

# STATE OF THE COUNTY HEALTH REPORT FOR CATAWBA COUNTY 2006

The purpose of the Public Health Report Card is to heighten awareness of the health issues affecting the citizens of Catawba County by compiling and summarizing important health indicators related to illness, death, and high-risk behaviors. The Report Card can be used in establishing priorities, leveraging current resources, and / or developing additional resources such, as grants and partnerships, to address health needs in Catawba County. The 2006 Public Health Report Card serves as a supplement to the 2003 Catawba County Community Health Assessment by providing updated health indicator data. The 2003 comprehensive Community Health Assessment can be found at the Catawba County Health Partners web site under “links” at: <http://www.catawbacountyhp.org>.

Data are presented for the most current year or time period available for Catawba County compared with averaged data for North Carolina. The year or period of time is noted on the report card along with the data. The health indicators were chosen not only because of their importance, but also because of data availability, consistency and validity.

In addition to comparing Catawba County to North Carolina, the Report Card also compares the data to the Healthy Carolinians 2010 objectives when available. Health care providers, governmental representatives, university faculty and research center staff, advocacy groups, and other experts, through an extensive process and analysis developed health indicators and health objectives for the state of North Carolina to achieve by the year 2010.

When reviewing the report card, use the following information as a reference.

- For each health indicator, you will find a definition, time period, and data source.
- **Red highlighted data** are used to emphasize areas of **high health risks** in Catawba County compared to NC.
- **Green highlighted data** are used to emphasize areas of **lower health risks** in Catawba County compared to NC.
- **Blue highlighted data** represent that Catawba County is **meeting that 2010** health objective. Overall, 7 of 24 health objectives for 2010 were met in Catawba County.
- Shading in the 2010 objective column indicates that there is no 2010 objective specifically for that health indicator.
- Abbreviated terms are defined at the bottom of the data charts.

Data within the Report Card indicates that Catawba County has health risks associated with the following indicators:

- *Minority Populations are at a greater risk for disease and death*
- Neonatal Mortality- Minority populations although met 2010 total objective
- Infant Mortality- Black and Minority populations although met 2010 total objective
- Percent Very Low Birth Weight for black/African American
- Percent Prenatal; Care initiated in 1<sup>st</sup> trimester
- Percent Pregnant women who smoke
- Childhood Overweight rates in 2-4 year olds and 2-18 year olds
- Motor Vehicle Deaths in all age categories
- Suicide
- Pneumonia/Flu Deaths- ages 64-85, ages >84, and total population
- Stroke deaths for white and minority populations
- Diabetes deaths for white and minority populations.
- Prostate Cancer deaths - Minority population
- Colon, Rectum, and Anus Cancer deaths for minority females
- Percent of Medicaid eligible children ages 0-21 who received health check services

Catawba County Health Partners (CCHP), a Healthy Carolinians partnership, was formed in November 2004 with a board of directors, bylaws, a vision, a mission, and a diverse membership of over 100 people. Three committees have been created to address the health priorities of Catawba County: access to health care, obesity, and substance abuse. The committees further defined their focus, objective, and action plan.

CCHP received “official” certification by the Governor’s Task Force for Healthy Carolinians on October 25, 2005 in Durham, NC. In addition, Catawba County Health Partners received the 2005 Thad B. Wester Award for Excellence. CCHP also received its 501 (c) (3) non-profit status in August 2006, which will help in leveraging funds for future activities.



#### Vision Statement

Partnering together to enhance the quality of life for all people in Catawba County.

#### Mission Statement

Partners joining together to improve the health and well being of Catawba County residents by identifying and addressing health priorities and disparities through public awareness and education, community involvement, maximizing resources, and influencing public policy.

Below is a snap shot of each committee and their accomplishments to date:

**1.) ACCESS TO HEALTHCARE - Access to Healthcare.** Priority area is adults aged 18-64 who needs access to primary care.

*Objective:* By 2010, increase the number of primary care visits for people between the ages of 18-64 who are seen at free/reduced fee clinics by 10%.

**CCHP Action:** Addressing communication, transportation, medication, and expanding services for access to healthcare.

- Created an access brochure of services for the uninsured population.
- Developed a safety net program plan called Medical Access of Catawba County (MACC) in collaboration with the Medical Society of Catawba County and Greater Hickory Cooperative Christian Ministry (GHCCM). The goal is to get uninsured people with a chronic disease that meet the eligibility requirements enrolled into care at a Physicians office. GHCCM recently hired a MACC coordinator. The Plan is to launch the MACC program in July 2007 depending on funding.
- Catawba Valley Community College (CVCC) and Catawba Valley Medical Center (CVMC) co-sponsored a three-module medical interpreter class at CVCC in 2006.

**2.) CHRONIC DISEASE - Obesity.** Priority area is children and adolescents aged 2-18 who are overweight or at risk for being overweight.

**Objective:** *Decrease the proportion of at-risk and overweight children ages 2-18 in Catawba County by 10% by 2010.*

**CCHP Action:** Addressing childhood obesity in schools and in the community.

- Received a North Carolina Eat Smart Move More grant in 2005 to implement physical activity and nutrition education programs such as; Winner's Circle, Take 10!, and Food For Thought in some pilot schools across Catawba County.
- Catawba County Medical Auxiliary Society donated funds to purchase Energizers for 10 elementary schools.
- Helped get three wellness policies adopted in each school district that encourage increased physical activity and healthier eating behaviors.
- Created an Eat Smart Move More brochure that lists physical activity and nutritional resources in Catawba County. George Foundation helped with printing expenses.
- Planning a medical provider childhood obesity workshop for March 2007 with keynote speaker Dr. Robert Schwartz, Professor of Pediatrics at Wake Forest University School of Medicine.

**3.) HEALTH PROMOTION - Substance Abuse.** Priority area is addressing substance abuse in the community with a focus on white males between the ages of 33-44.

**Objective:** By 2008, Emergency room and inpatient visits recorded as relating to substance abuse will decrease by 5% based on the population.

**CCHP Action:** Addressing substance abuse prevention and treatment.

- Implemented a Family Day event that encourages families to eat dinner together in hopes of reducing substance abuse.
- Working on a brochure of substance abuse services and resources in the community.
- CVMC and Catawba Valley Behavioral Health collaborated to provide 24-hour emergency services for mental health and substance abuse patients in the ER.
- Reviewing best practice models for substance abuse prevention education.
- Expanded the membership for the substance abuse committee.

Overall CCHP has had a successful year with activities and program that relate to the health priorities. CCHP is on course for accomplishing the health objectives. Other partnership accomplishments include receiving a Kate B. Reynolds Charitable Trust grant for three years, providing micro-grants to neighborhood associations, and maintaining a CCHP web site. For more information visit the web site at: <http://catawbacountyhp.org>

PUBLIC HEALTH REPORT CARD  
FOR CATAWBA COUNTY  
2006

HEALTH INDICATOR	NORTH CAROLINA	CATAWBA COUNTY	NC 2010 Target
<b>CANCER</b>			
<b>2000- 2004 SCHS- Deaths per 100,000 population (age adjusted)</b>			
Total Cancer Deaths	197.4	197.8	166.2
Prostate Cancer (Male)			
White Population	24.8	24.9	
Minority Population	67.2	98.6	
Total Population	31.6	29.2	
Breast Cancer (Female)			
White Population	23.6	23.7	
Minority Population	31.5	18.3	
Total Population	25.4	23.4	22.6
Trachea, Bronchus, & Lung			
White Population	60.0	59.1	
Females	42.6	44.7	
Males	84.3	82.0	
Minority population	56.6	48.2	
Females	31.2	32.1	
Males	96.6	76.4	
Total Population	59.6	58.5	
Colon, Rectum, & Anus			
White Population	17.8	20.9	
Females	15.2	16.1	
Males	21.4	27.7	
Minority Population	23.8	22.7	
Females	20.7	26.8	
Males	29.0	15.6	
Total Population	19.0	21.2	16.4
<b>HEALTH CARE ACCESS</b>			
Dentist (2005) per 10,000 population Cecil G. Sheps Center (UNC-CH)	4.4	4.4	
Physician (2005) per 10,000 population Cecil G. Sheps Center (UNC-CH)	20.7	23.0	
Primary Care Physician (2005) per 10,000 population Cecil G. Sheps Center (UNC-CH)	8.8	9.0	
*Uninsured Estimates for 0-17 yr. olds (2004) Cecil G. Sheps Center (UNC-CH)	11.3%	11.4%	
*Uninsured Estimates for 18-64 yr. olds (2004) Cecil G. Sheps Center (UNC-CH)	20.6%	19.4%	
*Uninsured Estimates for 0-64 yr. olds (2004) Cecil G. Sheps Center (UNC-CH)	18.0%	17.2%	
Percent of Medicaid eligible children ages 0-21 who received Health Check Preventative Services -Age Specific (SFY 2003-2004) Division of Medical Assistance	71.2%	67.4%	
Kindergartner Health Assessment - (SY 2005-2006) NCDHHS-DPH**	98.3%	99.7	
Percentage of Medicaid Eligibles Receiving Dental Services (Divison of Medical Assistance) 2005.			
Ages 1-5 yrs	28.0%	16.0%	
Ages 6-14 yrs	45.0%	37.0%	
Ages 15-20 yrs	31.0%	27.0%	
Overall (ages 1-20 yrs)	36.0%	27.0%	

SCHS - State Center for Health Stastics

SY- School Year

SFY- State Fiscal Year

\* Uninsured is defined as someone without health insurance for an entire year

\*\* NC Department of Health and Human Services, Division of Public Health