

Progress on CHIPs



The 2021 Community Health Assessment identified 3 focus areas: Mental Health, Substance Use, and Healthy Living (nutrition, physical activity, and healthy weight).

Mental Health

Suicide Prevention Education: Partners Health Management, Atrium Health, Stanly Community College, Stanly County Schools, and Graystone Day School have each provided suicide gatekeeper training. Available programs include Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR). Partners Health Management and Atrium Health are able to provide suicide gatekeeper training to community members and groups through outreach and virtual events. Stanly County Partners in Health works to promote this training to the community as one of their identified focus areas.

School Mental Health: Stanly County Schools and Graystone Day School have focused on strategies to improve mental wellness among students. Youth prevention education with curricula such as Too Good for Drugs and Botvin Life Skills develop skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence. These lessons are used for both improving mental health and preventing substance use by youth.

Substance Use

Prescription Drug Safety: Stanly County Health Department, Center for Prevention Services, Safe Kids, and local law enforcement have partnered to educate the community on the importance of safely storing and disposing of prescription medications. There are 3 permanent medication dropboxes and medication take back events are held in many locations throughout the county, collected drugs are disposed of by Albemarle Police Department. Medication lockboxes are distributed at community events and at the health department so that prescription drugs are more difficult to access by youth. Lock Your Meds media campaigns through print, social media, and digital marketing were used to reach the community about the importance of keeping medications stored properly.

Youth Prevention Education: Stanly County Schools, Center for Prevention Services, and Stanly County Health Department have partnered to provide drug use prevention education to students in grades 3-12. This includes curriculums such as Avoid Vapes, Too Good for Drugs, Second Step, and Botvin Life Skills. Each of these programs is designed to give students the social and emotional skills needed to make healthy decisions. This education is available through a SAMHSA (Substance Abuse and Mental Health Services Administration) Partnership for Success grant.

Stanly County Post Overdose Response Team: Stanly County EMS has developed a community paramedicine program in which specially trained paramedics and a certified peer support specialist respond to emergency calls that indicate the possibility of overdose. On the scene, they are able to assist the patient through the medical emergency as well as educate the patient on overdose prevention, use of naloxone, and treatment options. Community paramedics are able to start the patient on MOUD (medication for opioid use disorder) at that time if it is wanted and deemed appropriate. The certified peer support specialist is able to follow up with the patient to link them to local resources and provide counseling.

Harm Reduction Services: Uwharrie Harm Reduction Initiative, Stanly County Health Department, and Stanly County Project Lazarus partner to bring harm reduction resources to people who use drugs. Participants are counseled by certified peer support specialists, linked to treatment, provided with recovery resources, educated on overdose and disease prevention, and receive prevention supplies. Additionally, they provide services such as document restoration, supplies for people experiencing homelessness, on the job training with NC Works, advocacy with the court system, testing for communicable diseases, and more. Services reach people where they are and are based on the harm reduction focus of promoting any positive change.

Healthy Living

Stanly Commons Farmers Market: This farmers market was established by Stanly County Health Department to ensure that residents have access to healthy, locally grown produce. The market is open on Mondays and is located inside Stanly Commons near Stanly County Department of Social Services and Stanly County Health Department. Stanly Commons Farmers Market accepts EBT for payment and participates in a local food prescription program with the John P. Murray Community Care Clinic, as well as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) voucher and Senior Farmers Market Nutrition voucher programs. In 2021 and 2022, the market participated in the RAFI (Rural Advancement Foundation International) grant program which allowed low income shoppers to double their buying power at the market.

Food Banks/Pantries, Community Tables, and Mobile Food Bank: Stanly Community Christian Ministries continues to operate food pantries and community tables to support people experiencing food insecurity. In 2022, they partnered with groups such as Stanly YMCA and Atrium to bring mobile food pantries to multiple sites throughout the county. West Stanly Christian Ministries supports people experiencing food insecurity on the west side of the county through their food pantry in Stanfield.

Golden Shoe: Stanly County Partners in Health relaunched the Golden Shoe event in 2022 after a two year hiatus. Two hundred old shoes are repurposed by painting them gold, tagging them with a unique number, and hiding them in local parks throughout the county. From toddlers to seniors, residents get out and get moving while searching for golden shoes and each shoe is associated with a fun prize. When surveyed, participants report that while they were searching for shoes they participated in other fitness activities at the park and that they were likely to return to the park beyond the Golden Shoe event.

Nutrition and Physical Activity Education: School aged children are reached by several programs through NC Cooperative Extension-Stanly and Atrium Health-Stanly, that come into the schools to teach the importance of nutrition and physical activity. Atrium Health-Stanly's office of health promotion also offers education to adults on physical activity for all stages of life and nutrition education in support of chronic health conditions. NC Cooperative Extension-Stanly offers educational programs on growing, cooking, and preserving healthy foods as well as physical activity for all ages.

Morbidity and Mortality Changes Since Last CHA



Changes in Mortality

Since the 2021 Community Health Assessment, Stanly County has seen **decreases** in several of the rates of the Top 10 Causes of Mortality including: heart disease, cancer (all sites), Alzheimer's Disease, cancer (trachea, bronchus, lung), and pneumonia & influenza. Each of these rates remain higher than North Carolina rates. Stanly County mortality rates have **increased** in the following: all other unintentional injuries, chronic

lower respiratory disease, cerebrovascular disease, diabetes mellitus, and motor vehicle injuries. A new addition to Stanly County causes of mortality is COVID-19, coming in as the 12th leading cause of mortality even though only one year of data was included in the 2016-2020 data set.

Stanly County & North Carolina - Causes of Mortality					
Age-Adjusted Death Rate per 100,000 population					
2016-2020					
Stanly County Rank	Cause of Mortality	Stanly County		North Carolina	
1	Heart Disease	209.6	↓	156.1	↓
2	Cancer-All Sites	160.7	↓	154.6	↓
3	All Other Unintentional Injuries	61.1	↑	43.2	↑
4	Alzheimer's Disease	57.6	↓	37.4	↑
5	Chronic Lower Respiratory Disease	48.3	↑	42.5	↓
6	Cerebrovascular Disease	46.9	↑	42.7	↓
7	Cancer- Trachea, Bronchus, Lung	42.7	↓	40.1	↓
8	Diabetes Mellitus	26.1	↑	24.5	↑
9	Motor Vehicle Injuries	21.5	↑	15.1	↑
10	Pneumonia & Influenza	21	↓	15.7	↓
11	Nephritis, Nephrotic Syndrome, & Nephrosis	19.8	↓	16.4	↓
12	COVID-19*	17.6	*	12.8	*
13	Septicemia	15.5	↓	12.5	↓
14	Cancer- Colon, Rectum, Anus	14.7	↓	12.9	↓
15	Cancer- Prostate	14.3	↓	19.5	↔
16	Suicide	13.7	↓	13.4	↔
17	Cancer- Breast	11.9	↑	20.1	↓
18	Chronic Liver Disease & Cirrhosis	11.8	↑	11.1	↑
19	Homicide	N/A**	**	7.3	↑
20	Acquired Immune Deficiency Syndrome***	N/A**	**	1.6	↓

* first year reported

** death rates with small number of death (<50) are not shown

** formerly listed as HIV Disease

Red numbers = higher rate

Red arrow = rate increase since 2015-2019 report

Green arrow = rate decrease since 2015-2019 report

Equal sign = no change in rate since 2015-2019 report

Health Disparities

In Stanly County, mortality rates for all causes, diseases of the heart, cancer, and cerebrovascular disease (stroke) were higher for African American residents than White residents. All causes rates for mortality for Other Races non-Hispanic are 510.4 per 100,000 population in Stanly County and 424.4 per 100,000

population in North Carolina. All causes rates for mortality for Hispanic ethnicity is 304.2 per 100,000 population in Stanly County and 404.5 per 100,000 population in North Carolina. All causes rate of mortality for American Indian in North Carolina is 889.6 per 100,000 population, Stanly County rates were not available. Rates for American Indian, Other Race non-Hispanic, and Hispanic ethnicity are not calculated due to the low number of deaths in specific categories.

Stanly County & North Carolina				
Race Specific Age-Adjusted Mortality Rates/100,000 Population				
2016-2020				
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	932.6	785	996.3	919.8
Diseases of Heart	211.3	153.7	228.3	181
Other Ischemic Heart Disease	89.9	57.7	83.6	60.2
Cancer	160.8	153.7	187	176.1
Cerebrovascular Disease	44.7	40.3	66.4	55.3

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

Stanly County infant mortality disparity has decreased. While African American infants in Stanly County are still 1.33 times more likely to die than White infants, this has decreased from 2.27 times more likely in the 2015-2019 report. The North Carolina infant mortality disparity ratio has increased from 2.47 to 2.59 times more likely. Infant mortality among White infants remains elevated.

Peer County & North Carolina						
Race Specific Infant Mortality/Disparity Rates/1,000 Live Births						
2016-2020						
	Stanly County	Granville County	Haywood County	Lee County	Pender County	North Carolina
White, Non-Hispanic	8.5	3.8	6.6	5.9	3.1	4.9
African American, Non-Hispanic	11.3	11.1	0	18.3	22	12.7
Disparity Ratio	1.33	2.92	0	3.1	7.1	2.59

Source: North Carolina State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Changes in Morbidity Since the 2021 Community Health Assessment

Maternal, Child, and Infant Health

Stanly County has seen **decreases** in rate of infant mortality, neonatal death, low birth weight, and teen pregnancy. With the exception of neonatal death, these rates remain higher than North Carolina rates. "Unmarried Mother" was removed from the summary report.

Communicable Diseases

Stanly County has seen **increases** in rates of newly diagnosed chlamydia, gonorrhea, and early syphilis. Each of these rates remain lower than North Carolina rates. Rates for newly diagnosed HIV, AIDS, acute hepatitis B, and hepatitis C have **decreased** and remain lower than North Carolina rates.

Stanly County					
2022 Summary Report					
(Data Source: North Carolina Center for Health Statistics)					
Health Indicator	Report Period	Stanly County	Previous		North Carolina
			Report Year	Comparison	
Maternal Child & Infant Health	Infant Mortality (<1yr) (rate/1,000 live births)	2017-2021	8.2	↓	6.9
	Fetal Deaths (per 1,000 deliveries)	2016-2020	7.6	↑	6.5
	Neonatal deaths (<28 days) (per 1,000 live births)	2016-2020	4.1*	↓	4.7
	Post-Neonatal Deaths (28 days-1 year) (per 1,000 live births)	2016-2020	4.4*	↑	2.3
	Live Births (rate per 1,000 population)	2016-2020	11	↑	11.5
	Low Birth Weight (<=2500g) (% of all live births)	2016-2020	9.5	↓	9.4
	Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19)				
	Prior birth, infant death or other delivery outcome was recorded	2016-2020	26.8	↓	25.1
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2016-2020	209.6	↓	156.1
	Cancers - All Sites	2016-2020	160.7	↓	154.6
	Trachea, Bronchus & Lung	2016-2020	42.7	↓	40.1
	Female Breast**	2016-2020	11.9	↑	20.1
	Colon, Rectum & Anus	2016-2020	14.7	↓	12.9
	Prostate**	2016-2020	14.3	↓	19.5
	Alzheimer's Disease	2016-2020	57.6	↓	37.4
	Cerebrovascular Disease (Stroke)	2016-2020	46.9	↑	42.7
	Chronic Lower Respiratory Disease	2016-2020	48.3	↑	42.5
	COVID-19	2016-2020	17.6	**	12.8
	Pneumonia & Influenza	2016-2020	21	↓	15.7
	Diabetes Mellitus	2016-2020	26.1	↑	24.5
	Septicemia	2016-2020	15.5	↓	12.5
	Nephritis, Nephrotic Syndrome & Nephrosis	2016-2020	19.8	↓	16.4
Chronic Liver Disease & Cirrhosis**	2016-2020	11.8	↑	11.1	
Injury (Mortality) (rate per 100,000 population)	Unintentional Motor Vehicle Injuries	2016-2020	21.5	↑	15.1
	All Other Unintentional Injuries	2016-2020	61.1	↑	43.2
	Suicide	2016-2020	13.7	↓	13.4
	Homicide	2016-2020	N/A***	***	7.3
	Newly Diagnosed Chlamydia Annual Rates	2021	498.2	↑	617.1

Communicable Diseases (rate per 100,000 population) Data collected by NC EDSS Surveillance	Newly Diagnosed Gonorrhea Annual Rates	2021	198.7	↑	276.5
	Newly Diagnosed HIV Average Rate	2019-2021	3.1	↓	14.5
	Newly Diagnosed AIDS Average Rate	2019-2021	2.5	↓	5.8
	Newly Diagnosed Early Syphilis Average Rate (Primary, Secondary, Early Latent Syphilis)	2019-2021	6.4	↑	24.3
	Newly Diagnosed Acute Hepatitis B Annual Rate	2021	0	↓	1.3
	Newly Diagnosed Hepatitis C Annual Rate	2021	0	↓	0.9

* Fewer than 10 deaths (interpret with caution)

** First year reported

*** death rate (<50) not shown

Priority Areas

Mental Health - Mental wellness, especially for children, was identified as a priority due to social isolation that occurred during COVID-19. Schools and other social outlets were closed or modified during the period of March 2020 through 2022. Age specific rates for self-inflicted injury and suicide ideation in the NCDETECT (North Carolina Disease Event Tracking and Epidemiologic Collection Tool) Mental Health Dashboard support the need for this priority. This dashboard provides an overview of emergency department visits for anxiety, depression, self-inflicted injury, suicide ideation, and trauma/stressors.

Stanly County rates for self-inflicted injury and suicide ideation increased for individuals ages 10-17 between 2019 and 2021.

Trends by Age Group for Self-Inflicted Injury: Stanly

	2017	2018	2019	2020	2021
Ages 10-14			23.41	31.90	35.72
Ages 15-17	21.51	59.91	56.03	47.09	68.23
Ages 18-24	14.47	23.77	22.02	12.90	22.14
Ages 25-44	19.32	16.44	26.38	12.70	19.33
Ages 45-64	11.08	9.35	8.77	8.86	3.61

Counts <5 are excluded for rates may not be available for all age groups.

Trends by Age Group for Suicidal Ideation: Stanly

	2017	2018	2019	2020	2021
Ages 10-14	57.8	47.0	49.4	53.2	93.4
Ages 15-17	81.7	64.2	90.5	64.2	119.4
Ages 18-24	101.3	100.6	91.8	88.4	88.6
Ages 25-44	116.6	94.5	80.5	58.8	111.3

Ages 45-64	79.3	55.5	60.8	34.8	43.9
Ages 65+	25.6	13.7	14.9	13.7	12.0

Counts <5 are excluded for rates may not be available for all age groups.

Source: <https://ncdetect.org/mental-health-dashboard/>

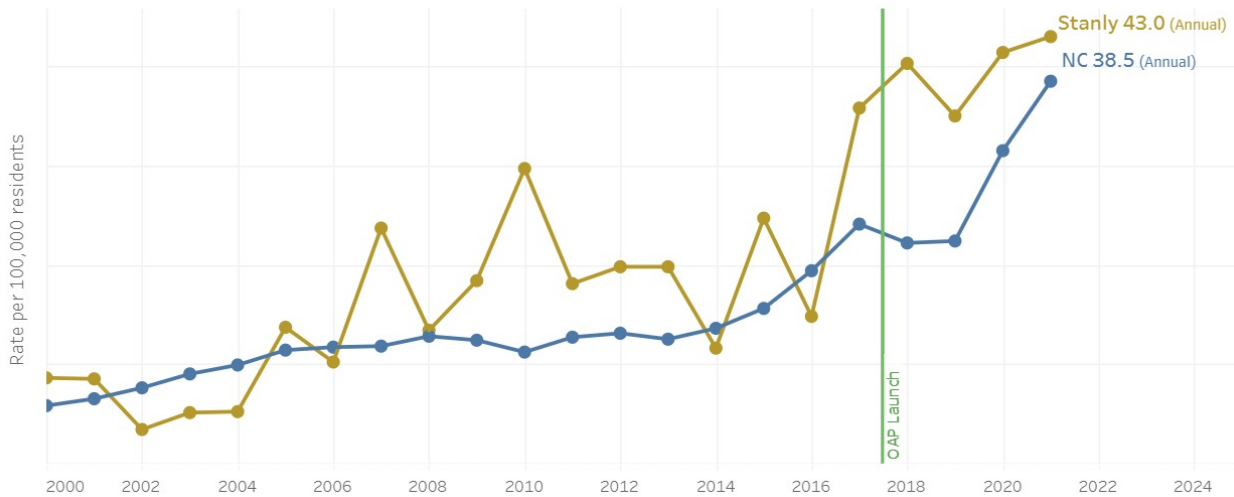
Data from 2020 should be interpreted with caution as ED visits dropped significantly, especially at the beginning of the COVID-19 pandemic.

Substance Use - Stanly County saw a 3.9% increase in overdose deaths in 2021, compared to a 22% increase in North Carolina. Overdoses reported by the emergency department decreased by 16.3% in 2022 in Stanly County, and by 6.3% in North Carolina. From 2018, Stanly County has seen a 42% decrease in overdoses, while North Carolina has seen a 30% increase. This is attributed to broad naloxone distribution from community partners including Stanly County EMS and Uwharrie Harm Reduction Initiative.

Deaths in Stanly

The rate of overdose deaths among residents of Stanly in 2021 (Annual) was **43.0**.

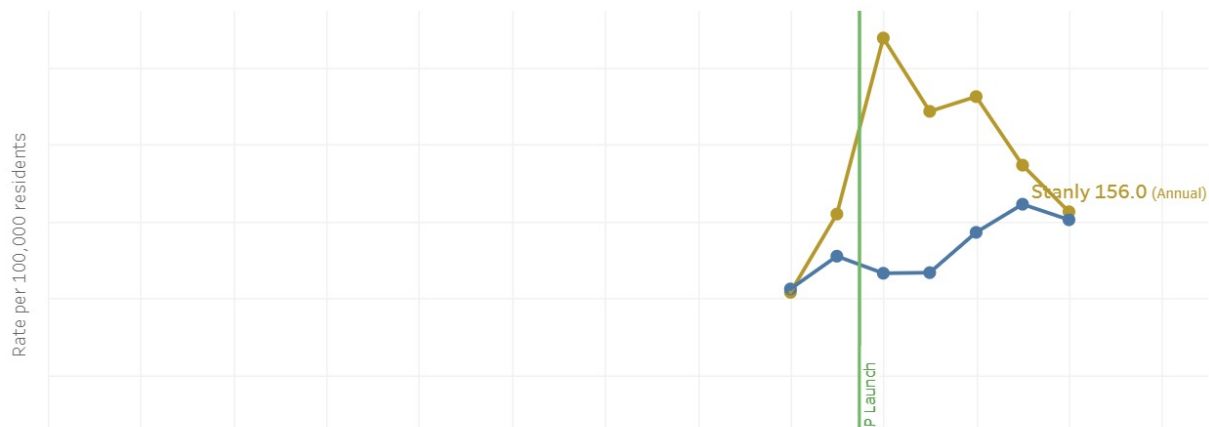
(Rate per 100,000 residents. Number of deaths: 27)



ED Visits in Stanly

The rate of overdose ED visits among residents of Stanly in 2022 (Annual) was **156.0**.

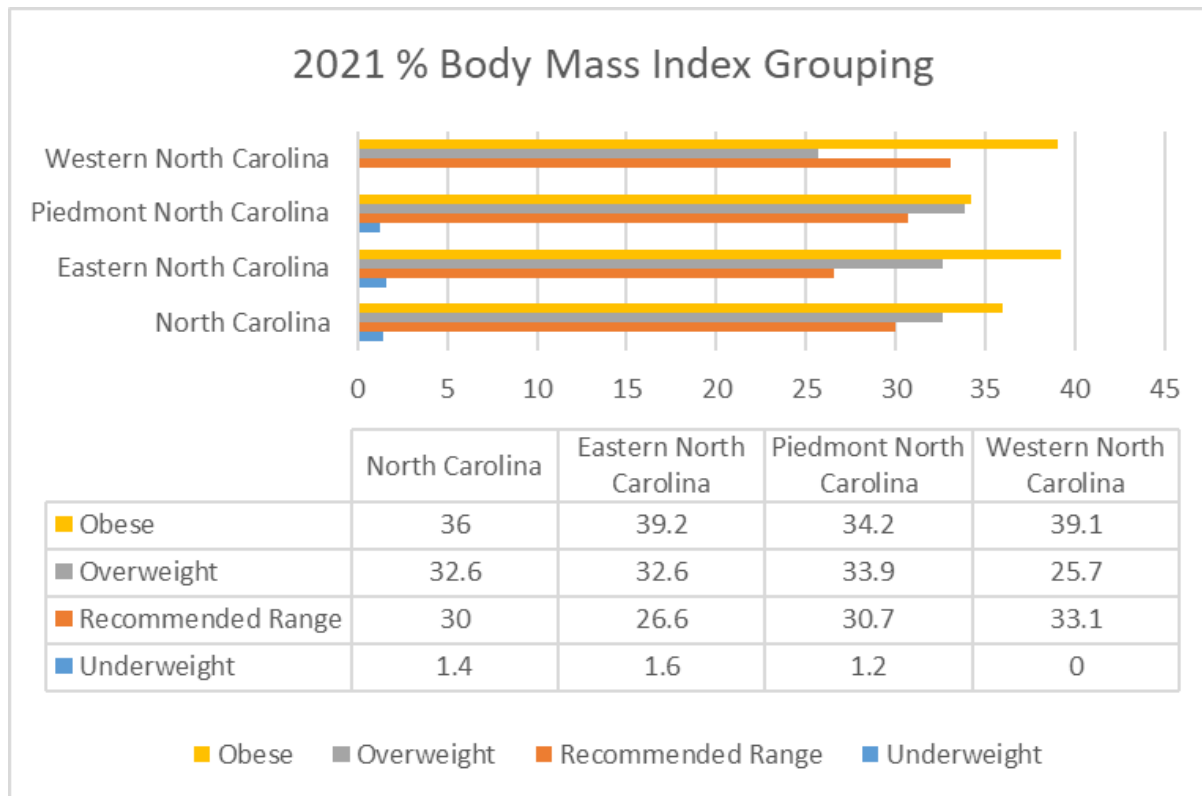
(Rate per 100,000 residents. Number of ED visits: 98)



Source: <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

Healthy Living (nutrition, physical activity, healthy weight)

The 2021 Behavioral Risk Factor Surveillance System (BRFSS) % Body Mass Index Grouping is divided into regions, with Stanly County being represented by the Piedmont region. Body mass index (BMI) screens for weight categories that may lead to health problems, but it does not diagnose the body fatness or health of an individual. Only 30.7% of the Piedmont region is considered to be within the recommended range for body mass index. 68% of the Piedmont region falls within the overweight or obese categories.



Source: 2021 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) /

Underweight=BMI <18.5, Recommended Range=BMI 18.5 to 24.9, Overweight=BMI 25 to 29.9, Obese=BMI >30

Emerging Issues Since Last CHA



Sexually Transmitted Infections

- Newly diagnosed chlamydia annual rates are up from 457.0 in 2019 to 498.2 in 2021 (9% increase)
- Newly diagnosed early syphilis average rate (Primary, secondary, early latent syphilis) up from 4.8 in 2019 to 6.4 in 2021 (33% increase)
- Newly diagnosed gonorrhea annual rates are up from 119.4 in 2019 to 198.7 in 2021 (66% increase)
- Though rates are increasing, Stanly County rates continue to be below state averages

COVID-19

- First COVID-19 death reported locally was in April 2020
- 2016-2020 mortality data include COVID-19 data for the first time
- 12th leading cause of death over the five year period (2016-2020)

New/Paused/Discontinued Initiatives Since Last CHA



New Initiatives

Opioid Settlement Funds

- \$4.66 million designated for Stanly County over 18 years in Wave 1, potential additional funds in Wave 2
- Strategies funded must follow state Memorandum of Agreement
- Stanly County Board of Commissioners is responsible for approving allocations
- Disbursements have been made in support of recovery housing, recovery resources, harm reduction, and post overdose response
- Funded organizations must submit impact reports and show that they are following guidelines
- For more information visit: [North Carolina Opioid Settlement](#)

Suicide Prevention

- Suicide Gatekeeper training was chosen as a Healthy Communities strategy for 2022/23 because of community concerns over youth and adult mental health due to COVID-19 isolation
- Local organizations are encouraged to adopt new suicide prevention policies and/or programs and provide gatekeeper training sessions for suicide prevention using ASIST (Applied Suicide Intervention Skills Training), safeTALK, Faith and/or Start, QPR (Question, Persuade, Refer), CALM (Counseling on Access to Lethal Means), or Mental Health First Aid
- Health Department coalitions: Stanly County Partners in Health, Stanly County Minority Health Council, and Stanly County Project Lazarus work to inform the community about the availability of these no cost trainings from partner organizations
- Stanly County Schools, Stanly Community College, and Gray Stone Day School are also working on mental health initiatives for students and staff

Hands Only CPR

- Stanly County is an intervention county in the Duke University RACE-CARS (RANdomized Cluster Evaluation of Cardiac ARrest Systems) Trial. The primary goal of the trial is to improve survival with good neurological outcomes from Out of Hospital cardiac arrest by 33%
- Secondary outcomes are to improve bystander CPR rates by 33% and to improve AED defibrillation prior to EMS arrival by bystanders and first responders by 50%.
- Partners such as Stanly County EMS, Atrium-Stanly, and Stanly County Health Department work to increase community knowledge of Hands Only CPR through outreach opportunities

Discontinued Initiatives

Healthy Beginnings

- Program was focused on decreasing health disparities in minority infants
- Discontinued in 2022 due to end of grant period
- Educational classes were held on subjects such as breastfeeding and safe sleep
- Over the course of the grant, there were 792 participant interactions

COVID-19 Mass testing and vaccination

- In 2021 the health department was vaccinating several hundred individuals each day in drive through and indoor clinics
 - Vaccination for COVID-19 is now widely available through physician offices and pharmacies and the role of the health department in vaccination is greatly reduced
 - Self-administered COVID-19 tests have taken the place of laboratory tests conducted by the health department and contracted testing sites
-