
2017 State of the County Health Report

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Person County health priorities identified through the
2014 Community Health Assessment process are
Diabetes and Overweight/Obesity.

Progress Made on Health Priorities in 2017

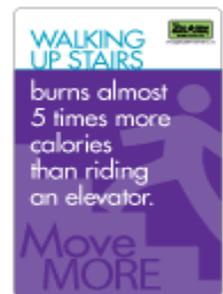
The following efforts were made by Person County Health Department and the Healthy Personians Partnership as well as some of their community partners to address county health priorities and contributing risk factors/behaviors, both directly and in some cases indirectly, in 2017:



Diabetes Prevention Program – In 2017, a different approach was taken to address diabetes. Instead of offering diabetes self-management programming, an opportunity presented itself, through a regional collaborative, to focus on reaching people who have not crossed the threshold of a type II diabetes diagnosis but who have been identified as prediabetic or at-risk for diabetes. In late 2016, two lifestyle coaches were trained to deliver the Prevent T2 curriculum, an evidence-based diabetes prevention program recognized by the Centers for Disease Control. Prevent T2 is a year-long program, offered in a small group setting, that targets people who have been identified as prediabetic or at-risk for diabetes through a blood test and/or risk assessment. While many components of this program focus on lifestyle change and behaviors, there are two main goals that are expected of each participant. Those goals are to lose 5-7% of your body weight and to move towards getting at least 150 minutes of physical activity each week. In 2017, the diabetes prevention program was implemented with 2 groups, totaling 17 participants. One group will continue to meet through May 2018 while the other one will come to an end in August. It is anticipated that a new group will be implemented in Spring/Summer 2018.

Carbohydrate Counting/Meal Planning Workshop - A Carbohydrate Counting/Meal Planning Workshop was offered in the fall of 2017. The target audiences for the workshop were people with type II diabetes or prediabetes and caregivers of such. However, it was open to anyone who wanted to attend. This workshop was led by a Registered Dietitian. Participants were made aware of sources of carbohydrates, recommended amounts of carbohydrates, proteins and fats per meal and snack, and how to put together meals within those recommendations. Fourteen people attended the workshop.

Environmental Supports to Encourage Physical Activity – Anyone who walks into a multi-level county building should now notice signage placed at each elevator. This signage, otherwise referred to as “point of decision prompts” was placed at each elevator to encourage both employees in those facilities as well as visitors to take the stairs instead of the elevator. The signs also serve as reminders that something as simple as taking the stairs can be beneficial to overall health and well-being. This was an initiative of the Person County Government Wellness Program, supported by the Health Department’s Healthy Communities Program.



[Gym Access for County Employees](#) - In late 2016, Person County Government purchased property with buildings that once housed a private gym, along with other various businesses. With the sale of the property came a fully outfitted gym with state of the art, commercial-use equipment. The County soon entered into a lease agreement with the Person County Senior Center which, as of May 2017, occupied the various buildings. In July 2017, Person County employees gained access to the fitness facility at the county's new Senior Center for a minimal fee. Currently, there are over 100 county employees who have access to this facility.



[Community Education and Outreach](#) – Throughout 2017, the Health Department, Healthy Personians, and their community partners participated in various community education and outreach events. The focus of many of these events was prediabetes, diabetes, overweight/obesity, heart health, healthy eating, physical activity, etc. Lifestyle coaches also took advantage of the high volume of people participating in these events to promote and recruit participation for the diabetes prevention program.



[Cook Smart, Eat Smart](#) – The Cook Smart, Eat Smart class held in the summer of 2017 provided thirteen individuals with eight hours of instruction teaching cooking techniques that can be used to build a repertoire of healthy meals to encourage preparing and eating more meals at home. There was an emphasis on healthy preparation techniques, simple ingredients, and limited use of prepared foods. Information was presented to help participants plan, shop, and stock a pantry that encourages simple meal preparation. Each session covered basic cooking techniques, nutrition, and other topics related to preparing and eating meals at home.

[Lunch N' Learn Workshops](#) - Nine Lunch N' Learn workshops were offered by the NC Cooperative Extension in 2017. Topics ranged from heart health, nutrition, the Mediterranean diet, breakfast, dairy products, and healthy food on a budget to eating smart during the holidays. The workshops were open to anyone who wanted to attend. Participants were made aware of resources within the community to live healthier lives, get more physical activity, control their portion sizes, stretch a food budget, and how to put together healthier meals within recommendations for diabetes, heart disease, obesity, or other chronic illnesses. One hundred fifty-five people attended the workshops.

[Extension Master Food Volunteers](#) – The Extension Master Food Volunteer (EMFV) program is designed to engage residents in food and nutrition programming in their community and train volunteers to provide support for food and nutrition programming and promote local food. Four volunteers received 30 hours of training in the curriculum, and then they shadowed the Family & Consumer Science (FCS) Extension agent throughout 2017, assisting with classes, health fairs, school programs, and other community events.



Definitions that may be helpful in better understanding the remainder of this report:

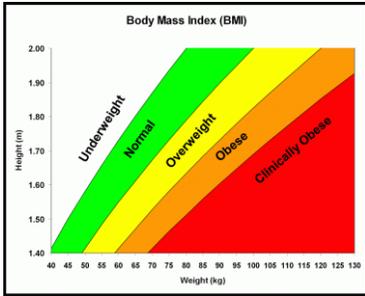
- *Cerebrovascular Disease* – physiological conditions that lead to stroke.
- *Chronic Lower Respiratory Diseases* – 3 major diseases: chronic bronchitis, emphysema, and asthma.
- *All Other Unintentional Injuries* – this category includes death without purposeful intent due to poisoning, falls, burns, choking, animal bites, drowning, and occupational or recreational injuries.
- *Mortality Rate* – also known as a death rate; described as number of deaths per 100,000 persons.
- *Age-Adjustment* – many factors affect the risk of death, including race, gender, occupation, etc. The most significant factor is age, because as a population ages, its collective risk of death increases. Any one time some communities have higher proportions of “younger” people, and others have a higher proportion of “older” people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is done by age-adjusting the data, a statistical manipulation usually performed by professionals responsible for collecting and cataloging health data.
- *Morbidity* – used in this report refers generally to the presence of injury, sickness, or disease.
- *Prevalence* – refers to the number of existing cases of a disease or health condition in a population at a defined point in time or during a defined period. Prevalence is usually expressed as a proportion vs. a rate.

Changes in Diabetes and Overweight/Obesity Data

Diabetes Data: The table on page 6 shows that diabetes remained Person County’s 5th leading cause of death for the time periods compared. The county’s mortality rate for diabetes increased from 30.7 (2011-2015) to 31.9 (2012-2016). It remained above the state’s comparable rate for both time periods.



For this report, diabetes data was extracted from the 2015 and 2016 Behavioral Risk Factor Surveillance System (BRFSS). Survey results for Region 5 (NC Association of Local Health Director Regions) were reviewed as Person County is one of nine counties in that region. When asked, “has a doctor, nurse, or other health professional ever told you that you had diabetes?”, 9.7% of 2016 survey respondents said “yes” while slightly less (9.2%) had the same response in 2015. A similar question was asked in the 2015 survey but in relation to prediabetes or borderline diabetes, to which 12.4% of the respondents indicated that they had been told by a doctor or other health professional that they had prediabetes or borderline diabetes. A comparison could not be made to determine if this percentage increased or decreased as the question was not asked in the 2016 survey.



Overweight/Obesity Data: Region 5 BRFSS data was also reviewed for overweight/obesity. In 2016, 66.2% of respondents self-reported that their Body Mass Index (BMI) was 25 or greater. A further breakdown of data revealed that 35.7% of respondents were in the overweight BMI range (25-29.9) leaving the remaining 30.5% classified as obese (30 and above). This was a slight increase from 2015 when 63.6% of respondents reported a BMI of 25 or greater, 35.6% fell in the overweight range, and 28% were in the obese grouping.

Childhood overweight/obesity data was taken from the North Carolina Pediatric Nutrition and Epidemiology Surveillance Survey (NC PedNESS). Data for children ages 2-4 comes from North Carolina Public Health sponsored WIC and Child Health Clinics and some School Based Health Centers. The prevalence of obesity among children ages 2-4 had decreased from 16.5% (2014) to 15.2% (2015) while the prevalence of children being overweight increased from 16% (2014) to 19.3% (2015). For both 2014 and 2015, the prevalence of overweight and obese children ages 2-4 in Person County slightly exceeded that of the state. Data for children ages 5-11 is not cited in this report as the sampling for the county was very low.

Primary data is not routinely collected during the interim years between Community Health Assessments. However, the following is some limited data and information as related to prediabetes, diabetes, and overweight/obesity from some of the initiatives in the aforementioned section:

- Diabetes Prevention Program – As of the time of this report, the total percentage of weight loss for one group of participants was at 4.2% while the other group’s percentage was at 2.2%. Both groups averaged approximately 150+ minutes of physical activity a week.
- Carbohydrate Counting/Meal Planning Workshop – Fifty-eight percent of the participants indicated that they were prediabetic or borderline diabetic while the remaining 42% had been diagnosed with type II diabetes. One-hundred percent of the participants felt like the information presented at the workshop would help increase their ability to count carbohydrates and plan healthier meals.

Sources: North Carolina State Center for Health Statistics; 2017 & 2018 County Health Data Books; Centers for Disease Control’s 2015 & 2016 Behavioral Risk Factor Surveillance System (BRFSS). NCPedNESS. Local evaluation data and information.

New and Emerging Issues in Public Health

The following section provides an overview of the public health issues that have emerged in 2017 or have remained a cause for concern in Person County since the last State of the County Health report. It also includes changes within the Health Department potentially impacting services, programs, and the community’s health status.

Substance Abuse – Person County’s Department of Social Services (PCDSS) released a report in September 2017 citing data from foster care records from February and March of the same year. This report revealed that 67% of the children in PCDSS’s custody during those two months were there because of substance abuse by a caregiver. Of those children in foster care due to substance abuse by a caregiver, 65% of them were between the ages of 0-5 years. It was cited that cocaine was the drug of choice by 44% of caregivers; alcohol, marijuana or prescription pills was abused by 29% of caregivers; and 27% of caregivers abused a combination of drugs.

Transitions in Personal Health Services – Person County Health Department experienced several changes in personal health services in 2017. Both changes occurred around mid-year. Clinic hours were extended one day a month to make immunizations and some Family Planning services more accessible to the community. The other change was the discontinuation of services offered through the Breast and Cervical Cancer Control Program (BCCCP). Inquiries about services once offered through BCCCP are referred to Person Family Medical Center and/or surrounding counties who still offer this program.

Animal and Material Hoarding - Person County Health Department’s staff and staff of other partner agencies are encountering a growing number of animal and material hoarding situations when responding to private residences. The Health Department convened a work group consisting of representatives from PCDSS, Person County Animal Services, Emergency Medical Services, the Sheriff’s Department, and the Roxboro Fire Department, to develop procedures for a coordinated response. Representatives from the North Carolina Department of Agriculture and North Carolina State University provided training and support.

Mortality Data

At the time that this report was prepared, the most current aggregate data for leading causes of death was for 2012-2016. It has been compared to that which was cited in the last State of the County Health Report. Key findings from the comparison of leading causes of death data from 2012-2016 to 2011-2015 are as follows:

- Person County’s 10 leading causes of death remained the same in ranking for these periods except for pneumonia/influenza and unintentional motor vehicle injuries, which were reversed.
- The county’s mortality rates for chronic lower respiratory diseases, all other unintentional injuries, and Alzheimer’s disease were below the state’s comparable rates. County mortality rates for cancer, diseases of the heart, cerebrovascular disease, diabetes, unintentional motor vehicle injuries, pneumonia/influenza, and septicemia were above the state’s rates.
- Person County’s mortality rates for diseases of the heart, cerebrovascular disease, chronic lower respiratory diseases, all other unintentional injuries, Alzheimer’s disease, pneumonia/influenza, and septicemia decreased in 2012-2016 when compared to comparable county rates for 2011-2015. However, county rates for cancer, diabetes, and unintentional motor vehicle injuries had increased.

Leading Causes of Death in Person County

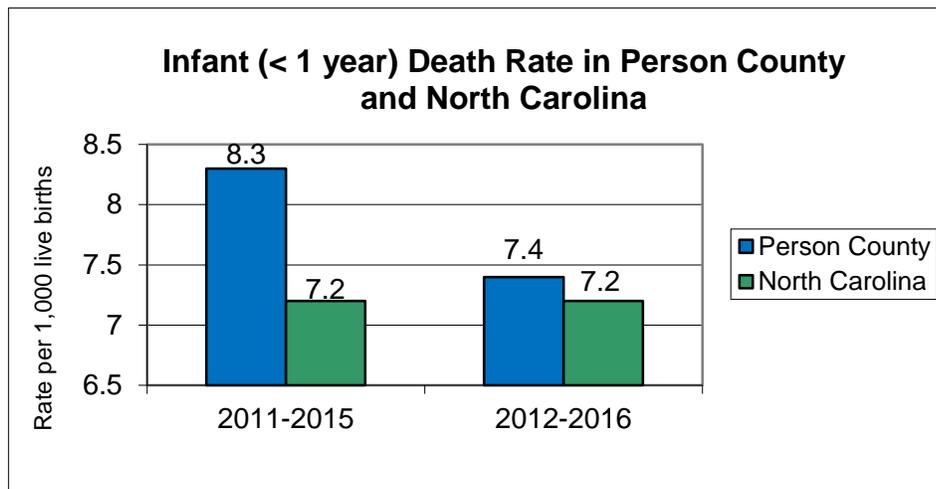
Cause of Death	2012-2016			2011-2015		
	PC Rank	PC Rate	NC Rate	PC Rank	PC Rate	NC Rate
Cancer	1	195.8	166.5	1	190.3	169.1
Diseases of the Heart	2	166.9	161.3	2	168.4	163.7
Cerebrovascular Disease	3	48.0	43.1	3	60.0	43.1
Chronic Lower Respiratory Diseases	4	40.6	45.6	4	43.2	45.9
Diabetes Mellitus	5	31.9	23.0	5	30.7	22.8
All Other Unintentional Injuries	6	25.8	31.9	6	30.0	30.5
Alzheimer's Disease	7	23.1	31.9	7	24.5	30.2
Unintentional Motor Vehicle Injuries	8	21.9	14.1	9	21.8	13.6
Pneumonia and Influenza	9	21.2	17.8	8	23.2	17.8
Septicemia	10	15.7	13.1	10	17.1	13.0

Sources: North Carolina State Center for Health Statistics; 2017 & 2018 County Health Data Books

Notes: Rate = Number of events per 100,000 population; Standard = Year 2000 U.S. Population; Leading causes of death are ranked according to rate, which are age-adjusted. Figures in red indicate the higher rate.

Infant Mortality Data

As evidenced in this chart, Person County's infant mortality rate decreased significantly from 2011-2015 to 2012-2016. *Note: Infant mortality rate is the number of deaths of infants under one year of age per 1,000 live births.*

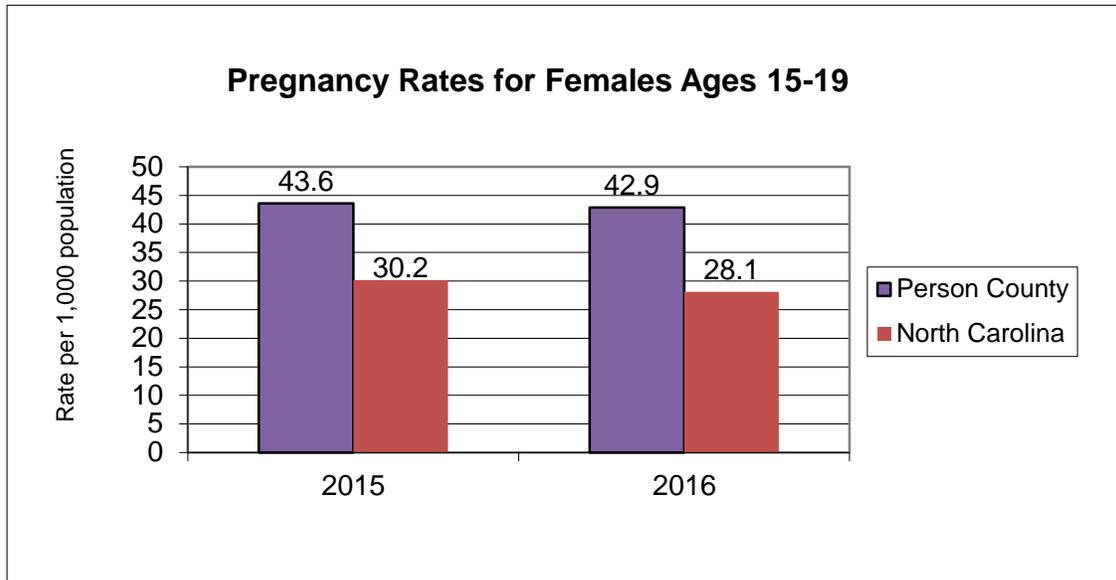


Source: North Carolina State Center for Health Statistics, Vital Statistics, Infant Mortality Statistics

Morbidity Data

Pregnancy Rates for Females Ages 15-19

Person County's pregnancy rate for females ages 15-19 decreased slightly from 2015 to 2016. *Note: Total pregnancies represent the sum of all induced abortions, live births, and fetal deaths 20 or more weeks of gestation reported in the state. Not included are spontaneous fetal deaths (still births) occurring prior to 20 weeks gestation, which are not reportable to the state.*

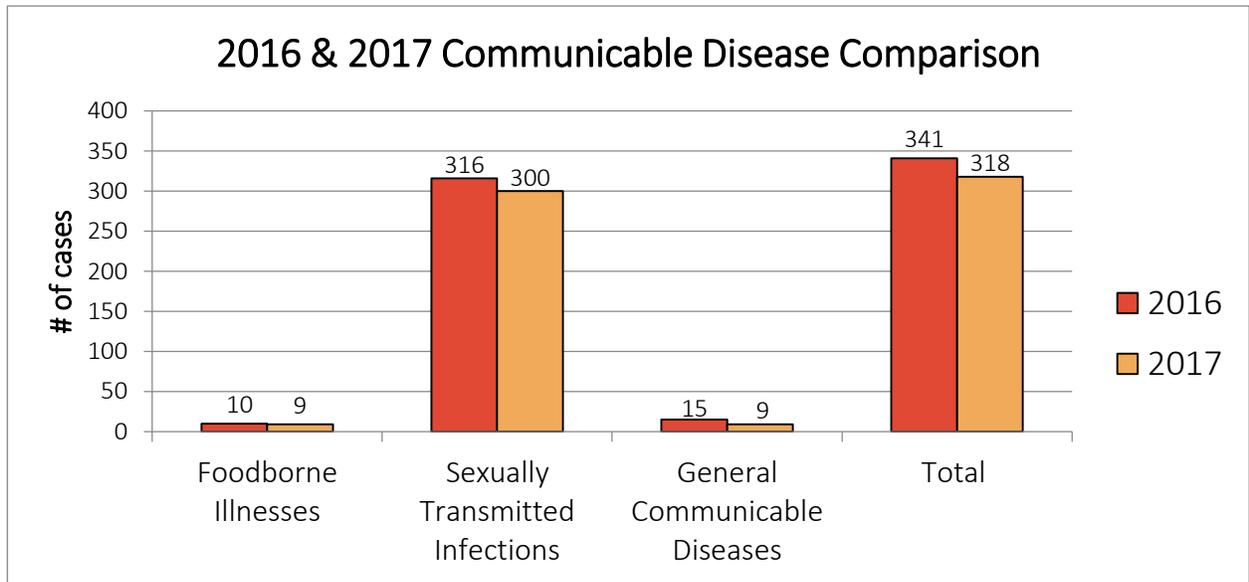


Source: North Carolina State Center for Health Statistics, Vital Statistics, Reported Pregnancies

Communicable Disease Data

From 2016 to 2017, the overall cases of communicable diseases decreased by approximately 7%. Sexually Transmitted Infections (STIs) continue to be the most common type of communicable disease in Person County. In 2017, 94% of communicable diseases were attributed to STIs. There was a 5% decrease in STIs from 2016 to 2017. Of the 300 reported cases of STIs in 2017, 228 cases (76%) were attributed to chlamydia. This is an increase in cases of chlamydia from 2016 (222 cases reported). There was a decrease in both foodborne illnesses and general communicable diseases in 2017.

The 2016 NC HIV/STD/Hepatitis Surveillance Report shows that the newly diagnosed chlamydia annual rate went from 505.1 (2015) to 532.0 (2016). Person County's rate was lower than that of the state which was 572.4 (2016). The county's newly diagnosed gonorrhea annual rate went from 155.6 (2015) to 201.1 (2016). The county's rate exceeded the comparable state's rate of 194.4 (2016). *(Note: Rate is expressed per 100,000.)*



Sources: 2016 NC HIV/STD/Hepatitis Surveillance Report; NC Electronic Disease Surveillance System

New Initiatives in Person County or Other Changes Potentially Impacting Health Concerns

Diabetes Prevention Program – In June 2017, Person County Health Department in partnership with the NC Cooperative Extension – Person County Center implemented a new diabetes prevention program. Funding for this program was made available through a regional minority diabetes prevention program collaborative that includes nine counties. Explanation about the program has already been provided in a previous section of this report.

Substance Abuse Committee – In only a few short years, Healthy Personians’ substance abuse committee has grown substantially, as more community partners and volunteers have become more concerned about substance use in the county. Twenty-seventeen was a busy year for the committee as they made presentations at numerous churches and organizations; held several community events and trainings; worked with county administration to allocate resources that would provide training and Narcan kits for volunteer fire departments, law enforcement, and EMS; partnered with the local newspaper to publish several articles; and explored several grant opportunities. Initiatives to address awareness, prevention, and treatment are already underway for 2018.

Regional Tobacco Collaborative – The Health Department is involved in a multi-county collaborative that addresses issues around tobacco. The department has been working with the Region 5 Tobacco Prevention Manager to provide assistance to Roxboro Housing Authority in preparation for the implementation of a smoke-free policy at all of their sites in May 2018. This policy is in response to a smoke-free public housing rule issued by the US Department of Housing and Urban Development in December of 2016. Public housing authorities have until July 2018 to implement local smoke-free policies.



Making Life Better in Person



There are many opportunities for Personians to get involved and help address the county's health priorities as well as other concerns. Whether it is through service on the Healthy Personians Advisory Board, the Chronic Disease Action Team, or the Substance Abuse Committee or maybe even becoming a part of Person County's Medical Reserve Corps (PCMRC), everyone can make a difference.

PCMRC consists of medical and non-medical volunteers who are utilized during times of emergency as well as during everyday community health operations. MRC volunteers help address county health priorities through participation in health fairs, community events, etc.



In 2018, Person County Health Department will be working on the next Community Health Assessment. Community volunteers as well as representatives from various agencies and organizations will be needed to see this process to completion.

Healthy Personians, PCMRC, and the Community Health Assessment are coordinated through Person County Health Department. To find out more about how you can get involved, contact:

LeighAnn Creson (Person County Health Department) at (336) 597-2204 x2277
lcreson.pchd@personcounty.net

Or Go To:

<http://health.personcounty.net>

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