



2015 Catawba County Community Health Assessment

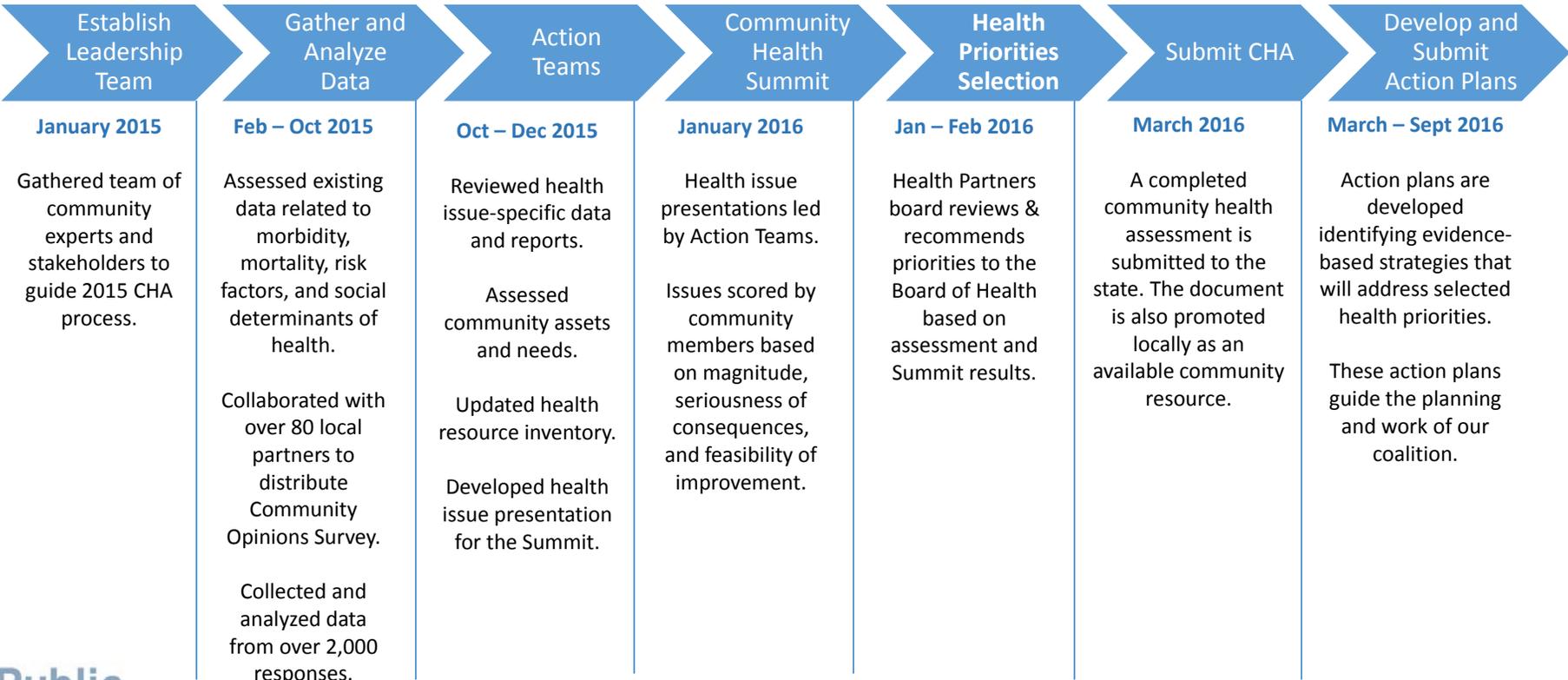
Hickory City Council
May 3, 2016



What is the CHA?

- Systematic collection, assembly, analysis and dissemination of information about the health of the county
 - Primary and secondary health and socioeconomic data
 - Health disparities and trends
 - Health assets and needs
 - Health priorities
 - Health resources
- Provide information about quality of life in Catawba County

CHA Process





2015 Community Health Assessment Findings



Community Profile



| | North Carolina | Catawba County |
|-----------------------------|----------------|----------------|
| Total Population | 9,535,483 | 154,358 |
| Female (%) | 51.2 | 50.6 |
| Male (%) | 48.8 | 49.4 |
| Under 5 Years Old (%) | 7.0 | 6.5 |
| Under 18 Years Old (%) | 23.9 | 23.8 |
| 65 Years and Older (%) | 12.7 | 13.9 |
| White (%) | 68.5 | 81.7 |
| White, not Hispanic/Latino | 64.4 | 77.2 |
| African-American (%) | 21.5 | 8.4 |
| Asian/Pacific Islanders (%) | 2.2 | 3.5 |
| Hispanics/Latino (%) | 8.4 | 8.4 |
| Population per Square Mile | 195.7 | 385.9 |

- Over 30% of county residents live in rural areas
- 89.97% 4-year high school graduation rate
- 5.2% unemployment rate
- 15.3% of residents live in poverty, 23.4% of children
- 14% of households receive SNAP, 57.2% of students receive free/reduced meals

Leading Causes of Death



| (2009-2013) | Rate per 100,000 |
|---|------------------|
| Cancer, all sites | 206.9 |
| Heart disease | 206.3 |
| Chronic lower respiratory disease | 74.8 |
| Cerebrovascular disease | 53.7 |
| All other unintentional injuries | 35.9 |
| Alzheimer's disease | 30.9 |
| Diabetes mellitus | 26 |
| Pneumonia & influenza | 25.5 |
| Nephritis, nephrotic syndrome & nephrosis | 21.2 |
| Suicide | 16.4 |

- Cancer is number one overall and among females, African-American population
- Heart disease is number one among males, White population
- Unintentional injuries are the leading cause of death ages 20-39
- Suicide has moved into top 10 causes of death



Positive Trends

- **Access to Care:** # of uninsured adults down, Medicaid enrollment up
- **Cancer:** Lung cancer mortality down, cancer incidence overall down
- **Environmental Health:** Improved air quality
- **Heart Disease:** Incidence down

Positive Trends

- **Tobacco Use:** Down among 6th graders
- **Teen Pregnancy:** Overall rate down
- **Flu:** Vaccinations up
- **STD:** HIV/AIDS incidence down
- **Infant Mortality:** Down overall

Trends to Watch



- **Injury:** Number of emergency room visits related to senior falls up
- **Cancer:** Breast cancer mortality up, overall mortality in minority population up
- **Suicide:** Rates up, 3rd leading cause of death for ages 20-39
- **STD:** Syphilis incidence up



Trends to Watch



- **Nutrition:** Number of food deserts up from two to six
- **Infant Mortality:** # babies born with low birth weight up
- **Social Determinants:** Poverty up, especially among children



Health Disparities



- The African-American population is more likely to die from: heart disease, diabetes, cancer, stroke, and kidney disease
- While overall stroke mortality has decreased, it has increased in the African-American community.
- Populations more likely to be obese: lower income, African-American, and lower education attainment

Health Disparities



- Large disparities in teen pregnancy, pregnancy outcomes, prenatal care, and infant mortality between White & African-American women
- Food desert and play desert census tracts represent areas with lower income and higher minority population
- Disproportionate impact of poverty on African-American and Hispanic/Latino population



Why Priorities?

- Priorities set a benchmark for the **entire community** to address population-level health concerns
- Priorities must be addressed at **multiple levels**
- Catawba County Health Partners facilitates **community coalitions** to implement evidence-based, priority-driven community change strategies
 - Initiatives to address priorities do not all need to be led by Health Partners

CHS Ranking Results

Overall:

1. Obesity
2. Heart Disease/Stroke
3. Diabetes
4. Cancer
5. Nutrition
6. Physical Activity
7. Injuries/Violence
8. Tobacco
9. Infant Mortality
10. Unintended Pregnancy

Magnitude:

1. Heart Disease/Stroke
2. Obesity
3. Diabetes
4. Cancer
5. Nutrition

Seriousness of Consequences:

1. Heart Disease/Stroke
2. Diabetes
3. Cancer
4. Nutrition
5. Injuries/Violence

Feasibility:

1. Obesity
2. Physical Activity
3. Diabetes
4. Heart Disease/Stroke
5. Nutrition

Starting Upstream

- Prevention can impact not only death and illness, but also improve overall wellbeing and quality of life
- Leading Preventable Causes of Death in NC
 1. Tobacco
 2. Physical inactivity & poor nutrition
- Related risk factors for **5 of the top 10** leading causes of death
 - 2009-2013: **4,385** deaths
- Ranked high in terms of magnitude, seriousness of consequences, and feasibility

Common Themes



Physical Activity

- Surveys indicate people in Catawba County aren't physically active enough and want more options for and information about exercise and fitness
 - Only **50%** of adults regionally met recommendations
- The most common community improvements for physical activity selected in the survey were: sidewalks, walking routes, parks, greenways, and bike lanes
- **13** census tracts do not have park access within ½ mile for residents; additional **6** show less than 10% of residents can access parks within ½ mile

Nutrition

- Several factors affect the availability of nutritious foods: **physical access, cost & poverty**
 - There has been an **increase** in the number of food deserts and individuals living in poverty
- **14.3%** of households receive SNAP; **57.2%** of students receive free/reduced lunch
- Surveys indicate people in Catawba County aren't eating the recommended five or more servings of fruits and vegetables per day, and they aren't limiting the amount of salt, fat and sugar in their diet
- Surveys also indicate that better/increased healthy food options was an area in most need of improvement in our community; and that eating well is the **#1 topic** needing the most information and support

Chronic Disease

- Chronic disease represents **six** out of the top ten leading causes of death
 - **4,373** deaths attributed to chronic disease (2009-2013)
- Emphasizes the need for community-wide collaboration across the major diseases and risk factors that impact both health and quality of life in our community
 - Inclusive – does not restrict attention to a specific diagnosis
 - Collaborative – encourages partnership and cross-cutting approaches
 - Upstream – broadens opportunities for prevention, including tobacco

Rationale: All Three...

- Are inclusive and cross-cutting = ability to impact multiple issues through targeted strategies
- Encourage community collaboration on broader scale
- Align with high levels of community interest and engagement
- Have potential to impact health outcomes & quality of life
- Can be addressed with evidence-based strategies to support population-level health improvement
- Give Health Partners the room to expand collaborative efforts as determined by community need and will

What's Next?

- Action!
 - Catawba County Health Partners is developing action plans to outline collaborative community-driven work to address our health priorities.
 - Coalition workgroups will be formed around strategies to provide community led and engaged opportunities to impact quality of life in our community
- Inspire community-wide action and partnership around health priorities.

Questions/Discussion



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