

Anson County Community Health Assessment 2004

**2004 COMMUNITY HEALTH ASSESSMENT
ANSON COUNTY NORTH CAROLINA**

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SECTION I: INTRODUCTION

The purpose of this report is to provide an assessment of the community health status of Anson County and to serve as a working foundation for developing community focused health improvement interventions. This effort is part of the North Carolina Division of Public Health's requirement of counties to conduct community health assessments on a four year cycle to identify and evaluate health issues in the counties. The local assessment has been a collaborative effort between the Anson County Health Department and the Health Ansonians Task Force, which is a State Certified Healthy Carolinians Task Force. While the information in this report will be beneficial for many health and human service providers, in particular, it will serve as a basis for operational planning and monitoring of community health conditions by the Healthy Ansonians Task Force and their continuing certification requirements.

The 2004 Anson County Community Health Assessment was guided by an ad-hoc subcommittee of the Health Ansonians Task Force, comprised of various health and human service representatives. This group was instrumental in formalizing the process, reviewing information, facilitating logistical aspects of primary data collection, and identifying priority community health concerns. Carolinas Community Health Institute, a unit of Carolinas HealthCare System, provided coordination, data analysis and writing support for the effort which occurred from April – November 2004.

This Community Assessment begins with a description of the methodologies and data sources utilized. Next, there is an overview of the County with respect to geographic location, population size, economic status, educational systems, and health care resources. The third section of the Community Assessment is an analysis of the health status and the health care utilization patterns of the County.

METHODOLOGY

The initial step in developing the Community Health Assessment was gathering existing data for the County. The analysis consisted of two levels - primary analysis of data that had not been evaluated previously and secondary analysis of data that had already been compiled and assimilated. The focus of the secondary analysis was to incorporate the previously reported data into the broader spectrum of the Community Health Assessment.

Data for the Anson Community Health Assessment were obtained from a variety of public and private sources. The following is a description of the various data that were utilized.

Primary Data Analysis

During the summer of 2004, a community health survey was conducted among Anson residents to assess local opinions about various community and health related concerns. Representatives of the Healthy Ansonians Task Force were instrumental in distributing and collecting the surveys. Task Force members were able to collect 496 surveys and all of the surveys were deemed as usable. Efforts were made to have a broad distribution of the surveys to reflect the social and

demographic make-up of the County. Examples of distribution sites include: community college, civic or organization meetings, community centers, churches, health care facilities and mobile wellness van sites.

Of those responding to the survey, the majority of persons were female (68.8%). The percentage of black residents who responded to the survey was 53.7%, compared to 41.9% for white residents, 3.6% for residents who identified as other, and less than 1% for Hispanics and Native Americans. The percentage of residents between the ages of 25-64 who responded to the survey (69.2%) was greater than that of those under age 18, age 18-24, and over age 65 combined (30.8%).

Secondary Data Analysis

Vital Statistics

Vital statistics were collected from the North Carolina State Center for Health Statistics (NC SCHS) for Anson County and for comparison, the State of North Carolina. The data contain statistics from various years on pregnancy and birth rates, mortality rates, and morbidity rates.

Health Care Resources

Information regarding health care resources was obtained from the NC Professional Data System and the Healthy Ansonians Task Force.

Anson County Health Department

The Anson County Health Department provided statistics related to childhood dental screenings and communicable diseases.

Cancer Registry

The State Center for Health Statistics and the North Carolina Central Cancer Registry provided the most current cancer incidence rates. These reports were incorporated with the data on cancer death rates to enhance the understanding of the cancer burden in the County.

Solucient North Carolina Inpatient Discharges

A third-party database company, Solucient (formally, HCIA), is responsible for collecting and compiling the discharge data for North Carolina hospitals. The R. Stuart Dickson Institute for Health Studies (DIHS) of Carolinas HealthCare System (CHS) has purchased these data for assessment and research purposes. The data documents detailed discharge data including discharge diagnoses for Anson County residents who were inpatients in a North Carolina hospital.

Environmental Health

Data for environmental health were collected from the Internet sites of the U.S. Environmental Protection Agency and the Environmental Defense Fund.

SECTION II: COUNTY OVERVIEW

One of the greatest assets of Anson County is the natural environment, including a rich supply of water and wealth of undeveloped forests. Anson County's natural resources hold great future economic potential in the form of ecotourism and recreation as well as a source of support to those who use the resources for agriculture. Anson continues to rank low on most socio-economic indicators and has been federally designated as a Health Professional Shortage Area. The population of Anson County has access to a transportation network that provides extensive services throughout the County both on a scheduled and a demand basis.

Geographic Setting

Anson County is located at the eastern edge of the Charlotte Metropolitan area of North Carolina. The County is bordered on the south by the state of South Carolina and on the west by Union County, North Carolina. The north and eastern boundaries are delineated by the Pee Dee and Rocky River, which provide a common boundary with the North Carolina counties of Stanly, Montgomery, and Richmond. Anson County is comprised of approximately 536 square miles and has seven (7) municipalities, with the County seat, Wadesboro, positioned in the central interior (Map 1). The municipalities in the County include Polkton, Ansonville, Morven, Lilesville, McFarlan, and Peachland. The main transportation corridors are US Highway 74, which provides access to two medium sized cities, Rockingham to the east and Monroe to the west; and US Highway 52, the major north-south thoroughfare. The County is located approximately 50 miles east of Charlotte, North Carolina's largest city.

Anson County is located in a transition area of the lowlands of the Piedmont Region of North Carolina. The terrain is characterized by eroded rolling hills and flat to gently rolling agricultural land with swampy bottomlands susceptible to flooding. The total land area is located within three (3) northeast-to-southwest trending watersheds of the Yadkin River Basin.

- Rocky River, located at the northwest corner of the County,
- Upper Pee Dee, the central watershed containing the Pee Dee National Wildlife Refuge, Blewett Falls Lake, and the municipalities of Polkton, Ansonville, and portions of Wadesboro and Lilesville.
- Lower Pee Dee, which includes the drainage below Blewett Falls Lake and the municipalities of Morven and McFarlan.

History

Anson County was formed on April 9, 1750 from Bladen County and was named for Lord George Anson, a British admiral. The first courthouse was built on the north bank of the Pee Dee River at Mount Pleasant. Anson was once the largest county in the state and stretched westward to the Mississippi River before Rowan, Mecklenburg, Richmond, Montgomery, and Union counties were cut from the county. Wadesboro, chartered in 1783 as New Town, is the county seat and is located near the geographical center of the County. Patrick Boggan donated the town's 140 half acre lots which quickly sold for 40 schillings (\$9.60) each. The streets of the

town were laid out and the name was changed to Wadesborough in 1787 in honor of Revolutionary War Colonel Thomas Wade. The spelling was changed to Wadesboro in 1868.

Population

The population of Anson County is clustered in the central area of the County, near Wadesboro and along US Highways 74 & 52 and has experienced a 7.5% increase within the last decade. Despite this growth, only about 38% of the population lives within a municipality (Table 1) owing to the rural nature of the County. The greatest population growth has occurred along the US Highway 74 corridor west of Wadesboro. The County is projected to have a population of 25,553 in 2005 and 26,304 in 2010.

Place	Total Persons (2000)	Total Persons (July 2003 Estimate*)
Anson County	25, 275	25, 224
Wadesboro	3,568	5,709
Polkton	1,916	1,956
Ansonville	636	632
Morven	579	575
Peachland	554	588
Lilesville	459	453
McFarlan	89	87

Source: 2000 Census, *State Data Center- 2003 Estimate Projected from April 1, 2000 Census

The racial break down in Anson County is approximately equal, with 50 percent white persons and 50 percent minority persons. This compares to about 74.8 percent white and 25.2 percent minority for the State (North Carolina State Center for Health Statistics). The minority population in Anson County is predominately African-American (98%). In Anson County, both the younger and older age groups have a higher percentage of minorities than the State. Table 2 shows the complete age distribution by race for the County.

Age	Total	White			Minority		
		Total	Male	Female	Total	Male	Female
0-4	1650	743	366	377	907	445	462
5-9	1763	713	337	376	1050	528	522
10-14	1804	717	394	323	1087	536	551
15-19	1669	692	342	350	977	484	493
20-24	1526	652	354	298	874	449	425
25-29	1685	733	418	315	952	533	419
30-34	1779	817	424	393	962	518	444
35-39	1890	895	485	410	995	531	464
40-44	1855	894	473	421	961	505	456
45-49	1872	931	491	440	941	475	466
50-54	1760	900	466	434	860	403	457
55-59	1422	866	426	440	556	270	286
60-64	1103	734	367	367	369	168	201
65-69	902	573	267	306	329	141	188
70-74	800	544	224	320	256	87	169
75-79	797	536	237	299	261	87	174
80-84	557	349	115	234	208	69	139
85 +	524	327	92	235	197	54	143
Total	25,358	12,616	6278	6338	12,742	6283	6459
Percent of Total		49.75	24.76	24.99	50.25	24.78	25.47

Education

The Anson County School system serves the total county and currently serves 4, 432 students, with one high school, one middle school, six elementary schools and an alternative high school. The high school dropout rate for 2002-2003 was 5.1%, compared to the North Carolina average of 6.43%. The 2003 overall SAT score was 886, a slight increase from the 2002 score of 847.

**Table 3. Select Statistics for the 2002-2003 Academic Year
Anson County School District**

School 2002-2003	Grades	Student to Teacher Ratio	Total Students	White	Minority
Ansonville Elementary	PK-6	10.9	218	102	116
Morven Elementary	PK-6	15.6	421	25	396
Lilesville Elementary	PK-6	13.7	355	136	219
Wadesboro Elementary	4-6	13.4	403	90	313
Peachland-Polkton Elementary	K-6	16.1	546	334	212
Anson Middle School	7-8	15.5	777	274	503
Anson Challenge Academy	7-12	7.5	60	4	56
Anson High School	9-12	12.3	1167	448	719

Source: National Center for Education Statistics 2002-2003

South Piedmont Community College (SPCC), which offers a wide range of educational, serves the community vocational and training programs. The college offers two-year associate degrees and one year vocational. More than 19, 000 students are served annually by SPCC, which also provides a college transfer program that parallels the freshman and sophomore years of study of a four-year college or university.

Economics and Employment

Traditionally, Anson County business has been largely agricultural and textile based. Approximately, 3,500 persons are employed in manufacturing jobs and 4,100 are employed with local, state or federal government agencies. Retail, transportation, construction, mining, wholesale trade, and the finance and service industries employ the remaining Anson workers. With three correctional facilities located in the County, the NC Department of Corrections is the single largest employer in the County with approximately 800 employees. Other major non-manufacturing employers include Anson Community Hospital and Anson County School System.

In general, Anson County ranks lower in most socio-economic indicators than the State as a whole (Table 4). In 2001 the per capita personal income for the County was approximately \$4556 less than that of the State.

Table 4. Socio-Economic Indicators.

	Year of Data	Anson County	North Carolina
Unemployment Rate	2003	10.4%	6.9%
Per Capita Personal Income	2001	\$22,752	\$27,308
Median Family Income	2003	\$40,000	\$53,000
% Persons Living in Poverty	2000	17.8	12.3
% of Children in Poverty	2000	24.0	16.1
% TANF/Work First Recipients	2003	1.31	1.14
% Food Stamp Recipients	2003	13.1	7.4

Source: NC Dept. of Commerce, NC Rural Economic Development Center, NC State Center for Health Statistics, NC Child Advocacy Institute

Government

Anson uses the County manager form of government, with seven county commissioners representing districts within the county. The seven municipalities located in the County operate with a mayor-council form of Government.

Transportation

The Anson County Transportation system offers two types of services, regular scheduled routes and demand response. Payment for transportation includes cash, monthly payments, Medicaid, and elderly and disabled transportation grants administered by ACTS. Regularly scheduled routes transport individuals to the same destination on a consistent basis, while, demand response transportation is flexible and is accessible by calling at least 24 hours in advance to schedule appointments.

The geriatric population (age 60 and over) is provided transportation to the Grace Center located south of Wadesboro just east of US Highway 52. The Grace Center provides the Mealsite lunch program, medical screenings, arts and crafts, and presentations from local agencies and health care providers. Separate routes are operated to serve Peachland, Ansonville, Wadesboro, and Morven seniors.

The Work First routes transport program participants to South Piedmont Community College. Work First, administered by the Department of Social Services (DSS) as part of Welfare Reform, consists of two components: (1) Local Work First, providing job readiness training, and (2) Employment Work First, providing permanent employment through contracting agencies with DSS. For Employment Work First participants, transportation to place of employment is provided by DSS.

A dialysis route serves dialysis patients that have no other means of transportation. The routes transport to appropriate dialysis facilities.

Limited scheduled transportation services provided by ACTS are dominant along a northwest to southeast axis along NC Highway 742, US Highway 52, and laterally along US Highway 74.

All municipalities within the County are served, with the exception of McFarlan, located at the southeast corner of the county near the South Carolina boundary.

Demand response transportation is also available for non-political, non-religious groups on a first-come first-serve basis.

Crime

According to the most recent information from the North Carolina Department of Justice, crime rates in Anson County fell from 2002 to 2003. While the state overall, saw drops in crime rates, Anson County generally had a greater percentage drop. The violent crime rate fell 14.7% and the property crime rate fell 3.9%. The Index Crime Rate also fell 4.8%. This rate includes the total number of violent crimes (murder, rape, robbery and aggravated assault) and property crimes (burglary, larceny and motor vehicle theft). Total arrests dropped from 1,535 in 2002 to 939 in 2003. The leading categories of arrest offenses were 1) Non-aggravated assaults 2) Larceny – Theft 3) Sale/Manufacture/Possession of Cocaine, Marijuana or other dangerous drug 4) Drunk and Disorderly Conduct and 5) Driving under the Influence.

Table 5. Crime Rates (per 100,000 population)				
	2002		2003	
	Anson	N.C.	Anson	N.C.
Index Crime Rate	4,660.8	4,792.6	4,433.7	4,765.4
Violent Crime Rate	429.8	475.3	366.5	450.3
Property Crime Rate	4,231.0	4,317.3	4,067.2	4225.1

Table 6. Adult and Juvenile Arrests – Top 5 Leading Offenses		
	2002	2003
Total Arrests	1,535	939
1) Non-Aggravated Assaults	343	135
2) Larceny – Theft	115	101
3) Sale/Manufacture/or Possession of opium, cocaine, marijuana, or other dangerous drug	85	83
4) Drunk & Disorderly Conduct	51	82
5) Driving Under the Influence	67	58

Source: NC Department of Justice, 2004

Environmental Assets and Sensitive Areas

The greatest assets of the County may be its rich supply of water and wealth of undeveloped, forested areas. In addition to these features, within the County are many other environmental assets and environmentally sensitive areas.

The County contains two (2) watershed protected areas that fall under State mandated regulations for type and density of development in an effort to protect public water supplies. The intake for the Anson County water supply is located at Blewett Falls Lake. The area upstream from the water supply intake is a Class IV watershed, which means the land area within the watershed boundary is moderately to highly develop. The City of Wadesboro water supply intake is located south of Wadesboro at City Pond. The area upstream is classified as a Class II watershed, meaning the land area is predominately undeveloped. Critical areas are delineated at ½ mile buffers around the water intakes. Additional development restrictions are enforced in these areas that are in direct proximity to the public water supply intakes.

The County also contains large vicinities designated as groundwater recharge and discharge areas. These areas are predominately marshes and high aquifers where groundwater continually feeds into streams, even during dry periods. Other environmental assets within Anson County include historic sites and districts, and recreation projects.

Most of the 8000 acre Pee Dee National Wildlife Refuge is located in Anson County. This area, at the north-eastern portion of the County has been referred to as part of North Carolina’s “Green Lung” or “Central Park” due to the surrounding crescent-shaped expanse of urban development from Charlotte to Raleigh. The Pee Dee National Wildlife Refuge contains the largest contiguous bottomland hardwood forest in the Piedmont and has been placed on the registry of State Natural Heritage Areas

The County contains an abundance of natural heritage areas, including rare and endangered species. In addition to concentrations in the Pee Dee National Wildlife Refuge, these sites are located along streams and creeks.

SECTION III: HEALTH

Health Care Resources

Anson County is a federally designated health professional shortage area. In 2002, there were approximately 4.7 primary care physicians per 10, 000 population in the County compared to 8.5 per 10,000 population in the State. Table 5 shows the number and type of health professionals who practice in Anson County .

Primary Care Physicians	19
Family Medicine	4
General Practice	1
Internal Medicine	4
Obstetrics / Gynecology	0
Pediatrics	2
Specialties	10

Doctor of Veterinarian Medicine (DVM)	2
Dentists	4
Dental Hygienists	3
Optometrists	1
Podiatrists	0
Chiropractors	1
Physician Assistants	6
Nurses	
LPN	69
RN	123
Nurse Practitioners	2
Pharmacists	10
Physical Therapists	1
Physical Therapist Assistants	5

Source: NC Professional Data System, UNC Sheps Center for Health Services Research, 2004

Given the higher percentage of the population living in poverty (Table 4), the County, as expected, has a higher than average percentage of Medicaid eligible residents. In 2001, more than a fourth of Anson residents were eligible for Medicaid compared to 17 percent of State residents.

Anson County is served by four major medical facilities – a community hospital, a County Health Department, a federally qualified health clinic, and a mental health center. These facilities are supplemented by additional services for the community that provide support services and provide entry points for health-related outreach venues.

Anson Community Hospital is owned and operated by the Carolinas HealthCare System. The hospital currently operates 30 acute care beds as well as a 95 bed nursing home, the Lillie Bennett Nursing Center. The hospital and its 15 active physicians provide primary health care services to the community including Family Medicine, Internal Medicine, Pediatrics, and General Surgery.

The hospital operates a 24 hour emergency department staffed by board certified physicians. All nurses who staff the Emergency Department are Advanced Cardiac Life Support (ACLS) certified and many are also Pediatric Advanced Life Support (PALS) certified. Med Center Air, based at Carolinas Medical Center in Charlotte, provides helicopter service to the hospital. The county operates a paramedic level EMS program.

Anson Community Hospital also provides a variety of outpatient services. Medical imaging services include CT, ultrasound, mammography, and general radiology. Via a teleradiology link to Carolinas Medical Center, interpretation of x-rays is available 24 hours a day. Other outpatient services include rehabilitative services including Physical Therapy, Speech Therapy, and Occupational Therapy. Laboratory and a full range of Cardiopulmonary Services are also

provided. The hospital also operates a Home Care program and serves as the lead agency in Anson County for the Community Alternatives Program (CAP.)

In addition to hospital based services, in recent years the hospital has initiated several community outreach projects including serving as a catalyst in the establishment of a certified Healthy Carolinians Task Force, the Healthy Ansonians, in the county. Established in 1996, the Healthy Ansonians Task Force participates in a variety of health and human services initiatives in the county. The Task Force operates a Mobile Health Screening Clinic that provides services at ten permanent sites in the county and provides basic health screenings to about 6,000 people annually. The Task Force's Parish Nurse Program involves over 30 churches in the county and is one of the largest such program operating in the State. Other initiatives include the Safe Communities and Safe Kids programs, as well as various programs and services related to maternal and child health issues, domestic violence, injury control, substance abuse, STDs, and an asthma coalition.

In addition to the Lillie Bennett Nursing Center, the County is also served by Heritage Hills, Inc. for nursing home services.

Anson County Health Department (ACHD) provides preventive health services and health screening to the medically indigent population of the County. Clinical services of the Health Department include family planning, maternal health, child health, adult health screenings, communicable disease health, and environmental health. The Health Department also provides support services such as child service coordination, maternity care coordination, laboratory services, health education, school dental health screenings, and WIC/nutrition services.

The County has a federally qualified primary care clinic, Anson Regional Medical Services (ARMS). The ARMS physicians specialize in family practice, pediatrics, adolescent care, and dental care. In 1999, ARMS relocated to a new facility in Wadesboro that consolidated services to one main facility with continuation of one satellite clinic in Morven.

The fourth major health care facility located in Anson County is the Sandhills Mental Health Center. Services provided by Sandhills are in four general areas: developmental disabilities, child mental health, adult mental health, and substance abuse services.

Anson County has one of eighteen State-funded centers to evaluate children for developmental disabilities. The Sandhills Children's Developmental Services Agency (CDSA) screens ages 0 to 21 with particular emphasis on ages 0 to 3. The CDSA staff represents seven disciplines: medical, nutrition, social work, psychology, speech therapy, physical therapy, and education. Patients are referred to CDSA from a variety of sources such as primary care providers, Health Department, schools, and self-referrals. The primary role of DEC is evaluation with subsequent referrals for care, but limited speech and physical therapy is available.

The Anson County Department of Social Services (DSS) is responsible for determining eligibility and allocating resources for Medicaid, Temporary Assistance for Needy Families (TANF), and Food Stamps. DSS also oversees several programs related to child health including

child protective services, foster care, adoption services, subsidized childcare, and some programs of Smart Start.

Other related services for the County include health education programs sponsored by the Anson County Cooperative Extension Office; food, clothing, and furniture assistance from the Anson Crisis Ministry, and Feed My Lambs program; and transportation to and from health care facilities via Anson County Transportation Services.

Healthy Ansonians Task Force

In 1995, the Healthy Ansonians Task Force (HATF) was established to identify, address and monitor priority health concerns in the County. The Task Force was initiated by Anson Community Hospital in collaboration with the Anson County Health Department and developed an action plan to address four community health concerns: substance abuse, injury control, sexually transmitted diseases and maternal & child health. The task force formally became a part of the North Carolina Healthy Carolinians Program as certified task force in 1996. The HATF is comprised of 27 members representing various health and human services organizations and community representatives. Since its inception, HATF has developed an extensive committee structure that plans, implements and advocates for community health improvement in various areas of focus including:

- Substance Abuse
- Injury Control/Safe KIDS/Safe Communities
- Parish Nurse Program
- HIV & STDs
- Mobile Health Screening
- Domestic Violence Coalition
- Maternal & Child Health
- Local Physical Activity & Nutrition Coalition (LPAN)
- Asthma Coalition

Pregnancy and Birth Rates

Overall in 2002, there were 78.2 pregnancies per 1,000 Anson women of childbearing age (ages 15-44) compared to the State rate of 79.5. The corresponding white rate for the County (80.5) was greater than the State rate (74.6). The minority rate for the County (75.5) was less than the State rate (90.4). For women between the ages of 15 and 19 years of age, the State pregnancy rate was 64.1 compared to the Anson County rate of 74.7 for this age group. Both the white and minority rates among County women in this age group were slightly higher than the corresponding State rates. Before discussing birth rates, note that in 2002, the Anson County abortion rate was lower than the State average both overall and by race and age categories. The live birth rate as estimated across the five-year period, 1998-2002, indicated that the white and minority live birth rates were less than the State. These statistics are summarized in Table 6. The percentage of short interval births is also above the State percentage, 13.7% compared to 12.2%. The short birth interval percentage is an indicator of need for family planning services.

Table 8. Pregnancy, Abortion, and Live Birth Rates, 2002

	Anson	North Carolina
Pregnancy Rate, 2002		
* Total	78.2	79.5
* White	80.5	74.6
* Minority	75.5	90.4
Abortion Rate, 2002		
* Total	11.7	14.3
* White	6.9	8.9
* Minority	14.8	26.4
Live Birth Rate, 1998-2002		
* Total	13.3	14.4
* White	11.4	13.9
* Minority	15.1	15.9

Source: NC State Center for Health Statistics (SCHS)

* Refers to all women, white women, or minority women of childbearing age, defined by SCHS as women ages 15-44

Adolescent Pregnancy

For 15-19 year olds, the number of pregnancies can be divided into two groups that separate the 15-17 year olds from the 18-19 year olds which is an important distinction in terms of understanding the target populations. The rates represented in Table 7 are single year rates from 2002 and 5-year rates from 1998-2002. Table 8 represents single year rates from 2000-2002. Overall, the Anson County rate for 15-17 year olds was higher than the State rate, but continued to decrease as did the State rate. For white women age 15 to 17, the pregnancy rate among Anson County residents was higher than the State rate in 2000 (45.9 v. 35.5), but declined and dropped below the State rate in 2001 and 2002. Unfortunately, rates for Anson minority women in this age group have not followed the same trend. In 2000, the rate among Anson minority women aged 15-17 was lower than that of the State rate (52.6 v. 62.8). However, while the State rate for minority women decreased from 2000-2002, the rate among Anson minority women aged 15-17 increased and surpassed the State rate. The 5-year rate for women 15-17 was higher than the State regardless of race.

Table 9. Pregnancy Rate (per 1,000 women ages 15-17) by Race, 2002, 1998-2002

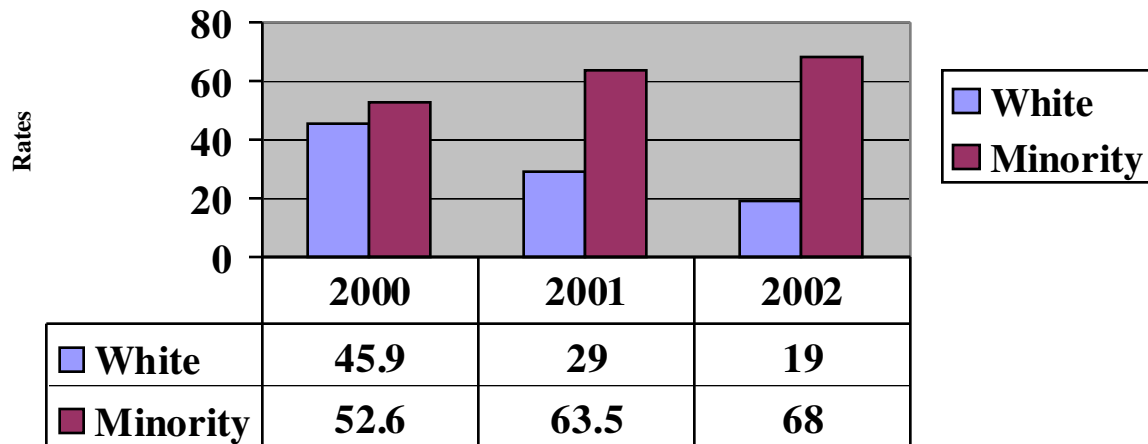
	Anson		North Carolina	
Pregnancy Rate	2002	1998-2002	2002	1998-2002
Total, Age 15-17	47.6	56.9	38.3	44.7
White, Age 15-17	19.0	37.8	30.8	35.5
Minority, Age 15-17	68.0	69.0	54.2	64.0

Table 10. Pregnancy Rate (per 1,000 women ages 15-17) by Race, 2000-2002						
YEAR	ANSON			NORTH CAROLINA		
	White	Minority	Total	White	Minority	Total
2000	45.9	52.6	50.3	35.5	62.8	44.4
2001	29.0	63.5	49.8	32.0	59.5	40.6
2002	19.0	68.0	47.6	30.8	54.2	38.3

Source: NC State Center for Health Statistics

Table 11. Abortion Rate (per 1,000 women ages 15-17) by Race, 2002:		
Abortion Rate	Anson	North Carolina
Total, Ages 15-17	4.0	9.4
White, Ages 15-17	0.0	7.1
Minority, Ages 15-17	6.8	13.9

**Fig. 1: Anson County Pregnancy Rates by Race
15-17 Year Olds, 2000-2002**



From 2000 to 2001, the overall, white, and minority pregnancy rates for 18-19 year olds in Anson County decreased along with the State. The Anson rate for minority women continued to decline in 2002, similarly to the State. In contrast, the Anson overall rate and rate for white women in this age group increased (Table 8). In part, the increase is attributable to an increase in

the pregnancy rate among 18-19 year old black women where the rate increased each year in Anson County as the rate decreased each year for the State.

YEAR	ANSON			NORTH CAROLINA		
	White	Minority	Total	White	Minority	Total
2000	106.9	232.7	175.9	104.6	148.2	118.9
2001	82.1	132.6	111.1	90.0	146.6	107.3
2002	107.1	120.6	115.0	83.3	134.1	98.5

Source: NC State Center for Health Statistics

Maternal Health

Estimates from 2000 indicate that 62 percent of births in Anson were to Medicaid mothers compared to 40.9 percent for the State overall. Approximately 33.7 percent of the 2000 Anson births were to mothers receiving some prenatal care at the Health Department compared to 18.6 percent for the State. The percentage of resident live births where the mother received late or no prenatal care has declined in Anson County. For 1997-2001, this percentage was 17.9 compared to 27.9% for the period 1992-1996. However, the percentage of resident live births where the mother smoked during pregnancy has increased above the state average, 17.9% compared to 14.4% for the State.

Birth Outcomes

Overall for Anson County, the rate of low birthweight births (less than 2500 grams) was 10.8 per 1,000 live births for 1998-2002 and this was higher than the State rate of 8.9. Whites in Anson County had a lower rate of low birthweight, 6.8, than the rate for whites in the State, 7.2; while the rate of low birthweight was 13.7 for minority County residents compared to 13.2 for minorities in the State (Table 11). Due to the relatively small number of births each year to Anson County residents, the number of fetal and infant deaths was small. It must be taken into account that rates for small numbers are subject to variability and must be interpreted with caution.

	White	Minority	Total
Anson	6.8	13.7	10.8
North Carolina	7.2	13.2	8.9

Overall, the Anson 1998-2002 fetal death and neonatal death rates were higher than the State. As seen in tables 12 and 13, fetal death and neonatal death rates among minorities were more than double that of whites for this period.

Table 14. Five Year Fetal Death Rate per 1,000 Deliveries, 1998-2002			
	White	Minority	Total
Anson	6.9	15.4	11.8
North Carolina	5.7	12.0	7.5

Table 15. Five Year Neonatal Death Rate per 1,000 Births, 1998-2002			
	White	Minority	Total
Anson	7.0	15.6	11.9
North Carolina	4.4	10.8	6.2

Infant mortality is one indicator commonly used to measure the overall health of a community. The 1998-2002 Anson County rate for infant deaths was 16.7 (28 infant deaths) and the overall State rate per 1,000 live births for the same period was 8.7 (Table 14). Because infant mortality numbers tend to be small in a county the size of Anson, fluctuation in yearly numbers and rates should be considered with caution.

Table 16. Five Year Infant Death Rate per 1,000 Births, 1998-2002		
	Deaths	Rate
Anson (Total)	28	16.7
White	6	8.4
Minority	22	22.9
North Carolina (Total)	5,067	8.7
White	2,626	6.3
Minority	2,441	14.9

Child Health

Overall youth (0-17 years) mortality rates increased in Anson County from 89.7 in 1993-97 to 126.6 in 1998-02. While much of this can be attributed to the higher than average infant mortality rate, other causes include motor vehicle crashes and other illnesses among adolescents and teenagers.

The Anson County Health Department provides a number of child health services and their outcome measures are included in the table below.

Table 17. Anson County Health Department – Child Health Program Service Data

Measure	Year	Anson	State
- Percentage of resident Medicaid eligible children birth to 21 years of age who received Health Check preventive services.	FY 2002	69.1%	72.2%
- Percentage of all children 1-2 years who received a direct blood lead test.	CY 2002	53.4%	36.2%
- Percentage of all Medicaid eligible children 1-2 years who received a direct blood lead test.	CY 2002	65.2%	54.5%
- Percentage of children < 12 months of age that are served in the Child Health Clinic who received WIC Program services.	FY 02-03	100%	87.2%
- Percentage of children 1-5 years of age that are served in the Child Health Clinic who received WIC Program services.	FY 02-03	89.0%	79.4%
- Percentage of children who received services from the health department who had a Body Mass Index below the 95 th percentile but above the 5 th percentile for age and gender.			
a. Children 2-4 years	CY 2002	71.8%	82.5%
b. Children 5-11 years	CY 2002	60.0%	59.1%
c. Children 12-18 years	CY 2002	66.7%	54.6%
- Percentage of children enrolling in public kindergarten who received a preschool health assessment within the prescribed time lines.	School Yr 02-03	93.9%	96.4%

Source: Anson County Health Department

The Anson County Partnership for Children works collaboratively with the health department and hospital to improve child health outcomes. In particular, their Child Care Health Consultant provides health related education and consultation services to child care facilities and to children aged 0-5 in child care. Comprehensive screenings of children aged 0-5 (including immunizations) are also provided under this activity. The most recent results from this program are include below.

Table 18. Anson County Partnership For Children – Child Care Health Consultant Services

	03-04 Results	02-03 Actual
Children receiving vision screens	242	317
Children receiving speech/language and/or other developmental screening	0	0
Children receiving hearing screenings	30	0

Children receiving dental screenings or treatments	0	6
Children impacted by immunization support	768	627
Number of trainings conducted	56	75
Child care providers receiving training	173	195
Number of children referred for early intervention services	51	No Data
Number of child care centers establishing basic health and safety policies	8	9
	4th Quarter	
By June 30, 2004, <u>70%</u> of centers will have established basic health and safety policies.	100% (17 of 17)	56%
By June 30, 2004, at least <u>95%</u> of the trainings conducted by the Child Care Health Consultant will directly relate to the health areas of the Environmental Rating Scales or health compliance issues for the star rated license.	98% (55 of 56)	96%
By June 30, 2004, at least 93% of the child care providers attending trainings conducted by the Child Care Health Consultant will demonstrate increased knowledge of the subject matter covered in training sessions as measured by pre and post tests developed by the Child Care Health Consultant.	96% (166 of 173)	92%
By June 30, 2004, 95% of the parents attending health sessions conducted by the child health care consultant will report they are receiving parenting information that helps them to feel more confident and competent in applying new skills as a result of these services and sessions.	96% (46 of 48)	98%
By June 30, 2004, 75% of children referred for early intervention services by the Child Care Health Consultant will receive those services.	92% (47 of 51)	NO DATA
By June 30, 2004, 85% of child care centers found by the Child Care Health Consultant with incomplete or non-compliant health care records will show that those records have been updated and completed through a follow-up record audit.	97% (29 of 30)	NO DATA

Source: Anson Partnership for Children, 2004

Asthma and asthma management is another growing concern among children in Anson County and the State as a whole. The number and rate of asthma hospitalizations is significantly higher in Anson County than the State as the following table indicates.

Table 19. Asthma Hospitalizations and Rates, All Ages and Ages 0-14, 2002 Hospital Discharge Reports				
	Total Number	Total Rate	Number Ages 0-14	Rate Ages 0-14
Anson	87	343.1	12	304.0
North Carolina	11,281	135.5	3,755	220.0

Note: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.

Dental screening and education is a valuable service provided to children in the school system by the public health dental hygienist in Anson County. According to the health department's 2001-02 Dental Screening report, 35% of screened kindergarten and 5th grade children were referred for care.

Table 20. Child Dental Screening – 2001-2002			
	Number Screened	Number Referred for Care	Percent Referred
Kindergarten	338	131	38.8%
5 th Grade	326	102	31.3%
Total	664	233	35.1%

Adult Health

Adult Mortality

Comparing 1999-2002 overall age-adjusted rates of death, Anson County shared four of the top five leading causes of death with the State (Table 9). The one difference was that the fourth leading cause of death in the State was chronic lower respiratory disease; whereas, this was the eighth leading cause of death for Anson residents. Deaths from both motor vehicle accidents and unintentional injuries (non-motor vehicle accident related) rank above chronic lower respiratory disease for Anson County. With the exception of cerebrovascular disease, total cancer, and chronic lower respiratory disease, rates of death for the other leading causes of death were higher for the Anson residents when compared to the State.

Due to differences in the age and race distribution in Anson County and the small number of deaths in certain categories, comparisons to the State on mortality statistics are also shown for 1999-2002 race-sex-specific age adjusted rates (Table 31 and Table 32).

Adult Mortality: Males

Compared to the State, white males in Anson had a higher rate of death due to acute myocardial infarction (151.5 versus 84.4); motor vehicle accidents (57.0 versus 27.3); and unintentional injury (41.7 versus 32.1). The rate for suicide was also higher than the State (34.1 versus 21.9), but the total number of cases over the four-year period was small with 9 suicides. For total cancer, the second leading cause of death, Anson white males had a lower mortality rate, 231.6 than the State rate of 247.6. This lower cancer death rate was consistent for prostate cancer; however, Anson white males had higher rates of respiratory cancers (Table 32).

The death rate from acute myocardial infarction was 165.8 for minority males in Anson compared to the 87.3 death rate for minority males in the State. Unlike their white counterparts, minority males in Anson experienced higher death rates from cerebrovascular disease with 109.5 deaths per 100,000 versus 100.7 for the State. In addition, minority males in Anson County had higher death rates from pneumonia and influenza than minority males in the State and their white counterparts. Minority males also had a lower than average death rate from total cancer compared to the State (326.5 versus 328.9).

Adult Mortality: Females

White females in Anson County had higher death rates than the State from acute myocardial infarction (81.6 versus 48.0) and pneumonia and influenza (42.8 versus 22.7). Rates for motor vehicle accidents, diabetes mellitus, unintentional injuries and homicides were also higher among white Anson females than the State, however, from 1999-2002, there were less than 20 deaths in the County due to each of these causes, making the rates unreliable. Rates for other major causes of death, including cancer and cerebrovascular disease, were lower than the State average.

The death rate from acute myocardial infarction among minority females in Anson County was more than double that of the State (119.5 versus 56.3). In addition, their diabetes mellitus death rate was higher than the State (66.0 versus 51.4). The death rate from motor vehicle accidents was higher for minority females compared to the State; however, the number of deaths was less than 20. Minority females in Anson had a total cancer death rate of 145.6 which was lower than the State average of 171.5.

Table 21. Leading Causes of Mortality 1999-2002. Age-Adjusted Rate of Death per 100,000 population.										
	White Males		Minority Males		White Females		Minority Females		Total	
	Anson	NC	Anson	NC	Anson	NC	Anson	NC	Anson	NC
Total Heart Disease	358.2	302.7	386.5	344.9	222.6	189.5	312.2	231.0	310.5	245.9
Acute Myocardial Infarction	151.5	84.4	165.8	87.3	81.6	48.0	119.5	56.3	122.3	64.4
Other Ischemic Heart Disease	142.6	145.7	127.4	150.0	83.3	80.6	87.5	91.0	107.9	109.7
Cerebrovascular Disease	40.0	67.5	109.5	100.7	65.1	66.4	70.1	82.9	68.5	72.0
Total Cancer	231.6	247.6	326.5	328.9	151.4	158.9	145.6	171.5	194.2	200.7
Diabetes Mellitus	3.3	23.9	37.1	51.8	23.0	19.0	66.0	51.4	43.3	27.0
Pneumonia/Influenza	26.5	28.9	51.7	32.0	42.8	22.7	16.0	18.7	33.4	24.8
Chronic Lower Respiratory Diseases	46.5	64.2	33.2	55.1	31.9	41.9	7.7	17.0	28.5	46.5
Motor Vehicle Accident	57.0	27.3	40.2	32.6	16.2	11.8	23.4	11.3	33.1	19.6
Non-MVA Unintentional Injury	41.7	32.1	45.2	33.2	30.9	15.9	11.1	12.8	30.9	23.0
Suicide	34.1	21.9	11.8	9.9	5.4	5.6	3.2	1.8	13.7	11.5
Homicide	4.2	6.7	37.1	26.9	14.5	2.6	8.0	6.1	15.6	7.6

Source: North Carolina State Center for Health Statistics

Table 22. Selected Cancer Mortality Rates 1999-2002. Age-Adjusted Rate of Death per 100,000 population.										
	White Males		Minority Males		White Females		Minority Females		Total	
	Anson	NC	Anson	NC	Anson	NC	Anson	NC	Anson	NC
Total Cancer	138.0	157.0	188.9	237.0	103.5	101.3	153.8	125.3	135.8	132.8
Cancer by Site										
Trachea, Bronchus, or Lung	42.6	61.9	70.1	78.7	24.8	26.0	11.4	20.4	33.3	42.1
Prostate	6.6	13.5	55.7	41.0	NA	NA	NA	NA	23.2	17.9
Breast	0.0	0.0	0.0	0.0	16.4	19.0	63.2	26.7	36.0	20.6

Source: North Carolina State Center for Health Statistics. NA=Not Applicable

Inpatient Hospital Discharge Data for Anson County Residents

According to the 2002 NC Hospital Discharge database, 4501 Anson residents were discharged from North Carolina hospitals. Based on the 2002 population of the County, this calculated to approximately 17.8 % of the County being discharged from the hospital in a year. In 2003, there were 4433 discharges, which calculated to 17.6 % of the County being discharged using the 2003 population. The most common reasons for hospitalization are shown in Table 14.

Table 23. Top Reasons for Hospitalization of Anson County Residents

	2002 (n=4501)	2003 (n=4433)
Gastrointestinal Disease	10.22	9.59
Acute MI & Coronary Atherosclerosis.	5.71	5.17
Liveborn	5.51	7.71
Pneumonia	5.49	4.65
Congestive Heart Failure	3.29	3.86
Complications of Birth	4.13	5.53
Cerebrovascular Disease	3.98	3.00
Heart Disease	4.29	5.26
Complications of Devices/Procedures	3.00	3.54
Respiratory Disease	2.80	2.57
Septicemia	2.55	3.05

Source: 2002 and 2003 HCIA Data

Note: Complications of Birth includes malposition, malpresentation; fetopelvic disproportion, obstruction; previous c-section; fetal distress and abnormal forces of labor; polyhydramnios and other problems of amniotic cavity; umbilical cord complication; trauma to perineum and vulva; forceps delivery; and other complications of birth, puerperium affecting management of mother.

Complications of Devices/Procedures includes complications of a device implant or graft such as complications with a renal dialysis device and complications of surgical procedures or medical care such as post-operative infections.

Motor Vehicle Crashes

The North Carolina Department of Transportation reported that the 1997-2001 average number of reportable crashes for Anson County was 651 crashes resulting in an average of 423 injuries. Based on the 3-year average for all reportable crashes, Anson County ranks 65th out of 100 counties in terms of total crash rate per 100 motor vehicle miles traveled. The average number of fatal crashes over the five-year period was 10 crashes. Data for 2000 and 2001 from the NC Department of Transportation is presented in Table 12.

	2000	2001
Total Reportable Crashes	655	669
Crash Types Totals		
Alcohol Related	47	41
Pedestrian	5	10
Bicycle	2	1
Motorcycle	6	14
County Ranking	15	7

Source: North Carolina Department of Transportation 2001

Cancer Incidence

The 1997-2001 North Carolina cancer incidence rate per 100,000 (age-adjusted to the 2000 US Census) indicate that the overall incidence of cancer in Anson County was 361.7 per 100,000 as compared to the State rate of 445.3. As with the mortality from cancer of the bronchus or lung, prostate and female breast cancer, the incidence rates for these cancers in Anson County are lower than the State rates.

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Anson County	58	41.9	76	55.1	96	131.5	60	103.2	494	361.7
North Carolina	18,545	48.4	27,038	69.7	31,456	148.2	25,348	152.5	172,445	445.3

Source: North Carolina State Center for Health Statistics, 2004 County Health Databook

Communicable Diseases

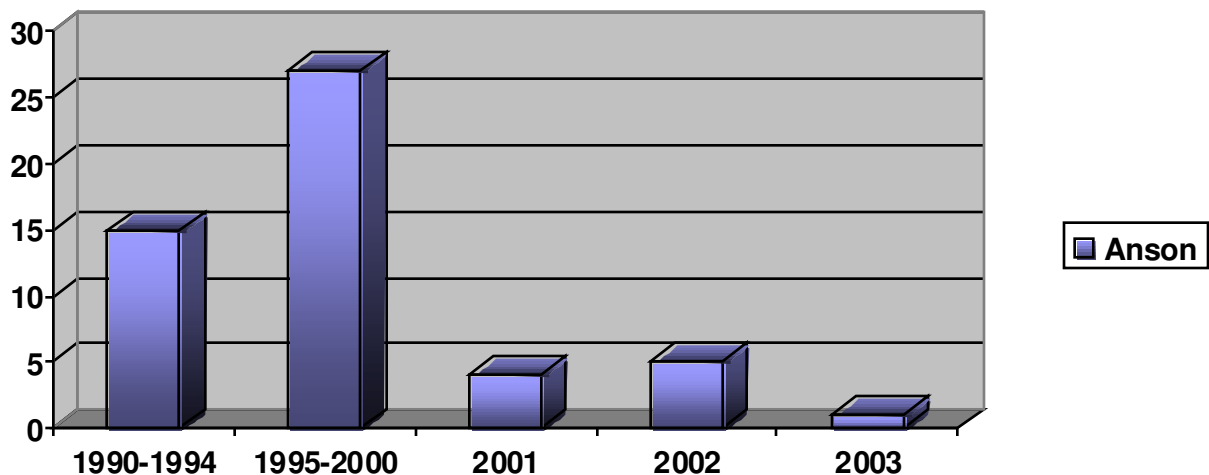
Sexually Transmitted Diseases

Screening for communicable disease is critical in Anson County as evidenced by the rates of gonorrhea, syphilis, chlamydia and HIV. Both the gonorrhea rate and the chlamydia rate in the County were higher than the State rate and increased from 2002 to 2003. However, there were no cases of syphilis reported during these two years and cases of HIV remained the same. According to the North Carolina 2003 HIV/STD Surveillance Report, as of December 31, 2003, there were 32 persons living with HIV (non-AIDS) and 32 persons living with AIDS in Anson County.

		Chlamydia			Gonorrhea			Syphilis (Primary, Secondary and Early Latent)			HIV Disease		
		2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
Anson County	Cases	111	92	130	93	74	101	1	0	0	6	4	4
	Rate	439.4	362.9	512.8	368.2	291.9	398.4	4.0	0	0	23.8	15.8	15.8
North Carolina	Cases	22177	24738	26066	16733	15353	15085	941	616	396	1594	1705	2100
	Rate	270.3	297.3	313.3	203.9	184.5	181.3	11.5	7.4	4.8	19.4	20.5	25.2

Source: North Carolina 2003 HIV/STD Surveillance Report

Anson County AIDS Cases by Year of Report



Source: North Carolina 2003 HIV/STD Surveillance Report

Tuberculosis

Overall, there has been a decline in the incidence of tuberculosis in the State during the last 10 years. In 2003, there were 374 cases of tuberculosis reported in North Carolina and 2 cases reported in Anson County. In order to provide a comparison between the County and State, 1996-2000 five year rates from the NC State Center for Health Statistics are presented in the following table.

	Cases	Incidence Rate
Anson County	5	4
North Carolina	2447	6.3

Source: North Carolina State Center for Health Statistics

Other Communicable Diseases

The table below describes other communicable diseases in Anson County. This is a selected listing of reported diseases over the past five years.

	1999	2000	2001	2002	2003	Total
Campylobacter	1	3	5	5	12	26
Hepatitis B (Carrier)	2	1	2	2	5	12
Lyme	0	0	0	0	4	4
Rocky Mtn Spotted Fever	7	2	5	0	6	20
Salmonella	14	5	16	10	1	46
Shigella	0	0	0	0	34	34
Tuberculosis	3	1	1	1	2	8

Source: Anson County Health Department

Health Insurance Coverage

Increasing national attention has focused on the growing problem of lack of health insurance which presents enormous challenges to persons effectively accessing needed health care services. According to estimates from the Cecil G. Sheps Center for Health Services Research, 21.5% of Anson residents 0-64 years of age were uninsured in for 2002 compared to 19.0% for the State. Anson County ranked 76th in the State with regard to the percentage of the population without health insurance coverage.

(The estimation model used pooled data from the U.S. Census and population characteristics to estimate the proportion of county residents that lacked health insurance for all of 2002.)

	Aged 0-17		Aged 18-64		Aged 0-64		Rank
	Percent	Number	Percent	Number	Percent	Number	
Anson	13.5%	883	24.9%	3,786	21.5%	4,669	76
North Carolina	12.3%	260,569	21.8%	1,101,475	19.0%	1,362,044	

Source: Cecil G. Sheps Center for Health Services Research

SECTION IV: COMMUNITY CONCERNS AND PRIORITIES

Community Health Assessment Survey Results

The overall results of the 496 completed surveys are listed in the table below. The results are ranked by category and the percentages reflect the combined percent of respondents who felt the issue was a major problem and those who felt the concern was somewhat of a problem. The percentages are based on the number of persons who answered “no problem,” “somewhat of a problem” or “major problem.” Person who answered “I don’t know” and those who did not respond to the question were excluded when determining rank order and calculating the percentage.

The demographic make-up of the respondents was 68.8% female and 31.2% male; 54% were African American, 42% were white and 4% listed other race/ethnicity. The majority of respondents were between the ages of 25 – 64 (69.2%), with 13.96% under 25 years of age and 16.83% 65 years or older. Approximately, 25% of the respondents indicated that they had children currently living in their home. A majority of respondents had educational levels greater than high school graduate/ GED equivalent (58.1%). 22.8% indicated high school (or equivalent) as their highest educational attainment, and 19.9% indicated less than a 12th grade education. A high majority of respondents were covered by a health insurance plan (82.85% compared to 17.15% not covered) with private insurance being the most common type 55.89%. Household income varied widely among respondents but the largest percentage of respondents (42.48%) indicated household income of \$20,000 - \$50,000. Approximately 60% responded that they generally feel healthy and full of energy most or all of the time.

With respect to overall concerns living in Anson County, respondents indicated job opportunities and poverty as the top two issues. This correlates with other data indicating the historical economic challenges facing Anson County. In terms of health and human services, respite care and drug & alcohol treatment were seen as top concerns while poverty in families with children and child abuse were also top concerns for health services for women, infants and children. Recreation or social programs were viewed as high needs for health services for older people followed by adult day care.

Similar to the national attention being placed on obesity, respondents ranked obesity as the top concern with respect to the diseases and disabilities category followed by hypertension, STDs, diabetes and heart disease. Unlike most sections on the survey, respondents viewed almost all unhealthy behaviors listed in that category as being major problems. Those concerns are listed in the following table.

**Table 30. Anson County 2004 Community Health Assessment Survey Results
Overall Highlights**

**Listed in rank order with percentages
(Order of perceived problem significance)**

Section A: Living In Our Community

The top concerns overall were:

1. Job opportunities (93.10%)
2. Poverty (85.89%)
3. Recreation facilities (75.58%)
4. Store to buy the things we need (70.93%)

Section B. Health and Human Services

The top concerns overall were:

1. Respite care (76.05%)
2. Drug & alcohol treatment (67.35%)
3. Private health insurance coverage (65.43%)*
4. Rehabilitation after surgery or an injury (65.37%)

*Total percentage for those who answered “somewhat of a problem” and “major problem” was 65.43%, of those persons the majority answered major problem.

Section C. Health Services for Women, Infants and Children

The top concerns overall were:

1. Poverty in families with children (82.42%)
2. Child abuse (77.93%)
3. After school care (61.45%)
4. Care for pregnant women (57.18%)

Section D. Health Services for Older People

The top concerns overall were:

1. Recreation or social programs (84.01%)
2. Adult day care (78.37%)
3. Mental health care (68.41%)
4. Medical care (64.82%)
5. Transportation for any need (59.96%)

Section E. Diseases and Disabilities

The top concerns overall were:

1. Obesity (88.81%)
2. High Blood Pressure (85.19%)
3. Sexually Transmitted Diseases (84.84%)
4. Diabetes (83.21%)
5. Heart Disease (82.77%)

Section F. Unhealthy Behaviors

The majority of the unhealthy behaviors were considered to be major problems. They are listed below in rank order:

1. Teen sexual activity (93.36%)
2. Lack of physical activity (93.01%)
3. Poor eating habits/lack of good nutrition (92.72%)
4. Drinking and driving (92.55%)
5. Cigarette smoking among people under 18 (92.53%)
6. Cigarette smoking among adults (92.39%)
7. Illegal drug use/substance abuse (91.63%)
8. Alcohol abuse (89.51%)
9. Driving/riding in a car without using seat belts (86.33%)

Community Priorities

In the Fall of 2004, a presentation of the survey results was made to the Healthy Ansonians Task Force for their review and discussion. This information was supplemented with a summary of top community health issues for Anson County that were supported by additional secondary statistical data. This information was coupled with the existing focus areas of the Healthy Ansonians Task Force to form a matrix that was used to discuss and prioritize the future focus of the Task Force. In reviewing the matrix, it was clear that several issues were supported by both primary and secondary data and there was overlap in the concerns. Many of the issues were related to risk factors that ultimately result in poor health status and disproportionate disease rates. For example, high ranking concerns of lack of physical activity and poor eating habits directly relate to obesity and the high rates of diabetes and heart disease. Similarly, high ranking concerns of teen sexual activity and STDs directly relate to disproportionate teen pregnancy and gonorrhea rates. After review and discussion of the secondary data and survey results, the Healthy Ansonians Task Force felt that their current areas of focus continue to be well supported and they need to continue to bolster efforts in the current focus areas which are:

- Substance Abuse
- STDs
- Maternal & Child Health
 - Teen Pregnancy
 - Parenting Education
- Injury Control
 - Safe KIDS / Safe Communities
 - Domestic Violence
- Chronic Disease
 - Mobile Health Screening Clinic
 - Parish Nurse Program
 - Asthma Coalition
 - Anson Physical Fitness and Nutrition Committee (LPAN)

Appendices

Appendix A

Anson County 2004 Health Assessment

Date: _____, 2004 Location where survey received : _____

Community Assessment Survey

Instructions:

This survey is part of a community assessment currently in progress in Anson County to determine the health status of our community. We want to use this information to raise awareness about various health issues and develop strategies to address priority health concerns. The following questionnaire has been developed to assess the opinion of Anson County residents regarding health assets, needs, and concerns. Please indicate your answer by filling one circle/box for each question indicated completely.

If you have questions concerning this survey, please contact Carol Ann Gibson at the Anson County Health Department (704-694-4681). Please don't put your name or any information on the survey form that would identify you. It is intended to be totally CONFIDENTIAL. Only complete the survey if you live in Anson County.

In your opinion, does your community have a problem with any of the following issues, services or concerns? (**Circle your answer**)

A. *Living in Our Community*

	No Problem	Somewhat of a Problem	Major Problem	I Don't Know
1. Schooling for children from pre-kindergarten through high school	0	1	2	3
2. Education & vocational training for adults	0	1	2	3
3. Job opportunities	0	1	2	3
4. Safe roads and bridges	0	1	2	3
5. Public transportation	0	1	2	3
6. Housing	0	1	2	3
7. Social services	0	1	2	3
8. Stores to buy things we need	0	1	2	3
9. Legal services	0	1	2	3
10. Water supply and quality	0	1	2	3
11. Air quality	0	1	2	3
12. Injuries (car crashes, work-related, in the home)	0	1	2	3
13. Recreation facilities (parks, trails)	0	1	2	3
14. Poverty	0	1	2	3

B. Health and Human Services

	No Problem	Somewhat of a Problem	Major Problem	I Don't Know
1. Medical care (Doctor's offices & clinics)	0	1	2	3
2. Hospital services	0	1	2	3
3. Dental care	0	1	2	3
4. Mental health care/counseling	0	1	2	3
5. Emergency medical care	0	1	2	3
6. Pharmacy/drug stores (Obtaining prescription medications/drugs)	0	1	2	3
7. Drug & alcohol treatment	0	1	2	3
8. Rehabilitation after surgery or an injury	0	1	2	3
9. Respite care (relief for caregivers)	0	1	2	3
10. Health education programs	0	1	2	3
11. Transportation to health care	0	1	2	3
12. Private health insurance coverage	0	1	2	3
13. Enrolling in Medicaid/Medicare	0	1	2	3
14. Food assistance (\$ or food)	0	1	2	3
15. Housing assistance (public housing or aid)	0	1	2	3
16. Utilities assistance (to pay electricity or fuel bill)	0	1	2	3
17. 911 emergency services	0	1	2	3
18. Other_____	0	1	2	3

C. Health Services for Women, Infants and Children

1. Care for pregnant women	0	1	2	3
2. Child health care	0	1	2	3
3. Childhood immunizations	0	1	2	3
4. Child care for infants and preschoolers	0	1	2	3
5. After school care	0	1	2	3
6. Poverty in families with children	0	1	2	3
7. Child abuse	0	1	2	3
8. Other_____	0	1	2	3

D. Health Services for Older People

	No Problem	Somewhat of a Problem	Major Problem	I Don't Know
1. Medical care	0	1	2	3
2. Home health care	0	1	2	3
3. Adult day care	0	1	2	3
4. Mental health care	0	1	2	3
5. Transportation (for any need)	0	1	2	3
6. Recreation or social programs	0	1	2	3
7. Medical equipment	0	1	2	3
8. Obtaining prescription medications/drugs	0	1	2	3
9. Nutrition programs (like meals-on-wheels)	0	1	2	3
10. Other _____	0	1	2	3

E. Diseases and Disabilities

1. Breast cancer	0	1	2	3
2. Lung cancer	0	1	2	3
3. Other cancers	0	1	2	3
4. Diabetes	0	1	2	3
5. Heart disease	0	1	2	3
6. High blood pressure	0	1	2	3
7. HIV/AIDS	0	1	2	3
8. Pneumonia/Flu	0	1	2	3
9. Stroke	0	1	2	3
10. Mental health problems	0	1	2	3
11. Dental health problems	0	1	2	3
12. Learning and developmental disabilities	0	1	2	3
13. Sexually Transmitted Diseases	0	1	2	3
14. Obesity	0	1	2	3
15. Other _____	0	1	2	3

F. Unhealthy Behaviors

1. Alcohol abuse	0	1	2	3
2. Illegal drug use/substance abuse	0	1	2	3
3. Cigarette smoking among adults	0	1	2	3

	No Problem	Somewhat of a Problem	Major Problem	I Don't Know
4. Cigarette smoking among people under 18	0	1	2	3
5. Drinking and driving	0	1	2	3
6. Driving/riding in a car without using seatbelts	0	1	2	3
7. Lack of physical activity or exercise	0	1	2	3
8. Poor eating habits/lack of good nutrition	0	1	2	3
9. Teen sexual activity	0	1	2	3
10. Other _____	0	1	2	3

G. Other Concerns

Please list any other issues that you feel are problems in the community that were not listed in the previous sections.

1. _____
2. _____

H. Major Problems

Of the major health concerns identified in the previous sections, which three (3) do you feel are the most important in Anson County?

1. _____
2. _____
3. _____

I. Information about You

While we do not want your name or other identifying information, the following questions will help us better understand the characteristics of persons completing the survey.

Please circle the letter to the left of your answer.

<p>1. What is your age?</p> <p>a. Under 18</p> <p>b. 18-24</p> <p>c. 25-34</p> <p>d. 35-44</p> <p>e. 45-64</p> <p>f. 65-74</p> <p>g. Over 74</p>	<p>2. Are you? a. Male b. Female</p> <p>3. Are there any children living in your home who are 18 years old or older?</p> <p>a. Yes, how many? _____</p> <p>b. No</p>
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<p>4. What is your race and ethnicity?</p> <ul style="list-style-type: none"> a. White/Caucasian b. Black/African American c. Hispanic/Latino/Latina d. Native American e. Asian/Pacific Islander f. Other race/ethnicity 	<p>5. What is the highest level of schooling you have completed?</p> <ul style="list-style-type: none"> a. 12th grade or less, no diploma or equivalent b. High school graduate or equivalent (e.g., GED) c. Some college, but no degree (includes vocational training) d. Associate degree in college (e.g., AA) e. Bachelors degree in college (e.g., BA, BS) f. Advanced degree in college (e.g., masters, doctorate)
<p>6. What is your job field?</p> <ul style="list-style-type: none"> a. Agricultural b. Business and Industry c. Government d. Education e. Health f. Student g. Homemaker h. Volunteer Services i. Other: _____ 	<p>7. Are you covered by a health insurance plan?</p> <ul style="list-style-type: none"> a. Yes b. No <p>7A. If yes, what type of coverage do you have?</p> <ul style="list-style-type: none"> a. Medicare b. Medicaid c. Private Insurance d. Other _____
<p>8. What was your total household income last year (before taxes)?</p> <ul style="list-style-type: none"> a. Less than \$10,000 b. \$10,000–\$19,999 c. \$20,000–\$29,999 d. \$30,000–\$49,999 e. \$50,000–\$74,999 f. \$75,000–\$99,999 g. \$100,000 or more h. Don't know 	<p>9. How many people does this income support?</p> <p>_____</p>
<p>10. How much of the time do you feel healthy and full of energy?</p> <ul style="list-style-type: none"> a. All of the time b. Most of the time c. Some of the time d. None of the time e. Don't know/unsure 	

Thank you for your time and assistance in helping us better understand the health concerns of Anson County.

Appendix B

Anson County Community Health Assessment Survey Highlights and Ranking by Age Group 2004

Section A: Living In Our Community

Concerns	Ranking by Age Group								
	Overall	Under 18	Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-64	Ages 65-74	Ages Over 74	Age Missing
	N=496	N=17	N=51	N=103	N=96	N=138	N=55	N=27	N=9*
Job opportunities	1	1	1	1	1	1	1	1	-
Poverty	2	2	2	2	2	2	2	2	-
Recreation facilities	3	-	3	4	3	4	3	4	-
Stores to buy the things we need	4	3	-	3	4	3	-	3	-
Social services	-	4	4	-	-	-	-	-	-
Public transportation	-	-	-	-	-	-	4	-	-

* Ranking unreliable for this category.

Section B. Health and Human Services

Concerns	Ranking by Age Group								
	Overall	Under 18	Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-64	Ages 65-74	Ages Over 74	Age Missing
	N=496	N=17	N=51	N=103	N=96	N=138	N=55	N=27	N=9*
Respite Care	1	-	-	1	4	2	1	1	-
Drug & alcohol treatment	2	2	-	3	2	4	2	2	-
Private health insurance coverage	3	4	3	4	1	1	-	-	-
Rehabilitation after surgery or injury	4	1	2	2	3	-	3	-	-
Housing assistance	-	3	1	-	-	-	4	-	-
Food assistance	-	-	4	-	-	-	-	-	-
Utilities assistance	-	-	-	-	-	3	-	4	-
Mental health care/counseling	-	-	-	-	-	-	-	3	-

Anson County Community Health Assessment Survey Highlights by Age Group (continued)

Section C. Health Services for Women, Infants and Children

Concerns	Ranking by Age Group								
	Overall	Under 18	Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-64	Ages 65-74	Ages Over 74	Age Missing
	N=496	N=17	N=51	N=103	N=96	N=138	N=55	N=27	N=9*
Poverty in families with children	1	1	1	1	1	1	1	1	-
Child abuse	2	3	2	2	2	2	2	3	-
After school care	3	2	4	3	4	4	3	2	-
Care for pregnant women	4	-	3	4	3	3	-	-	-
Child care for infants and pre-schoolers	-	4	-	-	-	-	4	4	-

Section D. Health Services for Older People

Concerns	Ranking by Age Group								
	Overall	Under 18	Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-64	Ages 65-74	Ages Over 74	Age Missing
	N=496	N=17	N=51	N=103	N=96	N=138	N=55	N=27	N=9*
Recreation or social programs	1	1	1	1	1	1	1	1	-
Adult day care	2	3	3	2	2	2	2	2	-
Mental health care	3	2	-	3	4	4	4	3	-
Medical care	4	4	2	-	3	3	3	4	-
Transportation for any need	-	-	4	4	-	-	-	-	-

Anson County Community Health Assessment Survey Highlights by Age Group (continued)

Section E. Diseases and Disabilities

Concerns	Ranking by Age Group								
	Overall	Under 18	Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-64	Ages 65-74	Ages Over 74	Age Missing
	N=496	N=17	N=51	N=103	N=96	N=138	N=55	N=27	N=9*
Obesity	1	1	1	1	1	1	1	1	-
High Blood Pressure	2	2	2	3	3	2	2	2	-
Sexually Transmitted Diseases	3	3	3	2	2	-	4	4	-
Diabetes	4	-	4	4	4	4	3	3	-
Heart Disease	-	4	-	-	-	3	-	-	-

Section F. Unhealthy Behaviors

The majority of the unhealthy behaviors were considered to be major problems. They are listed below in rank order:

Concerns	Ranking by Age Group								
	Overall	Under 18	Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-64	Ages 65-74	Ages Over 74	Age Missing
	N=496	N=17	N=51	N=103	N=96	N=138	N=55	N=27	N=9*
Teen sexual activity	1	6	2	1	4	8	7	6	-
Lack of physical activity	2	1	4	4	1	2	1	1	-
Poor eating habits/lack of good nutrition	3	2	1	3	2	4	4	4	-
Drinking and driving	4	8	7	8	8	7	2	7	-
Cigarette smoking among people under 18	5	7	5	7	7	6	8	3	-
Cigarette smoking among adults	6	5	3	2	5	1	3	2	-
Illegal drug use/substance abuse	7	3	6	5	3	3	5	5	-
Alcohol abuse	8	4	9	6	6	5	6	8	-
Driving/riding in a car without using seatbelts	9	9	8	9	9	9	9	9	-

Appendix C

Anson County Community Health Assessment Survey - 2004 Highlights and Ranking by Race/Ethnicity

Section A: Living In Our Community

Concerns	Ranking by Race/Ethnicity				
	Overall	White/ Caucasian	Black/African- American	Other (includes Hispanic and White/Native American)	Race/Ethnicity Missing
	N=496	N=200	N=256	N=21	N=19
Job opportunities	1	1	1	1	2
Poverty	2	2	2	4	1
Recreation facilities	3	3	4	-	3
Store to buy the things we need	4	-	-	2	4
Social services	-	-	3	3	-
Public transportation	-	4	-	-	-

Section B. Health and Human Services

Concerns	Ranking by Race/Ethnicity				
	Overall	White/ Caucasian	Black/African- American	Other (includes Hispanic and White/Native American)	Race/Ethnicity Missing
	N=496	N=200	N=256	N=21	N=19
Respite Care	1	2	1	1	2
Drug & alcohol treatment	2	3	2	-	3
Private health insurance coverage	3	1	4	3	4
Rehabilitation after surgery or injury	4	-	3	4	1
Utilities assistance	-	4	-	-	-
Dental care	-	-	-	2	-

Anson County Community Health Assessment Survey Highlights by Race/Ethnicity (continued)

Section C. Health Services for Women, Infants and Children

Concerns	Ranking by Race/Ethnicity				
	Overall	White/ Caucasian	Black/African- American	Other (includes Hispanic and White/Native American)	Race/Ethnicity Missing
	N=496	N=200	N=256	N=21	N=19
Poverty in families with children	1	1	1	2	2
Child abuse	2	2	2	3	1
After school care	3	4	3	1	3
Care for pregnant women	4	3	4	-	-
Child care for infants and preschoolers				4	4

Section D. Health Services for Older People

Concerns	Ranking by Race/Ethnicity				
	Overall	White/ Caucasian	Black/African- American	Other (includes Hispanic and White/Native American)	Race/Ethnicity Missing
	N=496	N=200	N=256	N=21	N=19
Recreation or social programs	1	1	1	1	1
Adult day care	2	2	2	-	3
Mental health care	3	4	3	3	-
Medical care	4	-	4	2	-
Transportation for any need	-	3	-	-	-
Medical equipment	-	-	-	4	4
Obtaining prescription medication/drugs	-	-	-	-	2

Anson County Community Health Assessment Survey Highlights by Race/Ethnicity (continued)

Section E. Diseases and Disabilities

Concerns	Ranking by Race/Ethnicity				
	Overall	White/ Caucasian	Black/African- American	Other (includes Hispanic and White/Native American)	Race/Ethnicity Missing
	N=496	N=200	N=256	N=21	N=19
Obesity	1	1	1	1	2
High Blood Pressure	2	2	3	3	1
Sexually Transmitted Diseases	3	4	2	4	4
Diabetes	4	-	4	2	-
Heart Disease	-	3	-	-	3

Section F. Unhealthy Behaviors

The majority of the unhealthy behaviors were considered to be major problems. They are listed below in rank order:

Concerns	Ranking by Race/Ethnicity				
	Overall	White/ Caucasian	Black/African- American	Other (includes Hispanic and White/Native American)	Race/Ethnicity Missing
	N=496	N=200	N=256	N=21	N=19
Teen sexual activity	1	2	3	4	8
Lack of physical activity	2	8	1	2	9
Poor eating habits/lack of good nutrition	3	5	2	1	2
Drinking and driving	4	6	8	7	6
Cigarette smoking among people under 18	5	4	7	8	7
Cigarette smoking among adults	6	1	5	5	1
Illegal drug use/substance abuse	7	3	4	3	4
Alcohol abuse	8	7	6	6	3
Driving/riding in a car without using seatbelts	9	9	9	9	5

Appendix D

Anson County Community Health Assessment Survey - 2004 Highlights by Gender

Section A: Living In Our Community

Concerns	Ranking by Gender			
	Overall	Male	Female	Gender Missing
	N=496	N=153	N=338	N=5*
Job opportunities	1	1	1	
Poverty	2	2	2	
Recreation facilities	3	3	3	
Store to buy the things we need	4	4	4	

* Ranking unreliable for this category.

Section B. Health and Human Services

Concerns	Ranking by Gender			
	Overall	Male	Female	Gender Missing
	N=496	N=153	N=338	N=5*
Respite Care	1	1	1	
Drug & alcohol treatment	2	2	3	
Private health insurance coverage	3	4	2	
Rehabilitation after surgery or injury	4	3	4	

* Ranking unreliable for this category.

Anson County Community Health Assessment Survey Highlights by Gender (continued)

Section C. Health Services for Women, Infants and Children

Concerns	Ranking by Gender			
	Overall	Male	Female	Gender Missing
	N=496	N=153	N=338	N=5*
Poverty in families with children	1	1	1	
Child abuse	2	2	2	
After school care	3	3	3	
Care for pregnant women	4	-	4	
Childcare for infants and preschoolers	-	4	-	

* Ranking unreliable for this category.

Section D. Health Services for Older People

Concerns	Ranking by Gender			
	Overall	Male	Female	Gender Missing
	N=496	N=153	N=338	N=5*
Recreation or social programs	1	1	1	
Adult day care	2	2	2	
Mental health care	3	3	3	
Medical care	4	4	4	

* Ranking unreliable for this category.

Section E. Diseases and Disabilities

Concerns	Ranking by Gender			
	Overall	Male	Female	Gender Missing
	N=496	N=153	N=338	N=5*
Obesity	1	1	1	
High Blood Pressure	2	2	2	
Sexually Transmitted Diseases	3	3	3	

Diabetes	4	-	4	
Heart Disease	-	4	-	

* Ranking unreliable for this category.

Appendix E

2004 Anson Community Health Assessment Community Health Concern Matrix

Current Focus of Healthy Ansonians	Areas of Concern Identified through Primary Data Collection (2004 Survey)	Areas of Concern Identified Through Secondary Data
<ul style="list-style-type: none"> • Substance Abuse • STDs • Maternal & Child Health <ul style="list-style-type: none"> ○ Teen Pregnancy ○ Parenting Education • Injury Control <ul style="list-style-type: none"> ○ Safe KIDS / Safe Communities ○ Domestic Violence • Chronic Disease <ul style="list-style-type: none"> ○ Mobile Health Screening Clinic ○ Parish Nurse Program ○ Asthma Coalition ○ Anson Physical Fitness and Nutrition Committee (LPAN) 	<p>(Conditions & Contributing Factors)</p> <ul style="list-style-type: none"> • Chronic Disease & Prevention <ul style="list-style-type: none"> ○ Obesity ○ Hypertension ○ Diabetes ○ Heart Disease ○ Poor Eating Habits ○ Lack of Physical Activity • STDs • Teen Sexual Activity • Drug Use / Substance Abuse <ul style="list-style-type: none"> ○ Cigarette smoking among adults & people under 18 ○ Alcohol Abuse ○ Drug and Alcohol Treatment • Women & Children Concerns <ul style="list-style-type: none"> ○ Poverty in families w/ children ○ Child Abuse ○ After-school care ○ Care for Pregnant Women • Older Adult Health Concerns <ul style="list-style-type: none"> ○ Recreation or Social Programs ○ Adult Day Care ○ Mental Health Care ○ Medical Care • Other Notable Concerns <ul style="list-style-type: none"> ○ Private Health Insurance Coverage ○ Respite care ○ Job opportunities ○ Poverty ○ Recreation facilities 	<ul style="list-style-type: none"> • Leading Causes of Mortality <ul style="list-style-type: none"> ○ Heart Disease ○ Cancer (below State avg.) ○ Stroke (below State avg.) ○ Diabetes ○ Pneumonia/Influenza ○ Motor Vehicle Injury & Unintentional Injury • Maternal Health Factors <ul style="list-style-type: none"> ○ Infant Mortality ○ Fetal & Neonatal Deaths ○ Low Birth Weight Births ○ Teen Pregnancy • Communicable Disease <ul style="list-style-type: none"> ○ HIV/AIDS ○ Gonorrhea • Asthma Hospitalizations