

# 2005 State of the County Health Report

## An Overview of Selected Health Indicators for Mecklenburg County Residents

Demographics  
Birth Highlights  
Behavioral Risk Factors  
Leading Causes of Death  
Sexually Transmitted  
Infections  
Health Disparities



**MECKLENBURG  
HEALTHY CAROLINIANS**  
*A Healthy Community Begins with You*



**MECKLENBURG COUNTY: A HEALTHY PLACE**

**to LIVE, WORK and RECREATE**

# Mecklenburg County State of the County Health Report

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Mecklenburg County Health Department Epidemiology Program/Mecklenburg Healthy Carolinians,  
November 2005



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In North Carolina, the state requires each local health department to conduct a community health assessment (CHA) every four years as part of their consolidated contracts with the state. On the years between health assessments, health directors have agreed to submit an abbreviated State of the County Health Report (SOTCH Report). Unlike the full CHA report which has specific criteria, the SOTCH report may take on a variety of formats. In Mecklenburg County, this report consists of an overview of selected health indicators presented in tables and charts, available in hard copy and on the department website [www.meckhealth.org](http://www.meckhealth.org)

The next full community health assessment for Mecklenburg County will be conducted in 2006. In Mecklenburg County, CHA is led by Mecklenburg Healthy Carolinians and the Mecklenburg County Health Department. For additional information on the SOTCH Report, community health assessments, or Mecklenburg Healthy Carolinians, please call the Mecklenburg County Health Department at 704.336.2900.

# Mecklenburg County Demographics

## Demographic, Educational Attainment, Economic and Health Care Access Data

2004 ESTIMATED POPULATION<sup>1</sup>: 756,016

### Population Data<sup>1</sup>

Population by Race/Ethnicity	Number	%	Population By Age	Number	%
White	481,737	63.7%	0-14	170,512	22.6%
African-American	212,281	28.1%	15-24	92,345	12.2%
Asian/Pacific Islander	26,640	3.5%	25-44	261,303	34.6%
American Indian/Alaskan Native	1,367	0.2%	45-64	171,652	22.7%
Other Race	10,058	1.3%	65+	60,204	8.0%
More than One Race	23,933	3.2%			
<b>Ethnicity</b>					
Hispanic <sup>2</sup>	59,645	7.9%			

### Education Data

Educational Attainment <sup>1</sup>	%	Primary and Secondary Schools <sup>3</sup>	# of schools
% less than 12th grade education	14.0%	Elementary Schools	87
% High School Diploma	19.4%	Middle Schools	30
% Some College or College Degree	66.6%	High Schools	17
		Alternative/Special	4
		Private	58
<b>Institutions of Higher Education<sup>4</sup></b>		<b>Public school drop out rate<sup>3</sup></b>	19.4%
University of North Carolina-Charlotte		<b>Per Pupil Expenditure<sup>3</sup></b>	\$7,272
Queens University			
Johnson & Wales University			
Johnson C. Smith University			
King's College			
Montreat College			
Pfeiffer University			
Central Piedmont Community College			

### Economic Data

<b>Five Largest Employers in Mecklenburg County<sup>4</sup></b>	<b>Unemployment Rate<sup>5</sup></b>	5.1%
Wachovia	<b>Median Family Income<sup>1</sup></b>	\$60,607
Carolinas HealthCare System	<b>% of All Persons Living In Poverty<sup>1</sup></b>	11.6%
Charlotte Mecklenburg Schools	persons 18 years or older	9.2%
Bank of America	persons 65 years and older	8.2%
State of North Carolina	<b>Households speaking</b>	
	English less than very well <sup>1</sup>	8.2%

Table continued on next page



# Mecklenburg County Demographics, cont.

## Health Care Access

Health Professionals and Hospital Data <sup>6</sup>	#	% Have Health Insurance <sup>7</sup>	% of person
# of doctors per 10,000 population	24.9	children under 18 years of age <sup>8</sup>	92.4%
# of dentists per 10,000 population	6.2	persons 18 years or older	84.3%
# of hospital beds	1989	persons who are employed for wages	86.0%

## References

<sup>1</sup> American Community Survey 2003, US Census Bureau. Educational attainment is based on the county population 25 years and older. Please visit website [www.census.gov/acs/www/Products/index.htm](http://www.census.gov/acs/www/Products/index.htm) for more information. Last updated Nov 17, 2005

<sup>2</sup> Hispanics are considered an ethnic group, not a race and are also counted in the appropriate racial category.

<sup>3</sup> Charlotte-Mecklenburg Schools, 2003-2004. The drop out rate is based on the August 2005 status of 2001-2002 ninth grade students. Please visit [www.cms.k12.nc.us](http://www.cms.k12.nc.us) for more information. Last updated Aug 29, 2005

<sup>4</sup> Charlotte Chamber of Commerce 01/2005. Please visit [www.charlottechamber.com](http://www.charlottechamber.com) for more information

<sup>5</sup> NC Employment Security Commission 2004. Please visit [www.ncesc.com/lmi/laborStats/laborStatMain.asp](http://www.ncesc.com/lmi/laborStats/laborStatMain.asp) for more information.

<sup>6</sup> NC Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina 2004. Please visit [www.shepscenter.unc.edu/hp/prof04.htm](http://www.shepscenter.unc.edu/hp/prof04.htm) for more information. Last updated Sep 1, 2005

<sup>7</sup> Behavioral Risk Factor Surveillance System (BRFSS) 2004. Please visit [www.schs.state.nc.us/SCHS/brfss/2004/meck/topics.html](http://www.schs.state.nc.us/SCHS/brfss/2004/meck/topics.html) for more information. Last updated Apr 6, 2005.

<sup>8</sup> Child Health Assessment and Monitoring Program Survey (CHAMP) 2005 Preliminary Results. Please visit [www.schs.state.nc.us/SCHS/champ/index.html](http://www.schs.state.nc.us/SCHS/champ/index.html) for more information. Last updated Aug 18, 2005.

<sup>9</sup> NC DHHS/ State Center for Health Statistics (SCHS) 2004. Please visit [www.schs.state.nc.us/SCHS/](http://www.schs.state.nc.us/SCHS/) for more information. Last updated Nov 15, 2005.

# Birth Highlights

## 2003/2004 Statistics for Mecklenburg County Residents

**2003**

**Total Births = 12,773**

**Live Birth Rate = 17.0 per 1,000 population**

### Racial Categories

<b>Whites</b>	<b>8,346</b>	<b>65.3%</b>
<b>Other Races</b>	<b>4,427</b>	<b>34.7%</b>
▶ Black or African American	3,722	84.1%
▶ Asian or Pacific Islander	637	14.4%
▶ American Indian	42	0.9%
▶ Other Non-White	26	0.6%

### Hispanic/Latino and Country of Origin

<b>Non-Hispanic</b>	<b>10,735</b>	<b>84.0%</b>
<b>Hispanic</b>	<b>2,038</b>	<b>16.0%</b>
▶ Mexican	1,236	60.6%
▶ Central or South American	697	34.2%
▶ Puerto Rican	60	2.9%
▶ Cuban	12	0.6%
▶ Other Hispanic	18	0.9%
<b>Unknown</b>	<b>15</b>	<b>0.1%</b>

### Age of Mother

<b>40 plus</b>	<b>374</b>	<b>2.9%</b>
<b>30 - 39 years</b>	<b>5,555</b>	<b>43.5%</b>
<b>20 - 29 years</b>	<b>5,832</b>	<b>45.7%</b>
<b>Teens Under the Age of 20</b>	<b>1,012</b>	<b>7.9%</b>
▶ Teens 10-14	21	2.1%
▶ Teens 15-17	374	37.0%
▶ Teens 18-19	617	61.0%

### Birth Outcomes

Premature (<37 weeks)	1,505	12.2%
Very Premature (<32 weeks)	252	2.0%
Low Birth Weight (<=2500g)	1,093	8.9%
Very Low Birth Weight (<=1500g)	225	1.8%
First Trimester Prenatal Care	10,488	85.3%
C-Sections	2,238	17.5%

**2004**

**Total Births = 12,952**

**Live Birth Rate = 16.8 per 1,000 population**

### Racial Categories

<b>Whites</b>	<b>8,519</b>	<b>65.8%</b>
<b>Other Races</b>	<b>4,433</b>	<b>34.2%</b>
▶ Black or African American	3,760	84.8%
▶ Asian or Pacific Islander	617	13.9%
▶ American Indian	32	0.7%
▶ Other Non-White	24	0.5%

### Hispanic/Latino and Country of Origin

<b>Non-Hispanic</b>	<b>10,616</b>	<b>82.0%</b>
<b>Hispanic</b>	<b>2,321</b>	<b>17.9%</b>
▶ Mexican	1,422	61.3%
▶ Central or South American	789	34.0%
▶ Puerto Rican	68	2.9%
▶ Cuban	26	1.1%
▶ Other Hispanic	16	0.7%
<b>Unknown</b>	<b>15</b>	<b>0.1%</b>

### Age of Mother

<b>40 plus</b>	<b>336</b>	<b>2.6%</b>
<b>30 - 39 years</b>	<b>5,595</b>	<b>43.2%</b>
<b>20 - 29 years</b>	<b>5,926</b>	<b>45.8%</b>
<b>Teens Under the Age of 20</b>	<b>1,095</b>	<b>8.5%</b>
▶ Teens 10-14	30	2.7%
▶ Teens 15-17	372	34.0%
▶ Teens 18-19	693	63.3%

### Birth Outcomes

Premature (<37 weeks)	1,502	11.6%
Very Premature (<32 weeks)	248	1.9%
Low Birth Weight (<=2500g)	1,079	8.3%
Very Low Birth Weight (<=1500g)	232	1.8%
First Trimester Prenatal Care	10,642	82.2%
C-Sections	2,397	18.5%

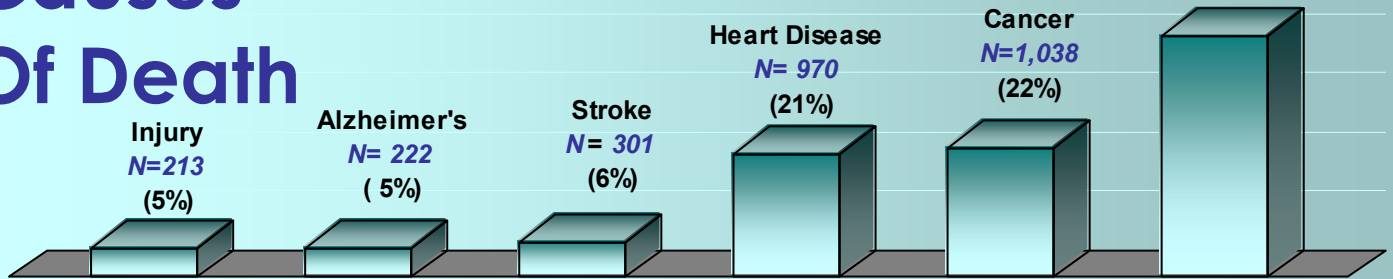
Source: NC DHHS/State Center for Health Statistics

Prepared by Mecklenburg County Health Department, Epidemiology Program, November 2005

# Leading Causes Of Death

4,676 deaths occurred in Mecklenburg during 2004

All Other Causes  
N= 1,932  
(41%)



## Top Ten Leading Causes of Death Mecklenburg and North Carolina 2004, United States, 2003

	Meck	NC	USA
Cancer	1	2	1
Heart Disease	2	1	2
Stroke	3	3	3
Alzheimer's Disease	4	7	8
Unintentional Injury	5	4	5
Chronic Obstructive Pulmonary Disease (COPD)	6	5	4
Kidney Disease	7	9	9
Diabetes	8	6	6
HIV Disease	9	*	*
Septicemia	10	10	10

\* not in Top Ten for NC or USA

Mecklenburg ranks comparably with NC and the US with the following exceptions: Mecklenburg ranks higher for Alzheimer's and HIV Disease; for diabetes and COPD Mecklenburg ranks lower. COPD refers to chronic diseases of the lower airway such as chronic bronchitis and emphysema. US data is preliminary as of July 2003.

## Leading Causes of Death by Age Group 2004 Mecklenburg County

### Infants

- \* Congenital Defects
- \* Prematurity and Immaturity

### Ages 25 - 44

- \* Unintentional Injury
- \* Cancer
- \* HIV Disease

### Ages 1 -14

- \* Unintentional Injury
- \* Cancer
- \* Homicide

### Ages 45 - 64

- \* Cancer
- \* Heart Disease
- \* Stroke

### Ages 15 - 24

- \* Unintentional Injury
- \* Homicide
- \* Suicide

### Ages 65+

- \* Heart Disease
- \* Cancer
- \* Stroke

Homicide and motor vehicle crashes are the leading killers of adolescents and young adults, ages 15 -24, in Mecklenburg.

## Leading Causes of Death by Gender 2004 Mecklenburg County

### Males

- 1) Heart Disease
- 2) Cancer
- 3) Unintentional Injury
- 4) Stroke
- 5) COPD
- 6) Kidney Disease

### Females

- 1) Cancer
- 2) Heart Disease
- 3) Alzheimer's Disease
- 4) Stroke
- 5) COPD
- 6) Unintentional Injury

Women tend to live longer than men. Women die from Alzheimer's at higher rates than men. Men die from Unintentional Injuries at higher rates than women.

## Leading Causes of Death by Race 2004 Mecklenburg County

### Whites

- 1) Cancer
- 2) Heart Disease
- 3) Stroke
- 4) Alzheimer's Disease
- 5) COPD
- 6) Unintentional Injury

### Other Races

- 1) Cancer
- 2) Heart Disease
- 3) Stroke
- 4) HIV Disease
- 5) Unintentional Injury
- 6) Kidney Disease

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

# Behavior Risk Factor Surveillance System

## 2002 - 2004 Health Outcomes for Mecklenburg County

The Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of state residents aged 18 and older in households with telephones. BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories.

Through BRFSS, information is collected in a routine, standardized manner on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries.

The following is an overview of BRFSS survey data for Mecklenburg County.

Behavioral Risk Factor Surveillance System (BRFSS)									
Mecklenburg, North Carolina and United States, 2002-2004									
	2002			2003			2004		
	Meck	NC	USA	Meck	NC	USA	Meck	NC	USA
<b>Health Care Access</b>									
Has Health Insurance	84%	83%	85%	85%	83%	85%	84%	83%	85%
Has Personal Doctor	77%	80%	79%	81%	81%	80%	81%	81%	N/A
Fair/Poor Health Status	15%	21%	16%	18%	19%	16%	12%	19%	15%
<b>Behavioral Health Risks</b>									
Smoking	19%	26%	23%	20%	25%	22%	18%	23%	21%
Overweight/Obesity <sup>1</sup>	53%	59%	59%	55%	61%	59%	59%	63%	60%
No Physical Activity	25%	30%	25%	22%	25%	25%	22%	25%	23%
Fruit & Veg (>=5/day) <sup>2</sup>	24%	24%	24%	22%	23%	24%	N/A	N/A	N/A
<b>Chronic Conditions</b>									
Arthritis <sup>2</sup>	24%	29%	27%	22%	29%	27%	N/A	N/A	N/A
Diabetes	4%	7%	7%	7%	8%	8%	7%	10%	7%
Asthma	6%	7%	8%	4%	7%	8%	7%	8%	8%
Cardiovascular Disease <sup>3</sup>	N/A	N/A	N/A	7%	8%	8%	N/A	N/A	N/A
High Blood Pressure <sup>3</sup>	N/A	N/A	N/A	25%	29%	26%	N/A	N/A	N/A
High Cholesterol <sup>3</sup>	N/A	N/A	N/A	34%	34%	34%	N/A	N/A	N/A

Source: NC DHHS/State Center for Health Statistics

<sup>1</sup> **Overweight/Obesity**- Body Mass Index (BMI) greater than 25.0. (BMI is computed as weight in kilograms divided by height in meters squared:(kg/ m<sup>2</sup>).

<sup>2</sup> Data for Fruit and Vegetable Consumption and Arthritis were not collected for 2004.

<sup>3</sup> Data for cardiovascular disease, high blood pressure and high cholesterol are collected every 2 years.

# Sexually Transmitted Infections

## 2002/ 2004 Statistics for Mecklenburg County Residents

**HIV disease** refers to all people infected with the human immunodeficiency virus, regardless of an AIDS defining condition. AIDS cases are a subset of HIV disease.

**Syphilis** is a curable sexually transmitted infection caused by a bacterium called *Treponema pallidum*. The course of the disease is divided into four stages – primary, secondary, latent, and tertiary (late). Early syphilis includes primary, secondary and latent stages of the disease.

**Chlamydia** is a curable sexually transmitted infection, which is caused by a bacterium called *Chlamydia trachomatis*. It can cause serious problems in men and women as well as in newborn babies of infected mothers.

**Gonorrhea** is a curable sexually transmitted infection caused by a bacterium called *Neisseria gonorrhoeae*. These bacteria can infect the genital tract, the mouth, and the rectum.

The following table includes demographic information for sexually transmitted infections in Mecklenburg County.

Characteristics	HIV DISEASE				EARLY SYPHILIS				CHLAMYDIA				GONORRHEA			
	2002 (N=306)		2004 (N=344)		2002 (N= 68)		2004 (N=82)		2002 (N= 2880)		2004 (N=3186)		2002 (N=2295)		2004 (N=2019)	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
<b>Race</b>																
White	52	17%	105	31%	4	6%	19	23%	388	13%	401	13%	195	8%	164	8%
Black	233	76%	228	66%	58	85%	62	76%	2206	77%	2447	77%	2040	89%	1802	89%
Native Am.	1	0%	0	0%	0	0%	0	0%	11	0%	2	0%	4	0%	0	0%
Asian	2	1%	1	0%	0	0%	0	0%	32	1%	45	1%	7	0%	11	1%
Hispanic	14	5%	10	3%	6	9%	1	1%	237	8%	289	9%	46	2%	42	2%
Other	4	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	0	0%	0	0%	0	0%	6	0%	0	0%	3	0%	0	0%
<b>Age</b>																
0 - 12	0	0%	1	0%	0	0%	0	0%	21	1%	9	0%	8	0%	3	0%
13-19	10	3%	11	3%	4	6%	5	6%	1129	39%	1330	42%	629	27%	571	28%
20-29	66	22%	69	20%	27	40%	22	27%	1378	48%	1493	47%	1070	47%	967	48%
30-39	114	37%	102	30%	21	31%	32	39%	288	10%	279	9%	425	19%	309	15%
40-49	80	26%	111	32%	13	19%	15	18%	51	2%	63	2%	121	5%	136	7%
50+	36	12%	50	15%	3	4%	8	10%	13	0%	12	0%	41	2%	33	2%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
<b>Gender</b>																
Male	219	72%	268	78%	42	62%	54	66%	618	21%	632	20%	1212	53%	1110	55%
Female	87	28%	76	22%	26	38%	28	34%	2262	79%	2554	80%	1067	46%	909	45%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Source: NC DHHS, HIV/STD Prevention and Care  
Prepared by Mecklenburg County Health Department/Epidemiology, 03/02



# Mecklenburg County Racial and Ethnic Differences in Health

*While health disparities are readily demonstrated through data, the causes and means for prevention are not well understood. Research suggests issues of social inequality are involved and must be addressed before differences in health outcomes among racial and ethnic groups can be eliminated. Topics being studied include differences in access to health care, the effects of racism and segregation, and socioeconomic status (SES). The Centers for Disease Control and Prevention notes SES is “central to eliminating health disparities because it is closely tied to health and longevity. At all income levels, people with higher SES have better health than those at the level below them.” SES status includes income, education, occupation, and neighborhood and community characteristics.*

*Recognizing that the causes of health disparities are multifactorial and complex, Mecklenburg County Health Department strives to provide local leaders, elected officials, health professionals and the broader community with information to assist in the making of policy, programs, and choices which will result in good health for all.*

## HEALTH OUTCOME DIFFERENCES

When comparing Mecklenburg to North Carolina and the United States, most health indicators for the total county appear favorable. Rates for many causes of death have been decreasing during the past decade in both White and Other Race populations. The overall mortality rate has been falling for both groups since 1994. However, this decrease in rates has not always been accompanied by an elimination of differences between White and Other Race rates.

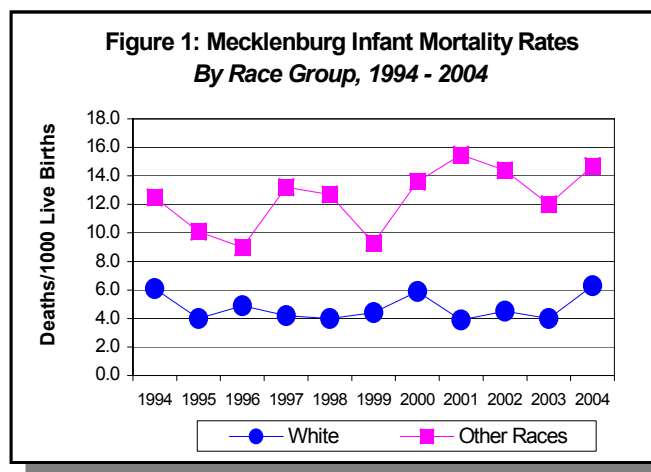
The overall death rate is higher for people of Other Races than Whites in every age group. In data from 1999-2003, the age-adjusted rate for All Causes of Death is 1.3 times greater for Other races than Whites. While both whites and minorities saw a decline in infant mortality from 1990 until 1995, this trend has not continued since then, and the gap between White and Other Races, while some years showing a decrease, remains wide. The 2004 Infant Mortality rate is 2.3 times greater for Other Races than Whites. (Figure 1).

## LEADING CAUSES OF DEATH

Leading causes of death for Mecklenburg County White and Other Race populations in 2004 are presented in a previous section of this report. Coronary health disease, cancer, and stroke are leading causes of death for both Whites and Other Races, including African Americans, Asians, and Native Americans. However, people of Other Races may die at higher rates and younger ages. Unlike other groups, Hispanics in Mecklenburg County die at the highest rates from motor vehicle injury and homicide. This difference may be explained because rates for heart disease, cancer, and stroke increase with age, and the Hispanic population in Mecklenburg County is younger than the population as a whole. See Figure 2 for more information on disparities in leading causes of death.

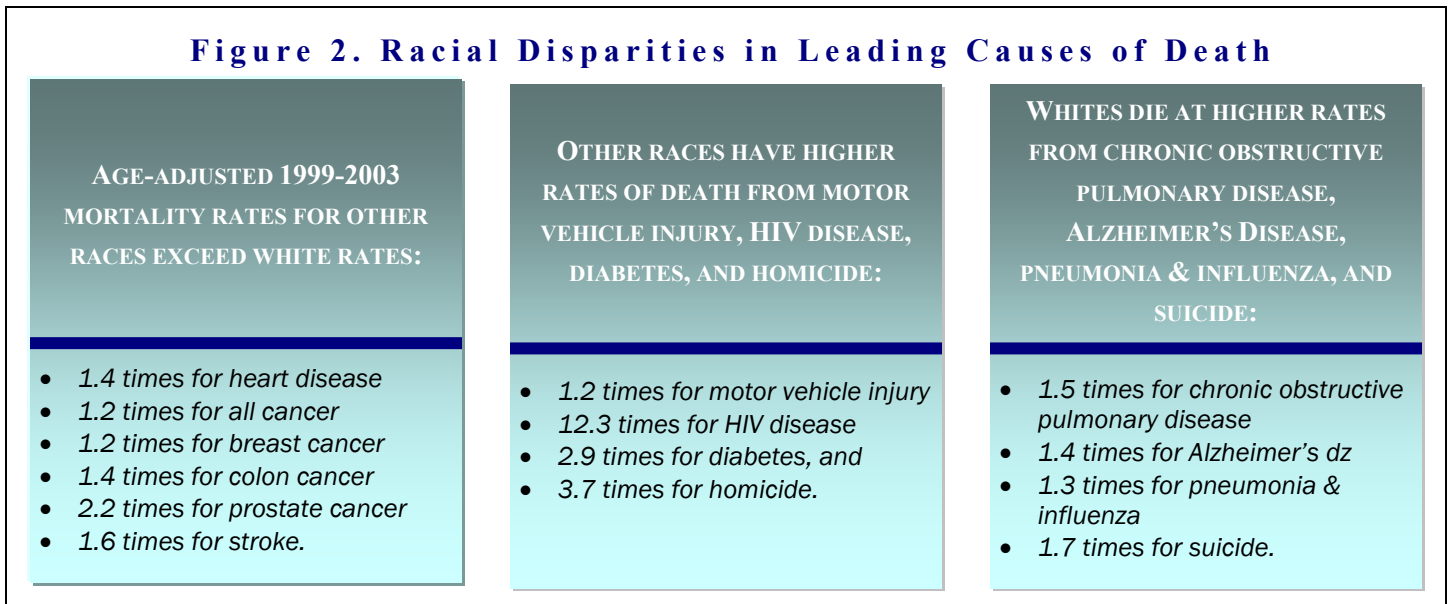
## HEALTH RISK BEHAVIORS

Unprotected sex is a health risk behavior. The high Other Race mortality rate seen with HIV disease stems from the disproportionate number of HIV disease cases experienced by the African American community. Of 344 cases of HIV disease reported in 2004, 228 (66%) were black. See the previous section on sexually transmitted diseases for more information.



# Racial and Ethnic Differences in Health, cont.

**Figure 2. Racial Disparities in Leading Causes of Death**



## Health Risk Behavior, cont.

Health behaviors contributing to the prevention of heart disease, some forms of cancer, stroke, and diabetes include not using tobacco products, maintaining a healthy weight, eating a diet rich in fruits and vegetables, and engaging in regular physical activity. Data from the 2004 Mecklenburg Behavioral Risk Factor Surveillance Survey (BRFSS) show the % of Whites compared with the % of Other Races reporting smoking and not eating 5 or more servings of fruits & vegetables per day [2003] similar (Figure 3). The % of people of Other Races is greater than the % of Whites in those reporting overweight or obesity (1.1 times) and not getting any physical activity per month (2.4 times).

When looking at BRFSS responses by household incomes less than \$50,000/yr and household income \$50,000 or above, a higher % of individuals with < \$50,000 than those with \$50,000+ reported smoking (2.1 times), eating less than 5 or more servings of fruits & vegetables per day (1.2 times) [2003], and no physical activity (2.6 times). The % reporting overweight or obesity was similar.

**Figure 3. Health Risk Factors from the 2004 Behavioral Risk Factor Surveillance System**

	% Other Races	% White	Disparity Ratio	% Household Income <\$50,000	% Household Income \$50,000+	Disparity Ratio
<b>Current Smoker</b>	17.7	18.2	1	26.2	12.7	2
<b>Overweight or Obese</b>	64.2	56.8	1.1	59.5	56.7	1
<b>No Exercise in Past Mo.</b>	35.5	14.7	2.4	30.9	11.7	2.6
<b>No 5+ Fruits &amp; Veg Per Day [2003]</b>	79.4	76.8	1	81.2	75.5	1.1

### DATA SOURCES/INFORMATION

Data are from the Behavioral Risk Factor Surveillance System, NC DHHS/State Center for Health Statistics and prepared by the Mecklenburg County Health Department Epidemiology Program.