

Cabarrus County 2009 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 in 2008:

- Workforce Development and Jobs Creation
- Education Across the Spectrum
- Mental Health Services - Accessibility and Affordability
- Housing - Safe and Sustainable
- Healthy Living - Weight, Nutrition, and Environmental Supports
- Healthcare Affordability - Including Screening and Prevention

For the complete community assessment report and supporting documentation visit 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 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.

The Governor's Task Force for Healthy Carolinians awarded **Healthy Cabarrus** the **William G. Anlyan Distinguished Partnership Award** for having demonstrated outstanding community participation and achievements as well as the **Charles Blackmon Leadership Award** for the Elimination of Health Disparities.

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 ¹	2005	2007	Dentists per 10,000 residents ¹	2005	2007
Cabarrus County	10.3	10.9	Cabarrus County	3.0	3.2
North Carolina	8.8	8.9	North Carolina	4.4	4.3

Percent of Adults age 19-64 without Health Insurance ²	2003	2005	2007	Change: + or -	NC 2010 Target
Cabarrus County	20.6	17.1	19.5	-	0%
North Carolina	19.4	19.5	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.

School Nurses

Cabarrus has had a school nurse in EVERY public school since 2000. The ratio of nurses to students remains close to the NC 2010 target.

School Nurses Nurse to student ratio ³	2005-2006	2006-2007	2007-2008	Change: + or -	NC 2010 Target
Cabarrus County	1:815	1:870	1:865	+	1:750
North Carolina	1:1571	1:1340	1:1225	+	

Health Risks and Behaviors

Tobacco Use

Percent of Adult Smokers	2004	2006	2008	Change + or -	NC 2010 Target
Cabarrus County ⁶	22.3%	18.3%	18.5%	-	12.5%
North Carolina ⁶	22.5%	22.1%	20.9%	+	

Behavioral Risk Factors

Smoking among Cabarrus adults increased slightly between 2006 and 2008.

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/obese children in Cabarrus has increased considerably. While still high, the percent of overweight/obese adults has improved.

Overweight /Obese Children and Adults

Percent Overweight/Obese Children ⁴ (Public Health WIC and Child Health Clinics)	2004	2008	Change + or -	NC 2010 Target	
Ages 2-4	Cabarrus County	29.5%	37.4%	-	10%
	North Carolina	30.5%	31.7%	-	
Ages 5-11	Cabarrus County	31.9%	48.4%	-	10%
	North Carolina	39.8%	42.7%	-	
Ages 12-18	Cabarrus County	50.0%	55.4%	-	10%
	North Carolina	45.5%	45.7%	-	
Ages 18+	Cabarrus County ⁵	63.7%	55.8%	+	15%
	North Carolina ⁵	63.1%	65.7%	-	

Progress toward NC 2010 Targets

- + indicates a positive change
- indicates a negative change

Leading Causes of Death

Heart Disease, Cancer, Stroke

The 2010 goal for Heart Disease and Stroke death has been met. Cancer has increased slightly in Cabarrus. However, as seen in the chart below, the minority population continues to experience a disproportionate burden of death from these diseases.

Death Rates per 100,000 ⁷		1999-2003	2004-2008	Change + or -	NC 2010 Target
Heart Disease	Cabarrus County	245.9	193.7	+	220.0
	North Carolina	243.2	202.2	+	
Cancer	Cabarrus County	194.2	194.6	-	166.2
	North Carolina	199.7	192.5	+	
Stroke	Cabarrus County	60.5	48.9	+	61.0
	North Carolina	70.7	54.4	+	

Health Disparities Related to the Major Causes of Death

2004-2008 Race and Sex Specific Death Rates per 100,000 ⁷	Total	White Males	Minority Males	White Females	Minority Females	
Heart Disease	Cabarrus County	193.7	230.1	322.4	154.8	177.5
	North Carolina	202.2	248.4	289.1	154.1	186.1
Cancer	Cabarrus County	194.6	240.8	295.7	150.7	227.6
	North Carolina	192.5	232.6	293.0	155.2	169.7
Stroke	Cabarrus County	48.9	41.6	69.9	47.9	68.0
	North Carolina	54.4	50.9	78.5	48.9	65.7

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

The 2010 goal for Total Infant Mortality rate in Cabarrus has been met. Minorities experience significantly higher rates of infant mortality than whites.

Infant Mortality Rate per 1,000 Live Births ⁸	1996-2000	2004-2008	Change + or -	NC 2010 Target
Cabarrus County	6.4	5.5	+	7.4
North Carolina	9.1	8.4	+	

Infant Mortality Rates, per 1,000 live births

	1996-2000		2004-2008	
	White	Minority	White	Minority
Cabarrus	6.0	8.6	4.9	8.3
NC	6.7	14.3	6.2	14.3

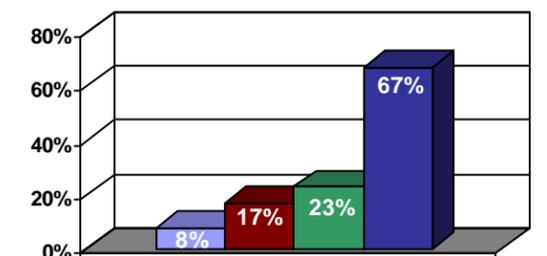
Uninsured and Low-Income Populations Continue to Grow

Uninsured and Low-income

Between 2002 and 2007, growth in the number of uninsured children 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 2002-2007⁹



8% Growth in Uninsured Adults
17% General Population Growth
23% Growth in Medicaid Population
67% 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 Center, 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.
- 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. Total donations of over \$19,000.
- Senior Center and community partners developed a Medicare Part D Information and assistance program for seniors.
- Medication Assistance grants have been received to support patients' access to medications. From 2005-2009 received \$200,000.

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, POPS, at Cabarrus Health Alliance for uninsured men.
- CMC-NorthEast offers a one day, free prostate cancer screening event annually.

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
- Mobile Crisis Services and Crisis Recovery Center established by PBH.
- A study of Mental Health Needs of Latinos was conducted and distributed.
- 2008– A directory of mental health and other community services was developed and distributed and community Lunch and Learn sessions were established to provide access to mental health information.

Access to Dental Care

Objective:

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

Access to dental care, continued

Progress:

Percent of adults and children using Medicaid for dental care:¹⁰

	FY04	FY05	FY06	FY07	FY08
Adults	21%	22%	22%	26%	29%
Children	28%	30%	32%	40%	46%

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:¹¹

	2002	2005	2007
	45%	26%	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.¹²
- | | 05-06 | 07-08 |
|--|-------|-------|
| | 80% | 83% |

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 schoolers who have never smoked to 55%.

Progress:

- NC HWTF awarded Cabarrus Health Alliance a second three-year grant to implement a Teen Tobacco Use Prevention Program (2009-2012).
- ALL SIX middle schools have implemented a tobacco curriculum in their 6th grade health classes.
- High School peer educators and Teen Task Force members continue to receive Tobacco 101 and policy advocacy training. TRU Crews are now in five of the high schools.

Childhood Obesity Prevention

Objective:

By 2010, establish a comprehensive childhood obesity prevention program in the community.

Progress:

- Established a Childhood Obesity Prevention Partnership in 2008, which includes 25 diverse community organizations.
- Established a comprehensive childhood obesity prevention program that seeks to reduce overweight and obesity among children. Received one-year, \$380,000 grant from NCDHHS.
- In 2009, Cabarrus Health Alliance received a national grant from the Robert Wood Johnson Foundation/National Institute for Children's Healthcare Quality to train health care professionals as childhood obesity advocates.

Data Sources

- 1 North Carolina Health Professional Data System, Cecil G. Sheps Center for Health Services Research, www.shepscenter.unc.edu/hp/prof07.htm
- 2 Uninsured data for NC and Cabarrus County, 2003 State and County data: <https://www.shepscenter.unc.edu/publications/NorthCarolinaUninsured2003FindingsBrief.pdf>; 2005 State and County data: <http://www.shepscenter.unc.edu/new/NorthCarolinaUninsured2005.pdf>; 2007 State and County data: http://www.nciom.org/data/co-level_uninsured_estimates-2008-2.pdf
- 3 Cabarrus data from Cabarrus Health Alliance School Nurse Program; NC data from the Healthy Carolinians 2005 Mid-Course Review NC School Nurse Association website; 2007-2008 School Nurse Report, <http://www.nchealthyschools.org/docs/data/reports/2007-08eoy.pdf>
- 4 NC Nutrition and Physical Activity Surveillance System (NCNPASS), 2006 and 2008. (Data on children seen in NC Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers) www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html
- 5 2004 and 2008 Behavioral Risk Factor Surveillance System, www.schs.state.nc.us/SCHS/brfss/2008/caba/rf1.html
- 6 2004, 2006 and 2008 Behavioral Risk Factor Surveillance System. www.schs.state.nc.us/SCHS/brfss/2008/caba/_smoker3.html
- 7 NC State Center for Health Statistics, County Data Book, 2003 and 2008, race and sex-specific, age adjusted death rates <http://www.schs.state.nc.us/SCHS/data/databook/>
- 8 NC State Center for Health Statistics, 1996-2000 and 2004-2008 5-year rates
- 9 Cabarrus population from Census data: 2000 pop. = 131,063; 2005 Certified Population estimate [www.demog.state.nc.us = 150,434](http://www.dhhs.state.nc.us/dma/countyreports/index.htm); Medicaid data from Division of Medical Assistance, <http://www.dhhs.state.nc.us/dma/countyreports/index.htm>; Uninsured Data: Hastings, Jennifer. "Re: Cabarrus Uninsured Data." Email to Victoria Manning. Nov. 25, 2009
- 10 2004-2006 NC Division of Medical Assistance; 2007 and 2008 www.dhhs.state.nc.us/dma/countyreports/index.htm
- 11 Cabarrus Health Alliance Dental Clinic Screening
- 12 2005-2006: http://www.communityhealth.dhhs.state.nc.us/dental/Assessment_Data/2005-2006_County_Level_Oral_Health_Data.pdf
2007-2008: http://www.communityhealth.dhhs.state.nc.us/dental/Assessment_Data/2007-2008_County_Level_Oral_Health_Data.pdf