book.

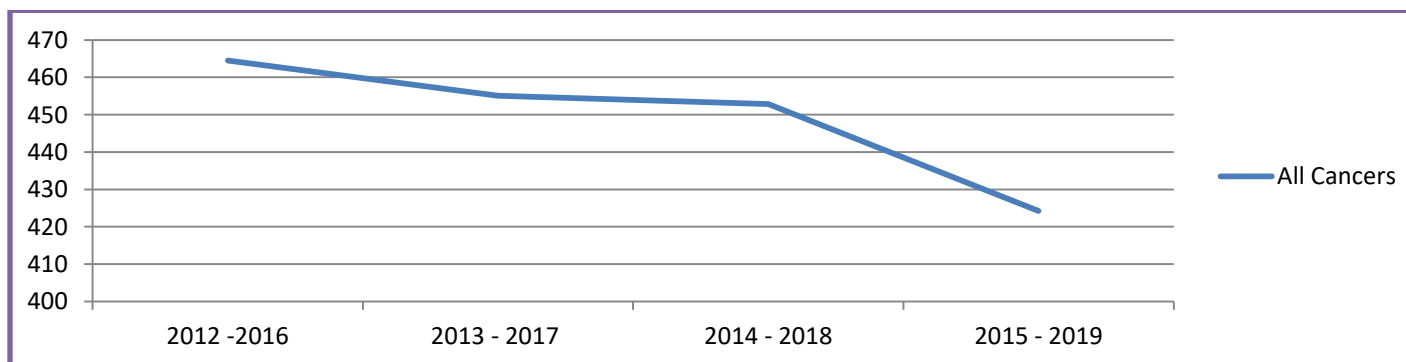
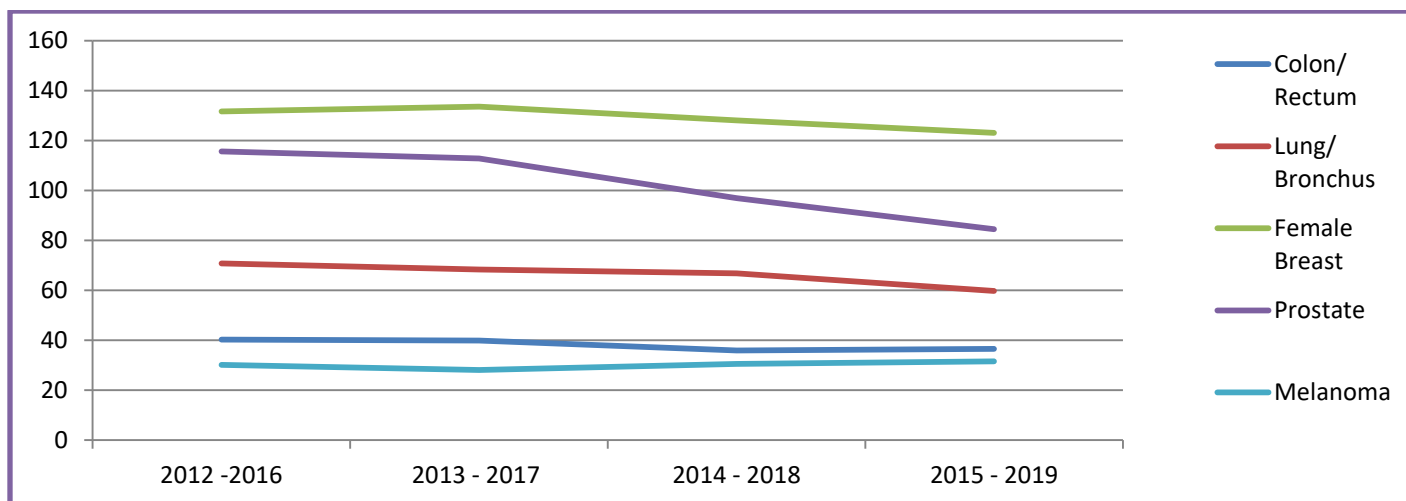
Statistics - Cancer

Cancer **Incidence** Rates in Montgomery County (Per 100,000 Population)

Source: NC Central Cancer Registry

Cancer Type	2012 – 2016 Rate	2013 – 2017 Rate	2014 – 2018 Rate	2015 – 2018 Rate
Colorectal	40.3	39.9	35.9	36.6
Lung/Bronchus	70.7	68.3	66.8	59.8
Female Breast	131.6	133.6	128.0	123.0
Prostate	115.6	112.8	96.9	84.5
Cervix/Uteri	5.8	*	*	*
Melanoma	30.2	28.1	30.5	31.5
All Cancers	464.5	455.1	452.8	424.2

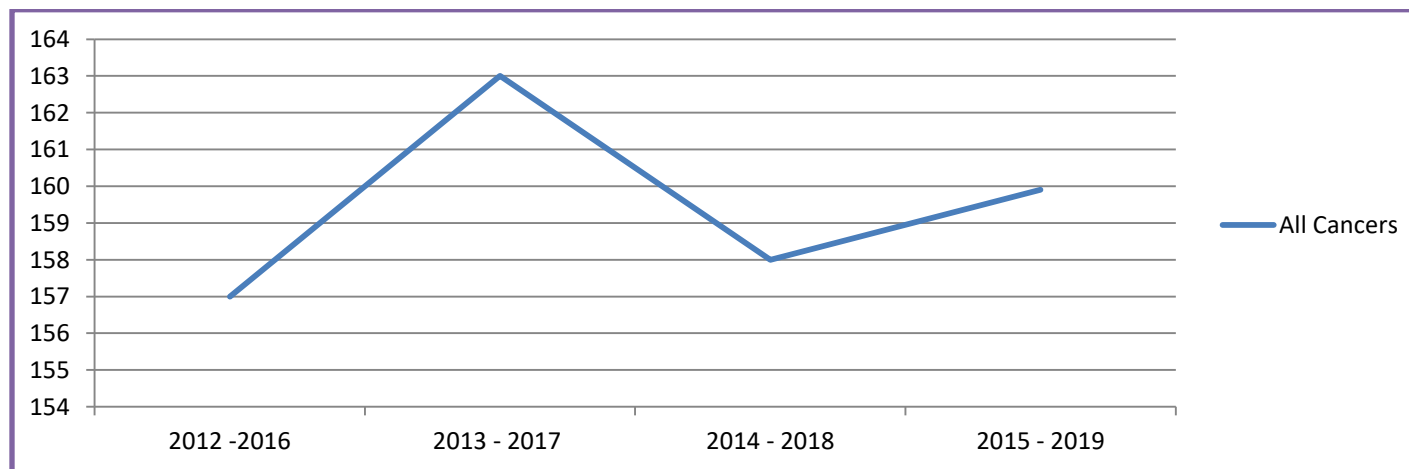
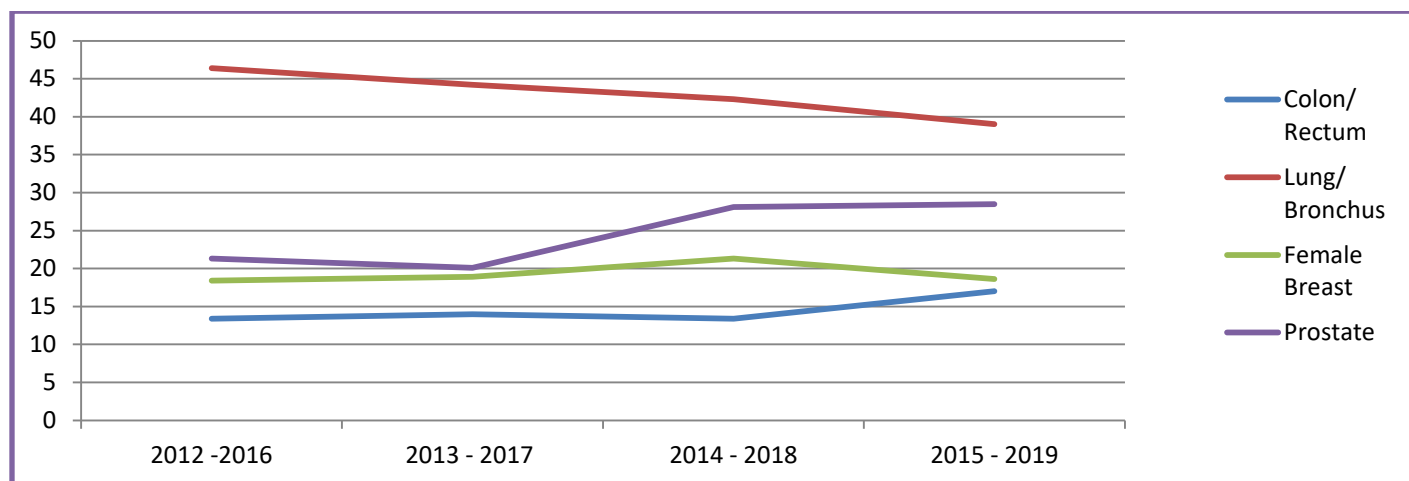
* Fewer than 5 cases



Cancer Mortality (Death) Rates in Montgomery County
(Per 100,000 Population)

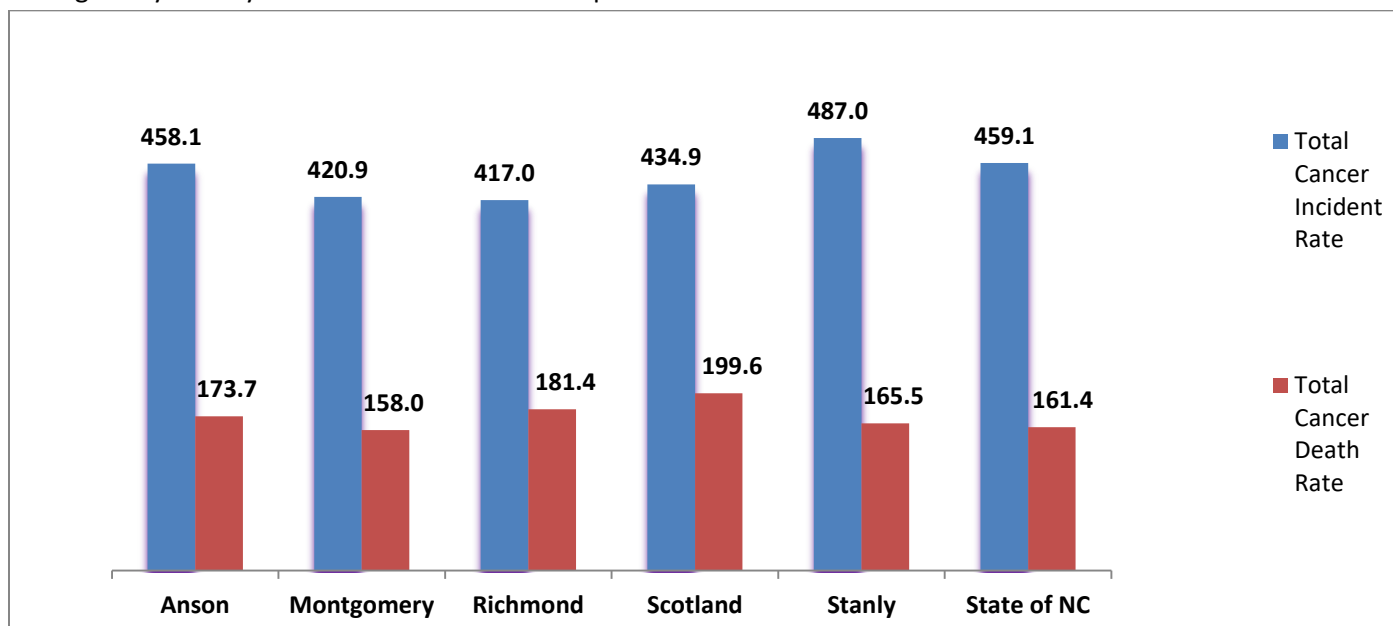
Source: NC Central Cancer Registry

Cancer Type	2012 – 2016 Rate	2013 – 2017 Rate	2014 – 2018 Rate	2015 - 2019
Colon/Rectum	13.4	14.0	13.4	17.0
Lung/Bronchus	46.4	44.2	42.3	39.0
Female Breast	18.4	18.9	21.3	18.6
Prostate	21.3	20.1	28.1	28.5
All Cancers	157.0	163.0	158.0	159.9



7.2%
Of FirstHealth 2018 CHNA survey participants
said they have Cancer (Other than Skin)

The following graph compares the 2014 – 2018 Cancer Incidence and Mortality Rates (per 100,000 population) of Montgomery County with the State and the four peer counties.



Compared to its peer counties and the State, Montgomery County:

- Has the lowest Cancer Death Rate.
- Has an Incident Rate lower than all except one of its peer counties (Richmond) and lower than the State.

The following tables show the breakdown by Race and Gender of Cancer Deaths in Montgomery for the 2014 – 2018 period.

Race

	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/African Americans	Percentage of County Population that is Black/African American
Cancer Deaths	75.7%	75.6%	22.3%	17.6%

Six people (5 male; 1 female) of Hispanic ethnicity died of Cancer in Montgomery County during the 2014 to 2018 period. This was 1.3% of the total number of Cancer deaths in the County.

Gender

	Percentage of Deaths in Females	Percentage of County Population that is Female	Percentage of Deaths in Males	Percentage of County Population that is Male
Cancer Deaths	44.3%	51.0%	53.7%	49.0%

Screenings are an important factor in preventing Cancer Deaths. This table provides data from the FirstHealth 2018 CHNA report. A public survey was conducted as part of the CHNA development.

Screening	Percentage of FirstHealth 2018 CHNA Survey
Men 50+ Prostate Screening in Past 2 Years	63.3%
Women 50 to 74 Mammogram in Past 2 Years	86.1%
Women 18+ Clinical Breast Exam in Past 2 Years	76.6%
Women 21 to 65 Pap Smear in Past 3 Years	82.8%
All participants age 50 to 75 Colorectal Cancer Screening	75.1%

Public Input - Cancer

Public Survey Opinion – Cancer

Following is a summary of responses from the Public Survey on issues related to Cancer.

- 35.0% said that *Cancer* is one of the major health problems in the County (ranked #5 of 17).
- 33.3% said that *Smoking/tobacco* use is one of the important unhealthy behaviors in the County (ranked #6 of 16). 17.2% said that *Vaping/e-cigarette* use is also an important unhealthy behavior (ranked #10 of 16).
- 31.1% said that *Not going to doctor for a yearly checkup/screenings* is one of the important unhealthy behaviors in the County (ranked #8 of 16).
- 38.9% said that *Affordability of health services* is one of the community issues that have the greatest impact on the overall quality of life (ranked #3 of 21).
- 28.3% said that *Lack of/inadequate health insurance* is one of the community issues that have the greatest impact on the overall quality of life (ranked #7 of 21).

Lack of/inadequate health insurance was considered a community issue that has a great impact on quality of life in the County. Public Survey participants were asked what type of insurance they have. The following table provides response percentages:

Insurance Type	Percentage
Private Insurance	42.2%
None	18.9%
Medicaid	13.9%
Medicare	7.8%
Other	6.1%
No answer	5.6%
Tricare/VA	1.1%

Better Together Montgomery Survey – Cancer

In a survey done by Better Together Montgomery in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the percentages of survey participants that say they have been diagnosed with Cancer:

- Brutonville Community – 9.7%
- Peabody Community – 6.7%

The survey did not ask participants about their Race or Ethnicity.

Health Equity Survey by Montgomery Department of Health – Cancer

The Outreach department of the Montgomery Department of Health conducted a survey through Spanish Speaking and African American churches in February and March 2021. Following is the percentage of survey participants that said they have been diagnosed with Cancer:

- Cancer –2.9%

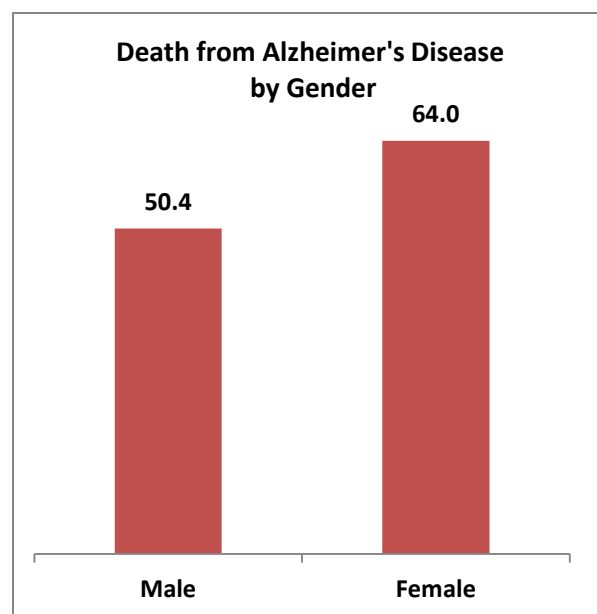
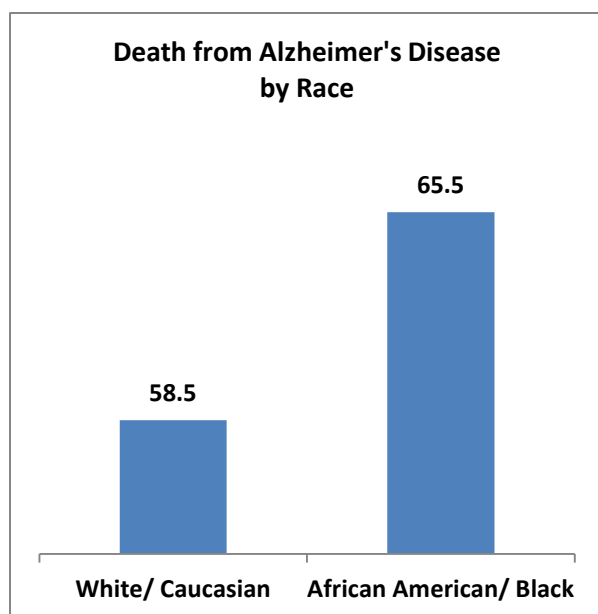
In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.

Alzheimer's Disease

Statistics – Alzheimer's Disease

Alzheimer's Disease was the 3rd leading Cause of Death in the County for the 2014-2018 period according to the NC 2020 County Health Data Book published by the Division of Public Health of the NC Department of Health and Human Services. The Age-Adjusted Rate was 58.8.

The two charts below provide a breakdown by Race and Gender of the Rate of Deaths from Alzheimer's disease.



The following tables provide a comparison of deaths by Race and Gender to the population percentages.

Race

	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/ African Americans	Percentage of County Population that is Black/African American
Alzheimer's Disease Deaths	80.6%	75.6%	19.4%	17.6%

No deaths from Alzheimer's Diseases occurred in the Hispanic population.

Gender

	Percentage of Deaths in Females	Percentage of County Population that is Female	Percentage of Deaths in Males	Percentage of County Population that is Male
Alzheimer's Disease Deaths	69.4%	51.0%	30.6%	49.0%

The following table compares the Montgomery County number of deaths with its four peer counties.

County	Number of Deaths from Alzheimer's Disease	Population
Anson County	47	25,306
Montgomery County	108	27,338
Richmond County	125	45,189
Scotland County	91	35,262
Stanly County	208	61,114

Even though Alzheimer's Disease is the 3rd highest Cause of Death in Montgomery County [according to the 2020 County Health Data Book of the State Center for Health Statistics], the Age-Adjusted Rate is significantly lower than the two highest Causes of Death:

- #1 Diseases of Heart – 166.9 Rate
- #2 Cancer – 159.0 Rate

Public Input – Alzheimer's disease

Public Survey Opinion – Alzheimer's disease

No questions directly related to Alzheimer's disease were included in the Public Survey.

When asked what they consider to be the most important health problems in the County, 25.0% said that *Aging Problems* was important. This was ranked as #9 of 17.

Health Equity Survey by Montgomery Department of Health – Alzheimer's disease

In the Health Equity Survey done by the Department of Health no participants said they had been diagnosed with Alzheimer's disease. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

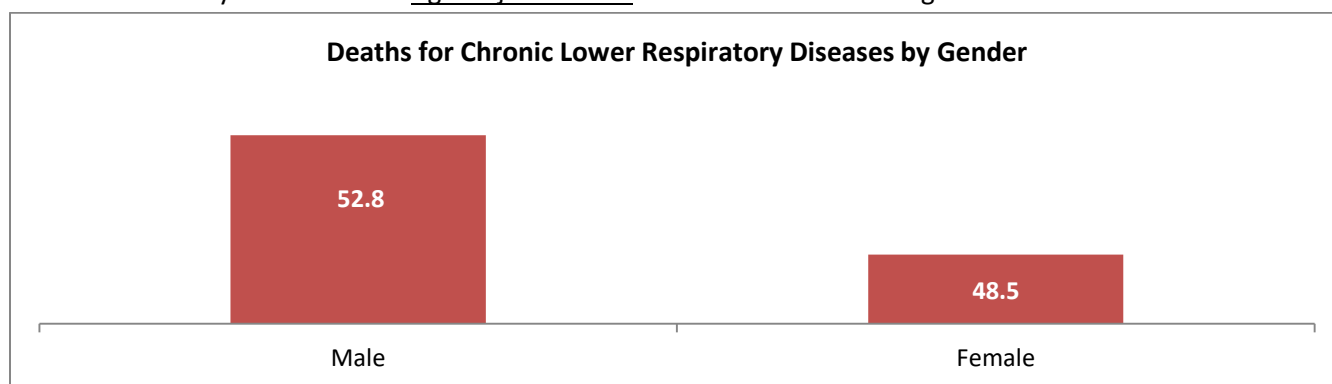
Respiratory Diseases

Statistics – Respiratory Diseases

Chronic Lower Respiratory Diseases was ranked as the 4th leading Cause of Death in the 2014-2018 period according to the NC Department of Health and Human Services County Health Data Book published in 2020. The Age Adjusted Rate was 52.8.

The Age-Adjusted Rate for deaths in the White/Caucasian population was 57.1. There were less than 15 cases in all other races/ethnicities, so an accurate rate cannot be determined.

The breakdown by Gender of the Age-Adjusted Rate is shown in the following two charts.



The following tables provide a comparison of deaths by Race and Gender to the population percentages.

Race

	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/African Americans	Percentage of County Population that is Black/African American
Chronic Lower Respiratory Diseases	86.5%	75.6%	12.5%	17.6%

No deaths from Chronic Lower Respiratory Diseases occurred in the Hispanic population. One death occurred in the American Indian population.

Gender

	Percentage of Deaths in Females	Percentage of County Population that is Female	Percentage of Deaths in Males	Percentage of County Population that is Male
Chronic Lower Respiratory Diseases	49.0%	51.0%	51.0%	49.0%

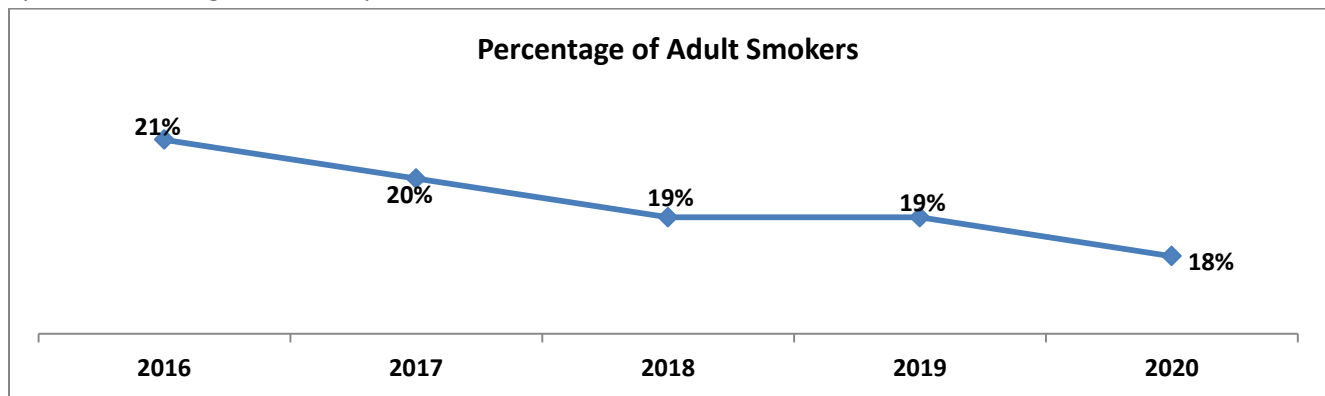
The following table compares the Montgomery County Age-Adjusted Rate with its four peer counties.

County	Death Rate from Chronic Lower Respiratory Diseases (per 100,000 population)	Population
Anson County	50.3	25,306
Montgomery County	52.8	27,338
Richmond County	68.2	45,189
Scotland County	40.6	35,262
Stanly County	45.3	61,114

Note: Only Richmond County had a higher death rate than Montgomery County; Richmond County's population is significantly higher than Montgomery County.

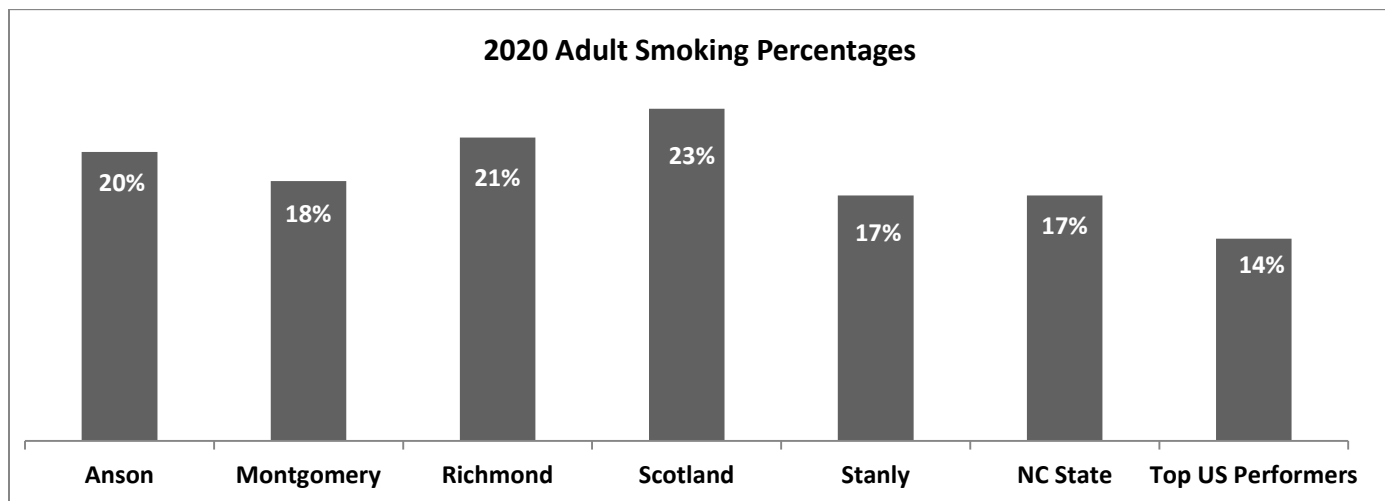
County Health Rankings –Respiratory Diseases

The following graph shows the percentage of adults who were smokers each year from 2016 – 2020 according to the County Health Rankings & Roadmaps.



This graph shows that Montgomery County has had a 3% decrease in the percentage of Adult Smokers from 2016 to 2020.

The following statistics about Adult Smoking from the County Health Rankings & Roadmaps shows how Montgomery County percentages compare with its peer counties and the State in 2020.



Public Input –Respiratory Diseases

Public Survey Opinion –Respiratory Diseases

No questions about Chronic Lower Respiratory Diseases were included in the Public Survey.

Health Equity Survey by Montgomery Department of Health –Respiratory Diseases

In the Health Equity Survey done by the Department of Health no participants said they had been diagnosed with Chronic Lower Respiratory Diseases. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

FirstHealth 2018 CHNA – Respiratory Diseases

In the survey associated with the FirstHealth 2018 CHNA participants were asked questions about respiratory diseases and smoking. Following are the response percentages.

Respiratory or Smoking Factor	Percentage of Survey Participants
Have COPD (Adults)	15.8%
Current Smoker	13.3%
Regularly Exposed to Secondhand Smoke	13.2%
Currently Use Vaping Products	1.9%
Have Asthma <u>and</u> have smoked for 11 years or more	31.3%
Have COPD <u>and</u> have smoked for 11 years or more	36.8%

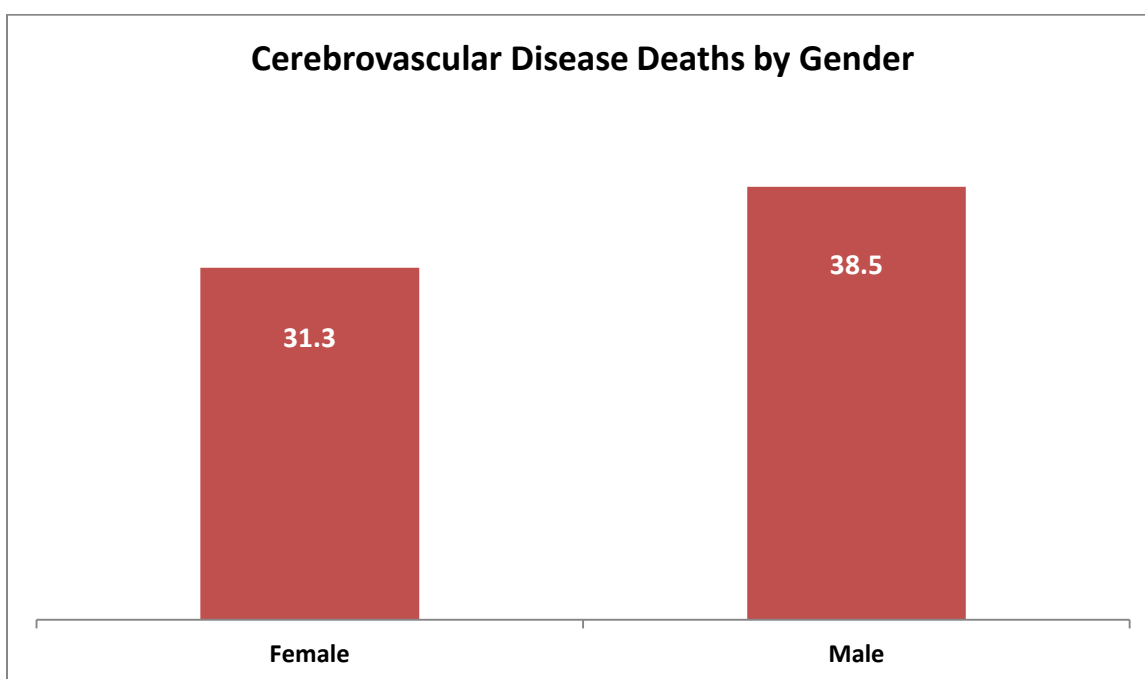
Cerebrovascular Disease

Statistics – Cerebrovascular Disease

According to the 2020 NC County Health Data Book, Cerebrovascular Disease (Stroke) was the 5th highest Cause of Death in Montgomery County for the 2014 – 2018 period. The Age-Adjusted rate was 38.5 per 100,000 population.

The Age-Adjusted Rate for Cerebrovascular Disease deaths in Whites/Caucasians for period 2014-2018 was 39.9. Because there were fewer than 15 cases in the Black/African American and Hispanic populations, a rate could not be determined with accuracy.

The graph below provides a breakdown by Gender using the Age-Adjusted Rates from the 2020 NC County Health Data Book for the 2014-2018 period.

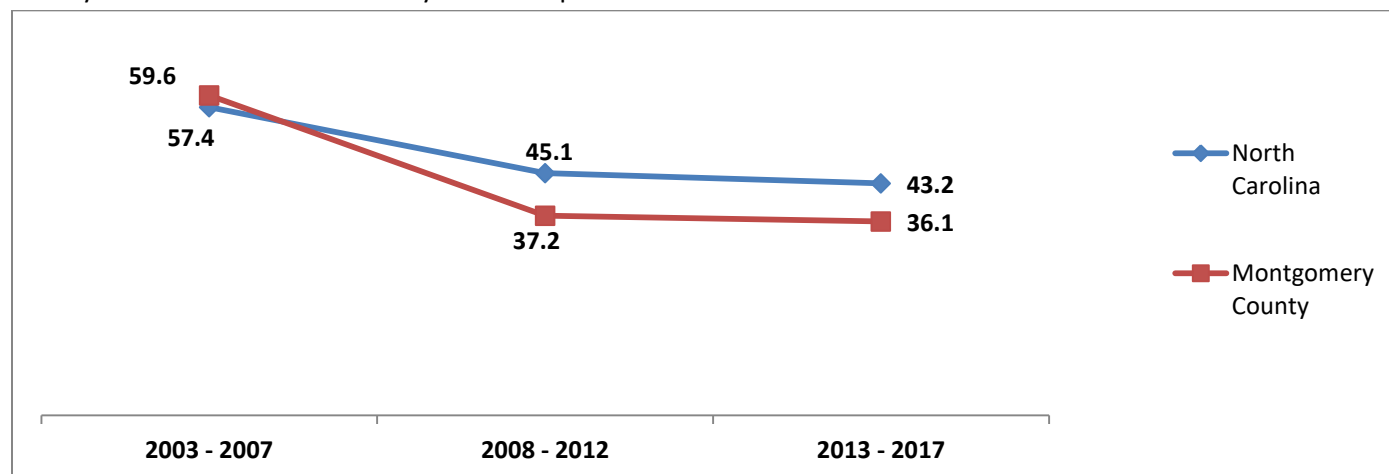


The following table compares the Montgomery County Age-Adjusted Rate with its four peer counties and the State.

County/State	Death Rate from Cerebrovascular Disease (per 100,000 population)	Population
Anson County	53.4	25,306
Montgomery County	38.5	27,338
Richmond County	64.6	45,189
Scotland County	49.6	35,262
Stanly County	47.4	61,114
State	43.0	N/A

The death rate in Montgomery County is much lower than the State rate or that of any peer County.

The following table provides trend information on Age-Adjusted Stroke Death Rates. The information is from the February 2019 North Carolina County Trends Reports.



The trend of Montgomery County's Age-Adjusted Rate has been decreasing and has mainly been lower than the State rate.

Public Input – Cerebrovascular Disease

Public Survey Opinion – Cerebrovascular Disease

No questions directly related to Cerebrovascular Disease or Stroke were asked in the Public Survey.

When asked what they considered to be the most important health problems in the County 38.9% of Survey participants said that *High Blood Pressure* is an important health problem (ranked #4 of 17). High Blood Pressure (Hypertension) is considered a risk factor for Cerebrovascular Disease/Stroke.

Better Together Montgomery Survey – Stroke

In a survey done by Better Together Montgomery in the Brutonville and Peabody communities in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. Following are the percentages of survey participants that say they have been diagnosed as having had a Stroke:

- Brutonville Community – 16.1%
- Peabody Community – 13.3%

The survey did not ask participants about their Race or Ethnicity.

Health Equity Survey by Montgomery Department of Health – Stroke

In the Health Equity Survey done by the Department of Health 5.7% of participants said they had been diagnosed as having had a Stroke. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

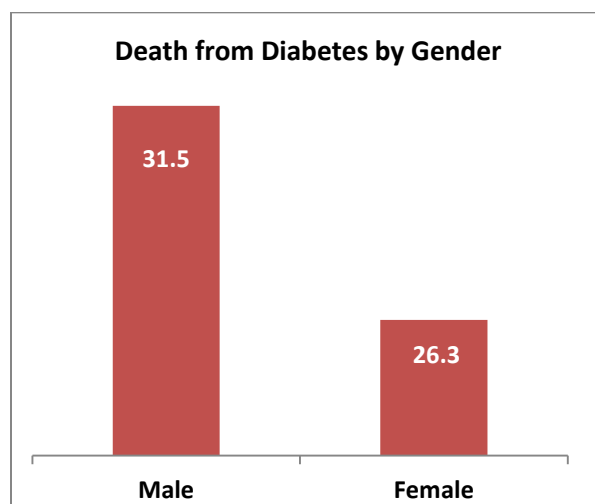
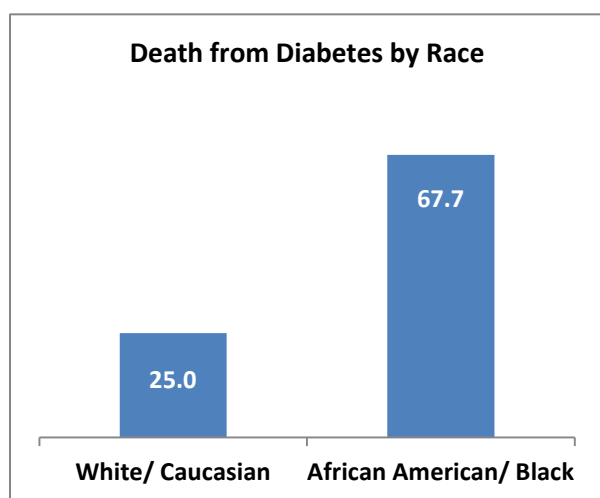
5.2% of FirstHealth 2018 CHNA public survey participants said they have had a Stroke.

Diabetes

Statistics – Diabetes

Diabetes was ranked as the 6th leading Cause of Death in Montgomery County for the 2014-2018 period in the NC County Health Data Book published in 2020 by the Division of Public Health of the NC Department of Health and Human Services. The Age-Adjusted Rate was 31.5.

Information on Race and Gender demographics of the Age-Adjusted Rate of Death from Diabetes is provided in the following graphs.



The following tables provide a comparison of deaths by Race and Gender to the population percentages.

Race

	Percentage of Deaths in Whites/Caucasians	Percentage of County Population that is White/Caucasian	Percentage of Deaths in Blacks/ African Americans	Percentage of County Population that is Black/African American
Diabetes	64.0%	75.6%	36.0%	17.6%

No deaths from Diabetes occurred in the Hispanic population.

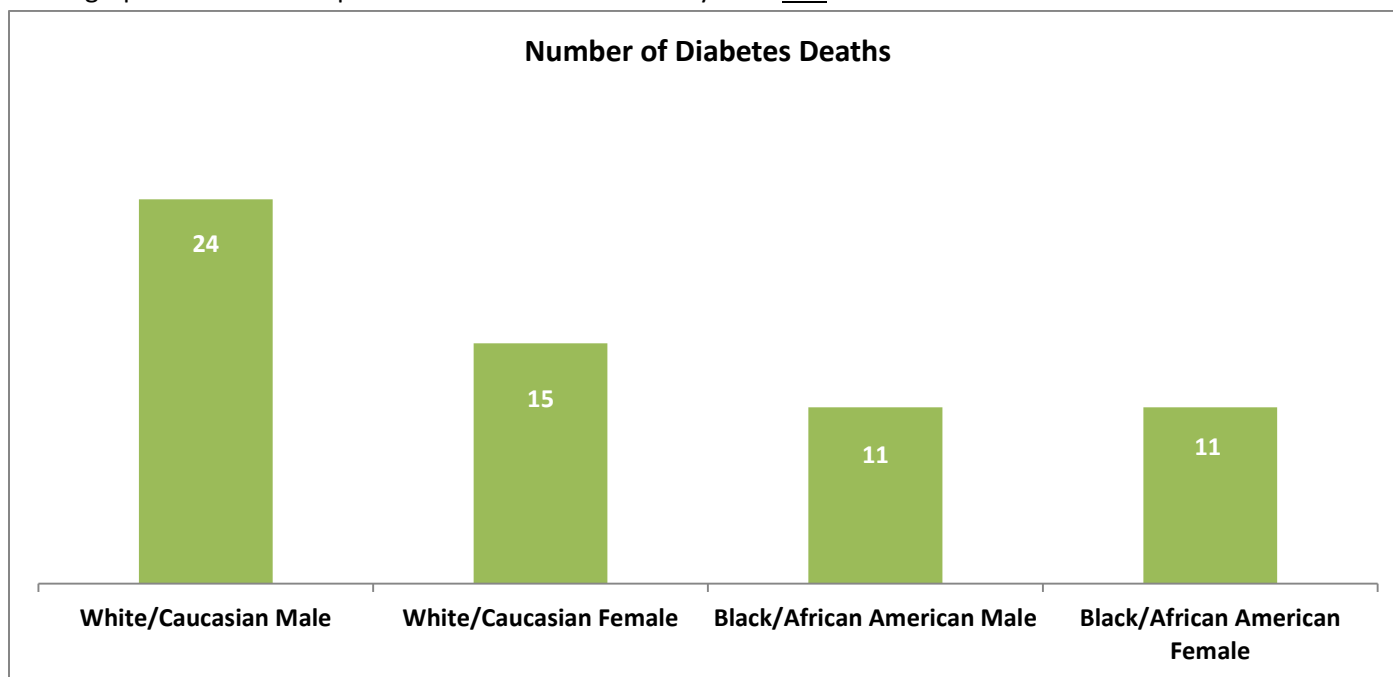
The percentage of deaths from Diabetes is significantly disproportionate in the Black/African American population.

There were no deaths in Montgomery County citizens of Hispanic ethnicity related to Diabetes reported in the NC Division of Public Health Age-Adjusted Death Rates for period 2014 – 2018.

Gender

	Percentage of Deaths in Females	Percentage of County Population that is Female	Percentage of Deaths in Males	Percentage of County Population that is Male
Diabetes	42.6%	51.0%	57.4%	49.0%

In the graph below is a comparison of number of deaths by Race and Gender.



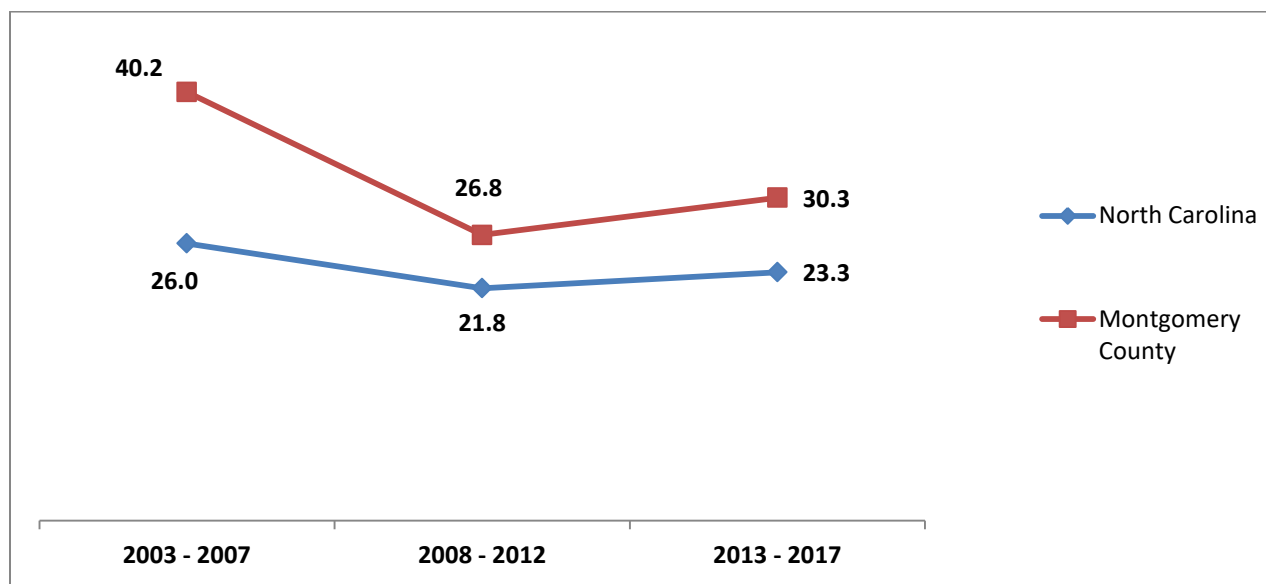
The number of White/Caucasian Male Diabetes Deaths is responsible for a high percentage of deaths in Males.

The following table compares the Montgomery County Age-Adjusted Rate with its four peer counties.

County	Death Rate from Diabetes (per 100,000 population)	Population
Anson County	34.2	25,306
Montgomery County	31.5	27,338
Richmond County	44.2	45,189
Scotland County	26.6	35,262
Stanly County	25.3	61,114
North Carolina	23.7	N/A

The Diabetes death rate for Montgomery County was at the midpoint compared to its peer counties, but was significantly higher than the rate for the State of North Carolina. Richmond County's rate was much higher than Montgomery's rate; however, the population is greater in Richmond County.

The following table provides trend information on Age-Adjusted Diabetes Death Rates. The information is from the February 2019 North Carolina County Trends Reports.

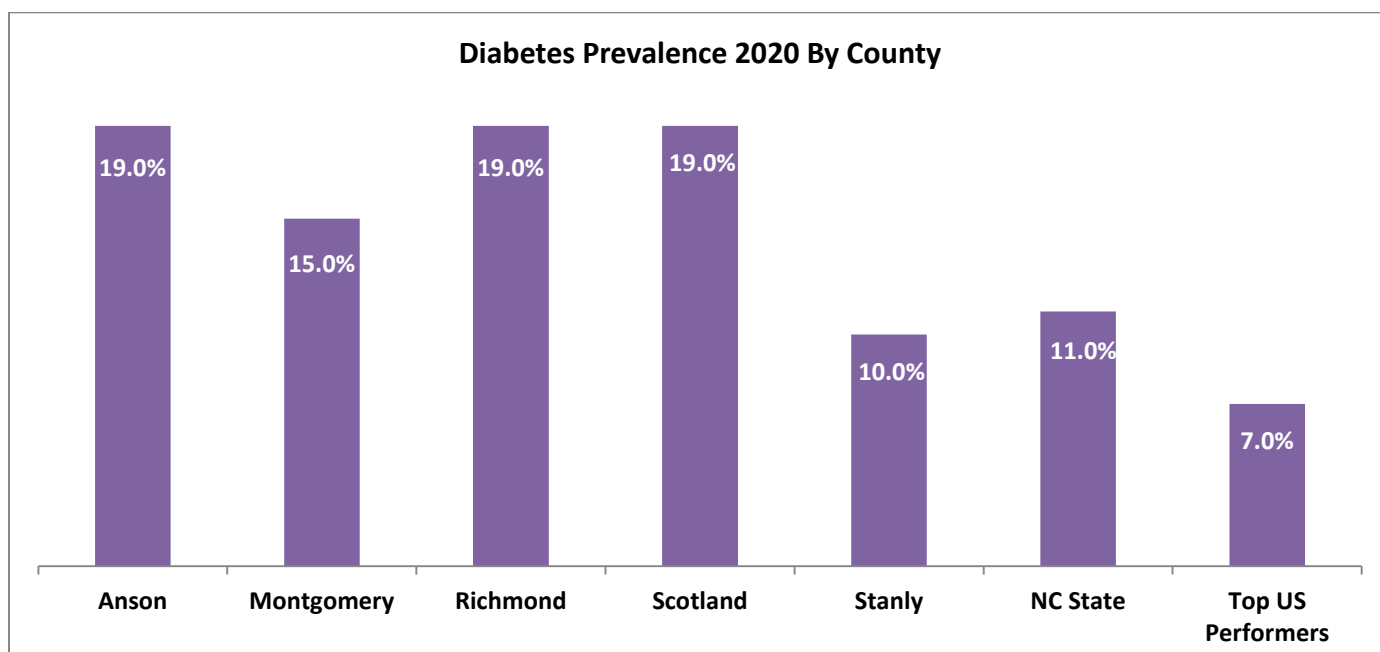
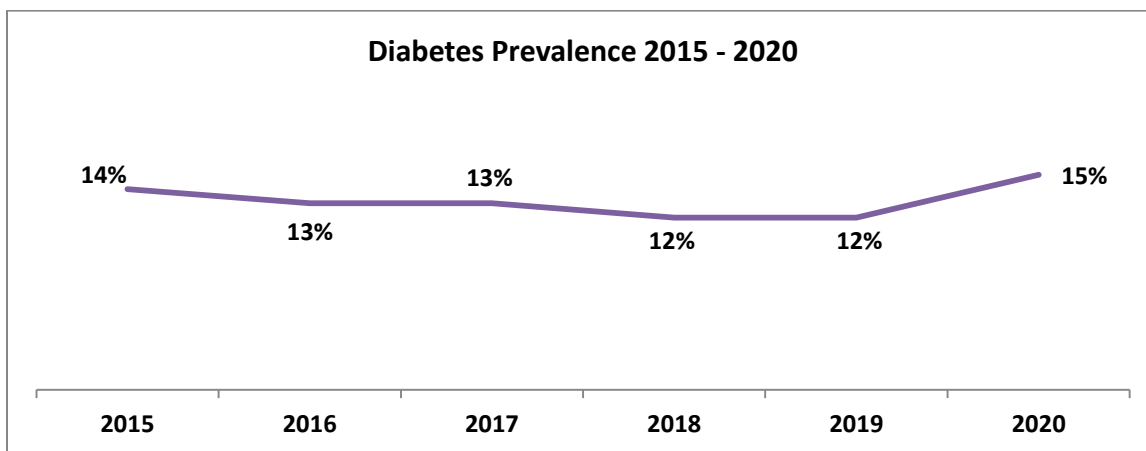


County Health Rankings – Diabetes

According to the County Health Rankings & Roadmaps 2020 statistics, the Diabetes prevalence of Montgomery County is 15%.

The County Health Rankings & Roadmaps defines Diabetes Prevalence as the percentage of adults aged 20 and above with diagnosed diabetes.

The charts below show the trend of Diabetes Prevalence in Montgomery County from 2015 to 2020 and compares the 2020 percentage with that of the State, Montgomery's peer counties and the Top US Performers.



Public Input - Diabetes

Public Survey Opinion – Diabetes

**Diabetes was ranked as the
2nd highest important health
problem in the County.**

53.9% consider it a problem.

Survey participants were asked for their opinions on what the most important unhealthy behaviors in the County are. Following are responses related to Diabetes prevalence and death risk.

- Poor eating habits – 43.9% (ranked #2 of 16)
- Lack of exercise – 40.6% (ranked #5 of 16)
- Not going to doctor for a yearly checkup/screenings – 31.1% (ranked #8 of 16)

Participants in the Survey were asked what issues they think have the greatest impact on the overall quality of life in the County. Following are the percentage responses on the issues that apply to Diabetes.

- Low income/poverty - 56.1% (#1 of 21)
- Affordability of health services – 38.9% (#3 of 21)
- Availability of healthy family activities – 33.3% (#4 of 21)
- Availability of healthy food choices – 29.4% (#6 of 21)
- Lack of/inadequate health insurance – 28.3% (#7 of 21)
- Lack of health care providers – 11.1% (#15 of 21)
- Lack of culturally appropriate health services – 5.6% (#18 of 21)

Better Together Montgomery Survey – Diabetes

In a survey done by Better Together Montgomery in the Brutonville and Peabody communities in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. Following are the percentages of survey participants that say they have been diagnosed with Diabetes:

- Brutonville Community – 38.7%
- Peabody Community – 6.7%

The survey did not ask participants about their Race or Ethnicity.

Health Equity Survey by Montgomery Department of Health – Diabetes

In the Health Equity Survey done by the Department of Health 20.0% of participants said they had been diagnosed with Diabetes. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

FirstHealth 2018 CHNA – Diabetes

As part of the FirstHealth 2018 CHNA a public survey was conducted. The following table shows the percentage of participants that provided information on their own health factors related to Diabetes.

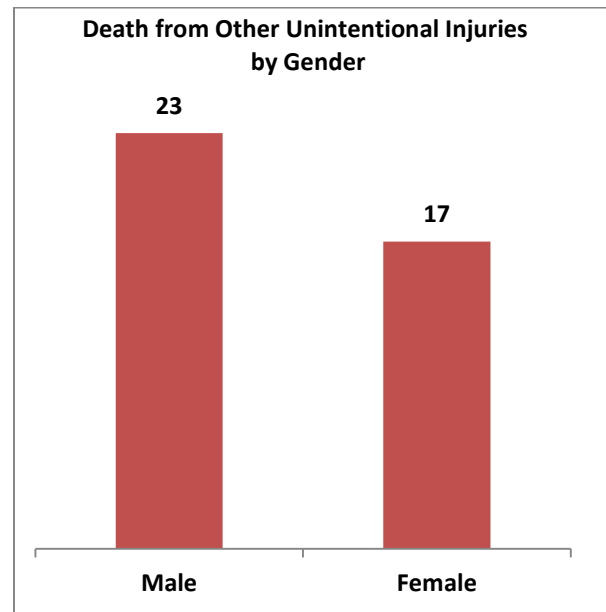
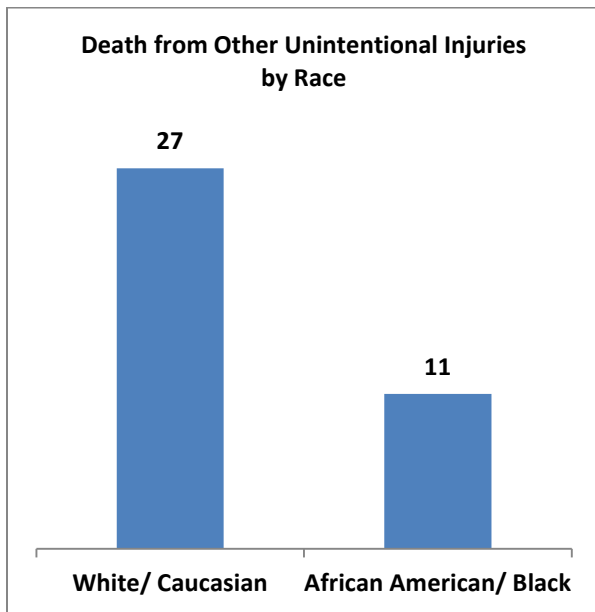
Health Factor Related to Diabetes	Percentage of FirstHealth 2018 CHNA Survey
Have Diabetes/High Blood Sugar	22.4%
Are Borderline/Pre-Diabetic	15.2%
Of those who are Diabetic currently Taking Insulin/Medication	95.2% (of those that said they are Diabetic)
Of those who are Diabetic had a Hospital/ER Visit for Diabetes in the Past Year	2.2% (of those that said they are Diabetic)
Of those who are Diabetic have taken Diabetes Management Course	54.8% (of those that said they are Diabetic)
Had Blood Sugar Tested in Past 3 Years	88.2%

Other Unintentional Injuries

Statistics – Other Unintentional Injuries

Other Unintentional Injuries was the #7 leading Cause of Death in Montgomery County according to the NC 2020 County Health Data Book. The Age-Adjusted Rate was 25.3 (40 deaths occurred in the 2014 – 2018 period).

The two charts below provide a breakdown by Race and Gender of the number of Deaths from Other Unintentional Injuries. The number of deaths is used instead of the rate of death because the number of deaths in some categories was too low to accurately calculate a Rate.

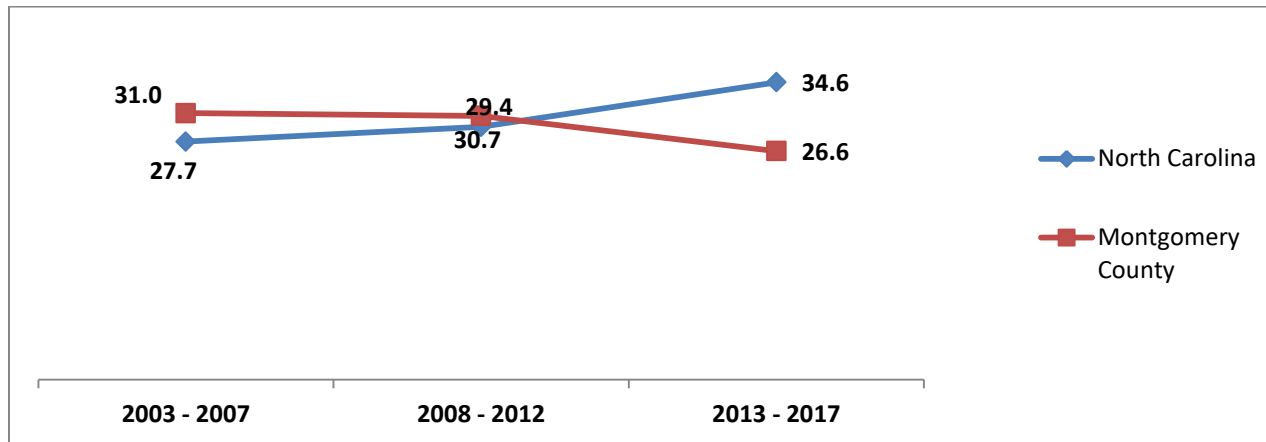


One death occurred in *Other Races* and one occurred in those of *Hispanic ethnicity*.

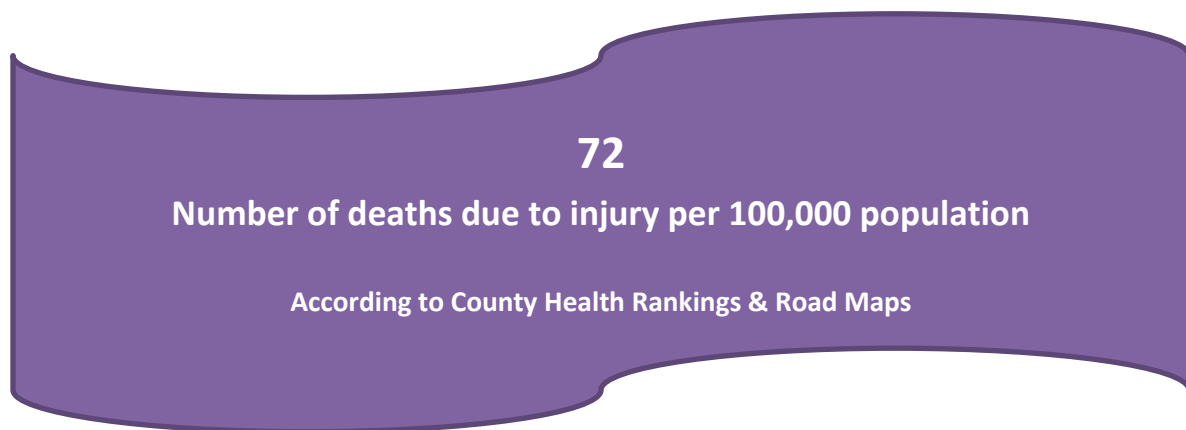
The following table compares the Montgomery County number of deaths with its four peer counties.

County/State	Number of Deaths from Other Unintentional Injuries	Population
Anson County	42	25,306
Montgomery County	40	27,338
Richmond County	92	45,189
Scotland County	45	35,262
Stanly County	153	61,114

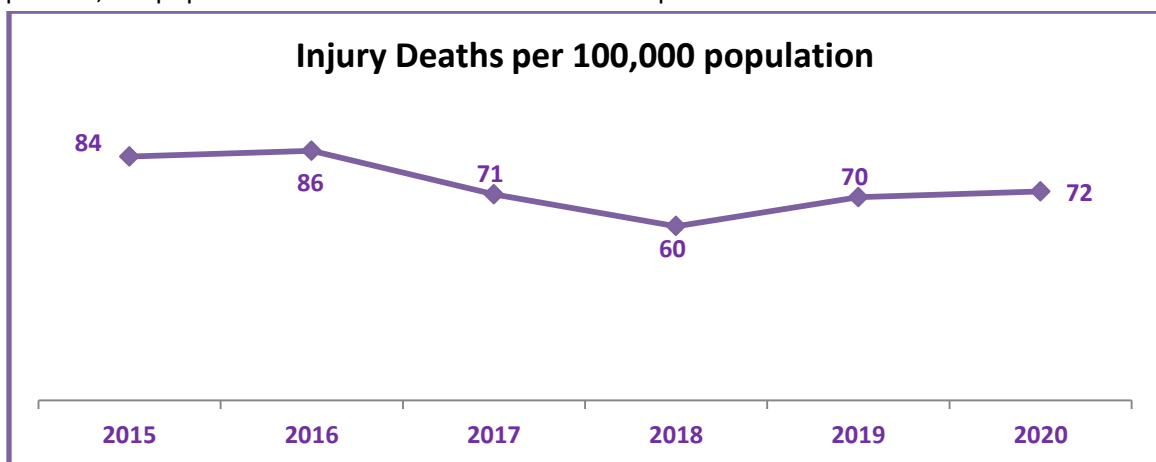
The following graph shows the Age-Adjusted Unintentional Injury Death Rates per 100,000 Residents for Montgomery County from the Statewide and County Trends in Key Health Indicators from the NC Department of Health and Human Services.



County Health Rankings – Other Unintentional Injuries



The deaths per 100,000 population from Motor Vehicle Crashes is presented in the chart below.



There has been a decrease in the deaths per 100,000 population since the high of 84 in 2015; however, the rate has fluctuated in the six year period between 2015 and 2020.

Public Input – Other Unintentional Injuries

Public Survey Opinion – Other Unintentional Injuries

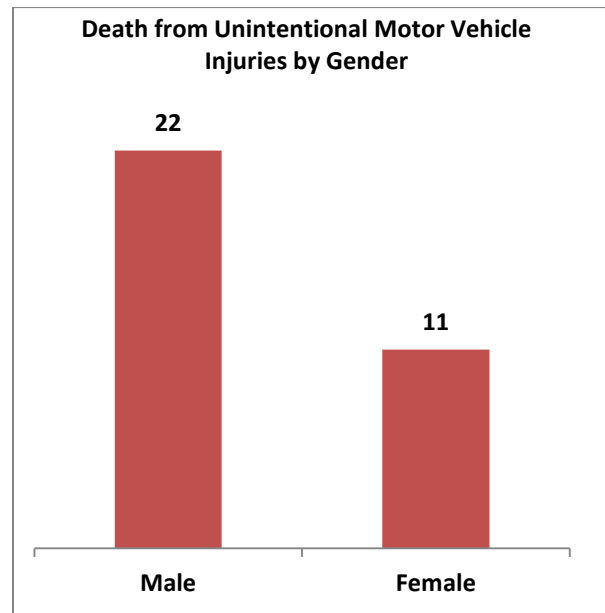
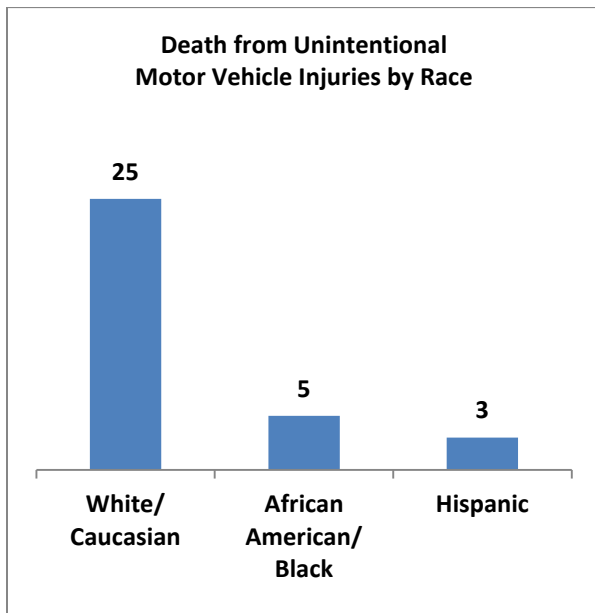
In the Public Survey participants ranked *Accidental Injury* as the #14 most important health problem in the County – 6.7% said this is an important health problem.

Unintentional Motor Vehicle Injuries

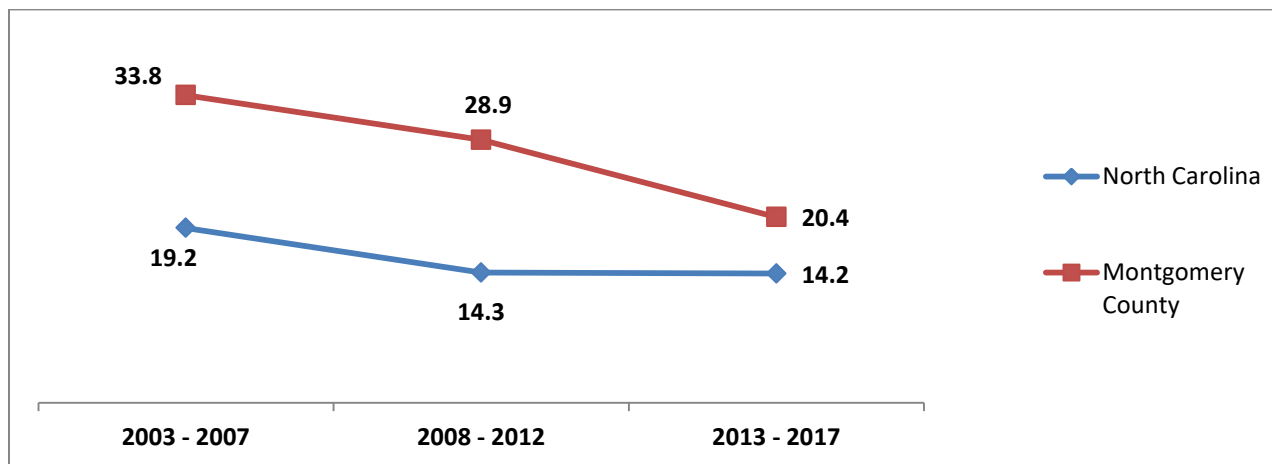
Statistics – Unintentional Motor Vehicle Injuries

Unintentional Motor Vehicle Injuries was ranked as the #8 Leading Cause of Death in the North Carolina County Health Data Book – 2020 with an Age-Adjusted Rate (per 100,000 population) of 23.7 (33 deaths in period 2014-2018).

In the charts below is a breakdown by Race/Ethnicity and Gender of the number of Deaths from Unintentional Motor Vehicle Injuries. The number of deaths is used instead of the rate of death because the number of deaths in some categories was too low to accurately calculate a Rate.

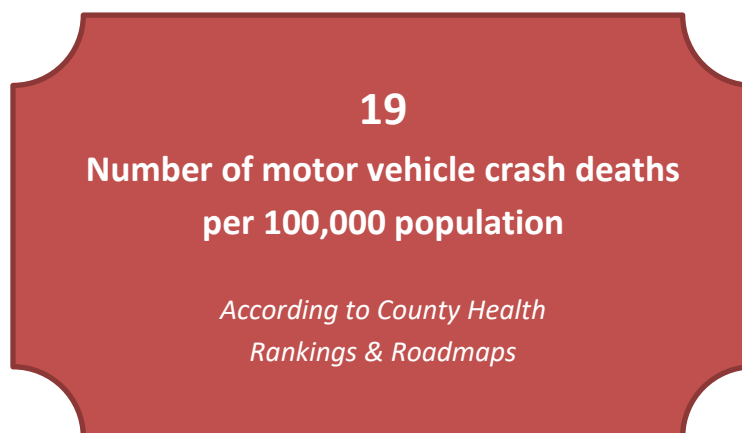


The following graph shows the Age-Adjusted Unintentional Motor Vehicle Injuries Death Rates per 100,000 Residents for Montgomery County from the Statewide and County Trends in Key Health Indicators from the NC Department of Health and Human Services.

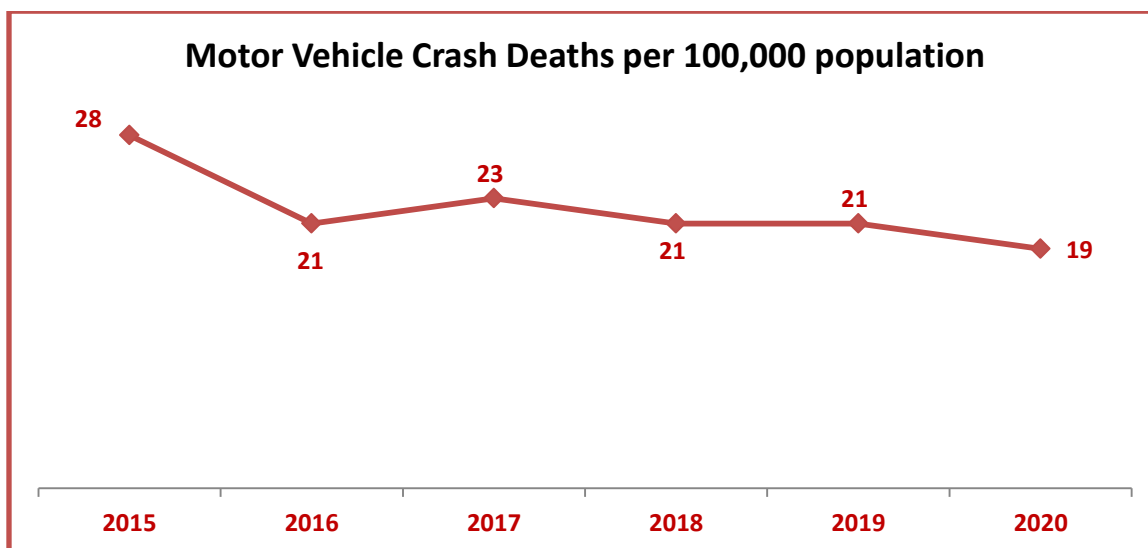


The rate of deaths from Unintentional Motor Vehicle Injuries in Montgomery County has been consistently higher than the rate of the State.

County Health Rankings – Unintentional Motor Vehicle Injuries



The following graph shows the number per 100,000 population from 2015 – 2020 according to the County Health Rankings & Roadmaps.



The Motor Vehicle Crash Deaths per 100,000 population has decreased over the last 16 years by 9 points.

Public Input – Unintentional Motor Vehicle Injuries

Public Survey Opinion – Unintentional Motor Vehicle Injuries

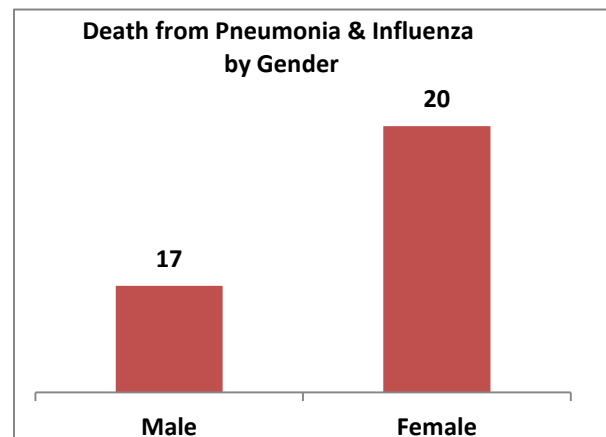
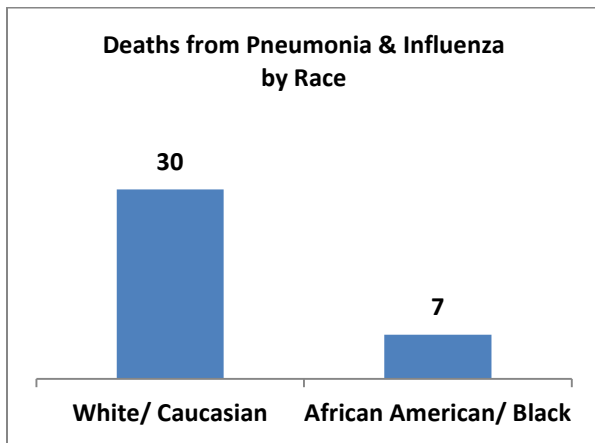
The participants in the CHA Public Survey ranked Motor Vehicle Accidents as #12 of 17 with 10.0% of the participants saying it is one of the most important health problems in Montgomery County.

Pneumonia & Influenza

Statistics – Pneumonia & Influenza

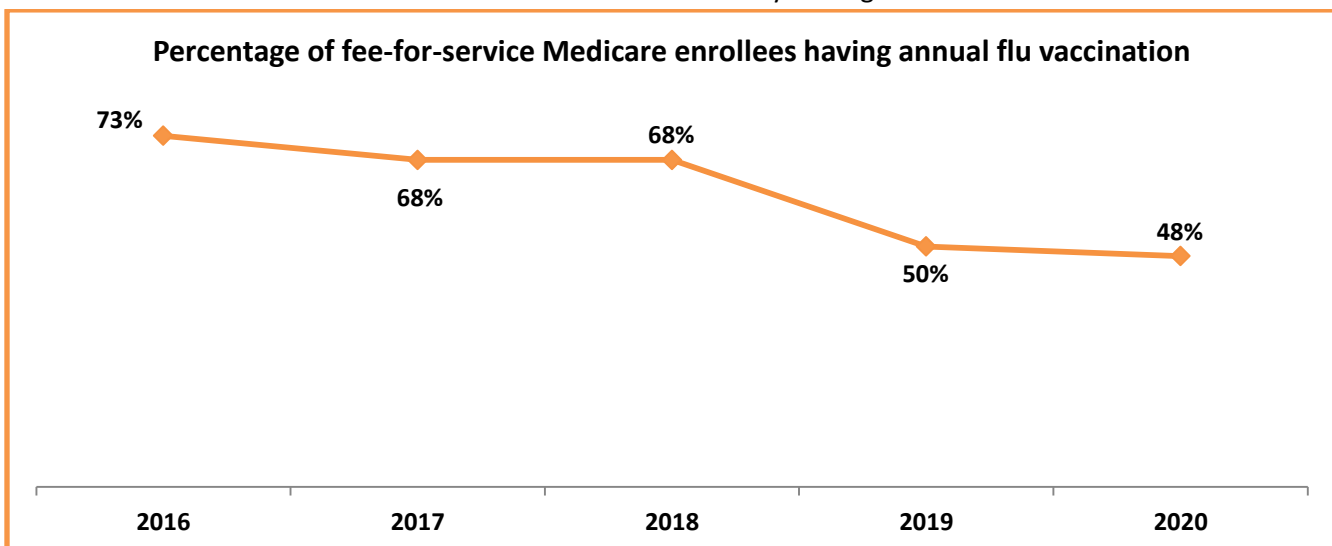
According to the NC County Health Data Book 2020 from the NC Division of Public Health State Center for Health Statistics, Pneumonia & Influenza is the 9th highest Cause of Death in Montgomery County. The rate per 100,000 population for period 2014 – 2018 was 20.3 (37 deaths).

The two charts below provide a breakdown by Race and Gender of the number of Deaths from Pneumonia & Influenza. The number of deaths is used instead of the rate of death because the number of deaths in some categories was too low to accurately calculate a Rate.

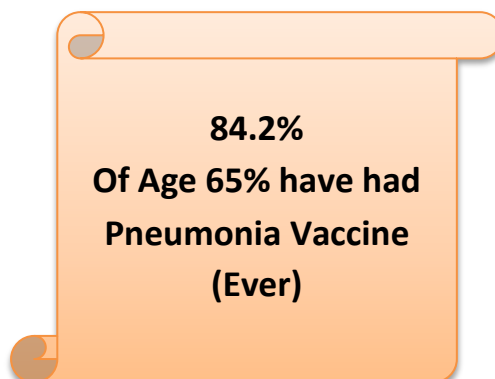
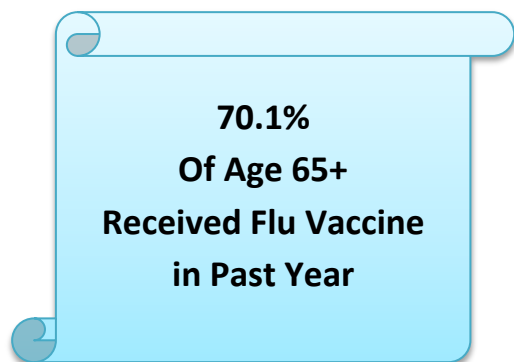


County Health Rankings – Pneumonia & Influenza

According to the County Rankings & Road Maps 48% of fee-for-service (FFS) Medicare enrollees had an annual flu vaccination. The following chart shows the trend from 2015 to 2020 of the percentage of fee-for-service Medicare enrollees that had an annual flu vaccine. There has been a steady and significant decrease since 2016.



FirstHealth 2018 CHNA – Pneumonia & Influenza

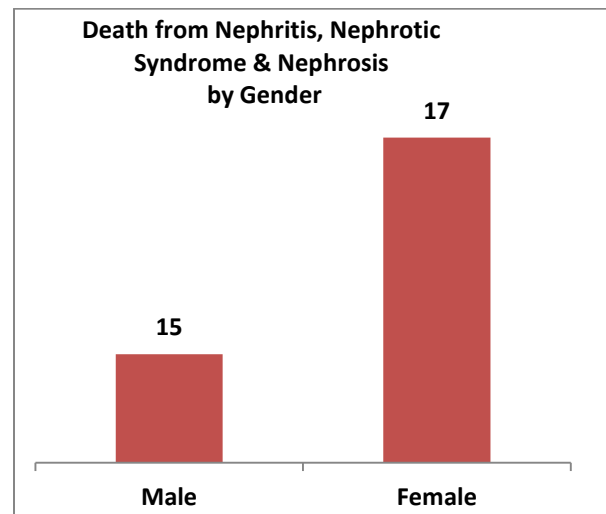
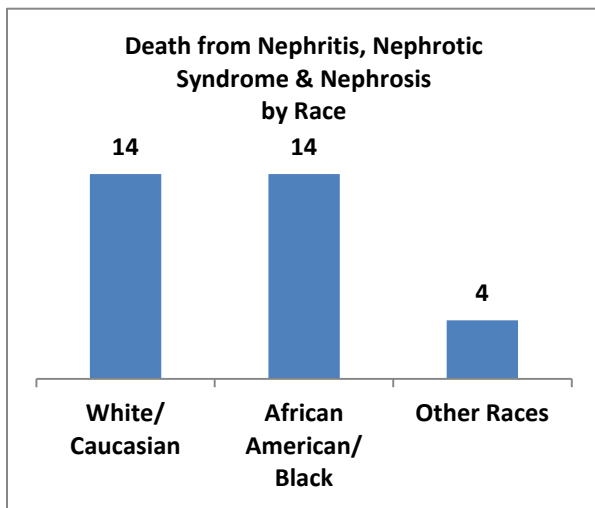


Kidney Disease

Statistics – Kidney Disease

According to the NC County Health Data Book 2020 the 10th highest Cause of Death in Montgomery County for the period 2014-2018 was Nephritis, Nephrotic Syndrome & Nephrosis. The rate for this collection of diseases was 16.8 (32 deaths during the period).

In the following charts is a breakdown by Race and Gender of the number of Deaths from Nephritis, Nephrotic Syndrome & Nephrosis. The number of deaths is used instead of the rate of death because the number of deaths in all categories was too low to accurately calculate a Rate.



No deaths in people of Hispanic ethnicity were reported.

The following table compares the Montgomery County number of deaths from these Kidney Diseases with its four peer counties.

County/State	Number of Deaths from Nephritis, Nephrotic Syndrome & Nephrosis	Population	Percentage of Population
Anson County	42	25,306	0.17%
Montgomery County	32	27,338	0.11%
Richmond County	77	45,189	0.17%
Scotland County	49	35,262	0.13%
Stanly County	80	61,114	0.13%

Montgomery County had a lower number of deaths from Nephritis, Nephrotic Syndrome & Nephrosis than any of its peer counties according to the NC 2020 County Health Data Book. The rate for the State of North Carolina for the same time period (2014-2018) was 16.4, which is much lower than Montgomery County or any of its peer counties.

Dialysis

Renal Failure and the need for Dialysis can result from Kidney Disease. Following is data that provides additional insight on Dialysis in Montgomery County from the “United States Renal Data System, 2020 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD 20892” (www.usrds.org)

In the USRDS 2020 Annual Data Report (www.usrds.org) the number of Dialysis patients for 2014 – 2017 was provided. The following table presents details on Dialysis patients for Montgomery and its peer counties.

County/State	Number of Dialysis Patients 2015 - 2018	Population	Percentage of Population
Montgomery County	379	27,338	1.4%
Anson County	475	25,306	1.9%
Richmond County	753	45,189	1.7%
Scotland County	461	35,262	1.3%
Stanly County	452	61,114	0.7%
North Carolina (4 yr average)	25,053	10,264,876	0.2%

The table on the following page provides demographic and cause details on the Dialysis patients in Montgomery County. Where possible the percentage of Dialysis patients is compared to the percentage of that population by that group (i.e. Males).

Category	Number	Percentage of total on Dialysis	Category's Percentage of Total County Population (According to ACS 5-year average)
White Male	110	29.0%	
Black Male	95	25.1%	
White Female	59	15.6%	
Black Female	90	23.7%	
Asian Male	19	5.0%	
Asian Female	*	*	
Hispanic Male	21	5.5%	
Hispanic Female	14	3.7%	
Black	185	48.8%	17.6%
White	169	44.6%	75.6%
Hispanic	35	9.2%	15.4%
Asian	19	5.0%	1.4%
Male	205	54.1%	49.0%
Female	149	38.3%	51.0%
Caused by Diabetes	151	39.8%	
Caused by Hypertension	97	25.6%	
Caused by Hypertension or Diabetes	248	65.4%	
Ages 35 to 59	136	35.9%	31.7%
Ages 60 +	233	61.5%	21.1%

* Inadequate sample size to be accurate

Hispanic Dialysis patients whose kidney failure is caused by Diabetes is 22 of 35 (62.9% of total Hispanic).

Public Input – Kidney Disease

Public Survey Opinion – Kidney Disease

In the CHA Public Survey 7.2% of the participants said that Kidney Disease is one of the major health problems in the County. This was ranked #13 of 17 health problems.

Health Equity Survey by Montgomery Department of Health – Kidney Disease

In the Health Equity Survey done by the Department of Health none of the participants said they had been diagnosed with a Kidney Disease. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

FirstHealth 2018 CHNA – Kidney Disease

In the FirstHealth 2018 CHNA public survey 4.4% of the participants said they have Kidney Disease.

Other Causes of Death

Statistics – Other Causes of Death

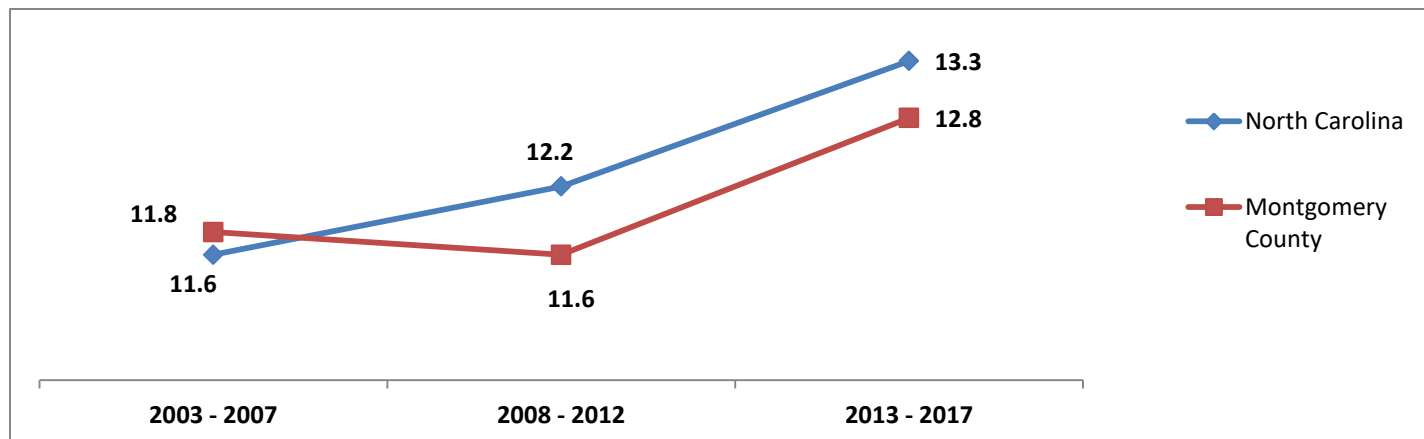
The top 10 Causes of Death, according to the 2020 NC County Health Data Book from the NC Division of Public Health <https://schs.dph.ncdhhs.gov/data/databook/>, are covered in detail in the previous pages of this Montgomery County Data Book. Causes 11 through 15 along with details on Race and Gender are provided in the table below.

Cause of Death	Total Deaths	White/Caucasian Deaths	Black/African American Deaths	Hispanic Deaths	Male Deaths	Female Deaths
Septicemia	24	21	3	0	13	11
Suicide	19	18	1	0	14	5
Chronic Liver Disease and Cirrhosis	18	15	2	0	13	5
Homicide	8*	2	5	0	8	0
AIDS	2	1	1	0	2	0

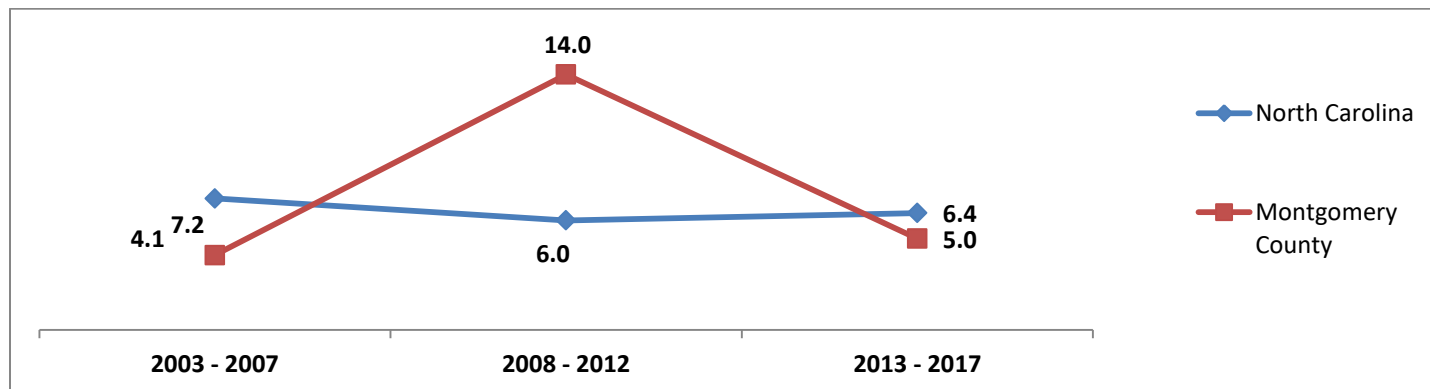
* 1 death in *Other Races*.

The following charts provide information on two of the above listed Causes of Death according to the NC County Trends Reports of February 2019.

Suicide



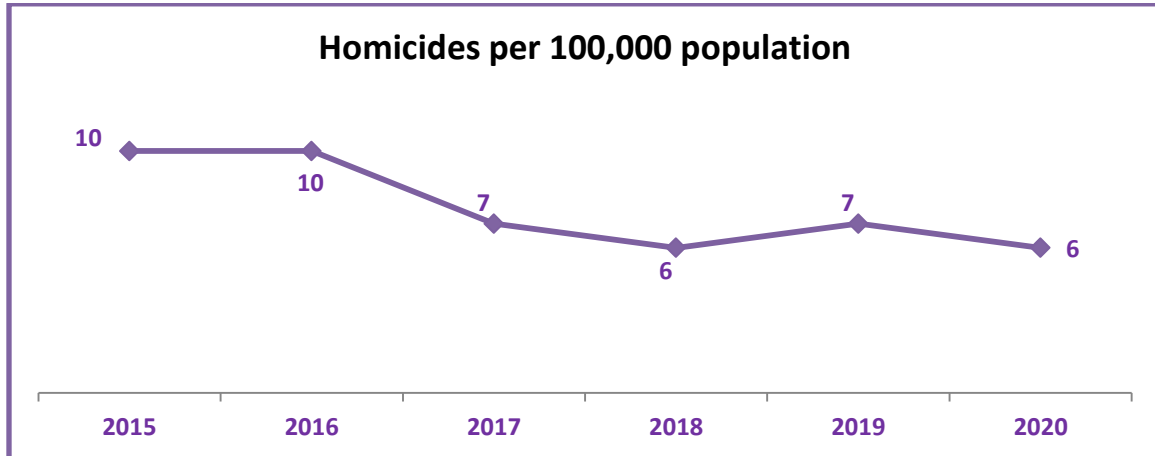
Homicide



County Health Rankings – Other Causes of Death

In 2018 County Health Rankings reported that there were 11 Suicides per 100,000 population in Montgomery County. This rate was not provided in earlier year rankings.

In the following graph the trend of number per 100,000 population is provided on Homicides in Montgomery County.



Obesity/Overweight

Obesity/Overweight was ranked as the #1 most important Health Problem by participants in the Montgomery County CHA Public Survey with 59.4% saying it is an important Health Problem.

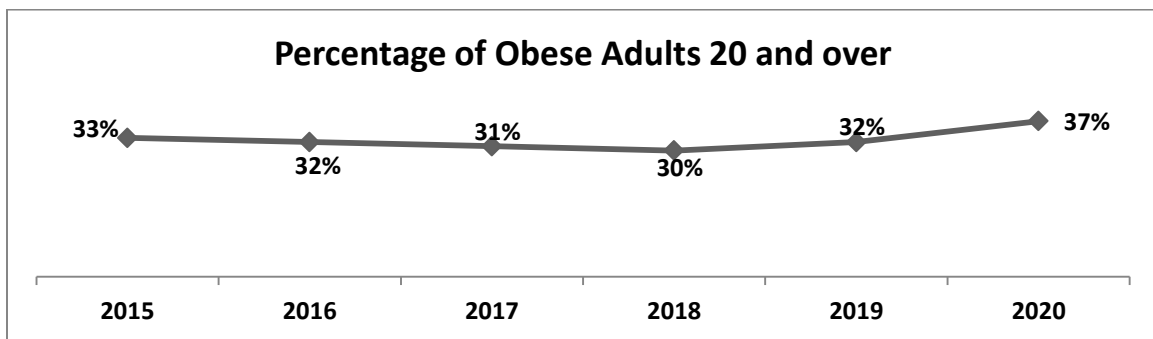
County Health Ranking – Obesity/Overweight

37%

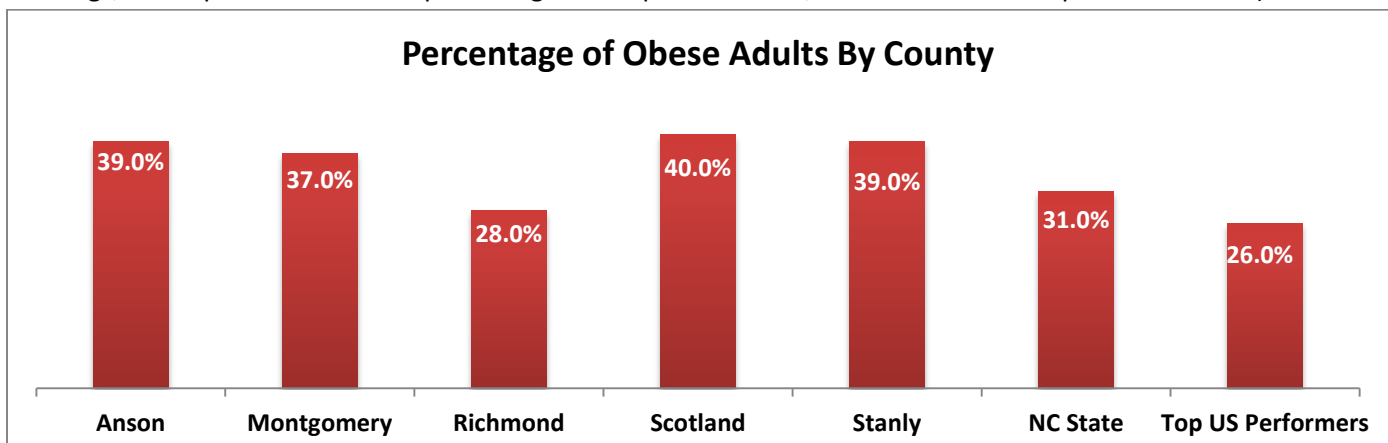
Of Montgomery County Adults 20 and older are Obese

According to 2020 County Health
Rankings & Roadmaps

The following graph shows the Adult Obesity trend from 2015 to 2020 according to County Health Rankings & Roadmaps.



In the graph below the 2020 percentage of Obese Adults in Montgomery County, according to the County Health Rankings, is compared to the 2020 percentages of its peer counties, the State and the Top US Performers).

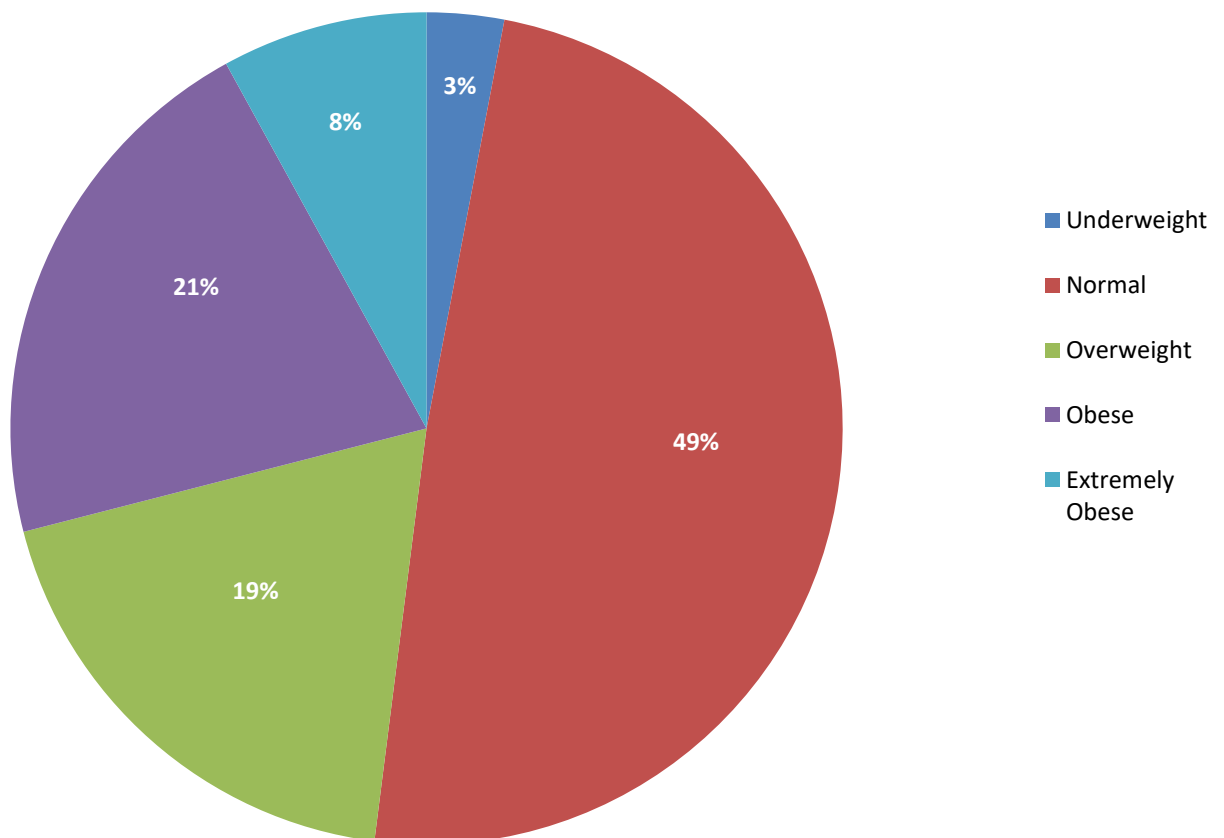


Montgomery County Schools BMI Statistics

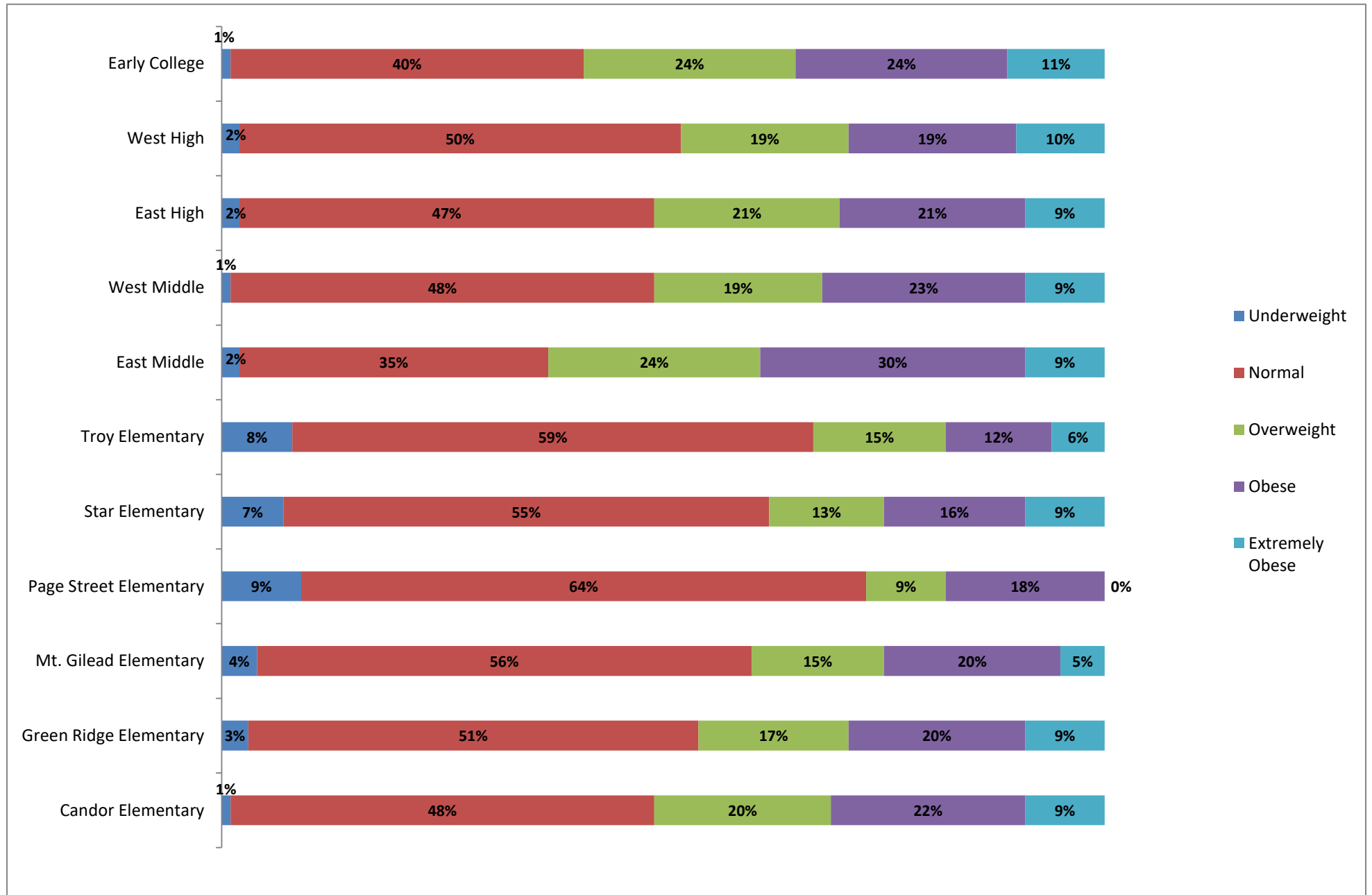
The following graphs provide the 2018-2019 BMI statistics for the school district and for each school in the Montgomery County Schools district. The categories are based on the following:

- Extremely Obese – BMI above 99%
- Obese – BMI 95% to 98%
- Overweight – BMI 85% to 94%
- Normal – BMI 5% to 84%
- Underweight – BMI under 5%

Montgomery County Schools Overall Student BMI Percentages



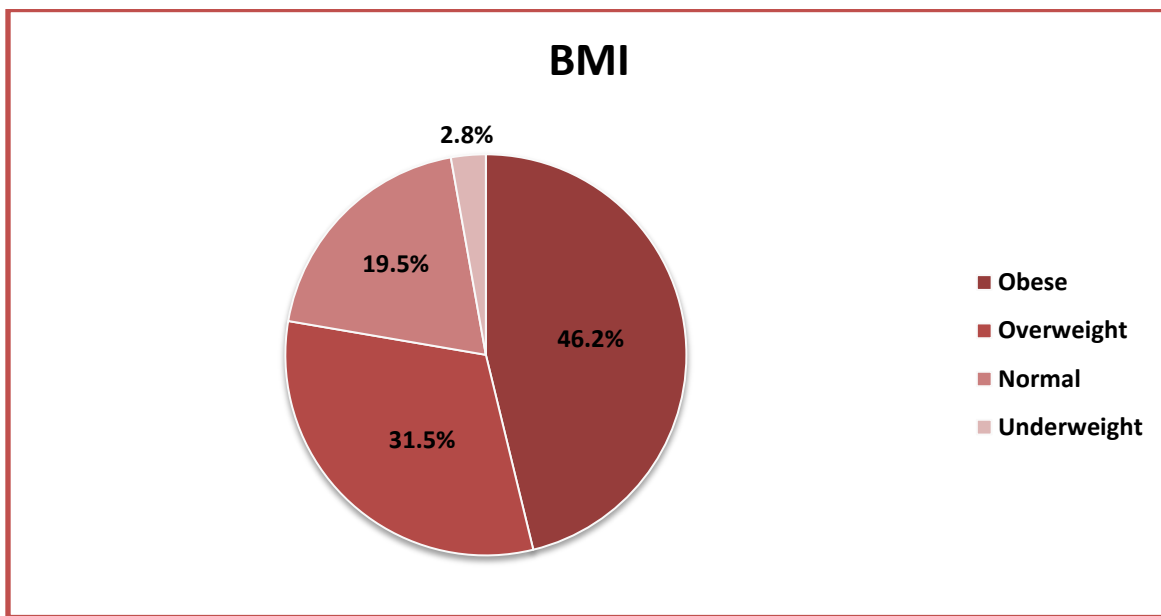
Individual School Student BMI Percentages



Public Input – Obesity/Overweight

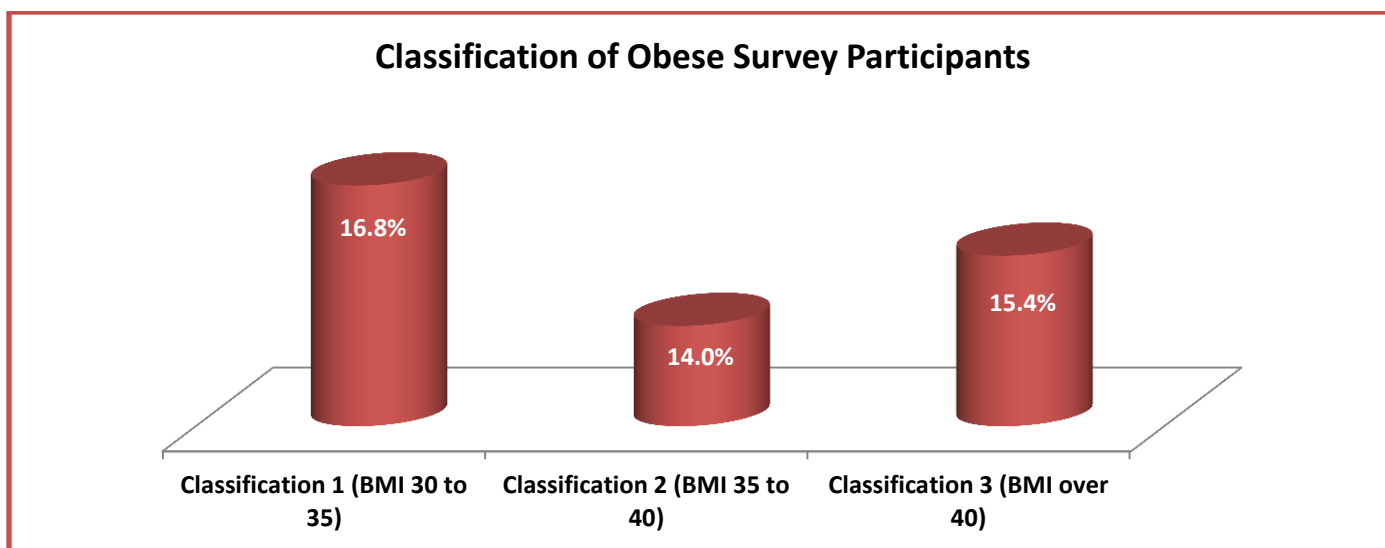
Public Survey Opinion – Obesity/Overweight

Participants in the CHA Public Survey were asked to provide their Height and Weight so that a BMI (Body Mass Index) could be calculated. 79.5% of the participants provided the requested information. The following graphs provide details on the calculated BMI of the participants.



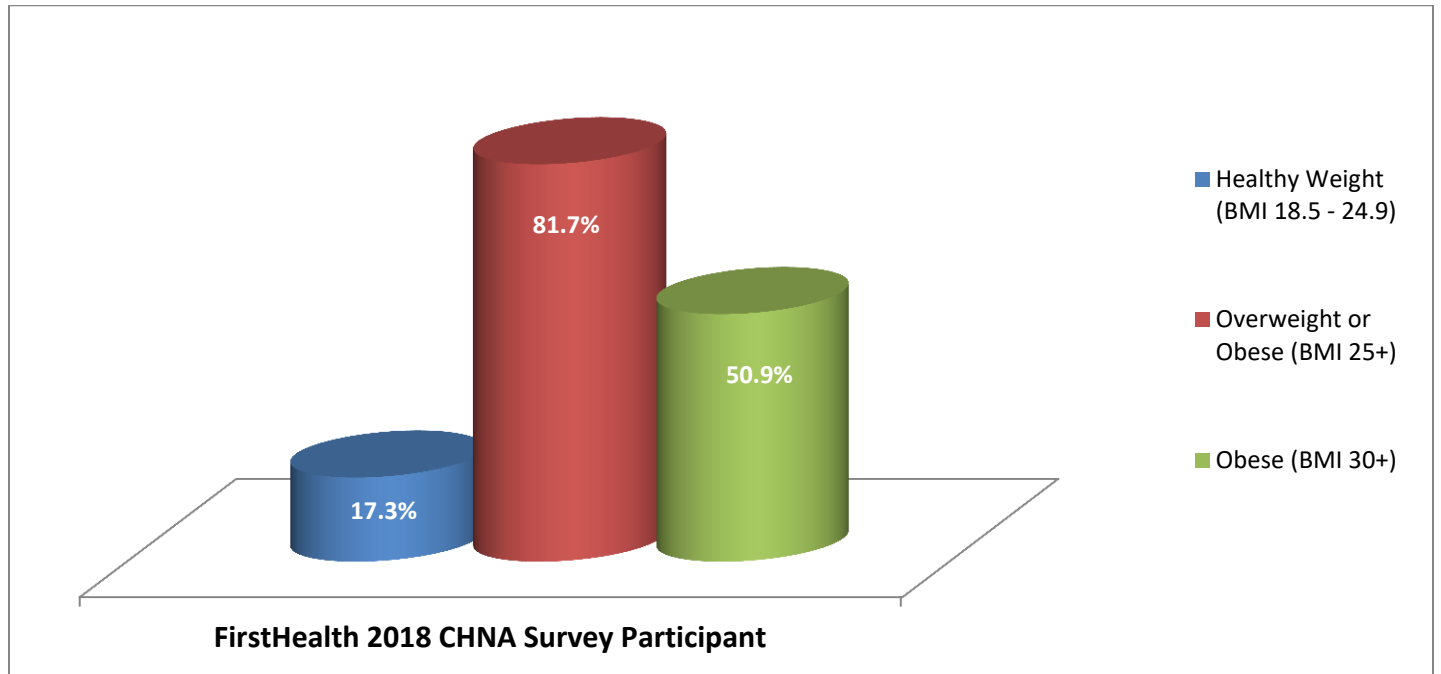
77.7% of the survey participants who answered this question said they are Obese or Overweight

In the graph below is presented the classification of Obesity severity of survey participants who were determined Obese by their calculated BMI.



FirstHealth 2018 CHNA – Obesity/Overweight

In the survey conducted during the FirstHealth 2018 Community Health Needs Assessment (CHNA) participants were asked about their BMI. The following chart shows the percentage of responses.



Other Health Problems and Diseases

In the CHA Public Survey several Health Problems not previously covered in this Data Book, but were included in the CHA Public Survey are explored in the next pages. The following table provides the ranking according to their importance to the survey participants.

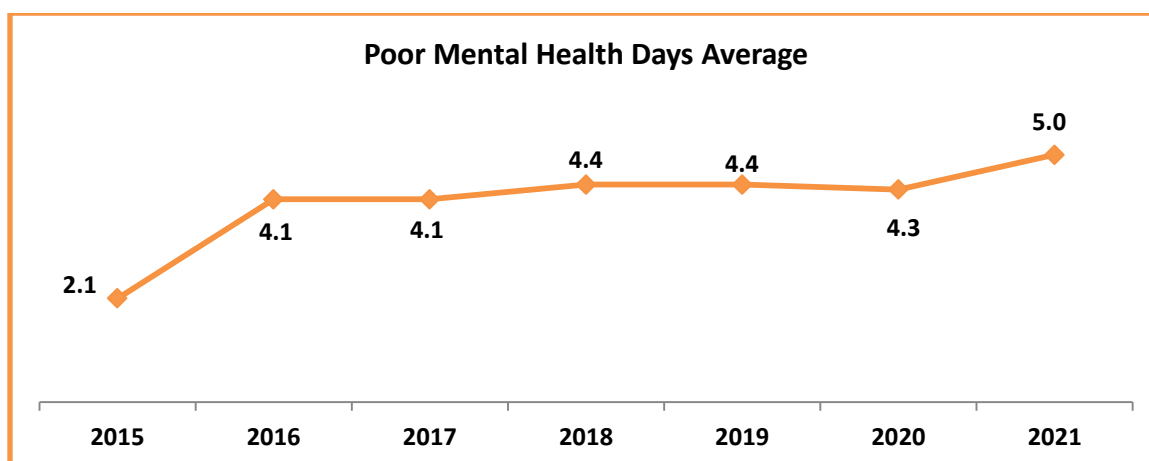
Rank	Health Problem	Percentage
3	Mental Health	48.3%
4	High Blood Pressure	38.9%
7	Teenage Pregnancy	27.2%
8	Dental Health	25.6%
10	Sexually Transmitted Diseases	20.6%
11	Other	11.1%
15	Asthma	6.7%
16	Infant Death	5.0%

In the following pages available statistical data and public input is provided on the above list of Health Problems.

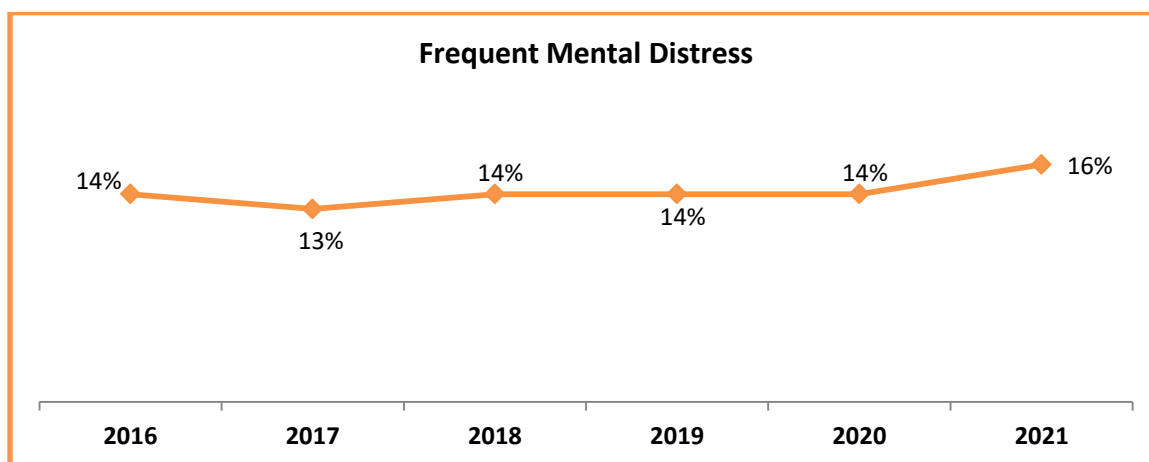
Mental Health

County Health Rankings – Mental Health

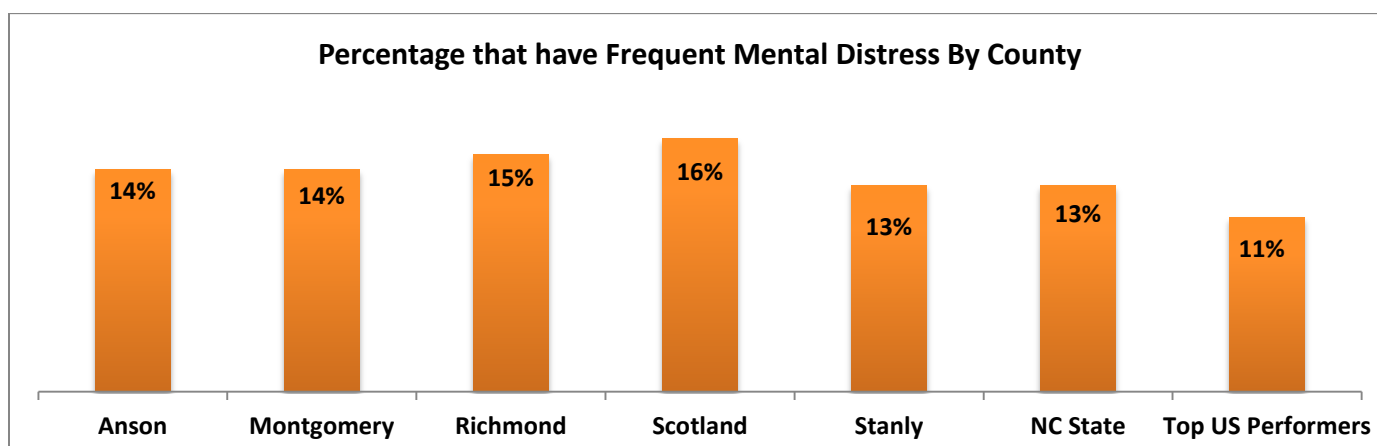
The County Health Rankings & Roadmaps reported in the 2020 Rankings that Montgomery County citizens averaged 4.3 Poor Mental Health Days per 30 day period (County Health Rankings defines this measure as: *Average number of mentally unhealthy days reported in past 30 days [age-adjusted]*. The 2020 County Health Rankings used data from 2017 for this measure.) The following graph shows the trend from 2015 to 2020 of this measurement.



The County Health Rankings & Roadmaps also provided the percentage of adults reporting 14 or more days of poor mental health per month. In Montgomery County that percentage was 14% in 2020. Data from 2017 was used for this measure. The graph below shows the trend for this measure from 2016 through 2020.



The following chart compares the 2020 percentage of county citizens in Montgomery County who reported 14 or more days of poor mental health per month to the percentages in peer counties, the State and Top US Performers.



A ratio of Mental Health Providers to population is provided in the County Health Rankings & Roadmaps. The following table provides the ratio for 2015 through 2020. The ratios are all based on the previous year data.

	2015	2016	2017	2018	2019	2020
Ratio of Mental Health Providers to population	1,060:1	1,010:1	1,020:1	1,050:1	910:1	830:1

There has been a significant improvement in the ratio of Mental Health Providers in the last two years compared to 2015 – 2018.

Public Survey Opinion – Mental Health

Participants in the CHA Public Survey were asked to answer off-line the 10 question ACEs (Adverse Childhood Experiences) screening tool. The participants were then asked to provide in the survey the number of questions (1 to 10) to which they answered YES. Following is a table that presents the results.

Number of “Yes” on ACES Questionnaire	Percentage
0	31.2%
1	11.7%
2	9.4%
3	5.6%
4	4.4%
5	4.4%
6	2.8%
7	2.8%
8	1.7%
9	2.2%
10	0.5%
No Answer	23.3%

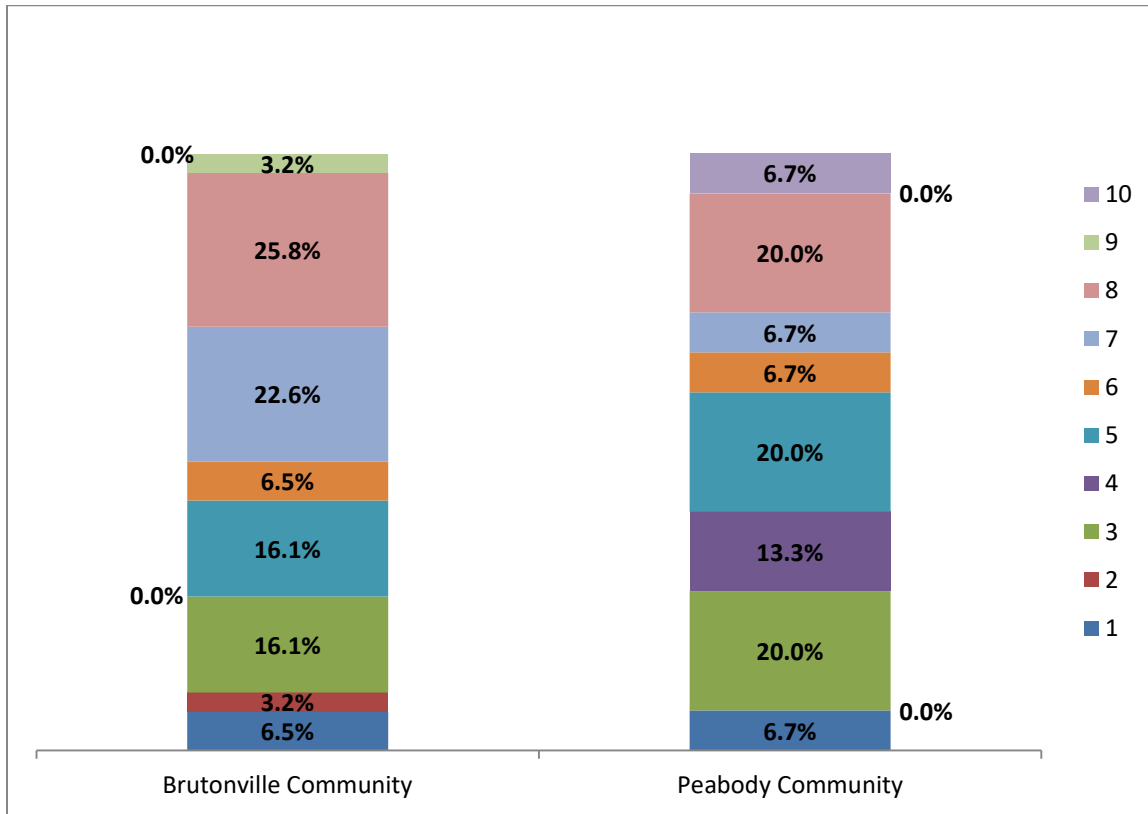
Survey participants were provided a list of 12 health related topics and asked which ones they (or their children) needed additional information on – 30.5% of participants answered this question. Of those who answered this question, 40.1% said they (or their children) need more information on Mental Health.

Participants in the survey were asked: *If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to call or talk to?* The table below provides the responses.

Mental Health Care Source	Percentage
Doctor	49.5%
Private Counselor or Therapist	19.5%
Support Group	9.4%
No answer	8.9%
Minister/Religious Official	6.1%
Other	6.1%
School Counselor	0.5%

Better Together Montgomery Survey – Mental Health

In a survey done by Better Together Montgomery in the Brutonville and Peabody communities in early 2020 participants were asked about their level of stress on a scale of 1 to 10. The following graph provides the percentages of survey participants by level of scale:



The survey did not ask participants about their Race or Ethnicity.

The Better Together Montgomery survey participants provided information on factors that impacted their stress level. Following is a summary by category of the responses:

- Personal/Family problems – 6
- Financial problems – 5
- Community/Lack of Community Resources – 3
- Safety -2
- Racial inequity – 1

FirstHealth 2018 CHNA – Mental Health

Following are response percentages to questions about Mental Health in the FirstHealth 2018 CHNA survey.

Mental Health Factor	Percentage of FirstHealth 2018 CHNA Survey Participants
3+ Days of Poor Mental Health in Past Month	23.5%
Have had Symptoms of Chronic Depression for 2+ Years	33.4%
Have had 3+ Days that were Worried, Tense or Anxious in Past Month	36.7%
Have Ever Sought Help for Mental Health	30.5%
Was Unable to Get Mental Health Services in Past Year	3.0%

Hypertension/High Blood Pressure

Information on Hypertension/High Blood Pressure was included in the previous sections on Diseases of the Heart, Cerebrovascular Disease and Kidney Disease because of its impact on those diseases. Because this chronic condition was ranked as the 4th highest major Health Problem in the CHA Public Survey (38.9% said it is an important problem) a summary of details is provided here.

Better Together Montgomery Survey – Hypertension/High Blood Pressure

In a survey done by Better Together Montgomery in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the percentages of survey participants that say they have been diagnosed with High Blood Pressure:

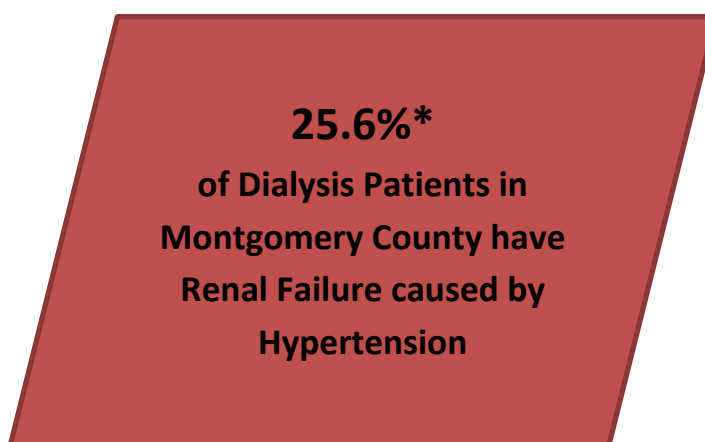
- Brutonville Community – 67.7%
- Peabody Community – 50.0%

The survey did not ask participants about their Race or Ethnicity.

Health Equity Survey by Montgomery Department of Health – Hypertension/High Blood Pressure

The Outreach department of the Montgomery Department of Health conducted a survey through Spanish Speaking and African American churches in February and March 2021. 28.6% of survey participants said that they have been diagnosed with High Blood Pressure. *In this survey 68.6% of participants were Hispanic or Latino, 11.4% were Black/African American, and 17.1% were White/Caucasian.*

Renal Failure – Hypertension/High Blood Pressure



**This rate is from the "United States Renal Data System, 2020 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD 20892"(www.usrds.org)*

Teenage Pregnancy

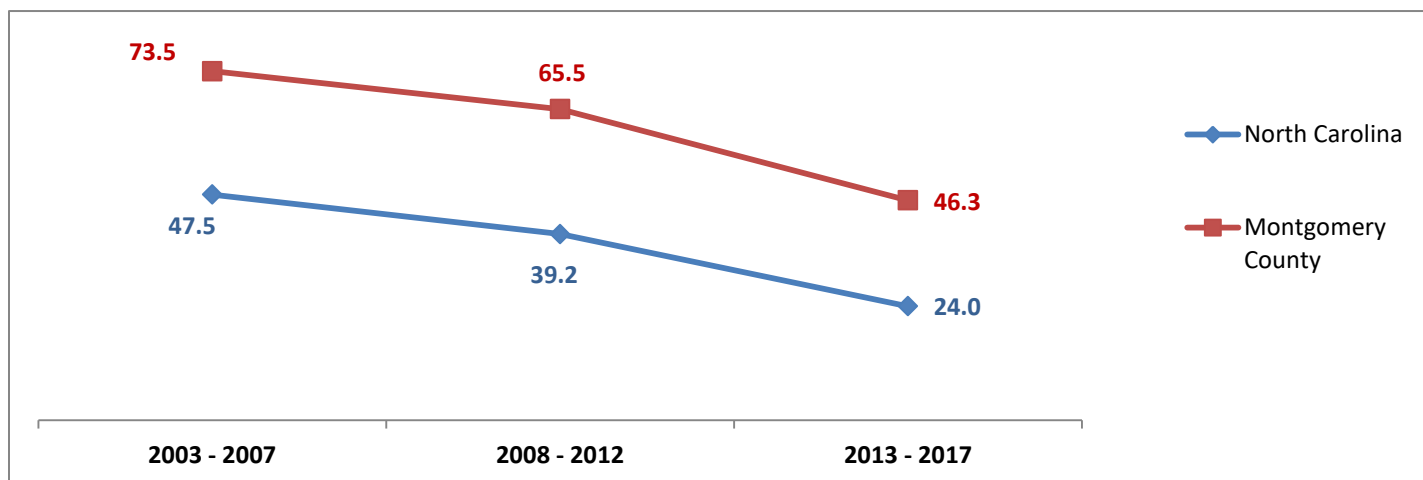
Teenage Pregnancy was ranked as #7 of 17 major Health Problems by the CHA Public Survey participants (27.2% said this is a problem).

Statistics – Teenage Pregnancy

The following graphs provide trend data on the rate of Teen Births and Repeat Pregnancies Teen Births. The data is from the North Carolina County Trends Reports of February 2019. For these rates the following apply:

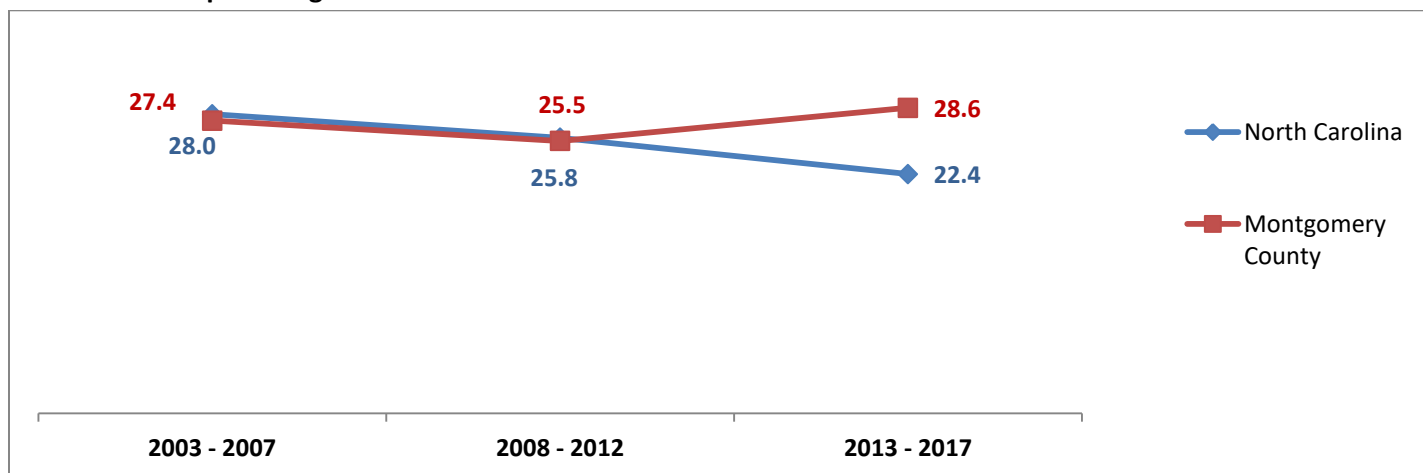
- Teen = Ages 15 – 19
- Rate = per 1,000 Female Residents

Teen Births



There has been a reduction in the Teen Birth rate in Montgomery County; however, the County rate is still significantly higher than the State rate.

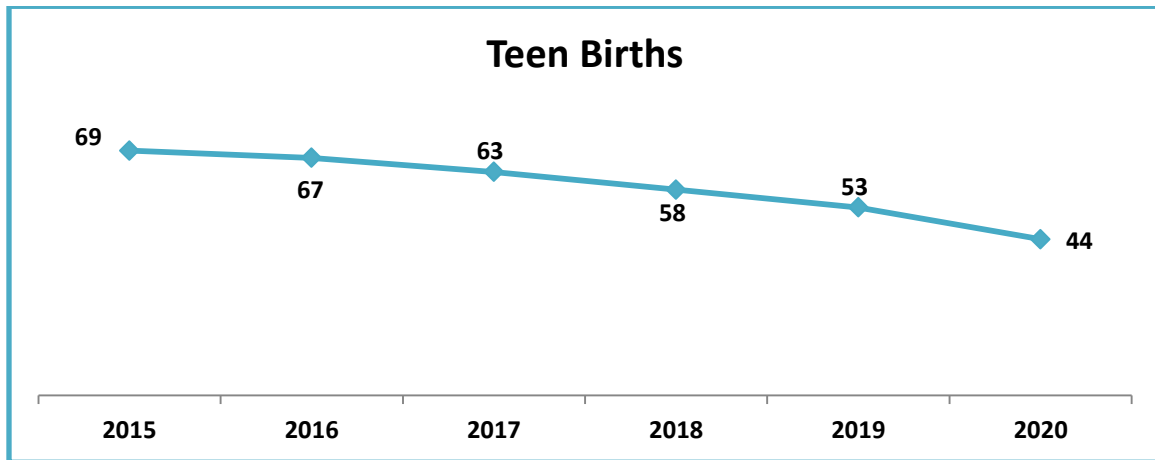
Teen Births – Repeat Pregnancies



After a reduction from the 2003 – 2007 period rate to the 2008 – 2012 period rate, Montgomery County had an increase in Repeat Pregnancies for Teens.

County Health Rankings – Teenage Pregnancy

The County Health Rankings & Roadmaps provides a measurement on Teen Births. The following chart shows the number of births per 1,000 female population ages 15-19. The County Health Rankings use data from the previous calendar year for this measure.

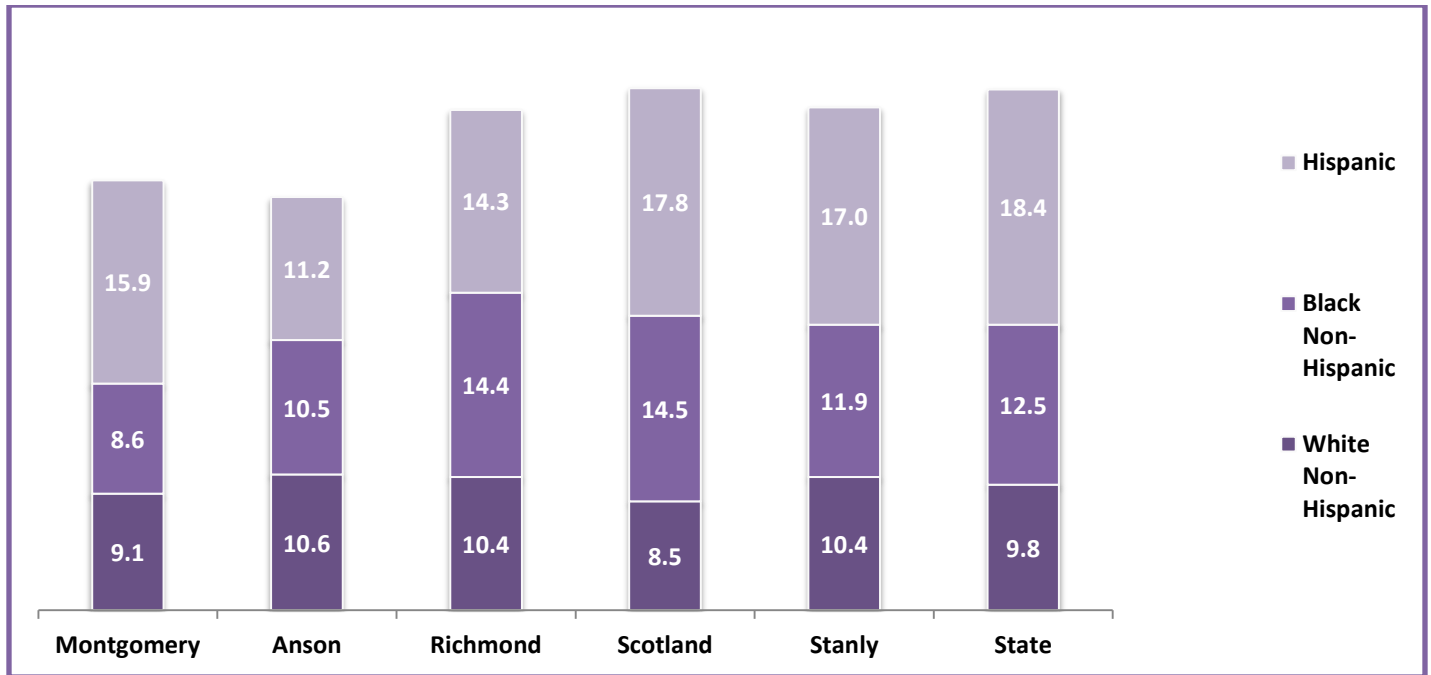


According to the County Health Rankings there has been a significant decrease in the Teen Birth rate for Montgomery County from 2015 to 2020.

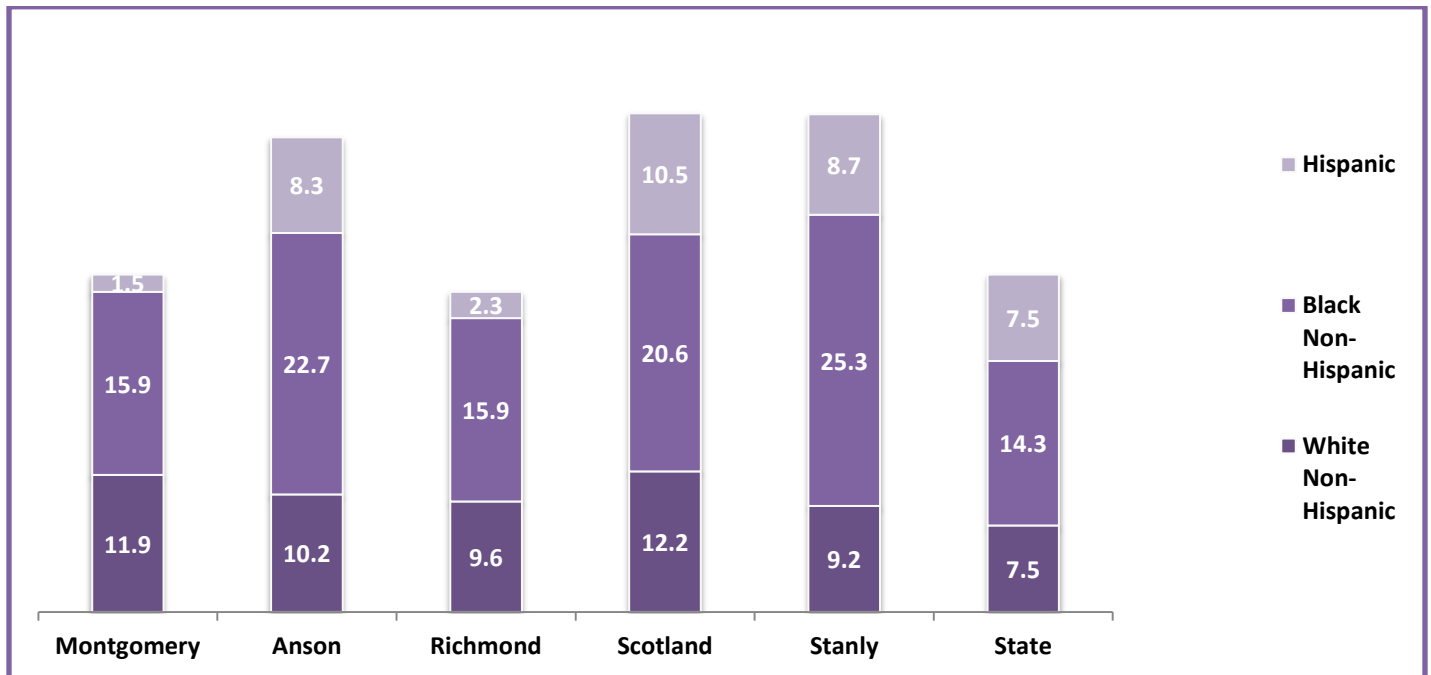
Birth Rates

The following graphics provide data including demographics from the NC State Center for Health Statistics (Vital Statistics Volume 1 2018 and County Databook) on births and infant deaths in Montgomery County compared to births in its peer counties and the State.

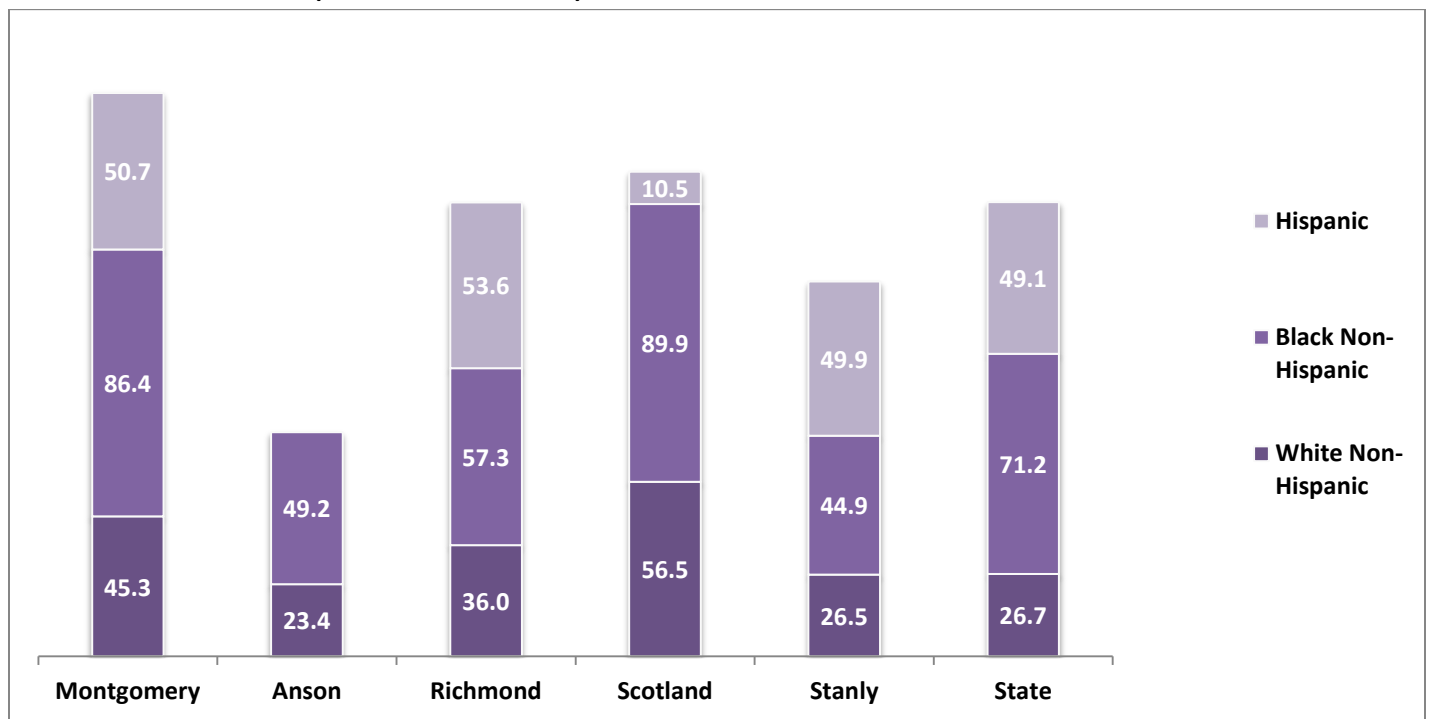
Live Birth Rates 2018 (based on population)



Low Birth Rates 2018 (based on population)

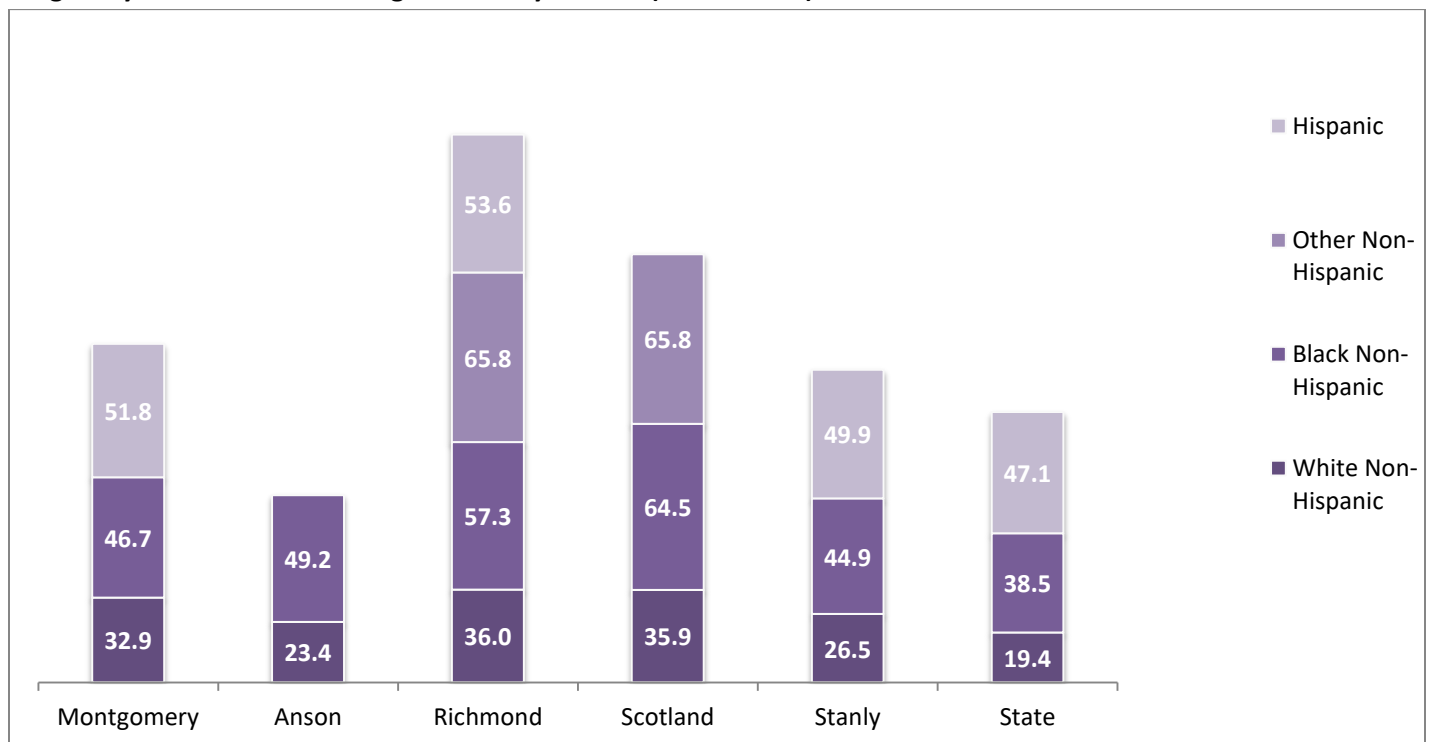


Unmarried Mother 2018 (based on total births)



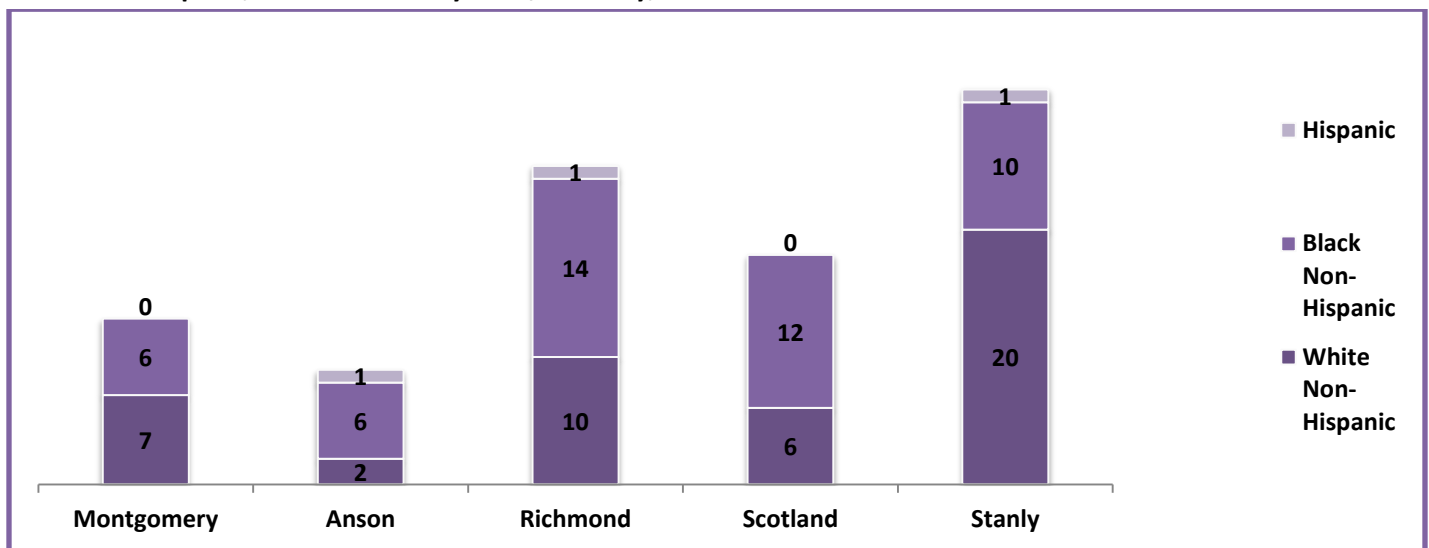
Anson County did not have an adequate number of births to Unmarried Hispanic women to calculate a rate.

Pregnancy Rates of Residents Ages 15 – 19 years old (2014 – 2018)

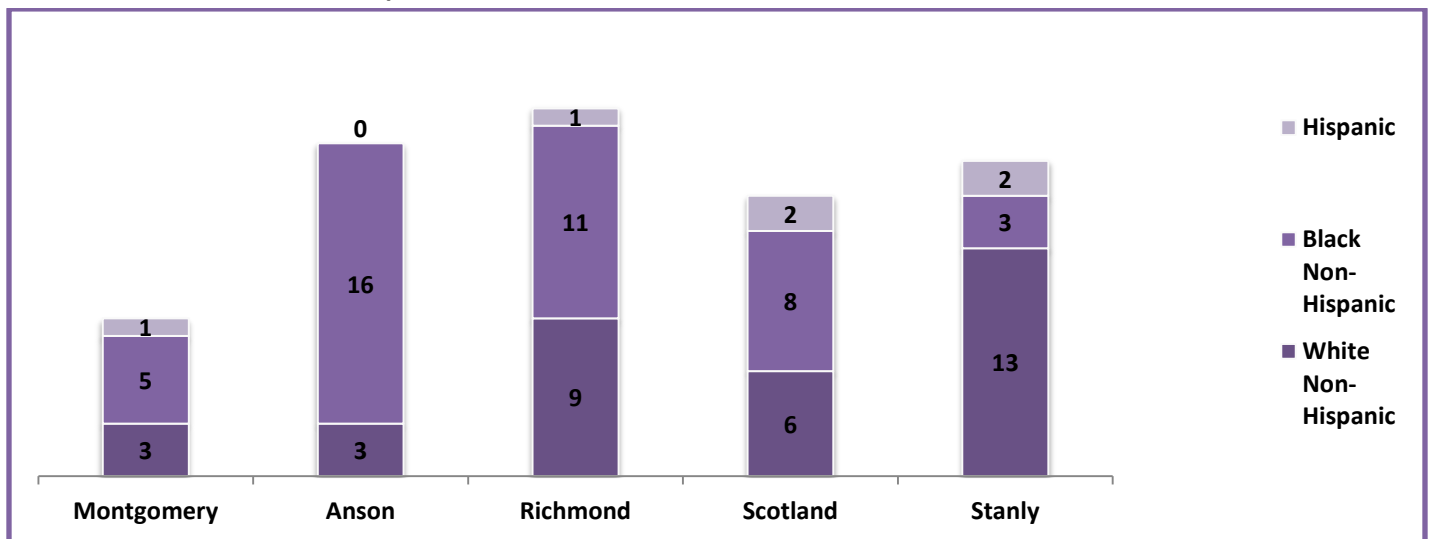


For some counties Other Non-Hispanic and Hispanic classifications the number of pregnancies was too low to formulate a rate.

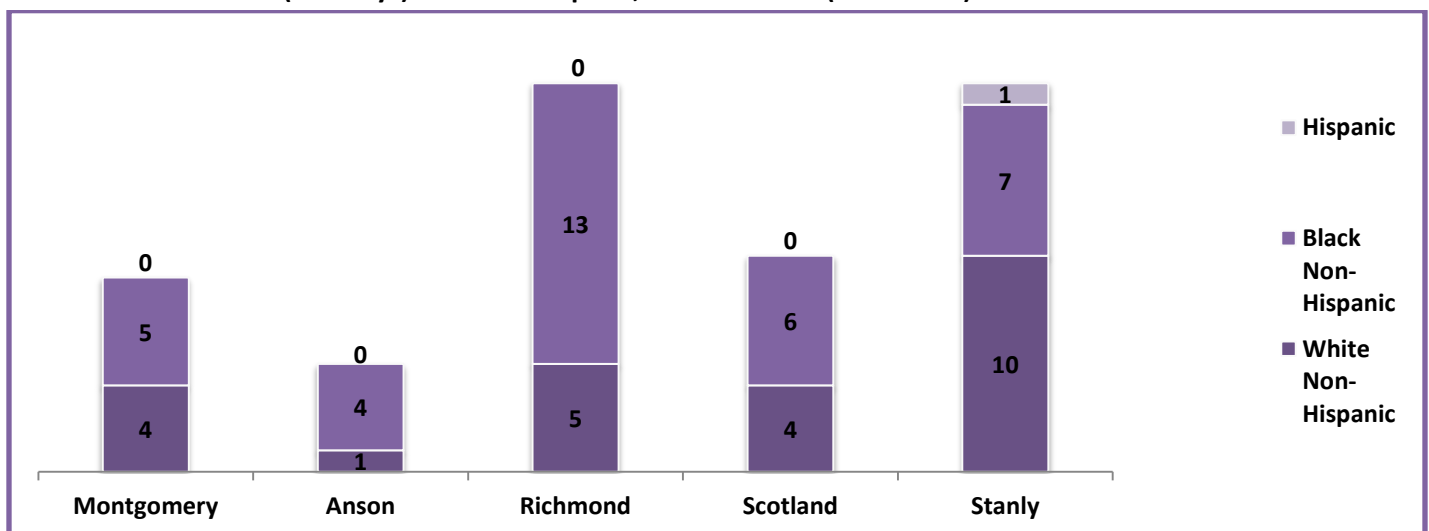
Infant Deaths per 1,000 Live Births by Race/Ethnicity, 2014-2018



NC Resident Fetal Death Rates per 1000 Deliveries, 2014-2018



NC Resident Neonatal (<28 Days) Death Rates per 1,000 Live Births (2014-2018)



Summary of Birth Statistics

The following table compares the Birth Statistics of Montgomery County to its peers and the State.

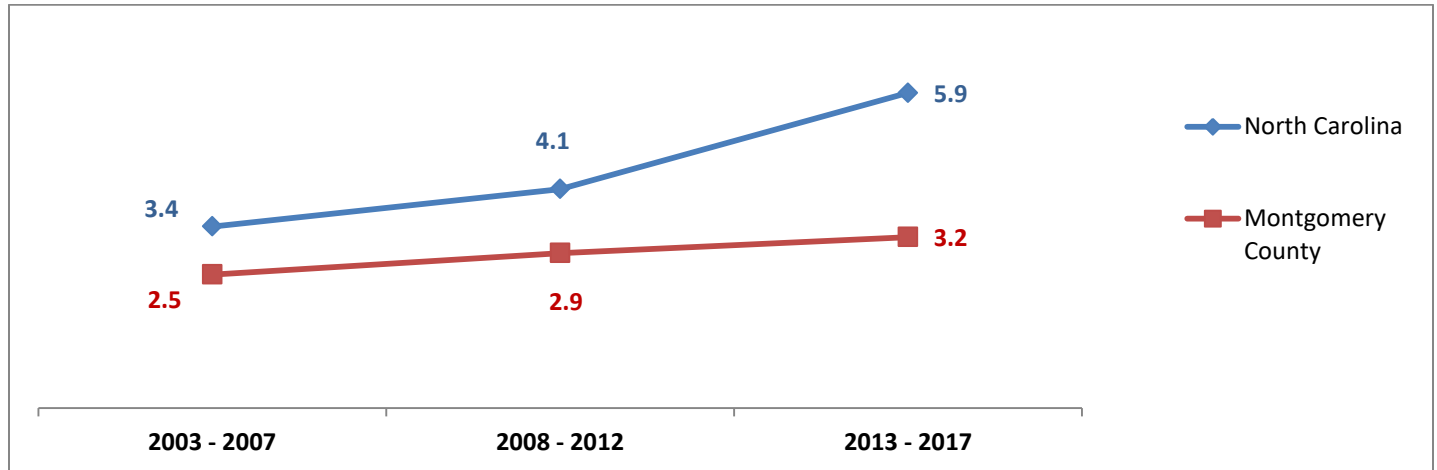
Area	Comparison
Live Birth Rate 2018	Montgomery County's Rate (9.1) was lower than the State and all of its peer counties except Scotland (8.5)
Low Birth Rates 2018	Montgomery County's Rate for White Non-Hispanic Low Birth Rate (11.9) was higher than the State and all of its peer except Scotland. The Black Non-Hispanic Low Birth Rate was lower than all of its peers except Richmond, with which it tied at 15.9; its rate was 1.6 points higher than the State. The County's rate for Hispanic Low Birth Rates (1.5) was lower than all peer counties and the State.
Unmarried Mothers 2018	Montgomery County's Rates of Unmarried Mothers Non-Hispanic White and Black were higher than all of the State and all of its peer counties except Scotland County. The Rate of Unmarried Hispanic Mothers was very close to the State and its peer counties except Anson (0) and Scotland (10.5)
Pregnancy Rates of Residents Ages 15 – 19 (2014-2018)	Montgomery County's Rate for White Non-Hispanic births (32.9) was higher than the State (by 13.5 points), Anson (by 9 points) and Stanly (by 6.4 points); it was lower than Richmond and Scotland counties. The rate for Black Non-Hispanic births (46.7) was lower than 3 of its peer counties (by at least 2.5 points), but it was 13.8 points higher than the White Non-Hispanic births in Montgomery County. The rate for Hispanic births was lower than 2 peer counties (by at least 0.9 points), but was higher than the Montgomery County rates for Whites and Blacks.
Infant Deaths per 1,000 Live Births 2014-2018	There was a lot of variance on the Infant Death Rates between Montgomery and its peer counties. Montgomery was equal to or better than all of its peer counties for Infant Deaths in Blacks Non-Hispanic. There were no Hispanic Infant Deaths reported. Infant Deaths in Whites Non-Hispanic was one point higher than Blacks.
Fetal Death Rates per 1,000 Deliveries 2014-2018	Montgomery County's rate of Black Non-Hispanic Fetal Deaths was lower than all of its peer counties and was 2 points higher than the White Non-Hispanic rate. The rate for Hispanics was equal to or lower than peer counties except for Anson which had no Hispanic Fetal Deaths.
Neonatal (<28 days) Death Rates per 1,000 Live Births 2014-2018	Only Anson County had a lower rate than Montgomery County of the Neonatal Rate (by 1 point) for Blacks Non-Hispanics. The rate for Blacks Non-Hispanic was one point higher than the rate for Whites Non-Hispanics within Montgomery County. There were no Neonatal Deaths in Hispanics.

Dental Health

In the CHA Public Survey 25.6% said that Dental Health is one of the major Health Problems in the County. It was ranked #8 of 17.

Statistics – Dental Health

The following graph provides trend data on the rate of Dentists to 100,000 population. The data is from the North Carolina County Trends Reports of February 2019.



The trend from 2003 to 2017 of Dentist to population ration has worsened.

The following table provides the ratio of Dentists to the population as reported by the County Health Rankings & Roadmaps.

	2015	2016	2017	2018	2019	2020
Ratio of Dentists to population	13,786:1	9,130:1	9,180:1	9,140:1	6,860:1	6,820:1

Not going to the dentist for checkups/cleanings
Was ranked as the #9 most important Unhealthy Behavior

22.2% of survey participants said it is one of the important Unhealthy Behaviors

FirstHealth 2018 CHNA – Dental Health

In the public survey associated with the FirstHealth 2018 CHNA participants were asked about Dental Care

59.1%
Have Dental Insurance

61.4% Dental Visit
in Past Year
(Age 18+)

Sexually Transmitted Diseases (STDs/STIs)

The CHA Public Survey participants ranked Sexually Transmitted Diseases as #10 of the 17 major Health Problems; 20.6% said that it is an important Health Problem.

In this section, information on HIV and Hepatitis are also provided.

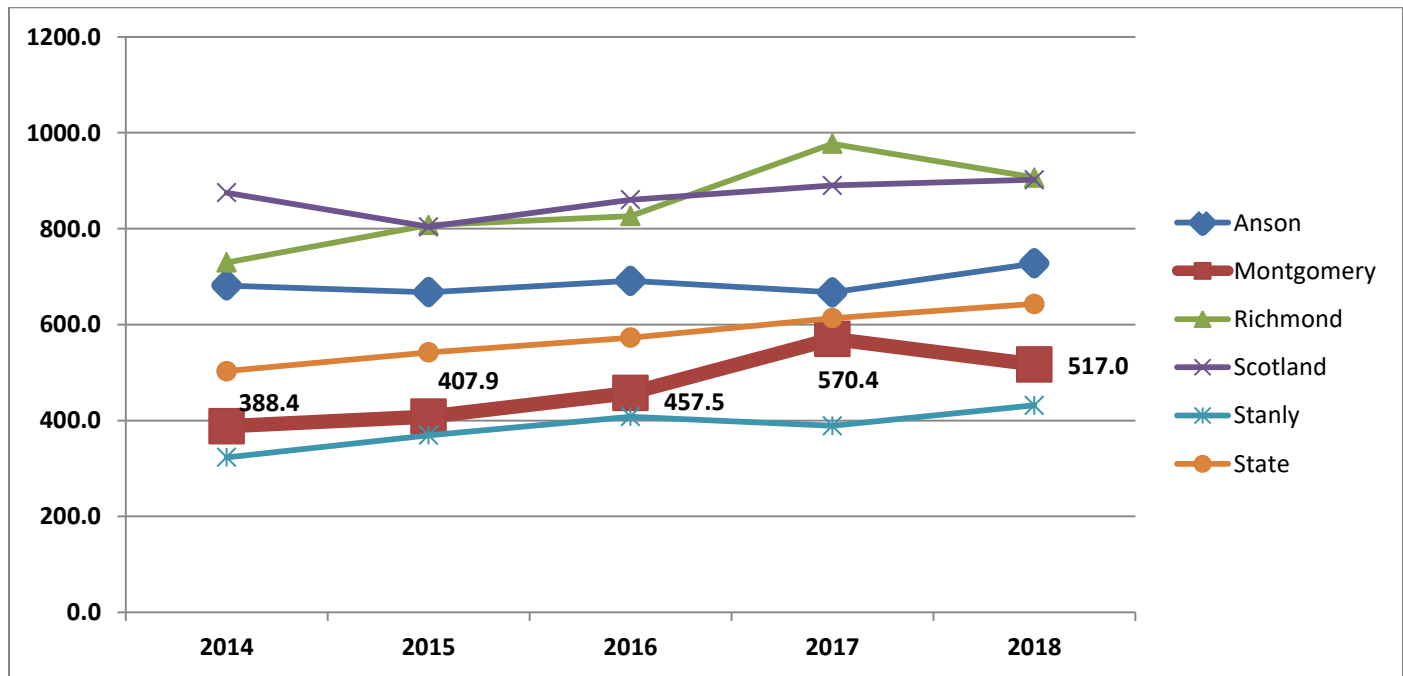
Statistics – Sexually Transmitted Diseases

The following graphs provide the Rates of several STDs/STIs. Rate is the per 100,000 population; therefore, in a county with a population the size of Montgomery County a small amount of cases results in a high Rate.

Source: Surveillance Reports from the HIV/STD/Hepatitis Surveillance Unit of the Division of Public Health of the NC Department of Health and Human Services published in August 2019 and revised on February 10, 2020.

STDs/STIs

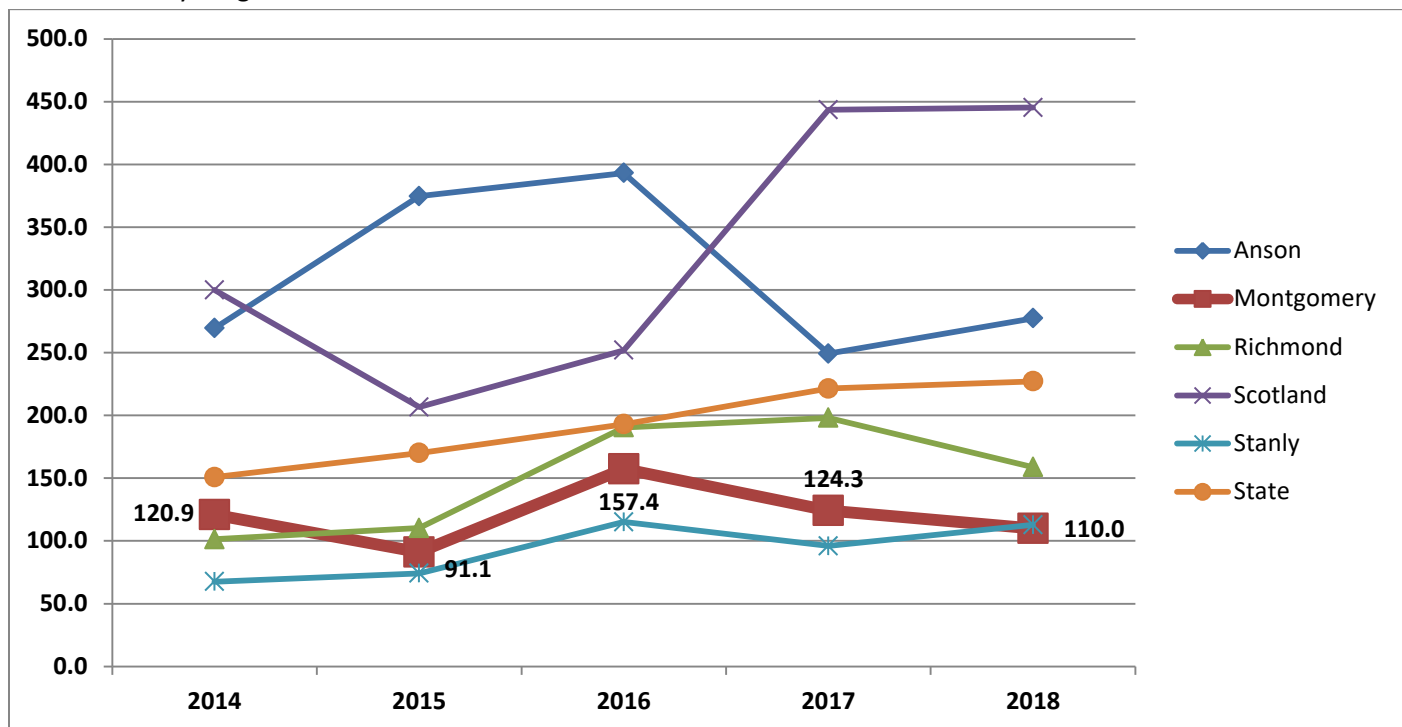
Trend of Newly Diagnosed Chlamydia Annual Rates 2014 – 2018



Montgomery County was:

- Consistently lower than the State and all except one of its peer counties.
- Steadily increased until a slight drop in 2018.

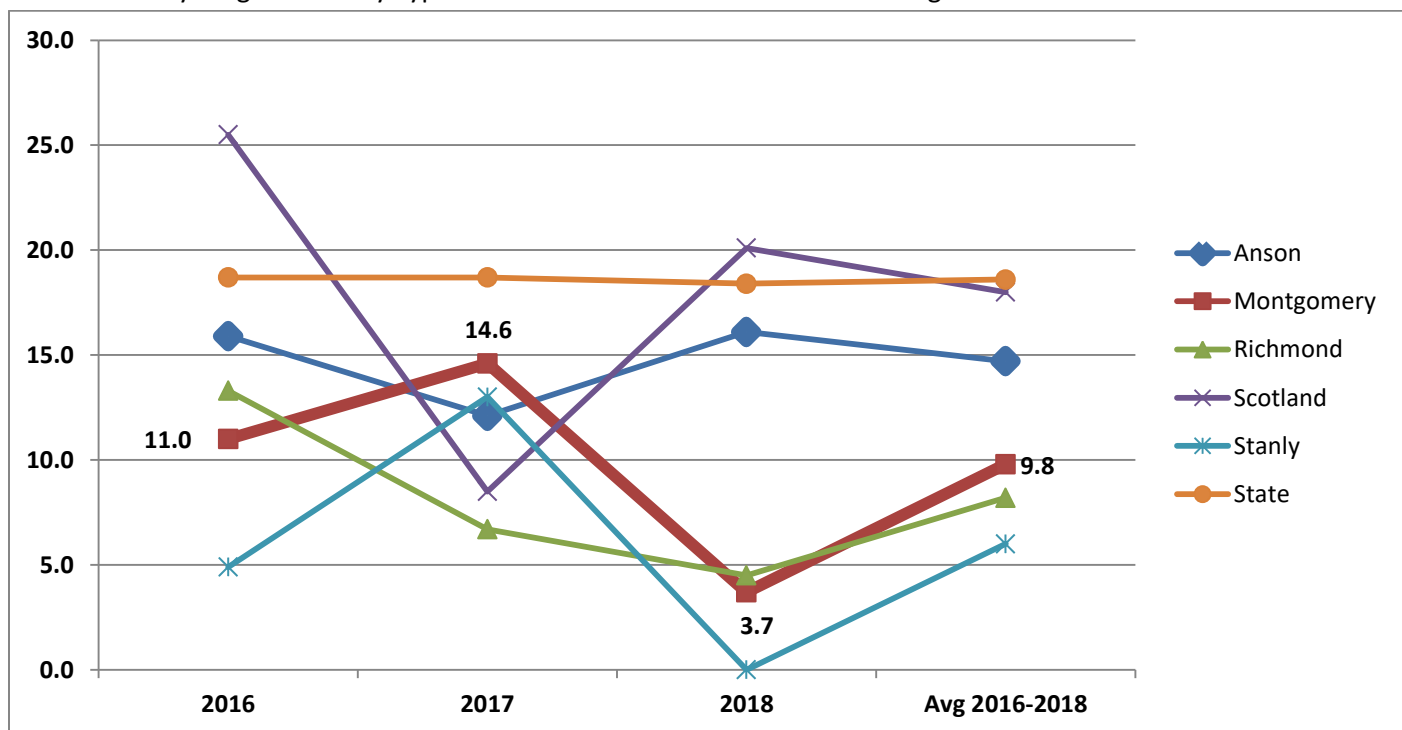
Trend of Newly Diagnosed Gonorrhea Annual Rates 2014 – 2018



Montgomery County was:

- Consistently lower than the State and all except one of its peer counties.
- After a drastic decrease from 2014 to 2015 there was a drastic increase in 2016.

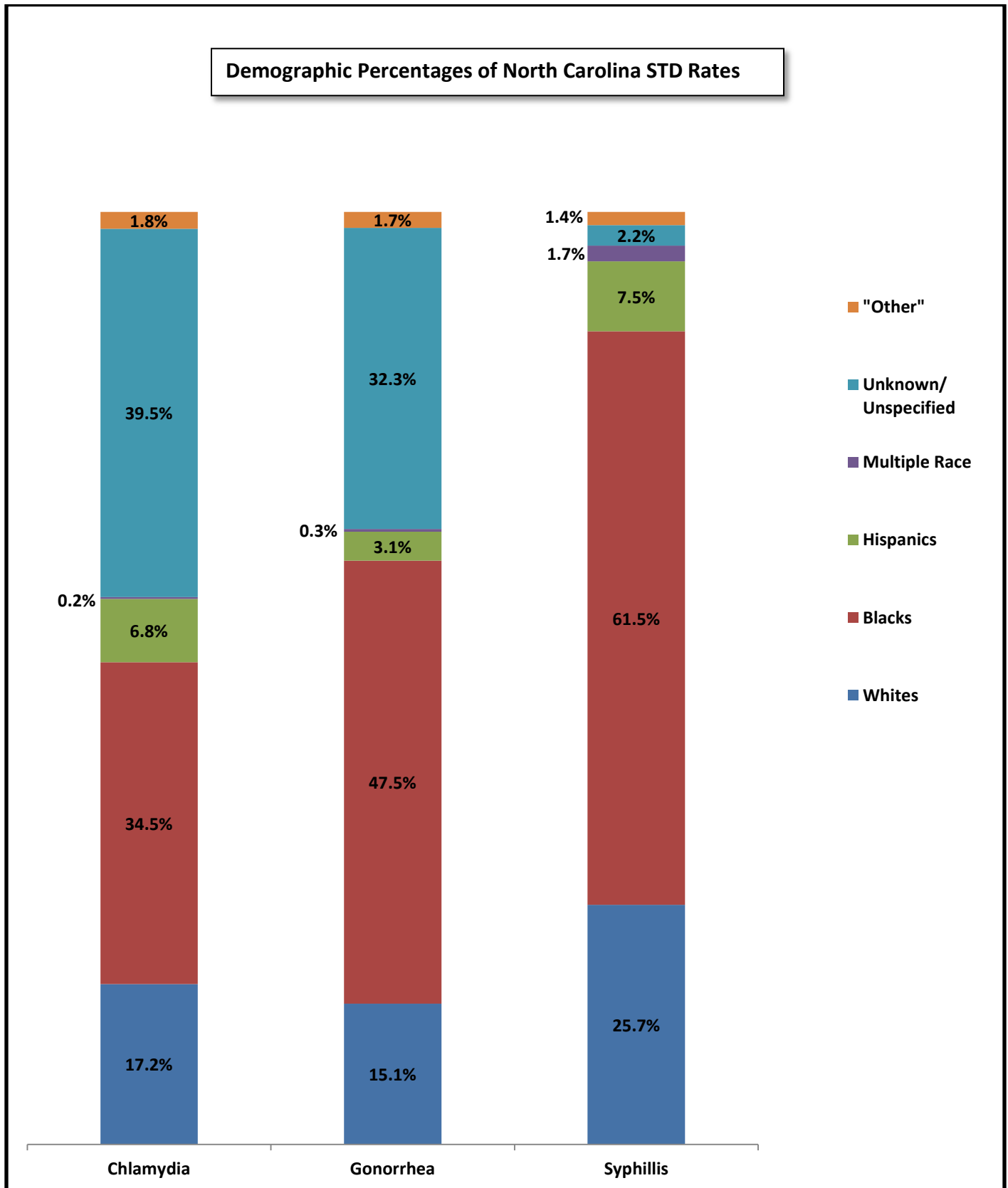
Trend of Newly Diagnosed Early Syphilis Annual Rates 2016 – 2018 and Average Rate of 2016-2018



Montgomery County was:

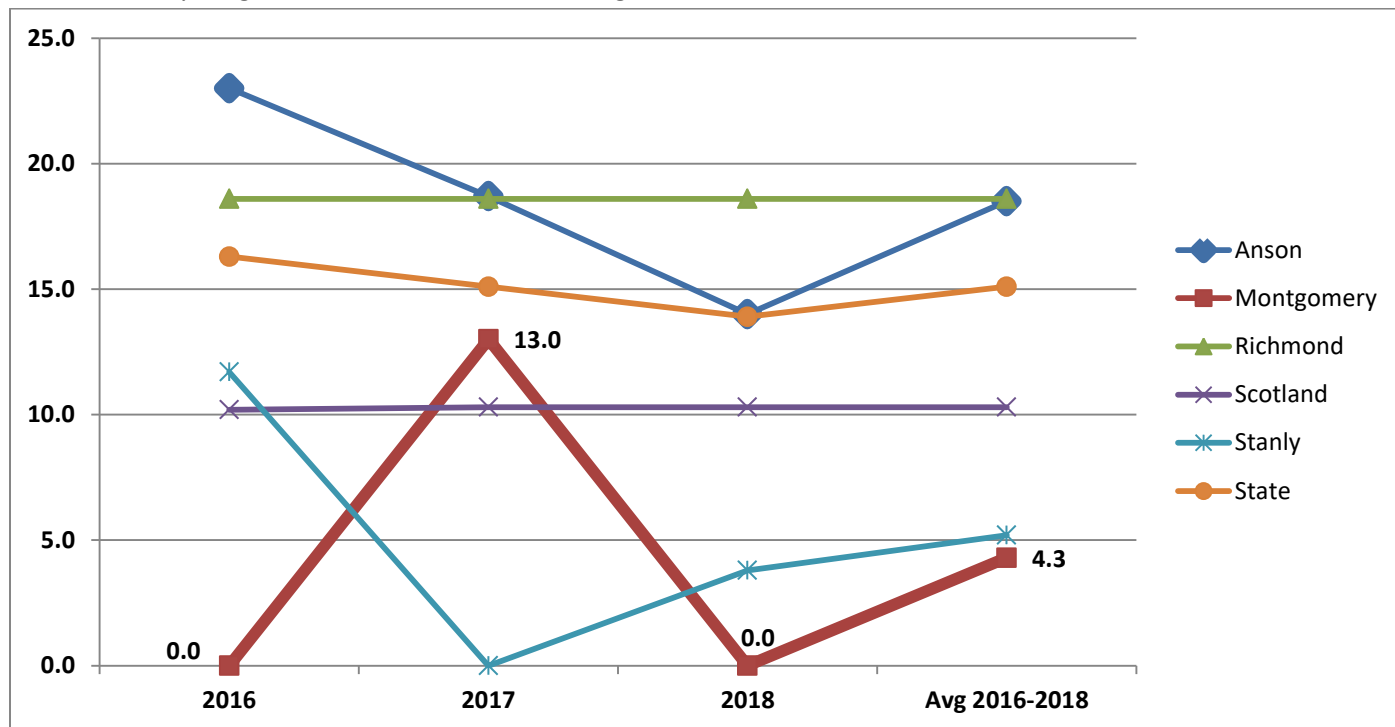
- Consistently lower than the State and two peer counties.
- Not consistent over the 3 year period.

Demographic information is not available by County. Percentages by Race/Ethnicity for North Carolina are provided in the graph on the following page.

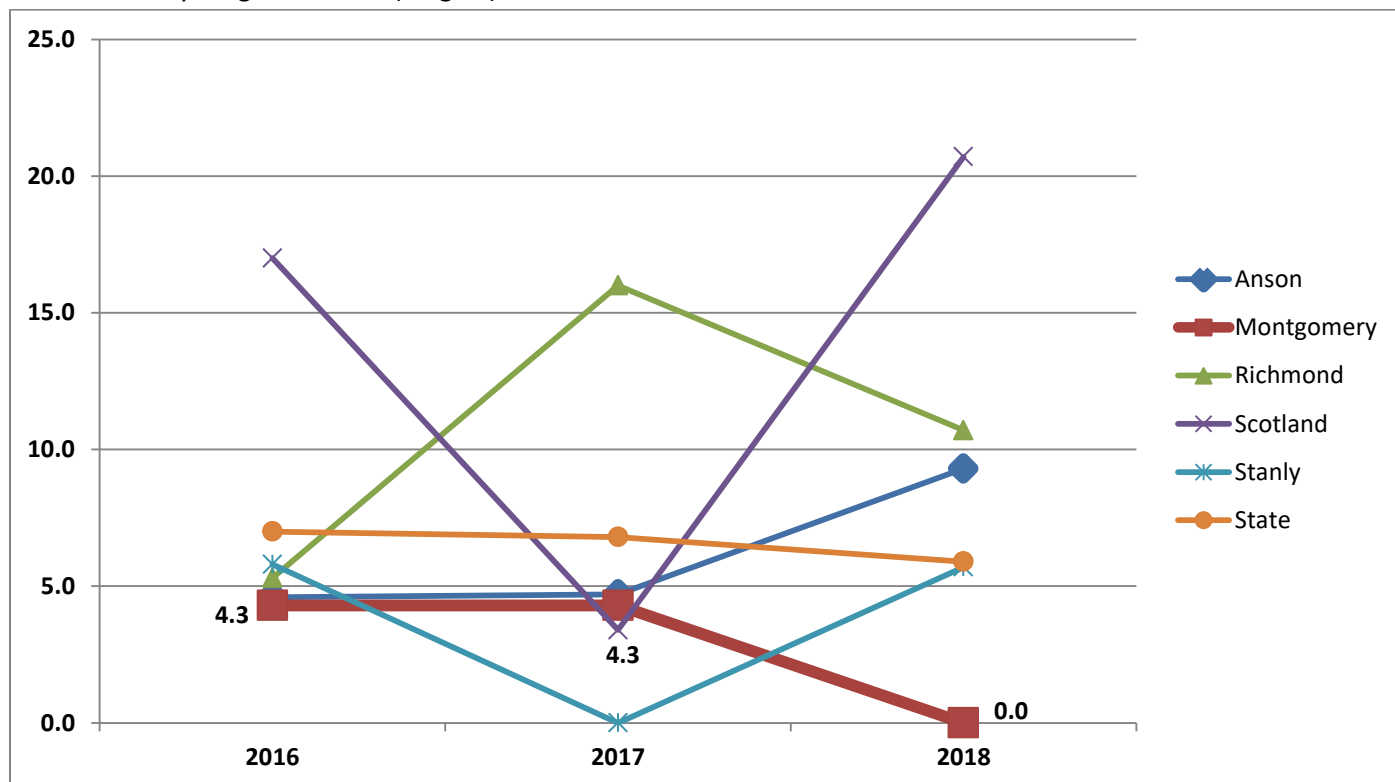


HIV/AIDS

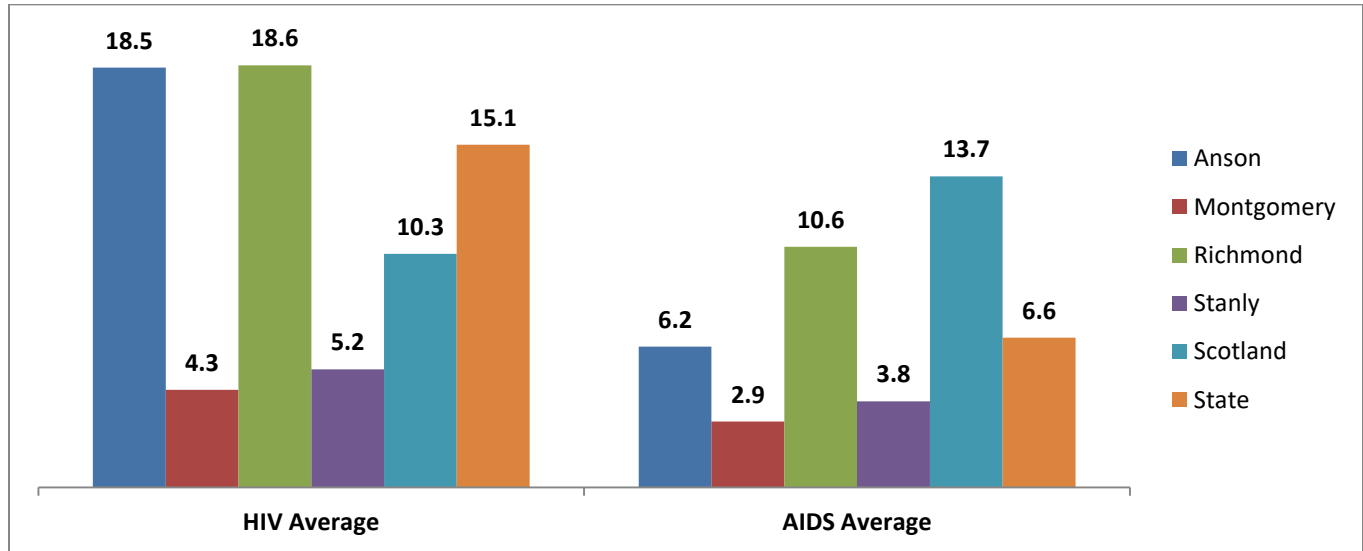
Trend of Newly Diagnosed HIV Annual Rates Among Adults and Adolescents 2016 – 2018



Trend of Newly Diagnosed AIDS (Stage 3) Annual Rates 2016 – 2018

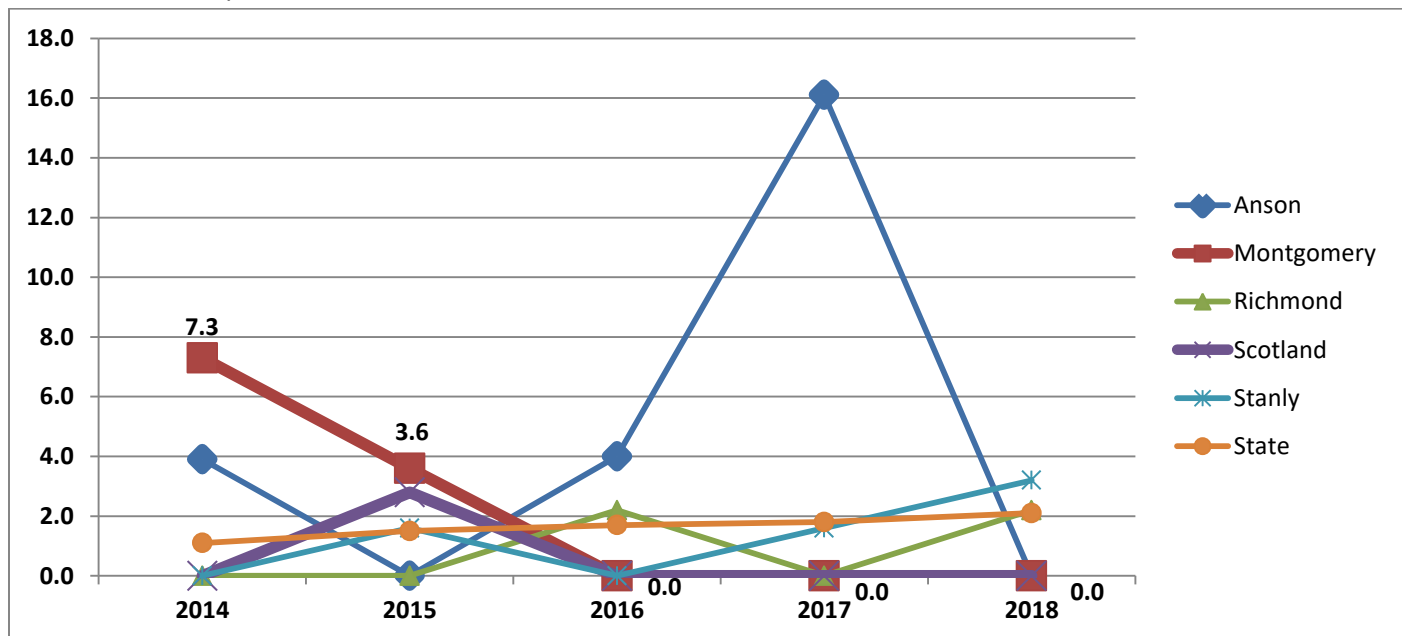


As illustrated in the above charts, Annual Rates can vary drastically. Therefore, to make a comparison of Montgomery to its peer counties and the State, the following graph is provided to compare the Average Rate of years 2016 – 2018.



Hepatitis

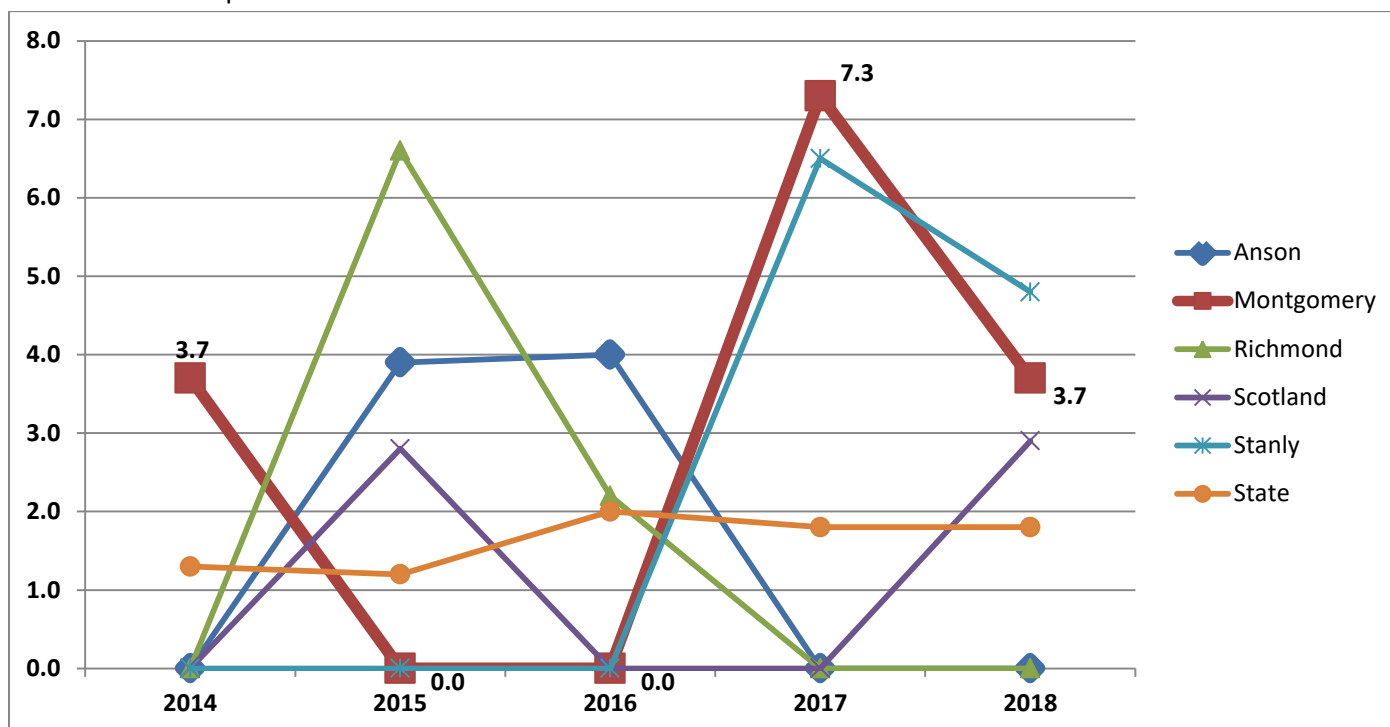
Trend of Acute Hepatitis B Annual Rates 2014 – 2018



Perspective: The Rate used by the Surveillance Unit is “per 100,000 population”. For a county with a population the size of Montgomery, a small number of cases results in a high rate. To put the Rates for Montgomery County into perspective, the following table provides the number of actual cases.

Year	Cases	Rate
2014	2	7.3
2015	1	3.6
2016	0	0.0
2017	0	0.0
2018	0	0.0

Trend of Acute Hepatitis C Annual Rates 2014 – 2018



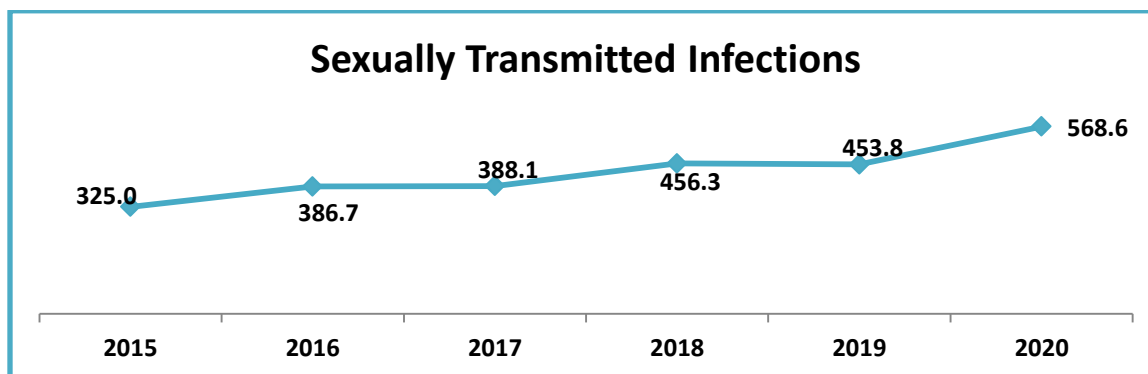
The specific Rates by year for Montgomery County are noted in the above chart.

Perspective: The Number of Cases in Montgomery County for each year is provided in this table.


Year	Cases	Rate
2014	1	3.7
2015	0	0.0
2016	0	0.0
2017	2	7.3
2018	1	3.7

County Health Rankings – Sexually Transmitted Diseases

The County Health Rankings provides a Rate for Sexually Transmitted infections. The definition of this measure is “Number of newly diagnosed chlamydia cases per 100,000 population”. The rankings use data from 23 years prior for this measure.



These rates (based on 3 years prior to report date) are consistent with the Chlamydia cases as reported in the Surveillance Reports from the HIV/STD/Hepatitis Surveillance Unit of the Division of Public Health of the NC Department of Health and Human Services published in August 2019 and revised on February 10, 2020.



**32.8% of survey participants said
Unsafe Sex is one of the most
important Unhealthy Behaviors**

**Ranked #7 of 16
Unhealthy Behaviors**

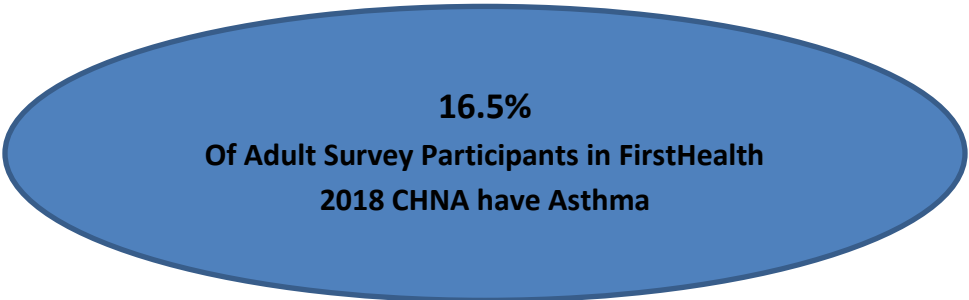
Asthma

The CHA Public Survey participants ranked Asthma as #15 or 17 major Health Problems in Montgomery County; 6.7% said it is one of the major Health Problems.

Statistics – Asthma

The following chart is from the BRFSS (Behavioral Risk Factor Surveillance System) and reported in the State Center for Health Statistics (SCHS) 2019 report. The chart provides information on the responses from the entire State and from Medicaid Region 5 of which Montgomery County is a part.

FirstHealth 2018 CHNA – Asthma



Counties in Medicaid Region 5	
	Montgomery
	Richmond
	Moore
	Scotland
	Lee
	Hoke
	Robeson
	Harnett
	Cumberland
	Sampson
	Bladen
	Columbus
	Pender
	Brunswick
	New Hanover

Has a doctor, nurse, or other health professional EVER told you that you had asthma?

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,280	570	13.1	12.0-14.3	3,710	86.9	85.7-88.0
Medicaid Region 5	550	77	12.8	9.8-16.5	473	87.2	83.5-90.2
GENDER							
Male	218	22	10.8	6.8-16.7	196	89.2	83.3-93.2
Female	332	55	14.6	10.5-19.8	277	85.4	80.2-89.5
RACE							
Non-Hispanic White	261	34	12.8	8.8-18.3	227	87.2	81.7-91.2
Non-Hispanic Black	156	25	13.4	8.5-20.5	131	86.6	79.5-91.5
Other	133	18	11.2	6.3-19.2	115	88.8	80.8-93.7
AGE							
18-44	206	31	13.8	9.1-20.5	175	86.2	79.5-90.9
45-64	187	25	13.6	8.8-20.3	162	86.4	79.7-91.2
65+	150	21	10.5	6.0-17.6	129	89.5	82.4-94.0

Better Together Montgomery Survey – Asthma

In a survey done by Better Together Montgomery in early 2020 participants were asked about the diseases and/or health conditions affecting their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the percentages of survey participants that say they have been diagnosed with Asthma:

- Brutonville Community – 22.6%
- Peabody Community – 40.0%

The survey did not ask participants about their Race or Ethnicity.

Infant Death

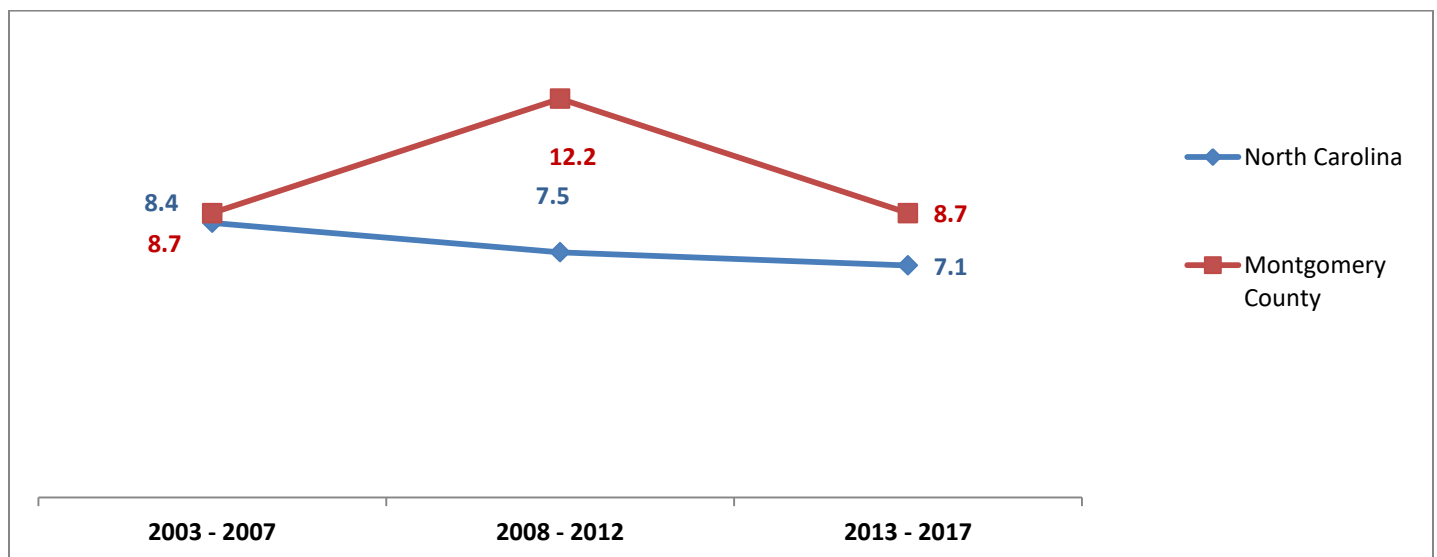
Infant Death was ranked by the CHA Public Survey participants as #16 of the 17 most important Health Problems in the County with 5.0% saying it is one of the most important Health Problems.

Statistics – Infant Death

The NC State Center for Health Statistics (<https://schs.dph.ncdhhs.gov/data/databook/>) provides the following Number of Infant Deaths:

- Total Infant Deaths – 13
- White Infant Deaths – 7
- Black Infant Deaths – 6
- Hispanic Infant Deaths – 0

In the following graph from the North Carolina County Trends Reports February 2019 the Infant Death Rates for Montgomery County and the State of North Carolina are provided for a 15 year period. These Rates are *per 1,000 Live Births*.

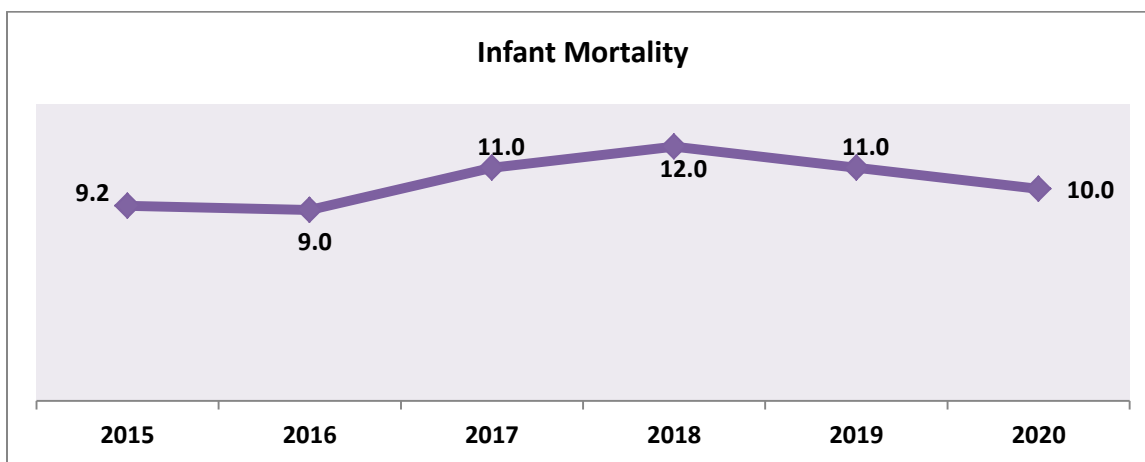


The Healthy NC 2020 Target was 6.3.

County Health Rankings – Infant Death

The County Health Rankings & Roadmaps provide a measure related to Infant Deaths. The measure is Infant Mortality - the number of all infant deaths (within 1 year of birth), per 1,000 live births. *The 2020 County Health Rankings used data from 2012-2018 for this measure.*

The following graph shows this Rate from 2015 through 2020.



Public Survey Opinion – Infant Death

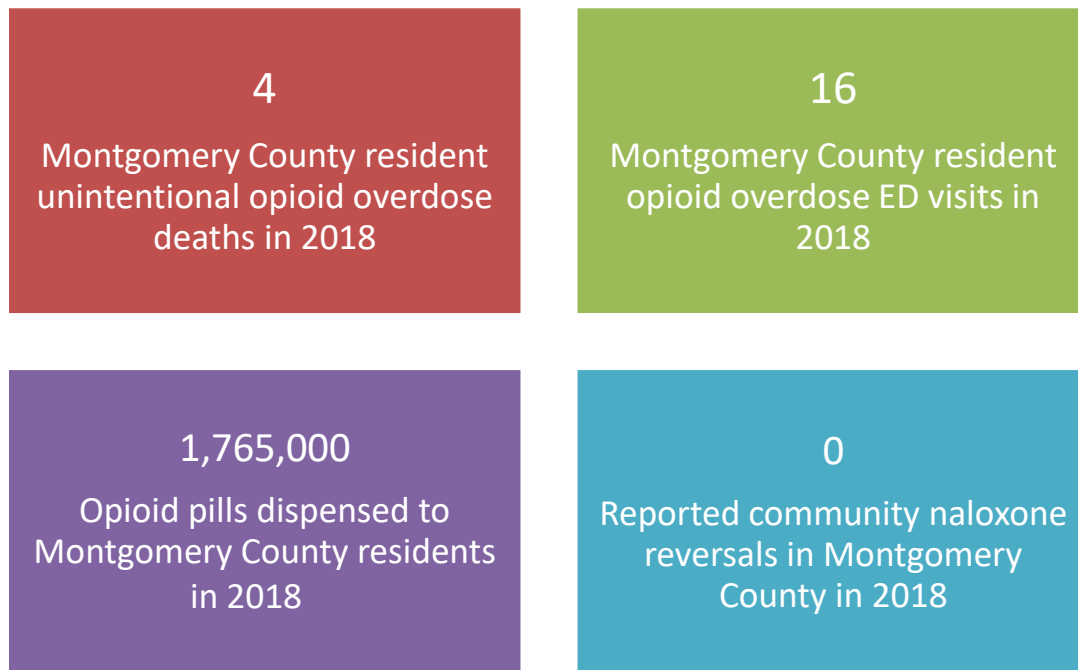
**7.8% of survey participants said that
Not getting Prenatal Care
is one of the most important Unhealthy Behaviors in the County
Ranked #14 of 16**

Drug Use/Substance Abuse

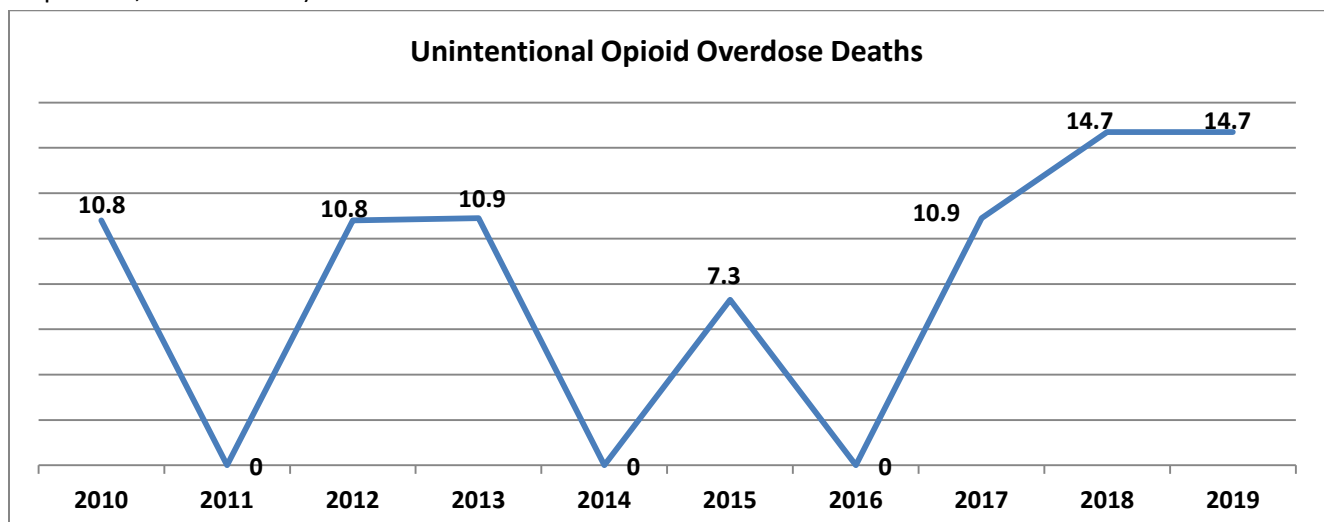
Drugs Use/Substance Abuse was not included in the list of most important Health Problems in the CHA Public Survey. However, survey participants were able to write in Health Problems. Sixteen people did provide a write-in Health Problem; half (8) of those who provided a write-in Health Problem named Drug Use/Substance Abuse as a problem.

Statistics – Drug Use/Substance Abuse

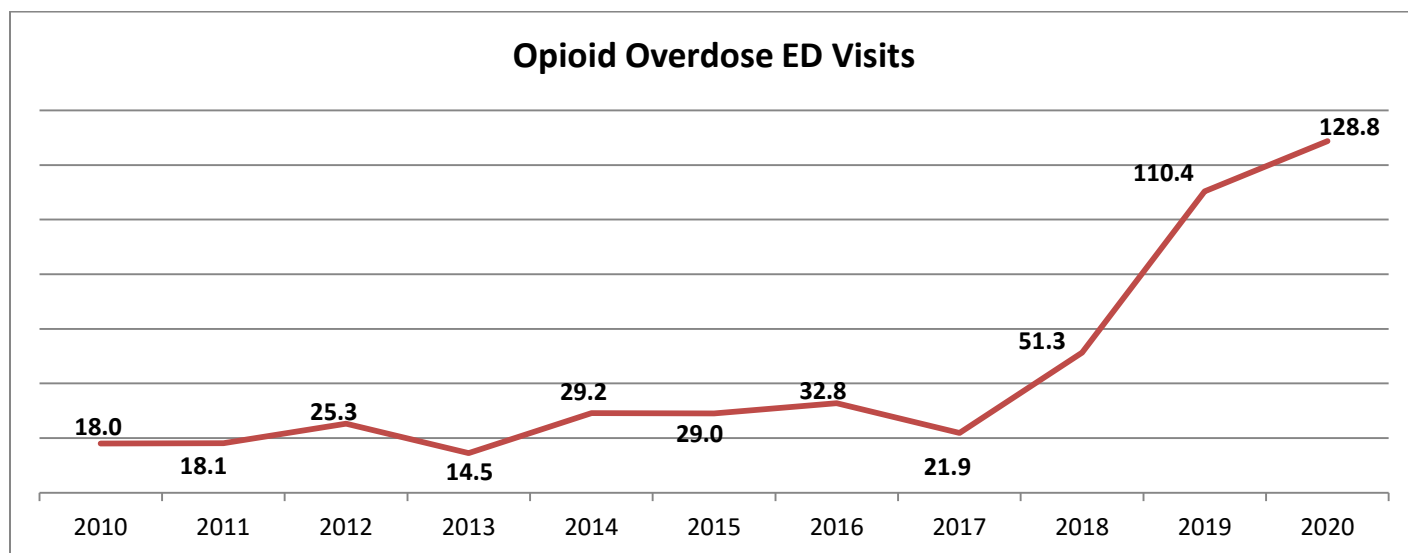
The following statistical data on Opioid use and consequences is from the NC Opioid Action Plan (<https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>).



The following graph shows the Rate of Unintentional Opioid Overdose Deaths among residents of Montgomery County (Rate is per 100,000 residents)



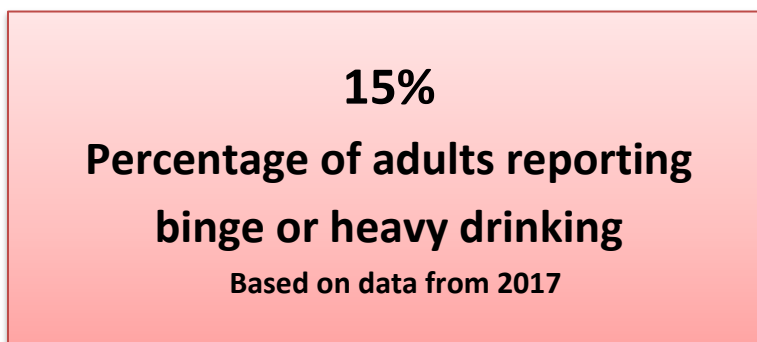
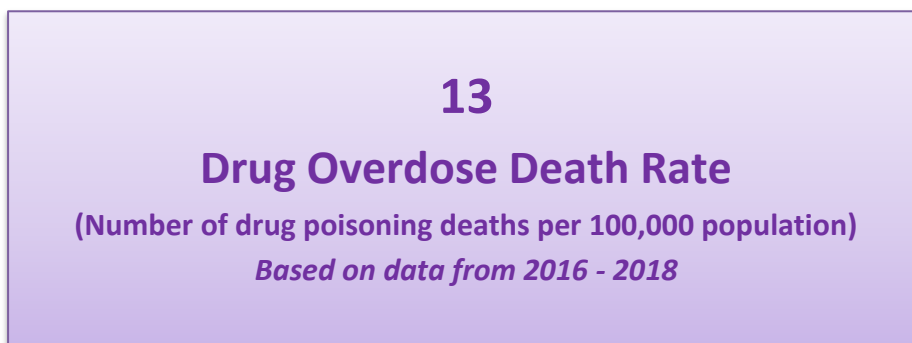
In the following graph is presented the Rate of Opioid Overdose Emergency Department (ED) Visits among residents of Montgomery County. (Rate is per 100,000 residents).



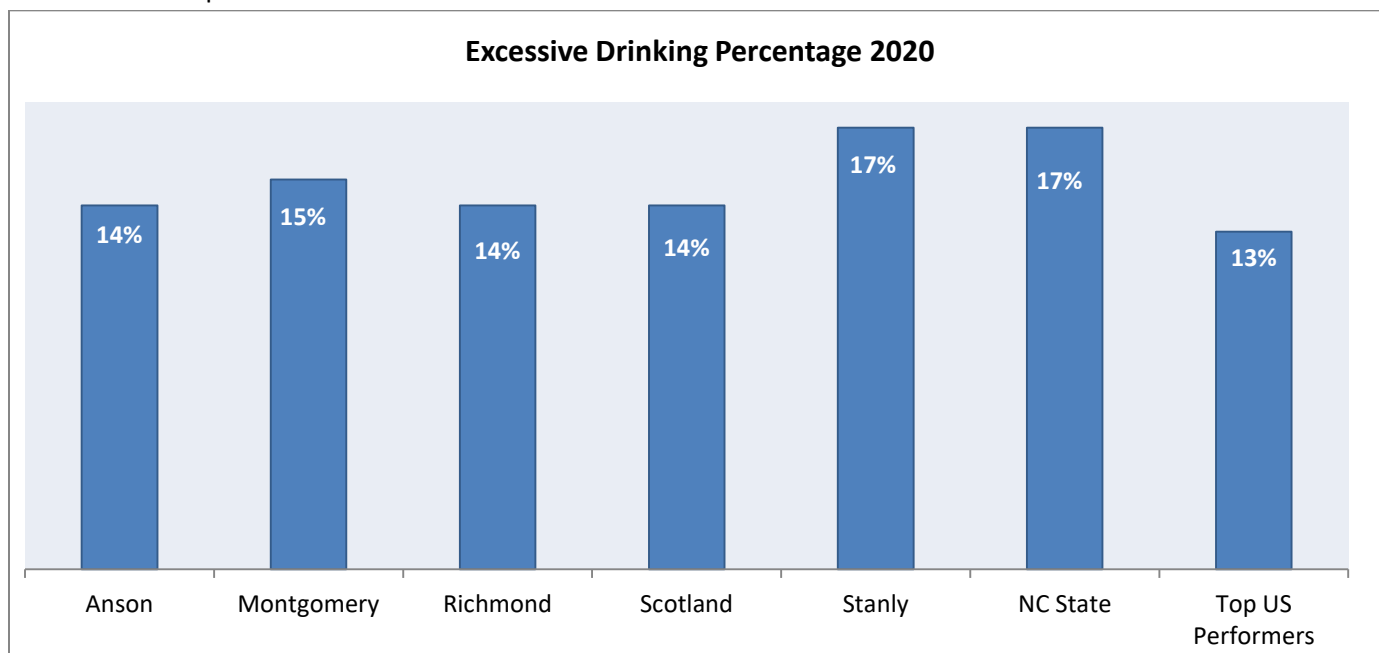
The 2 previous graphs illustrate the increase in Opioid Overdose Deaths and Emergency Department (ED) Visits since 2010. There has been a drastic increase in ED visits since 2017.

County Health Rankings – Drug Use/Substance Abuse

The following rate from the County Health Rankings & Roadmaps includes deaths from Opioids and other drugs.



The following graph compares the Excessive Drinking percentage of Montgomery County with its peer counties, the State and the Top US Performers.



18%
Percentage of driving deaths with alcohol involvement
Based on data from 2014-2018

Public Input

Public Survey Opinion – Drug Use/Substance Abuse

In the CHA Public Survey participants were asked what they thought were the most important unhealthy behaviors in Montgomery County. Participants were allowed to choose up to 5 from a list of 16. Three of the Unhealthy Behaviors are related to Drug Use/Substance Abuse. Following are the rankings and percentages of participants who said these are of the most important.

Unhealthy Behavior	CHA Survey Rank	Percentage of CHA Survey Participants
Illicit Drug Abuse	1	65.6%
Prescription Drug Abuse	3	43.3%
Drunk Driving	4	42.8%

These 3 Unhealthy Behaviors ranked higher than behaviors such as not getting checkups/screenings, lack of exercise and tobacco use. The #2 Unhealthy Behavior as ranked by survey participants was Poor Eating Habits.

FirstHealth 2018 CHNA – Drug Use/Substance Abuse

Participants in the survey associated with the FirstHealth 2018 CHNA were asked questions about drug use, substance abuse and alcohol use. The following table provides the percentage of responses.

Behavior	Percentage of Survey Participants
Current Drinker	37.8%
Binge Drinker Single Occasion (5+ Drinks for Men, 4+ Drinks for Women)	6.3%
Excessive Drinker	7.0%
Illicit Drug Use in Past Month	0.4%
Illegal Drug Use by Member of Household in Past Year	4.4%
Prescription Drug Abuse by Member of Household in Past Year	1.2%
Ever Sought Help for Alcohol or Drug Problem	6.3%
Life Negatively Affected by Substance Abuse	40.8%

Behaviors Impacting Health

In Montgomery County there is a widespread acknowledgment of and concern about behaviors of individuals and groups that have an impact on the health of the County citizens. Several efforts over the last few years have attempted to measure the impact of behaviors on the health of Montgomery citizens. Data gathered during the recent measurement efforts are reported in this section of the Montgomery County Data Book.

Public Survey Response - Behaviors

The Public Survey conducted during the 2020 Community Health Assessment (CHA) included the question: *What do you consider to be the most important unhealthy behaviors in Montgomery County? Please choose up to five from the list.* The following provides the list from the survey and shows the percentage of participants that said a specific behavior is one of the most important unhealthy ones.

Rank	Unhealthy Behaviors	Percentage
1	Illicit Drug abuse	65.6%
2	Poor eating habits	43.9%
3	Prescription drug abuse	43.3%
4	Drunk driving	42.8%
5	Lack of exercise	40.6%
6	Smoking/tobacco use	33.3%
7	Unsafe Sex	32.8%
8	Not going to doctor for a yearly checkup/screenings	31.1%
9	Not going to the dentist for check-ups/cleanings	22.2%
10	Reckless/distracted driving	22.2%
11	Vaping/e-cigarette use	17.2%
12	Not washing hands	12.2%
13	Not using child safety seats	8.9%
14	Not getting Prenatal (pregnancy) care	7.8%
15	Not getting immunizations (shots)	7.2%
16	Other	2.2%
17	No Answer	1.7%

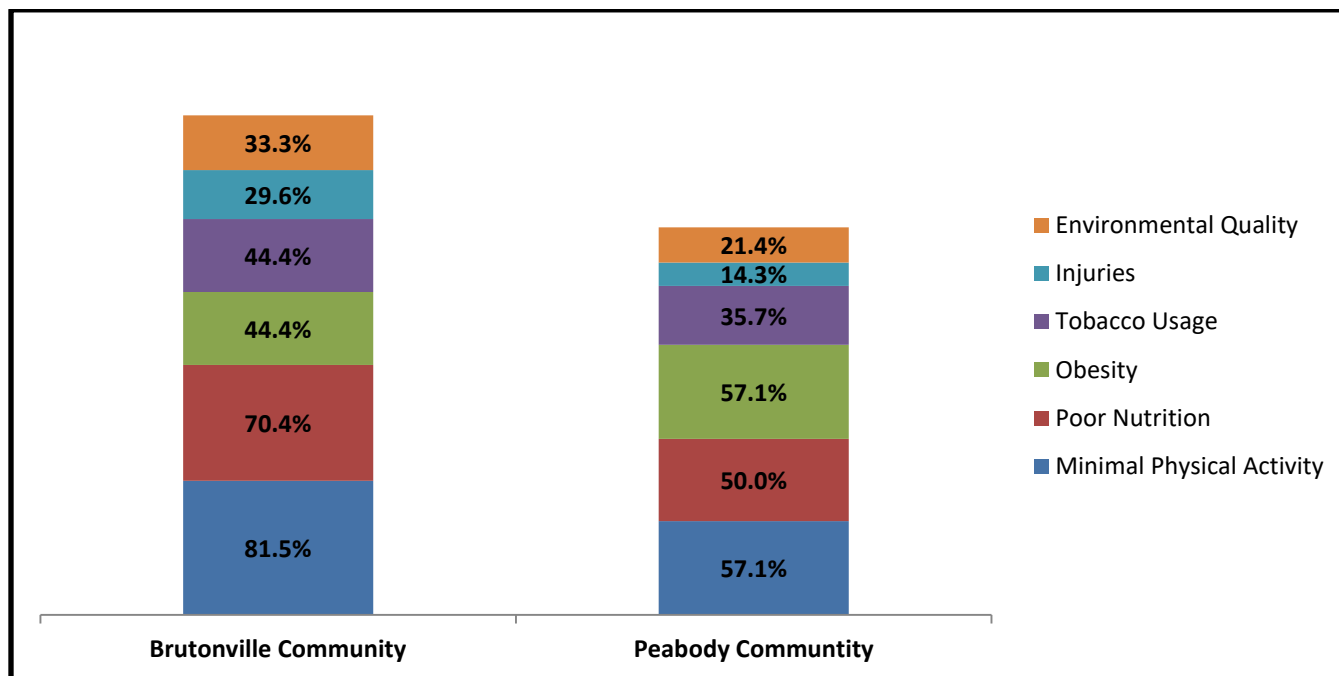
FirstHealth 2018 CHNA – Behaviors

Participants in the public survey conducted as part of the FirstHealth 2018 CHNA provided the following input on behaviors related to Health.

Behavior	Percentage of Survey Participants
Think Preventive Routine Medical Care is “Very Important”	84.4%
Have a Regular Source for Medical Care	97.3%
Have had a Routine Checkup in Past Year	81.9%
Are Likely to Use Telehealth if Offered	60.8%
Have had Two or More ER Visits in Past Year	10.1%

Better Together Montgomery Survey – Behaviors

In a survey done by Better Together Montgomery in early 2020 participants were asked which health risks seem to have impacted their physical health. The surveys were solicited in the Brutonville and Peabody communities which are served by Better Together Montgomery. Following are the responses about health risks.



County Health Rankings – Behaviors

The County Health Rankings & Roadmaps provides measurements on several Health Behaviors. The following table provides the statistics on those measurements.

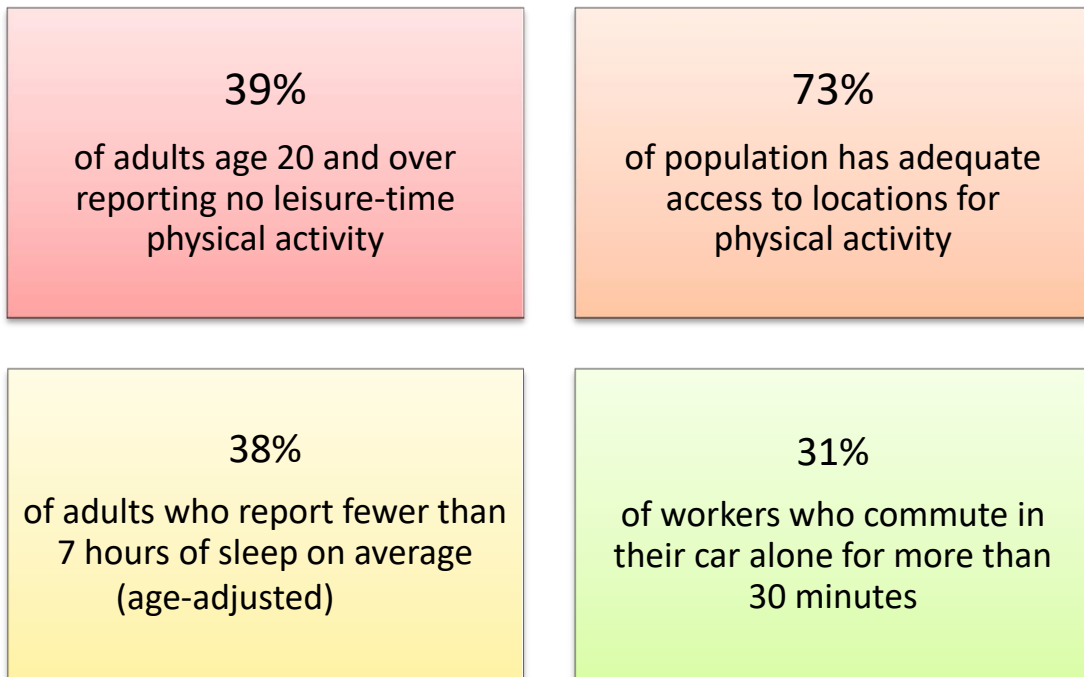
Health Behavior	Measurement	Measurement Explanation
Adult Smoking	18%	Percentage of adults who are current smokers. Based on 2017 data.
Adult Obesity	37%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) of 30 or more.
Food Environmental Index	7.9	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).
Physical Inactivity	33%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	73%	Percentage of population with adequate access to locations for physical activity.
Excessive Drinking	16%	Percentage of adults (age-adjusted) reporting binge/ heavy drinking.
Alcohol-impaired Driving Deaths	16%	Percentage of driving deaths with alcohol involvement.
Sexually Transmitted Infections	510.3	Number of newly diagnosed chlamydia cases per 100,000 population.
Teen Births	39	Number of births per 1,000 population ages 15-19.

Physical Activity

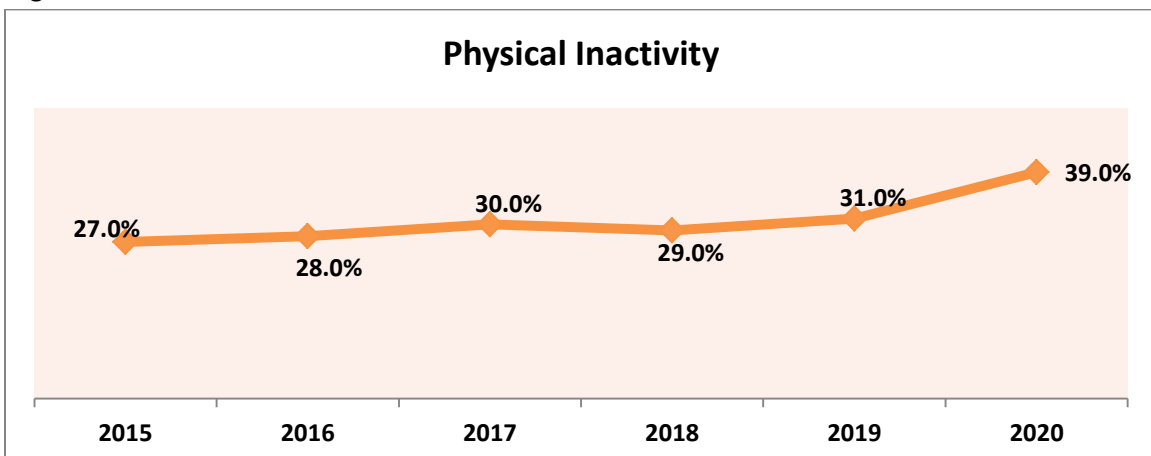
Physical Activity, or the lack of it, has substantial impact on the health of individuals. Statistics and public input collected as part of the Community Health Assessment provide insight into the physical activity of the citizens in Montgomery County.

Community Health Rankings – Physical Activity

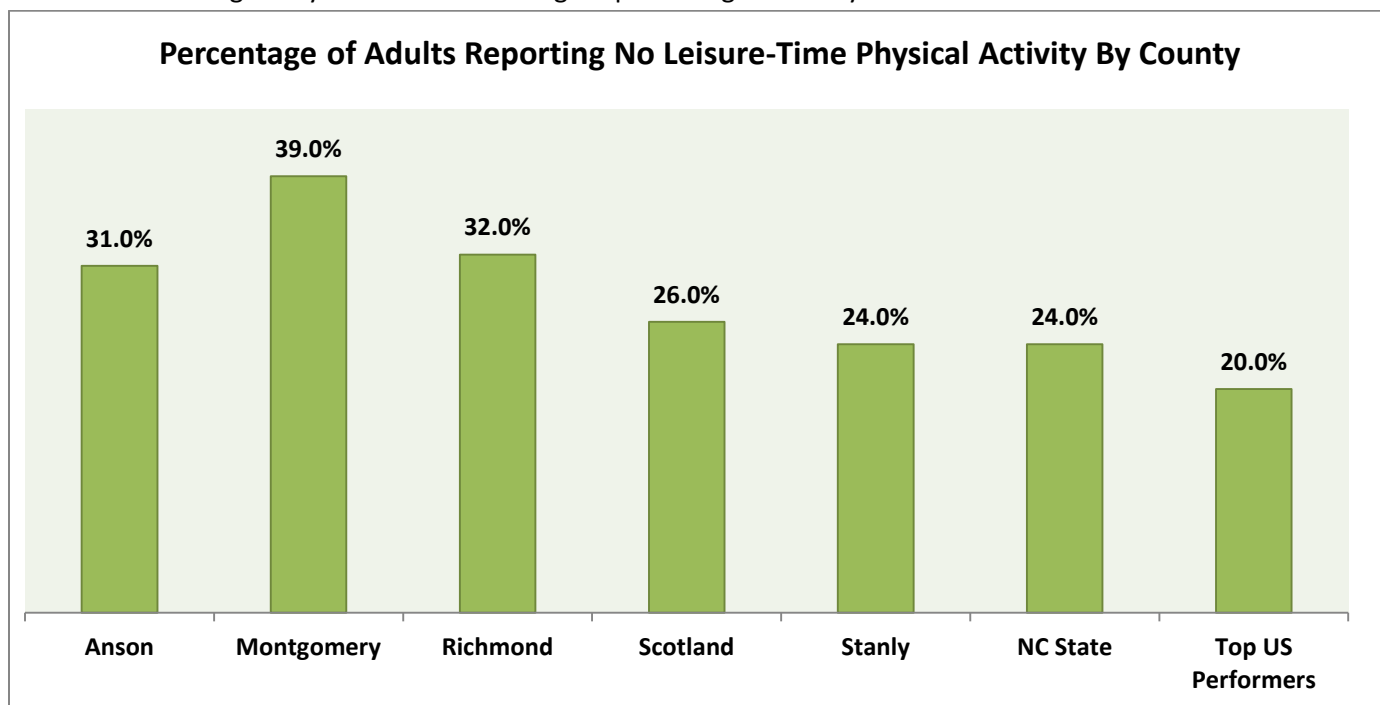
Several measurements done by the Community Health Rankings & Roadmaps are applicable to Physical Activity. The 2020 measures are presented in the graphic below.



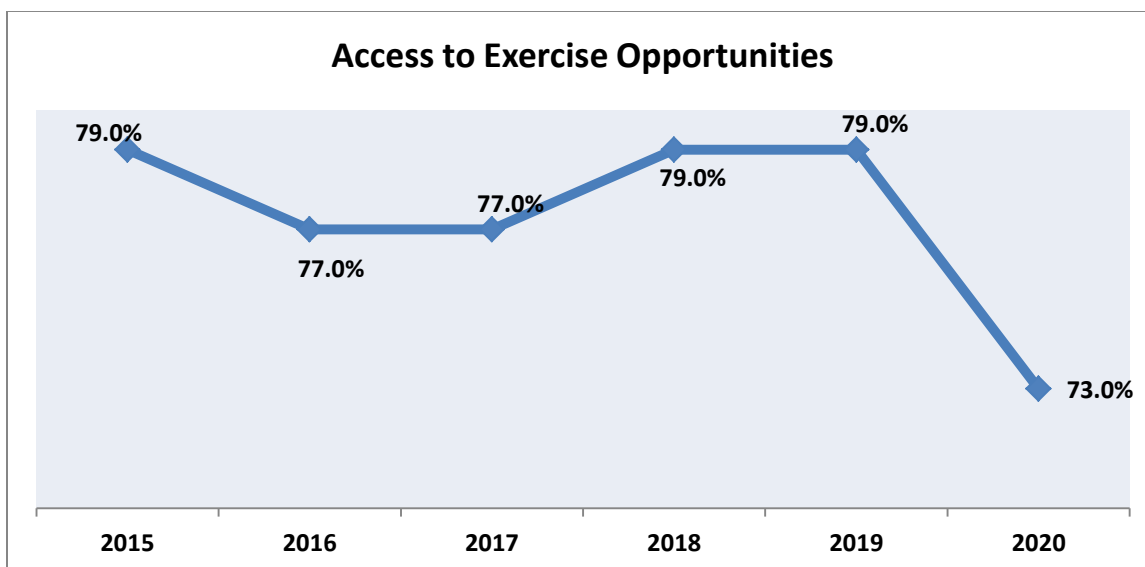
The following chart shows the level of Physical Inactivity over the last 6 years (2015 – 2020) according to the County Health Rankings..



Physical Inactivity has increased by 12% since 2015. There was an increase of 10% from 2018 to 2020. In the graph below the 2020 percentage of Inactive Adults in Montgomery County, according to the County Health Rankings, is compared to the 2020 percentages of its peer counties, the State of North Carolina and the Top US Performers. Montgomery has at least a 7% higher percentage than any other.



In the graph below is presented the measurement on access to exercise opportunities over the last 6 years.



There has been a drop in the accessibility of exercise opportunities. Most of the decrease was between 2019 and 2020. Further research would need to be done to determine if there is a correlation between the increase of Physical Inactivity and the decrease in Access to Exercise Opportunities.

Public Input – Physical Activity

Public Survey Opinion – Physical Activity

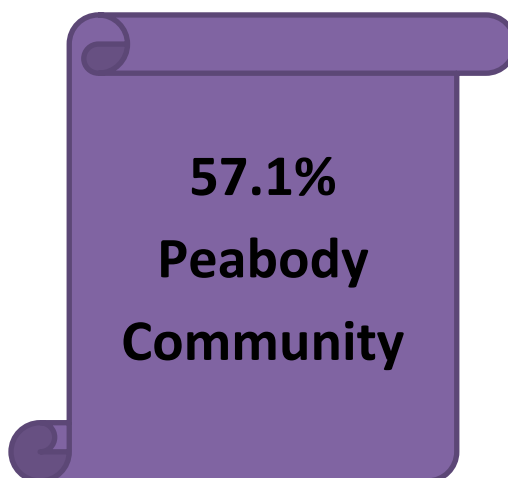
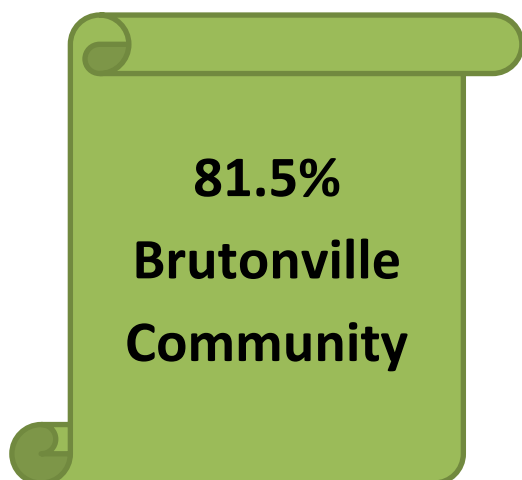
Several of the questions in the CHA Public Survey collected opinions from the survey participants on Physical Activity factors. That information is presented in the following table. Some of this information was included elsewhere in this Data Book because of its relevance to other topics. However, all of the information related to Physical Activity is included in this section.

Category	Factor	Percentage of Survey Participants that said it is important/of great impact.
Unhealthy Behavior	Lack of exercise	40.6%
Community Issue	Availability of healthy family activities	33.3%
Community Issue	Availability of positive teen activities	31.1%
Community Issue	Lack of recreational facilities	20.6%
Self/Family	I have transportation to places to do physical activity	86.1%
Self/Family	The children in my house want to be physically active	75.0%
Self/Family	The adults in my house want to be physically active	72.2%
Self/Family	My neighborhood is safe for physical activity	62.2%
Self/Family	Places for me to be active are too far away	30.6%
Self/Family	Physical activity takes too much time	25.6%
Self/Family	It costs too much to be physically active	15.6%
Self/Family	I/My child need more information on Physical Inactivity	21.9%

Better Together Montgomery – Physical Activity

In a survey done by Better Together Montgomery in early 2020 participants ranked Minimal Physical Activity as the risk factor having the highest impact on their personal health.

The percentage of participants in each survey that said this factor is the most impactful:



FirstHealth 2018 CHNA – Physical Activity

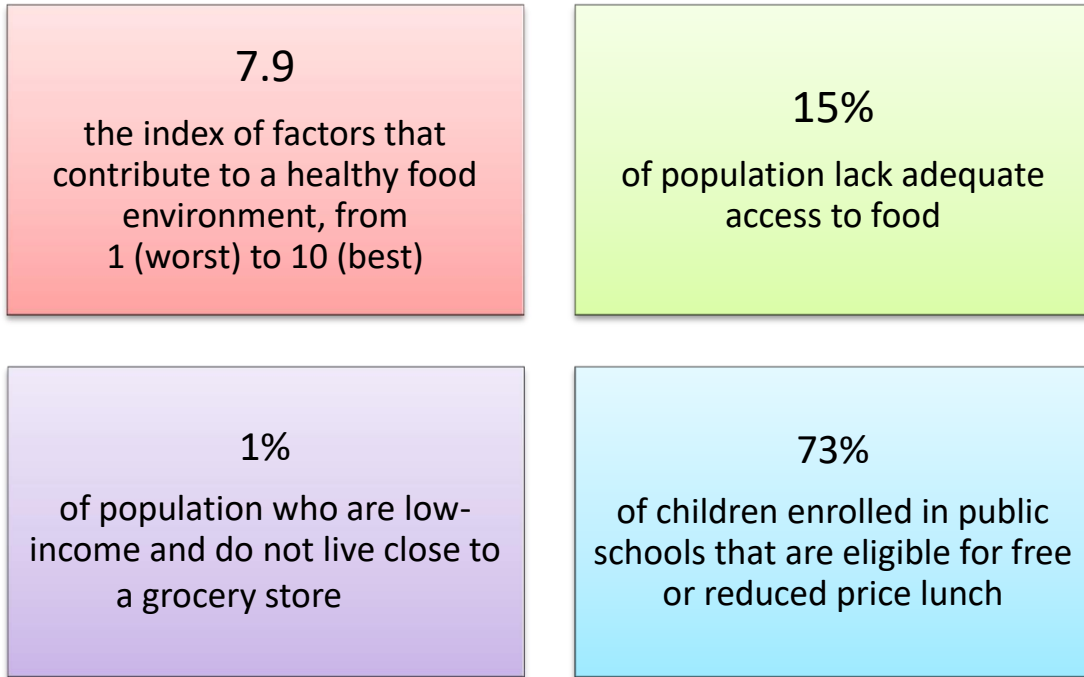
As part of the FirstHealth 2018 CHNA a public survey was conducted. The following table provides the percentage of participant responses on several factors related to Physical Activity.

Physical Activity Factor	Percentage of FirstHealth 2018 CHNA Survey Participants
No Leisure-Time Physical Activity	31.5%
Meeting Physical Activity Guidelines	15.0%
Have a Park/Playground Within Walking Distance of Home	32.0%
Neighborhood is Safe For Walking at Night	47.7%
Neighborhood Has Adequate Lighting	45.4%
Neighborhood Has Safe Crosswalks	32.8%
Neighborhood Has Good Sidewalks	28.5%

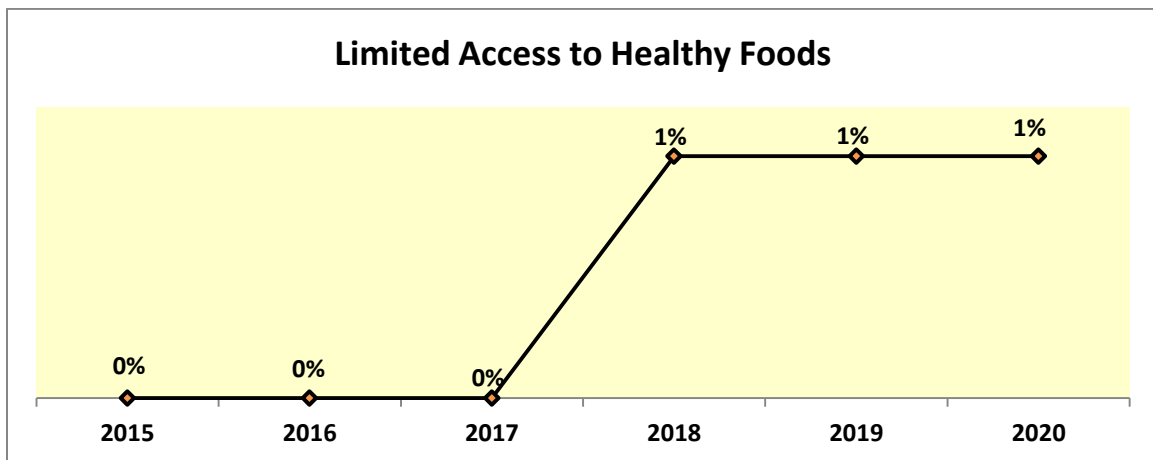
Eating Habits/Nutrition Access

Healthy eating and adequate nutrition is vital to maintaining health and controlling disease. In this section information specific to Montgomery County on eating habits and access to nutrition –healthy foods –is presented.

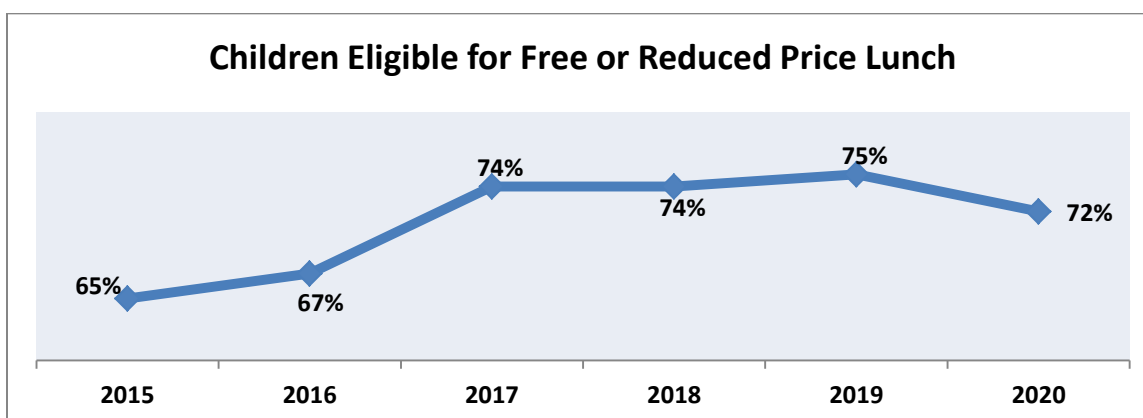
County Health Rankings – Eating Habits/Nutrition Access



The graph below shows the percentage of the population that has lacked adequate access to food in the last six years.



This graph shows the percentage of children eligible for free or reduced price lunch in each of the last six years.



The percentage of children eligible for free and or reduced price lunch seems to have leveled out in the mid-70 percentage after an increase from the mid-60 percentage in 2015 and 2016.

Public Input

Public Survey Opinion – Eating Habits/Nutrition Access

Poor Eating Habits
#2 most important Unhealthy Behavior

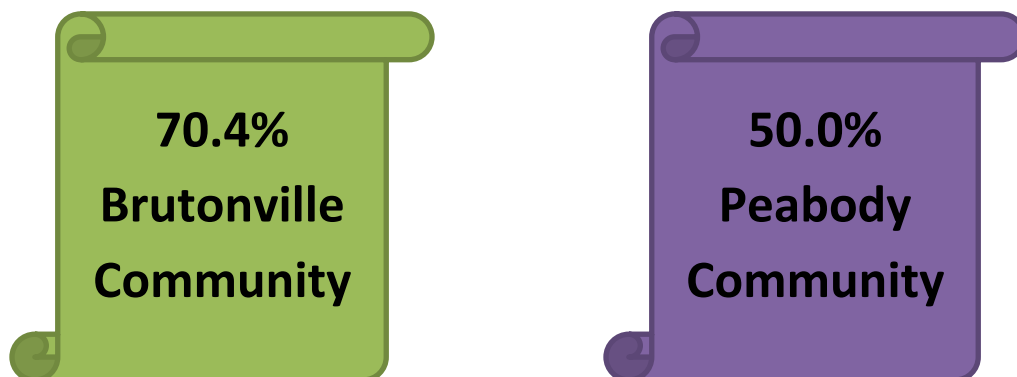
Several of the questions in the CHA Public Survey collected opinions from the participants on Eating/Nutrition factors. That information is presented in the following graphs and tables. Some of this information was included elsewhere in this Data Book because of its relevance to other topics. However, all of the information related to Eating/Nutrition is included in this section.

Category	Factor	Percentage of Survey Participants that said it is important/of great impact.
Unhealthy Behaviors	Poor eating habits	43.9%
Community Issue	Availability of healthy food choices	29.4%
Self/Family	I know the difference between healthy and unhealthy food	88.9%
Self/Family	I have transportation to buy healthy food	88.7%
Self/Family	I have the skills to prepare or cook healthy food	83.9%
Self/Family	Healthy foods taste good	80.6%
Self/Family	There is a store where I can buy healthy food near me	63.9%
Self/Family	It costs too much to eat healthy food	58.9%
Self/Family	I/my child need more information on Eating Disorders	12.5%
Self/Family	I/my child need more information on Unhealthy eating	42.2%

Better Together Montgomery – Eating Habits/Nutrition Access

In a survey done by Better Together Montgomery in early 2020 participants ranked Poor Nutrition as the risk factor having the 2nd highest impact on their personal health.

The percentage of participants in each survey that said this factor is the most impactful:



FirstHealth 2018 CHNA – Eating Habits/Nutrition Access

As part of the FirstHealth 2018 CHNA a public survey was conducted. Following are percentage responses from the survey participants about eating habits and nutrition access.

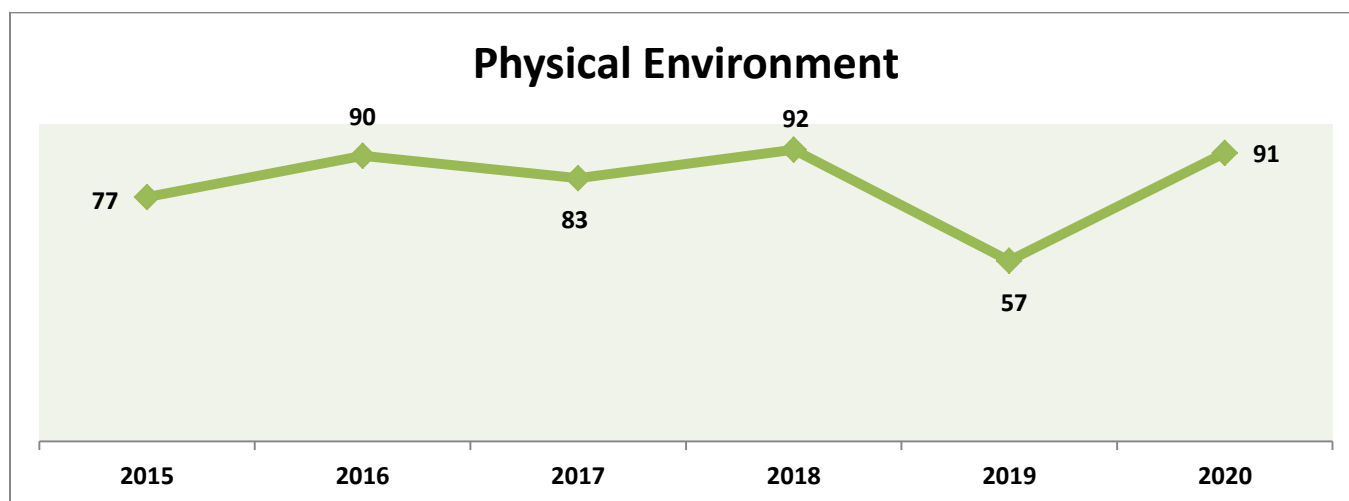
Eating Habit/Nutrition Access Factor	Percentage of FirstHealth 2018 CHNA Survey Participants
Food Insecure	24.0%
Eat 2+ Servings of Fruit Per Day	12.4%
Eat 3+ Servings of Vegetables Per Day	14.7%
“Very/Somewhat” Difficult to Buy Fresh Produce	24.5%
Used a Food Bank/Pantry or Church/Community Organization for Fruit & Vegetables in Past Year	17.2%
Used a Corner/Convenience/Gas Station for Fruit & Vegetables in Past Year	26.8%
Used a Grocery/Superstore for Fruits & Vegetables in Past Year	95.5%
Used a Farmer’s Market or Permanent Farm Stand in the Past Year	69.6%
Eat 2+ Servings of Whole Grain Bread Per Day	15.9%
Consumed 1+ Sugar-Sweetened Beverage Yesterday	66.6%
Less than 4 Days a Week Eating Meals at Home	11.3%
Can Purchase Healthy Foods Within Walking Distance of Home	27.9%

Environmental Health

County Health Rankings – Environmental

Health Indicator	Anson	Montgomery	Richmond	Scotland	Stanly
Physical Environment					
> Air Pollution					
> Drinking water violations					
> Severe housing problems	99	91	62	84	95
> Long commute – driving alone					
> Homeownership					
> Severe housing cost burden					

The following graph shows the trend over the last six years of the County Health Rankings on the Physical Environment in Montgomery County.



Montgomery County Department of Health – Environmental

The Montgomery County Department of Health offers the following services related to Environmental Health:

- On-site wastewater (septic system), soil evaluations, permitting, system inspections and repair evaluations.
- Food and Lodging Institutions and Child Day Care Center Permitting and Inspections.
- Child Lead Poisoning Investigation.
- Private Well Evaluations, permitting, inspections, repair evaluations and water sampling (bacteriological and chemical) and analysis.
- Public Swimming Pool Permitting and Inspections.
- Tattoo Establishment Permitting and Inspections.

Access to Health Care

Access to Healthcare is core to the overall health of a county and the individual health and quality of life of its citizens. The ability of an individual or family to access Health Care involves the following:

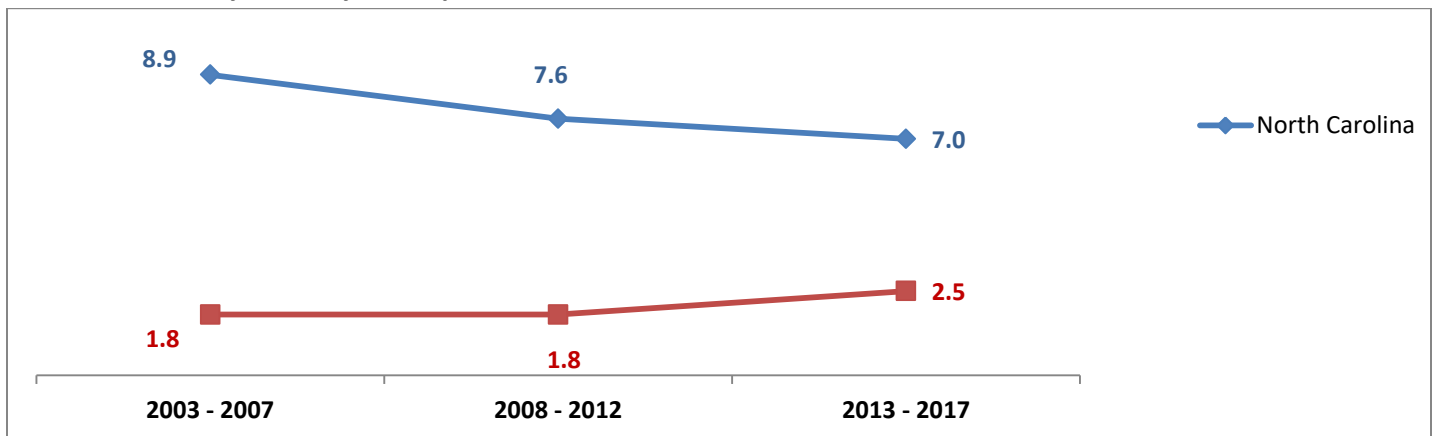
- Availability of Health Care within a specified or realistic geographic area.
- Transportation to get to the Health Care.
- Ability to bear the cost of Health Care.

Availability of Health Care

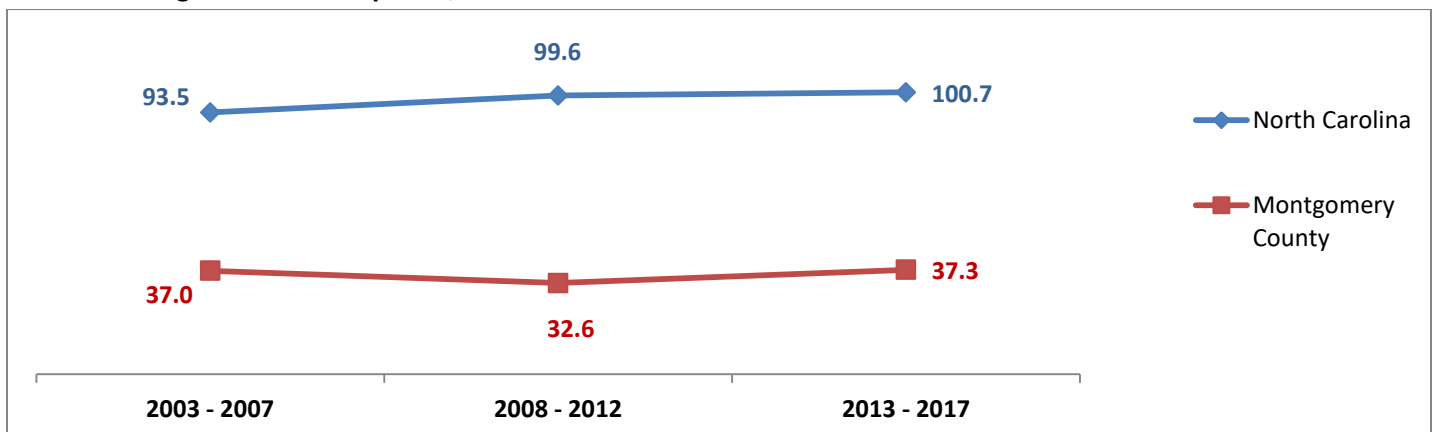
Statistics – Availability of Health Care

Availability of Health Care is a key component of Access to Health Care. The following data from the North Carolina County Trends Reports February 2019 provides trend information on the ratio of Health Care Providers to population from 2003 through 2017.

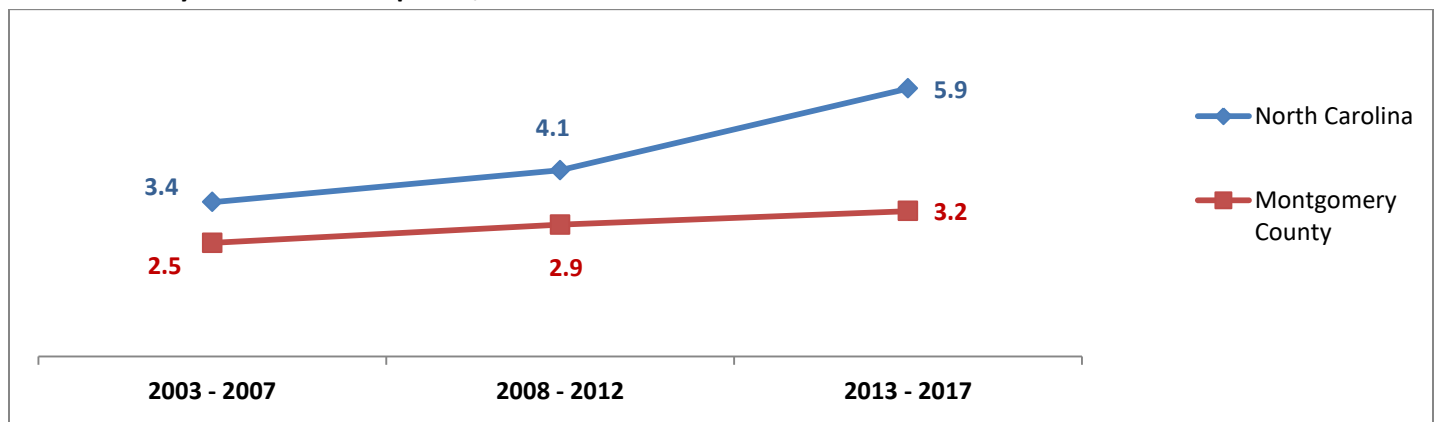
Number of Primary Care Physicians per 10,000 Residents



Number of Registered Nurses per 10,000 Residents



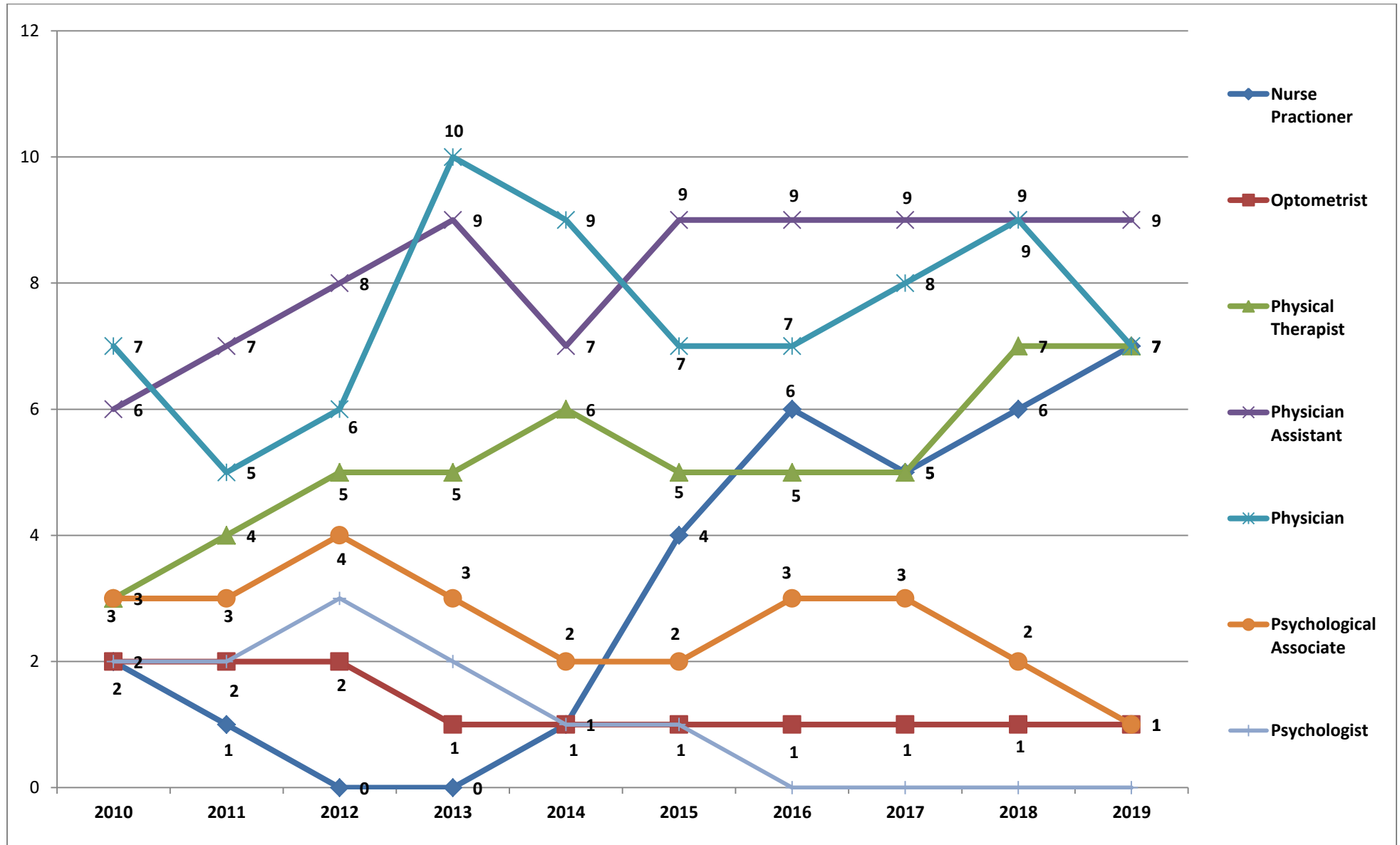
Number of Physician Assistants per 10,000 Residents



In order to get a more comprehensive picture of the Availability of Health Care in Montgomery County a history of the number of key Health Care Providers/Professionals is provided in the chart on the following page. The source of this information is the Sheps Health Workforce NC website <https://nchealthworkforce.unc.edu/>. The following quote from their website explains their function:

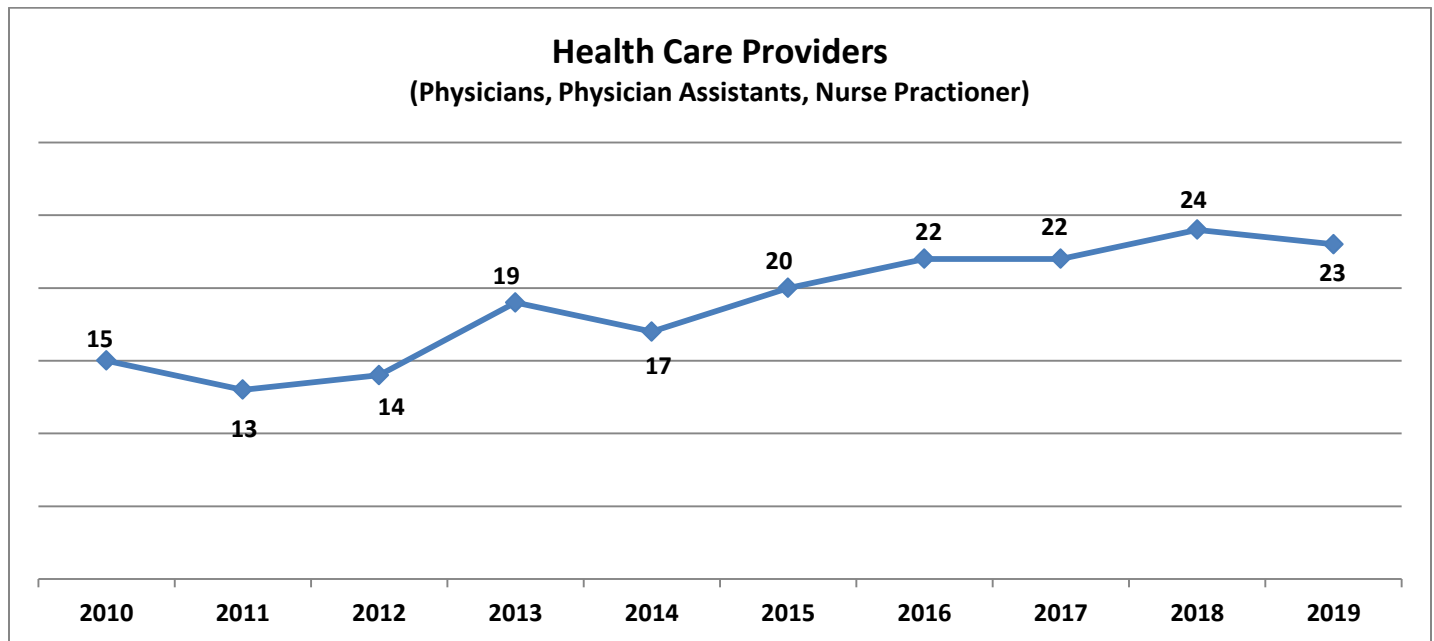
"Sheps Health Workforce NC provides timely, objective data and analysis to inform health workforce policy in North Carolina and across the United States. We are based at the Cecil G. Sheps Center for Health Services at UNC-Chapel Hill, but our mission is statewide, a collaboration between the Sheps Center, the North Carolina Area Health Education Centers Program (AHEC), and the health professions licensing boards. We manage the North Carolina Health Professions Data System (HPDS), collecting and disseminating descriptive data on selected licensed health professionals in North Carolina."

Health Care Providers/Professionals



* Data on number of Pharmacists not available for 2018 & 2019 so Pharmacist numbers are not presented here.

The graph on the previous page provides historic information on key Health Care Providers/Professionals and shows an increase in Mid-Level Health Care Providers – Physician Assistants and Nurse Practitioners. The chart below shows the total number of Health Care Providers (Physicians, Physician Assistants and Nurse Practitioners).



There has been an overall increase in Health Care Providers in Montgomery County. Care by Mid-Level Health Care Providers (Nurse Practitioners and Physician Assistants) is becoming more common throughout the United States; this trend is reflected in the Health Care work force in Montgomery County.

County Health Rankings – Availability of Health Care

In the annual County Health Rankings the County Health Rankings & Road Maps provides a ratio of several Health Care Providers to population. The following table shows the ratios from 2015 to 2020.

This table presents the ratios of Health Care Providers to Population for years 2015 through 2020.

Year	Primary Care Physician to Population Ratio (Based on 2017 Data)	Dentist to Population Ratio (Based on 2018 Data)	Mental Health Provider to Population Ratio (Based on 2019 Data)	Other Primary Care Providers (Based on 2019 Data)
2015	3,074:1	13,786:1	1,060:1	2,757:1
2016	2,510:1	9,130:1	1,010:1	2,490:1
2017	3,420:1	9,180:1	1,020:1	2,296:1
2018	3,440:1	9,140:1	1,050:1	2,285:1
2019	3,920:1	6,860:1	910:1	1,960:1
2020	3,920:1	6,820:1	830:1	1,704:1

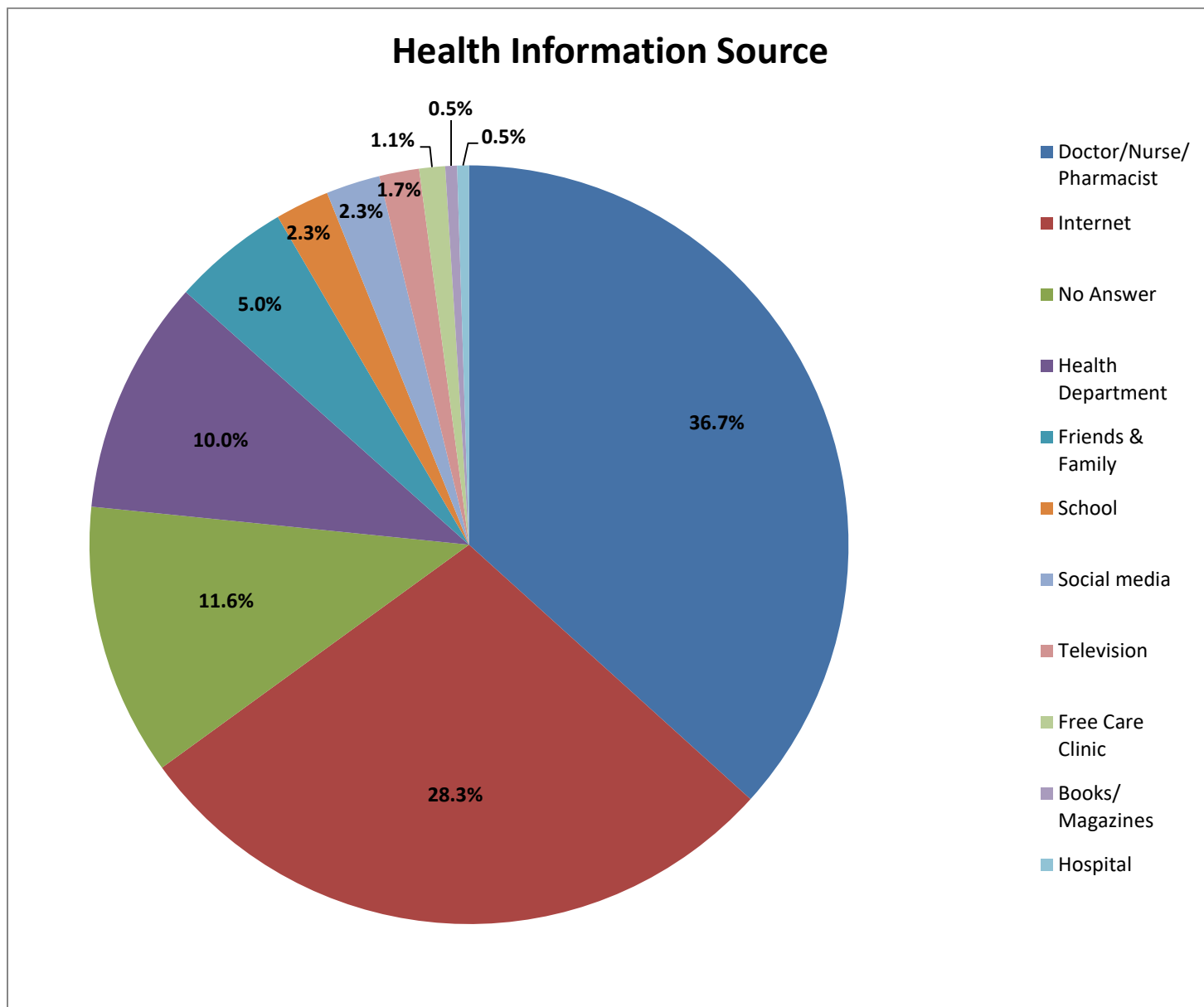
The worst ratio per year is highlighted in red; the best ratio is highlighted in purple.

The ratio has improved in all categories except Primary Care Physicians.

Public Survey Opinion – Availability of Health Care

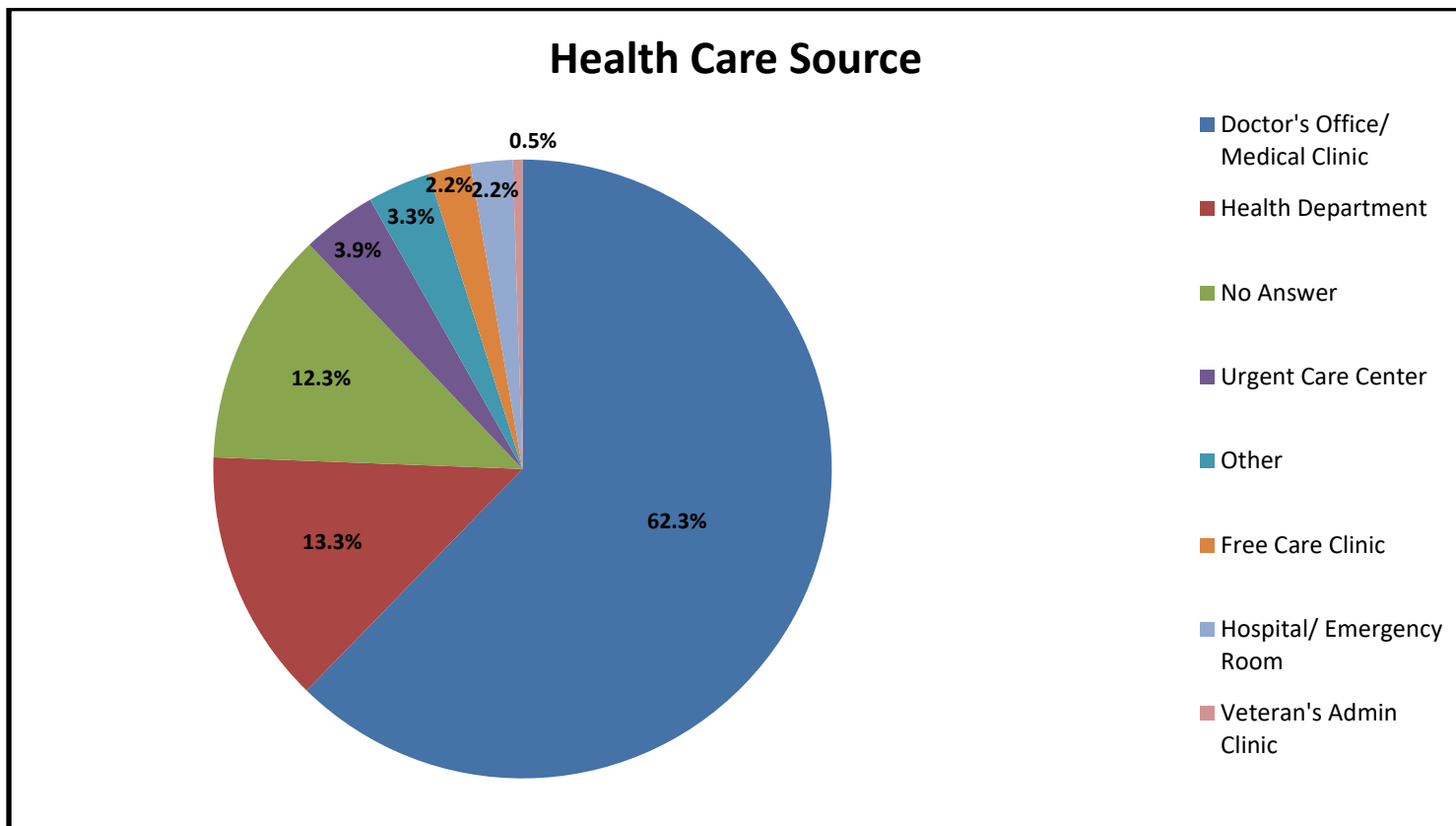
The CHA Public Survey included several questions related to the Availability of Health Care. The following graphics provide the responses.

Where do you get most of your health related information?

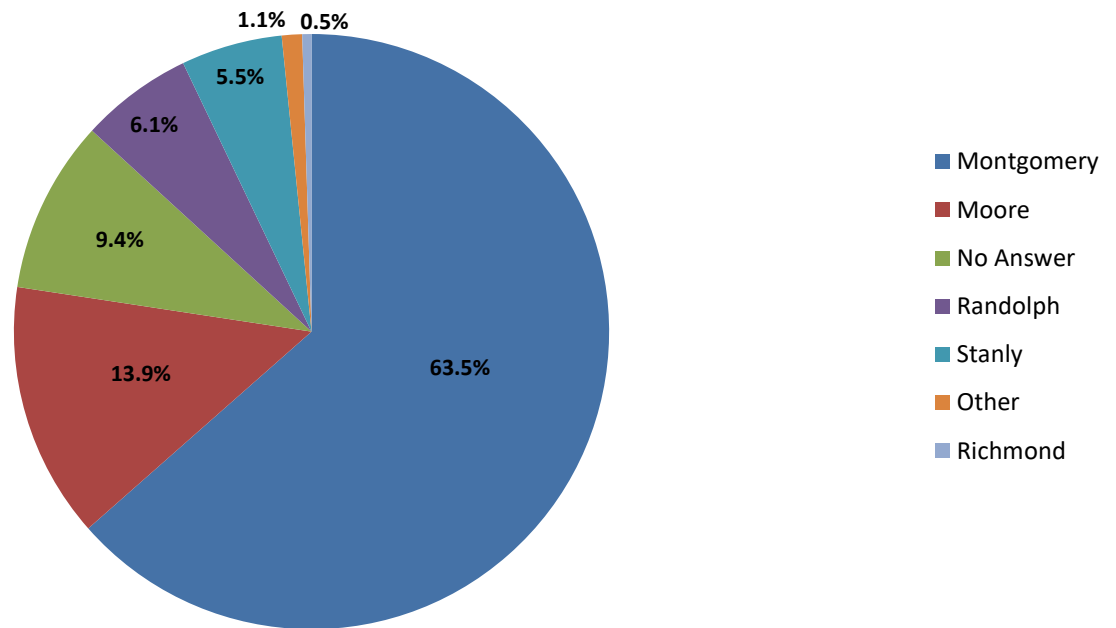


More survey participants get health information from a Doctor/Nurse/Pharmacist than any other source; however, the percentage that relies on that source is only 8.4% higher than the percentage that primarily uses the Internet. It is important to note that 11.6% did not provide a response to this question.

Where do you go most often when you are sick or need advice about your health?



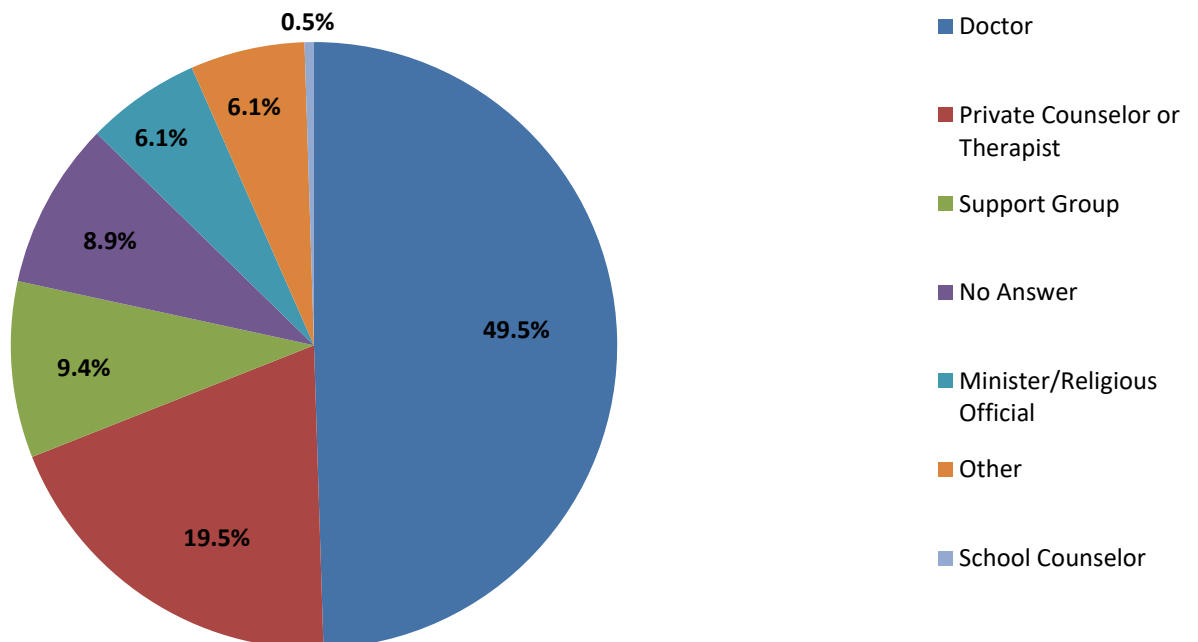
County Get Care In



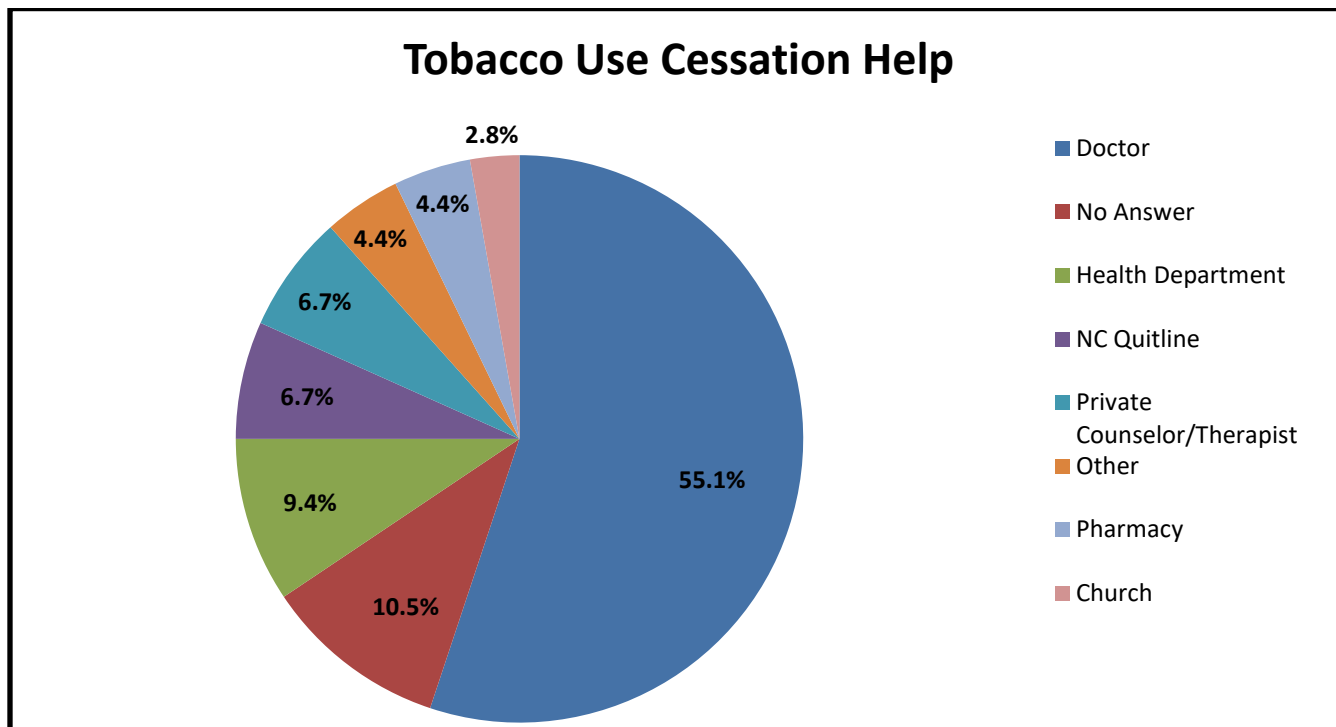
More than half of the survey participants get their care from a Doctor's Office/Medical Clinic. Also, more than half of the participants get their care in Montgomery County. Often people get care in with a provider that is geographically nearest to them, this could account for the second highest location of health care service being Moore County. Adults also may choose to obtain Health Care near their place of work which is often outside of Montgomery County.

If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to call or talk to?

Mental Health Care Source



If you or someone you knew wanted quit using tobacco, where would you go for help?



According to the responses on Mental Health care, Substance Abuse treatment and Tobacco Use Cessation help, survey participants would seek care from a Doctor more often than other sources. There was also a substantial percentage of participants that did not provide an answer to these two questions.

FirstHealth 2018 CHNA – Availability of Health Care

As part of the FirstHealth 2018 CHNA a Community Health Survey was conducted. Following are key findings from that survey related the Availability of Health Care in Montgomery County.

30.9% had *Difficulty Accessing Healthcare in Past Year (Composite)*

6.8% had *Difficulty Finding Physician in Past Year*

15.8% had *Difficulty Getting Appointment in Past Year*

10.9% said *Inconvenient Hours Prevented Doctor Visit in Past Year*

2.3% had *Difficulty Getting Child's Healthcare in Past Year*

Montgomery County Department of Health – Availability of Health Care

Following are the Health Care services and resources offered by the Montgomery County Department of Health

Adult Health

- Pregnancy Test
- Blood Pressure
- TB Skin Test
- Immunizations
- Laboratory Services
- Pap Smears
- Physical Exam
- Department of Transportation (DOT) physicals
- Covid-19 Testing
- Covid-19 Vaccines

Child Health

Well Child Clinics

- Physical exams and assessments (vision, hearing, developmental) for the prevention of illnesses and early detection of problems
- Referrals for abnormal findings
- Birth – 21 years of age
- Kindergarten Assessments
- Sports Physicals
- Lead screenings (1 – 6 years of age)
- Dental Varnishing for children 6 mos. To 3 ½ years
- Immunizations

Case Management Services for Children

Free assistance in coordinating services and resources for families and children, ages birth to five years, who are at risk for or have been diagnosed with chronic illness, developmental delays or emotional problems. Assistance with financial needs and concerns is also available.

Communicable Disease

Sexually Transmitted Infections/Diseases

- STI/STD testing for gonorrhea, chlamydia, HIV/AIDS, syphilis, and others
- STI/STD exams, counseling and treatment
- Confidential services offered to clients regardless of county of residence
- Condoms available at no cost

Infectious Disease

- Evaluation and treatment for tuberculosis
- Follow-up/investigation for all reportable infectious diseases
- Lead agency in managing outbreaks

Family Planning

- Annual physical exams for adolescents, and men and women of childbearing age
- Prevention of pregnancies
- Laboratory services
- Referrals for abnormal findings
- Education and counseling about chosen birth control method
- Detection and treatment for specific problems/infections
- Pre-conception and Basic Infertility Services
- Postpartum Exams

Health Education

- Works to create healthier communities through partnerships and advocacy for improving nutrition, increased opportunities to be physically active, and promotion of tobacco cessation and prevention efforts.
- Monitors health data and works with partners to implement evidence-based risk reduction initiatives to mitigate leading health concerns.
- Child Safety Seat Education and Installations.
- Speakers available to provide health information to community groups on a variety of health topics.
- Provide health education information to the public which can be accessed at www.Montgomerycountync.com and selecting the “Health Department” link.

Maternal Health

Prenatal Clinic

- Complete prenatal care including physical exams and laboratory services
- Ultrasounds available on-site
- Nutritional Counseling
- Prenatal Education
- Access to care for high risk pregnancies
- Assistance in referrals for delivery at Moore Regional Hospital or Stanly Regional Medical Center

Case Management Services for Pregnant Women

- Free RN case management services for high risk pregnant women
- Assistance with accessing resources needed during pregnancy and postpartum period such as transportation, education and medical care
- Development of a supportive relationship that promotes a healthy pregnancy

Nutritional Services – WIC (Women, Infants and Children)

- Free supplemental foods for Women, Infants, and Children under 5 years old who meet eligibility requirements.
- Nutrition education and counseling – sometimes offered online or by phone.
- Referrals for immunizations, medical care, and community resources.
- Breastfeeding support, education, peer counseling, and group classes.
- Health screenings and referral to other medical and community services.

Public Health Preparedness

- Build and support local public health capacity to prevent, prepare for, and respond to public health events and incidents in coordination with local regional, state and federal resources.
- Convene meetings with partners to develop and refine plans for man-made and natural disasters.
- Act as a liaison for preparedness activity with County Emergency Manager and other community partners.
- Facilitate the delivery of required preparedness training programs such as ICS for local health department staff.
- Provide educational flyers, pamphlets and training on preparedness to the community.

FirstHealth Montgomery– Availability of Health Care

FirstHealth Montgomery Memorial Hospital has served the emergency, outpatient and acute care needs of the people of Montgomery County and the surrounding area since 1950. Consistently high patient satisfaction scores for the past three years at Montgomery Memorial indicate that patients are very pleased with the care they receive at their local hospital. (*Information from FirstHealth website*)

Services offered at FirstHealth Montgomery Memorial Hospital include:

Acute Care for medical patients

Acute Care for surgical patient

Outpatient surgical services

Imaging and other diagnostic services

24-hour Emergency Department

FirstHealth offers Primary Care/Family Medicine at the following locations in Montgomery County:

210 East Main Street, Candor

522 Allen Street, Troy

520 Allen Street, Troy

104 Professional Drive, Biscoe

Other Health Care offered by FirstHealth in Montgomery County:

Occupational Health & Wellness – 522 Allen Street, Troy

Back & Neck Pain – 522 Allen Street, Troy

Cardiology – 522 Allen Street, Troy

Community Health Services – 443 Wood Street, Troy

Diabetes and Nutrition Education – 520 Allen Street, Troy

ENT, Head & Neck – 522 Allen Street, Troy

- Fitness – 524 Wood Street, Troy

- General Surgery – 522 Allen Street, Troy
- Better Breathers Support Group – 443 Wood Street, Troy
- FirstQuit Support Group – 443 Wood Street, Troy

Other Health Care Providers/Practices – Availability of Health Care

- DaVita Kidney Care (Dialysis) – 323 W. Main Street, Biscoe
- Moore Pediatric Therapy Services Troy Clinic – Troy, NC
- Mid Carolina Family Medicine – 1038 Albemarle Rd., Troy
- Montgomery Community Health Center – 103 Cotton Creek Road, Star
- Atrium Health Mt. Gilead Medical Services – 202 N. Main Street, Mt. Gilead
- Atrium Health Troy Medical Services – 835 Albemarle Road, Troy
- Troy Foot & Ankle, P.C. – 4550 Investment Dr., Troy
- Troy Surgical Clinic – 522 Allen Street, Troy

Dental Health Care – Availability of Health Care

- Lane & Associates – 473 Wood Street, Troy
- Dr. Johnny McKinnon – 407 North Main Street, Mt. Gilead
- Dr. Terry Wood – 201 North Main Street, Troy
- FirstHealth Dental Care @ East Middle School – 195 Camelot Court, Biscoe
- FirstHealth Dental Care @ West Middle School – 131 NC HWY 109 S., Mt. Gilead

Home Health Care – Availability of Health Care

- Community Home Care & Hospice – 120 North Main Street, Troy
- Family first Home Care – 521 North Main Street, Troy
- FirstHealth Home Care Services, FirstHealth Hospice and Palliative Care
- Kindred at Home (formerly Gentiva) - 1024 Albemarle Road, Troy
- Healthy At Home – 1061 Albemarle Road, Troy
- Daisy & Edward Home Care Agency – 118 South Main Street, Mt. Gilead

Adult Care Homes/Nursing Facilities – Availability of Health Care

- Autumn Care of Biscoe – 401 Lambert Road, Biscoe
- Baaseiah Family Care Home #1 – 200 N. Main Street, Candor
- Baaseiah Family Care Home #2 – 602 Aileen Street, Biscoe
- Brookstone Haven of Star – 327 Freeman Street, Star
- Poplar Springs Assisted Living – 601 Dover Road, Star
- Sandy Ridge Memory Care – 326 Bowman Road, Candor
- Tillery Chase Adult Care Home – 110 Roosevelt Street, Mt. Gilead

Mental Health Care Providers – Availability of Health Care

- Daymark Recovery Services (Behavioral Healthcare Services) – 227 North Main Street, Troy
- Journey Counseling and Consulting (Substance Abuse Treatment) – 617 North Main Street, Troy
- Recovery Solutions (Drug & Alcohol Addiction Treatment) – 213 North Main Street, Troy
- Sandhills Center (Mental Health, I/DD and Substance Use Disorder)
- NC Mentor

Vision Care Providers – Availability of Health Care

- Dr. Carlyle D Haywood, Jr, OD – 211 W. Broad Avenue, Troy

Pharmacies – Availability of Health Care

- Biscoe Pharmacy – 2295 NC Hwy 24/27 East, Biscoe
- Cochrane-Ridenhour Drug - 116 South Main Street, Mt. Gilead
- CVS Pharmacy – 1022 Albemarle Road, Troy
- Standard Drug – 522 Allen Street, Troy
- Walmart Supercenter Pharmacy – 201 Montgomery Xing, Biscoe
- White Star Discount Pharmacy of Troy – 436 Albemarle Road, Troy

Transportation to Health Care

Transport to Obtain Health Care or to Purchase Medication

- Daisy & Edward Transportation (Non-Emergency Medical Transportation) – 118 South Main Street, Mt. Gilead
Includes Out of County Transportation
- FirstHealth Transportation
- R-CATS (Regional Coordinated Area Transportation System – headquartered in Randolph County but serves Montgomery County citizens)

Public Survey Opinion – Transportation to Health Care

Three questions in the Public Survey gathered information about Transportation related to Health. Following are the response percentages.

- **No** survey participants said they had a problem filling a medically necessary prescription, for self or family member because they “didn’t have a way to get there”.
- **86.7%** said they have transportation to buy healthy food.
- **86.1%** said they have transportation to do physical activity.

FirstHealth 2018 CHNA – Transportation to Health Care

- **6.9%** of survey participants said that *Transportation Hindered Doctor Visit in Past Year*.

Ability to Bear Cost of Health Care

Public Survey Opinion – Ability to Bear Cost of Health Care

Three questions in the Public Survey gathered information about costs related to Health. Following are the response percentages.

- When asked if they had a problem filling a medically necessary prescription for self or family member, the survey participants gave the following responses:
 - **8.3%** said the cost was too high
 - **6.1%** said insurance did not cover what they needed
 - **4.4%** said they didn't have insurance
- **58.9%** said that it costs too much to eat healthy food
- **15.6%** said it costs too much to be physically active

FirstHealth 2018 CHNA – Ability to Bear Cost of Health Care

14.1% of survey participants said that *Cost Prevented Physician Visit in Past Year*
15.4% of survey participants said that *Cost Prevented Getting Prescription in Past Year*

Health Insurance – Ability to Bear Cost of Health Care

Having Health Care insurance is a major factor in being able to bear the cost. In the following pages is presented information on the prevalence of health care insurance subscription by Montgomery County citizens.

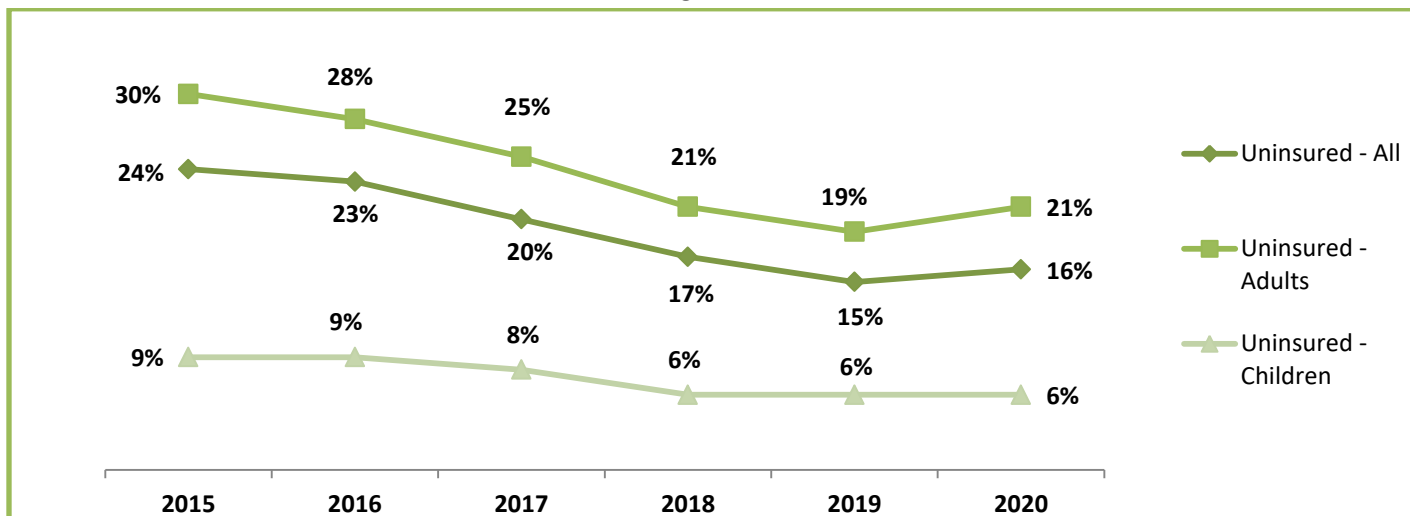
Statistics – Health Insurance

The 2019 American Community Survey 5-year estimate of the US Census Bureau provides the following statistics on Health Insurance coverage for Montgomery County citizens. The following table provides a comparison of those with Health Insurance in Montgomery County to the State of North Carolina.

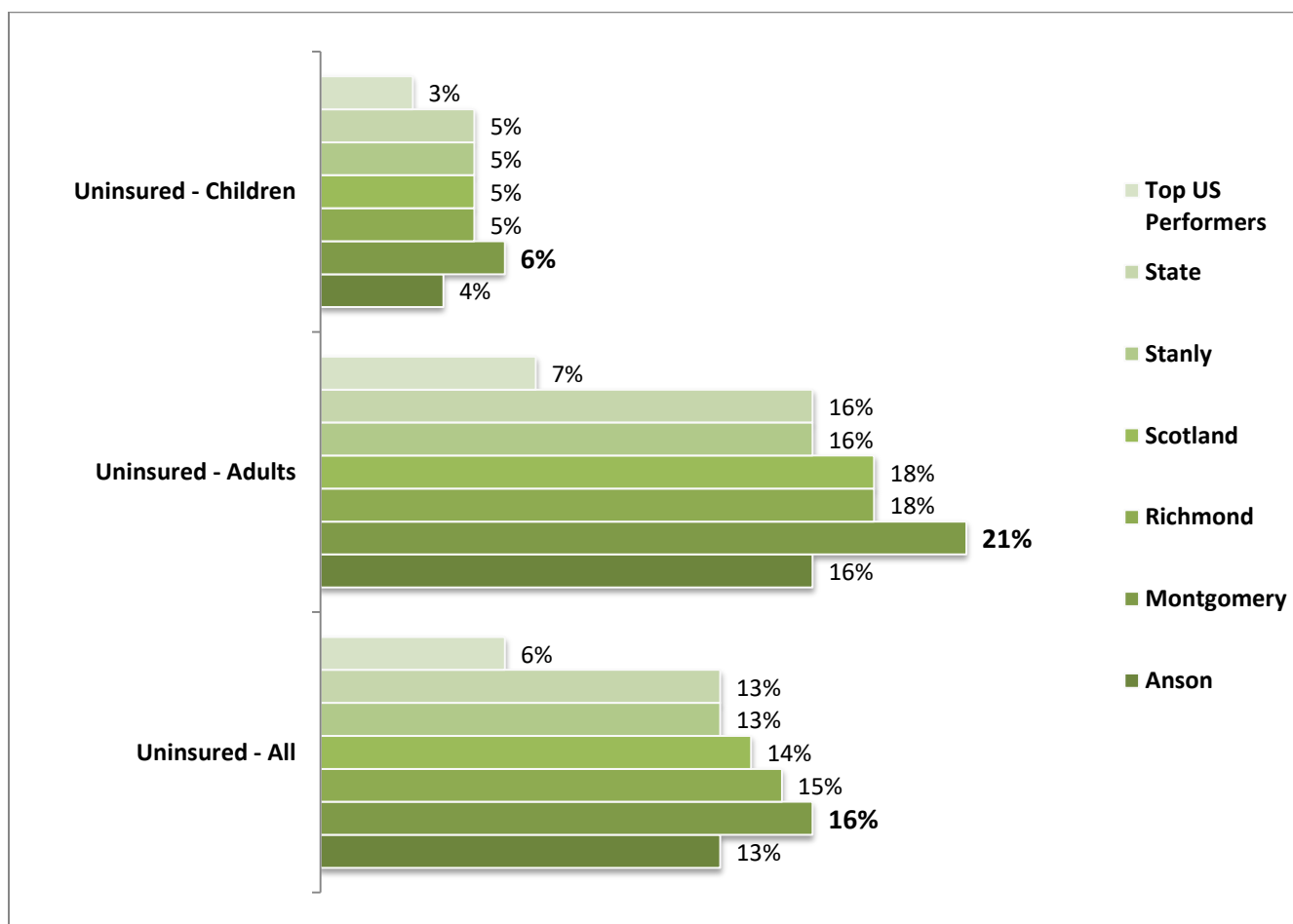
Categorization	Montgomery County	State of North Carolina
Civilian Noninstitutionalized Population with Health Insurance	86.8%	89.3%
Those with Health Insurance having private insurance	54.7%	67.4%
Those with Health Insurance having public coverage (i.e. Medicare, Medicaid, etc.)	44.5%	34.5%
Civilian Noninstitutionalized Population without Health Insurance	13.2%	10.7%
Civilian noninstitutionalized population under 19 years without health insurance coverage	4.7%	5.0%

County Health Rankings – Health Insurance

The following chart shows, according to the County Health Rankings & Roadmaps, the percentages of people who did not have health insurance for the last six years. These percentages show that after an improvement in the percentage of adults and children that have health insurance coverage there was an increase in Uninsured Adults from 2019 - 2020.



The 2020 percentages on total Uninsured and those on Adults and Children in Montgomery County, its peer counties and the State are presented in the graph below. This graph shows that the percentages of Uninsured in Montgomery County is higher than its peer counties and the State.



4.4% of survey participants said they did not have Health Care insurance.

Lack of/inadequate health insurance was considered a community issue that has a great impact on quality of life in the County. Public Survey participants were asked what type of insurance they have. The following table provides response percentages:

Insurance Type	Percentage
Private Insurance	42.2%
None	18.9%
Medicaid	13.9%
Medicare	7.8%
Other	6.1%
No answer	5.6%
Tricare/VA	1.1%

FirstHealth 2018 CHNA - Health Insurance

The survey conducted as part of the FirstHealth 2018 CHNA provided the following data about Health Insurance in Montgomery County.

Insurance Factor	Percentage of Survey Participants
Lack of Health Insurance (Ages 18 – 64)	17.0%
Have Medicare Supplemental Insurance (Age 67 and up)	62.5%
Went without Coverage in Past Year	21.8%

Poverty – Ability to Bear Cost of Health Care

Poverty has an impact on a person's/family's ability to bear the cost of Health Care in the following ways:

- Cannot afford the direct cost of Health Care
- Cannot afford the premium cost of Health Care Insurance
- Cannot afford the deductible/co-pay cost of Health Care even if have insurance
- Cannot afford the co-pay cost of medications and full cost of medical supplies even if have insurance

Statistics – Poverty

Poverty Status in the past 12 months disaggregated by age (Percent Below Poverty Level)

	Age Groups					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Montgomery County	24.7%	27.8%	23.1%	18.4%	12.2%	11.2%
State of North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

The source of the above information and the following statistics is from the 2019 American Community Survey 5-year estimate of the US Census Bureau.

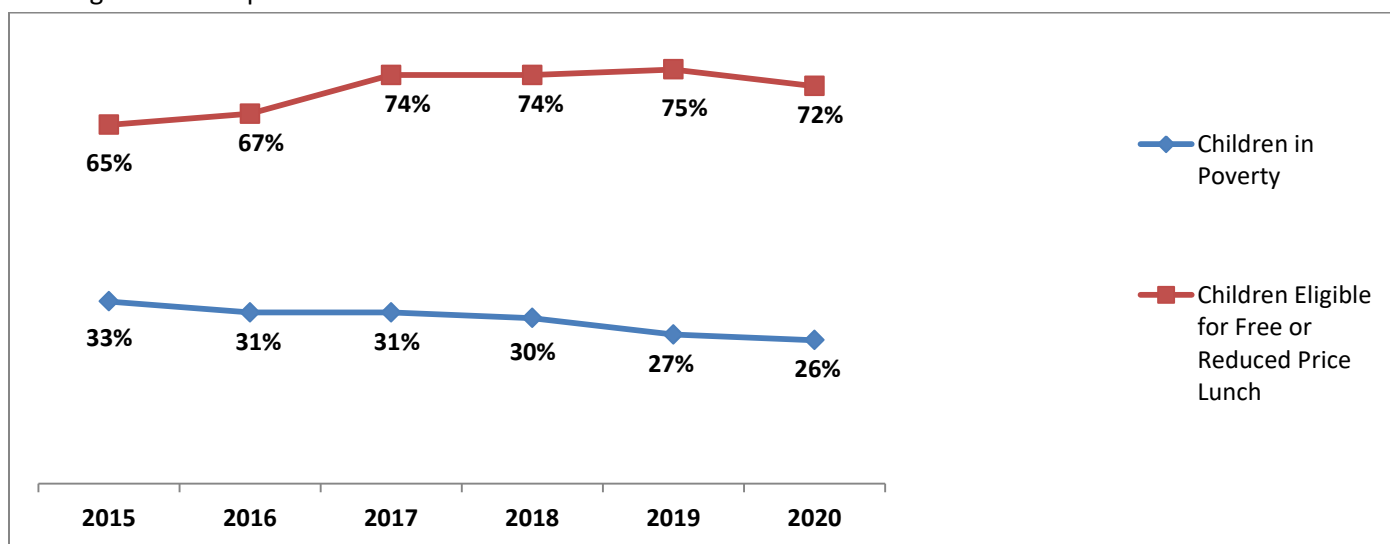
11.5%

Of All Families in Montgomery County had income below the Poverty Level in the past 12 Months.

The State of North Carolina percentage was 10.6%

County Health Rankings – Poverty

The following chart shows the percentages of two poverty indicators in Montgomery County. The County Health Rankings & Roadmaps is the source for this information.



There has been some improvement in the percentage of Children Eligible for Free or Reduced Price Lunch from 2015 to 2020 – down 7%. There has also been a 7% increase in the percentage of Children in Poverty.

Medication Assistance

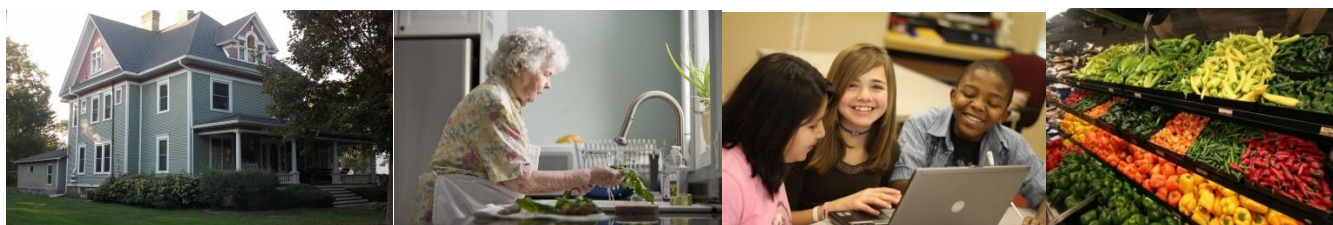
FirstHealth offers a medication assistance program. Following is a description from the FirstHealth website (<https://www.firsthealth.org/specialties/more-services/medication-assistance>)

The FirstHealth Medication Assistance Program helps patients obtain medications from pharmaceutical companies for chronic diseases including asthma, chronic bronchitis, congestive heart failure, COPD, diabetes, emphysema, high blood pressure and high cholesterol.

Montgomery County

2020

Social Determinants of Health



An Appendix to the

2020

Community Health Assessment

Social Determinants of Health

Introduction

Social Determinants of Health are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

Definition from the Centers for Disease Control and Prevention (CDC)



Graph is from www.healthypeople.gov

In this section details about the Social Determinants of Health in Montgomery County are provided through input from the CHA Public Survey, other health surveys and from statistical data.

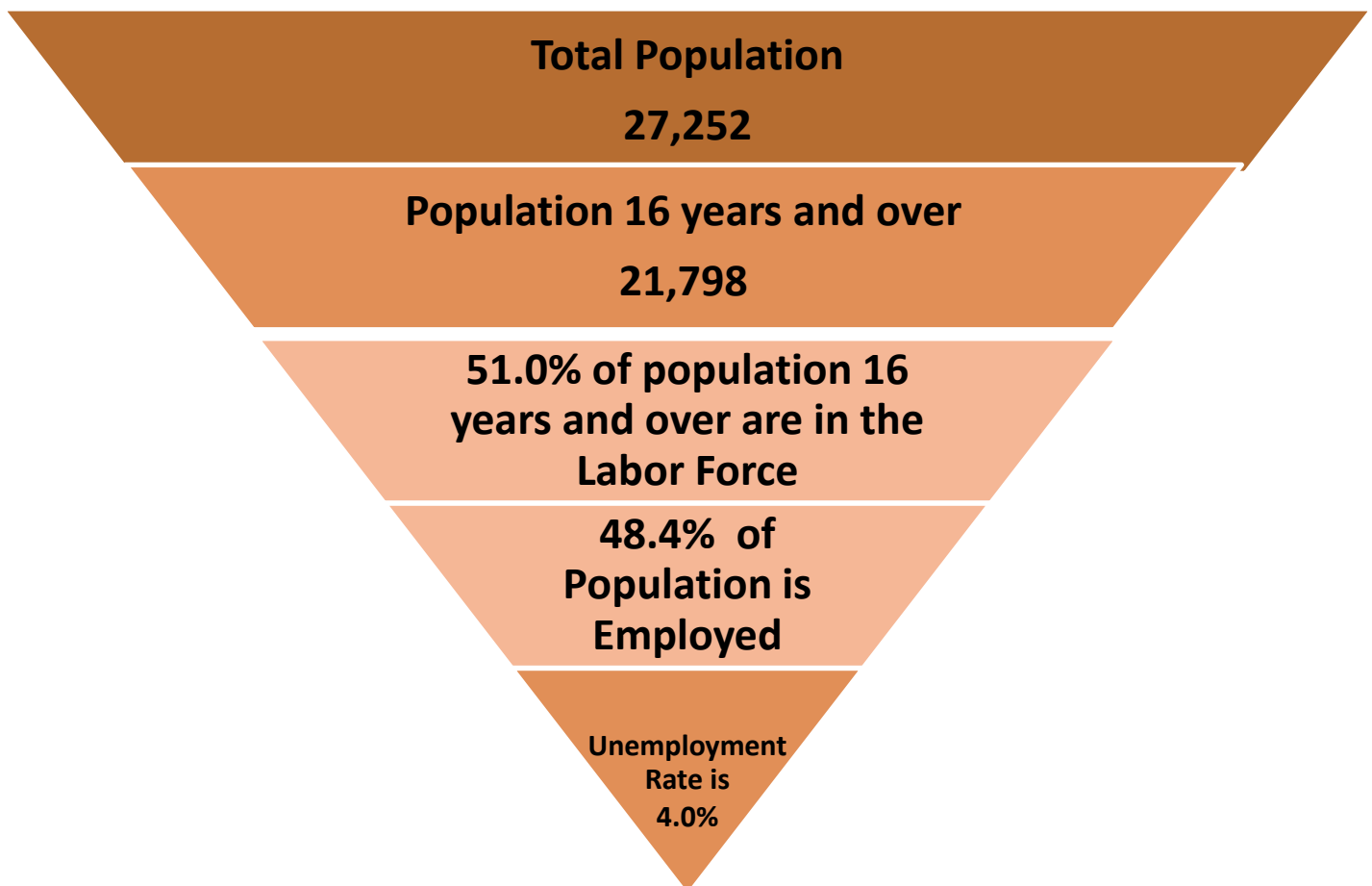
Economic Stability

56.1% of CHA Public Survey participants said that Low Income/Poverty has a great impact on the overall quality of life in the County.

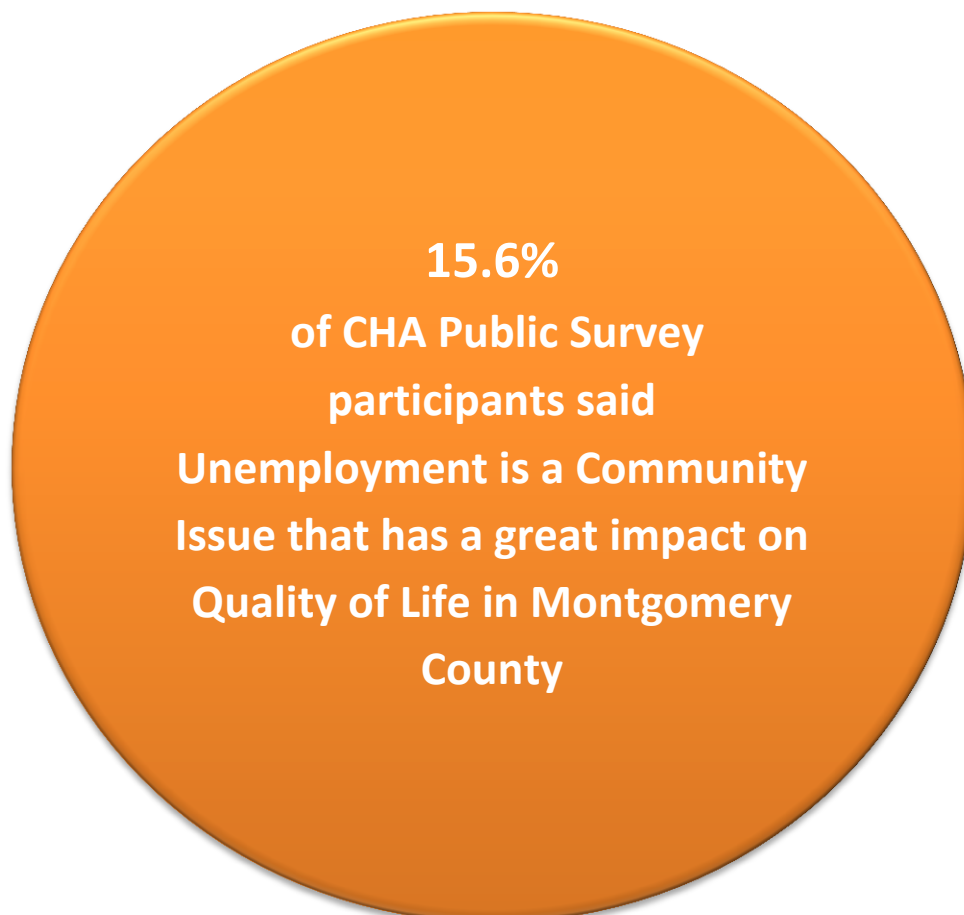
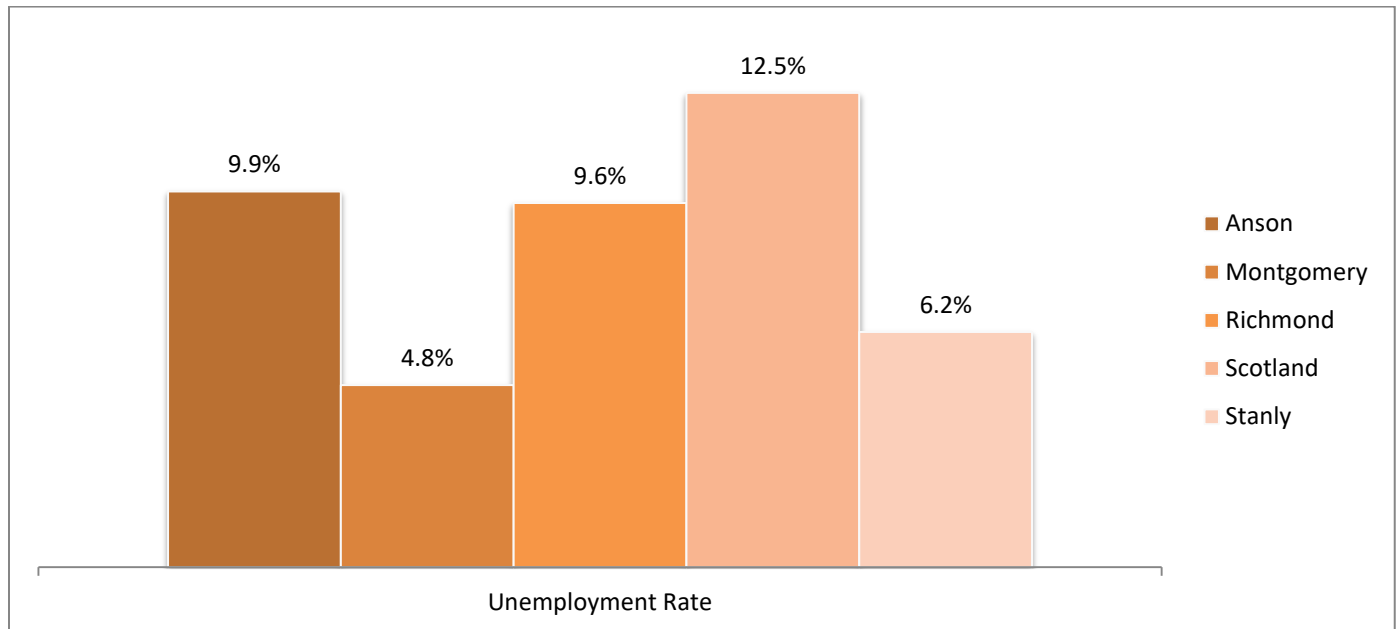
This was the #1 Community Issue according to

Employment

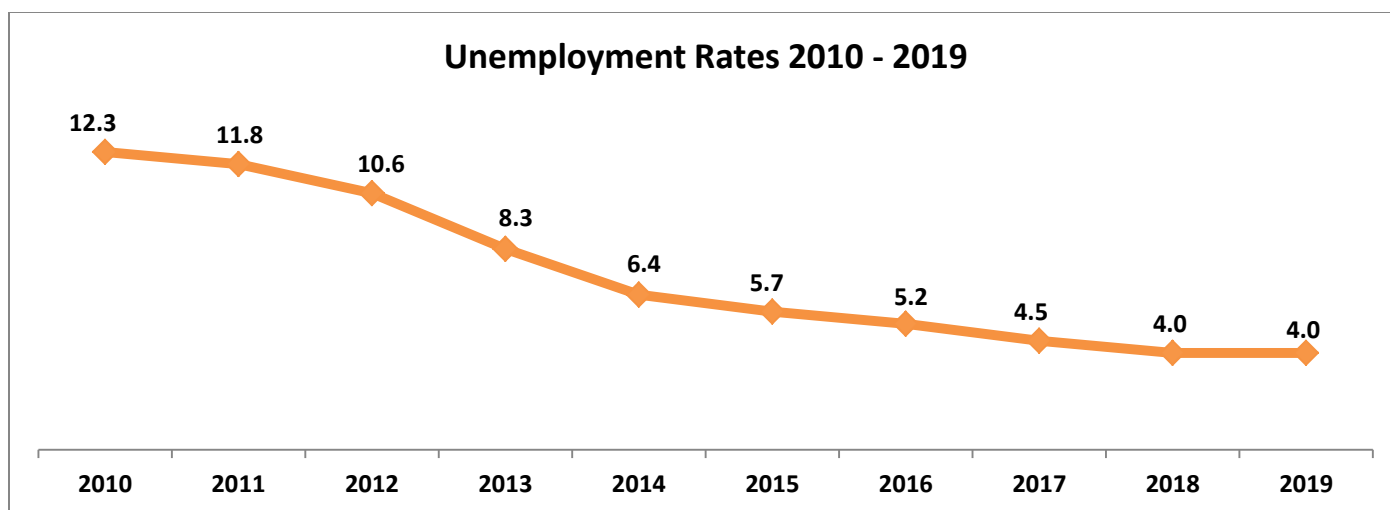
The following statistics are from the 2019 American Community Survey (ACS) of the US Census Bureau. These statistics are from a 5-year estimate.



The following graph provides a comparison between Montgomery and its peer counties on Unemployment Rates. These rates are from the 2018 ACS 5-year estimate.



Unemployment Rates 2010 - 2019



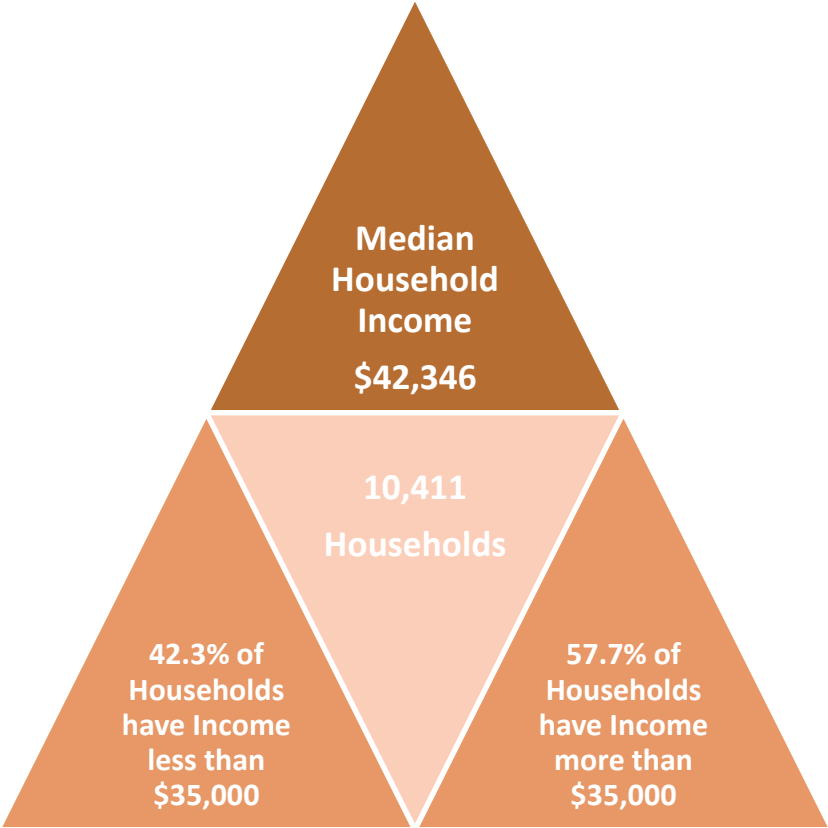
Montgomery County Top 25 Employers

Company Name	Industry	Employment Range	Rank
Montgomery County Board of Education	Educational Services	500-999	1
Grede li LLC	Manufacturing	250-499	2
Jordan Lumber & Supply Inc	Manufacturing	250-499	3
Klaussner Furniture Industries Inc	Manufacturing	250-499	4
Nipcam Services Of North Carolina	Administrative and Support and Waste Management and Remediation Services	250-499	5
Mcrae Industries Inc	Manufacturing	250-499	6
Family First Home Care LLC	Health Care and Social Assistance	250-499	7
County Of Montgomery	Public Administration	250-499	8
Autumn Care Of Biscoe	Health Care and Social Assistance	100-249	9
Dept Of Public Safety	Public Administration	100-249	10
Moore Regional Hospital Montgomery	Health Care and Social Assistance	100-249	11
Unilin Us Mdf (A Corp) T/A	Manufacturing	100-249	12
Montgomery Community College	Educational Services	100-249	13
Troy Lumber Co Inc	Manufacturing	100-249	14
Wal-Mart Associates Inc.	Retail Trade	100-249	15
Paint Protection Inc	Other Services (except Public Adm)	100-249	16
First Bank (A Corp)	Finance and Insurance	100-249	17
Wright Foods & Carolina Dairy	Manufacturing	100-249	18
K - M Machine Company Inc	Manufacturing	100-249	19
Mcdonalds Restaurants	Accommodation and Food Services	50-99	20
Capel, Inc.	Manufacturing	50-99	21
Mcconnell Golf LLC	Arts, Entertainment, and Recreation	50-99	22
Lancer Furniture	Manufacturing	50-99	23
Sandy Ridge Memory Care & Assisted	Health Care and Social Assistance	50-99	24
Select Frame Shop Inc	Manufacturing	50-99	25

49%
**of Montgomery County
population 16 years and older
are not in the workforce**

Income

The following statistics on Income for Montgomery County citizens are from a 2019 5-year average from the American Community Survey (ACS) of the US Census Bureau.



**14.5% of Families had
Income in the past 12
months below the
Poverty Level**

This table compares the number of Households, Median Household Income and Percentage of Families with Income Below Poverty Level in Montgomery County with its peer Counties and the State.

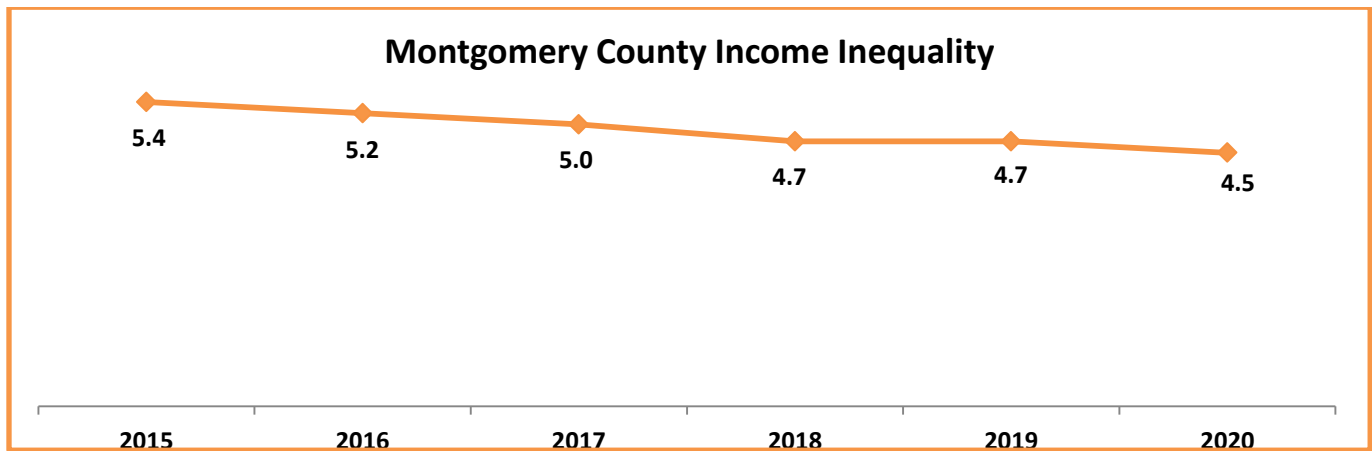
County	Total Households	Median Household Income	Percentage of Families With Income Below Poverty Level past 12 months
Anson	9,516	\$39,126	16.1%
Montgomery	10,411	\$42,346	14.5%
Richmond	18,546	\$36,091	19.8%
Scotland	13,113	\$35,617	24.5%
Stanly	23,717	\$49,590	10.1%
State	3,918,597	\$45,208	11.2%

Of Montgomery and its peer counties, Scotland had the lowest Median Household Income and Highest percentage of Families with Income Below Poverty Level. Stanly County had the best statistics in both areas.

The County Health Rankings & Roadmaps 2020 provides an Income Inequality Ratio (Ratio of household income at the 80th percentile to income at the 20th percentile) on counties, states and US Top Performers. The following graph provides a comparison for the Montgomery County Ratio to its peer counties, the State and Top US Performers.



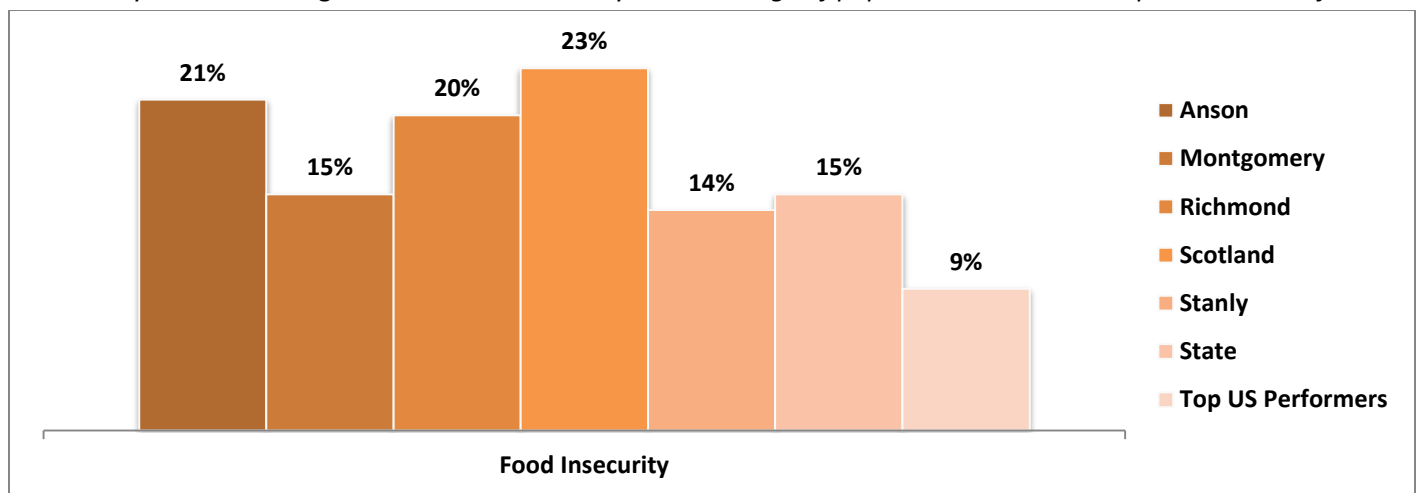
The next chart shows the trend of Income Inequality for Montgomery County from 2015 to 2018.



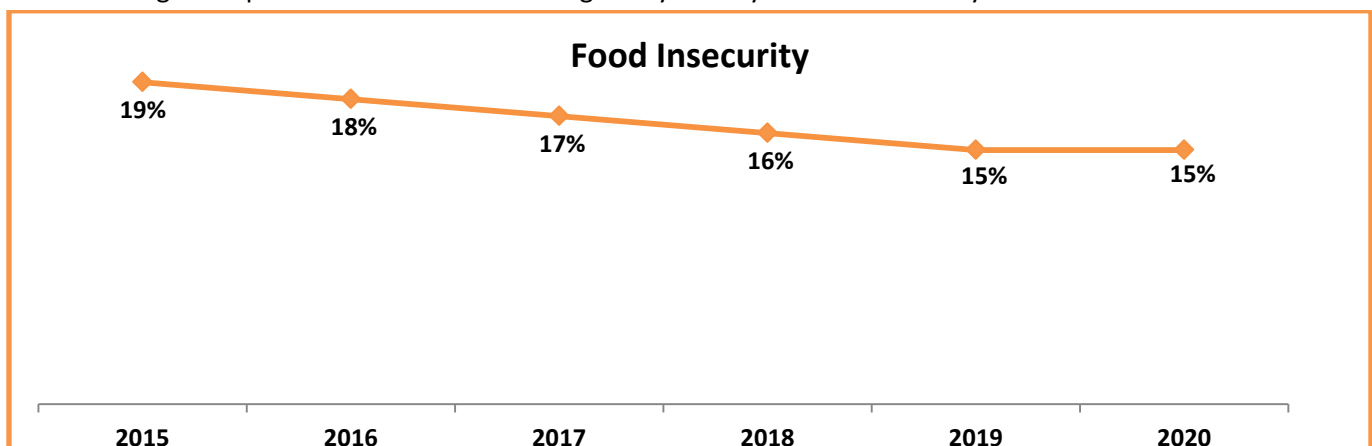
Food Insecurity

In the following 2 graphs information related to Food Insecurity in Montgomery County from the County Health Rankings & Roadmaps 2020 is presented.

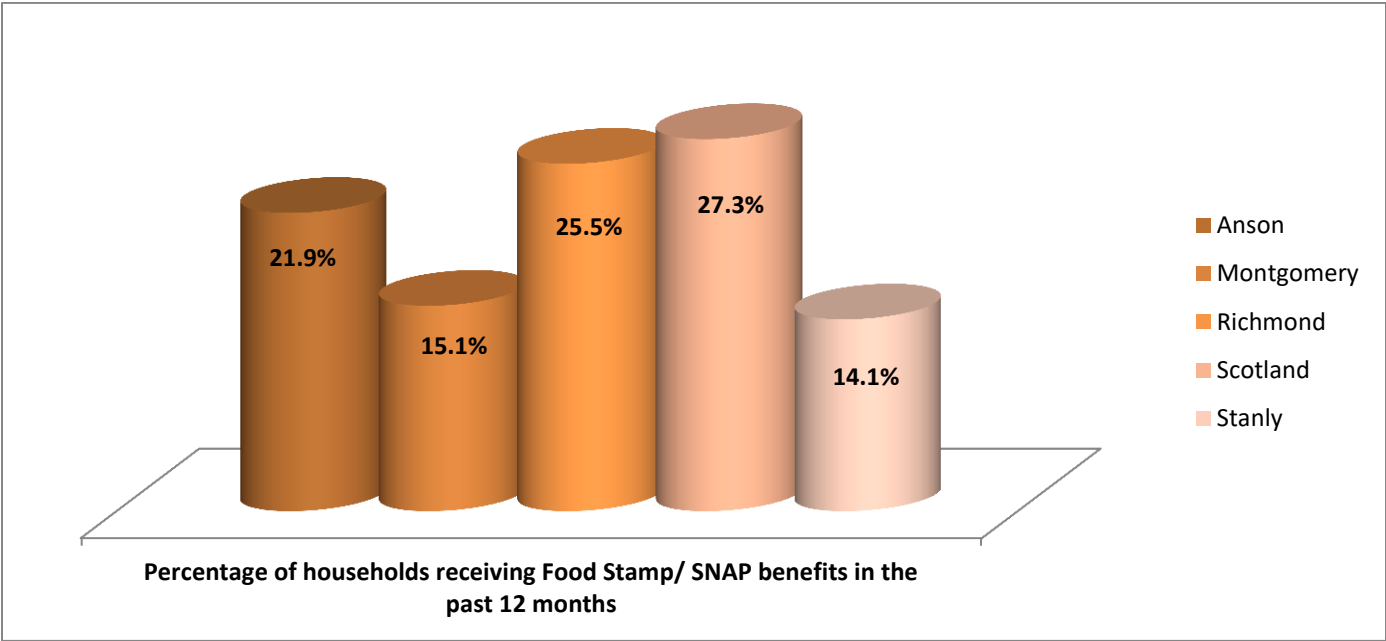
The County Health Rankings defines Food Insecurity as *Percentage of population who lack adequate access to food.*



The following chart presents the trends in Montgomery County of Food Insecurity from 2015 to 2020.



The American Communities Survey (ACS) of the US Census Bureau provides a percentage of Households receiving Food Stamp/SNAP benefits in the past 12 months. The following graph shows that percentage for Montgomery County and its peer Counties.



In the CHA Public Survey participants were asked to indicate whether they agreed or disagreed with several Food Security and Nutrition statements. The following table shows the percentages of participants that said they agree.

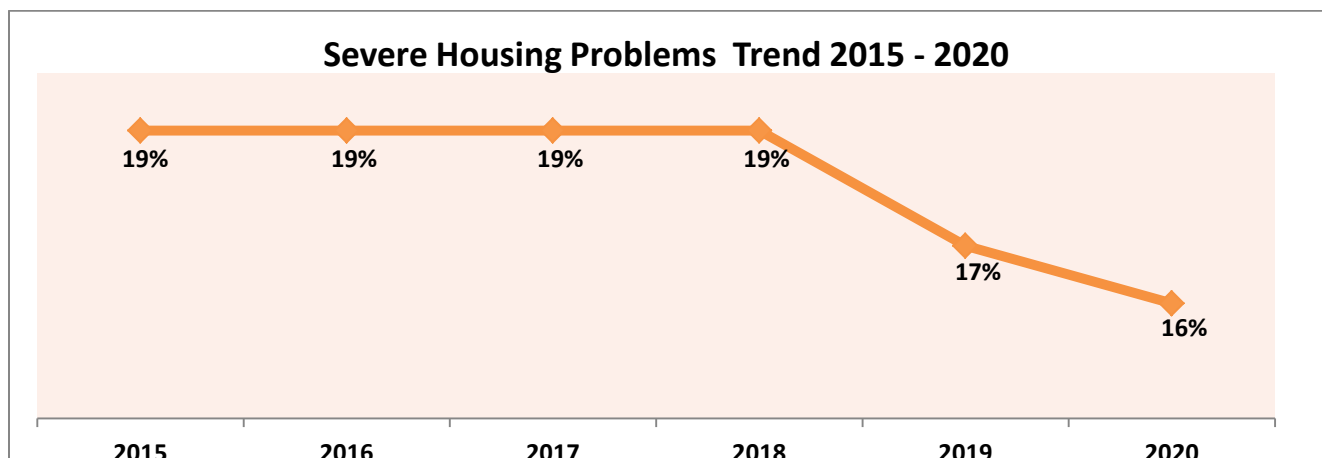
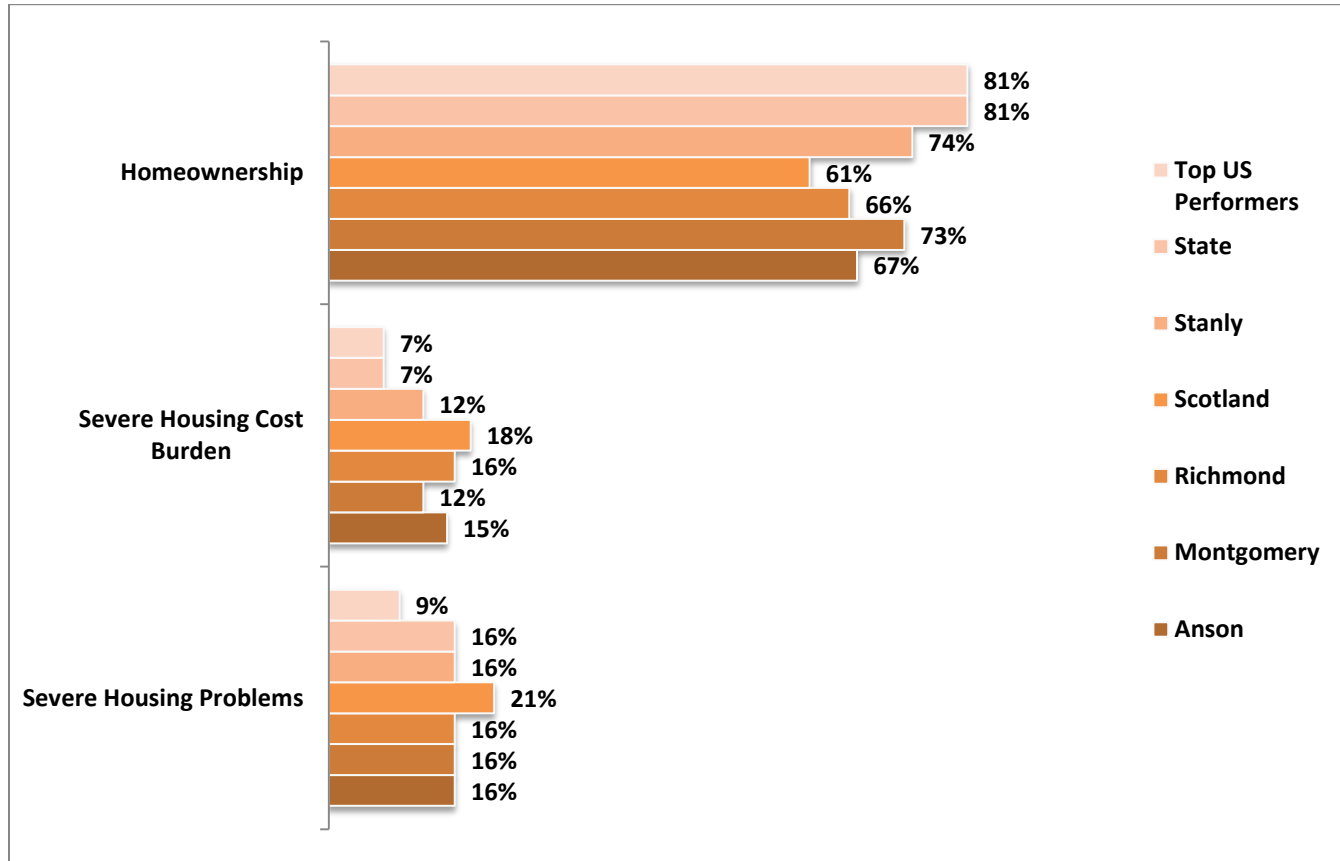
Statement	Percentage that Agree
I know the difference between healthy and unhealthy food	88.9%
I have transportation to buy healthy food	86.7%
I have the skills to prepare or cook healthy food	83.9%
Healthy foods taste good	80.6%
There is a store where I can buy healthy food near me	63.9%
It costs too much to eat healthy food	58.9%
No answer	8.3%

Housing Instability

The County Health Rankings and Roadmaps 2020 provides several Factors that indicate the level of Housing Instability in counties and states. The County Health Rankings defines the Housing Instability Factors as follows:

- Severe Housing Problems as *Percentage of households with at least 1 of 4 housing problems: Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.*
- Home Ownership as *Percentage of occupied housing units that are owned.*
- Severe Housing Cost Burden as *Percentage of households that spend 50% or more of their household income on housing.*

The graph below compares Montgomery to its peer counties, the State and Top US Performers on these Factors.



19.4%
of CHA Public Survey
participants said that
*Inadequate/Unaffordable
Housing*
is a Community Issue that
has a great impact on
Quality of Life in

30.4%
of participants in a survey
associated with the
FirstHealth
2018 CHNA
said they experienced
*Worry/Stress Over
Rent/Mortgage in the*

The following statistics about Housing in Montgomery County are from the US Census Bureau's 2019 American Community Survey (ACS) 5-Year Estimate.

There are 10,195 occupied housing units in the County.

There are 6,063 vacant housing units in the County.

49.2% of Housing units in the County were built in 1970 or earlier.

This means 7,993 units are 50 years or older.

74.8% of the occupied units in the County are Owner Occupied.

25.2% of the occupied units in the County are Renter occupied.

The US Census Bureau defines Home Owner Vacancy Rate as: *Proportion of the homeowner inventory that is vacant for sale*. This rate according to the 2019 ACS 5-year Estimate for Montgomery County and the State is provided in the table below.

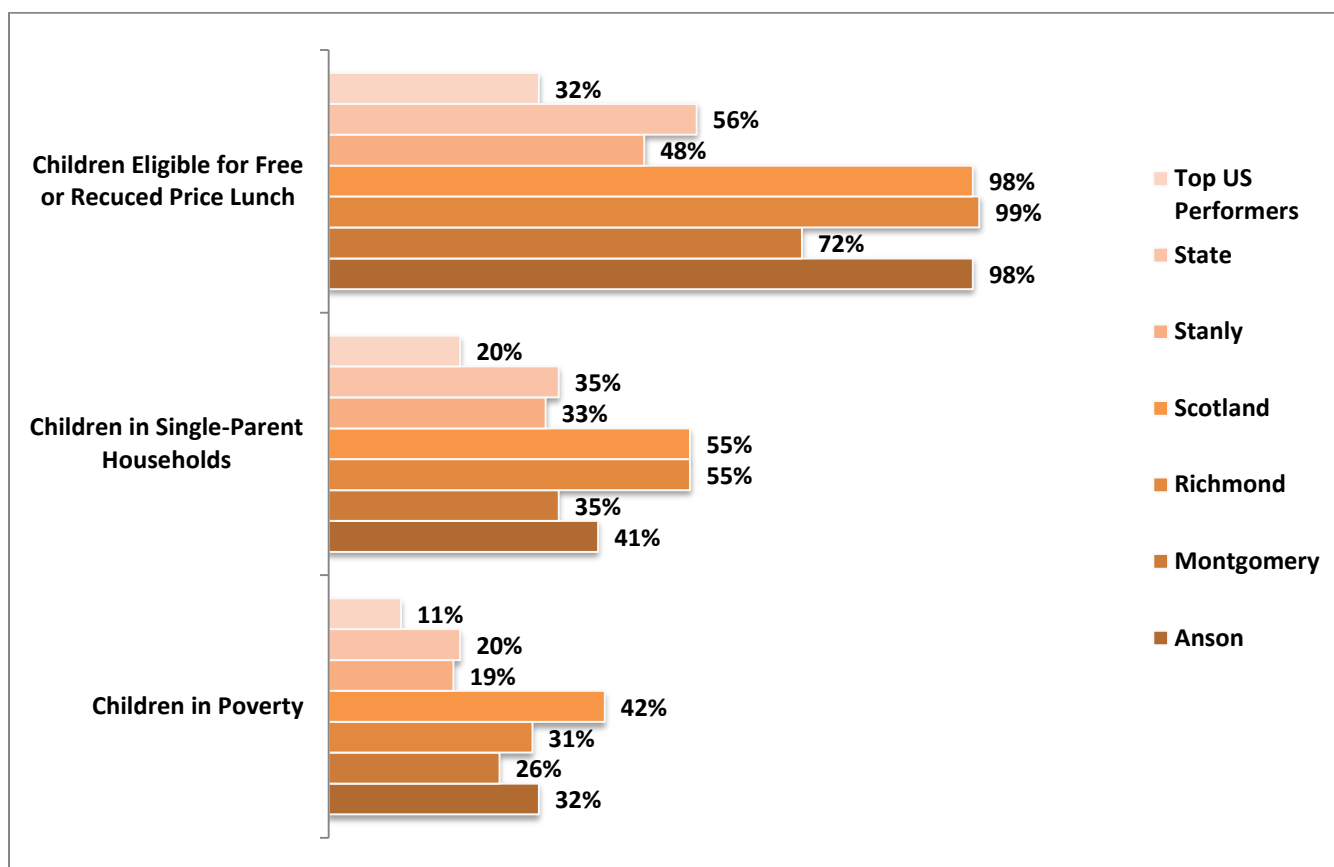
Vacancy Rate	Montgomery County	North Carolina
Homeowner Vacancy Rate	3.5	1.8
Rental Vacancy Rate	5.6	6.8

Poverty

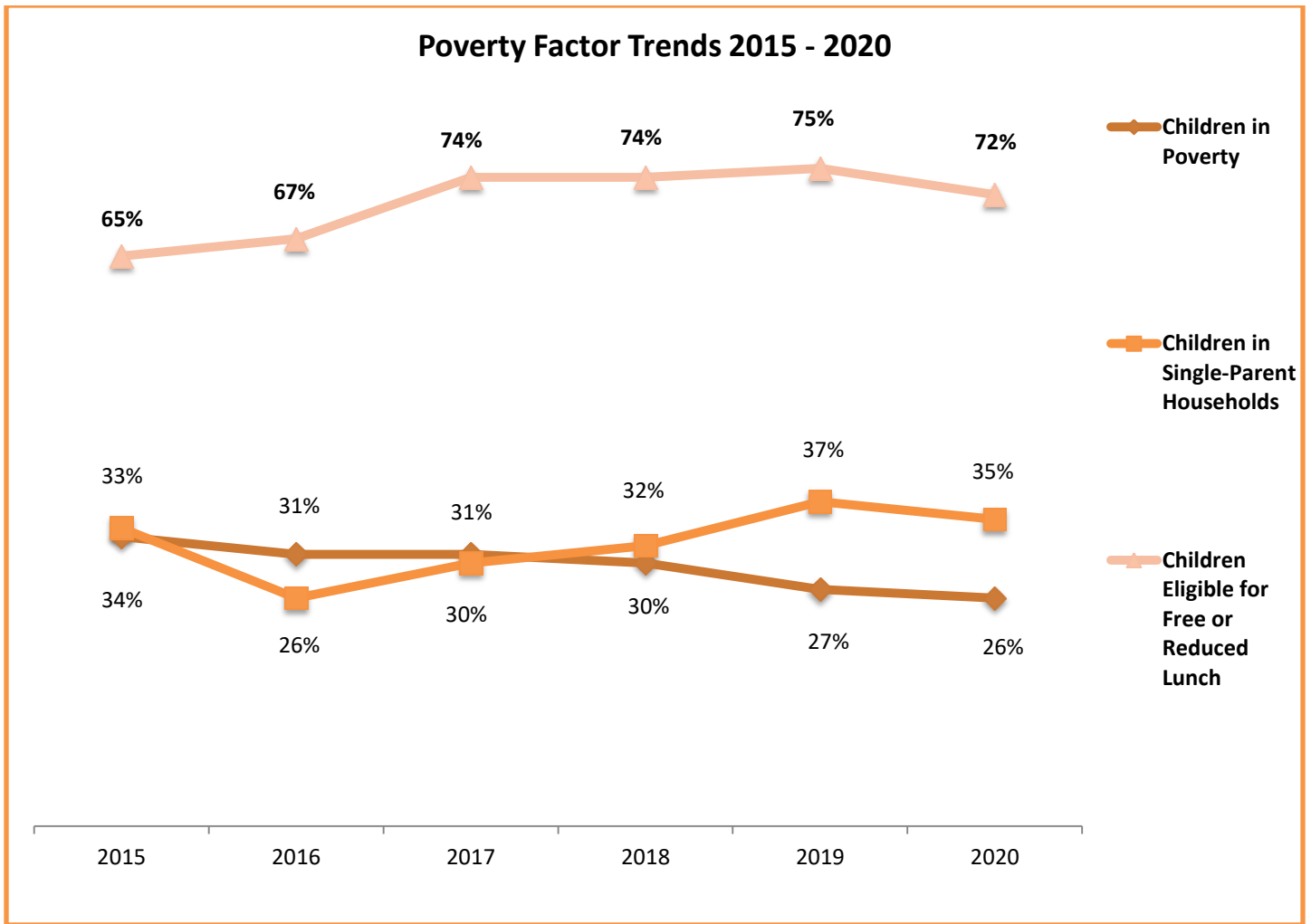
The County Health Rankings and Roadmaps 2020 provide some indicators on Poverty for all counties and states and for Top US Performers. Here are the indicators and how County Health Rankings defines them.

- Children in Poverty as *Percentage of people under age 18 in poverty.*
- Children in single-parent households as *Percentage of children that live in a household headed by single parent.*
- Children eligible for free or reduced price lunch as *Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.*

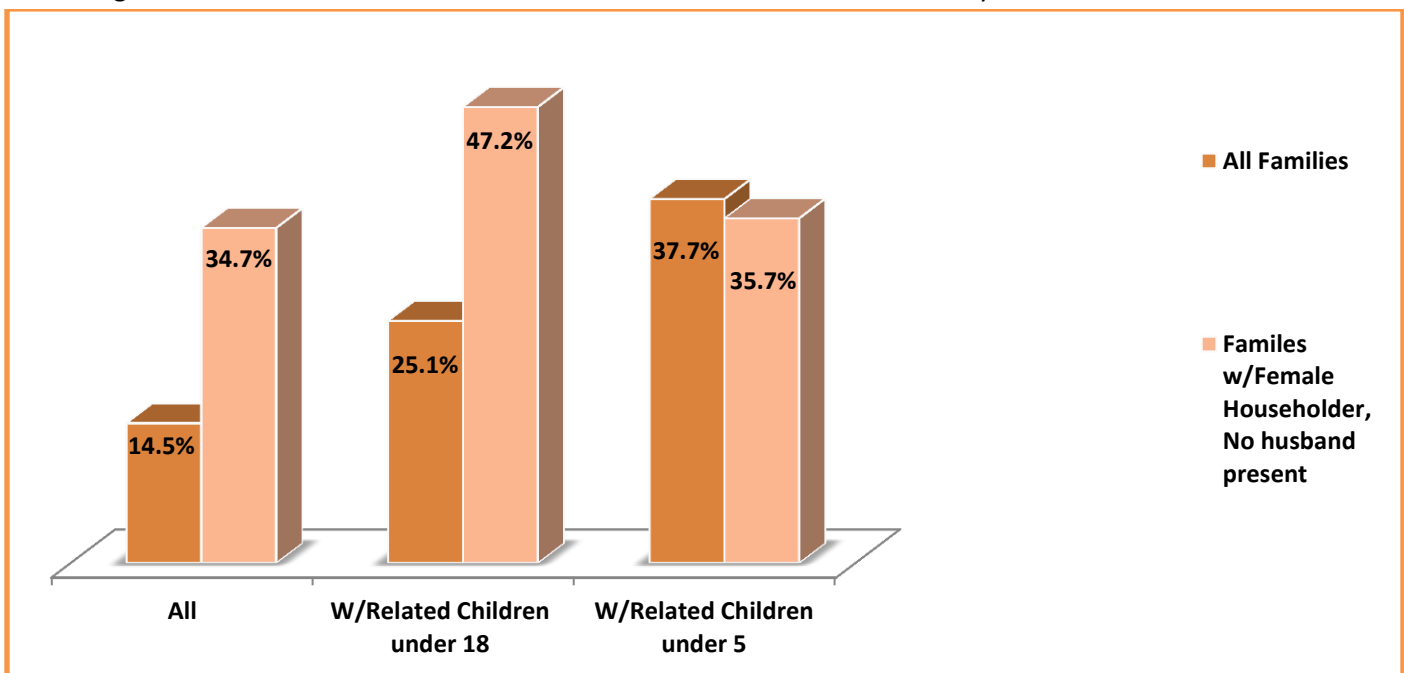
The following graph compares the poverty factors from the County Health Rankings in Montgomery County to those of its peer counties, the State and Top US Performers.



The first graph on the following page shows the 2015 – 2020 trend in Montgomery County for the Poverty Factors from the 2020 County Health Rankings.



Percentage of Families whose income in the last 12 months was below the Poverty Level.

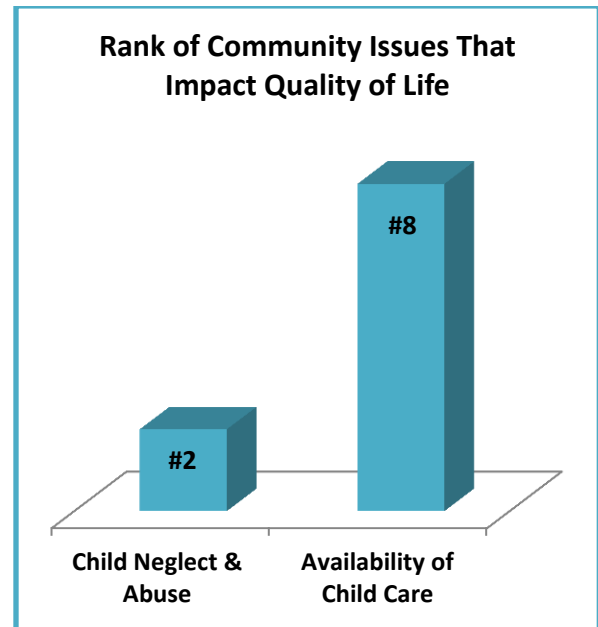
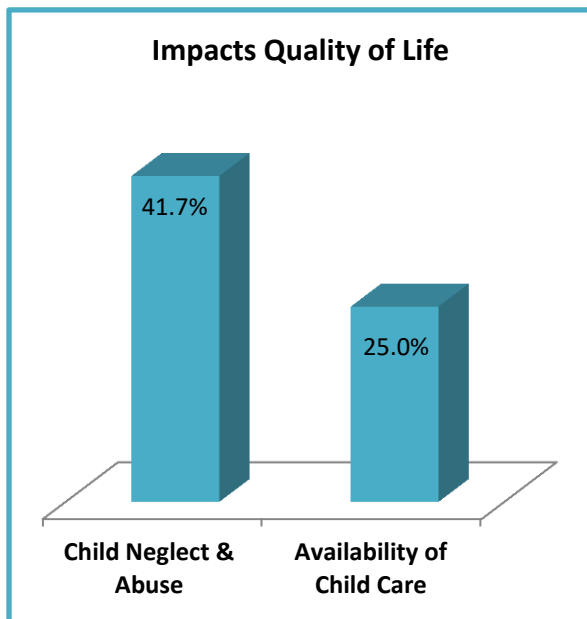


Source: 2019 ACS 5-Year Estimate (US Census Bureau)

Education

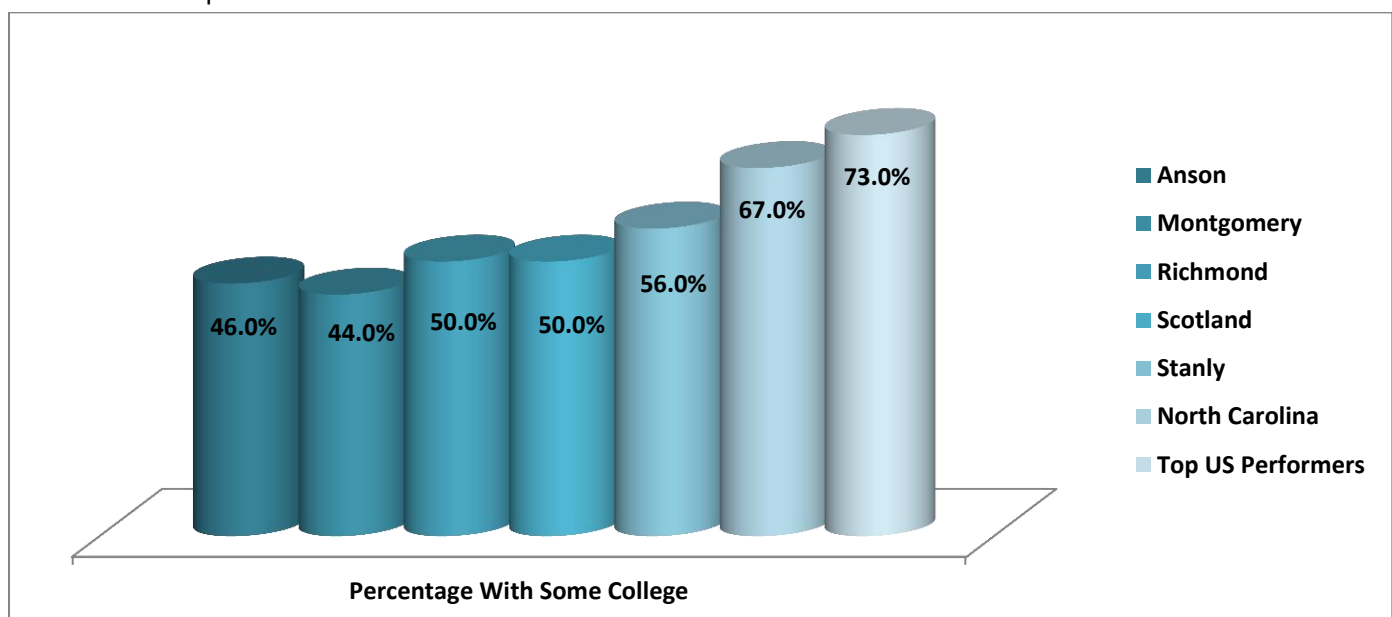
Early Childhood Education and Development

These graphics show the responses of participants in the CHA Public Survey about Community Issues specific to early childhood development that have the greatest impact on Quality of Life in Montgomery County.



Enrollment in Higher Education

The County Health Rankings and Roadmaps provides a percentage of adults ages 25-44 with some post-secondary education. The following graph compares the percentage in Montgomery County with that of its peer counties, the State and the Top US Performers.



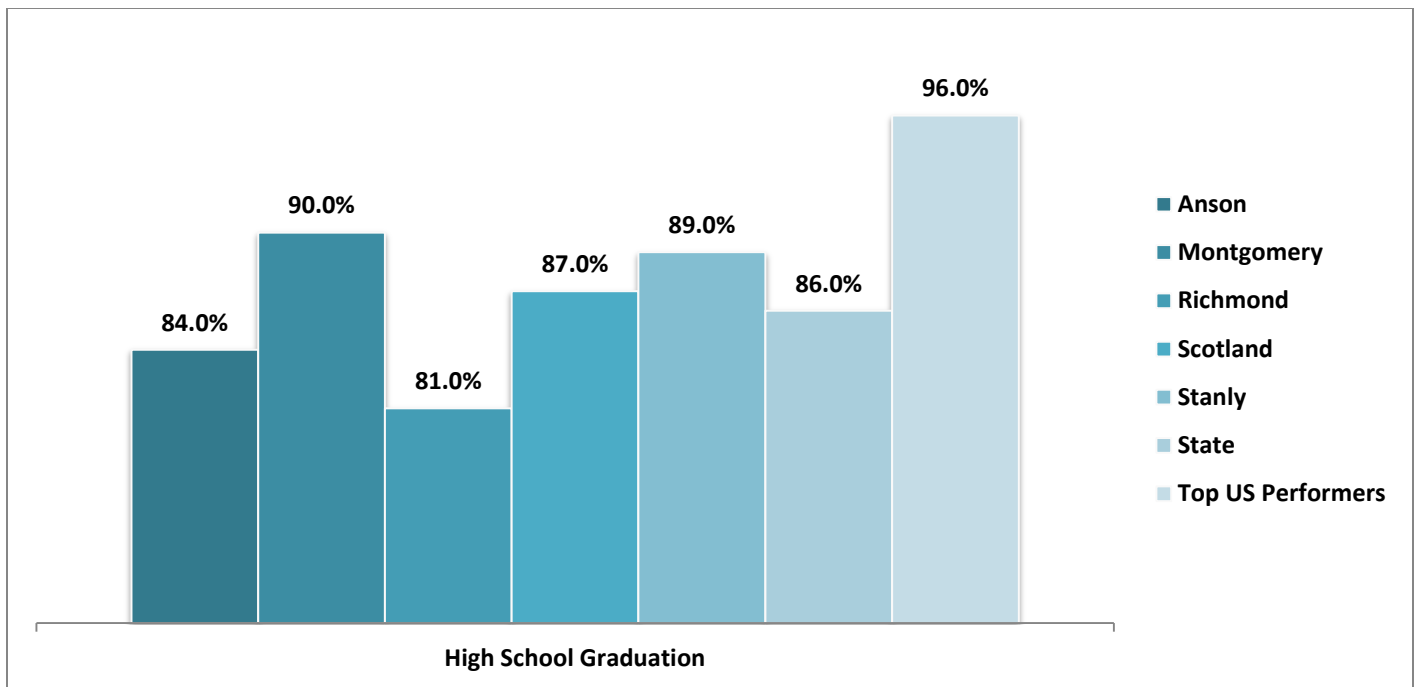
The following Educational Attainment statistics are from the 2019 American Community Survey (ACS) 5-year estimate of the US Census Bureau. These statistics are based on the population 25 years and over

Education Level	Montgomery County	North Carolina
High School Graduate or Higher	79.5%	87.8%
Less than 9 th Grade	7.0%	4.5%
High School, No Diploma	13.6%	7.7%
High School Graduate or Equivalency	34.6%	25.7%
Some College, No Degree	19.7%	21.2%
Associate's Degree	9.5%	9.7%
Bachelor's Degree	10.6%	20.0%
Graduate or Professional Degree	5.0%	11.3%

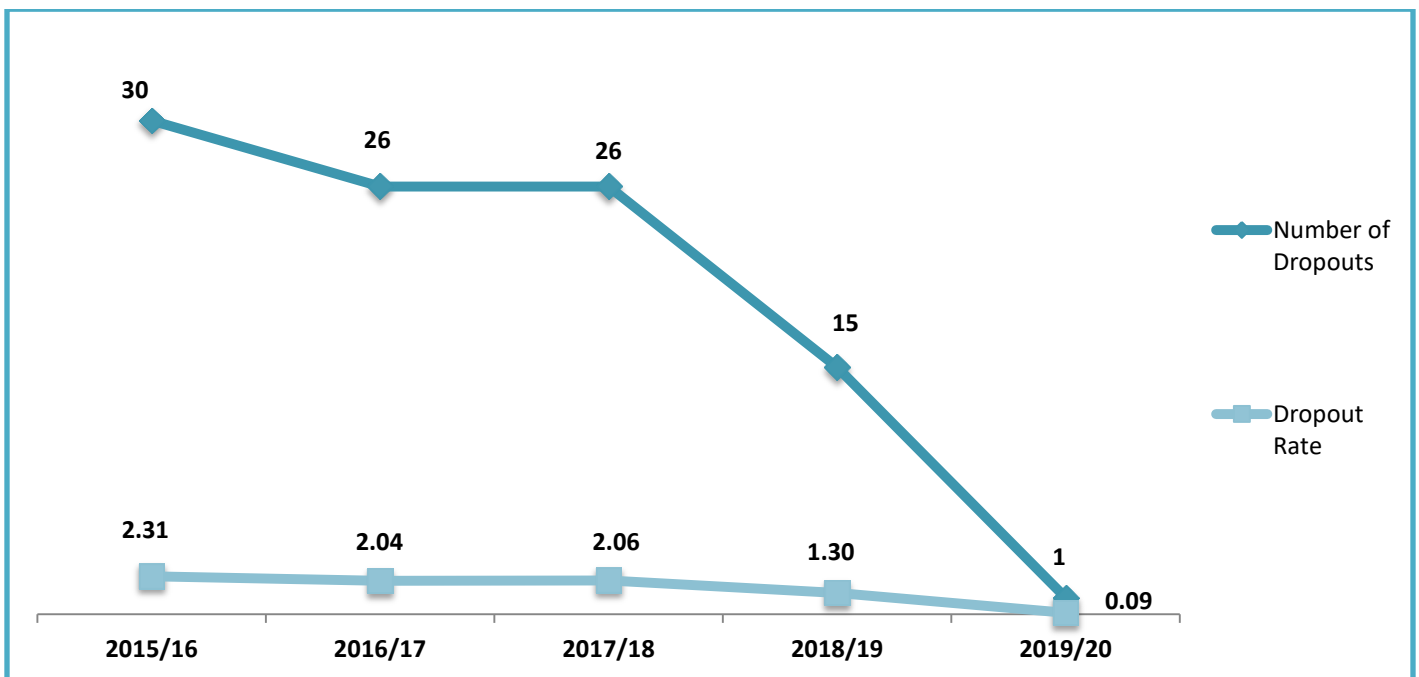
High School Graduation

15%
of CHA Public Survey
participants said that
Dropping out of school
is a Community Issue that
greatly impacts the Quality

The 2020 County Health Rankings and Roadmaps provides a High School Graduation percentage. They define this factor as *Percentage of ninth-grade cohort that graduates in four years*. The following chart compares the percentage from 2017 - 2018 in Montgomery County to the percentage in its peer counties, the State and the Top US Performers.



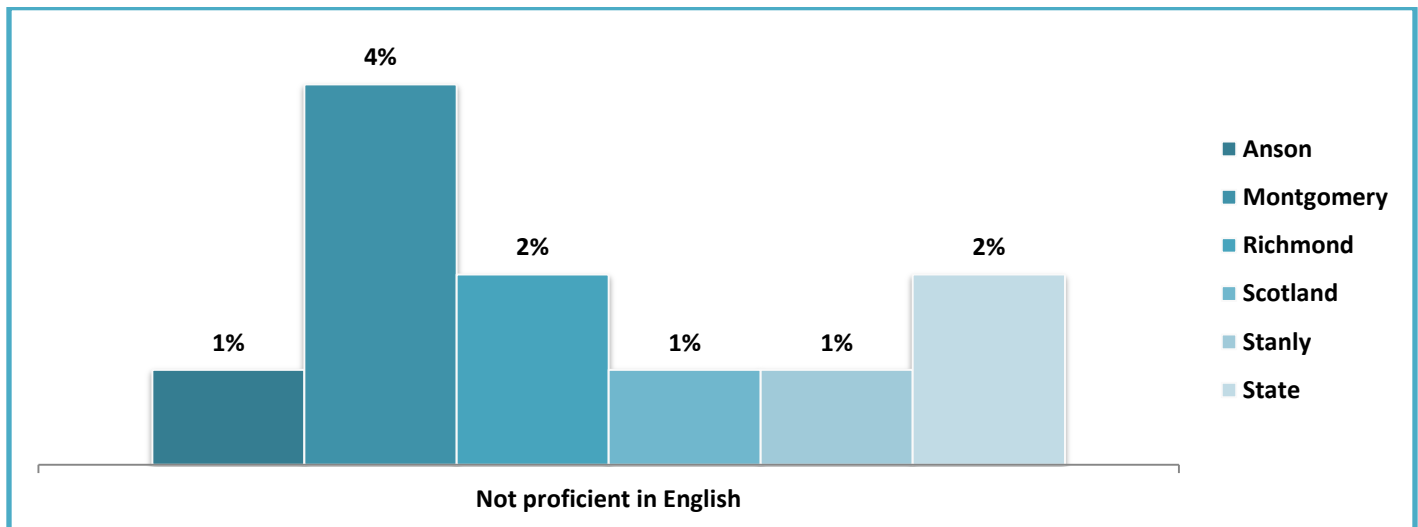
The North Carolina Department of Public Instruction does annual reporting on dropout rates. The following graph shows the dropout rate for the past 5 school years according to the 2018-2019 High School Dropout Report at <https://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-and-dropout-annual-reports>



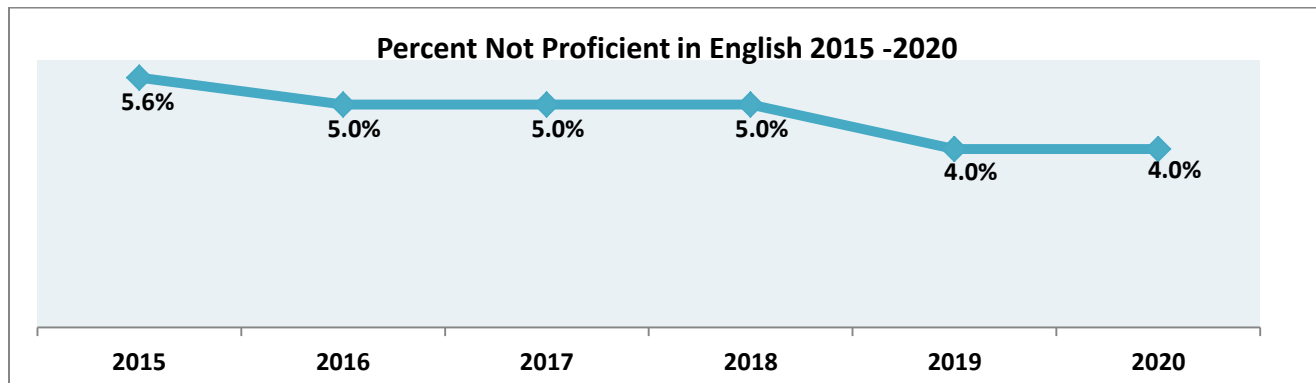
Language and Literacy

The County Health Rankings and Roadmaps provides for counties and states a measure on Language and two measures on Literacy. In the graph below Montgomery County's measures are compared to those of its peers and the State.

From 2020 County Health Rankings



This graph compares the percentage of county residents that are not proficient in English from 2015 to 2020.

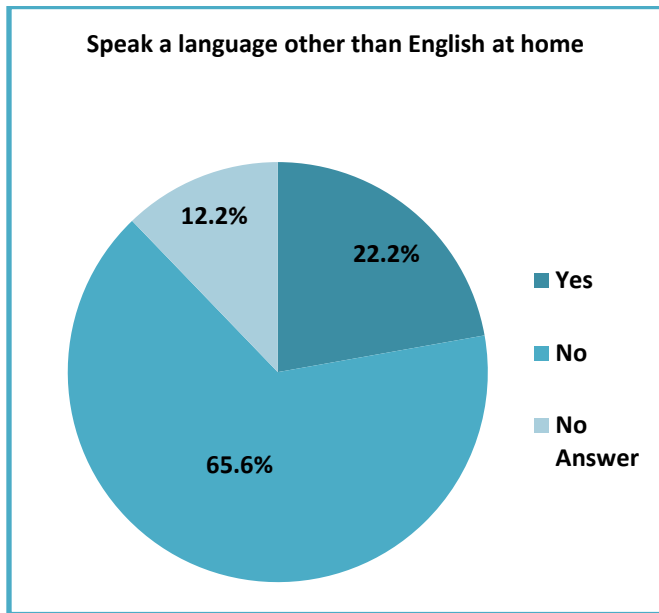


According to 2019 ACS 5-Year Estimate (US Census Bureau)

6.4%
of the Montgomery
County population
speaks English less than
well

**Of those who Speak
Spanish at Home
44%
Speak English less than
well**

CHA Survey participants were asked questions related to language. Below are the responses.

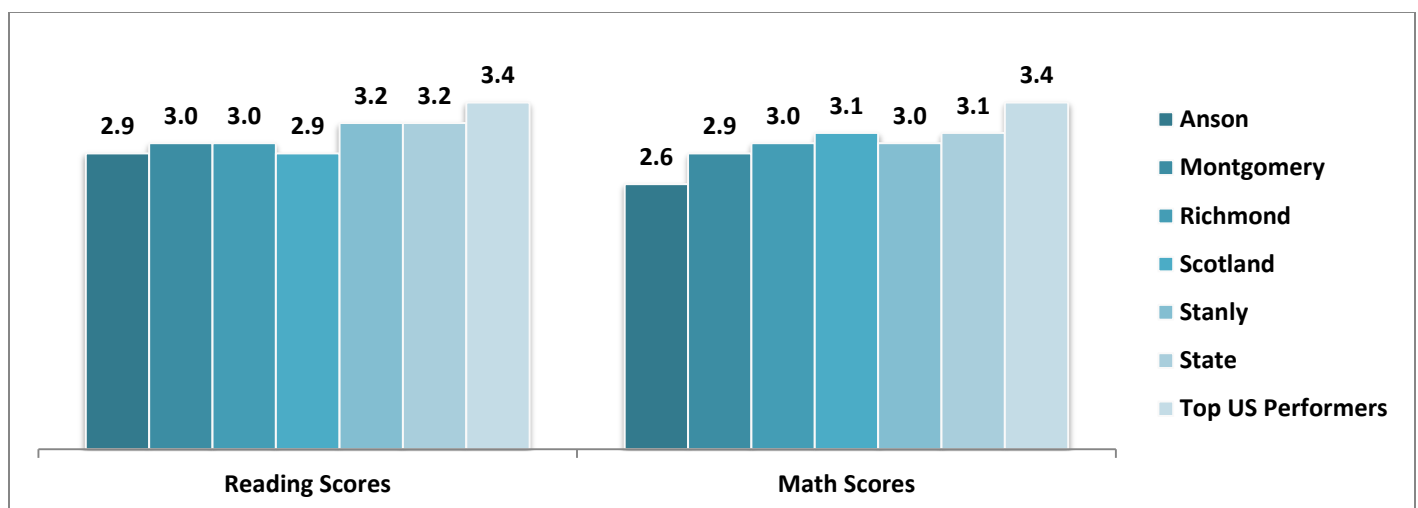


Following are the percentage of participants by primary language, other than English, spoken at home:

- **17.8% - Spanish**
- **1.1% Lao**
- **0.5% Hmong**

County Health Rankings provides a Rate on Reading and Math Scores based on 2016 scores. They define the rates as:

- Reading Scores - *Average grade level performance for 3rd graders on English Language Arts standardized tests.*
- Math Scores - *Average grade level performance for 3rd graders on math standardized tests.*

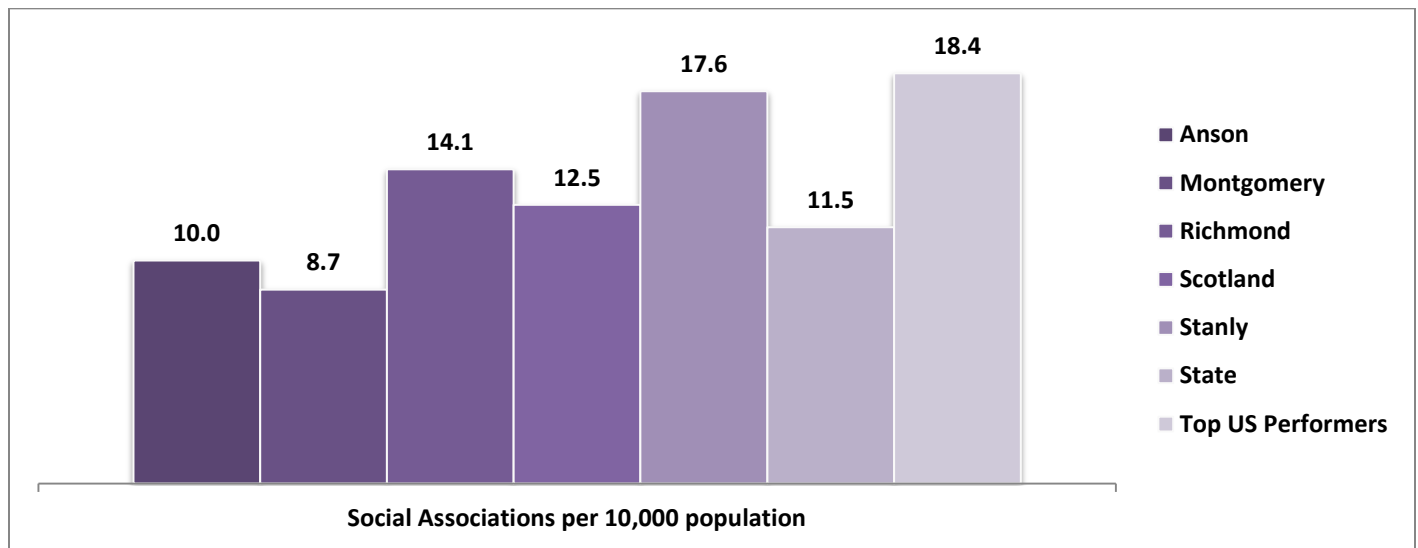


Social and Community Context

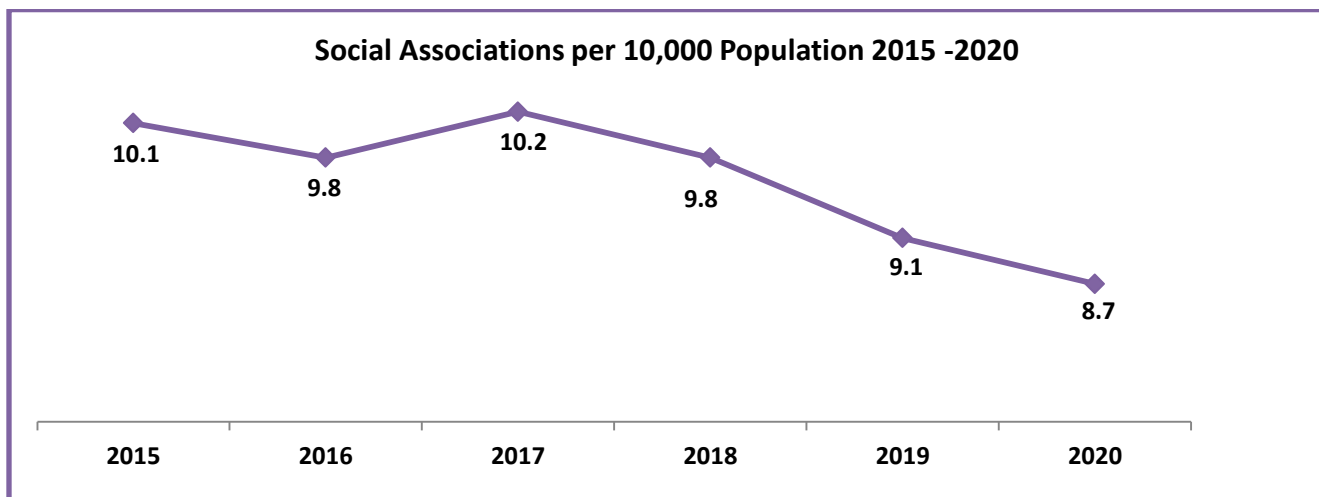
Civic Participation

County Rankings and Roadmaps provides a measure related to Civic Participation. The individual county rankings shows Social Associations: *the number of membership associations per 10,000 population*.

This graph compares the Social Associations of Montgomery County to that of its peer counties, the State of North Carolina and Top US Performers.



The next graph shows the trend from 2015 to 2020 of Social Associations in Montgomery County.

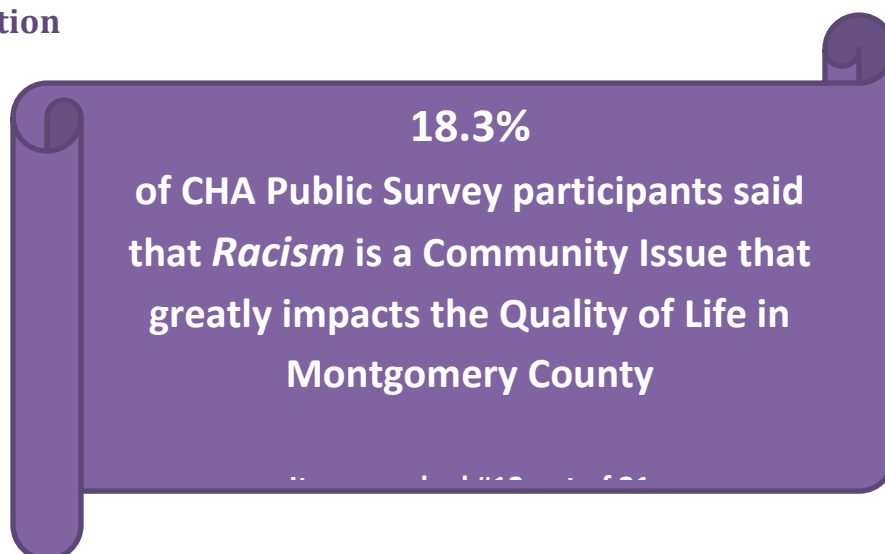


In the CHA Public Survey participants were asked: ***What community issues do you consider to have the greatest impact on the overall quality of life in Montgomery County? Please choose up to five from this list.***

The following table shows the percentage of participants that chose each issue as having a great impact

Community Issue	Percentage
Low income/poverty	56.1%
Child neglect and abuse	41.7%
Affordability of health services	38.9%
Availability of healthy family activities	33.3%
Availability of positive teen activities	31.1%
Availability of healthy food choices	29.4%
Lack of/inadequate health insurance	28.3%
Availability of child care	25.0%
Lack of recreational facilities	20.6%
Domestic violence	20.0%
Inadequate/unaffordable housing	19.4%
Racism	18.3%
Unemployment	15.6%
Dropping out of school	15.0%
Lack of health care providers	11.1%
Literacy	11.1%
Human trafficking	7.2%
Lack of culturally appropriate health services	5.6%
Sexual assault	4.4%
No Answer	3.9%
Other	2.8%
Pollution	2.2%

Discrimination



Incarceration

**According to the North Carolina Department of Public Safety Office of Research and Planning:
69 Montgomery County residents entered prison
Between 9/1/2018 and 8/31/2019.**

Health and Health Care

Access to Health Care / Access to Primary Care

The ability of an individual or family to access Health Care involves the following:

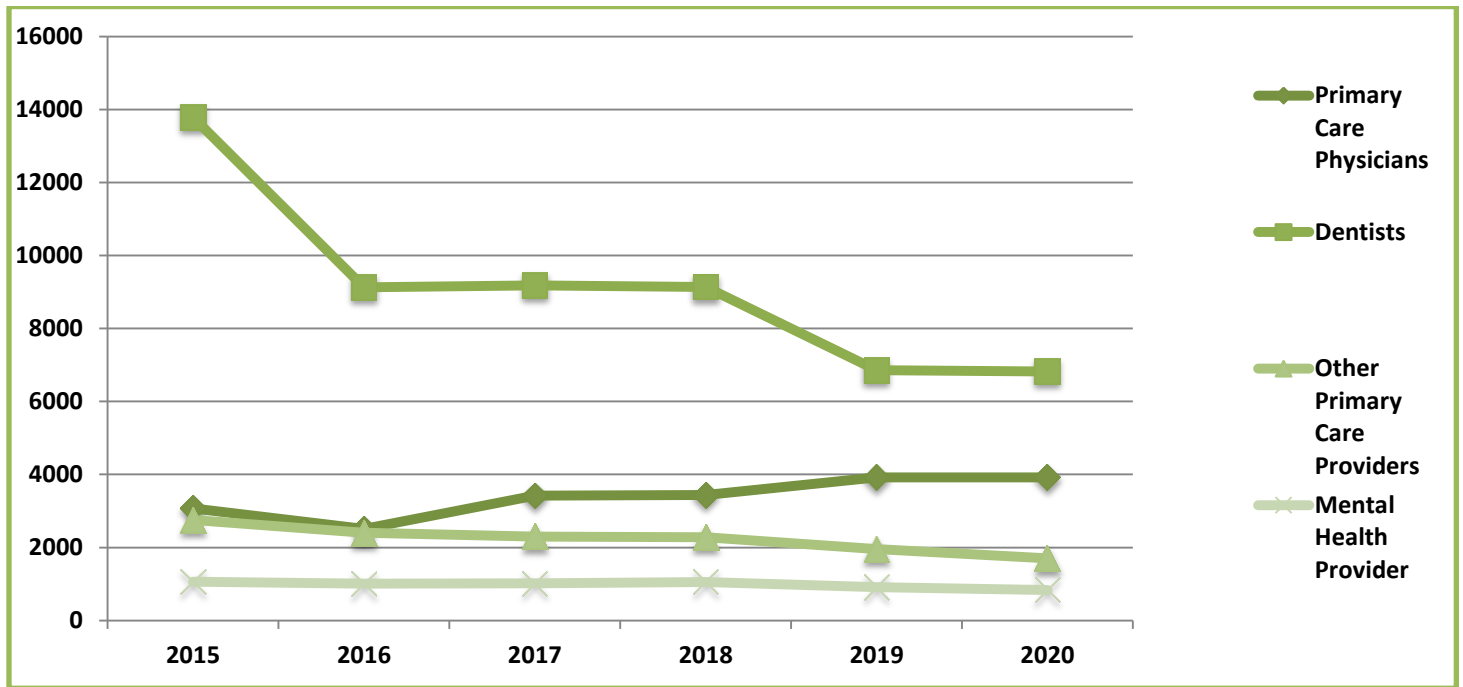
- Availability of Health Care within a specified or realistic geographic area
- Transportation to get to the Health Care
- Ability to bear the cost of Health Care

Availability

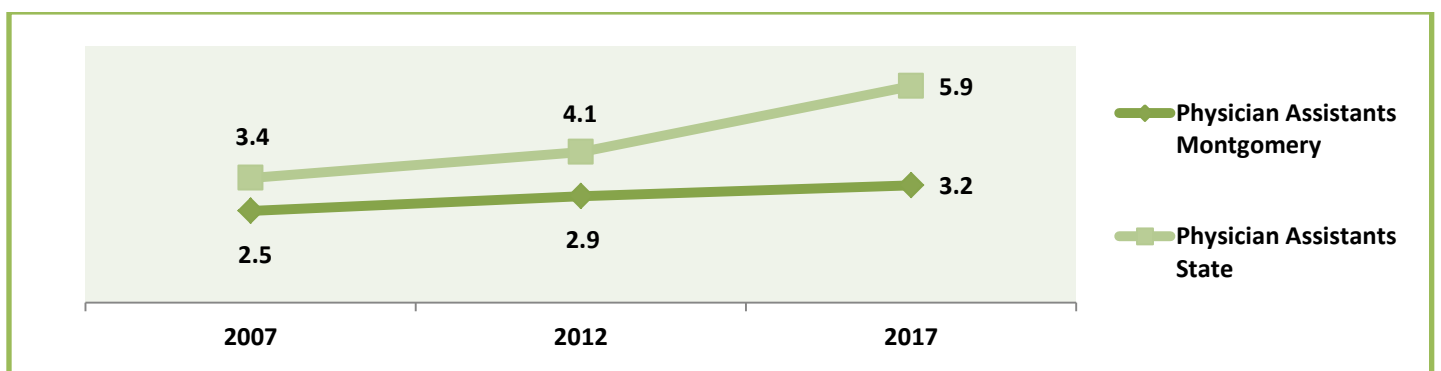
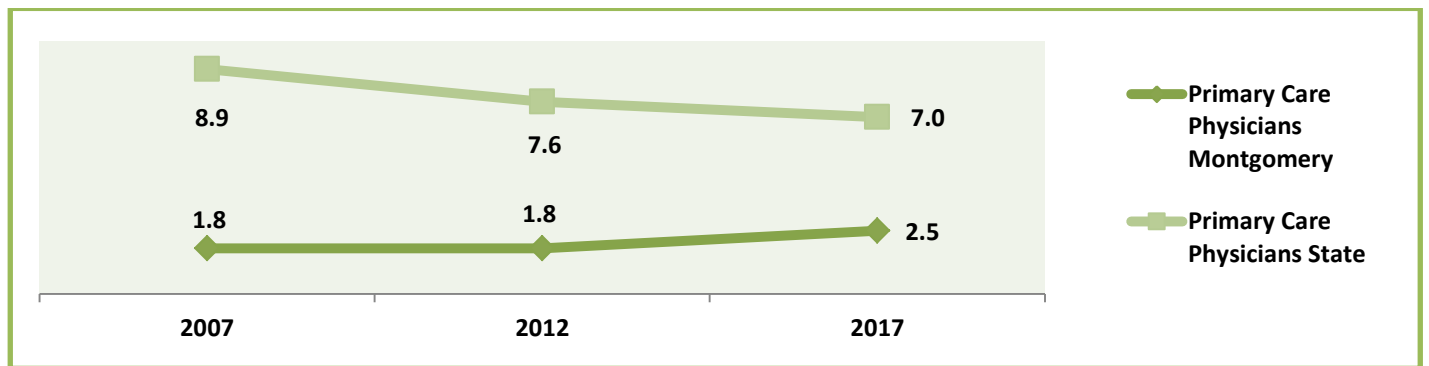
The County Health Rankings and Roadmaps gives some ratios on Health Care Providers to Citizens. Following are the ratios for Primary Care Physicians, Dentists and Mental Health Providers in Montgomery County compared to its peer counties, the State and Top US Performers.

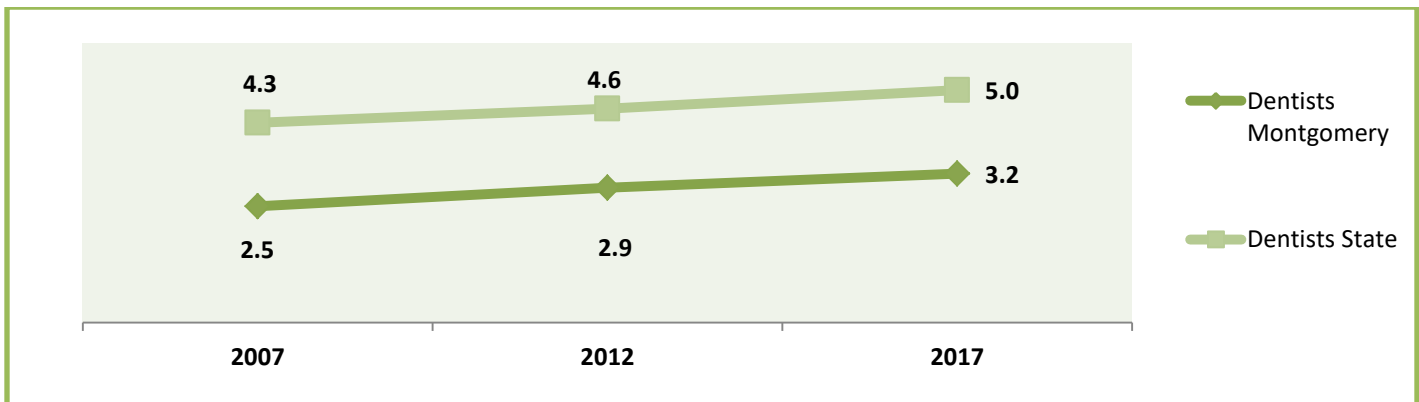
Entity	Primary Care Physician to Population Ratio (Based on 2017 Data)	Dentist to Population Ratio (Based on 2018 Data)	Mental Health Provider to Population Ratio (Based on 2019 Data)	Other Primary Care Providers (Based on 2019 Data)
Anson County	2,080 : 1	4,980 : 1	960 : 1	3,110 : 1
Montgomery County	3,920 : 1	6,820 : 1	830 : 1	1,704 : 1
Richmond County	3,450 : 1	3,450 : 1	620 : 1	2,244 : 1
Scotland County	1,600 : 1	3,480 : 1	560 : 1	645 : 1
Stanly County	2,670 : 1	2,960 : 1	460 : 1	1.267 : 1
State of North Carolina	1,410 : 1	1,780 : 1	410 : 1	801 : 1
Top US Performers	1,030 : 1	1,240 : 1	290 : 1	665 : 1

The following graph shows the trend of Health Care Provider Ratios over the last 6 years (2015 to 2020) as provided by the County Health Rankings and Roadmaps.

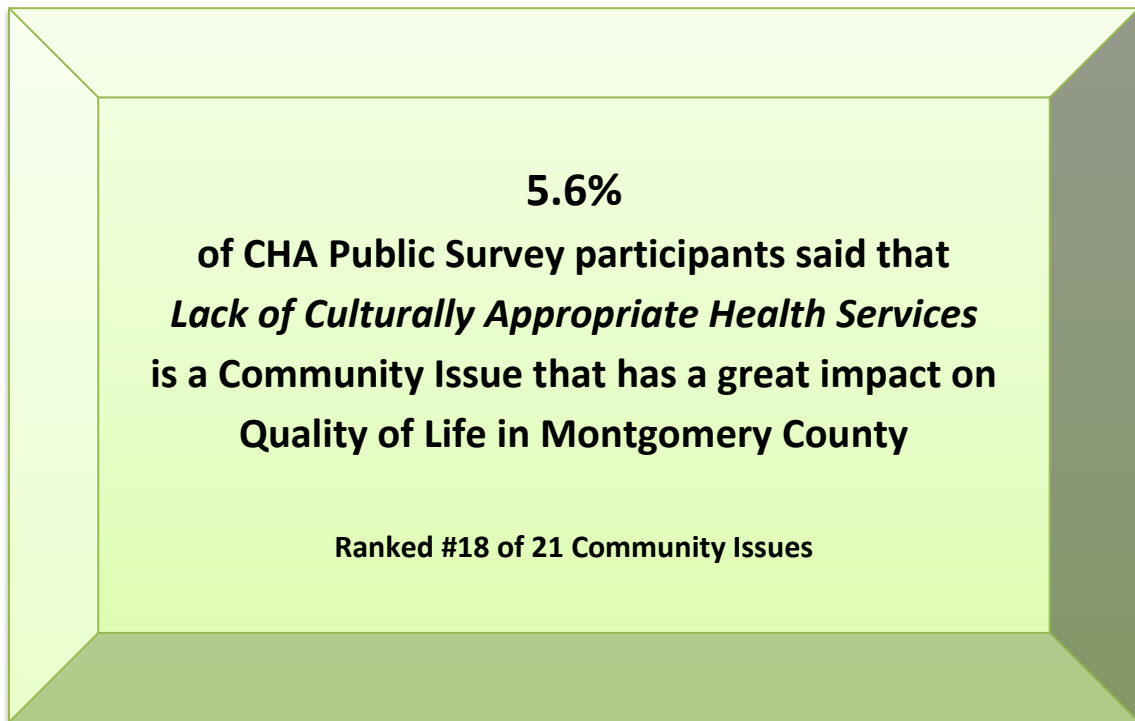


The North Carolina Statewide and County Trends in Key Health Indicators report of February 2019 also provides Ratios of Health Care Providers. This report shows the number of Providers /Nurses per 10,000 residents from 2007 to 2017.

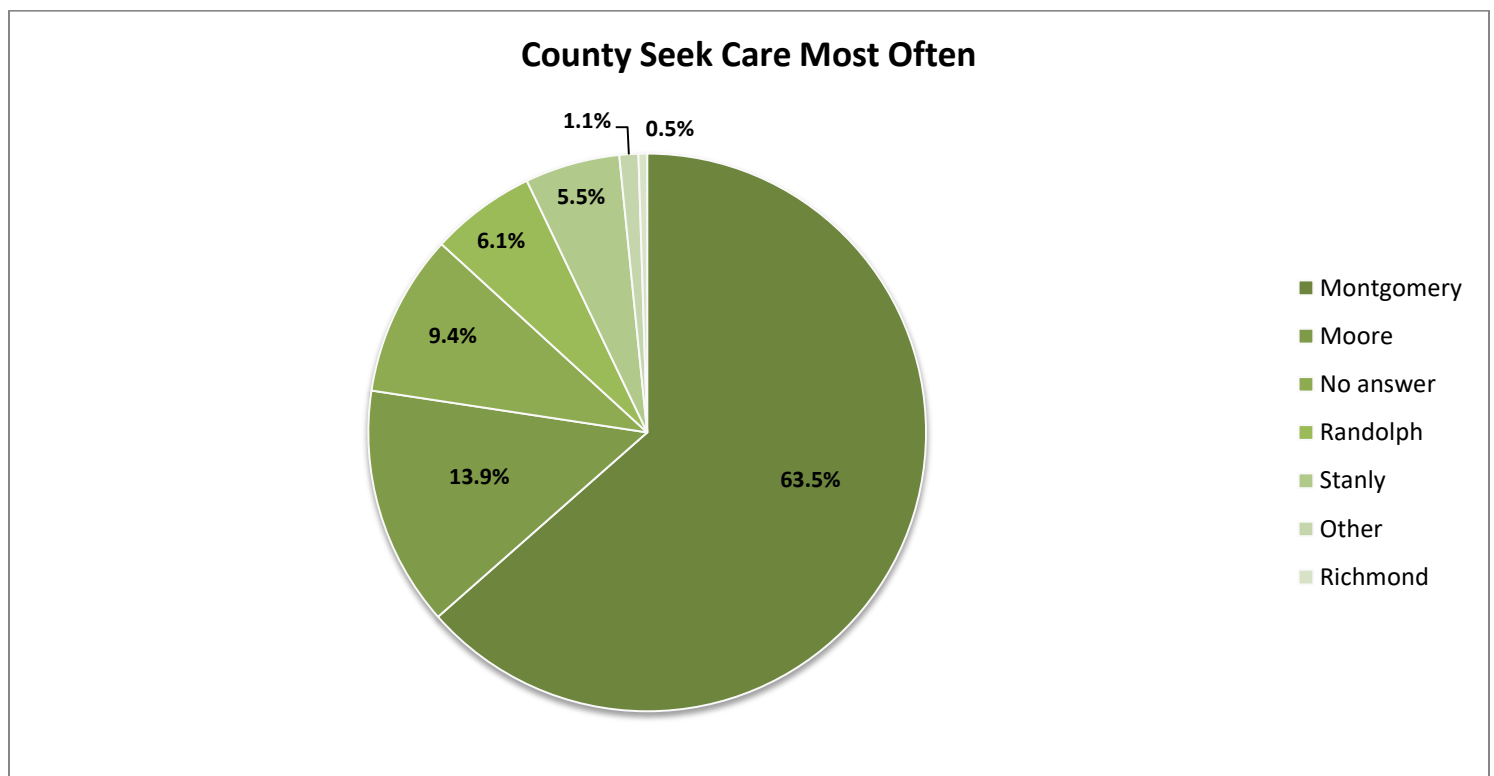




11.1%
of CHA Public Survey participants said
Lack of Health Care Providers
is a Community Issue that has a great
impact on Quality of Life in
Montgomery County

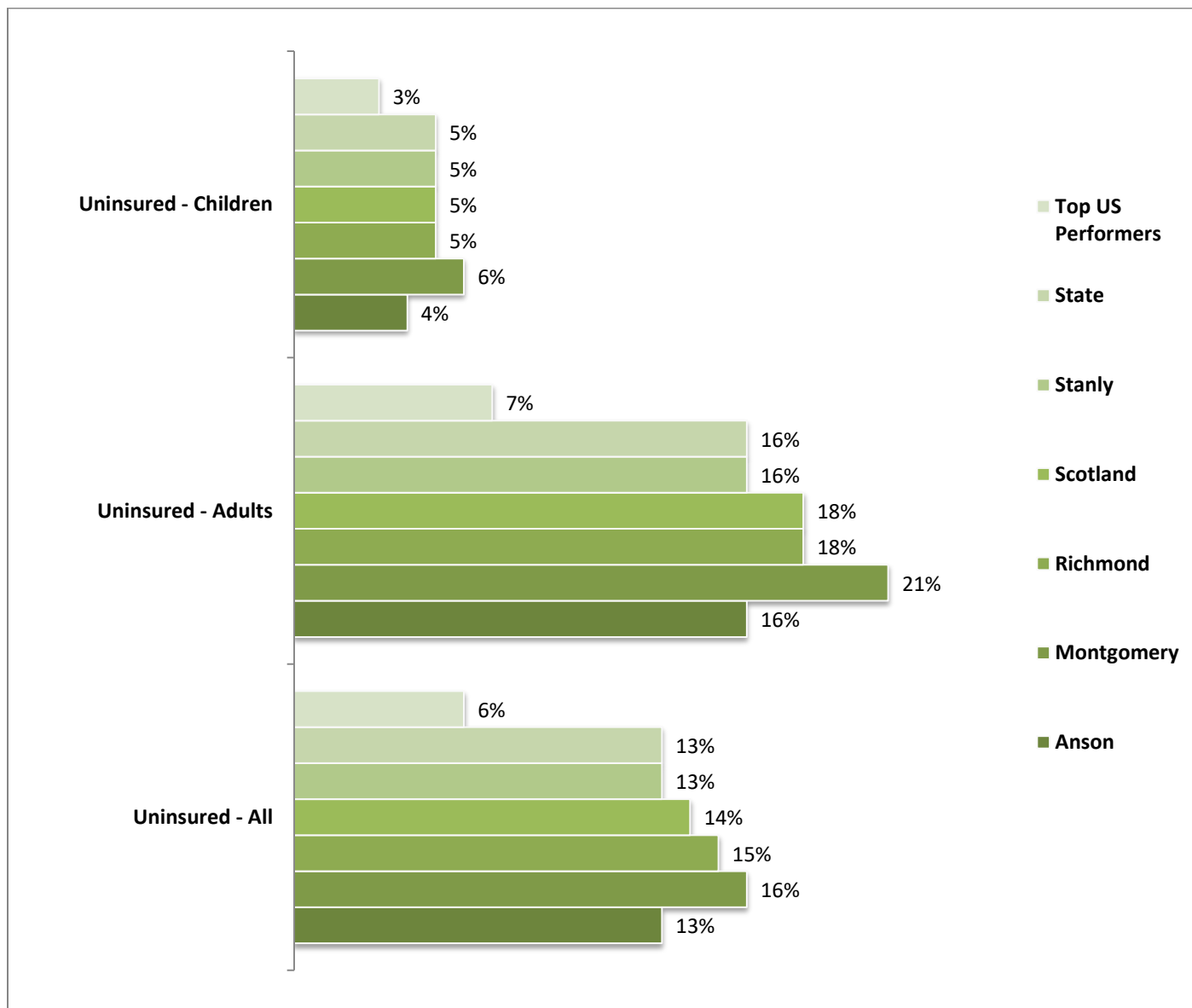


In the CHA Public Survey participants were asked about the county where they seek routine health care most often. The following chart shows the percentage of responses by location.



Ability to Bear Cost of Health Care

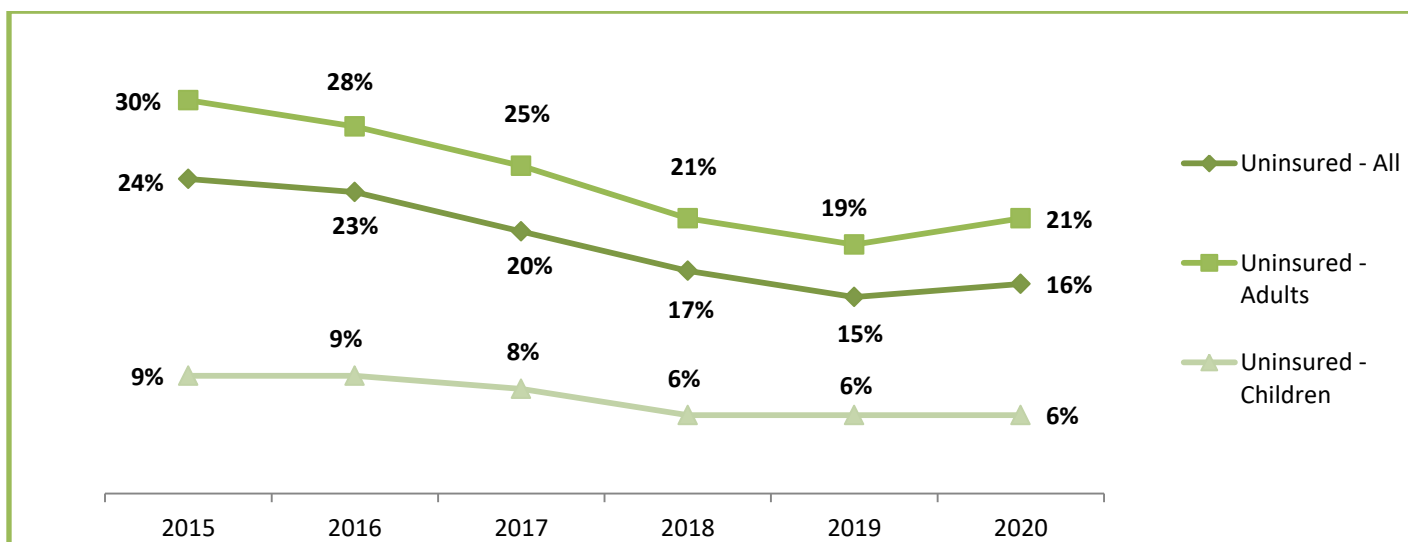
Having Health Care insurance is a major factor in being able to bear the cost. In the County Health Rankings and Roadmaps percentages of Uninsured are given for counties and states. The 2020 percentages on total Uninsured and those on Adults and Children in Montgomery, its peer counties and the State are presented in the graph below.



The 2019 5-year estimate of American Community Survey of the US Census Bureau provides the following statistics on Health Insurance coverage for Montgomery County citizens. The following table provides a comparison of those with Health Insurance in Montgomery County to the State of North Carolina.

Categorization	Montgomery County	State of North Carolina
Civilian Noninstitutionalized Population with Health Insurance	86.8%	89.3%
Those with Health Insurance having private insurance	54.7%	67.4%
Those with Health Insurance having public coverage (i.e. Medicare, Medicaid, etc.)	44.5%	34.5%
Civilian Noninstitutionalized Population without Health Insurance	13.2%	10.7%
Civilian noninstitutionalized population under 19 years without health insurance coverage	4.7%	5.0%

The following chart shows, according to the 2020 County Health Rankings & Roadmaps, the percentages of people who do not have health insurance for the last six years. These percentages show that after an improvement in the percentage of adults and children that have health insurance coverage there was an increase in Uninsured Adults from 2019 to 2020.



The survey conducted as part of the FirstHealth 2018 CHNA provided the following data about Health Insurance in Montgomery County.

Insurance Factor	Percentage of Survey Participants
Lack of Health Insurance (Ages 18 – 64)	17.0%
Have Medicare Supplemental Insurance (of those Age 67 and up)	62.5%
Went without Coverage in Past Year	21.8%

The CHA Public Survey asked participants: ***In the past 12 months, did you have a problem filling a medically necessary prescription, for you or someone in your family? If so, what kind of problem did you have?***

Problem	Percentage
I didn't have a problem	71.2%
No answer	10.0%
My share of the cost was too high	8.3%
My insurance didn't cover what I needed	6.1%
I didn't have health insurance	4.4%
Pharmacy would not take my insurance	0%
I didn't have a way to get there	0%
I didn't know where to go	0%
Other	0%

Three questions in the Public Survey gathered information about Costs related to Health. Following are the response percentages.

- When asked if they had a problem filling a medically necessary prescription for self or family member, the survey participants gave the following responses:
 - **8.3%** said the cost was too high
 - **6.1%** said insurance did didn't cover what they needed
 - **4.4%** said they didn't have insurance
- **58.9%** said that it costs too much to eat healthy food
- **15.6%** said it costs too much to be physically active

FirstHealth 2018 CHNA – Ability to Bear Cost of Health Care

14.1% of survey participants said that *Cost Prevented Physician Visit in Past Year*
15.4% of survey participants said that *Cost Prevented Getting Prescription in Past Year*

CHA Public Survey participants were asked what type of Health Insurance they have. This table provides the percentages of responses for each type.

Insurance Type	Percentage
Private Insurance	42.2%
None	18.9%
Medicaid	13.9%
Medicare	7.8%
Other	6.1%
No answer	5.6%
Tricare/VA	1.1%

Health Literacy

The CHA Public Survey included this question about unhealthy behaviors: ***What do you consider to be the most important unhealthy behaviors in Montgomery County? Please choose up to five from the list.***

The following table provides the response percentages.

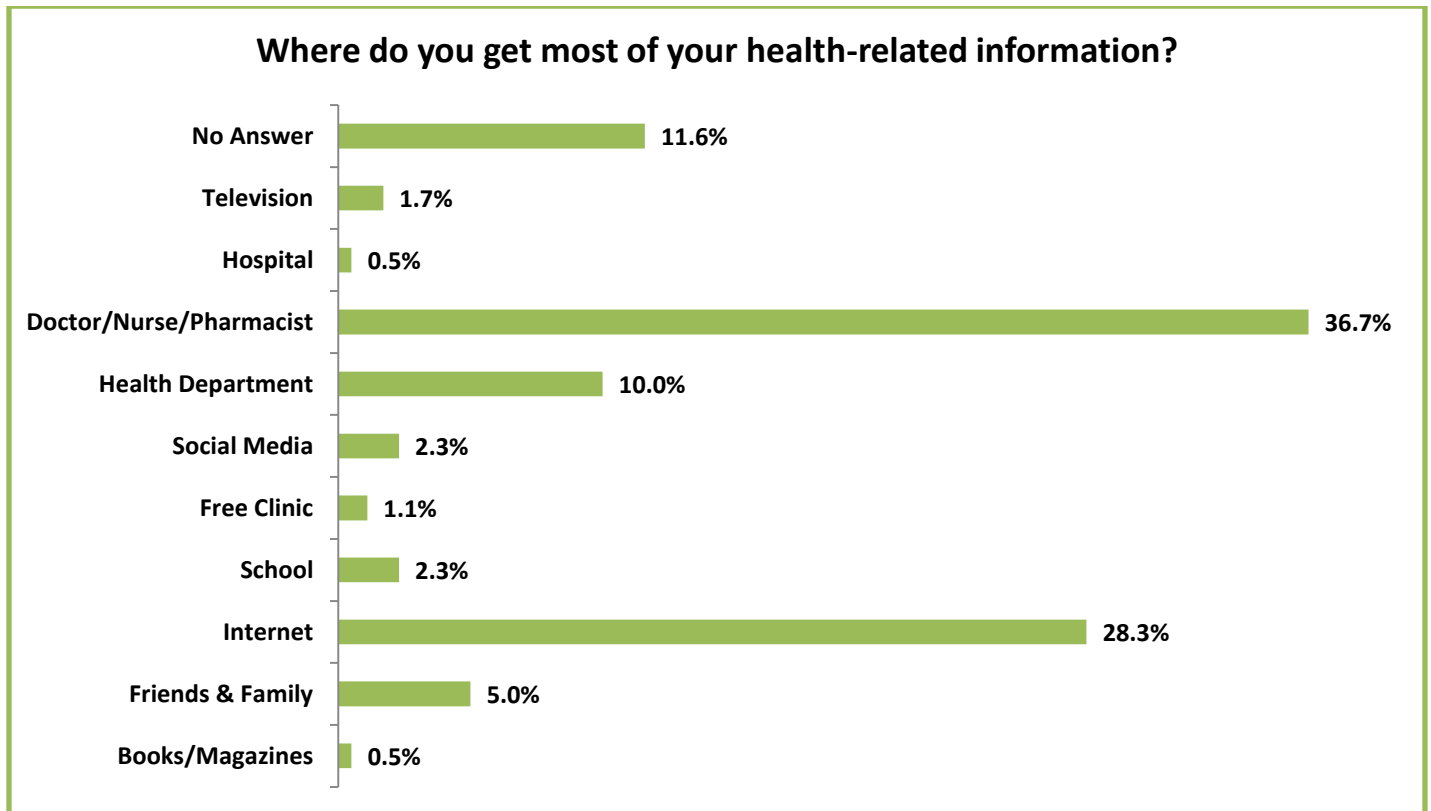
Unhealthy Behaviors	Percentage
Illicit Drug abuse	65.6%
Poor eating habits	43.9%
Prescription drug abuse	43.3%
Drunk driving	42.8%
Lack of exercise	40.6%
Smoking/tobacco use	33.3%
Unsafe Sex	32.8%
Not going to doctor for a yearly checkup/screenings	31.1%
Not going to the dentist for check-ups/cleanings	22.2%
Reckless/distracted driving	22.2%
Vaping/e-cigarette use	17.2%
Not washing hands	12.2%
Not using child safety seats	8.9%
Not getting Prenatal (pregnancy) care	7.8%
Not getting immunizations (shots)	7.2%
Other	2.2%
No Answer	1.7%

CHA Public Survey participants were also asked: ***Do you think your child (or children) needs more information about the following topics?***

- 47.8% of survey participants said they have children under the age of 18.
- 30.5% of participants answered this question.

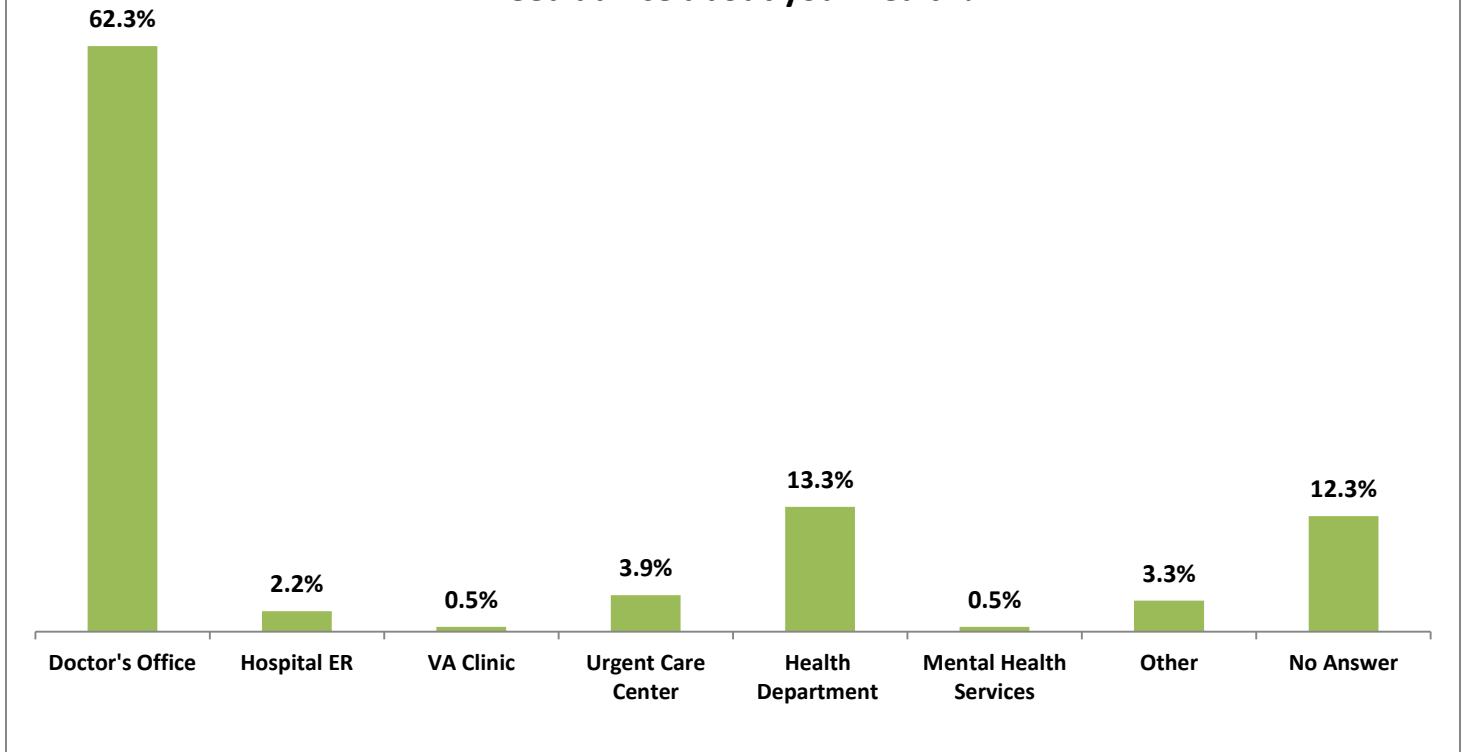
Topic	Percentage
Internet Safety	53.1%
Unhealthy eating	42.2%
Mental Health	40.1%
Sexual Activity	39.1%
Drug Abuse	35.9%
Dating Violence	34.4%
Distracted driving/speeding	34.4%
Sexually Transmitted Diseases	29.7%
Alcohol	26.6%
Physical Inactivity	21.9%
Tobacco/Vaping/e-Cigarettes	20.3%
Eating Disorders	12.5%
Other	1.6%

Public Survey participants were asked two questions about their Personal Health that are related to Health Literacy. The following graphs provide the responses.



Participants could only give one answer.

Where do you go most often when you are sick or need advice about your health?



Participants could only give one answer.

A measure in the County Health Rankings and Roadmaps helps understand the Health Literacy of Montgomery County citizens.

The County Health Rankings provide a *Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees*. The 2020 County Health Rankings used data from 2017 for this measure. The following graph provides a comparison between Montgomery County and its peer counties. The population for each county is provided in order to put the number of preventable hospital stays in perspective.

County	Preventable Hospital Stays	Population
Anson County	5,927	25,306
Montgomery County	5,059	27,338
Richmond County	8,406	45,189
Scotland County	6,333	35,262
Stanly County	5,381	61,114

**In a survey conducted as part of the FirstHealth 2018 CHNA
the following concerns were voiced by participants:**

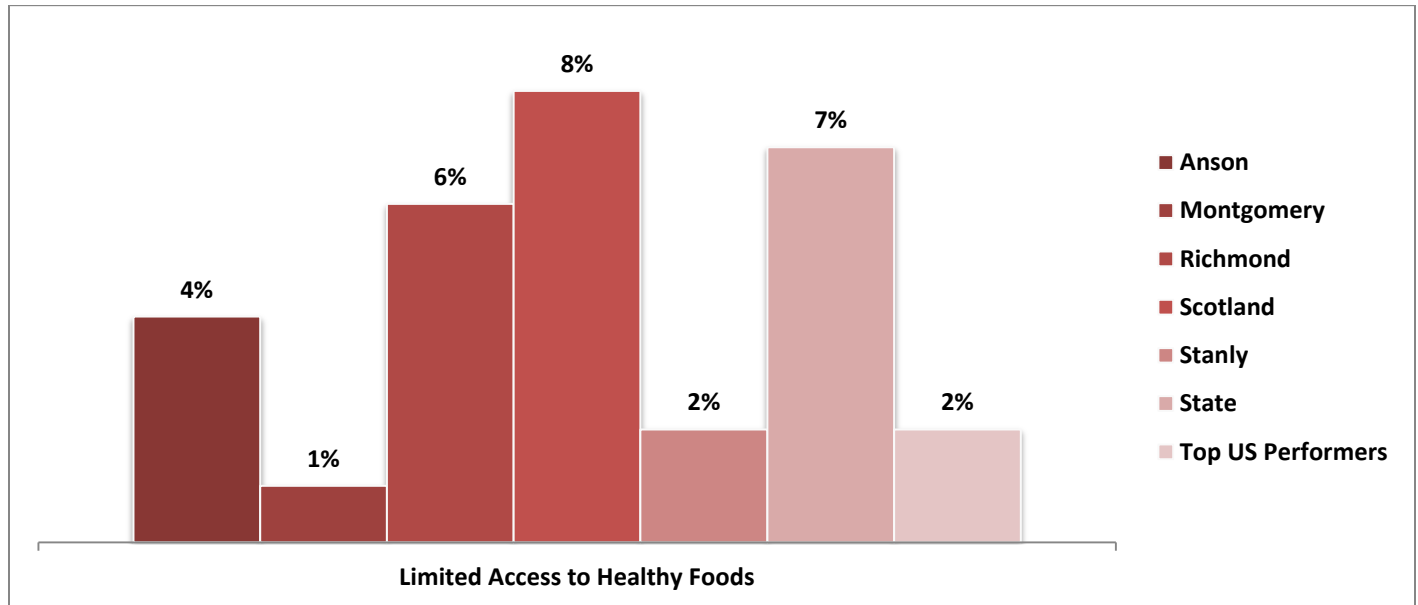
- **7.0% said that *Written Health Information is "Seldom/Never" Easy to Understand***
- **1.2% said that *Spoken Health Information is "Seldom/" Never Easy to Understand***

Neighborhoods and Built Environment

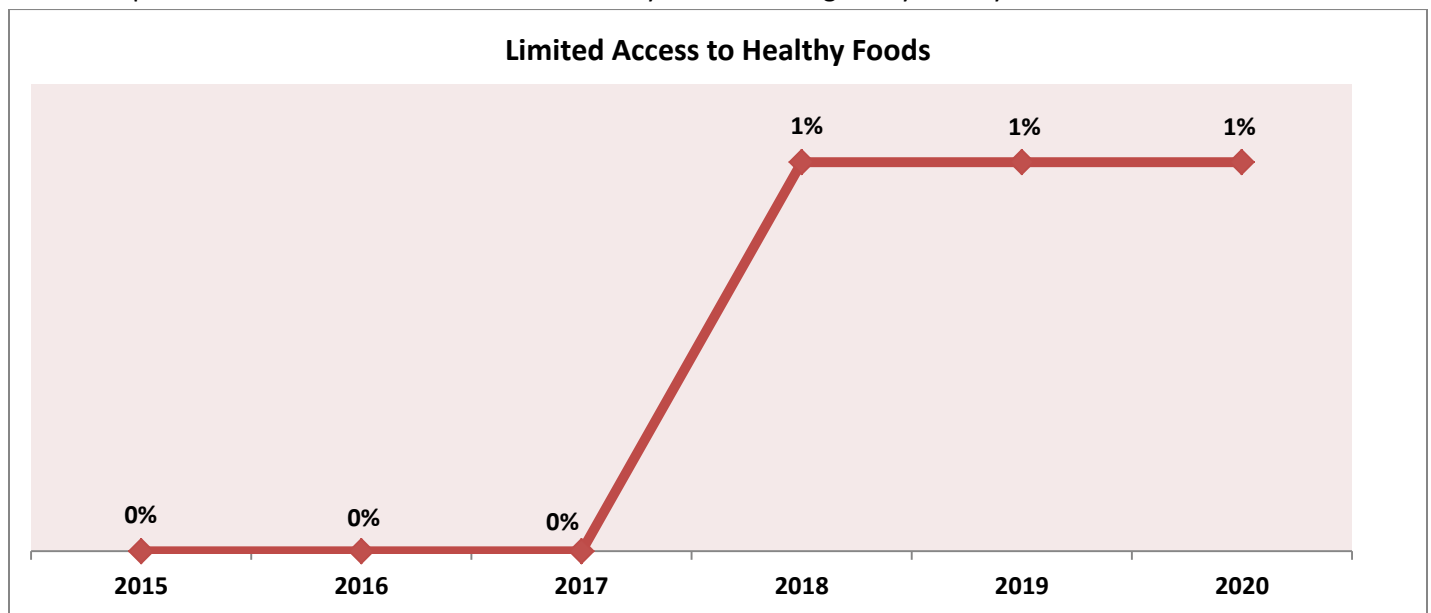
Access to Foods that Support Healthy Eating Patterns

The County Health Rankings and Roadmaps provides a percentage of the county population that has Limited Access to Healthy Foods. This is defined as *Percentage of population who are low-income and do not live close to a grocery store.*

This graph shows the percentage for Montgomery County compared to its peer counties, the State and Top US Performers.



This chart provides a look at the trend over the last 6 years for Montgomery County.

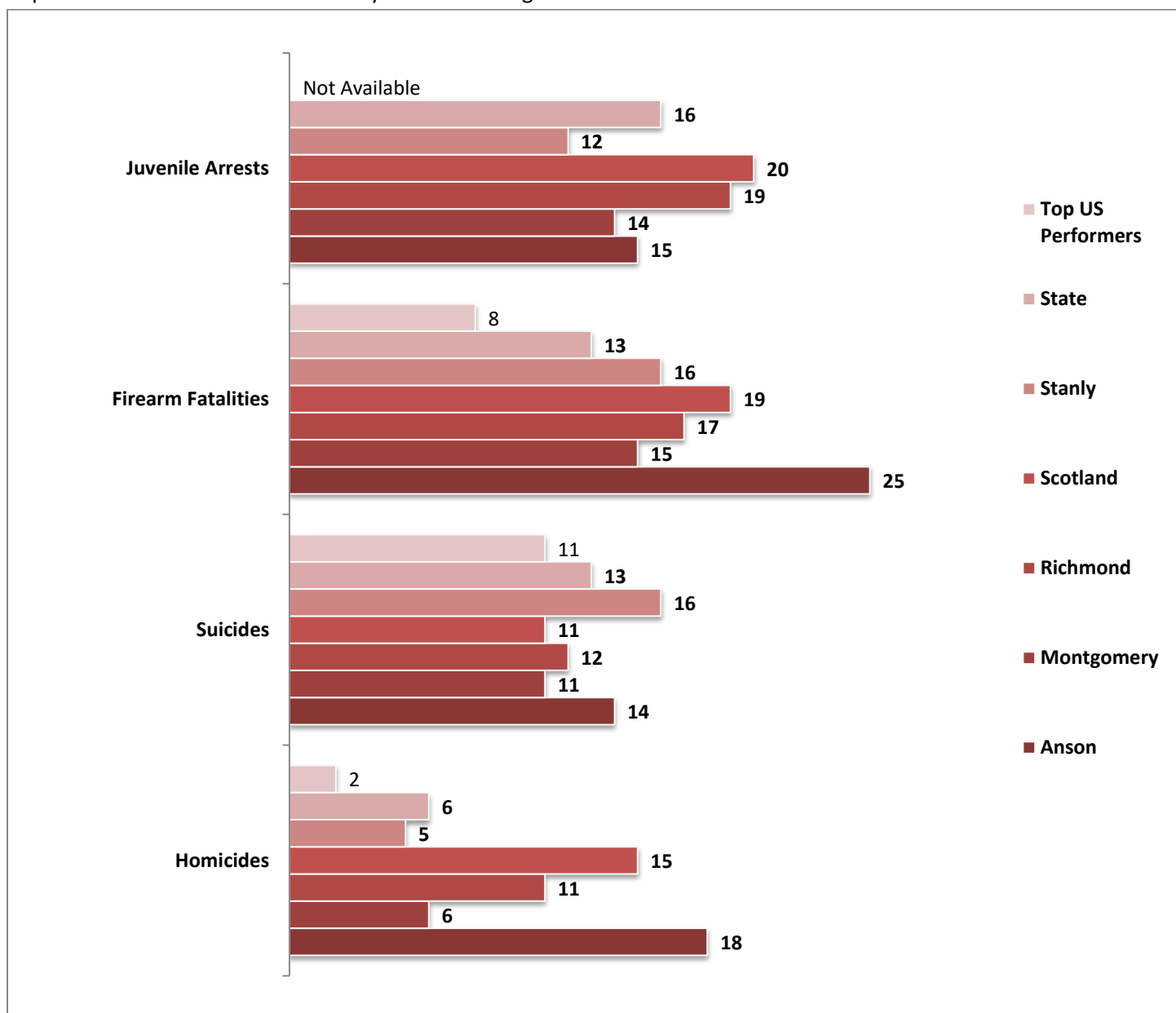


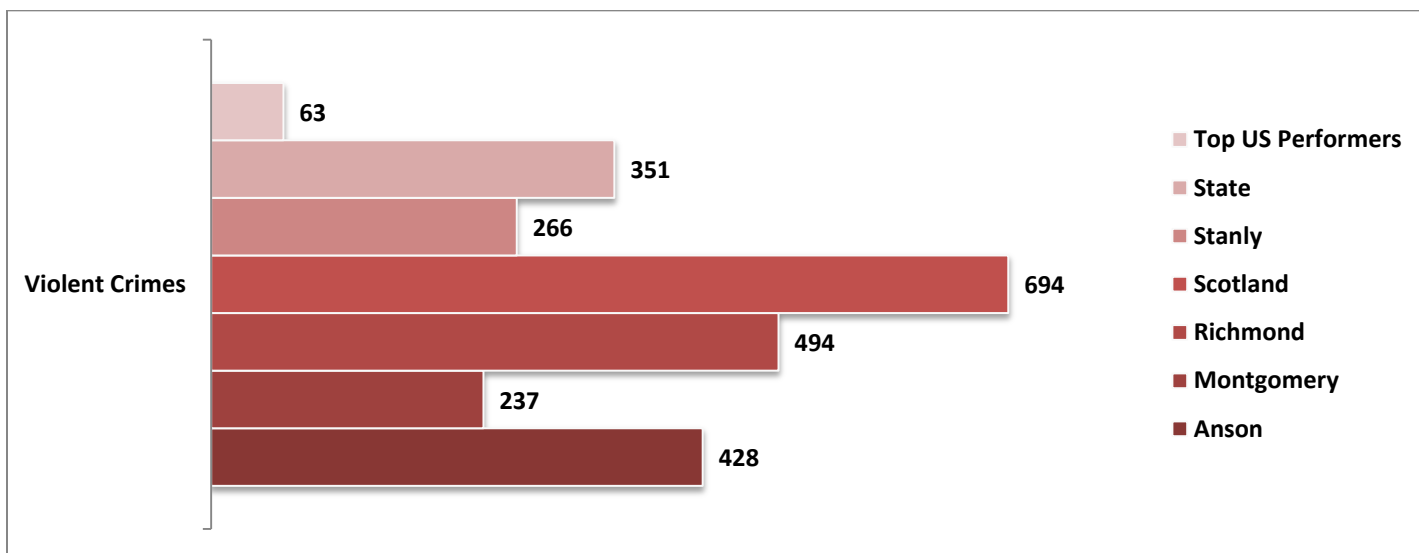
Crime & Violence

Several measures on Crime and Violence are offered by the County Health Rankings and Roadmaps. Following are those measures and how they are defined by County Health Rankings:

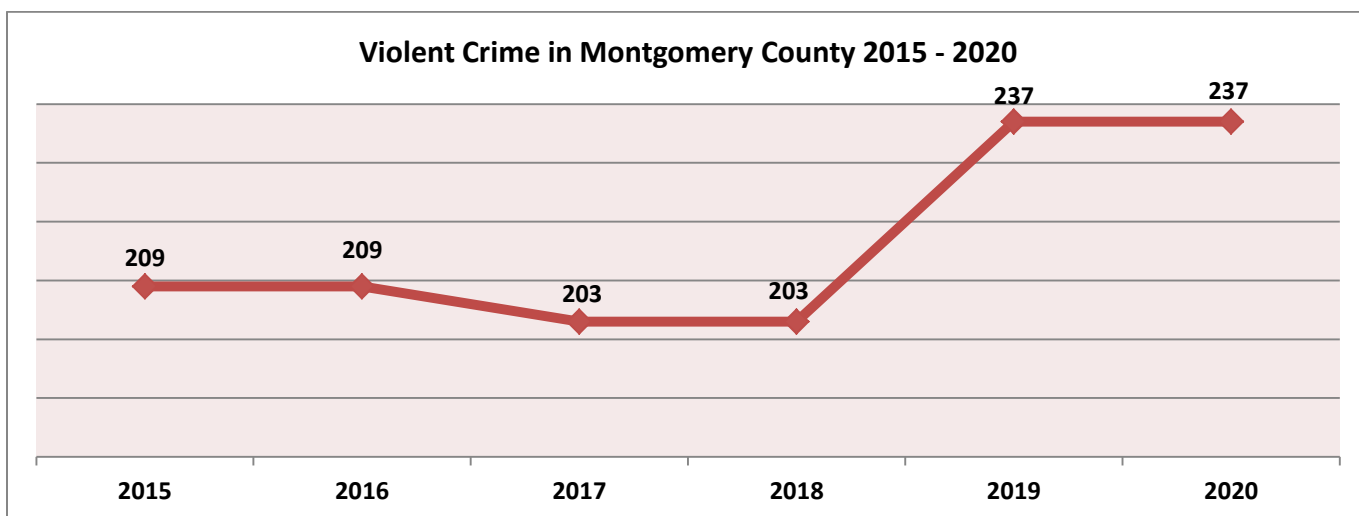
- Violent Crime - *Number of reported violent crime offenses per 100,000 population.*
- Homicides - *Number of deaths due to homicide per 100,000 population.*
- Suicides - *Number of deaths due to suicide per 100,000 population.*
- Firearm Fatalities - *Number of deaths due to firearms per 100,000 population.*
- Juvenile Arrests - *Rate of delinquency cases per 1,000 juveniles.*

The following graphs provide data on these measures for Montgomery County, its peers, the State of North Carolina and Top US Performers in the 2020 County Health Rankings.

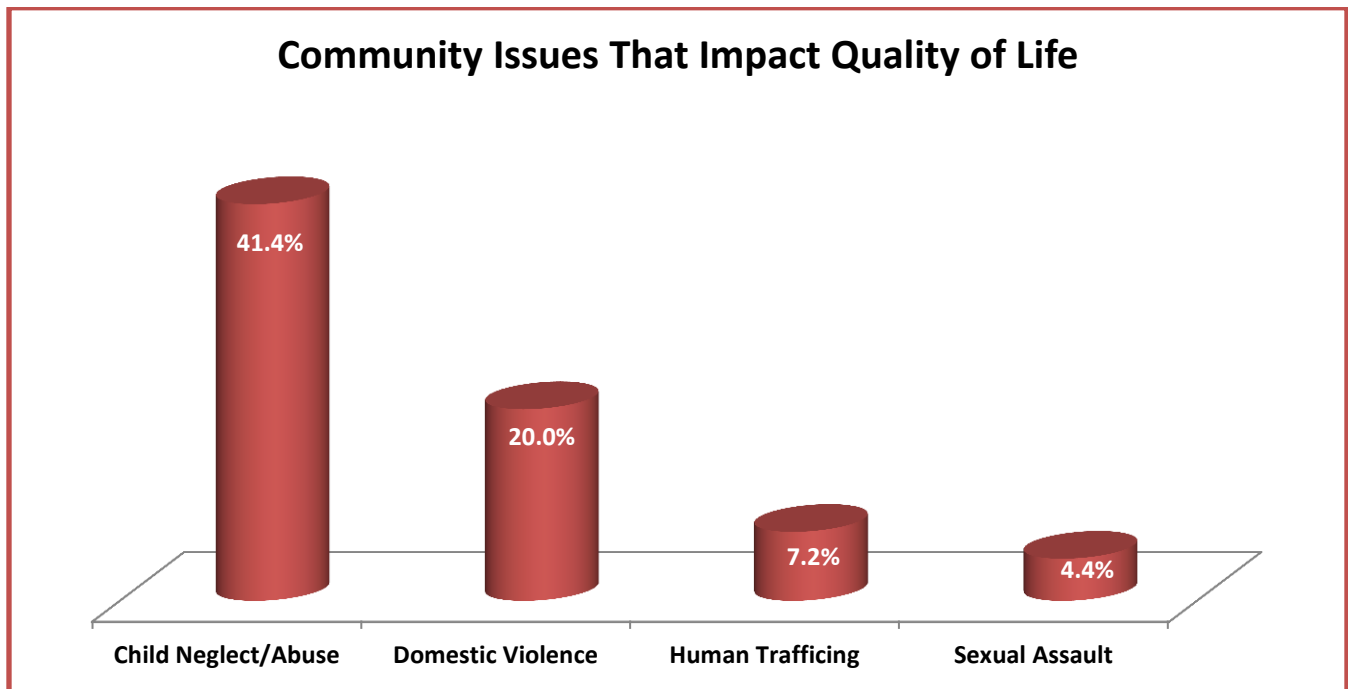




Using the measure on Violent Crime (*Number of reported violent crime offenses per 100,000 population*) from the County Health Rankings and Roadmaps, the following chart shows the trend from 2015 to 2020 in Montgomery County.



CHA Public Survey participants were asked what Community Issues they think have the greatest impact on Quality of Life in Montgomery County. There were 4 Community Issues in the list that are related to Crime & Violence. The following chart shows the percentage of survey participant responses.



In the CHA Public Survey participants having children under the age of 18 were asked what issues their children need more information on. Following are the percentage responses on the issues related to Crime and Violence.

Topic	Percentage
Internet Safety	53.1%
Mental Health	40.1%
Sexual Activity	39.1%
Drug Abuse	35.9%
Dating Violence	34.4%
Distracted driving/speeding	34.4%
Sexually Transmitted Diseases	29.7%
Alcohol	26.6%

Environmental Conditions

The County Health Rankings and Roadmaps provides several indicators about the Physical Environment of individual counties, states and of Top US Performers. The measurements are presented in the table below.

The indicator measurements are defined by County Health Rankings as follows:

- Drinking Water Violations - *Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.*
- Air Pollution - *Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).*
- Driving alone to work - *Percentage of the workforce that drives alone to work.*
- Long commute, driving alone - *Among workers who commute in their car alone, the percentage that commute more than 30 minutes.*

Indicator	Anson	Montgomery	Richmond	Scotland	Stanly	NC	Top US Performers
Drinking Water Violations	Yes	Yes	No	No	Yes	N/A	N/A
Air pollution – particulate matter	10.2	9.7	10.2	10.2	10.5	9.8	6.1
Driving Alone to Work	87%	88%	87%	88%	84%	84%	72%
Long commute – driving alone	44%	30%	28%	24%	39%	39%	16%

The next table provides a look at the trends of these Indicators from 2015 to 2020 for Montgomery County.

Indicator	2015	2016	2017	2018	2019	2020
Drinking Water Violations	Yes	Yes	Yes	Yes	No	Yes
Air pollution – particulate matter	12.5	12.5	9.1	9.1	9.7	19.7
Driving Alone to Work	80%	83%	84%	83%	87%	88%
Long commute – driving alone	32%	32%	33%	31%	32%	30%

In addition to being an Indicator on the Physical Environment, the long commute percentage is also indicative of the need for people in the labor force to leave the County for employment.

Quality of Housing

Although Quality of Housing is commonly included in the Neighborhood and Built Environment determinant area, this report includes it in the Housing Instability area of Economic Stability. This was done because in Montgomery County the quality of housing and the severity of housing problems are intertwined. Please refer to the Housing Instability section in earlier pages of this report for the data on Quality of Housing.

Summary of 2020 CHA Survey Responses (English and Spanish Versions Combined)

1. Do you live in Montgomery County?

Yes	98.9%
No	1.1%

2. Thinking about your community, what kind of place is it to live?

Good	58.3%
Fair	21.1%
Excellent	13.3%
Poor	5.6%
No Answer	1.7%

3. What do you consider to be the most important health problems in Montgomery County? Please choose up to five from the list.

Health Problem	Percentage
Obesity/Overweight	59.4%
Diabetes	53.3%
Mental Health	48.3%
High Blood Pressure	38.9%
Cancer	35.0%
Diseases of the Heart	27.8%
Teenage Pregnancy	27.2%
Dental Health	25.6%
Aging Problems	25.0%
Sexually Transmitted Diseases	20.6%
Other	11.1%
Motor Vehicle Accidents	10.0%
Kidney Disease	7.2%
Accidental Injury	6.7%
Asthma	6.7%
Infant Death	5.0%
Lung Disease	3.9%
No Answer	1.7%

4. What do you consider to be the most important unhealthy behaviors in Montgomery County? Please choose up to five from this list.

Unhealthy Behaviors	Percentage
Illicit Drug abuse	65.6%
Poor eating habits	43.9%
Prescription drug abuse	43.3%
Drunk driving	42.8%
Lack of exercise	40.6%
Smoking/tobacco use	33.3%
Unsafe Sex	32.8%
Not going to doctor for a yearly checkup/screenings	31.1%
Not going to the dentist for check-ups/cleanings	22.2%
Reckless/distracted driving	22.2%
Vaping/e-cigarette use	17.2%
Not washing hands	12.2%
Not using child safety seats	8.9%
Not getting Prenatal (pregnancy) care	7.8%
Not getting immunizations (shots)	7.2%
Other	2.2%
No Answer	1.7%

5. What community issues do you consider to have the greatest impact on the overall quality of life in Montgomery County? Please choose up to five from this list.

Community Issue	Percentage
Low income/poverty	56.1%
Child neglect and abuse	41.7%
Affordability of health services	38.9%
Availability of healthy family activities	33.3%
Availability of positive teen activities	31.1%
Availability of healthy food choices	29.4%
Lack of/inadequate health insurance	28.3%
Availability of child care	25.0%
Lack of recreational facilities	20.6%
Domestic violence	20.0%
Inadequate/unaffordable housing	19.4%
Racism	18.3%
Unemployment	15.6%
Dropping out of school	15.0%
Lack of health care providers	11.1%
Literacy	11.1%
Human trafficking	7.2%
Lack of culturally appropriate health services	5.6%
Sexual assault	4.4%
No Answer	3.9%
Other	2.8%
Pollution	2.2%

6. Where do you get most of your health related information?

Health Information Source	Percentage
Doctor/nurse/pharmacist	36.7%
Internet	28.3%
No answer	11.6%
Health Department	10.0%
Friends and family	5.0%
School	2.3%
Social Media	2.3%
Television	1.7%
Free care clinic	1.1%
Books/magazines	0.5%
Hospital	0.5%
Church	0
Help lines (telephone)	0
Newspaper	0

7. Where do you go most often when you are sick or need advice about your health?

Health Care Source	Percentage
Doctor's office/medical clinic	62.3%
Health Department	13.3%
No answer	12.3%
Urgent Care Center	3.9%
Other	3.3%
Free care clinic	2.2%
Hospital/Emergency Room	2.2%
Veteran's Administration Clinic	0.5%

8. What kind of insurance coverage do you have?

Insurance Type	Percentage
Private Insurance	42.2%
None	18.9%
Medicaid	13.9%
Medicare	7.8%
Other	6.1%
No answer	5.6%
Tricare/VA	1.1%

9. Please identify the one county in which you seek routine health care most often?

County	Percentage
Montgomery	63.5%
Moore	13.9%
No answer	9.4%
Randolph	6.1%
Stanly	5.5%
Other	1.1%
Richmond	0.5%

10. In the past 12 months, did you have a problem filling a medically necessary prescription, for you or someone in your family? If so, what kind of problem did you have?

Problem	Percentage
I didn't have a problem	71.2%
No answer	10.0%
My share of the cost was too high	8.3%
My insurance didn't cover what I needed	6.1%
I didn't have health insurance	4.4%
Pharmacy would not take my insurance	0%
I didn't have a way to get there	0%
I didn't know where to go	0%
Other	0%

11. If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to call or talk to?

Mental Health Care Source	Percentage
Doctor	49.5%
Private Counselor or Therapist	19.5%
Support Group	9.4%
No answer	8.9%
Minister/Religious Official	6.1%
Other	6.1%
School Counselor	0.5%

12. In a normal week, how many nights do you get 7 to 8 hours of sleep?

Number of Nights	Percentage
5 to 6 nights per week	24.4%
3 to 4 nights per week	23.9%
7 nights per week	17.2%
1 to 2 nights per week	15.0%
I do not get 7 to 8 hours of sleep per night in a normal week	11.7%
No answer	7.8%

13. Please indicate whether you agree or disagree with the following statements

Statement	Percentage that Agree
I know the difference between healthy and unhealthy food	88.9%
I have transportation to buy healthy food	86.7%
I have the skills to prepare or cook healthy food	83.9%
Healthy foods taste good	80.6%
There is a store where I can buy healthy food near me	63.9%
It costs too much to eat healthy food	58.9%
No answer	8.3%

14. Please indicate whether you agree or disagree with the following statements.

Statement	Percentage that Agree
I have transportation to places to do physical activity	86.1%
The children in my house want to be physically active	75.0%
The adults in my house want to be physically active	72.2%
My neighborhood is safe for physical activity	62.2%
Places for me to be active are too far away	30.6%
Physical activity takes too much time	25.6%
It costs too much to be physically active	15.6%
No answer	8.3%

15. How tall are you? How much do you weigh?

20.5% did not answer this question. Following is a summary of the BMI calculated from the individual Heights and Weights provided by survey participants. The CDC BMI calculator was used.

Weight Status Category	Percentage
Obese	46.2%
Overweight	31.5%
Normal	19.5%
Underweight	2.8%
Classification of those in the Obese Category above	
Classification 1 (BMI 30 to 35)	16.8%
Classification 2 (BMI 35 to 40)	14.0%
Classification 3 (BMI Over 40)	15.4%

Note: 77.7% of the survey participants who answered this question said they are Obese or Overweight.

16. If you or someone you knew wanted to quit using tobacco, where would you go for help?

Tobacco Use Cessation Help	Percentage
Doctor	55.1%
No answer	10.5%
Health Department	9.4%
NC Quitline	6.7%
Private Counselor/Therapist	6.7%
Other	4.4%
Pharmacy	4.4%
Church	2.8%
Hospital	0

17. How many of the ACES questions did you answer “yes” to?

76.7% answered, following is a summary of the responses.

Number of “Yes” on ACES Questionnaire	Percentage
0	31.2%
1	11.7%
2	9.4%
3	5.6%
4	4.4%
5	4.4%
6	2.8%
7	2.8%
8	1.7%
9	2.2%
10	0.5%
No Answer	23.3%

18. Do you have children under the age of 18?

47.7% -Yes (86 participants)

40.0% - No

12.3% - did not answer

19. Do you think your child (or children) needs more information about the following topics?

55 people answered this question; the following percentages are of the number of people who answered this question.

86 people said they have children under the age of 18.

Topic	Percentage
Internet Safety	53.1%
Unhealthy eating	42.2%
Mental Health	40.1%
Sexual Activity	39.1%
Drug Abuse	35.9%
Dating Violence	34.4%
Distracted driving/speeding	34.4%
Sexually Transmitted Diseases	29.7%
Alcohol	26.6%
Physical Inactivity	21.9%
Tobacco/Vaping/e-Cigarettes	20.3%
Eating Disorders	12.5%
Other	1.6%

20. Are you comfortable talking to your child about the risky behaviors listed above?

79 people answered this question compared to 86 who said they have children under 18 years of age.

Of the 79 who answered this question:

88.6% said Yes

11.4% said No

21. What is your zip code?

Zip Code	Percentage of Survey Participants
27209 (Biscoe)	16.1%
27229 (Candor)	12.8%
27247 (Ether)	2.2%
27306 (Mt. Gilead)	8.9%
27356 (Star)	10.6%
27371 (Troy)	31.7%
Other	5.6%
No answer	12.1%

22. How old are you?

Following are presented the percentages by age ranges as asked in the survey and as typically separated by Census.

Age Ranges Used in Survey	Percentage
15 to 19	3.3%
20 to 24	8.3%
25 to 29	10.6%
30 to 34	8.3%
35 to 39	11.8%
40 to 44	10.0%
45 to 49	8.9%
50 to 54	5.6%
55 to 59	4.4%
60 to 64	9.4%
65 to 69	3.9%
70 to 74	2.2%
75 to 80	1.1%
80 to 84	0
85 or older	0
No answer	12.2%

23. What is your gender?

Gender	Percentage of Survey Participants
Male	11.7%
Female	75.0%
Prefer not to answer	1.6%
No Answer	11.7%

24. What race/ethnic group best describes you?

Race/Ethnicity	Percentage of Survey Participants
White	56.1%
Black	5.5%
Hispanic	20.0%
Asian	1.7%
Prefer not to answer	3.3%
Other	1.7%
No answer	11.7%

25. Do you speak a language other than English at home?

22.2% - Yes

65.6% - No

12.2% - No answer

26. If yes, what language do you primarily speak at home?

38 people answered question:

- 17.8% of survey participants said Spanish is the primary language in their home
- 1.1% of survey participants said Lao is the primary language in their home
- 0.5% of survey participants said Hmong is the primary language in their home

27. What other languages are spoken in your home?

20 people answered question

- 7 people said that Spanish is an additional language spoken in their home
- 1 person said that German is an additional language spoken in their home

28. What is the highest level of school, college, or vocational training that you have finished?

Education/Training	Percentage of Survey Participants
Some high school (no diploma)	5.0%
High school diploma or GED	16.7%
Associates' Degree or Vocational Training	18.9%
Some college (no degree)	13.9%
Bachelor's Degree	17.8%
Graduate or Professional Degree	13.9%
Other	1.1%
No answer	12.7%

29. Please look at the chart below. Find the number of people in your family and look to the income level beside it. Is your annual household income greater than the amount listed for your family size?

The income for 200% of Federal Poverty Level was the amount listed in the chart used in this question.

46.1% - Yes

27.8% - No

10.6% - No answer

30. What is your employment status?

Employment Status	Percentage
Employed, full-time	47.3%
No answer	6.1%
Unemployed	8.9%
Retired	11.1%
Homemaker	0.5%
Employed, part-time	2.8%
Student	7.8%
Self-employed	2.2%
Prefer not to answer	2.2%
Disabled	11.1%

31. Do you have reliable access to the internet?

78.9% - Yes

10.0% - No

11.1% - No answer

32. Do you have reliable access to the Internet at home?

68.9% - Yes

20.0% - No

11.1% - No answer

Health and Wellness Resources

The following list of Montgomery County Health and Wellness Resources is based on a 2019 publication from the Montgomery County Department of Health. *It should be noted that not resource in this list is physically located in Montgomery County, but all are available to Montgomery County residents.*

Adult Care Homes/Nursing Facilities

Autumn Care of Biscoe	310-428-2117
Baaseiah Family Care Home #1	910-974-7701
Baaseiah Family Care Home #2	910-428-9234
Brookstone Haven of Star	910-428-2101
Poplar Springs Rest Home	910-428-2981
Sandy Ridge Assisted Living	910-974-4162
Tillery Chase Adult Care Home	910-439-4224

Agriculture Resources

Consolidated Farm Service Agency	910-572-3677, ext. 2
4-H Agent, Family and Consumer Sciences Agent, Horticulture Agent, and Livestock Agent	910-576-6011
Montgomery County Farm Bureau	910-572-1341
NC Forest Service Rangers Office	910-576-5481
NC Wildlife Resource Commission	910-439-5103
Poultry Agent	704-283-3743
Soil Conservation Service	910-572-2700
Water Pollution Control (Moore County)	910-281-3146

Animal Services

Montgomery County Animal Control	910-572-3067
Montgomery Animal Clinic	910-572-3781
Montgomery County Humane Society	910-571-0009

Blind Services

American Council on the Blind	800-424-8666
EyeCare America	800-222-3937
NC Library for Blind	888-388-2460
Local Contact	919-733-4376
Social Services Department	910-576-6531
Vocational Rehabilitation Service	910-295-1530

Child Abuse

Butterfly House Child Advocacy Center	704-984-4626
Child Help – National Child Abuse Hotline	800-422-4453
Department of Social Services	910-516-6531

Children's and Youth Concerns

4-H Club	910-576-6011
Eckerd-Candor	910-974-4183
Child Help – National Child Abuse Hotline	800-422-4453
Communities in Schools	910-573-0974
Partners for Children and Families	910-949-4045
Montgomery County Health Department	910-572-1393
Montgomery County Partnership for Children	910-576-2363
National Child Safety Council	800-222-1464
National Run-Away Switchboard	800-786-2929
Sandhills Children's Developmental Services Agency (CDSA)	866-368-7199

Chiropractors

Montgomery County Chiropractic Center	704-982-2102
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Crisis Counseling

Ester House	704-961-7500
Journey Counseling After Hours	336-625-7455
National Suicide Prevention Lifeline	800-273-TALK (800-273-7855)
Therapeutic Alternatives	877-626-1772

Dental Care

FirstHealth Dental Care Center	910-571-5700
FirstHealth Dental Emergency	910-629-5111
Lane and Associates	910-428-2048
	910-572-2811
Dr. Johnny McKinnon	910-439-9744
Mercy Clinic	336-610-7000
Powers Pediatric Dentistry	910-692-5329
Dr. Terry Wood	910-576-3971
Sparkling Smiles	336-625-1319

Diabetes Self-Management

FirstHealth of the Carolinas	910-715-1925
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Dialysis

Davita, Inc.	910-428-4052
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Emergency Assistance

American Red Cross	704-982-0070
United Way of Stanly County	704-982-6916
United Way of Moore County	910-692-2413
United Way of Randolph County	336-625-4207

Food Pantries

First Baptist of Troy	910-576-5286
Montgomery Churches in Action	910-428-4641
Macedonia Presbyterian Church	910-974-7337
Mt. Gilead Food Pantry	910-792-7695
Ropers Grove Baptist Church	910-573-1728

Health Clubs

D-Block Gym and Fitness Center	910-576-0262
FirstHealth Center for Health & Fitness	910-571-5480

Health Services

AIDS Hotline	800-CDC-INFO
American Cancer Society	800-227-2345
American Heart Association	800-242-8721
American Lung Association	800-LUNG-USA
Autumn Care Nursing and Rehab	910-428-2117
Crisis Line	910-572-3747
FirstHealth EMS (Montgomery)	910-571-5499
FirstHealth Response – Lifeline	910-715-1271
Health and Human Services Hotline	800-MEDICARE
Home Care of the Carolinas	800-222-6819
Leukemia and Lymphoma Society	704-998-5012
Montgomery County Department of Health	910-572-1393
Montgomery Memorial Hospital	910-571-5000
Moore Regional Hospital	910-715-1000
Moore Pediatric Therapy Services	910-673-5437
Muscular Dystrophy Association	704-567-2912
National Parkinson Foundation	800-522-8855
National Suicide Prevention Lifeline	800-273-TALK
North Carolina Eye Bank (Winston-Salem)	336-765-0932
Poplar springs Rest Home	910-428-2981
Daymark Recovery Services	910-572-3681
United Way	704-982-6916

Home Health Services

Bayada Nurses	704-982-7070
Community Home Care & Hospice	910-576-0023
Elite Home Care Services	910-576-2276
Family First Home Care	910-516-2273
FirstHealth Home Care Services	800-876-2212
Gentiva Home Health	336-629-3170
Healthy at Home Troy	910-572-3800
Home Care of the Carolinas	800-222-6819
Stay Well Senior Care	336-628-4214

Hospices

Community Home care & Hospice	336-576-0023
FirstHealth Hospice and Palliative Care	866-861-7485
Hospice of Randolph County	336-672-9300
Hospice of Richmond County	910-997-4464
Hospice of Stanly County	800-230-4236

Hospitals

FirstHealth Montgomery Memorial Hospital	910-571-5000
FirstHealth Moore Regional Hospital	910-715-1000
Randolph Hospital	336-625-5151
Stanly Regional medical Center	704-984-4000

Housing Services

Rocky Knoll	910-572-2421
Sandhills Community Action Program	910-975-9536
Troy Housing Authority	910-576-0611
US Housing Discrimination Information	800-669-9777
Wesleyan Homes #1	910-572-2421
Wesleyan Homes #2	910-572-5577
Westwood Apartments	910-572-2107

Intellectually/Developmentally Disabled Services

Children's Developmental Service Agency	910-997-9117
Family Support Network of North Carolina	800-852-0042
Library of Congress Division of the Blind and Physically Handicapped	800-424-8567
Monarch	910-428-4298

Lactation Assistance

WIC Department – Montgomery County Department of Health	910-572-8174
Moore Regional Hospital	910-715-2068
Pinehurst Surgical	910-235-2986
Stanly Pediatrics	910-982-2683

Legal Services

Legal Aid of NC (Greensboro)	336-272-0148
NC Lawyer Referral Service	800-662-7660

Libraries

Montgomery County Public Library	910-572-1311
Biscoe Public Library	910-428-2551
Candor Public Library	910-974-4033
Mt. Gilead Public Library	910-439-6651
Star Public Library	910-428-2338

Medical Providers

Family Care

Family Care Associates	910-576-0042
FirstHealth Primary Care and Cardiology Clinic (Troy)	910-571-5510
FirstHealth Family Care Center (Biscoe)	910-428-1544
FirstHealth Family Care Center (Candor)	910-974-7555
Mid Carolina Family Medicine	910-572-1785
Montgomery Community Health Center	910-428-9020
Mount Gilead Medical Services	910-439-1573
Troy Medical Services	910-572-2309

Pediatricians

Albemarle Pediatrics	704-982-5437
Premier Pediatrics (Southern Pines)	910-246-2229
Premiere Pediatrics (Asheboro)	336-625-0500
Randolph Health Pediatrics	336-625-2467
Sandhills Pediatrics (Southern Pines)	910-692-2444
Sandhills Pediatrics (West End)	910-673-1600
Stanly Pediatrics	704-982-2683

Pulmonary Rehab

Pulmonary Rehab MMH	910-571-5278
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Surgical Clinics

Pinehurst Surgical (Pinehurst)	910-672-6374
Surgical Associates of Asheboro	336-625-2456
FirstHealth Surgical Specialties in Troy	910-571-5710

Women's Health Specialists

Albemarle Women's Clinic	704-550-5260
Central Carolina Women's Center	336-626-6371
Montgomery County Health Department	910-572-1393
Pinehurst Surgical Clinic – Women's Care	910-295-0290
Southern Pines Women's Health Center	910-692-7928
Stanly Women's Services	980-323-5330

Medication Assistance Program

FirstHealth of the Carolinas	910-571-5975
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Mental Health Services

Daymark Recovery Services	910-572-3681
Journey Counseling and Consulting	910-572-2225
Recovery Solutions	910-571-0047
Sandhills Center	800-256-2452

Opticians and Optometrists

Dr. Haywood	910-576-7371
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Pharmacies

Biscoe Pharmacy	910-428-1150
Carolina Pharmacy	336-873-8246
Cochrane Ridenhour Drug	910-439-6541
CVS Pharmacy	910-572-1396
Quality Care Pharmacy-Seven Lakes	910-673-3784
Standard Drug	910-572-2070
Walmart Pharmacy	910-428-4960
White Star Pharmacy	910-572-2129

School Health Centers

Montgomery County School Health Center – East	910-528-9392
Montgomery County School Health Center – West	910-572-1979

Senior Citizen Information

Council On Aging	910-572-3757
Department of Social Services	910-576-6531
Family Caregiver Support Program	910-572-3757
Home Economic Agent	910-576-9011
Medicare	800-633-4227
Troy-Montgomery Senior Center	910-572-4464
Seniors Health Insurance Information Program (SHIIP)	855-408-1212
Senior Help Line – Information Assistance	910-572-4464
Stay Well Senior Care	336-628-4200
Social Security Administration	800-772-1213

Social Security Offices

Social Security Office – Albemarle	866-319-8268
Social Security Office – Asheboro	888-472-6119

Substance Abuse

Center for Substance Abuse Treatment (CSAT) National Drug Abuse Hotline	800-662-HELP
Daymark Recovery Services	910-572-3681
Family Care Associates	910-576-0042
Journey Counseling and Consulting	910-572-2225
Alcohol and Drug Services	855-801-9817
National Clearinghouse for Alcohol and Drug Information	800-729-6686

Transportation Assistance

Daisy and Edward Transportation	910-439-4662
FirstHealth Transportation	910-571-5498
NC Department of Transportation	910-944-2344
R-CATS (Regional Coordinated Area Transportation System)	910-572-3430

Veteran's Services

American Red Cross	704-982-0070
Montgomery County Veteran's Service	910-576-4711
Job Link & NC Employment Services	910-572-3641
Veterans Regional Office/Benefits Information	800-827-1000
Veterans Crisis Line	800-273-TALK

Veterinarian

Montgomery Animal Clinic	910-572-3781
Biscoe Pet Hospital	910-728-1801

Secondary Data provided by the NC Division of Public Health

The following section is Secondary Data provided to the Montgomery County Department of Health provided by the North Carolina Division of Public Health.

Age Distribution, Montgomery County (2019)- ACS Demographic and Housing Estimates

Age Range	2019: ACS 5-Year Estimates Data Profiles	
	Number	Percent
<5 years	1,672	6.1%
5-9 years	1,420	5.2%
10-14 years	1,845	6.8%
15-19 years	1,733	6.4%
20-24 years	1,614	5.9%
25-34 years	2,998	11.0%
35-44 years	2,860	10.5%
45-54 years	3,772	13.8%
55-59 years	2,018	7.4%
60-64 years	1,944	7.1%
65-74 years	3,282	12.0%
75-84 years	1,558	5.7%
85 years and over	536	2.0%
Median age (years)	43.6	(x)
Total	27,252	

2019 American Community Survey 5-Year Estimates and Data Profiles

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina&tid=ACSDP5Y2018.DP05&hidePreview=false> * Data are based on a sample and are subject to sampling variability.

The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error.*

Age Distribution, Montgomery County (July 1, 2019)- Census QuickFacts Estimates

Age Range	2019	
	Number	Percent
Persons under 5 years	1,413	5.2%
Persons under 18 years	5,897	21.7%
Persons 65 years and over	5,734	21.1%
Total	27,173	

U.S. Census QuickFacts Estimate.

<https://www.census.gov/quickfacts/fact/table/montgomerycountynorthcarolina/PST045219> *Census QuickFacts estimates are based on sample data and may have sampling errors that may cause greater variance in the reported data between two census data tables.*

Sex, Montgomery County--ACS Demographics and Housing Estimates

Gender	Montgomery	Percent
Female	13,907	51.0%
Male	13,345	49.0%
Total	27,252	100%

2019 American community survey 5-Year Estimates Data Profiles

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina&tid=ACSDP5Y2018.DP05&hidePreview=false>

Sex, Montgomery County – Census QuickFacts Estimate (2019)

Gender	Montgomery	Percent
Female	13,885	51.1%
Male	13,287	48.9%
Total	27,173	

U.S. Census QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountynorthcarolina/PST045219>

Gender	Montgomery	Percent
Female	50	2.8%
Male	1,756	97.2%
Total	1,806	8.6%

Veterans by Sex ACS Demographic and Housing Estimates

2019 American Community Survey 5-Year Estimates Data Profiles

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20veterans&g=0400000US37&tid=ACSST5Y2018.S2101&hidePreview=false>

Gender	Montgomery	Percent
Total	1,806	8.6%

Veterans- Census QuickFacts Estimate (2014-2018)

U.S. Census QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountynorthcarolina/PST045219>

Race, Montgomery County and North Carolina ACS Demographic and Housing Estimates (5 yr Estimate)

Race	Montgomery County		North Carolina	
	Number	Percent	Number	Percent
White	20,612	75.6%	7,049,919	68.7%
Black or African American	4,794	17.6%	2,200,761	21.4%
American Indian and Alaska Native	82	0.3%	123,952	1.2%
Asian	393	1.4%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	0	0.0%	7,213	0.1%
Hispanic or Latino (of any race)	4,184	15.4%	962,665	9.4%
Some other race	730	2.7%	316,763	3.1%
Two or more races	641	2.4%	273,276	2.7%
Total	27,252		10,264,876	

2019: ACS 5-Year Estimates Detailed Tables.

<https://data.census.gov/cedsci/table?q=%20montgomery%20county,%20north%20carolina&tid=ACSDP5Y2018.DP05&hidePreview=false>

Race, Montgomery County and North Carolina Census QuickFacts Estimate (2019)

Race	Montgomery County		North Carolina	
	Number	Percent	Number	Percent
White		76.4%		70.6%
Black or African American		19.0%		22.2%
American Indian and Alaska Native		1.1%		1.6%
Asian		1.6%		3.2%
Native American and Other Pacific Islander		0.1%		0.1%
Two or more races		1.8%		2.3%
Hispanic or Latino, percent		15.6%		9.8%
White alone, Not Hispanic or Latino, percent		62.9%		62.6%
Foreign born		8.8%		7.9%
Total	27,173		10,488,084	

U.S. Census QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountynorthcarolina,NC/PST045219>

Ethnicity	Montgomery County		North Carolina	
	Number	Percent	Number	Percent
Hispanic or Latino (of any race)	4,184	15.4%	962,665	9.4%
Not Hispanic or Latino	23,068	84.6%	9,302,211	90.6%
Total	27,252		10,264,876	

Ethnicity ACS Demographics and Housing Estimates (2019)

2019: ACS 5-Year Estimates Data Profiles.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina&tid=ACSDP5Y2018.DP05&hidePreview=false>

Ethnicity	Montgomery County		North Carolina	
	Number	Percent	Number	Percent
Hispanic or Latino	4,239	15.6%	1,027,832	9.8%
Not Hispanic or Latino	22,934	84.4%	9,460,252	90.2%
Total	27,173		10,488,084	

Ethnicity, Montgomery County U.S. Census QuickFacts Estimate (2019)

U.S. Census QuickFacts.

<https://www.census.gov/quickfacts/fact/table/montgomerycountynorthcarolina/PST045219>

Hispanic or Latino Origin

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Montgomery County	63.3%	17.6%	0.3%	1.4%	0.0%	0.0%	2.1%
North Carolina	63.3%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20hispanic%20or%20latino%20origin&g=0400000US37&tid=ACSDT1Y2018.C03001&hidePreview=false>

Limited English-Speaking Households in Montgomery County

	Montgomery County			
	Total estimate	Percent Estimate	Limited English-speaking households	Percent limited English-speaking households
All households	10,195	(x)	203	2.0%
Spanish	1,059	10.4%	197	18.6%
Other Indo-European languages	54	0.5%	6	11.1%
Asian and Pacific Island languages	103	1.0%	0	0.0%
Other languages	35	0.3%	0	0.0%

2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20limited%20english-speaking%20households&tid=ACSST5Y2018.S1602&hidePreview=false>

Educational Attainment Population 25 years and older ACS (2019)

Factor	Montgomery County	North Carolina
High School Graduate or Higher	79.5%	87.8%
Less than 9 th Grade	7.0%	4.5%
High School, No Diploma	13.6%	7.7%
High School Graduate or Equivalency	34.6%	25.7%
Some College, No Degree	19.7%	21.2%
Associate's Degree	9.5%	9.7%
Bachelor's Degree	10.6%	20.0%
Graduate or Professional Degree	5.0%	11.3%

2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20household%20characteristics&g=0400000US37&tid=ACSDP5Y2018.DP02&hidePreview=true>

SAT scores for Montgomery County Public Schools, State, and National (2019-2016)

	SAT Scores			
	2019	2018	2017	2016
Montgomery	976	996	960	863
North Carolina	1,091	1,090	1074	997
United States	1,039	1049	NR	NR

North Carolina 2019 SAT Report: <https://www.dpi.nc.gov/data-reports/school-report-cards>

ACT Scores for Montgomery County Public Schools, and North Carolina

	ACT Proficiency			
	2019	2018	2017	2016
Montgomery County	45.4%	39.3%	46.2%	47.1%
North Carolina	55.8%	57.9%	58.8%	59.9%

ACT Scores: Public Schools of North Carolina. <https://www.dpi.nc.gov/data-reports/school-report-cards>

Income per household in the past 12 Months (in 2019 Inflation-Adjusted Dollars)

Income Level	Montgomery County	North Carolina
Below \$10,000	9.0%	6.4%
\$10,000-\$14,999	6.3%	5.0%
\$15,000-24,999	12.1%	10.3%
\$25,000-34,999	10.6%	10.3%
\$35,000-\$49,999	17.0%	13.9%
\$50,000-74,999	20.5%	18.0%
\$75,000-99,999	11.4%	12.4%
\$100,000-149,999	7.5%	13.1%
\$150,000-199,999	2.4%	5.1%
200,000 or more	3.3%	5.4%
Median household income	\$44,146 (2019)	\$54,602

2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20income%20&g=0400000US37&tid=ACSST5Y2018.S1901&hidePreview=true>

Poverty Status in the past 12 months disaggregated by age (Percent Below Poverty Level)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Montgomery County	24.7%	27.8%	23.1%	18.4%	12.2%	11.2%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20poverty%20status&g=0400000US37&tid=ACSST5Y2018.S1701&hidePreview=false>

Means of Transportation in Montgomery County by Age and Sex (2019)

Age group	Means of Transportation		
	Drove alone	Carpooled	Public Transportation (excluding taxicab)
16 t 19 years	1.3%	2.8%	0.0%
20-24 years	11.1%	7.7%	0.0%
25-44 years	35.0%	44.5%	59.1%
45-54 years	25.4%	12.1%	13.6%
55 to 59 years	11.4%	15.3%	0.0%
60 years and over	15.8%	17.7%	27.3%
Median age (years)	46.0	39.1	29.8
Male	50.8%	66.8%	27.3%
Female	49.2%	33.2%	72.7%

2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20means%20of%20transportation&g=0400000US37&tid=ACSST5Y2018.S0802&hidePreview=false>

Montgomery County and North Carolina Percent Owner-occupied units with a Mortgage

Factor	Montgomery County	North Carolina
Less than \$50,000	2.7%	3.1%
\$50,000 to \$99,000	33.1%	12.6%
\$100,000 to \$299,000	54.1%	59.4%
\$300,000 to \$499,000	4.6%	17.3%
\$500,000 to \$749,999	2.2%	4.9%
\$750,000 to \$999,999	2.2%	1.5%
\$1,000,000 or more	1.1%	1.1%
Median (dollars)	\$128,100	\$190,600

U.S. Census 2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20percent%20owner%20occupied%20units%20with%20mortgage&g=0400000US37&tid=ACSST5Y2019.S2506&hidePreview=false>

Montgomery County Financial Characteristics for Housing units without a Mortgage

Factor	Montgomery County	North Carolina
Less than \$50,000	21.5%	16.3%
\$50,000 to \$99,000	27.5%	19.7%
\$100,000 to \$199,000	23.8%	30.5%
\$200,000 to \$299,000	15.0%	15.6%
\$300,000 to \$499,000	5.3%	11.9%
\$500,000 to \$749,999	2.8%	3.6%
\$750,000 to \$999,999	1.9%	1.3%
\$1,000,000 or more	2.3%	1.2%
Median (dollars)	\$103,300	\$141,700

U.S. Census 2019: ACS 5-Year Estimates Subject Tables.

<https://data.census.gov/cedsci/table?q=montgomery%20county%20north%20carolina%20percent%20owner%20occupied%20units%20without%20a%20mortgage&g=0400000US37&tid=ACST5Y2018.S2507&hidePreview=false>

Montgomery County and North Carolina Live Births (2018)

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Montgomery County	278	10.2	159	9.1	44	8.6	67	15.9
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/>

Montgomery County and North Carolina Low Birth Weight (2018)

County/State	Total low Birthweight	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, Non-Hispanic	Black, Non-Hispanic rate	Hispanic	Hispanic rate
Montgomery County	27	9.7	19	11.9	7	15.9	1	1.5
North Carolina	11,019	9.3	4,863	7.5	4,094	14.3	1,379	7.5

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/>

Montgomery County pregnancy rates of Residents Ages 15-19 years old (2014-2018)

County/State	Total pregnancies	rate	White non-Hispanic pregnancies	rate	Af. Am Non-Hispanic Pregnancies	rate	Other Non-Hispanic pregnancies	rate	Hispanic Pregnancies	rate
Montgomery	182	42.3	70	32.9	42	46.7	9	*	61	51.8
North Carolina	46,489	28.3	18,291	19.4	16,521	38.5	1,800	24.0	9,440	47.1

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD2B%20preg%20rates%201519.rtf>

	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	144	5.4	88	4.4	28	5.7	24	8.8
Females	134	5.4	71	4.5	16	4.3	43	10.4

Montgomery County Live Births by Sex (2014-2018)

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/montgomery.html>

Montgomery County and North Carolina Fertility Rate for Females 15-19 (2014-2018)

County/State	Total Births	Fertility Rate	White, Non-Hispanic Births	Fertility Rate	Af. Am., Non-Hispanic Births	Fertility Rate	Other, Non-Hispanic Births	Fertility Rate	Hispanic Pregnancies	Fertility Rate
North Carolina	36,242	22.0	14,720	15.6	12,057	28.1	1,452	19.4	8,013	39.9
Montgomery	164	38.1	60	28.2	35	38.9	9	*	60	51.0

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/databook/>

Infant Deaths per 1,000 Live Births by Race/Ethnicity, 2014-2018

County/State	Total infant death	White	Black	Hispanic
Montgomery county	13	7	6	0
North Carolina	4,275	1,716	1,820	513

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/databook/>

NC Resident Fetal Death Rates per 1000 Deliveries, 2014-2018

County/State	Total fetal Death	White, non-Hispanic	Black, non-Hispanic	Hispanic
Montgomery	9	3	5	1
North Carolina	4,166	1,764	1,682	526

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/databook/>

NC Resident Neonatal (<28 Days) Death Rates per 1000 Live Births (2014-2018)

County/State	Total Neonate death	White	Black	Hispanic
Montgomery	9	4	5	0
North Carolina	2,865	1,092	1,247	366

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/databook/>

2014-2018 Race-Sex-Specific Age-Adjusted Death Rates By County

Residence=Montgomery																						
	White, non-Hispanic				African American, non-Hispanic				American Indian, non-Hispanic				Other Races, non-Hispanic				Hispanic					
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	568	900.8	581	693.9	148	1,227.2	159	844.6	2	N/A	1	N/A	5	N/A	6	N/A	14	N/A	2	N/A	1,486	809.3
Diseases of Heart	134	206.8	110	129.5	24	202.7	32	160.5	0	N/A	1	N/A	1	N/A	0	N/A	3	N/A	1	N/A	306	166.9
Acute Myocardial Infarction	32	45.3	16	N/A	5	N/A	9	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	62	32.2
Other Ischemic Heart Disease	55	87.2	34	42.2	7	N/A	11	N/A	0	N/A	0	N/A	1	N/A	0	N/A	2	N/A	0	N/A	110	61.0
Cerebrovascular Disease	28	46.7	30	33.8	8	N/A	5	N/A	0	N/A	0	N/A	2	N/A	0	N/A	0	N/A	0	N/A	73	38.5
Cancer	130	182.9	104	127.8	36	287.1	33	170.1	0	N/A	0	N/A	0	N/A	0	N/A	5	N/A	1	N/A	309	159.0
Colon, Rectum, and Anus	9	N/A	12	N/A	1	N/A	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	26	13.6
Pancreas	11	N/A	8	N/A	2	N/A	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	25	13.2
Trachea, Bronchus, and Lung	42	58.2	24	27.4	13	N/A	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	1	N/A	88	42.9
Breast	0	N/A	18	N/A	0	N/A	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	21	20.8
Prostate	18	N/A	0	N/A	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	23	28.1
Diabetes Mellitus	24	31.5	15	N/A	11	N/A	11	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	61	31.5
Pneumonia and Influenza	13	N/A	17	N/A	4	N/A	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	37	20.3
Chronic Lower Respiratory Diseases	42	58.7	48	56.2	8	N/A	5	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	104	52.8
Chronic Liver Disease and Cirrhosis	12	N/A	3	N/A	0	N/A	2	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	18	N/A
Septicemia	11	N/A	10	N/A	2	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	24	12.2
Nephritis, Nephrotic Syndrome, and Nephrosis	9	N/A	5	N/A	6	N/A	8	N/A	0	N/A	0	N/A	0	N/A	4	N/A	0	N/A	0	N/A	32	16.8
Unintentional Motor Vehicle Injuries	16	N/A	9	N/A	3	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	3	N/A	0	N/A	33	23.7
All Other Unintentional Injuries	13	N/A	14	N/A	8	N/A	3	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A	40	25.3
Suicide	13	N/A	5	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	19	N/A
Homicide	2	N/A	0	N/A	5	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	8	N/A
Alzheimer's disease	28	51.1	59	63.8	5	N/A	16	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	108	58.8
Acquired Immune Deficiency Syndrome	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	2	N/A

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/databook/>

Cancer Incidence Rates per 100,000 for Montgomery County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,467	161.8	32,584	115.9	277,277	481.9
Montgomery	75	40.3	142	70.7	126	131.6	110	115.6	860	464.5

NC State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>.

North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) infections by County of Residence s Time of Diagnosis (2018-2019)

COUNTY	CHLAMYDIA			GONORRHEA			P. & S. SYPHILIS			E. L. SYPHILIS		
	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
LEE	72	83	85	17	16	25	0	1	3	1	0	1
LENOIR	120	143	151	49	56	52	0	3	2	1	1	1
LINCOLN	69	84	86	21	17	27	2	1	2	2	0	2
MACON	34	20	13	8	5	7	1	0	0	1	0	0
MADISON	25	18	14	6	2	4	1	0	0	0	0	0
MARTIN	45	55	34	18	13	11	1	0	1	0	2	3
MCDOWELL	27	47	42	11	18	15	1	0	3	2	0	1
MECKLENBURG	2,252	2,459	2,487	740	767	831	70	61	79	51	63	69
MITCHELL	9	9	11	2	1	0	0	0	0	0	0	0
MONTGOMERY	41	20	22	5	8	7	0	0	0	1	0	1

North Carolina Electronic Disease Surveillance System (data as of May 4, 2020).

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Age-Adjusted Other Unintentional Injuries Death Rates per 100,000 Residents for Montgomery, and North

County/State	Number of deaths 2019	Death Rate 2019	Number of Deaths 2015-2019	Death Rate 2015-2019	Age-Adjusted Death Rate 2015-2019
Montgomery	14	51.5	50	36.7	31.8
North Carolina	4,683	44.7	21,107	41.1	39.3

Carolina, 2019 and (2015-2019) N.C. State Center for Health Statistics: Personal communication Zachary P. Schafer December 14, 2020

Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents for Montgomery and North Carolina 2019 and 2015-2019

County/State	Number of deaths 2019	Death Rate 2019	Number of Deaths 2015-2019	Death Rate 2015-2019	Age-Adjusted Death Rate 2015-2019
Montgomery	10	36.8	31	22.8	21.5
North Carolina	1,608	15.3	7,775	15.1	14.7

N.C. State Center for Health Statistics: Personal communication Zachary P. Schafer December 14, 2020

2019 BRFSS Survey Results: North Carolina Regions Hypertension Screening

Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional
(CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 5	549	241	39.3	34.6-44.3	308	60.7	55.7-65.4
GENDER							
Male	218	92	40.4	33.0-48.3	126	59.6	51.7-67.0
Female	331	149	38.3	32.5-44.5	182	61.7	55.5-67.5
RACE							
Non-Hispanic White	259	105	37.2	30.8-44.0	154	62.8	56.0-69.2
Non-Hispanic Black	156	86	49.0	39.8-58.3	70	51.0	41.7-60.2
Other	134	50	32.8	24.6-42.0	84	67.2	58.0-75.4
AGE							
18-44	206	40	17.1	12.0-23.7	166	82.9	76.3-88.0
45-64	187	98	50.1	41.8-58.5	89	49.9	41.5-58.2
65+	150	100	68.3	58.6-76.7	50	31.7	23.3-41.4
HOUSEHOLD INCOME							
Less than \$50,000	259	121	44.9	37.7-52.3	138	55.1	47.7-62.3
\$50,000+	165	58	28.4	21.5-36.5	107	71.6	63.5-78.5
Don't know/Not sure or Refused	116	***	***	***	***	***	***

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/ RFHYPE.html>

2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: myocardial infarction

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	231	4.4	3.8- 5.1	4,035	95.6	94.9-96.2
Medicaid Region 5	547	36	5.6	3.7- 8.2	511	94.4	91.8-96.3
GENDER							
Male	219	23	8.5	5.2-13.7	196	91.5	86.3-94.8
Female	328	13	2.8	1.5- 5.0	315	97.2	95.0-98.5
RACE							
Non-Hispanic White	260	22	6.9	4.3-11.1	238	93.1	88.9-95.7
Non-Hispanic Black	154	***	***	***	148	97.9	95.0-99.1
Other	133	***	***	***	125	94.7	89.0-97.5
AGE							
18-44	207	***	***	***	203	97.9	92.5-99.4
45-64	186	15	7.7	4.4-13.1	171	92.3	86.9-95.6
65+	147	17	10.2	5.8-17.4	130	89.8	82.6-94.2
HOUSEHOLD INCOME							
Less than \$50,000	259	17	6.7	3.7-11.7	242	93.3	88.3-96.3
\$50,000+	164	12	4.8	2.5- 8.8	152	95.2	91.2-97.5
Don't know/Not sure or Refused	115	***	***	***	108	95.1	89.4-97.8

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/CVDINFR4.html>

2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: angina or coronary heart disease

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,257	244	4.5	3.9- 5.2	4,013	95.5	94.8-96.1
Medicaid Region 5	546	33	4.7	3.1- 7.1	513	95.3	92.9-96.9
GENDER							
Male	216	15	5.1	2.9- 8.9	201	94.9	91.1-97.1
Female	330	18	4.3	2.3- 7.8	312	95.7	92.2-97.7
RACE							
Non-Hispanic White	259	18	5.1	2.9- 8.8	241	94.9	91.2-97.1
Non-Hispanic Black	155	***	***	***	148	97.1	93.5-98.8
Other	132	***	***	***	124	94.0	88.0-97.1
AGE							
18-44	206	***	***	***	204	99.2	96.9-99.8
45-64	186	15	7.3	4.1-12.4	171	92.7	87.6-95.9
65+	147	16	9.5	4.9-17.7	131	90.5	82.3-95.1
HOUSEHOLD INCOME							
Less than \$50,000	256	16	4.2	2.3- 7.3	240	95.8	92.7-97.7
\$50,000+	164	***	***	***	154	95.4	90.9-97.7
Don't know/Not sure or Refused	117	***	***	***	111	93.9	84.4-97.8

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/CVDCRHD4.html>

2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular disease

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 5	544	75	11.6	8.9-15.1	469	88.4	84.9-91.1
GENDER							
Male	217	34	13.1	8.8-18.9	183	86.9	81.1-91.2
Female	327	41	10.3	7.1-14.7	286	89.7	85.3-92.9
RACE							
Non-Hispanic White	258	40	12.8	9.0-18.1	218	87.2	81.9-91.0
Non-Hispanic Black	153	20	9.5	5.8-15.3	133	90.5	84.7-94.2
Other	133	15	9.8	5.7-16.4	118	90.2	83.6-94.3
AGE							
18-44	206	***	***	***	196	95.3	90.4-97.8
45-64	186	30	15.6	10.5-22.4	156	84.4	77.6-89.5
65+	145	35	21.5	14.2-31.0	110	78.5	69.0-85.8
HOUSEHOLD INCOME							
Less than \$50,000	256	38	12.8	8.7-18.5	218	87.2	81.5-91.3
\$50,000+	163	19	10.0	6.0-16.1	144	90.0	83.9-94.0
Don't know/Not sure or Refused	116	17	12.2	6.7-21.2	99	87.8	78.8-93.3

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/cvdhist.html>

2019 BRFSS Survey Results: North Carolina Regions Health Conditions: *Ever told you had asthma*

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,280	570	13.1	12.0-14.3	3,710	86.9	85.7-88.0
Medicaid Region 5	550	77	12.8	9.8-16.5	473	87.2	83.5-90.2
GENDER							
Male	218	22	10.8	6.8-16.7	196	89.2	83.3-93.2
Female	332	55	14.6	10.5-19.8	277	85.4	80.2-89.5
RACE							
Non-Hispanic White	261	34	12.8	8.8-18.3	227	87.2	81.7-91.2
Non-Hispanic Black	156	25	13.4	8.5-20.5	131	86.6	79.5-91.5
Other	133	18	11.2	6.3-19.2	115	88.8	80.8-93.7
AGE							
18-44	206	31	13.8	9.1-20.5	175	86.2	79.5-90.9
45-64	187	25	13.6	8.8-20.3	162	86.4	79.7-91.2
65+	150	21	10.5	6.0-17.6	129	89.5	82.4-94.0
HOUSEHOLD INCOME							
Less than \$50,000	259	36	13.7	9.2-19.9	223	86.3	80.1-90.8
\$50,000+	165	21	12.1	7.4-19.3	144	87.9	80.7-92.6
Don't know/Not sure or Refused	117	19	12.3	7.2-20.3	98	87.7	79.7-92.8

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/ASTHMA3.html>

2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,267	922	21.6	20.1-23.1	3,345	78.4	76.9-79.9
Medicaid Region 5	547	140	24.9	20.8-29.6	407	75.1	70.4-79.2
GENDER							
Male	217	41	18.9	13.3-26.2	176	81.1	73.8-86.7
Female	330	99	30.5	24.8-36.8	231	69.5	63.2-75.2
RACE							
Non-Hispanic White	258	71	27.7	21.7-34.5	187	72.3	65.5-78.3
Non-Hispanic Black	156	37	19.4	13.7-26.8	119	80.6	73.2-86.3
Other	133	32	22.4	15.5-31.2	101	77.6	68.8-84.5
AGE							
18-44	207	51	26.1	19.3-34.2	156	73.9	65.8-80.7
45-64	185	61	32.3	25.0-40.5	124	67.7	59.5-75.0
65+	148	28	14.4	9.1-22.0	120	85.6	78.0-90.9

HOUSEHOLD INCOME

Less than \$50,000	258	76	29.3	23.0-36.6	182	70.7	63.4-77.0
\$50,000+	165	36	21.1	14.6-29.4	129	78.9	70.6-85.4
Don't know/Not sure or Refused	115	27	22.4	14.2-33.6	88	77.6	66.4-85.8

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/ADDEPEV3.html>

2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions

(Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,274	362	7.8	6.9- 8.7	3,912	92.2	91.3-93.1
Medicaid Region 5	550	50	8.2	5.9-11.2	500	91.8	88.8-94.1
GENDER							
Male	219	17	6.6	3.9-10.8	202	93.4	89.2-96.1
Female	331	33	9.7	6.3-14.4	298	90.3	85.6-93.7
RACE							
Non-Hispanic White	261	25	9.1	5.9-13.8	236	90.9	86.2-94.1
Non-Hispanic Black	156	11	5.8	3.0-10.9	145	94.2	89.1-97.0
Other	133	14	7.8	4.2-13.9	119	92.2	86.1-95.8
AGE							
18-44	207	***	***	***	202	98.1	94.9-99.3
45-64	186	25	14.9	9.6-22.4	161	85.1	77.6-90.4
65+	150	20	12.3	7.0-20.5	130	87.7	79.5-93.0
HOUSEHOLD INCOME							
Less than \$50,000	260	28	9.7	6.3-14.7	232	90.3	85.3-93.7
\$50,000+	165	13	6.9	3.7-12.6	152	93.1	87.4-96.3
Don't know/Not sure or Refused	116	***	***	***	108	93.0	83.6-97.2

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/chccopd2.html>

Crime Rate per 100,000 persons in (2018)

County/State	Violent crime rate				Property crime rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Montgomery County	203.6				2,179		

N.C. Bureau of Investigation. <http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

County/State	Number of Deaths 2019	Death Rate 2019	Number of Deaths 2015-2019	Unadjusted Death Rate 2015-2019	Age-Adjusted Death Rate 2015-2019
North Carolina	1,368	13.0	7,173	14.0	13.4
Montgomery County	3	11.0	21	15.4	13.4

NC Resident Mortality Statistics for 2019: Suicide Rates

N.C. Center for Health Statistics: Personal Communication Zachary P. Schafer December 14, 2020

All ages: Leading causes of Injury Death, Hospitalization, and Emergency Visits by County (2010-2013)

Leading Causes of Injury Death All Ages: 2010 to 2013 MONTGOMERY			Leading Causes of Injury Hospitalization** All Ages: 2010 to 2013 MONTGOMERY			Leading Causes of Injury ED Visits** All Ages: 2010 to 2013 MONTGOMERY		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT, Unintentional	26	1	Fall, Unintentional	386	1	Fall, Unintentional	2,124
2	Fall, Unintentional	14	2	MVT, Unintentional	78	2	Struck, Unintentional	910
3	Poisoning, Unintentional; Firearm,	12	3	Poisoning, Unintentional	72	3	MVT, Unintentional	860
4	Unspecified, Unintentional	8	4	Unspecified, Unintentional	55	4	Overexertion, Unintentional	817
5	Firearm, Assault	6	5	Poisoning, Self inflicted	54	5	Unspecified, Unintentional	701
	Other	13		Other	227		Other	2,761
TOTAL		91	TOTAL		872	TOTAL		8,173

NC Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAllAges-2010-2013c.pdf>

Ages 0-18: Leading causes of Injury death, Hospitalization and ED Visits by County (2010-2013).

Leading Causes of Injury Death Ages 0-18: 2010 to 2013 MONTGOMERY			Leading Causes of Injury Hospitalization** Ages 0-18: 2010 to 2013 MONTGOMERY			Leading Causes of Injury ED Visits** Ages 0-18: 2010 to 2013 MONTGOMERY		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Suffocation, Self inflicted; Other	1	1	Fall, Unintentional	10	1	Fall, Unintentional	540
2			2	MVT, Unintentional	6	2	Struck, Unintentional	409
3			3	Fire/Burn, Unintentional	5	3	Natural/Environ, Unintentional	221
4				Poisoning, Unintentional;	4		Overexertion, Unintentional	173
			4	Natural/Environ, Unintentional		4	Other spec/class, Unintentional	160
				Unspecified, Self inflicted;	3			
5				Poisoning, Self inflicted; Other		5		
	Other	0	5	spec/class, Unintentional			Other	753
				Other	13			
TOTAL		3	TOTAL		51	TOTAL		2,256

NC Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-0-18-2010-2013.pdf>

Ages 19-34: Leading causes of injury death, Hospitalization and ED Visits by County, (2010-2013).

Leading Causes of Injury Death Ages 19-34: 2010 to 2013 MONTGOMERY			Leading Causes of Injury Hospitalization** Ages 19-34: 2010 to 2013 MONTGOMERY			Leading Causes of Injury ED Visits** Ages 19-34: 2010 to 2013 MONTGOMERY		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT, Unintentional	9	1	MVT, Unintentional	24	1	MVT, Unintentional	313
2	Firearm, Assault	5	2	Poisoning, Self inflicted	22	2	Fall, Unintentional	309
3	Poisoning, Unintentional	3	3	Fall, Unintentional	8	3	Overexertion, Unintentional	297
4	Firearm, Self inflicted; Cut/pierce,	2	4	Unspecified, Unintentional	7	4	Struck, Unintentional	231
				Struck, Assault; Poisoning, Unintentional; Cut/pierce, Self inflicted	5		Unspecified, Unintentional	206
5			5			5		
	Other	0		Other	29		Other	823
TOTAL		21	TOTAL		105	TOTAL		2,179

NC Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-19-34-2010-2013.pdf>

Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, (2010-2013)

Leading Causes of Injury Death Ages 35-64: 2010 to 2013 MONTGOMERY			Leading Causes of Injury Hospitalization** Ages 35-64: 2010 to 2013 MONTGOMERY			Leading Causes of Injury ED Visits** Ages 35-64: 2010 to 2013 MONTGOMERY		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT, Unintentional	10	1	Fall, Unintentional	87	1	Fall, Unintentional	620
2	Poisoning, Unintentional	9	2	Poisoning, Unintentional	39	2	MVT, Unintentional	306
3	Firearm, Self inflicted	7	3	MVT, Unintentional	29	3	Unspecified, Unintentional;	281
4	Fall, Unintentional	3	4	Poisoning, Self inflicted	25	4	Struck, Unintentional	210
5	Suffocation, Self inflicted	2	5	Unspecified, Unintentional	22	5	Cut/pierce, Unintentional	177
	Other	6		Other	107		Other	666
TOTAL		37	TOTAL		309	TOTAL		2,541

NC Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-35-64-2010-2013.pdf>

Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, (2010-2013).

Leading Causes of Injury Death Ages 65+: 2010 to 2013 MONTGOMERY			Leading Causes of Injury Hospitalization** Ages 65+: 2010 to 2013 MONTGOMERY			Leading Causes of Injury ED Visits** Ages 65+: 2010 to 2013 MONTGOMERY		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall, Unintentional	11	1	Fall, Unintentional	281	1	Fall, Unintentional	631
2	Unspecified, Unintentional	7	2	Unspecified, Unintentional	25	2	Unspecified, Unintentional	77
3	MVT, Unintentional	5	3	Poisoning, Unintentional	23	3	Overexertion, Unintentional	52
4	Firearm, Self inflicted	3	4	MVT, Unintentional	15	4	Natural/Environ, Unintentional; MVT,	51
5	Suffocation, Unintentional	2	5	Natural/Environ, Unintentional	12	5	Struck, Unintentional	44
	Other	1		Other	44		Other	124
TOTAL		29	TOTAL		400	TOTAL		1,030

NC Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-65Plus-2010-2013.pdf>

NC Overdose Overview Stats: Montgomery County (2018).

NC Overdose Overview Stats:

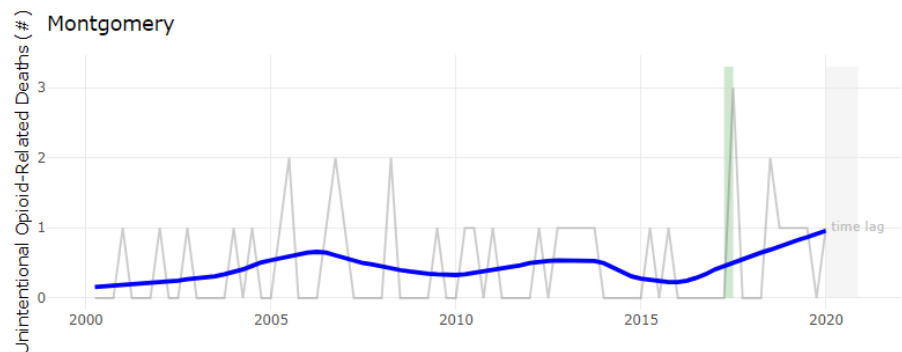


NC Opioid Action Plan Data Dashboard. <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>. Data set here: <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Unintentional Opioid-Related Deaths (1999-Present)

Unintentional Opioid-Related Deaths

Montgomery

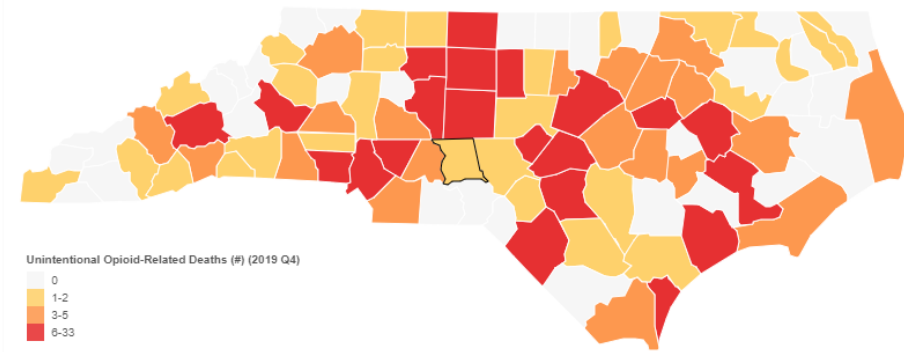


Data Source: North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present. See Technical Notes.

N.C. State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.

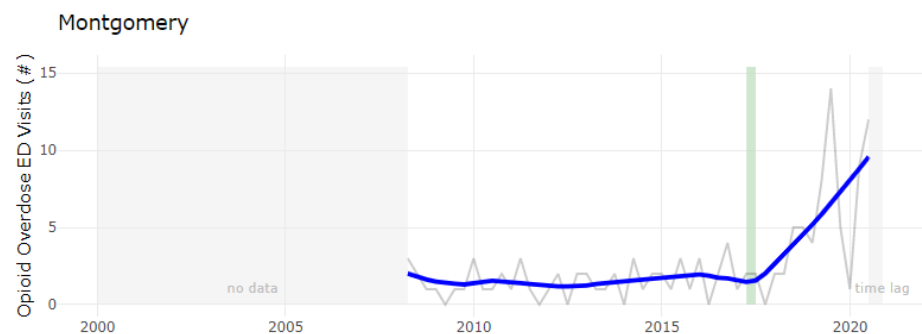
<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Most Recent Quarter's Unintentional Opioid-Related Deaths by County

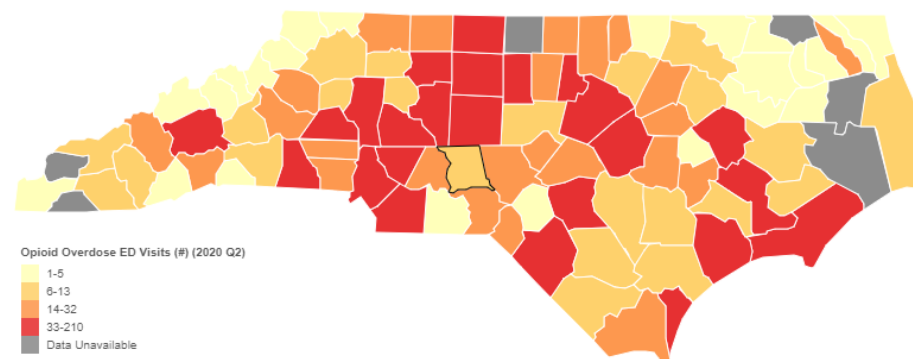


Opioid overdose ED Visits & Most Recent Quarter's Opioid Overdose ED Visits by County

Opioid Overdose ED Visits



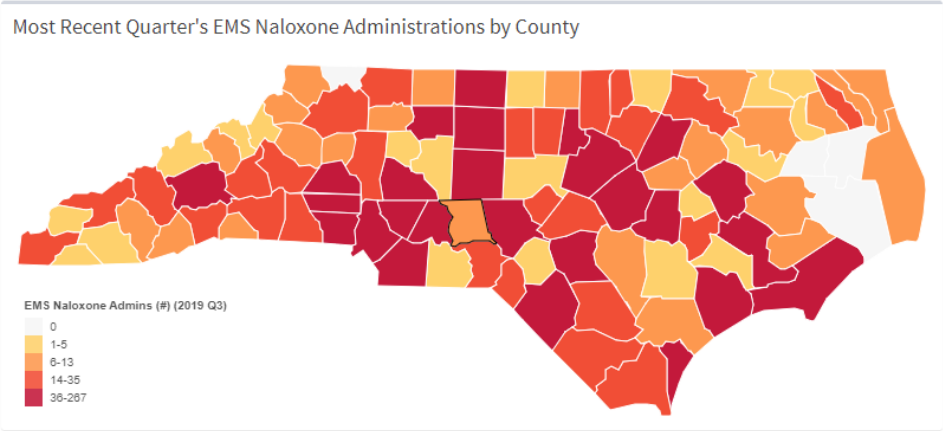
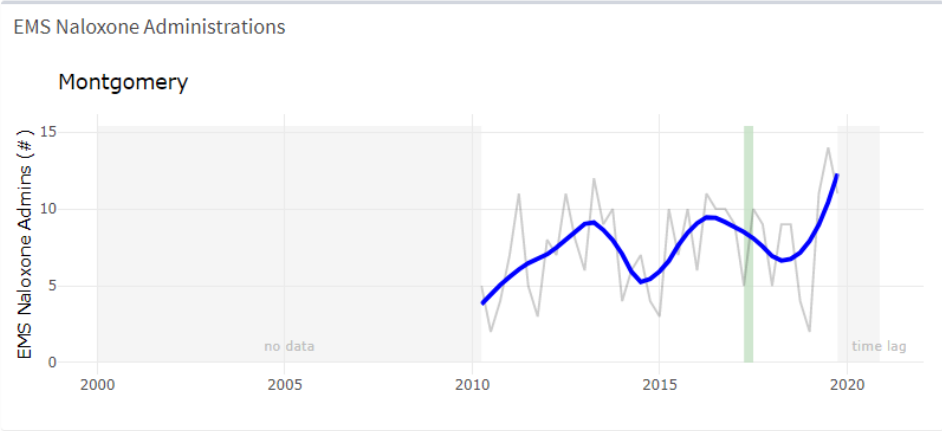
Most Recent Quarter's Opioid Overdose ED Visits by County



Data Source: North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2008-present See Technical Notes.

North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2008-present. North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2008-present. <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

EMS Naloxone Administrations & Most Recent Quarter's EMS Naloxone Administrations by County

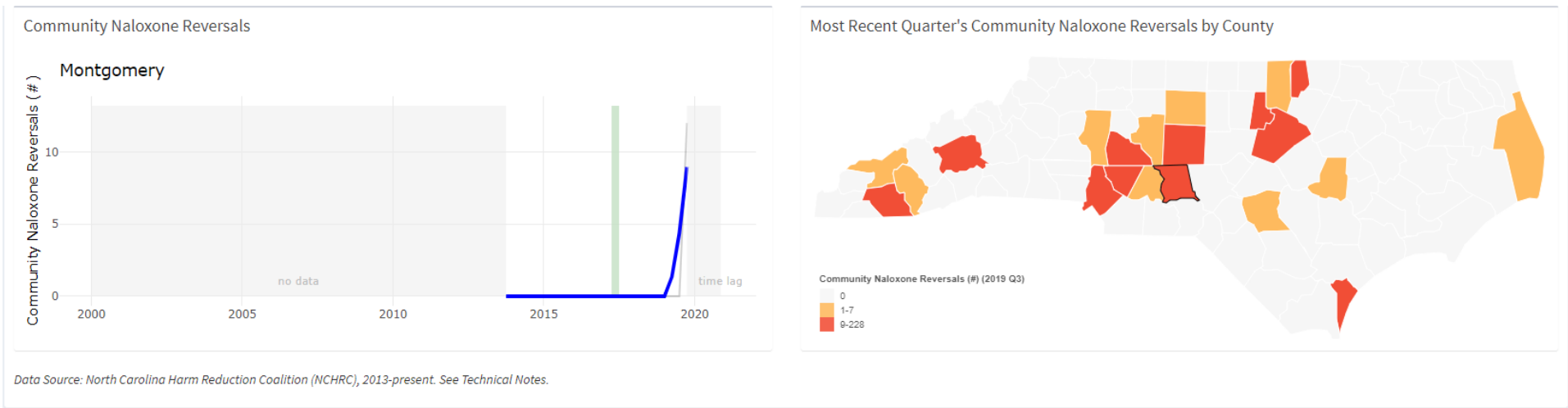


Data Source: North Carolina Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2012-present. See Technical Notes.

North Carolina Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2012-present.

<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Community Naloxone Reversals & Most Recent Quarter's Community Naloxone Reversals by County



North Carolina Harm Reduction Coalition (NCHRC), 2013-present. <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Local Health Department and EMS are good sources for naloxone reversals at the County level

COVID-19 total cases in Montgomery County and North Carolina disaggregated by Race and Gender (November

County/state	Total Cases	Total Deaths	White	Black or Af. American	American Indian Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Hispanic	Non-Hispanic	Gender
Montgomery County	2,287	48	70%	NR	NR	NR	NR	34%	66%	Male-46%
										Female-54%
North Carolina	629,124	7,578	62%	20%	2%	2%	2%	24%	76%	Male-47%
										Female-53%

9, 2020)

NC Division of Health and Human Services. <https://covid19.ncdhhs.gov/dashboard/cases>

*Please refer to dashboard for most up-to-date data

Covid-19 total cases in Montgomery and North Carolina disaggregated by Age (November 9, 2020)

County/state	0-17	18-24	25-49	50-64	65-74	75+
Montgomery	13%	12%	36%	21%	10%	9%
North Carolina	10%	14%	39%	20%	8%	7%

NC Division of Health and Human Services. <https://covid19.ncdhhs.gov/dashboard/cases>

*Please refer to dashboard for most up-to-date data

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