STATE OF THE COUNTY HEALTH REPORT





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Dear Community Members,

We are proud to present the 2024
State of the County Health (SOTCH)
Report, a snapshot of our ongoing
journey to build a healthier, more
equitable community for all who live,
work, and play in Mecklenburg County.



Guided by the priorities identified in the most recent Community Health Assessment this year's SOTCH highlights snapshots of collective progress we've made, the gaps that remain, and the innovations emerging across our community

As the Steering Committee for Live Well Meck, we are committed to:

- Listening to community voices and centering lived experience in our decision-making
- Aligning resources and partnerships to improve conditions for health in every neighborhood
- Championing transparency, equity, and measurable progress

Thank you to the many partners, residents, and changemakers who make this work possible. We invite you to explore this report, reflect on our collective progress, and join us in shaping the road ahead.

In partnership,

The Live Well Meck Steering Committee



SOTCH **OVERVIEW**

In North Carolina, all local health departments are required by the NC Department of Health and Human Services (NC DHHS) to complete a State of the County Health (SOTCH) report each year between Community Health Assessments (CHA). The SOTCH report serves as an annual update to track health data trends, monitor progress on community-identified priorities, and highlight emerging health issues that impact the health and well-being of Mecklenburg County residents.

The 2024 SOTCH report is part of our commitment to transparency, accountability, and community partnership. It reflects the collaborative work of local organizations, residents, and the Live Well Meck network to create conditions where everyone has the opportunity to thrive regardless of where they live, their background, or income level.

Mecklenburg County Public Health (MCPH) serves as the convener of the Live Well Meck Advisory Committee and is responsible for facilitating the CHA and the annual SOTCH process.

Scan here to view an interactive **Score Card for** data stories and outcomes that track our progress.



As convener, MCPH ensures:

- Alignment of goals across organizations and sectors
- Consistent reporting and shared accountability on health priorities
- Community voice and data-driven decision-making
- Coordination of resources and strategies to reduce health disparities

This year's report includes:

- Updated health indicators
- Progress updates on our current community health priorities: Access to Care, Chronic Disease Prevention, Maternal and Child Health, Mental Health & Violence Prevention
- Stories of community action and innovation
- Emerging trends and opportunities for continued collaboration

Mecklenburg County Public Health is proud to lead this work alongside trusted partners and residents through Live Well Meck. Live Well Meck is a network of cross-sector partners, including healthcare systems, education institutions, nonprofit organizations, municipalities, faith-based leaders, grassroots coalitions, and residents all working together to create the conditions for healthier lives in every neighborhood.

Together, we are building a healthier Mecklenburg County.

BRIEF OVERVIEW OF MECK COUNTY

A community's health is shaped by who lives there. This section provides a snapshot of Mecklenburg County's population, including age, race and ethnicity, income, and other key characteristics. Understanding the makeup of our community helps us identify health needs, address issues, and ensure that programs and services are responsive to people we serve.

Located in the Southwestern portion of North Carolina, Mecklenburg County is the second most populous county in the state. Mecklenburg is recognized for its diverse population. Additionally, its median age (35.6 years) is younger than that of the state of North Carolina (39.1 years). The county's educational attainment is slightly above the state's average with more than 51.6% of residents acquiring a bachelor's degree or higher.

Mecklenburg Snapshot

TOTAL POPULATION 1,163,701

MEDIAN AGE

35.6

MEDIAN HOUSEHOLD INCOME

\$84,593

MUNICIPALITIES

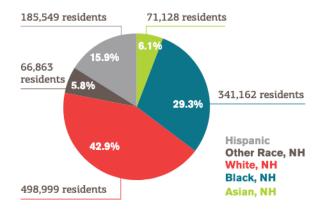
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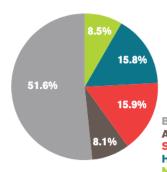
Source: US Census, ACS 2023

The following figures and tables provide an overview of core demographic characteristics and populations that may be at increased risk for poor health outcomes due to social, economic, or environmental factors.

Figure 1. Mecklenburg County Race/Ethnicity

Figure 2. Mecklenburg County Educational Attainment





Bachelor's Degree or Higher Associates Degree Some College, No Degree High School Grad or Equivalent No High School Diploma

Table 1. Vulnerable Populations

Table 1. Vullierable Populations	North Carolina	Mecklenburg
Persons Living in Poverty	12.8%	10.0%
Persons Unemployed	4.0%	3.4%
Limited English Speaking Households	2.5%	5.5%
Population 5 and over Who Speaks English Less than Very Well	5.3%	10.8%
Households with Severe Housing Cost Burden (Renters)	21.5%	25.0%
Population without Health Insurance	9.2%	11.4%

Source: US Census, ACS 2023

LEADING CAUSES OF DEATH

Identifying the leading causes of death in Mecklenburg County helps us understand the most significant health challenges facing our community. These causes highlight where prevention and early intervention can save lives and improve quality of life.

Data provided in this section underscores the latest updates on local leading causes of death including breakdowns by race and ethnicity, gender, and age.

Table 2. Top Ten Causes of Death Mecklenburg County, 2023

Rank	Cause	Total Deaths	% of Total Deaths
1	Cancer	1,371	19.03%
2	Heart Disease	1,269	17.61%
3	Unintentional Injuries	640	8.88%
4	Stroke	408	5.66%
5	Alzheimer's Disease	350	4.86%
6	Chronic Lower Respiratory Disease	227	3.15%
7	Diabetes	223	3.10%
8	Kidney Disease	147	2.04%
9	Suicide	126	1.75%
10	Chronic Liver Disease and Cirrhosis	125	1.73%
	Total Deaths 2023: All Causes	7,205	

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics, Mecklenburg County Vital Statistics

Table 3. Mecklenburg County, Leading Cause of Death (LCD) by Race/Ethnicity, 2023

Rank	White, NH	e, NH Black, NH			
1	Cancer	Cancer	Unintentional Injuries		
2	Heart Disease	Heart Disease	Cancer		
3	Alzheimer's Disease	Unintentional Injuries	Heart Disease		
4	Unintentional Injuries	Stroke	Stroke		
5	Stroke	Diabetes	Chronic Liver Disease and Cirrhosis		

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics, Mecklenburg County Vital Statistics

Table 4. Mecklenburg County, Leading Causes of Death by Gender, 2023

Rank	Males	Females
1	Heart Disease	Cancer
2	Cancer	Heart Disease
3	Unintentional Injuries	Alzheimer's Disease
4	Stroke	Stroke
5	Diabetes	Unintentional Injuries

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics, Mecklenburg County Vital Statistics

Table 5. Mecklenburg County, Cause of Death by Age, 2023

Rank	Infant (<1 year)	Ages 1-14 yrs	Ages 15-24 yrs	Ages 25 -44 yrs	Ages 45-64 yrs	Ages 65 yrs +	
1	Conditions in the perinatal period	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Cancer	Cancer	
2	Congenital*	N/A	Homicide	Heart Disease	Heart Disease	Heart Disease	
3	N/A	N/A	Suicide	Suicide	Unintentional Injuries	Alzheimer's Disease	

^{*}Congenital malformations, deformations and chromosomal abnormalities

N/A: data is based on provisional estimates and is not available at the time of the report.

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics

MORBIDITY MORTALITY CHANGES SINCE LAST CHA

Understanding the leading causes of illness and death in Mecklenburg County helps us focus on the areas where public health efforts can make the most significant impact. This section highlights key health trends that affect the well-being of our residents.

By examining these patterns over time, we can better identify disparities, monitor progress, and align our community strategies to promote longer, healthier lives for everyone.

The following section describes key morbidity and mortality trends since the 2022 Community Health Assessment report.

KEY MORTALITY TRENDS

COVID-19 Decline in Mortality Ranking

- COVID-19 is no longer among the county's 10 leading causes of death (LCD), falling to 13th place.
- COVID-19 deaths have dramatically declined, from over 600 deaths in 2020 to 93 deaths in 2023.

Suicide Rises to 9th Leading Cause of Death

- Suicide now ranks as the 9th leading cause of death, partly due to the decline in COVID-19's ranking.
- Suicide deaths increased from 110 in 2022 to 126 in 2023.
- Suicide is the 3rd leading cause of death among individuals aged 15-24 and 25-44.

Chronic Liver Disease/Cirrhosis Now a Top 10 Cause of Death

- Chronic Liver Disease/Cirrhosis has become the 10th leading cause of death in the county.
- Mortality rates have increased from 90 deaths (8.2 per 100,000) in 2018 to 125 deaths (10.7 per 100,000) in 2023.

Shifts in Leading Causes of Death by Gender

- Women: With COVID-19 no longer in the top 10, unintentional injuries have now entered the top 5 leading causes of death for women.
- Men: Diabetes has become one of the top 5 leading causes of death among men.

Sources: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics; CDC Wonder

ADULT HEALTH BEHAVIORS AND CHRONIC CONDITIONS

The table below highlights health behaviors and chronic conditions impacting adults 18 and older in Mecklenburg County by gender, race, education, and income.

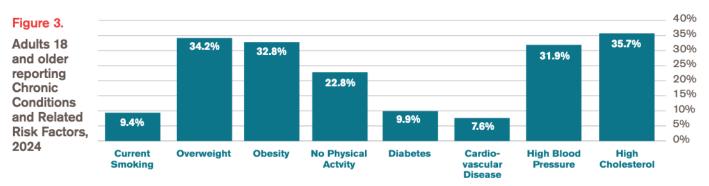


Table 7. Percentage of Adults 18 and older reporting Chronic Conditions and Related Risk Factors, 2024 (by gender, race, education and income)

	Current Smoking	Over- weight	Obesity	No Physical Activity	Diabetes	Cardio- vascular Disease	High Blood Pressure	High Cholesterol
Male	7.5%	38.5%	28.2%	17.6%	10.5%	6.6%	33.0%	34.4%
Female	10.7%	30.7%	36.9%	27.6%	9.1%	8.5%	30.3%	36.9%
White, NH	5.4%	37.1%	27.6%	17.7%	8.0%	8.2%	31.1%	40.8%
Black, NH	15.0%	26.5%	42.4%	29.5%	12.2%	7.2%	39.8%	36.2%
Other, NH	2.8%	44.0%	13.6%	10.2%	6.6%	6.4%	20.9%	18.6%
Hispanic	16.0%	35.1%	45.0%	35.7%	14.7%	6.9%	23.9%	28.1%

EDUCATIONAL ATTAINMENT

Low: (less than High School	21.0%	34.5%	35.5%	42.5%	15.6%	10.7%	35.3%	31.0%
Higher: High School and above	5.1%	34.1%	31.8%	15.6%	7.9%	6.4%	30.6%	37.4%

INCOME

Low: <\$50,000 annually	18.2%	28.8%	36.9%	40.5%	19.5%	8.7%	41.5%	39.2%
Higher: >\$50,000 annually	5.8%	37.0%	31.2%	13.3%	5.4%	5.9%	25.6%	31.0%
Total	9.4%	34.2%	32.8%	22.8%	9.9%	7.6%	31.9%	35.7%

^{*}NH = Non-Hispanic Source: Mecklenburg BRFSS, 2024



The choices young people make today can shape their health into adulthood. The table below highlights key behaviors among Mecklenburg County youth that impact overall well being.

Table 8. Percentage of Charlotte-Mecklenburg High-School Age Teens Reporting Conditions

	2019			2021			2023*		
Psychological Health	Meck	NC	US	Meck	NC	US	Meck	NC	US
Teens ever attempted suicide or tried to kill themselves	12.0%	10.0%	9.0%	9.0%	10.0%	10.2%	*	*	*
Teens who made a plan to commit suicide	17.0%	15.0%	16.0%	15.0%	18.0%	17.6%	*	*	*
Teens who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities	37.0%	36.0%	37.0%	43.0%	43.0%	42.3%	*	*	*
Substance Abuse	Meck	NC	US	Meck	NC	US	Meck	NC	US
Had at least one alcoholic drink one or more days in the past 30 days	23.0%	24.0%	29.0%	17.0%	19.0%	22.7%	*	*	*
Used marijuana one or more times in the past 30 days	24.0%	22.0%	22.0%	13.0%	16.0%	15.8%	*	*	*
Weight Management	Meck	NC	US	Meck	NC	US	Meck	NC	US
Physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days	34.0%	38.0%	44.0%	33.0%	34.0%	15.8%	*	*	*
Violence	Meck	NC	US	Meck	NC	US	Meck	NC	US
Teens reported carrying a weapon to school in the past month	12.0%	16.0%	13.0%	N/A	N/A	3.1%	*	*	*
Teens reported being physically hurt by their partner	7.0%	7.0%	8.0%	9.0%	13.0%	8.5%	*	*	*

^{*}Date not available. 2023 YRBS data release has been delayed. Source: Charlotte-Mecklenburg YRBS, 2019 - 2023

BIRTH AND BIRTH OUTCOMES

Birth outcomes are indicators of maternal and infant well-being, the effectiveness of prenatal care, and access to healthcare services. The following tables outline infant mortality rates, preterm birth rates, low birth weight prevalence, and other maternal health indicators.

Table 9. Mecklenburg County Birth and Birth Outcomes, 2023

Births and Birth Outcomes State County Comparison	North Carolina	Mecklenburg
Total Number of Births	120,065	15,103
Live Birth Rate per 1,000	11.1	13.0
Infant Mortality Rate per 1,000 live births*	6.5	5.2
Live Births by Race/Ethnicity: Mecklenburg County	% of Live Births, M	ecklenburg County
African American, NH	27.	2%
White, NH	36.	4%
Hispanic	26.	6%
Other Races, NH	9.9	9%
Births by Age of Mother: Mecklenburg County	Total Births	%
Mothers 40 years and over	608	4.0%
Mothers 30 - 39 years	8,071	53.4%
Mothers 20 - 29 years	5,812	38.5%
Teens 10 - 14 years	17	0.1%
Teens 15 - 17 years	186	1.2%
Teens 18 - 19 yrs	409	2.7%
Maternal Risk Factors: Mecklenburg County	Total Births	%
Births to Moms Pre-pregnancy BMI Underweight (<18.5)	391	2.6%
Births to Moms Pre-pregnancy BMI Normal weight (18.5 - 24.9)	6,638	44.0%
Births to Moms Pre-pregnancy BMI Overweight/Obese (>= 25)	4,126	27.3%
Births to Moms w/ Gestational Diabetes	1,353	9.0%
Births to Moms w/ Gestational Hypertension	1,315	8.7%
Births to Moms w/ 1st Trimester Prenatal Care	10,657	70.6%
Birth Outcomes: Mecklenburg County	Total Births	%
Premature Births (<37 weeks) *	1,460	9.7%
Low Weight Births (<2500g)	1,400	9.3%
Total C-Sections*	4,700	31.4%

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics

^{*}Using provisional 2023 death numbers

COMMUNICABLE DISEASES AND STIS

Communicable diseases and sexually transmitted infections represent significant challenges with far-reaching consequences. These conditions affect individual health and have profound social and economic implications. The following table describes the current landscape of communicable diseases and sexually transmitted infections in Mecklenburg County.

Examining and understanding the prevalence, patterns, and risk factors associated with communicable diseases and sexually transmitted infections can help curb transmission, promote health behaviors, and safeguard community well-being.

Table 10. Mecklenburg County Communicable Diseases and STIs

		2022			2023			2024*		
Communicable Diseases, Rate per 100,000	Meck	NC	US	Meck	NC	US	Meck	NC	US	
Pertussis	0.1	0.4	0.9	0.3	1.0	1.7	8.0	7.7	10.4	
Salmonella	17.7	22.7	16.8	20.1	21.1	13.9	23.4	27.2	18.1	
Shigella	3.9	3.2	4.4	5.9	4.1	4.2	6.4	4.4	6.1	
Tuberculosis	1.8	1.5	2.5	3.2	2.0	2.9	2.7	2.3	3.0	

Sexually Transmitted Infections, Rate per 100,000	Meck	NC	US	Meck	NC	US	Meck	NC	US
Chlamydia	869.5	604.5	495.0	890.1	616.0	492.2	*	*	*
Gonorrhea	401.8	251.2	194.4	397.9	246.6	179.5	*	*	*
Total Syphilis	109.4	61.0	62.2	98.5	60.2	62.5	*	*	*
HIV Infection	28.9	15.0	11.3	28.3	15.5		*	*	*

^{*} Data is not available.

Sources: NC EDSS, Mecklenburg County Data; CDC: Sexually Transmitted Infections Surveillance Report and Notifiable Diseases Report; NCDPH HIV STI Surveillance Report

MECKtrics

The MECKtrics Population Indicators help define and track advancements in health and quality of life in Mecklenburg County for all residents considering measures associated with the five identified priority areas outlined in the 2022 Community Health Assessment.

Each MECKtric includes an established baseline goal, status progress description, and a summary of annual data. The below chart highlights MECKtrics data, identifying key areas of progress and opportunities for improvement.

Table 11. MECKtrics Population Health Indicators

Current status is determined by examining historical data, existing trends, and future forecasts to indicate progress toward county goals (improvement) or away from targets (worsening trends), provided that the conditions remain constant.



Indicators	Goal	Status	Baseline	2019	2020	2021	2022	2023	2024
Uninsured Adults % Uninsured, Adults (19 -64yrs)	8%	Improving	16.2% (2018)	15.8%	15.1%	15.1%	13.2%	14.7%	n/a
Primary Care Access % Adults (18+) without a PCP	16%	Improving	28.0% (2018)	24.5%	21.9%	23.1%	25.6%	22.3%	12%*
Primary Care Cost % Adults (18+) unable to see doctor due to cost	14%	Improving	18.9% (2018)	14.6%	15.4%	11.8%	16.4%	15.1%	13.3%



Indicators	Goal	Status	Baseline	2019	2020	2021	2022	2023	2024
Adult Smoking % Adults (18+) current smokers	6%	Improving	13.9% (2018)	14.3%	11.6%	11.9%	10.4%	8.9%	9.4%
Adult Physical Activity % Adults (18+) with no physical activity within past 30 days	16%	No Change	22.1% (2018)	18.6%	21.8%	20.3%	17.8%	18.2%	22.8%
Food Security % Adults hungry and did not eat because there wasn't enough money for food	6%	No Change	11.0% (2023)	n/a	n/a	n/a	n/a	11.0%	11.0%

^{*} The Primary Care Access question was modified in 2024; therefore, the data gathered for that year is not comparable to reports from previous years.

Table 11. MECKtrics Population Health Indicators (continued)



Indicators	Goal	Status	Baseline	2019	2020	2021	2022	2023	2024
Suicides Suicide Rate per 100,000	8.6	Worsening	9.6 (2018)	8.6	9.7	11.7	9.6	11.0	n/a
Youth Suicide Attempts Rate of Youth ED visits due to suicide attempts per 100,000	185	Worsening	102.4 (2018)	115.4	111.4	139.6	213.5	205.6	199.1
Opioid Overdose (Deaths) Opioid Overdose Deaths per 100,000	13.1	Worsening	15.5 (2018)	13.6	15.6	17.4	24.1	25.8	n/a
Mental Health ED Visits (Depression) Rate of ED visits due to Depression per 100,000	751.2	Worsening	1451.7 (2018)	1194.3	885.6	784	853.9	834.7	894.1
Mental Health Days Not Good % Adults reporting mental health not good for 8 or more days per month	14%	Worsening	15.7% (2018)	14.8%	17.6%	15.8%	19.4%	20.1%	21.2%



Indicators	Goal	Status	Baseline	2019	2020	2021	2022	2023	2024
Homicides Homicide Rate per 100,000	6.0	Improving	7.0 (2018)	9.5	11.2	10.2	9.6	7.9	n/a
Firearm Injuries Rate of ED visits due to Firearms per 100,000	60	Worsening	48.1 (2018)	48.6	59.7	49.2	59.1	70.0	65.1



Indicators	Goal	Status	Baseline	2013-2015		2016-2018		2019- 2021	2022- 2024
Maternal Mortality Maternal Deaths occurring up to one year after delivery per 100,000 live births	15.7	Worsening	13.5 (2016-18)	16.2		3.2 13.5		43.1	n/a
				2019	2020	2021	2022	2023	2024
Breastfeeding Initiation % births with infants breastfed at discharge	90.0%	No Change	89% (2018)	89%	90%	89%	89%	89%	n/a
Infant Mortality Infant deaths per 1,000 Live births	4.0	No Change	5.1 (2018)	6.3	5.1	5.0	4.9	5.2	n/a

EMERGING TRENDS

While long-standing health challenges remain a priority, new and evolving issues are also shaping the health of our community. This section highlights emerging trends that may not yet show up in traditional health rankings but are increasingly impacting the county's well-being. By paying attention to early trends, we can stay ahead of the curve and respond proactively with policies, programs, and partnerships.

Community **Overview**



- Mecklenburg County's population has grown to 1,163,701 residents, making it the second-largest county in the state after Wake County (1,190,275 residents).
- The Hispanic population has increased to 16% (185,549 residents), up from 13% (146,710 residents) in 2020.
- Severe housing cost burden is a growing concern, with 1 in 4 renters (25%) spending 50% or more of their household income

Rising Overdose Death



- Overdose deaths among Black and Hispanic residents in Mecklenburg County have increased by 20% since 2019, compared to a 15% increase among White residents.
- Fentanyl contamination in cocaine and counterfeit pills is a major contributing factor to these disparities.

Resurgence of Vaccine-Preventable **Diseases**



- Immunization rates declined, increasing the risk of outbreaks of vaccine-preventable diseases such as measles and mumps.
- Reports for pertussis (whooping cough) and varicella are higher than those for the three years prior.
- A significant increase in measles cases occurred from 2023 to 2024. Measles was considered eliminated in the U.S.
- Most index cases originate from international travel, but the disease can spread rapidly among unvaccinated and immunocompromised individuals.
- The combination of declining vaccine uptake and increased global travel underscores the need for enhanced surveillance, heightened clinical awareness, and rapid response strategies to prevent outbreaks.



Live Well **Priorities Update**

Live Well Meck is a countywide strategy designed to align community health improvement efforts, key population health indicators, and related action plans within a unified framework grounded in collective impact. Through Live Well Meck, Mecklenburg County supports:

- Countywide coordination, infrastructure, and consistency
- Community-friendly branding
- Shared population health metrics
- Streamlined evaluation processes
- A connected network of partners

In 2024, the Live Well Advisory Committee was established to deepen collaboration between Mecklenburg County Public Health and key community partners. The committee plays an advisory role in shaping community health assessment efforts, setting improvement priorities, and advancing local health strategies.

The Advisory Committee includes over 20 representatives from organizations such as Mecklenburg County, Atrium Health, Novant Health, Leading on Opportunity, the YMCA, UNC Charlotte, Northeastern University, Cabarrus Rowan Community Health Center, and Camino Research Institute. A formal project charter guides the committee's structure, purpose, and responsibilities.

Building on this strong foundation, Live Well Meck is focused on five core health priorities:

- Access to Care
- Chronic Disease Prevention
- Mental Health
- Violence Prevention
- Maternal and Child Health

These priorities serve as the guiding pillars for action planning, resource alignment, and community-driven solutions to improve health outcomes across Mecklenburg County. The following section provides updates on priority specific strategies outline in the 2023 Community Health Improvement Plan.

Advisory Committee Members





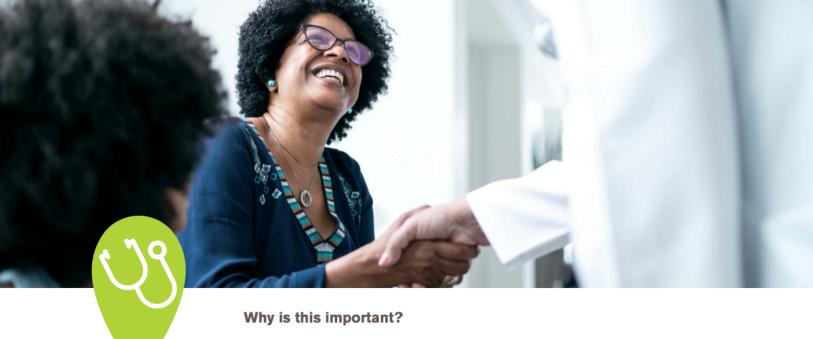












ACCESS TO CARE Timely, quality, and affordable healthcare is essential for both individual well-being and overall community health. While health insurance is one component of access, many residents still face barriers such as high out-ofpocket costs, transportation challenges, limited clinic hours, and language

differences. These factors can delay or prevent people from receiving the care they need, especially among historically underserved populations.

CHIP PROGRESS HIGHLIGHTS

Enhancing Community Capacity to Serve the Uninsured and Underinsured

Through Medicaid expansion efforts, 65,489 newly eligible Mecklenburg County residents enrolled in Medicaid as of December 2024. This milestone reflects progress toward reducing the number of uninsured residents and improving access to preventive and primary care services.

Strengthening and Sustaining Access to **Care Partnerships**

In FY24, Mecklenburg County awarded funding to 8 organizations, including federally qualified health centers and charitable clinics, to expand access to primary care services. Together, Mecklenburg County and its access to care partners also developed a core set of performance indicators rooted in evidence-based practices to ensure quality and accountability.

Advancing Alternative Pathways to Care

To meet people where they are, Mecklenburg County continued investing in innovative care delivery models:

- Expanded its mobile health unit fleet to three vehicles, increasing geographic reach
- Installed health kiosks to expand access to COVID tests and other harm reduction and prevention resources
- Convened the CHW System Alignment Collaborative (SAC) to strengthen coordination among organizations employing Community Health Workers
- Supported the growth of QC4, a network of CHWs focused on shared learning and community engagement
- Hosted the annual Movers and Shakers Conference, bringing together CHWs and partners to spotlight best practices and foster collaboration



CHRONIC DISEASE PREVENTION

Why is this important?

Chronic diseases like diabetes and hypertension can diminish the overall quality of life for those living with those diseases due to disability, complicated medication management and costly medical care. Many chronic diseases can be prevented through healthy choices like avoiding tobacco, eating a healthy diet, and getting regular physical activity

CHIP PROGRESS HIGHLIGHTS

Chronic Disease Prevention Plan

The Chronic Disease Prevention plan launched FY24. An update on year one of implementation will be offered at the end of FY2025.

Healthy Food Environments and Food Access

- Over 1.6 million servings of fruits and vegetables were provided to 7,345 lowincome food-insecure clients in Atrium, Novant, Department of Social Services, and WIC since May 2021. From 2023-2024, over 2,400 participants have added at least one serving of fruits and vegetables per day through this program. Future evaluations will assess its impact on healthcare use and patient satisfaction, helping shape similar programs in the region and statewide.
- The program expanded in FY 23 to include uninsured low-income clients in the Atrium women's clinic. The FY 24 program was implemented in collaboration with Reinvestment Partners and Novant Health, In this new, improved program, clients receive a pre-paid debit card for \$80 per month to use for fruit and vegetable purchases in a variety of food retail stores and online. Produce must still be WIC-approved fresh, frozen, or canned fruits and vegetables without added salt, sugar, or fat. Reinvestment Partners works nationally with over 62,000 participating retailers, including 6 retailers in North Carolina, namely Walmart, Food Lion, CVS, Dollar General, Family Dollar, and Walgreens.

Tobacco Prevention and Control

- A Mecklenburg County Multicultural Tobacco-Free Coalition launched. This community driven coalition unites diverse voices to address the impact of tobacco
- MCPH partnered with local organizations to build the ACTION (Adolescent Counseling & Treatment Intervention on Nicotine) Program at CMS-Olympic High School. ACTION provides students with behavioral and medical support to quit vaping.
- Promoted No Menthol Sunday, a faithbased awareness day about menthol tobacco harms in Black/ African American communities, to 33 Village HeartBEAT churches. 8,000 people were reached through digital ads, yard signs, and church fans.
- Launched an 8-month Tobacco Cessation Digital Campaign for LGBTO+ women. The campaign included 2,103,446 impressions and a 0.134% Click Through Rate (CTR) to the OutlineNC website, with 241 text messages initiated for OutlineNC services.
- Partnered on "Breathe Easy NC" 6-part webinar series engaging 333 professionals. Topics included capacity building for tobacco treatment & tobacco-free environments for agencies serving individuals with behavioral health conditions.





MENTAL HEALTH

Why is this important?

Mental health includes an individual's emotional, psychological, and social well-being. At every stage of life, from childhood through adulthood, mental health plays an important role in our overall health.

CHIP PROGRESS HIGHLIGHTS

Support implementation of the Mecklenburg County Behavioral Health Strategic Plan

Behavioral Health Plan: Mecklenburg County led the completion of a comprehensive Behavioral Health Plan. The County sought input from the community at large, including people with lived experience, their family members, service providers, and local advocates through interviews, community listening sessions, and presentations. The Board of County Commissioners received a presentation on the proposed draft on May 7 and offered the community another chance to provide feedback between May 8 – June 8, 2024.

Partner with community agencies to traumainformed capacity strengthening

- Resiliency in Communities After Stress and Trauma (ReCAST) is a Substance Abuse and Mental Health Services Administration (SAMSHA) grant-funded program through Mecklenburg County Public Health, running from December 2022 to December 2026.
- ReCAST supports community resilience by fostering evidence-based trauma-informed practices such as educational opportunities for the community, improving access to highquality mental health services, and supporting efforts to curb community violence.

In 2024 the ecosystem of ReCAST partners made the following progress CHIP progress



- 62 trainings were completed serving a total of 1,356 professionals and community members. This includes trainings such as Resilience and Thriving, Question, Persuade, Refer (QPR), Notebook Navigators, Familia Adelante, Mental Health First Aid, and many more.
- 90% of trainees reported that they improved their knowledge of traumainformed care and provided a rating (on average) between 4.65-4.75 on a 1-5 scale on the effectiveness of trainer teaching methods.
- Hosted the Reframing Resilience Summit, a 1-day gathering of 154 professionals including workshops and speakers on a variety of topics related to trauma and resilience.
- Created opportunities for training in culturallytailored evidence-based programs, including Familia Adelante, a substance use prevention program for Latino youth that 26 community members were trained to facilitate.

- Brought first-of-its-kind training and certification opportunities for evidence based clinical modalities, including Alternatives for Families Cognitive Behavioral Therapy (AF-CBT), to train behavioral health providers in specialized clinical approaches to support children and families with exposure to trauma. In FY 24, ReCAST II kicked-off a cohort of **38 clinicians** who will be trained over the course of the next year and who will provide services to youth meeting criteria for AF-CBT clinical treatment.
- Fostered collaborations across many organizations through partnerships like the Way Forward Advisory Group and the Carolina Violence Prevention Collaborative.



In October 2024, 24 brave individuals stepped on stage in front of a live audience to share their stories of struggle, recovery, and resilience through mental health, substance use, community violence, and trauma related challenges.



VIOLENCE PREVENTION

Why is this important?

Violence is a public health issue that significantly impacts individual well-being, community safety, and quality of life. Gun violence, youth violence, and interpersonal violence contribute to physical and emotional trauma, disrupt community trust, and create long-term health consequences. Preventing violence and promoting safety requires a multi-sector approach centered on equity, healing, and systems change.

CHIP PROGRESS HIGHLIGHTS

In alignment with the The Way Forward (TWF) strategic plan, the Office of Violence Prevention (OVP) and its partners advanced a comprehensive, community-centered violence prevention strategy in 2024.

Collaborative Governance and Planning

- The Way Forward Advisory Group (TWF-AG) included more than 46 members and 6 Community Ambassadors organized across 4 subcommittees. The group hosted five convenings in 2024 to guide implementation and evaluation of Mecklenburg County's five-year violence prevention plan.
- A network of over 400 partners continues to support this shared vision for community safety and healing.

Community Capacity Building

 Peacekeepers Academy (PA) trained 24 community-based organizations across two 2024 cohorts. These organizations participated in eight sessions focused on capacity-building, trauma resilience, and strategic planning. Each received up to \$15,000 in funding to support grassroots violence prevention efforts aligned with TWF.

Support for Youth and Families

- 100 Youth Advisory Council (100 YAC) brought youth voice to the forefront of countywide violence prevention strategies. In 2024, they conducted 46 workshops across 8 locations. engaged 514 youth, and partnered with 9 organizations. Youth participants developed 118 recommendations centered on reducing violence and improving community safety.
- Handle With Care (HWC), a traumainformed program launched in the CMPD Freedom Patrol Division, enables officers to notify schools when children are exposed to traumatic events. CMS, Pat's Place, CMPD, and ReCAST II partnered to support 108 youth in the 2023-24 school year. Schools provided immediate services and tracked student outcomes in attendance, grades, and behavior. The program will expand countywide in 2025.

Safer and Healthier Neighborhoods



- Violence Interruption Programs were expanded through partnerships with Atrium Health, Novant Health, YAP, the Urban League, and the City of Charlotte.
 - The Alternatives to Violence (ATV) program now operates at three sites across the county.
 - o Hospital-Based Violence Intervention Programs (HVIPs) are implemented in both major local health systems, Atrium and Novant, to connect survivors with wraparound services and support.

Gun Safety Awareness and Outreach

- In June 2024, the OVP led a Gun Violence Awareness Month campaign that engaged over 1,500 residents and distributed 1,140 gun locks.
- Geofencing digital ads were launched to expand the campaign's reach, connecting community members to gun safety resources via targeted mobile alerts.

Faith and Community Engagement

- Faith in Action mobilized faith-based communities to participate in prevention efforts. Activities included:
 - o 810 pledge cards encouraging safe gun practices
 - o 450 fans with prevention messaging at events
 - o 9 yard signs promoting awareness in neighborhoods

Community Messaging and Environment

- Clean Graffiti Campaign: In 2024, violence prevention messages were installed at 42 new locations across eight key zip codes, including 25 Spanish-language sites. In total, 118 locations featured clean graffiti messages across the county.
- "Not Another" Campaign: Developed with local firm 110 North, this multimedia campaign launched under the message "Violence Free Begins with Me."
 - o The campaign utilized digital billboards, gas station TVs, bus and light rail ads, geofencing, social media, and t-shirt distribution to promote safety and shift community norms around violence.

2024: NEW INITIATIVES

Live Well Steering Committee:

The committee connects systems partners representing local public health, health systems, federally qualified health centers, academic partners, and nonprofits united to engage in ongoing community health assessment, planning, and improvement activities.

Community Health Worker Expansion:

MCPH established a new partnership with the Faith and Health Latino Coalition through the *Promotores de Salud*Program. This collaboration brings on board 10 bilingual community health workers to expand engagement with Latino communities, promoting available services and resources, including referral pathways to free and low-cost clinics, assisting at community events, and offering health education.

Mamava Lactation Pods:

To support breastfeeding parents and promote equitable access to lactation-friendly spaces, MCPH entered agreements with local organizations to install two Mamava lactation pods in high-traffic public locations by Spring 2025. These private, secure, accessible pods provide a clean comfortable space for nursing or pumping, expanding access to essential maternal and child health resources for families across the county.

CONCLUSION

Together, through data, partnership, and shared action, Mecklenburg County is charting a path toward improved community health where everyone, no matter their zip code, has a fair chance at living a long, healthy life.

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