

Healthy Children and Families

Vision for 20/20

Families and individuals of all ages thrive in North Carolina. From early childhood well past retirement, our citizens are mentally and physically fit, with no significant differences in health across racial, ethnic, or geographic lines. Our most vulnerable citizens -- children and the elderly -- are surrounded by a supportive family and community.



Goal 1: Fewer North Carolinians will live in poverty and near poverty.

Poverty puts people at risk of nearly every negative factor we can measure, including poor health, lack of health insurance, failure in school, child abuse and neglect, inadequate housing, and crime victimization. All of these factors create a drain on the rest of the community as well. High levels of poverty make communities less attractive places to visit or locate businesses and prevent those communities from investing in their own futures, including the very support systems many families need to survive and thrive. Unless we tackle this core problem, we will forever be addressing its consequences.

Facts:

- 28% of all North Carolinians have incomes below 200% of the federal poverty level. This 200% level approximates a living income standard.
- A disproportionate number of our most vulnerable citizens -- 38.4% of all children and 33% of seniors -- live in households below 200% of the federal poverty level.
- Of the state's elderly population, rural African-American women are particularly likely to be poor, with poverty rates exceeding 80% in some counties. (p16, f32)
- The gap between the rich and poor North Carolinians is growing. (p.13, f18)
- In 1997, North Carolinians earned \$26,672 compared with a national median of \$30,336.
- Women earn less than men do: about 74 cents to the dollar.
- Single mothers and minority women are clustered in jobs that tend to pay even less.
- Only 40% of Baby Boomers now employed in NC can expect a pension on retirement. (p16f33)
- Although 73% of non-Hispanic white families in NC own their homes, only half of minorities do. (p17f35)

Targets:

1) **Poverty.** Reduce by one-half the proportion of the population living below 200% of poverty. Better than average improvements should be made among the elderly, minorities, and rural residents.

2) **Annual Wage.** North Carolinians will earn at least the national average annual wage. North Carolinians currently earn about 88% of the national average.

3) **Retirement incomes.** Increase by one-third (to 70%) the percentage of North Carolinians 65 and older with retirement incomes beyond Social Security.

4) **Home Ownership.** Increase the overall rate of home ownership by 2 percentage points (to 73%) through emphasis on raising homeownership among minorities and first-time buyers.

Goal 2: North Carolinians will follow good health practices.

Health behaviors are estimated to account for 50 percent of a person's health status. If our citizens are to be healthy and if we're to lower the cost of health care, increase our productive capacity, and enjoy life to its fullest, we should first look at how we live. In North Carolina, the answer is none too well. We see a high prevalence of lifestyle-related ails, such as heart disease, stroke, chronic obstructive pulmonary disease, and diabetes.

Facts:

- 2/3 of North Carolina's preventable deaths (and a \$6 billion annual drain on the economy) stem from three factors: tobacco, poor nutrition, and lack of physical activity.
- Tobacco use alone accounts for 40% of those deaths.
- Smoking rate: 30% overall; 19% of 12 to 17 year olds, 45% of 18 to 25 year olds, and 29% among those 26 years and older.
- 56% of adult North Carolinians are overweight and 19.8% are obese.
- 25% of high schoolers and middle schoolers are overweight.
- In Eastern North Carolina, the rate of death by strokes is double the national rate. (P18 f45)
- Nationwide, NC ranked 1st in the number of cases of syphilis and 4th in the rate of the disease in 1998.
- HIV/AIDS is rising among African-Americans and women. In 1999, African-Americans accounted for 70% of all AIDS cases in the state and women for 27%.
- The economic costs of substance abuse and addiction in NC are estimated at \$5 billion to \$7.6 billion annually. (p22f67)
- Binge drinking rate: 16.6% overall; 9% of 12 to 17 year olds; 31% of 18 to 25 year olds; 15% of those 26 and older.
- Illicit drug use rate: 11.5% of 12 to 17 year olds, 15% of 18 to 25 year olds, and 4% among those 26 years and older.
- In 2000, 87.2% of 2 year olds had received all of the recommended vaccines against childhood diseases. (p23f84)
- In 1998, less than half of the state's elderly had been vaccinated against the flu and pneumonia. (p23f86)

Targets:

1.) **Smoking.** Reduce the overall rate of smoking by two-thirds so that no more than 10 percent of adults or teens smoke.

2) **Obesity.** The percentage of overweight children will decline to 7%. No more than 37% of adults will be overweight, and no more than 13%, obese. This figures represent a reduction in the occurrence of overweight and obesity among children by 50% and among adults, by 33% or more.

3) **Syphilis/HIV.** Eradicate syphilis in North Carolina, and reduce the rate of new HIV infections by half to 9 per 100,000 population. Syphilis has been declining, but North Carolina's rate (9.6 per 100,000 population) remains one of the highest in the nation.

4.) **Substance Abuse.** Cut in half the percentage of the population who indulge in binge drinking or use illicit drugs, across every age group. Fewer North Carolinians drink alcohol than on average nationally, but those who do apparently drink significantly more.

5.) **Vaccinations.** Substantially increase the percentage of the target populations who receive recommended vaccinations. All children should receive recommended vaccinations, a 15% improvement over 2000. The rate of flu and pneumonia vaccinations among the elderly should double, to 85 percent.

Goal 3: North Carolinians will have access to health care.

Lack of access to health care carries a high price tag. People avoid or are unable to obtain preventative services. Delays in treatment result in later diagnoses when illnesses are more difficult and more expensive to treat. Those high costs in turn get passed along to the public purse and to private individuals and companies with the ability to pay, through an indirect process called cost-shifting.

Facts:

- 1.5 million North Carolinians (15.5%) lack health insurance; another 1 million are underinsured.
- 225,000 children are not covered by health insurance.
- 60% of those uninsured have incomes below 200% of the federal poverty level.
- 21 counties and parts of 23 other counties are considered areas of persistent health professional shortages.
- A 1995 survey showed that only 4% of adults who needed substance abuse treatment received it. (p27,f115)
- Almost 10% of private substance abuse treatment beds closed during 1999-2000. (p27,f116)
- Suicide ranks in the top 10 causes of death for nearly all age groups in North Carolina.
- North Carolina's suicide rate exceeds the nation's. (p28f120).

Targets:

1) **Health Insurance.** All North Carolinians will be covered by health insurance. Currently, 15.5% lack health insurance. Even though N.C. Health Choice has brought down the number of uninsured children and Medicaid coverage has increased, the number of uninsured adults has increased.

2) **Health Care Professionals.** The number of primary, dental, and mental health care professionals will be adequate to serve all North Carolinians, regardless of where they live. Currently, the supply of such professionals fails to meet the needs of roughly 10% of the population.

3) **Substance Abuse Treatment.** The number of adults receiving comprehensive substance abuse treatment, as a percentage of those who need it, should more than triple. Even this substantial increase would represent a treatment rate of only 20%.

4) **Suicide Death Rate.** Reduce the overall rate of death by suicide to no more than 6 per 100,000 population and the rate of youth suicide to no more than 4 per 100,000. The age-adjusted death rate in North Carolina for 1996-98 was 11.8. Among youth, it was 6.8 in 1998.

Goal 4: Safety and stability will be at the heart of every family.

No matter how young or how old, if we're to thrive -- physically, mentally, emotionally -- we need to feel safe and nurtured in our own homes. Infants who are not held, stroked, and talked to fail to develop normally. Growing children and teens need a secure home base from which to explore the world. Adults, too, need the support and balance that friends and family provide. For the purpose of this report, however, we limit our measures to two of the most detrimental aspects of family life in America – spousal and child abuse.

Facts:

- Nationwide, domestic violence results in medical costs totaling \$44 billion annually. (p30,f137)
- Evidence suggests that the North Carolina rate of domestic violence is 12.1 incidents per 1,000 adult female -- a 63% increase over data gathered in 1993.
- Nearly 70% of women murdered in North Carolina are killed by a current or former intimate partner; 2/3 of these murders were preceded by a documented episode of domestic violence.
- In 1997, there were 35,000 *substantiated* reports of child abuse and neglect in NC — a rate equal to 55.9 per 1,000 children.
- Children in families with alcohol problems are three times as likely to suffer abuse or neglect.
- Children in low-income families are 22 times more likely to suffer abuse or neglect.

Targets:

1) **Spouse/Partner Abuse.** Reduce the rate of spouse/partner abuse by 5 incidents per 1,000 adult females, less than half the current rate.

2) **Child Abuse/Neglect.** Ensure that no child dies as a result of abuse or neglect (contrasted with 23 in 1998) while reducing the rate of substantiated cases of abuse and

neglect by more than half (to 27 cases per 1,000 children). Reports of abuse and neglect increased 250% between 1989 and 1998.