



EXECUTIVE SUMMARY

INTRODUCTION

In the practice of public health, the community is the patient and the health of the community is monitored and evaluated on a regular basis by examining key indicators such as infant mortality, communicable disease rates, and STD infections. Every four years, Mecklenburg Healthy Carolinians and the Mecklenburg County Health Department conduct a more extensive examination of the community through a state developed process known as community health assessment (CHA). In addition to providing a picture of the community's health, CHA meets requirements for state accreditation of local health departments, the state consolidated contract with local health departments, and certification by the Governor's Task Force on Healthy Carolinians. Findings from the CHA are used by the Health Department for strategic planning and by Healthy Carolinians to develop or endorse collaborative community action addressing identified priority issues.

MECKLENBURG HIGHLIGHTS FROM THE COMMUNITY DATA OVERVIEW

- Cancer and cardiovascular disease are the leading causes of death, but mortality rates from heart disease, cancer, and stroke have been declining over the past five years.
- Disparate outcomes in mortality for racial/ethnic groups persist. For example, from 2004-2008, people of Other Races died from diabetes at 2.6 times the rate for Whites.
- Alzheimer's disease is the 4th leading cause of death; White women, the group with the longest life expectancy, make up the majority of Alzheimer's disease deaths.
- Unintentional injury is the 6th leading cause of death for the total population, the leading cause of death for those 1-44 years of age, and one of the leading causes of death for Hispanics.
- Mecklenburg County was one of six counties reporting the highest rate of syphilis increase in North Carolina. Between 2008 and 2009 the Primary/Secondary Syphilis case rate in the county increased by 138%, from 5.5 cases per 100,000 to a rate of 13.1.
- In 2009, approximately 35% of adults reported elevated cholesterol; 29% high blood pressure; 64% overweight or obesity; 21% no physical exercise in the past month; 17% current smoking; and 78% eating less than five servings of fruits and vegetables per day.
- In 2009, 16.5% of Mecklenburg Residents are uninsured for a total of approximately 150,180 individuals without health insurance. 21.2% of the non-elderly adult population in our county is uninsured, while 9.8% of children are uninsured.
- In 2009, nearly 33% of teens reported having had at least one drink of alcohol in the past thirty days, 38% of Mecklenburg teens reported using marijuana one or more times during their life and more than 14% of teens have taken prescription drugs such as OxyContin, Percocet, Demerol, Adoral, Ritalin, or Zanax without a doctor's prescription.
- From 1995-2008, the pregnancy rate for teens ages 15-19 decreased by 27%.
- In 2008, one out of every five babies born was to a Hispanic mother.
- The 2008 Infant Mortality rate for Mecklenburg is 6.6 infant deaths per 1,000 live births. However, infants of Other Races are 2.3 times more likely to die than are White infants.
- In 2009, 28% of teens surveyed reported feeling sad or hopeless almost every day for two weeks or more in a row to the extent they stopped doing some usual activities; 14% of teens reported actually attempting suicide one or more times.

RANKING PRIORITY FOCUS AREAS

In 2010, the Steering Committee reviewed the eight priority focus areas from the 2006 CHA. Examination of the community data overview suggested that these focus areas remained of current concern and interest. However, the decision was made to divide the injury category into two separate categories: Injury Prevention and Violence Prevention. In addition, the environmental health category was renamed Healthy Environment so as to be more inclusive of aspects beyond air and water quality like active transportation opportunities.

On October 27, 2010, ninety-one individuals representing a variety of community agencies and groups attended the CHA Priority Setting meeting. Participants were asked to review data specific to the nine priority areas and rank them using the following five criteria: magnitude; severity; intervention effectiveness; public concern; and urgency. Health disparities were to be considered a part of every topic rather than a separate focus area. In addition, Mecklenburg County residents were encouraged to participate in an online/paper survey to gauge community beliefs and attitudes towards health as well as prioritize the nine focus areas. Combined rankings from these two groups were as follows:

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

RECOMMENDATIONS

Participants of the October 27th Priority Setting meeting made recommendations for the top four health issues, Chronic Disease Prevention, Access to Care, Substance Abuse Prevention, and Healthy Environment. Example recommendations are included below. For a complete list of recommendations, see the Priority Setting Exercise chapter.

Chronic Disease Prevention through Healthy Choices

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

Access to Care

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

Environmental Health – Healthy Places Supporting Healthy Choices

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

Substance Abuse Prevention

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

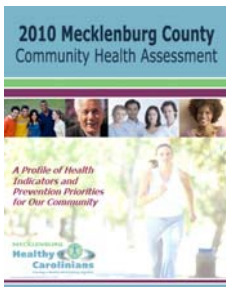
COMMUNITY HEALTH ASSESSMENT ONLINE

For more information about the priority setting exercise and to access the full Community Health Assessment report, visit the links below.



This two-minute video discusses the prioritization process and features interviews with community members who participated in the process.

[Watch Video from Priority Setting Exercise](#)



The full document includes detailed information on county demographics, GIS Maps, and data on mortality, maternal and child health, health behaviors, injury and violence, environmental health, communicable diseases, mental health, substance abuse, access to care, chronic diseases, and health disparities.

[View Full CHA Report Online](#)