

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 avoidable, 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.

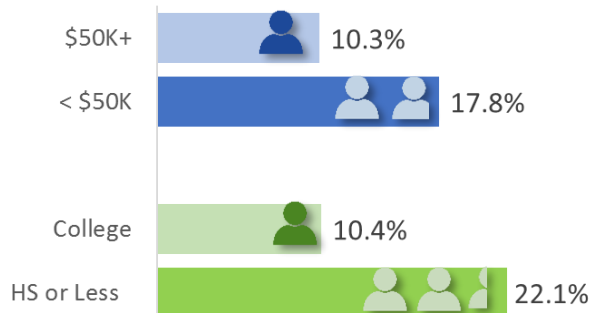
Based on 2017 data in Mecklenburg County:

- **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

Data Highlights

% of Mecklenburg Adults Who are Smokers
By Education and Income Levels, 2017 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.

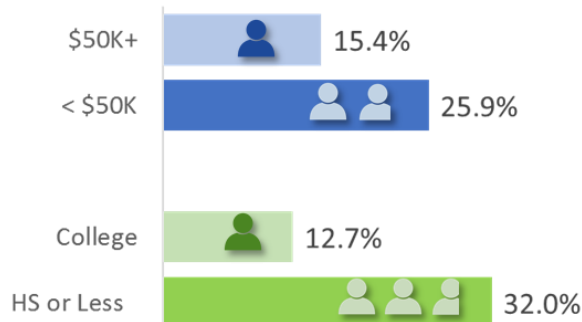
In Mecklenburg County:

- **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

Data Highlights

% Mecklenburg Adults Who are Physically Inactive
By Education and Income Levels, 2017 BRFSS Data



3

Uninsured Populations

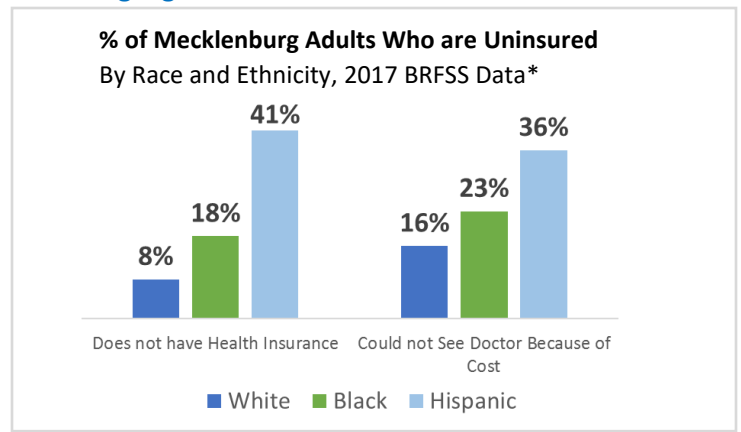
The Issue: Lack of health insurance is a major barrier to accessing quality healthcare. Hispanics/Latinos have one of the highest uninsured rates and report more issues accessing care due to high cost than any other racial/ethnic group.

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



4

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.

Data Highlights

Health Disparities in Chronic Disease Death Rates

Race/Gender Disparity Ratios based on Adjusted Death Rates, 2012 - 2016

Chronic Condition	Meck Rate (per 100,000)	Disparity Ratio: By Race	
		Whites	African Americans
Female Breast Cancer	20.8	1 to 1.4	1 to 1.4
Heart Disease	132.3	1 to 1.4	1 to 1.4
Diabetes	17.1	1 to 3.4	1 to 3.4

Source: NC State Center for Health Statistics, Vital Statistics Data

5

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.

Data Highlights

Health Disparities in Chronic Disease Death Rates

Race/Gender Disparity Ratios based on Adjusted Death Rates, 2012 - 2016

Chronic Condition	Meck Rate (per 100,000)	Disparity Ratio: By Gender	
		Females	Males
All Cancers	147.0	1 to 1.3	1 to 1.3
Heart Disease	132.2	1 to 1.7	1 to 1.7
Alzheimer's Disease	40.4	1.4 to 1	1.4 to 1

Source: NC State Center for Health Statistics, Vital Statistics Data

6

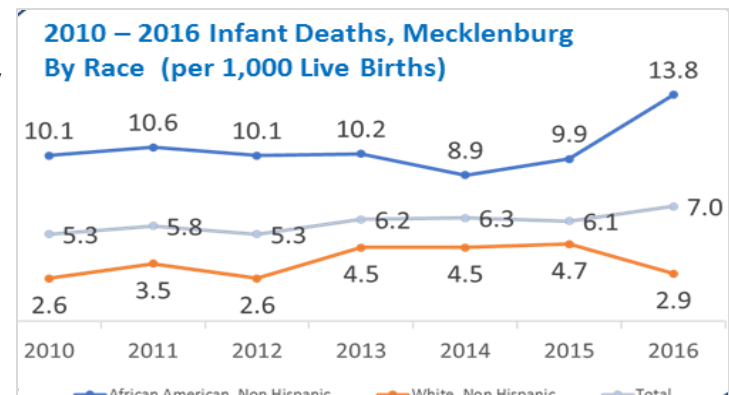
Infant Deaths

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.

Data Highlights



Source: NC State Center for Health Statistics, Vital Statistics Data

7 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.

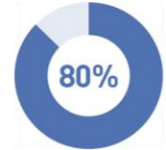
Based on 2016 data for new HIV Diagnoses in Mecklenburg:

- **7 out of 10 new infections were among African Americans.**
- **Males account for 80% of new infections.**

The Face of HIV in Mecklenburg County Based on 2016 New HIV Diagnoses n = 264



are
African American



are
Males



Source: NC DHHS HIV/STD Surveillance 2016 Data, Mecklenburg

8 Opioid Related ED Visits

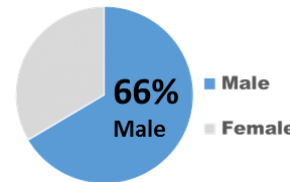
The Issue: Between 2012 and 2017, opioid related Emergency Department (ED) visits in the county increased by 127%. In general, ED visits are higher among males and persons aged 25 – 34 years.

Based on 2016 ED Visits in Mecklenburg:

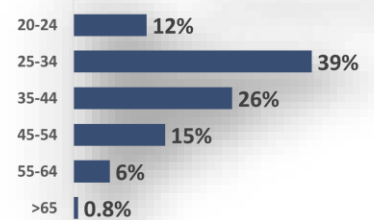
- **Nearly 7 out of 10 Opioid related ED visits in the county were among Males.**
- **4 out of 10 opioid related ED visits were among persons age 25 – 34 years.**

2016 Opioid Related ED Visits, Mecklenburg By Gender and Age

Percentage by Gender



Percentage By Age



Source: NC DETECT Surveillance System, Mecklenburg County Data



9 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.

2012-2016 Age Adjusted Homicides, Mecklenburg By Gender

	Number of Homicide Deaths	Death Rate (per 100,000)	Disparity Ratios
Males	265	10.4	
Females	54	2.1	

Source: NC State Center for Health Statistics, Vital Statistics Data





10 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.

2012-2016 Age Adjusted Suicides, Mecklenburg By Gender and Race

	Number of Suicide Deaths	Death Rate (per 100,000)	Disparity Ratios
Whites	354	13.2	
African Americans	95	5.8	
Males	347	15.1	
Females	136	5.0	

Source: NC State Center for Health Statistics, Vital Statistics Data