

# Randolph County

## State of the County Health Report

### 2014

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#### Randolph County Public Health Mission Statement

To preserve, protect and improve the health of the community. This mission is accomplished through the collection and dissemination of health information, education and service programs aimed at the prevention of disease, protection of the environment an improvement of the quality of life for our citizens.

This document provides a review of the priority health issues determined during the 2013 Community Health Assessment conducted by the Randolph County Health Department in conjunction with Randolph Hospital. This information is designed to update the community members, leaders, agencies, organizations and others on the progress made in addressing identified priority health issues. The report highlights the most current data of Randolph County and the state of North Carolina. The data includes demographics, leading causes of death, morbidity/mortality and emerging issues.

#### Identified Health Priorities include:

##### Community Health Behaviors

**Focus Area:** Nutrition

**Action Plan:** Addressing overweight/obesity by partnering with at least one food retail store and Communities in Schools to provide and promote healthier food and beverage options.

##### Community Health Behaviors

**Focus Area:** Physical Activity

**Action Plan:** Addressing overweight/obesity through the expansion of joint-use-agreements throughout Randolph County for the use of physical activity resources.

##### Reducing Substance Abuse

**Focus Area:** Tobacco Use

**Action Plan:** Reducing tobacco use and creating more tobacco-free areas.

##### Community Issues

**Focus Area:** Access to Care

**Action Plan:** Decreasing the number of uninsured individuals and providing education regarding the variety of insurances available.



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# Identified Health Priorities

## Community Health Behaviors

### *Focus Area: Nutrition*

#### *Action Plan Objectives:*

- By September 2016, assessment of Randolph County's food environment will be completed and at least one corner store will be identified and targeted for possible transition to offering and promoting healthier food and beverage options.
- By September 2016, incorporate at least one healthy food option, per day in backpacks for children participating in the Backpack Pal Program.

#### *Progress to date:*

##### *Healthy Corner Store*

The health department is in the beginning stages of the corner store initiative. Currently, the health educator is working with a Masters of Public Health student intern to reach this objective. The USDA Food Access Research Atlas was utilized to determine that part of the southeastern area of the county is located in a food desert. Therefore, this area will be the focus of the first corner store initiative.

*A food desert is defined as: urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food.*

Next steps will include:

- Assessment: complete an assessment of the corner store to identify ways to promote and enhance the sale of healthful items.
- Implementation: provide marketing items to attract customers to the store and provide store owners and staff with technical assistance.
- Evaluation: evaluate the success of the healthy corner store project and determine if enhancements attracted more customers and brought in more revenue.

##### *Backpack Pal Program*

The backpack Pal Program is having difficulty maintaining an adequate food supply. There is more work to be done before incorporating healthy options.

## Community Health Behaviors

### *Focus Area: Physical Activity*

#### *Action Plan Objective:*

- By September 2016, baseline data for joint-use-agreements will be collected and relationships will be established in at least three areas of Randolph County, with those entities that have space and opportunity to make a joint-use-agreement feasible.

#### *Progress to date:*

The health department is currently working to establish a joint-use-agreement with Mt. Nebo Holiness Church in Ramseur. Mt. Nebo Holiness Church was awarded a \$13,500 grant in January, 2014. Funding from the grant was used to grade property and build a concrete walking path to be used by the citizens of Ramseur. While the walking track is open to the citizens of the Ramseur community to use, there is not an official agreement in place. Mt. Nebo Holiness Church, however, has agreed to establish a joint-use-agreement that should be effective by June, 2015.

## Reducing Substance Abuse

### *Focus Area: Tobacco Use*

#### *Action Plan Objectives:*

- By September 2016, increase the number of residents who are provided with a safe and healthy smoke/tobacco-free environment by working with at least two municipalities to adopt a smoke/tobacco-free outdoor policy.
- By September 2016, increase the number of providers that offer smoking cessation by training 12 individuals to facilitate six smoking cessation programs throughout the county.

#### *Progress to date:*

#### *Smoke-Tobacco-Free Environments*

The health department is working again with Mt. Nebo Holiness Church to establish a tobacco-free campus. The health educator is coordinating the adoption of the tobacco-free campus policy with Minister Elworth Cheek and Pastor Sharon Watson Belk. This policy should be effective by June, 2015.

On February 27, 2015 a letter was sent to City and Town Leaders for each of the nine municipalities within the county. The letters offered assistance from the health department should Leaders be interested in updating or creating formal smoke-free / tobacco-free policies.

#### *Smoking Cessation*

Randolph Hospital coordinated a facilitator training for the Quit Smart Tobacco Cessation Program. Twelve individuals representing the hospital, health department and local medical providers participated in the training that was held on February 20, 2015. The result of this facilitator training is to implement at least six Quit Smart class sessions per year with a minimum of 8-10 people per session. These classes will be held weekly for four weeks.

## Community Issues

### *Focus Area: Access to Care*

#### *Action Plan Objectives:*

- By September 2016, decrease the number of uninsured residents within Randolph County by 15.5% through the Insurance Exchange.
- By September 2016, provide education for 4,030 uninsured Randolph County residents regarding the Insurance Exchange.

#### *Progress to date:*

#### **Randolph Hospital**

Randolph Hospital was the only hospital in North Carolina selected to receive a federal grant to start an Insurance Navigator Program for individuals who potentially qualify for healthcare exchanges. The original grant was for one year and was awarded in September 2013. The hospital applied for a Federal Extension Grant that was awarded September 2014 that will go through August 2015.

***Focus Area: Access to Care (cont.)***

The Insurance Navigation Program is designed to help consumers understand new coverage options and find the most affordable coverage that meets their healthcare needs and budget. The hospital employed five navigators who cover the counties of Randolph, Montgomery and Moore. The Insurance Navigation Team works day-in and day-out to reach members of the community who may be eligible for enrollment. Appointments are scheduled to assist individuals with the application process. The application process is the first step towards actual enrollment. The Navigators are strategically working with community partners to target as many people as possible who may not have insurance because of unemployment, underemployment or those who are disabled, but do not qualify for Medicaid. The team is working with area churches, health departments, Randolph Family Health Care at MERCE Health Center in Asheboro, Christian's United Outreach Center, local physicians' offices and self-employed individuals in order to target those who could benefit from the insurance plans.

The hospital expects to serve 10% or 1,306 of the current 13,059 Randolph Hospital patients who presently do not have any other health care coverage or come to the hospital as self-pay patients. The hospital also plans to have 10% or 2,994 of all uninsured people in Randolph, 10% or 568 from Montgomery and 10% 1,493 of those uninsured from Moore counties directed to the Exchange by the end of the enrollment period. This will total 5,055 people in addition to the current 1,306 of hospital patients. During the time period when enrollment is closed, the Navigators will host periodic community events to educate and inform eligible attendees about their health care options.

As of October 2013, the following number of individuals have been contacted by an Insurance Navigator:

- In person first time appointments = 1,591
- Post enrollments appointments = 623
- Phone / internet inquires = 3,746
- Enrollments = 706
- Total one-on-one assistance = 2,214

**Randolph Family Health Care at MERCE**

Randolph Family Health Care at MERCE also started an Outreach and Enrollment Program. Certified Application Counselors received required federal training and are certified to perform "navigation like" duties. The Certified Application Counselors only work with individuals, not small businesses, like Randolph Hospital.

As of July 1, 2013 the following number of individuals have utilized the Outreach and Enrollment Program:

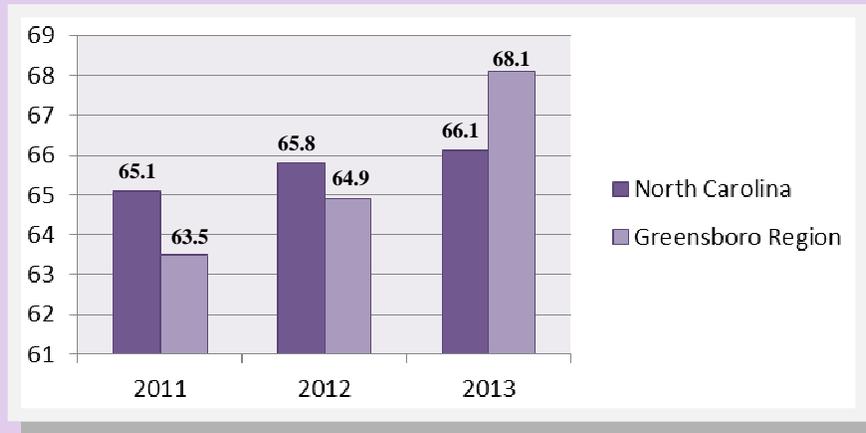
- Number of those assisted by the Certified Application Counselor = 2,519
- Number of applications submitted to the Marketplace = 363
- Estimated number of individuals enrolled with the assistance of a trained Certified Application Counselor = 108

# Overweight and Obesity Data

The Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey for state residents aged 18 and older in households with telephones. The North Carolina Division of Public Health has participated in the BRFSS since 1987. Through BRFSS, information is collected in a routine, standardized manner at the state level on a variety of health behaviors and preventive disabilities. BRFSS interviews are conducted monthly and data are analyzed annually. Data for the following reports was obtained from the BRFSS (Overweight/Obesity, Physical Activity, Tobacco and Access to Care).

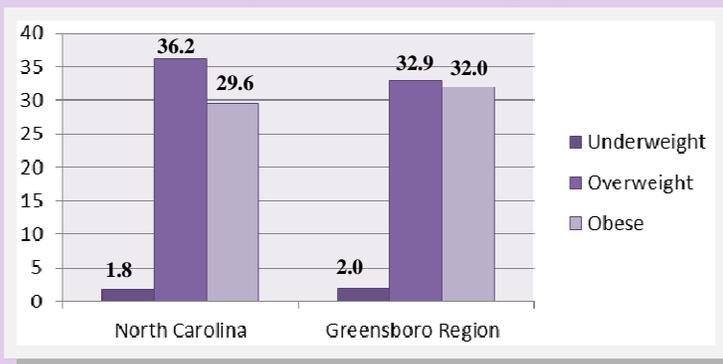
PLEASE NOTE: Due to changes in the weighting methodology and other factors, results from years more recent than 2011 are NOT comparable to 2010 and earlier years. In addition, there is no County Specific Data available for Randolph County since 2010. Instead only regional data was accessible at the time this report was generated. Randolph County is one of eight counties within the Greensboro Region.

## Percent of Adults who have a body mass index greater than 25

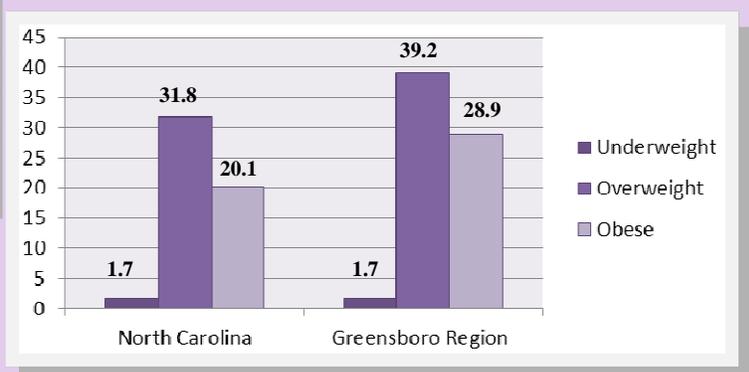


- The percent of adults with a BMI greater than 25 has increased each year, since 2011 for both the State and the Greensboro Region.

## 2012 Body Mass Index Grouping

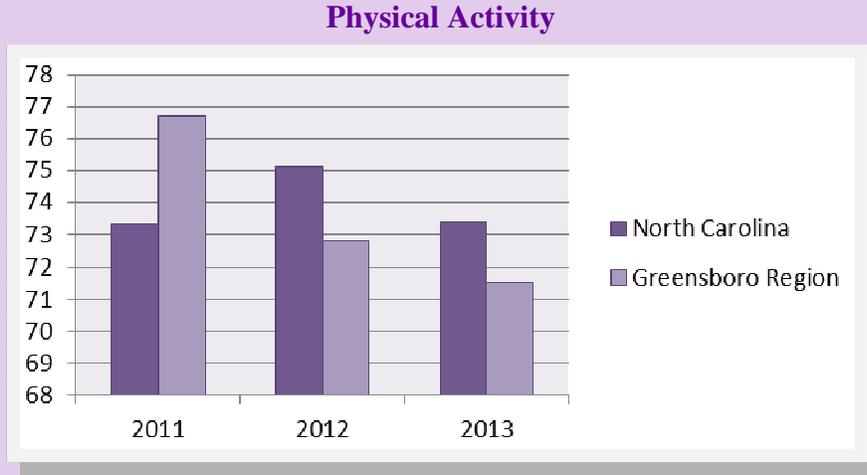


## 2013 Body Mass Index Grouping



# Physical Activity Data

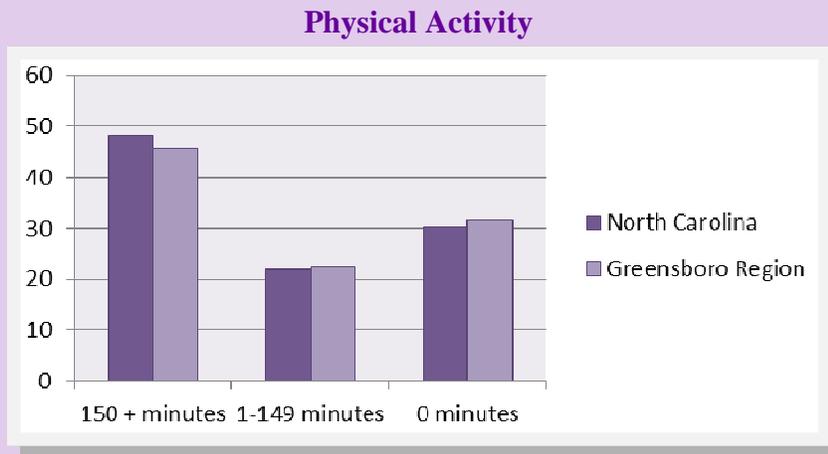
Utilizing the BRFSS Survey Results, the following question was asked to individuals participating in the survey: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?”



Based on survey results, the Greensboro Region’s participation in physical activity or exercise has decreased over the last three years, with the following results:

- 76.7% of participants answered “yes” in 2011
- In 2012, 72.8% answered “yes” and
- 71.5% answered “yes” to the question

2013, Survey results for “Adults that participated in 150 minutes of physical activity per week” were:



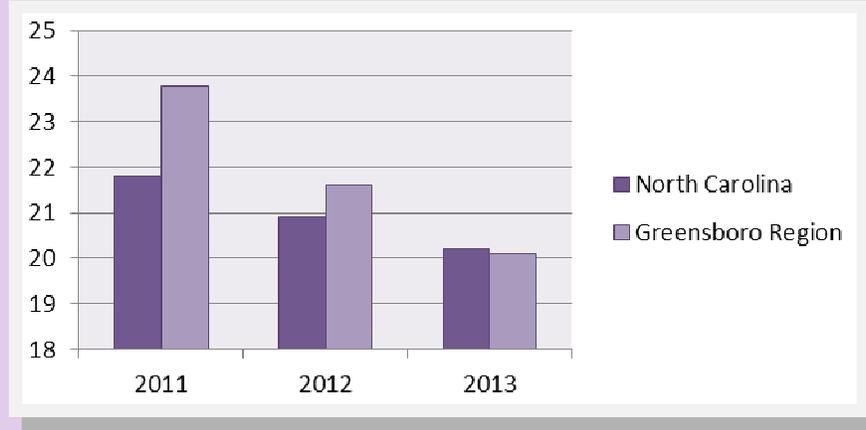
Results for the Greensboro Region were:

- 45.8% got 150 or more minutes of physical activity
- 22.6% got 1-149 minutes
- 31.7% did not exercise at all during the week
- No comparable data is available for 2011 and 2012, as 2013 was the first year this data was gathered.

# Tobacco

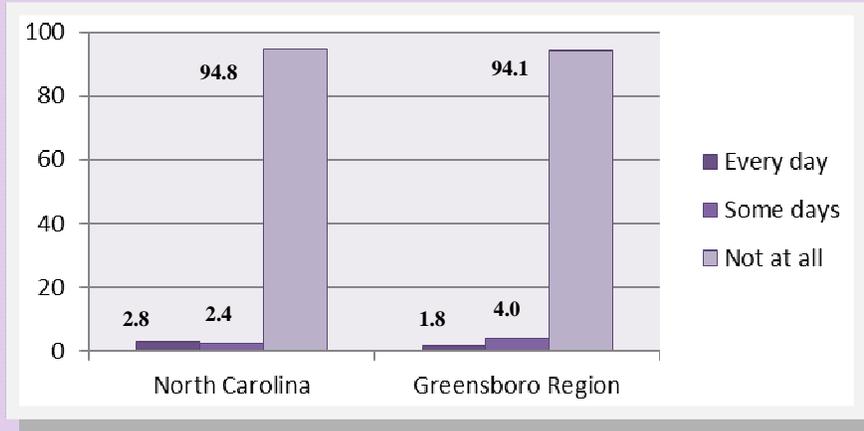
Based on the chart below, the Greensboro Region has had a decrease in the number of current smokers since 2011. In 2011, 23.8% were current smokers compared to 21.6% in 2012 and 20.1% in 2013.

**Current Smoker**

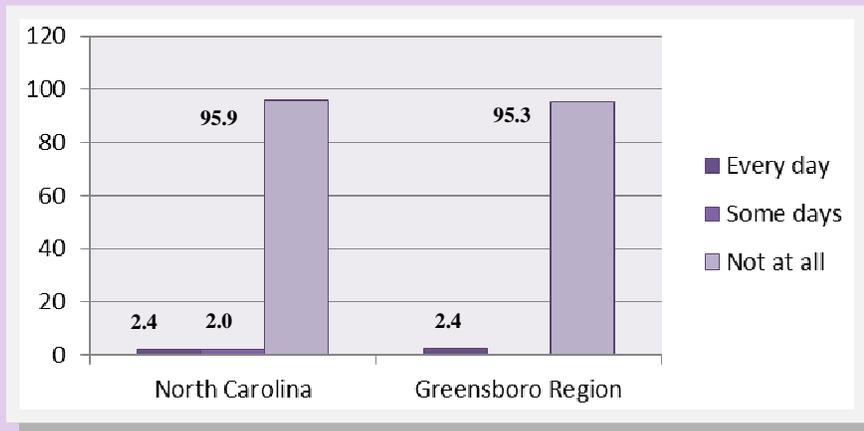


Survey participants were asked: “Do you currently use chewing tobacco or snuff every day, some days or not at all?” The percent for “some days” in 2012 for the Greensboro Region was not available.

**Tobacco Use 2011**



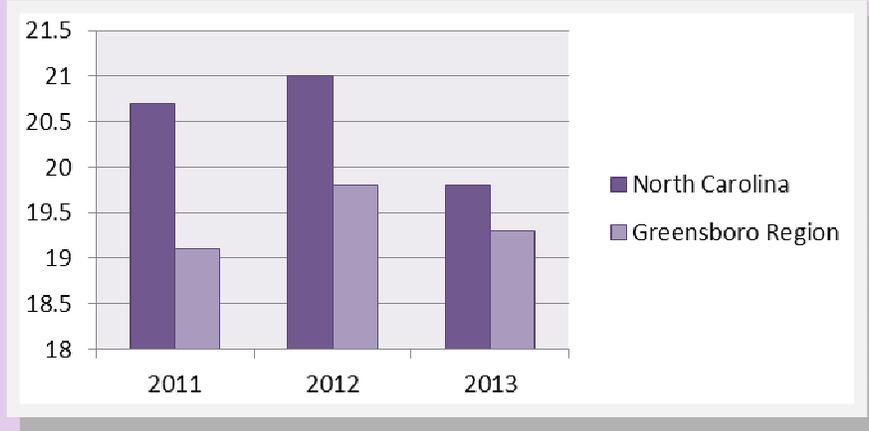
**Tobacco Use 2012**



# Access to Care

Survey participants were asked: “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” .

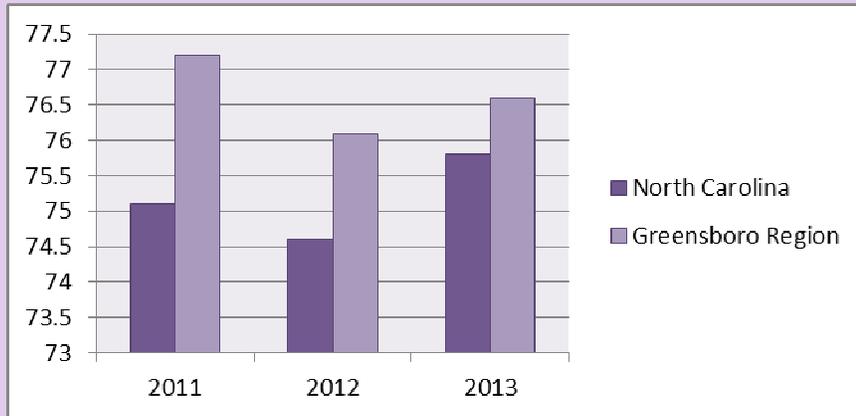
## Health Insurance Coverage



The percentages for the Greensboro Region have fluctuated very little throughout the years 2011-13.

- 19.1% in 2011
- 19.8% in 2012
- 19.9% in 2013

## Health Insurance Coverage (Under age 65)



The results of individuals having health insurance coverage for the Greensboro Region under the age of 65 are:

- 77.2% in 2011
- 76.1% in 2012
- 76.6% in 2013

# Morbidity Data

## Cancer

Type of Cancer (per 1,000 live births)	North Carolina	Randolph County
Colon / Rectum	41.5	41.9
Lung	73.3	87.6
Female Breast	157.2	152.2
Prostate	150.4	146.4
All Cancers	496.1	513.6

<http://www.schs.state.nc.us> (County Health Data Book 2009-2013)

# Mortality Data

## Leading Causes of Death

Cause of Death (Rates per 100,000 population)	North Carolina	Randolph County
Cancer	180.9	208.3
Heart Disease	189.0	199.2
Chronic Lower Respiratory Disease	50.7	72.9
Cerebrovascular Disease	45.4	37.9
Other Unintentional Injuries	29.9	40.0
Nephritis, Nephrotic Syndrome, Nephrosis	18.1	30.9
Alzheimer's Disease	29.2	30.2
Diabetes	24.4	22.4
Pneumonia and Influenza	19.6	18.2
Chronic Liver / Cirrhosis	11.7	16.8

<http://www.schs.state.nc.us> (Leading Causes of Death, 2013)

## Infant Mortality

Death Rate (per 1,000)	North Carolina	Randolph County
Infant	7.3	6.5
Fetal	6.6	7.4
Neonatal	5.0	4.8

<http://www.schs.state.nc.us> (County Health Data Book 2009-2013)

## Emerging Issues

### Influenza Outbreak at a Long Term Care Facility

In March 2014, the health department received a call from a long-term care facility regarding an influenza outbreak. Public health staff worked with the facility to conduct active case findings and ensure understanding and adherence to the North Carolina Division of Public Health / CDC Guidelines for an influenza outbreak.

The outbreak resulted in three resident deaths and four hospitalizations. Residents and employees who were not sick received Tamiflu, group activities were cancelled and meals were delivered to the residents' room. The cause of the outbreak is unknown, however, age, health status and living conditions likely contributed to the spread of influenza.

### Tuberculosis

During the Fall of 2014, the health department identified a Tuberculosis (TB) Cluster within Randolph County. Communicable Disease staff are currently following four cases of TB and are testing contacts of those infected.

### General Communicable Disease Trends

- There was an increase of 36% in sexually transmitted infections (STI) in fiscal year 2013-14 compared to the previous year.
- Pertussis cases decreased in FY 2013-14 by 47% compared to FY 2012-13
- Other increases in Communicable Diseases include:
  - Hepatitis C
  - Salmonellosis
  - HIV

## Dissemination Plan

Copies of this document will be distributed to members of the Board of Health, the School Health Advisory Council, the Wellness Steering Committee, and other contributors. The report will also be available on the Randolph County Health website, as well as Randolph Hospital's website. Additional copies will be available upon request.