Health Disparities & Inequities: Mecklenburg Residents
Highlights from the 2017 Community Health Assessment, prepared by MCHD Epidemiology Program
Online at: www.MECKHEALTH.ORG/CHA

What are Health Disparities?
Health disparities and inequalities are gaps in health status that exist among population groups. For example, differences in disease rates, receipt of preventive health screenings, or health behaviors are all examples of disparities. Health inequities are unavoidable, unfair differences in health status seen within and between populations. According to the World Health Organization, the social determinants of health — the conditions in which persons are born, grow, live, work, and age — are mostly responsible for health inequities.

Many Dimensions of Disparities Exist
Although often stated in terms of race or ethnicity, many dimensions of disparities exist. If a health outcome is seen to a greater or lesser extent between any population group there is a disparity. These disparities can exist among populations based on race or ethnicity, gender, sexual identity, age, disability, socioeconomic status or geographic location.

Ten Examples of Health Disparities in Mecklenburg County (not listed in any particular order)

1. Smoking
   The Issue: While overall smoking rates have declined, persons with low socioeconomic status continue to have higher rates of smoking.
   Based on 2017 data in Mecklenburg County:
   - Low income adults were 1.6 times more likely to smoke than higher income adults.
   - Adults with less education were 2.1 times as likely to smoke as are college educated adults.
   
   Source: 2017 Mecklenburg County Local Behavior Risk Factor Surveillance Study (BRFSS) Data

2. Physical Inactivity
   The Issue: Lack of exercise is one of four modifiable behaviors that cause much of the illness, suffering, and early death related to chronic diseases and conditions.
   In Mecklenburg County:
   - Persons less education are 2.5 times more likely to report being physically inactive compared to persons with a college degree.
   
   Source: 2017 Mecklenburg County Local Behavior Risk Factor Surveillance Study (BRFSS) Data
Uninsured Populations

The Issue: Lack of health insurance is a major barrier to accessing quality healthcare. Hispanics/Latinos have one of the highest uninsured rates and report more issues accessing care due to high cost than any other racial/ethnic group.

In Mecklenburg County:
- Hispanics/Latinos were 5 times more likely to be uninsured than Whites.

*Source: 2017 Mecklenburg County Local Behavior Risk Factor Surveillance Study (BRFSS) Data

Data Highlights

%- of Mecklenburg Adults Who are Uninsured By Race and Ethnicity, 2017 BRFSS Data

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not have Health Insurance</td>
<td>8%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Could not See Doctor Because of Cost</td>
<td>41%</td>
<td>23%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Diabetes

The Issue: Diabetes deaths in the county have declined over time, however racial and ethnic minorities continue to die at higher rates than whites.

Based on 5-year age-adjusted death rates (2012-2016):
- African Americans in Mecklenburg were 3.4 times more likely to die of Diabetes than Whites.

Health Disparities in Chronic Disease Death Rates
Race/Gender Disparity Ratios based on Adjusted Death Rates, 2012 - 2016

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Meck Rate (per 100,000)</th>
<th>Disparity Ratio: By Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast Cancer</td>
<td>20.8</td>
<td></td>
<td>1 to 1.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>132.3</td>
<td></td>
<td>1 to 1.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17.1</td>
<td></td>
<td>1 to 3.4</td>
</tr>
</tbody>
</table>

Alzheimer’s Disease

The Issue: Women are disproportionately affected by Alzheimer’s disease and die at much higher rates than men.

Based on 5-year age-adjusted death rates (2012-2016):
- Women in the county were 1.4 times more likely to die of Alzheimer’s than men.

Health Disparities in Chronic Disease Death Rates
Race/Gender Disparity Ratios based on Adjusted Death Rates, 2012 - 2016

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Meck Rate (per 100,000)</th>
<th>Disparity Ratio: By Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancers</td>
<td>147.0</td>
<td>1 to 1.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>132.2</td>
<td>1 to 1.7</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>40.4</td>
<td>1.4 to 1</td>
</tr>
</tbody>
</table>

Infant Deaths

The Issue: Despite overall improvements in maternal and child health indicators, racial and ethnic minority infants are more likely to die in their first year of life than are white infants.

Based on 2016 infant death rates in Mecklenburg,
- African American infants were 5 times more likely to die than white infants.

2010 – 2016 Infant Deaths, Mecklenburg By Race (per 1,000 Live Births)

Source: NC State Center for Health Statistics, Vital Statistics Data
**HIV/AIDS Diagnoses**

The Issue: Each year an average of 250 – 300 new HIV infections are diagnosed in the county. African Americans and males are disproportionately affected by this disease.

Based on 2016 data for new HIV Diagnoses in Mecklenburg:
- 7 out of 10 new infections were among African Americans.
- Males account for 80% of new infections.

**Opioid Related ED Visits**

The Issue: Between 2012 and 2017, opioid related Emergency Department (ED) visits in the county increased by 127%. In general, ED visits are higher among males and persons aged 25 – 34 years.

Based on 2016 ED Visits in Mecklenburg:
- Nearly 7 out of 10 Opioid related ED visits in the county were among Males.
- 4 out of 10 opioid related ED visits were among persons age 25 – 34 years.

**Homicides**

The Issue: Between 2014 and 2016, the rate of homicides in Mecklenburg increased by 54%. Homicide rates are significantly higher for males than females.

Based on 5-year age-adjusted death rates (2012-2016):
- Males were 5 times more likely to die of homicide in the county than females.

**Suicides**

The Issue: White residents are more likely to commit suicide than racial and ethnic minorities. Although females are more likely to attempt suicide, males are more likely to commit suicide.

Based on 5-year age-adjusted death rates (2012-2016):
- Males were 3 times more likely to die of suicide than females.
- Whites were 2.3 times more likely to die of suicide than are African Americans.