

*2021  
Stanly  
County  
Community  
Health  
Assessment  
Report*



# TABLE OF CONTENTS

- TABLE OF CONTENTS ..... 2
- ACKNOWLEDGEMENTS ..... 8
- EXECUTIVE SUMMARY ..... 10
  - Vision Statement ..... 10
  - Partnerships/Collaborations ..... 10
  - Regional/Contracted Services ..... 11
  - Theoretical Framework/Model ..... 11
  - Collaborative Process Summary ..... 11
- KEY FINDINGS ..... 12
- HEALTH PRIORITIES ..... 13
- NEXT STEPS ..... 13
  - Reporting to the Public ..... 13
  - Responding to Community Requests ..... 13
  - Action Plans ..... 14
- COMMUNITY HEALTH ASSESSMENT (CHA) PROCESS ..... 15
- DEMOGRAPHICS OF SURVEY PARTICIPANTS ..... 17
- SELECT DEMOGRAPHICS - SURVEY PARTICIPANTS & U.S. CENSUS ..... 19
- STANLY COUNTY OVERVIEW ..... 20
  - Arts ..... 20
  - Education ..... 20
  - Employment ..... 21
  - Environment ..... 22
  - Government ..... 22
  - Healthcare ..... 22
  - Recreation ..... 23
  - Religion ..... 23
- QUALITY OF LIFE ..... 24
  - There are enough jobs and opportunities to move up in Stanly County ..... 24
  - Stanly County is a good place to raise children ..... 25
  - Stanly County is a good place to grow older ..... 26
  - Good healthcare is available in Stanly County ..... 27

Stanly County is a safe place to live..... 28

STANLY COUNTY & NORTH CAROLINA MORTALITY DATA..... 29

HEALTH ISSUES ..... 30

    Overview ..... 30

    Zip Code..... 31

    Sex ..... 32

    Racial Identity..... 32

    Age ..... 33

    Education (Grade Completed)..... 34

    Marital Status ..... 35

    Household Income ..... 35

SELECTED HEALTH ISSUES DISCUSSION ..... 37

    COVID-19..... 37

    Health Disparities ..... 37

    Heart Disease..... 40

    Mental Health ..... 40

    Substance Use Disorder/Overdose..... 41

ACCESS TO ISSUES ..... 45

    Overview ..... 45

    Zip Code..... 46

    Sex ..... 46

    Racial Identity..... 47

    Age ..... 48

    Education (Grade Completed)..... 49

    Marital Status ..... 50

    Household Income ..... 51

SELECTED ACCESS TO ISSUES DISCUSSION ..... 53

    Adult Day Care..... 53

    Broadband Issues ..... 53

    Adult Dental Health ..... 53

COMMUNITY ISSUES ..... 55

    Overview ..... 55

    Zip Code..... 55

    Sex ..... 56

Racial Identity.....	57
Age.....	58
Education (Grade Completed).....	58
Marital Status.....	59
Household Income.....	60
SELECTED COMMUNITY ISSUES DISCUSSION.....	62
Child Abuse & Neglect.....	62
Homelessness.....	64
Poverty.....	65
Racism.....	66
Unemployment.....	66
PEER COUNTY COMPARISONS.....	68
PERSONAL HEALTH PROFILE.....	70
Overview.....	70
Preventive Health Screenings.....	70
COVID-19 Protection Protocols.....	71
Activities.....	73
BARRIERS TO HEALTH & HUMAN SERVICES.....	77
EMERGENCY PREPAREDNESS.....	80
FOCUS GROUPS.....	84
Health Issues.....	84
Community Issues.....	86
APPENDICES.....	90
LARGEST EMPLOYERS – STANLY COUNTY.....	91
QUALITY OF LIFE TABLES.....	92
There are enough jobs & opportunities to move up in Stanly County.....	92
Stanly County is a good place to raise children.....	94
Stanly County is a good place to grow older.....	97
Good healthcare is available in Stanly County.....	99
Stanly County is a safe place to live.....	102
POVERTY PERCENTAGES.....	105
HEALTH CARE COVERAGE 2020.....	106
INDEX CRIME BY STANLY COUNTY AGENCY.....	107
CAUSES OF MORTALITY TREND CHARTS.....	108

HEALTH ISSUES TABLES .....	118
2021 & 2018 Overall Health Issues Comparison.....	118
Zip Code.....	119
Sex .....	120
Racial Identity.....	121
Age.....	122
Education (Grade Completed).....	123
Marital Status .....	124
Household Income .....	125
ACCESS TO ISSUES* TABLES .....	127
2021 & 2018 Overall Access To Issues Comparison .....	127
Zip Code.....	128
Sex .....	129
Racial Identity.....	130
Age.....	131
Education (Grade Completed).....	132
Marital Status .....	133
Household Income .....	134
COMMUNITY ISSUES TABLES .....	136
2021 & 2018 Overall Community Issues Comparison.....	136
Zip Code.....	137
Sex .....	138
Racial Identity.....	139
Age.....	140
Education (Grade Completed).....	141
Marital Status .....	142
Household Income .....	143
BUTTERFLY HOUSE CHARTS .....	145
Relationship of Alleged Offender to Child.....	145
Race/Ethnicity of Children Seen.....	146
PEER COUNTY COMPARISON TABLES .....	147
LEADING CAUSES OF DEATH BY AGE .....	149
STANLY COUNTY SUMMARY REPORT .....	150
PERSONAL HEALTH PROFILE .....	151

Location for Health Care or Advice Table & Charts .....	151
Overall .....	151
Zip Code .....	152
Sex .....	153
Racial Identity .....	154
Age .....	155
Education (Grade Completed) .....	156
Marital Status .....	157
Household Income .....	158
Recommended Preventive Health Screenings Tables .....	159
Overall .....	159
Zip Code .....	160
Sex .....	161
Racial Identity .....	162
Age .....	163
Education (Grade Completed) .....	164
Marital Status .....	165
Household Income .....	166
COVID-19 Prevention Activities Tables .....	167
Overall .....	167
Zip Code .....	167
Sex .....	168
Racial Identity .....	168
Age .....	169
Education (Grade Completed) .....	170
Marital Status .....	171
Household Income .....	171
Participation in Specific Activities Tables .....	172
Overall .....	172
Zip Code .....	172
Sex .....	173
Racial Identity .....	173
Age .....	174
Education (Grade Completed) .....	175
Marital Status .....	176

Household Income.....	177
BARRIERS TO HEALTH & HUMAN SERVICES TABLES.....	178
Overall.....	178
Zip Code.....	178
Sex.....	179
Racial Identity.....	179
Age.....	180
Education (Grade Completed).....	180
Marital Status.....	181
Household Income.....	181
EMERGENCY PREPAREDNESS CHARTS.....	182
Information Access.....	182
Overall.....	182
Zip Code.....	183
Sex.....	184
Racial Identity.....	185
Age.....	186
Education (Grade Completed).....	187
Marital Status.....	188
Household Income.....	189
Reasons Not to Evacuate.....	190
Overall.....	190
Zip Code.....	191
Sex.....	192
Racial Identity.....	193
Age.....	194
Education (Grade Completed).....	195
Marital Status.....	196
Household Income.....	197
2021 COMMUNITY HEATH ASSESSMENT ADVISORY COMMITTEE.....	198
2021 COMMUNITY HEALTH ASSESSMENT SURVEY.....	199
FOCUS GROUP QUESTIONS.....	205
COMMUNITY RESOURCES.....	206

# ACKNOWLEDGEMENTS

This has been a challenging year to conduct a community health assessment utilizing surveys and focus groups. COVID-19 dictated that the majority of surveys be completed online. There was only very limited access in having individuals/groups complete paper surveys. However, focus groups were held in person utilizing all COVID-19 safety policies. In spite of COVID-19, a successful assessment was completed thanks to the many who contributed to the planning, conducting and/or participating in its process.

Appreciation is extended to Stanly County residents for their participation and/or promotion of the community health assessment survey and/or participation in a focus group. Their willingness to express their views about a variety of health, access and community issues; quality of life in Stanly County; personal health questions; barriers to receiving services and emergency preparedness questions was invaluable. Their survey responses along with secondary data will determine where limited resources can best be utilized in Stanly County.

Appreciation is extended to members of the 2021 Community Health Assessment Advisory Committee. These members included: Tammy Albertson, Executive Director Partnership for Children; Jane Boone, Executive Director with the Stanly Health Foundation; Hayley Cowell, NC Cooperative Extension Agent – Family and Consumer Sciences; Wendy Growcock, Public Health Education Specialist with the Stanly County Health Department; Jennifer Layton, former Human Services Program Specialist with the Stanly County Health Department; Kaitlin Smith, Youth Coordinator – Center for Prevention Services; Courtney Swain, Community Health Educator with the Butterfly House Children’s Advocacy Center; Salem Taylor, former Executive Director with United Way of Stanly County and Nicole Williams, former Community Relations Associate with Atrium Health Stanly. Their insights, suggestions and support were invaluable.

Appreciation is extended to Stanly County Partners in Health, a health coalition, as the members assisted in the preparation of the survey tool, encouraged their agency/organization staff and community followers to complete a survey online and participated in the selection of three priority health/access/community issues. The support of the members of Stanly County Partners in Health was invaluable.

Appreciation is extended to Erin Magee, MPH, MSW, Community Assessment Coordinator; John Wallace, PhD, Senior Data Advisor and Matthew Simon, MA, Senior Data and Geographic Information Systems (GIS) Analyst with the UNC Gillings School of Global Public Health North Carolina Institute for Public Health for their consultation and technical assistance with the survey tool and suggestions on administering it.

Appreciation is extended to Stanly County Commissioners, Albemarle City Council, Badin Town Council, Locust City Council, New London Town Council, Norwood Town Council, Red Cross Town Council, Richfield Town Council and the Stanly County Board of Education for providing the opportunity to present information about participating in the Community Health Assessment survey at their meetings. The support from Stanly County Commissioners, municipal elected officials and governmental officials was greatly appreciated.

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Appreciation is extended to the United Way of Stanly County Leadership Board, Badin Town Council, Stanly County Minority Health Council, Stanly County Adult Day Healthcare Committee, Grace Place friends and Stanly County Partners in Health for participating in a focus group. Their insights were invaluable.

Appreciation is expressed to Chris Vaughn, Executive Director of the Community Care Clinic, and to the staff of the Stanly County Health Department Dental Clinic and Stanly County Department of Social Services for distributing paper copies of the community health assessment survey to their clients and patients.



Appreciation is expressed to the local media outlets including WZKY 1580AM, WSPC 1010AM, Stanly Community College Television – SCC-TV channel 21, Stanly News and Press and The Weekly Post informing the public about the 2021 community health assessment survey. Their willingness to inform the public of how to access the survey and to disseminate the results was greatly appreciated.

Appreciation is extended to Melanie Holles, Director of the Stanly County Public Library and Matthew Kelly, Technical Services Librarian, for their activities to promote the community health assessment survey throughout the library system.

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Report Author: Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department

# EXECUTIVE SUMMARY

## Vision Statement

Striving to create a community where all achieve optimal health and well-being.

## Partnerships/Collaborations

The 2021 Community Health Assessment Advisory Committee was established to review the community health assessment survey and provide guidance on the community health assessment process. Members of this committee were: Tammy Albertson, Executive Director Partnership for Children; Jane Boone, Executive Director with the Stanly Health Foundation; Hayley Cowell, NC Cooperative Extension Agent – Family and Consumer Sciences; Wendy Growcock, Public Health Education Specialist with the Stanly County Health Department; Jennifer Layton, former Human Services Program Specialist with the Stanly County Health Department; Kaitlin Smith, Youth Coordinator – Center for Prevention Services; Courtney Swain, Community Health Educator with the Butterfly House Children’s Advocacy Center; Salem Taylor, former Executive Director with United Way of Stanly County and Nicole Williams - former Community Relations Associate with Atrium Health Stanly. The Committee met three times: July 16, 2020; August 24, 2020 and October 19, 2020. Other communication venues were used, including emails, when necessary.

Todd Speights, IT Specialist with the Stanly County Information Technology Department, was responsible for setting up the 2021 community health assessment survey online and totaling the data.

Stanly County Partners in Health, a Stanly County health coalition, assisted in the preparation of the survey tool, encouraged their agency/organization staff and community followers to complete a survey online and participated in the selection of three priority health/access/community issues.

The following groups/organizations participated in the focus groups: United Way of Stanly County Leadership Board, Badin City Council, Stanly County Minority Health Council, Stanly County Adult Day Healthcare Committee, Grace Place friends and Stanly County Partners in Health.

The following governmental entities provided the opportunity to present before their boards the information about the Community Health Assessment and how to participate in the process by completing an online survey: Stanly County Commissioners, Albemarle City Council, Badin City Council, Locust City Council, New London City Council, Norwood City Council, Red Cross City Council, Richfield City Council and the Stanly County Board of Education.

The following media outlets provided the community information on how to access the community health assessment survey online: WZKY 1580AM, WSPC 1010AM, Stanly Community College Television – SCC-TV channel 21, The Stanly News and Press and The Weekly Post.

Melanie Holles, Director of the Stanly County Public Library and Matthew Kelly, Technical Services Librarian promoted the community health assessment survey throughout the county-wide library system in person and with reminder cards.

Albemarle City Public Utility and Pfeiffer North Stanly Water Association promoted the community health assessment survey on their monthly utility billings.

The Community Care Clinic, Stanly County Department of Social Services and Stanly County Health Department Dental Clinic provided paper copies of the community health assessment survey to their consumers

## Regional/Contracted Services

The Stanly County Health Department Health Education staff consulted with Erin Magee, MPH, MSW, Community Assessment Coordinator; John Wallace, PhD, Senior Data Advisor and Matthew Simon, MA, Senior Data and GIS Analyst with the UNC Gillings School of Global Public Health North Carolina Institute for Public Health. Their technical assistance assisted with the development of the survey tool and they provided suggestions on administering it.

## Theoretical Framework/Model

Convenience sampling, focus groups and data from reputable sources were utilized to gather data/information to use in this report.

## Collaborative Process Summary

Collaboration was a challenging endeavor during the 2021 community health assessment process. COVID-19 infections were increasing with no vaccine available. The three W's were being strictly enforced – wear a mask, wash your hands and watch your distance (6 feet minimum). Face-to-face meetings were discouraged, non-essential services and businesses were closed, community organizations ceased meeting and governmental/health services were being administered online wherever possible.

Deborah Bennett felt in person meetings would be more productive in gathering information and insights than online meetings. The 2021 Community Health Assessment Advisory Committee and focus groups met in person strictly following Center for Disease Control and Prevention guidelines. Access issues due to the COVID-19 pandemic resulted in increased reliance on completing surveys online rather than paper copies. The 2021 Community Health Assessment Advisory Committee included participants from the Stanly County Health Department, Atrium Health Stanly and the community. The COVID-19 pandemic made it more difficult to identify groups willing to serve as focus groups.

Traditional and new media outlets were utilized to inform and encourage the community to complete a 2021 community health assessment survey. Local media outlets – radio and newspaper - were in the mix of publicizing this activity. Various community organizations and governmental entities utilized their Facebook and Twitter accounts along with their websites to publicize the community health assessment survey. The health department utilized their website, Facebook page and Visix digital signage to advertise the availability of the survey. New collaborating lines were established to promote participation in the community health assessment survey with governmental entities, Stanly County library services and local utility services. Even the COVID-19 pandemic drive-thru clinics were utilized to promote the community health assessment survey as “gatekeepers” passed out flyers to those waiting to receive their vaccine.

Overall, the collaborative process was more challenging during this pandemic, but it, also, resulted in a more all-inclusive product. Combining traditional methods of communication with newer ones reached larger audiences who chose to complete the community health assessment survey and participate in focus groups.

# KEY FINDINGS

The two major causes of death in Stanly County 2015-2019 – Heart Disease (1) and Cancer – All Sites (2) – are trending downward. Heart disease is the #1 cause of death for those 85 years old and older and the #2 cause of death for those between the ages of 40 and 84. Cancer-All Sites is the #1 cause of death for those between the ages of 40 and 84.

The third and fourth leading causes of death in Stanly County 2015-2019 – Alzheimer’s disease (3) and All Other Unintentional Injuries (4) – are trending upward. (All Other Unintentional Injuries include drowning, accidental poisoning, falls, burns, choking, etc.) Alzheimer’s disease is the #2 cause of death in Stanly County 2015-2019 for those ages 85 and older and the #4 cause of death for those 65-84 years of age. All Other Unintentional Deaths is the #1 cause of death in Stanly County 2015-2019 for those ages 20-39, #3 for those 40-64 years of age and #4 for those 0-19 years of age.

How did the Community Health Assessment (CHA) survey respondents perceive the risk of these four leading causes of death? Heart Disease was the only one of these health issues listed as a top ten major problem. It was listed at #7. Cancer was listed at #11 with Alzheimer’s Disease (neurological diseases) tied for #16 and All Other Unintentional Injuries was listed last at #20 as a major problem.

CHA survey respondents listed Substance Use Disorder/Overdose as its #1 major problem health issue. Obesity/Overweight was listed as #2. Access to Substance Use Disorder Treatment was listed #1 and Access to Adult Day Care was listed as the #2 major problem. Unemployment/Underemployment was the #1 major problem community issue. Poverty was the #2 major problem community issue.

There were discussions in the focus groups about health disparities in Stanly County. The Stanly County data shows there are racial health disparities as well as health disparities between the sexes. In the past, the high mortality rate of African American infants born in Stanly County was significant when compared to white infants. There have been significant changes in the rate of infant mortality in Stanly County. The rate of non-Hispanic African American infant mortality is trending downward. While the infant mortality rate for non-Hispanic White infants is trending upward. The rate of non-Hispanic African American infant mortality is still slightly higher than the rate of non-Hispanic White infant mortality, but the difference has decreased significantly. Health disparities are, also, found between the two sexes in Stanly County. Males have higher death rates than females for eight of the 10 diseases listed on Table 26 on page 39. Females’ rate of mortality was higher than males for cerebrovascular disease and Alzheimer’s disease.

Employment/Underemployment was seen as the #1 major problem under Community Issues by CHA survey respondents. This issue will be less of a major problem with all the new industries being established in Stanly County and existing industries expanding their operations. The two barriers to people being gainfully employed according to our focus groups – substance misuse and lack of transportation – need to be addressed, so employment is a viable option for every person wanting to work. Another issue that needs to be addressed in Stanly County is providing our working age population appropriate and affordable care for their older adult parents, so they can work. How did CHA survey respondents address these issues? Access to Substance Use Disorder Treatment was listed at #1 and Access to Adult Day Care was #2. Transportation was listed at #12 as major problems under community issues.

CHA survey respondents ranked Poverty as the #2 major problem under community issues. Increased opportunities for gainful employment should address some instances of poverty. However, other contributing factors to poverty - female headed families and lack of a high school degree – must be addressed too. Parents must, also, have access to affordable, quality day care for their children. Quality Child Care was tied for #8 as a major problem under access to issues.

There are many health, access and community problems identified in Stanly County through the CHA survey, focus groups and data. However, that is not where this story ends. Many organizations, non-profits, churches, community groups, government entities and individuals are joining forces to address them. There is a “can do” spirit alive and well in Stanly County. Opportunities abound for those who want to be involved with improving the lives of Stanly County citizens. The Community Resource section lists many resources addressing Stanly County’s major health, access and community issues.

# HEALTH PRIORITIES

Stanly County Partners in Health, a health coalition, determined the 2021 Community Health Assessment health priorities at their October 27, 2021, meeting. Deborah Bennett presented the top five health, access and community issues to the group. This information was accompanied by the 2015-2019 causes of mortality in Stanly County (the most recent data) and the 2018 Community Health Assessment health priorities. The health priorities selected were:

- ❖ Substance Misuse/Overdose,
- ❖ Healthy Living (obesity/overweight, nutrition & physical activity)
- ❖ Mental Health.

These three health priorities were presented to the Consolidated Health and Human Services Board at their December 2, 2021, meeting by Bennett. The Stanly County Consolidated Health and Human Services Board accepted the following health priorities at their December 2, 2021, meeting:

- ❖ Substance Misuse/Overdose,
- ❖ Healthy Living (obesity/overweight, nutrition & physical activity)
- ❖ Mental Health.

Members of the Atrium Health Stanly Leadership Team and Atrium Health Stanly Community Health Impact Team selected the following two health priorities:

- ❖ Mental Health
- ❖ Healthy Living

## NEXT STEPS

### Reporting to the Public

The 2021 Community Health Assessment report will be available to the public via the Stanly County Government, Stanly County Health Department and Atrium Health Stanly websites. The public and other stakeholders will know of its availability through the local media (radio and print), social media (Facebook/Twitter announcements) and community meetings.

### Responding to Community Requests

Information from this report will be presented to county stakeholders including Stanly County Commissioners, Stanly County Consolidated Human Services Board, Atrium Health Stanly Leadership Team and Atrium Health Stanly Community Health Impact Team at their regularly scheduled meetings. Speakers will be available for community programs to present the findings of this report. The health department's Facebook page will highlight sections of this report.

The data assembled from the 2021 Community Health Assessment survey will be made available by the Stanly County Health Department to agencies, community groups, businesses, churches, etc. for their grant writing activities.

## Action Plans

The Stanly County Health Department will prepare and execute community health improvement plans (CHIPs) to address the top three health issues identified as priorities.

Atrium Health Stanly has chartered the Atrium Health Stanly Leadership Team and Atrium Health Stanly Community Health Impact Team to focus on priorities internally and to monitor collaboration with the Stanly County School System and other county organizations.

# COMMUNITY HEALTH ASSESSMENT (CHA) PROCESS

The CHA is conducted every three years by Stanly County Health Department and Atrium Health Stanly staff. There are several reasons why a CHA is conducted. These reasons include: 1) Identify factors that affect the health and well-being of a community; 2) Highlight the current views of Stanly County residents on these factors; 3) Inform the community and stakeholders about the current health status of Stanly County residents; 4) Provide a starting point for community involvement in addressing identified health, access and community issues; 5) Develop a Community Health Improvement Plan (CHIP) to address identified health, access and community issues and 6) Satisfy the State of North Carolina General Statute requirement that a CHA be conducted every 3-4 years.

Primary data collection activities (community health assessment survey and focus groups) as well as secondary data from reputable sources are the source of all data utilized in this report. This information was compiled into a report that is used for planning efforts by local and state entities to protect and promote the health and well-being of Stanly County residents.

The 2021 CHA survey was prepared by Deborah Bennett, Public Health Educator II with the Stanly County Health Department. Several groups reviewed and revised the survey tool. The following UNC Gillings School of Global Public Health – North Carolina Institute of Public Health personnel provided consultation and technical assistance with the survey tool, as well as, suggestions on administering it: Erin Magee, MSW, MPH, Community Assessment Coordinator; John Wallace, PhD, Senior Data Advisor, and Matthew Simon, MA, Senior Data and GIS Analyst. Members of the 2021 Community Health Assessment Advisory Committee and Stanly County Partners in Health (PIH), a Stanly County health coalition reviewed, revised and accepted the survey tool.

Members of the 2021 Community Health Assessment Advisory Committee were: Tammy Albertson, Executive Director Partnership for Children; Deborah Bennett, Public Health Educator II with the Stanly County Health Department; Jane Boone, Executive Director with the Stanly Health Foundation; Hayley Cowell, NC Cooperative Extension Agent – Family and Consumer Sciences; Wendy Growcock, Public Health Education Specialist with the Stanly County Health Department; Jennifer Layton, former Human Services Program Specialist with the Stanly County Health Department; Kaitlin Smith, Youth Coordinator – Center for Prevention Services; Courtney Swain, Community Health Educator with the Butterfly House Children’s Advocacy Center; Salem Taylor, former Executive Director with United Way of Stanly County and Nicole Williams former Community Relations Associate with Atrium Health Stanly. Their first meeting was held on July 16, 2020. The CHA timetable was developed and CHA report sections required by the State were reviewed. Peer group counties were established\*. Suggestions for possible focus groups were shared. A paper copy of the 2018 survey was given to attendees for them to review and bring revisions to the next meeting. The survey tool was reviewed and revised at the August 24, 2020, meeting. The data collection process, media strategies and potential focus groups were discussed. Bennett was assigned to direct the focus groups. Their final meeting was held October 19, 2020. COVID-19 questions were added and there was a discussion on marketing the survey tool to encourage participation.

The 2021 CHA survey was a revised version of the 2018 CHA survey with additional survey questions added, including COVID-19 questions. Revisions included: social isolation was removed from the survey and food insecurity added. Access Issues were separated from Health and Community Issues in the 2021 survey.

There were 1,015 CHA survey responses. The 2021 CHA survey was available online January 14, 2021, through February 14, 2021. This was one-month shorter than previous years. (Previously, the CHA survey ran from January 1 through February 28.) The survey

\*At a State hosted Community Health Assessment meeting, Deborah Bennett and Jennifer Layton were told to determine peer counties for their required State reports (State of the County Health and Community Health Assessment). Bennett began the selection process by getting the 2019 U.S. Census estimated population and grouping Stanly County with North Carolina counties with similar population numbers. The counties meeting this criterion were: Granville, Haywood, Lee, Pender, Duplin and Samson. The following 2019 U.S. Census estimated data was compared from these six counties: population, median household income, % persons in poverty, % education attainment (high school graduate or higher), % no health insurance (younger than 65 years of age) and % broadband internet subscription. Granville, Haywood, Lee and Pender were determined to be Stanly County’s peer counties by the Stanly County Health Department’s Health Education Unit after comparing this data. The 2021 Community Health Assessment Advisory Committee and Stanly County Partners in Health agreed with these peer county selections.

was accessible on the following websites: Stanly County government, Stanly County Health Department and United Way of Stanly County. Paper copies were available at the Stanly County Health Department dental clinic, Department of Social Services and the Community Care Clinic. Information about how to access the 2021 CHA survey tool was provided through, but not limited to: local radio, local paper, health department Facebook page, flyers distributed during drive-in COVID-19 vaccination event, Chamber of Commerce weekly update and VISIX signage at the Stanly Commons.

Six focus groups were conducted during June, July and October 2021. Established groups were asked to serve as focus groups instead of assembling individual community members into groups. It was found that established groups have a comfort level that resulted in more discussion. The focus group discussions were limited to one hour and found to be very insightful and helpful. The focus groups were comprised of the following community groups: United Way of Stanly County Leadership Board (June, 15, 2021), Stanly County Partners in Health (June 23, 2021), Stanly County Minority Health Council (July 12, 2021), Grace Place (July 14, 2021), Badin City Council (July 14, 2021) and Adult Day Healthcare Advisory Committee (October 28, 2021). Focus groups were contacted by Deborah Bennett from the list provided by the 2021 Community Health Assessment Advisory Committee, self-selected or responded to the request through the Stanly County Health Department's Facebook page.

Google and Remark Office Data 2014 program software were used to collect and analyze data from surveys completed during the survey process. All surveys completed were utilized, even those that did not mark a Stanly County zip code (22) as it was postulated that they were familiar with Stanly County via employment. Survey responses were analyzed according to residence zip code, sex, primary racial identity or ethnic identity; age, education (grade completed), marital status and household income per year. Zip codes were assigned areas as follows: East – 28001 and 28002; North – 28009, 28071, 28109, 28127 and 28137; South – 28128 and West – 28097, 28124, 28129 and 28163. The asterisk by American Indian & Others denotes that Two or More Races, race that was written in and American Indian were combined due to the small number of respondents.

Sources for the health and health-related statistics used in this report included the U.S. Census Bureau, North Carolina State Center for Health Statistics, North Carolina Department of Commerce, Stanly County Schools System, Butterfly House Children's Advocacy Center and Stanly County Health Department. The source of all health statistics is the North Carolina State Center for Health Statistics unless otherwise cited. The selected data included in this report provides an overview of health issues and concerns in Stanly County, but is not an exhaustive compilation of available data.



# DEMOGRAPHICS OF SURVEY PARTICIPANTS

Tables 1 and 2 highlight the demographics of the 2021 Community Health Assessment survey participants. The demographics include town/city zip code, sex, racial or ethnic identity, age, education, marital status, number of people in the household and household income.

Table 1.

2021 Community Health Assessment Survey Participants Demographics Table 1		
Demographics	Number	Percent (%)
<b>Town/City – Zip Codes</b>		
Albemarle – 28001/28002	528	52.02
Badin – 28009	27	2.66
Gold Hill – 28071	1	0.10
Locust – 28097	78	7.68
Misenheimer – 28109	8	0.79
Mt. Pleasant – 28124	10	0.99
New London – 28127	86	8.47
Norwood – 28128	100	9.85
Oakboro – 29129	70	6.90
Richfield – 28137	30	2.96
Stanfield – 28163	53	5.22
Other (assumption made these respondents worked in Stanly County)	22	2.17
<b>Sex</b>		
Female	774	76.26
Male	233	22.96
<b>Racial or Ethnic Identity</b>		
African American/Black	101	9.95
American Indian	2	0.20
Asian	10	0.99
White	856	84.33
Hispanic/Latinx	31	3.05
2 or more races	11	1.08
<b>Age</b>		
15-19	55	5.42
20-34	159	15.67
35-54	351	34.58
55-64	164	16.16
65-74	222	21.87
75 or older	62	6.11

Table 2.

2021 Community Health Assessment Survey Participants Demographics Table 2		
Demographics	Number	Percent (%)
<b>Education (highest grade or year of school completed)</b>		
Never attended school/High school graduate	62	6.11
Grade 12/GED (high school graduate)	180	17.73
College 1-3 years; (some college or technical school)	198	19.51
Community college or technical school degree/certificate	179	17.64
Have a Bachelor's degree	227	22.36
Have a post graduate degree (Masters or Doctoral)	166	16.35
<b>Marital Status</b>		
Single/Never Married	194	19.11
Married	639	62.96
Divorced	97	9.56
Separated	25	2.46
Widowed	58	5.71
<b>Total Persons in the Household</b>		
1-Person	120	11.82
2-Person	418	41.18
3-Person	181	17.83
4-Person or more	289	28.47
<b>Household Income</b>		
Less than \$10,000	61	6.01
\$10,000-19,999	69	6.80
\$20,000-\$29,999	71	7.00
\$30,000-\$44,999	120	11.82
\$45,000-\$59,999	117	11.53
\$60,000-\$74,999	92	9.06
\$75,000-\$99,999	124	12.22
\$100,000 or more	195	19.21
Prefer not to answer	157	15.47

# SELECT DEMOGRAPHICS - SURVEY PARTICIPANTS & U.S. CENSUS

The demographic percentages of African American/Black, Hispanic/Latinx and White survey participants completing a 2021 Community Health Assessment (CHA) survey were comparable to the 2021 estimated Stanly County U.S. Census Bureau percentages as shown on Table 3. The demographic percentages of American Indian, Asian and 2 or More Races were significantly less than the 2021 estimated Stanly County U.S. Census Bureau percentages. Significantly more females than males participated in the survey. This is not unusual even though efforts were made to increase the percentage of male participation in this survey.

Table 3.

Demographics	2021 CHA Survey Respondents	Stanly County U.S. Census 2021 Estimates <sup>1</sup>
	%	%
<b>Racial or Ethnic Identity</b>		
African American/Black	9.95	11.4
American Indian	0.20	0.5
Asian	0.99	2.0
White	84.33	84.4
Hispanic/Latinx	3.05	4.4
2 or more races	1.08	1.5
<b>Sex</b>		
Female	76.26	50.1
Male	22.96	49.1

<sup>1</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina,NC/PST045219>

# STANLY COUNTY OVERVIEW

Stanly County is located in the southern piedmont region of North Carolina. It is located approximately 30 miles northeast of Charlotte, North Carolina. The estimated population of Stanly County in 2020 was 62,504.<sup>2</sup> Stanly County's largest city, Albemarle, is the county seat where according to the U.S. Census 2020 population estimate, there were 16,432 residents.<sup>3</sup> Locust had the next largest population in Stanly County at 4,537 (2020 estimated data).<sup>4</sup>

The 10 incorporated cities in Stanly County are Albemarle, Badin, Locust, New London, Norwood, Oakboro, Red Cross, Richfield, Stanfield and Misenheimer. Albemarle is the largest city and the county seat. Unincorporated areas include Aquadale, Big Lick, Cottonville, Endy, Finger, Frog Pond, Millingport, Palestine, Palmerville, Plyler, Porter and Tuckertown.

## Arts

COVID-19 pandemic curtailed many in person performing and visual art activities in the community. During most of 2020, Stanly County was on complete lockdown – only essential services were open to the public. Slowly in 2021, performing and visual art venues began reopening and people started attending events following CDC COVID-19 guidelines. This reopening was greatly anticipated as the arts are important to our county. People enjoy attending events and others enjoy providing this cultural experience.

Currently (March 2022), the Delta and Omicron variants are the primary causes of infection in Stanly County, but visual art opportunities continue to be available to the general public. The Agri-Civic Center and the First Presbyterian Church (Albemarle) Art Gallery continued to exhibit local artists' work at their locations throughout the pandemic. The Falling Rivers Gallery, once again, showcases local artist's works. Performing arts are following CDC COVID-19 guidelines and are offering or preparing to offer events to the public. These performing art venues include Stanly County Concert Association, Uwharrie Players, Stanly County Chorale, Stanly County Concert Band, Singing Americans of Stanly County, The Talent Company as well as high school drama productions.

## Education

There are 23 public schools in the Stanly County School system. There are 11 elementary schools, four middle schools, one choice stem school (K-8 grades) and seven high schools.<sup>5</sup> There is one charter school – Gray Stone Day School which provides education grades 6-12.<sup>6</sup> There are also several private and religious affiliated schools located throughout Stanly County. The 4-year graduation rate for Stanly County Schools for 2019-2020 is 89.4%, which is slightly higher than the State's 4-year graduation rate of 87.6%.<sup>7</sup>

Stanly Community College (SCC) offers diplomas, certificates and two-year degrees in a variety of programs. "It awards associate's degrees, diplomas, certificates in diverse areas of study such as human services technology, information systems security, medical assisting, cosmetology, advertising & graphic design, computer information, internetworking apprentice, criminal justice, early childhood, and human services. The College provides adult education programs through which it imparts skills such as fluency in good English, high school diploma, daily living skills, and personality development for a new job."<sup>8</sup> SCC has expanded its physical presence to Locust where its Crutchfield Education Center is located. The Crutchfield Campus specializes in health care programs.

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<sup>2</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina.NC/PST045219>

<sup>3</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/albemarlecitynorthcarolina>

<sup>4</sup> U.S. Census website retrieved from <https://data.census.gov/cedsci/profile?q=1600000US3738860>

<sup>5</sup> Stanly County Schools website retrieved from <https://www.stanlycountyschools.org/>

<sup>6</sup> North Carolina School Report Cards website retrieved from <https://ncreports.ondemand.sas.com/src/?county=Stanly>

<sup>7</sup> North Carolina School Report Cards website retrieved from [Stanly County Schools \(sas.com\)](https://www.sas.com)

<sup>8</sup> State University website retrieved from [https://www.stateuniversity.com/universities/NC/Stanly\\_Community\\_College.html](https://www.stateuniversity.com/universities/NC/Stanly_Community_College.html)

SCC offers high school students the opportunity to enroll in its Stanly STEM Early College or Stanly Early College. High school students “can graduate having earned both their high school diploma from Stanly County Schools and their Associate's Degree from Stanly Community College.”<sup>9</sup>

Pfeiffer University, a private liberal arts university, has its main campus located in the Village of Misenheimer. “Its regional network of campuses includes a traditional undergraduate campus in Misenheimer, North Carolina...a Charlotte campus, and the Center for Health Sciences in Albemarle...”<sup>10</sup> Pfeiffer University recently opened the Center for Health Sciences in downtown Albemarle. The Center for Health Sciences offers “Master of Physician Assistant Studies and Master of Occupational Therapy programs.”<sup>11</sup>

## Employment

Stanly County is home to a variety of businesses that provide diverse employment opportunities. Stanly County Economic Development Commission and Stanly County Chamber of Commerce work together to bring the right mix of businesses to Stanly County that balances employment opportunities with quality of life issues.

The largest employers in Stanly County include Stanly County Schools, Atrium Health, County of Stanly, and Wal-Mart Associates, Inc.<sup>12</sup> For the top 25 employers in Stanly County, go to Table 55 on page 91.

The small business environment is thriving in Stanly County with the support of Stanly Community College's (SCC) Small Business Center. SCC Small Business Center specializes in supporting small business entrepreneurs in establishing their businesses. Most of their services are available at no cost.

NCWorks, a state agency formerly known as the Employment Security Commission, assists “job seekers with employment opportunities, career development and training.”<sup>13</sup> NCWorks “connects businesses with the talent they need and provides funding for hiring new employees...there is no charge for these services.”<sup>14</sup>

The COVID-19 pandemic negatively impacted employment opportunities in Stanly County in 2020, but its impact has lessened in 2021 as businesses reopen their doors. The current challenge is the shortage of people to hire, so businesses can reopen. Currently, the Stanly County unemployment rate is 3.3 as of January 1, 2022.<sup>15</sup>

Stanly County and its municipalities are active in establishing a welcoming environment for economic development – large to small businesses. This has resulted in an increase in employment opportunities throughout Stanly County. These employment opportunities are the result of expansion of current businesses located in Stanly County as well as new industries moving to the county. Some of the recent economic developments are highlighted in the following paragraphs.

Norwood Manufacturing, is planning a \$700,000 expansion in Norwood that will result in five additional jobs.<sup>16</sup> Norwood Manufacturing's “line of business includes the manufacturing of portable and other prefabricated metal buildings and parts.”<sup>17</sup> Auria, a company that supplies “automotive flooring, acoustics and other fiber-based products,” is planning a \$1,660,000 expansion in

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<sup>9</sup> Stanly County Schools website retrieved from <https://echs.stanlycountyschools.org/apps/spotlightmessages/5695>

<sup>10</sup> Pfeiffer University website retrieved from <https://www.pfeiffer.edu/why-pfeiffer/about-pfeiffer>

<sup>11</sup> Pfeiffer University website retrieved from <https://www.pfeiffer.edu/albemarle-campus>

<sup>12</sup> North Carolina Department of Commerce website retrieved from <https://d4.nccommerce.com/QCEW/LargestEmployers.aspx>

<sup>13</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Gus Garcia-Vanegas, NCWorks Career Center Leader – March 15, 2022.

<sup>14</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Gus Garcia-Vanegas, NCWorks Career Center Leader – March 15, 2022.

<sup>15</sup> North Carolina Department of Commerce website retrieved from <https://d4.nccommerce.com/LausSelection.aspx>

<sup>16</sup> Stanly County Economic Development Commission website retrieved from <https://www.stanlyedc.com/wp-content/uploads/2021/04/NMI-Project-Announcement-May-2021-FINAL.pdf>

<sup>17</sup> Bloomberg website retrieved from <https://www.bloomberg.com/profile/company/1454728D:US>

Albemarle that will create 18 additional jobs.<sup>18</sup> Global Products Group, “a manufacturer and distributor of botanical products,” is establishing a research and manufacturing lab in Oakboro. This \$5,500,000 expansion in Oakboro will result in 20 additional jobs.<sup>19</sup>

Charlotte Pipe and Foundry is in the process of relocating to Oakboro from Charlotte, NC. Charlotte Pipe and Foundry is investing \$325,000,000 in building a new state-of-the-art foundry which will result in at least 400 jobs.<sup>20</sup> American Racing Headers, “a leading manufacturer of high quality, high performance header and exhaust systems,” is relocating their headquarters and manufacturing facility to Stanfield, NC. This \$4,375,000 investment will result in 63 new jobs<sup>21</sup>.

The employment scene in Stanly County is thriving as it expands in Stanly County. This is due to all interested parties working together including the County Commissioners, municipality leaders, Stanly County Chamber of Commerce, Stanly County Economic Development Commission, Stanly Community College’s Small Business Center and NCWorks.

## Environment

Stanly County is a rural county with many acres of farmland and trees among the municipalities. It is a county of lakes and creeks where people enjoy water activities. Morrow Mountain State Park and the Uwharrie Mountains provide opportunities for outdoor activities such as hiking and camping. The outdoor environment plays an important role not only for residents, but for tourists who come here to enjoy the outdoors.

Pollution of the waterways and soil is always a concern. Past problems have made this an area of continual monitoring by individuals (radon) and environmental health agencies (cyanide and fluoride).<sup>22</sup> The community’s most observable pollution problem to the population is littering. This litter creates an unsightly view to those traveling in the county and a potential hazard if this litter gets into the county’s waterways. Litter, also, promotes an unhealthy issue with vermin.

## Government

Stanly County is governed by a Board of Commissioners – seven elected members from the community. “The Board’s major responsibilities include adopting the annual County budget, setting the County property tax rate, and assessing and establishing priorities on the many community needs, especially those related to health, education, welfare, mental health and the environment. The Board also makes appointments to citizen advisory committees. The Commission works with 30+ departments to serve the citizens of Stanly County.”<sup>23</sup> A County Manager oversees the day-to-day operations of the county departments.

## Healthcare

Providing healthcare to all citizens is a challenge, especially those not covered by private or governmental insurance. The primary health care provider in Stanly County is Atrium Health Stanly. Atrium Health Stanly provides hospital care, physician practices, an urgent care center and an imaging center in Stanly County. First Care Medical Clinic provides primary and urgent care services too.

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<sup>18</sup> Stanly County Economic Development Commission website retrieved from <https://www.stanlyedc.com/wp-content/uploads/2021/03/Auria-Project-Announcement-3-2021.pdf>

<sup>19</sup> Stanly County Economic Development Commission website retrieved from <https://www.stanlyedc.com/wp-content/uploads/2021/02/Global-Products-Group-Announcement-FINAL-February-2021.pdf>

<sup>20</sup> Stanly County Journal website retrieved from <https://stanlyjournal.com/2020/05/05/charlotte-pipe-and-foundrys-relocation-to-oakboro-is-official/>

<sup>21</sup> Stanly County Economic Development Commission website retrieved from <https://www.stanlyedc.com/wp-content/uploads/2021/04/FINAL-Project-Announcement-April-2021.docx.pdf>

<sup>22</sup> Southern Environmental Law Center website retrieved from <https://www.southernenvironment.org/news/north-carolina-deq-nixes-deal-to-allow-more-cyanide-into-badin-lake/>

<sup>23</sup> County Commissioners - Stanly County North Carolina website retrieved from <http://www.stanlycountync.gov/county-commissioners/>

The John P. Murray Community Care Clinic offers medical care and medication assistance to low-income uninsured adults, ages 18-64, who are residents of Stanly County. Acute and chronic diseases are treated. This clinic's funding includes support from Atrium Health, Stanly Health Foundation and United Way of Stanly County. The Stanly County Health Department offers medical care for all Stanly County residents including pregnant women who are uninsured/underinsured.

A new addition to healthcare services in Stanly County is the opening of the Pfeiffer University Centers for Health Science. It offers a Master of Physician Assistance and Master of Occupational Therapy programs for qualified adults.<sup>24</sup>

## Recreation

Stanly County provides many opportunities for recreation. Stanly County has 15 outstanding public parks located in municipalities throughout Stanly County. These parks had increased usage during the COVID-19 pandemic as they provided much needed safe recreational opportunities. People were able to utilize the playgrounds, hike, fish, play disk golf, play tennis, play bocce and more. Hiking opportunities abound not only at the local parks but also on the Carolina Thread Trail, the Falcon Trail and Morrow Mountain trails. One activity that has proven to encourage people to access the parks is the annual Golden Shoe event. Golden Shoe, sponsored by Stanly County Partners in Health, involves hiding 200 gold painted shoes throughout the parks for two weeks in March. People bring the golden shoes they find to City Lake Park on a set Saturday to redeem their shoes for prizes.

Morrow Mountain State Park, part of the Uwharrie Mountains, continues to offer a variety of outdoor experiences throughout the year. These experiences include hiking, camping, fishing, canoeing, picnicking, etc. Stanly County's water venues - Lake Tillery, Badin Lake, Tuckertown Lake, Rocky River and Yadkin-Pee Dee River provide opportunities for people to boat, water ski, swim and fish.

Running and bicycling are very popular in Stanly County. During the COVID-19 pandemic, people continued to run and bicycle informally in their communities as COVID-19 halted many of the organized running and bicycling events in the community. Slowly these organized events are being reintroduced utilizing safety guidelines.

Two businesses have recently opened to provide recreational opportunities. The Carolina Treetop Challenge provides six zip line rope courses for individuals and/or families to participate. The newest business offering recreational opportunities is the Tomahawk Throwing Range & Blade Shop. This business provides people the opportunity to throw tomahawks/axes at targets in a safe setting.

## Religion

Traditional, nontraditional, large and small churches are present throughout Stanly County. Religion plays an important role in the lives of Stanly County residents of all ages beyond providing spiritual guidance. Individually and collectively, churches identify and address the needs of people in Stanly County. These needs include providing clothing, food, shelter and personal hygiene items as well as paying utility bills, mortgage bills and more. Churches provide opportunities for their members and resources to serve those in need in our community.

There are several religious-based organizations that provide services for indigent people. These religious-based organizations include Stanly Community Christian Ministry (SCCM) and West Stanly Christian Ministries (WSCM); both of which offer food pantries. SCCM sponsors the Community Table I (Albemarle), Community Table II (Norwood) and newly established Richfield Community Table where meals are provided daily. WSCM and the SCCM Clothing Closet (Albemarle) provide clothing. The Community Inn, administered by Homes of Hope, provides temporary shelter for homeless men, women and children. Grace Place provides breakfast weekday mornings as one of their community services.

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<sup>24</sup> Pfeiffer University website retrieved from <https://www.pfeiffer.edu/student-life/center-for-health-sciences/>

# QUALITY OF LIFE

Quality of Life statements were part of the 2021 community health assessment survey. Survey participants responded to statements regarding employment opportunities, good place to raise children, good place to grow older, availability of healthcare and safe place to live. Responses to these quality of life statements were analyzed according to zip codes, sex, racial identity, age, education (grade completed), marital status and household income.

Overall, a favorable quality of life is available in Stanly County. This reality has been apparent in all the previous community health assessment survey results, except for one item – employment opportunities. The results of employment opportunities in the 2021 community health assessment survey showed a slight improvement over the 2018 community health assessment survey results. It must be noted that employment opportunities are increasing with the influx of new businesses in Stanly County and the expansion of established businesses.

All Quality of Life tables are found in the Appendices on Tables 56-95 pages 92-104. Please note all numbers are percentages and survey participants not indicating a selection (no response) is the reason that responses do not total 100%. Selected Quality of Life tables are highlighted in the following individual Quality of Life statement sections.

## There are enough jobs and opportunities to move up in Stanly County

The employment environment has improved in Stanly County since this survey was completed. New businesses have moved to Stanly County and current businesses are expanding. (See pages 21-22.)

Table 4 shows that North and West survey participants were more positive about employment opportunities than East or South survey participants. Residents living in the northern or western parts of Stanly County have easier access to the Charlotte metro area employment opportunities via state highways 73, 24-27 and 49 as well as I-485. According to the NC Department of Commerce November 2021 ACCESSNC Report, 35.9% of the county residents worked outside Stanly County and 1% worked outside North Carolina.<sup>25</sup>

Table 4.

There are enough jobs & opportunities to move up in Stanly County – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	22.56	28.22	21.05	19.00	13.27
Disagree	48.37	47.73	48.03	56.00	48.82
Agree	17.73	15.53	21.71	18.00	18.96
Strongly Agree	2.56	2.08	2.63	1.00	4.27
Don't Know	8.47	6.06	6.58	6.00	14.69

Education (Grade Completed) had an impact on how survey participants viewed job opportunities in Stanly County. (See Table 5.) Those with 2-year, bachelor or post graduate degrees saw fewer job opportunities in Stanly County than those who did not have a degree. This is evident as few young people return to Stanly County after earning a college degree. They gravitate toward large cities where their education is utilized and compensated.

<sup>25</sup> North Carolina Department of Commerce website retrieved from <https://accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37167.pdf>



Table 5.

There are enough jobs & opportunities to move up in Stanly County – Education (Grade Completed)							
	Overall	12th Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/ Technical School)	Community College/ Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Strongly Disagree	22.56	17.74	22.22	24.24	22.91	22.91	22.29
Disagree	48.37	24.19	45.00	44.44	50.28	54.19	56.02
Agree	17.73	41.94	17.78	14.14	18.99	18.06	11.45
Strongly Agree	2.56	3.23	5.00	5.05	1.12	0.44	1.20
Don't Know	8.47	11.29	10.00	12.12	6.70	4.41	9.04

## Stanly County is a good place to raise children

According to the U.S. Census population estimates of July 1, 2021, children under the age of 5 comprise 5.8% of the Stanly County population and 21.5% are under 18 years of age.<sup>26</sup> Overall, Stanly County was seen as a good place to raise children by the survey respondents. (See Table 6.) The percentage of married couples (married, separated and widowed) strongly agreed with this statement more than other marital status categories.

Table 6.

Stanly County is a good place to raise children– Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Strongly Disagree	5.81	8.76	4.23	8.25	12.00	6.90
Disagree	11.92	12.37	10.33	21.65	20.00	8.62
Agree	57.93	56.70	60.25	51.55	44.00	55.17
Strongly Agree	20.20	17.53	21.75	12.37	24.00	24.14
Don't Know	3.94	4.64	3.44	6.19	0	5.17

It is interesting to note that East survey participants significantly indicated that Stanly County was not as good a place to raise children compared to the other areas of Stanly County. (See Table 7.) Albemarle comprises all of the East zip codes (28001 & 28002). What possible conditions would impact one's response to this statement? One condition, poverty, might influence this response. Overall, the 2020 American Community Survey 5-Year Estimates has the poverty level in Stanly County at 12.2%.<sup>27</sup> According to the 2020 American Community Survey 5-Year Estimates, 21.9% of the residents of Albemarle and Badin lived below the poverty line<sup>28</sup>. This was the highest rate of poverty in Stanly County. Only Norwood (13.3%) and Red Cross (10.6%) were in double digits too.<sup>29</sup> To see the 2020 American Community Survey 5-Year Estimates of poverty for Stanly County and all its municipalities, go to Table 96 on page 105.

<sup>26</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina/AGE135220#AGE135220>

<sup>27</sup> U.S. Census website retrieved from <https://data.census.gov/cedsci>

<sup>28</sup> U.S. Census website retrieved from <https://data.census.gov/cedsci>

<sup>29</sup> U.S. Census website retrieved from <https://data.census.gov/cedsci/>

Table 7.

Stanly County is a good place to raise children – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	5.81	7.58	4.61	4.00	3.79
Disagree	11.92	15.34	9.21	8.00	6.16
Agree	57.93	55.30	65.79	71.00	54.98
Strongly Agree	20.20	17.42	19.74	12.00	31.75
Don't Know	3.94	4.17	0.66	5.00	3.32

## Stanly County is a good place to grow older

Overall, Stanly County is viewed as a great place to grow older. (See Table 8.) All age categories overwhelmingly agree or strongly agree that Stanly County is a good place to grow older. According to the U.S. Census population estimates of July 1, 2021, 19.3% of the people residing in Stanly County are 65 years old and older.<sup>30</sup> Stanly County offers a variety of amenities for those 60 and older. Two prominent ones are Stanly County Senior Services and OASIS (Older Adult Services in Stanly).

Stanly County Senior Services, a county government department, provides a variety of services to those 60 and older. There are two Senior Centers available for those 60 and older to participate in their many activities. These centers are located in Albemarle and Locust. Activities offered that foster interactions among older adults include book clubs, dances, luncheons, basket weaving, strength training, chair yoga and more.<sup>31</sup> Senior Services, also, provides other programs such as legal aid, nutrition programs, SHIP, “Are you okay?” and tax aide.<sup>32</sup>

OASIS provides needed services to those 60 and older to maintain their independence.<sup>33</sup> This non-profit organization is staffed by volunteers (usually identified through area churches) who are paired with older adults to provide services that include transportation, minor home repairs, light yard work and grocery shopping.<sup>34</sup>

Table 8.

Stanly County is a good place to grow older – Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Strongly Disagree	5.81	3.64	6.92	5.70	6.10	5.41	6.45
Disagree	9.95	12.73	8.81	11.40	10.37	8.11	8.06
Agree	58.82	54.55	60.38	60.11	57.32	59.91	53.23
Strongly Agree	22.17	23.64	21.38	19.66	20.73	24.32	32.26
Don't Know	3.05	5.45	2.52	3.13	4.88	2.25	0

Racial Identity influenced survey participant responses to this statement, Stanly County is a good place to grow older. A higher percentage of Asian and White participants agreed or strongly agreed that Stanly County is a good place to grow older. Whereas, African American/Black, American Indian & Others and Hispanic/Latinx participants agreed the least with this statement. (See Table 9.)

<sup>30</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina,NC/INC110219>

<sup>31</sup> Stanly County Senior Services Center Piece, November/December 2021

<sup>32</sup> Stanly County North Carolina website retrieved from <https://www.stanlycountync.gov/senior-services/>

<sup>33</sup> Oasis of Stanly County website retrieved from <https://stanlyoasis.org>

<sup>34</sup> Oasis of Stanly County website retrieved from <https://stanlyoasis.org/services/>

Table 9.

Stanly County is a good place to grow older – Racial Identity						
	Overall	African American/Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Strongly Disagree	5.81	12.87	0	0	4.79	16.13
Disagree	9.95	11.88	25.00	0	9.81	3.23
Agree	58.82	54.46	50.00	80.00	59.70	48.39
Strongly Agree	22.17	14.85	25.00	10.00	23.36	19.35
Don't Know	3.05	5.94	0	10.00	2.34	12.90

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Overall, survey participants felt that Stanly County was a good place to grow older at all Household Income categories. (See Tables 10 & 11.) Those with a yearly income of less than \$10,000 agreed less about Stanly County being a good place to grow older than other Household Income categories. Those making \$60,000-\$74,999 were the most positive about Stanly County being a good place to grow older.

Table 10.

Stanly County is a good place to grow older – Household Income – Table 1					
	Overall	↓ \$10,000	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$44,999
Strongly Disagree	5.81	16.39	8.70	5.63	7.50
Disagree	9.95	9.84	10.14	14.08	11.67
Agree	58.82	49.18	50.72	64.79	57.50
Strongly Agree	22.17	11.48	23.19	12.68	20.00
Don't Know	3.05	13.11	7.25	2.82	3.33

Table 11.

Stanly County is a good place to grow older– Household Income – Table 2					
	Overall	\$45,000-\$59,999	\$60,000-\$74,999	\$75,000-\$99,999	↑\$100,000
Strongly Disagree	5.81	5.98	2.17	2.42	2.56
Disagree	9.95	7.69	6.52	10.48	11.79
Agree	58.82	60.68	67.39	58.87	57.95
Strongly Agree	22.17	23.93	23.91	27.42	24.62
Don't Know	3.05	1.71	0	0.81	3.08

## Good healthcare is available in Stanly County

Most survey participants felt good healthcare was available in Stanly County. Survey respondents found that there was adequate access to primary healthcare. However, access to healthcare specialists was the #3 major problem on the Access Issues list. More male than female survey participants viewed good healthcare being available in Stanly County. (See Table 12.) Good healthcare may be available in Stanly County, but can people access it? According to the U.S. Census Bureau 2020 American Community Survey 5-Year Estimates, Stanly County had 11.2% uninsured.<sup>35</sup> Norwood (13.8%) and Badin (12.3%) had the highest percentage of uninsured

<sup>35</sup> U.S. Census Bureau 2020 American Community Survey 5-Year Estimates website retrieved from <https://data.census.gov/cedsci>

residents in Stanly County.<sup>36</sup> For more information about health care coverage in Stanly County and municipalities, go to Table 97 on page 106.

Table 12.

Good healthcare is available in Stanly County – Sex			
	Overall	Female	Male
Strongly Disagree	11.03	12.02	8.15
Disagree	26.01	27.78	20.60
Agree	47.78	46.64	51.07
Strongly Agree	10.44	8.91	15.45
Don't Know	4.53	4.52	4.72

## Stanly County is a safe place to live

Overall, Stanly County is seen as a safe place to live. West survey participants found it the safest and East survey participants found Stanly County the least safe. (See Table 13.) The incidence of criminal activity is usually thought of when thinking of safe places to live. To view crime data for Albemarle, Morrow Mountain State Park and Stanly County, go to Chart 19 on page 107.

However, safe communities involve more than the absence of criminal activity. Response to disasters and every day emergencies need to be included in this consideration of a safe community. Stanly County is sufficiently prepared to address natural disasters (hurricane, tornado, flooding) as well as man-made disasters (chemical spills, hazardous material spills, plane crashes). Stanly County Emergency Services is responsible to prepare for, respond to and assist in the recovery after a disaster. They continually train in preparation of disasters and emergencies<sup>37</sup>

Table 13.

Stanly County is a safe place to live – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	5.52	6.82	5.92	2.00	4.27
Disagree	14.38	19.13	10.53	13.00	6.16
Agree	60.10	59.85	61.18	65.00	57.82
Strongly Agree	17.04	11.74	19.74	15.00	30.33
Don't Know	2.76	2.27	2.63	5.00	1.42

For all listings of Quality of Life survey responses, go to Tables 56-95 on pages 92-104.

<sup>36</sup> U.S. Census Bureau 2020 American Community Survey 5-Year Estimates website retrieved from <https://data.census.gov/cedsci>

<sup>37</sup> Neighborhood Scout website retrieved from <https://www.neighborhoodscout.com/about-the-data/crime-rates>

# STANLY COUNTY & NORTH CAROLINA MORTALITY DATA

The leading causes of mortality 2015-2019 in Stanly County and North Carolina are listed on Table 14. Stanly County's rates of mortality are higher than North Carolina's for every cause of mortality listed except, Cancer – Breast; Cancer – Prostate and Homicide. To get a more comprehensive overview of mortality in Stanly County and North Carolina, go to Charts 20-38 located on pages 108-117 to view trendlines for all causes of mortality from 2006-2010 to 2015-2019. It will be worth your effort to view these charts.

Table 14.

Stanly County & North Carolina - Causes of Mortality <sup>38</sup> Age-Adjusted Death Rate* 2015-2019			
Stanly County Rank	Cause of Mortality	Stanly County	North Carolina
1	Heart Disease	212.5	157.3
2	Cancer – All Sites	163.0	158.0
3	Alzheimer's Disease	58.7	36.9
4	All Other Unintentional Injuries	54.6	39.3
5	Chronic Lower Respiratory Disease	47.1	44.0
6	Cancer – Trachea, Bronchus, Lung	45.5	42.0
7	Cerebrovascular Disease	44.4	42.7
8	Pneumonia & Influenza	25.3	16.7
9	Diabetes Mellitus	24.0	23.8
10	Nephritis, Nephrotic Syndrome & Nephrosis	20.3	16.5
11	Motor Vehicle Injuries	18.9	14.7
12	Septicemia	18.1	12.7
13T	Cancer – Colon, Rectum, Anus	15.6	13.3
13T	Suicide	15.6	13.4
15	Cancer - Prostate	15.3**	19.5
16	Cancer – Breast	11.7**	20.6
17	Chronic Liver Disease & Cirrhosis	10.7**	10.6
18	Homicide	4.3**	6.8
19	HIV Disease	2.0**	1.8

\*per 100,000 population  
 \*\*death rates with small number of deaths (<50) in the numerator should be interpreted with caution  
 T-tie  
 Red numbers = higher rate

<sup>38</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>

# HEALTH ISSUES

## Overview

The 2021 community health assessment (CHA) survey participants rated 20 health issues ranging from Major Problem to Don't Know. The complete chronological listing of Health Issues marked as Major Problems is shown in Table 15. Substance Misuse (Drug Abuse), Tobacco Use and Obesity/Overweight have been the top three major problems identified by CHA survey participants since the 2015 Community Health Assessment report. The only difference among the three health issues is their rankings as a top three major problem.

Substance Use Disorder/Overdose (formerly referred to as Drug Abuse in prior community health assessment surveys and reports) was identified as the top health issue by 65.02% of survey participants. This percentage was greater than the 2018 CHA survey results where Drug Abuse was identified as a major problem by 56.71% of those survey participants. (See Table 98 on page 118 to compare 2021 CHA results with 2018 CHA results.) This increase was not unexpected even though the media's continuous coverage of the COVID-19 pandemic overshadowed coverage of the opioid crisis. It has been reported that substance misuse significantly increased during the COVID-19 pandemic. The increase in substance misuse during this pandemic was attributed to "social isolation and stress.... decreased access to substance use treatment, harm reduction services, and emergency services."<sup>39</sup>

Local activities to address the substance use disorder/overdose crisis were ongoing during the COVID-19 pandemic. Several substance use disorder prevention and treatment programs were initiated or expanded as the result of the influx of grant monies during this time period. For information about the local response to the opioid crisis, go to pages 41-44.

Obesity/Overweight (47.00%) was identified as the #2 major problem by survey participants. According to the results of the 2019 Behavioral Risk Factor Surveillance System (BRFSS) survey question regarding body mass index (BMI), 35.8% of the Piedmont North Carolina participants self-identified as being overweight and 33.8% self-identified as being obese.<sup>40</sup> Only 28.8% self-identified as being in the BMI recommended range.<sup>41</sup> The BMI terms are defined as: "Underweight=BMI less than 18.5, Recommended Range=BMI 18.5 to 24.9, Overweight=BMI 25.0 to 29.9 and Obese=BMI 30 or greater."<sup>42</sup> BMI "is computed as weight in kilograms divided by height in meters squared."<sup>43</sup> Obesity/Overweight impacts residents of all ages. Most programs addressing this health issue are incorporated in programs to deal with heart disease, diabetes, etc.

Mental Illness has been a top five Health Issue major problem since the 2018 CHA report. In 2018, the major emphasis was on the mental health of children and youth. Since experiencing the COVID-19 pandemic, mental health has been a major concern for children, youth and adults. Isolation and its negative effects on all ages has become a concern. Social interaction greatly decreased these past two years due to lockdowns and change of structured activities (including in person school, in-person work, closed businesses) resulting in isolation. Inactivity/Lack of Physical Activity rose to #5 (33.20%) in the 2021 CHA report. It was listed #11 (22.78%) in the 2018 CHA report. With the COVID-19 pandemic minimizing indoor social interactions, physical activity has taken on an increased importance in the lives of people.

In two instances, there seems to be a disconnection between causes of mortality and respondents' major concerns. Heart disease (#1) and cancer (#2) are the two major causes of mortality in Stanly County. However, survey respondents ranked heart disease as #7 (29.95%) and cancer #11 (26.01%) as major problems. It is worth noting that actions that contribute to heart disease or cancer were listed higher by survey respondents. These contributory health issues included Obesity/Overweight (#2-47.00%), Tobacco Use (#3-43.65%), Inactivity/Lack of Physical Activity (#5-33.20%) and Diabetes (#6-31.13%).

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<sup>39</sup> National Institute on Drug Abuse website retrieved from <https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use>

<sup>40</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/pied/rf1.html>

<sup>41</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/pied/rf1.html>

<sup>42</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/pied/rf1.html>

<sup>43</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/pied/rf1.html>

Another disconnect is where survey respondents rated All Other Unintentional Injuries (Other Injuries) which are deaths due to falls, accidental poisonings, drowning, burns, choking, etc. – unintentional injuries not the result of a motor vehicle accident. The survey results had All Other Unintentional Injuries rated last at #20 (4.53%). When looking at the causes of mortality by age (Table 127 on page 149.), All Other Unintentional Injuries is in the top five causes of death for those ages 00-19 (#4), 20-39 (#1) and 40-64 (#3). It was the #9 leading cause of mortality for those ages 65-84 and the #7 leading cause of death for those 85 years old and older. This disconnect might be due to All Other Unintentional Injuries comprising different causes of death (falls, accidental poisoning, drowning, burns, choking, etc.) and not one specific cause.

Table 15.

2021 Health Issues – Major Problems Overall		
Rank	Health Issues	%
1	Substance Use Disorder/Overdose	65.02
2	Obesity/Overweight	47.00
3	Tobacco Use	43.65
4	Mental Illness	33.60
5	Inactivity/Lack of Physical Activity	33.20
6	Diabetes	31.13
7	Heart Disease	29.95
8	Alcoholism/Alcohol Abuse	29.06
9	Infectious Diseases	28.67
10	Nutrition	27.19
11	Cancer	26.01
12	Teenage Pregnancy	22.86
13	Dental Health	20.10
14	Suicide	19.11
15	Cerebral Vascular Disease	15.76
16T	Lung Diseases	15.37T
	Neurological Diseases	
18	Motor Vehicle Accident Injuries	10.74
19	Kidney Disease	7.78
20	All Other Unintentional Injuries	4.53
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## Zip Code

Substance Use Disorder/Overdose, Obesity/Overweight and Tobacco Use were the top three major problems cited in every zip code. All zip codes had Substance Use Disorder/Overdose as the #1 health issue (East – 66.48%, North – 72.37%, South – 61.00% and West – 63.03%). Only North had Tobacco Use (50.66%) listed at #2 and Obesity/Overweight (50.00%) at #3. East, South and West had Overweight/Obesity listed at #2 and Tobacco Use at #3. Mental Illness was listed as a top five health issue major problem for the following three zip codes: East – #4-35.04%, South – #4-38.00% and West – #5-27.49%. North survey participants had it listed at #6

(36.18%). Inactivity/Lack of Physical Activity was listed as a top five Health Issue in all, but North survey participants (#7-33.55%). (See Table 16.) For a complete listing of health issues seen as a major problem by zip code, go to Table 99 on page 119.

**Table 16.**

Health Issues – Major Problems - Zip Code										
	Overall		East		North		South		West	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	66.48	Substance Use Disorder/Overdose	72.37	Substance Use Disorder/Overdose	61.00	Substance Use Disorder/Overdose	63.03
2	Obesity/Overweight	47.00	Obesity/Overweight	49.05	Tobacco Use	50.66	Obesity/Overweight	48.00	Obesity/Overweight	43.60
3	Tobacco Use	43.65	Tobacco Use	44.51	Obesity/Overweight	50.00	Tobacco Use	46.00	Tobacco Use	37.91
4	Mental Illness	33.60	Mental Illness	35.04	Diabetes	38.16	Mental Illness	38.00	Inactivity/Lack of Physical Activity	32.70
5	Inactivity/Lack of Physical Activity	33.20	Inactivity/Lack of Physical Activity	33.52	Heart Disease	37.50	Inactivity/Lack of Physical Activity	37.00	Mental Illness	27.49

## Sex

Females and Males first three health issues seen as major problems were identical - Substance Use Disorder/Overdose (#1), Obesity/Overweight (#2) and Tobacco Use (#3). Females listed Mental Illness as their #4 (36.56%) major problem, whereas Males listed Mental Illness at #8 (24.46%). Males #4 major problem was Heart Disease (29.18%). Females had Heart Disease as their #8 (30.36%) health issue. (See Table 17.) For a complete listing of health issues seen as a major problem by Sex, go to Table 100 on page 120.

**Table 17.**

Health Issues – Major Problems - Sex						
	Overall		Females		Males	
Rank	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	66.93	Substance Use Disorder/Overdose	60.09
2	Obesity/Overweight	47.00	Obesity/Overweight	47.03	Obesity/Overweight	47.64
3	Tobacco Use	43.65	Tobacco Use	44.70	Tobacco Use	40.77
4	Mental Illness	33.60	Mental Illness	36.56	Heart Disease	29.18
5	Inactivity/Lack of Physical Activity	33.20	Inactivity/Lack of Physical Activity	34.88	Diabetes	28.76

## Racial Identity

Substance Use Disorder/Overdose was listed as the #1 major problem for all races. All races, except African American/Black, listed Obesity/Overweight as the second highest major problem under health issues. African American/Black survey participants listed Obesity/Overweight at tied at #5 (34.65%T). Tobacco Use (46.53%) was African American/Black survey participants #2 major problem health issue. Hispanic/Latinx listed Tobacco Use tied at #2 (32.26%T), White at #3 (44.04%) and American Indian & Others\* listed it tied at #3 (58.33%T). Asian survey participants listed Tobacco Use tied at #5 (20.00%T) with eight other health issues. Alcoholism/Alcohol Abuse was listed in the top 10 health issues of the following survey participants: African American/Black (#3–35.64%T), Hispanic/Latinx (#4-29.03%) and White (#8-28.62%). American Indian & Others\* survey participants had Alcoholism/Alcohol Abuse at #12 (25.00%) and Asian survey participants had Alcoholism/Alcohol Abuse tied at #14 (10.00%T). Mental



Illness was in the top 10 list for White (#4-34.35%T), African American/Black (#5-34.65%T), Asian (#5–20.00%) and American Indian & Others\* (#9-33.33%T) survey participants. Hispanic/Latinx survey participants listed Mental Illness tied at #12 (16.13%T) with three other health issues. (See Table 18.) For a complete listing of health issues seen as a major problem by Racial Identity, go to Table 101 on page 121.

Table 18.

Health Issues – Major Problems - Racial Identity										
Rank	African American/Black		American Indian & Others*		Asian		White		Hispanic/Latinx	
	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	49.50	Substance Use Disorder/Overdose	83.33	Substance Use Disorder/Overdose	50.00	Substance Use Disorder/Overdose	67.76	Substance Use Disorder/Overdose	45.16
2	Tobacco Use	46.53	Obesity/Overweight	75.00	Obesity/Overweight	40.00	Obesity/Overweight	48.95	Obesity/Overweight	32.26T
3	Alcoholism/ Alcohol Abuse	35.64T	Diabetes	58.33T	Diabetes	30.00T	Tobacco Use	44.04	Tobacco Use	
4	Diabetes	34.65T			Inactivity/Lack of Physical Activity		Tobacco Use	Inactivity/Lack of Physical Activity	20.00T	Mental Illness
5	Mental Illness		Obesity/Overweight	Tobacco Use	Tobacco Use	Cancer		20.00T		Inactivity/Lack of Physical Activity
									Cerebrovascular Disease	
					Heart Disease					
					Infectious Disease					
					Mental Illness					
					Motor Vehicle Accident Injuries					
					Nutrition					
					Teenage Pregnancy					
					Tobacco Use					

\*Denotes American Indian, Two or More Races and any race that was written in on the survey T-tie

## Age

All ages listed Substance Use Disorder/Overdose as the #1 health issue. All age categories listed Obesity/Overweight and Tobacco Use #2 and # 3 respectively, except 15-19 Years and 20-34 Years categories. These age categories reversed the rankings with Tobacco Use at #2 and Obesity/Overweight at #3. Mental Illness was listed in the top five health issues of four age categories – 15-19 Years (#5-41.82%), 20-34 Years (#5-37.74%), 35-54 Years (#4-42.17%) and 55-64 Years (#4–30.49%T).

Heart Disease was listed at # 4 for 65-74 Years (36.94%) and 75 or Older (29.03%). Heart Disease was a top 10 health issue for 35-54 Years (#8-28.49%T) and 55-64Years (#7-29.27%T). Inactivity/Lack of Physical Activity was a top 10 health issue for all Age categories – 15-19 Years (#4 – 43.64%), 20-34 Years (#6 – 36.48%), 35-54 Years (#5 – 36.18%), 55-64 Years (#7-29.27%T), 65-74 Years (#6–29.73%) and 75 and Older (#6–22.58%T).

The 15-19 Years Age category listed Suicide the highest of all age categories tied at #6 (38.18%T) as a major problem under health issues. The other Age categories listed suicide as follows: #14 (19.50%) for 20-34 Years, #14(17.66%) for 35-54 Years, #13

(18.29%T) on 55-64 Years, #16 (18.92%) for the 65-74 Years, and #12 (12.90%T) for 75+ Years. (See Table 19.) For a complete listing of health issues seen as a major problem by Age, go to Table 102 on page 122.

**Table 19.**

Health Issues – Major Problems - Age												
	15-19 Years		20-34 Years		35-54 Years		55-64 Years		65-74 Years		75 or older	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	69.09	Substance Use Disorder/Overdose	65.41	Substance Use Disorder/Overdose	71.23	Substance Use Disorder/Overdose	61.59	Substance Use Disorder/Overdose	59.46	Substance Use Disorder/Overdose	56.45
2	Tobacco Use	56.36	Tobacco Use	49.69	Obesity/Overweight	47.86	Obesity/Overweight	43.29	Obesity/Overweight	51.35	Obesity/Overweight	41.94
3	Obesity/Overweight	45.45	Obesity/Overweight	45.91	Tobacco Use	44.44	Tobacco Use	36.59	Tobacco Use	43.24	Tobacco Use	33.87
4	Inactivity/Lack of Physical Activity	43.64	Alcoholism/Alcohol Abuse	42.77	Mental Illness	42.17	Alcoholism/Alcohol Abuse	30.49T	Heart Disease	36.94	Heart Disease	29.03
5	Mental Illness	41.82	Mental Illness	37.74	Inactivity/Lack of Physical Activity	36.18	Mental Illness		Diabetes	34.23	Cancer	27.42

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## Education (Grade Completed)

All categories of Education (Grade Completed) agreed that Substance Use Disorder/Overdose was the #1 major problem under health issue. Tobacco Use or Obesity/Overweight were either #2 or #3 for the Education (Grade Completed) categories, except for 12<sup>th</sup> Grade or Less category. That Education (Grade Completed) category had Tobacco Use and Infectious Diseases listed #2 and #3 respectively. Mental Illness was a top five selection for all education categories, except for Postgraduate Degree where it was listed at #8 (33.73%). Inactivity/Lack of Physical Activity was listed at #4 for College 1-3 Years (College/Technical School) and Postgraduate Degree education categories. Community College/Technical School Degree/Certificate (30.17%T) and Bachelor Degree (37.89%T) survey participants had Inactivity/Lack of Physical Activity tied at #5. Inactivity/Lack of Physical Activity was listed at #8 (25.81%) for 12<sup>th</sup> Grade or Less and ranked at #9 (26.11%) for Completed Grade 12/GED. (See Table 20.) For a complete listing of Health Issues seen as a major problem by Education (Grade Completed) go to Table 103 on page 123.

**Table 20.**

Health Issues – Major Problems - Education (Grade Completed)												
	12 <sup>th</sup> Grade or Less		Completed Grade 12/GED		College 1-3 Years (College/Technical School)		Community College/Technical School Degree/Certificate		Bachelor Degree		Postgraduate Degree	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	54.84	Substance Use Disorder/Overdose	51.11	Substance Use Disorder/Overdose	69.70	Substance Use Disorder/Overdose	70.95	Substance Use Disorder/Overdose	69.60	Substance Use Disorder/Overdose	66.87
2	Tobacco Use	45.16	Tobacco Use	38.89	Tobacco Use	46.97	Obesity/Overweight	43.58	Obesity/Overweight	55.51	Obesity/Overweight	60.84
3	Infectious Diseases	33.87	Obesity/Overweight	35.56	Obesity/Overweight	44.95	Tobacco Use	37.99	Tobacco Use	45.81	Tobacco Use	48.19
4	Mental Illness	32.26	Alcoholism/Alcohol Abuse	30.56	Inactivity/Lack of Physical Activity	34.85	Mental Illness	35.20	Mental Illness	39.21	Inactivity/Lack of Physical Activity	39.26
5	Obesity/Overweight	30.65T	Mental Illness	27.78	Mental Illness	31.82	Alcoholism/Alcohol Abuse	30.17T	Diabetes	37.89T	Diabetes	36.75T
	Teenage Pregnancy						Inactivity/Lack of Physical Activity		Inactivity/Lack of Physical Activity		Nutrition	

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## Marital Status

All Marital Status categories selected Substance Use Disorder/Overdose as their #1 major problem health issue, except Separated. Separated listed it as their #3 (40.00%T) health issue major problem. Separated survey participants' #1 (44.00%T) selections were Mental Illness and Obesity/Overweight. Mental Illness was listed as #4 for Single/Never Married (38.66%) and Married (33.18%) survey participants. Mental Illness was #7 (34.02%) for Divorced survey participants and #9 (17.24%T) for the Widowed survey participants. Obesity/Overweight was #2 (48.98%), for Married tied for #2 for Divorced (52.58%T) and Separated (44.00%T) survey participants. Single/Never Married (41.24%) and Widowed (37.93%T) listed Obesity/Overweight at #3. Tobacco Use was listed at #2 (51.03%) for Single/Never Married participants and #3 (40.85%) for Married survey participants. Divorced (52.58%T) survey participants listed Tobacco Use at #2 tied Obesity/Overweight. Separated (40.00%T) and Widowed (37.93%T) participants listed Tobacco Use at #3 (tied) (See Table 21.) For a complete listing of Health Issues seen as a major problem by Marital Status, go to Table 104 on page 124.

Table 21.

Health Issues – Major Problems – Marital Status										
Rank	Single/Never Married		Married		Divorced		Separated		Widowed	
	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	60.31	Substance Use Disorder/Overdose	67.45	Substance Use Disorder/Overdose	68.04	Mental Illness	44.00T	Substance Use Disorder/Overdose	62.07
2	Tobacco Use	51.03	Obesity/Overweight	48.98	Obesity/Overweight	52.58T	Obesity/Overweight		Heart Disease	41.38
3	Obesity/Overweight	41.24	Tobacco Use	40.85	Tobacco Use		40.00T	Inactivity/Lack of Physical Activity	Obesity/Overweight	37.93T
4	Mental Illness	38.66	Mental Illness	33.18	Inactivity/Lack of Physical Activity	40.21		Substance Use Disorder/Overdose	Tobacco Use	
5	Inactivity/Lack of Physical Activity	35.57	Diabetes	31.77	Nutrition	38.14	Tobacco Use	Inactivity/Lack of Physical Activity	32.76	
T-tie										

## Household Income

All Household Incomes **over** \$10,000 ranked Substance Use Disorder/Overdose as their #1 choice as a health issues major problem. Under \$10,000 has listed Tobacco Use as its #1 (36.07%) health issue major problem and Substance Use Disorder/Overdose as its #2 (31.15%) health issue major problem. Tobacco Use ranked as the #2 major problem for those earning between \$10,000--\$19,999 and \$20,000-\$29,999. All survey participants making \$30,000 or more per year identified Obesity/Overweight as their #2 major problem with Tobacco Use listed as #3.

Alcoholism/Alcohol Abuse was a top 10 major problem for all Household Income categories. The two lowest Household Income categories (↓\$10,000 - #3 [29.51%T] and \$10,000-\$19,999 - #4 [37.68%T]) saw it as a greater problem than did the two highest Household Income categories (\$75,999 - #10 [28.23%] and ↑\$100,000 - #10 [25.13%T]). Cancer, the second cause of mortality in Stanly County, was in the top 15 of all Household Income categories, but only in the top 10 of these three: \$75,000-\$99,999 - #6 (33.06%), \$60,000-\$74,999 - #7 (33.70%T) and \$30,000-\$44,999 - #10 (22.50%). (See Tables 22 & 23.) For a complete listing of health issues seen as a major problem by Household Income, go to Tables 105 and 106 on pages 125-126.

Table 22.

Health Issues – Major Problems - Household Income – Table 1								
	↓ \$10,000		\$10,000-\$19,999		\$20,000-\$29,999		\$30,000-\$44,999	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Tobacco Use	36.07	Substance Use Disorder/Overdose	62.32	Substance Use Disorder/Overdose	59.15	Substance Use Disorder/Overdose	63.33
2	Substance Use Disorder/Overdose	31.15	Tobacco Use	57.97	Tobacco Use	40.85	Obesity/Overweight	39.17T
3	Alcoholism/Alcohol Abuse	29.51T	Obesity/Overweight	47.83	Obesity/Overweight	39.44	Tobacco Use	
4	Obesity/Overweight		Alcoholism/Alcohol Abuse	37.68T	Inactivity/Lack of Physical Activity	35.21	Diabetes	35.00T
5	Infectious Diseases	27.87	Inactivity/Lack of Physical Activity		Mental Illness	33.80	Heart Disease	
T-tie								

Table 23.

Health Issues – Major Problems - Household Income – Table 2								
	\$45,000-\$59,999		\$60,000-\$74,999		\$75,000-\$99,999		↑\$100,000	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	66.67	Substance Use Disorder/Overdose	72.83	Substance Use Disorder/Overdose	75.81	Substance Use Disorder/Overdose	70.77
2	Obesity/Overweight	45.30	Obesity/Overweight	55.43	Obesity/Overweight	55.65	Obesity/Overweight	53.85
3	Tobacco Use	37.61	Tobacco Use	45.65	Tobacco Use	51.61	Tobacco Use	45.13
4	Mental Illness	29.91	Inactivity/Lack of Physical Activity	36.96	Mental Illness	37.90	Inactivity/Lack of Physical Activity	37.95T
5	Heart Disease	29.06T	Mental Illness	35.87	Infectious Diseases	34.68		
T-tie								

For a complete listing of Health Issues – Major Problem Responses Tables 98-106, go to pages 118-126.

# SELECTED HEALTH ISSUES DISCUSSION

## COVID-19

The first reported case of COVID-19 in Stanly County was March 20, 2020.<sup>44</sup> The first reported death from COVID-19 was April 9, 2020.<sup>45</sup> (Entering the third year of the COVID-19 pandemic, there are 19,226 reported cases of COVID-19 and 264 deaths as of February 24, 2022.)<sup>46</sup> Efforts to control the incidence of the COVID-19 pandemic have included community lockdowns, schools going to online learning, enforcing the three Ws (wear mask, wait 6 feet away and wash hands), COVID-19 testing and being fully vaccinated (two Pfizer or Moderna vaccines and a booster or one Johnson & Johnson vaccine and a booster). To view CHA survey participants' responses to wearing a mask, social distancing and vaccines, go to Tables 138-145 on pages 167-171.

The effects of the COVID-19 pandemic on Stanly County residents have been discussed throughout this report. The COVID-19 pandemic has affected the lives of every Stanly County citizen – either directly or indirectly. For some, they have experienced the effects of the disease – mild or serious symptoms. For others there was loss of life – a family member, friend or acquaintance. This pandemic has curtailed family gatherings, especially during the holidays and special events. It has increased social isolation among the young and older residents.

The effects of the COVID-19 pandemic on the workforce population have been mixed. For some, their lives changed drastically with job loss, loss of income and/or loss of health insurance which resulted in a lack of money to buy food, pay rent/house mortgage or access health care (including medications). Everything came to a stop for these individuals.

For others in the workforce, their job responsibilities increased due to the COVID-19 pandemic as their jobs were deemed essential. Some jobs were emotionally and/or physically taxing as they were front line workers keeping the grocery stores, drug stores, etc. open while being paid minimum/low wage with maximum exposure to COVID-19. Those in the health care field were charged with providing needed health care in hospital or health care settings as the cases of COVID-19 increased. Public health was responsible for informing the public of current COVID-19 conditions and information, prevention activities, testing activities and eventually administering the Pfizer or Moderna vaccine to the public.

Variants of COVID-19 have resulted in a fluctuation of infections which resulted in increased hospitalizations and/or death. Omicron, the fifth COVID-19 variant, is now the prominent variant affecting the population. Omicron has been shown to be more infectious, but not as deadly as previous variants – especially if one is up-to-date with COVID-19 vaccines and booster. COVID-19 vaccines, booster and testing are now available at medical offices and pharmacies as well as at the health department. There is talk that COVID-19 will be classified as endemic - joining the ranks of the common cold and flu – a seasonal annoyance that will be managed.

## Health Disparities

Health disparities are evident in Stanly County. Health disparities are defined as “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. Health disparities exist in all age groups, including older adults.”<sup>47</sup>

Infant mortality rates show health disparities begin at birth. The disparities were so significant in the recent past that Healthy Beginnings, a grant funded program to aid pregnant minority women, was awarded to the Stanly County Health Department to address

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<sup>44</sup> Stanly County Health Department COVID 19 Task Force

<sup>45</sup> Stanly County Health Department COVID 19 Task Force

<sup>46</sup> Stanly County Health Department COVID 19 Task Force

<sup>47</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/aging/disparities/index.htm>

this specific disparity. The mortality rates for infants (<1 year) are shown on Chart 1.<sup>48</sup> African American babies have a higher mortality rate than white babies.<sup>49</sup> However, Chart 1 shows that African American infant mortality rates are higher, but are significantly trending downward. Whereas, the White infant mortality rate is gradually trending upwards.

Chart 1.

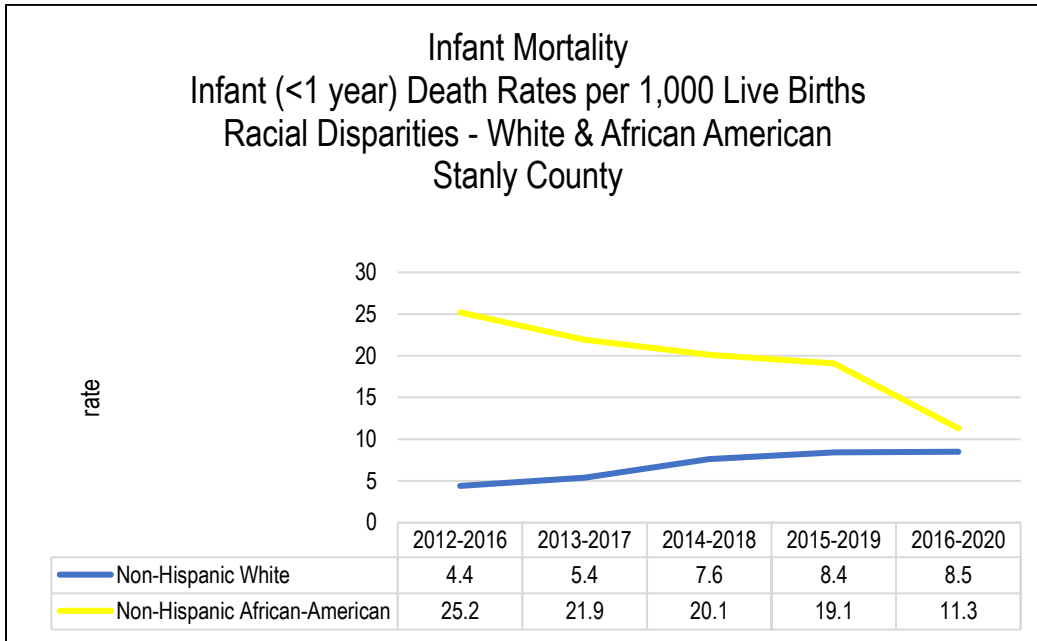


Table 24 shows life expectancy data that shows there is a difference between Stanly County residents and North Carolina residents - Stanly County residents have a lower life expectancy than North Carolina residents.<sup>50</sup> Stanly County Males and Females have a lower life expectancy than North Carolina Males and Females. Stanly County White residents have a lower life expectancy than White North Carolina residents. North Carolina African American residents have a lower life expectancy than Stanly County African Americans. White's life expectancy is slightly more than African American's life expectancy. Disparities are not only racial, but may include sex differences. Stanly County females' life expectancy is almost 4½ years longer than males' life expectancy.

Table 24.

2017-2019 Life Expectancy at Birth					
Life Expectancy					
Race & Sex-Specific					
Stanly County & North Carolina					
		Sex		Race	
	Total	Male	Female	White	African American
Stanly	75.5	73.3	77.8	75.6	75.5
North Carolina	76.7	74.0	79.4	77.8	73.8

<sup>48</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm#vitalims>

<sup>49</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

<sup>50</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD8A-2019-State-2017-2019-CountyLifeExpectanciesAtBirth.html>

Health disparities exist between African American and White racial identities regarding causes of mortality as shown on Table 25.<sup>51</sup> Available data for Hispanic residents was too negligible to be included on Table 25. No data was available for American Indian, non-Hispanic and Other Races, non-Hispanic. Stanly County residents have higher rates of heart disease and cancer than North Carolina residents. Stanly County Whites have higher death rates of heart disease and other ischemic heart diseases when compared to Stanly County and North Carolina African Americans and North Carolina Whites. Stanly County African Americans have a higher death rates due to cancer when compared with Stanly County and North Carolina Whites and North Carolina African Americans.

Table 25.

2015-2019 Stanly County and North Carolina Resident Race Age-Adjusted Death Rates Racial Identity Per 100,000 population				
	Stanly County White, Non-Hispanic	North Carolina White, Non-Hispanic	Stanly County African American, Non-Hispanic	North Carolina African American, Non- Hispanic
All Causes	919.2	775.2	922.6	890.1
Diseases of Heart	216.8	155.4	194.6	180.1
Other Ischemic Heart Disease	97.6	59.0	74.7	60.2
Cancer	161.7	156.7	195.8	180.5

Health disparities exist between sexes – male and females – regarding causes of mortality. Stanly County males have a higher rate of mortality from all but two diseases shown on Table 26. Stanly County females have a higher mortality rate for cerebrovascular disease and Alzheimer’s disease. Table 26 shows the health discrepancies between the sexes.<sup>52</sup>

Table 26.

2015-2019 Stanly County and North Carolina Resident Sex-Specific Age-Adjusted Death Rates Per 100,000 population				
	Stanly County Male	North Carolina Male	Stanly County Female	North Carolina Female
Diseases of Heart	270.4	200.5	168.5	123.6
Acute Myocardial Infarction	40.9	36.2	26.6	20.3
Other Ischemic Heart Disease	128.1	83.4	69.8	39.1
Cancer	206.5	192.2	130.6	133.5
Cancer – Trachea, Bronchus & Lung	57.9	53.4	36.3	33.4
Cerebrovascular Disease	42.9	43.7	45.1	41.2
Nephritis, Nephrotic Syndrome & Nephrosis	28.6	19.9	14.7	14.2
Unintentional Motor Vehicle Injuries	23.7	21.7	14.2	8.3
All Other Unintentional Injuries	71.3	52.3	38.2	27.6
Alzheimer’s Disease	46.0	28.6	65.8	41.7

<sup>51</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

<sup>52</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

## Heart Disease

Heart disease (cardiovascular disease) is the number one cause of mortality in Stanly County.<sup>53</sup> The mortality rate is trending downward.<sup>54</sup> “The term “heart disease” refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease.”<sup>55</sup> However, “heart diseases include:

- Blood vessel disease, such as coronary artery disease
- Heart rhythm problems (arrhythmias)
- Heart defects you're born with (congenital heart defects)
- Heart valve disease
- Disease of the heart muscle
- Heart infection.”<sup>56</sup>

Major risk factors for heart disease that can be controlled include smoking, high blood cholesterol, high blood pressure, physical inactivity, obesity/overweight and diabetes.<sup>57</sup>

What is being done to address heart disease in Stanly County? Two non-profits, Atrium Health Stanly and Stanly County Family YMCA, offer many heart healthy activities as well as cardiac rehabilitation programs for those diagnosed with heart disease. Atrium Health Stanly offers a comprehensive cardiac rehab program that incorporates exercise, heart health education (nutrition, emotional health, medications, managing risk factors) and goal setting to improve overall health through lifestyle change. A physician referral and specific heart disease diagnoses are required to be enrolled in this cardiac rehab program.<sup>58</sup>

Cooperative Extension offers programs that educate people of all ages – children to adult – “about the importance of eating healthy food items, staying physically active, and provide recipes and cooking demonstrations for participants.”<sup>59</sup> These programs include: Organ Wise Guys (grades K-2); Go, Glow, Grow (grades Pre-K-5); Speedway to Healthy (grades 3-5); Teen Cuisine (grades 6-12); Learn to Be Healthy (online learning site designed for educators and parents) and Eat Smart, Live Strong (adults and seniors).<sup>60</sup> Cooperative Extension also offers gardening classes and information, so healthy foods can be grown and consumed.

## Mental Health

The COVID-19 pandemic has thrust mental health concerns to the forefront for children, adolescents and adults. People were encouraged to wear a mask, wash their hands and wait six feet from others. “Public health actions, such as social distancing, are necessary to reduce the spread of COVID-19, but they can make us feel isolated and lonely and can increase stress and anxiety...It is natural to feel stress, anxiety, grief, and worry during the COVID-19 pandemic.”<sup>61</sup>

Activities to curtail the spread of COVID-19 resulted in job losses or shifting to working at home as businesses closed due to mandatory lockdowns. Job losses resulted in home instability and food insecurity as people did not have income to pay their rent/mortgage or buy food. For those declared essential workers, the COVID-19 pandemic resulted in increased workload and stress regarding their safety.

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<sup>53</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>

<sup>54</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>

<sup>55</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/heartdisease/about.htm>

<sup>56</sup> Mayo Clinic website retrieved from <https://www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118>

<sup>57</sup> American Heart Association website retrieved from <https://www.heart.org/en/health-topics/heart-attack/understand-your-risks-to-prevent-a-heart-attack>

<sup>58</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Heather Fulghum, Community Relations Manager Atrium Health Stanly - February 23, 2022.

<sup>59</sup> NC Cooperative Extension Stanly County Center website retrieved from <https://stanly.ces.ncsu.edu/2021/11/attention-stanly-county-school-teachers/>

<sup>60</sup> NC Cooperative Extension Stanly County Center website retrieved from <https://stanly.ces.ncsu.edu/2021/11/attention-stanly-county-school-teachers/>

<sup>61</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/mentalhealth/stress-coping/cope-with-stress/index.html>



Providing education sessions was challenging as schools transitioned from on-site learning to online learning. Concern was raised about the quality of education students were receiving as well as lack of tools some students had to access online learning sessions. Concern was raised about the discontinuation of the incidental benefits students receive by attending school. “It is increasingly clear that families depended on schools for much more than math and reading. Shelter, food, health care, and social well-being are all part of what children and adolescents, as well as their parents or guardians, depend on schools to provide.”<sup>62</sup>

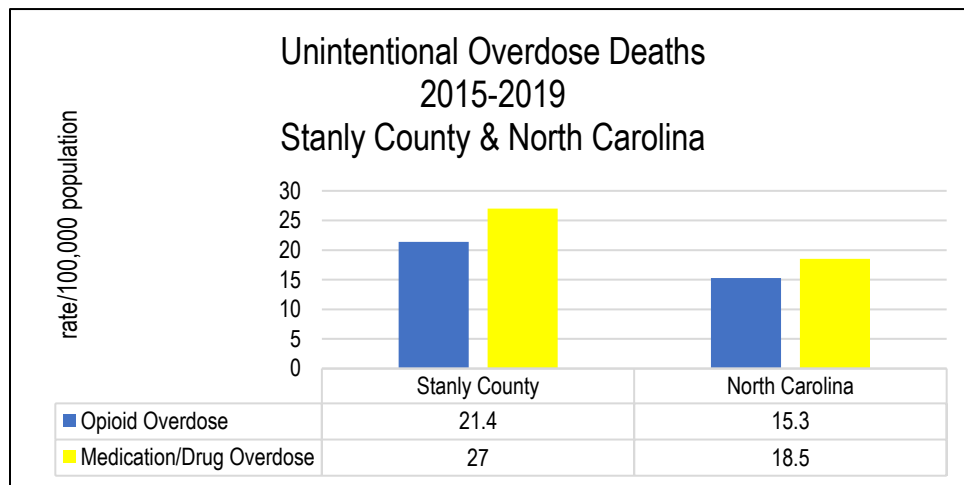
During the COVID-19 pandemic, Stanly County switched to Partners Health Management from Cardinal Innovations as their local management entity/managed care organization (LME/MCO).<sup>63</sup> Partners “manages behavioral health care services paid with federal, state and local taxes.”<sup>64</sup> “On September 1, 2021, individuals in Stanly County who receive Medicaid or State-funded Services for intellectual or developmental disabilities, mental health or substance use disorders were automatically enrolled with Partners.”<sup>65</sup> The main providers of mental health services in Stanly County are Daymark, Monarch and Atrium Health Stanly. There are several private practices that offer counseling services too.

## Substance Use Disorder/Overdose

Substance Use Disorder/Overdose was the number one health issue major problem cited by 65.02% of the 2021 community health assessment survey participants. Access to substance use disorder treatment was the number one major problem for access issues cited by 33.10% of the survey participants.

This concern was well placed as Stanly County had a higher rate of unintentional opioid overdose deaths and unintentional medication/drug overdose deaths than North Carolina 2015-2019<sup>66</sup> as shown in Chart 2. Stanly County, also, had a higher rate of unintentional overdose deaths in 2015-2019 than her peer counties. (See Table 126 on page 148 - under Unintentional Overdose Deaths.)

Chart 2.



<sup>62</sup> U.S. National Library of Medicine National Institutes of Health website retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445757/>

<sup>63</sup> Stanly County Commissioners March 15, 2021 meeting minutes website retrieved from <http://stanlycountync.igm2.com/Citizens/FileOpen.aspx?Type=1&ID=1116&Inline=True>

<sup>64</sup> Partners website retrieved from [partners-member-handbook.pdf](https://www.partnersbhm.org/partners-member-handbook.pdf) (partnersbhm.org)

<sup>65</sup> Partners website retrieved from <https://www.partnersbhm.org/welcome-stanly-county/>

<sup>66</sup> North Carolina Department of Health and Human Services retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

The COVID-19 pandemic concealed the ongoing seriousness of substance misuse in Stanly County. Table 27 highlights the incidence of emergency department visits for overdoses in Stanly County with NCDETECT data.<sup>67</sup>

Table 27.

Stanly County Emergency Department Overdose Visits Surveillance Report NCDETECT					
Substance	2017	2018	2019	2020	2021
Benzodiazepine	15	17	18	16	10
Cocaine	5	10	8	3	1
Heroin	43	79	50	59	30
Medication/Drug	173	243	220	230	195
Opioid	52	132	99	113	67
Polysubstance#	6	12	13	21	15
Stimulant	9	12	15	N.A.	4

Response data compiled by Stanly County Emergency Medical Services for 2021 is presented in Table 28.<sup>68</sup> It conveys how the Stanly County Emergency Medical Services are responding to substance misuse incidences in Stanly County. Not all their runs resulted in individuals being transported to the emergency department.

Table 28.

Stanly County Emergency Medical Services Visits 2021	
Substance	# Emergency Services Visits
Alcohol Withdrawal	11
Alcohol Intoxication	82
Marijuana Intoxication	7
Hallucinogen Intoxication	2
Miscellaneous Stimulants	6
Acetaminophen Overdose (intentional)	2
Methamphetamine Overdose	7
Benzodiazepine Overdose	4
Heroin Overdose	90
Methadone Overdose	1
Unknown Opioids Overdose	102
Unspecified/Unknown Substance Overdose	86

What is being done to address this substance misuse situation in Stanly County? Activities have been taking place for over eight years to address this substance misuse outbreak in Stanly County. Jennifer Layton, former Public Health Educator with the Stanly County Health Department, established a taskforce modeled after the Wilkesboro, NC non-profit organization Project Lazarus. Project Lazarus

<sup>67</sup> NC DETECT website retrieved from <https://ncdetect.us/tableGenerator>

<sup>68</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Mike Campbell, Deputy Chief/EMS Training Officer Stanly County Emergency Medical Services - January 28, 2022

is “based on the twin premises that overdose deaths are preventable and that all communities are responsible for their own health.”<sup>69</sup> Layton established a Project Lazarus taskforce in Stanly County where agencies, non-profits, governmental entities and interested citizens came together and shared what they were doing to address substance misuse in Stanly County, the obstacles, their needs, their concerns and their success stories. This taskforce fostered relationship building among those addressing the substance misuse issue outbreak in Stanly County as well as began laying the foundation for funding when these resources became available.

In the past four years, grant funding has flowed into Stanly County to address the substance misuse outbreak that has resulted in significant outreach to those with substance misuse problems. Stanly County Emergency Medical Services (EMS) established a Community Paramedic Program through funds received by the Stanly County Health Department from an Emergency Overdose Response grant. EMS developed a post overdose response team (PORT) that responds to overdose calls to provide crisis medical care as well as continued follow-up after the call. They work with peer support specialists to link those who have experienced an overdose to resources including treatment and harm reduction. They are, also, able to begin medication assisted treatment and perform necessary medical screenings for people to enter treatment. PORT has resulted in 53 “.....Community Paramedic visits where patients were evaluated, screened and potentially referred for services related to SUD.” (substance use disorder)<sup>70</sup> Table 29 highlights the 2021 activities of the Community Paramedics program.

Table 29.

Stanly County Emergency Medical Services <sup>71</sup> Community Paramedic Referrals 2021	
Activity	Number
Community Paramedic Referrals	35+
Suboxone Inductions	6
Inductions still successful in recovery	6
Narcan kits distributed	110
Individuals trained in Naloxone administration	45
Individuals trained in hands only CPR	45

The Stanly County Health Department received a U.S Department of Health Resources and Service Administration (HRSA) 2019 Rural Communities Opioid Response Program Implementation Award for \$1 million in 2019. These funds support several community agencies including Gateway of Hope Addiction Recovery Center’s Legacy House Sober Living and Nazareth Child & Family Counseling. This grant supports the EMS post overdose response team, peer support specialists who link people who misuse drugs to care services; substance use prevention community messaging and training opportunities for local pharmacists, physicians and law enforcement.

<sup>69</sup> Project Lazarus website retrieved from <https://www.projectlazarus.org/our-story>

<sup>70</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Mike Campbell, Deputy Chief/EMS Training Officer Stanly County Emergency Medical Services - January 28, 2022

<sup>71</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Mike Campbell, Deputy Chief/EMS Training Officer Stanly County Emergency Medical Services - January 28, 2022

The Stanly County Health Department received a North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health Community Linkages to Care for Overdose Prevention and Response grant for three years beginning in 2019. Due to the success of this grant, it was extended for a fourth year. This grant funds the Uwharrie Harm Reduction Initiative that includes the program director salary, peer support services to link people to care, harm reduction education, hygiene supplies, food for their feeding program and access to laundry services.

Will's Place is a recovery resource center that provides "education and awareness programs and advocates for individuals and families whose lives have been impacted by addiction."<sup>72</sup> Will's Place received \$1,130,066 nonrecurring funds from the General Assembly of North Carolina for opioid abuse treatment centers.<sup>73</sup>

Substance use prevention activities are underway in Stanly County too. Center for Prevention Services received a 5-year U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success grant. Two staff were hired to develop youth-centered substance use prevention programming and are housed in the Stanly County Health Department. These staff work closely with Stanly County Schools to provide substance use prevention education to students. They also provide medication lock-boxes and prevention messaging to the community.

Efforts are underway in Stanly County to decrease access to prescription drugs. Medicine drop boxes have been established at the Albemarle, Oakboro and Norwood police departments. Unused and/or outdated prescriptions can be discarded at any of these facilities. Less availability of prescription drugs decreases the risk of misuse. Albemarle Police Department has discarded 95,922 grams or 211.03 pounds of unused prescription drugs from January 1, 2021 through December 31, 2021.<sup>74</sup> Oakboro and Norwood police departments have not made this information available. Several Medication Take Back events are sponsored by Stanly County Project Lazarus in the community throughout the year.

The united community effort to address substance misuse in Stanly County seems to be working. When comparing the first 10 months of 2020 to 2021, there was a 15% decrease in the number of overdoses in Stanly County when North Carolina experienced a 5% increase in overdoses.<sup>75</sup> A message of hope was included in Mike Campbell's January 28, 2022, email to Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department. Campbell stated "...it looks like there was a significant decrease in opiate overdoses in the community (281 vs 193) ... the positive data may encourage the community to keep moving forward with their harm reduction efforts"<sup>76</sup>

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<sup>72</sup> Will's Place website retrieved from <http://www.willsplacenc.org/contact>

<sup>73</sup> General Assembly of North Carolina website Session 2021 HB 639 retrieved from <https://www.ncleg.gov/Sessions/2021/Bills/House/PDF/H639v1.pdf>

<sup>74</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Whitney Beasley, Albemarle Police Department – January 24, 2022

<sup>75</sup> North Carolina Health and Human Services website retrieved from <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

<sup>76</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Mike Campbell, Deputy Chief/EMS Training Officer Stanly County Emergency Medical Services - January 28, 2022

# ACCESS TO ISSUES

## Overview

The 2021 community health assessment survey participants rated 10 Access to Issues ranging from Major Problem to Don't Know. Table 107 on page 127 compares 2021 CHA Access to Issues rankings with the 2018 CHA Access to Issues rankings. It must be noted that Access to Issues were separated from the 2018 Health and Community Issues listings for clarification, so comparisons will be difficult.

Table 30 highlights the 2021 Access to Issues. Access to Substance Use Disorder Treatment was the #1 (33.10%) choice for survey respondents. This is not unexpected as Substance Use Disorder/Overdose was listed as the #1 health issue major problem in Stanly County. Even though more substance misuse disorder treatment services are available in Stanly County to address the substance misuse epidemic than in 2018, more in county treatment services are needed. For information about the continued local response to the opioid crisis, go to pages 42-45.

Access to Adult Day Care Services was listed as the #2 (28.37%) access issue major problem. Stanly Adult Care Center, a local non-profit group, is in the process of establishing an adult day healthcare facility to provide daytime services for adults. Services will include personal care, meals and socialization activities for adults, 18 years old and older, five days a week for approximately 10 hours a day. This Center will enable adults to stay at home and serves as an alternative to assisted living and nursing homes.

Currently there are three levels of care for adults. Care Café provides respite care for adults and their caregivers two days a week four hours a day. There are four assisted living centers in Stanly County that provide needed care for adults who are no longer able to live on their own as well as services such as personal care, transportation and medication management. There are four nursing homes located in Stanly County that provide extended healthcare services.

Access to Health Care Specialists was the #3 (26.80%) major problem listed under access issues. Many health care specialists are available on a limited basis in Stanly County. Many Stanly County residents must travel to neighboring counties (Mecklenburg and Cabarrus) to access health care specialist services they need.

Access to Mental Health Services was listed at #4 (24.83%). This listing corresponds with mental illness being listed as the #4 health issue. Substance misuse and the COVID-19 pandemic has exposed and heightened the magnitude of mental health issues in our society.

Table 30.

2021 Access to Issues – Major Problems Overall		
Rank	Access to Issues	%
1	Access to Substance Use Disorder Treatment	33.10
2	Access to Adult Day Care	28.37
3	Access to Health Care Specialists	26.80
4	Access to Mental Health Services	24.83
5	Access to Dental Care – Adult	14.68
6	Access to Higher Education	12.61
7	Access to In-Home Care	12.51
8T	Access to Quality Child Care	11.63T
	Access to Primary Healthcare	
10	Access to Prenatal Care	7.49
T-tie		

## Zip Code

All Zip Codes listed Access to Substance Use Disorder Treatment as the #1 major health problem in Stanly County. Out-patient treatment services for substance use disorder are available in Stanly County. Facilities where these services can be accessed include Daymark Recovery Services and Monarch. Currently, Stanly County residents seeking substance misuse in-patient treatment facilities must travel out of the county to access this service.

Access to Adult Day Care was listed as the overall second highest major problem. East, North and West survey respondents listed it as the second major problem under access issues. South survey respondents listed it as their fourth (21.00%) choice behind Access to Healthcare Specialists (30.00%) and Access to Dental Care (22.00%). See Table 31 for the top five Access Issues – Zip Code. For a complete listing of access issues seen as a major problem by zip code, go to Table 108 on page 128.

Table 31.

Access to Issues – Major Problems - Zip Code										
Rank	Overall		East		North		South		West	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Substance Use Disorder Treatment	33.71	Access to Substance Use Disorder Treatment	38.82	Access to Substance Use Disorder Treatment	32.00	Access to Substance Use Disorder Treatment	27.96
2	Access to Adult Day Care	28.37	Access to Adult Day Care	28.60	Access to Adult Day Care	35.53	Access to Healthcare Specialists	30.00	Access to Adult Day Care	27.01
3	Access to Healthcare Specialists	26.80	Access to Healthcare Specialists	27.08	Access to Mental Health Services	29.61	Access to Dental Care – Adult	22.00	Access to Healthcare Specialists	25.59
4	Access to Mental Health Services	24.83	Access to Mental Health Services	25.38	Access to Healthcare Specialists	26.97	Access to Adult Day Care	21.00	Access to Mental Health Services	22.75
5	Access to Dental Care – Adult	14.68	Access to Dental Care – Adult	15.72	Access to In-Home Care	13.82	Access to Mental Health Services	20.00	Access to In-Home Care	14.22

## Sex

Table 32 highlights the top five access issues – Sex. Females and Males listed Access to Substance Use Disorder Treatment as the #1 access issues major problem. Females listed Access to Adult Day Care (31.14%) and Males listed Access to Health Care Specialists (21.03%) as their #2 major problems. These issues were transposed as Females listed Access to Health Care Specialists (28.68%) and Males listed Access to Adult Day Care (20.17%) as their third major problem. Access to Mental Health Services was the fourth major problem for both Females and Males.

Females listed Access to Dental Care – Adult as #5 (16.93%) and males listed Access to Dental Care – Adult at #9 (6.87%). Access to Quality Child Care was listed as #6 (9.01%) for males and #9 (12.53%) for females. However, a higher percentage of females saw it as a major problem than males.

For a complete listing of access issues seen as a major problem by sex, go to Table 109 on page 129.

Table 32.

Access to Issues – Major Problems - Sex						
Rank	Overall		Females		Males	
	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Substance Use Disorder Treatment	35.66	Access to Substance Use Disorder Treatment	24.46
2	Access to Adult Day Care	28.37	Access to Adult Day Care	31.14	Access to Health Care Specialists	21.03
3	Access to Health Care Specialists	26.80	Access to Health Care Specialists	28.68	Access to Adult Day Care	20.17
4	Access to Mental Health Services	24.83	Access to Mental Health Services	27.26	Access to Mental Health Services	17.60
5	Access to Dental Care – Adult	14.68	Access to Dental Care – Adult	16.93	Access to Higher Education	11.59

## Racial Identity

All the Races had Access to Substance Use Disorder Treatment listed as a top five major problem. However, only White had it listed as the #1 (34.70%) major problem. It was tied for #1 by American Indian & Others\* (25.00%) and Asian (20.00%) survey respondents. It was #2 (32.26%) for Hispanic/Latinx survey participants and tied at #4 (23.76%) for African American/Black survey participants.

African American/Black survey participants had Access to Dental Care – Adult as their #1 (26.73%) access issue. Hispanic/Latinx listed it tied at #3 (29.03%) and White survey participants listed it #5 (13.20%). No American Indian & Others\* and Asian survey participants marked Access to Dental – Adult as a major problem.

Access to Adult Day Care was tied at #1 (25.00%) by American Indian & Others and #2 (30.02%) by White survey participants. African American/Black (20.79%) and Hispanic/Latinx (19.35%) had it listed #5. There were no Asian survey participants marking Access to Adult Day Care as a major problem.

Hispanic/Latinx have Access to Healthcare Specialists as their #1 (38.71%) access issues major problem. African American/Black and White survey participants have it listed #2 (24.75%) and #3 (27.10%). American Indian & Others (16.67%) and Asian (10.00%) had Access to Healthcare Specialists listed as #5. See Table 33 for the top five Access Issues – Racial Identity. For a complete listing of Access Issues seen as a major problem by Racial Identity, go to Table 110 on page 130.

Table 33.

Access to Issues – Major Problems - Racial Identity										
Rank	African American/Black		American Indian & Others*		Asian		White		Hispanic/Latinx	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Dental Care – Adult	26.73	Access to Adult Day Care	25.00T	Access to Higher Education	20.00T	Access to Substance Use Disorder Treatment	34.70	Access to Healthcare Specialists	38.71
2	Access to Healthcare Specialists	24.75	Access to Quality Child Care		Access to Prenatal Care		Access to Adult Day Care	30.02	Access to Substance Use Disorder Treatment	32.26
3	Access to Mental Health Services	23.76T	Access to Mental Health Services		Access to Primary Healthcare		Access to Healthcare Specialists	27.10	Access to Dental Care – Adult	29.03T
4	Access to Substance Use Disorder Treatment		Access to Substance Use Disorder Treatment		Access to Substance Use Disorder Treatment		Access to Mental Health Services	25.12		
5	Access to Adult Day Care	20.79	Access to Healthcare Specialists	16.67	Access to Quality Child Care Access to Healthcare Specialists Access to Mental Health Services	10.00T	Access to Dental Care – Adult	13.20	Access to Adult Day Care Access to Quality Child Care Access to Primary Healthcare	19.35T

\*Denotes American Indian, Two or More Races and any race that was written in on the survey T-tie

## Age

Access to Substance Use Disorder Treatment was listed #1 by 15-19 Years (36.36%), 20-34 Years (30.19%) and 55-64 Years (38.41%) survey participants. It was #2 for 75 or Older (25.81%) and #3 for 65-74 Years (25.81%). The #1 Access Issue for 65-74 Years (30.63%) and 75 and Older (29.03%) survey participants was Access to Adult Day Care. Access to Adult Day Care was #5 for 15-19 Years (16.36%), #3 for 20-34 Years (22.64%), #4 for 35-54 Years (27.92%) and #2 for 55-64 Years (35.98%) survey participants. See Table 34 for the top five Access Issues – Age responses. For a complete listing of access issues seen as a major problem by age, go to Table 111 on page 131.



Table 34.

Access to Issues – Major Problems - Age												
Rank	15-19 Years		20-34 Years		35-54 Years		55-64 Years		65-74 Years		75 or older	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	36.36	Access to Substance Use Disorder Treatment	30.19	Access to Substance Use Disorder Treatment	38.46	Access to Substance Use Disorder Treatment	38.41	Access to Adult Day Care	30.63	Access to Adult Day Care	29.03
2	Access to Mental Health Services	25.45	Access to Healthcare Specialists	27.67	Access to Mental Health Services	32.48	Access to Adult Day Care	35.98	Access to Healthcare Specialists	25.23	Access to Substance Use Disorder Treatment	25.81
3	Access to Healthcare Specialists	20.00	Access to Adult Day Care	22.64	Access to Healthcare Specialists	29.91	Access to Healthcare Specialists	28.05	Access to Substance Use Disorder Treatment	24.32	Access to Mental Health Services	19.35
4	Access to Prenatal Care	18.18	Access to Mental Health Services	20.75	Access to Adult Day Care	27.92	Access to Mental Health Services	23.78	Access to Mental Health Services	18.02	Access to Healthcare Specialists	16.13
5	Access to Adult Day Care	16.36	Access to Higher Education	16.98	Access to Dental Care – Adult	15.67	Access to In-Home Care	18.29	Access to Dental Care – Adult	15.32	Access to In-Home Care Access to Primary Healthcare	9.68T

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## Education (Grade Completed)

Access to Substance Use Disorder Treatment was #1 for all education categories, except for 12<sup>th</sup> Grade or Less and Postgraduate Degree survey participants. Access to Dental Care – Adult was the #1 (27.42%) major problem for those 12<sup>th</sup> Grade or Less survey participants. The #1 (39.76%) access issue major problem was Access to Adult Day Care for Postgraduate Degree survey participants. Access to Adult Day Care was a top five major problem for all education categories, except 12<sup>th</sup> Grade or Less (#7-14.52%).

Access to Dental Care – Adult was a top five major problem for all education categories, except for Postgraduate Degree survey participants where it was #9 (10.84%). Access to Healthcare Specialists and Access to Mental Health Services was a top five major problem for all education categories. See Table 35 for top five Access Issues – Education (Grade Completed) responses. For a complete listing of access issues seen as a major problem by Education (Grade Completed), go to Table 112 on page 132.

Table 35.

Access to Issues – Major Problems - Education (Grade Completed)												
R a n k	12 <sup>th</sup> Grade or Less		Completed Grade 12/GED		College 1-3 Years (College/ Technical School)		Community College/ Technical School Degree/Certificate		Bachelor Degree		Postgraduate Degree	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Dental Care – Adult	27.42	Access to Substance Use Disorder Treatment	26.67	Access to Substance Use Disorder Treatment	35.86	Access to Substance Use Disorder Treatment	31.28	Access to Substance Use Disorder Treatment	37.44	Access to Adult Day Care	39.76
2	Access to Substance Use Disorder Treatment	25.81	Access to Healthcare Specialists	23.33	Access to Adult Day Care	27.78	Access to Healthcare Specialists	25.70	Access to Adult Day Care	33.92	Access to Healthcare Specialists	37.35
3	Access to Healthcare Specialists	22.58	Access to Adult Day Care	22.22	Access to Healthcare Specialists	25.76	Access to Adult Day Care	22.91	Access to Mental Health Services	26.87	Access to Substance Use Disorder Treatment	36.14
4	Access to Mental Health Services	20.97	Access to Mental Health Services	18.33	Access to Mental Health Services	24.75	Access to Mental Health Services	21.79	Access to Healthcare Specialists	25.11	Access to Mental Health Services	34.34
5	Access to Quality Child Care  Access to Primary Care	17.74T	Access to Dental Care – Adult	15.56	Access to Dental Care – Adult	19.19	Access to Primary Healthcare	12.85	Access to Quality Child Care Access to Dental Care – Adult Access to Higher Education	13.22T	Access to Higher Education	19.88

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## Marital Status

Access to Substance Use Disorder Treatment was either #1 or tied for # 1 for all marital statuses, except for Separated survey participants. Separated survey participants listed it at #2 (28.00%). Access to Mental Health Services was a top five access issue for all marital statuses. Single/Never Married had it at #2 (25.77%) – the highest major problem listing and percentage of all marital statuses.

Access to Adult Day Care was a top five access issue for all marital statuses. It was #1 for Separated (34.00%) and Widowed (29.31%T) marital statuses. Access to Adult Day Care was #2 for Married (29.42%) and Divorced (35.05%) survey participants.

Access to Health Care Specialists was listed as #3 or tied for #3 for all marital statuses. Access to Dental Services – Adult was tied at #3 (24.00%T) for Separated survey respondents. Access to Dental Services – Adult #5 for Single/Never Married (19.07%) and Divorced (17.53%) survey participants while Married (12.99%) and Widowed (10.34%) had it listed at #6. See Table 36 for top five Access Issues – Marital Status responses. For a complete listing of access issues seen as a major problem by Marital Status, go to Table 113 on page 133.

Table 36.

Access to Issues – Major Problems – Marital Status										
Rank	Single/Never Married		Married		Divorced		Separated		Widowed	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	28.87	Access to Substance Use Disorder Treatment	33.49	Access to Substance Use Disorder Treatment	43.30	Access to Adult Day Care	34.00	Access to Adult Day Care	29.31T
2	Access to Mental Health Services	25.77	Access to Adult Day Care	29.42	Access to Adult Day Care	35.05	Access to Substance Use Disorder Treatment	28.00		
3	Access to Healthcare Specialists	23.71	Access to Healthcare Specialists	28.95	Access to Healthcare Specialists	24.74	Access to Dental Care – Adult	24.00T	Access to Healthcare Specialists	18.97T
4	Access to Adult Day Care	22.16	Access to Mental Health Services	25.82	Access to Mental Health Services	22.68			Access to Healthcare Specialists	
5	Access to Dental Care – Adult	19.07	Access to In-Home Care	13.30	Access to Dental Care – Adult	17.53	Access to Quality Child Care	16.00T	Access to In-Home Care	13.79
							Access to Mental Health Services			
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## Household Income

Access to Substance Use Disorder Treatment was either the #1 or tied with #1 for all Household Income categories, except ↓\$10,000. The #1 Access Issue for those earning ↓\$10,000 was Access to Dental Care – Adult. Access to Dental Care – Adult was tied for #1 for those whose Household Income category was \$10,000-\$19,999.

Access to Adult Day Care was #2 or tied for #2 for those whose Household Income categories ranged from \$20,000-29,999 to ↑\$100,000. Access to Health Care Specialists and Mental Health Services were listed as a top five major problem for all Household Income categories. (See Tables 37 & 38 for top five Access to Issues – Household Income.) For a complete listing of Access to Issues seen as a major problem by Household Income, go to Tables 114 and 115 on pages 134-135.

For a complete listing of Access to Issues – Major Problem Responses Tables 107-115, go to pages 127-135.

Table 37.

Access to Issues – Major Problems - Household Income – Table 1								
Rank	↓ \$10,000		\$10,000-\$19,999		\$20,000-\$29,999		\$30,000-\$44,999	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Dental Care – Adult	29.51	Access to Dental Care – Adult	28.99T	Access to Substance Use Disorder Treatment	33.80	Access to Substance Use Disorder Treatment	27.50
2	Access to Substance Use Disorder Treatment	26.23			Access to Healthcare Specialists	30.99	Access to Adult Day Care	23.33T
3	Access to Healthcare Specialists	22.95	Access to Substance Use Disorder Treatment	20.29	Access to Healthcare Specialists	25.35T	Access to Healthcare Specialists	
4	Access to Mental Health Services	21.31T	Access to Adult Day Care		18.84T	Access to Mental Health Services	19.72	Access to Mental Health Services
5	Access to Primary Healthcare		Access to Mental Health Services	Access to Primary Healthcare	19.72	Access to Dental Care – Adult	19.72	Access to Primary Healthcare
T-tie								

Table 38.

Access to Issues – Major Problems - Household Income – Table 2								
Rank	\$45,000-\$59,999		\$60,000-\$74,999		\$75,000-\$99,999		↑ \$100,000	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	36.75	Access to Substance Use Disorder Treatment	29.35	Access to Substance Use Disorder Treatment	38.71	Access to Substance Use Disorder Treatment	40.00
2	Access to Adult Day Care	25.64	Access to Healthcare Specialists	28.26	Access to Adult Day Care	34.68	Access to Adult Day Care	37.44
3	Access to Mental Health Services	23.93	Access to Adult Day Care	25.00	Access to Healthcare Specialists	30.65	Access to Mental Health Services	32.82
4	Access to Healthcare Specialists	22.22	Access to Mental Health Services	21.74	Access to Mental Health Services	24.19	Access to Healthcare Specialists	26.67
5	Access to Dental Care – Adult	16.24	Access to Higher Education	14.13	Access to Higher Education	15.32	Access to Quality Child Care	16.92T
T-tie								

# SELECTED ACCESS TO ISSUES DISCUSSION

## Adult Day Care

Access to Adult Day Care is the #1 major access problem for those 65 years old and older. Females listed it as their #2 major access problem (behind Access to Substance Use Disorder Treatment) and Males at #3. Programs for adults who are unable to care for themselves without assistance, but still want to and are able to live at home are limited to one program at this time – CARE Café. CARE (care adult respite experience) Café offers respite care four hours a day two days a week at this time. Newly incorporated, Stanly Adult Care Center will provide adults day health care services five days a week approximately 10 hours a day when it is operational.

## Broadband Issues

Access to broadband and digital connectivity was not on the 2021 community health assessment survey. However, it impacts all segments of life – including business, education, social, medical and recreation. The COVID-19 pandemic forced many businesses, organizations and schools to shut down in March 2020. This action exposed the broadband and digital connectivity inequity in Stanly County.<sup>77</sup>

According to the U.S. Census population estimates, 81.4% of the homes have broadband internet in Stanly County.<sup>78</sup> 88.9% have computers in their homes.<sup>79</sup>

Stanly County is addressing this situation to be sure all families have access to broadband internet regardless of where they live in Stanly County. Andy Lucas, Stanly County Manager, has initiated the Stanly County Broadband Task Force Digital Inclusion Planning Project. “Stanly County has begun the process of developing a community wide digital inclusion plan to identify gaps and strategies for enhancing broadband and digital connectivity.”<sup>80</sup>

## Adult Dental Health

Dental care for adults is an unmet need for Stanly County residents, especially those who are low-income. Almost 1/3 of survey participants making less than \$20,000 a year listed Access to Dental Care – Adults as their #1 major health problem. African American/Black survey participants listed Access to Dental Care - Adults as their #1 major access problem. There are 1.9 dentists per 10,000 population in Stanly County.<sup>81</sup> What are some reasons why adults cannot/do not access dental care? According to NC Health News, these are reasons for this lack of access: fear of COVID-19 exposure, shortage of dental providers, state regulations restricting dental hygienist services, cost, can't miss work, no transportation and belief that preventive care is not necessary.<sup>82</sup>

Stanly County addressed the need for dental care for our children and youth by establishing a pediatric dental clinic at the Stanly County Health Department. That being said and done – how can the dental needs of our adults be addressed? Here are some programs being initiated in Stanly County. Stanly County Health Department Dental Clinic received a grant for the program, Mouth Care without Battle. This funding provides training for Monarch Adult Group Home staff on dental care for their residents as well as

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<sup>77</sup> EducationNC website retrieved from <https://www.ednc.org/perspective-coronavirus-will-make-the-challenges-of-ncs-broadband-infrastructure-clear/>

<sup>78</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina#>

<sup>79</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina#>

<sup>80</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, from Andy Lucas, Stanly County Manager - October 20, 2021

<sup>81</sup> North Carolina Department of Commerce website retrieved from (<https://accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37167.pdf>)

<sup>82</sup> NC Health News website retrieved from <https://www.northcarolinahealthnews.org/2020/10/24/dental-deserts-inadequate-oral-health-care-nc/>

oral hygiene supplies. The COVID-19 pandemic prevented this program being initiated at GHA Autism group homes and nursing homes.<sup>83</sup> The health department is looking into ways to provide dental services to other underserved adults.

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<sup>83</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received from Dr. Mindy Turner, Pediatric Dentist – Stanly County Dental Clinic - February 3, 2022.

# COMMUNITY ISSUES

## Overview

The 2021 community health assessment survey participants rated 18 Community Issues ranging from Major Problem to Don't Know. Table 116 compares 2021 CHA Community Issues rankings with the 2018 CHA Community Issues rankings on page 136. Unemployment/Underemployment was listed as #1 by 34.09% of survey participants. The 2021 survey participants listed Unemployment/ Underemployment higher than the 2018 participants – 34.09% compared to 29.74%. The recent influx of new and expanding businesses should provide all an opportunity to find employment.

Gainful employment opportunities increase the chances that other community issues listed in Table 39 will be addressed. These community issues include poverty, health insurance, housing and food insecurity.

Table 39.

2021 Community Issues – Major Problems Overall		
Rank	Community Issues	%
1	Unemployment/Underemployment	34.09
2	Poverty	32.02
3	Lack of/Inadequate Health Insurance	30.15
4	Crime	29.95
5	Homelessness	29.85
6	Inadequate/Unaffordable Housing	28.57
7	Racism	27.98
8	Child Abuse & Neglect	27.09
9	Domestic Violence	26.80
10	Litter	25.52
11	Bullying	24.53
12	Lack of Transportation	23.74
13	Quality of Education (K-12)	23.65
14	Lack of Recreational Facilities/Programming	20.49
15	Gangs	20.20
16	Food Insecurity	19.90
17	Elder Abuse & Neglect	13.40
18	Pollution	12.61

## Zip Code

For all Zip Codes, Unemployment/Underemployment was listed as one of their top five community issue major problems. It was the #1 Community Issue for East (38.26%) and South (40.00%) survey participants. It was listed at #2 for North (34.21%) and tied for #3 with the West (22.27%) survey participants. West survey participants listed Lack of/Inadequate Health Insurance as its #1 (24.64%) community Issue major problem. Lack of/Inadequate Health Insurance was in the top five major problems for North (#3 – 32.24%) and South (#3 – 34.00%). It was tied at #6 for East (31.44%) survey participants.

Poverty was listed as the #1 (35.53%) major problem for North survey participants. It was #2 (35.00%) for South survey participants and #4 (35.98%) for East survey participants. West survey participants had Poverty listed at #6 (19.19%).

Homelessness as a major problem was a top five major problem for East (#2- 36.55%T) and North (#5 – 29.61%) survey participants. Racism was a top major problem for South (#3 – 34.00%T) and East (#5 – 33.71%) survey participants. Crime was tied for #2 (36.55%T) for East and #4 (31.58%) for North survey participants. (See Table 40.)

For a complete listing of Community Issues seen as a major problem by Zip Code, go to Table 117 on page 137.

Table 40.

Community Issues – Major Problems – Zip Code										
Rank	Overall		East		North		South		West	
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/Underemployment	34.09	Unemployment/Underemployment	38.26	Poverty	35.53	Unemployment/Underemployment	40.00	Lack of/Inadequate Health Insurance	24.64
2	Poverty	32.02	Crime	36.55T	Unemployment/Underemployment	34.21	Poverty	35.00	Inadequate/Unaffordable Housing	23.22
3	Lack of/Inadequate Health Insurance	30.15			Homelessness	Lack of/Inadequate Health Insurance	32.24	Lack of/Inadequate Health Insurance	34.00T	Lack of Transportation
4	Crime	29.85T	Poverty	35.98	Crime	31.58	Racism	Unemployment/Underemployment		
5	Homelessness		Racism	33.71	Homelessness	29.61	Domestic Violence	33.00	Child Abuse & Neglect	20.38

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## Sex

Females and Males identified Unemployment/Underemployment as their #1 Community Issue major problem. Females had Poverty listed #2 (34.37%) and Males had it listed #5 (24.46%). Crime was Males' #2 (26.61%) major problem and it was Females' #7 (30.88%) major problem. However, a higher percentage of females saw crime as a major problem than males. Litter was Males #3 (26.18%) major problem and it was #12 (25.45%) for Females. Even though the ranking was significantly different, approximately ¼ of both sexes cited litter as a major problem. (See Table 41.) For a complete listing of Community Issues seen as a major problem by Sex, go to Table 118 on page 138.

Table 41.

Community Issues – Major Problems – Sex						
Rank	Overall		Female		Males	
	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/Underemployment	34.09	Unemployment/Underemployment	36.56	Unemployment/Underemployment	27.04
2	Poverty	32.02	Poverty	34.37	Crime	26.61
3	Lack of/Inadequate Health Insurance	30.15	Homelessness	33.85	Litter	26.18
4	Crime	29.95	Lack of/Inadequate Health Insurance	32.82	Racism	25.75
5	Homelessness	29.85	Inadequate/Unaffordable Housing	31.52	Poverty	24.46



# Racial Identity

Domestic Violence, Homelessness, Racism and Unemployment/Underemployment were top 10 Community Issue major problems for all the racial identity categories. Homelessness was the #1 major problem for African American/Black (54.46%) and tied for #1 with Asian (40.00%T) survey participants. Homelessness tied for #2 (50.00%T) with American Indian & Other survey participants. Poverty was a top 5 major problem for all racial identity categories, except Asian where it was tied for #11 (20.00%T). Unemployment/Underemployment was the #1 (32.13%) major problem for White survey participants. It was #2 (51.49%) for African American Black, tied for #2 (32.26%T) for Hispanic/Latinx, and tied for #4 (30.00%T) for Asian survey participants.

Lack of/Inadequate Health Insurance was the #1 (38.71%) community issue major problem for Hispanic/Latinx survey participants. It was a top 10 major problem for all racial identity categories, except African American/Black survey participants where it was #11 (37.62%).

Racism was the #1 (66.67%) major problem for American Indian & Others survey participants. Racism tied for #2 for Asian (30.00%T) and Hispanics/Latinx (32.26%T) survey participants. Racism was listed at #3 (49.50%) for African American/Black survey participants and #10 (24.77%) for White survey participants. Bullying was tied for #1 (40.00%T) with the Asian, tied for #2 (32.26%T) with Hispanic/Latinx survey participants and tied for #6 (41.67%T) with American Indian & Others survey participants. (See Table 42.) For a complete listing of Community Issues seen as a major problem by Racial Identity, go to Table 119 on page 139.

Table 42.

Community Issues – Major Problems – Racial Identity											
Rank	African American/Black		American Indian & Others*		Asian		White		Hispanic/Latinx		
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	
1	Homelessness	54.46	Racism	66.67	Bullying	40.00T	Unemployment/Underemployment	32.13	Lack of/Inadequate Health Insurance	38.71	
2	Unemployment/Underemployment	51.49	Child Abuse & Neglect	50.00T	Quality of Education (K-12)		30.00T	Poverty	30.61	Bullying	32.26T
3	Racism	49.50			Homelessness	30.00T		Lack of/Inadequate Health Insurance	28.97	Domestic Violence	
4	Crime	48.51			Child Abuse & Neglect			Crime	27.80		
5	Inadequate/Unaffordable Housing	44.55T			Quality of Education (K-12)	30.00T		Domestic Violence	27.10T	Inadequate/Unaffordable Housing	
	Poverty		Homelessness	Lack of/Inadequate Health Insurance	Racism						
			Poverty	Racism	Lack of Transportation						
				Lack of Recreational Facilities/Programming	Unemployment/Underemployment						
				Lack of Transportation							

\*Denotes American Indian, Two or More Races and any race that was written in on the survey T-tie

## Age

Unemployment/Underemployment was the #1 community issue major problem for 35-54 Years (38.18%) and 75 or Older (29.03%). It was #2 (34.76%) for those 55-64 Years. Survey respondents 15-19 years of age listed Bullying (40.00%T) and Child Abuse & Neglect (40.00%T) as their #1 major problems. Crime (38.99%T) and Homelessness (38.99%T) tied for #1 for those ages 20-34. Lack of/Inadequate Health Insurance was the #1 (37.20%) community issue major problem for those 55-64 years of age. Litter was #1 (33.33%) for those 65-74 years of age.

Crime was a top 5 Community Issue for all age categories, except for 35-54 Years where it was #9 (26.78%). Racism was a top 10 major issue for all age groups. Racism was tied at #3 (36.36%T) for 15-19 Years. (See Table 43.) For a complete listing of Community Issues seen as a major problem by Age, go to Table 120 on page 140.

Table 43.

Community Issues – Major Problems – Age																
	15-19 Years		20-34 Years		35-54 Years		55-64 Years		65-74 Years		75 or older					
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%				
1	Bullying	40.00T	Crime	38.99T	Unemployment/ Underemployment	38.18	Lack of/Inadequate Health Insurance	37.20	Litter	33.33	Unemployment/ Underemployment	29.03				
2	Child Abuse & Neglect		Homelessness		Poverty		33.62		Unemployment/ Underemployment		34.76		Poverty	32.43	Poverty	27.42
3	Crime	36.36T	Poverty	35.85T	Homelessness	30.77	Inadequate/ Unaffordable Housing	32.93	Crime	31.08	Lack of/Inadequate Health Insurance	25.81				
4	Domestic Violence		Unemployment/ Underemployment		Lack of/Inadequate Health Insurance		30.20		Homelessness		31.10		Unemployment/ Underemployment	28.38	Crime	19.35
5	Homelessness		Inadequate/ Unaffordable Housing		35.22		Racism		29.63		Crime		28.66	Domestic Violence	27.93	Inadequate/ Unaffordable Housing
T-tie																

## Education (Grade Completed)

Unemployment/Underemployment was the #1 Community Issue major problem for all education categories, except for those who had a 12<sup>th</sup> Grade Education (listed #7 – 33.87%T) or Less and Completed Grade 12/GED (listed #5 – 22.44%). Bullying (48.39%) was #1 for 12<sup>th</sup> Grade or Less survey respondents. The only other education category having Bullying as a top 10 major problem was the Community College/Technical School Degree/Certificate category tied at #6 (27.93%T). Crime (38.89%) was the #1 Community Issue major problem for those who had Completed Grade 12/GED. Crime was a top 10 concern for all education categories, except postgraduate degree survey participants where it was listed at #14 (16.87%).

Poverty was a top 10 major problem for all age categories. Poverty tied for #1 (36.14%T) with Postgraduate Degree survey participants. Poverty tied for #9 (32.26%T) for 12<sup>th</sup> Grade or Less survey participants. Poverty was listed at #8 (27.78%) for Completed Grade 12/GED. Poverty was listed #4 for College 1-3 Years (31.82%) and Community College/Technical School Degree/Certificate (29.05%) survey participants. Bachelor Degree survey participants listed Poverty at #2 (35.24%).

Homelessness was a top 10 Community Health major problem for all education category survey participants. It was listed at #2 for Completed Grade 12/GED (34.44%) and College 1-3 Years (33.84%). Homelessness tied for #4 (41.94%T) for 12<sup>th</sup> Grade or Less survey participants. Homelessness was #3 for Community College/Technical School Degree/Certificate (30.17%) and tied for #6 (27.75%T) for Bachelor Degree survey participants. (See Table 44.) For a complete listing of Community Issues seen as a major problem by Education (Grade Completed), go to Table 121 on page 141.

Table 44.

Community Issues – Major Problems – Education (Grade Completed)												
R a n k	12 <sup>th</sup> Grade or Less		Completed Grade 12/GED		College 1-3 Years (College/ Technical School)		Community College/ Technical School Degree/Certificate		Bachelor Degree		Postgraduate Degree	
	Community Issue	%	Community Issue	Community Issue	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Bullying	48.39	Crime	38.89	Unemployment/ Underemployment	34.85	Unemployment/ Underemployment	33.52	Unemployment/ Underemployment	36.56	Unemployment/ Underemployment	36.14T
2	Child Abuse & Neglect	43.55T	Homelessness	34.44	Homelessness	33.84	Crime	31.28	Poverty	35.24	Poverty	
3	Domestic Violence		Domestic Violence	32.78	Crime	33.33	Homelessness	30.17	Racism	31.28	Poverty Quality of Education (K-12)	33.13
4	Homelessness	41.94T	Lack of/ Inadequate Health Insurance	31.11	Poverty	31.82	Poverty	29.05	Lack of/ Inadequate Health Insurance	29.96T	Lack of/ Inadequate Health Insurance	31.93
5	Racism		Unemployment/ Underemployment	29.44	Inadequate/Unaffordable Housing	30.81	Inadequate/Unaffordable Housing	28.49	Lack of Transportation		Racism	31.33
T-tie												

## Marital Status

Unemployment/Underemployment was the #1 community issue major problem for Married (32.08%), Divorced (43.30%) and Separated (40.00% tied with Poverty). Poverty was a top five major problem for all marital statuses. It was #1 or #2 for all marital statuses, except for Widowed (#3 – 24.14%) and Single/Never Married (#5 – 36.08%T).

Racism was the #1 (39.69%) community issue for those Single/Never Married and tied for #3 (36.00%T) with Separated survey participants. Racism was ranked #7 (24.88%) for Married, tied at #8 (34.02%T) for Divorced and #16 (10.34%) for Widowed survey participants.

Homelessness and Inadequate/Unaffordable housing were the #1 (25.86%T) major problem for Widowed survey participants. Homelessness was #4 for Single/Never Married (37.11%) and Married (26.92%) survey participants. It was #7 for Divorced (38.14%) survey respondents and tied for #7 with Separated (28.00%) survey participants.

Crime was a top five community issue major problem for all marital statuses. Crime tied for #2 (39.18%T) for Single/Never Married and #4 (41.24%) for Divorced survey participants. Married (26.29%), Separated (32.00%T) and Widowed (20.69%) listed Crime at #5. (See Table 45.) For a complete listing of Community Issues seen as a major problem by Marital Status, go to Table 122 on page 142.

Table 45.

Community Issues – Major Problems – Marital Status										
	Single/Never Married		Married		Divorced		Separated		Widowed	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Racism	39.69	Unemployment/ Underemployment	32.08	Unemployment/ Underemployment	43.30	Poverty	40.00T	Homelessness	25.86T
2	Crime	39.18T	Poverty	29.73	Domestic Violence	42.27T	Unemployment/ Underemployment		Inadequate/ Unaffordable Housing	
3	Unemployment/ Underemployment		Lack of/ Inadequate Health Insurance	28.33	Poverty		36.00T	Lack of/ Inadequate Health Insurance	Poverty	24.14
4	Homelessness	37.11	Homelessness	26.92	Crime	41.24		Racism	Unemployment/ Underemployment	22.41
5	Inadequate/Unaffordable Housing	36.08T	Crime	26.29	Lack of/ Inadequate Health Insurance	40.21	Crime	32.00T	Crime	20.69
	Poverty						Domestic Violence			
T-tie										

## Household Income

Poverty was the #1 community issue major problem for those in the following Household Income categories: \$20,000-\$29,999 (40.85%), \$75,000-\$99,999 (33.87%) and ↑\$100,000 (33.85%). \$30,000-\$44,999 Household Income category listed poverty at #2 (31.67%). Poverty was tied at #5 in ↓\$10,000 (31.15%T) and \$60,000-\$74,999 (28.26%T) categories. Poverty was listed at #5 for \$45,000-\$59,999 (30.77%) categories. Poverty was tied at #7 for \$10,000-\$19,999 (39.13%T) categories.

Unemployment/Underemployment was listed as a top community issue major problem for \$10,000-\$19,999 (47.83%T), \$30,000-\$44,999 (32.50%) and \$45,000-\$59,999 (41.03%). It was listed as #2 for \$20,000-\$29,999 (39.44%T) and ↑\$100,000 (33.33%).

Homelessness was ranked in the top 10 of all Household Incomes categories. Those making ↓\$10,000 (39.34%) ranked Homelessness as their top major problem and it was tied for first in those making \$10,000-\$19,999 (47.83%). Homelessness was listed #3 for \$45,000-\$59,999 (32.48%T) and \$75,000-\$99,999 (31.45%).

Lack of/Inadequate Health Insurance was a top 10 major problem for all Household Incomes. It was the #1 major problem for those making \$60,000-\$74,999 (32.61%). Lack of/Inadequate Health Insurance was the #2 major problem for \$75,000-\$99,999 (32.26%). It was listed #3 for \$30,000-\$44,999 (30.83%) and ↑\$100,000 (30.26%).

Crime was a top five community issue major problem for all Household Incomes, except ↑100,000 (20.00%) who ranked it #12. Child Abuse & Neglect was a top 10 community issue major problem for all Household Income categories, except for \$45,000-\$59,999 (23.93%) where it was ranked #12. Child Abuse & Neglect tied for #2 (34.43%T) with Bullying and Crime for those making ↓\$10,000. (See Tables 46 and 47.) For a complete listing of Community Issues seen as a major problem by Household Income, go to Tables 123 and 124 on pages 143-144.

Table 46.

Community Issues – Major Problems – Household Income – Table 1								
	↓ \$10,000		\$10,000-\$19,999		\$20,000-\$29,999		\$30,000-\$44,999	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Homelessness	39.34	Homelessness	47.83T	Poverty	40.85	Unemployment/ Underemployment	32.50
2	Bullying	34.43T			Unemployment/ Underemployment	46.38T	Inadequate/ Unaffordable Housing	39.44T
	Child Abuse & Neglect		Crime	Lack of/ Inadequate Health Insurance			30.83	
3	Lack of/ Inadequate Health Insurance	31.15T	Crime	44.93	Unemployment/ Underemployment	35.21	Crime	30.00T
4			Inadequate/ Unaffordable Housing		Domestic Violence			
5	Poverty		Racism		Litter	30.99T	Inadequate/ Unaffordable Housing	
	Racism				Racism			
T-tie								

Table 47.

Community Issues – Major Problems – Household Income – Table 2								
	\$45,000-\$59,999		\$60,000-\$74,999		\$75,000-\$99,999		↑\$100,000	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/ Underemployment	41.03	Lack of/ Inadequate Health Insurance	32.61	Poverty	33.87	Poverty	33.85
2	Crime	32.48T	Bullying	31.52	Lack of/Inadequate Health Insurance	32.26	Unemployment/ Underemployment	33.33
3			Homelessness	Unemployment/ Underemployment	29.35	Homelessness	31.45	Lack of/Inadequate Health Insurance
4	Lack of/ Inadequate Health Insurance	31.62	Crime	28.26T	Unemployment/ Underemployment	29.84	Racism	28.72
5	Poverty	30.77	Homelessness		Poverty	29.03	Quality of Education (K-12)	27.18
T-tie								

For a complete listing of Community Issues – Major Problem Responses Tables 116-124, go to pages 136-144.

# SELECTED COMMUNITY ISSUES DISCUSSION

## Child Abuse & Neglect

Child abuse & neglect was a top 10 major problem in Stanly County – it was listed #8 (27.09%) overall by the community health assessment survey participants. “Child abuse and neglect are serious public health problems that can have long term impact on health, opportunity, and wellbeing.”<sup>84</sup> These long-term effects include substance misuse, mental health problems and criminal behavior.

Stanly County has an outstanding accredited children’s advocacy center, (The) Butterfly House, that serves children experiencing child abuse and/or neglect. The Butterfly House was established in 2005. It is part of Atrium Health Stanly and serves children from Stanly, Montgomery, Anson and Richmond counties.<sup>85</sup> The Butterfly House offers the following support services:

- Coordination of investigation and intervention services...
- Advocacy support...
- Specialized forensic interviews...
- Medical exams...<sup>86</sup>

What is child abuse and neglect? “There are four common types of abuse and neglect:

- **Physical abuse** is the intentional use of physical force that can result in physical injury. Examples include hitting, kicking, shaking, burning, or other shows of force against a child.
- **Sexual abuse** involves pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities...
- **Emotional abuse** refers to behaviors that harm a child’s self-worth or emotional well-being. Examples include name-calling, shaming, rejection, withholding love, and threatening.
- **Neglect** is the failure to meet a child’s basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.”<sup>87</sup>

The Butterfly House includes drug endangerment and witness to violence as types of abuse referred to them for services.

“The task force (Federal Interagency Task Force on Drug Endangered Children) defines a drug endangered child as a person under the age of 18 who lives in or is exposed to an environment where drugs, including pharmaceuticals, are present for any number of reasons, including trafficking and manufacturing of these drugs. As a result of such exposure, these children experience or are at high risk of experiencing physical, sexual, or emotional abuse; harm; or neglect. Tragically, these children also are at risk of being forced to participate in illegal or sexual activity in exchange for drug or money likely to be used to purchase drugs.”<sup>88</sup>

“Children may experience violence in many settings, including at home, in school, online or in neighborhoods, and in many forms, such as bullying or harassment by peers, domestic violence, child maltreatment and community violence. Exposure to violence can harm a child’s emotional, psychological and even physical development. Children exposed to violence are more likely to have difficulty in school, abuse drugs or alcohol, act aggressively, suffer from depression or other mental health problems and engage in criminal behavior as adults.”<sup>89</sup>

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<sup>84</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>

<sup>85</sup> Atrium Health website retrieved from <https://atriumhealth.org/medical-services/childrens-services/locations/detail/butterfly-house-childrens-advocacy-center>

<sup>86</sup> Atrium Health website retrieved from <https://atriumhealth.org/medical-services/childrens-services/locations/detail/butterfly-house-childrens-advocacy-center>

<sup>87</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>

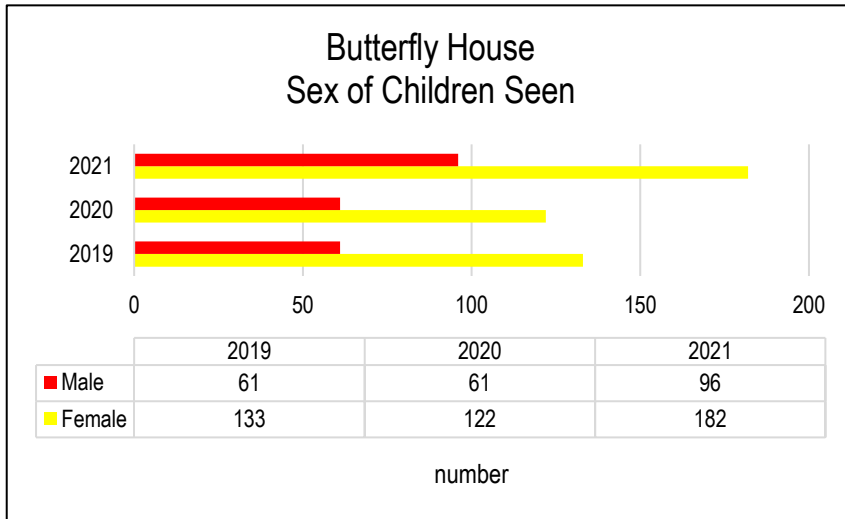
<sup>88</sup> United States Department of Justice website retrieved from <https://www.justice.gov/archives/dec>

<sup>89</sup> National Institute of Justice website retrieved from <https://nij.ojp.gov/topics/articles/children-exposed-violence>

The COVID-19 pandemic has created much concern about the welfare of children as the lockdown of communities and school closures have kept children from being seen in public as they normally would. The Butterfly House provided the following information/data from the services they provided during the specified period of time. The data involves only new children and includes the following information: types of abuse as well as sex, ethnicity and age of children at their first contact with the Butterfly House.

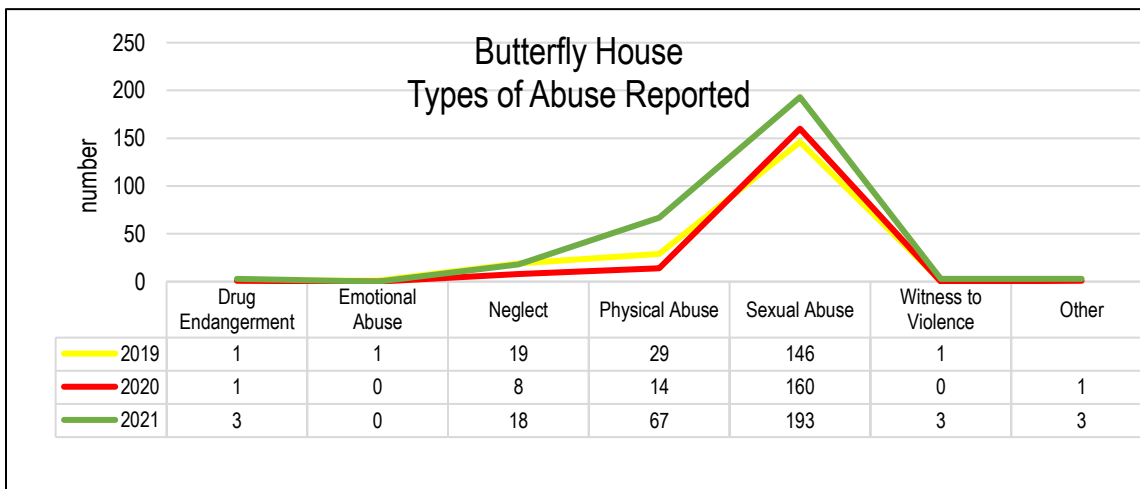
The number of children seen at the Butterfly House increased significantly from 2020 to 2021. Twice as many females were seen at the Butterfly House than males.<sup>90</sup> (See Chart 3.)

Chart 3.



Sexual abuse was the type of abuse for an overwhelming number of cases involving children at the Butterfly House.<sup>91</sup> (See Chart 4.)

Chart 4.



<sup>90</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received the Butterfly House NCA Trak report 2021 from Amy Yow, Director - January 13, 2022

<sup>91</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received the Butterfly House NCA Trak report 2021 from Amy Yow, Director - January 13, 2022

Most alleged offenders were known to the children being seen at the Butterfly House.<sup>92</sup> Parents were the main alleged offenders. Other alleged offenders included stepparent and parent’s boyfriend/girlfriend. For more information, go to Chart 39 on page 145.

The majority of children seen at the Butterfly House were white.<sup>93</sup> Black/African American children were the second highest number seen. For more information, go to Chart 40 on page 146.

## Homelessness

“A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness”<sup>94</sup> Factors that contribute to homelessness include: lack of employment opportunities, decline in available public assistance, lack of affordable health care, domestic violence, mental illness and addiction.<sup>95</sup>

Homes of Hope is one agency that addresses homelessness - transitional or emergency - in Stanly County. Homes of Hope offers transitional housing that “provides a house or apartment, used donated furniture and living essentials to a homeless family or individual and works with the family/individual to develop a plan that will lead to independence within a six-month period.”<sup>96</sup> It is “a grassroots effort to get first time homeless people back on their feet and self-sufficient in order to prevent a slide into chronic homelessness.”<sup>97</sup> Homes of Hope has 11 properties.<sup>98</sup> Table 48 highlights the number of people served by Homes of Hope.

Table 48.

Homes of Hope Services 2020 & 2021 <sup>99</sup>			
Year	Total	Adults	Children
2020	40	13	27
2021	25	9	16

Homes of Hope operates the Community Inn that provides overnight emergency shelter for those homeless in Stanly County. People served at the Community Inn include adults and children - single people and families. Table 49 shows the number served at the Community Inn during 2020 and 2021.

Table 49.

Guests at the Community Inn <sup>100</sup>					
Year	Total	Adults	Children	Males	Females
2020	162	145	17	119	43
2021*	110	107	3	68	42

\*numbers are lower as most vulnerable and elderly guests were housed in houses to limit exposure in shelter living

<sup>92</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received the Butterfly House NCA Trak report 2021 from Amy Yow, Director - January 13, 2022

<sup>93</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received the Butterfly House NCA Trak report 2021 from Amy Yow, Director - January 13, 2022

<sup>94</sup> National Coalition for the Homeless website retrieved from <https://nationalhomeless.org/about-homelessness/>

<sup>95</sup> National Coalition for the Homeless website retrieved from <https://nationalhomeless.org/about-homelessness/>

<sup>96</sup> Homes of Hope website retrieved from [http://homesofhopestanly.org/about\\_us.aspx](http://homesofhopestanly.org/about_us.aspx)

<sup>97</sup> Homes of Hope website retrieved from [http://homesofhopestanly.org/about\\_us.aspx](http://homesofhopestanly.org/about_us.aspx)

<sup>98</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received Homes of Hope data from Shanta Watkins, Executive Director - February 4, 2022.

<sup>99</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received Homes of Hope data from Shanta Watkins, Executive Director - February 4, 2022.

<sup>100</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received Homes of Hope data from Shanta Watkins, Executive Director - February 4, 2022 & March 22, 2022.



“Homelessness and poverty are inextricably linked. Poor people are frequently unable to pay for housing, food, childcare, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped.”<sup>101</sup>

## Poverty

The U.S. Census 2020 American Community Survey 5-Year Estimates Data Profile states the percentage of poverty in Stanly County is 12.2%.<sup>102</sup> “Poverty is the human condition of being unable to obtain or provide a standard level of food, water and/or shelter for you or your family.”<sup>103</sup> Poverty is the result of lack of employment opportunities and a decline in public assistance.<sup>104</sup> “Among the most impoverished (in the United States of America in 2019) are:

- Those living in female-headed households with no husband present (24.3%).
- Young adults without a high school diploma (23.7%).
- Those living in a family whose head is unemployed (26.4%).
- Minorities (18.8% for blacks).<sup>105</sup>

Employment opportunities are expanding in Stanly County. Go to pages 21-22 for more information about employment opportunities. According to the 2016-2020 U.S. Census data, 86.5% of Stanly County residents 25 years old or older have graduated from high school and 17.6% have a bachelor’s degree or higher.<sup>106</sup>

A female-headed household is usually considered an unmarried woman. North Carolina defines Birth to an Unmarried Woman as “birth to a woman who has never been legally married or who has been widowed or legally divorced from her husband in excess of 280 days.”<sup>107</sup> The percentage of Stanly County women who are unmarried with children is higher than the State’s **percentage** for all three races – White, non-Hispanic; African American, non-Hispanic and Hispanic as shown in Chart 5.<sup>108</sup> Chart 6 compares the number of unmarried mothers from 2015-2019 according to race<sup>109</sup> The **number** of white unmarried women is greater than African American, non-Hispanic and Hispanic unmarried women.

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<sup>101</sup> National Coalition for the Homeless website retrieved from <https://nationalhomeless.org/about-homelessness/>

<sup>102</sup> U.S. Census website retrieved from <https://data.census.gov/cedsci/>

<sup>103</sup> Debt.org website retrieved from <https://www.debt.org/faqs/americans-in-debt/poverty-united-states/>

<sup>104</sup> National Coalition for the Homeless website retrieved from <https://nationalhomeless.org/about-homelessness/>

<sup>105</sup> Debt.org website retrieved from <https://www.debt.org/faqs/americans-in-debt/poverty-united-states/>

<sup>106</sup> U.S. Census website retrieved from <https://www.census.gov/quickfacts/fact/table/stanlycountynorthcarolina,NC/PST045221>

<sup>107</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/glossary.htm>

<sup>108</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2019/2019-Volume1-Stanly.pdf>

<sup>109</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm>

Chart 5.

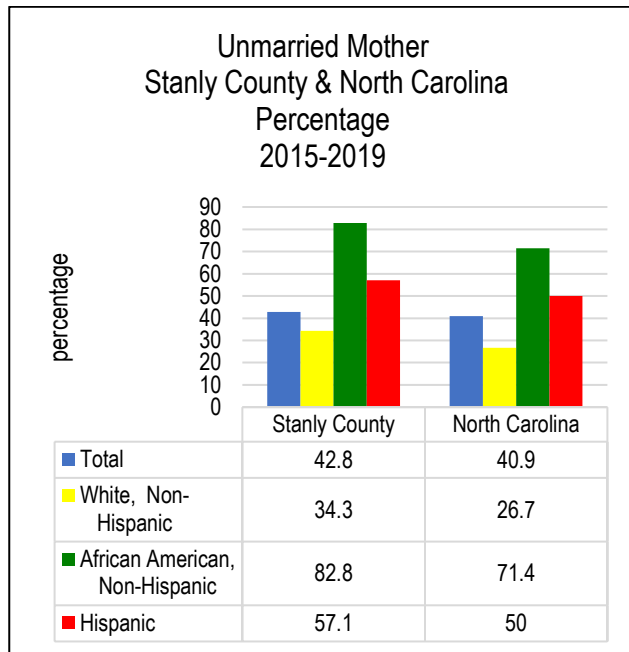
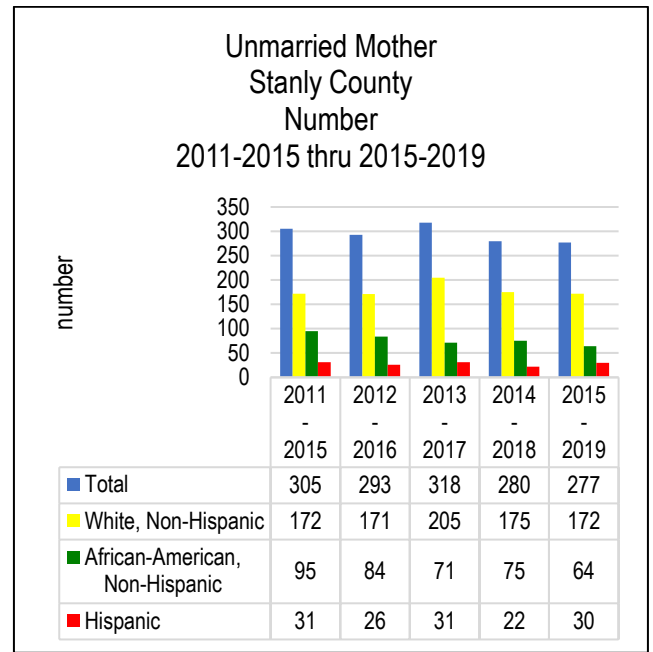


Chart 6.



(North Carolina State Center for Health Statistics)

## Racism

Racism is a public health issue that is gaining prominence. Racism “assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society...this negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation.”<sup>110</sup>

Racism’s “impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment.”<sup>111</sup>

Health disparities can be a result of racism. What is being done to address health disparities? First, awareness is created by looking at the data, surveying the community and meeting with community leaders. Next, participate in groups addressing this health issue and others. Groups doing this in Stanly County include the Stanly County Minority Health Council, Project Lazarus and Stanly County Partners in Health. For more information about health disparities go to pages 37-39.

## Unemployment

Unemployment in Stanly County has been a roller coaster ride the past 30 years as Chart 7 highlighting the data from Federal Reserve Bank of St. Louis.<sup>112</sup> The COVID-19 pandemic had an adverse effect on employment in Stanly County in 2020, but the chart below

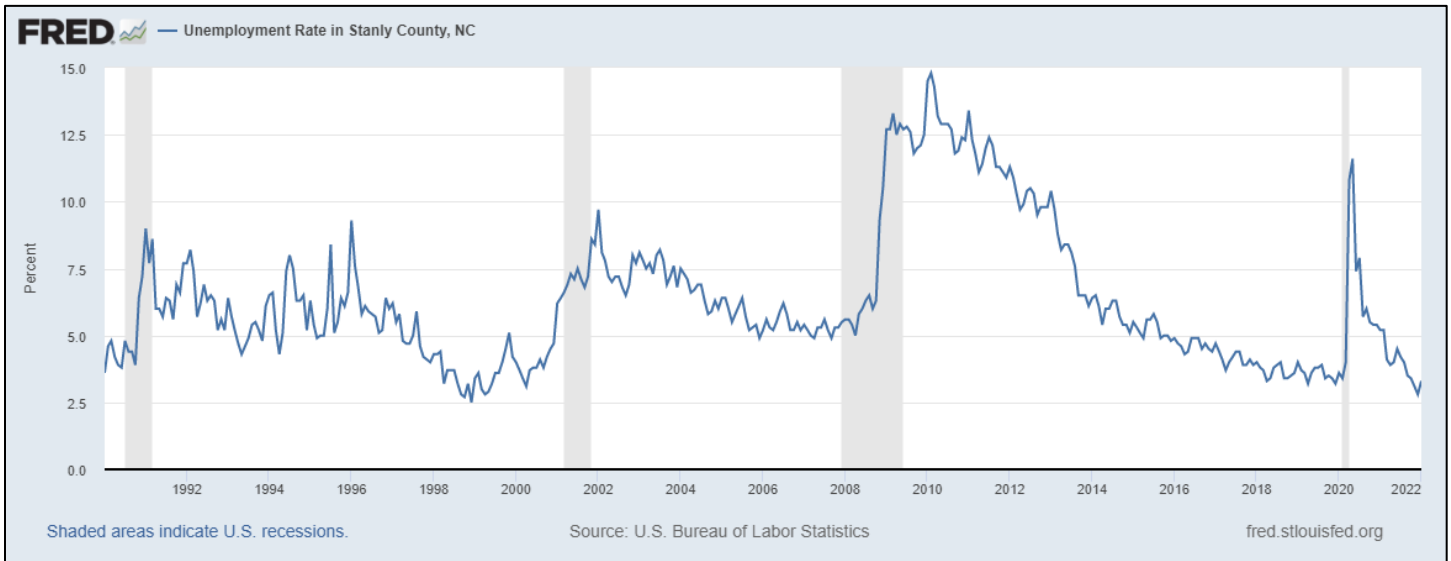
<sup>110</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

<sup>111</sup> Centers for Disease Control and Prevention website retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

<sup>112</sup> Federal Reserve Bank of St. Louis website retrieved from <https://fred.stlouisfed.org/series/NCSTAN7URN>

shows the county's unemployment rate is trending downward. Our current employment situation is very hopeful as many businesses – large and small - are moving to or expanding in Stanly County. For more information about companies' activities in Stanly County, go to page 21-22.

Chart 7.



Lack of employment opportunities contribute to unemployment, but it is more complex than that alone. Jobs are available in the county – good paying jobs, but there are not the people to fill those positions. What are other impediments to employment? Employment impediments include substance misuse, lack of transportation, earning livable wage and access to affordable childcare.

# PEER COUNTY COMPARISONS

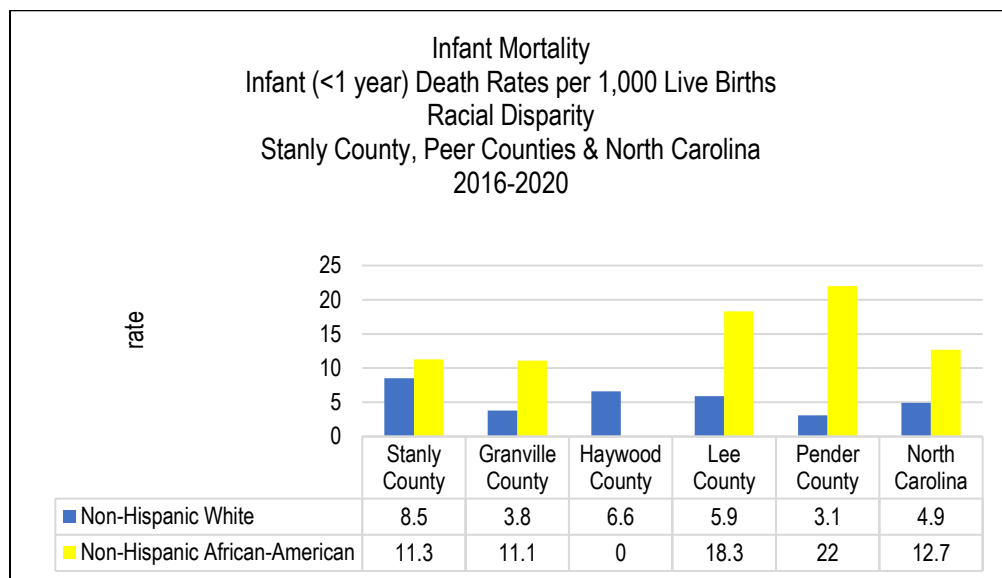
Stanly County's peer counties are Granville, Haywood, Lee and Pender counties. Table 50 highlights the differences among Stanly County, its peer counties and North Carolina with regards to life expectancy.<sup>113</sup> Overall, Stanly County has the lowest life expectancy among its peer counties and the State. Lee County has the lowest life expectancy among males, but Stanly County is a very close second. Stanly County has the lowest life expectancy among its peer counties for females and whites. Lee and Pender counties have lower life expectancies for African Americans than Stanly County.

Table 50.

2017-2019 Life Expectancy at Birth					
Life Expectancy					
Race & Sex-Specific					
North Carolina, Stanly County & Peer Counties					
State/Peer County	Total	Sex		Race	
		Male	Female	White	African American
North Carolina	76.7	74.0	79.4	77.8	73.8
Stanly	75.5	73.3	77.8	75.6	75.5
Granville	78.0	76.1	80.0	78.7	77.0
Haywood	77.1	74.6	79.6	77.1	77.7
Lee	76.5	73.2	79.9	78.5	71.3
Pender	77.3	74.4	80.3	77.9	73.8

Chart 8 highlights the racial disparity infant mortality data for 2016-2020 among Stanly County and her peer counties.<sup>114</sup> Stanly County has the highest infant mortality rate among non-Hispanic whites. Pender County has the highest infant mortality rate among non-Hispanic African Americans.

Chart 8.



<sup>113</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD8A-2019-State-2017-2019-CountyLifeExpectanciesAtBirth.html>

<sup>114</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Table 51 highlights the top 2015-2019 five leading causes of mortality in Stanly County.<sup>115</sup> Stanly County has the highest rate of mortality for Heart Disease (212.5) and Alzheimer’s Disease (58.7) among her peer counties. Stanly County has the second highest mortality rate among her peer counties for All Other Unintentional Injuries (54.6) and Chronic Lower Respiratory Disease (47.1). Haywood County has the highest mortality rate for All Other Unintentional Injuries (58.1) and Chronic Lower Respiratory Disease (51.1). Lee County has the highest mortality rate for Cancer - All Sites (171.7).

Table 51.

Mortality Age-Adjusted Rate/1000,000 Population Peer County Comparisons 2015-1019							
Rank	Cause of Mortality	Report Period	Stanly	Granville	Haywood	Lee	Pender
1	Heart Disease	2015-2019	212.5	153.5	172.1	164.7	157.7
2	Cancers – All Sites	2015-2019	163.0	170.3	154.9	171.7	166.1
3	Alzheimer’s Disease	2015-2019	58.7	41.2	22.8	43.6	26.4
4	All Other Unintentional Injuries	2015-2019	54.6	32.4	58.1	41.2	43.4
5	Chronic Lower Respiratory Disease	2015-2019	47.1	39.6	51.1	37.6	36.0

For a complete listing of Peer County Comparison responses, go to Tables 125 and 126 on pages 147-148.

<sup>115</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm#vitalvol2>

# PERSONAL HEALTH PROFILE

## Overview

Stanly County has shown improvement in chronic disease health indicators, such as heart disease, cancer – all sites, cerebrovascular disease and diabetes. It has not improved with other chronic disease health indicators, such as colon, rectum & anus cancer; Alzheimer’s disease and septicemia. Other health indicators that have improved include the teenage pregnancy rate and infant health. Health indicators for communicable diseases (chlamydia, gonorrhea, HIV/AIDS and syphilis) have become worse. To see an overview of health indicators data for Stanly County, go to Table 128 on page 150.

Survey respondents were asked to respond to personal health questions. These questions dealt with where they go for health advice or medical care, preventive health screenings, COVID-19 preventive measures, physical activity, alcohol ingestion, tobacco use and misuse of drugs. The complete tables for these personal health questions according to overall, zip codes, sex, racial identity, age, education (grade completed), marital status and household income responses can be found on Tables 129-152 on pages 151-177.

## Preventive Health Screenings

Overall, the overwhelming majority of survey respondents chose the doctor’s office (79.51%) as their primary source for medical care and health advice. Urgent care center (5.81%) and Internet (5.71%) were a distance second and third. All the survey categories (zip code, sex, racial identity, age, education – grade completed, marital status and household income) overwhelmingly selected the doctor’s office as their #1 choice for accessing medical care and health advice.

Even though the majority of racial identity survey respondents selected the doctor’s office as their primary source of medical care and health advice, 22.58% of the Hispanic/Latinx respondents selected the community care clinic as their second choice and 33.33% of the American Indian & Others selected the urgent care center as their second choice for accessing medical care and health advice.

Separated (44.00%) and Single/Never Married (55.67%) had the lowest percentage of those seeking medical care and health advice from the doctor’s office. Separated survey respondents had the highest percentage of those seeking medical care and health advice from the health department (12.00%), mental health services (8.00%) and urgent care center (16.00%). Single/Never Married survey respondents had higher percentages who seek medical care and health advice from the hospital (10.82%) and the internet (12.37%).

The doctor’s office was overwhelmingly chosen by all grade levels, but the 12<sup>th</sup> Grade or Less survey respondents had the lowest percentage (48.39%). 12<sup>th</sup> Grade or Less survey respondents, also, had the highest percentage naming the hospital (17.74%) and internet (11.29%) and as their primary source of medical care and health advice. Completed 12<sup>th</sup> Grade/GED had the highest percentage of responses for the urgent care center (11.67%). Household income influenced where medical care and health advice were sought. Survey respondents making Less than \$10,000 had the lowest percentage for the doctor’s office at 29.51%. Those making Less than \$10,000 had the highest percentages for seeking medical care and health advice at the hospital (19.67%), internet (11.48%), mental health services (3.28%) and urgent care center (16.39%). For more information about where respondents would go for medical care and health information, go to Table 129 and Charts 41-47 on pages 151-158.

Survey respondents were questioned about the recommended preventive health screenings that they had during this past year. Overall blood pressure (78.23%) had the highest percentage of being done with dental (68.37%), cholesterol (66.40%), blood sugar (65.22%) and vision (58.82%) screenings next. Stroke (11.72%) and PSA (15.17%) were the least screenings done in the past year. Males had higher screening percentages on all (applicable) screenings than females.

Whites had the highest screening percentages for blood pressure (81.89%), blood sugar (69.51%), cholesterol (71.26%), dental (71.73%), mammogram (43.69%), stroke (12.50%), vision (61.45%) and colonoscopy (22.43%) than the other four identified races. African American/Blacks had higher screening percentages of survey respondents for hearing (22.77%) and pap smears (49.50%). American Indians & Others had the highest percentage of screenings for PSA (16.67%).

Age impacted what percentage received yearly health screenings. Older survey respondents (65-74 years and 75 or older) had a higher percentage of yearly screenings for blood pressure, blood sugar, cholesterol, dental, hearing, PSA, stroke, vision and colonoscopy screenings than other age categories. The highest percentage of mammograms (59.76%) and pap smears (45.12%) were for those between the ages of 20-64. Overall, 15-19 Years survey respondents had lower percentages of yearly screenings, except for dental (78.18%) and vision (49.09%).

Generally speaking, one's education had an impact on whether one received the recommended yearly health screenings. One significant difference was the percentage of women having a mammogram in the past year. Only 9.68% of the survey respondents, 12<sup>th</sup> Grade or Less, had received a mammogram in the past year.

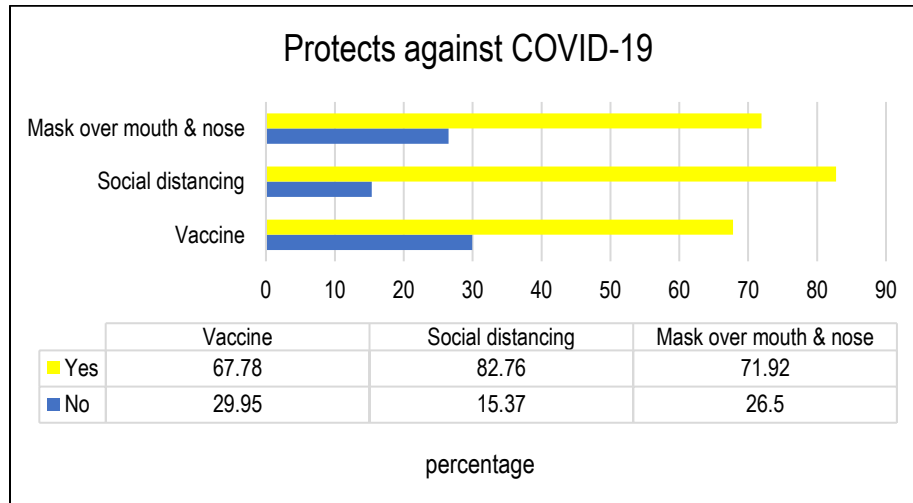
Overall, Single/Never Married and Separated survey respondents had lower percentages of these recommended health screenings during the past year: blood pressure (59.79%), blood sugar (39.18%), cholesterol (35.05%), dental (58.25%), mammogram (15.46%), and colonoscopy (5.67%). It is possible these lower percentages were due to survey respondents being young and not eligible for these screenings at this time. Divorced (8.25%) had the lowest percentage for hearing screenings. Among the Marital Status category, Widowed survey respondents had the highest percentage of screening conducted in the past year for blood pressure (89.66%), blood sugar (82.76%), cholesterol (84.48%), mammogram (62.07%), stroke (17.24%) and vision (67.24%). Widowed survey respondents had the lowest percentage of hearing (22.41%) and pap smear (13.79%) yearly screenings.

Household income impacted if survey respondents had recommended preventive screenings in the past year. Those making less than \$10,000 had lower percentages of those getting the following recommended preventive screenings: blood pressure (45.90%), blood sugar (27.87%), cholesterol (29.51%), dental (29.51%), mammogram (24.59%), pap smear (32.79%), vision (29.51%) and colonoscopy (8.20%). Those with incomes \$60,000 or greater were more likely to have had the recommended preventive screenings in the past year. For more survey responses to the question, "What preventive screenings have you had in the past year?", go to Tables 130-137 on pages 159-166.

## COVID-19 Protection Protocols

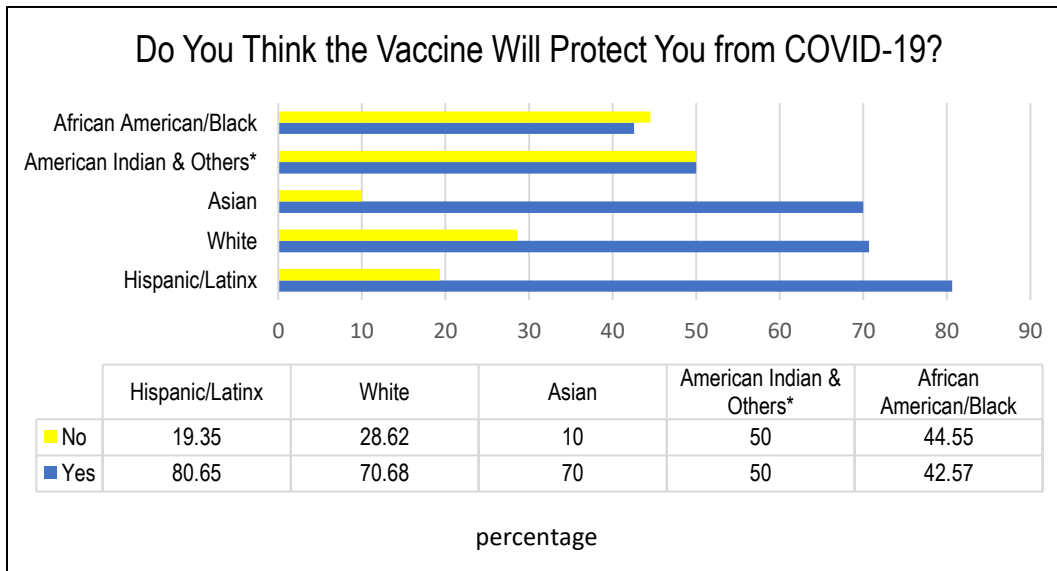
The COVID-19 pandemic continues to rage as the third year of its existence begins. Survey respondents were asked about their opinion if a mask over nose & mouth, social distancing and/or a vaccine would protect them from this disease. Overall, the majority responded that those three actions would protect them from being infected with COVID-19. (See Chart 9.)

Chart 9.



Significant differences among races were shown when asked if a vaccine would protect them from COVID-19. Significantly more Hispanic/Latinx (80.65%), White (70.68%) and Asian (70.00%) survey respondents answered yes to this question than African American/ Black (42.57%) and American Indian & Others (50.00%) survey respondents. (See Chart 10.)

Chart 10.



\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Overall, all ages responded that social distancing would offer the highest protection against COVID-19 infection when compared with mask over mouth & nose and vaccine activities. There was a significant difference among age groups' responses to the vaccine being protective against COVID-19. Survey respondents, 15-19 Years (49.09%) and 20-34 Years (58.49%) survey respondents significantly thought the vaccine was not protective when compared with other age categories. Those 35 years old and older progressively viewed the vaccine as protective against COVID-19. (See Table 52.)



Table 52.

Do you think the following will protect you from COVID-19?								
Age*								
	Response	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Mask over mouth & nose	Yes	71.92	56.36	59.75	67.24	75.61	83.33	93.55
	No	26.50	41.82	37.11	31.34	22.56	16.22	6.45
Social distancing	Yes	82.76	74.55	74.84	80.63	82.32	90.99	95.16
	No	15.37	23.64	21.38	17.66	15.24	8.56	4.84
Vaccine	Yes	67.78	49.09	37.11	63.53	76.22	88.29	91.94
	No	29.95	49.09	58.49	33.90	21.34	11.26	8.06

\*percentage

At least 50.00% of all Education (Grade Completed) survey participants agreed that masks (over nose & mouth), social distancing and the vaccine protected them from COVID-19 infection. Survey respondents with a bachelor or postgraduate degree had a higher percentage of agreement with this than other Education (Grade Completed) survey respondents. Vaccines were seen as the least protective of the three options by 12<sup>th</sup> Grade or Less (50.00%), Completed Grade 12/GED (55.56%), Community College/Technical School Degree/Certificate (54.75%) and College 1-3 Years – College/Technical School (64.65%) survey respondents. Bachelor Degree (81.50%) and Postgraduate Degree (87.35%) survey respondents agreed vaccines were effective prevention against COVID-19 infection.

Social distancing was considered the best protection against COVID-19 by Single/Never Married (75.77%), Married (85.29%), Divorced (83.51) and Widowed (89.66%) survey respondents. Separated (64.00%) survey respondents listed mask over mouth & nose as the best protection. The following Marital Status categories had the highest percentage of responses indicating that vaccines would not protect against COVID-19 infection: Single/Never Married (45.36%), Separated (44.00%) and Divorced (36.08%).

All household incomes responded that social distancing was the best way to prevent COVID-19 infection when compared with mask over nose & mouth and vaccine. Survey participants making \$30,000-\$44,999 (75.00%) and ↑\$100,000 (82.56%) had the highest percentages that vaccines were effective against COVID-19 infection. Those making ↓\$10,000 (44.26%) and \$10,000-\$19,999 (46.72%) did not believe vaccines would offer protection against COVID-19 infection. For additional responses to the question, Do you think the following will protect you against COVID-19, go to Tables 138-145 on pages 167-171.

## Activities

Personal Health Profile section included the question, “In the past seven (7) days have you participated in the following?” The overall responses are seen in Table 53.

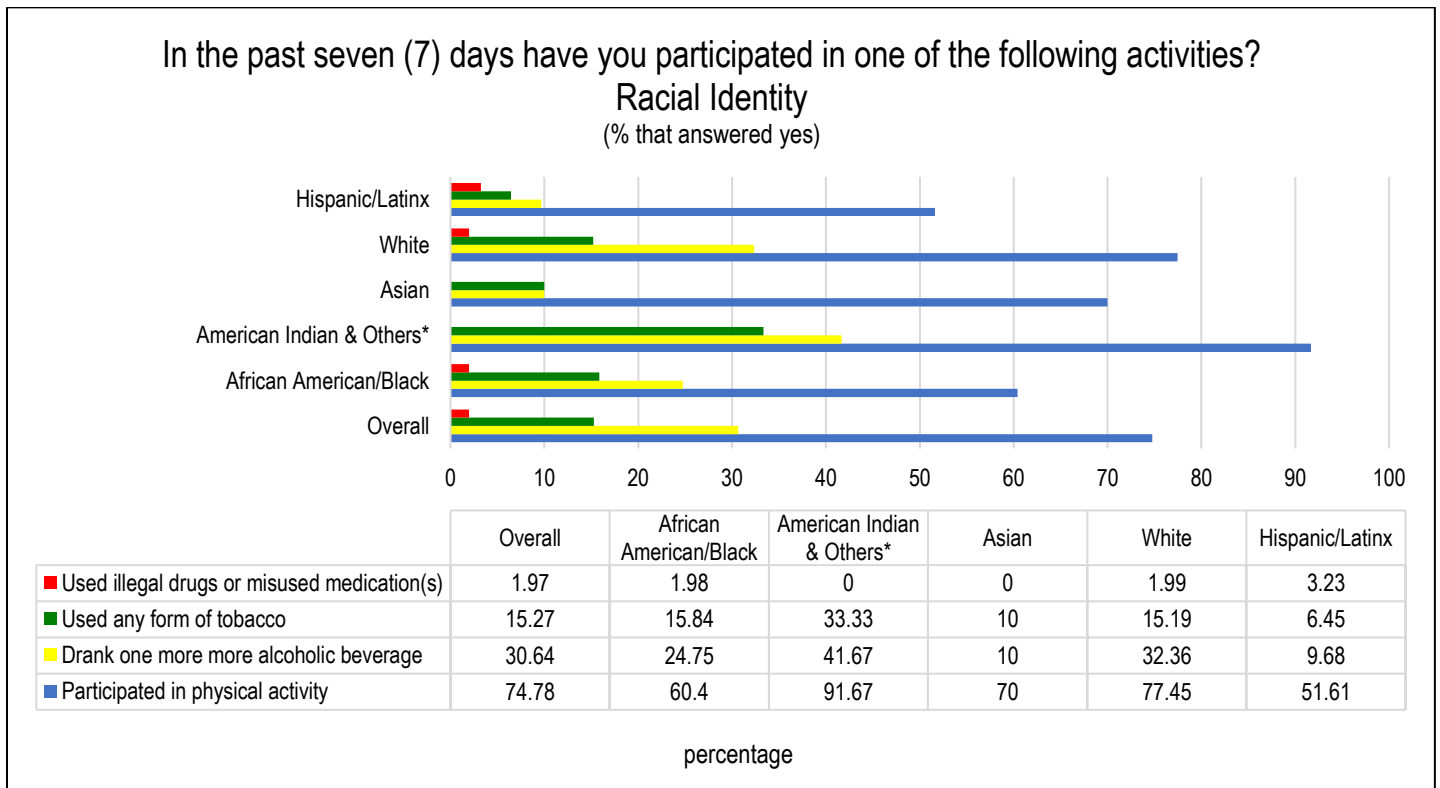
Table 53.

In the past seven (7) days, have you participated in one of the following activities? Overall	
Activity	%*
Participated in physical activity?	74.78
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27
Used illegal drugs or misused medication(s)?	1.97
*% of yes answers	

Almost ¾ of the survey participants participated in physical activity during the past seven days. Fewer than 1/3 of the survey participants indicated they had consumed alcohol during the past week. A little less than 1/6 had used any form of tobacco during that time. Less than 2.00% of those participating in this survey had used illegal drugs or misused medication within the past seven days.

Percentages were comparable when examining this statement according to zip codes. Males participated in all these activities in a greater percentage than females, especially consuming alcoholic beverages – 44.12% versus 26.61%. American Indians & Others had the highest percentage of those participating in physical activity, drinking alcoholic beverages and using tobacco products than other races. American Indians & Others tied with Asian survey respondents for the lowest illegal drug use or misusing medications at zero percent (0%). (See Chart 11.)

Chart 11.



\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Survey participants, 15-19 years old, had a higher percentage of physical activity than the other ages – 85.45%. Those ages 65-74 had the higher percentage of drinking an alcoholic beverage during the past week – 38.74%. Whereas, those 15-19 years of age had the lowest percentage of those drinking an alcoholic beverage – 5.45%. Survey respondents ages 20-34 (21.28%) and ages 35-54 (19.66%) had the highest percentage of age groups that used any form of tobacco. The two highest percentages for the use of illegal drugs or misused drugs were survey respondents 15-19 Years (3.64%) and 75 or Older (3.23%).

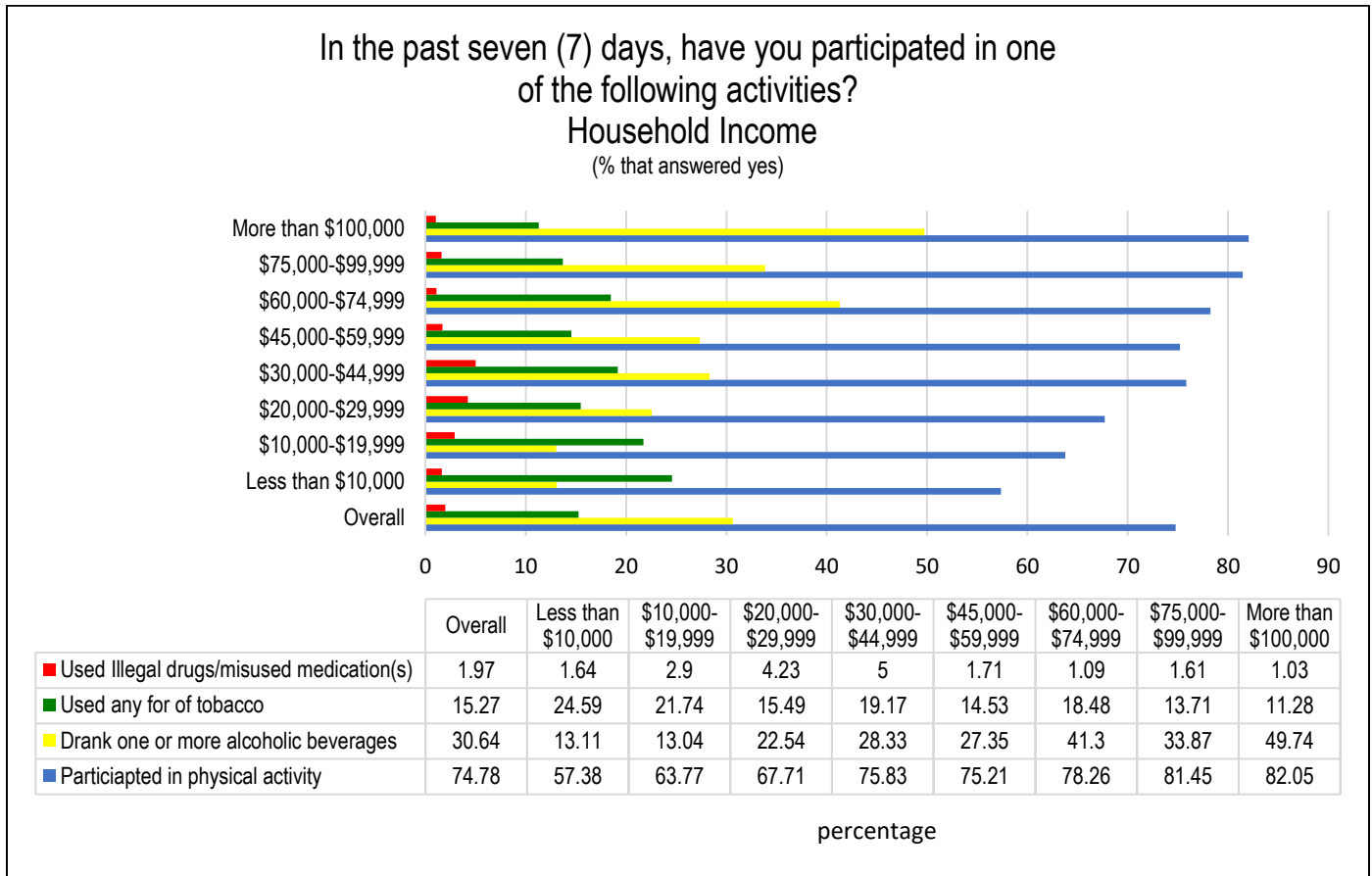
Completed Grade 12/GED survey respondents had the lowest percentage of those participating in a physical activity during the past week – 55.00% and Bachelor Degree survey respondents had the highest percentage – 84.58%. Survey respondents 12<sup>th</sup> Grade or Less (8.06%) had the lowest percentage of Education (Grade Completed) groups consuming alcoholic drinks and Bachelor Degree survey respondents had the highest percentage – 44.49%. 12<sup>th</sup> Grade or Less survey respondents had the highest percentage of Education groups for using any form of tobacco – 24.19%. Postgraduate Degree survey respondents had the lowest percentage of tobacco use – 6.63%. The two Education (Grade Completed) groups that had the highest used illegal drugs or misused medications percentages were Community College/Technical School Degree/Certificate (2.79%) and Bachelor Degree (2.20%).

Married survey respondents had the highest percentage of those participating in a physical activity in the past week – 78.40%. Separated survey respondents had the lowest percentage for Marital Status groups for participating in a physical activity – 40.00%. Married survey respondents had the highest percentage of Marital Status groups for consuming an alcoholic drink in the past seven days – 35.05% and Separated had the lowest percentage – 16.00%. Divorced survey respondents had the highest percentage of those using a tobacco product (28.87%) and an illegal drug/misuse medication (6.19%). Separated survey respondents had the lowest percentage of those using a tobacco product (12.00%) and using illegal/misusing medications (0%).

Survey participants making \$75,000-\$99,000 (81.45%) and ↑\$100,000 (82.05%) participated the most in physical activity during the past week. Those making ↓\$10,000 (57.38%) and \$10,000-\$19,999 (63.77%) participated the least in physical activity in the past seven days. Those making ↓\$10,000 (13.11%) and \$10,000-\$19,999 (13.04%) consumed the least alcohol (beer, wine, liquor) during the past seven days. Survey participants making \$60,000-\$74,999 (41.30%) and ↑\$100,000 (49.74%) consumed the most alcohol during the past week. Those making \$75,000-\$99,000 (13.71%) and ↑\$100,000 (11.28%) used the least tobacco products (cigarette, cigar, chew, snuff, e-cigarette, vape) through the past week. Those survey participants making ↓\$10,000 (24.59%) and \$10,000-\$19,999 (21.74%) used the most tobacco products during the past week. Those survey participants making \$20,000-\$29,999 (4.23%) and \$30,000-\$44,999 (5.00%) reported using illegal drugs or misusing medications in the past seven days. (See Chart 12.)

For more responses to the Personal Health Profile question, “In the past seven (7) days, have you participated in one of the following activities?”, go to Tables 146-153 on pages 172-177.

Chart 12.

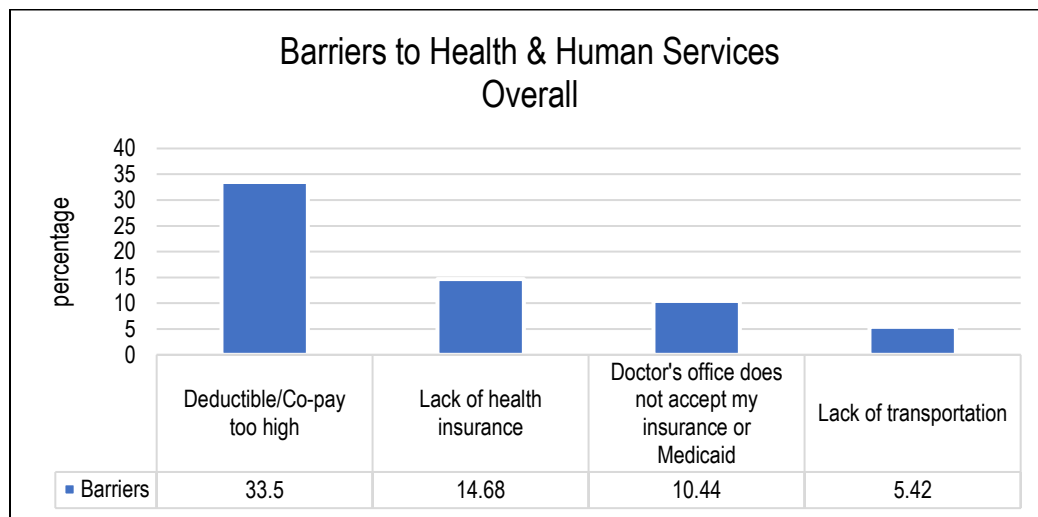


For a complete listing of Personal Health Profile responses, go to Tables 129-152 on pages 151-177.

# BARRIERS TO HEALTH & HUMAN SERVICES

The question on the 2021 Community Health Assessment survey addressing barriers to health services was “Which of the following are barriers for you to use existing health services?” The majority of survey participants (30.50%) marked “Deductible/Co-pay is too high.” “Lack of health insurance” was second at 14.68%. For 48.18% of the survey participants, financial considerations were a barrier to access health services. See Chart 13 for the Overall responses to this question.

Chart 13.



Zip Code responses were very similar. The biggest barrier was that the “Deductible/Co-pay too high” for all zip code survey respondents. East zip code survey respondents had the highest barrier percentages for “Lack of health insurance” (16.67%) and “Lack of transportation” (7.01%). North zip code respondents had the highest barrier percentage for “Doctor’s office does not accept my insurance or Medicaid” (13.16%).

Females had a higher percentage barrier to “Deductible/Co-pay is too high” (35.79%) and “Lack of health insurance” (16.15%) than Males. “Lack of transportation” was cited more by Males (6.44%) than Females (5.17%).

All Racial Identity survey respondents identified “Deductible/Co-pay too high” as their #1 barrier, except Hispanic/Latinx survey respondents. They identified “Lack of health insurance” (41.94%) as their #1 barrier to accessing health care services. The “Lack of health insurance” was a greater barrier for Hispanic Latinx (41.94%), African American/Black (38.61%) and American Indian & Others (25.00%) survey respondents than Asian (10.00%) and White (10.86%) survey participants.

Those 20-34 Years (43.40%) and 35-54 Years (42.17%) had the highest percentage marked for “Deductible/Co-pay to high” than any other Age survey participants. They, also, had the highest percentage of those who marked “Lack of Health Insurance - 20-34 Years (28.30%) and 35-54 Years (18.52%). Survey respondents 15-19 Years (18.18%) and 20-34 Years (18.24%) had the higher percentages of those whose “Doctor’s office does not accept my insurance and Medicaid.” 15-19 Years survey respondents had the highest percentage of those with a lack of transportation (10.91%) which is understandable due to their age. (See Table 54.)

Table 54.

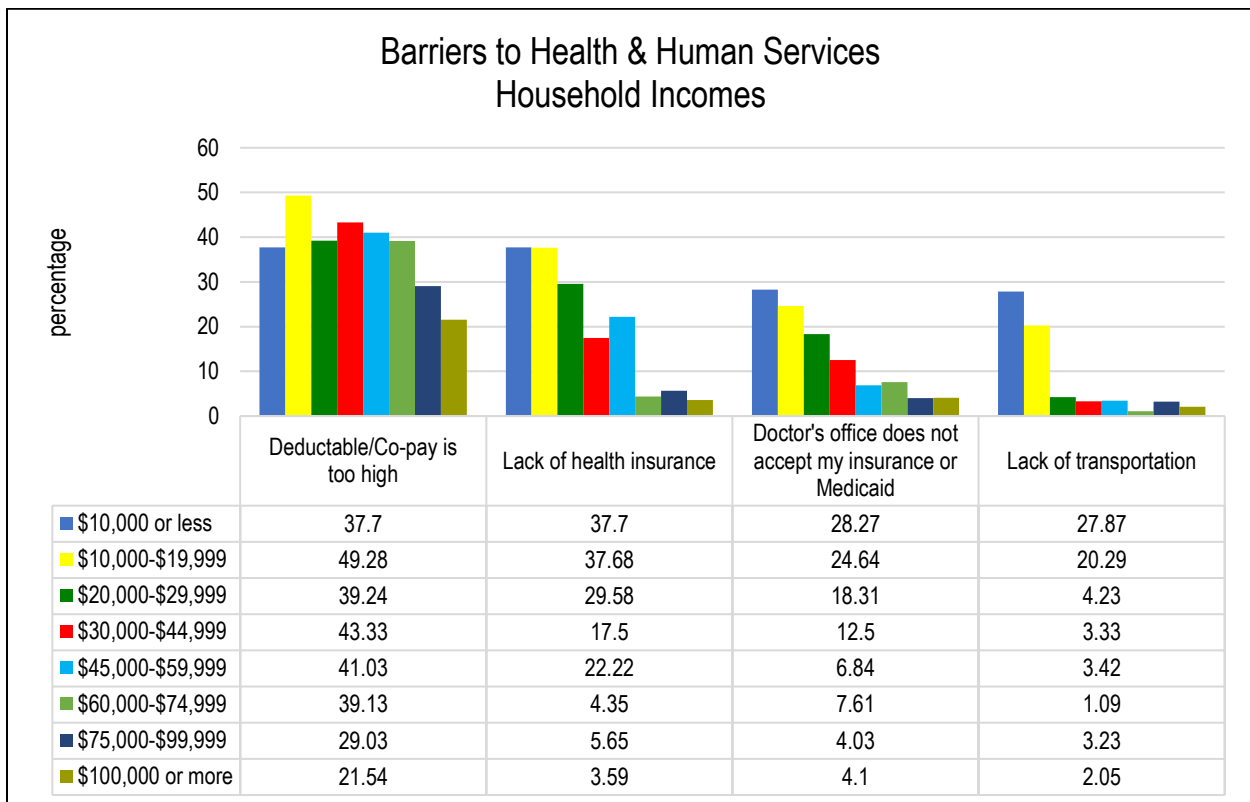
Barriers to Health & Human Services – Age*							
Barriers	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Deductible/Co-pay is too high	33.50	32.73	43.40	42.17	36.59	17.12	11.29
Lack of health insurance	14.68	16.36	28.30	18.52	13.41	3.15	1.61
Doctor's office does not accept my insurance or Medicaid	10.44	18.18	18.24	11.11	8.54	4.95	4.84
Lack of transportation	5.42	10.91	5.66	7.12	4.88	3.15	0
*percentage							

All Education (Grade Completed) survey participants had “Deductible/Co-pay too high” as their #1 barrier. Community College/ Technical School Degree/Certificate had the highest percentage for this barrier - 44.69%. 12<sup>th</sup> Grade or Less has the second highest percentage for this barrier – 41.94%. Completed Grade 12/GED (24.44%) and 12<sup>th</sup> Grade or Less (22.58%) survey respondents had the highest percentages for “Lack of health insurance” barrier. “Lack of transportation” was a greater barrier for 12<sup>th</sup> Grade or Less (14.52%) than the other Education (Grade Completed) survey participants.

The Marital Status of survey participants made a difference in barriers to accessing health and human services. Survey respondents in the Separated category had the highest percentage of barriers for the following selections: “Deductible/Co-pay too high (48.00%), Lack of Health Insurance (32.00%) and Lack of Transportation” (12.00%). The Single/Never Married category had the second highest percentages of all Marital Status types for the following selections: “Deductible/Co-pay too high (41.24%), Lack of Health Insurance (30.41%) and Lack of Transportation” (11.86%). The Single/Never Married category had the highest percentages of all Marital Status types for “Doctor’s office does not accept my insurance or Medicaid” (18.04%) with Divorced #2 (17.53%).

Overall, lower income households survey participants experienced greater barriers to accessing health care. There were exceptions to this as shown on Chart 14. However, Lack of Transportation was one barrier that was significantly greater for those making less than \$20,000 than all other Household Income categories. All Household Income survey participants had single digit percentages for Lack of Transportation, except those making ↓\$10,000 (27.87%) and \$10,000-\$29,999 (20.29%).

Chart 14.



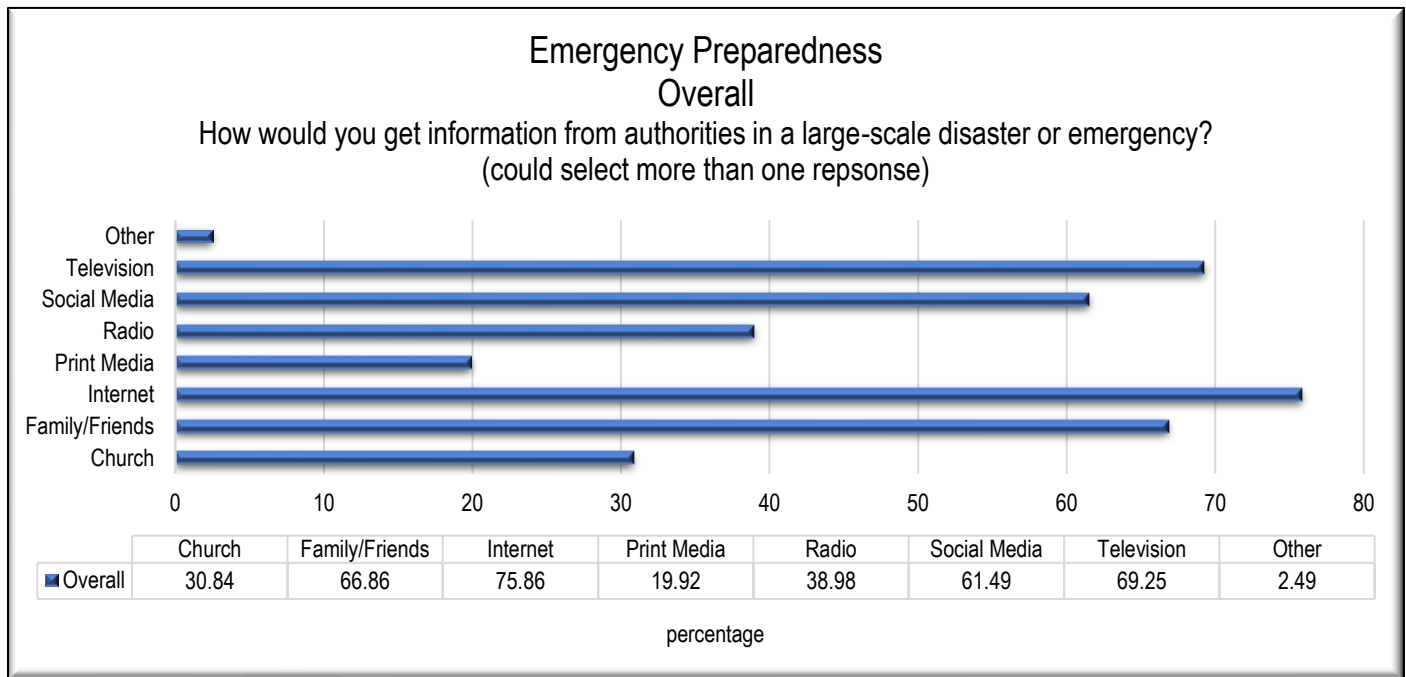
For a complete listing of Barriers to Health and Human Services responses, go to Tables 154-161 on pages 178-181.

# EMERGENCY PREPAREDNESS

Survey participants were asked several questions regarding emergency preparedness. More than one choice could be marked for each question.

The first question was “How would you get information from authorities in a large-scale disaster or emergency?” The majority of survey participants overall identified the Internet (75.86%) as their first source with Television (69.25%) second and Family/Friends (66.86%) third. See Chart 15 for additional responses.

Chart 15.



The Internet was the #1 choice for accessing information for East (75.00%), North (79.87%) and West (76.50%) zip codes. South zip code survey participants had Television (72.82%) as first source with Internet (71.84%) second. Females identified Internet (76.98%) first with Family/Friends (68.30%) second with Television (67.92%) a close third. Television (74.27%) received the highest percentage for males with Internet (73.44%) as the second highest percentage for accessing information in an emergency.

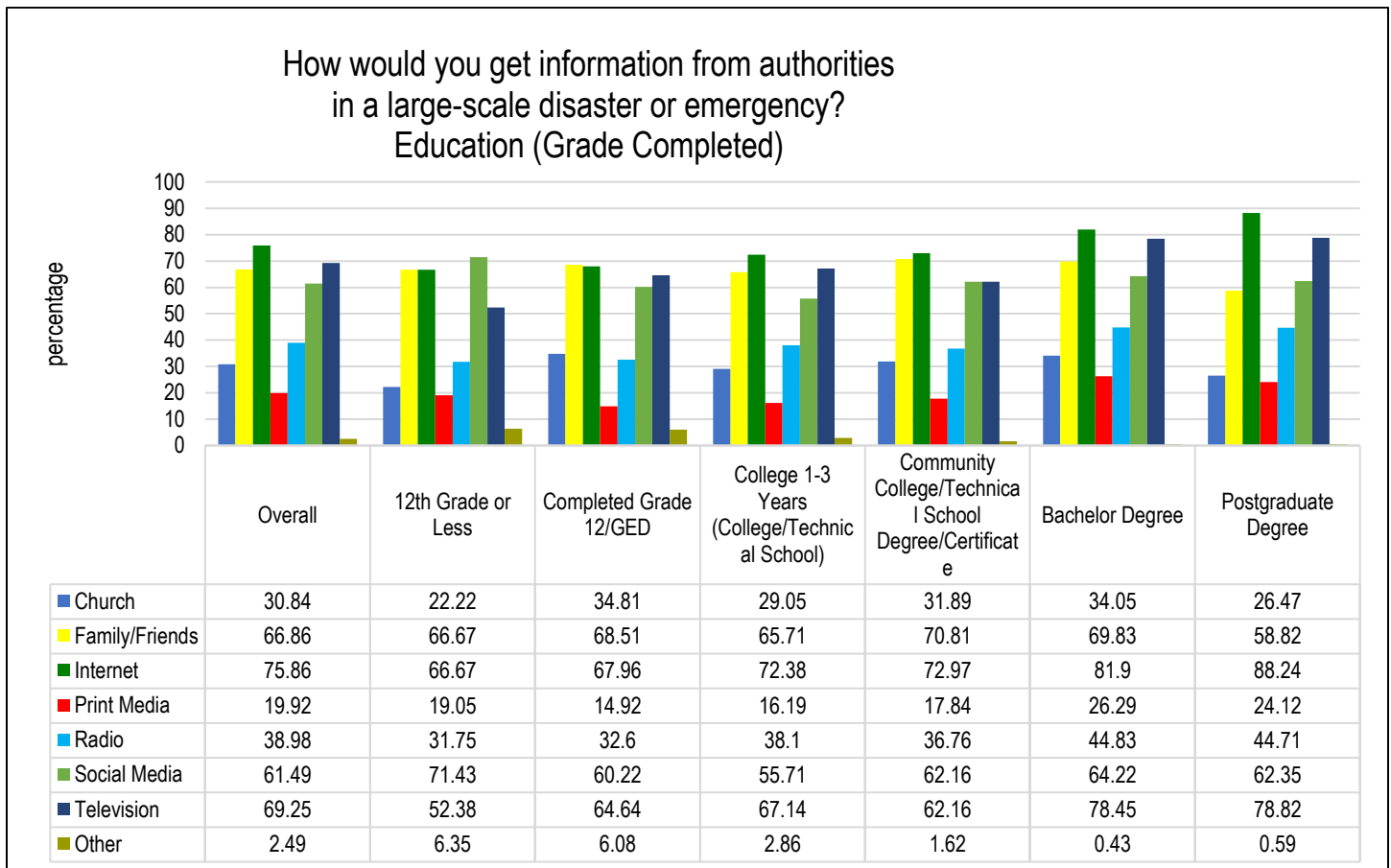
White (78.00%) and Hispanic/Latinx (71.88%) selected the internet as their #1 source of information. African American/Black (66.34%) and American Indian & Others (57.14%) chose their family/friends as their first choice. Asian (90.00%) survey participants selected the social media as their first choice for receiving information. Internet was #2 for African American/Black (64.36%) and American Indian & Others (42.86%). Television was #2 for American Indian & Others (42.86%) and White (71.54%) survey participants.

Age had an effect on where one received information. Accessing information via the Internet was the first choice for 15-19 Years (89.09%), 20-34 Years (68.13%) and 35-54 Years (74.52%). Social Media was their second choice for accessing information: 15-19 Years (80.00%), 20-34 Years (64.38%) and 35-54 Years (68.49%). Television was the first choice for 55-64 Years (79.52%), 65-74 Years (85.34%) and 75+ Years (90.63%). Internet was the second choice for those 55 years and older: 55-64 Years (78.31%), 65-74 Years (79.74%) and 75+ Years (73.44%).



The Internet was the first choice to receive information for the following education categories: College 1-3 Years (College/Technical School) (72.38%), Community College/Technical School Degree/Certificate (72.97%), Bachelor Degree (81.90%) and Postgraduate Degree (88.24%). Social Media (71.43%) was the first choice of 12<sup>th</sup> Grade or Less survey participants. Family/Friends were the #1 choice for Completed Grade 12/GED (68.51%). Television was the #2 choice for College 1-3 Years (College/Technical School) (67.14%), Bachelor Degree (78.45%) and Postgraduate Degree (78.82%) survey participants. 12<sup>th</sup> Grade or Less survey participants had Family/Friends and Internet tied for #2 (66.67%). (See Chart 16.)

Chart 16.



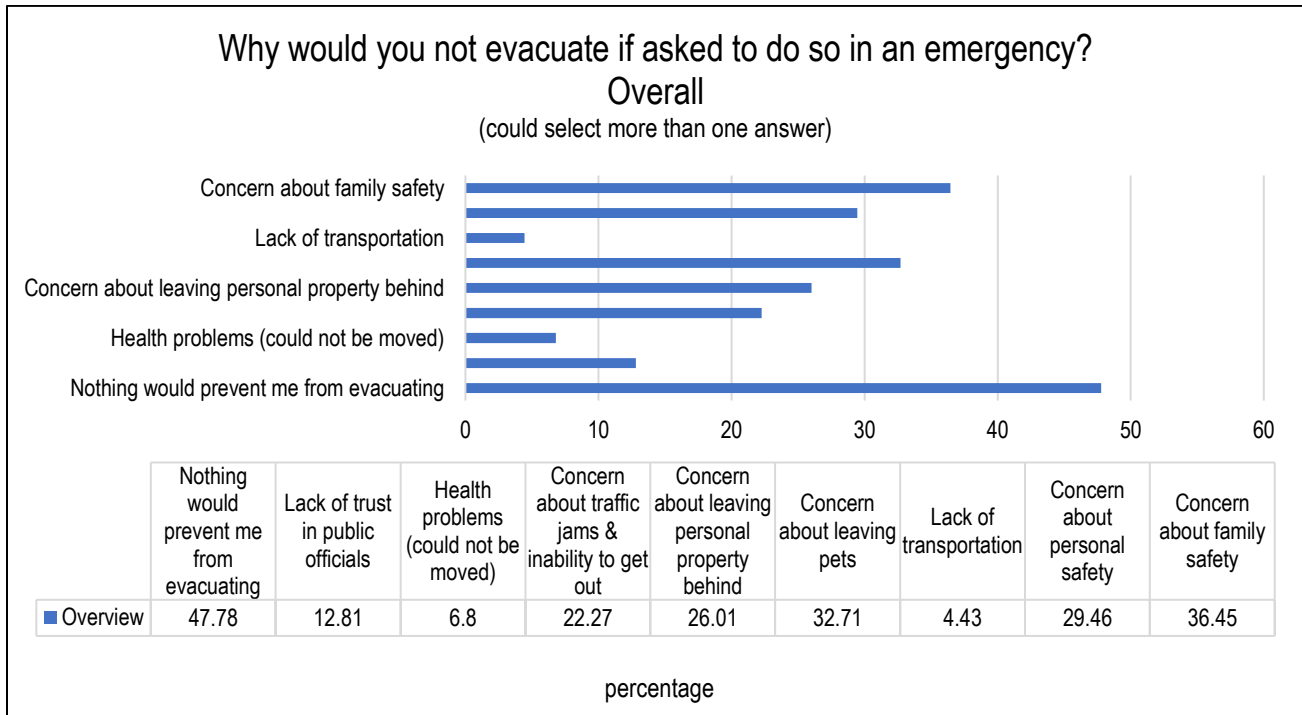
The Internet was the first choice to access information for Married (80.40%) and Separated (56.00%) survey participants. Television was the first choice for Divorced (70.30%) and Widowed (85.48%) survey participants. Single/Never Married (71.94%) chose Family/Friends as their first choice to access information. The #2 choice for Single/Never Married (68.88%) and Divorced (69.31%) was Internet. Widow survey respondents chose Family/Friends and Internet tied as their #2 choices (70.97%). Married survey respondents had Television (73.86%) as their #2 choice. Separated survey respondents chose Family/Friends as their #2 (52.00%) choice.

Internet was the primary choice to access information from authorities in an emergency for the following Household Income categories: \$20,000-\$29,999 (73.61%), \$45,000-\$59,999 (81.20%), \$60,000-\$74,999 (75.79%), \$75,000-\$99,999 (86.05%) and \$100,000 or more (80.10%). Those whose Household Income category was \$30,000-\$44,999 (75.20%) selected Family/Friends as their #1 information resource. Survey respondents making Less than \$10,000 (56.08%) selected Social Media as their first choice. Television was the first choice for those at the \$10,000-\$19,999 (71.83%) Household Income category. Family/Friends were the #2 choice for \$10,000-\$19,999 (70.42%), \$20,000-\$29,999 (70.83%) and \$45,000-\$59,999 (72.65%) survey respondents. Television was the #2 choice for \$30,000-\$44,999 (70.40%), \$75,000-\$99,999 (71.32%) and \$100,000 or more (74.63%) survey participants. Internet and

Family/Friends were tied for #2 for Less than \$10,000 (51.61%T) survey participants. Family/Friends and Social Media were tied at #2 for \$60,000-\$74,999 (67.37%T) survey respondents.

The second question regarding emergency preparedness was “Why would you not evacuate if asked to do so in an emergency?” Overall, a significant percentage stated “Nothing would prevent me from evacuating” (47.78%). Concern about family safety (36.45%) and Concern about leaving pets (32.71%) were the second and third highest percentages. See Chart 17 for additional responses.

Chart 17.

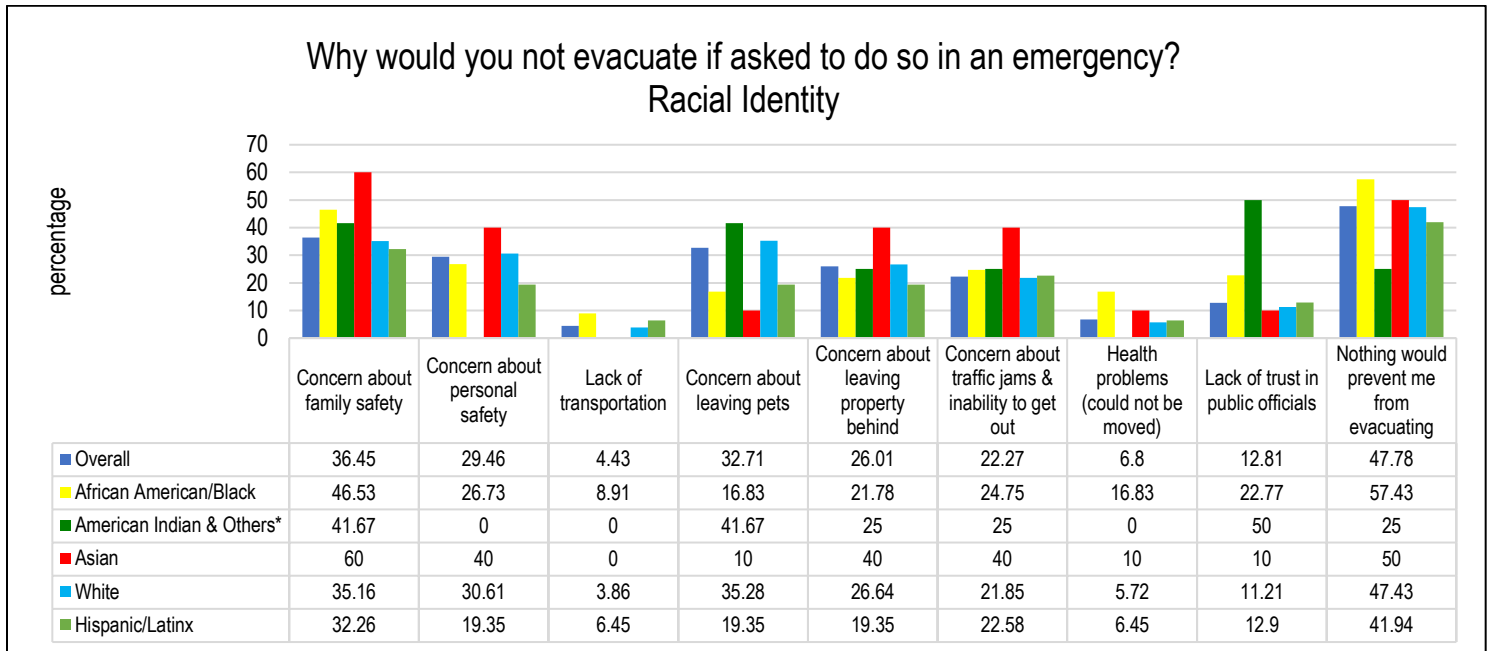


All Zip Codes had as their #1 choice that - “Nothing would prevent me from evacuating.” Their #2 choice was all the same too – “Concern about family safety.”

Male and Female survey respondents had as their #1 choice that - “Nothing would prevent me from evacuating.” The #2 reason for females was concern about family safety (37.86%). Males (31.33%T) had two #2 choices they would not evacuate: was “Concern about family safety” and “Concern about leaving property behind.”

African American/Black (57.43%), White (47.43%) and Hispanic/Latinx (41.94%) has as their #1 response “Nothing would prevent me from evacuating.” American Indians and Others (50.00%) cited as their #1 reason for not evacuating “Lack of trust in public officials.” Asian (60.00%) survey respondents cited “Concern about family safety” as their reason for not evacuating as their #1 choice. “Concern about family safety” was the #2 choice for African American/Black (46.53%), American Indian & Others (41.67%) and Hispanic/Latinx (32.26%). “Concern about leaving pets” was the #2 choice for White (35.28%) survey respondents. (See Chart 18.)

Chart 18.



\*Denotes American Indian, Two or More Races and any race that was written in on the survey.

Ages' responses to the evacuation question was very distinct between younger and older survey respondents. Those 15-19 Years (54.55%), 20-34 Years (56.60%) and 35-54 Years (44.73%) selected "Concern about family safety" as their #1 priority. "Nothing would prevent me from evacuating" was the #1 response for 55-64 Years (50.61%), 65-74 Years (57.66%) and 75+ Years (66.13%). "Concern about personal safety" was the #2 (24.32%) concern for survey respondents 65-74 years of age. "Concern about leaving pets" was the #2 concern for 20-34 Years (42.77%), 55-64 Years (35.98%) and 75+ Years (29.03%) survey respondents. Survey respondents 15-19 Years (40.00%) and 35-54 Years (43.30%) had "Nothing would prevent me from evacuating" as their #2 concern.

All Education (Grade Completed) survey participants selected "Nothing would prevent me from evacuating" as their #1 selection, except 12<sup>th</sup> Grade or Less survey participants. Their #1 response was "Concern about family safety." (50.00%) The #2 concern for Completed Grade 12/GED (37.22%), College 1-3 -College or Technical School (40.40%) and Community College/Technical School Degree/Certificate (41.34%) survey participants was "Concern about family safety". "Concern about leaving pets" was the #2 concern for Bachelor Degree (33.04%) and Postgraduate Degree (28.92%) survey participants. The #2 concern for 12<sup>th</sup> Grade of Less (35.48%) survey participants was "Nothing would prevent me from evacuating".

All Marital Status survey participants selected "Nothing would prevent me from evacuating," except Single/Never Married survey participants. Their #1 selection was "Concern about family safety" (48.97%). "Concern about family safety" was the #2 concern for Married (35.05%) and Separated (44.00%) survey respondents. "Concern about leaving pets" was the #2 concern for Divorced (39.18%) and Widowed (27.59%) survey participants. "Nothing would prevent me from evacuating" was the #2 concern for Single/Never Married (38.66%).

All Household Income survey participants selected "Nothing would prevent me from evacuating" as their #1 response, except for Less than \$10,000 (45.90%) and \$20,000-\$29,000 (49.30%) survey respondents who selected "Concern about family safety" as their #1 response. The #2 concern for Less than \$10,000 (40.98%) survey respondents was "Concern about leaving pets". The #2 concern for \$20,000-\$29,000 (47.89%) survey respondents was "Nothing would prevent me from evacuating". Survey respondents making \$10,000-\$19,999 had two #2 concerns – "Concern about family safety" (39.13%) and "Concern about leaving pets" (39.13%). Survey respondents making \$30,000 or more all listed "Concern about family safety" as their #2 concern.

For a complete listing of Emergency Preparedness responses, go to Charts 48-63 on pages 182-197.

# FOCUS GROUPS

Focus groups are an important component of the 2021 community health assessment process. Focus group participants provide an invaluable insight of what is happening in our different communities. Information gleaned from focus groups complements the community health assessment survey results and applicable data to provide a comprehensive picture of Stanly County – its needs perceived by the community and through analysis of the available data. The insights and comments shared in the following paragraphs – Health Issues and Community Issues - are paraphrased unless marked as direct quotes.

Six focus groups were held in person with established community groups. A list of potential focus groups was suggested by the 2021 Community Health Assessment Advisory Committee. Four of those contacted agreed to participate. One group, Badin City Council, requested to participate after a presentation on the community health assessment process. A request was posted on the Stanly County Health Department's Facebook page to give any community/church/ nonprofit group an opportunity to participate as a focus group. The Stanly County Adult Day Healthcare Committee (now known as the Stanly Adult Care Center Board) was the only response to this request.

Focus groups were initially selected to provide an opportunity to hear diverse voices on broad, as well as, specific concerns that may not be heard regularly. The six community groups participating as focus groups were: United Way of Stanly County Board (June 15, 2021), Stanly County Partners in Health (June 23, 2021), Stanly County Minority Health Council (July 12, 2021), Grace Place friends (July 14, 2021), Badin City Council (July 14, 2021) and Stanly County Adult Day Healthcare Committee (October 28, 2021).

The focus group meetings were limited to one hour, so not all questions were answered by every focus group due to time limitations. Focus group questions are found on page 205.

## Health Issues

There were a variety of health issues identified as critical by focus group participants. The following issues were mentioned by at least half of the focus groups: substance misuse, obesity and mental health.

**Substance use disorder/overdose** is the #1 health issue in Stanly County. Four of the six focus groups discussed substance misuse as a major health issue. Substance misuse concerns were addressed from a variety of viewpoints. From the employment angle – Job applicants were unable to pass drug testing, so they could not be hired. Some potential job applicants had criminal records due to past substance misuse which made it difficult to gain legitimate employment. It was noted that selling drugs was easier than opening up a legitimate business due to governmental red tape. From a family angle – Substance misuse had a negative impact on families. Families have been removed from housing due to drug dealing activities. Families are living in poverty due to Dad being incarcerated and/or a single Mother heading the household, which reduces family income. This reduced family income led to a lack of adequate shelter, food and clothing for children. Parents misusing drugs result in children not being cared for and neglected. Medical angle – There are a lack of rehab/detox centers in Stanly County. Medical doctors need more training to be more empathetic when dealing with patients with substance misuse issues. Social angle - It was felt that substance misuse was the result of negative social determinants (health, incomes, housing, mental health, employment & structural racism) that needed to be addressed as a community. People did not see a future for themselves – their hopelessness manifests itself in substance misuse. It was, also, discussed about the availability of illegal drugs due to our close proximity to Charlotte. Questions were raised about the CARES Act funds and how they were used to address the drug problem in Stanly County. Participants mentioned that there is a need for increased services in this community for people with substance misuse problems.

What is being done in Stanly County to address these substance misuse concerns? Project Lazarus Coalition, a coalition comprised of non-profit organizations, governmental agencies, community groups and interested individuals, was mentioned as one group addressing substance misuse in Stanly County. (Project Lazarus Coalition's focus is "on the prevention of substance use and supports

harm reduction, treatment and recovery efforts in Stanly County, North Carolina.”<sup>116</sup>) Alcoholics Anonymous and Narcotics Anonymous are available in Stanly County. Many grants have been received from the federal and state governments along with non-profit entities that are providing many services to address the substance misuse problem. For more information about them, go to pages 41-44.

**Obesity**, the #2 health issue on the community health assessment survey, was seen as contributing to our major causes of mortality – heart disease, stroke, hypertension, cancer and diabetes. The causes for obesity were discussed. These included the following: peoples’ lack of nutrition knowledge or cooking skills, poverty as healthy foods were not affordable and/or available, unable to access fitness resources like the gym, Medicaid food requirements, bad nutrition and diabetes.

Suggestions to address obesity included the following: healthier fast food options are needed in Stanly County, need biking trails/paths on the roads, walking paths, promote the farmers’ markets located in Stanly County, plant community gardens, participate in Vac & Dash running club, attend Cooperative Extension gardening and cooking classes at the Albemarle Housing Authority, establish county walking trails, encourage use of parks throughout the county, publicize nutrition site lunches for those 60+ years old and Stanly County Christian Ministry food bank/Community Tables. Initiate a social media campaign to promote small steps and small changes to get people to make healthier choices. One participant noted, Dollar General is now offering fresh foods. One participant mentioned trying to establish Boys/Girls clubs where food skills are taught, but was told to improve existing infrastructures like 4-H, Girl Scouts and Boy Scouts. Another participant identified the need for more places like Grace Place to serve the hungry. It was noted that food pantries need donations of food with pop top cans since can openers were not available.

**Mental health** was the #3 health issue on the Stanly County community health assessment survey. Five focus groups highlighted the need to address this in our community. Concern about children’s and youth’s mental health was raised, specifically, about their use of social media. Bullying, in person or on social media outlets, was a concern for the mental well-being of children and youth. With their reliance on social media outlets, there was concern raised about children and youth not developing social skills and being able to communicate face-to-face with others. Concern was, also, raised about social media’s manipulation of children and youth’s reality expectations. The impact of a child or youth’s home situation could have a negative impact on their mental health too. Barriers to accessing mental health treatment included the stigma of having law enforcement drive people to the mental health facility. Participants mentioned several factors negatively impacting mental health, such as the lack of Medicaid expansion, bullying in the schools, domestic violence and elder abuse.

Mental health of adults was discussed by several focus groups. Mental health issues could be the result of experiencing trauma or a feeling of isolation. Social isolation especially impacts the elderly as they were unable to participate in free community activities due to COVID-19 pandemic lockdowns. The culture in some jobs (such as police officers, EMS staff and firemen) discourage their employees seeking help for mental health issues – instead employees told to toughen it up. The manifestation of despair, suicidal tendencies and substance misuse seemed to be the result of poor mental health in adults and the lack of access to mental health services.

The effects of the COVID-19 pandemic on all ages were discussed, especially the resulting anxiety and depression due to pandemic restrictions, fear of getting COVID-19 infection and accessing vaccines. Social isolation seemed prevalent as almost all in person social activities were stopped – going to church, school, Senior Center, nutrition sites and more. Concern was raised about the low percentage of those getting vaccinated against COVID-19. Vaccine hesitancy was discussed. To the participants of the focus groups, it was discussed that it seemed there was a correlation between political affiliation/education attainment and vaccine status.

The lack of local resources to address mental health needs was discussed. There was concern about the lack of immediate availability of mental health services. Walk-in services that were affordable were mentioned as being needed too. Concern was expressed about sitting in the emergency room waiting for a hospital bed to become available. One suggestion made was the need to staff ER (emergency room) pods with mental health personnel.

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<sup>116</sup> Stanly County Project Lazarus website retrieved from <https://www.facebook.com/stanlycountyprojectlazarus/>

Services are available in Stanly County to address mental health needs. It was noted that DSS provides Adult Protective Services. One participant mentioned Monarch, which offers urgent mental health care. Other participants mentioned activities for children are offered at the Stanly County Family YMCA and the E.E. Waddell Center.

Suggestions on addressing mental health issues – prevention and treatment – were discussed by members of these focus groups. Providing more social workers in the school system to work with youth in crisis was one suggestion. Offering a comprehensive social media course to parents and other responsible adults to help them understand social media – its effects and how to help their children navigate it - was another suggestion. Parents needed to monitor their children's phone usage. A suggestion was made to utilize social media campaigns to promote mental health activities, including exercise and healthy eating. Assigning mental health workers to work with police officers on appropriate emergency calls was another suggestion. It was suggested to have Community Nurses telephone elderly people.

## Community Issues

There were a variety of community issues identified as critical concerns by focus group participants. These community issues included the following: culture, dementia, disparities, employment opportunities, gangs, health care, (lack of) health insurance, homelessness, parenting, community services and transportation.

**Culture** was discussed by several of the focus groups. Different cultural practices and beliefs mentioned included: going to the hospital for nonserious as well as serious health needs as they lack regular access to a medical doctor, the Hmong tradition of chicken broth after childbirth and the medical care concerns that the COVID-19 pandemic uncovered.

The Stanly County community needs to be receptive of other cultures. This would result in people getting along better as we each celebrate each of our unique traditions. Our cultural traditions must be celebrated regardless of our race or ethnicity. We should be open to change and to cultures different from our own. It was observed that Whites are not so different from people of color as all families celebrate their own traditions. Showing pride in one's heritage (example – carrying a Mexican flag) does not show disrespect to the American flag or way of life.

It is difficult to see and identify the various cultures that compose Stanly County. The cultural piece has been often overlooked in Stanly County. Stanly County school system is one venue where students can be introduced to multicultural experiences. The workforce is another venue where this can occur. Stanly County must celebrate the many cultural traditions in our county and be open to accept change. We all need to cultivate a mindset of openness in all areas of our lives including education, housing and medical needs.

Several focus groups discussed **disparities** throughout Stanly County. Systematic disparities are present in Stanly County. A person's address – where one lived - foretold how one was treated or the level of services that could be expected. Several focus group participants raised concerns regarding the lack of fair access to medical care, housing, food and transportation. The seriousness of health disparities must be seen by all even though it mostly affects the minority cultures, not the majority culture. It was observed that disparities have "infected" us like COVID-19. Disparities resulted in increased negative health issues, such as infant mortality, inferior healthcare, lack of access to medications and an increased incidence of chronic diseases (heart disease, cancer, strokes and more).

According to some participants, schools are segregated. One example shared was where Stanfield not wanting to come to East Albemarle for summer activities even though busing was provided. Concern was expressed about access to internet services as it varies throughout the county. Providers of all types of services have a major role in addressing disparities.

**Dementia** is a critical issue in Stanly County. Dementia/Alzheimer's disease affects the person and their family members. People with dementia have an increased need for caregivers and placement options. This need increases the cost of providing care for the person.

Resources are limited at this time to address the care for those with dementia and their families in Stanly County. Several available and missing resources were mentioned by participants. CARE Café offers respite care for four days a week (pre COVID-19 pandemic). Some assisted living facilities provide special units to house and care for those with dementia/Alzheimer's disease. There is an increased need for home health services to assist caregivers. There is a need for a facility where those with dementia/Alzheimer's

disease can be placed until they need full time care at an assisted living/nursing home facility. Some people with dementia/Alzheimer's disease are diabetics who do not take their medications for diabetes unless they are supervised.

Obstacles to providing care for those with dementia/Alzheimer's disease included: not having a facility to provide intermediary services, lack of countywide support group, lack of educating the public on the disease of dementia and not knowing how to care for those with it.

**Employment** opportunities are mixed depending upon one's circumstances. Some felt that the lack of jobs and job progression opportunities are problems in Stanly County. It was expressed that people must leave Stanly County for job opportunities, so that they can utilize their talents and passions. It was stated that minorities with degrees often seek employment outside Stanly County.

Participants made several suggestions for addressing the employment needs in Stanly County including the following: establishing a work program to earn money that could include mowing lawns or picking up trash, hiring people with police records – give them a fair chance at a job and assist people with the skills they need in getting jobs.

It was noted that GHA Autism Supports offers many employment opportunities for people with autism. The employment opportunities include working at Second Street Sundries and the GHA farm.

The **Environment** discussion dealt more with litter. Trash on the side of the road is a problem as it draws rats and looks bad.

**Gangs** are a problem according to some participants. Stanly County used to have programs concerning gangs that "wanna be" like California gangs. There seems to be an accepting attitude toward gang affiliation – "gangs are your thing – fine". It is not alright or okay to be in gangs. People must be aware that gang members are people who attend local big events with the general population, so all are impacted by them. Gangs were considered communal and not institutions of good.

**Government** in general and specific departments were discussed by several focus groups. More collaboration among local government, business and non-profits was needed. Politics was seen as a barrier to addressing health and community issues. There seemed to be a lack of trust in the political arena. It was felt that the justice system was more like a trap. One person felt that law enforcement plays both sides of the fence. It was felt that DSS needed to help more and the following incidence was cited to support this conclusion - one person had to send two kids out of state as could not get needed help. Some felt that the justice system not working. One of the problems cited with the county jail was that no soap was available. Several cited the need for help in getting disability as one person fought for disability five years and finally gave up.

It was noted that there were African American voices on Albemarle City Council and in the city administration. It was observed that there is no minority County Commissioner and very few political people are people of color in the county. It was suggested that governmental and elected officials should visit non-profits as they serve those in need. It was felt that community leaders have a part in marketing to minorities.

The quality of and access to **Health care** was a concern of all the focus groups. Concern was raised about losing local physicians and younger ones not moving here. It was thought that some physician offices closed as they were losing money. Some expressed the need for more nurse practitioners. Some suggested that the Stanly County Health Department should get their services out in the community. One problem with good health outcomes is that people have a lack of health literacy to know what is serious and what is not a serious health issue, so they don't seek timely care. African American's lack of trust in the medical community due to observed system disparities resulted in a lack of response to COVID-19. People of color do not get the same service with MDs as white patients. People of color do not feel listened to when speak up to medical personnel - they feel that they are being discounted. It was noted that there is a lack of black MDs. MDs are doing a better job of talking with people. Many people can't afford medications. It was stressed that there was a great need for a free dental clinic for adults – especially for emergency care. It was noted that the Community Care Clinic is only available before 6pm. Several expressed concern that they were not able to access services for colonoscopy or prostate exams. Diabetes was cited as a problem in which many people have it and don't know they have it. It was stressed that diabetes can lead to other health problems. Early screenings (for diabetes were needed), so it can be diagnosed early to prevent bigger health problems.

The reasons why younger physicians were not moving here included: poor high school educational system (elementary schools are doing fine) and low reimbursement for Medicaid and Medicare. The Nurse Practitioner Programs was expanding in Cabarrus County and Pfeiffer University was offering Physician Assistants Program. FQHC (federally qualified health center) may be coming to Stanly County where services are provided for a minimum fee.

Assessing affordable **Health insurance** is still a critical concern even after the passage of the Affordable Care Act. It was noted that policies one could afford had high deductibles and/or high premiums. Millennials gave up getting insurance as it was too expensive – even on the Marketplace. It was cited that the use of the ED (emergency department) increased costs to the individual, insurance company, hospital and those with insurance. It was stated that some people go to ED because it is “free”. Several stated that Medicaid and Medicaid insurance should be expanded. It was noted that people can’t afford to get treatment for hepatitis C when they test positive for it. Wounds go untreated as health care was not available. Some expressed the need for help in getting disability. One observed that sometimes health insurance costs more than a house payment. It was prohibitive to cover more than oneself on health insurance through employer due to high cost as children and family coverage was too expensive.

What can be done to increase access to affordable insurance plans? Some groups advocate for more affordable plans that provide basic coverage. Some encouraged that letters proposing this be sent to the North Carolina Insurance Commissioner and local businesses. There were suggestions that people access available health care services that are low cost or free, such as Community Care Clinic, Stanly County Health Department’s Adult Health Clinic and Pfeiffer University’s new medical programs. One participant shared that one company’s health program incentivized their policy holders – 10% deduction in cost if got a yearly physical – later the incentive was switched to adding a 10% premium to those who did not get a physical.

**Homelessness** was discussed in three of the six focus groups. Minimum housing standards need to be enforced, especially in rental properties. Safe Place Community Housing (corporation) operations (charge per person and pay extra for services) was discussed. There was concern raised regarding people being bussed from surrounding counties (Charlotte specifically mentioned) for Section 8 housing and then these people being evicted due to nonpayment of rent. More public housing is needed to address homelessness. There were not enough Section 8 houses for those wanting/needing them. The inferior housing situation in West Badin was mentioned. There is a need for housing assistance to get people into homes. It was shared that local ministers wanted to have the local motel provide shelter for the homeless - instead it will provide housing for students. Some proposed that grants are needed to provide shelter for the homeless. Some homeless people said they are told there are places to live, but they have trouble finding placement. One need that homeless people have is a place to shower. Some said that the State needed to run the shelter as the rules here are too strict. Lockers where items could be stored all day were needed as they could not leave stuff at shelter or it gets stolen. Some felt they did not have legal standing to address substandard housing. It was stated that the Homes of Hope waiting list was too long.

Suggestions on improving the homeless situation included the following: create a Stanly County Housing Task Force to address landlord/tenant concerns, provide housing for the homeless in abandoned/vacant homes throughout the county and provide another housing shelter. One person shared that in Mexico, homeless folks are taken to construction sites to work where they get meals and paid that day. It was felt that supervisors and staff who provide services to the homeless should become homeless to see what homeless life is like. To decrease substandard housing, it was suggested that we do what Minnesota does – rentals are inspected every year. Some felt that landlords should have to have a license to rent a home. It was felt banks could do something to help the homeless.

**Parenting** was discussed in two focus groups. It was observed that kids go without essentials when they have dead beat dads. Kids are not being cared for if their Moms are misusing drugs. Some felt women are incentivized to have children. The lack of Daddies in the home resulted in children not behaving properly. Laissez faire parenting a problem. It was felt that there was not enough supervision provided to young people. It was observed that young people are walking around with no adults with them.

What **services** are available in Stanly County? A major obstacle to accessing services is communication – people not aware of the available services or health/community issues. People usually find out what services are available as they seek them out due to need. It was observed that the system to get help in Stanly County was complicated, so people must go out of county for help. It was



suggested that the health department should have a PDF or short document that highlights its services. It was felt that resources were limited for people of color. It was noted that there are service reports at the local transportation meeting. Two people did not know what services are available to veterans.

How might services be communicated more effectively? Some suggested that providers and health educators find out why folks don't access services – what were the barriers? It might be helpful to use messaging to encourage folks to use the resources around them. People listen to local and Charlotte radio stations to get local news, so utilize them. The Stanly News and Press provides a county services report insert every year that could be useful.

**Transportation** was a community concern in five of the focus groups. SCUSA (Stanly County Umbrella Services Agency), a county government department that provides transportation services, was specifically discussed. SCUSA is available to serve residents – handicapped and able bodied. SCUSA can take residents to out-of-county medical appointments as Medicaid pays for this. Some cannot afford SCUSA services or their scheduling does not work for them. It was suggested that SCUSA needed more money. It needed to be more accessible by adding nighttime hours and other convenient hours to access job opportunities and medical/mental health counseling appointments.

Limited taxi service is available in Stanly County. It was suggested Stanly County needed Uber or Lyft services. Stanly taxi is too expensive and Stanly is too small to have many Uber or Lyft drivers. Suggestions on improving access to transportation included building a trolley system to go around Albemarle, incentivize taxi companies and look to see what surrounding counties are doing to improve transportation services for their residents. Transportation services lose money, so taxes would be needed to support this service. It was suggested to have a transportation network to get people to their jobs. There is a need for reliable and cost friendly transportation services to access jobs as well as rides to food pantries, pharmacies and food stores.

# APPENDICES

## LARGEST EMPLOYERS – STANLY COUNTY

Table 55.

Largest Employers – Stanly County <sup>117</sup> 2020			
Rank	Employer	Industry	Employment Range
1	Stanly County Schools	Educational Services	1,000+
2	Atrium Health	Health Care & Social Assistance	500-999
3	County of Stanly	Public Administration	500-999
4	Wal-Mart Associates, Inc.	Retail Trade	500-999
5	Food Lion	Retail Trade	250-499
6	Fiberon	Manufacturing	250-499
7	Michelin Tire Center	Manufacturing	250-499
8	Clayton Mobile Homes	Manufacturing	250-499
9	Stanly Community College	Educational Services	250-499
10	Department of Public Safety	Public Administration	250-499
11	City of Albemarle	Public Administration	250-499
12	Monarch	Health Care & Social Assistance	100-249
13	Preformed Line Products Co.	Manufacturing	100-249
14	Group Homes for the Autistic Inc	Health Care & Social Assistance	100-249
15	Pfeiffer University	Educational Services	100-249
16	NC Department of Transportation	Public Administration	100-249
17	Universal Forest Products Eastern C	Manufacturing	100-249
18	Lowes Home Centers Inc.	Retail Trade	100-249
19	Petsense LLC	Retail Trade	100-249
20	Stanly County Family YMCA (A Corp)	Arts, Entertainment and Recreation	100-249
21	Principle Long Term Care Inc.	Health Care & Social Assistance	100-249
22	Bullington Construction Inc.	Construction	100-249
23	Uwharrie Bank	Finance and Insurance	100-249
24	McDonalds Restaurants	Accommodation and Food Services	100-249
25	Trinity Glen	Health Care & Social Assistance	100-249

<sup>117</sup> North Carolina Department of Commerce website retrieved from <https://d4.nccommerce.com/QCEWLargestEmployers.aspx>

# QUALITY OF LIFE TABLES

(Source: 2021 Stanly County Community Health Assessment survey - percentages)

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

Table 56.

There are enough jobs & opportunities to move up in Stanly County – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	22.56	28.22	21.05	19.00	13.27
Disagree	48.37	47.73	48.03	56.00	48.82
Agree	17.73	15.53	21.71	18.00	18.96
Strongly Agree	2.56	2.08	2.63	1.00	4.27
Don't Know	8.47	6.06	6.58	6.00	14.69

Table 57.

There are enough jobs & opportunities to move up in Stanly County – Sex			
	Overall	Female	Male
Strongly Disagree	22.56	23.77	18.45
Disagree	48.37	47.80	49.79
Agree	17.73	17.05	20.60
Strongly Agree	2.56	2.33	3.43
Don't Know	8.47	8.79	7.73

Table 58.

There are enough jobs & opportunities to move up in Stanly County – Racial Identity						
	Overall	African American/Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Strongly Disagree	22.56	38.61	33.33	20.00	20.68	19.35
Disagree	48.37	40.59	33.33	60.00	50.23	25.81
Agree	17.73	12.87	16.67	10.00	17.99	32.26
Strongly Agree	2.56	2.97	8.33	10.00	2.10	9.68
Don't Know	8.47	4.95	0	0	9.00	12.90

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Table 59.

There are enough jobs & opportunities to move up in Stanly County – Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Strongly Disagree	22.56	12.73	25.16	23.08	26.22	22.07	14.52
Disagree	48.37	27.27	47.80	52.14	47.56	47.30	53.23
Agree	17.73	38.18	21.38	15.67	14.63	14.86	20.97
Strongly Agree	2.56	10.91	2.52	2.28	1.83	2.25	0
Don't Know	8.47	10.91	2.52	6.84	9.15	13.51	11.29

## QUALITY OF LIFE TABLES

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

Table 60.

There are enough jobs & opportunities to move up in Stanly County – Education (Grade Completed)							
	Overall	12th Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/ Technical School)	Community College/ Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Strongly Disagree	22.56	17.74	22.22	24.24	22.91	22.91	22.29
Disagree	48.37	24.19	45.00	44.44	50.28	54.19	56.02
Agree	17.73	41.94	17.78	14.14	18.99	18.06	11.45
Strongly Agree	2.56	3.23	5.00	5.05	1.12	0.44	1.20
Don't Know	8.47	11.29	10.00	12.12	6.70	4.41	9.04

Table 61.

There are enough jobs & opportunities to move up in Stanly County – Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Strongly Disagree	22.56	24.74	22.07	27.84	20.00	13.79
Disagree	48.37	41.24	50.39	43.30	56.00	56.90
Agree	17.73	19.07	17.68	19.59	16.00	12.07
Strongly Agree	2.56	5.5	1.72	1.03	4.00	5.17
Don't Know	8.47	9.28	8.14	8.25	4.00	12.07

Table 62.

There are enough jobs & opportunities to move up in Stanly County – Household Income					
Table 1					
	Overall	↓ \$10,000	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$44,999
Strongly Disagree	22.56	34.43	24.64	18.31	16.67
Disagree	48.37	31.15	40.58	56.34	55.00
Agree	17.73	14.75	18.84	11.27	20.00
Strongly Agree	2.56	3.28	5.80	2.82	0.83
Don't Know	8.47	16.39	10.14	11.27	7.50

## QUALITY OF LIFE TABLES

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

Table 63.

There are enough jobs & opportunities to move up in Stanly County – Household Income Table 2					
	Overall	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Strongly Disagree	22.56	26.50	17.39	24.19	20.51
Disagree	48.37	44.44	54.35	52.42	54.36
Agree	17.73	18.80	18.48	17.74	17.95
Strongly Agree	2.56	4.27	2.17	2.42	0.51
Don't Know	8.47	5.98	7.61	3.23	6.67

## QUALITY OF LIFE TABLES

Stanly County is a good place to raise children

Table 64.

Stanly County is a good place to raise children – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	5.81	7.58	4.61	4.00	3.79
Disagree	11.92	15.34	9.21	8.00	6.16
Agree	57.93	55.30	65.79	71.00	54.98
Strongly Agree	20.20	17.42	19.74	12.00	31.75
Don't Know	3.94	4.17	0.66	5.00	3.32

Table 65.

Stanly County is a good place to raise children – Sex			
	Overall	Female	Male
Strongly Disagree	5.81	6.20	4.72
Disagree	11.92	12.27	10.30
Agree	57.93	58.66	55.79
Strongly Agree	20.20	18.09	27.47
Don't Know	3.94	4.65	1.72

# QUALITY OF LIFE TABLES

## Stanly County is a good place to raise children

Table 66.

Stanly County is a good place to raise children – Racial Identity						
	Overall	African American/Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Strongly Disagree	5.81	11.88	0	10.00	4.79	16.13
Disagree	11.92	16.83	25.00	10.00	11.45	3.23
Agree	57.93	57.43	50.00	60.00	58.88	41.94
Strongly Agree	20.20	11.88	25.00	10.00	20.91	29.03
Don't Know	3.94	1.98	0	10.00	3.97	9.68

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Table 67.

Stanly County is a good place to raise children – Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Strongly Disagree	5.81	7.27	7.55	4.56	6.71	5.41	6.45
Disagree	11.92	7.27	11.95	12.82	13.41	10.81	11.29
Agree	57.93	63.64	58.49	58.69	56.71	59.01	48.39
Strongly Agree	20.20	18.18	20.13	19.37	17.07	21.17	30.65
Don't Know	3.94	3.64	1.89	4.56	5.49	3.60	3.23

Table 68.

Stanly County is a good place to raise children – Education (Grade Completed)							
	Overall	12th Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/Technical School)	Community College/Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Strongly Disagree	5.81	9.68	10.00	4.55	6.15	3.52	4.22
Disagree	11.92	14.52	13.89	12.63	8.94	11.89	11.45
Agree	57.93	59.68	52.78	57.07	59.78	60.79	59.04
Strongly Agree	20.20	14.52	19.44	21.72	19.55	22.03	19.28
Don't Know	3.94	1.61	3.89	4.04	5.59	1.76	6.02

# QUALITY OF LIFE TABLES

## Stanly County is a good place to raise children

Table 69.

Stanly County is a good place to raise children– Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Strongly Disagree	5.81	8.76	4.23	8.25	12.00	6.90
Disagree	11.92	12.37	10.33	21.65	20.00	8.62
Agree	57.93	56.70	60.25	51.55	44.00	55.17
Strongly Agree	20.20	17.53	21.75	12.37	24.00	24.14
Don't Know	3.94	4.64	3.44	6.19	0	5.17

Table 70.

Stanly County is a good place to raise children – Household Income – Table 1					
	Overall	↓ \$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999
Strongly Disagree	5.81	16.39	13.04	2.82	8.33
Disagree	11.92	16.39	15.94	16.90	9.17
Agree	57.93	45.90	43.48	67.61	61.67
Strongly Agree	20.20	14.75	18.84	11.27	18.33
Don't Know	3.94	6.56	8.70	1.41	2.50

Table 71.

Stanly County is a good place to raise children – Household Income – Table 2					
	Overall	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Strongly Disagree	5.81	5.13	4.35	1.61	2.56
Disagree	11.92	9.40	8.70	12.90	10.26
Agree	57.93	59.83	66.30	55.65	60.00
Strongly Agree	20.20	20.51	18.48	28.23	24.62
Don't Know	3.94	5.13	2.17	1.61	2.56



# QUALITY OF LIFE TABLES

## Stanly County is a good place to grow older

Table 72.

Stanly County is a good place to grow older – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	5.81	7.20	5.92	3.00	4.27
Disagree	9.95	12.31	6.58	7.00	7.58
Agree	58.82	57.58	62.50	68.00	55.45
Strongly Agree	22.17	20.45	20.39	18.00	30.81
Don't Know	3.05	2.27	4.61	4.00	1.90

Table 73.

Stanly County is a good place to grow older – Sex			
	Overall	Female	Male
Strongly Disagree	5.81	6.46	3.43
Disagree	9.95	10.21	9.01
Agree	58.82	59.82	55.36
Strongly Agree	22.17	19.90	30.47
Don't Know	3.05	3.49	1.72

Table 74.

Stanly County is a good place to grow older – Racial Identity						
	Overall	African American/Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Strongly Disagree	5.81	12.87	0	0	4.79	16.13
Disagree	9.95	11.88	25.00	0	9.81	3.23
Agree	58.82	54.46	50.00	80.00	59.70	48.39
Strongly Agree	22.17	14.85	25.00	10.00	23.36	19.35
Don't Know	3.05	5.94	0	10.00	2.34	12.90

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

# QUALITY OF LIFE TABLES

## Stanly County is a good place to grow older

Table 75.

Stanly County is a good place to grow older– Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Strongly Disagree	5.81	3.64	6.92	5.70	6.10	5.41	6.45
Disagree	9.95	12.73	8.81	11.40	10.37	8.11	8.06
Agree	58.82	54.55	60.38	60.11	57.32	59.91	53.23
Strongly Agree	22.17	23.64	21.38	19.66	20.73	24.32	32.26
Don't Know	3.05	5.45	2.52	3.13	4.88	2.25	0

Table 76.

Stanly County is a good place to grow older – Education (Grade Completed)							
	Overall	12th Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/ Technical School)	Community College/ Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Strongly Disagree	5.81	11.29	8.33	3.54	7.26	3.96	4.82
Disagree	9.95	12.90	11.11	14.65	7.26	9.25	6.02
Agree	58.82	56.45	56.11	57.07	60.89	61.23	60.24
Strongly Agree	22.17	14.52	19.44	22.22	20.11	24.67	26.51
Don't Know	3.05	4.84	5.00	2.53	4.47	0.88	2.41

Table 77.

Stanly County is a good place to grow older – Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Strongly Disagree	5.81	7.73	4.38	8.25	12.00	8.62
Disagree	9.95	10.82	9.08	14.43	16.00	6.90
Agree	58.82	54.12	61.19	59.79	48.00	53.45
Strongly Agree	22.17	21.13	23.63	12.37	20.00	27.59
Don't Know	3.05	6.19	1.72	5.15	4.00	3.45

## QUALITY OF LIFE TABLES

Stanly County is a good place to grow older

Table 78.

Stanly County is a good place to grow older – Household Income – Table 1					
	Overall	↓ \$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999
Strongly Disagree	5.81	16.39	8.70	5.63	7.50
Disagree	9.95	9.84	10.14	14.08	11.67
Agree	58.82	49.18	50.72	64.79	57.50
Strongly Agree	22.17	11.48	23.19	12.68	20.00
Don't Know	3.05	13.11	7.25	2.82	3.33

Table 79.

Stanly County is a good place to grow older– Household Income – Table 2					
	Overall	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Strongly Disagree	5.81	5.98	2.17	2.42	2.56
Disagree	9.95	7.69	6.52	10.48	11.79
Agree	58.82	60.68	67.39	58.87	57.95
Strongly Agree	22.17	23.93	23.91	27.42	24.62
Don't Know	3.05	1.71	0	0.81	3.08

## QUALITY OF LIFE TABLES

Good healthcare is available in Stanly County

Table 80.

Good healthcare is available in Stanly County – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	11.03	11.17	10.53	10.00	11.85
Disagree	26.01	25.19	30.26	22.00	27.96
Agree	47.78	50.19	45.39	54.00	41.71
Strongly Agree	10.44	8.52	10.53	10.00	14.69
Don't Know	4.53	4.73	3.29	4.00	3.79

# QUALITY OF LIFE TABLES

## Good healthcare is available in Stanly County

Table 81.

Good healthcare is available in Stanly County – Sex			
	Overall	Female	Male
Strongly Disagree	11.03	12.02	8.15
Disagree	26.01	27.78	20.60
Agree	47.78	46.64	51.07
Strongly Agree	10.44	8.91	15.45
Don't Know	4.53	4.52	4.72

Table 82.

Good healthcare is available in Stanly County – Racial Identity						
	Overall	African American/Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Strongly Disagree	11.03	11.88	16.67	0	10.98	12.90
Disagree	26.01	24.75	33.33	20.00	26.52	16.13
Agree	47.78	46.53	33.33	60.00	48.60	35.48
Strongly Agree	10.44	7.92	8.33	10.00	10.16	29.03
Don't Know	4.53	8.91	8.33	10.00	3.74	6.45

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Table 83.

Good healthcare is available in Stanly County – Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Strongly Disagree	11.03	7.27	13.84	12.25	11.59	8.11	9.68
Disagree	26.01	21.82	25.16	28.77	31.10	24.77	8.06
Agree	47.78	49.09	49.69	45.87	41.46	51.80	56.45
Strongly Agree	10.44	16.36	7.55	7.41	10.37	11.71	24.19
Don't Know	4.53	5.45	3.77	5.70	4.88	3.60	1.61

# QUALITY OF LIFE TABLES

## Good healthcare is available in Stanly County

Table 84.

Good healthcare is available in Stanly County – Education (Grade Completed)							
	Overall	12 <sup>th</sup> Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/ Technical School)	Community College/ Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Strongly Disagree	11.03	6.45	12.78	13.64	14.53	7.93	8.43
Disagree	26.01	35.48	21.67	26.77	26.26	27.31	24.70
Agree	47.78	46.77	46.67	42.93	44.13	51.10	55.42
Strongly Agree	10.44	6.45	12.78	12.12	8.94	9.69	9.64
Don't Know	4.53	4.84	6.11	4.55	6.15	3.96	1.81

Table 85.

Good healthcare is available in Stanly County – Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Strongly Disagree	11.03	11.86	10.64	15.46	4.00	8.62
Disagree	26.01	25.26	24.73	30.93	40.00	29.31
Agree	47.78	42.78	50.55	46.39	32.00	44.83
Strongly Agree	10.44	14.43	10.33	2.06	12.00	12.07
Don't Know	4.53	5.67	3.76	5.15	12.00	5.17

Table 86.

Good healthcare is available in Stanly County – Household Income – Table 1					
	Overall	↓ \$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999
Strongly Disagree	11.03	14.75	11.59	11.27	15.83
Disagree	26.01	26.23	30.43	32.39	25.00
Agree	47.78	37.70	42.03	43.66	48.33
Strongly Agree	10.44	8.20	10.14	9.86	9.17
Don't Know	4.53	13.11	5.80	2.82	1.67

## QUALITY OF LIFE TABLES

### Good healthcare is available in Stanly County

Table 87.

Good healthcare is available in Stanly County – Household Income – Table 2					
	Overall	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Strongly Disagree	11.03	12.82	14.13	7.26	7.18
Disagree	26.01	24.79	22.83	25.00	24.10
Agree	47.78	48.72	50.00	50.81	54.87
Strongly Agree	10.44	8.55	10.87	12.90	9.23
Don't Know	4.53	5.13	2.17	4.03	4.62

## QUALITY OF LIFE TABLES

### Stanly County is a safe place to live

Table 88.

Stanly County is a safe place to live – Zip Code					
	Overall	East	North	South	West
Strongly Disagree	5.52	6.82	5.92	2.00	4.27
Disagree	14.38	19.13	10.53	13.00	6.16
Agree	60.10	59.85	61.18	65.00	57.82
Strongly Agree	17.04	11.74	19.74	15.00	30.33
Don't Know	2.76	2.27	2.63	5.00	1.42

Table 89.

Stanly County is a safe place to live – Sex			
	Overall	Female	Male
Strongly Disagree	5.52	5.43	5.58
Disagree	14.38	15.76	9.44
Agree	60.10	60.59	59.23
Strongly Agree	17.04	15.37	22.75
Don't Know	2.76	2.71	3.00

# QUALITY OF LIFE TABLES

## Stanly County is a safe place to live

Table 90.

Stanly County is a safe place to live – Racial Identity						
	Overall	African American/Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Strongly Disagree	5.52	8.91	8.33	0	5.02	9.68
Disagree	14.38	18.81	33.33	0	13.90	9.68
Agree	60.10	58.42	33.33	100.00	60.86	45.16
Strongly Agree	17.04	10.89	25.00	0	17.41	32.26
Don't Know	2.76	2.97	0	0	2.80	3.23

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Table 91.

Stanly County is a safe place to live – Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Strongly Disagree	5.52	5.45	4.40	5.13	6.10	5.41	9.68
Disagree	14.38	10.91	19.50	15.38	16.46	10.36	8.06
Agree	60.10	61.82	55.97	60.68	58.54	63.51	59.68
Strongly Agree	17.04	18.18	17.61	16.24	13.41	19.37	19.35
Don't Know	2.76	3.64	2.52	2.56	4.88	1.35	3.23

Table 92.

Stanly County is a safe place to live – Education (Grade Completed)							
	Overall	12 <sup>th</sup> Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/ Technical School)	Community College/ Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Strongly Disagree	5.52	8.06	8.33	6.06	5.59	3.08	4.22
Disagree	14.38	14.52	20.00	16.67	17.88	11.45	6.02
Agree	60.10	59.68	51.11	59.60	59.78	65.20	65.06
Strongly Agree	17.04	12.90	16.67	15.15	12.29	18.50	24.10
Don't Know	2.76	4.84	3.89	2.53	4.47	1.76	0.60

# QUALITY OF LIFE TABLES

Stanly County is a safe place to live

Table 93.

Stanly County is a safe place to live – Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Strongly Disagree	5.52	5.67	4.07	13.40	8.00	6.90
Disagree	14.38	17.01	12.83	19.59	20.00	12.07
Agree	60.10	56.19	62.13	55.67	60.00	60.34
Strongly Agree	17.04	18.04	18.15	8.25	12.00	18.97
Don't Know	2.76	3.09	2.82	3.09	0	1.72

Table 94.

Stanly County is a safe place to live – Household Income – Table 1					
	Overall	↓ \$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999
Strongly Disagree	5.52	9.84	13.04	9.86	9.17
Disagree	14.38	21.31	15.94	14.08	15.83
Agree	60.10	42.62	50.72	64.79	60.83
Strongly Agree	17.04	16.39	15.94	7.04	14.17
Don't Know	2.76	9.84	4.35	4.23	0

Table 95.

Stanly County is a safe place to live – Household Income – Table 2					
	Overall	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑ \$100,000
Strongly Disagree	5.52	4.27	3.26	4.03	1.54
Disagree	14.38	15.38	8.70	16.94	9.74
Agree	60.10	59.83	67.39	62.10	64.62
Strongly Agree	17.04	17.09	20.65	16.13	21.03
Don't Know	2.76	3.42	0	0.81	3.08



# POVERTY PERCENTAGES<sup>118</sup>

Table 96.

POVERTY PERCENTAGES	
Stanly County & Its Municipalities	
2020 American Community Survey 5-Year Estimates Data Profile	
County/Municipality	%
Stanly	12.2
Albemarle	21.9
Badin	21.9
Locust	9.8
New London	7.8
Norwood	13.3
Oakboro	5.3
Red Cross	10.6
Richfield	5.2
Stanfield	9.4
Village of Misenheimer	3.8

<sup>118</sup> U.S. Census website retrieved from <https://data.census.gov/cedsci/>

# HEALTH CARE COVERAGE 2020<sup>119</sup>

Table 97.

Health Care Coverage U.S. Census 2020 American Community Survey Estimates Stanly County & Municipalities	
<b>Stanly County &amp; Municipalities</b>	<b>% Without Health Care Coverage</b>
Stanly County	11.2
Albemarle	11.0
Badin	12.3
Locust	11.3
New London	10.5
Norwood	13.5
Oakboro	5.8
Red Cross	10.7
Richfield	4.4
Stanfield	7.1
Village of Misenheimer	8.5

<sup>119</sup> U.S. Census Bureau 2020 ACS 5-Year Estimates Data Profiles website retrieved from <https://data.census.gov/cedsci>

# INDEX CRIME BY STANLY COUNTY AGENCY<sup>120</sup>

Chart 19.

North Carolina State Bureau of Investigation <b>Index Crime by Agency</b> Production System										
Run Date: 10/21/2021 12:03:43 PM										
Agency	Year	Reporting Status	Index	Murder	Rape	Robbery	Assault	Burglary	Larceny	MVT
Albemarle	2019	REP	1,030	1	4	22	117	183	670	33
	2020	REP	1,072	6	8	17	120	165	707	49
Morrow Mountain State Park	2019	REP	0	0	0	0	0	0	0	0
	2020	REP	0	0	0	0	0	0	0	0
Stanly Co. Sheriff	2019	REP	512	1	3	2	18	209	245	34
	2020	REP	440	0	7	2	40	145	209	37

<sup>120</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received data from Anjanette Grube, SBI contact at NCSBI.gov - November 8, 2021.

# CAUSES OF MORTALITY TREND CHARTS<sup>121</sup>

## Stanly County & North Carolina

### Age-Adjusted Death Rate

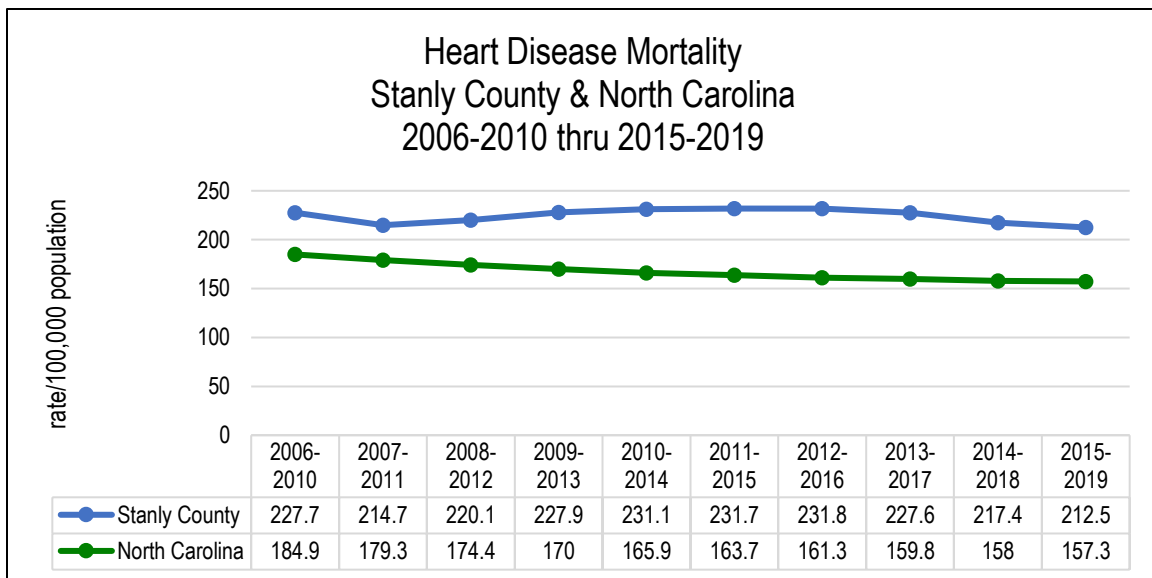
### 2006-2010 to 2015-2019

The following causes of mortality are listed in sequence for 2015-2019 – from highest rate to lowest rate.

(Source: North Carolina State Center for Health Statistics)

## #1 Cause of Mortality 2015-2019

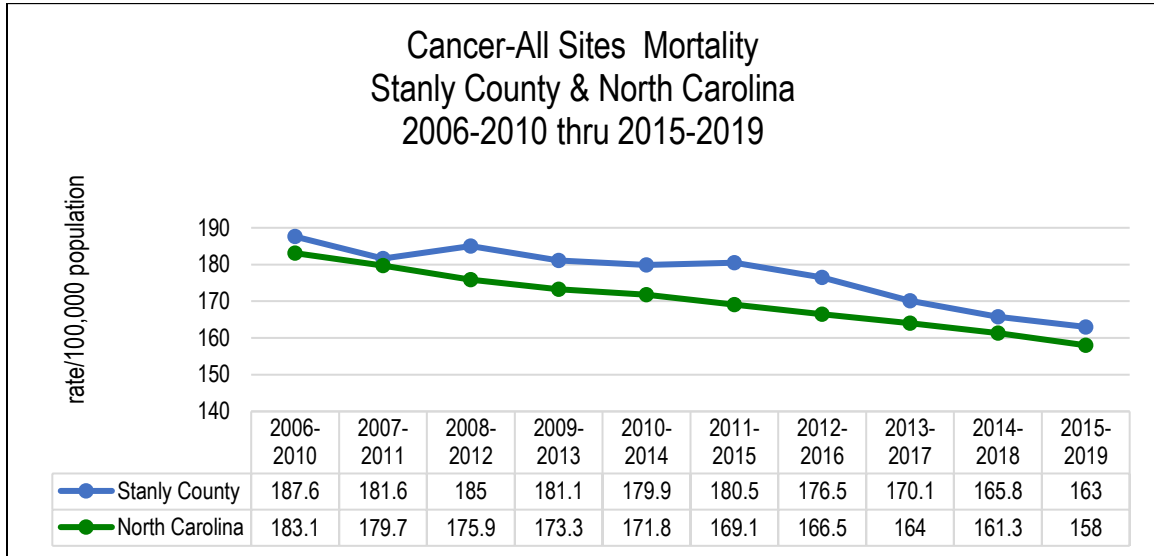
Chart 20.



<sup>121</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>

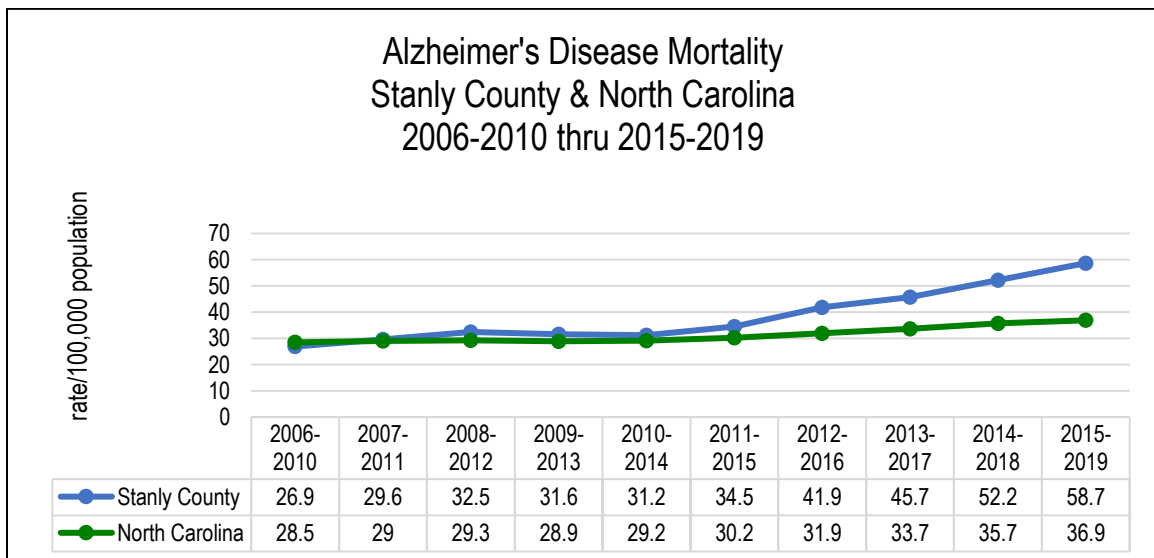
## #2 Cause of Mortality 2015-2019

Chart 21.



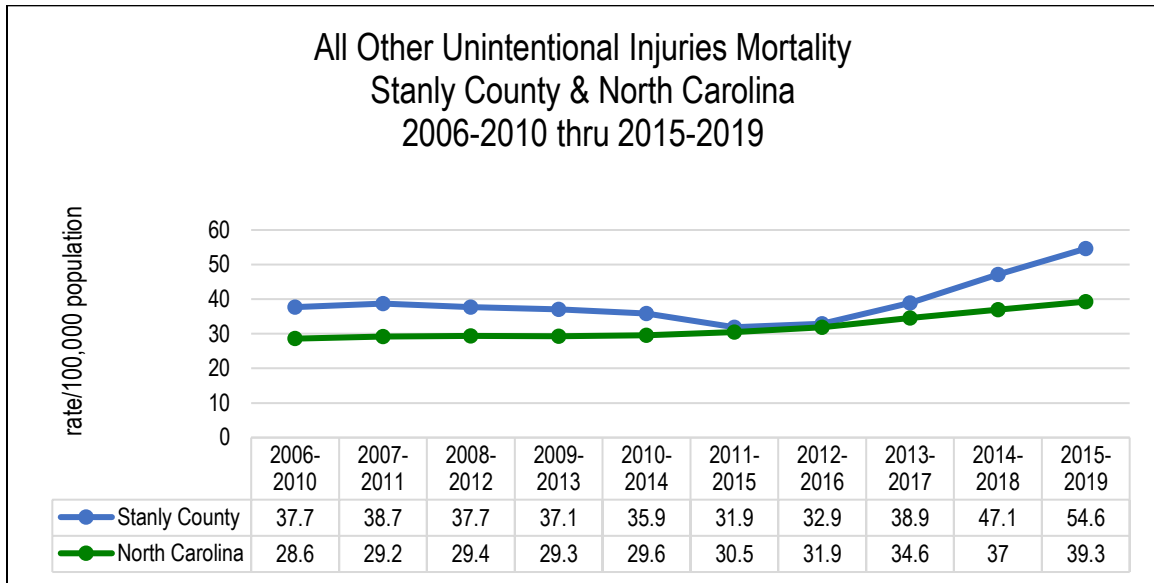
## #3 Cause of Mortality 2015-2019

Chart 22.



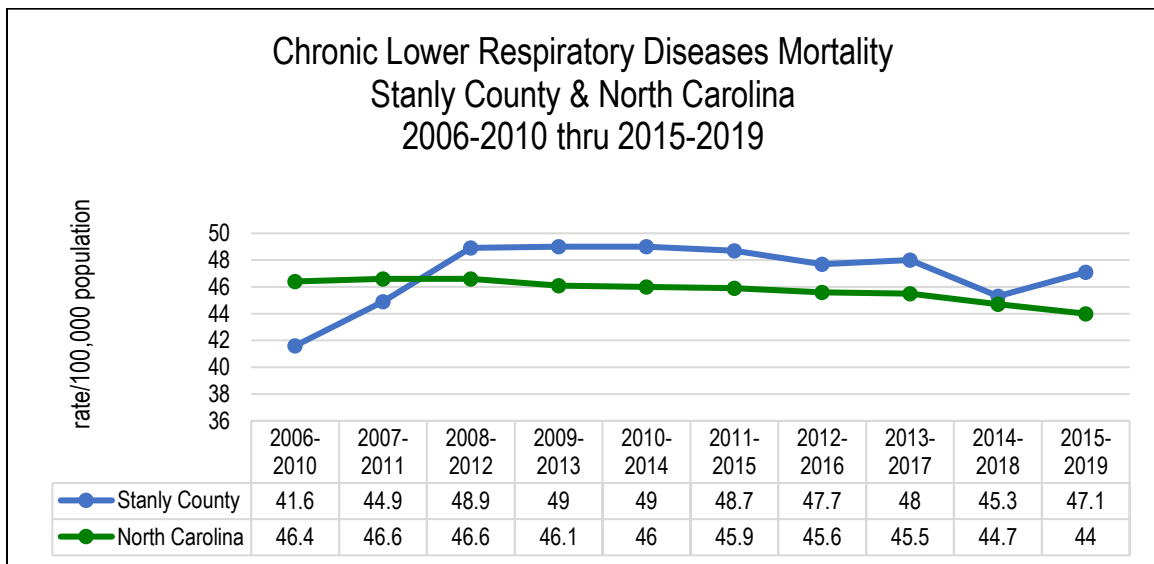
## #4 Cause of Mortality 2015-2019

Chart 23.



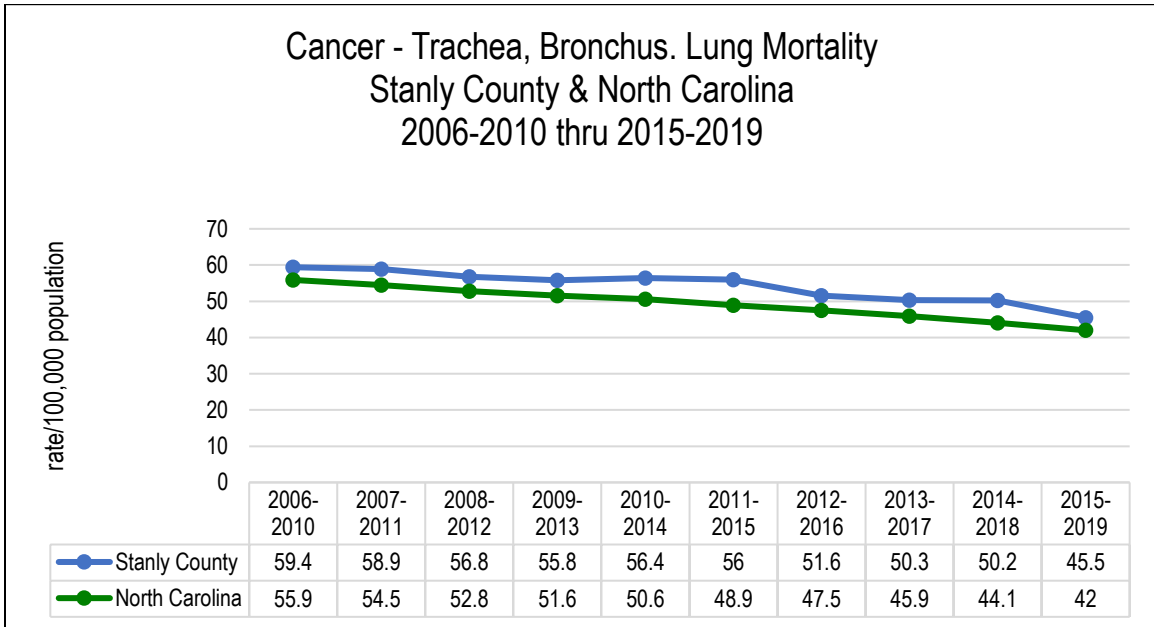
## #5 Cause of Mortality 2015-2019

Chart 24.



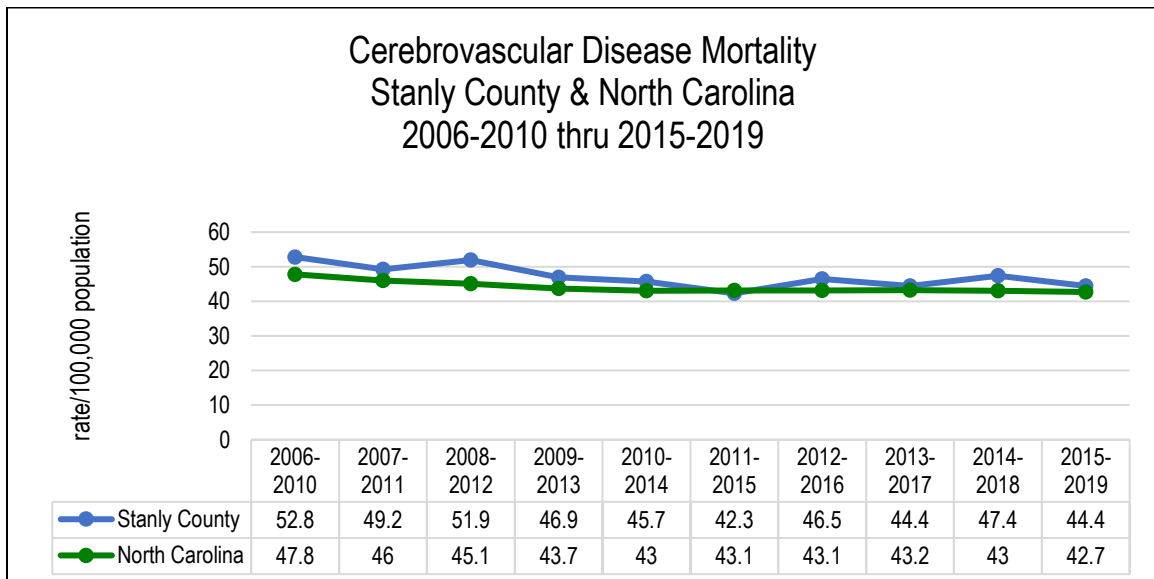
## #6 Cause of Mortality 2015-2019

Chart 25.



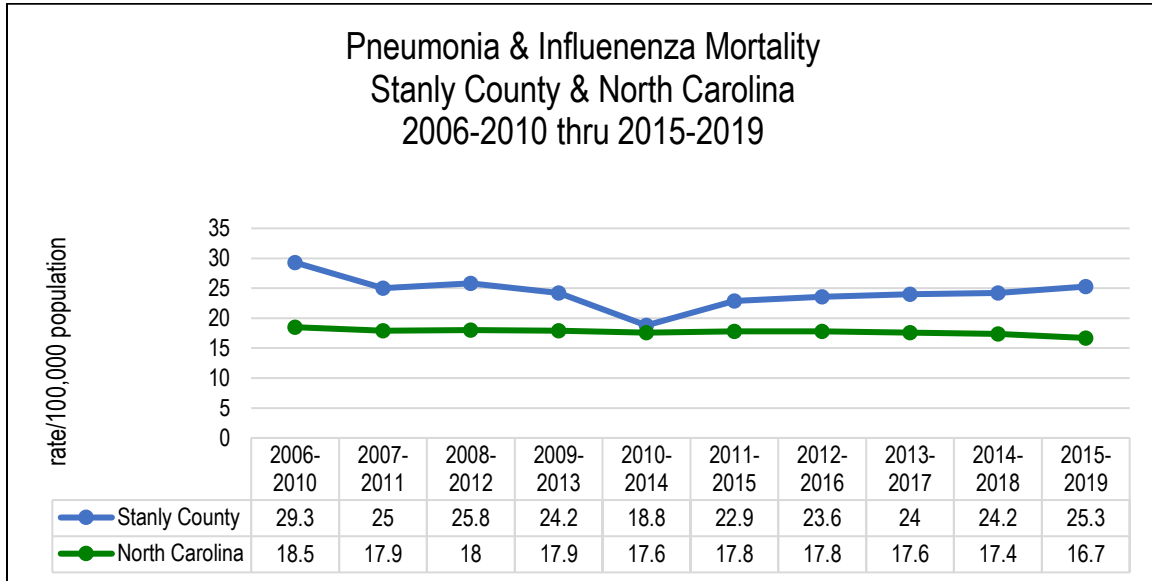
## #7 Cause of Mortality 2015-2019

Chart 26.



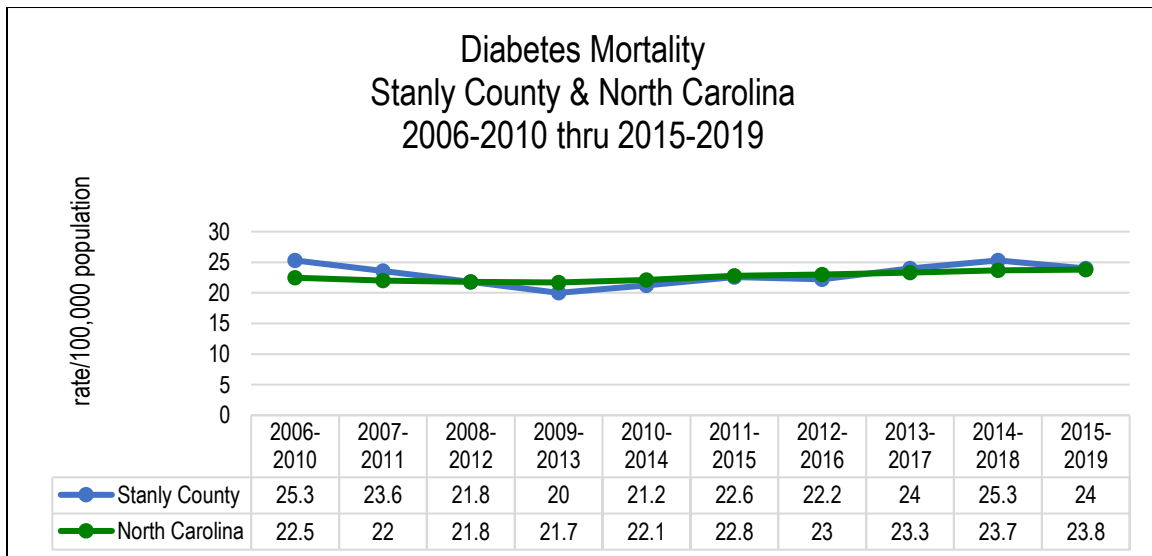
## #8 Cause of Mortality 2015-2019

Chart 27.



## #9 Cause of Mortality 2015-2019

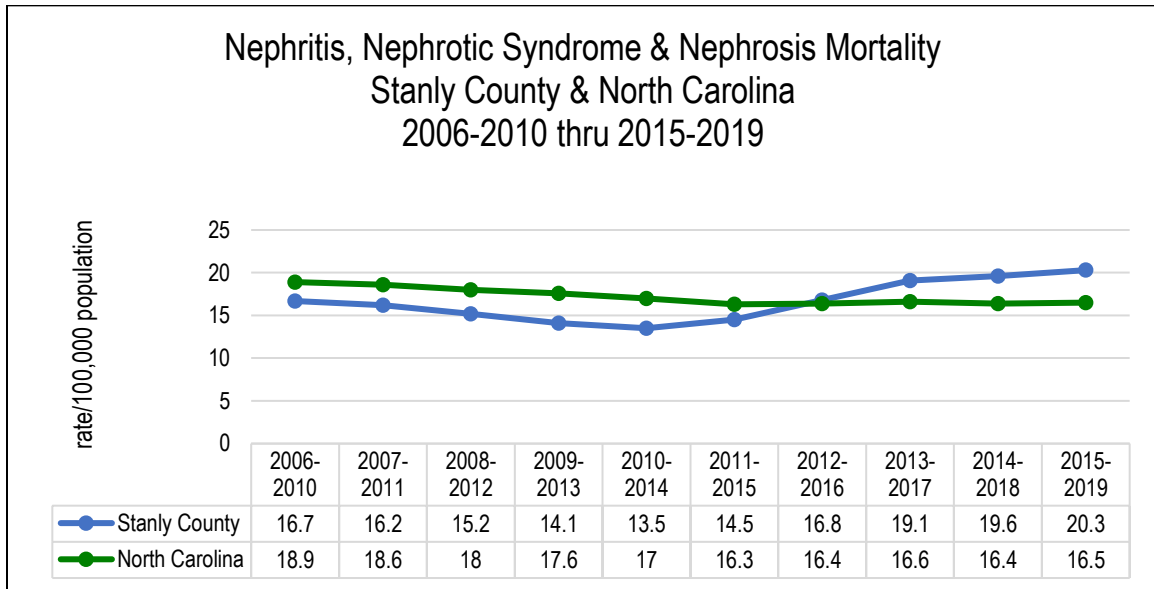
Chart 28.





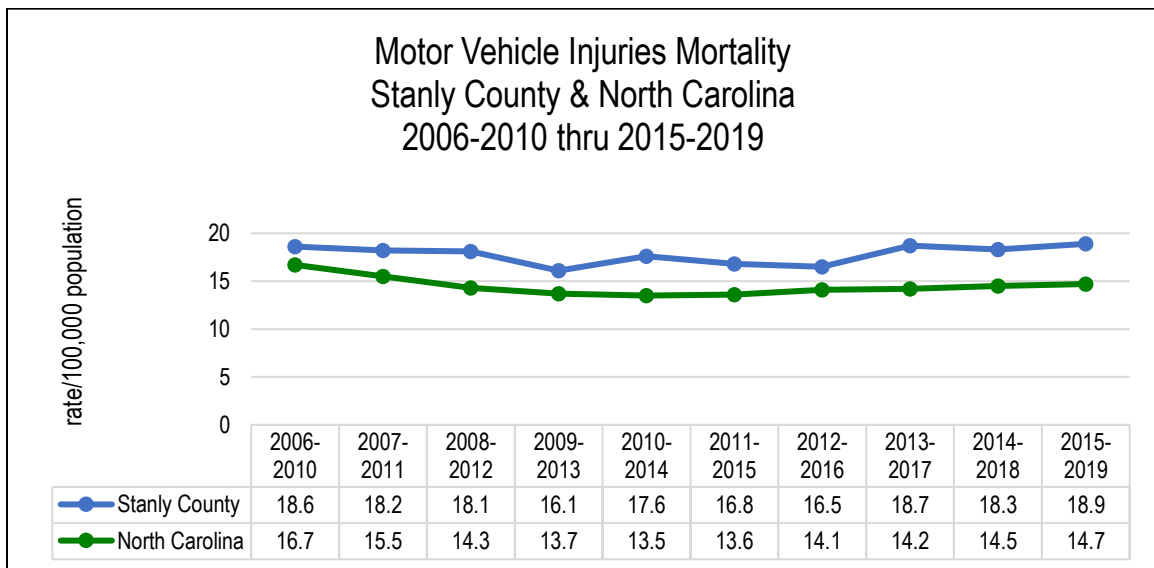
## #10 Cause of Mortality 2015-2019

Chart 29.



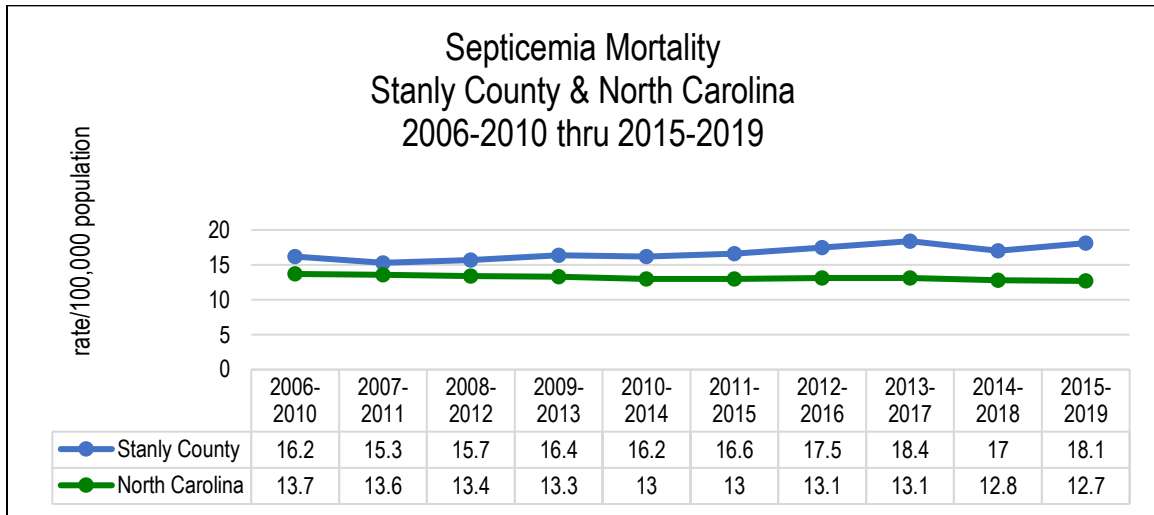
## #11 Cause of Mortality 2015-2019

Chart 30.



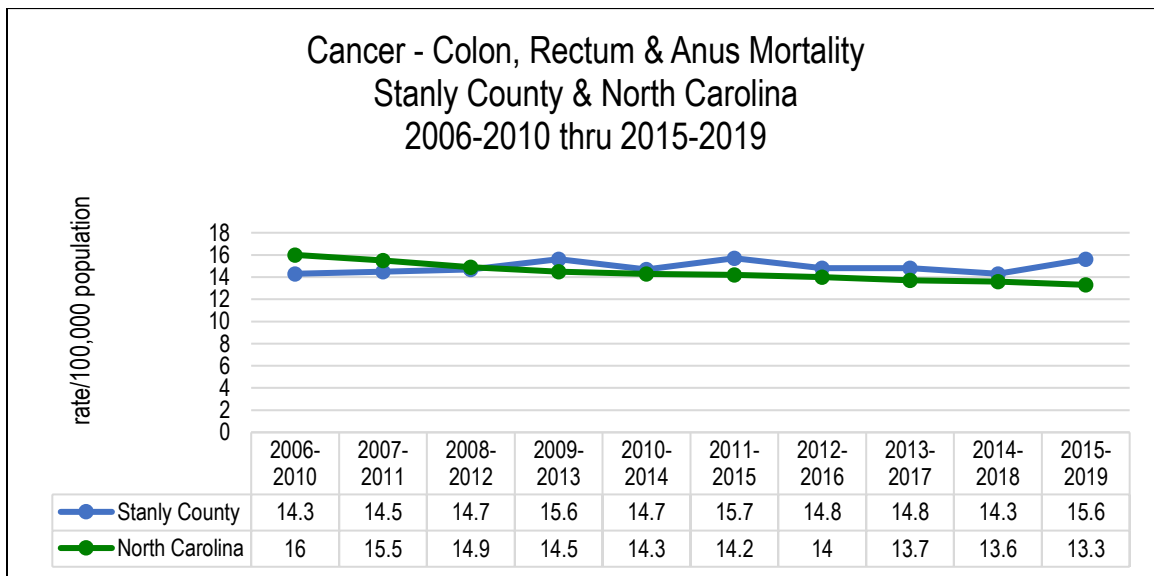
## #12 Cause of Mortality 2015-2019

Chart 31.



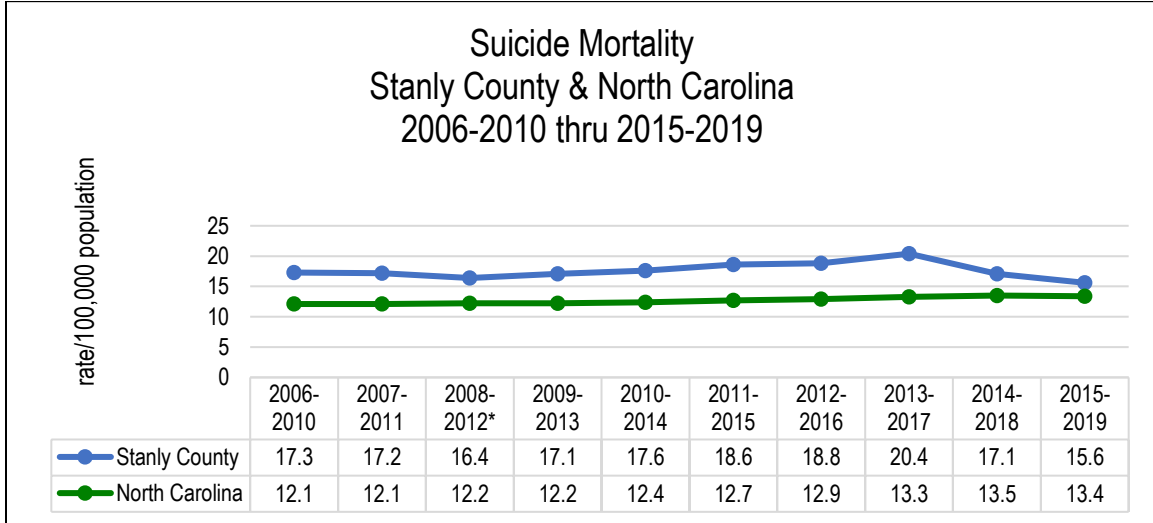
## #13 (tied) Cause of Mortality 2015-2019

Chart 32.



## #13 (tied) Cause of Mortality 2015-2019

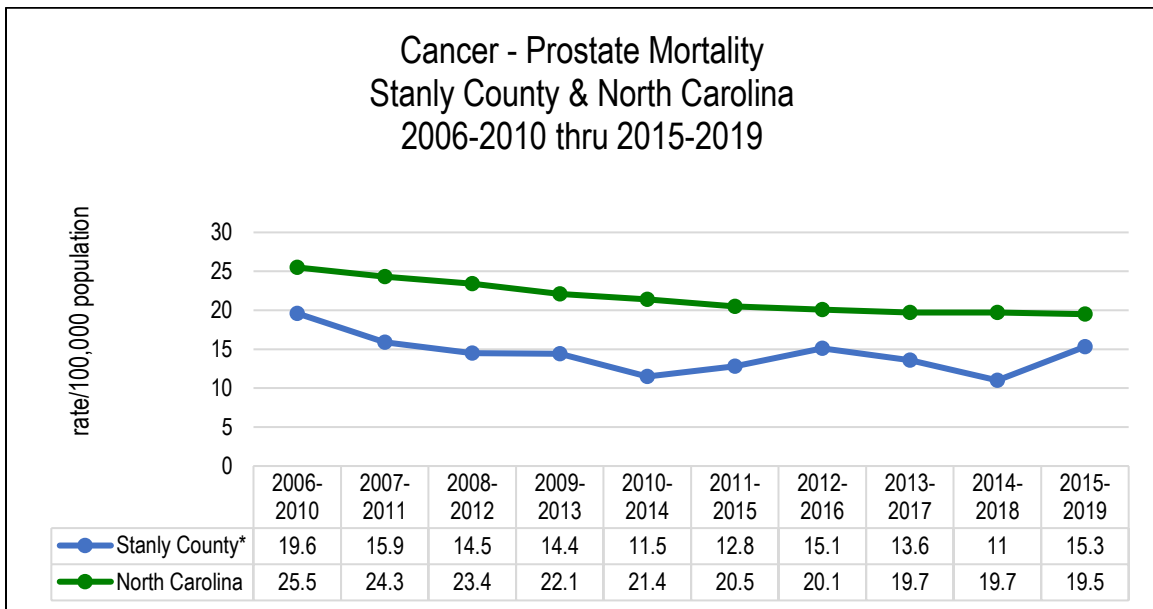
Chart 33.



\*Stanly County 2008-2012 death rate has small number of deaths (<50) in the numerator - should be interpreted with caution

## #15 Cause of Mortality 2015-2019

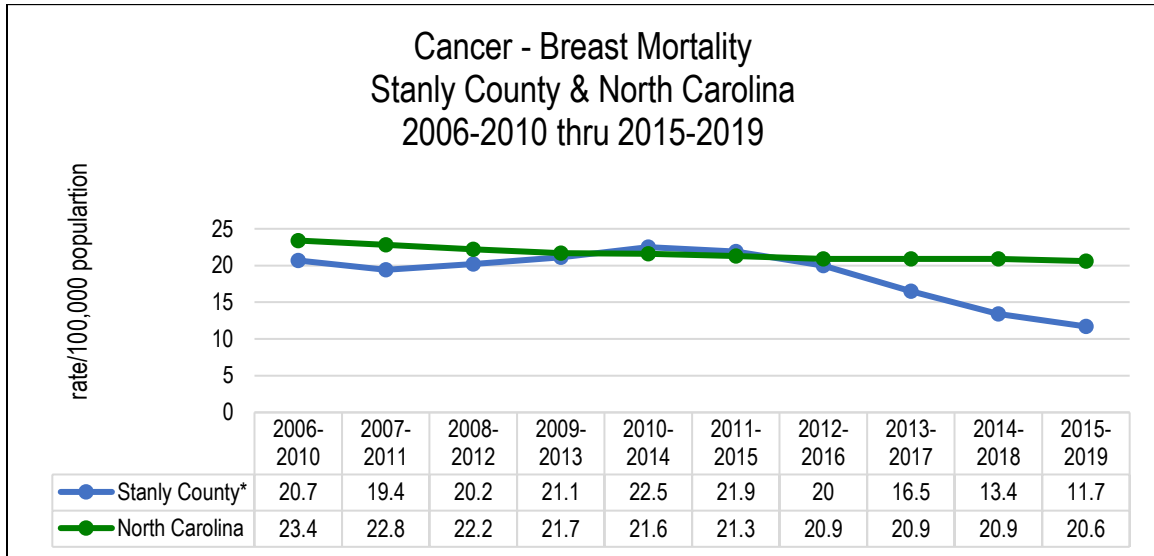
Chart 34.



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

## #16 Cause of Mortality 2015-2019

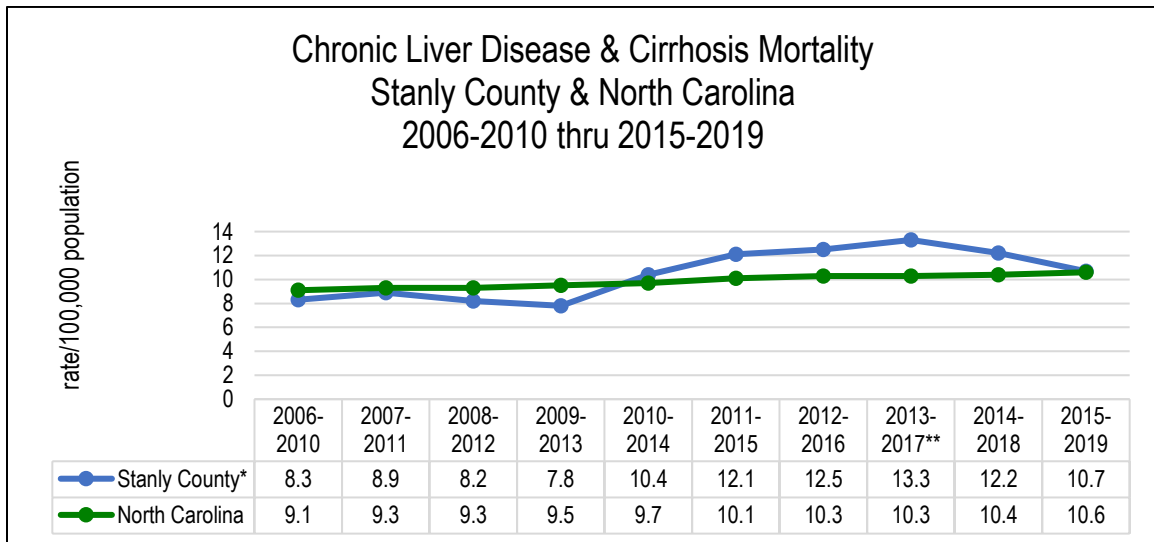
Chart 35.



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

## #17 Cause of Mortality 2015-2019

Chart 36.

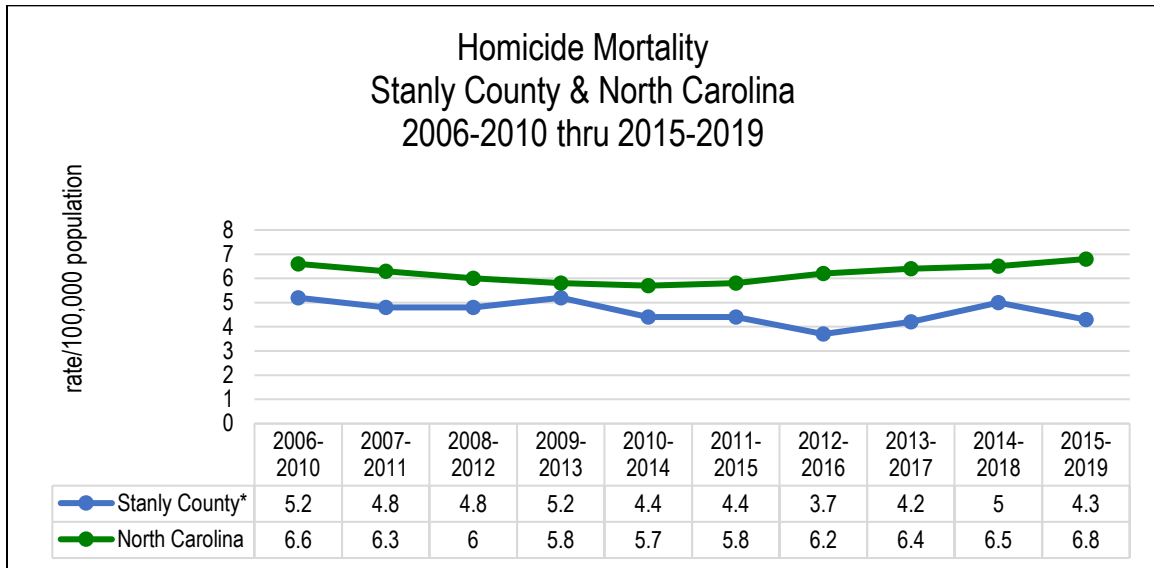


\* death rate with small number of deaths (<50) in the numerator should be interpreted with caution

\*\* Stanly County 2013-2017 reported 52 deaths – all other years <50

## #18 Cause of Mortality 2015-2019

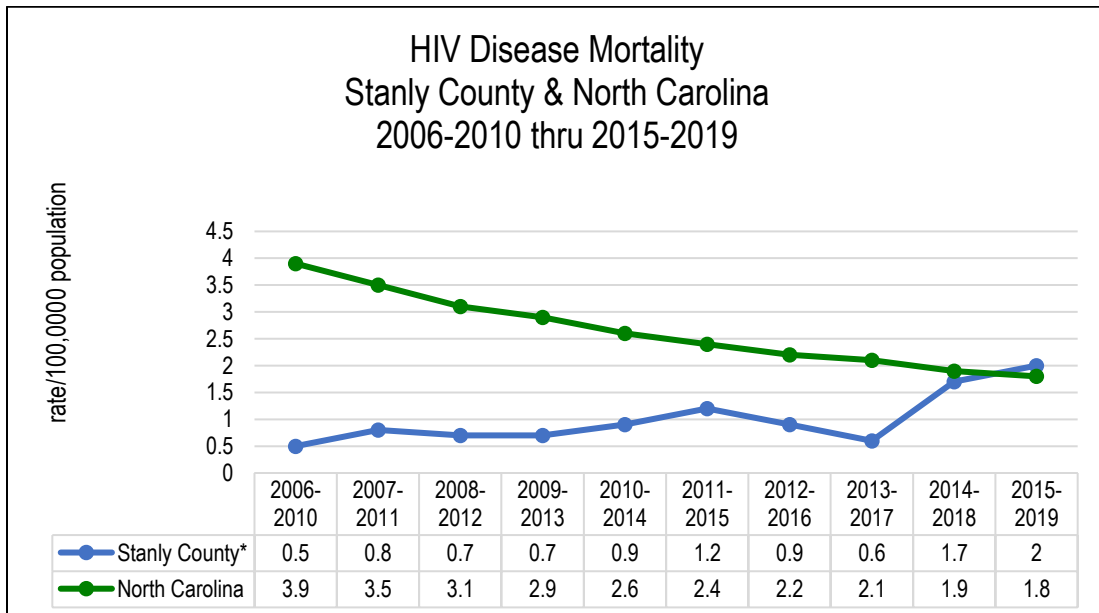
Chart 37.



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

## #19 Cause of Mortality 2015-2019

Chart 38.



# HEALTH ISSUES TABLES

## 2021 & 2018 Overall Health Issues Comparison (Source: 2018 & 2021 Stanly County Community Health Assessment Surveys' Results)

Table 98.

Health Issues - Major Problems Overall				
2021 Rank	2021 Percentage (%)	Health Issues	2018 Rank	2018 Percentage (%)
1	65.02	Substance Use Disorder/Overdose	1	56.71
2	47.00	Obesity/Overweight	3	39.69
3	43.65	Tobacco Use	2	43.29
4	33.60	Mental Illness	5	31.06
5	33.20	Inactivity/Lack of Physical Activity	9	27.58
6	31.13	Diabetes	6	30.58
7	29.95	Heart Disease	10	25.66
8	29.06	Alcoholism/Alcohol Abuse	4	32.13
9	28.67	Infectious Diseases (flu, measles, pertussis, mumps, STDs, COVID-19, etc.)	17	11.75
10	27.19	Nutrition	12	21.82
11	26.01	Cancer	7	29.14
12	22.86	Teenage Pregnancy	8	28.06
13	20.10	Dental Health	13	17.51
14	19.11	Suicide	11	22.78
15	15.76	Cerebrovascular Disease (Stroke)	14	16.19
16T	15.37T	Lung Diseases (asthma, COPD) –	15	14.99
		Neurological Diseases (Alzheimer's, MS, MD, Parkinson's, epilepsy, etc.)	16	12.35
18	10.74	Motor Vehicle Accident Injuries	18	11.15
19	7.78	Kidney Disease	19	5.88
20	4.53	All Other Unintentional Injuries (drowning, accidental poisonings, falls, etc.)	20	3.60

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## Zip Code

Table 99.

Health Issues – Major Problems - Zip Code														
Overall			East			North			South			West		
Rank	Health Issue	%	Rank	Health Issue	%	Rank	Health Issue	%	Rank	Health Issue	%	Rank	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	1	Substance Use Disorder/Overdose	66.48	1	Substance Use Disorder/Overdose	72.37	1	Substance Use Disorder/Overdose	61.00	1	Substance Use Disorder/Overdose	63.03
2	Obesity/Overweight	47.00	2	Obesity/Overweight	49.05	2	Tobacco Use	50.66	2	Obesity/Overweight	48.00	2	Obesity/Overweight	43.60
3	Tobacco Use	43.65	3	Tobacco Use	44.51	3	Obesity/Overweight	50.00	3	Tobacco Use	46.00	3	Tobacco Use	37.91
4	Mental Illness	33.60	4	Mental Illness	35.04	4	Diabetes	38.16	4	Mental Illness	38.00	4	Inactivity/Lack of Physical Activity	32.70
5	Inactivity/Lack of Physical Activity	33.20	5	Inactivity/Lack of Physical Activity	33.52	5	Heart Disease	37.50	5	Inactivity/Lack of Physical Activity	37.00	5	Mental Illness	27.49
6	Diabetes	31.13	6T	Alcoholism/Alcohol Abuse	31.63T	6	Mental Illness	36.18	6T	Diabetes	34.00T	6	Heart Disease	26.07
7	Heart Disease	29.95				7	Inactivity/Lack of Physical Activity	33.55				7	Infectious Diseases	25.59
8	Alcoholism/Alcohol Abuse	29.06	8T	Heart Disease	29.17T	8T	Alcoholism/Alcohol Abuse	30.26T	9T	Cancer	31.00T	8	Diabetes	25.12
9	Infectious Diseases	28.67										9	Cancer	24.17
10	Nutrition	27.19	10	Nutrition	28.98	10	Nutrition	29.61	10	Nutrition	23.70	10	Alcoholism/Alcohol Abuse	23.70
11	Cancer	26.01	11	Cancer	26.33	11	Teenage Pregnancy	26.32	11	Alcoholism/Alcohol Abuse	29.00	11	Nutrition	20.85
12	Teenage Pregnancy	22.86	12	Teenage Pregnancy	25.95	12	Cancer	25.66	12	Dental Health	23.00	12	Teenage Pregnancy	18.48
13	Dental Health	20.10	13	Dental Health	22.54	13	Suicide	25.00	13	Lung Diseases	20.00	13	Suicide	16.59
14	Suicide	19.11	14	Suicide	19.32	14	Dental Health	19.08	14	Neurological Diseases	19.00	14	Dental Health	14.69
15	Cerebrovascular Disease	15.76	15	Cerebrovascular Disease	17.23	15T	Lung Diseases	17.76T	15	Cerebrovascular Disease	17.00	15	Neurological Diseases	14.22
16T	Lung Diseases	15.37T	16	Lung Diseases	15.15				16	Neurological Diseases	16.00	16	Suicide	16.00
17	Neurological Diseases		14.96	17	Cerebrovascular Disease	17.11	17	Teenage Pregnancy	14.00	17	Motor Vehicle Accident Injuries	12.32		
18	Motor Vehicle Accident Injuries	10.74	18	Motor Vehicle Accident Injuries	10.61	18	Motor Vehicle Accident Injuries	10.53	18	Motor Vehicle Accident Injuries	10.00	18	Cerebrovascular Disease	10.43
19	Kidney Disease	7.78	19	Kidney Disease	8.33	19	Kidney Disease	6.58	19	Kidney Disease	7.00	19	Kidney Disease	7.58
20	All Other Unintentional Injuries	4.53	20	All Other Unintentional Injuries	5.87	20	All Other Unintentional Injuries	2.63	20	All Other Unintentional Injuries	3.00	20	All Other Unintentional Injuries	3.79

T – tie

## Sex

Table 100.

Health Issues –Major Problems - Sex						
Rank	Overall		Females		Males	
	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	66.93	Substance Use Disorder/Overdose	60.09
2	Obesity/Overweight	47.00	Obesity/Overweight	47.03	Obesity/Overweight	47.64
3	Tobacco Use	43.65	Tobacco Use	44.70	Tobacco Use	40.77
4	Mental Illness	33.60	Mental Illness	36.56	Heart Disease	29.18
5	Inactivity/Lack of Physical Activity	33.20	Inactivity/Lack of Physical Activity	34.88	Diabetes	28.76
6	Diabetes	31.13	Diabetes	32.17	Inactivity/Lack of Physical Activity	28.33
7	Heart Disease	29.95	Alcoholism/Alcohol Abuse	31.65	Infectious Diseases	25.75
8	Alcoholism/Alcohol Abuse	29.06	Heart Disease	30.36	Mental Illness	24.46
9	Infectious Diseases	28.67	Infectious Diseases	29.59	Nutrition	23.18
10	Nutrition	27.19	Cancer	27.65	Cancer	21.03
11	Cancer	26.01	Nutrition	26.68	Alcoholism/Alcohol Abuse	20.17
12	Teenage Pregnancy	22.86	Teenage Pregnancy	24.29	Dental Health	19.74
13	Dental Health	20.10	Suicide	21.58	Teenage Pregnancy	18.03
14	Suicide	19.11	Dental Health	20.28	Neurological Diseases	16.31
15	Cerebrovascular Disease	15.76	Cerebrovascular Disease	17.18	Lung Diseases	12.45
16T	Lung Diseases	15.37T	Lung Diseases	16.41	Cerebrovascular Disease	11.59T
	Neurological Diseases		Neurological Diseases	15.25	Suicide	
18	Motor Vehicle Accident Injuries	10.74	Motor Vehicle Accident Injuries	10.85	Motor Vehicle Accident Injuries	10.73
19	Kidney Disease	7.78	Kidney Disease	8.40	Kidney Disease	6.01
20	All Other Unintentional Injuries	4.53	All Other Unintentional Injuries	4.65	All Other Unintentional Injuries	4.29

T – tie



## Racial Identity

Table 101.

Health Issues – Major Problems - Racial Identity														
	Overall		African American/Black		American Indian & Others*		Asian		White		Hispanic/Latinx			
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%		
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	49.50	Substance Use Disorder/Overdose	83.33	Substance Use Disorder/Overdose	50.00	Substance Use Disorder/Overdose	67.76	Substance Use Disorder/Overdose	45.16		
2	Obesity/Overweight	47.00	Tobacco Use	46.53	Obesity/Overweight	75.00	Obesity/Overweight	40.00	Obesity/Overweight	48.95	Obesity/Overweight	32.26		
3	Tobacco Use	43.65	Alcoholism /Alcohol Abuse	35.64T	Diabetes	58.33T	Diabetes	30.00T	Tobacco Use	44.04	Tobacco Use	29.03		
4	Mental Illness	33.60							Diabetes	34.65T	Tobacco Use	Inactivity/Lack of Physical Activity	58.33T	Inactivity/Lack of Physical Activity
5	Inactivity/Lack of Physical Activity	33.20	Mental Illness	Obesity/Overweight	Tobacco Use	Cancer	20.00T	Cerebrovascular Disease	20.00T					
6	Diabetes	31.13	Infectious Diseases							33.66	Dental Health	50.00	Heart Disease	20.00T
7	Heart Disease	29.95	Cancer	31.68T	Nutrition	41.67T	Heart Disease	20.00T	Infectious Diseases	28.62	Diabetes	30.61	Cancer	22.58T
8	Alcoholism/Alcohol Abuse	29.06	Inactivity/Lack of Physical Activity								33.33T	Teenage Pregnancy	33.33T	Mental Illness
9	Infectious Diseases	28.67	Dental Health	28.71	Heart Disease	25.00	Motor Vehicle Accident Injuries	20.00T	Mental Illness	27.69	Infectious Diseases	28.27		
10	Nutrition	27.19	Heart Disease	27.72	Mental Illness						16.67T	Nutrition	10.00T	Motor Vehicle Accident Injuries
11	Cancer	26.01	Teenage Pregnancy	25.74	Alcoholism /Alcohol Abuse	8.33T	Teenage Pregnancy	10.00T	Nutrition	22.43				
12	Teenage Pregnancy	22.86	Nutrition	24.75	Motor Vehicle Accident Injuries						16.67T	Tobacco Use	10.00T	Nutrition
13	Dental Health	20.10	Neurological Diseases	20.79	All Other Unintentional Injuries	8.33T	Kidney Disease	10.00T	Nutrition	19.04				
14	Suicide	19.11	Cerebrovascular Disease	18.81	Cancer						8.33T	Lung Diseases	10.00T	Nutrition
15	Cerebrovascular Disease	15.76	Suicide	10.89	Cerebrovascular Disease	8.33T	Neurological Diseases	10.00T	Nutrition	15.42				
16T	Lung Diseases	15.37T	Lung Diseases	15.84	Kidney Disease						8.33T	All Other Unintentional Injuries	10.00T	Nutrition
18	Motor Vehicle Accident Injuries	10.74	Kidney Disease	13.86T	Lung Diseases	8.33T	Suicide	10.00T	Nutrition	10.05				
19	Kidney Disease	7.78	Motor Vehicle Accident Injuries	13.86T	Neurological Diseases						8.33T	Suicide	10.00T	Nutrition
20	All Other Unintentional Injuries	4.53	All Other Unintentional Injuries	7.92	Suicide	8.33T	Dental Health	0	Nutrition	3.74				
T-tie	*Denotes American Indian, Two or More Races and any race that was written in on the survey													

# Age

Table 102.

Health Issues – Major Problems - Age														
	Overall		15-19 Years		20-34 Years		35-54 Years		55-64 Years		65-74 Years		75 or older	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	69.09	Substance Use Disorder/Overdose	65.41	Substance Use Disorder/Overdose	71.23	Substance Use Disorder/Overdose	61.59	Substance Use Disorder/Overdose	59.46	Substance Use Disorder/Overdose	56.45
2	Obesity/Overweight	47.00	Tobacco Use	56.36	Tobacco Use	49.69	Obesity/Overweight	47.86	Obesity/Overweight	43.29	Obesity/Overweight	51.35	Obesity/Overweight	41.94
3	Tobacco Use	43.65	Obesity/Overweight	45.45	Obesity/Overweight	45.91	Tobacco Use	44.44	Tobacco Use	36.59	Tobacco Use	43.24	Tobacco Use	33.87
4	Mental Illness	33.60	Inactivity/Lack of Physical Activity	43.64	Alcoholism/Alcohol Abuse	42.77	Mental Illness	42.17	Alcoholism/Alcohol Abuse	30.49T	Heart Disease	36.94	Heart Disease	29.03
5	Inactivity/Lack of Physical Activity	33.20	Mental Illness	41.82	Mental Illness	37.74	Inactivity/Lack of Physical Activity	36.18	Mental Illness	30.49T	Diabetes	34.23	Cancer	27.42
6	Diabetes	31.13	Alcoholism/Alcohol Abuse	38.18T	Inactivity/Lack of Physical Activity	36.48	Diabetes	32.76	Diabetes	29.88	Inactivity/Lack of Physical Activity	29.73	Inactivity/Lack of Physical Activity	22.58T
7	Heart Disease	29.95	Suicide	32.73T	Teenage Pregnancy	35.22	Infectious Diseases	29.06	Heart Disease	29.27T	Infectious Diseases	28.83	Infectious Diseases	22.58T
8	Alcoholism/Alcohol Abuse	29.06	Teenage Pregnancy	36.36	Infectious Diseases	34.59T	Heart Disease	28.49T	Heart Disease	29.27T	Cancer	27.93	Nutrition	16.13T
9	Infectious Diseases	28.67	Diabetes	32.73T	Nutrition	30.19	Nutrition	26.78	Cancer	27.44	Nutrition	26.13	Diabetes	16.13T
10	Nutrition	27.19	Nutrition	29.09T	Diabetes	30.19	Alcoholism/Alcohol Abuse	26.78	Infectious Diseases	24.39	Alcoholism/Alcohol Abuse	24.32T	Neurological Diseases	14.52
11	Cancer	26.01	Heart Disease	29.09T	Dental Health	26.42	Cancer	24.79	Cerebrovascular Disease	19.51	Mental Illness	21.62	Cerebrovascular Disease	14.52
12	Teenage Pregnancy	22.86	Infectious Diseases	27.27	Cancer	25.79	Dental Health	20.51	Nutrition	18.90	Teenage Pregnancy	21.62	Alcoholism/Alcohol Abuse	12.90T
13	Dental Health	20.10	Motor Vehicle Accidents Injuries	27.27	Heart Disease	25.16	Teenage Pregnancy	19.94	Suicide	18.29T	Dental Health	20.72T	Suicide	12.90T
14	Suicide	19.11	Cancer	21.82	Suicide	19.50	Suicide	17.66	Teenage Pregnancy	18.29T	Lung Diseases	20.72T	Teenage Pregnancy	11.29
15	Cerebrovascular Disease	15.76	Neurological Diseases	18.18	Motor Vehicle Accidents Injuries	17.61	Cerebrovascular Disease	14.53T	Dental Health	18.19	Neurological Diseases	20.72T	Dental Health	11.29
16T	Lung Diseases	15.37T	Cerebrovascular Disease	14.55T	Lung Diseases	14.47	Lung Diseases	11.97	Neurological Diseases	15.85	Suicide	18.92	Lung Diseases	9.68
17	Neurological Diseases	15.37T	All Other Unintentional Injuries	10.91T	Cerebrovascular Disease	13.84T	Neurological Diseases	11.97	Lung Diseases	14.63	Cerebrovascular Disease	17.12	Mental Illness	9.68T
18	Motor Vehicle Accident Injuries	10.74	Dental Health	10.91T	Neurological Diseases	13.84T	Motor Vehicle Accidents Injuries	9.12	Kidney Disease	6.71	Kidney Disease	11.71	Motor Vehicle Accidents Injuries	4.84
19	Kidney Disease	7.78	Lung Diseases	10.91T	All Other Unintentional Injuries	8.18	Kidney Disease	7.12	Motor Vehicle Accidents Injuries	3.05	Motor Vehicle Accidents Injuries	10.36	All Other Unintentional Injuries	4.84
20	All Other Unintentional Injuries	4.53	Kidney Disease	9.09	Kidney Disease	6.92	All Other Unintentional Injuries	2.56	All Other Unintentional Injuries	1.83	All Other Unintentional Injuries	4.5	Kidney Disease	1.61

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## Education (Grade Completed)

Table 103.

Health Issues – Major Problems - Education (Grade Completed)														
R a n k	Overall		12 <sup>th</sup> Grade or Less		Completed Grade 12/GED		College 1-3 Years (College/ Technical School)		Community College/ Technical School Degree/Certificate		Bachelor Degree		Postgraduate Degree	
	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	54.84	Substance Use Disorder/Overdose	51.11	Substance Use Disorder/Overdose	69.70	Substance Use Disorder/Overdose	70.95	Substance Use Disorder/Overdose	69.60	Substance Use Disorder/Overdose	66.87
2	Obesity/Overweight	47.00	Tobacco Use	45.16	Tobacco Use	38.89	Tobacco Use	46.97	Obesity/Overweight	43.58	Obesity/Overweight	55.51	Obesity/Overweight	60.84
3	Tobacco Use	43.65	Infectious Diseases	33.87	Obesity/Overweight	35.56	Obesity/Overweight	44.95	Tobacco Use	37.99	Tobacco Use	45.81	Tobacco Use	48.19
4	Mental Illness	33.60	Mental Illness	32.26	Alcoholism/Alcohol Abuse	30.56	Inactivity/Lack of Physical Activity	34.85	Mental Illness	35.20	Mental Illness	39.21	Inactivity/Lack of Physical Activity	39.26
5	Inactivity/Lack of Physical Activity	33.20	Obesity/Overweight	30.65T	Mental Illness	27.78	Mental Illness	31.82	Alcoholism/Alcohol Abuse	30.17T	Diabetes	37.89T	Diabetes	36.75T
6	Diabetes	31.13			Heart Disease	27.22T	Diabetes	31.31	Inactivity/Lack of Physical Activity		Inactivity/Lack of Physical Activity			
7	Heart Disease	29.95	Teenage Pregnancy	29.03	Infectious Diseases		29.29	Heart Disease	29.29	Cancer	26.26T	Heart Disease	37.00T	Heart Disease
8	Alcoholism/Alcohol Abuse	29.06	Alcoholism/Alcohol Abuse		29.03	Cancer		26.67		Teenage Pregnancy		28.28		Diabetes
9	Infectious Diseases	28.67	Diabetes	24.19	Inactivity/Lack of Physical Activity	26.11	Alcoholism/Alcohol Abuse	27.78	Heart Disease	24.58	Nutrition	34.36	Infectious Diseases	33.13
10	Nutrition	27.19	Dental Health	22.58	Diabetes	25.00	Dental Health	23.74	Nutrition	24.02	Cancer	30.40	Alcoholism/Alcohol Abuse	28.92
11	Cancer	26.01	Motor Vehicle Accident Injuries	20.97T	Teenage Pregnancy	22.78	Cancer	23.23	Infectious Diseases	23.46	Alcoholism/Alcohol Abuse	28.63	Cancer	27.11
12	Teenage Pregnancy	22.86	Nutrition		Nutrition	21.11	Nutrition	21.72	Teenage Pregnancy	22.35	Teenage Pregnancy	22.03	Lung Diseases	19.88
13	Dental Health	20.10	Suicide	19.35	Suicide	19.44	Infectious Diseases	20.20	Suicide	17.88	Dental Health	21.59	Cerebrovascular Disease	18.67T
14	Suicide	19.11	Heart Disease	16.13	Dental Health	17.78	Suicide	18.69	Dental Health	17.32	Suicide	21.15	Dental Health	
15	Cerebrovascular Disease	15.76	Cancer	14.52	Cerebrovascular Disease	15.00	Neurological Diseases	17.68	Neurological Diseases	15.64	Lung Diseases	19.38	Suicide	18.07
16T	Lung Diseases	15.37T	Cerebrovascular Disease	8.06T	Lung Diseases	14.44	Cerebrovascular Disease	15.66	Cerebrovascular Disease	13.97	Cerebrovascular Disease	18.06	Teenage Pregnancy	15.66
	Neurological Diseases		Neurological Diseases		13.89	Lung Diseases	14.65	Lung Diseases	10.61	Neurological Diseases	17.62	Neurological Diseases	14.46	
18	Motor Vehicle Accident Injuries	10.74	Neurological Diseases	6.45T	Kidney Disease	11.11	Motor Vehicle Accident Injuries	12.12	Motor Vehicle Accident Injuries	8.94	Motor Vehicle Accident Injuries	11.01	Motor Vehicle Accident Injuries	8.43
19	Kidney Disease	7.78	All Other Unintentional Injuries		Motor Vehicle Accident Injuries	9.44	Kidney Disease	8.59	Kidney Disease	6.70	Kidney Disease	7.05	Kidney Disease	6.63
20	All Other Unintentional Injuries	4.53	Kidney Disease	4.84	All Other Unintentional Injuries	5.56	All Other Unintentional Injuries	7.58	All Other Unintentional Injuries	3.91	All Other Unintentional Injuries	3.08	All Other Unintentional Injuries	1.81

## Marital Status

Table 104.

Health Issues – Major Problems - Marital Status												
Rank	Overall		Single/Never Married		Married		Divorced		Separated		Widowed	
	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	60.31	Substance Use Disorder/Overdose	67.45	Substance Use Disorder/Overdose	68.04	Mental Illness	44.00T	Substance Use Disorder/Overdose	62.07
2	Obesity/Overweight	47.00	Tobacco Use	51.03	Obesity/Overweight	48.98	Obesity/Overweight	52.58T	Obesity/Overweight		40.00T	Heart Disease
3	Tobacco Use	43.65	Obesity/Overweight	41.24	Tobacco Use	40.85	Tobacco Use		40.21	Inactivity/Lack of Physical Activity		40.00T
4	Mental Illness	33.60	Mental Illness	38.66	Mental Illness	33.18	Inactivity/Lack of Physical Activity	38.14		Substance Use Disorder/Overdose	28.00T	
5	Inactivity/Lack of Physical Activity	33.20	Inactivity/Lack of Physical Activity	35.57	Diabetes	31.77	Nutrition		35.05	Tobacco Use		28.00T
6	Diabetes	31.13	Alcoholism/Alcohol Abuse	34.02	Inactivity/Lack of Physical Activity	31.30	Alcoholism/Alcohol Abuse	34.02		Dental Health	28.00T	
7	Heart Disease	29.95	Teenage Pregnancy	32.47	Heart Disease	30.05	Mental Illness		30.93	Diabetes		24.00T
8	Alcoholism/Alcohol Abuse	29.06	Diabetes	31.96	Infectious Diseases	28.79	Heart Disease	28.87T		Nutrition	24.00T	
9	Infectious Diseases	28.67	Infectious Diseases	31.44	Alcoholism/Alcohol Abuse	28.17	Diabetes		27.84	Alcoholism/Alcohol Abuse		16.00T
10	Nutrition	27.19	Nutrition	30.41	Cancer	27.70	Teenage Pregnancy	26.80		Cancer	12.00T	
11	Cancer	26.01	Heart Disease	26.80	Nutrition	26.29	Infectious Diseases		26.80	Heart Disease		12.00T
12	Teenage Pregnancy	22.86	Dental Health	23.20	Teenage Pregnancy	20.34	Dental Health	24.74		Infectious Diseases	8.00T	
13	Dental Health	20.10	Cancer	22.16	Suicide	19.09	Cancer		17.53T	Neurological Diseases		8.00T
14	Suicide	19.11	Suicide	21.65	Dental Health	18.47	Cerebrovascular Disease	16.49		Neurological Diseases	8.00T	
15	Cerebrovascular Disease	15.76	Motor Vehicle Accident Injuries	20.62	Lung Diseases	15.65T	Suicide		16.49	Cerebrovascular Disease		8.00T
16T	Lung Diseases	15.37T	Cerebrovascular Disease	18.04	Neurological Diseases		15.18	Lung Diseases		14.43	Motor Vehicle Accident Injuries	
	Neurological Diseases		Neurological Diseases	15.98	Cerebrovascular Disease	15.18		Neurological Diseases	14.43		Lung Diseases	8.00T
18	Motor Vehicle Accident Injuries	10.74	Lung Diseases	14.43	Motor Vehicle Accident Injuries	8.45	Motor Vehicle Accident Injuries	12.37	Teenage Pregnancy	8.00T	Nutrition	8.62
19	Kidney Disease	7.78	All Other Unintentional Injuries	11.86	Kidney Disease	7.36	Kidney Disease	5.15T	Kidney Disease		8.00T	All Other Unintentional Injuries
20	All Other Unintentional Injuries	4.53	Kidney Disease	10.82	All Other Unintentional Injuries	2.66	All Other Unintentional Injuries		5.15T	All Other Unintentional Injuries		8.00T
T- tie												

## Household Income – Table 1

Table 105.

Health Issues – Major Problems - Household Income – Table 1										
	Overall		↓ \$10,000		\$10,000-\$19,999		\$20,000-\$29,999		\$30,000-\$44,999	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Tobacco Use	36.07	Substance Use Disorder/Overdose	62.32	Substance Use Disorder/Overdose	59.15	Substance Use Disorder/Overdose	63.33
2	Obesity/Overweight	47.00	Substance Use Disorder/Overdose	31.15	Tobacco Use	57.97	Tobacco Use	40.85	Obesity/Overweight	39.17T
3	Tobacco Use	43.65	Alcoholism /Alcohol Abuse	29.51T	Obesity/Overweight	47.83	Obesity/Overweight	39.44	Tobacco Use	
4	Mental Illness	33.60	Obesity/Overweight		Alcoholism /Alcohol Abuse	37.68T	Inactivity/Lack of Physical Activity	35.21	Diabetes	35.00T
5	Inactivity/Lack of Physical Activity	33.20	Infectious Diseases	27.87	Inactivity/Lack of Physical Activity		Mental Illness	33.80	Heart Disease	
6	Diabetes	31.13	Dental Health	24.59T	Mental Illness	36.23T	Alcoholism/Alcohol Abuse	32.39	Inactivity/Lack of Physical Activity	30.00
7	Heart Disease	29.95	Inactivity/Lack of Physical Activity		Nutrition		29.58	Teenage Pregnancy	29.58	Mental Illness
8	Alcoholism/Alcohol Abuse	29.06	Mental Illness	Heart Disease	34.78	Nutrition	28.17	Alcoholism /Alcohol Abuse	27.50	
9	Infectious Diseases	28.67	Diabetes	21.31	Infectious Diseases	33.33	Diabetes	26.76	Teenage Pregnancy	23.33
10	Nutrition	27.19	Heart Disease	19.67	Teenage Pregnancy	31.88	Heart Disease	23.94	Cancer	22.50
11	Cancer	26.01	Cancer	18.03	Diabetes	28.99	Cancer	22.54	Infectious Diseases	20.83
12	Teenage Pregnancy	22.86	Teenage Pregnancy	Motor Vehicle Accident Injuries	16.39	Dental Health	27.54	Dental Health	21.13	Dental Health
13	Dental Health	20.10	Motor Vehicle Accident Injuries	16.39	Cerebrovascular Disease	23.19	Infectious Diseases	19.72	Infectious Diseases	18.33T
14	Suicide	19.11	Nutrition	14.75	Cancer	21.74	Neurological Diseases	16.90	Nutrition	
15	Cerebrovascular Disease	15.76	Lung Diseases	13.11	Suicide	20.29	Cerebrovascular Disease	14.08	Suicide	15.83
16T	Lung Diseases	15.37T	Cerebrovascular Disease	11.48	Neurological Diseases	18.84	Lung Diseases	12.68T	Cerebrovascular Disease	13.33
	Neurological Diseases		Neurological Diseases	9.84	Lung Diseases	17.39T	Suicide		Motor Vehicle Accident Injuries	11.67
18	Motor Vehicle Accident Injuries	10.74	Suicide	8.20	Motor Vehicle Accident Injuries		Motor Vehicle Accident Injuries	8.45	Neurological Diseases	10.83
19	Kidney Disease	7.78	All Other Unintentional Injuries	6.56	Kidney Disease	15.94	Kidney Disease	7.04T	Kidney Disease	8.33
20	All Other Unintentional Injuries	4.53	Kidney Disease	4.92	All Other Unintentional Injuries	13.04	All Other Unintentional Injuries		All Other Unintentional Injuries	4.17

T – tie

## Household Income – Table 2

Table 106.

Health Issues – Major Problems - Household Income – Table 2										
	Overall		\$45,000-\$59,999		\$60,000-\$74,999		\$75,000-\$99,999		≥\$100,000	
Rank	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%	Health Issue	%
1	Substance Use Disorder/Overdose	65.02	Substance Use Disorder/Overdose	66.67	Substance Use Disorder/Overdose	72.83	Substance Use Disorder/Overdose	75.81	Substance Use Disorder/Overdose	70.77
2	Obesity/Overweight	47.00	Obesity/Overweight	45.30	Obesity/Overweight	55.43	Obesity/Overweight	55.65	Obesity/Overweight	53.85
3	Tobacco Use	43.65	Tobacco Use	37.61	Tobacco Use	45.65	Tobacco Use	51.61	Tobacco Use	45.13
4	Mental Illness	33.60	Mental Illness	29.91	Inactivity/Lack of Physical Activity	36.96	Mental Illness	37.90	Inactivity/Lack of Physical Activity	37.95T
5	Inactivity/Lack of Physical Activity	33.20	Heart Disease	29.06T	Mental Illness	35.87	Infectious Diseases	34.68	Mental Illness	
6	Diabetes	31.13	Nutrition		Alcoholism/Alcohol Abuse	33.70T	Cancer	33.06	Diabetes	36.41
7	Heart Disease	29.95	Alcoholism/Alcohol Abuse	28.21T	Cancer		Diabetes	32.26T	Heart Disease	35.90
8	Alcoholism/Alcohol Abuse	29.06	Inactivity/Lack of Physical Activity		Nutrition		Inactivity/Lack of Physical Activity		Infectious Diseases	31.79
9	Infectious Diseases	28.67	Infectious Diseases	27.35	Diabetes	29.35T	Nutrition	29.03	Nutrition	31.28
10	Nutrition	27.19	Diabetes	25.64	Infectious Diseases		Alcoholism/Alcohol Abuse	28.23	Alcoholism/Alcohol Abuse	25.13T
11	Cancer	26.01	Cancer	24.79	Heart Disease	26.09T	Heart Disease	25.00T	Cancer	
12	Teenage Pregnancy	22.86	Teenage Pregnancy	23.08	Suicide		Teenage Pregnancy		Dental Health	21.03
13	Dental Health	20.10	Dental Health	19.66	Teenage Pregnancy	22.83	Suicide	21.77	Cerebrovascular Disease	20.51
14	Suicide	19.11	Neurological Diseases	17.09T	Dental Health	19.57	Dental Health	18.55	Neurological Diseases	18.97
15	Cerebrovascular Disease	15.76	Suicide		Lung Diseases	15.22	Neurological Diseases	15.32	Lung Diseases	17.95T
16T	Lung Diseases	15.37T	Cerebrovascular Disease	15.38T	Cerebrovascular Disease		Lung Diseases	14.52	Suicide	
	Neurological Diseases		Motor Vehicle Accident Injuries		Motor Vehicle Accident Injuries	14.13T	Cerebrovascular Disease	10.48	Teenage Pregnancy	14.87
18	Motor Vehicle Accident Injuries	10.74	Lung Diseases	12.82	Neurological Diseases		Motor Vehicle Accident Injuries	7.26	Kidney Disease	8.21
19	Kidney Disease	7.78	Kidney Disease	5.98	Kidney Disease	7.61	Kidney Disease	4.03	Motor Vehicle Accident Injuries	6.67
20	All Other Unintentional Injuries	4.53	All Other Unintentional Injuries	5.13	All Other Unintentional Injuries	4.35	All Other Unintentional Injuries	3.23	All Other Unintentional Injuries	1.54
T – tie										

# ACCESS TO ISSUES\* TABLES

(\*Access to Issues were included with Community Issues in the 2018 Community Health Assessment Report)

## 2021 & 2018 Overall Access To Issues Comparison

(Source: 2018 & 2021 Stanly County Community Health Assessment Surveys' Results)

Table 107.

Access to Issues - Major Problems Overall				
2021 Rank	2021 Percentage (%)	Access to Issues	2018 Rank	2018 Percentage (%)
1	33.10	Access to Substance Use Disorder Treatment	6T	24.22
2	28.37	Access to Adult Day Care	11	22.66
3	26.80	Access to Health Care Specialists	14	19.90
4	24.83	Access to Mental Health Services	13	20.62
5	14.68	Access to Dental Care – Adult	20	15.71
6	12.61	Access to Higher Education	24	9.47
7	12.51	Access to In-Home Care	27	7.43
8T	11.63T	Access to Quality Child Care	26	8.15
8T	11.63T	Access to Primary Healthcare	25	8.87
10	7.49	Access to Prenatal Care	N.A.	N.A.

T – tie  
 N.A. – This Access Issue was not included in the 2018 Community Issues table.

## Zip Code

Table 108.

Access to Issues – Major Problems – Zip Code															
	Overall			East			North			South			West		
R a n k	Access to Issue	%	R a n k	Access to Issue	%	R a n k	Access to Issue	%	R a n k	Access to Issue	%	R a n k	Access to Issue	%	
1	Access to Substance Use Disorder Treatment	33.10	1	Access to Substance Use Disorder Treatment	33.71	1	Access to Substance Use Disorder Treatment	38.82	1	Access to Substance Use Disorder Treatment	32.00	1	Access to Substance Use Disorder Treatment	27.96	
2	Access to Adult Day Care	28.37	2	Access to Adult Day Care	28.60	2	Access to Adult Day Care	35.53	2	Access to Healthcare Specialists	30.00	2	Access to Adult Day Care	27.01	
3	Access to Healthcare Specialists	26.80	3	Access to Healthcare Specialists	27.08	3	Access to Mental Health Services	29.61	3	Access to Dental Care – Adult	22.00	3	Access to Healthcare Specialists	25.59	
4	Access to Mental Health Services	24.83	4	Access to Mental Health Services	25.38	4	Access to Healthcare Specialists	26.97	4	Access to Adult Day Care	21.00	4	Access to Mental Health Services	22.75	
5	Access to Dental Care – Adult	14.68	5	Access to Dental Care – Adult	15.72	5	Access to In-Home Care	13.82	5	Access to Mental Health Services	20.00	5	Access to In-Home Care	14.22	
6	Access to Higher Education	12.61	6T	Access to Higher Education	13.26T	6	Access to Dental Care – Adult	13.16	6T	Access to Quality Child Care	16.00T	6T	Access to Dental Care – Adult	10.90T	
7	Access to In-Home Care	12.51		7		Access to Primary Healthcare	11.84	Access to Higher Education		11.18			8		Access to In-Home Care
8T	Access to Quality Child Care	11.63T	8	Access to Quality Child Care	12.69	8	Access to Higher Education	11.18	8T	Access to In-Home Care	14.00T	9T	Access to Primary Healthcare	7.11T	
	Access to Primary Healthcare		9	Access to In-Home Care	11.55	9	Access to Quality Child Care	9.87		Access to Primary Healthcare					
10	Access to Prenatal Care	7.49	10	Access to Prenatal Care	6.82	10	Access to Prenatal Care	8.55	10	Access to Prenatal Care	9.00		Access to Prenatal Care		
T – tie															



## Sex

Table 109.

Access to Issues – Major Problems - Sex						
	Overall		Females		Males	
Rank	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Substance Use Disorder Treatment	35.66	Access to Substance Use Disorder Treatment	24.46
2	Access to Adult Day Care	28.37	Access to Adult Day Care	31.14	Access to Health Care Specialists	21.03
3	Access to Health Care Specialists	26.80	Access to Health Care Specialists	28.68	Access to Adult Day Care	20.17
4	Access to Mental Health Services	24.83	Access to Mental Health Services	27.26	Access to Mental Health Services	17.60
5	Access to Dental Care – Adult	14.68	Access to Dental Care – Adult	16.93	Access to Higher Education	11.59
6	Access to Higher Education	12.61	Access to In-Home Care	13.95	Access to Quality Child Care	9.01
7	Access to In-Home Care	12.51	Access to Higher Education	12.92	Access to In-Home Care	8.15
8T	Access to Quality Child Care	11.63T	Access to Primary Healthcare	12.79	Access to Primary Healthcare	7.73
	Access to Primary Healthcare		Access to Quality Child Care	12.53	Access to Dental Care – Adult	6.87
10	Access to Prenatal Care	7.49	Access to Prenatal Care	8.53	Access to Prenatal Care	4.29
T – tie						

## Racial Identity

Table 110.

Access to Issues – Major Problems - Racial Identity												
Rank	Overall		African American/Black		American Indian & Others*		Asian		White		Hispanic/Latinx	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Dental Care – Adult	26.73	Access to Adult Day Care	25.00T	Access to Higher Education	20.00T	Access to Substance Use Disorder Treatment	34.70	Access to Healthcare Specialists	38.71
2	Access to Adult Day Care	28.37	Access to Healthcare Specialists	24.75	Access to Quality Child Care		Access to Prenatal Care		Access to Adult Day Care	30.02	Access to Substance Use Disorder Treatment	32.26
3	Access to Healthcare Specialists	26.80	Access to Mental Health Services	23.76T	Access to Mental Health Services		Access to Primary Healthcare		Access to Healthcare Specialists	27.10	Access to Dental Care – Adult	29.03T
4	Access to Mental Health Services	24.83	Access to Substance Use Disorder Treatment		Access to Substance Use Disorder Treatment		Access to Substance Use Disorder Treatment		Access to Mental Health Services	25.12		
5	Access to Dental Care – Adult	14.68	Access to Adult Day Care	20.79	Access to Healthcare Specialists	16.67	Access to Quality Child Care	10.00T	Access to Dental Care – Adult	13.20	Access to Adult Day Care	19.35T
6	Access to Higher Education	12.61	Access to Higher Education	16.83	Access to Higher Education	8.33T	Access to Healthcare Specialists		Access to In-Home Care	12.50	Access to Quality Child Care	
7	Access to In-Home Care	12.51	Access to Primary Healthcare	15.84	Access to Primary Healthcare		Access to Mental Health Services		Access to Higher Education	12.27	Access to Primary Healthcare	
8T	Access to Quality Child Care	11.63T	Access to In-Home Care	14.85	Access to Dental Care – Adult	0T	Access to Adult Day Care	0T	Access to Quality Child Care	10.86	Access to In-Home Care	16.13
	Access to Primary Healthcare		Access to Quality Child Care	13.86	Access to In-Home Care		Access to Dental Care – Adult		Access to Primary Healthcare			
10	Access to Prenatal Care	7.49	Access to Prenatal Care	5.94	Access to Prenatal Care		Access to In-Home Care		Access to Prenatal Care		7.36	

T- tie \*Denotes American Indian, Two or More Races and any race that was written in on the survey

# Age

Table 111.

Access to Issues – Major Problems - Age												
	15-19 Years		20-34 Years		35-54 Years		55-64 Years		65-74 Years		75 or older	
R a n k	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	36.36	Access to Substance Use Disorder Treatment	30.19	Access to Substance Use Disorder Treatment	38.46	Access to Substance Use Disorder Treatment	38.41	Access to Adult Day Care	30.63	Access to Adult Day Care	29.03
2	Access to Mental Health Services	25.45	Access to Healthcare Specialists	27.67	Access to Mental Health Services	32.48	Access to Adult Day Care	35.98	Access to Healthcare Specialists	25.23	Access to Substance Use Disorder Treatment	25.81
3	Access to Healthcare Specialists	20.00	Access to Adult Day Care	22.64	Access to Healthcare Specialists	29.91	Access to Healthcare Specialists	28.05	Access to Substance Use Disorder Treatment	24.32	Access to Mental Health Services	19.35
4	Access to Prenatal Care	18.18	Access to Mental Health Services	20.75	Access to Adult Day Care	27.92	Access to Mental Health Services	23.78	Access to Mental Health Services	18.02	Access to Healthcare Specialists	16.13
5	Access to Adult Day Care	16.36	Access to Higher Education	16.98	Access to Dental Care – Adult	15.67	Access to In-Home Care	18.29	Access to Dental Care – Adult	15.32	Access to In-Home Care	9.68T
6	Access to Primary Healthcare	14.55	Access to Dental Care – Adult	16.35	Access to Higher Education	15.38	Access to Dental Care – Adult	14.63	Access to Primary Healthcare	13.51	Access to Primary Healthcare	
7T	Access to Dental Care – Adult	12.73T	Access to Quality Child Care	15.72	Access to Quality Child Care	11.40	Access to Primary Healthcare	12.20	Access to In-Home Care	12.61T	Access to Dental Care – Adult	4.84
	Access to In-Home Care		11.32	Access to Primary Healthcare	10.83T	Access to Quality Child Care	9.76	Access to Quality Child Care	3.23			
	Access to Quality Child Care		10.06	Access to In-Home Care		Access to Higher Education	8.54	Access to Higher Education	10.36		Access to Higher Education	6.45
10	Access to Higher Education	10.91	Access to Prenatal Care	8.81	Access to Prenatal Care	8.55	Access to Prenatal Care	4.88	Access to Prenatal Care	5.41	Access to Prenatal Care	3.23
T- tie												

## Education (Grade Completed)

Table 112.

Access to Issues – Major Problems - Education (Grade Completed)														
Rank	Overall		12 <sup>th</sup> Grade or Less		Completed Grade 12/GED		College 1-3 Years (College/Technical School)		Community College/Technical School Degree/Certificate		Bachelor Degree		Postgraduate Degree	
	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Dental Care – Adult	27.42	Access to Substance Use Disorder Treatment	26.67	Access to Substance Use Disorder Treatment	35.86	Access to Substance Use Disorder Treatment	31.28	Access to Substance Use Disorder Treatment	37.44	Access to Adult Day Care	39.76
2	Access to Adult Day Care	28.37	Access to Substance Use Disorder Treatment	25.81	Access to Healthcare Specialists	23.33	Access to Adult Day Care	27.78	Access to Healthcare Specialists	25.70	Access to Adult Day Care	33.92	Access to Healthcare Specialists	37.35
3	Access to Healthcare Specialists	26.80	Access to Healthcare Specialists	22.58	Access to Adult Day Care	22.22	Access to Healthcare Specialists	25.76	Access to Adult Day Care	22.91	Access to Mental Health Services	26.87	Access to Substance Use Disorder Treatment	36.14
4	Access to Mental Health Services	24.83	Access to Mental Health Services	20.97	Access to Mental Health Services	18.33	Access to Mental Health Services	24.75	Access to Mental Health Services	21.79	Access to Healthcare Specialists	25.11	Access to Mental Health Services	34.34
5	Access to Dental Care – Adult	14.68	Access to Quality Child Care	17.74T	Access to Dental Care – Adult	15.56	Access to Dental Care – Adult	19.19	Access to Primary Healthcare	12.85	Access to Quality Child Care	13.22T	Access to Higher Education	19.88
6	Access to Higher Education	12.61	Access to Primary Healthcare		Access to Quality Child Care	11.67	Access to In-Home Care	16.67	Access to Dental Care – Adult	10.06	Access to Dental Care – Adult		Access to In-Home Care	16.87
7	Access to In-Home Care	12.51	Access to Adult Day Care	14.52	Access to Higher Education	10.00	Access to Primary Healthcare	13.64	Access to Higher Education	9.50	Access to Higher Education		Access to Quality Child Care	13.86
8T	Access to Quality Child Care	11.63T	Access to Prenatal Care	12.90	Access to In-Home Care	9.44T	Access to Higher Education	11.62	Access to Quality Child Care	8.38T	Access to In-Home Care	11.89	Access to Primary Healthcare	11.45
	Access to Primary Healthcare		Access to Higher Education	11.29T	Access to Prenatal Care		9.09	Access to In-Home Care	9.25		Access to Dental Care – Adult	10.84		
10	Access to Prenatal Care	7.49	Access to In-Home Care		Access to Primary Healthcare		Access to Prenatal Care	7.07	Access to Prenatal Care	7.82	Access to Prenatal Care	4.85	Access to Prenatal Care	7.23

T – tie

## Marital Status

Table 113.

Access to Issues – Major Problems - Marital Status												
	Overall		Single/Never Married		Married		Divorced		Separated		Widowed	
Rank	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Substance Use Disorder Treatment	28.87	Access to Substance Use Disorder Treatment	33.49	Access to Substance Use Disorder Treatment	43.30	Access to Adult Day Care	34.00	Access to Adult Day Care	29.31T
2	Access to Adult Day Care	28.37	Access to Mental Health Services	25.77	Access to Adult Day Care	29.42	Access to Adult Day Care	35.05	Access to Substance Use Disorder Treatment	28.00	Access to Substance Use Disorder Treatment	
3	Access to Healthcare Specialists	26.80	Access to Healthcare Specialists	23.71	Access to Healthcare Specialists	28.95	Access to Healthcare Specialists	24.74	Access to Dental Care – Adult	24.00T	Access to Healthcare Specialists	18.97T
4	Access to Mental Health Services	24.83	Access to Adult Day Care	22.16	Access to Mental Health Services	25.82	Access to Mental Health Services	22.68	Access to Healthcare Specialists		Access to Mental Health Services	
5	Access to Dental Care – Adult	14.68	Access to Dental Care – Adult	19.07	Access to In-Home Care	13.30	Access to Dental Care – Adult	17.53	Access to Quality Child Care	16.00T	Access to In-Home Care	13.79
6	Access to Higher Education	12.61	Access to Higher Education	16.49	Access to Dental Care – Adult	12.99	Access to Primary Healthcare	16.49	Access to Mental Health Services		Access to Dental Care – Adult	10.34
7	Access to In-Home Care	12.51	Access to Quality Child Care	15.46	Access to Higher Education	12.05	Access to Higher Education	13.40	Access to Higher Education	12.00T	Access to Primary Healthcare	8.62
8T	Access to Quality Child Care	11.63T	Access to Primary Healthcare	14.95	Access to Quality Child Care	10.95	Access to Quality Child Care	12.37	Access to Prenatal Care		Access to Higher Education	5.17
	Access to Primary Healthcare		Access to Prenatal Care	12.37	Access to Primary Healthcare	10.33	Access to In-Home Care	9.28	Access to In-Home Care	8.00T	Access to Quality Child Care	3.45T
10	Access to Prenatal Care	7.49	Access to In-Home Care	11.86	Access to Prenatal Care	6.42	Access to Prenatal Care	6.19	Access to Primary Healthcare		Access to Prenatal Care	

T - tie

## Household Income – Table 1

Table 114.

Access to Issues – Major Problems – Household Income – Table 1										
	Overall		↓ \$10,000		\$10,000-\$19,999		\$20,000-\$29,999		\$30,000-\$44,999	
Rank	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Dental Care – Adult	29.51	Access to Dental Care – Adult	28.99T	Access to Substance Use Disorder Treatment	33.80	Access to Substance Use Disorder Treatment	27.50
2	Access to Adult Day Care	28.37	Access to Substance Use Disorder Treatment	26.23	Access to Healthcare Specialists		Access to Adult Day Care	30.99	Access to Adult Day Care	23.33T
3	Access to Healthcare Specialists	26.80	Access to Healthcare Specialists	22.95	Access to Substance Use Disorder Treatment		Access to Healthcare Specialists	25.35T	Access to Healthcare Specialists	
4	Access to Mental Health Services	24.83	Access to Mental Health Services	21.31T	Access to Adult Day Care		Access to Mental Health Services		Access to Mental Health Services	
5	Access to Dental Care – Adult	14.68	Access to Primary Healthcare		Access to Adult Day Care	20.29	Access to Dental Care – Adult	19.72	Access to Primary Healthcare	10.83
6	Access to Higher Education	12.61	Access to Quality Child Care	19.67	Access to Primary Healthcare	18.84T	Access to In-Home Care	15.49	Access to Dental Care – Adult	10.00
7	Access to In-Home Care	12.51	Access to Adult Day Care	16.39	Access to Quality Child Care	17.39	Access to Quality Child Care	14.08	Access to Higher Education	9.17
8T	Access to Quality Child Care	11.63T	Access to Higher Education	13.11T	Access to In-Home Care	14.49	Access to Higher Education	11.27	Access to Quality Child Care	7.50
	Access to Primary Healthcare		Access to In-Home Care		Access to Prenatal Care	13.04	Access to Primary Healthcare	8.45	Access to In-Home Care	5.83
10	Access to Prenatal Care	7.49	Access to Prenatal Care	11.48	Access to Higher Education	11.59	Access to Prenatal Care	4.23	Access to Prenatal Care	5.00
T – tie										

## Household Income – Table 2

Table 115.

Access to Issues – Major Problems – Household Income – Table 2										
	Overall		\$45,000-\$59,999		\$60,000-\$74,999		\$75,000-\$99,999		↑\$100,000	
Rank	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%	Access to Issue	%
1	Access to Substance Use Disorder Treatment	33.10	Access to Substance Use Disorder Treatment	36.75	Access to Substance Use Disorder Treatment	29.35	Access to Substance Use Disorder Treatment	38.71	Access to Substance Use Disorder Treatment	40.00
2	Access to Adult Day Care	28.37	Access to Adult Day Care	25.64	Access to Healthcare Specialists	28.26	Access to Adult Day Care	34.68	Access to Adult Day Care	37.44
3	Access to Healthcare Specialists	26.80	Access to Mental Health Services	23.93	Access to Adult Day Care	25.00	Access to Healthcare Specialists	30.65	Access to Mental Health Services	32.82
4	Access to Mental Health Services	24.83	Access to Healthcare Specialists	22.22	Access to Mental Health Services	21.74	Access to Mental Health Services	24.19	Access to Healthcare Specialists	26.67
5	Access to Dental Care – Adult	14.68	Access to Dental Care – Adult	16.24	Access to Higher Education	14.13	Access to Higher Education	15.32	Access to Quality Child Care	16.92T
6	Access to Higher Education	12.61	Access to In-Home Care	11.97	Access to Dental Care – Adult	9.78	Access to In-Home Care	12.90	Access to In-Home Care	
7	Access to In-Home Care	12.51	Access to Prenatal Care	11.11T	Access to Quality Child Care	6.52T	Access to Dental Care – Adult	11.29	Access to Higher Education	15.38
8T	Access to Quality Child Care	11.63T	Access to Primary Healthcare		Access to Primary Healthcare		Access to Quality Child Care	9.68	Access to Dental Care – Adult	10.26
	Access to Primary Healthcare			Access to Quality Child Care	9.40T	Access to In-Home Care	5.43	Access to Primary Healthcare	8.06	Access to Primary Healthcare
10	Access to Prenatal Care	7.49	Access to Higher Education			Access to Prenatal Care	4.35	Access to Prenatal Care	4.03	Access to Prenatal Care
T – tie										

# COMMUNITY ISSUES TABLES

## 2021 & 2018 Overall Community Issues Comparison

(Source: 2018 & 2021 Stanly County Community Health Assessment Surveys' Results)

Table 116.

Community Issues - Major Problems Overall				
2021 Rank	2021 %	Community Issues	2018* Rank	2018 %
1	34.09	Unemployment/Underemployment	1	29.74
2	32.02	Poverty	4	26.02
3	30.15	Lack of/Inadequate Health Insurance	2	28.30
4	29.95	Crime	6T	24.22T
5	29.85	Homelessness	9	23.62
6	28.57	Inadequate/Unaffordable Housing	5	25.30
7	27.98	Racism	16	18.94
8	27.09	Child Abuse & Neglect	8	23.98
9	26.80	Domestic Violence	10	23.14
10	25.52	Litter	18	16.67
11	24.53	Bullying	3	26.98
12	23.74	Lack of Transportation	15	19.42
13	23.65	Quality of Education (K-12)	12	21.10
14	20.49	Lack of Recreational Facilities/Programming	19	16.19
15	20.20	Gangs	17	17.27
16	19.90	Food Insecurity	N.A.	N.A.
17	13.40	Elder Abuse & Neglect	21	11.39
18	12.61	Pollution	23	10.31

N.A. – Not Available \*Access to Issues removed from Community Issues in 2021 CHA survey & this impacts rankings.



# Zip Code

Table 117.

Community Issues – Major Problems - Zip Code														
Overall			East			North			South			West		
Rank	Community Issue	%	Rank	Community Issue	%	Rank	Community Issue	%	Rank	Community Issue	%	Rank	Community Issue	%
1	Unemployment/Underemployment	34.09	1	Unemployment/Underemployment	38.26	1	Poverty	35.53	1	Unemployment/Underemployment	40.00	1	Lack of/Inadequate Health Insurance	24.64
2	Poverty	32.02	2T	Crime	36.55T	2	Unemployment/Underemployment	34.21	2	Poverty	35.00	2	Inadequate/Unaffordable Housing	23.22
3	Lack of/Inadequate Health Insurance	30.15				3	Lack of/Inadequate Health Insurance	32.24	3T	Lack of/Inadequate Health Insurance	34.00T	3T	Lack of Transportation	22.27T
4T	Crime	29.85T	4	Poverty	35.98	4	Crime	31.58	3T	Racism	Unemployment/Underemployment			
	Homelessness		5	Racism	33.71	5	Homelessness	29.61	5	Domestic Violence		33.00	5	Child Abuse & Neglect
6	Inadequate/Unaffordable Housing	28.57	6T	Domestic Violence	31.44T	6T	Child Abuse & Neglect	28.95T	6	Child Abuse & Neglect	32.00	6	Poverty	19.19
7	Racism	27.98							7	Lack of/Inadequate Health Insurance	31.00	7	Homelessness	31.00
8	Child Abuse & Neglect	27.09	8	Inadequate/Unaffordable Housing	31.06	8T	Bullying	27.63T	8	Bullying	30.00T	8T	Bullying	17.06T
9	Domestic Violence	26.80							9T	Child Abuse & Neglect			29.55T	
10	Litter	25.52	11	Quality of Education (K-12)	28.60	11	Lack of Transportation	26.97	10	Inadequate/Unaffordable Housing	23.00	10	Domestic Violence	15.17
11	Bullying	24.53							11	Quality of Education (K-12)			28.60	11
12	Lack of Transportation	23.74	12	Bullying	26.33	12	Domestic Violence	25.66	12	Domestic Violence	25.66	12T	Crime	14.22T
13	Quality of Education (K-12)	23.65							13	Lack of Transportation	25.19		13	Gangs
14	Lack of Recreational Facilities/Programming	20.49	14	Gangs	24.43	14	Quality of Education (K-12)	21.05	14T	Quality of Education (K-12)	19.00T	14T	Food Insecurity	12.80T
15	Gangs	20.20											15	
16	Food Insecurity	19.90	16	Lack of Recreational Facilities/Programming	21.21	16	Food Insecurity	18.42	16	Lack of Transportation	18.42	16	Gangs	9.95
17	Elder Abuse & Neglect	13.40	17	Elder Abuse & Neglect	16.10	17	Elder Abuse & Neglect	13.16	17	Elder Abuse & Neglect	14.00	17	Elder Abuse & Neglect	8.06
18	Pollution	12.61	18	Pollution	15.72	18	Pollution	12.50	18	Pollution	11.00	18	Pollution	6.16

## Sex

Table 118.

Community Issues – Major Problems - Sex						
Rank	Overall		Females		Males	
	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/Underemployment	34.09	Unemployment/Underemployment	36.56	Unemployment/Underemployment	27.04
2	Poverty	32.02	Poverty	34.37	Crime	26.61
3	Lack of/Inadequate Health Insurance	30.15	Homelessness	33.85	Litter	26.18
4	Crime	29.95	Lack of/Inadequate Health Insurance	32.82	Racism	25.75
5	Homelessness	29.85	Inadequate/Unaffordable Housing	31.52	Poverty	24.46
6	Inadequate/Unaffordable Housing	28.57	Child Abuse & Neglect	31.01	Lack of/Inadequate Health Insurance	21.89
7	Racism	27.98	Crime	30.88	Quality of Education (K-12)	21.46
8	Child Abuse & Neglect	27.09	Racism	28.68	Domestic Violence	21.03
9	Domestic Violence	26.80	Domestic Violence	28.55	Inadequate/Unaffordable Housing	18.88
10	Litter	25.52	Bullying	27.13	Lack of Transportation	18.03
11	Bullying	24.53	Lack of Transportation	25.58	Homelessness	16.74
12	Lack of Transportation	23.74	Litter	25.45	Bullying	16.31
13	Quality of Education (K-12)	23.65	Quality of Education (K-12)	24.29	Food Insecurity	15.88T
14	Lack of Recreational Facilities/Programming	20.49	Lack of Recreational Facilities/Programming	22.61	Gangs	13.73T
15	Gangs	20.20	Gangs	21.71	Child Abuse & Neglect	
16	Food Insecurity	19.90	Food Insecurity	21.32	Lack of Recreational Facilities/Programming	11.16
17	Elder Abuse & Neglect	13.40	Elder Abuse & Neglect	14.73	Pollution	8.58
18	Pollution	12.61	Pollution	13.05	Elder Abuse & Neglect	
T- tie						

## Racial Identity

Table 119.

Community Issues – Major Problems - Racial Identity												
Rank	Overall		African American/ Black		American Indian & Others*		Asian		White		Hispanic/Latinx	
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/ Underemployment	34.09	Homelessness	54.46	Racism	66.67	Bullying	40.00T	Unemployment/ Underemployment	32.13	Lack of/Inadequate Health Insurance	38.71
2	Poverty	32.02	Unemployment/ Underemployment	51.49	Child Abuse & Neglect	50.00T	Quality of Education (K-12)		30.00T	Poverty	30.61	Bullying
3	Lack of/Inadequate Health Insurance	30.15	Racism	49.50	Quality of Education (K-12)		Homelessness	Child Abuse & Neglect		Lack of/Inadequate Health Insurance	28.97	Domestic Violence
4	Crime	29.95	Crime	48.51	Homelessness	Poverty	Domestic Violence	Crime	27.80	Poverty	29.03T	
5	Homelessness	29.85	Inadequate/Unaffordable Housing	44.55T	Poverty	Bullying	Lack of/Inadequate Health Insurance	Inadequate/Unaffordable Housing	27.10	Racism		
6	Inadequate/Unaffordable Housing	28.57	Poverty		Domestic Violence	41.67T	Domestic Violence	Racism	Homelessness	26.75	Lack of Transportation	
7	Racism	27.98	Gangs	39.60	Unemployment/ Underemployment	Unemployment/ Underemployment	Lack of Recreational Facilities/Programming	Child Abuse & Neglect	25.70	Unemployment/ Underemployment	25.81T	
8	Child Abuse & Neglect	27.09	Child Abuse & Neglect	38.61T	Crime	Lack of Transportation	Lack of Transportation	Litter	25.35	Crime		
9	Domestic Violence	26.80	Domestic Violence		Lack of/Inadequate Health Insurance	33.33T	Lack of/Inadequate Health Insurance	Unemployment/ Underemployment	Domestic Violence	25.12	Homelessness	
10	Litter	25.52	Lack of Transportation	Lack of Recreational Facilities/Programming	37.62	Lack of Recreational Facilities/Programming	Crime	Racism	24.77	Food Insecurity		
11	Bullying	24.53	Lack of/Inadequate Health Insurance	37.62	Food Insecurity	25.00T	Inadequate/Unaffordable Housing	Bullying	23.36	Inadequate/Unaffordable Housing	22.58	
12	Lack of Transportation	23.74	Lack of Recreational Facilities/Programming	34.65	Litter	Lack of Transportation	Litter	Quality of Education (K-12)	22.66	Child Abuse & Neglect		
13	Quality of Education (K-12)	23.65	Quality of Education (K-12)	29.70	Lack of Transportation	28.71T	Pollution	Lack of Transportation	21.73	Litter		
14	Lack of Recreational Facilities/Programming	20.49	Litter	28.71T	Gangs	16.67T	Poverty	Food Insecurity	19.04	Pollution	19.35T	
15	Gangs	20.20	Bullying		Inadequate/Unaffordable Housing	16.67T	Elder Abuse & Neglect	Lack of Recreational Facilities/Programming	Gangs	18.57T		Lack of Recreational Facilities/Programming
16	Food Insecurity	19.90	Food Insecurity	25.74	Pollution	8.33	Food Insecurity	Lack of Recreational Facilities/Programming	12.15	Quality of Education (K-12)	16.13T	
17	Elder Abuse & Neglect	13.40	Elder Abuse & Neglect	24.75	Elder Abuse & Neglect	8.33	Gangs	Elder Abuse & Neglect	11.10	Elder Abuse & Neglect	12.90	
18	Pollution	12.61	Pollution	21.78				Pollution	11.10	Gangs		

T- tie \*Denotes American Indian, Two or More Races and any race that was written in on the survey

# Age

Table 120.

Community Issues – Major Problems - Age															
R a n k	Overall		15-19 Years		20-34 Years		35-54 Years		55-64 Years		65-74 Years		75 or older		
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	
1	Unemployment/ Underemployment	34.09	Bullying	40.00T	Crime	38.99T	Unemployment/ Underemployment	38.18	Lack of/Inadequate Health Insurance	37.20	Litter	33.33	Unemployment/ Underemployment	29.03	
2	Poverty	32.02			Child Abuse & Neglect		Homelessness	Poverty	33.62	Unemployment/ Underemployment	34.76	Poverty	32.43	Poverty	27.42
3	Lack of/Inadequate Health Insurance	30.15	Crime	36.36T	Poverty	35.85T	Homelessness	30.77	Inadequate/ Unaffordable Housing	32.93	Crime	31.08	Lack of/Inadequate Health Insurance	25.81	
4	Crime	29.95			Domestic Violence		Unemployment/ Underemployment	Lack of/Inadequate Health Insurance	30.20	Homelessness	31.10	Unemployment/ Underemployment	28.38	Crime	19.35
5	Homelessness	29.85			Homelessness		Inadequate/ Unaffordable Housing	35.22	Racism	29.63	Crime	28.66	Domestic Violence	27.93	Inadequate/ Unaffordable Housing
6	Inadequate/ Unaffordable Housing	28.57	Racism	30.91T	Racism	34.59	Child Abuse & Neglect	28.77T	Poverty	26.83	Food Insecurity	25.68	Quality of Education (K-12)	16.13T	
7	Racism	27.98	Poverty		Child Abuse & Neglect	33.33	Inadequate/ Unaffordable Housing		Litter	26.22	Lack of/Inadequate Health Insurance	25.23T	Litter		
8	Child Abuse & Neglect	27.09	Unemployment/ Underemployment	29.09	Domestic Violence	32.70T	Lack of Transportation	27.92	Racism	25.61	Inadequate/ Unaffordable Housing	24.32	Lack of Transportation	14.52T	
9	Domestic Violence	26.80	Litter		Lack of/Inadequate Health Insurance		Crime	26.78	Domestic Violence	25.00	Racism				
10	Litter	25.52	Lack of/Inadequate Health Insurance	27.27T	Bullying	28.30	Bullying	26.50	Quality of Education (K-12)	24.39T	Child Abuse & Neglect	23.87	Food Insecurity	12.90T	
11	Bullying	24.53			Pollution	Quality of Education (K-12)	27.67	Quality of Education (K-12)	26.21		Lack of Transportation	Homelessness	23.87		Racism
12	Lack of Transportation	23.74	Elder Abuse & Neglect	25.45	Litter	24.53	Domestic Violence	25.36	Child Abuse & Neglect	23.78	Bullying	21.17	Bullying	11.29T	
13	Quality of Education (K-12)	23.65	Lack of Recreational Facilities/Programming	23.64	Lack of Transportation	23.27	Gangs	23.65	Bullying	20.73T	Lack of Transportation	20.72	Domestic Violence		
14	Lack of Recreational Facilities/Programming	20.49	Inadequate/ Unaffordable Housing	21.82	Lack of Recreational Facilities/ Programming	22.64	Lack of Recreational Facilities/ Programming	22.22	Lack of Recreational Facilities/ Programming		20.27	Quality of Education (K-12)	20.27	Child Abuse & Neglect	
15	Gangs	20.20	Gangs	20.00	Pollution	22.01	Litter	21.94	Gangs	18.90	Lack of Recreational Facilities/Programming	18.92	Gangs		
16	Food Insecurity	19.90	Food Insecurity	18.18T	Food Insecurity	21.38	Food Insecurity	18.23	Elder Abuse & Neglect	17.68	Gangs	18.47	Lack of Recreational Facilities/ Programming	8.06	
17	Elder Abuse & Neglect	13.40	Lack of Transportation		Gangs	20.13	Elder Abuse & Neglect	9.97	Food Insecurity	17.07	Elder Abuse & Neglect	13.06	Elder Abuse & Neglect	6.45T	
18	Pollution	12.61	Quality of Education (K-12)	16.36	Elder Abuse & Neglect	15.72	Pollution	9.40	Pollution	9.76	Pollution	11.26	Pollution		

T- tie

## Education (Grade Completed)

Table 121.

Community Issues – Major Problems - Education (Grade Completed)														
Rank	Overall		12 <sup>th</sup> Grade or Less		Completed Grade 12/GED		College 1-3 Years (College/Technical School)		Community College/Technical School Degree/Certificate		Bachelor Degree		Postgraduate Degree	
	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment /Underemployment	34.09	Bullying	48.39	Crime	38.89	Unemployment /Underemployment	34.85	Unemployment /Underemployment	33.52	Unemployment /Underemployment	36.56	Unemployment /Underemployment	36.14T
2	Poverty	32.02	Child Abuse & Neglect	43.55T	Homelessness	34.44	Homelessness	33.84	Crime	31.28	Poverty	35.24	Poverty	
3	Lack of/Inadequate Health Insurance	30.15	Domestic Violence		Domestic Violence	32.78	Crime	33.33	Homelessness	30.17	Racism	31.28	Quality of Education (K-12)	33.13
4	Crime	29.95	Homelessness	41.94T	Lack of/Inadequate Health Insurance	31.11	Poverty	31.82	Poverty	29.05	Lack of/Inadequate Health Insurance	29.96T	Lack of/Inadequate Health Insurance	31.93
5	Homelessness	29.85	Racism		Unemployment /Underemployment	29.44	Inadequate /Unaffordable Housing	30.81	Inadequate/ Unaffordable Housing	28.49	Lack of Transportation		Racism	31.33
6	Inadequate/Unaffordable Housing	28.57	Crime	40.32	Child Abuse & Neglect	28.33T	Litter	29.80	Bullying	27.93T	Homelessness	27.75T	Inadequate /Unaffordable Housing	29.52
7	Racism	27.98	Lack of/Inadequate Health Insurance	33.87T	Inadequate/ Unaffordable Housing		Lack of/Inadequate Health Insurance	29.29	Lack of/Inadequate Health Insurance		Litter		Food Insecurity	25.90
8	Child Abuse & Neglect	27.09	Unemployment/ Underemployment		Poverty	27.78	Domestic Violence	28.28	Litter	25.70	Crime	25.99T	Child Abuse & Neglect	25.30
9	Domestic Violence	26.80	Litter	32.26T	Gangs	26.67T	Child Abuse & Neglect	27.78	Child Abuse & Neglect	25.14	Inadequate/ Unaffordable Housing		Lack of Transportation	22.89
10	Litter	25.52	Poverty		Racism		Gangs	26.26	Domestic Violence	24.58	Domestic Violence	25.11	Homelessness	18.67
11	Bullying	24.53	Elder Abuse & Neglect	30.65T	Bullying	23.89	Bullying	24.24T	Quality of Education (K-12)	22.91T	Child Abuse & Neglect	24.23	Litter	18.07
12	Lack of Transportation	23.74	Inadequate/Unaffordable Housing		Litter	22.78	Lack of Recreational Facilities/Programming		Racism		Quality of Education (K-12)	23.79	Bullying	17.47T
13	Quality of Education (K-12)	23.65	Lack of Recreational Facilities/Programming	27.42	Lack of Recreational Facilities/ Programming	22.22	Racism	23.23	Lack of Transportation	22.35	Food Insecurity	22.91	Domestic Violence	
14	Lack of Recreational Facilities/Programming	20.49	Gangs	25.81T	Lack of Transportation	21.11	Quality of Education (K-12)	22.22	Lack of Recreational Facilities/ Programming	21.23	Bullying	21.59	Crime	16.87
15	Gangs	20.20	Pollution		Quality of Education (K-12)	18.33T	Lack of Transportation	21.21	Gangs	19.55	Lack of Recreational Facilities/Programming	17.18	Lack of Recreational Facilities/ Programming	15.66
16	Food Insecurity	19.90	Lack of Transportation	24.19	Food Insecurity		Elder Abuse & Neglect	18.18	Food Insecurity	13.97	Gangs	14.54	Gangs	12.65
17	Elder Abuse & Neglect	13.40	Food Insecurity	22.58	Elder Abuse & Neglect	16.67	Food Insecurity	17.68	Elder Abuse & Neglect	11.73T	Pollution	10.57	Elder Abuse & Neglect	6.02
18	Pollution	12.61	Quality of Education (K-12)	20.97	Pollution	15.00	Pollution	16.67	Pollution		Elder Abuse & Neglect	8.81	Pollution	4.22

T-tie

## Marital Status

Table 122.

Community Issues – Major Problems - Marital Status												
	Overall		Single/Never Married		Married		Divorced		Separated		Widowed	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment /Underemployment	34.09	Racism	39.69	Unemployment /Underemployment	32.08	Unemployment /Underemployment	43.30	Poverty		Homelessness	
2	Poverty	32.02	Crime		Poverty	29.73	Domestic Violence		Unemployment /Underemployment	40.00T	Inadequate/ Unaffordable Housing	25.86T
3	Lack of/Inadequate Health Insurance	30.15	Unemployment/ Underemployment	39.18T	Lack of/Inadequate Health Insurance	28.33	Poverty	42.27T	Lack of/Inadequate Health Insurance	36.00T	Poverty	24.14
4	Crime	29.95	Homelessness	37.11	Homelessness	26.92	Crime	41.24	Racism		Unemployment /Underemployment	22.41
5	Homelessness	29.85	Inadequate/Unaffordable Housing		Crime	26.29	Lack of/Inadequate Health Insurance	40.21	Crime	32.00T	Crime	20.69
6	Inadequate/ Unaffordable Housing	28.57	Poverty	36.08T	Inadequate/ Unaffordable Housing	25.20	Inadequate/ Unaffordable Housing	39.18	Domestic Violence		Child Abuse & Neglect	18.97T
7	Racism	27.98	Child Abuse & Neglect	35.05	Racism	24.88	Homelessness	38.14	Bullying		Lack of/Inadequate Health Insurance	
8	Child Abuse & Neglect	27.09	Lack of/Inadequate Health Insurance	34.02	Child Abuse & Neglect	24.57	Litter	34.02T	Child Abuse & Neglect	28.00T	Gangs	17.24
9	Domestic Violence	26.80	Domestic Violence	30.41	Domestic Violence	24.41	Racism		Quality of Education (K-12)		Food Insecurity	
10	Litter	25.52	Bullying	29.90	Litter	24.26	Child Abuse & Neglect		Homelessness		Litter	15.52T
11	Bullying	24.53	Litter	29.38	Quality of Education (K-12)	23.16	Quality of Education (K-12)	32.99T	Inadequate/ Unaffordable Housing		Lack of Transportation	
12	Lack of Transportation	23.74	Lack of Transportation	26.29	Bullying	23.00T	Bullying	30.93	Pollution	24.00T	Domestic Violence	
13	Quality of Education (K-12)	23.65	Lack of Recreational Facilities/Programming	25.26	Lack of Transportation		Gangs	29.90	Lack of Transportation		Quality of Education (K-12)	13.79T
14	Lack of Recreational Facilities/Programming	20.49	Food Insecurity		Food Insecurity		Lack of Transportation	28.87	Litter	20.00	Lack of Recreational Facilities/ Programming	
15	Gangs	20.20	Pollution	24.23T	Lack of Recreational Facilities/ Programming	18.94T	Lack of Recreational Facilities/ Programming	27.84	Gangs	16.00	Bullying	12.07
16	Food Insecurity	19.90	Quality of Education (K-12)	23.20	Gangs	18.47	Food Insecurity	23.71	Elder Abuse & Neglect		Racism	10.34
17	Elder Abuse & Neglect	13.40	Gangs	22.68	Elder Abuse & Neglect	11.74	Elder Abuse & Neglect	14.43	Lack of Recreational Facilities/ Programming	12.00T	Elder Abuse & Neglect	6.90
18	Pollution	12.61	Elder Abuse & Neglect	20.62	Pollution	9.55	Pollution	12.37	Food Insecurity	8.00	Pollution	3.45
T-tie												

## Household Income – Table 1

Table 123.

Community Issues – Major Problems - Household Income – Table 1										
	Overall		↓ \$10,000		\$10,000-\$19,999		\$20,000-\$29,999		\$30,000-\$44,999	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment/Underemployment	34.09	Homelessness	39.34	Homelessness	47.83T	Poverty	40.85	Unemployment/Underemployment	32.50
2	Poverty	32.02	Bullying	34.43T	Unemployment/Underemployment	46.38T	Inadequate/Unaffordable Housing	39.44T	Poverty	31.67
3	Lack of/Inadequate Health Insurance	30.15	Child Abuse & Neglect		Crime		46.38T		Unemployment/Underemployment	35.21
4	Crime	29.95	Crime		Inadequate/Unaffordable Housing	44.93		Domestic Violence	30.99T	
5	Homelessness	29.85	Lack of/Inadequate Health Insurance	31.15T	Racism		42.03	Crime		30.99T
6	Inadequate/Unaffordable Housing	28.57	Poverty		Domestic Violence	39.13T		Litter	29.58	
7	Racism	27.98	Racism	29.51T	Poverty		36.23T	Racism		29.58
8	Child Abuse & Neglect	27.09	Domestic Violence		Unemployment/Underemployment	Child Abuse & Neglect		28.17T	Homelessness	
9	Domestic Violence	26.80	Unemployment/Underemployment	27.87	Lack of Recreational Facilities/Programming	34.78T	Child Abuse & Neglect		25.35	Lack of Recreational Facilities/Programming
10	Litter	25.52	Inadequate/Unaffordable Housing		Litter		Bullying	23.94T		Lack of Transportation
11	Bullying	24.53	Litter	Lack of Transportation	Litter	33.33	Bullying		22.54T	Racism
12	Lack of Transportation	23.74	Lack of Transportation	Lack of Recreational Facilities/Programming	Litter		28.99	Elder Abuse & Neglect		22.54T
13	Quality of Education (K-12)	23.65	Lack of Recreational Facilities/Programming	Gangs	Lack of Transportation	27.54T		Food Insecurity	22.54T	
14	Lack of Recreational Facilities/Programming	20.49	Gangs	Pollution	Elder Abuse & Neglect		26.09	Gangs		21.13
15	Gangs	20.20	Pollution	Quality of Education (K-12)	Food Insecurity	21.74		Pollution	19.72	
16	Food Insecurity	19.90	Quality of Education (K-12)	Food Insecurity	Quality of Education (K-12)		21.13	Quality of Education (K-12)		21.13
17	Elder Abuse & Neglect	13.40	Food Insecurity	Food Insecurity	Pollution	21.74		Lack of Recreational Facilities/Programming	19.72	
18	Pollution	12.61	Elder Abuse & Neglect	Elder Abuse & Neglect	Pollution		21.74	Lack of Recreational Facilities/Programming		19.72
T-tie										

## Household Income – Table 2

Table 124.

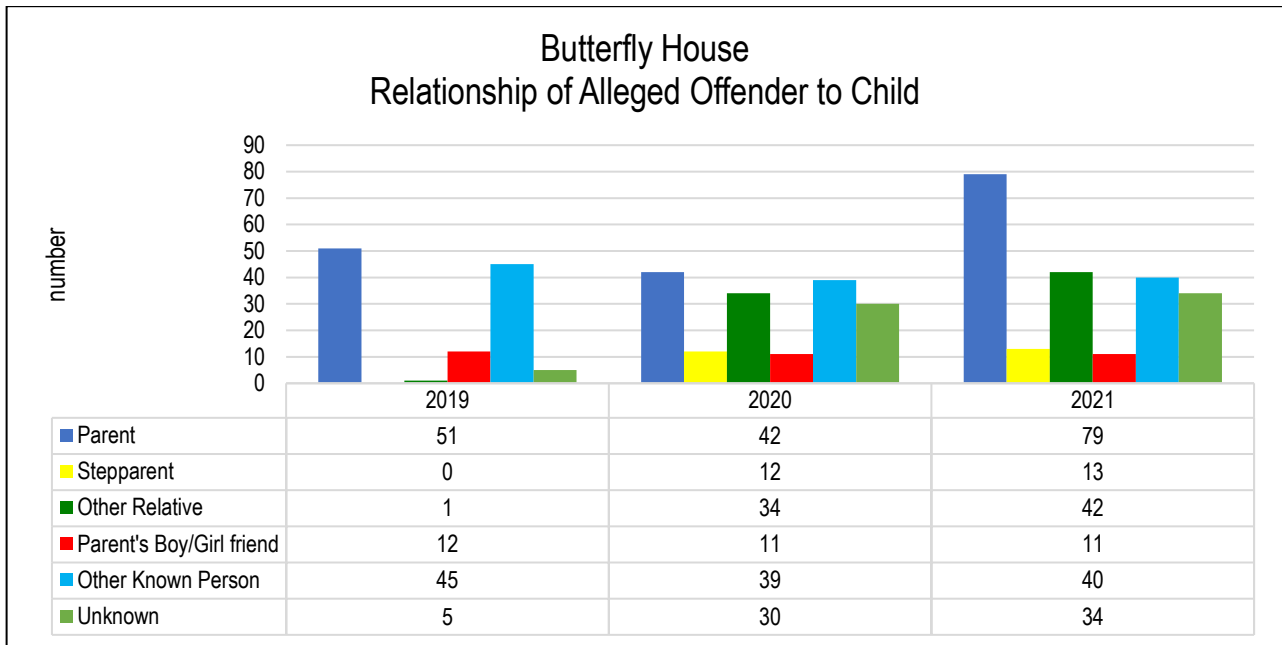
Community Issues – Major Problems - Household Income – Table 2										
	Overall		\$45,000-\$59,999		\$60,000-\$74,999		\$75,000-\$99,999		↑\$100,000	
Rank	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%	Community Issue	%
1	Unemployment /Underemployment	34.09	Unemployment /Underemployment	41.03	Lack of/ Inadequate Health Insurance	32.61	Poverty	33.87	Poverty	33.85
2	Poverty	32.02	Crime	32.48T	Bullying	31.52	Lack of/Inadequate Health Insurance	32.26	Unemployment/Underemployment	33.33
3	Lack of/Inadequate Health Insurance	30.15			Homelessness	29.35	Homelessness	31.45	Lack of/Inadequate Health Insurance	30.26
4	Crime	29.95	Lack of/Inadequate Health Insurance	31.62	Crime	28.26T	Unemployment/Underemployment	29.84	Racism	28.72
5	Homelessness	29.85	Poverty	30.77			Crime	29.03	Quality of Education (K-12)	27.18
6	Inadequate /Unaffordable Housing	28.57	Inadequate/ Unaffordable Housing	29.06T	Homelessness	28.26T	Quality of Education (K-12)	28.23	Child Abuse & Neglect	24.62
7	Racism	27.98	Litter		Litter	27.17	Inadequate/Unaffordable Housing	27.42T	Inadequate/Unaffordable Housing	24.10
8	Child Abuse & Neglect	27.09	Domestic Violence	27.35	Child Abuse & Neglect	26.09T			Racism	23.59
9	Domestic Violence	26.80	Racism	26.50	Quality of Education (K-12)		Child Abuse & Neglect	22.05	Lack of Transportation	23.59
10	Litter	25.52	Bullying		Inadequate/Unaffordable Housing		Litter	26.61T	Litter	21.54
11	Bullying	24.53	Quality of Education (K-12)	24.79T	Lack of Transportation	25.00T	Lack of Transportation		Domestic Violence	21.03
12	Lack of Transportation	23.74	Child Abuse & Neglect	23.93	Racism	23.91	Domestic Violence	25.81	Crime	20.00
13	Quality of Education (K-12)	23.65	Food Insecurity	22.22	Domestic Violence	21.74	Food Insecurity	22.58	Food Insecurity	18.97
14	Lack of Recreational Facilities/Programming	20.49	Lack of Recreational Facilities/Programming	21.37	Food Insecurity	20.65	Lack of Recreational Facilities/Programming	20.97	Bullying	18.46
15	Gangs	20.20	Lack of Transportation	18.80	Gangs	17.39	Bullying	17.74	Lack of Recreational Facilities/Programming	16.92
16	Food Insecurity	19.90	Gangs	15.38	Lack of Recreational Facilities/Programming	15.22	Gangs	16.94	Gangs	15.90
17	Elder Abuse & Neglect	13.40	Pollution	11.11	Elder Abuse & Neglect	10.87	Elder Abuse & Neglect		Elder Abuse & Neglect	8.72
18	Pollution	12.61	Elder Abuse & Neglect	9.40	Pollution	10.87	Pollution	12.10T	Pollution	8.21



# BUTTERFLY HOUSE CHARTS

## Relationship of Alleged Offender to Child<sup>122</sup>

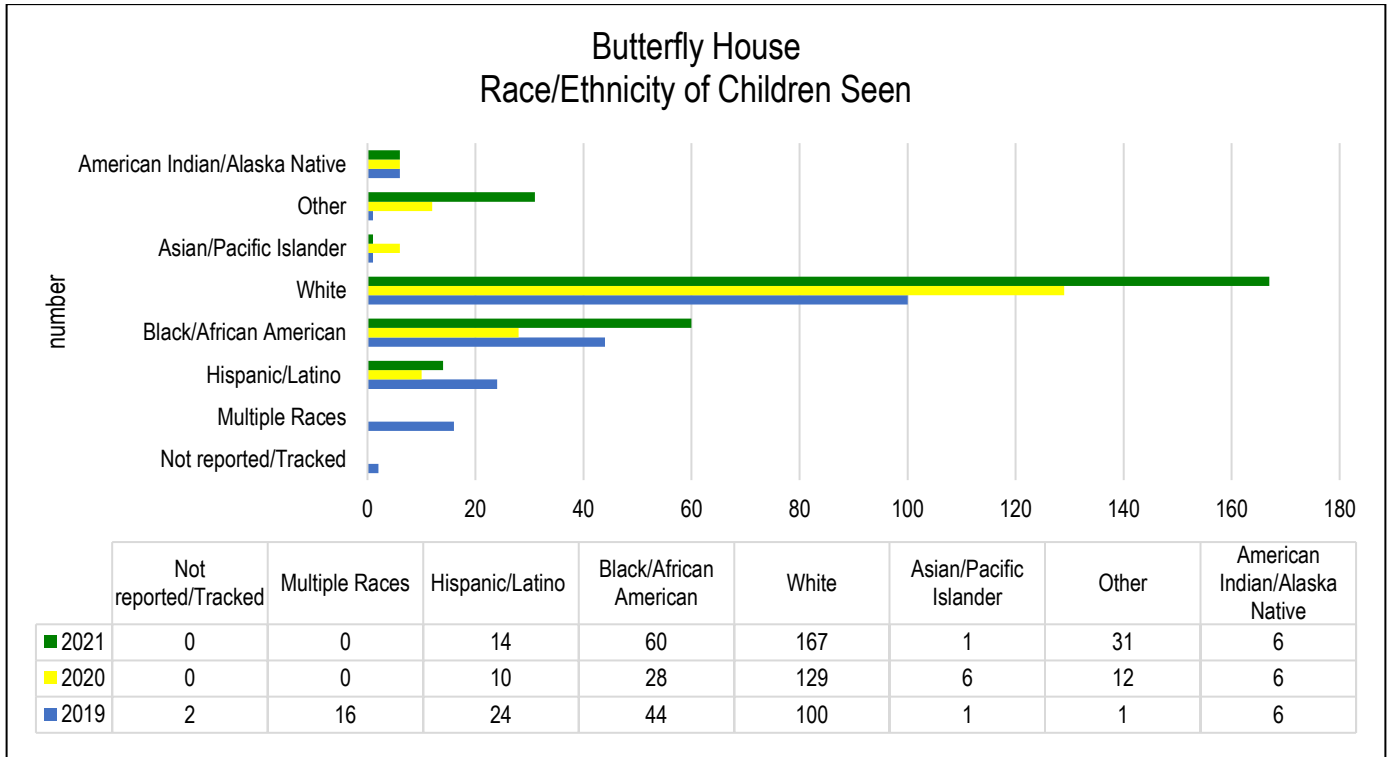
Chart 39.



<sup>122</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received the Butterfly House NCA Trak report 2021 from Amy Yow, Director - January 13, 2022

## Race/Ethnicity of Children Seen<sup>123</sup>

Chart 40.



<sup>123</sup> Deborah J. Bennett, Public Health Educator II with the Stanly County Health Department, received the Butterfly House NCA Trak report 2021 from Amy Yow, Director - January 13, 2022

# PEER COUNTY COMPARISON TABLES

## Table 1

Table 125.

Peer Counties Comparisons – Table 1						
Health Indicator	Report Period	Peer Counties				
		Stanly	Granville	Haywood	Lee	Pender
<b>Life Expectancy at Birth<sup>124</sup></b>						
Life Expectancy at Birth (<1) - Total	2017-2019	75.5	78.0	77.1	76.5	77.3
White Life Expectancy at Birth	2017-2019	75.6	78.7	77.1	78.5	77.9
African American Life Expectancy at Birth	2017-2019	75.5	77.0	77.7	71.3	73.8
Male Life Expectancy at Birth	2017-2019	73.3	76.1	74.6	73.2	74.4
Female Life Expectancy at Birth	2017-2019	77.8	80.0	79.6	79.9	80.3
<b>Infant Health<sup>125</sup></b>						
Infant Mortality (<1 yr.) rate/1,000 live births {actual numbers}	2016-2020	8.5{29}	6.6{19}	6.7{19}	8.4{33}	6.3{20}
Live Births (rate per 1,000 population)	2015-2019	11.2	9.8	9.5	12.8	10.5
Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Prior birth, infant death or other delivery outcome was recorded	2015-2019	28.9	27.8	25.0	36.5	25.0
White Teen Pregnancy Rate (non-Hispanic)	2015-2019	24.0	20.8	24.8	26.6	18.5
African American Teen Pregnancy Rate (non-Hispanic)	2015-2019	46.1	40.3	*	42.1	39.6
Hispanic Teen Pregnancy Rate	2015-2019	47.8	24.3	*	48.3	48.5
<b>Socioeconomic Criteria<sup>126</sup></b>						
% High School Graduate or Higher, persons 25 years ↑	2016-2020	86.5	86.1	88.5	85.1	88.8
% Bachelor 's Degree or Higher, persons 25 years ↑	2016-2020	17.6	23.8	27.8	20.5	29.0
% Children Living in Poverty <sup>127</sup>	2020	16.7	22.5	16.7	21.1	17.1
Unemployment Rate <sup>128</sup>	01/01/2022	3.3	3.1	3.3	4.4	3.3
Median Household Income (in 2020 dollars)	2016-2020	54,104	56,924	51,548	52,294	60,044
% Children Living in Single Parent Families <sup>129</sup>	2015-2019	38.9	42.2	33.4	38.8	34.1
% Persons in poverty (July 1, 2021 estimates)	2021	14.5	15.0	13.6	15.4	12.3
% Language Other Than English Spoken at Home, 5+ older	2016-2020	6.0	7.7	3.4	17.3	7.4
% Households with broadband internet subscription	2016-2020	82.4	83.8	73.3	74.9	82.1

Red numbers least favorable

<sup>124</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhs.gov/data/databook/CD8A-2019-State-2017-2019-CountyLifeExpectanciesAtBirth.html>

<sup>125</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhs.gov/data/databook/>

<sup>126</sup> U.S. Census website retrieved from

<https://www.census.gov/quickfacts/fact/table/pendercountynorthcarolina,leecountynorthcarolina,haywoodcountynorthcarolina,granvillecountynorthcarolina,stanlycountynorthcarolina/PST045221>

<sup>127</sup> Kids Count Data Center website retrieved from <https://datacenter.kidscount.org/data/tables/2238-children-in-poverty?loc=35&loct=5#detailed/5/4910-5009/false/574,1729,37,871,870,573,869,36,868,867/any/12873,4680>

<sup>128</sup> North Carolina Department of Commerce website retrieved from <https://d4.nccommerce.com/LausSelection.aspx>

<sup>129</sup> Kids Count Data Center website retrieved from <https://datacenter.kidscount.org/data/tables/9862-children-living-in-single-parent-families?loc=35&loct=2#detailed/5/4910-5009/false/1983,1692,1691,1607,1572,1485,1376,1201,1074,880/any/19176>

# PEER COUNTY COMPARISON TABLE

Table 2

Table 126.

Peer Counties Comparisons – Table 2						
Health Indicator	Report Period	Peer Counties				
		Stanly	Granville	Haywood	Lee	Pender
<b>Mortality</b> (age-adjusted rate/ 100,000 population) <sup>130</sup>						
Heart Disease	2015-2019	212.5	153.5	172.1	164.7	157.7
Cancers – All Sites	2015-2019	163.0	170.3	154.9	171.7	166.1
Alzheimer’s Disease	2015-2019	58.7	41.2	22.8	43.6	26.4
All Other Unintentional Injuries	2015-2019	54.6	32.4	58.1	41.2	43.4
Chronic Lower Respiratory Disease	2015-2019	47.1	39.6	51.1	37.6	36.0
Cancer-Trachea, Bronchus & Lung	2015-2019	45.5	46.8	43.5	47.3	48.2
Cerebrovascular Disease (Stroke)	2015-2019	44.4	37.7	35.4	41.8	53.5
Diabetes	2015-2019	24.0	23.6	16.0	25.9	23.9
Suicide	2015-2019	15.6	13.9*	20.5	14.2*	22.9
Unintentional Poisoning Death (Data Book)	2015-2019	28.4	19.1	31.9	25.9	27.3
<b>Sexually Transmitted Diseases</b> <sup>131</sup> (per 100,000 population)						
Newly Diagnosed HIV Average Rates§	2017-2019	2.5	14.2	6.2	13.1	5.8
Newly Diagnosed AIDS Average Rates§	2017-2019	1.9	8.4	1.9	5.3	0
Newly Diagnosed Early Syphilis Average Rates^^	2017-2019	5.9	21.1	9.2	6.5	7.6
Newly Diagnosed Chlamydia Annual Rates^^	2019	457.0	694.9	287.2	553.6	328.3
Newly Diagnosed Gonorrhea Annual Rates^^	2019	119.4	281.3	120.4	137.6	84.0
<b>Unintentional Overdose Deaths</b> <sup>132</sup>						
Opioid Overdose/100,000 population	2015-2019	21.4	13.4	19.9	19.8	21.1
Medication/Drug Overdose/100,000 population	2015-2019	27.0	15.4	26.5	23.4	24.4
<b>Health Care Providers</b> <sup>133</sup>						
Number of Physicians	2019	77	121	123	90	20
Physicians/10,000 Population	2019	12.1	19.7	19.4	14.6	3.2
RNS/10,000 Population	2019	68.1	116.0	70.7	61.1	34.7
Dentists/10,000 Population	2019	1.9	2.4	4.9	5.4	3.8
Pharmacists/10,000 Population	2017	7.2	11.0	8.5	8.3	4.3

Notes: \*fewer than 20 cases are unstable and not reported

<sup>130</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>

<sup>131</sup> North Carolina Department of Health and Human Services Epidemiology website retrieved from <https://epi.dph.ncdhhs.gov/cd/stds/figures.html>

<sup>132</sup> North Carolina Department of Health and Human Services website retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

<sup>133</sup> North Carolina Department of Commerce website retrieved from <https://accessnc.nccommerce.com/DemographicsReports/>

# LEADING CAUSES OF DEATH BY AGE<sup>134</sup>

## Stanly County

Table 127.

Leading Causes of Death <sup>^</sup> by Age, Stanly County, 2015-2019									
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 (11)*/14.9	1	All Other Unintentional Injuries (52)/70.5	1	Cancer – All Sites (171)/166.5	1	Cancer – All Sites (417)/815.8	1	Diseases of the Heart (324)/5114.4
2	Motor Vehicle Injuries (8)*/10.8	2T	Motor Vehicle Injuries (16)*/21.7	2	Diseases of the Heart (143)/139.2	2	Diseases of the Heart (394)/770.8	2	Alzheimer's Disease (139)/2194.2
3	Congenital anomalies (birth defects) (7)*/9.5		Suicide (16)*/21.7	3	All Other Unintentional Injuries (50)/48.7	3	Chronic Lower Respiratory Diseases (125)/244.5	3	Cancer – All Sites (92)/1452.2
4	All Other Unintentional Injuries (6)*/8.1	4	Cancer – All Sites (11)*/14.9	4	Diabetes Mellitus (32)/31.2	4	Alzheimer's Disease (96)/187.8	4	Cerebrovascular Disease (69)/1089.2
5T	Diseases of the Heart (3)*/4.1	5	Diseases of the Heart (7)*/9.5	5	Chronic Lower Respiratory Diseases (28)/27.3	5	Cerebrovascular Disease (85)/166.3	5	Chronic Lower Respiratory Diseases (50)/789.3
	Cerebrovascular Disease (3)*/4.1	6	Homicide (6)*/8.1	6	Cerebrovascular Disease (25)/24.3	6	Diabetes Mellitus (54)/105.6	6	Pneumonia & Influenza (38)/599.8
7	Suicide (2)*/2.7	7	Diabetes Mellitus (3)*/4.1	7	Suicide (23)/22.4	7	Nephritis, Nephrotic Syndrome & Nephrosis (48)/93.9	7	All Other Unintentional Injuries (26)/410.4
8T	Septicemia (1)*/1.4	8T	Septicemia (2)*/2.7	8	Motor Vehicle Injuries (19)*/18.5	8	Pneumonia & Influenza (46)/90.0	8	Nephritis, Nephrotic Syndrome & Nephrosis (21)/331.5
	Cancer- All Sites (1)*/1.4		Pneumonia & Influenza (2)*/2.7	9	Chronic Liver Disease & Cirrhosis (18)*/17.5	9	All Other Unintentional Injuries (40)/78.3	9	Septicemia (19)*/299.9
	Homicide (1)*/1.4		Chronic Liver Disease (2)*/2.7	10T	Septicemia (17)*/16.5	10	Septicemia (37)/72.4	10T	Diabetes Mellitus (11)*/173.6
SIDS (1)*/1.4		Pneumonia & Influenza (17)*/16.5				Pneumonitis due to solids & liquids (11)*/173.6			

(Number)/Rate

<sup>^</sup> Unadjusted rate per 100,000 population

\* Less than 20 cases not ranked, except where noted

<sup>134</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhs.gov/data/databook/>

# STANLY COUNTY SUMMARY REPORT

Table 128.

	Health Indicator	Report Period	Stanly County	Previous Report Year Comparison	North Carolina
<b>Maternal, Child &amp; Infant Health</b> <sup>135</sup>	<b>Infant Mortality</b> (<1 yr.) (rate/1,000 live births)	2015-2019	9.6	▲	7.0
	<b>Fetal Deaths</b> (per 1,000 deliveries)	2015-2019	* (16)	▼	6.7
	<b>Neonatal Deaths</b> (<28 days) (per 1,000 live births)	2015-2019	* (18)	◀▶	4.7
	<b>Post-Neonatal Deaths</b> (28 days-1 year) (per 1,000 live births)	2015-2019	* (15)	▼	2.4
	<b>Live Births</b> (rate per 1,000 population)	2015-2019	11.2	▼	11.7
	<b>Low Birth Weight</b> (<=2500 g) (% of all live births)	2015-2019	9.9	▼	9.3
	<b>Teen Pregnancy Rate</b> (<20 yrs.) (per 1,000 females 15-19) Prior birth, infant death or other delivery outcome was recorded	2015-2019	28.9	▼	26.6
	<b>Unmarried Mother<sup>^^</sup></b> (percentage)	2015-2019	42.8	▼	40.9
<b>Chronic Conditions (Mortality)</b> <sup>136</sup> (age-adjusted rate per 100,000 population)	<b>Heart Disease</b>	2015-2019	212.5	▼	157.3
	<b>Cancers – All Sites</b>	2015-2019	163.0	▼	158.0
	<b>Trachea, Bronchus &amp; Lung</b>	2015-2019	45.5	▼	42.0
	<b>Female Breast<sup>**</sup></b>	2015-2019	11.7	▼	20.6
	<b>Colon, Rectum &amp; Anus</b>	2015-2019	15.6	▲	13.3
	<b>Prostate<sup>**</sup></b>	2015-2019	15.3	▲	19.5
	<b>Cerebrovascular Disease (Stroke)</b>	2015-2019	44.4	▼	42.7
	<b>Chronic Lower Respiratory Disease</b>	2015-2019	47.1	▼	44.0
	<b>Alzheimer's Disease</b>	2015-2019	58.7	▲	36.9
	<b>Pneumonia &amp; Influenza</b>	2015-2019	25.3	▲	16.7
	<b>Diabetes Mellitus</b>	2015-2019	24.0	▼	23.8
	<b>Septicemia</b>	2015-2019	18.1	▲	12.7
	<b>Nephritis, Nephrotic Syndrome &amp; Nephrosis</b>	2015-2019	20.3	▲	16.5
	<b>Chronic Liver Disease &amp; Cirrhosis<sup>**</sup></b>	2015-2019	10.7	▼	10.6
<b>Injury</b> <sup>137</sup> (Mortality rate per 100,000 population)	<b>Unintentional Motor Vehicle Injuries</b>	2015-2019	18.9	▲	14.7
	<b>All Other Unintentional Injuries</b>	2015-2019	54.6	▲	39.3
	<b>Suicide</b>	2015-2019	15.6	▼	13.4
	<b>Homicide<sup>**</sup></b>	2015-2019	4.3	▼	6.8
<b>Communicable Diseases</b> <sup>138</sup> (rate per 100,000 population) Data collected by NC EDSS Surveillance	<b>Newly Diagnosed Chlamydia Annual Rates</b>	2019	457.0	▲	679.8
	<b>Newly Diagnosed Gonorrhea Annual Rates</b>	2019	119.4	▲	254.0
	<b>HIV Disease<sup>*</sup></b> (age-adjusted mortality rate)	2015-2019	2.0	▲	1.8
	<b>Newly Diagnosed HIV Average Rate</b>	2017-2019	2.5	▲	14.8
	<b>Newly Diagnosed AIDS Average Rate</b>	2017-2019	1.9	▲	6.1
	<b>Newly Diagnosed Early Syphilis Average Rate (Primary, Secondary, Early Latent Syphilis)</b>	2019	4.8	▲	20.2

**Notes:** Comparing Stanly County and North Carolina data, numbers in **RED** are higher  
 \*Fewer than 20 deaths (number)  
 \*\*Fewer than 50 deaths  
 Key: Comparing Stanly County 2014-2018 to 2015-2019 data: ▲ = higher; ▼ = lower; ◀▶ = same

<sup>135</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>  
<sup>136</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>  
<sup>137</sup> North Carolina State Center for Health Statistics website retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2019/>  
<sup>138</sup> North Carolina Department of Health and Human Services Epidemiology website retrieved from <https://epi.dph.ncdhhs.gov/cd/stds/figures.html>

# PERSONAL HEALTH PROFILE

(Source: 2021 Stanly County Community Health Assessment Survey)

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

## Location for Health Care or Advice Table & Charts

Overall

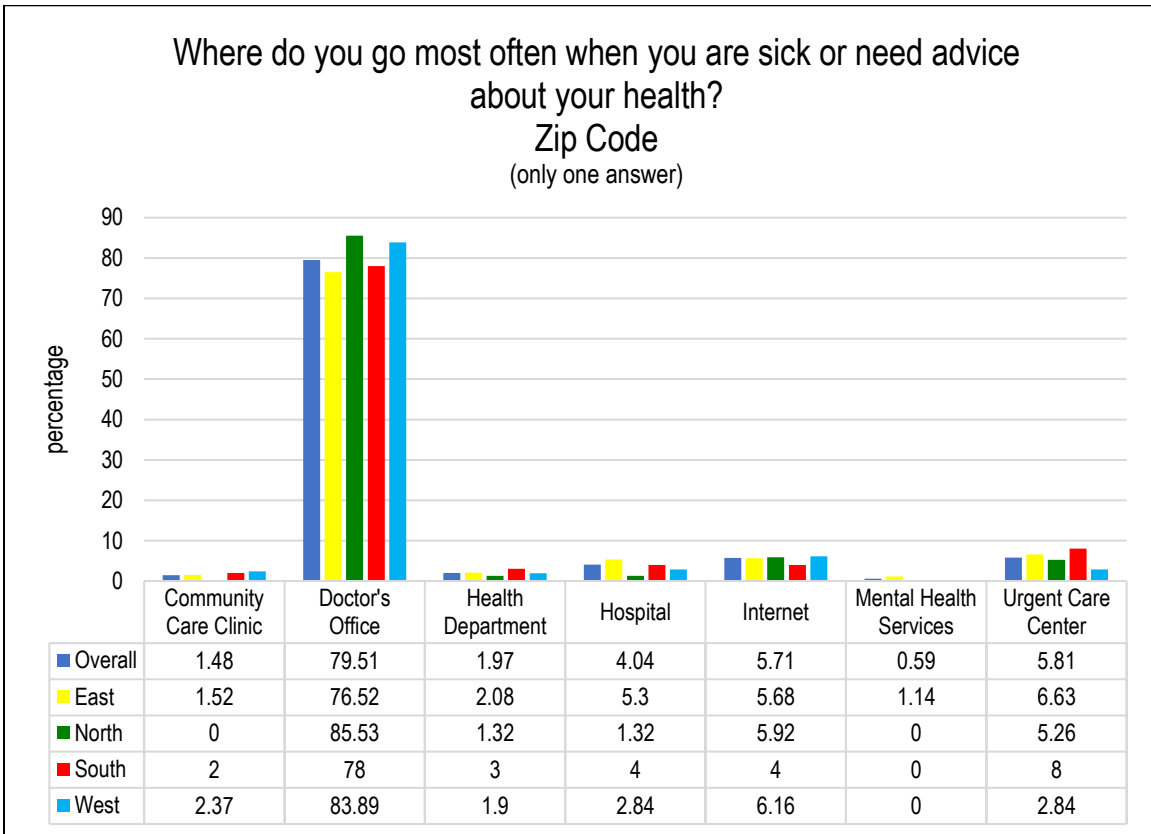
Table 129.

Where do you go most often when you are sick or need advice about your health? Overall (one answer only)		
Rank	Location for Health Advice	%
1	Doctor's Office	79.51
2	Urgent Care Center	5.81
3	Internet	5.71
4	Hospital	4.04
5	Health Department	1.97
6	Community Care Clinic	1.48
7	Mental Health Services	0.59

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

Zip Code

Chart 41.

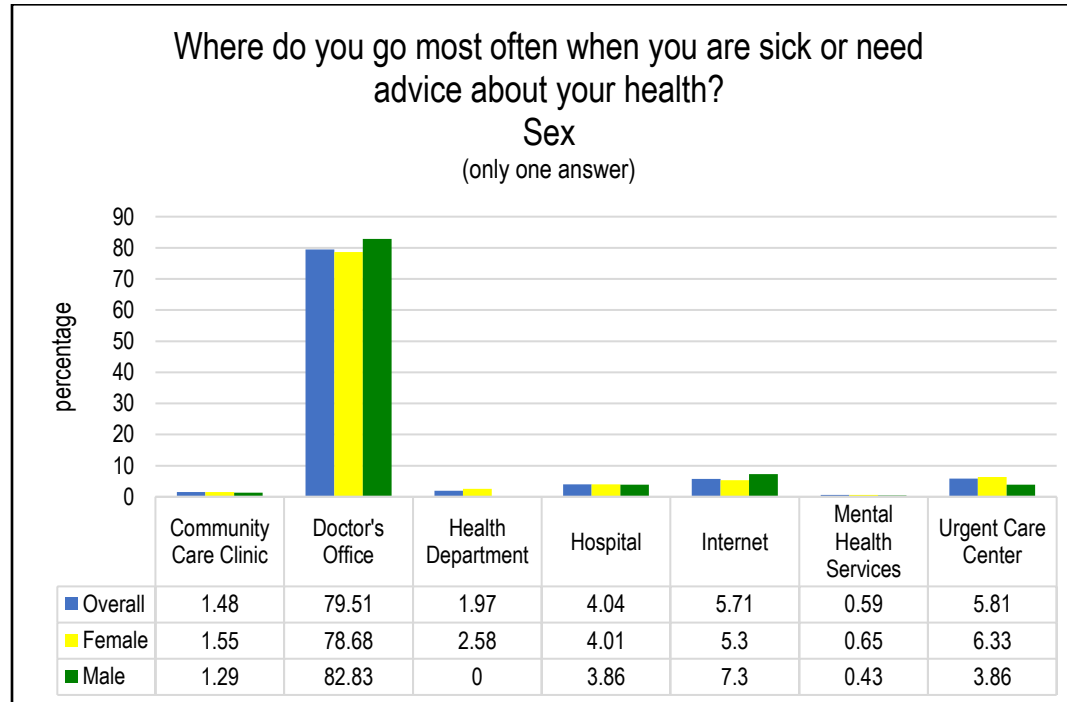




Where do you go most often when you are sick or need advice about your health?

Sex

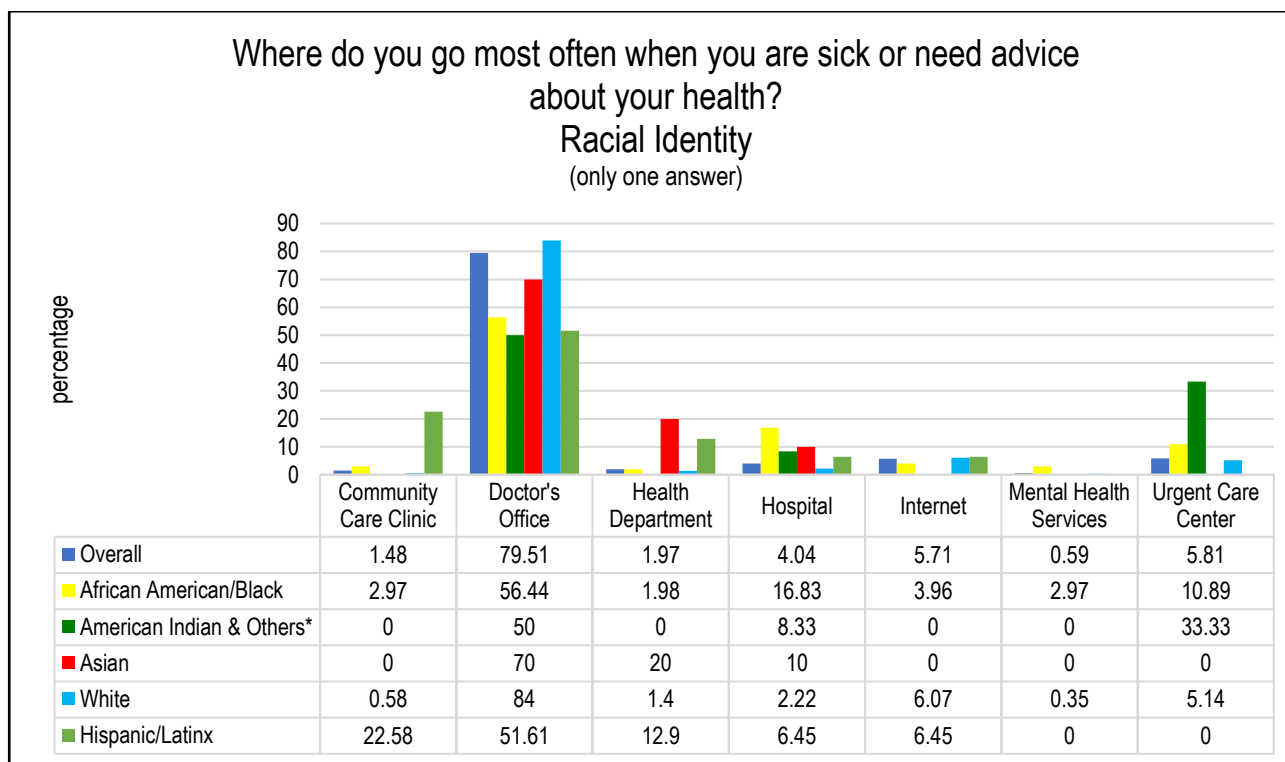
Chart 42.



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

### Racial Identity

Chart 43.

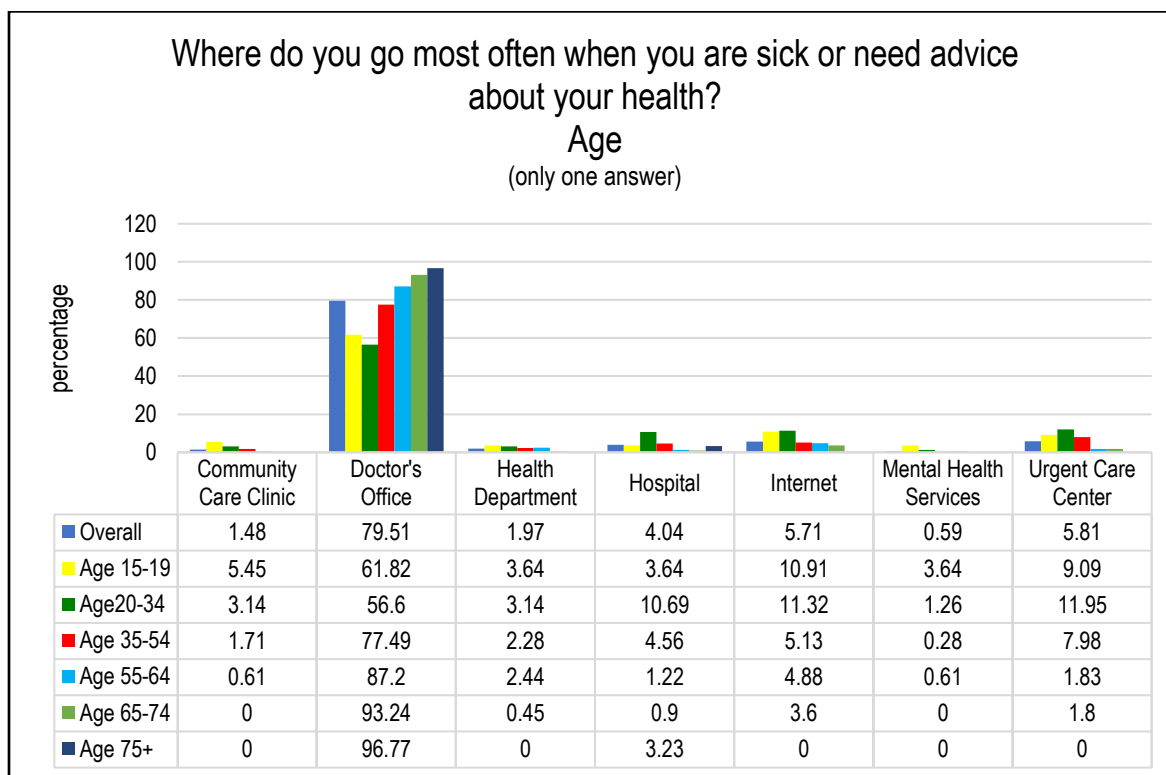


\*Denotes American Indian, Two or More Races and any race that was written in on the survey

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

Age

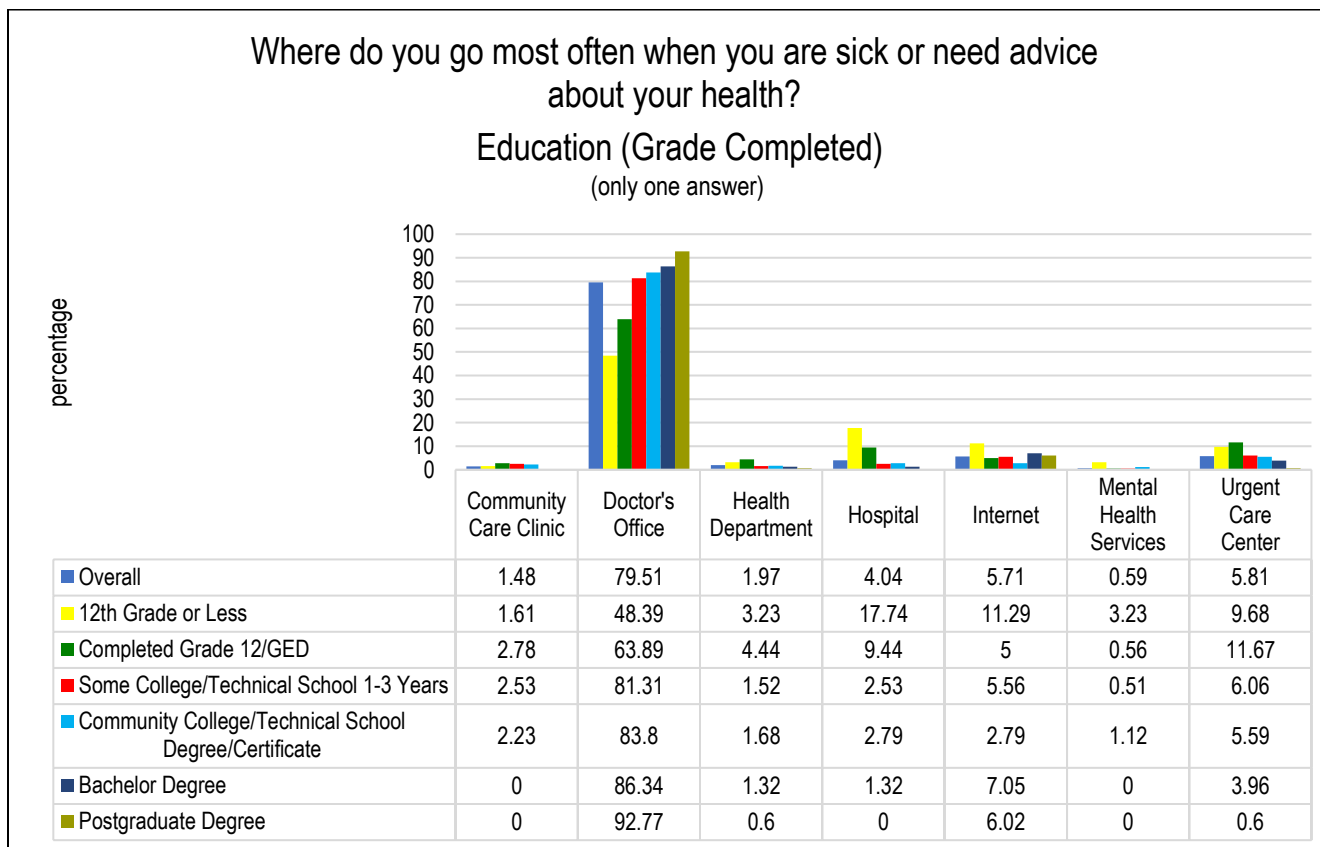
Chart 44.



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

Education (Grade Completed)

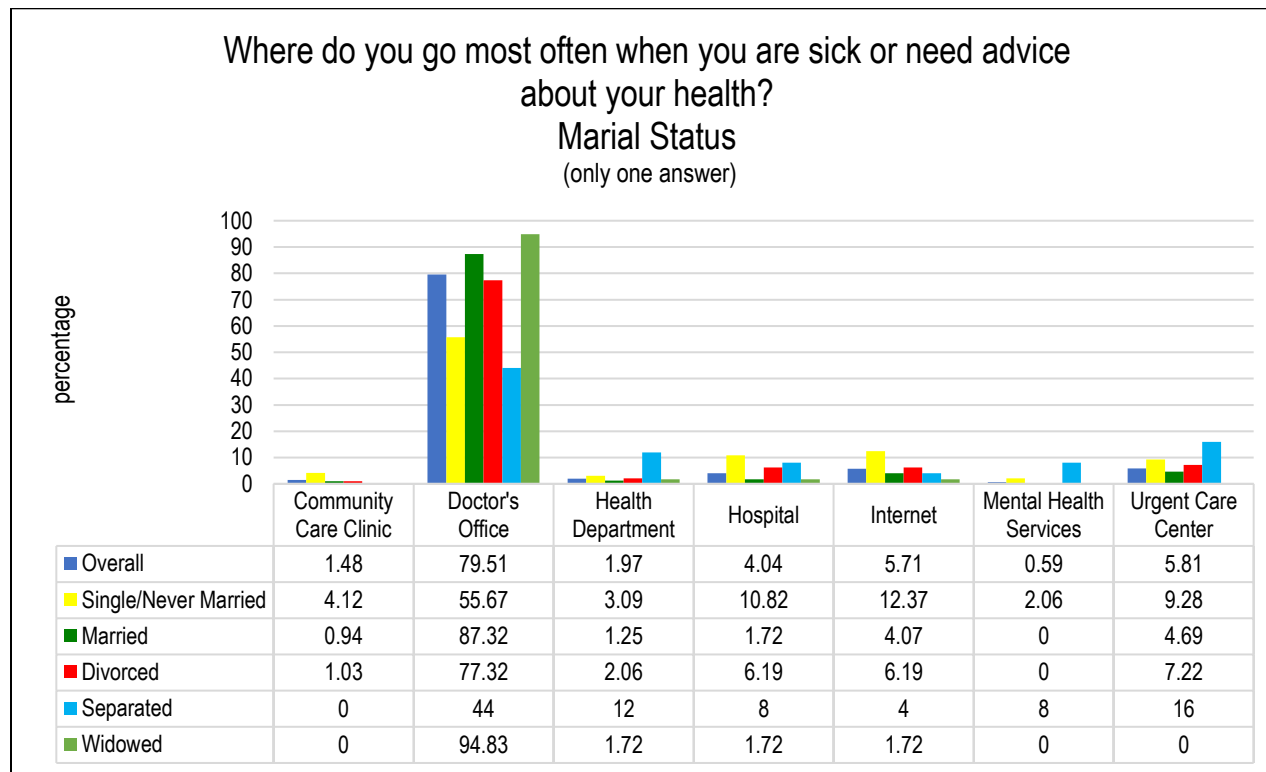
Chart 45.



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

Marital Status

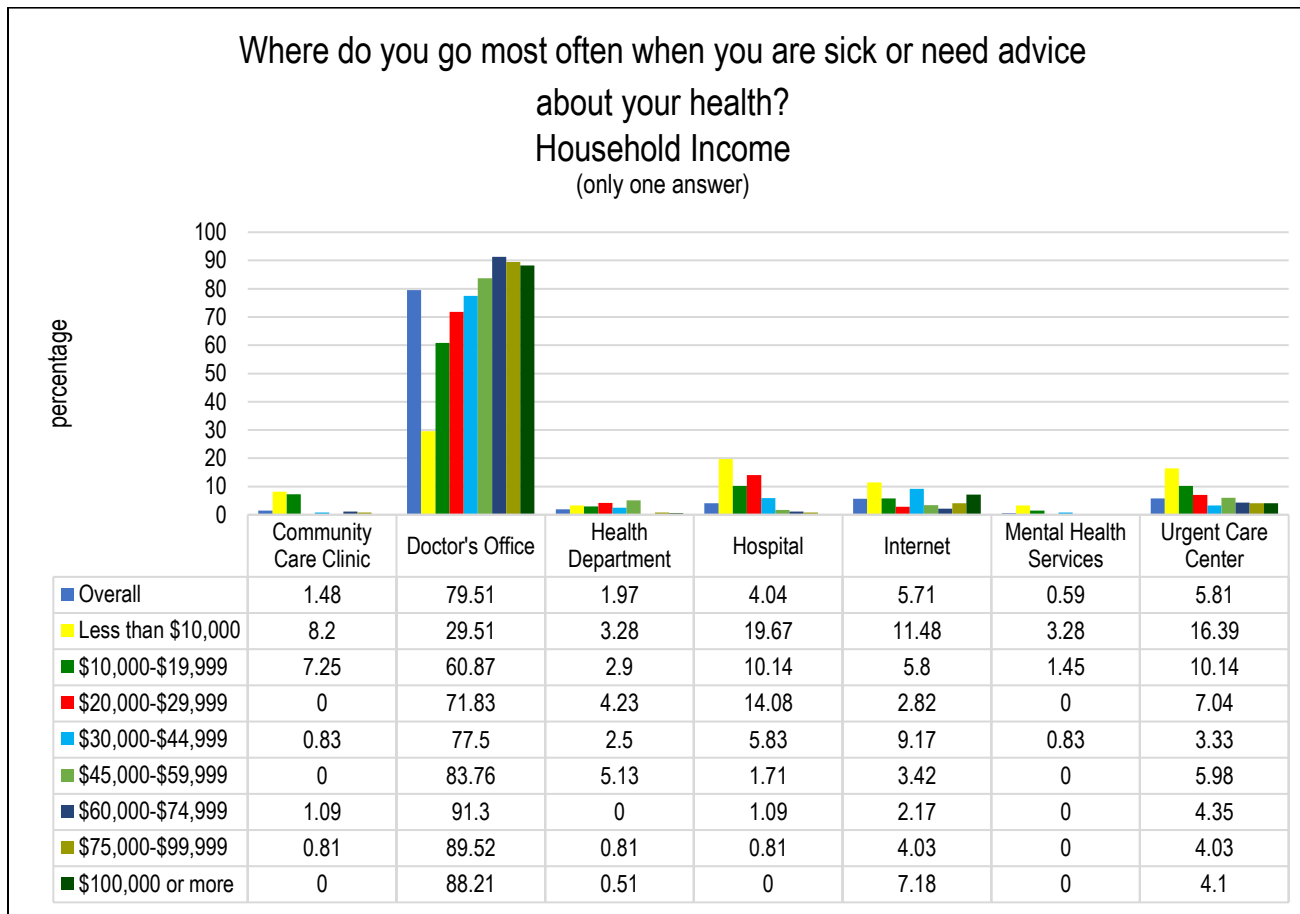
Chart 46.



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

Household Income

Chart 47.



Had Recommended Preventive Health Screenings in the Past Year  
 Recommended Preventive Health Screenings Tables

Overall

Table 130.

Had Recommended Preventive Health Screenings in the Past Year Overall	
Preventive Health Screenings	Yes %
Blood Pressure	78.23
Blood Sugar	65.22
Cholesterol	66.40
Dental	68.37
Hearing	21.38
Mammogram	40.30
Pap Smear (Female only)	36.45
PSA (Prostate Cancer Screening – Male only)	15.17
Stroke	11.72
Vision	58.82
Colonoscopy (if due)	20.69

## Had Recommended Preventive Health Screenings in the Past Year

### Zip Code

Table 131.

Had Recommended Preventive Health Screenings in the Past Year *					
Zip Code					
	<b>Overall</b>	<b>East</b>	<b>North</b>	<b>South</b>	<b>West</b>
Blood Pressure	78.23	77.08	82.89	74.00	81.04
Blood Sugar	65.22	64.20	70.39	60.00	67.77
Cholesterol	66.40	64.20	69.74	62.00	72.04
Dental	68.37	65.15	72.37	70.00	73.46
Hearing	21.38	21.97	19.74	17.00	22.75
Mammogram	40.30	36.93	39.47	43.00	48.34
Pap Smear (Female only)	36.45	35.04	36.18	44.00	36.97
PSA (Prostate Cancer Screening – Male only)	15.17	15.91	15.79	14.00	13.74
Stroke	11.72	11.93	11.18	8.00	13.27
Vision	58.82	58.33	66.45	51.00	60.66
Colonoscopy (if due)	20.69	20.64	19.08	17.00	25.12
*% yes					



## Had Recommended Preventive Health Screenings in the Past Year

### Sex

Table 132.

Had Recommended Preventive Health Screenings in the Past Year			
Sex			
	<b>Overall</b>	<b>Female</b>	<b>Male</b>
Blood Pressure	78.23	76.10	84.98
Blood Sugar	65.22	62.66	75.11
Cholesterol	66.40	63.44	78.11
Dental	68.37	68.35	69.53
Hearing	21.38	18.73	30.47
Mammogram	40.30	51.88	3.86
Pap Smear (Female only)	36.45	45.87	5.15
PSA (Prostate Cancer Screening – Male only)	15.17	4.52	51.07
Stroke	11.72	10.08	17.60
Vision	58.82	57.75	63.95
Colonoscopy (if due)	20.69	18.35	28.76
*% yes			

## Had Recommended Preventive Health Screenings in the Past Year

### Racial Identity

Table 133.

Had Recommended Preventive Health Screenings in the Past Year*						
Racial Identity						
	Overall	African American/ Black	American Indian & Others**	Asian	White	Hispanic/Latinx
Blood Pressure	78.23	64.36	66.67	40.00	81.89	45.16
Blood Sugar	65.22	44.55	58.33	30.00	69.51	35.48
Cholesterol	66.40	44.55	50.00	30.00	71.26	29.03
Dental	68.37	49.50	50.00	60.00	71.73	54.84
Hearing	21.38	22.77	16.67	10.00	21.85	9.68
Mammogram	40.30	27.72	0	40.00	43.69	9.68
Pap Smear (Female only)	36.45	49.50	33.33	40.00	35.51	22.58
PSA (Prostate Cancer Screening – Male only)	15.17	9.90	16.67	0	16.24	9.68
Stroke	11.72	10.89	0	0	12.50	3.23
Vision	58.82	42.57	58.33	50.00	61.45	45.16
Colonoscopy (if due)	20.69	9.90	16.67	10.00	22.43	16.13
*% yes						
**Denotes American Indian, Two or More Races and any race that was written in on the survey						

## Had Recommended Preventive Health Screenings in the Past Year

Age

Table 134.

Had Recommended Preventive Health Screenings in the Past Year							
Age							
	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Blood Pressure	78.23	41.82	59.75	76.07	84.73	95.05	95.16
Blood Sugar	65.22	32.73	44.65	56.98	75.61	86.94	90.32
Cholesterol	66.40	23.64	37.74	60.40	77.44	92.34	91.94
Dental	68.37	78.18	51.57	62.96	68.90	82.88	82.26
Hearing	21.38	21.82	21.38	16.81	16.46	27.93	37.10
Mammogram	40.30	1.82	12.58	41.88	59.76	50.00	51.61
Pap Smear (Female only)	36.45	5.45	50.94	49.29	45.12	16.67	3.23
PSA (Prostate Cancer Screening – Male only)	15.17	1.82	3.14	7.98	17.07	33.78	27.42
Stroke	11.72	0	3.77	7.41	13.41	22.52	24.19
Vision	58.82	49.09	38.99	54.13	59.15	77.03	80.65
Colonoscopy (if due)	20.69	1.82	4.40	11.97	31.10	41.89	25.81
*% yes							

## Had Recommended Preventive Health Screenings in the Past Year

### Education (Grade Completed)

Table 135.

Had Recommended Preventive Health Screenings in the Past Year Education (Grade Completed)							
	Overall	12 <sup>th</sup> Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/Technical School)	Community College/Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Blood Pressure	78.23	33.87	53.33	82.83	83.80	82.82	87.95
Blood Sugar	65.22	29.03	54.44	71.21	70.39	69.60	74.10
Cholesterol	66.40	27.42	50.56	69.19	70.39	73.57	77.71
Dental	68.37	53.23	50.56	64.14	68.72	79.74	83.73
Hearing	21.38	20.97	23.33	24.75	17.32	19.38	22.89
Mammogram	40.30	9.68	30.56	38.89	49.16	45.37	48.19
Pap Smear (Female only)	36.45	25.81	30.00	31.31	44.13	44.93	34.34
PSA (Prostate Cancer Screening – Male only)	15.17	8.06	11.67	16.67	8.94	18.94	21.69
Stroke	11.72	4.84	8.89	10.61	9.50	16.30	15.06
Vision	58.82	40.32	49.44	61.11	58.10	59.91	73.49
Colonoscopy (if due)	20.69	6.45	20.00	19.70	15.64	19.38	35.54
*% yes							

## Had Recommended Preventive Health Screenings in the Past Year

### Marital Status

Table 136.

Had Recommended Preventive Health Screenings in the Past Year Marital Status						
	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Blood Pressure	78.23	59.79	83.72	77.32	64.00	89.66
Blood Sugar	65.22	39.18	71.36	72.16	48.00	82.76
Cholesterol	66.40	35.05	73.87	75.26	48.00	84.48
Dental	68.37	58.25	74.65	59.79	40.00	62.07
Hearing	21.38	24.23	22.22	8.25	28.00	22.41
Mammogram	40.30	15.46	44.76	52.58	24.00	62.07
Pap Smear (Female only)	36.45	32.99	39.44	35.05	48.00	13.79
PSA (Prostate Cancer Screening – Male only)	15.17	5.67	20.34	8.25	4.00	6.90
Stroke	11.72	6.19	13.30	11.34	4.00	17.24
Vision	58.82	45.88	62.13	61.86	48.00	67.24
Colonoscopy (if due)	20.69	5.67	24.10	28.87	8.00	25.86
*% yes						

## Had Recommended Preventive Health Screenings in the Past Year

### Household Income

Table 137.

Had Recommended Preventive Health Screenings in the Past Year									
Household Income									
	Overall	↓\$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Blood Pressure	78.23	45.90	60.87	76.06	75.00	76.92	89.13	84.68	87.18
Blood Sugar	65.22	27.87	50.72	63.38	61.67	68.38	73.91	75.81	73.85
Cholesterol	66.40	29.51	49.28	60.56	60.00	69.23	76.09	74.19	76.92
Dental	68.37	29.51	47.83	50.70	60.00	64.96	71.74	76.61	87.69
Hearing	21.38	19.67	23.19	23.94	15.83	17.95	19.57	20.97	24.62
Mammogram	40.30	24.59	36.23	32.39	42.50	35.90	39.13	39.52	45.64
Pap Smear (Female only)	36.45	32.79	34.78	33.80	34.17	40.17	38.04	44.35	37.95
PSA (Prostate Cancer Screening – Male only)	15.17	4.92	4.35	12.68	12.50	10.26	22.83	21.77	23.08
Stroke	11.72	8.20	7.25	11.27	9.17	11.11	15.22	12.90	14.87
Vision	58.82	29.51	47.83	53.52	50.00	58.12	68.48	70.16	65.13
Colonoscopy (if due)	20.69	8.20	14.49	16.90	25.00	17.09	27.17	21.77	27.69

\*% yes

## COVID-19 Prevention Activities Tables

Do you think the following will protect you from COVID-19?

Overall

Table 138.

Do you think the following will protect you from COVID-19? Overall*		
Activity	Yes	No
Mask over mouth & nose	71.92	26.50
Social distancing	82.76	15.37
Vaccine	67.78	29.95
*percentage		

Zip Code

Table 139.

Do you think the following will protect you from COVID-19? Zip Code*					
Activity	Overall	East	North	South	West
Mask over mouth & nose	71.92	71.02	69.74	72.00	74.88
Social distancing	82.76	81.25	85.53	78.00	86.26
Vaccine	67.78	64.58	71.71	69.00	72.04
* % of yes answers					

## Do you think the following will protect you from COVID-19?

### Sex

Table 140.

Do you think the following will protect you from COVID-19? Sex*						
Activity	Overall		Female		Male	
	Yes	No	Yes	No	Yes	No
Mask over mouth & nose	71.92	26.50	71.71	26.61	73.39	26.18
Social distancing	82.76	15.37	82.82	15.12	83.26	16.31
Vaccine	67.78	29.95	65.25	32.30	77.68	21.46
*percentage						

### Racial Identity

Table 141.

Do you think the following will protect you from COVID-19? Racial Identity*							
Activity	Response	Overall	African American/Black	American Indian & Others**	Asian	White	Hispanic/Latinx
Mask over mouth & nose	Yes	71.92	77.23	50.00	80.00	71.03	90.32
	No	26.50	14.85	50.00	0	28.50	9.68
Social distancing	Yes	82.76	78.22	75.00	80.00	83.18	96.77
	No	15.37	11.88	25.00	0	16.24	3.23
Vaccine	Yes	67.78	42.57	50.00	70.00	70.68	80.65
	No	29.95	44.55	50.00	10.00	28.62	19.35
*percentage		**Denotes American Indian, Two or More Races and any race that was written in on the survey					



## Do you think the following will protect you from COVID-19?

Age

Table 142.

Do you think the following will protect you from COVID-19?								
Age*								
Activity	Response	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Mask over mouth & nose	Yes	71.92	56.36	59.75	67.24	75.61	83.33	93.55
	No	26.50	41.82	37.11	31.34	22.56	16.22	6.45
Social distancing	Yes	82.76	74.55	74.84	80.63	82.32	90.99	95.16
	No	15.37	23.64	21.38	17.66	15.24	8.56	4.84
Vaccine	Yes	67.78	49.09	37.11	63.53	76.22	88.29	91.94
	No	29.95	49.09	58.49	33.90	21.34	11.26	8.06
*percentage								

## Do you think the following will protect you from COVID-19?

### Education (Grade Completed)

Table 143.

Do you think the following will protect you from COVID-19? Education (Grade Completed)*								
Activity	Response	Overall	12 <sup>th</sup> Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/Technical School)	Community College/Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Mask over mouth & nose	Yes	71.92	62.90	66.67	67.17	68.16	79.30	81.33
	No	26.50	35.48	27.22	32.32	31.28	20.70	18.33
Social distancing	Yes	82.76	74.19	75.56	79.29	82.12	90.31	89.16
	No	15.37	24.19	17.78	19.70	16.76	9.69	10.84
Vaccine	Yes	67.78	50.00	55.56	64.65	54.75	81.50	87.35
	No	29.95	48.39	37.22	33.84	44.13	18.06	12.05
*percentage								

## Do you think the following will protect you from COVID-19?

### Marital Status

Table 144.

Do you think the following will protect you from COVID-19? Marital Status*							
Activity	Response	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Mask over mouth & nose	Yes	71.92	67.01	72.61	74.23	64.00	82.76
	No	26.50	30.41	26.92	24.74	16.00	17.24
Social distancing	Yes	82.76	75.77	85.29	83.51	60.00	89.66
	No	15.37	20.62	14.08	15.46	20.00	10.34
Vaccine	Yes	67.78	50.00	74.18	62.89	36.00	81.03
	No	29.95	45.36	24.88	36.08	44.00	18.97
*percentage							

### Household Income

Table 145.

Do you think the following will protect you from COVID-19? Household Income*										
Activity	Response	Overall	↓\$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Mask over mouth & nose	Yes	71.92	63.93	73.91	70.42	77.50	60.68	66.30	71.77	77.44
	No	26.50	18.03	24.64	29.58	21.67	38.46	33.70	28.23	22.56
Social distancing	Yes	82.76	65.57	79.71	76.06	88.33	75.21	79.35	86.29	90.25
	No	15.37	14.75	17.39	22.54	10.83	23.93	20.65	13.71	9.74
Vaccine	Yes	67.78	34.43	50.72	56.34	75.00	64.96	63.04	71.77	82.56
	No	29.95	44.26	46.72	40.85	24.17	34.19	35.87	27.42	17.44
*percentage										

## In the Past Seven (7) Days, Have You Participated in One of the Following Activities?

### Participation in Specific Activities Tables

#### Overall

Table 146.

In the past seven (7) days, have you participated in one of the following activities? Overall*	
Activity	%
Participated in physical activity?	74.78
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27
Used illegal drugs or misused medication(s)?	1.97
* % of yes answers	

#### Zip Code

Table 147.

In the past seven (7) days, have you participated in one of the following activities? Zip Code*					
Activity	Overall	East	North	South	West
Participated in physical activity?	74.78	73.11	75.00	76.00	76.78
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	31.82	29.61	24.00	32.70
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	16.67	14.47	14.00	13.74
Used illegal drugs or misused medication(s)?	1.97	2.84	0.66	1.00	1.42
* % of yes answers					

## In the Past Seven (7) Days, Have You Participated in One of the Following Activities?

### Sex

Table 148.

In the past seven (7) days, have you participated in one of the following activities? Sex*			
Activity	Overall	Female	Male
Participated in physical activity?	74.78	73.90	79.40
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	26.61	44.12
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	14.34	18.88
Used illegal drugs or misused medication(s)?	1.97	1.81	2.58

\* % of yes answers

### Racial Identity

Table 149.

In the past seven (7) days, have you participated in one of the following activities? Racial Identity*						
Activity	Overall	African American/Black	American Indian & Others**	Asian	White	Hispanic/Latinx
Participated in physical activity?	74.78	60.40	91.67	70.00	77.45	51.61
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	24.75	41.67	10.00	32.36	9.68
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	15.84	33.33	10.00	15.19	6.45
Used illegal drugs or misused medication(s)?	1.97	1.98	0	0	1.99	3.23

\* % of yes answers    \*\*Denotes American Indian, Two or More Races and any race that was written in on the survey

In the Past Seven (7) Days, Have You Participated in One of the Following Activities?

Age

Table 150.

In the past seven (7) days, have you participated in one of the following activities?							
Age*							
Activity	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Participated in physical activity?	74.78	85.45	76.10	74.07	72.56	75.68	70.97
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	5.45	23.90	34.76	28.05	38.74	25.81
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	9.09	21.38	19.66	14.63	7.66	9.68
Used illegal drugs or misused medication(s)?	1.97	3.64	2.52	2.28	1.83	0.45	3.23

\* % of yes answers

## In the Past Seven (7) Days, Have You Participated in One of the Following Activities?

### Education (Grade Completed)

Table 151.

In the past seven (7) days, have you participated in one of the following activities? Education (Grade Completed)*							
Activity	Overall	12 <sup>th</sup> Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/Technical School)	Community College/Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Participated in physical activity?	74.78	70.97	55.00	74.24	76.54	84.58	84.34
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	8.06	16.67	28.28	30.73	44.49	38.55
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	24.19	19.44	16.16	21.23	10.57	6.63
Used illegal drugs or misused medication(s)?	1.97	1.61	1.67	1.52	2.79	2.20	1.81

\* % of yes answers

## In the Past Seven (7) Days, Have You Participated in One of the Following Activities

### Marital Status

Table 152.

In the past seven (7) days, have you participated in one of the following activities? Marital Status*						
Activity	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Participated in physical activity?	74.78	69.59	78.40	73.20	40.00	72.41
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	20.10	35.05	32.99	16.00	20.69
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	17.53	12.68	28.87	12.00	15.52
Used illegal drugs or misused medication(s)?	1.97	2.58	1.10	6.19	0	3.45

\* % of yes answers



## In the Past Seven (7) Days, Have You Participated in One of the Following Activities?

### Household Income

Table 153.

In the past seven (7) days, have you participated in one of the following activities? Household Income*									
Activity	Overall	\$10,000	\$10,000- \$19,999	\$20,000- \$29,999	\$30,000- \$44,999	\$45,000- \$59,999	\$60,000- \$74,999	\$75,000- \$99,999	↑\$100,000
Participated in physical activity?	74.78	57.38	63.77	67.71	75.83	75.21	78.26	81.45	82.05
Drank one or more alcoholic beverages (beer, wine, liquor)?	30.64	13.11	13.04	22.54	28.33	27.35	41.30	33.87	49.74
Used any form of tobacco (cigarette, cigar, chew, snuff, e-cigarette, vape)?	15.27	24.59	21.74	15.49	19.17	14.53	18.48	13.71	11.28
Used illegal drugs or misused medication(s)?	1.97	1.64	2.90	4.23	5.00	1.71	1.09	1.61	1.03

\* % of yes answers

# BARRIERS TO HEALTH & HUMAN SERVICES TABLES

(% answering "yes")

(Source: 2021 Stanly County Community Health Assessment survey)

## Overall

Table 154.

Barriers to Health & Human Services Overall	
Barriers	%
Deductible/Co-pay is too high	33.50
Lack of health insurance	14.68
Doctor's office does not accept my insurance or Medicaid	10.44
Lack of transportation	5.42

## Zip Code

Table 155.

Barriers to Health & Human Services - Zip Code					
Barriers	Overall	East	North	South	West
Deductible/Co-pay is too high	33.50	35.23	32.24	27.00	34.12
Lack of health insurance	14.68	16.67	11.84	10.00	13.27
Doctor's office does not accept my insurance or Medicaid	10.44	12.12	13.16	10.00	4.74
Lack of transportation	5.42	7.01	3.29	5.00	3.32

# BARRIERS TO HEALTH & HUMAN SERVICES

## Sex

Table 156.

Barriers to Health & Human Services - Sex			
Barriers	Overall	Female	Male
Deductible/Co-pay is too high	33.50	35.79	25.75
Lack of health insurance	14.68	16.15	10.30
Doctor's office does not accept my insurance or Medicaid	10.44	10.47	10.30
Lack of transportation	5.42	5.17	6.44

## Racial Identity

Table 157.

Barriers to Health & Human Services - Racial Identity						
Barriers	Overall	African American/ Black	American Indian & Others*	Asian	White	Hispanic/Latinx
Deductible/Co-pay is too high	33.50	45.54	50.00	50.00	31.66	35.48
Lack of health insurance	14.68	38.61	25.00	10.00	10.86	41.94
Doctor's office does not accept my insurance or Medicaid	10.44	19.80	0	30.00	9.23	12.90
Lack of transportation	5.42	14.85	16.67	10.00	3.86	12.90

\*Denotes American Indian, Two or More Races and any race that was written in on the survey

## BARRIERS TO HEALTH & HUMAN SERVICES

### Age

Table 158.

Barriers to Health & Human Services – Age							
Barriers	Overall	15-19 Years	20-34 Years	35-54 Years	55-64 Years	65-74 Years	75 or older
Deductible/Co-pay is too high	33.50	32.73	43.40	42.17	36.59	17.12	11.29
Lack of health insurance	14.68	16.36	28.30	18.52	13.41	3.15	1.61
Doctor's office does not accept my insurance or Medicaid	10.44	18.18	18.24	11.11	8.54	4.95	4.84
Lack of transportation	5.42	10.91	5.66	7.12	4.88	3.15	0

### Education (Grade Completed)

Table 159.

Barriers to Health & Human Services - Education (Grade Completed)							
Barriers	Overall	12 <sup>th</sup> Grade or Less	Completed Grade 12/GED	College 1-3 Years (College/Technical School)	Community College/Technical School Degree/Certificate	Bachelor Degree	Postgraduate Degree
Deductible/Co-pay is too high	33.50	41.94	37.22	32.32	44.69	29.52	21.69
Lack of health insurance	14.68	22.58	24.44	18.18	17.88	7.49	3.61
Doctor's office does not accept my insurance or Medicaid	10.44	19.35	16.67	14.14	10.06	6.17	2.41
Lack of transportation	5.42	14.52	8.89	5.05	3.91	4.41	1.81

# BARRIERS TO HEALTH & HUMAN SERVICES

## Marital Status

Table 160.

Barriers to Health & Human Services - Marital Status						
Barriers	Overall	Single/Never Married	Married	Divorced	Separated	Widowed
Deductible/Co-pay is too high	33.50	41.24	30.99	37.11	48.00	24.14
Lack of health insurance	14.68	30.41	9.55	18.56	32.00	5.17
Doctor's office does not accept my insurance or Medicaid	10.44	18.04	7.82	17.53	12.00	1.72
Lack of transportation	5.42	11.86	2.82	9.28	12.00	3.45

## Household Income

Table 161.

Barriers to Health & Human Services - Household Income									
Barriers	Overall	↓ \$10,000	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$44,999	\$45,000-\$59,999	\$60,000-\$74,999	\$75,000-\$99,999	↑ \$100,000
Deductible/Co-pay is too high	33.50	37.70	49.28	39.44	43.33	41.03	39.13	29.03	21.54
Lack of health insurance	14.68	37.70	37.68	29.58	17.50	22.22	4.35	5.65	3.59
Doctor's office does not accept my insurance or Medicaid	10.44	28.27	24.64	18.31	12.50	6.84	7.61	4.03	4.10
Lack of transportation	5.42	27.87	20.29	4.23	3.33	3.42	1.09	3.23	2.05

# EMERGENCY PREPAREDNESS CHARTS

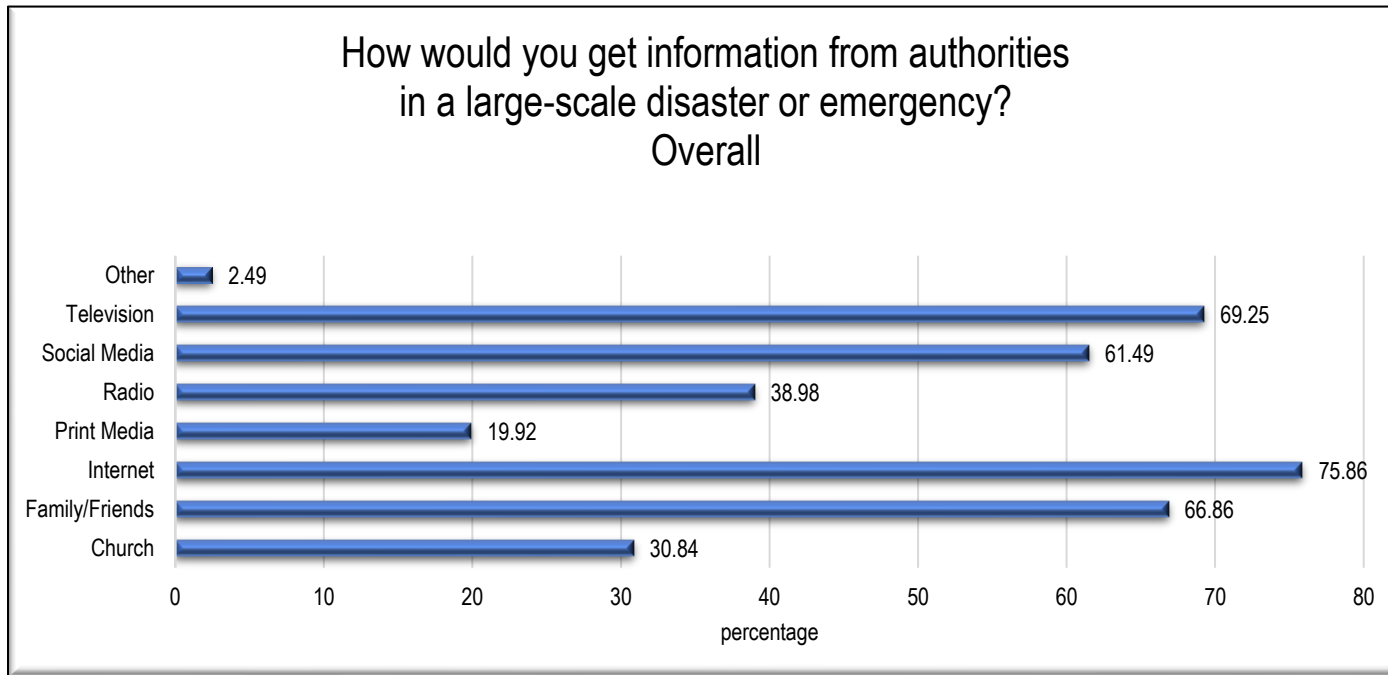
## Information Access

How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

(Source: 2021 Stanly County Community Health Assessment survey)

Overall

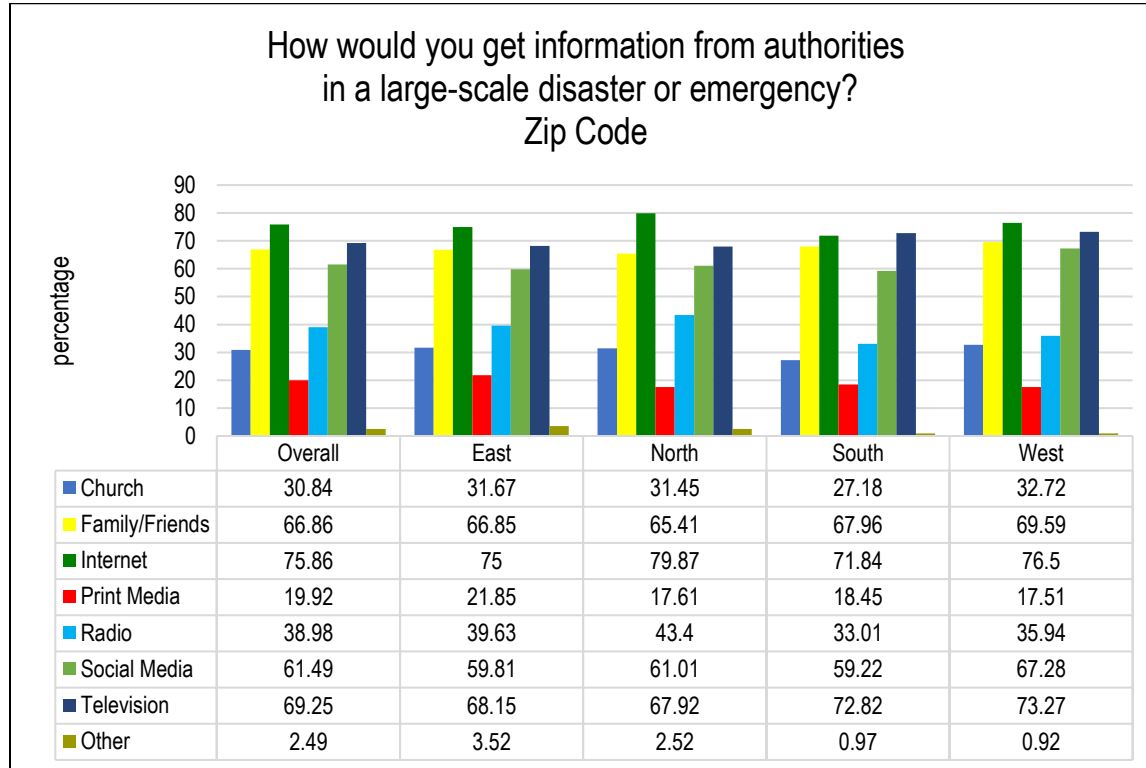
Chart 48.



How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

Zip Code

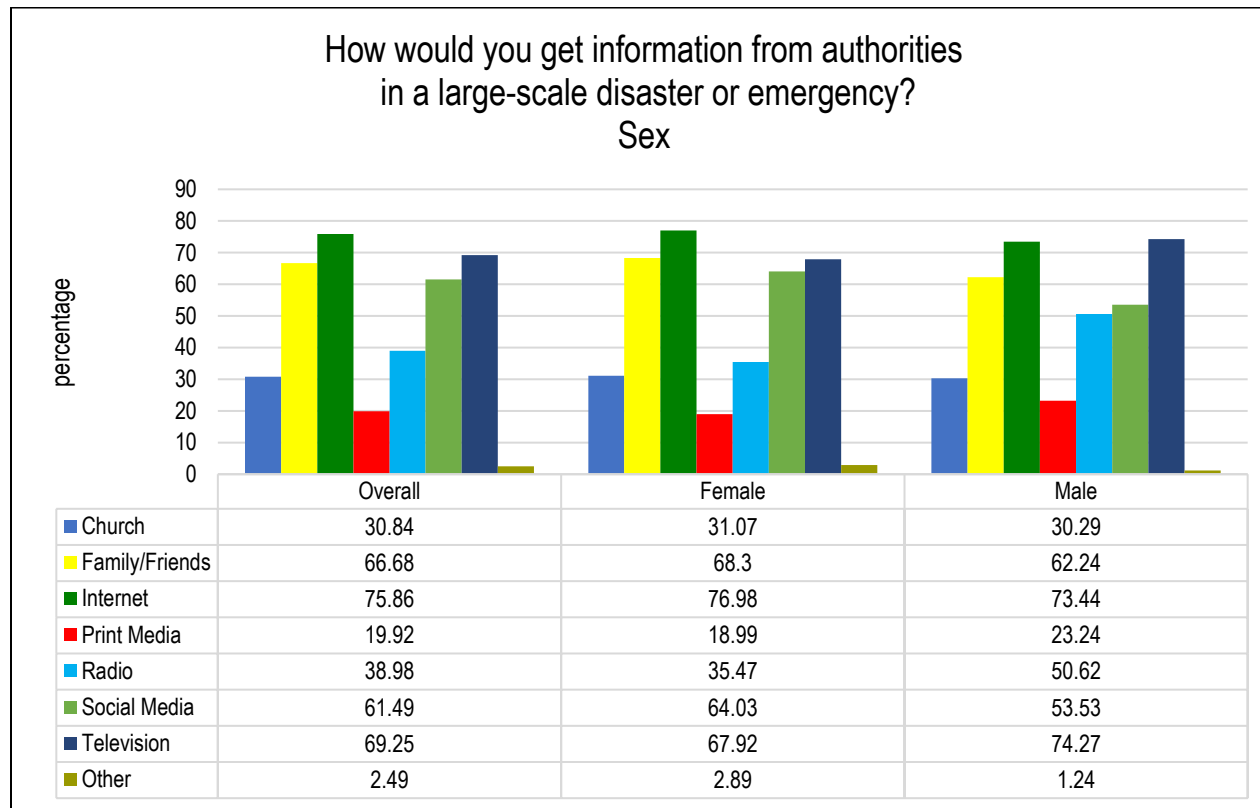
Chart 49.



How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

Sex

Chart 50.

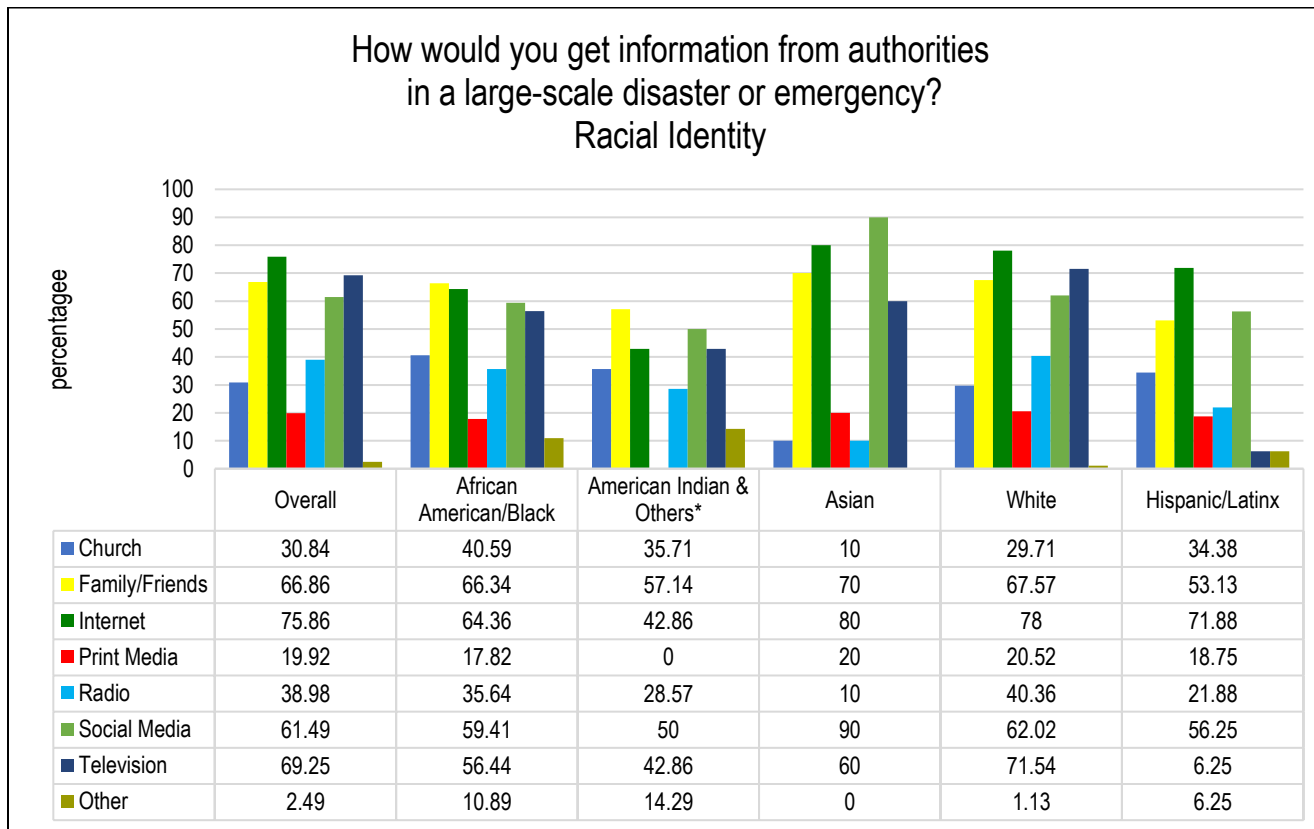




How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

### Racial Identity

Chart 51.

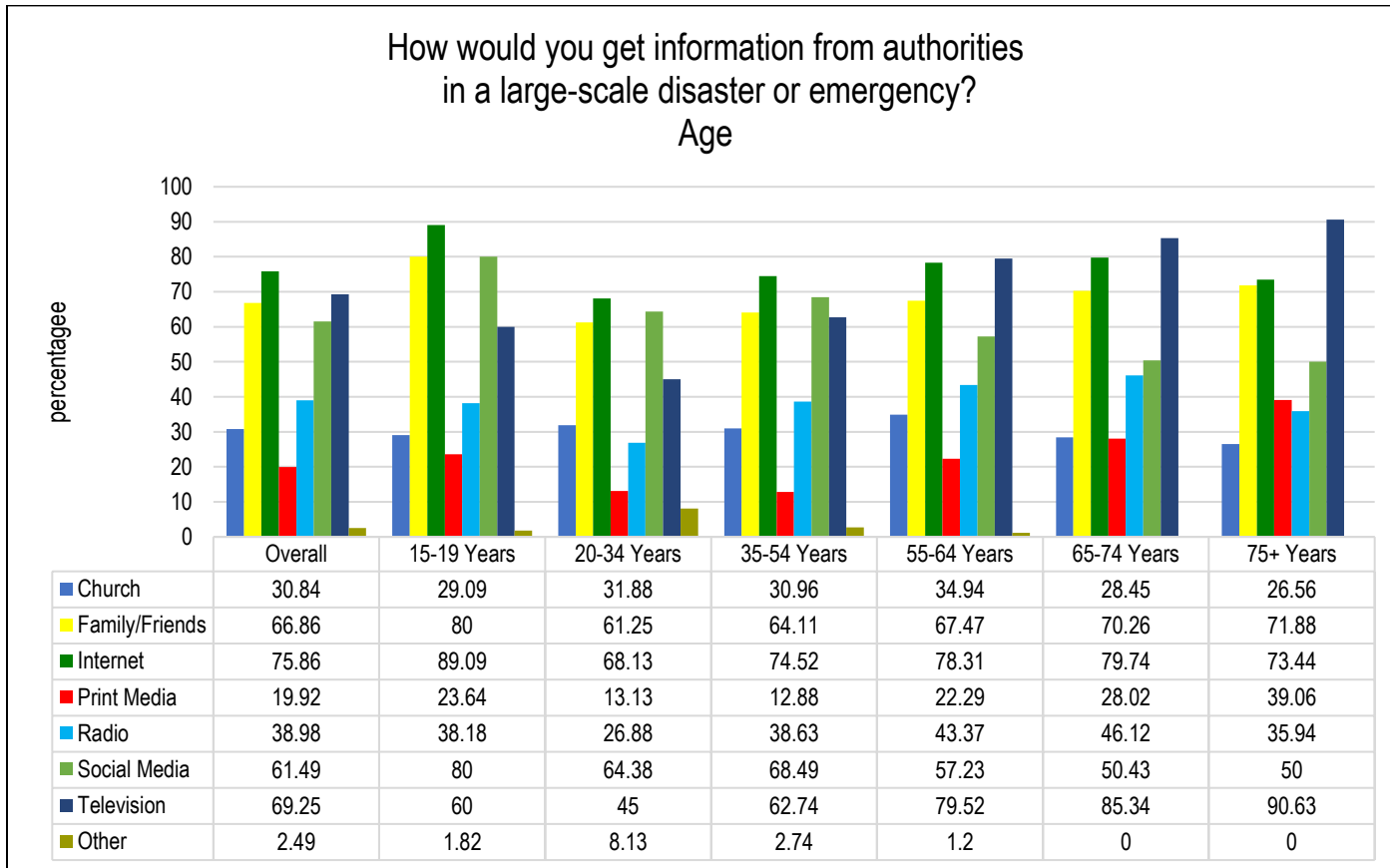


\*Denotes American Indian, Two or More Races and any race that was written in on the survey

How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

Age

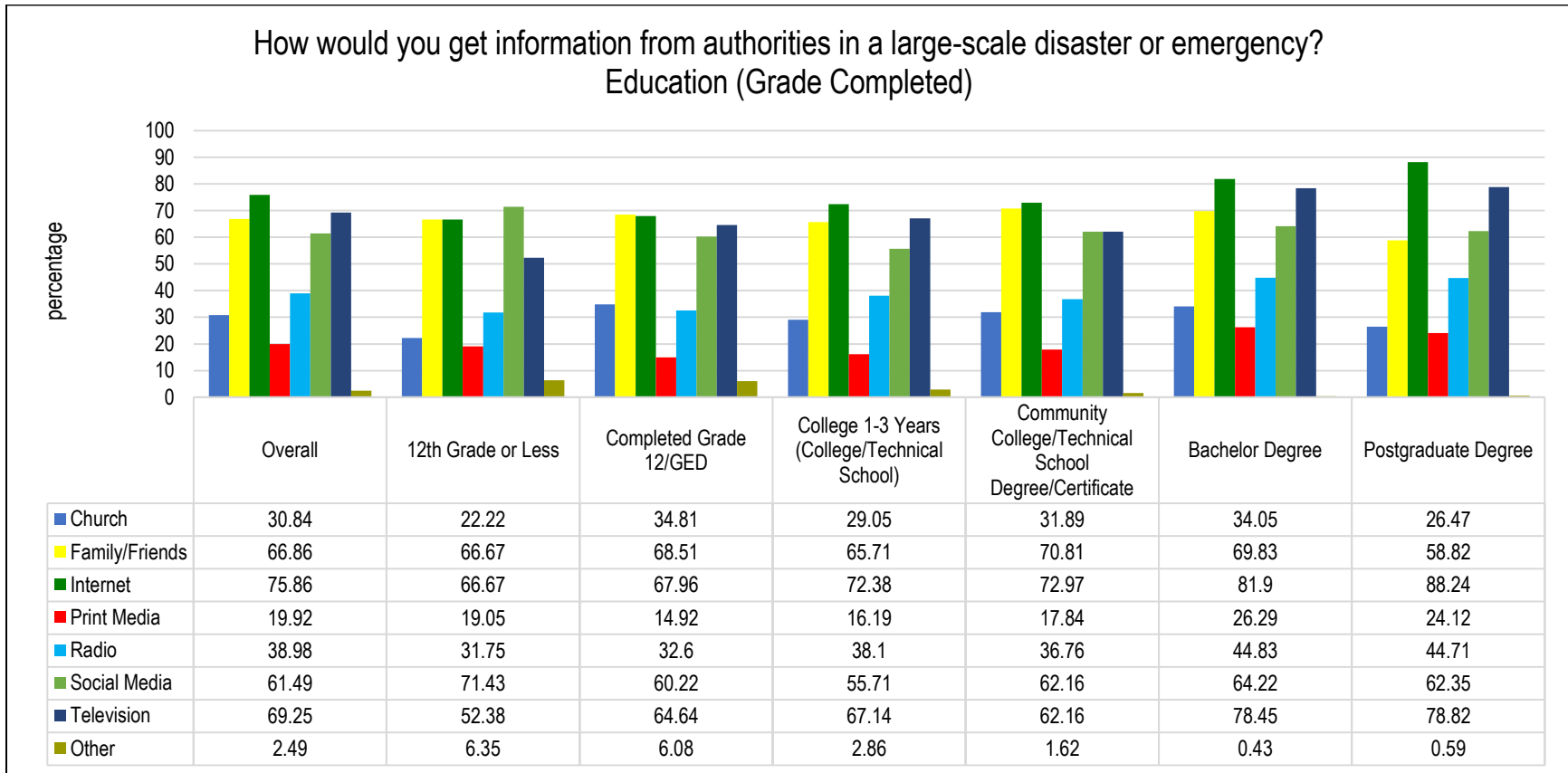
Chart 52.



How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

Education (Grade Completed)

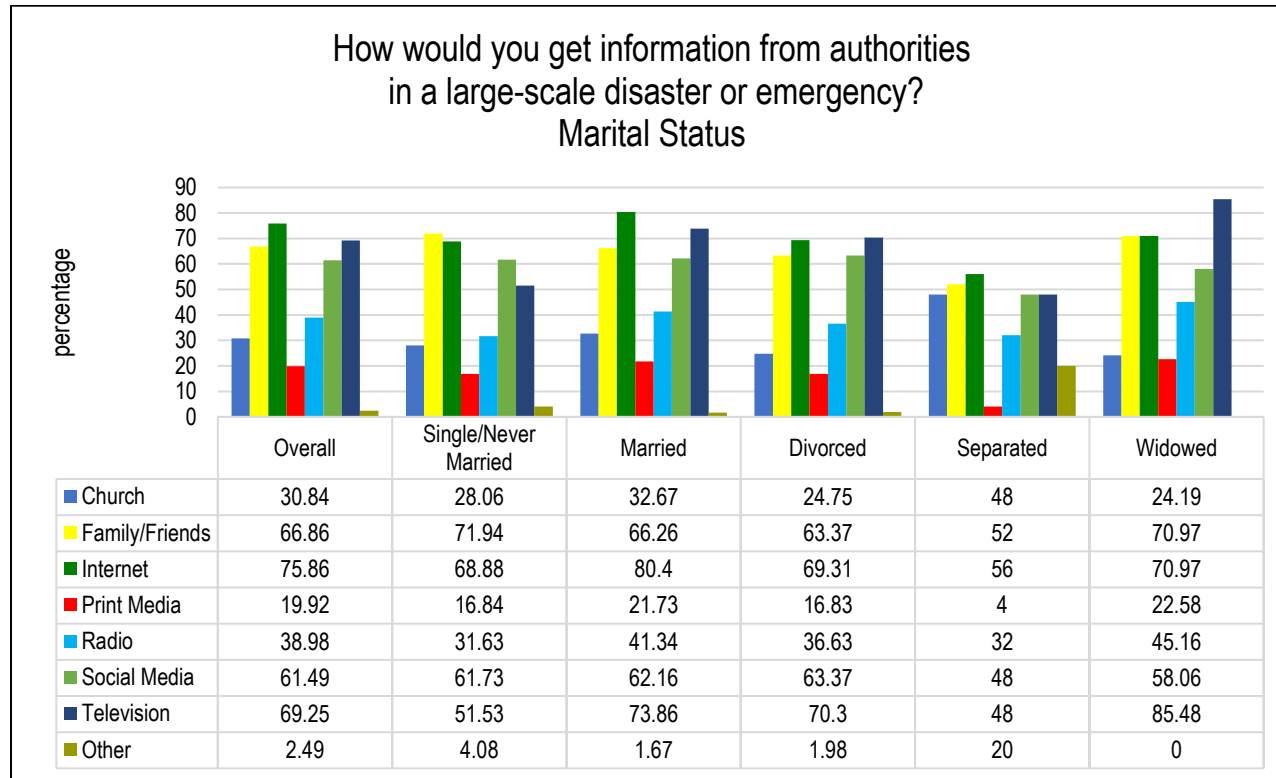
Chart 53.



How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

Marital Status

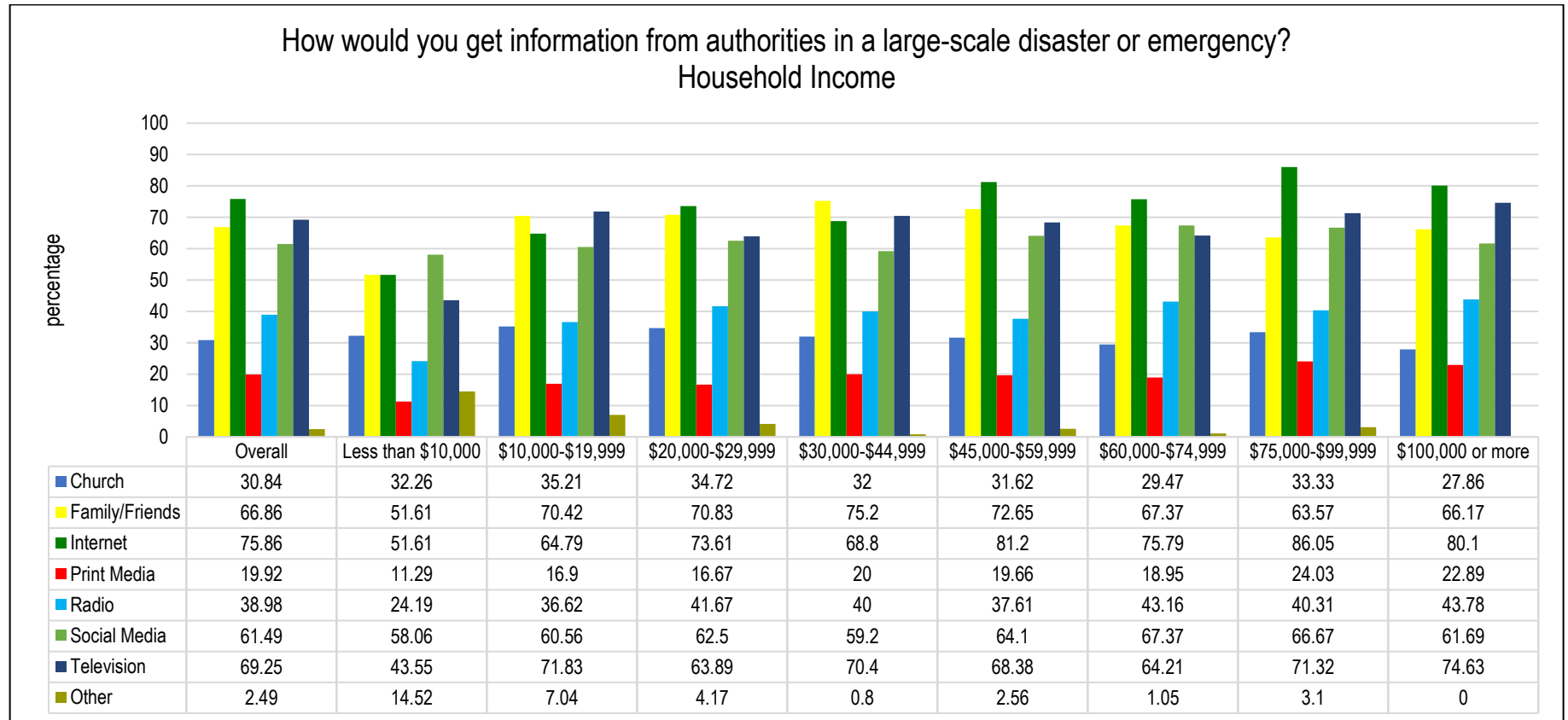
Chart 54.



How would you get information from authorities in a large-scale disaster or emergency? (mark all that apply)

Household Income

Chart 55.



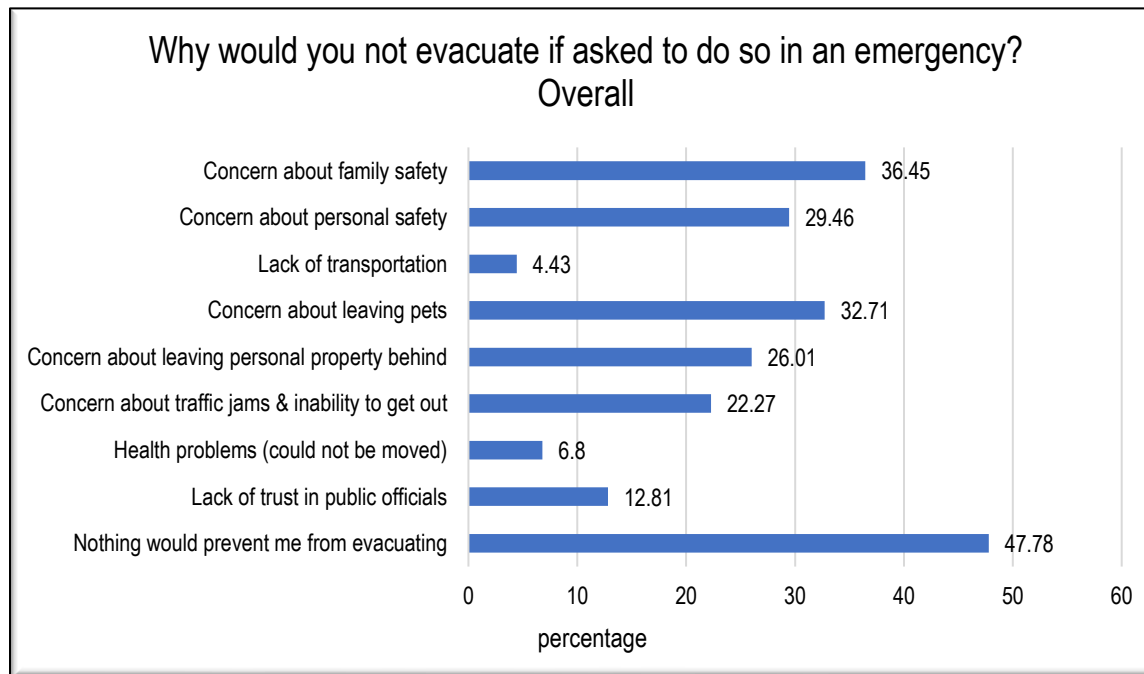
# EMERGENCY PREPAREDNESS

(Source: 2021 Stanly County Community Health Assessment survey)

Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

## Reasons Not to Evacuate Overall

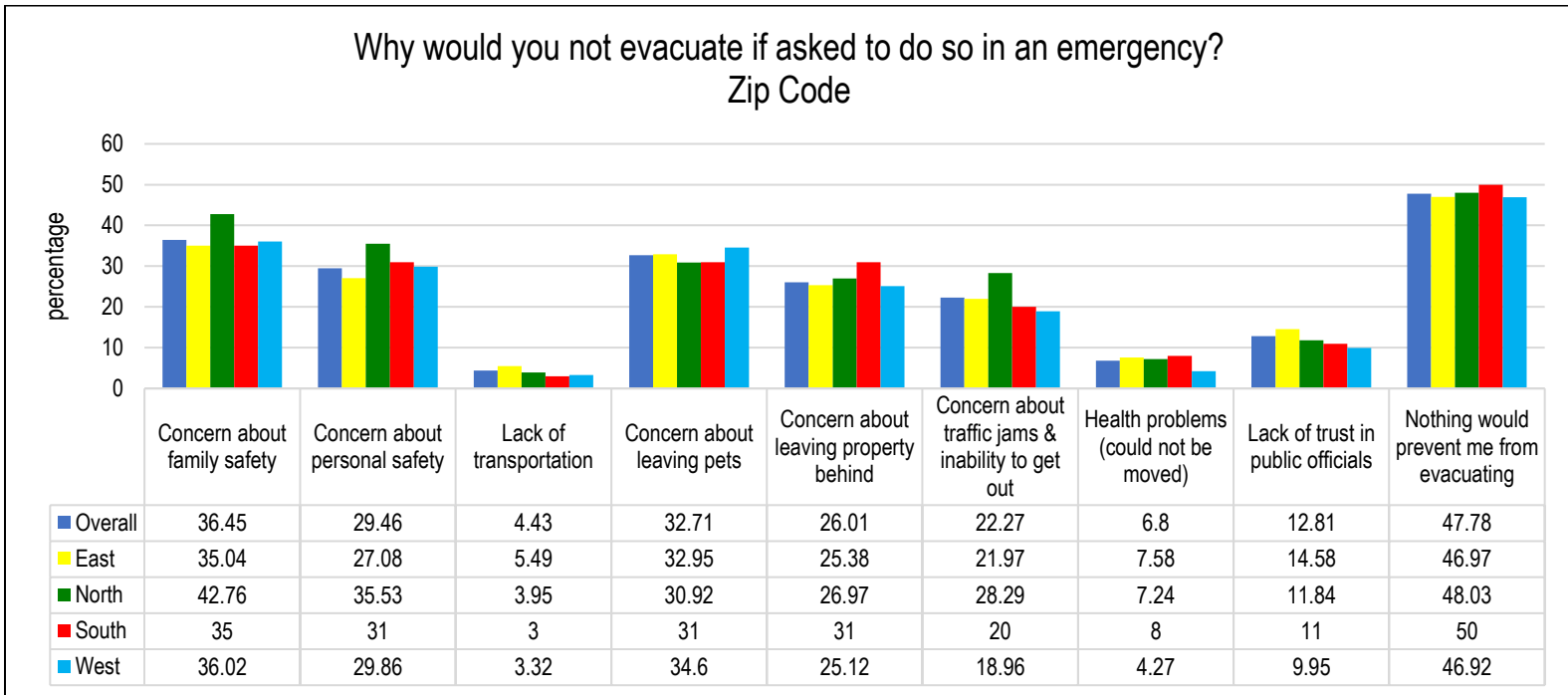
Chart 56.



Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

Zip Code

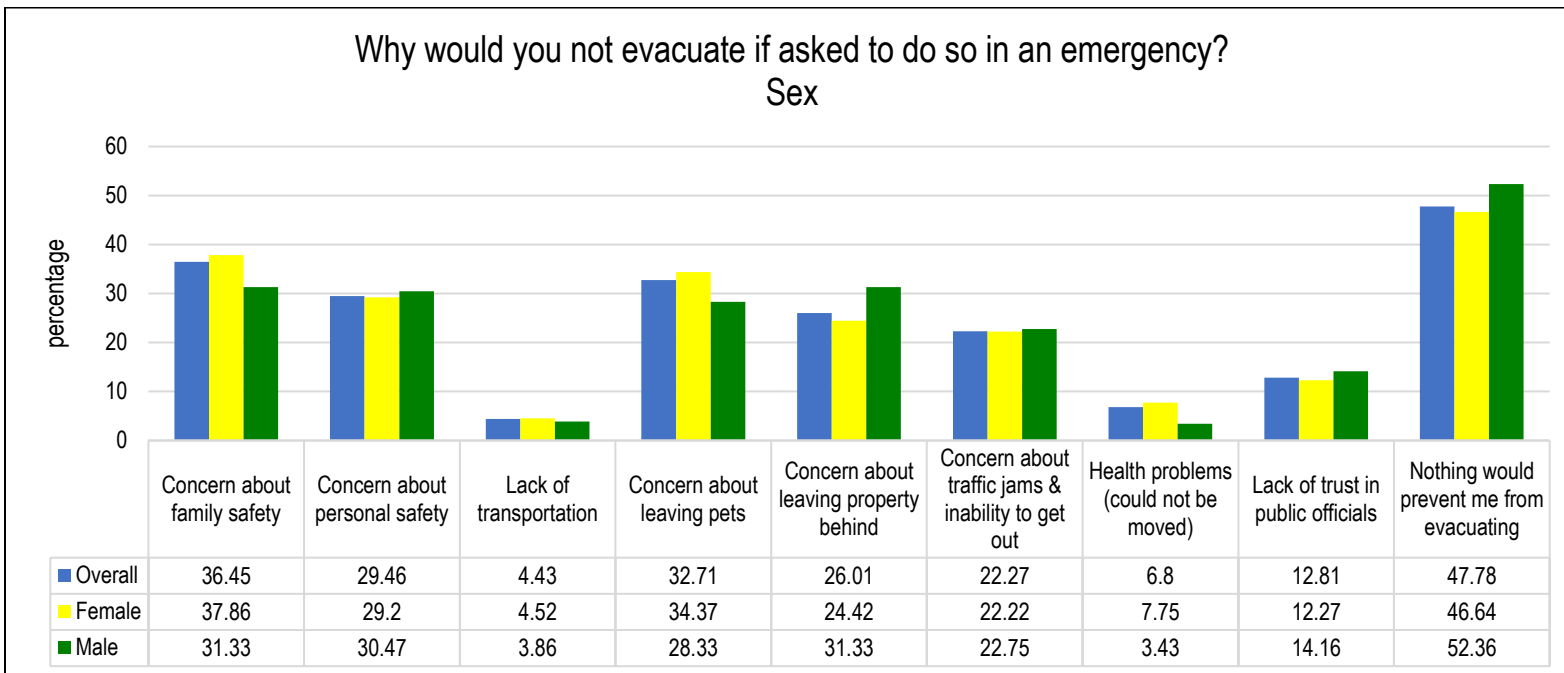
Chart 57.



Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

Sex

Chart 58.

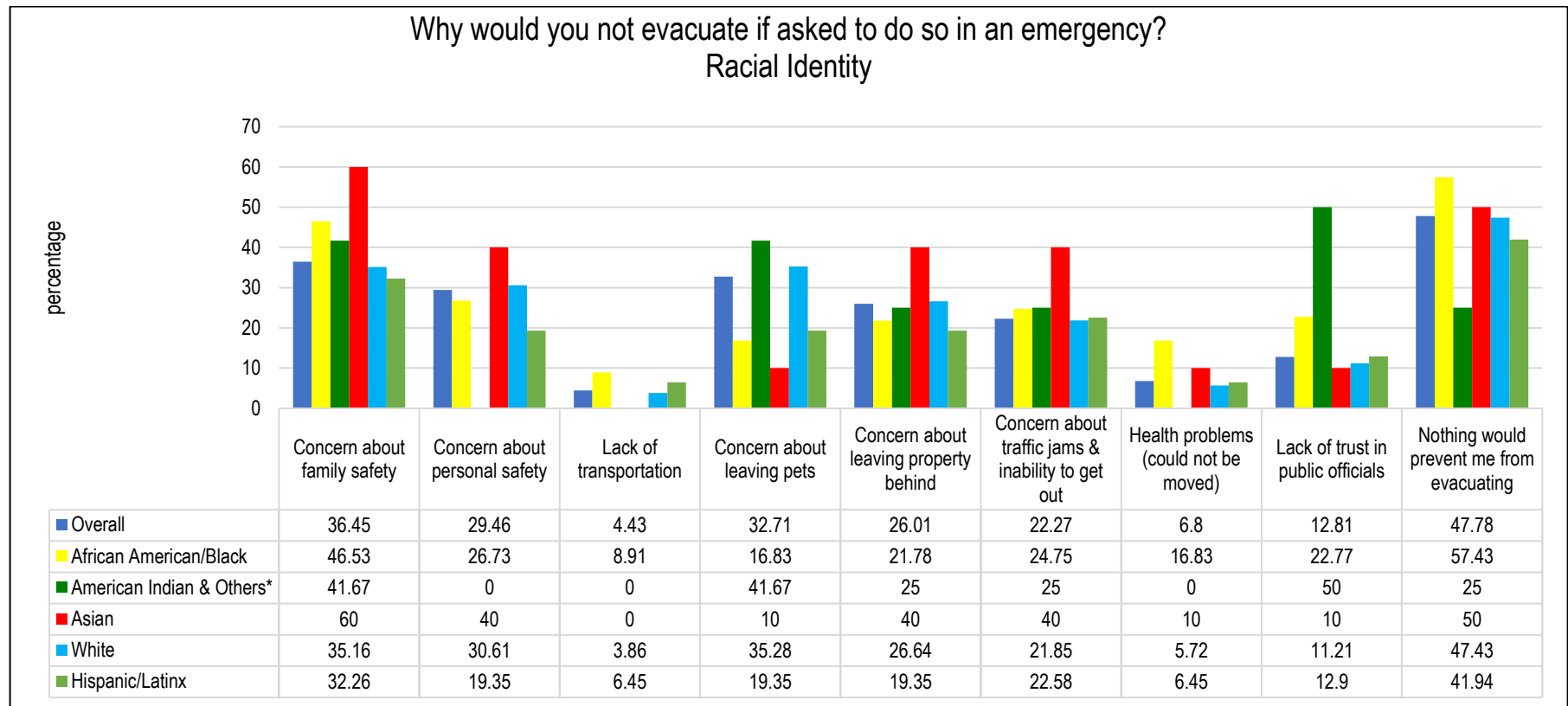




Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

Racial Identity

Chart 59.

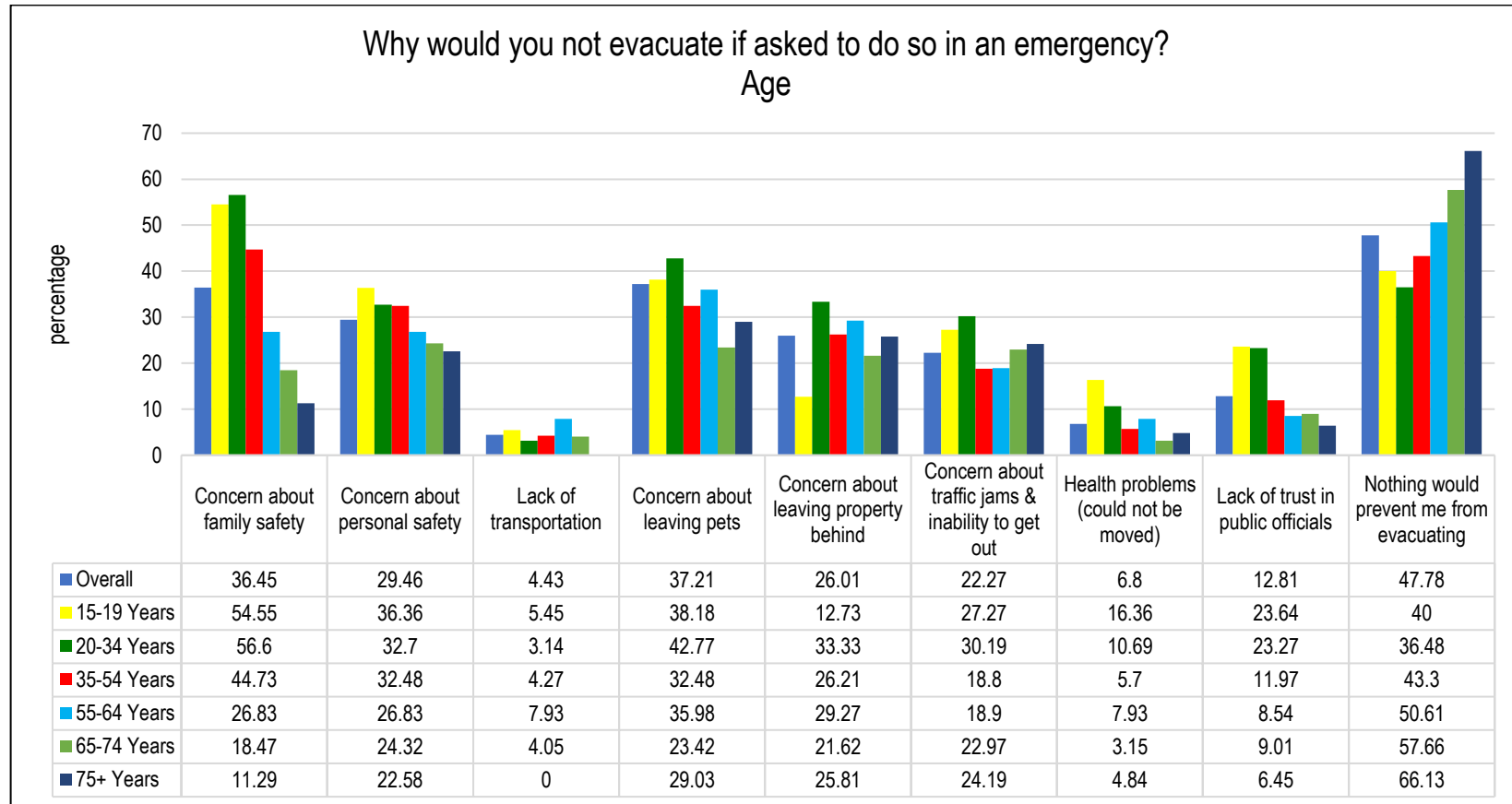


\*Denotes American Indian, Two or More Races and any race that was written in on the survey

Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

Age

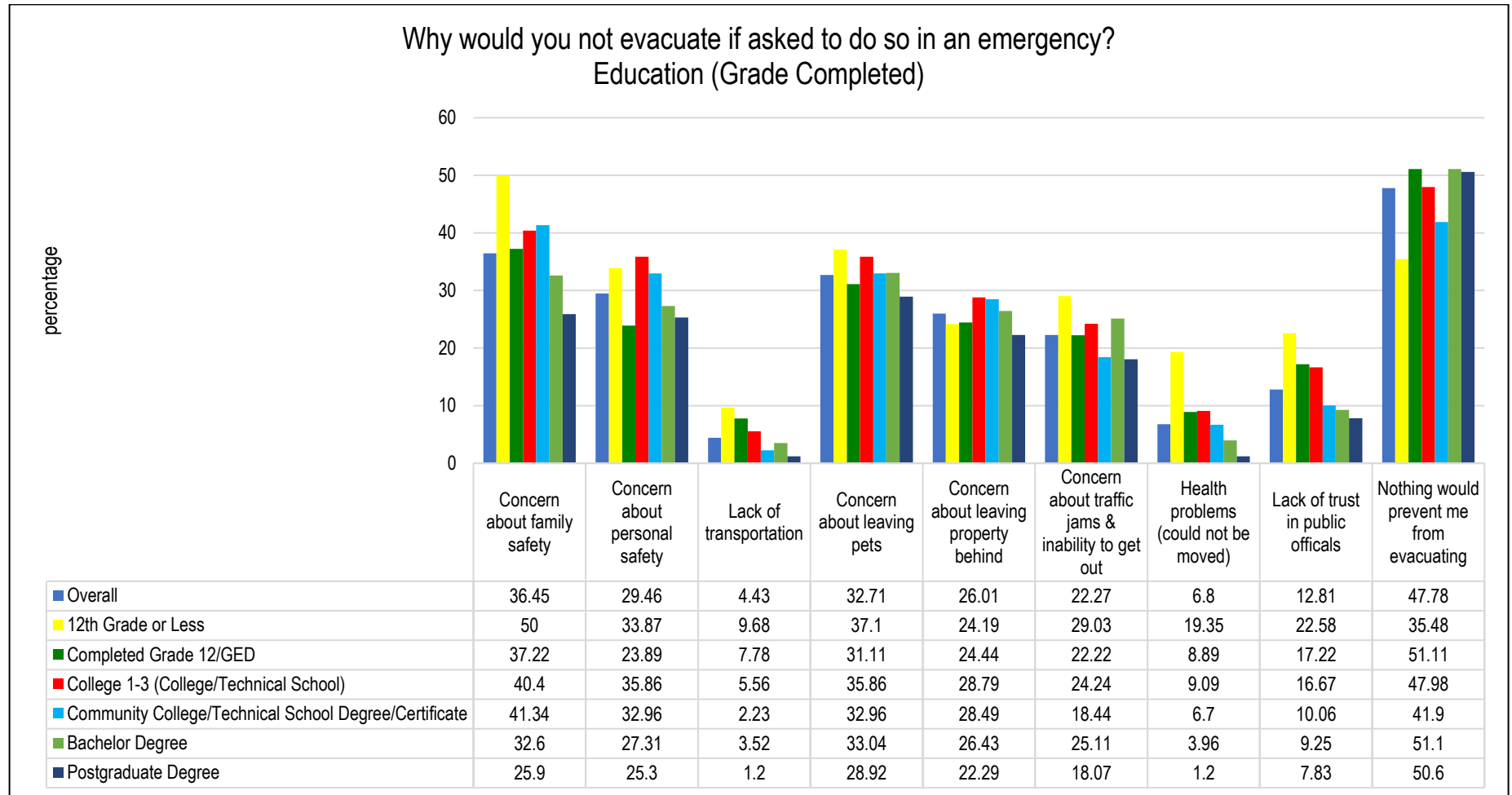
Chart 60.



Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

Education (Grade Completed)

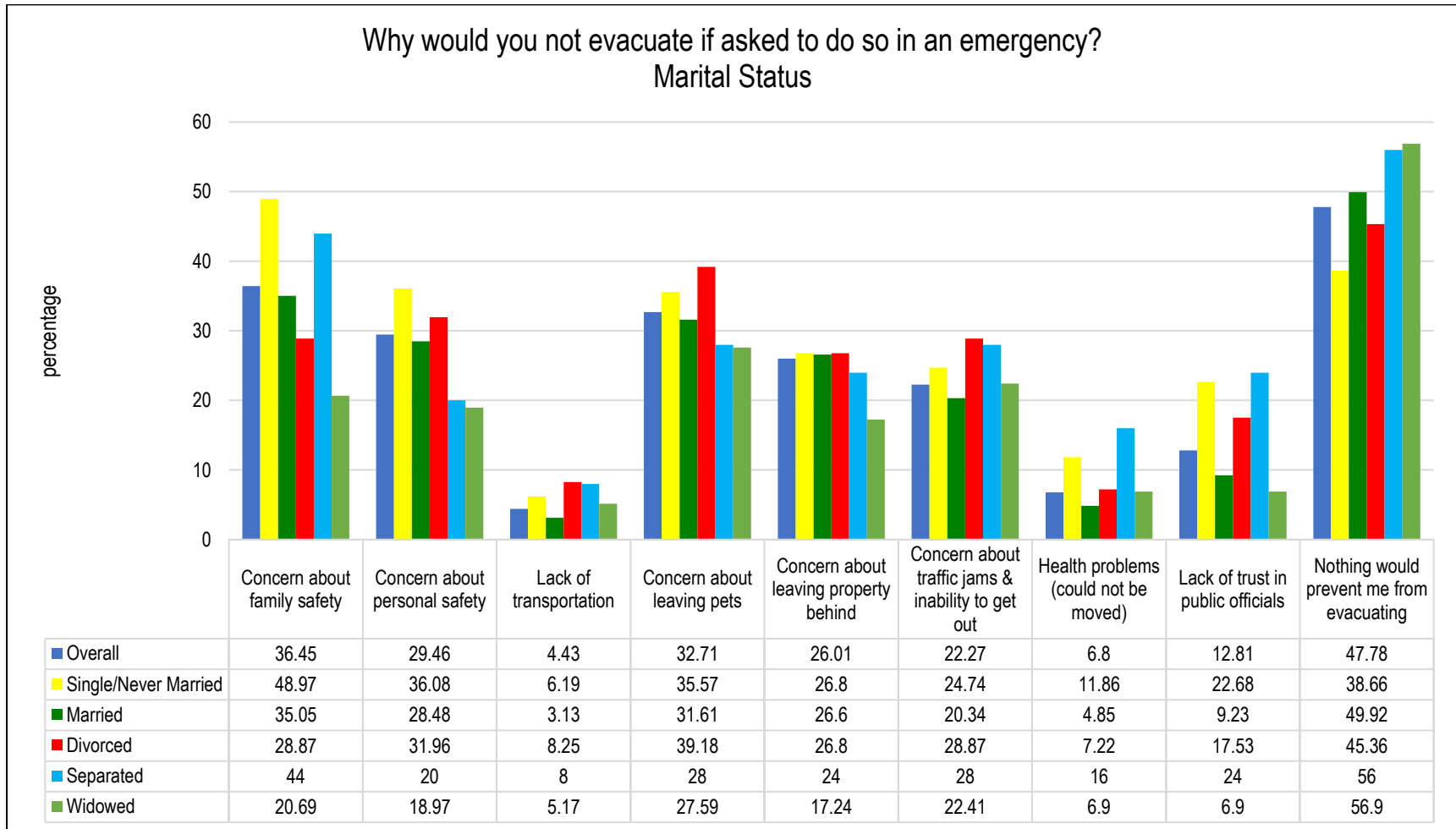
Chart 61.



Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

Marital Status

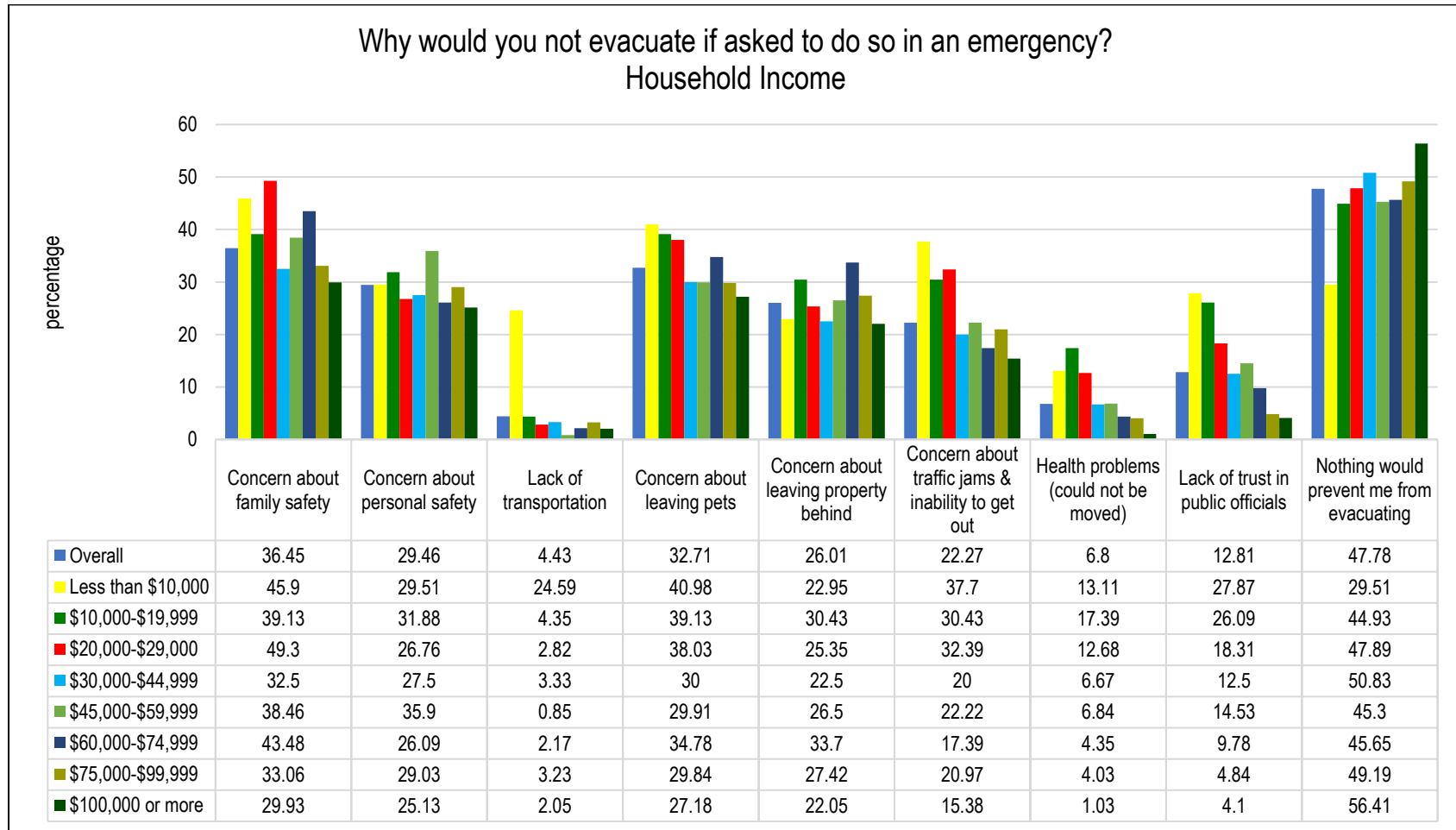
Chart 62.



## Why would you not evacuate if asked to do so in an emergency? (mark all that apply)

### Household Income

Chart 63.



## 2021 COMMUNITY HEALTH ASSESSMENT ADVISORY COMMITTEE

Members of the 2021 Community Health Assessment Advisory Committee  
were as follows:

Tammy H. Albertson - Executive Director - Stanly County Partnership for Children

Deborah Bennett – Public Health Educator II – Department of Public Health

Jane Boone - Executive Director - Stanly Health Foundation

Hayley Cowell - Consumer Sciences Extension Agent – N.C. Cooperative Extension

Wendy Growcock - Public Health Education Specialist – Stanly County Partners In  
Health/Stanly County Department of Public Health

Jennifer Layton - Human Services Program Specialist - Stanly County Department of  
Public Health

Kaitlin Smith – Youth Coordinator – Center for Prevention Services

Salem Taylor – Executive Director - United Way of Stanly County

Nicole Williams - Senior Associate, Community Engagement and Corporate  
Responsibility - Atrium Health Stanly

# 2021 COMMUNITY HEALTH ASSESSMENT SURVEY

## 2021 STANLY COUNTY

### COMMUNITY HEALTH ASSESSMENT SURVEY

**DO NOT PHOTOCOPY**

Stanly County Community Health Assessment  
2021

**DO NOT PHOTOCOPY**

Stanly County residents 15 years old and older are asked to complete the following survey. The Stanly County Health Department and Atrium Health Stanly are required to conduct a community health assessment. This information is used 1) to learn more about the health and quality of life in the county, 2) to identify needs in the community, 3) to determine the community's view of these needs, and 4) to apply for grant funds. All questions are voluntary and anonymous. The results of this survey will be compiled on the Stanly County Health Department webpage (<http://health.stanlycountync.gov/>) after January 1, 2022.

Fill in completely one circle for each question.

#### **Demographics**

<b>1. Residence zip code:</b>		
a) 28001/28002		<input type="radio"/>
b) 28009		<input type="radio"/>
c) 28071		<input type="radio"/>
d) 28097		<input type="radio"/>
e) 28109		<input type="radio"/>
f) 28124		<input type="radio"/>
g) 28127		<input type="radio"/>
h) 28128		<input type="radio"/>
i) 28129		<input type="radio"/>
j) 28137		<input type="radio"/>
k) 28163		<input type="radio"/>
l) Other _____		<input type="radio"/>
<b>2. Sex:</b>		
a) Female		<input type="radio"/>
b) Male		<input type="radio"/>
<b>3. Your primary racial or ethnic identity:</b>		
a) African American/Black		<input type="radio"/>
b) American Indian		<input type="radio"/>
c) Asian		<input type="radio"/>
d) White		<input type="radio"/>
e) Hispanic/Latinx		<input type="radio"/>
f) Two or more races		<input type="radio"/>
_____		

<b>4. Age Group</b>		
	a) 15-19	<input type="radio"/>
	b) 20-34	<input type="radio"/>
	c) 35-54	<input type="radio"/>
	d) 55-64	<input type="radio"/>
	e) 65-74	<input type="radio"/>
	f) 75 or older	<input type="radio"/>

<b>5. Mark the highest grade or year of school you <u>completed</u>.</b>		
	a) Never attended school; only attended kindergarten; or Grades 1 through 11	<input type="radio"/>
	b) Grade 12 or GED (high school graduate)	<input type="radio"/>
	c) College 1 to 3 years (some college or technical school)	<input type="radio"/>
	d) Community college or technical school degree/certificate	<input type="radio"/>
	e) Have a Bachelor's degree	<input type="radio"/>
	f) Have a postgraduate degree (Masters, Doctoral)	<input type="radio"/>

<b>6. Marital status</b>		
	a) Single/Never Married	<input type="radio"/>
	b) Married	<input type="radio"/>
	c) Divorced	<input type="radio"/>
	d) Separated	<input type="radio"/>
	e) Widowed	<input type="radio"/>

<b>7. Total persons in household</b>		
	a) 1	<input type="radio"/>
	b) 2	<input type="radio"/>
	c) 3	<input type="radio"/>
	d) 4 or more	<input type="radio"/>

<b>8. Total household income per year:</b>		
	a) Less than \$10,000	<input type="radio"/>
	b) \$10,000-\$19,999	<input type="radio"/>
	c) \$20,000-\$29,999	<input type="radio"/>
	d) \$30,000-\$44,999	<input type="radio"/>
	e) \$45,000-\$59,999	<input type="radio"/>
	f) \$60,000-\$74,999	<input type="radio"/>
	g) \$75,000-\$99,999	<input type="radio"/>
	h) \$100,000 or more	<input type="radio"/>
	i) Prefer not to answer	<input type="radio"/>



Fill in one circle for each quality of life statement.

<b><u>QUALITY OF LIFE STATEMENTS</u></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
1. There are enough jobs & opportunities to move up in Stanly County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Stanly County is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Stanly County is a good place to grow older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Good healthcare is available in Stanly County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Stanly County is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following are health issues that impact communities. Please give your opinion as to whether these health issues are a problem in Stanly County. For each health issue, fill in one circle to indicate if you believe the health issue is a major problem, somewhat of a problem, or not a problem. You may also select the don't know option if you are unsure.

<b><u>HEALTH ISSUES</u></b>	<b>Major Problem</b>	<b>Somewhat of a Problem</b>	<b>Not a Problem</b>	<b>Don't Know</b>
• Alcoholism/Alcohol Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Cerebrovascular Disease (stroke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Dental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Inactivity/Lack of Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Infectious Diseases (flu, measles, pertussis, Sexually Transmitted Diseases, COVID-19, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Lung Diseases (asthma, COPD, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Motor Vehicle Accident Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Neurological Diseases (Alzheimer's, Multiple Sclerosis, Muscular Dystrophy, Parkinson's, epilepsy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Obesity/Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Other Injuries (drowning, accidental poisoning, falls, burns, choking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Substance Use Disorder/Overdose (prescription, illegal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• Suicide				
• Teenage Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following are access issues that impact a community. Please give your opinion as to whether these access issues are a problem in Stanly County. For each access issue, fill in one circle to indicate if you believe the access issue is a major problem, somewhat of a problem, or not a problem. You may also select the don't know option if you are unsure. Access is defined as "able to receive service."

<b><u>ACCESS ISSUES</u></b>	<b>Major Problem</b>	<b>Somewhat of a Problem</b>	<b>Not a Problem</b>	<b>Don't Know</b>
• Access to Adult Day Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Quality Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Dental Care - Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Healthcare Specialists (cardiology, gastroenterology, orthopedic, nephrology, neurology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Higher Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to In-Home Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Primary Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Access to Substance Use Disorder Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following are community issues that impact a community. Please give your opinion as to whether these community issues are a problem in Stanly County. For each community issue, fill in one circle to indicate if you believe the community issue is a major problem, somewhat of a problem, or not a problem. You may also select the don't know option if you are unsure.

<b><u>COMMUNITY ISSUES</u></b>	<b>Major Problem</b>	<b>Somewhat of a Problem</b>	<b>Not a Problem</b>	<b>Don't Know</b>
• Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Child Abuse & Neglect (physical, emotional, sexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Elder Abuse & Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Inadequate/Unaffordable Housing (crowded or without a kitchen or plumbing/too expensive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Lack of/Inadequate Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• Lack of Recreational Facilities/Programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Lack of Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Quality of Education (K-12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Unemployment/Underemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PERSONAL HEALTH

1. Where do you go ***most often*** when you are sick or need advice about your health? (Fill in only one circle.)

<input type="radio"/>	Community Care Clinic	<input type="radio"/>	Hospital	<input type="radio"/>	Mental Health Services
<input type="radio"/>	Doctor's Office	<input type="radio"/>	Internet	<input type="radio"/>	Urgent Care Center
<input type="radio"/>	Health Department				

2. What preventive screening have you had in the past year?	NO	YES
a) Blood Pressure	<input type="radio"/>	<input type="radio"/>
b) Blood Sugar	<input type="radio"/>	<input type="radio"/>
c) Cholesterol	<input type="radio"/>	<input type="radio"/>
d) Dental	<input type="radio"/>	<input type="radio"/>
e) Hearing	<input type="radio"/>	<input type="radio"/>
f) Mammogram	<input type="radio"/>	<input type="radio"/>
g) Pap Smear (female only)	<input type="radio"/>	<input type="radio"/>
h) PSA (prostate cancer screening) (male only)	<input type="radio"/>	<input type="radio"/>
i) Stroke	<input type="radio"/>	<input type="radio"/>
j) Vision	<input type="radio"/>	<input type="radio"/>
k) Colonoscopy (if due)	<input type="radio"/>	<input type="radio"/>
3. Do you think the following will protect you from COVID-19?	NO	YES
a) Mask over mouth and nose	<input type="radio"/>	<input type="radio"/>
b) Social distancing	<input type="radio"/>	<input type="radio"/>
c) Vaccine	<input type="radio"/>	<input type="radio"/>
4. In the past 7 days, have you:	No	Yes
a) Participated in a physical activity?	<input type="radio"/>	<input type="radio"/>
b) Drank one or more alcoholic beverage/s? (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>
c) Used any form of tobacco? (cigarette, cigar, chew, snuff, e-cigarette, vape)	<input type="radio"/>	<input type="radio"/>
d) Used illegal drugs or misused medication(s)?	<input type="radio"/>	<input type="radio"/>

## BARRIERS TO HEALTH & HUMAN SERVICES

1. Which of the following are barriers for you to use existing health services?	NO	YES
---	----	-----

a) Deductible/Co-pay is too high	<input type="radio"/>	<input type="radio"/>
b) Doctor's office does not accept my insurance or Medicaid.	<input type="radio"/>	<input type="radio"/>
c) Lack of health insurance	<input type="radio"/>	<input type="radio"/>
d) Lack of transportation	<input type="radio"/>	<input type="radio"/>

## **EMERGENCY PREPAREDNESS**

The following are emergency preparedness issues that impact our community. Please give your opinion of their impact on your family and you.

1. How would you get information from authorities in a large-scale disaster or emergency? (Fill in the circle for **all that apply.**)

<input type="radio"/>	Church	<input type="radio"/>	Print Media	<input type="radio"/>	Television
<input type="radio"/>	Family/Friends	<input type="radio"/>	Radio	<input type="radio"/>	Other
<input type="radio"/>	Internet	<input type="radio"/>	Social Media		

2. Why would you **not evacuate** if asked to do so in the event of an emergency? (Fill in the circle for **all that apply.**)

<input type="radio"/>	Concern about Family Safety	<input type="radio"/>	Concern about Personal Safety	<input type="radio"/>	Lack of Transportation
<input type="radio"/>	Concern about Leaving Pets	<input type="radio"/>	Concern about Traffic Jams & Inability to Get Out	<input type="radio"/>	Lack of Trust in Public Officials
<input type="radio"/>	Concern about Leaving Property Behind	<input type="radio"/>	Health problems (could not be moved)	<input type="radio"/>	Nothing would prevent me from evacuating

**Thank you very much for participating in this very important community health assessment. If you are completing this online, please click on the submit button. If not, please return this completed survey to the receptionist.**

# FOCUS GROUP QUESTIONS

## 2021 Community Health Assessment Focus Group Questions

Group: \_\_\_\_\_ Date: \_\_\_\_\_

Welcome and purpose of this activity.

We would like your input and opinions on health concerns & community issues in Stanly County. Some information we will share is the most current ranking of the leading causes of death in Stanly County compared to the State. A list of the survey health, access to and community issues.

1. What do you think is(are) the most critical health issue(s) for Stanly County residents?  
Why?
2. What resources are available to address this health issue(s)?
3. What obstacles/barriers prevent this health issue from being addressed?
4. What do you think is(are) the most critical community issues for Stanly County residents?  
Why?
5. What resources are available to address this community issue(s)?
6. What obstacles/barriers prevent this community issue from being addressed?

# COMMUNITY RESOURCES

Resource	Access Information	Description of Service
<b>Abused/Neglected Adults</b>		
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 <a href="http://dss.stanlycountync.gov/">http://dss.stanlycountync.gov/</a>	DSS receives and evaluates reports of abuse, neglect, or exploitation of elderly or disabled adults
<b>Abused/Neglected Children</b>		
Butterfly House Children's Advocacy Center	923 N. Second Street, Suite 101 Albemarle, NC 28001 P.O. Box 1489 Albemarle, NC 28002-1489 980-323-4625 <a href="https://stanlyhealthfoundation.org/2017/03/29/cac-2/">https://stanlyhealthfoundation.org/2017/03/29/cac-2/</a>	Provides services for children suspected of being abused (physical, sexual, emotional) or neglected. Services include forensic interviews, certified medical exams, treatment and access to a victim advocate. A multidisciplinary approach is utilized.
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 <a href="http://dss.stanlycountync.gov/">http://dss.stanlycountync.gov/</a>	DSS is required by law to receive and investigate reports of abuse or neglect of children by parents or caretakers. Investigations of allegations of abuse or serious risk to a child are initiated within 24 hours. Referrals alleging neglect must be investigated within 72 hours.
<b>Adult Care Services</b>		
Community Adult Respite Experience (C.A.R.E.) CARE Café	1003 Meadow St. Albemarle, NC 28001 704-986-CARE (2273) Monday - Thursday 10:00 a.m. - 2:00 p.m. <a href="https://www.facebook.com/stanlylovesseniors/">https://www.facebook.com/stanlylovesseniors/</a>	Respite care for caregivers of older adults with cognitive or physical deficits which require supervision. Provides frail older adults socialization and intellectual stimulation. CARE Cafe' also connects families with community services.
Older Adult Services in Stanly County (O.A.S.I.S.)	172 N. Second St. Albemarle, NC 28001 P.O. Box 957 Albemarle, NC 28002-0957 704-983-6483 <a href="https://stanlyoasis.org/">https://stanlyoasis.org/</a>	Provides adults, 60 and older, with services to maintain their independence. Volunteers provide services that include transportation to medical appointment, yard work, minor home repairs, grocery trips, and medicine pick-up.
Stanly County Senior Services Department	283 N. Third St. Albemarle, NC 28001 704-986-3789 <a href="http://www.stanlycountync.gov/senior-services/">http://www.stanlycountync.gov/senior-services/</a>	Provides services to those 60 years and older. Services include information & assistance, nutrition (congregate and home delivered meals), family caregiver support and tax aides and Alzheimer's support group.
<b>Animals</b>		
Stanly County Animal Protective Services	1037 Coble Ave. Albemarle, NC 28001 704-986-3881 <a href="https://www.facebook.com/StannyCountyAPS/">https://www.facebook.com/StannyCountyAPS/</a>	Provides rabies control safety measures, trapping and sheltering dogs and cats. Adoption of stray dogs and cats. All services free except adoption and reclaiming.
Stanly County Humane Society, Inc.	2049 Badin Rd. Albemarle, NC 28001 704-983-SPAY (7729) <a href="https://stanlycountyhumanesociety.org/">https://stanlycountyhumanesociety.org/</a>	Non-profit animal rescue organization. Provides shots, tests, treatments, spaying/ neutering and micro chipping (dogs only) to improve animals' adoptability.
<b>Arts/Culture</b>		
Stanly County Arts Council	Agri-Civic Center 26032-G Newt Rd. Albemarle, NC 28001 704-982-8118 <a href="https://stanlycountyartscouncil.org/">https://stanlycountyartscouncil.org/</a>	Promotes cultural and educational activities in the arts throughout Stanly County.
Stanly County Arts Guild	330 N. Second St. Albemarle, NC 28001 704-983-4278 <a href="https://stanlyartsguild.com/">https://stanlyartsguild.com/</a>	Supports established artists and nurtures beginning artists. The public is introduced to artists' works, such as pottery, jewelry, stained glass items, paintings, photography, glass blown items, etc.
The Talent Company	140 W. Main St. Albemarle, NC 28001 P.O. Box 346 Albemarle NC 28002-0346 <a href="http://thetalentcompany.org/">http://thetalentcompany.org/</a>	Youth theater organization where youth are primarily responsible for all aspects of the theater production – acting, directing and designing.
Uwharrie Players	546 E. Main St. Albemarle, NC 28001 P.O. Box 131 Albemarle, NC 28002-0131 704-983-1020 <a href="http://www.uwharriplayers.org">www.uwharriplayers.org</a>	Non-profit organization that sponsors community theater productions.
<b>Children</b>		
Boy Scouts of America	32252 N.C. Hwy. 24/27 Albemarle, NC 28001 704-982-0141 <a href="http://www.centralnccouncilbsa.com">www.centralnccouncilbsa.com</a>	Programs offered to boys and girls 5 through 21 years of age. Programs include Cub Scouts, Boy Scouts, Venture and Explorer Programs. Programs include leadership, family, decision-making, outdoor programs, personal fitness and community service

Resource	Access Information	Description of Service
<b>Children continued</b>		
Girl Scouts – Hornets' Nest Council	7007 Idlewood Rd. Charlotte, NC 28212 704-731-6500 1-800-868-0528 (toll free) <a href="http://www.hngirlscouts.org/">www.hngirlscouts.org/</a>	Non-profit leadership organization for girls, grades K-12. Creates opportunities for girls to build courage, confidence & character through programs including community leadership, STEM, outdoor skills, financial literacy, healthy living.
Guardian ad Litem	201 S. Second St. Stanly County Courthouse Albemarle NC 28002 704-986-7103 <a href="http://www.volunteerforgal.com">www.volunteerforgal.com</a>	Serves as a child's advocate in court.
N.C. Cooperative Extension	26032-E Newt Rd. Albemarle, NC 28001 704-983-3987 <a href="http://www.stanly.ces.ncus.edu/">www.stanly.ces.ncus.edu/</a>	Provides programs to children on health, nutrition, physical activity, food safety and 4-H activities
Safe Kids Stanly County	1000 N. First St., Suite 8 Albemarle, NC 28001 P.O. Box 2264 Albemarle, NC 28002-2264 704-956-1526	Local coalition that implements/supports child safety programs in the community to prevent childhood injuries. These programs include bicycle, pedestrian, fire, water and safety seat safety issues.
Stanly County Family YMCA	427 N. First St. Albemarle, NC 28001 704-982-1916 <a href="http://www.stanlycountymca.org">www.stanlycountymca.org</a>	Community-based afterschool programs and summer camps (scholarships available). Fitness, swimming and playground facilities available.
Stanly County Partnership for Children (Smart Start)	Stanly Commons 1000 N. First St., Suite 8 Albemarle, NC 28001 704-982-2038 <a href="http://www.stanlypartnership.org/">http://www.stanlypartnership.org/</a>	Provides early childhood, ages 0-5, resources and materials; programs for parents and childcare resource and referrals.
Stanly County Public Library (Main)	133 E. Main St. Albemarle, NC 28001 704-986-3755 <a href="http://www.stanlycountylibrary.org">www.stanlycountylibrary.org</a>	Provides children's story time – Wednesday at 10:00am. Child appropriate books, movies and internet access. Summer activities offered.
Stanly County Public Library Branches  Check for hours of operation at <a href="http://www.stanlycountylibrary.org/">http://www.stanlycountylibrary.org/</a>	Badin – 62 Pine St. Badin, NC 28009 704-422-3218  Locust – 186 Ray Kennedy Dr. Locust, NC 28097 704-888-0103  Norwood – 207 Pee Dee Ave. Norwood, NC 28128 704-474-3625  Oakboro – 214 S. Main St. Oakboro, NC 28129 704-485-4310	Provides eBooks, child appropriate books, movies, magazines and internet access. Summer activities offered.  Check with each library to see what in person and/or online programming is being offered.
<b>Disabilities</b>		
Covenants Dream Center	2000 W. Main St., Unit C Albemarle, NC 28001	Provides services for adults with disabilities.
GHA Autism Supports	213 N. Second St. Albemarle, NC 28001 P.O. Box 2487 Albemarle, NC 28002-2487 704-982-9600 <a href="https://www.ghaautismsupports.org/">https://www.ghaautismsupports.org/</a>	Non-profit organization focused on individuals with the primary diagnosis of autism spectrum disorder by providing residential, day and community services; education, supported employment and in-home services.
Monarch	350 Pee Dee Ave. Albemarle, NC 28001 Toll free 1-866-272-7826 <a href="https://www.monarchnc.org/">https://www.monarchnc.org/</a>	Non-profit organization whose focus is supporting those with intellectual and development disabilities, mental illness and substance misuse issues. Services include supported, supervised, or group home living; respite; family support; advocacy; counseling; DWI; substance misuse and employment support.
N.C. Department of Health & Human Services - N.C. Division of Services for the Blind	5501 Executive Center Dr., Suite 102 Charlotte, NC 28121 Local – 704-563-4168 Toll free - 1-800-422-1895 <a href="https://www.ncdhhs.gov/divisions/services-blind">https://www.ncdhhs.gov/divisions/services-blind</a> <a href="https://www.ncdhhs.gov/divisions/services-blind/services-blind-district-offices">https://www.ncdhhs.gov/divisions/services-blind/services-blind-district-offices</a>	Provides advocacy and equipment to assist visually impaired to live independently, job training, medical eye care services and placement services.



Resource	Access Information	Description of Service
<b>Disabilities continued</b>		
Vocational Rehabilitation	702 Henson St. Albemarle, NC 28001 704-982-8124 <a href="http://www.dvr.dhhs.state.nc.us">www.dvr.dhhs.state.nc.us</a>	Provides job placement, functioning /skills assessments, guidance and counseling, restoration, training and post-employment support for those eligible. Eligibility includes physical, mental, learning disability or emotional impairment that affects employment status.
<b>Diseases</b>		
Alzheimer's Association Western Carolina Chapter	4600 Park Rd., Suite 250 Charlotte, NC 28209 980-498-7760 24/7 Helpline 1-800-272-3900 <a href="https://www.alz.org/northcarolina">https://www.alz.org/northcarolina</a>	Non-profit organization provides support, education and resources (including clinical trials) for families dealing with Alzheimer's disease.
American Cancer Society Charlotte Office	1901 Brunswick Ave., Suite 100 Charlotte, NC 28207 704-552-6147 <a href="http://www.cancer.org">www.cancer.org</a>	Non-profit organization whose focus is on cancer prevention, education, services, resources, research and advocacy
American Heart Association/American Stroke Association Charlotte Office	128 S. Tryon St. Charlotte, NC 28202 704-417-5785 <a href="https://www.heart.org/en/affiliates/north-carolina/charlotte">https://www.heart.org/en/affiliates/north-carolina/charlotte</a>	Non-profit organization whose focus is on the prevention of cardiovascular diseases and stroke through prevention, education, treatment and research.
American Lung Association in North Carolina Charlotte Office	401 Hawthorne Lane, Suite 110 980-237-6611 1-800-LUNGUSA (586-4872) alanc@lung.org <a href="http://www.lung.org/local-content/_content-items/about-us/local-associations-office/North-Carolina.html">www.lung.org/local-content/_content-items/about-us/local-associations-office/North-Carolina.html</a>	Non-profit organization whose focus is on improving lung health and preventing lung diseases through education, advocacy and research. Lung diseases include COPD, asthma, lung cancer and influenza.
Atrium Health Stanly	301 Yadkin St. Albemarle, NC 28001 980-323-4000 <a href="https://atriumhealth.org/locations/detail/atrium-health-stanly">https://atriumhealth.org/locations/detail/atrium-health-stanly</a>	Medical facility that provides health care services that include disease management, treatment, education and prevention. Diseases include cancer and diabetes.
Stanly County Health Department	Stanly Commons 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171 704-986-3099 (clinic appointment line) <a href="http://health.stanlycountync.gov/">http://health.stanlycountync.gov/</a>	Public health healthcare provider that offers services that includes immunizations, STD testing and treatment, HIV antibody testing, adult and child health clinical services, gynecological services (mammograms, pap smear and clinical breast exam) for women 50-64 years of age available free of charge – income eligibility and family planning and maternal health services available.
<b>Domestic Violence</b>		
Esther House	Office address: 313 N. Second St. Albemarle, NC 28001 P.O. Box 734 Albemarle, NC 28002-0734 704-961-7502 704-961-7500 (24-hour crisis line) <a href="https://estherhousecares.org/">https://estherhousecares.org/</a>	Non-profit organization that provides women who experienced domestic violence or sexual assault shelter, court advocacy, safety planning, parenting training, group counseling, education and resources.
<b>Education</b>		
Carolina Christian School	406 Renee Ford Rd. Locust, NC 28097 704-888-4332 <a href="http://www.carolinachristianschool.com">www.carolinachristianschool.com</a>	Private Christian-based education for grades K-12. Affiliated with Presbyterian Church. Coed.
Christ the King Christian Academy	210 N. Ferry Ave. New London, NC 28127 704-463-7285 <a href="https://ctkca.com/page/home">https://ctkca.com/page/home</a>	Private Christian-based education for grades K-12. Coed
Gray Stone Day School	49464 Merner Terrace Misenheimer, NC 28109 704-463-0567 <a href="http://www.graystoneday.org">www.graystoneday.org</a>	Public charter middle and high school, 6th-12th grade, located on Pfeiffer University campus.
Park Ridge Christian School	312 Park Ridge Rd. Albemarle, NC 28001 704-982-9798 <a href="http://parkridgechristianschool.org/">http://parkridgechristianschool.org/</a>	Private Christian-based education for grades K-8. Coed.

Resource	Access Information	Description of Service
<b>Education continued</b>		
Pfeiffer University	<p><u>Main Campus:</u> 48380 U.S. Hwy. 52 N. Misenheimer, NC 28109 1-800-338-2060 www.pfeiffer.edu</p> <p><u>Charlotte Campus:</u> 1515 Mockingbird Lane Charlotte, NC 28209 704-945-7320</p> <p><u>Albemarle Campus:</u> Center for Health Sciences 245 E. Main St. Albemarle, NC 28001 1-800-338-2060</p>	<p>Main campus offers traditional undergraduate degree programs.</p> <p>Graduate and School of Adult Studies available on Charlotte campus. Online courses available.</p> <p>Albemarle campus offers Master of Physician Assistant Studies and Master of Occupational Therapy programs.</p>
Save Our Children Albemarle Head Start	405 Davis St. Albemarle, NC 28001 910-294-6918	Federally funded program that promotes school readiness for low-income children, ages 3-5. Services include educational, nutritional, health and social.
Stanly Community College	<p><u>Albemarle campus:</u> 141 College Dr. Albemarle, NC 28001 704-991-0121</p> <p><u>Locust Campus:</u> Crutchfield Education Center 102 Stanly Parkway Locust, NC 28097 704-888-8848 www.stanly.edu</p>	<p>Albemarle campus offers Associate degrees, diplomas or certificates. Online courses available.</p> <p>Crutchfield Education Center offers Allied Health Programs.</p>
Stanly County NC Pre-Kindergarten	Partnership for Children 1000 N. First St., Suite 8 Albemarle, NC 28001 704-982-2038	State funded program for eligible four-year-old children the year before they enter kindergarten to increase their success in elementary school. These classes are located throughout the county in various child care facilities and 1 elementary school (all sites must be a 4- or 5- star center).
Stanly County Schools	Stanly Commons 1000 N. First St., Suite 4 Albemarle, NC 28001 704-961-3000 www.stanlyschools.org	Provides education opportunities, grades kindergarten through grade 12. Coed.
<b>Emergency Preparedness</b>		
Stanly County Emergency Management	201 S. Second St., #301 Albemarle, NC 28001 704-986-3660 <a href="http://www.stanlycountync.gov/emergency-management/">http://www.stanlycountync.gov/emergency-management/</a>	Responsible for disaster preparedness, response and recovery in Stanly County.
Stanly County Health Department	Stanly Commons 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171 <a href="http://health.stanlycountync.gov/">http://health.stanlycountync.gov/</a>	Preparedness Coordinator works with Stanly County Emergency Management staff to develop response plans to a natural or man-made event.
<b>Employment</b>		
Hire Dynamics	1954-B E. North St. Albemarle, NC 28001 704-983-3630 <a href="https://hiredynamics.com/locations/albemarle/">https://hiredynamics.com/locations/albemarle/</a>	Provides workers to employers who are seeking temporary, temporary-to-permanent or seasonal employees.
NCWorks Career Center	944 N. First St. Albemarle, NC 28001 704-982-2183 www.ncworks.gov	A state agency formerly known as the Employment Security Commission that assists job seekers with employment opportunities, career development, and training. Connects businesses with the talent they need and provides funding for hiring new employees. Programs are available for youth (16-24) and adults. There is no charge for these services.

Resource	Access Information	Description of Service
<b>Employment continued</b>		
Paramount Staffing	160 N. First St., #2 Albemarle, NC 28001 704-986-0447 <a href="https://www.paramountstaffing.com/">https://www.paramountstaffing.com/</a>	Provides workers to employers who are seeking temporary, temporary-to-permanent or seasonal employees.
Vocational Rehabilitation	702 Henson St. Albemarle, NC 28001 704-982-8124 <a href="https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/vocational-rehabilitation-local-offices">https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services/vocational-rehabilitation-local-offices</a>	Provides job placement, functioning /skills assessments, guidance and counseling, restoration, training and post-employment support for those eligible. Eligibility includes physical, mental, learning disability or emotional impairment that affects employment status.
<b>Financial Assistance</b>		
Gaston Community Action, Inc.-Stanly	507 Old Charlotte Rd. Albemarle, NC 28001 P.O. Box 914 Albemarle, NC 28002-0914 704-985-1928 <a href="http://www.gastonca.org/programs/community_service_block_grant/locations">http://www.gastonca.org/programs/community_service_block_grant/locations</a>	Provides funds for rent and utilities. Assists with money management skills. Must be working and income eligible.
Stanly Community Christian Ministries	506 S. First St. Albemarle, NC 28001 P.O. Box 58 Albemarle, NC 28002-0058 704-982-7915 <a href="https://www.sccmnc.org/">https://www.sccmnc.org/</a>	Provides financial assistance for utilities, rent, and some medications for those who are income eligible. Also operates the food pantry, Clothing Closet, Albemarle Community Table, Norwood Community Table and Richfield Community Table.
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 <a href="http://www.stanlydss.com">www.stanlydss.com</a>	Services include child care subsidies, emergency assistance (families with child under 21 years of age) and food stamps. Manages Medicaid or N.C. Health Choice for Children, Carolina ACCESS, and child support.
West Stanly Christian Ministries	100 S. Love Chapel Rd. Stanfield, NC 28163 704-888-6406 <a href="http://www.weststanlychristian.com/">http://www.weststanlychristian.com/</a>	Provides financial assistance for food, services and clothing closet. Also has a Thrift Store.
<b>Healthcare/Urgent Care</b>		
Albemarle Pediatrics	1420 U.S. Hwy. 52, Suite A Albemarle, NC 28001 704-982-5437 <a href="http://www.albemarlepediatrics.com/">http://www.albemarlepediatrics.com/</a>	Provides comprehensive healthcare for newborns, children and adolescents.
Albemarle Women's Clinic	815 N. Third St. Albemarle, NC 28001 704-550-5260	Provides general gynecologic care, gynecologic surgery, infertility treatment and maternity care.
Atrium Health Gastroenterology & Hepatology	923 North Second St., Suite 204 Albemarle, NC 28001 980-323-5600 <a href="https://atriumhealth.org/locations/detail/atrium-health-gastroenterology-and-hepatology-stanly">https://atriumhealth.org/locations/detail/atrium-health-gastroenterology-and-hepatology-stanly</a>	Provides treatment for health conditions related to the esophagus, stomach, small intestine, large intestine and biliary system (e.g., liver, pancreas, gallbladder and bile ducts).
Atrium Health General Surgery	105 Yadkin St., # 203 Albemarle, NC 28001 980-323-5300 <a href="https://atriumhealth.org/locations/detail/atrium-health-general-surgery-albemarle">https://atriumhealth.org/locations/detail/atrium-health-general-surgery-albemarle</a>	Provides a comprehensive range of surgical services including colonoscopy, endoscopy, breast cancer surgery, vein surgery & wound care.
Atrium Health Levine Cancer Institute	945 N. Fifth St. Albemarle, NC 28001 980-323-7790 <a href="https://atriumhealth.org/locations/detail/levine-cancer-institute-albemarle">https://atriumhealth.org/locations/detail/levine-cancer-institute-albemarle</a>	Services provided include: Hematology Medical oncology (cancer) Gynecology oncology
Atrium Health Musculoskeletal Institute Orthopedics & Sports Medicine	105 Yadkin St., Suite 101 Albemarle, NC 28001 980-323-5425 <a href="https://atriumhealth.org/locations/detail/atrium-health-musculoskeletal-institute-orthopedics-and-sports-medicine-albemarle">https://atriumhealth.org/locations/detail/atrium-health-musculoskeletal-institute-orthopedics-and-sports-medicine-albemarle</a>	Provides orthopedic care that includes innovative and effective surgical and nonsurgical treatment for a wide range of orthopedic conditions.

Resource	Access Information	Description of Service
<b>Healthcare/Urgent Care continued</b>		
Atrium Health Primary Care Albemarle Family Medicine	105 Yadkin St., Suite 301 Albemarle, NC 28001 980-323-5360 <a href="https://atriumhealth.org/locations/detail/atrium-health-primary-care-albemarle-family-medicine">https://atriumhealth.org/locations/detail/atrium-health-primary-care-albemarle-family-medicine</a>	Provides health care specializing in the prevention, diagnosis, and treatment of acute and chronic illnesses in adults and children.
Atrium Health Primary Care Cabarrus Family Medicine	123 Professional Park Dr, Locust, NC 28097 704-403-6760 <a href="https://atriumhealth.org/locations/detail/atrium-health-primary-care-cabarrus-family-medicine-locust">https://atriumhealth.org/locations/detail/atrium-health-primary-care-cabarrus-family-medicine-locust</a>	Provides comprehensive healthcare for adults and children. Services include occupational healthcare, sports medicine, pediatric healthcare. X-rays and laboratory testing.
Atrium Health Pulmonology	929 N. Second St., Suite 205 Albemarle, NC 28001 980-323-5625 <a href="https://atriumhealth.org/locations/detail/atrium-health-pulmonology-albemarle">https://atriumhealth.org/locations/detail/atrium-health-pulmonology-albemarle</a>	Treats a wide range of lung conditions including asthma, cystic fibrosis, emphysema and lung cancer.
Atrium Health Sanger Heart & Vascular Institute	307 Yadkin St. Albemarle, NC 28001 980-323-6180 <a href="https://atriumhealth.org/locations/detail/sanger-heart-and-vascular-institute-albemarle">https://atriumhealth.org/locations/detail/sanger-heart-and-vascular-institute-albemarle</a>	Provides comprehensive treatment for a broad range of heart and vascular conditions, including: adult congenital heart disease, congestive heart failure, pulmonary hypertension, hypertrophic cardiomyopathy, heart attack, heart rhythm disorders, heart valve disease & vascular disease.
Atrium Health Stanly	301 Yadkin St. Albemarle, NC 28001 980-323-4000 <a href="https://atriumhealth.org/locations/detail/atrium-health-stanly">https://atriumhealth.org/locations/detail/atrium-health-stanly</a>	Provides hospital services that include: inpatient/outpatient surgery, rehabilitation, & behavioral health; imaging services; emergency department, disease management (including diabetes, heart disease, weight management, smoking) and health promotion services.
Atrium Health Stanly <b>Urgent Care</b> - Albemarle	703 Leonard Ave. Albemarle, NC 28001 704-550-0050 <a href="https://atriumhealth.org/locations/detail/atrium-health-urgent-care-albemarle">https://atriumhealth.org/locations/detail/atrium-health-urgent-care-albemarle</a>	Provides services for conditions that need immediate attention. These conditions include: sprains; strains; fractures; minor cuts and burns; removal of foreign objects from the ear, nose or skin; allergies; sore throats; ear infections; colds; flu and immunizations.
Atrium Health Women's Care Stanly	105 Yadkin St., Suite 102 Albemarle, NC 28001 980-323-5330 <a href="https://atriumhealth.org/locations/detail/atrium-health-womens-care-stanly-obgyn">https://atriumhealth.org/locations/detail/atrium-health-womens-care-stanly-obgyn</a>	Provides general gynecologic care, gynecologic surgery, infertility treatment and maternity care.
Atrium Health Stanly Wound Care	303 Yadkin St., Suite A Albemarle, NC 28001 980-323-4388 <a href="https://atriumhealth.org/locations/detail/atrium-health-stanly-wound-care">https://atriumhealth.org/locations/detail/atrium-health-stanly-wound-care</a>	Provides wound care treatment. The most up-to-date approaches to wound healing are used and they are current in new scientific advances.
Central Carolina Medical Associates – Dr. Philip Veatch	1908 Hilco St., #B Albemarle, NC 28001 704-983-3855	Family medical practice.
Charlotte Eye, Ear, Nose and Throat Associates	1908 Hilco St., Suite A Albemarle, NC 28001 704-983-5350 <a href="https://www.ceenta.com/locations/albemarle">https://www.ceenta.com/locations/albemarle</a>	Provides care for the ear, nose and throat.
(John P. Murray) Community Care Clinic	303 Yadkin St., Suite C Albemarle, NC 28001 980-323-4668 <a href="https://communitycareclinicalbemarle.org/">https://communitycareclinicalbemarle.org/</a>	Provides primary medical care and medication assistance to low-income uninsured adults, ages 18-64, who are residents of Stanly County.
Dermatology & Skin Surgery Center	1007 N. Sixth St. Albemarle, NC 28001 704-982-8410 <a href="https://carolinahealthyskin.com/albemarle-stanly-county-office/">https://carolinahealthyskin.com/albemarle-stanly-county-office/</a>	Provides diagnose and treatment of skin diseases
First Care Medical Clinic	1426 E. Main St. Albemarle, NC 28001 704-982-0950 <a href="https://www.firstcarecanhelp.com/locations/albemarle-nc/">https://www.firstcarecanhelp.com/locations/albemarle-nc/</a>	Provides primary care for children and adults. Provides urgent care. Walk-ins welcomed.
Novant Health Lakeside Primary Care - Locust	236 Market St., #110 Locust, NC 28097 (704) 384-9590 <a href="https://www.nhlakesideprimarycare.org/locations--hours.aspx">https://www.nhlakesideprimarycare.org/locations--hours.aspx</a>	Practices family medicine.

Resource	Access Information	Description of Service
<b>Healthcare/Urgent Care continued</b>		
Dr. Kenneth Shank	301 Yadkin St. Albemarle, NC 28001 980-323-4000	Family medical practice that provides health care specializing in the prevention, diagnosis and treatment of acute and chronic illnesses in adults and children.
Revelstone Family Practice – Dr. Edward Kepp	319 Yadkin St. Albemarle, NC 28001 (704) 986-3901 <a href="https://www.healthgrades.com/physician/dr-edward-kepp-xrr69">https://www.healthgrades.com/physician/dr-edward-kepp-xrr69</a>	Family medical practice that provides health care specializing in the prevention, diagnosis and treatment of acute and chronic illnesses in adults and children.
Roy M. Hinson Cancer Center/Atrium Health Levine Cancer Institute	945 N. Fifth St. Albemarle, NC 28001 980-422-2000 <a href="https://atriumhealth.org/locations/detail/roy-m-hinson-cancer-center">https://atriumhealth.org/locations/detail/roy-m-hinson-cancer-center</a>	Provides radiation treatment to cancer patients. Partners with Levine Cancer Institute to provide cancer treatments, including chemotherapy services.
Dr. Leonard Saltzman	1420 U.S. Hwy. 52, Suite G Albemarle, NC 28001 704-982-9877 <a href="https://www.leonardsaltzmanmd.com/">https://www.leonardsaltzmanmd.com/</a>	Family medical practice that provides health care specializing in the prevention, diagnosis and treatment of acute and chronic illnesses in adults and children.
Dr. Harold Samuel	606 N. First St., Suite G Albemarle, NC 28001 704-983-1241	Practices internal medicine that provides health care to adults. Health care includes the prevention, diagnosis and treatment of adult diseases.
Southeastern Pain & Spine Care	929 N. Second St., Suite 101 Albemarle, NC 28001 704-377-7246 <a href="https://www.sepainandspinecare.com/">https://www.sepainandspinecare.com/</a>	Utilizes non-surgical treatments for chronic and acute pain management.
Stanly County Dental Clinic	Stanly Commons 1000 N. First St., Suite 3 Albemarle, NC 28001 704-986-3845 <a href="http://health.stanlycountync.gov/dental-clinic/">http://health.stanlycountync.gov/dental-clinic/</a>	Provides dental care for children through age of 18 on Medicaid, N.C. Health Choice, are at or below 100% of the Federal poverty level or covered by private insurance. Services include exams, cleaning, sealants and extractions.
Stanly County Health Department	Stanly Commons 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171 704-986-3099 (clinic appointment line) <a href="http://health.stanlycountync.gov/">http://health.stanlycountync.gov/</a>	Provides infant, children and adult health care; services include family planning; prenatal; immunizations; women, infant & children (WIC); pregnancy testing; sexually transmitted diseases; HIV antibody testing and lice checks.
<b>Homelessness/Housing</b>		
City of Albemarle Department of Public Housing	300 S. Bell St. Albemarle, NC 28001 704-984-9580 <a href="http://www.albemarlenc.gov/departments/public-housing">http://www.albemarlenc.gov/departments/public-housing</a>	Offers public housing to low- and moderate-income families. Section 8 (rental assistance) available.
Community Inn	510 S. First St. Albemarle, NC 28001 704-984-6454 <a href="http://homesofhopestanly.org/">http://homesofhopestanly.org/</a>	Emergency overnight shelter (6pm-7am daily). Open to the public for those in need of temporary overnight housing. Services include meals, showers and referrals. Operated by Homes of Hope, Inc.
Gaston Community Action, Inc.- Stanly	507 Old Charlotte Rd. Albemarle, NC 28001 704-985-1928 <a href="http://www.gastonca.org/programs/community_service_block_grant/locations">http://www.gastonca.org/programs/community_service_block_grant/locations</a>	Provides funds for rent and utilities. Assists with money management skills. Must be working and income eligible.
Habitat for Humanity	1506 U.S. Hwy. 24/27 Bypass W. Albemarle, NC 28001 704-985-1050 <a href="http://www.stanlyhabitat.org/">http://www.stanlyhabitat.org/</a>	Assists low-income people to become homeowners. Potential home owners work with community volunteers to build houses. Restore available to purchase furniture, home accessories and more.
Homes of Hope, Inc.	1816-B East Main St. Albemarle, NC 28001 704-982-3634 <a href="http://homesofhopestanly.org/">http://homesofhopestanly.org/</a>	Non-profit organization that operates a six-month program for homeless families, as well as support services, advocacy and education to prevent and eliminate homelessness.
<b>Hospice</b>		
Hospice of Stanly County & the Uwharrie (Albemarle)	960 N. First St. Albemarle, NC 28001 704-983-4216 <a href="http://www.hospiceofstanly.org">www.hospiceofstanly.org</a>	Provides physical, emotional, and spiritual support for those with a life expectancy of six months or less. Services include nursing, counseling, respite and payment for medicine/equipment.

Resource	Access Information	Description of Service
<b>Hospice continued</b>		
Community Home Care & Hospice (Troy)	1024 Albemarle Rd., #904 Troy, NC 27371 (910) 576-0023 <a href="https://www.communityhch.com/locations/community-home-care-hospice-troy/">https://www.communityhch.com/locations/community-home-care-hospice-troy/</a>	Provides physical, emotional and spiritual support for those facing a life-limiting illness. Works with local health care providers to provide a hospice care plan.
<b>Mental Health</b>		
Affirmed Counseling	323 Yadkin St. Albemarle, NC 704-550-5781	Provides mental health counseling services to individuals, families, children and adults.
Atrium Health Behavioral Health Psychiatry & Counseling	923 N. Second St., Suite 105 Albemarle, NC 28001 704-403-1877 <a href="https://atriumhealth.org/locations/detail/atrium-health-behavioral-health-psychiatry-and-counseling-albemarle">https://atriumhealth.org/locations/detail/atrium-health-behavioral-health-psychiatry-and-counseling-albemarle</a>	Services address:  Alcohol and substance misuse for adults Anger control problems Anxiety/panic disorders Depression Attention deficit disorder Borderline personalities Child behavior issues Chronic illness Dementia Marital/relationship problems Post-traumatic stress disorder Psychotic disorders Stress
Creative Counseling and Learning Solutions	2620 West Main St. Albemarle, NC 28001 980-581-8144 <a href="https://www.creativecounselingandlearningsolutions.com/">https://www.creativecounselingandlearningsolutions.com/</a>	Provides a wide range of outpatient counseling services for children, adolescents, individuals, couples and families. These services include grief, family and couple counseling; depression and anxiety therapy; trauma related concerns and more.
Daymark Recovery Services	Stanly Commons 1000 N. First St., Suite 1 Albemarle, NC 28001 704-983-2117 <a href="http://www.daymarkrecovery.org/">http://www.daymarkrecovery.org/</a>	Provides outpatient treatment to adults and children/adolescents for substance misuse disorders and/or mental health disorders. Also provides referral and psychiatric services.
Journey Counseling Services	124 E. North St. Albemarle, NC 28001 704-985-1088	Provides mental health counseling services to children and adults.
Mary & Martha Center for Women	138 W. South St. Albemarle, NC 28001 P.O. Box 645 Albemarle, NC 28002-0645 <a href="https://www.themaryandmartha.com/">https://www.themaryandmartha.com/</a>	Nonprofit that provides women and their families who are undergoing a crisis counseling services that combine one's personal faith and spirituality with clinical psychological modalities.
Monarch	350 Pee Dee Ave., Suite A Albemarle, NC 28001 Local: 704-986-1500 Toll free: 1-866-272-7826 <a href="https://monarchnc.org/service-locations/stanly/">https://monarchnc.org/service-locations/stanly/</a>	Provides outpatient treatment to adults and/or children/adolescents experiencing substance misuse and/or mental health disorders. Other services provided include psychiatric services, assertive community treatment (for individuals with severe and persistent mental health disorders), in home therapy services (children/adolescents) and individual placement services (employment). Provides supervised home facilities for adults with intellectual and developmental disabilities.
<b>Miscellaneous</b>		
Chamber of Commerce	1000 N. First St., Suite 11 Albemarle, NC 28001 704-982-8116 <a href="https://stanlychamber.org/">https://stanlychamber.org/</a>	Offers services and information to local businesses. Networking opportunities and group purchasing discounts are provided. An advocate for economic growth, positive change and consensus-building.
Social Security Administration	202 Charter St. (Brookwood Executive Park) Albemarle, NC 28001 1-866-319-8268 <a href="http://www.ssa.gov/">www.ssa.gov/</a>	Assist with applications for initial entitlement to Medicare; general information about Medicare provisions; information and assistance with all Social Security related matters and applications for new/replacement Social Security cards.

Resource	Access Information	Description of Service
<b>Miscellaneous continued</b>		
Stanly County Economic Development Commission	1000 N. First St., Suite 11 Albemarle, NC 28001 704-986-3682 <a href="https://www.stanlyedc.com/">https://www.stanlyedc.com/</a>	Advocate for economic development in Stanly County. Resource for businesses locating or expanding Stanly County.
Stanly County Partners in Health	Stanly County Health Department 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171	Stanly County health coalition where the public and agency/organization/medical/ business /school/ church personnel collaborate to address local health and safety concerns. Meetings are open to everyone. Meets every other month.
Stanly County Public Library (Main)  Check for hours of operation at <a href="http://www.stanlycountylibrary.org/contact-us/">http://www.stanlycountylibrary.org/contact-us/</a>	133 E. Main St. Albemarle, NC 28001 704-986-3755 <a href="http://www.stanlycountylibrary.org">www.stanlycountylibrary.org</a>	Provides books for children and adults, magazines, newspapers and internet access.
Stanly County Public Library Branches  Check for hours of operation at <a href="http://www.stanlycountylibrary.org/contact-us/">http://www.stanlycountylibrary.org/contact-us/</a>	Badin – 62 Pine St. Badin, NC 28009 704-422-3218 Locust – 186 Ray Kennedy Dr. Locust, NC 28097 704-888-0103 Norwood – 207 Pee Dee Ave. Norwood, NC 28128 704-474-3625 Oakboro – 214 S. Main St. Oakboro, NC 28129 704-485-4310	Provides books for children and adults, magazines, newspapers and internet access.
United Way of Stanly County	427 N. First St. Albemarle, NC 28001 P.O. Box 1178 Albemarle, NC 28002-1178 704-982-6916 <a href="https://www.unitedwaystanly.org/">https://www.unitedwaystanly.org/</a> Located at Stanly County Family YMCA)	Local information and referral agency that financially supports 16 local agencies.
<b>Museums</b>		
Badin Museums	60 Falls Road Badin, NC 28009 704-422-6900 <a href="mailto:badinmuseum@windstream.net">badinmuseum@windstream.net</a>	The museums include the following: <ul style="list-style-type: none"> <li>• Historic Museum</li> <li>• Firehouse Museum</li> <li>• Quadroplex Museum</li> </ul>
Freeman-Marks House	112 N. Third Street Albemarle, NC 28001 <a href="https://stanlycountymuseum.com/freeman-marks-house/">https://stanlycountymuseum.com/freeman-marks-house/</a>	The Freeman–Marks house is the oldest public building in Stanly County.
Locust Historical Society & Museum	2884 Officer Jeff Shelton Park Dr. Locust, NC 28097 <a href="http://www.locustmuseum.com/index.html">http://www.locustmuseum.com/index.html</a>	Items on display include historical artifacts, photos and sports memorabilia.
Morrow Mountain Natural History Museum	49107 Morrow Mountain Rd. Albemarle, NC 28001 704-982-4402 <a href="https://visitstanly.com/wp-content/uploads/2021/08/travelguide2019.pdf">https://visitstanly.com/wp-content/uploads/2021/08/travelguide2019.pdf</a>	Provides an overview of the area's history, early inhabitants, pottery and mountain geology.
New London Museum	226 S. Main Street New London, NC 28127 704-463-5423 <a href="https://stanlycountymuseum.com/new-london-museum/">https://stanlycountymuseum.com/new-london-museum/</a>	Items on display include local historical photographs and artifacts.
Norwood Museum	205 Pee Dee Avenue Norwood, NC 28128 P. O. Box 311 Norwood, NC 28128 <a href="https://norwoodgov.com/norwood-museum/#:~:text=The%20Norwood%20Museum%20is%20located,same%20time%20as%20the%20library">https://norwoodgov.com/norwood-museum/#:~:text=The%20Norwood%20Museum%20is%20located,same%20time%20as%20the%20library</a>	Items on display include local history, school records and military history

Resource	Access Information	Description of Service
<b>Museums continued</b>		
Oakboro Museum	231 N. Main Street Oakboro, NC 704-485-4222 <a href="https://stanlycountymuseum.com/oakboro-museum/">https://stanlycountymuseum.com/oakboro-museum/</a>	Items on display include early American artifacts, early 1900 Stanly County map and local photos.
Snuggs House	112 N. Third Street Albemarle, NC 28001 <a href="https://stanlycountymuseum.com/snuggs-house/">https://stanlycountymuseum.com/snuggs-house/</a>	The Snuggs House is "the oldest dwelling in Albemarle" located on its original site.
Stanly County Museum/Stanly County History Center (part of the Stanly County Library)	157 N. Second Street Albemarle, NC 28001 704-986-3777 <a href="https://stanlycountymuseum.com/">https://stanlycountymuseum.com/</a>	This museum highlights the rich heritage of Stanly County through its collection of artifacts and sponsors special programming and collections throughout the year.
<b>Nutrition</b>		
Albemarle Community Table (SCCM)	512 S. First St. Albemarle, NC 28001 704-984-6825 <a href="https://www.sccmnc.org/community-table">https://www.sccmnc.org/community-table</a>	Serves lunch Monday –Sunday 11:00am-12:30pm
Albemarle Food Pantry (SCCM)	506 S. First St. Albemarle, NC 28001 704-982-7915 <a href="https://www.sccmnc.org/food-pantries">https://www.sccmnc.org/food-pantries</a>	Eligible residents can receive food support every 30 days. Must schedule an appointment.  Hours: Monday-Thursday 9am-4pm Friday 9:00am-11:30am
Grace Place	132 Church Street Albemarle, NC 28001 P.O. Box 2424 Albemarle, NC 28002-2424 980-581-8004	A faith-based ministry that serves the homeless and those struggling through the following services: breakfast (M-F at 7:30am-9:00am), dinner (Monday & Thursday at 6:00pm), devotions & Bible Study, harm reduction, peer assistance access, emergency food, hygiene items, washer/dryer access, document recovery assistance, job search assistance, warming/cooling station and makes referrals to appropriate governmental agencies/non-profits.
N.C. Cooperative Extension	26032-E Newt Rd. Albemarle, NC 28001 704-983-3987 <a href="http://www.stanly.ces.ncsu.edu/">www.stanly.ces.ncsu.edu/</a>	Provides programs to children on health, nutrition, physical activity, food safety and 4-H activities
Norwood Community Table (SCCM)	227 N. Kendall St. Norwood, NC 28128 704-474-9085 <a href="https://www.sccmnc.org/community-table">https://www.sccmnc.org/community-table</a>	Serves lunch Monday – Saturday; 11:15am-12:30pm
Norwood Food Pantry (SCCM)	247 W. Turner Ct. Norwood, NC 28128 704-982-7915 <a href="https://www.sccmnc.org/food-pantries">https://www.sccmnc.org/food-pantries</a>	Eligible residents can receive grocery support every 30 days. Walk-ins welcomed.  Hours: Monday 2:00pm-6:00pm
Richfield Community Table (SCCM)	Mt. Zion Lutheran Church 111 E. Church Street Richfield, NC 704-982-7915	Serves lunch Tuesday and Thursday 12pm-1pm
Stanly County Department of Senior Services	283 N. Third St. Albemarle, NC 28001 704-986-3789 <a href="http://www.stanlycountync.gov/senior-services/">http://www.stanlycountync.gov/senior-services/</a>	Nutrition sites provide a nutritious mid-day meal for seniors, 60 years and older, along with daily educational and recreational programs Monday through Friday at four sites in the county (Albemarle, Locust, Oakboro and Norwood). Home delivered meals and supplemental meals available.
Stanly County Department of Social Services (DSS)	Stanly Commons 1000 N. First St., Suite 2 Albemarle, NC 28001 704-982-6100 <a href="http://dss.stanlycountync.gov/">http://dss.stanlycountync.gov/</a>	Determines eligibility for and enrolls people in Food and Nutrition Services (formerly known as food stamps). Eligibility is based on income and reserve limits.
Stanly County Health Department	Stanly Commons 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171 <a href="http://health.stanlycountync.gov/">http://health.stanlycountync.gov/</a>	Women, Infant, and Children (WIC) Program provides food and nutrition education to low-income pregnant, postpartum, or breastfeeding women; infants and children to age five. Breastfeeding support is available from a Breastfeeding Peer Counselor or Lactation Educator.



Resource	Access Information	Description of Service
<b>Nutrition continued</b>		
Stanly County Schools	Stanly Commons 1000 N. First St., Suite 4 Albemarle, NC 28001 704-961-3000 <a href="https://www.stanlycountyschools.org/">https://www.stanlycountyschools.org/</a>	Provides nutrition sites during the summer months for children 1-18.
<b>Pregnancy</b>		
Pregnancy Resource Center of Stanly County	731 W. Main St. Albemarle, NC 28001 704-983-2100 <a href="http://www.prcstanly.com">www.prcstanly.com</a>	Provides support, comfort and education to those experiencing an unplanned pregnancy. Services include: pregnancy testing, counseling, prenatal education, parenting classes, baby clothes and items.
Stanly County Health Department	Stanly Commons 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171 704-986-3099 (clinic appointment line) <a href="http://health.stanlycountync.gov/">http://health.stanlycountync.gov/</a>	Provides infant, children and adult health care; Women, Infant, & Children (WIC) nutrition services; prenatal care; post-partum-newborn services; family planning services; case management services for Medicaid children, 0-5 years old and case management services for pregnant women.
<b>Recreation</b>		
Albemarle Parks and Recreation Department	1816-A E. Main St. Albemarle, NC 28001 704-984-9560 <a href="http://www.albemarlenc.gov/departments/parks-and-recreation">http://www.albemarlenc.gov/departments/parks-and-recreation</a>	Provides programs and facilities throughout Albemarle. Activities offered include swimming, sailing, disc golf, volleyball, basketball, baseball, and soccer for youth and adults including senior planning.
Darrell Almond Community Park	748 N. Main St. Norwood, NC 28128 704-474-3416 <a href="https://norwoodgov.com/parks-recreation/">https://norwoodgov.com/parks-recreation/</a>	Activities offered include fishing, walking trail, horseshoes, shuffleboard and picnic shelters.
Locust City Park/Officer Jeff Shelton Memorial Park	2884 Officer Jeff Shelton Memorial Dr. Locust, NC 28097 704-888-5260 Ext. 106 <a href="https://locustnc.com/facilitiesmap/">https://locustnc.com/facilitiesmap/</a>	Activities offered include basketball, soccer, tennis, softball and volleyball programs. Walking trails are available.
Morrow Mountain State Park	49104 Morrow Mountain Rd. Albemarle, NC 28001 704-982-4402 <a href="https://www.ncparks.gov/morrow-mountain-state-park/home">https://www.ncparks.gov/morrow-mountain-state-park/home</a>	Activities offered include fishing, canoeing and boating on Lake Tillery and the Yadkin/Pee Dee River; hiking and horseback riding. Cabins and camping sites are available.
New London Memorial Park	220 N. Main St. New London, NC 28127 704-463-5423 <a href="https://www.newlondonnc.org/new-london-park/">https://www.newlondonnc.org/new-london-park/</a>	Activities offered include a playground, walking trails, dog park and corn hole. Covered picnic areas available.
Richfield Community Park	245 N. Hwy. 49 Richfield, NC 27137 704-463-1308 <a href="https://northstanlytrailsandparks.org/richfield-parks-and-attractions/">https://northstanlytrailsandparks.org/richfield-parks-and-attractions/</a>	Activities offered include soccer fields, children's playground, picnic shelter, fishing ponds, disc golf and baseball fields.
Stanfield Parks and Recreation	103-101 Park Rd. Stanfield, NC 28163 704-888-2386 <a href="https://www.stanfieldnc.com/parks-recreation/">https://www.stanfieldnc.com/parks-recreation/</a>	Programs offered include baseball, softball, basketball programs. Tennis courts, playground and picnic shelter are available.
Stanly County Family YMCA	427 N. First St. Albemarle, NC 28001 704-982-1916 <a href="http://www.stanlycountyyymca.org">www.stanlycountyyymca.org</a>	Programs offered include fitness, swimming, aerobics and playground facilities available. Community-based afterschool programs and summer camps (scholarships available).
Town of Oakboro District Park	423 S. Main St. Oakboro, NC 28129 704-485-2182 <a href="https://oakboro.com/parks_recreation.html">https://oakboro.com/parks_recreation.html</a>	Activities offered include disc golf, soccer, workout stations, horseshoe pits, baseball, softball and hiking trails. There is an amphitheater and picnic shelters.
<b>Recycling/Environment</b>		
City of Albemarle Landfill	40592-B Stony Gap Road Albemarle, NC 28001 704-982-3302 <a href="https://www.albemarlenc.gov/departments/public-works/solid-waste-facility">https://www.albemarlenc.gov/departments/public-works/solid-waste-facility</a>	Accepts construction and demolition landfill, land/ yard waste, recycling programs for white goods/appliances, scrap tires, electronics and other items. It accepts waste from all of Stanly County. Check website to see what is acceptable.

Resource	Access Information	Description of Service
<b>Recycling/Environment continued</b>		
Stanly County Solid Waste Department – Convenient Centers	<p>Nine locations throughout Stanly County:  <a href="https://www.stanlycountync.gov/solid-waste-disposal/">https://www.stanlycountync.gov/solid-waste-disposal/</a></p> <p><b>5 Day Sites</b></p> <p>*Badin –  16 N.C. Hwy. 740  Badin, NC 28009  704-422-5018</p> <p>*Bethany –  34103 Bethany Rd.  Albemarle, NC 28001  704-982-4713</p> <p>*Corner Store –  8126 N.C. Hwy. 200  Stanfield, NC 28163  704-888-3620</p> <p>*Newt Road  26162 Newt Rd.  Albemarle, NC 28001  704-982-2645</p> <p>*Norwood  1009 Pee Dee Ave.  Norwood, NC 28128  704-474-3469</p> <p><b>4 Day Sites</b></p> <p>*Aquadale –  33235 S. Stanly School Rd.  Norwood, NC 28128  704-474-5341</p> <p>*Austin Road –  13106 Austin Rd.  Oakboro, NC 28129  704-485-8743</p> <p>*Millingport –  34877 Esther Rd.  Albemarle, NC 28001  704-982-4573</p> <p>*Richfield –  175 High Rock Rd.  New London, NC 28127  704-463-5404</p>	<p><b>5 Day Sites</b>  Closed Wednesdays and Sundays</p> <p>Open Monday, Tuesday, Thursday &amp; Friday  Hours of operation: 7:00am-6:00pm</p> <p>Open Saturday  Hours of operation: 7:00am-4:00pm</p> <p><b>4 Day Sites</b>  Closed Tuesdays, Wednesdays and Sundays</p> <p>Open Monday, Thursday &amp; Friday  Hours of operation: 7:00am-6:00pm</p> <p>Open Saturday  Hours of operation: 7:00am-4:00pm</p> <p><b>Recyclable Items</b>  All sites recycle: aluminum cans, newspaper, corrugated cardboard, plastic jugs &amp; bottles (please remove lids), steel cans, brown paper bags (without plastic handles), office paper, magazines, catalogues, telephone books, used motor oil and used oil filters and cooking oil</p> <p><b>Anti-Freeze</b>  Austin, Bethany and Newt Road locations only</p> <p><b>White goods/Electronics</b>  Newt Road location only</p> <p>White Goods include: washers, dryers, refrigerators, freezers and cook stoves.</p> <p>Electronics include: computers, monitors, keyboards, hard drives, laptops, modems, camcorders, DVD players, radios, tapes, VCRs, typewriters, cell phones, fax machines, telephones and TVs</p> <p><b>Household Hazardous Waste</b> collection held once a year in the early spring. Items accepted include old paints, automotive products, household cleaners, computers and fertilizers.</p>
Waste Management	1008 Old Charlotte Rd. Albemarle, NC 28001 704-982-1224 <a href="https://www.wm.com/">https://www.wm.com/</a> <a href="https://www.wm.com/us/en/location/nc/albemarle">https://www.wm.com/us/en/location/nc/albemarle</a>	Provides curbside solid waste (paper, plastic and metals) collection services for residents. Residential, yard and leaf waste. Appliances – call in basis.
<b>Substance Misuse</b>		
Alcoholics Anonymous	AA Meetings are held throughout Stanly County seven days a week. This website will guide you to one convenient for you to attend. <a href="https://45.aa-carolina.org/find-aa-meetings/">https://45.aa-carolina.org/find-aa-meetings/</a>	Fellowship of men and women whose goal is to help themselves and others to achieve and maintain sobriety.
Bridge to Recovery	7312 Hillford Rd. Oakboro, NC 28129 P.O. Box 322 Albemarle, NC 28002-0322 704-486-0203 <a href="https://www.thebridgetorecovery.org/">https://www.thebridgetorecovery.org/</a>	Offers inpatient drug and alcohol treatment for adult men and women and sober housing for men.
Clinical and Consulting Solutions, PLLC	245 Town Centre Dr. Locust, NC 28097 704-433-8064	Provides individual or family counseling. Services include assessment, substance misuse, stress management, grief counseling, depression/ anxiety, trauma and life coaching.
Daymark Recovery Services	Stanly Commons 1000 N. First St., Suite 1 Albemarle, NC 28001 704-983-2117 <a href="http://www.daymarkrecovery.org">www.daymarkrecovery.org</a>	Provides outpatient treatment to adults and children/adolescents for substance misuse disorders and/or mental health disorders. Also provides referral and psychiatric services.

Resource	Access Information	Description of Service
<b>Substance Misuse continued</b>		
Drug Drop Boxes	<p>Albemarle Police Department (24/7 drop off in lobby) 155 W. South St. Albemarle, NC 28001 704-984-9500</p> <p>Oakboro Police Department (drop off only during business hours) 109 N. Main St. Oakboro, NC 28129 704-485-4214</p> <p>Norwood Police Department (drop off only during business hours) 139 N. Main St. Norwood, NC 28128 704-474-3716</p>	Locations to drop off prescription drugs that are out-of-date or no longer needed.
Gateway of Hope Addiction Recovery Center	<p>Main Office Address: 46481 Campground Rd. New London, NC, 28127 Mailing Address: 44200 Yadkin Brick Rd. New London, NC, 28127</p>	Provides long term rehabilitation services for those who are seeking treatment for addiction.
Grace Place	<p>132 Church Street Albemarle, NC 28001 P.O. Box 2424 Albemarle, NC 28002-2424 980-581-8004</p>	A faith-based ministry that serves the homeless and those struggling through the following services: breakfast (M-F at 7:30am-9:00am), dinner (Monday & Thursday at 6:00pm), devotions & Bible Study, harm reduction, peer assistance access, emergency food, hygiene items, washer/dryer access, document recovery assistance, job search assistance, warming/cooling station and makes referrals to appropriate governmental agencies/non-profits.
Monarch	<p>350 Pee Dee Ave., Suite A Albemarle, NC 28001 Local: 704-986-1500 Toll free: 1-866-272-7826 <a href="https://www.monarchnc.org/">https://www.monarchnc.org/</a></p>	Provides outpatient treatment to adults and/or children/adolescents experiencing substance misuse. Other services provided include Medication Assisted Therapy (for opioid use disorder), DWI services, Outpatient Therapy for mental health issues, co-occurring capable therapy-simultaneously addressing substance use and mental health issues.
Narcotics Anonymous	<p>*Monday, Wednesday &amp; Saturday meetings @ 7:00pm (open to public) Christ Episcopal Church 428 Pee Dee Ave. Albemarle, NC 28001</p> <p>Tuesday 7:00pm (closed to public) * Thursday 7:00pm (open to public) First Methodist Church 509 N. First St. Albemarle, NC 28001 <a href="http://www.cma.org">www.cma.org</a></p>	<p>Community-based group counseling that assists those with (any) drug and/or alcohol addiction achieve and maintain sobriety.</p> <p>*Format for all are basic text except Tuesday meeting which is discussion/participation.</p>
Partners Health Management	<p>901 S. New Hope Road Gastonia NC 28054 1-877-864-1454 <a href="http://www.partnersbhm.org">www.partnersbhm.org</a></p>	The local management entity/managed care organization for Stanly County and other regions for mental health and substance use and developmental disability service providers. Partners assist with referrals, locating appropriate services and reporting concerns of quality of services.
Project Lazarus – Stanly County	<p>Stanly County Health Department 1000 N. First St., Suite 3 Albemarle, NC 28001 704-982-9171</p>	Stanly County coalition where the public and agency/organization/medical/ business /school/ church personnel collaborate to address local substance misuse needs, concerns and resources. Meetings are open to everyone. Meets every month.
Will's Place	<p>737 N.C. 24/27 Bypass East Albemarle, NC 28001 P.O. Box 1014 Albemarle, NC 28002-1014 980-581-8001 <a href="http://www.willsplacenc.org/">http://www.willsplacenc.org/</a></p>	Recovery resource center that provides treatment options and education & awareness programs. Advocated for people and families impacted by addiction.

Resource	Access Information	Description of Service
<b>Transportation</b>		
B & G Taxi	1970 E. Main St., Suite 7 Albemarle, NC 28001 704-982-8114	Provides taxi services.
Stanly County Umbrella Services Agency (SCUSA)	Stanly Commons 1000 N. First St., Suite 15 Albemarle, NC 28001 704-986-3790 <a href="http://www.stanlycountync.gov/transportation/">http://www.stanlycountync.gov/transportation/</a>	Provides community transportation services. Services are available on a first come/first serve basis. Schedule ride at least 24 hours in advance. Vehicles available to serve disabled.
<b>Veterans Services</b>		
W.G. (Bill) Hefner VA Medical Center	1601 Brenner Ave. Salisbury, NC 28144 1-800-706-9126 704-638-9000 <a href="https://www.va.gov/salisbury-health-care/">https://www.va.gov/salisbury-health-care/</a>	Services include the following primary health care, mental health, caregiver support, advanced low vision, extended care and rehabilitation, pharmacy, research, social work, specialty care and women's health.
Stanly County Veteran's Service Office	Stanly Commons 1000 N. First St., Suite 6 Albemarle, NC 28001 704-986-3694 <a href="https://www.stanlycountync.gov/veterans-services/">https://www.stanlycountync.gov/veterans-services/</a>	Assists veterans, their dependents and survivors, to apply for benefits and programs. Coordinates the claims process with the NC Division of Veterans Affairs & Veterans Administration