



2008 Stokes County Community Health Assessment



**HEALTHY
CAROLINIANS**

of Stokes



IMPROVE HEALTH IMPROVE LIFE

Stokes Family Health Center



"Working Hand in Hand for Good Health"

2008 STOKES COUNTY

COMMUNITY HEALTH ASSESSMENT

**Volume One:
Demographic, Socioeconomic and Health Data**

December, 2008

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2008 Stokes County Community Health Assessment Team

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Introduction

Local public health agencies in North Carolina (NC) are required to conduct a Comprehensive Community Health Assessment once every four years. This community health assessment, which describes both a process and a document, is intended to describe the current health status of the community, what has changed since the past assessment, and what still needs to change to improve the health of the community. The *process* involves the collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, environmental data, and public and professional opinion. The *document* is a summary of all the available evidence and serves as a resource until the next assessment. Together they serve as the basis for prioritizing the community's health needs, and culminate in planning to meet those needs.

The Healthy Carolinians of Stokes partnership coordinated the 2008 Stokes County Community Health Assessment process with support from the Stokes Family Health Center, Stokes-Reynolds Memorial Hospital, Inc. and Local Agencies and Community Members. Healthy Carolinians of Stokes is a partnership in Stokes County that promotes a common goal of helping all North Carolinians to be healthy. The members of Healthy Carolinians of Stokes are interested members of the public and representatives of the agencies and organizations that serve the health and human service needs of the local community, as well as businesses, churches, schools and civic groups.

The Northwest North Carolina Partnership for Public Health, a consortium of the health departments representing nine counties in the northwest region of North Carolina (Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, and Wilkes) contracted with the North Carolina Institute for Public Health (NCIPH) to assist in conducting Community Health Assessments in each of its constituent counties over the past four years. This Stokes County Community Health Assessment was carried out under this agreement, with additional resources provided by Stokes County Health Service Alliance and Stokes-Reynolds Memorial Hospital, Inc. The Institute for Public Health is the training and outreach arm of the School of Public Health at The University of North Carolina at Chapel Hill. Providing technical assistance to public health practice organizations is one of the primary roles of the Institute, and it has assisted many local health departments and Healthy Carolinians coalitions in their work.

A Stokes County Community Health Assessment Team (SCAT), led by Healthy Carolinians of Stokes and including broad representation from health and social service organizations in Stokes County, worked with the NCIPH to develop a multi-phase plan for conducting the assessment. The phases included: (1) a research phase to identify, collect and review demographic, socioeconomic, health and environmental data; (2) a survey phase to solicit information and opinion from the general public and from high school-age youth; (3) a stakeholder interview phase to gather information and opinion from local community leaders and health and human service agencies; (4) a data synthesis and analysis phase; (5) a period of reporting and discussion among the community stakeholders; and finally, (6) a prioritization and decision-making phase. Upon completion of this work the SCAT will have the tools it needs to develop plans and activities that will improve the health and well-being of the people living in Stokes County. The NCIPH provided direct technical assistance for phases 1, 2, 3, and 4 and consulted on phases 5 and 6.

In order to learn about the specific factors affecting the health and quality of life of Stokes County residents, the NCIPH consulted numerous readily available secondary data sources. For data on the demographic, economic and social characteristics of the community sources included: the 2000 US Census Bureau; Log Into North Carolina (LINC); North Carolina Department of Commerce; Employment Security Commission on NC; Federal Insurance Deposit Corporation; North Carolina Child Advocacy Institute; North Carolina Department of Public Instruction; North Carolina State Bureau of Investigation; North Carolina Department of Health and Human Services; North Carolina Division of Medical Assistance; North Carolina Board of Elections; Cecil B. Sheps Center for Health Services Research; and Frank Porter Graham Early Childhood Development Institute.

The primary source of health data for this report was the North Carolina State Center for Health Statistics (NC-SCHS), including its Health Statistics Pocket Guides, County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics and Cancer Registry. Other health data sources included: National Center for Health Statistics; Healthy People 2010; Office of Healthy Carolinians; North Carolina Nutrition and Physical Activity Surveillance System; and North Carolina Child Advocacy Institute. Local (e.g., hospital, health department and department of social services) data has been included where appropriate.

Environmental data were gathered from sources including: United States Environmental Protection Agency; Environmental Defense; North Carolina Department of Environment and Natural Resources Divisions of Water Quality, Air Quality, Waste Management, Environmental Health, and Enforcement; North Carolina State Laboratory of Public Health; and North Carolina Department of Commerce.

Primary data was collected via youth and community surveys and interviews among community leaders. The youth survey was conducted among teens attending the four high schools in the county. The teenage participants, each of whom filled out a specially designed pen-and-paper survey instrument, were asked to provide demographic information about themselves such as zip code, gender, age and race. Other survey questions sought information about their opinions of county health and health behavior problems, how they accessed health care, and what they did to take care of themselves and keep themselves safe. The adult survey was conducted via two different methodologies. The first involved convenience sampling at various community sites and events to collect a large number of responses to a pen-and-paper survey; the second involved random sampling within census blocks to collect a smaller number of responses via door-to-door/face-to-face canvassing using hand-held computers. The same adult survey instrument was used in each methodology. Survey participants were asked to provide demographic information about themselves by selecting appropriate responses from lists describing categories of age, gender, race and ethnicity, education level, and household income level. This demographic information was collected in order to assess how well the survey participants represented the general population of the county. Other survey items sought participants' opinions on health problems and behaviors. Participants also were asked questions about their personal health and health behaviors. All responses were kept in confidence and not linked directly to the respondents in any way. A complete description of youth and adult survey methodology and results appears in Chapter Three of this report. Copies of the survey instruments appear in the Appendix to this report.

In addition, the NCIPH collected primary data via interviews. NCIPH staff conducted telephone interviews with community leaders in Stokes County, working from a list of names identified by the SCAT. Interview subjects represented agencies in key sectors of the community such as local health and human services, business, government, education, and law enforcement. Each interview was

conducted according to a script of questions that asked each interviewee to describe the services their agencies provided, how county residents heard about their services, the barriers residents faced in accessing their services, and methods used to eliminate or reduce any barriers to care that exist. Respondents also were asked to describe the county's general strengths and challenges, greatest health concerns, and possible causes and solutions for these shortcomings. Interviewees were all provided with assurance that no personally identifiable information, such as names or organizational affiliations, would be connected to their responses. A copy of the interview protocol and script appears in the Appendix.

NCIPH staff analyzed and synthesized all Stokes County-specific secondary and primary data described above and prepared this Stokes County Community Health Assessment Technical Report.

Chapter One

Demographic and Socioeconomic Data

Chapter One: Demographic and Socioeconomic Data

Location and Geography

Stokes County is located in the northwest quadrant of the North Carolina in a geographic region referred to as the Piedmont Plateau. The county is within a short distance of a major center of economic activity in the state, the Piedmont Triad of Greensboro, Winston-Salem, and High Point. The county borders Surry County to the west, Rockingham County to the east, Forsyth County to the south, and the border of the state of Virginia to the north (Figure 1). It encompasses an area of approximately 456 square miles. Four square miles are water and the remaining area is land.

Natural resources in Stokes County include Hanging Rock State Park, the Dan River and the Sauratown Mountains (named for the Saura Indians, a tribe that inhabited this area during the second century). Hanging Rock is part of the Sauratown Mountain range and is a widely used recreational area. The entire Sauratown Mountain range rises in the southwest edge of the county and extends northeast for over half the width of the county. Deposits of Itacolumite, commonly known as “limbergrit”, bending rock, or flexible sandstone are found in the Sauratown Range. This is one of the very few such deposits in the world, and believed to be the only deposit in the United States. The Dan River, which begins in Patrick County, Virginia near Buffalo Knob and eventually flows to the Roanoke River in Halifax, Virginia, enters the northwest corner of Stokes County near the community of Asbury. The Dan River flows diagonally across Stokes County toward the community of Pine Hall, dropping approximately 500 feet in elevation on its course through the county. Part of Stokes County is in the Yadkin Valley Wine Region, which is the first American viticulture area in North Carolina (1 and 2).

Stokes County is divided into nine township districts: Beaver Island, Big Creek, Danbury, Meadows, Peters Creek, Quaker Gap, Sauratown, Snow Creek, and Yadkin townships. Danbury is the county seat; the city of King is the largest municipality (2).

The major highways that traverse Stokes County are US 52, which runs through the southwest corner of the county, and US 311, which crosses the southeast corner of the county. The nearest Interstate Highways – neither of which is in Stokes County – are I-77 and I-74, which provide access to Interstate 40, the major east-west freeway in North Carolina, and to Interstate 85, a major national north-south corridor. Stokes County is twenty minutes away by car from the Piedmont Triad International Airport, which schedules over 100 domestic and international flights daily. Amtrak provides passenger rail service with stations in Greensboro, Winston-Salem, Burlington, and High Point, but there is no Amtrak station in Stokes County. Likewise, there are Greyhound Bus Stations in nearby High Point, Greensboro, and Winston-Salem but there is none in Stokes County (3, 4, and 5). Stokes County has recently joined with the Piedmont Authority for Regional Transportation to provide transportation from King to Winston-Salem.

Figure 1. County Map

Source: <http://www.waywelivednc.com/maps/countymaps/maps/Stokes.htm>

History

From the Stokes County Economic Development website (<http://www.stokescounty.org/stokesyesterday.htm>):

Quite possibly the first settlement in Stokes County was “The Town Fork Settlement”, a site along the “Great Wagon Road to Pennsylvania” which ran through Stokes County to Germantown then on to Bethabara in present-day Forsyth County. When the Moravians came into Wachovia in 1753, they encountered established farmers in this area, indicating these settlers were here prior to 1753.

The county was formed in 1789 from Surry County. It was named for John Stokes, a native Virginian and military captain severely wounded in the Revolutionary War. After the war President George Washington appointed Captain Stokes a United States Judge for the District of Western North Carolina. When Stokes County was formed; in 1789, it included what is now Forsyth County.

Germanton, the county seat, was located very near the center of the county, and was also located on the “great road” from the north (2). It was not until 1849 that Forsyth County was formed, creating the boundary of what we know today as Stokes County.

Although Stokes County has been primarily an agrarian area, there has been some industry. In the mid 1700’s, there were the usual cottage industries: grist mills, craftsmen, tanners, coopers, harness and saddle makers, millwrights, wheel wrights, millers, distillers, cabinet makers, and wagon makers.

As the years passed, the population grew from 8,528 in 1790 to 16,196 in 1830. The newly arrived tended to settle in the foothills and along the ridges of the Sauratown Mountains, the most habitable environments. During these early years the major task was to produce enough grain, meat, fruit and fiber to survive; the excess was sold or bartered. The fertile land along the Dan River, Little Yadkin River and Town Fork Creek was well suited for the cultivation of grain and grass with a minimum amount of labor.

The first major industry to develop was mining and iron making. Iron ore and limestone were found throughout the County, a natural beginning for this industry. The most famous iron works in Stokes was the Tunnel Bloomery Forge, built in 1843. When General George Stoneman’s Union troops came through Stokes County in 1865, they closed the forge, which had supplied tons of iron for the Confederacy.

The operation eventually became the Moratock Mining and Manufacturing Company. This superb example of a bloomery forge still stands today, and is the focal point of the Moratock Park in Danbury. The Moratock Iron Furnace was the last forge to operate in Stokes County.

While the iron industry was at its peak, the tobacco industry in the county began to grow, including both farming and tobacco products manufacturing -- chewing tobacco, twist and plug. By 1841, Stokes County was the second largest producer of tobacco products in North Carolina (6).

The beauty of the Sauratown Mountains combined with the presence of numerous springs and mineral waters combined to make the central part of Stokes County a thriving resort area from the early 1850’s into the 1920’s. Three large hotels operated near their respective mineral springs, all close to one another and within a few miles of Danbury. In their heyday, the hotels known as Piedmont Springs, Moore’s Springs and Vade Mecum Springs were elegant and lavish, with such attractions as orchestras and string ensembles from Europe. The amount and quality of the hotels’ food was legendary, with guests consuming large quantities of country cooking three times daily. One of the cooks at Piedmont Springs even went on to become head cook at the White House.

For many years, water from the springs was sold for medicinal purposes. In the early years the water was hauled in oak barrels by wagon to Rural Hall in Forsyth County, and dispersed from there. Later, water from the springs was bottled and sold widely, even abroad. Vade Mecum Hotel Mineral waters were used widely in the late 19th and early 20th centuries, and the waters from Stokes

County springs compared favorably with that bottled and sold in other parts of the United States. Advertisements for the Stokes County waters claimed that they were laxatives, cathartics and diuretics, and could cure such afflictions as constipation, indigestion, kidney and bladder trouble, rheumatism and skin diseases. Both customers and physicians provided testimonials on the beneficial qualities of the waters.

Splendid as the resorts were, they were subject to devastating fires and were not rebuilt after the fires of the 1920's and 1930.

The U.S. Civilian Conservation Corps (CCC), created during the Depression to provide wages for work in national forests and other government properties, developed Hanging Rock State Park in 1935. Hanging Rock State Park is home to clear mountain streams, waterfalls and cascades, and a lake for swimming and fishing all nestled in mountains surrounded by mountain laurel, rhododendron, stewartia and many other flowering shrubs. From the highest elevation in the park, on Moore's Knob (elevation 2,572 MSL) can be seen the valley of the Dan River and the distant Blue Ridge mountains of North Carolina and Virginia. Today, Hanging Rock State Park is one of the most popular parks in the North Carolina State Park System. Located four miles northwest of Danbury, it can be reached by NC Highways 89 and 66. In recent years the park has attracted well over 400,000 visitors annually.

Population Characteristics

Most of the following characteristics are based on the United States Census Bureau 2000 Census, the most recent data available that covers the largest number of comparable parameters.

- In 2007 Stokes County had an *estimated* permanent population of 46,560 persons, a number 48% lower than the average North Carolina county (Table 1).
- In 2000, the median age of Stokes County residents was 37.2 years, approximately two years older than the median age for the state, 35.3 (Table 1).
- In 2000, the majority (~93%) of Stokes County residents were white, with minorities making up only approximately 7% of the population. In North Carolina as a whole minorities represented almost 28% of the total population (Table 1).
- In 2000 people over the age of 65 made up 12% of both the Stokes County population and the North Carolina population overall (Table 9).
- In 2000 children under the age of five were less numerous in Stokes County than in the average North Carolina county (Table 1), and represented approximately 7% of the county's population (Table 9).

Table 1. General Demographic Characteristics (2000 Census or years as noted)

		2000 Census								
County	Total Population (2007, est.)	No. Males	No. Females	Median Age	No. Under 5 Years	No. 65 Years and Older		Race		% Hispanic or Latino, Any Race
						Male	Female	% White	% Other	
Stokes	46,560	21,906	22,805	37.2	2,945	2,064	3,214	93.4	6.6	1.9
State Total	8,968,700	3,942,695	4,106,618	n/a	539,509	389,048	580,037	72.1	27.9	4.7
NC County Avg.	89,688	39,427	41,066	35.3	5,395	3,890	5,800	n/a	n/a	n/a
Source:	a	a	a	a	a	a	a	a	a	a
a - US Census Bureau, 2000 Census, http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/2kh37.pdf										

The population in Stokes County has grown each decade between 1980 and 2000. The rate of increase from 2000 to 2010 is estimated at 4.6% (Table 2).

Table 2. Population Growth Comparison (1980-2010)

County	Number of Persons						
	1980	1990	% Change 1980-1990	2000	% Change 1990-2000	2010 (Proj.)	% Change 2000-2010
Stokes	33,086	37,223	12.5	44,711	20.1	46,759	4.6
State Total	5,880,095	6,632,448	12.8	8,046,485	21.3	9,502,904	18.1
NC County Avg.	58,801	66,324	n/a	80,465	n/a	95,029	n/a
Source: Log Into North Carolina (LINC) Database, http://linc.stat.nc.us Some percent changes were calculated.							

- The Stokes County population is growing in density, but it remains far less densely populated than the average North Carolina county. By 2010, the average North Carolina county is predicted to be approximately 64% more densely populated than Stokes County. This is about the same difference as in 2000 (Table 3).

Table 3. Population Density (1980-2010)

County	Persons per Square Mile							
	1980		1990		2000		2010 (Est.)	
	Population	Density	Population	Density	Population	Density	Population	Density
Stokes	33,086	73.2	37,223	82.4	44,711	99.0	53,314	117.0
State Total	5,880,095	n/a	6,632,448	n/a	8,046,485	n/a	9,349,175	n/a
NC County Avg.	58,801	120.4	66,324	136.1	80,465	165.2	93,492	191.9
Source: Log Into North Carolina (LINC) Database, http://linc.state.nc.us								

- The population of Stokes County is predominately rural (Table 4).

Table 4. Urban/Rural Population Distribution (1980-2000)

County	Percent of Population					
	1980		1990		2000	
	Urban	Rural	Urban	Rural	Urban	Rural
Stokes	26.5	73.5	10.9	89.1	20.1	79.9
NC County Avg.	48.0	52.0	50.3	49.7	60.0	40.0
Source: Log Into North Carolina (LINC) Database, http://linc.state.nc.us Some percentages were calculated.						

- Yadkin is the largest township in Stokes County, accounting for over 40% of the county's population. The least populated township is Danbury, accounting for only 2.7% of the county's population.
- Danbury is the "oldest" township, with a median age of 39.9, while Quaker Gap is the "youngest" with a median age of 36.0.

Table 5. Stokes County Population by Township

Township	Number	Percent	Median Age
Beaver Island	3,565	8.0	36.1
Big Creek	1,984	4.4	39.5
Danbury	1,229	2.7	39.9
Meadows	5,279	11.8	36.4
Peters Creek	2,053	4.6	39.7
Quaker Gap	2,796	6.3	36.0
Sauratown	5,560	12.4	39.2
Snow Creek	2,653	5.9	38.6
Yadkin	19,592	43.8	36.5
TOTAL/Average	44,711	100.0	37.2
Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 1, Quick Tables, County Subdivision, NC, Stokes, Table DP-1, Profile of General Demographic Characteristics 2000, http://factfinder.census.gov			

Figure 2. Stokes County Township Map

Source: http://en.wikipedia.org/wiki/Stokes_County,_North_Carolina

- Based on 2000 Census data, 93.4% of Stokes County residents are white (Table 6).
- Stokes County has a significantly lower proportion of Blacks/African Americans (4.7%) than North Carolina as a whole (21.6%). The proportion of Hispanic residents in the county (1.9%) is also considerably lower than in the state as a whole (4.7%) (Table 6).

Table 6. Population Distribution by Race/Ethnicity (2000)

County		Number and Percent											
		White		Black		Native American		Asian		Other		Hispanic Origin	
		Total	Number	%	Number	%	Number	%	Number	%	Number	%	Number
Stokes	44,711	41,774	93.4	2,084	4.7	109	0.2	86	0.2	393	0.9	836	1.9
State Total	8,049,313	5,804,656	n/a	1,737,545	n/a	99,551	n/a	113,689	n/a	186,629	n/a	378,963	n/a
NC County Avg.	80,493	58,047	72.1	17,375	21.6	996	1.2	1,137	1.4	1,866	2.3	3,790	4.7
Source: US Census Bureau, 2000 Census, http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/2kh37.pdf													

Source: US Census Bureau, 2000 Census, http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/2kh37.pdf

- All townships in Stokes County have a population over 78% white.
- The largest number (1,100) and highest percentage (19.8%) of Blacks/African Americans resides in Sauratown Township.
- The largest number of Hispanics (308) resides in Yadkin Township; the highest percentage (3.7%) of Hispanics resides in Snow Creek Township.

Table 7. Population by Race by Township (2000)

Township	White		Black/African American		American Indian/Alaska Native		Asian		Native Hawaiian or Other Pacific Islander		Hispanic/Latino	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Beaver Island	3,160	88.6	293	8.2	15	0.4	0	0.0	1	0.0	93	2.6
Big Creek	1,833	92.4	108	5.4	0	0.0	1	0.1	1	0.1	40	2.0
Danbury	1,192	97.0	27	2.2	0	0.0	1	0.1	2	0.2	7	0.6
Meadows	5,201	98.5	21	0.4	10	0.2	6	0.1	0	0.0	58	1.1
Peters Creek	1,985	96.7	14	0.7	6	0.3	0	0.0	2	0.1	50	2.4
Quaker Gap	2,580	92.3	152	5.4	9	0.3	0	0.0	1	0.0	98	3.5
Sauratown	4,350	78.2	1,100	19.8	16	0.3	5	0.1	2	0.0	84	1.5
Snow Creek	2,529	95.3	44	1.7	3	0.1	6	0.2	8	0.3	98	3.7
Yadkin	18,944	96.7	325	1.7	50	0.3	54	0.3	6	0.0	308	1.6

Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 1, Quick Tables, County Subdivision, Table DP-1, Profile of General Demographic Characteristics 2000, <http://factfinder.census.gov>

- In terms of both numbers (Table 8) and percent (Table 9), the largest age segment of the population in Stokes County, as well as North Carolina, is the 5-19-year-old group. This age group composes 20.0% of the Stokes County population and 20.5% of the North Carolina population.
- Persons aged 20-24 compose the smallest portion (5.2%) of the population in Stokes County; children aged 0-4 account for the smallest portion (6.7%) of the state (Table 9).

Table 8. Population Distribution by Age, Number (2000)

County	Total Population	Years							
		0-4	5-19	20-24	25-34	35-44	45-54	55-64	65+
Stokes	44,711	2,945	8,954	2,331	6,401	7,619	6,530	4,653	5,278
State Total	8,049,313	539,509	1,653,851	577,508	1,213,415	1,287,120	1,085,150	723,712	969,048
NC County Avg.	80,493	5,395	16,539	5,775	12,134	12,871	10,852	7,237	9,690

Source: US Census Bureau, 2000, [http://www2.census.gov/census_2000/datasets/demographic_profile/North Carolina/](http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/)

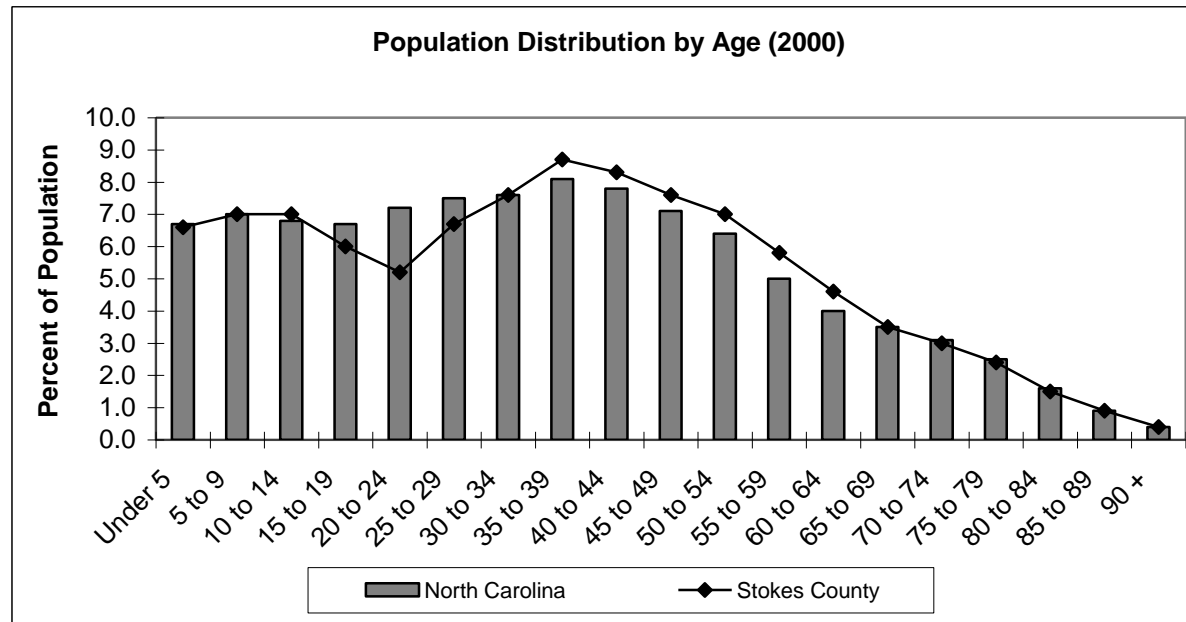
Table 9. Population Distribution by Age, Percent (2000)

County	Total Population	Percent of Total by Years							
		0-4	5-19	20-24	25-34	35-44	45-54	55-64	65+
Stokes	44,711	6.6	20.0	5.2	14.3	17.0	14.6	10.4	11.8
State Total/Average	8,049,313	6.7	20.5	7.2	15.1	16.0	13.5	9.0	12.0

Source: US Census Bureau, 2000, http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/
 Note: Percent calculations are based on calculated US Census figures in the previous table.

- The age distribution of the Stokes County population differs only slightly from the age distribution of the the state's overall population. The largest differences are in the aged groups 15-19, 20-24 and 25-29 (Figure 3). These age categories represent the life stage of higher education and job seeking and finding, indicating perhaps that this segment of the population goes elsewhere to seek a college education or to make a living and/or establish a career.

Figure 3.



Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 1, Quick Tables, Select areas, Table QT-P1, Age Groups and Sex 2000, <http://factfinder.census.gov>

- Table 10 provides a breakdown of the number and percent of people in each age group, for both Stokes County and the state.

Table 10. Demographic Profile by Age and Sex (2000)

Age Group	Stokes County						North Carolina		
	Number			Percent			Percent		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages	44,711	21,906	22,805	100.0	100.0	100.0	100.0	100.0	100.0
Under 5	2,945	1,500	1,445	6.6	6.8	6.3	6.7	7.0	6.4
5 to 9	3,142	1,608	1,534	7.0	7.3	6.7	7.0	7.3	6.7
10 to 14	3,111	1,635	1,476	7.0	7.5	6.5	6.8	7.1	6.6
15 to 19	2,701	1,420	1,281	6.0	6.5	5.6	6.7	7.0	6.4
20 to 24	2,331	1,170	1,161	5.2	5.3	5.1	7.2	7.7	6.7
25 to 29	3,017	1,501	1,516	6.7	6.9	6.6	7.5	7.8	7.2
30 to 34	3,384	1,674	1,710	7.6	7.6	7.5	7.6	7.8	7.4
35 to 39	3,890	1,974	1,916	8.7	9.0	8.4	8.1	8.3	8.0
40 to 44	3,729	1,863	1,866	8.3	8.5	8.2	7.8	7.9	7.8
45 to 49	3,407	1,675	1,732	7.6	7.6	7.6	7.1	7.0	7.1
50 to 54	3,123	1,544	1,579	7.0	7.0	6.9	6.4	6.3	6.4
55 to 59	2,594	1,289	1,305	5.8	5.9	5.7	5.0	4.9	5.1
60 to 64	2,059	989	1,070	4.6	4.5	4.7	4.0	3.9	4.2
65 to 69	1,563	726	837	3.5	3.3	3.7	3.5	3.3	3.7
70 to 74	1,335	581	754	3.0	2.7	3.3	3.1	2.8	3.5
75 to 79	1,089	392	697	2.4	1.8	3.1	2.5	2.0	3.0
80 to 84	683	231	452	1.5	1.1	2.0	1.6	1.1	2.0
85 to 89	411	97	314	0.9	0.4	1.4	0.9	0.5	1.2
90 +	197	37	160	0.4	0.2	0.7	0.4	0.2	0.7

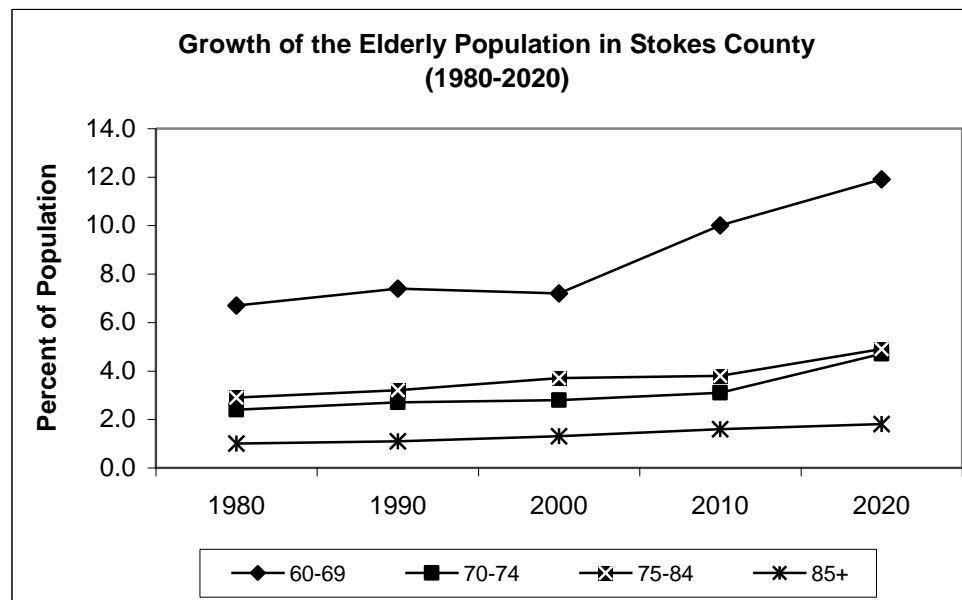
Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 1, Quick Tables, Select areas, Table QT-P1, Age Groups and Sex 2000, <http://factfinder.census.gov>

Older Adults

Growth of the Elderly Population

- The population of Stokes County adults aged 60 and older is increasing and is expected to continue to increase over the next 12 years (Figure 4).
- Though all segments of the elderly population are growing, the segment expected to grow the most in the 20 years between 2000 and 2020 is the group aged 70-74, which is predicted to grow by ~68% over that period, from 2.8% to 4.7% of the total county population.
- The population segment aged 60-69 is predicted to increase by approximately 65% over the same period; the county population in the 75-84 and 85-and-older categories also will grow over the period, but by rates in the 32-39%-range.

Figure 4.



Source: Log Into North Carolina (LINC) database, Topic group: Population and Housing, Population Ages: 60-64, 65-69, 70-74, 75-79, 80-84, 85 and over, <http://linc.state.nc.us>

Location of the Elderly Population

- As of the 2000 Census, 11.7% of the Stokes County population was over the age 65 or older (Table 11).
- Danbury Township has the largest percentage of people age 65 and older: 16.9% (Table 11).
- In five of the nine townships in Stokes County, adults aged 65 and older represent more than 12% of the population (Table 11).

Table 11. Population of Adults Aged 65 and Older by Township (2000)

Township	Number	% Township Population
Beaver Island	350	9.8
Big Creek	329	16.6
Danbury	208	16.9
Meadows	518	9.9
Peters Creek	304	14.9
Quaker Gap	282	10.0
Sauratown	866	15.6
Snow Creek	354	13.3
Yadkin	2,067	10.5
TOTAL/Average	5,278	11.7
Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 1, Quick Tables, County Subdivision, Table DP-1, Profile of General Demographic Characteristics 2000, http://factfinder.census.gov		

Characteristics of the Elderly Population

Characteristics of the elderly persons in a county can help service providers understand how this population can or cannot access and utilize services. Factors such as educational level, mobility and disability are all useful predictors of service access and utilization. The North Carolina Division of Aging collects and catalogues information about factors like these on the county level (7). Some of the Division's US Census Bureau derived data on Stokes County – and comparable data for the state of North Carolina as a whole – are summarized below.

Educational Attainment

- Elderly persons in Stokes County tend to be less educated than their counterparts elsewhere in North Carolina. In Stokes County 54.2% of persons age 65 and older *lack* a high school diploma, compared to a comparable figure of 41.6% for the state as a whole. In addition, 27.0% of persons aged 45-64 in Stokes County *lack* a high school diploma, compared to 19.9% for the state as a whole.
- A smaller proportion of Stokes County residents than North Carolina residents age 65 and older have had a graduate school education (1.7% vs. 5.5%). In the age group 45-64 2.6% in Stokes County and 8.8% statewide have a graduate school education.

Living Conditions

- In 2000 approximately 355 persons in Stokes County were classified as grandparents raising grandchildren under the age of 18. This number computes to a proportion of the total population equal to approximately 0.8%, a figure slightly smaller than the comparable rate for North Carolina as a whole (1.0%).
- With regard to home ownership, the figures for the elderly population in Stokes County are higher than for the state as a whole: 87.9% of persons in the 45-64 age group are homeowners, as are 84.7% of persons in the 65 and older age group. At the state level the comparable percentages are 80.3% and 82.0% for the same respective age groups.

Mobility

- The US Census bureau definition of “disability” includes any long-lasting physical, mental or emotional condition that can make it difficult for persons to walk, climb stairs, dress, bathe, learn or remember. The elderly population in Stokes County has a slightly higher proportion of persons with disabilities than in North Carolina as a whole. According to 2000 US Census figures, 21.3% of persons age 65 or older in Stokes County reported having one disability; 30.9% of the same population reported having two or more disabilities. These percentages compare to respective statewide figures of 20.6% and 25.1%.
- In Stokes County, 3.0% of householders between the ages of 55 and 64, 9.3% of those between the ages of 65 and 74, and 19.3% of those aged 75 or older did *not* have an automobile in 2000. These percentages compare to respective statewide figures of 6.0%, 9.0% and 21.3%.

Non-English Speaking Population

North Carolina has seen continuous growth in the number of foreign-born residents, with this segment of the population increasing from 39,382 in 1969 to 430,000 in 2000, an almost 11-fold increase. According to demographers, this official count is likely an underestimate, since many in this population do not participate in the US Census. The foreign-born population in a community is one that potentially does not speak English, and so is of concern to service providers.

Statewide, the greatest proportion of the increase in foreign-born persons is represented by immigrants of Hispanic origin; however, statewide there has also been an influx foreign-born immigrants from Southeast Asia.

According to data in Table 12:

- As of the 2000 Census, there were 684 foreign-born residents in Stokes County, making up 1.5% of the total county population (44,711) at that time.
- The largest influx of the foreign-born population in Stokes County – 269, or 39.3% of the current total foreign-born population – arrived between 1995 and 2000.
- The percent of increase in the foreign-born population in Stokes County since 1994 was less than the percent of increase at the state level over the same period (64.8 vs. 76.2).

**Table 12. Foreign-Born Population, Number by Year of Entry
(1965-2000)**

County	<1965	1965-1969	1970-1974	1975-1979	1980-1984	1985-1989	1990-1994	1995-2000	Total	% Increase Since 1994
Stokes	64	11	19	60	31	94	136	269	684	64.8
State Total	28,217	11,165	14,099	21,721	35,480	50,961	82,454	185,903	430,000	76.2
NC County Avg.	282	112	141	217	355	510	825	1,859	4,300	76.2
Source: US Census Bureau, 2000 Census, American Fact Finder, Data Sets, Summary File 3, Detailed Tables, P22, Year of Entry for the Foreign-Born Population, http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/2kh37.pdf										

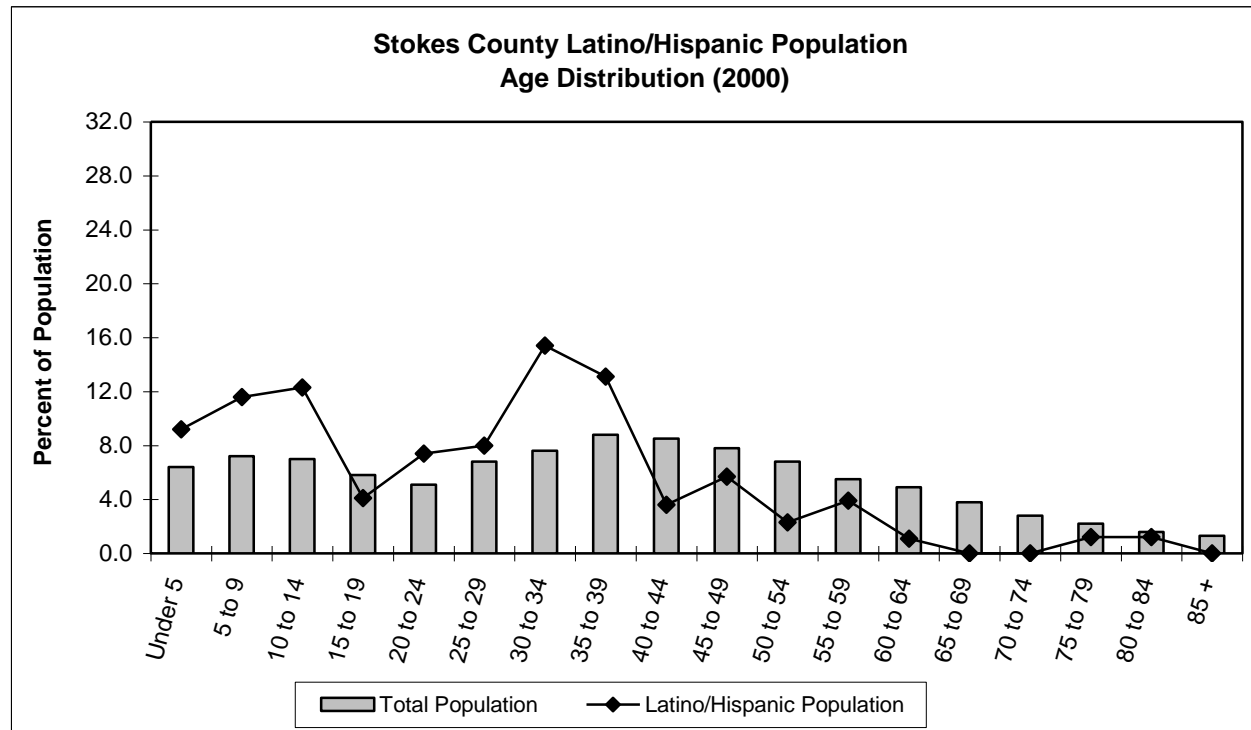
- As of 2000, 761 *individuals*, or 1.7% of the Stokes County population, reported on the US Census that they spoke Spanish at home, making Spanish the most commonly spoken language other than English in the county. However, of the Stokes County residents who reported speaking Spanish, 26.0% said they speak English “very well” (8).
- Of the 17,577 Stokes County *households* assessed in the 2000 Census, 953 or 5.4% reported speaking a language other than English. Of these 953, 124 or 13.0% reported being linguistically isolated, meaning that all household members who are older than 14 have at least some difficulty speaking English (Table 13).

Table 13. Household Language by Linguistic Isolation (2000)

County		Total Households	Number of Households								
			English-Speaking	Spanish-Speaking		Speaking Other Indo-European Languages		Speaking Asian or Pacific Island Languages		Speaking Other Languages	
				Isolated	Not isolated	Isolated	Not isolated	Isolated	Not isolated	Isolated	Not isolated
Stokes	17,577	16,624	98	585	25	192	0	28	1	24	
State Total	3,133,282	2,841,028	43,698	125,899	6,804	69,246	8,730	25,143	1,607	11,127	
NC County Avg.	31,333	28,410	437	1,259	68	692	87	251	16	111	
Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 3, P20. Detailed Tables, Household Language by Linguistic Isolation, http://factfinder.census.gov											

- As Figure 5 illustrates, in Stokes County the age groups under 14 and 20-39 years represent higher proportions in the Hispanic/Latino population than in the overall population. However, there is a lower proportion of Hispanics/Latinos than in the general population in all the other age groups.

Figure 5.



Source: US Census Bureau, American Fact Finder, .Decennial Census, Data Sets, Summary File 3, Detailed Tables, By County, P145H, Sex by Age (Hispanic or Latino), <http://factfinder.census.gov/home/saff/main.html>

Commuting Patterns

- The percentage of Stokes County workers commuting *out of the county* to work increased slightly between 1990 and 2000 while the percent *leaving the state* to work decreased. During that period, a much higher percentage of the Stokes County workforce left the county for work (i.e., traveled to a job in another county or state) than the North Carolina county average (Table 14).

Table 14. Worker Commuting Patterns (1990 and 2000)

County	Number and Percent of Persons													
	1990							2000						
	Total # Workers Over 16	# Working Out of County	% Working Out of County	# Working Out of State	% Working Out of State	Total # Leaving County for Work	Total % Leaving County for Work	Total # Workers Over 16	# Working Out of County	% Working Out of County	# Working Out of State	% Working Out of State	Total # Leaving County for Work	Total % Leaving County for Work
Stokes	18,722	12,743	68.1	401	2.1	13,144	70.2	21,709	15,032	69.2	347	1.6	15,379	70.8
State Total	3,300,481	657,483	n/a	60,323	n/a	717,806	n/a	3,837,773	936,047	n/a	75,604	n/a	1,011,651	n/a
NC County Avg.	33,005	6,575	19.9	603	1.8	7,178	21.7	38,378	9,360	24.4	756	2.0	10,117	26.4
Source: US Census Bureau, American Fact Finder, Summary File 3 for 1990 and 2000, Detailed Tables, Place of Work for Workers 16 Years and Over-State and County Level, http://factfinder.census.gov														

- The majority of workers in Stokes County and North Carolina drive alone to work. The number of Stokes County workers in this category increased between 1990 and 2000, as did the number of workers walking to work or working from home. However, both categories were lower than the North Carolina county average (Table 15).

Table 15. Modes of Transportation to Work (1990 and 2000)

County	Number of Persons							
	Drove Alone		Carpooled		Used Public Transportation		Walked, or Worked at Home	
	1990	2000	1990	2000	1990	2000	1990	2000
Stokes	14,201	17,721	3,753	3,061	49	23	623	814
State Total	2,527,980	3,046,666	529,828	538,264	33,902	34,803	80,573	177,098
NC County Avg.	25,280	30,467	5,298	5,383	339	348	806	1,771
Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 3 for 2000 and 1990, Detailed Tables, Means of Transportation to Work for Workers, http://factfinder.census.gov								

Civic Participation

Stokes County government is composed of five elected county commissioners with an appointed county manager. Other elected county officials are the Sheriff, Clerk of Court, and Register of Deeds (9).

- Of the 28,401 voters registered in Stokes County as of January, 2008, approximately 35% were registered as Democrat, 49% as Republican, and 16% as Independent/Unaffiliated (10).
- In the 2004 presidential election a higher proportion of the population voted in Stokes County than in the state as a whole (Table 16).

Table 16. Registered Voters (1990, 2000 and 2006)

County	Number and Percent of Population Registered to Vote												% Voted 2004 Election
	1990				2000				2006				
	Total %	Total	White	Non-White	Total %	Total	White	Non-White	Total %	Total	White	Non-White	
Stokes	76.4	21,468	20,252	1,216	85.5	28,877	27,314	1,549	80.3	28,806	27,229	1,502	69.0
State Total	66.7	3,347,635	2,677,162	670,473	84.2	5,122,123	4,028,032	1,091,890	83.1	5,122,123	4,028,032	1,091,890	63.4
Source: Log Into North Carolina (LINC), Topic group: Government, Select: Percent of Voting Age Population Registered to Vote, http://linc.state.nc.us NC Board of Elections, Data and Statistics, Voter Turnout 2004 General Election, By County: Latest Statistics, Voter Turnout, http://www.sboe.state.nc.us/enrs/turnout													

Economic Climate

Income

- According to 2005 data in Table 17, Stokes County residents had a per capita personal income that was \$4,360 lower than the state average.
- The North Carolina *median household income* shown in Table 17 is the average for the years 2004 and 2005. In that period, the median household income in Stokes County was \$10,229 lower than in the average North Carolina county.

Table 17. Income (2005)

County	Per Capita Personal Income	Per Capita Income Difference from State	Median Household Income	Median Household Income Difference from State
Stokes	\$26,193	-\$4,360	\$35,842	-\$10,229
NC County Avg.	\$30,553	n/a	\$46,071	n/a

Source: NC Dept of Commerce, Economic Development, County Profiles, <http://www.nccommerce.com/NCDOCWEBAPP/CountyProfiles/InfoPlease>, <http://www.infoplease.com/ipa/A0104652.htm>
 Census Data by State, <http://www.chn.org/pdf/2006/2005MedianIncome-DatabyState.pdf>
 Note: Results in the *Difference* columns were calculated.

Employment

The following definitions will be useful in understanding the data in this section.

Labor force – includes all persons over the age of 16 who, during the week, are employed, unemployed or in the armed services.

Civilian labor force – excludes the Armed Forces from that equation.

Unemployed – civilians not currently employed but are available for work and have actively looked for a job within the four weeks prior to the date of analysis; also, laid-off civilians waiting to be called back to their jobs, as well as those who will be starting new jobs in the next 30 days.

Unemployment rate – calculated by dividing the number of unemployed persons by the number of people in the civilian labor force.

Employment growth – the rate at which net new, nonagricultural jobs are being created.

Annual Employment Growth

- Stokes County did not fare as well as the state as a whole in terms of annual employment growth from 2003 to 2006. However, the percentage of positive growth steadily increased in the county between 2004 and 2006 (Table 18).

Table 18. Annual Employment Growth (2003-2006)

County	Percent Change from Previous Year			
	2003	2004	2005	2006
Stokes	-0.1	0.5	1.2	2.8
NC County Avg.	0.9	1.6	2.1	3.4
Source: FDIC, Regional Economic Conditions (RECON), http://www2.fdic.gov/recon				

Table 19 details the various categories of industry in Stokes County and North Carolina.

- Health Care/Social Assistance is the largest reported industry in Stokes County, accounting for 16.6% of the labor force. In the state, manufacturing is the largest industry, accounting for 13.2% of the labor force.
- Educational services is the second largest reported industry in Stokes County, employing 13.9% of the labor force; statewide, retail trade is the second largest industry (11.4%).

Table 19. Stokes County Employment by Industry (Third Quarter, 2007)

Industry	% of Workforce	
	Stokes	NC
Accommodation/Food Services	10.4	8.5
Administrative/Waste Services	2.1	6.0
Agriculture/Forestry/Fishing/Hunting	0.2	0.7
Construction	9.8	6.0
Educational Services	13.9	1.4
Finance/Insurance	1.8	3.8
Health Care/Social Assistance	16.6	10.7
Information	0.3	1.8
Management of Companies	0.0	1.7
Manufacturing	13.7	13.2
Other Services (not Public Admin)	4.9	2.5
Professional and Technical Services	2.1	4.5
Public Administration	7.3	5.6
Real Estate/Rental Leasing	0.6	1.3
Retail Trade	10.7	11.4
Transportation/Warehousing	1.6	2.8
Unclassified	0.0	0.4
Utilities	0.0	0.3
Wholesale Trade	2.9	4.5
Source: NC Department of Commerce, Economic Development, http://www2.nccommerce.com/cmedis/countyprofiles		

Table 20 lists the major employers in Stokes County, only one of which employed more than 1,000 people during the period cited.

Table 20. Major Employers in Stokes County, September 2006

Employer	Industry	Number Employed
Stokes County Board of Education	Education and Health Services	1,000+
Kobe Wieland Copper Products LLC	Manufacturing	500-999
County of Stokes	Public Administration	250-499
Stokes-Reynolds Memorial Hospital	Education and Health Services	250-499
Duke Energy Corporation	Trade, Transportation, and Utilities	100-249
Butner Construction Co Inc	Construction	100-249
Autumn Corp	Education and Health Services	100-249
JPS Elastomerics	Manufacturing	100-249
YMCA of Northwest NC	Other Services	100-249
Universal Health Care/King Inc	Education and Health Services	100-249
Walnut Cove Health Care LLC	Education and Health Services	100-249
Triumph LLC	Education and Health Services	50-99
City of King	Public Administration	50-99
Food Lion LLC	Trade, Transportation, and Utilities	50-99
Parkdale America LLC	Manufacturing	50-99
US Postal Service	Trade, Transportation, and Utilities	50-99
Bill Hanks Lumber Co (A Corp)	Manufacturing	50-99
Lowes Food Stores Inc	Trade, Transportation, and Utilities	50-99
NC Dept of Transportation	Public Administration	50-99
McDonalds Restaurant	Leisure and Hospitality	50-99
Priddy Manor Assisted Living	Education and Health Services	50-99
Spainhour and Spainhour Grading Inc	Construction	50-99
Ingles Markets Inc	Trade, Transportation, and Utilities	Below 50
Pinnacle Electric Company Inc	Construction	Below 50
Superior Staffing Service Inc	Professional and Business Service	Below 50
Source: Employment Security Commission of NC, Labor Market Information, Industry Information: North Carolina's Largest Employers, 25 Largest Employers by County, http://jobs.esc.state.nc.us/lmi/largest/largest.pdf		

Unemployment

- In 2006, an average 1,067 members of the Stokes County civilian labor force were unemployed. In 2007, the average number was almost identical to 2006 with an average number of 1,073 unemployed (11).
- Unemployment rates in Stokes County have fluctuated historically, with the lowest unemployment rate (2.2) in 1997 and the highest rate (6.1) in 2003. The 2007 county unemployment rate was 4.3, which was below the state rate of 4.8 (Table 21).

Table 21. Annual Unemployment Rate Trend (1995-2008)

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008 (Year To Date)
Stokes	2.9	2.6	2.2	2.3	2.3	3.5	5.4	6.0	6.1	5.3	5.0	4.3	4.3	5.3
NC County Avg.	4.3	4.3	3.6	3.5	3.2	3.6	5.5	6.7	6.5	5.5	5.3	5.2	4.8	5.0
Source: NC Employment Security Commission, http://www.ncesc.com/lmi/laborStatMain.asp , Civilian Labor Force Estimates, http://sol1.esc.state.nc.us/lmi/laus/clf/ Note: The unemployment rate is calculated by dividing the number of unemployed by the civilian labor force.. The civilian labor force is the total employed plus the unemployed.														

Business Closings and Layoffs

According to data catalogued by the North Carolina Employment Security Commission from newspaper reports and data submitted to the commission, between 2000 and 2007 there were four reported business closings in Stokes County, including one in 2000 that affected 174 people, two in 2001 that affected 145 people, and one in 2002 that affected two people. In addition, there was one layoff in 2001, affecting five people and a layoff in 2002 affecting four people (12). It should be noted that these data are largely anecdotal and as such are likely underestimates.

Poverty

The *poverty rate* is the percent of the population (both individuals and families) whose money income (which includes job earnings, unemployment compensation, social security income, public assistance, pension/retirement, royalties, child support, etc.) is below the threshold established by the Census Bureau.

- The poverty rate in Stokes County has been consistently below the comparable state rate since 1980 (Table 22).
- The Stokes County poverty rate decreased each decade from 1990 through 2000 before increasing again in 2005 (Table 22).

Table 22. Annual Poverty Rate (1980-2005)

County	1980	1990	2000	2005
Stokes	12.6	9.8	9.1	11.0
NC County Avg.	14.8	13.0	12.3	14.9
Source:	a	a	a	b
a - Log Into North Carolina (LINC) Database, http://linc.state.nc.us				
b - Economic Research Service, US Dept of Agriculture, 2004 County Level Poverty Rates, NC, http://www.ers.usda.gov/data/povertyrates				

Poverty and Race

- The percent of blacks in poverty decreased between 1990 and 2000, while the poverty rate for the white Stokes County population showed no change (Table 23).
- Statewide, between 1990 and 2000 poverty rates decreased for both white and black populations.

Table 23. Persons in Poverty by Race and Percent (1990 and 2000)

County	1990				2000			
	Total Persons in Poverty	Total % in Poverty	% White in Poverty	% Black in Poverty	Total Persons in Poverty	Total % in Poverty	% White in Poverty	% Black in Poverty
Stokes	3,614	9.8	8.6	26.5	4,022	9.1	8.6	15.2
State Total/Avg.	829,858	13.0	8.7	27.1	958,667	12.3	8.5	22.9
Source: Log Into North Carolina (LINC) Database, Employment/Income, Income, Poverty, & Employment, http://linc.state.nc.us								

Children in Poverty

- From 2002 to 2005, compared to the North Carolina average, Stokes County demonstrated lower proportions of persons under the age of 18 in poverty. In 2005, 11% Stokes County residents under the age of 18 lived in poverty, a proportion 26% lower than the comparable state proportion (Table 24).
- However, poverty among children under the age of 18 increased in Stokes County in the years between 2002 and 2005, from 13.6% in 2002 to 16.0% in 2005.
- Corroborating information on increasing child poverty in Stokes County is data catalogued by the Annie E. Casey Foundation on the percentage of school children receiving free or reduced school lunches. In 2001, 27% of Stokes County school-aged children were enrolled in a free or reduced cost school lunch program; in 2005 that percentage had increased to 34%. These county figures compare to the statewide figures of 40% (2001) and 48% (2005) (13).

Table 24. Persons in Poverty by Age and Percent (2002-2005)

County	Percent in Poverty											
	2002			2003			2004			2005		
	All Ages	Ages 0-17	Ages 5-17	All Ages	Ages 0-17	Ages 5-17	All Ages	Ages 0-17	Ages 5-17	All Ages	Ages 0-17	Ages 5-17
Stokes	9.8	13.6	11.8	11.0	15.6	12.8	11.1	15.6	13.3	11.0	16.0	14.1
State Total	12.9	17.4	15.7	13.4	19.1	16.7	13.8	18.7	16.9	14.9	20.8	19.3

Source: US Census Bureau: Poverty, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/saipe.html>

- In the two most recent Census periods (1990 and 2000), the percent of very young children (under age six) in poverty in Stokes County was lower than the comparable state rate (10.1% vs. 19.1% in 1990, and 11.4% vs. 17.8% in 2000). According to a 2003 estimate, the Stokes County rate remained stable at 11.2%, and below the state rate (Table 25, following page).

Table 25. Children under Aged Six in Poverty, Number and Percent (1980-2003)

County	1980		1990		2000		2003
	Number	%	Number	%	Number	%	Est. %
Stokes	317	11.6	284	10.1	407	11.4	11.2
State Total	94,676	n/a	102,822	n/a	113,199	n/a	n/a
NC County Avg.	947	19.7	1,028	19.1	1,132	17.8	17.5
Source:	a	a	a	a	a	a	b
a - Log Into North Carolina (LINC) Database, Children Under 6, http://linc.state.nc.us							
b - Frank Porter Graham Early Childhood Development, Early Childhood Needs and Resources Report 2003, Children Under 5, http://www.fpg.unc.edu/~ncnr_Assessment/							

Food Stamps

- The number of monthly average active cases has increased every fiscal year from FY2003-04 through FY2006-07 (Table 26).
- The number of monthly average active participants decreased slightly between FY2005-06 and FY2006-07 (Table 26)

Table 26. Food Stamps
Monthly Average Active Cases and Participants (FY2002-03 through-FY2006-07)

Monthly Average Active Cases					Monthly Average Active Participants				
2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07
1,193	1,363	1,514	1,721	1,752	2,569	3,128	3,483	3,890	3,711
Source: Stokes County Dept of Social Services, Annual Reports, 2002-2007, Food Stamps http://www.co.stokes.nc.us/dss									

- Stokes County historically has had a lower percentage of children under 18 receiving food stamps than the average North Carolina county. However the percentage has increased in both Stokes County and the state; the rate for the county more than doubled between 2000 and 2004, while the statewide percentage increased 53% (Table 27).

Table 27. Food Stamp Recipients Ages 0-17 (2000 and 2004)

County	Percent of Children Receiving Food Stamps	
	2000	2004
Stokes	6.0	13.0
NC County Avg.	11.8	18.0
Source: The Annie E. Casey Foundation, Community-Level Information on Kids, http://www.kidscount.org/cgi-bin/cliiks.cgi?action=rawdata_results&subset=NC		

Emergency Assistance

When families or individuals in a crisis need assistance in meeting expenses for such items as rent, utilities, medicine, or car repair, the Stokes County Department of Social Services can help.

- Between 2002 and 2007, the average number of families/individuals assisted each year was 480 and the average pay per household was \$289.09 (14).
- There was an increase in the number of families provided emergency assistance from FY2002-03 through FY2004-05. The number decreased from FY2005-06 through FY2006-07 (Table 28).

Table 28. Emergency Assistance for Families (FY2002-03 through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Number of Families Assisted	342	408	623	580	449
Source:	Stokes County Department of Social Services, Annual Reports, 2002-2007, Emergency Assist, http://www.co.stokes.nc.us/dss				

Transportation Assistance

The Stokes County Department of Social Services provides transportation to help elderly, disabled, and low-income persons get to medical appointments and other services.

- The *number of individuals* receiving transportation services recently has decreased from the period of peak usage (FY2003-04 through FY2005-05). However, the *number of trips* provided was 17% higher in FY2006-07 than FY2003-2004 (Table 29).

Table 29. Transportation Family Support Service (FY2002-03 through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Individuals Served	271	296	296	153	166
Trips Provided	5,171	5,101	5,101	4,809	5,993
Source:	Stokes County Department of Social Services, Annual Reports, 2002-2007, Transportation, http://www.co.stokes.nc.us/dss				

Work First Family Assistance

This service provides financial/medical assistance to families that qualify on the basis of income. Work First helps families stay off welfare by helping them cope with unexpected emergencies or setbacks, shortening the length of time that families are on Work First Family Assistance by making work mandatory, limiting how long a family can receive cash assistance, encouraging them to save, and helping to make sure they really are better off working than on welfare.

- The monthly average number of applications increased by 44% from FY2002-03 to FY2006-07.
- The number of adults that obtained employment under Work First more than doubled from FY2002-03 to FY2006-07.

Table 30. Work First Family Assistance (FY2002-03 through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Average Monthly Applications Taken	29	39	54	n/a	52
Number Adults Obtained Employment	38	35	69	76	81
Source:	Stokes County Department of Social Services, Annual Reports, 2002-2007, Work First, http://www.co.stokes.nc.us/dss				

Housing

- In Stokes County the *number* of owned housing units increased between 1990 and 2000; the *percentage* of owned housing units remained the same during this time; both figures were lower than the comparable figures for the average North Carolina county.
- The *number* of rental household units in the county increased while the *percentage* decreased. The percentage of rental households in the county was lower than the percentage in the state as a whole.
- The number and percentage of mobile home units increased in the county and in the state. The percentage of mobile home units in Stokes County in 2000 was almost double the comparable figure for the state as a whole.

Table 31. Housing (1990 and 2000)

County	1990									2000								
	Total Housing Units	Average Persons/ Home	Owner Occupied Units	Renter Occupied Units		Median Rent	Mobile Home Units			Total Housing Units	Average Persons/ Home	Owner Occupied Units	Renter Occupied Units		Median Rent	Mobile Home Units		
	No.	No.	No.	%	No.	%	\$	No.	%	No.	No.	No.	%	No.	%	\$	No.	%
Stokes	15,160	2.6	11,436	75.0	2,687	17.7	\$238	3,872	25.5	19,262	2.5	14,431	74.9	3,148	16.3	\$343	5,769	30.0
State Total	2,818,193	n/a	1,711,882	n/a	805,144	n/a	n/a	421,464	n/a	3,523,944	n/a	2,172,355	n/a	959,658	n/a	n/a	577,323	n/a
NC County Avg.	28,182	2.54	17,119	60.7	8,051	28.6	\$284	4,215	15.0	35,239	2.49	21,724	61.6	9,597	27.2	\$431	5,773	16.4

Source: Log Into North Carolina (LINC) Database, Topic Group: Population and Housing, Decennial Census, Housing, <http://linc.state.nc.us>

Affordable Housing

According to information from the North Carolina Rural Economic Development Center (15):

- Based on 2000 Census data, 12.6% of the Stokes County population at the time was living in “unaffordable” housing; this compares to 20.7% statewide. The Census Bureau defines *unaffordable housing* as housing that costs more than 30% of the total household income.
- In 2000 in both Stokes County and North Carolina as a whole 0.1% of housing units was considered “substandard”. This means they were overcrowded (more than one person living in a room) *and* lacking complete indoor plumbing facilities (hot and cold piped water, a flush toilet, and a bath or shower).

There is limited HUD-subsidized housing or public housing in Stokes County.

- There is no HUD Public and Indian Housing Authority located in Stokes County to assist residents in accessing HUD services. The nearest offices are in Mt. Airy (Surry County) and Winston-Salem (Forsyth County) (17).
- The HUD Homes and Communities web pages and associated links list six single-family HUD-sponsored homes in Stokes County (16).
- There are five privately owned HUD-subsidized rental housing properties in Stokes County listed on the HUD website: three for disabled, one apartment facility for the elderly, and one that does not indicate the type of facility. Four of the facilities are in King and one is in Walnut Cove (18).

The United States Department of Agriculture (USDA) catalogues information about rental properties available in rural areas. According to the USDA, the Multi-Family Housing website provides an online guide to Government assisted rental projects.

- The most recent listing (April 16, 2008) shows seven rental properties in Stokes County, four in King (Carolina Apartments, Kingswood Apartment, Pilot View Apartments, and Pilot View Phase II) and three in Walnut Cove (Heritage Apartments, Pine Ridge Apartments, and Stokesburg Meadow Apartments) (19).

Children and Families

- As of the 2000 Census, 6.6% of Stokes County residents were under the age of 5 and approximately 20% of residents were under the age of 20 (Table 9, cited previously).
- The township with the *highest* percentage of children under the age of 18 (26.3%) is Quaker Gap. The township with the *lowest* percentage of minor children is Danbury (Table 32).

Table 32. Stokes County Population Under 18 by Township (2000)

Township	Number	% Township Population
Beaver Island	887	25.0
Big Creek	457	23.0
Danbury	255	20.7
Meadows	1,339	25.4
Peters Creek	467	22.7
Quaker Gap	736	26.3
Sauratown	1,294	23.3
Snow Creek	573	21.6
Yadkin	4,942	25.2
Total/Percent Avg.	10,950	23.7

Source: US Census Bureau, American Fact Finder, Data Sets, Summary File 1, Quick Tables, County Subdivisions, Age Groups and Sex 2000, <http://factfinder.census.gov>

Single Parent Families

(Refer to Table 33, following page).

- When compared to the state average, Stokes County has a significantly lower percentage of single parent homes.
- The number and percent of homes with single parents increased between 1990 and 2000 in Stokes County and the state.
- The number and percent of homes with a single male head of household in Stokes County increased 125% during this period; statewide the percent increased 65% over the same period.
- The number and percentage of homes in Stokes County with a single female head of household increased 34% over the period.

Table 33. Single Parent Families (1990 and 2000)

County	1990							2000						
	Total Family Homes	Total Homes with Single Parent		Single Male Head of Household		Single Female Head of Household		Total Family Homes	Total Homes with Single Parent		Single Male Head of Household		Single Female Head of Household	
	Number	Number	%	Number	%	Number	%	Number	Number	%	Number	%	Number	%
Stokes	11,254	1,784	15.9	132	1.2	633	5.6	13,035	3,025	23.2	357	2.7	974	7.5
State Total	1,824,465	488,515	n/a	31,588	n/a	164,000	n/a	2,158,869	697,521	n/a	60,791	n/a	227,351	n/a
NC County Avg.	18,245	4,885	26.8	316	1.7	1,640	9.0	21,589	6,975	32.3	608	2.8	2,274	10.5
Source: Log Into North Carolina (LINC) Database, Topic group: Population and Housing, Total Number of Families, Female Householder Families with Children, Male Householder Families with Children, http://linc.state.nc.us														

Child Care Programs

Child Care Centers and Family Homes

In September 2000, the North Carolina Division of Child Development issued “star rated” licenses to all eligible Child Care Centers and Family Child Care Homes. North Carolina’s Star Rated License System gives stars to child care programs based on how well they are doing in providing quality child care. Child Care programs receive a rating of one to five stars. A rating of one star means that a child care program meets North Carolina’s minimum licensing standards for child care. Programs that choose to voluntarily meet higher standards can apply for a two to five star license. (Note: Religious-sponsored child care programs will continue to operate with a notice of compliance and will not receive a star rating.)

Three areas of child care provider performance are assessed in the star system: program standards, staff education, and compliance history. Each area has a range of one through five points. The star rating is based on the total points earned for all three areas. Listed below is the breakdown for the number of stars received based on the total points earned in each of the three areas. A five-star facility has earned a total of from 14-15 points, a four-star facility from 11-13 points, a three-star facility from 8-10 points, a two-star facility from 5-7 points, and a one-star facility from 3-4 points. According to the North Carolina Division of Child Development Child Care Facility Search Site there are 36 child care facilities in Stokes County that are licensed to operate in North Carolina in the following categories (21):

- Five Star Center License – 12 facilities
- Five Star Family Child Care Home License – two facilities
- Four Star Center License – three facilities
- Four Star Family Child Care Home License – five facilities
- Three Star Center License – four facilities
- Three Star Family Child Care Home License – one facility
- Two Star Family Child Care Home License– three facilities
- One Star Center License – one facility
- One Star Family Child Car Home License – three facilities
- Temporary License – one facility
- GS 110-106 – one facility

Subsidized Child Care

- Of the children in regulated care in Stokes County, 46% received a subsidy in 2005, a rate lower than that noted in 2001. The 2005 rate of child care subsidy in the county was higher than the North Carolina county average (Table 34).
- In 2005, all Stokes County children who had applied for and been declared eligible for subsidized care were receiving it (Table 34).

Table 34. Subsidized Child Care (2001 and 2005)

	# Children (0-12) Enrolled in Regulated Child Care		% Children (0-12) in Regulated Child Care Receiving Child Care Subsidy		# Children (0-12) Eligible for but Not Receiving Child Care Subsidy (2005)
	2001	2005	2001	2005	2005
Stokes	751	888	55.0	46.0	0
State Total	211,553	260,252	n/a	n/a	37,063
NC County Avg.	2,116	2,603	43.0	37.0	371
Source: Annie E. Casey Foundation, Kids Count, Community Level Data, http://www.kidscount.org/cgi-bin/cliiks.cgi?action=rawdata_results&subset=NC					

Foster Care

- In 2005, according to the Annie E. Casey Foundation Kids Count database, there were 50 children in foster care in Stokes County compared to 98 in the average North Carolina county (20).
- Table 35 shows foster care data reported by the Stokes County Department of Social Services for FY2002-03 through FY2006-07. According to this data the total number of children served in the most recent reporting period is nearly double the number served in FY2003-04. Although the number of children in custody in FY2006-07 was approximately the same as in FY2002-03, the number of supervised homes in the later time period was 29% smaller than the number in the earlier period.

Table 35. Foster Care in Stokes County (FY2002-03 through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Children Entering Agency Custody	33	28	61	46	32
Total Children Served	50	58	95	108	92
Licensed Homes Supervised	38	33	50	35	27
Source:	Stokes County Department of Social Services, Annual Reports, 200 Children in Foster Care, http://www.co.stokes.nc.us/dss				

Education

Schools and School Enrollment

Primary and Secondary Education

- There are 20 public schools in the Stokes County school district: 17 elementary schools and 3 high schools (22). There are three private schools, enrolling students in grades K-12, 7-12, and 4-12 (23). There is no charter school in the county (24).
- During the 2005-2006 school year 7,523 students were enrolled in the Stokes County public school system (Table 36).
- Local school enrollment has shown little change since SY 2000-2001, while public schools in the average North Carolina county have experienced increased enrollment (Table 36).

Table 36. Public School Enrollment Trend (SY2000-01 through SY2005-06)

County	Number of Students					
	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
Stokes	7,553	7,625	7,587	7,587	7,426	7,523
State Total	1,267,070	1,285,729	1,313,777	1,347,177	1,378,306	1,405,694
NC County Avg.	12,671	12,857	13,138	13,471	13,783	14,056
Source: NC Dept of Instruction, Statistical Profiles, 2000-2005, http://www.ncpublicschools, fbs/resources/data/						

Higher Education

While there are no colleges or universities in Stokes County, several are located in adjacent counties. In Forsyth County, the city of Winston-Salem has Salem College, Winston-Salem University, Wake Forest University, and Piedmont Baptist College and Graduate School. Winston-Salem also has Forsyth Technical Institute offering 168 programs of study (25).

Surry Community College is a public, community-centered community college located in Dobson, North Carolina (Surry County). The College offers educational programs that lead to associate degrees, diplomas, and certificates. The school supports the viticulture region of Surry County and neighboring counties such as Stokes by offering a curriculum designed to prepare individuals for various careers in the grape growing and wine making industry (26).

Educational Attainment and Investment

According to data presented in Table 37:

- As of the 2000 Census, Stokes County had a lower percentage of high school graduates and a significantly lower percentage of college graduates than the North Carolina average.
- According to 2005 End of Grade (EOG) Test results, both third and eighth graders in the Stokes County schools performed at higher rates of proficiency in math than students statewide. The test result for Stokes County third graders on EOG reading was slightly below the state average (83.0 vs. 83.4). The EOG reading test result for Stokes County eighth graders was higher than the state average (92.0 vs. 88.9).
- The 2005 average SAT scores for students in the Stokes County schools (971) were 39 points below the North Carolina average (1010).
- The 2004-2005 total-per-pupil expenditure (i.e., per-pupil expenditure from state, federal, and local sources) in the county schools (\$7,600) ranked 68th among the 115 school systems in the state.
- In 2004-2005, the rate of acts of school violence in Stokes County schools (11.4) was higher than the North Carolina system-wide average (7.5).

Table 37. Educational Attainment of Residents (years as noted)

County	% High School Graduates (2000)	% College Graduates (2000)	Per Pupil Expenditure State, Fed and Local (2005-06)	Per Pupil Expenditure State Ranking (2005-06)	% 3rd Graders Proficient on EOG Math Test (2005)	% 3rd Graders Proficient on EOG Reading Test (2005)	% 8th Graders Proficient on EOG Math Test (2005)	% 8th Graders Proficient on EOG Reading Test (2005)	Average Total SAT Scores (2005)	School Violence: Acts/1,000 Students (2004-05)
Stokes	73.2	9.3	\$7,600	68	88.0	83.0	87.0	92.0	971	11.4
NC County Avg.	78.1	22.5	\$7,328	n/a	86.1	83.4	84.8	88.9	1010	7.5
Source:	a	a	b	b	c	c	c	c	c	d
a - NC Department of Commerce, Economic Development Information Service, http://www.nccommerce.com/countyprofiles b - NC Department of Public Instruction, http://www.ncpublicschools.org/fbs/stats/StatProfile05.pdf c - The Annie E. Casey Foundation, NC Child Advocacy Institute, CLIKS System, http://www.aecf.org/cgi-bin/cliiks.cgi d - Public Schools of NC, http://www.ncpublicschools.org/docs/schoolimprovement/alternative/reports/										

High School Dropout Rate

- Although the high school dropout rate has been relatively stable since SY2000-01, the SY2005-06 rate (5.6) was 12% higher than the rate for the previous year (5.0), and higher than the comparable state average (5.0) (Table 38).

Table 38. High School Dropout Rate (SY1999-00 through SY2005-06)

County	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
Stokes	6.5	5.1	5.0	5.2	5.3	5.0	5.6
NC County Avg.	6.4	5.7	5.3	4.8	4.8	4.8	5.0
Source: NC Dept of Public Instruction, Statistical Profiles, 1999-2005, http://www.ncpublicschools.org/tbs/resources/data/							

Crime and Safety

Crime Rates

All crime statistics reported below were obtained from the North Carolina State Bureau of Investigation unless otherwise noted. Table 39 shows the rates for “index crime”, which consists of violent crime (murder, rape, robbery, and aggravated assault) plus property crime (burglary, larceny, arson, and motor vehicle theft). Table 40 shows the actual number of index crimes by type that occurred in Stokes County between 1997 and 2006.

- The index crime rate in Stokes County fluctuated between 2000 and 2006. The index crime rate for the county remained below the comparable state rate for every year during the seven-year period cited below (Table 39).
- After a high in 2002, the violent crime rate in Stokes County showed a decrease overall between 2003 to 2005, only to increase again in 2006. The county violent crime rate has consistently remained below the violent crime rate for the state as a whole.
- The property crime rate in the county fluctuated but consistently remained below the average North Carolina county for the entire reporting period.

Table 39. Crime Rates (2000-2006)

Crimes per 100,000 Population												
County	2000			2001			2002			2003		
	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime
Stokes	2320.2	236.0	2084.2	2668.9	296.5	2372.4	2958.5	411.7	2546.7	3203.7	402.1	2801.6
NC County Avg.	4921.5	498.3	4423.2	4993.1	501.5	4491.6	4771.0	473.7	4297.4	4675.4	450.3	4225.1
County	2004			2005			2006					
	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime			
Stokes	3028.3	265.9	2762.4	2921.4	262.1	2659.3	2890.6	300.6	2590.1			
NC County Avg.	4573.9	446.9	4127.1	4622.9	478.6	4144.3	4649.8	483.0	4166.8			
Source: NC State Bureau of Investigation, Crime Statistics, Uniform Crime Reporting Program, Annual Reports http://sbi2.jus.state.nc.us/crp/public/Default.htm												

- As detailed in Table 40, the actual numbers of violent crimes committed in Stokes County fluctuate on a yearly basis, but have increased overall since 1997. Aggravated assault accounts for the majority of violent crimes in the county.
- Property crimes committed in Stokes County also fluctuate yearly and have increased overall over the past decade. Larceny (the theft of property without the use of force) was the most common property crime over the period cited (Table 40).

Table 40. Number of Index Crimes Reported in Stokes County (1997-2006)

Type of Crime	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Violent:	86	107	135	107	135	189	185	123	122	141
<i>Murder</i>	3	3	1	1	1	2	1	2	4	1
<i>Rape</i>	10	6	12	12	9	6	12	11	5	8
<i>Robbery</i>	5	12	10	14	9	11	8	3	12	12
<i>Aggravated Assault</i>	68	86	112	80	116	170	164	107	101	120
Property:	903	905	976	945	1,080	1,169	1,289	1,278	1,239	1,215
<i>Burglary</i>	309	305	341	308	373	375	415	412	431	370
<i>Larceny</i>	540	544	583	572	638	710	798	762	714	751
<i>Motor Vehicle Theft</i>	54	56	52	65	69	84	76	104	94	94

Source: NC State Bureau of Investigation, Crime Statistics, Uniform Crime Reporting Program, Annual Summary Reports, County Offenses, <http://sbi2.jus.state.nc.us/crp/public/Default.htm>

- Of the 11,910 registered sex offenders living in North Carolina in 2007, 25 were residing in Stokes County (27).
- The number of clandestine drug lab busts in Stokes County increased significantly from 5 in 2002, to 34 in 2004. During this period there also was an increasing rate in the number of clandestine drug lab busts in the state as whole (28).
- As of 2004, there were no reports of gangs in Stokes County (29).
- In 2006, 285 people in Stokes County were charged with driving while intoxicated (DWI). Of those charged, 222 were convicted for a conviction rate of 77.8% (which is ~26% higher than the statewide conviction rate of 61.8%) (30).

Juvenile Crime

The following definitions will be useful in understanding the information below.

Complaint – Formal allegation that a juvenile committed an offense, which will be reviewed by a counselor who decides whether to approve or not, approve the complaint. If approved, it will be heard in juvenile court.

Undisciplined – Juvenile between six and 16, who is unlawfully absent from school, or regularly disobedient and beyond disciplinary control of parent/guardian, or is regularly found where it is unlawful for juveniles to be, or has run away from home for more than 24 hours. It also include 16-17 year olds who have done any of the above except being absent from school.

Delinquent – Juvenile between six and not yet 16 who commits an offense that would be a crime under state or local law if committed by an adult.

Diversion – If a complaint is not approved, it may be diverted to a community resource or placed on a diversion contract or plan with lays out stipulations for the juvenile (like community service) to keep the juvenile out of court.

Non-divertible – Non-divertible offenses include offenses like: murder, rape, sexual offense, arson, first degree burglary, crime against nature, willful infliction of serious bodily harm, assault with deadly weapon, etc.

Transfer to Superior Court – Juvenile who is 13, 14 or 15 who is alleged to have committed a felony may be transferred to Superior Court and tried and sentenced as an adult. If a juvenile is over 13 and charged with first degree murder, the judge must transfer the case to Superior Court if probable cause is found.

Rate – The number per 1,000 persons that are aged 6 to 17 in the county.

- The complaint rates for undisciplined and delinquent youth in Stokes County significantly exceeded the comparable statewide complaint rates in both 2005 and 2006.
- In 2006, 35 juveniles in Stokes County were sent to serve in detention centers as compared to the 32 the year before. The North Carolina county average number of detentions also increased, although it remains significantly higher than in Stokes County (Table 41).

Table 41. Juvenile Justice Complaint and Outcomes (FY 2005-2006, as noted)

	Complaints							
	# Undisciplined		# Delinquent		Rate Undisciplined		Rate Delinquent	
	2005	2006	2005	2006	2005	2006	2005	2006
Stokes	62	41	322	301	8.4	5.5	51.1	46.95
State Total	4,756	5,169	40,633	42,920	n/a	n/a	n/a	n/a
NC County Avg.	48	52	406	429	3.4	3.6	34.9	36.2
Source:	a	b	a	b	a	b	a	b
County	Outcomes							
	# Sent to Secure Detention		# Sent to Youth Development Center		# Transferred to Superior Court (2005)			
	2005	2006	2005	2006				
Stokes	32	35	2	1	2			
State Total	7,654	8,311	428	486	50			
NC County Avg.	77	83	4	5	1			
Source:	b	b	a	b	a			

Domestic Violence

The following definitions will be useful in understanding the information below.

Ex-Parte – orders that protect the alleged victim and minor children *prior* to a domestic violence court hearing.

Protective – orders that are issued *after* a domestic violence court hearing has been conducted.

- According to data from the North Carolina Court System there were 174 *ex parte* orders issued in Stokes County in 2007 related to domestic violence complaints; these *ex parte* orders resulted in 58 restraining orders upon hearing. These numbers represent a slight increase in the number of *ex parte* orders issued in 2006, when 166 *ex parte* orders were issued. However, the number of resultant *protective* orders decreased between 2006 and 2007, from 66 to 58 (Table 42) (31).
- The number of domestic violence clients in Stokes County decreased from 346 in FY2005-06 to 195 in FY2006-07 (195). The number, for the state also decreased over the same period (Table 42).
- One domestic violence homicide occurred in 2005 in Stokes County. No domestic violence homicide has been reported since (32).

Table 42. Domestic Violence

County	Ex-Parte Orders				Protective Orders				Number of Domestic Violence Clients		
	1999	2000	2006	2007	1999	2000	2006	2007	FY2004-05	FY2005-06	FY2006-07
Stokes	71	111	166	174	19	33	66	58	255	346	195
State Total	24,133	24,905	32,400	31,576	11,062	10,982	11,932	12,010	50,726	48,173	47,305
NC County Avg.	241	249	324	316	111	110	119	120	507	482	473
Source:	NC State Center for Health Statistics, County-Level Data, County Health Databooks, http://www.schs.state.nc.us/SCHS/data/ NC Council for Women/DV Commission, http://www.doa.state.nc.us/cfw/ NC Coalition Against Domestic Violence, http://www.nccadv.org/pdf/										

Elder Maltreatment

As part of adult services, Stokes County Department of Social Services provides *protective* services for adults. This service screens, assesses, and evaluates reports of elder abuse, neglect, and exploitation.

- The number of reports received, evaluations completed, and cases submitted all fluctuated during the five-year reporting period, 2002 to 2007 (Table 43).
- Over the reporting period from FY2002-03 to FY2006-07 there was an average of 60 reports received annually. During this same period an average of 32 evaluations were completed and an average of 9 cases were substantiated annually (33).

Table 43. Protective Services for Adults (FY2002-2003 through FY 2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Reports Received	56	36	74	60	75
Evaluations Completed	19	20	37	30	53
Cases Substantiated	3	6	12	2	20
Source:	Stokes County Department Social Services, Annual Reports, Protective Services for Adults, http://www.co.stokes.nc.us/dss				

Child Maltreatment

The Stokes County Department of Social Services provides child protective services 24 hours per day, seven days per week.

The following points refer to Table 44 (following page) unless otherwise indicated.

- The number of reports of child abuse in Stokes County fluctuated annually from FY2001-02 through FY2005-06. The highest number of reports occurred in FY2003-04.
- The number of confirmed child abuse cases and cases investigated in Stokes County also fluctuated during the period cited. (A case of child abuse is substantiated or confirmed if the investigation finds proof that abuse did in fact occur.)
- In FY2006-07 412 reports were investigated and 82 of the cases confirmed (34).

Table 44. Child Abuse Reports (FY2001-02 through FY2005-06)

	Child Abuse Reports Made, Investigated, and Confirmed														
	2001-02			2002-03			2003-04			2004-05			2005-06		
	Made	Invst.	Confirmed	Made	Invst.	Confirmed	Made	Invst.	Confirmed	Made	Invst.	Confirmed	Made	Invst.	Confirmed
Stokes	532	382	155	465	335	139	565	401	146	549	434	163	504	415	104
State Total	107,218		32,883	107,157		30,016	113,557		27,310	111,581		26,670	111,150		24,597
NC County Avg.	1,072		329	1,072		300	1,136		273	1,116		267	1,112		246
	a	b	a	a	b	a	a	b	a	a	b	a	a	b	a
Source: a - NC Department of Health and Human Services, Div Social Services, Statistics and Reviews, Child Welfare, Central Registry, http://www.dhhs.state.nc.us/dss/stats/cr.htm b - Stokes County Department of Social Services, Annual Reports, 2001-2006, Child Protective Services, http://www.co.stokes.nc.us/dss Note: Children who are only subject to family assessments are not included in the number of children who are confirmed.															

- In 2001 and 2005 the rate of reports investigated in Stokes County was lower than the comparable state rate (Table 45).
- The Stokes County child-abuse rate substantiated slightly increased between 2001 and 2005, while the state rate decreased (Table 45).
- There was one child abuse homicide in Stokes County from FY2000-01 through FY2006-07 (35).

Table 45. Child Abuse/Neglect Substantiated Rate, per 1,000 Children Aged 0-17 (2001 and 2005)

County	2001		2005	
	Rate of Investigation	Rate Substantiated	Rate of Investigation	Rate Substantiated
Stokes	42	12	51	15
NC County Avg.	51	16	54	10
Source: Annie E. Casey Foundation, http://www.kidscount.org/cgi-bin/cliiks.cgi?action=rawdata_results&subset=NC				

- Over the period from FY2000-01 through FY2006-07 the number of children in Stokes County Division of Social Services custody was highest in FY2004-05, when 52 children were in custody. That number decreased in each of the two subsequent fiscal years (Table 46).

Table 46. Number of Children Placed by Division of Social Services (FY2000-01 through 2006-07)

County	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Stokes	18	23	38	25	52	36	31
State Total	4,906	5,153	5,273	5,571	6,010	6,088	5834
NC County Avg.	49	52	53	56	60	61	58
Source: NC Dept of Health and Human Services, Division of Social Services, Statistics and Review, Child Welfare, County Experiences, http://ssw.unc.edu/cw/							

Health Care Resources

Access and utilization of healthcare is affected by a range of variables including the availability of medical professionals in a county, insurance coverage, transportation, cultural expectations and other factors. Compilation of comprehensive health resources data was beyond the scope of this project; nevertheless, some overview-type data were collected and are presented here.

Practitioners

Refer to Table 47 below unless otherwise indicated.

- Since 1999, the proportional availability of all categories of health care providers in Stokes County has been lower than for the state as a whole.
- The persons-per-primary care physician ratio has increased since 1999, indicating that the county has not gained primary care physicians in proportion to its population growth. Although it has fluctuated over the period cited, by 2005 the persons-to-RN ratio also had grown, indicating a failure to gain RNs.
- The Stokes County persons-per-dentist ratio in 2005 improved significantly over previous periods. However, it remains much higher than the North Carolina county average.

**Table 47. Persons per Provider Type
(1999-2005)**

County	1999				2001				2003				2005			
	Primary Care Physician	Primary Care Physician Extender	RN ¹	Dentist	Primary Care Physician	Primary Care Physician Extender	RN ¹	Dentist	Primary Care Physician	Primary Care Physician Extender	RN ¹	Dentist	Primary Care Physician	Primary Care Physician Extender	RN ¹	Dentist
Stokes	2,913	2,851	297	8,740	3,482	2,669	245	7,544	3,508	2,798	340	9,121	3,556	2,529	376	6,605
NC County Avg.	1,238	1,198	108	2,477	1,198	872	109	2,471	1,193	860	110	2,432	1,056	749	109	2,302
Source: NC State Center for Health Statistics, Pocket Guides 1997-2005, http://www.schs.state.nc.us/SCHS/data/county.cfm ¹ - Registered Nurse																

- The 2006 distribution of health care professionals in Stokes County according to specialty area is shown in Table 48.
- The data indicate that although there is representation in Stokes County in most major categories of health care, a few medical specialties such as general practice, obstetrics and gynecology, podiatry, and psychology lacked representation altogether at the time of the report (Table 48).

Table 48. Licensed Medical Practitioners in Stokes County (2006)

Category of Provider	No.
Chiropractor	1
Dentist	7
Dental Hygienist	9
Family Practice	10
General Practice	0
Internal Medicine	2
Licensed Practical Nurse	68
Nurse Practitioner	7
Obstetrics/Gynecology	0
Optometrist	4
Other Medical Specialties	5
Pediatrics	1
Pharmacist	16
Physical Therapist	8
Physical Therapy Assistant	4
Physician Assistant	2
Podiatrist	0
Practicing Psychologist	0
Psychological Associate	0
Registered Nurse	126
Respiratory Therapist	6

Source: Cecil G. Sheps Center for Health Services Research, NC Health Professions Data System, State and County Profile, <http://www.shepscenter.unc.edu/hp/stco.htm>

Hospitals and Medical Centers

As noted in Table 49, the number of hospital beds in the county has remained at 53 since 2000.

Table 49. Trend in Number of Hospital Beds (2000-2006)

County	2000	2001	2002	2003	2004	2005	2006
Stokes	53	53	53	53	53	53	53
State Total	21,001	20,932	20,930	20,558	20,590	20,338	20,329
NC County Avg.	210	209	209	206	206	203	203
Source: Log Into North Carolina (LINC) Database, Vital Statistics and Health, http://linc.state.nc.us							

Stokes Reynolds Memorial Hospital, Inc.

Stokes-Reynolds Memorial Hospital, based at Danbury, is a not-for-profit general medical and surgical facility affiliated with North Carolina Baptist Hospital in Winston-Salem, NC. This fully accredited acute care system has 53 acute-care beds and 40 long-term care beds, and offers a wide range of inpatient and outpatient healthcare services. Radiological services are available in diagnostic x-ray, CT, ultrasound and cardiovascular scans. The hospital accepts both Medicare and Medicaid patients.

Hospitals and medical centers in adjacent counties to which Stokes County residents go for care include:

Forsyth Medical Center in Winston-Salem, Forsyth County

This facility is a 847-bed, not-for-profit, tertiary care hospital. Offerings include a full continuum of emergency, medical, surgical, rehabilitative and behavioral health services. Centers of Advanced Medicine operated by the medical center include a cancer center, orthopaedic center, stroke and neurovascular center, cardiac and vascular center, rehabilitation center, and center for women's health (37).

North Carolina Baptist Hospital (NCBH) in Winston-Salem, Forsyth County

This hospital, with over 500-beds, is the Wake Forest University Medical Center's primary clinical arm, including inpatient hospitals, a community health center, primary care centers and a skilled nursing facility. North Carolina Baptist Hospital also boasts a teaching hospital that is the region's main tertiary referral center. The medical center is also designated as a Level I Trauma facility, meaning it conforms to the highest national and state standards for trauma care. (*Trauma* is a sudden, serious and sometimes life-threatening injury that requires immediate and highly skilled medical attention.) The hospital's primary service area is a 26-county region in northwestern North Carolina and southwest Virginia (38).

Community Clinics

The Community Care of North Carolina program (formerly known as Access II and III) is building community health networks organized and operated by community physicians, hospitals, health departments, and departments of social services. By establishing regional networks, the program is establishing the local systems that are needed to achieve long-term quality, cost, access and utilization objectives in the management of care for Medicaid recipients (39).

The Northwest Community Care program serves the Medicaid population in northwest North Carolina, including residents in Davie, Forsyth, Stokes, Surry, Wilkes, and Yadkin counties. The network has local care managers in each of the five counties who work towards regional and statewide program goals utilizing each community's unique resources. With a focus on improving communication and breaking through health care barriers, care managers and primary care providers collaborate together to enhance patients' health and self-care capabilities across the health care continuum. Special emphasis is placed on patient and provider education to achieve improved access and quality of care while providing the most cost effective care. Participating providers in Stokes County are Aegis Family Health Center in King, Mountainview Medical Associates in King, Aegis Newsome Family Practice in King, and Stokes Family Health Center in Danbury (40).

Local Health Department

The Stokes County Health Department, known as the Stokes Family Health Center, is located in Danbury, with a satellite office in King. The following list shows the range of health department services available to the residents of Stokes County.

Health Department Services			
Adult Health Screening	Breast & Cervical Cancer Screening	Breastfeeding Support	Carolina Access Provider
Child Health		Communicable Disease Prevention & Treatment	Community Health Education
Environmental Health Services	Family Care Coordination	Family Planning	Food & Lodging Inspectors
Health Promotion	HIV/AIDS Testing & Counseling	Home Health	Immunizations
Laboratory	Nutrition Education		Pregnancy Testing
School Health	Septic Systems Permits	Sexually Transmitted Disease Screening & Treatment	Tuberculosis Control
Vital Records	Water Treating	W I C	

Adult Health Screening

Primary care is provided for people of all ages. Men and women may schedule appointments for annual physicals as well as when they are sick. Age appropriate lab testing, exams, education, and referrals if needed are provided to all patients. Treatments included are for burns, respiratory infections, injuries and many other common health problems. Many clients are seen for chronic diseases such as asthma, hypertension, diabetes and arthritis. Preventive immunizations are promoted for adults as well as children. Tetanus, MMR, pneumonia and flu and Hepatitis B vaccines are available.

Child Health

To ensure the optimal growth and development of children in our community, the county health department provides clinical services such as growth measurements, physical history, hearing and vision screening, dietary screening, and age-appropriate counseling and guidance.

Environmental Health Services

The Environmental Health unit of the health department offers a variety of services, following the guidance and delegation of authority from the North Carolina Department of Environment and Natural Resources. Services provided to protect and improve the public's health include onsite wastewater management, food and facility-lodging sanitation program, and water testing.

Women, Infants, and Children (WIC)

The Stokes Family Health Center offers WIC services to pregnant, postpartum or breastfeeding women, infants and children less than five years of age. WIC provides healthy foods, nutrition education, breastfeeding information and support, and referrals for health care and other services (41).

School Health Nurses

According to the End-of-Year Report - Section 2 of the 2007-2008 School Health Nursing Survey and Program Summary for Stokes County, there are 18 schools in the Stokes County School System employing five full-time school nurses. A major accomplishment for the 2007-2008 school year was the addition of AEDs (automated external defibrillator) for all schools along with training for staff members. The following information gives data for the 2007-2008 school year.

Health Education Presentations/Programs:

Alcohol and Drug Abuse	Health Careers	Pest Prevention and Control
Allergies	Infection Prevention and Control	Physical Activity
Blood Borne Pathogens	Nutrition	Reproductive Health
Diabetes Management	Personal Hygiene	

Immediate care or EMS response was required for, as examples, the following conditions (with number of occurrences in parentheses):

Back Injuries - 4	Heat Related Emergency - 3	Seizure - 1
Dental Injury - 12	Laceration - 41	Sprain or Strain - 18
Fracture - 30	Psychiatric Emergency - 2	Other - 5
Head Injuries - 33	Respiratory Emergency - 17	

Nurses tended to a total student population with the following conditions (partial list; number of students with each condition in parentheses):

ADD/ADHD - 476	Gastrointestinal Disorders - 48	Renal Condition - 19
Allergies - 170	Hearing Impaired - 21	Seizure Disorder - 49
Asthma - 971	Hypertension - 20	Substance Abuse - 14
Cardiac Condition - 53	Migraine Headaches - 64	Visually Impaired - 18
Cerebral Palsy - 24	Orthopedic Disability (permanent) - 13	
Diabetes, Type I & II - 34	Psychiatric Disorder - 24	

School Nurses serve students with special needs. A partial list of these needs (with number of students with each need in parentheses) follows:

Blood Glucose Monitoring - 24	Insulin Injection - 12	Shunt Care - 2
Clean Intermittent Catheterization - 4	Insulin Pump - 12	Stoma Care (other than tracheal) - 5
Diastat (rectal Valium) - 3	Glucagon Injection - 19	Tube Feeding - 3
Epinephrine Auto Injector - 65	Nebulizer Treatment - 6	Other (total Oxygen - 2

Long-Term Care Facilities

- According to the Medicare Nursing Home Compare system, there are four nursing homes in Stokes County that have Medicare and Medicaid participation (42). These nursing homes provide 322 beds to county residents; a number smaller than in the average North Carolina county (Table 50).
- The number of long-term beds in the county has not changed since 2000 (Table 50).
- In 2007, according to the North Carolina Division of Aging and Adult Services, there was one family care home with five beds and six adult care homes with a total of 247 beds in Stokes County (43).

Table 50. Number of Beds in Long-Term Care Facilities (2000-2007)

County							2007	
	2000	2001	2002	2003	2004	2005	Family Care Homes	Adult Care Homes
Stokes	322	322	322	322	322	322	1	6
State Total	42,458	42,587	43,082	43,512	43,776	43,987	633	637
NC County Avg.	425	426	431	435	438	440	6	6
Source:	a	a	a	a	a	a	b	b
a - Log into North Carolina (LINC) Database, Vital Statistics and Health, http://linc.state.nc.us b - NC Division of Health and Human Services, Division of Health Service Regulation, Family Care Homes, http://facility-services.state.nc.us/fchlilst.pdf and Adult Care homes, http://facility-services.state.nc.us/ahlist.pdf								

The North Carolina Division of Aging and Adult Services provided the following information on categories of long- and short-term adult care (43):

Nursing Homes

Nursing homes are facilities that provide nursing or convalescent care for three or more persons unrelated to the licensee. A nursing home provides long term care of chronic conditions or short term convalescent or rehabilitative care of remedial ailments, for which medical and nursing care are indicated. All nursing homes must be licensed in accordance with state law by the North Carolina Division of Facility Services Licensure Section.

The three free-standing nursing homes in Stokes County, which all provide skilled nursing care, are:

- Universal Health Care/King – licensed for 96 residents
- Village Care of King – licensed for 96 residents
- Walnut Cove Health and Rehabilitation Center – licensed for 90 residents

In addition, Stokes-Reynolds Hospital is licensed to operate 40 long-term care beds at its facility in Danbury.

Adult Care Homes

Adult care homes are residences for aged and disabled adults who may require 24-hour supervision and assistance with personal care needs. People in adult care homes typically need a place to live, some help with personal care (such as dressing, grooming and keeping up with medications), and some limited supervision. Medical care may be provided on occasion but is not routinely needed. These facilities, which are also sometimes called *domiciliary homes*, *rest homes*, or *family care homes*, vary in capacity from 2 to 100. Adult care homes differ from nursing homes in the level of care and qualifications of staff. There are over 1,400 adult care homes in North Carolina. They are licensed by the state Division of Facility Services, Group Care Section, under State regulations and are monitored by Adult Home Specialists within county departments of social services. Facilities that violate licensure rules can be subject to sanctions, including fines.

The following adult care homes are located in Stokes County:

- Graceland Living Center I (King) – licensed for 12 residents
- Graceland Living Center II (King) – licensed for 11 residents
- Mountain Valley Living Center (Westfield) – licensed for 26 residents
- Priddy Manor Assisted Living (King) – licensed for 70 residents
- Rose Tara Plantation, Inc. (King) – licensed for 65 residents
- Walnut Ridge Assisted Living (Walnut Cove) – licensed for 63 residents

Adult Day Care/Adult Day Health Centers

Adult day care provides an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical and emotional well-being. Also included in the service, when supported by funding from the Division of Aging and Adult Services, are no-cost medical examinations required for admission to the program. Nutritional meals and snacks, as appropriate, are also expected. Providers of adult day care must meet North Carolina State Standards for Certification, which are administrative rules set by the Social Services Commission. These standards are enforced by the office of the Adult Day Care Consultant within the State Division of Aging and Adult Services. Routine monitoring of compliance is performed by Adult Day Care Coordinators located at county departments of social services. Costs to consumers vary, and there is limited funding for adult day care from state and federal sources.

Stokes County does not have Adult Day Care/Adult Day Health Centers. Stokes County has Senior Centers and meal sites located in Walnut Cove, King and Francisco.

Mental Health Services and Facilities

Sources of services are shown below.

CenterPoint Human Services

CenterPoint is the local management entity (LME) managing and delivering mental health, developmental disabilities, and substance abuse services (MH/DD/SAS) to Davie, Forsyth, and Stokes counties. Participating service providers in the Stokes County part of the network are listed below (44).

- Insight/NC Partnership for Drug Free America (Walnut Cove) – Insight/NC Partnership for Drug Free America offers community support services, diagnostic assessment services for children and adults, substance abuse services for adolescents and substance abuse prevention services county that offers substance abuse services for adolescents.
- Triumph, LLC (King) – Triumph is a mental health/behavioral health provider established in 1999 in Durham, North Carolina. Provides outpatient therapy services for adults and children, psychiatric services for adults, intensive in-home services for families and community support services for adults and children.

Family Services Inc.

Family Services, Inc., is a private, non-profit 501(c)(3) organization serving Forsyth, Davie and Stokes counties in North Carolina since 1905. It offers a full range of services including counseling, education, intervention, and advocacy with a special focus on helping women, children and men who are victims of sexual assault or domestic violence. Services are offered on a sliding scale based on the household income and the size of the family. Medicaid is accepted. The main regional office is located in Winston-Salem, in Forsyth County (45).

Daymark Recovery Services, Inc.

Daymark Recovery Services, Inc. provides an array of out patient counseling and psychiatric services for the treatment of a mental illness, substance abuse problem or developmental disability. Services are delivered in Winston-Salem. Offers Medication Management Services to Adults in King.

Behavioral Health Services, Stokes Reynolds Memorial Hospital, Inc.

Staff of the Structured Health Outpatient Program at Stokes-Reynolds Memorial Hospital, Inc. in Danbury provided the following behavioral healthservice utilization data, which demonstrates an increase in most services over the past three years.

Stokes Reynolds Memorial Hospital Behavioral Health Services Utilization Data, 2005-2007

Year	Referrals	Assessments	Admissions	Psychiatric Evaluations	Medication Checks	Inpatient Consults
2005	37	37	30	26	94	0
2006	71	56	44	42	347	5
2007	81	63	48	51	292	13

Medical Insurance

Medically Indigent Population

In most communities, citizens' access to and utilization of health care services is related to the ability to pay for those services, either directly or through private or government health insurances plans/programs.

- In Stokes County, the percentage of the total population that is uninsured decreased overall between 2002 and 2005. With the exception of 2004, the county's percentage of uninsured has been lower than the comparable state percentage (Table 51).
- Stokes County's rank within the state for the percentage of residents who lack insurance improved dramatically between 2004 and 2005 (Table 51).

Table 51. Percent of Population without Health Insurance (2002-2005)

County					State Rank ¹		
	2002	2003	2004	2005	2003	2004	2005
Stokes	17.9	19.0	19.9	15.8	26	54	9
NC County Avg.	19.0	19.4	17.5	17.2	n/a	n/a	n/a
Source: Sheps Center for Health Services Research, Publications, County-Level, Estimates of the Uninsured: 2002-2004 and 2005 Updates, http://www.shepscenter.unc.edu/ ¹ - State rank based on the estimated percentage of residents aged 0-64 who lack insurance with lower numbers implying higher rates of health coverage.							

- The proportion of uninsured children under the age of 18 in Stokes County without health insurance fluctuated between 2002 and 2005. At both the beginning and end of the period cited the local percentage was lower than the comparable percentage of uninsured children in the state as a whole (Table 52).
- The county percentage of adults aged 18-64 without health insurance has fluctuated over recent years but decreased significantly between 2004 and 2005 (Table 52).

Table 52. Percent of Population without Health Insurance, by Age (2002-2005)

County	2002			2003			2004			2005		
	Total	Under 18	18-64	Total	Under 18	18-64	Total	Under 18	18-64	Total	Under 18	18-64
Stokes	17.9	10.3	21.0	19.0	10.8	22.2	19.9	11.7	23.0	15.8	10.2	17.9
NC County Avg.	19.0	12.3	21.8	19.4	n/a	n/a	17.5	n/a	n/a	17.2	11.3	19.5
Source: Sheps Center for Health Services Research, Publications, County-Level Estimates of the Uninsured: 2002-2004 and 2005 Updates, http://www.shepscenter.unc.edu/												

Medicaid

- The number and percentage of Stokes County residents eligible for Medicaid has increased steadily between 2002 and 2006.
- When compared to the North Carolina county averages, a smaller percentage of Stokes County residents were eligible for Medicaid in every year cited.
- Throughout the period cited, Stokes County spent less per capita on Medicaid than the average North Carolina county.

Table 53. Medicaid Eligibility and Expenditures (2002-2006)

County	FY 2002					FY 2003				
	Est. Total Population	Number Eligible	% Eligible	Per Capita Expenditure	Per Capita Expenditure Rank	Est. Total Population	Number Eligible	% Eligible	Per Capita Expenditure	Per Capita Expenditure Rank
Stokes	45,262	6,170	13.6	\$627	83	45,355	6,562	14.5	\$683	80
State Total	8,188,008	1,390,028	n/a	n/a	n/a	8,323,375	1,447,283	n/a	n/a	n/a
NC County Avg.	81,880	13,900	17.0	\$724	n/a	83,234	14,473	17.4	\$757	n/a

County	FY 2004					FY 2005				
	Est. Total Population	Number Eligible	% Eligible	Per Capita Expenditure	Per Capita Expenditure Rank	Est. Total Population	Number Eligible	% Eligible	Per Capita Expenditure	Per Capita Expenditure Rank
Stokes	45,604	7,038	15.4	\$740	79	45,887	7,589	16.5	\$823	78
State Total	8,418,090	1,512,360	n/a	n/a	n/a	8,541,263	1,563,751	n/a	n/a	n/a
NC County Avg.	84,181	15,124	18.0	\$820	n/a	85,413	15,638	18.3	\$885	n/a

County	FY 2006				
	Est. Total Population	Number Eligible	% Eligible	Per Capita Expenditure	Per Capita Expenditure Rank
Stokes	46,234	7,910	17.1	\$866	71
State Total	8,682,066	1,602,645	n/a	n/a	na/
NC County Avg.	86,821	16,026	18.5	\$911	31

Source: NC Division of Medical Assistance, <http://www.dhhs.state.nc.us/dma/ncms.htm>
Note: The 2000 population given is the estimate listed in the data provided by NC Division of Medical Assistance and upon which the percentages and ranks are based; the numbers do not match the 2000 Census data.

Children Enrolled in Medicaid and North Carolina Health Choice

As has been established with previously cited data, children in Stokes County are disproportionately burdened by poverty and its consequences. One of these consequences is limited access to health care due to inability to pay. Enrollment in Medicaid or North Carolina Health Choice for Children can help them access needed services.

Medicaid

- Both the number and percent of Stokes County children enrolled in Medicaid grew between 2000 and 2004 (Table 54).
- The percent of Stokes County children enrolled in Medicaid increased 17% between 2000 and 2004; at the state level the rate of increase was 18% (Table 54).

Table 54. Children Enrolled in Medicaid (2000 and 2004)

County	2000		2004	
	# Children Enrolled in Medicaid	% Children Enrolled in Medicaid	# Children Enrolled in Medicaid	% Children Enrolled in Medicaid
Stokes	2,500	23	2,945	27
State Total	559,025	28	674,963	33
NC County Avg.	5,590	n/a	6,750	n/a
Source: The Annie E. Casey Foundation, NC Child Advocacy Institute http://www.aecf.org/cgi-bin/cliiks.cgi				

Health Check and Early Periodic Screening Diagnostic Treatment

Federal law requires that Medicaid-eligible children under the age of 21 receive any medically necessary health care service covered by the federal Medicaid law, even if the service is not normally included in the North Carolina State Medicaid Plan. This requirement is called Early Periodic Screening, Diagnostic and Treatment (EPSDT). Health Check and EPSDT covers complete medical and dental check-ups, provides vision and hearing screenings, and referrals for treatment (46).

Table 55 shows performance data on Health Check and EPSDT for Stokes County.

- In the most recent reporting period (FY2006-07) the number of eligible children receiving at least one initial screening service exceeded the target in three of the six age categories.

Table 55. Stokes County Health Check and EPSDT (FY2004-2005 through FY2006-2007)

Age	No. Eligible for Health Check			No. Should Receive at Least 1 Initial Screening			No. Eligibles Receiving at Least 1 Initial Screening		
	04/05	05/06	06/07	04/05	05/06	06/07	04/05	05/06	06/07
5	224	270	261	185	216	219	94	127	114
6 - 10	893	939	962	187	206	211	153	198	255
11 - 12	361	353	351	101	102	98	61	65	101
13 - 14	351	361	340	101	104	95	75	70	97
15 - 16	302	359	357	84	104	103	55	81	96
17 - 18	274	292	346	73	78	93	20	44	55
Source: NC Title XIX Report, Health Check (EPSDT) Program Year-to-Year Comparisons Report. Provided by Stokes County Health Department, http://www.co.stokes.nc.us/									

Family and Children's Medicaid in Stokes County

As part of its family support services, the Stokes County Department of Social Services assists eligible families in accessing medical care. This includes prescriptions, inpatient/outpatient hospital care, physician services, and routine preventive check-ups for children (49)

The number of applications decreased overall by almost 29% between FY2002-03 and FY2006-07. Meanwhile, (Table 57, following page). Meanwhile, the number of monthly average active recipients increased each year from FY2002-03 through FY2006-07. The largest increase – 247 recipients – occurred between FY2005-06 and FY2006-07 (Table 56, following page).

Table 56. Family and Children's Medicaid (FY2002-03 through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Monthly Average Active Recipients	2,358	2,450	2,570	2,684	2,931
Applications Taken	2,299	2,321	1,496	1,548	1,639
Source: Stokes County Department Social Services, Annual Reports, 2002-2007, Family and Children's Medicaid, http://www.co.stokes.nc.us/dss					

North Carolina Health Choice for Children

Families not eligible for Medicaid but whose income is not sufficient to afford rising health insurance premiums may be able to receive free or reduced-price comprehensive health care for their children through the North Carolina Health Choice for Children (NCHC) program. This plan, which took effect in October 1998, includes the same benefits as the State Health Plan, plus vision, hearing and dental benefits (following the same guidelines as Medicaid). Children enrolled in NCHC are eligible for benefits including sick visits, check-ups, hospital care, counseling, prescriptions, dental care, eye exams and glasses, hearing exams and hearing aids and more.

The number of children approved for North Carolina Health Choice for the five year range, 2002 to 2007, is shown in Table 57.

- The number of children approved for participation in North Carolina Health Choice for Children decreased by 29% overall between 2002 and 2007, but most sharply between FY2005-06 and FY2006-07, reflecting limits and cuts introduced into the program (Table 57).

Table 57. Stokes County Children Approved for North Carolina Health Choice (FY2002-03 through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Number Approved for Health Choice	525	530	517	385	372
Source:	Stokes County Department of Social Services, Annual Reports, 2002-2007, Hlth Choice Children, http://www.co.stokes.nc.us/dss				

Medicaid for Elderly/Disabled/Blind

The Stokes County Department of Social Services helps qualified adults remain in the Stokes County community and pays cost of care for eligible citizens in nursing home placements (50).

- The number of adults receiving medicaid fluctuated in the reporting period from FY2002-03 through FY2006-07 (Table 58, following page).
- The average monthly number of active cases increased between FY2002-02 through FY2004-05, with a dramatic decrease in FY2005-06 followed by the highest number of cases in the five-year reporting period occurring in FY2006-07 (Table 58).

Table 58. Medicaid for Elderly/Disabled/Blind (FY2002-03f through FY2006-07)

	2002-03	2003-04	2004-05	2005-06	2006-07
Adults Received Medicaid	2,012	2,021	1,924	1,865	1,924
Monthly Average Active Cases	1,618	1,624	1,716	843	1,872
Source: Stokes County Department of Social Services, Annual Reports, 2002-2007, Medicaid for Elderly/Disabled/Blind, http://www.co.stokes.nc.us/dss					

Community Care of North Carolina: ACCESS, ACCESS II and ACCESS III

Carolina ACCESS

Carolina ACCESS, implemented in 1991, is North Carolina's Primary Care Case Management (PCCM) Program for Medicaid recipients. It serves as the foundation managed care program for Medicaid recipients and brings a system of coordinated care to the Medicaid program by linking each eligible recipient with a primary care provider (PCP) who has agreed to provide or arrange for healthcare services for each enrollee. Primary care providers bill fee-for-service and are reimbursed based on the Medicaid fee schedule; they also receive a small monetary incentive per member per month for coordinating the care of program participants enrolled with their practice. By improving access to primary care and encouraging a stable doctor-patient relationship, the program helps to promote continuity of care, while reducing inappropriate health service utilization and controlling costs.

- As of April 2008 there were 1,260,101 Medicaid recipients enrolled in Carolina ACCESS statewide, which represents 82.8% of all Medicaid recipients eligible to participate.
- As of April 2008 there were 5,921 Medicaid recipients in Stokes County enrolled in Carolina ACCESS or ACCESS II, which represents 74.3% of all Medicaid recipients in the county eligible to participate (47).

Carolina ACCESS II and ACCESS III

ACCESS II and III are enhanced primary care programs initiated in 1998 to work with local providers and networks to manage the Medicaid population with processes that impact both the quality and cost of healthcare. ACCESS II includes local networks comprised of Medicaid providers such as primary care providers, hospitals, health departments, departments of social services, and other community providers who have agreed to work together to develop the care management systems and supports that are needed to manage enrollee care. In addition to a primary care provider, ACCESS II and III enrollees have care managers who assist in developing, implementing, and evaluating enhanced managed care strategies at each demonstration site. Providers in ACCESS II and III receive a small monetary incentive per member per month; the demonstration sites are paid a similar small per member per month care management fee. ACCESS II includes 10 integrated networks; ACCESS III includes countywide partnerships in three counties (47).

Stokes County is in Central Piedmont Access II program along with Davie, Forsyth, Surry, Wilkes, and Yadkin counties (48).

Chapter Two

Health Statistics

Chapter Two: Health Statistics

Methodology

Routinely collected mortality and morbidity surveillance data and behavior survey data can be used to describe the health status of Stokes County residents. These data, which are readily available in the public domain, typically use standardized definitions, thus allowing comparisons among county, state and national figures. There is, however, some error associated with each of these data sources. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases.

Understanding Health Statistics

Age-adjustment

Mortality rates, or death rates, are often used as measures of the health status of a community. Many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because the risk of death inevitably increases with age. Thus, as a population ages, its collective risk of death increases. Therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of “young” people, and other populations have a higher proportion of “old” people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by “age-adjusting” the data. Age-adjustment is a complicated statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the North Carolina State Center for Health Statistics (NC-SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing health data from one population or community to another and have been used in this report whenever available.

Aggregate Data

Another convention typically used in the presentation of health statistics is aggregate data combining data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data consisting of relatively few cases or deaths. It is particularly important to aggregate data for smaller counties like Stokes County. The calculation is performed by dividing the number of cases or deaths due to a particular disease over a period of years by the sum of the population size for each of the years in the same period.

Incidence

Incidence is the population-based rate at which *new* cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a given period by the population size during that period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000.

Incidence

Incidence is calculated according to the following formula:

$$\text{Incidence} = \frac{\text{number of new cases of disease}}{\text{population size}} \times 100,000 = \text{cases per 100,000 people}$$

The incidence rates for certain diseases, such as cancer, are simple to obtain, since data are routinely collected by the North Carolina Central Cancer Registry. However, other conditions, such as diabetes or heart disease, are not normally reported to central data-collecting agencies. It is therefore difficult to measure burden of certain disease within a community, and incidence is often estimated by consulting hospital records. Utilization records show the number of residents within a county who use hospital in-patient services for given diseases during a specific period. Typically, these data underestimate the true incidence of the given disease in the population, since individuals who are diagnosed outside of the hospital in-patient setting are not captured by the measure.

Mortality

Mortality is calculated by dividing the number of deaths due to a specific disease in a given period by the population size in the same period. Like incidence, mortality is a *rate*, usually presented as number of deaths per 100,000 residents. Mortality rates are easier to obtain than incidence rates since the underlying (or primary) cause of death is routinely reported on death certificates. However, some error can be associated with cause-of-death classification, since it is sometimes difficult to choose a single underlying cause of death from potentially many co-occurring conditions.

Mortality

Mortality is calculated according to the following formula:

$$\text{Mortality Rate} = \frac{\text{number of deaths from disease}}{\text{population size}} \times 100,000 = \text{deaths per 100,000 people}$$

Prevalence

Prevalence, which describes the extent of a problem, refers to the number of *existing* cases of a disease or health condition in a population at a defined point in time or during a period. Prevalence expresses a *proportion*, not a rate. It is not used extensively in this report.

Trends

Data for multiple years is included in this report wherever possible. Since comparing data on a year-by-year basis can yield very unstable trends due to the often small number of cases and deaths per year, the preferred method for reporting incidence and mortality trend data is long-term trends using the age-adjusted, multi-year aggregate format. Most data points used in the report are standardized to the population at the time of the 2000 US Census.

ICD Coding Changes

Beginning in 1999, all causes of death were coded using the 10th Revision of the International Classification of Diseases (ICD-10). For the years 1979-1998, the ninth (ICD-9) revision was used.

The most important consequence of the change in coding is that differences between ICD-9 and ICD-10 disease definitions could cause comparability problems across the two revisions. To help users cope with potential problems, the NC-SCHS has presented comparability ratios for leading causes of death (Table 59, following page).

The comparability ratio is a measure of expected changes due only to the changes in disease definitions. The ratio is calculated by dividing the number of deaths coded using ICD-10 in a standard population by the number of deaths coded using ICD-9 in the same population. The ratio can be used to determine whether an apparent change in mortality is due to factors other than a change in coding. For example, after 1998 there will be a 6% rise in mortality due to cerebrovascular disease, due *only* to the changes in disease definition. Additional change should be due to factors other than coding.

Table 59. Leading Causes of Death and ICD-9 to ICD-10 Comparability Ratios

Cause of Death	Comparability Ratio
Heart Disease	0.99
Cerebrovascular Disease	1.06
Cancer – All Types	1.01
HIV Disease	1.14
Septicemia	1.19
Diabetes	1.01
Chronic Lower Respiratory Disease	1.05
Chronic Liver Disease and Cirrhosis	1.04
Nephritis, Nephrosis, and Nephrotic Syndrome	1.23
Motor Vehicle Injuries	0.85
All Other Unintentional Injuries	1.08
Suicide	1.00
Homicide	1.00
Alzheimer's Disease	1.55
Deaths From All Causes	1.00
Source: NC State Center for Health Statistics, http://www.schs.state.nc.us/SCHS/pdf/16Web.pdf	

Behavioral Risk Factor Surveillance System (BRFSS)

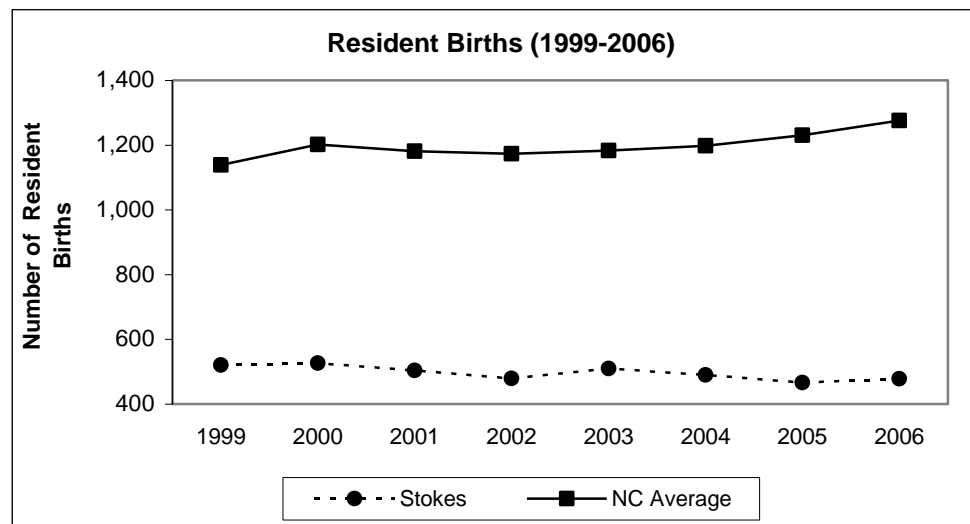
Stokes County residents participate in the state's annual Behavioral Risk Factor Surveillance System (BRFSS) Survey, as part of an aggregate five county sample that also includes Davie, Rockingham, Surry, and Yadkin counties. However, the typically small number of participants across the sample of which the county is a part yields data too limited to interpolate reliably to a single county, so it is seldom used in this document.

Maternal and Child Health

Adult and Teen Pregnancy and Birth Rates

- Figure 6 plots the Stokes County and North Carolina county averages for the annual number of live births from 1999 through 2006. The average number of live births per county statewide remained stable throughout this period. The North Carolina county average is significantly higher than Stokes County for each year.

Figure 6.



Source: NC State Center for Health Statistics, Health Data, County-level Data, Basic Automated Birth Yearbook (Babybook); 1998-2005, Stokes County, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

Referring to Table 60 (following page) except as noted.

- As monitored by the NC-SCHS, the overall pregnancy rate is the number of pregnancies per 1,000 women between the ages of 15 and 44 in the referenced population. The overall pregnancy rate in Stokes County for the three-year period from 2003 through 2005 was 59.7, which was 27% lower than the average North Carolina county pregnancy rate of 81.5.
- In Stokes County from 2003 through 2005, 3.5% of all live births occurred among minority mothers; of the Stokes County live births among girls ages 15-19, 3.9% occurred among minority mothers. These local percentages are both well below the state averages. Note, however, that the minority population in Stokes County represents a much lower proportion of the population than statewide.

- In 2004, Stokes County had a similar percentage of births to Medicaid mothers as the state as a whole (49.8% vs. 48.8%).
- In 2004, Stokes County had 78% more births to mothers who were clients of the Health Department than was the case in North Carolina as a whole.
- The proportion of Stokes County births involving late or no prenatal care was significantly lower than the comparable proportion for the state as a whole among both total pregnancies and teen pregnancies throughout the period cited.
- According to recent single-year data from the NC-SCHS, the overall pregnancy rate in Stokes County in 2006 for women ages 15-44 was 57.8, compared to a state rate of 84.8. Among white women in this age group the county pregnancy rate was 57.6 (NC=79.1); among minority women the county rate was 62.1 (NC=93.2). Among teens aged 15-19, the overall 2006 pregnancy rate was 54.0 compared to a rate of 63.1 statewide. Among white teens, the county rate was 53.5 (NC=52.9); among minority teens the pregnancy rate was 61.7 (NC=82.1) (51).

Table 60. Pregnancies and Births (2003-2005)

County	Pregnancy, Total (2003-2005)						Pregnancy, Females 15-19 (2003-2005)						Percent Births (2004) To:		
	Preg Rate	Birth Rate	Percent of Live Births				Preg Rate	Birth Rate	Percent of Live Births				Medicaid Moms	Health Dept. Moms	WIC Moms
			Minority	Low Weight	Late/No Care	Mother Smoked			Minority	Low Weight	Late/No Care	Mother Smoked			
Stokes	59.7	52.2	3.5	9.1	6.9	30.2	54.0	43.5	3.9	12.3	10.6	42.5	49.8	37.3	40.4
NC County Avg.	81.5	65.8	27.2	9.1	15.9	12.4	61.7	46.6	39.6	11.2	28.9	16.4	48.8	21.0	39.1

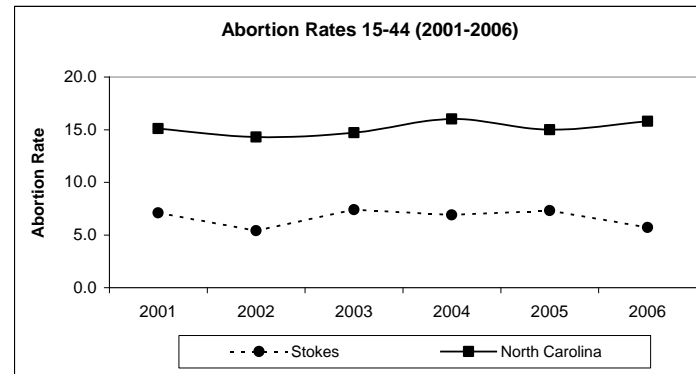
Source: NC Center for Health Statistics, Pocket Guide-2005, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

Adolescent Pregnancies and Births

- During the five-year period from 2002 through 2006 there were 12 reported pregnancies among 10-14 year-olds in Stokes County (52). Due to the small numbers, a pregnancy rate for this age group has not been calculated for Stokes County.

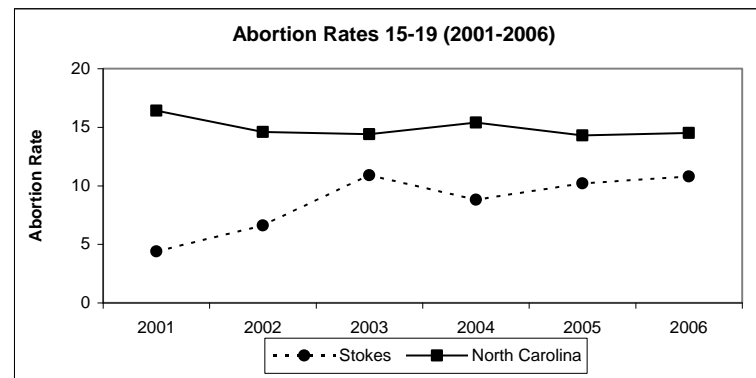
Abortion

- For women between the ages of 15 and 44, the most recently calculated abortion rate in Stokes County was 5.7; 64% lower than the state abortion rate of 15.8 (52).
- According to the data plotted in Figure 7, the annual abortion rate for Stokes County women ages 15-44 has fluctuated somewhat since 2001 and decreased only slightly overall. The state abortion rate has been consistently higher than the county abortion rate.

Figure 7.

Source: State Center for Health Statistics, County Health Data Books 1999-2007, Pregnancy, Fertility, and Abortion Rates per 1,000 Population, Females 15-44, <http://www.schs.state.nc.us/SCHS/data/databook/>

- For teens between the ages of 15 and 19, the abortion rate in Stokes County has been consistently lower than the comparable state rate. In 2006 the county rate was 10.8, 26% lower than the statewide teen abortion rate of 14.5 (52). The Stokes County teen abortion rate increased overall between 2001 and 2006 (Figure 8).

Figure 8.

Source: State Center for Health Statistics, County Health Data Books 1999-2007, Pregnancy, Fertility, and Abortion Rates per 1,000 Population, Females 15-44, <http://www.schs.state.nc.us/SCHS/data/databook/>

Pregnancy Risk Factors

High Parity and Short Interval Births

According to the NC-SCHS, a birth is high parity if the mother is younger than 18 when she has had one or more births, or aged 18 or 19 and has had two or more births, or is 20-24 and has had four or more births, etc.

- The percentage of high parity births among mothers under 30 in Stokes County for the period from 2002 through 2006 was lower than the comparable state rate (Table 61).
- The percentage of high parity births among Stokes County mothers age 30 and older was also lower than the state rate.
- The percentage of short interval births (less than six months between pregnancies) was slightly higher in Stokes County than the state as a whole.

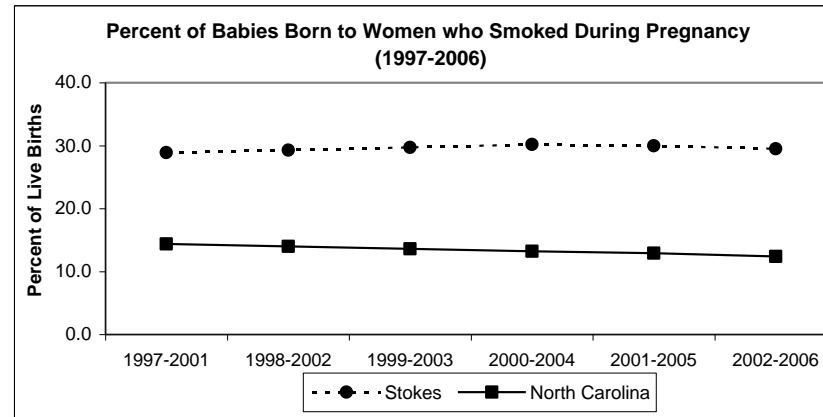
Table 61. High Risk Births (2002-2006)

County	High Parity Births				Short Interval Births		Births to Mothers Who Smoke	
	Mothers Under 30		Mothers 30 and Older		Number	Percent	Number	Percent
	Number	Percent	Number	Percent				
Stokes	286	16.6	120	16.4	203	12.6	714	29.5
State Total	71,459	18.3	38,422	18.7	48,220	12.2	76,712	12.9
Source:	a	a	a	a	b	b	c	c
a - NC State Center for Health Statistics, County Health Databooks, 2008 County Health Data Book, 2002-2006 Number At Risk NC Live Births due to High Parity by County, http://www.schs.state.nc.us/SCHS/data/databook/								
b - NC State Center for Health Statistics, County Health Databooks, 2008 County Health Databook, 2002-2006 NC Live Births by County, Number with Interval from Last Delivery to Conception of Six Months or Less, http://www.schs.state.nc.us/SCHS/data/databook/								
c - NC State Center for Health Statistics, County Health Databooks, 2008 County Health Databook, 2002-2006 Number and Percent of Births to Mothers Who Smoked Prenatally, http://www.schs.state.nc.us/SCHS/data/databook								

Smoking During Pregnancy

- From 2002 through 2006, approximately 29.5% of babies born in Stokes County were born to mothers who smoked. This is over twice the rate for the state as a whole (12.9%) (Table 61).
- The apparent high percentage of babies born to Stokes County mothers who smoked has not changed overall since 1997 and has remained consistently higher the comparable figures for the state as a whole (Figure 9, following page).

Figure 9.



Source: North Carolina State Center for Health Statistics, 2008 County Health Data Book, Percent of Births to Mothers Who Smoked Prenatally, <http://www.schs.state.nc.us/SCHS/data/databook>

Late Prenatal Care

- In the period 2002 through 2006, 92.6% of pregnant women in Stokes County received prenatal care in the first trimester, a figure 12% higher than percentage statewide; Stokes prenatal care percentages have surpassed the comparable state figure since the 1997-2001 reporting period (Table 62).
- The percentage of black women receiving prenatal care in the first trimester was higher in Stokes County than in North Carolina statewide for the period 1997 through 2006 (Table 62).

Table 62. Percent of Women Receiving Care in the First Trimester (1997-2006)

County	1997-2001		1998-2002		1999-2003		2000-2004		2001-2005		2002-2006	
	Total	Black	Total	Black	Total	Black	Total	Black	Total	Black	Total	Black
Stokes	92.8	76.9	93.5	80.2	93.5	82.7	93.7	83.3	93.4	81.4	92.6	78.9
State Total	84.0	74.7	84.0	75.1	84.0	75.4	83.7	75.4	83.5	75.5	83.0	75.4
Source: NC State Center for Health Statistics, County-level Data, County Health Databooks 2002-2008, Women Receiving Prenatal Care in the First Trimester, http://www.schs.state.nc.us/SCHS/data/databook/												

Pregnancy Outcomes

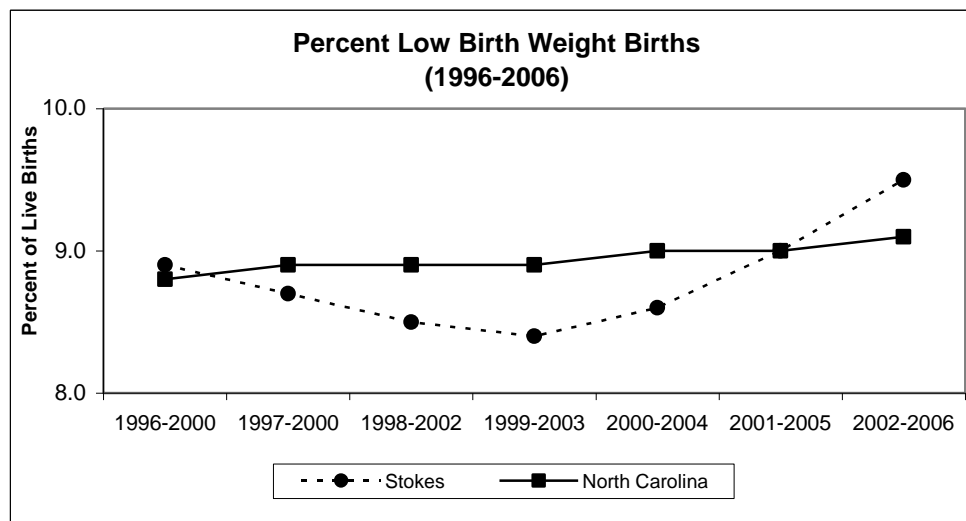
Low Birth Weight and Very Low Birth Weight

- Over the period from 2002 through 2006, the total percentage of low birth weight births (below 2500 grams or 5.5 pounds) was higher in Stokes County than in North Carolina as whole (9.5% vs. 9.1%). The percentage of minority low birth weight babies was significantly lower in the county than statewide (4.2% vs. 13.5%) (Table 63).
- Over the same period the total percentage of very low birth weight births (below 1500 grams or 3.3 pounds) was 11% higher in the county than the state. Among minorities in the county, there were two reported cases of very low weight births for a percentage of 2.8% compared to 3.6% of very low weight births among minorities reported statewide (Table 63).

Table 63. Number and Percent of Low and Very Low Birth Weight Births by Race (2002-2006)

County	Low Birth Weight Births						Very Low Weight Births			
	Total		White		Minority		Total		Black	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Stokes	230	9.5	226	9.7	4	4.2	52	2.1	2	2.8
State Total	54,991	9.1	32,664	7.4	22,327	13.5	11,230	1.9	5,034	3.6
Source:	a	a	a	a	a	a	b	b	c	c
a - NC State Center for Health Statistics, County Health Databooks, 2008 County Health Data Book, Low Birth Weight Births by Race, http://www.schs.state.nc.us/SCHS/data/databook/										
b - NC State Center for Health Statistics, County Health Databooks, 2008 County Health Data Book, Low (<2500 grams) and Very Low (<1500 grams) Weight Births, http://www.schs.state.nc.us/SCHS/data/databook/										
c - NC State Center for Health Statistics, County Health Databooks, 2008 County Health Data Book, Low (<2500 grams) and Very Low (<1500 grams) Weight Black Births, http://www.schs.state.nc.us/SCHS/data/databook/										

- Since 1996, the percentage of low-weight births has increased overall in Stokes County, especially recently, while the percentages in the state remained relatively stable (Figure 10, following page).

Figure 10.

Source: NC State Center for Health Statistics, County Health Data Books, 1999-2007, Low Birth Weight Births, <http://www.schs.state.nc.us/SCHS/data/databook/>

Infant Mortality

Referring to Table 64 below:

- For the aggregate period from 2002 through 2006 the total Stokes County infant mortality rate of 7.0 infant deaths per 1,000 live births was 17% lower than the comparable state rate of 8.4.
- The five-year aggregate overall infant mortality rates in North Carolina have remained approximately level since 2000-2004, while the rates in Stokes County have fluctuated.
- The comparable minority infant mortality rate in the county appears to be unstable, likely because the local rate is based on very small numbers of events.
- For the single year 2006, there were two reported infant deaths in Stokes County.

Table 64. Infant (<1 year) Mortality Rate per 1,000 Live Births (2000-2006)

County	2000-2004			2001-2005			2002-2006			2006					
	Total	White	Minority	Total	White	Minority	Total	White	Minority	White Infant Deaths	White Infant Death Rate	Minority Infant Deaths	Minority Infant Death Rate	Total Infant Deaths	Total Infant Death Rate
Stokes	6.8	5.4	41.7	7.8	6.8	31.3	7.0	6.4	20.8	2	4.4	0	0.0	2	4.2
State Total	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	550	6.0	483	13.6	1,033	8.1
NC County Avg.	8.4	6.1	14.6	8.5	6.1	14.7	8.4	6.1	14.5	6	n/a	5	n/a	10	n/a
Source:	a	a	a	a	a	a	a	a	a	b	b	b	b	b	b

a - NC State Center for Health Statistics, County Health Databooks, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>
b - NC State Center for Health Statistics, Infant Mortality Statistics 2005, <http://www.schs.state.nc.us/SCHS/deaths/ims/2005/2005rpt.html>

Leading Causes of Death

Table 65 shows the leading causes of death in Stokes County, listed in descending order based on combined mortality data for the five-year period from 2002 through 2006. Figures in **boldface** type indicate causes of death for which the Stokes County rate exceeds the comparable rate for the state as a whole. National mortality rates are included, where available, for comparison.

Table 65. Age-Adjusted Mortality Rates for the Leading Causes of Death in Stokes County, North Carolina and the United States (2002-2006)

Cause of Death	Stokes County		North Carolina	United States
	Number	Rate	Rate	Rate
1. Heart Disease	506	222.6	217.9	211.1
2. Total Cancer	517	217.1	196.4	183.8
3. Cerebrovascular Disease	199	90.9	61.1	46.6
4. Chronic Lower Respiratory Disease	136	59.2	47.1	43.2
5. Unintentional Non-Motor Vehicle Injury	73	32.5	27.0	39.1
6. Unintentional Motor Vehicle Injury	54	23.9	19.1	15.2
7. Pneumonia and Influenza	46	21.0	22.5	20.3
8. Diabetes	45	19.0	27.1	24.6
9. Alzheimer's Disease	38	17.8	27.7	n/a
10. Septicemia	38	16.8	14.4	n/a
11. Suicide	38	16.0	11.6	10.9
12. Kidney Disease	33	14.7	18.2	n/a
13. Chronic Liver Disease and Cirrhosis	29	12.0	8.8	9.0
14. Homicide	14	6.1	7.2	6.1
15. HIV/AIDS	1	0.4	5.1	4.2
Total Deaths All Causes (Some causes are not listed.)	2,148	940.0	885.2	798.8
Source:	a	a	a	b
a - NC State Center for Health Statistics, County Health Databook, 2008 County Health Data Book, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/data/databook/				
b - National Center for Health Statistics, Information Showcase. Health, United States, 2007, Complete Report, Table 29: Age-adjusted death rates for selected causes of death, http://www.cdc.gov/nchs/data/hus/07.pdf				

State and National Mortality Rate Comparisons

Compared to North Carolina, Stokes County has **higher** age-adjusted mortality rates for:

- **Heart Disease – by 2%**
- **Total Cancer – by 11%**
- **Cerebrovascular Disease – by 49%**
- **Chronic Lower Respiratory Disease – by 26%**
- **Unintentional Non-Motor Vehicle Injury – by 20%**
- **Unintentional Motor Vehicle Injury – by 25%**
- **Septicemia – by 17%**
- **Suicide – by 38%**
- **Chronic Liver Disease and Cirrhosis – by 36%**
- **Total Deaths All Causes - by 6%**

Compared to the national mortality rates available, Stokes County has **higher** age-adjusted mortality rates for:

- **Heart Disease – by 5%**
- **Total Cancer – by 18%**
- **Cerebrovascular Disease – by 95%**
- **Chronic Lower Respiratory Disease – by 37%**
- **Unintentional Motor Vehicle Injury – by 57%**
- **Pneumonia and Influenza – by 3%**
- **Suicide – by 47%**
- **Chronic Liver Disease and Cirrhosis – by 33%**
- **Total Deaths All Causes - by 18%**

Gender Disparities in Mortality

Table 66 compares mortality rates for males and females in Stokes County. The mortality data cited in this section were obtained from the North Carolina State Center for Health Statistics except as noted and represent the period from 2002-2006. **Bold** type indicates the higher rate in each gender pair.

Table 66. Age-adjusted Mortality Rates by Gender, Stokes County (2002-2006)

Cause of Death	Males		Females	
	Number	Rate	Number	Rate
Diseases of Heart	254	282.9	252.00	176.5
Cerebrovascular Disease	63	82.3	136	94.2
Cancer	274	275.0	243	177.7
----Colon, Rectum, and Anus	16	16.0	33	23.8
----Pancreas	8	7.1	15	11.3
----Trachea, Bronchus, and Lung	105	103.1	70	50.9
----Female Breast	0	0.0	37	27.7
----Prostate	24	28.4	0	0.0
Diabetes Mellitus	20	22.1	25	17.6
Pneumonia and Influenza	21	27.5	25	16.6
Chronic Lower Respiratory Diseases	75	88.9	61	44.0
Chronic Liver Disease and Cirrhosis	20	18.6	9	6.7
Septicemia	14	18.7	24	17.3
Nephritis, Nephrotic Syndrome, and Nephrosis	11	12.0	22	15.4
Unintentional Motor Vehicle Injuries	41	39.2	13	10.9
All Other Unintentional Injuries	47	46.9	26	18.3
Suicide	29	25.4	9	6.9
Homicide	10	8.9	4	3.3
Alzheimer's disease	10	13.6	28	19.2
Acquired Immune Deficiency Syndrome	1	0.9	0	0.0
Total Deaths - All Causes (Some causes are not listed.)	1,072	1,174.0	1,076	764.6

Source: NC State Center for Health Statistics, 2008 County Health Databook, <http://www.schs.state.nc.us/SCHS/data/databook/>

For all deaths combined, Stokes County males have a 54% higher mortality rate than females.

In comparing rates – including mortality rates – it is important to consider the base number of events on which each rate was calculated. When the number of events is small, the rate calculated from that number may be unstable and neither a reliable measure nor a valid predictor. Because the population of Stokes County is small, the numbers of specific events in a particular population group are often small. This report will **not** analyze disparities in any cause of death for which there were five or fewer aggregate deaths during the period in question for any of the stratified groups examined.

Following the protocol discussed above there are nevertheless apparent valid gender differences in mortality in Stokes County.

Compared to the mortality rates for Stokes County females, the mortality rates among Stokes County **males are higher** for:

- **Suicide – by 268%**
- **Unintentional Motor Vehicle Injuries – by 260%**
- **Chronic Liver Disease and Cirrhosis – by 178%**
- **Unintentional Non-Motor Vehicle Injuries – by 156%**
- **Trachea, Bronchus, and Lung Cancer – by 103%**
- **Chronic Lower Respiratory Disease – by 102%**
- **Pneumonia/Influenza – by 66%**
- **Heart Disease – by 60%**
- **Total Cancer – by 55%**
- **Diabetes – by 26%**
- **Septicemia – by 8%**

Compared to the mortality rates for Stokes County males, the mortality rates among Stokes County **females are higher** for:

- **Pancreatic Cancer – by 59%**
- **Colon, Rectum, and Anus Cancer – by 49%**
- **Alzheimer's Disease – by 41%**
- **Kidney Disease – by 28%**
- **Cerebrovascular Disease – by 14%**

Racial Disparities in Mortality

The overall 2002-2006 age-adjusted mortality rate among Stokes County minorities was 525.8, 32% lower than the overall age-adjusted mortality rate for whites (769.5). Note, however, that the number of deaths included in the minority mortality rate was 13, compared to 1,450 for whites. The number of Stokes County minority deaths for most diseases and health conditions covered in this report was all too small (≤ 5) per five-year aggregate period for valid rate comparison.

Heart Disease and Cerebrovascular Disease

Heart disease and **cerebrovascular disease** (stroke) are both diseases of the circulatory system. While heart disease is any disease that diminishes or interrupts blood supply to the heart, cerebrovascular disease is an interruption in blood supply to the brain. The most common cause of both of these diseases is a narrowing or blockage of arteries that supply the heart and brain, respectively (53).

Heart Disease and Cerebrovascular Disease Incidence

Hospital utilization data summarized Table 67 give some indication of the burden of heart disease in Stokes County. Hospital discharge rates for all circulatory diseases, including heart disease and cerebrovascular disease individually, declined overall between 2001 and 2006.

Heart and cerebrovascular diseases account for more hospitalizations than any other health condition. Consequently, costs due to these two conditions were greater than for any other, together accounting for over \$18 million in hospital charges to Stokes County residents in 2005 (54).

It should be noted that this data is limited in that it does not include people who may have cardiovascular or cerebrovascular conditions but have *not* sought medical care or been hospitalized. Note also that the category “cardiovascular and circulatory diseases” represented in Table 67 includes not only diagnoses of heart disease and cerebrovascular disease, but other diseases of cardiovascular and circulatory systems as well.

Table 67. Stokes County Hospital Discharges per 1,000 Persons (2001-2006)

	2001	2002	2003	2004	2005	2006
Cardiovascular and Circulatory Diseases	19.7	19.6	20.7	19.2	18.4	18.2
Heart Disease	13.3	13.3	14.8	12.7	12.2	12.9
Cerebrovascular Disease	4.2	3.8	3.5	4.2	3.5	3.0

Source: NC State Center for Health Statistics, County Health Databooks 2008, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence, <http://www.schs.state.nc.us/SCHS/data/databook>

Heart Disease Mortality

Heart disease and cerebrovascular disease are the first and third leading causes of death among Stokes County residents. For the 2002-2006 aggregate period, 506 Stokes County residents died of heart disease and 199 died of cerebrovascular disease (Table 65, cited previously).

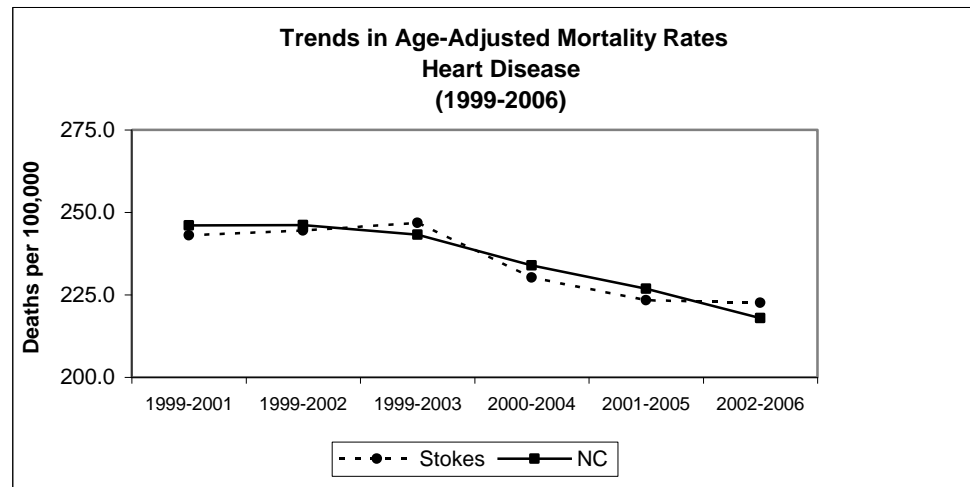
- The Stokes County heart disease mortality rate of 222.6 is higher than the average for the state, 217.9 (Table 68).
- The county heart disease mortality rates for both white males and white females are higher than the comparable rates statewide, but the rate for Stokes County minority males and minority females is lower than comparable state rates.
- The Healthy Carolinians 2010 goal is to reduce the heart disease mortality rate to 219.8 per 100,000 (55). Stokes County has almost met this goal.
- The Stokes County mortality rate is 5% higher than the national heart disease mortality rate of 211.1. This national rate is 3% lower than the rate for the state (56).
- The Healthy People 2010 goal is to reduce mortality due to heart disease to 166 per 100,000 (57). Stokes County currently exceeds this national goal by 34%.

Table 68. Heart Disease Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	506	222.6	240	285.3	242	179.0	14	253.9	10	127.9
State Total	89,516	n/a	35,456	n/a	34,826	n/a	9,465	n/a	9,769	n/a
NC County Avg.	895	217.9	355	266.0	348	166.7	95	314.0	98	205.0
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

Figure 11 below shows that the mortality rate due to heart disease for both Stokes and North Carolina have decreased significantly over the past decade..

Figure 11.



Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Cerebrovascular Disease Mortality

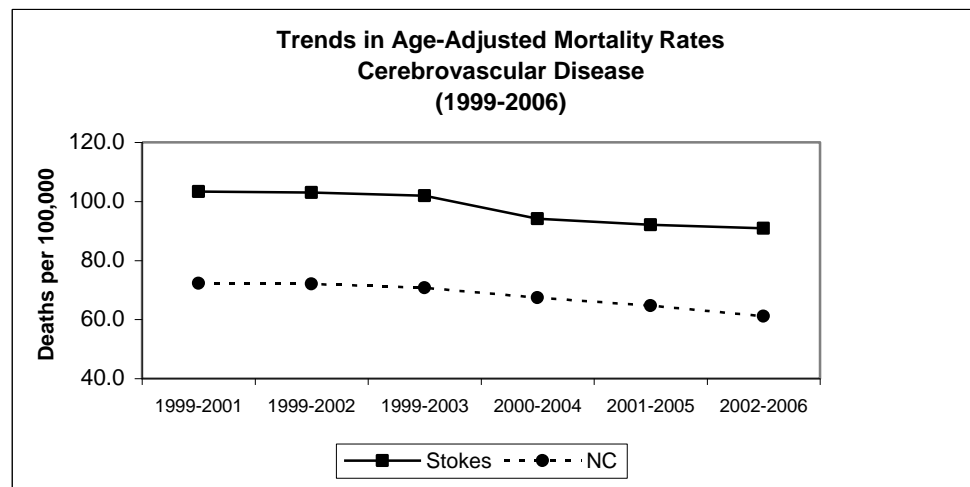
Refer to Table 69 (following page) unless otherwise indicated.

- The Stokes County mortality rate for cerebrovascular disease (90.9) is 49% higher than the comparable rate for the state as a whole (61.1).
- The county cerebrovascular mortality rates for white males, white females, and minority females are higher than the comparable state rates.
- The Healthy Carolinians 2010 goal is to reduce the mortality rate due to cerebrovascular disease to 61 deaths per 100,000 population (55), a goal Stokes County exceeds by 49%.
- The most recent (2005) death rate due to cerebrovascular disease in the United States is 46.6 per 100,000 population (56), a rate Stokes County exceeds by 95%.

Table 69. Cerebrovascular Disease Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	199	90.9	59	83.5	129	94.1	4	59.7	7	88.3
State Total	24,770	n/a	7,092	n/a	11,641	n/a	2,461	n/a	3,576	n/a
NC County Avg.	248	61.1	71	57.0	116	55.3	25	85.8	36	75.5
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

- The cerebrovascular disease mortality rate in Stokes County decreased between 1999 and 2006, as did the comparable state rate (Figure 12).

Figure 12.

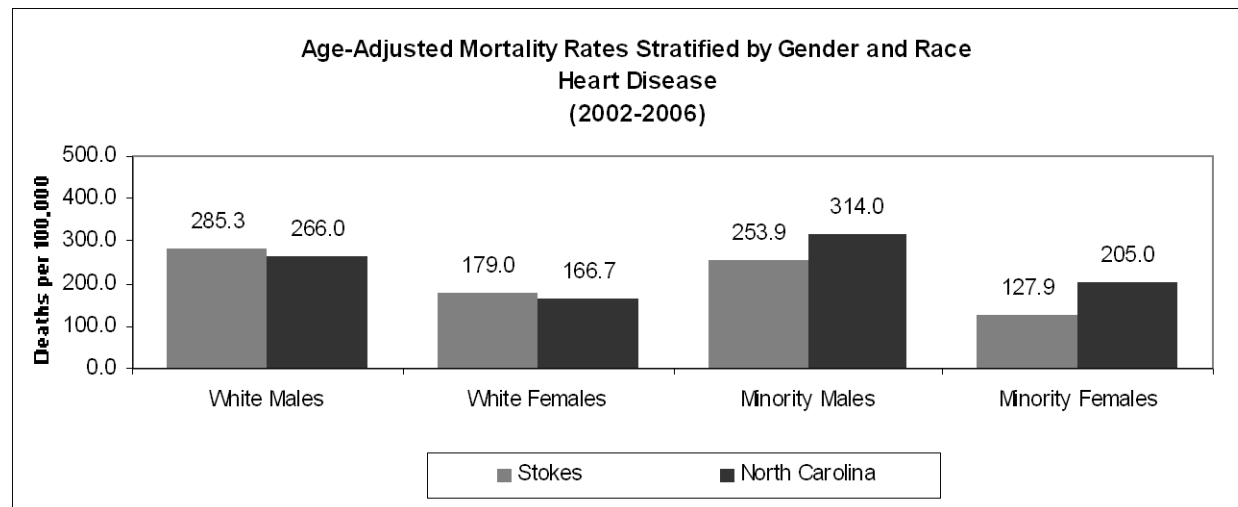
Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Heart Disease and Cerebrovascular Disease Mortality

Figure 13 compares sex-race stratified aggregate age-adjusted mortality rates due to heart disease, aggregated between 2002 to 2006. (This data also appeared in Table 68). In Stokes County, the heart disease mortality rates among white males and white females were higher than the comparable rates for the state as a whole, while the rates among minority males and minority females were lower than the comparable state rates.

The heart disease mortality rate among white males was 59% higher than the rate for white females; the heart disease mortality rate for minority males which was almost double the rate for minority females.

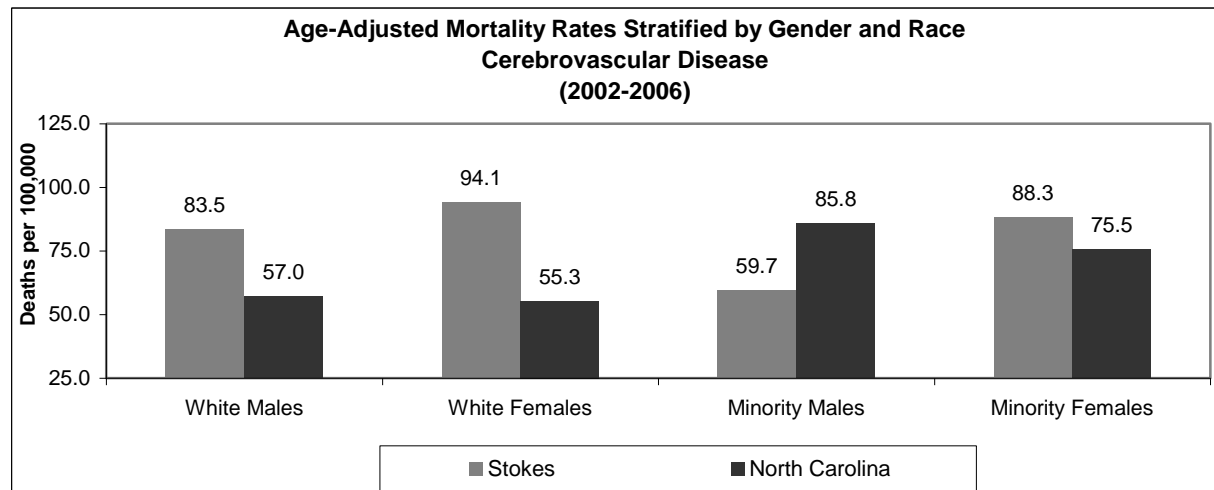
Figure 13.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Figure 14 (following page) compares sex-race stratified age-adjusted mortality rates for cerebrovascular disease. (This data also appeared in Table 67.) The cerebrovascular disease mortality rate among white females was 13% higher than the rate for white males; both rates for Stokes County whites were significantly higher than comparable rates statewide.

The cerebrovascular disease mortality rate among Stokes County minority females was 17% higher than the comparable rate statewide. Cerebrovascular disease deaths among Stokes County minority males were too few (N=4) during the period cited to calculate a rate valid for comparison with the other groups.

Figure 14.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Risk Factors for Heart Disease and Cerebrovascular Disease (58)

- Age (65 or older for heart disease, 55 or older for cerebrovascular disease)
- Gender (male)
- Heredity/family history
- Race (especially African American)
- Tobacco use
- High cholesterol
- High blood pressure
- Physical inactivity
- Obesity/overweight
- Diabetes
- Stress
- Alcohol abuse

Total Cancer

Cancer is the group of diseases characterized by the uncontrolled growth and spread of abnormal body cells. If the disease remains unchecked, it can result in death (59). Cancers of all kinds are sometimes grouped together in a parameter called **total cancer**. Total cancer was the second leading cause of death in Stokes County for the period from 2002-2006. In 2005, hospital charges associated with cancer diagnoses in Stokes County residents totaled over \$5 million (54).

Cancer incidence and mortality data for Stokes County were obtained from the North Carolina Cancer Registry, which collects data on newly diagnosed cases from North Carolina clinics and hospitals, as well as on North Carolina residents whose cancers were diagnosed at medical facilities in bordering states.

Total Cancer Incidence

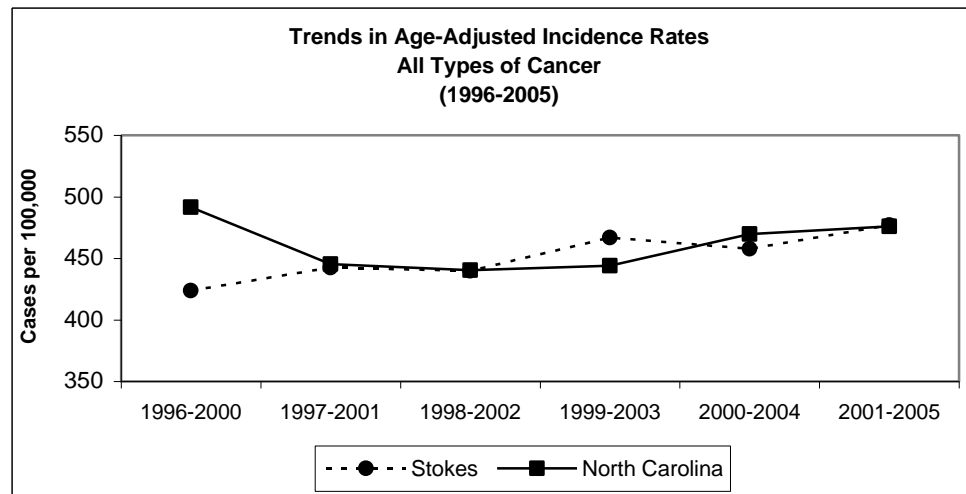
There were 1,167 newly diagnosed cases of all cancers combined in Stokes County between 2001 and 2005. Table 70 shows this total and the resultant age-adjusted total cancer incidence rates for the period, as well as individual incidence rates for colorectal, lung, breast, and prostate cancers. The incidence rate for all cancers during the period cited in Stokes County (477.1) was slightly above the rate for North Carolina (475.9).

Table 70. Cancer Incidence (2001-2005)

County	All Cancer		Female Breast Cancer		Lung Cancer		Prostate Cancer		Colorectal Cancer	
	# Cases	Incidence Rate	# Cases	Incidence Rate	# Cases	Incidence Rate	# Cases	Incidence Rate	# Cases	Incidence Rate
Stokes	1,167	477.1	204	151.2	197	79.2	118	111.3	115	47.3
State Total	200,142	n/a	34,156	n/a	30,914	n/a	28,757	n/a	20,240	n/a
NC County Avg.	2,001	475.9	342	148.2	309	73.8	288	156.1	202	48.6
Source: NC State Center for Health Statistics, Cancer, Annual Reports: Cancer Incidence Rates for All Counties by Specified : http://www.schs.state.nc.us/SCHS/CCR/reports.html Note: Incidence refers to the average annual incidence rate per 100,000 population.										

As shown in Figure 15, the total cancer incidence rate in Stokes County has fluctuated above and below the state rates throughout the reporting period but has increased overall.

Figure 15.



Source: NC State Center for Health Statistics, Cancer, Annual Reports: North Carolina Cancer Incidence Rates 2000-2004, Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate), <http://www.schs.state.nc.us/SCHS/CCR/reports.html>

Nationally, in 2004 the age-adjusted cancer incidence rate for all types of cancer was 446.6. The total cancer incidence rate was highest in the black population (489.8); among men nationally, the total cancer incidence rate was significantly higher for black males (628.2) than for any other race. Among women nationally, the incidence rate was higher for white females (407.7) than for minority women (56).

Total Cancer Mortality

- Total cancer was the second leading cause of death in Stokes County in the period from 2002 through 2006, resulting in 517 deaths and a total cancer mortality rate of 217.1 deaths per 100,000. This rate was above the state rate of 196.4 (Table 71).
- The Healthy Carolinans 2010 mortality rate goal for the total cancer is 166.2 (55), a target Stokes County exceeds by 31%.
- Cancer mortality in Stokes County also exceeds the Healthy People 2010 target of 159.3 deaths per 100,000 (57) by 36%.

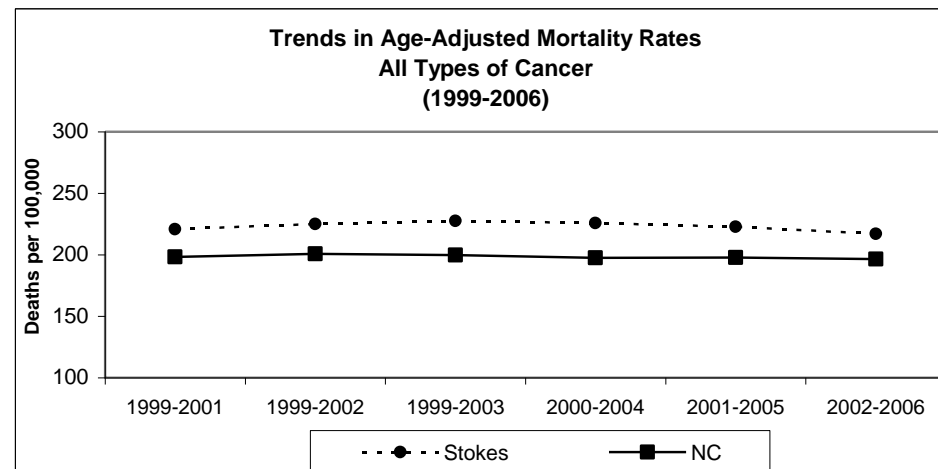
Table 71. Total Cancer Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	517	217.1	254	271.8	227	176.1	20	321.9	16	209.0
State Total	82,648	n/a	34,292	n/a	30,765	n/a	9,304	n/a	8,287	n/a
NC County Avg.	826	196.4	343	238.5	308	157.7	93	304.6	83	172.6

Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Since 1999, the total cancer mortality rate in Stokes County remained stable and consistently above the state rate. There has been only modest change in the total cancer mortality rate at either the state or local level since 1999 (Figure 16).

Figure 16.



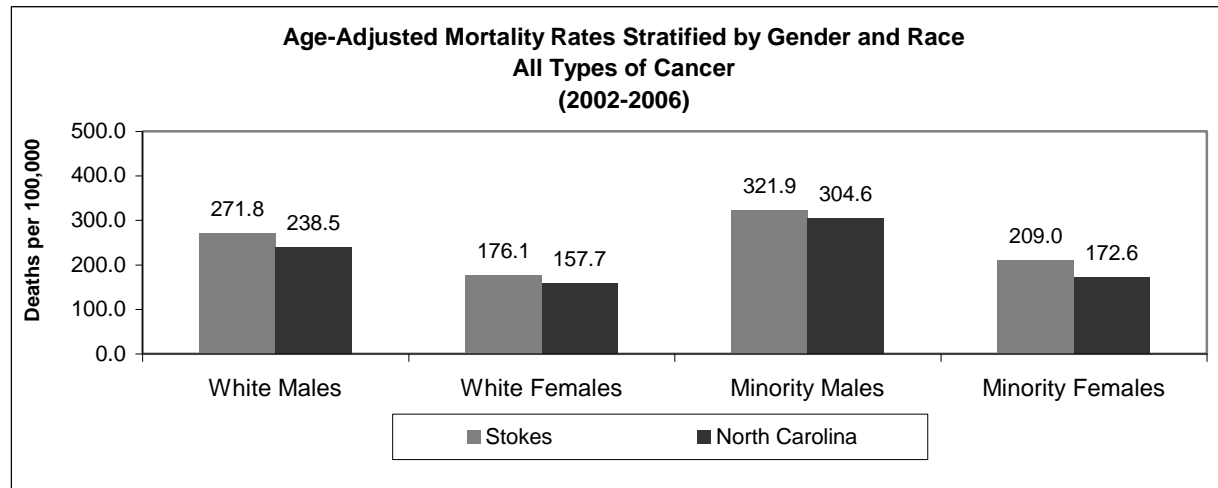
Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Total Cancer Mortality

Figure 17 compares sex and race stratified age-adjusted mortality rates due to all types of cancer in Stokes County and North Carolina. The data represents aggregate deaths between 2002 and 2006 among white males, minority males, white females, and minority females. Stokes County total cancer mortality rates exceed comparable statewide mortality rates for all four population groups cited.

In Stokes County, the total cancer mortality rate among white males was 54% higher than the rate among white females; the rate among minority males was 54% higher than the rate among minority females. The total cancer mortality rate for minority males was 18% higher than the rate for white males, and the rate for minority females was 19% higher than the rate for white females.

Figure 17.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

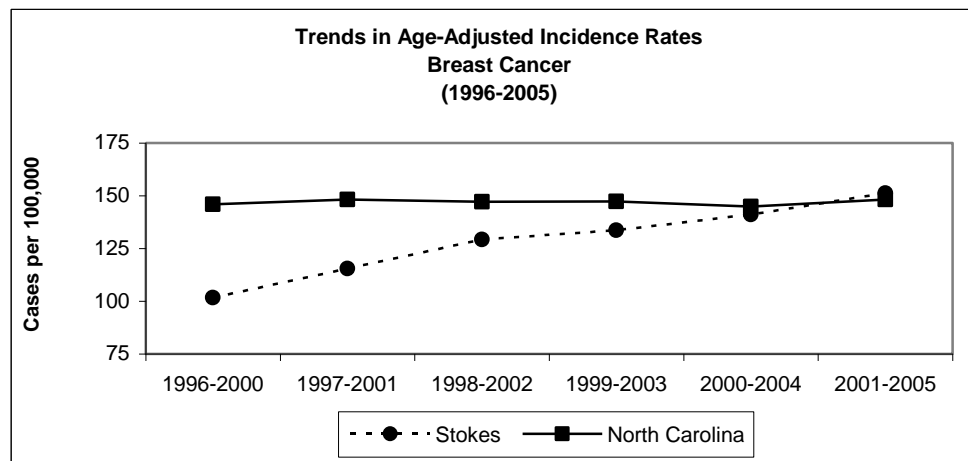
Breast Cancer

Breast Cancer Incidence

Between 2000 and 2004, breast cancer was the most commonly diagnosed site-specific cancer in Stokes County, with 204 new cases diagnosed during that period for an incidence rate of 151.2 (Table 70, cited previously). Nationally, the breast cancer incidence rate was 121.0 per 100,000 in 2004. The incidence rate is highest nationally among white non-Hispanic females (132.7 per 100,000) (56).

Since 1996 the breast-cancer incidence rate for Stokes County has increased steadily and significantly to a current high (Figure 18). Statewide, the breast cancer incidence rate has shown little change. Throughout most of the period cited the county breast cancer incidence rate has been below the state incidence rate, but recently has exceeded the state incidence rate.

Figure 18.



Source: NC State Center for Health Statistics, Cancer, Annual Reports: North Carolina Cancer Incidence Rates 1999-2004, Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate), <http://www.schs.state.nc.us/SCHS/CCR/reports.html>

Breast Cancer Mortality

- Between 2002 and 2006, 37 women died of breast cancer in Stokes County representing an age-adjusted mortality rate of 27.7 per 100,000. During this time, the comparable state breast cancer mortality rate was 25.7 (Table 72).
- In 2005, the national breast cancer mortality rate was 24.1, and breast cancer was the third most deadly cancer (56).
- The Healthy Carolinians 2010 goal for breast cancer is a mortality rate of 22.6 per 100,000 (55). The Healthy People 2010 target rate is 22.3 per 100,000 females (57). The 2002-2006 Stokes County breast cancer mortality rate exceeds both of these goals by more than 20%.

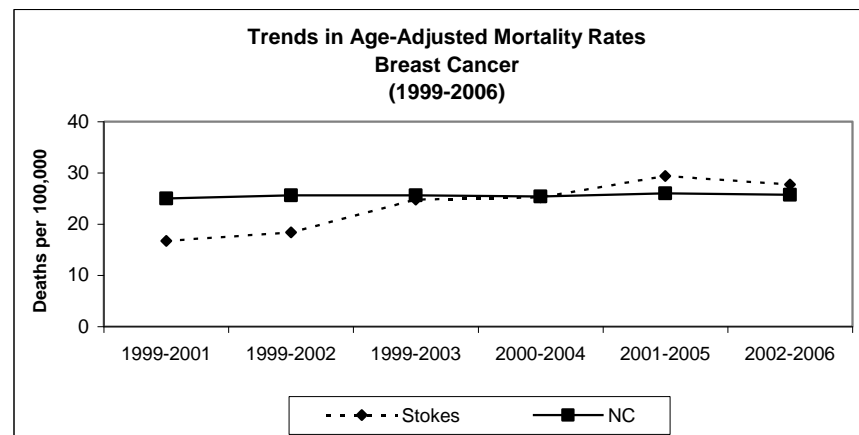
Table 72. Breast Cancer Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	37	27.7	0	0.0	35	27.6	0	0.0	2	30.6
State Total	6,172	n/a	46	n/a	4,514	n/a	16	n/a	1,596	n/a
NC County Avg.	62	25.7	0	0.3	45	23.5	0	0.5	16	32.1

Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Since 1999, the breast cancer mortality rate in the county has increased overall, and recently surpassed the state rate (Figure 19).

Figure 19.

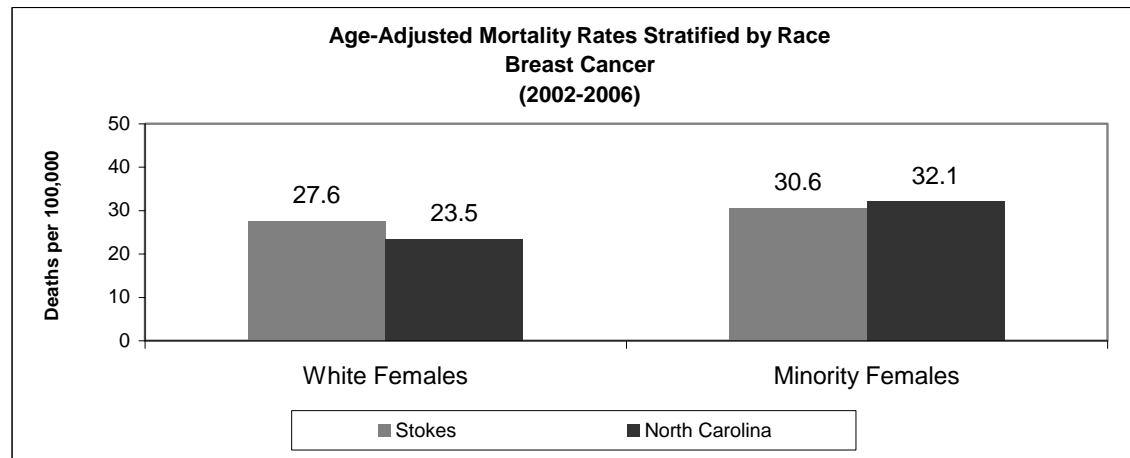


Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Racial Disparities in Breast Cancer Mortality

Figure 20 compares 2002-2006 aggregate age-adjusted breast cancer mortality rates for white females and minority females in Stokes County and North Carolina. (Note that, while rare, breast cancer does occur in males, although no Stokes County males were reported as having died of breast cancer in the cited period.) In Stokes County, the number of deaths due to breast cancer among minority females (n=2) was below the threshold for valid rate comparison. Statewide, the breast cancer mortality rate among minorities is 37% higher than the rate among whites.

Figure 20.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Breast Cancer Risk Factors (59)

- A personal or family history of breast cancer
- A biopsy-confirmed hyperplasia
- A long menstrual history (menstrual periods that started early and ended late in life)
- Obesity after menopause
- Recent use of oral contraceptives or postmenopausal estrogens and progestins
- Not having children or having a first child after age 30
- Consumption of alcoholic beverages

Suspected risk factors include:

- High breast density

Lung Cancer

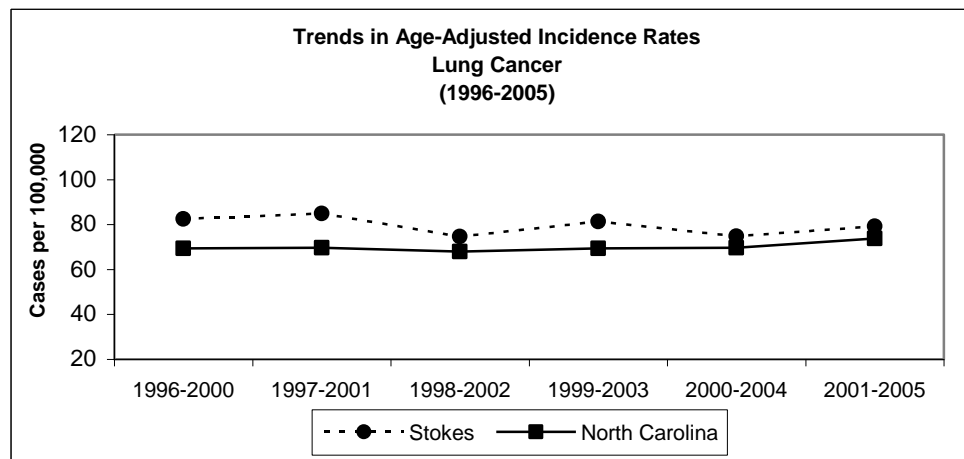
Lung Cancer Incidence

This category of cancer includes cancer of the trachea, bronchus and lung.

From 2001 through 2005, 197 new cases of lung cancer were diagnosed in Stokes County, making it the second most commonly diagnosed site-specific cancer, with an incidence rate of 79.2 (Table 70, cited previously). In 2006, hospital charges for the treatment of lung cancer in Stokes County residents totaled over \$1,000,000 (54).

Since 1996, Stokes County lung-cancer incidence rates have changed very little and remained above the relatively steady state rate (Figure 21).

Figure 21.



Source: NC State Center for Health Statistics, Cancer, Annual Reports: North Carolina Cancer Incidence Rates 2000-2004, Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate), <http://www.schs.state.nc.us/SCHS/CCR/reports.html>

Lung Cancer Mortality

- The 2002-2006 lung cancer mortality rate in Stokes County (71.5) was 20% higher than the statewide mortality rate (59.8) (Table 73).
- Nationally, in 2005 lung cancer was the leading cause of cancer death with a mortality rate of 52.6 per 100,000 (56). Stokes County's current lung cancer mortality rate is 36% higher than the national rate.
- The Healthy People 2010 goal is to reduce the lung cancer mortality rate to 44.9 per 100,000 (57). The current lung cancer mortality rate in Stokes County exceeds that goal by 59%.

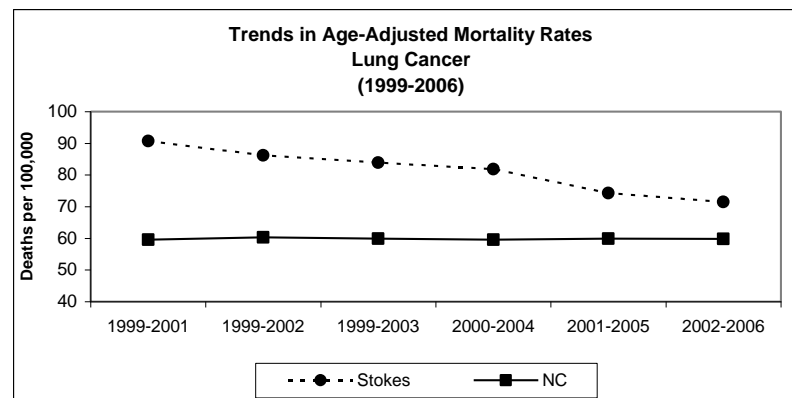
Table 73. Lung Cancer Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	175	71.5	92	96.9	66	50.7	13	206.0	4	50.7
State Total	25,325	n/a	12,225	n/a	8,578	n/a	2,920	n/a	1,602	n/a
NC County Avg.	253	59.8	122	82.5	86	44.2	29	91.7	16	33.7

Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Between 1999 and 2006, the lung cancer mortality rate in Stokes County decreased overall but was above the state rate (Figure 22).

Figure 22.



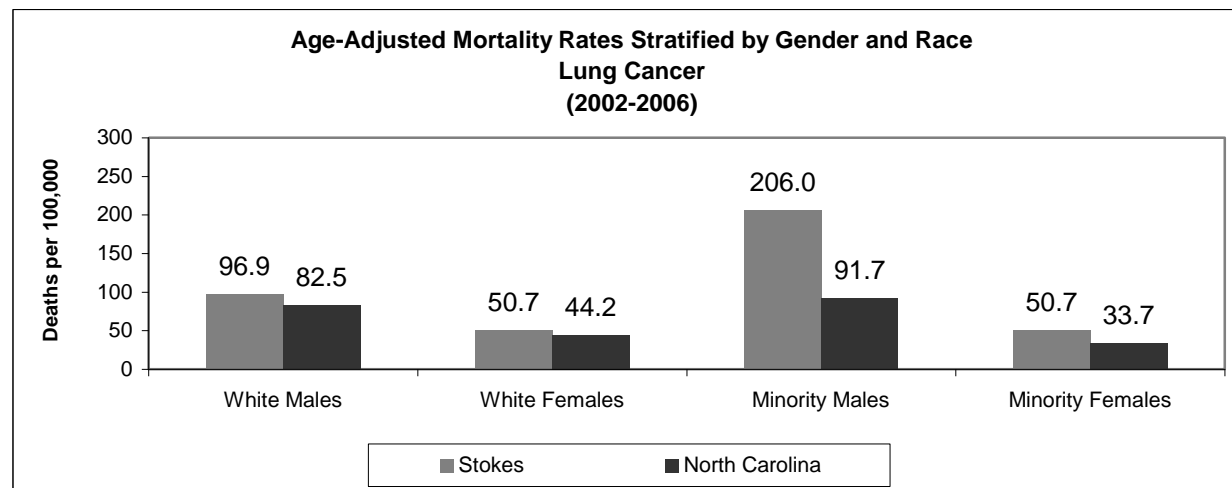
Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Lung Cancer Mortality

Figure 23 compares sex-race stratified aggregate age-adjusted mortality rates due to lung cancer for the period 2002-2006. Stokes County lung cancer mortality rates among white males, white females, and minority males all exceed comparable state rates. There were too few lung cancer deaths among minority females in the county (n=4) to calculate a valid comparison rate.

In Stokes County, the lung cancer mortality rate among white males was almost twice the rate for white females. At the state level, the lung cancer mortality rate for white males exceeds the rate for white females by 87%. The county lung cancer death rate for minority males was more than double the rate for white males.

Figure 23.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Lung Cancer Risk Factors (59)

- Cigarette smoking
- Exposure to arsenic
- Exposure to some organic chemicals, radon, and asbestos
- Radiation exposure from occupational, medical, and environmental sources
- Air pollution
- Tuberculosis
- Secondhand exposure to tobacco smoke

Prostate Cancer

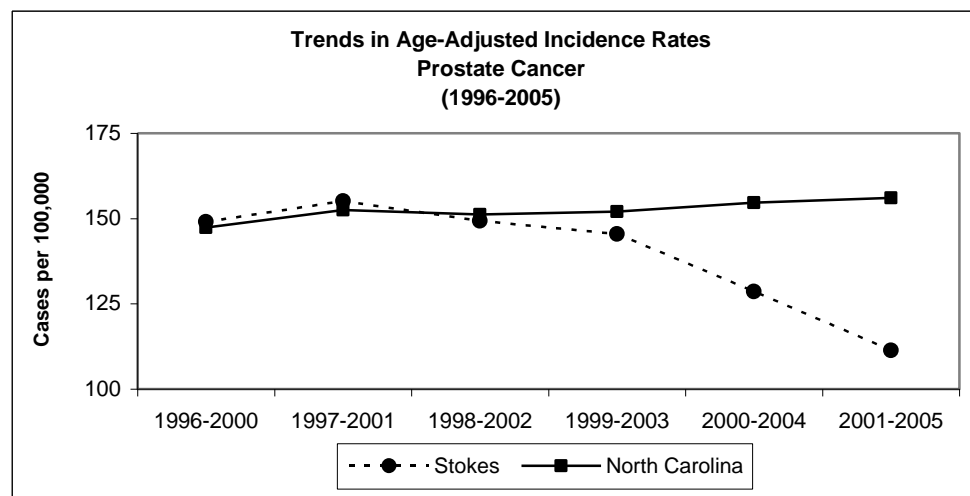
Prostate Cancer Incidence

As of 2004, nationally there were 159.3 new cases per 100,000 (56) of prostate cancer. The prostate cancer incidence rate was highest nationally among African American males (233.9 per 100,000).

During the most recent reporting period, 2001-2005, there were 118 new cases of prostate cancer diagnosed in Stokes County, making it the third most commonly diagnosed of the site-specific cancers (Table 70, cited previously). Approximately \$127,000 was spent treating Stokes County prostate cancer patients in 2006 (54).

Since 1996 the prostate cancer incidence rate in North Carolina has remained relatively stable, increasing only slightly, while the comparable rate for Stokes County has decreased steadily and significantly (Figure 24).

Figure 24.



Source: NC State Center for Health Statistics, Cancer, Annual Reports: North Carolina Cancer Incidence Rates 1999-2004. Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate), <http://www.schs.state.nc.us/SCHS/CCR/reports.html>.

Prostate Cancer Mortality

- From 2002 through 2006, 24 males in Stokes County died of prostate cancer, representing a mortality rate of 28.4, which was 3% lower than the state average (Table 74).
- The Healthy People 2010 prostate cancer goal is 28.8 deaths per 100,000 males (57), a goal Stokes County currently meets.

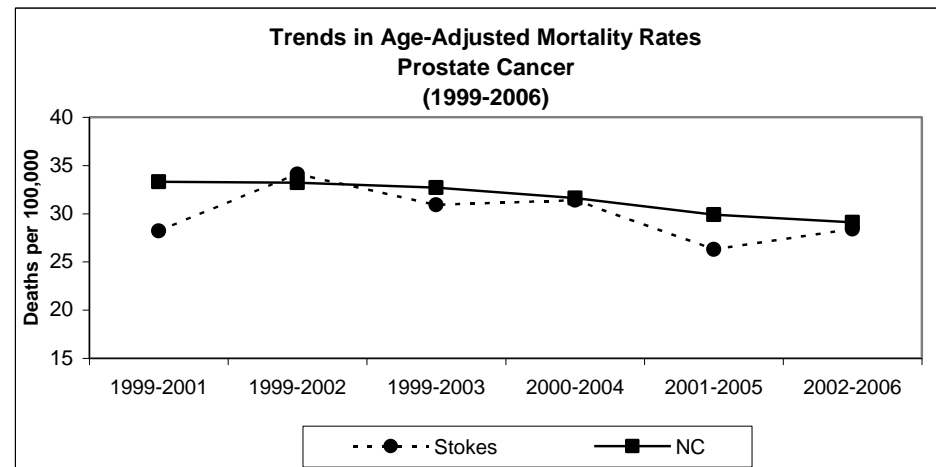
Table 74. Prostate Cancer Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	24	28.4	21	26.4	0	0.0	3	56.1	0	0.0
State Total	4,330	n/a	2,859	n/a	0	n/a	1,471	n/a	0	n/a
NC County Avg.	43	29.1	29	23.2	0	0.0	15	60.3	0	0.0

Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Since 1999, the county prostate cancer mortality rate has fluctuated around a gradually decreasing state mortality rate (Figure 25).

Figure 25.

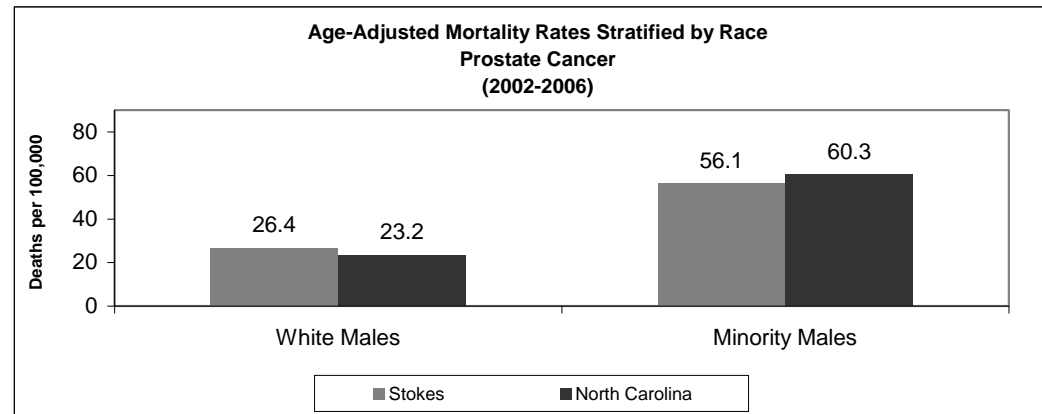


Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Racial Disparities in Prostate Cancer Mortality

Although Figure 26 compares 2002-2006 aggregate age-adjusted prostate cancer mortality rates for white males and minority males in the county and North Carolina, in Stokes County the number of prostate cancer deaths among minority males (n=3) was too small for a valid comparison of rates. Statewide, the prostate cancer mortality rate for minorities is almost three times the comparable rate for whites.

Figure 26.



Source: NC State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Prostate Cancer Risk Factors (59)

- Increasing age
- Familial predisposition (may be responsible for 5-10 percent of cases)

A suspected risk factor is:

- High fat consumption

Colon and Rectal Cancer (Colorectal Cancer)

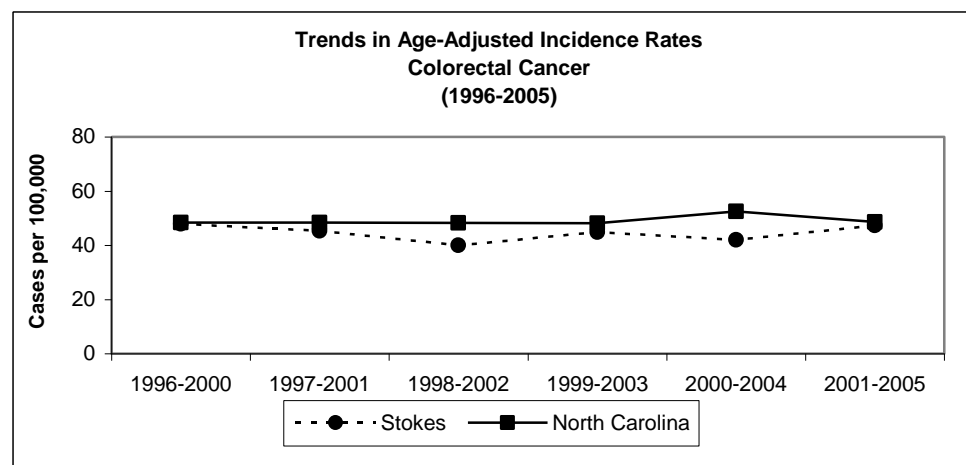
Colorectal Cancer Incidence

Colorectal cancer was the fourth most commonly diagnosed cancer in the United States in 2004, with a national incidence rate of 54.8 new cases per 100,000 among males and 40.7 new cases per 100,000 among females. Nationally, incidence rates were highest among black men (70.9) and black women (51.6) (56).

Between 2001 and 2005, 49 new cases of colorectal cancer were diagnosed in Stokes County, making it the fourth most commonly diagnosed site-specific cancer, with an incidence rate of 47.3 (Table 70, cited previously). In 2006, hospital charges for the treatment of colorectal cancer in Stokes County residents totaled \$597,611 (54).

Since 1996 the Stokes County colorectal cancer incidence rate has remained stable and slightly below the state rate (Figure 27).

Figure 27.



Source: NC State Center for Health Statistics, Cancer, Annual Reports: North Carolina Cancer Incidence Rates 1999-2004. Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate), <http://www.schs.state.nc.us/SCHS/CCR/reports.html>

Colorectal Cancer Mortality

- From 2002 through 2006 the colorectal cancer mortality rate in Stokes County was higher than the comparable state rate. During this period, 49 people in the county died from colorectal cancer, for an age-adjusted mortality rate of 21.0 (Table 75).
- Of the four major site-specific cancer types, colorectal cancer had the lowest national mortality rate: 17.5 per 100,000 in 2005 (56). The current mortality rates for Stokes County and the state are both higher than the 2005 national mortality rate.
- The Healthy Carolinians 2010 target rate for colorectal mortality is 16.4 (55), a target Stokes County exceeds by 28%.

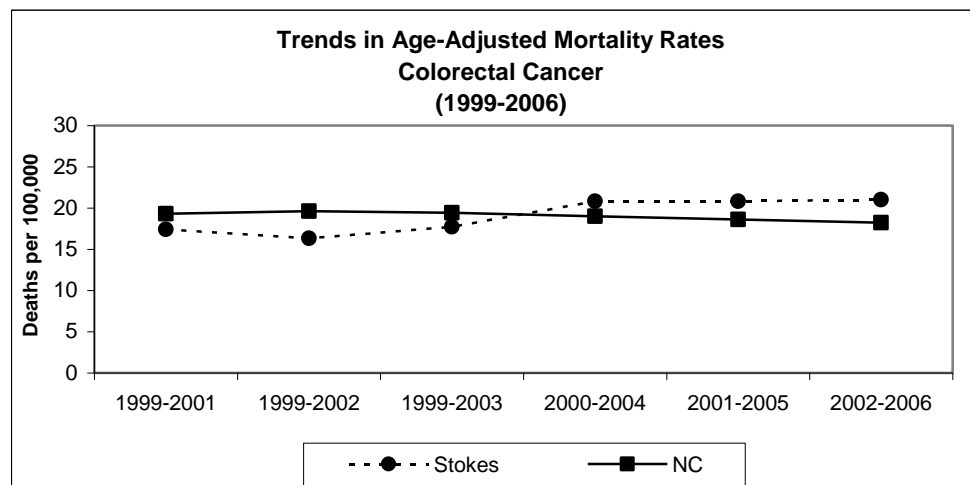
Table 75. Colorectal Cancer Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	49	21.0	16	17.0	29	22.2	0	0.0	4	50.8
State Total	7,609	n/a	2,939	n/a	2,847	n/a	874	n/a	949	n/a
NC County Avg.	76	18.2	29	20.5	28	14.3	9	28.3	9	20.0

Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

The colorectal mortality rate in Stokes County has increased slightly since 1999, while the state rate decreased slightly (Figure 28).

Figure 28.



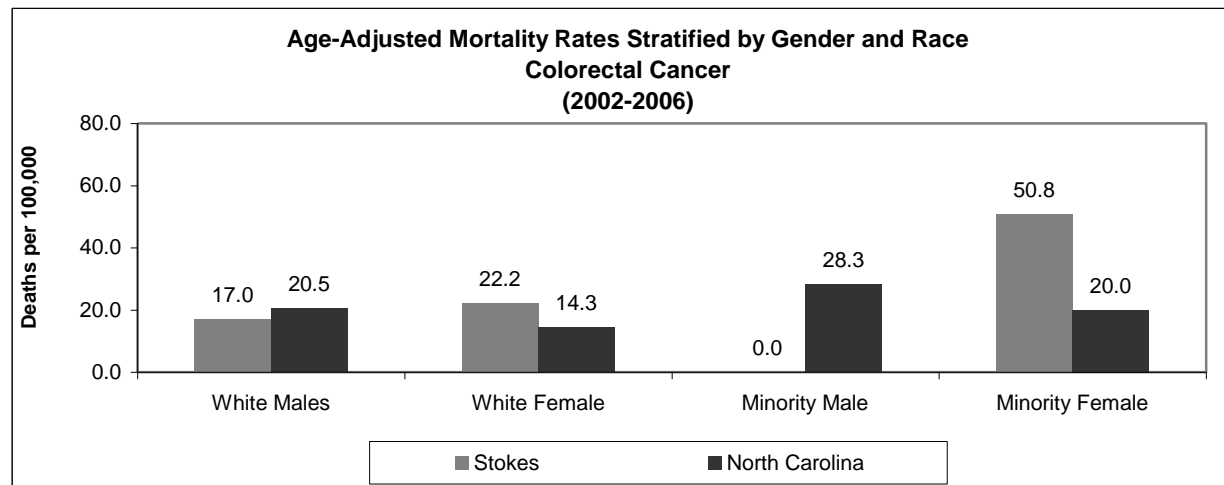
Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Colorectal Cancer Mortality

For the period 2002-2006 in Stokes County the number of colorectal deaths among minority males (n=0) and minority females (n=4) were below the threshold for meaningful mortality rate comparisons.

In Stokes County, the colorectal cancer mortality rate among white females was 30% higher than the rate among white males. At the state level the cancer mortality rate among white males was 43% higher than the rate among white females (Figure 29).

Figure 29.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Colorectal Cancer Risk Factors (59)

- Personal or family history of rectal polyps
- Inflammatory bowel disease

Suspected risk factors include:

- Smoking
- Physical inactivity
- High-fat diet
- Low-fiber diet
- Alcohol consumption

Chronic Lower Respiratory Disease

According to the National Institutes of Health, **Chronic Obstructive Pulmonary Disease (COPD)** is a group of lung diseases involving limited airflow, airway inflammation and the destruction of lung tissue (53). Around 1999 the North Carolina State Center for Health Statistics started classifying COPD within the broader heading of Chronic Lower Respiratory Disease (CLRD). This was not used as a separate category previously. COPD rates from pre-1999 can be compared to CLRD rates after 1999 by applying the ICD9/10 comparability ratio of 1.05. COPD/CLRD was the fourth leading cause of death in Stokes County for the period 2002-2006 (Table 65, cited previously). Hospital charges for treating Stokes County residents with CLRD totaled over \$2.3 million in 2006 (54).

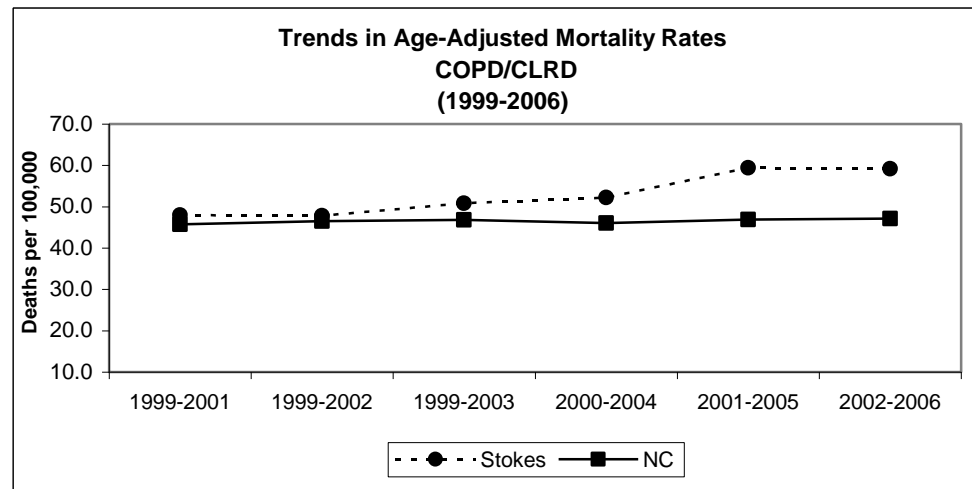
CLRD Mortality

- CLRD was the fourth leading cause of death among Stokes County residents from 2002-2006, resulting in 136 deaths (Table 65, cited previously).
- For the most current aggregate period (2002-2006), the overall CLRD mortality rate in Stokes County (59.2) was 26% higher than the state rate (Table 76).
- In 2005, the national mortality rate for CLRD was 43.2 per 100,000 (56), a rate Stokes County exceeds by 37% (Table 76).

Table 76. Chronic Lower Respiratory Disease Mortality, Including COPD (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	136	59.2	73	91.0	60	45.8	2	55.2	1	12.6
State Total	19,293	n/a	8,263	n/a	8,828	n/a	1,303	n/a	899	n/a
NC County Avg.	193	47.1	83	62.1	88	44.0	13	48.2	9	19.1
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

As demonstrated in Figure 30 (following page), CLRD mortality rates have increased overall in the county since 1999. In addition, the COPD/CLRD mortality rates for Stokes County have consistently remained above the state rate.

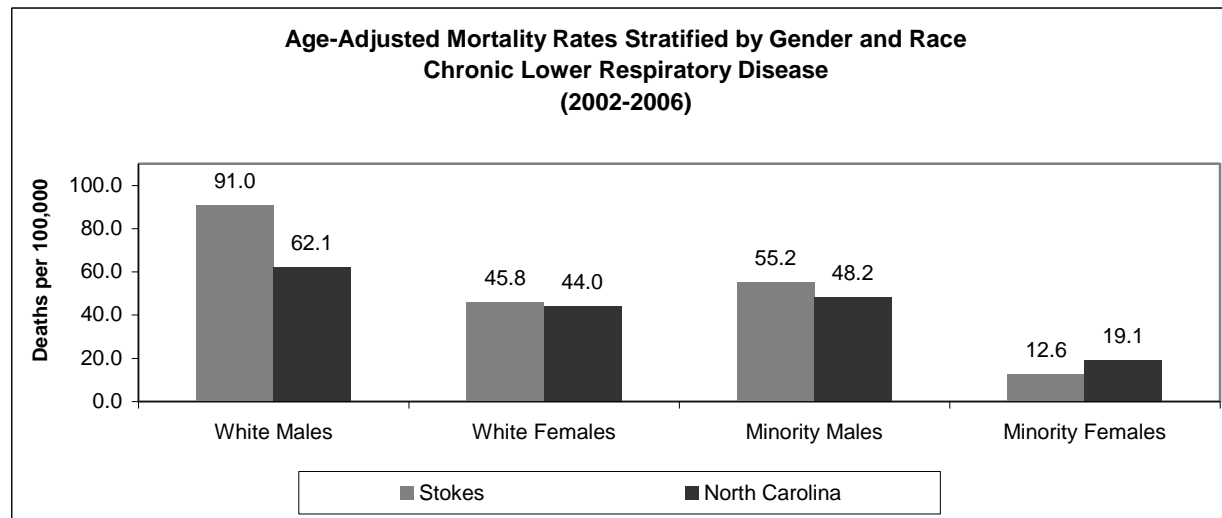
Figure 30.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in COPD/CLRD Mortality

Figure 31 (following page) charts the data from Table 76. In Stokes County, the CLRD mortality rate among white males was almost double the rate for white females. At the state level, the CLRD mortality rate for white males was 41% higher than the rate for white females, and the rates for whites of both genders exceeded the comparable rates for minorities.

The numbers of CLRD deaths among minority males (n=2) and minority females (n=1) are below the threshold for meaningful rate comparison. At the state level, the CLRD mortality rate for minority males is 2 1/2 times the comparable rate for minority females.

Figure 31.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

COPD/CLRD Risk Factors (59)

- Smoking, which leads to emphysema and chronic bronchitis, the two most common forms of COPD/CLRD

Other risk factors include:

- Environmental pollutants
- Passive smoking (exposure to secondhand smoke)

Unintentional Non-Motor Vehicle Injury

The NC-SCHS distinguishes unintentional non-motor vehicle injuries from motor vehicle injuries when calculating mortality rates for unintentional injuries and ranking leading causes of death. **Unintentional injuries** are those without purposeful intent, including poisoning, falls, burns, choking, animal bites, drowning, and occupational or recreational injuries. Unintentional non-motor vehicle injuries are the fifth leading cause of death in Stokes County (Table 65, cited previously). Unintentional injuries of all types are costly injuries and led to over \$10 million in hospital charges for Stokes County residents in 2005 (54).

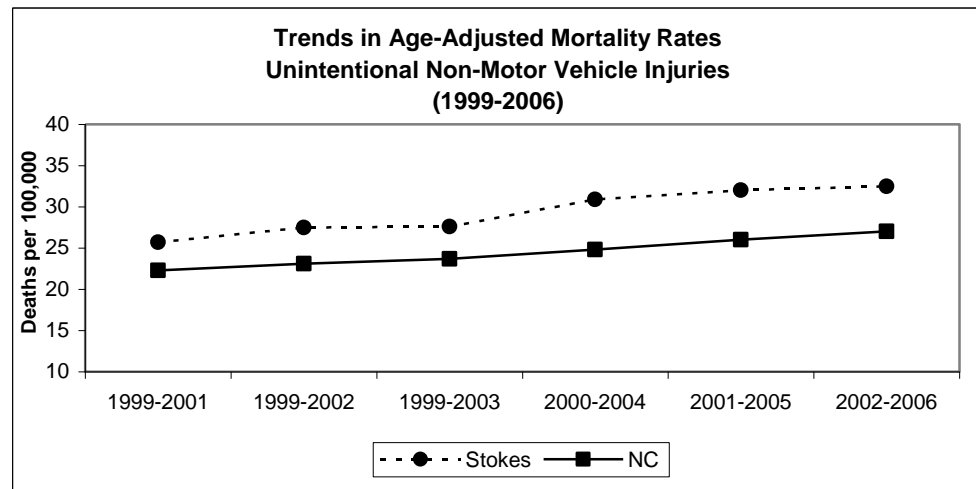
Unintentional Non-Motor Vehicle Injury Mortality

- From 2002 through 2006 there were 73 deaths in Stokes County due to unintentional non-motor vehicle injuries. The corresponding mortality rate was 32.5 per 100,000, a rate 20% higher than the state rate (Table 77).
- Unintentional non-motor vehicle injuries are the fifth leading cause of death nationwide. The 2005 national mortality rate was 39.1 (56).
- The Healthy People 2010 goal is to reduce deaths due to unintentional injuries to no more than 17.5 per 100,000, which is 42% lower than the current rate in Stokes County (57).

Table 77. Unintentional Non-Motor Vehicle Injury Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	73	32.5	46	48.5	24	17.8	1	19.7	2	25.4
State Total	11,320	n/a	5,467	n/a	3,844	n/a	1,304	n/a	705	n/a
NC County Avg.	55	27.0	55	37.2	38	20.4	13	32.4	7	13.8
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

Since 1999, the Stokes County non-motor vehicle injury mortality rate has increased overall and remained above the state rate, which also has increased (Figure 32, following page).

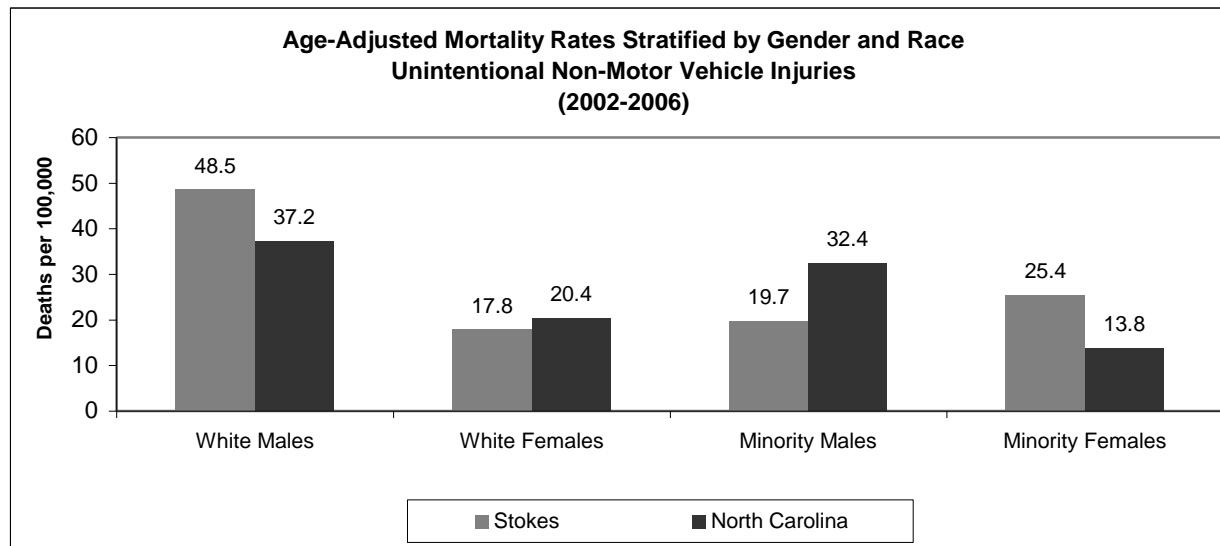
Figure 32.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Unintentional Non-Motor Vehicle Injury Mortality

Figure 33 (following page) charts the data from Table 77 (cited previously). Unintentional Non-Motor Vehicle Injury Mortality rate comparisons within Stokes County show that the mortality rates for white males is almost three times the rate for white females. Statewide the comparable difference is a factor of 1.8.

In Stokes County the number of deaths due to unintentional non-motor vehicle injuries among minority males ($n=1$) and minority females ($n=2$) are below the threshold for meaningful rate comparison. Statewide, the rate for minority males exceeds the rate for minority females by 2.3 times. At the state level, the non-motor vehicle injury death rate for white males exceeds the rate for minority males, and the rate for white females exceeds the rate for minority females.

Figure 33.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Unintentional Motor Vehicle Injury

The NC-SCHS distinguishes unintentional motor vehicle injuries from all other injuries when calculating mortality rates and ranking leading causes of death. Injury mortality attributable to motor vehicle accidents is the sixth leading cause of death in Stokes County (Table 65, cited previously).

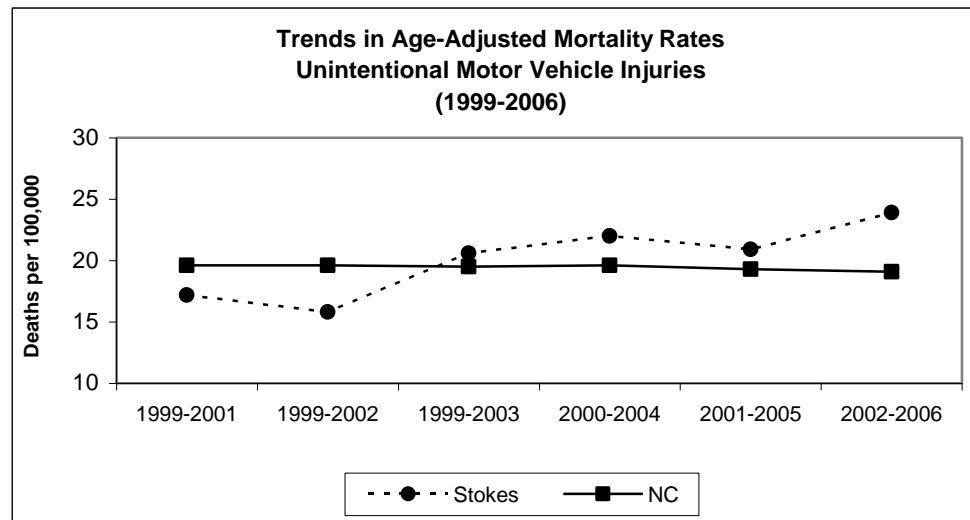
Unintentional Motor Vehicle Injury Mortality

- Between 2002 and 2006, there were 54 deaths due to motor vehicle injuries in Stokes County. The mortality rate associated with these deaths was 23.9 per 100,000, which was 25% higher than the corresponding state rate (Table 78).
- Stokes County has not met the goal for motor vehicle injury set by the Healthy Carolinians 2010 of 15.8 per 100,000 (55) or the goal set by The Healthy People 2010 of 17.7 per 100,000 (57).
- In 2005, the United States the mortality rate for motor vehicle crashes was 15.2 (56), a rate Stokes County exceeds by 57%.

Table 78. Unintentional Motor Vehicle Injury Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	54	23.9	39	39.5	13	11.5	2	34.1	0	0.0
State Total	8,248	n/a	4,241	n/a	1,990	n/a	1,438	n/a	579	n/a
NC County Avg.	82	19.1	42	26.6	20	12.0	14	29.7	6	10.3
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

The motor vehicle injury mortality rate in Stokes County increased overall between 1999 and 2006 while the state rate decreased slightly over the same period. The local rate exceeded the state rate for the entire period cited (Figure 34, following page).

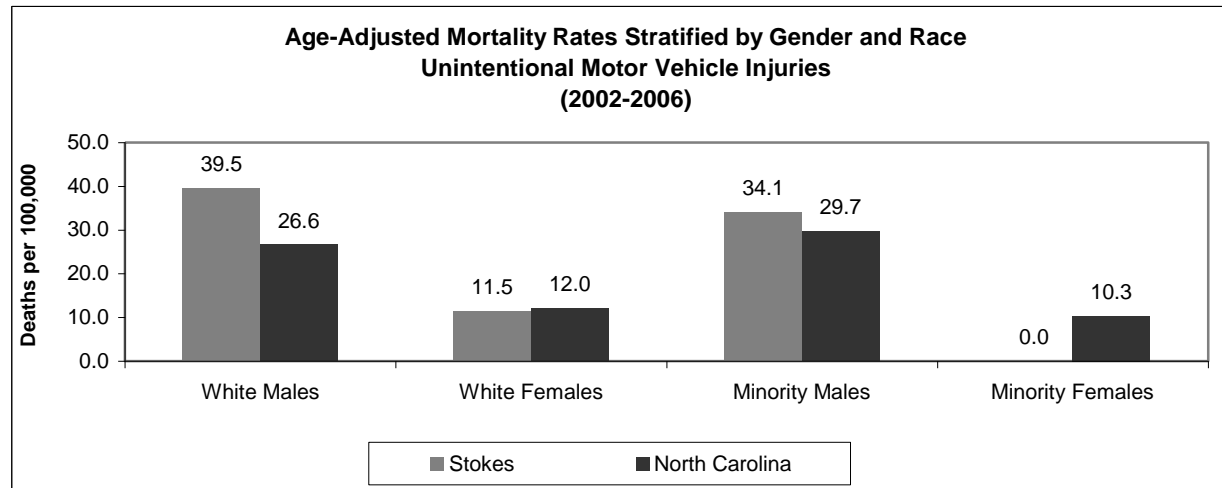
Figure 34.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Unintentional Motor Vehicle Injury Mortality

Figure 35 (following page) charts the data presented previously in Table 78. In Stokes County the motor vehicle injury mortality rate for white males was three times the rate for white females; statewide the difference is a factor of 2.2 times. The numbers of motor vehicle injury deaths among Stokes County minority males ($n=2$) and minority females ($n=0$) were below the threshold for meaningful rate comparisons. Statewide, the motor vehicle injury mortality rate for minority males is 12% higher than the rate for white males, and almost three times the rate for minority females.

Figure 35.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

According to the North Carolina Highway Research Center, in 2006 there were 884 motor vehicle crashes in Stokes County, resulting in 413 nonfatal injuries and nine fatalities (Table 79).

Table 79. Motor Vehicle Injuries, 2006

	Crashes			Number of Injuries				Alcohol Related Injuries			DWI Charges		
	Total Number	Number Alcohol Related	Percent Total Alcohol Related Crashes	Non-Fatal	Fatal	Alcohol Related Non-Fatal	Alcohol Related Fatal	Percent Total Injuries	Percent Non-Fatal Injuries	Percent Fatal Injuries	No. DWI Charges	No. DWI Convictions	% DWI Convictions
Stokes	884	69	7.8	413	9	46	1	11.1	11.1	11.1	285	222	78.0
State Total	214,546	11,248	n/a	119,997	1,559	8,755	379	n/a	n/a	n/a	60,034	38,611	64.0
NC County Avg.	2,145	112	5.2	1,200	16	88	4	7.5	7.3	24.3	600	386	0.6

Source:

Highway Safety Research Center, NC Alcohol Facts, <http://www.hsrc.unc.edu/ncaf>

Note: Driving While Impaired (DWI) Convictions include DWI Level 1-5 and DWI Commercial Vehicle

Frequently, motor vehicle crashes are associated with alcohol consumption. In 2006, 7.8% of Stokes County motor vehicle crash were associated with alcohol, a figure higher than the state average of 5.2% (Table 79). Alcohol was involved in 11.1% of all *nonfatal* motor vehicle accidents in the county, and 11.1% of the *fatal* accidents. In the state as a whole, 7.3% of all *nonfatal* motor vehicle accidents and 24.3% of all *fatal* motor vehicle accidents were alcohol-related.

Motor Vehicle Injury Fatalities among Children

According to data catalogued by the Annie E. Casey Foundation Kids Count Program there were seven motor vehicle fatalities in Stokes County among children from ages 0 to 17 in 2004, the most recent year for which data were reported (60).

Pneumonia and Influenza

Pneumonia and influenza are diseases of the lungs. **Pneumonia** is an inflammation of the lungs caused by either bacteria or viruses. **Bacterial pneumonia** is the most common and serious form of pneumonia, and among individuals with suppressed immune systems it may follow influenza or the common cold. **Influenza** (the “flu”) is a contagious infection of the throat, mouth and lungs caused by an airborne virus (53).

Pneumonia/influenza was the seventh leading cause of death in Stokes County in the period 2002-2006 (Table 65, cited previously), and hospital charges in 2006 totaled over \$3 million for Stokes County pneumonia/influenza patients (54).

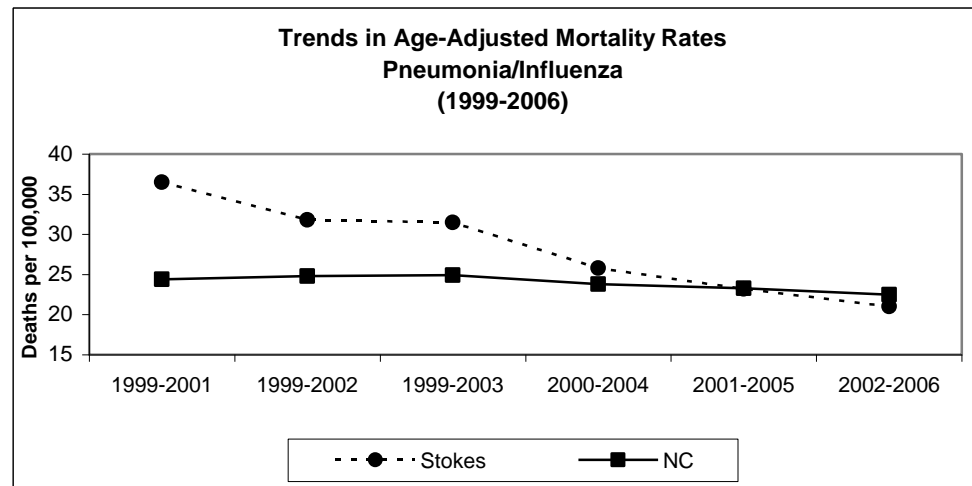
Pneumonia and Influenza Mortality

In the 2002-2006 reporting period, the overall pneumonia/influenza mortality rate in Stokes County, 21.0, was 7% lower than the rate in the state as a whole (Table 80). The deaths of 46 county residents were attributable to this cause over the period cited.

Table 80. Pneumonia/Influenza Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	46	21.0	18	25.9	23	16.2	3	53.0	2	26.1
State Total	9,087	n/a	3,152	n/a	4,383	n/a	725	n/a	827	n/a
NC County Avg.	91	22.5	32	26.3	44	20.6	7	27.5	8	17.2
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

The statewide mortality rate for pneumonia/influenza remained stable between 1999 and 2006. The county rate, which historically significantly exceeded the state rate, recently has decreased to slightly below the state rate (Figure 36, following page).

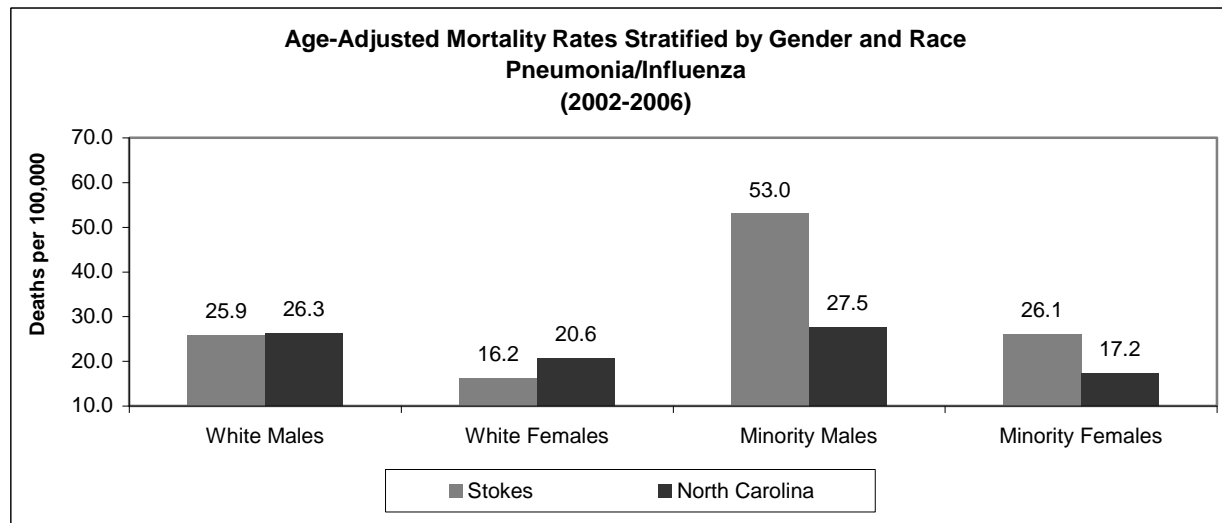
Figure 36.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Pneumonia/Influenza Mortality

Figure 37 (following page) charts the data on sex-age stratified aggregate age-adjusted mortality rates due to pneumonia/influenza for the period 2002-2006. The number of pneumonia/influenza deaths among Stokes County minority males (n=3) and minority females (n=2) are below the threshold for meaningful rate comparison.

The rate of pneumonia/influenza deaths among white males in Stokes County was 60% higher than the rate for white females; the comparable difference statewide is 28%.

Figure 37.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

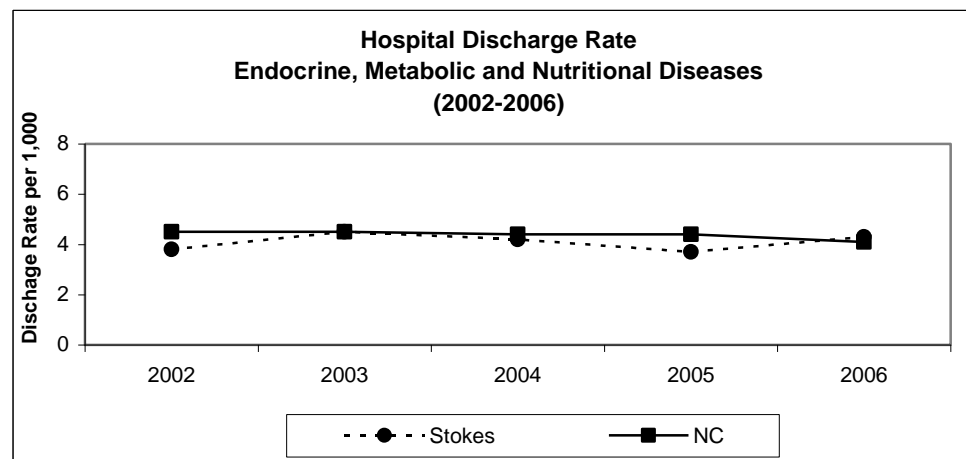
Diabetes

Diabetes is a disorder of the metabolic system resulting from a shortage of insulin, a hormone that allows sugar to enter body cells and convert into energy. If diabetes is uncontrolled, sugar and fats remain in the blood, over time damaging vital organs (53). Diabetes was the eighth leading cause of death in Stokes County in 2002-2006, accounting for 45 deaths (Table 65, cited previously) and causing over \$1,600,000 in hospital charges in 2006 (54).

Diabetes Incidence

Incidence data for diabetes is not routinely available, so it is necessary to estimate incidence by other means, such as hospital discharge rates. It should be noted that hospital discharge information tends to *underestimate* the true extent of a disease in the population because it does not include people being treated for the disease who do *not* require hospitalization. In 2006 in Stokes County, the hospital discharge rate for endocrine, metabolic and nutritional diseases (including diabetes) was 4.3 discharges per 1,000, which was 5% higher than the state rate of 4.1. The county discharge rate fluctuated only slightly between 2002 and 2006 (Figure 38).

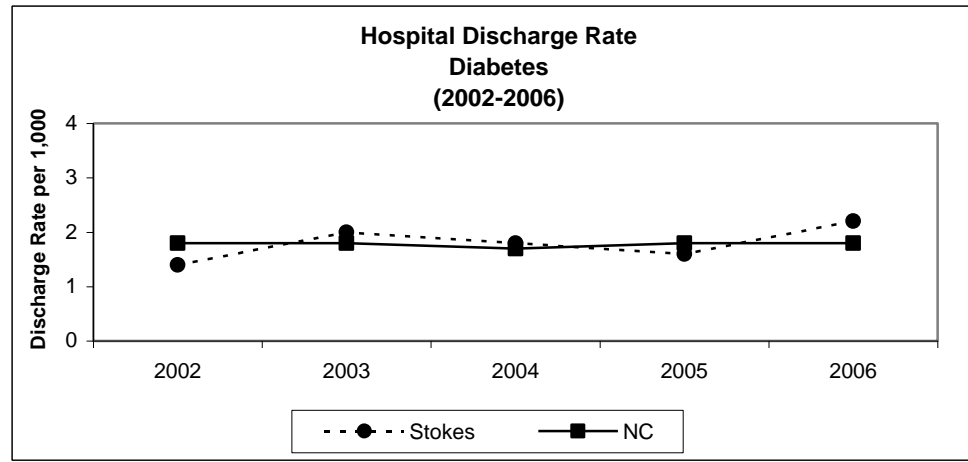
Figure 38.



NC State Center for Health Statistics, Health Data. County-level Data, County Health Data Books, 2002-2007, Morbidity. Inpatient Hospital Utilization and Charges by Principal Diagnosis, and County of Residence, <http://www.schs.state.nc.us/SCHS/data/databook/>

In 2006, the county discharge rate associated with *diabetes alone* was 2.2 per 1,000. Comparing Figure 39 with 40, it is apparent that at least one-half of the hospital discharges for endocrine diseases have been related to a diagnosis of diabetes. Note also that the county discharge rate increased in 2006 (Figure 39).

Figure 39.



NC State Center for Health Statistics, Health Data. County-level Data, County Health Data Books, 2002-2007, Morbidity. Inpatient Hospital Utilization and Charges by Principal Diagnosis, and County of Residence, <http://www.schs.state.nc.us/SCHS/data/databook/>

The Healthy People 2010 diabetes incidence target is no more than 5.4 *hospitalizations per 10,000* (57), a population base 10 times larger than the base customarily used in North Carolina. Converted to the national base, the current rate in Stokes County would be 22 rather than 2.2; more than four times greater than the Healthy People 2010 goal.

Diabetes Mortality

- Between 2002 and 2006, 45 deaths in Stokes County were attributed to diabetes, computing to a mortality rate of 19.0 per 100,000. This rate is 43% below the state rate (Table 81).
- The current Healthy Carolinians goal for diabetes related mortality is 67.4 per 100,000 (59); the Stokes County diabetes mortality rate is presently 72% lower than this goal (55). The Healthy People 2010 target for deaths due to diabetes is 45.0 per 100,000 (57); the rate in Stokes County currently meets these targets.

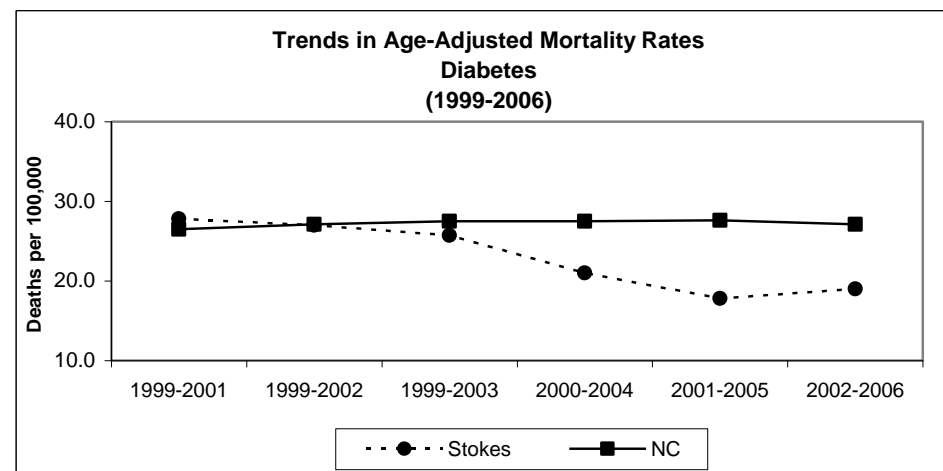
Table 81. Diabetes Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	45	19.0	18	20.7	25	18.6	2	46.6	0	0.0
State Total	11,323	n/a	3,586	n/a	3,662	n/a	1,691	n/a	2,384	n/a
NC County Avg.	113	27.1	36	25.2	37	18.3	17	54.4	24	50.7

Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

The Stokes County diabetes mortality rate has decreased overall, while the state rate has been relatively constant (Figure 40).

Figure 40.



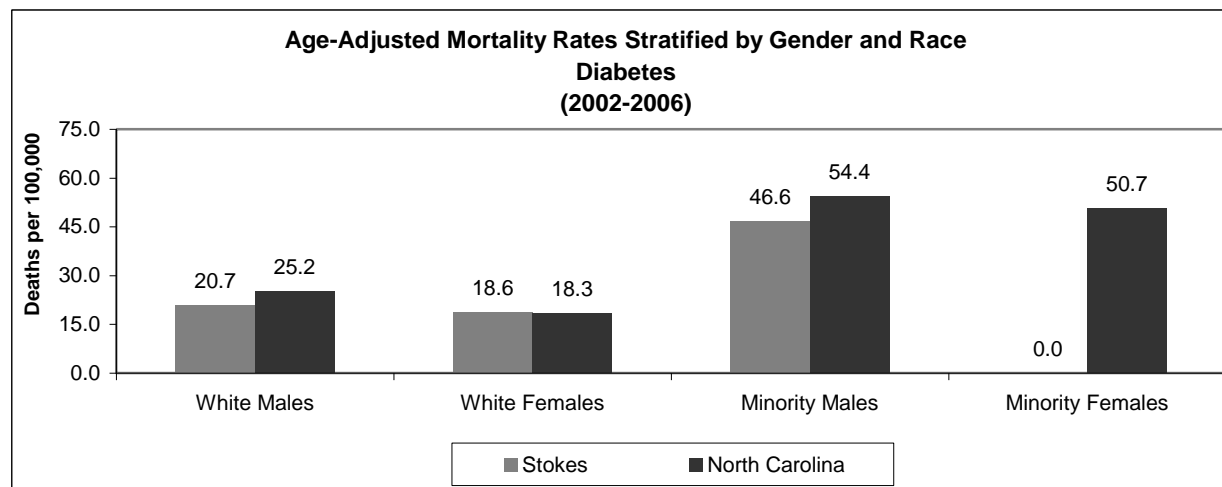
Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Diabetes Mortality

Figure 41 graphs the 2002-2006 age-adjusted mortality rates for diabetes that were presented in Table 81. In Stokes County, the number of diabetes deaths among minority males (n=2) and minority females (n=0) are below the threshold for meaningful rate comparison. The diabetes mortality rate for white males was 11% higher than the comparable rate for white females.

Statewide, there is a significant racial disparity in diabetes mortality. The mortality rates for minorities are more than twice the comparable rates for whites.

Figure 41.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Diabetes Risk Factors (53)

- Older age
- Obesity
- Family history of diabetes
- Prior history of gestational diabetes
- Impaired glucose tolerance
- Physical Inactivity

Alzheimer's Disease

Alzheimer's disease is a progressive neurodegenerative disease affecting mental abilities including memory, cognition and language. Alzheimer's disease is characterized by memory loss and dementia. The risk of developing Alzheimer's disease increases with age (e.g., almost half of those 85 years and older suffer from Alzheimer's disease). Early-onset Alzheimer's has been shown to be genetic in origin, but a relationship between genetics and the late-onset form of the disease has not been demonstrated. No other definitive causes have been identified (53).

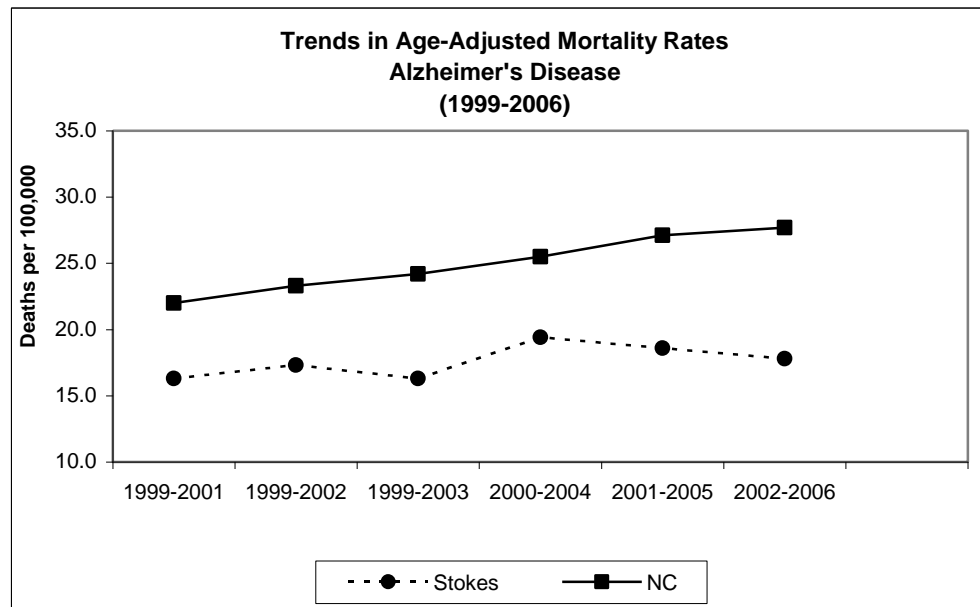
Alzheimer's Disease Mortality

Alzheimer's disease data has been recorded only in recent years, so extensive trend data is not yet available. According to data aggregated between 2002 and 2006, there were 38 deaths attributable to Alzheimer's disease in Stokes County where it was the ninth leading cause of death (Table 65, cited previously). The mortality rate in Stokes County (17.8) was 36% lower than that in the comparable state rate (27.7) (Table 82).

Table 82. Alzheimer's Disease Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	38	17.8	10	14.5	28	20.3	0	0.0	0	0.0
State Total	10,959	n/a	2,579	n/a	6,907	n/a	362	n/a	1,111	n/a
NC County Avg.	110	27.7	26	23.0	69	31.8	4	17.0	11	23.5
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

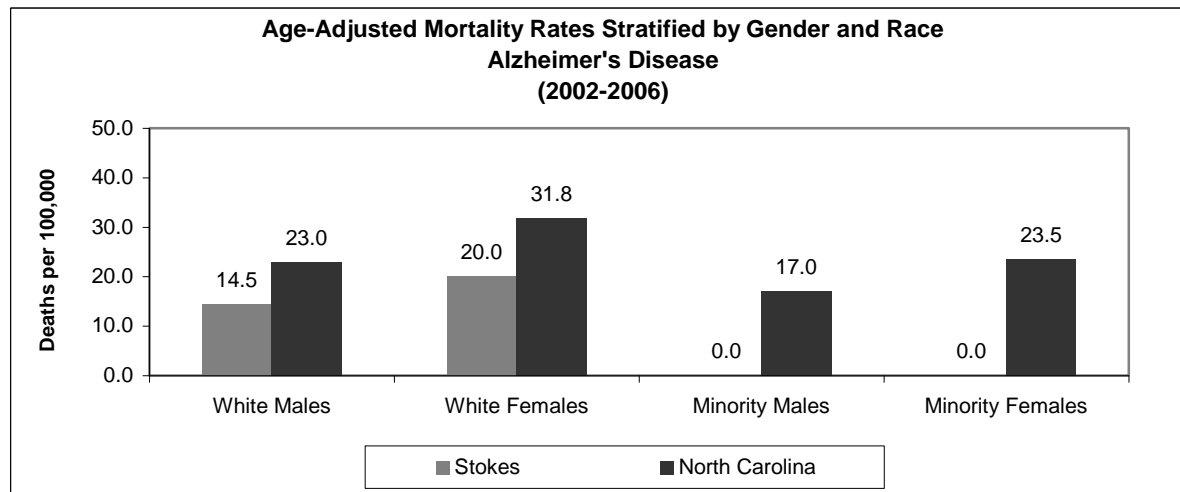
Since 1999, the Stokes County Alzheimer's disease mortality rate has fluctuated, but has increased overall, while the state rate has increased steadily (Figure 42, following page).

Figure 42.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Alzheimer's Disease Mortality

The Alzheimer's disease mortality rate in the state in all gender and racial categories is above the comparable rate for Stokes County. The mortality rate for the county's white females is 38% higher than for white males. There were no Alzheimer's disease-attributable deaths reported for minority males or females (Figure 43, following page).

Figure 43.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Septicemia

Septicemia is a rapidly progressing infection resulting from the presence of bacteria in the blood. The disease often arises from other infections throughout the body, such as meningitis, burns and wound infections. Septicemia can lead to septic shock wherein low blood pressure and low blood flow cause organ failure (53).

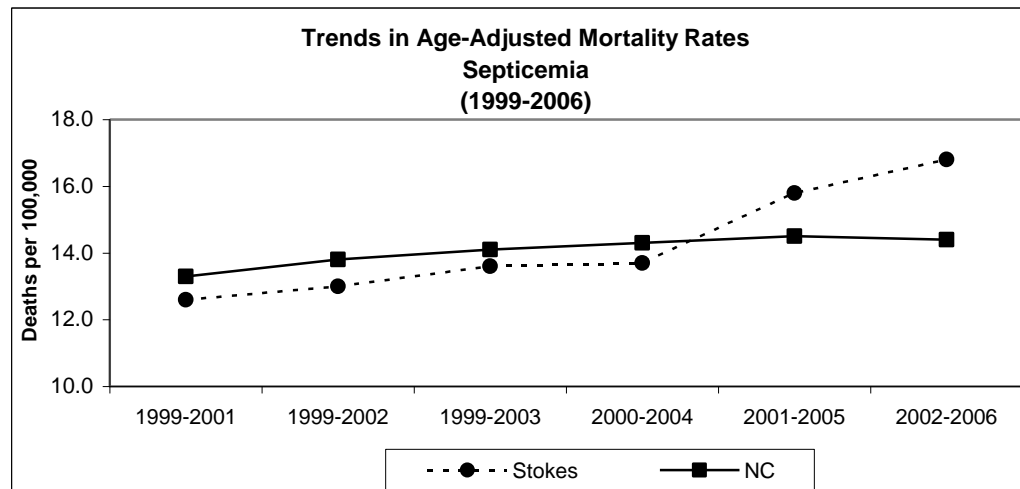
Septicemia was the tenth leading cause of death in Stokes County for the period from 2002 through 2006, accounting for 38 deaths (Table 65, cited previously). Hospital charges associated with this treatment totaled over \$2.7 million for county residents in 2006. Septicemia is not as well known a health condition as heart disease, for example, but it costs even more to treat. In 2005, the per-case hospital charge associated with heart disease in Stokes County averaged \$23,914; the comparable cost for a septicemia case was \$43,454 (54).

The 2002-2006 mortality rate attributed to septicemia in Stokes County was 16.8 per 100,000, a rate 17% higher than the rate for the state as a whole (Table 83).

Table 83. Septicemia Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	38	16.8	11	17.1	23	17.6	3	49.9	1	12.5
State Total	5,944	n/a	1,823	n/a	2,421	n/a	735	n/a	965	n/a
NC County Avg.	59	14.4	18	13.7	24	11.9	7	25.4	10	20.1
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

Since 1999, the septicemia mortality rates for the county and state all have risen overall, with Stokes County showing a steeper rate of increase. The county rate has been above the state rate since the 2001-2005 reporting period (Figure 44, following page).

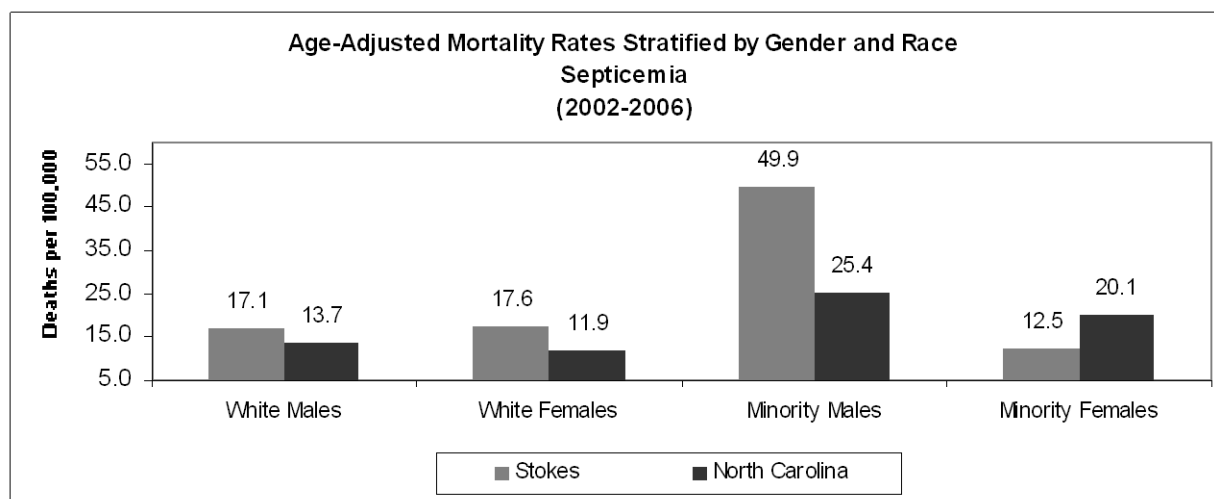
Figure 44.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years, <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>)

Gender and Racial Disparities in Septicemia Mortality

Figure 45 (following page) charts race-sex specific age-adjusted mortality rates for septicemia. The numbers of septicemia deaths in Stokes County among minority males (n=3) and minority females (n=1) is below the threshold for meaningful rate comparison.

The Stokes County septicemia mortality rates for white males and white females are almost identical. Statewide the rate for white males is 15% higher than the rate for white females, and the rate for minority males is 26% higher than the rate for minority females. Statewide the septicemia mortality rates for minorities are approximately double the rates for whites.

Figure 45.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Suicide

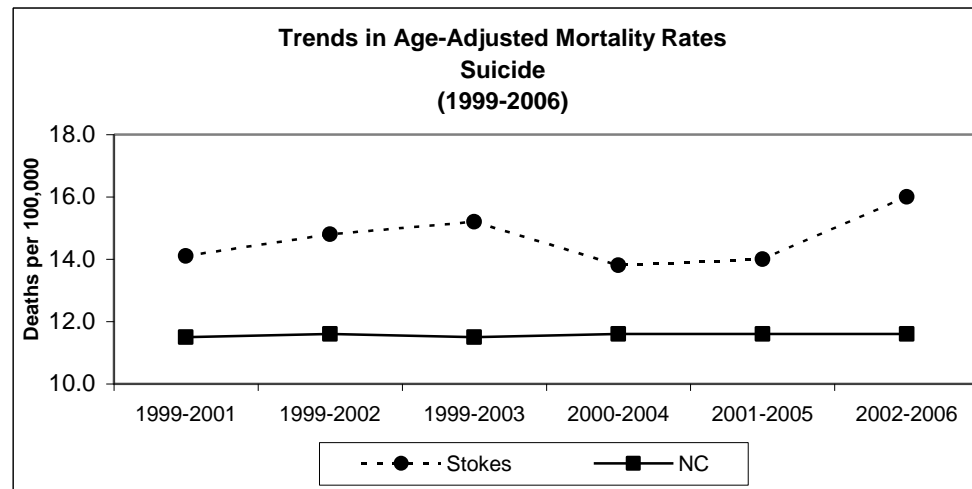
Between 2002 and 2006, there were 38 deaths due to suicide in Stokes County, making it the eleventh leading cause of death in the county (Table 65, cited previously).

- For 2002 through 2006, the suicide mortality rate in Stokes County was 16.0 per 100,000, 38% above the state rate.
- The Healthy Carolinian's goal for suicide is 8.0 per 100,000, the current rate in Stokes County is double that goal (55).
- The Healthy People 2010 goal for suicide is 5.0 deaths per 100,000. The current Stokes County suicide rate is more than three times this rate (57)

Table 84. Suicide Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	38	16.0	29	26.7	9	7.3	0	0.0	0	0.0
State Total	5,027	n/a	3,469	n/a	988	n/a	460	n/a	110	n/a
NC County Avg.	50	11.6	35	21.7	10	5.9	5	9.3	1	2.0
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

Suicide mortality rates in the state have remained stable since 1999. The county rate has been continuously above the state rate since then, and showed an increase recently (Figure 46, following page).

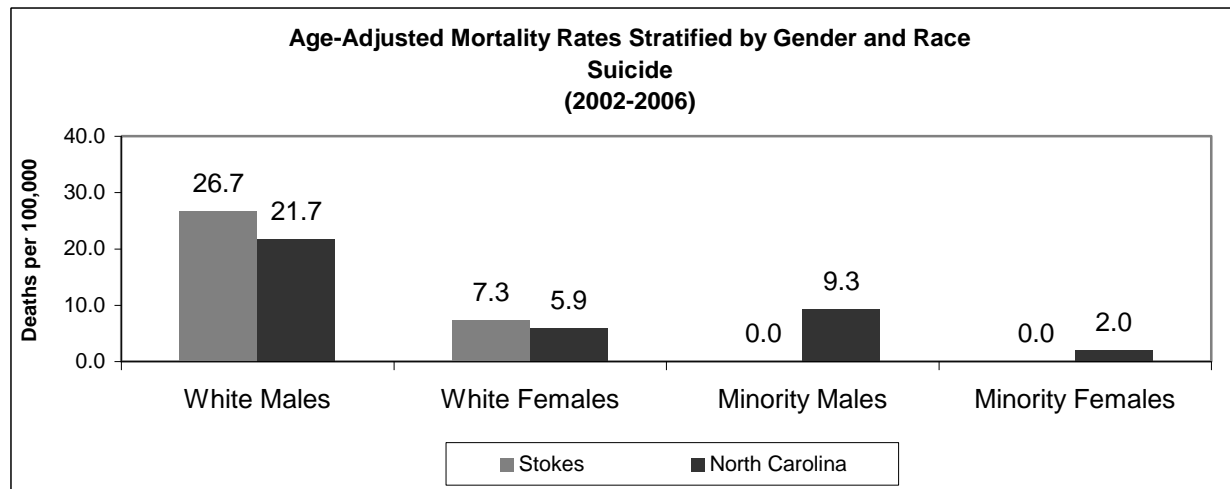
Figure 46.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years, <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>)

Gender and Racial Disparities in Suicide Mortality

The numbers of suicide related deaths among minorities in Stokes County were below the threshold for meaningful mortality rate comparisons between race and gender groups at the county level.

For whites at both the state and county level, the suicide mortality rate among males was more than three times the rate for females. Statewide the minority male suicide rate is more than four times the rate for minority females (Figure 47, following page).

Figure 47.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Nephritis, Nephrosis and Nephrotic Syndrome

Nephritis, **nephrosis**, and **nephrotic syndrome** are renal (kidney) diseases. **Nephritis** is any inflammation of the kidneys, while **nephrotic syndrome** (also known as nephrosis) is a kidney disease resulting from damage to the blood vessels that filter waste from the blood. These conditions can result from infections, drug exposure, malignancy, hereditary disorders, immune disorders, or diseases that affect multiple body systems (e.g., diabetes and lupus) (53). This complex of kidney disorders represented the twelfth leading cause of death in Stokes County for the period from 2002 to 2006 (Table 65, cited previously), and cost county residents \$1,351,440 in hospital charges in 2006 (54).

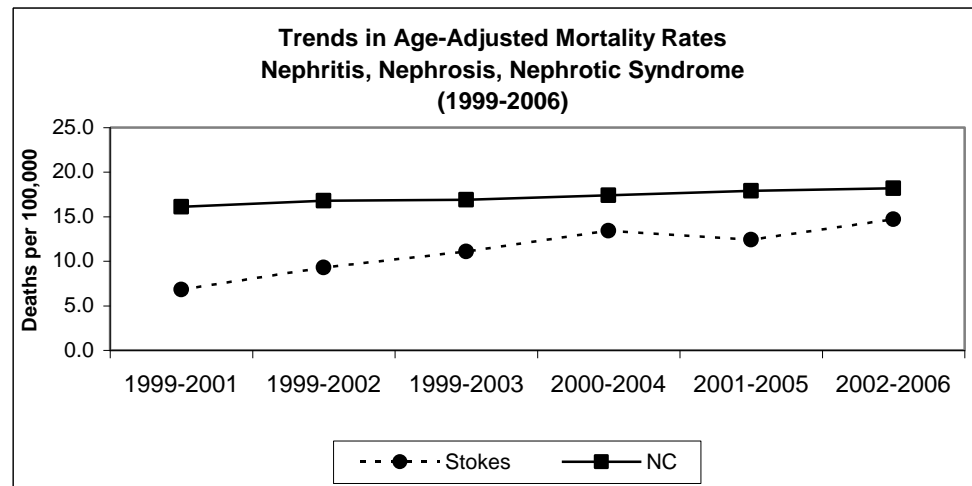
Kidney Disease Mortality

From 2002 through 2006 33 deaths in Stokes County were attributed to kidney diseases, yielding a mortality rate for the period of 14.7 per 100,000 (Table 85), 19% lower than the rate for the state as a whole.

Table 85. Nephritis, Nephrosis and Nephrotic Syndrome Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	33	14.7	9	11.0	18	13.2	2	29.8	4	51.5
State Total	7,465	n/a	2,312	n/a	2,581	n/a	1,084	n/a	1,488	n/a
NC County Avg.	75	18.2	23	18.1	26	12.5	11	37.7	15	31.6
Source:	NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/									

Figure 48 (following page) shows that the North Carolina kidney disease mortality rate has shown little change since 1999. However, the comparable rate for Stokes County has increased steadily and doubled overall from 6.8 in the 1999-2001 reporting period to 14.7 in the 2002-2006 reporting period.

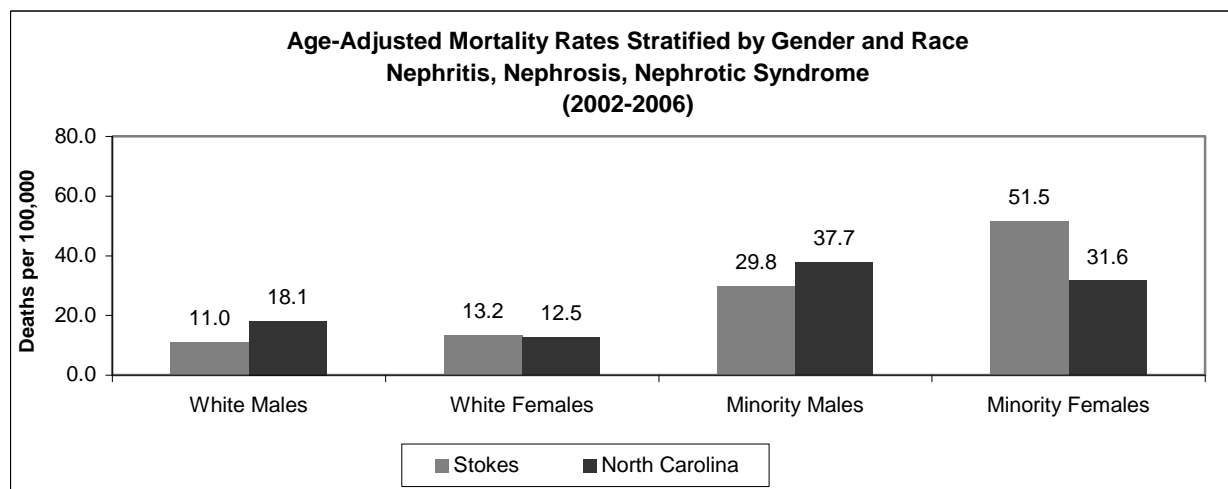
Figure 48.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Kidney Disease Mortality

Figure 49 (following page) shows race-sex specific age-adjusted rates for nephritis, nephrosis, and nephrotic syndrome. The number of kidney disease deaths among Stokes County minority males (n=2) and minority females (n=4) are below the threshold for meaningful rate comparison.

In Stokes County the kidney disease mortality rate for white females was 20% higher than the rate for white males. Statewide, the reverse is true: the rate for white males is 45% higher than the rate for white females. Statewide, minorities bear a much larger burden of death due to kidney disease than whites do.

Figure 49.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Chronic Liver Disease and Cirrhosis

Chronic liver disease is marked by the gradual destruction of liver tissue over time. **Cirrhosis** is a group of chronic liver diseases in which normal liver cells are damaged and replaced by scar tissue, progressively diminishing blood flow through the liver. Risk factors for chronic liver disease include: exposure to hepatitis and other viruses; use of certain drugs; alcohol abuse; chemical exposure; autoimmune diseases; diabetes; malnutrition; and hereditary diseases (53).

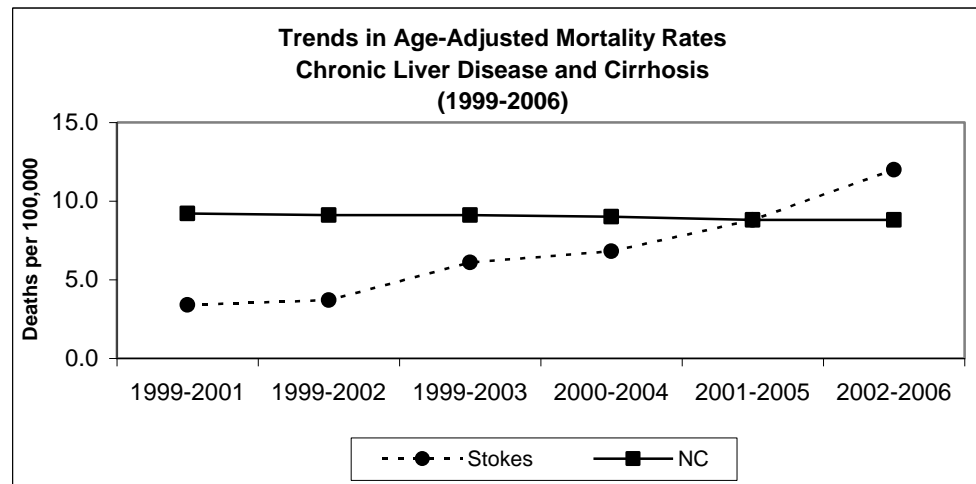
Chronic Liver Disease Mortality

Between 2002 and 2006, 29 people died of chronic liver disease/cirrhosis in Stokes County, making it the thirteenth leading cause of death (Table 65, cited previously). The corresponding mortality rate, 12.0 per 100,000, was 36% higher than the statewide mortality rate (Table 86).

Table 86. Chronic Liver Disease and Cirrhosis Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	29	12.0	19	18.7	8	6.2	1	17.7	1	12.6
State Total	3,841	n/a	1,995	n/a	1,088	n/a	517	n/a	241	n/a
NC County Avg.	38	8.8	20	12.4	11	5.8	5	12.4	2	4.7
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

Figure 50 (following page) shows that the North Carolina mortality rate for liver disease has shown little change over time. However, the comparable rate for Stokes County has more than triples over the period cited, from 3.4 in the 1999-2001 reporting period to 12.0 in the 2002-2006 reporting period.

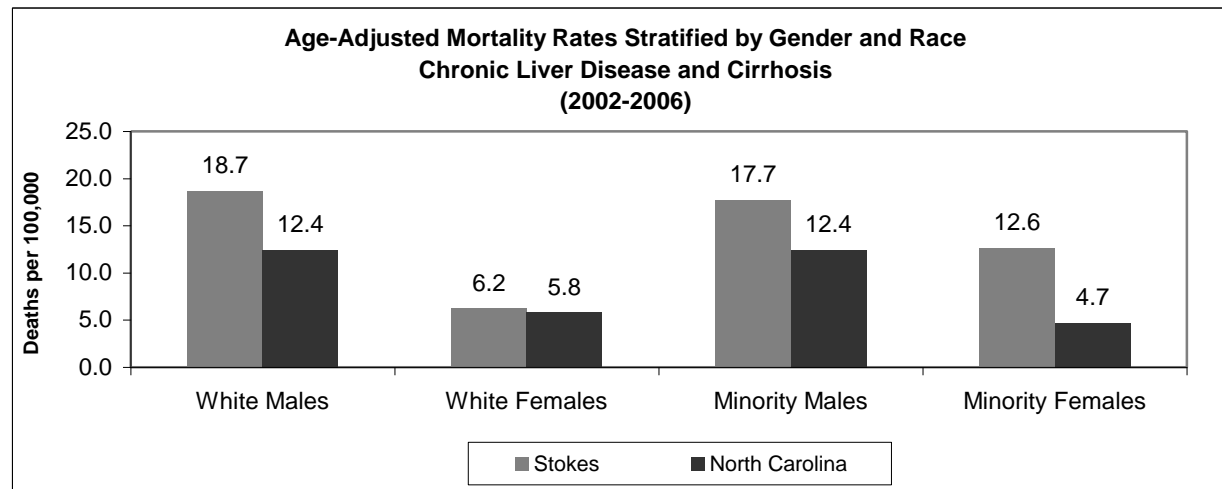
Figure 50.

Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Chronic Liver Disease Mortality

The Stokes County chronic liver disease/cirrhosis mortality rates for both white males and white females were higher than the comparable state rates (Figure 51, following page). The number of liver disease deaths among Stokes County minority males (n=1) and minority females (n=1) were too low for meaningful rate comparison.

The chronic liver disease mortality rate for white males in Stokes County was more than three times the rate for white females. Statewide the liver disease mortality rates for white and minority males are identical, and the rate for white females is 23% higher than the rate for minority females.

Figure 51.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

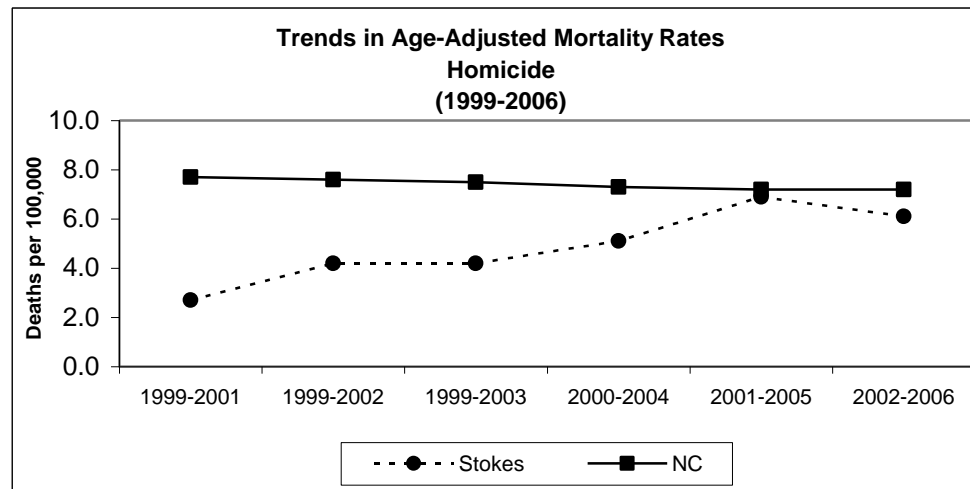
Homicide

- Homicide was the fourteenth leading cause of death in Stokes County for the period 2002-2006 (Table 65, cited previously) accounting for 14 deaths, and a mortality rate of 6.1 per 100,000. The county homicide rate for the period was 18% lower than the state rate (Table 87).
- Nationally, the 2005 mortality rate due to homicide is 6.1 per 100,000, equal to the current county rate (56).
- The Healthy Carolinians 2010 homicide rate goal is 5.0 per 100,000. Stokes County currently exceeds this goal by 22% (55).
- The Healthy People 2010 goal is to reduce the overall homicide rate to no more than 3.0 deaths per 100,000. Stokes County exceeds this goal by 100% (57).

Table 87. Homicide Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	14	6.1	7	6.5	4	3.5	3	58.8	0	0.0
State Total	3,107	n/a	981	n/a	408	n/a	1,404	n/a	314	n/a
NC County Avg.	31	7.2	10	6.0	4	2.5	14	26.0	3	5.4
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

Figure 52 (following page) shows that the North Carolina homicide rate has decreased slightly since 1999. However, the comparable rate for Stokes County more than doubled over the same period, increasing from 2.7 in 1999-2001 to 6.1 in 2002-2006.

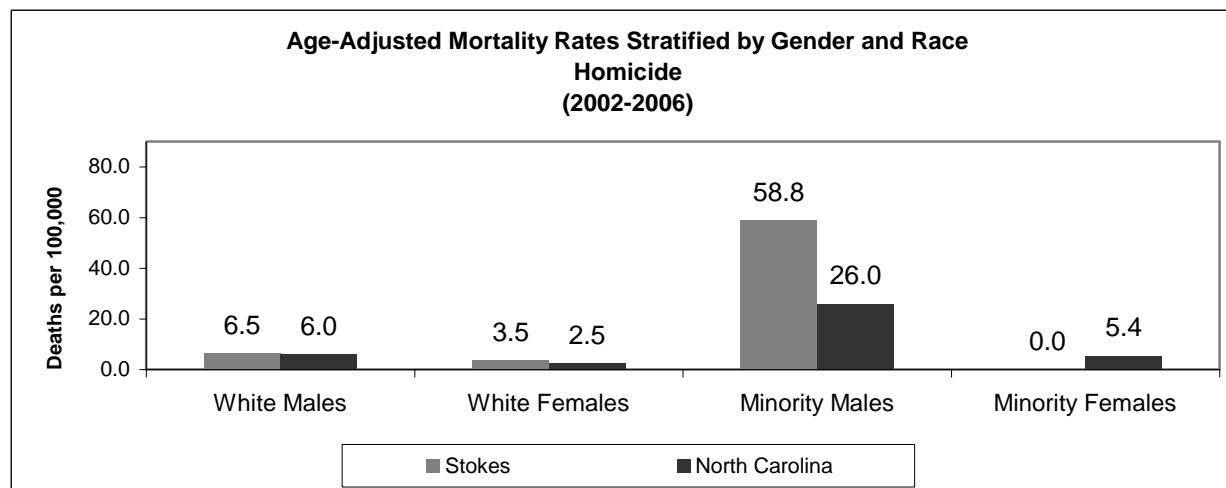
Figure 52.

Source: NC Center for Health Statistics, North Carolina Vital Statisticians, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in Homicide Mortality

Figure 53 (following page) plots race-sex specific age-adjusted rates for homicide. Homicide is a fairly rare occurrence in Stokes County. The number of homicide deaths in the county among white females (n=4), minority males (n=3) and minority females (n=3) are all below the threshold for meaningful rate comparison.

Statewide, by far the largest proportion of homicide deaths occurs among minority males.

Figure 53.

Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Communicable Disease

A **communicable disease** is transmitted through direct contact with an infected individual or indirectly through a vector (61). (Food-, water- and vector-borne communicable diseases are discussed in Volume II, Environmental Data, of this assessment.) The topic of communicable diseases includes sexually transmitted diseases (STD). HIV/AIDS, the fifteenth leading cause of death in Stokes County, is included in the section on sexually transmitted diseases, although other routes of transmission are possible.

Reportable Communicable Diseases

Health professionals are required to report cases of certain communicable diseases to the North Carolina Department of Health and Human Services through their local health department. Tables 88 and 89 present Stokes County and North Carolina average data for several important infectious diseases subject to this requirement.

In 2005, the incidence rates for communicable diseases remained very low in Stokes County. The only incidence of a reportable disease was one case of Q Fever (Table 88)

Table 88. Communicable Disease Incidence (2005)

County	Hepatitis A	Hepatitis B	Hepatitis C	TB	Whooping Cough	H Flu	Measles	Men DIS	Men Pneu	Mumps	Rubella	Strep A	VRE	Q Fever
Stokes	0	0	0	0	0	0	0	0	0	0	0	0	0	1
State Total	84	1,016	21	329	127	74	0	32	32	13	0	124	12	6

Source: Epidemiology: Communicable Disease Control, <http://www.epi.state.nc.us/epi/gcdc/pdf/CDbyDiseasebyYear2000-2005.pdf>

TB, Tuberculosis

H Flu, Haemophilus Influenzae, is an infection of the membranes covering the brain and spinal cord (meninges) caused by H. Influenzae bacteria.

Men Dis, Meningococcal Invasive Disease, is an infection of the tissue which covers the brain caused by the bacterium Neisseria meningitidis.

Men Pneu, Pneumococcal Meningitis, is an inflammation or infection of the membranes covering the brain and spinal cord caused by Streptococcus pneumoniae.

Strep A, Group A Streptococcus, is a bacterium found in the throat and on the skin. Most GAS infections are mild illnesses such as "strep throat".

Q Fever is a disease caused by infection with Coxiella burnetii, a bacterium that affects both humans and animals.

VRE, Vancomycin Resistant Enterococcus, are bacteria that are naturally present in the intestinal tract. Vancomycin is an antibiotic to which some strains of enterococci have become resistant.

Sexually Transmitted Infections

Table 89 presents incidence rates for the most prevalent sexually transmitted infections (STIs) in Stokes County in the period from 2002 through 2006. The county rates in all categories were well below the comparable state rates.

**Table 89. Sexually Transmitted Infection Incidence, Cases per 100,000
2002-2006**

County	Gonorrhea				Primary & Secondary Syphilis			
	Total Cases		Minority Cases		Total Cases		Minority Cases	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	52	22.7	23	190.9	2	0.9	0	0.0
State Total	77,948	n/a	63,449	n/a	1,195	n/a	825	n/a
NC County Avg.	779	182.0	634	585.0	12	2.8	8	7.6
Source:	NC State Center for Health Statistics, 2008 County Health Databook, http://www.schs.state.nc.us/SCHS/healthstats/databook/							

The status of the four main specific individual STIs in Stokes County are discussed on the following pages.

Gonorrhea

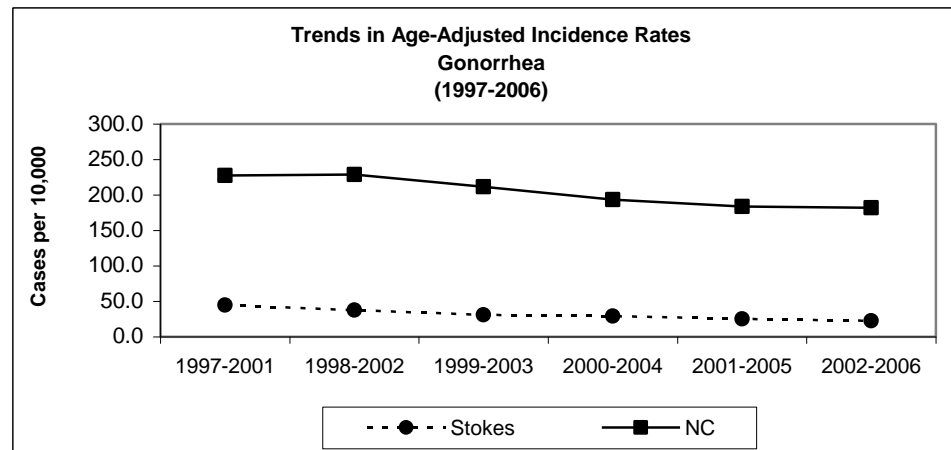
According to Table 89, the 2002-2006 Stokes County incidence rate for gonorrhea (22.7) was almost 88% lower than the state rate. The Healthy Carolinians 2010 goal for gonorrhea is 191 cases per 100,000 (55). Stokes County currently meets this goal.

The Healthy People 2010 target is approximately 19 cases per 100,000 (57); Stokes County does not meet this goal.

The minority population in Stokes County and statewide is disproportionately burdened by gonorrhea. The 2002-2006 incidence rate for gonorrhea among minority Stokes County residents was more than eight times that of the overall gonorrhea incidence rate in the county. Likewise, at the state level the gonorrhea incidence rate among minorities was over three times the overall rate.

Figure 54 shows recent trend data for gonorrhea, indicating that since 1997 the incidence of gonorrhea has decreased slightly overall in both Stokes County and in North Carolina.

Figure 54.



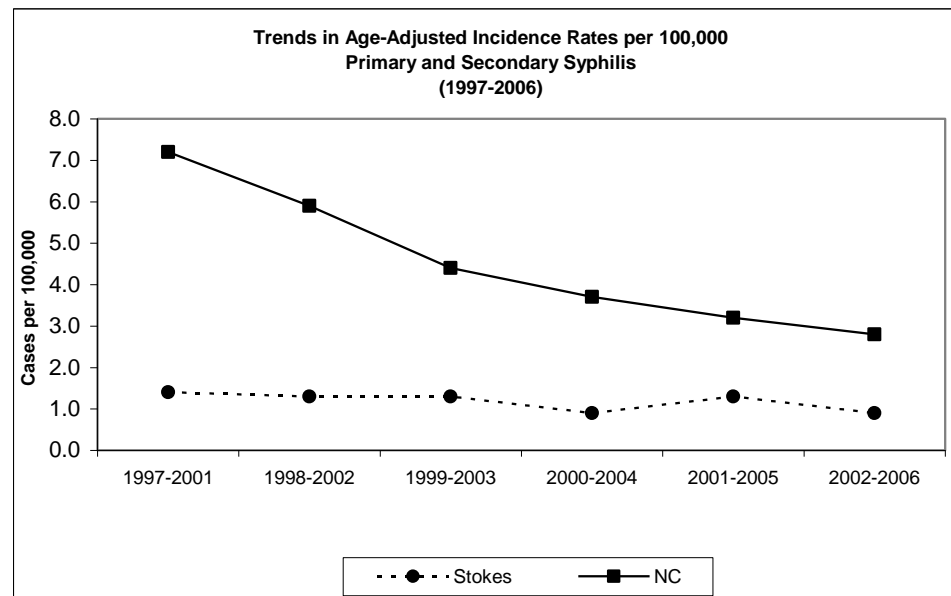
NC State Center for Health Statistics, County-level Data, County Health Data Books, 2002-2008
County Health Data Books, Morbidity, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Syphilis

Primary and secondary syphilis are the communicable stages of the disease and as such are the cases reported. Two new cases of syphilis were reported in Stokes County for the period 2002-2006, for a local overall incidence rate of 0.9% per 100,000. Statewide, the incidence rate was 2.8 cases per 100,000 (Table 89, cited previously). Although the number of syphilis cases in Stokes County is small, the calculated syphilis rate is above both the Healthy Carolinians goal of approximately 0.3 cases per 100,000 (55) and the Healthy People 2010 target of 0.2 cases per 100,000 (57).

Aggregate data show that the syphilis incidence rates in Stokes County have fluctuated only slightly, while the state rates have fallen continuously since 1997 (Figure 55).

Figure 55.



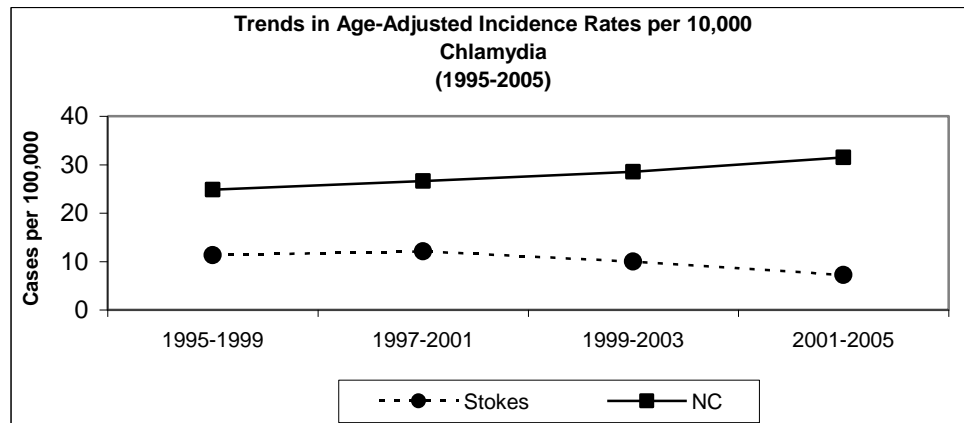
NC State Center for Health Statistics, County-level Data, County Health Data Books, 2002-2008
County Health Data Books, Morbidity, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Chlamydia

Chlamydia incidence rates are reported based on cases per 10,000 people. Based on the data used to compile Figure 56 below, the 2001 to 2005 incident rate for chlamydia in Stokes County was 7.2 per 10,000. This rate is 77% lower than the state rate of 31.5.

Figure 56 shows the most recently published trend data for chlamydia, indicating that since 1995 the incidence of chlamydia has decreased overall in Stokes County, while the rate gradually increased in the state as a whole.

Figure 56.



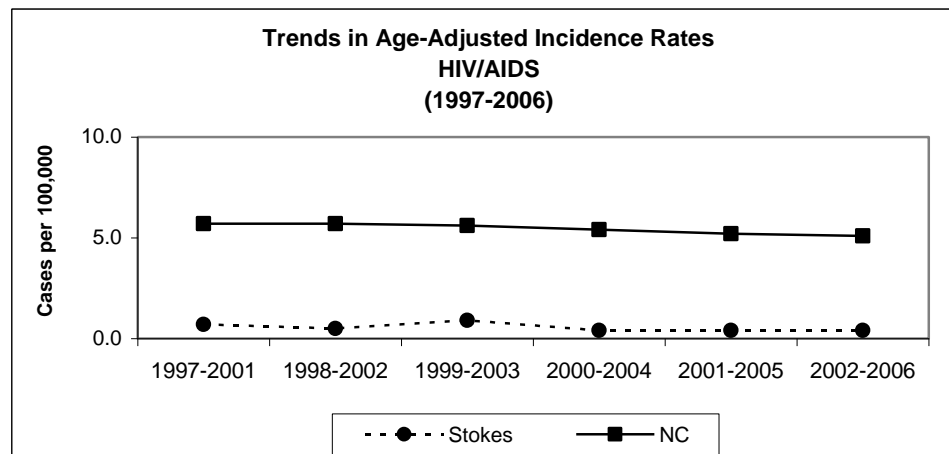
NC State Center for Health Statistics, County-level Data, County Health Pocket Guides, 1999-2005, Morbidity, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

HIV/AIDS

HIV/AIDS Incidence

- Based on the data used to compile Figure 57, the 2002 to 2006 HIV incidence rate in Stokes County was approximately 0.9, which was 92% lower than the state rate of 12.4.
- Between 1997 and 2006, the incidence of HIV/AIDS in the state and county has changed very little.
- The current county incidence rate is below the target incidence rate of approximately 1.5 new cases per 100,000 set by Healthy Carolinians (55).

Figure 57.



NC State Center for Health Statistics, County-level Data, County Health Data Books, 2002-2008
County Health Data Books, Morbidity, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

HIV/AIDS Mortality

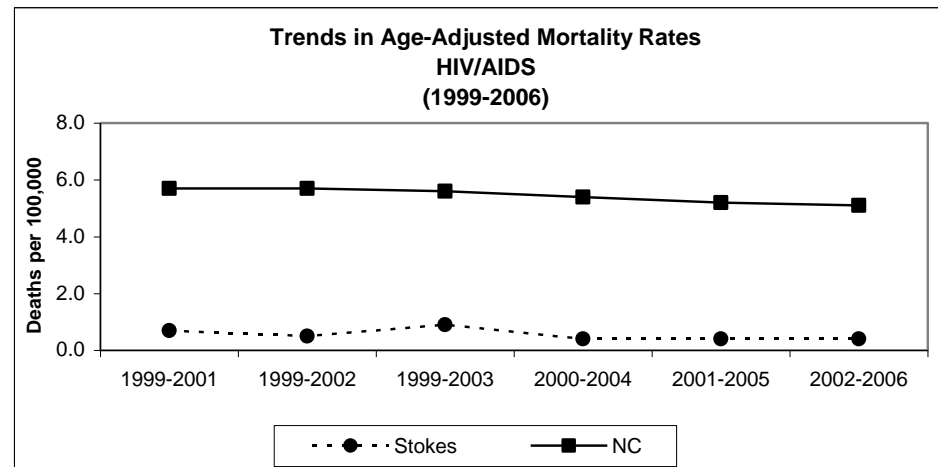
- As presented in Table 90, one death in Stokes County was attributable to HIV/AIDS during the period 2002-2006. The resulting HIV/AIDS mortality rate in Stokes County was 92% lower than the state rate. However, the numbers of HIV/AIDS deaths in the county are low and the resulting rates should be interpreted with extreme caution.

Table 90. HIV/AIDS Mortality (2002-2006)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Stokes	1	0.4	1	0.9	0	0.0	0	0.0	0	0.0
State Total	2,183	n/a	391	n/a	79	n/a	1,116	n/a	597	n/a
NC County Avg.	22	5.1	4	2.4	1	0.5	11	23.5	6	10.8
Source: NC State Center for Health Statistics, 2008 County Health Databook, 2002-2006 Race-Sex-Specific Age-Adjusted Rates by County, http://www.schs.state.nc.us/SCHS/healthstats/databook/										

- The HIV/AIDS mortality rate for Stokes County has been consistently below the state rate; both the state and county HIV/AIDS mortality rates have remained relatively stable since 1999 (Figure 58).

Figure 58.

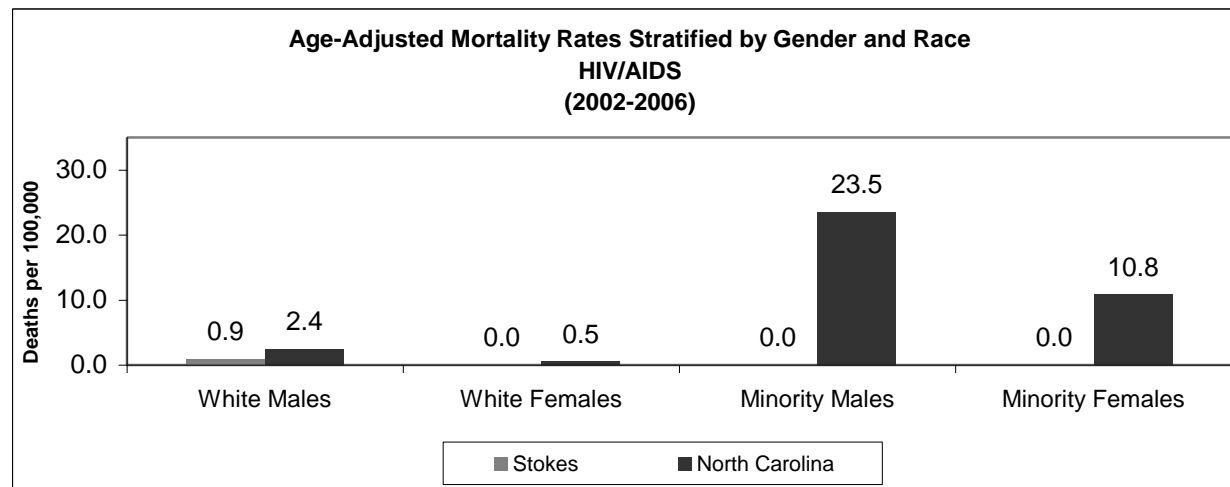


Source: NC Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years), <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>

Gender and Racial Disparities in HIV/AIDS Mortality

Figure 59 charts the data on sex-age stratified aggregate age-adjusted mortality rates due to HIV/AIDS for the period 2002-2006. In Stokes County, the number of deaths due to HIV/AIDS among both whites and minorities were below the threshold for meaningful local mortality rate comparisons. Statewide, the HIV/AIDS mortality rates for minorities far exceed the rates for whites.

Figure 59.



Source: North Carolina State Center for Health Statistics, County-level Data, County Health Data Books, 2008 County Health Data Book, Mortality, 2002-2006 Race-Sex Specific Age-Adjusted Rates by County, <http://www.schs.state.nc.us/SCHS/data/databook>

Oral Health

Child Oral Health

The Oral Health Section of the North Carolina Division of Public Health periodically coordinates a dental assessment screening for kindergarten and fifth-grade schoolchildren. Dental hygienists use a standardized technique to measure the prevalence of decayed and filled teeth among these children. Table 91 presents the results of the 2006-2007 screenings in Stokes County, and in North Carolina.

Compared to North Carolina county averages in 2006-2007 (Table 91):

- A significantly higher proportion of kindergarteners and fifth graders were screened in Stokes County.
- Stokes County kindergarteners had a slightly lower prevalence of untreated decay.
- Stokes County fifth graders had a lower prevalence of untreated decay and a higher percentage of children with sealants.

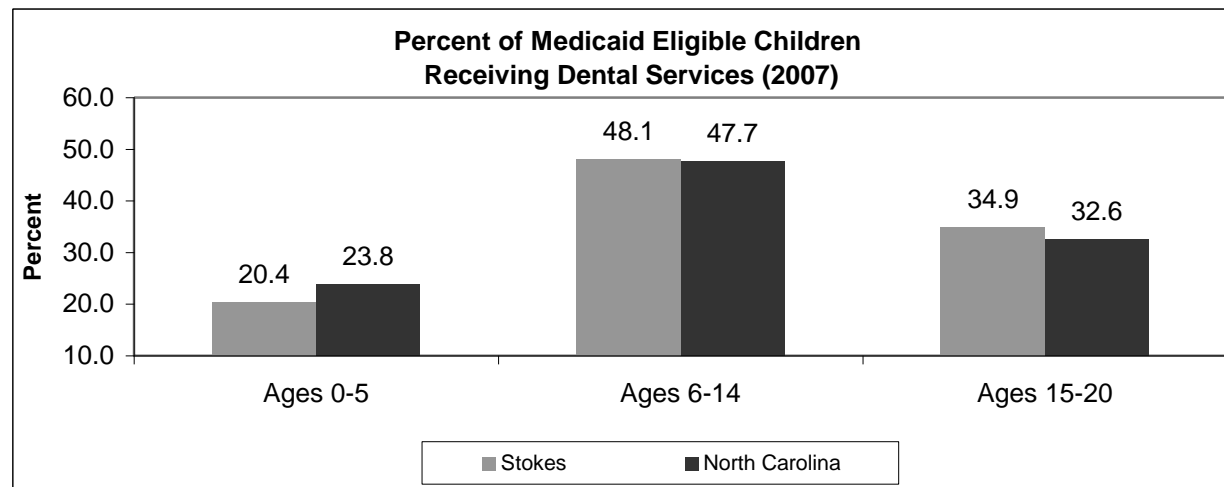
Table 91. Child Dental Screening Results, 2006-2007

County	Kindergarten			Grade 5			
	Screened		% Children with Untreated Decay	Screened		% Children with Untreated Decay	% Children with Sealants
	No.	Percent		Number	Percent		
Stokes	490	91	18	515	94	1	66
NC Average	91,589	78	19	86,395	81	4	42

Source: County Level Oral Health Status Data 2006-2007, NC Division of Public Health Oral Health Section, 1/3/2008

Across North Carolina, there now are more than 75 dental clinics dedicated to serving low-income patients who have limited access to dental care. Typically, these clinics are operated by local public health departments, community health centers, or other non-profit organizations. Most of these clinics accept patients enrolled in Medicaid or Health Choice. Many of these clinics also provide services on a sliding-fee scale to low-income patients who have no dental insurance. These *Safety Net Dental Clinics* are located in most counties in the state. In Stokes County, there is not a Safety Net Dental Clinic.

Compared to North Carolina averages, a similar percentage of Stokes County Medicaid eligible youth of all ages received dental services in 2007 (Figure 60, following page).

Figure 60.

Source: Action for Children, 2007 Child Health Report: Stokes County Card, <http://www.ncchild.org>

Adult Oral Health

Stokes County residents are surveyed about their dental health status and dental health behaviors in the state's annual Behavioral Risk Factor Surveillance System (BRFSS) Survey, as part of an aggregate five-county sample that also includes Alleghany, Ashe, Avery, and Wilkes counties. The size of the aggregate sample, however, is relatively small (n=411 in 2005 and 416 in 2006) and does not permit county-level stratification.

Adult oral health is a topic sometimes covered by BRFSS survey questions.

- According to the results of the 2006 BRFSS Survey, 69.9% of adults in the Stokes County region (compared to 65.2% statewide) reported that they had visited a dentist within the last 12 months.
- Approximately 50.0% of the Stokes region respondents compared to 51.6% statewide report that they had lost no teeth due to decay.

Oral health questions were a part of the Stokes County Community Health Survey conducted as a part of the Stokes County Community Health Assessment. Those results are presented in Chapter Three of this report.

Mental Health and Substance Abuse

Table 92 presents data on utilization of mental health, developmental disability and substance abuse services (MH/DD/SAS) by Stokes County residents.

- The number of Stokes County residents served by a state developmental center decreased between 2005 and 2007, as did the number of people served by an area program. Note that this decrease does not necessarily indicate a reduced need for mental health services but rather may reflect the degree to which patients can access services.
- The number of Stokes County residents served by an alcohol and drug abuse treatment center or a state psychiatric hospital increased by a very small number over the reporting period.
- Stokes County numbers are lower than the North Carolina county averages in all categories shown for the period cited.

Table 92. Mental Health, Developmental Disability, Substance Abuse Service Utilization (years as noted)

County	Persons Served											
	Developmental Centers			Alcohol and Drug Abuse Treatment Centers			State Psychiatric Hospitals			Area Programs		
	2004-2005	2005-2006	2006-2007	2004-2005	2005-2006	2006-2007	2004-2005	2005-2006	2006-2007	2004-2005	2005-2006	2006-2007
Stokes	14	12	10	11	18	14	75	79	77	2,863	2,230	1,181
State Total	2,172	1,690	1,713	3,732	4,003	3,733	18,435	18,292	18,498	337,676	322,397	315,338
NC County Avg.	22	17	17	37	40	37	184	183	185	3,377	3,224	3,153
Source: NC DHHS, Division of Mental Health, Publications, Statistical Reports, http://www.ncdhhs.gov/mhddsas/statspublications/reports/index.htm												

In April, 2008 CenterPoint, the mental health local management entity that serves Stokes County, conducted a needs assessment within its three-county service area (Davie, Forsyth and Stokes counties). Major findings specific to Stokes County pointed to the following service needs and gaps (62):

- Lack of private mental health, substance abuse and developmental disabilities providers
- Lack of outreach services
- Inadequate availability of public and other transportation
- Respite services for children with mental health issues and for children with developmental disabilities

Obesity

Adult Obesity

As noted previously, Stokes County residents participate in the state's annual Behavioral Risk Factor Surveillance System (BRFSS) Survey, as part of an aggregate five county sample that also includes Davie, Rockingham, Surry, and Yadkin counties.

Based on several separate questions pertaining to weight, the 2006 BRFSS Survey estimated the proportion of respondents in each of four weight categories: underweight, recommended weight, overweight and obese. These derived figures were based on the **Body Mass Index (BMI)** of respondents. BMI is a calculation relating weight to height by the following formula:

$$\text{BMI} = (\text{weight in kilograms}) / (\text{height in meters})$$

By definition, for **adults**, Underweight = BMI less than 18.5, Recommended Range = BMI 18.5-24.9, Overweight = BMI 25.0-29.9, and Obese = BMI 30.0 or greater.

Of the 404 regional survey participants whose responses were included in the 2006 obesity results, 65.9% were considered overweight or obese (compared to 62.9% of respondents statewide). In 2005, 444 responses were included in the obesity analysis; at that time 68.2% were categorized as overweight or obese (compared to 62.6% of respondents statewide).

Childhood Obesity

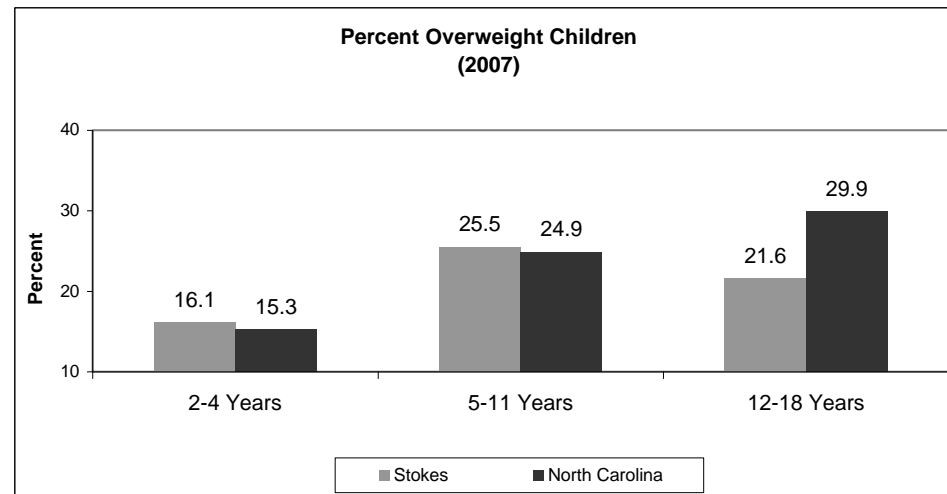
The North Carolina Healthy Weight Initiative, using the North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), collects height and weight measurements from children seen in North Carolina Division of Public Health-sponsored WIC and Child Health Clinics, as well as some school-based Health Centers (63). This data is used to calculate Body Mass Indices (BMI) in order to gain some insight into the prevalence of childhood obesity.

Children with BMIs in the 95th percentile or above are considered overweight, while children with BMIs that are between the 85th and 94th percentiles are considered "at-risk" of becoming overweight. Caution should be exercised when using these data, since the survey sample is relatively small, especially in some age groups, and may not be representative of the countywide population of children. For example, the 2007 Stokes County sample was composed of 461 2-4 year-olds, 153 5-11 year-olds, and 139 12-18 year-olds (63).

According to 2007 NC-NPASS data for children who are overweight (Figure 61), Stokes County has the following:

- a slightly higher percentage of overweight 2-4 year-olds than the state as a whole
- a slightly higher percentage of overweight 5-11 year-olds than the state as a whole
- a lower percentage (28%) of 12-18 year-olds who are overweight than the state as a whole

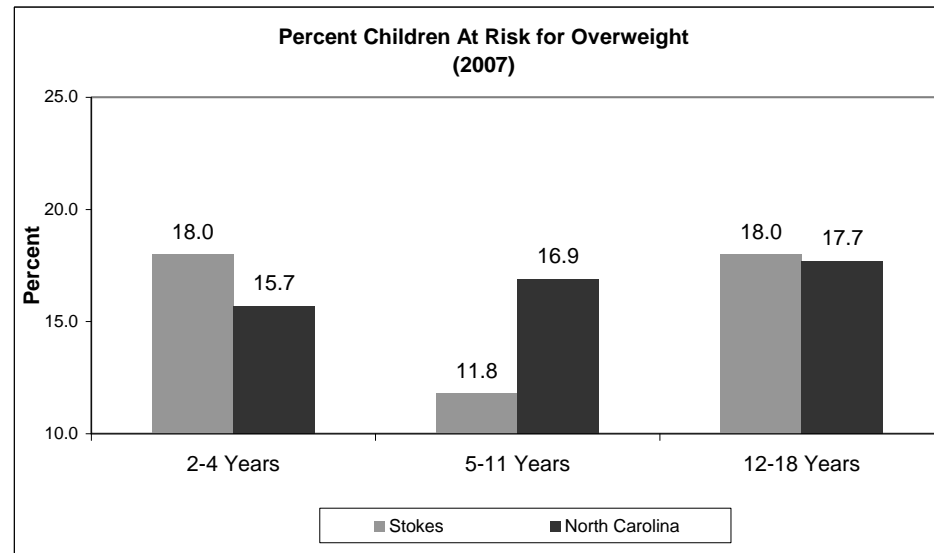
Figure 61.



NC Healthy Weight Initiative, Eat Smart Move More, Data, NC NPASS,
<http://www.eatsmartmovemorenc.com/data.htm>

According to 2007 NC-NPASS data for children who are *at risk* of becoming overweight (Figure 62, following page), Stokes County has the following:

- a higher percent (15%) of 2-4 year-olds at risk than the state as a whole
- a lower percent (30%) of 5-11 year-olds at risk than the state as a whole
- a slightly higher proportion of 12-18 year-olds at risk than the state as a whole

Figure 62.

NC Healthy Weight Initiative, Eat Smart Move More, Data, NC NPASS,
<http://www.eatsmartmovemorenc.com/data.htm>

Asthma

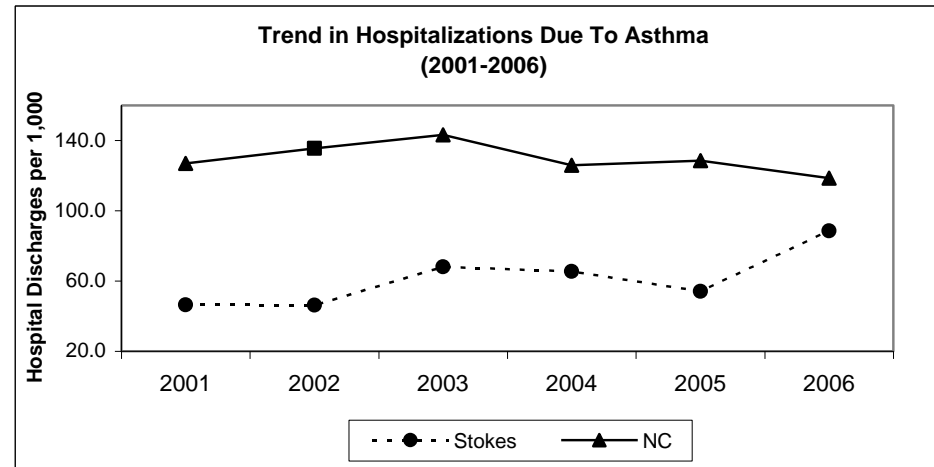
One way the burden of asthma in a community can be assessed by reviewing hospital records. According to hospital records from 2005 that tally information about patients from Stokes County regardless of the location of their hospitalization (Table 93):

- The total hospitalization rate due to asthma (including children and adults) in 2006 among Stokes County residents (88.5) was 25% lower than the state rate.
- The 2006 county rate is 25% lower than the Healthy Carolinians goal of 118 per 100,000 (55).
- For children age 0-14, the Stokes County asthma hospitalization rate of 65.4 is significantly lower than the state rate of 152.8 (Table 93).

Table 93. Asthma Hospitalization Rates (2006)

County	Asthma Hospitalizations Per 100,000 (2006 Hospital Discharge Reports)			
	Total		Ages 0-14 Years	
	Number	Rate	Number	Rate
Stokes	41	88.5	6	65.4
State Total	10,500	118.5	2,732	152.8
NC County Avg.	105	128.5	27	164.6
Source: NC State Center for Health Statistics, 2008 County Health Databook, http://www.schs.state.nc.us/SCHS/healthstats/databook/				

Figure 63 (following page), which plots the most recent six-year trend in asthma hospitalizations, shows that the total hospitalization rate due to asthma increased overall among Stokes County residents between 2001 and 2006, with most of the increase coming between 2005 and 2006. The comparable rate for the state fluctuated but decreased slightly overall during the period cited. The county rate remained below the state rate for the entire period.

Figure 63.

NC State Center for Health Statistics, County-level Data, County Health Data Books (years as noted), Morbidity, Asthma Hospital Discharges, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

In 2000, a group of researchers from the School of Public Health at the University of North Carolina in Chapel Hill conducted the *North Carolina School Asthma Survey*. The purpose of the survey was to assess the prevalence of asthmatic symptoms and risk factors in school-aged children (64). It is included in this report to illustrate the impact of asthma on school-aged children (Table 94).

Table 94. School Asthma Survey for 7th and 8th Graders (2000)

School	School Asthma Survey 2000, 7th and 8th Graders					
	Current Wheezing	Diagnosed Current Wheezing	Current Wheezing with No Diagnosis	Missed School	Sleep Disturbed	Limited Activities
	Percentages					
Chestnut Grove Middle School (n=424)	21	7	14	10	10	10
Piney Grove Middle School (n=263)	32	13	18	15	17	20
SE Stokes Middle School (n=263)	27	10	17	10	13	11
Source:	NC Div Public Hlth, Women/Children's Section, Children and Youth Branch, Asthma Program Office, 1999-2000, School Report Cards by County, Stokes, http://wch.dhhs.state.nc.us/Asthma/schoolreports/Stokes.pdf					

Chapter Three

Community Health Survey

Chapter Three: Community Health Survey

Members of the Stokes County Community Health Assessment Team, assisted by Healthy Carolinians of Stokes, Stokes Family Health Center and community volunteers, conducted the community survey using paper surveys for adults and High School students distributed via a “convenience sample” technique. The Team also conducted a smaller door-to-door survey using a random sample technique overlaid on census blocks; data collected in the door-to-door survey was captured on multiple hand-held computers and downloaded to a single, separate database.

Adult Paper Survey

Following is a report summarizing the methods and results of the adult paper survey. (The results of the adult door-to-door survey and the High School survey will be discussed in separate sections of this report.) Paper surveys were taken to places where people were gathered for other purposes, for example, meetings, workplaces, waiting rooms, community events, grocery stores, etc. These surveys were distributed and retrieved by the volunteers. Additional surveys were available at three local libraries that also served as survey drop-off spots or addresses to which people could mail surveys. The sample sites and methods were deliberately chosen to assure that the participants would be representative of the demographic distribution of the Stokes County community. Surveys plainly stated, and participants were reminded, that their responses would be confidential and not linked to them personally in any way. The completed surveys were sent to the North Carolina Institute for Public Health for data entry and analysis using the software package *EpiInfo*. Copies of the adult paper survey instrument is appended to this report. A total of 561 completed adult paper surveys were collected. Sites and populations surveyed included:

ACTS Meeting at Senior Services	Meals on Wheels
Chestnut Grove United Methodist Church	Partnership for Children Staff
Community Fund Day at Central Park	Pinnacle Ruritan Club
Community Members at Local Library	Rotary Club Meeting
Cooperative Extension Leaders Meeting	Sandy Ridge Community Center Playgroup
Danbury Community Service Building	Relay for Life Meeting
Daymark Recovery Services, Inc.	Sandy Ridge Women's Group at Oak Ridge Baptist Church
Walnut Cove Senior Center Diabetes Class	Southeastern Regional Mental Health Structured Outpatient Program
Dept of Social Services' Employees/Clients/Workers	SRMH Employees
East Stokes ECA	Stokes Medical Center Family Wellness Day
Francisco Community Building Senior Lunch Program	Stokes Partnership for Children Playgroup
Francisco Presbyterian Church Playgroup/Senior Center	Stokes Partnership for Children Provider Meeting
Germantown Ruritan Club	Stokes Reynolds Hospital Employees
Health Department Clients	Stokes Medical Center Family Wellness Day
Health Fair at Community Center	Triumph Mental Health Clients/Providers
King Lion's Club	Walnut Cove Diabetes Class

The numbers and corresponding percentages of individuals who chose each response category are presented in the analysis below. Please note the following:

- Not every respondent answered every question.
- Totals for stratified data may vary slightly as some respondents did not answer all questions in every category used in the stratification process.
- Responses to behavioral questions and access-to-care questions are stratified only when an age, race or income category is represented sufficiently for comparison.

Participants

Survey participants were asked to provide demographic information about themselves by selecting appropriate responses from lists describing categories of age, gender, race and ethnicity, marital status, education level, employment status, household income, and whom that income supports. This demographic information was collected in order to assess how well the survey participants represented the general population of Stokes County. The table below presents a demographic profile of the survey respondents as compared to the demographic profile of the general Stokes County population.

Demographic Comparison of Survey Respondents with the Overall Stokes County Population
Number of Completed Paper Surveys = 561

Population Category	Survey Participants		County Population (2000 Census)
	Number	Percent	Percent
Gender (n=544)			
Men	123	22.6	49.0
Women	420	77.2	51.0
Unanswered	1	0.2	- -
Race (n=543)			
African American/Black	23	4.2	4.7
Asian/Pacific Islander	2	0.4	0.2
Hispanic/Latino	3	0.6	1.9
Native American	14	2.6	0.2
White/Caucasian	500	92.1	93.4
Other	1	0.2	0.9
Gender and Race (n=538)			
White Males	112	20.8	45.7
White Females	385	71.6	47.7
Minority Males	10	1.8	3.2
Minority Females	31	5.8	3.4

Demographic Comparison of Survey Respondents with the Overall Stokes County Population (continued)
Number of Completed Paper Surveys = 561

Population Category	Survey Participants		County Population (2000 Census)
	Number	Percent	Percent
Age (n=545)			
18-20	14	2.6	6.2 (Ages 15-19)
21-25	24	4.4	5.2 (Ages 20-24)
26-39	85	15.6	14.3 (Ages 25-34)
40-54	154	28.3	31.6 (Ages 35-54)
55-64	100	18.3	10.4 (Ages 55-64)
65 or Older	168	30.8	11.8 (Age 65+)
Other			
Unemployed	28	5.0	4.2 (11/2007)
Household Income < \$20,000	100	20.2	9.1
Less than High School	52	9.6	~27
College Degree	120	22.1	9.3

- White females were significantly over-represented, and thus males significantly under-represented, in the Stokes County paper survey sample.
- Hispanics were under-represented, and Native Americans were over represented.
- Persons under the age of 55 were under-represented; persons age 65 and older were significantly over-represented.
- Persons with household income less than \$20,000 were significantly over-represented.
- Persons with less than a high school education were significantly under-represented; persons with a college degree were significantly over-represented.

Results

Note: The order of some of the questions in the analysis may differ from their order in the actual survey, as they have been rearranged for clarity.

Demographic Questions

1. Do you work in Stokes County? (n=536)

	Number	Percent
Yes	253	47.2
No	283	52.8

- The number of respondents who leave the county for work is only slightly below the numbers that work in Stokes County.

2. How old are you? (n=545)

Age	Number	Percent
18 - 20	14	2.6
21 - 25	24	4.4
26 - 39	85	15.6
40 - 54	154	28.3
55 - 64	100	18.3
65 or Older	168	30.8

- Almost half of respondents (49%) were 55 years of age or older.

3. Are you male or female? (n=543)

Gender	Number	Percent
Male	123	22.6
Female	420	77.2

- Slightly more than three-fourths (77%) of survey respondents were female.

4. What is your race or ethnicity? (n=543)

Race or Ethnicity	Number	Percent
African American/Black	23	4.2
Asian/Pacific Islander	2	0.4
Hispanic/Latino	3	0.6
Native American	14	2.6
White/Caucasian	500	92.1
Other	1	0.2

- Minorities comprised 8.0% of the survey respondents.

5. What is the highest level of school, college or training that you have finished? (n=544)

Educational Level	Number	Percent
Less than High School	52	9.6
High School Diploma or GED	206	37.9
Associate's Degree or Vocational Training	92	16.9
College Degree	120	22.1
Graduate Degree or Higher	54	9.9
Other	20	3.7

"Other" write-in responses included: current student (2); some college (15); and some graduate school (1).

- Just under 40% of respondents had a high school diploma or GED.
- Thirty-two percent of respondents had earned a college degree or graduate degree or higher.

6. What was your total household income last year, before taxes? (n=494)

Income	Number	Percent
Less than \$20,000	100	20.2
\$20,000- \$39,999	113	22.9
\$40,000- \$59,999	124	25.1
\$60,000 or More	157	31.8

- Slightly more than 20% of respondents reported having a household income of less than \$20,000.
- Almost 32% of respondents reported having a household income of \$60,000 or more.

7. What is your employment status? (n=561)

Employment	Number	Percent
Employed Full-Time	234	41.7
Employed Part-Time	78	13.9
Retired	169	30.1
Unemployed	28	5.0
Disabled	18	3.2
Student	14	2.5
Homemaker	25	4.5

Note: Because participants were allowed to select more than one response, the percent is a reflection of how often each option was chosen and does not indicate how often each response was chosen in combination with any other response. Consequently, the total of the percent column is greater than 100 and the total of the number column is greater than 561.

- Approximately 56% of respondents were employed full or part-time.
- Approximately 30% of respondents were retired.
- Five percent of respondents were unemployed at the time of the survey and just over 3% were disabled.

8. Do you have access to the Internet? (n=540)

	Number	Percent
Yes	403	74.6
No	137	25.4

- Almost 75% of survey respondents reported having access to the Internet.

If you answered yes (you do have access to the Internet), where do you usually access the Internet? (n=403)

Internet Access	Number	Percent
At Home	312	77.4
At Work	169	41.9
At School	15	3.7
At the Public Library	46	11.4
Other	11	2.7

"Other" write-in responses included: friends house (3); brother (1); city (1); coffee shop wi-fi (1); family homes (1); family member's home (1); friends house (1); friends houses (1); son's house (1); and wi-fi in stores (1).

Note: Because participants were allowed to select more than one response, the percent is a reflection of how often each option was chosen and does not indicate how often each response was chosen in combination with any other response. Consequently, the total of the percent column is greater than 100 and the total of the number column is greater than 403.

- Slightly more than 77% of respondents who have access to the Internet access it at home.

Health Problems

Survey participants were presented an alphabetized list of 24 **health problems** and asked to select the **five** they thought had the greatest overall impact on health in Stokes County. They also had the option of writing-in a topic of their choice as one of the five.

The list of responses is arranged in the tables below in descending order of the frequency with which a named problem was chosen. Some respondents selected more than five, some fewer. A few skipped the section entirely.

Totals for stratified data may vary slightly as some respondents did not answer all questions in every category used in the stratification process.

Overall Ranking of Health Problems in Stokes County (n=548)

Health Problem	Number of Responses	Percent of Responses
1. Aging Problems (dementia, Alzheimer's, arthritis, hearing or vision loss, etc.)	363	66.2
2. Obesity/Overweight	325	59.3
3. Heart Disease/Heart Attacks	274	50.0
4. Cancer ¹	259	47.3
5. Mental Health (depression, schizophrenia, etc.)	234	42.7
6. Diabetes	217	39.6
7. Teenage Pregnancy	171	31.2
8. Suicide, Suicide Attempts, Self Injury	169	30.8
9. Stroke	121	22.1
10 Lung Disease (emphysema, chronic bronchitis, etc.)	108	19.7
11. Accidental Injuries (home or work-related falls, drowning, choking, poisoning, etc.)	99	18.1
12. Motor Vehicle Accidents	84	15.3
13. Dental Health	64	11.7
14. Infectious/Contagious Diseases (TB, pneumonia, flu, salmonella, etc.)	48	8.8
15. Sexually Transmitted Diseases (STDs)	45	8.2
16. Asthma	43	7.8
17. Other ²	21	3.8
18. Gun-Related Injuries	19	3.5
19. Neurological Disorders (multiple sclerosis, ALS, muscular dystrophy, etc.)	18	3.3
20. Kidney Disease	17	3.1
21. HIV/AIDS	16	2.9
22. Birth Defects	12	2.3
23. Liver Disease	7	1.3
24. Infant Death	4	0.7

¹ Types of cancer named with noteworthy numbers indicated: all (37); breast (7); lung (6); lung,breast (3); any (5); all kinds (1); breast, brain (1); breast, colon (1); breast, lung (1); breast pancreatic (1); colon (1); colon, throat (1); lung, brain (1); lung, breast (1); lung, tumors, Hodgkin's (1); lymphoma (1); ovarian (1); varied (1); various (1).

² "Other" write-in responses included: drugs (2); substance abuse (2); addiction (1); ADHD (1); alcoholism (1); all (1); drug abuse (1); drug problems (1); drug use (1); education (1); high blood pressure (1); lack of foster homes (1); lack of moral values (1); lack of pediatric care (1); MRSSA (1); preventive medicine (1); smoking (1); smoking related illnesses (1); tobacco abuse (1).

- Problems of aging was the most frequently selected health problem, selected by 66% of respondents. This result is not surprising given that almost 50% of the survey respondents were age 55 or older.
- Approximately 59% of respondents chose obesity/overweight among the five most important health problems.

In the following section, responses relative to the **leading eight** health problems selected are stratified by the demographic categories of age, education, and income.

In each of the following tables, the issue chosen most often in each demographic group (e.g., among respondents under 18-39, or in the \$30,000-\$49,999 income group, etc.) will be in **bold italic** typeface. Note that this value will be the *highest in a column*.

A shaded box will appear around the highest frequency of selection for each health problem (e.g., which group chose heart disease more often than any other). Note that this value will be the *highest in a row*.

Health Problems, Stratified by Age

Leading Health Problems, Percent Responses Analyzed by Age				
	18-39	40-64	65 and Over	Total Times Selected
1. Aging Problems	41.5%	67.7%	76.2%	363
2. Obesity/Overweight	55.3%	64.6%	53.0%	325
3. Heart Disease/Heart Attacks	39.0%	45.7%	59.5%	274
4. Cancer	39.0%	44.9%	53.6%	259
5. Mental Health	46.3%	54.3%	22.0%	234
6. Diabetes	26.0%	40.6%	45.2%	217
7. Teenage Pregnancy	52.0%	26.8%	1.2%	171
8. Suicide, Suicide Attempts, Self Injury	34.1%	35.4%	6.0%	169

Group selection:

- Those aged 18 to 39 selected obesity/overweight problems more frequently than any other health health problem.
- The age groups 40 to 64 and 65 and over both selected aging problems more frequently than any other health problem.

Health problem selection:

- Obesity/overweight, mental health, and suicide were selected most frequently by the 40 to 64 age group.
- Heart disease/heart attacks, cancer, and diabetes were selected most frequently by the 65 and over group.
- Teenage pregnancy was selected most frequently by the 18 to 39 age group.

Health Problems, Stratified by Education

Leading Health Problems, Percent Responses Analyzed by Education					
	Less Than High School	High School or GED	Assoc. Degree or Vocational Training	College or Graduate Degree	Total Times Selected
1. Aging Problems	52.0%	67.5%	65.2%	64.4%	363
2. Obesity/Overweight	32.7%	54.4%	67.4%	66.7%	325
3. Heart Disease/Heart Attacks	48.1%	47.1%	43.5%	53.4%	274
4. Cancer	53.8%	47.1%	43.5%	47.1%	259
5. Mental Health	30.8%	37.9%	41.3%	51.7%	234
6. Diabetes	26.9%	37.4%	47.8%	38.5%	217
7. Teenage Pregnancy	34.6%	32.0%	34.8%	26.4%	171
8. Suicide, Suicide Attempts, Self Injury	19.2%	30.1%	31.5%	35.1%	169

Group selection:

- The high school/GED education group selected aging problems more frequently than other problems.
- The associate degree/vocational training education group and college/graduate degree education group selected obesity/overweight more frequently than other problems.
- The less-than high school education group selected cancer more frequently than other problems.

Health problem selection:

- Heart disease/heart attacks, mental health, and suicide were selected more often by college/graduate degree respondents than by any other group.
- Obesity/overweight, diabetes, and teenage pregnancy were selected more often by associate degree/vocational training respondents than by any other group.
- Cancer was selected most frequently by the less-than high school respondents than by any other group.
- Aging problems was selected more frequently high school/GED respondents than by any other group.

Health Problems, Stratified by Income

Leading Health Problems, Percent Responses Analyzed by Income					
	Less Than \$20,000	\$20,000 - \$39,999	\$40,000 - \$59,999	Over \$60,000	Total Times Selected
1. Aging Problems	55.0%	57.5%	71.0%	63.7%	363
2. Obesity/Overweight	38.0%	56.6%	66.9%	68.8%	325
3. Heart Disease/Heart Attacks	45.0%	43.4%	40.3%	50.3%	274
4. Cancer	37.0%	52.2%	46.0%	46.5%	259
5. Mental Health	35.0%	38.9%	52.4%	45.2%	234
6. Diabetes	35.0%	38.1%	39.5%	40.8%	217
7. Teenage Pregnancy	35.0%	35.4%	31.5%	29.3%	171
8. Suicide, Suicide Attempts, Self Injury	26.0%	26.5%	33.9%	36.3%	169

Group selection:

- All income level categories except the over \$60,000 respondents selected aging problems more often than any other problem.
- The income category over \$60,000 selected obesity/overweight more often than any other problem.

Health problem selection:

- Obesity/overweight, heart disease/heart attacks, diabetes, and suicide were selected more frequently by the over \$60,000 income group than by other income groups.
- Aging problems and mental health were selected more frequently by respondents in the \$40,000 to \$59,000 income group than by other income groups.
- Cancer and teenage pregnancy were selected more frequently by the \$20,000 to \$39,000 income group than by other income groups.

Unhealthy Behaviors

Survey participants were presented an alphabetized list of 19 **unhealthy behaviors** and asked to select the **five** they thought had the greatest overall impact on health in Stokes County. They also had the option of writing-in a topic of their choice as one of the five. The list of responses below is arranged in descending order of the frequency with which a named problem was chosen. Some respondents selected more than five, some fewer. A few skipped the section entirely.

Ranking of Unhealthy Behaviors in Stokes County (n=541)

Unhealthy Behavior	Number of Responses	Percent of Responses
1. Alcohol Abuse	375	69.3
2. Drug Abuse	367	67.8
3. Poor Eating Habits	295	54.5
4. Lack of Exercise	269	49.7
5. Smoking/Tobacco Use	256	47.3
6. Drinking and Driving	211	39.0
7. Not Going to the Doctor for Yearly Checkup/Screening	196	36.2
8. Domestic Violence	188	34.8
9. Reckless/Drunk Driving	104	19.2
10. Not Going to the Dentist for Preventive Checkups and Care	96	17.7
11. Unsafe Sex	75	13.9
12. Violent Behavior	70	12.9
13. Rape/Sexual Assault	49	9.1
14. Not Using Seat Belts	41	7.6
15. Elder Abuse	33	6.1
16. Not Getting Prenatal (pregnancy) Care	29	5.4
17. Not Using Child Safety Seats	25	4.6
18. Not Getting Immunizations ("shots") to Prevent Disease	24	4.4
19. Other	7	1.3

"Other" write-in responses included: child abuse (1); lack of self-purpose (1); not getting mental health services (1); speeding (1); too many young pregnancies (1); unemployment (1).

- Alcohol abuse was the most frequently chosen unhealthy behavior, selected by 69% of respondents.
- Drug abuse was the second most frequently chosen unhealthy behavior, selected by almost 68% of respondents.

In the following section, responses relative to the **leading eight** unhealthy behaviors selected are stratified by the demographic categories of age, education, and income.

Unhealthy Behaviors, Stratified by Age

Leading Unhealthy Behaviors, Percent Responses Analyzed by Age				
	18-39	40-64	65 and Over	Total Times Selected
1. Alcohol Abuse	72.4%	69.3%	58.9%	375
2. Drug Abuse	62.6%	69.3%	61.9%	367
3. Poor Eating Habits	42.3%	54.3%	61.3%	295
4. Lack of Exercise	41.5%	53.5%	45.8%	269
5. Smoking/Tobacco Use	54.5%	50.0%	32.1%	256
6. Drinking and Driving	40.7%	33.1%	41.1%	211
7. Not Going to the Doctor for Yearly Checkups/Screenings	26.0%	37.0%	39.9%	196
8. Domestic Violence	30.9%	37.0%	30.4%	188

Group selection:

- The age group 18 to 39 selected alcohol abuse more frequently than any other unhealthy behavior.
- The age group 40-64 selected alcohol abuse and drug abuse more frequently than any other unhealthy behavior.
- The age group 65 and over selected drug abuse more frequently than any other unhealthy behavior.

Unhealthy behavior selection:

- Alcohol abuse and smoking/tobacco use were selected more frequently by the 18 to 39 age group than by any other age group.
- Drug abuse, lack of exercise, and domestic violence were selected more frequently by the 40 to 64 age group than by any other age group.
- Poor eating habits, drinking and driving, and not going to the doctor for yearly checkup/screening were selected more frequently by the 65 and over age group than by any other age group.

Unhealthy Behaviors, Stratified by Education

Leading Unhealthy Behaviors, Percent Responses Analyzed by Education					
	Less Than High School	High School or GED	Assoc. Degree or Vocational Training	College or Graduate Degree	Total Times Selected
1. Alcohol Abuse	76.9%	68.0%	72.8%	61.5	375
2. Drug Abuse	67.3%	69.9%	63.0%	58.6	367
3. Poor Eating Habits	38.5%	48.1%	41.3%	60.3	295
4. Lack of Exercise	25.0%	44.7%	62.0%	52.3	269
5. Smoking/Tobacco Use	38.5%	39.3%	41.3%	55.7	256
6. Drinking and Driving	50.0%	39.8%	32.6%	33.3	211
7. Not Going to the Doctor for Yearly Checkup/Screening	26.9%	36.9%	31.5%	34.5	196
8. Domestic Violence	38.5%	33.5%	25.0%	37.9	188

Group selection:

- The high school/GED education group selected drug abuse more frequently than any other unhealthy behavior.
- All other education groups selected alcohol abuse more frequently than any other unhealthy behavior.

Unhealthy behavior selection:

- Alcohol abuse, drinking and driving, and domestic violence were selected more frequently by the less-than high school education group than by any other education groups.
- Drug abuse, poor eating habits, and not going to the doctor for yearly checkup/screening were selected more frequently by the high school/GED education group than any other education groups.
- Lack of exercise and smoking /tobacco use were selected more frequently by the associate degree/vocational training education group than by any other education group.

Unhealthy Behaviors, Stratified by Income

Leading Unhealthy Behaviors, Percent Responses Analyzed by Income					
	Less Than \$20,000	\$20,000-\$39,999	\$40,000-\$59,999	Over \$60,000	Total Times Selected
1. Alcohol Abuse	64.0%	69.9%	71.0%	63.1%	375
2. Drug Abuse	66.0%	70.8%	62.1%	63.7%	367
3. Poor Eating Habits	40.0%	44.2%	58.1%	61.1%	295
4. Lack of Exercise	32.0%	38.1%	56.5%	59.2%	269
5. Smoking/Tobacco Use	38.0%	45.1%	47.6%	53.5%	256
6. Drinking and Driving	39.0%	45.1%	34.7%	33.8%	211
7. Not Going to the Doctor for Yearly Checkup/Screening	29.0%	34.5%	37.9%	37.6%	196
8. Domestic Violence	39.0%	34.5%	35.5%	28.0%	188

Group selection:

- All income groups except the \$40,000 to \$59,999 group selected drug abuse more frequently than any other unhealthy behavior.
- The income group \$40,000-\$59,000 selected alcohol abuse was more frequently than any other unhealthy behavior.

Unhealthy behavior selection:

- Alcohol abuse and not going to the doctor for yearly checkup/screening were selected more times by the \$40,000-\$59,000 income group than by any other income group.
- Poor eating habits, lack of exercise, and smoking/tobacco use were selected more times by the over \$60,000 income group than by any other income group.
- Drug abuse and drinking and driving were selected more times by the \$20,000-\$39,999 income group than by any other income group.
- Domestic violence was selected more times by the less than \$20,000 income group than by any other income group.

Community Issues

Survey participants were presented an alphabetized list of 21 **community issues** and asked to select the **five** they thought had the greatest overall impact on quality of life in Stokes County. They also had the option of writing-in a topic of their choice as one of the five. The list of responses below is arranged in descending order of the frequency with which a named problem was chosen. Some respondents selected more than five, some fewer. A few skipped the section entirely.

Ranking of Community Issues in Stokes County (n=535)

Community Issue	Number of Responses	Percent of Responses
1. Low Income/Poverty	277	51.8
2. Affordability of Health Services	274	51.3
3. Lack of/Inadequate Health Insurance	264	49.4
4. Unemployment	245	45.8
5. Dropping Out of School	210	39.3
6. Positive Activities for Teens	196	36.7
7. Neglect and Abuse Specify elder, child, or domestic violence. ¹	135	25.2
8. Crime	128	23.9
9. Transportation Options	117	21.9
10. Healthy Family Activities	114	21.3
11. Animal Control Issues	105	19.6
12. Availability of Child Care	94	17.6
13. Lack of Health Care Providers ²	73	13.6
14. Pollution (air, water, land)	65	12.1
15. Inadequate/Unaffordable Housing	53	11.7
16. Lack of Recreational Facilities (parks, trails, community centers, etc.)	62	11.6
17. Availability of Healthy Food Choices	61	11.4
18. Violent Crime (murder, assault, etc.)	53	9.9
19. Racism	42	7.8
20. Homelessness	31	5.8
21. Unsafe, Un-maintained Roads	31	5.8
22. Other ³	12	2.2
23. Lack of Culturally Appropriate Services for Minorities	11	2.0
24. Bioterrorism	5	0.9

¹ The category for "Neglect and abuse" gave the option to write in one or more types of abuse. The choices were elder abuse, child abuse or domestic violence. Of the 135 respondents that wrote in a type or types, 36 indicated elder abuse, 76 indicated child abuse, and 75 indicated domestic violence.

² Of the 91 people who selected "lack of health care providers" as a community issue, 40 of them wrote in a type of provider they felt was lacking. The list includes the following: doctors (4); pediatricians (3); all (2); general practitioners (2); dentists (2); mental health (2); psychiatrist (2); caring doctors (1); child psychiatry (1); dental, mental health (1); dentists, pediatricians (1); dentists, pediatricians, mental health (1); dentists, psychiatrists (1); employed by county (1); family physicians (1); GP, OB/GYN (1); medical lab techs, nurses (1); ob/gyn (1); prenatal (1); primary care (1); public health (1).

³ **"Other" write-in responses for community issues included:** alcohol and drug addiction (1); .gas prices (1); high cost of living and income not keeping up (1); high gas prices (1); lack of employment opportunities (1); lack of parenting (1); no community college (1); no good grocery stores (1); price of prescriptions (1); recreational drug use by teens (1); school crowding (1); teen pregnancy due to inadequate BC use/avail (1); weekly recycling pickup (1).

- Overall, economic issues were identified most frequently as major community issues in Stokes County: low income/poverty were selected by almost 52% of respondents; affordability of health care was selected by 51%, lack of/inadequate health insurance by 49%, and unemployment by 46% of survey respondents.

In the following section, responses relative to the **leading eight** community issues selected are stratified by the demographic categories of age, education, and income.

Community Issues, Stratified by Age

Leading Community Issues, Percent Responses Analyzed by Age				
	18-39	40-64	65 and Over	Total Times Selected
1. Low Income/Poverty	49.6%	53.9%	41.7%	277
2. Affordability of Health Services	43.1%	54.3%	47.0%	274
3. Lack of/Inadequate Health Insurance	34.1%	53.5%	48.2%	264
4. Unemployment	42.3%	40.9%	49.4%	245
5. Dropping Out of School	38.2%	33.5%	40.5%	210
6. Positive Activities for Teens	40.7%	38.2%	28.0%	196
7. Neglect and Abuse (elder/child/domestic violence)	25.2%	25.2%	22.0%	135
8. Crime	19.5%	19.3%	29.8%	128

Group selection:

- The age group 18-39 selected low income/poverty more frequently than any other community issue.
- The age group 40-64 selected affordability of health services more frequently than any other community issue.
- The age group 65 and over selected unemployment more frequently than any other community issue.

Community issue selection:

- Positive activities for teens and neglect/abuse were selected more frequently by the 18 to 39 age group than by any other age group.
- Low income/poverty, affordability of health services, and lack of/inadequate health insurance, and neglect/abuse were selected more frequently by the 40-64 age group than by any other age group.
- Unemployment, dropping out of school, and crime were selected more frequently by the 65 and over age group than by any other age group.

Community Issues, Stratified by Education

Leading Community Issues, Percent Responses Analyzed by Education					
	Less Than High School	High School or GED	Assoc. Degree or Vocational Training	College or Graduate Degree	Total Times Selected
1. Low Income/Poverty	26.9%	42.7%	56.5%	60.3%	277
2. Affordability of Health Services	46.2%	56.3%	52.2%	42.0%	274
3. Lack of/Inadequate Health Insurance	30.8%	46.6%	57.6%	46.0%	264
4. Unemployment	34.6%	47.1%	40.2%	42.0%	245
5. Dropping Out of School	50.0%	32.0%	40.2%	35.1%	210
6. Positive Activities for Teens	26.9%	32.0%	35.9%	40.8%	196
7. Neglect and Abuse (elder/child/domestic violence)	36.5%	21.4%	21.7%	23.0%	135
8. Crime	36.5%	30.1%	8.7%	18.4%	128

Group selection:

- The less-than high school education group selected dropping out more frequently than any other community issue.
- The high school/GED education group selected affordability of health services more frequently than any other community issue.
- The associate degree/vocational education group selected lack of/inadequate health insurance more frequently than any other community issue.
- The college/graduate degree education group selected low income/poverty more frequently than any other community issue.

Community issue selection:

- Dropping out of school, neglect and abuse, and crime were selected more frequently by the less-than high school education group than by any other education groups
- Affordability of health services and unemployment were selected more frequently by the high school/GED education group than by any other education group.
- Lack of/inadequate health insurance was selected more frequently by the associate degree/vocational training education group than by any other education group.
- Low income/poverty and positive activities for teens were selected more frequently by the college/graduate degree education group than by any other education group.

Community Issues, Stratified by Income

Leading Community Issues, Percent Responses Analyzed by Income					
	Less Than \$20,000	\$20,000 - \$39,999	\$40,000 - \$59,999	Over \$60,000	Total Times Selected
1. Low Income/Poverty	46.0%	47.8%	62.9%	46.5%	277
2. Affordability of Health Services	40.0%	56.6%	54.8%	46.5%	274
3. Lack of/Inadequate Health Insurance	33.0%	46.9%	51.6%	52.2%	264
4. Unemployment	46.0%	52.2%	42.7%	34.4%	245
5. Dropping Out of School	40.0%	31.9%	33.9%	40.1%	210
6. Positive Activities for Teens	27.0%	33.6%	39.5%	40.1%	196
7. Neglect and Abuse (elder/child/domestic violence)	25.0%	24.8%	27.4%	18.5%	135
8. Crime	32.0%	23.9%	21.8%	15.9%	128

Group selection:

- The less than \$20,000 income group equally selected both low income/poverty and unemployment more frequently than any other community issue.
- The \$20,000 to \$39,999 income group selected affordability of health services more frequently than any other community issue.
- The \$40,000 to \$59,999 income group selected low income/poverty more frequently than any other community issue.
- The over \$60,000 income group selected lack of/inadequate health insurance more frequently than any other community issue.

Community issue selection:

- Crime was selected most were selected more frequently by the less than \$20,000 income group than by any other income group
- Affordability of health services and unemployment were selected more frequently by the \$20,000 to \$39,999 income group than by any other income group.
- Low income/poverty and neglect and abuse were selected more frequently by the \$40,000 to \$59,999 income group than by any other income group.
- Lack of/inadequate health insurance, dropping out of school, and positive activities for teens were selected more frequently by the over \$60,000 income group than by any other income group.

Personal Health

The Stokes County Community Survey collected information that described respondents' personal health and health choices. The results of this portion of the survey offer some insight into lifestyle factors that affect the health of individuals in Stokes County.

Note: When participants are allowed to select more than one response for a question, the percent is a reflection of how often each option was chosen and does not indicate how often each response was chosen in combination with any other response. The total of the percent column is greater than 100.

1. What kind of health insurance or coverage do you have at the present time? (n=561)

Source	Number	Percent
Private health insurance I bought for myself	83	14.8
Private health insurance my employer provides	250	44.6
Private health insurance my spouse's employer provides	83	14.8
Medicaid	50	8.9
Medicare	151	26.9
Veterans' Administration Benefits	23	4.1
Other	33	5.9
I do not have health insurance or coverage at the present time.	33	5.9

"Other" write-in responses for health insurance or coverage included: TRICare (4); parents (4); Cobra (2); private insurance through parents (2); .AARP (1); BCBS through parents (1); Blue Advantage (1); Blue Cross Blue Shield (1); Blue Cross HMO (1); Blue Cross Supplemental (1); drug supplement (1); Health Care Access (1); HMO Partners (1); Humana (1); Med. Co. (1); medical assistance thru Novant (1); Medicare supplement (1); NC State Employees (1); Partners (1); provided by former employer (1); State Health plan (1); supplement (1).

- Approximately 45% of respondents have private health insurance provided by their employer.
- Almost 27% of respondents are covered by Medicare.
- Approximately 15% of respondents have private health insurance provided by their spouse's employer.
- Approximately 15% of respondents purchase their own private health insurance.

2. Where do you get most of your health-related information? Please choose only one. (n=552)

Source	Number	Percent
Friends and Family	70	12.7
Doctor/Nurse	335	60.7
Internet	77	13.9
Hospital	16	2.9
Help Lines	5	0.9
Pharmacist	5	0.9
School	3	0.5
Church	1	0.2
Books/Magazines	40	7.2

"Other" write-in responses included: pharmacist (8); books/magazines (7); internet (6); doctor/nurse (5); hospital (5); church (3); school (2); television (2); health department (1); local TV/Radio (1); help line (1); media of all types (1).

- Slightly over 60% of respondents get most of their health-related information from a doctor or nurse.
- Almost 14% of respondents get most of their health-related information on the Internet.

3. Where do you go most often when you are sick or need advice about your health? (n=557)

Place for Health Advice	Number	Percent
Doctor's Office in Stokes County	231	41.5
Doctor's Office in Another County	252	45.2
JR Jones Medical Center	2	0.4
Stokes Reynolds Hospital	8	1.4
Hospital Emergency Room in Another County	13	2.3
Health Department	18	3.2
Free Clinic	4	0.7
Urgent Care Center	5	0.9
Other	24	4.3

"Other" write-in responses included: hospital emergency room in another county (10); Stokes Reynolds Hospital (9); JR Jones Medical Center (5); health department (5); free clinic (4); don't go (3); doctor's office in another county (4); Baptist (2); internet (2); Winston-Salem (2); Aggeis King (1); grandmother (1); health care stores (1); naturopathic (1); nowhere (1); read about it (1); specialist out of county (1); VA (1); VA clinic in Winston Salem (1); wife (1); WS Health Care (1).

- The majority (86.7%) of respondents see a doctor when sick or in need of advice about their health.

4. About how long has it been since you last visited a doctor for a routine checkup? This does not include any times you visited the doctor because you were sick or pregnant. (n=555)

Time Since Last Medical Checkup	Number	Percent
Within the Past Year	394	71.0
1-2 Years Ago	100	18.0
3-5 Years Ago	22	4.0
5 or More Years Ago	31	5.6
I have never had a routine medical checkup.	8	1.4

- A large majority (71.0%) of respondents had a medical checkup within the past year.

5. Have you had your blood pressure checked in the last 12 months? (n=560)

	Number	Percent
Yes	526	93.9
No	34	6.1

- Only approximately 6% of respondents did *not* have a blood pressure check in the last 12 months.

6. Have you had your cholesterol checked in the last 12 months? (n=559)

	Number	Percent
Yes	430	76.9
No	129	23.1

- A large majority of respondents (76.9%) had a cholesterol check in the last 12 months.

7. In the past 12 months, did you have a problem getting the medical care you needed? (n=558)

	Number	Percent
Yes	46	8.2
No	512	91.8

- Only approximately 8% of respondents had a problem getting needed medical care in the past year.

8. If answering yes to question 7 (had a problem accessing needed medical care) which of these problems did you have? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in. (n=46)

Medical Care Access Problem	Number Yes Responses	Percent Yes Responses
I didn't have health insurance.	21	45.7
My insurance didn't cover what I needed.	7	15.2
My deductible/co-pay was too high.	11	23.9
Doctor would not take my insurance or Medicaid.	2	4.3
Hospital wouldn't take my insurance.	1	2.2
I didn't have a way to get there.	6	13.0
I didn't know where to go.	4	8.7
I couldn't get an appointment.	6	13.0
Other	7	15.2

Other problems that limited respondent's access to medical care: Dr misdiagnosed (1); hard to get time off work (1); insurance issues with move from another state (1); pain (1); wasn't satisfied with dr. recommended (1); workers comp (1); wrong diagnosis (1);

- Lack of health insurance was cited in the highest frequency as a reason for not getting needed health care.

9. In the past 12 months, did you have a problem filling a medically necessary prescription? (n=546)

	Number	Percent
Yes	42	7.7
No	504	92.3

- Less than 10% of respondents had a problem filling a medically necessary prescription.

10. Since you answered Yes to question #9 (had a problem filling a medically necessary prescription), which of these problems did you have? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in. (n=42)

Problem Filling a Medically Necessary Prescription	Number Yes Responses	Percent Yes Responses
I didn't have health insurance.	15	35.7
My insurance didn't cover what I needed.	18	42.9
My deductible/co-pay was too high.	13	30.9
Pharmacy would not take my insurance or Medicaid.	1	2.4
I didn't have a way to get there.	2	4.5
I didn't know where to go.	--	0.0
I couldn't get an appointment.	--	0.0
Other	4	9.5

Other reasons respondents couldn't get prescriptions filled: doctor filled out RX wrong and wouldn't change (1); had to pay cash price (1); pharmacy couldn't get from manufac. (1); wanted generic, but wasn't what dr. rx (1).

- The highest percentage of those who had a problem filling a prescription indicated it was because insurance didn't cover what was needed.

11. About how long has it been since you last visited a dentist for a routine checkup? Do not include times you visited the dentist because of an emergency. (n=546)

Time Since Last Dental Checkup	Number	Percent
Within the Past Year	367	67.2
1-2 Years Ago	67	12.3
3-4 Years Ago	38	7.0
5 or More Years Ago	64	11.7
I have never had a routine dental checkup.	10	1.8

- Approximately 67% of the respondents had been to the dentist for a routine checkup within the past year.
- Almost 14% of respondents either had never been to the dentist for a checkup or had not been within the last five years.

12. Was there a time during the past 12 months when you needed to get dental care, but could not? (n=551)

	Number	Percent
Yes	78	14.2
No	473	85.8

- Approximately 14% of respondents reported having a problem accessing dental care in the past 12 months.

13. Since you answered Yes to question 12 (had a problem getting dental care), why could you not get dental care? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in. (n=78)

Dental Care Access Problem	Number Yes Responses	Percent Yes Responses
I didn't have dental insurance.	52	66.7
My insurance didn't cover what I needed.	13	16.7
My deductible/co-pay was too high.	17	21.8
Dentist would not take my insurance or Medicaid.	4	5.1
I didn't have a way to get there.	5	6.4
I didn't know where to go.	3	3.8
I couldn't get an appointment.	6	7.7
Other	1	1.3

- The highest percentage of those who had a problem getting dental care indicated it was because they didn't have dental insurance

14. If a friend or family member needed counseling for a mental health, or drug or alcohol abuse problem, who would you tell them to call or talk to? (n=561)

Mental Health Provider Referral Suggestion	Number	Percent
Centerpoint	63	11.2
Daymark	28	5.0
Triumph	27	4.8
Doctor	146	26.0
Free Clinic	19	3.4
Private Counselor or Therapist	84	15.0
Minister or Religious Official	114	20.3
Mental Health Association	78	13.9
School Counselor	13	2.3
Support Group (AA, Al-Alon, etc.)	70	12.5
I don't know.	64	11.4
Other	15	2.7

"Other" write-in responses included: Acces line (STR) for appt (1); Access line (1); ask church member for referral (1); Behavioral Health (1); call MH coordinator (1); depends on circumstance and severity (1); depends on the individual (1); DSS (1); Mental Health Coordinator (1); out of county (1); PDFNC Insight (1); self (1); SOP for mental health (1); structured outpatient with Stokes Hosp (1).

- The greatest percentage of respondents (26%) indicated they would suggest a doctor if a friend or family member needed mental health counseling.
- Approximately 11% of respondents indicated they did not know where they would suggest a friend or family member go for mental health counseling.

Question 15, below, pertains to the kinds of problems respondents have in accessing community services. The following list details the categories used in the results table.

Lack of Information – Didn't know about or couldn't locate information about the service.

Cost – Service was too expensive or provider wouldn't accept my insurance.

Service Not Available – It took too long to get an appointment; provider wasn't taking new patients or enrollees; or inconvenient location or hours of operation.

No Problem – My family used this service but didn't have any problem accessing or using it.

Did Not Need the Service – My family hasn't needed this service in the past 12 months.

15. In the past 12 months have you or a member of your family needed any of the following community services but had difficulty finding or using the service? Please put a check in the box or boxes that most accurately describe what problem(s), if any, you had with the service.

The table below indicates actual number of responses in each cell.

Community Service	Lack of Information	Cost	Service Not Available	No Problem	Did Not Need the Service
Health Promotion and Wellness Programs (n=352)	26	13	3	117	193
Domestic Violence Services (n=339)	11	--	1	10	317
Enrolling in Medicaid or Medicare Services (n=346)	13	1	5	78	249
Mental Health Care or Counseling (n=357)	14	17	8	50	268
Drug or Alcohol Treatment Program (n=345)	10	6	2	21	306
Home Health Care Services (n=350)	11	4	2	43	290
Hospice (end-of-life care) (n=343)	5	--	--	31	307
Long-term Care (e.g., nursing home) (n=348)	9	5	2	31	301
Senior Citizen Nutrition Service (e.g., Meal on Wheels) (n=352)	11	3	5	30	303
Veterans' Medical Services (n=348)	8	1	3	35	301

- The majority of respondents selected "did not need service" for all the services listed.
- The category selected with second highest frequency was "no problem" for all community service categories.
- The majority of problems reported appeared to relate to a lack of information about services.

16. During the past 30 days, other than in your regular job, did you engage in any exercise activity that lasted at least a half an hour? (n=547)

	Number	Percent
Yes	391	71.5
No	156	28.5

- A large majority (approximately 72%) of respondents reported they did engage in a half-hour of physical activity in the past 30 days.

17. Since you answered Yes to question #16 (you did engage in physical activity), how many times did you engage in this activity during the past 30 days? (n=371)

Times in the Past 30 Days	Number	Percent
1 - 5	79	21.3
6 - 10	83	22.4
11 - 20	143	38.5
21 or More	66	17.8

- The greatest number of respondents (almost 39%) engaged in physical activity 11-20 times in the past 30 days.

18. Where do you go to engage in exercise/physical activities? Check all that apply. (n=371)

Exercise Location	Number	Percent
Stokes Family YMCA	78	21.0
Danbury YMCA	15	4.0
Local Park¹	103	27.8
Curves	18	4.9
At Home	275	74.1
Other²	95	25.6

¹ **Local Park:** Central Park (13); Recreation Acres (9); Germanton (5); Hanging Rock (6); King Central Park (2); King Rec (2); Lions Park (2); Tobaccoville (2); Dan River (1); Farris, Hanging Rock (1); Germanton Park (1); Germanton, Lions (1); Jack Fowler (1); King (1); King Central, Pilot Mtn (1); KRA (1); Matock (1); Mooratock (1); Pilot Mtn (1); Rural Hall (1); State Parks; Virginia Fairy Stone (1).

² **"Other" write-in responses included:** Senior Center (17); walk (7); Fitness 2000 (6); work (5); garden/yard (4); golf (3); Armfield Center (2); church (2); farm work (2); Fulton Family YMCA (2); beach (1); Belews Lake (1); bowling alley (1); coaching sports (1); community bldg, senior site (1); dance (1); dance studio (1); fitness center (1); Fitness for Her (1); Hanging Rock (1); Hike (1); King Fitness (1); Lions Field (1); middle school (1); my street (1); N Stokes HS (1); out of town (1); outside anywhere (1); Peak Fitness (1); ProHealth in Mt. Airy (1); Rec Acres (1); run on the roads in King (1); school PE with kids (1); school track (1); Spears YMCA (1); the gym as a guest of member (1); the river (1); track (1); trails, state parks (1); with friends (1).

- The greatest proportion (74%) of respondents indicated that the location where they engage in physical activity is "at home".
- The next largest percentage (~28%) engage in physical activity in local parks.
- Almost 21% of respondents report using the Stokes Family YMCA to engage in physical activity.

19. Since you answered *No* to question #17 (do not engage in physical exercise), why didn't you engage in physical activity? You can check as many of these reasons as you need to. (n=156)

Reason for Not Engaging in Physical Activity	Number	Percent
My job is physical or hard labor.	15	9.6
Exercise is not important to me.	3	1.9
I don't have access to a facility that has the things I need (e.g., pool, golf course, track).	26	16.7
I don't have enough time to exercise.	37	23.7
I would need child care and I don't have it.	5	3.2
I don't know how to find exercise partners or teams.	7	4.4
I don't like to exercise.	25	16.0
It costs too much to exercise (equipment, shoes, gym costs, etc.).	19	12.2
There is no safe place to exercise.	6	3.8
I'm too tired to exercise.	38	24.5
I'm physically disabled.	27	17.3
I don't know.	18	11.5
Other	21	13.5

"Other" write-in responses included: recent surgery (3); lack of motivation (3); lazy (2); age (1); day or time they have classes (1); didn't make the time (1); didn't take the time (1); got hurt (1); have been sick (1); in constant pain (1); injured (1); Just didn't (1); just lazy (1); limited hours at facilities (1); my body hurts (1); my feet hurt (1); spouse housebound at times (1).

- The most common reasons reported for not engaging in physical activity were "not have enough time" and "too tired to be physically active", each offered by approximately 24% of respondents who do not engage in physical activity.

20. Think back to the past 30 days. On how many days out of the last 30 did you drink alcohol of any kind? (n=532)

Number of Days Out of 30	Number	Percent
Never	393	73.9
1-7	101	18.9
8-14	11	2.1
15-21	16	3.0
22-30	11	2.1

- Approximately 26% of respondents reported that they consumed alcohol at some point in the past 30 days.

21. How many times during the past 30 days did you have more than five drinks in one day? (n=139)

Number of Times	Number	Percent
1-7	24	17.3
8-14	1	0.7
15-21	1	0.7
22-30	1	0.7

- The consumption of five drinks or more in a single day is one definition of “binge drinking.” Of the 139 respondents who reported that they do consume alcohol, 27 (19.4%) would qualify as binge drinkers by that definition.

22. Do you smoke cigarettes or cigars? (n=551)

	Number	Percent
Never	308	55.9
I used to smoke but have quit.	154	27.9
I smoke occasionally (less than one cigarette or cigar per day).	16	2.9
I smoke one (1) pack or less a day.	58	10.5
I smoke more than one (1) pack a day.	15	2.7

- Almost 84% of respondents reported they either never smoked or used to smoke but have now quit.
- Approximately 16% of respondents indicated they still smoke cigarettes.

If you smoke *more* than one pack a day, how many packs do you smoke in a day? (n=10)

- Of the 10 responses to this question, one respondent indicated they smoked 2.5 packs daily, four respondents indicated they smoked 2 packs daily, and five respondents indicated they smoked approximately 1.5 packs daily.

23. How often do you currently use chewing tobacco or snuff (smokeless tobacco)? (n=552)

	Number	Percent
Not at All	533	96.6
Every Day	12	2.2
On Some Days	7	1.3

- Only approximately 3% of respondents reported they use chewing tobacco or snuff.

24. If you currently smoke, where would you go for help in order to quit? (n=89)

Resource for Quitting Smoke Tobacco Products	Number	Percent
Doctor	40	44.9
Church	1	1.1
Pharmacy	2	2.2
Private Counselor/Therapist	2	2.2
Quit Now NC	3	3.3
Health Department	3	3.3
I don't know.	22	24.7
Other	5	5.6
Not applicable; I don't want to quit.	35	39.3

"Other" write-in responses included: employer (1); just stop (1); my choice (1).

- "Doctor" was the most frequent choice as a resource for helping to quit smoking.
- Approximately 40% of the respondents who reported they smoke do *not* want to quit.

25. Where are you exposed to secondhand smoke? You may check as many as necessary. (n=561)

Second Hand Smoke Exposure	Number	Percent
Home	103	18.4
Workplace	81	14.4
Hospitals	4	0.7
Restaurants	266	47.4
School	13	2.3
Car	60	10.7
Other	61	10.9
I am not exposed to secondhand smoke.	146	26.0

"Other" write-in responses included: family homes (15); friends homes (6); public (3); stores (3); Ball games/ball field (2); church; gas stations (2); other people's homes (2); all (1); American Legion in King (1); bowling alley (1); client homes (1); everywhere (1); government buildings (1); grocery stores (1); group meetings (1); high school sporting events (1); just about everywhere (1); lounge (1); nutrition site (1); outdoor activities (1); outside stores (1); relatives (1); Senior Center Francisco (1); some buildings (1); visitors at my home (1); when relatives visit (1).

- Fully 26% of respondents said they were not exposed to second-hand smoke.
- Exposed respondents said they were most frequently exposed to second hand smoke at restaurants, at home, and at work.

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26. Are you in support of tobacco free environments (e.g., schools, hospitals, restaurants)? (n=528)

	Number	Percent
Yes	425	80.5
No	103	19.5

- Approximately 81% of respondents support tobacco free environments.

27. Have you ever been told by a doctor, nurse, or other health professional that you have any of the conditions? (n=543)

Diagnosis	Number	Percent
Asthma	84	15.5
Depression)	124	22.8
High Blood Pressure	232	42.7
High Cholesterol	240	44.4
Diabetes (not during pregnancy)	73	13.5
Osteoporosis	52	9.6
Overweight/Obesity	176	32.4

- High cholesterol, high blood pressure, and overweight/obesity were the most frequently reported diagnoses among respondents.

The table below stratifies the responses to the question above on the basis of age, education, and income.

	Asthma	Depression	Diabetes	High Blood Pressure	High Cholesterol	Overweight/ Obesity	Osteoporosis
Age							
18-39	20.0	31.7	2.5	16.7	11.7	33.3	1.7
40-64	15.9	27.7	10.8	37.8	46.4	37.5	10.0
65 and Over	11.0	10.4	23.6	68.1	64.2	23.3	15.3
Education							
Less Than High School	16.0	34.0	18.0	46.0	38.8	16.0	12.0
High School or GED	17.3	22.8	13.3	45.7	48.0	28.4	12.7
Assoc. Degree/ Vocational	16.5	19.8	9.9	38.5	36.3	39.6	5.5
College/Graduate Degree	12.1	21.3	11.5	39.7	44.3	40.8	8.0
Income							
Less Than \$20,000	20.4	40.8	22.7	52.0	44.3	29.9	15.3
\$20,000-\$29,999	20.9	21.8	12.8	44.5	41.8	28.2	7.3
\$40,000-\$59,999	11.4	17.9	11.4	39.0	44.7	36.6	8.9
\$60,000 or More	11.5	17.3	7.7	33.3	41.0	38.2	6.4

Asthma

- The proportion of respondents with asthma is highest in the age group 18 to 39.
- Respondents in the less-than high school education group had the highest percentage with asthma.
- Respondents earning \$29,999 or less had a higher percentage with asthma than respondents in other income groups.

Depression

- The age group 18 to 39 had the highest proportion of respondents with depression.
- Respondents in the less-than high school education group had the highest percentage with depression.
- Respondents earning less than \$20,000 had a higher percentage with depression than respondents in other income groups.

Diabetes

- Respondents in the 65 and over age group had the highest percentage with diabetes.
- Respondents in the less-than high school education group had the highest percentage with diabetes.
- Respondents earning less than \$20,000 had a higher percentage with diabetes than respondents in other income groups.

High Blood Pressure

- The proportion of respondents with high blood pressure increases as age increases. While ~17% of 18-39 year old report high blood pressure, 68% of those aged 65 and older report the same diagnosis.
- All education groups reported similar percentages diagnosed with high blood pressure.
- Respondents earning less than \$20,000 had a higher percentage with high blood pressure than other income groups.

High Cholesterol

- As age increases the proportion of respondents reporting a diagnosis of high cholesterol also increases.
- Respondents in the high school/GED education category had the highest percentage with high cholesterol
- Respondents earning \$40,000-\$59,000 had a higher percentage with high cholesterol than respondents in other income groups.

Overweight/Obesity

- The age group 40-64 had the highest percentage of overweight/obesity.
- Obesity appears to increase in frequency as education level increases. Respondents in the college/graduate degree education category had the highest percentage of overweight/obese.
- Respondents earning \$60,000 or more or more had a higher percentage of overweight/obesity than respondents in other income groups.

Osteoporosis

- The prevalence of osteoporosis increases with age. Respondents in the 18 to 39 age group had the lowest percentage with osteoporosis; respondents in the 65 and over age group the highest.
- Respondents in the two lowest education groups reported a higher prevalence of osteoporosis than respondents in the two highest education groups.
- Respondents earning less than \$20,000 had a higher percentage with osteoporosis than respondents in other income groups.

28. If you are a male age 40 or older, do you have an annual prostate exam? (n=108)

	Number	Percent
Yes	83	76.9
No	25	23.1

Number of men over 40 who gave their age on the survey = 102

- Approximately 77% of male respondents who answered this question reported they have an annual prostate exam.

The table below stratifies the responses to the question above on the basis of age, education, and income.

Annual Prostate Exams Stratified		
	Yes	No
Education		
Less Than High School	76.9%	23.1%
High School or GED	79.3%	20.7%
Assoc. Degree/Vocational Training	83.3%	16.7%
College/Graduate Degree	76.3%	23.7%
Income		
Less Than \$20,000	64.3%	35.7%
\$20,000-\$29,999	76.3%	23.7%
\$40,000-\$59,999	82.1%	17.9%
\$60,000 or More	76.3%	23.7%

- Respondents in the associate degree/vocational training education group had the highest percentage getting an annual prostate exam. The college/graduate degree education group had the lowest percentage.
- Respondents earning \$40,000-\$59,999 had the highest percentage getting an annual prostate exam. Respondents earning less than \$20,000 had the lowest percentage.

29. If you are female age 40 or over, do you get an annual mammogram? (n=325)

	Number	Percent
Yes	259	79.7
No	66	20.3

Number of women over 40 who gave their age on the survey = 316

- Approximately 80% of women who responded to this question reported having an annual mammogram.

The table below stratifies the responses to the question above on the basis of age, education, and income.

Annual Mammogram Stratified		
	Yes	No
Education		
Less Than High School	46.2%	53.8%
High School or GED	84.3%	15.7%
Assoc. Degree/Vocational Training	85.7%	14.3%
College/Graduate Degree	79.1%	20.9%
Income		
Less Than \$20,000	65.5%	34.5%
\$20,000-\$29,999	80.0%	20.0%
\$40,000-\$59,999	83.6%	16.4%
\$60,000 or More	85.2%	14.8%

- Respondents in the associate degree/vocational training education category had the highest percentage getting an annual mammogram. The less-than high school group had the lowest percentage.
- Respondents earning \$60,000 or more had the highest percentage getting an annual mammogram. Respondents earning less than \$20,000 had the lowest percentage.

30. If you are a female age 21 or older, do you have a pap smear at least every other year? (n=396)

	Number	Percent
Yes	313	79.0
No	83	21.0

Number of women age 21 or older who gave their age on the survey = 411

- 79% of the eligible (female age 21 or older) respondents have a Pap test at least every other year.

The table below stratifies the responses to the question above on the basis of age, education, and income.

Annual Pap Test Stratified		
	Yes	No
Education		
Less Than High School	58.6%	41.4%
High School or GED	75.3%	24.7%
Assoc. Degree/Vocational Training	83.3%	14.7%
College/Graduate Degree	84.6%	15.4%
Income		
Less Than \$20,000	60.0%	40.0%
\$20,000-\$29,999	71.4%	28.6%
\$40,000-\$59,999	88.9%	11.1%
\$60,000 or More	88.1%	11.9%

Note: Some respondents who are less than 21 are included in this stratification.

- Respondents in the college/graduate degree education category had the highest percentage getting an annual pap test. The less-than high school group had the lowest percentage.
- Respondents earning \$40,000 to \$59,000 had the highest percentage getting an annual pap test. Respondents earning less than \$20,000 had the lowest percentage.

31. Males and females: If you are age 50 or older, have you ever had a colon cancer screening? (n=333)

	Number	Percent
Yes	242	72.7
No	91	27.3

Number of respondents in the age groups, 40 - 65 or older, who gave their age on the survey = 422

- Approximately 27% of eligible (age 50 or older) respondents indicated they have never had colon cancer screening.

The table below stratifies the responses to the question above on the basis of age, education, and income.

Colon Cancer Screening Stratified		
	Yes	No
Education		
Less Than High School	63.9%	36.1%
High School or GED	74.8%	25.2%
Assoc. Degree/Vocational Training	61.7%	38.3%
College/Graduate Degree	78.1%	21.9%
Income		
Less Than \$20,000	64.1%	35.9%
\$20,000-\$29,999	61.5%	38.5%
\$40,000-\$59,999	75.0%	25.0%
\$60,000 or More	81.7%	18.3%

- Respondents in the college/graduate degree education category had the highest percentage getting an annual colon cancer screening. The associate degree/vocational training group had the lowest percentage.
- Respondents earning \$60,000 or more had the highest percentage getting an annual colon cancer screening. Respondents earning \$20,000-\$29,999 had the lowest percentage.

32. Below is a list of people you may be taking care of in your home. Please put a check mark on the appropriate line if you are the primary caregiver for any of the following people. (n=561)

Caretaking	Number	Percent
Elderly or Disabled Parent	27	4.8
Disabled Spouse	12	2.1
Disabled Child	7	1.2
Other	7	1.2

"Other" write-in responses included: child (1); disabled sibling (1); elderly aunt (1); mental health (1).

- Respondents cited caretaking for an elderly or disabled parent more frequently than the other choices.

In the past 12 months, did you have a difficult time finding care for the person or people you checked above? (n=50)

Difficulty Finding Care	Number	Percent
Yes	20	40.0
No	30	60.0

- Approximately 40% of those caring for another person had difficulty with the task.

If yes, what was the main problem you had?

Write-in responses included: money (2); availability (1); because of child's age hard to get anyone to listen (1); communication (1); dependable person (1); finding a reputable and trained community support worker (1); finding an affordable program (1); finding someone who is good and cost effective (1); getting help for adult over 21 (1); health care (1); look for part-time (1); no caregiver support unless in hospice (1); no one wanted to help us (1); no services for Alzheimer's patients (1); no trans, medical coverage (1); not available or too costly (1); reliable people (1).

Emergency Preparedness

33. Does your household have properly working:

	Number of Yes Answers	Percent
Smoke Detectors? (n=543)	508	93.6
Carbon Monoxide Detectors? (n=534)	197	36.9
Fire Extinguishers? (n=539)	373	69.2

- A very large majority of respondents (~94%) reported having smoke detectors.
- Slightly more than one-third of respondents (~37%) reported having a carbon monoxide detector.
- Almost 70% of respondents reported having a fire extinguisher.

Adult Door-to-Door Survey

The Door-To-Door Survey among Stokes County adults was implemented on August 20, 21 and 22, 2008. The survey was conducted via a random sampling of community members, based on an underlying census-block scheme, with residences chosen randomly within each census block. Ten teams made up of two people canvassed designated census block areas throughout the county, entering the information into a handheld computer. The data from the handheld computers was downloaded into a single database the contents of which the NCIPH analyzed using EpiInfo. This survey yielded 193 sets of usable responses.

The door-to-door survey was conducted not only to gather data but also to give the canvassers experience in using the *rapid needs assessment technique*, which is often invoked in the event of natural disasters and other community emergencies. One of the unique benefits of this labor-intensive methodology is the opportunity for service providers to meet members of the community face-to-face to hear about their concerns, and for the community members to meet and “put a face on” community service agencies. Participants in this process often remark that the experience was beneficial to both the respondents and the canvassers.

Because the questions on the door-to-door survey did not precisely match the questions on the paper survey, it is not possible to combine the two data sets for analysis. This section reports the results of the door-to-door survey and highlights certain significant valid comparisons with the paper survey. Because the number of respondents for the door-to-door survey (193) is considerably smaller than the number of participants in the paper survey (561) they have not been stratified.

Results

Note: The order of some of the questions in the analysis may differ from their order in the actual survey, having been rearranged for clarity.

Demographic Questions

1. Do you work in Stokes County? (n=188)

	Number	Percent
Yes	56	29.8
No	132	70.2

- The majority of these respondents (~70%) leave the county for work. This is a higher proportion of out-of-county workers than in the paper survey (53%)

2. How old are you? (n=192)

Age	Number	Percent
18 - 20	4	2.1
21 - 25	6	3.1
26 - 39	15	7.8
40 - 54	56	29.2
55 - 64	40	20.8
65 or Older	71	37.0

- A large majority (87%) of these respondents were over 39 years of age, and 37% were age 65 or older. These figures are higher than the comparable figures for respondents in the paper survey (77% and 31%, respectively).
- Overall the respondents to the door-to-door survey were older than the respondents to the paper survey.

3. Are you male or female? (n=192)

Gender	Number	Percent
Male	73	38.0
Female	119	62.0

- The majority (62%) of these survey respondents were female. The proportion of female respondents for the paper survey was 77%.

4. What is your race or ethnicity? (n=193)

Race or Ethnicity	Number	Percent
African American/Black	14	7.3
Asian/Pacific Islander	--	--
Hispanic/Latino	1	0.5
Native American	--	--
White/Caucasian	178	92.2
Other	--	--

- Minorities comprised 7.8% of these survey respondents, which is comparable to the figure of 8% of the paper survey respondents.

5. What is the highest level of school, college or training that you have finished? (n=193)

Educational Level	Number	Percent
Less than High School	42	21.8
High School Diploma or GED	77	39.3
Associate's Degree or Vocational Training	42	21.8
College Degree	22	11.4
Graduate Degree or Higher	6	3.1
Other	4	2.1

"Other" write-in responses included: 8th grade (2); some college (2); 11th grade (1); 6th grade (1); 9th grade (1); CNA (1); college current (1); some courses (1).

- Approximately 22% of these respondents had less than a high school diploma; this compares to a figure of 10% for the paper survey.
- Approximately 15% of these respondents earned a college degree or graduate degree or higher; this compares to a figure of 32% for the paper survey.
- Overall, the respondents to the door-to-door survey were less well educated than the respondents to the paper survey.

6. What was your total household income last year, before taxes? (n=173)

Income	Number	Percent
Less than \$20,000	45	26.0
\$20,000- \$39,999	52	30.1
\$40,000- \$59,999	35	20.2
\$60,000 or More	41	23.7

- Approximately 26% of these respondents had a household income of less than \$20,000, and 56% had a household income of less than \$40,000. These figures compare to approximately 20% and 43%, respectively, for the paper survey respondents.
- Approximately 24% of these respondents had a household income of \$60,000 or more, compared to a figure of 32% for the paper survey respondents.
- Overall, the respondents to the door-to-door survey had a lower average income than the respondents to the paper survey.

7. What is your employment status? (n=193)

Employment	Number	Percent
Employed Full-Time	59	30.6
Employed Part-Time	27	14.0
Retired	76	39.4
Unemployed	10	5.2
Disabled	13	6.7
Student	6	3.1
Homemaker	24	12.4

Note: Because participants were allowed to select more than one response, the percent is a reflection of how often each option was chosen and does not indicate how often each response was chosen in combination with any other response. Consequently, the total of the percent column is greater than 100 and the total of the number column is greater than 193.

- Approximately 45% of these respondents were employed full or part-time, compared to 56% of the paper survey respondents.
- Approximately 39% of these respondents were retired, compared to 30% of the paper survey respondents.
- Approximately 7% of these respondents were disabled, compared to 3% of the paper survey respondents.
- Approximately 12% of these respondents were homemakers, compared to 5% of the paper survey respondents.
- Overall, the door-to-door survey had higher proportions of elderly, retired, and disabled persons and homemakers. This is not unexpected for a survey conducted in private residences during the daytime: these are the people who are most likely to be homebound during the day.

8. Do you have access to the Internet? (n=193)

	Number	Percent
Yes	121	62.7
No	72	37.3

- Approximately 63% of these respondents reported they had access to the Internet, compared to 75% of the paper survey respondents.

If you answered yes, where do you usually access the Internet? (n=193)

Note: technical coding irregularities on the handheld data entries made analysis of this follow-up question impossible.

Health Problems

Survey participants were presented an alphabetized list of 24 **health problems** and asked to select the **five** they thought had the greatest overall impact on health in Stokes County. They also had the option of offering a write-in topic of their choice as one of the five. The list of responses below is arranged in descending order of the frequency with which a named problem was chosen.

Ranking of Health Problems in Stokes County (n=193)

Health Problem	Number of Responses	Percent of Responses
1. Aging Problems (dementia, Alzheimer's, arthritis, hearing or vision loss, etc.)	110	57.0
2. Cancer ¹	103	53.4
3. Heart Disease/Heart Attacks	99	51.3
4. Diabetes	82	42.5
5. Obesity/Overweight	57	29.5
6. Mental Health (depression, schizophrenia, etc.)	56	29.0
7. Stroke	55	28.5
8. Teenage Pregnancy	52	26.9
9. Motor Vehicle Accidents	48	24.9
10. Accidental Injuries (home or work-related falls, drowning, choking, poisoning, etc.)	39	20.2
11. Lung Disease (emphysema, chronic bronchitis, etc.)	35	18.1
12. Suicide, Suicide Attempts, Self Injury	31	16.1
13. Asthma	23	11.9
14. Dental Health	16	8.3
15. Infectious/Contagious Diseases (TB, pneumonia, flu, salmonella, etc.)	16	8.3
16. Other ²	16	8.3
17. Infant Death	15	7.8
18. Kidney Disease	14	7.3
19. Neurological Disorders (multiple sclerosis, ALS, muscular dystrophy, etc.)	13	6.7
20. Birth Defects	10	5.2
21. HIV/AIDS	8	4.1
22. Sexually Transmitted Diseases (STDs)	7	3.6
23. Gun-Related Injuries	6	3.1
24. Liver Disease	6	3.1

¹ Types of cancer named with noteworthy numbers indicated: lung (16); all kinds (11); breast (11); general (5); colon (2); prostate (2); alcohol abuse, dwi (1); bone (1); brain (1); brain tumors (1); liver (1); liver pancreas lung brain (1); pancreatic (1); skin (1).

² "Other" write-in responses included: high blood pressure (3); water quality (2); alcoholism (1); arthritis (1); drug (1); elder abuse, drugs (1); hearing vision (1).

- These respondents cited problems of aging, cancer, heart disease, diabetes, and obesity/overweight as the five most important health problems in Stokes County.

Unhealthy Behaviors

Survey participants were presented an alphabetized list of 19 **unhealthy behaviors** and asked to select the **five** they thought had the greatest overall impact on health in Stokes County. They also had the option of offering a write-in topic of their choice as one of the five. The list of responses below is arranged in descending order of the frequency with which a named problem was chosen.

Note: There were slight differences between the lists of unhealthy behaviors on the door-to-door and paper surveys.

Ranking of Unhealthy Behaviors in Stokes County (n=193)

Unhealthy Behavior	Number of Responses	Percent of Responses
1. Drug Abuse	131	67.9
2. Alcohol Abuse	127	65.8
3. Lack of Exercise	98	50.8
4. Other	75	38.9
5. Poor Eating Habits	74	38.3
6. Unsafe Sex	69	35.8
7. Not Using Child Safety Seats	62	32.1
8. Smoking/Tobacco Use	62	32.1
9. Violent Behavior	47	24.4
10. Not Going to the Doctor for Yearly Checkup/Screening	36	18.7
11. Rape/Sexual Assault	32	16.6
12. Not Getting Prenatal (pregnancy) Care	21	10.9
13. Domestic Violence	19	9.8
14. Suicide	16	8.3
15. Not Getting Immunizations ("shots") to Prevent Disease	15	7.8
16. Not Going to the Dentist for Preventive Checkups and Care	12	6.6
17. Not Using Seat Belts	9	4.7
18. Reckless/Drunk Driving	5	2.6
19. <i>No field name given on code sheet</i>	5	2.6

"Other" write-in responses included: child abuse (1); lack of self-purpose (1); lack of exercise (1); (1); pedophilia (1); teen abuse (1); unemployed (1).

- These respondents cited drug abuse, alcohol abuse, lack of exercise, poor eating habits, and having unsafe sex as the most important five individual unhealthy behaviors in Stokes County.

Community Issues

Survey participants were presented an alphabetized list of 24 **community issues** and asked to select the **five** they thought had the greatest overall impact on quality of life in Stokes County. They also had the option of offering a write-in a topic of their choice as one of the five. The list of responses below is arranged in descending order of the frequency with which a named problem was chosen.

Ranking of Community Issues in Stokes County (n=193)

Community Issue	Number of Responses	Percent of Responses
1. Dropping Out of School	89	46.1
2. Affordability of Health Services	76	39.4
3. Low Income/Poverty	75	38.9
4. Lack of/Inadequate Health Insurance	75	38.9
5. Unemployment	74	38.3
6. Neglect and Abuse Specify child, elder or domestic violence ¹	66	34.2
7. Animal Control Issues	61	31.6
8. Crime	58	30.1
9. Positive Activities for Teens	57	29.5
10. Lack of Health Care Providers ²	34	17.6
11. Healthy Family Activities	32	16.6
12. Violent Crime (murder, assault, etc.)	29	15.0
13. Transportation Options	23	11.9
14. Pollution (air, water, land)	22	11.4
15. Availability of Child Care	21	10.9
16. Unsafe, Un-maintained Roads	20	10.4
17. Lack of Recreational Facilities (parks, trails, community centers, etc.)	19	9.8
18. Homelessness	18	9.3
19. Inadequate/Unaffordable Housing	16	8.3
20. Availability of Healthy Food Choices	12	6.2
21. Racism	12	6.2
22. Other ³	6	3.1
23. Bioterrorism	2	1.0
24. Lack of Culturally Appropriate Services for Minorities	2	1.0

¹ The category for "Neglect and abuse" gave the option to write in one or more types of abuse. The choices were elder abuse, child abuse or domestic violence. Of the 36 respondents that wrote in a type or types, 24 indicated elder abuse, nine indicated child abuse, and 3 indicated domestic violence.

² Of the 91 people who selected "lack of health care providers" as a community issue, 10 of them wrote in a type of provider they felt was lacking. The list includes the following: doctors (3); children (1); daycare (1), dental (1); doctors at hospital (1); home health (1); prescription costs too high (1); specialists (1).

³ "Other" write-in responses for community issues included: domestic violence (3); elder abuse (2); child abuse (2), emphysema (1).

- These respondents cited dropping out of school, affordability of health services, low income/poverty, lack of/inadequate health insurance and unemployment as the five most important community issues in Stokes County.

Personal Health

A portion of the Stokes County Community Survey collected information on respondents' personal health behaviors. The results of this portion of the survey offer some insight into lifestyle factors that affect the health of individuals in Stokes County.

Note: When participants are allowed to select more than one response for a question, the percent is a reflection of how often each option was chosen and does not indicate how often each response was chosen in combination with any other response. Therefore the total of the percent column is sometimes greater than 100.

1. What kind of health insurance or coverage do you have at the present time? (n=193)

Source	Number	Percent
Private health insurance I bought for myself	32	16.6
Private health insurance my employer provides	62	32.1
Private health insurance my spouse's employer provides	32	16.6
Medicaid	15	7.8
Medicare	72	37.3
Veterans' Administration Benefits	3	1.6
Other	34	17.6
I do not have health insurance or coverage at the present time.	--	--

"Other" write-in responses for health insurance or coverage included: NONE (21); HMO (4); supplement (3); Banker Life (1); Blue Cross Blue Shield (1); COBRA (1); disability (1); Evercare (1); family insurance (1); Medicare_HMO (1); NA (1); private insurance by parent (1); students (1); United_Teachers (1); widow benefit (1).

- Approximately 65% of these respondents had private medical insurance, compared to approximately 74% of the paper survey respondents.
- Approximately 37% of these respondents were covered by Medicare, compared to 27% of the paper survey respondents.

2. Where do you get most of your health-related information? Please choose only one. (n=193)

Source	Number	Percent
Friends and Family	26	13.5
Doctor/Nurse	126	65.3
Internet	21	10.9
Hospital	7	3.6
Help Lines	2	1.0
Pharmacist	2	1.0
School	--	--
Church	--	--
Books/Magazines	9	4.7

- Approximately 65% of these respondents get most of their health-related information from a doctor or nurse; this figure compares to 61% for the paper survey.
- Approximately 11% of these respondents get their health information from the Internet, compared to 14% of paper survey respondents.

3. Where do you go most often when you are sick or need advice about your health? (n=193)

Place for Health Advice	Number	Percent
Doctor's Office in Stokes County	26	13.5
Doctor's Office in Another County	126	65.3
JR Jones Medical Center	21	10.9
Stokes Reynolds Hospital	7	3.6
Hospital Emergency Room in Another County	2	1.0
Health Department	2	1.0
Free Clinic	--	--
Urgent Care Center	--	--
Other	9	4.7

- The majority (~65%) of these respondents seeks the care of a doctor's office in another county when sick or need advice about their health. The comparable figure for the respondents to the paper survey was 45%.

4. About how long has it been since you last visited a doctor for a routine checkup? This does not include any times you visited the doctor because you were sick or pregnant. (n=191)

Time Since Last Medical Checkup	Number	Percent
Within the Past Year	143	74.9
1-2 Years Ago	25	13.1
3-5 Years Ago	13	6.8
5 or More Years Ago	10	5.2
I have never had a routine medical checkup.	--	--

- The majority (~75%) of these respondents reported having had a medical checkup within the past year. This figure compares to 71% for the respondents to the paper survey.

5. Have you had your blood pressure checked in the last 12 months? (n=193)

	Number	Percent
Yes	172	89.1
No	21	10.9

- A large majority of these respondents (89%) reported having had their blood pressure checked in the past 12 months. This figure compares to 94% for the respondents to the paper survey.

6. Have you had your cholesterol checked in the last 12 months? (n=193)

	Number	Percent
Yes	146	75.6
No	46	23.8
Unknown	1	0.5

- A significant majority (~76%) of these respondents reported having had a cholesterol check in the last 12 months. This figure compares to 77% for the respondents to the paper survey.

7. In the past 12 months, did you have a problem getting the medical care you needed? (n=192)

	Number	Percent
Yes	12	6.3
No	178	92.7
Unknown	2	1.0

- Only ~6% of these respondents reporting having had a problem getting needed medical care in the past year. This compares to a figure of 8% for the respondents to the paper survey.

8. If answering yes to question 7, [having a problem accessing needed medical care] which of these problems did you have? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in. (n=11)

Medical Care Access Problem	Number Yes Responses	Percent Yes Responses
I didn't have health insurance.	7	63.6
My insurance didn't cover what I needed.	2	18.2
My deductible/co-pay was too high.	1	9.1
Doctor would not take my insurance or Medicaid.	--	--
Hospital wouldn't take my insurance.	--	--
I didn't have a way to get there.	--	--
I didn't know where to go.	--	--
I couldn't get an appointment.	--	--
Other	1	9.1

Other problems that limited respondent's access to medical care: no referral (1).

- The problem reported with the highest frequency by these respondents was lack of health insurance. This was the same problem reported with highest frequency by the respondents to the paper survey.

9. In the past 12 months, did you have a problem filling a medically necessary prescription? (n=192)

	Number	Percent
Yes	14	7.3
No	178	92.7

- Approximately 7% of these respondents reported having had a problem filling a medically necessary prescription; this is similar to the frequency with which respondents to the paper survey reported trouble filling a prescription (8%).

10. Since you answered Yes to question #9 [problem filling a medically necessary prescription], which of these problems did you have? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in. (n=14)

Problem Filling a Medically Necessary Prescription	Number Yes Responses	Percent Yes Responses
I didn't have health insurance.	4	28.5
My insurance didn't cover what I needed.	4	28.5
My deductible/co-pay was too high.	7	50.0
Pharmacy would not take my insurance or Medicaid.	--	--
I didn't have a way to get there.	--	--
I didn't know where to go.	--	--
I couldn't get an appointment.	--	--
Other	2	14.3

Other reasons respondents couldn't get prescriptions filled: mixup (1); needed prior authorization (1).

- The problem reported with the highest frequency by these respondents was that the deductible or co-pay was too high. The problem reported with the highest frequency by the respondents to the paper survey was that their insurance didn't cover what was needed.

11. About how long has it been since you last visited a dentist for a routine checkup? Do not include times you visited the dentist because of an emergency. (n=191)

Time Since Last Dental Checkup	Number	Percent
Within the Past Year	112	58.6
1-2 Years Ago	35	18.3
3-4 Years Ago	10	5.2
5 or More Years Ago	33	17.3
I have never had a routine dental checkup.	1	0.5

- Approximately 59% of these respondents had been to the dentist for a routine checkup within the past year. This figure compares to 67% for the respondents to the paper survey.

12. Was there a time during the past 12 months when you needed to get dental care, but could not? (n=190)

	Number	Percent
Yes	21	11.1
No	168	88.4
Unknown	1	0.5

- Approximately 11% of these respondents reported having had a problem getting dental care. This compares to a figure of 14% for respondents to the paper survey.

13. Since you answered Yes to question 12 [having a problem getting dental care], why could you not get dental care? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in. (n=21)

Dental Care Access Problem	Number Yes Responses	Percent Yes Responses
I didn't have dental insurance.	14	66.7
My insurance didn't cover what I needed.	1	4.8
My deductible/co-pay was too high.	8	38.1
Dentist would not take my insurance or Medicaid.	1	4.8
I didn't have a way to get there.	--	--
I didn't know where to go.	--	--
I couldn't get an appointment.	1	4.8
Other	1	4.8

Other reasons respondents couldn't get prescriptions filled: I was sick and couldn't (1); no money (1).

- The problem reported with the highest frequency by these respondents was that they did not have dental insurance. This is also the problem reported with the highest frequency by the respondents to the paper survey.

14. If a friend or family member needed counseling for a mental health, or drug or alcohol abuse problem, who would you tell them to call or talk to? (n=193)

Mental Health Provider Referral Suggestion	Number	Percent
Centerpoint	17	8.8
Daymark	6	3.1
Triumph	6	3.1
Doctor	62	32.1
Free Clinic	4	2.1
Private Counselor or Therapist	--	--
Minister or Religious Official	39	20.2
Mental Health Association	33	17.1
School Counselor	4	2.1
Support Group (AA, Al-Alon, etc.)	23	11.9
I don't know.	30	15.5
Other	8	4.1

"Other" write-in responses included: ain't nowhere (1); couny (1); DDanbury (1); EAP (1); Forsygh Hospital (1); Forsyth County (1); Health Dept. (1); Mental Health in W-S (1); unlimited_susuccess (1).

- The greatest percentage of respondents (32%) indicated they would suggest a doctor if a friend or family member needed mental health counseling. Respondents to the paper survey chose the same option most frequently, but at a lower level (26%)
- Approximately 16% of respondents indicated they did not know where they would suggest a friend or family member go for mental health counseling. The comparable figure for respondents to the paper survey was approximately 11%.

15. In the past 12 months have you or a member of your family needed any of the following community services but had difficulty finding or using the service? Please put a check in the box or boxes that most accurately describe what problem(s), if any, you had with the service.

Note: technical coding irregularities in the handheld data entries made analysis of this question impossible.

16. During the past 30 days, other than in your regular job, did you engage in any exercise activity that lasted at least a half an hour? (n=193)

	Number	Percent
Yes	118	61.1
No	75	38.9

- Approximately 61% of these respondents reported that they engaged in the described level of physical activity. This compares to a figure of approximately 72% for the respondents to the paper survey.

17. Since you answered Yes to question #16, how many times did you engage in this activity during the past 30 days? (n=115)

Times in the Past 30 Days	Number	Percent
1 - 5	21	18.3
6 - 10	26	22.6
11 - 20	31	26.9
21 or More	37	32.2

- The greatest number of respondents (~32%) engaged in physical activity 21 times or more in the past 30 days. Among the respondents to the paper survey, the highest percentage of exercisers (~39%) reported in the 11-20 times range.

18. Where do you go to engage in exercise/physical activities? Check all that apply. (n=115)

Exercise Location	Number	Percent
Stokes Family YMCA	12	10.4
Danbury YMCA	--	--
Local Park ¹	16	13.9
Curves	3	2.6
At Home	83	72.2
Other ²	16	13.9

¹ **Local Park:** Recreation Acres (2); American Legion (1); Central Park (1); Fowler (1); Germanton (1); golf course (1); Mayodan_Piney Grove School (1); Mt. Airy Park (1); Rerecational (1).

² **"Other" write-in responses included:** work (3); civic center (2); farm (2); beaches (1); church (1); gardening (1); gym (1); high school (1); local gym (1); mow lawns (1); ride horses (1); walking mall (1).

- The greatest proportion (72%) of these respondents indicated the location they use for exercise is "at home". Respondents to the paper survey most frequently chose this same category, also at a response rate of 74%.

19. Since you answered *No* to question #17 [getting exercise in an average week], why didn't you engage in physical activity? You can check as many of these reasons as you need to. (n=75)

Reason for Not Exercising	Number	Percent
My job is physical or hard labor.	14	18.7
Exercise is not important to me.	3	4.0
I don't have access to a facility that has the things I need (e.g., pool, golf course, track).	4	5.3
I don't have enough time to exercise.	17	22.7
I would need child care and I don't have it.	1	1.3
I don't know how to find exercise partners or teams.	--	--
I don't like to exercise.	14	18.7
It costs too much to exercise (equipment, shoes, gym costs, etc.).	1	1.3
There is no safe place to exercise.	1	1.3
I'm too tired to exercise.	18	24.0
I'm physically disabled.	19	25.3
I don't know.	2	2.7
Other	5	6.7

"Other" write-in responses included: back (1); don't want to (1); foot problem (1); health (1); lazy (1); pain (1); personal (1).

- The most common reasons these respondents reported for not exercising were having a physical disability (~25%) and being too tired to be physically active (24%). The most common reasons for not exercising reported among the respondents to the paper survey were being too tired (25%) and not having enough time to exercise (24%).

20. Think back to the past 30 days. On how many days out of the last 30 did you drink alcohol of any kind? (n=187)

Number of Days Out of 30	Number	Percent
Never	130	69.5
1-7	36	19.3
8-14	10	5.3
15-21	7	3.7
22-30	4	2.1

- Approximately 30% of these respondents (n=57) reported consuming alcohol in the last 30 days. This compares to a figure of 26% for the respondents to the paper survey.

21. How many times during the past 30 days did you have more than five drinks in one day? (n=57)

Number of Times	Number	Percent
1-7	16	8.9
8-14	1	0.6
15-21	--	--
22-30	--	--

- The consumption of five drinks or more in a single day is one definition of “binge drinking.” Of the 57 respondents who reported that they do consume alcohol, 17 (~30%) would qualify as binge drinkers by that definition. This figure for binge drinking is significantly higher than the frequency of binge drinking calculated for the respondents to the paper survey (19%).

22. Do you smoke cigarettes or cigars? (n=193)

	Number	Percent
Never	100	51.8
I used to smoke but have quit.	8	4.1
I smoke occasionally (less than one cigarette or cigar per day).	28	14.5
I smoke one (1) pack or less a day.	24	12.4
I smoke more than one (1) pack a day.	33	17.1

- Approximately 56% of these respondents reported they either never smoked or no longer smoke cigarettes. The comparable figure for the respondents to the paper survey is 84%.
- Forty-four percent of these respondents indicated they do smoke cigarettes. The comparable figure for the respondents to the paper survey is 16%.

If you smoke *more* than one pack a day, how many packs do you smoke in a day?

Of the responses to this question, ten respondents indicated they smoked 2 packs daily, five respondents indicated they smoked 1.5 packs daily, and 10 respondents reported they smoked 1 pack daily. Also, 1 respondent reported they smoked zero (0) packs daily, two respondents reported they smoked "40", and 1 respondent reported "cigar".

23. How often do you currently use chewing tobacco or snuff (smokeless tobacco)? (n=191)

	Number	Percent
Not at All	171	89.5
Every Day	18	9.4
On Some Days	2	1.0

- 89.5% of respondents reported they do not use chewing tobacco or snuff.

24. If you currently smoke, where would you go for help in order to quit? (n=85)

Resource for Quitting Smoke Tobacco Products	Number	Percent
Doctor	30	35.3
Church	2	2.4
Pharmacy	3	3.5
Private Counselor/Therapist	--	--
Quit Now NC	--	--
Health Department	2	2.4
I don't know.	9	10.6
Other	9	10.6
Not applicable; I don't want to quit.	--	--

"Other" write-in responses included: myself (3); on his on (2); cessation program (1); DNR want to quit (1); hospital (1); on yourself (1); self (1).

- "Doctor" was the first choice for a resource for quitting.
- Unlike the smokers who responded to the paper survey, 40% percent of whom did not want to quit, none of the smokers responding to the door-to-door survey said they did not want to quit.

25. Where are you exposed to secondhand smoke? You may check as many as necessary. (n=193)

Second Hand Smoke Exposure	Number	Percent
Home	43	22.3
Workplace	24	12.4
Hospitals	--	--
Restaurants	58	30.1
School	2	1.0
Car	21	10.9
Other	13	6.7
I am not exposed to secondhand smoke.	74	38.3

"Other" write-in responses included: family homes (3); friends (3); everywhere (2); family visits (2); flea market (1); neighbor (1); none (1); shopping (1).

- Fully 38% of respondents said they were not exposed to second-hand smoke. This compares to a figure of 26% for respondents to the paper survey.
- Exposed respondents said they were most frequently exposed to second hand smoke at restaurants, at home, and at work. These are the same exposures, in the same order, as reported by respondents to the paper survey.

26. Are you in support of tobacco free environments (e.g., schools, hospitals, restaurants)? (n=181)

	Number	Percent
Yes	134	74.0
No	47	26.0

- Seventy-four percent of these respondents support tobacco free environments. This compares to a figure of 81% for the respondents to the paper survey.

27. Have you ever been told by a doctor, nurse, or other health professional that you have any of these conditions? (n=193)

Diagnosis	Number	Percent
Asthma	28	14.5
Depression)	38	19.7
High Blood Pressure	81	42.0
High Cholesterol	86	44.6
Diabetes (not during pregnancy)	33	17.1
Osteoporosis	23	11.9
Overweight/Obesity	57	29.5

- High cholesterol, high blood pressure, and overweight/obesity were the most frequently reported diagnoses among respondents of both surveys.

28. If you are a male age 40 or older, do you have an annual prostate exam? (n=64)

	Number	Percent
Yes	45	70.3
No	19	29.7

- Approximately 70% of these male respondents who answered this question reported they have an annual prostate exam. This compares to a figure of 77% for the respondents to the paper survey.

29. If you are female age 40 or over, do you get an annual mammogram? (n=110)

	Number	Percent
Yes	83	75.5
No	27	24.5

- Approximately 76% of these female respondents who answered this question reported they have an annual mammogram. This compares to a figure of 80% for the respondents to the paper survey.

30. If you are a female age 21 or older, do you have a pap smear at least every other year? (n=115)

	Number	Percent
Yes	78	67.8
No	37	32.2

- Approximately 68% of these female respondents who answered this question reported they have a regular pap smear. This compared to a figure of 79% for the respondents to the paper survey.

31. Males and females: If you are age 50 or older, have you ever had a colon cancer screening? (n=134)

	Number	Percent
Yes	93	69.4
No	41	30.6

- Approximately 69% of eligible (age 50 or older) of these respondents who answered this question reported having had a colon cancer screening. This compares to a figure of 73% for the respondents to the paper survey.

32. Below is a list of people you may be taking care of in your home. Please put a check mark on the appropriate line if you are the primary caregiver for any of the following people. (If you are not the primary caregiver of any of these persons, go on to question #33.) (n=193)

Caretaking	Number	Percent
Elderly or Disabled Parent	14	7.3
Disabled Spouse	10	5.2
Disabled Child	6	3.1
Other	8	4.1

"Other" write-in responses included: NO (17); grandkids (1); mother-in-law (1).

- These respondents most frequently cited caretaking for an elderly or disabled parent; this result is similar to the result for the respondents to the paper survey.

In the past 12 months, did you have a difficult time finding care for the person or people you checked above? (n=32)

Difficulty Finding Care	Number	Percent
Yes	5	15.6
No	27	84.4

If yes, what was the main problem you had?

Write-in responses included: at home so is his mom (1); cost (1); dependant qualified staff (1); gone out of country 4 serv (1); hes home (1); lack of info--not quali (1); recent-disabled (1); unskilled assistance (1).

Emergency Preparedness

33. Does your household have properly working:

	Number of Yes Answers	Percent
Smoke Detectors? (n=193)	179	92.7
Carbon Monoxide Detectors? (n=192)	75	39.1
Fire Extinguishers? (n=193)	139	72.0

Youth Survey

The Stokes County Youth Health Survey was conducted among high school students at the county's four high schools. Teachers randomly distributed the surveys to homeroom students at each high school. Surveys plainly stated, and students were reminded, that their responses would be confidential and not linked to them personally in any way. Completed surveys were shipped to the North Carolina Institute for Public Health for data entry and analysis using EpiInfo software.

Participants

- 22 from Meadowbrook High School
- 68 from North Stokes High School
- 44 from South Stokes High School
- 60 from West Stokes High School
- 194 total surveys were entered in July of 2008, after their collection in June.
- 11 surveys were discarded because they were either grossly incomplete or had been completed by teachers, who were inappropriate participants for this particular survey.
- When appropriate, responses will be compared to data from the 2004 Stokes County Teen Survey, which had 463 respondents.

Participant Demographics

Zip code (n=180)

	Number	Percent
27021 (King)	59	32.7%
27052 (Walnut Cove)	36	20.0%
27046 (Sandy Ridge)	14	7.8%
27025 (Madison)	13	7.2%
27016 (Danbury)	11	6.1%
27022 (Lawsonville)	11	6.1%
27043 (Pinnacle)	9	5.0%
27019 (Germanton)	9	5.0%
27053 (Westfield)	9	5.0%
Misc. Zip Codes	9	5.0%

- Approximately 50% of survey respondents reside in either King or Walnut Cove, the largest townships in Stokes County.
- To make subsequent stratifications more meaningful by basing them on larger numbers, several zip codes have been grouped together based on proximity: 27021 and 27043 (King and Pinnacle), 27051 and 27019 (Walnut Cove and Germanton), 27046 and 27025 (Sandy Ridge and Madison), and 27016 and 27022 (Danbury and Lawsonville).

Age (n=181)

Age	Number	Percent
13	1	0.6%
14	15	8.3%
15	49	27.1%
16	55	30.4%
17	45	24.9%
18	15	8.3%
19	1	0.6%

- The majority (82%) of survey respondents were between the ages of 15 and 17.

Gender (n=188)

Gender	Number	Percent
Female	98	52.1%
Male	90	47.9%

- Survey respondents were 52% female and 48% male.

Race (n=190)

	Number	Percent
White	165	86.8%
African American/Black	8	4.2%
Native American	4	2.1%
Hispanic/Latino	5	2.6%
Asian/Pacific Islander	2	1.1%
Other	6	3.2%

- The majority of respondents (87%) were white, which approximates the racial distribution for the county as a whole.
- Respondents to the 2004 Stokes County Teen Survey were 94% White, 3.5% Black and 2.5% other.

Results

Health Concerns

Respondents were asked to indicate the FIVE (5) Health Concerns they were most concerned about in Stokes County. Below is a list ranking those concerns, based on the total number of students that selected each item.

Most Important Health Concerns	Number	Percent
1. Teen pregnancy	94	48.5%
2. Suicide, suicide attempts, self-injury	75	38.7%
3. Obesity/Overweight	71	36.6%
4. HIV/AIDS	69	35.6%
5. Depression	65	33.5%
6. Cancer	65	33.5%
7. Sexual assault/Rape	55	28.4%
8. School violence	48	24.7%
9. Diabetes	42	21.6%
10. Domestic violence	37	19.1%
11. Mental illness	34	17.5%
12. Pollution (air, water)	33	17.0%
13. Heart disease	31	15.9%
14. Motor vehicle injuries	30	15.4%
15. High blood pressure	29	14.9%
16. Lack of basic needs (food, water, home)	27	13.9%
17. Asthma	22	11.3%
18. Dental health	19	9.7%
19. Bioterrorism	13	6.7%
20. Liver disease (hepatitis, cirrhosis)	11	5.6%
21. Unintentional injuries (drowning, burns)	7	3.6%
22. Other	6	3.0%
23. Respiratory disease (bronchitis)	1	0.5%

- Among the teenage respondents, the most commonly identified health concern was teen pregnancy, which was selected in the top five by nearly half of the participants.

- Suicide, suicide attempts, and self-injury was the second most frequently selected health concern; depression also ranked among the top five issues with approximately one-third of the teen respondents identifying it as an important concern.
- Obesity was the third most commonly chosen health concern, with nearly 37% of the respondents selecting it.
- HIV/AIDS was the fourth most frequently identified health concern, chosen by around 36% of the teens.
- Respondents to the 2004 Stokes County Teen Survey identified the following health concerns as the most important: Teen Pregnancy (55.9%), Obesity/Overweight (39.1%), Cancer (34.6%), Suicide, Suicide Attempts, Self-Injury (33.7%) and Diabetes (30.5%)

The responses to the health concerns question are stratified below, to indicate whether certain topics are of relatively greater concern in any of the schools.

Most Important Health Concerns, Stratified by School (Number in parentheses indicates rank of topic in overall survey)							
Meadowbrook High School (n=22)		North Stokes High School (n=68)		South Stokes High School (n=44)		West Stokes High School (n=60)	
HIV (4)	54.5%	Teen Pregnancy (1)	38.2%	Teen Pregnancy (1)	77.3%	Teen Pregnancy (1)	46.7%
Depression (5)	45.5%	Cancer (6)	36.8%	Suicide (2)	54.5%	Depression (5)	41.7%
Cancer (6)	45.5%	Suicide (2)	30.9%	Obesity (3)	45.5%	Obesity (3)	40.0%
Obesity (3)	40.9%	HIV (4)	29.4%	Depression (5)	38.6%	Suicide (2)	36.7%
Suicide (2)	36.4%	School Violence	29.4%	Cancer (6)	36.4%	HIV (4)	36.7%
Diabetes	36.4%	Obesity (3)	26.5%	Domestic violence	36.4%	Sexual Assault/Rape	30.0%
Sexual Assault/Rape	31.8%	Sexual Assault/Rape	26.5%	HIV (4)	34.1%	Diabetes	26.7%
Teen Pregnancy (1)	27.3%	Heart disease	23.5%	Sexual Assault/Rape	27.3%	Pollution (air, water)	25.0%
Mental Illness	27.3%	High Blood Pressure	23.5%	School Violence	22.7%	Cancer (6)	23.3%
School Violence	18.2%	Diabetes	22.1%	Lack of Basic Needs	20.5%	School Violence	23.3%
Domestic violence	18.2%	Depression (5)	19.1%	Motor Vehicle Injuries	18.2%	Motor Vehicle Injuries	18.3%
Pollution (air, water)	18.2%	Mental Illness	19.1%	Mental Illness	15.9%	Lack of Basic Needs	15.0%
Heart disease	13.6%	Pollution (air, water)	16.2%	High Blood Pressure	13.6%	Domestic violence	13.3%
Motor Vehicle Injuries	13.6%	Domestic violence	13.2%	Heart disease	11.4%	Mental Illness	13.3%
Lack of Basic Needs	13.6%	Asthma	13.2%	Diabetes	6.8%	Asthma	13.3%
Asthma	13.6%	Motor Vehicle Injuries	11.8%	Pollution (air, water)	6.8%	Dental health	13.3%
Dental health	13.6%	Lack of Basic Needs	8.8%	Dental health	6.8%	Heart disease	11.7%
High Blood Pressure	4.5%	Dental health	7.4%	Bioterrorism	6.8%	High Blood Pressure	10.0%
Liver Disease	4.5%	Liver Disease	7.4%	Asthma	4.5%	Bioterrorism	10.0%
Bioterrorism	0.0%	Bioterrorism	5.9%	Liver Disease	4.5%	Liver Disease	5.0%
Unintentional injuries	0.0%	Unintentional injuries	5.9%	Unintentional injuries	4.5%	Unintentional injuries	1.7%
Other	0.0%	Respiratory diseases	1.5%	Other	0.0%	Other	0.0%
Respiratory diseases	0.0%	Other	0.0%	Respiratory diseases	0.0%	Respiratory diseases	0.0%

- While the six most important health concerns identified by teen respondents still end up toward the top of the list when individual schools' responses are examined, it is interesting to note how the importance placed on the issues shift among the four schools.
- Meadowbrook High School students ranked teen pregnancy considerably lower on the list than did students at other schools.
- West Stokes students ranked much lower than students at the other schools.
- HIV/AIDS was of particular concern at Meadowbrook.
- Domestic violence ranked higher at South Stokes than at any of the other schools, while diabetes ranked lower.
- High blood pressure ranked higher at North Stokes than at any of the other schools, while depression ranked much lower.
- School violence was a more significant issue among the North Stokes respondents than respondents at the other schools.
- Pollution ranked higher among respondents from West Stokes compared to the other schools.

Unhealthy Behaviors

Respondents were asked to indicate the FIVE (5) Unhealthy Behaviors they were most concerned about in Stokes County. Below is a list of how the behaviors ranked, based on the total number of students that selected each item.

Most Important Unhealthy Behaviors	Number	Percent
1. Drug use	110	56.7
2. Alcohol abuse	88	45.4
3. Unsafe sex	73	37.6
4. Tobacco use	69	35.6
5. Drinking and driving	63	32.5
6. Child abuse/neglect	38	19.6
7. Lack of exercise	35	18.0
8. Poor eating habits	28	14.4
9. Reckless driving	26	13.4
10. Domestic violence	20	10.3
11. Not asking for help for personal problems	19	9.8
12. Not getting doctor checkups	19	9.8
13. Youth violence	15	7.7
14. Not using seatbelts	9	4.6
15. Other	1	0.5

- Drug use was the most commonly selected unhealthy behavior, having been selected by more than half (~57%) of the respondents.
- Alcohol abuse was the second most commonly selected unhealthy behavior (~45%).

- Unsafe sex was the third most frequently chosen unhealthy behavior (38%), which suggests that the respondents make a connection between the behavior and the outcome of teen pregnancy (their number one health concern).
- Nearly 36% of respondents selected tobacco use among their five most important unhealthy behaviors, ranking it fourth overall.
- Respondents to the 2004 Stokes County Teen Survey identified the following unhealthy behaviors: Tobacco Use (49.5%), Drug Use (48.8%) and Alcohol Abuse (48.8%).

The responses to the unhealthy behaviors question are stratified below, to indicate whether certain topics are of relatively greater concern in any of the schools.

Top Unhealthy Behaviors, Stratified by School (Number in parentheses indicates rank of topic in overall survey)							
Meadowbrook High School		North Stokes High School		South Stokes High School		West Stokes High School	
Drug use (1)	54.5%	Drug use (1)	47.1%	Drug use (1)	70.5%	Drug use (1)	58.3%
Unsafe sex (3)	45.5%	Alcohol abuse (2)	47.1%	Unsafe sex (3)	45.5%	Alcohol abuse (2)	53.3%
Child abuse/neglect	31.8%	Drinking and driving (5)	41.2%	Alcohol abuse (2)	40.9%	Tobacco use (4)	48.3%
Alcohol abuse (2)	27.3%	Unsafe sex (3)	30.9%	Tobacco use (4)	38.6%	Unsafe sex (3)	36.7%
Drinking and driving (5)	27.3%	Tobacco use (4)	29.4%	Lack of exercise	20.5%	Drinking and driving (5)	35.0%
Lack of exercise	27.3%	Child abuse/neglect	25.0%	Drinking and driving (5)	18.2%	Child abuse/neglect	18.3%
Poor eating habits	22.7%	Reckless driving	17.6%	Poor eating habits	13.6%	Lack of exercise	16.7%
Tobacco use (4)	13.6%	Poor eating habits	16.2%	Not getting checkups	11.4%	Domestic violence	15.0%
Reckless driving	13.6%	Lack of exercise	14.7%	Reckless driving	9.1%	Reckless driving	11.7%
Domestic violence	13.6%	Not getting help	11.8%	Not getting help	9.1%	Poor eating habits	10.0%
Not getting help	13.6%	Youth violence	11.8%	Child abuse/neglect	6.8%	Youth violence	8.3%
Not getting checkups	13.6%	Not getting checkups	10.3%	Domestic violence	6.8%	Not getting help	6.7%
Youth violence	4.5%	Domestic violence	7.4%	Youth violence	2.3%	Not getting checkups	6.7%
Not using seatbelts	4.5%	Not using seatbelts	5.9%	Not using seatbelts	0.0%	Not using seatbelts	6.7%
Other	0.0%	Other	0.0%	Other	0.0%	Other	1.7%

- When the responses of individual schools are examined, drug abuse ranks as the most important unhealthy behavior among all four schools, although the percentage of the South Stokes respondents who selected it is significantly greater than at the other three schools.
- Compared to the other three schools, tobacco use is not as troubling a behavior among Meadowbrook respondents, but child abuse/neglect ranks higher there than for any other school.
- Drinking and driving, as well as reckless driving, rank higher among North Stokes respondents, while lack of exercise ranks slightly lower there compared to other schools.
- Compared to other schools, lack of exercise ranks higher among South Stokes respondents, while drinking and driving ranks slightly lower.
- Among South Stokes respondents, not getting doctor checkups ranks higher and child abuse/neglect ranks lower than at the other schools.

Health Care Access Questions

Was there a time during the last 12 months when you needed to see a doctor but did not?

Medical Care Access		
	Number	Percent
Yes	63	33.0%
No	128	67.0%
Total	191	100.0%

- Nearly one-third of the respondents reported not going to the doctor in the last year when they needed medical care.
- Approximately 30% of 2004's teen respondents did not see a doctor when needed.

Medical Care Access, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Yes	31	31.9%	30	34.5%
No	66	68.1%	57	65.5%
Total	97	100.0%	87	100.0%

- Approximately the same percentage of males and females did not go to the doctor to seek needed medical care at some point in the past year.

If yes, [you did not get necessary medical care] what was the main reason you did not?

Medical Care Access Problems (As percent of those who said yes to previous question)		
	Number	Percent
I could not afford to go to the doctor	12	19.0%
I had no transportation	12	19.0%
The office was not open when I could get there	4	6.3%
I was afraid/I don't like to go to the doctor	15	23.8%
Did not know where to go or who to call	2	3.1%
Other	16	25.3%

"Other" responses included: "just didn't go" (4), "didn't want to go" (9), "Mom wouldn't take me" (2), "too lazy" (2), "couldn't miss school because of attendance policy"

- Among those students who did not go to a doctor when needed, the most common reason was being afraid or not liking to go the doctor (~24%).

- This issue is echoed in some of the responses written in under the “other” category, where 13 respondents indicated that they either didn’t want to go to the doctor or simply neglected to go.
- In 2004, the most common reason for not seeing the doctor was “being afraid/not liking to go to the doctor”. The second most common reason cited that year was affordability.

Was there a time during the past 12 months when you needed to see a dentist but did not?

Dental Care Access		
	Number	Percent
Yes	35	18.5%
No	154	81.5%
Total	189	100.0%

- Just over 18% of survey respondents did not see a dentist at some point in the past year, despite needing dental care.
- 18.7% of 2004’s teen survey respondents did not see a dentist for needed care.

Dental Care Access, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Yes	22	22.9%	11	12.9%
No	74	77.1%	74	87.1%
Total	96	100.0%	85	100.0%

- A greater percentage of females than males (23% vs. 13%) reported not getting needed dental care at some point in the past year.

If yes [you did not get necessary dental care] what was the main reason you did not?

Dental Care Access Problems (Percent of those who said yes to previous question)		
	Number	Percent
I could not afford to go to the dentist	11	31.4%
I had no transportation	8	22.8%
The office was not open when I could get there	2	5.7%
I was afraid/I don’t like to go to the dentist	5	14.2%
Other	10	28.5%

“Other” responses included: “couldn’t get appointment” (2), “didn’t have time” (2), “didn’t want braces”, insurance issues (2), “didn’t want to go”, “let it go”

- Among the survey respondents who did not see a dentist for needed care, the most common reason was not being able to afford dental care (~31%) followed by lack of transportation (~23%)
- Among 2004's respondents, the most common reason for not seeing a dentist was not being able to afford dental care.

Where do you go most often when you are sick or need medical care?

Primary Care Provider		
	Number	Percent
Doctor's office in Stokes County	44	25.2%
Stokes Reynolds Hospital	8	4.6%
Hospital Emergency Room in another county	17	9.8%
Stokes Family Health Center (Health Department)	18	10.3%
Doctor's office in another county	56	32.2%
JR Jones Medical Center	9	5.2%
Other	22	12.6%
Total	174	100.0%

"Other" responses included: don't remember (2), Mountain View Medical (2), home (2), family doctor, Gail Stone, Walkertown, WalMart, Westfield Medical Center, "some health care center"

- Approximately 42% of the survey respondents seek medical care at a doctor's office or hospital outside of Stokes County.
- In 2004 approximately 44% of the respondents reported going out of county for medical care, while around 29% saw a doctor in Stokes County.

Primary Care Provider, Stratified by Zip Code/Location								
	South West		South East		North East		Center	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Doctor's office in Stokes County	20	32.3%	7	17.1%	6	27.3%	5	22.7%
Stokes Reynolds Hospital	0	0.0%	0	0.0%	0	0.0%	6	27.3%
Hospital ER in another county	13	21.0%	4	9.8%	2	9.1%	0	0.0%
Stokes Family Health Center	6	9.7%	3	7.3%	3	13.6%	5	22.7%
Doctor's office in another county	8	12.9%	22	53.7%	8	36.4%	2	9.1%
JR Jones Medical Center	8	12.9%	1	2.3%	0	0.0%	0	0.0%
Other	7	11.2%	4	9.8%	3	13.6%	4	18.2%
Total	62	100.0%	41	100.0%	22	100.0%	22	100.0%

- To make this, and subsequent, stratifications more meaningful by basing them on larger numbers, zip codes have been grouped together based on proximity: 27021 and 27043 (King and Pinnacle in the southwest quadrant of the county), 27051 and 27019 (Walnut Cove and Germanton in the southeast quadrant of the county), 27046 and 27025 (Sandy Ridge and Madison in the northeast quadrant of the county), and 27016 and 27022 (Danbury and Lawsonville in the center of the county).

- A higher percentage of respondents in the southeastern and northeastern quadrants of the county seek medical care from a doctor outside of Stokes County.
- Compared to other areas, a greater percentage of respondents from the southwestern corner of the county seek care from a hospital emergency room in another county.

Personal Health Questions (How do you keep yourself healthy?)

How would rate your own personal health?

Personal Health		
	Number	Percent
Excellent	46	24.1%
Good	107	56.0%
Fair	32	16.8%
Poor	6	3.1%
Total	191	100.0%

- Approximately 24% of teen respondents rated their own personal health as excellent, 56% as good, 17% as fair, and 3% as poor.
- In 2004, 55.9% of teen respondents rated their health as good, 27.7% as excellent, 13.8% were fair, and 2.6% said their personal health was poor.

Personal Health, Stratified by Gender				
Females			Males	
	Number	Percent	Number	Percent
Excellent	18	19.1%	27	30.3%
Good	52	55.3%	48	53.9%
Fair	21	22.3%	11	12.4%
Poor	3	3.2%	3	3.4%
Total	94	100.0%	89	100.0%

- Approximately 74% of female respondents rated their health as excellent or good, compared to around 84% of males. A greater percentage of males than females considered themselves to be in excellent health.
- Approximately 25% of females and nearly 16% of males rated their health as fair or poor.

How many days a week do you usually get at least 20-30 minutes of exercise?

Days of Exercise per week		
	Number	Percent
None	18	9.3%
1	8	4.1%
2	25	13.0%
3	28	14.5%
4	24	12.4%
5 or more	90	46.6%
Total	193	100.0%

- Approximately 47% of respondents reported exercising five or more days per week.
- Approximately 13% of respondents exercise less than one day per week.
- Approximately 53% of 2004 respondents reported exercising 5 or more days per week.

Days of Exercise per Week, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
None	9	9.4%	9	10.1%
1	7	7.7%	1	1.1%
2	17	17.7%	8	9.0%
3	20	20.8%	7	7.9%
4	15	15.6%	7	7.9%
5 or more	28	29.2%	57	64.0%
Total	96	100.0%	89	100.0%

- Approximately 29% of female respondents and 64% of male respondents reported exercising five or more times per week.
- Approximately 17% of female respondents exercise less than twice a week compared to about 11% of male respondents.

Are there enough opportunities for physical activity near your home?

Exercise opportunities		
	Number	Percent
Yes	126	66.3%
No	64	33.7%
Total	190	100.0%

- Just over one-third of the survey respondents felt that there are not enough exercise opportunities near their home.
- In 2004, 32.2% of teen survey respondents reported that there were not enough opportunities for physical activity near their home.

Exercise Opportunities, Stratified by Zip Code/Location								
	South West		South East		North East		Center	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	51	78.5%	27	61.4%	16	59.3%	12	54.5%
No	14	21.5%	17	38.6%	11	40.7%	10	45.5%
Total	65	100.0%	44	100.0%	27	100.0%	22	100.0%

- A greater percentage of respondents in the central and northeastern areas of the county felt that there aren't enough exercise opportunities near their home while a higher percentage of those in the southwestern corner of the county seemed satisfied with their facilities.

If no [there are not enough physical activity opportunities near your home], what would you like to see?

Where exercise (Percent of those who said no to previous question)		
	Number	Percent
Aerobics classes	7	10.9%
Bike paths	10	15.6%
Sports leagues	8	12.5%
Public swimming pool	27	42.2%
Sidewalks	8	12.5%
Gym/Fitness center	21	32.8%
Walking trails	10	15.6%
YMCA	17	26.6%

- Approximately 42% of those who thought there were not enough exercise opportunities wanted a public swimming pool.
- A gym or fitness center was the second most commonly desired exercise facility (~33%).
- In 2004 teen respondents reported that they would like to see: public swimming pool (50.3%), gym/fitness center (44.2%), YMCA (32%), or bike paths (27.9%).

How many servings of fruits and vegetables do you usually eat per day?

Servings of fruits and vegetables		
	Number	Percent
None	15	7.8%
1	32	16.7%
2	70	36.5%
3	42	21.9%
4	17	8.9%
5 or more	16	8.3%
Total	192	100.0%

- Approximately 8% of respondents reported eating five or more servings of fruits or vegetables per day.
- Nearly one-quarter of the respondents reported eating one serving or less of fruits or vegetables per day.
- In 2004, 5% of teen respondents reported eating five or more servings of fruits or vegetables per day.

Servings of fruits and vegetables, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
None	8	8.4%	7	7.9%
1	14	14.7%	16	18.0%
2	37	38.9%	30	33.7%
3	20	21.1%	20	22.5%
4	9	9.5%	7	7.9%
5 or more	7	7.4%	9	10.1%
Total	95	100.0%	89	100.0%

- Approximately 7% of female respondents and 10% of male respondents reported eating five or more servings of fruits or vegetables per day.
- About 23% of female respondents and 26% of males eat one serving or less of fruits or vegetables per day.

On average, how many times per week to you eat at a fast food restaurant?

Fast Food Consumption		
	Number	Percent
Less than 1	33	17.2%
1	50	26.0%
2	46	24.0%
3	32	16.7%
4	18	9.4%
5 or more	13	6.8%
Total	192	100.0%

- Approximately 33% of teen respondents reported eating fast food three or more times pre week.
- Approximately 43% of the respondents reported eating fast food once a week or less.
- In 2004, 29.4% of teen survey respondents reported eating fast food three or more times per week.

Fast Food Consumption, Stratified by Gender				
Females			Males	
	Number	Percent	Number	Percent
Less than 1	17	17.7%	16	18.2%
1	25	26.0%	23	26.1%
2	19	19.8%	25	28.4%
3	18	18.8%	11	12.5%
4	12	12.5%	6	6.8%
5 or more	5	5.2%	7	8.0%
Total	96	100.0%	88	100.0%

- Approximately 37% of female respondents and 15% of male respondents reported eating fast food three or more times per week.
- The same percentages of male and female respondents eat fast food once a week or less (44%).

What type of milk do you usually use?

Type of Milk		
	Number	Percent
Whole	65	34.0%
2%	71	37.2%
1%	23	12.0%
Skim/Fat Free	19	9.9%
None	13	6.8%
Total	191	100.0%

- More than one-third of respondents reported drinking whole milk, while another 37% reported drinking 2% milk.
- Approximately 22% of teen respondents drink low-fat or non-fat milk.
- About 7% of respondents reported not drinking any milk.
- In 2004, 71.5% of teen survey respondents reported drinking whole or 2% milk.

Type of Milk, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Whole	33	34.4%	28	32.2%
2%	37	38.5%	31	35.6%
1%	9	9.4%	14	16.1%
Skim/Fat Free	8	8.3%	10	11.5%
None	9	9.4%	4	4.6%
Total	96	100.0%	87	100.0%

- Approximately 73% of female respondents and 69% of male respondents reported drinking whole or 2% milk.
- A higher percentage of male respondents than female respondents reported drink low-fat or non-fat milk (28% vs. 18%).
- Compared to male respondents, a greater percentage of females drink no milk at all (9% vs. 5%)

How many soft drinks or “high sugar” fruit drinks to you drink per day (ex. Soda, tea, Fruitopia, Snapple, Hi-C, Sobe, Sunny Delight, etc)?

Servings of sugary drinks		
	Number	Percent
None	13	6.9%
1	29	15.4%
2	33	17.6%
3	44	23.4%
4	27	14.4%
5 or more	42	22.3%
Total	188	100.0%

- Approximately 22% of respondents reported drinking one sugary drink or less per day.
- Approximately 22% of respondents drink four or more high sugar drinks in a day.
- In 2004, 17.4% of survey respondents reported drinking five or more high sugar drinks per day, while 23.7% had one per day.

Servings of Sugary Drinks, Stratified by Gender				
Females			Males	
	Number	Percent	Number	Percent
None	7	7.3%	5	5.9%
1	18	18.8%	10	11.8%
2	18	18.8%	13	15.3%
3	19	19.8%	24	28.2%
4	17	17.7%	9	10.6%
5 or more	17	17.7%	24	28.2%
Total	96	100.0%	85	100.0%

- Approximately 26% of female respondents and 18% of male respondents reported drinking one sugary drink or less per day.
- Almost 18% of female respondents and 28%% of male respondents reported drinking five or more high sugar drinks in a day.

Do you eat lunch at school?

Eat Lunch at School		
	Number	Percent
Yes	154	79.8%
No	39	20.2%
Total	193	100.0%

- The vast majority (~80%) of respondents reported they ate lunch at school.
- In 2004, 83.8% of respondents reported eating lunch at school.

If yes, what do you usually eat?

Lunch choices (percent of those who said yes to previous question)		
	Number	Percent
School lunch	105	68.2%
Snack food	21	13.6%
Fruits and/or raw vegetables	9	5.8%
A la carte menu (hot dog, fries, burger)	48	31.2%
Salad bar	5	3.2%
Other	3	1.9%

"Other" responses included: bring own lunch

- Of those respondents who reported eating lunch at school, the majority (~68%) of them eat the standard school lunch.
- Approximately 31% of respondents reported that they ate from the a la carte menu.
- In 2004, 59.8% of respondents reported eating the standard school lunch while 25.3% ate a la care items.

Lunch Choices, Stratified by Gender				
	Females (76 said they eat at school)		Males (71 said they eat at school)	
	Number	Percent	Number	Percent
School lunch	48	63.2%	50	70.4%
Snack food	10	13.2%	10	14.1%
Fruits and/or raw vegetables	4	5.3%	5	7.0%
A la carte menu	24	31.6%	23	32.4%
Salad bar	3	3.9%	2	2.8%
Other	3	3.9%	0	0.0%

- A higher percentage of male respondents than female respondents reported they ate the standard school (~70% vs. 63%)

If no [you don't eat at school], why not?

Reasons for no lunch (Percent of those who answered "no"; n=39)		
	Number	Percent
No money	3	7.7%
Not enough time	6	15.4%
Dieting	4	10.2%
Socializing with friends	6	15.4%
Other	20	53.8%

"Other" responses included: bring own lunch (3), bad/gross/"nasty" food (12), not hungry (3), "don't want to" (2)

- Among the respondents who do not eat lunch at school, more than half of them fell into the "other" category; many of those students indicated that they opted out because the food was "bad".
- Approximately 31% of those not eating at school are too busy to eat lunch, either because time is short or because they would rather socialize with friends.
- Among the 2004 respondents, 41% reported not eating lunch because they were socializing, 20% were dieting, 20% did not like school food, and 11% had no money for school lunch.

How often do you feel stress in your life?

Feel Stress		
	Number	Percent
Never	16	8.7%
Sometimes	83	45.1%
Most of the time	49	26.6%
All the time	36	19.6%
Total	184	100.0%

- The vast majority of teen respondents (~91%) reported feeling stress at least some of the time.
- Almost half of the respondents (~46%) reported feeling stress most of the time or all the time.
- Nearly 55% of 2004's respondents reported feeling stress sometimes, while 26.4% felt stress most of the time and an additional 14.8% felt stress all the time (total stressed equaling 96.2%)

Feel Stress, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Never	1	1.1%	13	14.5%
Sometimes	39	41.9%	42	50.6%
Most of the time	30	32.3%	16	19.3%
All the time	23	24.7%	12	14.5%
Total	93	100.0%	83	100.0%

- A significantly higher percentage of male respondents than female respondents reported never feeling stress.
- A greater percentage of female respondents than male respondents reported feeling stress most of the time or all the time (57% vs. 34% respectively).

Feel Stress, Stratified by Age										
	14		15		16		17		18	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Never	1	6.7%	5	10.6%	2	3.8%	5	11.9%	2	14.3%
Sometimes	7	46.7%	29	61.7%	24	46.2%	16	38.1%	4	28.6%
Most of the time	2	13.3%	12	25.5%	13	25.0%	9	21.4%	5	35.7%
All the time	5	33.3%	1	2.1%	13	25.0%	12	28.6%	3	21.4%
Total	15	100.0%	47	100.0%	52	100.0%	42	100.0%	14	100.0%

- Younger respondents (14-, 15-, and 16-year olds) reported feeling stress at least some of the time at higher rates than the respondents aged 17 or 18 (93%, 89%, and 96% respectively, vs. 88% and 86% respectively).
- Older respondents (16-, 17-, and 18-year olds) reported feeling stress most of the time or all of the time at higher rates than the respondents aged 14 or 15 (50%, 50%, and 57% respectively, vs. 47% and 28% respectively).

How do you cope with everyday life stresses? (Note: each respondent could offer more than one answer, so total percentage response exceeds 100%)

Coping with Stress (Percentages based on n = 194)		
	Number	Percent
Attend church	39	20.1%
Exercise	61	31.4%
Do hobbies	77	39.7%
Get a massage	10	5.2%
Meditate	9	4.6%
Pray	56	28.9%
Take medications	6	3.1%
Talk to school counselor	8	4.1%
Talk to family member	33	17.0%
Talk to friends	110	56.7%
Talk to minister	5	2.6%
Talk to doctor	6	3.1%
Talk to parents	35	18.0%
Do nothing	36	18.6%
Talk to no one	20	10.3%
Other	33	17.0%

"Other" responses included: talk to boyfriend/girlfriend (4), listening to music (4), drugs/marijuana (7), smoke cigarettes (2), sex (2), skate (2), write (2), draw, sleep, sports, time with family, throw stuff, ride horses, sit quietly, fishing, count to ten

- Nearly 57% of respondents reported they talk to friends, making it the most common coping mechanism.
- Nearly 40% of the teen respondents relieve stress by doing hobbies.
- 49% of respondents deal with stress by attending church or praying.
- Approximately 3% of teens deal with stress by taking medications.
- Some write-in responses are especially significant, indicating that some teens engage in risky behaviors (sex, drugs and marijuana, and smoking cigarettes) as ways of coping with stress.
- Among 2004's survey respondents, the most common ways of coping with stress were: talking to friends (62%), doing hobbies (45.6%), praying (43.8%), exercising (35%), and attending church (31.1%).

Personal Safety Questions (How do you keep yourself safe?)

How often do you use seat belts when you drive or ride in a car?

Seatbelt Use		
	Number	Percent
Always	128	67.7%
Sometimes	46	24.3%
Never	15	7.9%
Total	189	100.0%

- While it is encouraging to note that more than two-thirds of respondents report always wearing a seatbelt in a car nearly one-third of the respondents do not always wear a seatbelt.
- Approximately three-quarters of 2004's survey respondents reported always wearing a seatbelt.

Seatbelt Use, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Always	75	78.9%	49	56.3%
Sometimes	16	16.8%	28	32.2%
Never	4	4.2%	10	11.5%
Total	95	100.0%	87	100.0%

- Compared to males, a higher percentage of female respondents reported always wearing a seatbelt in a car (~79% vs. 56%)
- Compared to females, a higher percentage of males reported *never* wearing a seatbelt (12% vs. 4%)

Do you wear a helmet when riding bikes, skates, skateboards, etc?

Helmet use		
	Number	Percent
Always	18	9.4%
Sometimes	38	19.9%
Never	135	70.7%
Total	191	100.0%

- According to the survey respondents, teens are unlikely to wear a helmet when riding a bike, skating or skateboarding, as approximately 71% report never wearing a helmet. Only around 9% wear a helmet all the time.

- Approximately 71% of 2004's survey respondents reported never wearing a helmet when riding bikes, skates or skateboards.

Helmet Use, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Always	9	9.3%	8	9.3%
Sometimes	19	19.6%	17	19.8%
Never	69	71.1%	61	70.9%
Total	97	100.0%	86	100.0%

- The responses of males and females are remarkably similar with regards to this question.

Do you have a gun in your home?

Gun in Home		
	Number	Percent
Yes	137	72.9%
No	51	27.1%
Total	188	100.0%

- A large majority (~73%) of survey respondents reported having a gun in their home.
- In 2004 approximately 75% of respondents reported having a gun in their home.

Gun in Home, Stratified by Zip Code/Location								
	South West		South East		North East		Center	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	44	65.7%	31	70.5%	19	73.1%	19	95.0%
No	23	34.3%	13	29.5%	7	26.9%	1	5.0%
Total	67	100.0%	44	100.0%	26	100.0%	20	100.0%

- Compared to other areas of the county, a greater percentage of respondents in the central and northeastern areas reported having a gun in their home.

If yes [you have a gun in your home], is the gun and ammunition locked up?

Gun locked		
	Number	Percent
Yes	80	58.0%
No	58	42.0%
Total	138	100.0%

- Of the respondents with a gun a home, 42% reported that the gun and its ammunition are *not* locked up.
- In 2004, 61.4% of respondents indicated that the gun in their home was not kept locked up.

Do you smoke cigarettes, cigars or use smokeless tobacco?

Smokers		
	Number	Percent
Yes	56	29.3%
No	135	70.7%
Total	191	100.0%

- Approximately 29% of the respondents reported they smoke cigarettes, cigars or use smokeless tobacco.
- Approximately 22% of 2004's survey respondents reported smoked or used tobacco products.

Smokers, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Yes	59	62.8%	42	48.3%
No	35	37.2%	45	51.7%
Total	91	100.0%	87	100.0%

- Compared to males, a greater percentage of female respondents reported smoking cigarettes or cigars or using smokeless tobacco (~63% vs. 48%)

Smokers, Stratified by Age										
	14		15		16		17		18	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	6	40.0%	12	25.5%	19	34.5%	10	22.7%	4	26.7%
No	9	60.0%	35	74.5%	35	65.5%	34	77.3%	11	73.3%
Total	15	100.0%	47	100.0%	55	100.0%	44	100.0%	15	100.0%

- In this survey sample, the highest percentages of smokers were among 14 year olds and 16 year olds.

If yes [you do use tobacco products], would you like to quit?

Quit smoking		
	Number	Percent
Yes	19	32.8%
No	39	67.2%
Total	58	100.0%

- Of those teens who report using tobacco products, more than two-thirds reported they are *not* interested in quitting; the other one-third would like to quit.
- Of the teens who reported smoking in 2004, 43% said they would like to quit.

Would you support tobacco-free schools in Stokes County?

Tobacco-free Schools		
	Number	Percent
Yes	112	59.3%
No	77	40.7%
Total	189	100.0%

- Approximately 59% of survey respondents would support tobacco-free schools in Stokes County.
- In 2004, 69% of survey respondents indicated that they would support tobacco-free schools.

Would you like to see more smoke-free restaurants in Stokes County?

Tobacco-free Restaurants		
	Number	Percent
Yes	106	56.1%
No	83	43.9%
Total	189	100.0%

- Approximately 56% of respondents would support more smoke-free restaurants in Stokes County, which more or less aligns with the respondents who would like to see tobacco-free schools.
- Around 58% of 2004's survey respondents said they would like to see more smoke-free restaurants.

Do you drink alcoholic beverages?

Drink Alcohol		
	Number	Percent
Yes	73	38.0%
No	119	62.0%
Total	192	100.0%

- More than one-third of respondents reported consuming alcoholic beverages.
- Around 30% of 2004's teen respondents reported drinking alcoholic beverages.

Drink Alcohol, Stratified by Gender				
	Females		Males	
	Number	Percent	Number	Percent
Yes	37	38.1%	33	37.9%
No	60	61.9%	54	62.1%
Total	97	100.0%	87	100.0%

- Similar percentages of male and female respondents reported consuming alcoholic beverages.

Drink Alcohol, Stratified by Age										
	14		15		16		17		18	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	6	40.0%	12	25.5%	24	43.6%	21	46.7%	4	26.7%
No	9	60.0%	35	74.5%	31	56.4%	24	53.3%	11	73.3%
Total	15	100.0%	47	100.0%	55	100.0%	45	100.0%	15	100.0%

- The highest percentages of respondents who reported drinking alcohol were 14-year olds, 16-year olds and 17-year olds.

Did you ever drive after drinking alcoholic beverages, or ride with a driver that has been drinking?

Drunk Driving		
	Number	Percent
Yes	49	25.9%
No	140	74.1%
Total	189	100.0%

- More than a quarter of survey respondents indicated that they have driven after drinking alcohol or have ridden with a driver who has been drinking.
- Approximately 12% of 2004's teen respondents reported driving after drinking or riding with a driver who has been drinking.

Have you ever seriously thought about or made a plan to kill yourself?

Suicidal Thoughts		
	Number	Percent
Yes	41	21.4%
No	151	78.6%
Total	192	100.0%

- Approximately 21% of the respondents reported having seriously thought about or having made plans to kill themselves.
- In 2004, 14.4% of respondents indicated having seriously thought about killing themselves.

Suicidal Thoughts, Stratified by Gender				
Females			Males	
	Number	Percent	Number	Percent
Yes	24	24.7%	17	19.5%
No	73	75.3%	70	80.5%
Total	97	100.0%	87	100.0%

- Compared to males, a higher percentage of female respondents reported having thought seriously about killing themselves (24.7% vs. 19.5%)

Suicidal Thoughts, Stratified by Age										
	14		15		16		17		18	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	2	13.3%	7	14.9%	11	20.0%	13	28.9%	4	26.7%
No	13	86.7%	40	85.1%	44	80.0%	32	71.1%	11	73.3%
Total	15	100.0%	47	100.0%	55	100.0%	45	100.0%	15	100.0%

- More than one-quarter of 17- and 18-year old respondents have had suicidal thoughts, which represents the highest percentages among the age groups.

Have you ever attempted suicide?

Suicide attempts		
	Number	Percent
Yes	24	12.6%
No	167	87.4%
Total	191	100.0%

- Almost 13% of survey respondents reported having attempted suicide.
- In 2004, 7.1% of teen survey respondents reported having attempted suicide.

Open-Ended Questions

What specific things do you think can be done to improve health in Stokes County?

- The most commonly suggested idea was to increase limitations or bans on tobacco (n=19)
- Suggestion made by a number of the teens involved increased fitness and exercise opportunities:
 - More gyms (9)
 - A YMCA (4)
 - More physical education in school (4)
 - Exercising more (4)
 - A recreation center, a skating rink, and a lacrosse league were other specifics mentioned.
- Better healthcare (more doctors, better doctors, more hospitals, affordable care and insurance) was mentioned by 10 respondents.
- Ten respondents suggested improving school food while another nine suggested doing more to encourage healthy eating in the general population.
- Eight respondents suggested that more be done to limit alcohol consumption and to educate people about its negative effects. An additional three respondents were concerned about drinking and driving.
- The need for more recreational activities was cited by several respondents, seven of whom desired more things to do in the county for the general population, and six of whom indicated that they wanted to see more activities for kids and teens specifically.
- Drugs were a write-in concern of six respondents, two of whom were most concerned about drug use among teens.
- Eight respondents thought particular attention should be paid to sexual matters: teen pregnancy (2), sexual protection (3) and better sex education (3).
- Other issues mentioned by fewer individuals:
 - Helping the poor (2)
 - Mental health (2)
 - Keeping the county free of trash (2)
 - Interactions between teens and the police in King (2)
 - More money for schools
 - Lower gas prices
 - More accessible services for those who need help
 - Health education
 - Increasing community involvement in decision making
 - More money for the county

Do you have any other concerns about the health of teens in Stokes County?

Community issues of particular concern to teens included:

- Sexual education and protection (10)
- Alcohol use and abuse (7)
- Drug use and abuse (6)
- Teen pregnancy rates (5)
- Healthy eating (4)
- Access to mental health services (3)
- School lunches (2)
- Obesity (2)
- Tobacco use (2)
- Personal hygiene (2)
- Stress
- Violence
- Discrimination against those of lower income
- More activities for teens

Chapter Four

Community Stakeholder Interviews

Chapter Four: Community Stakeholder Interviews

Methods

In July and August of 2008, NCIPH staff conducted telephone interviews with 22 community leaders in Stokes County. Interviewees represented agencies in key sectors of the community, such as local health and human services, business, government, and education.

Each community leader was asked to describe the services their agencies or organizations provide, who was most likely to use their services and how this has changed over the past five years. They were also asked about any barriers residents may face in accessing their services, and methods used to eliminate or decrease these barriers. Respondents then agreed or disagreed with statements concerning: the county's healthcare system; whether or not Stokes County is a good place to raise children, grow old, earn a living, and be safe; and the quality of air and water. Finally, respondents were asked to comment on the services that were needed in the county, to describe the county's general strengths and challenges as well as its greatest health concerns, and to suggest possible causes and solutions to these shortcomings.

Qualitative data was collected and initially recorded in narrative form. Themes in the data were identified and representative quotes were drawn from the data to illustrate these themes. Interviewees were assured that personal identifiers, such as names or organizational affiliations, would *not* be connected in any way to the information presented in this report. Therefore, some quotes included in the report may have been altered slightly in order to preserve confidentiality. The results of the 22 interviews are summarized below. The complete interview script appears in Appendix of this document.

Participants

Representatives of the following agencies and organizations participated in the stakeholder interviews:

Medical and dental practitioners in private practice	Stokes County Senior Services
Healthy Carolinians of Stokes County	Stokes County Sheriff's Department
King Chamber of Commerce	Stokes County Volunteer Center
Stokes County Board of Commissioners	Stokes Family Health Center
Stokes County Cooperative Extension	Stokes Family YMCA
Stokes County EMS	Stokes-Reynolds Hospital
Stokes County Department of Social Services	Stokes Scan
Stokes County government	Town of Walnut Cove government
Stokes County Mental Health Association	Veteran's Health Services
Stokes County Partnership for Children	

Responses

Quality of Life

Stokes County interview subjects seemed to be mostly content with the quality of their lives. Most respondents reported that they liked the small town, close-knit community lifestyle that Stokes County offers. Respondents tended to feel safe and felt that the community's children and senior citizens were reasonably well supported. Employment and growth issues tended to dominate the stakeholders concerns.

- 1) Healthcare:** The majority of community leaders saw healthcare in Stokes County in a positive light, with 15 of the 22 agreeing, or somewhat agreeing, with the statement, "There is a good healthcare system in Stokes County." Some felt that the available services were adequate, given the rural nature of the county, and that the local practitioners, though offering limited specialties, were good. But seven stakeholders were less optimistic, disagreeing or strongly disagreeing that the healthcare system in the county is good. An important issue, even among those who praised the local healthcare system, was the discrepancy between services available in the northern and southern parts of the county. Residents of King are perceived to have much greater access to care, while those to the north have fewer choices locally and so must travel for care.

The lack of doctors in general, and specialists in particular, was on the mind of a number of stakeholders, who noted that many people must leave the county in order to seek medical attention. Pediatricians, obstetricians, gynecologists, and dentists (pediatric, adult and those who accept Medicaid) were mentioned as particularly lacking in Stokes County.

[There aren't] a lot of doctors that want to come to a rural area like ours.

There's no prenatal care in the Eastern part [of the count]; the hospital doesn't do deliveries, [and] there's no gynecologist.

In King they have the most doctors and the most healthcare.

While basic health care is available, if you are really sick you have to leave the county for care.

[The county] provides for the population; the caveat is we're on a thin line; we don't have a lot of reserves or excess.

- 2) Raising Children:** The respondents almost unanimously agreed or strongly agreed with the statement, “Stokes County is a good place to raise children.” The school system, the close-knit sense of community, and the safe, child-friendly environment were all cited as reasons for the community leaders’ favorable responses. Some felt that the rural and somewhat isolated nature of the county was beneficial for local children.

We don’t have some of the problems that inner cities do.

There aren’t as many challenges and temptations.

People look out for one another’s children.

A consistently noted issue, however, was the lack of activities for children and teenagers in Stokes County. Though some felt that there were plenty of opportunities for physical activity in local parks, at the YMCA, and through athletic programs in schools and churches, they believed that enrichment through cultural and educational activities was perceived as harder to come by.

- 3) Growing Old:** The majority of respondents agreed with the statement, “Stokes County is a good place to grow old” citing the large population of older residents, the natural beauty of the county, and the helpful nature of neighbors in the community.

There are limited resources, but people are very caring toward the elderly.

We have a large geriatric effort . . . we have a number of things for older people to do.

That’s why I moved here: I can walk to a lot of the services that I need.

Among the four stakeholders who disagreed in some way with the statement, the need to leave the county for specialized services, the lack of public transportation, and the limited accessibility of health care were seen as the greatest challenges to the elderly community in Stokes County.

- 4) Employment:** Community leaders overwhelmingly disagreed with the statement, “There are plenty of ways to earn a living in Stokes County”. It was widely acknowledged that underemployment was rampant due to the disappearance of tobacco farms, industry and manufacturing. A person was considered “fortunate” to be able to work in the public schools or for local government. A number of stakeholders specifically mentioned that individuals had to leave the county for work. Several acknowledged the county’s history as a bedroom community, but expressed frustration with the county’s efforts to limit the growth and development that might lead to more economic security.

People may be selfish with natural resources ... people don’t want to share and this restricts development.

We're always talking about industry moving to Stokes County, but we don't have the infrastructure. Water and sewer are issues. We're always going to be a bedroom community and we need to realize that and work from that perspective.

If you don't work for the government or the school system, employment is hard.

People have to drive out of county to get work. Stokes County was at one time -- and still may be -- the county with the highest number of people who have to leave the county for work.

Several stakeholders tried to point out some positive aspects of the local economic community, specifically naming wineries, recreation areas, and opportunities for small businesses as plusses.

- 5) Safety:** Only one of the respondents disagreed with the statement, "Stokes County is a safe place to live." Many specifically mentioned their satisfaction with the local and county public safety departments, the low crime rates, and general sense of security in the county. While stakeholders say the county is safe, they seem to be measuring it in comparison, not to perfection, but to where the situation may be worse.

We don't have the level of crime as in other areas.

It's safer than the larger counties.

Crime is going to eventually move out to urban areas.

Although the county was still thought to be quite safe, a few interviewees mentioned that things were changing somewhat, with the encroachment of drug culture into the county and with the economic situation leading to more crime.

Drugs and alcohol are increasing and this will cause more problems. I don't leave my doors open anymore.

The crime rate is increasing due to economics ... people are turning to stealing.

[There is] not a lot of violent crime. [There has been] a 12% increase in crime lately, but it's still a safe place to live.

- 6) Support in Times of Need:** Although a number of the stakeholders agreed with the statement, "There is plenty of support for individuals and families during times of stress and need in Stokes County", almost half of the respondents either disagreed, or qualified their response with "it depends on the situation." A number of interviewees mentioned the generosity of neighbors, family members, and churches in assisting those in need. They also specifically mentioned the Department of Social

Services and EMS as good sources of support. But for individuals not closely connected to a church community or without family in the area, support was perceived to be harder to come by.

We're so neighborly, look out for each other, and stick together. People will join together as a community.

If you're connected to the community, there's a lot of support, but I also think there's a lot of isolation in the county.

Several stakeholders suggested that while the services and support exist in the county, those in need are not always aware of the services or how to access them.

The problem is getting the word out, but services exist.

People have to know where to look, which is hard to do in times of stress.

Stakeholders also seemed aware of the issues facing the community that might lead to the need to seek support services, acknowledging the high suicide rate, the need for increased mental health services, and the absence of a homeless shelter, soup kitchen and domestic violence shelter.

- 7) Environment:** Respondents almost unanimously agreed with the statement, "Stokes County has clean air". Those who elaborated on the statement acknowledged that the air in the county was not perfectly clean, suggesting that most of the air contaminants came from tobacco processing and smoking. A number of respondents indicated that Duke Power recently installed "scrubbers" to deal with emissions from their steam plant at Belews Lake. The lack of manufacturing and the number of trees and natural areas were both seen as contributing to the good air quality.

We don't have the smog as in urban areas.

We have a very large percentage of trees and things that clean [the air].

Regarding another aspect of the environment, most community leaders agreed with the statement, "Stokes County has clean water." Even those who agreed with the statement offered caveats, however, including recent trash dumping, and "high contamination levels," particularly in King, "where the water plant has sent out notices of problems with water quality." Another stakeholder indicated that:

... the water in Germanton is undrinkable.

Programs and Services

In addition to sharing opinions about the quality of life of Stokes County residents, community leaders were asked to describe the services their organizations offer to county residents. Many respondents listed a host of programs and services.

According to respondents, agencies in Stokes County provide the following range of services:

- Referrals to the coordinating agency/LME for mental health services
- Information, support and encouragement for small business; publicity for local events and issues
- Advocacy, education and support for mental health patients
- Basic primary medical and general dental care for children, adults and the elderly
- Emergency and non-emergency treatment and transport; convalescent treatment
- Fire and police protection; water and sewer services
- Informal education opportunities for citizens, and assistance in dealing with agricultural issues
- Family planning, communicable disease detection and treatment
- Environmental health
- Home health
- Programs and education to encourage physical activity, healthy lifestyles, suicide prevention, healthy diet, and general wellness
- Transportation, nutrition information, referrals, health promotion activities, volunteer opportunities for senior citizens
- Knowledge about and assistance in finding volunteer opportunities to serve seniors, at-risk youth, and the general public
- Home-based counseling services, parenting classes, support groups for parents and children and parents of at-risk youths.
- Seniors Call Back Program for seniors living alone
- Facility services, seminars, lectures, interest group meetings, physical therapy, fitness center and classes, youth programs, nutritional consultations, and health fairs
- SmartStart and More At Four programs
- Child protection services, foster care, adoption, transportation for the elderly, emergency assistance, food stamps, and Medicare
- Traditional hospital services
- Education and counseling for diabetes patients
- Traditional government services, including “the paid, the unpaid and the mandated”

Stakeholders were asked to describe the populations their agency serves and to indicate if they had noted any changes over the *past five years* regarding who was seeking services. According to the various agency representatives who were interviewed, services are available for a variety of residents:

- The Chamber of Commerce assists owners of small businesses, who apparently are “exclusively Caucasian” and “not wealthy but middle class”
- The Mental Health Association sees kids with ADD, children and adults with mental retardation; this client population was described as 50% African American
- Cooperative Extension typically serves white females ages 30-80, although they do have a program targeted specifically at youth
- All races and ages are seen at the Health Department, but agency clients are 98% white and primarily low-income. Primary client groups include the uninsured (40%), those with Medicare or Health Choices (50%), and mothers with young children.
- Stokes County Senior Services serves those age 60 and older; 20% of clients are minorities and 60% are classified as economically needy
- Healthy Carolinians sees more youth and the elderly involved in their programming, with no race or income discrepancies
- The Stokes County Volunteer Center has programs for at-risk kids and seniors, most of whom are white although the agency is working to reach out to a more diverse population
- Stokes Scan serves predominantly those aged 20-40, most of whom are Caucasian
- The Sheriff’s Department serves all ages and has a high percentage of repeat “clienteles”
- The Stokes Family YMCA serves any resident in the county, but serves a large population of seniors and youths; its clients include approximately the same ratio of men and women.
- Stokes County Partnership for Children serves children from birth to age 5, parents and caregivers, childcare providers and teachers
- Several other agencies simply indicated that they serve all residents of Stokes County.

While many of the stakeholders indicated that they had not noticed large scale changes in the composition of the groups they serve, others noted that more subtle changes have occurred over the past few years. Among the shifts noted were:

- An increase in the number of recent veterans with post-traumatic stress disorder
- A generally increasing diversity in the county’s population
- A growing elderly population
- An annual increase in the number of people needing general medical services
- Increasing public awareness of the services offered in the county
- An increase in the number of uninsured individuals was noted at one agency; another agency noted an increase in those who *have* insurance
- An increase in the number of minorities participating in wellness programs
- An increase in low-income working clients
- An increase in well-educated clients

Barriers to Access

Community leaders were asked what barriers residents encountered in accessing their services. There were several recurring answers to this question as well as some lone concerns. The responses below generally start with the most common answers and proceed to answers reported less frequently:

Transportation: Because Stokes County is rural and services tend to be concentrated in particular areas of the county, residents are often forced to travel to seek services. Several respondents mentioned that drivers must negotiate a mountain in the middle of the county. The older population is perceived as not liking to travel across the county, and high gas prices have become a significant issue for many people. While it was mentioned that one organization provides transportation “at cost”, there is no real public transportation available within Stokes County.

Awareness of services: A number of community leaders felt that their programs were not widely known to residents. Most agency representatives felt that they were doing everything they could to get word out about what they offered, but expressed frustration that people still do not know what services are available. Cost was often cited a barrier to publicizing services, but so was the lack of methods for reaching people. Representatives of several agencies mentioned utilizing websites and newsletters as methods of communication. Others lamented that there is one local newspaper, no local TV or radio station in the county, and no major shopping areas in which to distribute or post materials.

Accessibility: A few different accessibility issues were mentioned by the community leaders. Because so many Stokes County residents work outside the county, the hours in which folks are free to seek services often do not align with the business hours of those services. Other stakeholders mentioned the difficulties many people faced in getting appointments for care, both because of complicated administrative or referral systems, and a lack of available appointments in the first place. For instance, it was mentioned that someone in need of mental health counseling might have to wait for months to actually see a counselor.

Other Barriers to Access: Respondents also mentioned the following barriers to residents accessing their programs: changes in the North Carolina mental health care system, waiting lists for transportation for the elderly, inconvenient geographic location, and the emphasis placed on seeing as many patients as possible in a limited time frame meaning there is less time available for educating patients.

Special Needs

Community leaders were asked what their agencies did to try to meet the special needs of people who use their services.

Transportation: Community leaders had several ways of meeting residents' transportation needs. Transportation is provided for older veterans to get to VA hospitals and wheelchairs are available through the American Legion. The King Chamber of Commerce tries to help transport those with temporary disabilities. Two groups in the county are reportedly providing transportation for those on Medicaid; Healthy Carolinians also tries to help provide transportation. Seniors can be reimbursed for mileage and volunteers are recruited to help transport people to hospitals outside Stokes County. The Department of Social Services provides gas vouchers to those who are eligible, while another agency has applied for grants to cover the cost of transportation.

Language/Communication: While many respondents indicated that the Hispanic population in Stokes County does not often utilize services, several agencies reported being prepared to deal with the non-English speaking population. Pamphlets have been translated into Spanish and translators are available at a few agencies, but it was suggested that the decline in tobacco farming has diminished the Hispanic population in the county.

Cost: Some agencies were able to offer free or sliding scale services to residents; another had scholarship programs for those willing to fill out forms. One stakeholder specifically mentioned working with outside resources: "We work with other agencies to provide special needs."

Good will: Several stakeholders mentioned that they work as hard as they can to serve as many of those in need as possible. Even as they struggle against barriers and limitations, these agencies expressed a genuine desire to help people.

Unmet Needs

Respondents were asked "What services or programs are needed now that are not currently available?" There were several recurring answers to this question as well as some lone concerns. The responses below generally start with the most common answers and proceed to answers reported less frequently:

Transportation: The lack of an inexpensive and convenient transportation system was cited as a major barrier for Stokes County residents, particularly the elderly. The Yadkin Valley Economic Development District, Inc. (YVEDDI) was mentioned by several stakeholders, but was perceived to be inadequate to meet the needs of county residents.

Needs of Stokes County Youth: Some stakeholders stated that area youth need more recreational opportunities beyond athletics, such as cultural and arts opportunities, a public swimming pool, mini-golf courses, and movie theatres. One respondent suggested there was a need for more social workers within the school system, while another mentioned a more general desire for programs to help children in need.

Mental Health Care: This subject is addressed more thoroughly in later questions specifically about mental health issues, but it was mentioned in general ways in response to this question. Several stakeholders expressed frustration at the state of the mental health system in the county and lack of information about access was seen as a major reason that people did not utilize the available services.

Lack of Physicians: The need for more doctors (both general practitioners and specialists) and dentists in general was identified by several stakeholders, but the desire for an obstetrician-gynecologist to provide prenatal care was also mentioned specifically. Danbury was cited as a town that needs a health center. A cancer treatment center, drug and alcohol treatment, and adult daycare were mentioned as other needed services.

Awareness of Services: As mentioned in previous responses, community leaders suggested that many people in the community were not aware of the services available.

They want you to use the stuff, but they don't want to raise taxes to fund it.

Other Areas: Other areas respondents felt needed attention included: healthcare availability for veterans; an overcrowded school system, tackling the drug culture (“We pander to our drug culture. We are scared to address it”); the need for more employment opportunities, the lack of a domestic violence shelter, education in healthy lifestyles, quality control of information published about agencies and services in the newspaper, better roads, respite care and support services for caregivers to the elderly.

Community Strengths

Interviewees were asked what they considered to be Stokes County’s greatest strengths. Answers were fairly consistent, with Stokes County’s people and the beautiful environment being the most common answers. The answers below are listed in descending order starting with the most popular responses.

The People / Mountain Community: Respondents agreed that the people in the community were its greatest strength. They listed a myriad of positive characteristics of county residents: supportive and helpful, close-knit, valuing hard work and responsibility, and family-oriented. Stakeholders appreciated the size and rural location of the county, as well as its proximity to an urban area and the services and activities available there.

Nature: The beautiful, rural mountain surroundings were often mentioned as strengths, making the county a very attractive place to live. Tourism was perceived to be a somewhat overlooked industry, as Hanging Rock State Park, the Dan River, and campgrounds could be used to attract people.

You have a feeling of spaciousness when you live here. You don't feel crowded by your neighbors.

Education: Several stakeholders mentioned the strength of the local school system, but none elaborated on their response.

Other Community Strengths: Respondents also felt that the following were strengths of Stokes County: interagency collaboration, the health department, the local arts council and sports programs, the low cost of living as compared to other places, and the low crime rate.

Community Challenges

Stakeholders were asked what they felt the major challenges facing Stokes County were. Again, responses are listed from those most frequently occurring to those less frequently occurring, although the first few topics were tied in frequency of response.

Economic Development: Stakeholders suggested that the loss of tobacco as an industry has hurt both the economy and the morale of the county and that county leadership has yet to find a viable alternative to support the local infrastructure. Resistance to raising taxes and to embracing an identity as a “bedroom community” was cited as a source of frustration. However, for the county to grow, the water and sewer systems would need to be expanded, health care would need to become more plentiful, and the lack of accessible transportation would need to be addressed. Several respondents felt that the existing infrastructure (water, sewer, school system) couldn't even keep pace with the current rate of expansion in the county. The recent rise in food, energy, and gas prices has put additional burdens on an already struggling population and one respondent saw the economic situation leading to increased crime rates. The need to recruit and retain good employees was mentioned by one stakeholder.

The generation that is working now will leave—if they can get 10 cents more an hour, they're gonna move.

People vote never to raise taxes, so there is no extra revenue.

The biggest challenge that we face is to get the people of Stokes County to catch the vision of what we can be.

Mental Health Concerns: Several stakeholders mentioned the need to address mental health issues in general. The high suicide rate, of particular concern to several respondents, was blamed on drugs abuse by one interviewee.

Schools: While few respondents elaborated on the problem, quite a few community leaders mentioned that there was a problem of overcrowding in the local schools.

We're stressed to the max on our schools. We need to raise money.

Drug Culture: Again, while few interviewees expanded upon their answer, substance abuse, particularly drug use, was identified as an increasing challenge for Stokes County.

Drugs are going to eat this country alive and it's not going to stop at the county line.

Lack of Services: Substance abuse and domestic violence services were mentioned as particularly lacking. The growth of the elderly population was predicted to become an issue as they demanded more services.

Other Community Challenges: Respondents also saw the following as challenges facing the county: overcrowded schools, lack of childcare in certain parts of the county, counseling for single parents, and the need for a community college

Health Problems and Concerns

The stakeholders were asked to *look specifically at health* and describe what they thought the most important health problems or health concerns were in Stokes County. In addition they were asked what factors were causing them and what could be done to solve or overcome them. The health problems and concerns below are listed in order of those mentioned by respondents most often, with tobacco use being the most common issue of concern.

Tobacco Use: Although several respondents felt that tobacco use had declined in recent years, many believed that smoking is still very common among county residents. Concern was expressed that tobacco use seemed particularly prevalent among pregnant women and teenagers. Tobacco use was just recently banned on school property but is still allowed in many public places. Stakeholders did make the connection between tobacco use and lung cancer, as well as with asthma and other respiratory issues. It was suggested by a number of stakeholders that the dependence of the Stokes County economy of tobacco farming led to a culture that was very accepting of tobacco use, and that it has been difficult to challenge that culture.

Because tobacco growers are here and they used to work for RJ Reynolds, you've got a lot of 'good old boys' who are still smoking.

Many people made a good income with tobacco so the view of tobacco [here] is not as negative as in other places.

Education of the public about the negative consequences of smoking has been attempted, but as tobacco use still seems to be an important issue, awareness-raising needs to continue. Grant funding could be sought to promote smoking cessation programs. And while several respondents expressed excitement that the school system was going smoke-free, they would like to see local restaurants and government buildings do the same.

Try to make it more socially unacceptable.

Mental Health: A number of community leaders mentioned that people with mental health issues were becoming more common in Stokes County. Access to mental health care was an ongoing challenging, made increasingly difficult by administrative and organizational troubles resulting from the statewide mental health reform of a few years ago. Interviewees also cited what they described as a perceived lack of understanding of mental health issues among the general public. Many of the respondents expressed concern about the high suicide rate in the county. The suicide rate was attributed to a variety of causes: people discouraged by the lack of opportunity in the county, and the closure of tobacco farms, unfavorable comparisons of the quality of life in Stokes County to other counties.

Several people praised the recent hiring of a mental health coordinator as a positive step for the local mental health system, but some feel that work still needs to be done to get word out about how mental health issues can be addressed by local agencies.

Substance Abuse: Alcohol abuse, drug abuse, domestic violence, dementia-related health problems were all identified as issues of particular concern. A few stakeholders mentioned a belief that the population was overly dependent on prescription medication and that perhaps physicians were over-prescribing medication to treat mental health issues. Another stakeholder suggested that Stokes County is simply following a national trend:

We've become very lax in our thinking about our drug culture. Drugs are big business. [We need] to enforce the laws that are on the books.

According to some interview subjects, a shift away from treating mental health issues with drugs and toward utilizing therapy seems to be an important step in fighting not just mental health issues, but in treating substance abuse as well. One respondent recommended a better system for monitoring prescription drug use.

Obesity: Many respondents mentioned obesity as a major health problem in Stokes County. Inactivity, lack of exercise, the lack of healthy food choices in restaurants, and lack of education about healthy lifestyle were all named as contributing factors to obesity among county residents. One respondent suggested that obesity was becoming more accepted by the public.

There are fewer healthy restaurants because people don't recognize the need to eat more healthy foods.

Encouraging more group exercise activities, particularly walking, may be one way to motivate the population to be healthier, but it is difficult to fight the traditional southern diet. Education regarding exercise options and healthy food choices should increase, but such efforts need to be coordinated among agencies, schools, and physicians:

It can't be a piecemeal effort. It needs to be a part of what everybody is doing.

If we could just encourage them to read what's on those boxes [of food] ... it encourages you to change.

Access to Care: A few stakeholders mentioned issues in getting information out to residents about what medical and support services are available. If those individuals who are struggling can overcome the stigma of asking for help, they often don't know where to go for services or they cannot afford the rising cost of health care. Of greater concern, however, was the general lack of physicians and specialists in the county, as well as the disparity in what care is available in various areas of the county. One respondent said that specialists travel to Stokes County only on certain days and only on one side of the county, which severely limited the availability of appointments.

In a rural area, folks are driving over 60 miles for services.

Stokes County is divided. People look at the people in King with jealousy because of all they have.

It was suggested that getting individual citizens from all areas of Stokes County involved in making some decisions might be a way to address the divided nature of the county. A shift in attitude may be necessary on a broad level:

Our society in general, and Stokes County is included in that, has a "me, me" mentality, and we need to have an "us, us" mentality.

Recruiting more specialists and general practice doctors seems to be a simple solution, but those stakeholders who suggested it offered no ideas for how to attract physicians to the county. One stakeholder sees a misconception among the public, who regard physicians in Stokes County as untrustworthy and of lower quality than those working in other counties.

Diabetes, Cancer and Heart Disease: High rates of cancer, diabetes and heart disease were mentioned in general ways as health problems facing Stokes County.

Other Health Problems or Concerns: Other health problems or concerns mentioned by respondents included: struggling against the stigma of asking for help, unemployment, stroke, and attention to the needs of the indigent population

Other Possible Solutions: Interviews offered some general comments about how to improve health in Stokes County:

Something has to be done with the youth beginning in the middle school. Being at home with their family is the most detrimental thing that can happen. There's no community recreation for these kids.

Make health the front line. The county commissioners could support the health department with [more] funding.

Mental Health

Stakeholders were asked several questions regarding mental health issues in Stokes County, including identifying what services were currently available to address mental health needs. They also were asked to identify what additional mental health services might be needed. The greatest issues of concern to these community leaders were the high suicide rate and structural changes made to the mental health system that have subsequently led to numerous access issues.

Current Mental Health Services: Stakeholders identified the following mental health agencies, programs and services currently available in Stokes County:

- CenterPoint Human Services, the local management entity, is located in Winston-Salem
- Triumph LLC provides out-patient therapy, community support, and psychiatric services for adults
- Daymark Recovery Service provides medical management for adults
- Insight Human Service is a substance abuse prevention program
- The Stokes Opportunity Center give people a place to mingle with each other
- There is a volunteer "facility in Walnut Cove for mentally disabled people"
- Mobile crisis unit for emergencies

- The Health Department and the hospital are believed to offer mental health services
- “King has services for teens”
- The Structured Outpatient Program at the hospital offers group and individual treatment
- The local mental health coordinator is “in charge of accessing services for people, getting appointments set up and doing referrals”
- Suicide prevention programs
- Structured outpatient program for elderly individuals with mental health issues

Addressing Stigma: A number of stakeholders suggested that much needed to be done to address community assumptions and misconceptions about mental health issues. While the Stokes County community was praised for its willingness to help its citizens, the interviewees identified a specific reluctance among the general public to help those with mental health issues. Community involvement and education may go a long way in building awareness about what the problems are, what treatments are available, and where people in need can go for services.

It’s hard to reach the people who are contemplating suicide. We need to help families see the warning signs ... get them to go ahead and make the call.

We need to change the way we talk about mental health ... change the perspective of what mental health means.

Consistency of Services: Several stakeholders acknowledged the local troubles resulting from the 2002 statewide reform of the North Carolina mental health system, which moved the agency responsible for coordinating mental health services to another county and shifted its responsibilities away from providing treatment and toward making referrals. Interviewees cited perceived system problems with a high rate of turnover, and continually changing policies and protocols.

The agency ‘with the money’ is in Winston-Salem; it’s hard to access and you have to have transportation. The managing group in Winston-Salem doesn’t give referrals, they only manage the money.

A number of respondents praised the recent hiring of a Stokes County Mental Health Coordinator, believing that this individual will be a recognizable and accessible presence for the general public and will work to streamline the process of referring people elsewhere for help. But there seemed to be a general consensus among these stakeholders that the system is broken, and that when that perception also pervades the public, people are even less likely to seek help. The interviewees agree that because mental health issues can lead to suicide, violence, drug and alcohol abuse, family problems, and dropping out of school, they must be addressed in a timely way, something they feel the current system simply cannot accommodate.

Even when people do seek mental health assistance, the system is so complicated that the average person has a hard time accessing the services.

... if a call [seeking assistance] is made, the system is messed up. It treats the good ones and sends the bad ones home.

Somebody should be able to call and get an appointment that day. There need to be regular services.

Lack of Hope for the Future: Economic woes, the lack of jobs, a sense of isolation particularly among the elderly, and an increasing sense of desperation were all mentioned as underlying issues leading to depression and thoughts of suicide.

There is a depression of hopelessness for the future. People are in a rut.

We need to give people hope. Until you do something to address the source of the problem, it's going to keep going.

Other Barriers: Insurance issues were seen by several stakeholders as a significant barrier that prevented children and adults from seeking mental health services. The lack of transportation was cited as another challenge facing those in need of care.

Some places don't take Medicaid for mental health treatment and it requires a lot of trips to multiple doctors to try and get treatment.

Needed Services and Facilities: Stakeholders identified that the following services and facilities were particularly lacking in Stokes County: one-on-one psychiatric services, treatment programs for children and adolescents, psychological assessments, adequate support groups, more hospital beds for mental health patients, a group home, in-home services, a drug and alcohol treatment center, and residential treatment programs.

Several stakeholders pointed out the high suicide rate in Stokes County; one even alluded to the rate being the highest in the state. Even among these community leaders, there seems to be a misconception surrounding how Stokes County compares to other counties in terms of suicides. Although its suicide rate is high, several counties, mostly in the western part of the state, have a higher rate. The table below presents data on North Carolina counties with the highest suicide rates.

Number and Rate of Deaths Attributed to Suicide, 2002-2006		
	Number	Rate per 100,000
Ashe	35	25.9
Surry	73	19.5
Haywood	53	18.1
Alexander	32	18.1
Burke	77	17.3
Carteret	56	17.2
Clay	8	17.2
Stokes	38	16.0
North Carolina		11.6

Other Thoughts

The stakeholder interview ended by providing interviewees with the opportunity to express any final thoughts. Many chose not to respond, but provided below are several pertinent quotes.

Taxes are going to have to be raised. The County Commission is going to have to do something about the tax structure.

We need to elect good leaders.

We provide a reasonable amount of healthcare here; we often provide a lot of mental health. We need to recruit more health care providers.

We need to do more in schools [to promote] physical activity and better food.

The growing population of the medically indigent is falling through the cracks. [They] tend to flood emergency rooms in order to get care.

Struggles with larger hospitals for changes have resulted in problems with leadership issues.

The county has more work to do with expansion and growth; it needs more staff and resources.

The county is a good place to be, however we need more services to get people off Medicaid and into jobs.

Chapter Five

Analysis and Issues Prioritization

Chapter Five: Analysis and Issues Prioritization

AppendixD: 2008 Community Health Assessment Process and Timeline

The Stokes County Community Health Assessment Team objectives for the 2008 Community Health Assessment:

- To analyze the health statistics and determine the changes from the 2004 Community Health Assessment
- To determine the health concerns of community members
- To determine the resources needed in Stokes County to address identified concerns
- To determine the health resources that community members have knowledge of and access to
- To determine the health related strengths in Stokes County
- To determine if current Priority Health Issues have improved or continue to be issues
 - Eating Habits and Physical Activity to impact Cancer, Heart Disease, Stroke, Obesity and Diabetes
 - Youth Tobacco Use
 - Smoking During Pregnancy
 - Access To Health Care
 - Suicide Prevention/Mental Health

Objective: To analyze the health statistics and determine the changes from the 2004 Community Health Assessment

Main health statistics of discussion were based on relation to Priority Health Issues or significant changes in trend data or deviation from state rates; leading causes of death in Stokes County, Obesity Rates, Smoking During Pregnancy and Access to Health Care.

Leading Causes of Death:

The Top three Leading Causes of Death in Stokes County have remained consistent. Stokes County data shows a decrease in deaths from heart disease, total cancer, stroke, pneumonia, influenza and diabetes. However, heart disease, stroke and cancer mortality continue to be higher than the state and the Healthy Carolinians 2010 Objectives. Stokes County trend data shows an increase in deaths due to suicide 1999-2006 data. Other leading causes of death in Stokes County; chronic lower respiratory disease, unintentional non-motor vehicle injury, motor vehicle injury, septicemia, chronic liver disease and cirrhosis continue to be higher than the state rate. (Table 1)

1. Heart Disease showed a slight decline from a rate of 232.7 per 100,000 population in 1999-2002 to a rate of 222.6 per 100,000 population in 2002-2006
2. Total Cancer showed a slight decline from a rate of 225.9 per 100,000 population in 1999-2002 to a rate of 217.1 per 100,000 population in 2002-2006. However data showed an overall trend increase in incidence and mortality for Breast Cancer.

3. Cerebrovascular Disease (Stroke) showed a slight decline from a rate of 95 per 100,000 population in 1999-2002 to a rate of 90.9 per 100,000 population in 2002-2006

Stokes County Mortality Trends 1999-2006

Table 1

<u>Leading Causes of Death In Stokes County</u>	<u>Overall Trend Direction</u>	<u>Compared to State Rate</u>	<u>Healthy Carolinians 2010 Objectives</u>
1. Heart Disease	Decrease	Higher	Higher
2. Cancer (all kinds)	--	Higher	Higher
3. Stroke	Decrease	Higher	Higher
4. Chronic Lower Respiratory Disease	Increase	Higher	
5. Unintentional non-motor vehicle injury	Increase	Higher	
6. Unintentional motor vehicle injury	Increase	Higher	Higher
7. Pneumonia and Influenza	Decrease	Lower	
8. Diabetes	Decrease	Lower	Lower
9. Alzheimer's disease	Increase	Lower	
10. Septicemia	Increase	Higher	
11. Suicide	Increase	Higher	Higher
12. Kidney Disease	Increase	Lower	
13. Chronic liver disease and cirrhosis	Triple Increase	Higher	
14. Homicide	Triple Increase	Lower	
15. HIV/AIDS	--	Lower	Lower

Obesity

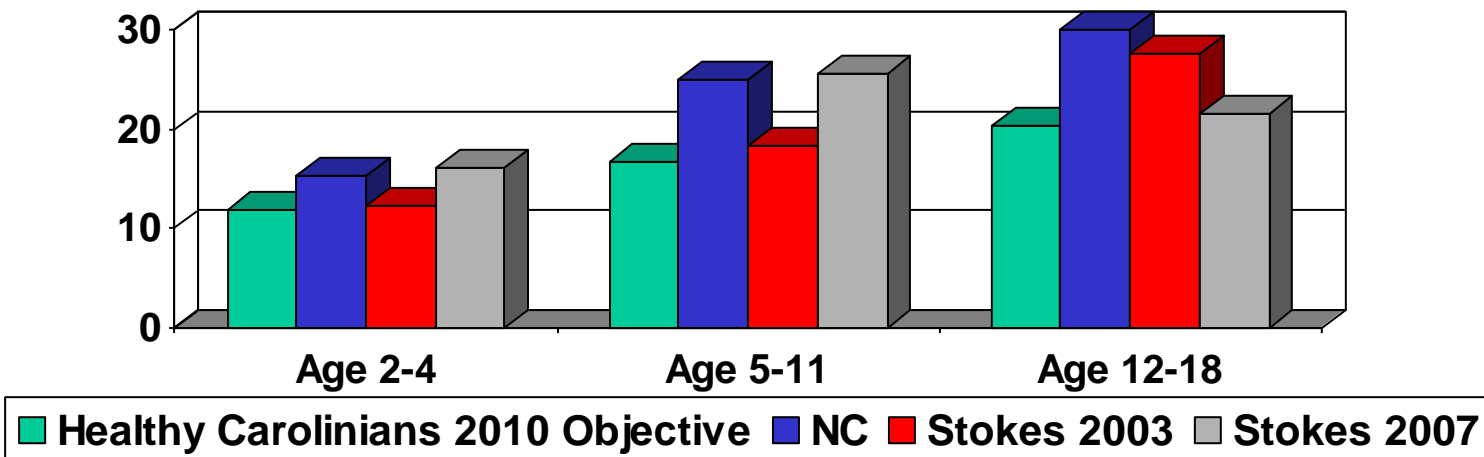
Adult Obesity

According to calculations based on data from the 2006 Stokes Region (Stokes, Davie, Rockingham, Surry and Yadkin counties) Behavioral Risk Factor Survey:

- 32% of adults were obese (NC=27%)
- 34% of adults were overweight (NC=36%)

According to the 2008 Stokes County Community Survey results, 32% of respondents self-report as having been diagnosed as overweight or obese.

Percent of Overweight Children (BMI \geq 95th percentile) NC-NPASS 2003 and 2007



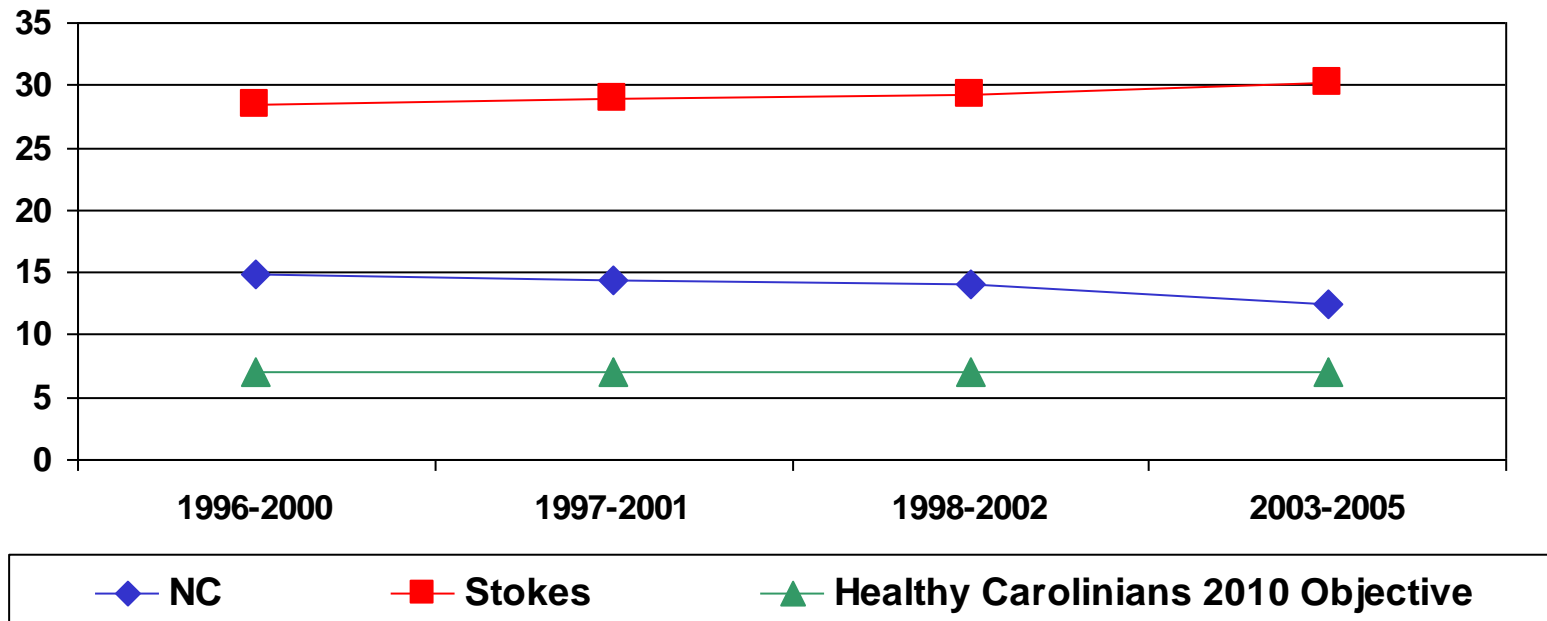
Childhood Obesity

Compared to the state, Stokes County's children age 2-4 and 5-11 have a slightly higher percentage rate of being overweight compared to the state rate. Stokes County's children age 12-18 have a lower percentage rate of being overweight than the the state rate. Stokes County is seeing an increase in overweight children in the 2-11 age range. 2007 rates for children with BMI \geq 95th percentile for age 2-4 was 16.1 compared to 12.3% in 2003. 2007 rates for children with BMI \geq 95th percentile for age 5-11 was 25.5 compared to 18.4 in 2003. Stokes County is seeing a decrease in the rate of overweight children in the 12-18 age range, 2003 27.5% had a BMI \geq 95th percentile and in 2007 it was 21.6. (Table 2)

Smoking During Pregnancy

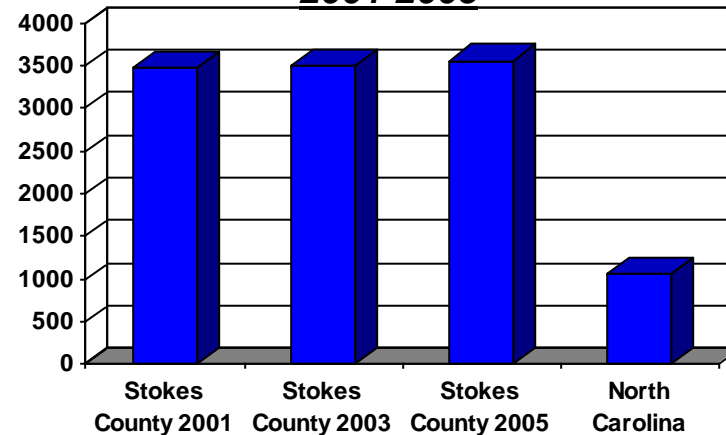
Stokes County's percent of births to mothers who smokes continues to increase and remain over two and half times the state rate.

Percent of Births to Mothers Who Smoke



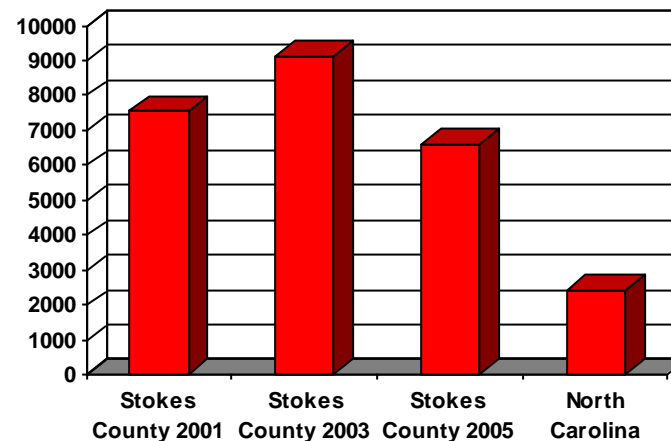
Access to Health Care

Population per Primary Care Physician
2001-2005



Even though Stokes County is seeing a population increase of an estimated 1,000 people from 2001-2005, the physician to patient ratio remains essentially the same.

Population per Dentist
2003



The Stokes County dentist to population ratio did improve in 2005 but remains much higher than the state. Four of the six dentists offices are in King. Two dentists are located in Walnut Cove with no dental offices in the Northern part of the county. Three of the six dentists except Medicaid

Objective: To determine the health concerns of community members

Adult:

The top health concerns of Adult Community members in 2008 are Aging problems, Obesity/Overweight, Heart Disease/Heart Attacks, Cancer and Mental Health. The top health concerns of Adult Community members in 2004 were Cancer, Heart Disease, Diabetes, Hypertension, Obesity/Overweight. It was difficult to determine why Aging Problems topped the list of community concerns, possibly attributed to elder population completing survey but when compared to 2004 essentially the same age population completed surveys.

Mental Health was in the top five health concerns and had not been in 2004. This is due to the restructuring of the mental health system and lack of mental health services in Stokes County. In addition, Stokes County recently hired a Mental Health Coordinator to serve as a liaison for the community, consumer and local LME. This has been a frequent topic of conversation and numerous articles have appeared in the local papers.

The community identified Cancer, Heart Disease and Obesity/Overweight as top health concerns in 2004 and 2008.

Another issue that is ongoing in Stokes County is a discrepancy in health care services between the northern and southern parts of the county, due to the geographical nature of the county and the larger metropolitan area of King. Stakeholders identified this as an issue. However, 92% of adult survey respondents did not identify access to medical care as an issue and 86% had not had a problem accessing dental care.

Youth:

The top health concerns of Youth Community members in 2008 are Teen Pregnancy, Suicide (Suicide Attempts, Self-Injury), Obesity/Overweight HIV/AIDS, and Depression. The top health concerns of Youth Community members in 2004 were Teen Pregnancy, Obesity/Overweight, Cancer, Suicide, and Diabetes. Youth identified Teen Pregnancy as the top health concern in 2004 and 2008 even with statistics showing a declining rate of Teen pregnancy. The youth identified Obesity/Overweight in 2004 and 2008 as a health concern. HIV/AIDS and depression were in the top five in 2008 but were not in 2004. HIV/AIDS may have been associated with STD. Depression and Suicide were in the top five health concerns for 2008. . Youth and Adults identified Mental Health issues as top health concerns for Stokes County. 91% of youth respondents identified feeling stress in their lives at least some time. Youth were asked in 2004 and 2008 if they ever seriously thought about or made a plan to kill themselves with 21.4% answering yes in 2008 and 14.4% answering yes in 2004. This is of great concern to the Community Health Assessment Team and community due to recent suicides of two teenagers

Objective: To determine the resources needed in Stokes County to address identified concerns

Unmet needs identified during the Community Health Assessment Process:

Transportation—Yadkin Valley Economic Development District, Inc. (YVEDDI) is the main provider in transportation in the county and is perceived to be inadequate, difficult to access and/or too expensive. King has recently started a Park and Ride Transportation System from King to Winston-Salem, again a discrepancy between northern and southern part of the county.

Needs of Stokes County Youth--The community health assessment emphasized an on ongoing concern for the youth from adults, youth, community health assessment team and key stakeholders. The Youth need more recreational opportunities in the county, access to social workers in the school and general programs to assist children in need.

Mental Health Care—Overwhelming consensus of a general frustration at the state of the mental health system in the county, lack of services and lack of information about access.

Lack of Physicians—The need for more doctors was identified by the Community Health Assessment, general practitioners and specialists—especially Obstetrics and Gynecology. There is a need for additional dentists in the northern part of the County. Stokes County also lacks a drug and alcohol treatment center and adult daycare services, respite care and support services for the elderly.

Awareness of Services—The community still seems to be unaware about available services as perceived by providers.

Other areas noted in assessment—drug and alcohol abuse, veterans health care, over crowded schools, the lack of a domestic violence shelter, and education in healthy lifestyles.

Objective: To determine the health resources that community members have knowledge of and access to

In order to determine what services the community was aware of a question was developed for the survey asking community member a check list of questions about the service. It is possible that the question was cumbersome and misunderstood so the majority of respondents just checked did not need service. It has been in the past and still is perceived by the stakeholders that community members are not aware of available resources.

Objective: To determine the health related strengths in Stokes County

A major strength identified in Stokes County is the Interagency collaboration and partnerships. Another asset in the County is the Stokes Family Health Center.

Objective: To determine if current Priority Health Issues have improved or continue to be issues

The Community Health Assessment Team met in October and November to determine Priority Health Issues after reviewing the Community Health Assessment. The meetings consisted of a presentation of the Community Health Assessment and a discussion of current Priority Health Issues. The Team reviewed current issues in order to determine if those needs have been met, need to be addressed further or replaced by a more pertinent issue based on the 2008 Community Health Assessment. The consensus of the team was to work on targeting Priority Health Issues that members of the team could address effectively over the next four years and to identify Priority Health Issues that needed the most attention, such as issues that other groups in the county were not addressing.

2004 Priority Health Issues

Eating Habits and Physical Activity to impact Cancer, Heart Disease, Stroke, Obesity and Diabetes

-- Eating Habits and Physical Activity to impact Cancer, Heart Disease, Stroke, Obesity and Diabetes is as an ongoing health issue based on the 2008 Community Health Assessment. Heart Disease, Stroke and Cancer remain the three leading causes of death in Stokes County. Obesity/Overweight is increasing in adults and youth in Stokes County. And both youth and adult survey respondents identified it as a top health concern in Stokes County. According to the youth respondents physical activity decreased from 2004 to 2008. There was a slight increase in fruit and vegetable consumption from 5% to 8% of youth who eat five or more servings of fruit and vegetables per day. Eating fast food three or more times a week increased from 29.4% to 33% After discussion by the Team and an understanding of how to measure impact this Priority Health issue was updated to Youth Obesity Prevention and Adult Obesity Prevention.

Youth Tobacco Use

-- Youth Tobacco Use is as an ongoing health issue based on the 2008 Community Health Assessment. While some progress has been made in Stokes County, such as Tobacco Free Schools and Hospitals, youth tobacco use has increased from 2004 to 2008 from 22% to 29.3%. In 2004, forty-three percent reported wanting to quit opposed to only thirty-two point eight percent in 2008. After discussion and consensus of the Team, Youth Tobacco Use is an ongoing Priority Health Issue.

Smoking During Pregnancy

-- Smoking During Pregnancy is as an ongoing health issue based on the 2008 Community Health Assessment. While the smoking during pregnancy rate did level out from 2003-2005. The rate remains two and a half times the state rate. After discussion and consensus of the Team, Smoking During Pregnancy is an ongoing Priority Health Issue.

Access To Health Care

--Access to healthcare medical and dental did not seem to be an issue for adults based on the 2008 Community Health Assessment despite Stokes County's one physician to 3,556 people. Youth however did report having a problem accessing medical and dental care. Main reasons that were cited were cost, fear and transportation. After discussion and consensus of the team this Priority Health Issue was updated to Youth Dental Care.

--Suicide Prevention/Mental Health

--Suicide Prevention/Mental Health is as an ongoing health issue based on the 2008 Community Health Assessment. Progress has been made in this area with the hiring of a Stokes County Mental Health Coordinator, Stokes county Mental Health Educator but efforts need to continue through partnership and collaboration. The suicide rate in Stokes County currently exceeds the state rate, and this has been the case over many years. Recent tragedies in Stokes County of two teenagers lost to suicide put this effort on the top agenda for the County. Access to Mental health Services is lacking in Stokes County. After discussion and consensus of the Team, Suicide Prevention/Mental Health is an ongoing Priority Health Issue.

Other discussion by the team revolved around the aging population and need for elder care, respite care and support groups. Organizations in the community are working on these issues. The team will monitor progress and reevaluate the need to address as a formal issue in the future. The Community Healthy Assessment Team worked diligently to identify Priority Health Issues that could be effectively addressed by the Team over the next four years. These Six Priority Health Issues do not represent all health issues for Stokes County just the issues identified the team to address over the next four years.

2008 Healthy Carolinians of Stokes Priority Health Issues

Adult Obesity Prevention

Suicide Prevention/Mental Health

Smoking During Pregnancy

Youth Dental Care

Youth Tobacco Use

Youth Obesity Prevention

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Appendices

Appendix A: Adult Survey Instrument

Appendix B: Youth Survey Instrument

Appendix C: Community Stakeholder Interview Protocol

AppendixD: 2008 Community Health Assessment Timeline and Process

2008 STOKES COUNTY COMMUNITY HEALTH SURVEY



Stokes Family Health Center



"Working Hand in Hand for Good Health"

WE NEED YOUR HELP to identify the major health issues facing Stokes County residents today. Please take a few minutes to complete the survey.

PART 1: Community Problems and Issues

Health Problems

These questions are about health problems that individual people can have that also have an impact on the community as a whole. Please look at this list of health problems and **put a check mark beside the five (5) that you think are having the biggest impact in Stokes County.** Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem you consider one of the five most important, please check "Other" and write it in.

Remember to check only five (5)!

- | | | |
|---|--|---|
| <input type="checkbox"/> Accidental injuries (home or work-related falls, drowning, choking, poisoning, etc.) | <input type="checkbox"/> Gun-related injuries | <input type="checkbox"/> Motor vehicle accidents |
| <input type="checkbox"/> Aging problems (dementia, Alzheimer's, arthritis, hearing or vision loss, etc.) | <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Neurological disorders (multiple sclerosis, ALS, muscular dystrophy, etc.) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Infant death | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infectious/contagious diseases (TB, pneumonia, flu, salmonella, etc.) | <input type="checkbox"/> Stroke |
| What kind: _____ | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Suicide, suicide attempts, self injury |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung disease (emphysema, chronic bronchitis, etc.) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Mental health (depression, schizophrenia, etc.) | |

Unhealthy Behaviors

This section is about the behaviors of individuals that may cause poor health and also have an impact on the community as a whole. Please look at this list of unhealthy behaviors and put a check mark beside the five (5) that you think are having the biggest impact in Stokes County. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see an unhealthy behavior you consider one of the five most important, please check “Other” and write it in.

Remember to check only five (5)!

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Not using seat belts	<input type="checkbox"/> Poor eating habits
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Not going to a dentist for	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Domestic Violence	preventive check ups and	<input type="checkbox"/> Reckless/drunk driving
<input type="checkbox"/> Drinking and Driving	care	<input type="checkbox"/> Smoking/tobacco use
<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Not going to the doctor for	<input type="checkbox"/> Unsafe Sex
<input type="checkbox"/> Lack of exercise	yearly check ups and	<input type="checkbox"/> Violent behavior
<input type="checkbox"/> Not getting immunizations	screenings	<input type="checkbox"/> Other: _____
(“shots”) to prevent disease	<input type="checkbox"/> Not getting prenatal	
<input type="checkbox"/> Not using child safety seats	(pregnancy) care.	

Community Issues

This section is about community-wide issues that have an impact on the overall quality of life in Stokes County. Please look at this list of community issues and put a check mark beside the five (5) that have the greatest effect on quality of life in Stokes County. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a community issue you consider one of the five most important, please check “Other” and write it in.

Remember to check only five (5)!

<input type="checkbox"/> Animal control issues	<input type="checkbox"/> Healthy family activities
<input type="checkbox"/> Availability of child care	<input type="checkbox"/> Positive activities for teens
<input type="checkbox"/> Affordability of health services	<input type="checkbox"/> Neglect and abuse (please specify type)
<input type="checkbox"/> Availability of healthy food choices	<input type="checkbox"/> Elder abuse
<input type="checkbox"/> Bioterrorism	<input type="checkbox"/> Child Abuse
<input type="checkbox"/> Crime	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Pollution (air, water, land)
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Low income/poverty
<input type="checkbox"/> Inadequate/unaffordable housing	<input type="checkbox"/> Racism
<input type="checkbox"/> Lack of/inadequate health insurance	<input type="checkbox"/> Transportation options
<input type="checkbox"/> Lack of culturally appropriate services	<input type="checkbox"/> Unemployment
for minorities.	<input type="checkbox"/> Unsafe, un-maintained roads
<input type="checkbox"/> Lack of health care providers	<input type="checkbox"/> Violent crime(murder, assault, etc.)
What kind: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lack of recreational facilities (parks,	
trails, community centers, etc.)	

PART 2: Personal Health

The following set of questions is about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

1. What kind of health insurance or coverage do you have at the present time?

- ☐ Private health insurance I bought for myself.
☐ Private health insurance my employer provides
☐ Private health insurance my spouse's employer provides
☐ Medicaid
☐ Medicare
☐ Veterans' Administration benefits
☐ Other: _____
☐ I do not have health insurance or coverage at the present time

2. Where do you get most of your health-related information? Please choose only one.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> Help lines | <input type="checkbox"/> Church |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Books/ magazines |

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

- | | |
|--|---|
| <input type="checkbox"/> Doctor's office in Stokes County | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor's office in another County | <input type="checkbox"/> Free Clinic |
| <input type="checkbox"/> JR Jones Medical Center | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Stokes Reynolds Hospital | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hospital emergency room in another county | |

4. About how long has it been since you last visited a doctor for a routine checkup? This does not include any times you visited the doctor because you were sick or pregnant.

- | | |
|---|--|
| <input type="checkbox"/> Within the past year | <input type="checkbox"/> 5 or more years ago |
| <input type="checkbox"/> 1-2 years ago | <input type="checkbox"/> I have never had a routine medical checkup. |
| <input type="checkbox"/> 3-4 years ago | |

5. Have you had your blood pressure checked in the last 12 months?

- ☐ Yes ☐ No

6. Have you had your cholesterol checked in the last 12 months?

- ☐ Yes ☐ No

7. In the past 12 months, did you have a problem getting the medical care you needed?☐ Yes (go on to question #8)☐ No (now skip to question #9)**8. Since you said “yes” to question #7, which of these problems did you have? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in.**☐ I didn't have health insurance.☐ My insurance didn't cover what I needed.☐ My deductible/co-pay was too high.☐ Doctor wouldn't take my insurance or Medicaid.☐ Hospital wouldn't take my insurance.☐ I didn't have a way to get there.☐ I didn't know where to go.☐ I couldn't get an appointment.☐ Other: _____**9. In the past 12 months, did you have a problem filling a medically necessary prescription?**☐ Yes (go on to question #10)☐ No (now skip to question #11)**10. Since you said “yes” to question #9, which of these problems did you have? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in.**☐ I didn't have health insurance.☐ My insurance didn't cover what I needed.☐ My deductible/co-pay was too high.☐ Pharmacy wouldn't take my insurance or Medicaid.☐ I didn't have a way to get there.☐ I didn't know where to go.☐ I couldn't get an appointment.☐ Other: _____**11. About how long has it been since you last visited a dentist for a routine checkup? Do not include times you visited the dentist because of an emergency.**☐ Within the past year☐ 1-2 years ago☐ 3-4 years ago☐ 5 or more years ago☐ I have never had a routine dental checkup.**12. Was there a time during the past 12 months when you needed to get dental care, but could not?**☐ Yes (go on to question # 13)☐ No (now skip to question #14)**13. Since you said “yes” to question #12, why could you not get dental care? You can choose as many of these as you need to. If you had a problem that is not listed, please write it in.**☐ I didn't have dental insurance.☐ My insurance didn't cover what I needed.☐ My deductible/co-pay was too high.☐ Dentist wouldn't take my insurance or Medicaid.☐ I didn't have a way to get there.☐ I didn't know where to go.☐ I couldn't get an appointment.☐ Other: _____

14. If a friend or family member needed counseling for a mental health or drug or alcohol abuse problem, who would you tell them to call or talk to?

- | | |
|---|--|
| <input type="checkbox"/> Centerpoint | <input type="checkbox"/> Minister or religious official |
| <input type="checkbox"/> Daymark | <input type="checkbox"/> Mental Health Association |
| <input type="checkbox"/> Triumph | <input type="checkbox"/> School counselor |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Support group (AA, Al-Anon, etc.) |
| <input type="checkbox"/> Free Clinic | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Other: _____ |

15. In the past 12 months have you or a member of your family needed any of the following services? Please put a check in the box or boxes that most accurately describe what problem(s), if any, you had with the service.

SERVICE	LACK Of INFORMATION (Didn't know about/couldn't locate information about the service)	COST (Service was too expensive or provider wouldn't accept my insurance)	SERVICE NOT AVAILABLE (It took too long to get an appointment; provider wasn't taking new patients or enrollees; inconvenient location or hours of operation)	NO PROBLEM (My family used this service but didn't have any problem accessing or using it)	DID NOT NEED THE SERVICE (My family hasn't needed this service in the past 12 months)
Health promotion and wellness programs					
Domestic violence services					
Enrolling in Medicaid or Medicare					
Mental health care or counseling					
Drug or alcohol treatment program					
Home health care services					
Hospice (end-of-life care)					
Long-term care (e.g. nursing home)					
Senior citizen nutrition service (e.g. Meals on Wheels, nutrition sites, etc.)					
Veterans' medical services					

- 16. During the past 30 days, other than in your regular job, did you engage in any exercise activity that lasted at least a half an hour?**

_____ Yes (go on to question #17)

_____ No (now skip to question #19)

- 17. Since you answered yes to question #16, how many times did you engage in this activity during the past 30 days?**

_____ times in the past 30 days (now go on to question #18)

- 18. Where do you go to engage in exercise/physical activities? Check all that apply.**

_____ Stokes Family YMCA

_____ Curves

_____ Danbury YMCA

_____ At home

_____ Local park

_____ Other: _____

Which one: _____

- 19. Since you said “no” to question #17, why didn’t you engage in physical activity? You can check as many of these reasons as you need to.**

_____ My job is physical or hard labor

_____ I don’t like to exercise.

_____ Exercise is not important to me.

_____ It costs too much to exercise

_____ I don’t have access to a facility that has the things I need, like a pool, golf course, or a track.

(equipment, shoes, gym costs, etc.)

_____ There is no safe place to exercise.

_____ I don’t have enough time to exercise.

_____ I’m too tired to exercise.

_____ I would need child care and I don’t have it.

_____ I’m physically disabled.

_____ I don’t know how to find exercise partners or teams.

_____ I don’t know.

_____ Other: _____

- 20. Think back to the past 30 days. On how many days out of the last 30 did you drink alcohol of any kind?**

Number of days: _____

- 21. How many times during the past 30 days did you have more than 5 drinks in one day?**

Number of times: _____

- 22. Do you smoke cigarettes or cigars?**

_____ Never

_____ I used to smoke but have quit

_____ I smoke occasionally (less than one cigarette or cigar per day)

_____ I smoke one (1) pack or less a day

_____ I smoke more than one (1) pack a day. How many packs per day? _____

23. How often do you currently use chewing tobacco or snuff (smokeless tobacco)?

☐ Every day ☐ On some days ☐ Not at all

24. If you currently smoke, where would you go for help in order to quit?

<input type="checkbox"/> I don't smoke or use smokeless tobacco	<input type="checkbox"/> Quit Now NC
<input type="checkbox"/> Doctor	<input type="checkbox"/> Health Department
<input type="checkbox"/> Church	<input type="checkbox"/> I don't know
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Private counselor/therapist	<input type="checkbox"/> Not applicable; I don't want to quit

25. Where are you exposed to secondhand smoke? You may check as many as necessary.

<input type="checkbox"/> Home	<input type="checkbox"/> School
<input type="checkbox"/> Workplace	<input type="checkbox"/> Car
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Restaurants	<input type="checkbox"/> I am not exposed to secondhand smoke.

26. Are you in support of tobacco free environments (e.g. schools, hospitals, restaurants)?

☐ Yes ☐ No

27. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions?

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes (not during pregnancy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overweight/Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No

28. If you are a male age 40 or older, do you have an annual prostate exam?

☐ Yes ☐ No ☐ Not applicable (I'm a female, or a male under age 40)

29. If you are a female age 40 or older, do you have an annual mammogram?

☐ Yes ☐ No ☐ Not applicable (I'm a male, or a female under age 40)

30. If you are a female age 21 or older, do you have a pap smear at least every other year?

☐ Yes ☐ No ☐ Not applicable (I'm a male, or a female under age 21).

- 31. Males and females:** If you are **age 50 or older**, have you ever had a colon cancer screening?

____ Yes ____ No ____ Not applicable (I'm under age 50)

- 32. Below is a list of people you may be taking care of in your home. Please put a check mark on the appropriate line if you are the primary caregiver for any the following people. (If you are not a primary caregiver of any of these persons, go on to question # 33)**

____ Elderly or disabled parent ____ Disabled child
 ____ Disabled spouse ____ Other: _____

In the past 12 months, did you have a difficult time finding care for the person or people you checked above?

____ Yes ____ No

If yes, what was the main problem you had? _____

Part 3. Emergency Preparedness

- 33. Does your household have properly working:**

Smoke detectors? ____ Yes ____ No
 Carbon monoxide detectors? ____ Yes ____ No
 Fire extinguishers? ____ Yes ____ No

Part 4. Demographic Questions

Please complete the following questions that will be used for statistical purposes only. Remember that you answers cannot be linked personally to you.

- 34. Do you work in Stokes County?** ____ Yes ____ No

- 35. How old are you?**

____ 18 - 20 ____ 26 - 39 ____ 55 - 64
 ____ 21 - 25 ____ 40 - 54 ____ 65 or older

- 36. Are you Male or Female?** ____ Male ____ Female

- 37. What is your race or ethnicity?**

____ African American/Black ____ Native American
 ____ Asian/Pacific Islander ____ White/Caucasian
 ____ Hispanic/Latino ____ Other: _____

38. What is the highest level of school, college or training that you have finished?

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Associate's Degree or Vocational Training
- ☐ College degree
- ☐ Graduate degree or higher
- ☐ Other: _____

39. What was your total household income last year, before taxes?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$40,000 to \$59,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> \$60,000 or more |

40. What is your employment status?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Unemployed | |

41. Do you have access to the Internet? ☐ Yes ☐ No

If you answered yes, where do you usually access the Internet?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> At home | <input type="checkbox"/> At the public library |
| <input type="checkbox"/> At work | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> At school | |

That's the end! Thank you very much for completing the 2008 Stokes County Community Health Survey!

Unless otherwise instructed please return this survey to:

**Healthy Carolinians of Stokes
Angie Cullen
PO Box 10
Danbury, NC 27016**

2008 Stokes County Community Health Survey-Youth Edition

WE NEED YOUR HELP to identify the major health issues facing Stokes County teens today. Please take a few minutes to complete this survey. **This survey is anonymous. DO NOT put your name on the survey. Your answers will not be connected to you in any way.**

Please complete the following for statistical purposes:

Zip Code:				
I am:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian <input type="checkbox"/> Other
Hispanic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Age:				

HEALTH CONCERNS

- 1. Listed below are health concerns in the United States. Please check the five that you are most concerned about in Stokes County.**

- | | |
|--|---|
| <input type="checkbox"/> Asthma
<input type="checkbox"/> Bioterrorism
<input type="checkbox"/> Cancer (type _____)
<input type="checkbox"/> Dental Health Problems
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Heart Disease
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Lack of basic needs (food, water, home)
<input type="checkbox"/> School Violence
<input type="checkbox"/> Liver Disease (Hepatitis, Cirrhosis) | <input type="checkbox"/> Mental Illness
<input type="checkbox"/> Depression
<input type="checkbox"/> Motor Vehicle Injuries
<input type="checkbox"/> Obesity/Overweight
<input type="checkbox"/> Pollution (air, water)
<input type="checkbox"/> Respiratory Disease (Bronchitis)
<input type="checkbox"/> Sexual assault/rape
<input type="checkbox"/> Suicide, suicide attempts, self-injury
<input type="checkbox"/> Teen pregnancy
<input type="checkbox"/> Unintentional Injuries (Drowning, Burns)
<input type="checkbox"/> Other _____ |
|--|---|

UNHEALTHY BEHAVIORS

- 2. Listed below are some behaviors that may cause poor health. Please check the top three behaviors that you think keep people in Stokes County from being healthy.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> Child abuse/neglect
<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Drinking & driving
<input type="checkbox"/> Drug use
<input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not asking for help for personal problems
<input type="checkbox"/> Not getting doctor checkups
<input type="checkbox"/> Not using seatbelts
<input type="checkbox"/> Poor eating habits
<input type="checkbox"/> Reckless driving | <input type="checkbox"/> Tobacco use
<input type="checkbox"/> Unsafe sex
<input type="checkbox"/> Youth violence
<input type="checkbox"/> Other _____ |
|---|--|--|

HEALTH CARE ACCESS**3. Was there a time during the last 12 months when you needed to see a doctor but did not?**

- ☐ Yes ☐ No

If YES, what was the main reason you did not?

- ☐ I could not afford to go to the doctor ☐ The office was not open when I could get there
☐ I had no transportation
☐ I was afraid/I don't like to go to the doctor
☐ Did not know where to go or who to call

4. Was there a time during the last 12 months when you needed to see a dentist but did not?

- ☐ Yes ☐ No

If YES, what was the main reason you did not?

- ☐ I could not afford to go to the doctor ☐ I was afraid/I don't like to go to the doctor
☐ I had no transportation ☐ Other: _____
☐ The office was not open when I could get there

5. Where do you go most often when you are sick or need medical care?

- ☐ Doctor's office in Stokes County ☐ Stokes Family Health Center
☐ Stokes Reynolds Hospital ☐ Doctor's office in another county
☐ Hospital emergency room in another county ☐ JR Jones Medical Center
☐ Other: _____

WHAT DO YOU DO TO TAKE CARE OF YOURSELF?**6. How would you rate your own personal health?**

- ☐ Excellent ☐ Good Fair ☐ Poor

7. How many days a week do you usually get at least 20-30 minutes of exercise?

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

8. Are there enough opportunities for physical activity near your home?

- ☐ Yes ☐ No

If NO, what would you like to see?

- ☐ Aerobics classes ☐ Sports leagues ☐ Gym/Fitness center
☐ Bike paths ☐ Public swimming pool ☐ Walking trails
☐ Sidewalks ☐ YMCA

9. How many servings of fruits and vegetables do you usually eat per day?

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

10. On average, how many times per week do you eat at a fast food restaurant?

- ☐ < 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

11. What type of milk do you usually use?

- ☐ Whole ☐ 2% ☐ 1% ☐ Skim/Fat Free ☐ None

12. How many soft drinks or "high sugar" fruit drinks do you drink per day? (ex. Soda, Tea, Fruitopia, Snapple, Hi-C, Sobe, Sunny Delight, etc.)

- ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

13. Do you eat lunch at school?

☐ yes ☐ no

If YES, what do you usually eat?

☐ school lunch ☐ snack food ☐ Fruits and/or raw vegetables
☐ Ala carte Menu items (French fries, pizza, hot dog) ☐ salad bar
☐ other _____

If NO, why not?

☐ no money ☐ not enough time ☐ Dieting ☐ Socializing with friends during lunch period
☐ other _____

14. How often do you feel stress in your life?

☐ Never ☐ Sometimes ☐ Most of time ☐ All the time

15. How do you cope with everyday life stresses? (check all that apply)

<input type="checkbox"/> Attend church	<input type="checkbox"/> Pray	<input type="checkbox"/> Talk to family	<input type="checkbox"/> Talk to doctor
<input type="checkbox"/> Exercise	<input type="checkbox"/> Take medicines	member	<input type="checkbox"/> Talk to parents
<input type="checkbox"/> Do hobbies	<input type="checkbox"/> Talk to school	<input type="checkbox"/> Talk to friends	<input type="checkbox"/> Do nothing
<input type="checkbox"/> Get a massage	counselor	<input type="checkbox"/> Talk to minister	<input type="checkbox"/> Talk to no one
<input type="checkbox"/> Meditate		<input type="checkbox"/> Other _____	

HOW DO YOU KEEP YOURSELF SAFE?**16. How often do you use seat belts when you drive or ride in a car?**

☐ Always ☐ Sometimes ☐ Never

17. Do you wear a helmet when riding bikes, skates, skateboards, etc?

☐ Always ☐ Sometimes ☐ Never

18. Do you have a gun in your home?

☐ Yes ☐ No

If YES, is the gun and ammunition locked up?

☐ Yes ☐ No

19. Do you smoke cigarettes, cigars or use smokeless tobacco?

☐ Yes ☐ No

If YES, would you like to quit?

☐ Yes ☐ No

20. Would you support tobacco-free schools in Stokes County?

☐ Yes ☐ No

21. Would you like to see more smoke-free restaurants in Stokes County?

☐ Yes ☐ No

22. Do you drink alcoholic beverages?

☐ Yes ☐ No

23. Do you ever drive after drinking alcoholic beverages, or ride with a driver that has been drinking?

☐ Yes ☐ No

24. Have you ever seriously thought about or made a plan to kill yourself?

☐ Yes ☐ No

25. Have you ever attempted suicide?

☐ Yes ☐ No

26. What specific things do you think can be done to improve health in Stokes County?

27. Do you have any other concerns about the health of teens in Stokes County?

Thank you for completing this survey!

Community Health Assessment Stokes County

Community Stakeholder Telephone Interviews

Interview Guide

Hello, this is _____ with the North Carolina Institute for Public Health and I'm working on a health assessment project for Healthy Carolinians of Stokes and Stokes Family Health Center.

How are you today?

You should have received a joint letter recently from Healthy Carolinians of Stokes and Stokes Family Health Center about participating in a telephone interview concerning health issues in Stokes County. ***Did you receive this letter?***

Let me tell you more about what we're doing....

The goal of the project is to learn more about health and quality of life in Stokes County, and identify strengths and challenges within the community. The information gathered during this project is going to be used by local health and human service organizations to address community health issues.

As a community leader your take on these issues is very important to this project. I'd like to interview you. It should take approximately 30 minutes. And I want to assure you that what we discuss will be kept completely confidential. Nothing you say will have your name or organization attached to it, since all of the responses we gather in interviews are going to be combined and summarized anyway.

Do you have time to do the interview now or would you prefer to schedule the interview?

A. The first questions are about your agency/organization and its clients:

- 1) What services does your agency provide for county residents?
- 2) Please describe county residents who *currently* are most likely to use your services (age, gender, race, income level, etc.).
- 3) In the *past 5 years* have there been any *changes* in the composition of the people who use your services? If yes, please describe.
- 4) What do you think are the barriers residents encounter in accessing your services?
- 5) What does your agency do to try to meet the special needs of people who use your services (e.g., language/cultural issues, cost, transportation, etc.)?

B. The next questions are about Stokes County as a whole. Please tell me if you *agree or disagree* with the following statements about Stokes County [prompt for details]:

- 1) There is a good health care system in Stokes County.
- 2) Stokes County is a good place to raise children.
- 3) Stokes County is a good place to grow old.
- 4) There are plenty of ways to earn a living in Stokes County.
- 5) Stokes County is a safe place to live.
- 6) There is plenty of support for individuals and families during times of stress and need in Stokes County.
- 7) Stokes County has clean air.
- 8) Stokes County has clean water.

C. The following open-ended questions also relate to Stokes County as a whole.

- 1) What services/programs are needed now that are not currently available?
- 2) Overall, what would you consider to Stokes County's greatest strengths?
- 3) What do you feel are the major challenges Stokes County is facing?
- 4) Looking *specifically at health*: what do you think are the most important health problems/health concerns in Stokes County?
- 5) What factors do you believe are causing these health problems or concerns?
- 6) What do you think could be done to solve or overcome these health problems or concerns?
- 7) What are some mental health needs for people living in Stokes County?
- 8) How can I (mental health coordinator) help people in Stokes County with mental health needs? What services are needed?
- 9) What mental health services are available to help people with mental health needs?
- 10) Are there any other thoughts that you'd like to share?

Thank you for your time!

2008 Stokes County Community Health Assessment

Process:

1. Establish a Community Health Assessment Team

- Community Collaborative (Healthy Carolinians of Stokes, Community Members, Community Leaders, Agencies Representatives)
- Promote Healthy Carolinians of Stokes and Community Partnerships

2. Collect Community Data

- Primary Data
15 Key Informant Interviews—Mayors, Health Director, DSS Director, Commissioner Chair, Principals, School Superintendent, Hospital President, Local Agency Directors

Focus Groups—Senior Citizens, Emergency Responders, Veterans, Church Groups, Adult Groups 25-40

Surveys (700 > 18 years of age and 250 < 18 years of age)

740 Pen and Paper, 210 Electronic Version

- Design and format survey instrument for photocopying
- Design EpiInfo database
- Merge the data from the two sources (pen-and-paper and electronic versions)
- Conduct stratified data analysis on the merged data set
- Interpret the data
- Write and edit the final report

- Secondary Data:
County Statistical Data—Projected Census Data, Cecil G. Sheps Center for Health Services Research, North Carolina State Center for Health Statistics,

Local Data

Domestic Violence
Behavioral Health
Services for the Aging
Services for Youth

Hospitals

Adult Care Services
Dental Health Services
Crisis Health Centers

Community Resource Directory

Parks & Recreation Services & Facilities

Rural Health/Free Clinics/Assistance Programs

Other Local Data Not in the Public Domain

Farmworker Health Programs
Department of Social Services
Services for Children
Schools

Services for the Disabled

Transportation Services
United Way

Environmental Health

Local Colleges, Universitie, Community Colleges

2008 Stokes County Community Health Assessment

Process (Continued):

3. Combine County's Health Statistics with Community Data

- Compile all information (primary and secondary data) into a useful Document

4. Draft Community Assessment Documents

- Final Word Document
- PowerPoint Version
- Brochure Version

5. Report findings to the Community

- Media—Stokes News, Madison Messenger, The Pilot
- Chamber of Commerce
- Libraries
- Community Health Event
- County Commissioners
- Health Fairs
- Stokes County Interagency Council
- Local Providers
- Senior Centers
- Stokes County Website
- Stokes Family YMCA

6. Select Health Priorities

- Establish health priorities based on data

Community Health Assessment Team Meeting November 2007

Task	Date	Responsible	Comments
<ul style="list-style-type: none"> • Develop Detailed Timeline • Determine Assessment Methods (Survey) • Develop/Secure Resources (Postage/Ads) • Determine Data Analysis Method (UNC Public Health) 			
Community Health Assessment Institute	02/01/08	Stokes County Team—SFHC & HCOS	
Final Survey to UNCIPH	02/29/08		
CHA Team Meeting	April	All Partners	Start Distribution of Surveys~500
Deadline for collection of Paper Surveys	June 30	All Partners	
Collection of Primary and Secondary Data ~42 People—21 Teams for Surveys (Volunteers, Food, Name Tags,? T-shirts, Gifts etc.) ---High School Surveys ~250 ----All Data from Partners to UNCIPH	April to July	SFHC, Healthy Carolinians, UNCIPH, Partners	Community and County Data
Review Progress to Date --Data Compiled etc.	May	HCOS, SFHC	Expected Results? Adjust
Key Informant Interviews	August	UNCIPH	
Compile and Compare Primary and Secondary Data	September to October	HCOS, SFHC, UNCIPH	
Create CHA Document	September to October	HCOS, SFHC, UNCIPH	
Report Findings to Community	October to November	SFHC, HCOS, UNCIPH	Media Brochures Flyers etc. EVENT
Determine Priority Issues	November		
Finalize CHA Document			
Send CHA to Office of Healthy Carolinians/Health Education	December 1, 2008		
Finalize Interventions and develop Complete Action Plans	January to June	Stokes Family Health Center and Healthy Carolinians	
Submit Action Plans Office of Healthy Carolinians/Health Education	Due June, 2009		
HCOS Recertification			

