

Stanly County

2016

State of the County Health Report



Introduction

The 2016 State of the County Health (SOTCH) Report is a review of Stanly County residents' health indicators and status. The purpose of the SOTCH Report is fourfold: 1. Inform the community and stakeholders about the health status of Stanly County residents; 2. Highlight the health concerns and issues of Stanly County residents; 3. Provide a starting point for community involvement in addressing identified health concerns and issues; and 4. Satisfy the State of North Carolina requirement that a SOTCH Report be prepared the years when a Community Health Assessment (CHA) is not conducted and a report compiled.

The most current CHA was conducted in 2015. All Stanly County residents were given the opportunity to complete a survey either online or via a paper copy. There were 1,191 valid surveys completed. There were 21 Health Issues and 26 Community Concerns listed for survey participants to rate. The complete 2015 CHA report can be accessed at <http://health.co.stanly.nc.us/>. The top 10 Health Issues and Community Concerns in the 2015 Community Health Assessment report are as follows:

2015 Community Health Assessment Report					
#	Health Issues Overall-Major Problem	%	#	Community Concerns Overall-Major Problem	%
1	Drug Abuse (prescription, illegal)	43.41	1	Unemployment/Underemployment	38.20
2	Obesity/Overweight	40.30	2	Child Abuse & Neglect	24.35
3	Tobacco Use	39.46	3	Lack of/Inadequate Health Insurance	22.17
4	Diabetes	33.59	4	Bullying	21.91
5	Cancer	32.66	5T	Domestic Violence	21.33
6	Inactivity/Lack of Physical Activity	29.55	5T	Quality of Education (K-12)	21.33
7	Alcoholism/Alcohol Abuse	27.79	7	Crime	18.64
8	Teenage Pregnancy	27.04	8T	Access to Adult Day Care	18.30
9	Nutrition	24.60	8T	Access to Health Care Specialists	18.30
10	Heart Disease	24.10	10	Racism	17.80

T- tie

2015 Priority Issues

Priority issues were determined by Partners in Health, a Stanly County Health Task Force. Partners in Health is comprised of representatives from local agencies and community groups as well as private citizens. It meets bi-monthly to address Stanly County health concerns and promote outreach activities. These priorities were selected after reviewing the results of the 2015 Community Health Assessment and the available data. The Stanly County Board of Health approved the selection of these three priorities. The three priorities selected are:

- ▶ Substance Abuse
- ▶ Heart Disease
- ▶ Suicide*

(*Suicide was selected as a priority by Partners in Health and approved by the Stanly County Board of Health in 2016 – after the completion and acceptance of the 2015 CHA. Initial written State guidance for the CHA allowed for two or three priorities to be selected, so two were selected. To bring the health department in compliance with the State's Consolidated Agreement, a third priority was selected.)

2013 Priority Issues Progress Update

Five priorities were selected in 2014 after reviewing the 2013 CHA and related data: obesity, tobacco use, substance abuse (illegal drug use), bullying and child abuse & neglect. Activities from the 2013-2016 Action Plan have been underway.

❖ Obesity -

- Passport to Fitness – CHS Stanly - All fourth graders in 11 Stanly County elementary schools and Christ the King Christian Academy and fifth graders in Park Ridge Christian School receive instruction on nutrition, physical fitness and generally healthy living choices through this program. There was slight improvement during the 2014-2015 school year. Data for the 2015-2016 was not available in time for this report.
- ENERGIZE! Program has been discontinued. Two others programs addressing wellness have been implemented by Carolinas HealthCare System Stanly – The Hiking Program and After School Running Program. The Hiking Program is an extension of Passport to Fitness and begins the week after school ends for the summer. It provides the opportunity for youth to hike at Morrow Mountain State Park once a week for 10 weeks. There were 120 youth participating in this program. Participation averaged 60 youth per week which was an increase of 50% from the previous year. Youth are provided the opportunity to be physically active as well as be informed about healthy eating. They are provided a healthy snack and lunch that can be replicated at home. The After School Running Program is offered at four schools – Locust, Endy, Millingport and Uwharrie Academy. It meets one time a week at each school providing a workout, run and exercises. The goal is to successfully participate in the Mini-Medley Run and provide an alternative to inactivity after school.
- Search for the Golden Shoe – SCHD – Gold painted shoes are hidden in 8 parks throughout the county for two weeks in the spring. People find the shoes and bring them to the awards event for prizes. The return rate for shoes was 80% in 2016. This compared to the return rate in 2015 of 75%.
- Stanly Commons Farmers Market – SCHD – This market occurs weekly from May-October. Four cooking demonstrations have taken place at the farmers market to show how familiar and unfamiliar local produce can be prepared. The farmers market, also, accepts WIC vouchers and SNAP/EBT benefits.
- Stanly County day care centers were encouraged to be certified in the Healthy Child Care Recognition Program (HCCRP). The emphasis is to provide healthy nutrition opportunities, physical activities and tobacco-free environment to promote the health and well being of children. The Health Department will certify daycare centers as they meet HCCRP requirements. Two day care centers have been certified. County staff has not yet worked with Partnership for Children to develop a strategy for implementing the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program and/or Shape NC programming.

❖ Tobacco Use

- Dangers of Smoking curriculum is taught in all eighth grades in Stanly County schools.
- Smoking Cessation Programming (QuitSmart) & support for local businesses - Carolinas HealthCare System Stanly uses the Quit Now curriculum for smoking cessation programs in the community.
- Promotion of Quitline – SCHD – Quitline information is provided to all clinic patients where appropriate. Quitline information is playing on Visix TV system in the health department & Stanly Commons. Access information is displayed on an outdoor digital sign. Sixty-one Stanly County tobacco users have contacted Quitline from July 1, 2016 through November 30, 2016.
- Tobacco use in Albemarle Parks & Recreation areas has decreased due to adoption of a no tobacco policy. There is signage announcing no tobacco use in the parks.

❖ Substance Abuse

- Operation Medicine Drop – Drug drop boxes are located at the Albemarle Police Department, Norwood Police Department and Oakboro Police Department. Residents are encouraged to take unused or out-

of-date prescription drugs to one of these locations for proper disposal. Albemarle Police Department has provided the following prescription drug totals data for 2015 and 2016: 231,622 grams (2015) and through the end of October – 143,358 grams (2016) of prescription drugs.

- Pre-Prom Mock Car Crashes & High School Education – Safe Kids – Mock car crashes were held at North Stanly and South Stanly high schools. Alcohol prevention programs were presented at South Stanly, West Stanly and Gray Stone high schools.
- Rescue Medication Efforts (Naloxone) – SCHED – Consideration of dispensing Naloxone at the health department has been discussed at the health department Departmental Management Team and Project Lazarus meetings.
- Chronic Pain Initiative – Carolinas HealthCare System Stanly is developing strategies to educate its medical providers on prescription drug abuse and diversion opportunities to assist in reducing risks while maintaining appropriate use of pain narcotics.

❖ Bullying

- No established program – Program resources reviewed to address bullying. Because of the difficulty identifying local data to evaluate/assess bullying and limited bullying interventions, it was removed as a focus priority.

❖ Child Abuse & Neglect

- Darkness to Light program – The Stanly County Family YMCA has coordinated this program in Stanly County. There have been 36 people who have completed this program through August 2016.

It is challenging to determine the impact of activities on the five 2014 priorities as the availability of current corresponding data for the most part is not available. Obesity and tobacco use data has not significantly changed from 2013 to 2014 according to the Behavioral Risk Factor Surveillance System (BRFSS) survey results for the Piedmont region.

% Piedmont BRFSS survey respondents self-reporting of body mass index greater than 25

	2013	2014
Piedmont	64.1%	64.2%

Source: North Carolina State Center for Health Statistics

% Piedmont BRFSS survey respondents self-reporting that they are current smokers

	2013	2014
Piedmont	19.2	18.1

Source: North Carolina State Center for Health Statistics

Substance abuse is an ongoing major concern in Stanly County. It has been listed among the top three major concerns in the past four Community Health Assessment Reports (2007, 2011, 2013, 2015). In 2015 and 2007 it was listed as the number one major concern. One consequence of substance abuse is mortality due to unintentional poisoning. Stanly County had a higher unintentional poisoning mortality rate than North Carolina in 2011-2015. (See table below) Among the total deaths due to poisoning in 2011-2015, eight were intentional deaths (suicide) and 47 were unintentional deaths.

When looking at the unintentional deaths, it must be noted that 42 of the 47 deaths were attributed to the use of narcotics and psychodysleptics (hallucinogens). The drugs that caused these unintentional deaths included heroin(4), other opioids(17), methadone(7), other synthetic drugs(7), cocaine(6) and other and unspecified narcotics(1).

There were 17 deaths due to poisoning attributed to the use of antiepileptic, sedative-hypnotic and antiparkinson drugs from 2011-2015. There were seven intentional deaths and nine unintentional deaths attributed to the use of antiepileptic, sedative-hypnotic and antiparkinson drugs. Drugs that caused the unintentional deaths included barbiturates(1), benzodiazepines(6) and other antiepileptic and sedative-hypnotic drugs(2).

Unintentional Poisoning Mortality Rate

	2011-2015
Stanly County	16.4
North Carolina	12.3

Per 100,000 population
Source: North Carolina State Center for Health Statistics

Substance Abuse and Mental Health Services Administration (SAMHSA) 2010-2012 & 2012-2014 data shows illicit drug use had decreased among people 12 and older. (See table below.) However, the nonmedical use of pain relievers and marijuana use had increased.

Percent of Persons Reporting Their Use of Drugs in Stanly County		
	2010-2012	2012-2013
Illicit Drug Use other than Marijuana in the Past Month	2.75%-3.05%	2.60%-2.94%
Illicit Drug Use in the Past Month among Persons Ages 12 & Older	7.47%-9.56%	6.72%-8.00%
Nonmedical Use of Pain Relievers in the Past Year among Persons Aged 12 & Older	3.89%-4.25%	4.02%-4.59%
Marijuana Use in the Past Month among Persons Aged 12 & Older	5.59%-7.68%	6.20%-8.15%
Marijuana Use in the Past Year among Persons Aged 12 & Older	9.77%-12.73%	10.72%-13.50%
Source: SAMHSA		

Prescription drugs are not as available to be misused/abused in Stanly County. The Albemarle, Norwood and Oakboro police departments have prescription drug drop boxes at their locations. The emergency entities that have Naloxone available are Stanly County Emergency Services and Stanly County Sheriff's Office. Naloxone is available at all local pharmacies. Dispensing guidelines vary among the pharmacies.

Child Abuse & Neglect continues to be a major concern in Stanly County. It was rated the second highest major problem in the Community Issues sections of the 2015 Community Health Assessment. To address concerns regarding this issue, the Stanly County Family YMCA has offered the program, Darkness to Light, to the community. Thirty-six people have successfully completed the program this year.

Emerging Issues

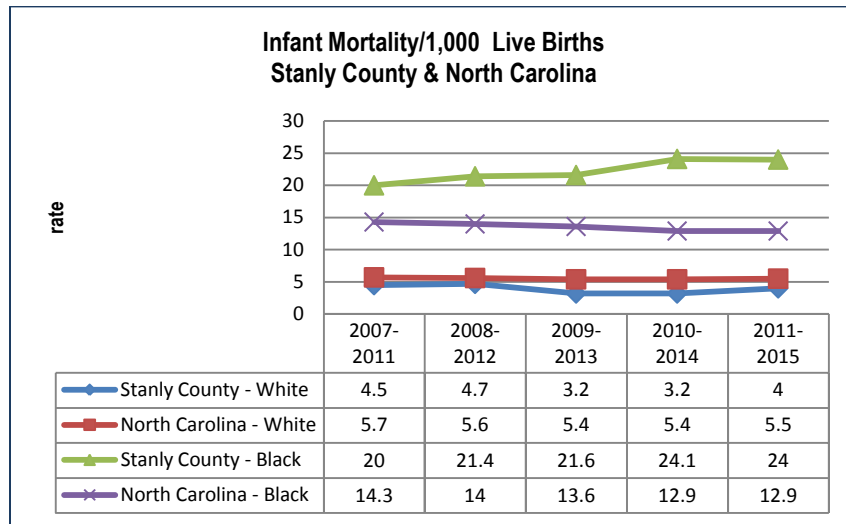
Zika

There seems to be a disease previously unknown to the general population that makes headlines every few years. This year that disease is Zika. Zika's greatest negative health impact is on unborn children. Zika can result in birth defects in the child of an infected pregnant woman. The most common birth defect is microcephaly which is incomplete brain development. Health care professionals are encouraged to screen all women of childbearing age for exposure potential to the Zika virus and provide educational information.

The Zika virus is "spread mostly by the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*)." (www.cdc.gov/zika/about/index.html) However, it can be sexually transmitted. Until recently, Zika cases were the result of individuals travelling to high risk foreign countries and becoming infected there. Zika is now a greater concern as people are becoming infected in the United States. There is no known vaccine to prevent Zika. People must take measures to prevent being bitten by an infected mosquito or being infected through sexual contact with an infected person.

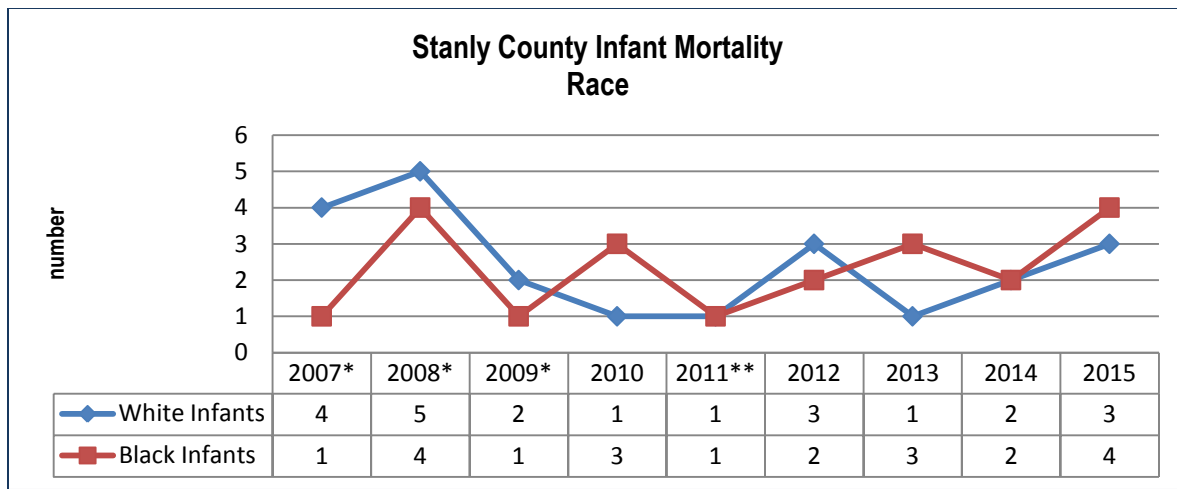
Infant Mortality

The majority of infant deaths in Stanly County are caused by perinatal conditions with birth defects a distance second. Perinatal is defined as the 20th week of a female's pregnancy through the 28th day of a newborn's life. The rate of Stanly County Black infant mortality is significantly higher than Stanly County White, North Carolina White and North Carolina Black mortality rates. (See chart on next page.) Reporting the data in five year intervals smoothes out the spikes that may occur during a year, the following chart highlights the need for continuous awareness of the subsequent data.



Source: North Carolina State Center for Health Statistics

The chart below shows the actual number of infant deaths reported per year in Stanly County – not the five year interval rates in the previous chart. The yearly numbers overall are small, but it must be noted that there was an increase in infant mortality reported in 2015.



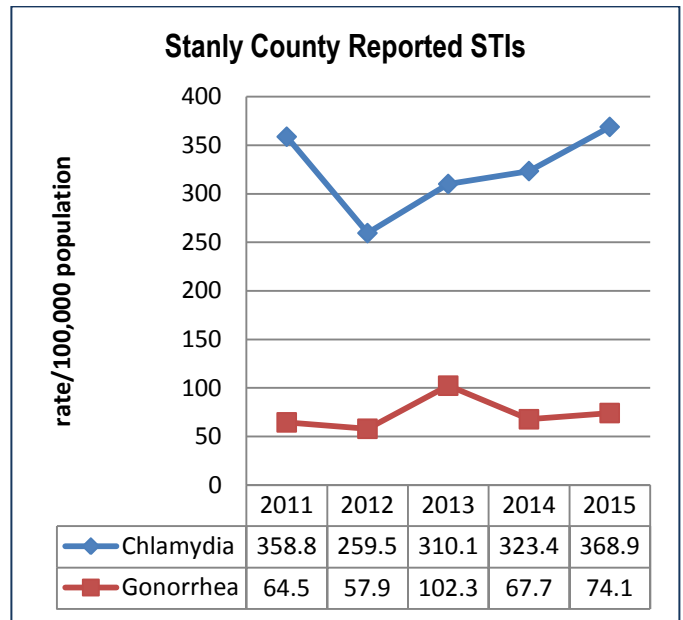
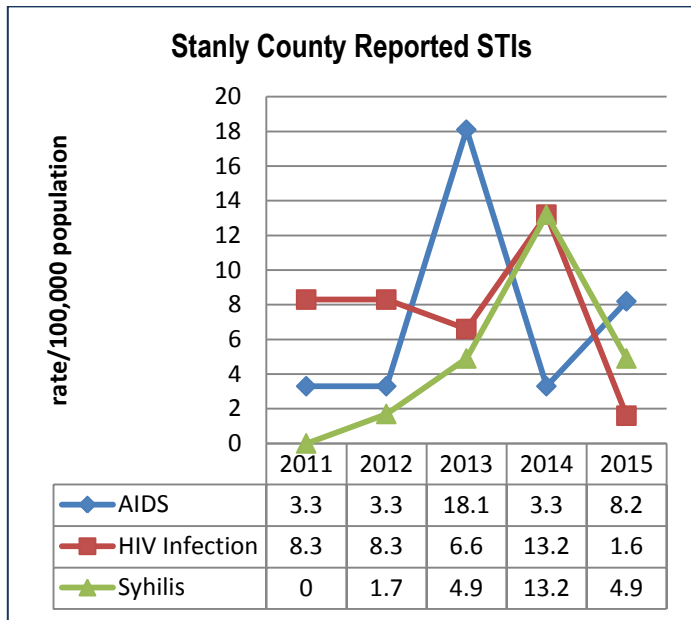
*Data stated as White or Minority. Beginning 2010 Minority reclassified as Black, Hispanic or Others

**Listed as 1 White & 1 Black in Infant Mortality Table data, but listed as 2W in Detailed Mortality Statistics Report.

Source: North Carolina State Center for Health Statistics

Sexually Transmitted Infections (STIs)

The incidence of Sexually Transmitted Infections (STIs) reported in Stanly County has increased. (See charts on next page for specific STIs) Reported cases of Chlamydia have been trending upward. Other reported STIs inconsistently increase or decrease depending upon the year being reported. This data does not take into account the number of individuals treated as contacts of a person reported with an STI.



Source: North Carolina State Center for Health Statistics

Health Disparity

There is a significant disparity between the death rate of Whites and African Americans. When looking at All Causes of Death, the disparity is very evident. (See table below.) African Americans' rate of death for specific diseases is, also, shown in the table below. African Americans' rate is higher in three of the four diseases listed. It must be noted that data is only available for these four specific causes of death for African Americans due to the smaller numbers.

2011-2015 Stanly County Race/Ethnicity-Adjusted Death Rates/100,000 Population White Non-Hispanics & African American Non-Hispanics		
Cause of death	White Non-Hispanics	African American Non-Hispanics
All Causes	896.1	1,066.3
Diseases of the Heart	230.6	267.5
Other Ischemic Heart Disease	111.4	107.7
Cancer	174.2	286.2
Trachea, Bronchus & Lung Cancer	53.9	83.3

Source: North Carolina State Center for Health Statistics

Identify New Initiatives

Project Lazarus/Substance Abuse

Efforts are underway to continue addressing the substance abuse problem in Stanly County by enacting harm reduction activities. A group of concerned citizens, including representatives from law enforcement, public health, mental health, social services and health care are meeting monthly to discuss and determine where harm reduction activities are feasible in Stanly County. This group is an outgrowth of the participants attending the Healthy Communities meeting held May 2016 at the First Presbyterian Church in Albemarle to address substance abuse concerns. One activity being discussed is initiating the syringe exchange program (SEP) in Stanly County. SEPs are now legal in North Carolina with the passing of House Bill 972 July 11, 2016. (www.nchrc.org/syringe-exchange/syringe-exchange-in-nc-faq/) Discussion

has been held how to safely and effectively offer this service in Stanly County. The Law Enforcement Assisted Diversion (LEAD) Program has been under discussion. LEAD is a diversion program where law enforcement officers “redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution.” (www.nchrc.org/law-enforcement/law-enforcement-assisted-diversion/) It was determined after initial contact with the District Attorney’s office that the LEAD Program would not be feasible at this time in Stanly County.

Suicide Prevention

Suicide is a health issue that is gaining traction in Stanly County. Hope Now, a suicide awareness community event organized by concerned citizens, has been held beginning in 2015. There was a ground swell of community interest that came to a head after the Health Expo, “Suicide – Let’s Talk about It.” A Suicide Prevention Awareness Task Force has been assembled to address suicide in Stanly County. This task force was initiated by Cardinal Innovations and is supported by local agencies, groups and concerned citizens.

Prescription – Farmers Market Program

Addressing nutritional needs of residents with chronic diseases is the goal of the Prescription – Farmers Market Program. Patients enrolled in the Community Care Clinic receive vouchers to purchase fresh fruits and vegetables at one of the local Farmers Markets.

Stanly County Dental Sealant Project

The Stanly County Dental Sealant Project was awarded a Duke Endowment grant to reduce the incidence of dental caries in children. Stanly County Dental Clinic staff will travel to all the Stanly County elementary schools to apply sealants (or varnish fluoride) on the molars of eligible second and third grade children. The Stanly County Health Department and Stanly Regional Medical Center Foundation (on behalf of Carolinas HealthCare System Stanly) collaborated to procure this grant.

Mental Health Services

Cardinal Innovations and Carolinas HealthCare System Stanly are offering Mental Health First Aid and Mental Health First Aid for Youth programs to the community. These programs increase the communities understanding of mental health issues and how to appropriately respond. Concern has been raised about the lack of available mental health services in Stanly County...especially for adolescents. Stanly County has three providers of mental health services: Daymark Recovery Services, Monarch and NorthEast Psychiatric Services. All offer the traditional access to services as well as 24/7 service access. Daymark Recovery Services now offers Mobile Crisis Management (MCM) services. MCM involves interventions that may occur on the telephone or in a face-to-face encounter in the community.

Leading Causes of Death^ by Age, Stanly County, 2011-2015

Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+
1	Conditions originating in the perinatal period (14)*/18.9	Other Unintentional Injuries (24)/33.4	Cancer – All Sites (199)/188.6	Cancer – All Sites (403)/888.1	Diseases of the Heart (932)/5609.4
2	Motor Vehicle Injuries (5)*/6.7	Suicide (22)/30.6	Diseases of the Heart (132)/125.1	Diseases of the Heart (398)/887.1	Cancer – All Sites (98)/1696.7
3	Congenital Anomalies (3)*/4.0	Motor Vehicle Injuries (16)*/22.3	Other Unintentional Injuries (32)/30.3	Chronic Lower Respiratory Diseases (130)/284.5	Cerebrovascular Disease (68)/1177.3
4	Suicide (3)*/4.0	Diseases of the Heart (12)*/16/7	Diabetes Mellitus (29)/27.5	Alzheimer's Disease (67)/146.7	Alzheimer's Disease (59)/1021.5
5	Homicide (3)*/4.0	Cancer – All Sites (7)*/9.7	Chronic Liver Disease & Cirrhosis (29)/27.5	Cerebrovascular Disease (67)/146.7	Pneumonia & Influenza (36)/623.3
6	Diseases of the Heart (2)*/2.7	Congenital Anomalies (3)*/4.2	Cerebrovascular Disease (26)/24.6	Diabetes Mellitus (49)/107.3	Chronic Lower Respiratory Diseases (32)/554.0
7	Other Unintentional Injuries (2)*/2.7	Septicemia (2)*/2.8	Chronic Lower Respiratory Diseases (25)/23.7	Pneumonia & Influenza (39)/85.4	Other Unintentional Injuries (17)*/294.3
8	Septicemia (1)*/1.3	Pneumonia & Influenza (2)*/2.8	Motor Vehicle Injuries (22)/20.9	Septicemia (37)/81.0	Septicemia (16)*/277.0
9	*	Chronic Liver Disease & Cirrhosis (2)*/2.8	Suicide (22)/20.9	Nephritis, Nephrotic Syndrome & Nephrosis (32)/70.0	Nephritis, Nephrotic Syndrome & Nephrosis (15)*/259.7
10	*	Homicide (2)*/2.8	Pneumonia & Influenza (9)/8.5	Other Unintentional Injuries (30)/65.7	Diabetes Mellitus (13)*/225.1
			Nephritis, Nephrotic Syndrome & Nephrosis (9)/8.5		
			Viral Hepatitis (9)/8.5		

(#)/Rate

^ Unadjusted rate per 100,000 population

* Less than 20 cases not ranked, except where noted

Source: NC Center for Health Statistics

Stanly County 2015 Summary Report

(Data source: North Carolina State Center for Health Statistics, except where noted)

	Health Indicator	Report Period	Stanly County	Previous Report Year Comparison	North Carolina
Maternal, Child & Infant Health	Infant Mortality (<1 yr.) (rate/1,000 live births)	2011-2015	6.7	▲	7.2
	Fetal Deaths (per 1,000 deliveries)	2011-2015	7.2	▼	6.8
	Neonatal Deaths (<28 days) (per 1,000 live births)	2011-2015	5.1	▲	4.9
	Post-Neonatal Deaths (28 days-1 year) (per 1,000 live births)	2011-2015	1.5	▲	2.3
	Live Births (rate per 1,000 population)	2011-2015	10.9	◀▶	12.2
	Low Birth Weight (<=2500 g) (% of all live births)	2011-2015	9.2	◀▶	9.0
	Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Live Births + Induced Abortions + Fetal Deaths	2115	30.4	▼	30.2
	Unmarried Mothers (% of all live births)	2011-2015	43.4	▲	51.7
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2011-2015	231.7	▲	163.7
	Cancers – All Sites	2011-2015	180.5	▲	169.1
	Trachea, Bronchus & Lung	2011-2015	56.0	▼	48.9
	Breast*	2011-2015	21.9	▼	21.3
	Colon, Rectum & Anus	2011-2015	15.7	▲	14.2
	Prostate*	2011-2015	12.8	▲	20.5
	Cerebrovascular Disease (Stroke)	2011-2015	42.3	▼	43.1
	Chronic Lower Respiratory Disease	2011-2015	48.7	▼	45.9
	Alzheimer's Disease	2011-2015	34.5	▲	30.2
	Pneumonia & Influenza	2011-2015	22.9	▲	17.8
	Diabetes Mellitus	2011-2015	22.6	▲	22.8
	Septicemia	2011-2015	13.5	▼	13.0
	Nephritis, Nephrotic Syndrome & Nephrosis	2011-2015	14.5	▲	16.3
	Chronic Liver Disease & Cirrhosis*	2011-2015	12.1	▲	10.1
	Injury (Mortality rate per 100,000 population)	Motor Vehicle Injuries	2011-2015	16.8	▼
All Other Unintentional Injuries		2011-2015	31.9	▼	30.5
Suicide		2011-2015	18.6	▲	12.7
Homicide*		2011-2015	4.4	◀▶	5.8
Communicable Diseases (rate per 100,000 population) Data collected by NC EDSS Surveillance	Newly Diagnosed Chlamydia	2015	368.9	▲	541.5
	Newly Diagnosed Gonorrhea	2015	74.1	▲	169.7
	HIV Disease* (age-adjusted mortality rate) {data source: NCSCHS}	2013-2015	1.6	▲	13.4
	Newly Diagnosed AIDS	2015	8.2	▲	7.4
	Newly Diagnosed HIV	2015	6.0	▼	13.4
	Newly Diagnosed Primary & Secondary Syphilis	2015	3.3	▼	11.3
	Newly Diagnosed Primary, Secondary, Early Latent Syphilis	2015	4.9	▼	8.6
	Pertussis	2015	1.6	▼	3.5
Tuberculosis	2015	0	◀▶	2.0	
Health Care Provider[^]	Persons per Primary Care Physician[#]	2012	1,833	▲	1,319
	Persons per Registered Nurse	2012	138	▼	100
	Persons per Dentist[§]	2012	3,780	▼	2,219
	Persons per Psychologist	2012	60,477	N.A.	4,650

Notes: Key: (▲ = higher; ▼ = lower; ◀▶ = same)

Comparing Stanly County and North Carolina data, numbers in **RED** are higher.

* Fewer than 50 deaths

[^]Health care providers are by county of practice

[#]Active federal and nonfederal physicians in general or family practice, internal medicine, pediatrics, and obstetrics/gynecology

[§]Active federal & Nonfederal