

Rowan County

2019 State of the County Health Report

State of Rowan County's Health

Required each year between the Community Health Assessments, the State of the County Health (SOTCH) report is designed to deliver a concise update on our latest health information to citizens. Per state requirements, the data included must be accurate, from reliable sources, be measurable over time, be comparable at a county and state level, and compatible to the needs of our community. This information serves as an update to our community health assessment, the **2018 Rowan County Health and Human Service Needs Assessment**, and represents the collaborative action taken by community agencies in Rowan County to address current and emerging health concerns.

This report is intended to:

- Heighten awareness about health issues relevant to Rowan County and North Carolina
- Bring attention to areas where policy and environmental changes, partnering initiatives, and resources would help create a healthier and stronger community
- Describe local efforts that impact local health issues and quality of life of our community
- Identify common ground for joining together to solve community health issues and identifying some of the local initiatives and partnerships that are working to address these issues

Rowan County

Rowan County is located in Western North Carolina and is surrounded by Cabarrus, Davidson, Davie, Iredell, and Stanly counties. Rowan County is made up of approximately 511 square miles of land and 12 square miles of water. Rowan County shares its largest body of water, High Rock Lake, with Davidson County. The county consists of the 11 municipalities of China Grove, Cleveland, East Spencer, Faith, Gold Hill, Granite Quarry, Kannapolis, Landis, Rockwell, Salisbury and Spencer. Salisbury, the seat of county government, is situated near Interstate 85, approximately 45 miles north of the city of Charlotte, NC, and 52 miles south of the city of Greensboro, NC.

2018 Community Health Priority Health Issues

- 1 Priority: Substance Use
- 2 Priority: Healthy Lifestyle Behaviors
- 3 Priority: Mental Health

2019 Community Health Improvement Plan Objectives

- Short Term Goals**
 - Decrease in obesity/overweight
 - Decrease in the number of individuals who report using tobacco in the last 30 days
- Long Term Goals**
 - Increase the safe use and disposal of OTC and prescription medication
 - Increasing comprehensive care management for individuals coping with opioid-related health concerns
 - Decrease the spread of HIV and/or Hepatitis C

Demographics and Population Trends

Based on 2019 US Census Bureau estimates, the population for Rowan County is **142,088** and is steadily growing with an estimated growth rate of 3.0% for 2020 - 2030. The median age in 2019 was 40.1 years, which has lowered from 40.7 years in 2016. Rowan County has the lowest percentage of females (50.6%) and highest percentage of males (49.4%) compared to the State and peer counties.

Table 1: General Demographic Characteristics, 2019

Location	2019 Total Population	Number Males	Number Females
Rowan	142,088	49.4 %	50.6 %
State of NC	10,488,084	48.6 %	51.4 %

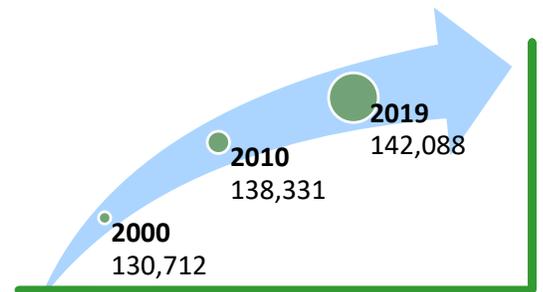
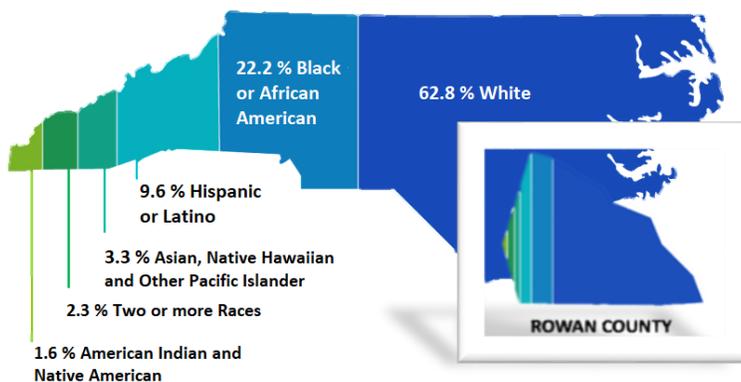


Figure 1: Population Growth for Rowan County



	Rowan County	North Carolina
White	71.7 %	62.8 %
Black or African American	16.8 %	22.2 %
Hispanic or Latino	9.2 %	9.6 %
Asian, Native Hawaiian, or OPI	1.4 %	3.3 %
Two or more Races	1.7 %	2.3 %
American Indian/Alaskan Native	0.6 %	1.6 %

Table 2: General Demographic Characteristics, 2018

Special Interest: 2018 Population Information – Growth for 65+ Adults and Life Expectancy

0 – 14 years old	25,944	(18.6 %)
15 – 24 years old	17,918	(12.9 %)
25 – 39 years old	25,399	(18.2 %)
40 – 59 years old	38,484	(27.6 %)
60 – 79 years old	26,022	(18.6 %)
80 + years old	5,173	(3.7 %)

On trend comparable to both peer counties and the State, the percentage of the population age 65 and older is growing. Between 2015 and 2035, the size of North Carolina's population 65 and older will increase from 1.5 to 2.5 million. By 2035, more than one in every five North Carolinians will be 65 or older, up from 15% in 2015.

Table 3. Population breakdown by Age, ACCESSNC, Dept of Commerce

The average life expectancy for persons born between 2016-2018 is 75.2 years. The new Healthy NC 2030 goal for life expectancy is to increase life expectancy for citizens to 82.0 years. Life expectancy in Rowan County is higher for women than men, **78.1 years vs. 72.3 years**, respectively and higher for White vs. African American citizens at **75.6 years vs. 73.2 years**, respectively, highlighting health disparities persist within our community. Life expectancy is often used to gauge the overall health of the community and takes into account factors that influence health, such as: the economy of the area, access to health services, and health behaviors.

Life Expectancy By Sex



Social Determinants of Health – Vital Conditions, Health Equity, and Disparities

While health is largely influenced by the choices we make, individual health and well-being are also directly shaped by the vitality of the places where we live, the educational opportunities available, and our economic prospects. These vital conditions for health impact our ability to make healthy choices where we live, learn, work, play, and pray.

Socio-Economic Factors	2015	2016	2017	2018	2019	2020	Trend Rowan '15-'20
Unemployment*	8.3%	6.7%	6.0%	5.5%	4.7%	3.9%	Better
Children in Poverty*	28%	29%	27%	26%	22%	25%	Same
Children in single-parent households*	39%	39%	40%	40%	39%	38%	Better
Uninsured*	21%	19%	17%	14%	13%	14%	Better
High school graduation**	85.1%	83.3%	85%	85%	85%	85%	Same
Free and Reduced Price meals (PreK-Early College)***	63.1%	63.5%	68.1	66%	68%	66%	Same

Community Health and Economic Prosperity – Vital Conditions



Housing

- Affordable Housing and severe housing problems in Rowan County include data points around the percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Currently, 15% of Rowan residents experience housing problems, 12% experience severe housing cost burden, 3% experience overcrowding, and 1% experience inadequate facilities.
- In 2018-2019, Rowan Helping Ministries, the local homeless shelter, community kitchen, and crisis assistance organization, sheltered 703 homeless men, women and children and prevented homelessness for 1,716 families in crisis by providing \$361,818 in financial assistance to prevent evictions and utility disconnections. Approximately 19% of those entering homelessness had income. 506 homeless individuals participated in classes which taught valuable life skills such as resume building, financial planning and coping with stress and trauma. Of those who participated in classes, approximately 23% increased their income through employment, Social Security Income/Social Security Disability Insurance, or Veteran benefits.
- With a focus on moving people to stable housing, Rowan Helping Ministries housed three families in permanent supportive housing, housed 34 individuals through transitional housing, and connected 170 homeless households to stable housing.

Food Deserts

- Access to healthy foods continues to be an issue in Rowan County. Per the 2020 County Health Rankings, 11% of our population has limited access to healthy foods, that is, they are of low-income and do not live close to a grocery store; the state is at 7%. Additionally, 14% of the population have food insecurity and lack adequate access to food.
- In 2019, organizations began working together to create the Rowan Food and Farm Network, which is working to combat food insecurity in local communities. The goal of the RFFN is to educate Rowan residents about healthy food choices and provide networking opportunities for vendors, consumers, and farmers throughout the county.
- Rowan Helping Ministries reduced hunger in the community by distributing 11,014,624 pounds of food to 3,383 households, serving 83,175 meals in Jeannie's Kitchen and providing 1,041 food insecure children shelf stable food to keep them nourished over the weekend throughout the school year.



Economic Mobility

- The “children living in poverty” measure captures an upstream measure of poverty that assesses both current and future health risks. Per the 2020 County Health Rankings, 25% of Rowan County children are living in poverty, while the statewide average is only 20%.
- Our unemployment rate currently matches the states at 3.9% according to the 2020 County Health Rankings, however due to COVID-19, the novel coronavirus in early 2020, the unemployment rate skyrocketed as more than 500,000 jobs were lost in North Carolina.
- The most recent data for Rowan County puts the unemployment rate at 4.4% in March. In May 2020, the Bureau of Labor Statistics shared the national unemployment rate was at least 14.7%.



Mental Health and Community Resilience



Our Community Health Assessment identified Mental Health as a priority for Rowan County citizens. Mental health includes emotional, psychological, and social well-being. It affects how we function, what choices we make, and how we interact with others. Mental health can also change over time, and at different points in a person’s life. Chronic mental illness, especially depression, can put someone at heightened risk for stroke, type-2 diabetes, and heart disease. In the 2018 Community Opinion Survey, residents reported an average of 2.9 days per month when their mental health was “not good.” The 2020 County Health Rankings reported an increase poor mental health days, up to 4.3 days per month. To address this concern, the Rowan County Health Department and Healthy Rowan worked with Prevent Child Abuse Rowan, Novant Health Rowan Medical Center, the Rowan-Salisbury School System, the NC Public School Forum, and the Rowan Department of Social Services to promote community resilience and a new trauma-informed approach for all sectors of the community.

What is Community Resiliency™ Model?

The Rowan County Community Resiliency Model project supports community members of all ages and backgrounds to help them cultivate the skills necessary to create or restore resiliency in times of trauma and stress. This project seeks to address the underlying root causes for all three areas of the 2018 Rowan County Community Needs Assessment - Mental Health, Substance Use, and Healthy Lifestyles. Through providing these trainings, our goal is to better integrate practical tools for managing stress, handling adversity, and remaining connected as a community.

The Community Resiliency Model™ (CRM) of the Trauma Resource Institute helps individuals understand their nervous system and learn to read sensations connected to their own well-being, which CRM calls the “Resilient Zone”. CRM’s goal is to help to create “trauma-informed” and “resiliency-focused” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach.

Community Response to Trauma and Mental Health

Trauma plays a significant role in the lives of people experiencing homelessness. Rowan Helping Ministries provides classes and one-on-one therapy sessions through a LSCW who specializes in trauma therapy and coping skills. Additionally, Cabarrus Rowan Community Health Centers operates a medical and mental health clinic on-site 20 hours a week. Community Care Clinic of Rowan County is on site once a month providing health assessments and enrollment for their clinic. Rowan Helping Ministries also provides transportation for medical appointments.

Mortality and Morbidity Data

Rates of morbidity, mortality, and emergency hospitalization can be reduced if citizens have the ability to receive health screenings, attend routine medical examinations, and receive proper vaccinations. **Morbidity** refers to how many people are ill, while **mortality** refers to how many people have died from a health condition. Knowing the diseases that cause the most illness and death – and who is the most affected – is important in understanding how to prevent and treat these diseases to improve the health of Rowan County.

Leading Causes of Death in Rowan County per 100,000 Population – 2014-2018

Rank	Cause of Death	# of Deaths	% of total	Rate	NC Rate
1	Cancers	1,693	20.7%	242.5	191.6
2	Heart Disease	1,587	19.4%	227.4	181.9
3	Chronic lower respiratory diseases (Ex. Emphysema, Chronic Bronchitis, and Asthma)	557	6.8%	79.8	52.1
4	Stroke and other cerebrovascular diseases	425	5.2%	60.9	48.9
5	Other Unintentional injuries	408	5.0%	58.5	38.6
6	Alzheimer's disease	298	3.6%	42.7	39.4
7	Diabetes mellitus	270	3.3%	38.7	27.9
8	Pneumonia and influenza	263	3.2%	37.7	19.7
9	Kidney disease (Nephritis, nephritic syndrome, and nephrosis)	191	2.3%	27.4	78.9
10	Sepsis or Septicemia (Top 10 for Rowan)	176	2.2%	25.2	*
10	Motor Vehicle Injuries (Top 10 for NC)	*	*	*	14.9
	Total Deaths – All Causes	8,177	-	1,171.4	890.2

The leading causes of death in Rowan County are related to chronic disease – **cancer, heart disease, stroke, kidney disease, emphysema, and diabetes**. Most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings.

Changes in Age-adjusted Mortality per 100,000 Population in Rowan County; 2012-2016 to 2014-2018

Cause of Mortality	Change
Cancer	
Heart Disease	
Emphysema, Asthma, Bronchitis	
Other Unintentional Injuries	
Diabetes	

Data from:

2014-2018 Ten Leading Causes of Death by County of Residence and Age Group: Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population

<https://schs.dph.ncdhhs.gov/data/databook/>

Disparities among populations

In late 2019, the Rowan County Health Department began a partnership with North Carolina Central University's Biomedical/Biotechnology Research Institute on a new initiative called "H.O.P.E – Health Equity, EnvirOnment, and Population HEalth" along with Cabarrus and Anson counties. This program aims to become a leader in building healthy communities by developing and implementing interventions to address health disparities, promote healthy living, chronic disease prevention and management, and exploring interactions between environment, health, and technologies.

This was particularly timely, as with the novel coronavirus, significant health disparities have been highlighted. Dr. Deepak Kumar, Director of the BRRI, noted that the risk factors for developing complications from COVID-19 include some of the health problems linked to health disparities. "Risk factors for infection, severe symptoms and adverse outcomes from COVID-19 include diabetes, heart disease, chronic kidney and liver disease, lung disease and immune disorders," Dr. Pilkington, program director, said. "Most if not all of the risk factors are known health issues disproportionately affecting minority populations."

Priority Health Issue Updates and Data

Rowan County's Community Health Improvement Plans address lifestyle behaviors of healthy eating, physical activity, and tobacco use, as well as substance use and mental health, to improve the health of all citizens.

Priority: Substance Use



Addiction to drugs or alcohol is a chronic health condition and those who suffer are at risk for early death, certain diseases, injury, and disability. Misuse of prescription painkillers and use of heroin and opiates have increased dramatically nationwide, including in North Carolina and in Rowan County. Substance use can contribute to family instability, loss of employment, child neglect, poverty, involvement in the criminal justice system and violence.

RCHD is taking a collaborative approach to addressing substance use in our community by bringing together a cross-sector representation of partners at our monthly **Substance Use Task Force** meetings, participating on our local Drug-Free Communities Coalition **Youth Substance Use Prevention (YSUP Rowan)**, and building innovative clinical partnerships to address the chronic diseases connected to substance abuse.

NC Overdose Overview Stats:

36

Rowan resident unintentional opioid overdose deaths in 2018

100

Rowan resident opioid overdose ED visits in 2018

8,227,000

Opioid pills dispensed to Rowan residents in 2018

137

Reported community naloxone reversals in Rowan in 2018

Substance Use Task Force

The Rowan County Substance Use Task Force is a collaboration between community organizations and local government to fight substance overuse and misuse. The mission is to decrease the incidence of overdose and unintentional deaths through prevention, early intervention, harm reduction, and recovery support. This year, the Task Force underwent a name change from "Opioid Task Force" to "Substance Use" reflecting a broadening perspective on addressing all substances.

Prevention Efforts

Together with the Rowan County Sheriff's Office, YSUP Rowan, municipal police departments, the Rowan Department of Social Services, and Center for Prevention Services, the RCHD is working to bring education and awareness of safe storage and disposal for medications. In 2019, **2,113.19 pounds of medication** was collected from 12 Medication Drop Box locations and 1 take-back event. This is **an increase of 897.52 pounds** collected from 2018. In total **5,535.21 pounds of medication** has been collected since the inception of the program in July of 2016, which represents approximately **5,032,009 pills** over the past three years in Rowan.

Treatment and Recovery Support

In 2019, the Substance Use Task Force and other community partners compiled a resource directory for mental health and substance use services. This comprehensive guide can be found on our website, and our community coalition website, at [Rowan County Mental Health, Drug, and Alcohol Guide](#) and are working to incorporate these resources into the NCCARE360 referral system for all community agencies.

Priority: Substance Use

Third Annual Substance Use Forum

In 2019, our third forum focused on caring for pregnant women suffering with opioid use disorder and provided research into the issues that affect them and how the community can support individuals through treatment and programs. The keynote speaker was Dr. Hendree Jones, with the UNC Horizons program, who shared startling statistics that revealed that from 1999 to 2017, the death rate from drug overdoses among women 30 to 64 increased by 260%. In addition, compared to men, women are more likely to report chronic pain; be prescribed pain relievers; be given higher doses; use them for longer periods; have a shortened duration between opioid use initiation and seeking help for an opioid use disorder; and to be less likely to receive Naloxone for an overdose. More than 130 attended with a diverse representation of law enforcement, mental health, school administration, health care, and concerned community members.

Post-Overdose Response Team Launch

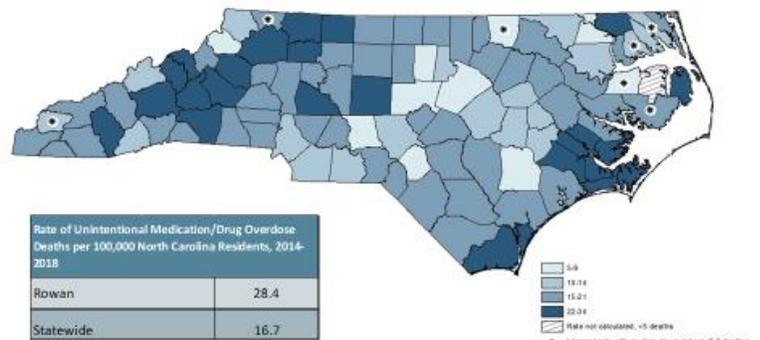
In July 2019, the Rowan County Health Department, Rowan County Emergency Medical Services and Center for Prevention Services partnered together to develop and begin the Post-Overdose Response Team to reduce the number of repeat overdoses and overdose deaths caused by opioids. The Post-Overdose Response Team, known as PORT, consists of a Community Paramedic, Peer Support Specialist and a Harm Reduction Advocate. PORT provides educational and supportive outreach to people in active use. Within 24-72 hours after having experienced an overdose, PORT connects individuals to supportive resources and encourages them to seek treatment. At 1, 3, and 6 months from the initial overdose, the Peer Support Specialist or the Harm Reduction Advocate reconnect with the individual to see what additional services and/or support are needed.



Progress since the inception of the program:

- PORT and EMS have distributed over 77 Narcan kits.
- 45 people have been seen in initial client visits and have been connected a service.
- 10 people that have been supported are currently in recovery or received some counseling services.
- PORT has hosted 11 educational and support group meetings. Due to low attendance rate for the first several group meetings, PORT has restructured these group meetings to target more community members. The most recent group meetings have been held at Rowan Helping Ministries (our local homeless shelter, community kitchen, and crisis assistance organization) for their residents.

Rate of Unintentional Medication & Drug Overdose Deaths Per 100,000 North Carolina Residents, 2014-2018



Technical Notes: Rates are per 100,000 N.C. residents; Unintentional medication and drug poisoning; X40-K44
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics; Population-NCHS
Analysis by Injury Epidemiology and Surveillance Unit

NCDHHS, Division of Public Health | County Overdose Slides | November 2019

Priority: Substance Use

Community Health Improvement Plan Summary for Substance Use		Baseline (2018)	Current* (2019)
Medication Take Back Boxes	Increase the total weight of medication collected in take-back boxes by 3% by 2022, and then by 7% by 2029.	1,215.67 lbs	2,113.19 lbs
	Reduce the number of medication poisoning deaths by 5% in 2022, and then by 10% by 2029	45	—
Narcan Distribution	By 2029, Increase the distribution of Narcan rescue kits by 100 (10 kits/year).	100 kits distributed	86 kits distributed
	Reduce the rate of unintentional opioid-related deaths in Rowan County by 5% by 2022, and then by 10% by 2029.	36	11
Post Overdose Response Team	By 2021, provide support and tools to at least 20 individuals seeking treatment after experiencing an overdose, goal of reaching 100 by 2024.	N/A	45
	By 2024, reduce the number of emergency room visits due to an overdose by 20%.	100	68
	By 2024, reduce the number of overdoses in Rowan County by 20%.	137	—

Priority: Healthy Lifestyle Behaviors – Nutrition and Physical Activity

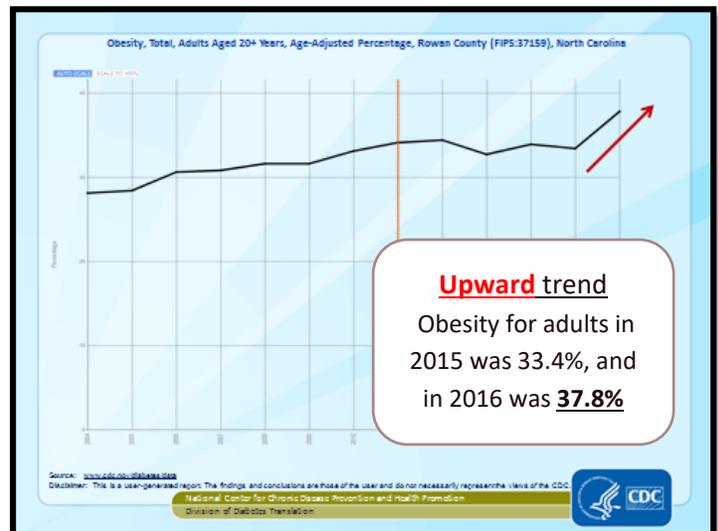
Chronic diseases are among the most common, costly and preventable health problems in the United States.

Lifestyle risk factors, which include nutrition, physical activity, tobacco use and excessive alcohol consumption, all contribute to these diseases. In 2018, North Carolina ranks 19th in the United States for obesity (#1 state having the most obesity). In Rowan County, 38% of the adult population is considered to be obese and we have seen a significant, upward trend.

In Rowan, obesity is not just affecting adults, but children and high-school aged individuals as well, with the prevalence being 22.5% and 28.4%, respectively. With heart disease being the second leading cause of death and diabetes being the seventh leading cause of death in Rowan County, both being higher than the state, the adoption of a healthier lifestyle will continue to be a major focus for the RCHD.

- The top four causes of death in Rowan County – cancer, heart disease, stroke and chronic respiratory disease – are all affected by health behaviors.
- One in four residents surveyed reported that they smoke cigarettes or use a tobacco product daily. Sixty-five percent reported they support a tobacco-free policy for the County. Smoking is the leading cause of preventable death in the United States.
- Nearly 1 in 10 of the survey respondents reported having cut or skipped meals or sought reduced cost community meals because there wasn't enough money for food.

In order to address these conditions, the Rowan County Health Department partnered with various organizations including: Healthy Rowan, Smart Start Rowan, the Community Care Clinic of Rowan County, the WIC program, local childcare providers, and primary care providers within the county to develop programs and increase capacity to encourage physical activity and healthy eating.



Priority: Healthy Lifestyle Behaviors – Nutrition and Physical Activity



Adventure Rowan
An ARCHES Program

Adventure Rowan

Program Description: Clinical-Community linkage program that connects patients ages 5 – 11 years from Salisbury Pediatrics in the 95th percentile of height/weight to a program run by Salisbury Parks and Recreation, Healthy Rowan, and the YMCA.

Goal: Patients to maintain or decrease BMI, maintain or decrease waist circumference, and have an improved quality of life and mental health/well-being by participating in at least 1 hour of physical activity and nutrition education each week.

Outcomes: in 2019, Adventure Rowan hosted 42 total sessions. On average, we had 9 patients, 7.6 parents, and 8 siblings participating each night of the program. Of the 28 participants, we have additional data on, 89.3% had obesity class 1, 2, or 3 with 50% having severe obesity; a little over half were female, and 70% were Hispanic, whereas 30% were African American.

From the **Duke Center for Childhood Obesity Research ARCHES team**, who served as the project and evaluation lead:

- Great referrals: 38 for cohort 1 and 57 for cohort 2
- Outstanding uptake: 40% attended once (for this type of program, we usually see closer to 25%)
- Very high participation: 66% came more than once (also usually 25%)
- Meeting the US Preventative Task Force recommendations: 73% of those who attended, 29% of all referrals
- Moreover, we saw a statistically significant increase in quality of life and positive self-attributes from patients.



Exercise is Medicine

Program Description: Exercise is Medicine (EIM) is a global initiative launched in 2007 by the American Medical Association and the American College of Sports Medicine (ACSM). EIM is committed to the belief that exercise and physical activity (PA) are integral to the prevention and treatment of chronic disease. The EIM Solution encourages primary care providers to include PA when designing treatment plans for their patients.

Goal: Healthy Rowan's EIM initiative aims to increase the number of people with access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages.

Location: Community Care Clinic of Rowan County, a non-profit free clinic began in September 2018 and RCHD was added in 2019

Data: Healthy Rowan developed a physical activity inventory handout that goes along with the prescription to refer patients to local resources. Resources include Daily Mile tracks, the local YMCA, Salisbury Parks and Recreation, Rufty-Holmes Center, and the Salisbury Greenway trail. This piece is essential to recognizing that patients at the community's free clinic cannot afford expensive gym memberships, along with recognizing the benefit of simply walking more each day.

For December 2019, our data shows for the Community Care Clinic only:

- Total number of patients recorded "PAVS – Physical Activity Vital Sign": 937 patients
- Total number of PAVS where patient is doing no exercise: 412 patients
- Total number of PAVS where patient is not meeting guideline of 150 minutes of activity/week: 844 patients
- Number of RX written: 911 prescriptions



Go NAP SACC

The NAPSACC (Nutritional and Physical Self-Assessment in Childcare) program will work with child care centers and homes to improve nutritional quality of food served, amount and quality of physical activity, staff-child interactions, and center nutrition and physical activity policy. This service will be delivered through on-site consultation visits at the convenience of the center staff, either during the day or evening. Each facility will assess its current program and plan its intervention strategies.

Data: At the end of 2019, Go NAPSACC provided support and education for 107 direct teaching staff employed at the ten child care facilities and provided opportunity for physical activity and healthier eating for 746 children enrolled at those facilities. In addition, staff completed over 18 workshops with parents and staff exploring the impact of unhealthy eating on brain development and the effects of junk food on the health of children. Each year staff plan to add 10 more childcare sites and work to improve the environments to promote active play for children aged 0 – 5 years.

Partners: Smart Start Rowan funds this program and our Go NAPSACC coordinator position as it aligns with their goal of supporting all children to have a healthy start.

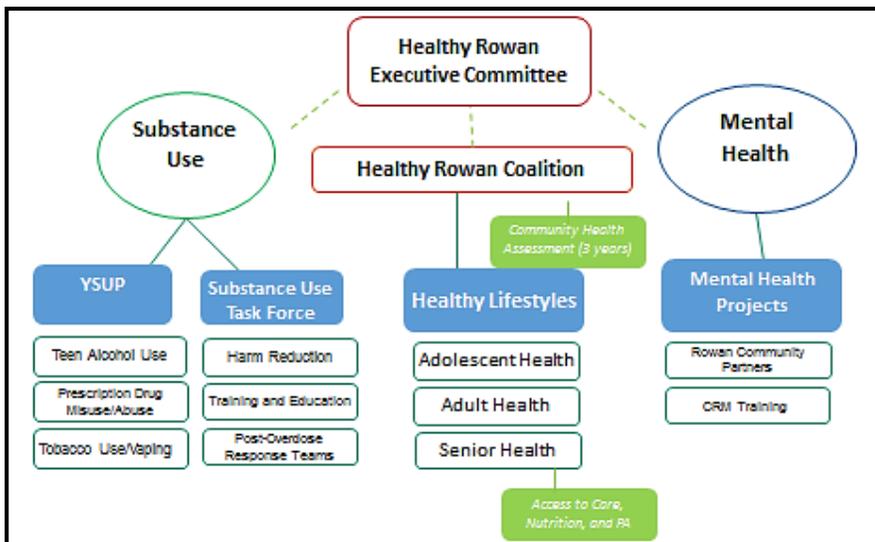
Healthy Lifestyle Behaviors and Community Collaboration

Community Health Improvement Plan Summary for Healthy Lifestyles		Baseline (2018)	Current* (2019)
Physical Activity	Increase the number of providers participating in Exercise is Medicine by 5 providers by 2021.	1	3
	Increase the number of exercise prescriptions by 10% by 2021.	165 Rx	911 Rx
Both PA & Nutrition	Increase the number of enrolled participants in the ARCHES program by 5% by 2021.	13 patients	20 patients
Nutrition	To increase the number of child care centers enrolled in the NAP SACC program by 6 by 2022.	10 sites	13 sites
	To increase the number of WIC and Senior vouchers being redeemed at the Salisbury Rowan Farmers' Market by 3% by 2022.	1,154	728
Tobacco-related	Increase the adoption of tobacco-free or smoke-free parks, grounds and/or buildings by 2022.	8 municipalities	8 municipalities
	To decrease the number of adolescents using tobacco products in Rowan County by 3% by the year 2020.	-	15%
	To decrease the number of reported smokers in Rowan County to 19% by the year 2020.	19%	19%

Note: The data presented above is reported directly from program/project sources, or the County Health Rankings website. Data will continue to be collected as measures may not show the whole picture. For example, the “reported smokers” data point may not include youth who are using JUULS or vaping, as common misconception is a person would not be “smoking” by using these products. RCHD continues to partner with our local Drug Free Communities coalition, Rowan Youth Substance Use Prevention (YSUP!) and local school system, Rowan-Salisbury School District, for additional data related to teen/youth substance use.

Healthy Rowan – Community Coalition

RCHD recognizes that the work highlighted in the SOTCH represents the collective impact of all agencies working together to produce positive outcomes for Rowan County. In 2019, the Healthy Rowan community coalition has a strong partnership with the RCHD as it represents the communities’ voice in seeking to improve the priority areas identified within the Community Health Assessment.



Healthy Rowan works to address community needs by simultaneously advancing health in all policies and environments that support healthy choices, and by engaging individuals through outreach and education. The team collaborates with community stakeholders to plan and implement and institutionalize evidence-based interventions geared toward improving health outcomes.

Healthy Rowan receives support from The Duke Endowment’s Healthy People, Healthy Carolinas grant project.

New Initiatives and Emerging Issues

Communicable Disease

Communicable diseases are infectious diseases that are spread from person to person – such as E. coli, Influenza, gonorrhea, or chickenpox – or from animals to people, like rabies. Rowan County Public Health prevents the spread of infectious diseases through disease surveillance, community education, outbreak response, and by providing recommendations to control or manage the spread of communicable diseases. These also include Hepatitis C, transmitted through blood transfusions or needles, and HIV and other sexually transmitted infections and diseases, which have several means of transmission.

Table 1. Communicable Data available for 2019	Rowan	NC
Communicable Disease		
Pertussis (Whooping Cough)	2 cases	385 cases
Tuberculosis – rate per 100,000	1.4	1.9
Sexually Transmitted-Infection* - Newly diagnosed Annual Rates		
Chlamydia	673.2	643.0
Gonorrhea	244.9	227.2
Syphilis – Early, Primary, Secondary, Late, or Unknown Duration	20.5	28.8
Hepatitis C – newly reported chronic Hep C, annual rates	164.2	157.9
HIV – newly diagnosed, average rate 2016 - 2018	13.3	15.1
AIDS – newly diagnosed, average rate 2016-2018	5.6	6.6

Hepatitis C

Hepatitis C has seen an exponential increase in the cure rate due to new pharmaceutical and treatment options. However, treatment remains extremely expensive with the 8-week or 12-week regime costing upwards of \$80,000. Through a partnership, RCHD and Community Care Clinic of Rowan County (CCC) began working together to address the HepC crisis in Rowan County. The RCHD is able to provide screening and vaccines for HepA and HepB as part of regularly managed care. The CCC is able to work with pharmaceutical companies to secure HepC treatment options at a lower rate due to the nature of the clients being served. This has led to several patients reaching “cured” status – a huge win for citizens and a huge win for the community. Patient results must be transmitted regularly so the physician is able to decide the appropriate, safe, and best treatment option. Both agencies are appreciative of the organization and coordination needed to help patients receive the highest level of care.

Teen Pregnancy and STI/STDs

Chlamydia and Gonorrhea rates in Rowan County are concerning due to the significant infection rate in comparison to neighboring counties and the US as a whole. In addition, Teen Pregnancy rates, while improving, show a significant disparity among racial ethnic groups and by location. RCHD will explore opportunities for grant work and partnerships to address these concerning statistics.

Table 2. Average Teenage Pregnancy Rates per 1,000 by race in targeted counties and North Carolina, 2013-2017

Race/Ethnicity	North Carolina	Cabarrus	Rowan
Black	41.7	35.5	53.1
White	21.3	17.8	28.8
Hispanic	50.4	50.5	69.2

STI Rate 2018	United States		Cabarrus		Rowan	
Incidence per 100,000	All	Youth	All	Youth	All	Youth
Chlamydia	539.9	2,110.6	537.04	1,769.9	673.2	2,364.4
Gonorrhea	179.1	432.4	154.25	302.1	244.9	491.6
Syphilis	11.8	7.7	4.73	4.7	4.96	0
HIV	11.4	8.0	8.8	14.2	10.9	7.8

Table 3. STIs by county and the U.S., 2016-2018; rates by total population (all ages) and by youth

Coronavirus – CoVID19 (Co – corona, VI – virus, D – disease, 19 – 2019) <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

The largest concern for public health in late 2019 and early 2020 was the novel coronavirus leading to the disease of COVID-19. The World Health Organization (WHO) characterized COVID-19 as a pandemic on March 11, 2020. COVID-19 quickly became the leading cause of death for all Americans during the time period of the disease. The RCHD serves as the lead agency, alongside Rowan Emergency Management, for initiating the Public Health Command Center (PHCC). The PHCC works to promote messages of prevention, helps mitigate outbreaks for vulnerable populations, and serves as the conduit through which information disseminates from the North Carolina Department of Health and Human services to communities. We expect to report additional information as we see how COVID-19 impacts our community, North Carolina, and the United States.

Healthy North Carolina 2030 Alignment

In early 2020, the N.C. Institute of Medicine's Healthy North Carolina 2030 Task Force released the Healthy North Carolina 2030 project report. The report sets goals that it says should be "a health plan for the whole state," with factors included that are "traditionally outside of the sphere of public health." Since 1990, North Carolina has set 10-year goals for health in the state. These goals are used to determine priorities for action to improve population health for the coming decade. The Healthy North Carolina 2030 report identified 21 indicators to guide population health improvement work over the next decade. The framework for this process aligns with the [County Health Rankings model](#) of population health, which identifies the many drivers of health outcomes:

- Physical environment – air and water quality; housing; transit
- Social and economic factors – education; employment; income; family and social support; community safety
- Health behaviors – tobacco use; diet and exercise; alcohol and drug use; sexual activity
- Clinical care – access to care; quality of care

Rowan County will be monitoring these indicators each year and reporting on progress made to the public. As we explore non-traditional measures of health, we are excited to utilize Healthy Rowan, our community coalition, and the Collective Impact framework to ensure that all organizations understand what we are working towards. These organizations cannot do it alone and require all citizens to look at their own health and the health of the community.

HNC 2030 Category	Rowan CHA	Health Indicator	Rowan-Current	NC-Current	NC Goal for 2030
Social and Economic Factors	Vital Condition	Individuals below 200% of FPL	16.8%	36.8%	27%
	Vital Condition	Unemployment Rate	3.90%	7.20%	*reduce disparity
		Short-term Suspension	2.15	1.39	0.8
		Incarceration Rate	372	341	150
	Mental Health	Adverse Childhood Experiences	25.5%	23.6%	18.0%
	Vital Condition	Third Grade Reading Proficiency	51.0%	56.8%	80.0%
Environmental	Healthy Lifestyles	Access to Exercise Opportunities	77%	73%	92%
		Improve Access to Healthy Foods	11%	7%	5%
	Vital Condition	Improve Housing Quality	15%	16.1%	14.0%
Health Behaviors	Substance Use	Decrease Drug Overdose Deaths	36	20.4	18
	Healthy Lifestyles	Decrease Tobacco Use - Youth	15%	19.7%	9.0%
		Decrease Tobacco Use - Adult	23.5%	23.8%	15.0%
	Substance Use	Excessive Drinking	17%	16.9%	12.0%
	Healthy Lifestyles	Sugar Sweetened Beverages - Youth		33.6%	17.0%
		Sugar Sweetened Beverages - Adult		34.2%	20.0%
		HIV Diagnosis Rate	17	13.9	6.0
	Teen Birth Rate	22.1	18.7	10	
Clinical Care	Vital Condition	Uninsured Rate	13%	13%	8%
		Primary Care Workforce	1:1,500	1:1,500	25% decrease
		Improve % of Women Who Receive Pregnancy-related Health Care	62.30%	68%	80%
	Mental Health	Suicide Rate	18.2	13.8	11.1
Health Outcomes		Decrease Infant Mortality	7.5	6.8	6.0
		Increase Life Expectancy	75.3 years	78 years	82 years

Rowan County Health Department is proud to serve our community and to improve the health and lifestyles of our citizens.

If you'd like more information on any of these issues in this report, please feel free to contact us at:

Phone: 704-216-8828 or find us online at: <https://www.rowancountync.gov/256/Health-Department>