

**Catawba County Board of Health
Minutes
December 2, 2013**

The Catawba County Board of Health met on Monday, November 4, 2013. The meeting convened at 7:00 p.m. at Catawba County Public health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Ms. Brenda H. Watson, Chair
Dr. David C. Hamilton, Jr.
Dr. David Kulesia
Mr. John Dollar
Dr. Sharon Monday
Ms. Naomi East
Mr. Brian Potocki

Members Absent: Mr. Dan Hunsucker, Commissioner
Dr. William Geideman
Mr. William Mixon

Staff present: Mr. Doug Umland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Ms. Alice Layne, Home Health Manager
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Julie Byrd, WIC Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Sindie Sigmon, Business Manager
Ms. Amy McCauley, Community Outreach Manager
Mr. Mike Cash, Environmental Health Supervisor
Ms. Martha J. Knox, Administrative Assistant III

Visitors: Mr. J. Thomas Lundy, County Manager; Ms. Mary Furtado, Assistant County Manager; Mr. Dewey Harris, Assistant County Manager and Ms. Debra Bechtel, County Attorney.

Welcome of Visitors and Call to Order

Ms. Brenda Watson, Chair, welcomed Mr. Tom Lundy, County Manager; Ms. Mary Furtado, Assistant County Manager; Mr. Dewey Harris, Assistant County Manager; and Ms. Debra Bechtel, County Attorney to the regular meeting of the Catawba County Board of Health. Ms. Watson called the meeting to order at 7:00 p.m.

APPROVAL OF AGENDA

Ms. Brenda Watson, Chair, stated that Commissioner Hunsucker will not be present to deliver his report and that there are no new employees to introduce to the Board. Therefore, she requested approval of the Agenda with the deletion of items E & F. Mr. John Dollar made a motion to approve the agenda with the changes and Dr. Sharon Monday seconded the motion. The motion passed unanimously.

APPROVAL OF MINUTES

Ms. Brenda Watson, Chair stated that the Board members received the November 4, 2013 minutes and asked if there were any corrections to the minutes. Hearing none, Ms. Watson asked for a motion to approve the minutes as presented. Dr. David C. Hamilton, Jr., so moved and Mr. John Dollar seconded the motion and minutes were unanimously approved as presented.

PUBLIC COMMENTS

Ms. Watson asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

HEALTH PRIORITIES FOR CATAWBA COUNTY (See Minutes Attachment I)

Ms. Amy McCauley, Community Outreach Manager, gave the annual report on the State of the County's Health (SOTCH). Ms. McCauley gave an overview of the County's Health Priorities which are: Access to Care, Cancer, Obesity, and Substance Abuse. The priorities are determined every 4 years by the community, Health Partners, and the Board of Health through the Community Health Assessment (CHA). The next CHA is scheduled for 2015.

She stated that the Catawba County Health Partners is a 501(c) 3 organization and oversees community coalitions that address priorities. Catawba County Health Partners raised \$92,880 to support the efforts to address the health priorities in 2013 and is managed by Catawba County Public Health.

Access to Care Coalition –

- a. Goals: To understand and address barriers to diabetes education and care, and
- b. To determine the impact of the ACA on Catawba County

Participation - The following participated in the Access to Care Coalition – Catawba Valley Medical Center (CVMC), Frye Regional Medical Center (FRMC), Catawba Valley Community College (CVCC), Greater Hickory Cooperative Christian Ministries (GHCCM), Eastern Catawba Cooperative Christian Ministries (ECCCM), Catawba County Department of Social Services (DSS), Catawba Valley Medical Group (CVMG) Catawba County United Way, NC AccessCare, and Catawba County Public Health.

This group studied access issues related to

- 1. Diabetes:
 - a. Biggest barrier to treatment = cost
 - b. Over 2 in 3 respondents to the survey (66.9%) were overweight or obese
- 2. Impact of Affordable Care Act (ACA)
 - a. Of the uninsured adults 100-200% FPL (est. 7,219):
 - i. A majority may gain Medicaid or subsidized insurance & enter local provider marketplace
 - ii. May stretch capacity of healthcare providers
 - iii. A small percentage may be exempt/uninsured and may still qualify for services from the local FQHC and free clinic
 - b. Of the uninsured adults under 100% FPL (est. 5,879)
 - i. A majority may be exempt and thus uninsured
 - Not required to purchase insurance/ineligible for subsidies
 - May still qualify for services from the local FQHC and free clinic
 - ii. A small percentage may be required to have insurance and will not be eligible for subsidies.

Ms. McCauley stated that beginning on January 1, 2014, there will be a Federally Qualified Health Center open in Hickory. Ms. Brenda Watson, Chair, asked the location of the FQHC and Ms. McCauley stated it would be located in the former Rudisill Office Building located in downtown Hickory. In addition, GHCCM has expanded their hours and staff and will continue to serve adults who meet the 200% of FPL guidelines.

Access to Care: Community Initiatives



- FQHC to open in Hickory January 1, 2014
- Primary care provider for uninsured and Medicaid patients
- CCM expanded hours and staff and will continue to serve adults who meet 200% of FPL guidelines

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Another community initiative has been to form a Diabetes Readmissions Collaborative to study how to prevent diabetes-related hospital readmissions in Catawba County, which is the #1 cause for readmissions. CVMC, GHCCM and NC AccessCare are participating in this effort.

Cancer –

- a. Goal: To increase cancer prevention among Catawba County adults
- b. Participation: CVMC, FRMC, corporate nurse practitioners, human resources professionals, cancer treatment providers, CCPH, Catawba County government, and hospice.

Cancer Task Force Well Business Program

- Recognizes companies with wellness practices or policies that help prevent cancer
- Promotes evidence-based worksite wellness practices in 4 risk areas:
 - Tobacco
 - Physical Activity
 - Nutrition
 - Cancer Screening

Development of the Cancer Task Force Well Business initiative was funded by a \$40,000 NACCHO grant.

Cancer: Community Initiatives

- 100% Tobacco Free Campuses (buildings, grounds, and parks)
 - Catawba County
 - Town of Brookford
 - City of Claremont
 - City of Conover
 - Outreach, education and signage supported by CCPH in partnership with Community Transformation Grant (CTG)
- Lung Cancer Screening – FRMC & CVMC providing CT screenings for heavy smokers.
- Mobile Screening – FRMC's new mobile unit offers EKG, PFT, PSA, Mammograms & other screenings.

Substance Abuse – A.S.A.P. –

- a. Goal: To reduce and prevent underage drinking as a first step toward reducing the harms associated with substance abuse in Catawba County.
- b. Participants: Law enforcement, the District Attorney's office, Public Health Partners Behavioral Health Management, substance abuse prevention and treatment programs, concerned parents, and Neighborhood Watch.

Ms. McCauley stated that A.S.A.P. of Catawba County received a \$16,000 grant from NC Preventing Underage Drinking Initiative (NCPUD). 61 off-site premise retailers were surveyed and 11% would have sold alcohol without checking ID.

Project Alcopop – Alcopops are the very high alcohol content, sugary sweet, fruit flavored alcoholic beverages that are particularly appealing to teens. Health Partners worked with teen groups to place "Are U 21?" stickers on alcopop beverages at participating merchant locations. The dangers of alcopops were publicized, in that they are not just another energy drink, but they are a high alcohol content beverage. Mr. Urland asked if Project Alcopop was now a requirement for the grant. Ms. McCauley stated that due to the success of A.S.A.P.'s first Project Alcopop initiative, which it created in 2011, Project Alcopop is now a required component for the NC Preventing Underage Drinking Initiative (NCPUD).

Not Here Campaign – 25 local restaurants and bars asked their servers to wear orange wristbands to indicate they would check ID and refuse to sell alcohol to underage customers.

Talk It Up Lock It UP – Encourages parents to talk with their children about the consequences of underage drinking and to restrict youth access to alcohol in their home. Collected pledges at Hickory Crawdads and Valley Hills Mall events.

High Visibility Law Enforcement Campaign - Checkpoint for driving while impaired and driving under the influence. More than 35 law enforcement officers from 14 agencies participated in this effort.

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Keys to Life - 3 Keys to Life events at Hickory High, Bunker Hill High and Newton-Conover High were conducted. These events are coordinated with prom season to emphasize dangers of drinking and driving.

NC Governor's Initiative on Underage Drinking/Addiction – A new initiative in partnership with the ABC Commission to address underage drinking. Two focus groups were held at Public Health.

Community Initiatives -

- a. Project Lazarus
 - a. Workgroup to address prevention of accidental death by prescription drug overdose and is funded by a Kate B. Reynolds grant
- b. Reclaiming Futures
 - a. Unites juvenile courts, probation, substance abuse treatment providers, and the community refer youths for substance abuse treatment also funded by Kate B. Reynolds grant.

Obesity: Eat Smart Move More Catawba County –

Goal – To prevent obesity in Catawba County by increasing access to healthy foods and opportunities for physical activity.

Participants – School systems, hospitals, healthcare providers, service agencies, school nurses, businesses, faith communities, insurance providers, nutritionist, universities, childhood and adolescent obesity programs.

- a. **Healthy Schools Recognition Program**
 - Challenges schools K-12 to voluntarily meet PSE standards promoting physical activity and healthy foods.
 - 40 schools participated and 36 were named “Healthy Schools”
 - Helped create healthier school environments for more than 20,600 students
- b. **Healthy Childcare Centers Recognition Program**
 - Challenges childcare centers to voluntarily meet PSE standards promoting physical activity and health foods
 - 20 Healthy Childcare Centers recognized to date and has helped to create healthier childcare environments for more than 1,200 children annually.
- c. **Downtown Newton Walking Trails**
 - Provided mile marker signage to delineate 3 walking routes in and around downtown Newton
 - Partnered with Newton Parks & Recreation and Newton Appearance Commission
- d. **Joint Use Agreements**
 - Exploring partnership with schools and churches to provide safe, accessible locations for physical activity during non-school hours
 - Working toward connectivity between St. Stephens Park and Campbell Elementary School
 - In partnership with Community Transformation Grant
- e. **Carolina Thread Trail**
 - Purchased equipment for building and maintaining trail sections in Catawba County
 - Trail Maintenance event was held in April, 2013 at Murray's Mill.
- f. **Public Health Farmers Market**
 - Operates from May 2 – October 24. There were 24 markets held on Thursdays 11-2
 - Partnership with WIC, ESMM, and Public Health
 - Accepted WIC vouchers and bonus bucks
 - 27 county employees and 6 volunteers participated and was a recipient of a Team Award this year.

Ms. McCauley stated that this was the second market season June – September, 2013 for the Center United Methodist Church Farmer's Market. The Leadership for this market transitioned to the church and local growers. 8 farmers and 50 customers participated weekly on Wednesday afternoons.

The Public Health Farmers Market averaged 181 customers with a peak of 298. A total of 11 farmers participated with a peak participation of 9 farmers in one week. This market helped increase the redemption rate of the WIC FMNP from 51.29% to 62.8%, which is the 2nd highest in the state.

The Bonus Bucks initiative was very successful and had 66.3% redemption, which translated into \$936 extra spent on fresh produce. 76% of all WIC farmers' market vouchers were redeemed at the Public Health Farmers Market.

Doug Urland, Health Director, stated that the redemption rate for the Farmer's Market vouchers here, although listed as 2nd in NC, is even more notable since vouchers have been issued three times for our WIC clients; most communities receive only one or two voucher distributions.

Community Initiatives –

Farm & Food Sustainability Plan

- Aimed at sustaining farmland and farming to ensure local food production and access.

Bunker Hill Covered Bridge Park Expansion

- Increased to 35 acres
- Plan development of walking trail linking bridge to I-40 rest stop

Active. Well Crafted. – City of Hickory's physical activity participation and promotion program.

Western Piedmont Bicycle Plan

- Developing recommendations to increase bicycle access and safety in Catawba County
- Partnership with WPCOG, area planners, DOT & Public Health

Dr. Sharon Monday asked about the timeline for the Bunker Hill Covered Bridge Expansion – Ms. McCauley stated that the land was just acquired in 2013, and the timeline for the expansion has not been determined at this time.

Kelly Isenhour, Asst. Health Director, stated that regarding the Healthy School Initiatives – the standards will be made higher in the future. Ms. McCauley stated that the standards will be increased to give the healthy schools a new challenge and help them qualify for national recognition and funding. In addition, Middle Schools remain a challenge and increased effort is needed to encourage additional physical activity for those schools.

Ms. East asked if the amount of recess time at schools is part of the effort to get more physical activity in the student's day. Ms. McCauley stated that a section of the State Statute requires a certain amount of physical activity every day. She stated that the middle schools identify PE as meeting that requirement; however, there is only 1 semester of PE in the curriculum. Therefore the challenge is helping these schools identify ways students can continue to get the necessary physical activity during semesters when they are not enrolled in PE.

Standards include recommendations such as access to fresh or bottled water every day, and fresh or frozen vegetables at least 3 days a week. Ms. McCauley acknowledged the challenges facing schools trying to provide a healthy menu. So, instead of setting a standard they could never meet, the goal is to identify ways they can work within the parameters they have.

Ms. Mary Furtado, Assistant County Manager, asked if there is a plan to look at the health status in the schools and the program being implemented in the schools. How do you tell if the program is making a difference?

Ms. McCauley stated that BMI is tracked by school nurses in elementary schools. She added that unfortunately, from a data standpoint the data is not readily available. The database will need to be created. At this time, the policies are in place and with the BMI collection, the data will be measured. Ms. Furtado added that in addition it is complicated by the children going home to another standard that will impact their health status.

Ms. Naomi East, Board Member, asked if there was any provision to measure bullying in the schools. Ms. McCauley stated that they focus at this time is on healthy foods and physical activity aspects. Other risk behaviors such as bullying would be a focus of other initiatives.

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Ms. Jennifer McCracken, Health Services Manager, stated that the school has a School Health Advisory Council (SHAC) that could take on a Bullying Initiative. However, Public Health may not have all of the details of that program; however, it may be a component.

Doug Urland, Health Director, asked Ms. McCauley to address the program with businesses working to reduce the instances of Cancer. Ms. McCauley stated that the criteria are still in the development stages and that several nurse practitioners from local businesses are involved. Once the criteria are developed for the well business program then a pilot program will be established early in 2014. After the pilot program is evaluated it is planned to launch the program in the second half of 2014 for all businesses that wish to participate.

Ms. Kelly Isenhour, Assistant Health Director, stated that the Health Partner Board Members have a lot of interest in the Substance Abuse initiatives. They have concerns about their children and the adolescents in the County regarding how to deal with substance abuse. Ms. McCauley stated that A.S.A.P. focuses on what parents can do to prevent abuse of alcohol and drugs, beginning at home.

2013 STATE OF THE COUNTY'S HEALTH (SOTCH) (See Minutes Attachment II)

Ms. McCauley stated that the SOTCH is used to analyze the data that is available; however, it does not tell the whole story. Most of the data available from the State is 2 years behind and some data is suppressed because it is based on small rates. If the number of people affected by an issue is under 20, the rate is not calculated or shared because it is viewed as unstable.

Leading Causes of Death –

Ms. McCauley gave the list of leading causes of death for Catawba County:

1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Disease (moved from 4th to 3rd)
4. Cerebrovascular Disease (moved from 3rd to 4th)
5. Unintentional Injuries
6. Alzheimer's Disease
7. Diabetes
8. Pneumonia & Influenza
9. Kidney Disease
10. Motor Vehicle Injuries

Chronic Respiratory Disease, Unintentional Injuries, and Alzheimer's Disease moved up in the list of leading causes of death, whereas, Cerebrovascular Disease was noted to have moved down in the list. Dr. David Hamilton, Jr., asked what was included in the Unintentional injuries category. Ms. McCauley stated that this would include any injuries such as: falls, burns, poisonings, drowning. However, vehicular accidents are listed in a separate category.

Significant Trends – Data was compared across a 5-year span and looked for any changes that reflected a 15% or more increase or decrease over time.

Listed among the significant trends on the rise:

- Chronic Lower Respiratory Diseases (includes: COPD, emphysema, chronic bronchitis and other pulmonary diseases). The data showed that Chronic Lower Respiratory Diseases was up for all categories by 15.9% and up 34.0% for females, with White, non-Hispanics showing an increase of 17.1%
- All other Unintentional Injuries – Up by 15.4% overall and 24.3% for White, non-Hispanics
- Suicide – increased by 22.1% for males and homicide mortality has also increased significantly

Dr. Sharon Monday asked if Ms. McCauley could report on how much of the unintentional injury increase was due to overdose from prescription drugs. Ms. McCauley stated she did not have an exact number; however, accidental overdose has been a focus of the "Project Lazarus" group. On average there are about 17 deaths per year due to accidental overdose. Deaths due to accidental overdose are a contributor to the increase and are on the rise across North Carolina.

Listed among the significant trends on the decline:

- Cerebrovascular Disease which includes strokes, other cerebral hemorrhages, showed decreases by 24.0%, White non-Hispanic mortality rate decreased by 23.7%, African American, non-Hispanic mortality rate decreased by 19.0%, male mortality decreased by 33.5% and female mortality rate decreased by 21.2%
- Diabetes showed significant decline:
 - Total mortality rate decreased by 29.5%
 - White, non-Hispanic by 22.9%
 - African American, non-Hispanic by 53.4%
 - Male mortality rate decreased by 24.5%
 - The female mortality rate decreased also, however, it was from data considered unstable)
- Breast Cancer, which occurs in both male and female showed significant decreases:
 - Total mortality decreased by 21.1%
 - White, non-Hispanic decreased by 20.7%
 - Female mortality decreased by 22.1%
- Unintentional Motor Vehicle Injuries
 - Men showed a decrease of 15.9%
- Prostate Cancer showed a decreased in mortality by 24.2%
- Pneumonia and Influenza
 - Overall decreased by 26.8%
 - White, non-Hispanics decreased by 27.5%
 - Men – decreased by 41.9%
- Diseases of the Heart – showed a significant decrease in mortality for African American, non-Hispanic by 29.1%
- Alzheimer’s disease showed a decrease of 28.6% among the male population.

The report also showed that Colon and Rectum Cancer total incidence rates showed a decrease of 20.6%

The SOTCH also looked at a comparison of the significant population differences. This would help to identify where there may be a more significant health burden for one population versus another.

Significant Differences: African Americans to White, non-Hispanics		
Health Indicator	% Higher/Lower	Burden Ratio
Diabetes	+105.4%	2.05 to 1
Teenage Pregnancy (15-19)	+61.8%	1.62 to 1
Teenage Pregnancy (18-19)	+43.2%	1.43 to 1
Cerebrovascular Disease	+32.1%	1.32 to 1
All Cancers, Men	+29.2%	1.29 to 1
All Cancers	+19.5%	1.19 to 1
% Infants Breastfed at Discharge	-35.8%	.64 to 1

Other Issues: Kidney Disease, Colon Rectum & Anus Cancer
 REVERSED: 69.8% higher White, non-Hispanic mortality rate from Chronic Lower Respiratory Disease; Burden Ratio = 1.70 to 1

Population breakdown remained consistent: White 85.3%, African American 8.7%, Hispanic/Latino 8.5%, and Asian 3.7%.
 (Minutes Attachment II)

Teenage Pregnancy – Ms. McCauley stated there is an increase in teenage pregnancy with a bigger disparity among African American populations. The data showed that there is a higher teenage pregnancy rate among the 15-19 and 18-19 age groups.

Cerebrovascular Disease – 32.1% disparity among African Americans and all Cancers for men showed a 29.2% higher rate for African Americans. However, the percentage of babies' breastfed at discharge was 35.8% lower among African American population versus the White, non-Hispanic.

There was only one factor that showed significant issues for White non-Hispanic population is bearing a greater burden, only one showed up – Chronic Respiratory Disease, which shows a 59.8% higher rate.

There was very limited data for the Hispanic population, therefore, pregnancy rates, and infant mortality showed a higher teenage pregnancy rate among 15-19 and 18-19 age groups. Among the White, non-Hispanic population the incidence of Caesarean births is higher by 43.8% and infants' breastfed at discharge is 42.8% lower versus the Hispanic community.

Mr. Doug Urland, Health Director, stated that the Pregnancy Care Management (PCM) implemented criteria to meet certain outcomes including reducing C-Section rates around 2010-2011. Eventually, as data is collected it is hoped that this will result in better birth outcomes.

Disparities regarding men versus women were also noted in the report as demonstrated by the next slide:

Significant Differences: Men and Women		
Men v. Women:		
Health Indicator	% Higher	Burden Ratio
Lung Cancer	+111.4%	2.11 to 1
All Other Unintentional Injuries	+97.4%	1.97 to 1
Diseases of the Heart	+75.7%	1.76 to 1
All Cancers	+55.7%	1.56 to 1

Other Issues: Suicide, Liver Disease, Unintentional Motor Vehicle Injuries, Colon Rectum & Anus Cancer, Diabetes, Kidney Disease

Women v. Men:		
Health Indicator	% Higher	Burden Ratio
Alzheimer's Disease	+40.5%	1.40 to 1

Ms. McCauley shared comparison of health indicators that showed the Catawba County rates compared North Carolina (See *Minutes Attachment II*). The data shows the areas where Catawba County is faring better than the rest of North Carolina and also where Catawba County is not doing as well as the rest of the State.

Catawba County is faring better:

- Prostate Cancer Incidence – 17.5% lower in the total population
- Asthma –
 - Hospital discharges for ages 0-14 25.8% lower
 - And 35.3% lower for the total population
- Sexually Transmitted Diseases
 - Gonorrhea – 26.6% lower
 - Chlamydia – 27.8% lower
- Cesarean Births
 - Hispanics – showed 19.3% lower
- Births to mothers who received early and adequate Prenatal Care
 - Total Population – 15.9% higher
 - African Americans – 18% higher

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- Hispanics – 28.9% higher
- Other, non-Hispanics – 16.1% higher

Where Catawba County has room for improvement compared to the State:

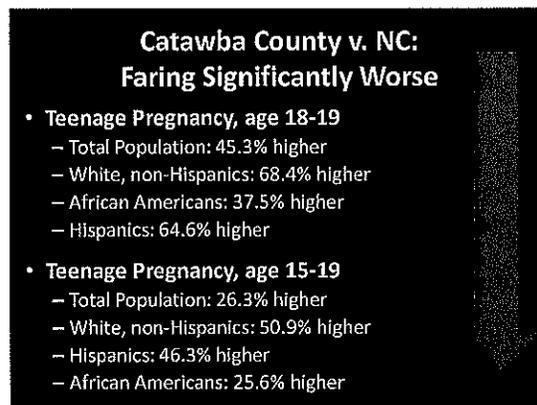
- Colon, Rectum, and Anus Cancer
 - African Americans: 64.7% higher
- Kidney Disease
 - African Americans: 21.5% higher
- All Other Unintentional Injuries
 - Total population: 15.4% higher
 - Males: 17.0% higher
- %Infants Breastfed at Discharge
 - African Americans: 23.4% lower
 - Other, non-Hispanics: 51.7% lower
 -

Chronic Lower Respiratory Diseases showed significant increases in several populations for Catawba County as compared to North Carolina. (*See Minutes Attachment II*)

- Chronic Lower Respiratory Diseases
 - Total Population: 35.8% higher
 - –Women: 41.7% higher
 - –Men: 32.6% higher
 - –White, non-Hispanics: 29.4% higher
 - –African Americans: 35.3% higher

Ms. McCauley also noted that regarding Pneumonia and Influenza that men in Catawba County are showing 15.3% higher death rate than the rest of the state.

Regarding Teenage Pregnancy the following slide shows that Catawba County still has work to do in this area:



Catawba County Health Priorities

Ms. McCauley stated that there are very limited data for the County Health Priorities and this is primarily due to these priorities be behavioral related. Therefore, she reviewed how the data has changed since the last Health Assessment was completed.

- Access to Care
 - Uninsured numbers have gone down.
 - Total physicians have increased, however, primary care doctors has shown a decrease.

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Mr. Doug Urland, Health Director, stated that the trend of more specialists and less primary care doctors is a nationwide trend here in the US. Ms. McCauley stated that hopefully, the Federally Qualified Health Center by providing another resource for primary care.

➤ Obesity

Ms. McCauley stated that the data is limited to ages 2-4 which shows 31.7% are obese. This data is from the WIC participants. No data is available for adults concerning obesity. However, there is some regional data and Ms. McCauley stated that Catawba County is one of 17 counties on that are included in 61.8% overweight and obese adults.

➤ Substance Abuse

Is very limited, DWI Arrests have gone down; however, current data about teenage substance use is not currently available. The regional data shows that adult smokers over the 17 county area are about 23.3%.

Ms. McCauley stated that although the report shows several areas where Catawba County has improved the following areas remain a concern and require attention:

- Chronic Lower Respiratory Disease
- All Other Unintentional Injuries
- Unintentional Motor Vehicle Injuries (men)

The data also shows that significant disparities exists for minority groups –

- Kidney Disease
- Colon, Rectum & Anus Cancer
- Diabetes
- Cerebrovascular Disease
- Cancer (overall)
- Teenage Pregnancy (15-19)
- Teenage Pregnancy (18-19)

Ms. McCauley stated that although the report shows Catawba County trending better in some areas, this does not always mean that the population is getting healthier or that the quality of life overall has improved for the majority of the population. The data is mostly looking at the mortality rates; therefore, someone may be unhealthy for long periods before they appear in the data.

Ms. McCauley asked for some input from the Board and visitors regarding the data that had been presented. Mr. John Dollar, Board Member, asked who collected and who did the analysis of the data. Ms. McCauley stated that CCPH did collect the data locally and Ms. Kelsey Johnston, Community Health Analyst, is on staff. Ms. Johnston worked with Ms. McCauley and Ms. Kelly Schermerhorn, Public Information Officer to compile the data.

Mr. Dollar stated that: "It seems that Teenage Pregnancy is not being addressed by a specific program." Mr. Doug Urland, Health Director stated that the School Nurses participate in programs that addresses teenage pregnancy, Council on Adolescents, and the Department of Social Services "Teen-Up" Program addresses the issue of teen pregnancy. Rhonda Stikeleather, Children's Services Nurse Supervisor, stated that the Council on Adolescents is expanding programs and raise money to address their efforts to reduce teenage pregnancy.

Dr. David Hamilton, Jr., stated that it is commendable to see a reduction in Diabetes and other areas that showed a reduction. He stated he would like to know more about the Chronic Lower Respiratory Diseases. He stated that this seemed unusual and he would like to know why Catawba County is seeing an increase in this area. Dr. Hamilton stated that he felt this may be more environmental.

Mr. Dollar stated that one factor may be that 23.3% continue to use Tobacco. Ms. McCauley stated the numbers reflects the 17 county region where the data was collected. Therefore, Catawba County numbers could be different locally. She stated one trend in the increase of female smoking after WW II. Those numbers increased dramatically and more women locally

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are being impacted by the diseases related to Tobacco use. She added that because the data are based on current mortality rates, it is necessary to look at root causes and determine what has caused the rise in Chronic Lower Respiratory Diseases for Catawba County.

Dr. Hamilton asked regarding suicide if there are any data on mental health. Ms. McCauley stated the numbers are not available in the traditional sense. The Health Assessment in 2011 did not show data on how many people are affected by different mental health issues. Mr. Dollar asked if there is any State or private colleges doing research regarding major health issues and root causes, i.e., tobacco usage. Amy stated that there several studies, including at UNC-CH, and the NC Institute of Medicine, to look at root causes of health issues.

Regarding Teenage Pregnancy, Ms. McCauley stated that when a community looks at health priorities, there is an assessment of resources being utilized to address different issues. Therefore, priorities are often selected because there are gaps in provision of services to address the issue.

Where we are headed –

- ACA – CCPH will be evaluating and responding to the impact of the ACA on the County's uninsured.
- GHCCM – Greater Hickory Cooperative Christian Ministries will continue its mission at the primary care safety net for the uninsured.

Next Steps-

- Cancer-
 - Cancer Task Force Well Business Program
 - Pilot with 9 companies in early 2014
 - Official launch by fourth quarter of 2014
 - Healthy Childcare Centers Recognition Program
 - Tobacco-free standard added to program
 - Community Transformation Grant (CTG)
 - Working on more tobacco-free municipalities, worksites, and public places
 - Encouraging multi-unit housing complexes to adopt smoke-free policies
- Obesity-
 - Farmers Markets
 - EBT (food assistance benefits) accepted by Public Health Farmers Market next season (June-Sept 2014)
 - Healthy Schools & Healthy Childcare
 - Raising the bar
 - Community Transformation Grant (CTG)
 - Exploring healthy corner stores, joint/shared use agreements, and comprehensive land use plans.
- Substance Abuse
 - "Pride Surveys"
 - Surveys conducted in grades 6/8/10/12 in CC Public School systems
 - Measures substance abuse risk and prevalence
 - Data will be shared with other organizations and will be used to help determine next steps for the A.S.A.P. coalition
 - Project Lazarus
 - Focus on prescription drug overdose prevention
 - Finalize assessment and program development

Thoughts for the Future-

Ms. McCauley concluded her presentation with questions designed to help the group focus on where Catawba County needs to head in the future.

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- What else can our community do?
- Who else needs to be involved?
- Are our health priorities shifting?
- Where can we make the biggest difference?

These questions generated a discussion – Dr. Patrick Maddy, Dentist, stated that the baby boomer generation numbers are increasing; the diseases that will affect that population will be on the rise. Ms. McCauley stated that is definitely going to be a factor that may merit focusing more energy in that direction.

Dr. David Hamilton, Jr. stated that one area interested in being involved is the faith community to focus on how food affects healthy living and cultural changes. He added he feels the faith community can be a real asset in this area. Kelly Isenhour, Assistant Health Director, stated that CCPH found that to be true with the establishment of the 1st Farmers Market in Catawba County at the United Methodist Church in the Catawba area.

Ms. Naomi East stated she had read in the Parade Magazine about a minister that focuses on weight loss – the article was concerning a minister by the name of Rick Warren.

Doug Urland, Health Director, stated that regarding setting priorities the CHA indicates that although the trend is going down for Diabetes it remains an issue that will require attention and addressing obesity is part of that focus.

Ms. McCauley stated that things such as socio-economic, education, etc. factors also affect the choices people are making in their lives.

Ms. Sharon Monday stated that she felt one area in improving prenatal care will help improve overall health of infants and impact the infant mortality rate. Ms. McCauley stated that this is a significant factor in the health and well-being of infants and children. Ms. Jennifer McCracken, Health Services Manager, stated that one of the challenges is to encourage more mothers to breast-feed their babies. Ms. Naomi East stated that in the Hmong community breast feeding right after birth is not something that is encouraged. Ms. McCauley stated that there have been some reports that show there are cultural trends regarding breast-feeding. For example, among, newer immigrants, specifically Hmong immigrants, breast feeding is not done right after childbirth. The women were to be given a break after childbirth and other family members care for the infant. Mr. Urland asked Julie Byrd, WIC Nutrition Supervisor to comment on the WIC program regarding breast-feeding. Ms. Byrd stated that 6 weeks is the first criteria for breast-feeding and after that it is encouraged for the first 6-month period. She stated that the Hispanic population tends to breast-feed their children. Immigrants from Thailand would stop breast-feeding because they saw the formula as a privilege they could now afford.

Ms. Naomi East asked how the significant reduction in Diabetes occurred – and do we know what works regarding controlling Diabetes? Ms. McCauley stated that speaking with the community providers may be able to give us the answers to that question.

Ms. Watson thanked Ms. McCauley for her report.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, stated he had a few brief items for his report. He stated that at the Board of Commissioners meeting the following appointments were made: Ms. Katherine Barnes will remain the Chair of the Board of Commissioners, Mr. Randy Isenhour, will be the Vice-Chair, Commissioner Hunsucker was re-appointed to serve on the Board of Health for 2014 and Ms. Debra Bechtel was re-appointed as County Attorney.

Budget

The budget process for 2014-15 is continuing and Public Health Managers are meeting with Sindie Sigmon, Business Manager. CCPH staff are also working on Outcomes for the next fiscal year and making any changes that are needed. The annual County Department Head retreat will be held next week. The Board of Health Finance Subcommittee meeting will be held on January 27, 2014 and that subcommittee will make their recommendation to the Board of Health at the February 3, 2014, meeting.

Catawba County Board of Health

December 2, 2013

Page 13

Smoke-Tobacco Free –

CCPH is working with municipalities and have seen good results –the Town of Brookford, Claremont, and Conover have all implemented Smoke free/tobacco free policies in their jurisdictions and the City of Hickory is considering adopting smoke free/tobacco free for parks and recreation areas. Catawba County Public Health is the lead agency with the NC Community Transformation Grant and is working with all of these municipalities to implement Tobacco-free living.

Flu Activity –

Flu activity statewide is sporadic at this time, CCPH is still providing flu shots and Mr. Urland reminded everyone that is it still not too late to get their flu shot.

Accreditation –

The N.C. Accreditation Board will meet on December 20, 2013 in Raleigh and it is anticipated that Catawba County Public Health will be awarded full accreditation status at that meeting.

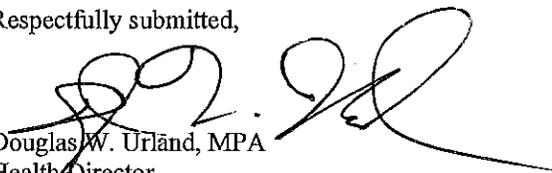
OTHER BUSINESS

Ms. Brenda Watson, Chair, asked if there was any further business for the Board. Hearing none she asked for a motion to adjourn the meeting.

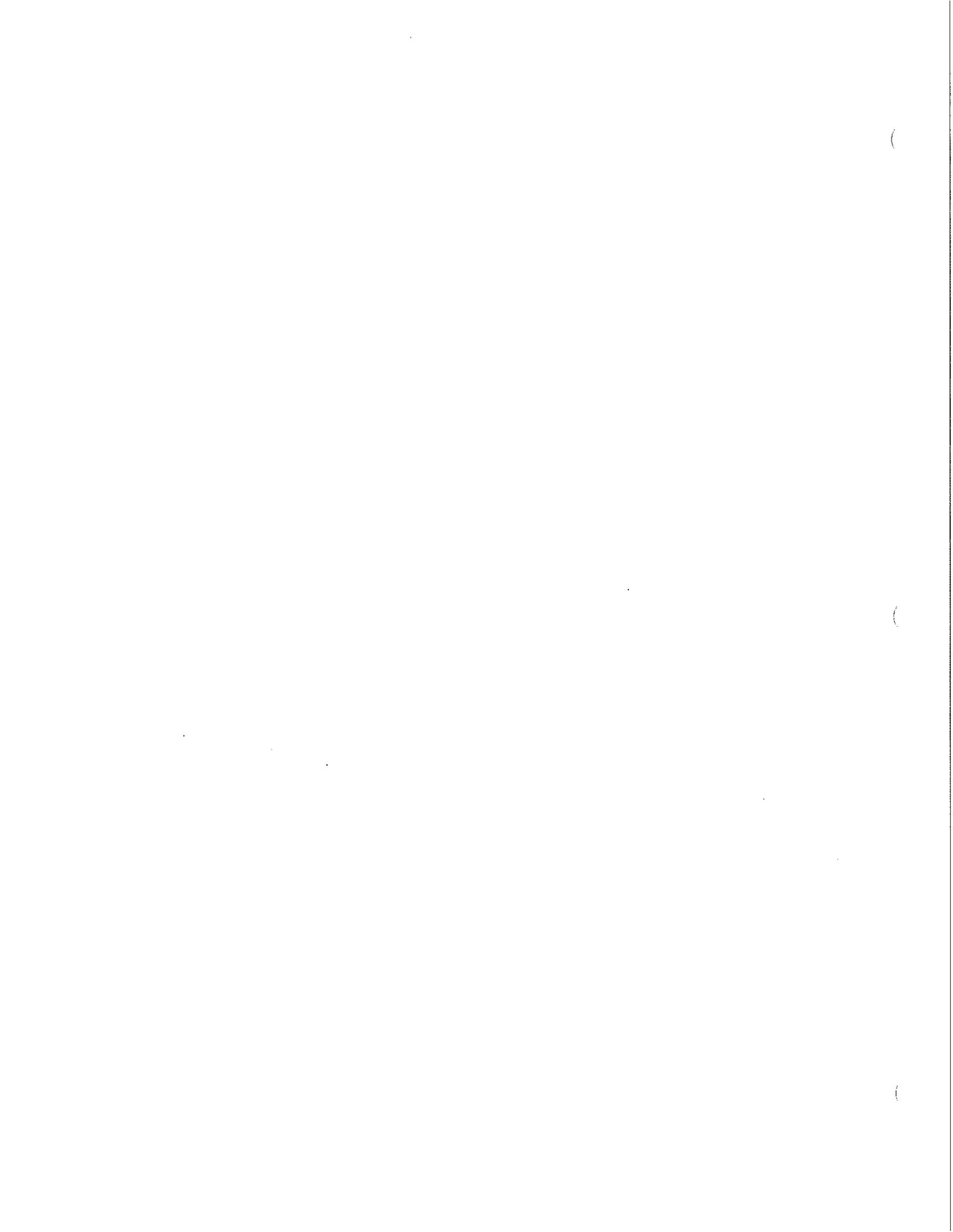
ADJOURNMENT

Dr. Sharon Monday made a motion to adjourn the meeting of the Catawba County Board of Health and Ms. Naomi East seconded the motion and it passed unanimously. The meeting adjourned at 8:35 p.m.

Respectfully submitted,


Douglas W. Urland, MPA
Health Director

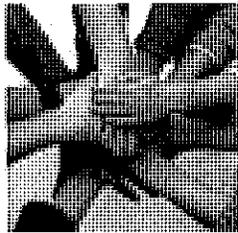
DWU: mjk



**The Year in Health Priorities:
Highlighting Progress**

*Addressing Catawba County's
Health Priorities
2013*

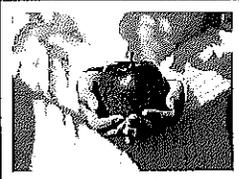
Improving Health Priorities



- Community health problems require a community solution
- This report highlights
 - Health partners' efforts to address the county's health problems over the last year
 - New community initiatives from the past year that improve the county's health problems

Catawba County's Health Priorities

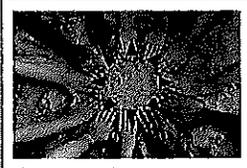
- *Access to Care*
- *Cancer*
- *Obesity*
- *Substance Abuse*



- Determined every 4 years by the community, Health Partners, and the Board of Health through the Community Health Assessment
- SOTCH tracks priorities in intervening years
- Next full Community Health Assessment in 2015

Catawba County Health Partners

- 501(c)3
- Community coalitions to address priorities
- Policy, systems and environmental (PSE) changes
- Raised \$92,880 to support efforts in 2013
- Managed by Public Health



Access to Care Coalition

- Goals:
 - To understand and address barriers to diabetes education and care
 - To determine the impact of the ACC on Catawba County
- Participants: CDMC, PHHC, CATA, CHHCSA, Eastern Catawba Cooperative Christian Ministers, DSS, CATAA, United Way, Inc, AccessCare, Public Health



Access to Care: Diabetes Survey

- Studied access issues related to diabetes
 - Biggest barrier to treatment = cost
 - Over 2 in 3 respondents (66.9%) were overweight or obese



Access to Care: Impact of ACA

- Studied impact on Catawba County
 - Of the uninsured adults 100-200% FPL (est. 7,219):
 - A majority may gain Medicaid or subsidized insurance & enter local provider marketplace
 - May stretch capacity of healthcare providers
 - A small percentage may be exempt/uninsured and may still qualify for services from the local FQHC and free clinic
 - Of the uninsured adults under 100% FPL (est. 5,879):
 - A majority may be exempt and thus uninsured
 - Not required to purchase insurance/ineligible for subsidies
 - May still qualify for services from the local FQHC and free clinic
 - A small percentage may be required to have insurance and will not be eligible for subsidies



Access to Care: Community Initiatives



- FQHC to open in Hickory January 3, 2014
- Primary care provider for uninsured and Medicaid patients
- CCH expanded hours and staff and will continue to serve adults who meet 200% of FPL guidelines

Access to Care: Community Initiatives

- Diabetes Readmissions Collaborative studying how to prevent diabetes-related hospital readmissions – the #1 cause of readmissions in the county
 - Consisted of participants from Catawba Valley Medical Center, Greater Hickory Cooperative Diabetes Initiative, and BC AccountCare

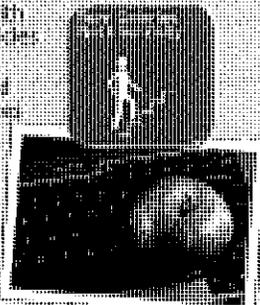


Cancer: Cancer Task Force



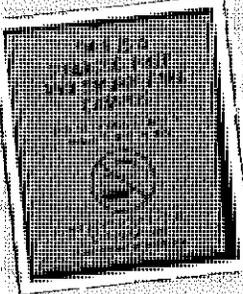
- Goal: To increase cancer prevention among Catawba County adults
- Participants: Civic, Retail, Corporate, Public practitioners, Health insurance professionals, cancer treatment providers, Public Health, Catawba County government, and Hospital

Cancer: Cancer Task Force Well Business Program



- Recognizes companies with wellness practices or policies that help prevent cancer
- Promotes evidence-based, actionable wellness practices in 4 risk areas:
 - Tobacco
 - Physical Activity
 - Nutrition
 - Cancer Screening
- Funded by a \$401,000 NCI/NCJ grant

Cancer: Community Initiatives



- **100% Tobacco Free Campuses** (buildings, grounds, and parks)
 - Catawba County
 - Town of Brookford
 - City of Claremont
 - City of Conover
- Outreach, education and signage supported by Public Health in partnership with Community Transformation Grant

Substance Abuse: Community Initiatives

- **Project Lazarus**
 - Workgroup formed to address prevention of accidental death by prescription drug overdose
 - Funded by Kate B. Reynolds grant



- **Reclaiming Futures**
 - Unites juvenile courts, probation, substance abuse treatment providers, and the community to refer youth for substance abuse treatment
 - Funded by Kate B. Reynolds grant



Obesity: Eat Smart Move More Catawba County



- **Goal:** To prevent obesity in Catawba County by increasing access to healthy foods and opportunities for physical activity
- **Participants:** School systems, hospitals, healthcare providers, service agencies, school nurses, businesses, faith communities, insurance providers, nutritionists, universities, childhood and adolescent obesity programs



Obesity: Healthy Schools Recognition Program




- Challenge schools K-12 to voluntarily meet PSE standards providing physical activity and healthy foods
- Year Three Results (2012-13)
 - 65 schools participated
 - 35 earned "Healthy Schools"
 - 100 highest rated healthier school environments for more than 20,000 students
- Funded by Public Health School Meals and Health Partners

Obesity: Healthy Childcare Centers Recognition Program

- Challenge childcare centers to voluntarily meet the standards promoting physical activity and healthy foods
- Year Two Results (2013)
 - 35 Healthy Childcare Centers recognized in year
 - 150 children enrolled
 - 100,000 minutes of physical activity
 - 100,000 minutes of healthy food
- Supported by Early Childhood Support Team and Health Partners



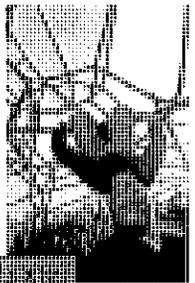
Obesity: Downtown Newton Walking Trails

- Provided mile marker signs to delineate 3 walking routes in and around Downtown Newton
- How to create new habitat at Stuart Park
- Partnered with Newton Parks & Recreation and Newton Appearance Commission




Obesity: Joint Use Agreements

- Exploring partnerships with schools and churches to provide safe, accessible locations for physical activity during non-school hours
- Working toward connectivity between St. Stephens Park & Campbell Elementary School
- In partnership with Community Transformation Grant



Obesity: Carolina Thread Trail

- Purchased equipment for building and maintaining trail sections in Catawba County
- Hosted trail maintenance event at Murray's Mill in April 2013



Obesity: Farmers Market at Center United Methodist Church



- Second market season June-September 2013
- Leadership transitioned to church local trustees
- Ebara, 50 volunteers weekly - Work effort on
- Public Health provided marketing and weekly resource support



Obesity: Public Health Farmers Market



- May 2-October 24
- Saturdays
- Thursday 11-2
- Partnership with WIC, CSNPA, and Public Health
- Accepted WIC, Medicaid and Food Stamps
- Staffed by 27 county employees and 6 volunteers - Jean Stewart

Reflections on Priorities

(Access to Care, Cancer, Obesity, Substance Abuse)

- Questions? Comments? Suggestions?
- Are we going in the right direction?
- What are we missing?



2013 State of the County's Health Report (SOTCH)

Current Health Issues of Significance in Catawba County

December 2013

About the SOTCH

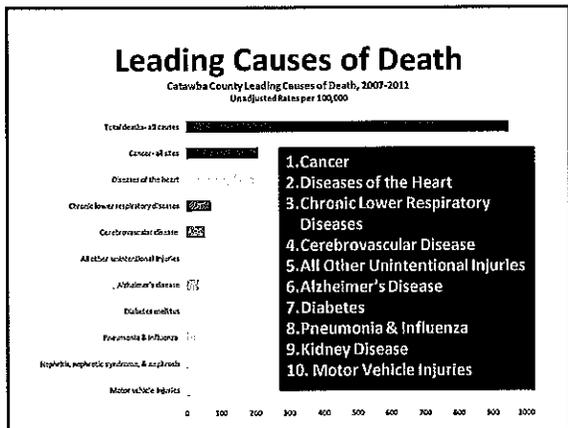


- Annual "snapshot" of Catawba County's health status based on available health data
- Analyzes data to show significant trends and differences
- Produced to help the community:
 - Stay abreast of current health issues
 - Identify emerging health issues
 - Track health priorities

About the SOTCH: Notes on Data

- Overview based on available mortality and morbidity data
- Limited county-level and population-specific data
 - BRFSS data not available for county; regional data for 17 counties
- Most data at least 2 years behind
- Some data (based on small rates) has been suppressed
- Data alone cannot indicate root causes of health issues

Catawba County	
	185.8
	221.4
	44/A
	151.0
	236.1
	104.1
	19.7
	11/A
	11/A
	11/A
	20.7



Leading Causes of Death: Moving Up

- **Chronic Lower Respiratory Disease**
 - 4th to 3rd
 - Significant among the 40-64 population
- **All Other Unintentional Injuries**
 - 7th to 5th
 - Leading cause of death for ages 20-39

Leading Causes of Death: Moving Down

- **Cerebrovascular Disease**
 - 3rd to 4th
- **Diabetes**
 - 6th to 7th
- **Alzheimer's Disease**
 - 5th to 6th

Significant Trends

**Significant Trends:
From (2002-2006) to (2007-2011)**

- **Significance** = a 15% or more increase or decrease in rates or percentages over time
- Significant trends based on small rates (less than 20 per 100,000) or percentages (less than 20%) are considered unstable
 - Included in SOTCH but not in this presentation

Significant Trends: On the Rise

- **Chronic Lower Respiratory Diseases**
(Asthma, COPD - emphysema, chronic bronchitis - and other pulmonary diseases)

Population	Increased By
Total	15.9% ↑
Females	34.0% ↑
White, non-Hispanics	17.1% ↑

Significant Trends: On the Rise

- **All Other Unintentional Injuries**

(Includes falls, drowning, poisonings/overdoses, fires/burns, and overexertion; does not include motor vehicle injuries)

Population	Increased By
Total	15.4% ↑
White, non-Hispanics	24.3% ↑

Significant Trends: On the Rise

- **Suicide**

Population	Increased By
Men	22.1% ↑

- **Other Issues on the Rise:** Unintentional Poisonings, Chronic Liver Disease & Cirrhosis, Pancreas Cancer, Homicide, Unintentional Motor Vehicle Injuries (females)

Significant Trends: On the Decline

- **Cerebrovascular Disease**

(Includes stroke, hemorrhages, and other cerebrovascular disease)

Population	Decreased By
Total	24.0% ↓
White, non-Hispanics	23.7% ↓
African American, non-Hispanics	19% ↓
Men	33.5% ↓
Women	21.2% ↓

Significant Trends: On the Decline

- **Diabetes**

Population	Decreased By
Total	29.5% ↓
White, non-Hispanics	22.9% ↓
African American, non-Hispanics	53.4% ↓
Men	24.5% ↓

- **Unintentional Motor Vehicle Injuries**

(any injury related to a motor vehicle)

Population	Decreased By
Men	15.9% ↓

Significant Trends: On the Decline

- **Breast Cancer**

Population	Decreased By
Total	21.1% ↓
White, non-Hispanics	20.7% ↓
Females	22.1% ↓

- **Prostate Cancer**

Population	Decreased By
Total	24.2% ↓

Significant Trends: On the Decline

- **Diseases of the Heart**

(Includes rheumatic diseases, pulmonary disease and other heart diseases)

Population	Decreased By
African American, non-Hispanic	29.1% ↓

- **Alzheimer's Disease**

(A progressive brain disease, dementia)

Population	Decreased By
Men	28.6% ↓

Significant Trends: On the Decline

• **Pneumonia and Influenza**

Population	Decreased By
Total	26.8% ↓
White, non-Hispanics	27.5% ↓
Men	41.9% ↓

• **Unintentional Motor Vehicle Injuries**

Population	Decreased By
Men	15.9% ↓

Significant Trends: On the Decline

• **Colon and Rectum Cancer Incidence**

(Tracks new occurrences of colorectal cancer within a specified time period)

Population	Decreased By
Total	20.6% ↓

Note:

- Not a mortality rate
- Measured from 2001-2005 to 2006-2010

Significant Population Differences

Catawba County Population: Race/Ethnicity and Gender

Population (Source: U.S. Census, 2012)	Percent Total
Total Population	154,399
White	85.3%
African American	8.7%
Hispanic/Latino	8.5%
Asian (Other, non Hispanic)	3.7%
Men	49%
Women	51%

Significant Differences Among Populations

- Compares current mortality and incidence rates among race/ethnicity and gender
- Identifies populations that bear a significantly greater burden of disease (15% higher or more) in Catawba County
- **Burden Ratio:** Shows how much higher or lower the less favorable rate is when compared to the more favorable rate = the less favorable rate is *x times higher* or *x times lower* than the more favorable rate.

Significant Differences: African Americans to White, non-Hispanics

Health Indicator	% Higher/Lower	Burden Ratio
Diabetes	+105.4%	2.05 to 1
Teenage Pregnancy (15-19)	+61.8%	1.62 to 1
Teenage Pregnancy (18-19)	+43.2%	1.43 to 1
Cerebrovascular Disease	+32.1%	1.32 to 1
All Cancers, Men	+29.2%	1.29 to 1
All Cancers	+19.5%	1.19 to 1
% Infants Breastfed at Discharge	-35.8%	.64 to 1

Other Issues: Kidney Disease, Colon Rectum & Anus Cancer

REVERSED: 69.8% higher White, non-Hispanic mortality rate from Chronic Lower Respiratory Disease; Burden Ratio = 1.70 to 1

Significant Differences: Hispanics

(based on available data)

Hispanics v. White, non-Hispanics:

- Most local health data is suppressed for the Hispanic population due to small rates
- However, burdens among this population include higher teenage pregnancy rates among the 15-19 and 18-19 age groups

White, non-Hispanics v. Hispanics:

Health Indicator	% Higher/Lower	Burden Ratio
% Cesarean Births	+43.8	1.56 to 1
% Infants Breastfed at Discharge	-42.8%	.89 to 1

**Significant Differences:
Other, non-Hispanics***

(based on available data)

**Includes Asians, American Indians, Alaska Natives, Native Hawaiians, and Other Pacific Islanders*

Other, non-Hispanics v. White, non-Hispanics:

Health Indicator	% Higher/Lower	Burden Ratio
% Infants Breastfed at Discharge	-48.2%	.52 to 1

White, non-Hispanics v. Other, non-Hispanics:

Health Indicator	% Higher/Lower	Burden Ratio
% Cesarean Births	+102.6%	2.03 to 1

Significant Differences: Men and Women

Men v. Women:

Health Indicator	% Higher	Burden Ratio
Lung Cancer	+111.4%	2.11 to 1
All Other Unintentional Injuries	+97.4%	1.97 to 1
Diseases of the Heart	+75.7%	1.76 to 1
All Cancers	+55.7%	1.56 to 1

Other Issues: Suicide, Liver Disease, Unintentional Motor Vehicle Injuries, Colon Rectum & Anus Cancer, Diabetes, Kidney Disease

Women v. Men:

Health Indicator	% Higher	Burden Ratio
Alzheimer's Disease	+40.5%	1.40 to 1

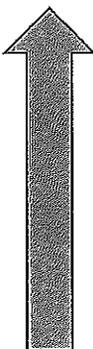
**Significant Differences:
Catawba County to North Carolina**

- Compares current Catawba County and NC mortality and incidence rates
 - Where is Catawba County doing significantly better?
 - Where does Catawba County need significant improvement?



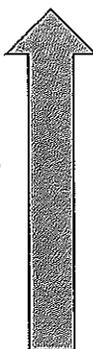
**Catawba County v. NC:
Faring Significantly Better**

- Prostate Cancer Incidence
 - Total population: 17.5% lower
- Asthma
 - Hospital discharges ages 0-14: 25.8% lower
 - Hospital discharge rate total population: 35.3% lower
- Sexually Transmitted Diseases
 - Gonorrhea: 26.6% lower
 - Chlamydia: 27.8% lower



**Catawba County v. NC:
Faring Significantly Better**

- % Cesarean Births
 - Hispanics: 19.3% lower
- Births to Mothers Who Receive Early and Adequate Prenatal Care
 - Total Population: 15.9% higher
 - African Americans: 18% higher
 - Hispanics: 28.9% higher
 - Other, non-Hispanics: 16.1% higher



**Catawba County v. NC:
Faring Significantly Worse**

- **Colon, Rectum, and Anus Cancer**
 - African Americans: 64.7% higher
- **Kidney Disease**
 - African Americans: 21.5% higher
- **All Other Unintentional Injuries**
 - Total population: 15.4% higher
 - Males: 17.0% higher
- **% Infants Breastfed at Discharge**
 - African Americans: 23.4% lower
 - Other, non-Hispanics: 51.7% lower



**Catawba County v. NC:
Faring Significantly Worse**

- **Chronic Lower Respiratory Diseases**
 - Total Population: 35.8% higher
 - Women: 41.7% higher
 - Men: 32.6% higher
 - White, non-Hispanics: 29.4% higher
 - African Americans: 35.3% higher
- **Pneumonia and Influenza**
 - Men: 15.3% higher



**Catawba County v. NC:
Faring Significantly Worse**

- **Teenage Pregnancy, age 18-19**
 - Total Population: 45.3% higher
 - White, non-Hispanics: 68.4% higher
 - African Americans: 37.5% higher
 - Hispanics: 64.6% higher
- **Teenage Pregnancy, age 15-19**
 - Total Population: 26.3% higher
 - White, non-Hispanics: 50.9% higher
 - Hispanics: 46.3% higher
 - African Americans: 25.6% higher



Health Priorities

Health Priorities

- Access to Care
- Cancer
- Obesity
- Substance Abuse

– Other than cancer, health priority data is problematic:
behavior-based, not necessarily mortality-based

– Limited local-level data is available

– Data changes since 2011 CHA

Access to Care

Uninsured Estimates	2008-2009	2010-2011
Children (0-18)	11.7%	7.9% ↓
Adults (19-64)	22.2%	17.50% ↓
Non-Elderly (0-64)	19.1%	14.70% ↓

- **Uninsured** numbers ↓ since 2011 CHA
- May be partially attributable to ACA

Access to Care

Healthcare Providers per 10,000	2008	2011
Dentists	4.5	4.5 ↔
Physicians	23.4	24.4 ↑
Primary Care Physicians	8.2	8.0 ↓

- Total Physicians ↑ v. Primary Care ↓
 – Indicates increase in specialists and decrease in primary care physicians

Obesity

Children - Age Group	2009	2011
2-4	34.3%	31.7% ↓
5-11	30.5%	n/a
12-18	49.5%	n/a
Total (2-18)	38.1%	n/a

- ↓ overweight/obesity for 2-4-year-olds (WIC)
- County-level data no longer available for other age groups

Obesity

Adults	2009	2011
Overweight	47.1%	n/a
Obese	24.9%	n/a
Total Overweight/Obese	72%	n/a

- NC BRFSS is no longer providing Catawba County-level data for adult obesity
- **Regional Data:** 31.2% neither overweight nor obese = **68.8% for region** ↓

Substance Abuse

	2010	2011
DWI Arrests	789	643 ↓

- **Adults:**
 - NC BRFSS is no longer providing Catawba County-level data about adult alcohol consumption
 - **Regional Data:** Current Adult Smokers = 23.3%
- **Youth:**
 - Updated Catawba County-level data about teenage substance use is not currently available

Takeaways: The Good News

- **Trending Better:**
 - Cerebrovascular Disease
 - Diabetes
 - Breast Cancer
 - Pneumonia and influenza
 - Prostate Cancer
 - Colorectal Cancer Incidence
 - Diseases of the Heart
 - Unintentional Motor Vehicle Injuries
 - Alzheimer's Disease
 - Uninsured Population
 - Early Childhood Obesity
 - DWI Arrests



Takeaways: The Bad News

- **Trending Worse:**
 - Chronic Lower Respiratory Diseases
 - All Other Unintentional Injuries
 - Unintentional Motor Vehicle Injuries (men)
 - Suicide



Takeaways: The Bad News 

- **Significant Minority Disparities:**
 - Kidney Disease
 - Colon, Rectum & Anus Cancer
 - Diabetes
 - Cerebrovascular Disease
 - Cancer (overall)
 - Teenage Pregnancy (15-19)
 - Teenage Pregnancy (18-19)

Takeaways: The Bad News 

- **Significant Gender Disparities:**
 - Suicide
 - Lung Cancer
 - Chronic Liver Disease
 - Motor Vehicle Injuries
 - All Other Unintentional Injuries
 - Diseases of the Heart
 - Colon, Rectum & Anus Cancer
 - Diabetes
 - Cancer (overall)
 - Kidney Disease

Takeaways: The Bad News 

- Even though we may be trending better locally, we are still faring far worse than North Carolina in a significant number of health issues.
- Trending better doesn't always mean we're getting healthier – e.g., earlier onset, increased incidence, or poor health/quality of life.

Reflections on Community Health

- What stood out to you?
- What surprised you?
- What concerns you?
- Where are the biggest needs?
- Questions?

**Health Priorities:
Where We're Headed**

*Catawba County Health Partners
Catawba County Public Health
2014*

Access to Care: Next Steps

- **ACA**
 - Evaluate & respond to impact of ACA on county's uninsured
- **FQHC**
 - To open January 1, 2014 to increase access for uninsured and Medicaid patients
- **GHCCM**
 - To continue its mission as the primary care safety net for the uninsured

Cancer: Next Steps

- **Cancer Task Force Well Business Program**
 - Pilot with 9 companies in early 2014
 - Official launch by fourth quarter 2014
- **Healthy Childcare Centers Recognition Program**
 - Tobacco-free standard added to program
- **Community Transformation Grant**
 - Working on more tobacco-free municipalities, worksites, and public places
 - Encouraging multi-unit housing complexes to adopt smoke-free policies

Obesity: Next Steps

- **Farmers Markets**
 - EBT (food assistance benefits) accepted at Public Health Farmers Market next season (June-Sept. 2014)
- **Healthy Schools & Healthy Childcare**
 - Raising the bar
- **Community Transformation Grant**
 - Exploring healthy corner stores, joint/shared use agreements, and comprehensive land use plans

Substance Abuse: Next Steps

- **Pride Surveys:**
 - Being conducted in grades 6/8/10/12 in Catawba County's public school systems
 - Measures substance abuse risk and prevalence
 - Data will be shared with other organizations and will be used to help determine next steps for the A.S.A.P. coalition
- **Project Lazarus:**
 - Focus on prescription drug overdose prevention
 - Finalizing assessment and program development

Thoughts for the Future

- What else can our community do?
- Who else needs to be involved?
- Are our health priorities shifting?
- Where can we make the biggest difference?

