

Stanly County

2017

State of the County Health Report



Introduction

The 2017 State of the County Health (SOTCH) Report is a review of Stanly County residents' health indicators and status. The purpose of the SOTCH Report is fourfold: 1. Inform the community and stakeholders about the health status of Stanly County residents; 2. Highlight the health concerns and issues of Stanly County residents; 3. Provide a starting point for community involvement in addressing identified health concerns and issues; and 4. Satisfy the State of North Carolina requirement that a SOTCH Report be prepared the years when a Community Health Assessment (CHA) is not conducted and a report compiled.

The most current CHA was conducted in 2015. (The next CHA is scheduled to be conducted in 2018.) All Stanly County residents were given the opportunity to complete a survey either online or via a paper copy. There were 1,191 valid surveys completed. There were 21 Health Issues and 26 Community Concerns listed for survey participants to rate. The complete 2015 CHA report can be accessed at <http://health.co.stanly.nc.us/>. The top 10 Health Issues and Community Concerns in the 2015 Community Health Assessment report are as follows:

2015 Community Health Assessment Report					
#	Health Issues Overall-Major Problem	%	#	Community Concerns Overall-Major Problem	%
1	Drug Abuse (prescription, illegal)	43.41	1	Unemployment/Underemployment	38.20
2	Obesity/Overweight	40.30	2	Child Abuse & Neglect	24.35
3	Tobacco Use	39.46	3	Lack of/Inadequate Health Insurance	22.17
4	Diabetes	33.59	4	Bullying	21.91
5	Cancer	32.66	5T	Domestic Violence	21.33
6	Inactivity/Lack of Physical Activity	29.55	5T	Quality of Education (K-12)	21.33
7	Alcoholism/Alcohol Abuse	27.79	7	Crime	18.64
8	Teenage Pregnancy	27.04	8T	Access to Adult Day Care	18.30
9	Nutrition	24.60	8T	Access to Health Care Specialists	18.30
10	Heart Disease	24.10	10	Racism	17.80

T- tie

2015 Priority Issues

Priority issues were determined by Partners in Health, a Stanly County Health Task Force. Partners in Health is comprised of representatives from local agencies and community groups as well as private citizens. It meets bi-monthly to address Stanly County health concerns and promote outreach activities. These priority issues were selected after reviewing the results of the 2015 Community Health Assessment and the available data. The Stanly County Board of Health approved the selection of these three priorities. The three priorities selected were:

- ▶ Substance Abuse
- ▶ Heart Disease
- ▶ Suicide*

(*Suicide was selected as a priority by Partners in Health and approved by the Stanly County Board of Health in 2016 – after the completion and acceptance of the 2015 CHA. The State's written guidance for the CHA allowed for two or three priorities to be selected, so two were selected. However, a third priority was selected at a later time to bring the health department in compliance with the State's Consolidated Agreement.)

Priority Issues Progress

❖ Substance Abuse/Project Lazarus

1. Standing orders at the health department to dispense naloxone have not been adopted at this time. Action is underway through the health department to make naloxone available at reduced cost for eligible persons having financial difficulty purchasing it through retail pharmacies.
2. There are three locations in Stanly County that have drug drop boxes that accept out-dated or unused prescription medications throughout the year – Albemarle, Norwood and Oakboro police departments. The Albemarle Police Department has collected 271.90 pounds of out-dated or unused prescription medications through October 31, 2017. A mobile incinerator has been purchased by the Stanly County Health Department to dispose of the medications accumulated at these three locations. This was necessary due to the limited access to State disposal services. The incinerator is housed at the Albemarle Police Department.
3. An educational program is in the process of being developed.

❖ Heart Disease

1. The Stanly Commons Farmers' Market has been in operation for five years as of June 2017. As of 2016, it operates year round as the fall and winter seasons have been added.
2. The Search for the Golden Shoe event took place the first two weeks of May 2017. There were 200 gold painted shoes hidden in the eight Stanly County parks. Shoe reclamation was 66%.
3. The Healthy Childcare Center Recognition Program had 2 facilities that met the specific program criteria to be named a "Healthy Childcare Center." This program promotes healthy, sustainable policies that improve physical activity and nutrition intake of children.

❖ Suicide

1. All Stanly County Health Department staff has successfully completed the Adult Mental Health First Aid Training.
2. The Stanly County Suicide Prevention Awareness Task Force has undergone a change in leadership as Carolina Innovations Healthcare has assigned new representation to the task force. Leadership responsibilities will be determined at a future meeting. Even with this leadership change, the Stanly County Suicide Prevention Awareness Task Force now has a presence at community events with two types of rack cards (suicide awareness and task force information) available for distribution. The task force participated in the COMM-UNITY event, Carefest and Pumpkin Run.

Emerging Issues

❖ Health Insurance

There is quite a bit of confusion regarding the status of the Patient Protection and Affordable Care Act, i.e. Affordable Care Act or Obamacare. This Act has not currently been repealed by the U.S. Senate and does not seem to be getting the support it needs to subsidize policies, so they are affordable. This does not bode well for those depending upon this program for health insurance coverage. Even with this health insurance coverage

the U.S. Census Bureau estimated the percentage of people under age 65 residing in Stanly County not insured in 2015 was 12.8%. (United States Census Quick Facts) The Stanly County Health Department continues to offer Adult Health Clinic services to residents which include well and sick visits.

❖ **Infectious Diseases**

1. Hepatitis C testing is encouraged for those born between 1945-65, i.e. baby boomers. The Stanly County Health department offers free testing for uninsured “Baby Boomers, IVD users and HIV positive people. According to the Centers for Disease Control and Prevention (CDC), it is possible those infected are not aware of it as they can live without symptoms for decades. Baby boomers are five times more likely to have contracted hepatitis C than other adults. Reasons for this include a) universal precautions and infection control procedures were not in use prior to 1986, b) received blood and/or blood products prior to 1992 and/or c) shared needles and/or drug paraphernalia. It must be noted that treatment and a cure is now available for hepatitis C. (<https://www.cdc.gov/knowmorehepatitis/Media/PDFs/FactSheet-Boomers-BW.pdf>)
2. Increased outbreaks/incidences of specific vaccine preventable diseases occurred in North Carolina, counties surrounding Stanly County and/or in Stanly County in 2016. These infectious diseases include pertussis, haemophilus influenza – type B (Hib), hepatitis A, hepatitis B, pneumococcal meningitis and mumps. Reasons for this occurrence include American citizens in non-compliance with CDC vaccine schedule, contact with unvaccinated people from foreign countries and/or IV drug use.

❖ **Substance Abuse/Misuse**

Concern has been raised throughout Stanly County regarding medication and drug overdoses in Stanly County. Unintentional medication and drug overdoses in Stanly County from 2012-2016 occurred in males 66% of the time. The ages overdoses occurred most often are 25-44 years old (49%) and 45-64 years of age (39%). The following chart shows NCDETECT data for Emergency Department visits for people experiencing medication/drug, opioids, heroin and benzodiazepine overdoses from January 2017-September 2017.

Emergency Department Overdose Visits Surveillance Report January 2017-September 2017 Stanly County					
Substance Number	Medication/Drug	Opioid	Heroin	Benzodiazepine	Total
	165	36	29	13	243

1. Opioid Forum
County Manager Andy Lucas convened a planning committee for the Opioid Forum in August 2017. The purpose of this forum was to reveal the opioid problem in Stanly County to elected officials and law enforcement leaders. The Planning Committee consisted of Andy Lucas; Stanly County Health Department staff – Dennis Joyner, Jennifer Layton and Debbie Bennett; Department of Social Services staff – Tammy Schrenker and Donza McLean; and Cardinal Innovations Healthcare personnel – Reid Thornburg and Delton Russell. The Opioid Forum was held Tuesday, August 29th, in Badin at Loafers & Legends. It was well attended by elected officials, law enforcement and local government personnel.
2. Heroin is resurging as the illegal drug of choice. It is easier and cheaper to obtain than prescription opioids. Fentanyl, a synthetic opioid pain reliever, is being mixed with heroin that is resulting in an increased number of overdose deaths. According to the CDC, fentanyl is dangerous when one comes in contact with it – even touching it. This is making it increasingly dangerous for health care providers, emergency personnel and law enforcement to safely do their jobs.

Identify New Initiatives

❖ Substance Misuse

1. The General Assembly of North Carolina passed legislation allowing syringe exchange programs (SEP) July 11, 2016. Discussion is underway between the local Project Lazarus task force and Stanly County Health Department to establish SEP protocol – guidelines, location, disposal, etc.
2. Strengthen Opioid Misuse Prevention (STOP) Act House Bill 243 was signed by Governor Cooper on June 29, 2017. “This law seeks to help curb epidemic levels of opioid drug addiction and overdose in North Carolina through several key provisions, including:
 - Strengthening oversight and tightening supervision on opioid prescriptions.
 - Requiring prescribers and pharmacies to check the prescription database before prescribing opioids to patients (*to deter doctor shopping*).
 - Instituting a five-day limit on initial prescriptions for acute pain, with exemptions for chronic pain, cancer care, palliative care, hospice care, or medication-assisted treatment for substance use disorders..... (<https://governor.nc.gov/news/governor-cooper-continues-fight-against-opioid-crisis-signs-stop-act-law>)
 - Mandates e-prescribing to cut back on forgery with paper pad prescriptions.” (<http://www.charlotteobserver.com/opinion/op-ed/article141261518.html>)
3. Plan of Safe Care is a State mandated program that Department of Social Services (DSS) refers infants born to women who are known drug users or who test positive for drugs after the birth of their children to the Care Coordination for Children (CC4C) Program at the Stanly County Health Department. DSS staff follows up with moms to access needed services such as mental health or substance use treatment. CC4C staff follows up to provide the children services that will aid in their normal development.
4. A community meeting was held October 18, 2017 to introduce the concepts of Project First Step, highlight substance misuse misconceptions and be a call to action. Project First Step is a local program initiated by Chief T.J. Smith (Oakboro Police Chief) and Chief James Wilson (Norwood Police Chief) to help those with substance misuse issues. The aim of Project First Step is to continue to enforce the law, but to balance that with helping those who misuse substances to access treatment.
5. Will’s Place is a newly opened local resource to support people with substance use disorders & help them find a path to recovery and wellness. This will be accomplished this through offering treatment options, education programs and advocacy activities.

❖ Children’s Dental Care

1. Expanding Dental Services – The Stanly County Board of Health unanimously voted at their February 2, 2017 meeting to accept private insurance patients, ages 0-18, in the Dental Clinic. This clinic already accepted children 0-18 years of age who are covered by Medicaid, Health Choice or uninsured at/or below 100% Federal poverty level.
2. Silver Diamine Fluoride (SDF) Research Project – The University of North Carolina Chapel Hill School of Dentistry set up one of its three safety net dental clinics at the Stanly County Dental Clinic. Two training sessions (Power Point and observation) were held to train local dental clinic staff to place SDF properly.
3. Special Care – Dr. Mindy Turner, Stanly County Dental Clinic Pediatric Dentist and member of the N.C. Oral Health Section Special Needs Task Force, is spearheading with Debbye Krueger, State Dental Hygienist, an

oral hygiene training program for local Monarch staff. Monarch staff at all 10 local centers will be trained to better assist Monarch clients with oral hygiene.

- ❖ **Adoption of National Association of State Public Health Veterinarians rabies post exposure recommendation.** The Stanly County Board of Health adopted the National Association of State Public Health Veterinarians' (NASPHV) 2016 Compendium of Animal Rabies Prevention and Control recommendations for dogs and cats at their September 1, 2016 meeting. These recommendations include reducing the quarantine period for unvaccinated dogs and cats from six to four months; dogs and cats with lapsed rabies vaccinations and documentation are to receive veterinary care, a booster rabies vaccination and observed by the owner for 45 days; and dogs and cats with lapsed rabies vaccinations but NO documentation are to receive veterinary care, a rabies vaccination and a four month strict quarantine if not euthanized. (<http://www.nasphv.org/Documents/NASPVCompendiumIntro.pdf>) Adoption of these (NASPHV) rabies post-exposure management recommendations should result in a cost savings for pet owners and fewer cats and dogs being euthanized.

- ❖ **Minority Health Council Outreach Activities**
The Stanly County Minority Health Council initiated three Community Health Forum sessions throughout Stanly County. These educational sessions occurred in New London, Norwood and Oakboro. The purpose of these forums is to create awareness of pertinent health issues (including health disparities) within the minority population and begin to seek ways to address these health concerns.

- ❖ **Health Disparity**
Stanly County White, Non-Hispanic and Stanly County African American, Non-Hispanic, had higher rates of death on all five causes of death when compared to the State rates according to race. Stanly County African American, Non-Hispanic, had higher death rates for four of the five causes of death where there was data available when compared to Stanly County White, Non-Hispanic. (See table below) There was no comparable data available for American Indian, Non-Hispanic, Other Races, Non-Hispanic or Hispanic due to small numbers.

Stanly County & North Carolina Race Specific Age-Adjusted Mortality Rates/100,000 Population 2012-2016				
Disease	Stanly County White, Non-Hispanic	North Carolina White, Non-Hispanic	Stanly County African American, Non-Hispanic	North Carolina African American, Non-Hispanic
All Causes	908.7	775.6	1004.0	894.3
Diseases of Heart	234.7	159.0	223.9	187.1
Other Ischemic Heart Disease	113.1	63.6	83.9	83.9
Cerebrovascular Disease	44.9	40.6	69.1	56.0
Cancer	173.1	150.0	246.4	190.7
Cancer-Trachea, Bronchus & Lung	50.3	49.1	70.5	46.3

Reviewing the infant mortality data (see table below) for Stanly County, its peer counties and North Carolina indicates a significantly higher death rate for African American, Non-Hispanic infants in Stanly County when compared to the others. Chatham County had a higher mortality rate for White, Non-Hispanic infants. Stanly County had a significantly higher disparity rate than the peer counties and North Carolina.

Peer County & North Carolina Race Specific Infant Mortality/Disparity Rates/1,000 Live Births 2012-2016						
	Stanly County	Carteret County	Chatham County	Haywood County	Moore County	North Carolina
White, Non-Hispanic	4.4	6.3	8.6	7.6	3.5	5.4
African American, Non-Hispanic	25.2	23.4	19.4	19.6	7.5	13.0
Disparity Rate	5.73	3.71	2.26	2.58	2.14	2.41

Peer Counties

North Carolina has designated the following as peer counties for Stanly County: Carteret, Chatham, Haywood and Moore. Selected findings comparing different health indicators among these five counties are below. A table with additional comparisons follows.

Stanly County had the lowest life expectancy among the peer counties during 2014-2016. This includes White and African American life expectancies as well as gender (male & female) comparisons. Stanly County ties with Moore County for the highest rate of live births – 11.1 per 1,000 population (2012-2016). Stanly County had the highest rate of teen pregnancy among Hispanics from 2012-2016.

Socioeconomic criteria show that Stanly County had the lowest percentage among the peer counties of those with high school or higher graduates and bachelor degree of higher graduates (2015). Stanly County's unemployment rate was comparable with its peer counties. Stanly County had the second highest percentage of students on reduced or free lunches during that time.

Stanly County had the lowest median household income (in 2015 dollars) when compared with peer counties. Haywood County had the highest percentage of persons living in poverty in 2015 with Stanly County placing second highest.

Mortality rates show that the Stanly County had the highest rate of mortality (2012-2016) regarding heart disease, cancer – all sites, cerebrovascular disease and suicide. Stanly County had the lowest unintentional poisoning death from all peer counties.

Stanly County had the highest average rate (2014-2016) of newly diagnosed early syphilis cases among the peer counties. Stanly County had the highest annual rate (2015) of newly diagnosed chlamydia and gonorrhea cases among the peer counties.

Stanly County had the second lowest rate (2014) of dentists and physician assistant among the peer counties. Stanly County was average regarding the rate of primary care physicians and registered nurses.

Peer Counties Comparisons

Health Indicator	Report Period	Peer Counties				
		Stanly	Carteret	Chatham	Haywood	Moore
Life Expectancy at Birth						
Life Expectancy at Birth - Total	2014-2016	76.3	78.4	82.6	77.7	79.6
White Life Expectancy at Birth	2014-2016	76.6	78.4	83.8	77.8	90.6
African American Life Expectancy at Birth	2014-2016	74.2	78.9	78.0	N.A.	74.7
Male Life Expectancy at Birth	2014-2016	73.9	75.9	79.9	75.0	76.3
Female Life Expectancy at Birth	2014-2016	78.9	81.0	85.2	80.5	83.0
Infant Health						
Infant Mortality (<1 yr.) (rate/1,000 live births)	2012-2016	7.2	7.3	10.9	8.4	4.8
Live Births (rate per 1,000 population)	2012-2016	11.1	8.8	9.1	9.6	11.1
Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Live Births + Induced Abortions + Fetal Deaths	2012-2016	34.0	25.8	24.3	35.2	31.8
White Teen Pregnancy Rate	2012-2016	27.9	25.2	17.4	35.7	24.4
African-American Teen Pregnancy Rate	2012-2016	56.3	#	26.9	#	56.6
Hispanic Teen Pregnancy Rate	2012-2016	54.9	#	46.0	#	40.7
Socioeconomic Criteria*						
% Enrolled in Free or Reduced Lunch**	2016-2017	55.49	45.98	52.55	57.24	45.11
% High School Graduate or Higher, persons 25 years [↑]	2011-2015	82.8	89.5	86.5	86.9	89.2
% Bachelor 's Degree or Higher, persons 25 years [↑]	2011-2015	16.2	25.3	36.8	23.9	32.6
% Persons Without Insurance Coverage, age 65 [↓]	2015	12.8	13.3	15.1	12.0	12.5
Unemployment Rate***	8/2017	4.1	4.1	3.9	4.0	4.4
Median Household Income (in 2015 dollars)	2011-2015	\$40,910	\$48,457	\$56,642	\$42,257	\$50,998
% Persons Living in Poverty [^]	2015	17.1	13.8	11.6	17.6	13.2
% Families with Female Householder, No Husband Present with Related Children [↓] 18 [^]	2015	39.9	51.3	32.6	51.9	48.9
% Language Other Than English Spoken at Home, 5+ older	2011-2015	5.7	5.3	14.8	3.1	7.3
Mortality (age-adjusted rate/ 100,000 population)						
Heart Disease	2012-2016	231.8	166.8	102.6	191.1	134.0
Cancers – All Sites	2012-2016	176.5	176.1	129.2	151.3	156.3
Cerebrovascular Disease (Stroke)	2012-2016	46.5	35.0	35.6	39.4	36.8
Chronic Lower Respiratory Disease	2012-2016	47.7	40.1	22.3	50.0	33.5
Alzheimer's Disease	2012-2016	41.9	19.0	17.6	19.7	43.3
Suicide	2012-2016	18.8	17.6	11.9	16.5	14.3
All Other Unintentional Injury	2012-2016	32.9	43.1	18.3	46.7	27.2
Unintentional Poisoning Death	2012-2016	15.4	24.3	#	27.2	12.3
Sexually Transmitted Diseases^^ (per 100,000 population)						
Newly Diagnosed HIV Average Rates	2014-2016	9.1	6.6	3.8	3.8	11.3
Newly Diagnosed AIDS Average Rates	2014-2016	6.5	3.9	7.2	1.3	6.3
Newly Diagnosed Early Syphilis Average Rates	2014-2016	7.2	3.4	4.2	6.6	4.6
Newly Diagnosed Chlamydia Annual Rates	2016	406.3	281.6	217.3	219.2	357.1
Newly Diagnosed Gonorrhea Annual Rates	2016	118.4	63.9	54.0	21.4	98.1
Health Care Provider (per 10,000 residents)						
Number of Primary Care Physicians	2014	6.1	6.8	3.5	7.2	11.1
Number of Registered Nurses	2014	86.0	90.6	40.6	77.8	154.4
Number of Dentists	2014	2.1	7.2	1.9	4.2	7.0
Number of Physician Assistants	2014	1.5	4.6	1.0	2.7	8.9

Red numbers least favorable

Sources: North Carolina State Center for Health Statistics/North Carolina Department of Health and Human Services unless otherwise noted *United States Census Quick Facts

** North Carolina Department of Public Instruction ***NC Department of Commerce ^American Fact Finder ^^ HIV/STD/Hepatitis Surveillance Unit/Division of Public

Health /North Carolina Department of Health and Human Services

- less than 20 cases not ranked

Leading Causes of Death[^] by Age, Stanly County, 2012-2016

Rank (R)	Age 0-19	R	Age 20-39	R	Age 40-64	R	Age 65-84	R	Age 85+		
1	Conditions originating in the perinatal period (14)*/19.0	1	Other Unintentional Injuries (25)/35.0	1	Cancer – All Sites (186)/177.1	1	Diseases of the Heart (408)/868.1	1	Diseases of the Heart (331)/5587.4		
2	Congenital Anomalies (4)*/5.4 Motor Vehicle Injuries (4)*/5.4	2	Suicide (22)/30.8	2	Diseases of the Heart (138)/131.4	2	Cancer – All Sites (406)/863.9	2	Cancer – All Sites (99)/1671.2		
3	Suicide (3)*/4.1 Other Unintentional Injuries (3)*/4.1	3	Motor Vehicle Injuries (15)*/21.0	3	Chronic Liver Disease & Cirrhosis (29)/27.6	3	Chronic Lower Respiratory Diseases (129)/274.5	3	Alzheimer's Disease (81)/1367.3		
		4	Cancer – All Sites (10)*/14.0	4	Cerebrovascular Disease (28)/26.7	4	Alzheimer's Disease (74)/157.5	4	Cerebrovascular Disease (80)/1350.4		
		5	Diseases of the Heart (9)*/12.6		4			Diabetes Mellitus (28)/26.7 Other Unintentional Injuries (28)/26.7	5	Pneumonia & Influenza (35)/590.8	
6	Septicemia (2)*/2.7 Diseases of the Heart (2)*/2.7 Homicide (2)*/2.7	6	Septicemia (2)*/2.8	7	Chronic Lower Respiratory Diseases (24)/22.8	5	Cerebrovascular Disease (72)/153.2	6	Chronic Lower Respiratory Diseases (33)/557.1		
			Pneumonia & Influenza (2)*/2.8	8	Motor Vehicle Injuries (23)/21.9	6	Diabetes Mellitus (52)/110.6	7	Other Unintentional Injuries (19)*/320.7		
			Chronic Liver Disease & Cirrhosis (2)*/2.8	9	Suicide (22)/20.9	7	Pneumonia & Influenza (42)/89.4	8	Septicemia (18)*/303.8		
			Congenital Anomalies (2)*/2.8			8	Septicemia (39)/83.0	9	Nephritis, Nephrotic Syndrome & Nephrosis (15)*/253.2		
			Homicide (2)*/2.8	10	Nephritis, Nephrotic Syndrome & Nephrosis (13)/12.4	9	Nephritis, Nephrotic Syndrome & Nephrosis (38)/80.9	10	Other Unintentional Injuries (32)/68.1	10	Diabetes Mellitus (12)*/202.6
						10					

(Number)/Rate

[^] Unadjusted rate per 100,000 population

* Less than 20 cases not ranked, except where noted

Source: NC Center for Health Statistics – County Health Data Book

Stanly County 2016 Summary Report

(Data source: North Carolina State Center for Health Statistics, except where noted)

	Health Indicator	Report Period	Stanly County	Previous Report Year Comparison	North Carolina
Maternal, Child & Infant Health	Infant Mortality (<1 yr.) (rate/1,000 live births)	2012-2016	7.2	◀▶	7.2
	Fetal Deaths (per 1,000 deliveries)	2012-2016	7.1	▼	6.9
	Neonatal Deaths (<28 days) (per 1,000 live births)	2012-2016	5.1	◀▶	4.9
	Post-Neonatal Deaths (28 days-1 year) (per 1,000 live births)	2012-2016	2.1	▲	2.3
	Live Births (rate per 1,000 population)	2012-2016	11.1	▲	12.2
	Low Birth Weight (<=2500 g) (% of all live births)	2012-2016	9.5	▲	9.0
	Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Live Births + Induced Abortions + Fetal Deaths	2016	25.6	▼	28.1
	Unmarried Mothers (% of all live births)	2012-2016	44.6	▲	40.9
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2012-2016	231.8	▲	161.3
	Cancers – All Sites	2012-2016	176.5	▼	166.5
	Trachea, Bronchus & Lung	2012-2016	51.6	▼	47.5
	Female Breast*	2012-2016	20.0	▼	20.9
	Colon, Rectum & Anus	2012-2016	14.8	▼	14.0
	Prostate*	2012-2016	15.1	▲	20.1
	Cerebrovascular Disease (Stroke)	2012-2016	46.5	▲	43.1
	Chronic Lower Respiratory Disease	2012-2016	47.7	▼	45.6
	Alzheimer's Disease	2012-2016	41.9	▲	31.9
	Pneumonia & Influenza	2012-2016	23.6	▲	17.8
	Diabetes Mellitus	2012-2016	22.2	▼	23.0
	Septicemia	2012-2016	17.5	▲	13.1
	Nephritis, Nephrotic Syndrome & Nephrosis	2012-2016	16.8	▲	16.4
	Chronic Liver Disease & Cirrhosis*	2012-2016	12.5	▲	10.3
Injury (Mortality rate per 100,000 population)	Motor Vehicle Injuries	2012-2016	16.5	▼	14.1
	All Other Unintentional Injuries	2012-2016	32.9	▲	30.5
	Suicide	2012-2016	18.8	▲	12.9
	Homicide*	2012-2016	3.7	▼	6.2
Communicable Diseases (rate per 100,000 population) Data collected by NC EDSS Surveillance	Newly Diagnosed Chlamydia Annual Rates	2016	406.3	▲	572.4
	Newly Diagnosed Gonorrhea Annual Rates	2016	118.4	▲	194.4
	HIV Disease* (age-adjusted mortality rate) {data source: NCSCHS}	2012-2016	.9	▼	2.2
	Newly Diagnosed AIDS Average Rate	2014-2016	6.5	N.A.	8.1
	Newly Diagnosed HIV Average Rate	2014-2016	9.1	N.A.	16.1
	Newly Diagnosed Early Syphilis Average Rate (Primary, Secondary, Early Latent Syphilis)	2014-2016	7.2	N.A.	16.2
	Newly Diagnosed Acute Hepatitis B Annual Rates	2016	0.0	▼	1.5
	Newly Diagnosed Acute Hepatitis C Annual Rates	2016	0.0	◀▶	1.8
Health Care Provider[^] (rate per 10,000 population)	Number of Primary Care Physicians[#]	2014	6.1	▼	8.6
	Number of Registered Nurses	2014	86.0	▲	105.5
	Number of Dentists[§]	2014	2.1	▼	4.7
	Number of Physician Assistants	2014	1.5	◀▶	4.8

Notes: Key: (▲ = higher; ▼ = lower; ◀▶ = same)

Comparing Stanly County and North Carolina data, numbers in **RED** are higher; numbers in **PURPLE** are least favorable.

* Fewer than 50 deaths

[^]Health care providers are by county of practice

[#]Active federal and nonfederal physicians in general or family practice, internal medicine, pediatrics, and obstetrics/gynecology

[§]Active federal & Nonfederal