

# Cabarrus County 2007 Health Status Report

## Progress toward the North Carolina 2010 Health Objectives and the Healthy Cabarrus Community Action Plan Objectives

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### Community Issues and Unmet Needs

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, Healthy Cabarrus, and United Way.

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

- **Dental health and access to dental care**
- **Disparities in health status and in access to health care**
- **Employment and Unemployment**
- **Lack of mental health services/growing mental health problems**
- **Transportation**

For the complete community assessment report and supporting documentation go to [www.healthycabarrus.org](http://www.healthycabarrus.org) or call Healthy Cabarrus at 704-920-1216.

### The North Carolina 2010 Health Objectives

The Governor's Task Force for Healthy Carolinians established the North Carolina 2010 Health Objectives. Local progress toward meeting selected NC 2010 Health Objectives is found on pages 2 and 3 of this report. A positive change is indicated by a + sign, while a negative change is indicated by a – sign. In addition, community collaborations and accomplishments toward addressing community health needs are described on page 4.

**Healthy Cabarrus, a Certified Healthy Carolinians Partnership**, was awarded the **William G. Anlyan Distinguished Partnership Award** for having demonstrated outstanding community participation and achievements.

**Healthy Cabarrus** is a community health initiative with the mission of uniting and mobilizing community partners to address health needs. More than thirty community partners comprise the advisory board and over seventy-five participate in the collaborative work of the partnership. Administrative and operational support for Healthy Cabarrus is provided by Cabarrus Health Alliance, CMC—NorthEast, the Kate B. Reynolds Charitable Trust, the NC Legislature, and other grant funds.

[www.healthycabarrus.org](http://www.healthycabarrus.org)

704-920-1216

[www.cabarrushealth.org](http://www.cabarrushealth.org)

## Access to Healthcare

Physicians and Dentists Cabarrus has three times more Primary Care Physicians than Dentists per 10,000 residents.	Primary Care Physicians per 10,000 residents <sup>1</sup>	1999	2005	Dentists per 10,000 residents <sup>1</sup>	1999	2005
	Cabarrus County	9.4	10.3	Cabarrus County	2.7	3.0
	North Carolina	8.3	8.8	North Carolina	4.0	4.4

Percent of Adults without Health Insurance <sup>2</sup>	2000	2003	2005	Change: + or -	NC 2010 Target
Cabarrus County	15.8	20.6	17.1*	+	0%
North Carolina	19.3	22.4	19.5	+	

**Health Insurance**  
Cabarrus continues to experience a significant number of uninsured residents. Growth in the uninsured in NC is greater than the US average.

\* Note: The NC Behavioral Risk Factor Surveillance System reports an increase in Cabarrus uninsured adults: 2004—17.6%; 2005—18.7%; 2006—21.6%.

School Nurses Cabarrus has had a school nurse in EVERY public school since 2000. The ratio of nurses to students has decreased slightly due to rapid growth in our school population, but remains close to the NC 2010 target.	School Nurses Nurse to student ratio <sup>3</sup>	1999-2000	2004-2005	2005-2006	Change: + or -	NC 2010 Target
	Cabarrus County	1:765	1:822	1:815	+	1:750
	North Carolina	1:2198	1:1593	1:1571	+	

## Health Risks and Behaviors

Tobacco Use	Percent of Adult Smokers	2000	2004	2006	Change + or -	NC 2010 Target
	Cabarrus County <sup>7</sup>	19.3%	22.3%	18.3%	+	12.5%
	North Carolina <sup>8</sup>	26.1%	22.5%	22.1%	+	

### Behavioral Risk Factors

Smoking among Cabarrus adults decreased between 2004 and 2006.

Nutrition, weight, and tobacco use continue to be major contributors to our risks for developing heart disease, stroke, diabetes, and cancer.

The percent of overweight children and obese adults in Cabarrus is increasing.

Overweight Children and Adults	Percent of Overweight Children <sup>4</sup> (Public Health WIC and Child Health Clinics)	2002	2006	Change + or -	NC 2010 Target	
	Ages 2-4	Cabarrus County	12.6%	15.6%	-	10%
		North Carolina	13.5%	15.2%	-	
Ages 5-11	Cabarrus County	15.6%	25.4%	-	10%	
	North Carolina	21.1%	25.2%	-		
Ages 12-18	Cabarrus County	19.2%	22.7%	-	10%	
	North Carolina	26.3%	29.5%	-		
Percent Obese/Overweight Adults		2000	2006			
Obese Adults 18+ (BMI>30)	Cabarrus County <sup>5</sup>	20.7%	28.1%	-	15%	
	North Carolina <sup>6</sup>	21.8%	26.6%	-		
Overweight Adults 18+ (BMI 25-29)	Cabarrus County <sup>5</sup>	37.0%	35.3%	+		
	North Carolina <sup>6</sup>	37.4%	36.2%	+		

### Progress toward NC 2010 Targets

+ indicates a positive change  
- indicates a negative change

## Leading Causes of Death

Heart Disease, Cancer, Stroke		Death Rates per 100,000 <sup>9</sup>	1994-1998	2001-2005	Change + or -	NC 2010 Target
Heart Disease	Cabarrus County	287.1	233.2	+	220.0	
	North Carolina	282.0	226.8	+		
Cancer	Cabarrus County	202.6	201.9	+	166.2	
	North Carolina	210.1	197.7	+		
Stroke	Cabarrus County	59.2	61.3	-	61.0	
	North Carolina	78.0	64.7	+		

For the population as a whole, rates of death from heart disease have declined. Cancer has declined only slightly, and the rate of death from stroke shows a slight increase comparing these 5 year periods. However, as seen below, the minority population continues to experience a disproportionate burden of death from these diseases.

## Health Disparities Related to the Major Causes of Death

2001-2005 Race and Sex Specific Death Rates per 100,000 <sup>9</sup>		Total	White Males	Minority Males	White Females	Minority Females
Heart Disease	Cabarrus County	233.2	271.2	420.3	190.1	206.9
	North Carolina	226.8	276.5	323.7	174.4	215.0
Cancer	Cabarrus County	201.9	259.2	319.7	154.5	205.9
	North Carolina	197.7	241.9	315.6	157.5	170.1
Stroke	Cabarrus County	61.3	57.3	93.6	60.9	63.2
	North Carolina	64.7	60.2	92.0	58.6	79.8

### Disparities Among Minorities

For each of the 3 leading causes of death, minority men and women experience greater death rates than white men and women. **Minority men in Cabarrus have significantly higher rates of death from heart disease, cancer, and stroke than white men.**

## Infant Mortality

Minorities experience significantly higher rates of infant mortality than whites.

Infant Mortality Rate per 1,000 Live Births <sup>10</sup>	1996-2000	2001-2005	Change + or -	NC 2010 Target
Cabarrus County	6.4	7.4	-	7.4
North Carolina	9.1	8.5	+	

### Infant Mortality Rates, per 1,000 live births

	1996-2000		2001-2005	
	White	Minority	White	Minority
Cabarrus	6.0	8.6	5.6	17.1
NC	6.7	14.3	6.1	14.7

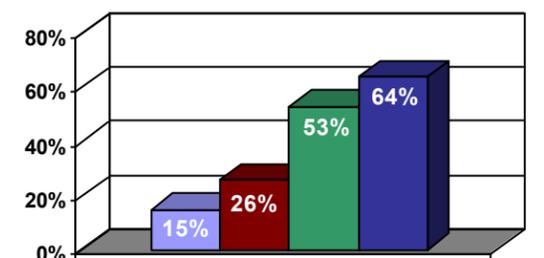
## Uninsured and Low-Income Populations Continue to Grow

### Uninsured and Low-income

Between 2000 and 2005, growth in the number of uninsured and in the number of residents who receive Medicaid benefits has outpaced the growth in the overall population.

Disparities in health status and in access to health care continue to challenge these groups.

Cabarrus County General Population Growth Compared with Growth in the Uninsured and Medicaid Populations 2000-2005 <sup>11</sup>



### Progress toward NC 2010 Targets

+ indicates a positive change  
- indicates a negative change

15% General Population Growth  
26% Growth in Uninsured Adults  
53% Growth in Medicaid Population  
64% Growth in Uninsured Children

## Community Collaborations and Accomplishments

### Health Disparities and Access to Healthcare

#### Access to Healthcare and Prescription Medications

##### Objective:

By 2010, establish and maintain a broad safety-net system for providing primary healthcare for low-income/uninsured residents.

##### Progress:

- Safety-net Providers:
  - Cabarrus Community Health Centers
  - Cabarrus Health Alliance
  - CMC—NorthEast
  - Private medical providers
  - Southern Piedmont Community Care Plan
  - The Community Free Clinic
- Collaboratively developed a Cabarrus Healthcare Continuum to identify strengths/weaknesses and gaps in health services.
- Created an Access to Healthcare Task Force
- Developed a flow chart/matrix of local and regional resources for accessing prescription drugs.
- Assisted over 400 children in getting health insurance through donations to the NC Health Choice Insurance Fund. Totaled donations of over \$19,000.
- Senior Center and community partners developed a Medicare Part D information and assistance program for seniors.
- Established 3 Medication Assistance Programs funded by HWTF grant awards for 2006-2007.
- Provide Child Care Health Consultants for all regulated child care programs.

#### Prostate Cancer

##### Objective:

By 2010, reduce the prostate cancer mortality rate in African American men in Cabarrus County by 10%.

##### Progress:

- Developed a prostate cancer screening program at Cabarrus Health Alliance for uninsured men, through \$57,000 in grant funding.
- Men For Living (MFL) actively advocates for prostate cancer screening and educates African American men.
- MFL recruit men to participate in the free prostate cancer screening @ CMC-NorthEast and market the event in the community.
- Hosted an international prostate cancer training workshop for volunteers, parish nurses, and Batte Cancer Center staff.

#### Mental Health

##### Objective:

By 2010, increase knowledge and awareness of the mental health services that are available in our community.

##### Progress:

- Local ACCESS number established, 1-800-939-5911
- The local Community Advisory Committee meets monthly to identify and discuss service delivery and accessibility issues.
- Mobile Crisis Services and Crisis Recovery Center established by PBH
- A two-year pilot project began in 2005 to enhance the diagnosis and treatment of depression for patients in primary care offices.

#### Mental Health (cont.)

- A study of Mental Health Needs of Latinos was conducted and the results distributed.
- The survey of the local Mental Health Services Delivery system was completed and the 2006 Mental Health Forum was held to share and discuss the results.

#### Access to Dental Care

##### Objective:

By 2010, increase the percentage of Medicaid eligible adults who use their Medicaid for dental services to 30%.

##### Progress:

Percent of adults and children using Medicaid for dental care:

	FY02	FY03	FY04	FY05	FY06
Adults	18%	20%	21%	22%	22%
Children	19%	25%	28%	30%	32%

##### Objective:

By 2010, reduce the percentage of high risk preschool children who have tooth decay to an average of 30%.

##### Progress:

Ave. % of high risk children with decay: 

2002	2005
45%	26%

##### Objective:

By 2010, increase the percentage of 5th graders whose permanent teeth are free of decay to 87%.

##### Progress:

- Percent of 5th graders with no decayed, missing, or filled permanent teeth. 

00-01	05-06
82%	80%

#### Teen Issues—Teen Tobacco Use

##### Objective:

By 2010, Increase the percentage of Cabarrus County middle school youth who have never smoked to 85%; and increase the percentage of high school youth who have never smoked to 55%.

##### Progress:

- HWTF awarded Cabarrus Health Alliance a three-year grant to implement the Teen Tobacco Use Prevention Program.
- Mt. Pleasant Middle and Concord Middle were chosen as pilot schools, health teachers were trained, and the TNT curriculum implemented. The remaining Middle Schools will implement the curriculum in 07-08.
- High School peer educators and Teen Task Force members received Tobacco 101 and policy advocacy training.
- Baseline data was collected on teen tobacco and drug use and school system readiness to become 100% tobacco free.
- Teen Task Force carried out “Be EMPOWERED!” campaign encouraging students in seven area high schools to be empowered to make the right choices in life.
- Over 120 local restaurants are 100% smoke-free and are included in the Cabarrus Smoke-Free Dining Guide.

## Data Sources

- North Carolina Health Professional Data System, Cecil G. Sheps Center for Health Services Research, [www.shepscenter.unc.edu/hp/](http://www.shepscenter.unc.edu/hp/)
- Cecil G. Sheps Center for Health Services Research, UNC-CH, [www.shepscenter.unc.edu/publications.html](http://www.shepscenter.unc.edu/publications.html)
- Cabarrus data from Cabarrus Health Alliance School Nurse Program, NC data from NC School Nurse Association website, 2005-2006 School Nurse Report and the Healthy Carolinians 2005 Mid-Course Review
- NC Nutrition and Physical Activity Surveillance System (NCNPASS), 2002 and 2006. (Data on children seen in NC Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers)
- Cabarrus adult obesity and overweight data taken from 2000 NC Regional Cardiovascular Health Program Survey, and 2006 Behavioral Risk Factor Surveillance System.
- NC adult obesity and overweight data taken from 2000 and 2006 Behavioral Risk Factor Surveillance System.
- Cabarrus data taken from 2000 NC Regional Cardiovascular Health Program Survey, and 2004 and 2006 Behavioral Risk Factor Surveillance System.
- NC data taken from 2000, 2004, and 2006 Behavioral Risk Factor Surveillance System.
- NC State Center for Health Statistics, County Data Book, 2007, race and sex-specific, age adjusted death rates.
- NC State Center for Health Statistics, 1996-2000 and 2001-2005 5-year rates.
- Cabarrus 2005 population from Census data: 2000 pop. = 131,063, 2005 Certified Population estimate [www.demog.state.nc.us](http://www.demog.state.nc.us)) = 150,434; uninsured data from Cecil G. Sheps Center, Medicaid data from Division of Medical Assistance, [www.dhhs.state.nc.us/dma/elig/elig.html](http://www.dhhs.state.nc.us/dma/elig/elig.html).