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The Past

Randolph County Health Department (RCHD) completed its first formal health needs assessment in 1996. The purpose of this assessment was: (a) to provide data to public health leaders and community stakeholders in order to identify and prioritize the health needs of the tri-county area, and (b) discover assets in the area available for problem solving. Through a better understanding of actual health needs, public health leaders could better serve their community. After data was gathered, stakeholders were asked to select the top priority health issues and populations to target considering the following criteria: (a) number of persons currently affected or at risk, (b) quality of life, (c) public perception, and (d) preventability.
The Present

RCHD performs its County Health Needs Assessment every 3 years. RCHD staff attend meetings with representatives from the areas of business, social service, health care, mental health, public schools, consumers, law, and the religious community. Together, these individuals make up the Randolph County Health Advisory Committee. The committee members evaluate the information by looking at the most prevalent disparities between the county’s current and past statistics, as well as comparing the county to Missouri’s statewide figures.

In 2013, the health Ranking increased to 76 out of 114 counties and the City of St. Louis, which indicates an increase in overall health of the county.

Randolph County priorities of the future Ranked in 2014 are:
- Maternal / Child Health
- Chronic Disease
- Mental Health Access
Demographics

Population

According to the United States Census Bureau, the total population of Randolph County is estimated at 25,378. There was a 3% increase in Randolph County’s population since 2000, while Missouri, as a whole experienced a 7% increase. (United States Census Bureau, 2013)

Age Distribution

Randolph County’s population is composed of 6.3% people under 5 years of age, which is slightly lower than the state’s rate of 6.5%. Randolph County had 19.3% of its population between the ages of 5-19 in 2011, while Missouri’s population was composed of 20.2% of the same age group. Randolph County had a high percentage of people over the age of 65 (14.2%) in 2011, similar to the state’s (14.1%). The county and state are experiencing a large growth in elderly population, similarly to the nation as a whole. Based on Census estimates, there has been an annual net increase of about 814,406 in the amount of people 65 and older in Missouri. (Missouri Department of Health and Senior Services, 2013)
Randolph county remains a largely white populated community. While Missouri’s total percentage of white population decreased by 1.7% between 2000 and 2011, Randolph County’s increased by .6%. Randolph County’s black percentage decreased by .8% while Missouri’s increased by .3% between 2000 and 2011. Other races and ethnicities stayed relatively the same throughout Randolph County. (United states census Bureau, 2013)

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<tr>
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<tbody>
<tr>
<td>White</td>
<td>90.6%</td>
<td>91.2%</td>
<td>84.9%</td>
<td>83.2%</td>
</tr>
<tr>
<td>Black</td>
<td>7.0%</td>
<td>6.2%</td>
<td>11.2%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Other</td>
<td>2.4%</td>
<td>2.6%</td>
<td>3.9%</td>
<td>5.3%</td>
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**Education**

82.9% of the population has a high school diploma or higher, which has increased from 77% in 2000. Currently, 13.1% of the population has a bachelor’s degree or higher, which is a slight increase from 2010. Randolph County has experienced a small growth in higher education in the past ten years, but there is still only 13.1% of the population attaining a degree from higher education. Since there is such a large part of the population without higher education, a large portion of the population may have increased health risks. The percent of Randolph County, age 16 and older that lacks basic literacy skills is 9%. This exceeds the state rate of 7.5%. (county Health Rankings and Roadmap, 2013)

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>2011</th>
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<tbody>
<tr>
<td>High school graduate (includes equivalency)</td>
<td>39.4%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>23.0%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>7.5%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>9.1%</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>4.0%</td>
</tr>
<tr>
<td>Percent high school graduate or higher</td>
<td>82.9%</td>
</tr>
<tr>
<td>Percent bachelor’s degree or higher</td>
<td>13.1%</td>
</tr>
</tbody>
</table>
Randolph county had 17.8% of its population living below the poverty line in 2010 while Missouri had 15.2% of its population living below the poverty line. (Missouri Census Data Center, 2013) This is a slight increase from 2000. According to County Health Rankings, “Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors” (County Health Rankings and Roadmap, 2013)

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<tbody>
<tr>
<td><strong>Percentage of Population Below Poverty</strong></td>
<td>17.7%</td>
<td>17.8%</td>
<td>14.5%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

**Median Value of Owner-Occupied Housing Units**

The poverty rate can be further shown by the fact that the owner occupied housing unit value is at a median of $85,500 in Randolph county versus the $138,300 state median value. While the median value of owner occupied housing units has increased in the county since 2000, it is still significantly below the value of those in Missouri. (Missouri Census Data Center, 2013)

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<tbody>
<tr>
<td><strong>Median Value of Owner-Occupied Housing Units</strong></td>
<td>$36,458</td>
<td>$85,500</td>
<td>$89,900</td>
<td>$138,300</td>
</tr>
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</table>
The median household income in Randolph County, compared to the state’s is drastically different as seen in the chart below.

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<tbody>
<tr>
<td><strong>Median Household Income</strong></td>
<td>$36,556</td>
<td>$36,161</td>
<td>$45,012</td>
<td>$46,123</td>
</tr>
</tbody>
</table>

**Single Parent Homes**

The 2000 U.S. census reported 26.3% of households in Randolph County were single-parent homes, as compared to Missouri at 24.3%. In 2009, Randolph County maintained several percentages above Missouri’s at 40.0% while Missouri’s percentage was at 32.6%. This may be linked to child and adult poverty levels being high. (Missouri Census Data Center, 2013)

**Unemployment**

In 2011, 9.7% of adults were unemployed in Randolph County as compared to 9% in 2009, 6.1% in 2008, and 5.1% in 2005. The state rate of unemployment in 2011 was 9.4% so the county is not experiencing a significantly higher rate than the state, but the percentage of unemployed people in the county is steadily increasing. (Missouri Census Data Center, 2013)
**Children in Poverty**

In 2011, 25.1% of Randolph County children under age 18 lived in families with incomes below the U.S. poverty threshold, as defined by the Bureau of the Census. That is 1,379 children in the county living below the poverty threshold. This is considerably higher than the state’s rate of 18.3%. Students enrolled in free/reduced lunch have risen since 2005 to over 57% of kids. The state’s rate is 46.8%. (KidsCount Datacenter, 2012) “While negative health effects resulting from poverty are present at all ages, children in poverty show greater morbidity and mortality due to an increased risk of accidental injury and lack of health care access. Children’s risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty” (County Health Rankings and Roadmaps, 2013)
Environmental Health Risks

Housing
In 2011, 25% of Randolph County housing structures were built before 1940. Approximately 40% of the housing in Randolph county was developed before 1960. Although Randolph County continues to expand with new housing subdivisions, pockets of older homes remain within the county. Therefore, it is believed that asbestos and lead paint is a problem in many homes and buildings within the county. (Missouri Census Data Center, 2013)

Lead
All Medicaid eligible children are blood tested for lead at 12 and 24 months of age. It is recommended that all children (regardless of Medicaid eligibility) be tested for lead at these ages. A re-evaluation of all children less than 6 years of age shall be made for risk of lead poisoning at health care visits (at least annually) and conducting a blood test for those found to be at risk. In 2009, 18.2% of Randolph County children, under the age of six, were blood tested for lead while the state tested 20.2% of the same age group. Only 1 child in 2009, 0 through 71 months of age, had elevated blood levels greater than or equal to 10 micrograms per deciliter. The rate of elevated blood levels for the state is 1.0% and 0.3% for Randolph County. The amount of children with raised blood levels has decreased for the county since 2003, when 389 (about 25%) of 1,570 children under five years old were tested for lead, resulting in 18 children having blood levels about 10 μg/dl.

Water Supply
Randolph County has five water sources in Clark, Higbee, Huntsville, and two in Moberly. They are fluorinated water sources. According to the director of public utilities, “Many of our water and sewer mains are at the end of their useful life, but by taking care of them, repairing problems before they get to a point of failure, and monitoring conditions, we can extend their life” (Phipps, 2012)
PUBLIC SAFETY

CRIME

Randolph County has lower rates than the state’s for homicides (1 for the county) and violent crimes (44 for the county). The juvenile crime rate for the county (1.242/1000), is higher than the state’s rate at 51.3/1000. The county rate has been decreasing since 2003. (Missouri State Highway Patrol, 2012)

EMERGENCY PLANNING

The county has been making strides in their emergency preparedness plans since 2008. Meetings with county stakeholders, such as commissioners, county sheriff, police, emergency services, schools, hospital staff, and the Health Department have discussed how to handle sheltering large numbers of people, organizing volunteers, communications, and medical services. Some sites including Moberly Area Community College, Moberly City Auditorium, and several churches are being considered for large shelters and were assessed for the size generator they would need and number of people it could shelter. Further discussions are needed on how to handle a large volunteer surge after an emergency and communications available without electricity, such as ham radios. A Show Me Response— Medical reserve Corp has been created and more health professionals are needed to register. The community should look into providing a “Ready in 3” training to business owners or the general public.
**Drugs**

In 2010, there were 129 drug arrests in Randolph County. The county also had 5 drug induced deaths, 100 drug related ER visits & hospitalizations, 5 drug involved car crashes and 8 methamphetamine laboratory seizures. From the Missouri Behavioral Health Epidemiology Workgroup for 2012, 3.6% of respondents admitted to using an illegal drug that was not marijuana, 4.7% used marijuana, and 24.2% binged on alcohol. These rates are not significantly higher than the state, but when compared to arrests, ER visits, hospitalizations, and drug induced deaths it seems that people may be under responding on the surveys. (Missouri State Highway Patrol, 2012)

**Abuse**

The elderly make up a large portion of the county’s population so elder abuse has the potential to reach many people in the county. There were 303 people per 100,000 in the county who reported elder abuse, which is above the state average of 277 per 100,000. Between 1999 and 2009 there have been 3 hospitalizations and 38 emergency room visits. Domestic abuse does not seem to be a problem when ER visits, hospitalizations, and deaths are examined, but child abuse is a problem. In 2010, there were 24 cases of probable child abuse/neglect to children under 18 years of age. Randolph County’s rate of 4.1 is just below the state rate of 4.2 for children. Survivors are at increased risk for smoking, alcoholism, drug abuse, depression, suicide, and other negative health outcomes. It should also be considered that many episodes of abuse may go unreported.
The major types of injuries in Randolph County are motor vehicle, falls, and unintentional injuries. In 2009, the rate for hospitalization for motor vehicle accidents was 15 per 10,000 people. The unintentional injury hospitalization rate for Missouri is 55.5, while Randolph county’s rate is 81.2. Fall hospitalization rates for Randolph County are also higher than the state with a county rate of 41.4 compared to a state rate of 28.3. (Missouri Department of Health and Senior Services, 2013)

Traffic Safety
In 2010, there were 20 alcohol related accidents, none of which were fatal. The number of alcohol related crashes have been decreasing. There is also a statistically significant amount of hospitalizations from motor vehicle traffic crashes in the county compared to the state rates between 1999-2009. Randolph County has a rate of 15.0 whereas Missouri has a rate of 11.04.
Although several maternal and child health indicators are lower than the state there is still a need to improve many infant related statistics, including birth weight and infant deaths. Randolph County has a lower percent of women beginning prenatal care during the first trimester compared to the state. Randolph county also has a higher rate of women with inadequate prenatal care when compared to that of the state.

### Infant Morbidity & Mortality Indicators

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
<th>State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm Births</td>
<td>11.4</td>
<td>12.99</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>6.9</td>
<td>8.07</td>
</tr>
<tr>
<td>Neonatal Deaths per 1,000</td>
<td>4.0</td>
<td>4.92</td>
</tr>
<tr>
<td>Perinatal Deaths per 1,000</td>
<td>8.0</td>
<td>10.73</td>
</tr>
<tr>
<td>Post Neonatal Deaths per 1,000</td>
<td>4.8</td>
<td>2.59</td>
</tr>
<tr>
<td>Infant Deaths per 1,000</td>
<td>8.9</td>
<td>7.51</td>
</tr>
<tr>
<td>SIDS per 1,000</td>
<td>0.3</td>
<td>.61</td>
</tr>
</tbody>
</table>

### Prenatal Care

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
<th>State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Began First Trimester</td>
<td>77.8</td>
<td>86.3</td>
</tr>
<tr>
<td>Late Care (2nd/3rd Trimester)</td>
<td>21.3</td>
<td>12.9</td>
</tr>
<tr>
<td>No Prenatal Care</td>
<td>1.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Inadequate Prenatal Care</td>
<td>15.3</td>
<td>11.5</td>
</tr>
<tr>
<td>Mother Smoked During Pregnancy</td>
<td>27.2</td>
<td>16.8</td>
</tr>
</tbody>
</table>
Randolph county has a high rate of birth to women without high school diplomas, which continues to increase. In 2011, 17.2% of mothers were without a high school diploma in Randolph County. Another factor contributing to prenatal risks is the fact that 27.2% of pregnant women reported smoking during pregnancy compared to the state rate of 16.8%. This rate is up from 2005. On the plus side, the county does rank lower than the state with relation to births to mothers over 40, repeat births under 20, and birth spacing. (Missouri Department of Health and Senior Services, 2013)
SPECIAL POPULATIONS

73.5% of all Randolph County births are on the WIC program. This is high when compared to a state rate of 43.8%. The rate of births to teens, ages 15-19, in Randolph County is 54.2, which is higher than the state rate of 36.9. Randolph County also has a high rate of unintended pregnancies with a rate of 48.6% compared to the state rate of 35.35%.

WIC Participation: Ages 12 to 59 months - Inclusive

CHILD IMMUNIZATIONS

Only 45% of two year olds served in Randolph County Health Department’s clinic were considered properly immunized. At this age they should receive four diphtheria-tetanus-pertussis (DTP), three oral polio virus (OPV) and one measles-mumps-rubella (MMR) vaccines. State licensed child care immunization records are being monitored and improved by the DHSS Child Care Health Consultation grant through the Randolph County Health Department. According to the Office of Social and Economic Data Analysis (OSEDA), Missouri is at 73% for kindergarten series compliance. The national rate is 76.1%. This is of concern as immunizations protect the public as well as the child who is immunized because 95% compliance is required to achieve “community immunity” for those who are too young to be immunized or cannot for health or religious reasons.
Infectious Diseases

There has been an increase in the tick related illnesses (i.e. Rocky Mountain Spotted Fever, Ehrlichiosis, and Tularemia).

Vaccine Preventable

There has been 1 documented pertussis case in the last 5 years. Cases have grown in bigger cities within the state.

Sexually Transmitted Infections (STI’s)

There is significantly higher rates for females with gonorrhea in the county (493.4) compared to the state (370.23). The other STI’s do not have a statistically significant rate in the county.

Intestinal Illnesses

There was not an unusual amount of intestinal diseases in 2009. Shigella had three more cases than expected, E. coli had the expected amount, and there were less than expected reported cases of Salmonella. (United States Department of Health and Human Services, 2009)
According to the 2012 (Missouri Behavioral Health Epidemiology Workgroup), 15% of respondents age 6-12 responded that they used cigarettes. This is higher than the state rate of 13.7%. The age of first tobacco use in Randolph County is 11.83 years old. A high percentage of the adult population (26%) smokes cigarettes when compared to the state rate of 24% and national benchmark of 14%. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health outcomes. (County Health Rankings and Roadmap, 2013)
Cancer, Chronic Obstructive Pulmonary Disease (COPD), Heart disease, Diabetes and Arthritis/Lupus are the chronic diseases in Randolph County that have higher rates than Missouri. All of these have been known to be linked to smoking cigarettes, obesity or sedentary lifestyle. The graph below and those that follow show a correlation of hospitalizations to the risk factors. The high amount of asthma in children may also be related to the high amounts of cigarette use in the county because the children are being exposed to secondhand smoke.
Hospitalizations: Heart Disease

Hospitalizations: Arthritis/Lupus
Measurements of Body Mass Index (BMI) classify those between 25-29.9 as overweight and a BMI of 30 or over as obese. 35% of adults in Randolph are classified as obese. While these numbers are not significantly higher than the state, over 60% of the population is overweight. This is of concern because “Obesity increases the risk for health conditions such as heart disease, diabetes, cancer, hypertension, respiratory problems, and arthritis” (County Health Rankings and Roadmap, 2012).

Nearly a third (32%) of the population lives a sedentary lifestyle which is higher than the state rate of 28%. Decreased physical activity is related to several chronic disease conditions and premature mortality, independent of obesity. In addition, physical inactivity at the county level is related to health care expenditures of circulatory system diseases. (County Health Rankings and Roadmap, 2013)
**Screenings**

Of women over the age of 40, 34.3% of this demographic have not had a mammogram or breast exam in the last year and 14.2% who have never had a mammogram. 9.0% of women over 18 in Randolph County have never had a pap smear. 91.8% of the population over the age of 50 has not had a blood stool sample taken in the past year. 38.0% of the population over 50 has not had a colonoscopy or a sigmoidoscopy in the past year and 42.9% had not had one in the past ten years. These rates show room for improvement.

**Leading Cause of Mortality**

**Premature Death**

The rate of premature deaths in Randolph County is 9,293 per 100,000 people which is higher than both the state rate 5,564 per 100,000 and the national rate of 8,043 per 100,000. This means the county has a higher rate of “Years of Potential Life Lost”.
**Leading Mortality Rates**

Diabetes rates for the county are higher than the state, with a rate of 41% compared to the state rate of 23.78%. The county also had a higher mortality rate than the state for all cancers with a rate of 216.6 compared to the state rate of 197.7. Besides these two mortality categories the others are comparable to the state rates. Diabetes and cancer were also leading causes of death from the previous assessment conducted in Randolph County. The rates for diabetes and cancer are consistent with the rates of inadequate physical activity and lack of proper nutrition. Lung cancer rates are also consistent with the large percentage of the population that smokes.

**Mortality Rates: Diabetes Mellitus**
According to the Community Health Status Indicators provided by the United States Department of Health and Human Services, the physician to patient ration in the county is 19.4 per 100,000. Moberly Regional Medical Center (MRMC) has 103 beds and over 40 doctors. The Randolph County Health Department also has a Missouri Care Clinic that charges on a sliding fee scale.

For emergency medical services, an ambulance district and the emergency room are located in the largest community on an easy-to-access junction of Hwy 24 and Hwy 63. The rural areas and smaller towns have trained first responders. All areas of the county can receive emergency care within 15 minutes. For access to tertiary care, there are 3 large hospital systems located 35 miles south (on Hwy 63) in Columbia, MO.

Tertiary services in the county include: Ambulatory Surgical Center, Moberly Radiology and Imaging, Medi-Quik Convenience Clinic, Dialysis Center. There are three nursing homes in the county: Loma Linda Healthcare Inc., Moberly Nursing, and Rehab North Village Park Care Center.

There are 27.7 dentists in Randolph County for every 100,000 people but those who take patients without insurance are limited. There is a dental hygienist who does teeth cleaning for children without insurance in the health department. (United States Department of Health and Human Services, 2009)
Uninsured

The average monthly percentage of children under age 18 who have applied for and have been certified eligible for participation in MO HealthNet for Kids (Missouri’s health insurance program for children in low-income families, either through managed care or through traditional fee-for-service providers) is 49.3%. 19% of Randolph County’s population is uninsured compared to the state’s rate of 15%. Also, there are 3,687 uninsured individuals under the age of 65 living in Randolph County. (United States Department of Health and Human Services, 2009)

Mental Health Services

While there are locations that offer mental health services, individuals living in the county lack the ability to pay for services and the social support they need. 20% of people surveyed responded that they “never, rarely, or sometimes” get the support they need.

The following mental health services are currently available: Burrell Behavioral Health-Crisis Intervention, Safe passage Domestic Violence Crisis Intervention center, the Division of Family Services (DFS) and the Department of Health & Senior Services, Lighthouse Counseling Center, Moberly Community Counseling Center, Preferred Family Healthcare Inc., Randolph County Health Department, Stubbins Memorial Family & Youth Center, and private practitioners.

“Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices” (County Health Rankings and Roadmap, 2013)
In 2013, the health ranking for Randolph County improved to 76 out of 114 counties and the city of St. Louis, which indicates an increase in overall health of the county.

Randolph Counties Priorities of The Future Ranked in 2014 Are:

- Maternal/Child health
- Chronic Disease
- Mental Health Access

Randolph County ranks poorly in regards to other comparative county, state & national health issues. The county ranks poorly in health behaviors including infant birth rate, smoking, obesity, and physical inactivity. Many individuals reported themselves as having poor or fair health, and a high number of poor physical and mental health days. We have a higher than average rate of uninsured, children in poverty, inadequate social support, and children in single-parent homes. The county has a lack of dentists and mental health care providers.
Randolph County is home to a large number of individuals with incomes below 200% of poverty — 46.67% of the total county population\(^1\); nearly 18% of the population age 25 and older does not have a high school diploma\(^2\), contributing to health literacy issues; 23.82% of the population receives Medicaid compared to 14.71% for Missouri as a whole\(^3\); 26.66% of the children in Randolph County are living in poverty (more than one in four), compared to Missouri at 19.31% \(^4\); and teen birth rates are 58.10 per 1,000 births compared to Missouri at 43.90.\(^5\) These community characteristics directly affect access to primary health care, health care utilization and health status.

To further compound the problem, in Randolph County there are several health behaviors that impact health status and chronic disease. For example, 80.3% of adults aged 18 and older self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.\(^6\) More than 25% of adults aged 18 and older self-report currently smoking cigarettes some days or every day. Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.\(^7\) While 28.4% of adults aged 18 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". Current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.\(^8\)

\(^1\) U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
\(^2\) U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
\(^3\) U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates.
\(^4\) U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
\(^7\) Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010.
\(^8\) Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010.
Mission Statement

To provide quality service to protect, maintain and enhance community well-being by promoting conditions in which people can achieve their maximum level of health

Department Vision

“Healthy people in a healthy community united for a better and brighter tomorrow”

Philosophy

The Randolph County Health Department functions with the overall philosophy of maximizing wellness and healthy lifestyles in the community. It needs to be thought of as the team for public health in the community to prevent illness and the spread of disease and to serve the county as a whole to the best of its ability. The team consists of nursing, social work, environmental, health education, therapies, physicians, laboratory support, clerical support, and all disciplines that contribute to health care. It is this team approach that is extremely valuable in the interfacing with other community agencies so that the three public health core functions of assessment, assurance, and policy development, are used to their fullest. That this team is able to assess the needs of the community, assure that services are available to the population, and advocate for policy development to enrich the health of the community. The team concept is of utmost importance to the welfare of the community and is the only way to effectively serve the community as a whole. As long as the Randolph County Health Department acts in good faith to prevent illness and promote wellness for the public good it will have served its purpose and fulfilled the wishes of all the citizens of Randolph County to do the best job for the most people. Most of us need medical care sometime in our lives, but we need public health all of the time. Let the health department and its purpose survive and prosper.
Administrator of Randolph County Health Department

Ross McKinstry

Board of Trustees

Chairperson

Linda Cupp

Vice Chairperson

Miller Owings

Secretary Treasurer

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WOMEN INFANTS CHILDREN (W.I.C.)
LEONA GREER

HOME HEALTH
SANDY WALKER

HOME MANAGEMENT
DIANA TAYLOR

ENVIRONMENTAL
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ACCOUNTING
SHARON WHISENAND

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JIM WHELAN
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