

# 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.



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

# Cabarrus County 2010 Health Status Report

*in this report >>>*

## Progress Toward NC 2010 Health Objectives

### Community Issues and Unmet Needs

- Access to Healthcare
- Health Risks and Behaviors
- Leading Causes of Death
- Health Disparities
- Infant Mortality
- Uninsured and Low-Income Populations

## 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](http://www.HealthyCabarrus.org) or call Healthy Cabarrus at 704-920-1216.

**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 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.



Healthy Cabarrus



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## Access to Healthcare

<b>Physicians and Dentists</b> Cabarrus has three times more Primary Care Physicians than Dentists per 10,000 residents.	<b>Primary Care Physicians per 10,000 residents</b>	<b>2007</b>	<b>2009</b>	<b>Dentists per 10,000 residents</b>	<b>2007</b>	<b>2009</b>
	Cabarrus County	10.9	11.8	Cabarrus County	3.2	3.3
	North Carolina	8.9	9.2	North Carolina	4.3	4.4

Source: North Carolina Professional Data System, Cecil G. Sheps Center for Health Statistics

<b>Percent of Adults age 19-64 without Health Insurance</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>Change: + or -</b>	<b>NC 2010 Target</b>
Cabarrus County	17.1	19.5	21.9	-	0%
North Carolina	19.5	19.5	23.2	-	

Source: Cecil G. Sheps Center for Health Statistics

<b>School Nurses</b> 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.	<b>School Nurses Nurse to student ratio</b>	<b>2009-2010</b>	<b>NC 2010 Target</b>
	Cabarrus County	1:825	1:750
	North Carolina	1:1207	

Source: Cabarrus Health Alliance School Nurse Program; NCDHHS Women's and Children's Health



## Health Risks and Behaviors

<b>Tobacco Use</b>	<b>Percent of Adult Smokers</b>	<b>2005</b>	<b>2007</b>	<b>2009</b>	<b>Change</b>	<b>NC 2010 Target</b>
	Cabarrus County	16.3	12.1	16.8	-	12.5%
	North Carolina	17.1	17.6	14.4	+	

Source: Behavioral Risk Factor Surveillance System

<b>Overweight &amp; Obese</b>	<b>Percent Overweight &amp; Obese Children (Public Health WIC and Child Health Clinics)</b>	<b>2005</b>	<b>2009</b>	<b>Change + or -</b>	<b>NC 2010 Target</b>	
	<b>Ages 2-4</b>	Cabarrus County	33.2	37.7	-	10%
		North Carolina	30.0	31.2	-	
	<b>Ages 5-11</b>	Cabarrus County	39.1	47.4	-	10%
		North Carolina	30.7	42.9	-	
	<b>Ages 12-18</b>	Cabarrus County	48.1	47.8	+	10%
North Carolina		45.4	46.1	-		
<b>Ages 18+</b>	Cabarrus County	62.7	66.1	-	15%	
	North Carolina	62.6	65.4	-		

Source: NC Nutrition and Physical Activity Surveillance System; Behavioral Risk Factor Surveillance System

### Behavioral Risk Factors

Smoking among Cabarrus adults **increased** between 2007 and 2009.

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 and adults in Cabarrus has **increased** considerably.

## Leading Causes of Death

### Heart Disease, Cancer, Stroke

The NC 2010 goals for Heart Disease and Stroke have been achieved. Cabarrus County continues to make significant progress on these leading causes of death. However, as demonstrated in the chart below, minorities continue to experience a disproportionate burden of death from heart disease, cancer, and stroke.

<b>Death Rates per 100,000</b>		<b>2000-2004</b>	<b>2005-2009</b>	<b>Change + or -</b>	<b>NC 2010 Target</b>
<b>Heart Disease</b>	Cabarrus County	240.0	189.1	+	220.0
	North Carolina	233.9	191.7	+	
<b>Cancer</b>	Cabarrus County	195.2	191.4	+	166.2
	North Carolina	197.4	185.6	+	
<b>Stroke</b>	Cabarrus County	58.1	49.5	+	61.0
	North Carolina	67.4	50.5	+	

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

## Health Disparities Related to the Major Causes of Death

<b>2005-2009 Race and Sex Specific Death Rates per 100,000</b>	<b>Total</b>	<b>White Males</b>	<b>Minority Males</b>	<b>White Females</b>	<b>Minority Females</b>	
<b>Heart Disease</b>	Cabarrus County	189.1	232.5	314.5	146.6	183.2
	North Carolina	191.7	235.2	294.0	144.2	186.0
<b>Cancer</b>	Cabarrus County	191.4	239.2	295.8	150.1	218.3
	North Carolina	185.6	224.4	304.0	149.4	168.8
<b>Stroke</b>	Cabarrus County	49.5	43.7	83.5	47.0	73.2
	North Carolina	50.5	47.1	77.1	45.1	63.8

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

### Disparities Among Minorities

For each of the 3 leading causes of death, minority men and women experience significantly higher mortality rates than white men and women.

## Infant Mortality

The 2010 goal for Total Infant Mortality rate in Cabarrus has been achieved. However, disparities are still present.

<b>Infant Mortality Rate per 1,000 Live Births</b>	<b>2000-2004</b>	<b>2005-2009</b>	<b>Change + or -</b>	<b>NC 2010 Target</b>
Cabarrus County	8.4	5.2	+	7.4
	North Carolina	8.4	8.3	

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

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

	<b>2000-2004</b>		<b>2005-2009</b>	
	White	Minority	White	Minority
Cabarrus	6.5	18.8	4.4	8.6
NC	6.1	14.6	6.0	14.0

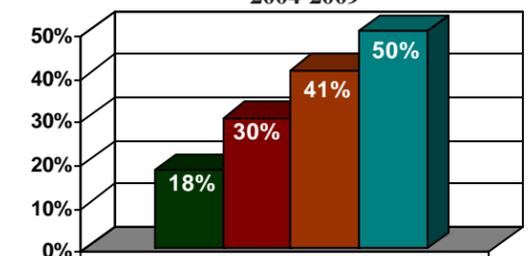
## Uninsured and Low-Income Populations Continue to Grow

### Uninsured and Low-income

Between 2004 and 2009, 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 2004-2009



18% General Population Growth  
 30% Growth in Uninsured Adults  
 41% Growth in Uninsured Children  
 50% Growth in Medicaid Population

Source: US Census, NC Division of Medical Assistance

### Progress toward NC 2010 Targets

- + indicates a positive change
- indicates a negative change

# Community Collaborations and Accomplishments

## Prostate Cancer

### Objective:

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

**2010 Outcomes:** The prostate cancer mortality rate fell by 24% from 2006 to 2007 (the most recent data available). Healthy Cabarrus prostate cancer prevention efforts began in 2005.

### Progress:

- Cabarrus Health Alliance (CHA) is in its fifth year of prostate cancer control activity. This activity is supported by the NC Office of Minority Health and Health Disparities and CMC-NorthEast Laboratory Services. The Prostate Outreach Program and Screening (POPS) provides targeted prostate health education to men who are at highest risk for prostate cancer (African American men). This education culminates in a call to action for African American men to participate in regular screening for this disease.
- A monthly opportunity to receive free prostate cancer screening is now provided through POPS, and the number of African American men participating in screening has increased through this program. Clinics are scheduled at CHA and community churches during non-traditional hours, most often on Saturday.
- POPS Ambassadors, a group of men who represent the priority population, has been organized and trained to conduct prostate cancer outreach in the community. Some are prostate cancer survivors. They are all active and enthusiastic volunteers. The increase in the number of African American men seen at the monthly screenings is directly attributable to their referral activity and community engagement.

## Mental Health

### Objective:

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

**2010 Outcomes:** Healthy Cabarrus successfully partnered with Piedmont Behavioral Healthcare to increase the knowledge and awareness of mental health services.

### Progress:

- Local ACCESS number established, 1-800-939-5911.
- Mobile Crisis Services and Crisis Recovery Center established by PBH.
- 2010- The directory of mental health and other community services was updated and distributed in the community.
- Community Lunch and Learn sessions were established to improve access to mental health information.

## Access to Dental Care

### Objective:

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

### 2010 Outcomes:

Medicaid eligible adults who use Medicaid for dental services has increased to 31% from 22% in 2005.

### Progress:

Percent of adults and children using Medicaid for dental care:

	FY05	FY06	FY07	FY08	FY09
Adults	22%	22%	26%	29%	31%
Children	30%	32%	40%	46%	46%

Source: NC Division of Medical Assistance

### Objective:

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

### 2010 Outcomes:

The percentage of high-risk preschool children with tooth decay increased to 42% in 2009, from 33% in 2008.

### Objective:

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

### 2010 Outcomes:

The percentage of 5th graders whose permanent teeth are free from decay increased from 83% in 2008 to 86% in 2009.

## 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%.

### 2010 Outcomes:

Middle school youth who have never smoked is currently at 79.3% per the 2009 NC YRBS for Central Region. High school youth who have never smoked is currently at 66.4% per the 2009 Cabarrus County YRBS.

### Progress:

- On January 2, 2010, House Bill 2 required that all restaurants and bars be 100% smoke-free. The tobacco program provided resources to local establishments, including hand written notes thanking them for their compliance, and offering support.
- Teen Task Force coordinated the Kick Butts 5K to promote a smoke-free and healthy lifestyle; over 130 runners participated in addition to 80 volunteers, 10 vendors, and six music bands.
- 100% of youth in Cabarrus County Schools are receiving tobacco education in middle school.

## Childhood Obesity Prevention

### Objective:

By 2010, establish a collaborative task force that addresses childhood obesity in the Cabarrus community.

### 2010 Outcomes:

A 25-member Childhood Obesity Prevention Partnership is currently in place and meets quarterly.

### Progress:

- 2008- Established a comprehensive childhood obesity prevention program. Received a one-year, \$380,000 grant.
- 2009- Received a \$15,000 national grant from the National Institute for Children's Healthcare Quality to train 30 health care professionals as childhood obesity advocates. A monthly obesity advocacy newsletter is designed and distributed to >100 local stakeholders, which includes resources, legislation, and highlights advocates. Advocates are working with Kannapolis City Schools and Cabarrus County Schools to create policy and environmental changes around nutrition and physical activity.
- 2010- Received additional \$8,000 for NICHQ sustainability.
- 2009- Received \$25,000 national grant from the Centers for Disease Control and Prevention/National Association of City and County Health Officials for the ACHIEVE project. ACHIEVE's goal is to work in partnership with local leaders in Concord to create community-wide policy and environmental changes for the prevention of obesity.

## Health Disparities and Access to Healthcare Access to Healthcare and Prescription Medications

### Objective:

By 2010, establish and maintain a broad safety-net system to provide primary health care for low-income/uninsured residents.

### 2010 Outcomes:

A strong safety-net system has been established to provide primary care to low-income residents.

### Progress:

- Safety-net Providers now include: Cabarrus Community Health Center (two locations), Cabarrus Health Alliance, CMC-NorthEast, private medical providers, Southern Piedmont Community Care Plan and Community Free Clinic
- Collaboratively developed a Cabarrus Healthcare Continuum report 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 >\$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 patient access to medications. Received \$200,000 from 2005 to 2009.