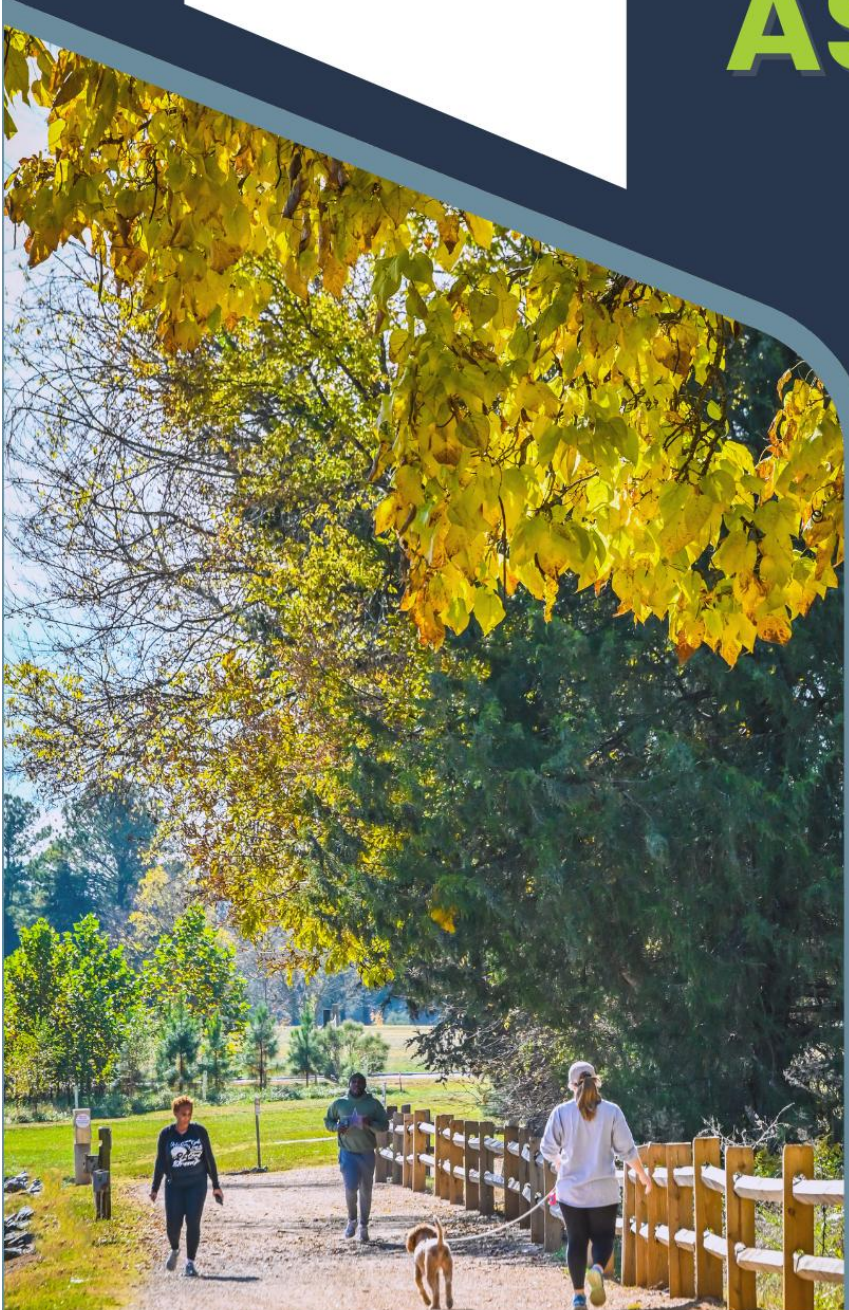


2025

**CABARRUS
COUNTY**

COMMUNITY HEALTH NEEDS ASSESSMENT



Developed by the

**Cabarrus
County
Community
Planning
Council**



Co-Authors: Jessica Grant, Sandra Torres

This report can be accessed online at:

<https://www.cabarrushealth.org/756/Healthy-Cabarrus>

Paper copies of the report can be obtained at:

Cabarrus Healthy Alliance
300 Mooresville Road, Kannapolis, NC 28081

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LETTER FROM OUR HEALTH DIRECTOR

Dear Community Members, Partners, and Stakeholders,

On behalf of Cabarrus Health Alliance, I am honored to present the 2025 Community Health Needs Assessment (CHNA). This report is more than a collection of data—it is a powerful testament to our shared belief that every person in Cabarrus County deserves the opportunity to live a healthy, supported, and fulfilling life.

The CHNA helps us see our community more clearly. Through the voices of residents, the expertise of partners, and the stories behind the numbers, we gain a deeper understanding of the forces that shape our well-being. These insights remind us that health is not created in isolation—it grows from the strength of our neighborhoods, the resilience of our families, and the collective commitment we make to one another.

This year’s findings reflect both the meaningful strides we’ve made and the work that still lies ahead. We celebrate improvements in childhood immunizations and expanded access to primary care—signs that when we come together with purpose, progress follows. Yet we also acknowledge the challenges that persist: the burden of chronic disease, the rising need for mental health supports, the impact of substance use, and the ongoing influence of housing, education, and food security on everyday health.

This report is not simply a reflection of current conditions—it is an invitation. An invitation to imagine what is possible when we align our strengths, focus our resources, and act boldly on behalf of the community we love. The CHNA provides a roadmap for the next three years, guiding us toward solutions that expand opportunity and strengthen resilience across Cabarrus County.

I extend my deepest gratitude to every resident, partner, and team member who contributed to this assessment. Your stories, perspectives, and dedication breathe life into these pages. Together, we can transform insight into action and aspiration into reality. Together, we can build a healthier, stronger, and more vibrant Cabarrus County—one where every person has the chance to thrive.

Sincerely,

Erin Shoe
Public Health Director
Cabarrus Health Alliance



ACKNOWLEDGEMENTS

Healthy Cabarrus Executive Committee

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Ashlie Shanley	Cabarrus County District Attorney's Office
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Healthy Cabarrus Staff

Dr. Jessica Grant	Executive Director
Sandra Torres	Program Coordinator

Community Planning Council

The Community Health Needs Assessment (CHNA) Community Planning Council was convened by Healthy Cabarrus to guide the development of the 2025 Community Health Needs Assessment for Cabarrus County. The Council includes a diverse, cross-sector group of community leaders representing health and human services, public health, education, faith communities, local government, nonprofit organizations, business, and community advocates. Members contributed professional expertise, local insight, and lived experience to review and interpret data, identify priority health needs and gaps, and support inclusive community engagement. Their collaborative leadership and shared commitment to improving health outcomes helped ensure the CHNA reflects the needs and perspectives of Cabarrus County residents. The following individuals served on the 2025 CHNA Community Planning Council:

Casey Aldridge	First Presbyterian Church
Tammy Alexander	Cabarrus Healthy Alliance
Mia Alvarez	City of Kannapolis
Robert Anderson	Cabarrus County Community Development
Gwen Bartley	Amazing Grace Advocacy
John Basilice	Kannapolis City Schools
LaRhonda Bryson	Rowan Cabarrus Community College
Stephanie Burleson	Cabarrus County EDC
Kara Clarke	Cabarrus County EMS
Dr. Cam Cruickshank	Greater Cabarrus Foundation
Dr. Lopa Das Roy	Breast Cancer Hub
Timbs Fulghum	Atrium Health Cabarrus
Dr. Patrick Graham	WeBuild Concord

Angela Graham	Community Member
Diane Honeycutt	Allen Tate Realty
Ed Hosack	Cooperative Christian Ministry
Jimmy Hughes	City of Concord Police Department
Amy Jewell	Cabarrus County Schools
Elaine Johnson	Community Member
Elie Landrum	Town of Harrisburg
La’Donte Lee	Mental Health America
Laura Lyerly Milliken	Community Free Clinic
Hollye McCallum	Cabarrus County Dept. of Human Services
Valerie Melton	Boys and Girls Club
Rebecca Moffett	CVAN
Lidiz Mora	Camino
Steve Morris	Community Member
Suzanne Philemon	Cannon Foundation
Mark Plemmons	Independent Tribune
Cecilia Plez	Duke Clinical & Translational Science Institute
Erica Reynolds	Habitat for Humanity
Malisha Ross	Partners
Van Shaw	Cabarrus County Sheriff’s Office
Amaha Sheferaw	Cooperative Christian Ministry
Erin Shoe	Cabarrus Health Alliance
Crystal Smith	Town of Mt. Pleasant
Theron Smoutherson	NAACP
Dr. Erica Steinbacher	Atrium Health
Jaime Tippet Poe	Rider Transit
Raijene Walker	United Way
Kenny Wortman	Cabarrus County Board of Commissioners

Additional Acknowledgements

We extend special acknowledgment and thanks to the many community partners who supported the Community Health Needs Assessment process by contributing local secondary data and assisting with the development and delivery of Community Planning Council Presentations. Below are the topic areas addressed during the CHNA process and the community partners who contributed to each.

Cabarrus Demographic Profile and Social & Economic Factors

Dr. Jessica Grant	Executive Director, Healthy Cabarrus
Hollye McCallum	Director, Cabarrus County Dept. of Human Services

Community Safety

Ashlie Shanley	District Attorney, Cabarrus County
Van Shaw	Sheriff, Cabarrus County

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Ann Benfield	Executive Director, Cabarrus Partnership for Children
Amy Jewell	Director of Student and Family Support, Cabarrus County Schools
John Basilice	Director of Student Services, Kannapolis City Schools

Employment and Economic Development

Stephanie Burleson	Business Support Manager, Cabarrus Economic Development
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Sexual Health

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Chronic Disease, Food Access and Physical Wellness

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Taylor Morris	Program Coordinator, City of Concord Parks & Recreation

Adult Clinical Care

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Laura Lyerly Milliken	Executive Director, The Community Free Clinic

Maternal, Infant and Child Health

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Tammy Alexander	School Health Director, Cabarrus Health Alliance

Oral Health

Dr. Elly Steel	Dental Director, Cabarrus Health Alliance
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Behavioral Health and Substance Use

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Dr. Kamilah McKissick	Behavioral Health Director, Cabarrus County Dept. of Human Services
Kristin Klinglesmith	Assistant Director – Behavioral Health Division, Cabarrus Health Alliance

Housing

Ed Hosack	Chief Executive Officer, Cooperative Christian Ministry
Dr. Patrick Graham	Chief Executive Director, WeBuild Concord

Transportation

Jaime Tippett Poe	Transit Manager, Rider Transit
-------------------	--------------------------------

Environmental Health

Jennifer Hatley	Environmental Health Director, Cabarrus Health Alliance
Juliann Chavez	Sustainability Coordinator, City of Concord

Data Analysis Support

We extend our sincere appreciation to Udo Obiechefu and Manjusha Gopi for their expertise and support in data analysis throughout the Community Health Needs Assessment process.

Language Access and Translation Services

Thank you to Sandra Torres for providing translation services and language access support for surveys, focus groups, and related Community Health Needs Assessment resources, helping ensure broad community participation.

Central Carolina Community Collaborative (CCCC)

The Central Carolina Community Collaborative (CCCC) launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:



Regional CHNA Approach: The 2025 Community Health Needs Assessment (CHNA) for Cabarrus County was developed through a collaborative, regionally coordinated process designed to ensure consistency, inclusivity, and local relevance. Planning began with joint meetings among public health departments, hospitals, and community organizations to establish shared goals, timelines, and tools. Secondary data were sourced from credible regional and national databases, while a culturally appropriate, accessible community health survey was developed and distributed across participating counties in both digital and paper formats. Cabarrus County also conducted qualitative research through focus groups and listening sessions to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened through the use of shared data platforms, including the Atlas site and Metopio, which enhanced data visualization, transparency, and stakeholder engagement. Collectively, these efforts provided a strong foundation for identifying health priorities and informing strategic planning.

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EXECUTIVE SUMMARY

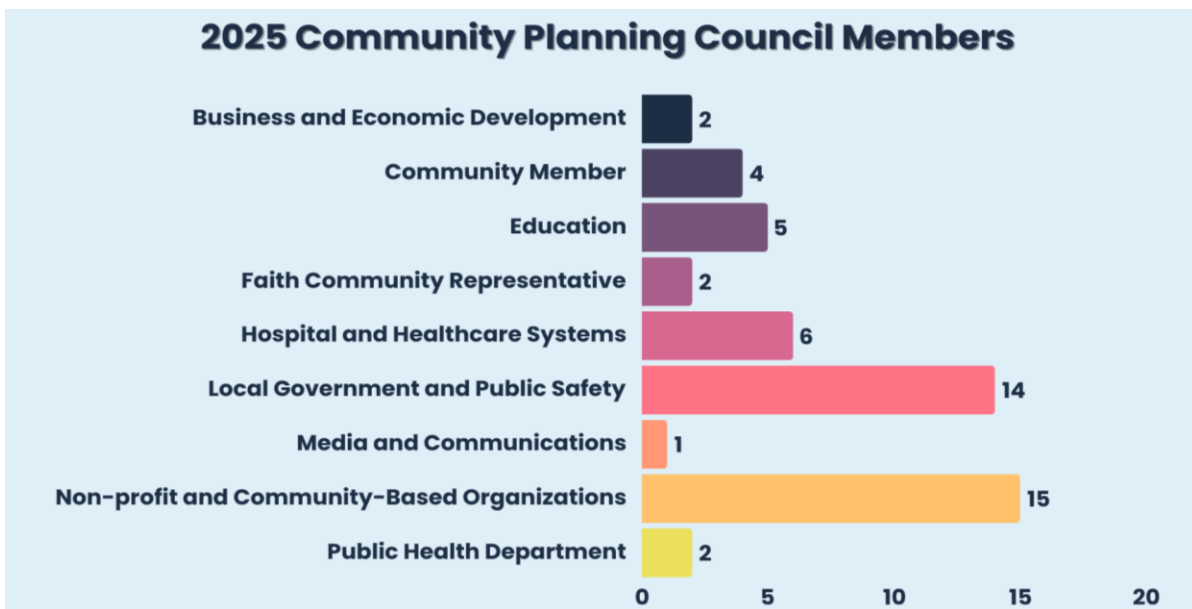
Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) is a systematic process used to identify, analyze, and prioritize the most significant health needs affecting residents of Cabarrus County. Conducted every three years, the CHNA serves as a foundational planning tool to inform community-driven strategies, guide policy and programmatic decision-making, and support coordinated action to improve health and quality of life across the county.

Leadership and Community Partnerships

Healthy Cabarrus is a community health improvement initiative housed within Cabarrus Health Alliance (CHA), the public health authority for Cabarrus County. In this role, Healthy Cabarrus serves as a neutral convener, bringing together diverse sectors and community voices to support collaborative, data-informed approaches to improving population health and quality of life across the county. This work is supported by a nine-member Executive Committee that provides strategic leadership and oversight across Healthy Cabarrus initiatives, including the Community Health Needs Assessment (CHNA), and ensures accountability and continuity across planning cycles.

To support the 2025 CHNA, Healthy Cabarrus convened a 51-member Community Planning Council (CPC) composed of cross-sector community representatives. CPC members brought diverse perspectives and expertise to the assessment and represented a range of sectors, including business and economic development, education, faith community, hospital and healthcare, local government and public safety, media, nonprofit and community-based organizations, public health, and community members. Representatives from nonprofit and community-based organizations and local government reflected a range of functional areas, including housing and homelessness, behavioral health, transportation, economic development, planning, public safety, and social services.



While Healthy Cabarrus does not provide direct services, it plays a critical facilitative role in coordinating data collection and analysis, convening partners, supporting transparent dialogue, and ensuring that community perspectives and lived experience are meaningfully incorporated throughout the CHNA process. Through this partnership model, the CHNA serves not only as a compliance requirement, but as a practical planning tool to align community efforts, strengthen accountability, and guide action over the next three years. The 2025 CHNA reflects this approach and serves as a strategic tool to inform future community health improvement efforts.

Vision



Through collaborative, cross-sector efforts established via the Community Health Needs Assessment, Healthy Cabarrus and the Cabarrus Health Alliance seek to advance a healthier Cabarrus County where data-informed decision-making, shared accountability, and authentic community engagement come together to promote health equity, address root causes of poor health, and improve quality of life for all residents.

Regional and Contracted Services

The 2025 Community Health Needs Assessment was conducted using internal capacity within Cabarrus Health Alliance, with no contracted vendors engaged for data collection or analysis. Data management, analysis, and visualization were supported through shared data platforms and regional partnerships, including the use of Metopio through an established partnership with the Central Carolina Community Collaborative (CCCC). These resources enhanced data accessibility, visualization, and stakeholder engagement throughout the assessment process.

Methodology Overview

The 2025 Community Health Needs Assessment (CHNA) for Cabarrus County was conducted using a mixed-methods approach that integrated quantitative and qualitative data to provide a comprehensive understanding of community health needs.

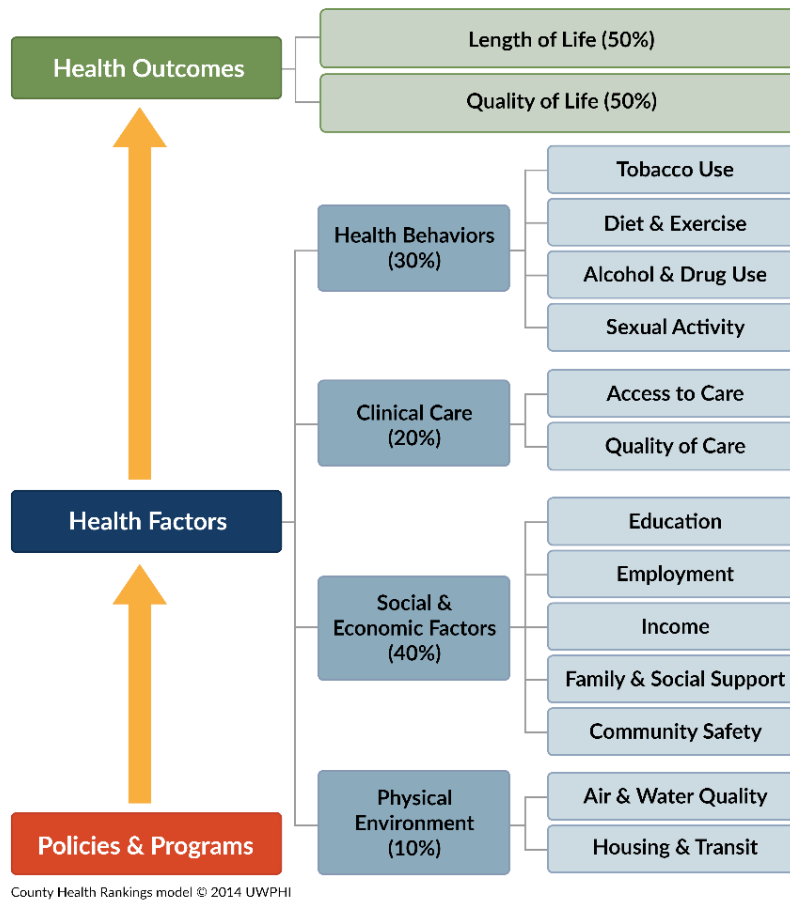
The assessment was conducted in alignment with North Carolina Division of Public Health Community Health Assessment guidance. The process incorporated structured community engagement, systematic data collection and analysis, and collaborative prioritization to identify the most pressing health needs facing Cabarrus County. Secondary data were drawn from credible local, state, and national sources to examine demographics, social and economic conditions, health behaviors, access to care, and health outcomes. Primary data collection included a culturally appropriate and accessible community health survey, distributed in both digital and paper formats, as well as focus groups and listening sessions conducted within Cabarrus County to capture local perspectives and lived experience. Translation and language access supports were incorporated to reduce barriers to participation.

Data analysis and interpretation were supported by the Cabarrus Health Alliance Performance Management and Quality Improvement team and informed by the Community Planning Council, a diverse, cross-sector

group of community representatives and community members who reviewed findings and provided contextual insight. Shared data platforms, including the North Carolina Data Portal and Metopio, were used to enhance data visualization, transparency, and stakeholder engagement. Collectively, these methods ensured the CHNA was data-informed, community-driven, and positioned to guide future health improvement efforts.

Theoretical Framework

The Community Health Needs Assessment was guided by the conceptual framework used by County Health Rankings & Roadmaps, developed by the University of Wisconsin Population Health Institute, and used at the time of analysis, which illustrates how health and well-being are shaped by a combination of health outcomes and the conditions that influence them. During the course of the assessment, the University of Wisconsin Population Health Institute introduced an updated Model of Health that extends this framework by more explicitly naming societal rules and power as determinants of community conditions. While the updated model reflects an evolution in the field, the core concepts used to guide this CHNA align with the version in place during data collection and prioritization [1].



Collaborative Process

The 2025 Community Health Needs Assessment was conducted through a structured, multi-phase collaborative process designed to ensure transparency, broad engagement, and meaningful participation across sectors. The assessment formally launched with a community-wide CHNA kickoff event in October 2024,

which introduced the assessment process, outlined the planned timeline and engagement opportunities, and provided an update on progress and outcomes related to the 2020–2024 priority health needs.

Following the kickoff, Healthy Cabarrus convened a Community Planning Council (CPC) that met monthly from December 2024 through June 2025 to guide the assessment. Meetings were organized around key topic areas and phases of the CHNA, allowing CPC members to review data, explore community conditions, and discuss emerging themes in a structured and iterative manner. Topics addressed over the course of the assessment included population demographics and social support, community safety, early childhood and K–12 education, employment and economic stability, health behaviors, clinical care, mental and oral health, substance use, housing, transportation, and environmental health.

Throughout the process, CPC members reviewed and interpreted quantitative data alongside qualitative input gathered through a community survey, focus groups, and listening sessions. Survey deployment and focus group activities were intentionally timed to inform ongoing CPC discussions, with findings reviewed collectively to identify patterns, gaps, and priority concerns.

In the final phase of the assessment, CPC members completed a comprehensive review of all primary and secondary data and participated in a structured priority-setting process. Using facilitated discussion and multi-voting techniques, the Council identified and selected priority health needs based on data trends, community input, disparities, and potential impact. This process ensured that the selected priorities reflect both available data and lived community experience.

Overview of Key Findings

Findings from the 2025 Community Health Needs Assessment indicate that health and well-being in Cabarrus County are shaped by a combination of health outcomes, access to services, and broader social and environmental conditions. These findings were developed through an in-depth, collaborative process of data review, discussion, and interpretation with the Community Planning Council, integrating quantitative data with community insight across multiple data sources.

Through this process, a broad set of community needs was identified and examined. Using a structured, multi-voting technique, the Community Planning Council narrowed an initial list of identified needs to four priority focus areas - **behavioral health, housing access and stability, transportation access, and early childhood education** – to help inform community planning and focus efforts over the 2025-2027 timeframe.

In addition to the priority health needs identified through the structured prioritization process, community engagement efforts consistently highlighted the county’s rapidly growing older adult population as an emerging area of focus. Participants described increasing needs related to transportation, social connection, access to services, and aging-friendly supports, suggesting opportunities for continued planning as demographic trends evolve.

2025 Priority Community Health Needs



2020-2024 Priority Community Health Needs



To view previously submitted action plans and progress to date for 2020 and 2024 priority needs, visit <https://www.cabarrushealth.org/756/Healthy-Cabarrus> and review Cabarrus County’s annual State of the County Health (SOTCH) Report.

Recommendations and Next Steps

The findings of the 2025 Community Health Needs Assessment highlight the importance of continued collaboration across sectors to address the complex factors that influence health and well-being in Cabarrus County. The priority health needs identified through this process represent areas where coordinated, community-driven efforts can support meaningful and sustainable progress.

By November 2025, Healthy Cabarrus will convene a community Advisory Board to guide development of Community Health Improvement Plans (CHIPs) for each identified priority area. These plans will build on existing efforts, identify opportunities for alignment, and outline shared strategies, roles, and measures of progress. The CHNA is intended to serve as a resource and call to action, informing community dialogue, guiding collaboration, and strengthening partnerships to improve health and quality of life for Cabarrus County residents.

GLOSSARY

ACS	American Community Survey
AMI	Area Median Income
BRFSS	Behavior Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CCCC	Central Carolina Community Collaborative
CHA	Cabarrus Health Alliance
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CPC	Community Planning Council
ED	Emergency Department
EL	English Learner
HCNC 2030	Healthy North Carolina 2030
HUD	U.S. Department of Housing and Urban Development
LEA	Local Educational Agency
MAPP	Mobilizing for Action through Planning and Partnerships
MV	McKinney Vento
NC DHHS	North Carolina Department of Health and Human Services
RWJF	Robert Wood Johnson Foundation
SDOH	Social Determinants of Health
SNAP	Supplemental Nutrition Assistance Program
SOTCH	State of the County Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder
WIC	Women, Infants and Children

Definitions

The definitions are intended to assist the reader with having a common understanding of terms used throughout this report.

Area Median Income (AMI): The midpoint of a region’s income distribution — meaning that half of households in the area earn more than this amount and half earn less. AMI is calculated annually for defined geographic areas (such as counties and metropolitan regions) by the U.S. Department of Housing and Urban Development and is used as the benchmark for determining eligibility and affordability thresholds in housing and community development programs [2].

Built environment: The built environment includes the physical makeup of where we live, learn, work, and play. It involves homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. The built environment can influence overall community health and individual behaviors such as physical activity and healthy eating [3].

Community: A group of people with diverse characteristics who are linked by social ties, shared perspectives, join action, or common geographical locations (i.e., neighborhoods). It encompasses populations sharing interests, experiences or identities, where prevention and intervention activities occur [4].

Community Health Needs Assessment (CHNA): A comprehensive, community-engaged process used to collect and analyze quantitative and qualitative data to identify priority health needs and inform future planning, collaboration, and action [5].

Community Health Improvement Plan (CHIP): A collaborative, community-driven plan that outlines shared strategies, goals, and actions to address the priority health needs identified through the CHNA process [6].

Cost-burdened household: A household that spends more than 30 percent of its gross income on housing costs, including rent or mortgage payments and utilities. Households spending more than 50 percent of income on housing are considered severely cost-burdened [7].

Cross-sector collaboration: A process in which organizations from multiple sectors, such as public health, healthcare, education, housing, transportation, nonprofit, and community groups, work together by combining expertise and resources to address complex health and social conditions that no single sector can solve alone [8].

Discrimination: Unfair or unjust treatment of individuals or groups based on perceived notions about their identity such as race, ethnicity, gender, age, disability, sexual orientation, or other characteristics, which can result in barriers to opportunities, resources and services and contribute to health inequities [9].

Food insecurity: A household-level economic and social condition of limited or uncertain access to adequate food, meaning households may lack dependable access to enough food for active, healthy living due to financial and other resource constraints [10].

Health disparities: Preventable differences in the burden of disease, injury, violence, or opportunities.

They are directly related to unequal distribution of social, political, economic, and environmental resources [11].

Health equity: The absence of unfair, avoidable, or remediable differences in health among population groups defined socially, economically, demographically, or geographically [12].

Housing instability: A condition characterized by difficulty maintaining safe, secure, and affordable housing, which may include high housing costs relative to income, poor housing quality, overcrowding, frequent moves, or risk of eviction or homelessness [13].

Key informant: Individuals with unique, firsthand knowledge, experience or specialized expertise about a specific community, topic or organization [14].

Opportunity gap: Differences in access to educational, economic, social, and community supports and resources that create unequal opportunities for success and well-being among population groups [15].

Protective factor: Characteristics or conditions that decrease the likelihood of negative health or social outcomes and help individuals, families, or communities cope more effectively with adversity or risk. Protective factors buffer against risk and support positive development, health, and well-being in the presence of challenges [16].

Priority health need: A health issue identified through the Community Health Needs Assessment prioritization process based on data trends, community input, disparities, and potential for collective impact. Priority health needs guide development of Community Health Improvement Plans (CHIPs).

Qualitative data: Non-numerical information that captures people's experiences, perceptions, context, and meanings. It is typically expressed in words (e.g., interview or focus group responses) or observations, and it helps explain why and how phenomena occur rather than how many or how much [17].

Quantitative data: Data that are numerical in nature, representing counts or measurements, and that can be analyzed using statistical methods to describe patterns, trends, relationships, and differences across populations [18].




Social determinants of health: The conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life. These include economic policies, social norms, political systems, and access to resources that influence health and health equity [19].

State of the County Health (SOTCH): An annual report that monitors progress on community health priorities, highlights emerging issues, and provides updates on implementation efforts and community health outcomes [6].

Trauma: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being [20].

Primary Data Source Icons

The icons below identify primary data sources used throughout the Community Health Needs Assessment (CHNA). Icons appearing within the report highlight information gathered through focus groups, key informant input, and community needs survey responses, helping readers easily recognize where community voice and engagement inform the findings and priorities presented throughout the report.

	<p>Focus Group</p>
	<p>Key Informant</p>
	<p>Community Needs Survey</p>

INTRODUCTION AND PURPOSE

The Cabarrus County Community Health Needs Assessment (CHNA) provides a comprehensive picture of the health and well-being of residents and the factors that influence health across the community. Conducted on a regular cycle, the CHNA fulfills state public health requirements while also serving as a foundational planning tool to guide community priorities, partnerships, and investments aimed at improving health outcomes and advancing health equity.

Beginning in 2024, Cabarrus County transitioned from a four-year CHNA cycle required by the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health to a three-year cycle. Hospital systems participating in the Central Carolina Community Collaborative are required to conduct community health needs assessments on a three-year cycle under Internal Revenue Service requirements. To support coordinated planning, shared accountability, and alignment across sectors, Cabarrus County adjusted their assessment timeframe accordingly.

The CHNA was developed through a collaborative, community-engaged process led by Healthy Cabarrus in partnership with Cabarrus Health Alliance, healthcare partners, local government, education, nonprofit organizations, and community members. The assessment integrates multiple sources of data, including publicly available secondary data and locally collected primary data, to identify health trends, disparities, community strengths, and areas of greatest need. Community voices were intentionally incorporated throughout the process to inform and contextualize the data. The assessment framework was informed by Healthy North Carolina 2030 (HCNC 2030), which provides a statewide set of indicators and targets addressing social drivers of health, health outcomes, and health equity.

This report presents the findings of the Cabarrus County CHNA conducted for 2025. It includes an analysis of demographic and socioeconomic characteristics, health outcomes, access to care, and social determinants of health that influence the well-being of residents. The assessment identifies priority health needs and provides a shared foundation to inform future planning and collaborative action. By highlighting both community strengths and areas of need, this CHNA is intended to support a healthier, more equitable future for all Cabarrus County residents.

The needs assessment process culminates in this report, which is submitted to the NCDHHS Division of Public Health for review and shared with the community. It is organized to provide community context and an overview of the assessment process, followed by key findings and identified priority health needs, with detailed data and supporting materials included in the appendices. Findings from the assessment serve as the foundation for developing Community Health Improvement Plans (CHIPs) for identified priorities and for monitoring progress over time through the annual State of the County's Health (SOTCH) reporting process.

COMMUNITY PROFILE

County Overview

Cabarrus County is located in south-central North Carolina and is part of the Charlotte–Concord–Gastonia Metropolitan Statistical Area. Established in 1792 and named in honor of Stephen Cabarrus, the county has a long history rooted in agriculture, manufacturing, and community-based institutions, and has evolved over time into a growing and increasingly diverse region. Today, Cabarrus County encompasses approximately 364 square miles and is home to more than 244,000 residents, making it one of the faster-growing counties in the region [21]. The county includes a mix of urban, suburban, and rural communities, reflecting both its historical roots and ongoing development.

Bordered by Rowan, Stanly, Mecklenburg, Iredell, and Union counties, Cabarrus County’s proximity to the Charlotte metropolitan area continues to shape growth patterns, housing demand, and workforce dynamics. The county includes six municipalities, the largest of which is the City of Concord and the second largest is the City of Kannapolis. The towns of Mount Pleasant, Harrisburg, Midland and Locust are smaller municipalities in the county. The county’s landscape includes established neighborhoods, expanding residential developments, agricultural land, parks, and greenways, offering a range of living environments supported by a moderate climate with four distinct seasons [22].

Cabarrus County is served by several major transportation corridors that influence mobility, economic activity, and access to regional resources. Interstate 85 runs through the northwestern portion of the county, providing direct connections to Charlotte, Greensboro, and surrounding communities. Highway 29 (Concord Parkway) serves as a central north–south corridor and connects residents to nearby University of North Carolina at Charlotte, while Highway 49 runs through the central portion of the county.

Over the past decade, population growth and economic development have brought both opportunity and challenge. While growth has expanded access to jobs, amenities, and services, it has also increased pressure on housing affordability, transportation systems, infrastructure, and social services. These dynamics underscore the importance of coordinated planning and cross-sector collaboration to ensure that growth supports the health and well-being of all residents.

Cabarrus County benefits from a strong network of partnerships across public health, healthcare, education, local government, nonprofit organizations, and the private sector. Collaborative efforts, such as structures like Healthy Cabarrus, have strengthened data-sharing, community engagement, and collective problem-solving.

Population and Demographics

Cabarrus County’s population has continued to grow, driven by in-migration, residential development, and regional economic activity. The county is home to residents across all age groups, with notable concentrations of families with children and a growing older adult population, reflecting both workforce growth and aging trends. Figure 1 provides an overview of key population and demographic characteristics in Cabarrus County, including population growth, age distribution, race and ethnicity, disability status, and language spoken at home.

The racial and ethnic composition of Cabarrus County has become increasingly diverse over time. While the majority of residents identify as White, the county has experienced growth among Black or African American, Hispanic/Latino, Asian, and multiracial populations. These demographic shifts underscore the importance of culturally responsive services, inclusive community engagement, and equitable access to resources across all communities.

Cabarrus County includes a substantial population of children and adolescents, a large working-age adult population, and an increasing number of older adults. The county's median age is 37.7 years, reflecting a balance between family-age households and an aging population. According to the North Carolina Aging Profiles, the population of residents age 65 and older is projected to increase by approximately 90 percent between 2022 and 2042 [23]. The projected growth of older adults represents an emerging area of focus for community planning, as changing population needs may influence future demand for healthcare, transportation, housing, and social supports. At the same time, the presence of families with young children highlights the importance of access to early childhood education, childcare, and family-supportive services.

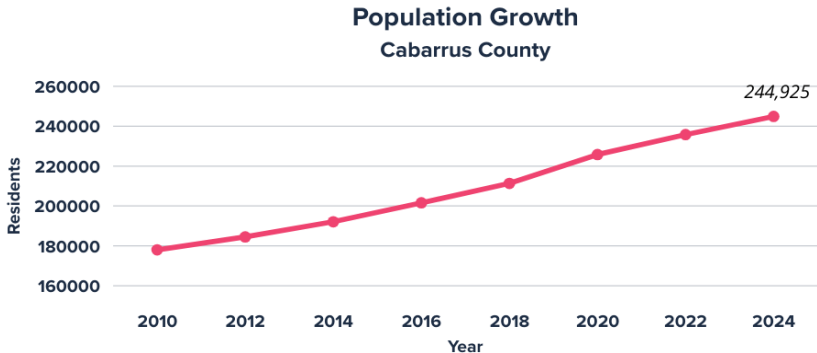
Disability is also an important demographic consideration in Cabarrus County. Approximately 11.1 percent of county residents identify as having a disability, with ambulatory, cognitive, and independent living difficulties representing the most common types. Vision and hearing difficulties also affect a meaningful share of the population. As the county's population continues to age, particularly with significant growth projected among residents age 65 and older, the prevalence of disability is expected to increase.

Although English is the primary language spoken in most households, an increasing number of residents speak a language other than English at home, most commonly Spanish. The presence of multiple languages within the community underscores the need for interpretation services and culturally appropriate outreach to ensure access to health information and services.

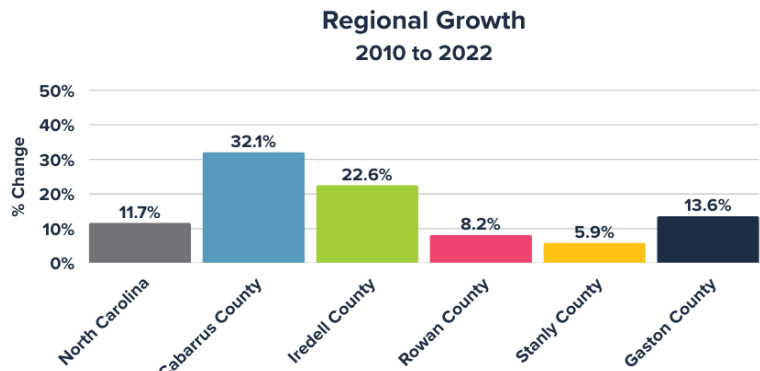
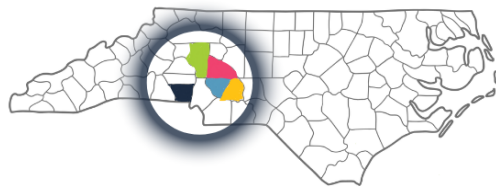
Cabarrus County DEMOGRAPHIC PROFILE



Source: U.S. Census Bureau, ACS Table B01001

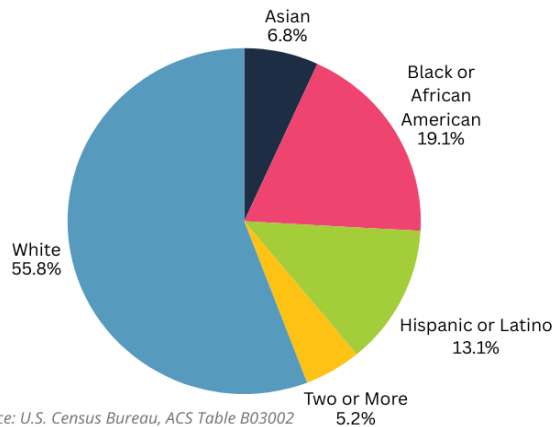


Source: U.S. Census Bureau, ACS Table B01001



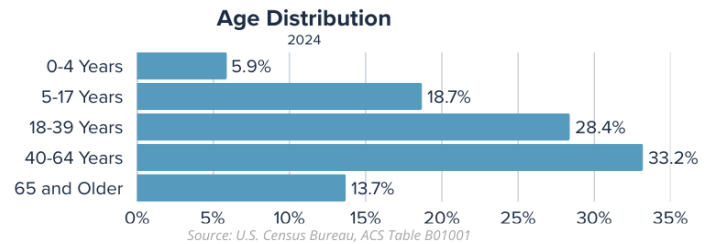
Source: U.S. Census Bureau, ACS Table B01001

Race/Ethnicity 2023



Source: U.S. Census Bureau, ACS Table B03002

Median Age:
37.7



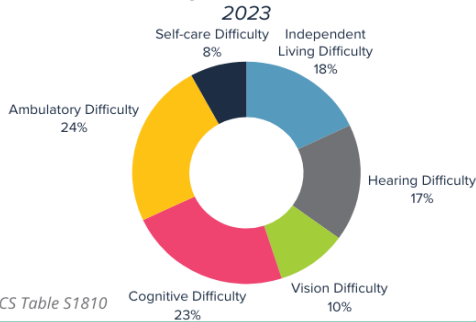
Source: U.S. Census Bureau, ACS Table B01001

+90% Projected Population Change: Age 65+, 2022-2042

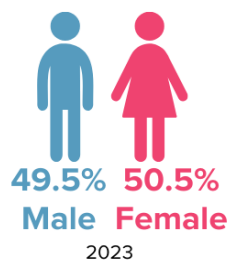
NC DHHS, 2022 North Carolina Aging Profiles.

11.1%
OF CABARRUS
COUNTY
RESIDENTS
IDENTIFY AS
HAVING A
DISABILITY

Disability Characteristics 2023



Source: U.S. Census Bureau, ACS Table S1810



Source: U.S. Census Bureau, ACS Table B01001

17%
OF CABARRUS
COUNTY SPEAK A
LANGUAGE OTHER
THAN ENGLISH AT
HOME
2023

Source: U.S. Census Bureau, ACS Table C16002

Figure 1. Cabarrus County Demographic Profile

Socioeconomic Characteristics

Socioeconomic indicators provide important context for understanding the economic conditions that influence health and well-being in Cabarrus County. Measures related to income, employment, poverty, education, and housing help describe residents' economic stability and access to opportunity (Figure 2).

Median household income in Cabarrus County reached \$85,810 in 2023, reflecting overall economic growth over time. However, economic gains have not been experienced uniformly across the community. Poverty rates remain higher among Black/African American and Hispanic/Latino residents compared to White residents, and unemployment rates remain elevated for some racial and ethnic groups despite overall improvements in the labor market [21]. These disparities reflect differences in income opportunity, employment stability, and wealth accumulation and have important implications for housing security, healthcare access, food security, and other social determinants of health.

Educational attainment has continued to improve, with increases in both high school completion and college graduation rates over time. Higher levels of educational attainment are closely associated with workforce participation, earning potential, and long-term economic mobility, making education an important component of the county's socioeconomic profile.

In addition to adult educational attainment, K–12 academic performance provides insight into future workforce readiness and long-term economic mobility. In the 2023–2024 school year, reading and math proficiency rates in Cabarrus County exceeded statewide averages, with a higher percentage of students achieving Levels 4 and 5 on End-of-Grade assessments compared to North Carolina overall [24]. However, performance varies across districts and student groups. Black and Hispanic students are more likely to be categorized as not proficient compared to White and Asian students, reflecting persistent disparities in educational outcomes.

Student demographic characteristics provide additional context for understanding instructional needs and achievement trends. Approximately 43.9% of Cabarrus County students are classified as economically disadvantaged, and English Learners represent 10.9% of students in Cabarrus County Schools and 18.7% in Kannapolis City Schools [25]. These factors influence academic performance and resource allocation and are important considerations when examining long-term health and economic trajectories.

School climate and student engagement also shape educational outcomes across the county's two public school systems. During the 2022–2023 school year, Cabarrus County Schools reported approximately 13 short-term suspensions per 100 students, while Kannapolis City Schools reported approximately 29 per 100 students [26]. Disparities in suspension rates by race and ethnicity remain evident within both systems. Because school engagement is closely linked to academic achievement and graduation, these patterns underscore the importance of supportive learning environments that promote student success.

Housing Environment

Cabarrus County's housing market has changed significantly in recent years, influenced by population growth, regional economic activity, and increased demand for both rental and owner-occupied housing. As shown in Figure 2, rising Fair Market Rents and increasing levels of housing cost burden suggest that many households are experiencing growing pressure related to housing affordability. Although the majority of housing units in

the county are owner-occupied, a substantial share of residents rent their homes, highlighting the importance of both rental and homeownership opportunities in supporting community stability.

Housing affordability is closely tied to economic conditions and overall well-being. An increasing proportion of households spend 30 percent or more of their income on housing costs, with a growing share experiencing severe cost burden. High housing expenses can limit a household’s ability to afford transportation, healthcare, food, and other basic needs, contributing to financial strain and potential health risks. Data from the North Carolina Housing Coalition further illustrate the extent of housing cost burden among Cabarrus County households and highlight differences experienced by renters and homeowners (Figure 2).

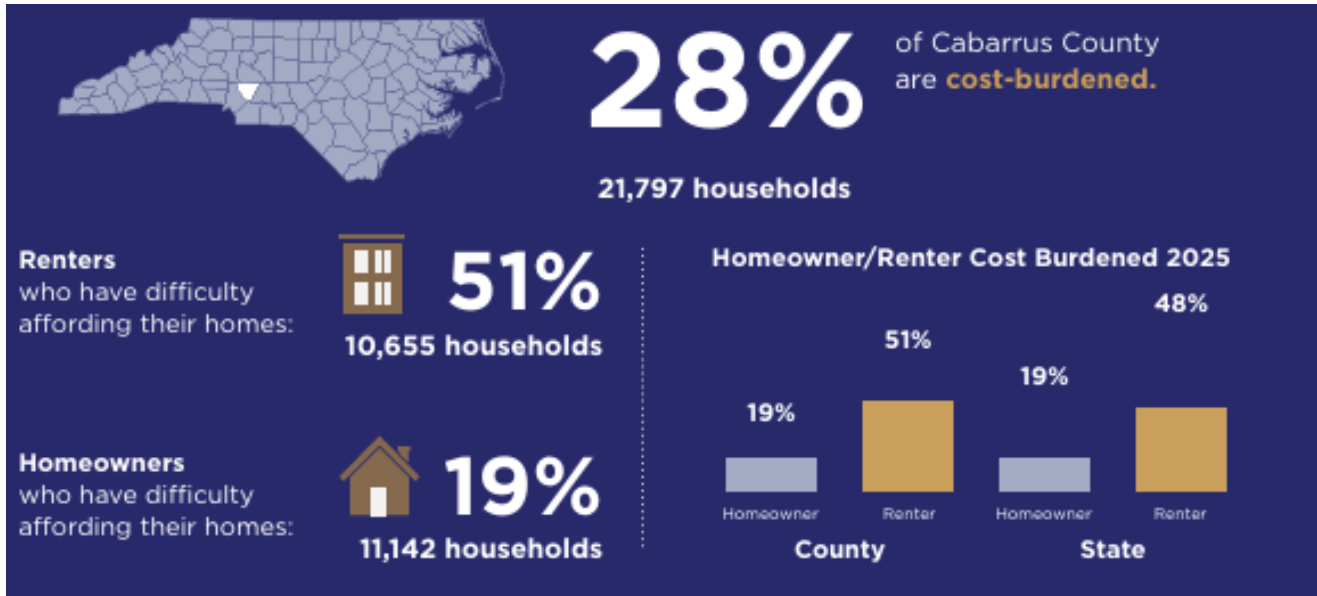


Figure 2 NC Housing Coalition Housing Need in Cabarrus County [27]

Understanding housing needs across Cabarrus County requires recognizing the range of housing situations residents may experience over time, from housing instability to attainable homeownership. To support shared understanding during community discussions, partners used a housing continuum framework to illustrate the range of housing needs that exist across the community, from housing instability to attainable homeownership (Figure 3). This continuum was used during Community Planning Council discussions to illustrate the range of housing needs and pathways that residents may experience over time.



Figure 3 Housing Continuum [28]

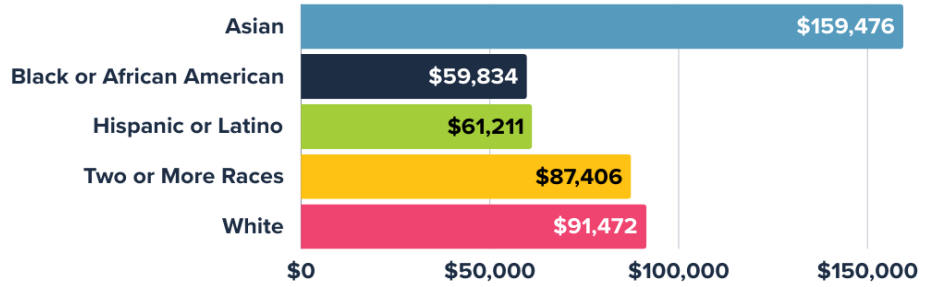
Together, these data and framework perspectives highlight the complexity of housing needs in Cabarrus County and reinforce how affordability, housing availability, and household stability intersect to shape community health and economic well-being.

Cabarrus County SOCIOECONOMIC PROFILE

\$85,810
Median Household Income
 (2023)
 ↑ **23%**
 Since 2010

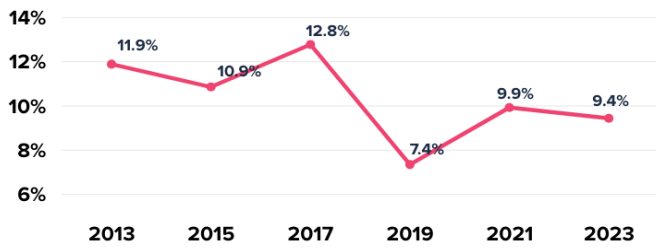
Source: U.S. Census Bureau, ACS Table B19013

Median Household Income by Race 2023



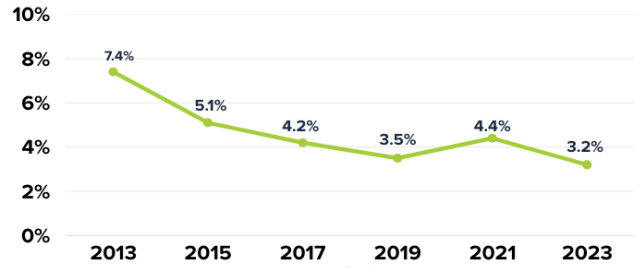
Source: U.S. Census Bureau, ACS Table B19013

Poverty Rate Cabarrus County



Source: U.S. Census Bureau, ACS Table B17001

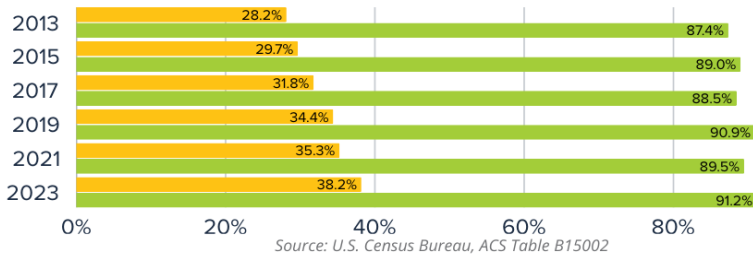
Unemployment Rate Cabarrus County



Source: Bureau of Labor Statistics

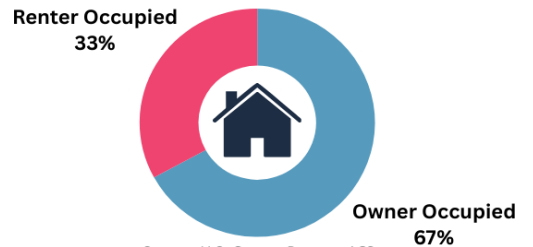
Educational Attainment

● College Graduation Rate ● High School Graduation Rate



Source: U.S. Census Bureau, ACS Table B15002

Housing Tenure 2023

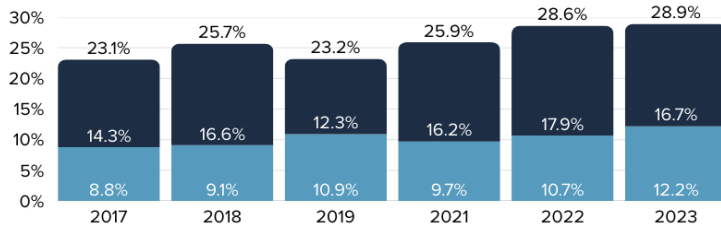


Source: U.S. Census Bureau, ACS Table B25003

Housing Cost-burdened Households

Cost burdened households spend 30% or more of income on housing costs; severely cost burdened households spend 50% or more.

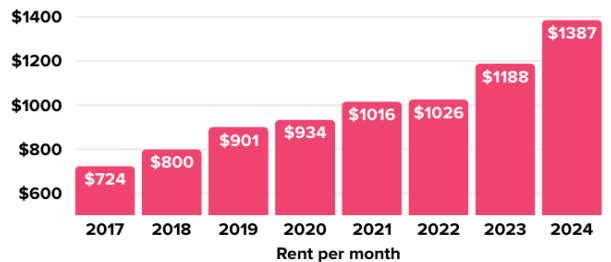
● Severely cost-burdened ● Cost-burdened



Source: U.S. Census Bureau, ACS Table B25070

Fair Market Rent (FMR)

FMRs represent the 40th percentile of gross rents for standard-quality units



US Department of Housing and Urban Development (HUD)

Figure 4 Cabarrus County Socioeconomic Profile

Community Environment and Access

Community conditions influence how residents move through daily life, connect with resources, and access essential services across Cabarrus County. Transportation options, digital connectivity, neighborhood design, and availability of community assets all contribute to the ways residents experience their environment and navigate work, childcare, food access, and other daily needs (Figure 5).

Transportation patterns provide important context for understanding access across the county. As shown in Figure 5, most residents commute using personal vehicles, with a smaller share working from home, carpooling, or using other transportation options. Indicators such as mean travel time to work, access to reliable transportation, and households without vehicles help illustrate how mobility shapes access to employment and essential services. Two public transportation systems operate within Cabarrus County, providing mobility options that support access to employment, healthcare, and essential services. Rider Transit offers fixed-route bus service connecting key destinations within the cities of Concord and Kannapolis, while Cabarrus County Transportation Services provides demand-response transportation for older adults, individuals with disabilities, and residents who need assistance accessing medical appointments, nutrition programs, and other community resources.

Community safety indicators were reviewed as part of the broader assessment of social and economic conditions. Crime index rates, school suspension patterns, and juvenile complaints were examined to understand how justice system involvement and youth discipline intersect with educational opportunity, economic mobility, and mental health.



77.5% of respondents reported feeling safe in their community, which is essential for overall well-being.

Crime trends in Cabarrus County were examined in comparison to regional and statewide patterns. In 2023, the county's violent crime rate was substantially lower than the North Carolina average, reflecting comparatively lower levels of serious offenses. Property crime rates have declined since 2019, consistent with broader statewide trends [29]. However, juvenile justice indicators, including complaints received and delinquency rates per 1,000 youth, increased following 2021, highlighting potential stressors affecting youth and families [30].

Access to essential services is also reflected in the availability of community assets and digital infrastructure. SNAP-authorized retailers provide important food access points throughout the county. Based on 2022 data, Cabarrus County received a Food Environment Index score between 7 and 8 (on a 0–10 scale), indicating relatively strong proximity to grocery retailers and income-adjusted access to healthy food options compared to other counties statewide [31]. However, geographic availability does not fully capture affordability or household-level food security. Community survey findings indicate that approximately one in five households reported experiencing some form of food-related hardship in the past year, including concerns about having enough money to purchase food or needing to reduce meal sizes.

Increasing levels of internet access highlight the growing role of broadband connectivity in supporting education, employment, healthcare access, and everyday communication. Childcare availability, including

licensed childcare centers and family child care homes, contributes to workforce participation and family stability by supporting parents and caregivers in balancing employment and caregiving responsibilities.

The built environment further shapes opportunities for daily activity and community engagement. Walkability, access to exercise opportunities, and proximity to parks and recreational spaces influence how residents interact with their surroundings and support active living. These conditions are particularly relevant as Cabarrus County's older adult population continues to grow, highlighting future considerations related to supportive community infrastructure. Together, these indicators provide context for understanding community conditions across Cabarrus County.

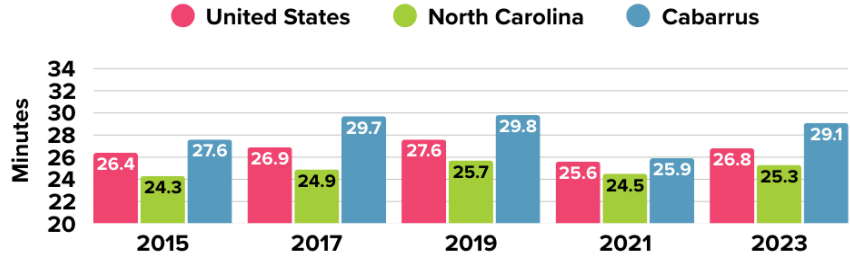
Cabarrus County COMMUNITY ENVIRONMENT & ACCESS

7.7%
of Cabarrus County adults lacked reliable transportation in 2023

4.9%
of occupied Cabarrus County households had no vehicles available in 2024

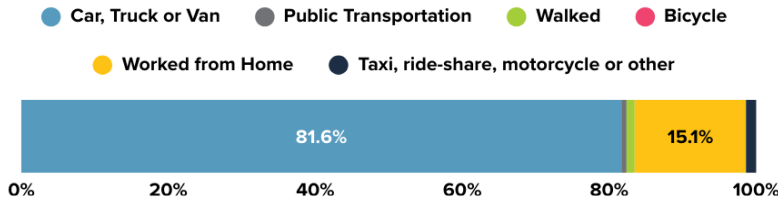
Source: U.S. Census Bureau, ACS Table B25044 & CDC PLACES

Mean Travel Time to Work



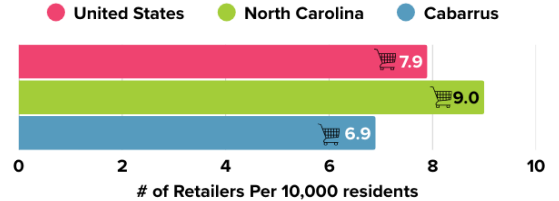
Source: U.S. Census Bureau, ACS Table S0801

Means of Transportation to Work Cabarrus County, 2024



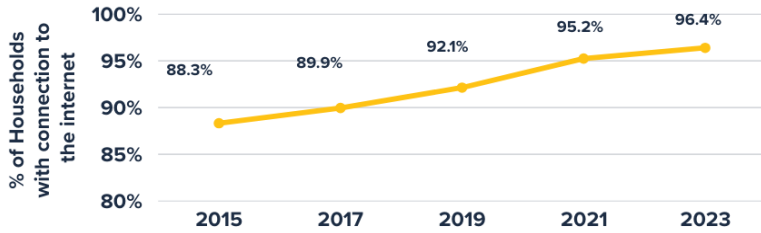
Source: U.S. Census Bureau, ACS Table B08301

SNAP Retailers 2024



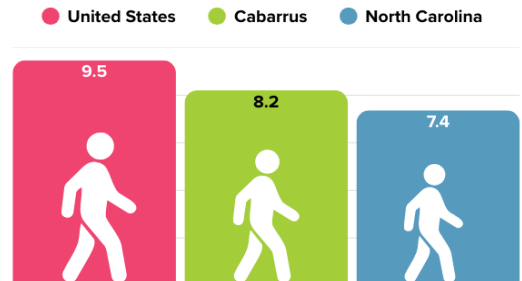
Source: U.S. Department of Agriculture

Internet Access Cabarrus County



Source: U.S. Census Bureau, ACS Table B28002

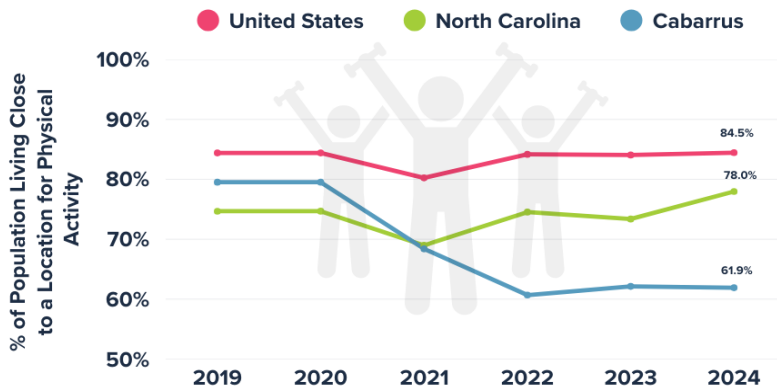
Walkability Index 2024



Based on intersection density, proximity to transit, diversity of businesses, and density of housing. Values range from 1 to 20

Source: CDC Agency for Toxic Substances and Disease Registry, Environmental Justice Index

Access to Exercise Opportunities



Source: County Health Rankings, University of Wisconsin Population Health Institute

75
Licensed
Child Care
Centers

13
Licensed
Family Child
Care Homes

With a total capacity to serve **9,503** Children (2024)



Source: Child Care Resources, Inc.

Figure 5 Cabarrus County Community Environment and Access Profile

Summary

Together, these community profile indicators provide important context for understanding the social, economic, and environmental factors that influence health in Cabarrus County. The data presented in this section describe current conditions and trends that shape community well-being and help inform local planning efforts. The following section outlines the methodology used to conduct the Community Health Needs Assessment, including data sources, community engagement strategies, and the process used to identify priority health needs.

ASSESSMENT METHODOLOGY

The 2025 Community Health Needs Assessment (CHNA) for Cabarrus County was conducted using a mixed-methods approach that integrated quantitative and qualitative data to provide a comprehensive understanding of community health needs. The assessment combined analysis of existing demographic and health indicators with direct community input to ensure findings reflect both measurable trends and lived experiences. The process followed the structured approach outlined in the North Carolina Community Health Assessment Guidebook [5], which emphasizes preparation, data collection, authentic community engagement, collaborative review, and prioritization as core components of the assessment.

Healthy Cabarrus led the assessment in collaboration with Cabarrus Health Alliance, healthcare organizations, local government, education partners, nonprofit agencies, and community stakeholders. The process was designed to support transparency, broad engagement, and coordinated decision-making across sectors while aligning with guidance from the North Carolina Department of Health and Human Services Division of Public Health.

Preparation and Collaborative Structure

The assessment formally launched with a community-wide CHNA kickoff event in October 2024, which introduced the assessment process, outlined engagement opportunities, and provided an update on progress related to the 2020–2024 priority health needs. Following the kickoff, Healthy Cabarrus convened a Community Planning Council (CPC), a diverse cross-sector group of 51 community representatives and residents who guided the assessment. This Council included partners from healthcare, public health, education, local government, nonprofit and community-based organizations, business and economic development, faith-based organizations, media, and community members. Participating organizations and partners represented on the Council are highlighted in Figure 6.



Figure 6 Community Planning Council Organizations

The CPC met monthly from December 2024 through June 2025 to review data, explore community conditions, and discuss emerging themes. Meetings were organized around key topic areas aligned with the CHNA framework, allowing members to review findings over time and share local perspective throughout the assessment. Figure 7 provides an overview of the 2025 CHNA process and the progression of CPC topics across the assessment timeline.



Figure 7 Cabarrus County CHNA Process for Community Planning Council

Secondary Data Review

Secondary data analysis included a comprehensive review of demographic, health, and social driver indicators accessed through population health data platforms such as Metopio and the North Carolina Data Portal. These platforms aggregate data from numerous federal and state sources, including the U.S. Census Bureau, American Community Survey (ACS), Decennial Census, public health surveillance systems, and Healthy North Carolina 2030–aligned indicators. Rather than relying on a single dataset, Healthy Cabarrus examined indicators across multiple timeframes, geographic levels, and comparison groups, including municipal trends, regional and peer county benchmarking, and long-term population changes to provide a broad and contextual understanding of community health conditions. Use of aggregated data platforms allowed partners to explore relationships across multiple domains simultaneously, supporting a more comprehensive analysis of population health trends and social drivers than any single dataset could provide.

Indicators were reviewed iteratively throughout the assessment process, allowing partners to explore trends over time, compare Cabarrus County to regional and statewide benchmarks, and examine how demographic shifts and social drivers intersect with health outcomes. This layered review supported a more nuanced understanding of community conditions and ensured that prioritization decisions reflected both quantitative

trends and lived experience shared through primary data collection and community engagement activities. A comprehensive list of secondary data sources used throughout the assessment is included in Appendix C.

Primary Data Collection

Primary data were collected to ensure that the Community Health Needs Assessment reflects lived experience, community perception, and local context that may not be fully captured in secondary data sources. Consistent with the North Carolina Community Health Assessment Guidebook framework, multiple primary data collection methods were used, including a community health survey, key informant survey, and facilitated focus groups.

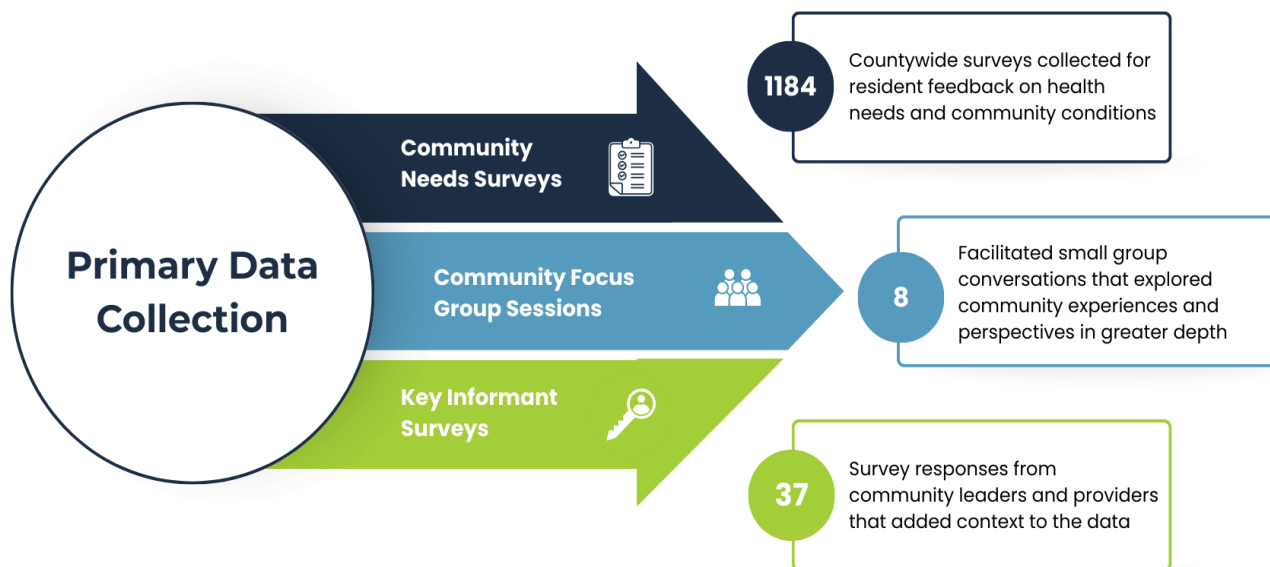


Figure 8 Primary Data Collection Summary



Community Needs Survey

The Cabarrus County Community Health Survey was open to residents aged 18 and older and was available in both English and Spanish. The survey was distributed in digital and paper formats through community partners, email listservs, social media platforms, community events, faith-based organizations, healthcare settings, and local agencies to maximize accessibility and participation. Targeted outreach efforts were conducted to encourage participation from diverse geographic areas and population groups across the county.

A total of 1184 completed responses from Cabarrus County residents were included in the final dataset after eligibility screening. The survey included questions related to health conditions, healthcare access, mental health, housing, transportation, food access, safety, and community well-being (see Appendix A for full survey instrument). Survey data were analyzed using descriptive statistics, and responses were reviewed by demographic characteristics when possible to better understand patterns across population groups.



Key Informant Survey

A key informant survey was distributed to community leaders, service providers, and subject matter experts representing healthcare, behavioral health, education, housing, transportation, nonprofit organizations, local government, and other sectors. Key informants were asked to assess community strengths, challenges, and emerging needs, and to provide professional perspective on priority health issues and service gaps. A total of 37 key informants participated. These responses provided sector-level insight and helped contextualize trends observed in both survey and secondary data.



Focus Groups

Facilitated focus groups sessions were conducted with eight groups to capture qualitative insights from specific community populations. Sessions were held with youth, older adults, Latino residents, housing-insecure families, working-age adults, and other community members to ensure diverse representation (see Appendix B for summary and discussion guide). Sessions were conducted in both in-person and virtual formats, with language access supports provided as needed.

Qualitative data were reviewed to identify recurring themes related to healthcare access, behavioral health, housing stability, transportation, safety, food access, and social and economic conditions. Themes were shared with the Community Planning Council to validate findings and inform priority setting.

Community Planning Council members and partner organizations played an active role in outreach, survey promotion, and facilitation of engagement activities across the county. Their involvement helped expand reach into diverse community networks and increase participation among historically underrepresented populations. Primary data findings were reviewed collaboratively through structured Community Planning Council meetings, where survey results, focus group themes, and secondary data indicators were examined together using an iterative process to identify patterns, validate emerging concerns, and inform priority selection.

While every effort was made to ensure broad and inclusive participation, several limitations should be noted. Survey participation was voluntary and based on convenience sampling with targeted outreach efforts; therefore, results may not be fully representative of the entire county population. Data collected through surveys and focus groups are self-reported and may reflect perception rather than verified outcomes. Despite language access and community-based distribution strategies, some populations may remain underrepresented. Primary data also represent a snapshot in time and may not capture rapidly changing community conditions. These limitations were considered during data interpretation and priority selection.

Data Review and Prioritization Process

Quantitative and qualitative findings were reviewed collectively by Healthy Cabarrus staff, the Cabarrus Health Alliance Performance Management and Quality Improvement team, and the Community Planning Council. Data were considered alongside community input and local context to identify patterns and emerging issues. During the final phase of the assessment, CPC members participated in a structured prioritization process that included facilitated discussion and a multi-voting (dot voting) technique. Members reviewed an initial list of fifteen identified needs and participated in two rounds of voting, narrowing the list to seven areas for further consideration before identifying the final priority health needs.

Study Considerations

While every effort was made to include diverse perspectives and reliable data sources, limitations are inherent in any community health assessment. Data availability, reporting timeframes, and voluntary participation in engagement activities may influence findings. Despite these considerations, the integration of multiple data sources and collaborative review processes strengthens the overall understanding of health needs across Cabarrus County.

ASSESSMENT FINDINGS

Community Health Snapshot

The community profile presented earlier in this report provides context about the social and environmental conditions that influence health in Cabarrus County. The following snapshot highlights selected health outcomes and behavioral indicators that reflect how these conditions are experienced by residents and where emerging trends may warrant focused attention.

Findings from the 2025 Community Health Needs Assessment reflect a combination of quantitative data trends and community perspectives gathered throughout the assessment process. Together, secondary data analysis, community health surveys, focus groups, listening sessions, and Community Planning Council discussions provided insight into how health outcomes, access to services, and broader social and environmental conditions shape well-being across Cabarrus County.

While many indicators suggest continued growth and opportunity, data trends and community engagement highlighted ongoing challenges that influence residents’ ability to achieve optimal health. Chronic disease, behavioral health needs, and access to supportive services emerged alongside broader concerns related to housing stability, transportation access, and early childhood supports. These findings reinforce the interconnected nature of health and community conditions and underscore the importance of coordinated, cross-sector approaches to improving quality of life.

Overall Health and Chronic Disease

Indicators related to overall health status and chronic disease provide a broad view of population health across Cabarrus County and align with the Healthy NC 2030 framework, which emphasizes monitoring key health outcomes and risk factors that influence long-term well-being across North Carolina [32]. Measures such as self-reported health, chronic disease prevalence, and associated risk factors help illustrate patterns that influence healthcare needs and quality of life across the community.

Life expectancy in Cabarrus County has remained relatively stable over time and is slightly higher than the North Carolina average, though it remains comparable to national trends. Similar to patterns observed across the state and country, life expectancy experienced a modest decline during recent years, as seen in Figure 9. The average life expectancy was 77.2 in Cabarrus, 75.9 in North Carolina and 77.1 in the United States for 2020-2022 [33].

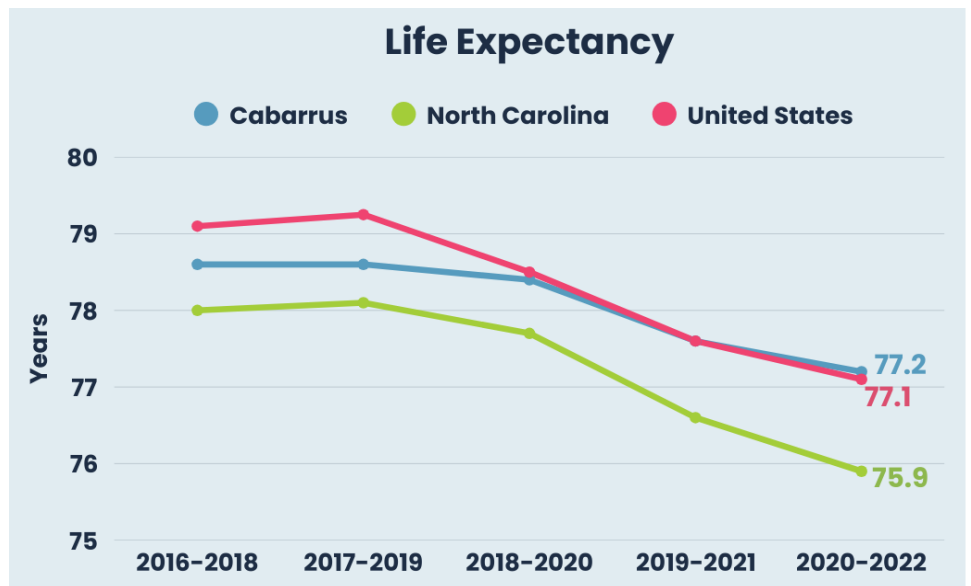


Figure 9 Life Expectancy [33]

Leading causes of death provide additional context for understanding the conditions most strongly influencing overall health outcomes in Cabarrus County. As shown in Figure 10, diseases of the heart and cancer remain the leading causes of death across all ages, reflecting patterns observed across North Carolina and nationally. Unintentional injuries and Alzheimer’s disease also contribute significantly to mortality, highlighting the diverse factors that influence health across the lifespan.

When examined by age group, mortality patterns vary and reflect different stages of life. Perinatal conditions and injuries are more prominent among younger populations, while cancer and heart disease become more prevalent among middle-aged and older adults. These trends underscore the importance of prevention, early intervention, and age-appropriate health supports across the community.

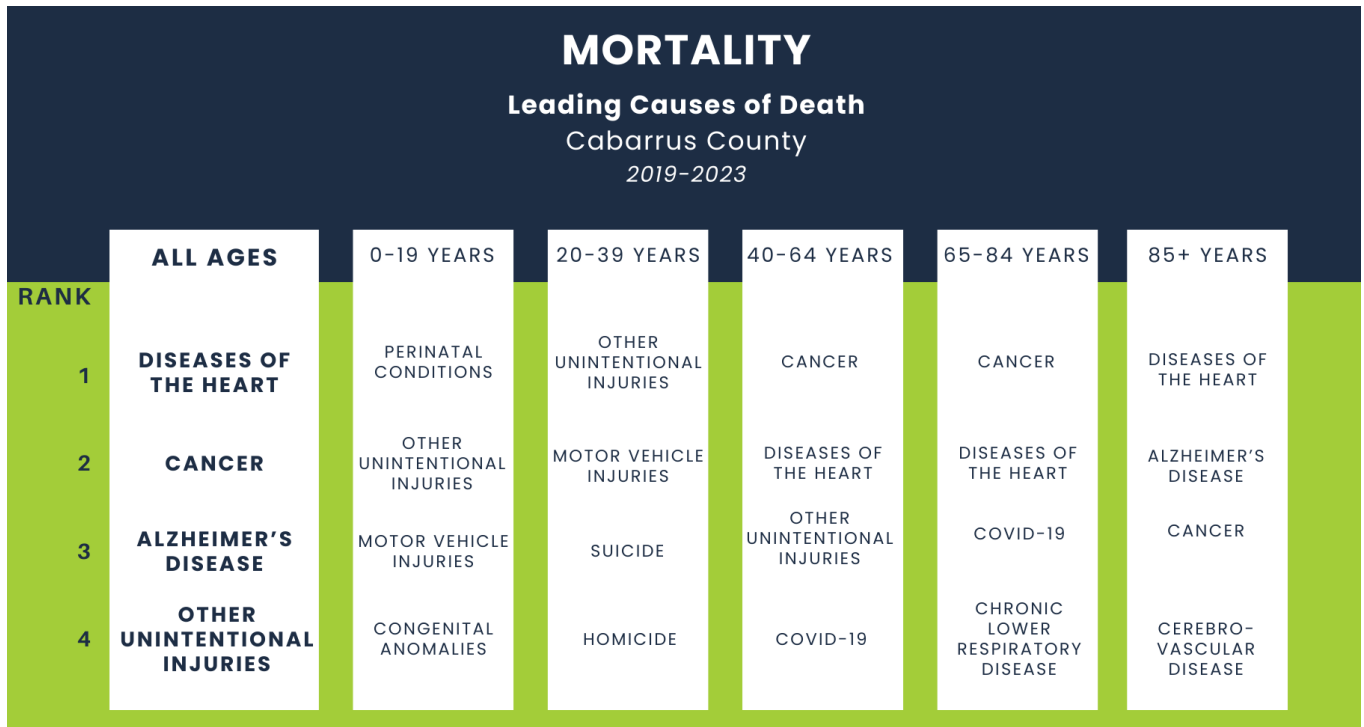


Figure 10 Ranked Causes of Death Based on Cabarrus County Mortality Data, 2019-2023 [34]

In addition to mortality trends, self-reported health provides insight into how residents experience their own well-being. In 2023, a smaller percentage of Cabarrus County adults reported fair or poor physical health compared with state and national averages, suggesting relatively favorable overall health perception while still highlighting opportunities for prevention and health promotion (Figure 11).

Chronic disease indicators provide additional context for understanding patterns observed in overall health and self-reported health status across Cabarrus County. According to the Centers

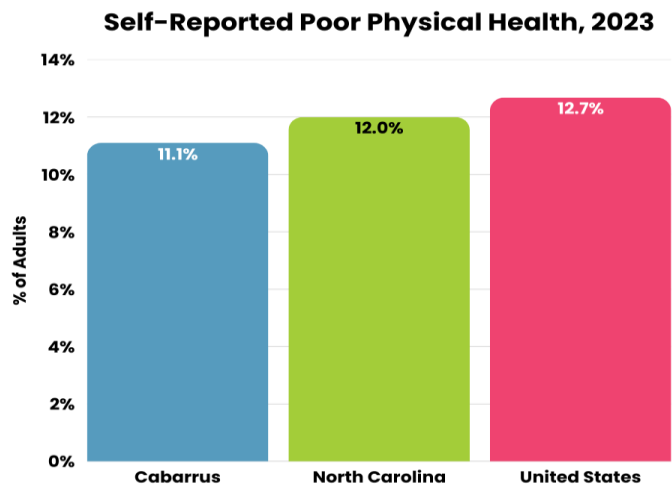


Figure 11 Self-reported poor physical health [36]

for Disease Control and Prevention, chronic diseases such as heart disease, diabetes, and obesity are among the leading drivers of healthcare utilization and account for a substantial share of preventable morbidity and mortality in the United States [35]. Examining local measures related to obesity, diagnosed diabetes, coronary heart disease, high blood pressure, and high cholesterol helps illustrate how these broader national trends are reflected within the community. As shown in Figure 12, age-adjusted modeled estimates from the CDC PLACES Project indicate the prevalence of several chronic disease indicators among Cabarrus County adults is similar to state and national patterns, though modeled estimates suggest slightly higher rates of obesity, diagnosed diabetes, and coronary heart disease locally [36].

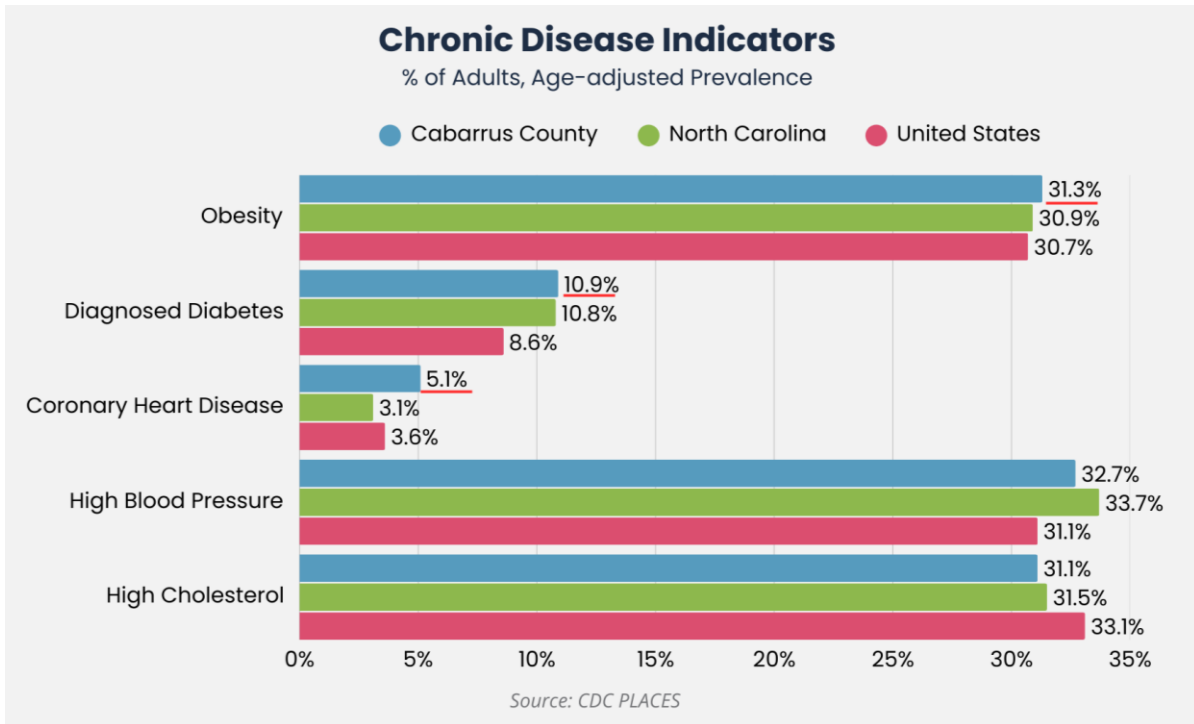


Figure 12 Chronic Disease Indicators [36]

Maternal, Infant and Reproductive Health

Maternal, infant and reproductive health indicators provide important insight into community well-being and are widely recognized as key measures of population health because they reflect access to care, maternal health, and broader social and economic conditions [37]. Measures such as low birthweight, preterm birth, and infant mortality help illustrate both progress and ongoing challenges related to early life health outcomes in Cabarrus County.

Access to early prenatal care provides additional context for maternal and infant outcomes. Timely entry into prenatal care supports screening for health conditions, identification of pregnancy-related complications, and preventive interventions that improve birth outcomes. In Cabarrus County, the percentage of births receiving first trimester prenatal care increased from 76.2% (2017–2019) to 77.7% (2020–2022), exceeding the statewide rate during the most recent reporting period and aligning closely with national levels [38]. Despite

overall improvement, disparities in early prenatal care remain evident across racial and socioeconomic groups, reflecting broader differences in access to healthcare and social supports.

As shown in Figures 13, 14, and 15, rates of low birthweight and preterm births in Cabarrus County have fluctuated slightly over time but generally align with statewide trends. Infant mortality patterns provide additional context, with rates varying year to year but remaining comparable to national patterns and below the state average in several reporting periods. Together, these indicators highlight opportunities for continued prevention, early intervention, and support for maternal health.

Differences across racial and ethnic groups remain evident. Rates of low birthweight, preterm birth, and infant mortality are higher among Black/African American infants compared to other groups in Cabarrus County. National research indicates that disparities in maternal and infant outcomes are influenced by structural and social conditions that shape access to resources, healthcare experiences, and long-term health risks [39]. These patterns underscore the importance of culturally responsive care, equitable access to services, and continued cross-sector collaboration.

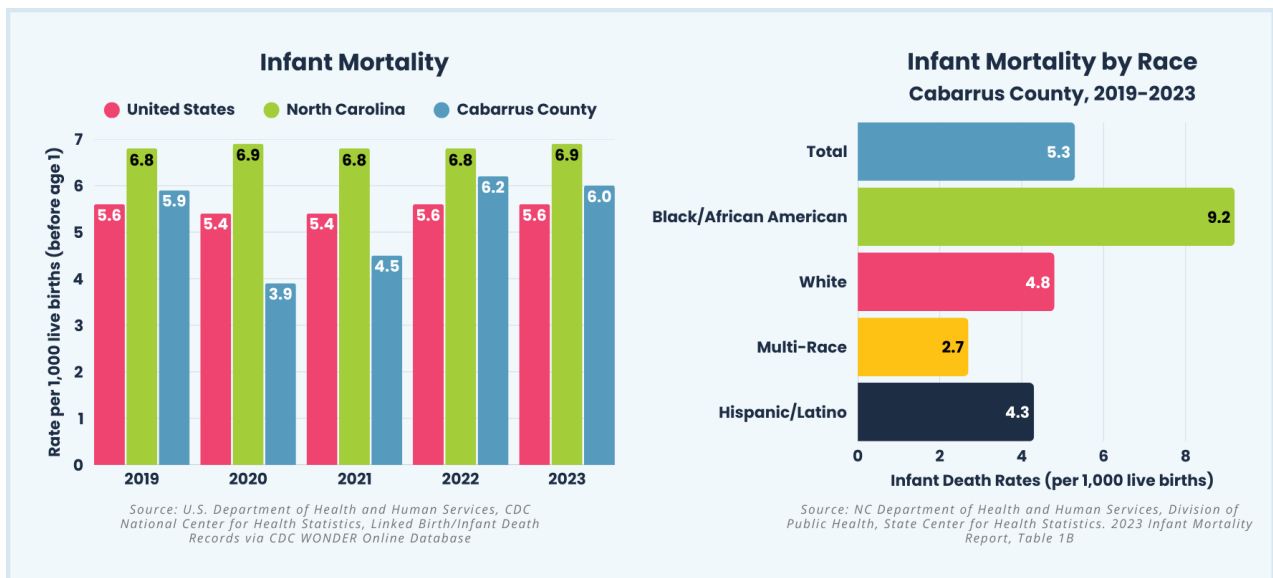


Figure 13 Infant Mortality Data

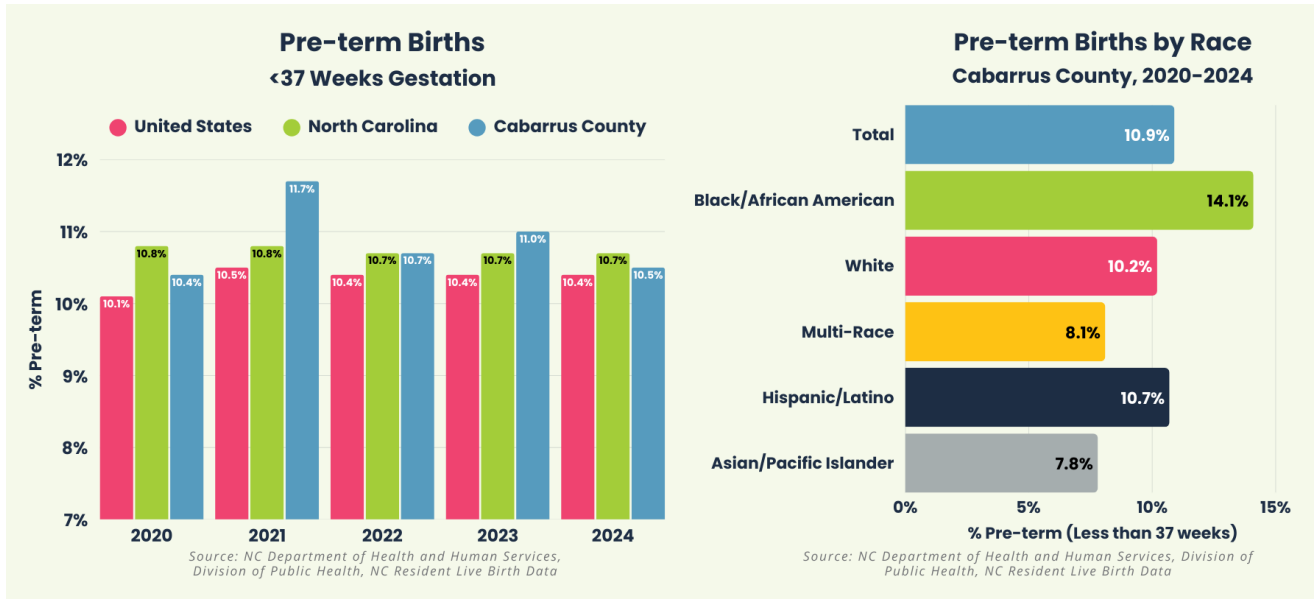


Figure 14 Pre-term Birth Data

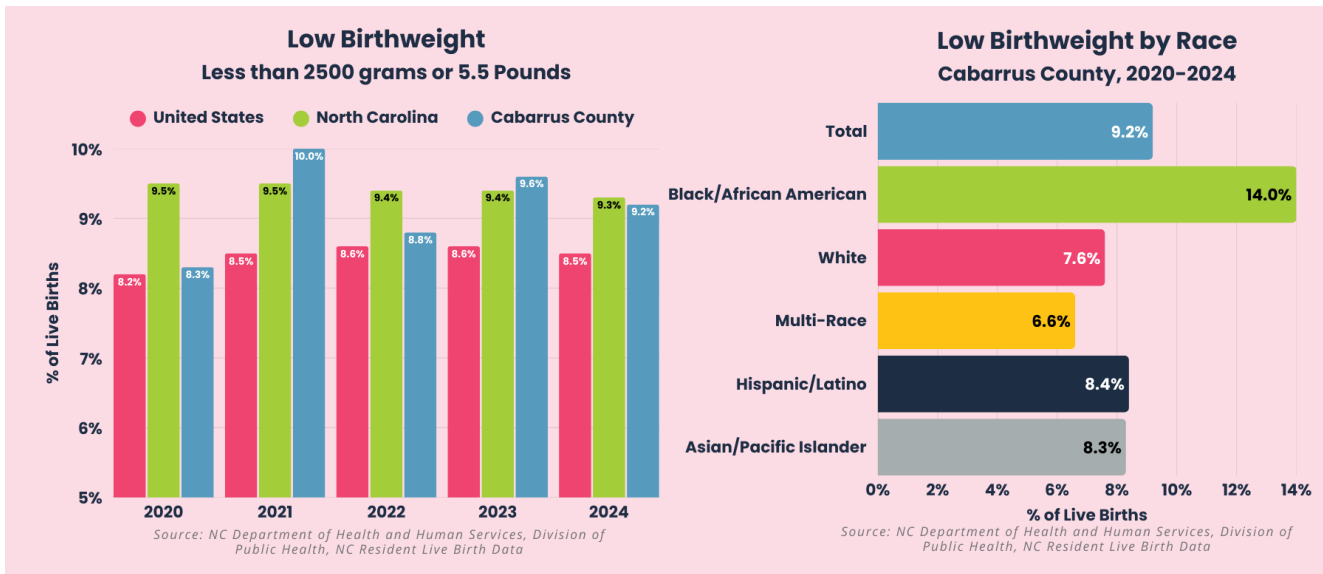


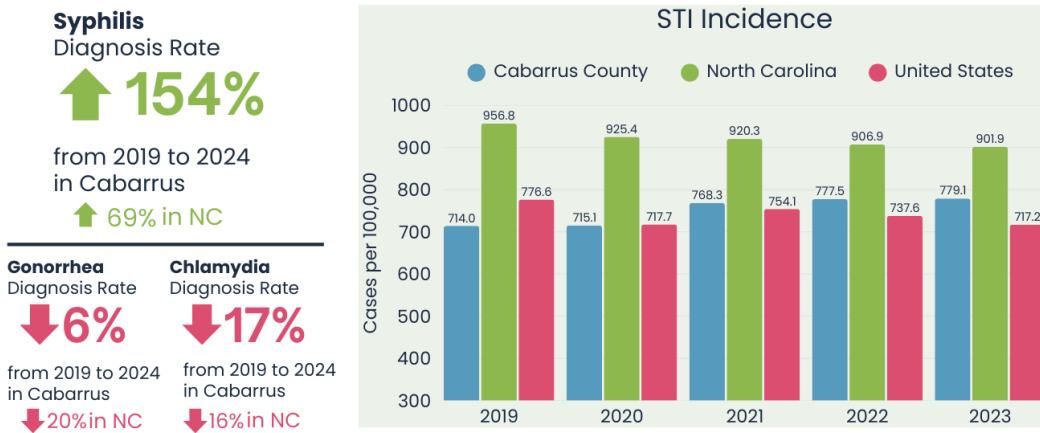
Figure 15 Low Birthweight Data

Reproductive health indicators provide additional context for understanding overall community well-being and the broader conditions that influence maternal and infant outcomes across Cabarrus County. Measures such as teen birth rates, access to early prenatal care, and rates of selected sexually transmitted infections (STIs) reflect patterns related to prevention, access to healthcare, and sexual health across the lifespan. STIs can affect long-term reproductive health, quality of life, and community health outcomes, highlighting the importance of education, screening, and timely treatment. While reproductive health trends in Cabarrus County generally mirror statewide patterns, these indicators help illustrate upstream factors that shape both individual health and early life outcomes.

Sexually transmitted infection (STI) trends provide additional context for understanding reproductive and community health in Cabarrus County. As shown in Figure 16, overall STI incidence has remained relatively

stable over time, with diagnosis rates for gonorrhea and chlamydia declining since 2019 [40]. In contrast, syphilis diagnosis rates have increased during the same period, reflecting broader statewide and national patterns. Consistent with state and national data, the highest STI rates occur among adolescents and young adults, and racial disparities persist, particularly among Black/African American residents. Together, these trends underscore the importance of continued screening, prevention, education, and equitable access to care.

Sexually Transmitted Infections (STI)



Source: NC HIV, STD and Hepatitis Surveillance Reports, NCDHHS

Figure 16 Sexually Transmitted Infections (STI) Incidence

Teen pregnancy rates provide additional context for understanding reproductive health trends and early life outcomes in Cabarrus County. As shown in Figure 17, teen pregnancy rates have remained relatively stable in recent years and are consistently lower than statewide rates. Differences by race and ethnicity highlight variation in experiences across the community, with higher rates observed among Hispanic/Latino and Black/African American teens. These patterns reflect broader social and economic conditions that influence access to education, healthcare, and opportunity, and inform ongoing prevention, education, and supportive services aimed at promoting healthy outcomes for adolescents and families.

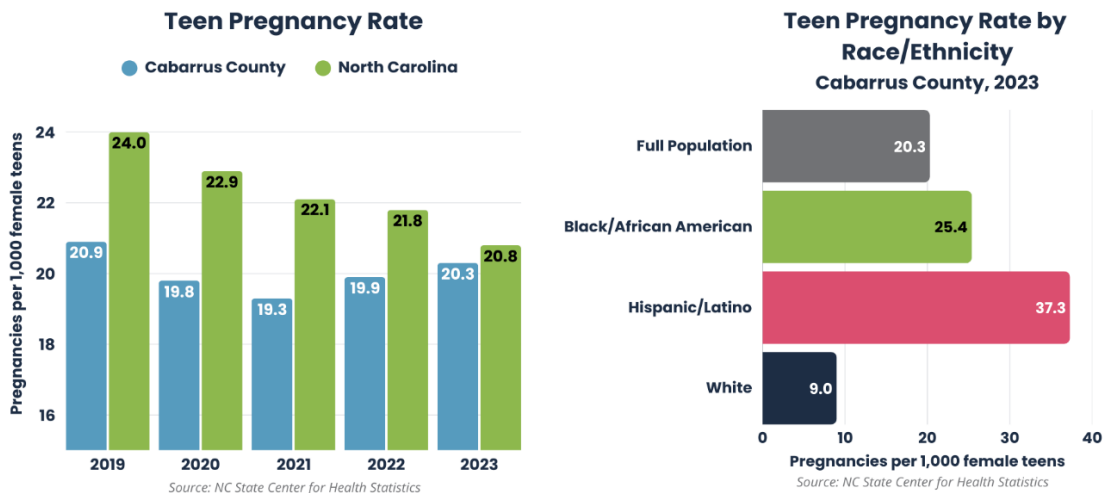


Figure 17 Teen Pregnancy Rate

Behavioral Health and Substance Use

Behavioral health and substance use indicators provide important context for understanding mental health, emotional well-being, and community safety across Cabarrus County. National research highlights the strong relationship between mental and physical health; for example, the National Institute of Mental Health notes that “people who have a chronic disease are at a higher risk of developing depression” [41], illustrating how behavioral health influences broader health outcomes. Measures related to mental health status, substance use, and access to behavioral health services help illustrate patterns that influence well-being across the community and reflect both individual experiences and broader social and environmental conditions.

As shown in Figure 18, the percentage of adults reporting poor mental health has increased over time and remains comparable to state and national trends. While Cabarrus County reports slightly lower levels of poor self-reported mental health than North Carolina and the United States overall, the upward trend suggests growing behavioral health needs across the population.

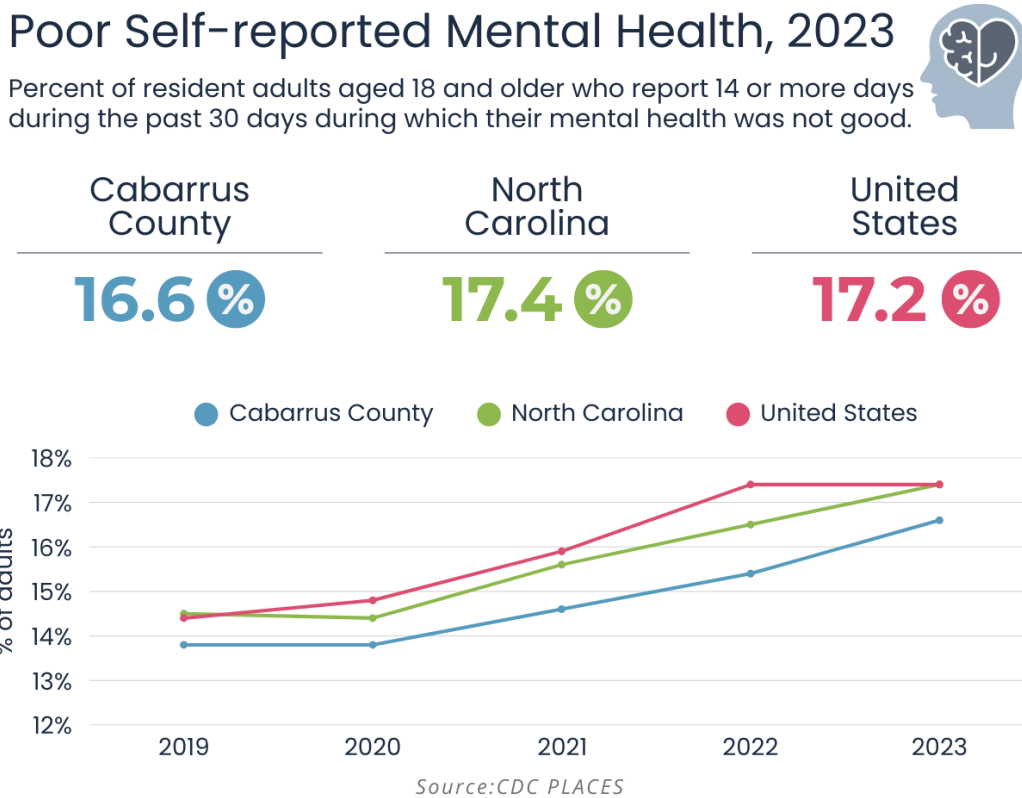


Figure 18 Poor Self-reported Mental Health Data

Trends in diagnosed depression provide additional context for understanding these patterns. Figure 19 demonstrates that depression prevalence in Cabarrus County has increased gradually in recent years, mirroring broader state and national trends. Rising prevalence may reflect a combination of increased need, improved screening, and greater awareness of behavioral health conditions.

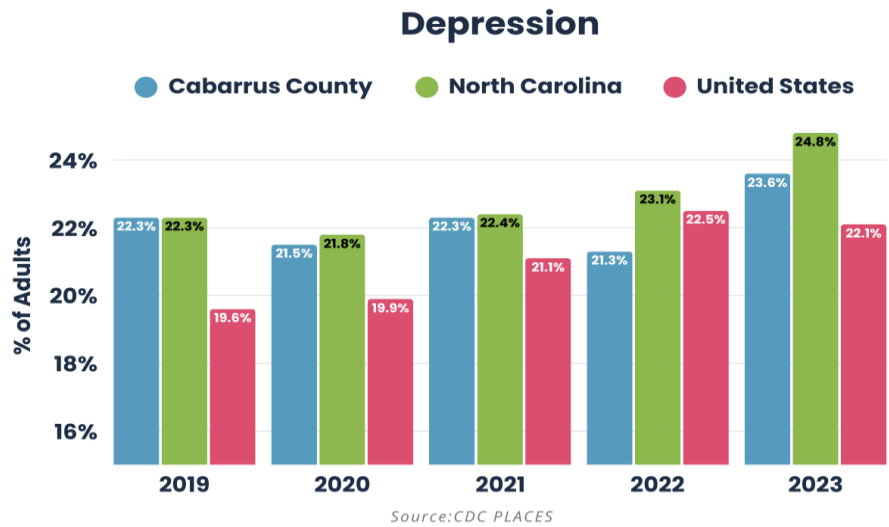


Figure 19 Depression Prevalence

Local healthcare utilization data further highlight the impact of behavioral health needs on the healthcare system. As illustrated in Figure 20, emergency department visits related to anxiety, depression, suicidal ideation, and self-inflicted injury have fluctuated over time but remain substantial, indicating ongoing demand for crisis and acute behavioral health services within the county. These patterns underscore the importance of accessible prevention, early intervention, and community-based behavioral health supports.

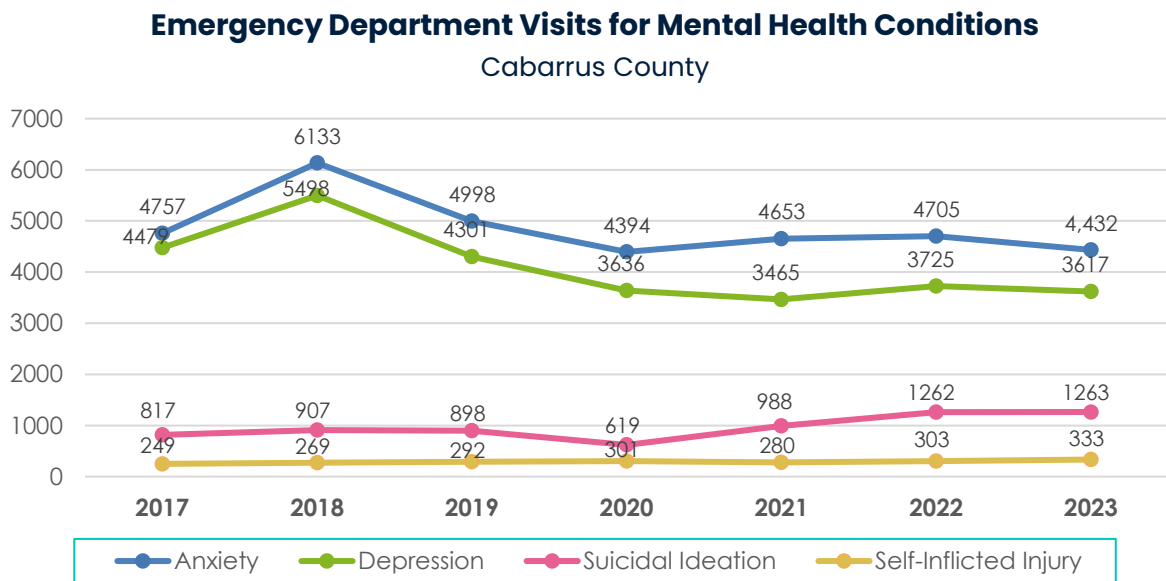


Figure 20 Emergency Department Visits for Mental Health Conditions in Cabarrus County

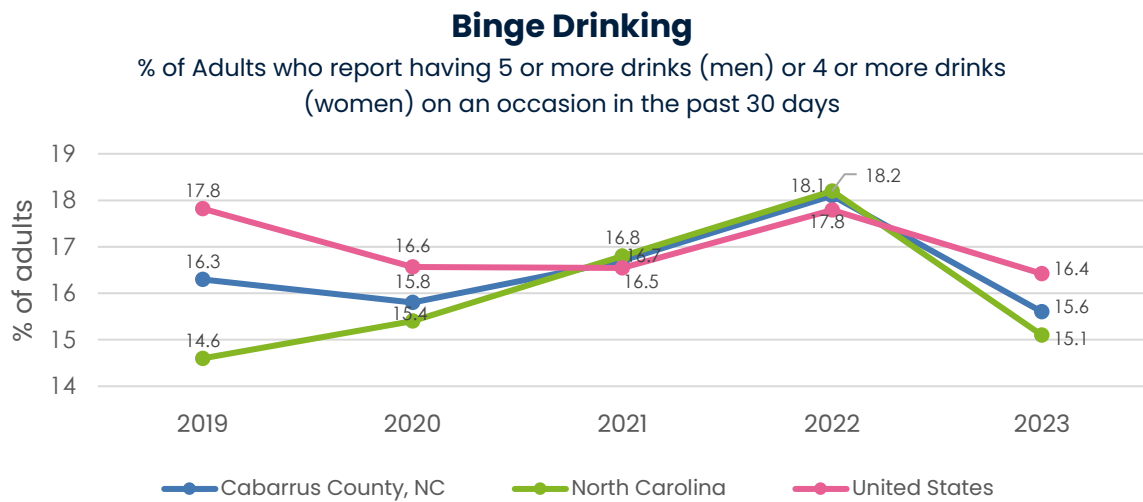
Suicide mortality was reviewed as part of the broader assessment of behavioral health outcomes. Between 2014 and 2024, suicide death rates in Cabarrus County fluctuated year to year, generally aligning with or slightly below statewide trends. In 2024, the county’s rate was 14.3 deaths per 100,000 residents, representing the upper range observed during the past decade and comparable to the North Carolina rate [42]. Although similar to state and national levels, suicide remains a significant contributor to preventable mortality and

reflects broader challenges related to mental health conditions, substance use, social isolation, and access to care.

Together, these indicators suggest that behavioral health continues to be an important component of overall community health in Cabarrus County. While trends align with broader state and national patterns, increasing self-reported mental health challenges and sustained healthcare utilization point to ongoing opportunities to strengthen behavioral health resources and community support systems.

Substance use trends provide additional context for understanding behavioral health needs in the community. Measures related to substance use, including overdose events and excessive alcohol use, highlight ongoing challenges that influence both physical and mental health outcomes. These patterns reinforce the importance of prevention, early intervention, and access to coordinated behavioral health services.

Alcohol use remains an important behavioral health indicator linked to both physical and mental health outcomes. As shown in Figure 21, the percentage of adults in Cabarrus County reporting binge drinking has fluctuated in recent years but generally mirrors statewide and national trends. While many residents report healthy behaviors, alcohol use remains an important prevention focus due to its connection to long-term health outcomes. Public health research notes that drinking can contribute to conditions such as high blood pressure, weakened immune system, brain damage, heart disease, stroke, liver disease, and multiple types of cancer [43]. These findings highlight opportunities to continue strengthening community education, prevention strategies, and supportive resources that promote overall wellness.



Source: CDC PLACES

Figure 21 Binge Drinking Prevalence

Drug overdose trends provide important insight into the impact of local prevention and response strategies. Figure 22 highlights a decrease in overdose death rates in Cabarrus County during the most recent reporting period, reflecting progress made through coordinated community efforts, expanded awareness, and strengthened partnerships across healthcare, public health, and community organizations. While continued attention is important, these trends demonstrate meaningful movement toward improved outcomes.

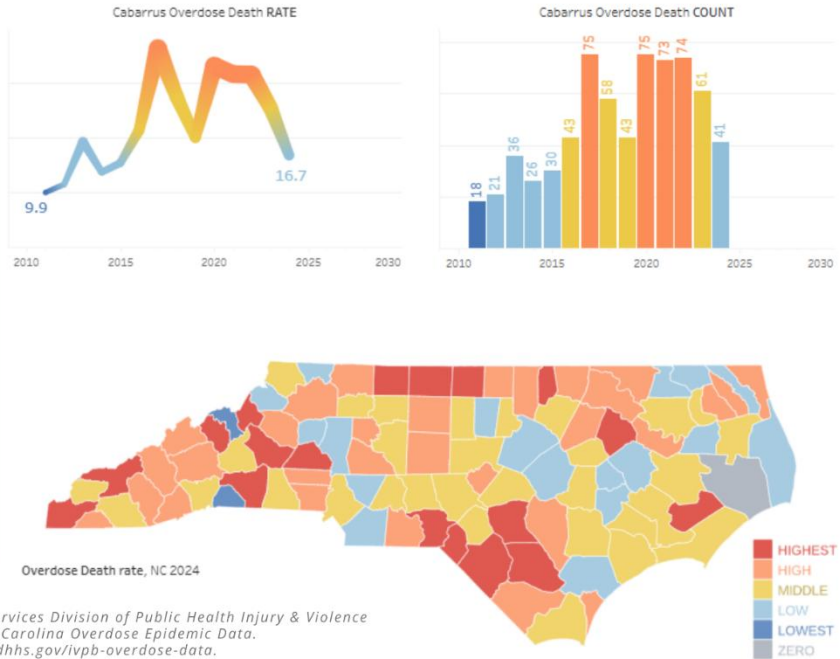
Drug Overdose Deaths

Cabarrus County

The Overdose Death rate in Cabarrus was 16.7 out of 100,000 residents in 2024, representing 41 people who died of an overdose.

↓ 34%

compared to 2023 and moving from “Middle” to “Low” rate in NC.



NC Department of Health and Human Services Division of Public Health Injury & Violence
Prevention Branch North Carolina Overdose Epidemic Data.
<https://www.dph.ncdhs.gov/ivpb-overdose-data>.

Figure 22 Drug Overdose Data, Cabarrus County

Emergency department data help illustrate how community response efforts are influencing substance use outcomes in real time. As shown in Figure 23, opioid-related emergency department visits have declined compared to previous years, suggesting positive momentum in prevention, treatment access, and harm reduction initiatives. Ongoing collaboration among healthcare providers, first responders, and community partners continues to play a key role in supporting individuals and reducing overdose risk across Cabarrus County.

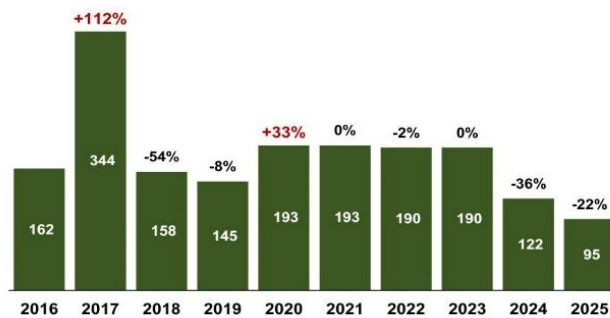
Cabarrus County Emergency Department (ED) Visits for Opioid Overdose: December 2025* Update

95 Opioid overdose ED visits for Cabarrus County in 2025 compared to **122** in 2024.

Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: **T40.0** (Opium), **T40.1** (Heroin), **T40.2** (Other Opioids), **T40.3** (Methadone), **T40.4** (Other Synthetic Narcotics) and **T40.6** (Other and Unspecified Narcotics) restricted to North Carolina residents.

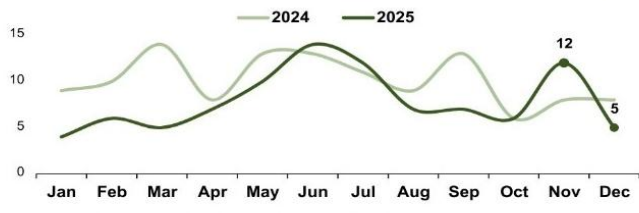
Year to year: Opioid overdose ED visits are down 22% for 2025 compared to last year.

Percent change is total compared to last year.



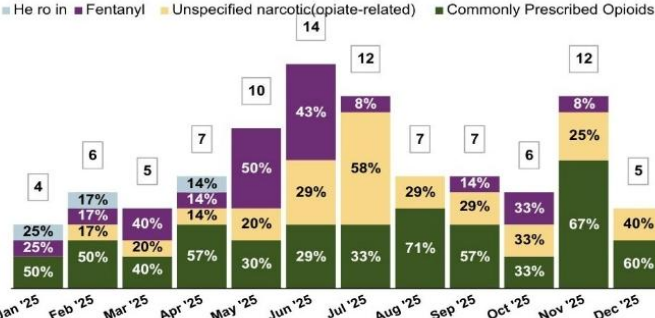
*Data for 2024-2025 ED visits are provisional.

Month to month: From Nov '25 to Dec '25 there were 7 less visits. Counts may fluctuate month-to-month. Please reference annual percent change for overall trends.



Commonly prescribed opioids were the largest contributor to opioid overdose ED visits this month.

Total opioid overdose ED visits are shown below. Percentages indicate the proportion each drug class contributed to total opioid overdose ED visits for the month.



Note: ED data are not based on toxicology testing, therefore opioid drug class may not be an accurate depiction of the substances contributing to opioid overdose.

North Carolina Injury and Violence Prevention 1/20/2026

Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. Population Data-U.S. Census Bureau, <http://quickfacts.census.gov>

Figure 23 Emergency Department Visits for Opioid Overdose, Cabarrus County

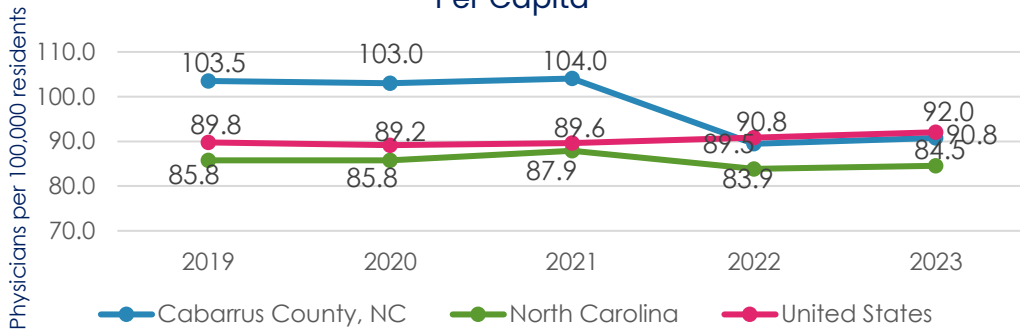
Access to Care

Access to healthcare services is an important component of community well-being and provides insight into how residents connect with prevention, treatment, and ongoing support. Indicators related to insurance coverage, provider availability, and healthcare utilization help illustrate both the strengths of Cabarrus County's healthcare system and areas where barriers may influence timely care. Together, these measures provide additional context for understanding how access to services shapes overall health outcomes across the community.

Access to healthcare services is influenced by the availability of providers across the community. As shown in Figures 24-26, Cabarrus County has experienced growth in primary care, dental, and mental health provider capacity over time. Provider availability has increased at a pace comparable to or exceeding state and national trends, reflecting ongoing investments in healthcare workforce development. While improvements in provider supply support access to preventive and routine care, continued growth remains important to meet the needs of a rapidly expanding population.

Primary Care Providers

Per Capita

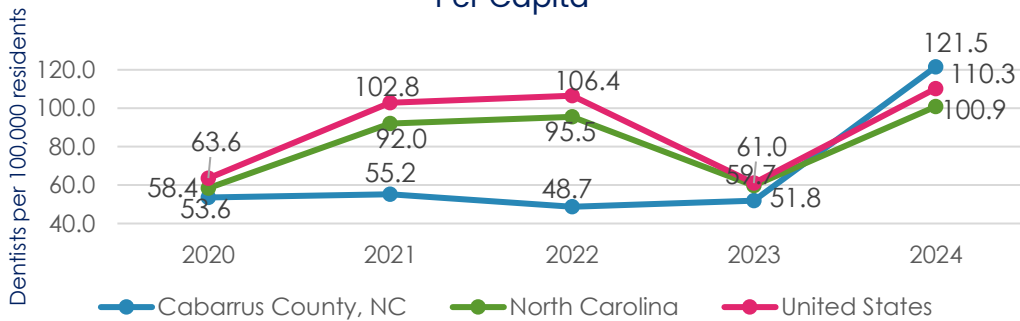


Source: Area Health Resources Files (AHRF), Health Resources & Services

Figure 24 Primary Care Providers Per Capita

Dentists

Per Capita

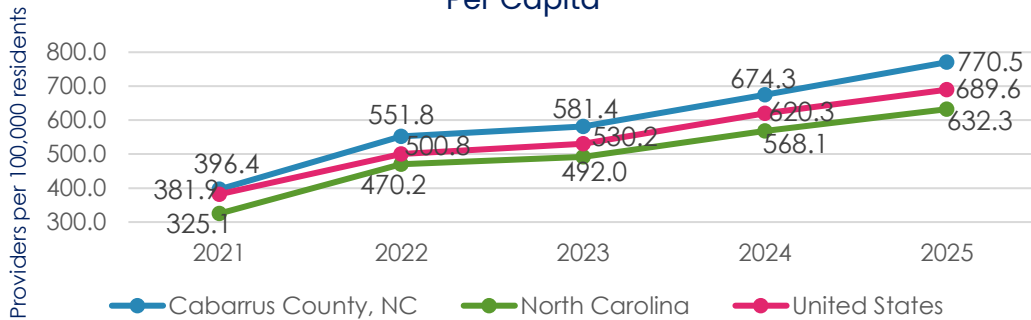


Source: Area Health Resources Files (AHRF), Health Resources & Services

Figure 25 Dentists Per Capita

Mental Health Providers

Per Capita

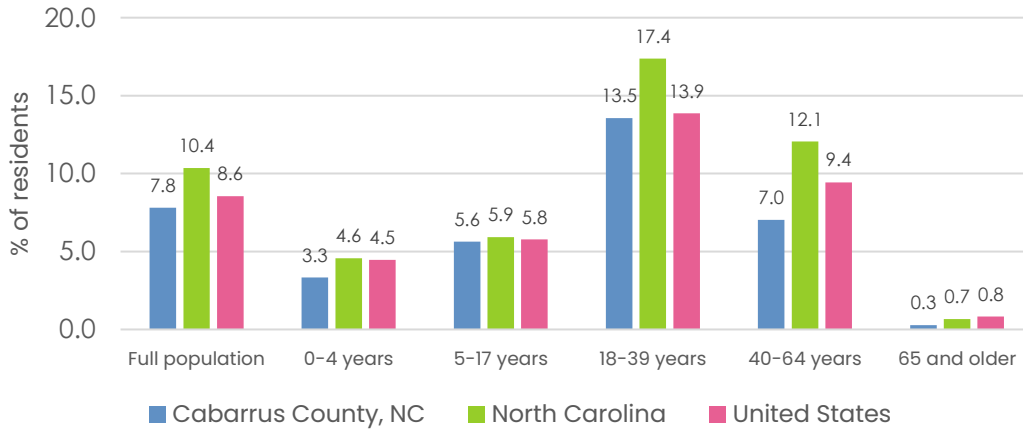


Source: National Provider Identifier Files, Centers for Medicare & Medicaid

Figure 26 Mental Health Providers Per Capita

Health insurance coverage plays a central role in accessing preventive services, treatment, and ongoing care. Figures 27-28 illustrate that Cabarrus County’s overall uninsured rate remains lower than the state average; however, variation exists across age groups and racial and ethnic populations. Higher uninsured rates among working-age adults and Hispanic/Latino residents suggest opportunities to strengthen outreach, enrollment support, and culturally responsive access strategies. These patterns highlight how insurance coverage continues to influence when and how residents seek care.

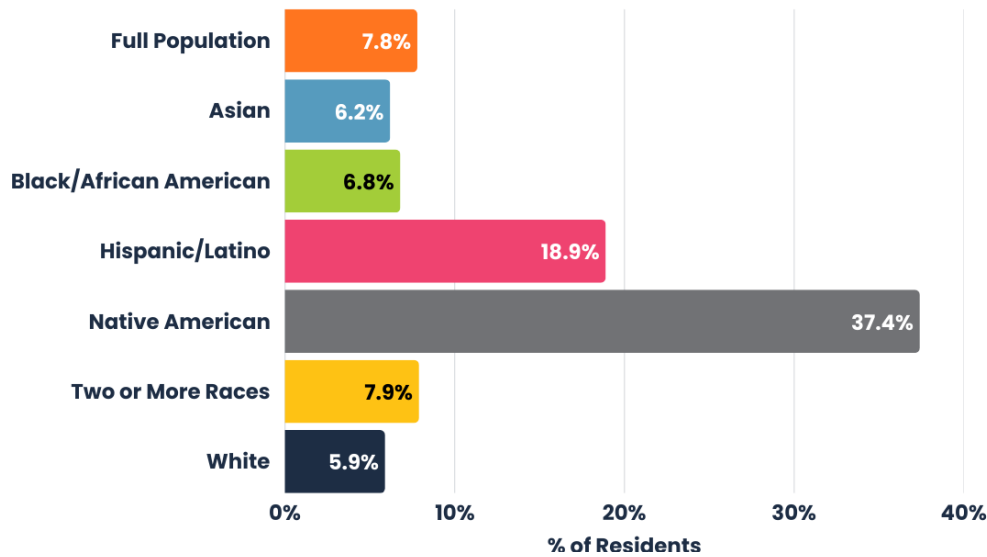
Uninsured Rate by Age 2019–2023



Source: U.S. Census Bureau ACS Survey Tables B27001/C27001

Figure 27 Uninsured Rate by Age

Uninsured Rate by Race/Ethnicity Cabarrus County, 2019–2023

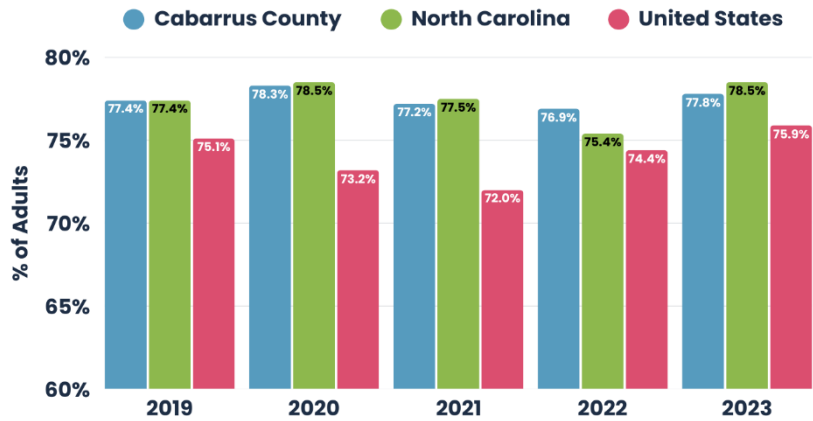


Source: U.S. Census Bureau, ACS Table B27001/C27001

Figure 28 Uninsured Rate by Race/Ethnicity, Cabarrus County

Utilization of preventive healthcare services provides insight into how residents engage with the healthcare system. As shown in Figure 29, a high percentage of adults in Cabarrus County report visiting a doctor for a routine check-up within the past year, reflecting strong engagement with preventive care compared to national benchmarks. Maintaining access to primary care providers and reducing barriers such as cost, transportation, or scheduling remain important to sustaining these positive trends.

Visited Doctor for Routine Check-up within the Previous Year



Source: Behavior Risk Surveillance System (BRFSS)

Figure 29 Doctor Visits for Routine Care



91.5% of respondents reported having a primary care provider, indicating strong access to healthcare services.

Community survey findings offer additional context to healthcare access beyond clinical data alone. As illustrated in Figure 23, more than one-quarter of survey respondents reported delaying medical care within the past year, with higher rates among younger adults. These findings suggest that factors such as cost, availability, competing responsibilities, or awareness of

services may influence healthcare decisions even in communities with strong provider presence. Integrating community voice alongside quantitative data helps highlight opportunities to improve timely access to care.

Delayed Medical Care

Cabarrus County Community Health Needs Survey, 2025

28.6%

of respondents indicated they delayed medical care in the past 12 months

26.5%
of Male
Respondents



31.3%
of Female
Respondents

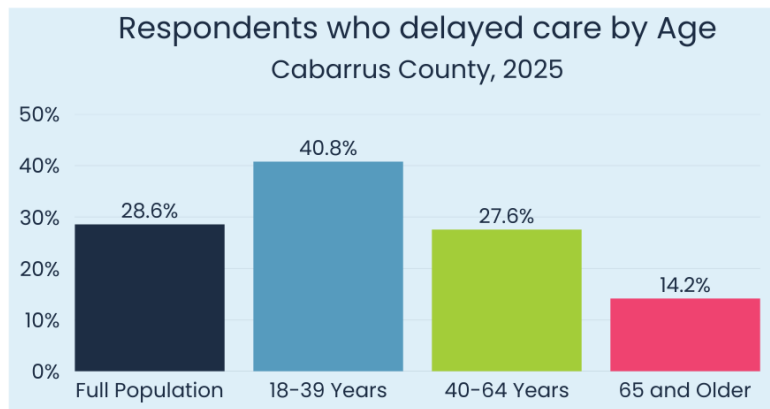


Figure 30 Delayed Medical Care Prevalence, Community Health Needs Survey

Preventable hospital stays provide insight into how effectively residents can access primary and preventive care before conditions worsen. Figure 31 shows a general decline in preventable hospital stays over time, suggesting progress in managing chronic conditions and strengthening outpatient care. Continued collaboration between healthcare providers, public health, and community organizations may help sustain improvements and support residents in accessing care earlier.

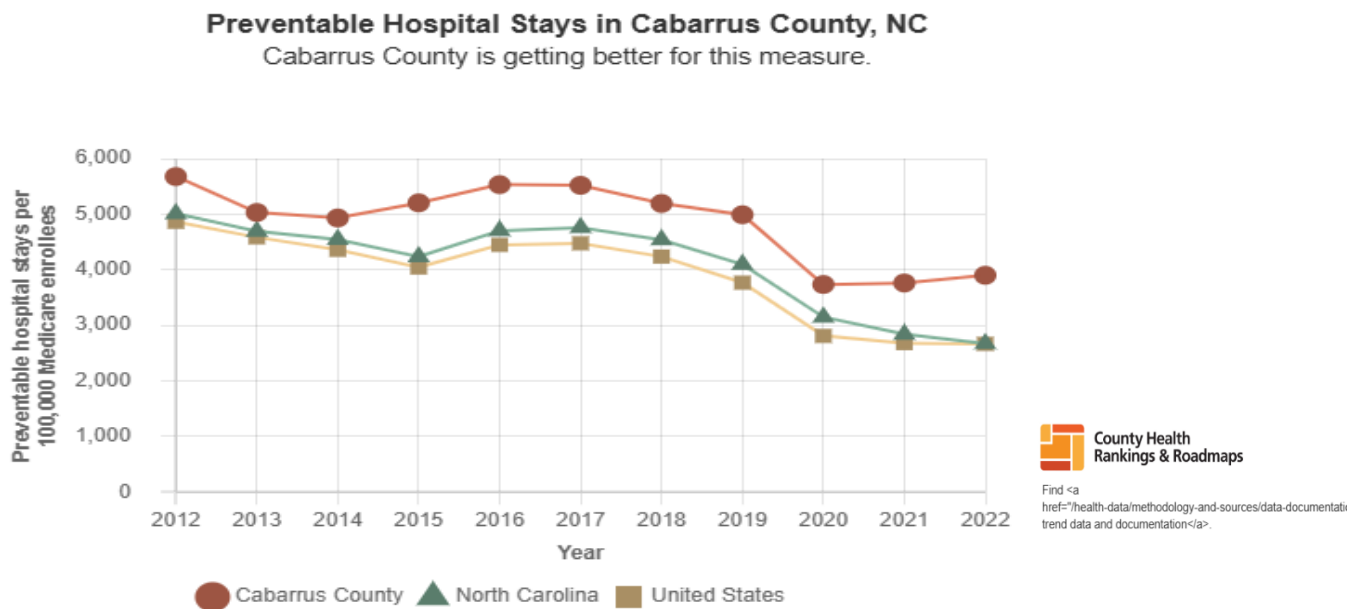


Figure 31 Preventable Hospital Stays in Cabarrus County

Taken together, these indicators suggest that Cabarrus County demonstrates several strengths related to healthcare access, including provider growth and strong preventive care utilization. At the same time, variations in insurance coverage, delayed care experiences, and changing healthcare needs highlight opportunities to continue strengthening access across the community.

Community Resources and Gaps

Cabarrus County benefits from a strong network of healthcare providers, community organizations, public agencies, and cross-sector partnerships working to support the health and well-being of residents. Throughout the Community Health Needs Assessment process, participants consistently highlighted the value of collaboration and the many assets already in place across the community.

The county’s Community Resource Hub [44] reflects the breadth of services available across sectors, illustrating the depth of programs supporting residents’ health, stability, and quality of life. To support community members and partners in identifying available resources, a comprehensive Cabarrus County Community Resource Guide is included in Appendix E. While the presence of these resources represents a significant strength, feedback gathered through community surveys, focus groups, key informant interviews, and Community Planning Council discussions suggests that awareness, coordination, and accessibility remain important considerations when connecting residents to available supports. Together, these perspectives provide important context for understanding how community resources align with the health trends, access challenges, and social conditions described in earlier sections of this report. Consistent with North Carolina

Community Health Assessment guidance, primary data helped capture community perceptions about local health needs, existing resources, and opportunities for improvement that may not be fully reflected in quantitative data alone [5].

Community Strengths

Community members and partners identified a range of strengths that contribute to quality of life in Cabarrus County. Survey findings reflected strong connections to healthcare and community resources, with more than 90% of respondents reporting access to a primary care provider and many indicating that fresh fruits and vegetables were easy to obtain. Respondents also highlighted neighborhood safety, recreational spaces, and local programming as important assets that support daily well-being, with several noting that community events and local organizations help residents feel connected and supported.



“Cabarrus is so very collaborative... the willingness to share the work... is so ingrained in Cabarrus County.”
-Cabarrus Worksites Focus Group Participant

Key informants similarly described Cabarrus County as a strong and collaborative community, noting the presence of healthcare systems, nonprofit organizations, schools, faith-based partners, and local government agencies working together to address community needs. Focus group participants frequently referenced trusted organizations, community events, and informal support networks as examples of existing strengths that help residents navigate challenges, with one participant describing the community as “connected, even when resources feel stretched.”



86.7% of informants agree that Cabarrus County offers a good quality of life for all citizens.

Together, survey findings, partner feedback, and community voice suggest that Cabarrus County has a solid foundation of resources and partnerships that support health, connection, and resilience across the community.

Opportunities and Emerging Gaps

While many strengths were identified, community input also highlighted areas where additional support, coordination, or access may further improve health and quality of life in Cabarrus County. In the community health survey, more than half of respondents (50.6%) identified mental health as the most important health-



#1 Most important health related challenge identified on community survey:

MENTAL HEALTH

#1 Most important community issue identified on community survey:

AFFORDABLE & SAFE HOUSING

related challenge, with cost, limited insurance coverage, and stigma frequently cited as barriers to receiving care. Feelings of loneliness were also reported across age groups—particularly among younger adults—suggesting opportunities to strengthen social connection and supportive environments.

In addition to behavioral health concerns, broader social and environmental conditions were frequently described as influencing residents’ ability to maintain stability and well-being. Housing affordability emerged as the most commonly identified community concern, with 56.5% of respondents highlighting the need for safe and affordable housing options. Transportation

access was another recurring theme, with only 20.9% of survey respondents agreeing that public transportation is easy to use, indicating potential challenges for residents who rely on transit to access employment, healthcare, and other essential services.

Key informants emphasized that many effective programs and services already exist within the community but noted that stronger alignment, communication, and navigation support could improve how residents access available resources. Focus group discussions reinforced these themes, with participants describing difficulties understanding available services, challenges accessing affordable childcare and housing, and the need for expanded behavioral health supports.



“There is a need for access to information, but more importantly, we need access to accurate and reliable information.”
-Male Community Focus Group Participant”

In addition to the priority areas identified through the formal prioritization process, participants also discussed the county’s rapidly growing older adult population as an emerging consideration for future planning. Survey findings also reflected emerging awareness of aging-related needs, with nearly one in five respondents identifying issues related to aging as a community concern. While aging was not selected as a standalone priority health need, conversations highlighted the



“I don’t really need the snacks here, but I do need the socialization and connection to other people. I used to be really depressed.”
-Senior Lunch Plus Focus Group Participant”

importance of preparing for increased demand related to caregiving, transportation, chronic disease management, and opportunities for social connection.

Importantly, these insights do not suggest an absence of resources, but rather highlight opportunities to strengthen coordination, awareness, and accessibility so that existing supports can better meet evolving community needs.

Across all engagement methods, participants described a community with strong partnerships and many existing assets, alongside opportunities to better align services with residents' lived experiences. Themes related to behavioral health, housing stability, transportation access, and early childhood supports emerged across multiple data sources, helping inform the priority health needs identified through the structured prioritization process described in the next section.

PRIORITIZATION OF HEALTH NEEDS

The Community Health Needs Assessment process brought together multiple sources of data and community insight to identify the health issues most affecting residents of Cabarrus County. Through **the** review of quantitative indicators and extensive community engagement, including surveys, focus groups, key informant interviews, and Community Planning Council dialogue, a shared understanding of community strengths, challenges, and emerging needs began to take shape. While many important topics were discussed throughout the assessment, a structured prioritization process was used to focus attention on the areas where coordinated, cross-sector action could have the greatest impact. The following section outlines the process used to identify priority health needs and describes the rationale behind the selected focus areas for the 2025–2027 planning cycle.

Priority Setting Process

Building on the data and community input gathered throughout the assessment, Healthy Cabarrus and community partners engaged in a collaborative process to identify priority health needs for Cabarrus County. This process integrated assessment findings with community perspectives to ensure that selected priorities reflect both measurable health trends and residents’ lived experiences. Guided by nationally recognized community health planning practices, including NACCHO’s Mobilizing for Action through Planning and Partnerships (MAPP) framework [45], partners considered factors such as community impact, equity, feasibility, and alignment with local strengths when determining which issues would be elevated as priorities for the next cycle. Community partners used a shared set of criteria adapted from this framework to guide discussion and ensure that priority decisions reflected both data and lived community experience (Figure 32).

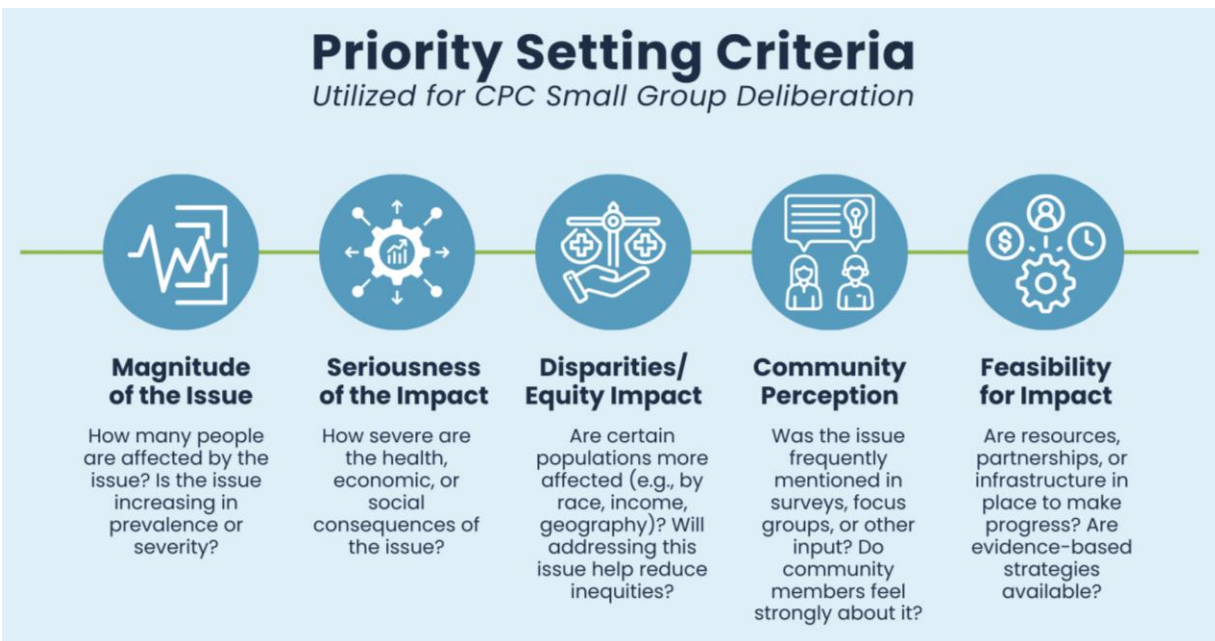


Figure 32 Priority Setting Criteria for CPC

As part of this process, Healthy Cabarrus facilitated a series of structured activities with partners to support collaborative decision-making. Prior to voting, partners participated in expert-led data reviews and topic

briefings to ensure that discussions reflected current trends, community perspectives, and available local expertise. Participants reviewed key themes, discussed community strengths and gaps, and engaged in guided prioritization exercises that elevated shared community voice while balancing available data and local context. These activities supported collaborative reflection among partners.

The collaborative prioritization process included several key steps that supported partners in moving from assessment findings to the final set of selected priority health needs. The process moved from shared learning and dialogue to structured prioritization activities, as outlined below.

Key Steps in the Prioritization Process

- **Review of Assessment Findings**
Community Planning Council members reviewed major themes emerging from quantitative data, community surveys, focus groups, and key informant input to build a shared understanding of current community conditions.
- **Criteria-Based Discussion**
Using the prioritization criteria outlined in Figure 32, participants discussed each topic area, considering factors such as community impact, equity, feasibility, and alignment with existing strengths and initiatives. Participants engaged in small-group deliberation activities, using structured worksheets and guided discussion roles to reflect on assessment findings and evaluate each topic area using the prioritization criteria.
- **Guided Prioritization and Dot Voting**
Partners participated in a multi-round dot-voting process designed to narrow the field of topics and identify final priorities. Initial voting allowed participants to select multiple areas of concern, followed by a second round focused on the highest-ranked issues to confirm shared community priorities.
- **Consensus and Validation**
Results were reviewed collectively to confirm that selected priorities reflected both available data and lived community experience, supporting transparency and shared ownership of outcomes.

Priority Voting Results

Results from the multi-round voting process reflected strong alignment between partner perspectives, assessment data, and community engagement findings. As illustrated in Figure 33, participants demonstrated broad concern across multiple domains during Round 1, with behavioral health, housing, transportation, early childhood education, and access to healthcare receiving the strongest levels of support. Aging population and K–12 education also received meaningful engagement and were recognized as important areas of community discussion.

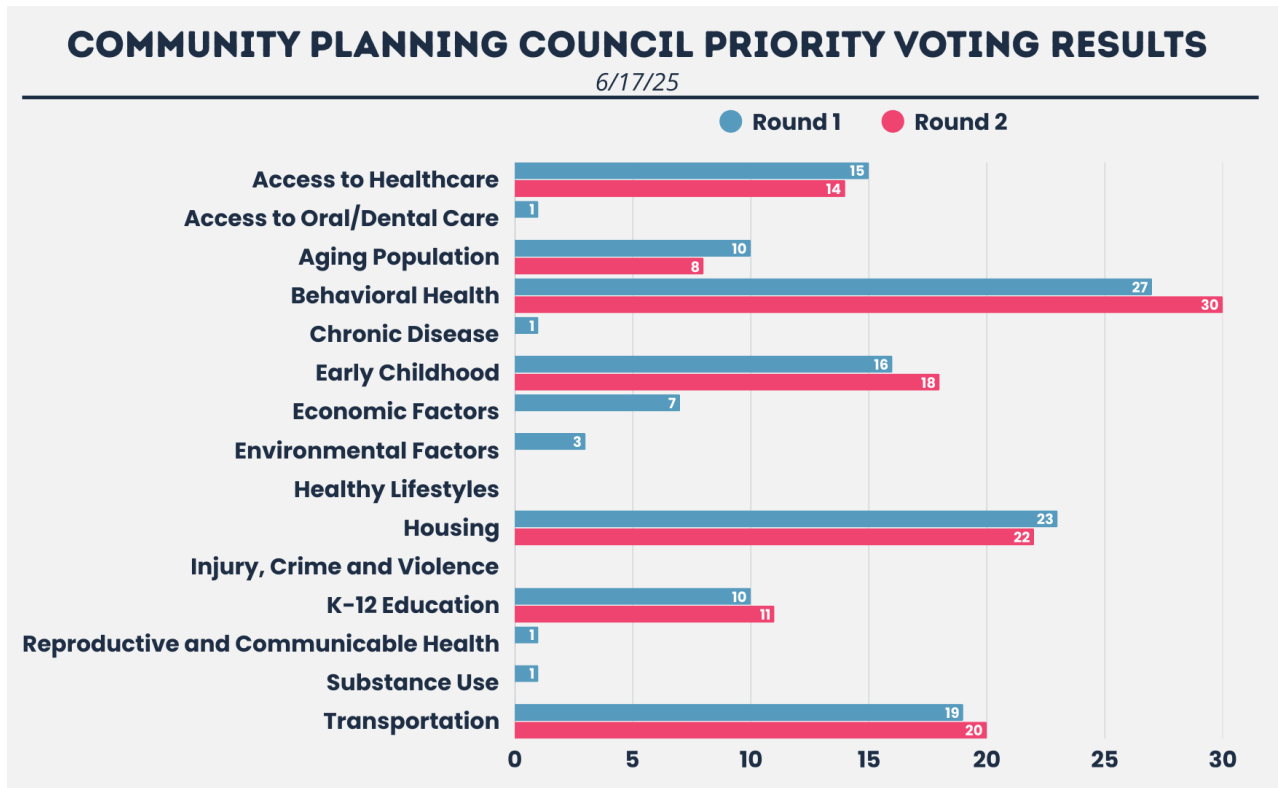


Figure 33 Community Planning Council Priority Voting Results

In Round 2, voting patterns became more focused, resulting in a clear set of leading priorities. Behavioral health received the highest level of support, followed by housing, transportation, and early childhood education. These results reinforced themes identified throughout the assessment and highlighted areas where partners believed collaborative action could have the greatest impact during the upcoming planning cycle.

While aging population did not receive the highest number of votes, Community Planning Council discussion highlighted that many selected priorities, including behavioral health, housing, and transportation, directly influence healthcare access for older adults. Partners recognized the county’s rapidly growing aging population as a cross-cutting issue likely to emerge across multiple priority areas over time. As a result, aging population was identified as an emerging need to be monitored alongside the selected priorities.

Together, these findings informed the final set of selected priority health needs described in the following section, reflecting areas where community voice, assessment data, and partner expertise aligned.

Selected Priority Health Needs

Community Planning Council members identified four priority health needs to guide collective action in Cabarrus County for the 2025–2027 planning cycle, reflecting areas where community voice, assessment findings, and partner experience aligned, building on themes identified through primary data collection and community engagement activities. While many important issues emerged throughout the Community Health Needs Assessment, the selected priorities represent areas where coordinated, cross-sector efforts have the greatest potential to improve health outcomes and advance health equity across the community. Identified priorities also reflect alignment with relevant HNC 2030 indicators, supporting consistency between local planning efforts and statewide health improvement goals.

2025 Priority Community Health Needs



Behavioral Health



Behavioral health emerged as a priority through the Community Health Needs Assessment, reflecting both data trends and strong community concern. Findings from quantitative indicators, community surveys, focus groups, and key informant input highlighted increasing mental health needs, ongoing challenges related to access and affordability, and system capacity. Community members described growing stress, isolation, and emotional strain, particularly among youth and young adults, while partners emphasized the continued need for coordinated behavioral health resources that are responsive to diverse cultural and community experiences. Assessment findings showed rising trends in self-reported poor mental health and diagnosed depression, alongside sustained utilization of emergency department services for



“We’re seeing students who are overwhelmed – they’re anxious, disengaged, and struggling to connect. Mental health needs are outpacing our capacity to support them.”
–School Leader Focus Group Participant

behavioral health-related concerns. While these patterns are consistent with broader state and national trends, community engagement provided important context by highlighting stigma, long wait times for services, and limited availability of specialized or bilingual providers as barriers that may affect how residents access care. Focus group participants emphasized the value of trusted relationships, peer support, and opportunities for connection as protective factors that support mental and emotional well-being. Youth voices and school partners also described rising anxiety, increased demand for school-based supports, and the importance of trusted adults and early intervention.

Consistent with earlier findings, behavioral health was also identified as a priority in the previous Community Health Needs Assessment cycle, reflecting its ongoing importance within the community despite continued investments and collaborative efforts. Key informants described behavioral health as a cross-cutting issue influencing multiple aspects of health and quality of life, including chronic disease management, family stability, workforce participation, and community safety. Together, these insights reinforced behavioral health as a foundational priority for Cabarrus County, one that benefits from continued collaboration across healthcare, public health, education, community organizations, and local government to strengthen prevention, improve access, and promote mental wellness across the community.



50.6% of respondents identified mental health as the most important community health related challenge.

At the same time, community partners highlighted several ongoing efforts that reflect growing local investment in behavioral health supports. Among these is the development of a new regional Behavioral Health Center in Cabarrus County, expected to open in summer 2026, which aims to expand access to crisis response, urgent behavioral health care, and coordinated services across the region. While this and other initiatives represent important progress, partners emphasized the continued need for prevention, early intervention, and community-based supports that address behavioral health needs before they reach crisis levels. Together, these efforts reflect both the urgency of current needs and the opportunity for collaborative, system-level improvements moving forward.

Housing Stability and Affordability



Housing stability and affordability emerged as a significant priority through the Community Health Needs Assessment, reflecting ongoing community concern about rising housing costs, limited availability across the housing continuum, and the growing gap between wages and housing expenses. Data from community surveys, focus groups, and key informant input highlighted the increasing strain that housing costs place on households, particularly for renters, lower-income families, older adults, and those seeking attainable workforce housing. Community members described challenges related to displacement, cost burden, and difficulty finding housing options that align with income levels and changing household needs.



93.1% of informants consider housing affordability to be a very significant issue in Cabarrus County.

Assessment findings emphasized the interconnected nature of housing with health and overall well-being. Participants frequently discussed how housing instability

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“When we fall behind on rent, we’re charged an additional \$20 per day. There’s nothing in place to protect us from these fees, and it puts an even greater burden on families already struggling to keep up.”

—Hispanic Community Focus Group Participant”

contributes to stress, affects access to healthcare and transportation, and influences educational outcomes for children and families. Partners also noted broader economic implications

related to workforce retention and community stability. Together, these themes reinforced housing as a foundational factor shaping health outcomes across Cabarrus County.

Consistent with previous assessment cycles, housing remains a priority area despite ongoing efforts to expand attainable and affordable housing opportunities. Key informants and community partners emphasized the importance of addressing housing needs across the full continuum, from homelessness prevention and supportive housing to workforce and attainable homeownership options. The Housing Continuum framework, as illustrated in Figure 3, highlights how residents may move between housing stages over time, reinforcing the importance of addressing housing stability across multiple income levels and life circumstances.

At the same time, partners highlighted several ongoing initiatives that reflect growing local investment in housing stability and affordability. Efforts such as attainable housing development, housing rehabilitation and




“I’m concerned about how younger generations, including my own children, will be able to afford housing here.”
-Male Community Focus Group Participant

weatherization programs, and cross-sector partnerships aimed at addressing the regional housing supply gap demonstrate continued momentum across Cabarrus County. While these initiatives represent meaningful progress, stakeholders emphasized that rising housing costs, population growth, and increasing demand continue to create challenges for many residents. Together, these insights underscore housing stability and affordability as a priority that requires sustained collaboration to support safe, stable, and attainable housing as part of the community’s long-term social and economic vision.

Transportation Access and Mobility



As noted by the American Public Health Association, “transportation decisions that take place upstream affect our lives downstream,” reinforcing the role of mobility systems in shaping health, equity and access across communities [46]. Transportation access and mobility emerged as a priority through the Community Health Needs Assessment, reflecting community concern about how residents connect to healthcare, employment, childcare, and other essential services. In this assessment, mobility refers to the ability of residents to safely and reliably reach important destinations. While public transit is one component, mobility also includes sidewalks, roadway infrastructure, regional connectivity, and coordinated transportation options that support access across the community. Community surveys, focus groups, and key



Only **20.9%** of respondents were satisfied with public transportation, indicating a need for improved accessibility and usability.

informant discussions highlighted how gaps in mobility can affect residents without reliable personal vehicles, older adults, and those living farther from services or employment centers.

Assessment findings emphasized the role of transportation as a cross-cutting factor influencing health and opportunity. Participants described how transportation challenges can affect healthcare access, workforce participation, and engagement in early childhood programs and community resources. Partners also noted the connection between transportation and housing patterns, as residents may travel longer distances due to housing affordability pressures or limited availability near employment hubs.

Together, these insights reinforced transportation as an essential component of community infrastructure that supports both individual well-being and regional economic vitality.



“

“I have to take an Uber when I can afford it. I would have to get on a bus at 6am to get to work on time so there would be no one there to get my son ready for school. I don't have any other options”

-Mother & Children's Home Focus Group Participant

”

Consistent with ongoing community discussions, partners emphasized the importance of collaborative approaches that strengthen mobility options beyond traditional transit models. Stakeholders highlighted the need for coordinated planning across transportation providers, healthcare organizations, local government, and community partners to improve connectivity and support residents across different life stages and income levels. While progress is underway through regional conversations and emerging initiatives, transportation remains a persistent barrier for many residents, underscoring the need for continued collaboration to expand safe, reliable, and equitable mobility across Cabarrus County.

Early Childhood Education and Childcare Access



Early childhood education emerged as a priority through the Community Health Needs Assessment, reflecting strong community concern about access to affordable, high-quality childcare and early learning opportunities for young children and their families. Community surveys, focus groups, and key informant discussions consistently highlighted childcare availability and affordability as significant challenges, with rising costs and workforce shortages identified as the primary factors limiting access. Parents and caregivers described difficulty securing reliable care that aligns with work schedules, while partners emphasized the strain that



“

“We need a drop-in option for child care that we can use when we need it. I don't have anyone who can help take care of my kids.”

-Mother & Children's Home Focus Group Participant

”

workforce shortages place on childcare providers and the broader early learning system.

Assessment findings reinforced the connection between early childhood experiences and long-term health and well-being. Participants discussed how access to stable childcare supports workforce participation, reduces stress for families, and promotes social and emotional development for children. Research highlights the importance of listening to caregivers and designing systems that reduce childcare barriers, recognizing that access to reliable childcare plays a critical role in supporting both family health and engagement with essential services [47]. Community conversations

also highlighted disparities in access to early learning opportunities, particularly for families navigating transportation challenges, nontraditional work hours, or limited availability of licensed providers.



86.2% of informants consider childcare availability to be a very significant community issue.

Consistent with previous collaborative conversations, early childhood education continues to be recognized as an area requiring coordinated, cross-sector action. Partners emphasized the importance of strengthening the childcare workforce, supporting providers, and expanding sustainable funding models that help balance affordability for families with operational sustainability for programs. Community engagement efforts, including early childhood discussions and local planning initiatives, reflect growing momentum to address childcare challenges through shared leadership and partnership.

Together, these insights underscore early childhood education and childcare access as a priority that supports healthy child development, family well-being, and long-term community resilience. By addressing cost pressures and workforce capacity while strengthening early learning systems, Cabarrus County can continue to build a supportive environment where children and families have the opportunity to thrive.

Emerging Community Need: Aging Population

In addition to the selected priority health needs, Community Planning Council discussions identified the county's growing aging population as an emerging area of focus. Broader public health research highlights that aging populations are increasing due to longer life expectancy and shifting demographic trends, requiring holistic, cross-sector approaches to address the evolving health and social needs of older adults [48]. Demographic trends and community conversations highlighted increasing demand for services that support healthy aging, including access to transportation, affordable housing options, healthcare coordination, and opportunities for social connection. While aging-related needs intersect with several of the identified priorities, partners recognized the importance of continuing to monitor population trends and explore collaborative approaches that support older adults in maintaining independence and quality of life. As Cabarrus County continues to grow and diversify, addressing the needs of an aging population represents an important opportunity for future planning and cross-sector collaboration.



Summary

Together, the selected priority health needs and emerging areas of focus reflect the interconnected nature of health and well-being in Cabarrus County. Behavioral health, housing stability, transportation access, and early childhood education each represent critical opportunities for collaborative action, while the growing aging population highlights evolving community needs that intersect across these priority areas. Community partners emphasized that improving health outcomes requires coordinated, cross-sector approaches that address social, economic, and environmental factors influencing daily life. As Cabarrus County moves into the next planning cycle, these priorities provide a shared framework to guide partnership, innovation, and collective efforts aimed at building a healthier and more resilient community for residents of all ages.

While the selected priority health needs reflect areas of concern identified through the assessment process, community partners emphasized that Cabarrus County also benefits from strong existing assets and collaborative initiatives. The following section highlights key partnerships, programs, and system-level efforts that support progress across priority areas.

COMMUNITY ASSETS AND HEALTH RESOURCES

In addition to identifying priority health needs, the Community Health Needs Assessment process highlighted numerous community assets and collaborative efforts that contribute to the health and well-being of Cabarrus County residents. Throughout the assessment, partners emphasized the importance of building on existing strengths and leveraging cross-sector partnerships to address complex health challenges. The following overview reflects key community resources and initiatives that support behavioral health, housing stability, transportation access, and early childhood well-being, providing a foundation for future planning and coordinated action.

Behavioral Health Assets

Cabarrus County benefits from a growing network of partnerships, infrastructure investments, and coordinated initiatives that support behavioral health services across the community. The establishment of a dedicated Behavioral Health Department in 2023, along with the hiring of the county’s first Behavioral Health Director, reflects a growing commitment to advancing a more coordinated and strategic approach to behavioral health planning and service delivery. The department also serves as a coordinating link across countywide behavioral health initiatives, supporting training, care coordination, and efforts to reduce barriers to accessing services. The inclusion of a Behavioral Health Navigator role further supports residents in connecting with community-based resources and navigating available services. In addition, the Cabarrus County Mental Health Advisory Board provides an ongoing forum for cross-sector collaboration, bringing together community leaders, providers, and stakeholders to guide discussions, elevate emerging needs, and support coordinated responses that promote mental wellness across the community.

Local investments have also focused on expanding access to behavioral health care across multiple settings. In 2023, behavioral health services were initiated within the Cabarrus County Detention Center, reflecting a growing recognition of the importance of addressing behavioral health needs within carceral environments. In 2024, American Rescue Plan Act (ARPA) funding supported the development of an eight-bed behavioral health holding unit located outside the hospital emergency department, designed to improve care coordination and provide appropriate stabilization options for individuals experiencing behavioral health crises (Figure 34).

Looking ahead, the development of a new regional Behavioral Health Center in Cabarrus County, expected to open in summer 2026, will expand access to crisis response, urgent behavioral health care, and a full continuum of services including

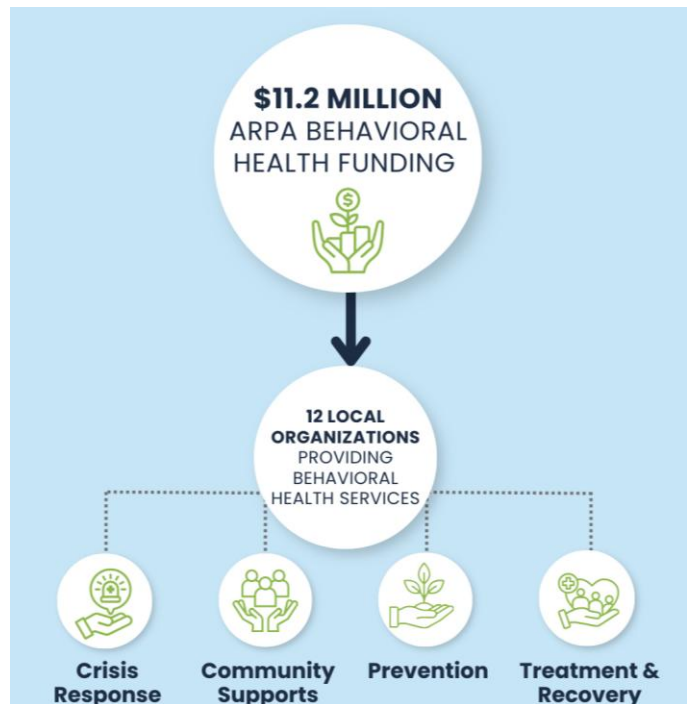


Figure 34 ARPA Behavioral Health Investment Snapshot, Cabarrus County

crisis stabilization and youth-focused supports. These efforts demonstrate continued community commitment to strengthening behavioral health systems through collaboration, infrastructure investment, and coordinated service delivery.

Housing Assets

Cabarrus County has developed a strong foundation of cross-sector partnerships and collaborative initiatives that support housing stability and expand attainable housing opportunities. Building on priorities identified in previous assessment cycles, Healthy Cabarrus and community partners came together to form the Cabarrus Housing Collaborative, a quarterly convening of local government, nonprofit organizations, healthcare partners, and community leaders focused on advancing equitable housing solutions across the continuum. The collaborative's mission emphasizes eliminating barriers and strengthening systems that support stable, inclusive housing opportunities for residents throughout Cabarrus County.

Local leadership and coordinated action have also strengthened efforts to address homelessness and housing instability. The Cabarrus County Homelessness Task Force (CCHTF), established in 2012, is a coalition of shelter and housing agencies, homeless service providers, school system and government representatives, and community stakeholders working together to improve awareness and expand the community's capacity to serve individuals and households experiencing housing crises. While collaboratively led, the task force is supported by leadership from Cooperative Christian Ministry and partner organizations and reflects the broader community's commitment to coordinated, cross-sector responses to homelessness. The Cabarrus County Homeless Indicators Dashboard provides an ongoing snapshot of local trends and service needs, supporting shared awareness and data-informed collaboration among partners (Figure 35).

Housing and Homelessness

The Cabarrus County Homelessness Task Force (CCHTF) meets quarterly

Homeless Indicators **JANUARY TO DECEMBER 2025**
Created by the Cabarrus County Homelessness Task Force

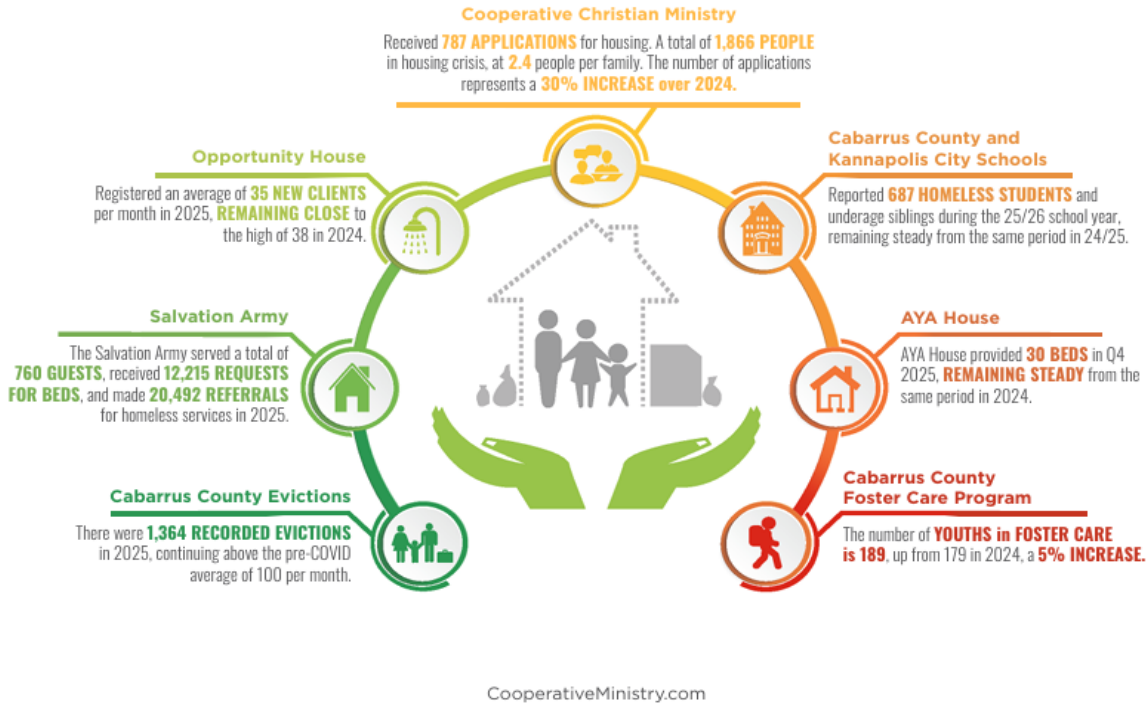


Figure 35 Cabarrus County Homeless Indicators Dashboard, 2025

Innovative initiatives advanced through partnerships such as WeBuild Concord continue to elevate community-driven housing solutions that respond to local affordability challenges. These efforts include exploration of models such as community land trusts, revolving gap financing tools, and employer-supported housing strategies designed to increase attainable housing options and support long-term community resilience. In alignment with this work, the Permanent Housing Subcommittee has provided a collaborative space for partners to explore policy considerations, share emerging practices, and strengthen coordinated approaches that expand access to safe and stable housing.

Community investments in housing preservation and neighborhood stability also play an important role in supporting safe and attainable housing across Cabarrus County. Habitat for Humanity of Cabarrus County, in partnership with Cabarrus County Government, the City of Concord, and the City of Kannapolis, continues to provide critical home repair and rehabilitation assistance that helps residents maintain safe and stable housing. Programs focused on housing repair, accessibility modifications, weatherization, and code-related improvements contribute to ongoing efforts to preserve existing housing stock, reduce displacement risks, and support aging homes throughout the community. These collaborative investments reflect a shared commitment to maintaining housing quality while strengthening long-term neighborhood resilience.

In addition, the Cabarrus Housing Continuum, developed collaboratively through the Cabarrus Housing Collaborative, serves as a shared planning framework that supports community dialogue and aligns partners around housing needs across income levels and life stages. The continuum highlights how residents may move between housing stages over time and has helped guide coordinated conversations across homelessness services, supportive housing, workforce housing, and homeownership pathways. This shared framework continues to inform collaborative planning and cross-sector alignment as partners advance strategies through the Community Health Improvement Plan.

Collectively, these initiatives highlight a coordinated local response to housing challenges while supporting long-term community stability and economic resilience.

Transportation Assets

Cabarrus County’s transportation and mobility landscape includes a combination of transit services, human services transportation programs, and long-range planning efforts that support residents’ ability to access essential destinations. In this assessment, mobility is understood as more than public transit alone; it includes roadway networks, pedestrian infrastructure, regional connectivity, and the planning systems that shape how residents move throughout the community.

Existing transit services provide a foundational mobility asset. Rider Transit offers fixed-route bus service and regional connections, while Cabarrus County Transportation Services provides coordinated transportation for eligible populations, including older adults, individuals with disabilities, and residents accessing medical or social services. These systems support access to essential services, particularly for residents without reliable personal vehicles, though they operate as distinct networks serving different purposes. In addition, Cabarrus County also maintains a Transportation Advisory Board that provides input on human services transportation and supports communication among agencies involved in mobility planning, reflecting an existing structure for coordination around mobility needs.

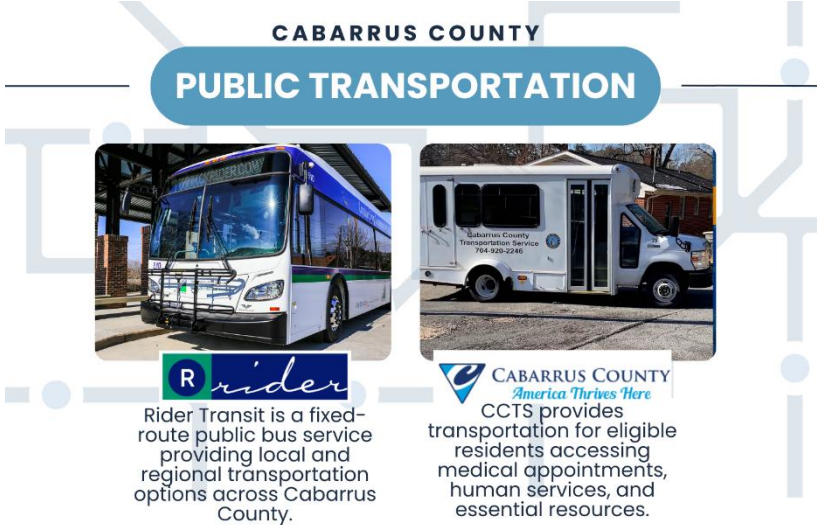


Figure 36 Cabarrus County Public Transportation Services

Regional and municipal transportation planning efforts also represent important community assets. The Cabarrus-Rowan Metropolitan Planning Organization (CRMPO) guides long-range mobility planning through the Metropolitan Transportation Plan, which establishes goals, identifies future projects, and monitors system performance across the region. At the local level, municipal planning efforts such as the City of Concord’s transportation planning initiatives contribute to roadway design, pedestrian infrastructure, and development coordination that influence how residents access daily destinations. Together, these planning efforts reflect a broader infrastructure lens that extends beyond transit services alone.

Community discussions throughout the assessment also highlighted the role of infrastructure and land-use patterns in shaping mobility. Sidewalk connectivity, roadway safety, and proximity to services were frequently identified as factors that affect daily travel. Municipal transportation and land-use planning efforts further shape the community’s mobility landscape. In addition to Concord and Kannapolis, the Towns of Harrisburg, Midland, and Mount Pleasant incorporate transportation, roadway, and pedestrian infrastructure considerations into local planning processes that influence how residents access daily destinations.

Early Childhood Assets

Through sustained collaboration and targeted investment, Cabarrus County continues to build a stronger early childhood system that supports families, educators, and young children across the community. By building on these existing systems, Cabarrus County has an opportunity to strengthen alignment between transportation planning and community health priorities moving forward.

A key collaborative structure is the Cabarrus County Early Childhood Task Force Advisory Board, which brings together representatives from education, health, social services, and community organizations to guide early childhood planning and strengthen coordination across systems. The advisory board provides a shared space for partners to identify emerging needs, align initiatives, and support community-informed strategies that promote healthy child development and family stability.

Recent public investment has further strengthened local early childhood efforts. Cabarrus County Partnership for Children was awarded a \$2 million state-directed grant through the ARPA Temporary Savings Fund, expanding the community’s capacity to support young children and families. Through this investment, funds supported programs such as the Cabarrus Share initiative, an employer-supported childcare model designed to help families offset childcare costs, along with educator training and stipend programs, early childhood home visiting supports, and expanded preschool access (Figure 37).

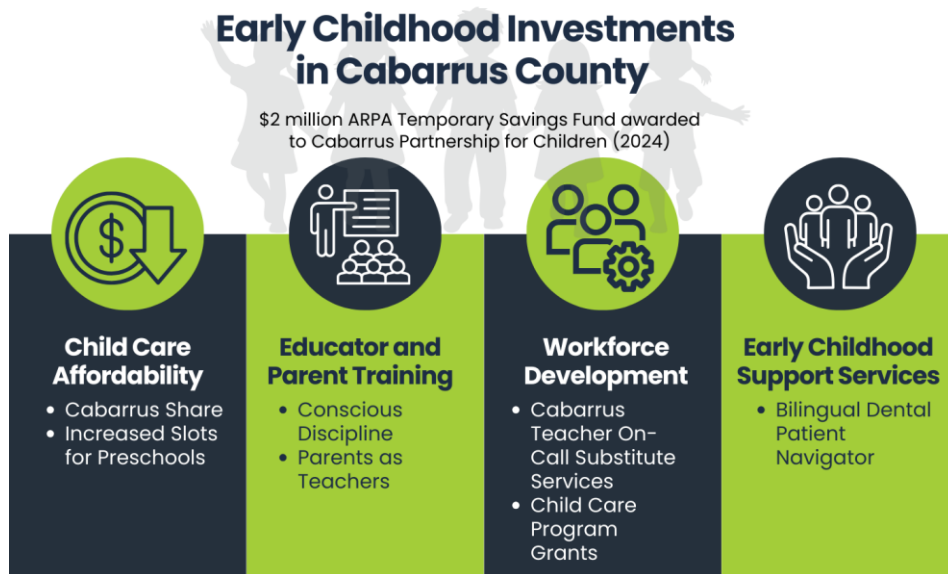


Figure 37 Early Childhood ARPA Funded Initiatives, Cabarrus County

Together, these assets reflect an expanding ecosystem of partnerships, planning structures, and targeted investments that position Cabarrus County to continue strengthening early childhood systems. By building on

existing collaboration and sustained community investment, partners have an opportunity to support families, childcare providers, and young children while advancing long-term health and educational outcomes across the community.

Moving Forward

Across priority areas, Cabarrus County benefits from a strong foundation of partnerships, collaborative structures, and targeted investments that support progress toward improved health outcomes. Behavioral health expansion, housing collaboration, mobility planning, and early childhood initiatives reflect strong community commitment. These efforts demonstrate coordinated, cross-sector approaches to addressing complex challenges. By leveraging these existing strengths, community partners are positioned to advance strategies that promote stability, access, and well-being across the lifespan.

LIMITATIONS OF THE ASSESSMENT

The Community Health Needs Assessment reflects the best available data and community input at the time of development; however, several limitations should be considered when interpreting findings. Secondary data sources are often released one to three years after collection, meaning that some indicators may not fully reflect recent changes in community conditions. To help address this limitation, Healthy Cabarrus incorporated multiple sources of primary data, including community surveys, focus groups, and key informant engagement.

Community engagement activities were designed to capture a broad range of perspectives, yet participation was voluntary and may not represent every experience across Cabarrus County. Some populations, including residents with limited internet access or those less connected to community networks, may be underrepresented in survey findings. Efforts were made to promote inclusive participation; however, no single assessment can fully capture the diversity of lived experiences within the community.

Finally, the prioritization process reflects collaborative decision-making by Community Planning Council members and partners using available data, professional expertise, and community voice. While the selected priorities represent areas of greatest shared focus for the current planning cycle, they do not diminish the importance of other health needs identified throughout the assessment.

NEXT STEPS

Findings from the 2025 Community Health Needs Assessment will guide development of the next Community Health Improvement Plan (CHIP), where Healthy Cabarrus and a community Advisory Board will translate identified priorities into community-informed strategies, measurable goals, and coordinated action steps. Building on the collaborative prioritization process led by the Community Planning Council, the Advisory Board will serve a two-year term focused on advancing implementation planning and supporting cross-sector alignment.

Implementation planning will build on existing partnerships and structures established through the assessment process, with planning anticipated to begin in late 2025 and progress monitored through ongoing community health improvement activities and future State of the County Health reporting. Implementation planning will continue to align strategies with HNC 2030 goals and indicators where appropriate, supporting coordinated progress toward shared statewide outcomes.

Consistent with North Carolina community health planning guidance, the CHNA represents one step in a continuous cycle of assessment, planning, action, and evaluation. Healthy Cabarrus has shared findings throughout the assessment process and will continue to disseminate updates through community presentations, collaborative meetings, and public communication to support transparency, awareness, and collective action.

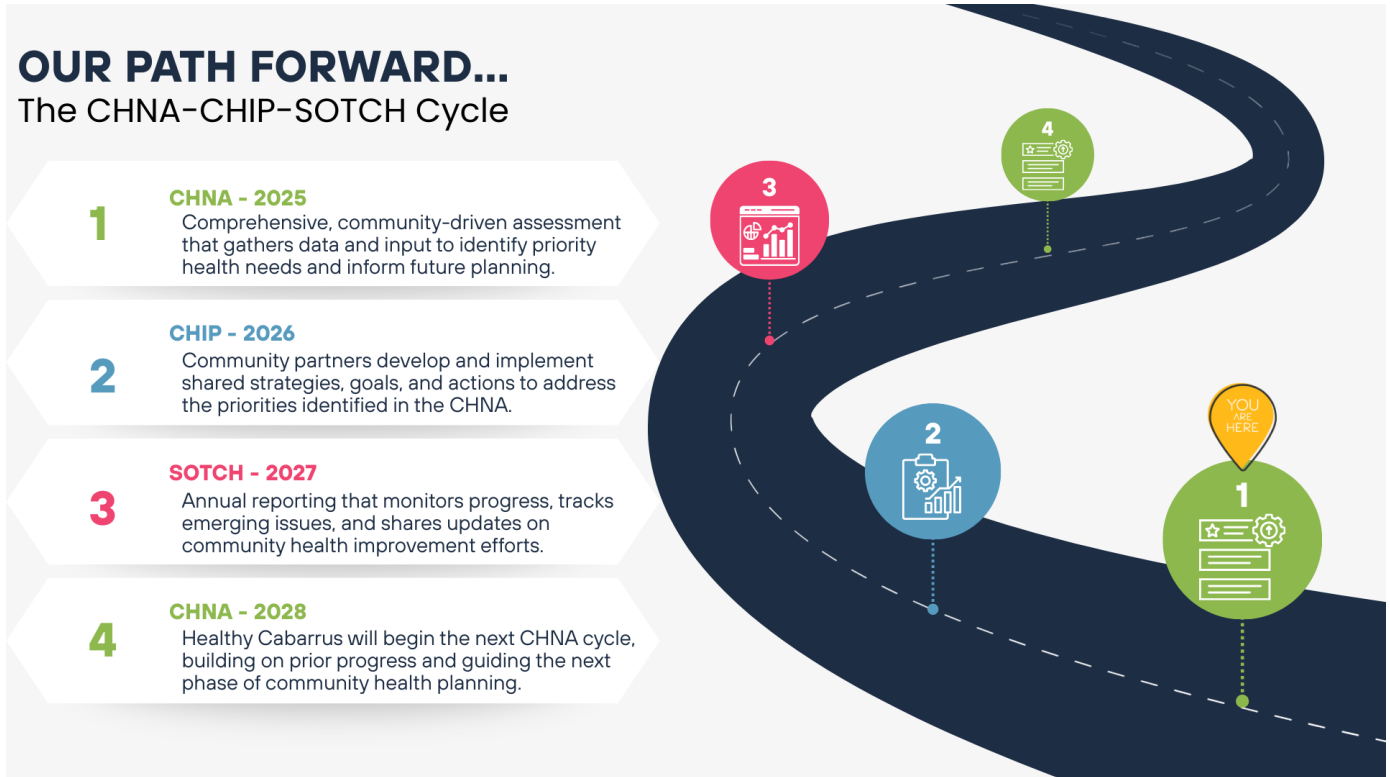


Figure 38 CHNA-CHIP-SOTCH Cycle

SECONDARY DATA – HEALTH INDICATORS

Cabarrus County 2025 Summary Report					
	Health Indicator	Report Period	Cabarrus County	Cabarrus Previous Report Period Trend	North Carolina
Maternal, Child & Infant Health	Infant Mortality (<1yr) (rate per 1,000 live births)	2023	6.0	▼	6.9
	Fetal Deaths (per 1,000 deliveries)	2019-2023	5.3	▼	6.0
	Neonatal Deaths (<28 days) (per 1,000 live births)	2019-2023	3.5	▲	4.5
	Post Neo-Natal Deaths (28 days-1 year) (per 1,000 live births)	2019-2023	1.8	▼	2.3
	Live Births (rate per 1,000 population)	2019-2023	11.3	▼	11.4
	Low Birth Weight (<=2500 g) (% of all live births)	2023	9.6	▲	9.4
	Teen Pregnancy Rate (15-17 years) (per 1,000 females)	2023	7.2	▲	8.5
	Pregnancy Rate (15-19 years) (per 1,000 females)	2023	20.3	▲	20.8
	% Interval of <6 Months (between delivery & conception)	2023	13.7	▼	14.0
	Unmarried Mothers (% of all live births)	2022	37.7	▲	40.7
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)	Heart Disease	2019-2023	154.2	▼	197
	Cancers – All Sites	2019-2023	164.1	▼	154.0
	Trachea, Bronchus & Lung	2019-2023	34.4	▼	36.8
	Breast	2019-2023	17.5	▼	19.9
	Colon, Rectum & Anus	2019-2023	11.9	▼	12.8
	Prostate	2019-2023	14.6	▲	20.2
	Cerebrovascular Disease (Stroke)	2019-2023	42.4	▲	54.6
	Chronic Lower Respiratory Disease	2019-2023	35.4	▼	48.8
	Alzheimer’s Disease	2019-2023	53.6	▼	41.1
	Pneumonia & Influenza	2019-2023	14.9	▼	15.5
	Diabetes Mellitus	2019-2023	18.8	▲	33.8
	Septicemia	2019-2023	11.1	▼	14.4
	Nephritis, Nephrotic Syndrome & Nephrosis	2019-2023	20.1	▲	20.2
	Chronic Liver Disease & Cirrhosis	2019-2023	11.7	▲	16
Injury (Mortality) (Rate per 100,000)	Unintentional Motor Vehicle Injuries	2019-2023	14	▲	16.9
	All Other Unintentional Injuries	2019-2023	51	▼	59.1
	Suicide	2019-2023	10.6	▼	14.2
	Homicide	2019-2023	5.4	▲	8.4
Communicable Diseases (Rate per 100,000 population)	Chlamydia	2023	461	▼	561.5
	Gonorrhea	2023	138.4	▼	201.5
	AIDS (Newly Diagnosed Average Rates)	2023	9.1	▲	7.6
	HIV (Newly Diagnosed Average Rates)	2023	8.9	▼	14.6
	Newly Diagnosed Early Syphilis Average Rate	2023	15.9	▲	15.0
	Pertussis (incidence per 100,000)	2023	5.7	▲	7.5
	Tuberculosis	2024	1.2	▼	2.3
Health Care Provider	Primary care Physicians Per 10,000 Population	2024	7.19	▲	7.74
	Mental Health Providers Per 10,000 Population	2024	0.72	▼	1.13
	Dentists Per 10,000 Population	2023	4.86	▲	5.68

2025 Community Health Needs Assessment ▼ Cabarrus County

Health Indicator	Report Period	Cabarrus	Union	Iredell	North Carolina
Life Expectancy at Birth	2021-2023	77.5	78.6	76.8	76.0
White - Life Expectancy at Birth	2021-2023	77.1	78.5	77.0	76.4
African American - Life Expectancy at Birth	2021-2023	75.1	77.8	71.9	72.4
Male - Life Expectancy at Birth	2021-2023	75.2	76.3	74.2	73.2
Female - Life Expectance at Birth	2021-2023	79.7	81.1	79.5	78.8
Infant Mortality	2023	5.3	4.2	6.1	6.8
White Rate	2023	4.8	3.1	4.8	4.7
African American Rate	2023	9.2	13.0	14.8	12.9
Live Births (rate per 1,000 population)	2019-2023	11.4	10.0	10.3	11.3
White Rate	2019-2023	9.3	8.8	9.1	9.5
African American Rate	2019-2023	11.9	10.3	12.5	11.8
Hispanic Rate	2019-2023	18.1	15.3	15.2	18.4
Teen Pregnancy Rate (15-19 yrs. rate per 1,000)	2023	20.3	11.1	20.8	21.8
White Teen Pregnancy Rate	2023	9.0	5.5	11.8	12.3
African American Teen Pregnancy Rate	2023	25.4	18.1	28.4	30.2
Hispanic Teen Pregnancy Rate	2023	37.3	28.0	37.8	40.1
% High School Degree or Higher, 25 years and older	2024	92.1	90.9	91.5	90.1
% Bachelor’s Degree or Higher, 25 years and older	2024	37.9	40.5	34.1	35.7
% of Persons without health insurance, under age 65	2024	15.5	15.1	18.1	19.7
Unemployment Rate	2024	4.6	4.2	4.2	4.7
Median Household Income	2024	\$89,005	\$102,900	\$81,419	\$72,388
% Persons below poverty level	2024	9.3	7.7	10.0	13.0
% Language other Than English	2024	16.6	17.4	10.3	13.5
Age-Adjusted Death Rates per 100,000 Population					
Heart Disease	2019-2023	140.4	119.3	174.30	196.60
Cancers – All Sites	2019-2023	144.2	186.30	186.30	193.10
Cerebrovascular Disease	2019-2023	47.5	36.7	53.60	57.00
Chronic Lower Respiratory Disease	2019-2023	35	28.5	59.10	48.40
Alzheimer’s Disease	2019-2023	48.7	47.2	24.50	37.30
Suicide	2019-2023	14.2	10.5	22	15.2
All Other Unintentional Injury	2019-2023	51.7	39.8	46.10	66.40
Diabetes Mellitus	2019-2023	19.2	15.2	32.00	31.80
HIV/STD Surveillance Reports – Age-Adjusted Death Rates per 100,000 Population					
Newly Diagnosed HIV Average Rates	2024	8.9	6.8	3.4	14.6
Newly Diagnosed AIDS Average Rates	2024	9.1	2.3	0.0	7.1
Newly Diagnosed Early Syphilis Average Rates	2024	15.90	5.70	2.90	15.00
Newly Diagnosed Chlamydia Rates	2024	461.00	354.60	345.50	561.50
Newly Diagnosed Gonorrhea Rates	2024	138.40	86.20	118.70	201.50
Access to Care					
Number of Primary Care Physicians	2024	179	119	138	8497
Number of Registered Nurses	2024	2368	1376	1660	120,266
Number of Dentists	2024	121	116	108	6241
Number of Physician Assistants	2024	165	105	117	9650

*Rates based on small numbers (fewer than 20 cases) are unstable and not reported

Leading Causes of Death 2019-2023	Cabarrus		Previous Report 2018-2022	North Carolina	
	Rank	Rate	Status	Rank	Rate
Total Deaths – All Causes	812.5		809.4	1026.4	
Disease of heart	1	154.2	▼	1	197.0
Cancer – All Sites	2	145.2	▼	2	191.4
Alzheimer’s disease	3	53.6	▼	7	41.1
Other Unintentional Injuries	4	51.0	▲	3	59.1
COVID-19	5	49.2	▲	4	55.7
Cerebrovascular Disease (Stroke)	6	42.4	▲	5	54.6
Chronic lower respiratory diseases	7	35.4	▼	6	48.8
Nephritis, nephrotic syndrome & nephrosis (kidney disorder)	8	20.1	▲	9	20.2
Diabetes mellitus	9	18.8	▲	8	33.8
Nutritional deficiencies	10	17.0	-	-	-

*Unadjusted Death Rates per 100,000 Population

Leading Causes of Death by Age	
<p>Ages 0—19</p> <ol style="list-style-type: none"> 1. Conditions Originating in Prenatal Period 2. Congenital Anomalies (birth defects) 3. Homicide 	<p>Ages 65—84</p> <ol style="list-style-type: none"> 1. Cancer—All Forms 2. Disease of the heart 3. Chronic lower respiratory diseases
<p>Ages 20—39</p> <ol style="list-style-type: none"> 1. Other Unintentional Injuries 2. Motor Vehicle Injuries 3. Suicide 	<p>Ages 85+</p> <ol style="list-style-type: none"> 1. Disease of the heart 2. Cancer—All Forms 3. Alzheimer’s disease
<p>Ages 40—64</p> <ol style="list-style-type: none"> 1. Cancer—All Forms 2. Diseases of the heart 3. Other Unintentional Injuries 	

HEALTHY NC REPORT CARD

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Individuals below 200% of federal poverty level	Decrease the number of people living in poverty	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	23.2 (2020-2024)	30.5 (2020-2024)	27%
Unemployment	Increase economic security	Percent of the population aged 16 and older who are unemployed but seeking work	4.7 (2020-2024)	4.6 (2020-2024)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term suspensions (per 10 students)	Dismantle structural racism	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	1.24 (2024-2025) Cabarrus County Schools	1.45 (2024-2025)	0.8 per 10 students
			2.14 (2024-2025) Kannapolis City Schools		
Incarceration rate (per 100,000)		Incarceration in North Carolina prisons per 100,000 population	134.5 (2025)	185.1 (2025)	150 per 100,000 people
Adverse childhood experiences	Improve child well-being	Percent of children who have experienced two or more Adverse Childhood Experiences	Not Available	16.2% (2023-2024)	18%
Third grade reading proficiency	Improve third grade reading proficiency	Percent of children reading at a proficient level or above based on third grade End of Grade exams; Proficiency defined as Level 3 or higher	54% (2024-2025) Cabarrus County Schools	47% (2024-2025)	80%
			32% (2024-2025) Kannapolis City Schools		

Physical Environment					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Access to exercise opportunities	Increase physical activity	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	62%	78%	92%
Limited access to healthy food	Improve access to healthy food	Percent of people who are low-income that are not in close proximity to a grocery store	8% (2019, most recent)	8%	5%
Severe housing problems	Improve housing quality	Percent of households with at least 1 of 4 severe housing problems	12%	14%	14%

Health Behaviors					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Drug Overdose Deaths (per 100,000 population)	Decreased drug overdose deaths	Number of people who die as a result of drug poisoning per 100,000 population (unintentional poisoning deaths/ overdose deaths)	23.6 (2023)	38.7 (2023)	18
Tobacco Use	Decrease tobacco use - Youth	Percentage of high school students reporting current use of any tobacco product	Not Available	22.1%	9%
	Decrease tobacco use - Adult ⁶³	Percentage of adults reporting current use of any tobacco product	20.7%	22.7%	15%
Excessive Drinking	Decrease excessive drinking	Percent of adults reporting binge or heavy drinking	15.2%	14.3%	12%
Sugar-sweetened beverage consumption	Reduce overweight and obesity - Youth	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	Not Available	11.2% (2023)	17%
	Reduce overweight and obesity -Adult	Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	17.5% (Region Data – 2024)	18.2%	20%
HIV Diagnosis (per 100,000 population)	Improve sexual health	Number of new HIV diagnoses per 100,000 population	8.9 (2024)	14.6 (2024)	6
Teen Birth Rate		Number of births to girls aged 15-19 per 1,000 population	9.6 (2024)	14.3 (2024)	10

Clinical Care					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Uninsured	Decrease the uninsured population	Population under age 65 without insurance	15.5% (2024)	19.7% (2024)	8.0%
Primary care clinicians (counties at or below 1:1,500 providers to population)	Increase the primary care workforce	Primary care workforce as a ration of the number of full-time equivalent primary care clinicians to the county population (primary care provider to population ratio)	1:1230 (2022)	1:1,410 (2022)	25% decrease for counties above 1:1,500 to population
Early prenatal care	Improve birth outcomes	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	80.9%	72.0%	80%
Suicide rate (per 100,000 population)	Improve access and treatment for mental health needs	Age-adjusted number of deaths attributable to self-harm per 100,000 population (suicide rate)	14.2 (2023)	15.2 (2023)	11.1

Health Outcomes					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Infant mortality (per 1,000 births)	Decrease infant mortality	Rate of infant deaths per 1,000 live births	6.0	6.9	6
	Decrease infant mortality black/white disparity ratio	Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	1.92	2.74	1.5
Life expectancy (years)	Increase life expectancy	Average number of years of life remaining for people who have attained a given age	77.5	76.0	82

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APPENDICES

Appendix A. Secondary Data Sources Reviewed

Appendix B. Community Needs Survey and Results

Appendix C. Primary Data Collection Resources

Appendix D. Community Planning Council Member Agreement

Appendix E. Community Resource Guide