5 Public Health Challenges

The most recent Mecklenburg County Community Health Assessment (CHA) prioritized the prevention of premature death and disability from chronic disease as the number one public health issue in Mecklenburg County. The Centers for Disease Control and Prevention (CDC) tells us that half of premature deaths are the result of health behaviors and environmental factors, the leading ones being (1) Tobacco, (2) Nutrition and Physical Activity. A public health approach to addressing these health behaviors on a community level advocates for policies and environmental systems that help “make the healthy choice the easy choice.”

These three health behaviors are also part of what the Centers for Disease Control and Prevention (CDC) calls “Winnable Battles”—public health priorities with large-scale impact on health and known effective strategies to address them. Another Mecklenburg concern, (3) HIV Disease, is considered a Winnable Battle as is Teen Pregnancy, though in Mecklenburg the concern is prevention of (4) Unintended Pregnancy at any age.

Finally, violence touches our community in a variety of ways. Because its complex and multifactorial components can be categorized as having preventable and protective factors, (5) Violence Prevention is considered a public health issue and one of great concern in Mecklenburg County. This is further evidenced by its high priority ranking in the 2013 Community Health Assessment.

1. Tobacco

Tobacco use is the leading preventable cause of death, disease and disability. Smoking harms nearly every organ in the body and is a major risk factor for lung disease, stroke and heart disease, (CDC).

Local Data

- About 17% or almost 127,000 people in Mecklenburg County are current smokers (2014 Behavioral Risk Factor Surveillance System).

- Current smoking rates in Mecklenburg vary with income and educational attainment. People without a high school diploma are three times more likely to smoke than people with a college degree. People who make less than $50,000 a year are three times more likely to smoke than those making $50,000 or more a year (2014 Behavioral Risk Factor Surveillance System).

- Youth smoking has declined for both high school and middle school students to a low of 10% and 4% respectively. Concern now focuses on the rising popularity of E-cigarettes and marketing targeted to youth as well as rising rates of marijuana use (2013 Youth Risk Behavior Survey).

- Nearly three out of four smokers are trying to quit (2014 Behavioral Risk Factor Surveillance System).
**What we are doing**

- Implementing a comprehensive Board of Health ruling that includes smoke-free government grounds and a tobacco-free parks policy
- Promoting and referring to the NC Quit Line and other tobacco cessation resources
- Youth-focused tobacco prevention programming
- Assisting with the adoption of tobacco-free policies in worksites, faith-based organizations, multi-unit housing complexes and other community sites.

**What else should we do?**

- Adopt smoke-free worksite policies to protect workers from second-hand smoke exposure.
- Levy a county tax on tobacco products (requires permissive state legislation). Increasing the cost of tobacco products is the single most effective strategy to keep youth from using tobacco products.
- Adopt smoke-free public spaces policies, including sidewalks.
- Enhance promotion of and referrals to cessation resources, particularly in pediatric healthcare settings.

*All of the above are included as recommended intervention strategies from the CDC’s Winnable Battles concept.*

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2. **Physical Activity and Healthy Eating**

Lack of physical activity and poor nutrition contribute to health conditions such as high blood pressure, high cholesterol and obesity which may lead to chronic diseases such as cardiovascular disease and type 2 diabetes (CDC). Increased physical activity is associated with lower rates of high blood pressure, heart disease, stroke, type 2 diabetes and premature mortality, independent of obesity (RWJ County Health Rankings). Access to affordable fruits and vegetables may be a particular challenge to low income and senior populations on a fixed budget. Access to physical activity opportunities may be limited by income, safety concerns and location.

**Local Data**

- 18% of Mecklenburg adults report participating in no physical activity (2014 Behavioral Risk Factor Surveillance System).
- 82% do not eat the recommended five or more daily servings of fruits and vegetables (2014 Behavioral Risk Factor Surveillance System).
- Only 45% of Charlotte Mecklenburg high school students report getting the recommended 60 or more minutes of physical activity per day, five of the last seven days (2013 Youth Risk Behavior Survey).
• For some chronic diseases, social and economic determinants may have a greater impact on overall health status than race or ethnicity alone. For example, about 9% of both white and black adult residents report a history of cardiovascular disease. However, people without a high school diploma are 2.4 times more likely to report a history of cardiovascular disease than those with a college degree. People making less than $50,000 a year are 3.4 times more likely to report a history of cardiovascular disease than those making $50,000 or more a year (2014 Behavioral Risk Factor Surveillance System).

What we are doing

- Establishing a community farmers market at the Beatties Ford Road Health Department that accepts SNAP/EBT
- Piloting a Healthy Corner Store Initiative in the public health priority areas
- Building health and wellness capacity in faith-based organizations
- Implementing the Safe Routes to School (SRTS) initiative and bike safety education classes
- Recently completed a Health Impact Assessment (HIA) on the Blue Line Extension to UNCC’s campus
- Supporting over 100 school gardens and the corresponding nutrition education curriculum
- Transitioning the Healthy Weight, Healthy Child (HWHC) Coalition from Carolinas Healthcare System to MCHD (the coalition has an emphasis on childhood obesity prevention)
- Community garden coordination and instruction
- Breastfeeding education and support
- Coordinating the HWHC Youth Advisory Council and the Fresh Look at School Food initiative, which focus on improving the school food environment
- Partnering to implement the Open Streets concept

What else should we do?

- Encourage the adoption of healthy food policies in various settings (faith-based, worksite, schools, etc.)
- Increase capacity of faith-based organizations to engage in evidence-based health education/health promotion activities.
- Increase the number of food outlets that offer healthy options, particularly in the food access priority areas
  - Expand the Healthy Corner Store Initiative
  - Support and promote the acceptance of SNAP/EBT at all farmers markets (work with DSS to enhance promotion to SNAP recipients)
  - Enhance support for community and school garden efforts
• Conduct additional Health Impact Assessments to assess the health implications of community design
• Increase breastfeeding-friendly locations
• Increase opportunities for active living:
  o Include health considerations in community design to improve walkability and healthy transportation options
  o Expand Safe Routes to School programming
  o Encourage the adoption of shared-use and open-use policies for more physical activity opportunities in communities
  o Expand the Open Streets initiative

3. Human Immunodeficiency Virus (HIV)

As of June 2015, there are an estimated 5,334 persons living with HIV/AIDS in Mecklenburg County who are aware of their status. However, as many as 1 in 8 are unaware of their infection. Current studies show that when people become aware of their infection and are provided with immediate linkages to prevention and care services, most take measures to reduce their risk of transmitting HIV to others.

Local Data

• 318 newly diagnosed infections were reported in Mecklenburg County during 2014, nearly 25% higher than reports from 2012 (255 cases).

• The recent increase in HIV disease has been primarily associated with identification of persons with late-stage HIV diagnosis (i.e., individuals who have been infected with HIV for several years but were not reported into local surveillance systems until recently).

• African Americans continue to experience the most severe burden of HIV, compared with other races and ethnicities.

• African Americans represent approximately 31% of the county’s
population, but accounted for an estimated 70% of new HIV infections in 2014. HIV infection rates are nearly 12 times higher for African American females compared to White females while HIV infection rates among African American Males are nearly 5 times higher in comparison to White males.

What we are doing
- Community-based counseling and testing
- Administer federal Ryan White Grant which provides services to people with HIV who do not have health insurance
- Education and outreach in the community
- HIV Case Management
- Surveillance and follow-up of HIV and other reportable sexually transmitted diseases
- Substance abuse and mental health services, specifically for this population

What else should we do?
- Increase the number of non-traditional testing opportunities in the community
- Promote interventions to reduce HIV transmission among populations at greatest risks
- Assure rapid access to high quality HIV clinical services
- Support retention in care and adherence to medication use for those who are HIV positive

4. Unintended Pregnancy

Unintended pregnancy is understood as a pregnancy that was either unwanted or mistimed. These pregnancies are often associated with poorer birth outcomes for both mother and baby as compared to pregnancies that are planned. Women not intending to become pregnant may not be in ideal health and may be engaging in risky behaviors like consuming alcohol at the time of conception. Nationally, it is estimated that half of all pregnancies are unintended and more than 4 out of 5 pregnancies to women age 19 and younger are unintended (CDC). Unintended pregnancy has been linked to reduced economic mobility and can impact multiple social determinants of health across a woman’s lifespan including educational attainment, employment and poverty. The CDC recommends expanded use of long-acting reversible contraception as a highly effective way to reduce the number of unintended pregnancies.
Local Data

- Statewide, in 2011 only 42% of babies born as a result of an unintended pregnancy were at a healthy birth weight (NC State Center for Health Statistics).

- 12% of births in Mecklenburg county from 2010-2014 were to women who conceived 6 months or less following a previous delivery (NC State Center for Health Statistics).

- Only 9% of women who have just given birth in Mecklenburg County are on long-acting reversible contraception compared to 15% statewide.

- More than one-quarter of pregnancies among 15-19 year olds in Mecklenburg are repeat pregnancies.

What we are doing

- Provide birth control and family planning education in the Adult Health Clinic
- Provide case management to pregnant women to help them obtain family planning once they have given birth.

What else should we do?

- Increase the availability and promote the use of long-acting reversible contraception (LARC) across the community
- Assure that all women who have recently given birth have immediate access to the most effective contraceptive methods
- Help sexually active teen mother’s gain information about and use of effective types of birth control and connect them with support services that can help prevent repeat pregnancies, such as home visiting programs.
5. Violence

Violence is not traditionally understood as a public health issue but this is beginning to change as data illustrate the impacts on other community health indicators such as academic achievement, substance abuse and mental health. Violence prevention was identified as a top priority in the most recent Mecklenburg Community Health Assessment. In response, a planning group convened to examine both the causes and impact of violence in the community. Some of the priorities of this planning group include:

- Reframing the issue of violence as a preventable issue
- Identifying and focusing efforts on key risk factors and protective factors associated with violence
- Learning from neighborhoods and community members about the issues they face to better inform interventions

Local Data

- Homicide was the leading cause of death for the 15 – 24 age group in 2013 (NC Vital Statistics).
- From 2009-2014 there was a total of 35 domestic violence related homicides; an average of almost 6 per year (Mecklenburg County Women’s Commission).
- Among Charlotte Mecklenburg high school students, 16% reported being bullied on school property in 2013 and 7% reported missing school because they felt unsafe (2013 Youth Risk Behavior Survey).
- Over 13,000 children were reported abused or neglected during FY 2013-14, this is just over 5% of all children under the age of 18 (Council for Children’s Rights).

The following table details community attributes (protective factors) that research shows can protect against certain types of violence. Protective factors can be found at all levels of our social structure including at the individual, family, community and societal levels.

<table>
<thead>
<tr>
<th>Violent Behavior</th>
<th>Child Maltreatment</th>
<th>Teen Dating Violence</th>
<th>Intimate Partner Violence</th>
<th>Sexual Violence</th>
<th>Youth Violence</th>
<th>Bullying</th>
<th>Suicide</th>
<th>Elder Abuse</th>
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<td>Coordination of services among community agencies</td>
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<td></td>
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<td>Access to mental health and substance abuse services</td>
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<td>Community support and connectedness*</td>
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<td>X</td>
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<td>X</td>
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</tbody>
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Source: Connecting the Dots: An overview of the links among multiple forms of violence, CDC.
What we are doing

- Chairing the Violence Prevention committee, which is working with Prevent Violence NC to develop strategies that focus on risk and protective factors that are common among many types of violence.
- Training police in crisis intervention techniques.
- Through the Child Development-Community Policy program (CD-CP) providing coordinated police-mental health intervention to children and families who are exposed to violence and other trauma.

What else should we do?

- Examine public health violence prevention program models from across the country for possible replication
- Improve law enforcement-mental health collaborative responses to individuals experiencing a mental health crisis
- Expand Child Development--Community Policing services to children and families exposed to violence and other trauma to reach the whole county including the 6 towns
- Create a trauma-informed health and human services workforce equipped to provide trauma-informed care