



Community Health Needs Assessment

Rowan County

2009

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Introduction

The Rowan County Health Department (RCHD) is required to complete and submit a Community Health Assessment (CHA) to the North Carolina Department of Health and Human Services (DHHS) and the Division of Public Health (DPH) every four years. All Local Health Departments are required to complete a Community Health Assessment by the following requirements:

- Agreement Addenda between Health Department and NC DHHS, Division of Public Health
- Local Health Department Accreditation Standards
- Healthy Carolinians Certification Standards

RCHD Community Health Assessment (CHA) was initiated by Dr. Jim Cowan in November 2008. He invited a number of individuals from the community, representing various agencies and disciplines, to participate in the CHA process. At that meeting, Dr. Cowan reviewed the findings from the 2006 United Way Community Needs Assessment. From November 2008 through March 2009, Dr. Cowan led a series of meetings that developed a plan for completing the Rowan County CHA process. Members of the CHA Committee completed a survey from which Dr. Cowan identified 5-7 priorities that the CHA Committee believed to be the most significant health related issues facing Rowan County at this time. Dr. Cowan also shared with the CHA Committee his plans to develop and implement a random household survey to collect primary health care data for Rowan. Unfortunately for both the CHA Committee and the community, Dr. Cowan submitted his resignation in May 2009 and left the Health Department in June. Ms. Amy Smith and I began developing an alternative plan to complete the CHA process. We both felt that the department did not have the resources or manpower to follow through with a random household survey to collect primary health care data. In September 2009, the department contracted with Ms. Linda Alexander to assist with the implementation of Focus Group approach to collect primary care data. Ms. Smith and Ms. Alexander spent the next two months meeting with fourteen Focus Groups across the county to obtain feedback about health care issues in the county. Ms. Smith, Ms. Alexander and I took the information generated from the 2006 United Way Community Needs Assessment, the CHA Committee priorities and the Focus Group priorities and developed a final CHA project summary. It is hoped that this process will satisfy the requirements from the State and the community leaders regarding a summary of Health Issues that Rowan is currently facing as well as health issues that need to be addressed in future planning and implementation.

Appendix A is the 2009 Quality of Life Report Card or SOTCH (State of the County's Health) Report for Rowan County.

Finally, I want to draw your attention to a letter (see Appendix B) that was distributed recently to health departments and directors across the state. This is letter from three leading members of the NC General Assembly who wish to use the Public Health Improvement Plan, a concept that was approved in legislation passed in the 2009 Long Session, to evaluate Public Health in North Carolina. Based on their expressed concerns regarding both poor NC ranking regarding the public's health and the concomitant low ranking for Public Health funding across the state, I believe that the Rowan Community Health Assessment for 2009 supports these legislator's concerns about the health of Rowan and North Carolina citizens. Without additional resources and a commitment from both state and local leaders to provide much needed resources for public health services, North Carolina and Rowan will continue to be at or near the bottom of national rankings for health and health related issues.

Acknowledgements

On behalf of the Rowan County Board of Health, I want to thank all of those individuals and agencies who participated in the Rowan County Health Department Community Health Assessment (CHA) for 2009. Special thanks go to Dr. Jim Cowan, former Allied Health Director at the Rowan County Health Department, for identifying and organizing the Community Health Assessment Committee in November 2008. He was also responsible for much of the ground work, including a detailed review of the 2006 United Way Community Needs Assessment that has culminated in the final 2009 Community Health Assessment document for 2009. Second, I want to give special recognition to the Community Health Assessment Committee (see page 8) for their time and commitment to the CHA process. The Committee played a major role in helping to establish priorities and provided valuable feedback to Health Department Staff for what the community believes to be the major health concerns for Rowan County. I want to give special thanks to Ms. Barbara Andrews, Chairman of the Rowan County Board of Health, for providing the leadership from the Board to assist with the CHA process. Finally, I want to thank Ms. Amy Smith and Ms. Linda Alexander for their major contributions to the Focus Group review and document preparation. Without all the individuals who participated, the 2009 Community Health Needs Assessment for Rowan County could not have been completed.

Thank You,

Leonard Wood, Director



**Rowan County Health Department
December 2009
Community Health Assessment**

BACKGROUND

Imagine living in a community where low-income families struggled to find dental care for their children; where, despite tobacco being the leading cause of preventable death, nothing was done to curb the use of tobacco by our youth; and, where dramatic racial and ethnic disparities in maternal, infant and child health were evident but not addressed. In Rowan County, during the late 1990s and early 21st century, these conditions prevailed until community-based health and human service assessments galvanized local awareness, marshaled commitment, and brought concerted action to impact these serious health problems.

The Rowan County Health Department was an integral partner with United Way in the development of the Community Health and Human Service Assessment in 1999 and again in 2005. The Department joined with other local agencies to create and implement solutions that measurably improved the community's health around priority problems identified during these assessments.

For 2009, the Health Department accepted responsibility for leading an assessment with a predominant focus on health assessment needs in the community. Beyond the core benefits of identifying and solving local health problems, all Health Departments across North Carolina are required to lead or participate in Community Health Assessments to comply with requirements by the NC Public Health Division and NC Contract Agreement. To bring additional support toward solving some of Rowan County's most pressing community health problems, the Health Department established and currently leads Healthy Rowan!, a state-certified Healthy Carolinians Task Force comprised of local leaders dedicated to evaluating and improving community health. Healthy Carolinians certification and recertification standards require task forces, such as Healthy Rowan! to join with the Health Department and local partners in conducting the health assessment every four years.

The community health assessment serves as a foundation for improving the health of Rowan County residents by:

- Identifying and prioritizing community health problems
- Revealing the determinants of priority health problems including behavioral, social and environmental factors
- Assessing the availability of human and material resources and commitment to solving health problems of greatest importance to the community
- Preparing an action plan and recommendations to address community health priorities
- Sharing the results of the assessment with the Rowan County community for the purpose of creating tangible support and engagement for community health priority solutions



**Rowan County Health Department
December 2009
Community Health Assessment**

ROWAN COUNTY COMMUNITY PROFILE

Location and Geography

Rowan is located in the south central piedmont area of North Carolina. Salisbury is the county seat and the major urban area of the county and is located 40 miles northeast of Charlotte and 50 miles southwest of Greensboro. Rowan County is comprised of 11 cities and towns: China Grove, Cleveland, Spencer, East Spencer, Enouchville, Faith, Granite Quarry, Kannapolis, Landis, Rockwell, and Salisbury. The county is divided into fourteen townships: Atwell, China Grove, Cleveland, Franklin, Gold Hill, Litaker, Locke, Morgan, Mount Ulla, Providence, Salisbury, Scotch Irish, Steele, and Unity. According to the US Census Bureau, the total population in Rowan County was 139,225 in 2008 with 255 persons per square mile.

Rowan County is bound on the north by Davie County, northeast by Davidson County, west by Iredell, southeast by Stanley, and to the south by Cabarrus. The county has a total area of 524 square miles. The county's eastern border is formed by the Yadkin River and Interstate 85 passes through the county from the southwest to northeast. In the early to mid 20th century, Spencer and Salisbury were major railroad hubs for both passenger and commercial support for the southern piedmont of North Carolina.

History

Rowan County was formed in 1753 from the northern part of Anson County. It was named for Matthew Rowan, acting governor of North Carolina from 1753 to 1754. The area was home to numerous native tribes including the Sapona and the Catawba, and was reported to be the hunting ground of the Cherokee. Rowan was a rich place for a settlement and very accessible by two roads that came through the region. One was the Trading Path from eastern Virginia that was used by the Indians as well as early explorers and traders. The other was the Great Pennsylvania Wagon Road, which stretched from Lancaster County Pennsylvania through the Shenandoah Valley of Virginia into Piedmont North Carolina where it joined the Trading Path.

The first settlers were of Scotch-Irish descendants and they settled in the western part of Rowan. German immigrants also moved into the eastern sections of the county. With these early settlers, the population grew rapidly and in 1753 Colonial Governor Matthew Rowan signed a bill creating Rowan County. Rowan was the largest and most populated county in the colony and state until 1836 when current county boundaries were drawn. Twenty-six counties have been carved out of Rowan.

Rowan County is rich in history of the early development and warring factions of the United States. Salisbury Township was occupied by enemy troops on at least two different occasions. This occurred during the American Revolutionary War and again during "Stoneman's Raid" during the Civil War. The Salisbury National Cemetery is located here and was dedicated by the US government in 1874. This cemetery is the final resting place for many Confederate and Union soldiers as well as veterans of other wars.

Education

There are 34 public schools in the County as well as 6 private schools. There are three colleges: Livingstone College, a private liberal arts college founded in 1879; Catawba College, a private liberal arts college founded in 1851. Rowan-Cabarrus Community College is also located in Salisbury.

Table 1: Education Attainment

2008	Average SAT score (2400 scale)	1,434
2008	Percent of Graduates Taking SAT	51%
2008	High School Graduates,	74.20%
2008	Bachelor's degree or higher	14.20%

Source – Economic Development Intelligence System, Rowan County Profile – US Dept. of Education, National Center for Statistics for Higher education data.

Arts and Leisure

Rowan County is home to three museums including the *North Carolina Transportation Museum*, once the South's largest railroad repair facility. At the museum you can enjoy railroading exhibits, an antique automobile collection and seasonal train rides. The *Rowan Museum* is located in downtown Salisbury. It is showcased in the old courthouse which was built in 1854. Exhibits are dedicated to family and home life, rural life, community, church, education, commerce and industry, military and other areas that represent the history of Rowan County. The *Hall House* is a museum that was the home of the chief surgeon at the Salisbury Military Prison and is now a museum with period fixtures and family heirlooms.

The Waterworks Visual Arts Center is a beautiful building which opened in 2003. It features art by regional and national artists as well as art by Rowan County children. There are numerous private art centers located throughout our county. Piedmont Players Theatre is one of North Carolina oldest theatrical groups. Their stage is now located in the restored Meroney Theatre in downtown Salisbury and plays are performed throughout the year.

The Rowan County Public Library is located in Salisbury with branches in Rockwell and China Grove. Rowan County has six golf courses open to the public and two private courses. Lazy 5 Ranch is located in the western part of the county and offers a drive through Animal Park. Lazy 5 is composed of 185 acres with over 400 animals from around the world. Dan Nicholas Park is a favorite destination of both Rowan citizens and folks from surrounding counties. Rowan has a very active YMCA with branches in Salisbury, one in Rockwell and one in China Grove. There is a Greenway making its way through the town of Salisbury with 5 sections: the Brenner Avenue section which encompasses two-thirds mile, Prescott Connector with one-half mile, Memorial Park Loop with one-half mile, Forest Hills Sections with one-third mile, and Kelsey Scott Park with a one-third mile section. The Greenway is a popular recreation area for walking, biking, jogging and alternate forms of transportation.

Economy

Private industry is the largest wage payer in Rowan County. There are six companies in the County that have over 1,000 employees. Their industry descriptions run from retail trade, education, manufacturing and public administration. There have been six company closings reported in 2008, mostly in the retail trade, with seven company layoffs reported effecting over 2,000 workers. In 2008, there were 191 manufacturing establishments with a total of \$4,001,835 in annual sales employing 12,377 people. These ranked in order with textiles being the largest employer, wood product manufacturing, chemical manufacturing, plastics and

rubber, non-metallic manufacturing, machinery, and transportation equipment. Retail had 440 establishments with \$949,947 in annual sales employing 4,961 people. Wholesale trade followed with 118 establishments, \$805,643 in total sales employing 49,720 people. Total employment growth in Rowan County for 2008 was -1.8%. Unemployment for the 2nd quarter of 2009 was -13.1% with the state average being -10.9%. Personal bankruptcy filing rank is 38th in the state. The commuting patterns of Rowan County citizens are significant: 31,377 people commuted out of Rowan County and 21,551 people commuted into Rowan County to work. White collar occupations totaled 46.7% in 2007 while blue collar occupations represented 37.5% (Source - U.S. Bureau of the Census, 2000 Census of Population and Housing. ESRA forecasts for 2007)

Table 2: Average Weekly Wage

Quarter Ending Dec.
31, 2008

		Average Wage	
North Carolina	Weekly	\$793.00	
Rowan County	Weekly	\$762.00	Percent of North Carolina 96.10%

(Source – NAICS Employment and Wages, Quarterly Census of Employment and Wages (QCEW) Unit, ESC/LMI Division)

Table 3: Average Yearly Income

	Rowan County	North Carolina
Median Household income 2007	\$46,071	\$44,772
Persons below poverty level	12.30%	14.30%

(Source – Log into Rowan County Quick Facts from the US Census Bureau <http://quickfacts.census.gov/qft/states>)

Population

From 2000 to 2008 Rowan County's population has increased 6.8%. The median age of the residents of Rowan County is 39 up two years from the average age in 2000 which was 37. Population under 5 years old represent 6.4%, under 18 (23.4%), and 65 years old and over (14.3%) of the population. The average household size is 2.5 persons. The county's 2008 population is distributed racially by the following: White 82.1%; African American 15.7%; American Indian and Alaska Native 0.4%, Asian 0.9%, and Hispanic or Latinos 6.6%.

Table 4: Housing Units

2008 Housing Units	59,014
Owner Occupied Units	39,028
Renter Occupied Units	14,362
Median Value of Owner Occupied Housing	\$125,649

(Source – ESRA for housing data. <http://www.esri.com>)

Table 5: Urban/Rural Representation

	Population	Urban/Rural Percent
2000 Total Population: Urban-inside Urbanized Area	28,547	21.90%
2000 Total Population: Urban-inside Urbanized Clusters	48,069	36.90%
2000 Total Population: Rural – Farm	1,125	0.90%
2000 Total Population: Rural - Nonfarm	52,599	40.40%

(Source – US Bureau of Labor of Statistics. Economic Development Intelligence System)

References for this document:

Rowan County, North Carolina County Information – ePodunk (www.epodunk.com)
 Rowan County QuickFacts from the US Census Bureau (www.quickfacts/census/gov/qft/states)
 Rowan County, North Carolina – Wikipedia (www.en.wikipedia.org/wiki/Rowan_County_North_Carolina)
 Employment Security Commission of North Carolina
 Economic Development Intelligence System – US Bureau of Labor of Statistics
 ESRI - U.S. Bureau of the Census
 Salisbury Heritage Tour/Historic Salisbury Rowan County/Rowan County Convention & Visitors Bureau
 The Salisbury Greenway/Salisbury Parks and Recreation Department
 NC Catch Data 2006-08
 NC Center for Health Statistics
 The Centers for Disease Control (CDC)
 2009 UNC Sheps Center for Health Services Research



**Rowan County Health Department
December 2009
Community Health Assessment**

OVERVIEW

Introduction:

The Rowan County Health Department is required to complete and submit a Community Health Assessment (CHA) to the North Carolina Department of Health and Human Services (DHHS) and the Division of Public Health (DPH) every four years. Three references require the Health Department to complete a CHA:

- Agreement Addenda between Health Department and NC DHHS, Division of Public Health
- Local Health Department Accreditation Standard
- Healthy Carolinians Certification Standard

Purpose:

This Community Needs Assessment is a collaborative effort between the Health Department, Board of Health, Healthy Rowan! and other community agencies representing nonprofit, private and government sectors. The primary purpose of the CHA is to identify current, new and emerging health problems in the community and develop plans for addressing these problems.

Requirements:

The CHA must satisfy the following conditions:

- Community collaboration in planning and conducting the assessment;
- The CHA must represent county's demographic profile (age, gender, race/ethnicity, socioeconomic status);
- Using defined methods, assemble and analyze health data, to include trend data, from several sources to describe community health status;
 - **Primary data.** New data collected within the community from any of the following:
 - Consumer surveys, Information obtained from residents;
 - Key stakeholder interviews, information obtained from community leaders, elected officials, and business leaders;
 - Conduct focus group interviews with community groups.
 - **Secondary data.** Health statistics already available for analysis such as illness, injury and death data collected by the State Center for Health Statistics.
- Compare selected local data with data from other jurisdictions (peer county comparisons);
- Prepare a written CHA that:
 - Determines leading community health problems
 - Identifies population groups at risk
 - Identifies existing and needed health resources
 - Describes socioeconomic, educational and environmental factors that affect health
- Prepare and include plans in the CHA that address leading community health problems identified through the assessment

- Disseminate CHA results to local health department stakeholders, community partners and general population

Steps for conducting CHA:

- Establish CHA team to plan, conduct, prepare and disseminate the assessment;
- Prepare plan for conducting the assessment;
- Create a CHA team survey instrument and survey the CHA team;
- Develop a set of questions and a plan to meet with focus groups across the county;
- Compile secondary health data
- Analyze primary and secondary data
- Summarize data analysis
- CHA team will review data and determines leading community health problems
- Prepare written CHA summary and present to Rowan BOH at the January 2010 meeting
- Disseminate CHA results:
 - Presentations before community groups, organizations, elected officials
 - Articles/stories in the media (newspaper, television, radio)
 - Distribute summary report to the community
 - Link report to Health Department homepage
 - Attach Quality of Life Report for 2009 (SOTCH report, Appendix A)
- Send written CHA assessment to NC DHHS Division of Public Health

The Board of Health’s role in the CHA:

- One or more members serve on CHA team to help plan and conduct the assessment
- Individual board members complete key stakeholder interview
- Function as a focus group for the CHA
- Help disseminate CHA results to the community
- Approve an action plan and a strategic plan based on the results of the CHA

Members of the Board of Health, January-December 2009:

Mr. Chad Mitchell	County Commissioner
Dr. Billy Webb	Dentist
Dr. Phil Roles	Optometrist
Mr. Steve Fuller	Pharmacist
Dr. Bob Tannehill	Physician
Ms. Susan Thomas	Nurse
Dr. Luther Lyerly	Veterinarian
Mr. Dan Mickelson	Engineer
Ms. Elia Gegorek	Public Member
Ms. Barbara Andrews	Public Member and Chairman
Mr. Rick Parker	Public Member and Vice-Chairman



**Rowan County Health Department
December 2009
Community Health Assessment**

MEMBERS OF THE CHA COMMITTEE

Name	Organization
Barbara Andrews	Rowan County Board of Health, Chairman
Connie Antosek, Rn	Community Care Clinic of Rowan County
Martha Baker, RN	Retired Nurse
Charlie Barnes, MSW	Veterans Administration Medical Center
Clyde Bristow, MSN, RN	Rowan Regional Medical Center and Healthy Rowan!
Terry Chapman	Rowan-Cabarrus Community College
Beth Connell	Emergency Management Services and Healthy Rowan!
Jim Cowan, DVM	Rowan County Health Department, Allied Health Director
Ben Craighead, MD	Salisbury Pediatric Associates
JoAnn Diggs	Salisbury-Rowan Community Action and Healthy Rowan!
Candy Fesperman, RN	Catawba College
Sandy Flowers	JF Hurley YMCA
Jim Freeman	Retired CEO, Rowan Regional Medical Center
Elia Gegorek	Board of Health, La Voz Hispanic News and Healthy Rowan!
John Gerstenmier	Smart Start Rowan and Healthy Rowan!
Mary Henley, FNP	Health Department, Good Shepherd Clinic
Carol Ann Houpe	Rowan-Salisbury Schools
Martha Holshouser	Cooperative Extension
Ruth Kennerly	Salisbury-Rowan Hispanic Coalition and Healthy Rowan!
Debbye Krueger, BS, RDH	NC Oral Health Section and Healthy Rowan!
Shirley Johnson	Healthy Rowan!
Ellen Kesler	Northwest Area Health Education Center
Lisa Holleman	Hospice and Palliative Care Center
Helen Garcia Leak	Piedmont Behavioral Healthcare and Healthy Rowan!
Bob Lippard	Rowan County United Way and Healthy Rowan!
Libby Post	Rowan-Salisbury Schools and Healthy Rowan!
Sherry Russell	NC Division of Vocational Rehabilitation Services
David Setzer	The Blanche and Julian Robertson Family Foundation
Steve Simpson	American Red Cross
Amy Smith	Rowan County Health Department
Charlotte Smith	South Rowan High School
Tim Smith	Rowan-Salisbury Schools and Healthy Rowan!
Acquanwon Stallworth, MD	Rowan Medical Clinic
Mia Stockton	Department of Social Services
Sabrina Thomas, MS	NC Division of Vocational Rehabilitation Services
Susan Thomas, RN	Rowan-Salisbury Schools, Board of Health, Healthy Rowan!
Pat Walton	Southern Piedmont Community Care Plan
Ann Ware, LPN	Livingstone College
Kathryn Welborn, RN	Catawba College
Dennis Wilson, MD	Mid Carolina Cardiology
Leonard Wood, MPH	Rowan County Health Department and Healthy Rowan!



**First Meeting
Rowan County Community Health Assessment Team
AGENDA**

Friday, November 21, 2008 from 11:30am – 1pm
Rowan-Cabarrus Community College, North Campus, Salisbury

Building 200, Room 251B

(LUNCH PROVIDED)

Agenda Item	Presenter	Time	Method	Outcome
Welcome	Jim Cowan	3 min		
Introductions	Team Members	10 min	Present	
Team Ground Rules	Jim Cowan	5 min	Present/ Discuss	Approved
Community Health Assessment <ul style="list-style-type: none"> - Process - Review of Health Priorities Identified During the Rowan County 2006 Health and Human Service Needs Assessment - Framework for Analyzing Secondary Data - Health Priority Survey: Team Members will complete at a later date - Health Priority Matrix: Initial Stage - Health Priority Scorecard: Initial Stage - Consumer survey - Health Priority Matrix: Final Stage - Health Priority Scorecard: Final Stage - Selecting final set of health priorities - Creating action plans - Preparing report - Disseminating report to community - Timeline 	Jim Cowan	65 min	Present/ Discuss	Approved
Next Steps	Jim Cowan	4 min	Present	Information
Date/Time/Location of Subsequent Meetings	Team Members	3 min	Discuss	Approved



CHA Meeting Minutes

Community Health Assessment Team Meeting Friday, November 21, 2008 Community Room

Jim Cowan, Allied Health Director facilitated the discussion for the first meeting of the Community Health Needs Assessment.

Members in attendance: Carol Addington, Barbara Andrews, Connie Antosek, Martha Baker, Charlie Barnes, Karen Campbell, Terry Chapman, Jim Cowan, Ben Craighead, Elia Gegorek, John Gerstenmier, Martha Holshouser, Carol Ann Houpe, Debbye Krueger, Shirley Johnson, Ellen Kesler, Helen Garcia Leak, Bob Lippard, Libby Post, Tim Smith, Sabrena Thomas, Susan Thomas, Ann Ware & Leonard Wood

Jim Cowan welcomed everyone to today's meeting and reviewed the purpose of the committee and reviewed the priorities established by the United Way led Community Needs Assessment completed in 2006 (see above). He then discussed the requirements of the CHA for 2009.

References:

The Rowan County Health Department is required to complete a Community Health Assessment (CHA) every four years. The Department is in the window to prepare and submit the assessment to the NC Department of Health and Human, Division of Public Health by December 2009. Three references require the Health Department to complete a CHA:

- Agreement Addenda between Health Department and NC DHHS, Division of Public Health
- Local Health Department Accreditation Standard
- Healthy Carolinians Certification Standard

Purpose:

The purpose of the CHA is to:

- Identify current, new and/or emerging health problems of priority concern to the community
- Strengthen the work of existing or facilitate the creation of new local partnerships to impact the identified problems
- Coordinate the preparation of actions plans and/or written recommendations that outline approaches for solving the health priorities

Requirements:

The CHA must satisfy the following conditions:

- Community collaboration in planning and conducting the assessment and will be composed of nonprofit, private sector, government agencies and community
- Data collected and analyzed must be representative of the county's demographic profile (age, gender, race/ethnicity, socioeconomic status, etc)
- Collect and assemble health data from several sources such as:
 - Health priorities identified through the Rowan County 2006 Health and Human Service Needs Assessment and progress to date toward impacting these priorities
 - Health Priorities Survey (key stakeholder survey). Completed by CHA Team members
 - Consumer survey, information obtained from county residents
 - Focus groups, the CHA will conduct focus groups to assure adequate community input, beyond the Health Priorities Survey
 - Secondary data, health and demographic statistics already available for analysis such as illness, injury and death data collected by the State Center for Health Statistics
- Using defined methods, analyze health data (eg. trend analysis over time, data comparison between Rowan, peer counties, North Carolina and NC 2010 Health Objectives)
- Prepare a written CHA Report that:
 - Affirms existing and/or describes new or emerging community health priorities
 - Identifies population groups at risk
 - Identifies existing and needed health resources
 - Considers socioeconomic, educational and environmental factors that affect health
 - Offers action plans/recommendations for addressing community health priorities
- Disseminate CHA results to the community (residents, key stakeholders, community leaders, organizations, and agencies currently engaged in how to solve the health priorities)

Proposed Steps for conducting CHA

- Establish a CHA Team to plan, conduct, prepare and disseminate the assessment
- Prepare a framework/process for conducting the assessment
- Create a Health Priority Survey (i.e. key stakeholder survey) for Community Health Assessment Team members to complete individually.
- CHA Team members complete survey while carefully reviewing and considering:
 - Progress to date in solving health priorities identified through the Rowan County 2006 Community Health and Human Service Needs Assessment
 - Secondary data
- CHA Team Facilitator (Jim Cowan) analyzes and compiles Health Priority Survey responses into a Health Priority Matrix (Initial Stage) and prepares a Health Priority Scorecard (Initial) for health problems of greatest importance to CHA Team members
- CHA Team reviews the Health Priority Matrix (Initial Stage) and Health Priority Scorecard (Initial) and reaches consensus on an initial set of health priorities (probably in the neighborhood of 5-10 priorities)
- Based on the initial set of health priorities, CHA Team Facilitator creates a Consumer Survey instrument to obtain input from residents about the initial set of health priorities
- Conduct Consumer Survey among 200-300 local residents. Participating residents should reflect community demographic distribution (age, gender, race/ethnicity, education, socioeconomic status, rural/suburban, etc)
- Different approaches for conducting the survey include:
 - Web-based survey/Email/Direct mail
 - Telephone

- In-person (door-to-door/intercept; e.g. approaching people at the mall)
- Focus Groups
- CHA Team Facilitator integrates Consumer Survey responses into a Health Priority Matrix (Final Stage) and Health Priority Scorecard (Final)
- CHA Team reviews the Matrix (Final Stage) and Scorecard (Final) and reaches consensus on a final set of health priorities (in the neighborhood of 3-5 priorities)
- As an alternative, develop focus group survey instrument and conduct focus groups to:
 - Inform selection of final health priorities; and/or
 - Better understand priorities to inform development of action plans/recommendations
- Action Plans/Recommendations - CHA Team Facilitator and CHA Team members:
 - Engage existing community partnerships to strengthen or expand current efforts to impact health priorities and secure action plans that describe these efforts; and/or
 - Prepare written recommendations for impacting new/emerging health priorities that are not currently being addressed through community partnerships
- CHA Team Facilitator prepares written CHA Report and CHA Team reviews/approves the report
- CHA Team Facilitator presents report before Rowan County Board of Health and Healthy Rowan Board for approval
- CHA Team Facilitator (with assistance from volunteering CHA Team members) disseminates CHA Report to the Rowan County community:
 - Presentations before community groups, organizations, elected officials, etc
 - Articles/stories in the media (newspaper, television, radio)
 - Link report to Health Department homepage
 - Direct mail/Email
- Send CHA Report to NC DHHS Division of Public Health



FROM: Jim Cowan, Community Health Assessment Team Facilitator
TO: Community Health Assessment Team Members
RE: **Community Health Priorities Identified During 2006 Community Health and Human Service Needs Assessments**
DATE: November 21, 2008

As Community Health Assessment Team members work together in selecting Rowan County's 2009 community health priorities, they should consider the progress that has been made toward impacting health priorities identified during the 2006 Rowan County Health and Human Service Needs Assessment. Questions for the Team members to consider in selecting priorities for 2009 include:

- Have the 2006 health priorities been adequately addressed?
- If 2006 health priorities remain problematic, can and should the local community do more to solve these problems?
- Does our community have the capacity, resources and commitment to effectively address new health priorities in addition to current efforts aimed at solving previously selected priorities?
- What is the right balance between selecting new health priorities for 2009 as compared to reaffirming a commitment to solving 2006 health priorities that have not been adequately addressed?

2006 Rowan County Community Health Priorities

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

2006 Health Priority, Progress to Date and Future Needs

To familiarize the Team with health priorities identified in 2006 and efforts to impact these problems, this document, *Community Progress in Solving 2006 Rowan County Community Health Assessment Priorities*, provides an overview of each 2006 health priority across three dimensions:

- **Magnitude of the Problem** describes the seriousness of the health priority; essentially, the problem's impact on the community.
- **Progress in Solving the Problem** brings attention to the community's success or lack of success in addressing the priority.
- **Future Options** suggests solutions for impacting persistent health problems.

Health priorities identified through the 2006 assessment are:

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

INCREASE ACCESS TO AFFORDABLE MEDICAL AND PRIMARY HEALTH CARE

Magnitude of the Problem

- The Rowan County Health Department and nonprofits providing healthcare to low-income families are experiencing overwhelming demand for services from the uninsured and underinsured. 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. The rising number of families without health insurance negatively impacts the Department's ability to provide healthcare services.
- In 2007, residents in need of medical services exceeded the Community Care Clinic's operational capacity. As a result, the Clinic created an enrollment waiting list for new patients. Between 2007 and 2008, service delivery in all programs increased by 100 percent.
- Each week, 15-20 people seek healthcare from the Good Shepherd Clinic, a local faith-based and volunteer-staffed health clinic. However, the Clinic only has the capacity to provide services to 12 clients per clinic.
- It is estimated that 12% of children birth through 17 years are uninsured
- It is estimated that 19% of adults (18 through 64 years) are uninsured
- Fluctuating unemployment has led to a rise in the uninsured and increasing demand for indigent healthcare
- Across several health professions, Rowan County has fewer healthcare providers per capita than for North Carolina. This is particularly problematic since a greater proportion of Rowan's population are seniors (65 years and older) or disabled as compared to NC.

Progress in Solving the Problem

- Beginning in 1998, the Rowan County **Health Department** has provided primary care (well and sick health care) to adults. The Department employs two Family Nurse Practitioners who provide both preventive and primary care services to clients coming to the health department. In 2007, seeking to improve access to healthcare services, the Health Department partnered with the Cabarrus Community Health Center in submitting a Federal grant proposal to establish a Federally Qualified Health Center in Rowan County. Unfortunately, the grant proposal was not funded.
- 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. The clinic is supported by volunteer physicians; unfortunately, the number of physician volunteers has decreased due to many retiring, moving or having increased demands placed on their private practice. Funding provided by Kate B. Reynolds

Charitable Trust enabled the hiring of a healthcare provider and certified medical assistant. With additional staff, the number of clinic days increased from 1 to 3-4 days per week. Grant funds from Rowan County United Way and others have also helped the Clinic expand services. 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 Clinic has also observed a rising demand for the treatment of depression with clients referred to DayMark Recovery Services.

- The **Good Shepherd Clinic** provides outpatient health services to the uninsured, including undocumented immigrants. For medical care, the greatest demand is for treatment and management of diabetes and hypertension.
- **Rowan Regional Medical Center** provides primary care services through their emergency department. Although not the most cost effective method of health care delivery, it is an alternative for many in the community who are uninsured or do not have access to a private medical care provider.

Future Options

- Consider the feasibility for establishing student health centers to provide primary healthcare services at on-site clinics at all high schools in the county.
- Health Department obtains additional funds to hire additional healthcare professionals, support staff, medical equipments/supplies and space to expand provision of adult healthcare for the medically indigent.
- Additional funds and volunteer healthcare professionals for the Community Care Clinic and Good Shepherd Clinic for the purpose of expanding services to meet the medical needs of the poor and uninsured
- Establish a Federally Qualified Health Center in Rowan County to provide healthcare services to indigent families

INCREASE ACCESS TO DENTAL CARE

Magnitude of the Problem

- With the Health Department's Smile Center serving children from low-income families, children's access to dental care is substantially better than for adults.
- The Community Care Clinic and Good Shepherd Clinic have insufficient resources to address the growing need for adult dental care.
- Community Care Clinic reports that adult dental care needs are as pressing as diabetes and hypertension.
- During CY 2008, 1,264 residents sought dental care at Rowan Regional Medical Center's Emergency Department:

- 2% Hispanic 54% Female
- 23% Black 46% Male
- 75% White 2.3% 17 years or younger

Progress in Solving the Problem

- In response to growing demand for adult dental care services, the Community Care Clinic secured a Rowan County United Way Impact Grant in 2008 to hire a dentist, dental assistant and hygienist. Between January and September 2008, the Clinic provided 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. 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.
- 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 08-09, the Center provided 4,333 duplicated services to just over 2,000 unduplicated children, 96% had Medicaid or Health Choice and 4% were uninsured or self pay.
- 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%.

Future Options

- Consider reapplying for a Federal grant to establish a Federally Qualified Health Center in Rowan County that would provide adult dental care services
- The Community Care Clinic and Good Shepherd Clinic would benefit from additional funding to hire or contract dental care providers to address the unmet need for adult dental care among the poor and uninsured

REDUCE PROBLEMS WITH OBESITY

Magnitude of the Problem

- 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.
- 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.
- The 2007 Behavioral Risk Factor Surveillance System survey revealed that 72% of Rowan County adults were overweight or obese
- Approximately 30% of children receiving care at Salisbury Pediatric Associates, the largest pediatric office in Rowan County, are overweight or obese
- Problems associated with childhood overweight and obesity includes heart disease, diabetes, hypertension, arthritis, low/poor self-esteem and depression.
- Overweight/obese children are more likely to become overweight/obese adults and be at higher risk for serious health problems.
- 52% of Rowan County residents believe that they would increase their physical activity if their community had more accessible sidewalks or trails for walking or bicycling.

Progress in Solving the Problem

- Rowan Partnership for Community Health and other agencies are working together to prevent and control child obesity and overweight
- Most attention is currently directed at five elementary schools that have the highest proportion of students on the free and reduced school lunch program. These schools are Hanford-Dole, Isenberg, Koontz, North Rowan and Overton
 - All five schools have integrated nutrition into the NC Standard Course of Study and are hosting grade specific health days on an annual basis
 - The Healthier Celebration policies, adopted at Koontz and North Rowan, require offering healthy food choices at birthday and holiday parties, etc
 - A Healthier Classroom Reward policy has been adopted at Koontz. The policy prohibits using food as a reward for good behavior and academic performance
 - Playground/Playing Fields are open to the public after school hours and on weekends at Koontz and North Rowan County
 - Two walking trails have been created at Koontz
 - Walking trails at Hanford-Dole and Isenberg are being discussed with school administrators
 - North Rowan and Hanford-Dole participate in the USDA Fresh Fruit and Vegetable Program. This is the fifth (final) year at North Rowan. Hanford-Dole is participating during SY 08-09. The grant is worth \$50,000 per year per school.
 - Hanford-Dole is planning to submit a grant to build a track at their school.
 - Hanford-Dole, Koontz, North Rowan, and Overton are designing a competitive walking program for teachers, staff and students. Kick-off is tentatively planned for February 2009. The J.F. Hurley YMCA will reward the school with the most walked miles with a “Day at the Y” in May/June 2009.
- All elementary classroom teachers and their respective assistants have been trained on the Energizer curriculum. NC mandates this training and requires all elementary age children have at least 30 minutes of physical activity each day. Physical activity cannot be taken away as a form of punishment.
- The Health and Wellness Corner newsletter is distributed each month to all students in the county, which includes a monthly menu and health/wellness news for the family. The Rowan-Salisbury School System’s (RSSS) Child Nutrition Program creates this newsletter.
- Rowan Partnership for Community Health and Salisbury Pediatric Associates are helping the school system to create healthier entrees. Taste tests have been conducted and a cost analysis is being done at this time. Salisbury Pediatric is willing to seek out financial support to pilot this program and is also willing to work towards securing legislative/financial support for healthy school meals.
- Millbridge Elementary has partnered with Rowan County Cooperative Extension, Rowan Partnership for Community Health, NC State and NC A & T to create a 2 acre garden, outside teaching classrooms and walking trails that will be used to teach different aspects of health, science, math, social studies, and language arts and increase physical activity among students and teachers.
- The school system’s vending machine policy prohibits student access to vending machines serving soft drinks.
- Teachers and school administrators refer children who may be overweight or obese to school nurses. Nurses, in turn, encourage parents to have their children seen by a healthcare provider. RSSS Child Nutrition will prepare a special menu if needed to help students achieve a healthy weight and/or address food allergies.
- “Fit for Motion” is being tested at Millbridge, Overton and Shive Elementary Schools. The program, a partnership between Rowan Regional Medical Center, the Rowan YMCAs and RSSS, teaches second graders and their family how to adopt a healthier lifestyle

change. Body Mass Index will be conducted among all RSSS second graders as part of this program.

- Rowan YMCAs offer scholarships for low-income overweight/obese students

Future Options

Overweight and obese adults and children is an epidemic at the local, state and national levels. Considerably more attention and resources are needed to measurably improve this public health problem:

- NC legislation and financial support that enables local school systems to provide healthy school meals
- NC legislation, NC Department of Public Instruction policy and financial support to enact quality physical education standards for all children in our public and private schools. The American Heart Association recommends minimum physical education standards for students as follows: at least 150 minutes during each school week for elementary students and at least 225 minutes per week for middle school students.
- In Rowan County, additional funds to hire more Physical Education (PE) teachers and equipment. Currently, elementary students only have one day of PE each week and a limited number of PE teachers “float” from school to school.
- Resources to expand teacher nutrition training from 5 to all 20 elementary schools
- An assessment of playground equipment, track and walking trail needs at all 20 elementary schools. Funds to assure all elementary schools have a built environment supportive of daily physical activity for all students, teachers and staff
- Funds to continue offering fresh fruit and vegetable snacks at North Rowan Elementary when USDA grant expires and expand “Fresh Fruits and Vegetables” program to all 20 elementary schools.
- If “Fit for Motion” proves itself effective in helping students achieve and sustain a healthy weight at Millbridge, Overton and Shive Elementary Schools, secure funds to expand program to all 20 elementary schools.
- If the “Learning Garden” at Millbridge Elementary School is successful, secure funds to expand the concept to all 20 elementary schools.
- Knowing that children of low-income families are three to four times more likely to be obese, secure funds to create incentives for recipients of food stamps to purchase healthful food and help residents of poor neighborhoods access nutritious foods.
- Assure all neighborhoods within walking/biking distance of elementary, middle and high schools have a safe route to school. Secure funds to construct sidewalks and bike paths.

IMPROVE MINORITY HEALTH

- In Rowan County (inclusive 5-year period of 2003-07), minority populations experience poorer health than other populations for many health conditions.
- Maternal and Infant Health Disparities in Rowan County
- Death Rate Disparity in Rowan County
 - African American infants die at a 65% higher rate than White infants
 - Premature births are 55% higher and low birth weight births are 95% higher among African American compared to White babies
 - Receiving late or no prenatal care is 51% higher among African American compared to White women
 - Having larger families at a younger age (an indicator of need for improved access to family planning services) is 89% higher among African American compared to White women

- Repeat teen (15-19 year olds) pregnancy is 24% higher among African Americans than Whites
- Repeat teen (15-19 year olds) pregnancy is 26% higher among Hispanics than Whites
- Minority (mostly African American) women have a 21% higher death rate than Whites

Maternal Health

- Rowan County Health Department, in collaboration with the Healthy Baby Coalition of Rowan County, supports the **Health Link** program that seeks to improve maternal and child health and achieve racial/ethnic health parity for children birth through five years.
- Between 1999 and 2009, Health Link contributed to maternal and infant health improvements in Rowan County:
 - African American babies born prematurely has decreased by 10%
 - African American women accessing timely prenatal care has improved by 13%
 - African American women experiencing high parity births (an indicator of need for family planning services) has decreased by 21%
- During FY 08-09, Health Link provided intensive family support services to 161 families. A higher proportion of families receiving Health Link services adopted healthy behaviors as compared to families in general:
- During FY 08-09, 114 Health Link parents or guardians participated in a one-time parent education class, workshop or seminar
- During FY 08-09, only 2 out of 158 Health Link clients experienced an unplanned pregnancy/pregnancies (both women did receive timely prenatal care)
- 100% (15 of 15) families receiving Intensive Family Support Services spaced the birth of their children by at least 2 years
- 97% (33 of 34) families reported adopting SIDS prevention practices
- 77% (63 of 120) of women report taking a multivitamin with folic acid daily
- 6 of 9 (67%) of women receiving Intensive Family Support initiated breastfeeding

Communicable Disease

- The Rowan County Health Department offers communicable disease control and HIV testing and counseling services.
- Rowan Regional Medical Center's case management services help improve the health and quality of life of HIV infected residents enrolled in Medicaid or the Ryan White program. Clients are assisted by finding healthcare; obtaining medications either through NC AIDS Drug Assistance Program, local pharmacies, or Patient Assistance Programs; applying for and obtaining disability or Medicaid, dental care, eye care, and housing. The Medical Center also provides nutrition supplements, a Men's HIV Support Group and a Licensed Clinical Social Worker to provide individual counseling for those clients without Medicaid. A Women's HIV Support Group began in late January 2009.

Currently the case management program serves 32 Medicaid and 53 Ryan White clients: 62% Black (33 males, 20 females), 26% White (15 males, 7 females), 9% Hispanic (4 males, 4 females) and 2% Native American (1 male, 1 female).

Most infectious disease healthcare is delivered by four infectious disease physicians located at Rowan Regional Medical Center, Wake Forest University Baptist Hospital, Rosedale Medical Center (monthly satellite office in China Grove) and Carolinas Medical

Center-NorthEast. Beyond medical care, specific client needs include transportation to medical and non-medical appointments, dental care, eye care (often provided through the local Lion's Club) and receiving emergency financial assistance (Rowan Helping Ministries, Salvation Army, Rowan County Department of Social Services and Ryan White) for rent and utility bills.

- In 2008, Livingstone College, a Historically Black College, received a 3-year grant for the purpose of establishing programs designed to prevent HIV transmission through awareness and education. Peer educators share information about HIV to students during dormitory meetings, classroom presentations and health fairs. The primary audience is freshmen. The College's Health Services Department provides HIV testing and counseling and treatment of sexually transmitted infections.

General Health

- The Salisbury-Rowan Hispanic Coalition advocates for smoke free environments among Hispanic owned businesses. Since April 2006, seven Hispanic businesses/organizations have chosen to adopt a policy prohibiting smoking inside their facilities.
- The Salisbury-Rowan Hispanic Coalition periodically produces and distributes to Hispanic families a community resource guide (in Spanish) that describes local resources. The guide includes information about community health and 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.

Progress in Solving the Problem and Future Options:

- Only 1% of Health Link clients experienced an unplanned pregnancy.
- 100% of the families receiving intensive family support through our Health Link Program spaced their babies at least 2 years or more
- 97% of families enrolled in Health Link reported adopting SIDS prevention practices
- 67% of women enrolled in Health Link initiated breastfeeding
- Provided over 400 transportation rides for health care and WIC services
- Installed over 40 car seats for Health Link clients

The Rowan County Health Department and its partners have made strides in addressing some the significant health problems and access to care problems for all citizens, but the data (see below) regarding the health of minorities in North Carolina is unacceptable as it is in Rowan County.

It is hoped that by sharing Rowan's Community Health Needs Assessment with the state Department of Health and Human Services and Division of Public Health, the state will take steps to decrease the disparities in health and health care access for minorities across the state.

- In North Carolina (inclusive 5-year period of 2003-07), Blacks, compared to Whites, have higher rates of death, communicable disease and behavioral risk factors for poor health:
 - Death Rate Disparities in North Carolina
 - infant deaths, 2.5 times higher
 - Heart disease, 24% higher
 - Cerebrovascular disease (stroke), 50% higher
 - Diabetes, 2.6 times higher
 - Kidney disease, 2.5 times higher
 - HIV, 12.5 times higher
 - Colorectal cancer, 43% higher
 - Breast cancer, 48% higher
 - Prostate cancer, 2.75 times higher
 - Homicide, 3.5 times higher
 - Communicable Disease Rate Disparities in North Carolina
 - HIV disease, 6.9 times higher
 - AIDS, 10.1 times higher
 - Gonorrhea, 14.5 times higher
 - Early syphilis, 10.5 times higher
 - Behavioral Risk Factor Disparities in North Carolina
 - Adults with high blood pressure, 41% higher
 - Adults who are obese, 48% higher
 - Adults who engage in no leisure time physical activity, 35% higher
 - Adults in fair/poor health, 31% higher
 - Adults diagnosed with diabetes, 61% higher
- Health Link needs additional resources to expand the number of low-income and minority families receiving Health Link services. Program expansion would further efforts to achieve health parity for all young children and women of childbearing age regardless of race and ethnicity.
- Significant death, illness and health behavior disparities exist between different races and ethnicities. This includes heart disease, stroke, cancer, diabetes, homicide, sexually transmitted diseases, obesity and physical inactivity. Since minority populations are more likely to be poor, changes in programs, social policy and the environment can improve conditions for these groups and consequently narrow health disparity gaps:
 - Expand marketing of the toll-free NC Tobacco Quitline in poor communities to help tobacco users to quit
 - Conduct social marketing campaigns that persuade families to eliminate children's exposure to secondhand smoke in the home. In the home environment, there is a higher prevalence of exposure to secondhand smoke among Black children.
 - Through the adoption of sign ordinances, reduce tobacco advertising (billboards, signs, etc) in impoverished areas
 - Create and sustain after school programs in low-income neighborhoods to provide safe areas for children to play
 - Improve access to nutritious foods by locating farmer's markets and grocery stores closer to low-income neighborhoods
 - Assure safe parks, playgrounds, sidewalks, bike lanes, etc are accessible to children from families with limited transportation options
 - Increase awareness about WIC (Women, Infants and Children supplemental nutrition program) among minority women of childbearing age in order to increase the proportion of pregnant women enrolling in WIC during the first trimester.

- With research demonstrating that faith-based health initiatives are effective in supporting healthy lifestyle change and healthier environments for Black populations experiencing high rates of chronic and communicable disease, obtain funding to establish a health partnership between predominantly African American churches, Healthy Rowan!, Livingstone College, the Health Department, parish nurses and Rowan Partnership for Community Health. Through partnering initiatives, design, implement and sustain programs, policies and environmental changes that build a foundation for eliminating health disparities between Blacks and the overall population.
- The Rowan County AIDS Task Force is no longer active and their HIV/AIDS Outreach Coordinator position has been eliminated. Securing community support and funds to re-establish the task force and hire outreach staff are necessary for addressing HIV/AIDS, especially the high rates of HIV/AIDS in the Black community.
- Create community awareness and action in eliminating health disparities by educating key stakeholders, elected officials, decision-makers and residents about the root causes of health inequities by showing the documentary, *Unnatural Causes...is inequality making us sick?*

INCREASE ACCESS TO HEALTH, WELLNESS AND PREVENTION PROGRAMS

Magnitude of the Problem

- 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 over \$25 billion dollars each year, an almost two-fold increase from 2005.
- The 2008 NC Prevention Report Card states that 9 of 10 North Carolina adults have at least one risk factor (tobacco use, poor diet or physical inactivity) that increases their risk of cancer, diabetes, heart disease and other preventable illnesses.
- Only 48% of restaurants in North Carolina have tobacco-free policies. Although the proportion of restaurants in Rowan County that are smoke-free is at an all-time high of 43% (this percentage predates the implementation of the no-smoking law that goes into effect January 2, 2009). The number of Rowan County businesses and organizations known to be smoke-free indoors is approximately 200. Seventy two percent of adults living in Rowan report that their workplace prohibits smoking in both public and work areas. Sixty six percent of Rowan County residents think that smoking should not be allowed in restaurants.
- As mentioned earlier, NC has the 5th lowest cigarette tax in the nation at just 35 cents per pack. The national average is \$1.11 per pack.
- One in two (49.8%) of Rowan County adults are aware of Quit Now NC smoking cessation toll-free quit line and website.
- Seventy two percent of Rowan County residents reported that they would eat healthy foods and beverages if they were more available in places where they eat out.

Progress in Solving the Problem

- In April and August 2006, Rowan County Board of County Commissioners unanimously enacted tobacco free policies prohibiting Health Department and Department of Social Services staff members and visitors from using any tobacco product inside their facilities and within 50 feet of facility entrances.
- The NC General Assembly enacted legislation to protect the public from the health risks of secondhand smoke by prohibiting smoking in buildings owned, leased or occupied by state government and to authorize local governments to regulate smoking in buildings

and transportation vehicles owned, leased, or occupied by local government. Legislation effective January 2008.

- The NC General Assembly enacted legislation allowing NC community colleges to prohibit all tobacco use in community college buildings, grounds and college-sponsored events (i.e. comprehensive 100% tobacco-free policy). Legislation effective July 2008.
- In 2009, the General Assembly passed legislation to prohibit smoking in restaurants and bars across North Carolina.
- 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 for Rowan County and City of Salisbury employees. In addition, Rufty-Holmes Senior Center, Rowan YMCAs, Rowan County Co-operative extension offer citizens a wide variety of wellness programs. These programs include: 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. 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 arthritis exercise program continues to engage over 100 older adults with fourteen classes currently offered. 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. The number of older adults who participated in exercise programs through the Center increased 35% over the previous year to a record 1,050 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 this has 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.
- Smoke Free Rowan, a Healthy Rowan task force partner, encourages the private and public sector to voluntarily adopt indoor smoke-free policies. Through the coalition's education and marketing activities that have been conducted since April 2006, the proportion of restaurants that are smoke-free has increased from 24% to 43%. The number of organizations and businesses who have joined the Smoke Free Rowan campaign and offer an environment free of secondhand smoke is approaching 200.
- The NC Youth Tobacco Survey finds tobacco use among NC middle school students has declined by 40%, from 17% in 2002 to 11% in 2008. Among high school students, tobacco use decreased by 20%, from 36% to 29%).

Future Needs

The overwhelming majority of healthcare dollars are spent to treat disease and injury rather than prevention. NC Prevention Partners, and other prevention advocates, recommend a number of strategies for increasing access to health, wellness and prevention programs through policy and environmental change:

- Additional effort and resources are needed to market smoke-free environments, educate businesses and organizations about the benefits of smoke-free policies.
- Additional funds are needed to market the quit line and increase awareness about cessation resources to Rowan County residents.
- Workplaces and places of worship are excellent venues for connecting employees/congregations with health, wellness and prevention programs and creating policy and environments supportive of a healthy lifestyle. With additional funds, the Health Department will assist local government, non-profit organizations and private sector businesses establish worksite wellness programs.
- Encourage Rowan residents to support NC Alliance for Health's efforts to convince the NC General Assembly to increase the tax on tobacco in order to achieve meaningful reductions in tobacco consumption and direct tax revenues to programs, services and policy/environmental changes that create healthier conditions and improve healthcare access for poor families. Research findings reveal that a 10% cigarette price increase reduces youth smoking rates by 6.5% or more, pregnant women rates by 4-7%, adult rates by 2% and total consumption by 4%.
- Worksites, schools, faith and community-based organizations and government entities 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.



**Second Meeting
Rowan County Community Health Assessment Team**

AGENDA

Thursday, February 12, 2009 from 11:30am – 1pm
American Red Cross Hanford-Dole Chapter Facility, Training Room
1930 Jake Alexander Blvd, W, Salisbury

Facilitator: Jim Cowan

Agenda Item	Time	Method	Outcome
• Welcome and new member introductions	2 min		
• Community Health Assessment (CHA) Process	5 min	Review	Information
• CHA Team Member Survey	15 min	Review	Approved
• Community Progress in Solving 2006 Rowan County CHA Priorities	7 min	Review	Discussion
• Rowan County Secondary Health Data	15 min	Review	Discussion
• Consumer Survey Approach	20 min	Present	Approved
• Next Steps	5 min	Present	Information
• Date/Time/Location of March 2009 Meeting	2 min	Present	Decide



CHA Meeting Minutes

Community Health Assessment Team Meeting Thursday, February 12, 2009 12-1 pm Hanford-Dole Red Cross Building

Jim Cowan, Allied Health Director, facilitator

Members in attendance: Carol Addington, Barbara Andrews, Martha Baker, Charlie Barnes, Tammy Barrow, Clyde Bristow, Karen Campbell, Terry Chapman, Beth Connell, Jim Cowan, Joann Diggs, Jim Freeman, Elia Gegorek, John Gerstenmier, Martha Holshouser, Carol Ann Houpe, Shirley Johnson, Ellen Kesler, Helen Garcia Leak, Bob Lippard, Libby Post, Sherry Russell, David Setzer, Steve Simpson, Mia Stockton, Wendi Uselton, Ann Ware & Leonard Wood

Jim Cowan welcomed everyone to today's meeting and reviewed the purpose of the committee.

Jim provided the team a brief memo describing the CHA process.

The second item on the agenda was the draft survey tool. The members reviewed this tool and agreed to use it for the CHA team's survey to prioritize their health concerns.

Jim reviewed the secondary data (Table 8, page 57) prior to requesting the Team to set their priorities.

Jim then explained to the committee the different methods of accumulating data from the community for the CHA. Random residential surveys was explained, cluster sampling was discussed and the methods how the households would be selected. He explained that Survey Monkey may possibly be a tool that could be utilized if a household had access to the Internet. Jim also explained that all collected data would be entered into the computerized survey monkey software and tabulated for use in the CHA.

Next meeting date was scheduled for March 17, 2009, location to be announced.



FROM: Jim Cowan, 2009 Community Health Assessment Team Facilitator

TO: 2009 Community Health Assessment Team Members

RE: Community Progress in Solving 2006 Rowan County Community Health Assessment Priorities

DATE: February 12, 2009

In partnership with the private and public sector, the Rowan County United Way produced the 2006 Rowan County Health and Human Services Needs Assessment. As required by the state's Local Health Department Accreditation Standard and contractual agreements, the Rowan County Health Department contributed to the initiative by providing health data, expertise and insight leading to the selection of community health priorities; areas that require concerted action to measurably improve Rowan's health.

The 2009 Community Health Assessment Team, brought together by the Health Department, is charged with selecting community health priorities for 2009. Recognizing that community progress in addressing health priorities from the previous assessment should inform the selection of current health priorities, the Team is encouraged to consider and answer the following questions while conducting the assessment:

Health priorities identified through the 2006 assessment are:

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

How to proceed with the 2009 Community Health Needs Assessment?

- Have the 2006 health priorities been adequately addressed?
- If 2006 health priorities remain problematic, can and should the local community do more to solve these problems?
- Does our community have the capacity, resources and commitment to effectively address new health priorities in addition to impacting previously selected priorities that continue to burden our community?
- What is the right balance between selecting new health priorities for 2009 compared to reaffirming a commitment and directing additional resources toward solving 2006 health priorities?



Health Priority Survey For Community Health Team (CHA) Members to Complete

Introduction

By completing the survey, Team Members share what they consider to be their two most important health issues in Rowan County

Most Important Health Priority

1. After reviewing the secondary health data provided (Table 8, page 57) to Team Members and based on your experience and expertise, what do you consider to be the most important health issue in Rowan County and why?
2. In your opinion, what is causing this problem in?
3. From your perspective, what is currently being done in our community to impact this problem?
4. What more should our community do to solve this problem?
5. If you represent an organization or agency in your role on the Community Health Assessment Team, please answer the following:

Do you know of any effort within your organization or agency to address a solution to the problem you have cited? Yes _____ No _____

- a. If “yes,” briefly describe the effort
 - b. If “no,” do you believe the organization or agency would be willing to consider helping solve the problem? Yes _____ No _____
 - c. Would you be willing to approach the organization or agency to initiate an effort that would help with a solution? Yes _____ No _____
6. What funding may be available to help solve the problem?

Second Most Important Health Priority

Repeat of questions from above



CHA Meeting Minutes

Community Health Assessment Team Meeting Tuesday, March 17, 2009 Community Room

Jim Cowan, Allied Health Director

Members in attendance: Carol Addington, Barbara Andrews, Connie Antosek, Martha Baker, Charlie Barnes, Karen Campbell, Terry Chapman, Jim Cowan, Ben Craighead, Elia Gegorek, John Gerstenmier, Martha Holshouser, Carol Ann Houpe, Debbye Krueger, Shirley Johnson, Ellen Kesler, Helen Garcia Leak, Bob Lippard, Libby Post, Tim Smith, Sabrena Thomas, Susan Thomas, Ann Ware & Leonard Wood

Jim Cowan welcomed everyone to today's meeting and reviewed the purpose of the committee.

Jim presented a Power Point presentation that discussed the method of random sampling survey approach. He demonstrated on a map of the county where the households would be selected and the survey administered. The questions were loaded into Survey Monkey and the CHA team took the survey.

Next meeting date was scheduled for March 31, 2009.



CHA Meeting Minutes

Community Health Assessment Team Meeting Tuesday, March 31, 2009 Community Room

Jim Cowan, Allied Health Director

Jim Cowan welcomed everyone to today's meeting and reviewed the purpose of the committee.

Results of the CHA survey that the members had taken in the last meeting were distributed. The priority areas that were found to be highest were discussed. The overwhelming choice of the CHA team for the number one health concern was Obesity. The top priorities are listed below:

1. Obesity
2. Access to health care and prenatal care
3. Minority health disparities
4. Access to dental care
5. Tobacco usage
6. Teen Pregnancy

The matrix of other priorities was reviewed (see Table 6, page 31).

The questions that were to be asked in the random residential survey were reviewed. The location of the neighborhoods that would be targeted was discussed and members of the committee discussed conducting the surveys.

Next meeting date was to be determined and communicated with members at a later date.



Table 6

**Community Health Assessment
Team Priorities**

	Reported Priority			Total Points
	#1	#2	#3	
Obesity Issues	11	6	1	145
Access to health care / prenatal care	9	8		130
Minority health disparities	2	4		40
Access to dental care	3	1	1	40
Tobacco Concerns	1	3	3	40
Teen pregnancies	1	1	3	30
HIV/AIDS/STDs	2	2		30
Access to wellness/physical activities	1	4		30

1 Priority – 10 points

2 Priority – 5 points

3 Priority – 5 points

Other Items Mentioned in the CHA Team Survey Priority List

- Unhealthy lifestyles
- Diabetes
- Cardiovascular disease
- Dementia
- Suicide
- Mental health and social behavioral problems
- Poor air quality – indoor and outdoor
- Substance abuse



COMMUNITY HEALTH ASSESSMENT TEAM PRIORITIES AND SUMMARY:

OBESITY

Reasons health priority was selected:

Obesity

- Obesity is a 2006 health priority that continues to be a major concern for Rowan
- Obesity affects growth, development and the health of children and individuals across their entire lifespan
- 30-35% children and 70-75% of adults in Rowan County are overweight/obese
- For diseases associated with obesity, Rowan has a higher percentage of obese individuals than peer counties and the state
- Positive association between physical condition/overweight/obese students and poor academic performance

Causes of the health priority

Obesity

- Unhealthy eating habits passed across generations
- Many families do not know how to prepare healthy meals
- Cheaper and high fat foods are more widely consumed by low-income families
- Healthier foods are more expensive and not readily accessible
- Less active lifestyles compared to previous generations
- Culture, “southern cooking” and busy lifestyles
- Familial tendencies, indifference, and lack of motivation to maintain good health
- Lack of political leadership as a community issue
- Decreased availability of physical education programs in schools
- Adult role-modeling unhealthy lifestyles
- Increased high sugar drink consumption
- Large portion sizes by fast food restaurants

How should community work together to solve?

Obesity

- Multi agency approach by setting community priorities
- Community promotion of good nutrition
- More opportunities to engage in active lifestyle
- Affordable physical activity (reduced cost YMCA, Parks, and Recreation)
- Parental education how to cook healthy meals in time and cost-effective ways
- Improve access to locally grown produce
- Healthier food served at childcare centers/school systems
- Teach children how to grow, prepare, enjoy healthy foods
- Health insurance incentives for healthy lifestyles
- Increase health insurance rates for those individuals who are considered obese

- Menus with healthy food options at restaurants
- Establish more on-site employee wellness programs that focus on prevention and the adoption of healthier lifestyles.

ACCESS TO HEALTHCARE/PRENATAL CARE

Reasons health priority was selected

- Prevention and identification of acute health issues prevents chronic health problems and reduces health care costs
- Unhealthy people, often lose jobs or have difficulty securing jobs
- Large volume of indigent individuals using the Emergency Room for non-emergent care which is expensive and prevents appropriate continuity of care
- Increased demands on Community Care, Good Shepherd's and Health Department clinics and pharmaceutical services
- Families only visit healthcare system in times of crisis
- Access to prenatal care is a greater problem for minority populations
- Need to reduce low birth weight/premature babies
- Assist teen parents in raising healthy babies; provide children with a healthy start
- 23.5% of Rowan County adults do not have healthcare coverage
- There are only 5.1 Rowan County primary care physicians per 10,000 population

Causes of the health priority

- Poor economy; people losing jobs and health insurance
- Increasing poverty; cannot afford healthcare, loss of transportation
- Employers increasing health insurance premiums, increasing co-pays
- Rising healthcare costs
- Disabled/elderly: have difficulty locating providers accepting Medicaid; cannot afford insurance, co-pays and medication
- Working poor do not qualify for Medicaid
- Low number of primary care physicians
- Loss of employment and home foreclosure leads to stress and depression
- 15.4% of live births in Rowan County were to mothers who smoked during pregnancy
- 60.6% of births in Rowan County are Medicaid birth

How should community work together to solve?

- Expand use of physician extenders
- Medical community work together to address the problems
- Loan repayment funding to draw new healthcare providers (in under-represented medical disciplines) to Rowan County
- Streamline information sharing and referrals between healthcare agencies (nonprofit, for-profit, governmental)
- More healthcare professionals volunteering at nonprofit clinics
- State and Federal legislative changes to improve access to affordable and accessible health insurance plans
- Greater financial support for the Community Care Clinic, Good Shepherd Clinic and other healthcare agencies serving the uninsured
- Expanded focus on prevention to create a healthier community
- Establish a Federally Qualified Health Center in Rowan

MINORITY HEALTH DISPARITIES

Reasons health priority was selected

- Unhealthy people often lose jobs or have difficulty securing jobs
- Minorities use the ER for non-emergent care; expensive, lack of continuity of care
- Lack of prenatal care among minority populations
- Higher incidence of low birth weight and premature babies in minority populations
- 23.5% of Rowan County adults do not have healthcare coverage
- There are 5.1 physicians per 10,000 population in Rowan County
- 60.6% of births in Rowan County are Medicaid births

Causes of the health priority

- Poor economy; people losing jobs and health insurance
- Increasing poverty; cannot afford healthcare, loss of transportation
- Employers increasing health insurance premiums, co-pays or discontinue (do not offer) health insurance
- Rising healthcare costs
- Difficulty locating providers accepting Medicaid
- Working poor do not qualify for Medicaid or have access to private health insurance
- Access to primary care physicians

How should community work together to solve?

- Expand use of physician extenders
- Medical community come together to address the problems
- Engage and educate local government officials about the extend of the health care access problems for minority and low income populations
- Streamline information sharing and referrals between healthcare agencies (nonprofit, for-profit, governmental)
- Additional funding for healthcare agencies serving the poor
- State and Federal legislative changes to improve access to affordable and accessible health insurance plans
- Expanded focus on prevention to create a healthier community with reduced demand for healthcare services
- Establish a Federally Qualified Health Center in Rowan

ACCESS TO DENTAL CARE

Reasons health priority was selected

- Limited number of dentists that accept Medicaid
- 27% of Rowan County Kindergartners have tooth decay
- 8% of Rowan County 5th graders have tooth decay
- Rowan County is below the state average for the number of dentists per 10,000 population (4.0 vs. 4.4 respectively)
- Community Care Clinic has served 1,000 patients from January-December 2009 for dental care
- The Rowan County Smile Center saw over 2,000 patients in FY 08-09
- 80% of the visits to the Rowan County Smile Center are paid by Medicaid
- 15% of Rowan County citizens have not been to a dentist in 5 or more years
- 26% of Rowan County adults needing to see a dentist in the past 12 months could not

Causes of the health priority

- Lack of insurance
- Small number of dentists that accept Medicaid
- High sugar/fat diets and soft drink consumption
- Baby Bottle Tooth Decay
- Limited access to preventative care i.e. sealants, fluoride treatments
- Lack of education on proper dental care

How should community work together to solve?

- Establish a dental clinic for underserved and/or underinsured adults
- Support the “Swish” program within the Rowan-Salisbury School System
- Educate the public on nutrition, dental concerns, and chronic diseases that are associated with poor dental health
- Support local dentists to accept the more needy population as a part of their patient caseload
- Work with expectant mothers to educate on preventative dental care and available services

TOBACCO CONCERNS

Reasons health priority was selected

- Tobacco remains the number one preventable cause of death and disease in the US and in NC. 440,000 deaths are caused by tobacco use in the US every year.
- NC’s healthcare cost is \$2.46 billion dollars as a result of tobacco use
- Medicaid pays \$769 million to pay for health issues related to tobacco usage
- The tobacco industry does not have to disclose information about their product(s) since tobacco is not regulated by FDA; and because of this, consumers/children aren’t always aware of the severity of the use of tobacco products
- Smoking causes \$3.5 billion/year in loss productivity in NC

Causes of the health priority

- Low cigarette prices compared to other states
- Youth access to tobacco products
- Severity of addiction to nicotine

How should community work together to solve?

- Educate elected officials, community leaders, and general public about raising tobacco taxes. Research shows high cigarette taxes decrease youth and adult tobacco usage, NC’s tax rate is 45 cents/pack of cigarettes. NC ranks 44th in the country for having the lowest tax rate on cigarettes
- Increase insurance premiums for those who smoke
- Educate and check compliance with youth access laws in NC-Red Flag campaign
- Reduce underage tobacco sales and tobacco advertisements.
- Promote NC Quitline for youth and adults (cessation aids and resources.)
- Compliance check for restaurants and bars on HB 2 law.
- Promote SmokeFree Rowan to local businesses and restaurants.

TEEN PREGNANCY

Reasons health priority was selected

- Teen pregnancy per 1,000 girls ages 15-17 in Rowan County is 38.2 (NC is 35.1)
- Teen pregnancy per 1,000 girls ages 15-19 in Rowan County is 73.6 (NC is 65.5)
- Live births to unmarried mothers is 49.4%
- Medicaid births is 60.6%
- 47.5% of the birth mothers in Rowan County have WIC
- Mothers that smoked during pregnancy - 15.4%

Causes of the health priority

- Lack of Parent/Family Involvement
- System(s) not responding to educational needs of teens
- Peer Pressure and lack of constructive activities for teens
- Seen as a social norm by certain groups
- Many have the wrong information about birth control and the likelihood of getting pregnant
- Lack of a male or father involvement in girl/child's life
- Low self-esteem
- Looking for a way out of poverty, getting pregnant will allow a teen girl to receive governmental services

How should community work together to solve?

- Promote parental involvement with prevention and education of teens about having families as a teenager
- Offer more comprehensive sex education classes to teens
- Provide affordable access to women's preventive health services
- Promote Optimal Birth Intervals with teens
- Create more mentoring programs for teens
- Implement the Teen Outreach Program (TOP), a nationally-recognized evidence based program



MEMO TO CHA TEAM FROM DR. JIM COWAN

OUTLINE FOR THE COMMUNITY HEALTH OPINION SURVEY

- Obtain information about health priorities from the public
 - Inform final selection of health priorities
 - Provide ideas for solving the problem
- Selecting individuals to survey
 - two stage cluster sampling technique ("30 x 7" sample)
 - World health Organization approach
 - Encouraged by NC Division of Public Health
- Randomly select 30 block groups within Rowan County (via GIS)
 - There are clusters of census blocks: 200-600 housing units)
 - 91 block groups in Rowan
- Randomly select 7 households per block group (via GIS)
- Establish protocol for selecting household member to survey
- Altogether, $30 \times 7 = 210$ survey participants (door to door)
- Survey instrument will be based on the Health Priority Survey questions and Team member responses
- Closed ended questions
- Example Question: In your opinion, which of the following health priorities is the most important in Rowan County?
 - Obesity
 - Access to healthcare/prenatal care
 - Minority health disparities
 - Access to dental care
 - Tobacco concerns
 - Teenage Pregnancy
 - HIV/AIDS/STD
 - Unhealthy lifestyle (nutrition, exercise)
 - Repeat teen pregnancies/unplanned pregnancy
- Draft survey instrument will be forwarded to Team for review/approval



TRANSITION OF THE CHA PROCESS FOLLOWING THE RESIGNATION OF DR. JIM COWAN IN MAY 2009

In May 2009, Dr. Jim Cowan, Allied Health Director and the person in charge of the Rowan County Community Health Needs Assessment (CHA) for 2009, announced that he was resigning from the Health Department to move to Delaware and continue his career in the Air Force full time. As you might imagine, this resignation caused a major disruption of the Rowan County CHA process and the CHA process came to a grinding halt from June until September.

During these months, the Health Director and Ms. Amy Smith (interim Allied Health Director) developed a plan that would get the CHA process back on track. In addition, Ms. Linda Alexander was hired on a contractual basis in August to help with the CHA process. Ms. Alexander has worked in the health care field as a manager of local physician practices for the past twenty years and has an extensive background in analysis of health care data.

Ms. Alexander and Ms. Smith scheduled a meeting with the CHA Team (see minutes of the September 10 meeting below) to bring the Team up-to-speed on the change in plans for the CHA process. Dr. Cowan had planned to do door-to-door surveys of random households across Rowan County; however, Ms. Smith and I did not feel that we had the appropriate personnel to do random household surveys after Dr. Cowan left the agency. Once this decision was made, Ms. Smith and I developed an alternate plan to set up multiple focus groups across the county in order to obtain the community feedback necessary for a successful Community Health Needs Assessment. During the months of September and October, Ms. Alexander and Ms. Smith worked with 14 Focus Groups to obtain community feedback regarding health care issues/concerns in Rowan County.



CHA Meeting Minutes

Community Health Assessment Team Meeting Thursday, September 10, 2009 12-1pm Community Room

Ms. Amy Smith, Health Education Specialist officiating at today's meeting in Leonard Wood's absence.

Members in attendance: Barbara Andrews, Martha Baker, Beth Connell, Elia Gegorek, Lisa Holleman, Martha Holshouser, Carol Ann Houpe, Shirley Johnson, Helen Leak, Bob Lippard, Libby Post, David Setzer & Susan Thomas.

Community Health Assessment meeting recorder was Ms. Ruth Whedbee.

Ms. Amy Smith welcomed everyone to the meeting and introduced Ms. Linda Alexander. Ms. Alexander is contracting with the Health Department to facilitate the Focus Group meetings and to complete the Community Health Assessment Trend Report that will be sent to the state in December or January. As a result of Dr. Cowan resigning his position in June of this year, Mr. Wood has recommended several changes for the Community Health Assessment Project.

Dr. Cowan initiated a random survey project to collect primary health care feedback from the community. Unfortunately, Dr. Cowan was able to complete only 20 surveys prior to his departure. Because of the number of random surveys that would have to be completed (210), Ms. Smith and Mr. Wood felt that it would be an overwhelming task for the personnel and time that was available to complete the random survey sampling. Mr. Wood and Ms. Smith decided that the department should conduct a number of focus groups to collect primary health care data. Ms. Amy Smith and Ms. Linda Alexander have agreed to be responsible for conducting the focus groups throughout the community. As of this date, two focus group meetings have been completed.

Ms. Smith gave the Community Health Needs Assessment team members a list of questions (see below) that will be asked during each focus group. The questions are open-ended by design in order to provide health department staff and the CHA Team with personal feedback about the health care concerns and/or priorities that need to be addressed in Rowan County.

The CHA Team provided suggestions and comments about the focus group questions. It was suggested by a member of the CHA team, that each person in the focus group would receive a blank piece of paper and then asked to write down what they considered to be their five main concerns/priorities in Rowan County. Ms. Alexander explained that after all focus group discussions are completed, the health care priorities will be summarized and compared with CHA Team priorities chosen earlier in the year.

Ms. Smith and Ms. Alexander will share the final Community Health Assessment Report, top community health concerns, and recommendations with the Assessment Team before presenting the document to the Board of Health for their approval.



ROWAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT FOCUS GROUPS

FOCUS GROUP SESSIONS

To gather information and feedback from the community for the Rowan County Community Health Needs Assessment, a series of focus group sessions were held across the County. The purpose of these sessions was to get the community's input and perception on what they believe are the most pressing health and community concerns for the citizens and the county.

METHODOLOGY

During September and October of 2009, fourteen focus groups (see below) were conducted by Ms. Linda Alexander and Ms. Amy Smith. To ensure broad spectrum input from citizens, these groups were chosen based on location, age groups, cultural diversity, and work related professions. The group size varied from eight (8) to thirty-five (35) participants. There were a total of 205 participants in the study.

At the beginning of each focus group, staff explained that the focus group was being conducted for the Community Health Needs Assessment. Staff assured the participants that their feedback would be confidential and that their names would not be associated with any responses. Each group was asked the same questions, and to encourage discussion, some prompts from Ms. Alexander were used to facilitate and encourage the discussion. Staff also provided each participant a blank sheet of paper and asked them to list their top five health care concerns in their community. The sessions ranged from thirty-five (35) minutes to ninety (90) minutes. Ms. Alexander lead the discussion while Ms. Smith recorded the responses on a large note pad so all participants could see the responses. Each session was also recorded. Following each session, the notes and tape were reviewed to prepare a written summary.

The results and opinions of the participants varied, but there were several common concerns that resonated throughout each focus group session. When collated, the summary presents an insight into what focus group members believed to be the most significant health related issues for their community and the County (page 43 and page 47).



FOCUS GROUPS:

1. NAMI (National Alliance on Mental Illness)
2. Ruffy Holmes Senior Center (Salisbury Central Location)
3. SHAC (School Health Advisory Council)
4. Cleveland Senior Citizens (West Rowan Location)
5. Hispanic Focus Group
6. Rockwell Senior Citizens (East Rowan Location)
7. Rowan County Government Department Directors
8. Department of Social Services Case Workers
9. Adolescent Family Enrichment Council Group Meeting, court ordered parenting class
10. China Grove Senior Citizens (South Rowan Location)
11. Board of Health
12. Cooperative Extension Advisory Committee
13. Teens In Action (Teens Against Tobacco Group)
14. Community Health Assessment Team (page 8)



FOCUS GROUP QUESTIONS

Assessment of the strengths and weaknesses of the community (15 Minutes)

- What do you like about your community?
- What are your concerns about your community?
- How would you like to see your community change or improve over the next 5 years?

Health (15 minutes)

- What's happening in your neighborhood and community that influences the health of you and your neighbors? And what keeps you and your neighbors from being healthy?
- What are the main things that affect the health of the people in your community (financial, health, mental, etc.)

Resources/Activities (15 minutes)

- If you needed help for some reason, how would you resolve it? Who and where would you turn to?
- What resources or activities would you like to see in your communities that are not here yet?
- What makes it hard for people to get health information and care?

Communications (5 minutes)

- One area of concern for service agencies is how best to get information to people. What do you see as best ways to get information to people in your community?
- If there were a community emergency, such as what happened with Hurricane Katrina in New Orleans, what do you think would be the best way to get the information to people?

Closing (5 minutes)

- What else do you think we should know about your neighborhood and community?
- Of all the issues we have talked about today, which one do you think is the most important for your community to address?

TEEN FOCUS GROUP QUESTIONS

- What is the most important health issue that teens are facing?
- What are the behaviors that teens feel cause poor health?
- Have you ever been pushed by your friends or classmates to engage in any of these behaviors?
- What are the main causes of stress in your life?



SUMMARY OF FOCUS GROUP RESPONSES

ASSESSMENT OF THE STRENGTHS AND WEAKNESSES OF THE COMMUNITY.

1. What do you like about your community?
 - Location
 - Size, small community
 - Arts/Culture are plentiful
 - Lot of churches resulting in a strong sense of religious community
 - Good health care resources/Rowan Regional Hospital/VA Hospital
 - Greenways and Parks
 - Sense of pride and ownership in the community
 - Generous citizens

2. What are your concerns for the community?
 - Air quality/pollution
 - Drug traffic
 - Gang violence
 - Unemployment, lack of good paying, stable jobs
 - Transportation (limited bus and other transportation routes)
 - Health care cost and accessibility
 - Mental health accessibility
 - Leadership in community
 - Increasing number of homeless families/individuals

3. How would you like to see your community change or improve over the next five (5) years?
 - Affordable healthcare
 - More access and availability of Primary Care Physicians
 - More industry to bring jobs with higher pay scale
 - Increase in home ownership
 - Less crime and gang activity
 - Improve educational system
 - help with mental health issues
 - help with elderly dependents
 - Cleaner neighborhoods
 - Less deforestation

In response to the above questions, the majority of the participants stated that they were pleased with their community and noted numerous positive characteristics of the area. All groups expressed concern over drug activity, increasing number of homeless families and individuals, and healthcare access and affordability.

HEALTH ISSUES

1. What is happening in your neighborhood and community that influences the health of you and your neighbors?
 - Unemployment
 - Gangs
 - Drugs (use of illegal and prescription drugs)
 - Pollution, air quality, need for a burning ban
 - Access to primary and specialty healthcare physicians
 - Access to affordable health insurance and prescription drugs
 - Lack of physical activity at school and at home
 - Language barriers, Hispanics not understanding system
 - Mental health issues
 - General transportation needs (routes and availability)
 - Lack of dental care

When asked what they find satisfactory about their community, participants noted: availability of the YMCA (except in the west Rowan area), availability of meal sites, and Rufty Holmes Senior Center. The participants also indicated that they enjoy the greenway, the parks and feel that Rowan has adequate housing.

2. What are the main things that affect the health of the people in your community?
 - Access to affordable health insurance
 - Cost of prescription medications
 - Lack of Primary Care physicians and specialists
 - Costs of purchasing healthy foods
 - Need for more mental health support
 - Lack of education and knowledge about nutrition and physical activity
 - Transportation
 - Air pollution
 - Shortage of primary care dentists
 - Language barrier

In general, participants expressed concern that existing medical practices are not accepting new patients, especially Medicaid and uninsured patients; and, there needs to be more physicians in the community. Focus group participants expressed some support for the Health Department but some stated that it takes too long to schedule appointments and access the department via the phone system. A poor understanding of medical insurance is an issue among senior citizens and Hispanics. Participants also feel that people with mental health issues have a hard time finding substantial help and resources. In almost all groups, participants noted the lack of dentists who accept Adult Medicaid patients.

RESOURCES AND ACTIVITIES

1. If you needed help for some reason, how would you resolve it? Where and to whom would you turn?
 - 911 or 211
 - My Church
 - Family/Friends/Neighbors
 - Emergency Room – Rowan Regional Medical Center/VA Hospital/NorthEast Hospital
 - Rowan Helping Ministries

- United Way/Red Cross/Salvation Army
- Good Shepherds Clinic/Community Care Clinic
- Piedmont Behavioral Health Hotline
- Health Department
- Physicians and their staff/ employee wellness clinics/Nurse Practitioners
- Administrators within the Schools of Rowan County
- Department of Social Services
- Crisis mobile unit through Daymark

Among all groups, the church was perceived as a place to seek help. Physicians and their nurses, hospitals, and clinics were noted by all groups as resources. The Hispanic group indicated that they sought help with Salisbury Pediatrics for their children and the adults went to the Health Department. One group pointed out that the problem with the “sandwich generation” is that folk’s taking care of their children and their elderly parents is creating stress, financial and priority issues. Finding help with aging parents, as well as finding help for people with chronic illnesses is not easy. Support groups are plentiful in our area but need more visibility.

2. What resources or activities would you like to see in your communities that are not currently here?
 - More physicians
 - More dentists
 - More sidewalks and biking paths/routes
 - More time for physical education in our schools
 - More help with elderly care
 - More help with mental health
 - More information and classes on nutrition
 - More transportation availability and more convenient bus routes
 - More jobs
 - Easier way to get appointments with health care providers
 - More recreation opportunities for our youth
 - Geriatric Psych unit at Rowan Regional Medical Center
 - Affordable Dental and Health insurance
 - Education on pregnancy and STD’s
 - Affordable daycare and help with care for the elderly

Participants, as a whole, indicated that access to health care is a major problem in Rowan County. It is difficult to get appointments with physicians and dentists and most are not taking new patients or individuals with Medicaid or no insurance. Mental Health issues were mentioned numerous times and the lack of resources and education regarding these concerns was expressed. Wellness in schools, proper nutrition and exercise were common concerns of every group. More education focusing on teen pregnancy and STD’s for the youth was also noted as a need, especially during the Hispanic group discussion.

3. What makes it hard for people to get health information and care?
 - Do not understand the medical access system
 - Language barriers
 - Few physicians and dentists that take Medicaid or new patients
 - Long waiting period for people who need services at local mental health agencies
 - Unable to make appointments at local medical providers
 - Mental health stigma
 - Fear/Pride/Insecurities
 - Loss of jobs/loss of insurance

The lack of education available for adult citizens was noted and the level of knowledge about where to turn to get answers was a common concern among participants. Difficulty getting an appointment at local physician and dental offices was discussed in every group.

COMMUNICATION

1. An area of concern for service agencies: what is the best way to get information out to the citizens?
 - Churches
 - Internet/Access 16
 - County website and library
 - Grocery stores/ brochures/ posters
 - YMCA
 - Salisbury Post / Hispanic Newspapers
 - Schools
 - TV/ Radio
 - Meal Sites
 - Phone tree/Reverse 911
 - Homeless Shelter

In response to this question all groups indicated that churches would be the best place to disseminate information. Grocery stores were also discussed in numerous groups including the use of Wal-Mart and Hispanic grocery stores.

2. If there were a community emergency (an example would be an ice storm or hurricane), what do you think would be the best way to get the information to people?
 - TV/Radio
 - Fire Department
 - Door to Door/ Police-National Guard
 - Reverse 911
 - Weather Radio
 - Newspaper
 - Access 16
3. Of all the issues we have talked about, which one do you think is the most important for your community to address?
 - Dental Care
 - Access to insurance/cost of insurance
 - Criminal/Drug activity/Gangs
 - Economic development and jobs
 - Grant funds to support special projects in the community
 - Prevention of diseases
 - Transportation issues
 - Access to physician practices for health care
 - Unemployment
 - Community service information and resources available to the public

Participants in some groups felt that there are not enough dentist and physicians that will take patients needing medical care; transportation to and from doctor offices, work, stores; the lack of jobs and the increasing number of unemployed; access to insurance is a problem that was discussed in all of the focus groups; and, gang, criminal and drug activity is a concern among all of the participants.

TEEN FOCUS GROUP

1. What is the most important health issue teens are facing within the community?
 - Health insurance is hard to get, more coverage for those who need it
 - STD/AIDS education
 - More awareness of diseases (Diabetes, asthma, cancer, vaccines)
 - Nutrition education and the impact of obesity on one's health
2. What are the behaviors that teens feel cause poor health?
 - Laziness
 - No physical activity, no exercise
 - Not eating healthy meals
 - Substance abuse, tobacco, alcohol, drug use
3. Have you ever been pushed by your friends or classmates to engage in any of these behaviors?
 - YES!!!!
 - Easy access to drugs, alcohol, tobacco
4. What are the main causes of stress in your life?
 - School
 - Sports
 - Family issues
 - Keeping grades up
 - College, future plans
5. Where could you go to get help to deal with your stress?
 - Parents
 - Ministers
 - (School guidance counselors were specifically excluded)
6. If you got sick, would you be able to get care easily?
 - No, do not have access to care or the cost of health care is too expensive
 - Loss of jobs and loss of insurance in families prohibits ability to get care
7. What would you like to see in your community to help with these issues?
 - More parental involvement and parents that communicate with their children
 - School system should add classes that deal with social stresses for teenagers

An overarching theme that was present in all focus groups, especially the teen group, was the paucity of affordable health insurance. Numerous students mentioned that they could not go to the doctor when they were sick because of the costs. Their parents had either lost their job or just simply could not afford to seek medical help. STD/AIDS were a concern of all participants and the lack of education about these issues in the schools. One student noted that there is hardly any sex education in the schools and the little that is taught is not very useful. Obesity was also discussed and almost all participants agreed that it is a big problem among teens and children in the community. Schools do not emphasize physical education classes adequately. Most students indicated they were aware of the healthy choices they needed when it came to choosing healthy foods, but the availability and cost of fast food had a stronger influence on their food choices. They all agreed that parents should take the leading role in the education process of issues that they are faced with. Participants indicated that school counselors had too much paperwork to spend time helping teens deal with stress and other issues.



**Rowan County Health Department
December 2009
Community Health Needs Assessment**

Conclusions, Summary and Action Plan

ROWAN COUNTY COMMUNITY HEALTH PRIORITIES 2006 – UNITED WAY PRIORITIES

- Increase access to affordable medical care
- Increase access to primary health care
- Increase access to dental care
- Reduce problems with obesity
- Improve minority health

ROWAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT TEAM PRIORITIES - 2009

- Obesity Issues
- Access to health care / prenatal care
- Minority health disparities
- Access to dental care
- Tobacco Concerns
- Teen pregnancies

ROWAN COUNTY FOCUS GROUP PRIORITIES - 2009

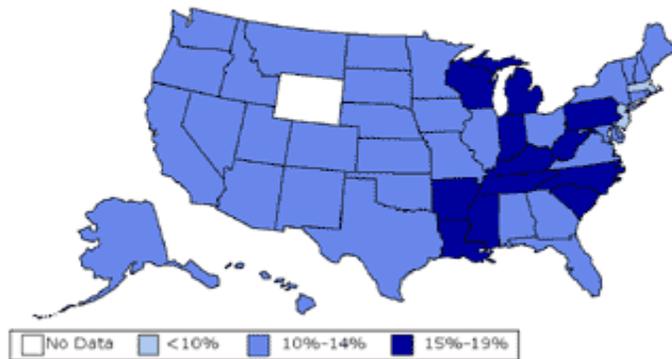
In reviewing the papers that were handed in at the conclusion of each session, where the participants indicated their top five (5) health concerns, there was a common theme among the focus groups. While there were several different concerns noted, the following five concerns were indicated in almost every group at some point:

- Obesity
- Diabetes and Hypertension (chronic diseases)
- No health insurance or high cost of health insurance
- Access to primary health care and cost
- Individuals should be more responsible for their health care

See Attached Secondary Data Tables 8-19

Obesity Trends* Among U.S. Adults BRFSS, 1993

(*BMI ≥30, or ~ 30 lbs overweight for 5'4" woman)

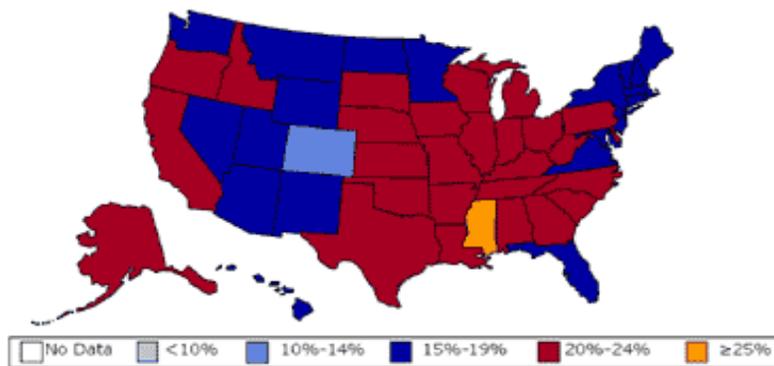


Source: Mokdad A H, et al. *J Am Med Assoc* 1999;282:16, 2001;286:10.



Obesity Trends* Among U.S. Adults BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs overweight for 5'4" woman)



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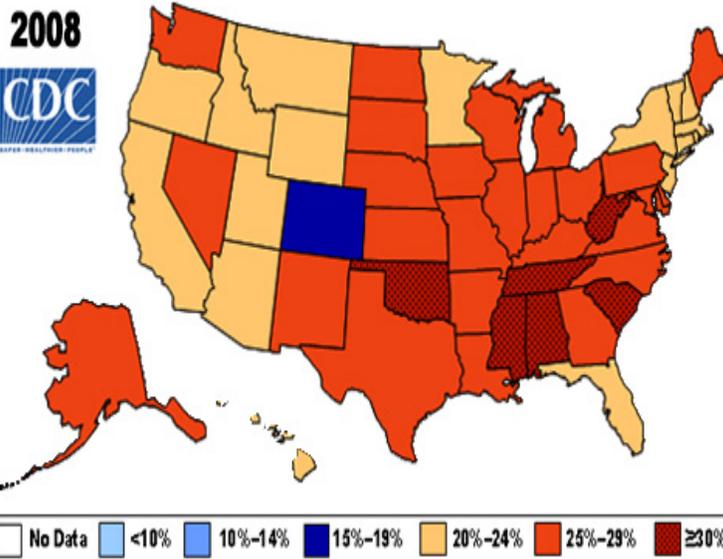


Table 7

2008 State Obesity Rates							
State	%	State	%	State	%	State	%
Alabama	31.4	Illinois	26.4	Montana	23.9	Rhode Island	21.5
Alaska	26.1	Indiana	26.3	Nebraska	26.6	South Carolina	30.1
Arizona	24.8	Iowa	26.0	Nevada	25.0	South Dakota	27.5
Arkansas	28.7	Kansas	27.4	New Hampshire	24.0	Tennessee	30.6
California	23.7	Kentucky	29.8	New Jersey	22.9	Texas	28.3
Colorado	18.5	Louisiana	28.3	New Mexico	25.2	Utah	22.5
Connecticut	21.0	Maine	25.2	New York	24.4	Vermont	22.7
Delaware	27.0	Maryland	26.0	North Carolina	29.0	Virginia	25.0
Washington DC	21.8	Massachusetts	20.9	North Dakota	27.1	Washington	25.4
Florida	24.4	Michigan	28.9	Ohio	28.7	West Virginia	31.2
Georgia	27.3	Minnesota	24.3	Oklahoma	30.3	Wisconsin	25.4
Hawaii	22.6	Mississippi	32.8	Oregon	24.2	Wyoming	24.6
Idaho	24.5	Missouri	28.5	Pennsylvania	27.7		

What is Rowan County doing to address the obesity problem for children and adults?

1. Rowan Partnership for Community Health and other agencies are working together to prevent and control child obesity and overweight
2. Five elementary schools have integrated nutrition into the NC Standard Course of Study and are hosting grade specific health days on an annual basis
3. Playground/Playing Fields are open to the public after school hours and on weekends
4. Walking trails have been created at elementary schools
5. North Rowan and Hanford-Dole participate in the USDA Fresh Fruit and Vegetable Program. This is the fifth (final) year at North Rowan. Hanford-Dole is participating during SY 08-09. The grant is worth \$50,000 per year per school.
6. All elementary classroom teachers and their respective assistants have been trained on the Energizer curriculum. NC mandates this training and requires all elementary age children have at least 30 minutes of physical activity each day. Physical activity cannot be taken away as a form of punishment.
7. The Health and Wellness Corner newsletter is distributed each month to all students in the county which includes a monthly menu and health/wellness news for the family. The Rowan-Salisbury School System's (RSSS) Child Nutrition Program creates this newsletter.
8. Rowan Partnership for Community Health and Salisbury Pediatric Associates are helping the school system create healthier entrees for cafeteria meals.
9. Millbridge Elementary has partnered with Rowan County Cooperative Extension, Rowan Partnership for Community Health, NC State and NC A & T to create a 2 acre garden, outside teaching classrooms and walking trails that will be used to teach different aspects of health, science, math, social studies, and language arts and increase physical activity among students and teachers.

10. The school system's vending machine policy prohibits student access to vending machines serving soft drinks.
11. Teachers and school administrators refer children who may be overweight or obese to school nurses. Nurses, in turn, encourage parents to have their children seen by a healthcare provider. RSSS Child Nutrition will prepare a special menu if needed to help students achieve a healthy weight and/or address food allergies.
12. "Fit for Motion" is being tested at Millbridge, Overton and Shive Elementary Schools. The program, a partnership between Rowan Regional Medical Center, the Rowan YMCAs and RSSS, teaches second graders and their family how to adopt a healthier lifestyle change. Body Mass Index will be conducted among all RSSS second graders as part of this program.
13. Rowan YMCAs offer scholarships for low-income overweight/obese students

Future Action Plans for Obesity

1. NC legislation and financial support that enables local school systems to provide healthy school meals
2. NC legislation, NC Department of Public Instruction policy and financial support to enact quality physical education standards for all children in our public and private schools.
3. Additional funds to hire more Physical Education (PE) teachers and equipment. Currently, elementary students only have one day of PE each week and a limited number of PE teachers "float" from school to school.
4. Expand teacher nutrition training from 5 to all 20 elementary schools
5. An assessment of playground equipment, track and walking trail needs at all 20 elementary schools.
6. Funds to continue offering fresh fruit and vegetable snacks at North Rowan Elementary when USDA grant expires and expand "Fresh Fruits and Vegetables" program to all 20 elementary schools.
7. If "Fit for Motion" proves itself effective in helping students achieve and sustain a healthy weight at Millbridge, Overton and Shive Elementary Schools, secure funds to expand program to all 20 elementary schools.
8. If the "Discovery Garden" at Millbridge Elementary School is successful, secure funds to expand the concept to all 20 elementary schools.
9. Knowing that children of low-income families are three to four times more likely to be obese, secure funds to create incentives for recipients of food stamps to purchase healthful food and help residents of poor neighborhoods access nutritious foods.
10. The Rowan County Health Department will continue to work with school and community agencies to combat the increasing number of obese children and adults. The success stories in Rowan are related to this collaboration and the ability to obtain grant funds to support special projects. It is unlikely that the Department will be successful in getting additional funding from the state or the county to address the lifestyle and economic issues associated with obesity. By focusing our prevention efforts on children it is hoped that future generations will be more willing to be more active, eat appropriately and recognize the health problems that can be prevented by reducing caloric intake and high fat foods.

ACCESS TO HEALTH CARE AND CHRONIC DISEASES

Secondary to the high prevalence of obese adults/children in Rowan County, other highly correlated diseases such as hypertension, cancer, diabetes and cardiovascular disease have a higher prevalence in Rowan when compared to our peer counties and the state (see Secondary Data Tables 4 and 10). What is difficult to ascertain is whether access to preventive and primary health care is the root cause of chronic diseases or is it personal choice, genetics, poverty and education or all the above. It is impossible to answer this question without more

data but the secondary data for Rowan County (Tables 8-19) supports the fact that Rowan County citizens have a higher prevalence of certain behavioral risk factors and diseases than the peer counties or the state. Examples include: % of adults who smoke – 27.5%; % of adults reporting height and weight indicating obesity – 72%; female breast cancer rate – 162; heart disease death rate – 240; type 2 diabetes death rate – 31.6; lung/bronchus cancer rate – 89; colon/rectum cancer rate 57; and, heart disease rate for all populations – 240.

Regarding the issue of access to care, the predominant perception of the Focus Groups and the CHA Team members is that there is a large number of private provider or clinics that do not accept patients on a sliding fee scale or do not accept Medicaid, there is a large number of un- or underinsured citizens and the number of health care providers available in the community is not adequate. The secondary data (Table 13) support this perception to some degree: the number of physicians per 10,000 population is 10.9 in Rowan (lower than Catawba and the State); the number of primary care physicians per 10,000 population is 5.1 (lower than Catawba and the state); and the number of registered nurses per 10,000 population is 77.4 (lower than Catawba and the state) (NC Catch Data). However, Rowan has an excellent health care system with Rowan Regional Medical Center as the primary hospital for Rowan County and there were 161 non-Federal physicians, 75 primary care physicians, and 26 nurse practitioners in Rowan in 2008 (Data from the Sheps Center). In addition, the Health Department offers primary health care for adults and children; the Community Care Clinic and the Good Shepherds Clinic offer limited primary health and dental care for uninsured and working families in Rowan. Congress is in the midst of working out Federal Health Insurance for a broader group of uninsured individuals in this country, but final solution for increasing access to health care for millions of citizens is unclear at this time.

Future Plans for Access to Health Care and Chronic Diseases

Rowan County has an excellent health care system with Rowan Regional Medical Center leading the way for the provision of primary and secondary hospital care, a diverse private medical/dental provider system and a competent public/private system to provide low-income and uninsured citizens with access to health care. Additional resources and access to a broad spectrum health insurance plan will be needed to improve access to health care for those individuals without a third party payor. One alternative for Rowan is the establishment of a Federally Qualified Health Center in area(s) of the county that will provide primary care to uninsured and Medicaid eligible clients.

There are, however, not enough resources or providers to overcome the long standing issues of chronic diseases unless the population is willing to make personal choices that will reduce these chronic diseases. Until the population is willing to stop using tobacco products, stop the abuse of alcohol and drugs, reduce the intake of high fat/carbohydrate foods and exercise more, the list of chronic diseases will continue to plague our society. The Health Department and other community health agencies should educate citizens about personal choice issues and promote a willingness to change personal behavior that is detrimental to ones health. If this educational campaign is successful, many of the current chronic diseases will be reduced.

IMPROVING MINORITY HEALTH

Initiatives designed to improve minority health in Rowan are focus areas for the Healthy Baby Coalition of Rowan County, Salisbury-Rowan Hispanic Coalition, the Youth-In-Action Against Tobacco Council and Health Link. Health Link is a Health Department program funded by the public and private sector and supported by the Healthy Baby Coalition. Health Link is designed to secure health parity among low-income women of childbearing age and their young children

birth through five years of age. Concerted effort is directed toward eliminating the higher death rates experienced by African American babies as compared to the general population (data from the Sheps Center states that the infant mortality rate in Rowan County in 2007 was 5.5 for the total population, 3.5 for white babies and 13.6 for nonwhite babies). Health Link has helped low-income families adopt healthy behavior; create safe and healthy environments for children, and case management services to navigate through the local healthcare and human service agencies. Free rides are provided to families experiencing transportation barriers to services benefiting the health and well-being of young children.

In an effort to expand services to families and minorities, the department is applying for two grants. The first is a grant sponsored by the NC Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Children and Youth Branch. This opportunity is available to local health departments that are interested in developing local capacity to implement evidence-based family strengthening programs. Funded agencies will implement The Incredible Years® and/or Strengthening Families Program® beginning January 2010. The second grant is the Healthy Beginnings Grant sponsored by the NC Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Women's Health Branch. This grant is the result of a merger of the Targeted Infant Mortality Reduction program (TIMR) with the Healthy Beginnings. Recipients of this three year grant will implement programs to address perinatal health disparities and improve minority birth outcomes.

The Salisbury-Rowan Hispanic Coalition periodically produces and distributes a resource guide describing local resources in Spanish to the Hispanic community. The guide includes information about community health services. A useful feature for the Hispanic population is a listing of telephone numbers for bilingual English-Spanish interpreters at various community agencies. Each September, during Hispanic Heritage Month, the Coalition hosts La Fiesta de Rowan, a celebration of Hispanic and Latino cultures. This day long event is designed to educate Hispanic families about the benefits of a healthy lifestyle and to enjoy cultural events.

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 engages tobacco retailers to stop the sale of tobacco products to minors. YIAATC has also helped students comply with Rowan-Salisbury School system's Tobacco Free School Policy and helped students connect to the QuitNowNC hotline.

Future Plans for Minority Health Concerns

Based on feedback from the Focus Groups and the CHA Team, the issues related to Minority Health concerns will continue to be a high priority for future Health Assessment projects. The Health Department (Health Link), Healthy Baby Coalition, the Salisbury-Rowan Hispanic Coalition, Healthy Rowan!, and other human service agencies will continue to seek funding, grants and programs that will be directed at addressing Minority Health issues.

INCREASE ACCESS TO AFFORDABLE DENTAL CARE

Greater access to dental prevention and treatment services for Rowan County children has contributed to the improvement 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 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 low income Rowan County children (2-18 years old). The Center accepts Medicaid, Health Choice and self pay families. During FY 07-08, the Center provided dental care to 2,075 unduplicated children with 96% covered by Medicaid and Health Choice and 4% were self pay were provided services based on a sliding fee scale.

The Community Care Clinic has experienced increased demands for adult dental care. In response, the Clinic secured a Rowan County United Way Impact Grant in 2008 that enabled the Clinic to hire a part-time dentist, dental assistant and dental hygienist. While services have expanded, the Clinic reports that the need for dental care among low-income families far exceeds available resources. The Good Shepherd Clinic also provides adult dental care, but their resources are not adequate to provide the much needed dental care to low income families.

Future Plans for Dental Care Issues

1. Establish a dental clinic for underserved and/or underinsured adults
2. Support the "Swish" program within the Rowan-Salisbury School System
3. Educate the public on nutrition, dental concerns, and chronic diseases that are associated with poor dental health
4. Support local dentists to accept the more needy population as a part of their patient caseload
5. Work with expectant mothers to educate on preventative dental care and available services

TOBACCO CONCERNS

Reasons health priority was selected

- Tobacco remains the number one preventable cause of death and disease in the US and in NC. 440,000 deaths are caused by tobacco use in the US every year.
- NC's healthcare cost is \$2.46 billion dollars as a result of tobacco use
- Medicaid pays \$769 million to pay for health issues related to tobacco usage
- The tobacco industry does not have to disclose information about their product(s) since tobacco is not regulated by FDA; and because of this, consumers/children aren't always aware of the severity of the use of tobacco products
- Smoking causes \$3.5 billion/year in loss productivity in NC

Causes of the health priority

- Low cigarette prices compared to other states
- Youth access to tobacco products
- Severity of addiction to nicotine

How should community work together to solve?

- Educate elected officials, community leaders, and general public about raising tobacco taxes. Research shows high cigarette taxes decrease youth and adult tobacco usage, NC's tax rate is 45 cents/pack of cigarettes. NC ranks 44th in the country for having the lowest tax rate on cigarettes
- Increase insurance premiums for those who smoke

- Educate and check compliance with youth access laws in NC-Red Flag campaign
- Reduce underage tobacco sales and tobacco advertisements.
- Promote NC Quitline for youth and adults (cessation aids and resources.)
- Compliance check for restaurants and bars on HB 2 law.

TEEN PREGNANCY

Reasons health priority was selected

- Teen pregnancy per 1,000 girls ages 15-17 in Rowan County is 38.2 (NC is 35.1)
- Teen pregnancy per 1,000 girls ages 15-19 in Rowan County is 73.6 (NC is 65.5)
- Live births to unmarried mothers is 49.4%
- Medicaid births is 60.6%
- 47.5% of the birth mothers in Rowan County has WIC
- Mothers that smoked during pregnancy - 15.4%

Causes of the health priority

- Lack of Parent/Family Involvement
- System(s) not responding to educational needs of teens
- Peer Pressure and lack of constructive activities for teens
- Seen as a social norm by certain groups
- Many have the wrong information about birth control and the likelihood of getting pregnant
- Lack of a male or father involvement in girl/child's life
- Low self-esteem
- Looking for a way out of poverty, a child will provide teen girls to get governmental services

How should community work together to solve?

- Promote parental involvement with prevention and education of teens about having families as a teenager
- Offer more comprehensive sex education classes to teens and educate teens about sexually transmitted diseases and infections
- Provide affordable access to women's preventive health services
- Promote Optimal Birth Intervals with teens
- Create more mentoring programs for teens
- Implement the Teen Outreach Program (TOP), a nationally-recognized evidence based program

Table 8

Secondary Data Comparisons between Rowan, Peer Counties and the State

(Source: NC CATCH Data from 2006-08)

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Behavioral Risk Factor Surveillance				
% of Adults who currently smoke	27.5%	22.3%	25.2%	22.9%
% of Adults who are disabled	36.4%	30.7%	35.6%	31.0%
% of Adults who have been told they have osteoporosis	7.8%	6.1%	4.4%	5.8%
% of Adults who reported that their health was poor	6.6%	7.4%	7.1%	5.7%
% of Adults with a history of any cardiovascular disease	9.9%	8.7%	10.2%	9.1%
% Activity Recommendation Status - Meets Recommendation	40.7%	42.0%	40.9%	44.0%
% Visited a dentist or dental clinic in the last 2-5 years	12.9%	10.0%	5.3%	8.8%
% Visited a dentist 5 or more years ago	14.7%	12.9%	12.2%	11.6%
Body Mass Index grouping—Obese (percent of population)	32.0%	24.0%	29.6%	29.5%
% Adults surveyed who reported obesity based on Height and Weight data (BRFSS)	72.0%	60.2%	63.1%	64.6%
% Known Diabetics	12.3%	8.8%	13.2%	9.1%
	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Cancer Morbidity and Hospital Discharges				
Colon-Rectum Cancer cases per 100,000 population	57.3	52.8	49.2	48.8
Female Breast Cancer cases per 100,000 female population	161.9	142.0	147.6	147.5
Colon, Rectum, Anus Neoplasm Discharges per 100,000 pop	7.0	4.5	4.7	4.9
Female Breast Neoplasm Discharges per 100,000 population	5.7	1.8	3.1	4.4
Nervous System and Sense Organ Disease Discharges per 10,000 pop	18.8	13.0	12.9	15.7
Pneumonia, Influenza Discharges per 10,000 population	42.7	35.1	43.9	37.6
Musculoskeletal System Disease Discharges per 10,000 population	71.0	69.6	55.0	60.6
	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Health Professionals				
Dentists per 10,000 population	4.0	4.4	1.7	4.4
Physicians per 10,000 population	10.9	23.5	8	20.8
Primary Care Physicians per 10,000 population	5.1	9.1	4.8	9
Registered Nurses per 10,000 population	77.4	111.5	45.8	94.4
	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Maternal, Infant and Child Health				
% of live births to unmarried mothers	45.9%	40.5%	39.0%	40.1%
% of live births where prenatal care began in the first trimester	75.8%	79.0%	81.0%	82%
% Medicaid Births	57.1%	59.0%	56.9%	51.8%
% of births to WIC mothers	46.0%	45.3%	41.7%	40.0%
% of live births that were less than 2,500 grams (5.5 lbs)	9.5%	8.9%	9.8%	9.1%
% of live births to mothers less than 18 years old	4.9%	4.2%	4.4%	3.8%
% of live births where the mother smoked during pregnancy	17.8%	16.0%	19.8%	11.8%
Teen Pregnancies per 1,000 girls ages 15-17	38.2	36.2	34.6	35.1

Secondary Data Comparisons between Rowan, Peer Counties and the State

(Source: NC CATCH Data from 2006-08)

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Teen Pregnancies per 1,000 girls ages 15-19	73.6	67.1	61.9	65.5
% of 5th graders with untreated tooth decay	8.0%	2.0%	6.0%	4.0%
% of kindergarteners with untreated tooth decay	27.0%	15.0%	22.0%	18.0%
% of XIX eligible's receiving dental services age 0-5	18.0%	17.0%	19.0%	24.0%
Infant death rate for minorities per 1000 live births (NCCHS)	11.1	13.3	16.3	15.2
Infant death rate for whites per 1000 live births (NCCHS)	8.8	6.6	7.9	6.1

Miscellaneous

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
% Economically Disadvantaged, free and reduced lunch	48.0%	38.6%	32.0%	48.5%
Per Capita Income	\$27,376	\$28,598	\$28,893	\$31,041
% Medicaid Eligibles	19.6%	18.4%	19.1%	19.1%
% Estimate of uninsured Age 0-64	16.9%	16.0%	16.3%	18.6%
% Adults reporting needing to see doctor and could not get appointment	28.9%	31.9%	29.5%	28.8%
% Adults without health care coverage	24.0%	16.0%	20.0%	18.0%

Mortality Data

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Cerebrovascular Disease Deaths per 100,000 population	59.3	62	57.8	53.2
Diabetes Deaths per 100,000 population	29.6	27.8	20.1	25.4
Pneumonia, Influenza Deaths per 100,000 population	31.1	24.2	28.7	20
Intentional Harm (Suicide) per 100,000 population	22.4	14.4	13	12.3

Breast Cancer

In North Carolina 7,781 women are projected to be diagnosed with breast cancer, 115 of those women will reside in Rowan County. Possibly many of those women will survive because they were diagnosed early but some will face a premature death. 98% of women who are diagnosed with breast cancer in the earliest stages survive the disease, while only 26% survive if their disease is diagnosed in the most advanced stages, early detection is critical to a positive outcome. Critical to the need for early detection, it is recommended that women 40 years and older should have a mammogram and a breast exam by a medical professional every year.

Breast cancer is the number one cancer for women in Rowan County.

Risk factors for breast cancer include:

- A personal or family history of breast cancer
- Obesity after menopause
- Use of oral contraceptives or postmenopausal estrogens and progestin's
- Not having children or having a first child after age 30
- Consumption of alcoholic beverages

Table 9

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Female Breast Cancer cases per 100,000 female population	161.9	142.0	147.6	147.5
Female Breast Neoplasm Discharges per 10,000 population	5.7	1.8	3.1	4.4

Source: NC CATCH Data from 2006-2008
North Carolina State Center for Health Statistics - www.schs.state.nc.us

Cancer, Heart Disease and Diabetes Deaths Minority Health

Rowan County's death rate for all causes of cancer is higher than the state's rate but lower than the peer counties. Closer examination reveals African Americans as well as Whites are below the state's rate.

Table 10

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Cancer Death Rate all Causes per 100,000	195.2	201.2	201.3	191.4
Cancer Death Rate all Causes - African Am	208.8	232.3	225	226.5
Cancer Death Rate all Causes – White	183.2	194.3	200.4	187
Cancer Death Rate all Causes- Hispanic	Low #	Low #	Low #	78.5

Heart Disease rate in Rowan County is higher than the state while African Americans and White persons are significantly higher in their individual grouping.

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Heart Disease Death Rate all per 100,000	240.4	195.7	237.8	206.5
Heart Disease Death Rate - African American	287.2	227.6	301.7	247.8
Heart Disease Death Rate – White	220.3	185.9	234	200.3
Heart Disease Death Rate – Hispanic	Low #	Low #	Low#	70.3

Type 2 Diabetes is higher in Rowan County over all while African Americans are very close to the state average and White persons have a higher percentage than the state.

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Type 2 Diabetes Death Rate all per 100,000	31.6	30.2	28	25.9
Type 2 Diabetes Death Rate – African Am	53.2	78.1	48	53.1
Type 2 Diabetes Death Rate – White	27.2	25.9	26.3	20.5
Type 2 Diabetes Death Rate – Hispanic	Low #	Low #	Low #	11.4

Source - NC Department of Health and Human Services, State Center for Health Statistics Type 2 Diabetes Death Rate
Heart Disease Death Rate, NC Department of Health and Human Services, State Center for Health Statistic
NC Department of Health and Human Services, State Center for Health Statistics, Cancer Death Rate

Cancer Morbidity

It is estimated that four in ten North Carolinians will develop cancer at some point in their life. Cancer is the leading cause of death for people under age 85. The majority of cancer occurs at five sites: lung, colon, female breast, prostate, and pancreas. In 2007 the sites ranked in the following order: Other Cancer 45%, Lung/Bronchus 28%, Colon/Rectum 9%, Female Breast 8%, Pancreas 6%, Prostate 4%.

Risk Factors:

- Tobacco usage
- Poor nutrition and lack of physical activity
- Excessive sunlight and ultraviolet rays
- Familial predisposition

Table 11

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Lung/Bronchus Cancer per 100,000 pop	89.0	79.6	87.7	76.4
Colon/Rectum Cancer per 100,000 pop	57.3	52.8	49.2	48.8
Prostate Cancer per 100,000 male pop	123.3	168.5	128.1	147.8
Total Cancer Cases (all sites) per 100,000 pop	514.5	516.7	525.5	511.8

Source: NC CATCH Data from 2006-2008
 NC State Center for Health Statistics - www.schs.state.nc.us

Diabetes

Diabetes is a disease that affects the body when you do not produce or properly use insulin. Insulin is a hormone that is needed to transport glucose (sugar) across the cell membrane needed to sustain everyday life. Risk factors for Diabetes are genetics, high carbohydrate/fat diets, obesity and physical inactivity.

There are 23.6 million people in the United States or 8% of the population who have diabetes. Diabetes causes more deaths a year than breast cancer and AIDS combined. Two out of three people with diabetes die from heart disease or stroke.

The NC CATCH data from 2006 to 2008 indicated that 12.3% of Rowan County residents have diabetes, which is higher than the state percentage of 9.1%. Diabetes deaths per 100,000 are 29.6 in Rowan County while our state is 25.4.

The community focus group results expressed concerns in our community regarding the amount of people that has diabetes. Lack of motivation to exercise and diet are noted as reasons for these high percentages.

Table 12

	Rowan	Catawba	Davidson	State
% Known Diabetics	12.3%	8.8%	13.20%	9.10%
Diabetes Deaths per 100,000	29.60	27.8	20.10	25.40

Source: American Diabetes Association
NC CATCH Data from 2006-2008

Healthcare Access and Coverage

Access to healthcare providers has decreased in our state. The number of physicians practicing in Rowan is below the state average. In addition, the number of Primary Care Physicians, who are the gate keepers of access to healthcare, are also needed in Rowan (Focus Group response).

Health insurance coverage has dropped in Rowan County as well. The impact of the downturn of the economy has left Rowan County with a high unemployment rate and not surprisingly more citizens have lost access to affordable healthcare.

While the number of physician's needed for our population is low, the county also has an uninsured population who either does not seek help because of cost of care or do not seek care because of access to a physicians who will take them as patients.

Table 13

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Physicians per 10,000 population	10.9	23.5	8	20.8
Primary Care Physicians per 10,000 pop	5.1	9.1	4.8	9
% Adults needing to see doctor but Could not get appointment	28.9%	31.9%	29.5%	28.8%
% Adults without health care coverage	24.0%	16.0%	20.0%	18.0%

Source: NC CATCH Data from 2006-2008
North Carolina Institute of Medicine www.cniom.org

HIV/AIDS

The HIV/AIDS reporting rate remains low in Rowan County compared to the State level. Rowan is higher statistically than our peers and we have increased our percentage from the last reporting date of 2001-2005.

Table 14

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
HIV Disease Death Rate per 100,000	Low #	Low #	Low #	4.7
HIV Virus Disease Rate per 100,000	16.9	13	Low #	21.9
AIDS Rate per 100,000	8.2	7.6	4.4	12.4
AIDS Discharges per 10,000 population	1.5	0.8	1.1	2.3

Source: NC CATCH Data from 2006-2008
NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

Minority Health

Rowan County's death rate for all causes of cancer is higher than the states rate but lower than our peer counties. Cancer deaths for blacks and whites are lower than both the peer counties and the state. Death and Disease rates are per 100,000 population.

Table 15

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Cancer Death Rate all Causes (per 100,000)	195.2	201.2	201.3	191.4
Cancer Death Rate all Causes - African Am	208.8	232.3	225	226.5
Cancer Death Rate all Causes – White	183.2	194.3	200.4	187
Cancer Death Rate all Causes – Hispanic	Low #	Low #	Low #	78.5

The Heart Disease rate in Rowan County is higher for the overall rate and within the comparison groups as well.

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Heart Disease Death Rate all (per 100,000)	240.4	195.7	237.8	206.5
Heart Disease Death Rate - African Am	287.2	227.6	301.7	247.8
Heart Disease Death Rate – White	220.3	185.9	234	200.3
Heart Disease Death Rate – Hispanic	Low #	Low #	Low #	70.3

Type 2 Diabetes (adult on-set) is higher in Rowan County over all while African Americans are very close to the state average and White rate is higher than the state.

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Type 2 Diabetes Death Rate all (per 100,000)	31.6	30.2	28	25.9
Type 2 Diabetes Death Rate – African Am	53.2	78.1	48	53.1
Type 2 Diabetes Death Rate – White	27.2	25.9	26.3	20.5
Type 2 Diabetes Death Rate – Hispanic	Low #	Low #	Low#	11.4

Source - NC Department of Health and Human Services, State Center for Health Statistics Type 2 Diabetes Death Rate
Heart Disease Death Rate, NC Department of Health and Human Services, State Center for Health Statistic
NC Department of Health and Human Services, State Center for Health Statistics, Cancer Death Rate

Obesity

Obesity has risen to epidemic levels in the United States. Almost one-third of the adult population in the United States (32%) is considered obese. Adult obesity rates increased in 23 states and did not decrease in a single state during the past year.

Body Mass Index (BMI) is a way of assessing the obesity prevalence in the general population. By using the ratio of body weight relative to height, a standard of obesity has been established in the US. These calculations correlate with body mass and height to determine if an individual is at a healthy weight. An adult with a BMI under 25 is considered normal while someone with a BMI of 30 or greater is considered obese.

The risk factors for obesity are numerous: sedentary lifestyle, socio-economic status, availability of high fat and high carbohydrate foods (unhealthy foods are sometimes more affordable), high cost for “healthy foods”, stress, depression, education and poor access to health care are all linked to obesity. Obesity is a large contributor to the ever increasing costs of health care.

The 2006 Community Needs Assessment, the 2009 Community Assessment Team, and the 2009 Community Health Focus Groups have all listed obesity as one of or the top health priorities in our community. Compared to the peer counties and the state, Rowan has higher percentages for the obesity categories compared in the NC CATCH data from 2006-08.

Table 16

	Rowan	Catawba	Davidson	State
% Adult self reporting Height and Weight Indicating they are obese	72%	60.2%	63.1%	64.6%
Body Mass Index grouping – Obese (BMI) (percent of population)	32.0%	24.0%	29.6%	29.5%

Source: NC CATCH Data from 2006-2008
Trust for America's Health Facts in Fat 2009

Oral Health

Access to prevention is very important for good dental health care. Given that there has been no improvement in child poverty in the period of 2000-2008, and the fact that North Carolina has experienced one of the largest decreases in employer based health care coverage in the nation. Studies show that the uninsured rate for children has returned to the year 2000 level. However, Medicaid and the children's health choice insurance have provided children some level of access to dental care, especially here in Rowan County through the Smile Center.

Access to dental care, especially for adults, continues to be an issue expressed by the community as a top priority for solving in Rowan County.

Table 17

	Rowan	Catawba	Davidson	State
% reporting that it has been 1-2 years since they visited a dentist or dental clinic	12.9%	10.0%	5.3%	8.8%
% visited a dentist or dental clinic in last year	60.5%	67.4%	67.5%	65.2%
% patients never visited a dentist or dental clinic	1.2%	1.1%	2.4%	2.2%
Dentist per 10,000 population	4.0	4.4	1.7	4.4

Source: NC CATCH Data from 2006-2008
2009 Health Report Card, NC Child Health Report Card

Physical Activity and Personal Responsibility

Rowan County residents indicate that they would increase their physical activity if provided more access. The County offers several parks and greenway access however it is not utilized by many citizens. Three YMCA's in the County provide citizens access to a broad array of physical activities for both adults and children. Based on the table below, Rowan citizens do not appear to be as physically active as the peer counties and the state. The use of tobacco products is the number one cause of morbidity and mortality in the US. Rowan County has a higher percentage of citizens that smoke compared to our peer counties and the state

Table 18

	Rowan	Catawba	Davidson	State
% adults reporting that they would increase their physical activity if the community had more accessible sidewalks and trails.	52.4%	75.1%	55.5%	59.5%
% adults reporting they achieve physical activity recommendations	40.7%	42%	40.9%	44%
% adults reporting that during the past month they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise.	27%	38%	25%	33%
% Activity Recommendation Status Physical Inactive	16.0%	14.9%	13.7%	14.3%
% Activity Recommendation Status Some Physical Activity	43.3%	43.1%	45.4%	41.6%
% Adults reporting that they currently smoke cigarettes	27.5%	22.3%	25.2%	22.9%

Source: NC State Center for Health Statistics, Behavioral Risk Factor
NC CATCH Data from 2006-2008

Women and Children's Health

Teen Pregnancy

Teenagers 15 – 19 years old in Rowan County have a higher rate of Teen Pregnancy than the peer counties and the State. The percentage of premature births and low birth weight among all groups was within the state average.

Table 19

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Teen Pg rate 15-19 years old (rate per 1,000)	75	67.3	66.8	64.5
African American 15-19 years old	97.3	104.6	80.7	86.4
White non-Hispanic 15-19 years old	60.4	53.4	58.4	44.4
Hispanic 15-19 years old	157.1	151.4	144.2	178.6

Smoking during Pregnancy

Smoking during pregnancy is a problem in our county. This could result in numerous issues including harm to the fetus as well as to the mother.

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Mother smoked during pregnancy	16.8%	14.7%	19%	11.9%

Low Birth Weight

In Rowan County there is a higher percentage of mothers that have babies that their birth weight is very low compared to the State average. African American, White, as well as Hispanic all have a higher percentage of low birth weight babies compared to the State.

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
% Low Birth Weight Deliveries	10%	8.4%	9.6%	9.1%
% Low Birth Weight African American	15.8%	15.7%	14.4%	14.4%
% Low Birth Weight White	9.0%	8.1%	9.8%	7.8%
% Low Birth Weight Hispanic	7.1%	5.8%	5.2%	6.3%

Prenatal Care Received Late or no Prenatal Care

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
% Women Receive Late or no Prenatal Care	22%	18.7%	17.1%	16.7%
% Black Women Receive Late/no PN Care	30.5%	28.2%	27.2%	23.6%
% White Women Receive Late/no PN Care	15.8%	13.4%	11.7%	10%
% Hispanic Women Receive Late/no PN Care	38.8%	31.8%	40.5%	31.3%

Maternal and Infant Economic and Social Factors

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
% of Live Births to Unmarried Mothers	45.9%	40.5%	39.0%	40.1%
% of Medicaid Births	57.1%	59.0%	56.9%	51.8%
% of Births to WIC Mothers	46.0%	45.3%	41.7%	40.0%

Abortion Rate

	<u>Rowan</u>	<u>Catawba</u>	<u>Davidson</u>	<u>State</u>
Abortion Rate for ages 15-44 (per 100,000)	12.8	10.4	8.9	15.4
Abortion Rate for African American	27.4	16.6	17.1	26.5
Abortion Rate for White	8.8	8.6	7.2	9.9
Abortion Rate for Hispanic	13.3	12.2	9.2	22.0

Source: NC CATCH Data from 2006-2008
NC Department of Health and Human Services, State Center for Health Statistics