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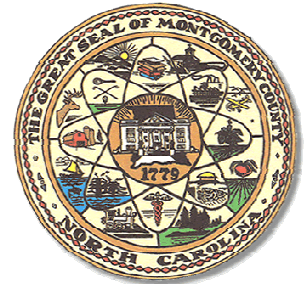
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# MONTGOMERY COUNTY

## STATE OF THE COUNTY HEALTH REPORT-2013

DECEMBER 2013

### Montgomery County At A Glance



Demographics	Montgomery	North
*Population, 2012 estimate	27,688	9,752,073
* <u>Ethnicity</u> (2012) White Persons, Not Hispanic: Black Persons: Hispanic or Latino Persons: Asian Persons: Other:	64.0% 19.0% 14.6% 1.6% 0.8%	64.7% 22.0% 8.7% 2.5% 2.1%
*Median Household Income (2007-2011)	\$32,946	\$46,291
*Per Capita Income, ('07-'11)	\$18,816	\$25,256
*Persons Below Poverty, (2007-2011)	25.9%	16.1%
**Unemployment Rate— (August 2013) (January 2013)	9.1% 11.1%	8.3% 10.2%
<b>Percent of Children:</b>		
***In Poverty (2010) (2011)	34.3% 37.7%	24.6% 25.4%
***Without Health Insurance (2011)	9.5%	9.4%
***Enrolled in Free and Reduced Lunch ('11-'12)	76.5%	56.0%

\*Source: US Census Bureau

\*\*Source: [www.ncesc.com](http://www.ncesc.com)

\*\*\*Source: [www.ncchild.org](http://www.ncchild.org)

### Montgomery County Priority Areas

In 2012, representatives from many agencies and organizations in the county collaborated to complete a Community Health Assessment. This multi-phase project included collection and analysis of data gathered from community opinion as well as state and local sources. Once this information was gathered, a community forum was held, and the following three areas were chosen as priority health issues for Montgomery County:

#### Teen Pregnancy Obesity Substance Abuse

The Montgomery 2020 Vision Committee is a collaborative group established by FirstHealth of the Carolinas that meets regularly in this county to plan and implement projects to address leading health concerns. Members of this committee are listed on page 12 of this publication. This group, partnered in June 2013 to develop action plans to address the priorities identified in the 2012 Community Health Assessment process. Progress toward these goals is highlighted in this report, along with a review of mortality and morbidity data and other emerging health issues.

# Priority Issue: Teen Pregnancy

## Community Objective:

Reduce the teen pregnancy rate in Montgomery County by 10%.

## Status:

The teen pregnancy rate was 82.5% in 2011 and is listed as 64.8% in 2012, signifying a 21.5% DECREASE in the teen pregnancy rate. However, even though the rate dropped significantly, Montgomery County still ranks 3rd highest out of all 100 counties in North Carolina.

North Carolina's teen pregnancy rate fell 10% last year to a historic low, according to new data provided by the North Carolina State Center for Health Statistics and released by the Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC). The 2012 teen pregnancy rate was 39.6 per 1,000 15-19 year old girls. Other highlights from the data include:

- Reduced pregnancies among girls of all racial and ethnic backgrounds, helping to minimize some historical disparities.
- Reducing the teen pregnancy rate also reduced all potential outcomes of teen pregnancy. The teen birth rate dropped by 9% and the teen abortion rate dropped by 13%.
- 74% of counties in the state saw teen pregnancy rate decrease in 2012.
- Less than one-quarter (24.5%) of pregnancies happened to a girl who has been pregnant before, the lowest proportion of repeat pregnancies in state history.
- North Carolina's teen pregnancy rate is 62% lower than when it peaked in 1990.

Nationwide, researchers have attributed teen pregnancy declines to increased use of birth control, the availability of more effective birth control methods like IUDs and the Implant, and a slight increase in the average age when teen first engage in sexual intercourse.

Part of the decline in teen pregnancy has been driven by the shrinking number of pregnancies to minors, which have been cut almost in half in the last decade. A full 71% of all teen pregnancies in North Carolina happen to 18-19 year old girls. In Montgomery County, 40 of the 57 teen pregnancies were to 18-19 year olds. "Most counties have nearly eliminated pregnancies to minors, which is a tremendous victory," said APPCNC CEO Kay Phillips. "The best way for us to make additional progress overall is by helping our state's medical providers connect young adults with the most effective forms of birth control and by helping our young adults know how and where to ac-

cess the health care they need." Advocates note that the most effective solutions for reducing 18-19 year old pregnancies connect these teens— most of whom are already sexually active— with effective birth control methods, largely through clinic outreach and social marketing to this traditionally hard-to-reach demographic.

While national research highlights the success of birth control use, the positive trends in younger pregnancies and shrinking racial disparities point in part to the successes of strategically placed proven programs, which tend to focus on younger teens and more at-risk demographic groups .

## 2012 Montgomery County Teen Pregnancies

Number of pregnancies among 15-19 year old girls:	57
Teen pregnancy rate per 1,000 15-19 year old girls:	64.8
Teen pregnancy rate by race/ethnicity:	
African American	*
Hispanic	*
White	*
Teen pregnancy rates by age	
15-17 year olds	*
18-19 year olds	125.0
Number of pregnancies among 15-17 year old girls:	17
Number of pregnancies among 18-19 year old girls:	40
Percent of Repeat Pregnancies	17.5%
Teen birth rate per 1,000 15-19 year old girls:	56.9%
NC County Ranking (out of 100 counties):	3rd
Change since 2011	-21.5%

Text and Chart Source: [appcnc.org](http://appcnc.org)

Items noted with an \* mean that there were fewer than 20 cases, making statistics unreliable and therefore are not provided.

# Taskforce Created

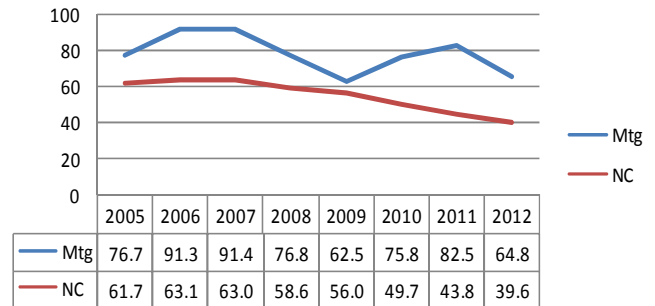
For the past several years, the Teen Outreach Program had been implemented through the collaboration of Montgomery County Schools and Montgomery County Health Department in both East and West High Schools. However, due to upcoming programmatic changes and other implementation issues, the TOP program was ended in January of 2013. Recognizing the continuing trend of high teen pregnancy rates, and the absence of an evidenced-based program in the schools, Montgomery County

Schools established the Montgomery County Schools Teen Pregnancy Taskforce in July 2013. The committee is comprised of representatives from the school system (including teachers, administrators, nurses, guidance counselors and social workers) as well as community representatives from the Health Department, Department of Social Services, Cooperative Extension, FirstHealth of the Carolinas, and Winston-Salem State University. The overall goal of the taskforce is to reduce the teen pregnancy rate in Montgomery County. In October of 2013, the taskforce developed and adopted a deployment plan based on the Plan-Do-Study-Act model for continuous improvement. Objectives of the taskforce include educational outreaches with parents and students via workshops and Healthful Living curriculums as well as collaboration with other agencies to support teenage pregnancy prevention efforts. The taskforce meets quarterly to receive updates on the deployment plan, contribute feedback and identify ways for members to support the taskforce based on their job assignments. Recently, the taskforce partnered with Winston-Salem State University (WSSU) and applied for a Teen Pregnancy Prevention Grant. If awarded, WSSU plans to implement the Draw the Line/Respect the Line (DTL/RTL) Program, which is a three-part program designed for students in grades 6, 7, and 8 to encourage the delay of sexual intercourse and the reduction of sexual risk behaviors and outcomes (Such as sexually transmitted diseases and pregnancy). This program also emphasizes developing young people's interpersonal and intrapersonal skills so that they can set sexual limits. For sexually experienced teens, the program focuses on reducing sexual activity and encouraging condom use; other FDA approved contraceptives are also discussed. The DTL/RTL program model was selected due to its age-appropriate, gradual progression into sexuality subject material; comprehensive lesson structure; and use of social cognitive theory and social inoculation theory based on the assumption that knowledge and constant skill practice can influence sexual risk-taking behaviors. For more information or to become involved with this taskforce, email

[Takeda.LeGrand@montgomery.k12.nc.us](mailto:Takeda.LeGrand@montgomery.k12.nc.us).

## Teen Pregnancy Rates

(aged 15-19 per 1,000)



## New Initiative- Parents Matter!

In the spring of 2013, health educators with the Montgomery County Health Department and the Executive Director of Communities In Schools Montgomery County were trained to become certified Parents Matter! facilitators. This evidence-based program targets parents of third, fourth and fifth grade students to enhance parent-child communication and reduce sexual risk-taking behaviors. The program is taught during five weekly sessions lasting approximately two hours each. Facilitators attempted to pilot the first series of the workshop in the fall of 2013 at

Page Street Elementary School and sent recruitment and informational flyers home to all parents at

Page Street Elementary, the sixth grade parents at West Middle School, and third, fourth and fifth grade parents at Mt. Gilead Elementary School. Even with such extensive promotion, no parents showed interest or attended the workshop. As a result, the facilitators partnered with administration at Star Elementary School to promote the program to parents during parent-teacher conferences. This generated discussion about the program, with more than fifteen parents expressing written interest in participation. A series is currently being planned for January. For more information, please contact Rhonda Peters by emailing [rhonda.peters@montgomerycountync.com](mailto:rhonda.peters@montgomerycountync.com).

# Priority Issue: Obesity

## Community Objective:

**Reduce the adult overweight and obesity rate by 3% and the childhood overweight and obesity rate by 5%.**

## Status:

2010 Adult Rate: 63.2% overweight/obese  
2011 Adult Rate: 71.8% overweight/obese

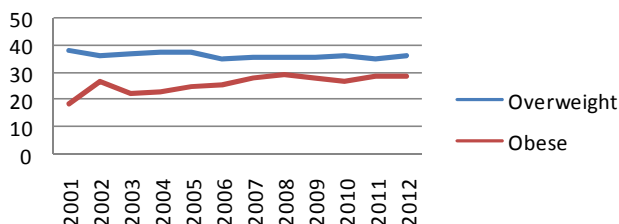
2008 Child Rate: 46% overweight /obese  
2011-12 Child Rate: 46% overweight/obese

*\*Source: Professional Research Consultants*

*\*Source: Smith, R., & Cook, K., 2013. FirstHealth Montgomery County School Health Centers*

## Overweight and Obesity in Piedmont

(12 Year Trend as reported in the BRFSS)



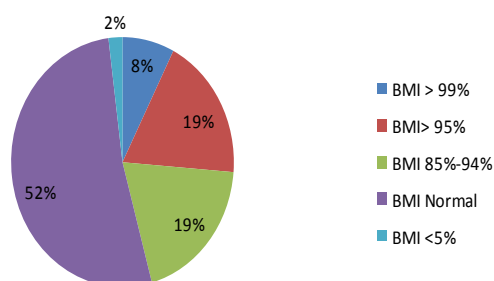
The North Carolina State Center for Health Statistics reports that while the overweight rates have seen some declines in the past twelve years in the Piedmont area of North Carolina, the obesity rates have indeed continue to rise. As depicted in the chart to the left, although the overweight rate fell 1.3 points from 2010 to 2011, the obesity rate actually increased 1.8 points, indicating that some people moved from being classified as overweight to actually being classified as obese. During the 12 years shown,

the Piedmont region averaged a 62.4% combined overweight/obese rate, indicating that more than half of the adults in this region are at risk for the health complications that come with increased weight.

While a little over half of the students enrolled in Montgomery County Schools do indeed have normal BMIs for the 2012-2013 school year, 46% are either overweight or obese. Of significant interest is the 8% of students that have a body mass index over 99%, indicating severe obesity. Additionally, middle school students seem to be the most at risk for overweight and obesity in Montgomery County.

The east side of the county appears to be most susceptible, as the five classes with the highest rates are as follows: East Middle School-7th, Candor 5th, Candor 3rd, Star 4th, and East Middle 6th.

## Montgomery County School 2012-13 BMI



## Combined Overweight & Obesity Averages by School

Troy Elementary	31.5
Mt. Gilead Elementary	33.6
Green Ridge Elementary	41.4
West Montgomery High School	41.5
Page Street Elementary	47.0
Star Elementary	47.8
East Montgomery High School	49.5
West Middle School	50.7
East Middle School	56.0

*Smith, R., & Cook, K., 2013. FirstHealth Montgomery County School Health Centers.*



## New Obesity Initiatives in 2013

*The First-in-Health 2020 Vision Taskforce, and its partnering agencies and community representatives continue to plan and implement initiatives to reduce obesity in both children and adults.*

### Summer Recreation Camp



Many children look forward to participating in the annual summer recreation camp which is sponsored by the County of Montgomery. This year, the county partnered with Communities In Schools Montgomery County to launch the camp, which was held in two different locations and had a total enrollment of 100 children at each site. This past summer, in addition to regularly scheduled activities and programs, the camp focused on keeping kids active and healthy. Representatives from partnering organizations, including Cooperative Extension and Montgomery County Health Department presented classes on healthy behaviors and healthy food choices. One session even included smoothie making and test tasting—teaching kids that smart, healthy food choices are easy to make and taste good as well. For more information on the summer camp, please contact Lynn Epps, Communities In Schools Montgomery County by emailing her at [lynn.epps@montgomery.k12.nc.us](mailto:lynn.epps@montgomery.k12.nc.us).

### FYI- Fit Youth Initiative



Fit Youth Initiative (FYI) is a health promotion program targeted to the middle schoolers of Montgomery County who, based on their body mass index, are overweight or obese. The program is six weeks long and meets twice a week after school. Each 90-minute session includes physical activity and nutrition education facilitated by certified fitness instructors and health educators. A variety of fun and energizing physical activity formats are implemented, including team games, Zumba, yoga, cardio, strength training, and Tabata workouts. The nutrition education component focuses on all aspects of healthy eating, ranging from reading food guide labels, to choosing nutrient-dense foods, to tips for avoiding mindless eating. Each week participants have the opportunity to earn incentives by keeping track of their healthy behaviors and recording their food intake. FYI also provides an incentive for parents who attend three or more sessions. Thanks to funding provided by the FirstHealth Montgomery Memorial Foundation, in addition to materials and in-

Montgomery County residents are struggling with obesity related diseases. Diabetes in particular is especially affecting our Hispanic population. Since a large portion of our county is made up of Hispanics, Montgomery County Cooperative Extension implemented a program with an emphasis on nutrition and food resource management education for Hispanic families. 14 participants (5 Adults and 9 Youth) enrolled in this 5 session program in which the adults and youth were separated in order to learn different material. There were two translators who instructed the lessons while Cooperative Extension Agents aided in way help was needed and provided healthy snacks and incentives. Written evaluations proved the program to be a success in educating the parents in nutrition and budgeting as well as encouraging the youth to try more healthy foods. 100% of adults noticed a positive change in nutrition and food budgeting while 67% of youth reported trying new fruits and vegetables.

### Better Food, Better Health

# More Obesity Initiatives in 2013



## Food Demonstrations at Farmers' Market

This year, in an attempt to promote the goodness of local foods, the Horticulture and Livestock and Family & Consumer Science agents partnered with the Montgomery County Extension and Community Association to conduct food demonstrations at the Troy Farmers' Market. There were 6 in all featuring a different local food sold at the market each week. This year the demonstrations included jams and jellies with pork, blackberries, squash, bread, eggs, and mushrooms. Market patrons were given a free food sample, corresponding recipe card and a sheet with at least 5 more recipes. These demos allowed the community to be educated in the nutritional benefits of local foods and proper cooking techniques. Most farmers reported increased sales on demonstration days. For more information contact Jamie Warner at [jmwarner@ncsu.edu](mailto:jmwarner@ncsu.edu).

During 2013, The Montgomery County First-In-Health 2020 Task Force worked to increase access to fresh fruits and vegetables. The task force partnered to implement and promote two food co-op programs to include Sandhills Farm to Table and Farm Fresh Ventures. Each program had unique features and allowed residents of Montgomery County to select the program that met their needs and provided exposure to locally grown produce. Sandhills Farm to Table had a \$25 membership fee, offered boxes every other week for 9 total boxes, the boxes were \$22 per box. There were multiple payment options to include credit card installments per box or check or credit card for the full amount. FirstHealth offered to pay the \$25 membership fee for employees and established a payroll deduction system. Farm Fresh Ventures (FFV), a multi-county food hub, began this year by promoting fresh, locally grown goods from Montgomery and surrounding counties and selling subscriptions to the program which consisted of 1 produce box a week for 18 weeks. Produce boxes were packed once a week with "goodies" and delivered to pick-up sites in 5 counties from May through September. FFV ended with a total of 130 subscriptions and over 2200 boxes packed for the season and \$29,554 was paid back to local farmers in direct sales. Montgomery County agents continued their partnership with agents from Stanly and Anson Counties along with officials from community colleges, county commissioners and farmers to create the Upper Pee Dee Farm and Food Council. This council is now official and has been endorsed by the three county's board of commissioners.

## Food Co-Op Programs

## Food Safety and Nutrition Education

In Montgomery County, 48% of children and youth are known to be overweight or obese and 74% do not consume the recommended vegetable servings daily. A Food Safety and Nutrition Education 10-week program was conducted for all the 3rd graders by NC Cooperative Extension at one local elementary school by the 4-H Youth Development Agent. There were 68 students participating who increased their knowledge of healthy snack preparation, proper hand washing techniques, prevention of food-borne illness and how to read food labels. Teachers in all classes reported students reading more food labels and making better choices in choosing lunches and snacks. According to one teacher, the students have become far more conscious of making sure they wash their hands and taking more time with the process. Others observed the students increasing their physical activity. For more information, contact Chrissy Haynes at [cmhaynes@ncsu.edu](mailto:cmhaynes@ncsu.edu).



## Healthy Kids, Healthy Communities

The Healthy Kids, Healthy Communities partnership, led by FirstHealth of the Carolinas has been very successful in both Montgomery and Moore counties. In 2013, Katrina Tatum, Town Manager of Mt. Gilead, was featured in the national Healthy Kids, Healthy Communities (HKHC) Spotlight and on [PreventObesity.net](http://PreventObesity.net) for her work to increase healthy eating and physical activity in Mt. Gilead. The town of Mt. Gilead has adopted both healthy eating and physical activity policies and upgraded planning and zoning ordinances to require sidewalks in new development that have at least four units. A video highlighting the work in Mt. Gilead is featured at <https://vimeo.com/79359786>. Additionally, the local work was featured on the national HKHC website at [www.healthykidshealthycommunities.org](http://www.healthykidshealthycommunities.org). According to the article, a common strategy throughout the Aberdeen, Candor, Mt. Gilead, Southern Pines and Robbins communities has been engaging local officials to implement key environmental and policy changes. With the HKHC grant, FirstHealth of the Carolinas has been able to identify and assess each community's environmental challenges that include limited access to healthy produce and poor connectivity leading to low participation in physical activity. In Candor, the organization was able to develop "Candor Food Solutions" which is Candor's local HKHC task force. Candor Food Solutions creates opportunities for healthy eating in the Town of Candor with the support of Mayor Richard Britt. Long considered a food desert, Candor suffered from limited access to fresh options and a local supermarket. Mayor Britt helped narrate a video called "Ripe for Change" to document the challenges Candor residents face with access to healthy foods. The video was played at the statewide Food Day event held in Raleigh, NC. Following the state event, local policy makers, business leaders and residents met to develop a plan to address local food access issues. As a result of this plan, Mayor Britt and Tammy Kellis, the town clerk, worked to help create a healthy eating policy for all town-sponsored events. They added a 5K race to the annual Peach Festival and regularly offer water and peaches at local events. The town has also worked to increase awareness of the local farmers' market through new signage and promotion. Mayor Britt and Ms. Kellis have also supported the corner store improvement initiative in Candor. Six corner store audits were completed to assess needed changes in the area. Through this initiative, the Candor Family Dollar and Tienda La Escondita added 1% and skim milk in gallon size containers to their inventory. The initiative also provided educational materials to students at Candor Elementary School to promote healthy options now available at the corner stores. For more information, contact Melissa Watford, Project Director at [MWatford@firsthealth.org](mailto:MWatford@firsthealth.org).



*1% milk is now offered at Family Dollar in Candor*

### Ongoing Initiatives

In addition to the many new initiatives previously described, partnering community agencies continue to implement successful programs such as PLAY (People Living Active Yearlong), The Happy Kitchen, and Color Me Healthy. These initiatives have been piloted in previous years and are currently being expanded into new locations and new audiences. Additionally, all partners on the 2020 Vision Task Force continue to seek opportunities to promote physical activity and balanced nutrition.





## Priority Issue: Substance Abuse

### Community Objective:

Decrease illicit and prescription drug use, misuse and abuse by youth and adults.

### Status:

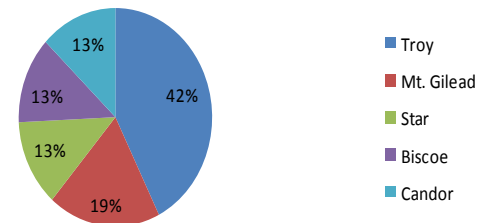
34.3% high school youth in NC report having at least one drink of alcohol during the last 30 days; 42.9% report having used marijuana; 7.1% report having ever used any form of cocaine; 11.2% report having used inhalants; 4.8% having used methamphetamines; and 20.4% report having taken prescription drugs without a prescription.

## What is Happening with Drugs in Montgomery County?



*Sheriff's Office shares latest information during Substance Abuse Roundtable Discussion, September 2013*

**Prescription Drug Overdoses in Montgomery County by Town**



According to the Sheriff's Office, the latest problem in Montgomery County is prescription drug abuse and misuse. From September 2012 through July 2013, a total of 47 prescription overdoses were reported to the sheriff's office. In addition to the statistics provided by the Sheriff's Office, results from the most recent 2012 Montgomery Community Health Assessment indicates that the community perceives drug abuse, especially prescription drug abuse, to be a major concern for the county.

Currently, the Montgomery County Sheriff's Office provides drug prevention education at all three levels of schools in Montgomery County (elementary, middle and high school). The office has three certified DARE (Drug Abuse Resistance Education) instructors, two certified GREAT (Gang Resistance Education and Training) instructors, 5 certified School Resource officers, and one certified internet crimes expert. The DARE program has an average of 400 students in 5th grade, and provides 14 lessons. The middle school GREAT program averages four hundred 6th grade students who receive 13 lessons. The middle school DARE program serves an average of four hundred 7th grade students with ten lessons. The high school DARE program serves an average of four hundred 9th grade students with eleven lessons. Additionally, "Be Safe with Over-the-Counter and Prescription Medicines" is available for 5th and 7th graders and includes reading the drug fact label on over the counter medications, reading the drug fact label on prescription medicines, measuring medicine safely, and understanding different parts of the label.

In response to the statistics provided by the sheriff's office as well as documented community concern, the First-in-Health 2020 Vision Task Force hosted a Roundtable Discussion in September 2013, with thirty-three people in attendance, representing participation from Community Care of the Sandhills, Communities In Schools, Cooperative Extension, East Montgomery High School, FirstHealth Community Health Services, FirstHealth EMS, FirstHealth Family Care Centers, FirstHealth Montgomery Memorial Hospital, Council on Aging, Health Department, Montgomery County Schools, Department of Social Services, Emergency Services, Sheriff's Office, Mt. Gilead Police Department, Safe Kids Mid Carolinas Region, and Town of Mt. Gilead. During the roundtable discussion, participants were updated with the current status of drug use in Montgomery County (as reported by the Sheriff's



Office) and highlights of successful interventions from neighboring Moore County. During the brainstorming session of the event, participants divided into groups to identify current programs/initiatives in the county, deficits, ideas for potential programs, and funds available. Current programs identified include the following: DARE, GREAT, FirstHealth Emergency Room Narcotics policy, Project Lazarus, First Navistar, Crisis Intervention Services, Operation Medicine Drop, Medication policy in school system, medication reviews for senior adults, Healthy Living curriculum in schools, Young Men on the Rise, Communities In Schools afterschool activities and mentoring, and presence of guidance counselors at school. Ideas for Potential Programs/Interventions included: DSS Prevention model, Coordinated medicine drops in the spring and fall, development of a centralized list of resources for drug counseling, community outreach and education, engagement of faith communities, application for grant funds, establishment of a drug prevention task force, creation of permanent drop boxes, and provider outreach and education. The group identified potential funding sources as Project Lazarus, Montgomery Fund, Walmart grants and Safe Kids. At the conclusion of the meeting, the group made a decision to prioritize the following action items: 1) Operation Medicine Drops and Permanent Drop Boxes, 2) Provider Education and Outreach, and 3) Public Education and Outreach. The group agreed to form a task force using the name "Montgomery County Drug Abuse Prevention Task Force" with the next meeting to be held in November 2013. For more information about how to become involved in this taskforce, please contact Roxanne Elliott with FirstHealth by emailing [RMellott@firsthealth.org](mailto:RMellott@firsthealth.org).



*Brainstorming Session at the Roundtable event*



## Driving Under the Influence Simulation

In honor of National Teen Safe Driving Week, Communities In Schools Montgomery County collaborated with Biscoe Police Department and East Montgomery High School to provide a unique learning experience for students. With support from the Montgomery County Health Department and the Town of Troy, students were given the opportunity to drive a golf cart through a coned path while wearing "drunk driving goggles" that simulated the effects of alcohol and other risky influences (illicit and prescription drugs). More than 80 students actually drove the cart, and most of them hit at least one cone, if not more. One student commented, "I hit four cones while I was driving, and that means I could've hit four people, or had four wrecks. Drinking and driving is not a good decision!" Students also

commented that the dangers of reckless driving exceeded those simulated because "cars go faster than golf carts", and "cars are a lot heavier than golf carts". They were also able to identify various forms of reckless driving including driving while under the influence of alcohol or drugs, texting while driving, and driving while distracted (talking on cell phones, etc). Although only 80 students participated in the driving portion of the outreach, more than 200 students were reached with information about negative effects of influenced driving. A "mock crash" event, another way to educate students about the risks of influenced driving, is being planned by Communities In Schools (and partners) for the spring of 2014. For more information on how to become involved in teen safe driving, please contact Lynn Epps with Communities in Schools at [lynn.epps@montgomery.k12.nc.us](mailto:lynn.epps@montgomery.k12.nc.us).

# Emerging Issues

## Public Health At Risk Due to Federal Budget Cuts: The Impact of Sequestration



*“Research indicates a three billion dollar investment in public health returns more than sixteen billion dollars in annual savings within five years.”*

Source:

*Faces of Austerity:  
How budget cuts  
have made us  
sicker, poorer, and  
less secure, 2013*

In 2011, Congress passed the Budget Control Act (BCA), which established caps on defense and nondefense discretionary programs such as public health, environmental protection, law enforcement and transportation, education and job training. The caps will require reduction of funding to these programs by one trillion dollars over the next ten years. The BCA also requires another one trillion in cuts to nearly all government programs because Congress failed to develop a balanced deficit reduction plan. As a result, sequestration, which is a rigid budgetary tool, forces automatic, across-the-board cuts to programs including Public Health. These cuts have already been put in place for fiscal year 2013, and additional cuts will come in 2014. Cuts will continue through the year 2021 unless Congress devises a plan to stop the cuts.

Public health is the science and art of protecting and promoting health in communities where we live, work, and learn. The activities of Public Health that promote and protect are often invisible and are usually taken for granted. They ensure food, water and drugs, are safe; that there are no deaths from vaccine preventable diseases such as polio, measles and mumps and environmental, bioterrorist and other threats remain non-existent. Congress all but eliminated federal funding to prevent lead poisoning in the year 2012.

Public Health funding is a fraction of what the federal government spends annually. In the fiscal year 2012, the federal government spent an estimated one percent of its total \$3.5 trillion budget on Public Health, which is the equivalent of just 0.2 percent of our nation's overall economy. Since 2008, 46,000 state and local public health professionals have been laid off.

During the sequestration in September 2013, women, infants, and children who rely on WIC in Montgomery County were directly impacted. Due to federal budget shortfalls, the WIC staff was unable to provide vouchers for one day. Luckily, the state found funds to keep the program running.

Montgomery County Health Department's budgets were reduced for three programs: <1% of family planning, 6% of maternity and 14% of the Pregnancy Care Management program, which meant fewer patients received these services at the Montgomery County Health Department.

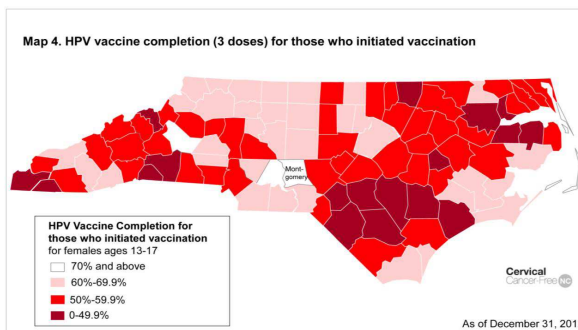
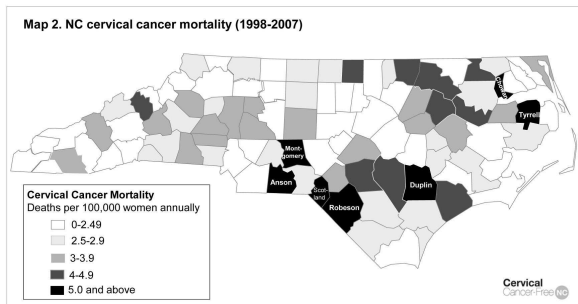
Although the issue in September was resolved, the potential for reoccurrence of sequestration is imminent in January 2014. Public Health programs will continue to be cut as mandatory programs will continue to be reduced in the same automatic manner. It is anticipated that Montgomery County will once again experience percentage cuts from federally funded programs.

## We May Be Obese, But Hunger is Still an Issue Too

Hunger in American households has risen by 43 percent over the last five years, according to an analysis of US Department of Agriculture (USDA) data released in the report "Household Food Security in the United States, 2004." The analysis, completed by the Center on Hunger and Poverty at Brandeis University, shows that more than 7 million people have joined the ranks of the hungry since 1999. The USDA report says that 38.2 million Americans live in households that suffer directly from hunger and food insecurity, including nearly 14 million children. That figure is up from 31 million Americans in 1999. Limited-resource socially disadvantaged and food-insecure individuals, families and communities will be provided with information and opportunities to enhance household food, diet and nutritional security.

Montgomery County is answering this need through the provision of grocery bags of food to approximately two hundred students every weekend to ensure they have food. Additionally, the Council on Aging continually works to provide low-cost meals to seniors at meal sites and through the Meals on Wheels program. All of these programs are contingent on funding, and thus are at risk for program continuation. For more information on the Back Pack Pals program, contact Lynn Epps with Communities In Schools Montgomery County at [lynn.epps@montgomery.k12.nc.us](mailto:lynn.epps@montgomery.k12.nc.us). For more information about senior meals, contact Mike Rood at the Montgomery County Council on Aging or [mrood@embarqmail.com](mailto:mrood@embarqmail.com).

## Strengthening Cervical Cancer Prevention



According to a report published in September 2013 entitled, "Cervical cancer prevention in NC: Strengthening health programs and systems", about 121 women in North Carolina died from cervical cancer every year between 1998 and 2007. This works out to 2.6 cervical cancer death per 100,000 women annually, a rate very similar to the rest of the United States. The seven counties in North Carolina with the highest mortality rate are the in the southern and eastern regions of the state: Anson, Chowan, Duplin, Montgomery, Robeson, Scotland, and Tyrrell. In these counties, mortality ranges from 8.0 deaths per 100,000 women in Tyrrell to 5.2 deaths per 100,000 women in Robeson. These rates are similar to developing countries like Namibia (8.9) and the Philippines (5.3). Additionally, the report notes that HPV vaccine will have a large impact on cervical cancer within our lifetimes, making it an important preventive service. The cervical cancer preventive need index includes HPV vaccine initiation. 44% of North Carolina girls ages 13 to 17 had at least one dose of the HPV vaccine, according to NCIR. The county with the highest initiation rate for females was Montgomery County, at 62%. The cervical cancer prevention need index also accounts for completing the three dose series. Only three counties had HPV vaccine completion rates for females aged 13-17 of 65% or more. The county with the highest rate was again Montgomery County, at 84%. Thus, it can be determined

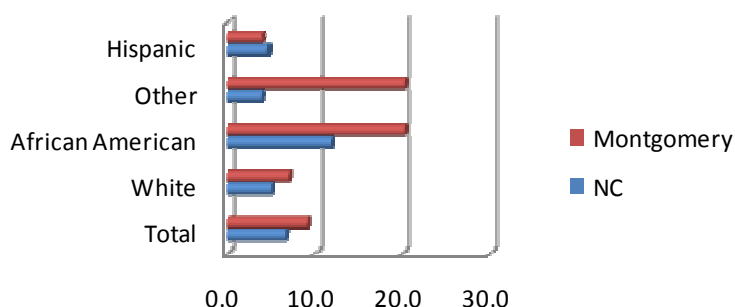
that Montgomery County excels in cervical cancer prevention, but needs continued work in cervical cancer detection and treatment to prevent mortality. At the 2013 North Carolina Cervical Cancer Coalition Summit in Raleigh, North Carolina, key stakeholders evaluated ways to improve health programs and systems for cervical cancer prevention. Attendees were more than 80 stakeholders from health departments, private medical practices, national and state organizations, and industry, along with staff from Cervical Cancer-Free North Carolina (CCFNC). Of nine recommendations included in the summit report, attendees prioritized the following during the closing plenary session at the Summit: Encourage pediatricians, family physicians, nurses and other health care professionals to recommend HPV vaccine; Improve recruitment of women rarely or never screened for cervical cancer with a focus on African American women. Attendees also conveyed enthusiasm for reducing missed opportunities for screening and increasing awareness of the importance of prevention through HPV vaccination and cervical cancer screening. For more information about cervical cancer or the HPV vaccine, please contact Regina Smith, MN, FNP-C with Montgomery County School Health Centers by emailing [RPSmith@firsthealth.org](mailto:RPSmith@firsthealth.org).



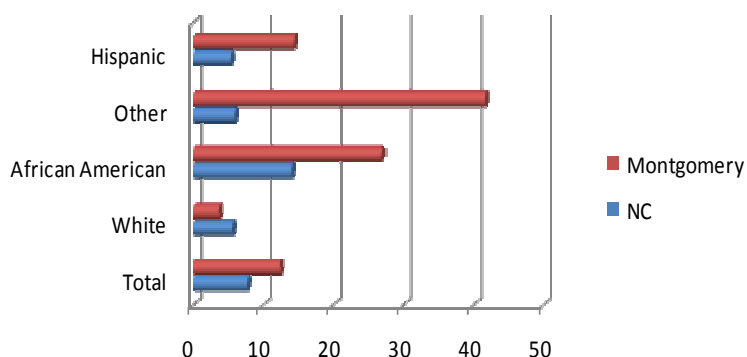
# Mortality

## Fetal Death Rates

per 1,000 Deliveries (2008-2012)

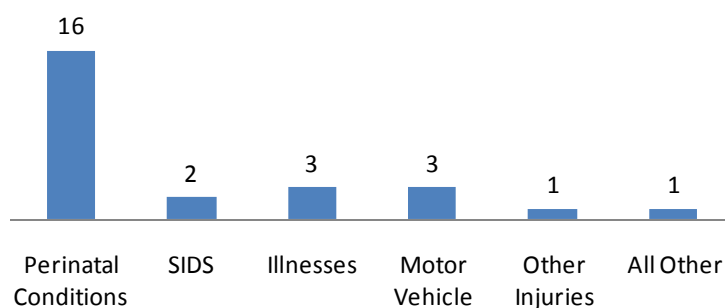


## Total Infant Death Rates



## Child Deaths in Montgomery County

(2008-2012)



There were sixteen total fetal deaths in Montgomery County between the years of 2008 and 2012, giving the county a total fetal death rate of 9.2, which is approximately 30% higher than the state rate of 6.6. Of those deaths, seven were of African American heritage, one was of "other" heritage, six were white, and two were Hispanic. Some risk factors associated with the risk of fetal and infant death include high parity and short interval between last delivery and conception. In Montgomery County, 22.5% of births were high parity with the age of the mother being less than 30 (as compared to 16.6 percent statewide). Almost 26% were high parity births to mothers of the age of 30, as compared to the state rate of 21.5. Additionally, 12.1% of births were short interval births, as compared to 12.9% statewide. These risk factors indicate the need for family planning services. The total neonatal (<28 days) rate for Montgomery County was also higher than the state rate (9.3 and 5.1 respectively). African Americans also had the highest death rates for this age group. The total infant death rate (children less than 1 year) for Montgomery County is almost twice that of the state rate: 12.2 and 7.5 respectively. Twenty-six children died from 2008-2012 in Montgomery County. Of those, 21 were under the age of one year, two were between the ages of 1 and 4, one was between the ages of 5 and 9, and two were between the ages of 15 and 17. As can be expected with those age demographics, 16 deaths were due to conditions that originated in the perinatal period.



Although the total death rate for Montgomery County (772.3) is lower than the state rate (800.6), it is interesting to note that Montgomery's death rates are higher than the state rates for Diabetes Mellitus, Pneumonia/Influenza, Chronic Lower Respiratory Disease, Chronic Liver Disease, Unintentional Motor Vehicle Injuries, All Other Unintentional Injuries, and Alzheimer's Disease. African Americans had the highest county mortality rates for heart disease and total cancers, but whites had the highest mortality rates for lung cancer and diabetes. Males had higher rates than females in almost every category, but were almost double that of female rates for heart disease and lung cancer. In Montgomery County, the leading cause of death for white people was heart disease and the leading cause for African Americans was cancer. The leading cause of death for males of all races was heart disease (209.2) followed by cancer (191.4). Just the opposite was true for females, where the leading cause of death was cancer (105.2) followed by heart disease (103.5).

Age Adjusted Death Rates 2008-2012		
	North Carolina	Montgomery
All Causes	800.6	772.3
Diseases of the Heart	174.4	145.9
Cerebrovascular Disease	45.1	36.7
Cancer (Total)	175.9	144.1
Diabetes Mellitus	21.8	26.6
Pneumonia and Influenza	18.0	18.9
Chronic Lower Respiratory Disease	46.6	49.6
Chronic Liver Disease and Cirrhosis	9.3	12.4
Septicemia	13.4	12.4
Kidney Disease	18.0	11.5
Unintentional Motor Vehicle Injuries	14.3	28.9
All Other Unintentional Injuries	29.4	30.5
Suicide	12.2	-
Homicide	6.0	-
Alzheimer's Disease	29.3	44.5
Acquired Immune Deficiency Syndrome	3.1	-

Source: North Carolina State Center for Health Statistics

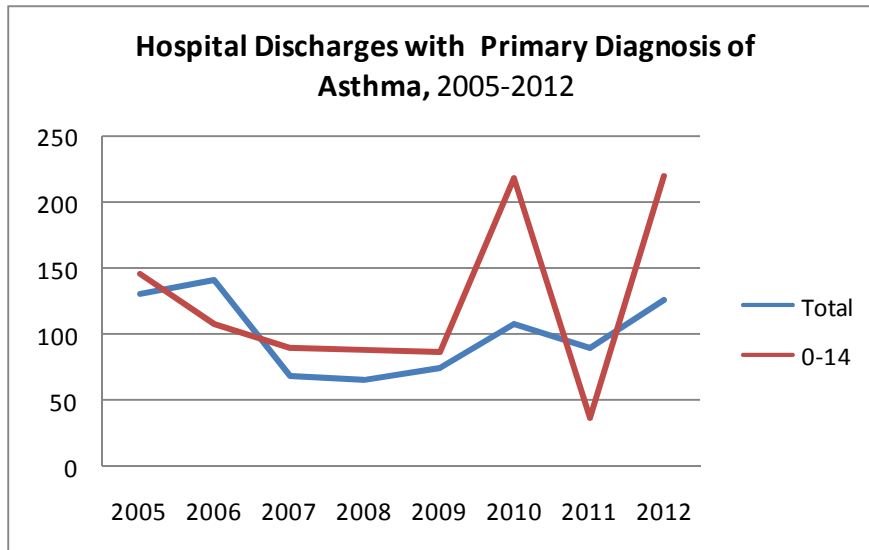
## Leading Causes of Death By Age

	Total- All Ages	00-19 Years	20-39 Years	40-64 Years	65-84 Years	85+ Years
1	Cancer- All Sites	Conditions Originating in the Perinatal Period	Motor Vehicle Injuries	Cancer- All Sites	Cancer- All Sites	Diseases of the Heart
2	Diseases of the Heart	Motor Vehicle Injuries	Homicide	Diseases of the Heart	Diseases of the Heart	Alzheimer's Disease
3	Chronic Lower Respiratory Disease	Diseases of the Heart SIDS	Unintentional Injuries	Diabetes Mellitus Unintentional Injuries	Chronic Lower Respiratory Diseases	Cancer-All Sites
4	Alzheimer's Disease		Cancer-All Sites		Cerebrovascular Disease	Cerebrovascular Disease Chronic Lower Respiratory
5	Cerebrovascular Disease	Benign Neoplasms Unintentional Injuries	Diseases of the Heart	Chronic Lower Respiratory Chronic Liver	Alzheimer's Disease	

The table to the left depicts the leading causes of death by age. Heart disease has a mortality rate of 145.9 in Montgomery County, and is the only cause of death that is in the top five for all six age divisions.

# Morbidity

## Asthma



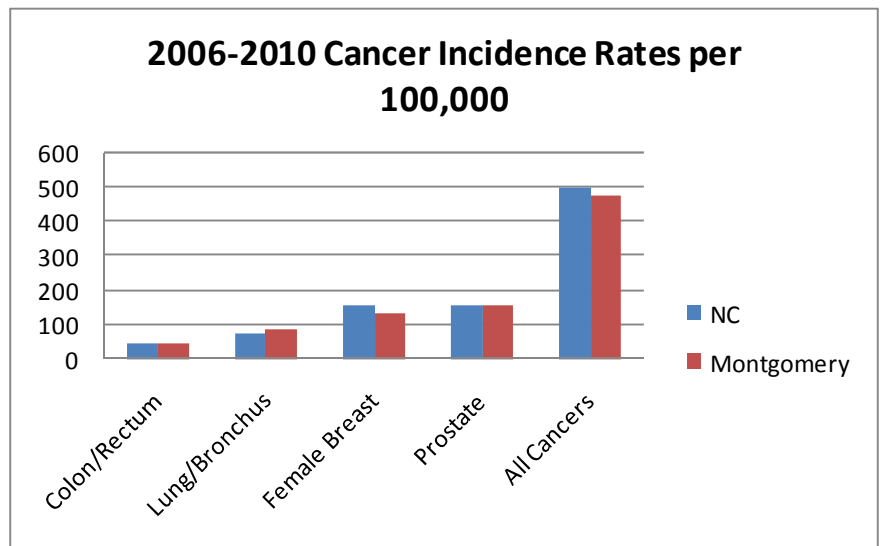
During the past eight years, the rate for hospital discharges with a primary diagnosis of asthma for all people has stayed relatively steady. However, although the rate for 0-14 year olds remained constant during the first half of the time period, a sharp increase occurred between 2009 and 2010, and even though it dipped in 2011, it rose again for the year 2012. Taken altogether, the rate of asthmatic discharges is higher for children aged 0-14 than patients as a whole. For the state, the total rate in 2005 was 128.5, and the total rate for 2012 was 100.3, with minor fluctuations in the years

between the two. Rather than experienc-

ing increases, the state rate for 0-14 year olds remained very constant, with rates of 164.6 per 100,000 in 2005 to its peak in 2009 of 175.0 before dropping again in 2012 to 163.7. This data suggests a continued need for diagnosis and symptom management, especially in our youngest, most vulnerable citizens.

## Cancer Incidence

Montgomery County has an incidence rate of 473.2 for "all cancers", which is slightly lower than the state's incidence rate of 498.1. According to the North Carolina State Center for Health Statistics, a total of 764 people were diagnosed with cancer in Montgomery County during the years of 2006 and 2010. Of those, 142 were diagnosed with lung or bronchus cancer, 122 were diagnosed with prostate cancer, 114 with breast cancer, and 72 with colon/rectum cancer. Given that the total cancer mortality rate for Montgomery County is 144.1, it is imperative that prevention and early detection remain a priority in this county.

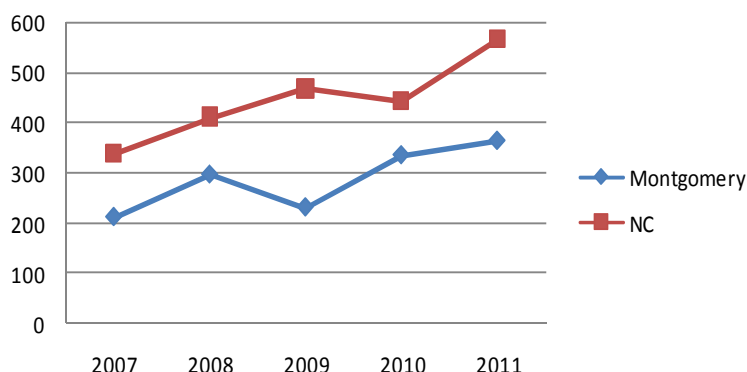


Source: North Carolina State Center for Health Statistics

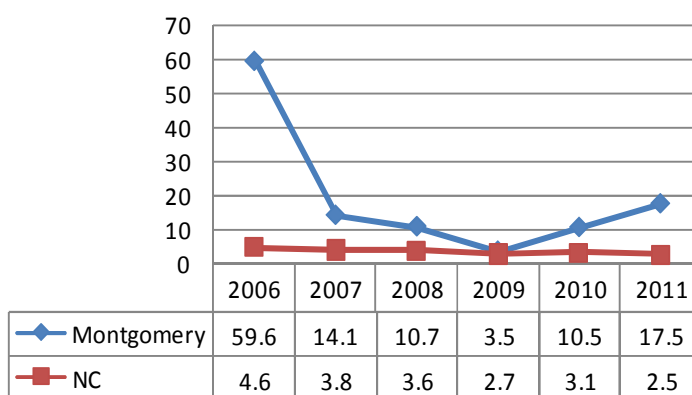
## Communicable Disease

According to the 2011 North Carolina HIV/STD Surveillance Report, Montgomery county ranks 63rd out of 100 counties in the state for HIV disease. The county's rate rose slightly from 6.0 in 2009 to 7.2 in 2011, as compared to the state rate of more than twice that at 16.4 for both years. As of December 31, 2011 there were 20 people living in the county that had been diagnoses with AIDS. The 2009-2011 average rate of living AIDS patients in the county was 5.4, as compared to the state average rate of 9.0. Chlamydia remains the sexually transmitted disease most prevalent in Montgomery County, and the number of cases are rising. The case rate for the county in 2007 was 211.2 and represented a total of 58 diagnosed cases. This rose to a rate of 363.3 cases in 2011, representing a total of 101 cases. Although Montgomery's rates are rising, they remain lower than state rates which also demonstrate a similar pattern (337.7 in 2007 rising to 564.8 in 2011). While Chlamydia rates are rising, gonorrhea case rates are decreasing in the county. In 2007, the county had gonorrhea case rate of 94.7, which declined to its low of 68.4 in 2010, before having a rise again in 2011 to 89.9. State rates followed the same declining pattern from 183.9 in 2007, to it's low in 2010 of 148.4 before rising again to 179.9 in 2011. Montgomery County had absolutely no syphilis cases for 2007, 2008, 2009, or 2010, and only 1 case in 2011 giving the county a case rate of 3.6 for that year. Tuberculosis rates reduced dramatically from 2006, when Montgomery had a case rate of 59.6. In 2009, the county only had one TB case, but that number rose to 3 cases in 2010, and rose again to five cases in 2011. According to the 2011 Tuberculosis Statistics for North Carolina, prepared by the Tobacco Control Program, Montgomery ranks 1st highest in the state for Tuberculosis with a rate of 17.5, followed by Greene County (14.1), Scotland County (13.4), and Hertford County (12.5). From 2007-2011, only three of the TB cases in Montgomery County were foreign born, and only four cases total for the same years were Hispanic TB cases. When considering TB cases for all of North Carolina, the majority of

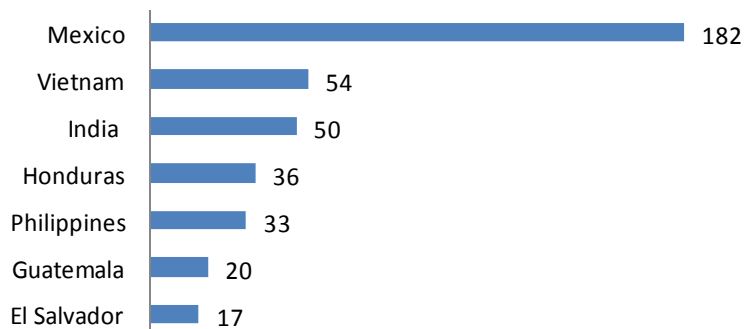
### Chlamydia Case Rates



### TB Case Rates, 2006-2011



### NC Foreign Born TB Cases by Country of Origin



# New Initiative

## Task Force on Rural Health



Approximately one-in-three North Carolinians, almost 3 million people, live in a rural county (e.g., non-metropolitan statistical area). North Carolinians living in rural areas are less likely to have access to health services, more likely to engage in risky health behaviors, and have a higher mortality rate than North Carolinians living in non-rural areas. Rural North Carolinians are more likely to forgo seeing a doctor due to cost and are less likely to visit a dentist. Smoking and obesity are more prevalent in rural counties in North Carolina. Rural North Carolinians are more likely to die due to heart disease, diabetes, lung disease, unintentional injuries, and suicide. There are also rural-urban disparities in infrastructure and the capacity to address health needs. The health disparities between urban and rural residents are due to a number of factors including: differences in demographic and socioeconomic factors, health behaviors, access to, and quality of health care. In response to the unique obstacles facing rural health, the North Carolina Institute of Medicine (NCIOM), in collaboration with the Office of Rural Health and Community Care (ORHCC), Kate B. Reynolds Charitable Trust, and other partners, convened a task force to develop a comprehensive, coordinated rural health action plan. This plan will highlight the underlying causes of health disparities in rural areas, and will identify strategies at the state and local levels to address these problems. In order to achieve this, the task force gathered input from eight rural communities across North Carolina, including Montgomery County. In each community, a forum was held to discuss local health needs, priorities, and potential strategies to meet those needs, and to seek feedback on the strategies and priorities identified in the task force. The final Rural Health Plan will be released in Spring 2014.

As one of the rural communities experiencing health disparities, NCIOM hosted a community forum in September 2013 in Montgomery County. Participants identified existing efforts and barriers toward the following objectives: Expansion of Jobs and Economic Security, Improving Educational Outcomes, Fostering Strong, Collaborative Community Leaders, Promotion of Healthy Eating and Active Living, Reduction of Substance Abuse, Improving Mental Health, Improving Access to Medical Care by Maximizing Individuals' Insurance Opportunities, Support of New Models of Care that Expand Access to Health Services, and Improving the Recruitment, Retention, and Distribution of Key Health Professionals.

For more information on this task force and its progress, please visit:  
<http://www.nciom.org/task-forces-and-projects/?task-force-on-rural-health>

### Dissemination Plan.

Copies of this publication will be disseminated to key stakeholders and community partners, including members of the 2020 Vision Committee, the Montgomery County Board of Commissioners and other contributors. The report will also be available to the general population for viewing at public libraries throughout the county and on the Montgomery County website: [www.montgomerycountync.com](http://www.montgomerycountync.com). Press releases about this data will be distributed to local newspapers, and copies will be available for no charge, upon request by contacting Rhonda Peters at the Montgomery County Health Department- (910) 572-1393 or by emailing [rhondapeters@montgomerycountync.com](mailto:rhondapeters@montgomerycountync.com).

### Members of the FirstHealth 2020 Vision Committee include representatives from the following agencies/organizations:

Community and Faith-Based Representatives, Communities In Schools Montgomery County, FirstHealth of the Carolinas, FirstHealth School Based Health Centers, Montgomery County Cooperative Extension Service, Montgomery County Health Department, Montgomery County Partnership for Children, Montgomery County Schools, Town of Mt. Gilead, Troy/Montgomery Senior Center, Worksites

### WANT TO BECOME INVOLVED?

See contact names and numbers included in this publication, or call the Health Education Staff at the Montgomery County Health Department for more information. (910) 572-1393

