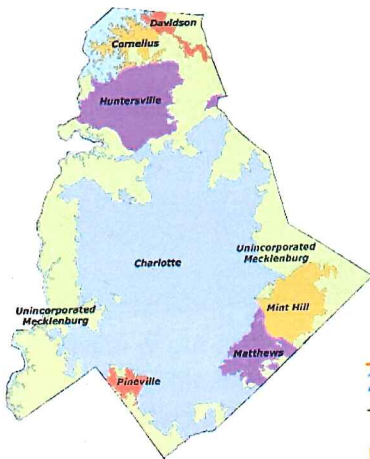


## OVERVIEW OF SELECTED HEALTH INDICATORS FOR MECKLENBURG COUNTY





## Mecklenburg County, NC Municipality Map



## Community Health Priorities

In Mecklenburg, the most recent Community Health Assessment (CHA) was conducted in 2017. The CHA process included a review of community health indicators, community opinion survey, a community priority setting activity and action planning on leading priorities.

The top four health issues, as decided by Mecklenburg residents, were:



Learn more about the 2017 Community Health Assessment  
[www.meckhealth.org/CHA](http://www.meckhealth.org/CHA)

# 2018 Mecklenburg State of the County Health Report

In North Carolina, the state requires each local health department to conduct a **Community Health Assessment (CHA)** every four years for accreditation and as part of its consolidated contract. During the years between health assessments, health departments submit an abbreviated **State of the County Health (SOTCH) report**. In Mecklenburg County, this report consists of an overview of selected health indicators presented in tables and charts.

Sections include information on demographics, maternal and child health and leading causes of morbidity and mortality. Throughout this report, local programs and initiatives will highlight progress in addressing the top four health issues as identified by Mecklenburg residents.

Data Source: US Census, American FactFinder

## 2017 Population

Total number of people living in Mecklenburg County:

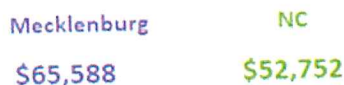
1,076,837

## Life Expectancy By Sex

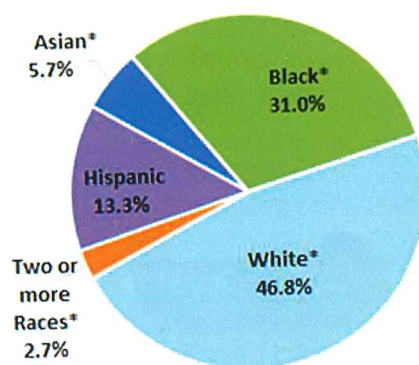


## Median Household Income

Median Household Income is higher in Mecklenburg than NC.



## 2017 Mecklenburg County Race/Ethnicity Distribution



\*Non-Hispanic

**Vulnerable Populations**, includes groups that have not been well integrated into health care systems due to cultural, economic, geographic or health characteristics. These populations may also be at higher risk during disasters. The following table includes examples of vulnerable populations in Mecklenburg.

## Age

People in Mecklenburg are younger than in NC.

Median Age in Years



## Poverty

The percent of people living in poverty is lower in Mecklenburg than in NC.

% Living in Poverty



## Unemployment Rates

Unemployment Rates are similar to those in NC.



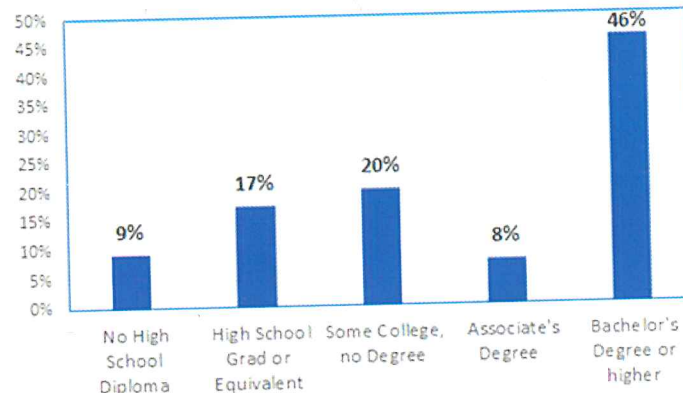
## Percent Uninsured

A slightly higher percent of uninsured live in Mecklenburg.



## Educational Attainment in Mecklenburg

(Among Persons 25 years and older)



Vulnerable Groups	Estimated Number	% of Population
Persons with Disabilities	82,820	7.7%
Limited English Proficiency	95,705	9.5%
Homeless	1,476	0.1%
Children less than 5 years	72,274	6.7%
Persons 65 years and older	117,823	10.9%
Persons 85 years and older	12,512	1.2%



# Social Determinants of Health

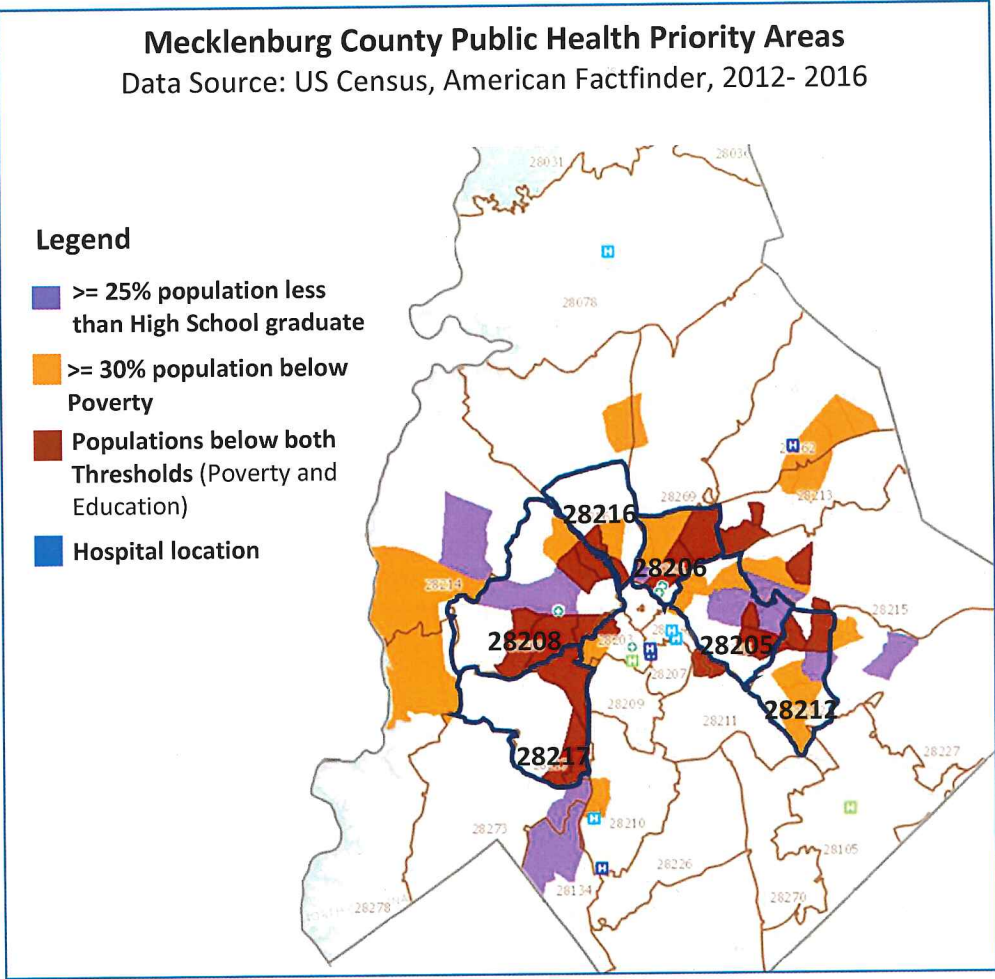
While our health is largely influenced by the choices we make for ourselves, our ability to make healthy choices is greatly dependent on the conditions or communities where we live, learn, work and play.

## Education, Income & Health

People with less education and income tend to live in neighborhoods which lack access to nutritious foods and safe places to exercise. In addition to facing increased advertisements of tobacco, alcohol and high-calorie foods, residents of low-income neighborhoods may also be exposed to risk factors that increase their chances for chronic diseases later in life.

In Mecklenburg, six zip codes (28205, 28206, 28208, 28212, 28216, 28217) form a crescent-shaped area of poverty and low educational attainment around the center city of Charlotte.

This area, designated a Public Health Priority Area (PHPA), is linked with higher rates of chronic diseases, infectious diseases and deaths related to these conditions.



## Disparities in Selected Risk Factors for Chronic Diseases by Education and Income

Source: 2018 Local Behavior Risk Factor Surveillance System, Mecklenburg County

2018 Chronic Conditions in Mecklenburg County by INCOME			2018 Chronic Conditions in Mecklenburg County by EDUCATION		
Health Condition	Persons Making Less than \$50,000 a year	Persons Making \$50,000 or more a year	Health Condition	High School Diploma or Less	Persons with College Education
Obese (BMI of 30.0 or greater)	39.7%	24.9%	Obese (BMI of 30.0 or greater)	35.7%	30.5%
Current Smoking	17.8%	8.5%	Current Smoking	23.2%	10.2%
No Physical Activity	25.8%	10.8%	No Physical Activity	31.5%	15.4%



Mental health is fundamental to overall health and problems with mental health are common through the lifespan. It is estimated that half of all Americans will be diagnosed with a mental health condition at some point. Certain illnesses like depression can also put individuals at risk for other health problems like stroke and heart disease while social determinants of health like education and poverty also impact mental health.

### Baseline Measurements

**ADULTS:** 13% of Adults in Mecklenburg County report their mental health was "not good" or worse in the past two weeks.

**YOUTH:** 32% of high school students report feeling so sad or hopeless almost every day for the past two weeks that they stopped doing usual activities (YRBS, 2015)

	Trend in	

### ACTION PLAN PROGRESS SNAPSHOTS:

- ## Action Plans

**Objective:** Improve the mental health status of adults and children in Mecklenburg County

- ✓ Strategy 1: Create a Trauma-Informed Learning Community
- ✓ Strategy 2: Increase access to and development of Psychiatric Advance Directives



3















## Priority 2: Access to Care

Access to timely, quality and affordable healthcare is a critical part of individual health status and community health. Health insurance coverage is a component of access to care, but many find healthcare services still hard to access due to out of pocket costs or other barriers like transportation, language or hours of operation.

**Local Community Objective:** All individuals and families will receive appropriate health care regardless of ability to pay.

### Baseline Measurements

**ADULTS:** 20% of adults in Mecklenburg County report not being able to see a doctor due to cost (BRFSS, 2017)

Relevant Data Selected Health Indicator <i>(data source)</i>	MECK	NC	Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios	
				African American/Black	Whites
2018, Adults without a primary care provider <i>(BRFSS)</i>	28%	21%		 1.3 to 1	
2018, Adults unable to see a doctor due to cost <i>(BRFSS)</i>	19%	13%		 1.6 to 1	
2018, Adults unable to see a dentist due to cost <i>(BRFSS)</i>	26%	N/A		 1.8 to 1	
2018, Uninsured Population (18 - 64 yrs) <i>(US Census)</i>	16%	16%		 1.9 to 1	

### ACTION PLAN PROGRESS SNAPSHOTS:

- Get Covered Mecklenburg hosted more than 10 community enrollment events. Several events targeted populations that remain disproportionately uninsured and included refugee enrollment events with Project 658 and Refugee Support Services. These events combined with regular one-on-one assistance at 20 host sites provided consumers with many opportunities for in-person assistance with the enrollment process.
- During the sixth Healthcare.gov open enrollment period, over 500,000 North Carolinians selected plans and an estimated 90% of those are receiving financial assistance. County level enrollment data has not yet been released.
- The One Charlotte Health Alliance launched a listening tour in February in advance of the deployment of the mobile medicine units. The purpose was to engage the community members in the areas that the mobile unit will serve to develop programming and services to meet community needs.

### Action Plans

#### Access to Care

**Objective:** Ensure all individuals & families can access appropriate health care regardless of ability to pay

- ✓ **Strategy 1:** Increase the number of appropriate health care access points in priority areas
- ✓ **Strategy 2:** Provide navigation services to connect people to health resources



The Access to Care action plan is led by MedLink of Mecklenburg


















## Priority 3: Chronic Disease

Chronic diseases like diabetes and hypertension can diminish 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. Communities can support individuals by making the healthy choice the easy choice.

**Local Community Objective:** Reduce the percentage of adults with diagnosed hypertension.

### Baseline Measurements

**ADULTS:** 30% of adults in Mecklenburg County report having high blood pressure (BRFSS, 2018)

Relevant Data Selected Health Indicator <i>(data source)</i>	MECK	NC	Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios	
				African American/Black	Whites
2018, Adults reporting current smoking (BRFSS)	14%	17%		 1.4 to 1	
2018, Adults reporting obesity (BRFSS)	32%	32%		 1.5 to 1	
2018, Adults reporting no physical activity (BRFSS)	20%	26%		 1.6 to 1	
2018, Adults reported with High Blood Pressure (BRFSS)	28%	35%		 1.3 to 1	
2018, Adults reported with High Blood Cholesterol (BRFSS)	29%	34%		 1.0 to 1	

### ACTION PLAN PROGRESS SNAPSHOTS:

- Each of the 7 Village HeartBEAT resource hubs have agreed to implement the American Heart Association's evidence-based Check. Change. Control. program. The program is designed to encourage people to have their blood pressure checked, understand their numbers, and learn how to prevent and manage hypertension.
- Each of the participating resource hubs have signed contracts agreeing to (1) conduct a congregational needs assessment, (2) host at least one blood pressure screening event per month and (3) facilitate health education sessions on blood pressure and heart disease.
- The mobile food pharmacy units have been ordered and are awaiting delivery. Planning is underway to collaborate with Second Harvest Food Bank and Loaves and Fishes to supply the units with food items with specific considerations given to the special dietary needs. The screening and referral process has been piloted at one local clinic and will be piloted at a second clinic in April.

### Chronic Disease Prevention

**Objective:** Reduce the percentage of adults with diagnosed hypertension

- Action Plans**
- ✓ Strategy 1: Increase the number of Village HeartBEAT hub churches participating in Check. Change. Control. program
  - ✓ Strategy 2: Identify and refer food insecure individuals to mobile food pharmacies



The Chronic Disease Action Plan is led by Mecklenburg County Public Health and One Charlotte Health Alliance













## Priority 4: Violence

Violence takes many forms in our communities including intimate partner violence, child abuse, sexual violence and bullying. Violent acts are not just physical in nature but can be emotional and even social media is used as a platform for bullying and threats. Exposure to violence can negatively impact individuals in a variety of ways.

**Local Community Objective:** Reduce the incidence of violent crime in the Lakewood community

### Baseline Measurements

**ADULTS:** Violent crime rate in the selected Lakewood community (5 combined NPAs) is 21.1 crimes per 1,000 residents, as compared with 5 per 1,000 for the county over all (SOURCE: Charlotte Mecklenburg Quality of Life Explorer, CMPD data, 2016)

Relevant Data Selected Health Indicator (data source)	MECK	NC	Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios	
				African American/Black	Whites
2013 - 2017, Age-Adjusted Homicide Rate deaths per 100,000 population (NC SCHS)	6.6	6.4		 8.0 to 1	
FY 2017, Proportion of all criminal incident calls related to domestic violence (Meck CSS)	10%				
2018, Teens reported carrying a weapon to school in the past month (YRBS)	14%	18%		 2.0 to 1	
2018, Teens reporting being physically hurt by their partner, (YRBS)	10%	8%		 2.0 to 1	

### ACTION PLAN PROGRESS SNAPSHOTS:

- The Lakewood Neighborhood Alliance hosted a community panel discussion to highlight the work and initiatives taking place in the neighborhood. The event drew over 80 residents and featured the president and community liaison for the Lakewood Neighborhood Alliance, community stakeholder and a representative from the Leading on Opportunity Taskforce.
- A community survey was developed by the Lakewood Neighborhood Alliance and distributed to residents at the end of 2018. Survey response rate was lower than anticipated and the Alliance president is working with the Mecklenburg County Violence Prevention Task Force to craft a plan for a new survey methodology.
- The co-chairs of the Mecklenburg County Violence Prevention Task Force remain engaged in the Lakewood Neighborhood Alliance stakeholder meetings serving in a support role. As the community identifies appropriate programs and interventions, the Mecklenburg County Violence Prevention Task Force will offer resources and support to enhance the community work.

### Violence Prevention

**Objective:** Reduce the incidence of violent crime in the Lakewood Community

- ✓ **Strategy 1:** Administer survey to learn about community safety priorities
- ✓ **Strategy 2:** Offer Stop the Bleed trainings and domestic violence resources at community safety events



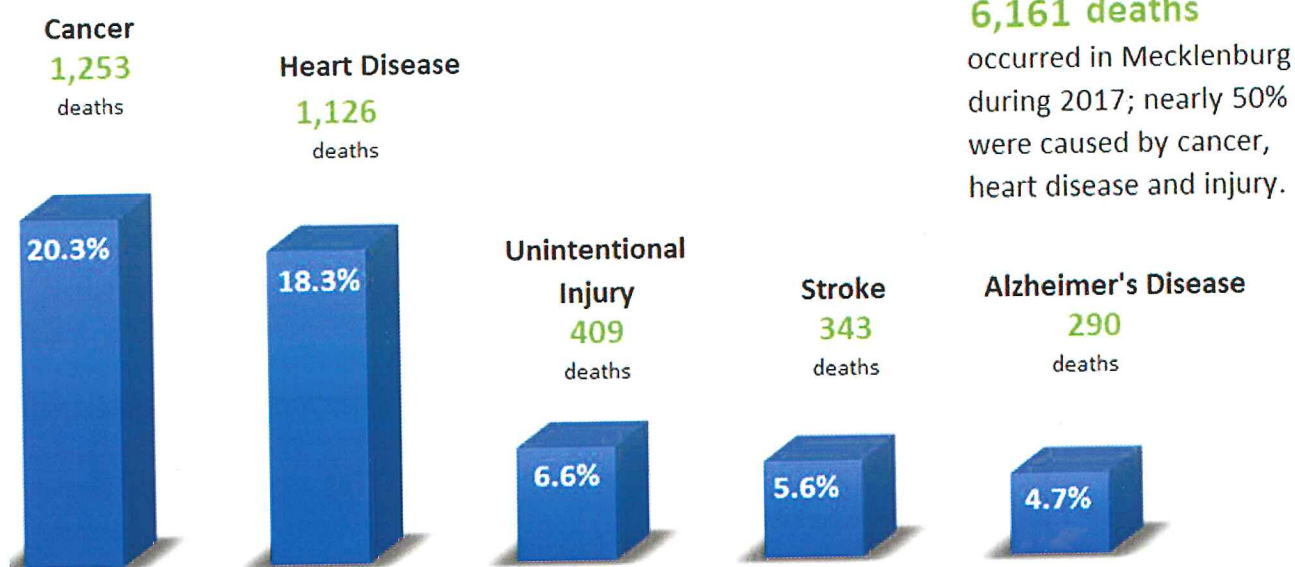
The Violence Action Plan is led by the Mecklenburg County Violence Prevention Task Force



# 2017 Leading Causes of Death

## % of Total Deaths Attributed to Each Health Indicator

Source: NC DHHS, State Center for Health Statistics



### Leading Causes of Death: MECK, NC (2017) and the United States (2015')

10 Leading Causes of Death	Ranking by Geographic Area		
	MECK	NC	US
Cancer	1	1	2
Heart Disease	2	2	1
Unintentional Injury	3	3	3
Stroke	4	5	5
Alzheimer's Disease	5	6	5
COPD	6	4	4
Diabetes	7	7	7
Kidney Disease	8	9	9
Suicide	9	10	10
Influenza & Pneumonia	10	8	8

### 2017 Leading Causes of Death by Age Group Mecklenburg County

Infants (<1 yr)		Ages 25 - 44 yrs	
1	Cond Orig Perinatal Period*	1	Unintentional Injury
2	Birth Defects	2	Suicide
3	Undetermined (SUID)**	3	Homicide
Ages 1-14 yrs		Ages 45 - 64 yrs	
1	Unintentional Injury	1	Cancer
2	Birth Defects	2	Heart Disease
3	Homicide	3	Unintentional Injury
Ages 15 - 24 yrs		Ages 65 yrs or older	
1	Unintentional Injury	1	Cancer
2	Homicide	2	Heart Disease
3	Suicide	3	Alzheimer's Disease

\* Conditions originating in the perinatal period

\*\* SUID = Sudden Unexpected Infant Death, the sudden & unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation.

### 2017 Leading Causes of Death by Gender Mecklenburg County

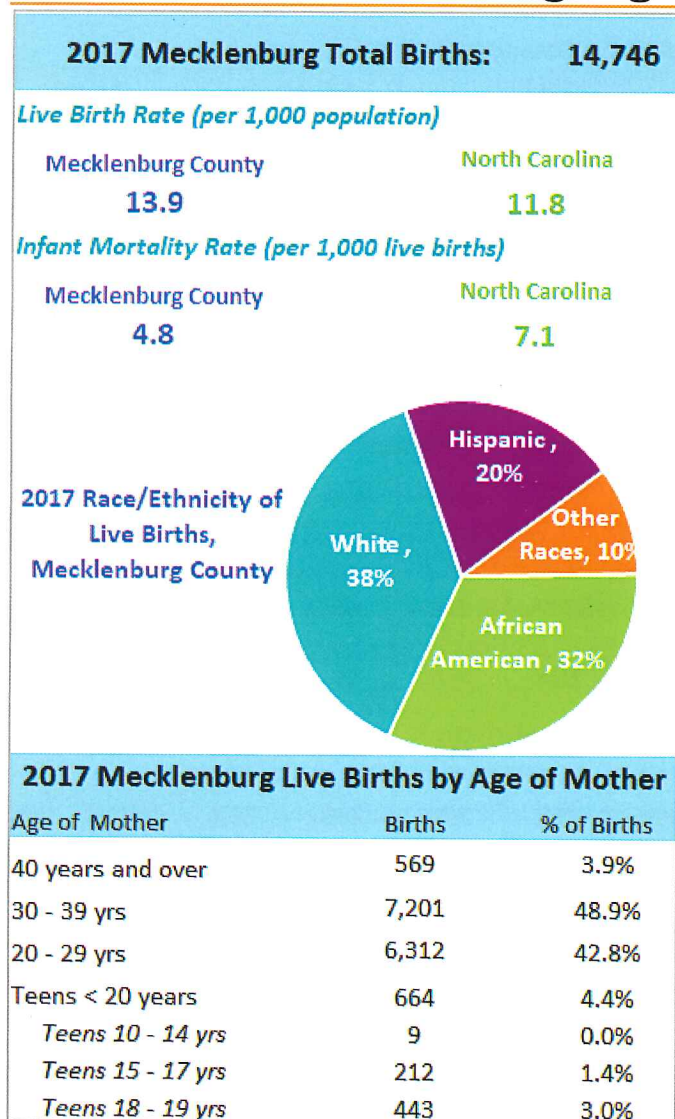
Males	Females
1. Cancer	1. Cancer
2. Heart Disease	2. Heart Disease
3. Unintentional Injury	3. Alzheimer's Disease
4. Stroke	4. Stroke
5. COPD	5. COPD

### 2017 Leading Causes of Death by Race Mecklenburg County

Whites	Minority Populations
1. Cancer	1. Cancer
2. Heart Disease	2. Heart Disease
3. Unintentional Injury	3. Unintentional Injury
4. Stroke	4. Stroke
5. Alzheimer's Disease	5. Kidney Disease



## Birth Outcomes and Highlights



### Maternal Risk Factors

#### Births by Maternal Pre-pregnancy BMI (kg/m<sup>2</sup>)

	Births	% of Births
• Underweight (<18.5)	500	3.4%
• Normal Weight (18.5 – 24.9)	6,951	47.1%
• Overweight/Obese (>=25)	6,762	45.9%

#### Births to Mothers with Chronic Conditions during Pregnancy

	Births	% of Births
• Gestational Diabetes	1,120	7.6%
• Gestational Hypertension	1,172	7.9%

#### Prenatal Care

	Births	% of Births
• First Trimester Prenatal Care	9,419	64.1%

### Birth Outcomes

	Births	% of Births
• Premature (<37 weeks)	1,842	12.5%
• Low Birth Weight (<=2500g)	1,426	9.7%
• Total C-section	4,419	30.0%

## Communicable Diseases and Sexually Transmitted Infections

**2015- 2017 Communicable Disease and Sexually Transmitted Infection, Annual Case Rates: US, NC and Mecklenburg**  
Case rate per 100,000 population

	Meck	2015 NC	USA	Meck	2016 NC	USA	Meck	2017 NC	USA
<b>COMMUNICABLE DISEASES</b>									
Pertussis	2.4	4.4	5.7	1.2	3.0	5.6	1.9	4.2	5.8
Salmonella	19.4	27.9	15.9	18.9	24.1	16.7	18.4	23.8	16.7
Shigella	7.0	5.3	5.5	12.6	6.5	6.5	7.7	2.9	4.6
Tuberculosis	2.4	2.0	3.0	3.0	2.2	2.9	3.2	2.1	2.8
<b>SEXUALLY TRANSMITTED INFECTIONS</b>									
Chlamydia	763.0	541.6	475.0	754.6	571.8	494.7	819.8	612.2	528.8
Gonorrhea	248.9	169.8	123.0	263.0	194.2	145.0	295.6	220.9	171.9
Primary/Secondary Syphilis	24.6	11.3	7.4	26.8	10.2	8.6	23.3	10.6	9.5
HIV Infection*	33.3	15.9	12.4	30.4	16.3	12.2	30.3	15.2	11.8
AIDS	16.9	8.7	5.9	14.1	7.0	5.7	10.6	6.9	5.4

\* HIV infection includes all newly diagnosed HIV infected individuals by the date of first diagnosis regardless of status (HIV or AIDS)

Communicable Disease Data Source: NC Data Dashboard: <https://public.tableau.com/profile/nc.cdb#!/vizhome/NC3DNorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>  
STI & HIV/AIDS Data Source: NC DHHS HIV/AIDS Surveillance Reports and CDC National HIV/AIDS and STI Surveillance Reports



# Health Behaviors

## 2018 Behavioral Risk Factor Surveillance System: US, NC and Mecklenburg County

2018 Behavioral Risk Factor Surveillance System: US, NC and Mecklenburg County											
		Gender		Race/Ethnicity				Education		Income	
	TOTAL	MALE	FEMALE	WHITE	BLACK	OTHER	HISPANIC	HS Diploma or Less	College	<\$50K	\$50K+
BEHAVIORAL HEALTH RISKS											
% of Adults Smoking (Current Smokers)	14%	16%	12%	13%	19%	9%	9%	23%	10%	18%	8%
% of Adults Overweight <sup>1</sup>	33%	40%	25%	31%	32%	36%	37%	26%	35%	32%	36%
% of Adults with Obesity <sup>2</sup>	32%	26%	37%	26%	40%	21%	45%	36%	31%	40%	25%
% of Adults with No Physical Activity	20%	15%	24%	15%	24%	24%	29%	32%	15%	26%	11%
CHRONIC CONDITIONS											
% of Adults with Diabetes	8%	7%	9%	6%	13%	7%	7%	6%	9%	11%	6%
% of Adults with Cardiovascular Disease <sup>3</sup>	7%	8%	6%	8%	7%	N/A	N/A	9%	6%	9%	4%
% of Adults with High Blood Pressure	28%	29%	27%	26%	34%	18%	26%	30%	27%	27%	27%
% of Adults with High Cholesterol	29%	31%	27%	30%	30%	22%	26%	28%	29%	27%	32%

1. Overweight is defined as having a body mass index of is 25.0 to <30
2. Obesity is defined as having a body mass index of 30.0 or greater
3. Cardiovascular Disease is defined as reporting history of heart attack or coronary heart disease or stroke

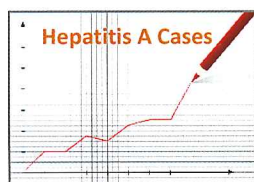
## 2013 – 2017 High School Youth Risk Behavior Survey: US, NC and Charlotte-Mecklenburg

	2013			2015			2017		
	CMS	NC	US	CMS	NC	US	CMS	NC	US
<b>PSYCHOLOGICAL HEALTH</b>									
Ever attempted suicide in the past year	8%	N/A	8%	N/A	N/A	9%	10%	8%	7%
Ever made a plan to commit suicide	14%	13%	14%	15%	14%	15%	14%	14%	14%
<b>SUBSTANCE ABUSE</b>									
Used marijuana 1 or more times in the past 30 days	29%	23%	23%	24%	22%	22%	21%	19%	20%
Had at least one alcoholic drink 1 or more days in the past 30 days	34%	32%	35%	32%	29%	33%	25%	27%	30%
<b>WEIGHT MANAGEMENT AND NUTRITION</b>									
Are obese (at or above the 95th percentile for body mass index, by age and sex)	12%	13%	14%	13%	16%	14%	12%	15%	15%
<b>PHYSICAL ACTIVITY</b>									
Physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days	45%	47%	47%	39%	43%	49%	37%	42%	47%
<b>VIOLENCE</b>									
Been physically hurt by their partner in the past year	9%	9%	10%	9%	8%	10%	10%	8%	8%
Have carried a weapon such as a gun or knife in the past 30 days	13%	21%	18%	13%	19%	16%	14%	18%	16%



## New Initiatives & Emerging Trends

While our Community Health Assessment offers a comprehensive picture of health in Mecklenburg County, it cannot capture the work or emergent issues that take place between assessments. Public health, in collaboration with our many community partners, works diligently to take advantage of opportunities to improve health as well as strategize on how to proactively address pressing concerns that may arise.



Mecklenburg County, like many other areas across the country, is experiencing an outbreak of **Hepatitis A**. An increase in reported cases began in April

2018 and continued through the rest of the year. Of note, 85% of these individuals were hospitalized at the time of diagnosis. None of these individuals reported having previously received a hepatitis A vaccine. Mecklenburg County Public Health, in partnership with other community agencies, is reaching out to priority populations to offer vaccine free of charge. These priority populations include men who have sexual encounters with other men, persons who use drugs (both injection and non-injection), persons experiencing homelessness and persons who have close contact, care for, or live with someone who has hepatitis A. A total of 12 community clinics were offered in 2018 with more planned in 2019.



Mecklenburg County Public Health is implementing **Getting to Zero Mecklenburg**, an HIV reduction plan that aims for a continuous reduction in new cases of HIV in Mecklenburg County. Currently there are nearly 7,000 people living

with HIV in Mecklenburg County with almost 300 people who were newly diagnosed in 2017. This plan was developed by the community and will be driven by Mecklenburg County Public Health and its partners. It includes three best practices for addressing HIV: (1) Education and Testing, (2) PreExposure Prophylaxis and (3) Treatment as Prevention. Year one of the plan includes a needs assessment, media campaign, hiring a plan manager, continuation of the PrEP pilot program and the addition of a health investigator position.



**ReCAST** (Resilience in Communities after Stress and Trauma) is a program funded by Substance Abuse and Mental Health Services Administration (SAMHSA) that will coordinate efforts to prevent community

trauma and equip providers and residents to better respond to disturbing events. Mecklenburg ReCAST will engage the community in developing a focused approach to the goals of building a resilient and connected community. The purpose is to create a system that will (1) create positive change through community and youth engagement and leadership development; (2) build a community-wide understanding of trauma and its effects; (3) create a more equitable access to a trauma-informed behavioral health resources; (4) strengthen integration of behavioral health services and other community systems; and (5) ensure programs are culturally specific and developmentally appropriate.



**Vision Zero** is a collaborative, data-driven initiative to eliminate traffic related deaths and severe injuries. Of all traffic-related deaths in Charlotte, pedestrians and cyclists are disproportionately impacted with pedestrian fatalities increasing for 3 consecutive years. Some of the many partners included in creating this a Vision Zero action plan include Mecklenburg County Public Health, Charlotte Mecklenburg Schools, Atrium Health and the Charlotte Area Transit System. The partners have a collaborative vision that “as a community, it is our responsibility to eliminate traffic deaths and serious injuries for all who share Charlotte streets by 2030.”



# Mecklenburg County Community Health Assessment (CHA)

A profile of health indicators and prevention priorities for our community

## What is the CHA?

While the SOTCH is conducted on an annual basis, the Community Health Assessment (CHA) is conducted every four years and provides a detailed picture of the overall health of our community. The most recent CHA took place in 2017. This 2018 SOTCH report provides an update of the information provided in that assessment.

## What type of data is included in the CHA?

The CHA includes health indicator data such as:

- Access to care,
- Communicable diseases,
- Health behaviors,
- Maternal and child health,
- Mental Health,
- Leading causes of death,
- Substance abuse,

and a wide range of other health topics. The CHA also includes a community opinion survey, a community priority setting activity and action plan development.

## Why do we conduct a CHA?

The CHA is a valuable resource that is used by the Health Department and other partners for strategic planning and to develop or support collaborative community action addressing identified priority issues. The CHA also meets requirements for state accreditation and funding.

## How were the Four Priority Areas chosen?

Gathering community input on the priorities is a key part of the CHA process. Input was gathered in three ways: (1) a community health opinion survey; (2) a series of presentations to established community groups; and (3) a half-day community priority setting event. Combined, these methods reached just over 2,200 community members.



## DID YOU KNOW ?

- ✓ The top 3 leading causes of death in 2017 were Cancer, Heart Disease and Unintentional Injury accounting for nearly 50% of all deaths in the county.
- ✓ While fewer teens are reporting smoking, just over 40% of high school students in Mecklenburg reported using an electronic vapor product, like e-cigs in 2017.
- ✓ In 2017, 13% of adults said their mental health had not been good for 8 or more days in the past month.
- ✓ In 2017, just over 1 in 10 (14%) high school students in Mecklenburg reported being a victim of cyber or electronic bullying (such as through emails, chat rooms, instant messaging, social media or text message).
- ✓ The 2017 Community Health Assessment was completed in 2018 and features a new user-friendly layout with an emphasis on infographics.

For more information about the Community Health Assessment (CHA), the 2018 SOTCH, or to learn how to get involved in the action plans contact:

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