



2019

Randolph County Executive Summary

Presented by Randolph County
Public Health and Randolph Health



Table of Contents

- Introduction.....2
- Identified Health Priorities.....2
- County Profile.....3-4
- Socioeconomic Profiles.....5
- Leading Causes of Death.....6
- Cancer7
- Communicable Disease.....7
- Heart Disease and Stroke.....8
- Maternal and Child Health.....8-9
- Overweight and Obesity.....9-10
- Tobacco.....10-11
- Acknowledgements.....12

Introduction

The 2019 Randolph County Community Health Assessment process is coordinated by Randolph County Public Health, with support from Randolph Health. Additional assistance is provided by community institutions, businesses, agencies and individuals with an interest in improving the health status of Randolph County residents. The purpose of the Community Health Assessment is to:

- Evaluate the health status of each county in relation to the State’s health objectives as well as peer counties;
- Identify and prioritize health issues that may pose a threat to the health of the community;
- Develop strategies to address priority community health concerns.

As applicable, Randolph County statistics have been compared with state statistics as well as four peer counties. These peer counties were identified based upon age, race and poverty characteristics. The following four peer counties were identified: Craven, Davidson, Harnett and Johnston.

Identified Health Priorities

In August 2019, Advisory Committee members met to identify leading community health concerns in Randolph County. During the meeting, members reviewed health concerns identified through surveys as well as the information gathered through secondary research. Through nominal group technique the committee selected 15 community health concerns some of which include: obesity, mental health, substance abuse, access to care, tobacco, sexually transmitted diseases, chronic disease management and injury prevention. After much discussion, the committee agreed to focus on three priority health concerns:

1. Focus area: Early and Middle Childhood

1. Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language and cognitive development
2. Increase the proportion of parents who read to their young child

2. Focus area: Health-Related Quality of Life and Well-Being

1. Increase the proportion of adults who self-report good or better physical and mental health

3. Focus area: Mental Health

1. Decrease the average number of poor mental health days among adults and reduce
2. Reduce the rate of mental health-related visits to the emergency department by the expansion of behavioral health services within the primary care setting

The Advisory Committee members met to identify leading community health concerns. During the meeting, members reviewed primary data identified through community surveys by focusing on the top five responses to each category as presented in the analysis below.

Community Health Concerns	Behaviors Affecting Health	Community Issues Affecting Quality of Life
Overweight/obesity	Drug abuse	Drug use
Diabetes	Alcohol abuse	Low income / poverty
Mental Health	Smoking / vaping / tobacco use	Affordable health services
Cancer	Poor eating habits	Lack of insurance for healthcare
Overdose	Lack of exercise	Access to healthy food

County Profile

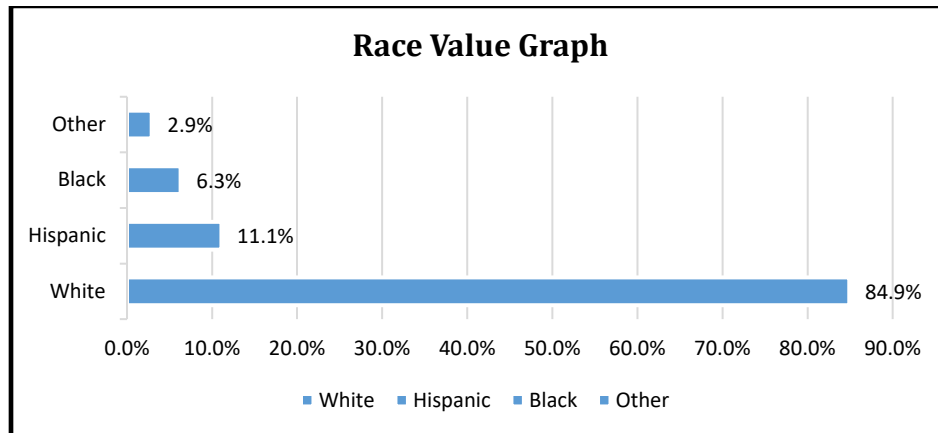
Randolph County, located in the heart of North Carolina offers rich farmland, historic rivers and is home to the Uwharrie Mountains, one of the world's oldest mountain ranges. It is the 11th largest county in North Carolina and has the 19th highest population in the state. The towns of Archdale, Asheboro, Franklinville, Liberty, Ramseur, Randleman, Seagrove, Staley and Trinity are located within Randolph County with Asheboro being the county seat. Asheboro is approximately 70 miles from Raleigh and Charlotte. The physical area of Randolph County is 790 square miles. County residents enjoy a moderate year-round climate. The average annual rainfall is 46 inches and the average annual temperature is 60 degrees.

Population Demographics

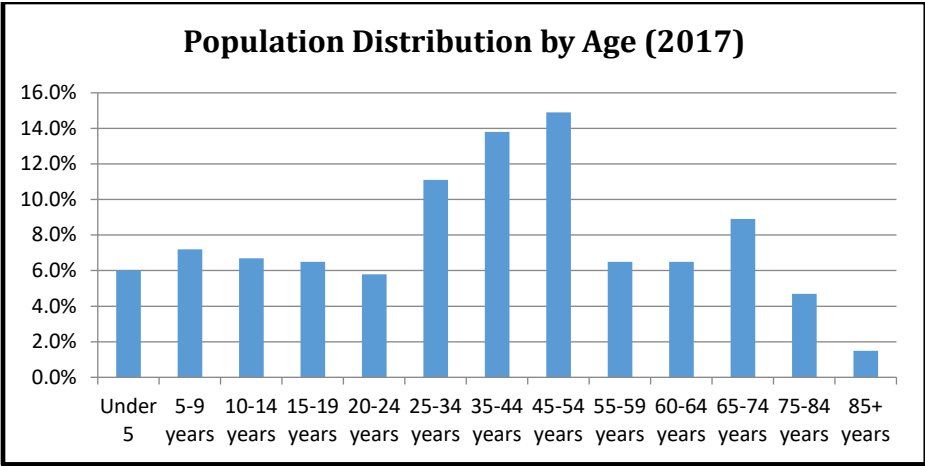
The US Census Bureau reports an estimated population of approximately 143,149 in Randolph County for the year 2017. This is an increase of .9% from the year 2010 when the population was reported to be approximately 141,752. The estimated population in North Carolina in 2017 is 10,052,564, which is an increase of 5.4% from a population of 9,535,483 in 2010.

Similar to North Carolina as a whole, the population of Randolph County is divided almost equally between males (49.3%-RC, 48.7%-NC) and females (50.7%-RC, 51.3%-NC). Residents of Randolph County are predominately White (84.9%), followed by Hispanic (11.1%) and Black (6.3%). The Hispanic population in Randolph County (11.1%) is higher when compared to North Carolina (9.1%) as a whole. The Black population in Randolph County (6.3%) is lower when compared to North Carolina (21.5%).

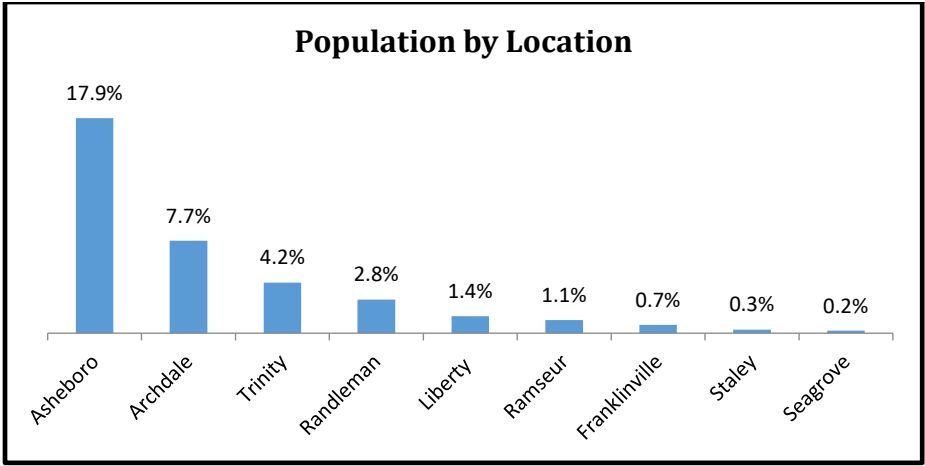
The following graphs depict the race of residents in Randolph County based on the 2017 US Census Bureau estimates.



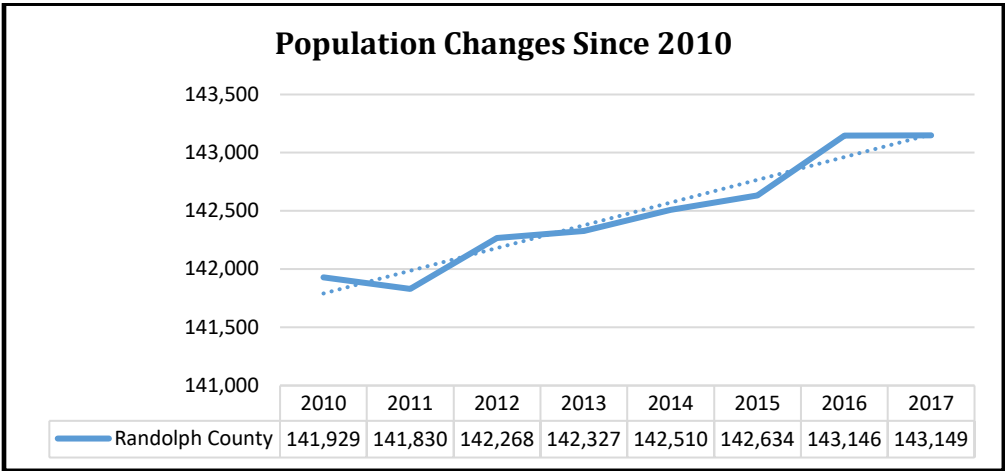
Source: United States Census Bureau. 2013-17 5-year Estimates



Source: United States Census Bureau. 2013-17 American Community Survey 5-Year Estimates



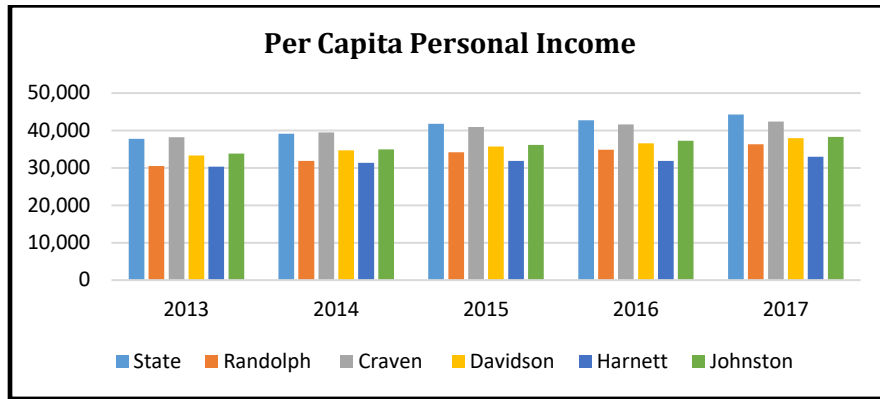
Source: North Carolina Office of State Budget and Management (OSBM) 2017



Source: United States Census Bureau. 2018 Population Estimates

Socioeconomic Profiles

The US Department of Commerce, Bureau of Economic Analysis reports that the Per Capita Personal Income for Randolph County rose from \$28,710 in 2010 to \$36,339 in 2017. All of Randolph's peer counties are below North Carolina's level for Per Capita Personal Income in 2017. Craven County is the only county to almost meet North Carolina's level.



Source: US Department of Commerce. Bureau of Economic Analysis

Annual Unemployment Rates				
Residence	2015	2016	2017	2018
North Carolina	5.4	4.8	4.1	3.6
Randolph	5.7	4.9	4.3	3.7
Craven	6.1	5.2	4.6	4.2
Davidson	5.6	4.8	4.3	3.7
Harnett	6.7	5.8	5.1	4.6
Johnston	5.2	4.7	4.1	3.6

Percent Estimate of Uninsured				
Residence	2015	2016	2017	2018
North Carolina	19%	18%	15%	13%
Randolph	22%	21%	17%	16%
Craven	18%	17%	14%	12%
Davidson	18%	18%	16%	13%
Harnett	20%	19%	16%	13%
Johnston	21%	19%	16%	14%

Source: US Department of Labor. Bureau of Labor Statistics.

Educational Attainment

According to 2013-17 American Community Survey from US Census Bureau, 15.3% of Randolph County residents have a Bachelor's degree or higher, while the state rate is 29.9%. Just over 80% of Randolph County residents are high school graduates, compared to the 86.9% of total North Carolina residents.

According to the State Board of Education Department of Public Instruction, high schools during 2016 - 17 in North Carolina reported a dropout rate of 2.31, a .8% increase from the 2.29 rate reported in 2015-16.

School Systems	2014-2015 Dropout Rates	2015-2016 Dropout Rates	2016-2017 Dropout Rates	2017-2018 Dropout Rates
Randolph County	1.82	1.61	1.58	1.54
Asheboro City	1.95	1.45	.65	1.36
Uwharrie Charter Academy	1.85	1.55	.00	.18

Leading Causes of Death

Total death rates and cause-specific death rates are expressed as resident deaths per 100,000. Deaths are assigned to cause-of-death categories based on underlying (or primary) cause of death from the death certificate. The North Carolina State Center for Health Statistics lists the following as the ten leading causes of death in North Carolina and Randolph County. These rates are for all age groups for the 2013-17 timeframe.

Randolph County	Cause of Death	Rate
1	Diseases of heart	228.2
2	Cancer	221.2
3	Chronic lower respiratory diseases	76.2
4	Cerebrovascular diseases	53.6
5	All other unintentional injuries	47.3
6	Alzheimer's Disease	42.8
7	Diabetes Mellitus	29.0
8	Nephritis, nephrotic syndrome and nephrosis	24.6
9	Influenza and Pneumonia	21.4
10	Motor Vehicle Injuries	19.0
Total deaths - - all causes		763.3

Source: NC State Center for Health Statistics. Leading Causes of Death in NC 2013-17

Leading Causes of Death in Randolph County by Individual Age Groups, 2013-17

Rank	00-19 Years	20-39 Years	40-64 Years	65-84 Years	85+ Years
1	Conditions originating in the perinatal period	Other Unintentional Injuries	Cancer	Cancer	Diseases of the Heart
2	Congenital Anomalies	Motor Vehicle Injuries	Diseases of the Heart	Diseases of the Heart	Cancer
3	Motor Vehicle Injuries	Suicide	Other Unintentional Injuries	Chronic Lower Respiratory Diseases	Alzheimer's Disease
4	Suicide	Diseases of the Heart	Chronic Lower Respiratory Diseases	Cerebrovascular Disease	Cerebrovascular Disease
5	Other Unintentional Injuries	Cancer	Suicide	Alzheimer's Disease	Chronic Lower Respiratory Disease

Source: NC State Center for Health Statistics. Leading Causes of Death in NC 2013-17

Cancer

Cancer is the second leading cause of death in Randolph County and the first leading cause in North Carolina. It is the second leading cause of death in the United States. During 2013-17, 96,225 persons in North Carolina died from cancer, 1,580 of those were from Randolph County. In both the U.S. and the state, the most frequently diagnosed cancers are prostate cancer for males, breast cancer for females, followed by lung and colorectal cancer for both sexes. The causes of cancer vary, with certain types having more known risk factors than others.

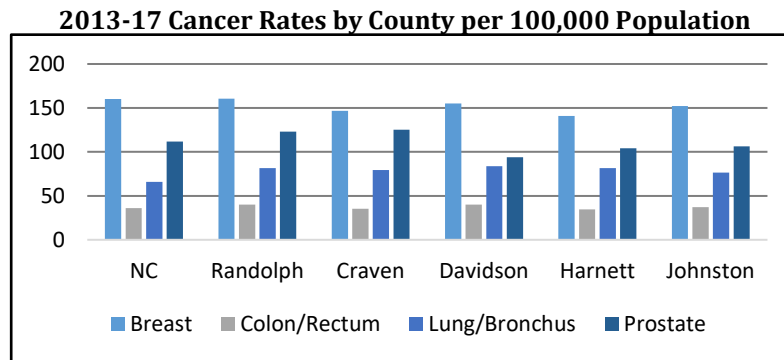
2019	New Cases	Deaths
Lung	136	90
Breast	159	21
Prostate	109	15
Colon/Rectum	69	24

Source: NC State Center for Health Statistics.

Randolph County Data

The North Carolina Central Cancer Registry projected that in 2019 there would be 909 new cancer cases in Randolph County and 314 deaths. According to the table below:

- Residents in Randolph County are more likely to develop breast cancer when compared to the other types.
- Residents in Randolph County are more likely to die from lung cancer.



Source: NC State Center for Health Statistics.

Communicable Disease

A communicable disease is an infectious or contagious disease that can be transmitted from one individual to another either directly by contact or indirectly by germs or parasites. Health Professionals are required to report cases of certain communicable diseases to the NC Division of Public Health through their local health department.

Sexually Transmitted Infection Cases

The number of Sexually Transmitted Infection (STI) cases in Randolph County have fluctuated over the years. Chlamydia continues to be the most prevalent STI, but gonorrhea is also on the rise. The table below shows the number of STI cases for Randolph County over the last four years.

Sexually Transmitted Infection	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
AIDS	0	0	0	0
Chlamydia	434	452	478	536
Gonorrhea	157	181	174	145
HIV	6	6	6	7
Syphilis	10	7	10	8

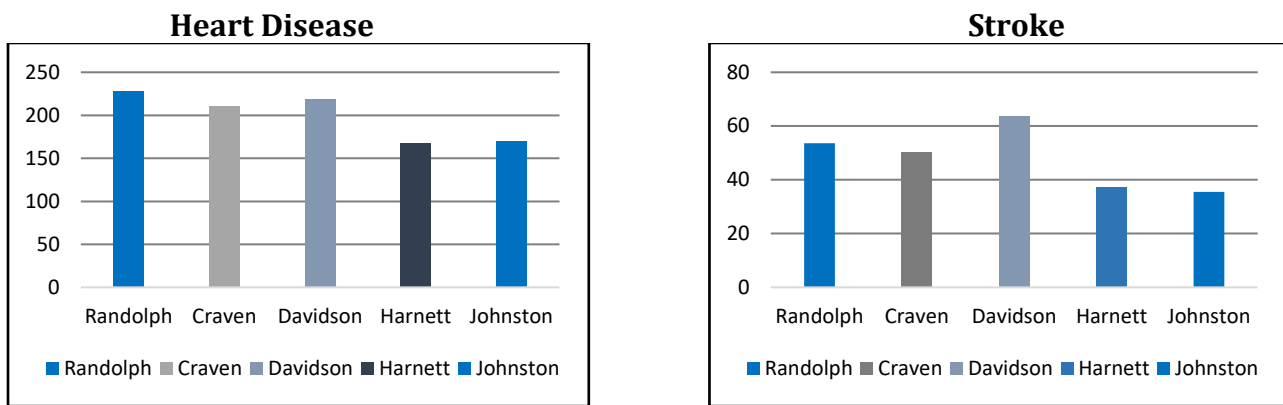
Heart Disease and Stroke

Heart Disease and stroke fall under the umbrella of cardiovascular disease (CVD). Heart disease is a term that includes several heart conditions, the most common of which is coronary heart disease, which can lead to a heart attack. Cerebrovascular disease, also referred to as stroke is an interruption of blood flow to the brain, reducing the amount of oxygen to the brain. Heart Disease is the number one leading cause of death in Randolph County and the U.S., and is the second leading cause of death in North Carolina.

Cerebrovascular disease (stroke) is the fourth leading cause of death in both Randolph County and North Carolina and the fifth leading cause in the United States.

Risk factors for cardiovascular disease include tobacco use, physical inactivity, poor nutrition, obesity, diabetes, high cholesterol and high blood pressure. Prevention, control and changes in lifestyle and medication are frequently recommended for those at risk.

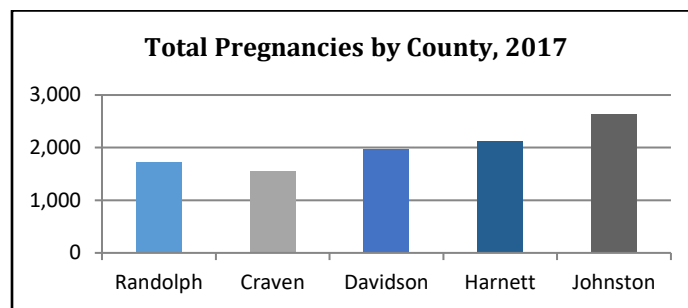
Percentage of Heart Disease and Stroke Deaths in 2013-17



Source: NC State Center for Health Statistics. Leading Causes of Death in North Carolina.

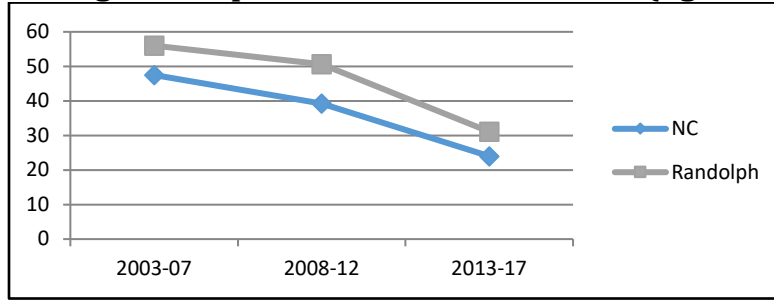
Maternal and Child Health

The pregnancy rate is based on the number of reported pregnancies that end in abortion, fetal death or live birth and is calculated per 1,000 females between the ages of 15 and 44 in the population. The birth rate is a reflection of the number of live births per 1,000 persons in the population overall.



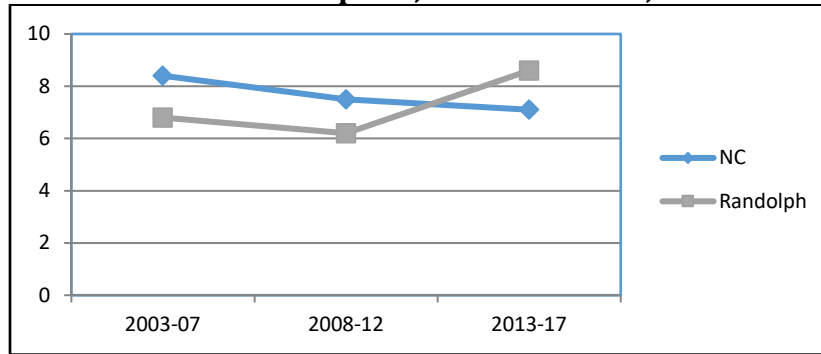
Source: NC State Center for Health Statistics. Total Pregnancies by County: 2017

Teen Pregnancies per 1,000 Female Residents (Ages 15-19)



Source: <http://www.schs.state.nc.us/schs/data/trends/pdf>

Infant Death Rates per 1,000 Live Births, 2013-17

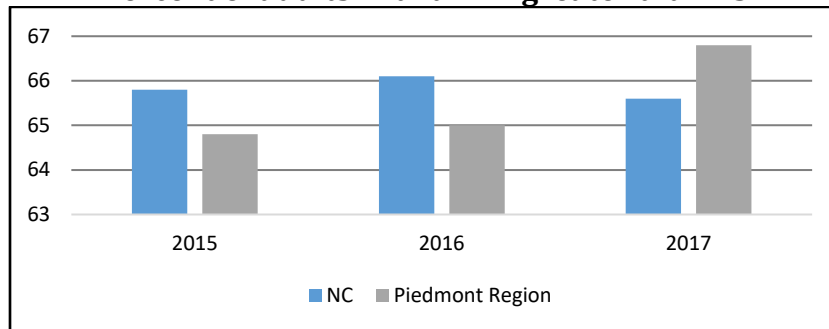


Source: <http://www.schs.state.nc.us/schs/data/trends/pdf>

Overweight and Obesity

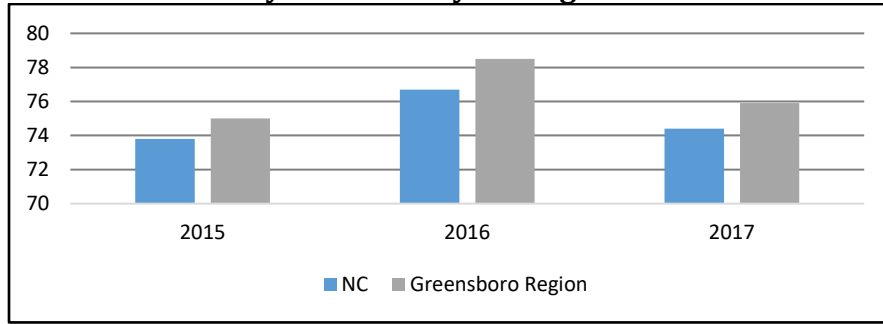
Overweight and obesity are growing concerns in the United States and in North Carolina. According to The State of Obesity, North Carolina now has the 20th highest adult obesity rate in the nation, at 32.1%. Overweight is defined as having a body mass index (BMI) of 25 or greater. Obesity is defined as having a BMI greater or equal to 30.

Percent of adults with a BMI greater than 25



Source: 2015-17 BRFSS Survey Results: North Carolina Regions

Physical Activity among Adults



Source: 2015-17 BRFSS Survey Results: North Carolina Regions

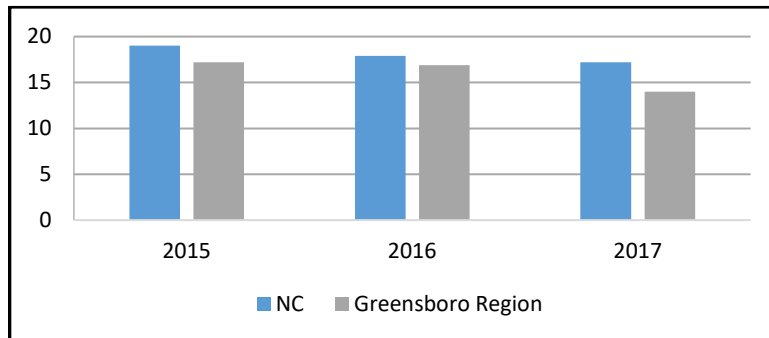
According to the Center for Disease Control and Prevention (CDC), more than one-third of U.S. adults (39.8%) are obese. Obesity related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer. In 2008, financial costs for obesity were estimated at \$147 billion annually in medical care and lost productivity in North Carolina.

Tobacco

Tobacco use is the single most preventable cause of death in the United States. Each year in the U.S., cigarette smoking is responsible for more than 480,000 deaths (1 in 5), including more than 41,000 resulting from secondhand smoke exposure. Smoking kills more people nationwide than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. E-cigarettes or vaping (Juil) are newer tobacco products for which the health consequences and safety of use is unknown. Smokeless tobacco and cigars have the same health risks as cigarettes.

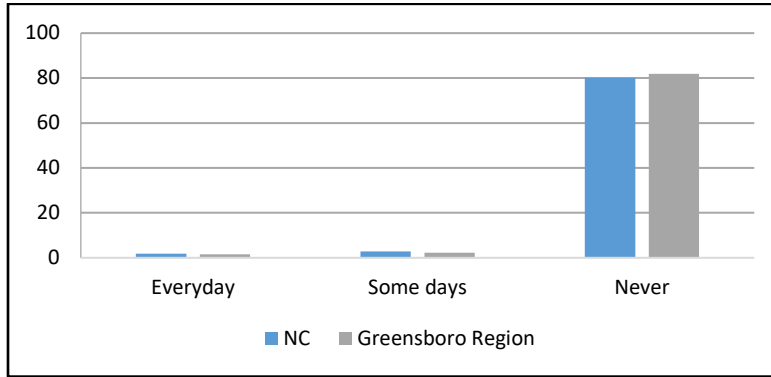
The adult smoking rate for Randolph County in 2015 was 23.4%. According to the Center for Disease Control and Prevention (CDC), in 2017, an estimated 14% or 34.3 million adults in the US, aged 18 years or older (16.8%) smoked cigarettes. During 2016, in North Carolina, approximately 19.9% of adults smoked. Total economic cost of smoking is more than \$300 billion a year, including nearly \$170 billion in direct medical care for adults. In addition, more than \$156 billion is lost in productivity due to premature death and exposure to secondhand smoke.

Current Smoker



Source: 2015-17 BRFSS Survey Results: North Carolina Regions

E-Cigarette / Vaping Status

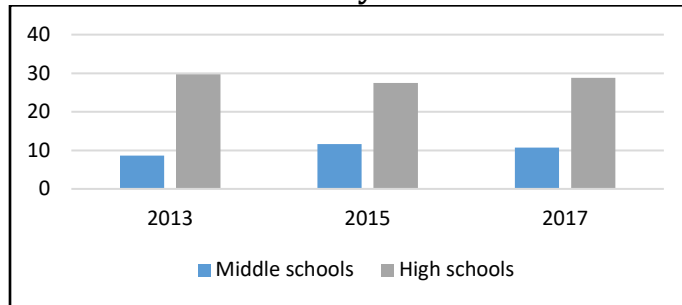


Source: 2017 BRFSS Survey Results: North Carolina Regions

Youth Tobacco Use

The North Carolina Health and Human Services 2017 Youth Tobacco Survey results show the lowest teen cigarette smoking rates ever recorded, along with a significant increase in teen use of certain non-cigarette tobacco products, including electronic cigarettes (vapes, Juul) and hookahs (water pipes). Current E-cigarette use has increased from 2011-17 by 430% in middle school students and another 894% in high school students. Cigarette smoking among NC middle school students increased slightly to 2.5% in 2017, from 2.3% in 2015. Among high school students, the drop was 9.3% in 2015 compared to 8.9% in 2017.

Current Users of any Tobacco Product



Source: NCDHHS Youth Tobacco Survey Fact Sheet

Current use of electronic cigarettes among NC high school students has increased slightly from 16.8% in 2015 to 16.9% in 2017. Twenty-three percent of high school students and another 9% of middle school students reported they were considering using E-cigarettes next year.

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Randolph Health
Randolph Public Library System
Senior Adults Association

