Montgomery County
Community Health Assessment 2016

Submitted by the Montgomery County Health Department
in Collaboration with FirstHealth of the Carolinas and the First-In-Health 2020 Vision Task Force

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Acknowledgements

The Montgomery County Health Department, in collaboration with the First-In-Health 2020 Vision Task Force, as well as other community partners are pleased to submit the Montgomery County Community Health Assessment 2016. We feel that the information shared will be beneficial in the continuing quest to improve the health and quality of life in Montgomery County.

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Introduction

The 2016 Community Health Assessment process is coordinated by the Montgomery County Health Department in collaboration with First Health of the Carolinas and the First-in-Health 2020 Vision Task Force. The main purpose of the assessment is to evaluate the health status of Montgomery County in comparison to state health statistics, identify and prioritize health issues that pose a threat to the health of the community and develop an action plan to address prioritized community health concerns. CHA findings can be used to assist in programmatic/organizational decisions, to plan effective, collborataive interventions to promote better health, to advocate for community change, to promote collaboration and partnership, and to furnish a baseline by which to monitor changes.

Methodology, Data Collection & Analysis

Primary Data. Primary data was gatherered for the 2016 Community Health Assessment utilizing a stratified convenience sample. The 2016 CHA team prioritized obtaining a representative sample of our population by ensuring that every community was sampled, every age group, and socioeconomic status. FirstHealth and the Montgomery County Health Department partered to develop the Community Health Opinion Survey tool which was then distributed throughout the county by paper and electronic mechanisms. Electronic surveys were sent out via Survey Monkey, and groups were asked to forward it to other friends, family members and business associates living within Montgomery County. Paper surveys were collected at daycares, restaurants, church gatherings, doctors' offices, beauty salons, barber shops, banks, pharmacies, and other local businesses. Paper surveys were hand-entered into the Survey Monkey platform for combined analysis of paper and electronic surveys.

When surveying using a convenience sample, it is recommended that at least 500 people participate in survey completion, but it is most important that the sample mirror the population as a whole. The 2016 CHA sampling method yielded 1,443 respondents, including representation from all five towns in the county (Troy- 35.26%, Mt. Gilead- 17.63%, Biscoe- 14.95%, Candor- 13.01%, and Star- 10.41%). More women (61.66%) completed the survey than men (38.34%). Racial groups were represented as following: White (71.05%), Black (18.47%), Hispanic (11.27%), Asian (1.02%), and American Indian (0.63%), which is very similar to the racial composition of the county. Sixty-six percent of respondents were employed, with sixteen percent being retired, and just under six percent being unemployed. Fifty-nine percent of respondents indicated their incomes to be above the federal poverty level, while twenty-seven percent indicated income levels below poverty. Almost 14% preferred not to answer income questions. With the large sampling size and the representative nature of respondents, the CHA team feels strongly that this method was effective and results are generalizable to the community.

Secondary Data. The 2016 Community Health Assessment shares data from a variety of sources, predominantly the North Carolina State Center for Health Statistics, the Centers for Disease Control and Prevention (CDC), US Census Department, Cecil G. Sheps Center for Health Services Research and LINC: Log Into North Carolina.

Throughout the report, local statistics for Montgomery County will be displayed in comparison to state statistics, as well as peer counties. The NC State Center for Health Statistics has identified seven "peer counties" for Montgomery which are similar in terms of age, race and poverty characteristics, and population demographics. The peer counties identified for Montgomery are: Anson, Bladen, Pasquotank, Richmond, Scotland and Vance counties. For comparison purposes in this report, we have chosen to concentrate on data from Anson, Richmond and Scotland counties as they are in our region and we work collaboratively on several projects and intiatives.

Priority Selection. The Community Health Assessment Steering Committee evaluated the data as a large group during the fall of 2016. In December 2016, the Health Department shared the findings of the assessment and feedback from the CHA work team with members of the community, community partners and representatives during a Priority Setting Session.

The group then engaged in a dot-mocracy and identified four priority health concerns:

- ❖ Substance Abuse Prevention and Reduction (including Opioids, Alcohol and Tobacco)
- ❖ Diabetes/Obesity Prevention and Control
- ❖ Teen Pregnancy Prevention
- ❖ Infant Mortality Reduction

Dissemination Plan. Copies of the 2016 Montgomery Community Health Assessment will be printed and shared with all members of the Work Team and other key stakeholders as identified by the group. Electronic versions of the document will be made available to the public upon request by contacting the Health Department. Electronic versions will be accessible on the Montgomery County website (www.montgomerycountync.com). Printed copies will be located at all library branches in the county.

County Profile

Montgomery County is located in the southern Piedmont region of North Carolina. Agriculture and manufacturing make up most of the county's economy. Cotton and tobacco are the most productive crops while the county's primary industries include textiles and lumber. Montgomery County is known as the "Golden Opportunity" county. A rural and wooded region, Montgomery County's primary woodland attracts hunters, fisherman and other outdoor enthusiasts. It is also home to much of the Uwharrie National Forest- approximately 50,000 acres. Also, many rivers, lakes and mountains are within the region. Several parts of the Yadkin-Pee Dee River flow through the county as well as Badin Lake, a body of water dammed from the river.

Location. Montgomery County is the exact geographic center of North Carolina and is comprised of 502 square miles. Although the county ranks forty-fifth in geographical size, it ranks seventy-first in population, as approximately two-thirds of the county acreage is included in the Uwharrie National Forest. Montgomery County is bounded by Moore, Richmond, Stanly, Davidson and Randolph counties.

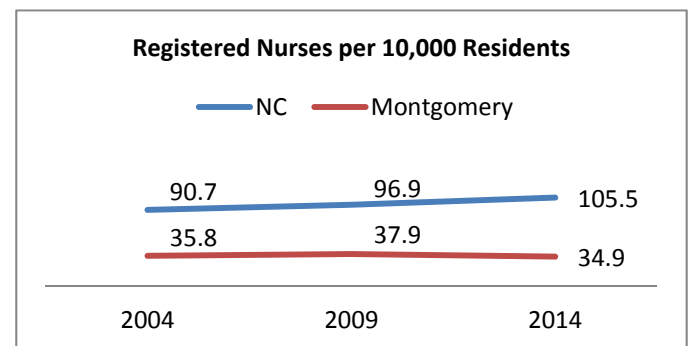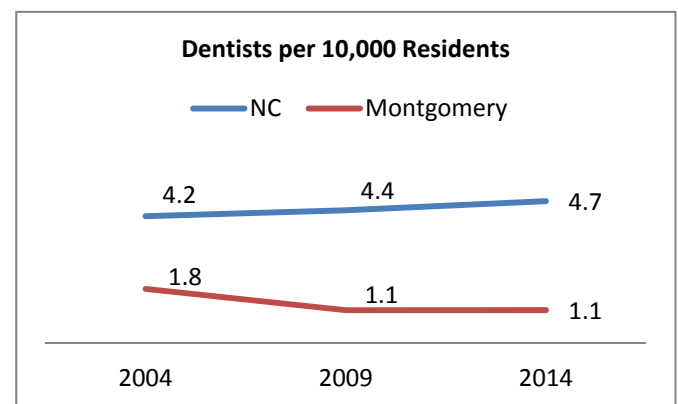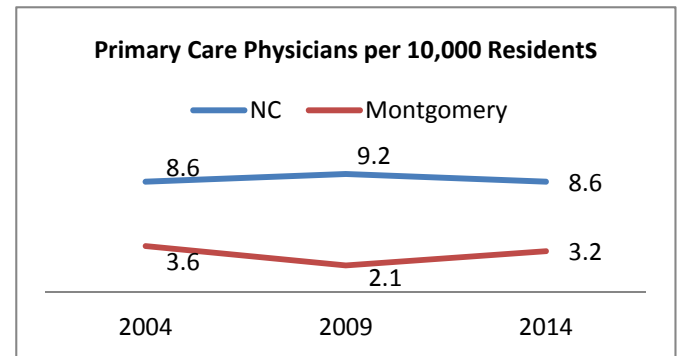**Towns and Festivals.** Five townships make up Montgomery County: Biscoe, Candor, Mt. Gilead, Star and Troy, which is the county seat. Other communities include Blaine, Ether, Ophir, Pekin, Steeds, Wadeville, Eldorado and Uwharrie. The Star Fiddler's Convention, Star Heritage Days, Troyfest, North Carolina Peach Festival, Small Town USA, and the Uwharrie Mountain Festival are a few of the annual festivals hosted within the county.

Transportation. Regional Coordinated Area Transportation System (RCATS) provides transportation for county residents, mostly for medical travel. The RCATS program has increased citizens' ability to access medical care both in and out of the county. There is no other public transportation services in the county.

Existing and Needed Health Resources. As evidenced throughout this assessment, there are real needs and barriers to healthcare in Montgomery County. However, there are also many resources available and the importance and utilization of those resources cannot be understated. Input regarding county assets was sought in a variety of ways through this assessment process including community forums, community surveys, internet surveys and conversations with the public. The following list is a compilation of all resources indicated as being beneficial to Montgomery County:

2020 Vision Committee, Angel Tree, Autumn Care of Biscoe, Back Pack Pals, Chamber of Commerce, Child Care Centers, Churches, Civic Clubs, Communities in Schools, Community Outreach Centers, Cooperative Extension Service, Council on Aging, FirstHealth of the Carolinas, FirstHealth School Based Health Centers, Food Pantries, Health Department, Hospice, JobLink, Maternity Programs, Meals on Wheels, Montgomery Community College, Montgomery County Public Libraries, Montgomery County Schools, Montgomery County Schools afterschool programs, Montgomery County Schools Teen Pregnancy Prevention Task Force, Montgomery County School Nurses, Montgomery County Farmers' Market, Partnership for Children, Sandy Ridge Assisted Living, School Nutrition Program, Sheriff's Office, Troy-Montgomery Senior Center, Veteran's Services Office, Water Department, and a variety of youth sports.

Source:
North Carolina County Trends Report
February 2017

Primary Care Physicians per 10,000 Residents

—— NC —— Montgomery

NC: 8.6 (2004), 9.2 (2009), 8.6 (2014)
Montgomery: 3.6 (2004), 2.1 (2009), 3.2 (2014)

2004   2009   2014

Dentists per 10,000 Residents

—— NC —— Montgomery

NC: 4.2 (2004), 4.4 (2009), 4.7 (2014)
Montgomery: 1.8 (2004), 1.1 (2009), 1.1 (2014)

2004   2009   2014

Registered Nurses per 10,000 Residents

—— NC —— Montgomery

NC: 90.7 (2004), 96.9 (2009), 105.5 (2014)
Montgomery: 35.8 (2004), 37.9 (2009), 34.9 (2014)

2004   2009   2014

Physician Assistants per 10,000 Residents

—— NC —— Montgomery

NC: 2.9 (2004), 3.7 (2009), 4.8 (2014)
Montgomery: 2.9 (2004), 2.9 (2009), 2.5 (2014)

2004   2009   2014

Population Demographics

The North Carolina Office of State Budget and Management (OSBM) has certified the 2016 population at 27,826. The US Census Bureau indicates the population percent change from April 2010 to July 1, 2015 showed a decline (-0.9%) for the county, while the state of North Carolina experienced a 5.3% increase. All three peer counties also showed population declines during this time frame (Anson: -4.4%; Richmond: -2.6%; Scotland: -1.8%). On the contrary, OSBM predicts Montgomery County to increase it's population from July 2020 to July 2030 by 670 residents, giving an expect growth rate of 2.40%. North Carolina's population is expected to increase by 10%. Anson is expected to show no change; Scotland and Richmond are both expected to decline.

Age. Age demographics for Montgomery County are similar to state demographics, with the biggest difference being seen in our aging population. Nineteen percent of the county population is aged 65 and over, as compared to 15.1% of the state's population. Twenty-three percent of the population in Montgomery are children 18 years and under. The median age in Montgomery County is 41.52.

Six hundred and seventy grandparents live in the same home as their grandchildren (less than 18 years of age). Of those, 38.8% have responsibility for their grandchildren. Almost twenty percent of caregiving grandparents have had the responsibility for more than five years. The majority of grandparent caregivers are female (51.9%) and married (66.5%).

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. According to the 2013-2015 Life Expectancies Report issued by the

	Total Life Expectancy	Male	Female	White	African American
Montgomery County	77.7	75.0	80.3	79.3	73.0
North Carolina	74.9	71.0	78.7	76.4	69.8

North Carolina State Center for Health Statistics, babies born in Montgomery County are expected live an average of 77.7 years. As can be seen in the table above, women have higher life expectancies than men, and white persons have higher expectancies than African-American persons for the county and the state.

Gender. Males and females are represented almost equally in Montgomery County, with females just slightly more predominant (females- 51.3%, males- 48.7%). This closely mirrors North Carolina.

Race. The racial composition of Montgomery County consists of 63.4% white alone, 19.0% black alone, 15.5% Hispanic or Latino, 1.0% American Indian, and 1.5% Asian alone. The percentage of Hispanic people is higher in Montgomery County than the state and all three peer counties. Fifteen percent of households in Montgomery County report speaking a language other than English at home, as compared to 11.2% in North Carolina.
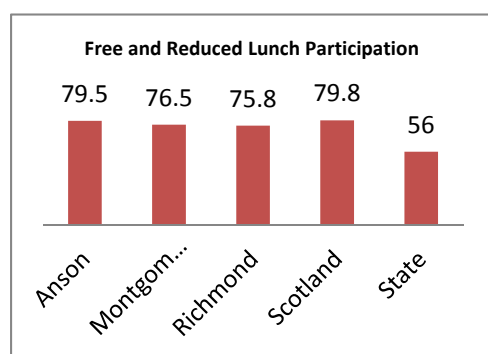
Race and Hispanic Origin, 2015 estimates

Racial Composition- Montgomery County
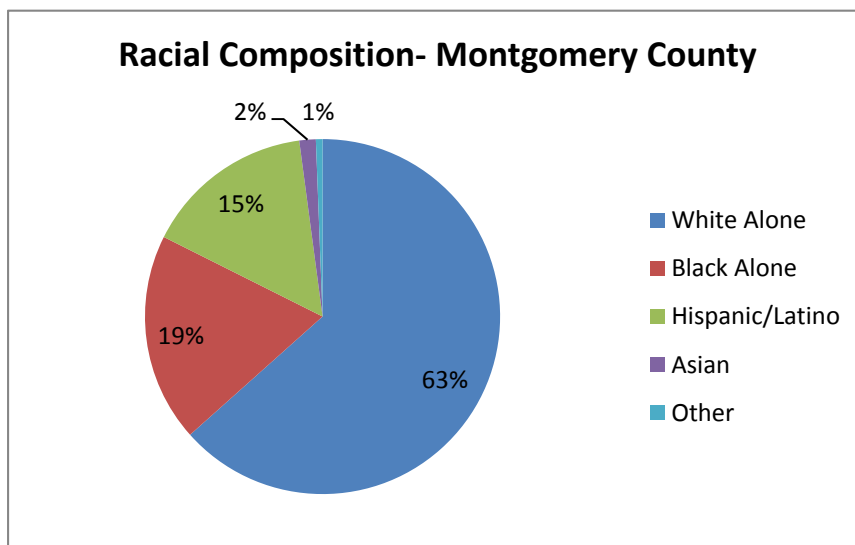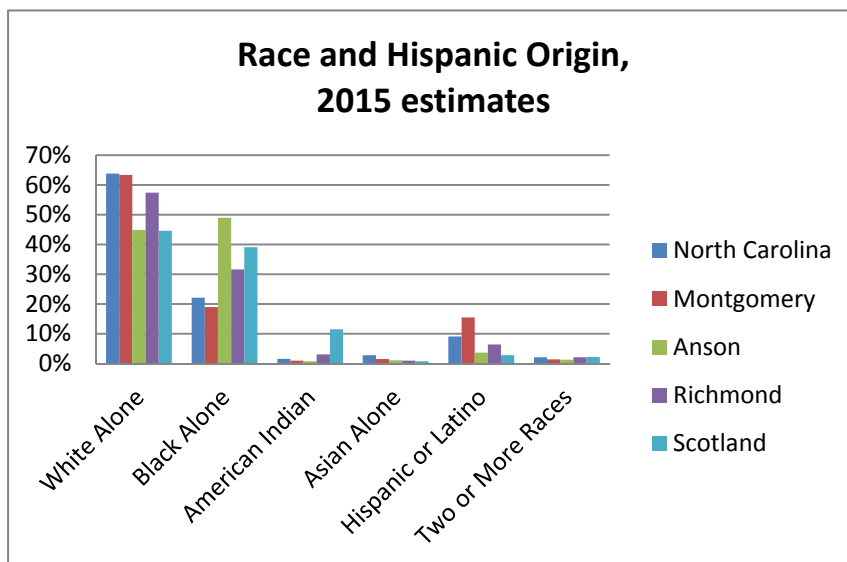
Factors that Affect Health

SOCIOECONOMIC FACTORS

Income. The N.C. Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. As of December 2016, Montgomery County, Anson, Richmond and Scotland counties all continue to be designated as Tier One counties. According to the US Census, the median household income for Montgomery County from 2011-2015 is $32,500 as compared to the state median income of $46,868. For the same time period, the per capita for Montgomery is $19,331 as compared to the state of $25,920.

Unemployment. The North Carolina Department of Commerce reports that Montgomery County's unemployment rate for 2015 was 5.7%, which is less than all three peer counties: Anson- 6.6%, Richmond-7.9%, and Scotland-10.7%.

Free and Reduced Lunch Participation

Anson	Montgom...	Richmond	Scotland	State
79.5	76.5	75.8	79.8	56

Poverty. Just shy of twenty percent of the persons in Montgomery County are in poverty, as compared to 16.4 percent of the state population. NC Child reports that three out of every four students are eligible to participate in the free and reduced lunch program in Montgomery County, which is similar to the three peer counties, but almost twenty percent higher than state rate for participation.

Percent Uninsured/Disabled. The US Census Bureau reports that 20.1% of Montgomery County's population (under 65 years of age) does not have insurance. It further estimates that 15.8% of the total civilian non-institutionalized population is living with a disability. 3.1% of children aged 18 and under are disabled, 13.7% of adults between 18 years and 64 years are disabled, and 39.7% of seniors 65 years and older are disabled.

EDUCATIONAL FACTORS

Schools. Montgomery County is home to six public elementary schools (Candor Elementary, Green Ridge Elementary, Mt. Gilead Elemetnary, Page Street Elementary, Star Elementary and Troy Elementary), two middle schools (East Middle School and West Middle School), and three high schools (East Montgomery High School, West Montgomery High School, and Montgomery Learning Academy). Additionally, two private schools serve children kindergarten through high school: Wescare Academy and Family Worship Ministries. Montgomery Community College, located in Troy, provides higher education for the county. Plans are currently underway to open an Early College through the public school system in Fall of 2017. Combining the two high schools into one centrally located high school is in process.

Educational Attainment. According to the US Census, 1 in 4 Montgomery County residents have not obtained a high school diploma or its equivalent. The percentage of Montgomery residents having at least a high school diploma is only 75.0%, and although a significant difference does not exist, it is the lowest rate among its peers (Anson- 79.2%, Richmond- 80.6%, and Scotland- 78.7). North Carolina's rate is significantly higher at 85.8%. Similarly, the percent of Montgomery's population having attained a bachelor's degree or higher is only 14.5%, which is half the state rate of 28.4%, but higher than Anson and Richmond rates (9.8% and 12.8%).

Dropout Rate. The North Carolina Department of Public Instruction reports that an average of 27 students have dropped out between grades 7-13 annually since 2012 in Montgomery County ('12-'13: 27; '13-'14: 30; '14-'15: 22; '15-'16: 30). *(Grade 13 refers to students in early college).* However, Montgomery's dropout rate is lower than the state rate and all three peer counties. Data from the same source indicates that males are at much higher risk than females for dropping out in Montgomery County.

Grade 7-13 Dropout Rates

(chart: lines for Anson, Montgomery, Richmond, Scotland, NC across years 2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016; y-axis 0 to 4)
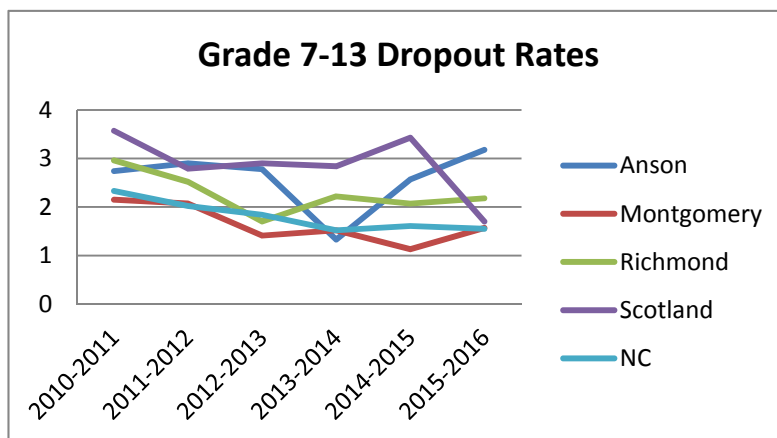
SAT Scores. The North Carolina Department of Commerce reports that the average SAT score in Montgomery County in 2016 was 1,265 on a 2400 scale. Of the peer counties, only Anson (1195) has SAT scores lower than Montgomery; Scotland (1282) and Richmond (1332) are both higher. Forty-one perdecnt of graduates take the SAT in Montgomery County, indicating less than half of graduates intend to enter a four-year college post high school.

ENVIRONMENTAL FACTORS

Water Quality. The water that is used by Montgomery County Public Utilities System is surface water from Lake Tillery, part of the Yadkin-Pee Dee basin. The water is treated at the facility in Mt. Gilead, and pumped into the Montgomery County transmission system where it is sold to over 5300 individually metered customers, all five towns in the county, Carolina Water Service for Woodrun on Tillery and Carolina Forest subdivisions, and the Town of Robbins in Moore County. During the year 2015, this system received no violations. The 2015 Annual Drinking Water Report indicated no microbiological contaminants in the distribution system. Turbidity is a measure of the cloudiness of the water and is monitored because it is a good indicator of the effectiveness of the filtration system. The turbidity rule requires that 95% or more of the monthly samples be less than or equal to 0.3 NTU. The highest single turbidity measurement in the sample for Montgomery was .28. Additionally, 99.95% of samples met the

turbidity limits. There were no inorganic contaminants, nitrate/nitrite contaminants, or asbestos contaminants detected.

Air Quality. Air quality indices (AQI) are numbers used by government agencies to characterize the quality of the air at a given location. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects. Air quality index values are divided into ranges, and each range is assigned a descriptor and a color code. Standardized public health advisories are associated with each AQI range. The United States Environmental Protection Agency (EPA) uses the following AQI:

Air Quality Index (AQI) Values	Levels of Health Concern	Colors
0 to 50	Good	Green
51 to 100	Moderate	Yellow
101 to 150	Unhealthy for Sensitive Groups	Orange
151 to 200	Unhealthy	Red
201 to 300	Very Unhealthy	Purple
301 to 500	Hazardous	Maroon

According to www.usa.com, Montgomery County has the seventh highest air quality ranking in the state, with an index of 52.2. Anson ranks 51st, with an index level of 47.4.   Scotland ranks 53rd, with an index of 47.3, and Richmond ranks 54th, with an index of 47.1.

The United States Environmental Protection Agency (EPA) defines air pollution as "any visible or invisible particle or gas found in the air that is not part of the natural composition of air." Air pollution comes from many different sources – some are man-made and some are naturally occurring. Air pollution includes gases, smoke from fires, volcanic ash and dust particles. Research shows that air pollution can worsen asthma symptoms. According to data released by the North Carolina State Center for Health Statistics, Montgomery County has lower hospital discharges with a primary diagnosis of asthma than its peer counties and the state as a whole.

2013 NC Hospital Discharges with Primary Diagnosis of Asthma

County of Residence	Total Number	Total Rate	Number Ages 0-14	Rate Ages 0-14
Anson	27	103.2	5	110.5
Montgomery	24	87.0	4	74.8
Richmond	80	172.4	26	285.0
Scotland	81	224.8	21	296.3
State	9021	91.6	2841	148.9

Source: North Carolina State Center for Health Statistics

Lead Poisoning. Starting July 5, 2012, the CDC recommends public health actions to be initiated when a child has a blood level above 5 microgram per deciliter (μg/dL). No safe blood lead level has been identified.

		Ages 1 and 2 Years					Ages 6 Months to 6 Years			
		Target Population*	Number Screened	Percent Screened	Lead ≥ 5	Percent ≥ 5	Number Screened	Confirmed 5-9	Confirmed 10-19	Confirmed ≥ 20
2014	Mont.	625	470	75.2	8	1.7	582	6	2	-
	NC	238,750	122,481	51.3	1,643	1.3	140,890	481	114	25
	Anson	506	222	43.9	5	2.3	314	1	-	-
	Richmond	1,056	627	59.4	13	2.1	759	2	-	-
	Scotland	902	625	69.3	16	2.6	678	4	1	-
2013	Mont.	678	601	88.6	10	1.7	689	7	-	1
	NC	240,170	124,892	52.0	1,866	1.5	145,230	518	78	17

Target Population is based on the humber of live births in the previous 2 years.
Includes ages 9-11
Source: Children's Environmental Health Branch, North Carolina Department of Environment and Natural Resources

Physical Environment. The Robert Wood Johnson Foundation annually distributes a "County Rankings and Roadmaps" report that is based on a model of population health that emphasizes the many factors that can impact and improve health. The "Food Environment Index" is a score based on limited access to healthy foods and food insecurity. Food insecurity represents the percentage of the population who did not have access to a reliable source of food during the past year. For this index, a score of 0 is the worst, and 10 is the best. Access to exercise opportunities is a score based on the percent of the population that lives reasonably close to a local for physical activity (a park or recreational facility).

	North Carolina	Anson	Montgomery	Richmond	Scotland
Food Environment Index	6.7	5.9	7.2	5.9	4.6
Access to Exercise Opportunities	75%	6%	77%	60%	66%

Secondary Data

Secondary Data- Current Status

Total death rates and cause-specific death rates are expressed as resident deaths per 100,000. Deaths are assigned to cause-of-death categories based on underlying (or primary) cause of death from the death certificate. The North Carolina State Center for Health Statistics lists the following as the ten leading causes of death in North Carolina and Montgomery County. These rates are for all age groups for the 2011-2015 time frame. *Note: For this section, unless otherwise specified, all data is from the North Carolina State Center for Health Statistics.*

Leading Causes of Death for All Ages, 2011-2015

	Montgomery County Cause of Death	Rate	North Carolina Cause of Death	Rate
1	Cancer-All Sites	204.3	Cancer- All Sites	190.6
2	Heart Disease	202.2	Heart Disease	178.9
3	Chronic Lower Respiratory Disease	71.7	Chronic Lower Respiratory Disease	50.3
4	Alzheimer's Disease	56.5	Stroke	46.4
5	Stroke	48.5	Alzheimer's Disease	31.7
6	Diabetes Mellitus	39.9	Unintentional Injuries	31.5
7	Unintentional Injuries	31.2	Diabetes Mellitus	25.4
8	Flu/Pneumonia	29.0	Flu/Pneumonia	19.2
9	Motor Vehicle Injuries	21.7	Kidney Disease	17.8
10	Kidney Disease	18.8	Septicemia	14.3
	Total Death Rate	1018.8	Total Death Rate	851.4

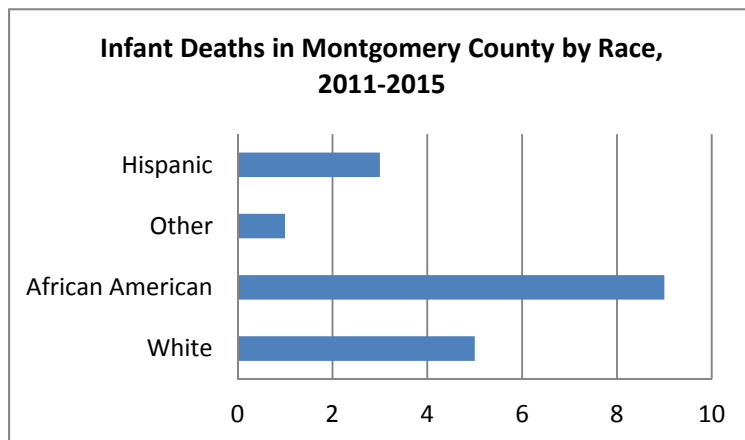*Source: North Carolina State Center for Health Statistics*

Leading Causes of Death in Montgomery County by Individual Age Groups, 2011-2015

Rank	00-19 Years	20-39 Years	40-64 Years	65-84 Years	85+ Years
1	Conditions originating in the perinatal period	Motor Vehicle Injuries	Cancer- All Sites	Cancer- All Sites	Diseases of the Heart
2	Motor Vehicle Injuries	Homicide	Diseases of the Heart	Diseases of the Heart	Alzheimer's Disease
3	Suicide	Cancer- All Sites	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Cancer- All Sites
4	Cancer	Diseases of the Heart	Diabetes Mellitus	Cerebrovascular Disease	Cerebrovascular Disease
5	SIDS	Other Unintentional Injuries	Chronic Liver Disease & Cirrhosis	Diabetes Mellitus	Pneumonia & Influenza

*Source: North Carolina State Center for Health Statistics*

Although the causes of death are very similar for the top five, Montgomery's rates are higher than state rates in almost all areas. Of significant interest is that Motor Vehicle Injuries ranks 9th for the county, and it doesn't appear at all in the top ten for the state as a whole. The top five leading causes of death are the same for the peer counties of Anson, Richmond and Scotland. Montgomery's total death rate is lower than all peer counties.

Infant and Child Mortality

Infant Deaths in Montgomery County by Race, 2011-2015

The North Carolina State Center for Health Statistics indicates that infant death is when a child dies before it reaches his/her first birthday. Eighteen babies died in Montgomery County from 2011-2015.

Trend data for Infant Deaths in Montgomery County shows an initial rate of 9.3, declining slightly to 8.6 before a sharp increase to 11.2 for the final time period. The state rate for infant mortality has declined steadily at the same time that Montgomery County rates have risen. The North Carolina Healthy Start Foundation reports that North Carolina's infant mortality rate was at its highest in 1988 and has had a dramatic 42 percent reduction. However, North Carolina continues to exceed the national average.

Infant Deaths per 1,000 Live Births
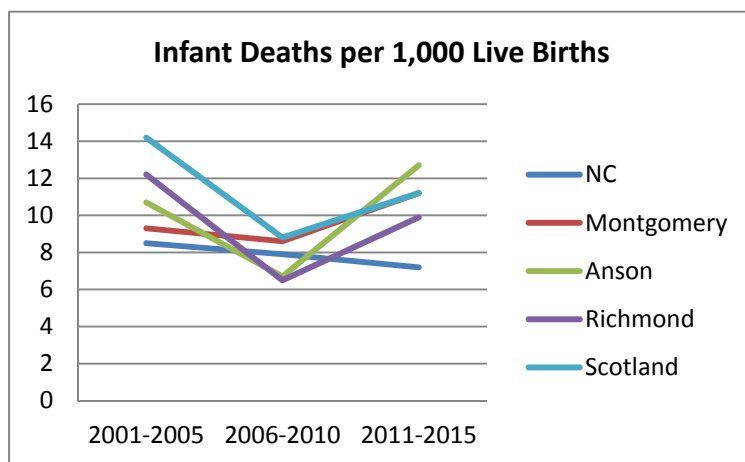
CHILD DEATHS , 2011-2015	Number of Deaths	Rate
North Carolina	6601	57.8
Anson County	29	107.3
Montgomery County	21	65.0
Richmond County	41	74.9
Scotland County	36	84.5

Montgomery County saw the deaths of 21 children during the years 2011-2015, giving the county a child death rate of 65.0 which is higher than the state rate, but lower than all three peer counties. Of those that died, 14 died due to conditions originating during the perinatal period, 2 to illnesses, 1 to SIDS, 1 to Motor Vehicle Injury, 1 was the victim of homicide and 2 were due to other reasons. Eighteen of the child deaths were less than one year of age (classified as infant mortality).
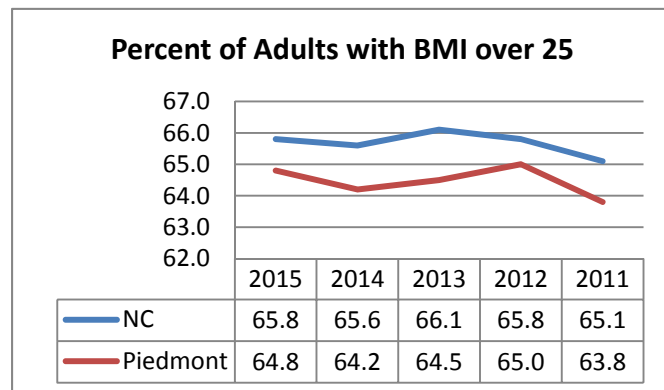
Males have higher mortality rates than women in Montgomery County for nine of the ten leading causes of death. Females die more frequently than males due to complications of Influenza and Pneumonia. D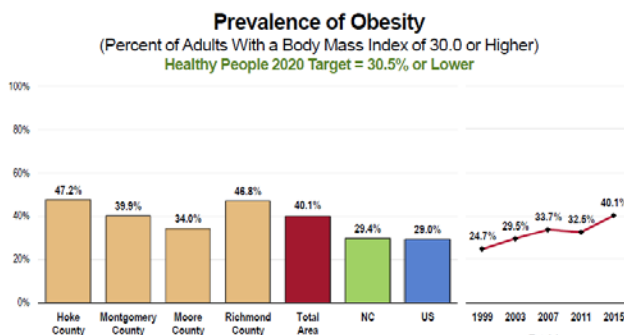eath rates based on fewer than 20 cases are unstable and are therefore not reported. Due to this, minority rates are unavailable for some causes of death. However, for those that are reported (Heart Disease, Stroke, Cancer, and Diabetes) African-American males have the highest rates.

Infant mortality was compared between white (non-Hispanic) and African American (non-Hispanic) to determine the racial disparities for the years 2011-2015. North Carolina's disparity ratio was 2.35. Richmond's disparity ratio was slightly higher at 2.78, but both other peer counties were below (Anson-1.60 and Scotland-1.25) However, the disparity ratio for Montgomery County was almost double the state rate at 4.42, indicating a clear risk for African American babies.

Overweight and Obesity

Percent of Adults with BMI over 25

	2015	2014	2013	2012	2011
NC	65.8	65.6	66.1	65.8	65.1
Piedmont	64.8	64.2	64.5	65.0	63.8

Overweight and obesity continue to be concerns in the United States and in North Carolina. According to *The State of Obesity*, North Carolina now has the 24th highest adult obesity rate in the nation, at 29.7%. Overweight is defined as having a body mass index (BMI) of 25 or greater. Obesity is defined as having a BMI greater or equal to 30.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Source: Professional Research Consultants, Inc.

The North Carolina State Center for Health Statistics reports the results of the Behavioral Risk Factor Surveillance System regionally, and is not reported for individual counties. Montgomery County is part of the Piedmont region. It should be noted that all BRFSS findings are the results of self-reported data. This data is supported by additional data received from FirstHealth of the Carolinas, a project partner for this Community Health Assessment. FirstHealth routinely contracts with "Professional Research Consultants" to conduct surveys similar to the BRFSS, but only in the counties served by the hospital organization. By so doing, they are able to collect and share similar data specific to each

county, which can then be compared against each other. (One of the counties they serve is Richmond, which is also considered a peer county throughout this 2016 Community Health Assessment.) According to the 2015/2016 PRC data, 70.1% of adults in Montgomery County have BMIs 25.0 or higher. Additionally, only 27.4% of adults in Montgomery County report themselves to be at a healthy weight, as compared to 32.2% of North Carolina.

Overweight and obese adults are more likely to report a number of adverse health conditions including hypertension, high cholesterol, chronic depression, activity limitations, "fair" or "poor" physical health, diabetes, asthma, chronic obstructive pulmonary disease (COPD), and kidney disease. The chart shown represents the relationship of overweight and other health issues, as reported by Professional Research Consultants.

Relationship of Overweight With Other Health Issues
(By Weight Classification; Total Area, 2015)

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9, 46, 50, 51, 130, 135, 157, 158, 168, 183]
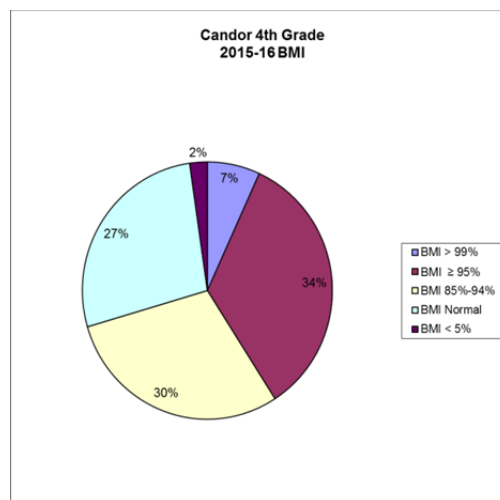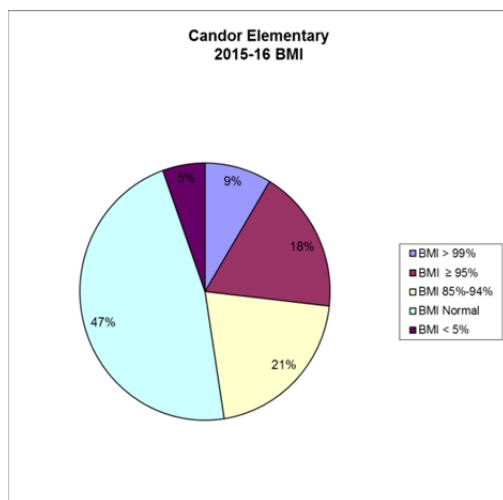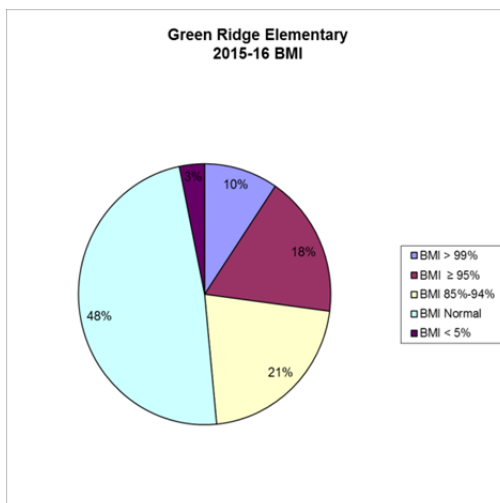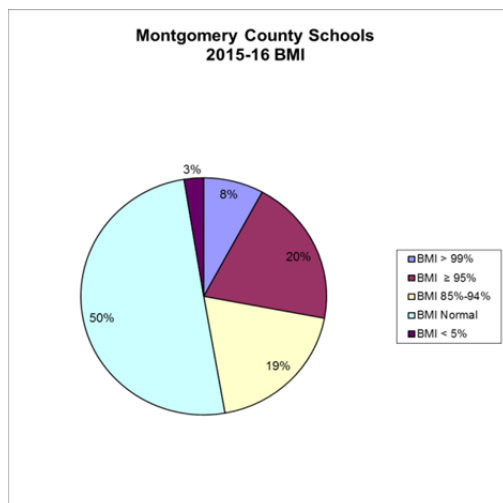Notes: • Based on reported heights and weights, asked of all respondents.
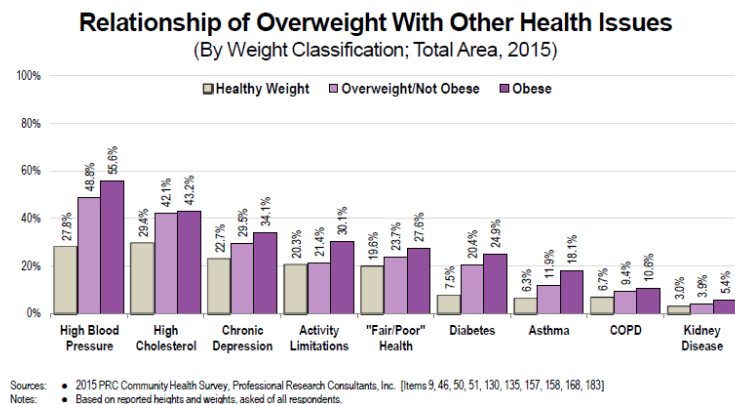
The North Carolina Pediatric Nutrition Epidemiology Surveillance System (NC-PedNess) generates reports that include data on children seen in NC Public Health sponsored WIC & Child Health clinics as well as some school based health clinics. For 2014, this report indicates 31.3% of children aged 2-4 are overweight or obese, 28.9% of children aged 5-11 are overweight/obese, and 23.6% of youth aged 12-19 are overweight/obese. It can be hard to generalize this information to the general public because children seen in these clinics tend to be of lower socioeconomic status. Professional Research Consultants did question respondents about child overweight, but the sample size in Montgomery County was too small to be reliable.

NC BMI for Children Age 2-4 (2014)

	Under Weight	Healthy Weight	Over Weight	Obese
NC	4.2	66.1	15.5	14.2
Anson	4.2	64.6	15.5	15.7
Montgomery	2.1	66.5	17.4	13.9
Richmond	4.7	66.2	16.1	13.0
Scotland	4.1	71.8	11.9	12.1

NC BMI Date for Children Aged 5-11 and 12-19

	Under Weight	Healthy Weight	Over Weight	Obese
Aged 5-11				
North Carolina	7.9	62.6	14.7	14.8
Mont.	0	71.9	14.1	14.1
Aged 12-19				
North Carolina	10.4	54.5	12.6	22.6
Mont.	17.6	58.8	11.8	11.8

Montgomery County Schools 2015-16 BMI

- 3%
- 8%
- 20%
- 19%
- 50%

Legend:
- BMI > 99%
- BMI ≥ 95%
- BMI 85%-94%
- BMI Normal
- BMI < 5%

Green Ridge Elementary 2015-16 BMI

- 3%
- 10%
- 18%
- 21%
- 48%

Legend:
- BMI > 99%
- BMI ≥ 95%
- BMI 85%-94%
- BMI Normal
- BMI < 5%

Candor Elementary 2015-16 BMI

- 5%
- 9%
- 18%
- 21%
- 47%

Legend:
- BMI > 99%
- BMI ≥ 95%
- BMI 85%-94%
- BMI Normal
- BMI < 5%

Candor 4th Grade 2015-16 BMI

- 2%
- 7%
- 34%
- 30%
- 27%

Legend:
- BMI > 99%
- BMI ≥ 95%
- BMI 85%-94%
- BMI Normal
- BMI < 5%

Source: FirstHealth School Based Health Center

In Montgomery County, FirstHealth School Based Health Centers and the Montgomery County School Nurses have worked together to collect BMI measurements on every student enrolled in the school system in grades pre-kindergarten through 12th grade since the 2007-2008 school year. This work has been extremely valuable in assessing those who are at risk for becoming overweight/obese and those who are already overweight/obese.

Additionally, this provides data specific to Montgomery County that is hard or impossible to find elsewhere. The most recent 2015-2016 BMI data indicates that 50% of students are within normal BMI, 19% have BMI's between 85% and 94%, 20% have BMIs greater or equal to 95%, and 8% are in the highest category with BMI's over 99%. This means 47% of students in Montgomery County Schools during the last school year are overweight or obese. Green Ridge Elementary School and Candor Elementary have the highest BMIs school wide. Specifically, the fourth grade at Candor Elementary has the highest prevalence of overweight and obesity among all grade levels in all schools in the county.

WHO'S AT RISK?
Obesity

According to the results of the BRFSS, adult males are significantly more at risk for overweight and obesity, although adult females still have high rates and are still at risk (Males- 70.2%; Females- 59.4%). African Americans have the highest adult rates as compared to other races, although all races are considered high (African-American-72.1%; White- 63.0%; and Other-60.8%). More than half of all adult age groups are overweight or obese, but 7 out of 10 adults between the ages of 45 and 74 have unhealthy BMIs. The risk of unhealthy BMI's is greatest for those with low educational attainment, and low income levels.

Cancer Incidence

Preliminary data provided by the NC Central Cancer Registry for 2011-2015 indicates that cancer prevalence for Montgomery County is lower than prevalence rates for the state, and

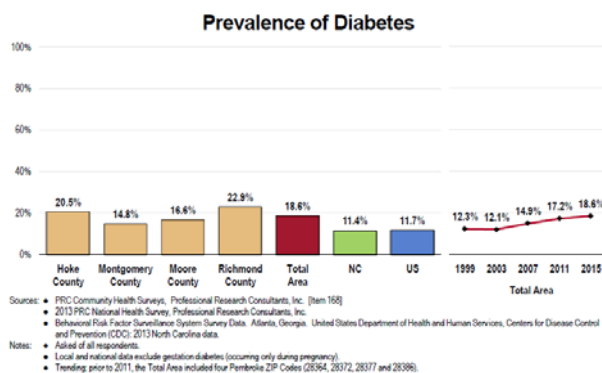|	Colon/ Rectum	Lung/ Bronchus	Female Breast	Prostate	All Cancers
North Carolina	36.6	67.4	157.1	115.5	466.7
Anson	48.4	76.6	154.0	113.6	443.7
Montgomery	44.4	68.8	125.8	127.7	455.0
Richmond	42.5	70.2	152.1	86.3	452.0
Scotland	46.0	84.6	165.2	158.4	514.7

similar to peer counties. The same source projects that there will be 186 new cancer diagnoses in Montgomery County in 2017: Lung/Bronchus-29, Female Breast- 32, Prostate- 24, and Colon/Rectum-15. Sixty-eight deaths are predicted to occur locally for the same year: Lung/Bronchus- 20, Female Breast- 5, Prostate-3, and Colon/Rectum-5.

> ## WHO'S AT RISK?
> Cancer

According to the North Carolina Central Cancer Registry, cancer risk increases with age and varies by gender and race. The 2015 preliminary reports indicate that white persons have higher incidence (425.0) of cancer than minority counterparts (415.9). Men (449.9) are at higher risk than females (418.1), but minority men (452.2) are especially at risk. Further risk groups include any persons that smoke, people with inadequate nutritional intake and physical inactivity, people with exposure to intense sunlight and UV rays and people who fail to get regular screenings.

Diabetes Prevalence

Prevalence of Diabetes

Sources:
- PRC Community Surveys, Professional Research Consultants, Inc. [Item 168]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 North Carolina data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).
- Trending: prior to 2011, the Total Area included four Pembroke ZIP Codes (28364, 28372, 28377 and 28386).

According to the Centers for Disease Control (CDC), Montgomery County has a diagnosed diabetes percentage of 12.5 for 2013, which ranks third among it's peer group. Anson County has the highest rate at 14.9, followed by Scotland County at 13.7. Richmond has the lowest rate at 11.2. The 2015/16 PRC data also reports diabetes prevalence as depicted to the left. Similar to diabetes prevalence rates being higher than state rates, diabetes mortality rates are also higher.

As shown earlier in this assessment, Montgomery's diabetes mortality rate is 39.9, significantly higher than the state rate of 25.4.

> ## WHO'S AT RISK?
> Diabetes

Professional Research Consultants reports that people from minority populations are more frequently affected by Type II diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with Type II diabetes.

Communicable Disease

Newly Diagnosed STDS (2013-2015)	HIV	AIDS	Syphilis	Gonorrhea	Chlamydia
Anson	11.6	7.7	3.9	372.7	663.8
Montgomery	8.5	6.1	3.6	90.8	406.6
Richmond	4.4	9.5	2.2	217.9	807.7
Scotland	19.7	9.3	8.4	205.6	799.8
State	13.4	7.7	12.3	169.7	541.5

Source: NC HIV/STD Surveillance Report

Chlamydia is the most frequently occuring STD in Montgomery County, but the county rate is still much lower than the state rate and all peer counties. All county communicable disease rates are lower than the state rate.
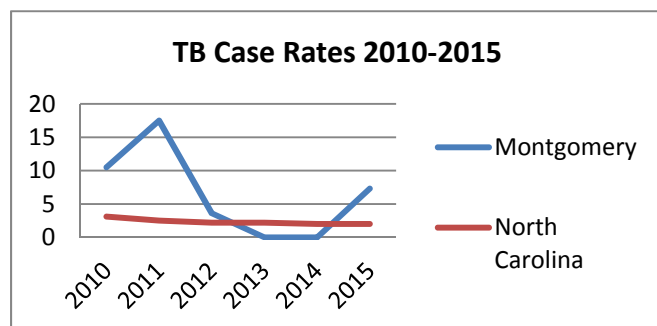
Tuberculosis remains a concern in Montgomery County, as case rates have remained higher than state rates except for the two years (2013 and 2014) where there were no cases in the county. Case rates were highest in 2011, when Montgomery County had five cases. Peer county Scotland also had five cases that year. Afte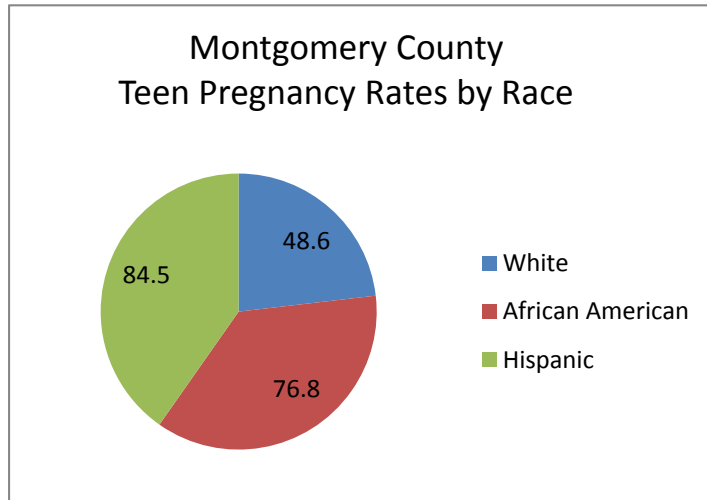r decreasing steadily since 2011, the county rate increased again in 2015, with two new cases, giving a rate of 7.3. Peer counties Anson and Richmond did not have any cases for the same year, while Scotland had five cases, giving a rate of 14.1 for Scotland. While Montgomery County has experienced great fluctuation during the six year span, the state rate has remained consistent, with a slight decline yearly.

## WHO'S AT RISK?
Communicable Disease

The Mayo Clinic reports that anyone who is sexually active risks exposure to a sexually transmitted infection to some degree. Factors that may increase risk include having unprotected sex, having sexual contact with multiple partners, having a history of STIs, being forced to have sexual intercourse or sexual activity, abusing alcohol or using recreational drugs, or injecting drugs. The Mayo Clinic states that half of STIs occur in people between the ages of 15 and 24, and that men who request prescriptions for drugs to treat erectile dysfunction have higher rates of STIs than those who don't. Generally, persons at high risk for developing TB disease are those who have been recently infected with TB bacteria and those with medical conditions that weaken the immune system. Persons who have recently been infected with TB bacterial include close contacts of a person with infectious TB disease, persons who have immigrated from areas of the world with high rates of TB, chiildren less than 5 years of age who have a positive TB test, groups with higher rates of TB transmission (such as homeless persons, injection drug users, and persons with HIV infection), persons who work or reside with people who are at risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV.

Teen Pregnancy

Montgomery County Teen Pregnancy Rates by Race

- White: 48.6
- African American: 76.8
- Hispanic: 84.5

2011-2015 Teen Pregnancies By Race and County

Legend:
- White
- African American
- Hispanic

(X-axis: NC, Anson, Montgomery, Richmond, Scotland)

According to the North Carolina State Center for Health Statistics, a total of 275 young ladies between the ages of 15 and 19 became pregnant between 2011 and 2015. This gives Montgomery County a total pregnancy rate of 64.7 for the time span, as compared to the state rate of 36.2. All peer counties are also well above the state rate. Scotland is highest in the peer group at 65.0, with Montgomery just shy of that.
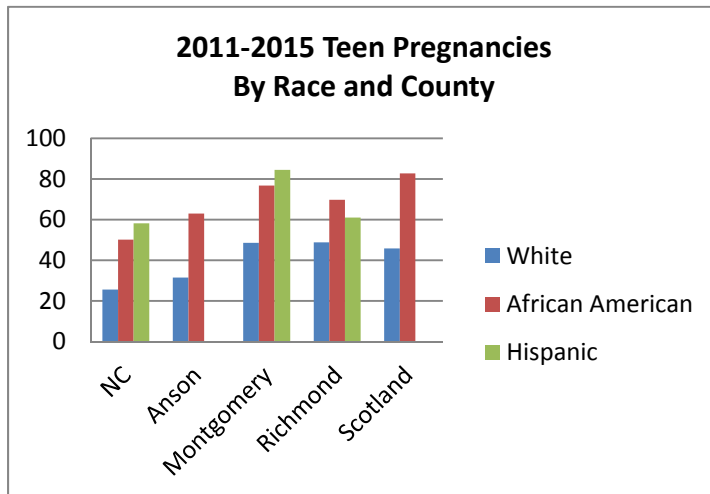
Looking at the year 2015, Montgomery County saw 45 teen pregnancies, 9 of which were aged between 15 and 17, and 36 between 18 and 19. Almost one-quarter of those pregnancies were repeats (24.4%). For 2015, Montgomery County ranks 5th highest in the state, but the rate has dropped dramatically (-29.6%) since 2010. (*Source: www.shiftnc.org*)
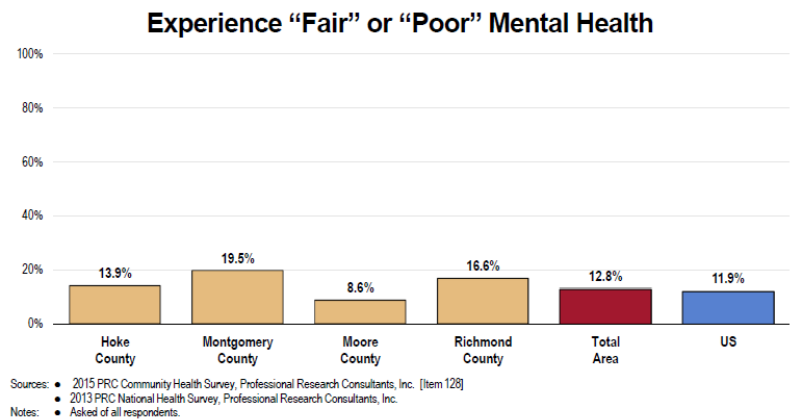
WHO'S AT RISK?
Teen Pregnancy

Minority ladies are more at risk for becoming pregnant than their white counterparts, although rates are high for all ethnic populations in Montgomery County. According to www.youth.gov, key risk factors for teenage pregnancy include living in poverty, limited maternal educational achievement, and having a mother who gave birth before the age of 20. Additional risk factors include being from a single-parent home, living in a home with frequent family conflict, early sexual activity, early use of alcohol and drugs, and low self-esteem. Some protective factors include open communication with parents and/or adults about accurate contraception use, parental support and healthy family dynamics, and peer use of condoms. Protective factors also include positive attitudes toward condom use, intent to abstain from sex or limit one's number of partners, and accurate knowledge of sexual health, HIV infection, sexually transmitted infections, the importance of abstinence, and pregnancy.

Mental Health

The Behavioral Risk Factor Surveillance System asks respondents about their mental health as well as physical health. One question in particular asks "how many days was your mental health not good?" For the purposes of this question mental health includes stress, depression, and problems with emotions. As mentioned previously, BRFSS data is not reported individually per county,

Experience "Fair" or "Poor" Mental Health

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

but as regions. Montgomery is part of the Piedmont region. In response to this question, 69.3% of Piedmont respondents answered "none"- indicating no problems with mental health. However, more than thirteen percent indicated their mental health was *"not good"* between 8 and 30 days out of the previous 30. Data provided by Professional Research Consultants, Inc supports this information locally to Montgomery County:

- 25.8% respondents indicated experiencing three or more days with poor mental health
- 35.9% experienced symptoms of chronic depression
- 41.9% report having felt worried, tense or anxious for three or more days
- 37% have sought professional help for a mental or emotional problem

WHO'S AT RISK?
Mental Illness

The Mayo Clinic indicates that people at-risk for developing mental illness may have certain risk factors. The risk increases for the following: People having a blood relative, such as a parent or sibling, with a mental illness; people with stressful life situations, such as financial problems, a loved one's death or a divorce; people with an ongoing (chronic) medical condition, such as diabetes; people with brain damage as a result of serious injury (traumatic brain injury), such a s a violent blow to the head; people who use alcohol or recreational drugs; people who were abused or neglected as a child; people having few friends or few healthy relationships; and people who have had a previous mental illness.

Substance Abuse

	Unintentional Medication/ Drug Overdose	Underage Alcohol Use	Heroin Overdose	Heroin Related ED Visits	Medication/ Drug Overdose	Opioid Overdose
2016	38	11	3	4	80	7
2015	26	7	2	3	75	6
2014	24	7	0	3	77	8
2013	24	11	1	1	65	4

Source: NC Detect

Data related to substance abuse use, misuse and abuse is challenging to attain due to difficulty in documenting the problem. Among other reasons, because drug use /misuse/abuse is illegal, users are reluctant to seek help, and there's no reliable way to know exactly how much of a population struggles with the issue. Many users are addicted, and have felt the effects of their addiction in their health, home and work relationships, and even some legal experiences. However, there's no reliable way to track these users, who often prefer to stay unknown, unless they experience an event that is serious enough to warrant an emergency room visit. NC Detect offers insight based on the cases that actually show up to an emergency department, but so many cases are never reported anywhere. While the sheer volume of actual counts does not seem alarming, what should be noticed is the steady incline in most categories.

Further data provided by Professional Research Consultants indicates that 34.6 of Montgomery County respondents indicate thay are currently alcohol drinkers and 12.7% are "excessive drinkers". Four percent acknowledge prescription drug abuse by a member of their household in the past year and 6.8% acknowledge illegal drug use. Over five percent report having sought professional help for an alcohol or drug problem.

WHO'S AT RISK?
Substance Abuse

The National Institute on Drug Abuse reports that risk and protective factors can affect children at different stages of their lives. At each stage, risks occur that can be changed through prevention intervention. Early childhood risks, such as aggressive behavior, can be changed or prevented with family, school and community interventions that focus on helping children develop appropriate, positive behaviors. If not addressed, negative behaviors can lead to more risks, such as academic failure and social difficulties, which put children at even further risk for later drug abuse. The Institute has identified that following as risk factors for drug abuse: Early Aggressive Behavior, Lack of Parental Supervision, Substance Abuse, Drug Availability, and Poverty. The following protective factors have been identified: Self-Control, Parental Monitoring, Academic Competence, Anti-drug Use Policies, and Strong Neighborhood Attachment.

The Substance Abuse and Mental Health Services Administration has identified the following variable risk factors for adult substance abuse: Income Level, Peer Group, Adverse Childhood Experiences, Employment Status, Person's Genetic Predisposition to Addiction, and Prenatal Exposure to Alcohol.

# Secondary Data- Montgomery County Trends

Mortality Trends

The *Trends in Key Health Indicators Report*, generated by the North Carolina State Center for Health Statistics, indicates Montgomery County rates are comparable to or lower than state mortality rates for Cardiovascular Disease, Stroke, Heart Disease, Colorectal Cancer, Lung and Bronchus Cancer, Female Breast Cancer, Prostate Cancer, and Suicide. However, county rates are higher than state rate for Diabetes, Unintentional Motor Vehicle Injuries, Unintentional Injuries, and Homicide, as shown below.
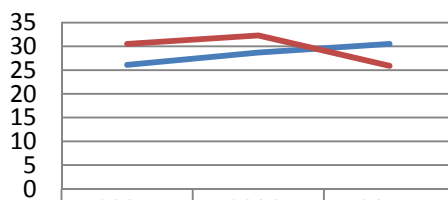
Diabetes Death Rates
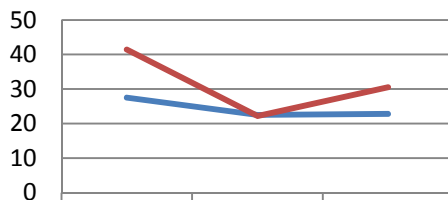
	2001-2005	2006-2010	2011-2015
North Carolina	27.5	22.5	22.8
Montgomery	41.4	22.2	30.5

Unintentional Motor Vehicle Injury Death Rate
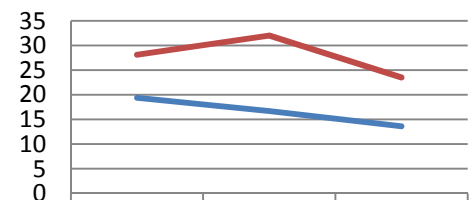
	2001-2005	2006-2010	2011-2015
North Carolina	19.4	16.7	13.6
Montgomery	28.1	32	23.5

Unintentional Injury Death Rates

	2001-2005	2006-2010	2011-2015
North Carolina	26.1	28.7	30.5
Montgomery	30.5	32.3	25.9

Homicide Rates
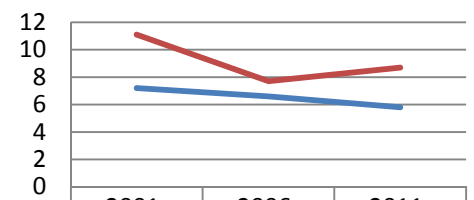
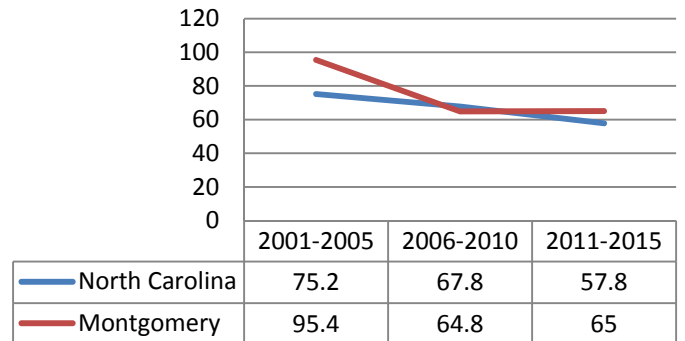|	2001-2005	2006-2010	2011-2015
North Carolina	7.2	6.6	5.8
Montgomery	11.1	7.7	8.7

Infant and Child Death Trends

Infant Deaths per 100,000 Live Births (Health NC 2020 Target: 6.3)

	2001-2005	2006-2010	2011-2015
North Carolina	8.5	7.9	7.2
Montgomery	9.3	8.6	11.2
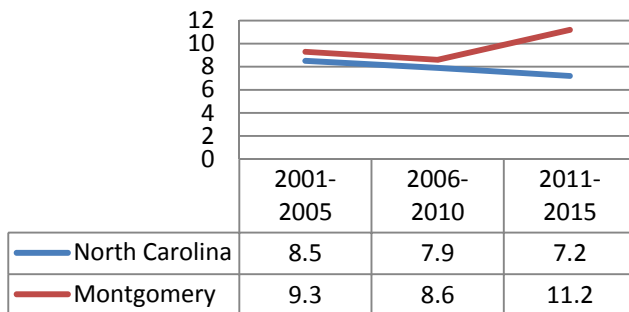
Child Deaths per 100,000 Residents

	2001-2005	2006-2010	2011-2015
North Carolina	75.2	67.8	57.8
Montgomery	95.4	64.8	65

Teen Pregnancy Trends

Teen Births (Ages 15-19) per 1,000 Female Residents

	2001-2005	2006-2010	2011-2015
North Carolina	49	45	28.8
Montgomery	80.2	69.3	59.6
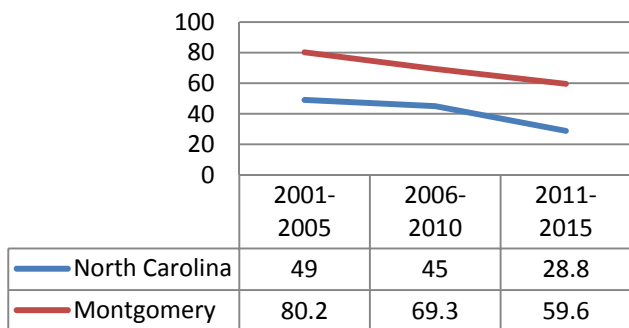
Percentage of Teen Births (Ages 15-19) that were Repeat Pregnancies

	2001-2005	2006-2010	2011-2015
North Carolina	28.7	27.1	23.3
Montgomery	36.3	26.9	24.1
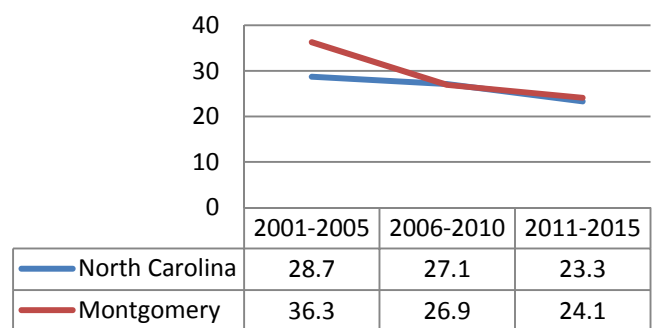
Summary of Disparities

Understanding and identifying disparities is important for program planners, policy makers and key stakeholders in order to take action on programs and policies to increase health for all people in Montgomery County. Disparity ratios are calculated by dividing the rate for a population by the best rate for a selected health indicator to determine how much more likely a particular event is to occur in a population compared to another population. The "best" rates are those that have lower disparity ratios.
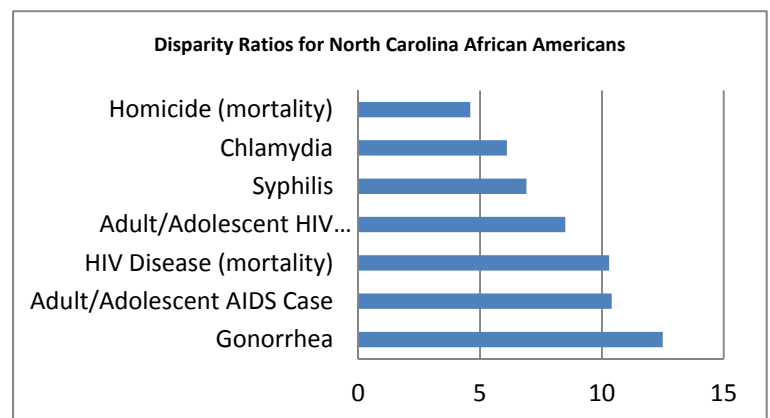
Local Disparities.

Males have higher mortality and incidence rates of almost every health condition discussed in this Community Health Assessment. As has been highlighted previously, African Americans have higher mortality rates than their white counterparts for Heart Disease, Stroke, Cancer, Diabetes and Infant Mortality. African Americans also have higher rates for adult obesity, cancer incidence and diabetes prevalence. African Americans and Hispanics have the highest rates of childhood obesity, which are especially prevalent in Green Ridge Elementary School and Candor Elementary School. Fourth graders at Candor have the highest rates of overweight/obesity in the public school sytem. Hispanic females have the highest risk for teenaged pregnancy, followed closely by African American counterparts.

Statewide Disparities.

Statewide, the highest disparities for African Americans can be seen in communicable disease rates and homicide. Similarly, disparity ratios are highest for the Hispanic population for Adult/Adolescent HIV Infection Cases (3.4) and Adult/Adolescent AIDS Cases (2.7).

Disparity Ratios for North Carolina African Americans

Homicide (mortality)
Chlamydia
Syphilis
Adult/Adolescent HIV…
HIV Disease (mortality)
Adult/Adolescent AIDS Case
Gonorrhea

0   5   10   15

Source: NC State Center for Health Statistics

African American mortality rates are highest statewide for HIV Disease (10.3), Homicide (4.6), Prostate Cancer (2.3), Diabetes (2.3), Kidney Disease (also 2.3), Colorectal Cancer (1.5), Female Breast Cancer (1.5), and Septicemia (1.5). Hispanic disparity ratios are elevated only in HIV Disease and Homicide mortality rates.

Hispanics have higher ratios for cancer incidence than African Americans for Cervical Cancer and Liver Cancer. The highest disparities for cancers in African American exist in stomach cancer and prostate cancer.

African Americans are at higher risk for infant mortality (2.3), infant not being breastfed at discharge, low birthweight babies (1.9), late or no prenatal care (1.7), maternal obesity (1.7) and preterm births (1.5). For Hispanics, the greatest disparities lie in late or no prenatal care (1.8) and maternal obesity (1.1).

Disparities are seen for both population groups (African American and Hispanic) in regards to Social Determinants of Health.

North Carolina Rates by Race/Ethnicity	Total Rate	White	African American	Hispanic
High School Graduation Rate	85.9	88.6	82.9 Disparity Ratio=1.1	80.1 Disparity Ratio=1.1
Unemployment Rate	4.2	3.3	7.0 Disparity Ratio= 2.1	5.1 Disparity Ratio = 1.5
Poverty Rate- All Ages	16.4	12.7	25.3 Disparity Ratio= 2.0	30.8 Disparity Ratio = 2.4
Poverty Rate- Children Under 18	23.5	17.2	36.2 Disparity Ratio= 2.1	39.5 Disparity Ratio= 2.3
Poverty Rate- Elderly (Ages 65+)	9.2	7.1	18.6 Disparity Ratio= 2.6	16.5 Disparity Ratio= 2.3
Median Household Income	$47,830	$53,273	$32,884 Disparity Ratio= 1.6	$34,935 Disparity Ratio = 1.5
Percent Uninsured	11.2	10.0	11.6 Disparity Ratio = 1.8	32.8 Disparity Ratio = 3.3

Source: North Carolina State Center for Health Statistics

Secondary Data- Analysis & Implications

❖ Heart disease, stroke, and cardiovascular death rates still appear as the leading causes of death for the county, but are similar to peer counties, and have all decreased since 2001. Because it is still a leading cause of death, and because it leads to a multitude of other associated conditions, it is imperative to plan programs and initiatives to modify risk factors that include high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, and overweight/obesity for adults and children. FirstHealth of the Carolinas has received a Healthy People, Healthy Carolinians grant that focuses on enabling community partnerships to impact overweight and obesity. The collaborative group has implemented "The Daily Mile" which has changed the built environment to include walking tracks at elementary schools in the county, in combination with students and staff walking one mile every day. The grant has also focused on healthy vending initiatives.
  o Candor and Green Ridge Elementary Schools have the highest prevalence of overweight and obesity among school aged children in the county. Specifically, 4th graders at Candor have the highest rates. This information emphasizes the need for the initiation and maintenance of targeted outreach and education, programs, policies and initiatives as early as preschool and very early elementary school.

❖ Cancer remains in the leading cause of death, although trend data shows stable or declining mortality rates. Total cancer incidence is lower than the state, but new diagnoses are expected. Reducing risk factors such as tobacco, physical inactivity, poor nutrition, and sun exposure is necessary, as is continued promotion of regular and early screening.

❖ Child death has trended downward with time, but the rise in infant mortality is serious. Even though North Carolina's rate has declined, it still exceeds the national average. Prematurity, low birth weight and birth defects remain leading areas of concern, and program planning should target increasing maternal health outcomes. Montgomery County Health Department is part of a regional grant targeting infant mortality reduction. Through this grant, the Health Department has been able to provide safe sleep education, support breastfeeding friendly policies in local businesses, and link women to needed long-term contraceptives. Based on data presented, emphasis needs to be place on the continuation and possible expanson of this project.

❖ As is the case nationally and across the state, overweight and obesity is a major concern for Montgomery County for children and adults. Program planning needs to continue to focus on addressing social and physical determinants including: knowledge and attitudes, skills, social support, societal and cultural norms, food and agricultural policies, food assistance programs, economic price systems, access to and availability of healthier foods, and healthier marketing policies. There is a clear need to increase

consumption of fruit and vegetables locally, reducing the number of sugar-sweetened beverages, and increasing leisure time activity.

❖ Diabetes death rates and prevalence rates are higher than state rates and similar to the peer group, which is higher than state rates as well. Diabetes lowers life expectancy by up to 15 years and increases the risk of heart disease. It is also the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Lifestyle change has been proven effective in preventing or delaying the onset of Type II diabetes in high-risk individuals. FirstHealth Community Health Services was awarded a two-year grant from Kate B Reynolds Charitable Trust to address pre-diabetes in Montgomery and Richmond counties. The project includes screening 500 individuals per year for pre-diabetes and teaching two National Diabetes Prevention Program classes per county per year (four total per year). FirstHealth will strive to enroll at least 25 individuals per class for a total of 100 individuals reached per year. The National Diabetes Prevention Program is an evidenced-based pre-diabetes program developed by the Centers for Disease Control. The program meets once a week for 16-weeks, twice a month for two months and once a month for six months. Participants will receive incentives for participating in the program. FirstHealth will monitor weight and minutes of physical activity for outcome measures.

❖ HIV and STD rates are lower than state rates. To keep rates low, there is a need for continued community education about safe sex practices as well as ensuring access to and provision of care and affordable contraception.

❖ Teen pregnancy has historically been a major concern for Montgomery County and continues to be. The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers are less likely to achieve educational goals, typically earn less money than peers who delay childbearing and receive nearly twice as much federal assistance. Montgomery County Schools has worked diligently to implement a variety of teen pregnancy prevention programs, and has created a Teen Pregnancy Prevention Task Force. This work is advancing the reduction of teen pregnancies, and support for these programs should be continued. As the highest numbers of teen pregnancies occur in older teens, it is imperative to focus on delaying childbearing even after graduation. Reproductive life planning should be emphasized.

❖ Although data has not shown a true issue with substance abuse in Montgomery County, opioid abuse has been named an epidemic and will soon be seen more heavily locally. The Montgomery County Health Department has convened a drug abuse prevention task force and has established goals of increasing provider education about dispensing controlled substances as well as increasing community education and knowledge of signs and symptoms of dependence and where to access help.

Primary Data

Primary Data

The FirstHealth 2020 Vision Task Force committee serves as the advisory committee for the Community Health Assessment project. This community collaborative group was developed in 2005 and includes representatives from the media, the school system, school health nursing, the school-based health center, government agencies, not-for-profit agencies, local towns, community college, the health care system, members of the faith community, and members at large. To assist with the health assessment process, the 2020 task force is utilized to compare and contrast data to determine priority health focus areas for future interventions and to support the implementation of interventions in actions plans for the health department and the hospital.

Montgomery County Health Department and FirstHealth partnered to develop the community health assessment tool which was used to determine what individuals perceive as the health issues in Montgomery County. The tool can be found in the appendix section of this report. The group set a goal to collect at least 1,000 surveys, which was exceeded with a total collection of 1,443 surveys.

	Survey Participants	Montgomery County Demographics
Gender		
Male	38.34%	48.7%
Female	61.66%	51.3%
Race		
White	71.05%	63.4%
Black	18.47%	19.0%
Hispanic	11.27%	15.5%
American Indian	0.63%	1.0%
Asian	1.02%	1.5%
Educational Attainment		
High School or Higher	62.24%	75.0%
Bachelor's or Higher	16.44%	14.5%
Income		
Above Federal Poverty Level	59.00%	
Below Federal Poverty	27.12%	19.9%
Prefer Not to Answer	13.87%	
Employment Status		
Student	4.32%	
Employed	66.75%	
Unemployed	5.97%	5.7%
Retired	16.43%	
Disabled	2.20%	10.6%

Survey Participation Demographics

Eighty-four percent of survey respondents reported having lived in Montgomery County for ten years or longer. Survey respondents came from all five major towns in the county: Troy (35%), Mt. Gilead (17%), Biscoe (15%), Candor (13%), and Star (10%). Respondents also indicated living in Ether, Seagrove, and Jackson Springs, all having physical residence within Montgomery County borders. Respondent demographics are contrasted with population demographics in the adjacent chart.

Part One: Community Problems and Issues

Survey participants were asked to choose up to five health problems that they considered to be the most important in Montgomery County. The top five health problems identified by survey participants were Obesity/Overweight, Cancer, Diabetes, High Blood Pressure, and Aging Problems. Additional results are listed in the table below.

Top Five Health Issues
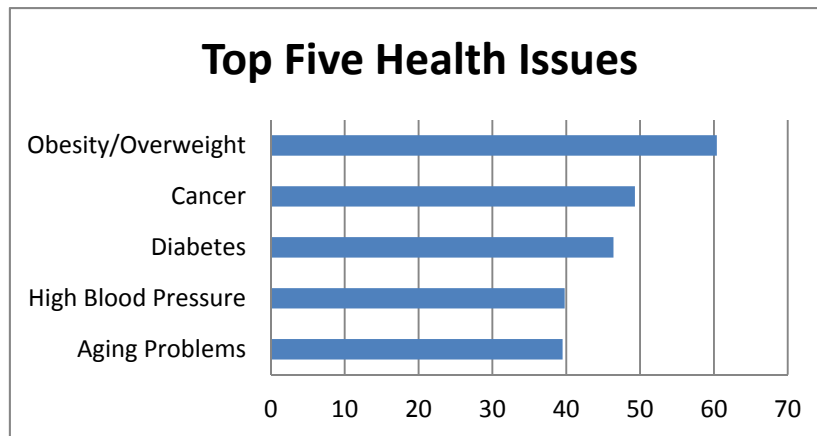
| Health Problem	Percent	Number
Heart Disease/ Heart Attacks	36.37%	491
Teen Pregnancy	34.07%	460
Mental Health	29.41%	397
Sexually Transmitted Disease	16.74%	226
Dental Health	16.59%	224
Motor Vehicle Accidents	11.33%	153
Asthma	9.78%	132
Stroke	8.74%	118
Infectious/ Contagious Disease	7.70%	104
Lung Disease	6.59%	89
Kidney Disease	5.78%	78
Infant Death	5.26%	71
Autism	4.07%	55
Gun-Related Injuries	3.93%	53
HIV/AIDS	3.85%	52
Birth Defects	3.26%	44
Other Injuries	2.67%	36
Neurological Disorders	2.37%	32
Liver Disease	1.78%	24

It should be noted that 44 respondents chose "other" and specified Drug Abuse as their concern even though it did not appear on this list.

Survey respondents were also asked to identify the top five unhealthy behaviors that they believe have the most impact on Montgomery County. The top five were Illegal Drug Abuse, Alcohol Abuse, Smoking/Tobacco Use, Prescription Drug Abuse, and Drunk Driving. Additional results can be found in the table below.

Top Five Unhealthy Behaviors

Behavior	Value
Illegal Drug Abuse	~68
Alcohol Abuse	~67
Smoking/Tobacco Use	~42
Prescription Drug Abuse	~41
Drunk Driving	~38
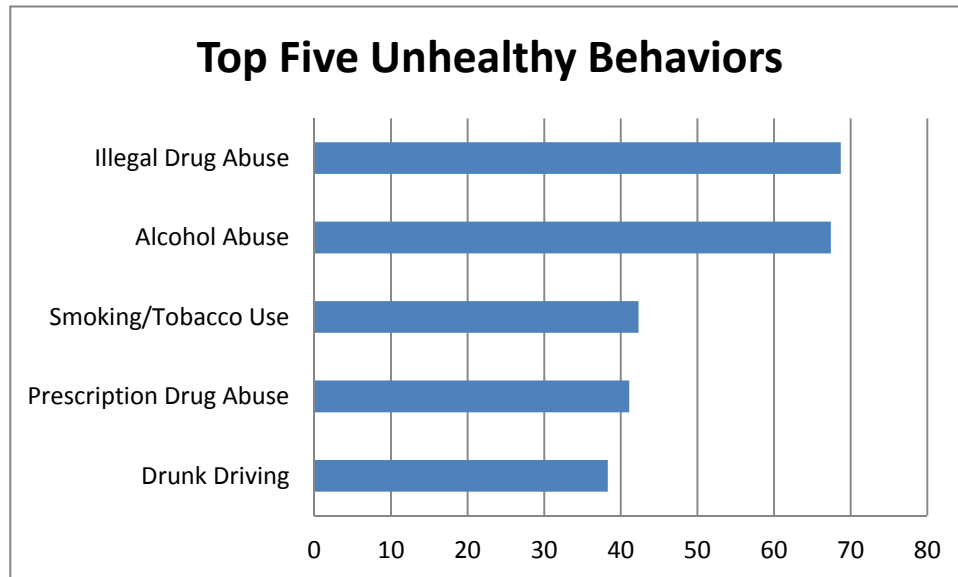
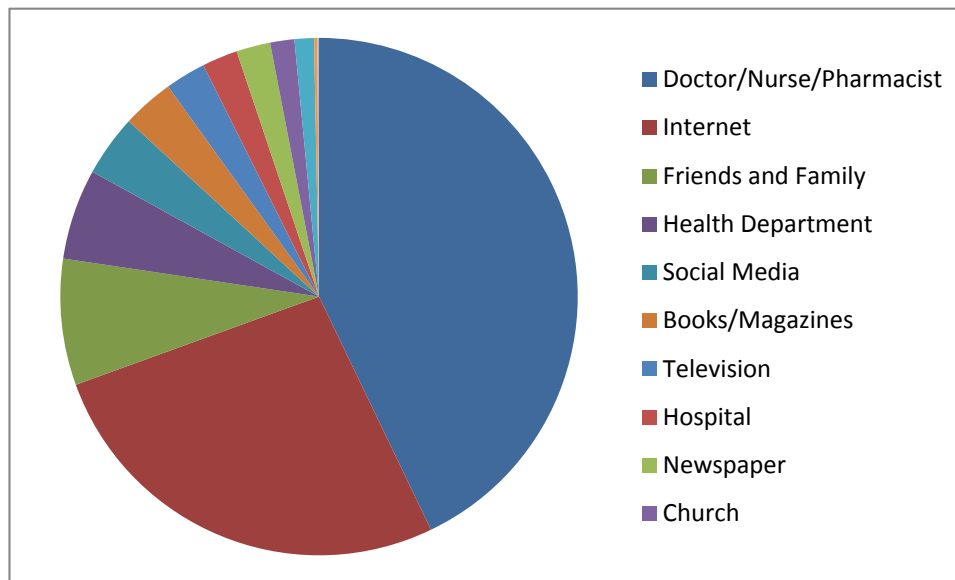| Health Behaviors	Percent	Number
Lack of Exercise	33.38%	444
Poor Eating Habits	31.88%	424
Reckless/Distracted Driving	30.53%	406
Having Unsafe Sex	30.08%	400
Not Going to the Doctor for Yearly Checkups	22.18%	295
Violent Behavior	17.52%	233
Not Going to the Dentist for Preventive Checkups or Care	13.53%	180
Not Washing Hands	11.20%	149
Improper Use of Child Safety Seats	7.74%	103
Not Getting Immunizations	7.07%	94
Not Using Seat Belts	6.32%	84
Not Getting Prenatal Care	6.02%	80
Suicide	3.83%	51

Survey respondents were asked to identify five community wide issues that have the greatest impact on overall quality of life in Montgomery County. The top five answers related to socioeconomic status of the county: Low Income/Poverty, Affordability of Health Services, Unemployment, Lack of/Inadequate Health Insurance, and Dropping Out of School. Additional results can be found in the table below.
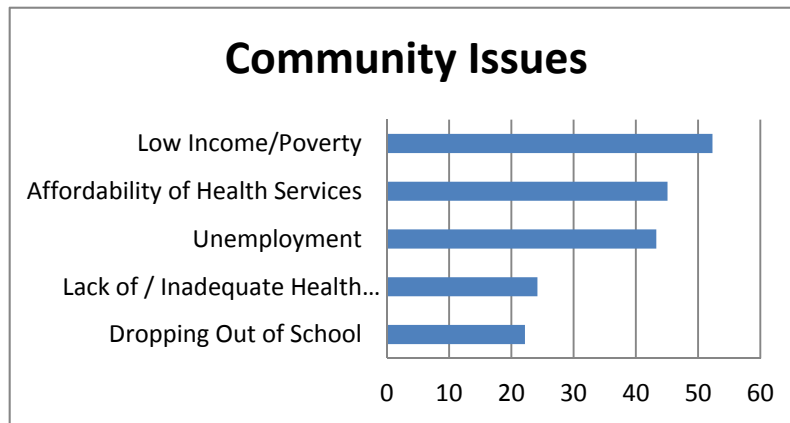
	%	#
Domestic Violence	20.1	265
Availability of Positive Teen Activities	19.7	261
Availability of Healthy Family Activities	17.4	230
Availability of Healthy Food Choices	17.2	227
Child Neglect and Abuse	17.1	226
Lack of Recreational Facilities	16.6	219
Availability of Child Care	15.9	210
Inadequate/ Unaffordable Housing	13.5	179
Racism	13.1	173
Gang Issues	12.3	163
Lack of Health Care Professionals	11.8	156
Unhealthy/ Unsafe Home Conditions	196.4	138
Lack of Transportation Options	9.5	125
Elder Neglect and Abuse	8.2	108
Youth Crime	7.7	102
Literacy	7.6	101

	%	#
Secondhand Smoke	7.4	98
Violent Crime	7.4	98
Homelessness	6.7	88
Animal Control Issues	6.5	86
Lack of Law Enforcement	5.0	66
Unsafe, Unmaintained Roads	3.9	51
Rape/Sexual Assault	3.3	44
Pollution	2.6	34
Lack of Culturally Appropriate Health Services	2.4	32
Work Safety	1.4	19
Bioterrorism	0.6	8

Part Two: Personal Health

Legend:
- Doctor/Nurse/Pharmacist
- Internet
- Friends and Family
- Health Department
- Social Media
- Books/Magazines
- Television
- Hospital
- Newspaper
- Church

When asked where respondents got most of their health information, the majority of respondents indicated "from their doctor" and the "internet". Relatively few rely on information from the newspaper or their church.

Where Medical Care is Sought. Eighty-two percent of respondents indicated that they go to their doctor's office most often when they are sick or need advice about their health. Six percent go to the hospital or emergency room, and five percent go to the Health Department. Three percent go to an Urgent Care Clinic, and fewer go to the Free Care Clinic or the Veteran's Administration clinic.

Health Insurance. Fifty nine percent of respondents indicate that they have private insurance. Seventeen percent have Medicare; nine percent have Medicaid. Ten percent of respondents report having no health insurance.
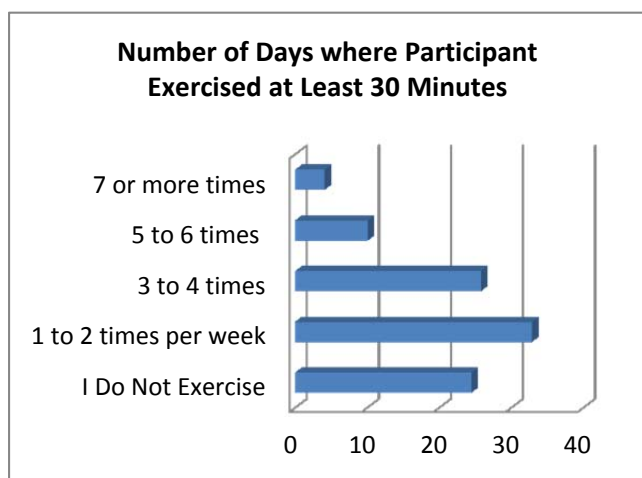
County of Care. More than sixty percent of respondents report getting most of their routine health care in Montgomery County. Seventeen percent get care in Moore County, eleven percent in Stanly County and six percent in Randolph.

Access to Health Care. Seventy three percent of respondents indicated that they did not have a problem getting health care they needed from any type of health care provider or facility during the past 12 months. Of those who had problems, seven percent indicated their share of the cost (deductible or co-pay) was too high, six percent indicated they didn't have health insurance, four percent reportedly couldn't get an appointment, four percent said they couldn't afford the cost, and three percent said their insurance wouldn't pay for what they needed. Fewer than one percent indicated transportation barriers, not knowing where to go, or that the doctor wouldn't take their insurance.

Access to Medicine. Seventy nine percent of respondents indicated that they did not have a problem filling a medically necessary prescription during the past 12 months. For those who had challenges, nine percent indicate their share of the cost (deductible/co-pay) as being too

high, six percent indicated not having health insurance, and four percent indicated their health insurance not covering what they needed. Less than one percent indicated not knowing where to go or not having a way to get there.

Mental Health Referral. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, 33% of respondents would refer them to a doctor, 20% to a private counselor or therapist, and 17% to a minister or religious official. Of significant interest, however, is that 15.8% of respondents indicated that they would not know who to tell them to talk to.   Less than two percent of respondents would refer them to their shool counselor or a support group such as AA or Al-Anon.

Number of Days where Participant Exercised at Least 30 Minutes

Category	Value (approx)
7 or more times	
5 to 6 times	
3 to 4 times	
1 to 2 times per week	
I Do Not Exercise	

0   10   20   30   40

Physical Activity. The current *Physical Activity Guidelines* recommend that adults get at least 150 minutes of physical activity a week, which averages to at least 30 minutes a day most days of the week. When asked how many times a participant engaged in any exercise activity that lasts at least a half an hour in a normal week, eighty-three percent indicated getting less than the recommended amount. One in four participants report not exercising at all during a typical week, and thirty three percent only exercise once or twice per week.

Screen Time on a Typical Day

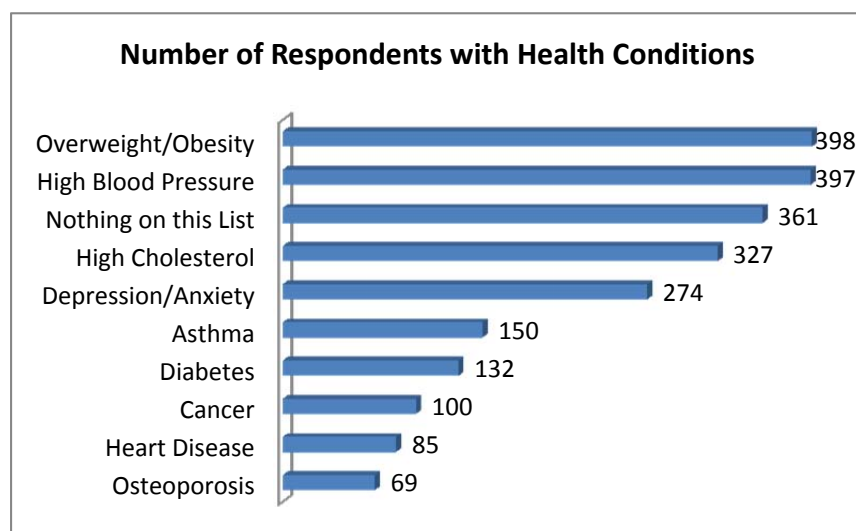| Category	Value
6+ hours	6.3
4-5 hours	16.2
2-3 hours	51
0-1 hour	25.3
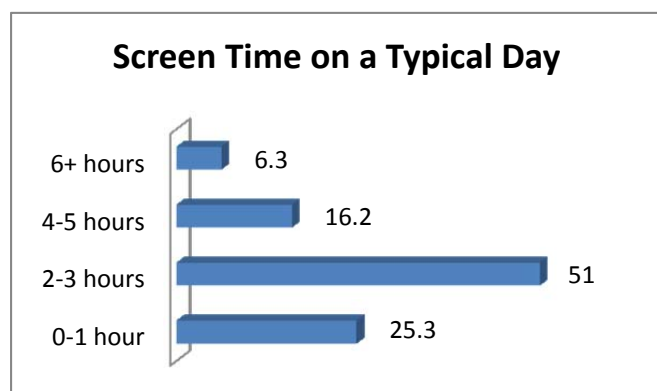
Screen Time. While the CDC has not established a recommendation for a maximum amount of screen time for adults, it is generally accepted that the more screen time adults have, the less active they are during the day. Screen time also leads to mindless eating, which increases caloric consumption, and is often less than healthy foods being eaten. Additionally, screen time exposes adults and children to multiple media messages encouraging consumption of less healthy foods. Screen time should be minimized for adults and children in order to promote better health. When asked how many hours per day a survey respondent watched TV, played video games or used the computer or phone for recreation, three out of four respondents (74.7%) indicated more than 2 hours.

Farmers' Market Utilization. The Montgomery County Farmers' Market is held weekly in Troy when not off-season. Other farmers' markets are available in neighboring counties. Fifty-two percent of respondents indicate not using these markets, and forty seven percent do.

Tobacco. Eighty-six percent of survey participants report that they are non-smokers. Seventy one percent indicate that they are not exposed to secondhand smoke. Of those who are, eleven percent are exposed at home, nine percent in the workplace, seven percent at parks or recreational facilities, and five percent in their automobile. Only five percent of respondents indicate current use of any tobacco products other than cigarettes. Half of respondents would seek cessation support from a doctor, twenty percent from Quit Now NC, eight percent from the Health Department, five percent from a private counselor or therapist, three percent from a pharmacy and two percent from the hospital.

Number of Respondents with Health Conditions

Condition	Number
Overweight/Obesity	398
High Blood Pressure	397
Nothing on this List	361
High Cholesterol	327
Depression/Anxiety	274
Asthma	150
Diabetes	132
Cancer	100
Heart Disease	85
Osteoporosis	69

Health Conditions. Thirty percent of respondents said they had been told by a health professional that they are overweight or obese. Thirty percent also indicate being diagnosed with high blood pressure. Twenty seven percent have never been told they have any of the conditions listed. One in four respondents have high cholesterol.

Child- Centered Health Concerns. Thirty eight percent of survey respondents indicated having children under the age of 18. (All other participants were directed to skip the questions in this category). More than half (55.6%) of parents are not interested in allowing their school-aged child to walk to school. *Many parents commented that they lived too far out, or that the area they lived in was too rural to make walking to school a feasible option.*

Parents were given a list of health topics and asked to identify the ones they thought their children needed more information about. Internet safety topped the list, and eating

Health Topics	Number of Responses
Internet Safety	239
Distracted Driving/Speeding	208
Sexual Activity/Teen Pregnancy	198
Drug Abuse	195
Alcohol	176
Birth Control	152
STDs	151
Dating Violence	135
Tobacco	124
Mental Health Issues / Suicide	109
HIV	104
Eating Disorders	101

disorders was at the bottom of the list. Ninety percent of parents indicated that they were comfortable talking about the risky behaviors with their children.

<u>Family Preparedness</u>. It is important that all families make, and practice, a plan for what to do in the case of emergencies. An emergency plan should include things like identification of escape routes, identification of a meeting place outside of the home, making sure emergency contact numbers are accessible by all family members, having an emergency contact outside of the home and town in which you live, planning for family members with disabilities and special needs, and having a stocked disaster

Does your Family have an Emergency Plan?

48%

52%

■ Yes
■ No

kit easily available. More than half of survey respondents reported not having a family emergency plan.
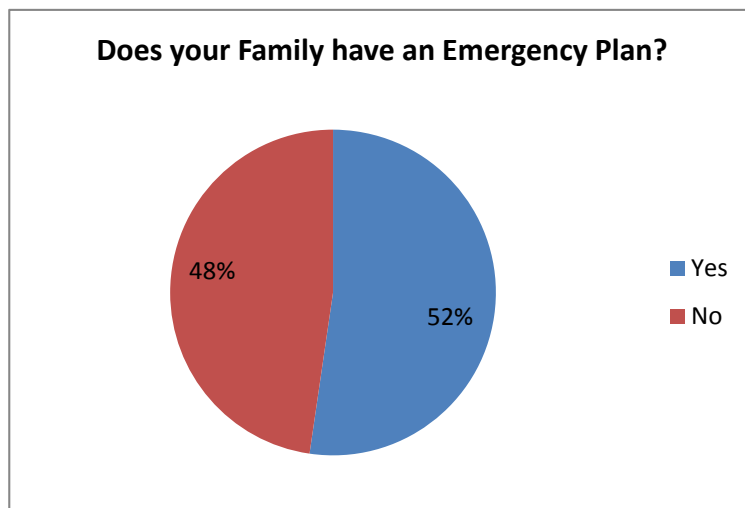
Smoke detectors and carbon monoxide detectors save lives and keep people safe. Ten percent of survey participants had neither smoke or carbon monoxide detectors in their home. Fifty one percent reported having smoke detectors only, and thirty percent reported having both.

Primary Data- Analysis & Implications

❖ Demographics of survey population match county demographics as much as reasonably possible. Collection of over 1400 surveys indicates a strong representation from community members.

❖ The top five health issues identified by community members are clearly related to the ten leading causes of death as identified in the secondary data. Overweight and obesity are risk factors linked with cancer and heart disease. Program planning and initiatives should continue to focus on these areas.

❖ Birth defects was identified in the <u>bottom</u> five biggest health concerns. State statistics prove that birth defects, specifically those originating during the perinatal period are one of the leading causes of death for babies before their first birthday. Community education is needed to make the public aware of the importance of prenatal health (vitamins, early prenatal care, maintaining a healthy weight before and during pregnancy, not smoking).

❖ The top two unhealthy behaviors as identified by the community were lack of exercise and poor eating habits. These two behaviors are linked with overweight and obesity, which are risk factors for many illnesses. To increase people's exercise level, it is important to assure access to opportunities for physical activity as well as programs and initiatives to help people work exercise into their daily routines.

❖ Reckless and distracted driving, ranked third on the list of unhealthy behaviors, is directly linked to "motor vehicle injuries" which is the 9th leading cause of death in Montgomery County. Rural counties typically have more curvy roads and more frequent driving at higher speeds than counties with cities and in-town roads with lower limits. Extra caution is needed when driving curvy roads at high rates of speed, especially in inclement weater. Speed, in combination with recklessness and distraction is a deadly combination. Focus clearly needs to be placed on teen driving as well as middle aged and older adults.

❖ "Not Getting Prenatal Care" was NOT identified as a concern, yet lack of prenatal care is a risk factor associated with infant mortality.

❖ Availability of healthy family and teen activities remains a huge weakness in the county. Teenagers, specifically, are at-risk when they have free time and nothing to do with it. When there is a lack of safe, fun activities, youth often engage in risky behaviors that sometimes have long term consequences.

❖ While most people still get health information from their doctor, the internet is a very close second. "Newspapers" now ranks next to last for a source of information. As health professionals, we need to ensure that we are sharing information in such a way that is well received by the public and will reach the most people. Efforts need to expand to have clear and consistent messages easily available on the internet and social media.

❖ Fifteen percent of respondents indicated that they wouldn't know who to refer someone to if they had a mental health or drug/alcohol problem. This is partially due to

a lack of mental health providers available in the area, but also due to the community not being aware of what does exist. Community education is imperative in this area.

❖ The majority of the respondents did not participate in the recommended number of minutes of physical activity in a given week and also accumulated excessive screen time. Both of these are risk factors for overweight and obesity. Initiatives targeting increasing physical activity and reducing screen time should be explored.

❖ The majority of survey respondents indicated that they were not smokers, but eleven percent indicated that they were exposed to secondhand smoke in their own home, indicating a need for cessation services in the county. Only two percent of respondents indicated that they would seek cessation support from the hospital, which is a shame because they provide a very successful program called "FirstQuit" that is accessible to Montgomery County residents. Making the public more aware of the service offered by FirstHealth as well as other cessation resources is needed.

❖ While the majority of the survey asked respondents about their perception of the health in the community, one section focused on their personal health and the conditions they have been personally diagnosed with. Of 1,443 respondents, 398 have been diagnosed with overweight/obesity, 397 with high blood pressure, and 327 with high cholesterol. These people are at signficant risk for developing heart disease, stroke, and cancer if actions to mitigate these risk factors are not taken.

❖ Walk to school initiatives don't appear to have buy-in or suppport from parents at this time. However, with many parents commenting that they live too far away from the school or that it's too rural to walk safely, it appears that there may be more interest if these barriers were removed. Some walk to school programs have incorporated drop-off points that are not physically located at the school. Called "Walking School Bus" initiatives, students are dropped off at a specific point and then walk in groups to the school building. These programs have been successful in rural areas and is an area for further exploration.

❖ Emergency preparedness is clearly a concern in Montgomery County. With almost half of respondents indicating that they don't even have an emergency plan, it is clear that more outreach and education needs to be done in helping families prepare and to be ready when disaster strikes.

Health Priorities
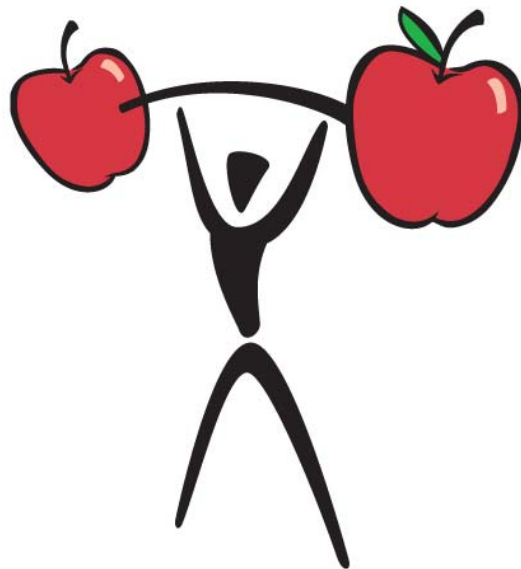
Health Priorities

The Community Health Assessment Steering Committee evaluated the data as a large group during the fall of 2016. In December, the Health Department shared the findings of the assessment and feedback from the CHA work team with members of the community, community partners and representatives during a Priority Setting Session. The event was held at the Troy-Montgomery Senior Center and refreshments were provided by Sandy Ridge Assisted Living. The session was co-facilitated by the Health Department and FirstHealth.

During the session, a summary of combined data was shared. The data presentation included information from the community survey (perception data), data from the Professional Research Consultant project, and secondary data from state approved data sources.

Summary of Combined Data

Health Problems	Unhealthy Behaviors	Quality of Life Issues
Obesity/Overweight	Illegal Drug Abuse/Prescription Drug Abuse	Low Income/Poverty
Cancer	Alcohol Abuse	Affordability of Health Services
Diabetes	Tobacco Use	Unemployment
High Blood Pressure	Drunk Driving	Lack of Health Insurance
Aging Problems	Lack of Exercise / Poor Eating Habits	Dropping Out of School

PRC Survey (2015) and FirstHealth 2020 Vision Task Force	Health Problems with Greatest Impact in County	Top Causes of Mortality
Obesity/Overweight	Obesity/Overweight	Cancer
Diabetes	Diabetes	Heart Disease
Substance Abuse Prevention and Reduction (illicit and prescription drugs)	Aging Problems	Chronic Lower Respiratory Diseases
Diseases of Lung (smoking)	Cancer	Alzheimer's Disease
Hypertension/Heart Disease	High Blood Pressure	Stroke

After the data presentation, the group was asked to consider which priorities should be the most prioritized for the next four years. The group was asked to consider the topics based on the magnitude of the problem, the seriousness of the problem and the feasibility of successful intervention. Diabetes, cancer, substance abuse, obesity, teen pregnancy, mental health, infant mortality, tobacco usage, opioids, dental care, and motor vehicle injury were named as major concerns. Through discussion, it was agreed to group substance abuse/opioids/tobacco into one group and diabetes/obesity into another group because so many of the risk factors and intervention measures were so intertwined.

Each individual present was given four sticker dots and instructed to place their dots under the category they personally determined to be the priority issue. As a result of this dot-mocracy, the four priorities adopted for the next four years are as follows:

- ❖ Substance Abuse Prevention and Reduction (including Opioids, Alcohol and Tobacco)
- ❖ Diabetes/Obesity Prevention and Control
- ❖ Teen Pregnancy Prevention
- ❖ Infant Mortality Reduction

Note: A narrative of these concerns can be found in the Secondary Data section. Substance abuse narrative is on page 24. The narrative for Diabetes can be found on page 20. Overweight and obesity can be found on page 17. Teen Pregnancy can be found on page 22, and Infant Mortality on page 16. Pages 33 and 34 of this document gives further input about the issues from the community perspective.

The Health Department and 2020 Vision Task Force will collaborate to adopt action plans to address these issues during spring and summer of 2017.

Appendices
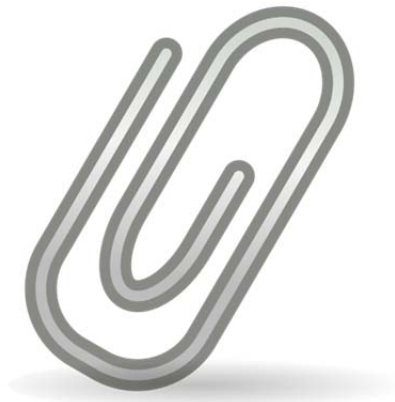
Appendix A: Collaborative Partners

CHA Steering Committee Members were responsible for distributing and collecting data, analyzing primary and secondary data and assisting in determination of health priorities. CHA Steering Committee members will also help define and implement action plans for priorities that were identified.

Name	Organization	Role
Katelin Blackmer	FirstHealth of the Carolinas	CHA Steering Committee Member
Kayren Brantley	White Star Pharmacy- Pharmacist	Community Member- Priority Setting Session
Joe Brantley	Community Member	Priority Setting Session
Susan Brooks	Montgomery County Schools School Nurse	CHA Steering Committee
Kimberly Burger	Montgomery County Health Department-Health Educator	Survey Distribution and Collection CHA Steering Committee
Julie Clark	Montgomery County Health Department- Nursing Director	Survey Distribution and Collection Priority Setting
Michelle Cole	FirstHealth of the Carolinas Certified Diabetes Educator	Diabetes/CHA Steering Committee Member
Kristen Cook	FirstHealth of the Carolinas Health Education Specialist	CHA Steering Committee Member
Brenda DeBerry	Montgomery County Schools (School Nurse)	CHA Steering Committee Member
Kimberly DeBerry	Community Care of the Sandhills	Survey Distribution and Collection/ CHA Steering Committee
Roxanne Elliott	FirstHealth of the Carolinas Policy Director	Assessment Coordinator CHA Settering Committee
Lynn Epps	Montgomery Community College	Survey Distribution and Collection CHA Steering Committee
Kris Hernandez	Montgomery County Department of Social Services	Priority Setting
Lee Ann Hogan	Montgomery County Department of Social Services	Priority Setting
Jeff James	Montgomery County Schools- Assistant Superintendent for Learning	Education Liaison
Cindy Laton	FirstHealth of the Carolinas- Health Education Specialist	CHA Steering Committee
Dr. Takeda Legrand	Montgomery County Schools- Chief Accountability & Quality	Education Liasion CHA Steering Committee

	Officer	
Tina Luther	Montgomery County Schools- School Nurse	Priority Setting Session
Debbi Musika	Partnership for Children- Executive Director	CHA Steering Committee Member Child Health Focus
Mary Perez	Montgomery County Health Department- Health Director	CHA Steering Committee
Rhonda Peters	Montgomery County Health Department	Assessment Coordinator/ CHA Steering Committee
Irma Robledo	Community Member	Hispanic Liasion Priority Setting Session
Mike Rood	Montgomery County Council on Aging- Director	Survey Distribution and Collection
Gail Rushing	Montgomery County Schools- School Nurse	CHA Steering Committee
Regina Smith	FirstHealth School Based Health Centers- Director (FNP)	CHA Steering Committee
Cindy Taylor	Sandhills Cooperation Association- Faith Representative	CHA Steering Committee
Teresa Thomas	Troy-Montgomery Senior Center- Director	CHA Steering Committee Priority Setting Session
Michelle Yarboro	FirstHealth of the Carolinas- Quality Coordinator/ Education Coordinator/ Employee Health Nurse	CHA Steering Committee

Appendix B:

Health and Wellness Resources

Adult Care Homes
Autumn Care of Biscoe
Baaseiah Family Care Home (#1 and #2)
Brookstone Haven of Star
Poplar Springs Rest Home
Sandy Ridge Assisted Living
Tillery Chase Adult Care Home

Agricultural Resources
Consolidated Farm Service Agency
Montgomery County Farm Bureau
NC Cooperative Extension Service
NC Forest Service Rangers
NC Wildlife Resource Commission
Poultry Agent
Soil Conservation Service
Water Pollution Control (Moore County)

Animal Services
Montgomery County Animal Control
Montgomery Animal Clinic
Montgomery County Humane Society

Blind Services
American Council on the Blind
Department of Social Services
EyeCare America
NC Library for Blind
Vocational Rehabilitation

Child Abuse
Butterfly House Child Advocacy Center
Child Help- National Child Abuse Hotline
Department of Social Services
Montgomery County Sheriff's Department
National Center for Missing and Exploited Children

Children's and Youth Services
4-H Clubs
Child Help- National Child Abuse Hotline
Communities in Schools Montgomery County
Eckerd-Candor
Family and Consumer Sciences Agent
Montgomery County Health Department
Montgomery County Partnership for Children
National Child Safety Council
National Runaway Switchboard
Sandhills Children's Developmental Services

Chiropractors
Montgomery County Chiropractic Center

Council on Aging
Montgomery County Council on Aging

Crisis Counseling
Family Crisis Center
National Suicide Prevention
Therapeutic Alternatives

Dentists
Dr. Donald Davis, DDS
Lane and Associates
Dr. Johnny McKinnon
Dr. Terry Wood
FirstHealth Dental Care Clinic
FirstHealth Dental Emergencies
Powers Pediatric Dentistry
Sparkling Smiles

Diabetes Self-Management
FirstHealth of the Carolinas

Dialysis
Davita, Inc.

Emergency Assistance
American Red Cross
United Way (not located in county)

Food Pantries
Baptist Association
First Baptist of Troy
Page Memorial Methodist Church

Health Clubs
FirstHealth Center for Health and Fitness
Total Fitness for Ladies
Troy Fitness Center

Health Services
AIDS Hotline
American Cancer Society
American Heart Association
American Lung Association
Autumn Care Nursing and Rehab
Brookstone Haven of Star
Crisis Line
Daymark Recovery Services
Department of Social Services
FirstHealth EMS (Montgomery)
FirstHealth Response Lifeline
Health and Human Services Hotline
Home Care of the Carolinas
Leukemia and Lymphoma Society
Library of Congress
Montgomery County Health Department
Montgomery Memorial Hospital
Moore Pediatric Therapy Services
Muscular Dystrophy Association
National Parkinson Foundation
National Suicide Prevention Lifeline
NC Dept. of Social Services

Home Health Services
Bayada Nurses
Community Home Care & Hospice
Elite Home Care Services
Family First Home Care
FirstHealth Home Care Services
Gentiva Home Health
Healthy at Home
Stay Well Senior Care

Hospices
Community Home Care & Hospice
FirstHealth Hospice and Palliative Care
Hospice of Randolph County
Hospice of Richmond County
Hospice of Stanly

Hospitals
FirstHealth Montgomery Memorial Hospital
FirstHealth Moore Regional Hospital
Stanly Regional Medical Center
Randolph Hospital

Housing Services
Rocky Knoll
Sandhills Community Action Program
Troy Housing Authority
Wesleyan Homes (#1 & #2)
Westwood Apartments

Intellectually / Developmentally Disabled
Family Support Network of North Carolina
Library of Congress
Monarch

Lactation Consultant and Assistance
WIC Department
Moore Regional Hospital
Pinehurst Surgical
Sandhills Pediatrics

North Carolina Eye Bank
Poplar Springs Rest Home
United Way

Legal Services
Legal Aid of NC
NC Lawyer Referral Services

Libraries
Montgomery County Public Library
Biscoe Public Library
Candor Public Library
Mt. Gilead Public Library
Star Public Library

Medical Providers
Albemarle Pediatrics
Family Care Associates
FirstHealth Family Care Center (Troy)
FirstHealth Family Care Center (Biscoe)
FirstHealth Family Care Center (Candor)
Mid Carolina Family Medicine
Montgomery Community Health Center
Montgomery Urology
Moore Pediatrics
Mt. Gilead Medical Services
Pinehurst Surgical
Premiere Pediatrics
Pulmonary Rehab MMH
Randolph Medical Associates
Sandhills Pediatrics
Stanly Pediatrics
Troy Foot Clinic
Troy Medical Services
Troy Surgical Clinic

Medication Assistance Program
FirstHealth of the Carolinas

Mental Health Services
Daymark Recovery Services
Journey Counseling and Consulting
NC Mentor
Recovery Solutions

Opticians and Optometrists
Dr. Haywood

Pharmacies
Biscoe Pharmacy
Carolina Pharmacy
Cochrane Ridenhour Pharmacy
CVS Pharmacy
Standard Drug
Walmart Pharmacy
White Star Pharmacy

School Health Centers
MC School Health Center, East
MC School Health Center, West

Senior Citizen Information
Department of Social Services
Family Caregiver Support Program
Medicare
Montgomery County Council on Aging
Seniors Health Insurance Information Program
Senior Help Line
Social Security Administration
Troy-Montgomery Senior Center

Substance Abuse
Center for Substance Abuse Treatment
National Clearinghouse for Alcohol and
        Drug Information
Daymark Recovery Services
Journey Counseling and Consulting

Transportation Assistance
Davis and Edward Transportation
FirstHealth Transportation
R-CATS

> *It should be noted that not all listings in this resource directory are physically located in Montgomery County, but all are available to Montgomery County residents.*

Appendix C:
Community Health Opinion Survey
(English)

Montgomery County
Community Health Survey- Fall 2016

We are conducting a survey of our county to learn more about the health and quality of life in Montgomery County. The Health Department, FirstInHealth 2020 Vision Task Force, and community partners will use the results of this survey to help address the major health and community issues in our county.

The survey is completely voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential.

Do you live in Montgomery County? _____Yes   _____ No

PART 1: Community Problems and Issues
Health Problems

1. **Thinking about your community, what kind of place is it to live?**
    _____ Excellent   ____ Good   ____Fair   ____Poor

2. **What do you consider to be the most important health problems in Montgomery County? Please choose up to five from this list.**

    ___ Aging problems (Alzheimer's, arthritis, hearing or vision loss, etc.)
    ___ Asthma
    ___ Autism
    ___ Birth defects
    ___ Cancer
    ___ Dental health
    ___ Diabetes
    ___ Gun-related injuries
    ___ Heart disease/heart attacks
    ___ High blood pressure

    ___ Infant death
    ___ Infectious/Contagious diseases (TB, salmonella, pneumonia, flu, etc.)
    ___ Kidney disease
    ___ Liver disease
    ___ Mental health (depression, schizophrenia, suicide etc.)
    ___ Motor vehicle accidents
    ___ Neurological disorders (Multiple Sclerosis, muscular dystrophy, A.L.S.)

    ___ Obesity/overweight
    ___ Other injuries (drowning, choking, home or work related)
    ___ Lung disease (emphysema, etc.)
    ___ Sexually transmitted diseases (STDs)
    ___ HIV/AIDS
    ___ Stroke
    ___ Teenage pregnancy
    ___ Other

Health Behaviors

3. **Some individuals have unhealthy behaviors that have a large impact on the entire community. Please pick the five behaviors in this list that you believe are the most important.**

    ___ Alcohol abuse
    ___ Drunk driving
    ___ Having unsafe sex
    ___ Illegal drug abuse
    ___ Prescription drug abuse
    ___ Lack of exercise
    ___ Not getting immunizations

    ___ Not getting prenatal (pregnancy) care
    ___ Not washing hands
    ___ Poor eating habits
    ___ Not going to a dentist for preventive check-ups / care
    ___ Not going to the doctor for yearly check-ups & screenings

    ___ Not using seat belts
    ___ Reckless/Distracted driving
    ___ Smoking/tobacco use
    ___ Suicide
    ___ Violent behavior
    ___ Other

("shots") to prevent disease   ___ Not using child safety seats

Community Issues

4. **Below is a list of community-wide issues that impact overall quality of life in Montgomery County. Please choose up to five that you believe have the greatest effect on Montgomery County.**

___ Affordability of health services
___ Animal control issues
___ Availability of child care
___ Availability of healthy food choices
___ Availability of healthy family activities
___ Availability of positive teen activities
___ Bioterrorism
___ Domestic Violence
___ Dropping out of school
___ Gang issues
___ Homelessness
___ Inadequate/unaffordable housing
___ Lack of/inadequate health insurance
___ Lack of culturally appropriate health services.
___ Lack of health care providers
___ Lack of law enforcement

___ Lack of recreational facilities (parks, trails, community centers, etc.)
___ Lack of transportation options
___ Literacy
___ Low income/poverty
___ Elder neglect and abuse
___ Child neglect and abuse
___ Pollution (air, water, land)
___ Racism
___ Rape/sexual assault
___ Secondhand smoke
___ Unemployment
___ Unsafe, un-maintained roads
___ Unhealthy/unsafe home conditions
___ Violent crime (murder, assault, etc.)
___ Work safety
___ Youth crime
___ Other
___

PART 2: Personal Health

5. **Where do you get most of your health-related information?** (choose one)

____ Books/magazines
____ Church
____ Doctor/nurse/pharmacist
____ Free Care Clinic
____ Friends and family

____ Health Department
____ Help lines (telephone)
____ Hospital
____ Internet
____ Newspaper

____ School
____ Social media (twitter, facebook)
____ Television
____ Other

6. **Where do you go most often when you are sick or need advice about your health? Choose the one that you usually go to.**

_____ Doctor's office/medical clinic
_____ Free Care Clinic
_____ Health department
_____ Other _(specify_____

_____ Veterans Administration Clinic
_____ Urgent Care Center
_____ Hospital/Emergency Room
____ Don't Know

7. **What kind of insurance coverage do you have?**

_____ Medicare (includes supplemental policy)   ____ Medicaid
_____ Private insurance (Ex: BCBS, Aetna, Cigna, etc…)   ____ Tricare/VA
_____ Other   (specify)_____   ____None

8. **Please identify the one county in which you seek routine health care in most often?**

a.   ___ Moore   d. ____ Randolph

b. ___ Montgomery   e. ____ Stanly
c. ___ Richmond   f. ____ Other

9. **In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility? If you did have a problem or you were to have a problem, please indicate on the list below your challenges.**
- ___ I didn't have a problem
- ___ I didn't have health insurance.
- ___ My insurance wouldn't pay for what I needed.
- ___ My share of the cost (deductible/co-pay) was too high.
- ___ Doctor would not take my insurance.
- ___ I could not afford the cost.
- ___ I didn't have a way to get there.
- ___ I didn't know where to go.
- ___ I couldn't get an appointment.
- ___ Other (please specify) _____
- ___ Don't Know

10. **In the past 12 months, did you have a problem filling a medically necessary prescription? If so, what kind of problem did you have?**
a. ___I didn't have a problem filling a prescription.
b. ___ I didn't have health insurance.
c. ___ My insurance didn't cover what I needed.
d. ___ My share of the cost (deductible/co-pay) was too high.
e. ___ Pharmacy would not take my insurance.
f. ___ I didn't have a way to get there.
g. ___ I didn't know where to go.
h. ___ Other (please specify) _____

11. **If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to call or talk to? Please choose only one answer.**
a.____ Private counselor or therapist e.____ Doctor
b.____ Support group (e.g., AA. Al-Anon) f.____ Minister/religious official
c.____ School counselor   g.____ Other
d.____ Don't know

12. **How many times do you engage in any exercise activity that lasts at least a half an hour in a normal week?**
a. ____ I do not exercise in a normal week for at least half an hour
b. ____ 1 to 2 times/week
c. ____ 3 to 4 times/week
d. ____ 5 to 6 times/week
e. ____ 7 or more times/week

13. **How many hours per day do you watch TV, play video games, or use the computer for recreation?**
____ 0-1 hour ____ 2-3 hours ____ 4-5 hours ____ 6+ hours

14. **Do you utilize any farmers markets?**
    ____ Yes   ____ No

15. **Are you exposed to secondhand smoke in any of the following places**
a.____ Home
b.____ Workplace
c.____ Church
d.____ Automobile
e.____ Parks/Recreational facilities
f.____ Other   (please specify) _____
g.____ I am not exposed to secondhand smoke.

16. **Do you currently smoke? ____Yes ____No**
Do you currently use other tobacco products? _____Yes _____No

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

a.____ Quit Now NC	f.____ Health Department
b.____ Doctor	g.____ Hospital
c.____ Church	h.____ Other **(specify)**: _____
d.____ Pharmacy	
e.____ Private counselor/therapist	

18. **Have you ever been told by a <u>doctor, nurse, or other health professional</u> that you have any of the following conditions?**

a.	Asthma	____ Yes	____ No
b.	Cancer	____ Yes	____ No
c.	Depression or anxiety disorder	____ Yes	____ No
d.	Diabetes (not during pregnancy	____ Yes	____ No
e.	Heart Disease	____ Yes	____ No
f.	High cholesterol	____ Yes	____ No
g.	High blood pressure	____ Yes	____ No
h.	Osteoporosis	____ Yes	____ No
i.	Overweight/Obesity	____ Yes	____ No
j.	None	_____	

19. **Do you have children under the age of 18? __Yes ___No** *(if no, skip to question 23)*

20. **Would you be interested in allowing your child to walk to school if there was a safe route?**   _____ Yes   ____ No   ____I do not have school aged children

21. **Do you think your child or children need more information about the following problems**:

a.___ Alcohol	e.___ Eating Disorders	i.___ Distracted driving/speeding
b.___ Tobacco	f.___ Sexual activity/teen pregnancy	j.___ Mental health issues/suicide
c.___ HIV	g.___ STDs	k.___Internet safety
d.___ Birth Control	h. ___ Drug Abuse	l.___ Dating violence
	m.___Other : _____	

22. **Are you comfortable talking to your child about the risky behaviors we just asked about?**

____ Yes   ____ No   ___ I do not have children under age 21

23. **Does your household have working smoke and carbon monoxide detectors?**

____ **Yes, smoke detectors only**   ___ **No**
____ **Yes, Carbon monoxide detectors only**   ___ **Don't know**
____ **Yes, both**

24. **Does your family have a Family Emergency Plan?** ___ **Yes**   ___ **No**

Part 3. Demographic Questions

The next set of questions are <u>general</u> questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

25. **How long have you lived in this county?**

_____ less than one year   _____ 1 – 5 years   _____ 6 – 10 years
_____ more than 10 years   _____ my whole life

26. **What is your zip code?**

_____ 27209 (Biscoe)   ___ 27247 (Ether)   ___ 27356 (Star)
_____ 27229 (Candor)   ___ 27306 (Mt. Gilead)   ___ 27371 (Troy)
___ Other (please specify) _____

27. **How old are you?**

___ **15-19**	___ **35-39**	___ **55-59**	___ **75-79**
___ **20-24**	___ **40-44**	___ **60-64**	___ **80-84**
___ **25-29**	___ **45-49**	___ **65-69**	___ **85 or older**
___ **30-34**	___ **50-54**	___ **70-74**	

28. **Are you Male or Female?** _____ Male   _____ Female

29. **Are you of Hispanic origin?** _____ Yes   _____ No

30. **What is your race?**

_____ Black or African American   _____ American Indian or Alaskan Native
_____ Asian or Pacific Islander   _____ White
_____ Other

31. Do you speak a language other than English at home? ___ Yes   ___ No

B. If yes, what language do you speak at home? _____

32. **What is the highest level of school, college or vocational training that you have finished?**

_____ Some high school, no diploma   ___ Bachelor's Degree

_____ High school diploma or GED   ___ Graduate or Professional Degree

_____ Associate's Degree or Vocational Training   ___ Other

_____ Some college (no degree)

33.   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 for your family size?

Family Size	Income Level
1	$21,780
2	$29,420
3	$37,060
4	$44,700
5	$52,340
6	$59,980
7	$67,620
8	$75,260

___ Yes, Income is Above Level Shown_____ No, Income is At or Below Level Shown

____Don't Know   _____ Prefer Not to Answer

34.   What is your employment status?

a._____ Employed full-time   f._____ Disabled

b._____ Employed part-time   g._____ Student

c._____ Retired   h._____ Homemaker

d._____ Military   i._____ Self-employed

e._____ Unemployed   j. _____ No Response/Refused

35.   Do you have access to the Internet?   ____ Yes   ____ No

Appendix D:
Community Health Opinion Survey (Spanish)

Encuesta de Salud Comunitaria Del Condado de Montgomery- Otoño 2016

Estamos llevando a cabo un estudio de nuestro condado para obtener más información acerca de la salud y calidad de vida en el Condado de Montgomery. El Departamento de Salud, FirstInHealth 2020 Grupo de Trabajo La visión, y socios de la comunidad van a utilizar los resultados de esta encuesta para ayudar a resolver los problemas principales de salud y de la comunidad en nuestro condado.

La encuesta es completamente voluntaria, y no debe tomar más de 20 minutos para completarla. Sus respuestas serán completamente confidenciales.

¿Usted vive en el Condado de Montgomery?   _____Sí   _____ No

PARTE 1: Problemas y Aspectos de la comunidad
Problemas De Salud

5. **Pensando en su comunidad, ¿qué clase de lugar es para vivir?**
_____ Excellente   ____ Bueno   ____Justo   ____Malo   ___No se/No respuesta

6. **¿Cuáles considera que son los problemas de salud más importantes en el condado de Montgomery? Por favor, elegir un máximo de cinco de esta lista.**

___Los problemas de envejecimiento (Alzhéimer, Artritis, Problemas Escuchando o Pérdida de la vista, etc).
___ Asma
___ Autismo
___ Defectos de Nacimiento
___ Cancer
___ Problemas dentales
___ Diabetes
___ Accidentes Relatado a Armas de Fuego
___ Enfermedad del Corazón
___ Presión Alta

___ Muerte de infantes
___ Enfermedades infecciosas y contagiosas (Tuberculosis, salmonela, neumonía , influenza, etc.)
___ Enfermedad del Riñon
___ Enfermedades crónicas del Hígado
___ Problemas de salud mental (depresión, esquizofrenia, suicidio, etc.)
___ Accidentes de automóviles
___ Desordenes Neurológicos (Esclerosis Multiple, Distrofia Muscular, ALS (Atrofia Muscular Progresiva)

___ Obesidad/Sobrepeso
___ Otras Lesiones (ahogo, asfixia, lesiones relacionado con el trabajo o en casa.)
___Enfermedad de los pulmones (enfisema, etc.)
___ Enfermedades de transmisión sexual
___ VIH / SIDA
___ Infartos
___ Embarazo en la adolescencia
___ Otro

Los comportamientos de salud

7. Algunos individuos tienen comportamientos que no son saludables y que tienen un gran impacto en toda la comunidad. Por favor escoja los cinco comportamientos en esta lista que usted cree que son los más importantes.

___ Abuso del Alcohol
___ Manejando tomado
___ Teniendo sexo sin protección
___ Adicción a drogas y substancias ilegales
___ Adicción a drogas con receta medica
___ Falta de ejercicios
___ No Recibiendo Vacunas para prevenir Enfermedades

___ No Recibiendo cuidado prenatal
___ No lavandose las manos
___ Malos hábitos alimenticios
___ No van al dentista para chequeos preventivos y cuidado
___ No van al médico para chequeos anuales y pruebas de detección
___ No usan asientos de seguridad para niños

___ No usan el cinturón de seguridad en el auto
___ Manejando distraído o imprudente
___ Fumar/Uso de tabaco
___ Suicidio
___ Comportamiento violento
___ Otra

Problemas de la Communidad

8. A continuación está una lista de problemas a escala comunitaria que afectan la calidad de vida en general en el Condado de Montgomery. Por favor, elija un máximo de cinco que cree que tienen el mayor efecto en el Condado de Montgomery.

___ Servicios de salud económicos
___ Asuntos sobre control de animales
___ Disponibilidad de cuidado de niños
___ Disponibilidad de opciones de comidas más saludables
___ Disponibilidad de actividades sanas para la familia
___ Disponibilidad de actividades positivas para adolecentes
___ Bioterrorismo
___ Violencia domestica
___ Abandonar la escuela antes de graduarse
___ Asuntos de pandillas
___ Personas sin hogar
___ Vivienda inadecuada o alta en costo
___ Falta de seguro médico o seguro medico inadecuada
___ Falta de servicios apropiados de salud para diferente culturas
___ Falta de proveedores de cuidado del salud
___ Falta de refuerzo de policía

___ Falta de instalaciones recreativas (parques, pistas para caminar, centros de comunidades, etc.)
___ Falta de opciones de transporte
___ Alfabetismo (habilidad de leer)
___ Bajos ingresos / pobreza
___ Abuso y descuido de los ancianos
___ Abuso y descuido de niños
___ Contaminación (aire, agua y tierra)
___ Racismo
___ Violación o asalto sexual
___ Humo de Segundo mano
___ Desempleo
___ Calles inseguros o falta de mantenimiento
___ Condiciones del hogar no saludables / inseguras
___ Crimen violentos (asesinato, asaltos, etc.)
___ Seguridad de trabajo
___ Delincuencia juvenil
___ Otra: _____

PARTE 2: Salud Personal

5. ¿De dónde obtiene la mayor parte de su información relacionada con la salud?

____ Libros/revistas	____ Departmento de Salud	____ Escuela
____ Iglesia	____ Lineas de ayuda(telefono)	____ Medio social
____ Doctor/enfermera/farmacista	____ Hospital	(twitter, facebook)
____ Clínica de cuidado gratuito	____ Internet	____ Televisión
____ Amigos y Familia	____ Periódico	____ Otro

6. ¿Dónde va <u>más a menudo</u> cuando está enfermo o necesita consejos sobre su salud? Elija donde suele ir.

_____ Oficína del Doctor/clínica médica	_____ Clínica de Administración de Veteranos
_____ Clínica de cuidado gratuito	_____ Centro de Cuidado de Urgencia
_____ Departamento de Salud	_____ Hospital/Emergencias
_____ Otro	_____ No sabe

7. ¿Qué tipo de cobertura de seguro tiene usted?

_____ Medicare (Incluye polisa suplemental)	____ Medicaid
_____ Seguro privado (Ex: BCBS, Aetna, Cigna, etc…)	____ Tricare/VA
_____ Otro	____Ninguno

8. Por favor identifique el condado donde busca atención médica de rutina la mayoría de las veces?

a. ___ Moore	d. ____ Randolph
b. ___ Montgomery	e. ____ Stanly
c. ___ Richmond	f. ____ Other

9. En los últimos 12 meses, ¿alguna vez tuvo problemas para recibir la atención médica que necesita de cualquier tipo de instalación o proveedor de servicios para la salud? Si tuvo o tendría un problema, por favor indique en la lista sus retos.

- ___ No he tenido un problema
- ___ No tenia seguro de salud
- ___ Mi seguro no cubría lo que necesitaba.
- ___ Mi parte del costo (deducible/copago) era demasiado alto.
- ___ El Doctor no acepta mi seguro.
- ___ No podía costear el costo.
- ___ Yo no tenía una manera de llegar allí.
- ___ No sabía a donde ir.
- ___ No pude conseguir una cita.
- ___ Otro
- ___ No se/No Respuesta

11. **En los últimos 12 meses, ¿ha tenido un problema para llenar una receta médica? Si es así, ¿qué tipo de problemas tuvo?**
    - i. ___ Ministro/funcionario religioso.
    - j. ___ No tenía seguro de salud.
    - k. ___ Mi seguro no cubría lo que necesitaba.
    - l. ___ Mi parte del costo (deducible/copago) era demasiado alto.
    - m. ___ La farmacia no acepta mi seguro.
    - n. ___ Yo no tenía una manera de llegar allí.
    - o. ___ No sabía a donde ir.
    - p. ___ Otro

11. **Si un amigo o miembro de la familia necesita el asesoramiento de salud mental o un problema de abuso de drogas o alcohol, cual sería la primera persona a quien usted le diría que llame? Por favor, elija una sola respuesta.**
    - a.____ Consejero o terapeuta privado
    - b.____ Grupo de apoyo (ejemplo, AA. Al-Anon)
    - c.____ Consejero de la escuela
    - d.____ No sabe
    - e.____ Doctor
    - f.____Ministro/Funcionario Religioso
    - g.____ Otro
    - h.____ No Respuesta

12. **¿Cuántas veces usted realiza alguna actividad de ejercicio que dura al menos media hora en una semana normal?**
    - a. ____ En una semana normal no hago media hora de ejercicio
    - b. ____ 1 a 2 veces por semana
    - c. ____ 3 a 4 veces por semana
    - d. ____ 5 a 6 veces por semana
    - e. ____ 7 o más veces por semana
    - f. ____ No se/No Respuesta

13. **¿Cuántas horas por día ve televisión, juega videojuegos, o utiliza la computadora?**
    ____ 0-1 hora   ____ 2-3 horas   ____ 4-5 horas   ____ 6 o más horas
    ____ no sabe/no respuesta

14. **¿Utiliza algunos mercados de los agricultores?**
    ____ Si   ____ No

15. **¿Está expuesto a humo de segunda mano en alguno de los siguientes lugares?**
    - a.____ Hogar
    - b.____ Trabajo
    - c.____ Iglesia
    - d.____ Auto
    - e.____ Parques/Las instalaciones de ocio
    - f.____ Otro
    - g.____ No estoy expuesto al humo de segunda mano.

16. **¿Actualmente fuma?   ____Si   ____No   ____No Respuesta**
    ¿En la actualidad usa otros productos de tabaco _____Si   _____No
    _____No Respuesta

17. **Si usted o alguien conocido quiere dejar de consumir tabaco, ¿dónde iría para obtener ayuda?**

a.____ Renuncie ahora NC(Quit Now NC)   f.____ Departamento de Salud
b.____ Doctor   g.____ Hospital
c.____ Iglesia   h.____ Otro **(especifíque)**: _____
d.____ Farmacia
e.____ Consejero privado/terapísta

18. **¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud que tiene cualquiera de las siguientes condiciones?**

k.	Asma	____ Si	____ No
l.	Cancer	____ Si	____ No
m.	Depresion o ansiedad	____ Si	____ No
n.	Diabetes (no durante embarazo)	____ Si	____ No
o.	Enfermedad del corazón	____ Si	____ No
p.	Colesterol Alto	____ Si	____ No
q.	Alta presion sanguinea	____ Si	____ No
r.	Osteoporosis	____ Si	____ No
s.	Sobrepeso/Obesidad	____ Si	____ No
t.	Ninguno	_____	

19. **¿Tiene hijos menores de 18 años? ___Si ___No**

20. **¿Estaría usted interesado en permitir que su hijo camine a la escuela si hubiera una ruta segura?**   ____ Si   ____ No   ____ No tengo niños en edad escolar

21. **Piensa que sus niños necesitan más información acerca de los siguientes problemas:**

a.___ Alcohol   h. ___ abuso a las drogas
b.___ Tabaco   i.____conducir distraído/exceso de velocidad
c.___ VIH   j.___ salud mental/suicidio
d.___ Métodos de Control   k.___ seguridad de Internet
e.___ Trastornos de la alimentación   l.___ violencia en noviasgos
f.___ Actividad sexual/embarazo en adolecentes   m.___Otro
g.___ Enfermedades de transmision sexual

22. **¿Se siente cómodo hablando con sus hijos acerca de los comportamientos de riesgo que se le acaba de preguntar?**
____ Si   ____ No   ___No tengo hijos menores de 21

23. ¿Su hogar tiene detectores de humo y de monóxido de carbono?
____ **Sí, sólo detectores de humo**   ___ **No**
____ **Sí, detectores de monóxido de carbono solamente**   ___ **No sabe**

24. ¿Su familia tiene un Plan de Emergencia Familiar? ___ Si   ___ No

Parte 3. Preguntas demográficas
El siguiente grupo de preguntas son preguntas generales sobre su persona, que sólo se informarán como un resumen de todas las respuestas dadas por los participantes en la encuesta. Sus respuestas serán anónimas.

25. **¿Cuánto tiempo ha vivido en este condado?**
_____ menos de un año _____ 1 – 5 años _____ 6 – 10 años
_____ más de 10 años _____ toda mi vida

26. **¿Cuál es su código postal?**
_____ 27209 (Biscoe) ___ 27247 (Ether) ___ 27356 (Star)
_____ 27229 (Candor) ___ 27306 (Mt. Gilead) ___ 27371 (Troy)
___ Other (Por favor especifíque) _____

27. **¿Que edad tiene?**

___ **15-19**	___ **35-39**	___ **55-59**	___ **75-79**
___ **20-24**	___ **40-44**	___ **60-64**	___ **80-84**
___ **25-29**	___ **45-49**	___ **65-69**	___ **85 o mayor**
___ **30-34**	___ **50-54**	___ **70-74**	

28. **¿Es usted hombre o mujer?** _____ Masculino _____ Femenina

29. **¿Es usted de origen hispano?**_____Si _____ No

30. **¿Cuál es su raza?**
_____ Negro Africano Americano _____ Americano Indio o Nativo de Alaska
_____ Asiático o de Isla del Pacífico _____ Blanco
_____ Otro

31. ¿Habla un idioma distinto al Inglés en casa? **Si____ No____**
B. En caso afirmativo, ¿qué idioma habla en casa?_____

32. **¿Cuál es el nivel más alto de la escuela, la universidad o la formación profesional que ha terminado?**
_____ Preparatoria, sin diploma ___ Licenciatura
_____ Diploma de Preparatoria o GED ___ Licenciado o Título Profesional
_____ Grado de asociado o Formación Profesional ___ Otro
_____ Un poco de universidad (sin grado)

33. **Por favor, mire la tabla de abajo. Encuentre el número de personas en su familia y mire hacia el nivel de ingresos junto a él. El ingreso familiar annual es MAYOR de la cantidad para los integrantes de su familia?**

Tamaño de familia	Nivel de ingresos
1	$21,780
2	$29,420
3	$37,060
4	$44,700
5	$52,340
6	$59,980
7	$67,620
8	$75,260

___ Sí, los ingresos están por encima del nivel mostrado

_____ No, los ingresos son menos del nivel mostrado

_____ No sé   ____ Prefiero no contestar

34. **¿Cuál es tu situacion laboral?**

a ._____ Empleado a tiempo completo   f ._____ Desabilitado

b ._____ Empleado a tiempo parcial   g ._____ Estudiante

c ._____ Retirado   h ._____ Ama de Casa

d ._____ Militar   i ._____Trabajo por cuenta propia

e ._____ Desempleado   j. _____ Sin respuesta / No contesta

35. **¿Tiene acceso al Internet?**   ____ Si   ____ No

Appendix E:
Data Sources

Children's Environmental Health Branch
http://ehs.ncpublichealth.com/hhccehb/cehu/index.htm

Montgomery County Schools
www.montgomery.k12.nc.us

Montgomery County website
www.montgomerycountync.com

NC Central Cancer Registry
http://www.schs.state.nc.us/data/

NC HIV/STD Surveillance Report
http://epi.publichealth.nc.gov/cd/stds/figures.html

North Carolina Department of Instruction
http://www.dpi.state.nc.us/data/reports/

North Carolina State Center for Health Statistics
http://www.schs.state.nc.us/data/databook/

North Carolina Office of State Budget and Management
https://www.osbm.nc.gov/

NC Department of Commerce
https://www.nccommerce.com/lead

Professional Research Consultants, Inc (part of the Community Needs Assessment for FirstHealth of the Carolinas)
https://www.firsthealth.org/media/4456/mmhchna2017final.pdf

US Census Bureau
https://www.census.gov/quickfacts/table/RHI805210/37123