Appendix

Community Health Opinion Survey & Data Tables
Priority Setting Information
Maps
Key Informant Interviews
Peer County Data
Specialized Data Presentations
2017 Mecklenburg County Community Health Opinion Survey

Mecklenburg County Public Health developed this survey to give county residents a chance to voice their opinions about health issues in their community. Information gathered from the survey will be used to learn more about health needs in the county.

This survey is brief and should take 5 minutes or less to complete.

This survey is confidential and you will not be identified with the information you give. All responses will be combined and analyzed as a group.

Participation in this survey is completely voluntary. If you have any questions about this survey, please call Kerry Burch at 980-314-9110.

Thank you for your time.

When you read these statements, think about the neighborhood or part of town where you live. How much do you agree or disagree with the statement?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>1</td>
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<td>3</td>
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</table>

1. My community has good health care.
Consider the cost, quality, number of options, and availability of healthcare where you live.

2. My community is a good place to raise children.
Consider the accessibility, quality and safety of schools, child care programs, after school programs, and places to play where you live.

3. My community is a good place to grow old.
Consider elder-friendly housing, transportation to medical services, recreation, and services for the elderly where you live.

4. My community offers economic opportunity.
Consider the number and quality of jobs that offer a living wage, job training/higher education opportunities, and availability of affordable housing where you live.

5. My community is a safe place to live.
Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers where you live, work and play.

6. My community provides help for people during times of need.
Consider supports like neighbors, faith communities, food pantries, temporary housing, and financial assistance programs where you live.
1. The following are health issues facing all communities. When thinking about where you live, please choose the FOUR (4) areas you think need the most attention.

- **Injury Prevention**: Car crashes, traumatic brain injuries and drownings
- **HIV & STD Prevention**: Testing and treatment for HIV, chlamydia, gonorrhea, syphilis and other STDs
- **Healthy Pregnancy**: Affordable birth control, prenatal care, low birth weight, prematurity and infant mortality
- **Healthy Environment**: Clean air, land and water
- **Substance Use Disorder**: Alcohol, opioids, prescription drugs and other drugs
- **Violence Prevention**: Bullying, domestic violence, child abuse, assault and murder
- **Access to Care**: Affordable care, flexible hours, specialty services like dentistry, vision and hearing
- **Mental Health**: Anxiety, depression, suicide and bi-polar disease
- **Chronic Diseases Prevention through Healthy Choices**: Healthy eating, physical activity and not smoking

2. What is your age?
   1. Under 18
   2. 18-24
   3. 25-44
   4. 45-64
   5. 65-84
   6. 85+

3. What gender do you identify with?
   1. Male
   2. Female
   3. Other

4. Which of these groups best represents your race?
   1. White
   2. Black/African American
   3. American Indian/Alaska Native
   4. Asian
   5. Native Hawaiian/Pacific Islander
   6. Other race
   7. 2 or more races

5. Are you of Hispanic/Latino origin?
   1. Yes
   2. No

6. What is your home zip code? __________________________

7. What was your household income last year?
   1. $0-$19,999
   2. $20,000-$29,999
   3. $30,000-$44,999
   4. $45,000-$64,999
   5. $65,000-$90,000
   6. More than $90,000

8. What is the highest level of education you have completed?
   1. 12th grade or less, no diploma
   2. High school graduate or GED
   3. Some college, but no degree
   4. Trade school or vocational training
   5. Associate degree
   6. Bachelor’s degree
   7. Advanced college degree beyond Bachelor’s degree

9. Which of the following best describes your current status?
   1. Employed full time
   2. Employed part time
   3. Unemployed
   4. Caregiver / Homemaker
   5. A Student
   6. Retired
   7. Unable to work

10. How would you describe your current health insurance coverage?
    1. I have insurance and care is usually affordable
    2. I have insurance but it is usually too expensive to get care when I need it
    3. I am NOT covered by any health insurance or health plan
    4. Don’t know / Not sure
    5. Other
### 2017 Mecklenburg Community Health Assessment, Health Opinion Survey of County Residents

**Total Respondents:** 1,793

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Disagree &amp; Strongly Disagree</th>
<th>Agree &amp; Strongly Agree</th>
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<tbody>
<tr>
<td>My community has good health care.</td>
<td>6.9%</td>
<td>13.1%</td>
<td>23.9%</td>
<td>38.4%</td>
<td>17.9%</td>
<td>20.0%</td>
<td>56.2%</td>
</tr>
<tr>
<td>My community is a good place to raise children.</td>
<td>4.8%</td>
<td>9.6%</td>
<td>20.3%</td>
<td>42.5%</td>
<td>22.9%</td>
<td>14.3%</td>
<td>65.4%</td>
</tr>
<tr>
<td>My community is a good place to grow old.</td>
<td>6.2%</td>
<td>14.3%</td>
<td>24.3%</td>
<td>37.9%</td>
<td>17.4%</td>
<td>20.5%</td>
<td>55.3%</td>
</tr>
<tr>
<td>My community offers economic opportunity.</td>
<td>9.7%</td>
<td>18.6%</td>
<td>27.9%</td>
<td>32.3%</td>
<td>11.5%</td>
<td>28.3%</td>
<td>43.8%</td>
</tr>
<tr>
<td>My community is a safe place to live.</td>
<td>5.6%</td>
<td>11.3%</td>
<td>22.4%</td>
<td>44.0%</td>
<td>16.7%</td>
<td>16.9%</td>
<td>60.7%</td>
</tr>
<tr>
<td>My community provides help for people during times of need.</td>
<td>6.9%</td>
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## 2017 Mecklenburg Community Health Assessment, Health Opinion Survey BY GENDER

**Gender: FEMALES**

<table>
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<tr>
<td>My community is a good place to grow old.</td>
<td>6.1%</td>
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<td>My community offers economic opportunity.</td>
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## 2017 Mecklenburg Community Health Assessment, Health Opinion Survey BY GENDER

### Gender: MALES

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# 2017 Mecklenburg Community Health Assessment, Health Opinion Survey BY RACE

**Race: AFRICAN AMERICAN**

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<th>Disagree &amp; Strongly Disagree</th>
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2017 Mecklenburg Community Health Assessment, Health Opinion Survey BY RACE

**Race: HISPANIC/LATINO**

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<th>Disagree</th>
<th>Neutral</th>
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2017 Mecklenburg Community Health Assessment, Health Opinion Survey BY RACE

**Race: WHITE**

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<tr>
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<td>3.6%</td>
<td>10.8%</td>
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<td>44.8%</td>
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</tr>
<tr>
<td>My community is a good place to raise children.</td>
<td>2.5%</td>
<td>8.4%</td>
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</table>
Priority Setting Information
Priority Setting In A Box & Steering Committee

STEERING COMMITTEE
The three priority setting methods (Community Health Opinion Survey, Priority Setting in a Box and the Priority Setting Event) were developed and implemented with the help of the CHA Steering Committee. The full composition of the committee is as follows:

- Clint Grant, Mecklenburg County Public Health
- Brisa Hernandez, Atrium Health (Family Medicine)
- Don Jonas, Care Ring
- Michael Kirschman, Mecklenburg County Park & Recreation
- Mark Martin, Novant Health
- Danielle Moore, UNC Charlotte (Student)
- Gabrielle Purick, UNC Charlotte (Student)
- Sheila Robinson, Atrium Health (Faith Ministry)
- Erin Smith, Mecklenburg County Public Health
- Angel Stoy, Centralina Area Agency on Aging
- Jamie Sunde, Atrium Health (Population Health)
- Michael Thompson, UNC Charlotte
- Janice Williams, Atrium Health (Injury Prevention Center)

PRIORITY SETTING IN A BOX
The Priority Setting in a Box method was developed as a way to get broader and more diverse opportunities for input into the health priority selection. The reach of the two methods traditionally used (the Community Health Opinion Survey and the Priority Setting Event) is somewhat limited. Adding this third method allowed the Steering Committee to reach a broader audience and use existing meetings as a platform. Steering Committee members selected appropriate meetings where they could get time on the agenda to do the priority setting exercise. The “box” of materials included a standardized presentation about the CHA and the nine health issues it covers as well as a ranking sheet for participants to select the top four issues they thought needed the most attention. The presentation and ranking activity was designed to take as little as 15 minutes so as to make it easy to add on to a meeting agenda.

PRIORITY SETTING IN A BOX MEETINGS
- Mecklenburg County Lunch and Learn (2)
- Mecklenburg County Breakfast event (2)
- On The Table CLT (2)
- Black Treatment AIDS Network
- Leadership Charlotte
- Generation Nation
- Car Seat Safety
- Grier Heights Parents
- Safe Kids
- Renaissance West Parent Group
- Safe Walking
- Older adults class at YMCA
- Head Start Family Class
- Carolinas HealthCare System Staff Meeting
- Kohl’s Employee Meeting
PRIORITY SETTING EVENT
At the Priority Setting Event that took place on December 8, 2017, participants were asked to fill out a demographic form so that we could capture information about who attended the event. The event was open to all Mecklenburg County residents and included an invitation from the Chair of the Mecklenburg Board of County Commissioners. A complete list of attendees follows on the next page.
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Agency (if applicable)</th>
</tr>
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<tbody>
<tr>
<td>Monica</td>
<td>Adamian</td>
<td>Charlotte Mecklenburg Schools</td>
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<tr>
<td>Christina</td>
<td>Adeleke</td>
<td>NC AIDS Action Network</td>
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<td>Alex</td>
<td>Alcorn</td>
<td>UNC Charlotte GPHA</td>
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<tr>
<td>Carolyn</td>
<td>Allison</td>
<td>Charlotte Community Health Clinic</td>
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<tr>
<td>Nicole</td>
<td>Banahene</td>
<td>NC MedAssist</td>
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<tr>
<td>Ashley</td>
<td>Banks</td>
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<td>Barbee</td>
<td>Aldersgate</td>
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<td>April</td>
<td>Barnes</td>
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<tr>
<td>Tony</td>
<td>Beatty</td>
<td>Central Piedmont Community College</td>
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<tr>
<td>Stacey</td>
<td>Bergeron</td>
<td>Mecklenburg County Community Support Services, Homeless Services</td>
</tr>
<tr>
<td>Shawn</td>
<td>Berigan</td>
<td>Community Care Partners of Greater Mecklenburg</td>
</tr>
<tr>
<td>Kateesha</td>
<td>Blount</td>
<td>Mecklenburg County Public Health (EVENT STAFF)</td>
</tr>
<tr>
<td>Tim</td>
<td>Bradley</td>
<td>Mecklenburg County Supervised Visitation and Safe Exchange Center</td>
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<tr>
<td>Frances</td>
<td>Bramlett</td>
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<tr>
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Number of New Infections fell between 2010 and 2014.

More than 1.1 million people in the US are living with HIV.

39,500 people were newly diagnosed in 2015.

Number of New Infections fell 10% between 2010 and 2014.

In North Carolina, 1 in 93 chance of being diagnosed with HIV at some point in life.

Of the over 1 million people living in Mecklenburg County, 6,630 estimated persons living with HIV.

1 in 7
People with HIV don’t know they have it!

Source: Centers for Disease Control

In 2016
7,983 thousand
CASES OF CHLAMYDIA

33% increase

In number of cases between 2012 and 2016

Source: NC DHHS, HIV/STD Surveillance Reports

In 2016
2,772 thousand
CASES OF GONORRHEA

36% increase

In number of cases between 2012 and 2016

Source: NC DHHS, HIV/STD Surveillance Reports

STDs on the rise
in the Nation,
State and County

Increasing STDS

Source: NC DHHS, HIV/STD Surveillance Reports

STDs are Increasing
In 2016

296 hundred Cases of Primary and Secondary Syphilis

166% increase

In number of cases between 2014 and 2016

Source: NC DHHS, HIV/STD Surveillance Reports

Of High School Students in 2015

84% Had ever been taught in school about AIDS or HIV infection

Source: Charlotte Mecklenburg County Youth Risk Behavior Survey, 2015 Data

Of High School Students in 2015

40% Talk with parent or other adult about STDs or HIV.

Source: Charlotte Mecklenburg County Youth Risk Behavior Survey, 2015 Data

Ready to Rank this Priority Area?

1 DISCUSS
Quick Table Top Discussion of the issue

2 RANK
Rank the issue based on the 5 criteria provided

3 VOTE
Go Online to Meckhealth.org/CHA And place your vote

2017 Priority Setting Event
Substance Use Disorder
Speaker: Justin Perry, MSW, LGSW, LGAS and CSI

Substance Use Disorder:
- is a Disease
- is Treatable
- can be Managed Successfully

In 2016
78,000 of Mecklenburg County adults report as heavy drinkers.

What is Binge Drinking?
- 4 DRINKS Or more
- 5 DRINKS Or more
148,000 Mecklenburg County adults are binge drinkers.

32% of Mecklenburg County High School students reported drinking alcohol in the past 30 days.

15% of Mecklenburg County High School students reported binge drinking.

24% of Mecklenburg County High School students reported using marijuana in the past 30 days.
In 2015

6.1 Mecklenburg County Opioid death rate.

From 2010-2014

Fatal crashes are 17x more likely to involve alcohol than to not involve alcohol

Access To Care
Speaker: Don Jonas, CARE RING
Access To Care

What does the phrase “Access to Care” mean?

Access to comprehensive, quality health care services

How many people are we talking about?

Hey wait...didn’t the Affordable Care Act solve this problem?

What are we already doing to address this issue?

Why is this such an important issue going forward?

Important For:
- promoting and maintaining health
- preventing and managing disease
- reducing unnecessary disability and premature death and
- achieving health equity for all Americans.

4 Key Components:
- Access to insurance coverage (public or private)
- Access to affordable health services (including dental and prescription coverage)
- Access to high quality health care
- Access to timely care
How Many People Are We Talking About?

**Total Mecklenburg Residents, 2016**

- **1,054,835**
- 20% of the population reports having "no usual source of medical care"
  - **200,000 residents**

Access To Care

**How Many People Are We Talking About?**

- **1,054,835** Total Mecklenburg Residents, 2016
- 16% of the population reports not seeking care “due to cost”
  - **166,000 residents**

Access To Care

**Didn’t the Affordable Care Act Solve This Problem?**

Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA

What are we already doing to address this issue?

- **ONE CHARLOTTE**
Access To Care

Why is this an important issue going forward?

Low income adults (<$25,000 per year) are 5x more likely to report not seeing a dentist due to cost.

1 in 4 adults could not see a dentist due to cost. (MCHD BRFSS 2016)

1 in 6 working adults has no health insurance (Private, HMO, Medicaid or Medicare, etc.) (MCHD BRFSS 2016)
Barriers to care include high cost of care and no insurance coverage.

Access to care is FUNDAMENTAL to improving economic mobility.

Extraordinary uncertainty with health care policy in this country.

Ready to Rank this Priority Area?

1. DISCUSS
   Quick Table Top Discussion of the Issue

2. RANK
   Rank the issue based on the 5 criteria provided

3. VOTE
   Go Online to Meckhealth.org/CHA
   And place your vote

2017 Priority Setting Event
Injury Prevention
Speaker: Janice Williams, Carolinas Center for Injury Prevention

Unintentional Injury includes:
- Motor Vehicle/Ped/Bike
- Drowning/Sports
- Falls
- Suffocation/Poison
- Fire

They are predictable and preventable

Unintentional Injury
2010-2013
255,891
One Bank of America Stadium a year
Injury is the leading cause of death for persons 1-44 yrs

(Falls are a major cause of life-long disabilities for children and loss of independent living for older adults.)

In 2015
554 Pedestrians were hit
143 Cyclists were struck

In 2016
37,346 Motor VehicleCrashes
102 Fatalities on the road
37% not wearing a seatbelt
Leading causes: inattention and speeding.
**Injury**

33% of Households in NC who have children report owning a gun.

17% say the gun is stored unlocked and loaded.

NC Champ Survey 2011
Mental Health

Speaker: Dr. Elizabeth Peterson-Vita, Clinical Psychologist

Nearly HALF of persons with mental illness do not seek treatment
(Centers for Disease Control)

Mental Health is a part of TOTAL HEALTH

Barriers to treatment include stigma and cost
1 in 5 adults report being diagnosed with depression (Source: NCID BRFSS 2016)

In Mecklenburg County

9.6 Suicide rate in 2011-2015 Per 100,000

In Mecklenburg County

56% agree that people are generally caring and sympathetic to people with mental illness. (Source: NCID BRFSS 2016)

In 2015

32% of Mecklenburg High School Students reported feeling sad or hopeless almost every day for two weeks or more that they stopped usual activities
In 2015

15% of Mecklenburg County High School Students reported making a suicide plan.

EARLY INTERVENTION REDUCES IMPACT

50% of lifetime cases of mental illness begin by age 14

Ready to Rank this Priority Area?

1. DISCUSS
   Quick Table Top Discussion of the Issue

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3. VOTE
   Go Online to Meckhealth.org/CHA
   And place your vote

2017 Priority Setting Event

Environmental Health
Speaker: Ebenezer. S. Gujralapudi, Director Land Use and Environmental Services Agency
**Good Days Have Doubled Since 2004**

Number of Days by Air Quality Index
Mecklenburg County, NC

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<th>Year</th>
<th>Good</th>
<th>Moderate</th>
<th>Unhealthy for Sensitive Groups</th>
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**Air Quality in Mecklenburg County Meets All Federal, Health-based Standards**

Mecklenburg County Ozone Compliance Value
70 ppb ≤ Federal Ozone Standard
70 ppb

542 sources with AQ permits
449 SJAM-related permits issued
98.5% permits issued on-time

AQ Monitoring Data Completeness 95.3%

Grants to Replace Aging Diesel Engines
56.6 million in grants
710 tons of NOx reductions
210,090 vehicles replaced from clean commute campaign
Environmental Health

Use of recycling facilities has increased each year since 2014

Unfortunately, recycling contamination has increased as well

recycling items like, garden hoses, plastic grocery bags, etc.

These items prove costly and dangerous to recycling workers
Ready to Rank this Priority Area?

1. **DISCUSS**
   Quick Table Top Discussion of the Issue

2. **RANK**
   Rank the issue based on the 5 criteria provided

3. **VOTE**
   Go Online to Meckhealth.org/CHA
   And place your vote

2017 Priority Setting Event

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Healthy Pregnancy
Speaker: Michelle McGrath, Mecklenburg County Public Health

PRECONCEPTION HEALTH
A healthy pregnancy begins with a healthy mom
Moms with **limited or no prenatal care** may have poor birth outcomes.

Mecklenburg County had **14,876 births in 2016**.

Nearly **1 in 10 infants** were born premature or Low Birth Weight.

For every 1,000 infants born, **7 die before their first birthday**.
60% decline in Teen Birth Rates since the year 2000.

Source: NC DHHS, Vital Statistics: Mecklenburg County 2015 Birth Data

2010 - 2016 MECKLENBURG COUNTY INFANT DEATHS BY RACE Rate per 1,000 Live Births

Source: NC DHHS, Vital Statistics Data, Volume 1 for Mecklenburg County, 2010 - 2016

About 1 in 3 teens who gave birth were ages 15 to 17.

Source: NC DHHS, Vital Statistics: Mecklenburg County 2015 Birth Data

Unintended Pregnancies

- Associated with increased health risk for mother and child
- Associated with poor birth outcomes
- Access to Care linked to issues surrounding health equity

Source: NC DHHS, Vital Statistics: Mecklenburg County 2015 Birth Data
Ready to Rank this Priority Area?

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2017 Priority Setting Event

Chronic Diseases such as

Heart Disease  Cancer  Stroke  Diabetes

are Leading Causes of Death

Chronic Disease Prevention
Speaker: Maria G. Reese, MS Carolinas Healthcare System

A Snapshot of Mecklenburg County Adults With Chronic Disease

- Diabetes: 9% → 67,100 adults
- Cardiovascular Disease: 8% → 59,600 adults
- COPD: 5% → 32,300 adults
- Kidney Disease: 3% → 22,400 adults

(MCHD BRSS 2016)
Can Prevent or Reduce up to 50% of Chronic Diseases

125,000
Of adults are smokers.

82%
Of adults do not eat 5 or more servings of fruits/veggies daily.

133,000
Of adults are not physically active.
Risk Factors for many chronic conditions include:

1. **Unhealthy Weight**
   - Nearly 500,000 adults
   - 61% Yes

2. **High Cholesterol**
   - 30% Yes

3. **High Blood Pressure**
   - 29% Yes

**Healthy Community Design**

“We want to make the Healthy Choice the Easy Choice”

**Better Access to Fruits and Veggies**

**Policies to Reduce Tobacco Use**
Ready to Rank this Priority Area?

2017 Priority Setting Event

Violence
Speaker: Ronnie Devine, Project Safe Neighborhood Manager

Exposure to violence may result in emotional, psychological and physical problems

Children may carry these negative outcomes into adulthood
Every year, CMPD refers over 3,000 children exposed to violence to mental health clinicians.

Aggravated Assaults and Assaults Without a Weapon are on the rise.

As of November 13, 2017
78 homicide deaths in Charlotte

Total Homicides 2016: 69 deaths

Source: Charlotte-Mecklenburg Police Department, Crime Statistics

In 2015
17% of Mecklenburg County High School Students reported being bullied.
In 2015

11% of Mecklenburg County High School Students reported being “Cyberbullied”

In 2015

22% of Mecklenburg County High School Students reported being in a fight in the last year.

In 2015

13% of Mecklenburg County High School Students reported carrying a weapon in the past month.

In 2015

9% Mecklenburg High School Students reported being physically hurt on purpose by a boyfriend or girlfriend.
Social-Ecological Model: A Framework for Violence Prevention

1. DISCUSS
   Quick Table Top Discussion of the Issue

2. RANK
   Rank the issue based on the 5 criteria provided

3. VOTE
   Go Online to Meckhealth.org/CHA
   And place your vote

2017 Priority Setting Event
Maps
Municipalities
Mecklenburg County, North Carolina

North Carolina
Mecklenburg County

Unincorporated Mecklenburg

Charlotte

Davidson

Cornelius

Huntersville

Mint Hill

Matthews

Pineville

Unincorporated Mecklenburg

Miles
0 1 2 4 6 8

Prepared by the Office of Planning and Evaluation
Mecklenburg County Health and Human Services
Updated December 2012
Population Density: Mecklenburg County

Legend
Population Density/Acre
by Census Blockgroup
0 - 2603
2604 - 4993
4994 - 9546
9547 - 19665
19666 - 40236
Zip Codes

Source: Applied Geographic Solutions, Inc., 2017 estimates
Prepared by Mecklenburg County GIS
Population Ages 85 and Above: Mecklenburg County

Legend
Population Ages 85 and above
by Census Blockgroup
- 0 - 18
- 19 - 39
- 40 - 94
- 95 - 231
- 232 - 435
- Zip Codes

Source: Applied Geographic Solutions, Inc., 2017 estimates
Prepared by Mecklenburg County GIS
Median Household Income: Mecklenburg County

Legend
Median Household Income by Census Blockgroup
- $0 - $47,553
- $47,554 - $75,167
- $75,168 - $108,078
- $108,079 - $156,789
- $156,790 - $293,749

Source: Applied Geographic Solutions, Inc., 2017 estimates
Prepared by Mecklenburg County GIS
Income in the past 12 Months, Below Poverty Level: Mecklenburg County

Legend
Income past 12 months, below poverty level by Census Blockgroup
0 - 20
21 - 52
53 - 99
100 - 179
180 - 359
Zip Codes

Source: American Community Survey, 5 yr estimates 2016.
Prepared by Mecklenburg County GIS
African American Population: Mecklenburg County

Legend
African-American Population by Census Blockgroup
- 0 - 355
- 356 - 753
- 754 - 1206
- 1207 - 1821
- 1822 - 3121
- Zip Codes

Source: Applied Geographic Solutions, Inc., 2017 estimates
Prepared by Mecklenburg County GIS
Hispanic Population: Mecklenburg County

Legend
Hispanic Population by Census Blockgroup
- 0 - 131
- 132 - 287
- 288 - 538
- 539 - 1009
- 1010 - 2442
- Zip Codes

Source: Applied Geographic Solutions, Inc., 2017 estimates
Prepared by Mecklenburg County GIS
White Population: Mecklenburg County

Legend
White Population by Census Blockgroup
- 0 - 422
- 423 - 842
- 843 - 1343
- 1344 - 2008
- 2009 - 4268
- Zip Codes

Source: Applied Geographic Solutions, Inc., 2017 estimates
Prepared by Mecklenburg County GIS
Under 18 Years of Age, No Health Insurance: Mecklenburg County

Legend

Under 18, No Health Insurance by Census Blockgroup

- 0 - 12
- 13 - 37
- 38 - 72
- 73 - 133
- 134 - 253
- Zip Codes

Source: American Community Survey, 5 yr estimates 2016.
Prepared by Mecklenburg County GIS
Ages 5-17, Speak English Only:
Mecklenburg County

Legend
Ages 5-17, Speak Only English
by Census Blockgroup

- 0 - 105
- 106 - 221
- 222 - 383
- 384 - 627
- 628 - 1046

Zip Codes

Source: American Community Survey, 5 yr estimates 2016.
Prepared by Mecklenburg County GIS
Total Births: Mecklenburg County, 2015

All Births by Zip Code

- 1 - 214
- 215 - 448
- 449 - 716
- 717 - 1036

Source: NC DHHS/SCHS
Prepared by Mecklenburg County Health Epidemiology and LUESA GIS

Mecklenburg County Live Births: N=14,851
Number mapped in Mecklenburg Zip Codes: N=14,654
N=Number of births in Zip Code
Live Births to Teens Age 15-19, Mecklenburg County 2015

Live Births to Teens Age 15-19
Count by Zip Code

Source: NC DHHS/SCHS
Prepared by Mecklenburg County Health Epidemiology and LUESA GIS

Mecklenburg County Live Births: N=652
Number mapped in Mecklenburg Zip Codes: N=642
N=Number of births 15-19 in Zip Code
Key Informant Interviews
Overall County Health Ranking
All of the participants indicated that they considered the community that they live in to be healthy, but nearly all of them mentioned that the places they work are not. Often, participants indicated that they thought of health as people having access to the resources needed to maintain health, and when introduced to the full definition included in the questions, their ranking did not change. Answers pertaining to the places the participants lived were often on the high end of the scale compared to their answers related to where they work. On average, the overall health ranking was about a 5.

“It depends on what side of the community I am. There’s some people that have, are well aware of health issues and they do a lot of prevention activities, exercise, eating habits and all that. Other side of the community is not aware, not aware of it, or doesn’t have access to it. And, in that sense, I will say a 5, just as an average of people that knows a lot and has the access, but I know a lot of people that don’t have access. Yeah, so I’m right there in the middle, yeah, this is good, but not good enough to serve everybody.”

“I think overall, the health of Mecklenburg County, I would say, is a 5. Which is far from where a mega city like Charlotte should think of itself as being.

Changes (or not) to Health in the County
Answers related to whether health in the county has changed over the past year varied. Many indicated that in areas of affluence, health has gotten better or stayed the same. Others indicated that health has declined, especially in areas of poverty, despite access having increased for some due to ACA. Most indicated that the lack of change or decline in health is a result of a lack of community and political will to make changes. Interestingly, it was mentioned that development is occurring without health in mind in an area of affluence. The greenway was also mentioned a reason for change, though the connectivity to different areas was noted, as well. It was also noted that changes might have occurred, but the communication to the different communities in terms of what has been done to make changes is lacking.

“Well, I think that both healthcare systems have done a tremendous amount of work in the community, having boots on the ground, and reaching more outwardly to the community. So, from that aspect I believe that there’s a lot of work that’s being done to improve health, but I also recognize that the county itself can only be as healthy as the unhealthiest parts of the county. And there are some pretty significant disparities in Mecklenburg County that would really prevent me from saying that health has improved.”

“…when you look at the decline, you could do the decline not just in healthcare, but in the school system, in jobs, transportation, you could actually do a wraparound of all of that with the decline, where there’s a concentration of poverty…”

Ranking Health Priorities
The top 4 health priority areas based on these interviews were access to care, mental health, substance use disorder, and chronic disease prevention. When people mentioned access to care, they often also mentioned access to other resources, such as healthy food, transportation, and safe places to engage in physical activity. Participants also mentioned that they would rank these priorities differently, dependent on which sub-
population. Minorities and the crescent region were often mentioned. A few participants felt that some of the priority areas were missing key components, and housing was brought up in terms of an additional item under healthy environment.

“I think access to care would still be my number one, and it would be my number one because I’m prayerful, that when I increase access, I’m increasing education and prevention of all the rest. And, I’m a dreamer, so I’m hoping for all of that, but I think if we did it right, we could do that with access to care.”

“I think access, what we’ve just been talking about is access to care, and it’s affordability, it’s the geographical thing, but the geographical thing is less important than affordability. And, the housing stuff, should come under healthy environment, currently doesn’t, so I would put that at the bottom of our four, if we have four. And then, the mental health thing, again this is, the way we’re talking about it, is not genetic mental health, but um, environmentally, you know the domestic abuse, is that a mental health issue, I don’t know, but in the world we’re talking about it, looks a lot like that. That when you have stressed families, you end up with mental health issues, violence issues…”

**Substance Abuse**

Substance abuse was often mentioned in conjunction with mental health. Participants mentioned the need to look at substance abuse and mental health in conjunction with physical health, and that there is a need for policy change related to how physicians treat these issues.

“So, I think it’s really important for us to start making some changes in our practice settings, in the way that we care for patients, in our screenings for mental health issues, for substance use. We need to get really resourceful about what resources are available for individuals with substance use issues and not just for people that have substance use issues, but people that have or might have addictions in conjunction with a lot of social issues. So, they don’t have a job, they don’t have secure housing. You know, I mean, the list goes on, and they don’t have insurance. So, what do resources look like for this type of person?”

“I mean, we still have to get the drugs from the pharmacy and the pharmacy gives them because of a prescription that’s written, and the prescription is written by a doctor, so I think the substance use and disorder is critically important. Interestingly enough, we talk a lot about and we see a lot about, that issue, it looks like it’s an issue of people of color, but that issue is not an issue of people of color. And, I’ll say this, and I’ll be real candid about it, I’ll say this, the beauty of that, is that it’s not really now an issue of people of color, is that we’ll start paying attention to it.”

**Mental Health**

Mental health was mentioned often, and it was clear that the participants felt this is a priority area to be addressed. Access to mental health services and treatment was a need across every population, including children. Some participants mentioned a lack of sufficient resources in CMS to adequately address mental health issues in children, which is also affecting mental health professionals in the school setting. Mental health was also mentioned in conjunction with violence prevention and domestic violence. Stigma was mentioned often as a barrier across populations to accessing mental health services.

“…there’s also the problem of undiagnosed mental health issues, and the problem of parents who are in denial of mental
health issues. I mean, I’ve seen kids who, you know, to the casual observer, seem to have some real severe problems, but the parents are like “nope, they’re fine.” Just deal…and that is, you know, can be many reasons for that. But mental health stuff is totally impacting schools, impacting our entire community. And substance abuse goes with that because substance abuse is often a self-medicating of a mental health issue, so you get, you know, double-edged sword on that.”

“One thing we need about mental health, is that we need parity. In insurance, and in programs, we need to treat mental health as seriously as we treat physical illness, so that everyone needs to have access to the treatment that they need. And then we need preventive measures and people to be aware of warnings of mental illness. Early identification and so on.”

**Access**

Access was mentioned in every interview conducted, and it was made clear that there are groups in the county who have little or no access to the services or resources they need. There was a clear distinction between affluent areas and areas of poverty, and the access being vastly different. African American and Latino communities (particularly undocumented immigrants) were mentioned most often as groups that had disproportionate access.

“…there are individuals that are getting healthier that have better access to healthcare, but then there’s a lot of system issues that prevent, that are preventing people from accessing healthcare. Specifically, in the crescent, and then also policy issues with just the state of North Carolina not expanding Medicaid. I think that’s prevented access to healthcare, and you know, thereby preventing positive health outcomes for a lot of people.”

“If it is my neighborhood, if that’s the way you define it, then my neighborhood is great. If you are asking how that applies to the county as a whole, then I would say somewhat unhealthy because we’re a sprawling, our sprawling geography makes all of those things, uh, difficult to access unless you’re a person with the wealth to access them.”

“I know of a person, she doesn’t have documents, she doesn’t have insurance, so she has a condition that requires treatment. So, for her, it’s been very, very difficult. And, to this day, she hasn’t received treatment. And, she’s been going to a clinic that is supposed to help people without insurance, but it’s been a month, and she is still waiting. So, I mean, that’s not the treatment that someone from this side of town gets.”

“From a Southpark perspective, no. I think everybody has pretty good access to health. If they’re healthy, its personal in our area, it’s personal choice if they don’t take advantage of the health resources down there.

**Chronic Disease Prevention**

Chronic disease prevention, although ranked highly among participants, was not mentioned consistently across interviews. Access to opportunities for prevention activities such as exercise and healthy foods were mentioned as a barrier to preventing chronic disease.

“Because it shouldn’t be easier for someone who is, just a light example, if someone’s overweight and they want their physician to write them a prescription for a treadmill, it shouldn’t be that they have to become obese in order to get that prescription. We’ve gotta back up a lot more upstream and really meet people before they get to a chronic issue.”
“So, just adding those sorts of services in with access is important. And then, of course, linking that in addition to prevention through healthy choices. Prevention really needs to be a blanket, or an umbrella, of different topics to discuss prevention. So, not just smoking and healthy eating and fitness, but also your lifestyle in general.”

**Barriers to Improving Health**
Participants cited many issues that serve as barriers to improving health in the county. Lack of political and community will to make improvements through policy and action seem to be consistent across interviews. Another barrier seemed to be trying to roll out too many interventions at one time, and implementing interventions that are not sustainable. Policies at the state level were also cited as barriers to health improvement locally. Participants often cited race and socioeconomic status. Lack of education about the issues in every community, and the denial of existing issues by those “at the top” was also cited as a barrier.

“We haven’t invested. I mean, I don’t think the city has invested. There have been some neighborhood improvement bonds, but they’re a drop in the bucket. You know, the county commission just said “Oh, we don’t want to do greenways, we’d rather do a major league sports complex.” Um, that was, we had county commissioners saying “oh, people don’t want greenways”. And they have not funded the greenways that were promised and the parks that were promised. Many communities on the east side are waiting for those promised greenways and parks that got deferred during the recession and just never brought back.”

“It has to do with a lot of education, and a lot of education in every single level. From the lowest level of the community to the highest level in the organization. And, everybody needs to be educated of the realities of our community, the realities of the different cultures that we’re serving. I don’t think that’s been taken into consideration when programs are created.”

“I think also, not addressing those root causes, or not even having those open conversations about it are barriers. And also, I would probably end on the fact that there’s the “Charlotte way”, right? And so, because we do have such a huge difference in economic standing, if you will, it’s been. And the community, I’m saying it because the community has said it. People think they can just throw money at it, and it’s gonna get fixed, but it’s not. It’s back to the idea that we haven’t really addressed the true issues. So, I think getting out of that mentality, um, and so, I think with the shooting that happened last fall, it was our first sort of realization that we’re not this perfect city, or you know, this driving city because the people at the top are able to say that and project that, but we have a lot of issues that have been boiling up, and if we don’t do something, it’s only gonna get worse.”

“It tends to be ethnically and racially identifiable, and it tends to be very geographically defined. Also, there are places and people in the community who are suffering greatly, and then are those of us who are privileged who are not. And, you know we’ve got our own issues and it’s like “well, why do we need to divert resources or worry about what’s going on there?”
Solutions to the Problems
Participants seemed to mention the idea of involving all communities in the conversation around health of the county, and making sure that all voices are heard. Development of interventions that aren’t targeted at one particular sub-group of the population was also a popular idea in terms of getting a larger population involved. Leveraging groups who are already doing the work and trying to work together with these groups seemed to be another common theme. Increasing awareness and encouraging action to create policy change was mentioned in conjunction with mental health and creating opportunities for chronic disease prevention.

“I want to second the universal program. Whatever comes out, it can’t be just for poor people. It needs to be for everybody.”

“I think using existing systems and building out what’s already there is super important.”

“Community-wide programs that connect the dots in terms of the linkages between the issues and then bring together resources that are coming from a variety of different sources, and are sustainable. Not one time we’re gonna fix this for the next three years situation. So, it’s gonna be the healthcare systems, it’s gonna be the county, it’s gonna government, it’s gonna be the faith community, it’s gonna be private business. It’s gonna be all of these actors coming together and not that they all have to take a huge bite of the apple, but they just have to take what fits their mission and there programming. And see how they can tailor what they’re doing now to become more effective in terms of dealing with the issues, or create new initiatives that will focus on those issues.”
Peer County Data
2017 County Health Rankings Data

Mecklenburg County Peer County Data: Robert Wood Johnson Foundation County Health Rankings

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Length of Life</th>
<th>Quality of Life</th>
<th>Health Factors</th>
<th>Clinical Care</th>
<th>Social &amp; Economic Factors</th>
<th>Physical Environment</th>
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<td>Mecklenburg, NC</td>
<td>Wake, NC</td>
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<td>42%</td>
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<tr>
<td>Air pollution - particulate matter</td>
<td>10.7</td>
<td>9.8</td>
<td>10.5</td>
<td>12.9</td>
<td>6.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>18%</td>
<td>15%</td>
<td>18%</td>
<td>18%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>77%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>35%</td>
<td>32%</td>
<td>32%</td>
<td>32%</td>
<td>32%</td>
<td>40%</td>
</tr>
</tbody>
</table>
## 2017 Ranked Measures & Data Sources

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source</th>
<th>Years of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH OUTCOMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>National Center for Health Statistics – Mortality files</td>
<td>2012-2014</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2015</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2015</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2015</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>National Center for Health Statistics – Natality files</td>
<td>2008-2014</td>
</tr>
<tr>
<td><strong>HEALTH FACTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2015</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2013</td>
</tr>
<tr>
<td>Food environment index</td>
<td>USDA Food Environment Atlas, Map the Meal Gap</td>
<td>2014</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>CDC Diabetes Interactive Atlas</td>
<td>2013</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>Business Analyst, Delorme map data, ESRI, &amp; US Census</td>
<td>2010 &amp; 2014</td>
</tr>
<tr>
<td></td>
<td>Tigerline Files</td>
<td></td>
</tr>
<tr>
<td>Diet and Exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2015</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>Fatality Analysis Reporting System</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Sexual Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2014</td>
</tr>
<tr>
<td>Teen births</td>
<td>National Center for Health Statistics – Natality files</td>
<td>2008-2014</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>Source</td>
<td>Year</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Access to Care</td>
<td>HHS Small Area Health Insurance Estimates</td>
<td>2014</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>Dartmouth Atlas of Health Care</td>
<td>2014</td>
</tr>
<tr>
<td>Diabetes mortality</td>
<td>Dartmouth Atlas of Health Care</td>
<td>2014</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>Dartmouth Atlas of Health Care</td>
<td>2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Economic Factors</th>
<th>Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>HHS EDFacts</td>
<td>2014-2015</td>
</tr>
<tr>
<td>Income</td>
<td>American Community Survey</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Family and Social Support</td>
<td>American Community Survey</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Community Safety</td>
<td>Uniform Crime Reporting – FBI</td>
<td>2012-2014</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>CDC WONDER mortality data</td>
<td>2011-2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air and Water Quality</td>
<td>Environmental Public Health Tracking Network</td>
<td>2012</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>Safe Drinking Water Information System</td>
<td>FY2013-14</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>Comprehensive Housing Affordability Strategy (CHAS) data</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Driving alone</td>
<td>American Community Survey</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Long commute -- driving alone</td>
<td>American Community Survey</td>
<td>2011-2015</td>
</tr>
</tbody>
</table>

1 Not available for AK and HI.
Specialized Data Presentations

Health Disparities
Communicable Diseases
HIV & STDs
Opioid Use
Chronic Disease Prevalence in Mecklenburg: Identifying and Addressing Health Disparities

Presented to Mecklenburg Board of County Commissioners
December, 2016
Prevalence of Chronic Conditions

2016 Mecklenburg Behavior Risk Factor Survey
Self-Report of Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Public Health Priority Area</th>
<th>Mecklenburg (without PHPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVD*</td>
<td>13.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15.2%</td>
<td>8.9%</td>
</tr>
<tr>
<td>COPD</td>
<td>10.4%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Cancer**</td>
<td>7.4%</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

*Cardiovascular Disease (CVD) includes persons with a history of heart attack, stroke, or coronary heart disease.
**All Cancers except for Skin Cancer

Behavior Risk Factor Surveillance

- CDC survey of 50 States
- Focus: Chronic conditions & related behaviors
- Local survey included 1,000 residents
- Findings reveal disparities with PHPA

Risk Factors for Chronic Conditions

2016 Mecklenburg Behavior Risk Factor Survey

<table>
<thead>
<tr>
<th>Health Risk Factor</th>
<th>Public Health Priority Area</th>
<th>Mecklenburg (without PHPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/Obesity</td>
<td>66.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>No Physical Activity</td>
<td>25.6%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Current Smoking</td>
<td>17.4%</td>
<td>16.0%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>43.7%</td>
<td>27.1%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>42.4%</td>
<td>28.3%</td>
</tr>
</tbody>
</table>

Source: Mecklenburg County Public Health, 2016 BRFSS Local Data

Mecklenburg Public Health Priority Area

Data Source: American Community Survey, 2010-2014

Legend:
- In population less than high school diploma
- In population below poverty
- Population below both thresholds (In population below 200% of poverty
- Public Hospital
- Free/Reduced
- Other Hospital
- Mecklenburg Public Health Priority Area Boundary

What Does This Map Tell Us?

Two key determinants, poverty and education, have a significant impact on health outcomes.

This map displays census tracts with high concentrations of poverty and low educational attainment.
2016 Mecklenburg Behavior Risk Factor Surveillance System Data: Tobacco Use
Secondhand Smoke Exposure in the Home*

- 13% of Mecklenburg Adults are exposed to secondhand smoke in the home.
- Secondhand smoke exposure in the home is higher for persons:
  - Earning less than $50,000 annually
  - Having high school or less education

* Someone smoked in the home on one or more days in the past 7 days.
Source: 2016 Local Mecklenburg County Behavior Risk Factor Surveillance System
Prepared by Mecklenburg Public Health, Epidemiology Program

2016 Mecklenburg Behavior Risk Factor Surveillance System Data: Tobacco Use
Current Smoking

- 16% of Mecklenburg Adults currently smoke cigarettes.
  - Current smoking is highest among persons:
    - Earning less than $50,000 annually
    - Having high school or less education

Source: 2016 Local Mecklenburg County Behavior Risk Factor Surveillance System
Prepared by Mecklenburg Public Health, Epidemiology Program

Deaths due to Chronic Conditions

2015 Death Rates for Selected Causes, Mecklenburg and PHPA (death rates per 100,000)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rate Per 100,000</th>
<th>Public Health Priority Area (PHPA)</th>
<th>Mecklenburg (excluding PHPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>113.6</td>
<td>107.7</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>36.3</td>
<td>29.3</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td>25.4</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>23.2</td>
<td>12.4</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>32.3</td>
<td>31.7</td>
<td></td>
</tr>
</tbody>
</table>

Source: NC DHHS, State Center for Health Statistics

2016 Mecklenburg Behavior Risk Factor Surveillance System Data: Tobacco Use
Secondhand Smoke Exposure in an Indoor Workplace*

- 9% of Mecklenburg Adults who work indoors are exposed to secondhand smoke.
  - Secondhand smoke exposure in the workplace is higher for persons:
    - Earning less than $50,000 annually
    - Having high school or less education
    - Who are male

* Someone smoked in an indoor workplace on one or more days in the past 7 days.
Prepared by Mecklenburg Public Health, Epidemiology Program
2014 Mecklenburg Behavior Risk Factor Surveillance System Data: NUTRITION

Food Access

- 11% of Mecklenburg Adults stated that it was not easy to purchase healthy foods in their neighborhood.
- Not being able to purchase healthy foods in neighborhoods is highest among persons:
  - Earning less than $30,000 annually
  - Having high school or less education

Not Easy to Purchase Healthy Foods In My Neighborhood By Income, Education and Geography

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Easy to Purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50K+</td>
<td>7%</td>
</tr>
<tr>
<td>&lt;$50K</td>
<td>15%</td>
</tr>
<tr>
<td>College</td>
<td>8%</td>
</tr>
<tr>
<td>High School</td>
<td>20%</td>
</tr>
<tr>
<td>Meck w/o PHPA</td>
<td>13%</td>
</tr>
<tr>
<td>PHPA</td>
<td>14%</td>
</tr>
</tbody>
</table>

Source: 2014 Local Mecklenburg County Behavior Risk Factor Surveillance System
Prepared by Mecklenburg Public Health, Epidemiology Program

2014 Mecklenburg Behavior Risk Factor Surveillance System Data: NUTRITION

Consuming 5 or more Fruits/Veggies Daily

- 18% of Mecklenburg Adults consumed 5 or more fruits and vegetables daily.
- Fruit and vegetable consumption is highest among persons:
  - Earning less than $50,000 annually
  - Having high school or less education

Consumption of Five or More Fruits and Vegetables Daily By Income and Education

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Consumption of Five or More Fruits and Vegetables Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50K+</td>
<td>23%</td>
</tr>
<tr>
<td>&lt;$50K</td>
<td>15%</td>
</tr>
<tr>
<td>College</td>
<td>22%</td>
</tr>
<tr>
<td>High School</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: 2014 Local Mecklenburg County Behavior Risk Factor Surveillance System. Fruits and Vegetable questions are asked every other year. Data for PHPA is not available for your year.
Prepared by Mecklenburg Public Health, Epidemiology Program

Making the Healthy Choice...Easy

Mecklenburg Healthy Corner Store Initiative

“We want to make the Healthy Choice the Easy Choice”

Mecklenburg County NC.gov

2016 Mecklenburg Behavior Risk Factor Surveillance System Data

No Physical Activity

- 17% of Mecklenburg Adults reported no physical activity within the past 30 days.
- Lack of Physical Activity is highest among persons:
  - Earning less than $50,000 annually
  - Having high school or less education

No Physical Activity (running, walking, golf, gardening, etc.) in the Past Month By Income and Education

<table>
<thead>
<tr>
<th>Income Level</th>
<th>No Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50K+</td>
<td>8%</td>
</tr>
<tr>
<td>&lt;$50K</td>
<td>24%</td>
</tr>
<tr>
<td>College</td>
<td>32%</td>
</tr>
<tr>
<td>High School</td>
<td>31%</td>
</tr>
<tr>
<td>Meck w/o PHPA</td>
<td>17%</td>
</tr>
<tr>
<td>PHPA</td>
<td>26%</td>
</tr>
</tbody>
</table>

Source: 2016 Local Mecklenburg County Behavior Risk Factor Surveillance System
Prepared by Mecklenburg Public Health, Epidemiology Program
2016 Mecklenburg Communicable Disease Annual Report

2016 State of the County Health Report Update

Presented to the Mecklenburg County Health and Human Services Committee
September 19, 2017

Donna Smith
Epidemiology Specialist
Epidemiology Program
**Monthly CD Statistics: Public Health Preparedness**

The CD report tracks 6 biological agents that may pose a threat to national security.

- Anthrax
- Botulism
- Hemorrhagic Fever
- Plague
- Smallpox and
- Tularemia

**Monthly CD Statistics: Emerging Diseases**

**ZIKA**

2016 Mecklenburg Cases: 10

There have been no local mosquito-borne Zika virus cases reported in North Carolina. Increases have been noted among travel-associated cases.

**Monthly CD Statistics: Emerging Diseases**

For the past 2 years, increases have been noted in all three nationally reported STDs: *Chlamydia, Gonorrhea,* and *Syphilis.*

**Monthly CD Statistics: What’s in the Report?**

1. Counts of reported cases
   - Monthly, Year-to-Date and 3-year averages

2. 6 Major Disease Categories
   - Based on primary means of transmission

3. Tracking of Bioterrorism Agents
   - Tracking of 6 agents that pose a risk to national security.
State of the County Health Report

Mecklenburg County

Presented to the Mecklenburg County Health and Human Services Committee
September 19, 2017

Donna Smith
Epidemiology Specialist
Epidemiology Program

Top Four Priority Areas

- Chronic Disease
- Mental Health
- Access to Care
- Violence

Over 1 million people live in Mecklenburg.

People of color represent more than 50% of our population
2016 SOTCH Highlights

Income, Education and Health

2016 Mecklenburg BRFSS Local Data:
Selected Risk Factors for Cardiovascular Diseases
Public Health Priority Area and Mecklenburg County

<table>
<thead>
<tr>
<th>BRFSS Data</th>
<th>PHPA</th>
<th>County (w/o PHPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smoking</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>No Physical Activity</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>44%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Legend:
- 25% population less than High School Diploma
- 25% population below Poverty
- Population below health thresholds
- Population below Single High School Diploma

Mecklenburg County, NC Population Growth

2015: 1,034,070 residents
2014: 990,977 residents
2013: 935,628 residents
2010: 699,454 residents
2000: 699,454 residents

Source: US Census, American FactFinder, Mecklenburg County, NC Population

2016 SOTCH Highlights
Leading Causes of Death

Source: NC DHHS, State Center for Health Statistics

Almost 50% of deaths are caused by: Cancer, Heart disease, and Stroke

Public Health Priority Area

- Crescent-shaped area of poverty and low educational attainment.
- Residents who live in these areas tend to have higher rates of chronic disease and death.
Mecklenburg County HIV/STD Update
October 24, 2017

Gibbie Harris
Mecklenburg County Public Health
Interim Health Director
**Snapshot of HIV/AIDS in MECKLENBURG**

- **2016 HIV Prevalence Rates**
- **2012-2016 Newly Diagnosed HIV Infections**
- **Number of Newly Diagnosed HIV Infections by Year of Diagnosis**
  - 2014: 306
  - 2015: 284
  - 2016: 264

More than **6,630** people in Mecklenburg are living with HIV

**264** people were newly diagnosed in 2016

Number of New Infections fell **14%**
Between 2014 and 2016

Source: NC DHHS, HIV/AIDS Prevention and Care Unit, Mecklenburg County Data
Prepared by: Mecklenburg County Public Health, Epidemiology Program 10/2017

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**Lifetime Risk for HIV is HIGHEST in the South**

In North Carolina **1 in 93** chance of being diagnosed with HIV at some point in life.


---

**National Snapshot of HIV/AIDS**

More than **1.1 million** people in the US are living with HIV

**39,500** people were newly diagnosed in 2015

Number of New Infections fell **10%**
Between 2010 and 2014

Prepared by: Mecklenburg County Public Health, Epidemiology Program 10/2017

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**Mecklenburg County HIV/STD Update**

Mecklenburg County Public Health
HIV in Mecklenburg: How Do We Compare?

In 2015, the Charlotte Metropolitan area ranked 25th in the Nation for rate of new HIV diagnosis.

Source: CDC, Diagnoses of HIV Infection in the United States, and Dependent Areas, 2015
Prepared by: Mecklenburg County Public Health, Epidemiology Program 10/2017

While HIV Infection rates in NC are fairly stable; Mecklenburg Rates are declining

18% decline in HIV case rates between 2014 and 2016

Source: NC DHHS, HIV/STD Prevention Care Unit, 2016 HIV/STD Surveillance Report
Prepared by: Mecklenburg County Public Health, Epidemiology Program 10/2017

HIV in Mecklenburg: How Do We Compare?

Between 2014 – 2016, Mecklenburg County ranked 2nd in NC for rate of new HIV diagnosis.

Source: N.C. DHHS, HIV/STD Prevention and Care Unit, 2016 HIV/STD Annual Report
Prepared by: Mecklenburg County Public Health, Epidemiology Program 10/2017

The Face of HIV in Mecklenburg County

Based on 2016 New HIV Diagnoses  n = 264

Nearly 1 in 5 are Young Adults (aged 20 – 24 yrs)

70% are African American

80% are Males

Source: N.C. DHHS, HIV/STD Prevention Care Unit, Mecklenburg County Case List Data

Map Source: Charlotte Chamber of Commerce
HIV rates are higher in areas with Low Educational Attainment

Source: AIDSvu.org, Charlotte NC Mapping

Syphilis rates are increasing in every region, a majority of age groups, and across almost every race/ethnicity in the Nation.


HIV rates are higher in areas with increased Poverty

Source: AIDSvu.org, Charlotte NC Mapping

Syphilis Cases on the Rise

For the past 2 years increases have been noted in all three nationally reported STDs: Chlamydia, Gonorrhea, and Syphilis

Source: Centers for Disease Control and Prevention, 2015-STD Surveillance Report
HIV/STD Community Outreach, Testing and Education

HIV Testing Services are the first critical steps in linking HIV positive persons to medical care and medications which can lead to viral suppression and a reduction in the transmission of the virus.

Types of Services offered
- HIV prevention education
- Risk Reduction Counseling
- HIV referral services
- Testing for Syphilis and other STDs

HIV testing is free and confidential

Syphilis infections in Mecklenburg are increasing

2016 Syphilis case rates are 166% higher than those of 2014

Source: NC DHHS, HIV/STD Prevention Care Unit, 2018 HIV/STD Surveillance Report

Mecklenburg County HIV Services

HIV/STD Community Outreach, Testing, and Education
HIV Case Management
Ryan White Program
HIV/STD Investigations and Surveillance

HIV/STD Community Outreach, Testing and Education

2016 Outreach, Education and Testing Efforts

HIV Testing
Testing sites are reaching persons most at risk for HIV
- 16,990 persons tested
- 16% of testing at community sites
- Community Testing Positivity Rate - 1.4%

Outreach/Education
Provide information on HIV/STD transmission, prevention methods and risk reduction strategies
- 709 HIV/STD community presentations
- 14,168 individuals educated
- Collaborations with 34 community partners
**HIV Case Management: 2016 Program Highlights**

- **429** persons served
- **93%** adherence with medical treatment and medications
- **77%** viral suppression rates

**Types of Services offered**
- Linkages to needed healthcare
- Referrals for psychosocial services
- Support programs

**Ryan White Part A Program**

*The Ryan White Program* provides funding for 23 HIV service providers in a 6 county transitional grant area (TGA) which includes Gaston, Mecklenburg, Cabarrus, Union, Anson, and York, SC

**Types of Services funded**
- Medical care
- Medical case management
- Dental care
- Mental health
- Health insurance and psychosocial support for youth
- Transportation

**FY 2017 Budget** = $6.2 million

**Ryan White Part A Program FY2017 Highlights**

- **3,208** clients served
- **82%** viral suppression rates
HIV/STD Investigations and Surveillance

HIV/STD Investigations and Surveillance provides investigation and partner notification for persons reported with HIV and Syphilis.

**Types of Services**
- HIV and Syphilis contact tracing and investigation
- Client Education and Counseling
- Referrals to patient navigator or case management
- Data Reporting of new HIV or Syphilis infections
- Planning of Interventions

94% of reported cases were located and notified in 2016
Opioid Use in Mecklenburg County
What are opioids?

Class of prescription and illegal substances that are powerful pain relievers

Commonly Used Examples

- OxyContin
- Vicodin
- Percocet
- Morphine

- Hydrocodone
- Fentanyl
- Heroin
- Methadone

By 2015, enough pain pills had been prescribed for every American to be medicated around the clock for three straight weeks

Centers for Disease Control and Prevention

Public Health Response

In North Carolina, since 1999, unintentional poisoning deaths have increased nearly 300%

91% are caused by drugs and/or medication.

60% are attributable to opioids or cocaine.
31% of student violations in 2nd academic quarter of 2016/17 school year involved controlled substances. (CMS, 2016)

2.2% of high school students reported having used heroin one or more times during their life. (Mecklenburg County Youth Risk Behavioral Survey, 2013)

**Opioid Overdose ER Visits**
Mecklenburg County 2012-2017 (YTD)

- 2012: 232
- 2013: 248
- 2014: 380
- 2015: 263
- 2016: 361
- 2017 (YTD): 528

**North Carolina ED Overdose Visits**

- Source: NCDPH
Opioid Related Deaths Are On The Rise

Thomas D. Owens, M.D.
Forensic Pathologist
Chief Medical Examiner/ Department Director
Mecklenburg County Office of the Medical Examiner

MEDIC Response
Joe Penner
Executive Director
MEDIC

Count of Narcan Doses for OD Patients by Month

Count of OD Patients Receiving Narcan by Month
“NEW” opioids

NPS- novel psychoactive substances
  • Modified (analogues) to bypass US drug laws
  • Many produced in illicit labs

Includes:
  • SYNTHETIC OPIOIDS- mimic effects of morphine, oxycodone, heroin, other prescription opiate pain pills; fentanyl, multiple fentanyl analogues, novel drugs like U-4770 (China)
### 2015 and 2016 Opioid Death Totals in NC

<table>
<thead>
<tr>
<th>County</th>
<th>Total Deaths 2015</th>
<th>Total Deaths 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake</td>
<td>62</td>
<td>82</td>
</tr>
<tr>
<td>Mecklenburg</td>
<td>61</td>
<td>112</td>
</tr>
<tr>
<td>Forsyth</td>
<td>53</td>
<td>40</td>
</tr>
<tr>
<td>Guilford</td>
<td>47</td>
<td>85</td>
</tr>
</tbody>
</table>

### Demographics of Deaths (2016)

#### Urban County

- Age Group: <20, 20-24, 25-34, 35-44, 45-54, 55-64, >65
- Race: Black, White
- Gender: Female, Male

#### Rural County

- Age Group: <20, 20-24, 25-34, 35-44, 45-54, 55-64, >65
- Race: Black, White
- Gender: Female, Male

### Addressing the Increased Demand on Medical Examiner’s Office

**Modifications to Operations in the ME Office**
- Coordinate with State OCME office for more real-time data collection
- Increased storage space in coolers
- Make other counties we serve identify storage space within those counties as required by State Statutes (County Morgue)
- Delay NAME certification for the office
- Directed exam/partial autopsy

### Percentage of Opioid Deaths from Heroin, Fentanyl, and Fentanyl Analogues in NC

- Percentage: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90
CMPD Data

55% increase in heroin related overdose incidents 2015 to 2016

White males age 20-49 made up 58% of heroin overdose victims

White female heroin overdose victims, age 20-39, increased from 28 to 60

The number of African American heroin overdose victims increased from 15 to 20

Mecklenburg Opioid Systemic Response Plan

- Criminal Justice Services
  - US Department of Justice, Bureau of Justice Assistance
- Public Health
  - Comprehensive Addiction and Recovery Act (CARA)
- UNC - Charlotte
  - $368,798 over 36 months

Criminal Justice Response

Sonya L. Harper
Department Director
Mecklenburg County Criminal Justice Services Department

CMPD Heroin Related Arrests and Overdoses 2012-2016
Opportunities To Address The Problem

Educate
Destigmatize
Protective Factors Education for Students
Advocacy for individualized, comprehensive treatment that is available, affordable and on demand
Importance of Social Determinants of Health in maintaining recovery

Restrict Supply
Advocate for ALL prescribers to be required to enroll and utilize North Carolina’s Controlled Substance Reporting System.

Physician awareness about alternative pain treatments.

Improve number of secure prescription drug drop boxes for safe collection and disposal of unused medications.

North Carolina STOP Act
- Requires prescribers and pharmacies to check the prescription database before prescribing opioids
- Institutes a five-day limit on initial prescriptions for acute pain
- Increases access to naloxone
- Allows local governments to support needle exchange programs