

Randolph County Public Health 2024 State of the County Health Report

The Community Health Improvement Plans (CHIPs) were developed for mental health and substance use disorders. These two focus areas were identified as priorities from the 2022 Community Health Assessment (CHA) to address over the next three years.

Progress on Community Health Improvement Plans

Substance Use Disorder

Utilizing the 2019-20 National Survey on Drug Use and Health, the North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch estimates a 12.73% prevalence of substance use disorders among Randolph County residents 12 years and older. Applying this prevalence rate to the population of residents 12 years and older, an estimated 15,823 residents have a substance use disorder.

Randolph County’s 2016 Strategic Plan set a goal to save lives from overdoses as a result of substance use disorders. To achieve that goal, Randolph County Public Health was appointed to serve as the lead in establishing a community coalition to develop and implement an action plan. Randolph County Public Health assembled a large number of representatives spanning many sectors to launch the Randolph County Opioid-Drug Community Collaborative in 2017.

Between 2017-20, the collaborative implemented numerous strategies to address the opioid overdose crisis, including:

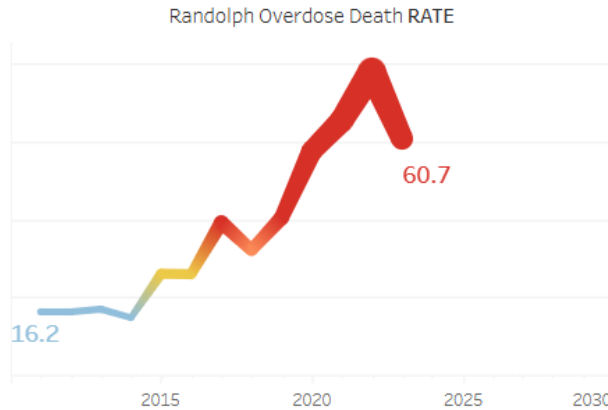
- Held informational community events to raise awareness and reduce stigma on substance use disorders
- Made materials available at the local library highlighting opioid use disorder, prevention, and treatment
- Implemented various overdose prevention campaigns utilizing multiple channels such as billboards and social media (Lock Your Meds)
- Established medication take-back events and sites
- Increased access to naloxone, a life-saving opioid overdose-reversal first aid medication
- Secured grants to enable uninsured patients to receive behavioral health services
- Expanded access to substance use disorder treatment services and medications for addiction treatment via our local managed care organization, Sandhills Center
- A community organization launched a syringe service program
- Offered Crisis Intervention Team training to local law enforcement
- Piloted a post-overdose response team

Figure 1- Crude Rate of Overdose Associated Deaths, Randolph County, 2017-23

2017	39.1 per 100,000
2018	32.1 per 100,000
2019	40.4 per 100,000
2020	57.8 per 100,000
2021	65.4 per 100,000

2022	78.0 per 100,000
2023	60.7 per 100,000

Figure 2 – Randolph County Overdose Associated Crude Death Rate (per 100,000), Source: *NC Opioid and Substance Use Action Plan Data Dashboard*



Despite an increase in the overdose death rate (*see Figure 1*), Randolph County’s reported community naloxone reversals sharply increased (*see Figure 3*). This metric reflects the number of overdose reversals using naloxone reported by community members and does not include the administration of naloxone by first responders. In 2023, the overdose death rate sharply decreased nearly reaching pre-pandemic levels. This reduction may reflect the intentional work of various community partners providing overdose prevention education and tools as well as connecting Randolph County residents to support services.

Figure 3 - Rate of Reported Community Naloxone Reversals, Randolph County, 2017-20

2017	65.6 per 100,000
2018	63.5 per 100,000
2019	287.5 per 100,000
2020	427.4 per 100,000

NOTE: NC DHHS – Injury and Violence Prevention Branch removed this data point from the NC Opioid and Substance Use Action Plan Data Dashboard in 2024. Data has not been provided since 2020.

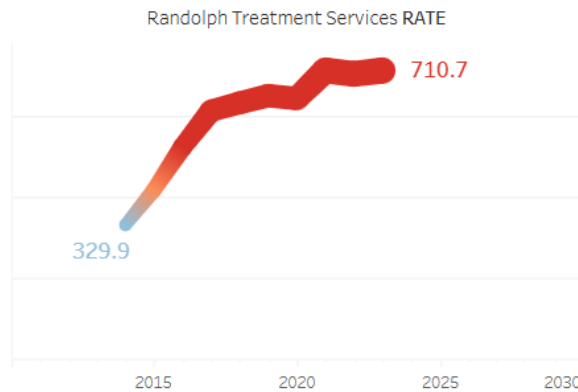
During the same time frame, Randolph County residents diagnosed with opioid use disorder receiving services from treatment programs steadily increased (*see Figure 4*). A dramatic increase in 2021 may reflect the use of telehealth services more broadly as well as federal flexibilities to provide treatment services for opioid use disorder. Medicaid expansion became effective in North Carolina in December 2023. This expansion of health coverage has enabled local behavioral health/substance use disorder treatment providers to assist clients in enrollment to assure continuation of care in 2024.

Figure 4 - Rate of Uninsured Individuals and Medicaid Beneficiaries with Opioid Use Disorder (OUD) Served by Treatment Programs, Randolph County, 2017-23

2017	413.9 per 100,000
2018	459.7 per 100,000

2019	463.6 per 100,000
2020	411.4 per 100,000
2021	711.0 per 100,000
2022	702.5 per 100,000
2023	710.7 per 100,000

Figure 5 – Randolph County Uninsured Individuals and Medicaid Beneficiaries with Opioid Use Disorder (OUD) Served by Treatment Programs Rate (per 100,000), Source: *NC Opioid and Substance Use Action Plan Data Dashboard*



In 2022, the collaborative developed three workgroups aligning with the NC Opioid Substance Use Action Plan – prevention, harm reduction, and connect to care. As the 2022 Community Health Assessment committee selected substance use disorders as a priority, the workgroups participated in five facilitated, Results-Based Accountability (RBA) strategic planning sessions from September 2022 – to February 2023. The workgroups created a results statement that states, “All individuals in Randolph County affected by substance use disorders and mental health conditions are healthy, safe, and free of stigma”. The workgroups selected several strategies to focus their collective effort.

These included:

- Advocate for recovery-friendly workplace policies with local employers (e.g., fair chance hiring, recovery support)
- Reduce barriers to naloxone access through distribution and training on how to administer and prevent overdoses through tools and education

The collaborative continues to meet bimonthly to review county-level and statewide data trends, feature local organizations providing programs or services, participate in education, and share data and resources. Community members and organizational representatives are welcome to join the meetings and help strengthen the local system of care.

Prevention and Connect to Care Workgroup

In 2023, the Prevention and Connect to Care workgroups collaborated to initiate work on a Randolph County specific recovery-friendly workplaces toolkit. The workgroup planned and hosted an event which introduced recovery-friendly workplaces to employers in attendance. The

workgroup developed survey tools to determine needs of local employers and shape a toolkit. The workgroup met regularly throughout 2023 and 2024 developing and refining the toolkit. Additionally, the group engaged five employers to serve as pilot sites for the toolkit.

Harm Reduction Workgroup

In 2023, the workgroup collected baseline data based on the measures selected during the action planning process. The measures included:

- Number of naloxone kits distributed
- Number of individuals demonstrating knowledge of naloxone administration following training
- Number of community overdose reversals using naloxone kits distributed
- Number of fentanyl test strips distributed / Number of xylazine test strips distributed
- Number of individuals demonstrating knowledge of proper use of test strips (fentanyl, xylazine)

A member of the workgroup visited local businesses to offer a no-cost naloxone kit to be added to their first aid kits and provide training on how to recognize an overdose and administer naloxone. Another member of the workgroup provided community training on naloxone administration and offered naloxone kits to those in attendance.

Due to the high overdose fatality rate in Randolph County in 2022, Blue Cross Blue Shield of North Carolina offered the workgroup funding to support naloxone distribution in 2023. The workgroup collaborated with county emergency services to identify zip codes where fatalities were most frequent to pilot a naloxone distribution program using newspaper style kiosks. In 2024, the workgroup reviewed evidence-based models for the program design, drafted an action plan, and sought expert guidance on community engagement for placement of kiosks.

North Carolina Opioid Settlement

Randolph County received its initial payment from the national opioid settlement in 2022-23. In 2023, the county released a request for applications funding opportunity for organizations interested in implementing programs to address opioid use disorder in Randolph County. The process was developed to address three core goals:

1. Enhance community efforts to develop and/or expand evidence-based programs and resources to address opioid use disorder.
2. Build capacity and infrastructure to measure the impact of programs and prevent fatal overdoses in Randolph County.
3. Strengthen community partnerships to improve access to care related to opioid use disorder.

In July 2023, the Randolph County Board of County Commissioners approved six of eight recommended applications for funding. The Board of Commissioners approved a seventh recommended application in November 2023. These included high impact strategies listed in Exhibit A of the North Carolina Memorandum of Agreement demonstrating evidence to reduce fatal overdoses.

Strategy 2 – Evidence-based Addiction Treatment

- Strategy 3 – Recovery Support Services
- Strategy 6 – Early Intervention Programs
- Strategy 7 – Naloxone Distribution
- Strategy 11 – Addiction Treatment for Incarcerated Persons

Funded organizations began working on their respective strategies in 2023-24. In June 2024, the Board of County Commissioners approved funding to support Strategy 1, collaborative strategic planning, which enabled county staff to form a team dedicated to supporting the funded organizations in project implementation, data collection, and evaluation. The staff coordinated five training workshops to support organizational capacity by developing skills for self-assessment as well as program evaluation. Staff collected data from the funded organizations quarterly to track progress on their programs. Organizations have worked with county staff to strengthen data collection processes, develop quality survey tools to evaluate their programs and services, and build relationships with community partners to improve linkages to care for various needs.

Mental Health

A mental illness is a condition that affects a person’s thinking, feelings, behavior, or mood. Each mental illness has its symptoms and affects millions of Americans annually. According to the National Alliance on Mental Illness (NAMI), about 1 in 5 adults in the United States and 1 in 6 youth, ages 6-17, experience a mental health disorder every year. According to NAMI finding treatment resources can be a challenge due to a lack of healthcare availability and stigma.

- 50% of all lifetime mental health disorders begin by age 14 and 75% by age 24 (*NAMI*)
- Suicide is the 2nd leading cause of death among people aged 10-14 in the United States (*NAMI*)
- Suicide is the 9th leading cause of death in Randolph County and 10th in North Carolina. (*North Carolina State Center for Health Statistics: NCSCHS*)
 - Suicide is the 3rd leading cause of death for ages 20-39 in Randolph County between the years 2017-2021. (*NCSCHS*)

The Randolph County Mental Health Collaborative was re-established in June 2023 to support initiatives to strengthen mental health among Randolph County residents. This collaborative consists of community partners who either work for an agency/organization in the area of mental health or have a personal or professional interest in the topic. Using the RBA framework, the Mental Health Collaborative created a result statement that was finalized in late 2023. It reads “All individuals in Randolph County will have good mental and emotional health with access to mental health services and are free from stigma”.

In January 2024, the collaborative selected strategies to help increase awareness of mental health services and identify and assist people in a mental health crisis. The strategies created by the Mental Health Collaborative include:

- Promote the 988 Suicide and Crisis Lifeline throughout Randolph County.
 - To date the collaborative has promoted the 988 lifeline with the community members they work with. Randolph County Public Health has promoted 988 on

social media and has distributed educational materials throughout the county. More will be done to promote this service in the years to come.

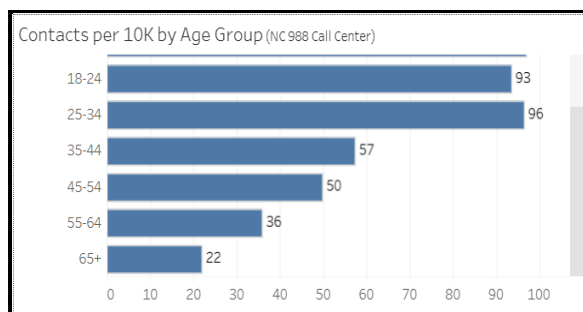
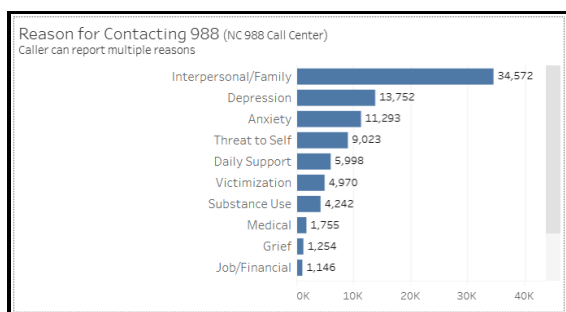
- Data for this strategy has only been collected at the state level. We have not been able to get county-level data yet, but we are working on it.
- Determine training needs among employees/employers and the public regarding how to cope with/identify mental health issues among clients, family, friends, etc.
 - The first Mental Health First Aid (MHFA) training was offered by the collaborative in April 2024 and had 15 participants.

988 Suicide & Crisis Lifeline

On July 16, 2022, the three-digit 9-8-8 Suicide & Crisis Lifeline went live nationwide. When someone calls the 988 Suicide & Crisis Lifeline, they are connected to trained counselors who provide free and confidential emotional support to people in a mental health crisis or emotional distress 24 hours a day, 7 days a week, in the United States. (988lifeline)

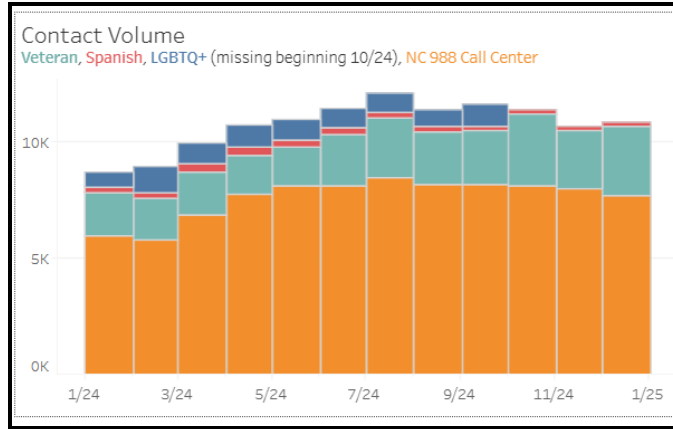
“The 988 Suicide & Crisis Lifeline is a leader in suicide prevention and mental health crisis care. Since its inception, the Lifeline has engaged in a variety of initiatives to improve crisis services and advance suicide prevention for all, including innovative public messaging, best practices in mental health, and groundbreaking partnerships.” (988lifeline)

In December 2023, the North Carolina Department of Health and Human Services (NCDHHS) launched a 988-performance dashboard that reports data on call volume, reason for calling, resources offered to the caller, etc. In North Carolina, from January-December 2024 the call volume to 988 was 128,385 calls. The top three reasons for people calling 988 are interpersonal/family (34,572), depression (13,752), and anxiety (11,293). The top three age groups called the 988-call center were 13-17, 18-24, and 25-34. Callers may report multiple reasons for calling, as seen in the graphs below.



Source: NCDHHS NC 988 Performance Dashboard

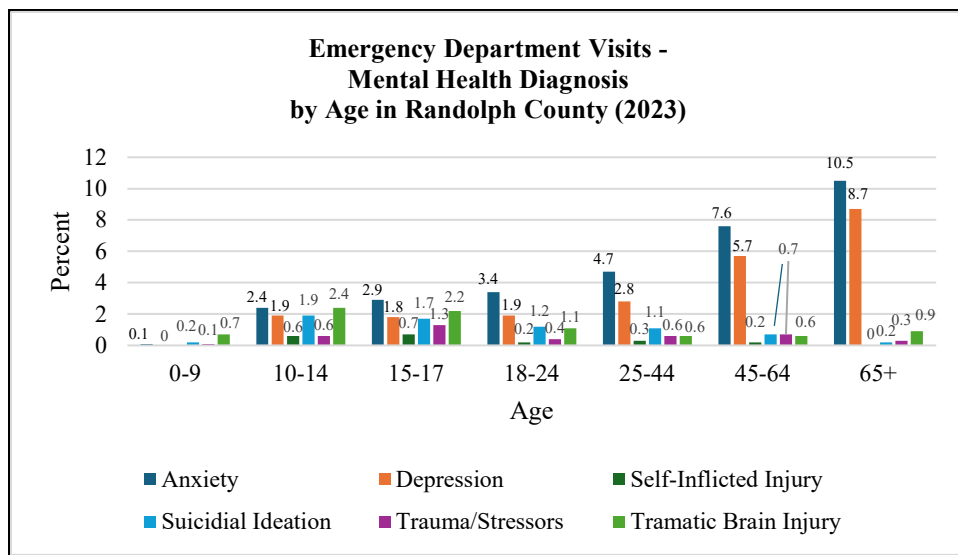
The following graph shows call volume for North Carolina from January 2024-January 2025. During calendar year 2024, Randolph County had 1,192 contacts utilizing 988, with a rate of 82.3, per 10,000 people.



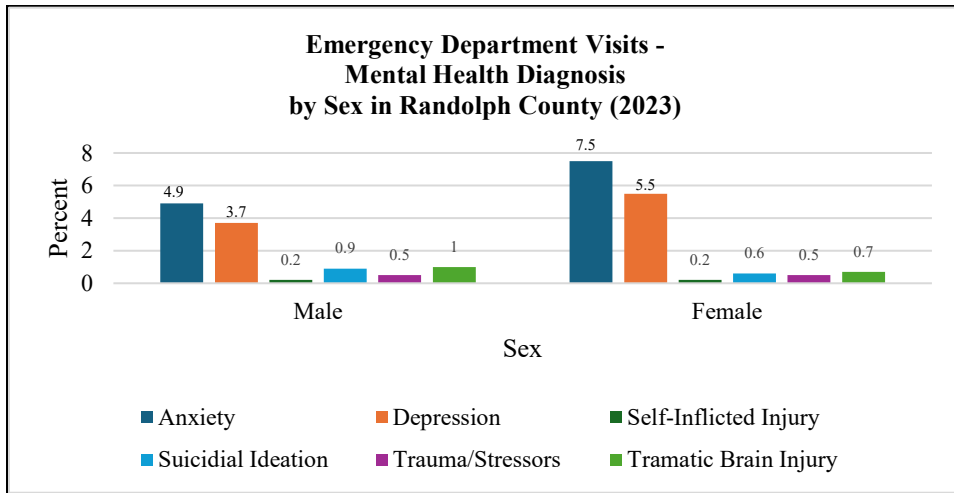
Source: NCDHHS NC 988 Performance Dashboard

The following three graphs are from the North Carolina DETECT Mental Health Dashboard and represent emergency department visits to the hospital for a mental health-related diagnosis by age and by sex for Randolph County in 2023. The mental health diagnoses are coded using ICD-10 codes which are codes that physicians/medical providers use to classify all diagnoses, symptoms, and procedures for claims processing. The definitions for the mental health diagnoses were taken from other sources and not NC DETECT as they code the diagnoses as ICD-10 codes.

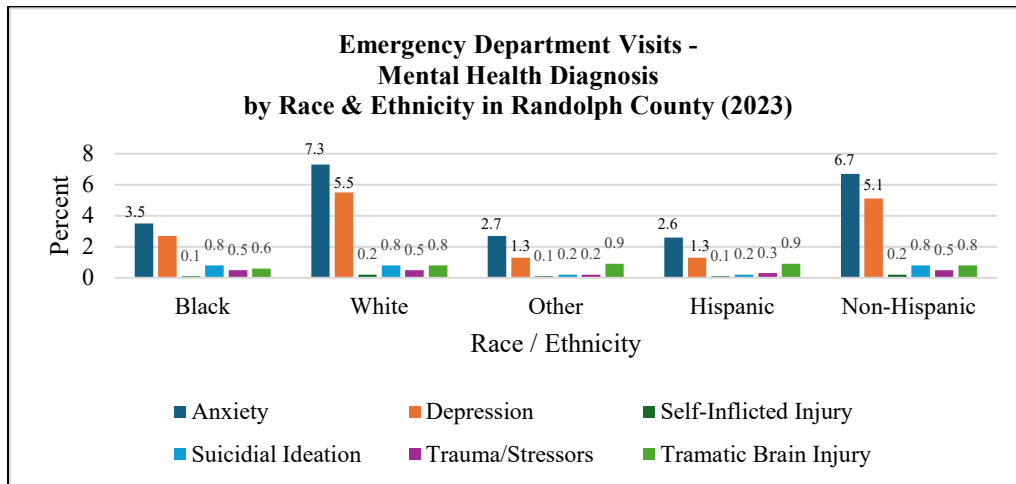
In Randolph County, many individuals seek medical help from the hospital emergency department (ED) for symptoms that may result in a diagnosis of a mental health condition or illness. ED visits for mental health-related conditions or illnesses are typically diagnosed as anxiety, depression, self-inflicted injury, suicidal ideation, and/or trauma/stressors. In 2023, NC DETECT added traumatic brain injuries to the database.



Source: NC DETECT Mental Health Dashboard



Source: NC DETECT Mental Health Dashboard

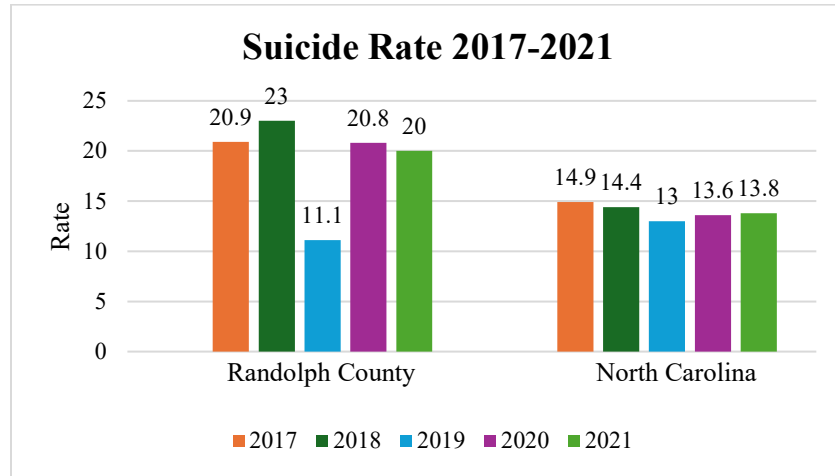


Source: NC DETECT Mental Health Dashboard

Definitions for mental health conditions:

- *Anxiety Disorders*: feelings of intense fear and distress that are overwhelming and can prevent an individual from doing everyday activities. (NAMI)
- *Depression*: disorder of the brain and is a serious mental illness that is more than just a feeling of being “down in the dumps” or “blue” for a few days. (SAMHSA)
- *Self-inflicted injury*: occurs when someone purposely hurts themselves, also referred to as self-injury, self-abuse, self-mutilation, deliberate self-harm, parasuicidal behavior, and non-suicidal self-injury. (New York State Department of Health)
- *Suicidal ideation*: an individual having thoughts of wanting to harm themselves. It is a term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. (National Library of Medicine)
- *Trauma*: an emotional response to a terrible event like an accident, rape, or natural disaster. (American Psychological Association)
- *Stressors*: events/things that cause a state of strain or tension. (Merriam-Webster)
- *Traumatic brain injury*: an injury to the brain caused by an external force, such as a blow, jolt, or penetrating object. (National Institute of Neurological Disorders and Stroke)

The chart below shows the suicide rates for the most recent reported period in Randolph County and North Carolina. During 2017-21, suicide was the ninth leading cause of death in Randolph County. It was number 10 in North Carolina. During the same period, it was the tenth leading cause of death in North Carolina. In addition, suicide is the third leading cause of death for those 20-39 years of age, and the fourth leading cause for individuals between the ages of 0-19 in Randolph County.



Source: NC State Center for Health Statistics (rate is per 100,000)

Mortality and Morbidity Changes

Morbidity can be another term for illness. The National Cancer Institute defines morbidity as having a disease or a symptom of a disease, or the amount of disease within a population. This term does not mean deaths. A person can have several co-morbidities simultaneously such as cancer, Alzheimer's disease, diabetes, etc. Mortality is another term for death. Mortality rates are the number of deaths due to disease divided by the total population.

During 2016-20, the leading causes of death for any county in North Carolina, did not include COVID-19. However, in Randolph County's 2023 State of the County Health Report (SOTCH), COVID-19 was added to the list of leading causes of death by the State Center for Health Statistics and ranked fifth in Randolph County (2017-21).

The following data chart shows the leading causes of death for Randolph County and North Carolina for the most recent period available, 2018-22. The prior period, 2014-18, was included for comparison. The ▲ symbol indicates an increase in the rate since the previous period. The ▼ symbol indicates a decrease in the rate since the previous period. The = indicates no change in the rate since the previous period.

Leading Causes of Death in Randolph County and North Carolina, 2018-22 and 2014-18

	Randolph County- Report Period 2018-2022		Previous Report Period Comparison 2014-2018	North Carolina- Report Period 2018-2022		Previous Report Period Comparison 2014-2018
	Rank	Rate	Status	Rank	Rate	Status
Total Deaths- All Causes	1000.3		882.0	849.4		781.8
Leadings Causes of Death	Rank	Rate	Status	Rank	Rate	Status
Diseases of the Heart	1	196.2	▲	1	161.2	▲
Cancer	2	171.5	▼	2	152.1	▼
All Other Unintentional Injuries	3	84.7	▲	3	52.5	▲
Chronic Lower Respiratory Diseases	4	54.8	▼	5	39.8	▼
Cerebrovascular Disease	5	44.5	▼	4	44.4	▲
Alzheimer's Disease	6	40.6	▼	6	36.6	▲
Diabetes Mellitus	7	29.5	▲	7	27.0	▲
Unintentional Motor Vehicle Injuries	8	21.8	▲	9	16.1	▲
Suicide	9	17.9	▼	10	13.5	=
Nephritis, Nephrotic Syndrome, Nephrosis	10	16.4	▼	8	16.5	▲

Source: NC State Center for Health Statistics- Leading Causes of Death Age-adjusted Rate (deaths per 100,000)

Top 3 Leading Causes of Death by Age Group in Randolph County (2018-22)

Top 3 Leading Causes of Death by Age Group (2018-2022)			
Age Group	Cause of Death	# of Deaths	Death Rate
Ages 0-19	1. Conditions originating in the perinatal period	26	14.7
	2. Motor vehicle injuries	21	11.9
	3. Congenital anomalies (birth defects)	15	8.5
Ages 20-39	1. Other unintentional injuries	189	111.0
	2. Motor vehicle injuries	54	31.7
	3. Suicide	45	26.4
Ages 40-64	1. Cancer- All sites	479	196.0
	2. Diseases of the heart	398	162.9
	3. Other unintentional injuries	228	93.3
Ages 65-84	1. Cancer- All sites	946	802.1
	2. Diseases of the heart	847	718.2
	3. Chronic lower respiratory disease	324	274.7
Ages 85+	1. Diseases of the heart	561	4228.9
	2. Cancer- All sites	219	1650.8
	3. Alzheimer's Disease	199	1500.1

Source: NC State Center for Health Statistics- Leading Causes of Death by County and Age Group
*Unadjusted death rates per 100,000 population

The following data shows infant and child mortality rates for Randolph County and North Carolina for the periods 2017-21 and 2018-22. There is a slight decrease in infant death rates for both Randolph County and North Carolina. For child death rates there is a slight increase for North Carolina, while Randolph County stayed the same.

Resident Infant Death Rates for NC and Randolph County (2017-2022)		
	2017-2021	2018-2022
Randolph County	9.5	8.7
North Carolina	6.9	6.8

Source: NC State Center for Health Statistics (deaths per 1,000)

Resident Child Death Rates for NC and Randolph County Ages 0-17 (2017-2022)		
	2017-2021	2018-2022
Randolph County	69.9	69.9
North Carolina	56.2	57.9

Source: NC State Center for Health Statistics (deaths per 1,000)

Emerging Issues

PFAS

Per- and Polyfluoroalkyl Substances (PFAS/PFOA) are a large group of synthetic chemicals that have been in production since the 1950s. They are used in a wide range of industrial and consumer products. PFAS are commonly used to help products resist staining, grease, and water. The Teflon coating on non-stick cookware is probably the most widely recognizable application. This group of chemicals are very persistent in the environment and do not break down easily. For this reason, PFAS are often referred to as “forever chemicals”.

The long-term effects of PFAS are still being studied. Research in areas where people have been exposed to PFAS has shown exposure increases the risk of several health problems. Some of these are: increased risk of certain types of cancer; increased cholesterol; thyroid issues; reproductive issues for women; growth, learning and behavioral issues in children; and immune system function problems.

In the summer of 2024, while performing water sampling of community and non-transient non-community water systems, the North Carolina Department of Environmental Quality (DEQ) discovered that a well at Wayne Trademark, a printing business in the Farmer community of Randolph County, had elevated PFAS/PFOA levels. Based on the elevated levels, DEQ tested the wells at the nearby Farmer Elementary School. The analysis showed that the wells at Farmer Elementary had the highest levels seen in North Carolina at that time.

Based on the high PFAS/PFOA levels, DEQ offered to sample private drinking water wells within a 1,000-foot radius of Wayne Trademark. The first round of sampling included 24 wells. Of those, 15 were shown to contain at least one PFAS/PFOA chemical. Among the samples

containing PFAS/PFOA, nine were determined to exceed the Environmental Protection Agency’s (EPA) maximum contamination level (MCL).

The homes with water samples that exceeded the MCL were provided bottled drinking water. Additionally, information was provided to property owners regarding the availability of reimbursement funds. These funds may be available to aid with the cost of installing treatment systems.

Farmer Elementary School has been fitted with point-of-use water treatment units on kitchen fixtures as well as drinking fountains throughout the school. Additionally, a point-of-entry treatment unit was installed at Wayne Trademark. Several of the private homes that were affected have been fitted with treatment units. Follow-up sampling showed the units have been effective in the removal of the contaminants.

NC DEQ is still investigating the situation in hopes of determining the source of the chemicals. Surface water testing of Tom’s Creek and the Uwharrie River are to be conducted. The location and magnitude of the underground chemical “plume” are yet to be determined. Environmental Health Groundwater Protection staff continue to work diligently with NCDEQ to address the issue.

Communicable Disease: HIV

In 2024, Randolph County Public Health was notified of nine newly reported cases of HIV. Reported cases were slightly lower in previous years – seven cases in 2022 and one case in 2023. Increased testing availability has identified a greater number of cases. Pre-exposure prophylaxis (PrEP) is a daily medication that can reduce the risk of transmitting HIV between individuals. While PrEP reduces the risk of HIV transmission, it does not provide the same risk reduction for other sexual transmitted diseases (STDs). PrEP may be used in combination with other prevention methods to further reduce risk of HIV transmission.

PrEP has not been readily available to high-risk individuals within Randolph County. Many HIV individuals are required to travel to surrounding counties for care. This treatment requires more frequent visits to the prescribing provider due to close monitoring of the individual’s health.

Communicable Disease Cases in Randolph County (Calendar Years 2022-24)

Communicable Disease	2022	2023	2024
Chlamydia	543	499	454
Gonorrhea	132	151	141
Syphilis	31	44	46
Congenital Syphilis	1	1	1

Immunizations

RCPH nursing clinic staff held immunization clinics to ensure access for “back to school” vaccines. Immunization clinics were offered at three high schools in August 2024 – Asheboro, Randleman and Eastern Randolph. The meningitis and Tdap (tetanus, diphtheria, and pertussis)

vaccines were offered for middle and high school students who needed the vaccines before entering the seventh and twelfth grades.

New Initiatives

Hispanic Leadership Coalition

The Hispanic Leadership Coalition was established in June 2024 which was a key strategy featured in the 2023-25 RCPH Strategic Plan. Members of the Health Promotion and Policy team reached out to community partners currently engaged with the Hispanic community in Randolph. These partners represent local school systems, the medical sector, and local nonprofits. The Hispanic Leadership Coalition is in the early stages of organizing and plans to hold events in 2025.

Recovery Month Celebration

In September 2024, the Randolph County Opioid-Drug Community Collaborative planned and hosted the county's first recovery month celebration. The celebration was designed to create opportunities for connection through food, games, local organization resource tables, and music. The collaborative included people with lived experience in all pieces of the event - planning, implementation, and evaluation. This made the event one that they were excited to be a part of and support and they are looking forward to another event in 2025.