



Quality of Life Report Card

Rowan County

2008

INTRODUCTION

The Healthy Rowan! Task Force, our community's state-certified Healthy Carolinians Task Force, is pleased to present the 2008 Quality of Life Report for Rowan County. Prepared annually, the Report Card serves to:

- Heighten awareness about quality of life measures relevant Rowan County and North Carolina
- Bring attention to areas where policy development and enactment, environmental changes, partnering initiatives and resources would contribute to a healthier, stronger community
- Describe local efforts that impact community health problems and quality of life concerns
- Summarize recent progress toward impacting health priorities identified through the *2006 Rowan County Health and Human Services Needs Assessment*
- Identify common ground for joining together to solve community health problems

Similar to previous editions, the 2008 Quality of Life Report Card delivers information in a format that is concise, readable and current. More importantly, data selected for inclusion in the report must be accurate, reliable, measured periodically over time, available at the county and state level for comparison purposes, universally accepted dimensions of community health and well-being, and relevant to the general public, policymakers, nonprofit and government agencies, community based organizations, civic organizations and the business community.

Although the document is a report card, Healthy Rowan! has chosen not to assign a letter grade to each quality of life measure. Rather, the reader may compare Rowan County data against state-level data and determine for themselves where our community's health and well-being is doing better, the same or worse than the state overall. Over the years, it has become evident that improvements are observed where investments, both financial and political, are made.

HEALTHY ROWAN! PARTNERS

Several coalitions comprised of private and public sector representatives have affiliated themselves with Healthy Rowan! for the purpose of creating and implementing solutions for some of Rowan County's most pressing problems. Coalitions and their respective health priority focus area:

- Allies for Substance Abuse Prevention aims to prevent licit and illicit drug abuse among children, youth and young adults.
- Healthy Baby Coalition of Rowan County endeavors to reduce infant death rates and attain health parity among children birth through 5 years.
- Hispanic Coalition of Salisbury-Rowan engages the Hispanic and greater community in strengthening mutual appreciation, understanding and trust between different cultures.
- Rowan Partnership for Community Health supports healthy eating and active living to help elementary school children achieve or maintain a healthy weight.
- Smoke Free Rowan encourages businesses, organizations and schools to voluntarily adopt indoor smoke free policies to protect families from harm caused by secondhand smoke and create an environment that reduces tobacco use initiation while helping current tobacco users to quit.
- Youth-In-Action Against Tobacco Council, comprised of middle and high school students, strives to reduce the prevalence of teen tobacco use.

HEALTHY ROWAN! ACCOMPLISHMENTS

Healthy Rowan! and partnering coalitions, through concerted and collaborative efforts, attained the following outcomes during FY 07-08:

- Secured more than \$415,000 in grant funds for community health initiatives.
- Contributed to a 4% reduction in the African American infant mortality rate, a 5% reduction in African American babies born low birth weight, a 2% reduction in the percent of African American families spacing births too close together and a 6% reduction in high birth rates among young African American families.
- Sustained 12 youth-led teen tobacco prevention groups that delivered Teens Against Tobacco Use (TATU) education to more than 2,750 middle and high school students.
- Helped lower teen tobacco use initiation in NC to 19% of high school students and 4.5% of middle school students. These rates are historic lows.
- Provided 192,708 servings of fresh fruits and vegetables to students at North Rowan and Hanford-Dole Elementary Schools through a USDA Fresh Fruits and Vegetable Pilot Program.
- Constructed two new walking trails for elementary school students.
- Connected 183 low-income families with healthcare and family support services by providing 636 free transportation rides.
- Increased the proportion of restaurants offering a smoke-free environment from 35% to 41%. The number of businesses, organizations and schools reporting that they were smoke-free rose from 123 to 195 with 113 joining the Smoke Free Rowan campaign.
- For the 5th consecutive year, hosted La Fiesta de Rowan, Rowan County's largest multi-cultural community event for families. Over 350 family members attended the day long celebration.
- Healthy Rowan! received The 2007 Charles Blackmon Leadership Award from the Governor's Task Force for Healthy Carolinians. Award honored the partnership's commitment to reducing health disparities and achieving positive health improvements and outcomes for the community.
- Rowan County Health Department received a 2008 GlaxoSmithKline Child Health Recognition award for reducing teen tobacco use in partnership with Youth-In-Action Against Tobacco Council and the Healthy Baby Coalition of Rowan County.
- Contributed to the Rowan County Health Department achieving inaugural Accreditation.

PROGRESS TOWARD IMPACTING 2006 ROWAN COUNTY HEALTH PRIORITIES

Periodically, our community conducts a community health assessment. The most recent study, the *2006 Rowan County Health and Human Services Needs Assessment*, identified several health priorities.

- Increase access to affordable medical and primary health care
- Increase access to affordable dental care
- Reduce problems with obesity
- Improve minority health
- Increase access to health, wellness and prevention programs

Healthy Rowan!, affiliated partners and the greater community has made some progress toward impacting the selected health priorities.

■ Increase access to affordable medical and primary health care

Although both nurse practitioner positions at the Rowan County Health Department are filled, a significant accomplishment, the Department does not have the capacity to accept new Adult Health clients at this time. Over the past year, the number of uninsured Adult Health Services clients has more than doubled. With respect to pregnant women and children served during the same time period, the proportion of pregnant women receiving Prenatal Services who were uninsured increased from 37% to 45% and the proportion of uninsured children receiving Child Health Services rose from 61% to 67%. The rising number of families without health insurance negatively impacts the Department's ability to provide healthcare to the insured and uninsured.

The Community Care Clinic's mission is to provide free medical care, dental care and prescription medications to the uninsured, low-income adult population of Rowan County. In 2007, there were so many residents who needed medical services that the nonprofit Clinic created an enrollment waiting list for new patients. The clinic continues to be volunteer-driven with volunteer physicians mostly available on Tuesday evenings. Unfortunately, the number of physician volunteers has decreased due to many retiring, moving or having increased demands placed on their time. Funding provided by Kate B. Reynolds Charitable Trust enabled the hiring of a healthcare provider and certified medical assistant. The additional staff has increased the number of clinic days from 1 per week to 3-4 per week. Grant funds from Rowan County United Way and others has also helped the Clinic expand services. Between 2007 and 2008, service delivery in all programs increased by 100 percent. Over 643 recorded medical visits occurred from January through October 2008. Seventy-five percent of clients have chronic diseases such as diabetes and hypertension. The increase in the number of clinic days has led to a concomitant increase in the number of requests for pharmacy services. The in-house pharmacy is comprised of both paid staff and volunteers. Over 6,000 prescription medications have been dispensed during the same time period. The Clinic has also observed a rising demand for the treatment of depression with clients referred to DayMark Recovery Services for treatment and follow-up care. The Clinic needs additional medical and pharmacy department funding and more physician volunteers to meet the growing uninsured, low-income adult population in Rowan County.

The Good Shepherd Clinic, a local faith-based and volunteer-staffed health clinic, continues to provide outpatient health services to the uninsured, including undocumented immigrants, on Thursday evenings. Each week, 15-20 people seek clinic services while the clinic can provide services to only 12 clients. The clinic is always full. The greatest demand is for diabetes, hypertension and dental care. Word of mouth referral among current clients keeps the clinic busy.

From the Rowan County Department of Health and Human Service's perspective, disabled adults who are uninsured experience considerable difficulty accessing healthcare. Whereas, children enrolled in Medicaid and Health Choice insurance and seniors 65 years and older covered by Medicare can access healthcare services much more easily.

■ Increase access to affordable dental care

Greater access to dental prevention and treatment services for Rowan County children has contributed to advancements in children's dental health. Oral health status assessments conducted among students in grades K and 5 enrolled in the Rowan-Salisbury School System revealed the following improvements between 2001 and 2008: cavity-free kindergartners rose from 56% to 60%; kindergartners with untreated dental decay decreased from 33% to 27%; cavity-free 5th graders increased from 76% to 81%; and 5th graders with untreated dental decay decreased from 11% to 8%.

The Rowan County Health Department's Smile Center delivers dental care to Rowan County children 18 years of age or younger from low-income families. The Center accepts Medicaid or Health Choice insurance and provides care, on a sliding fee scale, to uninsured children ineligible for Medicaid/Health Choice. During FY 07-08, the Center provided dental care to 2,075 unduplicated children with 96% covered by Medicaid/Health Choice and 4% uninsured. For current clients, dental treatment appointments are scheduled in one to two weeks while new client and preventive care appointments are scheduled about 3 weeks into the future.

The Community Care Clinic has experienced increased demand for adult dental care services. In response, the Clinic secured a Rowan County United Way Impact Grant in 2008 that enabled the hiring of a dentist, dental assistant and hygienist. Between January and September 2008, the Clinic has already provided over 864 Rowan County residents with free dental services. While services have been expanded, the Clinic reports that the need for dental care among low-income families, as with medical care and pharmaceutical support, far exceeds available resources.

The growing need for adult dental care, combined with insufficient resources, also challenges the Good Shepherd Clinic. The Clinic's health and dental care providers routinely learn of family members who have not received dental care for more than 10 years. For some individuals, well over 20 years has elapsed since their last dental exam. Financial constraints limit the provision of dental care to one clinic per month and to current Good Shepherd Clinic clients. Even with these limitations in place, the Clinic is overwhelmed by the dental care needs of the uninsured.

■ Reduce problems with obesity

In North Carolina, two-thirds (63%) of adults are overweight or obese, an increase from 59% in 2002. Among high school students, one-third (30%) are overweight or obese, compared to 27% in 2002. Approximately 30% of children receiving care at Salisbury Pediatric Associates, the largest pediatric office in Rowan County, are overweight or obese. Childhood overweight and obesity increases future risk for heart disease, diabetes, hypertension, arthritis, low/poor self-esteem and depression. The Trust for America's Health 2007 report ranks North Carolina with the 17th highest level of adult obesity in the nation at 25.6% and the fifth highest level of overweight children (ages 10-17) in the nation at 19.3%. It is estimated that the state spent \$254 per person in 2003 on medical costs related to obesity. This is the 28th highest amount in the country.

Facilitated by the Rowan County Health Department, Rowan Partnership for Community Health, a coalition of agencies and volunteers working together to prevent and control child overweight, has established a range of interventions to impact this problem. School-based initiatives include integrating nutrition education within curricula at several elementary schools, constructing playgrounds and walking trails, producing school policies prohibiting food as a reward for academic performance and good behavior, serving healthier school meals and snacks and increasing physical activity during the elementary school day. Rowan YMCAs offer scholarships for low-income obese students while a local elementary school has partnered with Rowan County Cooperative Extension and NC State/NC A & T to create a two-acre garden and outside classrooms that will be used to teach different aspects of health, science, math, social studies, and language arts. A number of elementary schools are designing a competitive walking program for teachers, staff and students. The J.F. Hurley YMCA will reward the school with the most walked miles with a "Day at the Y."

From a municipal perspective, the City of Salisbury has taken the lead in creating a built environment conducive to physical activity. Salisbury Parks and Recreation maintains 1.5 miles of greenway trails with an additional 0.75 mile of paved greenway trail ready for construction. The City, with support from the Health Department, secured a 2008-2010 Fit Community Grant which will be used to install over 1.5 miles of greenway connectors as well as launching new walking and fitness program for City residents. Ten miles of sidewalk construction will be

completed within City limits by 2010. The City of Salisbury established the Salisbury Farmer's Market in downtown Salisbury by providing land, site improvements and organizational support. Policy changes at the state level allow Women, Infant and Children (WIC) Supplemental Nutrition program clients to use their food vouchers at the market for fresh fruits and vegetables.

For eight years running, Subway®, Rowan YMCA, Rowan-Salisbury School System, Salisbury Parks and Recreation and the Health Department hosted the annual "Food and Field Olympics" for youth and family members at risk for overweight and obesity. Through outreach activities, developmentally disabled children and children from low-income families participated in the event. With funds provided by Smart Start Rowan, the Health Department launched NAPSACC (Nutritional and Physical Assessment in Childcare). NAPSACC helps childcare centers create environments, policies and practices conducive to improved nutrition and physical activity among children age two to five.

While school and communitywide efforts to impact child overweight and obesity are substantial, continued and expanded efforts, most importantly in the areas of policy and environmental change conducive to healthy eating and active living, will be essential to reducing this epidemic.

■ Improve minority health

Initiatives designed to improve minority health are focus areas for the Healthy Baby Coalition of Rowan County, Salisbury-Rowan Hispanic Coalition and the Youth-In-Action Against Tobacco Council.

Health Link, a Health Department program funded by the public and private sector and supported by the Healthy Baby Coalition, aims to secure health parity among low-income women of childbearing age and young children birth through five years of all races and ethnicities. Concerted effort is directed toward eliminating the higher death rates experienced by African American babies as compared to the general population. Since inception, Health Link has helped low-income families adopt healthy behaviors, create safe and healthy environments for raising children, and access and navigate through local healthcare and human service delivery systems. Free rides are provided to families experiencing transportation barriers to services benefiting the health and well-being of young children.

The Salisbury-Rowan Hispanic Coalition periodically produced and distributed to Hispanic families a community resource guide (in Spanish) that described local resources. The guide includes information about community healthcare services. A useful feature for monolingual Hispanic families is a listing of telephone numbers for bilingual English-Spanish interpreters at various community agencies. The interpreters are instrumental to helping monolingual individuals access and appropriately utilize available healthcare services. Each September, during Hispanic Heritage Month, the Coalition hosts La Fiesta de Rowan, a celebration of Hispanic/Latino culture. Attended by hundreds of residents of all backgrounds, the daylong event is filled with fun and educational family-oriented activities. This includes sharing information about healthcare and human services and educating families about the many benefits of a healthy lifestyle.

Reducing the prevalence of youth tobacco use across all races and ethnicities is the mission of the Youth-In-Action Against Tobacco Council (YIAATC). Council members are middle and high school students who educate and encourage their peers and younger children throughout the County to make a lifelong commitment to a tobacco-free lifestyle. Complementing their youth and child-centered education efforts, YIAATC engaged tobacco retailers in mitigating the sale of tobacco products to minors, helped students comply with Rowan-Salisbury School System's 100% Tobacco-Free School Policy and connected teen tobacco users with cessation services offered by QuitNowNC!, the state's tobacco use quitline.

■ Increase access to health, wellness and prevention programs

Good health begins with a healthy lifestyle and healthy living conditions. NC Prevention Partners reports that three quarters of preventable deaths are caused by tobacco use, poor nutrition and physical inactivity. Together, these three conditions cost North Carolina \$26 billion each year, an almost two-fold increase from 2005.

Worksites, schools and community-based agencies that create supportive social and environmental conditions for healthy lifestyle change understand that human productivity and performance, healthcare costs and a community's quality of life are positively impacted through good nutrition, increased physical activity, a tobacco-free way of life and freedom from exposure to secondhand smoke. Preparing and enacting health policies, creating healthy environments, marketing the benefits of healthy behaviors and implementing health promoting activities are essential components of a comprehensive health and wellness program.

In addition to health promotion and disease prevention interventions previously presented under the priority areas of "reduce problems with obesity" and "improve minority health," are worksite wellness programs in place for Rowan County and City of Salisbury employees as well as programs offered by Rufty-Holmes Senior Center and Rowan YMCAs to their members. Walking programs, weight management seminars, health risk appraisals, healthy cooking classes, healthy vending machine policy, wellness newsletters and case management services for individuals with chronic disease or associated risk factors demonstrate the range of available health and wellness initiatives.

With the opening of the new Archibald C. Rufty Fitness Annex, Rufty-Holmes Senior Center's capacity for providing a variety of quality health and wellness programs has grown dramatically. Twelve classes are currently offered at various levels, many of these being evidence-based. Exercise program staff have received additional training, and new senior exercise leaders have been identified and trained for long-term involvement in this arena. Pre- and post-tests have validated that those who participate long-term show improvement in "functional fitness." The Center has also been able to track drop-out rates in these classes and to develop effective tools for program retention. A walking program has been established with over one hundred older adults actively participating and turning in logs that indicate more than 93% are walking more days and miles per week than before joining the program.

The Center's aquatic exercise program continues to engage over 100 older adults on a continuing basis with fourteen classes currently offered. Arthritis exercise remains a key element. An arthritis exercise class is also offered at the Salisbury YMCA with about 30 participants. The Health Department provides \$5,000 annually to support scholarships for older, low-income adults to take arthritis classes at the Center and YMCA. The number of older adults who participated in exercise programs through the Center increased 35% over the previous year to a record 1,051 unduplicated seniors.

A new program emphasizing fitness participation with older adults, SilverSneakers, is now offered through the Center. This program has allowed older adults who have certain Medicare Part C plans to participate in exercise programs free of charge, with their health plans paying the Center for their involvement. Now in its second year, there are over 160 older adults enrolled in this program. Many of the trained senior exercise leaders work at both Rufty-Holmes Senior Center and Rowan County YMCAs and have helped the two agencies coordinate efforts for improving the number of older adults involved in exercise programs. Although great strides have been made toward increasing senior involvement in physical activity, only 25% of NC older adults report participating regularly in a fitness program. Added emphasis for initiating and sustaining older adult participation is needed. Fortunately, support systems such as SilverSneakers and scholarship programs make it more affordable for many seniors to join with and benefit from regular physical activity with their peers.

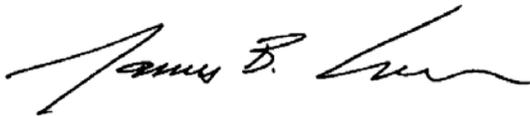
Along with healthy eating and active living, freedom from both tobacco-use and exposure to secondhand smoke is central to preventing the onset of chronic disease and living life with vitality and vigor. Wellness policies prohibiting indoor smoking not only reduce exposure to the deadly toxins found in secondhand smoke but also reduce tobacco use prevalence by limiting the number of individuals who become addicted to tobacco and increasing quit rates among tobacco users. The Smoke Free Rowan Coalition contributed to community health and wellness efforts by encouraging businesses, schools and organizations to voluntarily adopt indoor smoke-free policies. The number of establishments providing smoke-free environments has steadily grown since the Coalition's establishment in April 2006.

Community health depends on community awareness, engagement, planning and action. To that end, the 2008 Healthy Rowan! Quality of Life Report Card was designed as a tool for helping local organizations and volunteers work together for the noble purpose of improving Rowan's health.

Healthy Rowan! Task Force members welcome suggestions from the community regarding new measures and health priority progress updates that should be considered for inclusion in future editions of the annual report.

Individuals and agencies who would like to get involved with ongoing health improvement initiatives should contact the Healthy Rowan! Coordinator at (704) 216-8813.

Remember...A Healthy Community is Everyone's Business,



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Healthy Rowan! Task Force

Allies for Substance Abuse Prevention
Cornerstone Church
Healthy Baby Coalition of Rowan County
Hispanic Coalition of Salisbury-Rowan
Piedmont Behavioral Healthcare
Rowan County Department of Social Services
Rowan County EMS
Rowan County Health Department

Rowan County Sheriff's Department
Rowan County United Way
Rowan Partnership for Community Health
Rowan Regional Medical Center
Rowan-Salisbury Schools
Smart Start Rowan
Smoke Free Rowan
Youth-In-Action Against Tobacco Council

Quality of Life Measure	Rowan County	North Carolina	Time Period
Health			
Teen pregnancy rate for 15-17 year olds (1a)	41.5	34.8	2007
Teen pregnancy rate for 15-19 year olds (1b)	70.4	63.0	2007
Repeat teen pregnancies for 15-19 year olds (1c) (percent)	28.3%	29.4%	2007
Teen birth rate for 15-19 year olds (2)	53 (2004)	49	2005
Live births classified as low birthweight (percent) (3)	9.8%	9.1%	2002-2006
Pre-Pregnant Women Underweight (percent) (4)	13.4%	12.9%	2006
Pre-Pregnant Women Overweight (percent) (5)	44.9%	46.6%	2006
Mother smoked during pregnancy (percent) (6)	17%	12.4%	2002-2006
Mother received late or no prenatal care (percent) (7)	20.1%	15.9%	2003-2005
Infant death rate (8)	8.2	8.4	2003-2007
Infant death disparity between Whites and Blacks (9)	1.65 times higher rate for Blacks	2.63 times higher rate for Blacks	2002-2006
Fetal death rate (10)	6.8	7.0	2002-2006
Neonatal death rate (11)	5.8	5.8	2002-2006
Post-neonatal death rate (12)	2.9	2.6	2002-2006
Youth death rate (race, gender, age adjusted rates per 100,000 population) (13)	65.6	75	2002-2006
Deaths-all causes (race, gender, age adjusted rates per 100,000 population) (14)	903.8	875.3	2003-2007
Death disparity between White and minority men (15)	1.02 times higher rate for minority men	1.26 times higher rate for minority men	2002-2006
Death disparity between White and minority women (16)	1.21 times higher rate for minority women	1.19 times higher rate for minority women	2002-2006
Heart disease death rate (17)	240.4	210.7	2003-2007
Diabetes mellitus death rate (18)	31.6	26.4	2003-2007
Stroke death rate (19)	56.5	57.6	2003-2007
Cancer death rate (20)	195.2	194.9	2003-2007
Colon cancer death rate (21)	16.6	17.8	2003-2007
Lung cancer death rate (22)	61.5	59.6	2003-2007
Breast cancer death rate (23)	23.9	25.5	2003-2007
Prostate cancer death rate (24)	25.9	28.3	2003-2007
Suicide rate (25)	16.0	11.7	2003-2007
Homicide rate (26)	6.0	7.1	2003-2007
Motor vehicle injury death rate (27)	19.6	19.1	2003-2007
All other unintentional injury death rate (28)	32.9	27.8	2003-2007
Alzheimer's disease death rate (29)	32.1	28.3	2003-2007
Female breast cancer incidence rate (30)	139.9	148.2	2001-2005
Prostate cancer incidence rate (31)	93.9	156.1	2001-2005
Overweight children (32)	14.3%	17.3%	2007
Percent of kindergartners cavity-free (33)	60%	61%	SY 2008
Percent of kindergartners with untreated dental decay (34)	27%	18%	SY 2008
Percent of 5 th graders cavity-free (35)	81%	74%	SY 2008
Percent of 5 th graders with untreated dental decay (36)	8%	4%	SY 2008
Percent of 5 th graders with dental sealants (37)	37%	45%	SY 2008
Number of physicians per 10,000 population (38)	12.5	20.9	2007
Number of primary care physicians per 10,000 population (39)	5.9	8.9	2007
Number of dentists per 10,000 population (40)	3.7	4.3	2007
Number of registered nurses per 10,000 population (41)	77.8	93.5	2007
Number of pharmacists per 10,000 population (42)	8.5	9.0	2007

Quality of Life Measure	Rowan County	North Carolina	Time Period
Crime			
Index crime rate per 100,000 residents (43)	3,601	4,659	2007
Violent crime rate per 100,000 residents (44)	412	480	2007
Property crime rate per 100,000 residents (45)	3,189	4,179	2007
Acts of violence per 1,000 students (elementary, middle, and high school) (46)	7.59	7.77	SY 2007
Juveniles before district courts for the 1 st time per 1,000 children ages 10-17 (47)	18	19	2006
Juvenile arrests per 1,000 children ages 10-17 (48)	68	57	2006
Economy			
Unemployment rate (percent) (49)	8.1%	6.8%	Aug. 2008
Per capita income (50)	\$29,001	\$32,247	2006
Median household money income (51)	\$50,300	\$52,100	2007
Home ownership rate (52)	73.6 (2000)	70.2	2006
Retail sales per capita (53)	\$7,110	\$10,686	2002
Percent of residents enrolled in Work First (54)	0.54%	0.6%	2008
Percent of residents receiving Food Stamps (55)	9%	9.4%	2008
Percent of children receiving Food Stamps (56)	18%	18.3%	2008
Persons below poverty (percent) (57)	13.0%	13.8%	2004
Percent of children enrolled in NC Health Choice (percent) (58)	5.3%	5.5%	2008
Number and percent of children in poverty (percent) (59)	7,214, 22.4%	438,050, 20.8%	2005
Number and percent of population (0-17 years) without health insurance (60a)	3,729; 11.5%	241,763; 11.3%	2005
Number and percent of population (age 18 to 64) without health insurance (60b)	15,876; 18.9%	1,072,475; 19.5%	2005
Number and percent of population (age 0 to 64 years) without health insurance (60c)	19,606; 16.9%	1,314,235; 17.2%	2005
Social Well-Being			
Children subject of a Child Protective Services Assessment per 1,000 children (birth to 17 years) (61)	81.0	56.9	FY 2007
Children found substantiated for child abuse, neglect or in need of services per 1,000 children (birth to 17 years) (62)	19.5	26.5	FY 2007
Rate of children in Department of Social Services custody per 1,000 children (birth to 17 years) (63)	4.5	5.0	June 2008
Education			
Grade 3 End of Grade Reading Mean Score (64)	246.0	248.1	SY 2007
Grade 3 End of Grade Math Mean Score (65)	341.4	344.0	SY 2007
Grade 5 End of Grade Reading Mean Score (66)	256.0	257.7	SY 2007
Grade 5 End of Grade Math Mean Score (67)	351.7	354.6	SY 2007
Grade 8 End of Grade Reading Mean Score (68)	263.0	264.2	SY 2007
Grade 8 End of Grade Math Mean Score (69)	358.3	360.3	SY 2007
SAT Average Score (70)	976	1004	2007
Four Year Completion Rate (71)	67	69.9	2008
Per pupil appropriations (72)	\$1,667	\$1,873	SY 2006
Free and Reduced-Price School Meals (percent) (73)	50.7	47.7 (2005)	2008
Civic Participation			
Eligible residents registered to vote (percent) (74)	83.7%	83.1%	2006
Eligible residents participating in the Presidential election of 2000 (percent) (75)	46%	50%	2000
Eligible residents participating in the Presidential election of 2004 (percent) (76)	52%	54%	2004

- 1a. Teen Pregnancy Rate for 15-17 year olds: Number teens 15 to 17 pregnant per 1,000 girls age 15 to 17. State Center for Health Statistics.
- 1b. Teen Pregnancy Rate for 15-19 year olds: Number teens 15 to 19 pregnant per 1,000 girls age 15 to 19. State Center for Health Statistics.
- 1c. Repeat Teen Pregnancies for 15-19 year olds. Percent of total pregnancies among teens 15 to 19 that are repeat pregnancies. State Center for Health Statistics.
2. Teen Birth Rate. Number of girls between 15 and 19 years giving birth per 1,000 girls age 15 to 19. State Center for Health Statistics, Kaiser State Health Facts.
3. Live births classified as low birth weight. Weight of less than 5 pounds, 8 ounces (2,500 grams) at birth. State Center for Health Statistics.
4. Pre-Pregnant Women Underweight: Women with a BMI (body mass index) of < 19.8. NC Dept of Public Health Nutrition Services Branch.
5. Pre-Pregnant Women Overweight/Obese: Women with a BMI >26.0. NC Dept of Public Health Nutrition Services Branch.
6. Mothers Smoked During Pregnancy: Percent of mothers who smoked while pregnant. State Center for Health Statistics.
7. Mother Received Late or No Prenatal Care. Mothers who either did not start prenatal care during the first trimester of pregnancy or did not receive any prenatal care. State Center for Health Statistics
8. Infant Death Rate: Number of babies dying before their first birthday per 1,000 live births. State Center for Health Statistics.
9. Infant Death Disparity Between Whites and Blacks: While the overall infant mortality rate is at a record low, Black babies continue experience higher death rates than White babies. State Center for Health Statistics.
10. Fetal Death Rate: Stillbirths of 20+ weeks gestation per 1,000 live births. State Center for Health Statistics.
11. Neonatal Death Rate: Deaths of babies < 28 days old per 1,000 live births. State Center for Health Statistics.
12. Post-neonatal Death Rate: Deaths of babies 28 days old to 1 year per 1,000 live births. State Center for Health Statistics.
13. Youth Death Rate: Number of deaths among youth 0 to 17 years per 100,000. State Center for Health Statistics.
14. Deaths-All Causes: Number of deaths per 100,000 population due to the following causes: heart disease, stroke, cancer, diabetes mellitus, pneumonia and influenza, chronic lower respiratory diseases, chronic liver disease and cirrhosis, septicemia, kidney disease, unintentional motor vehicle injuries, other unintentional injuries, suicide, homicide, and HIV. State Center for Health Statistics.
15. Death Disparity Between White and Minority Men: Historically, minority (mainly Black) men have experienced a greater burden of death than White men. State Center for Health Statistics.
16. Death Disparity Between White and Minority Women: Historically, minority (mostly Black) women have experienced a greater burden of death than White men. State Center for Health Statistics.
17. Heart Disease Death Rate: Number of deaths resulting from heart disease per 100,000. Age adjusted rate. State Center for Health Statistics.
18. Diabetes Mellitus Death Rate: Number of deaths resulting from diabetes mellitus per 100,000. Age adjusted rate. State Center for Health Statistics.
19. Stroke Death Rate: Number of deaths due to stroke per 100,000. Age adjusted rate. State Center for Health Statistics.
20. Cancer Death Rate: Number of deaths due to cancer per 100,000. This includes cancer of lip, oral cavity and pharynx; stomach; colon, rectum, and anus; liver; pancreas, larynx; trachea, bronchus and lung; sinuses, pleura, and all other respiratory sites; malignant melanoma of the skin; breast; cervix and uterus; ovary; prostate; bladder; brain; non-Hodgkins Lymphoma; and leukemia. Age adjusted rate. State Center for Health Statistics.
21. Colon Cancer Death Rate: Number of deaths per 100,000. Age adjusted rate. State Center for Health Statistics.
22. Lung Cancer Death Rate: Number of deaths per 100,000. Age adjusted rate. State Center for Health Statistics.
23. Breast Cancer Death Rate: Number of deaths per 100,000. Age adjusted rate. State Center for Health Statistics.
24. Prostate Cancer Death Rate: Number of deaths per 100,000. Age adjusted rate. State Center for Health Statistics.
25. Suicide Rate: Number of suicides per 100,000. Age adjusted. State Center for Health Statistics.
26. Homicide Rate: Number of homicides per 100,000. Age adjusted. State Center for Health Statistics.
27. Motor Vehicle Injury Death Rate: Number of deaths per 100,000. Age adjusted. State Center for Health Statistics.
28. All Other Unintentional Injury Death Rate: Number of deaths per 100,000. Age adjusted. State Center for Health Statistics.
29. Alzheimer's Death Rate: Number of deaths per 100,000. Age adjusted. State Center for Health Statistics.
30. Female Breast Cancer: Number of new cases of female breast cancer per 100,000. Age adjusted. NC Central Cancer Registry.
31. Prostate Cancer: Number of new cases of prostate cancer per 100,000. Age adjusted. NC Central Cancer Registry.
32. Overweight children: Prevalence of overweight children 2 through 18 years of age. NC-Nutrition and Physical Activity Surveillance System.
33. Percent of Kindergartners Cavity Free: Percent of screened children who have never had a cavity of filling in a baby tooth. NC Calibrated Dental Screening Data, NC Oral Health Section.
34. Percent of Kindergartners with Untreated Dental Decay: NC Calibrated Dental Screening Data, NC Oral Health Section.
35. Percent of 5th Graders Cavity Free: Percent of children screened who have never had a cavity or filling in a permanent tooth. NC Calibrated Dental Screening Data, NC Oral Health Section.
36. Percent of 5th Graders with Untreated Dental Decay: NC Calibrated Dental Screening Data, NC Oral Health Section.
37. Percent of 5th Graders with Dental Sealants: Dental sealants are a plastic material applied to the chewing surfaces of the back teeth-premolars and molars. This plastic resin bonds into the depressions and grooves (pits and fissures) of teeth and prevents tooth decay by protecting tooth enamel from plaque and food. NC Calibrated Dental Screening Data, NC Oral Health Section.
38. Number Physicians per 10,000 population. NC Health Professions 2007 Data System. Cecil G. Sheps Center for Health Services Research.
39. Number of Primary Care Physicians per 10,000 population. Primary care physicians are those who report their primary specialty as family practice, general practice, internal medicine, pediatrics or obstetrics/gynecology. NC Health Professions 2007 Data System. Cecil G. Sheps Center for Health Services Research.
40. Number of Dentist per 10,000 population. NC Health Professions 2007 Data System. Cecil G. Sheps Center for Health Services Research.
41. Number of Registered Nurses per 10,000 population. NC Health Professions 2007 Data System. Cecil G. Sheps Center for Health Services Research.
42. Number of Pharmacists per 10,000 population. NC Health Professions 2007 DataSystem. Cecil G. Sheps Center for Health Services Research.
43. Index Crime Rate: Includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies and motor vehicle thefts per 100,000. State Bureau of Investigation.
44. Violent Crime Rate Per 100,000 Residents: Total number of violent crimes (murder, rape, robbery and aggravated assault) per 100,000. State Bureau of Investigation.
45. Property Crime Rate Per 100,000 Residents: Total number of property crimes (burglary, larceny and motor vehicle theft and arson) per 100,000. State Bureau of Investigation.
46. Acts of Violence Per 1,000 Students (elementary, middle, high school): Acts of violence: possession of weapon or controlled substance, assault on school personnel, assault resulting in serious injury, sexual assault, assault involving use of weapon, possession of firearm, robbery with/without a dangerous weapon, taking indecent liberties with a minor, rape, kidnapping and death by other than natural causes. Public Schools of NC, State Board of Education, NC Department of Public Instruction.

47. Juveniles Before District Courts for the 1st Time per 1,000 children ages 10-17: The number of juveniles who appear before the court for the first time during the fiscal year. A juvenile is defined as one who has not reached his or her 18th birthday and "is not married, emancipated, or a member of the armed services of the United States." State Agency Data: Judicial Branch.

48. Juvenile Arrests: The total of all persons under the age of 18 who were arrested, cited, or summoned for committing a criminal offense per 1,000 persons under age 18. NC Department of Justice.

49. Unemployment Rate: Calculated by dividing the number unemployed by the civilian labor force. State Agency Data: Dept. of Commerce.

50. Per Capita Income: Total personal income for the region divided by the midyear population estimate for the region. Total personal income includes earnings (wage and salary disbursements, other labor income, and proprietors' income), dividends, interest, rent, and transfer payments. Federal Agency Data, Bureau of Economic Analysis.

51. Median Household Money Income: 50 percent of households have incomes exceeding and 50 percent have incomes less than stated amount. Household income is the sum of money income received in the previous calendar year by all household members 15 years old and over, including household members not related to the householder., people living alone, and others in non-family households. The median household income reported here were produced through statistical modeling. Federal Data: Dept. of Housing and Urban Development.

52. Home Ownership Rate: Computed by dividing the number of owner-occupied housing units by the number of occupied housing units or households. A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. U.S. Census Bureau-US Statistical Abstract.

53. Retail Sales Per Capita: Total dollar value of sales divided by the number of residents living in the area. Sales include merchandise sold for cash or credit at retail and wholesale by establishments primarily engaged in retail trade; amounts received from customers for layaway purchases; receipts from rental of vehicles, equipment, instruments, tools, etc.; receipts for delivery, installation, maintenance, repair, alteration, storage and other services; the total value of service contracts; and gasoline, liquor, tobacco, and other excise taxes which are paid by the manufacturer or wholesaler and passed on to the retailer. U.S. Census Bureau.

54. Percent of Residents Enrolled in Work First: Work First, which began in July 1995, is North Carolina's plan to help families stay off welfare or move off welfare and into jobs. Work is required for families on welfare. Work First is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and families can get childcare assistance and other services to help them become self-sufficient, but ultimately the responsibility is theirs. Most families have 2 years to move off welfare. NC Division of Social Services.

55. Percent of Residents Receiving Food Stamps: The Food Stamp Program is a Federal program that provides a monthly allotment of Food Stamp benefits that may be used to purchase most foods at participating stores. They may not be used to purchase tobacco, pet food, paper and soap products, or alcoholic beverages. The Food Stamp Program is an entitlement program; so all eligible individuals and households can receive assistance. NC Division of Social Services and Rowan Department of Social Services (DSS).

56. Percent of Children Receiving Food Stamps (< 18 years). NC Department of Health and Human Services, Division of Social Services, Rowan County Department of Social Services (DSS).

57. Persons Below Poverty: Families and persons are classified as below poverty level if their total family income or unrelated individual income was less than the poverty threshold specified for the applicable family size, age of householder and number of related children under 18 present. The State and County estimates were produced through statistical modeling. U.S. Census Bureau.

58. Percent of Children Enrolled in NC Health Choice. Percent of Children utilizing NC Health Choice Insurance Rowan County Department of Social Services (DSS).

59. Percent of Children Below Poverty: Estimated percent of children under age 18 years age whose family's income or unrelated individual income was less than the poverty threshold specified for the applicable family size, age of householder and number of related children under 18 present. Bureau of Economic Analysis regional data, 2005

60 a, b, c: Percent of Population Without Health Insurance: Holmes M. County-level Estimates of the Uninsured in NC: 2004. Holmes M, Ricketts TC. County-level Estimates of the Uninsured in North Carolina: 2005 Update. Cecil G. Sheps Center for Health Services Research.

61. Children Subject of a Child Protective Services Assessment per 1,000 children (birth to 17): The number of unique children subject to an investigative assessment for abuse, neglect or in need of services divided by the total child population. Unique child: if same child is subject of more than one investigative assessment, he/she is counted only once. NC Division of Social Services and Rowan County DSS.

62. Children Found Substantiated for Child Abuse, Neglect or In Need of Services per 1,000 children (birth to 17): Number of children with substantiated abuse, neglect or in need of services divided by total child population. NC Division of Social Services and Rowan County DSS.

63. Rate of Children in Department of Social Services Custody per 1,000 Children (birth to 17 years). Number of children placed in Department of Social Services (DSS) custody divided by the total child population. Custody is defined as the court awarding DSS temporary responsibility for the care and placement of the child. NC Division of Social Services and Rowan County DSS.

64-69. End of Grade Mean Score: End of Grade tests are designed to measure student performance objectives and grade-level competencies specified in the NC Standard Course of Study. Raw test results are converted to developmental scale scores with a higher number reflecting a higher score. The data reported are average scores compiled from all children (grades 3, 5 and 8) taking EOG tests during the 2006 school year. 2006-07 NC State Testing Results. NC Department of Public Instruction.

70. SAT Average Score: NC SAT scores (math and critical reading scores combined) were averaged among NC students. The NC 2007 SAT Report. NC Department of Public Instruction.

71. Four Year Completion Rate: Ratio of high school graduates at the end of the current school year to the 9th grade final enrollment four years earlier. Closest rate reported by the Dept of Public Instruction (DPI) to the measure recommended by the National Governors Association and the federal government. NC Department of Public Instruction, Financial & Business Services, School Business Division, 2006-07.

72. Per Pupil Appropriations: The annual amount spent per pupil by the local school system. It is calculated by dividing the overall operating expenditures by the number of children listed as the school system's average daily membership. 2005-06 NC Department of Public Instruction.

73. Free and Reduced-Price School Meals: School children enrolled in free/reduced-price school meals divided by average daily membership at lunch. NC Department of Public Instruction.

74. Percent of Eligible Residents Registered to Vote: Percent of eligible residents (U.S. citizens 18 years age and older) who are registered to vote. State Board of Elections.

75. Percent of Eligible Residents Participating in the General 2000 Election: Calculated by dividing the number of citizens voting in the 2000 general election by number of residents eligible to vote. (U.S. citizens 18 years of age and older). Rowan County Board of Elections.

76. Percent of Eligible Residents Voting for President in the General 2004 Election: Calculated by dividing the number of citizens casting a vote for President in the 2004 election by number of residents eligible to vote. (US Citizens 18 years of age and older). State Board of Elections.