

# HEALTHY MECKLENBURG

*A Profile of Health Indicators and Prevention Priorities  
for Our Community*



**MECKLENBURG**  
**Healthy**   
**Carolinians**  
*Creating a Healthy Mecklenburg Together.*

Supported by the Mecklenburg County Health Department



# Mecklenburg County

## Population Distribution and Growth

### OVERVIEW

According to the 2010 Census, 919,628 people reside in Mecklenburg County. This number is expected to exceed one million by 2014.

- ▶ The median age of the population is 35 years and nearly 25% of residents are under the age of 18 years.
- ▶ In 2009, there were 14,902 births for an annual birth rate of 17.0 per 1,000 residents. This rate is higher than both state and national averages.
- ▶ Hispanic births represent one of every five births in the county.

### IMMIGRATION

Mecklenburg County is an area of rapid growth. Between 2000 and 2010, the population increased by 32.2%. North Carolina statistics show that 12.7% of this growth is due to immigration.

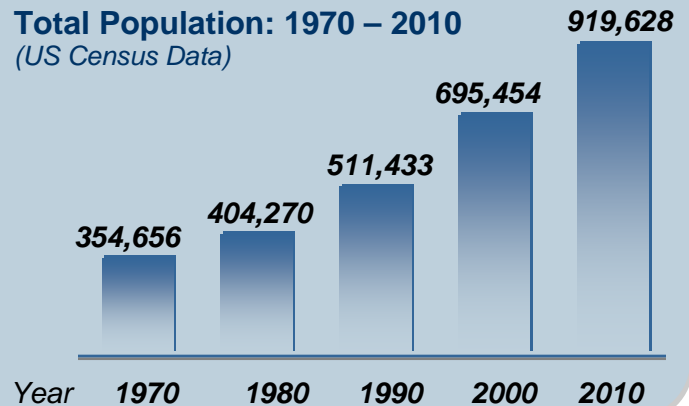
### CHANGING DEMOGRAPHICS

The vast majority of growth in the county's population was due to increases in racial/ethnic minority populations.

- ▶ Hispanics account for the fastest growing population in the county, increasing by 149% within the past 10 years.

## Mecklenburg County

Total Population: 1970 – 2010  
(US Census Data)

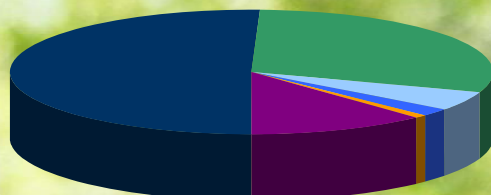


- ▶ Among persons reporting one race, Asians and Blacks reported the second and third highest rate of growth, respectively, between 2000 and 2010.
- ▶ Less than 3,000 residents are American Indian/Alaskan Native.
- ▶ According to the 2009 American Community Survey, 15.9% of Mecklenburg households speak a language other than English at home.

2010 US Census Data

**MECKLENBURG** COUNTY POPULATION: 919,628

### A Snapshot of Our Population



- White, 51%
- Black, 30%
- Asian, 5%
- Multi-racial, 2%
- Other, <1%
- Hispanic, 12%

Population Change, 2000 -2010	
<b>NOT HISPANIC</b>	
White, alone	9% ↑
Black, alone	45% ↑
Asian, alone	93% ↑
Native American	33% ↑
Multi-Racial	109% ↑
<b>HISPANIC</b>	
Hispanic	149% ↑
Non Hispanic	24% ↑

\*Other includes American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander and people describing themselves as some other race.

# 2010 Community Health Assessment

## Changes in Health Status since 2006

*Is Mecklenburg County Moving in the Right Direction?*



### OVERVIEW




Every four years, Mecklenburg Healthy Carolinians and the Mecklenburg County Health Department conduct an extensive examination of community health data, a process known as community health assessment (CHA). Findings from the CHA are used to identify and address priority issues in the community.

















The complete Mecklenburg 2010 CHA can be found online at: [www.meckhealth.org](http://www.meckhealth.org)

### LEGEND

A change in health status was measured by a 10% or greater improvement or setback.

Data changes less than 10% are considered to be similar.

-  **Improvement** in Health Indicator
-  **Worsening/ Setback** of Health Indicator
-  Health Indicator data are **Similar**.

SELECTED HEALTH INDICATORS	MECKLENBURG COUNTY Data			National Benchmark*	
	2006 CHA	2010 CHA	CHA Comparison		
<b>Maternal and Child Health</b>	<i>Year of Report</i>		2005	2009	
	<b>Infant Mortality (&lt;1yr.)</b> <i>(Rate per 1,000 Live Births)</i>	8.4	6.1		6.0
	<b>Teen Pregnancy (15 -17 yrs.)</b> <i>(Rate per 1,000 females 15-17)</i>	34.0	30.6		36.2
<b>Leading Causes of Death</b> <i>(Age-Adjusted Rates per 100,000 population)</i>	<i>Year of Report</i>		(2000 - 2004)	(2005 - 2009)	
	<b>All Cancers</b>	185.7	171.8		160.6
	<b>Heart Disease</b>	198.0	154.7		100.8
	<b>Stroke</b>	64.2	45.5		42.2
	<b>Diabetes</b>	23.1	18.8		***
<b>Injury</b> <i>(Age-Adjusted Death Rates per 100,000 population)</i>	<b>Alzheimer's Disease</b>	40.8	44.8		***
	<b>Motor Vehicle Injuries</b>	11.4	10.8		12.4
	<b>Intentional Injury - Homicide</b>	9.3	8.7		5.5
<b>Communicable Disease</b> <i>(Rate per 100,000 Population)</i>	<b>Intentional Injury - Suicide</b>	9.8	8.4		10.2
	<i>Year of Report</i>		2005	2009	
<b>Behavioral/ Environmental Risks for Premature Death</b>	<b>Primary/Secondary Syphilis</b>	10.8	13.1		Females (1.4) Males (7.6)
	<b>AIDS</b>	24.4	18.2		13.0
	<b>Tuberculosis</b>	6.1	3.7		1.0
<b>Behavioral/ Environmental Risks for Premature Death</b>	<b>Smoking</b> <i>(% of Adults 18 years and over)</i>	16%	17%		12%
	<b>Obesity (BMI &gt;30.0)</b> <i>(% of Adults 18 years and over)</i>	23%	26%		30.6%
	<b>No Physical Activity</b> <i>(% of Adults 18 years and over)</i>	21%	21%		32.6%

### Sources

- North Carolina Department of Health and Human Services (DHHS)
- State Center for Health Statistics (Behavior Risk Factor Surveillance and Vital Statistics Data)
  - HIV/STD Prevention and Care Unit (HIV/AIDS and Sexually Transmitted Disease Data)
  - NC Tuberculosis Control Program

\* National Benchmarks are Healthy People 2020 Targets

\*\*\* Data Not Available

## All Others

N=2,137

(42%)

## Cancer

N=1,153

(23%)

## Heart Disease

N=983

(19%)

## Stroke

N=272

(6%)

## Alzheimer's Disease

N=262

(5%)

## COPD\*

N=251

(5%)

# Leading Causes of Death



*Of the 5,058 deaths occurring in Mecklenburg County in 2009, nearly 50 percent were caused by cancer, heart disease and stroke.*

\*COPD or Chronic Obstructive Pulmonary Disease includes emphysema and chronic bronchitis.

## Leading Causes of Death: MECK, NC (2009) and the United States (2007)

	MECK	NC	US
Cancer	1	1	2
Heart Disease	2	2	1
Stroke	3	3	3
Alzheimer's Disease	4	6	6
COPD*	5	4	4
Unintentional Injury	6	5	5
Kidney Disease	7	8	9
Diabetes	8	7	7
Influenza and Pneumonia	9	9	8
Septicemia	10	10	10

*Mecklenburg County ranks comparably to the state of NC and the US with the following exception: for Alzheimer's disease, Mecklenburg County ranks higher than NC and the US.*

## 2009 Leading Causes of Death by Age Group Mecklenburg County

### Infants (<1 yr.)

- Prematurity & Immaturity
- Birth Defects
- Unintentional Injury

### Ages 1—14 yrs

- Unintentional Injury
- Cancer
- Anemias\*\*

### Ages 15—24 yrs

- Homicide
- Unintentional Injury
- Suicide

### Ages 25—44 yrs

- Unintentional Injury
- Cancer
- Heart Disease

### Ages 45—64 yrs

- Cancer
- Heart Disease
- Unintentional Injury

### Ages 65 yrs or more

- Heart Disease
- Cancer
- Alzheimer's Disease

*\*\*Anemia is a condition in which there are not enough healthy red blood cells to carry adequate oxygen in the body. Left untreated, anemia may lead to severe fatigue, heart problems and death.*

## 2009 Leading Causes of Death by Gender Mecklenburg County

### MALES

1. Cancer
2. Heart Disease
3. Unintentional Injury
4. Stroke
5. COPD\*
6. Alzheimer's Disease
7. Diabetes
8. Suicide

### FEMALES

1. Cancer
2. Heart Disease
3. Alzheimer's Disease
4. Stroke
5. COPD\*
6. Unintentional Injury
7. Kidney Disease
8. Septicemia

*Women tend to live longer than men. Women die from Alzheimer's disease at higher rates than men. Men die from unintentional injuries at higher rates than women.*

## 2009 Leading Causes of Death by Race Mecklenburg County

### WHITE

1. Cancer
2. Heart Disease
3. COPD\*
4. Alzheimer's Disease
5. Unintentional Injury
6. Stroke
7. Kidney Disease
8. Suicide

### MINORITIES

1. Cancer
2. Heart Disease
3. Stroke
4. Diabetes
5. Unintentional Injury
6. Alzheimer's Disease
7. Kidney Disease
8. HIV

*While the two leading causes of death are similar among all racial groups, people of other races often die at higher rates and younger ages than whites.*

# Community Health Priorities



## ▶ Priority Health Focus Areas

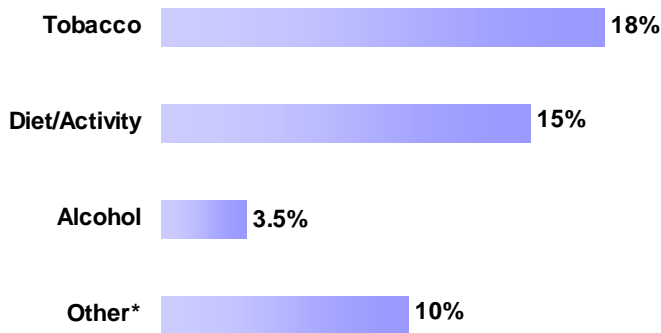
1. Preventing Chronic Disease Through Healthy Behaviors
2. Access to Care
3. Healthy Environments Supporting Healthy Choices
4. Substance Abuse Prevention & Treatment
5. Violence Prevention
6. Injury Prevention
7. Mental Health
8. Responsible Sexual Behavior
9. Maternal and Child Health

As part of the 2010 Community Health Assessment, Mecklenburg Healthy Carolinians asked residents to review current health data and rank community health issues to determine the priority concerns. Over 2,000 individuals participated in this ranking process. As a result, community action plans were developed to address the top four priorities. These action plans include interventions targeting individual behavior change, policy change and strategies to reduce health disparities.

## HEALTHY CHOICES, HEALTHY PLACES

Prevention of Chronic Disease ranked as the top health priority in Mecklenburg County. Many premature deaths and disabilities caused by chronic diseases such as heart disease, stroke and diabetes can be prevented simply by making healthy choices. Avoiding tobacco use, eating a healthy diet and being active are just a few things that make a positive impact on our health. Sidewalks, farmers' markets, green spaces and tobacco-free policies all help to promote a healthy lifestyle.

### Unhealthy Behaviors Cause Nearly Half of All Deaths



\*Injury, air and water quality, sexually transmitted diseases, etc.

Source: Mokdad AH et al. Actual cases of death in the United States, 2000, JAMA, 2004; 291: 1238-1245.

## PREVENTION EFFORTS

### BUILT ENVIRONMENT

Creating opportunities for safe physical activity and active transportation is an environmental approach to preventing chronic disease. Local efforts include the Safe Routes to School Program, adoption of the Urban Street Design Guidelines and the expansion of county greenways.

### COMMUNITY FOOD ASSESSMENT

"Food deserts" are low-income geographic areas with no or limited access to nutritious foods or full service grocery stores. A study conducted by UNC Charlotte and the Mecklenburg County Health Department examines food deserts and health outcomes. Results are intended to identify areas where food access can be improved.

### HEALTHY WEIGHT, HEALTHY CHILD

This community collaboration developed *The Blueprint for a Healthier Generation, 2020*, a plan that prioritizes policies and interventions that will reduce rates of childhood obesity.

### TOBACCO-FREE POLICIES

North Carolina law now requires that bars and restaurants prohibit smoking in indoor areas. Mecklenburg County now has the authority to expand this ban to include government-owned outdoor areas such as parks and greenways.

# Social Determinants of Health



## OVERVIEW

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior.

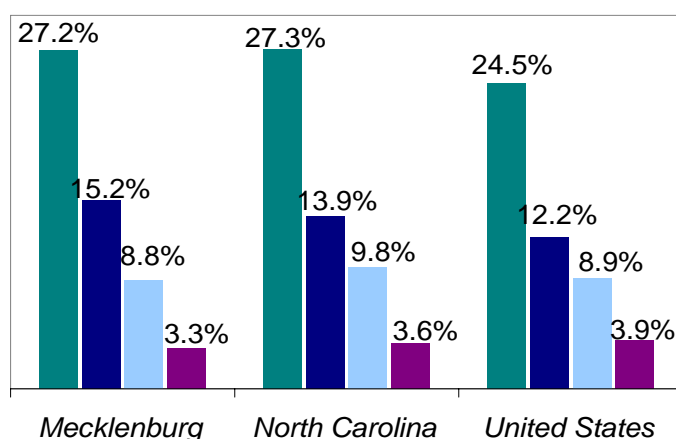
The World Health Organization states that the social conditions in which people are born, live and work are the single most important determinant of one's health status. In other words, a person's zip code may be more important to health than their genetic code. Low-income neighborhoods may offer inadequate healthcare services, lower quality educational opportunities, fewer job opportunities and higher crime rates when compared to more mixed-income or high-income communities, all factors which may contribute to continued poverty and the development of poor health outcomes.

Source: Commission on Social Determinants of Health, Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health (Geneva, Switzerland: World Health Organization, 2008).

## 2009 US Census Data Poverty Status by Education Mecklenburg, NC, US (% Population in Poverty)



- ▶ Higher levels of education are associated with financial security, increased life expectancy and improved health status.
- ▶ 27% of Mecklenburg residents without a high-school diploma live in poverty compared to 3% with a bachelor's degree or higher.



## POVERTY

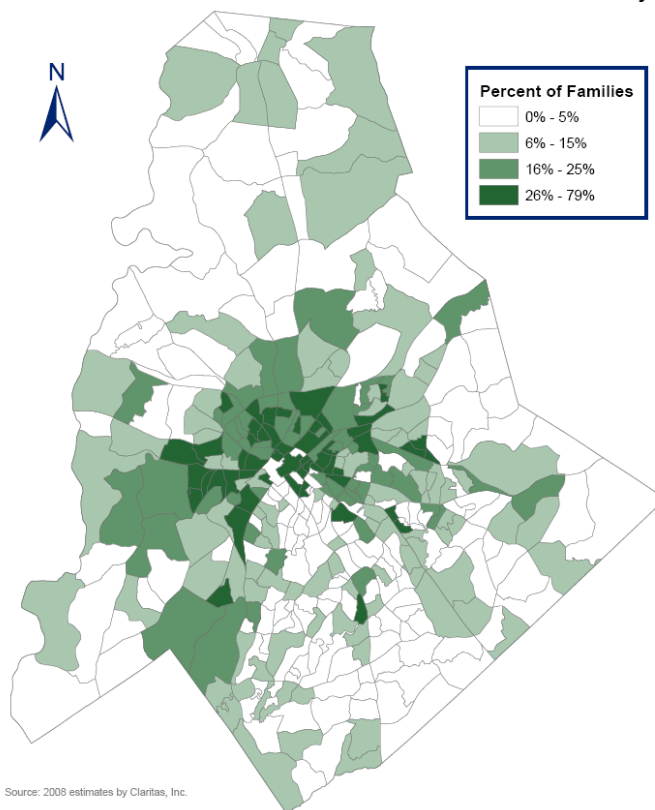
Poverty, or the threat of poverty, remains one of the most stressful challenges facing families today. Families that live in poverty are often unable to afford basic necessities, such as food, housing and stable child care.

According to 2009 US Census Bureau estimates:

- ▶ Unemployment in the county has increased from 7.4% in 2005 to 10.8% in 2009.
- ▶ Nearly 20% of children under 18 and 8% of people 65 years old and over in the county live in poverty.
- ▶ Black and Hispanic residents are more than twice as likely to live in poverty as Whites.

## Poverty in Mecklenburg County

Percent of Families with Children with Income Below Poverty



# Health Disparities



## Racial and Ethnic Differences in Access to Care, Disease and Death

While the overall health of Americans has dramatically improved over the past 100 years, African Americans, Hispanics, Native Americans and Asian/Pacific Islanders continue to experience striking differences in health status, including shorter life expectancy and higher rates of diabetes, cancer, heart disease, stroke and infant mortality.

These preventable differences in burden of disease, injury and opportunities to achieve optimal health are called health disparities. Health disparities are unjust, unfair and directly related to the historical and current unequal distribution of social, political, economic and environmental factors.

The following data summarizes health disparities experienced by racial and ethnic minority populations in Mecklenburg County.

Source: Centers for Disease Control (CDC). Health disparities among racial/ethnic populations. Atlanta, GA: U.S. Department of Health and Human Services; 2008.

### REDUCED ACCESS TO CARE

Access to quality care is a key factor in improving overall health and reducing disparities. Being able to afford quality health insurance remains one of the largest barriers in accessing care.

According to the 2009 Behavioral Risk Factor Surveillance System:

- ▶ Minority residents of Mecklenburg County are 3.5 times more likely to report having no health insurance coverage than are Whites.

- ▶ The percentage of residents who were unable to see a doctor in the last 12 months due to cost was 2.7 times higher among Minorities than Whites.

### HIGHER RATES OF DEATHS

Obesity, cancer, diabetes and AIDS all exist at higher rates in racial and ethnic minorities. These conditions compounded by reduced access to care and a lack of routine preventive care contribute to higher death rates including premature death rates among Minorities.

Based upon 2005 - 2009 Mecklenburg County adjusted death rates:

- ▶ Prostate cancer deaths among Minority men are nearly 3 times that of White men.
- ▶ HIV/AIDS has one of the most extreme disparities in disease. Minorities experience HIV-related deaths at more than 11 times the rate of Whites.
- ▶ Whites experience higher death rates for Chronic Obstructive Pulmonary Disease or COPD and suicide in comparison to Minorities.

## MECKLENBURG COUNTY









### Selected Health Disparity Ratios for 2005 – 2009 Adjusted Death Rates (Rate per 100,000 Population)

Source: NC DHHS, State Center for Health Statistics

**Disparity ratio:** calculated by dividing the racial group with the higher death rate by the group with the lower death rate.

Example: Diabetes Adjusted Death Rates

$$\frac{39.5 \text{ deaths per } 100,000 \text{ (Blacks)}}{13.1 \text{ deaths per } 100,000 \text{ (Whites)}} = \mathbf{3.0} \text{ Disparity Ratio}$$

	Adjusted Death Rates (Rate per 100,000)		DISPARITY RATIOS	
	Blacks	Whites	Blacks	Whites
Prostate Cancer	20.6	7.1	 2.9 deaths	 1 death
HIV/AIDS	24.5	2.2	 11.1 deaths	 1 death
COPD	31.9	40.2	 1 death	 1.3 deaths
Suicide	4.8	10.1	 1 death	 2.1 deaths



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[www.mecklenburghhealthycarolinians.org](http://www.mecklenburghhealthycarolinians.org)

*We engage, promote, encourage and support collaboration that addresses identified health priorities to improve the well-being of Mecklenburg County residents.*



**DATA SOURCES:** The majority of the information in this report, unless otherwise noted, comes from the US Census Bureau (2010 Population Counts and 2009 American Community Survey) and the NC State Center for Health Statistics (Vital Records and the Behavioral Risk Factor Surveillance System). For more specific information on data sources, please contact the Mecklenburg County Health Department at 704.336.2900.

## Who We Are

Mecklenburg Healthy Carolinians is a partnership of community groups, agencies and individuals. Through collaboration we work to address identified health priorities and improve the health and well-being of all Mecklenburg County residents.

This report provides an overview of public health indicators and priorities for Mecklenburg County, but identifying our problems is just the first step. To really make a difference, everyone must play a role. Elected officials, local leaders, parents, health officials, businesses, the faith community, schools and the media can all contribute to building a community that provides access to basic requirements for health. From safe neighborhoods and quality education to affordable housing and better access to health care, we can make a difference in so many lives.

We invite you to join our efforts to make Mecklenburg a safe and healthy place to live.

FOR ADDITIONAL INFORMATION ABOUT COMMUNITY HEALTH:

**Carolinas Center for Injury Prevention  
Mecklenburg Safe Communities**  
[www.carolinasinjuryprevention.com](http://www.carolinasinjuryprevention.com)

**Charlotte Mecklenburg Drug Free Coalition**  
[www.drugfreecharlotte.org](http://www.drugfreecharlotte.org)

**Charlotte Mecklenburg Schools**  
[www.cms.k12.nc.us](http://www.cms.k12.nc.us)

**Mecklenburg County Asthma Coalition**  
[www.meckasthma.org](http://www.meckasthma.org)

**MedLink of Mecklenburg**  
[www.meckhealth.org](http://www.meckhealth.org)

**Mecklenburg County Health Department**  
[www.meckhealth.org](http://www.meckhealth.org)