



2022 RANDOLPH COUNTY COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY



PRESENTED BY

Randolph County Public Health and Randolph Health

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Introduction

The 2022 Randolph County Community Health Assessment process is coordinated by Randolph County Public Health with the support of 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 conducting a community health assessment includes:

- Evaluate the health status of the 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.

Theoretical Framework

The Social Ecological Model was used to guide this process. The Social Ecological Model addresses a whole community perspective by considering individuals, relationships, organizations, community, and public policy. All these factors interplay and can have an effect on individuals and the community as a whole. To successfully address the health issues impacting the residents of Randolph County, multiple partners from different sectors must come together to work towards a common cause to create sustainable change. Throughout this process, community partners and community members had a voice in conducting the assessment.



Source: ResearchGate

Collaborative Process

The assessment included assembling an advisory committee which included key community stakeholders. The committee was responsible for collecting and analyzing data and using the information to select the county’s top priority needs.

The advisory committee convened quarterly, beginning in April 2022 and concluding in January 2023. The committee met in person and virtually on four occasions. The committee reviewed primary and secondary data on a variety of topics that influence or impact an individual’s health. Using this data, the committee selected two health priorities.

Identified Health Priorities

In November 2022, advisory committee members met to identify the leading community health concerns in Randolph County. During the meeting, members reviewed the top priority areas identified by county residents through the community opinion survey. The committee used information provided by community responses to the survey, as well as their understanding of local/state data presented by the executive committee, to inform the selection process. Nominal group technique was used to narrow a list of 20 health priorities to two.

2022 Priority Selection Topics

Quality of Life		Health	
Financial Security	Safe Neighborhoods	Injury Prevention	Violence Prevention
Transportation	Healthy Food	HIV/STD Prevention	Access to Care
Housing	Urban Planning	Healthy Pregnancy	Mental Health
Education	Green Spaces	Healthy Environment	Chronic Disease Prevention
Health Insurance	Early/Middle Childhood	Substance Use Disorder	Infectious Disease

After discussion, the committee selected two health priorities. The Healthy NC 2030 health indicators and desired results for the selected health priorities are included below.

1. Mental Health
 - a. Improve access and treatment for mental health needs
 - b. Decrease uninsured population
2. Substance Use Disorder
 - a. Decrease drug overdose deaths
 - b. Decrease excessive drinking
 - c. Decrease tobacco use

County Profile

Randolph County is located in the heart of North Carolina and is 782.3 square miles of land area. It's the 11th largest county in North Carolina. Randolph County is home to the North Carolina Zoo and Uwharrie Mountains, one of the world's oldest mountain ranges. Municipalities in Randolph County include: Archdale, Asheboro, Franklinville, Liberty, Ramseur, Randleman, Seagrove, Staley and Trinity. Asheboro is the county seat. Randolph County is bordered by six other counties which are Chatham, Montgomery, Moore, Guilford, Alamance, and Davidson.

Population Demographics

Based on the 2020 American Community Survey 5-Year Population Estimates, the United States Census Bureau reports the total population of Randolph County is 143,460. This represents a 1.2% increase since the 2010 Decennial Census. Based on the 2020 American Community Survey 5-Year Population Estimates, the United States Census Bureau reports North Carolina's population is 10,386,227 which represents an 8.92% increase since the 2010 Decennial Census.

Similar to North Carolina, Randolph County's population is nearly equally divided between males and females. The leading population differences between Randolph County and North Carolina are among Black/African American, White, and Hispanic/Latinx subpopulations.

The table below reflects population distribution across gender, race, and ethnicity among Randolph County and North Carolina residents.

Category	Randolph County	North Carolina
Male	49.4%	48.6%
Female	50.6%	51.4%
American Indian and Alaska Native	0.2%	1.0%
Asian	1.2%	2.9%
Black/African American	5.7%	21.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%
Some Other Race	0.3%	0.3%
Two or More Races	2.3%	2.5%
White	78.6%	62.6%
Hispanic/Latinx	11.7%	9.5%

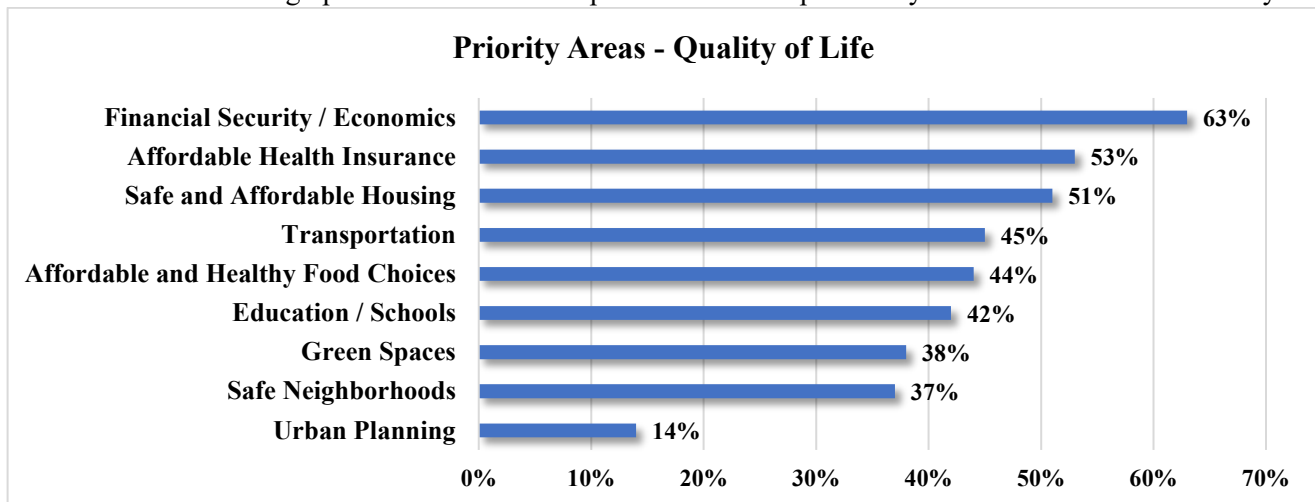
Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates (2016-2020)

Key Findings

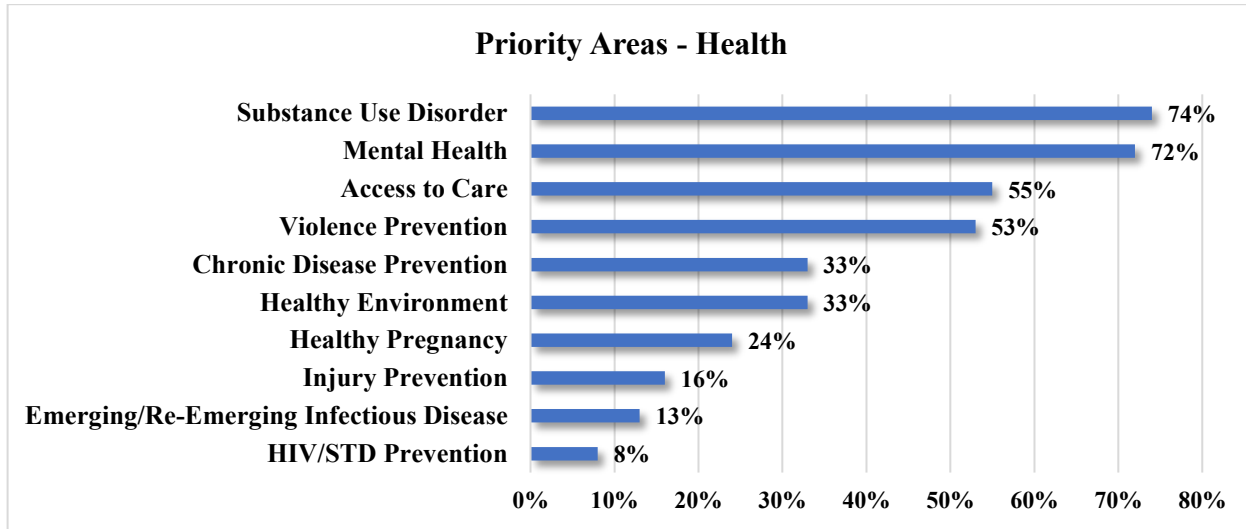
Primary data collection is central to the assessment process as it includes the voice of the community in the process. Data collected from community members or key informants can fill knowledge gaps within traditional sources. Perspectives shared by community members may highlight serious issues or concerns missed by large datasets.

The survey was broadly advertised and distributed to the general population of Randolph County via digital platforms including websites, social media, and email. Additionally, the survey was available to be completed by paper and pen at specific community sites including Randolph County Senior Adults, libraries, and churches. A total of 520 Randolph County residents completed the community health assessment survey.

Residents were invited to identify the top four issues impacting the quality of life in Randolph County that need the most attention. The graph below reflects the opinions of Randolph County residents shared in the survey.



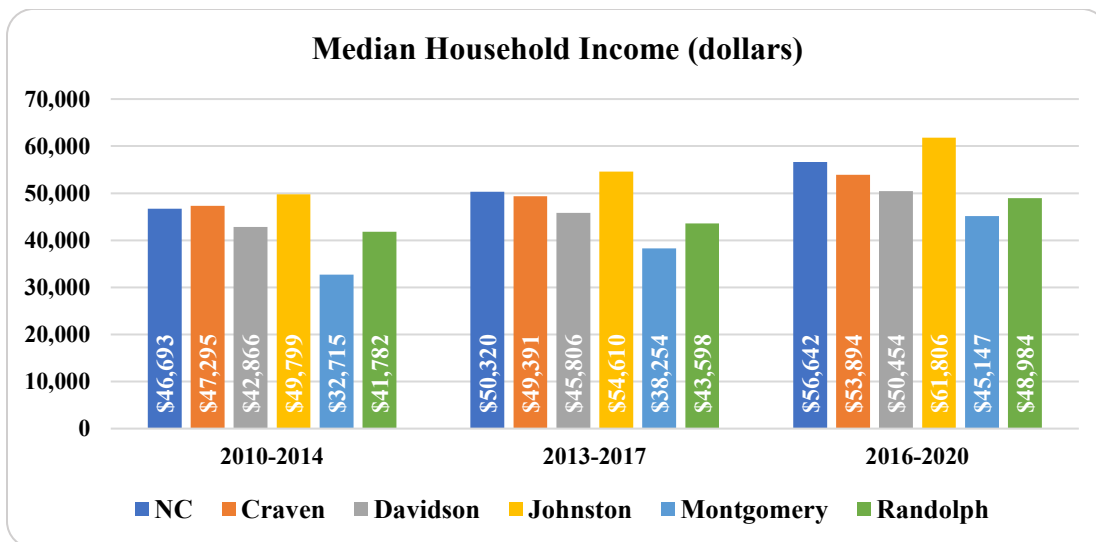
Residents were invited to identify the top four health issues in Randolph County that need the most attention. The graph below reflects the opinions of Randolph County residents shared in the survey.



Socioeconomic Profiles

Based on the 2020 American Community Survey 5-Year Population Estimates, the United States Census Bureau reports median household income for Randolph County increased from \$43,598 (2013-2017) to \$48,984 (2016-2020).

The graph below provides a comparison of median household income between Randolph County, peer counties, and North Carolina. Johnston County surpasses all others in median household income across all three time periods.



Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates

The tables below provide a comparison of unemployment rates and rate of uninsured between Randolph County, peer counties, and North Carolina.

Annual Unemployment Rates					
Residence	2017	2018	2019	2020	2021
North Carolina	5.3%	5.0%	4.6%	*	5.8%
Craven	7.1%	7.5%	6.1%	*	4.9%
Davidson	6.9%	5.1%	3.1%	*	5.0%
Johnston	4.4%	4.1%	4.1%	*	3.4%
Montgomery	*	*	*	*	*
Randolph	5.6%	4.6%	4.6%	*	4.3%

Rate of Uninsured Population					
Residence	2017	2018	2019	2020	2021
North Carolina	5.3%	5.0%	4.6%	*	5.8%
Craven	7.1%	7.5%	6.1%	*	4.9%
Davidson	6.9%	5.1%	3.1%	*	5.0%
Johnston	4.4%	4.1%	4.1%	*	3.4%
Montgomery	*	*	*	*	*
Randolph	5.6%	4.6%	4.6%	*	4.3%

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimate
 *Data for Montgomery County was unavailable. 2020 data for all counties was unavailable.

Educational Attainment

According to the United States Census Bureau, 2016-20 American Community Survey, 34.4% of Randolph County residents (18 years and older) are high school graduates compared to 26.3% of North Carolina residents. Randolph County and North Carolina rates of some college/associate’s degree are similar, 33.2% and 32.7%, respectively. The largest difference is among residents with a bachelor’s degree or higher – Randolph County, 14.9% compared to North Carolina, 29.4%.

The North Carolina State Board of Education, Department of Public Instruction, reported an 88.5% graduation rate for the 5-year cohort during 2021-22. This was a 0.68% increase from the 87.9% graduation rate in 2018-19.

The table below reflects the graduation rates for Randolph County school systems, 5-year cohort, over a four-year period.

School Systems	2018-19 Graduation Rates	2019-20 Graduation Rates	2020-21 Graduation Rates	2021-22 Graduation Rates
Randolph County	91.1%	91.5%	91.4%	89.6%
Asheboro City	93.0%	89.2%	85.8%	87.3%
Uwharrie Charter Academy	87.1%	87.2%	85.4%	92.0%

Leading Causes of Death

Mortality rates are expressed as resident deaths per 100,000. Causes of death are derived from the primary cause of death listed on death certificates submitted to local health departments. The North Carolina State Center for Health Statistics lists the following as the ten leading causes of death in North Carolina and Randolph County.

	Randolph County- Report Period 2016-2020		Previous Report Comparison- 2013-2017	North Carolina- Report Period 2016-2020	
Total Deaths- All Causes	918.7		872.9	793.7	
Leadings Causes of Death	Rank	Rate	Status	Rank	Rate
Diseases of the Heart	1	193.4	▲	1	156.1
Cancer	2	176	▲	2	154.6
All Other Unintentional Injuries	3	61.8	▲	3	43.2
Chronic Lower Respiratory Diseases	4	57.9	▼	5	42.5
Cerebrovascular Disease (Stroke)	5	46	▲	4	42.7
Alzheimer's Disease	6	43.6	▲	6	37.4
Diabetes Mellitus	7	26.7	▲	7	24.5
Unintentional Motor Vehicle Injuries	8	21.9	▲	10	15.1
Suicide	9	17.7	▲	11	13.4
Nephritis, Nephrotic Syndrome, and Nephrosis	10	15.6	▼	8	16.4

The table below reflects the top three causes of death by age group for Randolph County reported by North Carolina State Center for Health Statistics in 2019.

Age Group	Top 3 Causes of Death by Age, 2019
Ages 0–19	1. Motor Vehicle Injuries 2. Certain conditions originating in the perinatal period 3. Congenital malformations, deformations, and chromosomal abnormalities
Ages 20–39	1. All other unintentional injuries 2. Motor vehicle injuries 3. Assault (homicide) AND Intentional self-harm (suicide)
Ages 40–64	1. Cancer 2. Diseases of the heart 3. All other unintentional injuries
Ages 65–84	1. Cancer 2. Diseases of the heart 3. Chronic lower respiratory diseases
Ages 85+	1. Diseases of the heart 2. Cancer 3. Alzheimer's disease

Communicable Disease

Public health disease surveillance is the ongoing, systematic collection, analysis and interpretation of the who, what, where, when, and how of disease case occurrence in a population. North Carolina has laws, statutes, or other regulations that mandate reporting of communicable or infectious diseases and have the authority to collect and monitor a central repository of disease case information where patterns, clusters, and outbreaks may be detected.

Communicable diseases are illnesses that spread from one person to another or from an animal to a person, or from a surface or a food. Diseases can be transmitted through:

- direct contact with a sick person
- respiratory droplet spread from a sick person sneezing or coughing
- contact with blood or other body fluids
- breathing in viruses or bacteria in the air
- contact with a contaminated surface or object
- bites from insects or animals that can transmit the disease
- ingestion of contaminated food or water

Sexually Transmitted Infection Cases

The number of sexually transmitted infections (STI) has fluctuated over the years in Randolph County. Chlamydia is the most prevalent STI with gonorrhea being second in prevalence. The table below shows the number of STI cases in Randolph County over the past four years.

Sexually Transmitted Infection	FY 2018-19	FY 2019-20	FY 2020-21*	FY 2021-22
AIDS	0	0	0	0
Chlamydia	536	559	528	529
Gonorrhea	145	167	236	144
HIV	7	2	3	6
Syphilis	8	4	9	38

Source: Randolph County Public Health Annual Reports

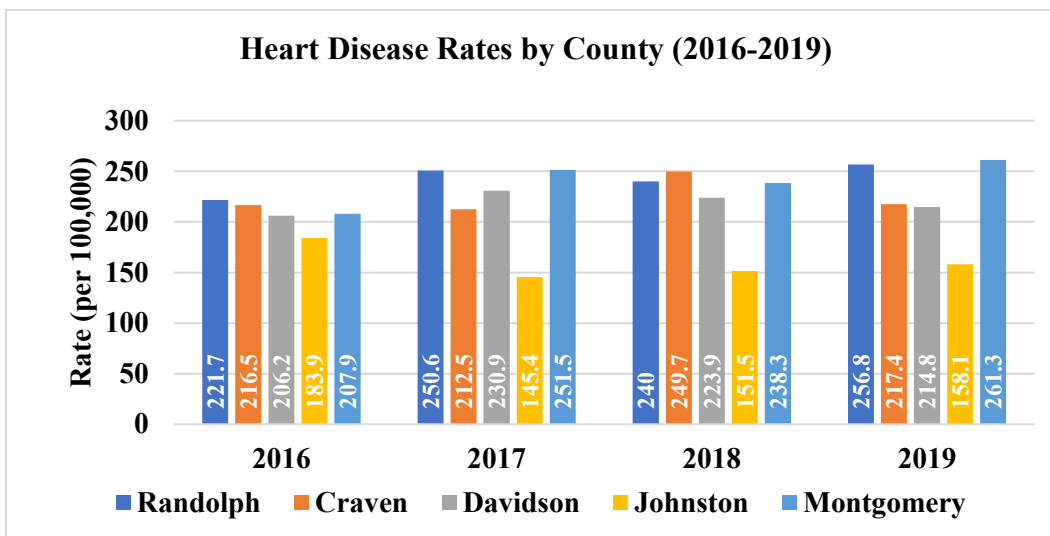
*2020-21 data may not accurately reflect the number of STIs occurring as testing was limited due to COVID-19 restrictions.

Heart Disease and Stroke

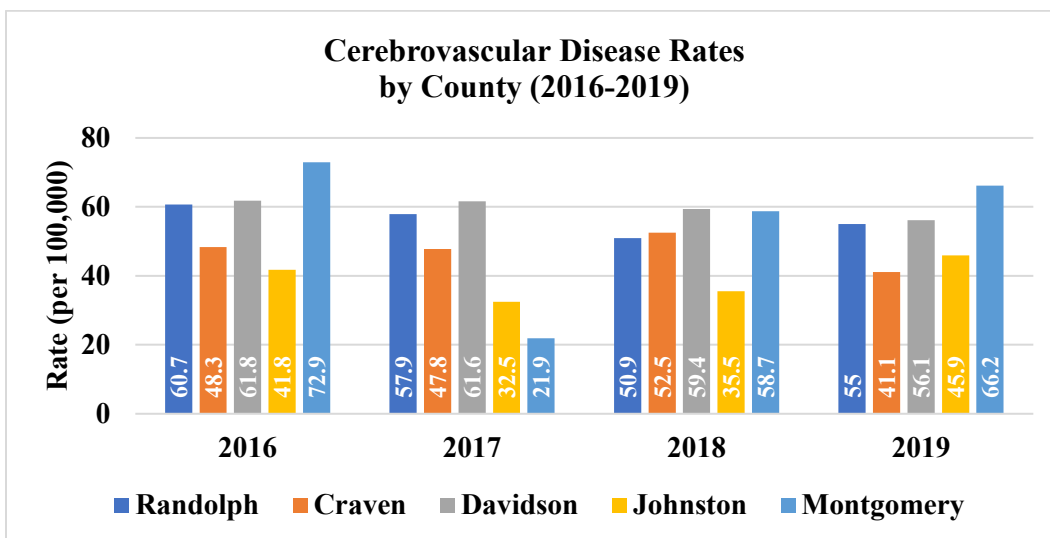
According to the Centers for Disease Control and Prevention, heart disease has been the leading cause of death since 1950. Diseases of the heart is the leading cause of death for Randolph County and North Carolina. Compared to females, males in Randolph County are 1.68 times more likely to die as a result of heart disease.

Cerebrovascular disease, also referred to as stroke, is an interruption of blood flow to the brain, reducing the amount of oxygen to the brain. Stroke is the fifth leading cause of death in Randolph County and the fourth leading cause of death in North Carolina.

Risk factors for heart disease include high blood pressure, high cholesterol, smoking, diabetes, overweight and obesity, unhealthy diet, physical inactivity, and excessive alcohol use. Prevention, control, and changes in lifestyle and medication are frequently recommended for those at risk.



Source: NC State Center for Health Statistics



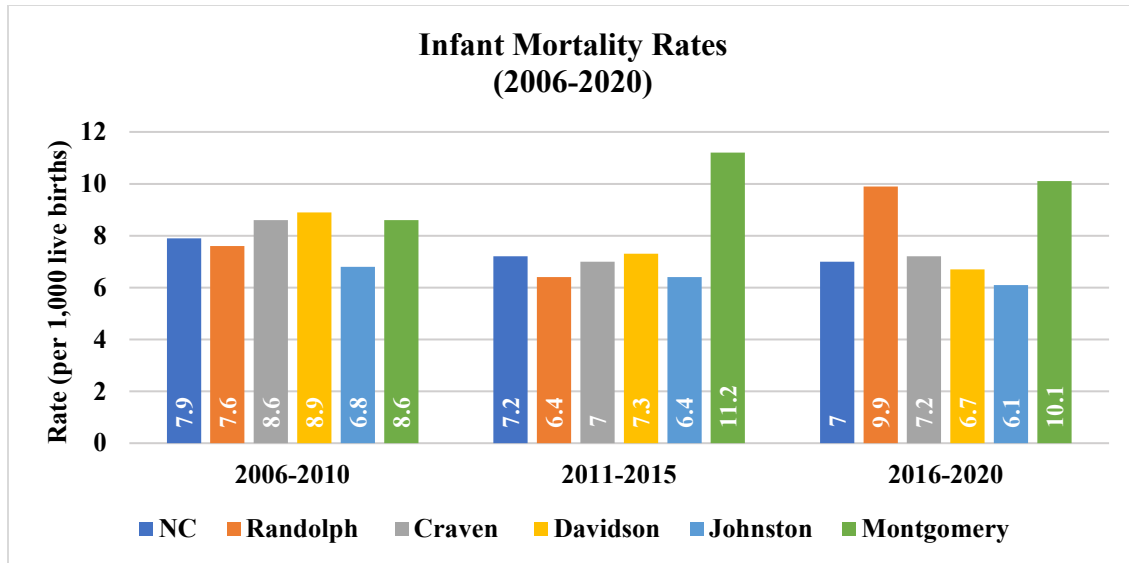
Source: NC State Center for Health Statistics

Maternal and Child Health

The health of mothers and their children reflect the present health of the total population. Several maternal factors and behaviors have been linked to preterm birth and low birth weight, which can be associated with infant mortality. Such factors may include failure to begin prenatal care in the first trimester, mothers having less than a 12th grade education, and births to adolescent women (under age 20). Babies born too early and/or too small are at a greater risk for health conditions, developmental problems, neurological impairments, development of heart and respiratory problems later in life, as well as educational and social impairments.

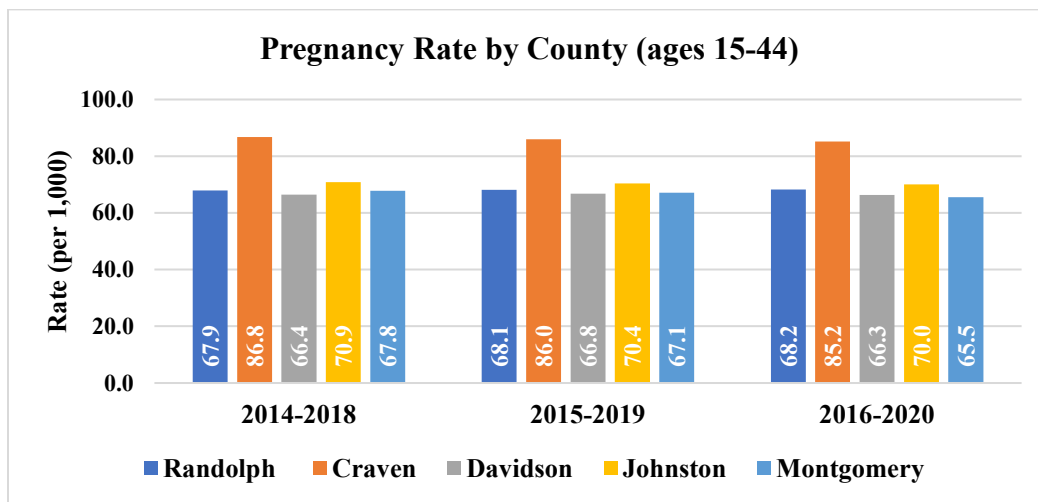
Preterm Birth Rate per 100,000 live births (2018-2021)	
Region	Preterm Birth Rate
North Carolina	10.7
Randolph County	11.0

*Preterm is less than 37 weeks of pregnancy
 Source: March of Dimes, Preterm Birth (Jan 2022)



Source: NC State Center for Health Statistics

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.

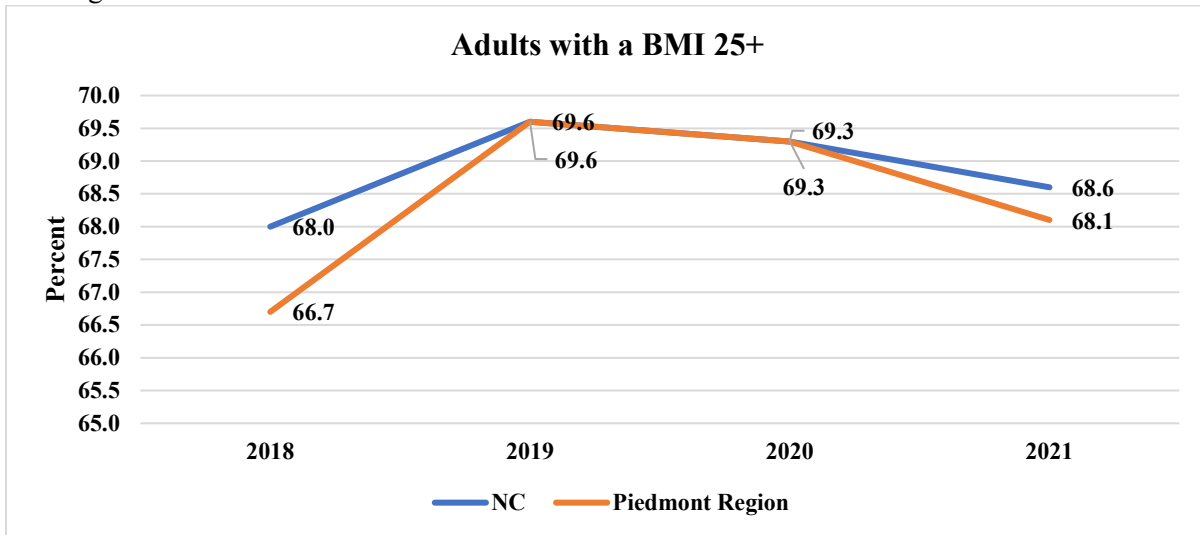


Source: NC State Center for Health Statistics

Overweight and Obesity

Overweight and obesity are growing concerns in the United States and in North Carolina. BMI (body mass index) is a measure of body fat based on height and weight. BMI is an estimate of body fat and a good gauge of risk for diseases that can occur with more body fat. According to the State of Obesity Report, 36% of adults are obese in North Carolina (2021). An additional 19.8% of children aged 10-17 are obese (2019-2020). 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.

The graph below compares the Piedmont region to North Carolina. Randolph County is included in the Piedmont region.

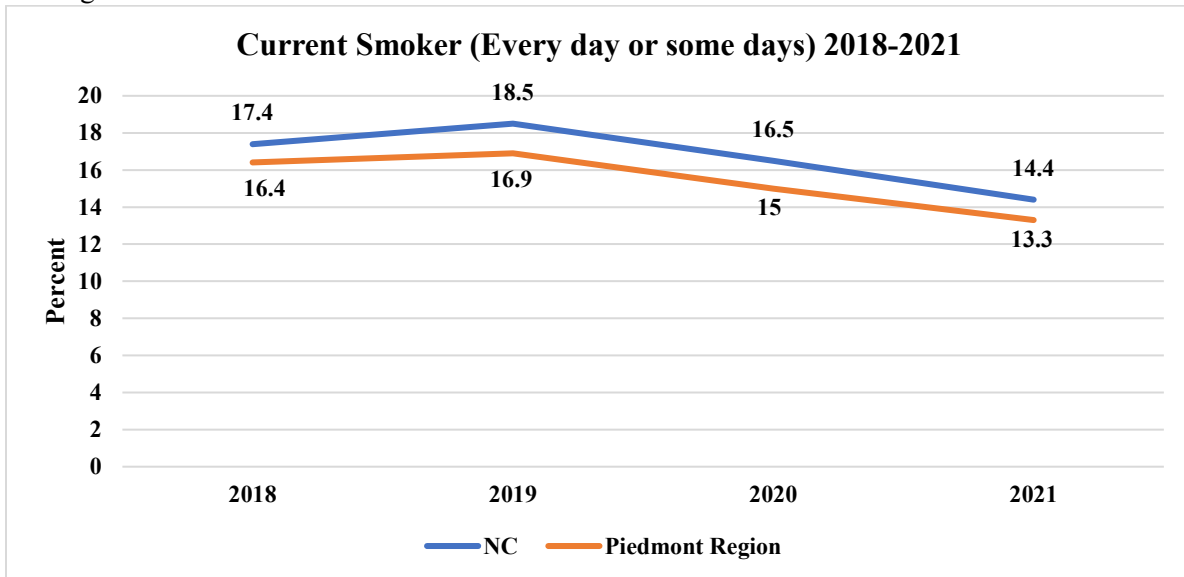


Source: BRFSS Annual Survey Results by Year (2018-2021)

Tobacco Use

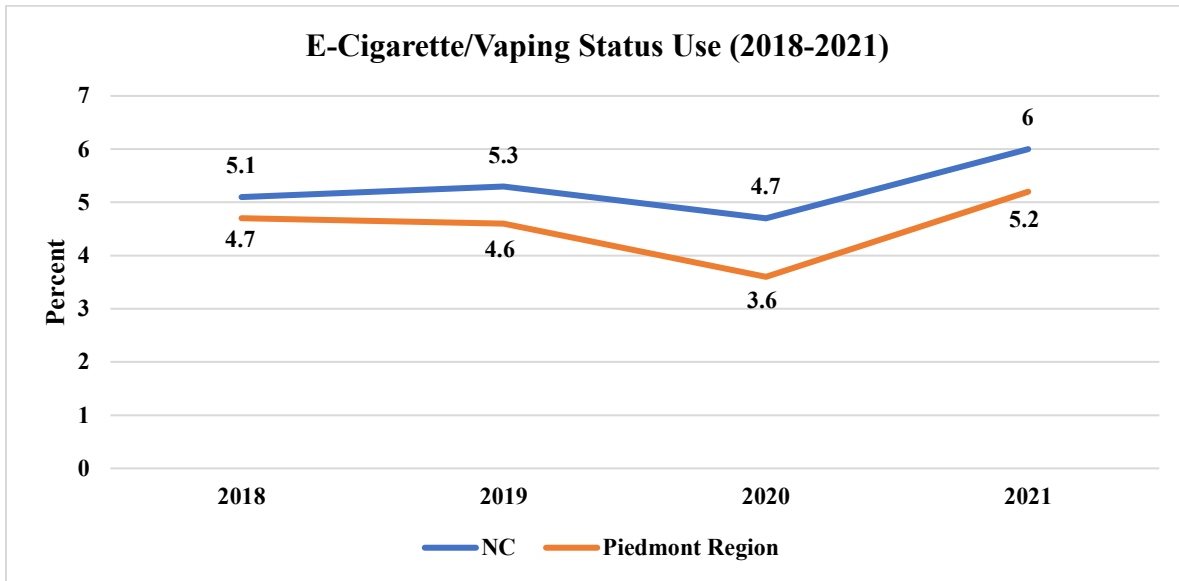
Data on tobacco use is not collected at the local level in Randolph County. Therefore, data from the Behavioral Risk Factor Surveillance System (BRFSS) was used. BRFSS conducts surveys on health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS interviews are conducted monthly and data are analyzed annually (on a calendar-year basis).

The graph below compares the Piedmont region to North Carolina. Randolph County is included in the Piedmont region.



Source: BRFSS Annual Survey Results by Year (2018-2021)

As smoking overall has decreased, e-cigarette/vaping use has increased. The graph below compares the Piedmont region to North Carolina. Randolph County is included in the Piedmont region.



Source: BRFSS Annual Survey Results by Year (2018-2021)

Youth Tobacco Use

The Youth Risk Behavior Surveillance System (YRBSS) is a survey conducted by the Centers for Disease Control and Prevention (CDC) to monitor youth health behaviors in the United States. The survey collects data from the youth populations in grades 9-12. The 2021 YRBSS report with national data was released, but the full datasets for individual states have not been released. Therefore, the latest data available for North Carolina is limited to 2019 and prior years.

The survey includes the following question: “Currently used electronic vapor products including e-cigarettes, vape pens, e-cigars, e-hookahs, hookah pens, and mods on at least one day during the previous 30 days”.

According to the YRBSS results, the percentage of high school students in North Carolina who currently used electronic vapor products has increased from 29.6% in 2015 to 35.5% in 2019. In middle school students, the percentage has also increased from 9.7% in 2017 to 14.4% in 2019.

Acknowledgements

Community Health Assessment Advisory Committee

Dr. Aaron Woody, Asheboro City Schools
Betty Foust, Randolph County Community Member
Beverly Wall, Regional Consolidated Services Head Start- Randolph County
Brian Clodfelter, Archdale Parks and Recreation
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