

2019

Randolph County Community Health Assessment

Presented by Randolph County
Public Health and Randolph Health



Randolph County Community Health Assessment

2019
Final Report

Prepared by:
Randolph County Public Health and Randolph Health



Acknowledgements

Randolph County Public Health and Randolph Health would like to thank the members of the Randolph County Wellness Collaborative Steering Committee who assisted in the development of the 2019 Community Health Assessment. The members of the Steering Committee include:

Tara Aker, Public Health
Karissa Brone, Daymark Recovery Services
Linda Brown, Asheboro Chamber of Commerce
Elworth Cheek, Mt. Nebo Holiness Church
Ashley Duggins, Prevo Drug
Steven Gainey, Randolph County School System
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Elizabeth Mitchell, United Way
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Tracie Murphy, Department of Social Services
Paula Owens, Communities in Schools
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Mary Joan Pugh, Trails/Natural Heritage Coordinator
Jayne Robertson, Randolph County School System
Vicky Russell, Oliver Rubber
Lewis Schirloff, Emergency Services
Jody Terry, Cooperative Extension 4H
Marty Trotter, Randolph County School System
Patty Sullivan, Partnership for Children
Sam Varner, Randolph County Government
Pam Wiggins, Randolph Community College

In addition, Randolph County Public Health and Randolph Health want to thank the following Randolph County community agencies and businesses for their support and assistance in the data collection process:

Alcohol and Drug Services
Mt. Nebo Holiness Church
Partnership for Children
Prevo Drug
Randolph County Government

Randolph County School System
Randolph Health
Randolph Public Library System
Senior Adults Association

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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.

Methodology, Data Collection & Analysis

In the fall of 2018, Randolph County Public Health joined with Randolph Health, to establish the assessment framework and a timeline for data collection and analysis, prioritization of health concerns and development of community health improvement plans (CHIP). Data collection and analysis took place from September 2018 - September 2019. Primary data was collected from the community in two different ways: distribution of paper surveys and an internet survey.

Primary Data

2019 Randolph County Health Opinion Survey

With technology continuing to advance, more of an emphasis was placed on on-line surveys although, paper surveys were still an important tool.

In addition to on-line surveys, paper surveys were distributed to agencies and organizations within the county using the convenience sample method. All surveys distributed were in both English and Spanish. Of the 1,500 total distributed surveys, 927 were returned for a response rate of 62%.

Internet Survey

An internet survey was developed using Survey Monkey. The internet survey was accessible through the Randolph County Government website as well as the Randolph Health website. In an effort to promote the internet survey, press releases ran in all area newspapers, as well as promoted via social media.

Community Leader/Service Provider Survey

To ensure a solid representation from key sectors, the survey was sent to Randolph County Government department heads and directors from various agencies or representatives within the county.

Secondary Data

The major source for secondary data in the 2019 Randolph County Community Health Assessment included:

- North Carolina State Center for Health Statistics
- North Carolina Department of Health & Human Services
- Centers for Disease Control and Prevention (CDC)
- Cecil G. Sheps Center for Health Services Research
- US Census Department

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 and are selected from a group of counties within the same population range as the subject county.

For Randolph County, the following four peer counties were identified: Craven, Davidson, Harnett and Johnston. Therefore, in addition to North Carolina statistics, these four counties were used for comparison throughout the assessment process.

Selection of 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

Assessment Dissemination Plan

Both Randolph County and Randolph Health websites will post the Community Health Assessment and Executive Summary. The assessment will also be in all seven Randolph County libraries. Twenty-five data books and 150 executive summaries will be ordered and printed for distribution throughout the community.

Section One

Demographic Data
Socioeconomic Data
Health Professional Ratios

County Profile

Location and Geography

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.

Randolph County is bordered by Alamance, Chatham, Davidson, Guilford, Montgomery and Moore Counties and is easily accessible by major highways. US Highway 220/Interstate 73 and 74 divide the county almost equally into eastern and western portions, while US Highway 64 divides the county into northern and southern portions. In addition, Randolph County is conveniently accessible from Interstates 85 and 40.

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.

Leisure

Although Randolph County is a part of the largest metropolitan area located entirely within North Carolina, it is still small-town living at its best. Randolph County has an array of leisure activities for individuals and families to enjoy. Among the many are the NC Zoo, Seagrove Pottery, the Richard Petty Museum and Caraway Speedway.

Outdoor Activities

Leave the stress of the city behind and visit a number of outdoor venues in which you can exercise, enjoy nature and breathe in the fresh air. Randolph County is home to the Deep River Rail Trail, a new greenway, Uwharrie Mountains – Birkhead Wilderness Hiking Trails as well as several lakes: Randleman Lake, Lake Lucas and Ramseur Lake, where you can enjoy fishing, boating and nature watching.

Education

There are three school districts within Randolph County: Asheboro City, Randolph County and Uwharrie Charter Academy Schools. The Asheboro City School (ACS) System is comprised of nine schools; five elementary, two middle, one high school and one Early Child Development Center. Included in the ACS System is the Asheboro High School (AHS) Zoo School, which opened in August 2008. The AHS Zoo School is a science focus program for 10th, 11th and 12th grade students. Learning takes place in a real-life setting on the grounds of the North Carolina Zoo. Students have access to a 1,500-acre world-class facility ideal for environmental and biological exploration. In 2012-13 the Health Sciences Academy was implemented at Asheboro High School allowing 9th, 10th, 11th and 12th grade students to gain invaluable experiences in preparing for a career in the medical and health care fields. It is a small learning community developed for the diverse learner and is integrated within the larger comprehensive high school.

The Randolph County School (RCS) System contains 32 schools; 17 elementary, seven middle and eight high schools. Included in the eight high schools is the Randolph County Early College High School (RCECHS), which opened in August 2006 and is located on the campus of Randolph Community College.

Uwharrie Charter Academy (UCA) schools are not part of any local school system. They are run by a private, non-profit board of directors who operate independently of local Boards of Education. They are public schools in which they receive a per pupil allotment from the state based on the state funding for the county. UCA serves students from Randolph, Moore, Montgomery and Chatham Counties. In August 2013 the high school opened and in October 2015 the middle school opened. In August 2018 the elementary school opened. For 2018-19 the enrollment was 1,670.

ACS 2018- 2019 District Enrollment = 4,485

RCS 2018-2019 District Enrollment = 15,882

White	30.1%
Black	14.2%
Hispanic	48.8%
Asian	1.6%
American Indian	0.1%
Multi-Racial	5.1%

White	71.25%
Black	3.88%
Hispanic	18.57%
Asian	1.73%
American Indian	0.40%
Multi-Racial	4.12%

Randolph Community College (RCC) is a public, two-year, comprehensive, community college established to serve the citizens of Randolph County. It offers Associate in Applied Science and Associate in Arts degrees, vocational diplomas and certificates by the North Carolina Community College System and the State Board of Community Colleges. Continuing Education curricula include a state-approved Adult High School Diploma program, General Educational Development program and a variety of preparatory level programs.

The University Center of Randolph County was established in 2008 and is a collaborative effort between Randolph Community College and several area colleges and universities. Courses are offered in particular disciplines, creating an opportunity for students to complete a baccalaureate degree or a master's degree without leaving the county.

Transportation

Randolph County does not have a public means of transportation, however, there are two forms of alternative transportation available, Regional Coordinated Area Transportation System (RCATS) and the Piedmont Authority for Regional Transportation (PART).

RCATS is a program provided by the Randolph County Senior Adult Association (RCSAA). Initially started in 1979, the RCSAA became lead agency for community transportation in 1994. RCATS began providing Coordinated Community Transportation Program (CTP) services for Randolph County in 1995 and then became a Regional CTP transportation provider program in 2004. It proudly serves all citizens of Randolph County with public transportation needs on an advance reservation basis. As needed, transportation out of the county is also provided.

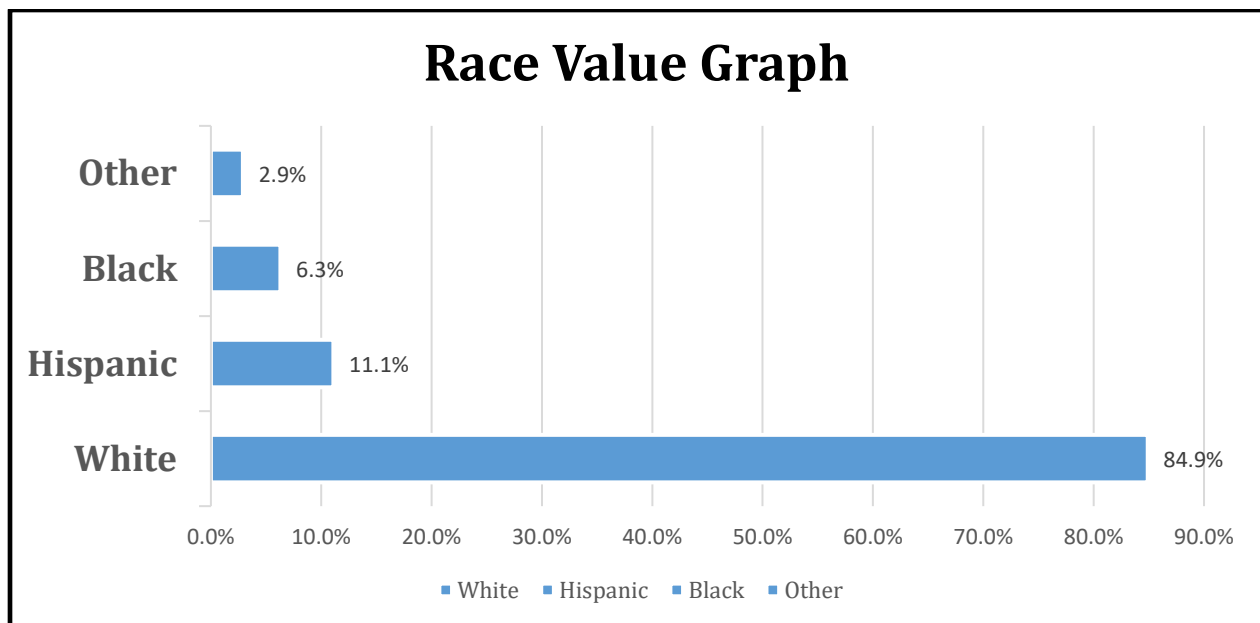
On June 30, 2008, the Piedmont Authority for Regional Transportation (PART) expanded the PART Express services to Randolph County. The Randolph County route serves the US 220 corridor from Greensboro to Asheboro with stops at Randolph Community College, Randolph Health, the Randleman area and continues into Greensboro.

Population Demographics

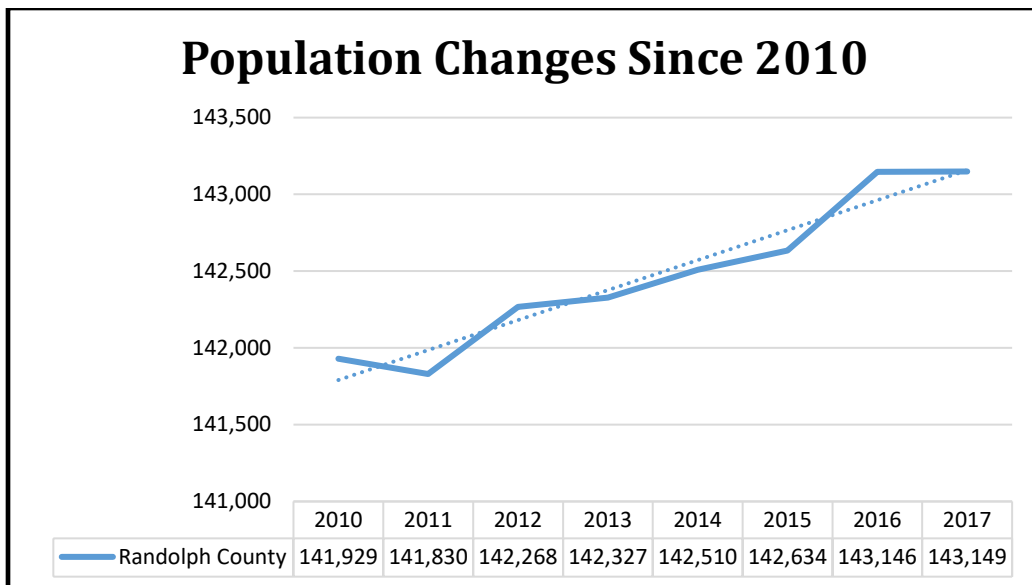
The US Census Bureau reports an estimated population of approximately 143,149 in Randolph County for the year 2017. This is an increase of .9% from the year 2010 when the population was reported to be approximately 141,752. The estimated population in North Carolina in 2017 is 10,052,564, which is an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

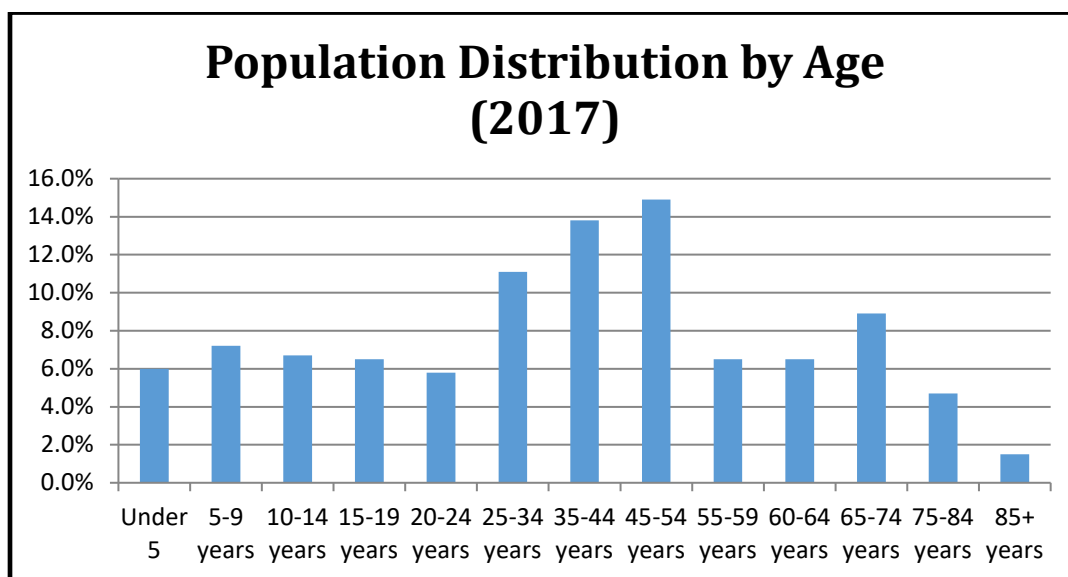


Source: United States Census Bureau. 2013-17 5-year Estimates



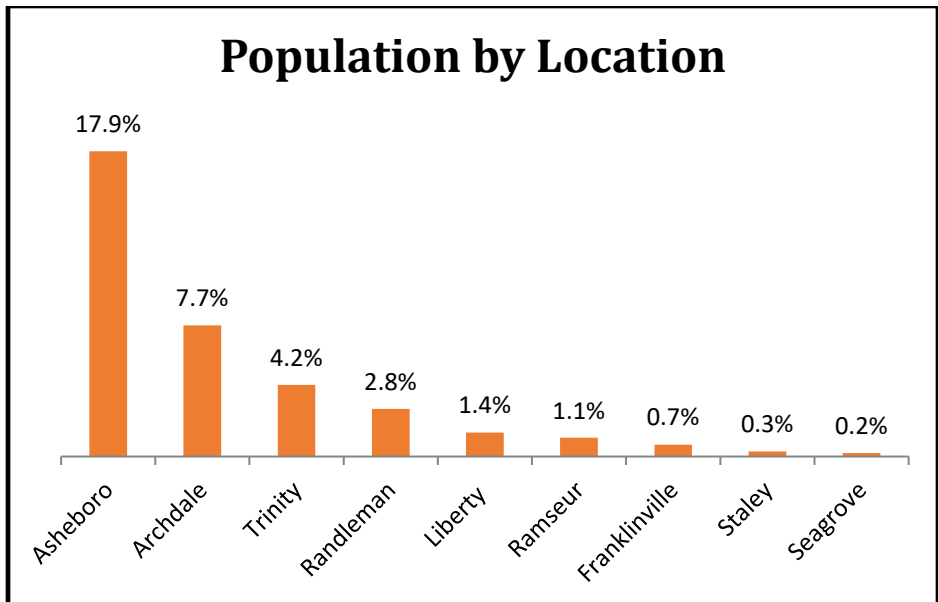
Source: United States Census Bureau. 2018 Population Estimates

- Since 2010, Randolph County’s population has been on a slow incline except for a slight dip in 2011 and 2015.



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

- The highest percentage of residents in Randolph County are between the ages of 45-54, whereas the lowest percentage of residents are in the 85+ years.



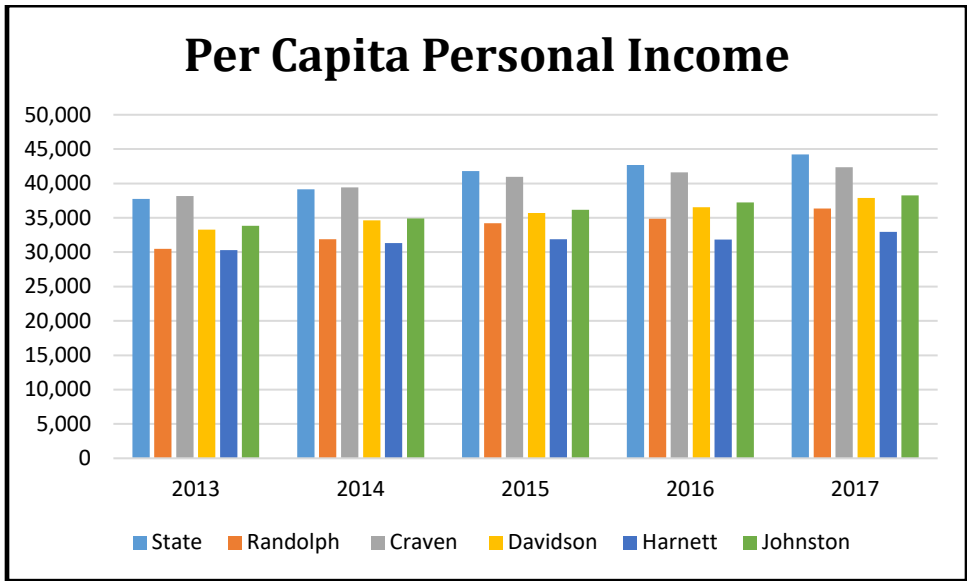
Source: North Carolina Office of State Budget and Management (OSBM) 2017

- Among each of the nine municipalities, Asheboro and Archdale have the highest percentage of residents.

Socioeconomic Profiles

Overview

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

Ability/Disability

Figures from the 2017 State Report for County Level Data from the Rehabilitation Research and Training Center on Disability Statistics and Demographics, estimates indicate that 14.8% of the people in Randolph County have a disability of some kind, as compared to North Carolina's rate at 13.7%.

Medicaid/NC Health Choice Eligibility

Percent Enrolled in Medicaid			
Residence	2015	2016	2017
North Carolina	22%	22.5%	23%
Randolph	24%	25.3%	25.2%
Craven	20.5%	21.1%	21.8%
Davidson	22.5%	22.7%	22.8%
Harnett	22%	22.6%	22.9%
Johnston	23.9%	24.3%	24.3%

Source: North Carolina Department of Health and Human Services

- As evidenced in the chart above, a similar trend of those eligible for Medicaid can be seen in all five counties and in North Carolina.
- Randolph County, as well as all peer counties, has minor increases in the percentages of those eligible for Medicaid since 2015. Minor increases are also occurring at the state level.
- The majority of Medicaid Assistance in Randolph County is given to qualifying infants and children, followed by TANF (Temporary Assistance for Needy Families) and Family Planning.

NC Health Choice Eligibility by County			
Residence	2015	2016	2017
North Carolina	80,674	91,215	94,579
Randolph	1,548	1,771	1,781
Craven	711	760	796
Davidson	1,624	1,741	1,739
Harnett	859	1,163	1,274
Johnston	2,103	2,516	2,496

Source: North Carolina Department of Health and Human Services

- According to the chart above, out of the four peer county comparisons, Craven County has the lowest number of NC Health Choice Eligibilities; whereas Johnston County has the highest.

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

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

- The annual unemployment rate has continued to improve in all counties. Out of the four peer counties, only one is at the state rate, Johnston.

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: County Health Rankings and Roadmaps

- The annual uninsured rate has continued to decline in the state and all peer counties. When compared to each of the four peer counties, Craven is the lowest, while Randolph is the highest in regards to percent of estimated uninsured people.

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.
- Lead Educational Agencies (LEAs) reported the lowest dropout rates were Newton-Conover City, Jones, Clay, Asheboro City (Randolph County), Pamlico, Transylvania City, Chapel-Hill-Carrboro, Mount Airy City, Greene and Yadkin.
- Lead Educational Agencies (LEAs) reported the highest dropout rates were Thomasville City (Davidson County), Martin, Swain, Warren, Anson, Lexington City (Davidson County), Durham, Sampson, Halifax and Stokes
- The largest 3-year decreases in high school dropout rates were seen in Clay, Transylvania, Newton-Conover City, Jones and Pamlico.

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

Source: Public Schools of North Carolina – State Board of Education – Department of Public Instruction

Health Professional Ratios

The Cecil G. Sheps Center for Health Services Research houses the North Carolina Health Professionals Data System. The table below reports 2018 data for selected active health professionals per 10,000 population ratios for physicians, primary care physicians, dentists, registered nurses and pharmacists for Randolph County. The rate for Randolph County Health Professionals is less when compared to the state and is similar with all peer counties except Craven, which, is in line with the state rates.

Total Population	Physicians	Primary Care Physicians	Dentists	Registered Nurses	Pharmacists
143,149	7.69	3.36	2.40	43.0	4.94

Active Health Professionals in 2018 for Randolph County

Physicians

Non Federal Physicians	112
Primary Care Physicians	49
Family Practice	23
General Practice	0
Internal Medicine	12
Obstetrics/Gynecology	6
Pediatrics	8
Other Specialties	42

Dentists and Dental Hygienists

Dentists	35
Dental Hygienists	71

Nurses

Registered Nurses	622
Nurse Practitioners	43
Certified Midwives	0
Licensed Practical Nurses	207

Other Health Professionals

Chiropractors	14
Occupational Therapists	16
Occupational Therapist Assistants	13
Optometrists	10
Pharmacists	71
Physical Therapist	34
Physical Therapist Assistants	29
Podiatrists	0
Practicing Psychologists	3
Psychological Associates	4
Respiratory Therapists	18

Why is this information important?

Access and utilization of health care is affected by many variables including the availability of health professionals. In Randolph County the number of health professionals has not kept pace with the state rates. This is not an exception, but more a part of the common situation that exists in many rural communities.

Randolph County has one hospital, a few urgent care facilities and several primary care offices located in the outlying, smaller areas of the county. Access to care continues to be of concern and we have seen increased visits to the hospital's emergency department. The concept of using the emergency room for primary care has far reaching implications, translating into cost to patients, the hospital and the community. By increasing the number of health professionals and improving access, we will be able to offer timely, quality health care for the citizens of Randolph County. Included in the appendix is a community resource guide providing a comprehensive look at available health and human services in Randolph County.

Section Two

Primary Data Collection Community Survey Results

Primary Data Methodology

In the fall of 2018, Randolph County Public Health and Randolph Health met with the Community Health Assessment Advisory Committee. This Committee is comprised of representatives from many county organizations, agencies and the business sector. The Advisory Committee met to establish the assessment framework and a timeline for data collection and analysis, prioritization of health concerns and development of action plans. Data collection and analysis took place from September 2018-September 2019.

It was determined that a random sample survey method would be used, as well as a convenience sample method. The goal was to distribute the surveys to as many county residents as possible. Surveys were collected to assure its responses adequately represented the demographics of county residents. Primary data was collected from the community in two ways: distribution of paper surveys and an internet survey.

On August 27, 2019 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

Secondary data collected was also evaluated by committee members by concentrating on the ten leading causes of death for Randolph County. Because the county's identified community health concerns ultimately result in the leading causes of death, the committee selected 15 health problems through a nominal group technique. The health problems selected were: Early childhood education / early intervention, health in all policies, mental health, substance abuse, access to health services, overweight / obesity, poverty, tobacco, diabetes, community connection, affordable housing, lack of physical activity, environmental health, under / unemployed, public transportation.

It is important to note that although the Advisory Committee identified 15 health areas, the decision was made to limit the focus to make a larger impact on the top three areas that had the opportunity to improve the overall health of the community.

Survey responses were analyzed for frequency of response using Survey Monkey. It should be noted that not every respondent answered every question, and some surveys were not fully completed by all individuals, resulting in missing data on various questions. The following pages reflect results from the community survey. Key findings are summarized and offer additional support as to why the three priority areas were chosen.

Survey Results

Survey participants were asked to provide demographic information by selecting appropriate responses from lists describing categories of age, gender, race and ethnicity. This demographic information was collected in order to assess how well the survey participants represented the general population of Randolph County. All responses were completely anonymous.

Note: The order of some of the questions in the analysis may differ from their order in the actual survey.

Demographic Questions

The responses to demographic questions for the 2019 survey were primarily from the white, female population. The majority of those that answered the other questions in this section, were married, had at least a high school diploma, were employed full-time and made an annual salary ranging less than \$20,000. Sixty-one percent of respondents were from Asheboro, the county seat.

	Number	Percent
Gender		
Men	163	18.27
Women	730	81.84
Skipped question	35	3.77
Race		
African American	103	11.70
Hispanic / Latino	83	9.43
White	686	77.95
Asian / Pacific Islander	1	0.11
American Indian or Alaskan Native	15	1.70
Skipped question	47	5.07
Age		
Age 15-19	15	1.68
Age 20-24	36	4.02
Age 25-34	147	16.42
Age 35-44	127	14.19
Age 45-54	181	20.22
Age 55-64	172	19.22
Age 65-74	128	14.30
Age 75 and older	91	10.17
Skipped question	32	3.45

What is your marital status?

	Number	Percent
Married	517	58.95
Never married or single	148	16.88
Divorced	105	11.97
Separated	26	2.96
Widowed	84	9.58
Skipped question	50	5.39

What is your highest level of education?

	Number	Percent
Some high school, no diploma	85	9.87
High school diploma / GED	229	26.60
Associate's degree / Vocational training	168	19.51
Some college; no degree	173	20.09
Bachelor's degree	135	15.68
Graduate or professional degree	95	11.03
Skipped question	66	7.11

What is your employment status?

	Number	Percent
Employed full-time	464	54.72
Employed part-time	92	10.85
Retired	202	23.82
Unemployed	78	9.20
Student	14	1.65
Self-Employed	15	1.77
Skipped question	79	8.52

What is your annual household income?

	Number	Percent
Less than \$20,000 a year	210	26.12
\$20,000-\$39,000	182	22.64
\$40,000-\$59,000	128	15.92
\$60,000-\$79,000	94	11.69
\$80,000 or greater	190	23.63
Skipped question	123	13.26

What is your zip code?

	Number	Percent
27263 (Archdale)	36	4.26
27203 (Asheboro)	235	27.78
27205 (Asheboro)	281	33.22
27248 (Franklinville)	24	2.84
27298 (Liberty)	49	5.79
27316 (Ramseur)	47	5.56
27317 (Randleman)	95	11.23
27341 (Seagrove)	22	2.60
27350 (Sophia)	27	3.19
27355 (Staley)	8	0.95
27370 (Trinity)	22	2.60
Skipped question	81	8.73

Community Questions

Randolph County residents were asked to respond to questions regarding the community in which they reside. The first question focused on how they feel about where they live. The remaining questions were centered on community issues. The majority of those that answered the question felt that Randolph County was a “good” place to live.

Thinking about your community, what kind of place is it to live?

	Number	Percent
Excellent	204	22.84
Good	548	61.37
Fair	133	14.89
Poor	11	1.23
Skipped question	34	3.66

Survey participants were presented three different alphabetized lists in categories of: **health behaviors, unhealthy behaviors and community issues**. They were asked to select the five from each category they thought had the greatest overall impact on health in Randolph County. They also had the option of writing-in a topic of their choice as one of the five. Each category of responses listed below is arranged in descending order of the frequency with which a named behavior or issue was chosen. Some respondents selected more than five; some fewer and some respondents skipped the section entirely.

Community Health Concerns

Health Behavior	Number	Percent
Overweight / obesity	497	55.84
Diabetes	474	53.26
Mental Health	468	52.58
Cancer	428	48.09
Overdose	427	47.98
Aging problems (Alzheimer’s, arthritis, etc.)	415	46.63
Heart disease / heart attacks	350	39.33
High blood pressure	332	37.30
Dental health	150	16.85
Teenage pregnancy	142	15.96
Lung diseases (emphysema, etc.)	116	13.03
Suicide	109	12.25
Motor vehicle accidents	104	11.69
Asthma	76	8.54
Stroke	73	8.20
Sexually transmitted diseases	64	7.19
HIV / AIDS	35	3.93
Infectious, contagious disease (TB, measles, pertussis, etc.)	33	3.71
Unintentional injuries	31	3.48
Skipped question	37	3.99

The five most prevalent health behaviors within Randolph County were: Overweight / obesity, diabetes, mental health, cancer, and overdose. Other behaviors listed were: drug addictions, substance abuse, autism and kidney failure.

Behaviors Affecting Health

Unhealthy Behavior	Number	Percent
Drug use	684	77.03
Alcohol abuse	567	63.85
Smoking / vaping / tobacco use	561	63.18
Poor eating habits	491	55.29
Lack of exercise	453	51.01
Driving under the influence of drugs or alcohol	400	45.05
Not going to the doctor yearly	271	30.52
Violent behavior	181	20.38
Not going to the dentist yearly	173	19.48
Having unsafe sex	164	18.47
Not getting vaccines (shots) to prevent disease	99	11.15
Not using seatbelts	96	10.81
Self-harm / self-injury	91	10.25
Not using child safety seats	84	9.46
Not getting prenatal care	49	5.52
Skipped question	39	4.20

Drug use, alcohol abuse, smoking / vaping / tobacco use, poor eating habits and lack of exercise continue to be unhealthy behaviors chosen by the residents of Randolph County. Other behaviors listed include: length of time to get mental health assessments, texting / driving, and selling drugs.

Community Issues

Unhealthy Behavior	Number	Percent
Drug use	618	69.67
Low income / poverty	455	51.30
Affordable health services	452	50.96
Lack of insurance for healthcare	369	41.60
Access to healthy food	237	26.72
Child abuse or neglect	228	25.70
Bullying (at school or work)	222	25.03
Domestic violence	207	23.34
Unemployment	187	21.08
Homelessness	185	20.86
Availability of positive teen activities	160	18.04
Lack of transportation	145	16.35
Racism	119	13.42
Lack of recreational facilities	108	12.18
Unaffordable housing	105	11.84
Elder abuse or neglect	104	11.72
Violent crime (murder, assault)	91	10.26
Gang activity	90	10.15
Poor housing conditions	90	10.15
Unsafe, unmaintained roads	64	7.22
Youth crime	57	6.43

Rape / sexual assault	37	4.17
Human trafficking	34	3.83
Pollution (air, water, land)	19	2.14
Skipped question	40	4.31

The most significant community issues consist of drug use, low income / poverty, affordable health services, lack of insurance for healthcare and access to healthy food. Other options listed were: mental health resources, taxation on homeowners, and lack of parenting.

Personal/Family Health

A portion of the Randolph County Community Survey collected information on respondents' personal and family health behaviors. The results of this portion of the survey offer some insight into lifestyle factors that affect the health of individuals in Randolph County.

In general, would you say your health is...?

	Number	Percent
Very healthy	111	12.18
Healthy	449	49.29
Somewhat healthy	264	28.98
Unhealthy	43	4.72
Very unhealthy	15	1.65
I don't know	15	1.65
I prefer not to answer	22	2.41
Skipped question	16	1.72

Eighty-nine percent of those that answered, felt they were healthy overall (including very and somewhat).

Do you use tobacco products? This includes cigarettes, dip, e-cigarettes, Juul, etc.

	Number	Percent
Yes	122	13.38
No	791	86.73
Skipped question	15	1.61

If yes, what tobacco products do you use? Check all that apply

	Number	Percent
Cigarettes	96	76.19
Dip / chew	14	11.11
Cigars	11	8.73
E-cigarettes / vape/ Juul	27	21.43
Skipped question	801	86.4

If you use tobacco products and wanted to quit, what resource would you most likely use?

	Number	Percent
Quit Smart	22	9.95
Quit Now NC	8	3.62
Doctor	61	27.60
Pharmacy	10	4.52
Health department	3	1.36
I don't know	98	44.34
I don't want to quit	27	12.22
Skipped question	706	76.1

Are you exposed to secondhand smoke in any of the following places? (Check all that apply)

	Number	Percent
Workplace	71	23.28
Home	95	31.15
Church	16	5.25
Parks / recreational facilities	160	52.46
Skipped question	622	67.0

Results from the tobacco related questions show that the majority of Randolph County residents that participated in the survey did not smoke or use other tobacco products. Most do not know where to go if they wanted to quit. Other responses regarding where to seek help quitting included quitting cold turkey, or using tobacco cessation methods such as nicotine patches and Chantix.

When asked questions concerning exposure to secondhand smoke, the bulk of responders chose parks and recreational facilities from the list of options given. Other responses included the homes of friends or family, outside retail, convenient and grocery stores, restaurants and other public places.

In the past 30 days, have you used a prescription drug that was not prescribed to you?

	Number	Percent
Yes	15	1.69
No	871	98.42
Skipped question	42	4.53

In the past 30 days, have you used a drug that was classified as illegal?

	Number	Percent
Yes	16	1.78
No	881	98.22
Skipped question	30	3.23

If you answered yes to the previous two questions, which of the following substances have you used in the past 30 days?

	Number	Percent
Marijuana	12	46.15
Sleeping pills (Ambien, Lunesta)	7	26.92
Benzodiazepines	4	15.38
Opioids (OxyContin, Vicodin)	4	15.38
Heroin	2	7.69
Amphetamines (Ritalin, Adderall)	1	3.85
Crack	1	3.85
Meth	1	3.85
Cocaine	0	0
Fentanyl	0	0
Inhalants (glue, paint)	0	0
MDMA / Molly, Ecstasy	0	0
Skipped question	901	97.1

Results from the prescription and illicit drug questions identified that most respondents have not used a prescription drug that was not prescribed to them within the last 30 days. The majority of respondents do not use or have not used an illegal drug within the last 30 days.

How many days a week do you get at least 30 minutes of physical activity?

	Number	Percent
None	135	14.93
1-2 days a week	334	36.95
3-5 days a week	345	38.16
6-7 days a week	93	10.29
Skipped question	23	2.48

If you are physically active, what types of activity do you do most often? Responses included:

- Walking
- Water aerobics
- Running
- Hiking
- Going to the gym
- Jumping rope
- Stair stepper
- Cardio workouts
- Cleaning house
- Weight training

If you do not engage in physical activity/exercise, why don't you?

	Number	Percent
I do exercise	199	41.54
I don't like to	89	18.58
I don't have time	168	35.07
There is no safe place	40	8.35
It costs too much to join a gym	90	18.79
Skipped question	448	48.3

How many days a week does your child/children get at least 120 minutes of physical activity? This includes recess/gym at school.

	Number	Percent
None	42	6.60
1-2 days a week	65	10.22
3-5 days a week	185	29.09
6-7 days a week	85	13.36
I don't have children	263	41.35
Skipped question	291	31.3

If your child is physically active, what activity do they do most often?

- Plays outside
- Sports
- Martial arts
- Walking
- Dance
- School recess / PE
- Jumping on trampoline
- Running
- Jumping rope
- Rides bike

When asked about how often they were physically active, most respondents chose 3-5 days per week for themselves and for their children (for those that had children). Of those that say they do not exercise, the main reason is due to lack of time. Other reasons included not being physically able, health issues, or disabled and lack of motivation.

How many servings of fruits and vegetables do you consume daily?

	Number	Percent
None	46	5.08
1-2 servings	500	55.19
3-5 servings	320	35.32
6-8 servings	37	4.08
8 or more	9	0.99
Skipped question	21	2.26

If you do not consume fruits and vegetables, why don't you?

	Number	Percent
I do eat them	341	70.45
I don't like them	29	5.99
I don't have time to prepare them	39	8.06
I don't know how to prepare them	11	2.27
I can't get them where I live	5	1.03
They go bad before I can eat them	73	15.08
They are too expensive	73	13.43
Skipped question	443	47.7

How many times a week do you eat out (fast food, chain restaurants, fine dining, etc.)?

	Number	Percent
I don't eat fast food	139	15.83
1-3 times per week	627	71.41
4-7 times per week	116	13.21
Skipped question	49	5.28

How many servings of fruits and vegetables does your child consume daily?

	Number	Percent
None	22	3.67
1-2 servings	170	28.33
3-5 servings	166	27.67
6-8 servings	35	5.83
8 or more	6	1.0
I don't have children	204	34.0
Skipped question	327	35.2

How many times a week does your child eat out (fast food, chain restaurants, fine dining, etc.)?

	Number	Percent
They don't eat fast food	546	8.88
1-3 times per week	286	47.04
4-7 times per week	59	9.70
I do not have children	211	34.7
Skipped question	319	34.4

Responses to questions regarding intake of fruits and vegetables included most adults reporting that they eat 1-2 servings per day, while their children get mainly 1-2 or 3-5

servings per day. For those that do not eat fruits and vegetables, the main reasons were they are too expensive or they spoil before being able to eat them. The majority of respondents and their children eat out 1-3 times per week.

How many miles is the closest grocery store from your house?

	Number	Percent
Less than half a mile	69	7.78
Less than one mile	110	12.4
Between 1-2 miles	170	19.17
Between 2-3 miles	197	22.21
More than 3 miles	343	38.67
Skipped question	40	4.3

Is your child, age 0-5, in child care or preschool?

	Number	Percent
Yes	85	14.91
No	260	45.61
I don't have children	227	39.82
Skipped question	357	6.26

If yes, which best describes the center or preschool your child attends?

	Number	Percent
I don't have children	226	63.13
High quality (4 or 5 star) center or home	53	14.8
I don't know	43	12.01
NC Pre-K	20	5.59
Faith-based part-day preschool	8	2.23
1 or 2 star center or home	6	1.68
3 star center of home	5	1.40
Skipped question	569	61.38

If they are not attending a child care center or preschool, why?

	Number	Percent
I choose to stay at home with my child	52	17.75
I can't afford child care	22	7.51
There are no child care centers, homes or preschools in my area	3	1.02
There are no high-quality child care centers, homes or preschools in my area	1	0.34
I don't have children	221	75.43
Skipped question	634	68.39

If you work AND your child is not in a child care center, home or preschool, which best describes your child care arrangements?

	Number	Percent
My partner and I work different shifts	30	8.31
Relatives provide care	100	27.70
I don't have children	229	63.43
Skipped question	566	61.05

When asked how close the nearest grocery store was to them, 37% of respondents selected “more than 3 miles”. Approximately 46% of those who answered the question, and who had children, answered that their child was not enrolled in a child care center or preschool. The main reason for that was due to the parent or caregiver choosing to stay at home with the child / children.

Access to Care

Are you covered by a health insurance plan?

	Number	Percent
Yes	785	87.32
No	114	12.68
Skipped question	28	3.0

If you do have insurance, what type do you have?

	Number	Percent
Medicare	222	30.75
Medicaid	118	16.34
Private insurance	456	63.16
Skipped question	205	22.1

Of the 87% of respondents who do have insurance, most chose private insurance when asked which type they had. Other responses listed specific insurance companies for which they had insurance or whether their insurance was provided by their employer.

Where do you go for routine healthcare when you are sick?

	Number	Percent
Doctor	721	80.65
Urgent care	101	11.3
Emergency room	29	3.24
Randolph Family Health Care at MERCÉ	36	4.03
I don't get routine health care	60	6.71

Skipped question	33	3.55
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In the past 12 months, have there been any health-related services you or members of your family have needed but were unable to find in the community?

	Number	Percent
Yes	208	23.88
No	666	76.46
Skipped question	56	6.04

If yes, which service were you not able to find?'

- Rheumatologist
- Spine specialist
- Mental health support groups
- Oral surgeon
- Therapy
- Cardiologist for infants
- Neuro surgeon

Where do you get most of your health-related information?

	Number	Percent
Friends / family	260	30.09
Doctor's office	613	70.95
School	32	3.70
Books / magazines	154	17.82
Church	28	3.24
Health department	101	11.69
MERCE clinic	22	2.55
Internet	400	46.30
Hospital	145	16.78
Social media	97	11.23
Help lines	9	1.04
Skipped question	63	6.79

Most respondents go to the doctor when they are sick. Of the 24% who answered yes to being unable to find needed health-related services, mental health was the most commonly listed service. Other services listed included dental, specialists and support groups. The majority of respondents rely on either their doctor or the internet for health-related information.

In the last 12 months, did you receive dental care?

	Number	Percent
Yes	587	65.51
No	310	34.60
Skipped question	31	3.34

If no, why did you not get dental care?

	Number	Percent
I don't have dental insurance	143	29.12
I couldn't afford the cost	85	17.31
I couldn't get an appointment	32	6.52
My insurance didn't cover what I needed	33	6.72
Dentist would not take Medicaid	8	1.63
My share of cost was too high	34	6.92
I did receive dental care	220	44.81
Skipped question	436	47.0

How often do you take your child/children for routine dental care?

	Number	Percent
Once a year	76	43.21
Twice a year	261	38.10
Only when needed	36	5.26
I don't take my child to the dentist	29	4.23
I don't have children	296	43.21
Skipped question	272	26.1

Sixty-six percent of respondents did seek dental care within 12 months. If they did not, the main reason was due to no having dental insurance and being unable to afford the cost. The majority of children are taken for dental care once a year.

Emergency Preparedness

Does your family have working smoke detectors?

	Number	Percent
Yes	838	95.12
No	43	4.88
Skipped question	46	4.96

Does your home have working carbon monoxide detectors?

	Number	Percent
Yes	473	54.31
No	399	45.81
Skipped question	56	6.04

Does your family have a basic emergency supply kit?

	Number	Percent
Yes	565	64.06
No	318	36.05
Skipped question	45	4.85

If your family does have a supply kit, for how many days do you have supplies?

	Number	Percent
1-3 days	251	38.50
4-6 days	175	26.84
7 or more	140	21.47
I don't have a basic emergency supply kit	87	13.34
Skipped question	275	29.6

What would be your main way of getting information from authorities in a large-scale disaster or emergency?

	Number	Percent
Television	439	50.29
Internet	232	26.58
Text message (emergency alert)	371	42.50
Radio	188	21.53
Newspaper	35	4.01
Social media	76	8.71
Skipped question	54	5.82

The majority of respondents do have both smoke and carbon monoxide detectors. Most respondents have an emergency supply kit with enough supplies to last 1-3 days. Should there be a large-scale disaster or emergency, television and emergency alert text messaging is the best way to reach survey participants.

Section Three

Morbidity & Mortality Data
Health Statistics
Environmental Health

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.

Leading Causes of Death for all ages, 2013-17

North Carolina	Cause of Death	Rate
1	Cancer	191.4
2	Diseases of the heart	180.9
3	Chronic lower respiratory diseases	51.9
4	Cerebrovascular diseases	48.2
5	Alzheimer's disease	36.5
6	All other unintentional injuries	35.9
7	Diabetes mellitus	27.0
8	Influenza and pneumonia	19.7
9	Nephritis, nephrotic syndrome and nephrosis	18.8
10	Septicemia	14.9
	Total deaths - - all causes	625.2

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

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

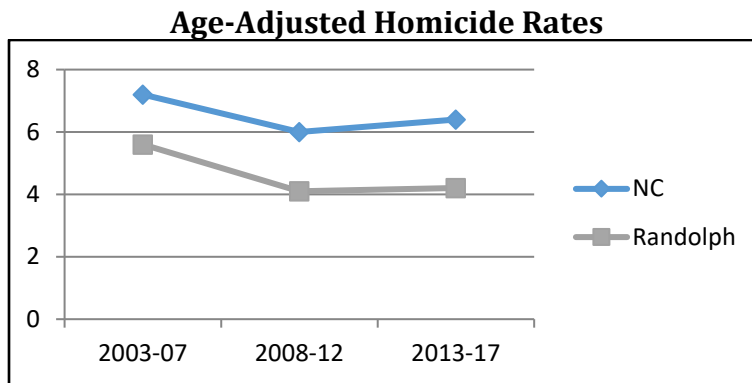
Source: NC State Center for Health Statistics. Leading Causes of Death in NC 2013-17

Age-Adjusted Death Rates

Mortality or death rates are often used as measures of health status for a population. Many factors affect the risk of death, including age, race, gender, occupation, education and income. Age, by far is the strongest of these risk factors, with individuals in the oldest age groups having a much higher risk of death. Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows for comparison of different age groups. Rates are based per 100,000 residents.

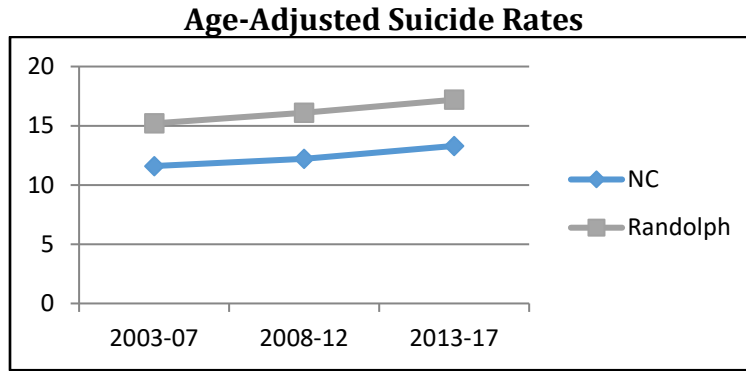
North Carolina and Randolph County Trends in Key Health Indicators

Homicide



- Craven County has the highest Homicide rates in 2003-07 and 2013-17 when compared to the state and peer counties.
- Davidson County has the lowest rates in all three timeframes compared to the state and peer counties.

Suicide

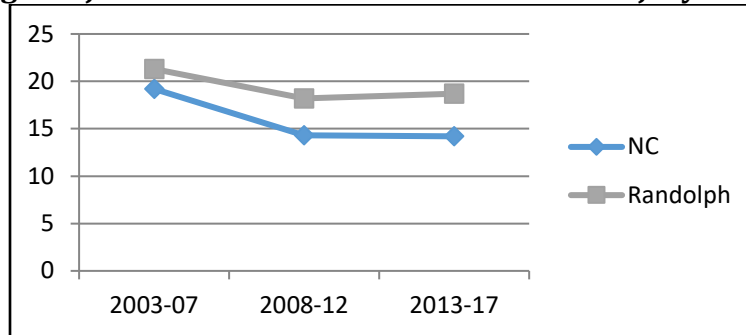


<http://www.schs.state.nc.us/schs/data/trends/pdf>

- The rate of suicide has increased each year since 2003.
- Randolph County's rate of suicide was higher in all timeframes shown than that of the state and peer counties.

Unintentional Injury

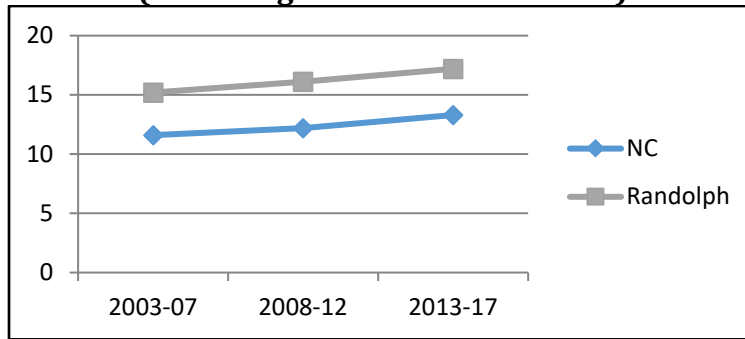
Age-Adjusted Unintentional Motor Vehicle Injury Rates



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

- Johnston County has the highest rate out of the state and peer counties during 2003-07.
- Harnett County has the highest rate during the years 2008-17.
- Craven County has the lowest rate during the years 2008-17; NC has the lowest for 2003-07.

Age-Adjusted Unintentional Injury (excluding Motor Vehicle Deaths)



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

- Davidson County has the highest rate during 2003-07, Randolph during 2008-12 and Craven for 2013-17.
- Johnston has the lowest during 2003-07 and 2013-17; Harnett has the lowest for 2008-12.

Cancer

Overview

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.

According to the National Center for Biotechnology, only 5-10% of all cancer cases can be attributed to genetic defects, whereas the remaining 90-95% have their roots in the environment and lifestyle. The lifestyle factors include cigarette smoking, diet, alcohol, sun exposure, environmental pollutants, infections, stress, obesity and physical inactivity. The evidence indicates that of all cancer-related deaths, 40% are linked to tobacco, as many as 30-35% are linked to diet, about 15-20% are due to infections and the remaining percentage are due to other factors like radiation, stress, physical inactivity, environmental pollutants, etc. Therefore, cancer prevention requires smoking cessation, increased ingestion of fruits and vegetables, moderate use of alcohol, caloric restriction, exercise, avoidance of direct exposure to sunlight, minimal meat consumption, use of whole grains, use of vaccinations and regular check-ups.

Randolph County Data

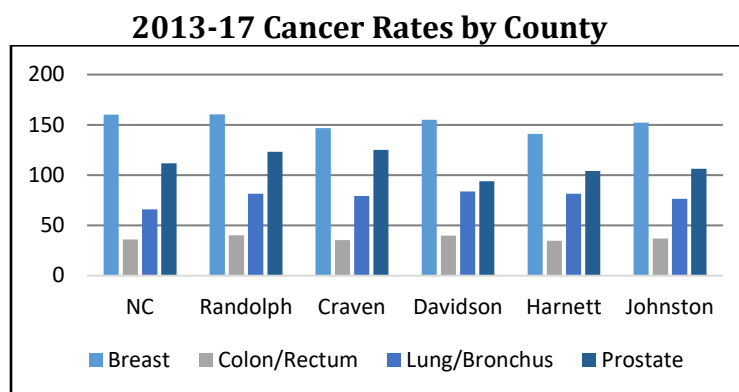
The North Carolina Central Cancer Registry projected that in 2019 there would be 909 new cancer cases in Randolph County and 314 deaths.

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

Source: NC State Center for Health Statistics. Cancer Projections 2019. <http://www.schs.state.nc.us/SCHS/CCR/projections.html>

- 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.

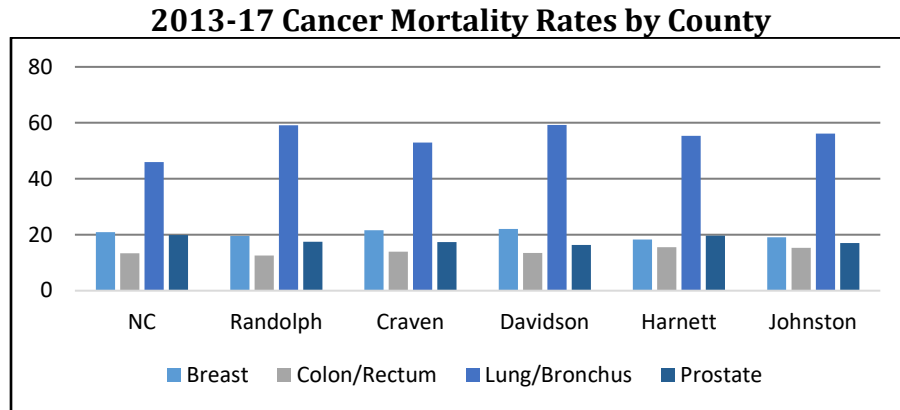
Cancer Incidence



Source: NC State Center for Health Statistics 2013-2017 Cancer Incidence Rates per 100,000 population

- Randolph County had the highest rate of breast and colon cancer compared to the state and the four peer counties.

Cancer Mortality



Source: NC State Center for Health Statistics 2013-17 Cancer Mortality Rates by County per 100,000

- According to the chart above, cancer mortality rates were drastically higher among those who had lung/bronchus cancer than any other cancer listed.

Disparities

- Cancer is the leading cause of death in North Carolina.
- NC population is older and aging faster than the national average, resulting in an increasing percentage of older citizens in the coming years.
- People living in poor, more rural areas are more vulnerable to cancer due to a host of factors, including lack of health care access.
- NC has a large African American population and this population is more likely to die from cancer than the Caucasian population.
- The burden of cancer in NC is, on average, higher than that of the U.S. North Carolina's incidence and mortality rates exceed that of the national rates for lung, female breast, prostate and melanoma skin cancer.
- Studies at UNC and Duke report financial toxicity as a serious barrier and hardship for those initially diagnosed with cancer as well as those who have completed treatment.
- HPV-associated cancer cases diagnosed each year could be prevented by HPV vaccination.

Recommended Strategies

- Enhance promotion efforts of the NC Quitline within the county, with special emphasis on E-cigs and vapor smoking among school-aged children/teens.
- Improve the promotion of the QuitSmart Tobacco Cessation Program to residents of Randolph County, with special emphasis on the male population.
- Increase fruit and vegetable intake among Randolph County residents by creating better access to locally grown produce.
- Conduct quality improvement activities around HPV vaccination, including utilizing Immunization Information Systems (IIS) and implementing reminder/recall interventions to increase HPV vaccination coverage.
- Encourage Randolph County municipalities to increase tobacco-free grounds.

Assets

- Randolph County Public Health developed a tobacco free grounds rule and was passed in 2019. This rule bans tobacco use on county government owned properties, thus reducing exposure to secondhand smoke.

Communicable Disease

Overview

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. Randolph County works in collaboration with the NC Communicable Disease Branch on the following four objectives:

- To promptly investigate disease outbreaks and unusual situations and to implement control measures to minimize further transmission of disease
- To monitor disease-reporting by physicians and laboratories in order to detect trends and to assess the public health impact of diseases
- To provide a channel of communication between public health agencies, private physicians and hospital and occupational infection control personnel, as an essential part of disease control efforts
- To explain public health interventions and disseminate health education messages to the community and the media in order to enhance disease control efforts

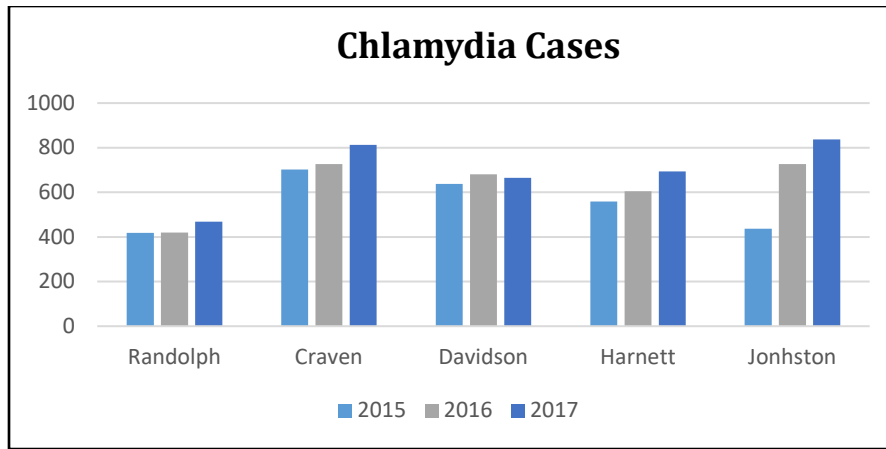
Sexually Transmitted Infection Cases

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

Source: Randolph County Annual Reports FY 2015-16 through 2018-19

- Chlamydia is the number one STI in the United States, North Carolina and in Randolph County. Below is a table comparing the number of Chlamydia cases in Randolph County and the four peer counties.



Source: NC HIV/STD Prevention and Care Branch

- Randolph County has had the lowest cases of chlamydia for the past three years listed when compared to the four peer counties.

Foodborne Illness

The food we eat and the beverages we drink, including water, can become contaminated by bacteria, viruses, parasites, toxins or chemicals that can cause foodborne disease or food poisoning. Most people have experienced at least intestinal upset at some time in their lives from eating food or drinking a beverage that was improperly stored or prepared, insufficiently cooked, or was otherwise contaminated. Every year one in six Americans get sick as a result of consuming contaminated foods or beverages, and 3,000 die. While usually very young, elderly or people with other illnesses suffer from food-related illness; anyone can become ill from eating contaminated food items.

In North Carolina, all foodborne illnesses are reportable and by law, operators of food and drink establishments must report to their local health department if they have reason to suspect an outbreak of foodborne illness in their customers or employees or when they have reason to suspect that a food handler at the establishment has a foodborne disease or condition. The U.S. Department of Agriculture (USDA) estimates that foodborne illnesses cost more than \$15.6 billion each year. The following table shows the most common food-borne illnesses within the last four years in Randolph County.

Foodborne Illness	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Campylobacter	35	66	54	46
E. Coli	4	11	3	4
Hepatitis A	1	0	1	0
Salmonellosis	44	38	30	51
Shigellosis	4	1	0	3

Source: Randolph County Annual Reports FY 2015-16 through 2018-19

Vector-Borne Disease

Bacterial, viral and parasitic diseases that are transmitted by mosquitoes, ticks and fleas are collectively called “vector-borne diseases”. The most common vector-borne diseases found in North Carolina are carried by ticks and mosquitoes. The tick-borne illnesses most often seen in the state are Rocky Mountain spotted fever, ehrlichiosis, Lyme disease and Southern Tick-Associated Rash Illness. The most frequent mosquito-borne illnesses in North Carolina include La Crosse encephalitis, West Nile Virus and Eastern equine encephalitis.

In Randolph County, the common vector-borne diseases seen are Lyme disease and Rocky Mountain spotted fever. The last case of West Nile Virus reported was during fiscal year 2007-2008. The table below shows the frequency of vector-borne diseases within the county over the last four years.

Vector-Borne Disease	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Lyme disease	1	4	3	3
Rocky Mountain spotted fever	12	23	12	15

Source: Randolph County Annual Reports FY 2015-16 through 2018-19

Other Communicable Diseases

In Randolph County there have been some trends over the years regarding communicable diseases. Over the last four years there have been increased numbers of pertussis, tuberculosis and Hepatitis C. Hepatitis C is on the rise in North Carolina and in Randolph County.

Acute Hepatitis C

- Reported cases in NC have tripled during 2010-14
- It is underreported and underestimated
- Fivefold increase in hepatitis c cases from 2007
- IV Drug use has contributed to the increase in numbers, 47% of people diagnosed with acute hepatitis c reported IV Drug Use, this number is climbing

Chronic Hepatitis C

- An estimated 110,000 North Carolinians are infected with Hepatitis C (HCV)
- 25% of HIV-infected persons are co-infected with HCV
- 75% of the infected populations are unaware that they are infected with HCV, which leads to lifelong chronic HCV infection

In the United States

- Hepatitis C-related deaths declined to 4.5 deaths/100,000 in 2016

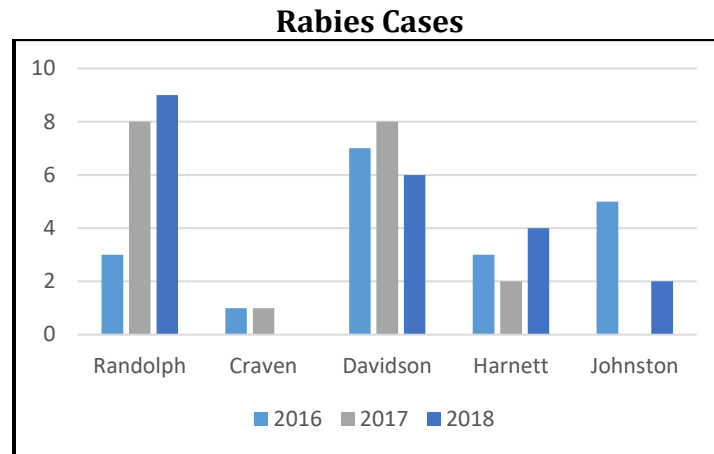
The following table shows other communicable diseases reported within the last four years.

Communicable Disease	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Haemophilis	5	4	1	2
Hepatitis B	2	6	18	23
Hepatitis C	13	19	17	9
Legionellosis	2	2	4	3
Meningococcal	0	2	0	0
Pertusis	10	4	6	5
Tuberculosis	2	0	2	0

Source: Randolph County Annual Reports FY 2015-16 through 2018-19

Rabies

Rabies is a vaccine preventable disease in humans, dogs, cats and ferrets as well as some domestic livestock. All mammals are susceptible to rabies and it is nearly always fatal. When humans have been exposed through contact with a potentially rabid animal, rabies can be prevented in humans with timely and appropriate treatment. In North Carolina the disease most often occurs in wild animals especially skunks, raccoons, bats and foxes. Raccoon rabies is present in the raccoon population in virtually every county in North Carolina.



Source: <http://epi.publichealth.nc.gov/cd/rabies/figures>

- Craven County had no rabies cases to report for 2018; Johnston had no cases for 2017.
- In 2018, Randolph County had the most rabies cases.

Number of Animal Rabies Cases, 2018

	Bat	Cat	Dog	Fox	Raccoon	Skunk	Total
Randolph	0	0	0	6	3	0	9
Craven	0	0	0	0	0	0	0
Davidson	0	0	0	0	3	3	6
Harnett	0	0	0	0	4	0	4
Johnston	1	0	0	0	1	0	2

Source: <http://epi.publichealth.nc.gov/cd/rabies/figures>

Disparities

- Non-Hispanic blacks represent less than one-fourth of NC's populations, but two-thirds to three-fourths of STIs reported are among blacks.
- For adults and adolescents newly diagnosed with HIV in 2017, men who report having sex with men (MSM), accounted for 64.5% of all cases.
- In 2017, the most frequently reported risk factor by people with acute hepatitis C was injection drug use (46.8%), followed by heterosexual contact (44.6%).
- The majority of chronic hepatitis C cases were men (59.2%), in both the 25-34 age group (21.3%) and 50-64 age group (40.7); for the majority of cases, race/ethnicity is unknown (65%).

Recommended Strategies

- Many Randolph County residents need more knowledge about STI risk factors, signs, symptoms and the importance of protection.

- Increase sexual education within the county, with special emphasis on school-aged children, their parents and the African American population.
- Increase outreach efforts to underserved populations, such as homeless, low income housing, etc.
- Increase access to syringe exchange programs.
- Increase outreach efforts to reach homeless populations at risk of contracting hepatitis A, B and C.
- Increase HPV vaccine use among adolescents and young adults.

Assets

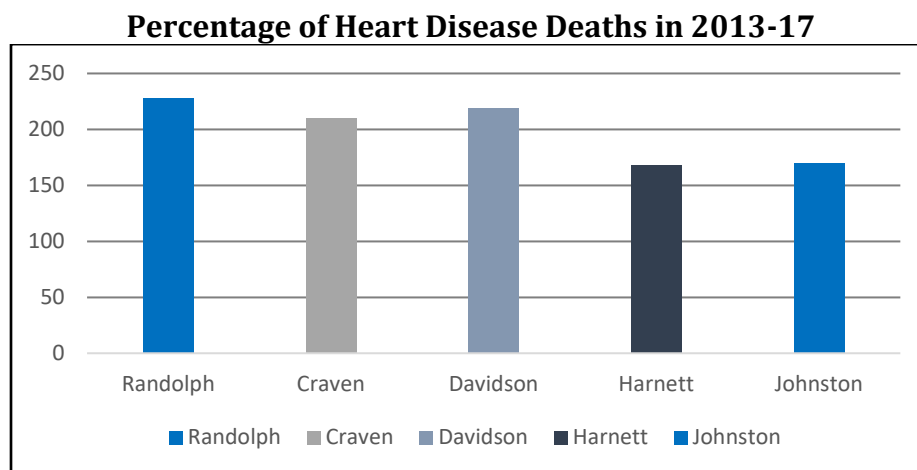
- Randolph County Public Health offers free testing for STI/HIV.
- Public Health coordinates quarterly rabies clinic with all veterinarian offices throughout the county. Rabies shots are \$10.00 during such clinics.
- Randolph County has one syringe exchange program; Community Hope Alliance.
- Public Health and other first responders have increased the distribution and availability of naloxone.

Heart Disease and Stroke

Overview

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.



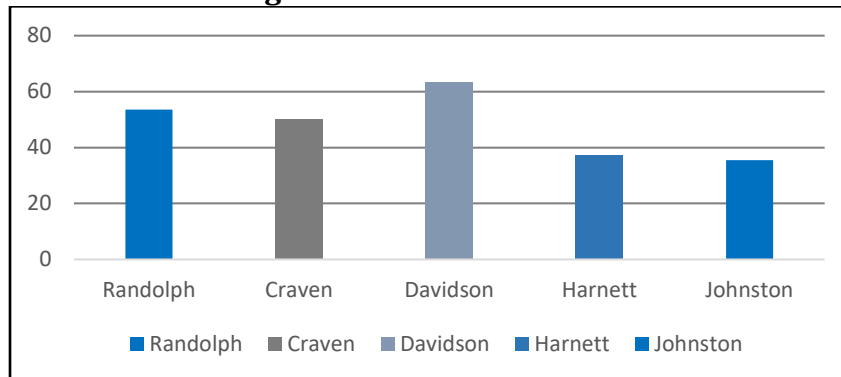
Source: NC State Center for Health Statistics. Leading Causes of Death in North Carolina.

Age-Adjusted Heart Disease Death Rates

County	2003-07	2008-12	2013-17
Randolph	213.1	176.8	188.4
Craven	214.7	166.3	166.7
Davidson	239.2	202.7	175.4
Harnett	239.3	198.1	195.4
Johnston	275.3	235.0	187.3

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

Percentages of Stroke Deaths in 2013-17



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

Age-Adjusted Stroke Death Rates

County	2003-07	2008-12	2013-17
Randolph	53.7	46.4	44.9
Craven	53.4	47.4	39.2
Davidson	60.0	47.9	51.7
Harnett	61.9	49.0	44.4
Johnston	51.9	42.8	40.6

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

Disparities

- Heart disease is the leading cause of death for African American and white women in the U.S.
- African American women are more likely to die from a stroke than white women.

Recommended Strategies

- Increase education efforts and the importance of rapid treatment regarding heart disease and stroke, with special emphasis on African Americans and white men and women.
- Enhance and improve screening efforts of heart disease and stroke.

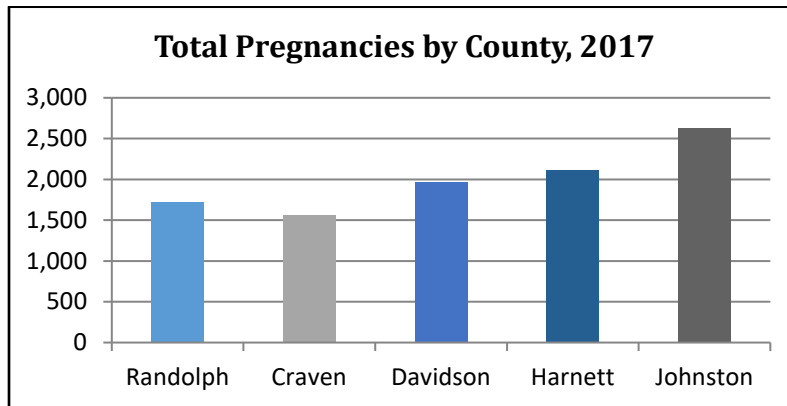
Assets

- Many churches and local businesses coordinate health fairs for members and employees where free screenings are offered and education materials are available.

Maternal and Child Health

Overview

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

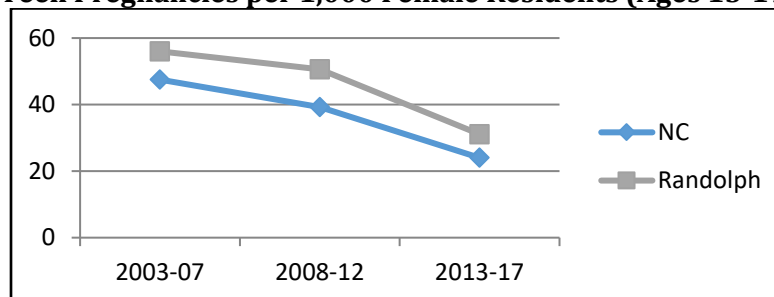
- The total number of pregnancies in Randolph County was 1,722.
- Among the comparison counties, Craven had the lowest total pregnancies (1,588), while Johnston had the highest (2,633).
- White Non-Hispanic women had the highest number of pregnancies for all age groups in all five counties.

Total Pregnancies by Age and County of Residence, 2017

	15-19	20-24	25-29	30-34	35-44
Randolph	129	443	554	383	213
Craven	107	471	451	351	178
Davidson	144	544	643	418	217
Harnett	92	494	722	527	276
Johnston	155	563	825	679	411

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>

Teen Pregnancies by County Rank 2016

County	County Rank	Rate per 1,000
Randolph	27	34.3
Craven	29	33.4
Davidson	40	28.7
Harnett	42	28.4
Johnston	44	27.6

Source: Sexual Health Initiatives for Teens. <http://www.shiftnc.org/data>

- Randolph County and NC have a higher number of teen pregnancies among the White Non-Hispanic population, with the lowest number among the Hispanic population.
- Teen pregnancies have declined over the past 14 years for both the state and Randolph County.

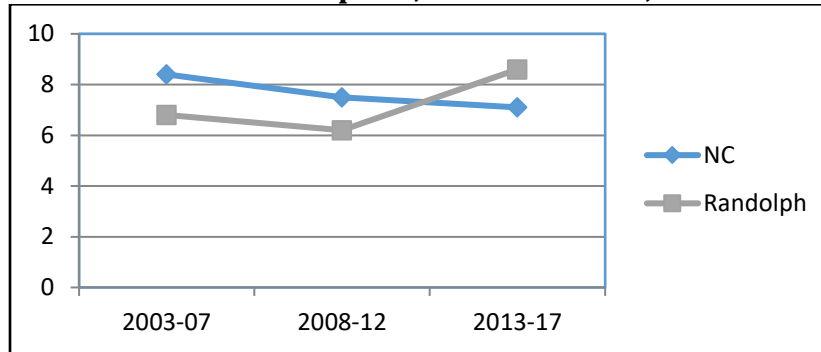
Percentage of Resident Repeat Teen Pregnancies (Ages 15-19)



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

- Randolph County's rate was only lower than the states during 2003-07.

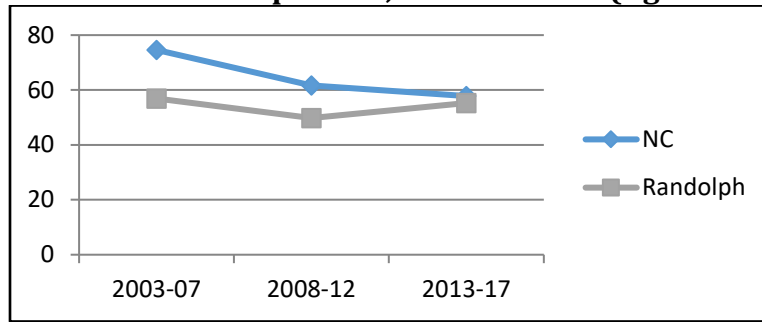
Infant Death Rates per 1,000 Live Births, 2013-17



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

- Infant deaths in Randolph County have increased by 39% since 2008-12 timeframe.

Child Death Rates per 100,000 Residents (Ages 0-17)



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

- North Carolina’s child death rate has decreased over the last 14 years.
- Randolph County’s rate increased 11% from the 2008-12 timeframe.

Disparities

- Hispanic women are more likely to have a “low” birth weight baby when compared to the other races, whereas Black Non-Hispanic women are more likely to have a baby with a “very low” birth weight.
- Overall, White Non-Hispanic women have a lower percentage of having a low or very low birth weight baby.

Recommended Strategies

- Increase education efforts on the importance of prenatal care with special emphasis on the Hispanic population.
- Encourage medical providers to educate pregnant women on the dangers of not receiving prenatal care.

Assets

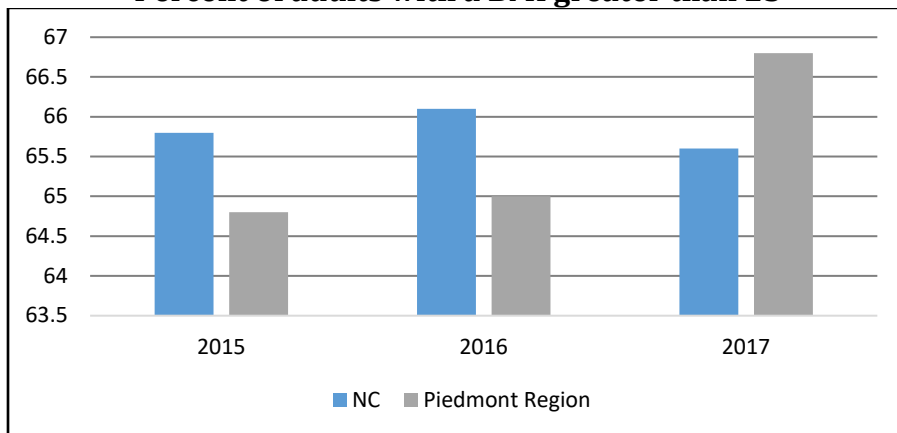
- Pregnancy Care Management staff work to ensure that clients receive proper prenatal care. Staff works with Medicaid eligible pregnant women with an increased risk for poor birth outcomes.
- Care Coordination for Children staff follow high risk children from birth to age five that have Medicaid, no insurance or private insurance. The target population includes children with special health care needs, infants who have been in a neonatal intensive care unit or children living in a “toxic stress” environment (abuse, substance abuse, etc.).
- Randolph Family Health Care at MERCE partners with public health to provide prenatal care by seeing pregnant women who are at 100% of poverty or below.

Overweight, Obesity

Overview

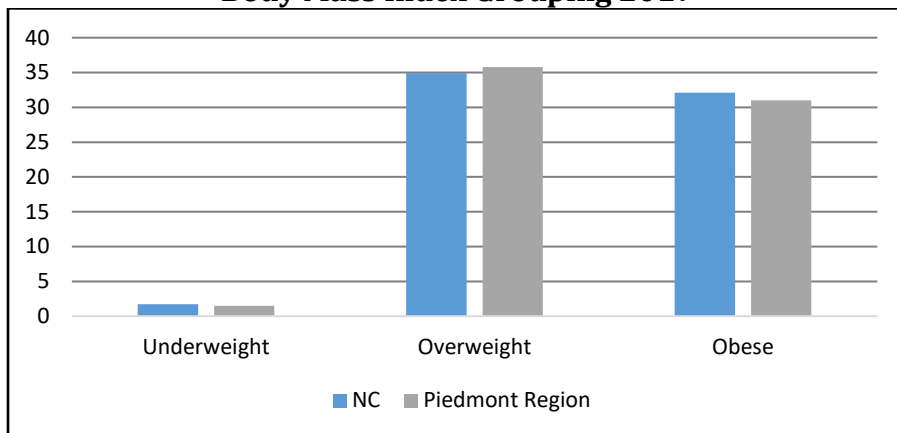
Overweight and obesity are growing concerns in the United States and in North Carolina. According to The State of Obesity, North Carolina now has the 20th highest adult obesity rate in the nation, at 32.1%. Overweight is defined as having a body mass index (BMI) of 25 or greater. Obesity is defined as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

Body Mass Index Grouping 2017



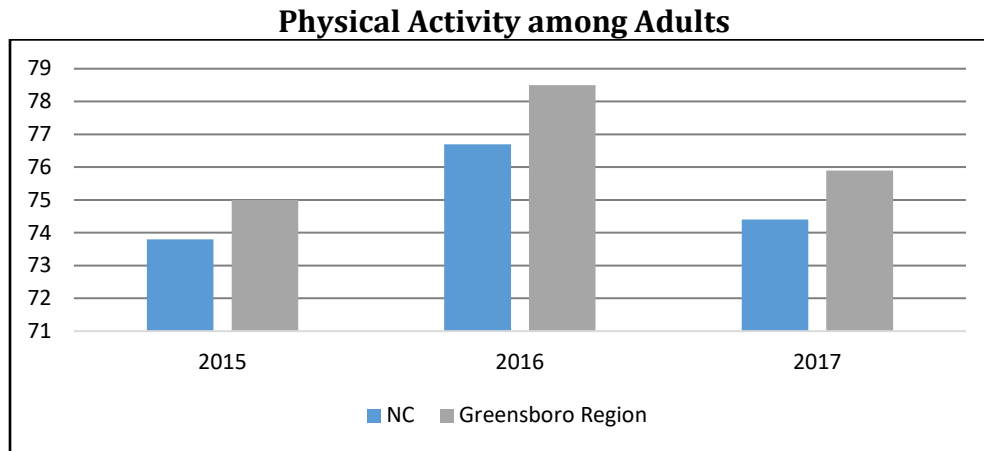
Source: 2015-17 BRFSS Survey Results: North Carolina Regions

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.

The CDC suggests that there are a variety of factors that play a role in obesity, making it a complex health issue to address. Such factors include: behavior, environment and genetics.

- Overweight and obesity result from an energy imbalance, involving eating too many calories and not getting enough physical activity.
- Body weight is the result of genes, metabolism, behavior, environment, culture and socioeconomic status.

Utilizing the Behavioral Risk Factor Surveillance System (BRFSS) survey results, the following question was asked to individuals participating in the survey: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?”



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

Disparities

- Thirty-two percent (32%) of adults in North Carolina are obese.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (48%), followed by Hispanics (39%), non-Hispanic whites (29%) and other races (27%).
- Higher income women are less likely to be obese than low-income women.
- Children and adolescents aged 2-19 years, the prevalence of obesity is 18.5% and affects approximately 13.7 million children and adolescents in the U.S.

Recommended Strategies

- Work with local businesses and organizations to offer staff wellness programs that focus on healthy eating and the importance of regular physical activity.
- Children in Randolph County need more access to after school programs that could increase their levels of physical activity.
- Increase fruit and vegetable intake among Randolph County residents by creating better access to locally grown produce.

Assets

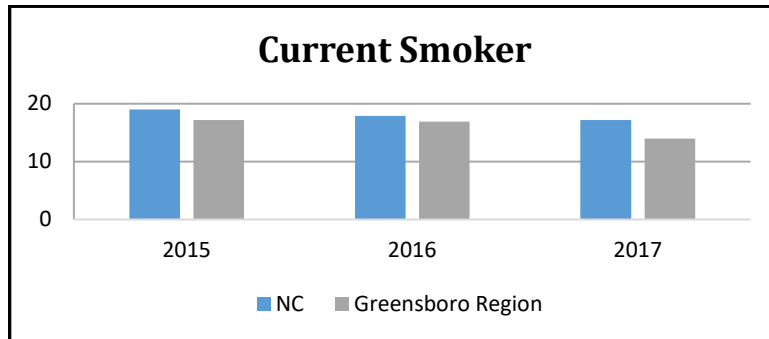
- Health Education staff with the Randolph County Public Health staff are available to work with local businesses to implement worksite health policies.
- Since the 2016 assessment, many farmer’s markets have been established throughout the county.
- Community gardens have been created at local churches, the YMCA, child care centers and a local retirement/nursing home.
- The Randolph County Wellness Collaborative was established in May 2015. County businesses, agencies and residents have come together to implement ways of reducing overweight/obesity among all Randolph County residents.

Tobacco

Overview

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 (Juul) 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.

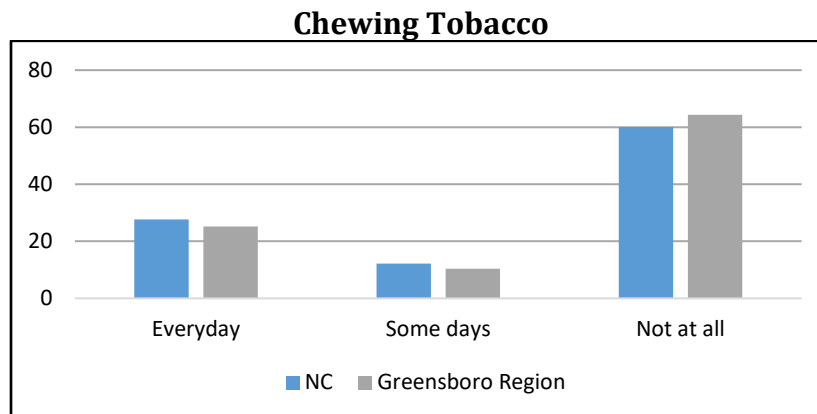
The adult smoking rate for Randolph County in 2015 was 23.4%. According to the Center for Disease Control and Prevention (CDC), in 2017, an estimated 14% or 34.3 million adults in the US, aged 18 years or older (16.8%) smoked cigarettes. During 2016, in North Carolina, approximately 19.9% of adults smoked. 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.



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

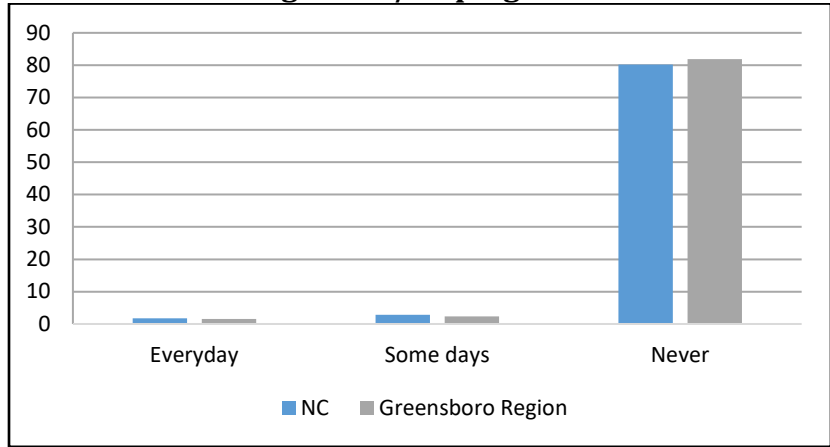
- Those identifying as a current smoker has decreased each year since 2015 for the state and Randolph County.

In 2017, survey participants were asked: “Do you currently use chewing tobacco or snuff every day, some days or not at all?”



Source: 2017 BRFSS Survey Results: North Carolina Regions

E-Cigarette / Vaping Status

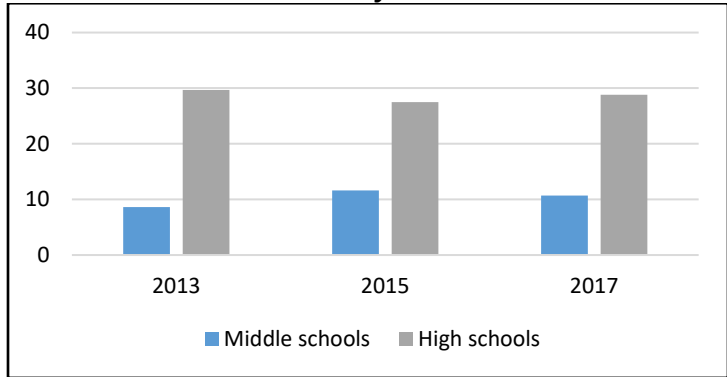


Source: 2017 BRFSS Survey Results: North Carolina Regions

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.

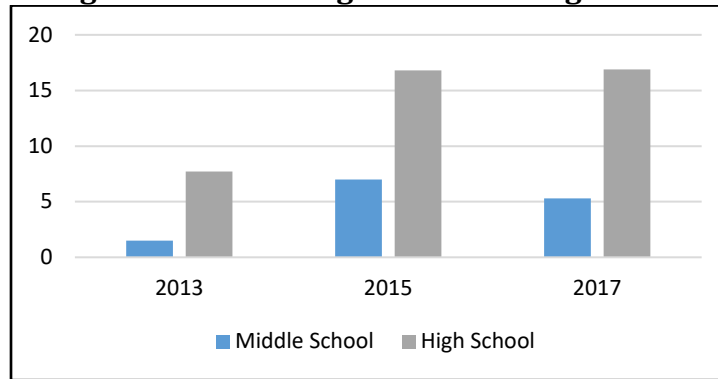
Current Users of any Tobacco Product



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.

Current E-Cigarette Use among Middle and High School Students



Source: NCDHHS Youth Tobacco Survey Fact Sheet

Disparities

- The highest rate of adult smokers is among the non-Hispanic American Indians/Alaska Natives.
- Males are more likely to use tobacco products than females.
- Although African Americans usually smoke fewer cigarettes and start smoking at an older age, they are more likely to die from smoking-related diseases than whites.
- In the U.S., people living below the poverty level and people having lower levels of educational attainments have higher rates of cigarette smoking than the general population.

Recommended Strategies

- Improve the promotion of the Quit Smart Cessation Program to residents of Randolph County, with special emphasis on the male population, the non-Hispanic American Indians/Alaska Natives and those living below poverty.
- Increase promotion efforts of the NC Quitline within the county.
- Encourage the implementation of the 100% Smoke/Tobacco-Free Policies among city/county government and other agencies within the county.
- Increase education to middle and high school students on the dangers of emerging tobacco products such as E-cigarettes, (vaping, Juul), hookahs and flavored cigars.

Assets

- Randolph County Government grounds and vehicles are 100% tobacco-free as of May 11, 2019.
- Randolph County Public Health and Randolph Health offer the Quit Smart Cessation Program within the county.

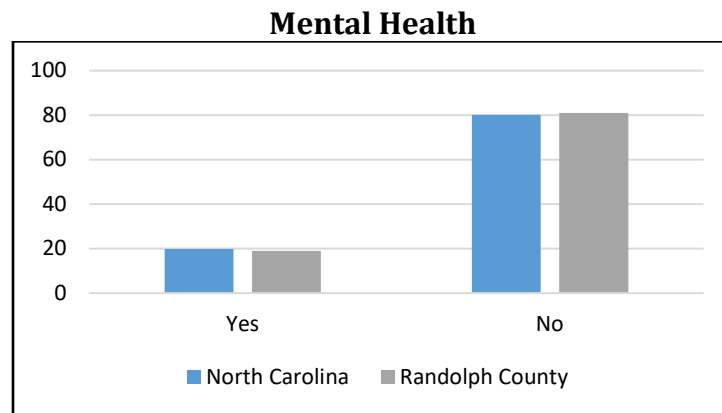
Mental Health

Overview

Mental illness is a common condition that affects millions of Americans. According to the National Alliance on Mental Illness, about 1 in 5 U.S. adults and 1 in 6 youth age 6-17 experience a mental illness every year. Even though mental health disorders are common, finding treatment resources can be a challenge due to lack of healthcare availability and stigma.

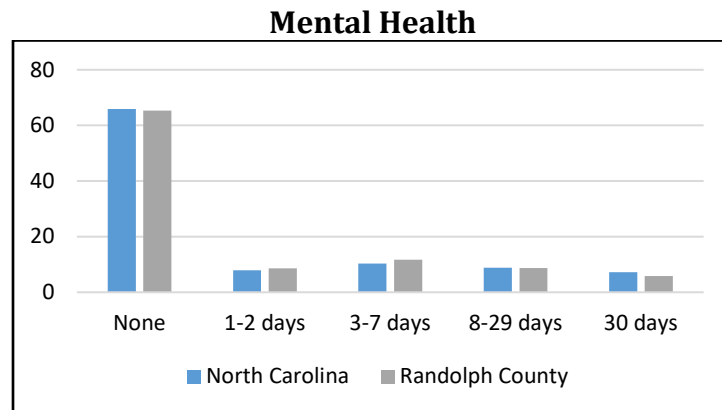
Access to mental health services is a barrier faced by patients in Randolph County. The County Health Rankings report that the ratio of mental health providers to county residents is 1:1,060. Additionally, suicide is the 11th leading cause of death in Randolph County.

Utilizing BRFSS data, the question “has a doctor, nurse or other health professional ever told you that you had any of the following: depressive disorder including depression, major depression, dysthymia or minor depression?”



Source: 2017 BRFSS Survey Results: North Carolina Regions

The chart below represents results from the following question: “Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?”



Source: 2017 BRFSS Survey Results: North Carolina Regions

Substance Use

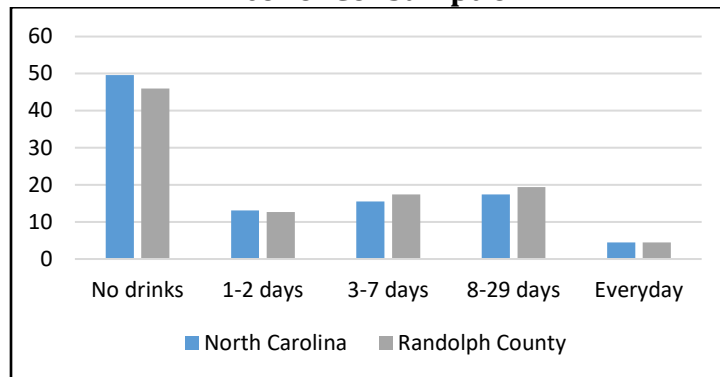
Overview

Overdose is the leading cause of death for Americans under age 50. According to the CDC, more than 72,000 people in the U.S. died from an overdose, resulting in nearly 200 fatal overdoses a day. Although the opioid epidemic began in the early 1990's, the introduction of fentanyl led to skyrocketing overdose death rates. In recent years, fentanyl has also been found in illicit substances that are not opioids such as methamphetamine and cocaine. Polysubstance use is also a large issue that increases risk of dying by overdose. Nationally, about one in three opioid related deaths involve a benzodiazepine.

According to the Injury and Violence Prevention Branch of North Carolina's Department of Public Health, Randolph County's rate of unintentional fatal overdose was 12.2 per 100,000 residents (2012-16). Between 2008 to 2017, there was a 433% increase in opioid poisoning deaths. Nearly 71% of all Randolph County opioid poisoning deaths in 2017 involved a synthetic opioid such as fentanyl.

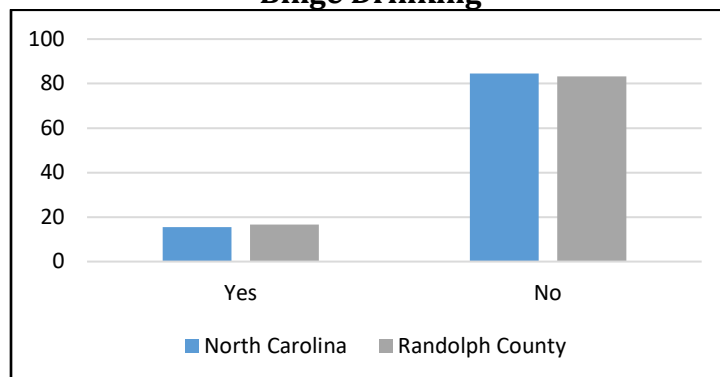
The chart below represents results from the following question: "In the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage such as beer, wine, malt or liquor?"

Alcohol Consumption



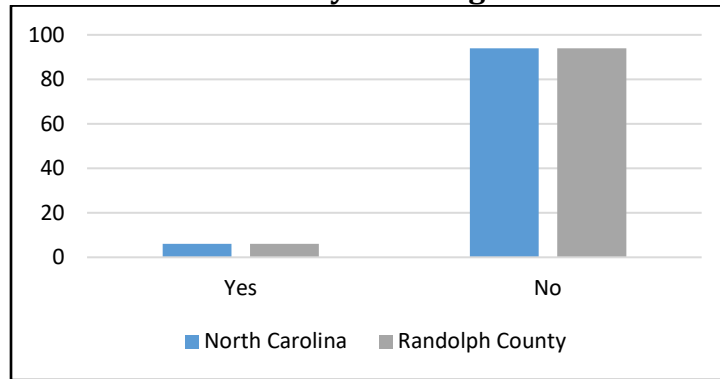
Source: 2017 BRFSS Survey Results: North Carolina Regions

Binge Drinking



Source: 2017 BRFSS Survey Results: North Carolina Regions

Heavy Drinking



Source: 2017 BRFSS Survey Results: North Carolina Regions

Environmental Health

Air and Water Quality

According to the County Health Rankings, clean air and water support healthy brain and body function, growth and development. Poor air quality can be detrimental to vulnerable populations such as the very young, the elderly and those with chronic health conditions. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides nitrogen oxides, carbon monoxide and greenhouse gases can be harmful to health and the environment (Environmental Protection Agency (EPA), 2018).

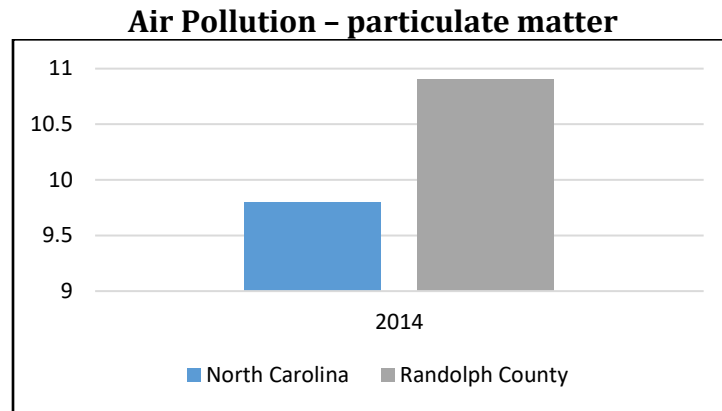
In 2016, more than 1 in 8 Americans (43 million) had been diagnosed with asthma (CDC). Increased asthma rates can be contributed to air pollution. In addition, air pollution can also aggravate emphysema, chronic bronchitis and other lung diseases, damage airways and lungs and increase the risk of premature death from heart or lung disease.

Excess nitrogen and phosphorus run-off, medicines, chemicals, lead and pesticides in water also pose threats to well-being and quality of life (EPA, 2018). These contaminants in water can lead to poisoning, gastro-intestinal illnesses, eye infections, increased cancer risk and many other health problems. While drinking water safety is improving, a 2012 study estimates that contaminants in drinking water sicken up to 1.1 million people per year.

Poor surface water quality can also make lakes unsafe for swimming and wild fish unsafe for consumption. Nitrogen pollution and harmful algae blooms create toxins in water, which can lead to rashes, stomach or liver illness, respiratory problems, and neurological effects when people ingest or come into contact with polluted water. Water pollution also threatens wildlife habitats.

Air Quality

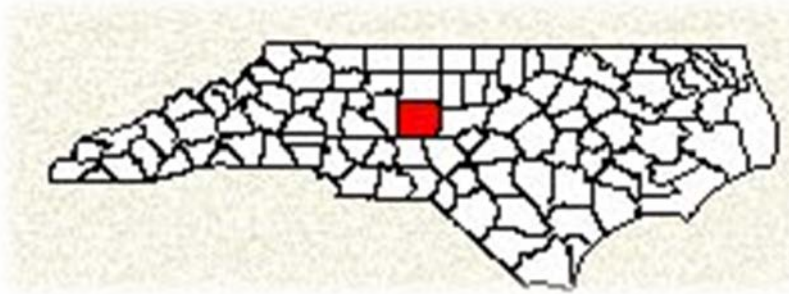
Average daily density of fine particulate matter is measured in micrograms per cubic meter (PM2.5). The 2019 County Health Rankings used data from 2014 for this measure.



Water Quality

Drinking Water Violations has only two values: Yes and No. A “Yes” indicates that at least one community water system in the county received at least one health-based violation during the specified time frame. A “No” indicates that there were no health-based drinking water violations in any community drinking water system in the county. The 2019 County Health Rankings used data from 2017 for the Yes/No measure. Randolph County was a “yes” for having drinking water violations.

In 2018, the County Health Rankings updated their data source to the Safe Drinking Water Information System Federal Reports Advanced Search. Beginning in 2016, the County Health Rankings reported the Drinking Water Violations as a Yes/No variable that indicates the presence or lack of a violation in any community water system. Previously, this measure indicated an estimate of the percentage of the county population impacted by any health-based drinking water violations throughout the year. However, advise from local agencies suggested that it is difficult to determine the exact population impacted by any specific violation, as water systems have water system partnerships with other jurisdictions.



Randolph County Community Health Assessment Opinion Survey 2018-2019

Randolph County Health Department in collaboration with Randolph Health is interested in your opinions about the health and quality of life in Randolph County.

The results from this survey and other information will be used to identify and address Randolph County's most pressing health problems.

All responses are voluntary and anonymous.

Please complete only one survey.

For your convenience, an online version of the survey can be found at:

<http://www.randolphcountync.gov/Departments/Health-Department>

Thank you for taking the time to complete this survey!



Section 1: Community Information

1. How would you rate the community where you live?

Excellent Good Fair Poor

2. Please choose the **FIVE** most important health problems you believe are in Randolph County.

<input type="checkbox"/> Aging problems (Alzheimer's, arthritis, etc.) <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Dental health <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease / heart attacks	<input type="checkbox"/> High blood pressure <input type="checkbox"/> HIV / AIDS <input type="checkbox"/> Infectious, contagious disease (TB, measles, pertussis, etc.) <input type="checkbox"/> Lung disease (emphysema, etc.) <input type="checkbox"/> Mental health <input type="checkbox"/> Motor vehicle accidents <input type="checkbox"/> Overdose	<input type="checkbox"/> Overweight / obesity <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Stroke <input type="checkbox"/> Suicide <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Unintentional injuries <input type="checkbox"/> Other: _____
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3. Please choose the top **FIVE** unhealthy behaviors you believe are in Randolph County.

<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Driving under the influence of drugs or alcohol <input type="checkbox"/> Drug use <input type="checkbox"/> Having unsafe sex <input type="checkbox"/> Lack of exercise <input type="checkbox"/> Not getting vaccines (“shots”) to prevent disease	<input type="checkbox"/> Not using child safety seats <input type="checkbox"/> Not using seat belts <input type="checkbox"/> Not going to doctor yearly <input type="checkbox"/> Not going to the dentist yearly <input type="checkbox"/> Not getting prenatal care <input type="checkbox"/> Poor eating habits	<input type="checkbox"/> Self harm / self injury <input type="checkbox"/> Smoking / Vaping / Tobacco Use <input type="checkbox"/> Violent behavior <input type="checkbox"/> Other: _____
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4. Please choose the top **FIVE** community issues that you believe have the greatest effect on quality of life for Randolph County residents.

<input type="checkbox"/> Access to healthy food <input type="checkbox"/> Affordable health services <input type="checkbox"/> Availability of positive teen activities <input type="checkbox"/> Bullying (at school or work) <input type="checkbox"/> Child abuse or neglect <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug use <input type="checkbox"/> Elder abuse or neglect	<input type="checkbox"/> Gang activity <input type="checkbox"/> Homelessness <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Lack of insurance for healthcare <input type="checkbox"/> Lack of recreational facilities <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Low income / poverty <input type="checkbox"/> Pollution (air, water, land) <input type="checkbox"/> Poor housing conditions	<input type="checkbox"/> Racism <input type="checkbox"/> Rape / sexual assault <input type="checkbox"/> Unaffordable housing <input type="checkbox"/> Unemployment <input type="checkbox"/> Unsafe, unmaintained roads <input type="checkbox"/> Violent crime (murder, assault) <input type="checkbox"/> Youth crime <input type="checkbox"/> Other: _____
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Section 2: Personal / Family Health

5. In general, would you say your health is...?

- Very healthy Healthy Somewhat healthy
 Unhealthy Very unhealthy I don't know
 I prefer not to answer

6. Do you use tobacco products?

- Yes No

If yes, what tobacco products do you use? Check all that apply.

- Cigarettes Cigars E-cigarette / Vape (Juul)
 Dip/Chew Other: _____

If you use tobacco products and wanted to quit, what resource would you most likely use?

- Quit Smart Quit Now NC Doctor
 Pharmacy Health department I don't know
 I don't want to quit Other: _____

7. Are you exposed to secondhand smoke in any of the following places? (Check all that apply)

- Workplace Church Parks / Recreational facilities
 Home Other: _____

8. In the past 30 days, have you used a prescription drug that was not prescribed to you?

- Yes No

9. In the past 30 days, have you used a drug that was classified as illegal?

- Yes No

If yes to number 11 or 12, which of the following substances have you used in the past 30 days?

- Amphetamines (Ritalin, Adderal) Fentanyl MDMA/Molly/Ecstasy
 Benzodiazepines (Xanax, Valium) Heroin Meth
 Crack Inhalants (glue, paint) Opioids (OxyContin, Vicodin)
 Cocaine Marijuana Sleeping Pills (Ambien, Lunesta)
 Other (Please list): _____

10. How many days a week do you get at least 30 minutes of any physical activity?

- None 1-2 days 3-5 days 6-7 days

11. If you are physically active, what types of activity do you do most often?

12. If you are not physically active, why aren't you? Check all that apply.

- I do exercise There is no safe place to exercise
 I don't like to exercise It costs too much to join a gym
 I don't have time to exercise Other (please explain): _____

13. How many servings of fruits and vegetables do you eat daily? (Serving = 1 cup raw or leafy greens, ½ cup cooked; 1 medium sized apple, orange, banana)

None 1-2 3-5 6-8 8 or more

14. If you do not eat fruits and vegetables, why don't you? Check all that apply.

I do eat them I don't know how to prepare them
 I don't like them They go bad before I eat them
 I don't have time to fix them They are too expensive
 I can't get them where I live Other: _____

15. How many times a week do you eat out (fast food, chain restaurants, fine dining, etc.)?

I don't eat fast food 1-3 times per week 4-7 times per week

16. How many miles is the closest grocery store from your home?

Less than half a mile Less than one mile Between 1-2 miles
 Between 2-3 miles More than 3 miles

If you do not have children living in your home, please skip to question #22.

17. How many days a week does your child/children get at least 120 minutes of any physical activity? This includes activity from recess/gym at school.

None 1-2 days 3-5 days 6-7 days

18. If your child is physically active, what type of activity do they do most often?

19. How many servings of fruits and vegetables does your child/children eat daily? (Serving = ½ cup of fruit or vegetable; ½ cup of vegetable or tomato juice)

None 1-2 3-5 6-8 9 or more

20. How many times a week does your child/children eat out (fast food, chain restaurants, fine dining, etc.)?

They don't eat out 1-3 times per week 4-7 times per week

21. Is your child/children, age 0-5, in child care or preschool?

Yes No

If yes, which best describes the center or preschool?

High Quality (4 or 5 Star) center or home 3 Star center or home
 1 or 2 Star center or home Faith-based part-day preschool
 NC Pre-K I don't know

If no, why?

I choose to stay home with my child I can't afford childcare
 There are no childcare centers, homes, or preschools in my area
 There are no high-quality child care centers, homes, or preschools in my area
 Other (please explain) _____

If you work AND your child is not in a childcare center, home or preschool, which best describes your childcare arrangements?

- My partner and I work different shifts Relatives provide care
 Friends/neighbors provide care Other (please explain) _____

Section 3: Access to Care

22. Are you covered by a health insurance plan? Yes No

If yes, what type? (Check all that apply)

- Medicare (includes supplementary policy) Medicaid
 Private Insurance Other: _____

23. Where do you go for routine healthcare when you are sick? (Please choose one)

- Doctor Emergency room
 Urgent care I don't get routine healthcare
 Randolph Family Health Care at MERCCE Health Center

24. In the last 12 months, did you receive dental care? This includes check-ups, cleanings, or any other reason for seeing a dentist.

- Yes No

If no, why could you not get dental care?

- I don't have dental insurance My insurance didn't cover what I needed
 I couldn't afford the cost Dentist would not take Medicaid
 I couldn't get an appointment My share of the cost was too high

25. How often do you take your child/children for routine dental care?

- I don't have children I don't take my children to the dentist
 Once a year Twice a year
 Only when needed

26. Where do you get most of your health related information? Select all that apply.

- Friends/Family Doctor's office School
 Books / magazines Church Health Department
 MERCCE Clinic Internet Hospital
 Social media Help lines (telephone)
(Facebook, twitter) Other: _____

27. In the last 12 months, have you or your family needed a health related service (ex. specialist, primary care, dentist, etc) that you could not find in the community?

- Yes No

If yes, which service were you not able to find? _____

Section 4: Emergency Preparedness

28. Does your home have working smoke detectors?

Yes No

29. Does your home have working carbon monoxide detectors?

Yes No

30. Does your family have a basic emergency supply kit? (To include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight, batteries, blanket, etc.)

Yes No

If yes, how many days do you have supplies for?

1-3 4-6 7 or more

31. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Please choose one)

Television Internet Text message (emergency alert system)
 Radio Newspaper Facebook / Twitter
 Other: _____

Section 5: Demographic Information

32. How old are you?

15-19 20-24 25-34 35-44
 45-54 55-64 65-74 75 or older

33. Are you Male or Female? Male Female

34. What is your race?

American Indian or Alaskan Native Asian or Pacific Islander
 Black or African American Latin American White

35. Do you speak a language other than English in your home?

Yes No If yes, please list: _____

36. What is your marital status?

Never married / single Married Divorced
 Widowed Separated Other: _____

37. What is the highest level of school, college or degree that you have finished?

- | | |
|---|--|
| <input type="checkbox"/> Some high school, no diploma | <input type="checkbox"/> High school diploma or GED |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Some college (no degree) |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Other: _____ | |

38. What is your annual household income?

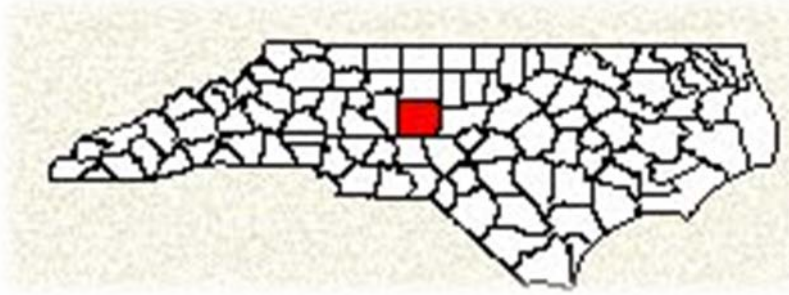
- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000-\$39,000 | <input type="checkbox"/> \$40,000-\$59,000 |
| <input type="checkbox"/> \$60,000-\$79,000 | <input type="checkbox"/> \$80,000 or greater | |

39. What is your employment status?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other: _____ | | |

40. What is your zip code?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 27203 | <input type="checkbox"/> 27205 | <input type="checkbox"/> 27248 | <input type="checkbox"/> 27263 |
| <input type="checkbox"/> 27298 | <input type="checkbox"/> 27316 | <input type="checkbox"/> 27317 | <input type="checkbox"/> 27341 |
| <input type="checkbox"/> 27350 | <input type="checkbox"/> 27355 | <input type="checkbox"/> 27370 | |



Encuesta para Evaluar la Salud de la Comunidad del Condado de Randolph (2018-2019) Favor de darnos su opinión

El Departamento de Salud del Condado de Randolph, en colaboración con Randolph Health, está interesado en conocer su opinión sobre la salud y la calidad de vida en el Condado de Randolph. Los resultados de esta encuesta y otra información se utilizarán para identificar y abordar los problemas de salud más urgentes del Condado de Randolph.

Todas las respuestas son voluntarias y anónimas.

Por favor complete sólo una encuesta.

Para su conveniencia, esta versión se puede encontrar en la red social bajo:

<http://www.randolphcountync.gov/Departments/Health-Department>

¡Gracias por tomarse el tiempo para completar esta encuesta!



Sección 1: Salud de la Comunidad

1. ¿Cómo calificaría a la comunidad donde vive?

Excelente
 Bien
 Regular
 Mal

2. Elija los CINCO mayores problemas de salud que usted cree que hay en el Condado de Randolph.

<input type="checkbox"/> Problemas de envejecimiento (demencia de Alzheimer's, artritis, etc.) <input type="checkbox"/> Asma <input type="checkbox"/> Cáncer <input type="checkbox"/> Salud Dental <input type="checkbox"/> Diabetes <input type="checkbox"/> Enfermedad Cardíaca /infarto cardíaco	<input type="checkbox"/> Hipertensión arterial <input type="checkbox"/> VIH / SIDA <input type="checkbox"/> Infección/enfermedad contagiosa (Tuberculosis, sarampión, tos ferina, etc.) <input type="checkbox"/> Enfermedad Pulmonar <input type="checkbox"/> Salud mental <input type="checkbox"/> Accidentes motorizados <input type="checkbox"/> Sobredosis	<input type="checkbox"/> Sobrepeso / obesidad <input type="checkbox"/> Enfermedades de transmisión sexual <input type="checkbox"/> Derrame cerebral <input type="checkbox"/> Suicidio <input type="checkbox"/> Embarazo entre los adolescentes <input type="checkbox"/> Lesiones no intencionales <input type="checkbox"/> Otro: _____
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3. Elija los CINCO principales comportamientos menos saludables que cree que hay en el Condado de Randolph.

<input type="checkbox"/> Alcoholismo <input type="checkbox"/> Conducir bajo los efectos de drogas o alcohol <input type="checkbox"/> Uso de drogas ilícitas <input type="checkbox"/> Sexo sin protección <input type="checkbox"/> Falta de ejercicio <input type="checkbox"/> No vacunarse para prevenir enfermedades	<input type="checkbox"/> No usar asientos de seguridad para niños/infantes <input type="checkbox"/> No usar cinturones de seguridad <input type="checkbox"/> No ir al médico anualmente <input type="checkbox"/> No ir al dentista anualmente <input type="checkbox"/> No recibir atención prenatal <input type="checkbox"/> Malos hábitos alimenticios	<input type="checkbox"/> autolesiones <input type="checkbox"/> Consumo de tabaco/E-cigarrillo, fumar cigarrillos <input type="checkbox"/> Comportamiento violento <input type="checkbox"/> Otro: _____
--	--	---

4. Elija los CINCO principales problemas de la comunidad que cree que tienen el mayor efecto en la calidad de vida de los residentes del Condado de Randolph.

<input type="checkbox"/> Acceso a alimentos saludables <input type="checkbox"/> Servicios de salud económicos <input type="checkbox"/> Disponibilidad de actividades positivas para adolescentes <input type="checkbox"/> Abuso (en la escuela o en el trabajo) <input type="checkbox"/> Abuso o negligencia infantil <input type="checkbox"/> Violencia doméstica <input type="checkbox"/> El consumo de drogas <input type="checkbox"/> Abuso o abandono de ancianos	<input type="checkbox"/> Actividad de pandillas <input type="checkbox"/> Personas sin hogar <input type="checkbox"/> Tráfico Humano <input type="checkbox"/> Falta de seguro médico <input type="checkbox"/> Falta de instalaciones recreativas <input type="checkbox"/> Falta de transporte <input type="checkbox"/> Bajos ingresos / pobreza <input type="checkbox"/> Contaminación (aire, agua, tierra) <input type="checkbox"/> Malas condiciones de vivienda	<input type="checkbox"/> Racismo <input type="checkbox"/> Violación / agresión sexual <input type="checkbox"/> Vivienda fuera de las posibilidades <input type="checkbox"/> Desempleo <input type="checkbox"/> Calles inseguras, no mantenidas <input type="checkbox"/> Crimen violento (asesinato, asalto) <input type="checkbox"/> Delincuencia juvenil <input type="checkbox"/> Otro: _____
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Sección 2: Salud personal / familiar

5. En general, ¿diría que su salud es...?

- Muy saludable Saludable Algo saludable
 No saludable Muy poco saludable No lo sé
 Prefiero no contestar

6. ¿Usa productos de tabaco? Esto incluye cigarrillos, tabaco de mascar, E-cigarrillo/Vapor (Juul)

- Sí No

7. Si es así, ¿qué productos de tabaco usa? Marque todo lo que corresponda.

- Cigarrillos Cigarros E-cigarrillo / Vapor (Juul)
 Tabaco de mascar Otro: _____

8. Si usa productos de tabaco y quiere dejar de fumar, ¿qué recurso usaría?

- Quit Smart Quit Now NC Doctor
 Farmacia Departamento de salud No lo sé
 No quiero dejar Otro: _____

9. ¿Está expuesto al humo de segunda mano en alguno de los siguientes lugares? (Marque todo lo que corresponda)

- Lugar de trabajo Iglesia Parques / instalaciones recreativas
 Hogar Otro: _____

10. En los últimos 30 días, ¿ha usado un medicamento recetado que no era para usted?

- Sí No

11. En los últimos 30 días, ¿ha usado un medicamento que fue clasificado como ilegal?

- Sí No

12. Si contestó sí al número 10 o 11, ¿cuál de las siguientes sustancias ha usado en los últimos 30 días?

- Anfetaminas (Ritalin, Adderal) Fentanilo MDMA / Molly / Éxtasis
 Benzodiazepinas (Xanax, Valium) Heroína Metanfetamina Grieta
 Inhalantes (pegamento, pintura) Opioides (OxyContin, Vicodina) Cocaína
 Marihuana Pastillas para dormir (Ambien, Lunesta)
 Otro (Por favor liste): _____

13. ¿Cuántos días a la semana obtiene al menos 30 minutos de actividad física?

- Ninguna 1-2 días 3-5 días 6-7 días

14. Si está físicamente activo, ¿qué tipo de actividad haces con más frecuencia?

15. Si no está físicamente activo, ¿cuál es la razón? Marque todo lo que corresponda.

- Hago ejercicio No hay lugar seguro para hacer ejercicio
 No me gusta hacer ejercicio Cuesta demasiado inscribirse en un gimnasio
 No tengo tiempo para hacer ejercicio Otro (explique): _____

16. ¿Cuántas porciones de frutas y verduras come diariamente? (Porción = 1 taza de verduras crudas u hojas frondosas, ½ taza cocida; 1 manzana mediana, naranja, banano)

- Ninguna 1-2 3-5 6-8 8 o más

17. Si no come frutas y verduras, ¿por qué no? Marque todo lo que corresponda.

- Si las como No sé cómo prepararlas
 No me gustan Se pudren antes de comerlas
 No tengo tiempo para prepararlas Son demasiado caras
 No puedo conseguirlas donde vivo Otro: _____

18. ¿Cuántas veces a la semana come (comida rápida, cadenas de restaurantes, restaurantes, etc.)?

- No como comida rápida 1-3 veces por semana 4-7 veces por semana

19. ¿Cuántas millas es el supermercado más cercano de su casa?

- Menos de media milla Menos de una milla Entre 1-2 millas
 Entre 2-3 millas Más de 3 millas

Si no tiene niños viviendo en su hogar, pase a la pregunta # 28.

20. ¿Cuántos días a la semana recibe su hijo/hijos al menos 120 minutos de actividad física? Esto incluye la actividad de recreo / gimnasio en la escuela.

- Ninguna 1-2 días 3-5 días 6-7 días

21. Si su hijo es físicamente activo, ¿qué tipo de actividad hace con más frecuencia?

22. ¿Cuántas porciones de frutas y verduras come su hijo? (Porción = ½ taza de fruta o verdura; ½ taza de jugo de vegetales o tomate)

- Ninguno 1-2 3-5 6-8 9 o más

23. ¿Cuántas veces por semana comen fuera sus hijos (comida rápida, cadenas de restaurantes, restaurantes, etc.)?

- No comen fuera 1-3 veces por semana 4-7 veces por semana

24. ¿Su hijo/hijos, de 0 a 5 años de edad, está en guardería o escuela preescolar?

Sí No

25. En caso afirmativo, ¿cuál describe mejor el centro o el preescolar?

Guardería u hogar de alta calidad (4 o 5 estrellas) Guardería u hogar de 3 estrellas
 Guardería u hogar de 1 o 2 estrellas Preescolar de medio día basado en la fe
 Pre kindergarten No lo sé

26. Si no, ¿por qué?

Elijo quedarme en casa con mi hijo No puedo pagar el cuidado infantil No hay guarderías de cuidado infantil, hogares o escuelas preescolares en mi área

No hay guarderías de cuidado infantil, hogares o escuelas preescolares de alta calidad en mi área

Otro (explique) _____

27. Si trabaja Y su hijo no está en una guardería, en un hogar o en el preescolar, ¿cuál describe mejor sus arreglos de cuidado infantil?

Mi pareja y yo trabajamos en diferentes turnos Los familiares brindan atención

Los amigos / vecinos brindan atención Otro (explique) _____

Sección 3: Acceso a Atención Médica

28. ¿Está cubierto por un plan de seguro de salud? Sí No

29. Si es así, ¿de qué tipo? (Marque todo lo que corresponda)

Medicare (incluye póliza suplementaria) Medicaid
 Seguro privado Otro: _____

30. ¿A dónde va para la atención médica de rutina cuando está enfermo? (Por favor elija uno)

Doctor Urgencias
 Atención de urgencia No recibo atención médica de rutina
 Randolph Family Health Care en MERCER Health Center

31. En los últimos 12 meses, ¿recibió atención dental? Esto incluye chequeos, limpiezas o cualquier otra razón para ver a un dentista.

Sí No

32. Si no, ¿por qué no podría recibir atención dental?

- No tengo seguro dental Mi seguro no cubría lo que necesitaba
- No podría pagar el costo El dentista no acepta Medicaid
- No pude conseguir una cita Mi parte del costo era demasiado alto

33. Con qué frecuencia lleva a su hijo a recibir atención dental de rutina?

- No tengo hijos No llevo a mis hijos al dentista
- Una vez al año Dos veces al año
- Solo cuando es necesario

34. ¿Dónde obtiene la mayor parte de su información relacionada con la salud? Seleccione todas las que correspondan.

- Amigos / Familia Oficina del doctor Escuela
- Libros / revistas Iglesia Departamento de Salud
- Clínica de la MERCE Internet Hospital
- Redes sociales Líneas de ayuda (teléfono)
- (Facebook, twitter) Otro: _____

35. En los últimos 12 meses, ¿ha necesitado usted o su familia un servicio relacionado con la salud (por ejemplo, especialista, atención médica, dentista, etc.) que no pudo encontrar en la comunidad?

- Sí No

36. En caso afirmativo, ¿qué servicio no pudo encontrar? _____

Sección 4: Preparación para emergencias

37. ¿Tiene en su casa detectores de humo que funcionan?

- Sí No

38. ¿Su casa tiene detectores de monóxido de carbono que funcionan?

- Sí No

39. ¿Tiene su familia un kit básico de suministros en caso de una emergencia? (que incluya agua, alimentos no perecederos, recetas médicas necesarias, botiquín de primeros auxilios, linterna,

baterías, cobijas, etc.)

- Sí No

40. En caso afirmativo, ¿para cuántos días tiene suministros?

1-3 4-6 7 o más

41. ¿Cuál sería su principal forma de obtener información de las autoridades en caso de un desastre o emergencia a gran escala? (Por favor elija uno)

Televisión Internet Mensaje de texto (sistema de alerta de emergencia)

Radio Periódico Facebook / Twitter

Otro: _____

Sección 5: Información demográfica

42. ¿Cuántos años tiene?

15-19 20-24 25-34 35-44
 45-54 55-64 65-74 75 o mayor

43. ¿Es usted hombre o mujer? Masculino Femenino

44. ¿Cuál es su raza?

Indio americano o nativo de Alaska Asiático o Isleño del Pacífico
 Negro o Afroamericano latinoamericano Blanco

45. ¿Habla usted otro idioma que no sea inglés en su hogar?

Sí No En caso afirmativo, indique: _____

46. ¿Cuál es su estado civil?

Nunca casado/soltero Casado Divorciado
 Viudo Separado Otro: _____

47. ¿Cuál es el nivel más alto que completó en la escuela, la universidad o el título de su carrera?

Alguna escuela secundaria, sin diploma Diploma de escuela secundaria o GED
 Título Técnico (2 años universitarios) Un poco de universidad (sin título)
 Licenciatura Licenciatura o título profesional
 Otro: _____

48. ¿Cuál es su ingreso anual?

Menos de \$ 20,000 \$ 20,000 - \$ 39,000 \$ 40,000- \$ 59,000
 \$ 60,000- \$ 79,000 \$ 80,000 o más

49. ¿Cuál es su situación laboral?

- Empleado a tiempo completo Empleado a tiempo parcial Desempleado
- Jubilado Trabajo por cuenta propia Estudiante
- Otro: _____

50. ¿Cuál es su código postal?

- 27203 27205 27248 27263
- 27298 27316 27317 27341
- 27350 27355 27370

