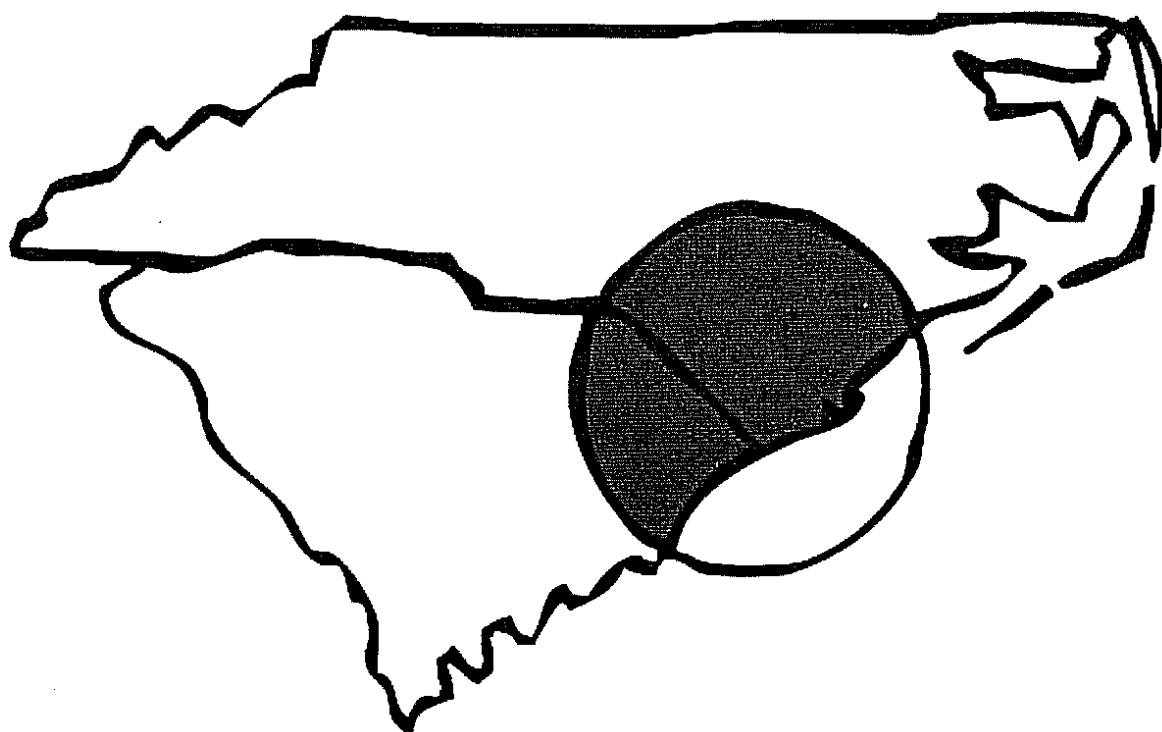


# Regional Summary and Recommendations 2004



**COASTAL CAROLINAS**  
**HEALTH ALLIANCE**

## CCHA Region Summary of Assessment Findings

### **Cause of Death/Health Issues:**

- **CCHA mortality rate for AIDS exceeds NC rate by 3% and SC rate by 33% (1997-2001 data).** 5 of the 11 counties within the region exceed both the North and South Carolina rates. In order from highest to lowest rates still exceeding NC and SC rates they are: Duplin County, New Hanover County, Robeson County, Columbus County, and Sampson County.
- **CCHA Total Asthma Hospitalization rate exceeds NC rate by 19% but remains below the SC rate (2001 data).**
- **CCHA Total Cancer mortality rate exceeds NC rate by 4% but remains below the SC rate (1999-2001 data).** 8 of the 11 counties in the region exceed the NC rate and 4 of the 11 counties exceed both the North and South Carolina rates (1999-2001 data).
- **CCHA Breast cancer mortality rate is below NC rate but exceeds SC rate by 54% (1999-2001 data).** 5 of the 11 counties within the region exceed NC and SC rates (1999-2001 data).
- **CCHA Prostate cancer mortality rate exceeds NC rate 13% and SC rate by 174% (1999-2001 data).** 8 of the 11 counties exceed the NC and SC rates (1999-2001 data).
- **CCHA Trachea, Bronchus and Lung cancer mortality rate exceeds NC rate by 7% and SC by 4% (1999-2001 data).** 9 of the 11 counties exceed the NC and SC rates (1999-2001 data).
- **CCHA Colon, Rectum and Anus cancer mortality rate is equal to NC rate and remains below the SC rate (1999-2001 data).** 6 of the 11 counties exceed the NC rate (1999-2001).
- **CCHA mortality rate for Lung cancer alone are equal to NC rate and below the SC rate (1996-2000 data).** 6 of the 11 counties exceed NC rate and 5 of the 11 counties exceed both NC and SC rates (1996-2000 data).
- **CCHA mortality rate for Diabetes Mellitus exceeds NC by 23% and SC by 10% (1999-2001 data).** The region rate has steadily increased from 1994-2001 for an overall increase of 11%. 7 of the 11 counties exceed the NC and SC rates (1999-2001 data).
- **CCHA mortality rate for Cerebrovascular Disease exceeds the NC rate by 15% and SC rate by 4% (1999-2001 data).** 7 of the 11 counties exceed the NC and SC rates (1999-2001 data).
- **CCHA Total Heart Disease mortality rate exceeds NC by 11% and SC by 5%.** 7 of the 11 counties exceed the NC and SC rates (1999-2001 data).
- **CCHA Acute Myocardial Infarction (heart attack) mortality rate exceeds NC by 11% but remains below the SC rate.** 6 of the 11 counties exceed the NC rate and 3 of the 11 exceed both the NC and SC rates (1999-2001 data).
- **CCHA mortality rate for Other Ischemic Heart Disease exceeds NC rate by 7% and SC rate by 5%.** 7 of the 11 counties exceed NC rate and 5 of the 11 counties exceed both the NC and SC rates (1999-2001 data).
- **CCHA Total Syphilis rate exceeds NC by 44% (1997-2001 data).** The CCHA Syphilis rate for Minorities exceeds NC rate by 2% (1997-2001).

- **CCHA mortality rate for Motor Vehicle Accidents exceeds NC rate by 23%**, but remains well below the SC rate (1999-2001 data).
- CCHA Suicide rate is below the NC and SC rates (1999-2001).
- **CCHA Homicide rate exceeds NC rate by 27% and SC rate by 20%** (1999-2001 data).
- CCHA HIV rate is equal to NC rate and below the SC rate (1999-2001 data).

#### **Lifestyle Issues:**

- **The percentage of persons in poverty for CCHA exceeds NC by 35% and SC by 18%** (2000 data).
- **The unemployment rate for CCHA exceeds NC rate by 22% and SC rate by 24%** (2001 data).
- The number of persons served in area Alcohol/Drug Treatment Centers for CCHA decreased 5% from 2001-2002.
- The number of persons served in area Mental Health Programs for CCHA decreased 2% from 2001-2002.
- 5 of the 11 counties within the region exceed the CCHA average for number of high school dropouts for 2002.

#### **Maternal and Infant Health:**

- **The CCHA percentage of Teen Pregnancies for the Total Population exceeds the NC percentage by 9%** (1997-2001 data). 7 of the 11 counties exceed the NC rate.
- **The percent of Teen Pregnancies- girls age 15-17 in Whites for CCHA exceeds NC by 23%** (1997-2001 data).
- The percent of Teen Pregnancies- girls age 15-17 in Minorities for CCHA is below the NC percentage (1997-2001 data).
- **The CCHA percent of low birth weight births exceeds NC by 2%** (1997-2001 data).

#### **Community Survey Results:**

- Based on community survey results, Heart Disease/Stroke was felt to be the greatest cause of death within the CCHA region which correlates well with secondary data results discussed above.
- When asked what the biggest health issue of concern within the region is, the majority reported Drug/Alcohol abuse.
- Lack of health insurance or the inability to pay for doctor's visits was reported as the major factor which keeps people in the region from seeking medical treatment.
- Income was felt to be the biggest factor affecting the health care of people in the region.
- It was felt that people in the region lack funds for health insurance and medications.
- The community members would like to see more job opportunities within the community to help improve the health of family, friends and neighbors.

## Conclusion and Recommendations

Many health disparities have been identified through the Regional Needs Assessment as outlined in the Regional Profile and Summary. Areas that have been identified as needing the most improvement are: Health/Wellness screens to identify risk factors for prevention of major illnesses, Health Education, Substance Abuse, Poverty/Lack of Income, Teen Pregnancy, Heart Disease/Stroke and Community Assistance programs.

### Recommendations for Areas of Focus

- **Job opportunities and healthcare benefits for employees:** Increasing job opportunities would help address the poverty issue which affects the majority of the counties within the region and also makes health insurance available to a larger portion of the population at a more affordable rate. This change would also serve to address the unemployment rate for the region which exceeds North and South Carolina state rates by greater than 20%.
- **Health and wellness screens through community outreach programs:** Health and wellness screens should be offered free of charge and at affordable rates several times a year in a variety of settings so that the entire community may benefit. Advertising well ahead of time and in a variety of public settings would also help to increase the turn outs and make better use of the community's time and efforts.
- **Health education within the community:** Classes should focus on diabetic counseling, HIV/AIDS awareness and counseling, STD awareness and prevention, Healthy Heart programs, substance abuse education, stress management such as effective non-violent coping mechanisms, safe sex education for the pre-teen/teen population, and general health education. Classes should be easily accessible and publically advertised in a variety of settings.
- **Teen Pregnancy Prevention:** Initiatives surrounding this problem should include emphasis on education of both parents and teens. Encouragement of teens to talk with their parents about safe sex options should be heavily advertised. Availability of pregnancy and STD testing to the teen population should be increased.
- **Medication assistance:** Programs should be set up throughout the region to help assist with the costs of medications and medical care. The amount/availability of prescription drug samples through local doctors' offices and health departments needs to be increased.
- **Community outreach:** Outreach programs focused on providing transportation to and from doctors' visits would help to improve the region's health by providing access to those who have no means of transportation and therefore lack access to the medical resources currently available.
- **Reduction of Heart Disease and Stroke:** Disease prevention programs should be focused on this disparity.
- **Reduction of Substance Abuse:** Education of youth and support programs should prove to be effective measures to combat drug and alcohol abuse.