2009 State of the County Health Report

An Overview of Selected Health Indicators for Mecklenburg County Residents

Mecklenburg County
2009 State of the County Health Report

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Prepared by Mecklenburg County Health Department Epidemiology Program/Mecklenburg Healthy Carolinians, November 2009

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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 that a comprehensive review of the priority issues identified during CHA, information pertaining to these health priorities may be found in this document.

The most recent Mecklenburg SOTCH Report was issued in 2008 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.

2009 SELECTED HEALTH INDICATORS, MECKLENBURG COUNTY RESIDENTS

2009 STATE OF THE COUNTY HEALTH REPORT
Mecklenburg County Demographics

POPULATION TRENDS

- The total estimated population for Mecklenburg County for 2008 is 890,515. This is an increase of about 28% since the 2000 Census[1].
- The 2008 Mecklenburg population is fairly young with a median age of 35.3 years[1].
- Mecklenburg County population is expected to reach 936, 874 by 2010[2].

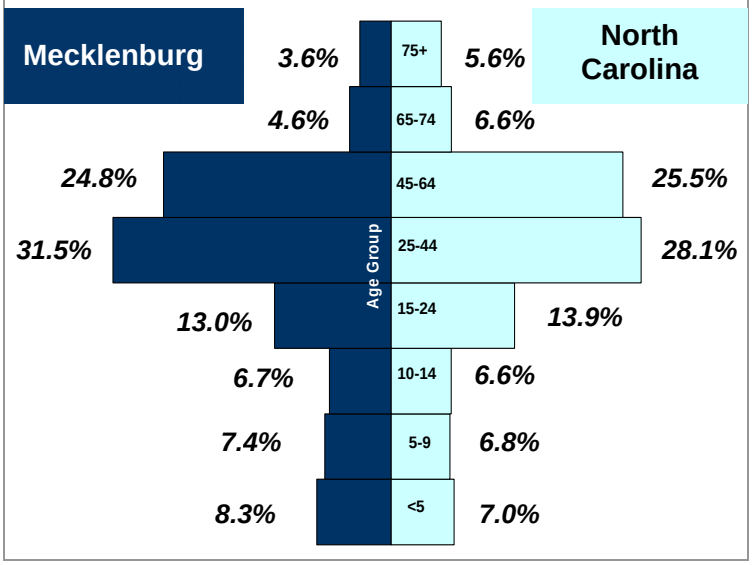
Mecklenburg County Population[1] by Race and Ethnicity
2008

Population by Race/Ethnicity	Number	%
White	537,441	60.4%
African-American	259,772	29.2%
Asian	35,167	3.9%
American Indian/Alaskan Native	3,006	0.3%
Native Hawaiian or Pacific Islander	319	0.0%
Other Race	38,555	4.3%
More than One Race	16,255	1.8%
Ethnicity		
Hispanic (can be of any race)	*96,214*	*10.8%*

Mecklenburg County Education
Primary and Secondary Education

Primary and Secondary Schools[3]	# of schools
Elementary Schools	103
Middle Schools	33
High Schools	31
Alternative/Special	4
Private	64
Public school drop out rate[3]	5.9%
Per Pupil Expenditure[3]	$8,570

Population by Age Group
Mecklenburg and North Carolina, 2008



EDUCATION

- With a 2008-2009 enrollment of more than 133,000 students in grades K-12 attending 176 schools, Charlotte-Mecklenburg Schools (CMS) is the largest school system in the Carolinas[3].
- Six new schools opened during the 2009-2010 school year in CMS[3].
- More than 175,000 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 Region[3].
- Over 40% of Mecklenburg County residents age 25 years and older have at least a bachelor's degree compared to about 26% of North Carolina residents[4].

2009 STATE OF THE COUNTY HEALTH REPORT
Mecklenburg County Demographics

ECONOMIC

Charlotte is the 2nd largest financial center in the nation with more than $2 trillion in assets. The five largest employers in Mecklenburg County are listed to the right.

Mecklenburg Demographics
Five Largest Employers In Meckenburg County
Carolinas HealthCare System
Wells Fargo/Wachovia
Bank of America
Duke Energy
Charlotte Mecklenburg Schools

Unemployment Rate[5]

- The unemployment rate in Mecklenburg County has been steadily increasing since mid-2008. The average unempolyment rate for 2008 was 6.1; in September 2009 the unemployment rate was 11.0.

Income and Poverty Status[1]

- The 2008 median family income for Mecklenburg County was $71,734 compared to $56,588 for North Carolina.
- In 2008, 10.5% of all persons in Mecklenburg lived in poverty compared to 14.6% across the state.

Mecklenburg Demographics	
Health Care Access	
Health Professionals and Hospital Data[6]	**#**
# of doctors per 10,000 population	27.8
# of dentists per 10,000 population	6.3
# of hospital beds	1,984
Has Health Insurance[7]	**% of persons**
persons 18 years or older	85.0%
persons between 18 years and 65 years	82.9%
persons who are employed for wages	89.7%

ACCESS TO CARE

Health Insurance[7]

- Over 85% 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 and almost 16% reported not seeing a doctor because of cost.

Health Professionals and Hospital Data[6]

- As of 2008, there were about 28 doctors per 10,000 population and approximately 2,000 hospital beds in Mecklenburg County.

Sources

[1]United States Census Bureau, American Community Survey.: www.census.gov/acs. Last accessed 11/16/2009.

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

[3]Charlotte Mecklenburg School District: www.cms.k12.nc.us. Last accessed 11/17/2009.

[4]Charlotte Chamber of Commerce: www.charlottechamber.com. Last accessed 11/17/2009.

[5] NC Exmployent Security Comission, www.ncesc.com. Last Accessed 10/17/2009.

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

[7]Behavioral Risk Factor Surveillance System (BRFSS) 2007. Last accessed 11/17/2009.

2009 STATE OF THE COUNTY HEALTH REPORT
Maternal and Child Health Highlights

2007/2008 Birth Highlights
Mecklenburg County Residents

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 and/or Pacific Islander*	*849*	*15.5%*
▸ *American Indian*	*51*	*0.9%*
▸ *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%
Primary C-section	**2,861**	19.4%

2008		
Total Births = 14,902		
Live Birth Rate = 17.0 per 1,000		
Racial Categories		
White	**9,285**	**62.3%**
Other Races	**5,617**	**37.7%**
▸ *Black or African American*	*4,660*	*82.9%*
▸ *Asian and/or Pacific Islander*	*859*	*15.3%*
▸ *American Indian*	*30*	*0.53%*
▸ *Other Non-White*	*68*	*1.2%*
Hispanic/Latino and Country of Origin		
Non-Hispanic	**11,782**	**79.1%**
Hispanic	**3,089**	**20.7%**
▸ *Mexican*	*1,564*	*50.6%*
▸ *Central or South American*	*1,329*	*43.0%*
▸ *Puerto Rican*	*132*	*4.3%*
▸ *Cuban*	*44*	*1.4%*
▸ *Other Hispanic*	*20*	*0.65%*
Unknown	**31**	**0.21%**
Age of Mother		
40 plus	**418**	**2.8%**
30 - 39 years	**6,216**	**41.7%**
20 - 29 years	**6,936**	**46.5%**
Teens Under the Age of 20	**1,332**	**8.9%**
▸ *Teens 10-14*	24	*1.8%*
▸ *Teens 15-17*	463	*34.8%*
▸ *Teens 18-19*	845	*63.4%*
Birth Outcomes & Prenatal Care		
Premature (<37 weeks)	**1,820**	12.2%
Very Premature (<32 weeks)	**293**	2.0%
Low Birth Weight (<=2500g)	**1,394**	9.4%
Very Low Birth Weight (<=1500g)	**265**	1.8%
First Trimester Prenatal Care	**12,270**	82.3%
Primary C-section	**2,960**	19.9%

2009 STATE OF THE COUNTY HEALTH REPORT
Maternal and Child Health Highlights

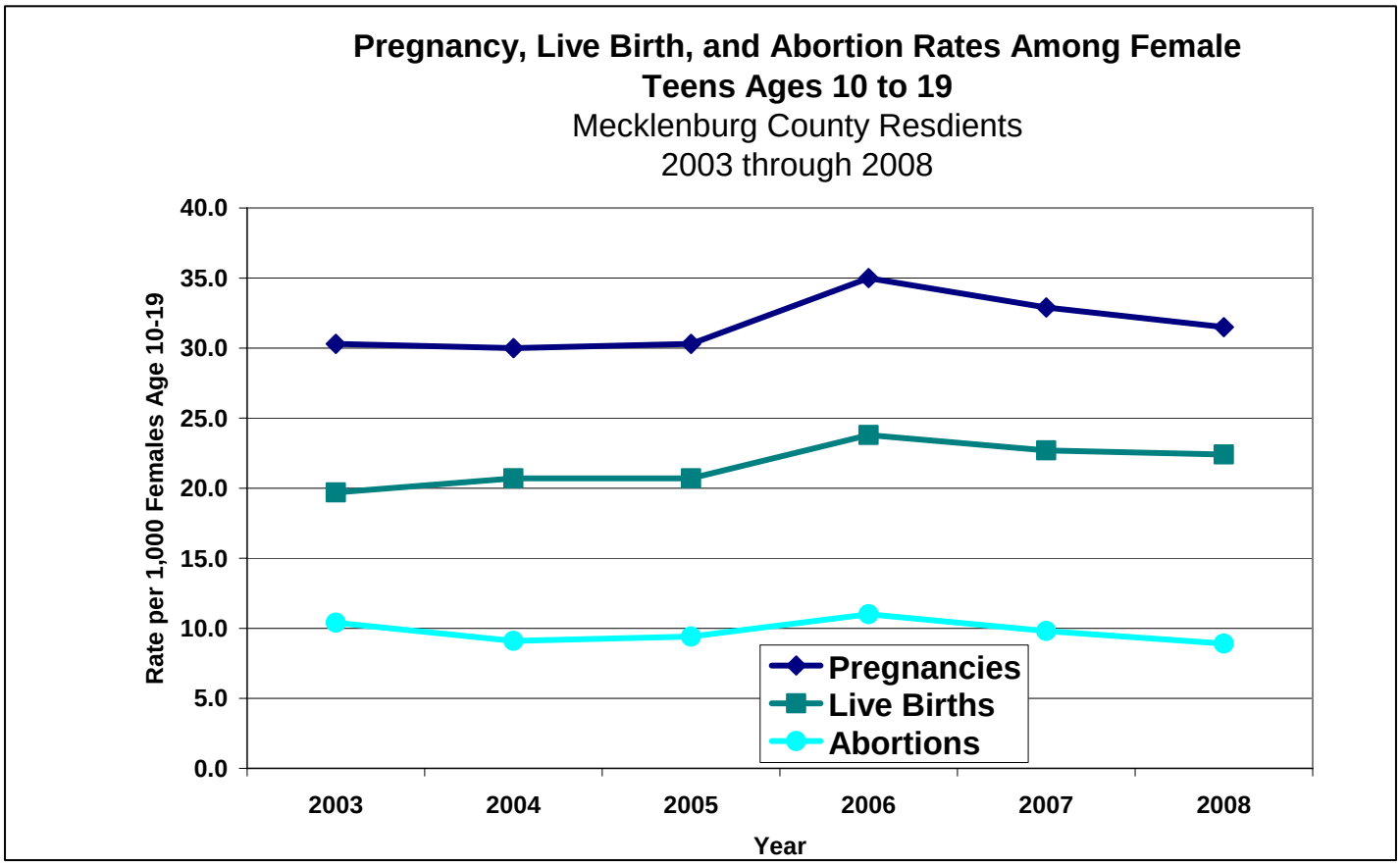
2007/2008 Teen Pregnancy Highlights
Mecklenburg County Residents

2007 - 2008 Teen Pregnancy Rates for Mecklenburg County
(Rates per 1,000 females by age group)

		2007 Rate	2008 Rate	% Change	
10 to 14	Total	1.4	1.2	14.3%	decrease*
	White	0.5	0.6	-20.0%	increase*
	Minorities	2.4	1.7	29.2%	decrease*
15 to 17	Total	34.8	32.9	5.5%	decrease
	White	22.2	20.2	9.0%	decrease
	Minorities	48.8	45.1	7.6%	decrease
18 to 19	Total	104.6	101.9	2.6%	decrease
	White	77.8	67.8	12.9%	decrease
	Minorities	130.5	131.0	-0.4%	increase
15 to 19	Total	62.4	60.1	3.7%	decrease
	White	44.3	38.7	12.6%	decrease
	Minorities	80.8	79.4	1.7%	decrease
10 to 19	Total	32.9	31.5	4.3%	decrease
	White	22.9	19.4	15.3%	decrease
	Minorities	43.6	44.0	-0.9%	increase

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.



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

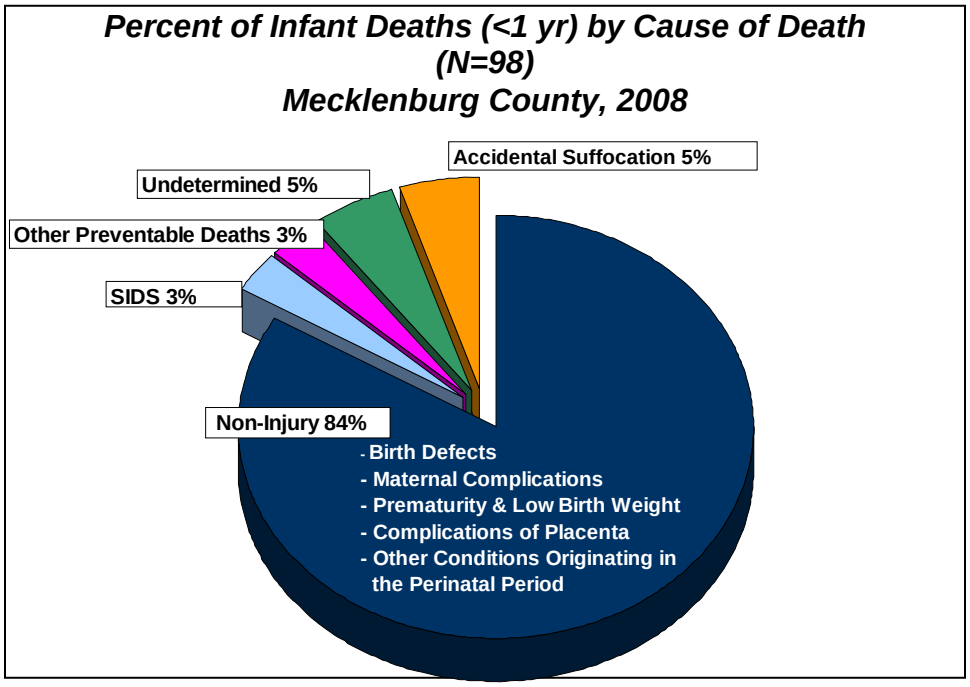
Data Source: NC DHHS/State Center for Health Statistics
Prepared by the Mecklenburg County Health Department, Epidemiology Program, November 2009.

2009 STATE OF THE COUNTY HEALTH REPORT
Maternal and Child Health Highlights

2008 Infant and Childhood Injury and Death Highlights
Mecklenburg County Residents

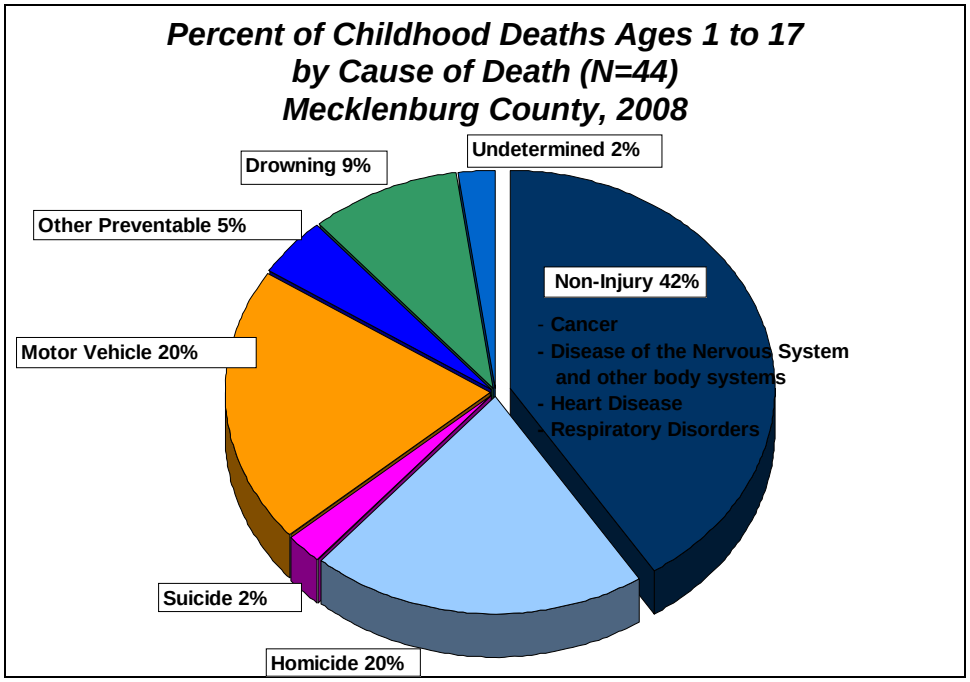
INFANT DEATHS (<1 yr)

- In 2008, the infant mortality rate was 6.6 per 1,000 live births. The rate for minority infants was 10.2 per 1,000 live births and the rate for white infants was 4.4 per 1,000 live births.
- The leading causes of death for infants are birth defects, maternal complications, prematurity/low birth weight, and unintentional injuries.
- Preventable injury related deaths include accidental suffocation, drowning, motor vehicle injuries, and a house fire explosion.
- SIDS deaths remains low while accidental suffocations and undetermined deaths with risk factors for an unsafe sleeping environment continue to increase.



CHILDHOOD DEATHS (1-17 yrs)

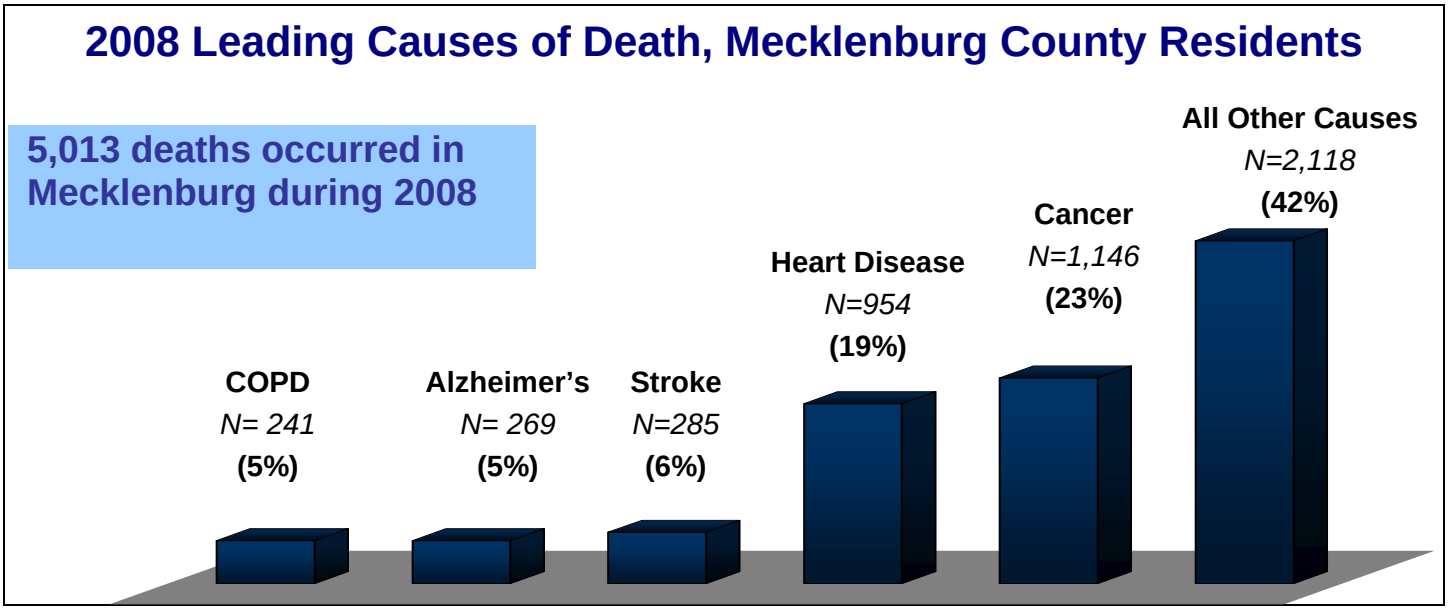
- Injury is the leading cause of death for children ages 1-17
- Deaths due to motor vehicle injuries, homicides, and other unintentional injuries increased while deaths due to suicide decreased.
- There were 9 homicides. Seven of these deaths were the result of firearms and two children under the age of five died resulting from injuries due to child abuse by a caregiver.



2009 STATE OF THE COUNTY HEALTH REPORT
Leading Causes of Death

2008 Leading Causes of Death, Mecklenburg County Residents

5,013 deaths occurred in Mecklenburg during 2008



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

Top Ten Leading Causes of Death Mecklenburg, North Carolina, 2008 and the United States 2006			
	Meck	NC	USA
Cancer	1	2	2
Heart Disease	2	1	1
Stroke	3	4	3
Alzheimer's Disease	4	6	7
Chronic Obstructive Pulmonary Disease (COPD)	5	3	4
Unintentional Injury	6	5	5
Diabetes	7	7	6
Kidney Disease	8	9	9
Septicemia	9	10	10
Influenza and Pneumonia	10	8	8

- Cancer, Heart Disease and Stroke are the three leading causes of death in Mecklenburg County accounting for more than 50% of deaths reported in 2008.
- While in 2008, 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.

2009 STATE OF THE COUNTY HEALTH REPORT
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.
- Cancer, Unintentional Injuries, and Homicide are the leading causes of deaths among Hispanic residents in Mecklenburg County in 2008.

Leading Causes of Death by Gender 2008 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) Diabetes
8) Homicide	8) Septicemia
9) Kidney Disease	9) Kidney Disease
10) Suicide	10) Hypertension

Leading Causes of Death by Age Group 2008 Mecklenburg County

Infants (< 1yr.)	Ages 25 - 44
* Congenital Defects	* Unintentional Injury
* Maternal Complications	* Cancer
* Prematurity & Immaturity	* Heart Disease
Ages 1 -14	**Ages 45 - 64**
* Unintentional Injury	* Cancer
* Cancer	* Heart Disease
* Homicide	* Unintentional Injury
Ages 15 - 24	**Ages 65+**
* Homicide	* Cancer
* Unintentional Injury	* Heart Disease
* Suicide	* Alzheimer's Disease

Leading Causes of Death by Race 2008 Mecklenburg County

Whites	Minorities
1) Cancer	1) Cancer
2) Heart Disease	2) Heart Disease
3) Alzheimer's Disease	3) Stroke
4) Stroke	4) Unintentional Injury
5) COPD	5) Diabetes
6) Unintentional Injury	6) Kidney Disease
7) Septicemia	7) Homicide
8) Diabetes	8) Alzheimer's Disease
9) Influenza & Pneumonia	9) COPD
10) Kidney Disease	10) HIV

Source: NC DHHS/State Center for Health Statistics

2009 STATE OF THE COUNTY HEALTH REPORT
Behavior Risk Factor Surveillance System

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, 2006-2008

	2006			2007			2008		
	Meck	NC	USA	Meck	NC	USA	Meck	NC	USA
Health Care Access									
Has Health Insurance	87%	82%	86%	81%	82%	86%	85%	82%	86%
Has Personal Doctor	76%	78%	N/A	80%	78%	N/A	81%	78%	N/A
Fair/Poor Health Status	13%	18%	15%	12%	19%	15%	15%	18%	14%
Behavioral Health Risks									
Smoking	18%	22%	20%	17%	23%	20%	13%	21%	18%
Overweight/Obesity[1]	57%	63%	62%	60%	65%	63%	61%	66%	63%
No Physical Activity	17%	24%	23%	18%	24%	23%	19%	25%	25%
Fruit & Veg (≥5/day)[2]	N/A	N/A	N/A	23%	22%	24%	N/A	N/A	N/A
Chronic Conditions									
Arthritis[3]	N/A	N/A	N/A	24%	29%	28%	N/A	N/A	N/A
Diabetes	6%	9%	8%	8%	9%	8%	8%	9%	8%
Asthma	5%	7%	13%	6%	8%	8%	7%	8%	9%
Cardiovascular Disease[4]	8%	9%	N/A	6%	9%	N/A	6%	9%	N/A
High Blood Pressure[5]	N/A	N/A	N/A	24%	29%	28%	N/A	N/A	N/A
High Cholesterol[5]	N/A	N/A	N/A	39%	40%	38%	N/A	N/A	N/A

Source: NC DHHS/State Center for Health Statistics
1 Overweight/Obesity-Body Mass Index (BMI)>25.0. BMI is computed as weight in kilograms divided by height in meters squared: (kg/m2).
2 Data for Fruit and Vegetable was not collected for 2006 and 2008.
3 Diagnoses of arthritis includes arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Data was not collected for arthritis in 2006 and 2008.
4 History of any cardiovascular diseases includes heart attack, coronary heart disease or stroke.
5 Data for High Blood Pressure and High Cholesterol was not collected for 2006 and 2008.

2009 STATE OF THE COUNTY HEALTH REPORT
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 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.

In 2005 the YRBS was administered for the first time in Charlotte Mecklenburg High Schools. In 2007, the YRBS was also administered in Charlotte Mecklenburg Middle Schools. The YRBS was conducted the Mecklenburg County Health Department in collaboration with the Charlotte Mecklenburg School District in 23 public high schools and middle schools in randomly selected classes. The weighted survey results accurately reflect gender, race/ethnicity, and grade level distribution of public high school students in the Charlotte-Mecklenburg School District.

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.

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.

2009 STATE OF THE COUNTY HEALTH REPORT
Sexually Transmitted Infections (STIs)

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.

2006/2008 Sexually Transmitted Infections
Mecklenburg County Residents

	HIV DISEASE				EARLY SYPHILIS				CHLAMYDIA				GONORRHEA			
	2006 (N=390)		2008 (N=498)		2006 (N=194)		2008 (N=94)		2006 (N=2836)		2008 (N=4,221)		2006 (N=2072)		2008 (N=1,865)	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Race																
White	79	20%	109	22%	34	18%	21	22%	459	16%	633	15%	196	10%	168	9%
Black	270	69%	361	72%	151	78%	66	70%	2010	71%	2,873	68%	1792	87%	1578	85%
Native Am.	0	0%	2	<1%	0	0%	0	0%	2	>1%	4	1%	0	0%	0	0%
Asian	2	<1%	1	<1%	0	0%	0	0%	46	2%	42	1%	13	1%	10	<1%
Hispanic	39	10%	20	4%	9	6%	7	8%	275	10%	313	7%	49	2%	38	2%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	210	5%	0	0%	23	1%
Missing	0	0%	5	1%	0	0%	0	0%	44	2%	146	3%	22	1%	48	3%
Age																
0-12	3	1%	1	<1%	0	0%	0	0%	7	>1%	42	1%	***	>1%	19	1%
13-19	16	4%	20	4%	14	7%	2	2%	1093	39%	1393	33%	584	28%	522	28%
20-29	93	24%	124	25%	41	21%	39	41%	1426	50%	2239	53%	1009	49%	937	50%
30-39	133	34%	132	27%	71	37%	20	21%	260	9%	412	10%	326	16%	259	14%
40-49	96	25%	143	29%	49	25%	26	28%	40	1%	93	2%	115	6%	102	6%
50+	49	13%	77	15%	19	10%	7	7%	10	>1%	25	<1%	37	2%	25	1%
Missing	0	0%	1	<1%	0	0%	0	0%	0	0%	17	<1%	0	0%	1	<1%
Gender																
Male	219	72%	372	75%	130	67%	82	87%	658	23%	1182	28%	1178	57%	945	51%
Female	87	28%	126	25%	64	33%	12	13%	2178	77%	3039	72%	894	43%	920	49%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Data Sources: NC DHHS, HIV/STD Prevention and Care Unit (HIV/AIDS Surveillance Database, as of August 2009)
NC Electronic Disease Surveillance System (NC EDSS)

2009 STATE OF THE COUNTY HEALTH REPORT
Tuberculosis (TB)

Tuberculosis Case Report Highlights, 2007 - 2008
Mecklenburg County Residents

2007 Mecklenburg County Verified Tuberculosis (TB) Case Reports

Total TB Cases = 34

Annual Case Rate = 4.0 per 100,000 population

Gender	Cases	%
Male	22	64.7%
Female	12	35.3%
Racial Categories (inlcudes Hispanic Cases)		
White	16	47.1%
Black or African American	11	32.3%
Asian or Pacific Islander	5	14.7%
American Indian	0	0.0%
Other/Unknown Racial Group	2	5.9%
Ethnicity (Hispanic/Latino)		
Non-Hispanic	21	61.8%
Hispanic	12	35.2%
Unknown/Missing	1	3.0%
Country of Origin		
U.S. Native	13	38.2%
Foreign-Born	21	61.8%
Age Group		
0 - 19 yrs	5	14.7%
20 - 29 yrs	7	20.6%
30 - 39 yrs	9	26.5%
40 - 49 yrs	5	14.7%
50 - 59 yrs	5	14.7%
over 60 yrs	3	8.8%
Behavioral and Occupational Risk Categories (Within the Past Year)		
Injected Drugs	0	0.0%
Non-Injecting Drug Use	4	11.8%
Excessive Alcohol Use	4	11.8%
Homeless	2	5.9%
Resident of Long-Term Care Facility	0	0.0%
Clinical Data		
Site of Disease		
Pulmonary	23	67.6%
Extra Pulmonary	7	20.6%
Both	4	11.8%

2008 Mecklenburg County Verified Tuberculosis (TB) Case Reports

Total TB Cases = 44

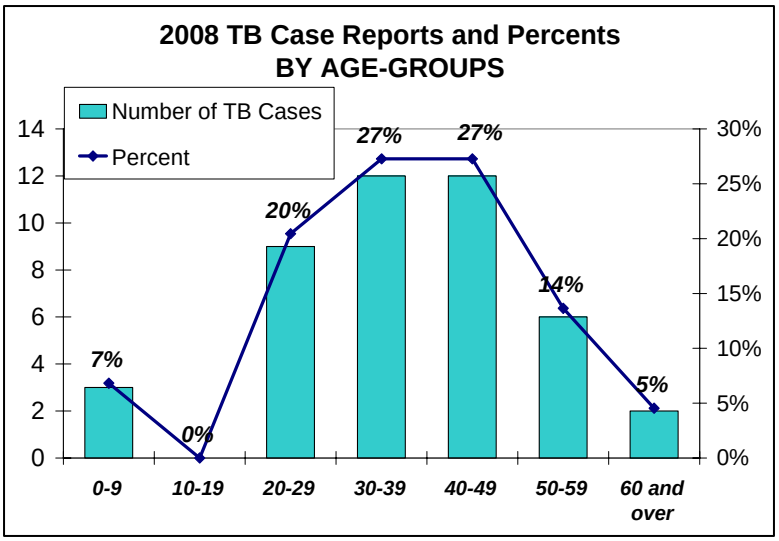
Annual Case Rate = 5.0 per 100,000 population

Gender	Cases	%
Male	27	61.4%
Female	17	38.6%
Racial Categories (inlcudes Hispanic Cases)		
White	18	40.9%
Black or African American	18	40.9%
Asian or Pacific Islander	8	18.2%
American Indian	0	0.0%
Other/Unknown Racial Group	0	0.0%
Ethnicity (Hispanic/Latino)		
Non-Hispanic	32	72.7%
Hispanic	12	27.3%
Unknown/Missing	0	0.0%
Country of Origin		
U.S. Native	29	65.9%
Foreign-Born	15	34.1%
Age Group		
0 - 19 yrs	3	6.8%
20 - 29 yrs	9	20.5%
30 - 39 yrs	12	27.3%
40 - 49 yrs	12	27.3%
50 - 59 yrs	6	13.6%
over 60 yrs	2	4.5%
Behavioral and Occupational Risk Categories (Within the Past Year)		
Injected Drugs	0	0.0%
Non-Injecting Drug Use	11	25.0%
Excessive Alcohol Use	4	9.1%
Homeless	1	2.3%
Resident of Long-Term Care Facility	0	0.0%
Clinical Data		
Site of Disease		
Pulmonary	32	72.7%
Extra Pulmonary	7	15.9%
Both	5	11.4%

2009 STATE OF THE COUNTY HEALTH REPORT
Tuberculosis (TB)

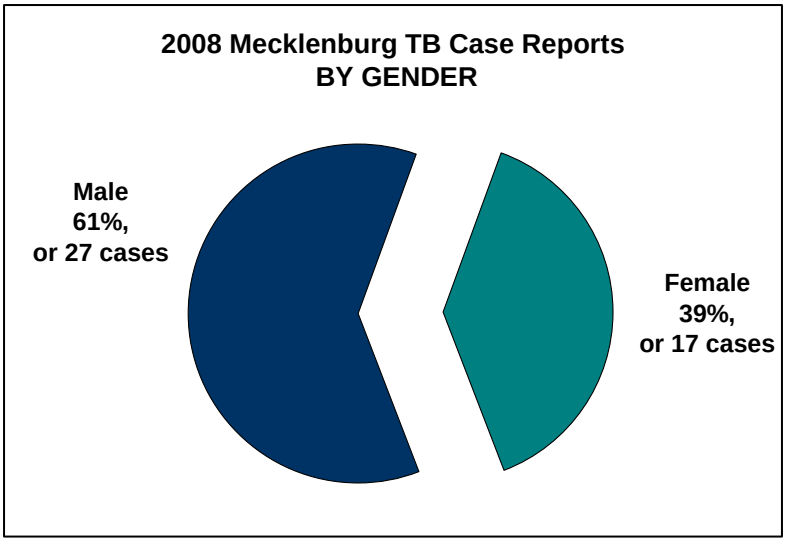
MECKLENBURG TB CASE REPORTS: 2008 DEMOGRAPHIC PROFILE

- In 2008, 44 TB cases (a rate of 5.0 cases per 100,000 persons) were reported in Mecklenburg County.
- In comparison to 2007, TB reports for 2008 increased by 29% and the annual case rate increased by 25%.
- The 2008 TB case rate for Mecklenburg (5.0) is higher than national rate of 4.2 cases per 100,000 and North Carolina's rate of 3.6 per 100,000.



Age, Gender and Racial/Ethnic Differences

- The majority of TB cases were reported among persons in the 30 – 39 year old age group and the 40 – 49 year old age group (55%).
- Males (61%) were more likely than females (39%) to be reported with TB.
- While overall reports and case rates of TB have declined for the county, racial and ethnic minorities remain disproportionately impacted by tuberculosis.
- Whites* accounted for 14% of new TB cases for the county. In comparison, African Americans* represented 41% of reports while Hispanic/Latinos were 27% and Asian/Pacific Islanders* were approximately 18% of new TB case reports for the county. (*Non-Hispanic)
- Several factors contribute to these differences in reports, including increased reports among Foreign born persons, many of whom are racial/ethnic minorities.



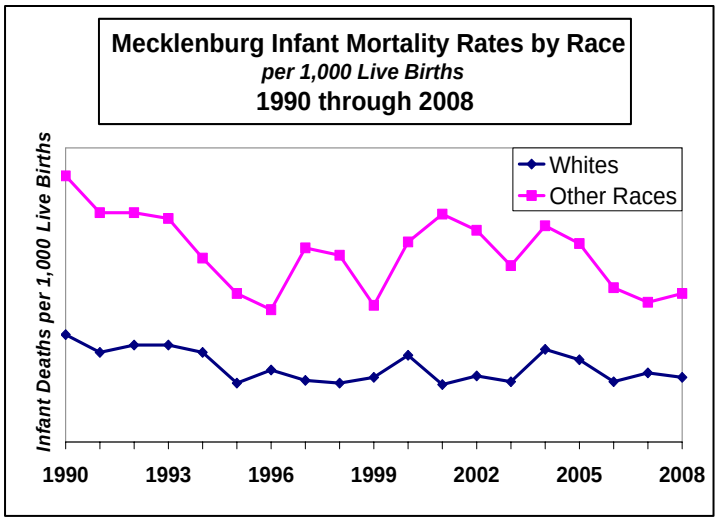
2009 STATE OF THE COUNTY HEALTH REPORT
Racial and Ethnic Differences in Health

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 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 2004-2008, the age-adjusted rate for All Causes of Death is 1.4 times greater for People of Other races than Whites. Consistent decreases in infant mortality rates were observed for both whites and minorities from 1990 to 1995, resulting in a lowered disparity gap. Since then the magnitude of racial/ethnic disparities have varied as infant deaths increased in some years (ex. 1999 through 2002) and declined for other years (ex. 2004 through 2007). In 2008 the Infant Mortality rate for Other Races was 10.2 deaths per 1,000 live births, 2.3 times as high as the rate for White infants (4.4 deaths per 1,000 live births).

LEADING CAUSES OF DEATH

Leading causes of death for Mecklenburg County White and Other Race populations in 2008 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, 2004 – 2008

Minority Death Rates Exceed White Rates for Select Health Conditions

2004 - 2008 Age-Adjusted Death Rates
(rates per 100,000 population)

	White Death Rate	*Minority Death Rate*	*Disparity Ratio*
Heart Disease	**147.6**	**199.6**	**1.35**
Stroke	**42.2**	**67**	**1.59**
All Cancers	**161.9**	**213**	**1.32**
Female Breast Cancer	*23.1*	*28.8*	*1.25*
Prostate Cancer	*20.7*	*54.6*	*2.64*
Colon Cancer	*14.4*	*20.5*	*1.42*
Diabetes	**14**	**35.8**	**2.56**
HIV Disease (AIDS)	**2.4**	**23.5**	**9.79**

White Death Rates Exceed Minority Rates for Select Health Conditions

2004- 2008 Age-Adjusted Death Rates
(rates per 100,000 population)

	White Death Rate	*Minority Death Rate*	*Disparity Ratio*
Chronic Lower Respiratory Disease	**40.7**	**28.9**	**1.41**
Chronic Liver Disease and Cirrhosis	**7.7**	**6.9**	**1.12**
Suicide	**9.9**	**4.9**	**2.02**

Age-Adjusted to US 2000 Population Standard
Data Source: NC DHHS, State Center for Health Statistics: 2009 County Data Book

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 498 cases of HIV disease reported in 2008, 361 (72%) 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 2008 Mecklenburg Behavioral Risk Factor Surveillance Survey (BRFSS) show people of Other Races are more likely to report being overweight or obese in comparison to Whites. The percent of persons reporting no physical activity in the past month is nearly two times greater for people of Other Races in comparison to Whites (1.7 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 (1.1 times), smoking (2.0 times) and no physical activity in the past month (2.5 times).

Disparities in Selected Health Risk Behaviors
2008 Behavior Risk Factor Surveillance System (BRFSS)

Health Risk Factors from the 2008 Behavioral Risk Factor Surveillance System								
	% Other Races	% White	Disparity Ratio	Significant	% Household Income <$50,000	% Household Income $50,000+	Disparity Ratio	Significant
Current Smoker	12.1	13.8	1.1	No	18.1	9.1	2.0	Yes
Overweight or Obese	68.2	55.3	1.2	Yes	65.4	59.8	1.1	No
No Exercise in Past Mo.	25.6	15	1.7	Yes	30.1	12	2.5	Yes

2009 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 2005-2009

Year	Number of Days
2005	10
2006	9
2007	19
2008	5
2009	0

Smoke Free Restaurants and Bars Law

In May 2009 North Carolina's Smoke-Free Restaurants and Bars Law was passed by the N.C. General Assembly and signed by the Governor with an effective date of January 2, 2010.

All enclosed areas of almost all restaurants and bars are to be smoke-free as well as enclosed areas of hotels, motels, and inns, if food and drink are prepared there.

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/Deparments/LUESA/Air+Quality/Home

Air Quality Initiatives

Mecklenburg County 2008

Mecklenburg County Air Quality MCAQ	• Responsible for assuring good air quality for the community thourgh a combination of regulatory and non-regulatory programs • GRADE (Grants to Replace Aging Diesel Engines) - incentive funding to organizations that replace, re-power, retrofit their heavy-duty non-road construction equipment www.charmeck.org/Departments/LUESA/Air+Quality/Home.htm
Clean Air Works!	• Launched in Spring 2006, engages employers in the effort to improve air quality by providing them with tools to help their employees take control of their commutes • Currently 89 employer parterners participate in this project • Over 2,500 lbs of nitrous oxide have been reduced from commute related reductions www.cleanairworks.org/home.html
Clean Air Carolina (CAC)	• Formerly known as Carolinas Clean Air Coalition • Works to restore clean and safe air to the Charlotte region by through coalition building, public policy and advocacy and community outreach • Recently in partnership with Charlotte-Mecklenburg Schools, received a federal grant to reduce diesel emissions from school buses and fuel trucks www.cleanaircarolina.org

2009 STATE OF THE COUNTY HEALTH REPORT
Environmental Health Highlights

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.

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.

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). 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.

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 2008.

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
2008	11,470	3	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

2009 STATE OF THE COUNTY HEALTH REPORT
Injury Highlights

2008 Leading Causes of Death UNINTENTIONAL Injury *Total Deaths: 239*

Leading Causes of Deaths due to Unintentional Injury

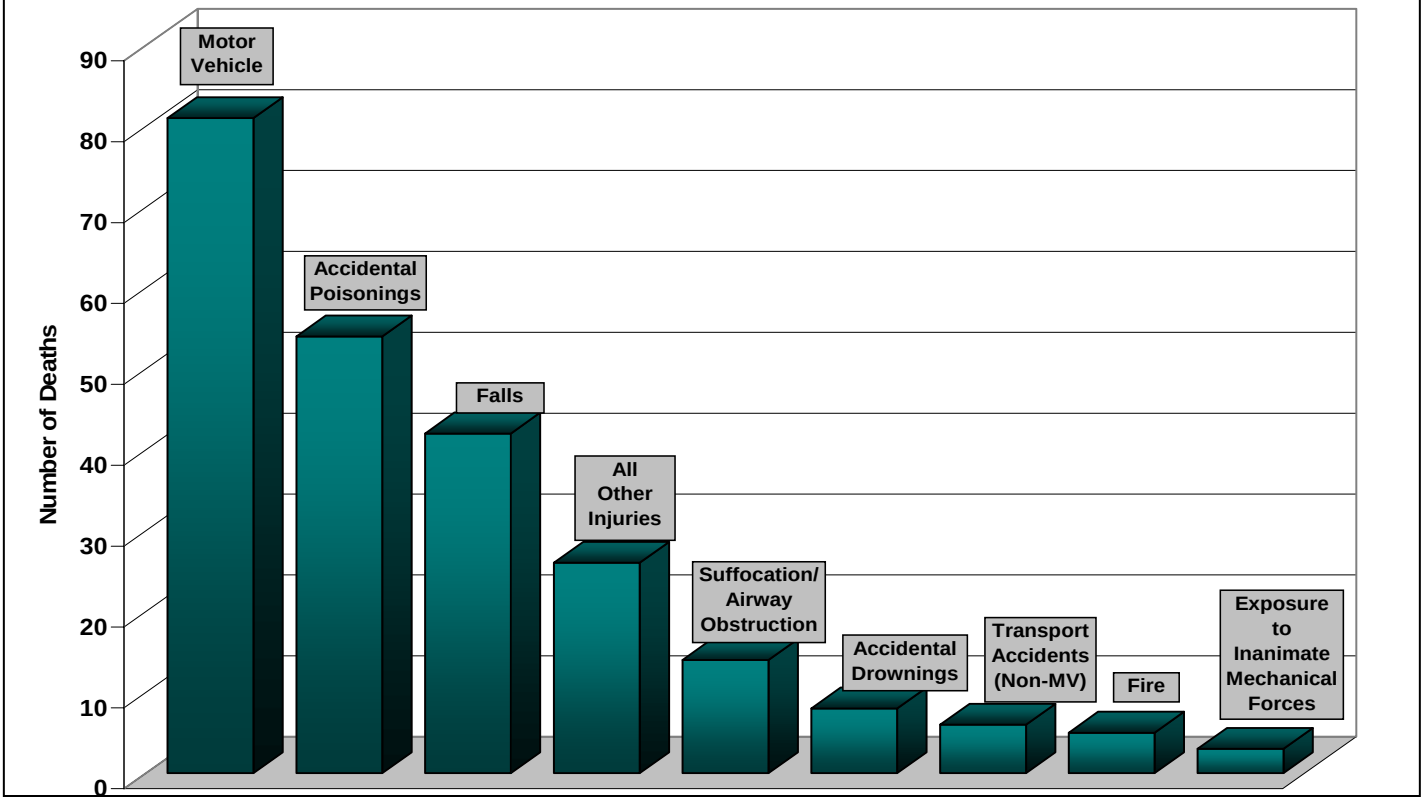
- ***Motor Vehicle Injuries (34%)***
- ***Unintentional Poisonings (23%)***
- ***Falls (18%)***
- ***Suffocation/ Airway Obstruction (6%)***
- ***Transport Injuries (2%)***
- ***All Other Injuries (18%)***

2008 Leading Causes of Death INTENTIONAL Injury *Total Deaths: 155*

Leading Causes of Deaths due to Intentional Injury

- ***Homicides 84 deaths (54%)***
  - *Firearms (42%)*
  - *Sharp Object (4%)*
  - *Hang/Suffocation (3%)*
  - *All Other (5%)*
- ***Suicides 71 deaths (46%)***
  - *Firearms (24%)*
  - *Hang/Suffocation (7%)*
  - *Ingestion (9%)*
  - *All Other (6%)*

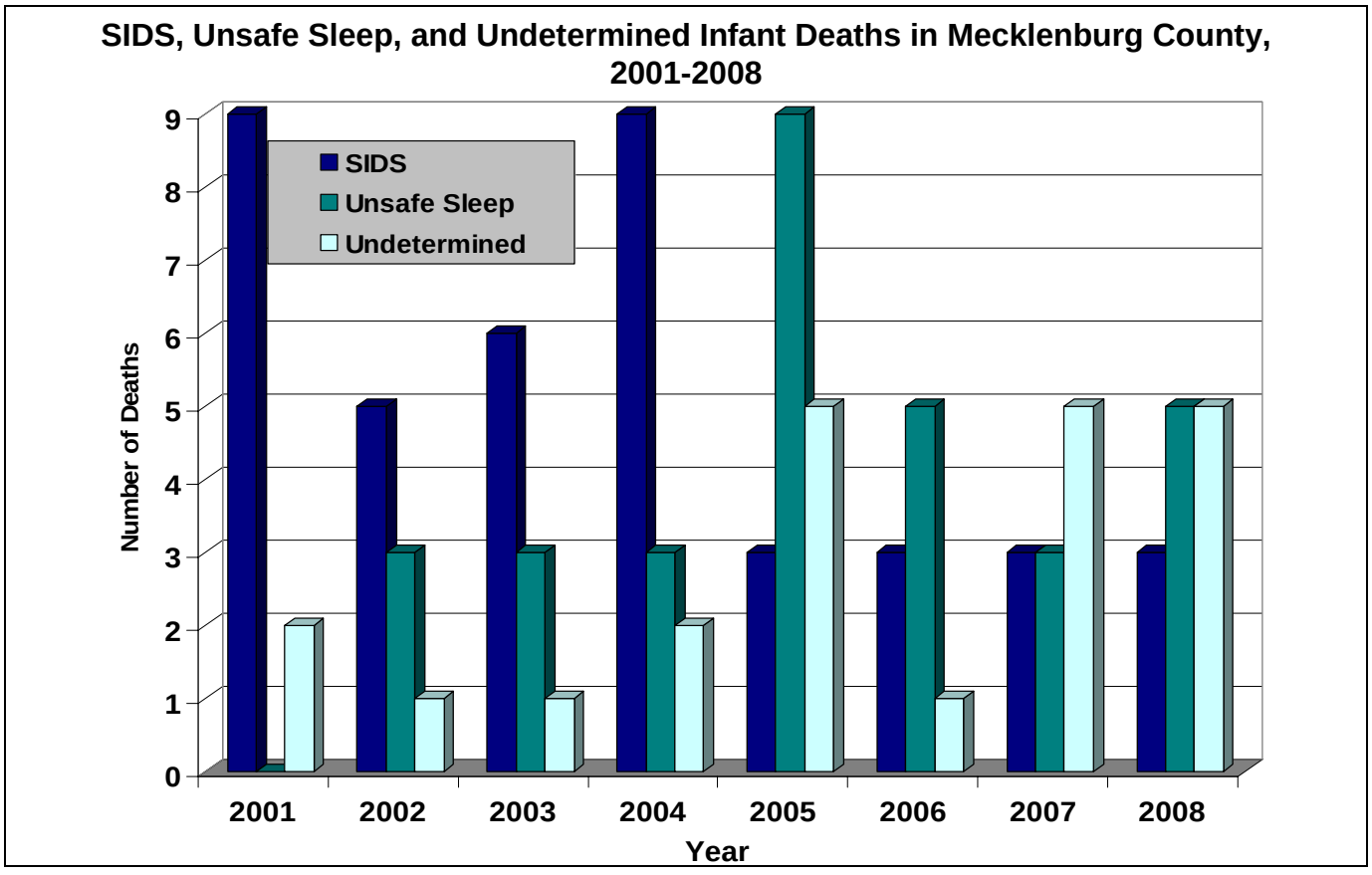
2008 Unintentional Injury Deaths, Mecklenburg Residents (Number of Deaths)



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 Statue 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) to advocate for prevention efforts, recommend needed remedies, and a coordinate a 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 infant's who are put down to sleep on their stomachs, on a surface or location other than a firm crib mattress, and/or in the presence of fluffy pillows, stuffed animals, blankets or other objects too close to the infant's face. Fatality reviews have found these types of unsafe sleep factors to be present in almost all SIDS, Accidental Suffocations (Unsafe Sleep Deaths), and Undetermined infant deaths. While the incidence of SIDS has remained unchanged 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 proper 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.



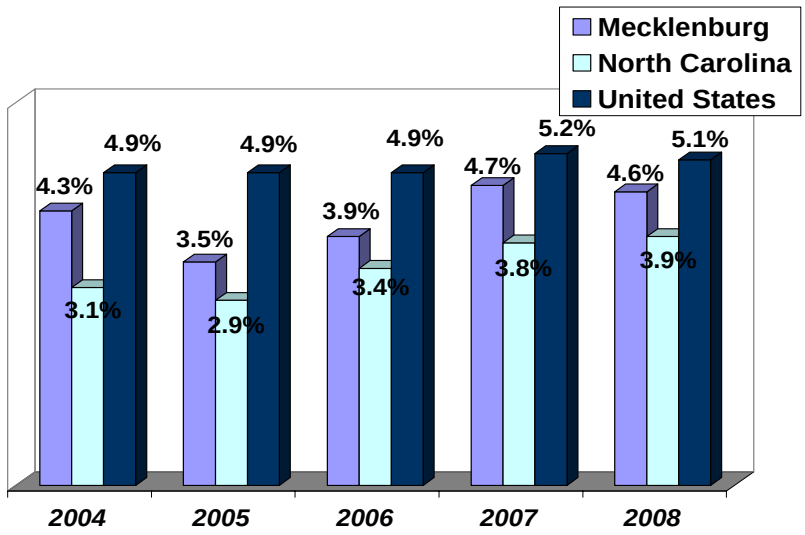
2009 STATE OF THE COUNTY HEALTH REPORT
Substance Abuse

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 4.6% in 2008.
- While reports of heavy drinking in adults are higher for women (5.3%) than men (4%), men are nearly twice as likely to report binge drinking as are women (19.9 % and 10.1%, respectively). Based upon self-report of alcohol consumption in the 2008 Behavior Risk Factor Surveillance System, Mecklenburg County.
- 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.

Trends in Heavy Drinking: US, NC and Mecklenburg
Calendar Years: 2004 – 2008
(Adults 18 yrs. and over)

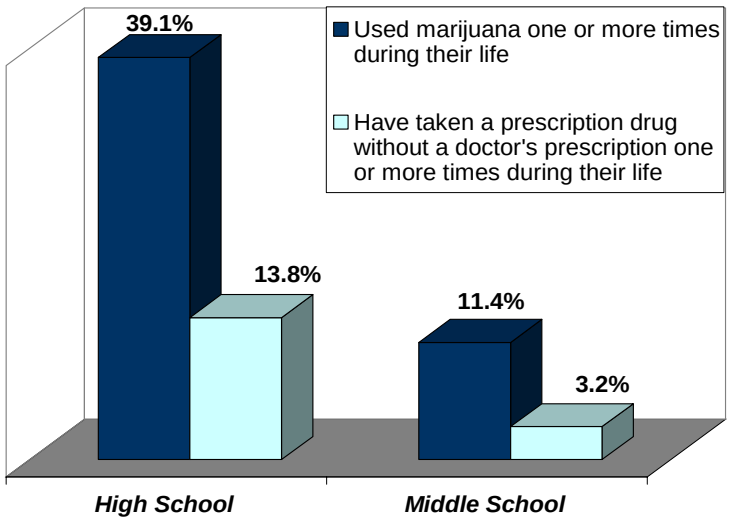


Source: Behavior Risk Factor Surveillance System (BRFSS)
Prepared by: MCHD Epidemiology Program

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.

Illicit Drug Use among Mecklenburg Adolescents/Teens
2007 Youth Risk Behavior Survey



Source: Youth Risk Behavior Survey
Prepared by: MCHD Epidemiology Program

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 alchohol 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.