



Stanly County

2020

State of the County Health Report



Introduction

The 2020 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 as follows: 1. Assess the progress on the Community Health Improvement Plans (CHIPs) - short and long term strategies/interventions of the 2018 Community Health Assessment; 2. Inform the community and stakeholders about the progress of the CHIPs plans; 3. Inform the community and stakeholders about the current health status of Stanly County residents; 4. Highlight the current health concerns and issues of Stanly County residents; 5. Provide a starting point for community involvement in addressing identified health concerns and issues; and 6. 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 2018. (The next CHA is scheduled to be conducted in 2021.) All Stanly County residents were given the opportunity to complete a survey either online or via a paper copy. There were 831 valid surveys completed in 2018. There were 20 Health Issues and 27 Community Concerns listed for survey participants to rate. The complete 2018 CHA report can be accessed at <http://health.co.stanly.nc.us/>. The top 10 Health Issues and Community Concerns in the 2018 Community Health Assessment report are found in Table 1.

Table 1.

2018 Community Health Assessment Report					
#	Health Issues Overall-Major Problem	%	#	Community Concerns Overall-Major Problem	%
1	Drug Abuse (prescription, illegal)	56.71	1	Unemployment/Underemployment	29.74
2	Tobacco Use	43.29	2	Lack of/Inadequate Health Insurance	28.30
3	Obesity/Overweight	39.69	3	Bullying	26.98
4	Alcoholism/Alcohol Abuse	32.13	4	Poverty	26.02
5	Mental Illness	31.06	5	Inadequate/Unaffordable Housing	25.30
6	Diabetes	30.58	6T	Access to Substance Treatment Services	24.22
7	Cancer	29.14	6T	Crime	24.22
8	Teenage Pregnancy	28.06	8	Child Abuse & Neglect	23.98
9	Inactivity/Lack of Physical Activity	27.58	9	Homelessness	23.62
10	Heart Disease	25.66	10	Domestic Violence	23.14

T- tie

Peer counties were determined by the Stanly County Health Department Health Education Unit. Population totals were the first determinant of peer counties. The following determinants were then considered: median income, employment percentage, persons in poverty, educational attainments and no health insurance.

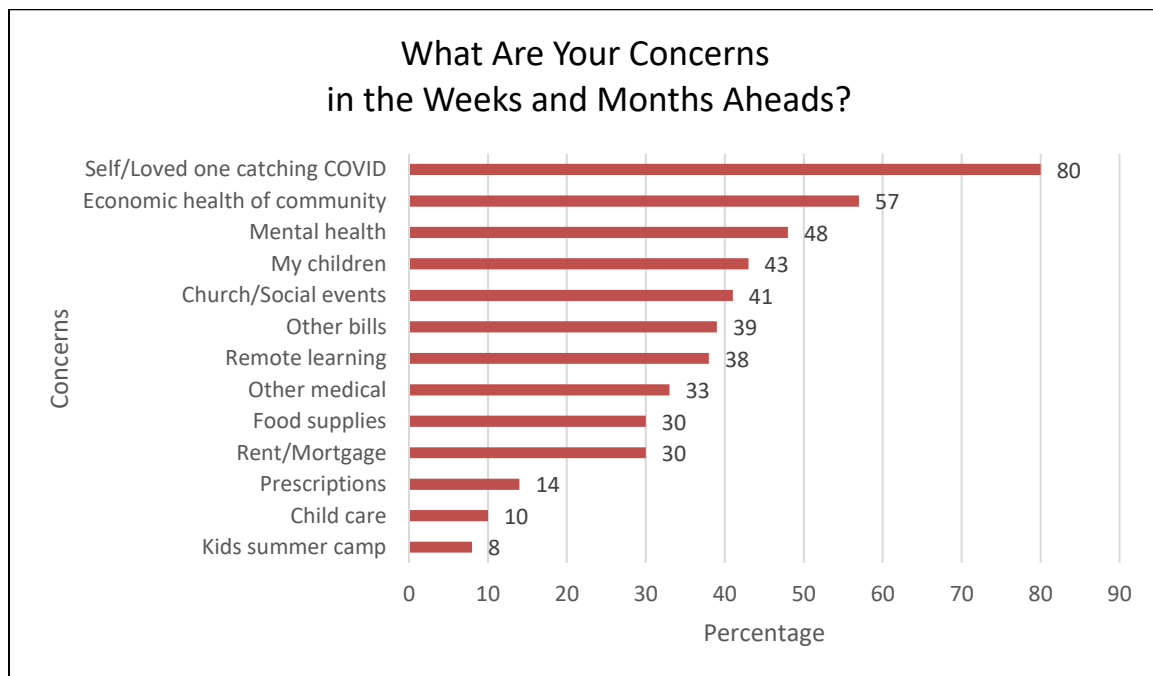
COVID-19 Pandemic

2020 presented a life altering public health event to Stanly County, North Carolina, the United States of America and the world – the COVID-19 pandemic. The COVID-19 pandemic necessitated an abrupt shift in public health priorities in Stanly County, the state and country. A dedicated COVID-19 Drive-In Testing Clinic and contact tracing were established. Preparations are underway for mass COVID-19 inoculations.

COVID-19 infections in Stanly County have accelerated from one reported case on March 20, 2020, to 4,421 cases as of December 29, 2020. (Stanly County Health Department COVID-19 Task Force). The situation as of December 29, 2020, is as follows: 52,396 total completed COVID-19 tests, 26,573 total residents tested, 4,421 residents tested positive, 4 reinfections, 90 deaths, 8 outbreaks (2 or more laboratory confirmed cases in a congregate living setting – nursing home, correctional facility, assisted living, etc.) and 2 clusters (5 or more laboratory confirmed cases in a non-congregate living setting – school, church, worksite, etc.). The majority of cases (2,556) are the result of contact spread. Community spread is responsible for 1,021 COVID-19 infections. The three Ws (wear a facial covering, wash your hands, wait 6 feet away) are being reinforced in the community with limited success. Vaccines are the light at the end of this dark tunnel of disease. COVID-19 vaccines will be available on a limited basis beginning in December 2020.

The United Way of North Carolina conducted an online survey July 27, 2020 through August 31, 2020 to gauge the impact of COVID-19 on the population. (COVID-19 Impact Survey Results United Way of North Carolina Report, 2020) 8,583 North Carolinians responded to the survey. The overwhelming major concern was “self or loved one catching COVID” with 80% of the respondents selecting it. “Economic health of the community” was selected by 57% of the survey respondents. Survey respondents were permitted to select more than one response for this question. The top 10 concerns are shown on Chart 1.

Chart 1.



Source: COVID-19 Impact Survey Results United Way of North Carolina Report, 2020

The following is a partial overview of the pandemic’s timeline and polices enacted. The initial COVID-19 outbreak was reported in the city of Wuhan, Hubei Province in China in December 2019.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6905e1.htm?s_cid=mm6905e1_w The first reported case in the United States was January 21, 2020, in Snohomish County, Washington.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6905e1.htm?s_cid=mm6905e1_w The first reported case of COVID-19 in North Carolina was March 3, 2020 in Wake County. <https://www.ncdhhs.gov/news/press-releases/north-carolina->

[identifies-first-case-covid-19](#)) On March 20, 2020, the first presumptive case of COVID-19 was reported in Stanly County. (Stanly County Health Department COVID-19 Task Force)

To mitigate the spread of COVID-19, all non-essential businesses, schools, churches and community programs were shut down in North Carolina including Stanly County beginning March 30, 2020. (Stanly County Health Department & <https://www.newsobserver.com/news/coronavirus/article241428061.html>)

Governor Roy Cooper issued Executive Order No. 138 that initiated Phase 1 to lift some restrictions beginning May 8, 2020, at 5pm. (<https://files.nc.gov/governor/documents/files/EO138-Phase-1.pdf>) Governor Cooper issued Executive Order No. 141 that initiated a modified Phase 2 to lift additional restrictions at 5pm on May 22, 2020. (<https://files.nc.gov/governor/documents/files/EO141-Phase-2.pdf>) Governor Cooper issued an Executive Order No. 155 to extend Phase requirements until September 11, 2020. (<https://www.nc.gov/covid-19/staying-ahead-curve>) Executive Order No. 163 “Safer at Home 2.5” was issued by Governor Cooper to start September 4, 2020 through September 22, 2020. It allowed mass gatherings (limited to 25 people indoors and 50 people outdoors); playgrounds opened; museums and aquariums open at 50% capacity; Gyms and indoor exercise facilities, such as yoga studios, martial arts, and rock climbing, as well as skating rinks, bowling alleys, indoor basketball, volleyball etc., open at 30% capacity; Bars, nightclubs, movie theaters, indoor entertainment facilities, amusement parks, dance halls remain closed and large venues remain subject to the mass gathering limits. (<https://governor.nc.gov/news/north-carolina-move-phase-25>) Governor Cooper issued Executive Order No. 169 that ran from October 2, 2020 through October 23, 2020. (<https://files.nc.gov/governor/documents/files/EO169-Phase-3.pdf>) This executive order allowed the following: reduced outdoor seating for bars and entertainment venues, large outdoor facilities (10,000 or more guests) open at 7% of the facility’s total seating capacity, Outdoor areas of amusement parks and movie theaters reopen at reduced capacity limits. Governor Cooper’s Executive Order No. 170 extends Executive Order No. 169 through November 13. (<https://files.nc.gov/governor/documents/files/EO170-Phase-3-Extension.pdf>) Governor Cooper’s Executive Order No. 176 extends Phase 3 through December 4, 2020. (<https://files.nc.gov/governor/documents/files/EO176-Phase-3-ext.pdf>) The major change is the reduction of mass gathering indoor quantities from 25 to 10. Additional Executive Orders have been initiated that strengthen these previous orders.

2018 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. This task force addresses Stanly County health concerns and promotes outreach activities. Priority issues were selected after reviewing the results of the 2018 Community Health Assessment and other available data. The Stanly County Consolidated Human Services Board received and approved the selection of these three priorities at their June 6, 2018 meeting. The three priorities (in alphabetical order) selected were:

Overweight/Obesity

Substance Misuse

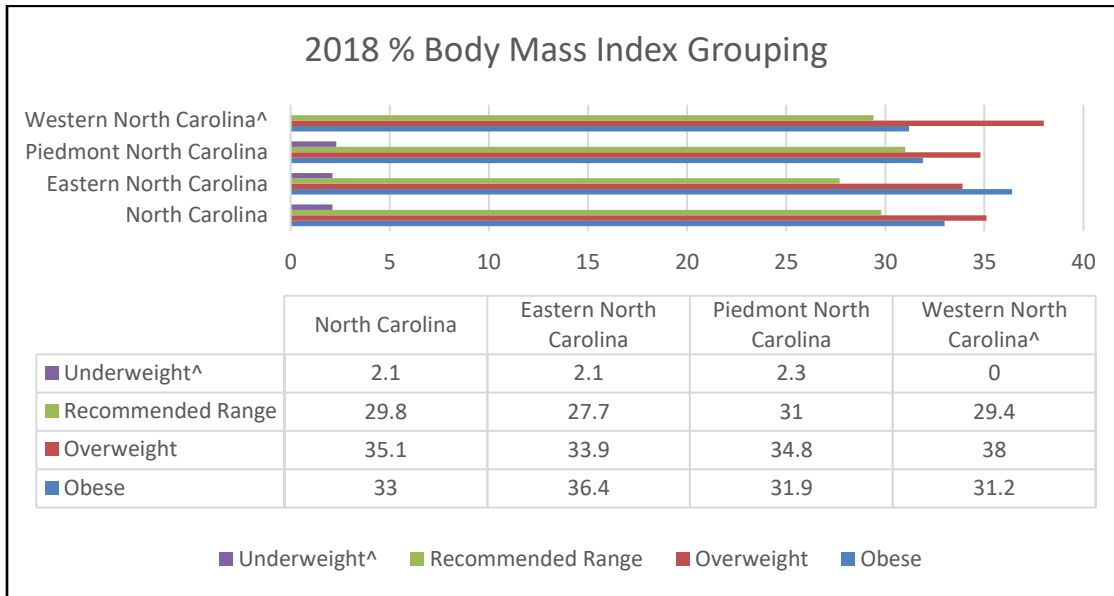
Tobacco Use

Overview

Obesity-Overweight

Chart 2 highlights the 2018 Behavioral Risk Factor Surveillance System (BRFSS) 2018 % Body Mass Index Grouping results. Stanly County is part of the Piedmont North Carolina data. Compared to the Western and Eastern regions of North Carolina, the Piedmont region respondents had a higher percentage report they were underweight or in the recommended range. Compared to the North Carolina respondents, the Piedmont region had less respondents identify as overweight or obese. Still, 66.7% of the Piedmont respondents reported being overweight or obese. Only 31% reported being in the recommended BMI range which was comparable to the other regions.

Chart 2.



Source: 2018 Behavioral Risk Factor Surveillance System (BRFSS)
 North Carolina State Center for Health Statistics
 Body mass index is computed as weight in kilograms divided by height in meters squared:(kg/ m²).
 BMI is an intermediate variable used in defining overweight and obesity.
 Underweight=BMI less than 18.5, Recommended Range=BMI 18.5 to 24.9,
 Overweight=BMI 25.0 to 29.9 and Obese=BMI 30 or greater.
[^]The Western North Carolina Underweight estimate was suppressed because it did not meet statistical reliability standards

Substance Misuse

Substance misuse is a major health issue in Stanly County, but the COVID-19 pandemic has overshadowed this public health concern. The COVID-19 pandemic has increased isolation of those who misuse drugs resulting in an increase in misuse. It is now more difficult to access effective mental health services. Online therapy sessions are now more available and are more prevalent than in person sessions. The NCDTECT data on Table 2 shows the specific drug overdoses treated at Atrium Health Stanly Emergency Department (ED). Misuse of medications/drugs is the cause of most ED overdose visits. Misuse of opioids are responsible for the second highest cause of overdose visits to the ED.

Table 2.

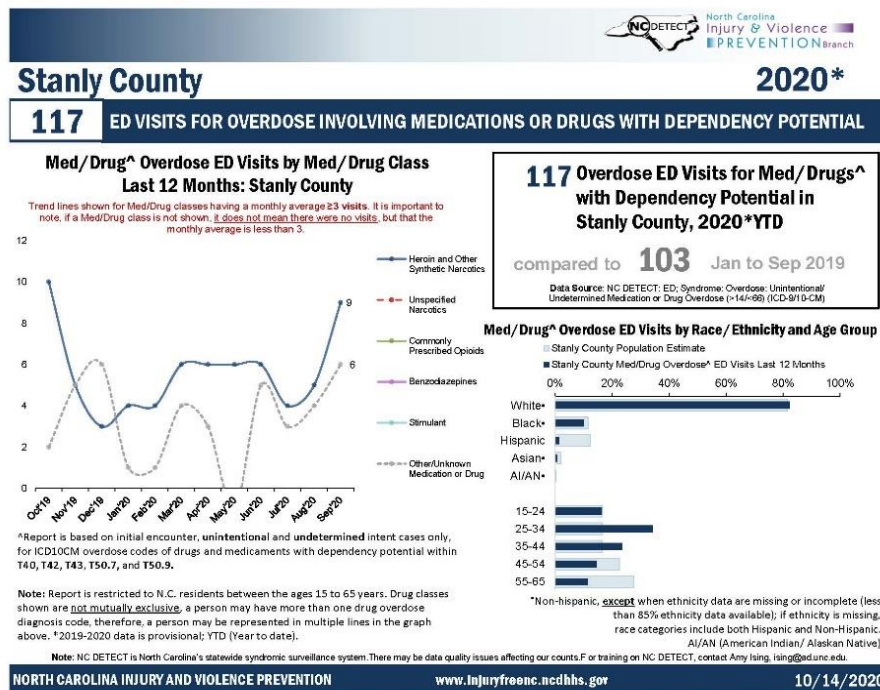
Emergency Department Overdose Visits Surveillance Report NCDETECT Stanly County						
	Medication/Drug	Opioid	Heroin	Benzodiazepine	Stimulant	Polysubstance#
2016	202	42	19	14	6	15
2017	231	66	42	16	9	6
2018	282	133	80	15	12	12
2019	264	158	59	18	15	13
2020*	240	96	56	14	12	19

*January 1, 2020-October 31, 2020 #Overdose on 2 drugs of interest
Source: <https://www.ncdetect.com/ncd/secure/customEventAgg.action> (County Level Custom Event Aggregate Report)

Chart 3 highlights medication/drug overdoses treated at Atrium Health Stanly for the past year – October 2019 through September 2020. This NC DHHS data is further analyzed by race/ethnicity and age groups. Over 80% of the people seen in the ED for medication/drug overdoses during this time period are White. The age range most seen in the ED for medication/drug misuse is 25-34.

Chart 3.

Med/Drug[^] Overdose ED Visits by Med/Drug Class Last 12 Months: Stanly County



[^]Report is based on initial encounter, unintentional and undetermined intent cases only, for ICD10CM overdose codes of drugs and medicaments with dependency potential within T40, T42, T43, T50.7, and T50.9.

Heroin and Other Synthetic Narcotics Unknown Med/Drug Class Unspecified Narcotics Commonly Prescribed Opioids Benzodiazepines Cocaine Psychostimulants Trend lines shown for Med/Drug classes having a monthly average ≥ 3 visits. It is important to note, if a Med/Drug class is not shown, it does not mean there were no visits, but that the monthly average is less than 3.

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/CountyMedDrug/StanlyCountyMedDrugOverdosewithDependencyPotentialEDVisits.pdf>

Table 3 presents a significant difference between the number of Stanly County Emergency Services (EMS) responses for medication/drug overdoses in Stanly County and those seen in the ED. Many people who overdose choose not to be transported to the hospital.

Table 3.

2020* Overdose Visits Report Stanly County EMS & NCDETECT Emergency Department Stanly County						
	Medication/Drug+	Opiates/Opioid	Heroin	Benzodiazepine	Stimulant	Polysubstance#
Stanly County EMS	N.A.	224	**	6	14	90
NC DHHS DETECT	240	96	56	14	12	19

*January 1, 2020-October 31, 2020 +Stanly County EMS does not provide this data. #Overdose on 2 drugs of interest **Heroin data included in opiates/opioid data
Sources: Stanly County EMS Department/Mike Campbell, EMT-P NCDETECT <https://www.ncdetect.com/ncd/secure/customEventAgg.action> (County Level Custom Event Aggregate Report)

Albemarle, Oakboro and Norwood police departments have established medication drop boxes in their facilities. This provides people the opportunity to safely discard unused and/or out dated prescriptions. Less availability of prescription drugs decreases the risk of misuse. Albemarle Police Department has discarded 131,569 grams or 290.06 pounds of unused prescriptions from January 1, 2020 through December 31, 2020. (Kaycie L. Henson, Albemarle Police Department – email December 31, 2020) Oakboro and Norwood police departments have not made this information available.

Tobacco Use

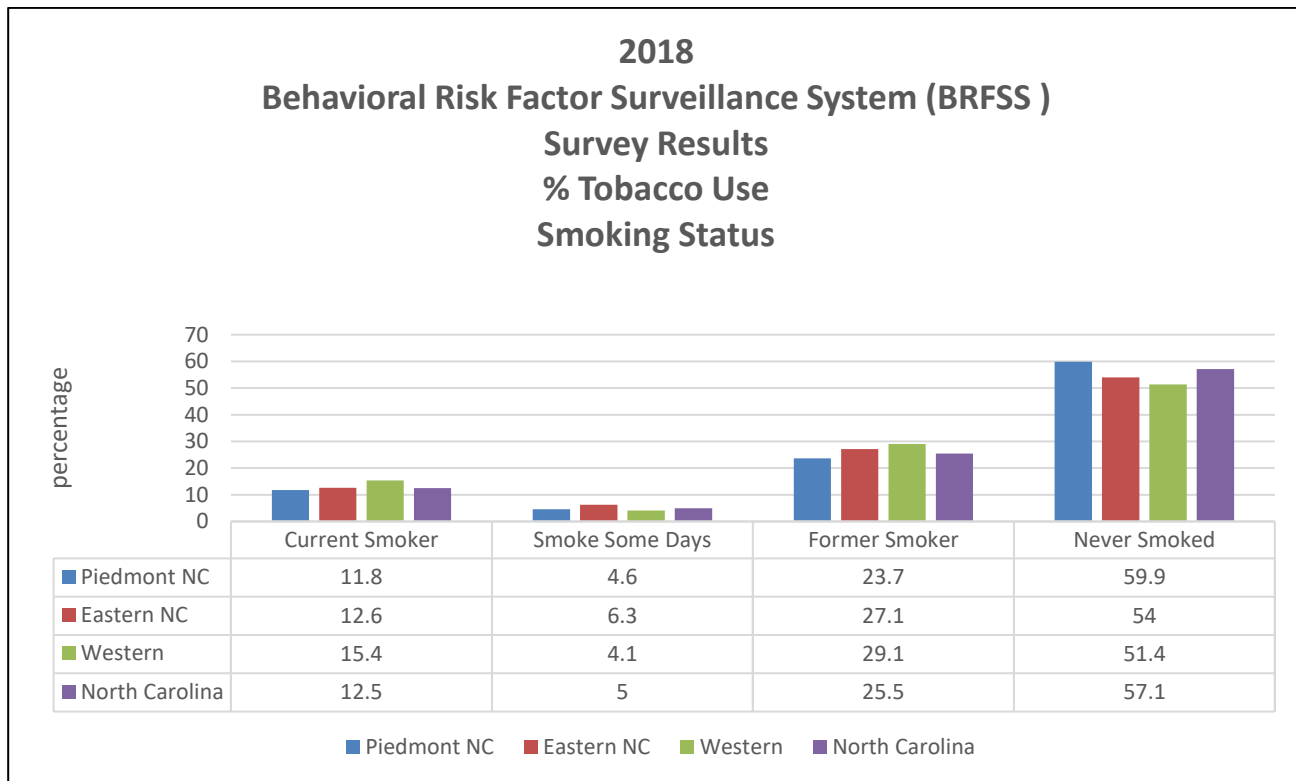
“Cigarette smoking is the leading preventable cause of death in the United States.”

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/. “For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.”

https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

Chart 4 highlights the 2018 Behavioral Risk Factor Surveillance System (BRFSS) tobacco use results for North Carolina. Stanly County is part of the Piedmont North Carolina data. (North Carolina State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/brfss/2018/pied/AnyTobUse.html>) The majority of respondents to this survey reported being former smokers/nonsmokers (Definitions: those who smoked at least 100 cigarettes in their lifetime and currently do not smoke/or have not smoked 100 cigarettes in their lives. North Carolina State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/brfss/2018/technical.htm>)

Chart 4.



Source: North Carolina State Center for Health Statistics (<https://schs.dph.ncdhhs.gov/data/brfss/2018/pied/ smoker3.html>)

Priority Issues Progress

The COVID-19 pandemic has affected the progress of attaining our Priority Issues' goals. This lack of progress was due to: a) time spent by health department staff addressing local COVID-19 pandemic concerns, b) schools shut down and/or learning taking place online, c) agencies and other community organizations modifying their service operations and d) the government policies including mass meeting limitations and lock-downs.

Obesity-Overweight

1. Short-term (1-3 years): Increase the percentage of adults who consume five or more servings of fruits and vegetables per day.
 - A. Action
 - (1) Patients accessing health care/services at the Stanly County Health Department (including WIC) or John P. Murray Community Care Clinic receive fruits and vegetable vouchers to be used at local farmers markets.
 - (2) Eligible seniors (age 60 and older) receive vouchers from the NCDHHS Division of Aging and Adult Services through the Senior Services Department to be used at the Stanly Commons farmers market.
 - B. Result
 - (1) \$655 worth of vegetable and fruit vouchers from Community Care Clinic were redeemed from January 1, 2020 through October 31, 2020.
 - (2) \$2,400 worth of vegetable and fruit vouchers from Senior Services Department were provided to Seniors to be redeemed from January 1, 2020 through December 31, 2020

- (3) 410 Farmers Market Benefits vouchers have been redeemed by Stanly County WIC participants August 2020 through September 2020. This includes 8 pregnant women, 44 breastfeeding women and 309 children. (Farmers Market Benefits Issued and Redemption report emailed by Heather Todaro, MPA Vendor Consultant, North Carolina Department of Health and Human Services, Division of Public Health, Nutrition Services Branch, December 4, 2020)
2. Long-term (5-10 years): A decrease in the percentage of adult self-identifying they are overweight/obese on the current Behavioral Risk Factor Surveillance System (BRFSS).
 - A. Action
 - (1) The Diabetes Self-Management and Chronic Disease Self-Management Program was not offered in the community due to COVID-19 pandemic policies.
 - B. Result
 - (1) Programs will be offered when COVID-19 pandemic policies allow them.

Substance Misuse/Project Lazarus

1. Short-term (1-3 years): People in the community will have a shared vision of the substance misuse crisis in Stanly County, evaluate evidence-based solutions and participate in providing solutions to this problem.
 - A. Action
 - (1) Project Lazarus active membership has expanded during the COVID-19 pandemic partly due to the influx of grant funding. Monthly meetings are held via Zoom.
 - (2) The Stanly County Health Department received an Emergency Overdose Response grant to develop a post overdose response team (PORT). The health department serves as the fiduciary. This program provides peer support activities and referral services through the Community Paramedic Program.
 - (3) The Stanly County Health Department received the U.S Department of Health Resources and Service Administration (HRSA) 2019 Rural Communities Opioid Response Program Implementation Award for \$1 million (9/1/19-8/31/22).
 - (4) The Stanly County Health Department provides office space for two Center for Prevention Services staff funded by a 5-year U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success grant.
 - B. Result
 - (1) Project Lazarus members have had robust interactions via Zoom meetings that resulted in more effective partnership building. These partnerships are beneficial in utilizing available resources to address substance misuse and to provide potential solutions to challenges different groups might be experiencing. This cooperation among groups also increased access to additional funding through grants.
 - (2) Emergency Medical Services (EMS) a) has responded to 434 overdoses October 2019-October 2020. The 434 overdoses included: 281 opiates, 8 alcohol, 19 stimulants, 7 benzodiazepines and 119 polysubstance. EMS a) participates in Project Lazarus meetings and b) works with Monarch to identify and refer people who misuse substances for treatment and recovery supports. "Community Paramedics, in conjunction with PEER Support and our social worker meet with individuals to discuss their goals, then present different types of options for them to decide what may work best for them. We can provide anything from outpatient support, to Suboxone programs, to in patient programs, or a mixture of any of those", states Mike Campbell, EMT-P - Field Training Officer. "None of the individuals we have referred to treatment have died from overdoses or substance use related issues. Approximately 85% of these patients have not even called 911 for any type of overdose or substance use related emergency either." (Mike Campbell email December 8, 2020)

- (3) HRSA monies have funded the following activities:
 - a. Gateways of Hope Addiction Recovery Center's Legacy House Sober Living (Locust, NC): a) assists with maintenance of male (2) and female (1) living quarters, b) assists with Director's salary and c) purchase a vehicle to transport clients.
 - b. Will's Place (Albemarle, NC): assist with the Executive Director's salary and purchased a vehicle to transport clients. This funding is being reviewed due to personnel changes.
 - c. Nazareth Child & Family Counseling: a) reimburse for substance use and/or behavioral counseling services and b) suboxone treatment received by Stanly County uninsured/underinsured clients.
 - (4) U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) monies provide two staff, Neetu Verma and Kaitlyn Smith, to develop youth-centered substance use prevention programming. The COVID-19 pandemic has made presenting factual information about substance misuse in Stanly County challenging. Verma and Smith have been training middle and high school teachers in the BOTVIN Life Skills curriculum. The teachers will use this training to present life skills programs to their students. Verma schedules educational webinar programs with these grant monies too.
2. Long-term (5-10 years): Establish a safe syringe program (SSP) in Stanly County. SSPs offer many advantages to people who use substances (PWUS) and the community. Evaluations of SSPs reflect a decrease in the incidence of HIV/AIDs, Hepatitis B and C, and syphilis among participants. Through the program, PWUS have better access to services and treatment options. Public officials (police and first responders) are at less risk of needle stick injuries. Additionally, providing an opportunity for proper disposal of drug use materials increases safety for the community by keeping sharps off the ground in public space, out of the water supply, and out of waste management.
- A. Action
- (1) "Syringe exchange programs became legal in North Carolina on July 11, 2016, when the Legislature passed NC General Statute 90-113.27." (<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-fags>)
 - (2) The Stanly County Health Department received the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health Community Linkages to Care for Overdose Prevention and Response grant for \$275,000 (12/19-8/22).
- B. Result
- (1) Community Linkages to Care for Overdose Prevention & Response grant funds the following:
 - a. Uwharrie Harm Reduction Initiative (umbrellaed under Grace's Place) funds: a) Director's salary, b) part-time Program Manager salary, c) safe injection and hygiene supplies, d) supplies for unstable housing needs (tent and sleeping bag), e) feeding program, and access to laundry services.
 - (1) These services are still being provided observing the COVID-19 restrictions.
 - (2) 107 users have registered for services from January 1, 2020 through November 20, 2020.
 - (3) There have been 528 encounters (duplicated) from January 1, 2020 through November 20, 2020.
 - (4) It must be noted that diabetics utilize this service to discard and replenish their needles too.

Tobacco Use

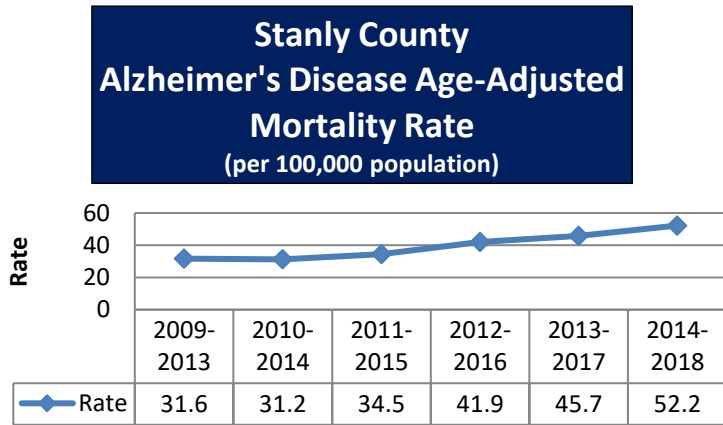
1. Short-term strategy (1-3 years): Decrease the percentage of people exposed to secondhand smoke in Stanly County facilities and grounds.
 - A. Action:
 - (1) There has been no action taken on this at this time on enacting a countywide smoking policy. Additional information about e-cigarettes was requested by the Consolidated Health and Human Services Board.
2. Long-term strategy (5-10 years): Improve the health status of Stanly County residents by decreasing the percentage of adults who are current smokers (tobacco and vaping).
 - A. Action
 - (1) Project Alert is being offered in the Stanly County middle schools by Kaitlyn Smith. Project Alert addresses drug prevention including tobacco usage.
 - (2) Educate community on NC Quitline – health department Facebook posting
 - (2) Information presented at Partners in Health meeting
 - (3) Information available in health department clinics
 - (2) Information posted on Visix and digital signage at The Stanly Commons
 - (3) Partner with Atrium Stanly to bring smoking cessation information and classes to the public
 - (4) Two Stanly County Health Department staff were trained to provide tobacco cessation counseling for individual patients and community classes. Only one introductory session was offered January 7 to middle and high school teachers where hand-outs were provided.
 - B. Result:
 - (1) According to the 2018 BRFSS - the Piedmont Region, 11.8% BRFSS respondents reported they were current smokers and 83.6% identified as not current smokers.
 - (2) One introductory smoking cessation class has been presented.

Emerging Issues

Alzheimer's Disease/Dementia

Alzheimer's disease/dementia mortality is trending upward in Stanly County as shown on Chart 5. There is a need for services to help families and those with Alzheimer's disease/dementia. Adult day health care was listed 11th community issue on the 2018 Community Health Assessment (CHA). However, it was the number one community issue for those ages 55-64 and 75+ on the 2018 CHA. There are programs to assist families with adults with Alzheimer's disease/dementia who need supervised care in Stanly County. Spring Arbor opened a Cottage Care Program for people with Alzheimer's disease/dementia. CARE (Community Adult Respite Experience) Café provides respite care for adults Monday through Thursday from 10am-2pm. There is a need for adult day health care to allow people to stay home until they need 24-hour care. Coltrane L.I.F.E. Center (located in Concord, NC) is establishing Coltrane L.I.F.E. Center Stanly in Albemarle to serve the adult population needing adult day health care Monday through Friday. Two buildings were purchased and activities are underway to renovate them and to initiate services in late 2021 or early 2022.

Chart 5.



Source: North Carolina State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/alzheimers.html>

Mental Health Needs

Mental illness was listed fifth overall health issue on the 2018 Community Health Assessment (CHA). It was a top 10 health issue for those between the ages of 19-64. It tied for fourth for those 15-19 years old, fifth for those 20-34 years old, fourth for those 35-54 years old and eighth for those 55-64 years old on the 2018 CHA. The incidence of substance misuse and its impact on people who misuse drugs and their families in Stanly County highlights the need for behavioral health services. The COVID-19 pandemic is increasing the need for mental health services as people are more isolated and concern about employment.

The Community Paramedic Program and the Health Resources and Service Administration (HRSA) 2019 Rural Communities Opioid Response Program Implementation awards have the potential to help people who misuse drugs to get the treatment they need, including behavioral health services. However, their family members – especially children – will need behavioral health services to deal with the effects of substance misuse. Even with this funding additional services will be needed to address continuing substance misuse as well as more cases of domestic and child abuse due to COVID-19 pandemic boundaries.

Monarch has received additional funding through April 2022 from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) - a two-year, \$3.9 million grant to expand mental health services for adults and children with serious mental illness and/or substance use disorders.

Food Insecurity

The COVID-19 pandemic has resulted in people temporarily or permanently losing their jobs, decreased hours at their jobs and/or public schools meeting online. This has resulted in increased requests for assistance.... especially for food. Two reliable resources that provide food in Stanly County are Stanly Community Christian Ministry (SCCM) located in Albemarle and West Stanly Christian Ministries located in Stanfield. Each has a food pantry to provide for those in need. SCCM, also, operates a monthly mobile food pantry throughout the county and two Community Tables (I-Albemarle and II-Norwood). There were 453 new applicants for services at the Albemarle Assistance Center and 17 new applicants at the Norwood location from January 1, 2020 through October 31, 2020. (SCCM October 20, 2020 Board of Directors Minutes) From January 1, 2020 through October 31, 2020, 571,904 pounds of food were distributed from SCCM Assistance Center (Albemarle) and 22,414 pounds of food were distributed at the Norwood Food Pantry. (SCCM October 20, 2020 Board of Directors Minutes) Table 4 shows the number of households/individuals receiving food or meals through SCCM.

Table 4.

SCCM Food Assistance January 1, 2020 through October 31, 2020#		
Location	Households	Individuals
Assistance Center - Albemarle		
Food & Toiletries	3,434	7,726
TEFAP Food^	4,035	8,766
Mobile Food Pantry*	1,674	4,197
Food Pantry - Norwood		
Food & Toiletries	236	558
TEFAP Food	322	756
Community Tables		
I - Albemarle	N.A.	24,408
II - Norwood	N.A.	19,674

Source: SCCM October 20, 2020 Board of Directors Minutes *February 1, 2020 through October 31, 2020

^TEFAP food - Emergency Food Assistance Program provided by USDA

West Stanly Christian Ministries has seen its requests double from last year's total and that does not include December 2020 data. In 2019, approximately 53,000 pounds of food was distributed to people. This year through November, approximately 99,000 pounds of food has been distributed. There has been a 30%-40% increase in the number of people seen at West Stanly Christian Ministries this year when compared to 2019. (Executive Director Robert Britt, phone call – December 3, 2020) Food insecurity is a concern with COVID-19 pandemic worsening and unemployment numbers increasing.

Identify New Initiatives

Stanly County Minority Health Council/Health Disparities/Healthy Beginnings

The COVID-19 pandemic has curtailed many activities of the Stanly County Minority Health Council, but community outreach activities are still taking place. They have initiated a video series on COVID-19 specifically for African American, Hindi, Spanish and Hmong populations. They are distributing health screening information available in the community for historically marginalized populations. Members of the Stanly County Minority Council serve on the Community Advisory Board for Healthy Beginnings.

Health disparities are evident among Stanly County White, Non-Hispanic, African American, Non-Hispanic, and Hispanic/Latinx population. Some disparities in minority populations are found in higher death rates. (Table 5) Stanly County African American, Non-Hispanic, had higher death rates for all five causes of death when compared to the North Carolina African American, Non-Hispanic, data. Stanly County African American, Non-Hispanic had a higher death rate for three of the five causes of death compared to Stanly County White, Non-Hispanic where data was available. There was no comparable data available for American Indian, Non-Hispanic, Other Races, Non-Hispanic or Hispanic/Latinx due to small numbers.

Table 5.

Stanly County & North Carolina Race Specific Age-Adjusted Mortality Rates/100,000 Population 2014-2018				
Disease	Stanly County White, Non-Hispanic	North Carolina White, Non-Hispanic	Stanly County African American, Non-Hispanic	North Carolina African American, Non-Hispanic
All Causes	914.1	777.0	954.0	888.5
Diseases of Heart	220.6	155.9	214.6	182.2
Other Ischemic Heart Disease	103.8	60.3	65.9	61.5
Cancer	163.2	160.2	213.5	183.0
Cancer-Trachea, Bronchus & Lung	49.8	45.9	55.9	42.3

Source: North Carolina State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/databook/> Red=higher rate

Reviewing the infant mortality data (Table 6) for Stanly County, its peer counties and North Carolina indicates a higher mortality **rate** for African American, Non-Hispanic infants in Pender County when compared to the other peer counties. Stanly County had a higher mortality rate for White, Non-Hispanic infants compared to its peer counties. Pender County had a higher disparity ratio. This data must be viewed with caution as those rates with asterisks are rates based on less than 10 deaths.

Comparing the **number** of infant deaths among peer counties, Stanly County White, Non-Hispanic, was highest among its peer counties. Lee County had the highest number of African-American, Non-Hispanic, infant deaths. Stanly County had the second highest number of African-American, Non-Hispanic, infant deaths among the peer counties.

Table 6.

Peer County & North Carolina Race Specific Infant Mortality/Disparity Rates/1,000 Live Births 2015-2019						
	Stanly County*	Granville County*	Haywood County	Lee County	Pender County	North Carolina
White, Non-Hispanic	8.4 (22)	5.0 (8)	7.5 (20)	5.4 (10)	5.0 (11)	5.1 (1,671)
African American, Non-Hispanic	19.1 (9)	9.9 (9)	0 (0)	16.1 (13)	22.3 (11)	12.6 (1,814)
Disparity Ratio	2.27	1.98	0	2.98	4.46	2.47

Source: North Carolina State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/vital/ims/2019/table3b.html>
(Numbers in parenthesis are actual deaths) *rates based on less than 10 deaths are unreliable Red=higher rate

Table 7 highlights the disparity between White, Non-Hispanic and African-American, Non-Hispanic 2015-2019 Infant Mortality/ Disparity rates in Stanly County and North Carolina. Stanly County African-American, Non-Hispanic infant mortality disparity rate is more than double the Stanly County White, Non-Hispanic mortality rate. The Stanly County African-American infant mortality rate is greater than the North Carolina African-American infant mortality data. Stanly County White, Non-Hispanic mortality rate is higher than North Carolina's infant mortality rate. (Data for other races and/or ethnicity is not available due to limited numbers.)

Table 7.

Stanly County & North Carolina Race Specific Infant Mortality/Disparity Rates/1,000 Live Births 2015-2019 (https://schs.dph.ncdhhs.gov/data/vital/ims/2018/table3b.html)		
	Stanly County	North Carolina
White, Non-Hispanic	8.4	5.1
African American, Non-Hispanic	19.1	12.6
Disparity Ratio	2.27	2.47

Source: North Carolina State Center for Health Statistics <https://schs.dph.ncdhhs.gov/data/vital/ims/2019/table3b.html> Red=higher rate

The Stanly County Health Department received a three-year Healthy Beginnings grant from the North Carolina Department of Health and Human Services Division of Public Health Women’s Health Branch. “Healthy Beginnings is North Carolina’s minority infant mortality reduction program. Program goals include improving birth outcomes among minority women, reducing minority infant morbidity and mortality, and supporting families and communities. This program serves women during and beyond pregnancy and their children up to two years after delivery.”

<https://whb.ncpublichealth.com/services.htm>

A. Action

- (1) Araceli Mondragon, Social Worker, manages the Healthy Beginnings grant. The COVID-19 pandemic has curtailed home visits and in person educational programs. She is doing outreach via telephone calls. Education, referrals (where indicated) and pregnancy/postpartum support/education are provided during these phone calls.

B. Result

- (1) From June 30, 2019 to November 30, 2020, 50 families have received Healthy Beginnings services. From January 1, 2020 through November 30, 2020, 31 families have received Healthy Beginnings services. (Source: December 1, 2020 email from Araceli Mondragon)

Drug Youth Survey Results

The following information is from the slide presentation by the Center for Prevention Services at the Stanly County Board of Education meeting held on October 6, 2020.

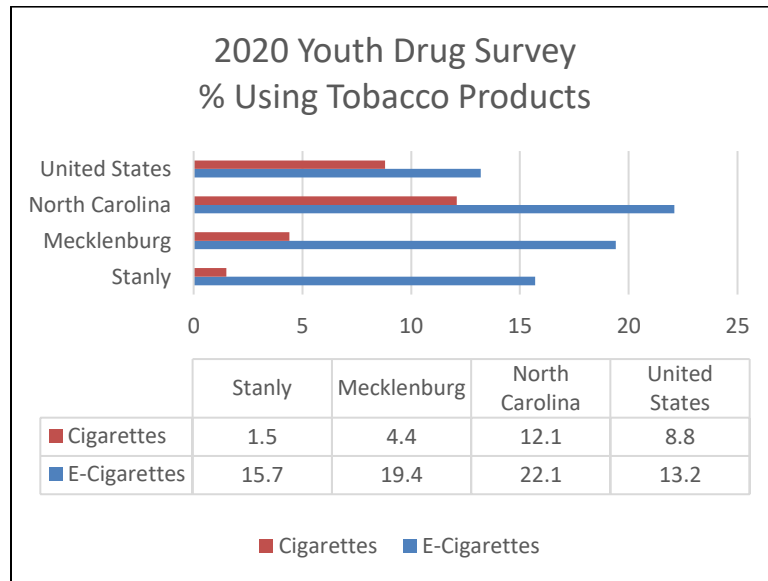
The Center for Prevention Services conducted a youth drug survey in the Stanly County public schools in which 1,226 students participated. The survey was conducted during the first quarter of 2020 until the COVID-19 pandemic closed the schools in March. Youth surveyed were from grades 6th (33.50%), 8th (37.20%), 10th (25.10%) and 12th (4.30%). The target sample was 20%, but the COVID-19 pandemic shut down shortened the survey time for the 12th grade students. Only 4.30% of the seniors participated in this drug survey. The survey questions were on the following substances: marijuana, prescription drugs, alcohol, e-cigarettes and cigarettes.

Tobacco Use

A popular misconception is that e-cigarettes are a “safe” alternative to regular cigarettes. E-cigarettes contain nicotine and other harmful ingredients. (<https://e-cigarettes.surgeongeneral.gov/>) “Nicotine exposure during adolescence and young adulthood can cause addiction and harm the developing brain.” (<https://e-cigarettes.surgeongeneral.gov/>)

Chart 6 shows survey results for tobacco products, specifically e-cigarettes and regular cigarettes. A significantly greater percentage of Stanly County public school children have used e-cigarettes (15.7%) than regular cigarettes (1.5%). This is not unexpected as a higher percentage of Stanly County middle school (MD) and high school (HS) youth reported it was “very easy” or “fairly easy” to access e-cigarettes (15.9%-MS/43.3%-HS) than cigarettes (11.5-MD/24.2%-HS). A significant smaller number of middle and high school youth reported using cigarettes and e-cigarettes than North Carolina youth overall.

Chart 6.

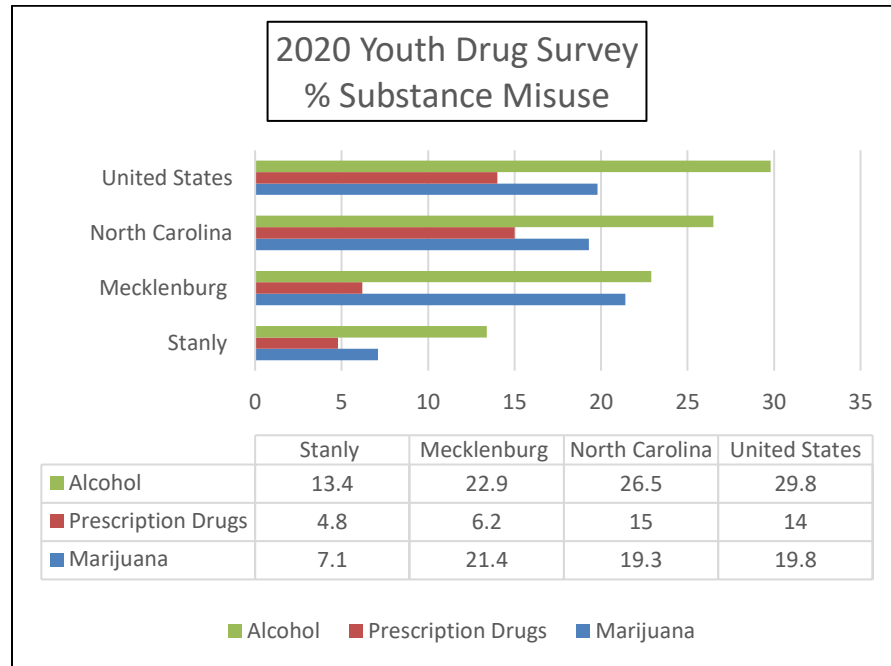


Substance Misuse

Chart 7 shows Youth Drug Survey results for substance misuse – specifically alcohol, marijuana and pain prescription drugs – by public school youth. Alcohol was the drug of choice when compared to marijuana and (pain) prescription drugs usage by youth participating in this survey. Stanly County (13.4%) youth reported significantly less alcohol use than other survey participants (Mecklenburg County – 22.9%, North Carolina – 26.5% and United States – 29.8%)

Stanly County (7.1%) public school children, also, reported using significantly less marijuana than Mecklenburg County (21.4%), North Carolina (19.3%) and United States (19.8%) public school children. Stanly County (4.8%) public school children reported using (pain) prescription drugs less than Mecklenburg County (6.2%), North Carolina (15.0%) and United States (14.0%) public school children. It was not unexpected that as a higher percentage of middle and high school youth reported using marijuana than (pain) prescription drugs. They had reported that it was “very easy” or “fairly easy” to access marijuana than (pain) prescription drugs.

Chart 7.



Tables

Tables 8 through 10 review data comparing Stanly County with her peer counties and/or North Carolina. Table 8 compares Stanly County's data with her peer counties. Table 9 highlight the leading causes of death by age in Stanly County. Table 10 is a 2020 Summary Report comparing Stanly County data to North Carolina data. The comparison areas include: maternal, child & infant; chronic conditions (mortality); injury and communicable diseases (mortality).

Table 8.

Peer Counties Comparisons						
Health Indicator	Report Period	Peer Counties				
		Stanly	Granville	Haywood	Lee	Pender
Life Expectancy at Birth						
Life Expectancy at Birth (<1) - Total	2016-2018	75.9	78.0	77.1	76.4	76.7
White Life Expectancy at Birth	2016-2018	75.9	79.0	77.2	78.5	77.4
African American Life Expectancy at Birth	2016-2018	74.9	76.4	80.8	71.0	73.4
Male Life Expectancy at Birth	2016-2018	73.4	76.5	74.4	72.8	74.0
Female Life Expectancy at Birth	2016-2018	78.4	79.4	79.9	80.0	79.6
Infant Health						
Infant Mortality (<1 yr.) (rate/1,000 live births)	2015-2019	9.6	6.5	7.6	7.5	7.6
Live Births (rate per 1,000 population)	2014-2018	11.4	9.8	9.7	12.9	10.8
Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Prior birth, infant death or other delivery outcome was recorded	2014-2018	30.9	29.3	27.4	39.8	26.2
White Teen Pregnancy Rate (non-Hispanic)	2014-2018	26.5	20.8	27.9	30.1	20.2
African-American Teen Pregnancy Rate (non-Hispanic)	2014-2018	44.9	42.6	#	46.7	35.7
Hispanic Teen Pregnancy Rate	2014-2018	49.9	27.0	#	50.7	56.8
Socioeconomic Criteria*						
% Enrolled in Free or Reduced Lunch**	2017-2018	54.6	60.7	56.8	66.7	52.2
% High School Graduate or Higher, persons 25 years↑	2014-2018	85.1	84.2	88.1	83.4	87.5
% Bachelor 's Degree or Higher, persons 25 years↑	2014-2018	15.8	22.3	25.0	20.9	26.4
% Persons Without Health Insurance Coverage, 65↓	2019	13.0	12.5	12.3	16.2	12.8
Unemployment Rate***	10/2020	5.1	5.0	5.8	6.6	5.3
Median Household Income (in 2018 dollars)	2014-2018	49,590	55,628	49,800	48,873	52,989
% Children Living in Single Parent Families**	2014-2018	36.4	43.1	33.8	39.7	29.6
% Language Other Than English Spoken at Home, 5+ older	2014-2018	5.9	8.0	3.7	18.0	7.5
% Households with broadband internet subscription	2014-2018	77.3	75.7	69.1	74.4	75.3
Mortality (age-adjusted rate/ 100,000 population)						
Heart Disease	2014-2018	217.4	153.1	181.2	168.1	156.7
Cancers – All Sites	2014-2018	165.8	170.4	159.2	178.6	177.3
Alzheimer's Disease	2014-2018	52.2	40.5	21.8	41.6	27.1
Cancer-Trachea, Bronchus & Lung	2014-2018	50.2	50.3	43.4	51.6	52.4
Cerebrovascular Disease (Stroke)	2014-2018	47.4	36.3	37.0	39.2	51.5
All Other Unintentional Injuries	2014-2018	47.1	32.6	52.9	36.0	40.4
Chronic Lower Respiratory Disease	2014-2018	45.3	41.4	52.9	40.2	37.5
Unintentional Poisoning Death (Data Book)	2014-2018	26.9	15.6	27.9	23.9	29.2
Sexually Transmitted Diseases^^ (per 100,000 population)						
Newly Diagnosed HIV Average Rates	2016-2018	5.2	14.4	5.6	10.6	10.5
Newly Diagnosed AIDS Average Rates	2016-2018	3.8	11.1	1.9	6.7	0.7
Newly Diagnosed Early Syphilis Average Rates	2016-2018	6.0	19.0	10.9	7.7	8.3
Newly Diagnosed Chlamydia Annual Rates	2018	431.7	763.5	272.7	465.4	329.8
Newly Diagnosed Gonorrhea Annual Rates	2018	112.8	227.9	82.3	128.6	93.3
Newly Diagnosed Acute Hepatitis C Annual Rates	2018	4.8	6.7	1.6	0	1.6
Health Care Provider (per 10,000 residents)						
Number of Primary Care Physicians	2017					
Number of Dentists	2017					

Red numbers least favorable

Sources: North Carolina State Center for Health Statistics/North Carolina Department of Health and Human Services unless otherwise noted *United States Census

Quick Facts ** datacenter.kidscount.org ****https://files.nc.gov/nccommerce/press-release/files/Oct-2020 ^American Fact Finder ^^ HIV/STD/Hepatitis

Surveillance Unit/Division of Public Health /North Carolina Department of Health and Human Services # - less than 20 cases not ranked ## - less than 50

Table 9.

Leading Causes of Death^ by Age, Stanly County, 2014-2018									
Rank (R)	Age 0-19	R	Age 20-39	R	Age 40-64	R	Age 65-84	R	Age 85+
1	Conditions originating in the perinatal period (12)*/16.3	1	Other Unintentional Injuries (36)/49.5	1	Cancer – All Sites (177)/171.2	1	Cancer – All Sites (404)/813.9	1	Diseases of the Heart (323)/5155.6
2	Congenital Anomalies (7)*/9.5	2	Suicide (19)*/26.1	2	Diseases of the Heart (138)/133.5	2	Diseases of the Heart (398)/801.8	2	Alzheimer's Disease (122)/1947.3
	Motor Vehicle Injuries (7)*/9.5	3	Motor Vehicle Injuries (15)*/20.6	3	Other Unintentional Injuries (46)/44.5	3	Chronic Lower Respiratory Diseases (114)/229.7	3	Cancer – All Sites (96)/1532.3
4	Other Unintentional Injuries (4)*/5.4	4	Cancer – All Sites (11)*/15.1	4	Diabetes Mellitus (31)/30.0	4	Cerebrovascular Disease (83)/167.2	4	Cerebrovascular Disease (76)/1213.1
5	Suicide (3)*/4.1	5	Diseases of the Heart (10)*/13.7	5	Chronic Lower Respiratory Diseases (30)/29.0	5	Alzheimer's Disease (82)/165.2	5	Chronic Lower Respiratory Diseases (44)/702.3
6	Diseases of the Heart (2)*/2.7 Cerebrovascular Disease (2)*/2.7 Homicide (2)*/2.7	6	Homicide (6)*/8.2	6	Cerebrovascular Disease (29)/28.0	6	Diabetes Mellitus (62)/124.9	6	Pneumonia & Influenza (39)/622.5
		7	Diabetes Mellitus (3)*/4.1	7	Suicide (23)/22.2	7	Other Unintentional Injuries (44)/88.6	7	Other Unintentional Injuries (23)/367.1
		8	Septicemia (2)*/2.7	8	Chronic Liver Disease & Cirrhosis (21)/20.3	8	Nephritis, Nephrotic Syndrome & Nephrosis (43)/86.6	8	Nephritis, Nephrotic Syndrome & Nephrosis (21)/316.9
9	Septicemia (1)*/1.4		Chronic Liver Disease & Cirrhosis (2)*/2.7	9	Motor Vehicle Injuries (21)/20.3	9	Pneumonia & Influenza (39)/78.6	9	Septicemia (18)*/287.3
	Cancer- All Sites (1)*/1.4	10		Pneumonia & Influenza (17)*/16.4	10	Septicemia (34)/68.5	10	Pneumonitis due to solids & liquids (10)*/159.6	

(Number)/Rate

^ Unadjusted rate per 100,000 population

* Less than 20 cases not ranked, except where noted

Source: NC Center for Health Statistics – County Health Data Book

Table 10.

Stanly County 2020 Summary Report					
(Data source: North Carolina State Center for Health Statistics)					
	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)	2015-2019	9.6	▲	7.0
	Fetal Deaths (per 1,000 deliveries)	2014-2018	5.4*	▼	6.9
	Neonatal Deaths (<28 days) (per 1,000 live births)	2014-2018	5.2*	▼	4.8
	Post-Neonatal Deaths (28 days-1 year) (per 1,000 live births)	2014-2018	3.7*	▲	2.4
	Live Births (rate per 1,000 population)	2014-2018	10.2	▼	11.8
	Low Birth Weight (<=2500 g) (% of all live births)	2014-2018	11.4	▲	9.2
	Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Prior birth, infant death or other delivery outcome was recorded	2014-2018	30.9	▼	28.3
	Unmarried Mother	2014-2018	43.6	▼	40.8
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2014-2018	217.4	▼	158.0
	Cancers – All Sites	2014-2018	165.8	▼	161.3
	Trachea, Bronchus & Lung	2014-2018	50.2	▼	44.1
	Female Breast**	2014-2018	13.4	▼	20.9
	Colon, Rectum & Anus	2014-2018	14.3	▼	13.6
	Prostate**	2014-2018	11.0	▼	19.7
	Cerebrovascular Disease (Stroke)	2014-2018	47.4	▲	43.0
	Chronic Lower Respiratory Disease	2014-2018	45.3	▼	44.7
	Alzheimer's Disease	2014-2018	52.2	▲	35.7
	Pneumonia & Influenza	2014-2018	24.2	▲	17.4
	Diabetes Mellitus	2014-2018	25.3	▲	23.7
	Septicemia	2014-2018	17.0	▼	12.8
	Nephritis, Nephrotic Syndrome & Nephrosis	2014-2018	19.6	▲	16.4
	Chronic Liver Disease & Cirrhosis**	2014-2018	12.2	▼	10.4
Injury (Mortality) (rate per 100,000 population)	Unintentional Motor Vehicle Injuries	2014-2018	18.3	▼	14.5
	All Other Unintentional Injuries	2014-2018	47.1	▲	37.0
	Suicide	2014-2018	17.1	▼	13.5
	Homicide**	2014-2018	5.0	▲	6.5
Communicable Diseases (rate per 100,000 population) Data collected by NC EDSS Surveillance	Newly Diagnosed Chlamydia Annual Rates	2018	431.7	▲	643.0
	Newly Diagnosed Gonorrhea Annual Rates	2018	112.8	▲	227.2
	HIV Disease* (age-adjusted mortality rate)	2014-2018	1.7	▲	1.9
	Newly Diagnosed HIV Average Rate	2016-2018	5.2	▲	15.1
	Newly Diagnosed AIDS Average Rate	2016-2018	3.8	▼	6.6
	Newly Diagnosed Early Syphilis Average Rate (Primary, Secondary, Early Latent Syphilis)	2016-2018	6.0	◀▶	18.6
	Newly Diagnosed Acute Hepatitis B Annual Rates	2018	3.2	▲	2.1
	Newly Diagnosed Acute Hepatitis C Annual Rates	2018	4.8	▼	1.8

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

Comparing Stanly County and North Carolina data, numbers in RED are higher; numbers in PURPLE are least favorable.

*Fewer than 20 deaths

**Fewer than 50 deaths