

Cabarrus County

2013 State of the County Health Report

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County Morbidity & Mortality Data

- Cabarrus County Demographics
- Access to Healthcare
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Progress on Community Priorities



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:

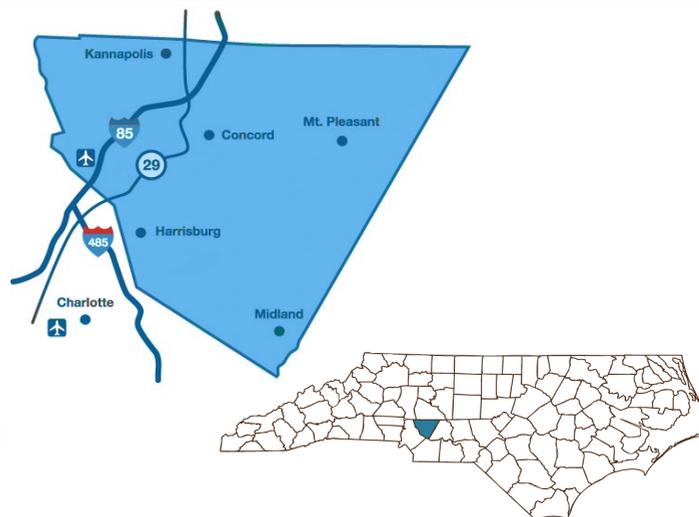
- Wellness and Obesity
- Under/Unemployment
- Access to Healthcare
- Mental Health
- Education
- Housing

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.

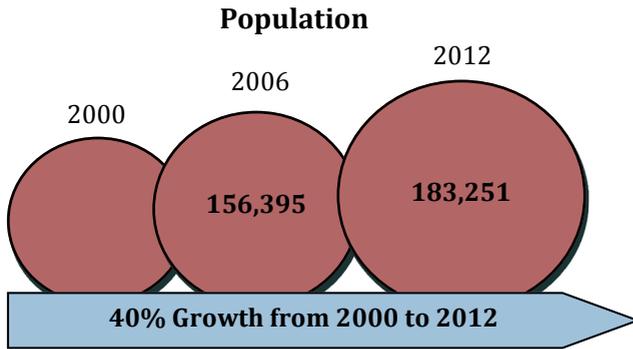
Cabarrus County, North Carolina

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



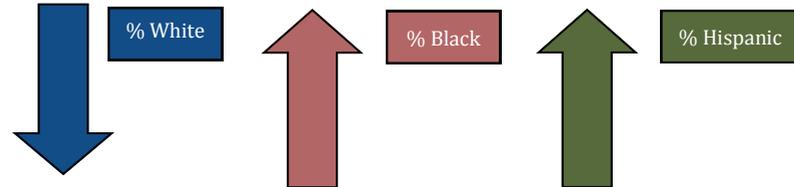
Source: US Census Bureau

Between 2000 and 2012, Cabarrus County's population increased by 40% compared to 21% for North Carolina. The fastest growing segment of the local population is Hispanic/Latino residents. The significant rise in population, and increase in Hispanic/Latino population in particular, was an emerging issue/need identified in 2008.

Racial and Ethnic Diversity

	2006	2010	2012
Race			
White persons	81%	79%	79%
Black persons	15%	15%	16%
Asian persons	2%	2%	2%
Some other race	2%	2%	1%
Persons reporting two or more races	1%	1%	2%
Ethnicity			
Persons of Hispanic or Latino origin	8%	10%	10%
White alone, non Hispanic	75%	72%	70%

Source: US Census Bureau



Social Determinants of Health

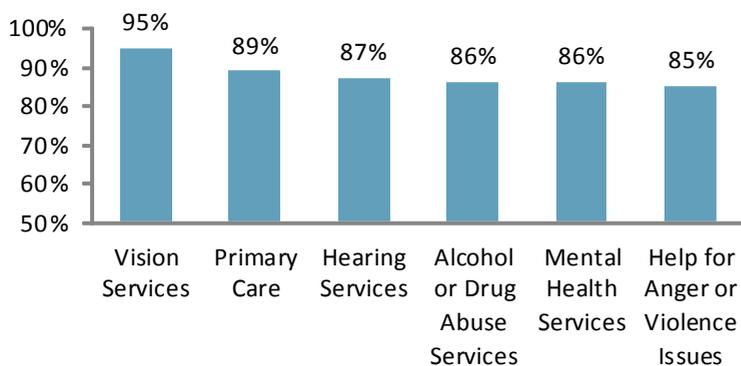
Social conditions in which people are born, live and work, are the single most important determinant of one's health status.

	Total Population	White, Not Hispanic	African American	Hispanic
Poverty	13.5%	6.3%	26.7%	47.1%
Median Household Income	\$55,824	\$60,180	\$44,576	\$35,025
Unemployment	10.7%	10.3%	11.3%	---
Uninsured	16.4%	14.3%	14.9%	35.5%

Source: US Census Bureau

Access to Healthcare

Consumer Survey: Difficulty Accessing Services*



In 2012:

- 8.9% of children were uninsured+
- 22.5% 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

Maternal, Infant and Child Health

Health Indicator	Year of Report	Cabarrus County	North Carolina
Infant Mortality (< 1 yr.) (Rate per 1,000 Live Births)	08-12	4.3	7.5
Low Birth Weight (<=2500g) (% of All Live Births)	08-12	8.8%	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 + Induced Abortions + Fetal Deaths)	2012	31.0	39.6
Teen Birth Rate (<20 yrs.) (per 1,000 females 15-19) live Births	2012	25.8	31.8

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

2008-2012 Infant (<1 Year) Death Rates per 1,000 Live Births

	Total Infant Death Rate	White	African American	Hispanic
Cabarrus County	4.3	3.5	8.9	3.6
North Carolina	7.5	5.6	14.0	5.3

Communicable Diseases (Includes Sexually Transmitted Diseases)

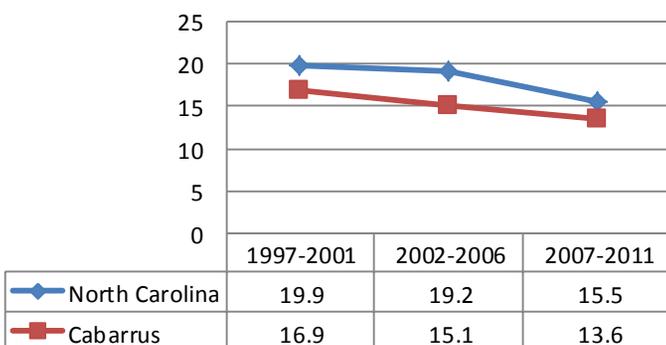
Health Indicator (rate per 100,000)	Year of Report	Cabarrus County	Comparison to 2011	North Carolina
Chlamydia	2012	397.9	Increase	524.1
Gonorrhea	2012	77.7	Decrease	148.3
Primary/Secondary Syphilis	2012	1.1	Decrease	3.6
HIV Disease	2012	10.3	Increase	14.6
AIDS	2012	3.9	Increase	8.3
HIV-Related Deaths	2007-2011	2.4	No Change	3.5
Tuberculosis	2011	1.1	Increase	2.5

2012 Number of Cases of Communicable Diseases

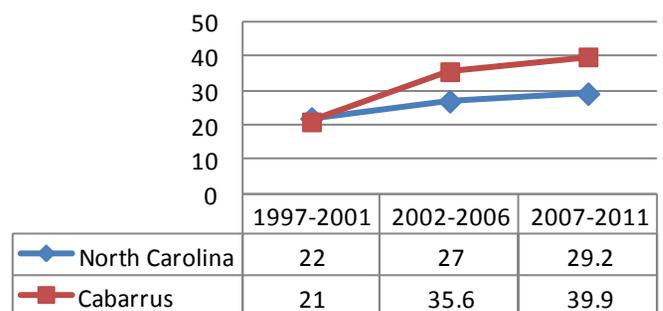
Health Indicator	Cabarrus	North Carolina
E. Coli	1	208
Pertussis	3	613
Salmonella	66	2208

Injury

Motor Vehicle Injury Death Rate per 100,000 Residents



Unintentional Injury Death Rates per 100,000 Residents* (excluding Motor Vehicle Deaths)



* Unintentional Injury Deaths include fatalities from falls, railway and pedestrian injuries, drowning, suffocation, poisoning, and fires.

Behavioral Risk Factors

Health Indicator	Year of Report	Cabarrus County	Comparison to 2009-2010	North Carolina
No Physical Activity (% of Adults 18 years and older)	2011	24.1%	No Change (<.5%)	26.7%
Fruit & Vegetables (NOT consuming 5 or more servings/day)	2011	84.2%	Increase	86.3%
High Cholesterol (% of Adults 18 years and older ever told they have high cholesterol)	2011	33.9%	Decrease	38.5%
No Seat Belt Use (% of Adults 18 years and older NOT responding always)	2011	9.8%	Increase	9.3%

Tobacco Use	Current Smokers (%)	2006	2011	Percentage Change
	Cabarrus County	18.4	20.1	+9.2%
	North Carolina	22.1	21.8	-1.4%

Source: Behavioral Risk Factor Surveillance System

Overweight & Obese	Percent Overweight & Obese Children	2005	2009-2010	Percentage Change
	(Public Health WIC and Child Health Clinics)			
Ages 2-4+	Cabarrus County	33.2	34.0	2.4%
	North Carolina	30.0	31.7	5.6%
Ages 5-11+	Cabarrus County	39.1	47.4	21.2%
	North Carolina	30.7	42.9	39.7%
Ages 12-18+	Cabarrus County	48.1	47.8	-0.6%
	North Carolina	45.4	46.1	1.5%
Ages 18+*	Cabarrus County	62.7	66.5	6.1%
	North Carolina	62.6	66.5	6.2%

* Source: NC Nutrition and Physical Activity Surveillance System (Public Health WIC and Child Health Clinic records)

* Source: Behavioral Risk Factor Surveillance System (self reported height and weight)

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

Between 2006 and 2011, the percentage of current smokers in Cabarrus County increased.

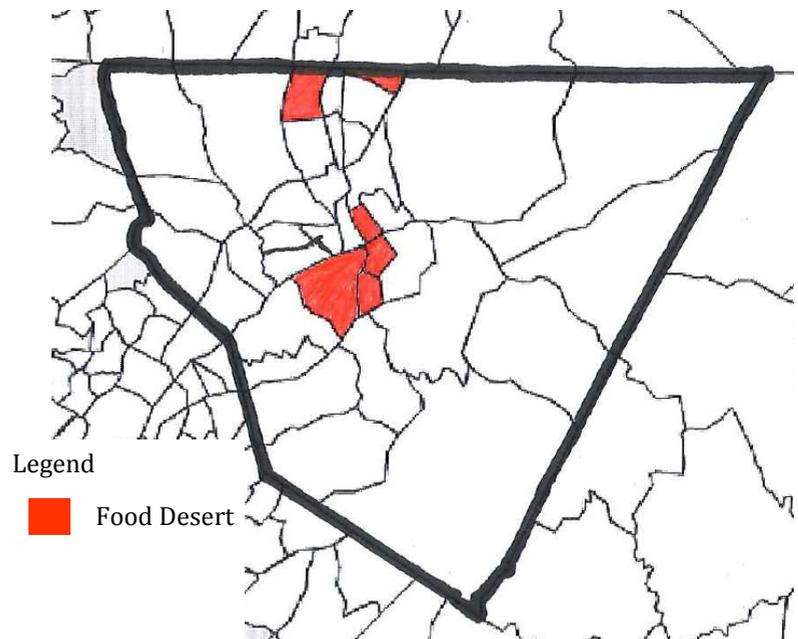
The percentage of overweight/obese children and adults in Cabarrus has increased considerably since 2005, particularly among children ages 5-11.

Cabarrus County Food Deserts

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



Mental Health, Illicit Drug Use, and Substance Abuse

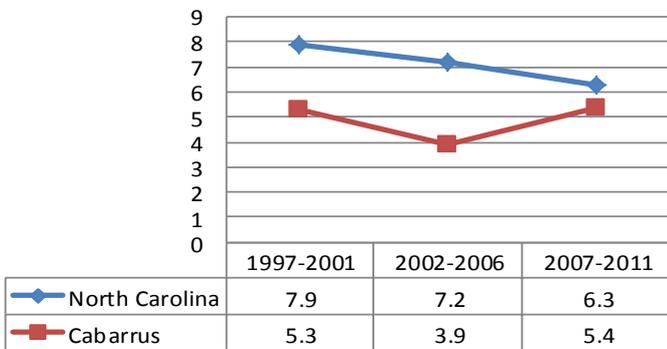
Number of days in the past 30 days with poor mental health* in Cabarrus County (%)

	2010				
	Across All Demographic Groups	Age		Household Income	
		18-44	45+	< \$50,000	> \$50,000
0 days	72.4	68.8	75.9	58.1	83.8
1-7 days	16.7	19.2	14.3	25.4	12.2
8-29 days	5.1	4.7	5.4	7.5	2.7
30 days	5.8	7.3	4.3	9.0	1.3

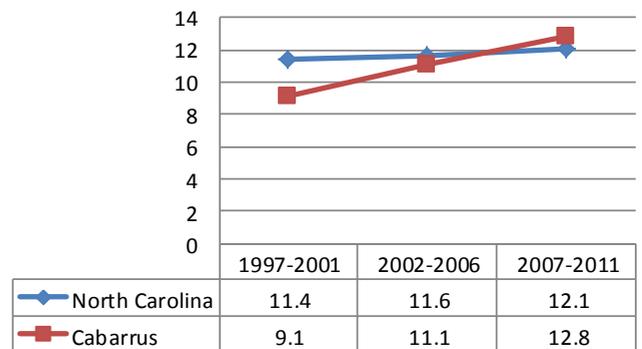
Lower income households experience poorer mental health than higher income households.

*Mental Health includes stress, depression, and problems with emotions. Source: Behavioral Risk Factor Surveillance System

Homicide Rates per 100,000 Residents

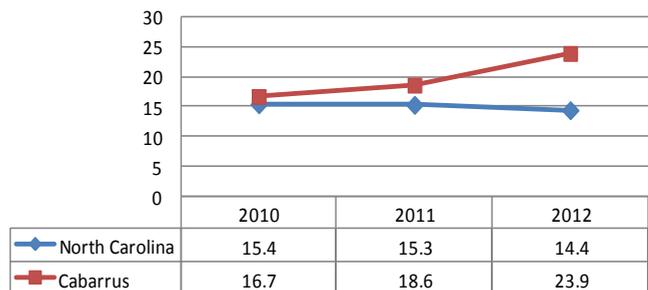


Suicide Rates per 100,000 Residents



While statewide rates of homicide, suicide, and hospital admissions with a mental health/developmental disability/substance abuse diagnosis decreased or stayed level in recent years, Cabarrus County rates have increased.

Hospital Admissions With A Primary or Co-Occurring MH/DD/SA Diagnosis (Rates per 100,000)



Child Maltreatment

Investigated Reports of Abuse and Neglect in Cabarrus County (2011-2012)

Total Number	White	African American	Hispanic	Abuse and/or Neglect	Services Needed	Services Recommended	Unsubstantiated
1,236	767	348	228	123	67	130	456

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

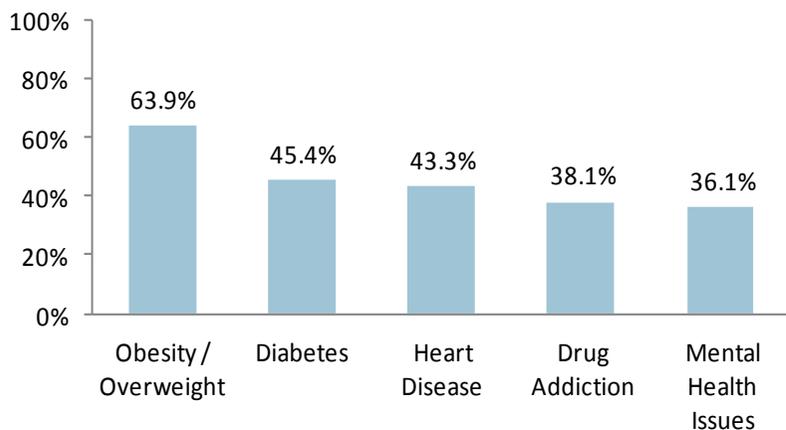
Cabarrus	2.3
North Carolina	6.0

Source: UNC at Chapel Hill Jordan Institute for Families

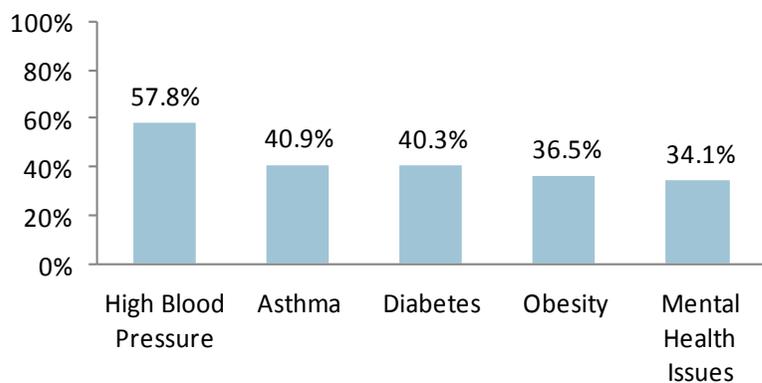
Community Priorities 2012-2016

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.

Key Informant Survey: Most Pressing Disease Conditions



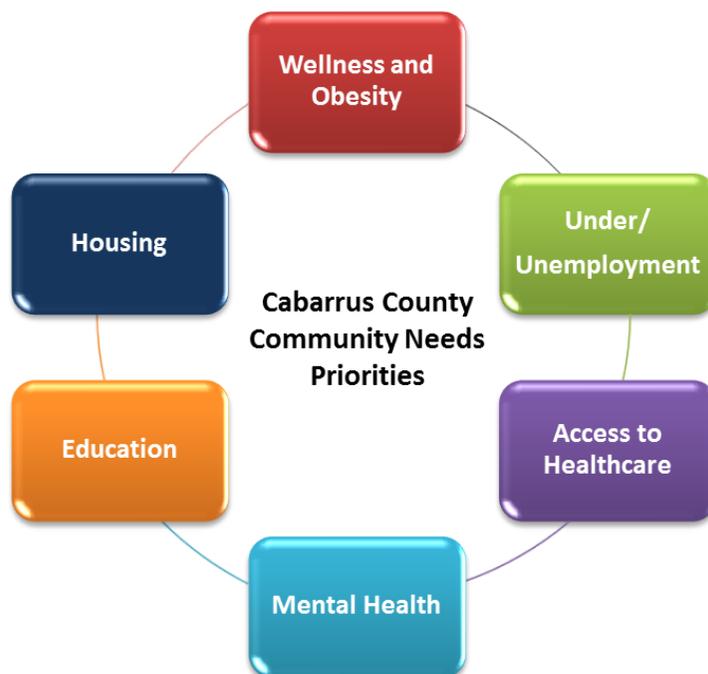
Consumer Survey: Most Common Disease Conditions



Key informants (N=97) were asked to state what they believed to be the five most pressing health issues. Obesity/overweight was selected by over 60% of respondents.

Consumers (N=1,624) were asked whether a doctor or nurse had ever told them or someone in their household that they had certain conditions. The most common conditions were high blood pressure, asthma, diabetes, obesity, and mental health issues.

The **Planning Council** met in April 2012 and came to consensus on all community priorities.



Community Progress on Health Priorities 2012-2013

Wellness

Obesity

- Selected to lead a 10-county regional Community Transformation Grant (CTG) project through the NC Department of Health and Human Services. The project will focus on policy, systems, and environmental changes related to tobacco, healthy eating, and active living.
- CTG established 9 new farmers markets, farm stands, and CSAs and enhanced over 25 existing markets throughout the region.
- Installed 6 community gardens in churches, hosted two master gardener classes, and provided three healthy cooking classes.
- Instituted a Wellness Coalition comprised of diverse stakeholders. The Coalition established workgroups in Policy, Community Awareness, Education and Programs, and Clinical. Each workgroup identified three interventions to implement.
- Implemented the Exercise is Medicine prescription program, in which providers write prescriptions for patients not meeting recommended physical activity guidelines.

Diabetes

- The Southeastern Diabetes Initiative (SEDI) launched diabetes information sessions, diabetes self-management classes, and support groups for patients, caregivers, and the community at large.
- SEDI reached over 1,600 individuals through community outreach efforts and programs.
- Enrolled 25 high-risk individuals with diabetes in a clinical intervention that provides intensive, individualized case management.
- CTG developed and distributed a regional inventory of existing community-based support programs for chronic disease prevention and tobacco cessation to be used for patient referrals.

Mental Health

Child Maltreatment

- Trained 60 local practitioners in Triple P, an evidence-based program to reduce child abuse, out of home placements, and ER visits due to child maltreatment. The trainings had 100% attendance.
- Accredited Triple P providers from 14 community agencies in Cabarrus County that represent mental health, schools, non-profits, faith-based organizations, social services, and courts.
- Hosted 12 peer support meetings for accredited Triple P providers.
- Provided Triple P services to 33 Cabarrus County families between March and December 2013.

Substance Abuse

- Founded a Substance Abuse Coalition that includes representatives from Public Health, Education, Law Enforcement, Mental Health, and Healthcare.
- A team of six community partners attended the Injury-Free NC Academy to learn about prescription drug overdose prevention.
- Developed a six-month logic model to collect local substance abuse data, increase awareness of prescription drug abuse, and expand the Substance Abuse Coalition.

Teen Health

- The Teen Task Force organized a fashion show that brought awareness to safe dating, substance abuse, health and wellness, and safe driving.
- Received \$487,000 from the Administration on Children, Youth and Families to implement a Competitive Abstinence Education program. The