State of the County Health Report

Randolph County

2017

This document provides a review of the priority health issues determined during the 2016 Community Health Assessment conducted by the Randolph County Health Department in conjunction with Randolph Health. This information is designed to update 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 .

Our Mission:
To preserve, protect, and improve the health of the community by the collection and dissemination of health information, education and service programs aimed at the prevention of disease, protection of the environment, and improvement of the quality of life for our citizens.

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RCHD
Randolph County Health Department

NORTH CAROLINA Accredited Health Department 2014-2018 Local Health Department Accreditation Board

Randolph County Health Department
Main Office:
2222 S Fayetteville St.
Asheboro, NC 27205
www.randolphcountync.gov
336-318-6200

Identified Health Priorities

The Randolph County Health Department and Randolph Health identified eight health priorities after reviewing surveys and secondary research on health concerns. Although eight priorities were identified, in order to make a larger impact, the top four areas were addressed to improve the overall health of the community. These priorities are identified in the Randolph County Community Health Needs Assessment 2016.

Identified Health Priorities:

Focus Area: Mental Health
Action Plan: By September 2019;

- Incorporate three behavioral health forums/expos/fairs into schools and within the community.

Focus Area: Substance Abuse
Action Plan: By September 2019;

- Insight Human Services Program staff will hold two Town Hall Meetings addressing teen alcohol use.
- The Health Department and Insight Human Services will partner in distributing at least 100 drug lock boxes to community members.

Focus Area: Physical Activity
Action Plan: By September 2019;

- Offer six PlayDaze events within Asheboro and Archdale.
- Expand PlayDaze into at least three other municipalities within the county
- Incorporate PlayDaze into at least two worksites.
- Hold six fitness challenges for all Randolph County residents.

Focus Area: Tobacco
Action Plan: By September 2019;

- Increase access to QuitSmart to residents by offering 12 new classes through the hospital and governmental agencies.
- Decrease the number of residents affected by second-hand smoke by increasing the number of smoking/tobacco-free policies on government grounds and agencies.

Focus Area: Nutrition
Action Plan: By September 2019;

- 10 corner stores will adopt at least two new healthy food items, thus increasing access to healthy food options for residents.
- 50% or more children participating in a 9-week SNAP-Ed program will increase willingness to taste fruits/vegetables and increase physical activity.
- Have at least 1 faith-based organization will offer the Faithful Families curriculum to their congregations.

Morbidity & Mortality Data

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 NC and Randolph County. These rates are for all age groups for the 2012-2016 time-frame.

Leading Causes of Death

Cause of Death (Rates per 100,000 population)	Randolph County	North Carolina
Heart Disease	219.8	180.1
Cancer	216.7	192.4
Chronic Lower Respiratory Disease	76.7	52.4
Cerebrovascular Disease	54.0	48.7
Other Unintentional Injuries	41.1	38.9
Alzheimer's Disease	37.7	40.9
Diabetes	27.9	27.7
Nephritis, Nephrotic Syndrome, Nephrosis	23.6	19.7
Pneumonia and Influenza	21.7	18.7
Motor Vehicle Injuries	18.5	15.2
Suicide	18.0	13.5
Chronic Liver / Cirrhosis	16.3	12.3

Infant Mortality

Death Rate (per 1,000 live births)	Randolph County	North Carolina
Infant	8.3	7.3
Fetal	8.9	6.9
Neonatal	5.6	4.9

Cancer Deaths

Type of Cancer (per 1,000)	Randolph County	North Carolina
Lung	59.8	47.6
Female Breast	19.6	20.8
Prostate	18.2	20.3
Colon / Rectum	12.6	13.8
All Cancers	175.0	166.6

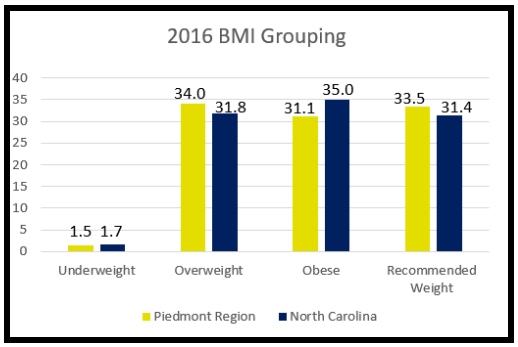
Morbidity

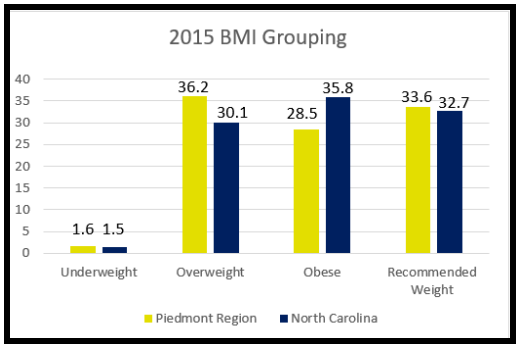
Type of Cancer (per 1,000)	Randolph County	North Carolina
Female Breast	151.1	158.4
Prostate	135.4	125.0
Lung	83.6	70.0
Colon / Rectum	41.6	37.7
All Cancers	526.5	480.4

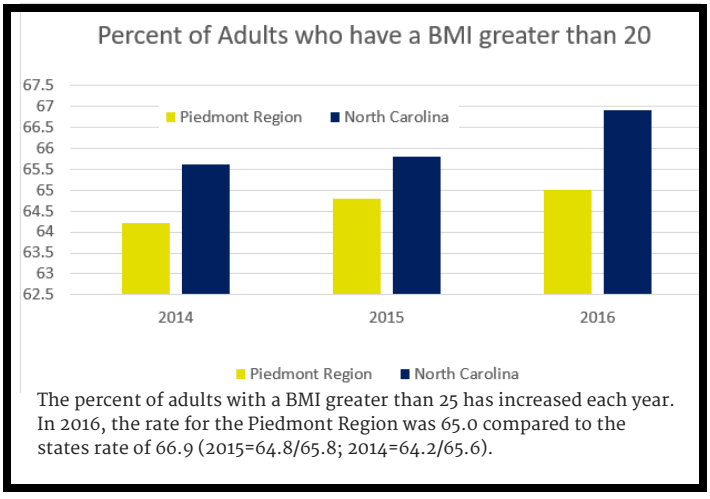
Morbidity data was only available for types of cancer for the year 2016. Other forms of morbidity data should be available in the 2018 State of the County Health Report.

Overweight & 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. Through BRFSS, information is collected in a routine, standardized manner at the state level on a variety of health behaviors and preventive disabilities. Data for the following reports was obtained from the BRFSS (Overweight/Obesity, Physical Activity, Tobacco, Substance Abuse, and Mental Health).







The percent of adults with a BMI greater than 25 has increased each year. In 2016, the rate for the Piedmont Region was 65.0 compared to the states rate of 66.9 (2015=64.8/65.8; 2014=64.2/65.6).

Nutrition

Objective: By September 2019, at least one faith-based organization will offer the Faithful Families curriculum to their congregations.

One health educator attended the Faithful Families training in December 2017. Currently, she is in the process of selecting a location to hold the 9-week curriculum for a faith-based organization.

Objective: By September 2019, 50% or more of children participating in a 9-week SNAP-Ed program will increase willingness to taste fruits and vegetables and increase physical activity.

Based on parent feedback provided by the Cooperative Extension Snap-Ed agent, 72% of parents observed their child eating more fruits and vegetables for the third grade program. While 77% of parents observed their child eating more fruits and vegetables in the second grade program.

Objective: By September 2019, 10 corner stores will adopt at least two new healthy food items, thus increasing access to healthy food options for residents.

The Ready Mart convenience stores in Randolph County expressed interest in becoming healthy corner stores. The health department and Cooperative Extension worked with the store owner to implement the Corner Store Initiative in five Ready Mart stores throughout the county. Ready Mart locations include Randleman, Seagrove and three Asheboro stores.

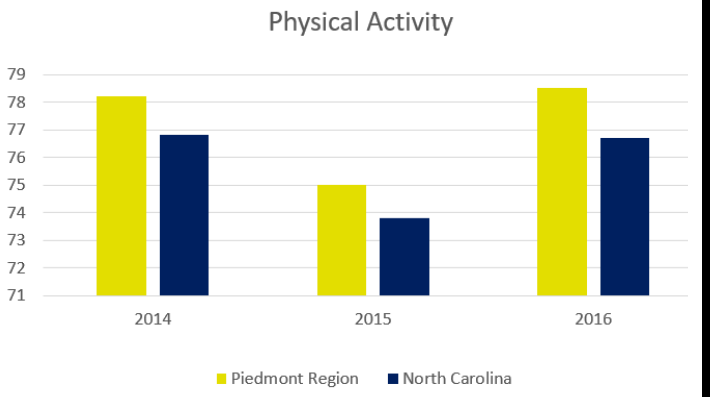
Signage was placed in the participating stores to encourage healthy food and beverage choices over unhealthy ones. These "nudges" encourage shoppers to choose the healthy items that are new to the store. Also provided was a display rack for non-refrigerated fruits and vegetables to be placed near the cash register. Some of the healthy choices provided were 2% milk, apples, oranges, tomatoes, bananas, whole grain bread and low sodium canned vegetable options. More signage and/or shelving may be provided if the store determines the healthy options are profitable.

Physical Activity

Objective: By September 2019, offer six PlayDaze events within Asheboro and Archdale.
In 2017, PlayDaze was held in both Asheboro and Archdale for child care centers. Over 600 attended the event on April 12 in Asheboro and approximately 400 were in attendance at the April 26 event in Archdale.

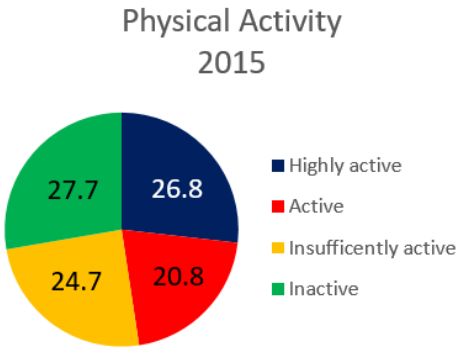
Objective: By September 2019, expand PlayDaze into at least three other municipalities with the county.
Two mini community PlayDaze events were held in 2017. Locations included Archdale and Franklinville where roughly 30 parents and children participated during both events. Another PlayDaze was held in Liberty at the elementary school where nearly 500 attended.

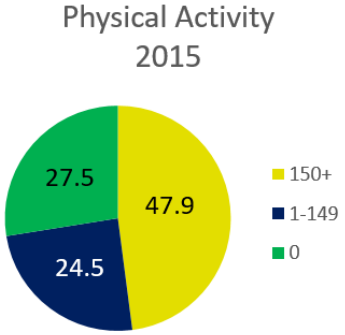
Objective: By September 2019, incorporate PlayDaze into at least two worksites.
One PlayDaze event was incorporated into a worksite during the year. Randolph Health held one on May 11. Unfortunately, it was not very successful, as less than 20 employees participated.



Based on survey results, the Piedmont Region's participating in physical activity or exercise has increased since 2015. In 2016, the rate for the Piedmont Region was 78.5 compared to the states rate of 76.7 (2015 = 75.0 / 73.8; 2014 = 78.2 / 76.8).

No comparable data is available for 2014 or 2016, as 2015 was the only year this data was gathered.





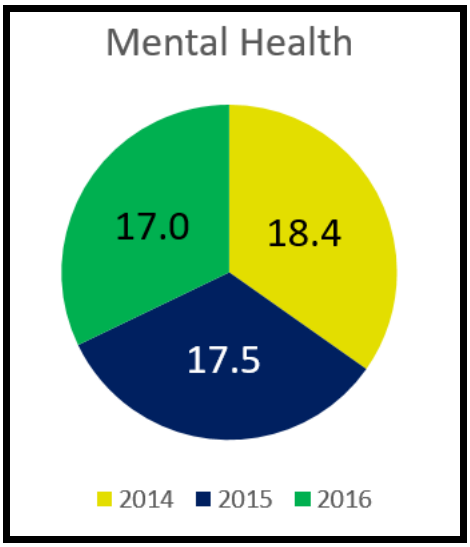
2015 Survey results for "Adults participating in 150 minutes of physical activity per week."

Mental Health

Objective: By September 2019, incorporate 3 behavioral health forums/expos/fairs into schools and within the community.

In May 2017, a mental health and substance abuse symposium titled *The Prescribed Addiction* was held at Randolph Community College. This event looked at current issues relating to mental health and substance abuse with a focus on prescription painkillers. In October 2017, a four part series called *Community Conversations on Mental Health* was held at New Horizons Treatment Center. This location is a day center for residents who currently utilize various mental health services. The series identified problems residents experience and encourages them to find solutions.

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?" The following rates indicate those who answered "yes".



Substance Abuse

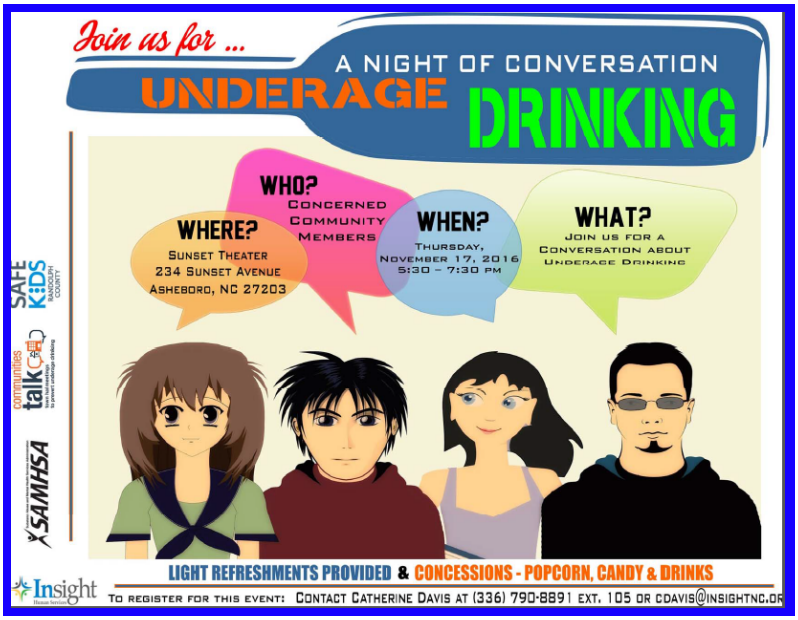
Objective: By September 2019, the health department and Insight Human Services will partner in distributing at least 100 drug lock boxes to community members.

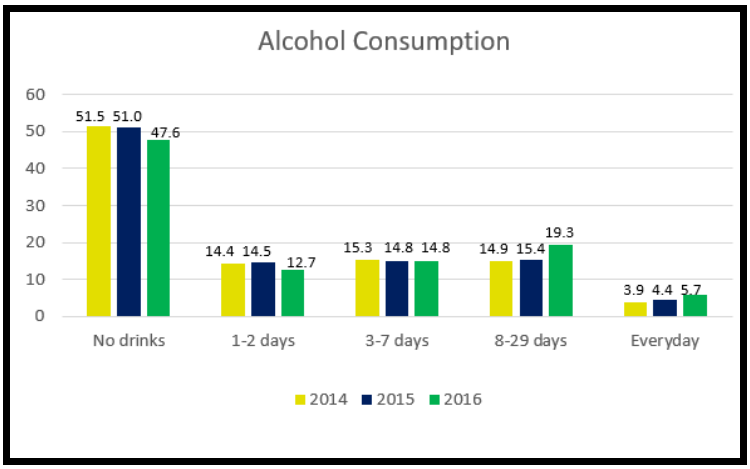
By the end of 2017, the health department had given 63 lock boxes, and Insight Human Services had distributed 121 drug lock boxes. These lock boxes have been given out at back-to-school events, parent engagement nights, and at a meeting for a non-profit whose members are directly impacted by substance abuse. Along with lock boxes, we are informing the community of drop box locations to safely dispose of expired or unused medications.

Substance Abuse

Objective: By September 2019, Insight Human Services Program staff will hold two Town Hall Meetings addressing teen alcohol use.

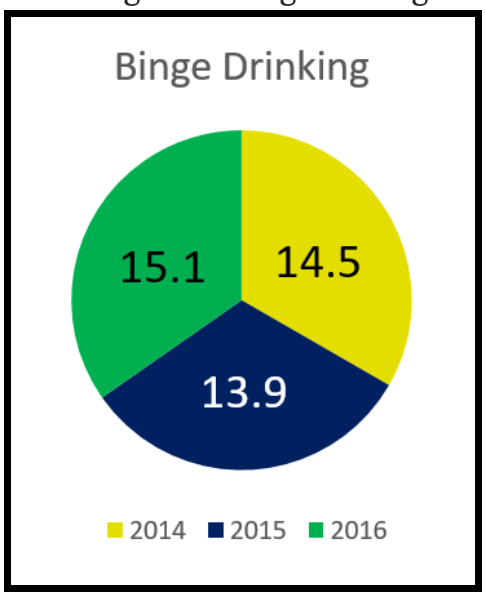
Health educators worked with Insight Human Services program coordinators to plan and hold a town hall meeting. The meeting centered around a night of conversation on the dangers of underage drinking. It was held at the Sunset Theater in Asheboro on November 17, 2016. The event included a skit from a local church youth group and a panel discussion with representatives from the Sheriff's Office, Emergency Management, District Attorney's Office, MADD, Talk It Out NC and a former drug user.

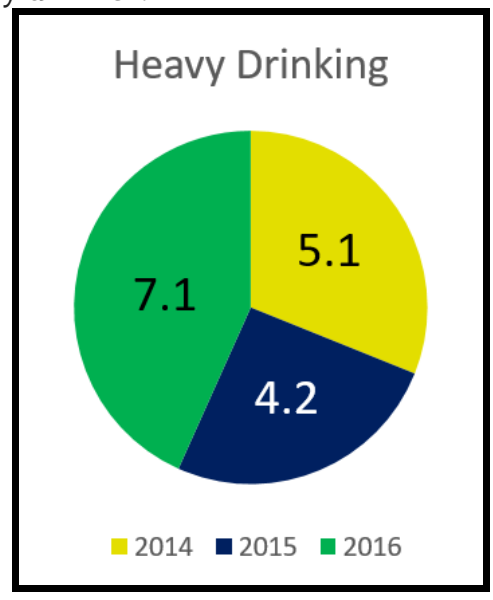




The chart to the left represents results from the following question: "In the past 30 days how many days per week/month did you have at least one drink of any alcoholic beverage such as beer, wine, malt or liquor?"

The following charts represent individuals who answered "yes" to either binge drinking or being a heavy drinker.



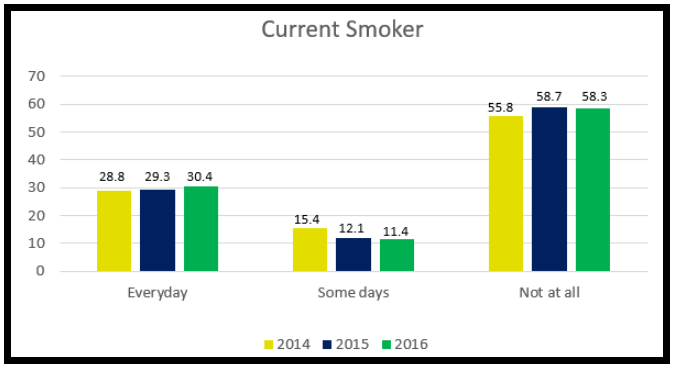


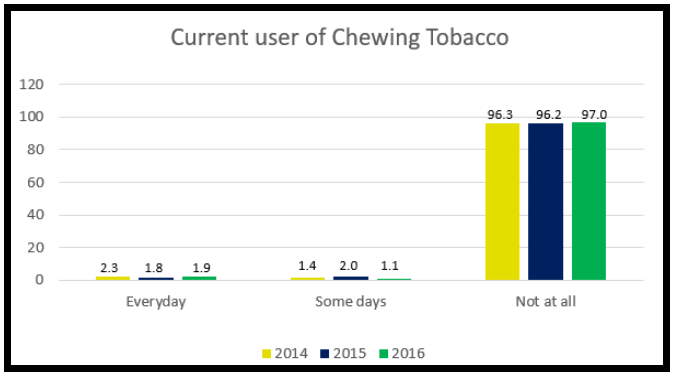
Tobacco Use

Objective: By September 2019, increase access to QuitSmart to residents by offering 12 new classes through the hospital and government agencies.
The health department offered six QuitSmart programs during the year. All six programs were offered to Randolph County Employees. Randolph Health held 10 programs for the community. Each program consists of three classes.

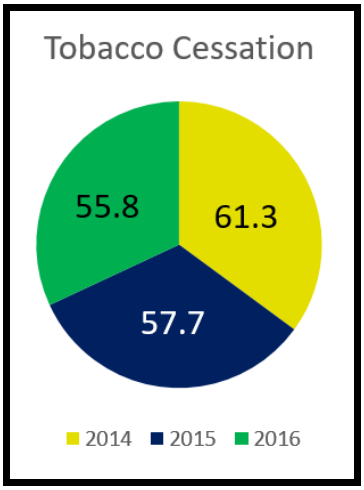
Objective: By September 2019, decrease the number of residents affected by second-hand smoke by increasing the number of smoking/tobacco-free policies on government grounds and agencies.
The health department is currently working with the Region VI Tobacco Coordinator and the County Wellness Administrator to enhance the county's smoking/tobacco-free policies.

Health educators worked with Asheboro Housing Authority and Asheboro Summit Apartments to implement smoke-free policies. In December 2016, HUD published a rule for each Public Housing Authority (PHA) administering low-income, conventional public housing to initiate a smoke-free policy. The effective date of the rule was February 3, 2017 and requires all PHAs to have a smoke-free policy in place by July 31, 2018.
Listening sessions were held for residents at both locations. Tobacco cessation programs have been offered as well. Asheboro Housing Authority will implement a smoke-free grounds policy, whereas Asheboro Summit Apartments will implement a smoke-free buildings policy and allow smoking in a designated area outdoors.





The chart on the right represents those who answered yes to "in the past 12 months did any doctor, dentist, nurse or health professional advise you to quit smoking or using other tobacco products?"



Emerging Issues

Tuberculosis (TB)

On July 3, Randolph County Health Department received a physician report that a pediatric patient was positive for TB. The physician also reported that another pediatric family member was referred due to TB like symptoms. The patient began a regimen of TB drugs on July 6, 2017. Health Department staff began Directly Observed Therapy (DOT) daily at the patient's home.
Many hours were spent locating the patient's contacts. As a result, two TB outreach clinics were held to test contacts for possible TB. Educational material was mailed out to possible contacts. There were 144 people exposed. Two children developed symptoms of TB and started DOT. Due to transportation barriers, multiple home visits were made by health department nurses to test and read results of individuals who tested positive for TB. As of February 20, 2018, 1 patient is receiving DOT treatment for TB three times a week.

Legionnaires' Disease

On September 20, 2017, Guilford County notified a Randolph County Communicable Disease (CD) Nurse of a positive Legionnaires' disease case at a long-term care facility. The CD Nurse investigated the case and sent the report to the state for review. On October 2, the state contacted the CD nurse and requested an environmental health water assessment be performed at the long-term facility. An environmental health specialist completed the assessment on October 4. On October 14, the Health Director was notified of second Legionnaires' disease case and water restrictions were put into place that day. On November 13, the CD nurse was notified of a third Legionnaires' disease case.
Health department staff spent many hours on scene at the long-term facility conducting investigations, surveillance, and water testing. There were 121 residents and 108 staff exposed. Investigation, surveillance, and water testing will continue through April 2018.

Response to Opioid Crisis

Opioid related death and injury continue to rise across the nation, state, and county. Randolph County has made several proactive efforts to respond to this crisis. In August 2017, county officials hosted a local leadership forum. This event consisted of elected officials, first responders, school administration, social services, and other key community stakeholders coming together to learn about data and personal stories of how opioids affect this community. 2017 also saw the creation of the county's Opioid Collaborative hosted by the health department. This collaborative is a platform used to announce what initiatives various agencies are doing and helps in the creation of new partnerships. An example of a partnership created is the upcoming implementation of a community paramedic program. Emergency services and the health department will be working together to meet people who have recently overdosed. These workers will be giving and demonstrating proper use of Narcan, an overdose reversal drug, and will be providing education on safer drug use and treatment services.

General Communicable Disease Trends

- There was an increase of 7% in sexually transmitted infections (STI) in fiscal year (FY) 2016-17 compared to the previous year.
- Pertussis cases decreased 60% in FY 2016-17 compared to FY 2015-16.
- Acute Hepatitis C cases increased in FY 2016-17 by 31% compared to FY 2015-16.
- Due to an increase in communicable disease testing for Chlamydia and Hepatitis C, there has been an increase in the number of positive tests for Chlamydia and Chronic Hepatitis C.

Emerging Issues

Unsafe Sleep

The Child Fatality Task Force recognized unsafe sleep conditions for infants as an increasing issue in 2016 and 2017. There were four deaths in 2016 and another four in 2017 due to an unsafe sleep environment. When an infant's head or face is covered by bedding, or when a sleep area is shared with others, the risk of dying increases and is considered an unsafe sleep environment.

In 2016 the Child Fatality Task Force made the following recommendation:

- Address Safe Sleep- Randolph County Health Department's case management program received and distributed 36 bassinets. Bassinets and education on safe sleep was provided to parents. The importance of safe sleep to prevent SIDS and SIDS-like deaths was stressed with each family.

In 2017, the following recommendation was made by the Task Force:

- Address Safe Sleep – Increase education throughout the county on safe sleep practices using the American Academy of Pediatrics' guidelines. Health department staff, including health educators, clinic providers, Care Coordination for Children (CC4C) and Pregnancy Care Management (OBCM) staff, and the Department of Social Services (DSS) has increased safe sleep education at every opportunity. These opportunities include education offered at all community health education events, CC4C/OBCM care managers discuss safe sleep at every contact with pregnant women and parents, and DSS includes safe sleep education at each home visit assessment. Randolph County Health Department provided a book on safe sleep, "Sleep Baby Safe and Snug", that was distributed to new parents through Randolph Health and the Friends of the Library's Books for Babies Campaign. The child care nurse consultant from the health department was asked to attend the National Safe Sleep Conference in April, 2017. Since then, she has shared the knowledge gained at this conference with child care facilities, the Child Fatality Prevention Task Force, health department staff, the Randolph County Safe Kids Coalition, and the Randolph County Public Health Advisory Council.

Dissemination Plan

Copies of this document will be distributed to members of the Board of Health, the School Health Advisory Councils for Randolph County and Asheboro City, the Healthy Randolph Steering Committee, and other contributors. The report will also be available on the Randolph County Health Department and Randolph Health's websites. Additional copies will be available upon request.