



Randolph County Community Health Needs Assessment

Executive Summary 2016



This report was prepared by the Randolph County Health Department and Randolph Hospital.

The full report is accessible at all seven Randolph County libraries and is posted on the following websites:

Randolph Hospital

<http://www.randolphhospital.org>

Randolph County

<http://www.co.randolph.nc.us>

City of Asheboro

<http://www.ci.asheboro.nc.us>

Randolph County Senior Adults

<http://www.senioradults.org>

Asheboro/Randolph Chamber of Commerce

<http://www.chamber.asheboro.com>

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Identified Health Priorities

Overview

In July 2016, Advisory Committee members met to identify leading community health issues 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 eight community health problems: 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 four priority health concerns:

Focus area: Physical Activity

Action Plan: Increase the percentage of adults and children getting the recommended amount of physical activity through expanded structured, free physical activity programs.

Focus area: Nutrition

Action Plan: Increase the percentage of adults and children who consume five or more servings of fruits and vegetables per day through expanded offerings in food deserts and expanded educational programs targeting schools and the faith-based communities.

Focus area: Substance Abuse

Action Plan: Decrease the percentage of adult smokers as well as the percentage of people exposed to secondhand smoke in the workplace by expanding tobacco-free policies within businesses, industries and government. Also, expand tobacco cessation programs to assist with creating a tobacco-free environment.

Action Plan: Reduce the percentage of high school students engaging in alcohol and those 12 years and older who report illicit drug use by increasing and improving educational programs within schools and the community.

Focus area: Mental Health

Action Plan: Decrease the average number of poor mental health days among adults and reduce the rate of mental health-related visits to the emergency department by the expansion of behavioral health services within the primary care setting as well as enhanced education and awareness throughout the county.

Community Health Issues	Unhealthy Behaviors	Community Issues
Overweight / Obesity	Drug Abuse	Low Income / Poverty
Cancer	Alcohol Abuse	Affordable Health Services
Diabetes	Smoking / Tobacco Use	Unemployment
Heart Disease / High Blood Pressure	Lack of Exercise	Access to Healthy Food
Mental Health	Poor Eating Habits	Child Abuse or Neglect

It is important to note that although the Advisory Committee identified eight health issues, the decision was made to limit the focus to make a larger impact on the top four areas that had the opportunity to improve the overall health of the community. Addressing obesity through physical activity and nutrition can also lead to impacting chronic health diseases such as cancer, heart disease and diabetes. Addressing substance abuse through drug, alcohol and tobacco use can once again, aid in impacting chronic health diseases.

Finally, addressing mental health issues impacts chronic health diseases, obesity and substance abuse. The identified three priority areas are also in line with the areas identified during the Randolph County strategic planning process. The entire county is now aligned with focusing on the same three health priority areas – creating for the first time, a coordinated and united county-wide effort to address the health of our community.

Introduction

The 2016 Randolph County Community Health Needs Assessment represents a partnership between Randolph County Health Department, Randolph Hospital, community institutions, businesses, agencies and individuals with an interest in improving the health status of Randolph County residents. The purpose of the Community Health Needs Assessment is to:

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

County Profile

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.

The physical area of Randolph County is 790 square miles. County residents enjoy a moderate year-round climate. The average annual rainfall is 45.04 inches and the average annual temperature is 59 degrees.

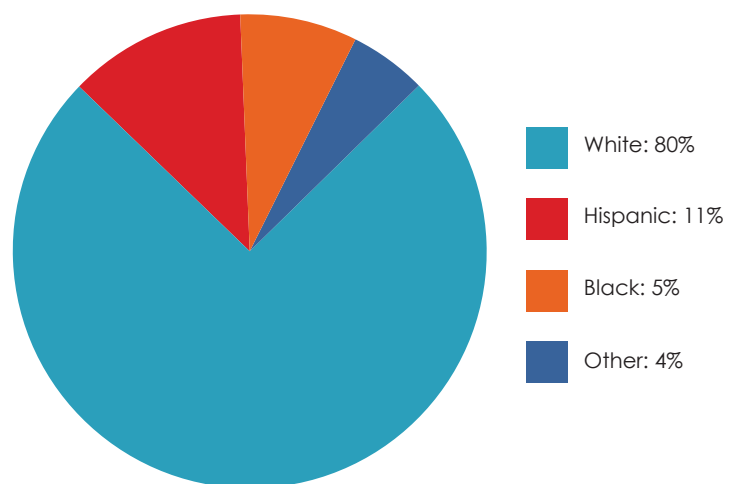
Population Demographics

The US Census Bureau reports an estimated population of approximately 142,386 in Randolph County for the year 2013. This is an increase of 8% from the year 2010 when the population was reported to be approximately 141,144. The estimated population in North Carolina in 2013 is 9,749,266 which is an increase of 3.3% from 2010.

Similar to North Carolina as a whole, the population of Randolph County is divided almost equally between males (49.2%-RC, 48.7%-NC) and females (50.8%-RC, 51.3%-NC). Residents of Randolph County are predominately White (80.7%), followed by Hispanic (10.8%) and Black (5.6%). The Hispanic population in Randolph County (10.8%) is higher when compared to North Carolina (8.7%) as a whole.

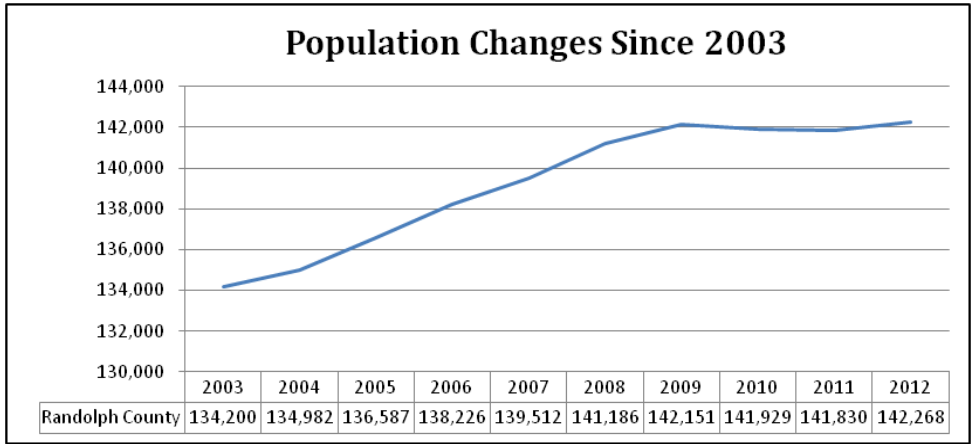
The following graphs depict the Hispanic or Latino and race of residents in Randolph County based on the 2013 US Census Bureau estimates.

Race Value Graphic



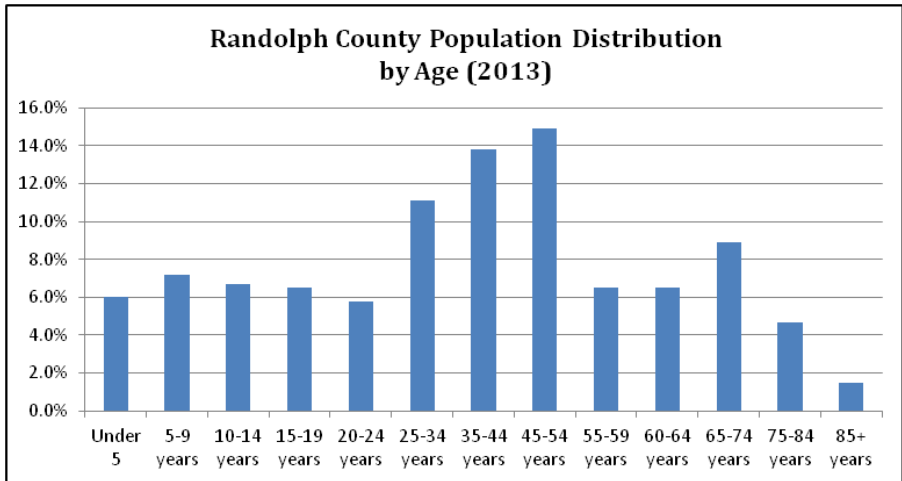
Source: United States Census Bureau. 2013 Census Bureau Estimates. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Since 2001, Randolph County's population has been on a steady incline except for a slight dip in 2010 and 2011.



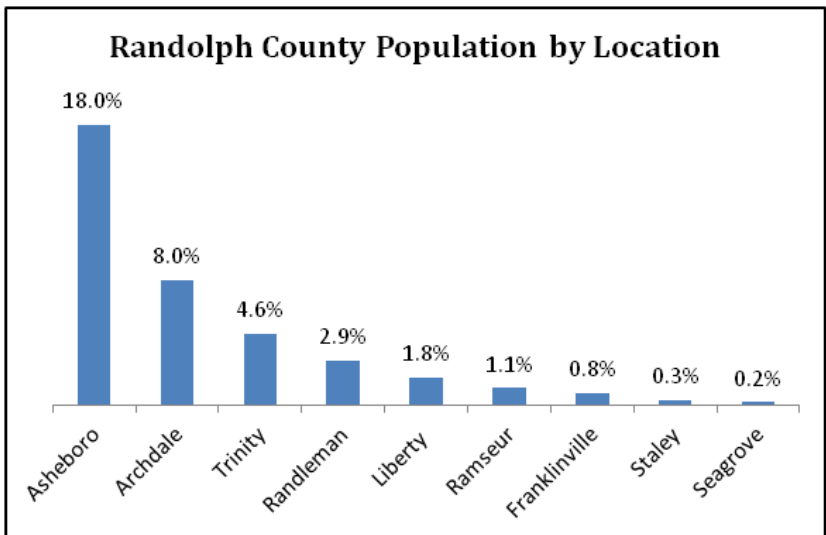
Source: United States Census Bureau. 2015 Population Estimates

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



Source: United States Census Bureau. 2011- 2013 American Community Survey 3-Year Estimates

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



Source: North Carolina Office of State Budget and Management (OSBM) 2014

Socioeconomic Profiles

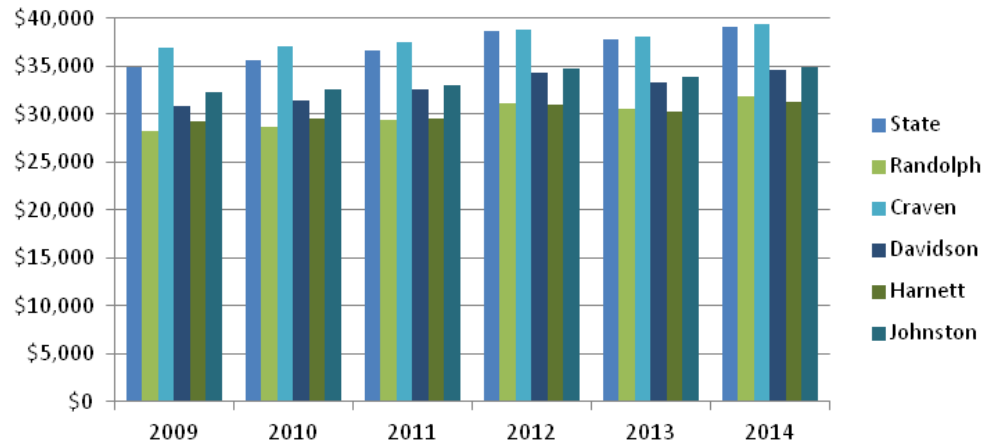
Overview

The US Department of Commerce, Bureau of Economic Analysis reports that the Per Capita Personal Income for Randolph County rose from \$28,262 in 2009 to \$31,896 in 2014. Three of Randolph’s peer counties are below North Carolina’s level for Per Capita Personal Income in 2014; Davidson, Harnett and Johnston. Craven County is slightly above North Carolina’s level.

The annual unemployment rate has continued to improve in all counties. Out of the four peer counties, only three are below the state rate, including Randolph.

When compared to each of the four peer counties, Randolph is on the higher end along with Harnett and Johnston on percent estimate of uninsured people age 0-64.

Per Capita Personal Income



Source: US Department of Commerce. Bureau of Economic Analysis

Estimate of Uninsured Under Age 65 by County, 2016

North Carolina	18%
Randolph	21%
Craven	17%
Davidson	18%
Harnett	19%
Johnston	19%

Source: County Health Rankings and Roadmaps

Annual Unemployment Rates for Randolph, Peer Counties and NC.

Residence	2009	2010	2011	2012	2013	2014	2015	2016
Randolph	11.0	11.1	10.4	10.7	10.4	7.2	6.0	5.5
Craven	10.2	10.8	10.7	10.0	10.1	7.7	6.6	6.0
Davidson	12.6	12.7	11.3	10.5	9.8	6.8	5.7	5.4
Harnett	11.2	11.4	11.4	11.1	11.0	8.0	7.1	6.5
Johnston	9.7	10.0	9.5	9.2	8.5	6.0	5.4	5.2
NC	10.4	10.8	10.2	10.0	9.6	6.9	6.0	5.7

Source: US Department of Labor. Bureau of Labor Statistics

Educational Attainment

According to 2010-2014 US Census Bureau reports, only 14.1% of Randolph County residents have a Bachelor’s degree or higher, as compared to the state rate of 27.8%. Just over 79.1% of Randolph County residents are high school graduates compared to the 85.4% of total North Carolina residents.

According to the State Board of Education Department of Public Instruction, high schools during 2014 - 2015 in North Carolina reported a dropout rate of 2.39, a 4.8% increase from the 2.28 rate reported in 2013-2014.

School Systems	2011-2012 Dropout Rates	2012-2013 Dropout Rates	2013-2014 Dropout Rates	2014-2015 Dropout Rates
Randolph County	1.85	2.41	1.82	1.82
Asheboro City	4.11	2.31	2.18	1.95

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

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 2010-2014 timeframe.

Leading Causes of Death

Cause of Death	Rate
Cancer	207.8
Heart disease	200.7
Chronic lower respiratory disease	72.0
Cerebrovascular disease	49.5
Unintentional injuries	36.3
Alzheimer's disease	32.1
Diabetes Mellitus	26.9
Nephritis, Nephrotic Syndrome and Nephrotis	25.2
Influenza and Pneumonia	22.5
Motor vehicle injuries	17.3
Total Deaths -all causes	690.3

Source: NC State Center for Health Statistics. Leading Causes of Death in NC 2010-2014

Leading Causes of Death in Randolph County by Individual Age Groups, 2010-2014

Rank	0-19 years	20-39 years	40-64 years	65-84 years	85 + years
1	Conditions originating in the perinatal period	Other unintentional injuries	Cancer	Cancer	Heart Disease
2	Congenital Anomalies	Motor Vehicle Injuries	Heart Disease	Heart Disease	Cancer
3	Motor vehicle injuries	Suicide	Chronic lower respiratory disease	Chronic lower respiratory disease	Cerebrovascular disease
4	Other unintentional injuries	Heart Disease	Other unintentional injuries	Cerebrovascular Disease	Alzheimer's Disease
5	Suicide	Cancer	Chronic liver disease and cirrhosis	Nephritis, Nephrotic Syndrome and Nephrotis	Chronic lower respiratory disease

Source: NC State Center for Health Statistics. Leading Causes of Death in NC 2010-2014

Cancer

Overview

Cancer is the leading cause of death in Randolph County and in North Carolina. It is the second leading cause of death in the United States. During 2010-2014, 92,542 persons in North Carolina died from cancer, 1,478 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.

Randolph County Cancer Projections

2016	New Cases	Deaths
Lung	134	95
Breast	151	21
Prostate	118	15
Colon/Rectum	70	25

Source: NC State Center for Health Statistics. Cancer Projections 2016. <http://www.schs.state.nc.us/SCHS/CCR/projections.html>

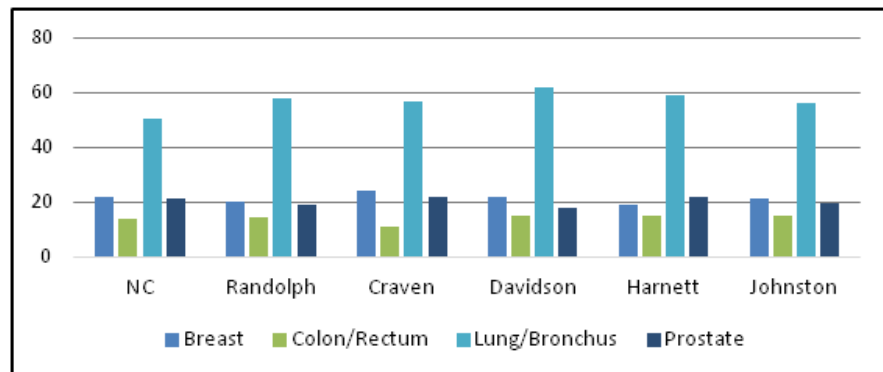
Randolph County Data

The North Carolina Central Cancer Registry projected that in 2016 there would be 885 new cancer cases in Randolph County and 314 deaths.

- According to the table below, residents in Randolph County are more likely to develop breast cancer when compared to the other types.
- Residents in Randolph County are more likely to die from lung cancer rather than breast, prostate or colon/rectum.

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

2009-2013 Cancer Mortality Rates by County per 100,000 Population



Source: NC State Center for Health Statistics 2009-2013 Cancer Mortality Rates by County per 100,000

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.

Sexually Transmitted Infection Cases

The number of Sexually Transmitted Infection (STI) cases in Randolph County has 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.

S.T.I	2012-13	2013-14	2014-15	2015-16
AIDS	3	0	2	0
Chlamydia	355	434	443	434
Gonorrhea	37	89	140	157
HIV	4	11	10	6
Syphilis	2	9	9	10

Source: Randolph County Annual Reports FY 2012-13 through 2015-16

Heart Disease & 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 the United States and the second leading cause of death in North Carolina. Cerebrovascular Disease (Stroke) is the fourth leading cause of death in North Carolina and the fifth leading cause in the United States.

Heart disease is the second leading cause of death, while stroke is the fourth leading cause of death among Randolph County residents. In 2014, 308 Randolph County residents died of heart disease and 85 died from a stroke.

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.

Number of Heart Disease Deaths

County	2012	2013	2014
Randolph	296	297	308
Craven	192	217	212
Davidson	348	374	344
Harnett	181	194	214
Johnston	320	330	274

Source: NC State Center for Health Statistics. Leading Causes of Death in North Carolina. 2014.

Number of Deaths due to Stroke

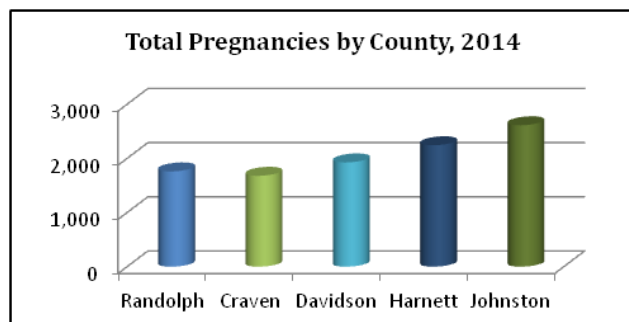
County	2012	2013	2014
Randolph	85	54	85
Craven	53	51	52
Davidson	80	99	96
Harnett	53	49	45
Johnston	61	62	58

Source: NC State Center for Health Statistics. Leading Causes of Death in North Carolina. 2014.

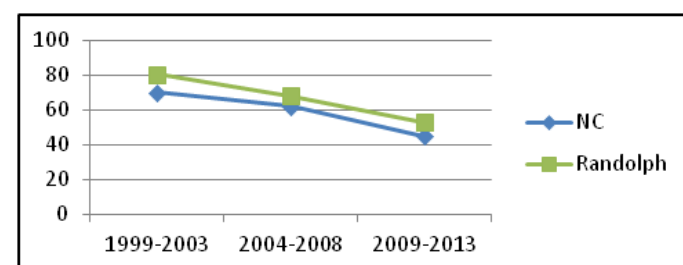
Maternal and Child Health

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.



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



- The total number of pregnancies in Randolph County was 1,761.
- Among the comparison counties, Craven had the lowest total pregnancies (1,680), while Johnston had the highest (2,613).
- White Non-Hispanic women had the highest number of pregnancies for all age groups in all five counties.
- Teen pregnancies have declined over the past 14 years for both the state and Randolph County.

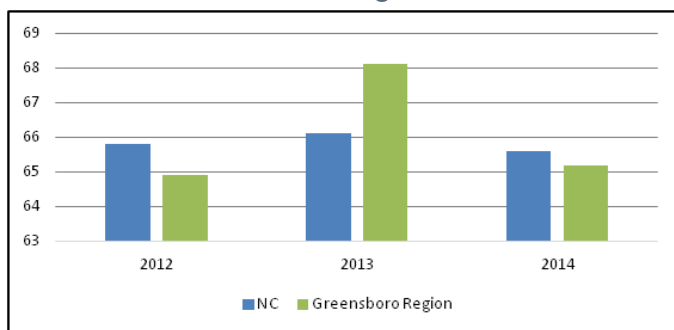
- North Carolina’s teen pregnancy rate is at an all-time low. Key highlights from the most recent data available show:
- Teen pregnancy rates have dropped 29.97%, as of 2013.
- Most of the decline in teen pregnancy is due to the increase of long-term contraceptive use.
- Randolph County has a higher number of teen pregnancies among the White Non-Hispanic population, with the lowest number among the Hispanic population.

Overweight and 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 24th highest adult obesity rate in the nation, at 29.7%. 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..

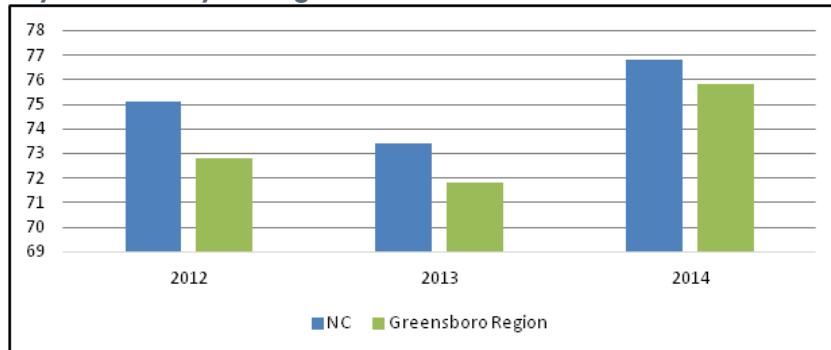
Percent of adults with a BMI greater than 25



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

Source: 2012-2014 BRFSS Survey Results: North Carolina Regions

Physical Activity among Adults



Source: 2012-2014 BRFSS Survey Results: North Carolina Regions

According to the Center for Disease Control and Prevention, more than one-third of U.S. adults (34.9%) are obese. Obesity related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the causes of preventable death. 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.

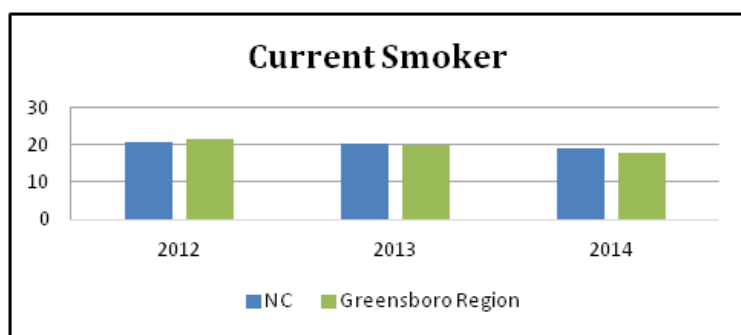
Utilizing the Behavioral Risk Factor Surveillance System (BRFSS) survey results, the following question was asked to individuals participating in the survey: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics,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

Tobacco

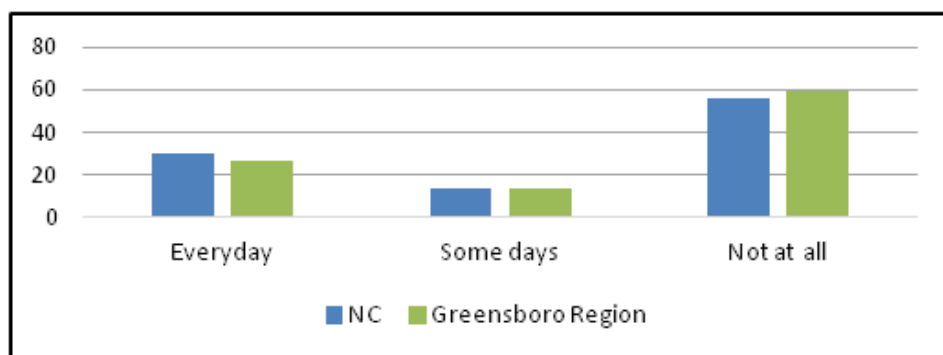
Overview

Tobacco use is the single most preventable cause of death in the United States. Each year in the US, cigarette smoking and exposure to secondhand smoke causes 480,000 (1 in 5) deaths. Smoking kills more people nationwide than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. Approximately 14,200 adults in North Carolina die each year from their own smoking. Another 180,000 kids now under 18 and alive in North Carolina will ultimately die prematurely from smoking.

According to the Center for Disease Control and Prevention (CDC), in 2014, an estimated 40 million adults in the US, aged 18 years or older (16.8%) smoked cigarettes. In North Carolina, approximately 5,750 (19.1%) adults smoked. Annual health care costs in North Carolina directly caused by smoking equaled \$3.81 billion in 2014. An additional \$931.4 million resulted in Medicaid costs. These monetary costs do not include exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use or cigar/pipe smoking. (www.tobaccofreekids.org)



In 2014, survey participants were asked: "Do you currently use chewing tobacco or snuff every day, some days or not at all?"



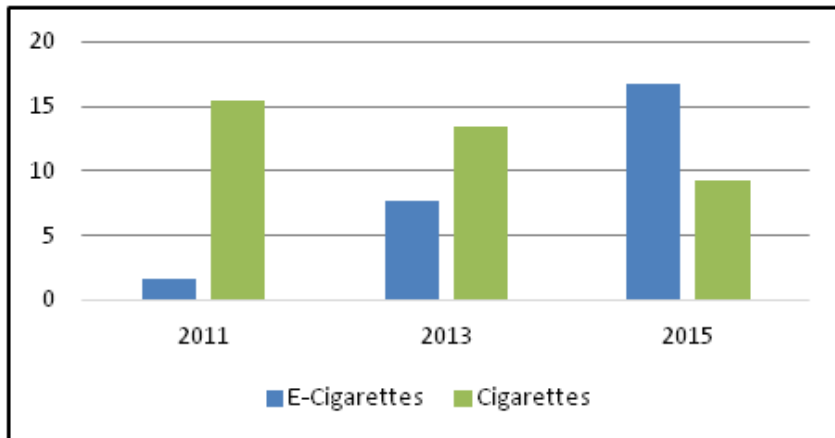
Source: NC State Center for Health Statistics 2010-2014 Cancer Incidence Rates per 100,000 population. Please note: County specific data is not accessible for tobacco use; only regional data was available during the reporting period.

Youth Tobacco Use

The North Carolina Health and Human Services 2015 NC 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 and hookahs (water pipes). Cigarette smoking among NC middle school students decreased from 2011-2013, falling from 4.2% to 2.5% and decreased slightly more from 2013 to 2015, from 2.5% to 2.3%. Among high school students, the drop was 15.5% in 2011 to 13.5% in 2013 down again to 9.3% in 2015.

Current use of electronic cigarettes among NC high school students has increased from 1.7% in 2011 to 16.8 in 2015. Ten percent of high school students said they are considering using electronic cigarettes in the next year and 10.6% of high school students are considering hookah use in the next year.

Current E-Cigarette Use among NC High School Students



Source: NCDHHS Youth Tobacco Survey Fact Sheet

Environmental Health

Overview

Environmental health describes quality of life factors that are determined by physical, chemical, biological, social and psychological factors in the natural environment. Key dimensions of Randolph County’s environmental health are food and lodging, water quality, air quality and the build environment.

Air Quality

The Air Quality Index (AQI) is an index for reporting daily air quality. It tells you how clean or polluted our air is and what associated health effects might be a concern. The AQI focuses on health effects people may experience within a few hours or days after breathing polluted air. The AQI runs from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concern. An AQI value of 100 generally corresponds to the national air quality standard for pollutants, which is the level EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory *The following table describes the numerical values and corresponding “colors” used to convey AQI.*

AQI	Numerical Value	Description
Good	0-50	Air quality is considered satisfactory and air pollution poses little or no risk.
Moderate	51-100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Healthy for Sensitive Groups	101-150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151-200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201-300	Health alert: everyone may experience more serious health effects.
Hazardous	301-500	Health warnings of emergency conditions. The entire population is more likely to be affected

Source: www.airnow.gov

Community Survey Results

Listed below are the top five health issues identified by survey participants. These results are listed in descending order of what participants thought has the greatest impact on health.

Top 5 unhealthy behaviors in Randolph County

Unhealthy Behavior	Number	Percent
Drug abuse	813	77.6
Alcohol abuse	726	69.3
Smoking/Tobacco Use	707	67.5
Lack of exercise	633	60.4
Poor eating habits	592	56.5

Top 5 community issues in Randolph County

Health Problem	Number	Percent
Low Income/Poverty	679	66.4
Affordable Health Services	606	59.3
Unemployment	582	57
Access to healthy food	402	39.3
Child abuse/Neglect	320	31.3

Top 5 community health issues in Randolph County

Community Concern	Number	Percent
Overweight/Obesity	742	70
Cancer	621	59
Diabetes	614	58
Heart Disease/High blood pressure	521	49.1
Mental Health	501	47.3

Acknowledgements

The Randolph County Health Department and Randolph Hospital would like to thank the members of the Randolph County Wellness Collaborative Steering Committee who assisted in the development of the 2016 Community Health Assessment. The members of the Steering Committee include:

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Randolph County Government

Asheboro City Schools

Randolph County Partnership for Children

Asheboro/Randolph YMCA

Randolph County Schools

Ferree's Chapel United Methodist

Harshaw Grove Baptist Church

Mt. Nebo Holiness Church, Ramseur

New Hope Community Fellowship

Randolph County Senior Adults Association

Randolph Family Health Care at MERCE

Randolph Hospital

St. Peters United Methodist

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