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2023 Person County State of the County Health Report

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Progress on CHIPs

Introduction

The state of North Carolina along with the North Carolina Local Health Department Accreditation Program requires local health departments to conduct a comprehensive Community Health Assessment (CHA) every 3-4 years. The most recent Person County Community Health Assessment was conducted in 2022 and submitted to the State in March/April 2023. Through this process, overweight/obesity and substance abuse were identified as health priorities. Within six months of the completion of the CHA, a workgroup, consisting of community leaders, providers, and partners, collaborated to develop Community Health Improvement Plans (CHIPs) for each of the two identified health priorities. In September 2023, CHIPs were submitted to the State through the web-based Clear Impact Scorecard. The CHIPs follow the Results-Based Accountability framework.

In the interim years between CHAs, health departments are responsible for submitting a State of the County Health (SOTCH) Report. This is a more abridged report that provides updates on progress made towards addressing health priorities, changes in mortality and morbidity data since the CHA, information on emerging issues, and details on any new/paused/discontinued initiatives.

This section of the 2023 SOTCH Report details progress made on the Overweight/Obesity CHIP and Substance Abuse CHIP within the short amount of time since they were developed.

Overweight/Obesity CHIP

Person County Health Department (PCHD) in collaboration with the North Carolina Cooperative Extension Service continued to provide the Diabetes Prevention Program (DPP). Lifestyle Coaches work with a cohort of participants for one year. Program participants are prediabetic or determined to be at-risk for diabetes through a blood test and/or risk assessment. DPP requires all participants to work towards two goals. One goal is to lose 5-7% of their body weight, as even minimal weight loss has been proven to decrease an individual's risk for developing diabetes. The other goal is to reach and sustain 150 minutes of moderate physical activity a week. The DPP cohort referenced in this report will end in May 2024. As of December 2023, this cohort had collectively lost 4.1% of their body weight. Several participants had already met or exceeded their weight loss goal.

The aforementioned agencies also partnered to offer the Living Healthy with Diabetes Self-Management Program. Weight loss and maintenance is addressed in this curriculum. However, there are no program requirements to track participants' weight. Four of six participants successfully completed the six-week program, based on an attendance threshold established by the program's licensing agency.

The Chronic Disease Action Team (CDAT), a Healthy Personians partner group, was re-established to fulfill the initiatives presented in the Overweight/Obesity CHIP. This team was convened in October 2023 and has already created the "Move to a Healthier Weight in Person" resource guide. This is a simple, non-exhaustive guide of local resources for healthy eating, physical activity, and weight management.

Several initiatives are in the planning stage for implementation in 2024. Health Department and Cooperative Extension partners were trained in 2023 to deliver the new Med-South Lifestyle Program. This evidence-based program focuses on lifestyle changes around healthy eating and physical activity, both of which can support a healthy weight. Both group and individual interventions are part of this program. Additionally, CDAT partners are working on reaching out to the faith community to implement the Faithful Families Program.

Substance Abuse CHIP

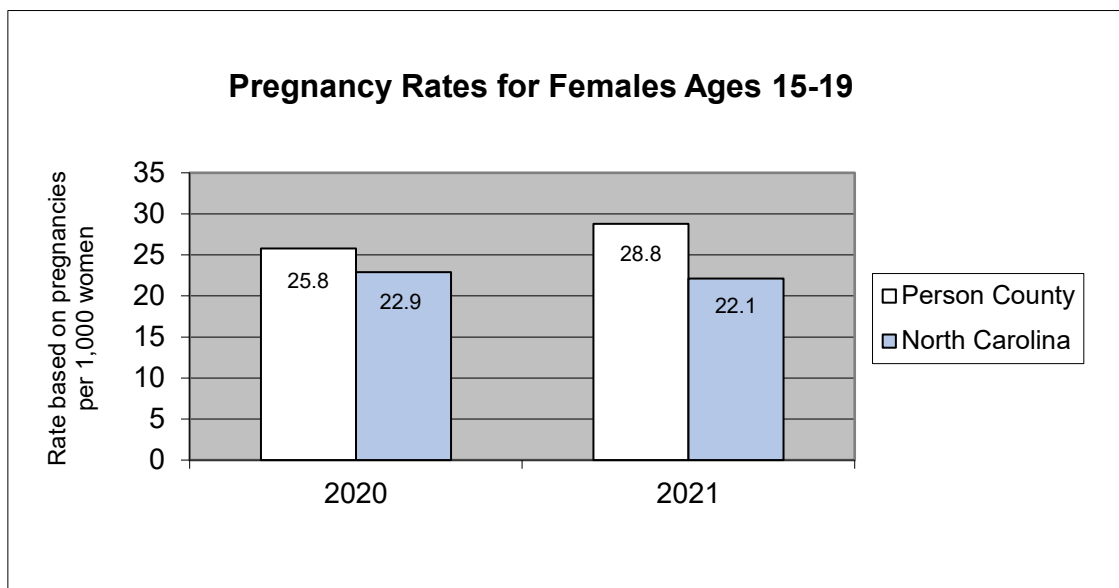
In 2023, the Substance Use Disorder Subcommittee (SUDS), another partner group of Healthy Personians, was reconvened under new leadership. This group of partners has been diligently working on sponsoring a luncheon for pastors in March 2024. The purpose of the luncheon is to present substance use disorder and mental health resources that can help pastors better meet the needs of their congregants and the community. Information will also be provided about accessing resources through NC211 as well as inclusion in this online directory. SUDS is hopeful that this event will be the starting point for more clergy education and engagement with addressing this priority.

PCHD has been working with Northern Middle School to pilot the CATCH My Breath Program with sixth grade students in March 2024. CATCH My Breath is a research-based youth E-cigarette prevention program. The program's goal is to prevent the use of E-cigarettes by students 10 -18 years old or 5th-12th grades.

The Opioid Settlement Advisory Committee, appointed by the Board of County Commissioners, was established in October 2022 and began holding monthly meetings in March 2023. This committee is tasked with discussing opioid-related health concerns affecting Personians; advising the Board of County Commissioners on options to expend funds to remedy opioid impacts; and hosting an annual meeting to receive input on proposed uses of settlement funds. In 2023, the committee held their first annual public meeting and issued a community survey to gather input on the use of settlement funding.

Morbidity and Mortality Changes Since Last CHA

Teen Pregnancy Data



The most current data shows a slight increase in the pregnancy rate for females ages 15-19. Person County's rate was above the state's comparable rate for both years. This calculates to 27 pregnancies in females ages 15-19 in 2020 and 30 in 2021. *Source: North Carolina Department of Health and Human Services (NCDHHS), North Carolina State Center for Health Statistics (NCSCHS) - Statistics and Reports/Vital Statistics, North Carolina Reported Pregnancies*

Communicable Disease Data

PCHD is responsible for tracking cases of communicable diseases. Sexually Transmitted Infections (STIs) are the most common communicable diseases in Person County. In 2023, STIs accounted for 87% of communicable diseases, which was a decrease from 88% in 2022 and 92% in 2021. Chlamydia remained the most prevalent STI, followed by gonorrhea, for all three years. In 2022, Person County's incidence rate for chlamydia was 552.0, a decrease from what was reported in the CHA (601) for 2020. Person County's gonorrhea incidence rate in 2022 was 265.8, an increase from 172.8 in 2020. For 2022, Person County's incidence rate for chlamydia was lower than the state's rate (612.8), while the county's incidence rate for gonorrhea was above the state's rate (254.6). *Sources: North Carolina Electronic Disease Surveillance System (NCEDSS); PCHD Communicable Disease Reports for 2021-2023*

Obesity Data

Adult Obesity

According to data reported in the CHA, the prevalence of diagnosed obesity in adults aged 20+ in Person County was 22.3% in 2019. In 2020, this had increased to 25.7%, with a slight decline to 24.6% in 2021. Similar state-level data was not available from the source. Even though data on obesity is very limited, it is still a significant concern, as it is often a precursor to many health problems that are prevalent in Person County. *Source: County-Level Data: Risk Factors for Diabetes: Obesity. CDC National Diabetes Surveillance System*

Childhood Obesity

It is important to note that the data presented is for children served through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and may not be representative of the general population of children in the state or county. According to 2018 data in the CHA, 12% of children ages 2-4 in the WIC Program in Person County were overweight, and 17.2% were obese. The most recent data retrieved for this report was for 2019. In that year, 11.8% of children, ages 2-4 in the WIC Program in Person County were overweight, and 15.9% were obese. For that same year, statewide data reveals that 14.4% of children ages 2-4 years old in WIC Programs across the state were overweight, while 15.9% were obese. Data for other age groups was not available. *Source: NC Pediatric Nutrition and Epidemiology Surveillance System, CY2018 and CY2019 Crossroads WIC Management Information System*

Substance Abuse Data

In 2022, the rate of overdose deaths among Person County residents was 22.8, a decrease from 32.9 in 2021. Person County rates for both years were lower than the state's rates. This metric includes deaths involving all types of medications and drugs: opioids (commonly prescribed opioids, heroin, and synthetic narcotics like fentanyl and fentanyl-analogues), stimulants (cocaine, methamphetamine), benzodiazepines, and others. It also includes fatal overdoses of all intents; over 90% of these deaths were unintentional.

The rate of overdose Emergency Department (ED) visits among Person County residents in 2023 was 174.7. This was a decrease from 184.9 in 2022. County rates for both years were above the state's rates.

The percentage of Person County residents receiving dispensed opioid pills in 2021 was 13.3%, a decrease from 14.9% the previous year. Opioid pills were dispensed to 12.9 % of North Carolina residents in 2021, and 13.7% in 2020.

The CHA reported that in 2020 more than 50% of overdose deaths in Person County involved illicit opioids. In 2022, this had increased to 77.8%, which was below the state’s percentage. According to the NC Opioid and Substance Use Action Plan Data Dashboard, opioid-related overdose deaths involving pain medications like oxycodone and hydrocodone have historically been the leading cause of overdose deaths. However, more recently, illicit substances such as heroin, fentanyl, and fentanyl analogs (drugs that are similar to fentanyl but have been chemically modified in order to bypass current drug laws) are increasingly contributing to overdose deaths.

Buprenorphine is the primary medication used in medication-assisted treatment of opioid dependence. In Person County, the percentage of residents receiving dispensed buprenorphine prescriptions in 2021 was 1.1%, the same percentage as it was for 2020. This percentage was slightly higher than the state’s comparable rate.

The percentage of Person County children in foster care due to parental substance use was 55.2% in 2021, an increase from 54% in 2020. For North Carolina, the percentage of children in foster care due to parental substance use was around 45-46% for each year. *Source: NC Opioid and Substance Use Action Plan Data dashboard, Metrics*

Person County Mortality Data

The chart below compares Person County mortality data from the last CHA to the most current data.

Leading Causes of Death in Person County (Age-Adjusted Death Rates; Rate per 100,000 Population)				
2017-2021 Rank	2017-2021 Rate	Cause of Death	2016-2020 Rank	2016-2020 Rate
1	176.2	Heart Disease	1	172.0
2	170.1	Cancer	2	171.6
3	53.7	All Other Unintentional Injuries	3	47.8
4	44.8	Chronic Lower Respiratory Diseases	4	46.1
5	34.8	COVID-19	15	8.7
6	32.8	Cerebrovascular Disease	5	33.2
7	30.3	Diabetes	6	30.7
8	24.0	Septicemia	9	20.0
9	23.5	Alzheimer’s disease	7	24.6
10	22.3	Kidney Disease	8	22.7
11	19.4	Unintentional Motor Vehicle Injuries	11	16.3
12	16.2	Suicide	10	16.7
13	13.4	Chronic Liver Disease and Cirrhosis	13	12.4
14	13.0	Pneumonia and Influenza	12	12.5
15	10.1	Homicide	14	9.3

Source: NCDHHS, NCSCSHS, 2022 and 2023 County Health Data Books; figures bolded indicate rates that are higher than the comparable state rates

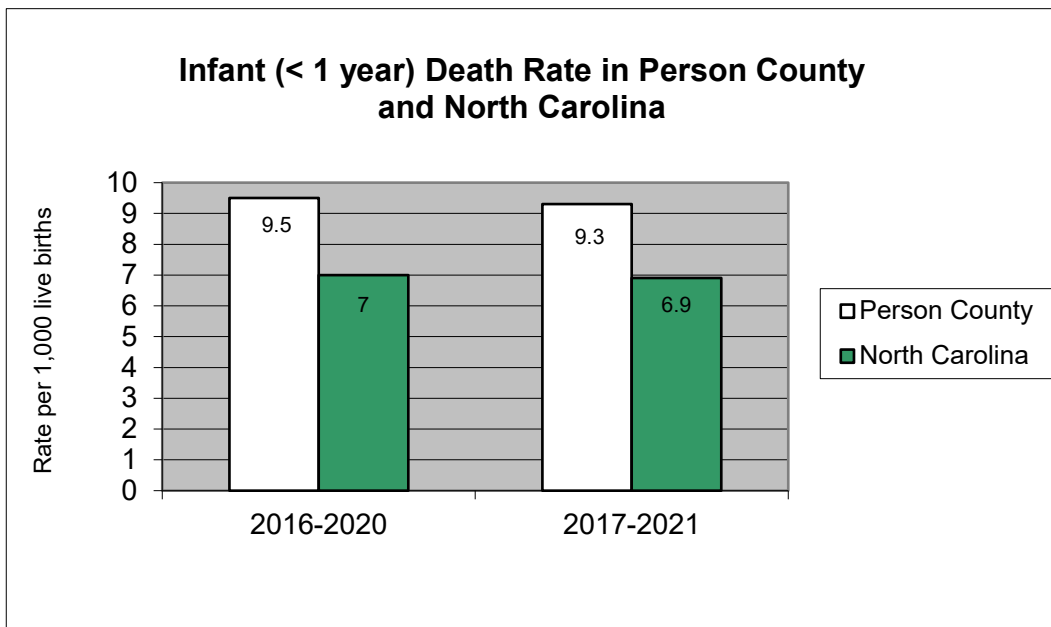
When comparing the two data periods:

- Deaths from heart disease, cancer, all other unintentional injuries, chronic lower respiratory diseases, unintentional motor vehicle injuries, and chronic liver disease/cirrhosis ranked the same.

- Deaths from cerebrovascular disease, diabetes, Alzheimer’s disease, kidney disease, suicide, pneumonia/influenza, and homicide moved down in ranking.
- Deaths from COVID-19 and septicemia moved up in ranking.
- Person County’s rates for cancer, chronic lower respiratory diseases, cerebrovascular disease, diabetes, Alzheimer’s disease, kidney disease, and suicide had decreased from 2016-2020 to 2017-2021, while rates for heart disease, all other unintentional injuries, COVID-19, septicemia, unintentional motor vehicle injuries, chronic liver disease/cirrhosis, pneumonia/influenza, and homicide had increased.
- The most significant finding in the data is the increase in the COVID-19 death rate and ranking. Due to the brief nature of this report, actual numbers of deaths and a demographic breakdown of populations affected are not typically cited. However, this finding merits an exception. In 2017-2021, there were 102 deaths attributed to COVID-19. Most of these deaths were among White/Non-Hispanics (69), while the remaining deaths were among African American/Non-Hispanics (31) and Hispanics (2). Fifty-four deaths were among males and 48 among females. In 2016-2020, there were 26 deaths attributed to COVID-19. Fourteen deaths were among White/Non-Hispanics, 10 deaths were among African American/Non-Hispanics, and two deaths were among Hispanics. Fourteen deaths were among males and 12 among females.

Infant Mortality Data

Since the data presented in the CHA, Person County has seen the infant mortality rate slightly decrease as well as the rate remain above the state’s comparable rate. *Source: NCDHHS, NCSCHS, 2022 and 2023 County Health Data Books*



Emerging Issues Since Last CHA

In December 2022, PCHD was notified of a potential case of active Tuberculosis (TB). After further testing, the patient was diagnosed with active TB. A contact investigation was conducted, resulting in no close contacts requiring therapy. Public health nurses worked with the State to ensure that the patient received the recommended TB regimen of medications. Directly Observed Therapy (DOT) was used remotely to ensure that the patient took the prescribed medications. DOT is a strategy that involves a health care worker or another designated person watching the TB patient take each dose of the

prescribed medications. Treatment was completed in October 2023. This was the first active TB case since 2016.

Person County experienced an increase in latent TB cases from 2020 to 2023, after going an extensive amount of time with no cases. There were no cases of latent TB in 2020. In 2021, there were two cases, and in both 2022 and 2023, there were three cases. All of these cases were treated by the Health Department. There were a few additional cases that chose not to receive treatment or that discontinued communication with public health. Note: Persons with latent TB infection are not infectious and cannot spread TB infection to others.

PCHD worked closely with both the NCDHHS TB Consultant and the TB Controller/Medical Director as well as the department's Medical Director to receive consultation on all of the aforementioned cases. *Source: NCEDSS; Patagonia Health - Electronic Health Record system; Centers of Disease Control*

New/Paused/Discontinued Initiatives Since Last CHA

In-person services provided through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) resumed in August 2023. The Breastfeeding Peer Counselor Program also resumed in 2023, upon the hiring of a part-time Breastfeeding Peer Counselor. This program offers support to pregnant and breastfeeding moms.

In October 2023, PCHD began offering the contraceptive implant as a birth control option. This increased patient access to Long Acting Reversible Contraceptive (LARC) methods. LARC methods are long acting, highly effective, easily removed, and eliminate the need to take shorter-term birth control.

As previously mentioned in this report, both Healthy Personians' partner groups were re-activated in 2023. The purpose of the Chronic Disease Action Team and SUDS is to address health priorities. Both groups have engaged former and new community partners. The new Opioid Settlement Advisory Committee is addressing substance abuse in a different capacity.

The Health Department continued to follow NCDHHS guidelines and orders for new COVID-19 vaccines. In the fall of 2023, a community vaccination clinic was held in partnership with a local church to provide the updated vaccine. The COVID-19 vaccine for children was added to the Health Department's immunization schedule as a routine childhood vaccine.

In 2023, PCHD filled a new Environmental Health Specialist position as well as a Processing Assistant V – Billing Officer position. The department contracted with a new Medical Director for the Communicable Disease, TB, Rabies, and Immunization Programs.

Get Involved



There are several opportunities for Personians to get involved with addressing health priorities. Whether it is through service on the Healthy Personians Advisory Board, the Chronic Disease Action Team, or the Substance Use Disorder Subcommittee (SUDS), everyone can make a difference. To find out more about how you can get involved, call (336) 597-2204 extension 2277. To learn about public health services and programs in Person County visit: www.personcountync.gov (find department listings under the Government tab) or go to: www.facebook.com/PCHealthDept.

Glossary

Age-Adjustment – many factors can affect the risk of death, including race, gender, occupation, education, and income. The most significant factor is age, because as the population ages, its collective risk of death increases. 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 accomplished by age-adjusting the data, a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data. This report uses age-adjusted death rates.

All Other Unintentional Injuries – includes death without purposeful intent due to poisoning, falls, burns, choking, animal bites, drowning, and occupational or recreational injuries.

Cerebrovascular Disease – describes the physiological conditions that lead to stroke.

Chronic Lower Respiratory Diseases – chronic disease of the airways and other structures of the lung; some of the most common are asthma, chronic obstructive pulmonary disease, occupational lung diseases, and pulmonary hypertension.

Incidence – population-based rate at which new cases of a disease occur and are diagnosed.

Kidney Disease – includes a composite set of kidney disorders like nephritis, nephrotic syndrome, and nephrosis.

Morbidity – refers generally to the current presence of injury, sickness or disease in the living population.

Mortality – death, especially on a larger scale.

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 period of time.

Results-Based Accountability (“RBA”) – a disciplined way of thinking and taking action used by communities to improve the lives of children, families and the community as a whole. It is also a framework used by agencies to improve the performance of their programs.

Septicemia – (or sepsis) clinical name for blood poisoning by bacteria.