

Cabarrus County

2014 State of the County Health Report

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- Obesity
- Diabetes
- Child Maltreatment
- Substance Abuse

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Community assessment of health and human services is an ongoing process that engages multiple agencies, providers, and individuals in identifying community assets and strengths as well as unmet needs. A formal assessment process is undertaken every four years. Leadership for this collaborative process is provided by Cabarrus Health Alliance and Healthy Cabarrus.

Community issues and unmet needs as identified by the most recent community assessment in 2012:

- Wellness and Obesity
- Under/Unemployment
- Access to Healthcare
- Mental Health
- Education
- Housing

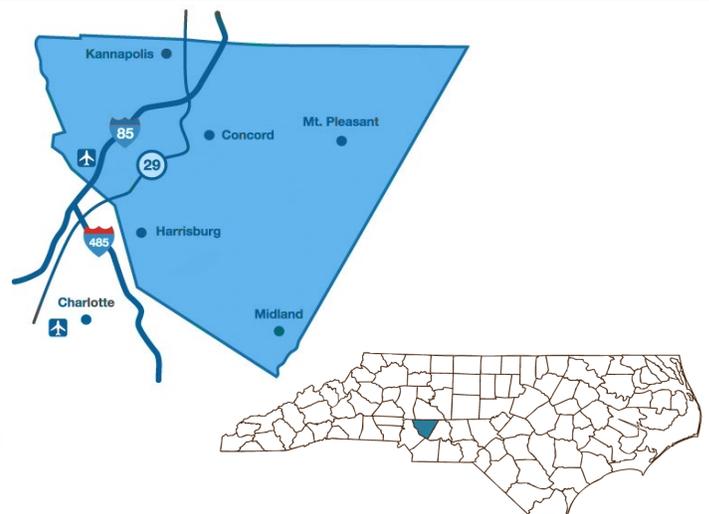
For the complete community assessment report and supporting documentation visit www.HealthyCabarrus.org.

If you would like to get involved in community efforts related to these issues, call 704-920-1216.

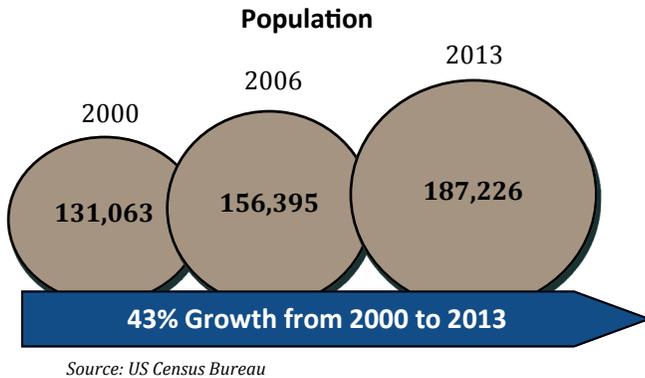
Cabarrus County, North Carolina

Located in south central North Carolina, Cabarrus County spans an area of 364.39 square miles and is bordered by Stanly, Union, Mecklenburg, Iredell and Rowan counties. Cabarrus is largely urban, but includes a significant number of rural pockets across the county. Cities and towns in Cabarrus include Concord, Harrisburg, Kannapolis, Mount Pleasant, and Midland.

Self-branded as the Center of American Motorsports, Cabarrus County is well known for its NASCAR industry which includes the Charlotte Motor Speedway and several major race shops. Cabarrus is also home to Concord Mills Mall, the largest tourist attraction in North Carolina.



Cabarrus County Demographics



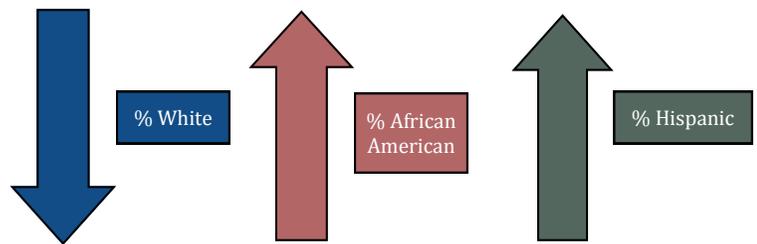
Source: US Census Bureau

Between 2000 and 2013, Cabarrus County's population increased by 43%. In comparison, North Carolina's population increased by only 22% during that time. Between 2000 and 2010, the fastest growing segment of the local population was the Hispanic/Latino community. Since 2010, the Hispanic population has remained steady at approximately 10%.

Racial and Ethnic Diversity

| | 2006 | 2010 | 2013 |
|--------------------------------------|------|------|------|
| Race | | | |
| White persons | 81% | 79% | 76% |
| African American persons | 15% | 15% | 16% |
| Asian persons | 2% | 2% | 3% |
| Some other race | 2% | 2% | 3% |
| Persons reporting two or more races | 1% | 1% | 2% |
| Ethnicity | | | |
| Persons of Hispanic or Latino origin | 8% | 10% | 10% |

Source: US Census Bureau



Social Determinants of Health

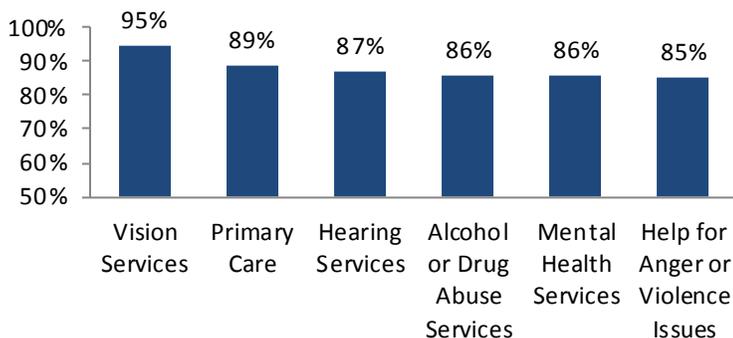
Social conditions in which people are born, live and work, are the single most important determinant of one's health status.

| | Total Population | White, Not Hispanic | African American | Hispanic |
|--------------------------------|------------------|---------------------|------------------|----------|
| Poverty | 11.9% | 10.3% | 18.1% | 32.3% |
| Median Household Income | \$54,341 | \$55,658 | \$52,777 | \$31,250 |
| Unemployment | 9.1% | 6.6% | 18.2% | 12% |
| Uninsured | 13.2% | 10% | 17.8% | 29.9% |

Source: US Census Bureau

Access to Healthcare

Consumer Survey: Difficulty Accessing Services*



In 2013:

- 6.6% of children were uninsured⁺
- 18.6% of adults were uninsured⁺
- 75.3% of key informants indicated that lack of or inadequate health insurance was a significant or very significant community issue*

* Source: 2012 Cabarrus County Community Needs Assessment
⁺ Source: US Census Bureau

Major Morbidity and Mortality

Maternal, Infant and Child Health

| Health Indicator | Year of Report | Cabarrus County | North Carolina |
|--|----------------|-----------------|----------------|
| Infant Mortality (< 1 yr.) (Rate per 1,000 Live Births) | 09-13 | 4.8 | 7.3 |
| Low Birth Weight (<=2500g) (% of All Live Births) | 09-13 | 8.7 | 9% |
| Premature Births (<37 weeks) (% of All Live Births) | 07-11 | 12.6% | 12.8% |
| Teen Pregnancy Rate (<20 yrs.) (per 1,000 females 15-19) Live Births + In- | 2013 | 28.6 | 35.2 |
| Teen Birth Rate (<20 yrs.) (per 1,000 females 15-19) live Births | 2013 | 22.1 | 28.4 |

Source: N.C. State Center for Health Statistics

Although the total infant mortality rate in Cabarrus is lower than North Carolina, significant disparities still exist between white and minority populations.

2009-2013 Infant (<1 Year) Death Rates per 1,000 Live Births

| | Total Infant Death Rate | White | African American | Disparity Ratio |
|------------------------|-------------------------|-------|------------------|-----------------|
| Cabarrus County | 4.8 | 4.1 | 9.6 | 2.34 |
| North Carolina | 7.3 | 5.4 | 13.6 | 2.52 |

Source: N.C. State Center for Health Statistics

Communicable Diseases (Includes Sexually Transmitted Diseases)

| Health Indicator (rate per 100,000) | Year of Report | Cabarrus County | Comparison to 2011 | North Carolina |
|-------------------------------------|----------------|-----------------|--------------------|----------------|
| Chlamydia | 2013 | 361.0 | Decrease | 496.5 |
| Gonorrhea | 2013 | 78.6 | Decrease | 140.1 |
| Primary/Secondary Syphilis | 2013 | 1.1 | No Change | 4.3 |
| HIV Disease | 2013 | 11.9 | Increase | 15.6 |
| AIDS | 2013 | 6.0 | Increase | 9.2 |
| HIV-Related Deaths | 2008-2012 | 1.9 | Decrease | 3.1 |
| Tuberculosis | 2013 | 0 | Decrease | 2.2 |

Source: 2013 HIV/STD Surveillance Report Communicable Disease Branch

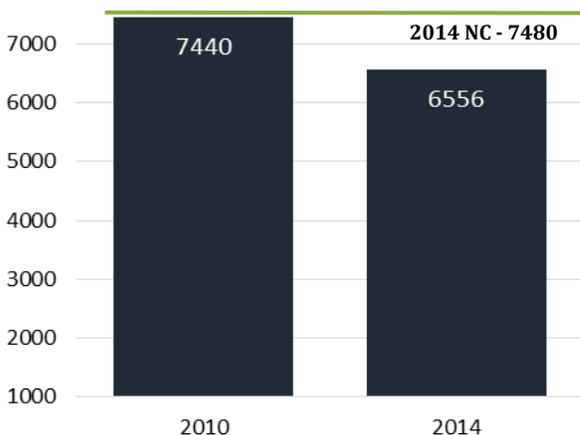
2013 Number of Cases of Communicable Diseases

| Health Indicator | Cabarrus | North Carolina |
|------------------|----------|----------------|
| E. Coli | 1 | 101 |
| Pertussis | 1 | 622 |
| Salmonella | 36 | 1926 |

Source: Cabarrus Health Alliance Communicable Disease

Premature Death

Years of Potential Life Lost Before Age 75 in Cabarrus County Per 100,000 population



Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. Therefore, the higher the number, the younger people are dying.

Source: 2014 County Health Rankings

Mortality

2008-2012 Leading Causes of Death in Cabarrus County: Age Adjusted Death Rates per 100,000 Population

| Cause of Death | Cabarrus | Comparison to 2006-2010 | NC |
|---|----------|-------------------------|-------|
| Cancer (All Sites) | 174.7 | Decrease | 175.9 |
| Heart Disease | 172.5 | Decrease | 174.4 |
| Chronic Lower Respiratory Diseases | 56.9 | Increase | 46.6 |
| Cancer of Trachea, Bronchus, and Lung | 53 | Decrease | 52.8 |
| Cerebrovascular Disease | 49.2 | Increase | 45.1 |
| Alzheimer's Disease | 37.7 | Decrease | 29.3 |
| Unintentional Injuries (Excluding Motor Vehicle Injuries) | 36.8 | Decrease | 29.4 |
| Cancer of Breast | 23.3 | Decrease | 22.2 |
| Pneumonia and Influenza | 21.6 | Decrease | 18 |
| Diabetes Mellitus | 19.7 | Increase | 21.8 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 19 | Decrease | 18 |
| Cancer of Prostate | 17.1 | Decrease | 23.4 |
| Cancer of Colon, Rectum, and Anus | 15.4 | Decrease | 14.9 |
| Suicide | 13.9 | Increase | 12.2 |

Source: NC State Center for Health Statistics, County Data Book

The rates of mortality for most leading causes of death have decreased since 2006-2010. Two causes of death to note are chronic lower respiratory diseases and cerebrovascular disease given that these rates have not only increased but are significantly higher than the state average. Chronic lower respiratory diseases include Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis, and smoking-related disorders. Several risk factors for leading causes of death, including heart disease and cerebrovascular disease, are modifiable, such as smoking, obesity, and diabetes.

Priority Health Concerns

Cabarrus County conducted an extensive Community Needs Assessment in 2012 to determine community priorities for 2012-2016. Data was collected from a consumer household survey of 1,624 individuals, 97 key informant surveys, the 2012 Cabarrus County Environmental Health Assessment, and other existing sources. The Planning Council was comprised of representatives from social services, general community, healthcare, and education.

Cabarrus County community priorities selected by Healthy Cabarrus for action planning

Mental Health

- Child Maltreatment
- Substance Abuse

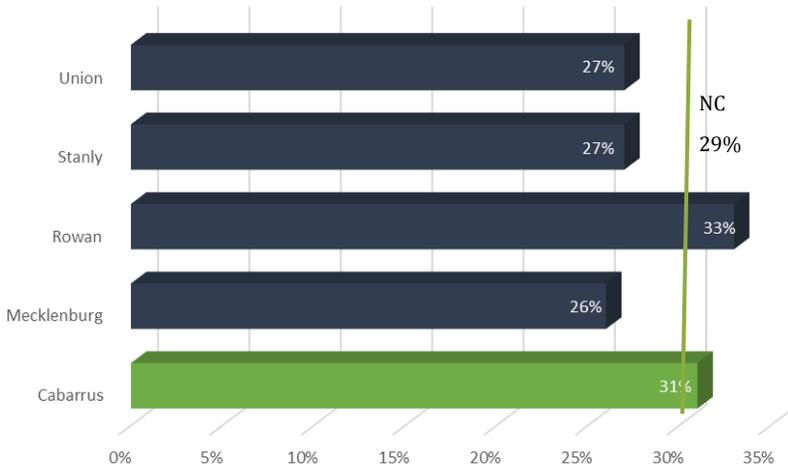
Wellness

- Obesity
- Diabetes

Obesity and Diabetes

Adult Obesity

Percent of Adults That Report a BMI >+ 30



Source: 2014 County Health Rankings

Cabarrus County has seen an increase in adult obesity in recent years. In 2010, 29% of adults in Cabarrus had a BMI >= to 30, compared to 31% in 2014. According to the Robert Wood Johnson Foundation County Health Rankings, 70% of individuals in the county live reasonably close to a location for physical activity. This is higher than the state average of 65%. However, 24% of adults age 20 and over report no leisure-time physical activity.

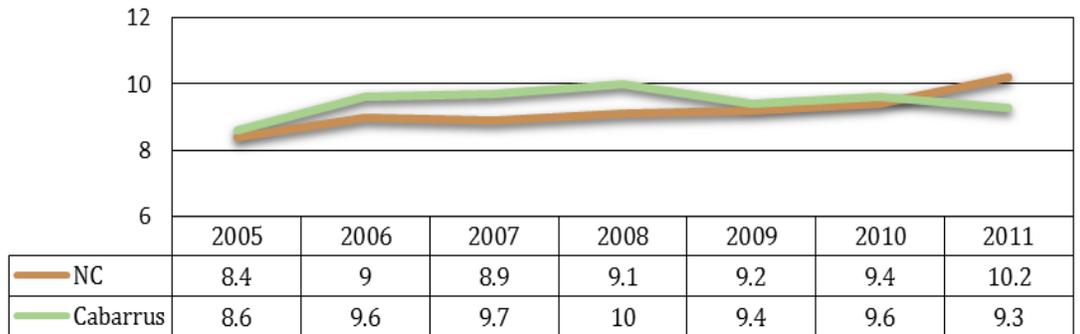
| Health Indicator | Year | Cabarrus | North Carolina |
|---|------|----------|----------------|
| No Physical Activity (% of Adults 18 years and older) | 2011 | 24.1% | 26.7% |
| Fruit & Vegetables (NOT consuming 5 or more servings/day) | 2011 | 84.2% | 86.3% |

Source: Behavioral Risk Factor Surveillance System

Diabetes

In 2011, Cabarrus County's rate of diabetes dropped below the state average for the first time since the CDC began tracking county-level data. The rate of diabetes among men is higher than that of women at both the state and county level.

2005-2011 Percentage of Age-Adjusted Diagnosed Diabetes



Source: Centers for Disease Control

Child Maltreatment

Investigated Reports of Abuse and Neglect in Cabarrus County (2012-2013)

| Total Number | White | African American | Hispanic | Abuse and/or Neglect | Services Needed | Services Recommended | Unsubstantiated |
|--------------|-------|------------------|----------|----------------------|-----------------|----------------------|-----------------|
| 1,142 | 728 | 322 | 169 | 140 | 88 | 107 | 425 |

Source: UNC at Chapel Hill Jordan Institute for Families

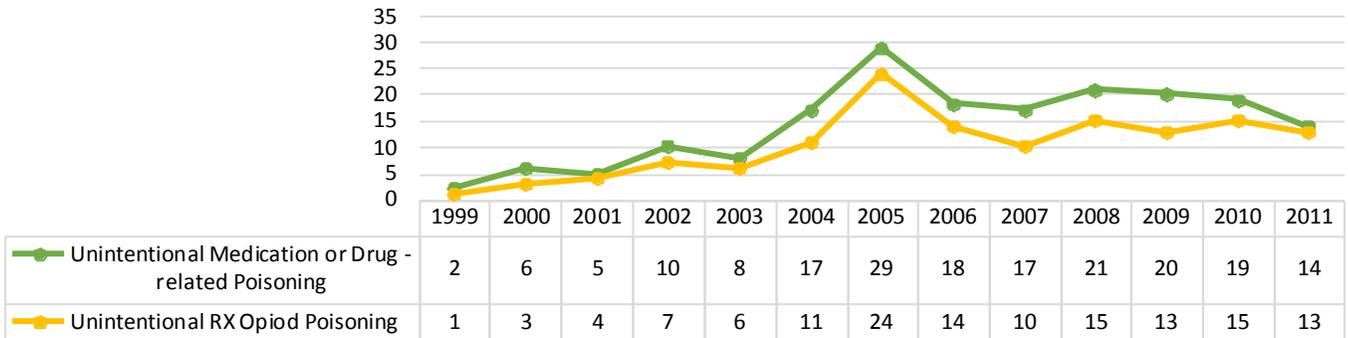
Children in Foster Care 2013 (Rate per 1,000)

| | |
|----------------|-----|
| Cabarrus | 2.3 |
| North Carolina | 6.0 |

Mental Health, Illicit Drug Use, and Substance Abuse

Unintentional medication and drug poisoning deaths in Cabarrus County have increased dramatically in recent years. While mortality has declined since it peaked in 2005, the number of deaths in 2011 was still three times higher than it was in 1999-2001. The majority of these deaths are related to prescription opioids.

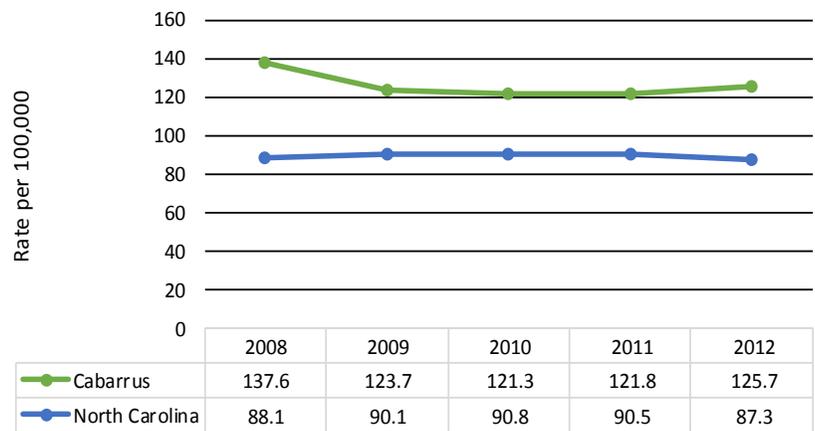
Number of Deaths Due to Unintentional Medication/Drug Poisoning in Cabarrus



Source: Community Care of Southern Piedmont

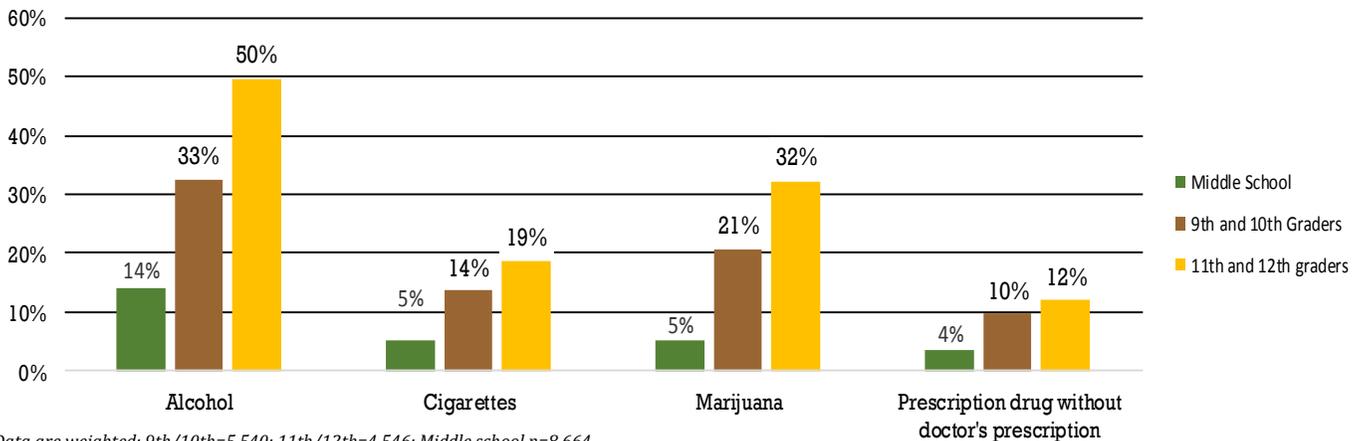
Compared to North Carolina overall, Cabarrus County has significantly higher rates of unintentional medication and drug poisoning Emergency Department visits. The most frequently used substances among adolescents are alcohol and marijuana. Rates of lifetime use for all substances increase dramatically between middle school and high school.

Unintentional Medication/Drug Poisoning ED Visits



Source: Community Care of Southern Piedmont

Lifetime Use of Substances Among Middle School and High School Students



*Data are weighted: 9th/10th=5,540; 11th/12th=4,546; Middle school n=8,664.
Source: 2014 Cabarrus Youth Substance Use Survey

Community Progress on Health Priorities

Obesity and Wellness

Obesity

- Led two series of a nine-week Couch to 5k exercise program. 78 community members completed a 5k following the program.
- Hosted ongoing cooking classes and nutrition demos both at Cabarrus Health Alliance and throughout the county. Bi-monthly classes provide nutrition education, alternatives to making common dishes, and introductions to less commonly used fruits, vegetables, herbs, and spices, in a fun interactive environment. 254 participants have attended a cooking class and 80 have attended cooking demos.
- Carolinas Medical Center NorthEast and researchers at UNC Charlotte developed a Cabarrus County Childhood Obesity Action Plan. The team evaluated previous county efforts, held focus groups, and surveyed over 750 parents to identify priority strategies to prevent childhood obesity.
- Trained 10 primary care providers in the Exercise is Medicine prescription program. Providers write prescriptions for patients not meeting recommended physical activity guidelines. Currently, 99 patients are enrolled and 28% have increased their physical activity prescription.

Diabetes

- Screened 739 type 2 diabetes patients in collaboration with healthcare providers to determine eligibility for intensive clinical support services.
- Provided clinical support to 99 type 2 diabetes patients that included one-on-one nutrition counseling, individualized case management, physical activity programs, and unlimited visits with a diabetes care team. Among these 99 patients, observed outcomes include: weight loss, improved nutritional intake, reduction in Hemoglobin A1c, increased physical activity, and increased motivation and patient engagement in their care.
- Widely disseminated a Cabarrus County Diabetes Resource Guide to providers, social service agencies, and community residents to help them identify low-cost services and programs.

- Provided support and education to 28 type 3 diabetes patients through monthly telephonic health coaching modules. Modules addressed diabetes education, medication adherence, smoking cessation, nutrition, and mental health.
- Provided 14 English and Spanish-language evidence-based workshops addressing chronic disease and diabetes self-management. Workshops have been attended by 174 residents.

Mental Health

Child Maltreatment

- Offered 7 trainings in Triple P, an evidence-based program to reduce child abuse, out of home placements, and ER visits due to child maltreatment. Each course targets a specific age group, setting, and intervention intensity.
- Accredited 88 providers representing 25 community agencies in Triple P. Some providers were accredited in multiple courses, allowing them to meet the needs of the full-range of families they serve.
- Triple P providers have reached over 1,000 caregivers and over 1,200 children in Cabarrus County since program delivery began in March 2013.
- Collected outcomes and impact data from 215 participating caregivers.

Substance Abuse

- Conducted a survey on behavior and attitudes towards substance use among the county's youth. Approximately 5% of all middle and high school students participated.
- Held a community forum to increase awareness of prescription drug misuse and the Project Lazarus model that was attended by nearly 90 diverse stakeholders.
- Received a 2-year grant from the North Carolina Coalition Initiative to build capacity, identify appropriate interventions, and implement select environmental and policy approaches to substance use prevention.
- The Teen Task Force conducted a weeklong series of events promoting awareness and education on safe driving and substance use prevention. Activities included presentations, displays, and public service announcements.

Emerging Issues and New Initiatives

Minority Health & Food Deserts

Cabarrus Health Alliance received a 3-year, \$2.5 million grant from the Centers for Disease Control and Prevention. The Racial and Ethnic Approaches to Community Health grant will strive to address health disparities among African American and Hispanic populations. The project has the following goals:

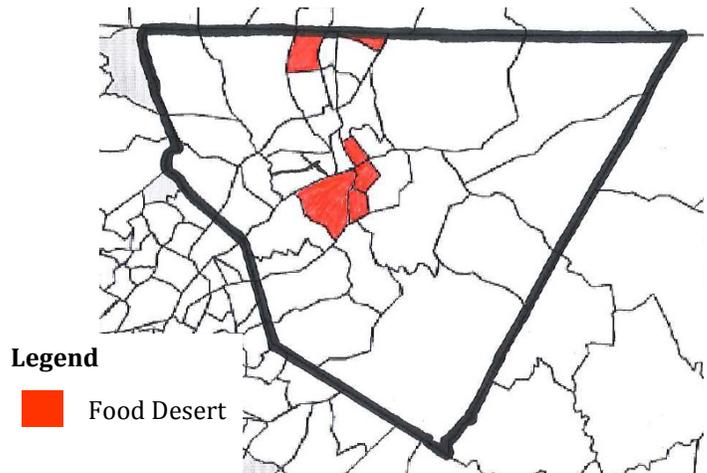
- **Increase access to physical activity opportunities:** REACH will collaborate with cities to revise city ordinances to prioritize health concerns, implement Active Routes to Schools initiatives, and work with schools and community agencies to establish joint use agreements.

- **Increase access to healthy food and beverages:** REACH will increase healthy food and beverage options in corner stores, dollar stores and tiendas in food deserts and other low-income neighborhoods. Staff will also work with community agencies to establish organizational healthy food policies.
- **Improve community and clinical linkages:** REACH will identify barriers to coordinated care and improve referral systems through strategies such as training health care providers to write exercise prescriptions and developing a sustainable resource database.

A food desert is a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.

There are **80 counties** in North Carolina with food deserts, **but only 18** (including Cabarrus) have **6 or more** within the county lines.

Source: USDA Food Access Research Atlas



Teen Violence

Cabarrus Health Alliance received a 3-year, \$1 million grant from the US Office of Minority Health to impact county-wide social norms towards positive decision-making that will improve educational outcomes and reduce school violence among minority male youth. The collaborative effort will bring together law enforcement, public health, education, and other community partners. The three core components of the project are:

- **Systems-Based Training:** School Resource Officers, Guidance Counselors, athletic coaches, and other school personnel will receive training in an evidence-based Student Assistance Program, empowering them to

provide prevention education and small group counseling.

- **Positive Youth Development:** After-school programming at targeted schools will combine physical activity and an educational curriculum focused on positive decision-making and healthy masculinity. Volunteers from local law enforcement agencies and fire departments will serve as youth mentors.
- **Case Management:** Case management will help bridge youth with resources offered through the school system and other community and social services.