

2024 Community Health Needs Assessment

Wilkes County, North Carolina

Sponsored by



Atrium Health Wake Forest Baptist Wilkes Medical Center

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Introduction

Community Health Needs

This assessment was conducted on behalf of Atrium Health Wake Forest Baptist Wilkes Medical Center by PRC, Inc., a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

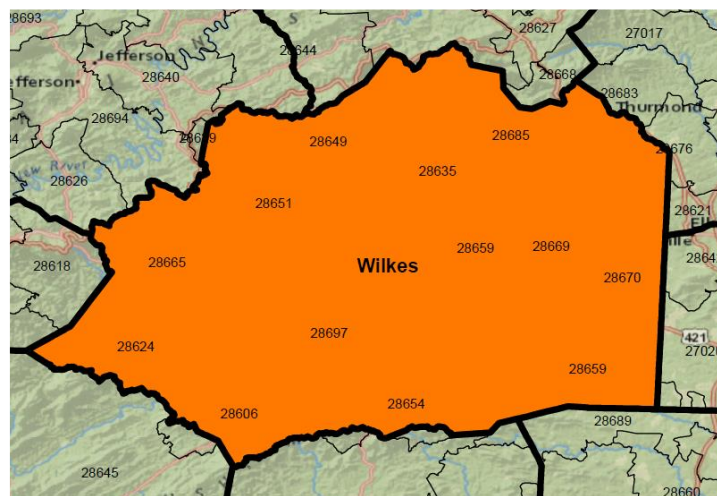
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Atrium Health and PRC.

Community Defined for This Assessment

The targeted population for this survey effort includes each of the ZIP Codes comprising Wilkes County, North Carolina, as outlined in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 201 individuals age 18 and older in Wilkes County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Wilkes County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

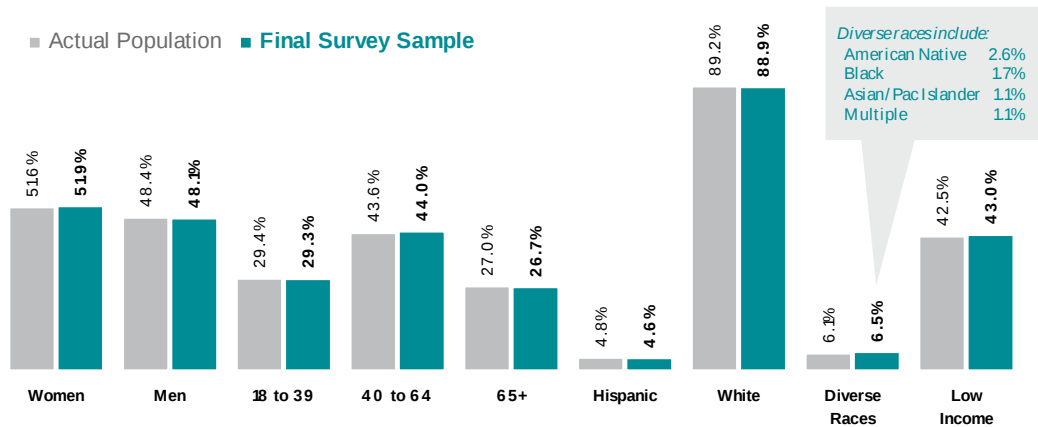
For statistical purposes, the maximum rate of error associated with a sample size of 201 respondents is $\pm 6.9\%$ at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Wilkes County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Wilkes County, 2024)



Sources: • US Census Bureau, 2016-2020 American Community Survey.

• 2024 PRC Community Health Survey, PRC, Inc.

Notes: • “Low Income” reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.

• All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. “Diverse Races” includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Atrium Health Wake Forest Baptist Wilkes Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 41 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Public Health Representatives	4
Other Health Providers	13
Social Services Providers	2
Other Community Leaders	22

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Although Atrium Health Wake Forest Baptist Wilkes Medical Center solicited input from physicians, none was received. Final participation included representatives of the organizations outlined below.

- ADAP
- Atrium Health Wake Forest Baptist Medical Center
- Atrium Health Wake Forest Baptist Wilkes Medical Center
- Blue Ridge Opportunity Commission, Inc.
- County Manager
- Daymark
- NC Office of Emergency Management
- North Wilkesboro Comprehensive Treatment Center
- The Health Foundation, Inc.
- The Ruby Pardue Blackburn Adult Day Health Care Center
- Town of North Wilkesboro
- Town of Wilkesboro
- Vaya Health
- Wilkes Chamber of Commerce
- Wilkes County Children's Developmental Services Agency
- Wilkes County Emergency Medical Services
- Wilkes County Health Department
- Wilkes County Library
- Wilkes County Schools
- Wilkes County Sheriff's Office
- Wilkes Fresh
- Wilkes Literacy
- Wilkes Partnership for Children
- Wilkes Public Health Dental Clinic
- Wilkes Recovery Revolution
- Wilkes YMCA
- Wilkes Youth Life Development
- YWCA High Point

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Wilkes County were obtained in collaboration with Metopio and draw from the following sources (specific citations are included with the graphs throughout this report):

- American Community Survey (ACS), U.S. Census Bureau
- Area Health Resources Files, Health Resources & Services Administration
- FBI Crime Data Explorer, Federal Bureau of Investigation
- Food Access Research Atlas, US Department of Agriculture (USDA) - Economic Research Service
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC)
- National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS)
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC)
- National Vital Statistics System-Nativity (NVSS-N), Centers for Disease Control and Prevention (CDC)
- Rural-Urban Continuum Codes, US Department of Agriculture (USDA) - Economic Research Service
- State Cancer Profiles, National Cancer Institute (NCI)

Benchmark Data

North Carolina Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.



Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Atrium Health Wake Forest Baptist Wilkes Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Atrium Health Wake Forest Baptist Wilkes Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Atrium Health Wake Forest Baptist Wilkes Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2022)		See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility		4
Part V Section B Line 3b Demographics of the community		25
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community		109
Part V Section B Line 3d How data was obtained		4
Part V Section B Line 3e The significant health needs of the community		10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs		11
Part V Section B Line 3h The process for consulting with persons representing the community's interests		6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		114

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Health Care Services	▪ Cost of Physician Visits ▪ Routine Medical Care (Adults) ▪ Ratings of Local Health Care
Cancer	▪ Leading Cause of Death ▪ Colorectal Cancer Screening
Diabetes	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Key Informants: <i>Diabetes</i> ranked as a top concern.
Disabling Conditions	▪ Multiple Chronic Conditions ▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths ▪ Caregiving
Heart Disease & Stroke	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ High Blood Pressure Prevalence
Injury & Violence	▪ Unintentional Injury Deaths ▪ Motor Vehicle Crash Deaths
Mental Health	▪ Diagnosed Depression ▪ Suicide Deaths ▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
Nutrition, Physical Activity & Weight	▪ Lack of Leisure-Time Physical Activity ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity ▪ Key Informants: <i>Nutrition, Physical Activity & Weight</i> ranked as a top concern.

—continued on the following page—

Areas of Opportunity (continued)	
Oral Health	▪ Dental Insurance Coverage ▪ Regular Dental Care [Adults]
Respiratory Disease	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Asthma Prevalence [Adults] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Use	▪ Alcohol-Induced Deaths ▪ Drug Overdose Deaths ▪ Key Informants: <i>Substance Use</i> ranked as a top concern.
Tobacco Use	▪ Cigarette Smoking ▪ Cigarette Smoking in the Home ▪ Use of Vaping Products ▪ Key Informants: <i>Tobacco Use</i> ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Use
2. Mental Health
3. Tobacco Use
4. Nutrition, Physical Activity & Weight
5. Diabetes
6. Access to Health Care Services
7. Heart Disease & Stroke
8. Cancer
9. Disabling Conditions
10. Oral Health
11. Injury & Violence
12. Respiratory Diseases

It is also important to note that [Social Determinants of Health](#) are a cross-cutting issue that impact all of the above and also ranked highly among key informants’ concerns.

Hospital Implementation Strategy

Atrium Health Wake Forest Baptist Wilkes Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

■ In the following tables, Wilkes County results are shown in the larger, teal column.

■ The columns to the right of the Wilkes County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Wilkes County compares favorably (**B**), unfavorably (**h**), or comparably (☞) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

Social Determinants of Health	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Population in Poverty (Percent)	22.5	h 12.8	h 12.6	h 8.0
High School Graduates (Age 25+, Percent)	79.6	 90.2	 89.6	
Unemployment Rate (Age 16+, Percent)	6.0	h 3.8	h 4.3	
% Unable to Pay Cash for a \$400 Emergency Expense	33.6		 34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	36.0		B 45.8	
% Unhealthy/Unsafe Housing Conditions	12.2		 16.4	
% Went Without Utilities in the Past Year	9.3			
Population With Low Food Access (Percent)	9.8	B 47.1	B 50.2	
% Food Insecure	31.0		B 43.3	

B



h

better

similar

worse

Overall Health	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030

% "Fair/Poor" Overall Health

26.2

h

18.5

h

15.7

B

better



similar

h

worse

Access to Health Care

Wilkes County

Wilkes County vs. Benchmarks

vs. NC

vs. US

vs.
HP2030

% [Age 18-64] Lack Health Insurance

9.7



12.7



8.1



7.6

% Difficulty Accessing Health Care in Past Year (Composite)

47.9



52.5

% Cost Prevented Physician Visit in Past Year

23.3

h

11.9



21.6

% Cost Prevented Getting Prescription in Past Year

21.6



20.2

% Difficulty Getting Appointment in Past Year

33.3



33.4

% Inconvenient Hrs Prevented Dr Visit in Past Year

11.5

B

22.9

% Difficulty Finding Physician in Past Year

24.5



22.0

% Transportation Hindered Dr Visit in Past Year

15.1



			18.3	
% Language/Culture Prevented Care in Past Year	1.2		B	
			5.0	
% Stretched Prescription to Save Cost in Past Year	19.4			
			19.4	
% Difficulty Getting Child's Health Care in Past Year	7.2			
			11.1	
% Have a Specific Source of Ongoing Care	72.4			h
			69.9	84.0
% Routine Checkup in Past Year	70.6	h		
		77.5	65.3	
% [Child 0-17] Routine Checkup in Past Year	96.3		B	
			77.5	
% Two or More ER Visits in Past Year	10.9			
			15.6	
% Rate Local Health Care "Fair/Poor"	18.4		h	
			11.5	

B

better



similar

h

worse

		Wilkes County vs. Benchmarks		
Cancer	Wilkes County	vs. NC	vs. US	vs. HP2030
Cancer Deaths per 100,000 (Age-Adjusted)	163.7			h
		154.5	149.4	122.7
% Cancer	6.7	B		
		12.1	7.4	

% [Women 50-74] Breast Cancer Screening	77.6	 79.1	B 64.0	 80.5
% [Women 21-65] Cervical Cancer Screening	65.8		 75.4	h 84.3
% [Age 50-75] Colorectal Cancer Screening	60.9	h 73.2	 71.5	h 74.4
		B better	 similar	h worse

Diabetes	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Diabetes Deaths per 100,000 (Age-Adjusted)	26.2	 24.4	h 22.1	
% Diabetes/High Blood Sugar	19.7	h 12.1	h 12.8	
% Borderline/Pre-Diabetes	12.1		 15.0	
Kidney Disease Deaths per 100,000 (Age-Adjusted)	15.1	 16.4	 12.9	
		B better	 similar	h worse

		Wilkes County vs. Benchmarks		
Disabling Conditions	Wilkes County	vs. NC	vs. US	vs. HP2030
% 3+ Chronic Conditions	46.3		h 38.0	
% Activity Limitations	30.9		 27.5	
% High-Impact Chronic Pain	32.2		h 19.6	h 6.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	52.2	h 37.3	h 30.8	
% Caregiver to a Friend/Family Member	31.0		h 22.8	
		B		h
		better	similar	worse

		Wilkes County vs. Benchmarks		
Heart Disease & Stroke	Wilkes County	vs. NC	vs. US	vs. HP2030
Heart Disease Deaths per 100,000 (Age-Adjusted)	186.1	h 156.2	 168.2	h 127.4
% Heart Disease	10.3			

		7.1	10.3	
Stroke Deaths per 100,000 (Age-Adjusted)	29.8	B 42.6	B 37.6	33.4
% Stroke	6.0	4.9	5.4	
% High Blood Pressure	53.7	h 34.7	h 40.4	h 42.6
% High Cholesterol	35.4		32.4	
% 1+ Cardiovascular Risk Factor	88.0		87.8	
		B better	similar	h worse

Infant Health & Family Planning	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% (W18-50 With Past Pregnancy) Experienced Complications	59.0			
% (W18-50 With Past Pregnancy) 1+ Pregnancy Did Not Result in Live Birth	46.1			
Low Birthweight (Percent of Births)	7.5	B 9.4	8.4	
		B better	similar	h worse

		Wilkes County vs. Benchmarks		
Injury & Violence	Wilkes County	vs. NC	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	71.2	h 58.6	h 52.4	h 43.2
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	19.1	h 14.5	h 11.5	h 10.1
Homicide Deaths per 100,000 (Age-Adjusted)	6.2	B 7.3	 6.4	 5.5
Violent Crimes per 100,000	235.0	B 405.1	B 380.7	
% Victim of Violent Crime in Past 5 Years	4.2		 7.0	
% Victim of Intimate Partner Violence	18.1		 20.3	

B

better



similar

h

worse

		Wilkes County vs. Benchmarks		
Mental Health	Wilkes County	vs. NC	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	25.8			

			24.4	
% Diagnosed Depression	32.7	h		
		21.7	30.8	
% Symptoms of Chronic Depression	40.7			
			46.7	
% Typical Day Is "Extremely/Very" Stressful	18.6			
			21.1	
Suicide Deaths per 100,000 (Age-Adjusted)	19.1	h	h	h
		13.4	13.8	12.8
% Receiving Mental Health Treatment	20.9			
			21.9	
% Unable to Get Mental Health Services in Past Year	7.2		B	
			13.2	
		B		h
		better	similar	worse

Nutrition, Physical Activity & Weight	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.8			
			30.0	
% No Leisure-Time Physical Activity	31.1	h		h
		23.1	30.2	21.8
% Meet Physical Activity Guidelines	22.4		h	h
		21.6	30.3	29.7
% [Child 2-17] Physically Active 1+ Hours per Day	40.7			
			27.4	

% Overweight (BMI 25+)	65.4	 69.3	 63.3	
% Obese (BMI 30+)	41.8	h 34.1	h 33.9	 36.0
		B better	 similar	h worse

Oral Health	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% Have Dental Insurance	63.9		h 72.7	h 75.0
% Dental Visit in Past Year	53.6	h 63.6	 56.5	B 45.0
% [Child 2-17] Dental Visit in Past Year	75.0		 77.8	B 45.0
		B better	 similar	h worse

Respiratory Disease	Wilkes County	Wilkes County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Lung Disease Deaths per 100,000 (Age-Adjusted)	66.6	h 43.9	h 40.2	
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	24.4	h 15.7	h 13.6	
% Asthma	15.8	h 9.2	 17.9	

% [Child 0-17] Asthma	13.2		 16.7	
% COPD (Lung Disease)	15.4	h 7.6	 11.0	
		B better	 similar	h worse

		Wilkes County vs. Benchmarks		
Sexual Health	Wilkes County	vs. NC	vs. US	vs. HP2030
Chlamydia Incidence per 100,000	279.6	B 603.3	B 495.5	
Gonorrhea Incidence per 100,000	127.6	B 271.2	B 214.0	
		B better	 similar	h worse

		Wilkes County vs. Benchmarks		
Substance Use	Wilkes County	vs. NC	vs. US	vs. HP2030
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	12.5	h 9.3	h 10.5	
% Excessive Drinking	11.5	B 17.9	B 34.3	
Drug Overdose Deaths per 100,000 (Age-Adjusted)	33.7	h 23.9	h 22.4	
% Used an Illicit Drug in Past Month	6.0		 8.4	



Data Charts & Key Informant Input

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to population and density.

Total Population
(Estimated Population, 2018-2022)

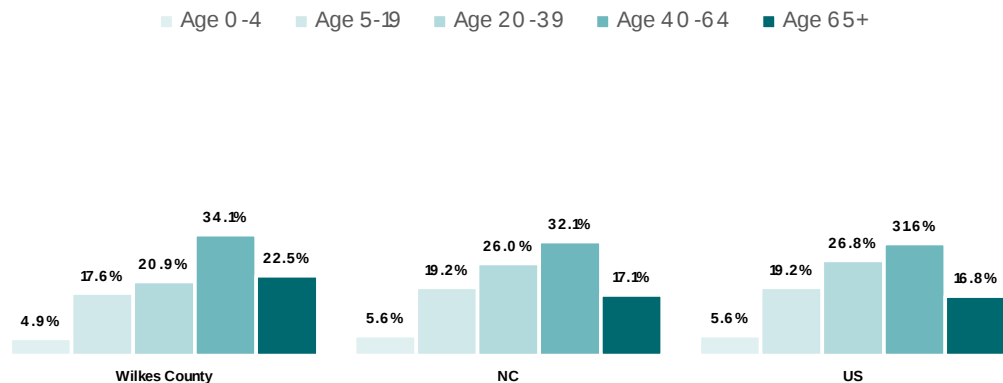
	Total Population	Population Density (per square mile)
Wilkes County	66,125	87.74
North Carolina	10,470,214	215.33
United States	331,097,593	93.62

Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups
(2020)



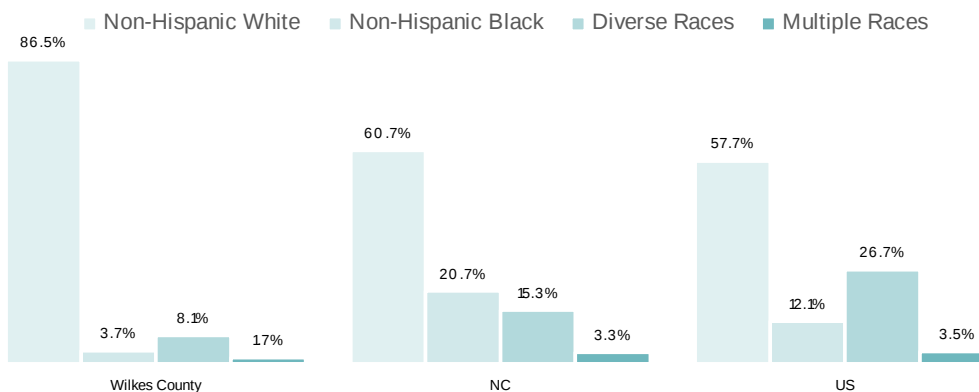
Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community.

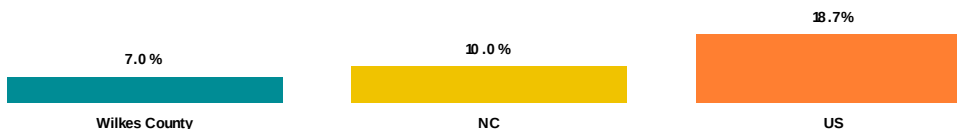
Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone (2018-2022)



Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
 Notes: • "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/ Pacific Islander, without Hispanic origin.
 • State and national percentages for non-Hispanic White are 2022 data.

Hispanic Population (2018-2022)



Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
 Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

About Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Income & Poverty

Poverty

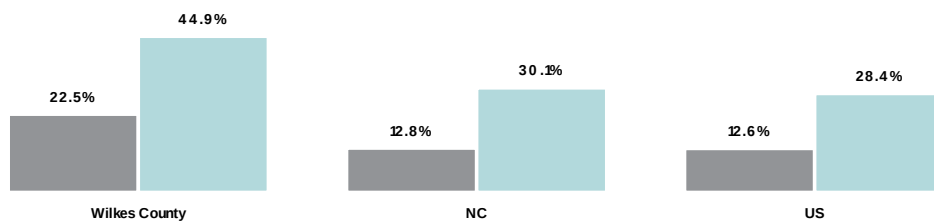
The proportions of our population living below, or just above, the federal poverty threshold in comparison to state and national proportions are shown below.

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

Percent of Population in Poverty (2018-2022)

Healthy People 2030 = 8.0 % or Lower Below Poverty

■ Below Federal Poverty Level ■ Below 200 % of FPL



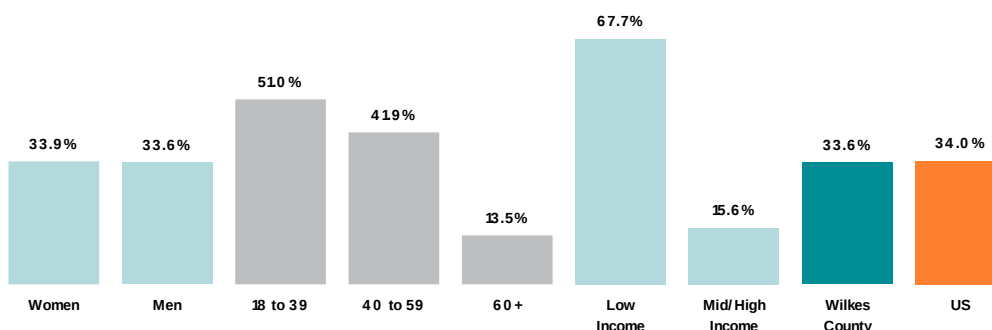
Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>.
Notes: • State and national percentages are 2022 data.

Financial Resilience

PRC Survey ► “Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?”

The following chart details “no” responses in Wilkes County in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, and income [based on poverty status]).

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Income & Race/Ethnicity

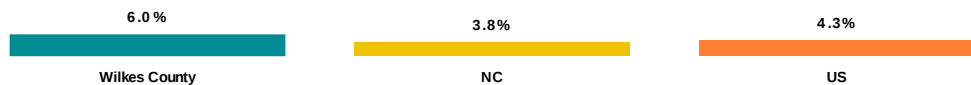
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at \$30,000 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

Employment

The following outlines the unemployment rate in Wilkes County during 2018-2022 in comparison to state and national unemployment.

Unemployment Rate (2018-2022)

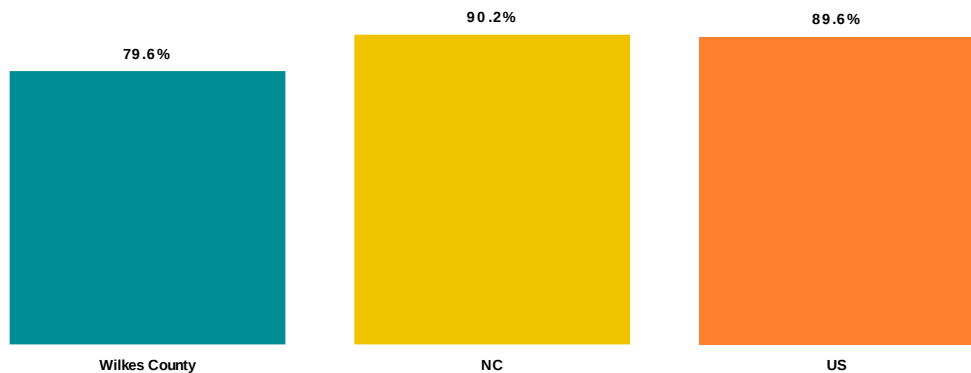


Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: • Percent of residents 16 and older in the civilian labor force who are actively seeking employment.
• State and national percentages are 2022 data.

Education

Education levels are reflected in the proportion of our population with high school diplomas. This indicator is relevant because educational attainment is linked to positive health outcomes.

Percent of High School Graduates (Adults Age 25 and Older with Diploma, GED or Higher Education; 2018-2022)



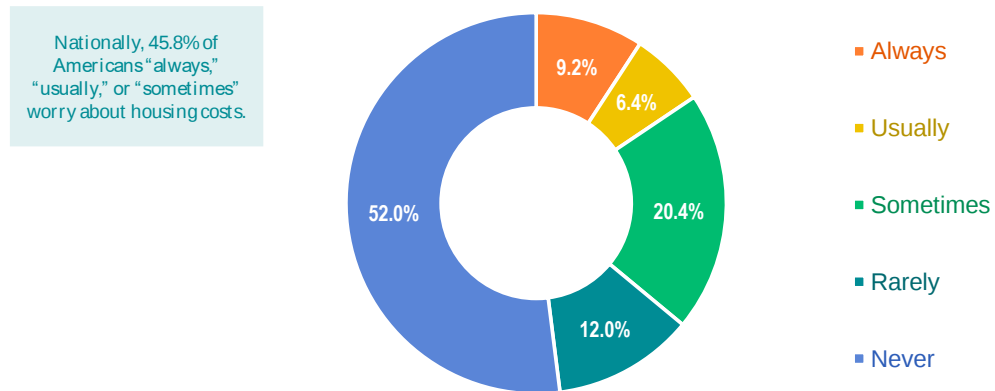
Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: • State and national percentages are 2022 data.

Housing

Housing Insecurity

PRC Survey ► “In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Wilkes County, 2024)



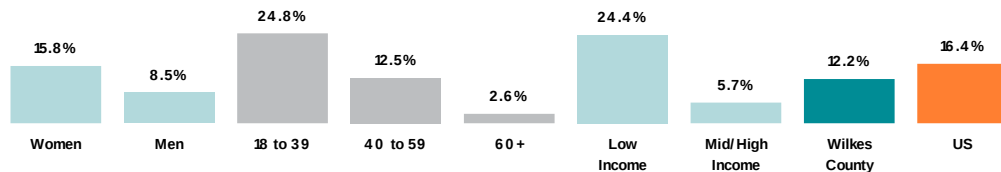
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing

PRC Survey ► “Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

Unhealthy or Unsafe Housing Conditions in the Past Year (Wilkes County, 20 24)

Among homeowners 4.4%
Among renters 22.4%



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
• 2023 PRC National Health Survey, PRC, Inc.

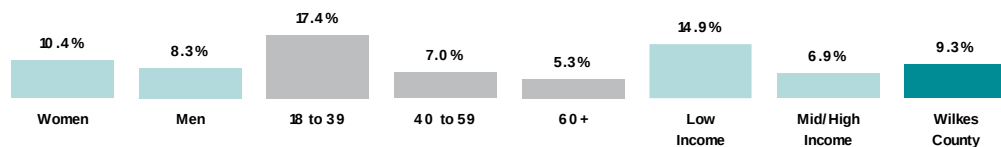
Notes: • Asked of all respondents.

• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Utilities

PRC Survey ► “Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?”

Went Without Electricity, Water, or Heating in Home at Some Point in the Past Year (Wilkes County, 20 24)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 30]

Notes: • Asked of all respondents.

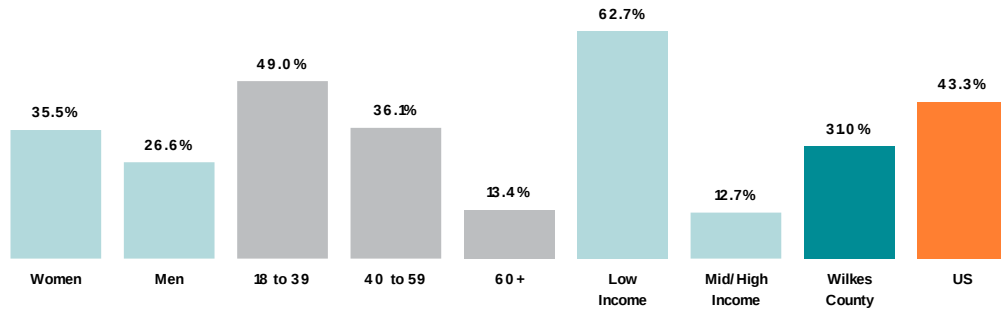
Food Insecurity

PRC Survey ► “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was ‘often true,’ ‘sometimes true,’ or ‘never true’ for you in the past 12 months.

- ‘I worried about whether our food would run out before we got money to buy more.’
- ‘The food that we bought just did not last, and we did not have money to get more.’”

Agreement with either or both of these statements (“often true” or “sometimes true”) defines food insecurity for respondents.

Food Insecurity (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

Note key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:

Perceptions of Social Determinants of Health as a Problem in the Community (Among Key Informants; Wilkes County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Housing

Housing and education are major concerns in our community. Affordable housing is almost nonexistent. And rising housing costs combined with high interest rates makes it even more difficult. Wilkes County (and NC) is also facing an imminent problem with a shortage of qualified teachers. I am afraid we are beginning a steady decline in the quality of public education and college readiness for students. Parents with access to additional resources will make up this gap, but lower income families will not be able to. – Community Leader

Our community is in a housing crisis. We need all levels of housing and currently have the highest number of people who are homeless in this area compared to other counties. Many of our current housing is substandard and we often see landlords who are unwilling to rent to families. Our school system is seeing a record high in children who are homeless. – Community Leader

Housing is a major concern for our community. – Community Leader

We continue to see very limited low-income housing availability in the county. It seems like all of the new construction caters to higher end incomes and nothing is being done to address the low-income housing needs of our residents. Many families with children are living in hotels/motels, which also adds to the stress levels of these families and exposes children to greater risk of crimes and human trafficking. We also need a homeless shelter for families, not just for individuals. – Community Leader

LIMITED HOUSING. – Community Leader

Housing is a MAJOR problem in Wilkes. We do not have housing that is affordable and reasonable for the average or low-income family. – Social Service Provider

There is a major lack of housing and affordable housing. This seems to be a significant driver of poor social determinants of health in Wilkes. There is also a lack of career opportunities and well-paying career opportunities. Transportation or lack thereof, is a contributor to poor social determinants of health outcomes. – Health Provider

Housing options are limited, and the majority of landlords do not take care of their properties the way I have seen in other states. Need more middle-income apartment complexes. Wilkes county doesn't appear to be able to keep up with the fast-changing pace of the world and its requirements - such as bringing reliable internet and cell phone service to all areas of the county, providing a safe and efficient public transportation system, and providing grants to local small businesses/nonprofits trying to help the residents of the county live better lives. – Community Leader

There is a lack of safe, affordable housing. Wages are lower than the state average and do not constitute a living wage. The combined cost of housing and transportation is astronomical. Educational attainment lags. – Community Leader

Income/Poverty

Rural low income. – Health Provider

Poverty, uninformed parents, illegal drug use, lack of housing, childcare. – Community Leader

High poverty levels, lack of affordable housing, minimal transitional housing, minimal public and other transportation. – Public Health Representative

The lack of higher paying jobs makes it so that people have higher stress levels and have to make "less healthy" choices when it comes to their lives such as food, exercise, etc. Lack of housing is driving of housing prices here so people are having to spend more money on housing that they could be spending on better food, doctors' visits, gym memberships, etc. A lack of education can affect someone in many ways, from healthy lifestyle to better job opportunities, and even awareness about the dangers of drugs and addiction. – Community Leader

Homelessness

I think homelessness is a form of a health issue. It continues to grow. Most of the help they receive is in the form of enabling. – Community Leader

There is a large group of homeless people that seems to be getting larger. Low-income families are unable to obtain proper housing due to the economy. Salaries in Wilkes are not the highest and people feel the sting of groceries getting higher and rental properties increasing fees, etc. People feel as if they can't live a good life due to all the monetary constraints due to SDOH. – Public Health Representative

Transportation

We have limited access to services due to barriers such as transportation. Our public transportation resource is not accessible or affordable and does not currently meet the needs of individuals in our community. A lack of housing, including shelters for the homeless, and access to affordable housing for those who do qualify or have an income to support housing needs. We are in a housing crisis in Wilkes County now and are suffering from not being able to meet the needs of our homeless population. Ultimately addressing these social determinants of health would require jobs paying a living wage, adequate income support for those who cannot work, affordable housing, and access to health care and transportation. Outside of this what resources we do have are not coordinated or connected. – Health Provider

We live in a county with a lack of transportation, housing and accessible services for our less fortunate. – Social Service Provider

Incidence/Prevalence

Wilkes suffers from food access, transportation barriers, income is below state. Basically, throw a rock in a SDOH bucket and Wilkes suffers from it. Also, affordable and stable housing is one of the biggest issues that we are facing at the current moment. – Public Health Representative

Due to COVID-19

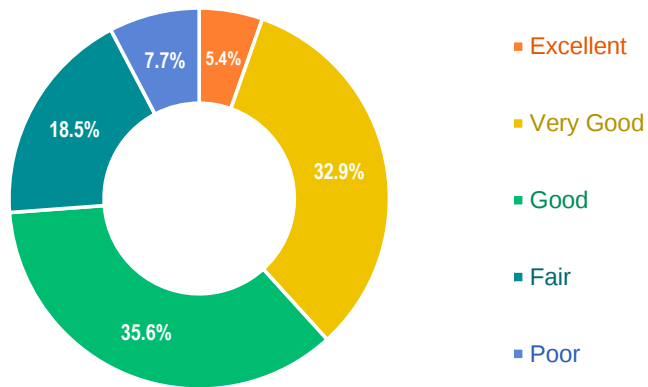
Since the COVID epidemic many people have become more stay at home even if they are able to get out. They choose not to attend church as they once did and therefore an increase in medical and mental health problems. Also, there are many widowed people who become ill shortly after their spouse has died probably due to grief and loneliness. – Health Provider

Health Status

Overall Health

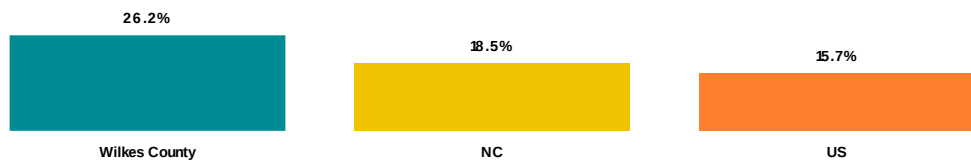
PRC Survey ► “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Wilkes County, 2024)



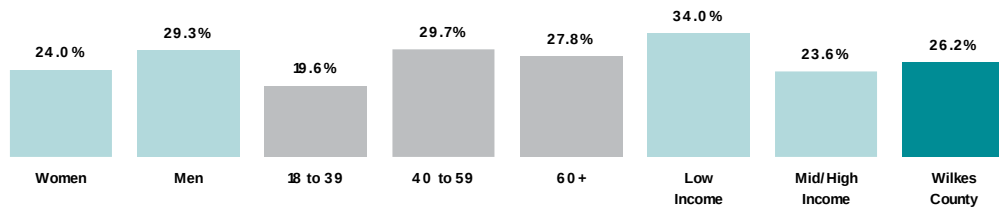
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Mental Health

About Mental Health & Mental Disorders

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

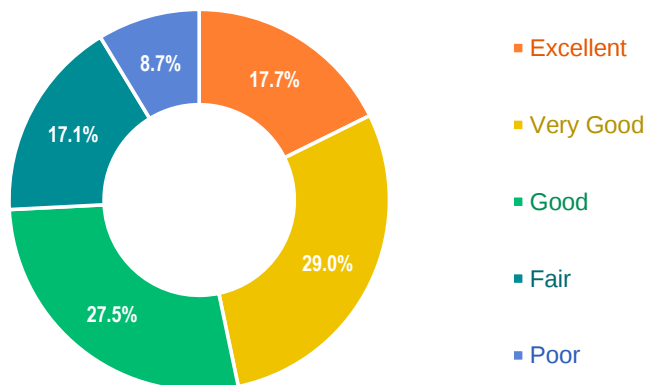
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

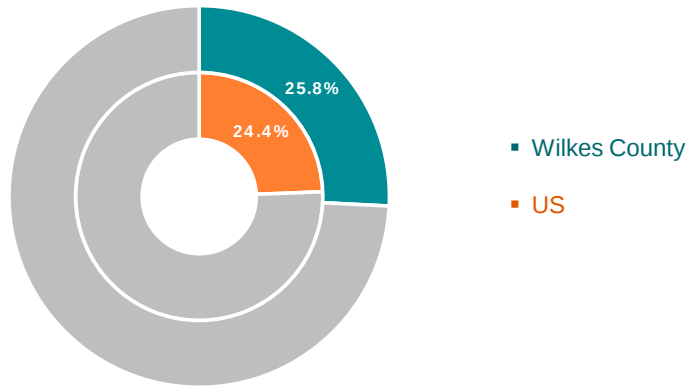
PRC Survey ► “Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status
(Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Mental Health



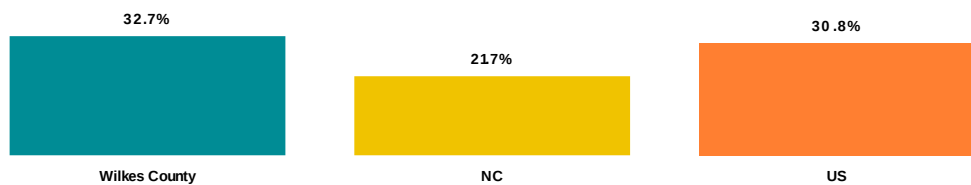
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Depression

Diagnosed Depression

PRC Survey ► “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

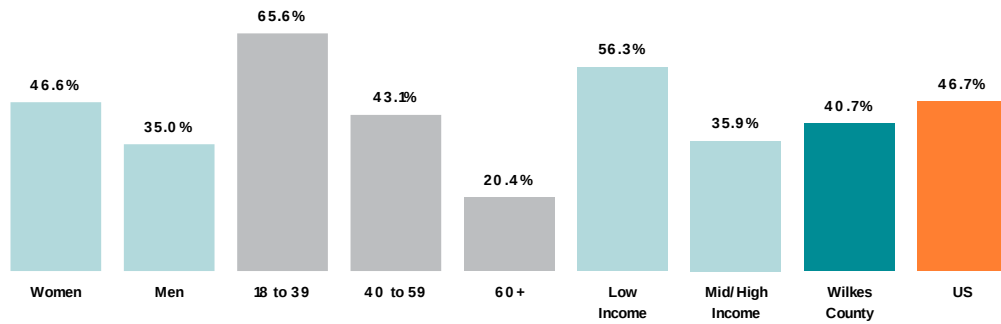


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

PRC Survey ► “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression (Wilkes County, 2024)



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

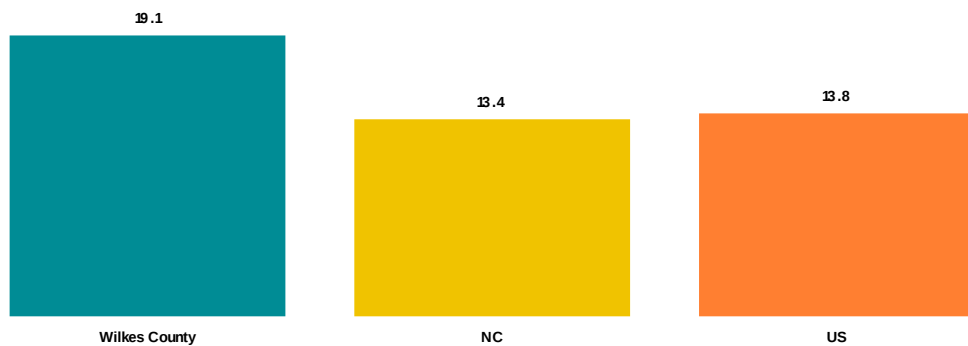
Notes:

- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

Age-adjusted mortality rates attributed to suicide in our population are illustrated below.

Suicide: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, North Carolina and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

PRC Survey ► “Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?”

Currently Receiving Mental Health Treatment

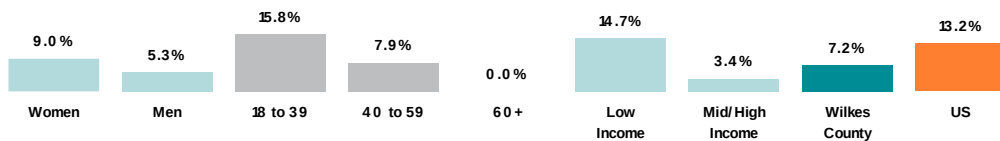


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

PRC Survey ► “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Note also the number of mental health providers (such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners specific to behavioral health) currently practicing in Wilkes County.

Unable to Get Mental Health Services When Needed in the Past Year (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
• National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS). Retrieved May 2024 via Metopio.
Notes: • Asked of all respondents.
• Number of mental health providers, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners specific to behavioral health.

In 2021, there were 145 mental health providers practicing in Wilkes County.

Note that the mental health provider count only reflects providers practicing in Wilkes County; it does not account for the potential availability of providers in surrounding areas.

Key Informant Input: Mental Health

Note key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental & Emotional Health as a Problem in the Community (Among Key Informants; Wilkes County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Limited resources, Emergency Department borders, limited to no mental health providers in county. – Public Health Representative

Access to care and adequate time invested in the care to help them past the hurdle of whatever issues they have going on. – Health Provider

Finding these patients sufficient and adequate help. – Health Provider

Access to care and the stigma surrounding mental health. No coverage for the cost of care. – Health Provider

Access to care. – Community Leader

Lack of available care, besides Daymark. – Health Provider

Access to care. There are always waiting lists for services. Access to psychiatrists for medication management for mental health conditions. – Community Leader

Back log of services, limited therapists, no treatment centers, lack of housing, public assistance that takes weeks to get an appointment, no emergency mental services, no long-term services. – Social Service Provider

Access to mental health services is limited in Wilkes. Often there is a waiting list to see a therapist. Almost a larger problem than therapists is the lack of psychiatrists to diagnose and prescribe appropriate medication. When someone has an urgent mental health issue and wants to go to an urgent care type of facility - they have to drive an hour either to Linville or to Winston. Our mobile crisis through Daymark covers many counties and is unable to respond quickly to mobile crisis calls. – Community Leader

Quick placement in a facility and/or lack of organizations to obtain mental health care. – Public Health Representative

Again, I believe less services are offered for this particular concern. – Community Leader

Lack of access to care and stigma related to receiving mental health care. – Community Leader

Access to resources. I do not believe that the general public is aware of the resources available. – Community Leader

Available mental health care. Wilkes is limited to mental health providers and there isn't a psychiatrist located in Wilkes. Transportation and affordability to and for individuals with mental health needs is a real challenge. Studies have proven that much of the substance use and the incarceration of repeated offenders is related to mental health illness. – Community Leader

Lack of Providers

Not enough providers. Again, local providers are overwhelmed. – Community Leader

Lack of providers to help serve those in need. Also, the stigma that is still prevalent in the community around the issue. – Public Health Representative

Denial/Stigma

Huge stigma issues. Cultural upbringing, not wanting to address out of fear or shame. Not talking about it openly. Very limited mental health professional availability, especially in psychiatry. The nearest one for me, based on insurance, is Winston-Salem. – Community Leader

Stigma and awareness of resources. – Health Provider

Incidence/Prevalence

I feel that mental health is an issue in our community. I do feel that great strides have been made in this area. Sometimes, I think people give up on life and don't care what they do or the consequences. In my opinion, a lot of this comes from our poverty level. People get down and don't care to get back up. – Community Leader

Alcohol/Drug Use

I believe that addiction issues, lack of economic opportunity, and lack of things to do in our community are major contributing factors for the poor mental health in Wilkes. – Community Leader

Alcohol and substance abuse. – Community Leader

Access for Medicare/Medicaid Patients

Lack of providers, specifically for those with Medicaid or who are uninsured. Currently, this population has access to Daymark, which is typically not an accessible option. Daymark has been unable to get individuals in to see a behavioral health provider/therapist for weeks, and this does not count seeing a doctor, which may take additional weeks. We also notice that the continuum of care is not fluent. There is a disconnect between law enforcement, mental health providers, and mobile crisis. We also see a lack of incorporating feedback from directly impacted people in service design; therefore, they are not met with the compassionate care needed to meet the specific needs of this population. We also believe that it should be necessary for clinicians, Law enforcement, and any other providers engaging this population to incorporate a peer support specialist or community health worker to engage, create connections, and bridge resource navigation for people with mental health issues. – Health Provider



Death, Disease & Chronic Conditions

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

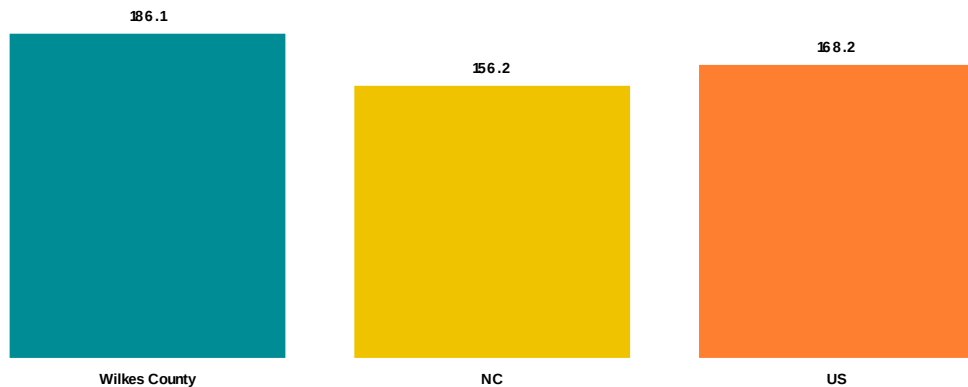
— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Heart Disease & Stroke Deaths

Age-adjusted mortality rates for heart disease and for stroke are illustrated below.

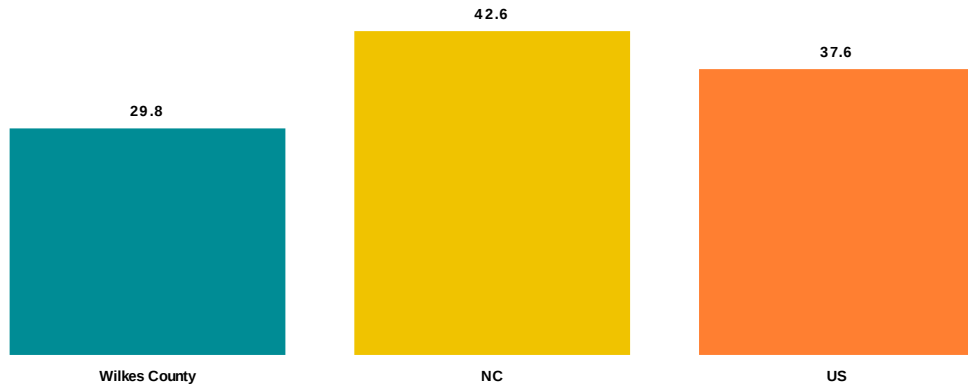
The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality
(2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower

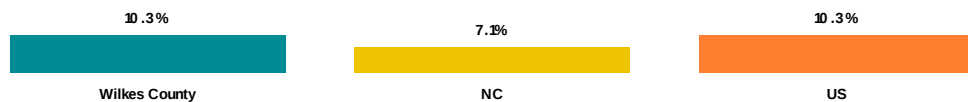


Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

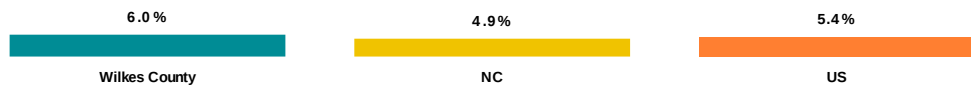
PRC Survey ► “Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

Prevalence of Heart Disease



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Cardiovascular Risk Factors

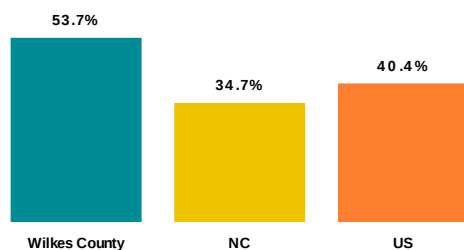
Blood Pressure & Cholesterol

PRC Survey ► “Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

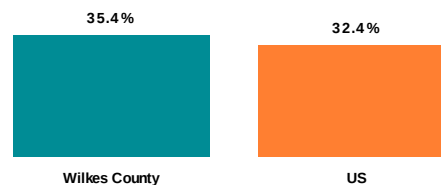
PRC Survey ► “Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

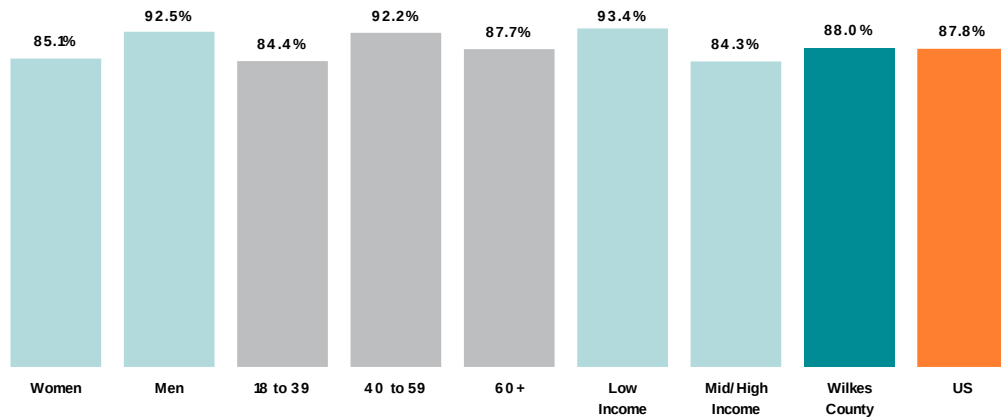
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
 See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

The following chart reflects the percentage of adults in Wilkes County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Exhibit One or More Cardiovascular Risks or Behaviors (Wilkes County, 20 24)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Note key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease & Stroke as a Problem in the Community (Among Key Informants; Wilkes County, 20 24)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lifestyle

Diets and willingness to make changes to foster healthier choices. – Community Leader

Cultural and generational habits. Lack of healthy nutrition and exercise choices. Lack of healthy eating out options. – Community Leader

The lack of healthy food in our community and the increased stress, along with drug use and alcohol abuse increase these odds. Along with obesity. – Health Provider

Uncontrolled high blood pressure, tobacco use, drug use and abuse, high fat diets, alcohol abuse, lack of exercise and family history. – Health Provider

Diet and lack of education on causes and treatment. – Health Provider

Incidence/Prevalence

Nationwide problem. – Community Leader

Based on health statistics, we are able to see that these rates are still high in our community. – Public Health Representative

Awareness/Education

I believe that a lack of knowledge on healthy lifestyle choices like diet and exercise coupled with a lack of "healthier" food options being served at local restaurants are major contributing factors to heart disease and stroke in our community. I also believe that we need more education on the benefits of stress reduction in regard to cardiovascular and total body health. – Community Leader

Vulnerable Populations

Numbers are up in the Black community. – Community Leader

Obesity

The obesity epidemic, I feel, is a huge factor. It is cheaper to eat fast food than to cook a healthy meal for a family of four. – Health Provider

Tobacco Use

Tobacco use and access to care. – Public Health Representative

Income/Poverty

High risk D/T, lower income rural area. – Health Provider



Cancer

About Cancer

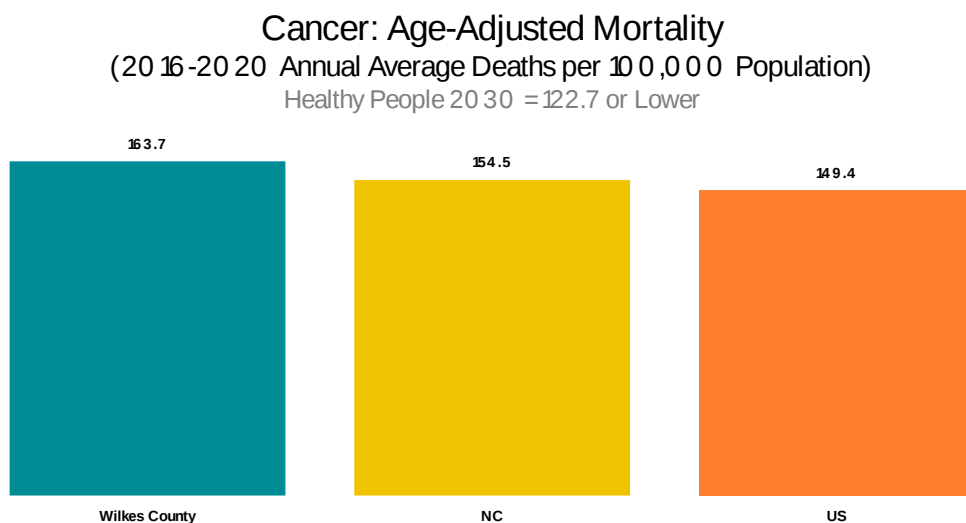
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

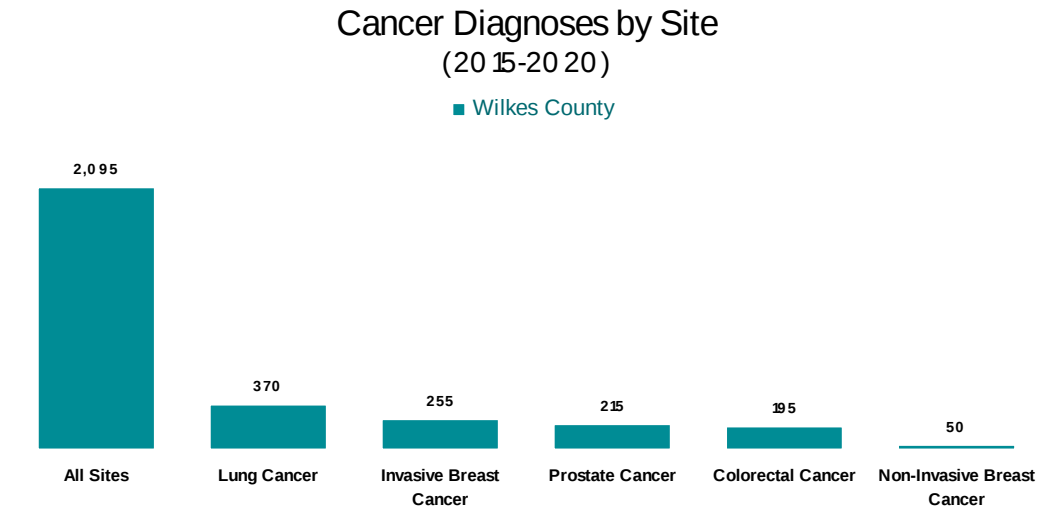
The chart below illustrates age-adjusted cancer mortality (all types) in Wilkes County.



- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Diagnoses

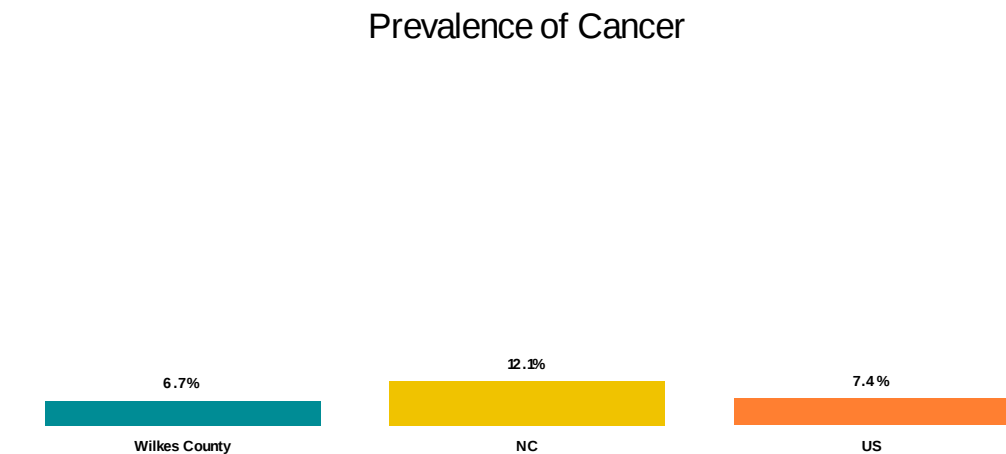
The following chart outlines the numbers of cases of cancer diagnosed between 2015 and 2020 in Wilkes County for selected cancer sites.



Sources: • State Cancer Profiles, National Cancer Institute (NCI). Retrieved May 2024 via Metopio.
Notes: • This indicator reports the 2015-2020 number of diagnosed cases of cancers by selected sites.

Prevalence of Cancer

PRC Survey ► “Have you ever suffered from or been diagnosed with cancer?”



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Cancer Screenings

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

Breast Cancer Screening

PRC Survey ► “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

Cervical Cancer Screening

PRC Survey ► “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

[If Pap test in the past five years] “HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?”

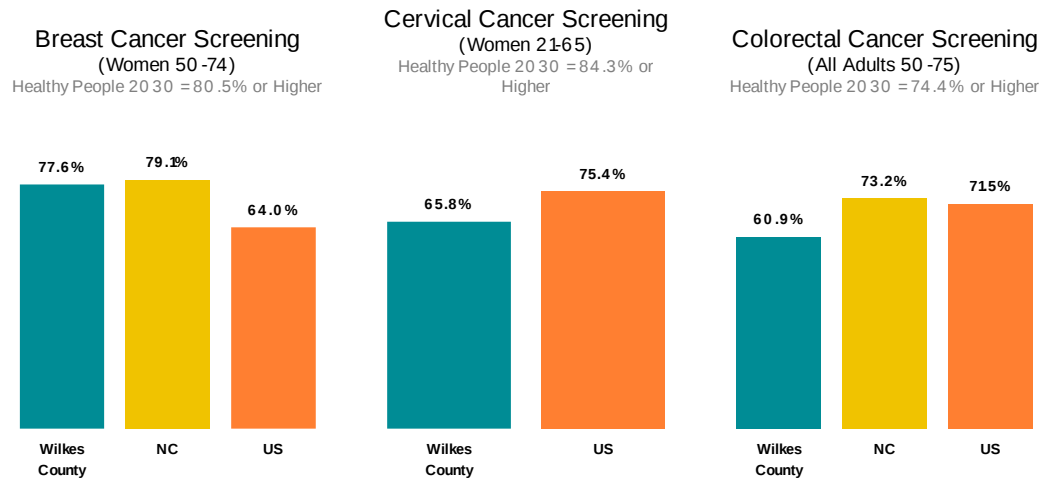
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Colorectal Cancer Screening

PRC Survey ► “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

PRC Survey ► “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



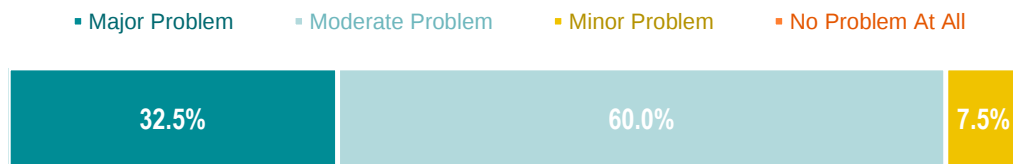
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Note key informants’ perceptions of the severity of *Cancer* as a problem in the community:

Perceptions of Cancer as a Problem in the Community (Among Key Informants; Wilkes County, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Increased cases. – Community Leader

I know and have known of several people my age, or younger, who have been diagnosed with colon cancer. Maybe it's the media, but I feel like I see it more and more at a younger age and/or more aggressively. – Community Leader

Without knowing the specific cause of each cancer, we have to look at the number of Cancer patients. It is extremely high and getting worse daily. Hospitals are for profit especially in the specialty world and make decisions based off money versus community’s health. The one center doesn't have the ability to care for the vast numbers of patients. – Health Provider

There are so many people that this is affecting now. – Community Leader

I hear of people battling this disease every day and have several friends with a terminal diagnosis. – Community Leader

Secondary data from prior CHNAs. – Public Health Representative

It seems like cancer touches at least one family member of everyone I know. It is super common now. I am not surprised when I hear of it even in small children now. – Health Provider

Tobacco Use

Tobacco, nicotine use, failure to have access to screenings. – Health Provider

High rates of tobacco use likely correlates to high cancer rates. – Health Provider

Access to Care/Services

We continue to know the ill effects of cancer but follow through medical care is a last-minute option for most residents due to limitation of resources and treatment options available in our community. Many cancer resources require a trip to Winston which is not feasible for many. – Social Service Provider

Lifestyle

Poor diet choices. Lack of exercise. Substance use. – Community Leader



Respiratory Disease

About Respiratory Disease

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

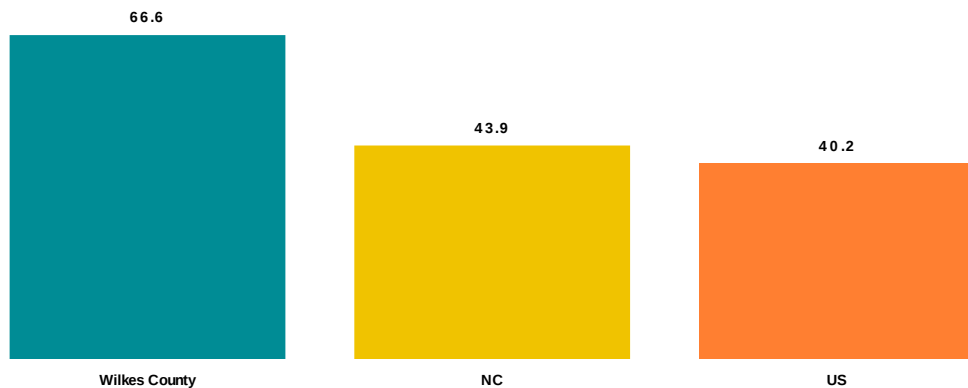
— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

Lung Disease: Age-Adjusted Mortality
(2015-2020 Annual Average Deaths per 100,000 Population)

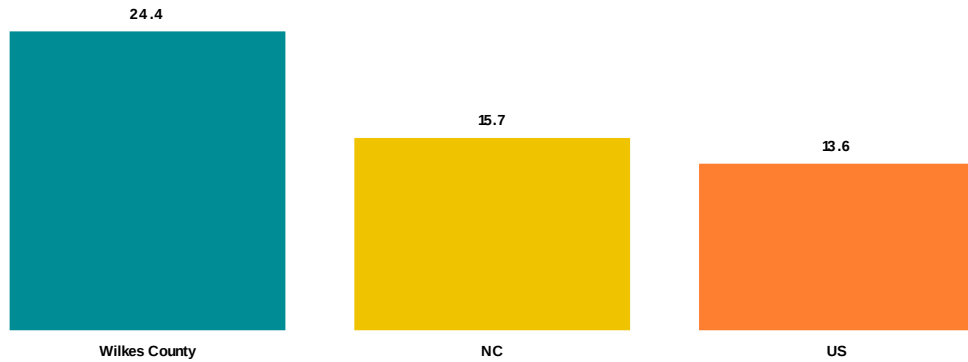


- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

Pneumonia/Influenza: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population)



Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

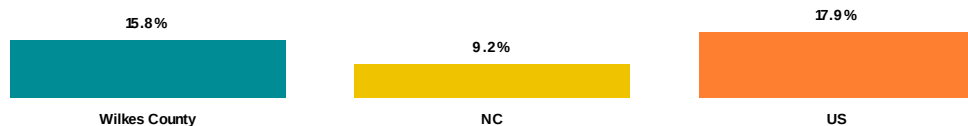
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

PRC Survey ► “Do you currently have asthma?”

Prevalence of Asthma



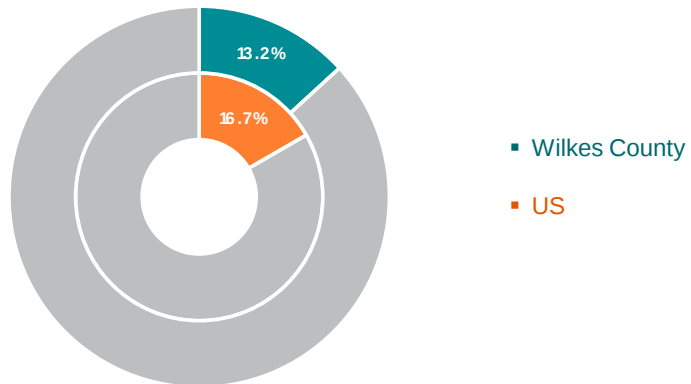
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.

Notes: • 2023 PRC National Health Survey, PRC, Inc.
• Asked of all respondents.



PRC Survey ► “Has a doctor, nurse, or other health professional ever told you that this child had asthma?”

Prevalence of Asthma in Children (Children 0 -17)

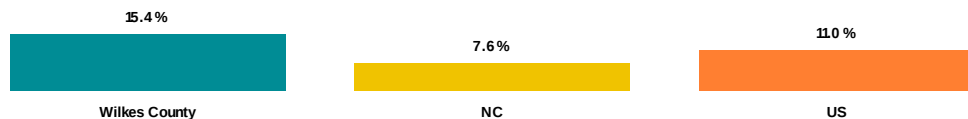


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

PRC Survey ► “Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

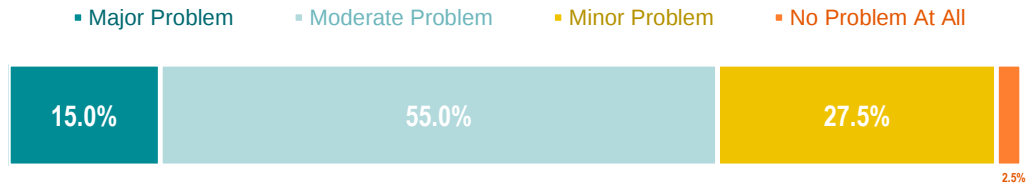


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Note key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Disease as a Problem in the Community (Among Key Informants; Wilkes County, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

Smoking, cultural. – Community Leader

Tobacco use, high COVID, minimal vaccine uptake, and no pulmonologist in the county. – Public Health Representative

Environmental Contributors

I sometimes wonder about respiratory health in the two Wilkesboro's in regard to all of the chicken litter and other agricultural products that are used on the fields in the valley between the two towns. – Community Leader

Injury & Violence

About Injury & Violence

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

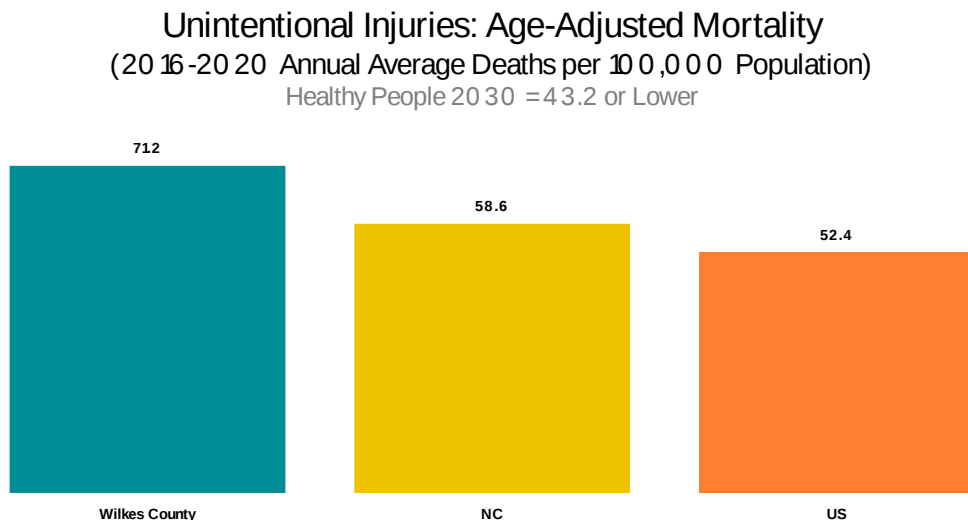
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.



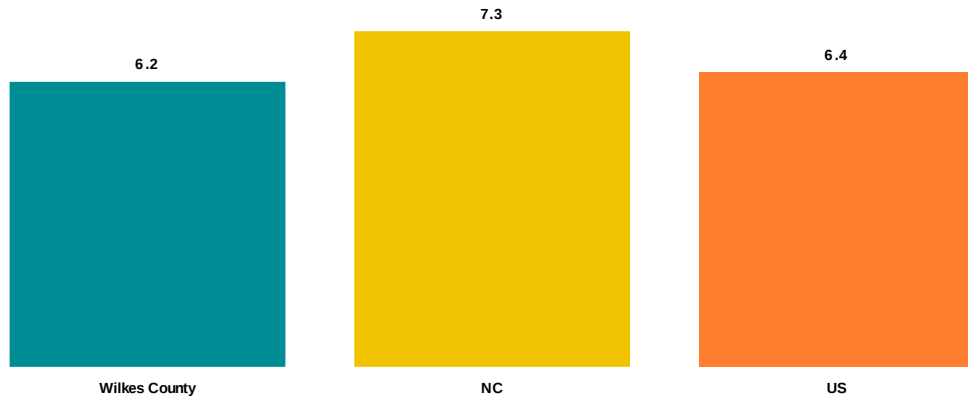
- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart.

Homicide: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



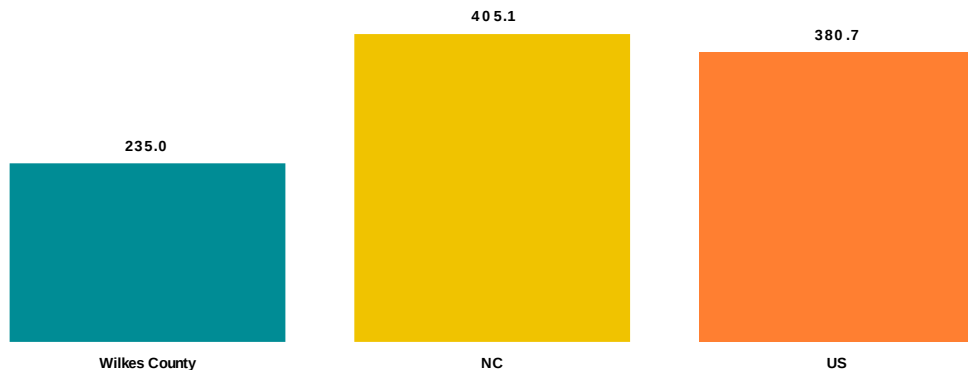
Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent crime is composed of homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime Rate
(Reported Offenses per 100,000 Population, 2022)

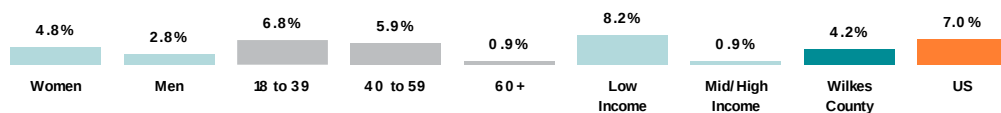


Sources: • FBI Crime Data Explorer, Federal Bureau of Investigation. Retrieved May 2024 via Metopio.
Notes: • Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.
• Because agency-level participation in these programs varies, some states have more complete data than others. Data reported by the FBI is checked to make sure it accurately reflects figures reported by police agencies. However, users should proceed with caution, data may still include errors that originated at the agency level.

Violent Crime Experience

PRC Survey ► “Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Intimate Partner Violence

PRC Survey ► “The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



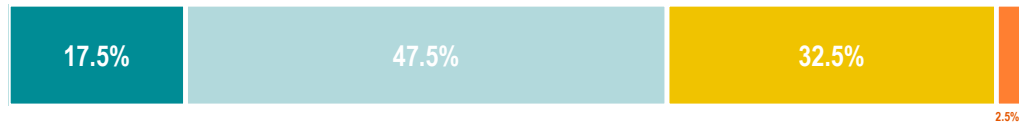
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

Note key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury & Violence as a Problem in the Community (Among Key Informants; Wilkes County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

I work in the school system, and we continue to need to make high numbers of referrals to child protective services. We also hear about domestic violence in homes, even when the concern does not rise to the level of us reporting. – Community Leader

Cultural/Personal Beliefs

Domestic issues and cultural upbringing. – Community Leader

Diabetes

About Diabetes

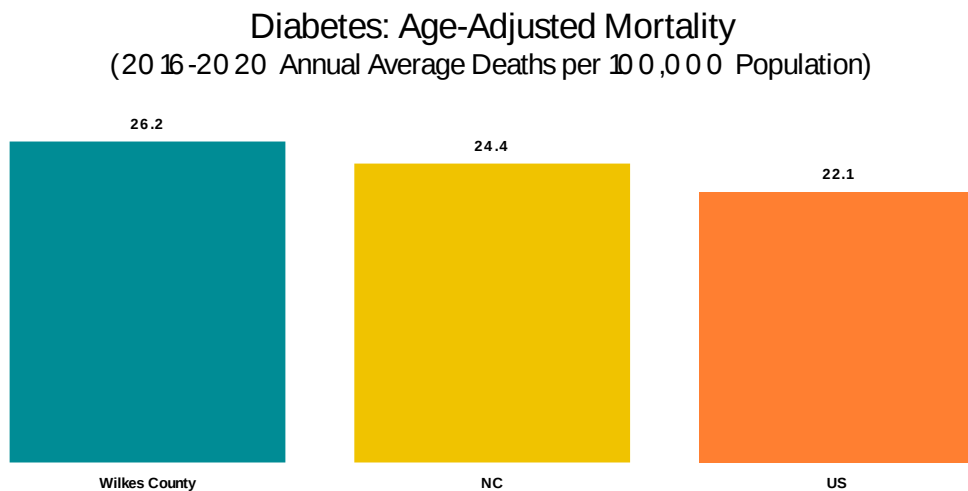
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.



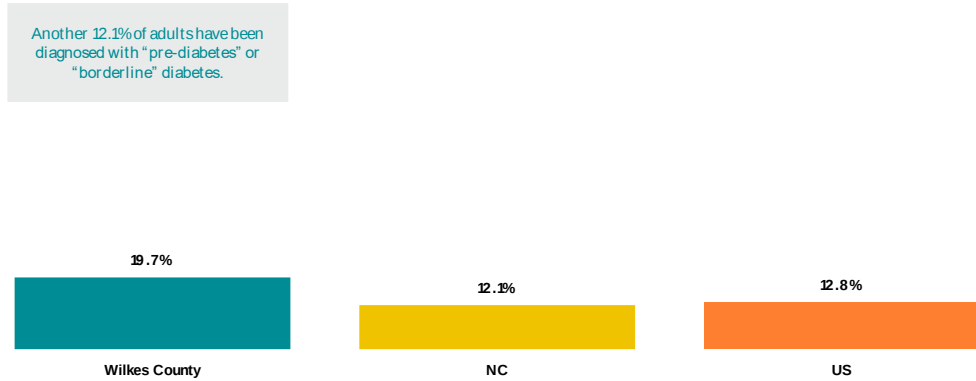
- Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Diabetes

PRC Survey ► “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?”

PRC Survey ► “Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?”

Prevalence of Diabetes



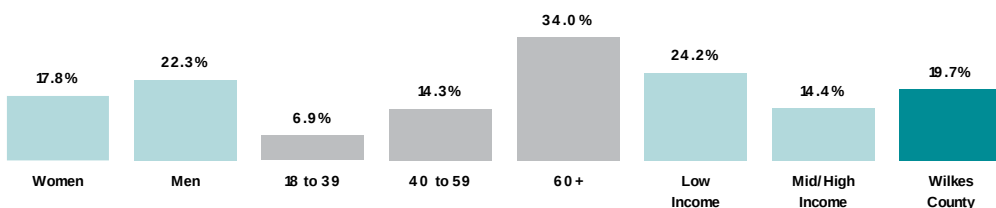
Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes (Wilkes County, 2024)



Sources:

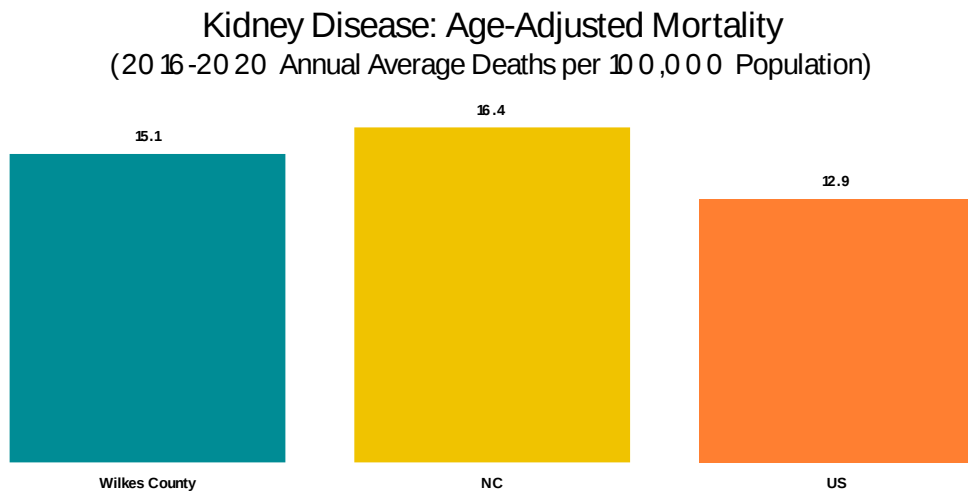
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:

- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

Diabetes is a leading cause of kidney disease. The following chart shows the local age-adjusted kidney disease mortality rate.



Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

Note key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Medications/Supplies

Medication. – Community Leader

Income for the majority of patients to obtain the medicine, as well as paying for groceries or meals that are actually healthy for them. – Health Provider

Inability to afford insulin. – Health Provider

Cost of medication. – Community Leader

Awareness/Education

I believe that a lack of knowledge on healthy lifestyle choices, like diet and exercise, coupled with a lack of healthier food options being served at local restaurants are major contributing factors to diabetes in our community. – Community Leader

Getting more information about how to eat better and treat the disease properly and access to medicine. – Health Provider

Accurate education on causes and treatment of diabetes. – Health Provider

Lifestyle

Access to affordable fresh fruits and vegetables. Car-centric transportation bias that make walkability and bike ability difficult. The chronic, toxic stresses of poverty and/or racism. The intergenerational effects of adverse childhood experiences. The built environment does not have parks and rec within a reasonable distance. Social norms that include unhealthy meal prep. – Community Leader

Lifestyle issues related to poverty and education. – Community Leader

Nutrition

Lack of proper diet and exercise, stigma, and cultural habits. – Community Leader

Easily accessible and affordable healthy foods. – Community Leader

Access to Care/Services

Access to care and programs to help people learn how to manage the condition. – Community Leader

Affordable Care/Services

Access to primary care, access to low cost or free health services. – Public Health Representative

Incidence/Prevalence

Most of the patients we see have diabetes and a good portion are uncontrolled. – Public Health Representative

Obesity

Weight loss and eating correctly. – Community Leader

Due to COVID-19

After the pandemic Wilkes County experienced higher levels of prediabetic residents and well as uncontrolled diabetes due to lack of medical care during COVID. In Wilkes we have no real provider to help with diabetes. While the Health Department does offer the service, it continues to have a high no show rate and lack of utilization of appointments. – Public Health Representative



Disabling Conditions

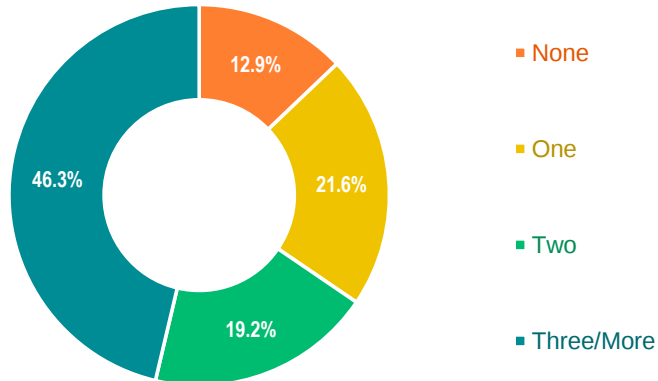
Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Number of Chronic Conditions
(Wilkes County, 2024)

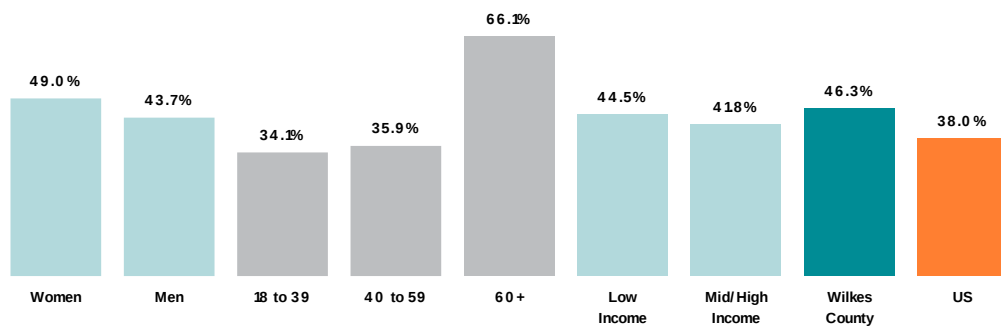


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes: • Asked of all respondents.

• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

Have Three or More Chronic Conditions
(Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

About Disability & Health

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

PRC Survey ► “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

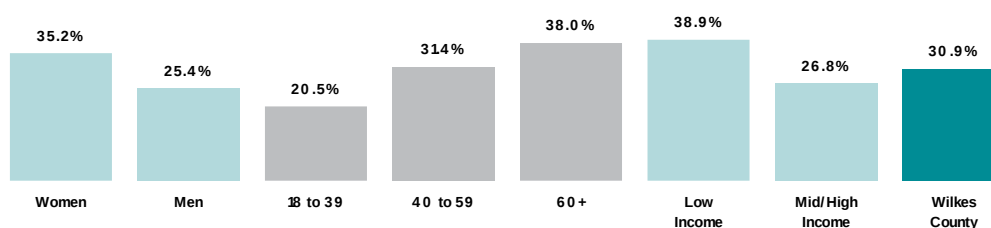
PRC Survey ► [Adults with activity limitations] “What is the major impairment or health problem that limits you?”

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Wilkes County, 2024)



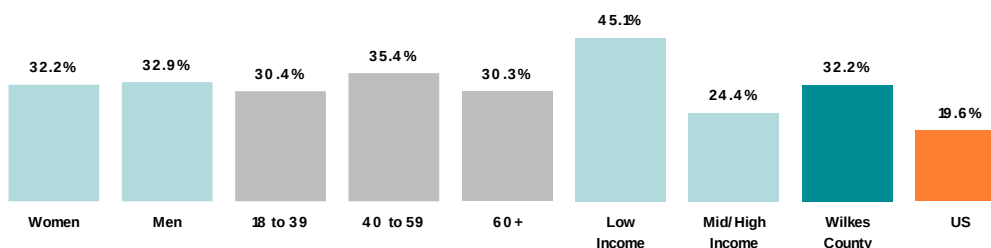
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

High-Impact Chronic Pain

PRC Survey ► “Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?” (Reported here among those responding “most days” or “every day.”)

Experience High-Impact Chronic Pain (Wilkes County, 2024)

Healthy People 2030 = 6.4% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Alzheimer's Disease

About Dementia

Alzheimer's disease is the most common cause of dementia... . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

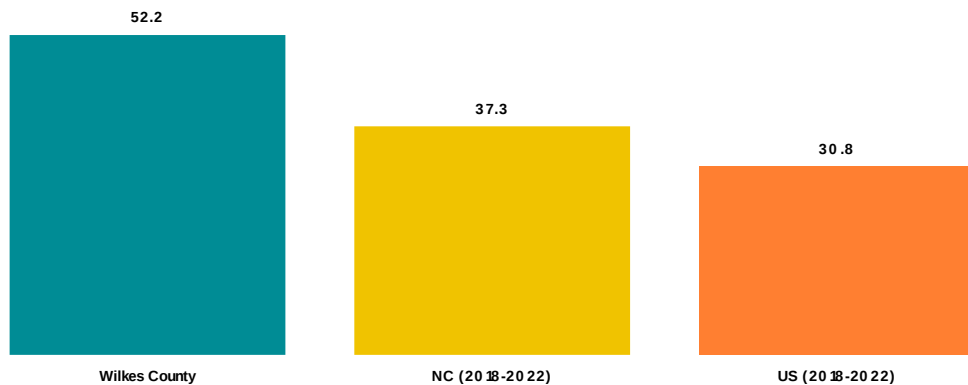
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

Alzheimer's Disease: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)



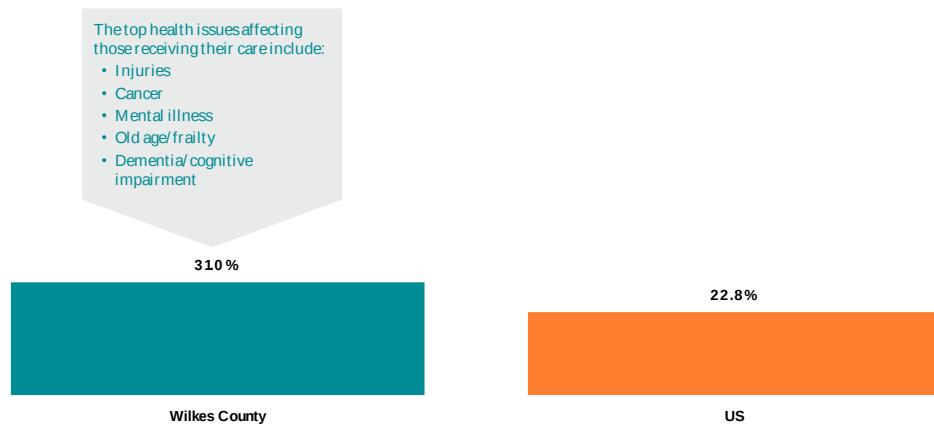
- Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Caregiving

PRC Survey ► “People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

PRC Survey ► [Among those providing care] “What is the main health problem, long-term illness, or disability that the person you care for has?”

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

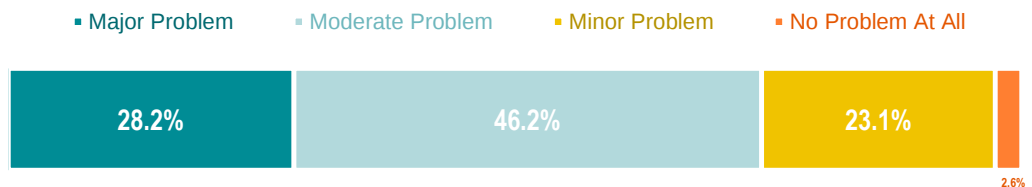


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Disabling Conditions

Note key informants’ perceptions of the severity of *Disabling Conditions* as a problem in the community:

Perceptions of Disabling Conditions as a Problem in the Community (Among Key Informants; Wilkes County, 20 24)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Family members’ increase in dementia. – Community Leader

Wilkes continues to see increased rates of those with mobility issues. – Public Health Representative

People living on disability. – Health Provider

Impact on Quality of Life

Increase in cancer, diabetes, dementia, etc., which may cause people to become homebound and in many circumstances, alone due to lack of family or involvement in a church. – Health Provider

These are life limiting restrictions which enable many residents to be home ridden or facility bound, but services are then limited support with these placements. – Social Service Provider

Access to Care/Services

Due to our working in assisting people with daily living activities with those who live with dementia, chronic pain, hearing loss, vision loss, etc., we have seen there is influx of addictive behavioral resources within our community but less and less resources for those struggling with diagnoses and disabilities that are beyond their control. – Community Leader

Aging Population

As our community ages, these conditions come with age typically. We must figure out a way to combat this moving forward. – Health Provider

Employment

A number of jobs in our community are high risk, high stress jobs, requiring repetitive motions. We have a high percentage of people on disability, and an aging population. – Community Leader

Lack of Providers

Lack of provider availability. – Community Leader



Births

About Infant Health

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

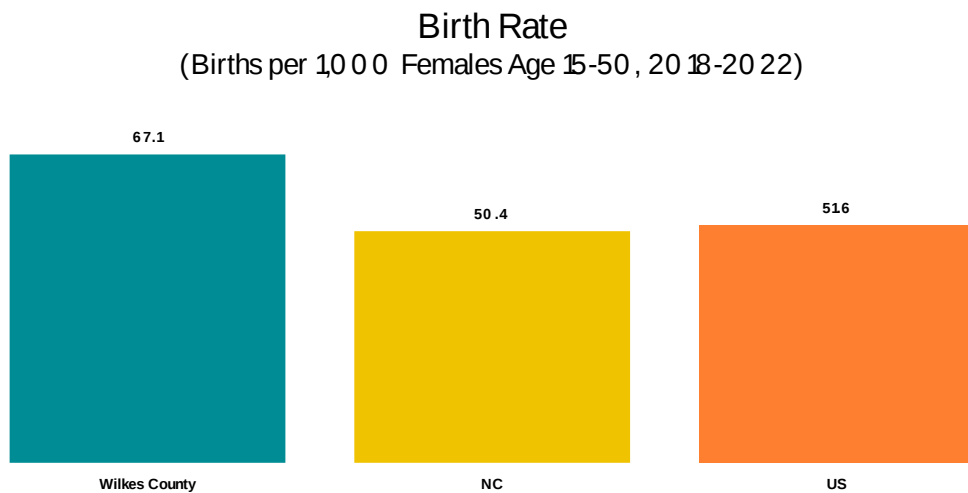
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Birth Rate

Note the birth rate in Wilkes County, compared to the state and nation.

Here, birth rate include births to women age 15 to 50 years old, expressed as a rate per 1,000 female population in this age cohort.



Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Birth Outcomes & Risks

Pregnancy Complications

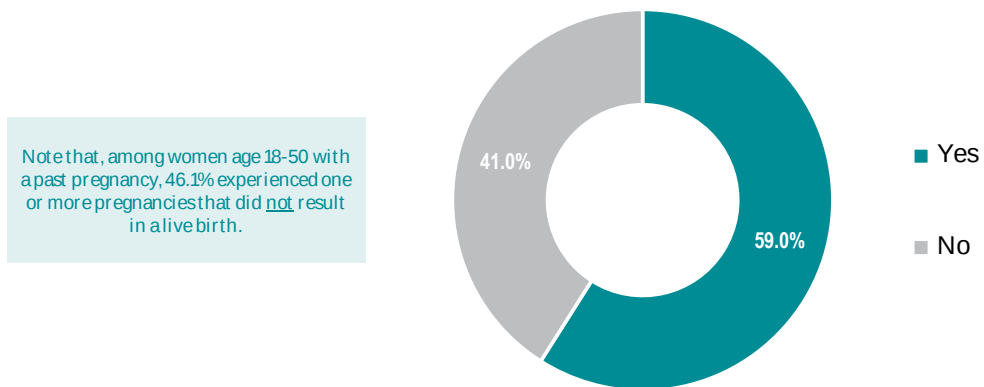
PRC Survey ► Among women age 18 to 50 with a past pregnancy or pregnancies: “Did you have any health problems, such as gestational diabetes, high blood pressure, depression, or any other complications during any of your pregnancies?”

PRC Survey ► Among women age 18 to 50 with a past pregnancy or pregnancies: “During any of your pregnancies or during the birthing process, did your baby experience any health or medical problems?”

PRC Survey ► Among women age 18 to 50 with a past pregnancy or pregnancies: “In all, how many of your pregnancies resulted in a live birth? Please count the birth of twins or multiples as one birth.”

The following chart outlines the percentage of women encountering complications for themselves or for their babies during any past pregnancy.

Mother or Child Experienced Problems
During Any Past Pregnancy or Delivery
(Women Age 18-50 With a Past Pregnancy, 20 24)

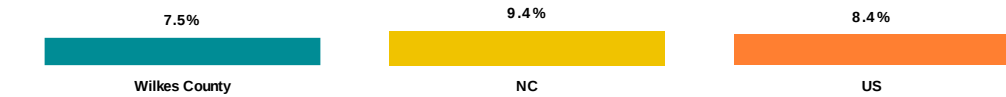


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 306-307]
Notes: • Among women age 18-50 with a past pregnancy.

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births (Percent of Live Births, 2018)

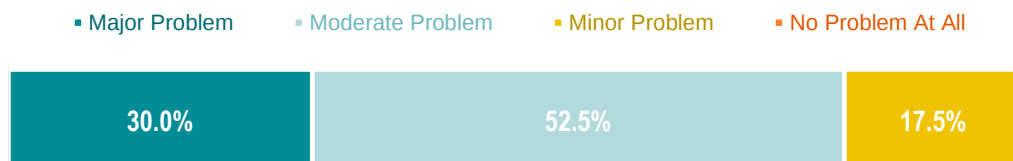


Sources: • National Vital Statistics System-Nativity (NVSS-N), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).
• State and US percentages represent 2018-2022 data.

Key Informant Input: Infant Health & Family Planning

Note key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:

Perceptions of Infant Health & Family Planning as a Problem in the Community (Among Key Informants; Wilkes County, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

People have to go out of Wilkes for good services. – Social Service Provider

We are limited with pediatric limitation, drug use, poor DSS interventions, any child born with special needs cannot be served in our county and must travel. Poor home health visit for prenatal care, limited OBGYNs in the county. – Social Service Provider

Lack or access to family planning resources, like LARCs and reproductive planning services. Infant safe sleep practices continue to be a leader in infant deaths. – Public Health Representative

Limited women's care practices and resources, minimal care for pregnant women who use drugs, difficulty recruiting OBGYN providers. – Public Health Representative

Lack of Providers

Only one OBGYN provider for the entire county. – Health Provider

Too few providers, education to people about the need for infant health and family planning. – Health Provider

Infant Mortality

Mortality rates. – Community Leader

Awareness/Education

Lack of education on safe sex. Community stigma. – Community Leader

Income/Poverty

Lifestyle issues related to poverty and education. Poor nutrition and access and utilization of available health providers before and after birth. – Community Leader

Teen Pregnancy

Teen pregnancy is on the rise. Lack of access to OB/GYN care. Shortage of pediatricians. – Community Leader

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences, because it is a root cause of many of the other health issues already identified and can reduce life expectancy by as much as twenty years. – Community Leader



Modifiable Health Risks

Nutrition

About Nutrition & Healthy Eating

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

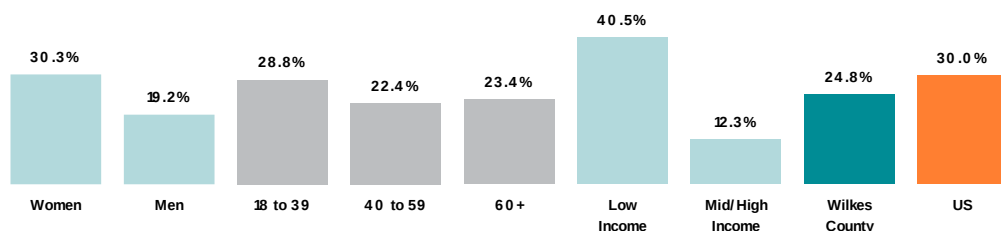
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Fresh Produce

PRC Survey ► “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Wilkes County, 2024)

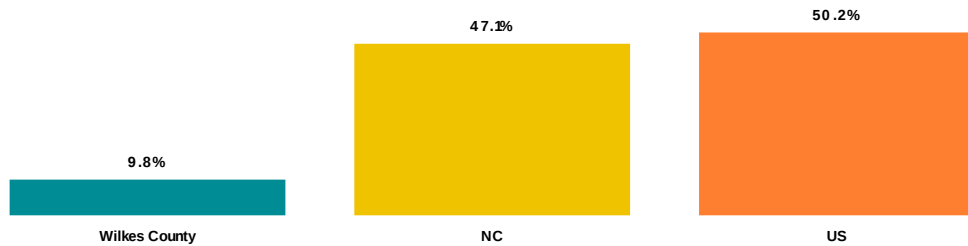


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Low Food Access

Low food access is defined as living more than one-half mile from the nearest supermarket, supercenter, or large grocery store for those living in urban areas (or >10 miles for those in rural areas). This related chart is based on US Department of Agriculture data.

Population With Low Food Access (2019)



Sources: • Food Access Research Atlas, US Department of Agriculture (USDA) - Economic Research Service. Retrieved May 2024 via Metopio.
Notes: • Low food access is defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.

Physical Activity

About Physical Activity

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

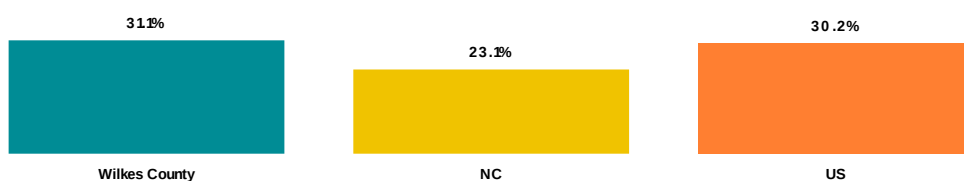
— Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

PRC Survey ► “During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.

Meeting Physical Activity Recommendations

Adults: Recommended Levels of Physical Activity

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

To measure physical activity frequency, duration and intensity, respondents were asked:

PRC Survey ► “During the past month, what type of physical activity or exercise did you spend the most time doing?”

PRC Survey ► “And during the past month, how many times per week or per month did you take part in this activity?”

PRC Survey ► “And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

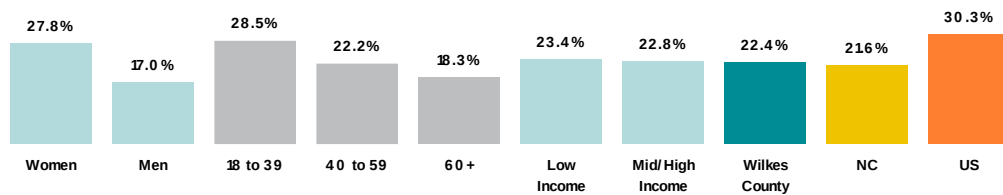
Respondents were also asked about strengthening exercises:

PRC Survey ► “During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

Percentages below represent the proportion of adults meeting physical activity recommendations based on the above guidelines.

Meets Physical Activity Recommendations (Wilkes County, 2024)

Healthy People 2030 = 29.7% or Higher



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children's Physical Activity

Children: Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

PRC Survey ► “During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

Child Is Physically Active for One or More Hours per Day (Children 2-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

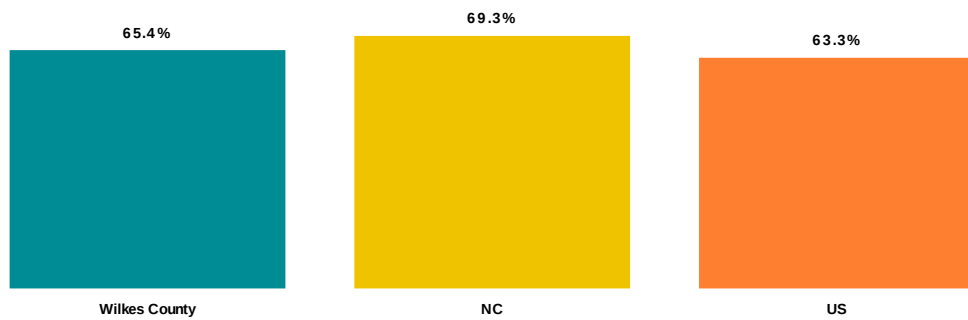
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

PRC Survey ► “About how much do you weigh without shoes?”

PRC Survey ► “About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)



Sources:

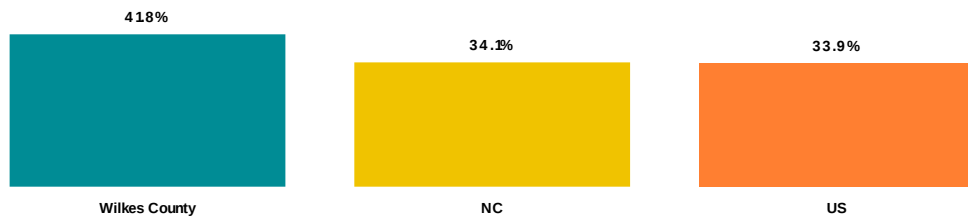
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0.
- The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



Sources:

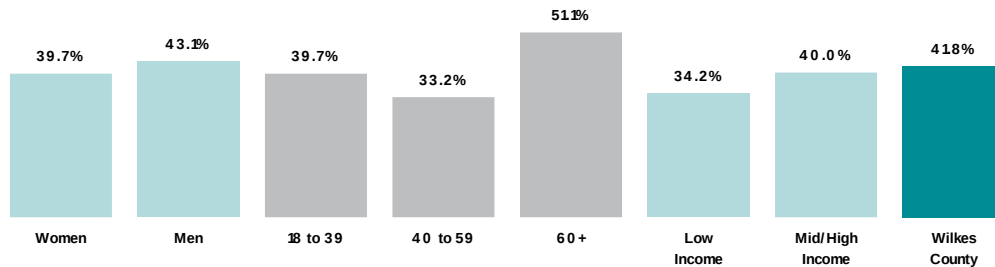
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services, Healthy People 2030, <https://health.gov/healthypeople>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity (Wilkes County, 2024)

Healthy People 2030 = 36.0 % or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Key Informant Input: Nutrition, Physical Activity & Weight

Note key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Among Key Informants; Wilkes County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

Lack of knowledge. – Community Leader

Education on bad health habits leads to serious health problems; frequently it is all in the same families, all members are overweight and often obese. Other family members have health conditions that limit their ability to earn a living for their families and rely on local assistance programs and the cycle goes on. Breaking the cycle is one of the greatest challenges in my opinion, often with tobacco misuse, drug addiction, food addiction, etc. – Community Leader

Awareness and willingness to overcome generational effects. – Community Leader

I believe lack of education and awareness on healthy diet, exercise, and stress management is a big issue in Wilkes. I also feel that our community would really benefit from a program that did things like approach local restaurants to make some changes of offer healthier options and approach local government to make our community "more walkable and biker friendly". The "Blue Zones Project" is an example of how a community can be transformed in this way. – Community Leader

Lack of education and generational dietary habits. – Health Provider

Income/Poverty

Wilkes County has a high rate of poverty. Many who are employed have an income that is far below the cost-of-living standards and many times they choose to cut out fresh, higher cost nutritional foods. The choice of groceries is the low cost, high carb selections which lead to being overweight and less active. – Community Leader

Rural area poverty. – Health Provider

Poverty, family history and education. – Community Leader

Access to Affordable Healthy Food

Access to affordable and healthy foods and nutrition education. – Community Leader

Many families are struggling with food inflation costs. Healthy food is often not the most affordable. Families are more concerned with having enough to eat, rather than the proper balance of nutrition. – Community Leader

Lifestyle

Genetics, lack of education, lack of motivation, and culture. – Community Leader

Lack of healthy choices. Activities are improving in the summer months, but in the winter or rainy periods, things are very limited. – Health Provider

Obesity

There are a lot of people in Wilkes who are overweight and morbidly obese. I feel that there are community resources available to help those people who suffer from obesity to learn about nutrition, and we live in a community where there are a lot of opportunities to move and be active. I'm not sure what the barrier is for those in our community to access those resources. – Health Provider

Access to Care/Services

Lack of resources for physical activity. Live in an area full of fast-food restaurants. Lack of fresh fruits and vegetables, lack of understanding and education to cook a meal at home, high sodium diets, and sedentary lifestyles. – Public Health Representative



Substance Use

About Drug & Alcohol Use

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

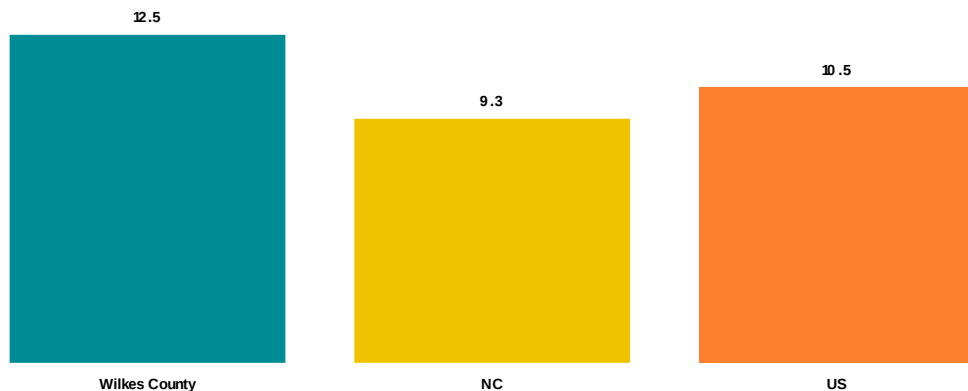
— Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol

Age-Adjusted Alcohol-Induced Deaths

The following outlines age-adjusted, alcohol-induced mortality in the area.

Alcohol-Induced Deaths: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population)



- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

PRC Survey ▶ “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

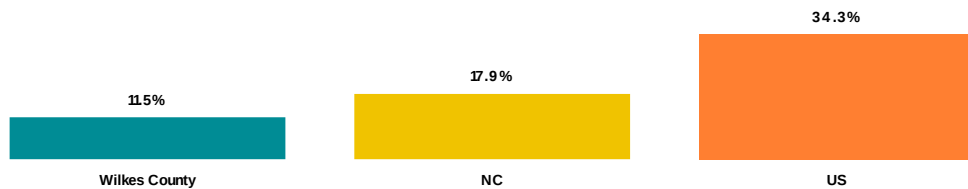
PRC Survey ▶ “On the day(s) when you drank, about how many drinks did you have on average?”

PRC Survey ▶ “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Excessive drinking includes heavy and/or binge drinkers:

- Heavy Drinking ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- Binge Drinking ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Engage in Excessive Drinking



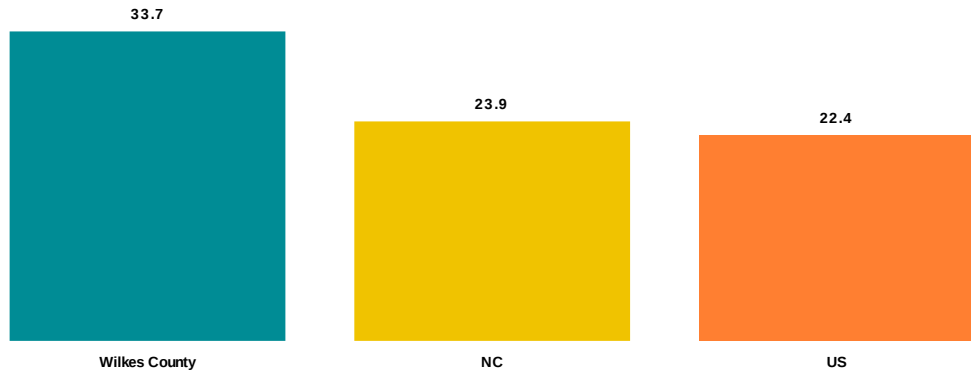
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
 - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

Age-Adjusted Drug Overdose Deaths

Data below present local age-adjusted mortality for drug overdose deaths. Drug overdose deaths include deaths due to drug poisoning (such as overdose), whether accidental or intentional. Increases during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here.

Drug Overdose Deaths: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population)



- Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here.

Illicit Drug Use

PRC Survey ► “During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

Illicit Drug Use in the Past Month



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

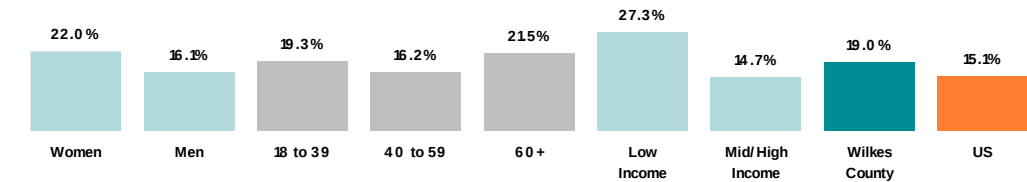
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Use of Prescription Opioids

PRC Survey ▶ “Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

Used a Prescription Opioid in the Past Year
(Wilkes County, 20 24)

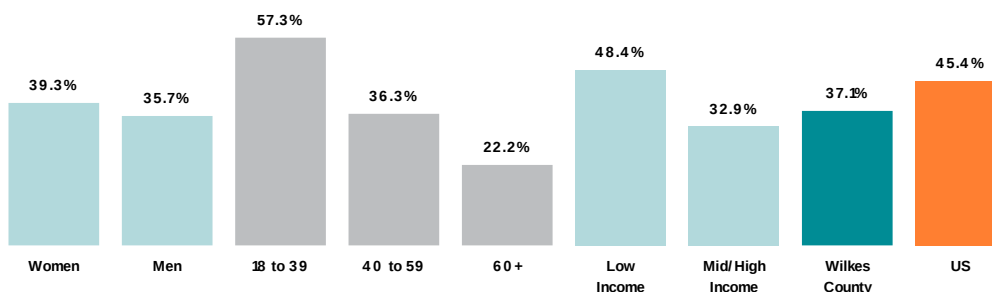


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

PRC Survey ▶ “To what degree has your life been negatively affected by your own or someone else’s substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Wilkes County, 20 24)



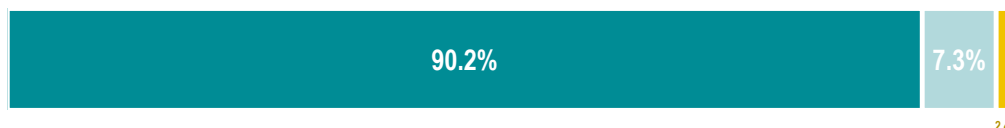
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Note key informants' perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community (Among Key Informants; Wilkes County, 20 24)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

- Transportation, public awareness of programs available, encouragement, need for a caseworker or sponsors to motivate individuals, etc. – Community Leader
- Limited treatment facilities in the county. Inadequate Hepatitis C treatment providers, limited IP/IOP facilities for substance use treatment. – Public Health Representative
- Access to clean rehab facilities, access to jobs as a recovering addict, true daily and active support systems. – Community Leader
- Gap in services. – Community Leader
- Cost, the person's willingness for treatment, high availability of illegal drugs, lack of live-in treatment center. – Community Leader
- There are only a few choices. Some are not very good; others are very expensive. – Community Leader
- Lack of community activities to keep people away from drugs. – Community Leader

No local inpatient treatment facilities. Stigma. Lack of options for a safe environment for those that are in recovery. – Community Leader

Care and treatment facilities. – Community Leader

Placement opportunities, the stigma of treatment, the facilities to get treatment. – Public Health Representative

Similar to mental health, we have very few LCAS in this area to treat substance use. There is also still a lot of stigma around medication assisted treatment for opioid use disorder. – Community Leader

Actual treatment centers are needed for the people who genuinely want help. – Community Leader

Low-barrier treatment options are limited. Securing inpatient treatment, if that level of care is necessary, can be lengthy, often spanning weeks or even months. Our outpatient treatment provider also has its limitations. There is typically a waiting period of several weeks for an initial appointment, and the services offered are primarily group therapy sessions which can be beneficial for some but do not cater to the unique, individualized needs of each person. There is a pressing need for an increase in low-barrier Medication-Assisted Treatment (MAT) prescribers and options tailored to the specific needs of individuals. Our local jail system currently offers only Vivitrol as a form of medication-assisted treatment. While Vivitrol can be effective it should not be the only option. Our community continues to grapple with stigma, specifically when it comes to MAT and harm reduction. Peer support and lived experience need to be better integrated into existing services. – Health Provider

Denial/Stigma

Stigma, education, and acceptance. – Health Provider

Stigma and access to treatment. – Health Provider

Stigma, affordability, a lack of primary care providers willing to prescribe medication assisted treatment, the lack of trained substance use counselors, the sheer demand for services, transportation, and communication. – Community Leader

Stigma. Also, those who are active users do not want to seek help due to the stigma. Lack of providers to address underlying issues that lead to abuse, such as mental health. – Public Health Representative

Stigma and transportation are two of the biggest. – Community Leader

Attitude or habits of those affected or are susceptible to being affected. The stigma or suspicion of others. – Community Leader

The stigma that exists within the county (includes government leadership and agencies, law enforcement, business and industry, churches, individuals) toward Substance Abuse and those individuals involved in the use of substances. The awareness of quality affordable services providing treatment. The ease of accessibility of substances in the area. Lack of family support for family members using. – Community Leader

Awareness/Education

Lack of education and knowledge about substance abuse. A certain fear of getting involved with the abuser. – Health Provider

Lack of knowing how to access the help. Transportation to help, and extended appointment wait times. – Social Service Provider

Transportation

Lack of transportation. – Health Provider

Transportation. – Health Provider

Affordable Care/Services

Money. – Community Leader

Disease Management

I think Wilkes County has dramatically improved the ability of individuals to access treatment. The key factor is the willingness of the individual to seek treatment. This continues to be a widespread issue across North Carolina and nationwide. – Community Leader

Hepatitis C

Hepatitis C, specifically amongst people who use drugs. While agencies are testing periodically, there are inadequate resources for treating Hepatitis C, and there are still a lot of stigmas around evidence-based harm reduction practices. – Health Provider

Diagnosis/Treatment

My guess might be lack of options when it comes to treatment. – Community Leader



Tobacco Use

About Tobacco Use

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

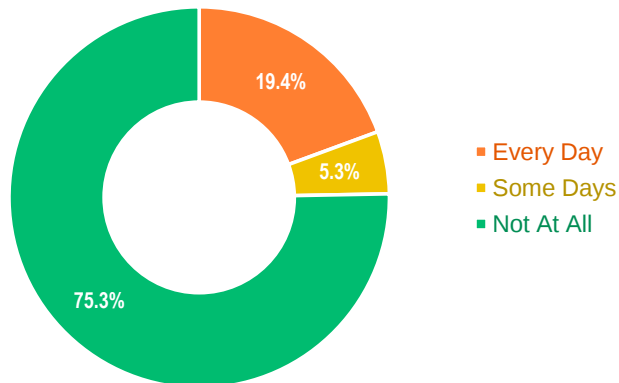
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

PRC Survey ► “Do you currently smoke cigarettes every day, some days, or not at all?” (“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

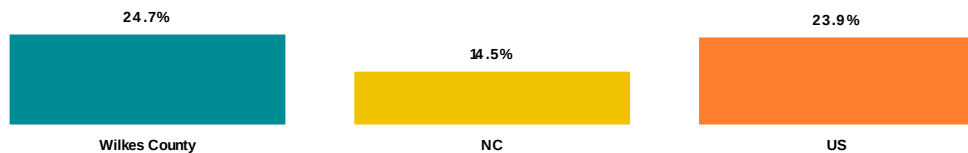
Prevalence of Cigarette Smoking
(Wilkes County, 20 24)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

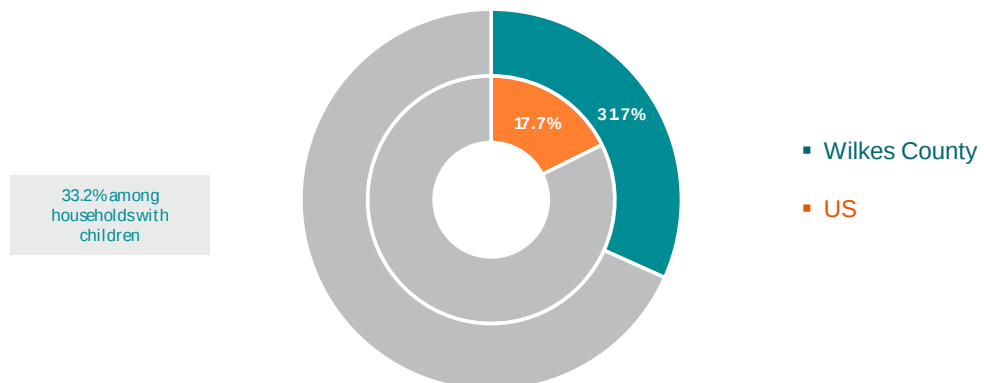
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

PRC Survey ▶ “In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

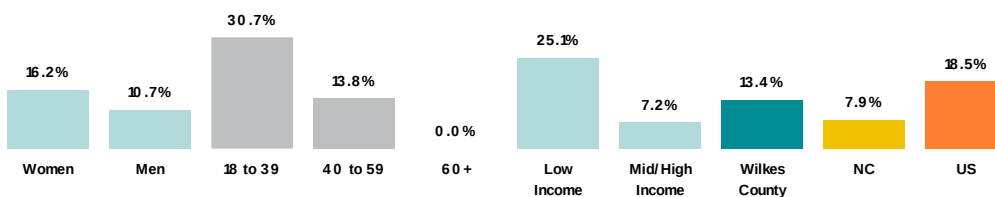
- Asked of all respondents.
- “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

PRC Survey ► “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?”

(“Currently Use Vaping Products” includes use “every day” or on “some days.”)

Currently Use Vaping Products (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
• 2023 PRC National Health Survey, PRC, Inc.
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.

Notes: • Asked of all respondents.
• Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

Note key informants’ perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community (Among Key Informants; Wilkes County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

The older population, as well as the younger population, are using forms of tobacco. The schools are having issues with vaping, smoking, etc., with little to no repercussions for use. – Public Health Representative

Even with all the education about the harmful use of tobacco, there are still many who use tobacco and also hide the fact that they smoke or dip. Many young people are using e-cigarettes, which are a problem in the area. – Health Provider

Most of our adult patient's smoke, even those that are pregnant. – Public Health Representative

Because we have higher rates of tobacco use than the state average. – Community Leader

Wilkes' rates are higher than the state average. In pregnant women, we are double the state rate. – Public Health Representative

Everywhere you go people are smoking, and kids are vaping. They do not understand the risk they are putting young people in and if they do, they have no interest in changing. – Social Service Provider

High number of people still use it. – Community Leader

Easy Access

Many tobacco stores are available, along with numbers of people that can be seen using. COPD is a prevalent disease in the area. – Health Provider

Because it is so accessible, ingrained in many families from the children's birth, through premature deaths caused by tobacco use. – Community Leader

There are too many available places to buy and support tobacco use, whether cigarettes or vapes. – Community Leader

Cultural/Personal Beliefs

Tobacco has been culturally acceptable in our community for generations. This leads to increased use and a tendency to ignore potential risks. – Health Provider

Culture and lack of services for those wanting to quit. – Community Leader

I think people smoke in Wilkes County because it is generational and cultural. It can be a hard habit to break (as a past smoker, I know how hard it is to quit). If generations pass down the smoking habit, it can be difficult to quit when everyone around you smokes. – Health Provider

E-Cigarettes

Vaping continues to be a problem in our schools. – Community Leader

Alcohol/Drug Use

Statistically goes with increased drug use. – Health Provider

Income/Poverty

High rate of use is tied to the socioeconomic poverty rate in the county. – Community Leader

Sexual Health

About HIV & Sexually Transmitted Infections

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Sexually Transmitted Infections (STIs)

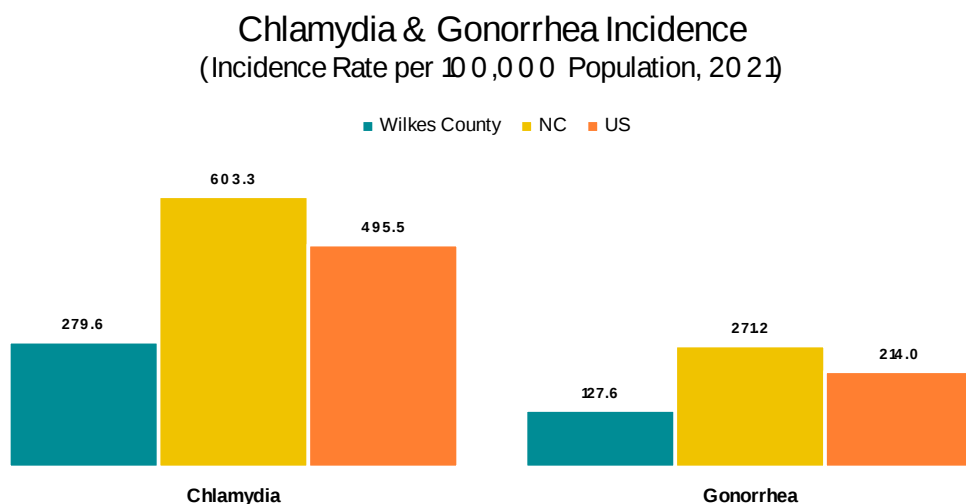
Chlamydia

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs.



Sources: • National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Key Informant Input: Sexual Health

Note key informants' perceptions of the severity of *Sexual Health* as a problem in the community:

Perceptions of Sexual Health as a Problem in the Community (Among Key Informants; Wilkes County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

■ Lack of education and testing availability. – Health Provider

Denial/Stigma

■ Heavy stigma. Access to confidential care. – Community Leader

Access to Health Care

About Health Care Access

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

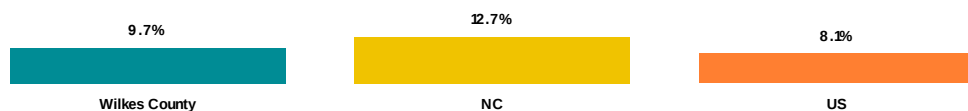
PRC Survey ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

PRC Survey ▶ “Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?”

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services — neither private insurance nor government-sponsored plans.

Lack of Health Care Insurance Coverage (Adults 18-64)

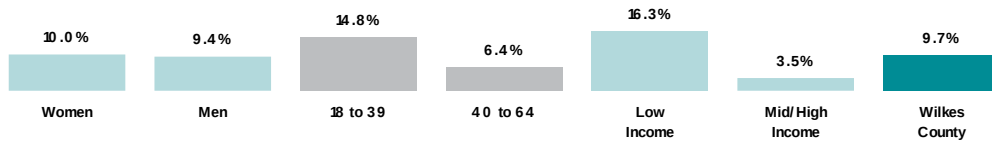
Healthy People 2030 = 7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 North Carolina data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage (Adults 18-64 ; Wilkes County, 2024) Healthy People 2030 = 7.6 % or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Reflects respondents age 18 to 64.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC Survey ▶ “Was there a time in the past 12 months when you needed medical care but had **difficulty finding a doctor?**”

PRC Survey ▶ “Was there a time in the past 12 months when you had **difficulty getting an appointment to see a doctor?**”

PRC Survey ▶ “Was there a time in the past 12 months when you needed to see a doctor but could not because of the **cost?**”

PRC Survey ▶ “Was there a time in the past 12 months when a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”

PRC Survey ▶ “Was there a time in the past 12 months when you were not able to see a doctor because the **office hours were not convenient?**”

PRC Survey ▶ “Was there a time in the past 12 months when you needed a **prescription medicine** but did not get it because you could not afford it?”

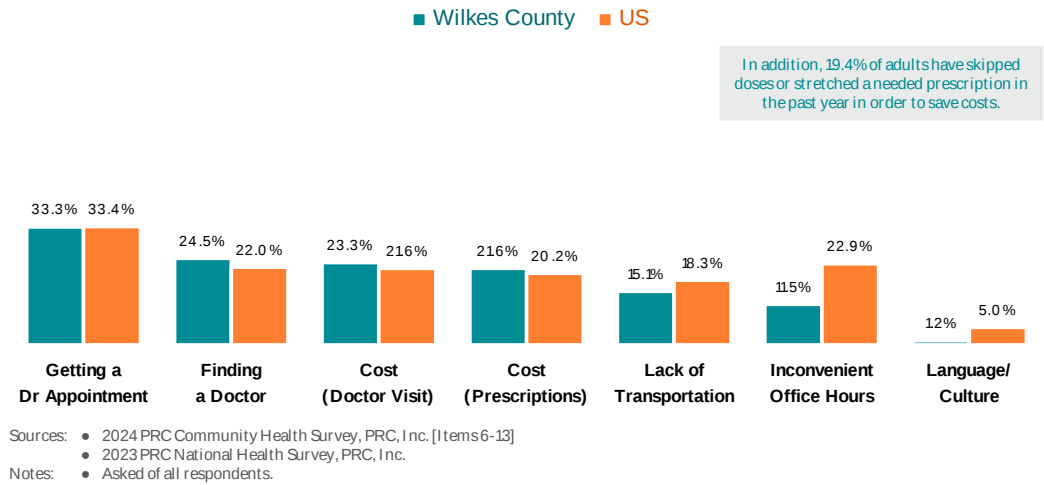
PRC Survey ▶ “Was there a time in the past 12 months when you were not able to see a doctor due to **language or cultural differences?**”

Also:

PRC Survey ▶ “Was there a time in the past 12 months when you **skipped doses** or took smaller doses in order to make your prescriptions last longer and save costs?”

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

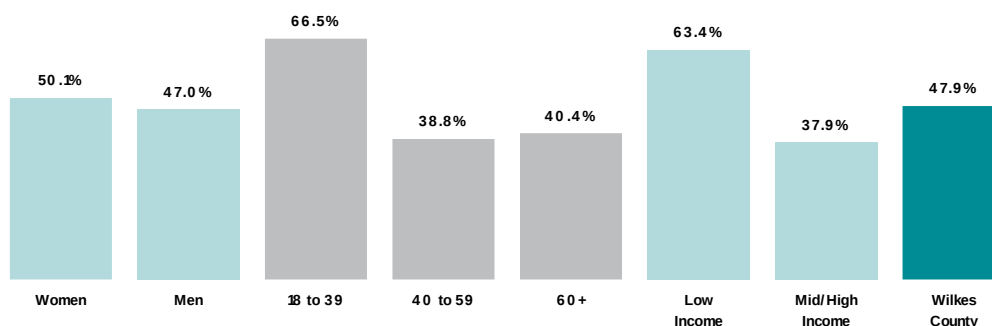
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Wilkes County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes: • Asked of all respondents.

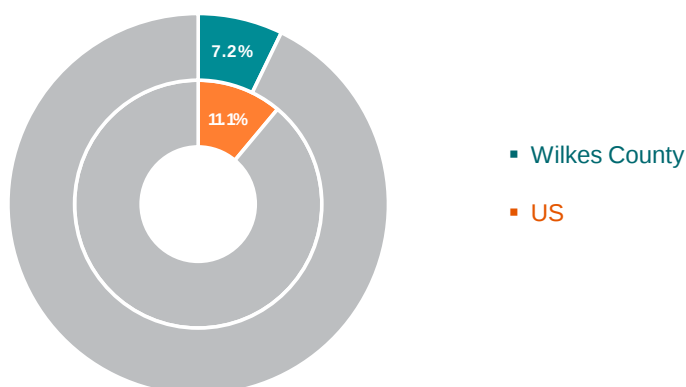
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

PRC Survey ► “Was there a time in the past 12 months when you needed medical care for this child but could not get it?”

Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 90]

• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Note key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community (Among Key Informants; Wilkes County, 20 24)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

Patient/provider ratios. Financial barriers, including transportation to care. Lack of specialty providers, including pediatricians and obstetricians. The cost of care of some services, such as imaging, are significantly higher than in surrounding communities. Therefore, the most affordable care may be inaccessible to people least able to travel or take paid time off from work. Our health department lacks adequate space to expand its FQHC program, which limits the number of patients who can be seen and prevents receiving expansion dollars. Hours of operation. Urgent cares that are only open until 7pm force some shift workers into utilizing emergency room care for primary or non-urgent needs. This is the most expensive, least effective form of care. Health literacy. Physician offices, the hospital, and other providers should view their materials in light of the educational attainment of its patients. – Community Leader

I do not believe there are enough providers in Wilkes County and especially providers that accept Medicaid or offer a sliding fee. – Public Health Representative

Lack of primary care providers, limited free and low cost health services, no substance use treatment centers in the county, inadequate Medicaid expansion uptake. – Public Health Representative

In Wilkes we have a major shortage of medical providers. We see this in all aspects. Most importantly, the biggest shortage is on behavioral health. Wilkes does not have enough providers to support the need in our community. We also lack access to dental health services for those who are uninsured or on Medicaid. People with insurance have options and we have coverage to meet those needs. We continue to hear that we do not have enough primary care access, however, I would state this is a problem, but not as big as many think. When you call around and ask who is taking new patients and what is next available, we are hearing one month. Overall, I feel that is a decent spot to be in. Years past, we had the majority of practices not even accepting new patients. However, I do foresee an issue being the number of practices who continue to accept Medicaid. – Public Health Representative

Difficulty recruiting providers to the community and hospital. – Public Health Representative

Lack of providers. – Health Provider

Not enough providers. Good providers are leaving. Doctors are being replaced with FNP's and PAs. Many people travel for primary care outside of Wilkes due to limited providers. Providers that stay in Wilkes are overwhelmed with too many patients. People with limited transportation don't have this option. – Community Leader

Access to Care/Services

Even if a person has Medicaid, it is hard to find a provider. Also, people are not trusting of the providers located in this area. – Health Provider

In our current landscape, there is limited access to Primary Care doctors. If you can find a doctor who takes your insurance, many of them are not accepting new patients, or you are booked month(s) out. This seems to be more of a challenge for uninsured individuals or those with Medicaid. – Health Provider

Many primary care doctors are not accepting new patients. One of our major pediatrician offices is not accepting new patients. Many specialties are not local. – Community Leader

Transportation

Transportation and not enough primary care providers. – Health Provider

Transportation, financial. – Community Leader

Transportation to get to and from appointments, availability of primary care doctors. – Health Provider

Lack of transportation, income insecurity, doctor availability and not taking new patients. Very limited doctor choice for certain conditions. Needing to go to Winston or Hickory for services. – Community Leader

Access to Care for Uninsured/Underinsured

Providers available, cost of services to uninsured or underinsured. – Health Provider

We have a lack of primary healthcare providers for individuals who are uninsured or underinsured. Transportation is also a huge barrier to those who fall into these categories. – Health Provider

Providers transitioning, underinsured or uninsured accessing adequate care, transportation. – Community Leader

Types of insurance accepted at doctors' offices. – Public Health Representative

Awareness/Education

Lack of education about resources. – Health Provider



Primary Care Services

About Preventive Care

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

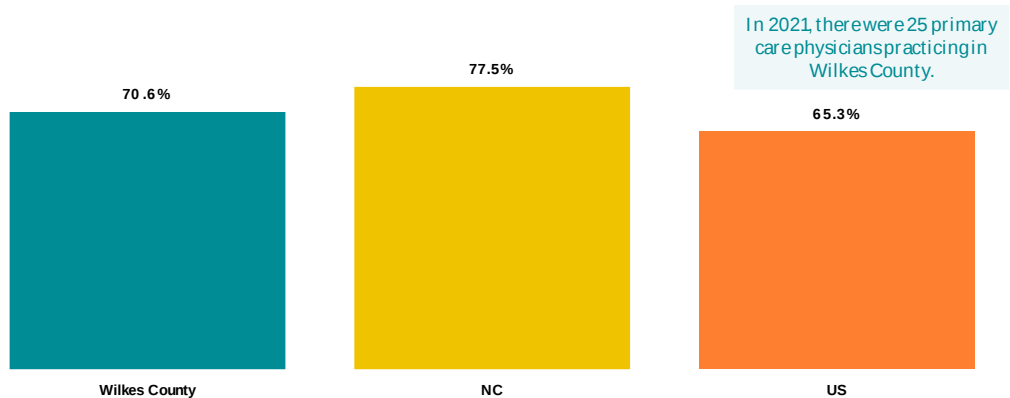
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Utilization of Primary Care Services

PRC Survey ► “A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?”

Have Visited a Physician for a Checkup in the Past Year



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 - Area Health Resources Files, Health Resources & Services Administration. Retrieved May 2024 via Metopio.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Primary care physician count includes the number of clinically active primary care physicians. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Note also the number of practicing primary care providers in Wilkes County. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. However, keep in mind that this indicator takes into account *only* primary care physicians; it does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

PRC Survey ► “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0 -17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

Oral Health

About Oral Health

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

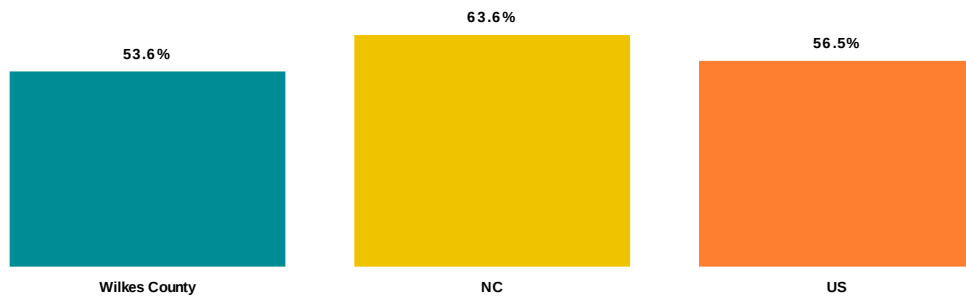
— Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Care

PRC Survey ► “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0 % or Higher



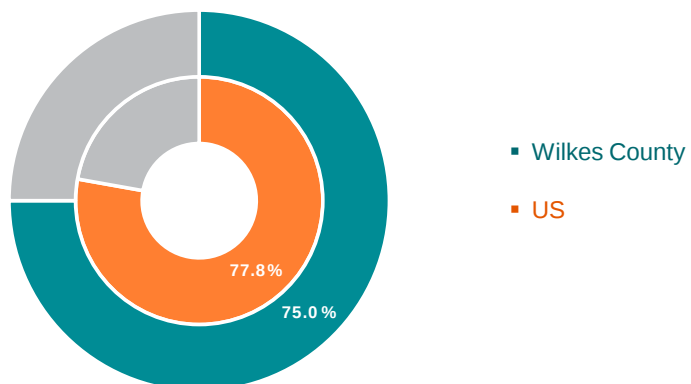
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

PRC Survey ► [Children Age 2-17] “About how long has it been since this child visited a dentist or dental clinic?”

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children 2 to 17)

Healthy People 2030 = 45.0 % or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

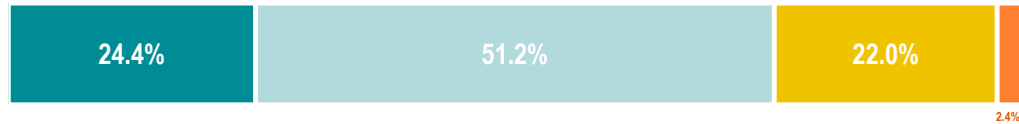
Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Note key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community (Among Key Informants; Wilkes County, 20 24)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • YRNOW PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access for Medicare/Medicaid Patients

- Lack of access for those with Medicaid. – Public Health Representative
- Not enough providers that accept Medicaid or offer a sliding fee. – Public Health Representative

Affordable Care/Services

- Cost. – Community Leader

Awareness/Education

- Lack of education on healthy oral hygiene and preventative care. – Health Provider

Access to Care/Services

- Lack of transportation, methamphetamine use, appointments booked out months in advance, and limited dentists taking Medicaid. – Health Provider

Local Resources

Perceptions of Local Health Care Services

PRC Survey ▶ “How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- AA/NA
- Atrium Health
- Atrium Health Wake Forest Baptist Medical Center
- Atrium Health Wilkes Urgent Care
- CareNET Counseling
- Child Care
- Daymark
- Federally Qualified Health Centers
- Foothills Free Clinic
- Free Clinic
- Health Department
- Hospitals
- Mobile Expanded School Health Bus
- Mountain Health Solutions
- Peer Support
- Recovery Revolution
- Substance Abuse Programs
- The Health Foundation
- Transportation
- Vaya Health
- Wilkes County Health Department
- Wilkes Pro Health
- Wilkes Public Health Dental Clinic
- Wilkes Recovery Revolution
- Wilkes Transportation Authority
- WTA

- Hospitals
- Livestrong
- Quit Tobacco Programs
- SECU Family House
- Surgical Screening Services
- Susan B. Komen Foundation
- Wilkes Medical Associates
- YMCA/YWCA

Diabetes

- AA/NA
- Atrium Health Wake Forest Baptist Medical Center
- Care Connections
- Doctor's Offices
- Free Clinic
- Good Rx
- Health Department
- Hospitals
- Medicare/Medicaid
- Prescription Cards
- The Health Foundation
- Wilkes County Health Department
- Wilkes Family Practice
- Wilkes Fresh Mobile Food Market
- YMCA/YWCA

Disabling Conditions

- Adult Day Health
- Assisted Living Facilities
- Atrium Health Wake Forest Baptist Medical Center
- Churches
- Faith Health
- Hope Ministries
- Hospitals
- Parks and Recreation
- Physical Therapy

Cancer

- American Cancer Society
- Atrium Health Cancer Center
- Atrium Health Wake Forest Baptist Medical Center
- Breast Cancer Center
- Cancer Treatment Center
- Churches
- Doctor's Offices

Ruby Purdue Center
The Health Foundation
Transportation
Wilkes County Vocational Rehab Services
WTA
YMCA/YWCA
Zion Hill Baptist Food Pantry

Heart Disease & Stroke

Atrium Health
Atrium Health Cardiac Rehab Services
Atrium Health Wake Forest Baptist Medical Center
Doctor's Offices
Health Department
Heart Center
Hospitals
Novant Health
Parks and Recreation
School System
Wilkes County Health Department
Wilkes Farmer's Market
YMCA/YWCA

Infant Health & Family Planning

Atrium Health Wake Forest Baptist Medical Center
Doctor's Offices
Health Department
Hospitals
Pregnancy Care Center
School System
WIC
Wilkes County Department of Social Services
Wilkes County Health Department
Wilkes County Schools
Wilkes Medical Center
Wilkes OBGYN
Wilkes Pediatrics
Wilkes Pregnancy Center

Injury & Violence

DANA Services

Mental Health

Aspen Mental Health Counseling
Atrium Health Wake Forest Baptist Medical Center
Care Connections
CareNET Counseling
Daymark
Donlin Counseling
High Country Recovery
Hospitals
NAMI
New River Behavioral Health
Recovery Organizations
Shirley Randleman Center
Vaya Health
Wilkes County Schools
Wilkes Recovery Revolution

Nutrition, Physical Activity & Weight

Atrium Health Wake Forest Baptist Medical Center
Brushy Mountain Crossfit
Circle of Care
City/County Government
Daymark
Farmer's Markets
Food Banks/Food Pantries
Food Stamps
Health Department
Hope Ministries
Outdoor Economy Working Group
Parks and Recreation
Planet Fitness
Samaritans Kitchen
The Health Foundation
WIC
Wilkes Cares
Wilkes County Department of Social Services
Wilkes County Health Department
Wilkes Partnership for Children
Wilkes Fresh Mobile Food Market
YMCA/YWCA

Oral Health

Dentist's Offices
Wilkes Dental Clinic
Wilkes Public Health Dental Clinic

Respiratory Diseases

Hospitals

Sexual Health

Health Department
Pregnancy Care Center
Wilkes County Health Department
Wilkes Recovery Revolution

Substance Use

AA/NA
Addiction Medicine Providers
Atrium Health
Bethany Medical Center
BrightView Health Addiction Treatment
CareNET Counseling
Community Opioid Prevention and Education Team
Comprehensive Treatment Center
Day Treatment Facilities
Daymark
Donlin Counseling
Medication-Assisted Treatment Programs
Ministerial Association of Wilkes
Mountain Health Solutions
North Wilkesboro Comprehensive Treatment Center
Novant Health
Opioid Settlement Committee
Peer Support
Pharmacies
Phases Transitional Housing
Project Lazarus
R3 Recovery
Recovery Revolution
Substance Abuse Programs
Synergy Recovery
The Health Foundation
The Recovery Center
Vaya Health
Wilkes EMS
Wilkes Recovery Revolution
WTA

Tobacco Use

1-800-Quitline

App Health Care
Atrium Health Wake Forest Baptist Medical Center
Care Connections
Churches
Daymark
Doctor's Offices
Health Department
Wilkes County Health Department
Wilkes County Schools
Wilkes OBGYN
Wilkes Youth Life Development



Appendix

Evaluation of Past Activities

Health Priority: Access to Care	
Strategy 1: Support tele-health initiative to improve access to cardiac care	
Specific Interventions 1. Participate in the Wake E-VICTORS (Enhancing Rural Health via Cardiovascular Telehealth for Rural Patients) program	Collaborative Partners · Wake Forest Department of Emergency Medicine · Wilkes EMS · Wilkes County Health Department
Results/Impact Wilkes Medical Center (WMC) Foundation provided partial funding for this ongoing project in September 2022. Since the beginning of the project, with go-live in 2/21, the program conducted a total of 96 successful Wilkes County EMS telehealth calls that resulted in 94 unique patient engagements, 3 ED visits avoided, and 11 transfers avoided.	
Strategy 2: Increase locations/access for Women's services	
Specific Interventions 1. Open access through shared Family Medicine/OB positions	Collaborative Partners Wake Forest Department of Family Medicine · Private primary care providers in Wilkes County
Results/Impact There were four Family Medicine/OB physicians hired who are providing care at the following locations: Rock Creek Family Medicine, West Wilkes Family Medicine, Obstetrics and Gynecology Wilkes, and Wilkes Medical Center.	
Strategy 3: Support Discharge Prescription Service (DPS) at no cost for qualified patients	
Specific Interventions 1. Provide co-prescribing of naloxone with opioids	Collaborative Partners Care Connections · Duke Endowment · The Health Foundation · Wilkes County recovery agencies
Results/Impact DPS has not been implemented for several reasons including leadership changes at corporate pharmacy and executive level, and changes in Duke Endowment funding. Approval was received in early 2024 to study the issue for the potential of securing future funding for the identified at-risk population.	
Strategy 4: Expand workforce for direct patient care	
Specific Interventions 1. Fund out of pocket costs for Nursing Assistant [NA] certification with the Wilkes County Schools Health Sciences program	Collaborative Partners Wilkes County Schools

Results/Impact	
During 2023, Wilkes Medical Center (WMC) funded CNA training to include certification, fees, and uniform costs for one internal employee. Also, it hired one external apprentice.	



Health Priority: Social Impact and Injustice

Strategy 1: Provision of medical and other transportation services to underserved patients

Specific Interventions

1. Provide vouchers and other options for transportation

Collaborative Partners

Surge Transportation Services · Chaplaincy and FaithHealth

Results/Impact

During 2022, FaithHealth Chaplaincy partnered with Surge Transportation to provide 808 transportation trips for patients and community members at a total cost of \$89,847. During 2023, 460 transportation trips were provided at a total cost of \$62,125.

Strategy 2: Support Foothills Free Clinic

Specific Interventions

1. Increase hours of clinic access

Collaborative Partners

Foothills Free Clinic
Wilkes County Health Department

Results/Impact

WMC was unable to increase the hours of access due to competing priorities. However, a process was developed and executed to provide no-cost lab studies for clinic patients at hospital labs creating convenience and access availability to patients.

Strategy 3: Increase car seat use and education

Specific Interventions

1. Create car seat clinics/fairs
2. Provide car seats for families in need

Collaborative Partners

Wilkes County Health Department · Wilkes County Sheriff's Department

Results/Impact

During September 2023, WMC staff participated in 3 car seat checks in collaboration with Safe Kids. WMC provided 15 car seats at no cost to qualified participants.

Strategy 4: Support Samaritan's Kitchen food pantry

Specific Interventions

1. Increase number of employee volunteers
2. Increase monetary donations

Collaborative Partners

Samaritan's Kitchen · Wilkes County Health Department

Results/Impact

The Wilkes County Schools backpack program was funded by WMC foundation for 2 years.

Strategy 5: Create awareness around smoking during pregnancy**Specific Interventions**

1. Create smoking cessation clinic
2. Increase participants in smoking cessation programs

Collaborative Partners

Wilkes County Health Department · Care Connections Pharmacy · The Duke Endowment

Results/Impact:

During 2022 and 2023, WMC pharmacy students conducted 5 classes each year in Care Connections Pharmacy and/or Cardiac and Pulmonary Rehab. There were 82 participants in these educational sessions.



Health Priority: Chronic and Emerging Diseases

Strategy 1: Engage efforts for Primary Stroke Center and Chest Pain Center designations

Specific Interventions

1. Begin work toward requirements for designation

Collaborative Partners

American Heart Association · The Joint Commission

Results/Impact

WMC hired the Stroke Program Coordinator in April 2023. However, the American Heart Association Get with the Guidelines (GWTG) contract approval was delayed by legal. The planned application date is July 2024. In the meantime, stroke data are being gathered and policies implemented. WMC will be prepared to apply once the GWTG contract is approved, and requisite data are submitted in that database. The Chest Pain accreditation is no longer being pursued/supported by the organization.

Strategy 2: Increase public knowledge about heart and stroke

Specific Interventions

1. Conduct health fairs/clinics

Collaborative Partners

Cities of Wilkesboro and North Wilkesboro · MerleFest, Inc. · FaithFest · The Health Foundation · Communications, Media, and Marketing

Results/Impact

There were no public education events held from 2020 to mid 2022 due to the COVID-19 pandemic. In 2022, WMC provided 300 gun locks at "Touch-a-Truck" community outdoor event. In 2023, WMC participated in the MerleFest (heart/stroke/skin cancer education/awareness), 3 community education events, and 3 public school engagements. In 2024, WMC participated in the MerleFest (heart/stroke/skin cancer awareness), 4 public school education sessions, 3 Community education events, and 2 health screening events.

Strategy 3: Increase breast cancer education and early detection

Specific Interventions

1. Offer mobile mammography screening services

Collaborative Partners

Tyson Foods · Louisiana-Pacific · Wilkes County Health Department

Results/Impact

The anticipated access to the mobile screening vehicle fell through and services have not begun.

Strategy 4: Create awareness around blood need and community resources

Specific Interventions

1. Host community blood drives

Collaborative Partners

American Red Cross

Results/Impact

There were 4 events held in 2022, 4 events in 2023, and 2 events in 2024.

Final Report Approved: December 3, 2024

