

Stanly County

2019

State of the County Health Report



Introduction

The 2019 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 six fold: 1. Assess the progress on the Community Health Improvement Plan (CHIP) short and long term strategies/interventions of the 2018 Community Health Assessment; 2. Inform the community and stakeholders about the progress of the CHIP plans; 3. Inform the community and stakeholders about the current health status of Stanly County residents; 4. Highlight the current health concerns and issues of Stanly County residents; 5. Provide a starting point for community involvement in addressing identified health concerns and issues; and 6. 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 2018. (The next CHA is scheduled to be conducted in 2021.) All Stanly County residents were given the opportunity to complete a survey either online or via a paper copy. There were 831 valid surveys completed. There were 20 Health Issues and 27 Community Concerns listed for survey participants to rate. The complete 2018 CHA report can be accessed at <http://health.co.stanly.nc.us/>. The top 10 Health Issues and Community Concerns in the 2018 Community Health Assessment report are as follows:

2018 Community Health Assessment Report					
#	Health Issues Overall-Major Problem	%	#	Community Concerns Overall-Major Problem	%
1	Drug Abuse (prescription, illegal)	56.71	1	Unemployment/Underemployment	29.74
2	Tobacco Use	43.29	2	Lack of/Inadequate Health Insurance	28.30
3	Obesity/Overweight	39.69	3	Bullying	26.98
4	Alcoholism/Alcohol Abuse	32.13	4	Poverty	26.02
5	Mental Illness	31.06	5	Inadequate/Unaffordable Housing	25.30
6	Diabetes	30.58	6T	Access to Substance Treatment Services	24.22
7	Cancer	29.14	6T	Crime	24.22
8	Teenage Pregnancy	28.06	8	Child Abuse & Neglect	23.98
9	Inactivity/Lack of Physical Activity	27.58	9	Homelessness	23.62
10	Heart Disease	25.66	10	Domestic Violence	23.14

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2018 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 monthly to address Stanly County health concerns and promote outreach activities. These priority issues were selected after reviewing the results of the 2018 Community Health Assessment and the available data. The Stanly County Consolidated Human Services Board approved the selection of these three priorities at their June 6, 2018 meeting. The three priorities selected were:

Tobacco Use

Substance Misuse

Overweight/Obesity

Priority Issues Progress

❖ Tobacco Use

1. Short-term strategy (1-3 years): Decrease the percentage of people exposed to secondhand smoke in Stanly County facilities and grounds.
 - A. Action:
 - (1) Dave Jenkins, Stanly County Health and Human Services Director, and Wendy Growcock, Public Health Education Specialist, met with State and Regional Tobacco personnel (Anne Staples, Carleen Crawford and Jill Stein) to discuss a Tobacco Use Policy.
 - (2) Process to approve a Tobacco Use Policy by the Stanly County Consolidated Human Services Board
 - a. January 3, 2019 – Carleen Crawford, Regional Tobacco Control Manager- NC Health Region 4, presented program on problems presented by tobacco use. Unanimously approved motion to draft and present options for smoke free or tobacco free written regulations.
 - b. February 7, 2019 – Wendy Growcock presented options on tobacco policies used in surrounding municipalities. Board voted to read materials and make a decision regarding updated policies at a later meeting.
 - c. June 6, 2019 – Wendy requested permission from the Board to “prepare a resolution and ordinance for Smoke Free /Tobacco Free County Buildings, Vehicles, and Grounds to be presented to the Board of County Commissioners.” The request was unanimously approved. This ordinance would only pertain to county owned or leased buildings, grounds, and vehicles. Local municipalities could opt in if they want to be covered by this ordinance.
 - (3) Concerns raised during Board tobacco policy/ordinance considerations
 - a. Only adults should be permitted to vape – no one under 18 years of age.
 - b. Who would enforce ordinance/policy?
 - c. Concern expressed from area businesses that smokers would use their property to smoke.
 - B. Result:
 - (1) No policy/ordinance adopted at this time.
 - (2) Before proceeding with the smoking/tobacco ordinance, waiting for more current information on vaping.
2. Long-term strategy (5-10 years): Improve the health status of Stanly County residents by decreasing the percentage of adults who are current smokers (tobacco and vaping).
 - A. Action
 - (1) Educate community on NC Quitline – health department Facebook posting
 - (2) Information presented at Partners in Health meeting
 - (3) Information provided in health department clinics
 - (4) Information posted on Visix and digital signage at The Stanly Commons
 - (5) Partner with Atrium Health Stanly to bring smoking cessation information and classes to the public
 - (6) Two Stanly County Health Department staff was trained to provide tobacco cessation counseling for individual patients and community classes.
 - B. Result:
 - (1) According to the 2018 BRFSS - the Piedmont Region, 16.4% BRFSS respondents indicate they were current smokers and 83.6% identified as not current smokers.
 - (2) Current data will be compared with future data.

❖ Substance Abuse/Project Lazarus

1. Short-term (1-3 years): People in the community will have a shared vision of the substance misuse crisis in Stanly County, evaluate evidence based solutions and participate in providing solutions to this problem.

A. Action

- (1) Project Lazarus membership has increased and this has resulted in more partnership building. These partnerships are beneficial in utilizing available resources to address substance misuse as well as access additional funding through grants.
- (2) The Stanly County Health Department received an Emergency Overdose Response grant to develop a post overdose response team (PORT). This program seeks to provide referral services through the Community Paramedic Program. Emergency Medical Services (EMS) has responded to 157 overdoses May 2019-September 2019.
- (3) Will's Place and Stanly County Health Department staff have been very active in presenting factual information about substance misuse in Stanly County.

B. Result

- (1) More community grants to address the substance misuse crisis in Stanly County are being written and secured. These grants are the result of community groups partnering to address this public health issue.
 - a. The Stanly County Health Department received the Health Resources and Service Administration (HRSA) 2019 Rural Communities Opioid Response Program Implementation Award for \$1 million (9/1/19-8/31/22).
 - b. The Stanly County Health Department received the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health Community Linkages to Care for Overdose Prevention and Response grant for \$275,000 (12/19-8/22).
 - (2) Stanly County EMS/PORT participates in Project Lazarus meetings.
 - (3) Stanly County EMS/PORT works with Monarch to identify and refer people who misuse substances for treatment and recovery supports. Out of eight potential participants, seven were enrolled in treatment/recovery support. None have died from a subsequent overdose.
 - (4) Outreach activities have resulted in local churches becoming more involved presenting educational opportunities for their members and the community at large about substance misuse in Stanly County.
 - a. Throughout 2019, First Presbyterian Church sponsored several Lunch n' Learn events to increase awareness of substance misuse crisis and community resources.
 - b. October 10, 2019 - First Presbyterian Church sponsored Opioid Panel Discussion (Sheriff Jeff Crisco, Monarch Peer Navigator Marcus Berry, EMS Paramedic Ashley Hernandez and Health Education Specialist, Wendy Growcock)
 - c. October 17, 2019 - Salem United Methodist Church hosted a breakfast that focused on the church addressing the opioid crisis through harm reduction in Stanly County. Michelle Mathis, Olive Branch Ministry Executive Director, presented the program. The North Carolina Council of Churches sponsored the breakfast.
2. Long-term (5-10 years): Establish a safe syringe program (SSP) in Stanly County. SSPs offer many advantages to people who use substances (PWUS) and the community. Evaluations of SSPs reflect a decrease in the incidence of HIV/AIDs, Hepatitis B and C, and syphilis among participants. Through the program, PWUS have better access to services and treatment options. Public officials (police and first responders) are at less risk of needle stick injuries. Additionally, providing an opportunity for proper disposal of drug use materials increases safety for the community by keeping sharps off the ground in public space, out of the water supply, and out of waste management.

- A. Action
 - (1) "Syringe exchange programs became legal in North Carolina on July 11, 2016, when the Legislature passed NC General Statute 90-113.27." (<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-fags>)
 - (2) The Stanly County Health Department received the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health Community Linkages to Care for Overdose Prevention and Response grant for \$275,000 (12/19-8/22). This grant will provide SSP supplies (not syringes) and supplemental items to give to participants (hygiene items, condoms, tampons, snacks, meals)
- B. Result
 - (1) A partnership has been established with Queen City Needle Exchange and Open Hands of Davidson County (has a satellite location in Stanly County) to provide SSP services.
 - (2) A location has been identified where SSP activities could take place.

❖ **Overweight/Obesity**

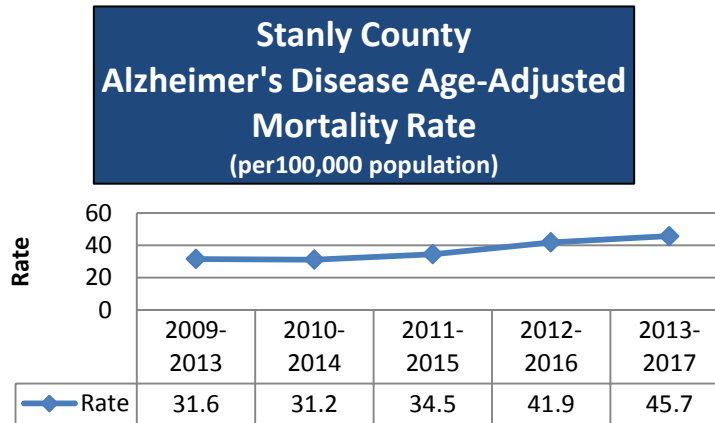
- 1. Short-term (1-3 years): Increase the percentage of adults who consume five or more servings of fruits and vegetables per day.
 - A. Action
 - (1) Patients accessing health care/services at Stanly County Health Department (including WIC) or John P. Murray Community Care Clinic will receive fruits and vegetable vouchers to be used at local farmers' markets.
 - B. Result
 - (1) 240 vegetable and fruit vouchers redeemed from January 1, 2019 through September 30, 2019.
- 2. Long-term (5-10 years): A decrease in the percentage of adult self-identifying they are overweight/obese on the current Behavioral Risk Factor Surveillance System (BRFSS).
 - A. Action
 - (1) The Stanly County Health Department and Stanly County Senior Services are providing evidence-based programs developed by Stanford University which have shown positive behavior change among adults diagnosed with chronic diseases. The Diabetes Self-Management and Chronic Disease Self-Management Programs are offered in the community at no cost.
 - B. Result
 - (1) One series of Diabetes Self-Management Programs have been held at Mount Zion Lutheran Church in Richfield from October 15 to November 19. Twelve participants were registered.
 - (2) 2018 BRFSS- Piedmont Region - 34.8% respondents identified as overweight and 31.9% identified as obese. (<https://schs.dph.ncdhhs.gov/data/brfss/2018/pied/rf1.html>)

Emerging Issues

❖ **Alzheimer's Disease/Dementia**

Alzheimer's disease/dementia mortality is trending upward in Stanly County. (See Table 1.) There is a need for services to help families and those with Alzheimer's disease/dementia. Adult day health care was listed as eleventh overall on the 2018 Community Health Assessment (CHA). However, it was the leading issue community issue for those ages 55-64 and 75+ on the 2018 CHA. Spring Arbor has opened a Cottage Care Program for people with Alzheimer's disease/dementia. There is a need for adult day health care to allow people to stay home until they need 24 hour care. Plans are underway to establish a day health care facility in Stanly County.

Table 1.



❖ **Mental Health Needs**

Mental illness was listed fifth overall on the 2018 Community Health Assessment (CHA). It tied for fourth for those 15-19, fifth for those 20-34, fourth for those 35-54 and eighth for those 55-64 on the 2018 CHA. The incidence of substance misuse and its impact on people who use drugs and their families in Stanly County highlights the need for behavioral health services.

The Community Paramedic Program and the Health Resources and Service Administration (HRSA) 2019 Rural Communities Opioid Response Program Implementation award have the potential to help people who use drugs to get the treatment they need, including behavioral health services. However, their family members – especially children – will need behavioral health services to deal with the effects substance misuse.

Identify New Initiatives

❖ **Health Disparities**

Infant Mortality - Healthy Beginnings Program

Table 2 highlights the disparity between White, Non-Hispanic and African-American, Non-Hispanic Infant Mortality/Disparity rates in Stanly County and North Carolina. African-American, Non-Hispanic infant mortality disparity ratio is almost triple the Stanly County White, Non-Hispanic mortality rate. The Stanly County African-American infant mortality rate is more than double when compared to North Carolina African-American infant mortality data. (Data for other races and/or ethnicity is not available due to limited numbers.)

Table 2.

Stanly County & North Carolina Race Specific Infant Mortality/Disparity Rates/1,000 Live Births 2014-2018 (https://schs.dph.ncdhs.gov/data/vital/ims/2018/table3b.html)		
	Stanly County	North Carolina
White, Non-Hispanic	7.6	5.2
African American, Non-Hispanic	20.1	12.7
Disparity Ratio	2.64	2.4

To address this public health issue, the Stanly County Health Department received a three year Healthy Beginnings grant from the North Carolina Department of Health and Human Services Division of Public Health Women's Health Branch. "Healthy Beginnings is North Carolina's minority infant mortality reduction program. Program goals include improving birth outcomes among minority women, reducing minority infant morbidity and mortality, and supporting families and communities. This program serves women during and beyond pregnancy and their children up to two years after delivery. (<https://whb.ncpublichealth.com/services.htm>)

A. Action

- (1) Araceli Mondragon, Social Worker, has been hired to initiate and manage the community outreach of Healthy Beginnings. She has completed all required trainings and is involved with outreach activities. Outreach activities include: home visits, group educational sessions, service referrals and pregnancy/postpartum support/education. Educational sessions will include information on: child development, baby safety, nutrition, breastfeeding, and reproductive education.

B. Result

- (1) From June 30, 2019 to October 31, 2019, 25 families have requested and received a home visit by Araceli Mondragon. She has offered one educational session on October 23, 2019, where there were 17 in attendance; including 9 participants, 3 dads and 1 family member.

❖ **Substance Misuse**

Emergency Department overdose visits have steadily increased. (See Table 3.) Note that 2019 covers 10 months and not 12. Resources have been accessed to address this public health crisis. The Stanly County Health Department received the Health Resources and Service Administration (HRSA) 2019 Rural Communities Opioid Response Program Implementation award for \$1 million (9/1/19-8/31/22). This grant will support prevention, treatment and recovery activities regarding the opioid crisis in Stanly County. This grant will accelerate and/or expand the attainment of the Community Health Improvement Plans – short-and long-term strategy results.

A. Action

1. The Stanly County Health Department will serve as the fiduciary for the HRSA 2019 Rural Communities Opioid Response Program Implementation Award in Stanly County.

B. Results include partnerships with:

1. Will's Place - outreach position, transportation expenses
2. Gateways of Hope Addiction Recovery Center – support director/counselor of program, transportation, job training
3. Center for Prevention Services – provide in-kind staffing on grant to develop youth-centered substance use prevention programming
4. Nazareth Child and Family Services – provide behavioral health services for uninsured men and women referred to them through identified screening process.

Table 3.

Emergency Department Overdose Visits Surveillance Report NCDETECT Stanly County						
Year	Medication/Drug	Opioid	Heroin	Benzodiazepine	Stimulant	Total
2016	202	42	19	14	6	283
2017	231	66	42	16	9	364
2018	282	133	80	15	12	522
2019*	224	85	44	16	15	384*

*January 1, 2019-October 31, 2019

❖ Tobacco Use

1. There has been much activity regarding tobacco products usage and cessation in Stanly County.
 - A. There is a lack of specific data to determine the extent of tobacco product usage (including vaping products) by Stanly County youth. This shortfall in data will be addressed during the 2020 school year when a Youth Drug Survey will be conducted in Stanly County schools grades 6,8,10 and 12. This survey activity is the result of a Substance Abuse and Mental Health Services Administration (SAMHSA) grant received by the Center of Prevention Services.
 - B. Date - A smoking cessation meeting with Atrium Health Stanly staff was held with Dave Jenkins (Stanly County Health and Human Services Director), Carleen Crawford (Regional Tobacco Control Manager- NC Health Region 4), Laura Emery (Faith Community Health-Atrium Health Stanly), Chelsea Cain (Nurse Practitioner-Atrium Health Stanly), and Tisha Surface (Cardiopulmonary Manager – Atrium Health Stanly)
 - C. Wendy Growcock has presented programs and displays at events regarding use of tobacco products, including e-cigarettes. These activities included Norwood Back to School Bash (First United Methodist Church), CommUnity Night Out (Albemarle), Atrium Health Stanly's summer Kids Eat Free program, and Crossroad Connections (parents and youth groups/Methodist Mission Network)
 - D. Wendy Growcock, Health Education Specialist, and Allison Dick, Public Health Nurse, attended smoking cessation training program provided by Duke University in October 2019. They will offer smoking cessation programs in the health department clinic for patients and the general community via classes.

❖ Children's Dental Care

Stanly County Dental Clinic has received a three year grant from Duke Endowment to provide dental sealants on public middle school age children, grades 6 and 7. This will complement the ongoing sealant program being offered to all public elementary school children in grades 2 and 3. The goals of these programs are to promote good oral health and prevent dental caries.

❖ Minority Health Council

Members of the Minority Health Council have spent much time becoming aware of minority health concerns in Stanly County and informing the community of their findings. They are now expanding their impact in Stanly County by actively participating on various community boards to increase awareness of minority health concerns and needs. Boards members are participating on include Partners in Health, Community Partners, Healthy Beginnings and United Way of Stanly County. Council members were invited to join the Diversity and Inclusion Council at Atrium Health Stanly. The Minority Health Council has a Facebook page (<https://www.facebook.com/pages/category/Community-Organization/Stanly-County-Minority-Health-Council-897363570383463/>) and website (<https://stanlyminorityhealth.wixsite.com/website>).

❖ 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 three of the five causes of death compared to Stanly County White, Non-Hispanic where data was available. (See Table 4.) There was no comparable data available for American Indian, Non-Hispanic, Other Races, Non-Hispanic or Hispanic due to small numbers.

Table 4.

Stanly County & North Carolina Race Specific Age-Adjusted Mortality Rates/100,000 Population 2014-2018 (https://schs.dph.ncdhhs.gov/data/databook/)				
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	914.1	777.0	954.0	888.5
Diseases of Heart	220.6	155.9	214.6	182.2
Other Ischemic Heart Disease	103.8	60.3	65.9	61.5
Cancer	163.2	160.2	213.5	183.0
Cancer-Trachea, Bronchus & Lung	49.8	45.9	55.9	42.3

Reviewing the infant mortality data (See Table 5.) 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 and Carteret County had a higher disparity ratio. This data must be viewed with caution as those rates with asterisks are rates based on less than 10 deaths.

Comparing the number of infant deaths among peer counties, Stanly County African-American, Non-Hispanic was highest among peer counties. Moore County had the highest number of White, Non-Hispanic infant deaths. Stanly County had the second highest number of White, Non-Hispanic infant deaths among the peer counties.

Table 5.

Peer County & North Carolina Race Specific Infant Mortality/Disparity Rates/1,000 Live Births 2014-2018						
	Stanly County	Carteret County	Chatham County	Haywood County	Moore County	North Carolina
White, Non-Hispanic	7.6 (20)	5.9 (14)	7.9 (16)	6.7 (18)	5.6 (22)	5.2 (1,716)
African American, Non-Hispanic	20.1 (10)	17.1* (3)	18.7* (7)	0 (0)	7.3* (6)	12.7 (1,820)
Disparity Ratio	2.64	2.90	2.37	0	1.30	2.4

(Numbers in parenthesis are actual deaths) *rates based on less than 10 deaths are unreliable

Table 6.

Peer Counties Comparisons						
Health Indicator	Report Period	Peer Counties				
		Stanly	Carteret	Chatham	Haywood	Moore
Life Expectancy at Birth						
Life Expectancy at Birth(<1) - Total	2016-2018	75.9	77.7	81.3	77.1	79.3
White Life Expectancy at Birth	2016-2018	75.9	77.7	82.4	77.2	80.0
African American Life Expectancy at Birth	2016-2018	74.9	77.5	76.8	80.8	75.7
Male Life Expectancy at Birth	2016-2018	73.4	74.6	78.6	74.4	76.6
Female Life Expectancy at Birth	2016-2018	78.5	81.0	83.9	79.9	82.0
Infant Health						
Infant Mortality (<1 yr.) (rate/1,000 live births)	2014-2018	8.9	6.4	10.5	6.8	6.4
Live Births (rate per 1,000 population)	2014-2018	11.4	8.1	9.3	9.7	11.5
Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Prior birth, infant death or other delivery outcome was recorded	2014-2018	30.9	20.9	19.7	27.4	25.3
White Teen Pregnancy Rate	2014-2018	26.5	20.0	14.1	27.9	18.7
African-American Teen Pregnancy Rate	2014-2018	44.9	#	26.9	#	45.7
Hispanic Teen Pregnancy Rate	2014-2018	49.9	#	32.9	#	36.1
Socioeconomic Criteria*						
% Enrolled in Free or Reduced Lunch**	2017-2018	54.6	43.2	50.1	56.8	42.6
% High School Graduate or Higher, persons 25 years↑	2013-2017	85.2	90.8	87.3	87.8	90.2
% Bachelor 's Degree or Higher, persons 25 years↑	2013-2017	16.5	26.7	40.1	24.3	36.0
% Persons Without Health Insurance Coverage, 65↓	2017	12.9	12.7	14.2	12.0	11.9
Unemployment Rate***	10/2019	3.5	3.5	3.0	2.9	3.5
Median Household Income (in 2017 dollars)	2013-2017	\$46,017	\$51,584	\$59,684	\$45,538	\$54,468
% Persons Living in Poverty	2017	12.4	13.3	10.3	14.5	10.7
% Children Living in Single Parent Families**	2013-2017	38.1	32.3	32.6	35.0	30.2
% Language Other Than English Spoken at Home, 5+ older	2013-2017	5.7	5.8	14.3	3.2	7.3
Mortality (age-adjusted rate/ 100,000 population)						
Heart Disease	2013-2017	227.6	158.7	106.2	190.0	136.9
Cancers – All Sites	2013-2017	170.1	168.6	139.2	159.8	153.0
Cerebrovascular Disease (Stroke)	2013-2017	44.4	36.2	36.8	36.2	37.1
Chronic Lower Respiratory Disease	2013-2017	48.0	44.0	23.3	48.4	37.4
Alzheimer's Disease	2013-2017	45.7	18.3	20.5	18.2	44.6
Suicide	2013-2017	20.4	19.8	13.4##	17.7	15.9
All Other Unintentional Injury	2013-2017	38.9	48.5	22.5	48.2	28.7
Unintentional Poisoning Death (Data Book)	2014-2018	26.9	32.0	8.2	27.9	13.4
Sexually Transmitted Diseases^^ (per 100,000 population)						
Newly Diagnosed HIV Average Rates	2015-2017	4.5	3.9	6.1	3.8	6.2
Newly Diagnosed AIDS Average Rates	2015-2017	5.2	1.7	5.6	1.9	3.3
Newly Diagnosed Early Syphilis Average Rates	2015-2017	6.0	2.9	4.3	7.7	4.9
Newly Diagnosed Chlamydia Annual Rates	2017	388.7	323.7	272.8	227.6	335.2
Newly Diagnosed Gonorrhea Annual Rates	2017	96.0	59.5	77.0	68.8	91.5
Newly Diagnosed Acute Hepatitis C Annual Rates	2017	6.5	0	1.4	1.6	1.0
Health Care Provider (per 10,000 residents)						
Number of Primary Care Physicians	2017	4.6	4.6	3.3	6.6	7.2
Number of Registered Nurses	2017	75.9	82.5	29.8	71.1	147.3
Number of Dentists	2017	1.8	4.7	1.9	5.3	8.2
Number of Physician Assistants	2017	2.2	4.6	0.9	2.7	11.0

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
 ** datacenter.kidscount.org ***fred.stlouis.org ^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 ## - less than 50

Table 7.

Leading Causes of Death [^] by Age, Stanly County, 2013-2017									
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 (16)*/21.8	1	Other Unintentional Injuries (28)/38.9	1	Cancer – All Sites (180)/172.8	1	Diseases of the Heart (420)/869.0	1	Diseases of the Heart (336)/5324.0
2	Motor Vehicle Injuries (5)*/6.8	2	Suicide (24)/33.3	2	Diseases of the Heart (132)/126.7	2	Cancer – All Sites (401)/829.7	2	Alzheimer's Disease (103)/1632.1
3	Congenital Anomalies (3)*/4.1	3	Motor Vehicle Injuries (16)*/22.2	3	Other Unintentional Injuries (36)/34.6	3	Chronic Lower Respiratory Diseases (126)/260.7	3	Cancer – All Sites (100)/1584.5
	Suicide (3)*/4.1	4	Diseases of the Heart (12)*/16.7	4	Diabetes Mellitus (33)/31.7	4	Alzheimer's Disease (75)/155.2	4	Cerebrovascular Disease (78)/1235.9
	Other Unintentional Injuries (3)*/4.1	5	Cancer – All Sites (10)*/13.9	5	Cerebrovascular Disease (28)/26.9			5	Chronic Lower Respiratory Diseases (40)/633.8
6	Diseases of the Heart (2)*/2.7	6	Homicide (4)*/5.6	5	Chronic Lower Respiratory Diseases (28)/26.9	5	Cerebrovascular Disease (73)/151.0	6	Pneumonia & Influenza (37)/586.3
	Homicide (2)*/2.7		7		Suicide (27)/25.9	6	Diabetes Mellitus (55)/113.8	7	Other Unintentional Injuries (22)/348.6
8	Septicemia (1)*/1.4	7	Diabetes Mellitus (2)*/2.8	8	Chronic Liver Disease & Cirrhosis (26)/25.0	7	Nephritis, Nephrotic Syndrome & Nephrosis (42)/86.9	8	Septicemia (20)/316.9
Left Blank			Pneumonia & Influenza (2)*/2.8	9	Motor Vehicle Injuries (24)/23.0	8	Septicemia (41)/84.8		8
			Chronic Liver Disease & Cirrhosis (2)*/2.8	10	Pneumonia & Influenza (17)/16.3	9	Pneumonia & Influenza (40)/82.8	10	
			Congenital Anomalies (2)*/2.8			10	Other Unintentional Injuries (39)/80.7		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

Table 8.

Stanly County 2019 Summary Report					
(Data source: North Carolina State Center for Health Statistics)					
	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)	2014-2018	8.9	▲	7.1
	Fetal Deaths (per 1,000 deliveries)	2014-2018	*	▼	6.9
	Neonatal Deaths (<28 days) (per 1,000 live births)	2014-2018	*	▼	4.8
	Post-Neonatal Deaths (28 days-1 year) (per 1,000 live births)	2014-2018	*	▲	2.4
	Live Births (rate per 1,000 population)	2014-2018	11.4	◀▶	11.8
	Low Birth Weight (<=2500 g) (% of all live births)	2014-2018	10.2	▲	9.2
	Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Prior birth, infant death or other delivery outcome was recorded	2014-2018	30.9	▼	28.3
	Repeat Teen Pregnancy (15-19 years old) %	2018	25.5	▼	21.8
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2013-2017	227.6	▼	159.8
	Cancers – All Sites	2013-2017	170.1	▼	164.0
	Trachea, Bronchus & Lung	2013-2017	50.3	▼	45.9
	Female Breast**	2013-2017	16.5	▼	20.9
	Colon, Rectum & Anus	2013-2017	14.8	◀▶	13.7
	Prostate**	2013-2017	13.6	▼	19.7
	Cerebrovascular Disease (Stroke)	2013-2017	44.4	▼	43.2
	Chronic Lower Respiratory Disease	2013-2017	48.0	▲	45.5
	Alzheimer's Disease	2013-2017	45.7	▲	33.7
	Pneumonia & Influenza	2013-2017	24.0	▲	17.6
	Diabetes Mellitus	2013-2017	24.0	▲	23.3
	Septicemia	2013-2017	18.4	▲	13.1
	Nephritis, Nephrotic Syndrome & Nephrosis	2013-2017	19.1	▲	16.6
	Chronic Liver Disease & Cirrhosis	2013-2017	13.3	▲	10.3
Injury (Mortality rate per 100,000 population)	Unintentional Motor Vehicle Injuries	2013-2017	18.7	▲	14.2
	All Other Unintentional Injuries	2013-2017	38.9	▲	34.6
	Suicide	2013-2017	20.4	▲	13.3
	Homicide**	2013-2017	4.2	▲	6.4
Communicable Diseases (rate per 100,000 population) Data collected by NC EDSS Surveillance	Newly Diagnosed Chlamydia Annual Rates	2017	388.7	▼	612.2
	Newly Diagnosed Gonorrhea Annual Rates	2017	96.0	▼	220.9
	HIV Disease* (age-adjusted mortality rate)	2013-2017	0.6	▼	2.1
	Newly Diagnosed HIV Average Rate	2015-2017	4.5	▼	15.8
	Newly Diagnosed AIDS Average Rate	2015-2017	5.2	▼	7.5
	Newly Diagnosed Early Syphilis Average Rate (Primary, Secondary, Early Latent Syphilis)	2015-2017	6.0	▼	18.2
	Newly Diagnosed Acute Hepatitis B Annual Rates	2017	1.6	▲	1.8
	Newly Diagnosed Acute Hepatitis C Annual Rates	2017	6.5	▲	1.8
Health Care Provider [^] (rate per 10,000 population)	Number of Primary Care Physicians#	2017	4.6	▼	7.0
	Number of Registered Nurses	2017	75.9	▼	100.7
	Number of Dentists§	2017	1.8	▼	5.0
	Number of Physician Assistants	2017	2.2	▲	5.9

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 20 deaths

**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