Rowan County Health and Human Service Needs Assessment

Steering Committee Meeting  12/18/18
Community Assessment Methodology

Matthew Simon, MA
North Carolina Institute for Public Health
Community Partnership

Financial Partners
Service Providers
Clinicians
Business Leaders
Non-Profit Leaders
County Residents
YOU!

Image courtesy of Rowan County Tourism Development Authority
Advisory Group

Bill Burgin, Rowan County United Way
Nina Oliver, Rowan County Health Department
Jessica Ijames, Novant Health Rowan Medical Center
Alyssa Smith, Healthy Rowan

Amy Brown
Amy Smith
April Kuhn
Bob Lippard
Carol Anne Houpe
Donna Fayko
Jackie Harris
Jason Walser

Jenny Lee
Kelly Baker
Lane Bailey
LeeAnna Hoskins
Nan Buehrer
Steve Joslin
Tim Campbell
Assessment Phases

Phase 1: Establish a Team
Phase 2: Collect Primary Data
Phase 3: Collect Secondary (Existing) Data
Phase 4: Analyze and Interpret Data
Phase 5: Determine Health Priorities
Phase 6: Create Report Document
Phase 7: Share Report Document
Phase 8: Develop Action Plans
Secondary Data

• Sources
  – State and federal agencies (including State Center for Health Statistics, NC DHHS, US. Census, USDA, CDC)

• Considerations:
  – Lags in publically available data (usually 1-3 years)
  – Small numbers caution
  – Subsamples, pay attention to the n=
  – Need 3-5 years of data combined to assess trends
Secondary Data

Peer counties Davidson and Gaston
Community Opinion Survey

- Household survey
- Teams of 2 visited randomly selected homes throughout the County
- Conducted May 10-12, late May and parts of June
- Two-stage cluster sampling method
  - Sample size = 169 (80% of 210 goal)
Focus Groups

- 7 Focus Groups
  1. Youth
  2. Seniors
  3. Non-profit and human service leaders
  4. Business leaders
  5. Persons experiencing homelessness
  6. Persons living with a disability
  7. Latinx members of the community

- 70 participants, between 6-13 per group
- 24 male, 46 female
- Ages 15-95
- Each received a $10 gift card as a thank-you for their time
Focus Area Selection Process

1. Existing statistics
2. Community Opinion Survey
3. Comparisons and targets
4. Steering Committee presentations
5. Advisory Group Selection
Focus Areas

- Affordable Housing and Homelessness
- Violent Crime
- Child Abuse and Neglect
- Employment and Workforce Readiness
- Access to Healthcare

- Transportation to Essential Health and Human Services
- Healthy Lifestyle Behaviors
- Substance Use
- Mental Health
Priorities Selected

Substance Use

Mental Health

Health Lifestyle Behaviors
Action Plans

Substance Use

Mental Health

Health Lifestyle Behaviors
Assessment Findings

Erin Magee, MSW, MPH
North Carolina Institute for Public Health
Demographics and Population Trends

Demographics

Population: 139,933
Median Age: 40.7
Population Male: 49.3%
Population Female: 50.7%
Population Growth: 6.2%

Population Growth Trends

Sources: 2010 Census, Log Into North Carolina (LINC) Database
Demographics and Population Trends


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<th>Davidson County %</th>
<th>Gaston County %</th>
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</table>
Demographic and Population Trends

Birth Rate by Race and Ethnicity

- Total
- White, Non-Hispanic
- African American, Non-Hispanic
- Hispanic

65+ Population Growth Trends

Population Growth
Hispanics accounted for 65% of the County’s growth between 2000 and 2010

Source: NC State Center for Health Statistics
Economic Indicators

Median per capita income for Rowan: $22,463
North Carolina: $26,779

Median household income for Rowan: $44,494
North Carolina: $48,256

Unemployment Rate Trends

Poverty Trends
In 2018, Rowan ranked 62nd in health outcomes and 67th in health factors.
Overall Health

Self-reported general health

- Excellent: 2.59
- Very good: 16.13
- Good: 31.59
- Fair: 27.07
- Poor: 15.74
- Don't know/not sure: 0.51

Excellent + good + very good = $74.8\%$

Healthy NC 2020 Objective

Increase the percentage of adults reporting good, very good, or excellent health.

Target: 90.1%
Rowan: 74.8%
Leading Causes of Death

Top 10 Causes of Death

1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Disease
4. Stroke
5. All other unintentional injuries
6. Alzheimer's
7. Diabetes
8. Pneumonia and Influenza
9. Kidney Disease
10. Unintended Motor Vehicle Injury

Modifiable Risk Factors

- Tobacco use
- Physical activity level
- Alcohol consumption
- Substance use
- Healthy nutrition
Community Concerns: Survey

Source: Community Opinion Survey
Community Concerns: Focus Groups

- Illicit and Prescription Drug Use
- Crime and Violence
- Racial Inequity
- Transportation
- Youth Development and Education
- Affordability of Services
- Access to Healthy Nutrition
- Poverty
- Access to Housing

Source: Focus Groups
Focus Areas

- Affordable Housing and Homelessness
- Violent Crime
- Child Abuse and Neglect
- Employment and Workforce Readiness
- Access to Healthcare
- Transportation to Essential Health and Human Services
- Healthy Lifestyle Behaviors
- Mental Health
- Substance Use
Affordable Housing and Homelessness

In Rowan, 32.5% rent their housing, and 67.5% own their housing.

Healthy NC 2020 Objective

Objective: Decrease the percentage of people spending more than 30% of their income on rental housing.

Target: 36.1%
Rowan: 46.1%
Homelessness ranked 5th on the list of top community issues.

Focus Group Concerns

- Criminal record as barrier to employment and housing and medical assistance
- Difficulty obtaining employment because of lack of transportation
- Instability caused by time-limits placed on staying in shelter

Point-in-time Count

![Graph showing the number of persons affected over time]
“Then just because they done wrong things or they are on probation or a felony, they won’t give [housing] to the ones that’s on probation or a felony. They’ve done something wrong, [but] didn’t do anything to the house. That’s me. I’m a felony [sic]. They won’t let me stay in government houses...Then you wonder people hop going from one place.”

- Participant, People Experiencing Homelessness Focus Group
Violent Crime

Source: NC Department of Justice
Child Abuse and Neglect

Percentage of Children with Caretaker Drug Abuse in Findings of Child Maltreatment

Source: Rowan County DSS

“From an agency that serves youth, we’re seeing more and more mental health and behavior challenges in young children. Support services are much needed. Pre-K, [issues] even begin that early, so support systems for those kids in traumatic situations are much needed.”

- Participant, Non-Profit Leaders Focus Group
Employment and Workforce Readiness

“It's amazing the definition of workforce development has changed over the last few years. Who would have thought problems would be background checks and drugs? Those were the givens back in the day. It used to be you had those. I was looking for the next level of stuff. It’s a different level. It’s almost like babysitting or workforce development, but we have to find a way to work with these people and get them qualified [for work]. Help them understand that this is how you deal with your criminal background and what we can do to help you. ‘This is what you’re going to have to do for your own health to be eligible for a job. This is the work ethic.’ It’s really a frustrating thing. It is something that should take care of itself, but it doesn’t. So, we're going to have to address it.”

- Participant, Business Leaders
Employment and Workforce Readiness

**High School Drop Out Rate**

- **Bachelor’s degree**
  - 17.6% of Rowan
  - 18.2% of Davidson
  - 19.8% of Gaston
  - 29.0% of North Carolina

**Healthy NC 2020 Objective**

Objective: Increase high school graduation rate.

Target: 94.6%
Rowan: 83.9%
Access to Health Care

**Healthy NC 2020 Objective**

Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years).

Target: 8%
Rowan: 16.4%
Access to Health Care

**Focus Group Findings**

Non-profit focus group participants identified a number of free clinics, reducing eligibility barriers, and improving health care access. Noted instances where a household did not afford health insurance, or care was not included to the detriment of other budget line items.

“*In the older adult program, we see this. There is a program called extra help for Social Security. They’re spending all their money on medications. They make just enough not to qualify, but then they’re broke at the end of the month.*”

-Participant, Non-Profit Leaders Group
6.2% of households do not have access to a vehicle.

**Mode of Transportation to Work**

- Worked at home: 1,924
- Taxi, motorcycle, bike, other: 690
- Walked: 1,008
- Public transportation: 194
- Carpooled: 5,890
- Drove alone: 47,264

*Rowan County*
“My problem with transportation is they take me to the doctor’s appointments. If I call them within 3 days, they’ll get me there. If it’s across a county line, I have to do 5 days in advance. Charlotte, it’s only between certain times. I kind of understand that because of the traffic. ...I signed up for a diabetic class. They wouldn’t take me. They said the class was free [but] Medicaid wouldn’t pay for the transportation. I [went] to a different doctor. I then have to have that doctor fill out papers to Medicaid to agree to pay. Then I can go. I accept that because I figure that’s the procedure. But right now, Rowan Transit told me they wouldn’t sign me up because of where I live. They said the city bus goes right past the mall. I know that’s not true. I’ve seen them get other people. Their reason for not taking me is because I live right at the bus route. So what? Where the bus goes might not be where I need to be.”

- Participant, People Living with Disabilities Focus Group
“When I stop driving, I want to be able to come here more than once or twice a day, and [to be able to come] for the meal site, too. I would like to see the RITA van come out in the country. I live out in the country. I would like to see the van come out and pick up our seniors more. There’s a lot of elderly people that don’t know about Rufty-Holmes or the meal site.

- Focus Group Participant, Elderly Focus Group
Leading Causes of Death

Top 10 Causes of Death
1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Disease
4. Stroke
7. Diabetes
9. Kidney Disease

Modifiable Risk Factors
- Tobacco use
- Physical activity level
- Healthy nutrition
- Substance use
- Alcohol consumption
Smoking and Tobacco Products

19% adults smoke cigarettes

25.3% adults use cigarettes and other tobacco products, including e-cigarettes

64.6% would support a tobacco-free policy for the county

**HEALTHY NC 2020 OBJECTIVE**

- Decrease the percentage of adults who are current smokers.

  **Target:** 13%
  
  **Rowan:** 19%
53.9% adults reported meeting the CDC’s Aerobic Recommendation

- 59.2% Home
- 25.4% Work
- 28.6% Neighborhood
- 17.8% Gym/Pool
Obesity

Estimated Adult Obesity

Source: County Health Rankings and Roadmaps
Healthy NC 2020 Objective

Increase the percentage of high school students that are neither overweight nor obese.

Target: 79.2%
Rowan: 51.3%

Source: Salisbury Pediatrics, August 2017-August 2018
Nutrition

Convenience (36.1%) and cost (29.0%) were the two largest barriers to eating a healthy diet.

9.8% have cut or skipped meals or sought reduced cost community meals because there wasn’t enough money for food.

58% have been to the Salisbury-Rowan Farmer’s Market.

Source: Rowan County Community Opinion Survey, 2018
Heart Disease and Diabetes

Heart Disease Mortality Rates

Estimated Adult Diabetes

Source: NC State Center for Health Statistics

Source: Centers for Disease Control and Prevention
Alcohol Abuse

Alcohol-Related Motor Vehicle Crashes

Source: North Carolina Crash Data, the UNC Highway Safety Research Center, the NC Governor’s Highway Safety Program, and the NC Division of Motor Vehicles

Healthy NC 2020 Objective

Reduce the percentage of traffic crashes that are alcohol-related.

Target: 4.9%
Rowan: 4.3%

Source: North Carolina Crash Data, the UNC Highway Safety Research Center, the NC Governor’s Highway Safety Program, and the NC Division of Motor Vehicles
Mental Health

Poor Mental Health Days

Average of 2.9 days per month where mental health was “not good.”

Range of response was from 0 days to more than 20 days.

13.8% reported more than 20 days of poor mental health in the past 30 days.

1 in 5 residents reported a diagnosis of anxiety or depression.

Heathy NC 2020 Objective

Decrease the average number of poor mental health days among adults in the past 30 days.

Target: 2.8
Rowan: 2.9
Suicide Mortality Rate

Suicide Mortality Rate Trend

Healthy NC 2020 Objective

Reduce the suicide rate (per 100,000 population).

Target: 8.3
Rowan: 18.2

Source: Log into North Carolina (LINC) Database
Opioid and Substance Use

Opiate Poisoning Mortality Rate

Source: N.C. State Center for Health Statistics
Substances Linked to Unintentional Medication and Drug Overdose

Rowan County Residents, 1999-2016

Source: N.C. State Center for Health Statistics
Narcan Rescue Kit Distribution

Community Awareness of Narcan Rescue Kits

Importance of Narcan Rescue Kits

Source: Community Opinion Survey, 2018
Medication Take Back Box Program

Community Awareness of Medication Take Back Box

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<th>Percent of Respondents</th>
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Likelihood of Utilization of Medication Take Back Box Program

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Source: Community Opinion Survey, 2018
Priorities Selected

Substance Use

Mental Health

Health Lifestyle Behaviors
Action Plans
2-hour session

- Examined the **current conditions**
- Identified **resources** both needed and existing
- Proposed **activities and strategies** to address need
- Identified **metrics and measurements** to evaluate progress
Action Plans

Current Conditions

County lacks a detox center and a long-term treatment center

Measures of Progress

Percentage of friends or relatives with known substance use disorders seeking treatment

Proposed Action Plan

Establish a detox and long-term treatment center in Rowan County
Obesity rates are high, and prevention is less expensive than treatment.

Daily reported physical activity for children and adults.

Increase number of sidewalk connections, bike lanes, and improve greenway access.
Insufficient number of providers, and both long-term and emergency mental health services in Rowan

The rate of mental-health related visits to the emergency department (per 10,000 thousand)

Establish a Quick Response Team (QRT) including a social worker, police officer, and peer specialist
Thank you for welcoming us into your community, we enjoyed working with you over the last nine months.