2012 State of the County Health Report

An Overview of Selected Health Indicators for Mecklenburg County Residents

MECKLENBURG COUNTY
2012 STATE OF THE COUNTY HEALTH REPORT

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Prepared by Mecklenburg County Health Department Epidemiology Program and
Mecklenburg Healthy Carolinians
November 2012

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. During 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. Sections include information on demographics, social determinants of health, maternal, child and infant health and leading causes of morbidity and mortality. The report is available on the department website at 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 each these health priorities may be found in this document.

In Mecklenburg County, the most recent Community Health Assessment was conducted in 2010. Listed below are the identified priorities and recommendations from that process.

FINDINGS AND RECOMMENDATIONS FROM COMMUNITY HEALTH ASSESSMENT

The 2010 Community Health Assessment identified the following nine priority health concerns for Mecklenburg County:

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

Health Disparities was not listed individually but considered a part of every priority area. Community Action Plans (CAPs) were developed for the top four identified priority areas. A copy of the full CHA report, a brochure highlighting the findings from the CHA and the CAPs may be found on the Health Department website under Health Statistics at www.meckhealth.org .

Participants of the October 27th CHA Priority Setting meeting made recommendations for the top four health issues: Chronic Disease Prevention, Access to Care, Healthy Environments and Substance Abuse Prevention & Treatment. Example recommendations are included below. For a complete list of recommendations, see the CHA Priority Setting Exercise chapter at http://charmeck.org/mecklenburg/county/HealthDepartment/HealthStatistics/Pages/default.aspx.

Chronic Disease & Disability Prevention through Healthy Choices

- Create and encourage partnerships among community organizations to strengthen stake holders commitment and to share resources
- Increase education programs focusing on prevention of chronic disease

Access to Care

- Increase number of Federally Qualified Health Centers (FQHC)
- Foster partnerships with health department
- Create medical homes for people with no insurance
- Educate people about types of services available
- Increase number of free clinics to reduce ER use and locate them across the county

Environmental Health – Healthy Places Supporting Healthy Choices

- Increase access to community gardens particularly in food deserts or use vacant lots with a focus on "living green"
- Host a community-wide awareness day to promote active transportation (biking, taking the bus, carpooling etc.)
- Synchronize CHA efforts with other strategic efforts in the city and county like sustainable community initiatives, park & recreation, land use and development, education, historic sites, bus services and environment focus area

Substance Abuse Prevention & Treatment

- Increase/maintain current funding for treatment
- Increase funding for treatment during incarceration
- Create a public awareness/educational campaign to stress that substance abuse is an equal-opportunity disease and is a gateway to many risk-taking behaviors and chronic health problems

COMMUNITY ACTION PLANS

Community Action Plans (CAPs) were developed, in collaboration with local agencies and individuals, for the top four priorities. The CAPs may be viewed at www.meckhealth.org under Health Statistics or at www.MecklenburgHealthyCarolinians.org . An overview of progress for these plans may be found in the Community Action Plan Update section of this report.

Highlights include:

- The Healthy Weight, Healthy Child (HWHC) Initiative received a grant from the Duke Endowment to implement the strategies and recommendations detailed in *The Blueprint for a Healthier Generation, 2020*.
- The City of Charlotte began offering a $300 incentive to non-tobacco users to offset healthcare costs.
- Development and construction of the urban Little Sugar Creek greenway is nearly complete.
- The townships of Cornelius and Huntersville currently have a policy banning the use of tobacco products in outdoor spaces.
- SPIDA (Students Preventing and Informing on Drug Abuse) developed a sticker campaign to follow up on the results from the most recent Alcohol Purchase Study. The stickers, placed on beer and malt beverages, serve as a reminder to customers and to retailers of the legal drinking age and identification requirements.
- MedLink hosted a community forum on the local impact of the Affordable Care Act, an event that drew nearly 100 healthcare and social service professionals.

EMERGING ISSUES AND INITIATIVES

While CHA identifies priority issues for our community at a set point in time, these areas can be influenced by a number of developing national and local factors which bring new challenges and concerns. Some are overarching in scope, others more specific to a single disease or to our community. Examples are seen below.

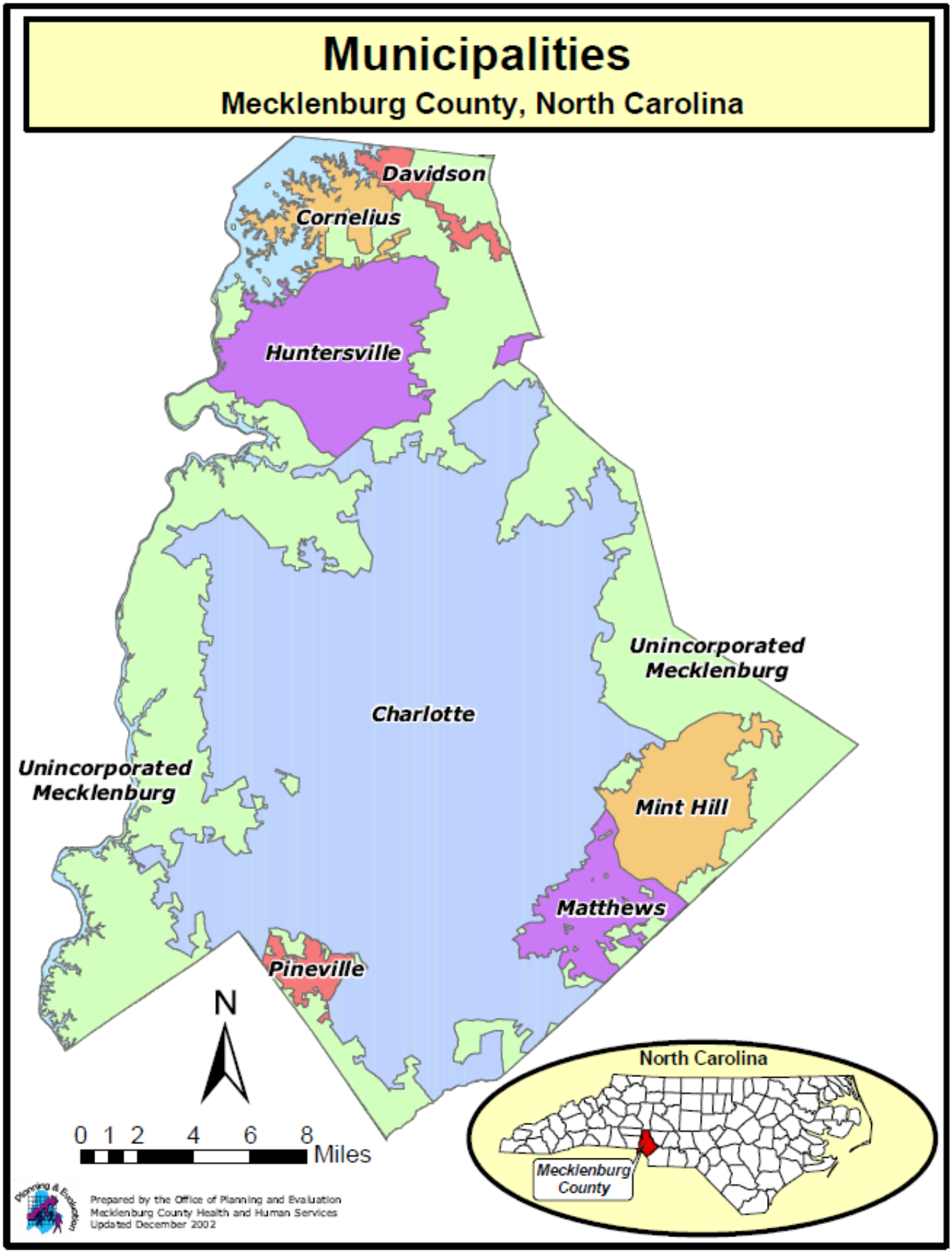
- Healthcare costs continue to increase bringing challenges in providing adequate and affordable health care in both the private and public sectors.
- We now know that major sections of the Affordable Care Act will go into effect in 2014. Changes in Medicaid enrollment and allowable billing for prevention services are two of the factors that will affect hospitals and providers as well as the healthcare safety net. Locally, planning has been underway to address these changes but readiness and capacity as well as effect remain to be seen.
- Environmental change and policies to bring about that change are needed to support individuals in choosing healthy behaviors. Worksite wellness policies and incentives are emerging as a way to encourage physical activity, smoking cessation and healthy eating.
- Childhood obesity may be influenced by community interventions affecting environmental policy. An initiative that has been developed in response to this issue is the community Healthy Weight, Healthy Child Task Force and their *The Blueprint for a Healthier Generation, 2020*. http://charmeck.org/mecklenburg/county/HealthDepartment/hwhc/Documents/HWHC_Blueprint.pdf .
- An increase in services, facilities and providers for Alzheimer's disease (AD) is needed as the population ages and lives longer. The CDC estimates that as many as half of those 85 and older may have AD. AD is now the 3rd leading cause of death in Mecklenburg County.
- Prescription drug abuse rates are rising. Nationally, the CDC reports that prescription drug abuse has become a leading cause of unintentional injury death. In 2011, more

than 14% of Mecklenburg teens reported taking prescription drugs without a doctor's prescription (YRBS).

- Designing a built environment that can facilitate healthy behaviors requires Public Health at the planning table.
- New home testing kits for HIV and other diseases now make screening available outside a medical setting. While these test kits may improve access, concerns center around skill at administering, accuracy of results, interpretation of results and follow up.
- Need for revenue has reversed earlier prohibitions on advertising alcohol on Charlotte Area Transportation Services.

See the Emerging Health Issues as well as the Community Action Plan Update section of this report for additional information related to emerging issues and trends.

For additional information on SOTCH and CHA reports, please contact the Mecklenburg County Health Department at 704.336.2900.


Municipalities
Mecklenburg County, North Carolina
Davidson
Cornelius
Huntersville
Unincorporated Mecklenburg
Charlotte
Unincorporated Mecklenburg
Mint Hill
Matthews
Pineville
N
0 1 2 4 6 8
Miles
North Carolina
Mecklenburg County
Prepared by the Office of Planning and Evaluation
Mecklenburg County Health and Human Services
Updated December 2002

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2012 Selected Health Indicators, Mecklenburg County Residents

2012 MECKLENBURG COUNTY State of the County Health Report Summary Report

⇧ Moving in the wrong direction

⇩ Moving in the right direction

⇦⇨ No discernible change in data (less than 1 percentage point)

MECKLENBURG Healthy Carolinians — Creating a Healthy Mecklenburg Together.

	HEALTH INDICATOR	Year of Report	Mecklenburg County	Previous Year Comparison* (Mecklenburg Data)	North Carolina
Maternal, Infant and Child Health	**Infant Mortality (<1yr.)** *(Rate per 1,000 Live Births)*	**2010**	**5.6**	**Decrease** ⇩	**7.0**
	Low Birth Weight (<=2500g) *(% of All Live Births)*	**2010**	**9.7%**	⇦ *No change* ⇨	**9.1%**
	Premature Births (<37 weeks) *(%of All Live Births)*	**2010**	**12.7%**	⇦ *No change* ⇨	**12.6%**
	Teen Pregnancy Rate (< 20 yrs.) *(per 1,000 females 10-19)* Live Births+ Induced Abortions+ Fetal Deaths	**2010**	**24.8**	**Decrease** ⇩	**25.8**
	10-14 (per 1,000 females 10-14)	*2010*	*0.8*	**Decrease** ⇩	*0.9*
	15-17 (per 1,000 females 15-17)	*2010*	*25.5*	*Decrease* ⇩	*26.4*
	18-19 (per 1,000 females 18-19)	*2010*	*84.3*	*Decrease* ⇩	*81.6*
	Teen Birth Rate (< 20 yrs.) *(per 1,000 females 10-19)* Live Births	**2010**	**16.7**	**Decrease** ⇩	**19.8**
	10-14 (per 1,000 females 10-14)	*2010*	*0.50*	**Decrease** ⇩	*0.5*
	15-17 (per 1,000 females 15-17)	*2010*	*25.5*	*Decrease* ⇩	*19.9*
	18-19 (per 1,000 females 18-19)	*2010*	*84.3*	*Decrease* ⇩	*63.5*
Chronic Conditions (Mortality)	**All Cancers (Rates per 100,000 population)**	**2006 - 2010**	**169.9**	**Decrease** ⇩	**183.1**
	Lung Cancer	*2006 - 2010*	*47.6*	⇦ *No change* ⇨	*55.9*
	Breast Cancer (Rate per 100,000 females)	*2006 - 2010*	*23.3*	**Decrease** ⇩	*23.4*
	Prostate Cancer (Rate per 100,000 males)	*2006 - 2010*	*26.8*	⇦ *No change* ⇨	*25.5*
	Colon Cancer	*2006 - 2010*	*15.3*	⇦ *No change* ⇨	*16.0*
	Heart Disease *(Rate per 100,000 population)*	**2006 - 2010**	**147.4**	**Decrease** ⇩	**184.9**
	Stroke *(Rate per 100,000 population)*	**2006 - 2010**	**42.1**	**Decrease** ⇩	**47.8**
	Diabetes *(Rate per 100,000 population)*	**2006 - 2010**	**17.6**	**Decrease** ⇩	**22.5**
Injury (Mortality)	**Motor Vehicle Injuries** *(Rate per 100,000 population)*	**2006 - 2010**	**9.6**	**Decrease** ⇩	**16.7**
	All Other Unintentional Injuries *(Rate per 100,000 population)*	**2006 - 2010**	**19.1**	⇦ *No change* ⇨	**28.6**
	Intentional Injury - Homicide *(Rate per 100,000 population)*	**2006 - 2010**	**7.9**	**Decrease** ⇩	**6.6**
	Intentional Injury - Suicide *(Rate per 100,000 population)*	**2006 - 2010**	**9.1**	*Increase* ⇧	**12.1**

	HEALTH INDICATOR	Year of Report	Mecklenburg County	Previous Year Comparison* *(Mecklenburg Data)*	North Carolina
Communicable Diseases *(includes Sexually Transmitted Infections)*	**E. Coli** *(Rate per 100,000 population)*	**2011**	**0.6**	**Decrease** ↓	**1.6**
	Chlamydia *(Rate per 100,000 population)*	**2011**	**810.8**	**Increase** ↑	**564.8**
	Gonorrhea *(Rate per 100,000 population)*	**2011**	**246.7**	**Increase** ↑	**179.9**
	Pertussis *(Rate per 100,000 population)*	**2011**	**0.9**	**Decrease** ↓	**1.3**
	Primary/Secondary Syphilis *(Rate per 100,000 population)*	**2011**	**13.3**	**Increase** ↑	**4.5**
	HIV Disease *(Rate per 100,000 population)*	**2011**	**39.6**	**Increase** ↑	**18.2**
	AIDS (Rate per 100,000 population)	*2011*	*15.2*	*Increase* ↑	*8.5*
	HIV-Related Deaths (Rate per 100,000 population)	*2010*	*4.3*	*Decrease* ↓	*3.4*
	Tuberculosis *(Rate per 100,000 population)*	**2011**	**4.0**	**Decrease** ↓	**2.5**
	Salmonella *(Rate per 100,000 population)*	**2011**	**18.6**	**Decrease** ↓	**26.0**
	Shigella *(Rate Per 100,000 population)*	**2011**	**2.6**	**No change** ← →	**2.3**
Environmental Health	**Total Days Ozone Level Exceeded Federal Compliance Levels**	**2011**	**17**	**Increase** ↑	**N/A**
	Lead Screenings ***Total Children 6 yrs and under screened***				
	Number of Confirmed Cases >= 10 ug/dL	*2010*	*8*	**Increase** ↑	*146*
	Number of Confirmed Cases >= 20 ug/dL	*2010*	*0*	**Decrease** ↓	*24*
Behavioral Risk Factors for Premature Deaths	**Smoking** *(% of Adults 18 years and over)*	**2010**	**12%**	**Decrease** ↓	**20%**
	Overweight/Obesity (BMI>25.0) *(% of Adults 18 years and over)*	**2010**	**59%**	**Decrease** ↓	**65%**
	No Physical Activity *(% of Adults 18 years and over)*	**2010**	**20%**	**Decrease** ↓	**26%**
	Fruit & Veg (NOT 5 or more servings/day) *(% of Adults 18 years and over)*	**2009**	**78%**	**No change** ← →	**79%**
	High Blood Pressure *(% of Adults 18 years and over)*	**2009**	**29%**	**Increase** ↑	**32%**
	High Cholesterol *(% of Adults 18 years and over)*	**2009**	**34%**	**Decrease** ↓	**40%**
	No Seat Belt Use *(% of Adults 18 years and over)*	**2010**	**0.4%**	**No change** ← →	**0.7%**

2012 STATE OF THE COUNTY HEALTH REPORT
Community Action Plans

In response to the 2010 Mecklenburg County Community Health Assessment, Mecklenburg Healthy Carolinians, in partnership with several community agencies and individuals, developed action plans to address the top four priority areas. The top four health concerns as identified by the community were as follows: Chronic Disease Prevention (through improved nutrition, physical activity, and decreased tobacco use), Access to Care, Environmental Health, and Substance Abuse Prevention and Treatment. When possible, the action plans were aligned with the Healthy North Carolina 2020 objectives. Below is a brief update of the progress made in reaching the stated objectives.

CHRONIC DISEASE PREVENTION: PHYSICAL ACTIVITY & NUTRITION

- The local community objective is to **reduce the rates of obesity and overweight among adults and high school students** in Mecklenburg County. The data sources for each of these rates are the Behavioral Risk Factor Surveillance Survey (adults) and the Youth Risk Behavior Survey (high school students).
- The Healthy Weight, Healthy Child (HWHC) Initiative received a grant from the Duke Endowment to implement the strategies and recommendations detailed in *The Blueprint for a Healthier Generation, 2020*.
- In May 2012, a community health forum was held to develop detailed action plans for 6 of the strategies listed in *The Blueprint*. Local stakeholders and community members participated in structured focus groups to provide information on how to best achieve results for each.
- The six working groups created as a result of this community forum are as follows: Creating Joint Use Agreements, Supporting Safe Routes to School, Addressing Obesity in the Clinical Setting, Encouraging Farmers' Markets to Accept SNAP Benefits, Implementing Healthy Vending Policies within Charlotte Mecklenburg Schools (CMS), and Increasing School/Classroom Gardens.

CHRONIC DISEASE PREVION: TOBACCO USE

- The local community objective is to reduce **the rates of tobacco use among adults and youth** in Mecklenburg County. The data sources for each of these rates are the Behavioral Risk Factor Surveillance Survey (adults) and the Youth Risk Behavior Survey (youth).
- The Mecklenburg County Health Department received state funding to improve youth engagement around the issue of tobacco use in a 10 county region. Youth Empowered Solutions (YES!) is training youth advocates and educating young people about tobacco marketing and use. This money replaces the substantial amount of funding lost due to cuts to the Health and Wellness Trust Fund.
- 5A's Trainings continue to be offered to healthcare providers throughout the county. The protocol encourages providers to screen for tobacco use using the following steps: ask, advise, assess, assist, and arrange follow up. Recent training sites include CW Williams Community Health Clinic, Carolinas HealthCare System, and the Mecklenburg County Health Department.
- In 2011, the City of Charlotte began offering a $300 incentive to non-tobacco users to offset the costs of healthcare costs. Outreach to employers on smoke-free policies and cessation benefits continue through the Working Toward Wellness Program.

ACCESS TO CARE

- The local community objective is to **provide healthcare to all Mecklenburg County residents regardless of ability to pay**. The primary data source for this objective is the Behavioral Risk Factor Surveillance Survey.
- As parts of the Affordable Care Act are phased in, it is expected that more individuals will be able to access needed health care services. However, there will still be many that, regardless of insurance status, will face challenges accessing care (cost, transportation, navigation, etc.).
- MedLink of Mecklenburg has developed an outreach task force dedicated to engaging new members and new sectors of the health care community. As a result, there are now representatives from local mental health agencies and substance abuse agencies.
- In February 2012, MedLink hosted a community forum on the local impact of the Affordable Care Act. This event drew nearly 100 healthcare and social service professionals and featured educational sessions on the specifics of the new law and how local agencies can meet the changing needs of our community.

ENVIRONMENTAL HEALTH: HEALTHY ENVIRONMENTS SUPPORTING HEALTHY CHOICES

- The local community objective is to **improve environmental factors that contribute to healthy lifestyle choices**. To achieve this, Mecklenburg County will implement 7 of the 12 strategies listed in the Centers for Disease Control's Community Transformation Grant Program.
- Following up on the passage of the law prohibiting smoking in most restaurants and bars, SmokeFree Mecklenburg is now advocating for the passage of smoke-free policies for parks and other outdoor spaces. The townships of Cornelius and Huntersville currently have a policy banning the use of tobacco products in outdoor spaces.
- In advance of the 2012 Democratic National Convention, the City of Charlotte launched B-Cycle, a bike share program to promote active transportation around the city. There are currently 20 "docking" stations around the city housing 200 bicycles.
- Development and construction of the urban Little Sugar Creek greenway is nearly complete. This greenway provides opportunities for recreation and active transportation as it winds through a newly-developed, mixed-use area of the city. The master plan for this greenway includes space for social gatherings such as festivals and weddings, restoration of Little Sugar Creek and connectivity to local businesses and the Carolina Thread Trail.

SUBSTANCE ABUSE PREVENTION & TREATMENT

- The local community objective is **to reduce the percentage of high school students who had alcohol on one or more of the past 30 days**. This is measured primarily by the Youth Risk Behavior Survey with additional information coming from the Youth Drug Survey.
- The Charlotte Mecklenburg Drug Free Coalition's Connecting Families in CharMeck (formerly called Parent Centered Prevention) Committee is working to increase substance abuse prevention and education within CMS. Results from the 2011 Youth Drug Survey

show increases in binge drinking and marijuana use among students.

- The SPIDA (Students Preventing and Informing on Drug Abuse) Youth group developed a sticker campaign to follow up on the results from the most recent Alcohol Purchase Study. The purpose of the study is to monitor alcohol retailers who sell without asking for proper identification. The stickers, placed on beer and malt beverages, serve as a reminder to customers and to retailers of the legal drinking age and identification requirements.
- The passage of the Affordable Care Act has implications for the field of substance abuse prevention and treatment. Beginning in 2014, substance abuse prevention services can be billed to Medicaid. The precise impact on service delivery is unclear at the moment.

For more detailed information on the Mecklenburg County Community Action Plans, visit www.MecklenburgHealthyCarolinians.org.

2012 STATE OF THE COUNTY HEALTH REPORT
Emerging Health Issues & Trends

Substance Abuse

Charlotte Area Transit System (CATS) reverses stance on alcohol advertisements.

A recent decision by the Charlotte Metropolitan Transit Commission reversing a long-standing prohibition of beer, wine and liquor advertisements on public buses and light-rail cars will potentially expose thousands of youth to alcohol messages several times a day. Reducing youth exposure to alcohol remains an important public health issue as teens are more likely to report alcohol abuse than any other drug and repeated exposure to these ads has been linked with underage drinking.

Health Behaviors

A lack of physical activity and poor nutrition fuel childhood obesity rates.

Nearly one in three children in the United States are overweight or obese increasing their risk for chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma. Increased portion sizes, poor nutrition and a lack of physical activity continue to fuel this epidemic. Based on current research, only 40% of Mecklenburg teens reported being physically active for 60 minutes or more per day on five or more days per week.

Leading Causes of Death

Alzheimer's disease is an emerging public health issue.

The Alzheimer's Association's estimates that the United States will spend more than $200 billion in direct costs on Alzheimer's patient care in this year alone. Although the population of Mecklenburg is relatively young, nearly 83,000 residents are 65 years and older and may have some risk for the disease. Of the 5,060 deaths occurring in Mecklenburg during 2010, 6%, or 312 deaths were to Alzheimer's disease. Currently, there are no proven prevention measures for Alzheimer's disease.

Sexually Transmitted Diseases (STDs)

FDA approves first over-the-counter home-use rapid HIV test kit.

With nearly one in five HIV infected persons unaware of their status, the FDA approval of the OraQuick In-Home HIV Test could provide early detection for a population previously unseen by healthcare providers. Public health concerns center around test sensitivity levels and costs. Clinical studies have shown that the in-home test will identify one false negative (person who is positive and falsely identified as negative) for every 12 test results in HIV-infected individuals. These results could greatly increase when factoring in a population that is largely untrained in specimen collections. The cost of the test ($40 - $60) may also be prohibitive for some individuals who are at increased risk of infection.

Access to Care

Affordable Care Act and Healthcare Reform

The Affordable Care Act (ACA) will extend health insurance coverage to more than 30 million currently uninsured people by 2014. Changes to Medicaid eligibility will expand coverage to many persons who were previously ineligible, reducing the number of low-income uninsured adults.

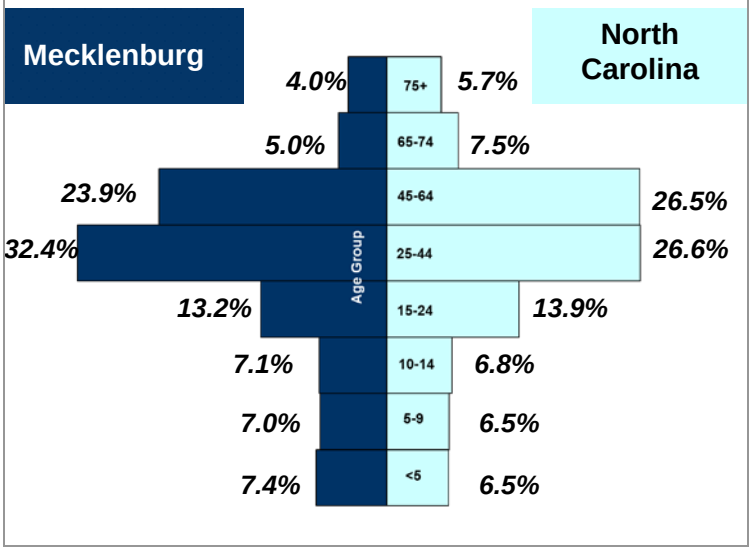
However, a substantial number of people will remain uninsured through exemptions, inability to afford insurance (even with subsidies), being undocumented or having gaps in insurance coverage. Safety net providers must face the challenge of providing care for these vulnerable populations despite the fact the funding opportunities of the past may be diverted to help pay for insurance expansions.

2012 STATE OF THE COUNTY HEALTH REPORT
Mecklenburg County Demographics

POPULATION TRENDS

- The total estimated population for Mecklenburg County for 2011 is 944,373. This is an increase of about 36% since the 2000 Census[1].
- The percentage of minorities has increased in the last ten years. The percentage of Whites has decreased from 61% of the total population to just over 50%.
- The Hispanic/Latino population increased over 160 % from 44,871 in 2000 to 116,994 in 2011.
- The 2011 Mecklenburg population is fairly young with a median age of 34.2 years[1].
- Mecklenburg County population is expected to reach 1,095,857 by 2020[2].

Population by Age Group
Mecklenburg and North Carolina, 2011



Mecklenburg County Population[1] by Race and Ethnicity		
2011		
Total Population	***944,373***	
Race (Non-Hispanic)	**Number**	%
White	508,946	53.9%
African-American	282,804	29.9%
Asian	42,352	4.5%
American Indian/Alaskan Native	4,261	0.5%
Native Hawaiian or Pacific Islander	668	0.1%
Other Race	57,113	6.0%
More than One Race	23,484	2.5%
Ethnicity		
Hispanic (can be of any race)	*111,944*	*11.9%*

EDUCATION

- With a 2011-2012 enrollment of more than 137,740 students in grades K-12 attending 178 schools, Charlotte-Mecklenburg Schools (CMS) is one of the largest school systems in the Carolinas[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 27% of North Carolina residents[1].

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Mecklenburg County Demographics

ACCESS TO CARE

Health Insurance

- According to the American Community Survey in 2011, approximately 17% of Mecklenburg adult residents reported not having any kind of health insurance including, prepaid plans such as HMOs, or government plans such as Medicare.[1]
- Almost 60% of residents have some type of private insurance (employer-based, direct purchase, military) and over 16% have public insurance (Medicaid, Medicare, VA).[1]

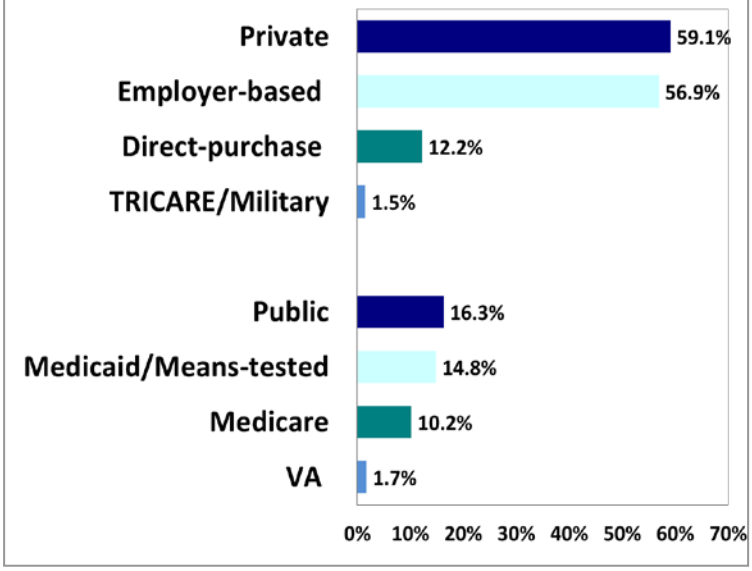
Health Professionals and Hospital Data

- As of 2011, there were about 27 doctors per 10,000 population and approximately 2,000 hospital beds in Mecklenburg County.[7]

Mecklenburg Demographics	
Health Care Access	
Health Professionals & Hospital Data[7]	#
# of doctors per 10,000 population	27.1
# of dentists per 10,000 population	6.5
# of hospital beds	1,996
No Health Insurance[1]	**% of persons**
Total Population	*17.0%*
persons under 18 years of age	7.5%
persons 18-64 years of age	22.7%
persons 65 years and older	0.9%

Mecklenburg County Education	
Primary and Secondary Education	
Public Primary and Secondary Schools[3]	**# of schools**
Elementary Schools	88
Middle Schools	39
High Schools	28
Alternative/Special	4
Public school graduation rate[4]	76.4%
Per Pupil Expenditure[3]	$137,180
Private Schools[3]	76
Charter Schools[5]	12
Home Schools[6]	3300

Health Insurance by Type of Coverage[1]
Mecklenburg 2011



Mecklenburg County					
Social Determinants of Health[1]					
	Total Population	***White***	***Black***	***Asian***	***Hispanic***
Poverty	17%	11%	26%	17%	33%
Median Household Income	$51,935	$65,763	$36,494	$60,173	$36,401
Unemployment	11%	8%	16%	8%	11%
Uninsured	17%	13%	19%	19%	43%

SOCIAL DETERMINANTS OF HEALTH

The World Health Organization (WHO) Commission on Social Determinants of Health concluded in 2008 that the social conditions in which people are born, live and work, are the single most important determinant of one's health status. Low-income neighborhoods may offer inadequate healthcare services, lower quality educational opportunities, fewer job opportunities and higher crime rates when compared to more mixed-income or high-income communities. These factors may contribute to continued poverty and the development of poor health outcomes.

Poverty Status

In 2011, it is estimated that 17% of all persons in Mecklenburg lived in poverty compared to 18% across the state.

Blacks or African Americans (26%) were more than twice as likely to live in poverty as Whites (11%) and Hispanics were more than three times as likely (33%).

Median Household Income

The 2011 median household income for Mecklenburg County was $51,935 compared to $43,916 for North Carolina.

The median household income was higher among Whites and Asians as compared to African Americans and Hispanics.

Unemployment Rate

The unemployment rate in Mecklenburg County has been steadily increasing since mid-2008. The average unemployment rate for 2009 was 10.7; in 2011 the unemployment rate was 11.0.

Unemployment rates were twice as high among African Americans as Whites and Asians.

Uninsured

17% of Mecklenburg County residents are uninsured.

Hispanics were almost three times more likely to be uninsured than Whites, African Americans or Asians.

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Mecklenburg County Vulnerable Populations		
	Estimated % of population	*Estimated # of persons*
Disabled	8.6%	79,088
Poverty	17.1%	157,256
Uninsured	17.0%	156,337
Limited English Proficiency	8.1%	74,490
Homeless	0.7%	6,800
Children Less than 5 years of age	7.4%	68,052
Persons 65+ years of age	9.0%	82,767
Persons 85+ years of age	1.1%	10,116

VULNERABLE POPULATIONS

Groups that have not been well integrated into health care systems because of cultural, economic, geographic or health characteristics have been defined as vulnerable populations. These populations also may be at higher risk during disasters because of their vulnerability. The following describes selected vulnerable populations in Mecklenburg County

Disabled

Persons who are disabled are limited in everyday life because of physical, emotional, and/or mental health issues.

Poverty

Poverty is the state of being poor; of not having enough money to take care of basic needs such as food, clothing, and housing. The Census Bureau reports annual poverty rates based on 100% Federal Poverty Level (FPL). For more information visit: http://www.census.gov/hhes/www/poverty/poverty.html.

Uninsured

Persons who are uninsured have no type of private insurance (insurance through an employer or insurance that is purchased from a private company) or public insurance (Medicare, Medicaid, or other federal or state plans). To cover health care costs

Limited English Proficiency

The Census Bureau defines linguistic isolation as a household in which *NO* member 14 years old and over either speaks only English OR speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty speaking and understanding English.

Homeless

Homeless in Mecklenburg County are divided into 3 categories: 1) US Dept. of Housing and Urban Development: an individual who lacks a fixed, regular, and adequate nighttime residence, 2) CMS McKinney Vento: children who are homeless and 3) Community Other: homeless jail inmates, hospital inpatients and the recently foreclosed and evicted. For more information on homeless in Mecklenburg County please visit: http://charmeck.org/mecklenburg/county/CommunitySupportServices/HomelessSupportServices/Pages/default.aspx.

Sources:

[1]United States Census Bureau, American Community Survey.: www.census.gov/acs. Last accessed 10/16/2012.

[2] North Carolina State Center for Health Statistics, www.schs.state.nc.us/SCHS/. Last accessed 10/16/2012.

[3]Charlotte Mecklenburg School District: www.cms.k12.nc.us. Last accessed 10/16/2012.

[4]Charlotte Chamber of Commerce: www.charlottechamber.com . Last accessed 11/17/2011.

[5] North Carolina Department of Public Instruction. Office of Charter Schools http://www.ncpublicschools.org/charterschools. Last accessed 10/16/2012

[6]North Carolina Department of Administration. Office of Non-Public Education. 2011 Home School Statistical Summary. http://www.ncdnpe.org/documents/hhh236.pdf . Last accessed 10/16/2012

[7] NC Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina. http://www.shepscenter.unc.edu/hp/2011/county/119_2011.pdf. Last Accessed 10/16/2012.

2012 STATE OF THE COUNTY HEALTH REPORT
Maternal and Child Health Highlights

2009/2010 BIRTH HIGHLIGHTS

2009		
Total Births = 14,453		
Live Birth Rate = 16.2 per 1,000		
Racial Categories		
White	**8,915**	**61.7%**
Other Races	**5,538**	**38.3%**
Black or African American	*4,499*	*81.2%*
Asian and/or Pacific Islander	*920*	*16.6%*
American Indian	*55*	*1.0%*
Other Non-White	*64*	*1.2%*
Hispanic/Latino and Country of Origin		
Non-Hispanic	**11,527**	**79.8%**
Hispanic	**2,919**	**20.2%**
Mexican	*1,475*	*50.5%*
Central or South American	*1,218*	*41.7%*
Puerto Rican	*153*	*5.2%*
Cuban	*53*	*1.8%*
Other Hispanic	*20*	*0.69%*
Unknown	**7**	**0.05%**
Age of Mother		
40 plus	**401**	**2.8%**
30 - 39 years	**6,223**	**43.1%**
20 - 29 years	**6,644**	**46.0%**
Teens Under the Age of 20	**1,185**	**8.2%**
Teens 10-14	26	*2.2%*
Teens 15-17	376	*31.7%*
Teens 18-19	783	*66.1%*
Birth Outcomes & Prenatal Care		
Premature (<37 weeks)	**1,812**	12.5%
Very Premature (<32 weeks)	**289**	2.0%
Low Birth Weight (<=2500g)	**1,339**	9.3%
Very Low Birth Weight (<=1500g)	**255**	1.8%
Primary C-section	**2,995**	20.7%

2010		
Total Births = 13,895		
Live Birth Rate = 15.1 per 1,000		
Racial Categories		
White	**7,918**	**57.0%**
Other Races	**5,977**	**43.0%**
Black or African American	*4,409*	*73.8%*
Asian and/or Pacific Islander	*908*	*15.2%*
American Indian	*53*	*0.9%*
Other Non-White	*607*	*10.2%*
Hispanic/Latino and Country of Origin		
Non-Hispanic	**11,210**	**80.7%**
Hispanic	**2,679**	**19.3%**
Mexican	*1,276*	*47.6%*
Central or South American	*0*	*0.0%*
Puerto Rican	*128*	*4.8%*
Cuban	*36*	*1.3%*
Other Hispanic	*1,239*	*46.2%*
Unknown	**6**	**0.04%**
Age of Mother		
40 plus	**456**	**3.3%**
30 - 39 years	**6,044**	**43.5%**
20 - 29 years	**6,381**	**45.9%**
Teens Under the Age of 20	**1,014**	**7.3%**
Teens 10-14	14	*1.4%*
Teens 15-17	308	*30.4%*
Teens 18-19	692	*68.2%*
Birth Outcomes & Prenatal Care		
Premature (<37 weeks)	**1,769**	12.7%
Very Premature (<32 weeks)	**263**	1.9%
Low Birth Weight (<=2500g)	**1,342**	9.7%
Very Low Birth Weight (<=1500g)	**250**	1.8%
Primary C-section	**4,683**	33.7%

Source: NC DHHS/State Center for Health Statistics

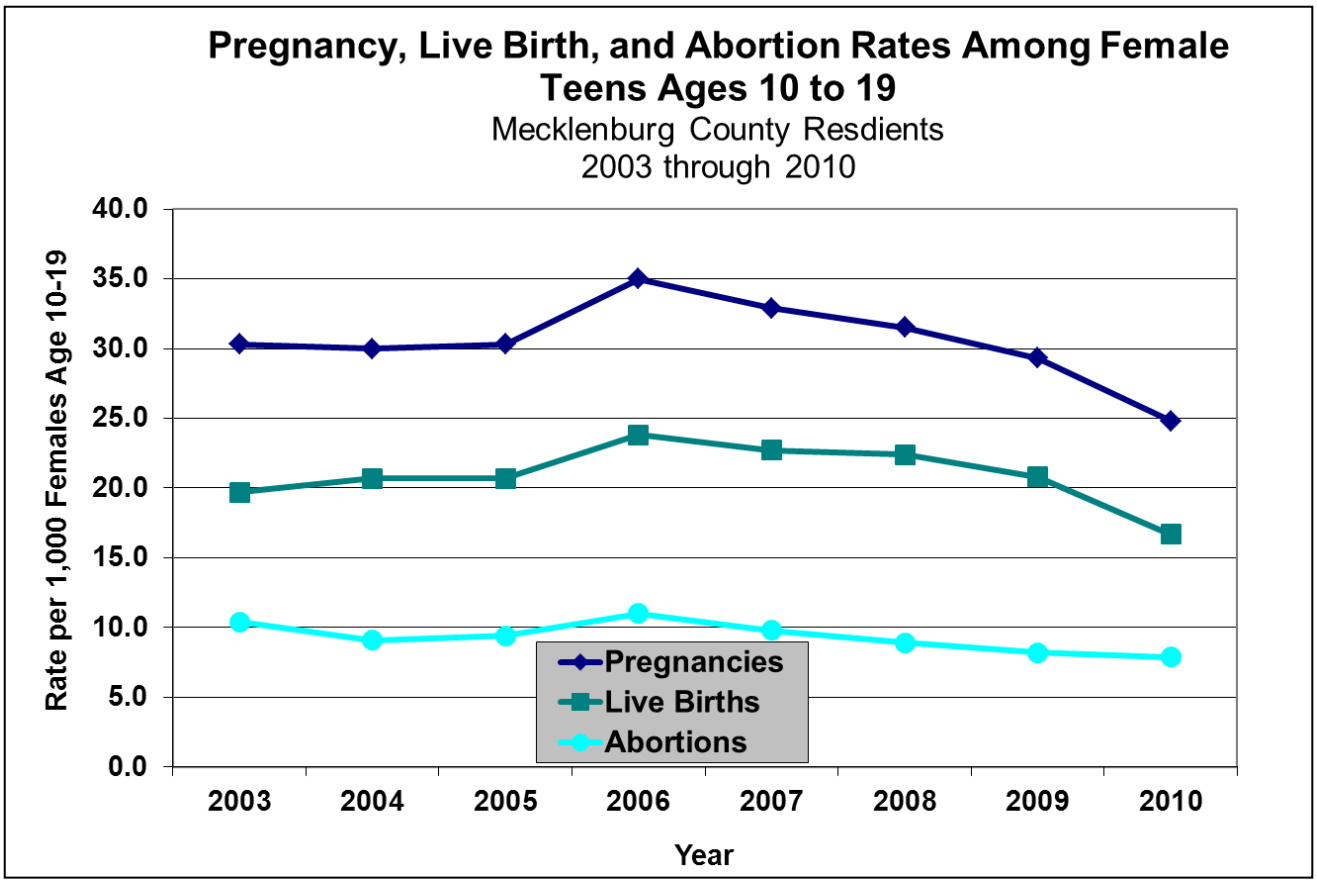
2009/2010 TEEN PREGNANCY HIGHLIGHTS

2009 - 2010 Teen Pregnancy Rates for Mecklenburg County (Rates per 1,000 females by age group)					
		2009 Rate	2010 Rate	% Change	2009-2010
10 to 14	Total	1.6	0.8	50.0%	decrease
	White	1.2	0.2	85.0%	decrease
	Minorities	2.1	1.4	33.3%	decrease
15 to 17	Total	30.6	25.5	16.7%	decrease
	White	20.1	13.6	32.3%	decrease
	Minorities	40.1	36.1	10.0%	decrease
18 to 19	Total	94.7	84.3	11.0%	decrease
	White	64.1	52.7	17.8%	decrease
	Minorities	119.2	114.3	4.1%	decrease
15 to 19	Total	56.4	49.3	12.6%	decrease
	White	37.8	29.4	22.2%	decrease
	Minorities	72.2	67.6	6.4%	decrease
10 to 19	Total	29.3	24.8	15.4%	decrease
	White	19.1	14.3	25.1%	decrease
	Minorities	41.8	35.1	16.0%	decrease

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 Minority categories. Rates by race 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 at 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.

Source: NC DHHS/State Center for Health Statistics



Note:
The data presented are for all Mecklenburg County pregnancies. Total pregnancies represent the sum of all induced abortions, live births, and fetal deaths at 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.

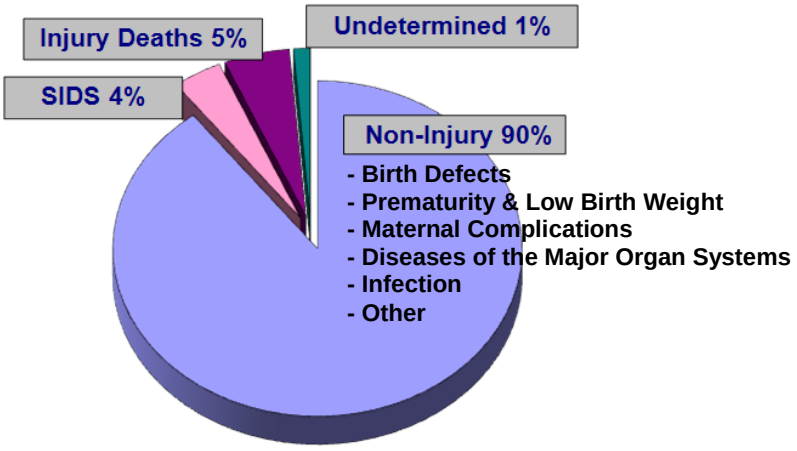
Source: NC DHHS/State Center for Health Statistics

2010 INFANT AND CHILDHOOD INJURY AND DEATH HIGHLIGHTS

INFANT DEATHS (<1 yr)

- In 2010, the infant mortality rate was 5.6 per 1,000 live births. The rate for minority infants was 8.5 per 1,000 live births and the rate for white infants was 3.4 per 1,000 live births.
- The leading causes of infant death are birth defects, complications of the placenta, and prematurity/low birth weight.
- Preventable injury-related deaths are most commonly caused by Accidental Suffocation due to unsafe sleep practices and environment.
- SIDS deaths remains low while infant deaths with risk factors for an unsafe sleeping environment continue to increase.

Percent of Infant Deaths (less than 1 year of age) by Cause of Death (N=78) Mecklenburg County, 2010

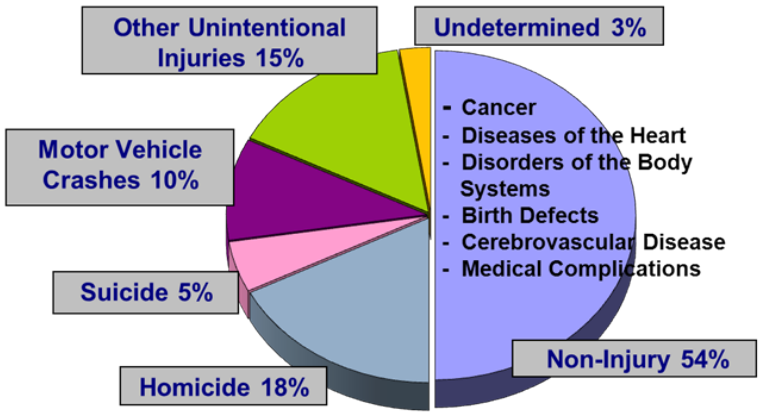


Source: NC DHHS/State Center for Health Statistics

CHILDHOOD DEATHS (1-17 yrs)

- Injury is the leading cause of death for children ages 1-17.
- Motor vehicle injuries, homicides, and other unintentional injuries are the most common causes of injury deaths among children.
- There were 7 homicides. Four of these deaths were the result of firearms and three children under the age of five died resulting from injuries due to child abuse by a caregiver.

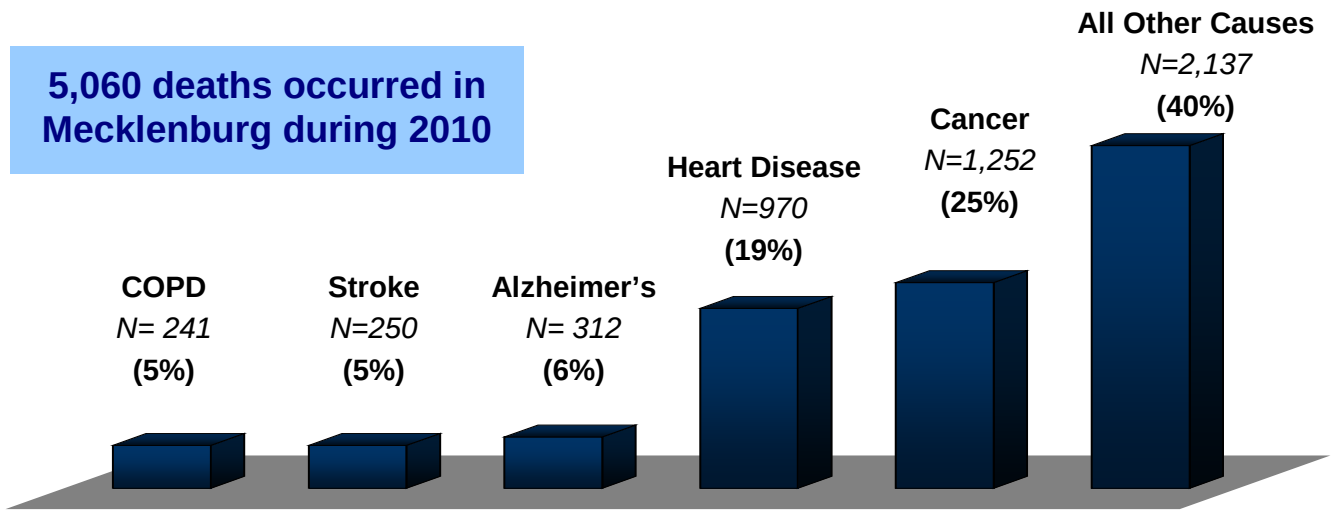
Percent of Childhood Deaths Ages 1 to 17 by Cause of Death (N=39) Mecklenburg County, 2010



Source: NC DHHS/State Center for Health Statistics

2012 STATE OF THE COUNTY HEALTH REPORT
Leading Causes of Death

2010 Leading Causes of Death, Mecklenburg County Residents



TOP TEN LEADING CAUSES OF DEATH: NATIONAL, STATE AND LOCAL COMPARISONS

Top Ten Leading Causes of Death Mecklenburg, North Carolina, 2010 and the United States 2009

	Meck	NC	USA
Cancer	1	1	2
Heart Disease	2	2	1
Alzheimer's Disease	3	6	6
Stroke	4	4	4
Chronic Lower Respiratory Disease (COPD)	5	3	3
Unintentional Injury	6	5	5
Kidney Disease	7	8	9
Diabetes	8	7	7
Suicide	9	*	10
Influenza and Pneumonia	10	9	8

*Not a top ten leading cause for NC

- In 2010, Mecklenburg, NC, and the US all had similar top ten leading causes of death. Mecklenburg ranked differently than the state and the nation in some cases. Please see the chart to the left for a comparison of these rankings.
- Cancer, Heart Disease, and Alzheimer's are the three leading causes of death in Mecklenburg County accounting for more than 50% of deaths in 2010.
- Mecklenburg ranks higher for Alzheimer's Disease and lower for Chronic Obstructive Pulmonary Disease (COPD) as compared to the rest of North Carolina and the United States. The other leading causes of death are comparable with the exception of Suicide, which does not rank among the top 10 in North Carolina.

2012 STATE OF THE COUNTY HEALTH REPORT
Leading Causes of Death

LEADING CAUSESE OF DEATH: GENDER, AGE & 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 Cancer and Heart Disease are top two leading causes of death 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 Unintentional Injury is the leading killer of adolescents and adults, ages 15-44, in Mecklenburg County.
- Cancer, Unintentional Injuries, Heart Disease, Homicide, and Birth Defects are the top five leading causes of death among Hispanic residents in Mecklenburg County in 2010.

Leading Causes of Death by Gender
Mecklenburg County, 2010

Males	Females
1) Cancer	1) Cancer
2) Heart Disease	2) Heart Disease
3) Unintentional Injury	3) Alzheimer's Disease
4) COPD	4) Stroke
5) Stroke	5) COPD
6) Alzheimer's Disease	6) Unintentional Injury
7) Kidney Disease	7) Kidney Disease
8) Suicide	8) Influenza &
9) Diabetes	9) Diabetes
10) Homicide	10) Septicemia

Leading Causes of Death by Age
Mecklenburg County, 2010

Infants (< 1yr.)	Ages 25 - 44
* Congenital	* Unintentional Injury
* Comp of the Placenta	* Cancer
* Prematurity & Immaturity	* Suicide
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
Mecklenburg County, 2010

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

Source: NC DHHS/State Center for Health Statistics

2012 STATE OF THE COUNTY HEALTH REPORT
Behavioral 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.

2006 – 2010 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Behavioral Risk Factor Surveillance System (BRFSS)
Mecklenburg County, 2006-2010

	Total	Gender		Race			Education		Income	
		Male	Female	White	Black	Other	High School	College	<$50K	$50K+
Health Care Access										
Has Health Insurance	85%	83%	86%	94%	79%	59%	68%	92%	70%	96%
Has Personal Doctor	80%	75%	86%	89%	75%	60%	69%	85%	71%	89%
Fair/Poor Health Status	15%	14%	15%	10%	22%	19%	25%	10%	26%	6%
Behavioral Health Risks										
Smoking	15%	17%	14%	15%	17%	14%	23%	12%	20%	11%
Overweight/Obesity[1]	60%	69%	52%	56%	73%	57%	63%	59%	68%	57%
No Physical Activity	19%	16%	22%	14%	24%	29%	28%	15%	28%	12%
Fruit & Veg (≥5/day)[2]	22%	17%	27%	24%	18%	22%	18%	24%	21%	24%
Chronic Conditions										
Arthritis[3]	22%	18%	26%	27%	20%	9%	23%	22%	26%	19%
Diabetes	7%	8%	7%	6%	11%	6%	11%	6%	11%	4%
Asthma	6%	5%	8%	7%	7%	3%	8%	5%	7%	5%
Cardiovascular Disease[4]	6%	8%	5%	7%	6%	6%	9%	5%	9%	4%
High Blood Pressure[5]	27%	29%	25%	26%	31%	22%	35%	23%	33%	21%
High Cholesterol[5]	37%	41%	33%	38%	32%	44%	46%	34%	39%	33%

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/m^2).
[2] Data for Fruit and Vegetable was not collected for 2008 and 2010.
[3] Diagnoses of arthritis includes arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. Data was not collected for arthritis in 2008 and 2010.
[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 2008 and 2010.

2012 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 to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBS is administered in middle and/or high schools by states, counties and/or cities in odd-numbered years to coincide with national high school administration of the YRBS conducted by the CDC.

In 2005, the YRBS was administered for the first time in Charlotte Mecklenburg Schools (CMS) beginning with the high schools. In 2007, middles schools were added. The YRBS was conducted by the Mecklenburg County Health Department, in collaboration with CMS, in 23 public high schools and middle schools in randomly selected classes. The survey results accurately reflect gender, race/ethnicity, and grade level distribution of public high school students in the CMS district

2007 – 2011 Middle School Youth Risk Behavior Survey
Charlotte-Mecklenburg Schools and North Carolina

	2007		2009		2011	
	CMS	NC	CMS	NC	CMS	NC
Unintentional Injuries and Violence						
Rode in a car or other vehicle driven by someone else who had been drinking alcohol	27%	27%	28%	27%	24%	23%
Carried a weapon such as a gun, knife, club in the past 30 days	30%	37%	31%	39%	30%	34%
Was in a physical fight	62%	57%	60%	53%	60%	55%
Bullying and Harrasment						
Have been harassed or bullied on school property in the past year	26%	27%	39%	42%	45%	42%
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%	23%	23%	N/A	24%
Made a plan about how they would kill themselves	13%	16%	14%	19%	17%	13%
Substance Abuse						
Smoked cigarettes on one or more days in the past 30	7%	12%	6%	8%	5%	8%
Ever had a drink of alcohol, other than a few sips	29%	34%	33%	30%	31%	29%
Used marijuana one or more times in the past 30 days	7%	6%	7%	5%	12%	11%
Sexual Behavior						
Ever been taught about abstaining from sexual activity	74%	68%	70%	66%	N/A	62%
Weight Management and Nutrition						
Described themselves as slightly or very overweight	21%	23%	24%	26%	23%	25%
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%	51%	60%	53%	59%
Selected Health Issues						
Current Asthma*	17%	20%	18%	19%	11%	13%

*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.

2007 – 2011 HIGH SCHOOL YOUTH RISK BEHAVIOR SURVEY (YRBS)
Charlotte-Mecklenburg Schools, North Carolina and United States

	2007			2009			2011		
	CMS	NC	US	CMS	NC	US	CMS	NC	US
Unintentional Injuries									
Drove a car or other vehicle when they had been drinking alcohol in the past 30 days	7%	9%	11%	6%	8%	10%	8%	6%	8%
Carried a weapon such as a gun, knife, club in the past 30 days	17%	21%	18%	14%	20%	18%	16%	21%	17%
Was in a physical fight in the past year	30%	30%	36%	31%	29%	32%	32%	28%	33%
Bullying and Harrasment									
Have been harassed or bullied on school property in the past year	20%	22%	N/A	16%	17%	20%	19%	21%	20%
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	28%	27%	29%	28%	27%	26%	30%	28%	29%
Attempted suicide one or more times in the past year	13%	13%	7%	14%	10%	6%	15%	14%	8%
Substance Abuse									
Smoked cigarettes on one or more days in the past 30 days	15%	23%	20%	13%	18%	20%	14%	18%	18%
Had at least one drink of alcohol on one or more days in the past 30 days	6%	5%	4%	33%	35%	42%	34%	34%	39%
Used marijuana one or more times in the past 30 days	20%	19%	20%	21%	20%	21%	28%	24%	23%
Sexual Behavior									
Ever had sexual intercourse	47%	52%	48%	50%	51%	46%	50%	49%	47%
Weight Management and Nutrition									
Are overweight (at or above the 95th percentile for body mass index, by age and sex)	10%	13%	13%	17%	15%	16%	13%	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	43%	44%	35%	43%	46%	37%	40%	48%	50%
Selected Health Issues									
Current Asthma*	18%	20%	11%	19%	22%	22%	11%	12%	12%

*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.

2012 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.

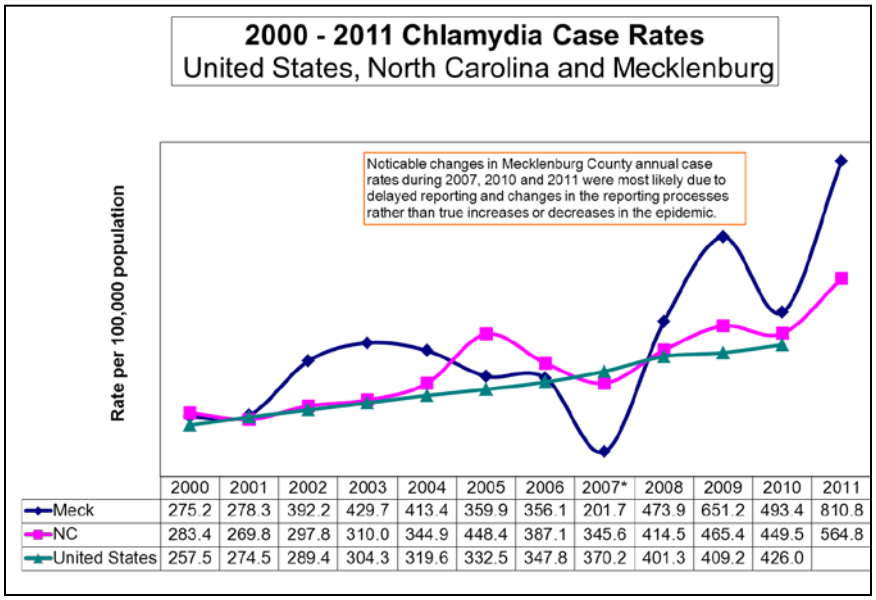
2007/2011 SEXUALLY TRANSMITTED INFECTIONS
Mecklenburg County Residents

	HIV DISEASE				EARLY SYPHILIS				CHLAMYDIA				GONORRHEA			
	2007 (N=387)		2011 (N=340)		2007 (N=141)		2011 (N=190)		2007 (N=1740)		2011 (N=7522)		2007 (N=1173)		2011 (N=2264)	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Race																
White	91	24%	57	17%	23	16%	25	13%	246	14%	741	10%	98	8%	178	8%
Black	265	68%	244	72%	112	79%	157	83%	1263	73%	4285	57%	1019	87%	1577	70%
Native Am.	0	0%	1	0%	0	0%	0	0%	0	0%	14	<1%	0	0%	3	<1%
Asian	0	0%	4	1%	0	0%	4	2%	24	1%	62	<1%	12	1%	5	<1%
Hispanic	30	8%	27	8%	6	4%	4	2%	175	10%	505	7%	28	2%	39	2%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	59	<1%	0	0%	14	<1%
Missing	1	<1%	7	2%	0	0%	0	0%	32	2%	1856	25%	16	1%	448	20%
Age																
0-12	2	1%	2	1%	0	0%	0	0%	0	0%	8	<1%	1	<1%	0	0%
13-19	20	5%	22	6%	6	4%	14	7%	656	38%	2446	33%	299	25%	652	29%
20-29	93	24%	109	32%	58	41%	99	52%	873	50%	4048	54%	604	51%	1153	51%
30-39	121	31%	65	19%	38	27%	40	21%	168	10%	783	10%	179	15%	290	13%
40-49	104	27%	75	22%	32	23%	28	15%	35	2%	185	2%	72	6%	123	5%
50+	47	12%	67	20%	7	5%	9	5%	8	<1%	47	<1%	17	1%	43	2%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	5	<1%	1	<1%	3	<1%
Gender																
Male	285	74%	254	75%	112	79%	170	89%	423	24%	2126	28%	659	56%	1109	49%
Female	102	26%	86	25%	29	21%	20	11%	1317	76%	5396	72%	514	44%	1155	51%
Unknown	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

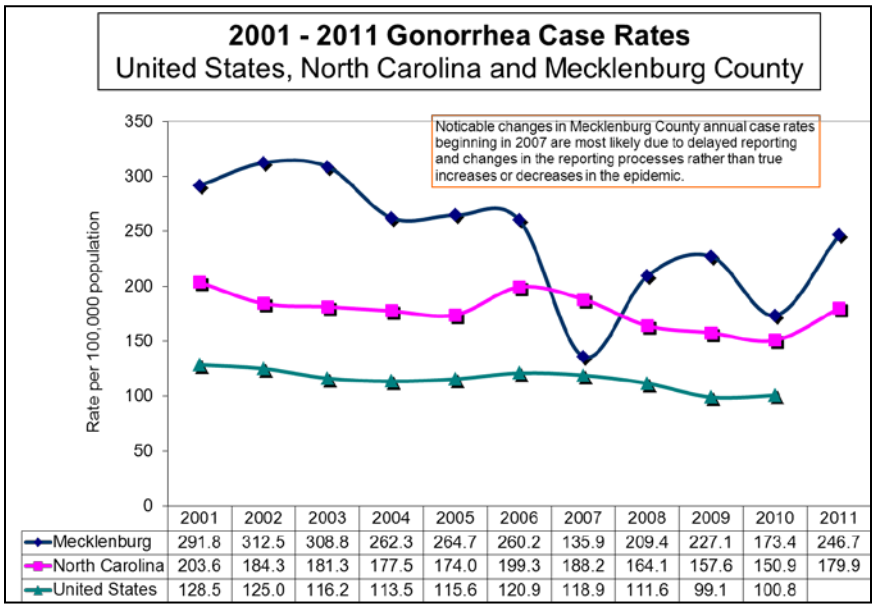
Sources: NC DHHS, HIV/STD Prevention and Care Unit (HIV/AIDS Surveillance Database: cases are based on year of diagnosis and include reports available as of September 2012); NC Electronic Disease Surveillance System (NC EDSS), based upon date of report.

2012 STATE OF THE COUNTY HEALTH REPORT
Sexually Transmitted Infections (STIs)

2000 - 2011 CHLAMYDIA & GONORRHEA ANNUAL CASE RATES (per 100,000 population)
Mecklenburg, North Carolina and United States



	2000	2001	2002	2003	2004	2005	2006	2007*	2008	2009	2010	2011
Meck	275.2	278.3	392.2	429.7	413.4	359.9	356.1	201.7	473.9	651.2	493.4	810.8
NC	283.4	269.8	297.8	310.0	344.9	448.4	387.1	345.6	414.5	465.4	449.5	564.8
United States	257.5	274.5	289.4	304.3	319.6	332.5	347.8	370.2	401.3	409.2	426.0	



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mecklenburg	291.8	312.5	308.8	262.3	264.7	260.2	135.9	209.4	227.1	173.4	246.7
North Carolina	203.6	184.3	181.3	177.5	174.0	199.3	188.2	164.1	157.6	150.9	179.9
United States	128.5	125.0	116.2	113.5	115.6	120.9	118.9	111.6	99.1	100.8	

The North Carolina STD Surveillance data system underwent extensive changes in 2008 to implement NC EDSS (North Carolina Electronic Disease Surveillance System). The introduction of NC EDSS improved STD case reporting resulting in higher case rates for years 2008 through 2011.

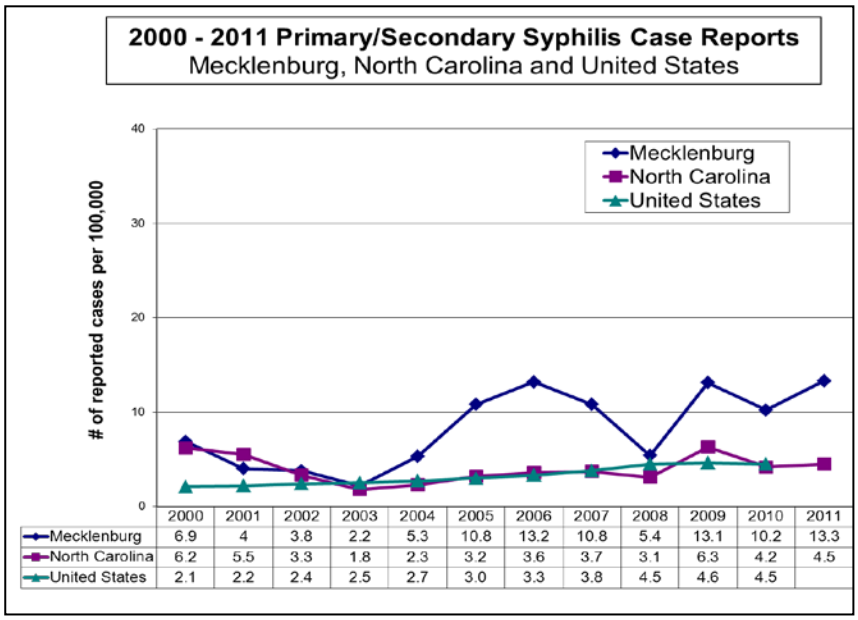
The increase in case reports during this time should be interpreted with caution as they are largely a result of changes to the reporting process.

- Between 2002 and 2006, Gonorrhea and Chlamydia case rates declined for the county.
- A substantial decline in reports was noted during 2007 due to delays in case reporting and changes in personnel.
- Chlamydia and Gonorrhea case rates for Mecklenburg remain higher than those of the state and mation.
- Chlamydia and Gonorrhea case reporting continue to be affected by the new reporting system. The notable increase in case reports for year 2011 was most likely a reporting artifact and not a dramatic increase in disease occurrence for the county.

Source: 2011 NC EDSS Mecklenburg Chlamydia and Gonorrhea cases based upon date of report; NC DHHS, HIV/STD Prevention and Care Unit: 2011 STD Surveillance Data; US Centers for Disease Control 2010 STD Surveillance Report
(As of November 1, 2012 National data for Chlamydia and Gonorrhea are not available for calendar year 2011.)

2012 STATE OF THE COUNTY HEALTH REPORT
Sexually Transmitted Infections (STIs)

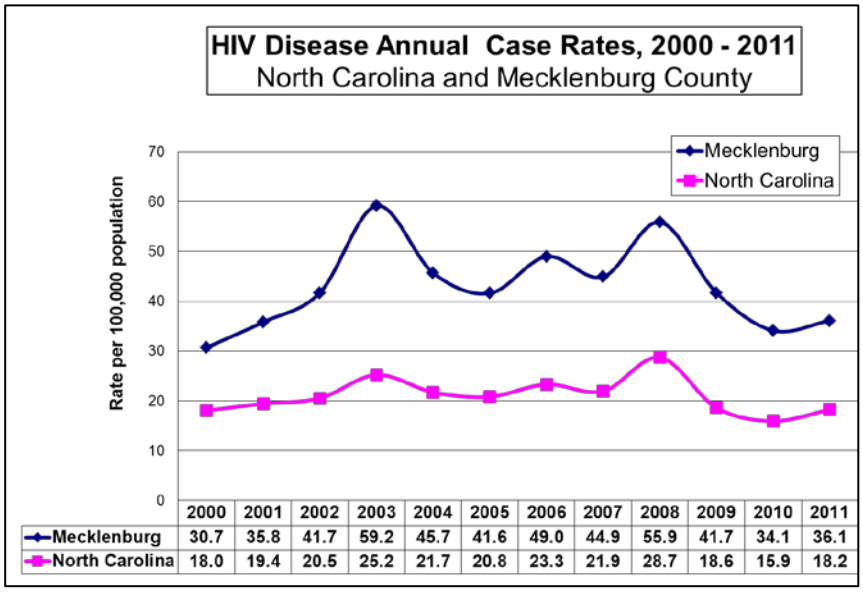
2000 - 2011 SYPHILIS & HIV DISEASE ANNUAL CASE RATES (per 100,000 population)
Mecklenburg, North Carolina and United States



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mecklenburg	6.9	4	3.8	2.2	5.3	10.8	13.2	10.8	5.4	13.1	10.2	13.3
North Carolina	6.2	5.5	3.3	1.8	2.3	3.2	3.6	3.7	3.1	6.3	4.2	4.5
United States	2.1	2.2	2.4	2.5	2.7	3.0	3.3	3.8	4.5	4.6	4.5	

In 2004, after declining for more than a decade, rates of primary and secondary syphilis, increased across the nation. In 2009, North Carolina experienced a significant outbreak of new syphilis cases. Statewide reports were 84% higher than the previous year's report. The 2009 increase in syphilis occurred throughout North Carolina, including several counties. Mecklenburg County was one of six counties reporting the highest rate of syphilis increase for the state.

Syphilis case reports decreased in 2010; however cases increased once more during 2011.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mecklenburg	30.7	35.8	41.7	59.2	45.7	41.6	49.0	44.9	55.9	41.7	34.1	36.1
North Carolina	18.0	19.4	20.5	25.2	21.7	20.8	23.3	21.9	28.7	18.6	15.9	18.2

- The 2011 Primary and Secondary case rate for the County (13.3 per 100,000) was similar to annual case rates for year 2009 (13.1) but 24% higher than that of year 2010 (10.2). Reports for the county remain higher than both the state and nation.
- The annual HIV disease case rate in the county has declined by 39% between 2008 and 2010, from 55.9 per 100,000 to 34.1 per 100,000. Case reports increased slightly for year 2011.

Source: NC DHHS, HIV/STD Prevention and Care Unit: 2010 STD Surveillance Data; US Centers for Disease Control 2009 STD Surveillance Report

(As of November 1, 2012 national data for Syphilis and HIV Disease are not available for calendar year 2011.)

2012 STATE OF THE COUNTY HEALTH REPORT
Tuberculosis (TB)

TUBERCULOSIS CASE REPORTS HIGHLIGHTS, 2010 – 2011
Mecklenburg County Residents

2010 Mecklenburg County Verified Tuberculosis (TB) Case Reports

Total TB Cases = 40

Annual Case Rate = 4.3 per 100,000 population

	Cases	%
Gender		
Male	*25*	*62.5%*
Female	*15*	*37.5%*
Racial Categories *(includes Hispanic Cases)*		
White	*16*	*40.0%*
Black or African American	*10*	*25.0%*
Asian or Pacific Islander	*14*	*35.0%*
American Indian	*0*	*0.0%*
Other/Unknown Racial Group	*0*	*0.0%*
Ethnicity (Hispanic/Latino)		
Non-Hispanic	*29*	*72.5%*
Hispanic	*11*	*27.5%*
Unknown/Missing	*0*	*0.0%*
Country of Origin		
U.S. Native	*14*	*35.0%*
Foreign-Born	*26*	*65.0%*
Age Group		
0 - 19 yrs	*7*	*17.5%*
20 - 29 yrs	*6*	*15.0%*
30 - 39 yrs	*6*	*15.0%*
40 - 49 yrs	*4*	*10.0%*
50 - 59 yrs	*9*	*22.5%*
over 60 yrs	*8*	*20.0%*
Behavioral and Occupational Risk Categories *(Within the Past Year)*		
Injected Drugs	*1*	*2.5%*
Non-Injecting Drug Use	*4*	*10.0%*
Excessive Alcohol Use	*2*	*5.0%*
Homeless	*1*	*2.5%*
Resident of Long-Term Care Facility	*0*	*0.0%*
Clinical Data		
Site of Disease		
Pulmonary	*28*	*70.0%*
Extra Pulmonary	*12*	*30.0%*
Both	*0*	*0.0%*

2011 Mecklenburg County Verified Tuberculosis (TB) Case Reports

Total TB Cases = 37

Annual Case Rate = 4.0 per 100,000 population

	Cases	%
Gender		
Male	*22*	*59.5%*
Female	*15*	*40.5%*
Racial Categories *(includes Hispanic Cases)*		
White	*18*	*48.7%*
Black or African American	*12*	*32.4%*
Asian or Pacific Islander	*6*	*16.2%*
American Indian	*0*	*0.0%*
Other/Unknown Racial Group	*1*	*2.7%*
Ethnicity (Hispanic/Latino)		
Non-Hispanic	*26*	*70.3%*
Hispanic	*11*	*29.7%*
Unknown/Missing	*0*	*0.0%*
Country of Origin		
U.S. Native	*14*	*37.8%*
Foreign-Born	*23*	*62.2%*
Age Group		
0 - 19 yrs	*2*	*5.4%*
20 - 29 yrs	*5*	*13.5%*
30 - 39 yrs	*9*	*24.3%*
40 - 49 yrs	*5*	*13.5%*
50 - 59 yrs	*9*	*24.3%*
over 60 yrs	*7*	*18.9%*
Behavioral and Occupational Risk Categories *(Within the Past Year)*		
Injected Drugs	*0*	*0.0%*
Non-Injecting Drug Use	*2*	*5.4%*
Excessive Alcohol Use	*3*	*8.1%*
Homeless	*4*	*10.8%*
Resident of Long-Term Care Facility	*0*	*0.0%*
Clinical Data		
Site of Disease		
Pulmonary	*32*	*86.5%*
Extra Pulmonary	*5*	*13.5%*
Both	*0*	*0.0%*

2012 STATE OF THE COUNTY HEALTH REPORT
Tuberculosis (TB)

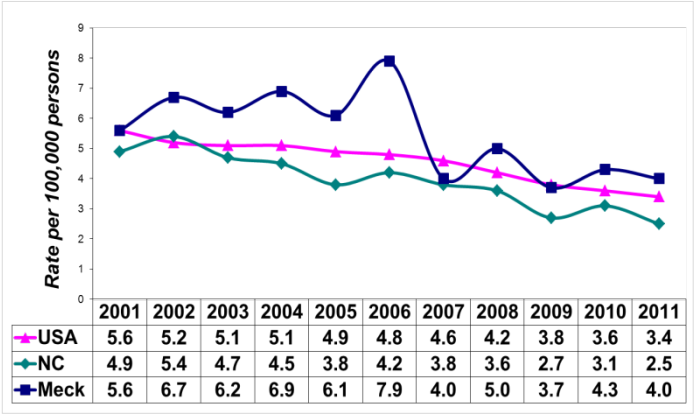
MECKLENBURG TB CASE REPORTS 2011 DEMOGRAPHIC PROFILE

- In 2011, 37 TB cases (a rate of 4.0 cases per 100,000 persons) were reported in Mecklenburg County. The 2011 case rate for Mecklenburg was higher than the state (2.5) and the nation (3.4).
- In comparison to peak reports during 2006 (55 reported cases), Mecklenburg TB cases declined by 33% during 2011 with an annual case rate that was 49% lower than that of 2006.

Age, Gender and Racial/Ethnic Differences

- The age groups most commonly reporting TB were persons 30 – 39 yrs (24%) and 50 – 59 yrs (24%) followed by persons age 60 yrs and over (19%).
- Males (22 cases or 59.5%) were more likely than females (15 cases or 40.5%) 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 TB.
- Non-Hispanic Whites accounted for 19% of new TB cases for the county. In comparison, 32% of reports were among non-Hispanic African Americans and 30% among Hispanic/Latinos. Non-Hispanic Asian/Pacific Islanders accounted for 19% of new TB cases.
- Several factors contribute to these differences in reports, including increased reports among foreign-born persons, many of whom are racial/ethnic minorities.

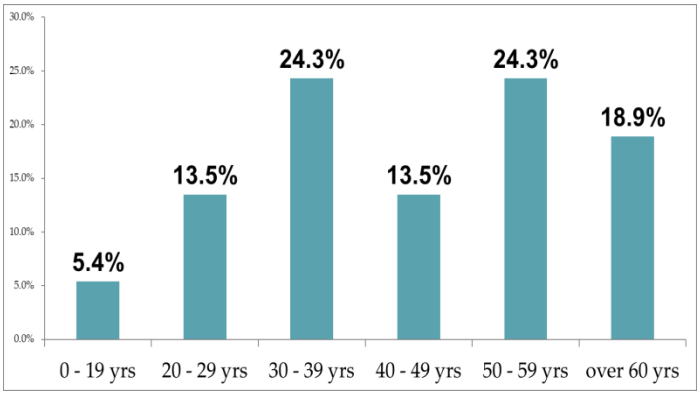
2001 – 2011 TB Case Rates, US, NC, Mecklenburg
Annual Case Rates per 100,000 population



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
USA	5.6	5.2	5.1	5.1	4.9	4.8	4.6	4.2	3.8	3.6	3.4
NC	4.9	5.4	4.7	4.5	3.8	4.2	3.8	3.6	2.7	3.1	2.5
Meck	5.6	6.7	6.2	6.9	6.1	7.9	4.0	5.0	3.7	4.3	4.0

Data Source: NC DHHS, TB Control Program; MCHD, TB Control and Refugee Program; CDC, TB Control Program

2011 Mecklenburg TB Case Reports and Percent*
BY AGE-GROUPS



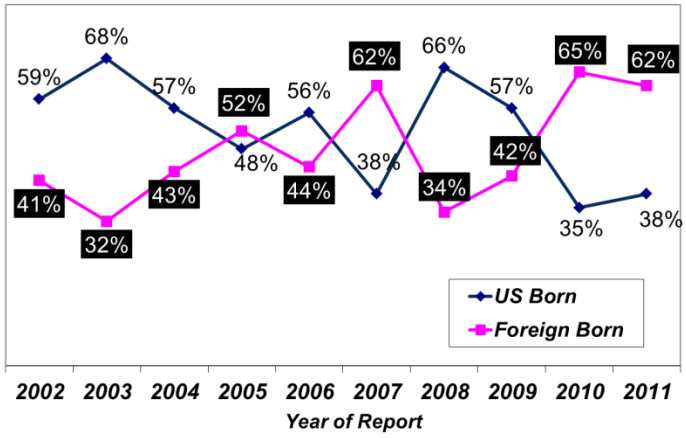
Data Source: North Carolina Electronic Disease Surveillance (NC EDSS), MCHD TB Control and Refugee Program
*Due to rounding, percentages may total more than 100%

2012 STATE OF THE COUNTY HEALTH REPORT
Tuberculosis (TB)

Country of Origin: US and Foreign-Born Case Reports

- In general, TB case reports among US born persons has declined over time, while the proportion of TB cases among foreign-born individuals has increased.
- Foreign-born TB cases increased from 41% of total case reports in 2002 to 62% of total case reports in 2011.
- During 2011, Hispanics accounted for the majority of foreign born TB reports (44%), while non-Hispanic African Americans (50%) represented the majority of US Born TB cases.
- The most frequently reported countries of origin among foreign-born persons were Honduras and the Philippines.

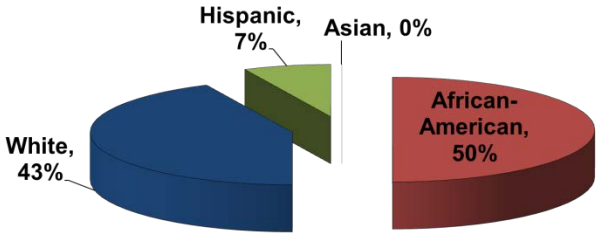
Mecklenburg County Verified TB Case Reports
% U.S. and Foreign-Born Cases by Year of Report



Data Source: North Carolina Electronic Disease Surveillance (NC EDSS), MCHD TB Control and Refugee Program

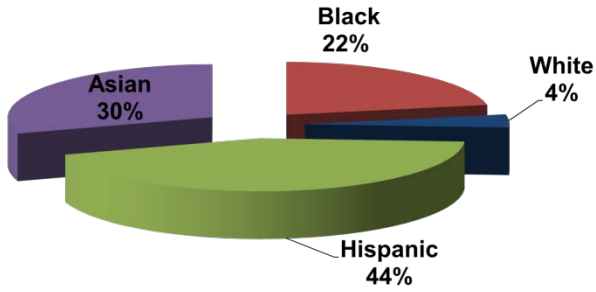
2011 Mecklenburg TB Reported Cases: US Born and Foreign-Born Cases *(% Distribution of Race/Ethnicity), N= 37 Cases*

US BORN Reported TB Cases:
Total Cases: 14



*White, Asian and African American cases are Non-Hispanic

FOREIGN-BORN Reported TB Cases:
Total Cases: 23



*White, Asian and Black cases are Non-Hispanic

Data Source: North Carolina Electronic Disease Surveillance (NC EDSS), MCHD TB Control and Refugee Program

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.

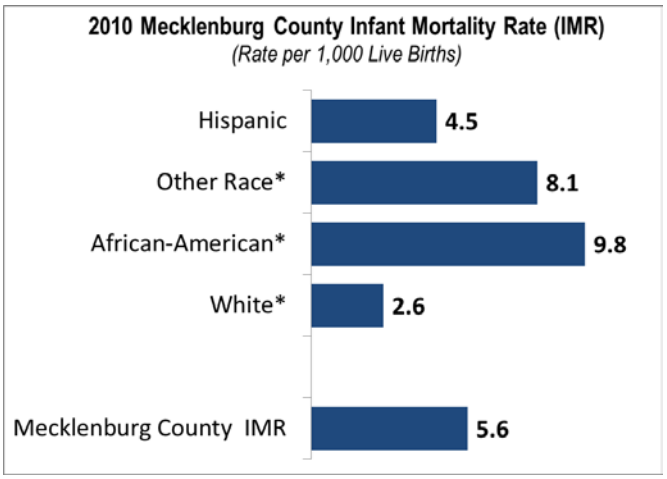
Recognizing that the causes of health disparities are multifactorial and complex, Mecklenburg County Health Department strives to provide local leaders, elected officials, health professionals and the broader community with information to assist in the making of policy, programs, and choices which will 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 (including African Americans, American Indians, Asians, Native Hawaiian and persons of more than one race). 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 2006-2010, the age-adjusted rate for All Causes of Death is 1.5 times greater for African Americans 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 2010 the Infant Mortality rate for Mecklenburg was 5.6 deaths per 1,000 Live Births. Infant deaths for racial and ethnic minorities were substantially higher than those of White, non-Hispanic infants. African American, non-Hispanic infants had the highest death rate (9.8 deaths per 1,000 live births), nearly 4 times higher than that of White infants (2.6).



*African Americans, Other Races and Whites are non-Hispanic.

Source: NC DHHS/State Center for Health Statistics

LEADING CAUSES OF DEATH

Leading causes of death for Mecklenburg County White and Other Race populations in 2010 are presented in a previous section of this report.

Cancer, heart disease and Alzheimer's disease are the leading causes of death for both Whites and Other Races, including African Americans, Asians and Native Americans. However, people of Other Races 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, 2006 – 2010
Mecklenburg County Residents

Minority Death Rates Exceed White Rates for Select Health Conditions

2006 - 2010 Age-Adjusted Death Rates
(deaths per 100,000 population)

	White Death Rate	Black Death Rate	Disparity Ratio
Heart Disease	137.4	200.8	**1.5**
Stroke	37.3	60.4	**1.6**
All Cancers	**160.1**	**226.6**	**1.4**
Breast Cancer	*22.1*	*28.8*	*1.3*
Prostate Cancer	*18.8*	*69.5*	*3.7*
Colorectal Cancer	*13.9*	*22.9*	*1.7*
Diabetes	**12.4**	**36.9**	**3.0**
HIV Disease (AIDS)	**1.7**	**21.4**	**12.6**

White Death Rates Exceed Minority Rates for Select Health Conditions

2006- 2010 Age-Adjusted Death Rates
(deaths per 100,000 population)

	White Death Rate	Black Death Rate	Disparity Ratio
Chronic Lower Respiratory Disease	**40.7**	**32.5**	**1.3**
Chronic Liver Disease and Cirrhosis	**7.6**	**6.4**	**1.2**
Suicide	**11.9**	**4.8**	**2.5**

Death rates Age-Adjusted to US 2000 Population Standard
Data Source: NC DHHS, State Center for Health Statistics: 2012 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 340 cases of HIV disease diagnosed in 2011, 244 (72%) were black. See the previous section on sexually transmitted infections 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 2010 Mecklenburg Behavioral Risk Factor Surveillance Survey (BRFSS) show that 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 per year 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), smoking (3.7 times) and no physical activity in the past month (2.7 times).

DISPARITIES IN SELECTED HEALTH RISK BEHAVIORS, 2010

Health Risk Factors from the 2010 Behavioral Risk Factor Surveillance System								
	% Other Races	% White	Disparity Ratio	Significant	% Household Income <$50,000	% Household Income $50,000+	Disparity Ratio	Significant
Current Smoker	13.4	11.0	1.2	No	20.3	5.5	3.7	Yes
Overweight or Obese	64.1	56.2	1.1	No	67.0	54.2	1.2	Yes
No Exercise in Past Month	25.6	15.0	1.7	Yes	32.7	12.3	2.7	Yes

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. The number of days the ozone levels were high increased from 0 days in 2009 to 17 days in 2011.

Number of Days that Ozone Levels have Exceeded Federal Compliance Levels
Mecklenburg County 2007-2011

Year	Number of Days
2007	19
2008	5
2009	0
2010	14
2011	17

Air Quality Initiatives in Mecklenburg County

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

Mecklenburg County Air Quality Initiatives	
Mecklenburg County Air Quality (MCAQ)	• Responsible for assuring good air quality for the community through a combination of regulatory and non-regulatory programs. • Grants to Replace Aging Diesel Engines (GRADE) – incentive funding to organizations that replace, repower and retrofit their heavy duty non-road construction equipment.
Clean Air Works!	• Launched in 2006, engages in employers in the effort to improve air quality by providing them with tools to help their employees take control of their commutes. • Currently 116 employer partners participate in this endeavor. • Over 280,000 lbs of nitrous oxide emissions have been reduced from our region's air.
Clean Air Carolina (CAC)	• Works to restore clean and safe air to the Charlotte region through coalition building, public policy advocacy and community outreach • Partnering with Charlotte Mecklenburg Schools to plant ozone gardens. Ozone gardens are used to analyze and collect data on air pollution's effects on ozone-sensitive plants and to learn about its impact on human health.

2012 STATE OF THE COUNTY HEALTH REPORT
Environmental Health Highlights

Smoke Free Restaurants and Bars Law

As of January 2010, 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.

Emergency room visits by North Carolinians experiencing heart attacks have declined by 21% since restaurants became smoke-free. Statewide emergency department data from the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT) was used to examine rates of heart attacks before the law in 2008 and 2009 compared to rates after the law took effect in 2010.

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 in Mecklenburg County requiring that all dwelling units (owned or leased) regardless of the source of energy used in the dwelling and regardless of whether the dwelling unit has an attached garage must contain at least one operable carbon monoxide alarm. In 2011, North Carolina passed an amendment to the residential code that all dwellings are required to have carbon monoxide alarms.

For more information visit
www.carbonmonoxide1.com

GROUND WATER QUALITY

Groundwater in Mecklenburg County is high quality source water for both domestic and industrial purposes. Groundwater is a source of drinking water for approximately 15% of Mecklenburg County residents and is also used for commercial and industrial purposes including irrigation.

There are more than 1,370 groundwater contamination sites in Mecklenburg County. Investigations of these sites have identified 256 contaminated private wells.

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 year, who reside in target housing (pre-1978) should have their blood tested for lead by their pediatrician or other health care provider. Below are the updated lead testing results for Mecklenburg County for 2010.

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

Mecklenburg County Childhood Lead Screening			
Year	Screened < 6 years	Confirmed ≥10 ug/dL	Confirmed ≥20 ug/dL
2010	12,176	8	0

2012 STATE OF THE COUNTY HEALTH REPORT
Environmental Health Highlights

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 fiscal year (FY) 2009, almost all (91.2%) of the required food inspections were completed, a huge increase from FY06 (56%). Additional staff being added to F&FS Program contributed to the increase in inspections.

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

BUILT ENVIRONMENT

The built environment refers to the manmade surroundings that provide the setting for human activity, ranging from large-scale civic surroundings to personal places. According to the CDC, built environment is now being recognized as having an impact on health although traditionally decisions about the built environment have been made without active inclusion of public health. A greater understanding of opportunities to improve health outcomes through altering the built environment will strengthen linkages between public health, city planners and others involved in community design. Healthy places assist individuals in making healthy choices.

Greenways

Greenways are vegetated natural buffers that improve water quality, reduce the impacts of flooding, and provide wildlife habitat.

There are currently 37 miles of developed and 150 miles of undeveloped greenways in Mecklenburg County.

Urban Little Sugar Creek Greenway is part of an 18 mile greenway corridor from North Tryon Street to the South Carolina state line. It will help to improve the water quality of Little Sugar Creek and help to reclaim the creek as a natural treasure. It will also help to improve air quality, serve as an alternate transportation route and aid in the conservation of plant and animal habitats.

Safe Routes to School

The Health Department's Health Promotion program has a dedicated staff position to coordinate Safe Routes to School (SRTS), a program to help schools and parents design and sustain walking and biking programs. SRTS has worked with 13 schools in the county as well as leveraged federal grant funding for education and infrastructure programs.

According to the Behavioral Risk Factor Surveillance System, over 17% of Mecklenburg residents walk or bicycle for transportation, such as to and from work or shopping, or walk to the bus stop for one hour or more per week.

Sources:
Charlotte Mecklenburg Utilities
2012 Mecklenburg County State of the Environment Report
Mecklenburg County Health Department
Mecklenburg County Park and Recreation Department
Mecklenburg County Land Use & Environmental Services Agency

2012 STATE OF THE COUNTY HEALTH REPORT
Injury and Violence Highlights

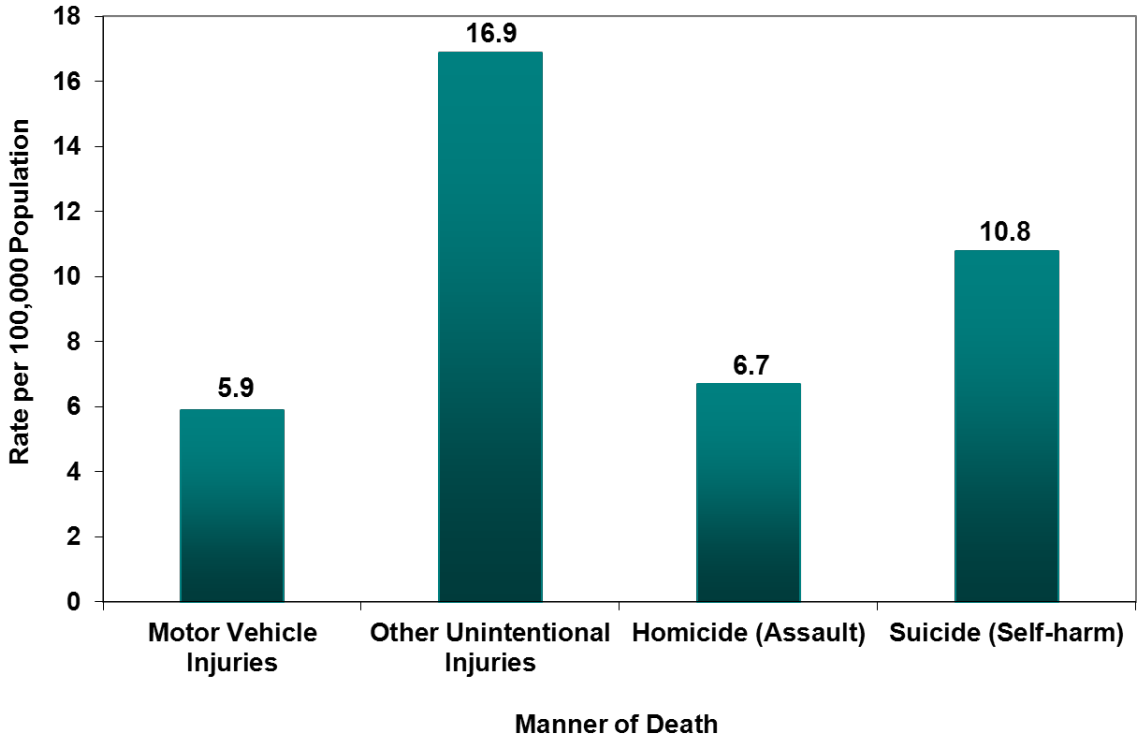
2010 Leading Causes of Death
UNINTENTIONAL Injury
Total Deaths: 209

- ***Motor Vehicle Injuries*** ***26%***
- ***Unintentional Poisonings*** ***22%***
- ***Falls*** ***21%***
- ***Suffocation/ Airway Obstruction*** ***6%***
- ***Drowning*** ***6%***
- ***All Other Injuries*** ***19%***

2010 Leading Causes of Death
INTENTIONAL Injury
Total Deaths: 161

- ***Homicides: 62 deaths*** ***39%***
  - *-Firearms (76%)*
  - *-Sharp Object (11%)*
  - *-All Other (13%)*
- ***Suicides: 99 deaths*** ***61%***
  - *-Firearms (49%)*
  - *-Hang/Suffocation (19%)*
  - *-Ingestion (25%)*
  - *-All Other (7%)*

2010 Mecklenburg County Unintentional and Intentional Injury Rates (per 100,000 population)



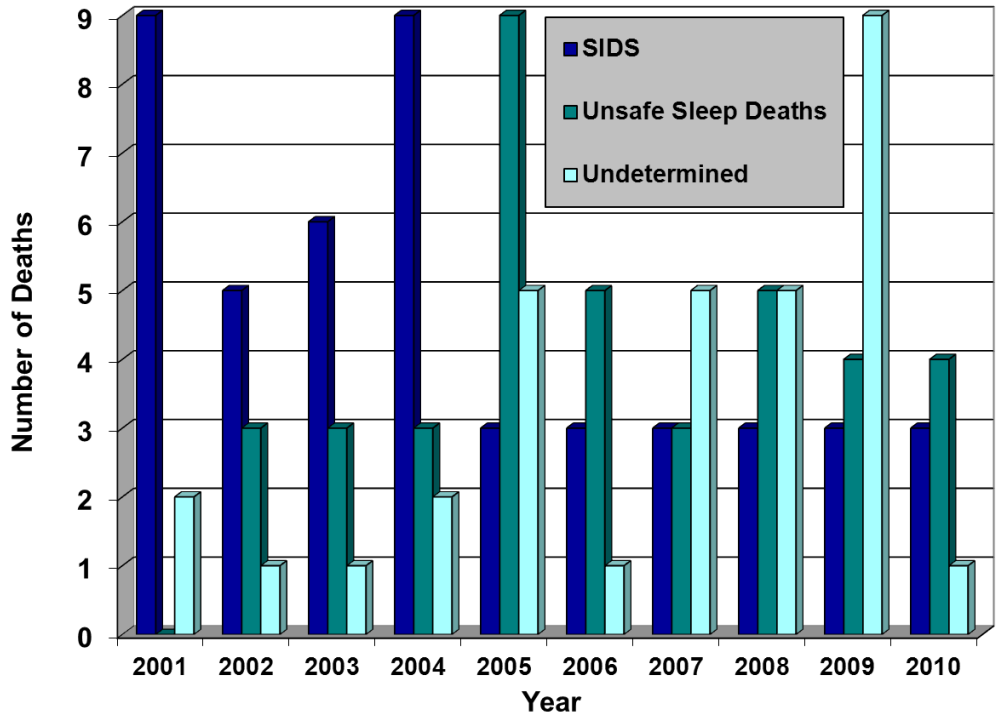
Source: NC DHHS/State Center for Health Statistics

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 multi-disciplinary group charged by North Carolina Statute 7B-1406-1414 to review all infant and child fatalities (age birth to 17) in Mecklenburg County. The mission of the team is to identify gaps and deficiencies in the comprehensive local child services system, advocate for prevention efforts, recommend needed remedies and coordinate a response in order to better protect the community's children. Through monthly reviews of 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 a reoccurring problem in the community.

Unsafe sleep practices include infants who are put to sleep on their stomachs, on a surface other than a firm crib mattress, and/or in the presence of pillows, stuffed animals, blankets or other objects. Fatality reviews have found these unsafe sleep factors present in almost all SIDS, accidental suffocations and undetermined infant deaths. While the incidence of SIDS has remained unchanged in Mecklenburg County since 2006, the incidence of unsafe sleep deaths and undetermined deaths 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.

SIDS, Unsafe Sleep, and Undetermined Infant Deaths in Mecklenburg County, 2001-2010



2012 STATE OF THE COUNTY HEALTH REPORT
Injury and Violence Highlights

Violence is a serious problem in the US. It affects all age ranges and all types of people causing death, injury and disability, and increases the risk of physical, reproductive and emotional health problems which can devastate a community.

SUICIDE

- Intentional Injury deaths are comprised of suicides and homicides. In 2010, suicide was the 9th leading cause of death in Mecklenburg County. There were 99 suicides with a rate of 10.8 per 100,000 residents which is lower than the 2010 state rate of 12.2 per 100,000 and the 2009 national rate of 12.0 per 100,000.

- The 2011 Youth Risk Behavior Survey showed that 17% of Mecklenburg County middle school students reported having made a plan about how to attempt suicide. 15% of Mecklenburg County high school students reported having attempted suicide.

- From 2000 – 2010, there have been a total of 24 suicides among youth ages 11 to 17 years. Of the 24 suicides, 71% were male and 29% were female. More than half (58%) were White non-Hispanic teens followed by 38% Black non-Hispanic, and 4% Hispanic. The majority (46%) of these deaths occurred among youth ages 15 to 16 while 33% were among teens 17 years of age and 21% among teens less than 15 years of age.

- Although nationally firearms are the most common cause of suicide among youth, locally 63% of were due to hanging, strangulation or suffocation and 37% were caused by firearms.

HOMICIDE

- In Mecklenburg County, homicide was the 11th leading cause of death with a rate of 6.7 per 100,000 residents. This rate is higher than the state rate of 5.6 per 100,000 and the national rate of 5.5 per 100,000 (2009).

- Homicide was the second leading cause of death for children ages 1 to 17 and is the leading cause of death for adolescents and young adults ages 15 to 24.

- Of all homicide deaths in 2010, 11% occurred among children 17 years of age and younger and 37% among adolescents and adults ages 15 to 24, and 76% among those 15-44 years of age.

- Unlike suicide, deaths due to homicide show a wider gap for gender and race disparities. Homicides occur more often among Black Non-Hispanic males than White non-Hispanic males. Of the 4 teen homicides, 2 were non-Hispanic Black males and 2 were non-Hispanic Black females.

DOMESTIC VIOLENCE (DV)

- Deaths resulting from firearms, weapons, and child abuse only represent the physical aspect of violence. Exposure to violent behaviors such as bullying, domestic violence (DV) and dating violence can cause emotional harm leading to injury or death. Poverty, social isolation, and increased pressure to succeed academically can also lead to emotional and physical harm.

2012 STATE OF THE COUNTY HEALTH REPORT
Injury and Violence Highlights

- DV is the largest risk factor associated with infant and child deaths. It results in physical and emotional trauma and can also lead to self-destructive behaviors.

- From 2002-2010, were 81 domestic violence related homicides in Mecklenburg County with an average of 7 per year. Overall, 21% of infant and child deaths had a history of DV in the home or a caregiver had a history of DV prior to the fatality (a 50% increase from 2009).

DATING VIOLENCE

- Dating violence is a type of intimate partner violence between two people who are in a close relationship. The nature of dating violence can be physical, emotional, or sexual and includes stalking. According to the 2011 YRBS data, 13.6% of CMS students reported being physically hurt by a boyfriend or girlfriend in the past 12 months and dating violence increased 16% from 2009 to 2011.

- Physical violence was more often reported by youth 16 to 18 years of age and by Black Non-Hispanic and Hispanic teens. The reporting of physical violence was higher for males (14.1%) than females (12.7%).

- High school teens were asked if they have ever been forced to have sexual intercourse when they did not want to and 13.2% of females reported being sexually assaulted compared to 7% of males. Sexual assault was more often reported among teens ages 16 to 18 and among Black Non-Hispanic and Hispanic teens.

ABUSE & NEGLECT

- In 2010, there were 1,340 reports of abuse, 12,517 reports of neglect, 1,148 reports of abuse and neglect among children to the Department of Social Services. Approximately 7% of cases were substantiated, 20% were unsubstantiated, 8% were found to be in need of services, and 40% were recommended for services.

- Of the cases that were substantiated for neglect and/or abuse involving children, behavioral problems were the largest contributory factor for children and lack of child development knowledge was the largest contributory factor for caregivers. Domestic violence was the largest contributing household factor.

Sources:
-Mecklenburg County Community Child Fatality Prevention and Protection Team (CFPPT) 2010
Mecklenburg County Women's Commission 2010 Data.
-2011 YRBS Data high school
-Mecklenburg County Department of Social Services (DSS) 2010 reports.

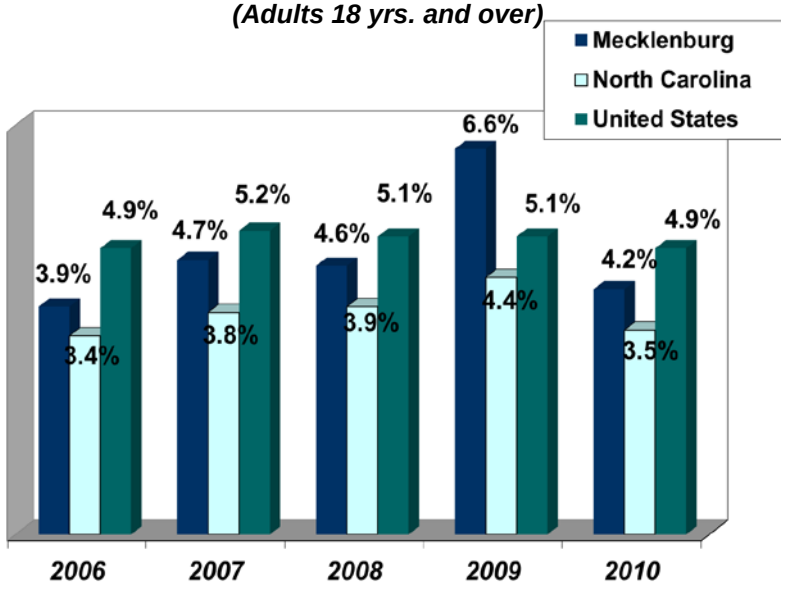
2012 STATE OF THE COUNTY HEALTH REPORT
Substance Abuse

Substance abuse and its related problems continue to be a major public health concern for the nation. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol consumption is the third leading preventable cause of death in the United States. In a 2011 survey sponsored by the Substance Abuse and Mental Health Services Administration, an estimated 22.6 million Americans aged 12 or older were current (past month) illicit drug users. The use of alcohol and other drugs has been linked with increases in motor vehicle crashes, crime, health care costs and losses in productivity. Prevention and treatment remain high priorities especially for youth in Mecklenburg County.

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 for men or four or more drinks for women on one occasion.
- Results from the Behavior Risk Factor Surveillance System (BRFSS), show that among Mecklenburg County adults (persons 18 yrs. and older), reports of **heavy drinking** increased to 6.6% in 2009, but then decreased again in 2010 to 4.2%.
- Reports of heavy drinking among Mecklenburg adults are similar for men and women (4.2%). However, men are more than twice as likely as women to report **binge drinking** (19.7% and 8.2%, respectively).
- According to the 2011 Youth Risk Behavior Survey (YRBS), nearly 34% of Mecklenburg high school students reported having at least one drink of alcohol in the past 30 days. This rate has remained relatively stable since 2007.
- Nearly 16% of Mecklenburg teens reported **binge drinking** in the month prior to being interviewed as compared to 18% of teens in North Carolina.

Trends in Heavy Drinking: US, NC and Mecklenburg
Calendar Years: 2006 – 2010
(Adults 18 yrs. and over)

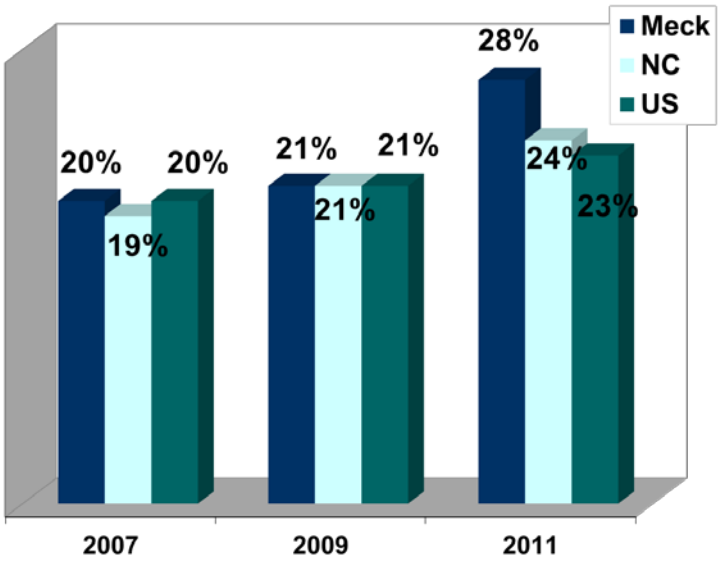


Source: Behavior Risk Factor Surveillance System (BRFSS)
Prepared by: MCHD Epidemiology Program

Illicit Drug Use

- Use of illicit drugs increases as students move from Grade 6 to Grade 12.
- According to the 2011 YRBS, approximately 12% of Charlotte-Mecklenburg Middle School students reported ever using marijuana.
- In comparison, 38% of Charlotte-Mecklenburg High School students reported using marijuana once or more during their lifetime.
- 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, 4% of Middle School students and 14% of High School students reported taking prescription drugs without a doctor's prescription.

Marijuana Use Among High School Students in Mecklenburg, NC and US



Source: Youth Risk Behavior Survey

Highligts from the Mecklenburg County Youth Drug Survey

The following data are from the 2010 Youth Drug Survey, published every two years by the Center for Prevention Services. For more information visit: www.preventionservices.org.

- Of the students surveyed in 2010, 15.3% admitted to consuming alcohol in the last 30 days, which is an increase from 14.0% in 2008.
- Of those who consumed alcohol in the past 30 days, 28.5% admitted to binge drinking.
- Marijuana use increases steadily by grade. Of the students surveyed, 1.9% of middle school students and 20.3% of high school students admitted to using marijuana in the past 30 days. For high school students, this is an increase from 15.8 in 2008.
- The primary source for substances for those admitting to use, is from friends. 33% of students who reported alcohol use and 53% of students who admitted smoking cigarettes reported receiving these substances from their friends.