

2008 State of the County Health Report



**AN OVERVIEW OF SELECTED HEALTH INDICATORS
FOR MECKLENBURG COUNTY RESIDENTS**

2008 SELECTED HEALTH INDICATORS, MECKLENBURG COUNTY RESIDENTS

- **Demographics**
- **Maternal and Child Health**
- **Leading Causes of Death**
- **Behavioral Risk Factors**
- **Youth Risk Behaviors**
- **Sexually Transmitted Infections**
- **Health Disparities**
- **Environmental Health Highlights**
- **Burden of Injury**
- **Substance Abuse**

Mecklenburg County 2008 State of the County Health Report

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Prepared by Mecklenburg County Health Department Epidemiology Program/Mecklenburg Healthy Carolinians, November 2008

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Overview

In North Carolina, the state requires each local health department to conduct a **community health assessment** (CHA) every four years for accreditation and as part of its consolidated contract with the state. CHA is also required for Healthy Carolinians community certification and re-certification. 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. While the SOTCH report is intended as a quick overview of community health indicator data rather than a comprehensive review of the priority issues identified during CHA, information pertaining to these health priorities may be found in this document.

In Mecklenburg, the most recent Mecklenburg SOTCH Report was issued in 2007 following a full Community Health Assessment Report in 2006-07. Listed below are the identified priorities and recommendations from the assessment process.

Findings and Recommendations from Community Health Assessment

The Community Health Assessment of 2006-07 identified the following eight priority health concerns for Mecklenburg County.

1. *Chronic Disease Prevention through Healthy Choices*
2. *Access to Care*
3. *Environmental Health – Healthy Places Supporting Healthy Choices*
4. *Mental Health*
5. *Substance Abuse Prevention*
6. *Injury Prevention*
7. *Responsible Sexual Behavior, and*
8. *Maternal Child Health.*

Health Disparities was not listed individually but considered a part of every priority area.

Over 65 participants representing a variety of community agencies and groups made the following recommendations for addressing the four highest-ranked priority focus areas.

Chronic Disease Prevention

- Advocacy training to adopt laws and policies that support healthy choices (tobacco cessation, healthy eating and physical activity)
- Development of effective communications and social marketing strategies to promote positive health choices

Access to Care

- Policy Change
 - Area healthcare collaborative
 - Address coverage of the underinsured or “higher income” uninsured
 - Use of extended providers (NP, PA, RDH)
 - Supply of dental care
- Information Spread
 - How to navigate the systems: Education on what services are available and how to access them for BOTH patients and providers
 - Universal financial screening

Environmental Health

- Smoke free by 2008 (workplaces)
- Increase awareness of environmental health, especially within the business community
- Create advocates in the business community (raise the profile and create change)
- Have worksites implement policies that promote health (more supportive work environment)

Mental Health

- Community education: prevention and promotion of mental health
 - Public awareness of issues and services available
 - School curriculum, training for staff and strategic school plan to address mental health issues
 - Faith-based training
 - Reduce stigma
 - Parent training and education
- Community-based services
 - More community-based treatment options including school-based services
 - Increased access to medications
 - Integration of primary care and mental health
 - Crisis services, jail diversion
 - Transition management

The next full community health assessment for Mecklenburg County will be conducted in 2010. 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 Assessment, or Mecklenburg Healthy Carolinians, please call the Mecklenburg County Health Department at 704.336.2900.

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Mecklenburg County Demographics

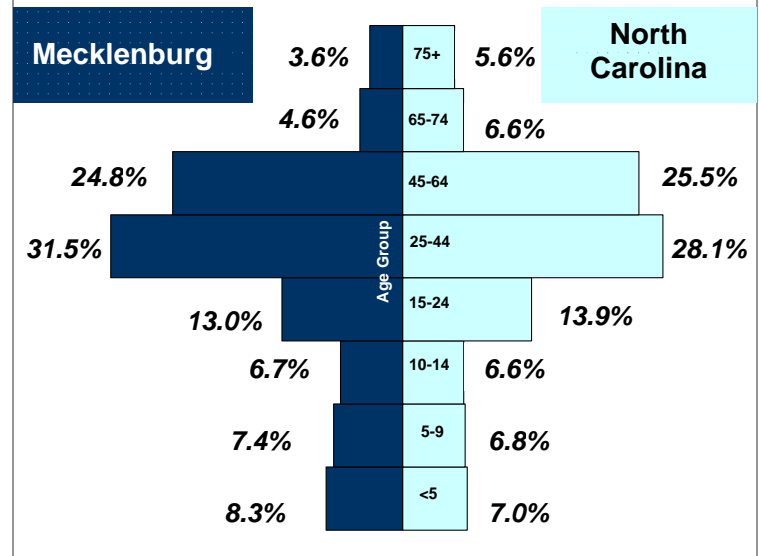
POPULATION TRENDS

- The total estimated population for Mecklenburg County for 2007 is 867,067. This is an increase of about 25% since the 2000 Census¹.
- The 2007 Mecklenburg population is fairly young with a median age of 35.1 years¹.
- Mecklenburg County population is expected to reach 936, 874 by 2010².

Mecklenburg County Population ¹ by Race and Ethnicity		
2007		
Population by Race/Ethnicity	Number	%
White	519,646	59.9%
African-American	256,383	29.6%
Asian	33,314	3.8%
American Indian/Alaskan Native	2,370	0.3%
Native Hawaiian or Pacific Islander	693	0.1%
Other Race	41,055	4.7%
More than One Race	13,606	1.6%
Ethnicity		
Hispanic (can be of any race)	88,548	10.2%

Mecklenburg County Education	
Primary and Secondary Education	
	# of schools
Primary and Secondary Schools³	
Elementary Schools	95
Middle Schools	32
High Schools	31
Alternative/Special	10
Private	64
Public school drop out rate³	17.5%
Per Pupil Expenditure³	\$8,739

Population by Age Group
Mecklenburg and North Carolina, 2007



EDUCATION

- With a 2007-2008 enrollment of more than 132,000 students in grades K-12 attending 167 schools, Charlotte-Mecklenburg Schools (CMS) is the largest school system in the Carolinas³.
- Seven new schools opened during the 2007-2008 school year in CMS³.
- More than 172,000 students are enrolled in degree or college-transfer programs at the 34 colleges, universities, community colleges and technical institutes located within the 13 county Charlotte Metro Region³.
- Over 40% of Mecklenburg County residents age 25 years and older have at least a bachelor's degree compared to about 25% of North Carolina residents⁴.

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Mecklenburg County Demographics

ECONOMIC

Charlotte is the 2nd largest financial center in the nation with more than \$1.8 trillion in assets. Eight Fortune 500 companies have headquarters in Mecklenburg County⁴. The five largest employers in Mecklenburg County are listed to the right.

Unemployment Rate⁵

- The unemployment rate in Mecklenburg County increased from 4.1% in 2000 to 4.5% in 2007.

Income and Poverty Status¹

- The 2007 median family income for Mecklenburg County was \$68,792 compared to \$44,670 for North Carolina.
- In 2007, 10.7% of all persons in Mecklenburg lived in poverty compared to 14.3% across the state.

ACCESS TO CARE

Health Insurance⁷

- Over 82% of Mecklenburg County adult residents reported having some kind of health insurance including, prepaid plans such as HMOs, or government plans such as Medicare.
- Eighty percent of Mecklenburg residents reported having a personal doctor but almost 20% reported not seeing a doctor because of cost.

Health Professionals and Hospital Data⁶

- As of 2007, there were about 27 doctors per 10,000 population and approximately 2,000 hospital beds in Mecklenburg County.

Mecklenburg Demographics	
Five Largest Employers In Mecklenburg County	
	<i>Carolinas HealthCare System</i>
	<i>Wachovia</i>
	<i>Bank of America</i>
	<i>Duke Energy</i>
	<i>Charlotte Mecklenburg Schools</i>

Mecklenburg Demographics	
Health Care Access	
Health Professionals and Hospital Data⁶	#
<i># of doctors per 10,000 population</i>	26.6
<i># of dentists per 10,000 population</i>	6.4
<i># of hospital beds</i>	1,974
Has Health Insurance⁷	% of persons
<i>persons 18 years or older</i>	82.3%
<i>persons between 18 years and 65 years</i>	79.9%
<i>persons who are employed for wages</i>	83.9%

Sources

¹United States Census Bureau, American Community Survey.: www.census.gov/acs. Last accessed 11/21/2008.

² North Carolina State Center for Health Statistics, www.schs.state.nc.us/SCHS/. Last accessed 11/21/2008.

³Charlotte Mecklenburg School District: www.cms.k12.nc.us. Last accessed 11/20/2008.

⁴Charlotte Chamber of Commerce: www.charlottechamber.com. Last accessed 11/21/2008.

⁵ NC Employment Security Commission, www.ncesc.com. Last Accessed 10/20/2008.

⁶ 6NC Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina. Last Accessed 11/06/2008.

⁷Behavioral Risk Factor Surveillance System (BRFSS) 2007. Last accessed 11/21/2008.

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Maternal and Child Health Highlights

2006/2007 Birth Highlights Mecklenburg County Residents

2006		
Total Births = 14,344 Live Birth Rate = 17.3 per 1,000		
Racial Categories		
White	9,085	63.3%
Other Races	5,259	36.7%
▶ Black or African American	4,354	82.8%
▶ Asian or Pacific Islander	793	15.1%
▶ American Indian	24	0.46%
▶ Other Non-White	88	1.7%
Hispanic/Latino and Country of Origin		
Non-Hispanic	11,275	78.6%
Hispanic	3,050	21.3%
▶ Mexican	1,753	57.5%
▶ Central or South American	1,121	36.8%
▶ Puerto Rican	95	3.1%
▶ Cuban	44	1.4%
▶ Other Hispanic	37	1.2%
Unknown	19	0.13%
Age of Mother		
40 plus	400	2.8%
30 - 39 years	5,951	41.5%
20 - 29 years	6,691	46.6%
Teens Under the Age of 20	1,302	9.1%
▶ Teens 10-14	21	1.6%
▶ Teens 15-17	431	33.1%
▶ Teens 18-19	850	65.3%
Birth Outcomes & Prenatal Care		
Premature (<37 weeks)	1,742	12.1%
Very Premature (<32 weeks)	258	1.8%
Low Birth Weight (<=2500g)	1,262	8.8%
Very Low Birth Weight (<=1500g)	228	1.6%
First Trimester Prenatal Care	11,396	79.4%
C-section	2,759	19.2%

2007		
Total Births = 14,767 Live Birth Rate = 17.1 per 1,000		
Racial Categories		
White	9,284	62.9%
Other Races	5,483	37.1%
▶ Black or African American	4,518	82.4%
▶ Asian or Pacific Islander	849	15.5%
▶ American Indian	51	0.93%
▶ Other Non-White	65	1.2%
Hispanic/Latino and Country of Origin		
Non-Hispanic	11,561	78.3%
Hispanic	3,182	21.5%
▶ Mexican	1,734	54.5%
▶ Central or South American	1,238	38.9%
▶ Puerto Rican	126	4.0%
▶ Cuban	44	1.4%
▶ Other Hispanic	40	1.3%
Unknown	24	0.16%
Age of Mother		
40 plus	398	2.7%
30 - 39 years	6,230	42.2%
20 - 29 years	6,857	46.4%
Teens Under the Age of 20	1,282	8.7%
▶ Teens 10-14	18	1.4%
▶ Teens 15-17	438	34.2%
▶ Teens 18-19	826	64.4%
Birth Outcomes & Prenatal Care		
Premature (<37 weeks)	1,920	13.0%
Very Premature (<32 weeks)	308	2.1%
Low Birth Weight (<=2500g)	1,373	9.3%
Very Low Birth Weight (<=1500g)	268	1.8%
First Trimester Prenatal Care	11,569	78.3%
C-section	2,861	19.4%

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Maternal and Child Health Highlights

2006/2007 Teen Pregnancy Highlights Mecklenburg County Residents

2006 - 2007 Teen Pregnancy Rates for Mecklenburg County (Rates per 1,000 females in each age group)					
		2006	2007	% Change	
		Rate	Rate		
10 to 14	Total	1.4	1.4	0.0%	no change
	White	0.7	0.5	27.1%	decrease
	Other Races	2.2	2.4	-9.1%	increase
15 to 17	Total	37.2	34.8	6.5%	decrease
	White	24.3	22.2	8.6%	decrease
	Other Races	50.7	48.8	3.7%	decrease
18 to 19	Total	112.8	104.6	7.3%	decrease
	White	77.8	77.8	0.0%	no change
	Other Races	152.7	130.5	14.5%	decrease
15 to 19	Total	67.2	62.4	7.1%	decrease
	White	46.1	44.3	3.9%	decrease
	Other Races	89.9	80.8	10.1%	decrease
10 to 19	Total	35.0	32.9	6.0%	decrease
	White	23.8	22.9	3.8%	decrease
	Other Races	47.3	43.6	7.8%	decrease

The term Other Races is used to denote Minorities.

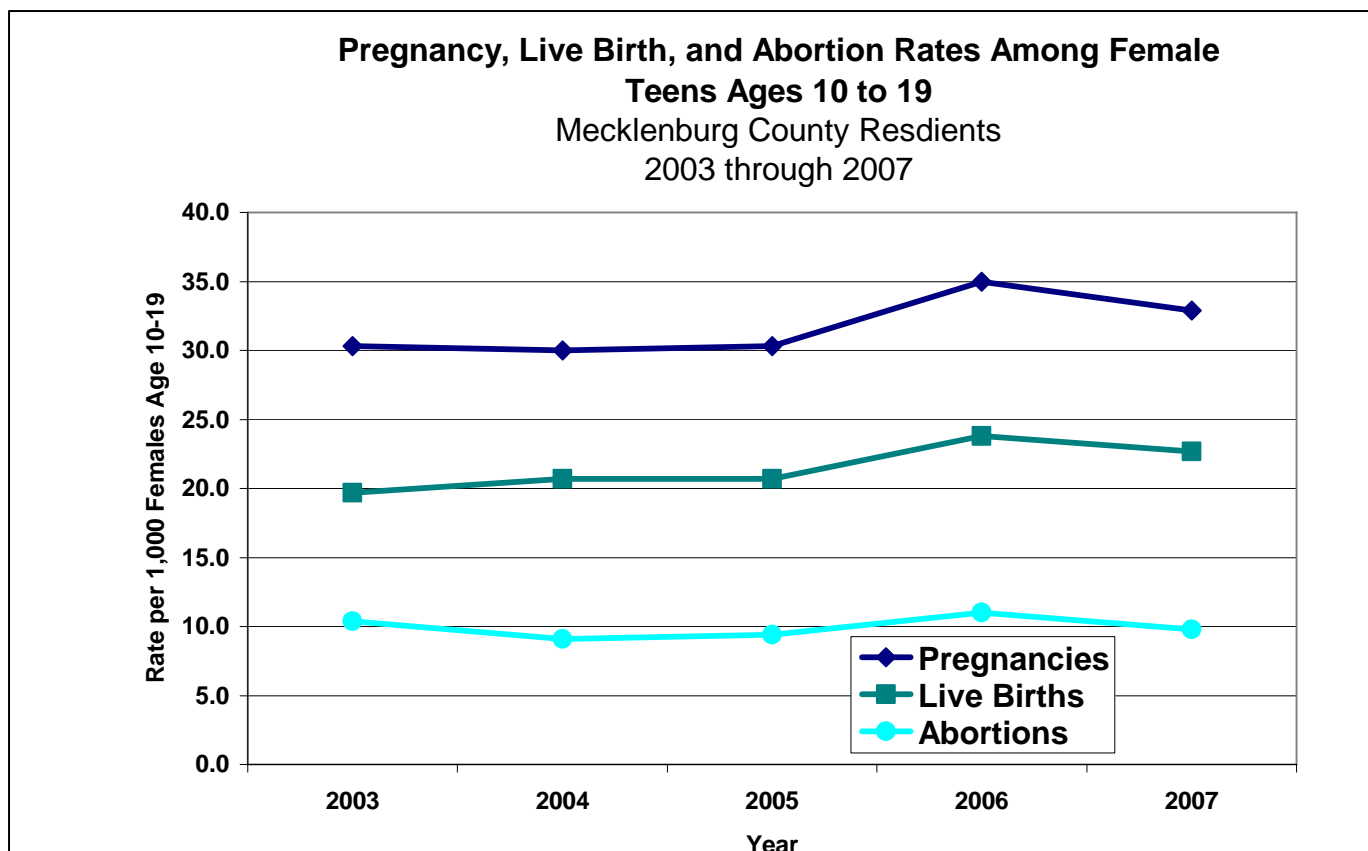
Note:

Rates for the 10-14 year old age group should be interpreted with caution due to small numbers (rates based on less than 20 events are unstable) and therefore the focus should be on the number of pregnancies and not the rates for this age group. Hispanics can be any race and are included in both the White and Other Race categories. Therefore rates by race category should be interpreted with caution and a true comparison by race should include all races and ethnicity (i.e. white non-Hispanic etc.) and Hispanics separately.

The data presented are for all Mecklenburg County pregnancies. Total pregnancies represent the sum of all induced abortions, live births, and fetal deaths 20 or more weeks of gestation reported in the state. Not included are spontaneous fetal deaths (still births) occurring prior to 20 weeks gestation, which are not reportable to the state.

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Maternal and Child Health Highlights



Note:

Pregnancies include all induced abortions, live births, and fetal deaths >20wks gestation reported to the state.

Data Source: NC DHHS/State Center for Health Statistics

Prepared by the Mecklenburg County Health Department, Epidemiology Program, November 2008.

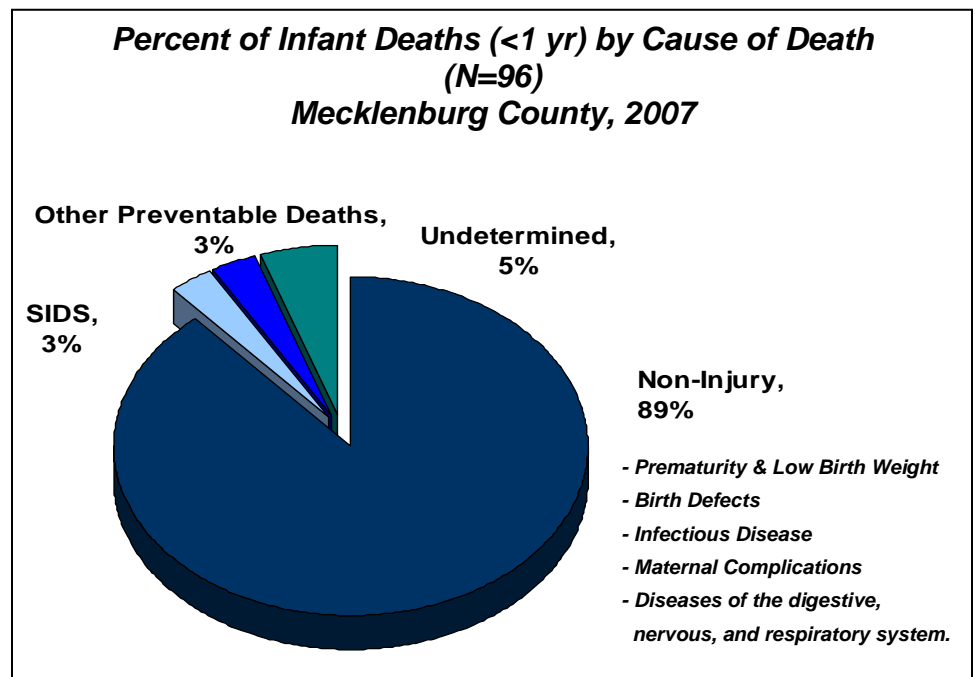
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Maternal and Child Health Highlights

2007 Infant and Childhood Injury and Death Highlights Mecklenburg County Residents

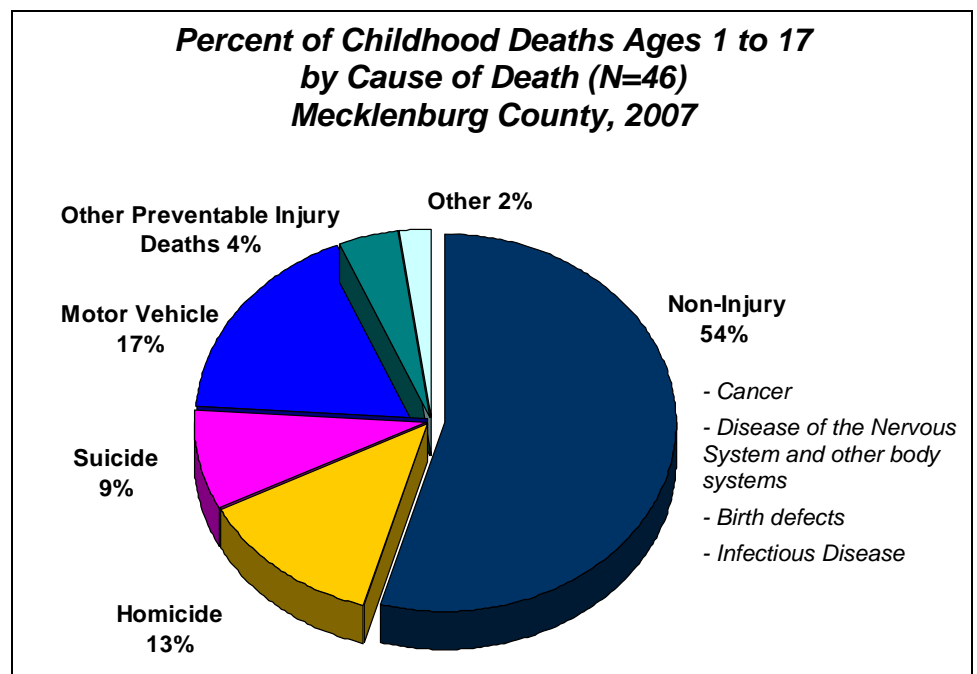
INFANT DEATHS (<1 yr)

- The infant mortality rate was 6.5 infant deaths per 1,000 live births in 2007. For more information on trends in infant mortality see section on Health Disparities.
- Leading causes of death for infants are related to prematurity & low birth weight and birth defects.
- Preventable deaths include accidental suffocations and other unspecified threats to breathing with unsafe sleep risk factors present.



CHILDHOOD DEATHS (1-17 yrs)

- SIDS deaths remain unchanged from 3 deaths in 2006 to 3 deaths in 2007.
- Injury is the leading cause of death for children ages 1-17
- Motor Vehicle deaths increased from 5 deaths in 2006 to 8 in 2007.
- Suicides increased among children 1 - 17 years from 1 suicide in 2006 to 4 in 2007.
- 6 Homicides were reported among children 1 – 17 years, 5 of which involved firearms.

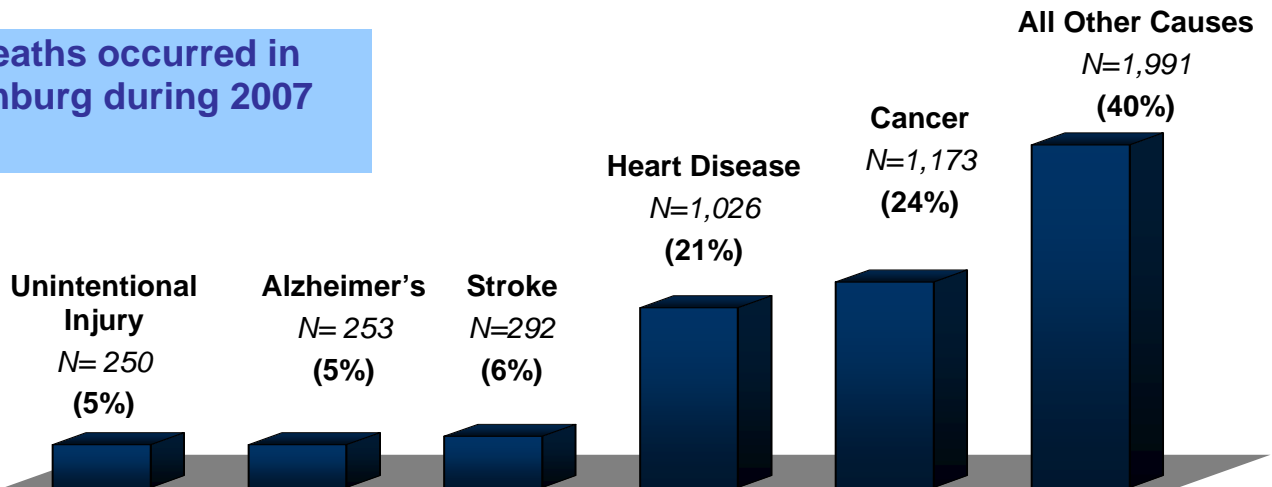


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Leading Causes of Death

2007 Leading Causes of Death, Mecklenburg County Residents

4,985 deaths occurred in Mecklenburg during 2007



Top Ten Leading Causes of Death National, State and Local Comparisons

Top Ten Leading Causes of Death Mecklenburg, North Carolina, 2007 and the United States 2005			
	Meck	NC	USA
Cancer	1	2	2
Heart Disease	2	1	1
Stroke	3	3	3
Alzheimer's Disease	4	6	7
Unintentional Injury	5	4	5
Chronic Obstructive Pulmonary Disease (COPD)	6	5	4
Diabetes	7	7	6
Kidney Disease	8	8	9
Influenza and Pneumonia	9	9	8
Septicemia	10	10	10

- Cancer, Heart Disease and Stroke are the three leading causes of death in Mecklenburg County accounting for more than 50% of deaths reported in 2007.
- While in 2007, Mecklenburg, NC, and the USA all experienced the same top ten leading causes of death, Mecklenburg in some cases ranks differently than the state and/or the nation. Please see the chart to the left for a comparison of these rankings.
- Mecklenburg ranks higher for Alzheimer's Disease and lower for Chronic Obstructive Pulmonary Disease (COPD) than North Carolina and the United States; COPD refers to chronic diseases of the lower airway.

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Leading Causes of Death

Mecklenburg County Leading Causes of Death Age, Gender and Racial Comparisons

- Women tend to live longer than men. As such, women die from Alzheimer's at higher rates than men. Men die from Unintentional Injuries at higher rates than women.
- While the three leading causes of death, Cancer, Heart Disease, and Stroke, are similar among all racial groups, people of other races often die at higher rates and younger ages than whites.
- Homicide is a leading killer among adolescents and young adults, ages 15-24 and Motor Vehicle Crashes are a leading killer of adolescents and adults, ages 15 -44, in Mecklenburg County. Motor Vehicle Crashes and Homicide are also leading causes of death for Hispanic residents in the county.
- Heart Disease and Cancer are the leading causes of death for adults.

Leading Causes of Death by Gender 2007 Mecklenburg County	
Males	Females
1) Cancer	1) Cancer
2) Heart Disease	2) Heart Disease
3) Unintentional Injury	3) Alzheimer's Disease
4) Stroke	4) Stroke
5) COPD	5) COPD
6) Alzheimer's Disease	6) Unintentional Injury
7) Diabetes	7) Kidney Disease
8) Homicide	8) Diabetes
9) Kidney Disease	9) Influenza &
10) HIV Disease	10) Septicemia

Leading Causes of Death by Age Group 2007 Mecklenburg County	
Infants (< 1yr.)	Ages 25 - 44
* Congenital Defects	* Unintentional Injury
* Prematurity and Immaturity	* Cancer
	* Heart Disease
Ages 1 -14	Ages 45 - 64
* Unintentional Injury	* Cancer
* Homicide	* Heart Disease
	* Unintentional Injury
Ages 15 - 24	Ages 65+
* Unintentional Injury	* Heart Disease
* Homicide	* Cancer
* Suicide	* Alzheimer's Disease

Leading Causes of Death by Race 2007 Mecklenburg County	
Whites	Other Races
1) Cancer	1) Cancer
2) Heart Disease	2) Heart Disease
3) Alzheimer's Disease	3) Stroke
4) Stroke	4) Unintentional Injury
5) Unintentional Injury	5) Kidney Disease
6) COPD	6) HIV
7) Influenza & Pneumonia	7) Homicide
8) Diabetes	8) Diabetes
9) Kidney Disease	9) Alzheimer's Disease
10) Suicide	10) COPD

Source: NC DHHS/State Center for Health Statistics

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Behavior Risk Factor Surveillance System (BRFSS)

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 throughout all of the United States.

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.

Behavioral Risk Factor Surveillance System (BRFSS) Mecklenburg, North Carolina and United States, 2005-2007

	2005			2006			2007		
	Meck	NC	USA	Meck	NC	USA	Meck	NC	USA
Health Care Access									
Has Health Insurance	82%	81%	86%	87%	82%	86%	81%	82%	86%
Has Personal Doctor	77%	77%	N/A	76%	78%	N/A	80%	78%	N/A
Fair/Poor Health Status	13%	19%	15%	13%	18%	15%	12%	19%	15%
Behavioral Health Risks									
Smoking	16%	23%	21%	18%	22%	20%	17%	23%	20%
Overweight/Obesity ¹	56%	63%	61%	57%	63%	62%	60%	65%	63%
No Physical Activity	21%	26%	24%	17%	24%	23%	18%	24%	23%
Fruit & Veg (≥5/day) ²	24%	23%	23%	N/A	N/A	N/A	23%	22%	24%
Chronic Conditions									
Arthritis ³	22%	27%	27%	N/A	N/A	N/A	24%	29%	28%
Diabetes	6%	9%	7%	6%	9%	8%	8%	9%	8%
Asthma	7%	7%	13%	5%	7%	13%	6%	8%	8%
Cardiovascular Disease ⁴	8%	9%	N/A	8%	9%	N/A	6%	9%	N/A
High Blood Pressure ⁵	27%	29%	26%	N/A	N/A	N/A	24%	29%	28%
High Cholesterol ⁵	33%	36%	36%	N/A	N/A	N/A	39%	40%	38%

Source: NC DHHS/State Center for Health Statistics

¹Overweight/Obesity-Body Mass Index (BMI)>25.0. BMI is computed as weight in kilograms divided by height in meters squared: (kg/m²).

²Data for Fruit and Vegetable was not collected for 2006.

³Diagnoses of arthritis includes arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Data was not collected for arthritis in 2006.

⁴History of any cardiovascular diseases includes heart attack, coronary heart disease or stroke.

⁵Data for High Blood Pressure and High Cholesterol was not collected for 2006.

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Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBS is administered at the middle and/or high school level by individual states, counties and/or cities in odd-numbered years to coincide with the national high school administration of the YRBS conducted by the CDC.

The YRBS was designed to focus the nation on behaviors among youth related to the leading causes of mortality and morbidity among both youth and adults and to assess how these behaviors change over time. The survey measures behaviors such as: unintentional injuries and violence; tobacco, alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; nutrition; and physical activity. The YRBS also measures self reported height and weight to allow calculation of body mass index.

SURVEY METHODS

Survey procedures were designed to protect the privacy of students by allowing for anonymous and voluntary participation. Passive parental permission procedures (parent only completes permission form to opt their student out of completing the survey) were followed before survey administration.

High School

In 2005, the Charlotte Mecklenburg High School YRBS was conducted by the Mecklenburg County Health Department in collaboration with the Charlotte Mecklenburg School District (CMS) for the first time.

In the spring of 2007, the Charlotte Mecklenburg High School YRBS was again in 27 public high schools and was completed by 1,484 students in randomly selected classes. Students completed a self-administered 96-item questionnaire.

The high school response rate was 100%, the student response rate was 80% and the overall response rate was 80%.

Middle School

Also in the spring of 2007, the Charlotte Mecklenburg Middle School YRBS was conducted by the Mecklenburg County Health Department in collaboration with the Charlotte Mecklenburg School District for the first time. The survey was administered in 23 public middle schools and was completed by 1,632 students. Students completed a self-administered 80-item questionnaire.

The middle school response rate was 100%, the student response rate was 88% and the overall response rate was 88%.

SURVEY HIGHLIGHTS

Highlights from the 2007 YRBS are presented in following tables for both high and middle schools in CMS and North Carolina as a whole. Middle school data for the US is not available because not all states collect data for the middle school level. For more detailed information about the Charlotte-Mecklenburg YRBS and access to the full survey please visit:

www.charmeck.org/Departments/Health+Departme nt/Health+Statistics/datareports.htm#yrbsdata2

or

www.cms.k12.nc.us/departments/CSH/YRBA.asp.

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Youth Risk Behavior Survey (YRBS)

Middle School Youth Risk Behavior Survey (YRBS) Charlotte-Mecklenburg Schools and North Carolina, 2007

	2007	
	CMS	NC
Unintentional Injuries and Violence		
Rode in a car or other vehicle driven by someone else who had been drinking alcohol	27%	27%
Carried a weapon such as a gun, knife, club in the past 30 days	30%	37%
Was in a physical fight	62%	57%
Bullying and Harrasment		
Have been harassed or bullied on school property in the past year	26%	27%
Psychological Health		
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year	21%	23%
Made a plan about how they would kill themselves	13%	16%
Substance Abuse		
Smoked cigarettes on one or more days in the past 30 days	7%	12%
Ever had a drink of alcohol, other than a few sips	29%	34%
Used marijuana one or more times in the past 30 days	7%	6%
Sexual Behavior		
Ever been taught about abstaining from sexual activity	74%	68%
Weight Management and Nutrition		
Described themselves as slightly or very overweight	21%	23%
Physical Activity		
Physically active for a total of 60 minutes or more per day on five or more of the past seven days	57%	55%
Selected Health Issues		
Current Asthma*	17%	20%

*Had ever been told by a doctor or nurse that they had asthma and who have asthma but had not had an episode of asthma or an asthma attack during the past 12 months or who had an episode of asthma or an asthma attack during the past 12 months.

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Youth Risk Behavior Survey (YRBS)

High School Youth Risk Behavior Survey (YRBS) Charlotte-Mecklenburg Schools, North Carolina and United States, 2005 & 2007

	2005			2007		
	CMS	NC	US	CMS	NC	US
Unintentional Injuries and Violence						
Drove a car or other vehicle when they had been drinking alcohol in the past 30 days	8%	9%	10%	7%	9%	11%
Carried a weapon such as a gun, knife, club in the past 30 days	19%	22%	19%	17%	21%	18%
Was in a physical fight in the past year	31%	30%	36%	30%	30%	36%
Bullying and Harrasment						
Have been harassed or bullied on school property in the past year	21%	26%	N/A	20%	22%	N/A
Psychological Health						
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year	27%	27%	29%	28%	27%	29%
Attempted suicide one or more times in the past year	12%	13%	8%	13%	13%	7%
Substance Abuse						
Smoked cigarettes on one or more days in the past 30 days	20%	25%	23%	15%	23%	20%
Had at least one drink of alcohol on one or more days in the past 30 days	39%	42%	43%	6%	5%	4%
Used marijuana one or more times in the past 30 days	23%	21%	20%	20%	19%	20%
Sexual Behavior						
Ever had sexual intercourse	51%	51%	47%	47%	52%	48%
Weight Management and Nutrition						
Are overweight (at or above the 95th percentile for body mass index, by age and sex)	11%	14%	13%	10%	13%	13%
Physical Activity						
Physically active for a total of 60 minutes or more per day on five or more of the past seven days	39%	46%	36%	43%	44%	35%
Selected Health Issues						
Current Asthma*	15%	N/A	N/A	18%	20%	11%

*Had ever been told by a doctor or nurse that they had asthma and who have asthma but had not had an episode of asthma or an asthma attack during the past 12 months or who had an episode of asthma or an asthma attack during the past 12 months.

2008 STATE OF THE COUNTY HEALTH REPORT

Sexually Transmitted Infections

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.

2005/2007 Sexually Transmitted Infections Mecklenburg County Residents

	HIV DISEASE				EARLY SYPHILIS				CHLAMYDIA				GONORRHEA			
	2005 (N=327)		2007 (N=387)		2005 (N= 142)		2007 (N=141)		2005 (N=3527)		2007 (N=1740)		2005 (N=2082)		2007 (N=1173)	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Race																
White	77	24%	91	24%	57	40%	23	16%	428	12%	246	14%	166	8%	98	8%
Black	228	70%	265	68%	74	52%	112	79%	2627	74%	1263	73%	1829	88%	1019	87%
Native Am.	1	<1%	0	0%	0	0%	0	0%	2	<1%	0	0%	2	<1%	0	0%
Asian	1	<1%	0	0%	0	0%	0	0%	56	2%	24	1%	19	1%	12	1%
Hispanic	20	6%	30	8%	9	6%	6	4%	366	10%	175	10%	46	2%	28	2%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	1	<1%	2	1%	0	0%	48	1%	32	2%	20	1%	16	1%
Age																
0 - 12	1	<1%	2	1%	0	0%	0	0%	9	<1%	0	0%	2	<1%	1	<1%
13-19	10	3%	20	5%	10	7%	6	4%	1426	40%	656	38%	588	28%	299	25%
20-29	63	19%	93	24%	39	27%	58	41%	1684	48%	873	50%	967	46%	604	51%
30-39	99	30%	121	31%	41	29%	38	27%	327	9%	168	10%	318	15%	179	15%
40-49	104	32%	104	27%	48	34%	32	23%	63	2%	35	2%	158	8%	72	6%
50+	50	15%	47	12%	4	3%	7	5%	18	1%	8	0%	49	2%	17	1%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	<1%
Gender																
Male	248	76%	285	74%	102	72%	112	79%	747	21%	423	24%	1156	56%	659	56%
Female	79	24%	102	26%	40	28%	29	21%	2780	79%	1317	76%	926	44%	514	44%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Data Source: NC DHHS, HIV/STD Prevention and Care Unit

2008 STATE OF THE COUNTY HEALTH REPORT

Health Disparities Highlights

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

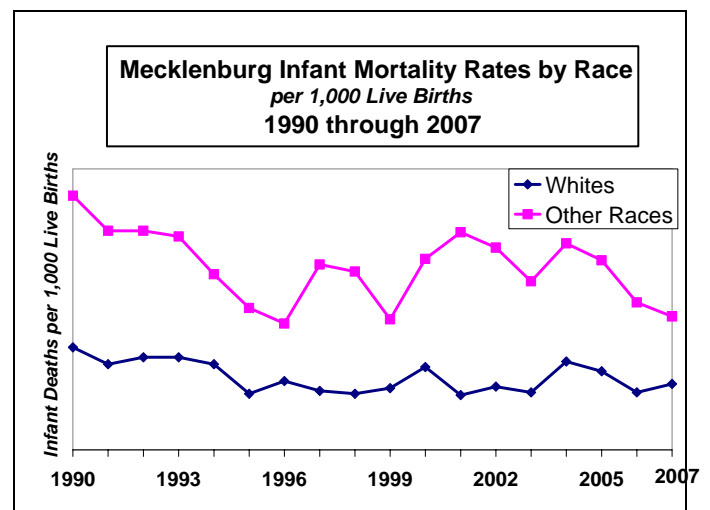
with higher SES have better health than those at the level below them.” SES status includes income, education, occupation, and neighborhood and community characteristics.

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 OUTCOMES

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 2002-2006, the age-adjusted rate for All Causes of Death is 1.4 times greater for People of 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. In 2007 the Infant Mortality rate for Other Races was 9.5 deaths per 1,000 live births, twice as high as the rate for White infants (4.7 deaths per 1,000 live births).



2008 STATE OF THE COUNTY HEALTH REPORT

Health Disparities Highlights

LEADING CAUSES OF DEATH

Leading causes of death for Mecklenburg County White and Other Race populations in 2007 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. The following tables provide more information on disparities in leading causes of death.

Racial Disparities in Leading Causes of Death Mecklenburg County Residents, 2002 – 2006

Minority Death Rates Exceed White Rates for Select Health Conditions			
2002 - 2006 Age-Adjusted Death Rates (rates per 100,000 population)			
	White Death Rate	Minority Death Rate	Disparity Ratio
Heart Disease	165.0	229.8	1.4
Stroke	48.8	76.7	1.6
All Cancers	168.6	223.7	1.3
<i>Female Breast Cancer</i>	25.5	30.4	1.2
<i>Prostate Cancer</i>	24.7	58.8	2.4
<i>Colon Cancer</i>	15.6	22.3	1.4
Diabetes	15.3	41.7	2.7
HIV Disease	2.5	31.1	12.4

White Death Rates Exceed Minority Rates for Select Health Conditions			
2002 - 2006 Age-Adjusted Death Rates (rates per 100,000 population)			
	White Death Rate	Minority Death Rate	Disparity Ratio
Chronic Lower Respiratory Disease	42.3	31.0	1.4
Chronic Liver Disease and Cirrhosis	8.5	6.1	1.4
Suicide	11.5	5.6	2.1

Age-Adjusted to US 2000 Population Standard

Data Source: NC DHHS, State Center for Health Statistics: 2008 County Data Book

2008 STATE OF THE COUNTY HEALTH REPORT

Health Disparities Highlights

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 387 cases of HIV disease reported in 2007, 265 (68%) were black. See the previous section on sexually transmitted diseases for more information. 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 2007 Mecklenburg Behavioral Risk Factor Surveillance Survey (BRFSS) show people of Other Races are more likely to report being

overweight/obese in comparison to Whites. The percent of persons reporting no physical activity in the past month and persons not eating 5 or more servings of fruits & vegetables per day is more than two times greater for people of Other Races in comparison to Whites (2.1 times). The percent reporting current smoking was only slightly higher for people of Other Races.

When looking at BRFSS responses by household incomes less than \$50,000/yr and household income \$50,000 or above, a higher percentage of individuals with < \$50,000 than those with \$50,000+ reported being overweight/obese (1.2 times), no physical activity (1.6 times), smoking (1.6 times), and eating less than 5 or more servings of fruits & vegetables per day (2.1 times).

Disparities in Selected Health Risk Behaviors 2007 Behavior Risk Factor Surveillance System (BRFSS)

Health Risk Factors from the 2007 Behavioral Risk Factor Surveillance System						
	% Other Races	% White	Disparity Ratio	% Household Income <\$50,000	% Household Income \$50,000+	Disparity Ratio
<i>Current Smoker</i>	18	15.9	1.1	23.6	14.5	1.6
<i>Overweight or Obese</i>	66.6	56.3	1.2	69.4	57.1	1.2
<i>No Exercise in Past Mo.</i>	25.9	12.6	2.1	20.2	12.6	1.6
<i>No 5+ Fruits & Veg Per Day</i>	83.8	73.2	2.1	80.1	75.4	2.1

2008 STATE OF THE COUNTY HEALTH REPORT

Environmental Health Highlights

AIR QUALITY

Affected by numerous factors such as vehicle traffic, industry, and geography, air quality is a regional issue as well as a county one. Mecklenburg County has a serious problem with ozone and does not comply with national standards. Because ozone levels have consistently remained at approximately 15% above federal compliance levels over the last 20 years, the EPA designated Mecklenburg County and surrounding areas an ozone "non-attainment" area in April 2004. The table on the right describes the number of days per year that the ozone levels have exceeded federal compliance levels.

Number of Days that Ozone Levels have Exceeded Federal Compliance Levels Mecklenburg County 2003-2007	
Year	Number of Days
2003	4
2004	4
2005	10
2006	9
2007	19

Air Quality Initiatives

Several clean air programs and community collaborations help to address the air quality issue in Mecklenburg County. Some of these initiatives are listed in the table below.

For more information visit www.charmeck.org/Departments/LUESA/Air+Quality/Home.

WATER QUALITY

Groundwater remains a viable resource in Mecklenburg County for both domestic and industrial purposes. As of 2007, 17% of the population relied on private groundwater wells, approximately three percent relied on neighborhood wells and less than one percent of the businesses and facilities relied on groundwater.

Air Quality Initiatives Mecklenburg County 2007	
Mecklenburg County Air Quality (MCAQ)	<ul style="list-style-type: none"> Responsible for assuring good air quality for the community through a combination of regulatory and non-regulatory programs "Spare the Air" - educates about the sources and health effects of air pollution "Smokin & Chokin" - allows residents to report cars with smoking tailpipes to MCAQ 155 vehicles were reported in FY08 www.charmeck.org/Departments/LUESA/Air+Quality
Carolinas Clean Air Coalition (CCAC)	<ul style="list-style-type: none"> Works to restore clean and safe air to the Charlotte region through coalition building public policy and advocacy and community outreach Serves a 15 county region in North and South Carolina www.clean-air-coalition.org
Sustainable Environment for Quality of Life (SEQL)	<ul style="list-style-type: none"> Integrated environmental initiative for the 15-county metropolitan Charlotte region in North and South Carolina Funded by the Environmental Protection Agency www.seql.org

2008 STATE OF THE COUNTY HEALTH REPORT

Environmental Health Highlights

WATER QUALITY con't

In 1989, the Mecklenburg Priority List (MPL) was established in response to the need for a more aggressive program to protect citizens from drinking contaminated groundwater. The MPL program actively investigates contaminated sites to insure that residents are not drinking or at a risk of drinking contaminated groundwater. In 2007 there were 1,130 sites listed with soil and/or groundwater contamination.

Another measure of groundwater quality is the absence of disease causing bacteria. In 2007, 93 private groundwater wells were tested for total and fecal coliform bacteria. Over 20% were found to be positive for coliform bacteria.

For more information visit www.charmeck.org/Departments/GWS.

LEAD SCREENING

The Childhood Lead Poisoning Prevention Program promotes childhood lead poisoning prevention, provides medical case management to children under 6 years of age who have elevated lead levels, and apply State rules and regulations addressing childhood lead poisoning prevention. Children, under the age of six years, who reside in target housing (pre-1978), should have their blood tested for lead at their pediatrician or other health care provider. Below are the lead testing results for Mecklenburg County for 2007.

For more information visit <http://www.charmeck.org/Departments/Health+Department/Environmental+Health/Programs-Services/Lead+Poisoning>.

Year	Screened < 6 years	Confirmed ≥10 ug/dL	Confirmed ≥20 ug/dL
2007	10,702	5	1

FOOD INSPECTIONS

The Food & Facilities Sanitation Program (F&FS) is a mandated program administered by the local Health Department pursuant to Chapter 130A of the General Statutes of North Carolina. F&FS Program staff issue permits for operation of these facilities and are required to conduct over 10,000 facility inspections per year to help maintain high levels of sanitation for protection of public health. In FY07 almost all (99.7%) of the required food inspections were completed, a huge increase from FY06 (56%). Additional staff being added to F&FS helped to contribute to the increase in inspections.

For more information visit www.charmeck.org/Departments/Health+Department/Environmental+Health/Programs-Services/Foodservice+and+Facilities.

CARBON MONOXIDE

Carbon Monoxide (CO) is the number one cause of poisoning deaths in the United States, with more than 3,800 people known to die annually from CO (accidentally and intentionally). Cold weather in Mecklenburg County increases the likelihood of some residents using heating sources that produce CO. On January 1, 2004 an ordinance was passed requiring all dwelling units whether owned or leased, the source of energy used in the dwelling and regardless of whether the dwelling unit has an attached garage shall now contain at least one operable Carbon Monoxide Alarm.

For more information visit www.carbonmonoxide1.com.

2008 STATE OF THE COUNTY HEALTH REPORT

Environmental Health Highlights

ENVIRONMENTAL POLICIES

Tobacco Policies Supporting Environmental Health	
Mecklenburg County 2007	
Go For Atmosphere	<ul style="list-style-type: none"> • Educates the Community About Smoke-Free Dining • Over 60% of all restaurants in Mecklenburg are Smoke Free www.goforatmosphere.com
100% Tobacco Free Schools	<ul style="list-style-type: none"> • Charlotte Mecklenburg Schools went Smoke Free in May 2003 • Prohibits smoking on all Board of Education property, school owned vehicles, school owned facilities, & all school sponsored curricular or extra-curricular activities whether occurring on or away from a school campus www.cms.k12.nc.us
Project Assist	<ul style="list-style-type: none"> • Project Assist stands for American Stop Smoking Intervention Study • Focus is on helping adolescents, pregnant women, & tobacco users who want to quit www.charmeck.org/Departments/Health+Department/Community+Health+Services/Tobacco+Use/ProjectAssist.htm

Nutrition & Physical Activity Policies Supporting Environmental Health	
Mecklenburg County 2007	
Color Me Healthy	<ul style="list-style-type: none"> • A fun & well-researched physical activity & nutrition curriculum for underserved four & five year old children • Uses color, music, imagination, & exploration of the senses to teach children that healthy food & physical activity are fun
Families Eating Smart & Moving More	<ul style="list-style-type: none"> • A 4 part program that offers families simple solutions to help them eat smart & move more
Nutrition & Physical Activity Self Assessment For Child Care	<ul style="list-style-type: none"> • Assists childcare centers in assessing & setting goals to improve nutrition & physical activity practices
<p>For information on any of the above programs contact Priscilla Laula at plaula@carolinas.org</p>	

Fit City Challenge	
Mecklenburg County 2007	
Fit City Challenge	<ul style="list-style-type: none"> • A community level initiative to encourage and empower program participants to increase their level of physical activity and fruit & vegetable consumption • Goals are walking 5 miles per week and eating 5 fruits and vegetables each day, then recording progress in these areas through the interactive website • Mecklenburg County is a designated 'Fit Community' - a community that excels in promoting healthier lifestyles www.fitcitychallenge.org
Fit City for Fit Families	<ul style="list-style-type: none"> • Educates families on the importance of healthy eating & physical activity • Also works with family-friendly businesses to establish policies that create healthy eating options and physical activity opportunities www.fitcitychallenge.org/families
Fit City Worksite Wellness	<ul style="list-style-type: none"> • Assists business owners, human resource administrators or employee advocates to help create a healthier work environment • Initiatives include a list of healthy snack items for company vending machines, creative ways to incorporate physical activity in the workday, and a complete self-assessment to determine how healthful the worksite really is to help make improvements www.fitcitychallenge.org/worksite

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Injury Highlights

Leading Causes of Death UNINTENTIONAL Injury Total Deaths: 250

Leading Causes of Deaths due to Unintentional Injury

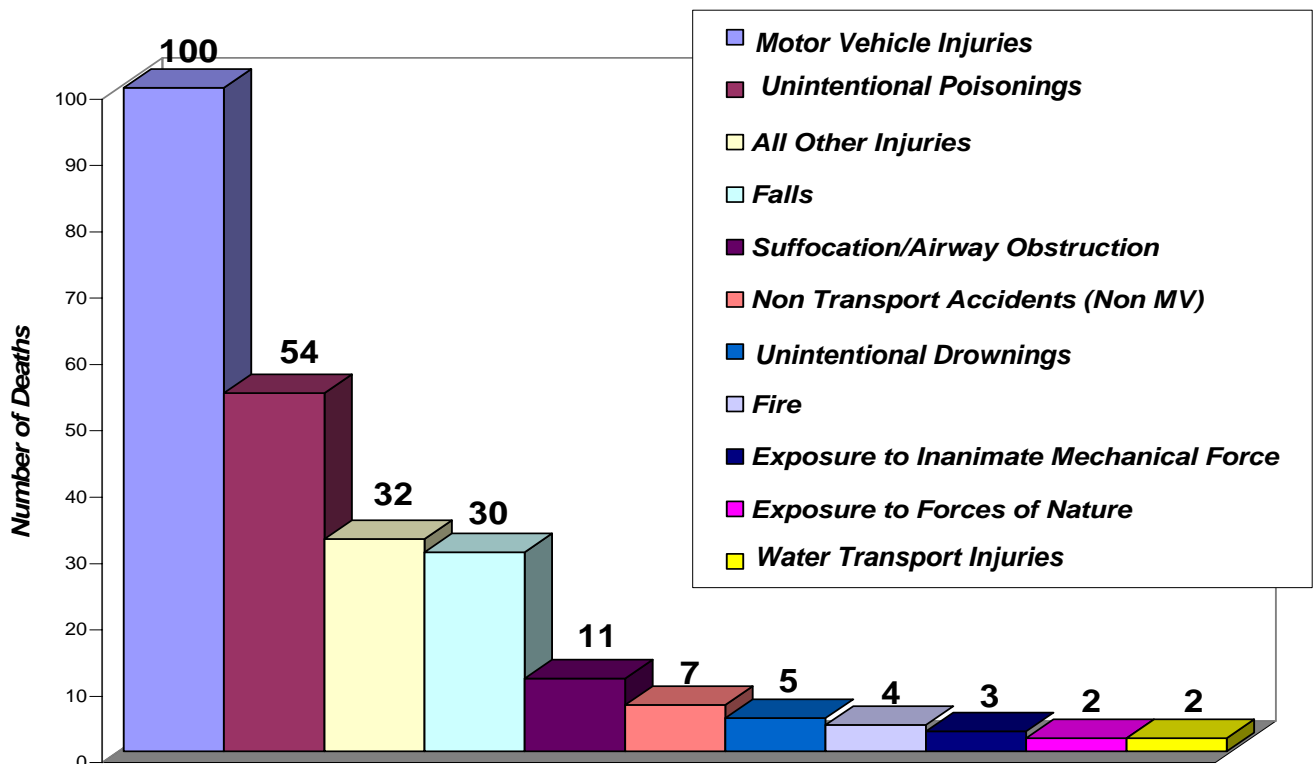
- **Motor Vehicle Injuries** (40%)
- **Unintentional Poisonings** (22%)
- **Falls** (12%)
- **Suffocation/
Airway Obstruction** (6%)
- **Transport Injuries** (3%)
- **All Other Injuries** (17%)

Leading Causes of Death INTENTIONAL Injury Total Deaths: 135

Leading Causes of Deaths due to Intentional Injury

- **Homicides 77 deaths (57%)**
 - *Firearms* (44%)
 - *Sharp Object* (7%)
 - *Hang/Suffocation* (2%)
 - *All Other* (4%)
- **Suicides 58 deaths (43%)**
 - *Firearms* (22%)
 - *Hang/Suffocation* (10%)
 - *Ingestion* (5%)
 - *All Other* (4%)

2007 Unintentional Injury Deaths, Mecklenburg Residents
(Number of Deaths)



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Injury Highlights

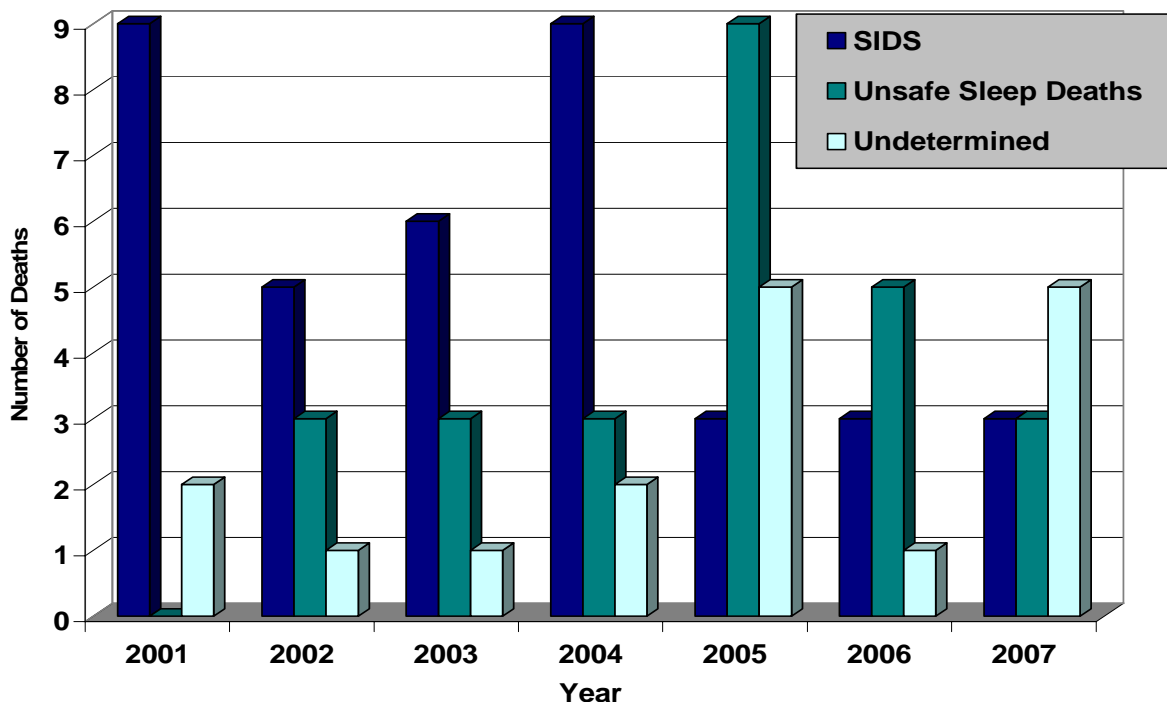
SIDS and UnSafe Sleep Deaths

Mecklenburg County Community Child Fatality Prevention and Protection Team (CFPPT)

The Mecklenburg County Community Child Fatality Prevention and Protection Team (CFPPT) is a multidisciplinary group charged by North Carolina Statute 7B-1406-1414 to review all infant and child fatalities in Mecklenburg County from birth to age seventeen. The mission of the Team is to identify gaps and deficiencies in the comprehensive local child service system (public and private agencies and individuals) to advocate for prevention efforts, recommend needed remedies, and a coordinated response in order to serve all of the community's children and families. Through the monthly reviews of all infant and child deaths by the Prevention Team (a subcommittee of the CFPPT) the issue of infant deaths related to or caused by unsafe sleep practices has been identified as reoccurring problem in the community.

Unsafe sleep practices include but are not limited to infants who are put down to sleep on their stomachs, on a surface or location other than a crib mattress, and/or in the presence of fluffy pillows, stuffed animals, blankets or any other objects in the crib that bring the sleep environment too close to the infant's face. Mecklenburg fatality reviews have shown these types of unsafe sleep factors present in almost all SIDS, Unsafe Sleep Deaths (Accidental Suffocations), and sleeping deaths ruled as Undetermined. While the incidence of SIDS has decreased in Mecklenburg County, the incidence of Unsafe Sleeps Deaths and Undetermined Deaths (with risk factors related to unsafe sleep practices) is increasing. Community efforts to increase awareness and provide education on Safe Sleep Practices is one of the primary goals of the CFPPT and will continue to be addressed through a coordinated response by the CFPPT and its partner agencies.

**Infant Deaths to SIDS and UnSafe Sleep: Mecklenburg County Residents, 2001 – 2007
(Number of Deaths)**



2008 STATE OF THE COUNTY HEALTH REPORT

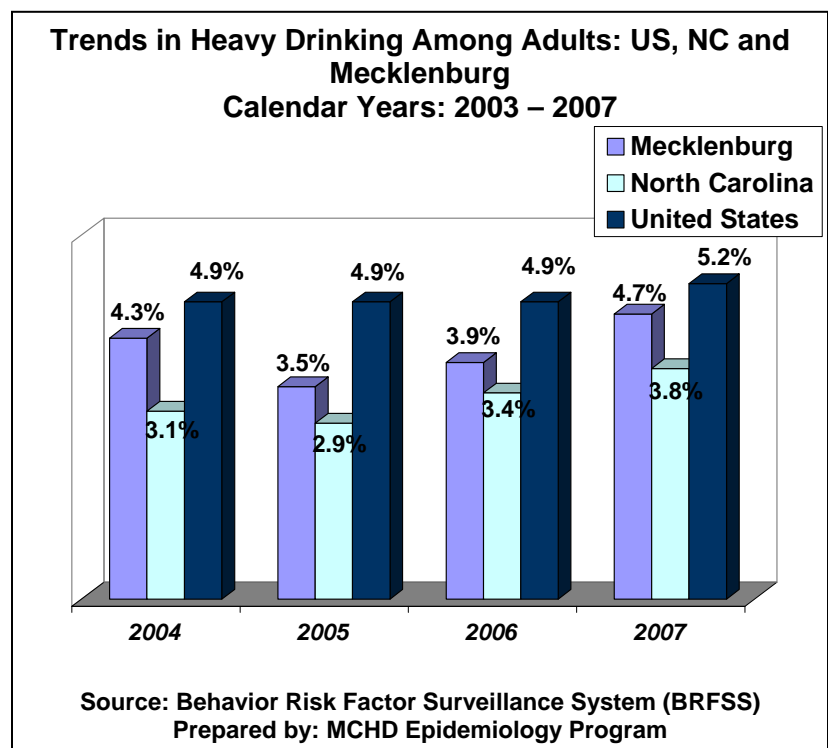
Substance Abuse Highlights

Substance abuse and its related problems continue to be a major public health concern for the nation. According to the Centers for Disease and Control (CDC), excessive alcohol consumption is the third leading preventable cause of death in the United States. In a 2007 survey sponsored by the Substance Abuse and Mental Health Services Administration, an estimated 19.9 million Americans aged 12 or older were current (past month) illicit

drug users, meaning they had used an illicit drug during the month prior to the survey interview. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. The use of alcohol and other illicit drugs has been linked with increases in motor vehicle crashes, crime, health care costs and losses in productivity.

ALCOHOL CONSUMPTION

- Heavy drinking is defined as having more than 2 drinks per day for men and having more than 1 drink per day for women. Binge drinking is defined as having five or more drinks of alcohol on one occasion.
- Among Mecklenburg County adults (persons 18 yrs. and older), reports of heavy drinking declined from 6.6% in 2003 to 4.7% in 2007.
- While reports of heavy drinking in adults are slightly higher for women, males are more than twice as likely to report binge drinking than are females (based upon 2007 Behavior Risk Factor Surveillance System data on alcohol consumption).
- According to the 2007 Youth Risk Behavior Survey (YRBS), nearly 34% of Mecklenburg teens have had at least one drink of alcohol in the past thirty days.
- Nearly 16% of teens reported binge drinking in the month prior to being interviewed.

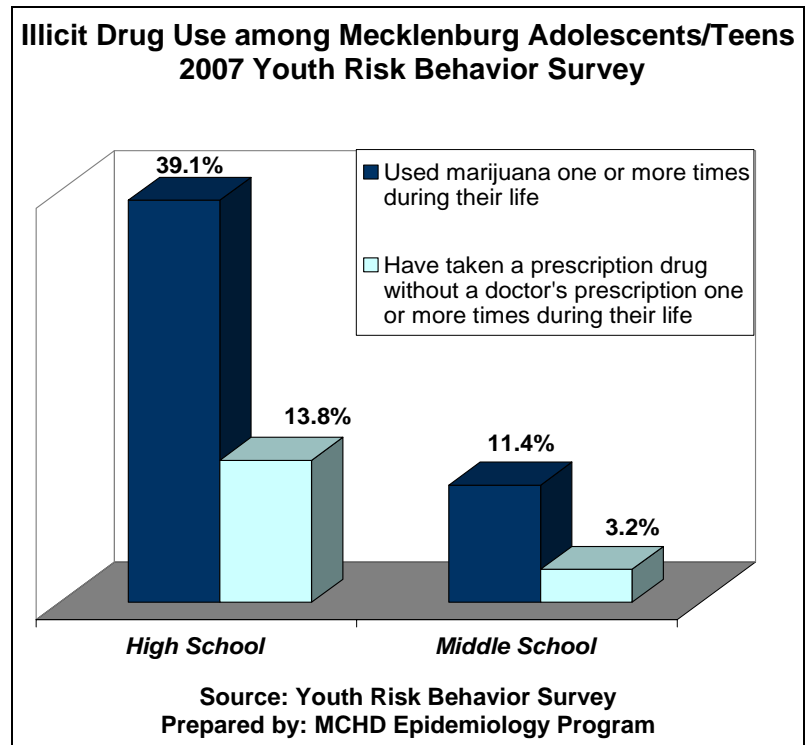


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Substance Abuse Highlights

ILLICIT DRUG USE

- Use of illicit drug increases as students move from Grade 6 to Grade 12.
- According to the 2007 YRBS, approximately 11% of Charlotte-Mecklenburg Middle School students reported ever using marijuana.
- In comparison, nearly 40% of Charlotte-Mecklenburg High School students reported using marijuana once or more during their lifetime during 2007.
- Teen/adolescent use of prescription drugs such as OxyContin, Percocet, Demerol, Adoral, Ritalin, or Zanax without a doctor's prescription is a growing concern for the nation .
- In Mecklenburg, 3% of Middle School students and 14% of High School students reported taking prescription drugs without a doctor's prescription.



Highlights from the 2007 Youth Drug Survey **Substance Abuse Indicators Report**

The following data and statistics are from the 2007 Substance Abuse Indicators Report. The Indicators Report, developed by the Charlotte Mecklenburg Drug Free Coalition, collects, documents, and illustrates factors that contribute to drug and alcohol problems in our community. For more information on the Charlotte Mecklenburg Drug Free Coalition and additional statistics on substance abuse in Mecklenburg County , please visit: www.drugfreecharlotte.org.

- Of the students surveyed, 17.2% admitted to consuming alcohol in the last 30 days.
- Of those who consumed alcohol in the past 30 days, 32.5% admitted to binge drinking which is a decrease of 15.2% from 2004.
- Marijuana use also increases steadily by grade. Of the students surveyed, 10.8% admitted to using marijuana in the past 30 days.
- The primary source for substances for those admitting to use, is from friends. 35% of students who reported alcohol use and 50% of students who admitted smoking cigarettes reported receiving these substances from their friends.
- Based upon the 2007 survey, self-reports of over-the-counter drug use is down among Mecklenburg teens. This may be due in part to the change in State law requiring over-the-counter drugs be moved behind store counters.