CityMatCH
CityLights

Promoting communication and collaboration to improve the health of urban women, children and families

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As I take on this new role as CityMatCH Executive Director, I am excited to assume leadership at a time when this organization is strong. We have stable funding, capable and creative staff, and an organizational culture that rests upon offering cutting-edge and exciting capacity-building opportunities for our membership.

Organizationally, we are committed to our mission of improving the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities. I believe strongly in our mission and the culture we foster to achieve it.

I believe the most important contribution a leader can make is to create and nurture the culture of an organization. Another essential element of CityMatCH culture is the belief that decisions should be informed by reliable data – data that are urban-focused and relevant to local issues. This edition of *City*Lights mirrors that belief as we present urban data on disparities in adolescent health.

We hope you can use these data to make a difference in your community. And as I move forward in my new position, I look forward to hearing from you – our readers and our members – on how you used these data and what other topics you would like us to address.

-- Patrick Simpson, MPH
Executive Director

Disparities in Urban Adolescent Health: *What Do the Data Tell Us?*

Many of our members may be familiar with Dr. Camara Jones' provocative allegory to illustrate the levels of racism – institutionalized, personally mediated, and internalized –previously published in *City*Lights *("Interchange 2002: Best Practices for Systems Change,"* Vol. 11, No. 2, Conference 2002).

Upon reading this allegory (summarized in boxed text on page three) one is struck by the image of the two flowerbeds – pink blooms in one box neglected and scraggly, red blooms in another, strong and *so* beautiful. The gardener stands nearby, scratching her head in confusion – forgetting her original choice to plant the red flowers in better soil, as well as all the times she fertilized only the red flowers' soil – falsely believing red plants are simply better and more dependable plants than pink. Of course, we know better: the soil matters; the fertilizer matters.

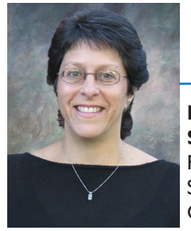
If we translate this "plant and soil" metaphor to people and neighborhoods, there is a growing understanding that "place" matters. The overall experience of peoples' lives is affected, for good or bad, by the environment in which we live, work and spends our days. We understand that many can be held back by the negative interplay of decaying urban environments combined with a lack of positive and healthy opportunities. We then wonder – how can we undo damage that has been done over many generations and many years? How can local public health assist with the creation of a different kind of environment – one that provides opportunities for all to thrive and bloom?

As an organization, CityMatCH has been at the forefront, modeling and promoting strategies to undo institutional racism. Recently, the organization began to look more closely at adolescent health, particularly at the gaps – the disparities in adolescent health, safety, and well-being. As a first step, the production and dissemination of a topic-specific *City*Lights *(Volume 15: No. 4, Spring 2007)* sought to build member awareness around overarching urban adolescent health concerns.

In this issue, CityMatCH features applicable current research on adolescent health disparities. Readers will see and read about basic data on mortality, including some risk behaviors that may contribute to mortality. The report provides a review of selected county and city-level data on adolescent health disparities and an introduction to a new, six-level Urban-Rural Classification Scheme for counties, developed by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS).

Inside This Issue...

*City*View



Magda G. Peck, ScD,
Founder and Senior Advisor to CityMatCH

With Open Hands . . .

It's tricky, letting go of what you have created. Women and men of a certain age understand well what it is all about.

CityMatCH was conceived in tandem with my son, Sam, a second year chemistry major this Fall at the University of Iowa. David, now a high school senior who loves singing and politics more, loomed largely in my belly at the our first conference.

CityMatCH, too, has come of age.

In 1988, as the new Associate Director for Parent and Child Health Services at the Boston Department of Health and Hospitals, I posed a question: *"How are other cities' maternal and child health programs and services organized to tackle the toughest MCH issues?"*

The Federal Maternal and Child Bureau and the Association of State and Territorial MCH Directors (now known as AMCHP) didn't know *urban* MCH; the half-century legacy of Title V had been a federal-state conversation. The question remained unanswered.

I called it the "CityMatCH Project," figuring that funding follows the clever acronym. A $10,000 grant was enough to field a survey of health directors in local health departments serving the 75 largest U.S. cities.

"What are the infrastructure, organization, programs, financing, greatest challenges, and best practices in maternal and child health in your local health department?" asked the single-spaced 25-page questionnaire. *"Who is the person in your agency most responsible for MCH populations and outcomes?"*

Three months later, 74 completed surveys lay in piles on my desk. The first national urban MCH query revealed a clear cohort of seasoned local leaders, and diverse organizational responses to a common set of urban challenges.

There was a palpable, heretofore unrecognized demand from city urban MCH directors to know each other and connect with the larger MCH community. I hosted small meetings of urban MCH leaders from across the country, first as a project advisory group, then as the first CityMatCH conference in 1990. Over 50 major health departments sent their designated "CityMatCH representatives" to what would become an annual family reunion of a national public health organization. Distant relatives discovering in each other common stories, became a membership network, one urban health department at a time.

Since then, we have asked and answered harder questions and used the data to improve local policies and programs.

CityMatCH became a canvas for innovation. Creating the Data Use Institute (now Data to Action – DaTA – Institute), PPOR, Urban Learning Clusters and Urban Practice Collaboratives, Conference Navigation and Oprah-like talk show formats, MAPS, the Human Likert and Readiness Tenting – yielded new tools and practices to make a greater difference in the health and wellbeing of women and children, families and communities.

Ready to pursue social justice and systems change in new ways, I announced to the Board after twelve great years that it was time to start succession planning. I knew then what I know now: ours is a vibrant, robust organization with many chapters yet to be written.

It was the best kind of leadership transition: proactive, without crisis. The organization was stable, supported by an extraordinary CityMatCH team that was (and still is) one of the best public health staffs around.

I didn't want us to get caught in "founder's syndrome" in which an organization's future can be stimulated and stymied by the originating leader's vision. A revised search this year for an organizational leader to take the helm as Executive Director found the right person in our own backyard: Patrick Simpson.

"Success" is at the root of succession. I have full confidence that those who helped shape and share the CityMatCH vision will make it even better.

I am so proud of this enterprise called CityMatCH. I am appreciative of an ongoing opportunity to transform the landscape of MCH in this country to include local urban systems and services. And I am grateful to so many folks who heeded a decade of invitations to create a culture of innovation, learning, and collaboration, and to build new ways to foster sustainable systems change.

Being part-time "Senior Advisor" invites me to contribute ideas and energy, to be a supporting actor in a world-class production.

My father once held my confused, tear-stained face in his hands, in that in-between summer after high school. His expression was an odd mix of joy and sadness, brow furrowed tight, but lips smiling, eyes moist behind those horn-rimmed glasses.

"I'm trying to love you with an open hand," he explained quietly. Then he lowered his hands and set them loosely in my lap, fingers outstretched, cupped palms up, as if ready to release the most precious object. *"If I hold on too tight, I may crush your wings."*

With open hands, I remain.

All the best, Magda

Editor's Note: *For the complete story on the new Executive Director, please turn to page 15.*

SELECTED ADOLESCENT HEALTH DISPARITIES DATA

In this report, we highlight selected outcomes related to the 21 Critical Health Objectives for Adolescents and Young Adults addressing mortality, violence, and unintentional injury. (see Background Information on page four). We present county-level data from Vital Records' Compressed Mortality Files (CMF) in Table 1. For reference, a table of county characteristics including urbanization, population, and adolescent racial breakdown is presented in Table 2. Mortality data aggregated by the new 2006 NCHS Urban-Rural Classification Scheme for Counties is presented in Table 3 to facilitate general comparisons. Local-level data from the Youth Risk Behavior Surveillance System (YRBS) are found in Table 4.

Before you begin to review the extensive data tables and figures ahead, there are a few things you should know regarding how "disparity" is defined for the purposes of this publication, the limitations of these data, and the 2006 NCHS Urban-Rural Classification Scheme for Counties. Also, you should know how and why we selected these particular adolescent data, and how you might more effectively use these data.

A Gardener's Tale (from page one)

A gardener has two kinds of seed, red and pink, and two flower boxes. One contains rich soil and one has poor, rocky soil. The gardener favors red flowers over pink, so she plants the red seed in the rich soil and the pink seed in the poor soil. Year after year, the rains water, the sun shines, and the gardener harvests the flowers. But she never changes the soil.

The red flowers flourish in the rich soil. But the pink flowers languish - the strongest make it to middling height, the weakest die. The gardener notices the difference, but soon forgets her original decision to put poor soil in one flower box and rich soil in the other. "It's really good that I liked red flowers because they're much prettier," she thinks.

The analogy to institutionalized racism arises from the flowers being contained in separate boxes, and is perpetuated by the gardener failing to fertilize or mix the soil. An example of personally mediated racism would be if she purposefully removed a stray pink seed that found its way into the red flower box. Internalized racism results when the pink flowers, realizing they are all scraggly, say to the bee, "Don't bring me any of that substandard pink pollen, bring me the high-quality red pollen," believing that there is something inherently bad about their own kind.

*"It all goes back to institutionalized racism," says Jones, suggesting that if society addressed the institutionalized form—mix up the soil, mix up the seed, fertilize—then the personally mediated **and** the internalized forms would also disappear.*

Source: http://focus.hms.harvard.edu/1998/Feb6_1998/pubhealth1.html

DEFINING DISPARITY

A disparity can be defined as a difference between two populations. Important characteristics or outcomes of the populations being compared are converted into rates in order for fair comparisons to be possible. For example, it would not be reasonable to compare the number of deaths between a large city and a smaller city. Instead, comparisons are based on the ***rate*** of deaths per 100,000 residents in the relevant age/race group. The simplest way to measure a disparity is by subtracting one rate from another. Some researchers recommend using a "percent disparity" definition, with the difference divided by the rate for one population. Others prefer a ratio definition, dividing one rate by another. These can all be estimated from the rates reported here, though confidence intervals for disparities are estimated differently for each definition. Only rates and confidence intervals for these rates are provided in this article. The data presented in this article can be used to look at racial disparities within counties, or to look at differences among counties.

LIMITATIONS

LOCAL LEVEL DATA

It is no surprise to our membership that relevant, usable local-level data on a given topic can be difficult to obtain. Though challenging for many reasons, no doubt one reason is the sheer number of local governments and the variety of ways in which they are defined – with various combinations of counties, county equivalents, and cities.

Equally, if not more important, is the problem of "small numbers." What do we mean by the expression "small numbers?" Simply put, when only a few events are available for study, it is quite difficult to determine whether differences are due to real underlying population or systems differences, or simply reflective of "chance" (see Confidence Interval box). Many of the problems addressed by the 21 Critical Health Objectives for Adolescents and Young Adults outcomes are relatively rare. Even in large cities, the numbers of teens experiencing these events are too small to produce reliable results based on a single year of data. To look at racial and age disparities, the population must be divided into subgroups, reducing still further the number of events available for study. Often, data must be aggregated over multiple years and/or subpopulations.

COUNTY LEVEL DATA

Several data sources produce results at the county level because their boundaries are relatively stable and in most states they form political units of local government. County data are more useful than state data, but still present problems for local health departments, because there are important differences between counties and cities. Generally speaking, counties that include cities are larger geographical areas that also include suburban and even rural areas. Additionally, some urban areas are spread over several counties, and some counties do not include their urban central city. As a result of these differences, some public health issues that affect cities might not be accurately represented using county-level data. The 2006 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties helps address these issues.

2006 NCHS URBAN-RURAL CLASSIFICATION SCHEME FOR COUNTIES

It has long been recognized that population, and even population density, is not sufficient to describe "urban" characteristics of a county. The NCHS new six-level urban-rural classification scheme helps make county-level data more meaningful.

The new NCHS county classifications are based on (1) the 2003 Office of Management and Budget (OMB) definitions of metropolitan and non-metropolitan counties (with revisions through 2005); (2) the Rural-Urban Continuum Codes and the Urban Influence Codes classifications developed by the Economic Research Service of the U.S. Department of Agriculture; and (3) county-level data on several factors from Census 2000 and 2004 postcensal population estimates.

The six classification levels are:

1. **Large Central Metropolitan**
2. **Large Fringe Metropolitan**
3. **Medium Metropolitan**
4. **Small Metropolitan**
5. **Nonmetropolitan Micropolitan**
6. **Nonmetropolitan Noncore**

This classification scheme separates large metropolitan counties into two categories: Large Central Metropolitan and Large Fringe Metropolitan. These two categories were created as a result of striking differences in several health measures between residents of these two types of counties. Central cities and Metropolitan Statistical Areas are defined based on population, population density, and the degree of economic and social integration within the metropolitan core. Both types of large metropolitan counties are within a Metropolitan Statistical Area with more than one million people. Central Metropolitan Counties have all or most of their population living in the core city, while Fringe Metropolitan Counties do not. Medium Metropolitan Counties are in a Metropolitan Statistical Area of 250,000 to 999,999 population and Small Metropolitan Counties are in a Metropolitan Statistical Area of 50,000 to 249,999 population.

Detailed definitions can be found at:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/OAE/urbanrural/methodology.doc

CONFIDENCE INTERVALS

"How do we determine whether a difference is big enough to be concerned?"

MORTALITY DATA:
Because vital records results are based on the entire population, and not a sample, in one sense, the mortality rates are absolutely known and not estimated. However, the number of events will fluctuate over time even when no underlying shift in causal factors has occurred. It has been found that deaths occur according to a Poisson probability distribution.* Confidence intervals based on this distribution can help us determine whether (1) there is a real underlying difference between two cities or two time periods, or (2) the difference we observe is due to "chance." When confidence intervals overlap, it may not be possible to prove with the given data that the difference is anything more than random variation. If time periods or populations can be combined to increase the number of events and decrease the size of the confidence intervals, the same disparity may become statistically significant.

YRBS DATA:
Since YRBS is a survey of a sample of the adolescent population, and does not include the whole population, the results will not be exactly the same as the results would be if the entire population was included. Rather, the results are estimates. Using Table 4, a 95 percent confidence interval can be created for each estimate by adding and subtracting the number in parentheses to the estimate given. We are 95 percent certain that the true population value lies within that interval. Smaller intervals indicate a more precise estimate; large intervals mean we are not very certain of the true population value. Smaller numbers of respondents result in less precise estimates (larger confidence intervals). When city level data are divided into racial subgroups, the number of respondents can be quite small, resulting in very wide confidence intervals. To determine whether two estimates are significantly different from each other, we suggest checking to see whether two confidence intervals overlap. If they do, we cannot determine whether an observed disparity is due to "chance" or a real underlying population difference. The CDC does not release YRBS data for any subgroup with fewer than 100 respondents; therefore, when city-level data are divided into racial subgroups, estimates for some racial groups are not provided.

* The Poisson probability distribution is a discrete probability distribution that expresses the probability of a number of events occurring in a fixed period of time if these events occur with a known average rate, and are independent of the time since the last event.

BACKGROUND INFORMATION

Volumes of research have been published reflecting efforts to identify and address the causes of racial and ethnic disparities in health and health outcomes across the lifespan. We know, for example, that the built environment, poverty, racism and stress, unemployment, the overall lack of opportunity – may all impact health outcomes for urban adolescents.

In 2006, City**M**at**CH** committed to enhance member capacity to address adolescent health and to bring the unique concerns of urban adolescents to the Nation when we became a member of the Partners in Program Planning for Adolescent Health, or "PIPPAH" Collaborative. As a collaborative of eight unique national organizations funded through HRSA/MCHB's Office of Adolescent Health (see http://mchb.hrsa.gov/about/dcafh.htm), the PIPPAH works to build national organizational infrastructure, enhance communication, address education and training needs, and encourage the growth of collaborative efforts across disciplines and professional organizations on behalf of adolescent health, safety and well-being.

At the same time, City**M**at**CH** aligned with the National Initiative to Improve Adolescent Health by the Year 2010 (NIIAH). Nine of the 21 Critical Adolescent Health Objectives identified by NIIAH as a subset of the Healthy People 2010 Goals and Objectives form the basis for this data insert (For the complete list, see: http://www.cdc.gov/HealthyYouth/AdolescentHealth/NationalInitiative/ index.htm). Overall, the 21 Objectives represent the most serious health and safety issues facing adolescents and young adults (aged 10 to 24 years) and are clustered in the following categories: mortality, unintentional injury, violence, substance abuse and mental health, reproductive health, and the prevention of chronic diseases during adulthood. They were selected partly because relevant state-level data are or will soon be available. Each is impacted in some way by the effects of racial and ethnic disparities in health and NIIAH is committed to the elimination of these disparities. Outcomes chosen for review in this edition are related to mortality, violence, and unintentional injury.

City**M**at**CH** will bring the wealth of cutting-edge adolescent health information and research which both PIPPAH and NIIAH offer, back to our membership to further strengthen their adolescent health efforts. Many member health departments are implementing evidence-based promising practices and initiating non-traditional collaborations to address adolescent health; look to City**M**at**CH** to advance those and other promising practices through a host of strategies – from Conference sessions, our website and *City*Lights – to the City**M**at**CH**/NACCHO joint audio/web-conference series, "Emerging Issues in MCH," and beyond. As we move toward deeper analysis and understanding of what the data tell us, members can expect both a closer look at urban adolescent health data and access to innovative programs and practice.

* ***Source***: http://nahic.ucsf.edu/index.php/ publications/article/21_critical_health_objectives U.S. Department of Health and Human Services. Healthy People 2010. Volumes 1 and 2. Washington, DC: U.S. Government Printing Office, November 2000.

SELECTED ADOLESCENT MORTALITY DATA

Detailed records of births and deaths form the foundation of much of U.S. public health surveillance. Although deaths of young people are relatively rare, adolescent death is seen as an important indicator of well-being for communities. Four mortality outcomes are included in the list of 21 Critical Health Objectives. They are:

16-03. Reduce deaths of adolescents and young adults.
(10-14, 15-19, and 20-24 year-olds)

15-15. Reduce deaths caused by motor vehicle crashes.
(15-24 year-olds)

18-01. Reduce the suicide rate.
(10-14, 15-19 and 20-24 year-olds)

15-32. Reduce homicides.
(10-14, 15-19 year-olds)

For this report, we have chosen to combine six years of mortality data from the Compressed Mortality Files (series 20, No. 2J, http://wonder.cdc.gov), and to combine the 10-14, 15-19, and 20-24 year age groups in order to report on selected racial disparities (Black vs. White) for specific causes of death for 170 large counties. Counties whose data is provided here were selected primarily to reflect the interests of City**M**at**CH** membership.

- **Table 1** provides number of deaths overall and deaths by motor vehicle crashes, suicides, and homicides. Mortality rates and confidence intervals are calculated where 20 or more events are present.
- **Table 2** provides some general information about each of the counties in Table 1, including their level of urbanization according to the 2006 NCHS Urban-Rural Classification Scheme for Counties.
- **Table 3** aggregates the mortality by level of urbanization, facilitating comparison of large central metro, large fringe metro, and other areas.

Ed. Note:

The data source for all mortality data in this report (Compressed Mortality Files from the CDC for the years 1999-2004) provides only race information (Black/White/Other), with no information on ethnicity. People of Hispanic/Latino ethnicity are included in each race category, but cannot be identified as a separate group. In Table 3, which presents aggregated data, we included the "Other" race category. A decision was made not to include the "Other" race category in Table 1, because the vast majority of counties would have less than 20 deaths in that category and the rates would not be shown. Hence adding the category would have increased the size of Table 1 significantly while providing minimal additional information. Data for Hispanics/Latinos are included in Table 4 because YRBS does break down results by racial/ethnic group. Some counties have enough deaths for meaningful results in the "Other" racial group, or in specific years or age ranges. Information for counties not included in this list can be accessed via the CDC Wonder website (http://wonder.cdc.gov/cmf-icd10.html).

Finally, the authors, Maureen Fitzgerald, MPA and Carol Gilbert, MS, would like to recognize and thank those individuals who provided extensive input and review of this data report: Trina Anglin, MD, PhD; Cynthia Harding, MPH; Zenobia Harris, MPH, BSN; Laurin Kasehagen, MA, PhD, and Carol Synkewecz, MPH.

MORTALITY RESULTS

In many Large Central Metropolitan U.S. counties, overall mortality rates (deaths by all causes, combined) are higher for Black/African American youth (Table 3). This disparity is largely accounted for by higher homicide rates among Black/African American youth. The mortality rates for suicide and motor vehicle accidents are highest among White youth, (see Figure 1) and this pattern is similar for Large Fringe Metropolitan and Medium Metropolitan counties (see Figure 2).

HOW TO USE THESE MORTALITY DATA

What causes disparities in mortality rates? Experts believe there are many causes, some of which have not been well-defined. A few major differences among counties can be accounted for using the information provided in Table 2. A local health department wishing to understand adolescent mortality problems in its jurisdiction might begin by comparing its mortality rates with rates in counties with similar size (population), racial distribution, and level of urbanization (see Section: "2006 NCHS Urban-Rural Classification Scheme for Counties"). This is a way of "controlling" for these factors. It may also be instructive to control for race by simply reading down the White or Black column. For example, if a local department finds in Table 1 that the White suicide rate in its jurisdiction is higher than the White suicide rate of another county, the difference must be attributable to factors other than race. Differences in urbanization, size or racial distribution (Table 2) could be starting points in investigating the reasons for this disparity. If a local department finds that its Black-White disparity is larger than that of another county with similar urbanization, size and racial distribution, this indicates that other factors must account for the observed differences.

Table 1. Racial Disparities in Mortality Rates of Young People (Age 10 to 24) 1999-2004 in U.S. counties that are eligible to become or that contain a current CityMatCH member health department

Number of deaths (N), Rate (deaths per 100,000 residents of the given age range and racial group), and 95% confidence intervals based on Poisson distribution using SAS software. Confidence Intervals (C.I.) indicate the range of likely values for the rate. Over time, rates will tend to fluctuate within this interval due only to "chance" and without any underlying population or systems change. Rates are not shown if there are fewer than 20 cases.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER On-line Database, compiled from Compressed Mortality File Series 20 No. 2J, 2007.

County	Deaths from Any Cause (HP2010 Obj. 16-03)						Suicide/Self-Harm (HP2010 Obj. 18-01)						Homicide/Assault (HP2010 Obj. 15-32)						Motor Vehicle/Transport (HP2010 Obj. 15-15)					
	White			Black			White			Black			White			Black			White			Black		
	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.
USA	161549	56.2	(56.0-56.4)	47962	83.5	(82.9-84.2)	21445	7.5	(7.4-7.5)	2929	5.1	(4.9-5.3)	13313	4.6	(4.6-4.7)	17580	30.6	(30.2-31.0)	61663	21.5	(21.3-21.6)	8671	15.1	(14.8-15.4)
Jefferson County, AL	331	78.5	(71.3-85.6)	412	105.3	(96.8-114.0)	46	10.9	(8.3-13.5)	25	6.4	(4.3-8.4)	22	5.2	(3.6-7.1)	180	46.0	(40.4-51.6)	132	31.3	(26.8-35.8)	70	17.9	(14.6-21.5)
Madison County, AL	153	66.2	(57.5-75.2)	81	67.7	(55.2-80.2)	22	9.5	(6.5-13.0)	4			8			19			63	27.2	(21.6-32.9)	18		
Mobile County, AL	242	79.3	(71.1-87.8)	202	94.3	(83.6-105.5)	43	14.1	(10.8-17.7)	14			16			63	29.4	(23.3-35.5)	94	30.8	(25.6-36.0)	48	22.4	(17.3-28.0)
Montgomery County, AL	72	60.8	(49.0-72.6)	173	91.6	(80.5-103.2)	9			15			7			58	30.7	(24.3-37.6)	28	23.7	(16.9-31.3)	33	17.5	(12.7-22.8)
Anchorage Borough, AK	154	57.3	(49.9-65.1)	25	75.2	(51.1-99.2)	32	11.9	(8.6-15.6)	2			18			7			40	14.9	(11.2-19.0)	8		
Maricopa County, AZ	2447	66.1	(63.9-68.3)	191	84.4	(74.6-94.5)	341	9.2	(8.4-10.0)	24	10.6	(7.1-14.1)	488	13.2	(12.2-14.2)	70	30.9	(25.2-37.1)	773	20.9	(19.7-22.1)	38	16.8	(12.4-21.2)
Pima County, AZ	640	63.9	(59.9-68.1)	43	83.0	(63.7-104.2)	107	10.7	(9.0-12.4)	1			124	12.4	(10.6-14.3)	13			154	15.4	(13.4-17.5)	11		
Pulaski County, AR	198	82.3	(72.8-91.9)	219	112.7	(100.4-125.6)	28	11.6	(8.3-15.4)	9			13			91	46.8	(39.1-55.1)	87	36.2	(29.9-42.8)	33	17.0	(12.4-22.1)
Alameda County, CA	392	40.0	(36.7-43.3)	318	105.9	(96.3-115.9)	43	4.4	(3.4-5.5)	13			57	5.8	(4.6-7.1)	169	56.3	(49.3-63.6)	97	9.9	(8.3-11.5)	37	12.3	(9.0-15.7)
Contra Costa County, CA	384	45.5	(41.7-49.4)	166	110.1	(96.2-124.1)	42	5.0	(3.8-6.3)	9			49	5.8	(4.5-7.2)	101	67.0	(56.4-78.3)	121	14.3	(12.2-16.5)	23	15.3	(10.0-20.6)
Fresno County, CA	580	58.0	(54.1-62.0)	76	89.2	(72.8-106.8)	54	5.4	(4.2-6.6)	4			67	6.7	(5.4-8.1)	21	24.6	(16.4-34.0)	253	25.3	(22.7-27.9)	18		
Kern County, CA	537	61.0	(56.6-65.3)	72	96.2	(77.5-114.9)	52	5.9	(4.5-7.3)	6			61	6.9	(5.4-8.4)	29	38.8	(26.7-50.8)	201	22.8	(20.2-25.5)	13		
Los Angeles County, CA	5012	51.9	(50.7-53.1)	1474	103.4	(99.0-107.8)	420	4.3	(4.0-4.7)	48	3.4	(2.6-4.2)	1697	17.6	(16.9-18.3)	835	58.6	(55.3-62.0)	1065	11.0	(10.5-11.6)	146	10.2	(8.8-11.6)
Monterey County, CA	298	60.3	(54.7-66.2)	7			23	4.7	(3.0-6.3)				88	17.8	(14.8-21.1)	3			98	19.8	(16.6-23.3)	1		
Orange County, CA	1089	37.5	(35.6-39.4)	36	39.7	(28.7-50.8)	89	3.1	(2.5-3.6)	8			156	5.4	(4.7-6.1)	7			285	9.8	(8.9-10.8)	8		
Riverside County, CA	1063	54.2	(51.5-56.9)	108	55.8	(47.0-64.5)	106	5.4	(4.5-6.3)	10			151	7.7	(6.7-8.7)	28	14.5	(10.3-19.1)	409	20.8	(19.2-22.6)	26	13.4	(9.3-18.1)
Sacramento County, CA	632	54.5	(50.9-58.1)	171	73.0	(64.0-82.4)	80	6.9	(5.7-8.2)	13			86	7.4	(6.1-8.8)	60	25.6	(20.5-31.2)	216	18.6	(16.5-20.7)	28	12.0	(8.5-15.8)
San Bernardino County, CA	1287	59.0	(56.3-61.7)	235	76.2	(68.1-84.4)	122	5.6	(4.8-6.4)	10			220	10.1	(9.0-11.2)	80	26.0	(21.4-30.8)	443	20.3	(18.8-21.9)	41	13.3	(10.1-16.9)
San Diego County, CA	1384	45.0	(43.1-47.0)	184	60.5	(53.3-68.1)	177	5.8	(5.0-6.5)	17			151	4.9	(4.3-5.6)	50	16.4	(12.8-20.4)	468	15.2	(14.1-16.4)	45	14.8	(11.2-18.4)
San Francisco County, CA	162	51.7	(45.0-58.4)	97	134.3	(112.1-156.4)	26	8.3	(5.7-11.2)	3			39	12.4	(9.3-16.0)	65	90.0	(72.0-109.3)	25	8.0	(5.4-10.5)	8		
San Joaquin County, CA	394	61.7	(56.7-66.9)	60	74.0	(59.2-90.0)	37	5.8	(4.2-7.4)	3			62	9.7	(7.7-11.7)	26	32.1	(22.2-43.1)	150	23.5	(20.4-26.6)	9		
San Mateo County, CA	189	37.3	(33.0-41.9)	27	77.4	(54.5-103.2)	20	4.0	(2.6-5.5)	2			26	5.1	(3.6-6.9)	12			45	8.9	(6.7-11.1)	3		
Santa Clara County, CA	480	36.9	(34.1-39.7)	32	41.1	(29.5-53.9)	57	4.4	(3.5-5.4)	3			60	4.6	(3.7-5.6)	6			153	11.8	(10.2-13.4)	7		
Solano County, CA	175	51.1	(45.0-57.5)	67	66.0	(53.2-79.7)	19			1			23	6.7	(4.4-9.1)	19			68	19.9	(16.1-23.9)	11		
Sonoma County, CA	250	48.0	(43.0-53.0)	8			26	5.0	(3.5-6.7)				21	4.0	(2.7-5.6)				79	15.2	(12.5-18.1)	1		
Stanislaus County, CA	368	61.7	(56.5-67.0)	18			41	6.9	(5.2-8.7)	3			40	6.7	(5.0-8.5)	3			153	25.6	(22.3-29.2)	4		
Ventura County, CA	425	47.2	(43.4-51.0)	14			37	4.1	(3.0-5.2)	1			59	6.6	(5.2-8.0)	2			139	15.4	(13.3-17.7)	3		
Adams County, CO	286	63.8	(57.5-70.0)	25	118.5	(80.6-156.5)	53	11.8	(9.1-14.5)	1			31	6.9	(4.9-8.9)	7			97	21.6	(18.1-25.2)	1		
Arapahoe County, CO	271	51.7	(46.6-56.9)	54	77.2	(60.1-94.4)	39	7.4	(5.5-9.5)	10			24	4.6	(3.1-6.1)	14			95	18.1	(15.1-21.2)	15		
Boulder County, CO	151	39.5	(34.3-44.7)	5			34	8.9	(6.5-11.5)	3			7						52	13.6	(10.5-16.7)			
Denver County, CO	341	69.3	(63.2-75.6)	85	95.7	(78.8-112.6)	61	12.4	(9.8-15.0)	10			49	10.0	(7.7-12.4)	25	28.1	(19.1-37.2)	101	20.5	(17.3-24.0)	16		
El Paso County, CO	332	53.0	(48.2-57.8)	45	63.5	(48.0-79.0)	76	12.1	(9.9-14.5)	6			38	6.1	(4.5-7.7)	10			106	16.9	(14.2-19.6)	15		
Jefferson County, CO	310	51.5	(46.7-56.3)	11			78	13.0	(10.6-15.5)				27	4.5	(3.2-6.0)	5			88	14.6	(12.1-17.3)	2		
Larimer County, CO	156	41.9	(36.5-47.5)				33	8.9	(6.4-11.5)				5						64	17.2	(13.7-20.7)			
Hartford County, CT	338	42.7	(38.9-46.6)	139	78.8	(68.0-90.1)	45	5.7	(4.3-7.1)	6			19			44	24.9	(18.7-31.2)	112	14.1	(12.0-16.4)	26	14.7	(10.2-19.8)
New Haven County, CT	354	44.3	(40.4-48.2)	109	64.4	(54.4-74.5)	38	4.8	(3.5-6.0)	9			13			31	18.3	(13.0-23.6)	109	13.6	(11.5-15.8)	19		
New Castle County, DE	231	49.1	(43.8-54.5)	117	72.1	(61.6-83.2)	34	7.2	(5.3-9.4)	10			10			39	24.0	(17.9-30.8)	102	21.7	(18.3-25.3)	23	14.2	(9.2-19.1)
District of Columbia, DC	75	31.4	(25.5-37.7)	749	183.8	(172.7-194.8)	7			26	6.4	(4.4-8.6)	14			492	120.7	(111.9-129.8)	18			63	15.5	(12.3-18.6)
Broward County, FL	616	52.7	(49.2-56.2)	406	66.5	(61.1-71.9)	77	6.6	(5.4-7.9)	22	3.6	(2.5-4.9)	38	3.2	(2.4-4.1)	80	13.1	(10.8-15.6)	203	17.4	(15.4-19.4)	95	15.6	(12.9-18.2)
Duval County, FL	452	73.5	(67.8-79.2)	312	85.5	(77.6-93.5)	65	10.6	(8.5-12.8)	15			40	6.5	(4.9-8.3)	120	32.9	(28.0-37.8)	158	25.7	(22.4-29.1)	51	14.0	(11.0-17.3)
Hillsborough County, FL	600	61.3	(57.2-65.5)	195	71.5	(63.0-79.9)	72	7.4	(5.9-8.8)	13			44	4.5	(3.4-5.6)	50	18.3	(14.3-22.7)	236	24.1	(21.6-26.8)	48	17.6	(13.6-22.0)
Leon County, FL	93	34.3	(28.4-40.3)	51	32.8	(25.7-40.5)	13			2			4			13			39	14.4	(10.7-18.5)	13		
Miami-Dade County, FL	928	46.9	(44.4-49.4)	725	91.8	(86.2-97.5)	82	4.1	(3.4-4.9)	27	3.4	(2.4-4.6)	88	4.4	(3.7-5.3)	249	31.5	(28.2-34.8)	384	19.4	(17.8-21.1)	141	17.9	(15.4-20.4)
Orange County, FL	507	58.4	(54.1-62.7)	223	73.9	(66.0-82.2)	61	7.0	(5.5-8.5)	16			37	4.3	(3.1-5.4)	67	22.2	(17.9-26.8)	188	21.7	(19.1-24.3)	53	17.6	(13.6-21.5)
Palm Beach County, FL	599	69.5	(64.8-74.2)	247	83.0	(74.2-91.7)	68	7.9	(6.4-9.5)	9			44	5.1	(3.8-6.4)	70	23.5	(19.1-28.2)	201	23.3	(20.6-26.1)	60	20.2	(16.1-24.5)
Pinellas County, FL	422	59.9	(55.1-64.7)	102	75.0	(63.3-87.5)	62	8.8	(7.0-10.6)	2			22	3.1	(2.1-4.3)	29	21.3	(14.7-27.9)	124	17.6	(15.0-20.3)	18		
Chatham County, GA	72	47.2	(38.0-56.4)	140	89.7	(77.5-102.5)	9			5			9			71	45.5	(36.5-54.5)	27	17.7	(12.5-23.6)	16		
DeKalb County, GA	154	60.3	(52.5-68.5)	411	75.7	(69.7-82.0)	28	11.0	(7.8-14.5)	32	5.9	(4.2-7.7)	18			123	22.7	(19.3-26.2)	44	17.2	(12.9-21.5)	93	17.1	(14.2-20.1)
Fulton County, GA	241	52.5	(47.1-58.2)	545	97.6	(90.8-104.6)	35	7.6	(5.7-9.8)	40	7.2	(5.4-9.1)	36	7.8	(5.7-10.0)	219	39.2	(34.9-43.7)	77	16.8	(13.7-20.0)	77	13.8	(11.3-16.5)
Muscogee County, GA	62	49.8	(39.3-60.2)	88	67.6	(56.1-79.9)	13			3			6			25	19.2	(13.1-25.3)	15			21	16.1	(10.8-22.3)
Honolulu County, HI	86	29.2	(24.1-34.7)	16			16			1			3			1			22	7.5	(5.1-10.2)	5		
Ada County, ID	200	50.4	(44.6-56.4)	1			47	11.8	(9.1-14.9)				9						59	14.9	(11.8-18.1)			
Cook County, IL	2293	54.3	(52.4-56.1)	2495	119.3	(115.4-123.2)	251	5.9	(5.3-6.6)	112	5.4	(4.5-6.2)	549	13.0	(12.1-13.9)	1290	61.7	(58.9-64.5)	503	11.9	(11.0-12.8)	265	12.7	(11.4-14.0)
Kane County, IL	248	48.4	(43.3-53.4)	48	103.3	(79.6-129.1)	27	5.3	(3.7-7.0)	1			42	8.2	(6.2-10.3)	29	62.4	(43.0-81.8)	83	16.2	(13.3-19.1)	4		

Continued on Next Page

Table 1. Racial Disparities in Mortality Rates of Young People (Age 10 to 24) 1999-2004
in U.S. counties that are eligible to become or that contain a current CityMatCH member health department

Number of deaths (N), Rate (deaths per 100,000 residents of the given age range and racial group), and 95% confidence intervals based on Poisson distribution using SAS software. Confidence Intervals (C.I.) indicate the range of likely values for the rate. Over time, rates will tend to fluctuate within this interval due only to "chance" and without any underlying population or systems change. Rates are not shown if there are fewer than 20 cases.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER On-line Database, compiled from Compressed Mortality File Series 20 No. 2J, 2007.

County	Deaths from Any Cause (HP2010 Obj. 16-03)						Suicide/Self-Harm (HP2010 Obj. 18-01)						Homicide/Assault (HP2010 Obj. 15-32)						Motor Vehicle/Transport (HP2010 Obj. 15-15)					
	White			Black			White			Black			White			Black			White			Black		
	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.
Peoria County, IL	93	52.7	(43.7-61.8)	36	66.0	(47.7-84.3)	21	11.9	(7.9-16.4)	2			7			17			30	17.0	(11.9-22.1)	3		
Winnebago County, IL	135	47.6	(40.9-54.3)	43	81.7	(62.7-102.6)	12			2			10			16			38	13.4	(9.9-16.9)	5		
Allen County, IN	162	45.1	(39.3-51.0)	51	75.1	(58.9-92.8)	25	7.0	(4.7-9.2)	5			17			24	35.4	(23.6-47.1)	66	18.4	(14.8-22.3)	4		
Lake County, IN	275	64.1	(57.8-70.6)	310	166.5	(150.9-182.1)	30	7.0	(4.9-9.1)	16			47	11.0	(8.4-13.7)	197	105.8	(93.5-118.2)	83	19.3	(15.8-22.8)	16		
Marion County, IN	424	58.7	(54.0-63.4)	338	102.9	(93.8-112.4)	81	11.2	(9.1-13.3)	30	9.1	(6.4-11.9)	52	7.2	(5.5-8.9)	170	51.8	(45.4-58.5)	99	13.7	(11.5-16.1)	38	11.6	(8.5-14.6)
St. Joseph County, IN	147	47.2	(40.8-53.6)	68	124.6	(100.7-150.2)	13			5			10			38	69.6	(51.3-87.9)	66	21.2	(17.0-25.7)	6		
Vanderburgh County, IN	103	51.0	(43.1-59.5)	14			12			1			7			3			39	19.3	(14.4-24.8)	2		
Linn County, IA	101	44.5	(37.5-52.0)	10			15			3			2						30	13.2	(9.3-17.2)	4		
Polk County, IA	193	46.6	(41.1-52.2)	33	106.1	(77.2-138.2)	37	8.9	(6.5-11.4)	2			2			8			66	15.9	(12.8-19.3)	9		
Sedgwick County, KS	280	57.4	(51.8-63.1)	75	100.7	(81.9-120.8)	53	10.9	(8.4-13.3)	7			17			31	41.6	(29.5-53.7)	117	24.0	(20.5-27.7)	9		
Shawnee County, KS	108	61.4	(51.7-71.0)	36	136.8	(98.8-174.8)	23	13.1	(8.5-17.6)	3			13			12			34	19.3	(14.2-25.0)	11		
Wyandotte County, KS	98	72.5	(60.7-85.1)	128	183.9	(158.1-211.2)	18			9			17			64	92.0	(73.3-110.7)	38	28.1	(20.7-35.5)	17		
Jefferson County, KY	355	59.3	(54.1-64.5)	171	84.7	(74.3-95.6)	59	9.9	(7.9-12.0)	18			27	4.5	(3.2-6.0)	77	38.1	(31.2-45.6)	110	18.4	(15.5-21.4)	18		
Kenton County, KY	101	57.2	(48.1-66.8)	10			13			1			5			5			30	17.0	(11.9-22.1)	2		
Caddo Parish, LA	125	82.8	(70.9-95.4)	180	97.2	(85.3-109.0)	19			9			14			70	37.8	(30.8-45.3)	44	29.1	(21.9-36.4)	35	18.9	(14.0-24.3)
East Baton Rouge Parish, LA	184	55.6	(49.0-62.6)	278	93.4	(84.3-102.8)	30	9.1	(6.4-11.8)	4			12			107	35.9	(30.2-41.7)	75	22.7	(18.4-27.2)	66	22.2	(17.8-26.9)
Orleans Parish, LA	93	68.1	(56.4-79.8)	799	157.2	(148.2-166.5)	15			29	5.7	(3.9-7.5)	11			466	91.7	(84.8-98.8)	23	16.8	(11.0-22.7)	73	14.4	(11.6-17.1)
Cumberland County, ME	149	49.4	(42.8-56.0)	2			24	8.0	(5.3-10.6)				6						43	14.3	(10.9-17.9)			
Baltimore County, MD	351	55.7	(50.8-60.6)	166	67.9	(59.3-76.5)	44	7.0	(5.2-8.7)	10			25	4.0	(2.7-5.2)	63	25.8	(20.4-31.1)	114	18.1	(15.4-20.9)	31	12.7	(9.0-16.4)
Montgomery County, MD	245	36.8	(33.1-40.7)	93	47.5	(39.4-55.7)	47	7.1	(5.4-8.9)	5			10			27	13.8	(9.7-18.4)	98	14.7	(12.3-17.3)	13		
Hampden County, MA	259	51.6	(46.4-57.0)	50	67.2	(52.4-83.4)	26	5.2	(3.6-7.0)	1			27	5.4	(3.8-7.2)	14			84	16.7	(13.7-19.7)	5		
Middlesex County, MA	459	33.0	(30.5-35.6)	29	31.6	(21.8-41.3)	64	4.6	(3.7-5.5)	5			27	1.9	(1.4-2.6)	3			103	7.4	(6.3-8.6)	6		
Suffolk County, MA	197	33.7	(29.7-37.6)	207	76.4	(67.9-85.2)	22	3.8	(2.6-5.1)	15			26	4.4	(3.1-6.0)	109	40.2	(33.9-46.5)	27	4.6	(3.2-6.2)	16		
Worcester County, MA	369	43.8	(40.2-47.6)	27	61.0	(42.9-81.3)	39	4.6	(3.4-5.9)				19			10			115	13.7	(11.6-15.8)	4		
Genesee County, MI	231	56.8	(50.6-62.9)	133	92.9	(79.7-106.2)	26	6.4	(4.4-8.6)	7			17			59	41.2	(32.8-50.3)	86	21.1	(17.5-25.1)	18		
Ingham County, MI	104	26.0	(22.0-30.3)	37	57.8	(42.2-73.4)	17			3			11			10			37	9.3	(6.8-11.8)	3		
Kent County, MI	308	45.5	(41.2-49.7)	63	65.0	(51.6-78.4)	41	6.1	(4.6-7.7)	5			14			17			128	18.9	(16.2-21.7)	8		
Macomb County, MI	345	41.2	(37.7-44.9)	27	59.8	(42.0-79.7)	54	6.5	(5.0-7.9)	2			12			9			109	13.0	(11.0-15.1)	7		
Washtenaw County, MI	104	25.7	(21.8-29.9)	38	48.9	(36.1-61.8)	10			3			5			11			30	7.4	(5.2-9.6)	8		
Wayne County, MI	603	47.7	(44.5-50.9)	1435	113.3	(108.4-118.3)	98	7.7	(6.5-9.1)	78	6.2	(5.1-7.3)	82	6.5	(5.3-7.7)	699	55.2	(51.8-58.7)	133	10.5	(9.0-12.0)	179	14.1	(12.4-15.9)
Hennepin County, MN	358	35.1	(32.1-38.2)	161	82.6	(71.8-93.4)	71	7.0	(5.6-8.3)	13			31	3.0	(2.2-3.9)	84	43.1	(35.4-50.8)	95	9.3	(7.8-10.9)	15		
Ramsey County, MN	165	33.2	(29.0-37.5)	62	78.3	(61.8-94.7)	35	7.0	(5.2-9.1)	7			11			21	26.5	(17.7-36.6)	46	9.3	(7.0-11.5)	7		
Hinds County, MS	86	82.5	(68.1-97.9)	232	89.4	(79.8-99.0)	12			12			5			92	35.4	(29.7-41.6)	47	45.1	(34.6-56.6)	57	22.0	(17.3-27.0)
Greene County, MO	149	45.7	(39.6-51.9)	7			21	6.4	(4.3-8.9)	1			9			3			63	19.3	(15.3-23.3)	1		
Jackson County, MO	340	62.0	(56.6-67.7)	345	143.9	(131.4-156.9)	64	11.7	(9.3-14.0)	21	8.8	(5.8-12.1)	35	6.4	(4.7-8.2)	181	75.5	(66.3-84.7)	118	21.5	(18.2-24.8)	55	22.9	(17.9-28.0)
St. Louis County, MO	391	44.3	(40.7-48.1)	260	83.8	(75.4-92.4)	59	6.7	(5.3-8.2)	21	6.8	(4.5-9.3)	15			99	31.9	(26.7-37.4)	129	14.6	(12.6-16.8)	36	11.6	(8.4-14.8)
Missoula County, MT	72	51.0	(41.1-60.9)				19						2						25	17.7	(12.0-23.4)			
Douglas County, NE	234	46.4	(41.4-51.3)	99	105.0	(88.0-123.0)	51	10.1	(7.9-12.5)	6			13			43	45.6	(35.0-57.3)	68	13.5	(10.9-16.2)	11		
Lancaster County, NE	146	40.8	(35.2-46.4)	11			23	6.4	(4.2-8.7)				8			4			68	19.0	(15.4-22.9)	1		
Clark County, NV	889	63.5	(60.0-67.0)	227	102.1	(91.3-113.4)	130	9.3	(8.0-10.6)	20	9.0	(5.8-12.6)	138	9.9	(8.5-11.3)	94	42.3	(35.1-49.5)	272	19.4	(17.5-21.3)	32	14.4	(10.3-18.9)
Washoe County, NV	218	55.9	(49.7-62.3)	11			42	10.8	(8.2-13.6)	3			18			2			80	20.5	(16.9-24.3)			
Hillsborough County, NH	198	44.6	(39.4-49.7)	5			37	8.3	(6.1-10.6)	1			6			1			65	14.6	(11.7-17.8)	2		
Essex County, NJ	204	45.1	(40.0-50.4)	493	100.6	(93.2-108.1)	10			17			23	5.1	(3.3-6.9)	225	45.9	(41.0-51.0)	51	11.3	(8.8-13.9)	60	12.2	(9.8-14.9)
Hudson County, NJ	176	35.4	(31.0-39.9)	80	56.6	(46.7-67.2)	11			7			20	4.0	(2.6-5.6)	22	15.6	(10.6-21.2)	38	7.6	(5.6-9.7)	10		
Bernalillo County, NM	479	74.8	(69.2-80.4)	29	90.7	(62.6-118.9)	103	16.1	(13.6-18.7)	5			74	11.6	(9.4-13.7)	12			142	22.2	(19.2-25.3)	2		
Albany County, NY	97	30.8	(25.7-35.8)	45	73.6	(55.6-91.6)	15			5			2			15			27	8.6	(6.0-11.4)	6		
Bronx County, NY	582	63.7	(59.4-68.1)	451	52.4	(48.4-56.5)	46	5.0	(3.8-6.2)	23	2.7	(1.7-3.6)	157	17.2	(15.0-19.5)	201	23.4	(20.7-26.2)	77	8.4	(6.9-10.1)	39	4.5	(3.4-5.8)
Erie County, NY	322	35.0	(31.9-38.3)	172	87.2	(76.6-98.4)	49	5.3	(4.1-6.6)	5			14			95	48.2	(40.1-56.3)	98	10.7	(8.9-12.5)	11		
Kings County, NY	656	43.6	(40.8-46.4)	963	68.1	(64.5-71.7)	59	3.9	(3.1-4.8)	48	3.4	(2.6-4.2)	131	8.7	(7.4-10.0)	413	29.2	(26.9-31.6)	83	5.5	(4.5-6.5)	77	5.4	(4.5-6.5)
Monroe County, NY	256	34.8	(31.3-38.5)	163	89.6	(78.0-101.1)	29	3.9	(2.7-5.2)	8			21	2.9	(1.9-3.9)	75	41.2	(33.5-49.5)	85	11.6	(9.5-13.6)	19		
New York County, NY	399	44.1	(40.5-47.8)	208	48.2	(42.9-53.8)	52	5.7	(4.4-7.1)	21	4.9	(3.2-6.7)	68	7.5	(6.1-9.1)	70	16.2	(13.2-19.5)	46	5.1	(3.9-6.3)	15		
Queens County, NY	504	38.1	(35.3-40.9)	387	57.6	(52.9-62.5)	47	3.6	(2.7-4.5)	27	4.0	(2.8-5.4)	74	5.6	(4.5-6.7)	119	17.7	(15.0-20.4)	87	6.6	(5.4-7.8)	56	8.3	(6.6-10.3)
Richmond County, NY	155	36.5	(31.8-41.4)	41	52.0	(39.3-66.0)	19			2			13			14			34	8.0	(5.9-10.4)	5		
Westchester County, NY	267	35.1	(31.5-38.6)	128	63.4	(54.5-72.8)	22	2.9	(2.0-3.9)	8			18			37	18.3	(13.4-23.3)	76	10.0	(8.1-12.0)	26	12.9	(8.9-17.3)
Durham County, NC	81	53.4	(43.5-63.3)	117	86.8	(74.2-100.1)	9			12			10			48	35.6	(27.4-44.5)	25	16.5	(11.2-21.8)	19		

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YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBS)

The Youth Risk Behavior Surveillance System (YRBS) includes a national school-based survey conducted by CDC, plus 40 state surveys, and numerous local school-based surveys conducted by state and local education and health agencies. High school students (grades 9-12) are asked questions about certain risk behaviors and general health status. (See http://www.cdc.gov/HealthyYouth/yrbs/index.htm) Areas covered in the survey are: unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases; diet and exercise.

The YRBS uses probability samples of schools and students, thus correctly weighted results from a local survey will be representative of all high school students in the locality. The questionnaires are anonymous and self-administered, utilizing scannable answer sheets. Students complete the questionnaires in one class period, typically about 45 minutes. The survey is conducted every two years, usually in the spring.

THIS REPORT INCLUDES

Five YRBS outcomes related to violence and unintentional injuries are included in the list of 21 Critical Health Objectives for Adolescents and Young Adults (see *CityLights, Vol. 15, No. 4, Spring 2007*) and are reported in this article. The 21 cities and counties with outcome data from 2005 available online from the CDC (excluding the five boroughs of New York City but including New York City results) were: (1) Baltimore, MD, (2) Boston, MA, (3) Broward County, FL, (4) Charlotte-Mecklenburg, NC, (5) Chicago, IL, (6) Dallas, TX, (7) DeKalb County, GA, (8) Detroit, MI, (9) Hillsborough County, FL, (10) Los Angeles, CA, (11) Memphis, TN, (12) Miami-Dade County, FL, (13) Milwaukee, WI, (14) New Orleans, LA, (15) New York City, NY (data from the five boroughs are not shown separately), (16) Orange County, FL, (17) Palm Beach County, FL, (18) San Bernardino, CA, (19) San Diego, CA, (20) San Francisco, CA, and (21) Washington, DC.

For this article, we have combined grades 9-12 for Hispanic, White, Black, and Other racial/ethnic groups. Additional cities have participated in past years, and these data can be found at the YRBS website: http://apps.nccd.cdc.gov/yrbss/sellocation.asp. Some states publish local YRBS data that do not appear on the CDC YRBS website. In some cases, these are unweighted results or the sample may not be representative of the whole city or county. Therefore, these results should be interpreted with caution and are not included in this article.

YRBS RESULTS

Suicide

The YRBS Outcome: ***"Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months"*** addresses Critical Outcome 18-02, "Reduce the rate of suicide attempts by adolescents that required medical attention." Nationwide, the estimated percentage is 2.3 (+/-0.4). Eighteen of 20 localities with data available had higher rates of attempted suicide than the national rate. Local outcomes ranged from 2.2 to 5.5 percent. Racial disparities generally do not exceed confidence intervals, and no racial pattern across localities is obvious.

Seat Belt Usage

The YRBS Outcome: ***"Percentage of students who never or rarely wore a seat belt when riding in a car driven by someone else"*** addresses Critical Outcome 15-19, "Increase the use of safety belts." Nationwide, the estimated percentage that did NOT use seat belts is 10.2(+/-1.8). Ten of the 21 cities and counties had higher rates of NOT using seat belts. Local outcomes ranged from 6.5 to 24.1 percent. Racial disparities generally do not exceed confidence intervals, but the percentage among Whites is LOWER than the percentage among Blacks and/or Hispanics in 15 of 21 local surveys.

Riding with Drunk Drivers

The YRBS Outcome: ***"Percentage of students who rode in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the past 30 days"*** addresses Critical Outcome 26-06, "Reduce the rate of suicide attempts by adolescents that required medical attention." Nationwide, the estimated percentage is 28.5 (+/-1.9). Only eight of the 21 local surveys had higher rates of riding with a drunk driver than the national rate. The rate in cities and counties ranged from 17.8 to 41.9 percent. The Black rate is LOWER than White and/or Hispanic rates in 20 of the 21 localities.

Weapons

The YRBS Outcome: ***"Percentage of students who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days"*** addresses Critical Outcome 15-39, "Reduce weapon carrying by adolescents on school property." Nationwide, the estimated percentage is 6.5 (+/- 0.9) and the Black rate is LOWER than the rates for Hispanic, White and Other racial/ethnic groups. Only six of 21 localities had higher rates of students carrying weapons to school than the national rate. Local outcomes ranged from 3.8 to 13.6 percent. Racial differences generally do not exceed confidence intervals, but in 12 of 21 cities and counties Blacks have HIGHER rates of carrying weapons to school than Whites and/or Hispanics.

Fighting

The YRBS Outcome: ***"Percentage of students who were in a physical fight one or more times during the past 12 months"*** addresses Critical Outcome 15-38, "Reduce physical fighting among adolescents." Nationally, the estimated percentage of students who were in a physical fight is 35.9 (+/-1.5). For participating cities and counties, estimates range from 30.4 to 46.5 percent, with 11 of 21 exceeding the national rate. Though racial differences are generally not statistically significant, the rate among Blacks exceeds the rate for Whites and Hispanics in 17 out of 21 local surveys.

SOURCES: Youth Risk Behavior Surveillance — United States, 2005 (Morbidity and Mortality Weekly Report Surveillance Summaries June 9, 2006 / Vol. 55 / No. SS-5) Data were accessed from http://apps.nccd.cdc.gov/yrbss/sellocation.asp June - July 2007.

HOW TO USE YRBS DATA

YRBS data can be used to help understand the underlying reasons for disparities in health outcomes that are observed using vital records data. All the YRBS outcomes included in this report could be associated with the vital records mortality rates outcomes. YRBS outcomes are specific enough that they could help communities target prevention activities appropriately because observed disparities can provide keys to preventive action. It is important to try to determine whether observed differences are real or could be attributed to sampling error or "chance" (see *Confidence Interval Box*). It is also important to recognize that "association" does not mean "causation." In many cases, an association between two factors occurs because each is influenced by a third factor (or multiple factors). For example, an association between "fighting" and "homicide" might be due to underlying factors such as weapon carrying, substance use, and community disarray and depletion.

NEXT STEPS

City**M**at**CH** will continue to obtain and analyze data – using the new NCHS Urban-Rural Classification Scheme for Counties where possible – and publish information and promising practices related to disparities in adolescent health. We expect to go beyond the current level of data analysis by instituting a Scientific Advisory Group formed of key experts, member representatives and national partners. This Advisory Group will assist us to examine urban data around the 21 Critical Adolescent Health Objectives, access to health care (another goal of the National Initiative), and to identify public health strategies for program and practice.

Our work at City**M**at**CH** is not just about disparities in adolescent health and wellbeing. Providing key consultation, peer review and oversight for projects related to racism, disparities and health equity is the mission of City**M**at**CH**'s Undoing Racism (UR) Subcommittee. This actively engaged group was first established in 2005 by the Board of Directors to develop effective strategies to undo racism and eliminate health disparities in local urban public health. Previously, City**M**at**CH** developed and published "*Undoing Racism in Public Health: A Blueprint for Action in Urban MCH – A Special Report to the W.K. Kellogg Foundation*" (see www.citymatch.org, click on publications). As a foundational document, the Blueprint has provided the UR workgroup with a compelling and effective template to chart future organizational action.

The UR Subcommittee's efforts over the past two years have led to the creation of a commonly agreed-upon working definition of institutional racism, the publication of a capacity-building *City*Lights edition (*Volume 15: No. 1, Spring-Summer 2006*) focused on undoing racism and in the provision of leadership training to establish common ground and shared commitment, facilitated by the Peoples' Institute and the National Coalition Building Institute (NCBI). The UR Subcommittee makes certain that City**M**at**CH** continues to advance the cause of undoing racism and achieving health equity, and it has successfully "lobbied" the organization to seek additional funding for these efforts. City**M**at**CH** is currently identifying and approaching foundations for funding as well as exploring federal grant funding, drafting tailored proposals and using every appropriate avenue to advance this strategy.

City**M**at**CH** often acts as a bridge between our members and Federal funders who are interested in hearing about pressing and emerging local, urban public health concerns. This unique bridgework has enabled us to elevate the voice of urban public health agencies to the Nation. As an organization, we are committed to moving beyond providing basic knowledge and capacity-building information to our membership, and toward showcasing data-driven, cutting-edge practices, incorporating innovative partnerships, and advancing evidence-based interventions designed to address adolescent health, safety and well-being in our nation's urban areas. Finally, we are compelled to provide national leadership around eliminating racial/ethnic health disparities and assuring better access to quality health care and safety for adolescents.

For more information on Undoing Racism activities at City**M**at**CH**, contact Mark Law at 402-561-7500, or via E-mail at mlaw@unmc.edu. For more information on adolescent health activities underway at City**M**at**CH**, contact Maureen Fitzgerald at the number above, or via E-mail at mfitzger@unmc.edu.

Ed. Note: *We appreciate the assistance of Michaela Wallerstedt, undergraduate at Stanford University, and Zack Sutton, undergraduate at Creighton University.*

Table 1. Racial Disparities in Mortality Rates of Young People (Age 10 to 24) 1999-2004
in U.S. counties that are eligible to become or that contain a current CityMatCH member health department

Number of deaths (N), Rate (deaths per 100,000 residents of the given age range and racial group,) and 95% confidence intervals based on Poisson distribution using SAS software. Confidence Intervals (C.I.) indicate the range of likely values for the rate. Over time, rates will tend to fluctuate within this interval due only to "chance" and without any underlying population or systems change. Rates are not shown if there are fewer than 20 cases because confidence intervals would be extremely wide.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER On-line Database, compiled from Compressed Mortality File Series 20 No. 2J, 2007.

County	Deaths from Any Cause (HP2010 Obj. 16-03)						Suicide/Self-Harm (HP2010 Obj. 18-01)						Homicide/Assault (HP2010 Obj. 15-32)						Motor Vehicle/Transport (HP2010 Obj. 15-15)					
	White			Black			White			Black			White			Black			White			Black		
	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.	N	Rate	95%C.I.
Forsyth County, NC	131	52.7	(45.1-60.4)	67	55.9	(45.0-67.5)	14			7			19			21	17.5	(11.7-24.2)	39	15.7	(11.7-20.1)	10		
Guilford County, NC	139	43.8	(37.8-50.1)	136	65.6	(56.4-74.8)	20	6.3	(4.1-8.8)	13			13			46	22.2	(16.9-27.5)	44	13.9	(10.4-17.3)	23	11.1	(7.2-15.0)
Mecklenburg County, NC	299	57.3	(51.9-62.8)	231	75.0	(66.9-83.1)	41	7.9	(5.9-10.0)	20	6.5	(4.2-9.1)	48	9.2	(7.1-11.5)	112	36.4	(30.9-42.2)	99	19.0	(15.9-22.2)	32	10.4	(7.5-13.6)
Wake County, NC	244	40.0	(35.9-44.3)	125	62.4	(53.4-71.8)	32	5.2	(3.8-6.9)	12			12			31	15.5	(11.0-20.0)	110	18.0	(15.2-21.0)	35	17.5	(13.0-22.5)
Cass County, ND	53	28.6	(22.1-35.1)	2			9						1						21	11.3	(7.6-15.6)	1		
Cuyahoga County, OH	438	43.6	(40.2-47.1)	372	66.7	(61.2-72.5)	68	6.8	(5.5-8.2)	39	7.0	(5.2-9.0)	36	3.6	(2.6-4.6)	108	19.4	(16.3-22.4)	105	10.5	(8.8-12.1)	42	7.5	(5.7-9.5)
Franklin County, OH	453	43.3	(39.9-46.6)	268	84.2	(75.7-92.7)	63	6.0	(4.8-7.3)	19			59	5.6	(4.5-6.9)	97	30.5	(25.4-35.5)	113	10.8	(9.2-12.5)	35	11.0	(8.2-14.1)
Hamilton County, OH	332	44.8	(40.7-48.8)	278	89.4	(80.7-98.4)	59	8.0	(6.3-9.7)	17			22	3.0	(2.0-4.0)	114	36.6	(31.2-42.4)	84	11.3	(9.3-13.3)	35	11.3	(8.4-14.5)
Lucas County, OH	193	42.4	(37.4-47.5)	87	65.7	(54.4-77.8)	35	7.7	(5.7-9.9)	7			11			20	15.1	(9.8-21.1)	58	12.8	(10.1-15.6)	14		
Montgomery County, OH	280	54.7	(49.4-60.1)	151	89.4	(77.5-101.2)	40	7.8	(5.9-10.0)	13			23	4.5	(2.9-6.1)	61	36.1	(28.4-43.8)	80	15.6	(12.9-18.5)	19		
Summit County, OH	229	44.5	(39.6-49.4)	65	55.6	(44.5-67.6)	46	8.9	(6.8-11.1)	7			12			14			58	11.3	(8.9-13.8)	13		
Oklahoma County, OK	392	62.8	(57.7-68.1)	150	86.7	(75.1-98.2)	73	11.7	(9.5-13.9)	14			42	6.7	(5.1-8.5)	52	30.0	(23.1-37.0)	118	18.9	(16.0-21.8)	19		
Tulsa County, OK	396	72.9	(67.0-79.0)	127	115.8	(99.4-133.2)	64	11.8	(9.4-14.2)	10			40	7.4	(5.5-9.4)	57	52.0	(41.0-63.8)	114	21.0	(17.9-24.3)	11		
Lane County, OR	196	47.8	(42.2-53.4)	6			36	8.8	(6.3-11.2)				6			1			60	14.6	(11.7-17.8)	1		
Marion County, OR	195	53.6	(47.3-59.9)	2			27	7.4	(5.2-9.9)	1			19						76	20.9	(17.0-25.0)			
Multnomah County, OR	282	44.4	(40.2-48.9)	45	68.1	(51.4-84.7)	52	8.2	(6.3-10.1)	4			28	4.4	(3.2-5.8)	21	31.8	(21.2-43.9)	63	9.9	(7.9-12.0)	6		
Allegheny County, PA	489	42.1	(39.0-45.3)	301	121.6	(110.3-133.3)	82	7.1	(5.8-8.3)	23	9.3	(6.1-12.5)	27	2.3	(1.6-3.1)	177	71.5	(62.6-80.4)	119	10.2	(8.7-11.8)	14		
Philadelphia County, PA	643	70.8	(66.3-75.4)	1087	110.2	(104.7-115.8)	80	8.8	(7.3-10.5)	67	6.8	(5.5-8.2)	95	10.5	(8.7-12.2)	606	61.4	(57.4-65.6)	114	12.6	(10.7-14.5)	93	9.4	(7.8-11.1)
Providence County, RI	277	40.8	(36.8-45.0)	61	58.8	(46.2-71.3)	30	4.4	(3.1-5.7)	7			43	6.3	(4.9-8.0)	21	20.2	(13.5-27.9)	66	9.7	(7.8-11.8)	9		
Richland County, SC	107	47.1	(39.7-54.6)	177	70.8	(62.0-79.6)	11			8			12			30	12.0	(8.4-15.6)	37	16.3	(11.9-20.7)	45	18.0	(13.6-22.4)
Minnehaha County, SD	107	57.4	(48.3-66.5)	5			24	12.9	(8.6-17.2)	3			5						35	18.8	(14.0-24.1)	2		
Davidson County, TN	307	72.3	(65.5-79.1)	243	100.4	(90.0-111.1)	45	10.6	(8.0-13.2)	23	9.5	(6.2-12.8)	32	7.5	(5.4-9.9)	99	40.9	(34.3-47.9)	108	25.4	(21.4-29.4)	37	15.3	(11.2-19.4)
Hamilton County, TN	166	60.8	(53.1-68.5)	76	78.3	(63.9-93.8)	19			3			9			30	30.9	(21.6-40.2)	65	23.8	(19.1-29.0)	8		
Knox County, TN	251	57.2	(51.3-63.1)	65	119.6	(95.7-145.4)	30	6.8	(4.8-8.9)	6			9			31	57.0	(40.5-73.6)	118	26.9	(22.8-31.0)	13		
Shelby County, TN	300	61.9	(56.1-67.9)	680	98.4	(92.2-104.6)	52	10.7	(8.2-13.2)	23	3.3	(2.2-4.5)	31	6.4	(4.5-8.2)	249	36.0	(32.3-39.8)	102	21.0	(17.7-24.5)	99	14.3	(12.0-16.8)
Bexar County, TX	1051	60.0	(56.9-63.0)	120	71.3	(60.6-82.0)	128	7.3	(6.3-8.4)	14			146	8.3	(7.2-9.5)	29	17.2	(11.9-22.6)	341	19.5	(17.7-21.2)	26	15.4	(10.7-20.8)
Dallas County, TX	1332	62.7	(59.9-65.5)	565	81.1	(75.5-86.7)	139	6.5	(5.6-7.5)	41	5.9	(4.5-7.5)	252	11.9	(10.6-13.1)	216	31.0	(27.6-34.5)	433	20.4	(18.8-22.0)	95	13.6	(11.3-15.9)
El Paso County, TX	462	47.9	(44.3-51.6)	18			44	4.6	(3.4-5.7)				27	2.8	(2.0-3.7)	3			169	17.5	(15.3-19.8)	6		
Fort Bend County, TX	160	45.2	(39.2-51.1)	69	53.1	(43.1-63.9)	23	6.5	(4.2-8.8)	9			23	6.5	(4.2-8.8)	13			57	16.1	(12.7-19.8)	19		
Harris County, TX	2228	64.3	(62.1-66.6)	769	78.5	(73.9-83.2)	287	8.3	(7.5-9.1)	58	5.9	(4.7-7.2)	409	11.8	(10.9-12.8)	205	20.9	(18.6-23.4)	712	20.5	(19.3-21.8)	132	13.5	(11.5-15.4)
Jefferson County, TX	149	81.4	(70.4-92.3)	86	63.4	(52.4-75.2)	24	13.1	(8.7-17.5)	1			8			18			55	30.0	(23.5-36.6)	22	16.2	(11.1-22.1)
Lubbock County, TX	198	54.2	(47.9-60.5)	33	98.9	(71.9-128.9)	37	10.1	(7.4-12.9)	1			18			8			69	18.9	(15.3-22.7)	7		
McLennan County, TX	181	64.5	(56.7-72.4)	43	73.7	(56.6-92.6)	20	7.1	(4.6-10.0)	4			18			12			75	26.7	(21.7-32.1)	8		
Montgomery County, TX	301	76.1	(69.0-83.4)	28	138.7	(99.1-183.3)	38	9.6	(7.1-12.1)	2			27	6.8	(4.8-9.1)	8			133	33.6	(28.8-38.4)	7		
Nueces County, TX	278	68.6	(62.0-75.5)	10			32	7.9	(5.7-10.4)	1			40	9.9	(7.4-12.6)	5			86	21.2	(17.5-25.2)	2		
Potter County, TX	82	62.5	(51.1-73.9)	13			5						9			4			24	18.3	(12.2-24.4)	3		
Tarrant County, TX	924	58.6	(55.5-61.8)	234	74.7	(66.7-82.7)	125	7.9	(6.8-9.1)	14			95	6.0	(5.0-7.0)	51	16.3	(12.8-20.1)	327	20.7	(18.9-22.7)	55	17.6	(13.7-21.4)
Travis County, TX	487	50.0	(46.3-53.8)	73	60.0	(48.5-71.5)	82	8.4	(6.9-10.0)	4			35	3.6	(2.7-4.6)	15			189	19.4	(17.2-21.8)	12		
Salt Lake County, UT	663	52.1	(48.8-55.5)	7			150	11.8	(10.2-13.4)				41	3.2	(2.4-4.1)				188	14.8	(13.1-16.6)	2		
Chittenden County, VT	81	39.4	(32.1-46.8)	5			20	9.7	(6.3-13.6)	1			3						22	10.7	(7.3-14.6)	1		
Alexandria city, VA	37	53.4	(38.9-67.8)	26	86.1	(59.6-115.8)	3			2			5			4			9			3		
Arlington County, VA	38	27.6	(20.4-34.9)	21	100.9	(67.3-139.3)	5			1			5			6			10			5		
Chesapeake city, VA	72	41.5	(33.5-49.6)	50	53.2	(41.5-66.0)	11			5			10			24	25.6	(17.0-34.1)	15			3		
Hampton city, VA	34	40.4	(29.7-52.3)	71	61.8	(49.6-73.9)	4			3			3			27	23.5	(16.5-31.3)	12			11		
Newport News city, VA	66	55.5	(44.6-67.3)	97	84.3	(70.4-98.2)	12			9			7			39	33.9	(25.2-43.5)	14			13		
Norfolk city, VA	65	34.6	(27.6-42.0)	139	71.3	(61.6-81.6)	13			14			7			54	27.7	(21.6-33.9)	18			19		
Richmond city, VA	50	55.3	(43.1-68.6)	274	168.2	(151.6-185.4)	3			13			13			164	100.7	(87.8-113.6)	14			16		
Virginia Beach city, VA	153	38.3	(33.3-43.6)	76	54.0	(44.1-64.7)	20	5.0	(3.3-7.0)	6			14			23	16.4	(10.7-22.0)	37	9.3	(6.8-11.8)	10		
King County, WA	690	45.7	(42.8-48.5)	107	65.4	(55.0-75.8)	118	7.8	(6.6-9.0)	12			63	4.2	(3.3-5.0)	40	24.5	(18.3-31.2)	204	13.5	(12.0-15.1)	14		
Pierce County, WA	416	53.9	(49.7-58.3)	69	65.5	(53.2-78.8)	79	10.2	(8.4-12.2)	7			25	3.2	(2.2-4.3)	22	20.9	(14.2-28.5)	136	17.6	(15.2-20.1)	11		
Spokane County, WA	248	46.3	(41.5-51.2)	7			47	8.8	(6.7-11.0)	3			26	4.9	(3.4-6.5)	2			62	11.6	(9.2-14.0)			
Kanawha County, WV	173	92.3	(81.1-104.0)	30	136.4	(95.5-177.3)	26	13.9	(9.6-18.7)	7			15			10			70	37.3	(30.4-44.8)	6		
Dane County, WI	224	39.7	(35.5-44.2)	28	75.3	(53.8-99.5)	51	9.0	(7.1-11.2)	4			6			8			65	11.5	(9.2-14.0)	5		
Milwaukee County, WI	358	47.0	(42.9-51.1)	429	103.2	(95.1-111.4)	47	6.2	(4.7-7.7)	32	7.7	(5.5-10.1)	84	11.0	(9.1-13.0)	224	53.9	(48.1-59.9)	73	9.6	(7.7-11.4)	32	7.7	(5.5-10.1)
Laramie County, WY	67	68.0	(54.8-82.2)	4			13						4						26	26.4	(18.3-35.5)	2		

Table 2. Profile of Large US Counties

Urbanization Classification, County Population, Percent Black and White among Adolescents and Young Adults, and Central City

County	Urbanization **	County Population (2000)	Percent of Residents (1999 to 2004) Age 10 to 24 Who Are		Central City
			Black	White	
Jefferson County, AL	Large Central Metro	662,047	47.5%	51.2%	Birmingham
Madison County, AL	Medium Metro	276,700	33.0%	63.7%	Madison
Mobile County, AL	Medium Metro	399,843	40.1%	57.1%	Mobile
Montgomery County, AL	Medium Metro	223,510	60.6%	38.0%	Montgomery
Anchorage Borough, AK	Medium Metro	260,283	8.9%	72.1%	Anchorage
Maricopa County, AZ	Large Central Metro	3,072,149	5.4%	88.7%	Phoenix
Pima County, AZ	Medium Metro	843,746	4.5%	87.3%	Tucson
Pulaski County, AR	Medium Metro	361,474	43.9%	54.3%	Little Rock
Alameda County, CA	Large Central Metro	1,443,741	17.4%	56.7%	Oakland
Contra Costa County, CA	Large Fringe Metro	948,816	12.8%	71.8%	Concord
Fresno County, CA	Medium Metro	799,407	6.8%	79.4%	Fresno
Kern County, CA	Medium Metro	661,645	7.3%	86.2%	Bakersfield
Los Angeles County, CA	Large Central Metro	9,519,338	11.1%	74.9%	Los Angeles
Monterey County, CA	Medium Metro	401,762	4.4%	86.7%	Salinas
Orange County, CA	Large Central Metro	2,846,289	2.5%	80.2%	Santa Ana
Riverside County, CA	Large Central Metro	1,545,387	8.3%	84.1%	Riverside
Sacramento County, CA	Large Central Metro	1,223,499	13.9%	68.7%	Sacramento
San Bernardino County, CA	Large Fringe Metro	1,709,434	11.4%	81.0%	San Bernadino
San Diego County, CA	Large Central Metro	2,813,833	7.9%	79.4%	San Diego
San Francisco County, CA	Large Central Metro	776,733	11.1%	48.0%	San Francisco
San Joaquin County, CA	Medium Metro	563,598	9.3%	72.9%	Stockton
San Mateo County, CA	Large Fringe Metro	707,161	4.7%	68.5%	San Mateo
Santa Clara County, CA	Large Central Metro	1,682,585	4.0%	67.3%	San Jose
Solano County, CA	Medium Metro	394,542	18.8%	63.4%	Vallejo
Sonoma County, CA	Medium Metro	458,614	2.7%	90.4%	Santa Rosa
Stanislaus County, CA	Medium Metro	446,997	4.1%	87.1%	Modesto
Ventura County, CA	Medium Metro	753,197	3.0%	89.0%	Oxnard
Adams County, CO	Large Fringe Metro	363,857	4.2%	89.8%	Aurora
Arapahoe County, CO	Large Fringe Metro	487,967	11.1%	83.0%	Aurora
Boulder County, CO	Medium Metro	291,288	1.5%	93.5%	Boulder
Denver County, CO	Large Central Metro	554,636	14.4%	79.5%	Denver
El Paso County, CO	Medium Metro	516,929	9.7%	85.5%	Colorado Springs
Jefferson County, CO	Large Fringe Metro	527,056	1.6%	94.0%	Arvada
Larimer County, CO	Medium Metro	251,494	0.0%	95.5%	Fort Collins
Hartford County, CT	Large Central Metro	857,183	17.5%	78.7%	Hartford
New Haven County, CT	Medium Metro	824,008	16.8%	79.4%	New Haven
New Castle County, DE	Large Fringe Metro	500,265	24.9%	72.1%	Wilmington
District of Columbia, DC	Large Central Metro	572,059	60.5%	35.5%	Washington, DC
Broward County, FL	Large Fringe Metro	1,623,018	33.1%	63.3%	Ft. Lauderdale
Duval County, FL	Large Central Metro	778,879	35.9%	60.5%	Jacksonville
Hillsborough County, FL	Large Central Metro	998,948	21.0%	75.4%	Tampa
Leon County, FL	Medium Metro	239,452	35.6%	62.1%	Tallahassee
Miami-Dade County, FL	Large Central Metro	2,253,362	27.9%	69.9%	Miami
Orange County, FL	Large Central Metro	896,344	24.6%	70.7%	Orlando
Palm Beach County, FL	Large Fringe Metro	1,131,184	25.0%	72.3%	Palm Beach
Pinellas County, FL	Large Central Metro	921,482	15.5%	80.6%	St. Petersburg
Chatham County, GA	Medium Metro	232,048	49.2%	48.1%	Savannah
DeKalb County, GA	Large Fringe Metro	665,865	64.8%	30.5%	Decatur
Fulton County, GA	Large Central Metro	816,006	52.6%	43.2%	Atlanta
Muscogee County, GA	Medium Metro	186,291	49.8%	47.6%	Columbus
Honolulu County, HI	Medium Metro	1,244,898	4.8%	27.1%	Honolulu CDP
Ada County, ID	Medium Metro	344,355	1.3%	95.6%	Boise
Cook County, IL	Large Central Metro	5,377,507	31.2%	63.0%	Chicago (not included)
Kane County, IL	Large Fringe Metro	404,119	8.1%	89.0%	Aurora
Peoria County, IL	Medium Metro	183,433	23.1%	74.7%	Peoria
Winnebago County, IL	Medium Metro	278,418	15.2%	82.0%	Rockford
Allen County, IN	Medium Metro	331,849	15.6%	82.3%	Fort Wayne
Lake County, IN	Large Fringe Metro	484,564	29.8%	68.7%	Gary
Marion County, IN	Large Central Metro	860,454	30.7%	67.5%	Indianapolis
St. Joseph County, IN	Medium Metro	265,559	14.5%	83.0%	South Bend
Vanderburgh County, IN	Medium Metro	171,922	10.2%	88.5%	Evansville
Linn County, IA	Small Metro	191,701	4.3%	93.6%	Cedar Rapids
Polk County, IA	Medium Metro	374,601	6.7%	89.4%	Des Moines
Sedgwick County, KS	Medium Metro	452,869	12.4%	81.6%	Wichita
Shawnee County, KS	Small Metro	169,871	12.6%	84.0%	Topeka
Wyandotte County, KS	Large Fringe Metro	157,882	32.7%	63.5%	Kansas City
Jefferson County, KY	Large Central Metro	260,512	24.7%	73.4%	Lexington
Kenton County, KY	Large Fringe Metro	693,604	5.4%	93.7%	Lousiville
Caddo Parish, LA	Medium Metro	522,560	54.4%	44.3%	Shreveport
East Baton Rouge Parish, LA	Medium Metro	412,852	46.1%	51.2%	East Baton Rouge
Orleans Parish, LA	Large Central Metro	484,674	76.5%	20.5%	Orleans
Cumberland County, ME	Medium Metro	265,612	2.2%	95.3%	Portland
Baltimore County, MD	Large Fringe Metro	754,292	26.7%	68.9%	Baltimore (not included)
Montgomery County, MD	Large Fringe Metro	873,341	19.7%	67.0%	Montgomery
Hampden County, MA	Medium Metro	456,228	12.6%	84.8%	Springfield
Middlesex County, MA	Large Fringe Metro	1,465,396	5.6%	85.1%	Lowell
Suffolk County, MA	Large Central Metro	689,807	28.5%	61.6%	Boston
Worcester County, MA	Medium Metro	750,963	4.8%	91.1%	Worcester
Genesee County, MI	Medium Metro	436,141	25.5%	72.5%	Flint
Ingham County, MI	Medium Metro	279,320	13.1%	81.6%	Lansing
Kent County, MI	Medium Metro	574,335	12.1%	84.9%	Grand Rapids
Macomb County, MI	Large Fringe Metro	788,149	4.9%	91.6%	Mt. Clemens
Washtenaw County, MI	Medium Metro	322,895	14.7%	76.6%	Ypsilanti
Wayne County, MI	Large Central Metro	2,061,162	48.7%	48.6%	Detroit
Hennepin County, MN	Large Central Metro	1,116,200	14.6%	76.2%	Minneapolis
Ramsey County, MN	Large Central Metro	511,035	11.6%	72.8%	Saint Paul
Hinds County, MS	Medium Metro	250,800	70.8%	28.4%	Jackson
Greene County, MO	Medium Metro	240,391	3.3%	94.3%	Springfield
Jackson County, MO	Large Central Metro	912,667	29.6%	67.7%	Kansas City
St. Louis County, MO	Large Central Metro	1,016,315	25.3%	71.9%	Saint Louis
Missoula County, MT	Small Metro	95,802	0.0%	94.0%	Missoula
Douglas County, NE	Medium Metro	463,585	15.2%	81.3%	Omaha
Lancaster County, NE	Medium Metro	250,291	3.9%	92.1%	Lincoln
Clark County, NV	Large Central Metro	1,375,765	12.6%	79.3%	Las Vegas
Washoe County, NV	Medium Metro	339,486	3.3%	87.9%	Reno
Hillsborough County, NH	Medium Metro	380,841	2.2%	95.2%	Manchester
Essex County, NJ	Large Central Metro	793,633	49.5%	45.7%	Newark
Hudson County, NJ	Large Central Metro	608,975	19.6%	69.0%	Jersey City
Bernalillo County, NM	Medium Metro	556,678	4.3%	86.6%	Albuquerque
Albany County, NY	Medium Metro	294,565	15.5%	80.0%	Albany
Bronx County, NY	Large Central Metro	1,332,650	45.8%	48.7%	Bronx
Erie County, NY	Large Central Metro	950,265	17.1%	79.7%	Buffalo
Kings County, NY	Large Central Metro	2,465,326	44.1%	47.0%	Brooklyn
Monroe County, NY	Large Central Metro	735,343	19.1%	77.0%	Rochester
New York County, NY	Large Central Metro	1,537,195	28.2%	59.1%	Manhattan
Queens County, NY	Large Central Metro	2,229,379	26.4%	52.0%	Queens
Richmond County, NY	Large Central Metro	443,728	14.5%	78.3%	Staten Island
Westchester County, NY	Large Fringe Metro	923,459	19.7%	74.4%	New Rochelle
Durham County, NC	Medium Metro	223,314	44.9%	50.5%	Durham
Forsyth County, NC	Medium Metro	306,067	32.0%	66.3%	Winston-Salem
Guilford County, NC	Medium Metro	421,048	38.0%	58.1%	Greensboro
Mecklenburg County, NC	Large Central Metro	695,454	35.4%	60.0%	Charlotte
Wake County, NC	Medium Metro	627,846	23.7%	72.0%	Raleigh
Cass County, ND	Small Metro	123,138	1.5%	95.7%	Fargo
Cuyahoga County, OH	Large Central Metro	1,393,978	34.8%	62.7%	Cleveland
Franklin County, OH	Large Central Metro	1,068,978	22.4%	73.5%	Columbus
Hamilton County, OH	Large Central Metro	845,303	29.0%	69.0%	Cincinnati
Lucas County, OH	Medium Metro	455,054	22.1%	76.0%	Toledo
Montgomery County, OH	Medium Metro	559,062	24.4%	73.8%	Dayton
Summit County, OH	Medium Metro	542,899	18.1%	79.8%	Akron
Oklahoma County, OK	Large Central Metro	660,448	19.9%	71.6%	Oklahoma City
Tulsa County, OK	Medium Metro	563,299	15.2%	75.3%	Tulsa
Lane County, OR	Medium Metro	322,959	1.8%	91.9%	Eugene
Marion County, OR	Medium Metro	284,834	1.9%	92.5%	Salem
Multnomah County, OR	Large Central Metro	660,486	8.5%	82.1%	Portland
Allegheny County, PA	Large Central Metro	1,281,666	17.1%	80.1%	Pittsburgh
Philadelphia County, PA	Large Central Metro	1,517,550	48.7%	44.8%	Philadelphia
Providence County, RI	Large Central Metro	621,602	12.5%	81.4%	Providence
Richland County, SC	Medium Metro	320,677	51.0%	46.3%	Columbia
Minnehaha County, SD	Small Metro	148,281	2.5%	93.1%	Sioux Falls
Davidson County, TN	Large Central Metro	569,891	35.1%	61.5%	Nashville
Hamilton County, TN	Medium Metro	307,896	25.7%	72.2%	Chattanooga
Knox County, TN	Medium Metro	382,032	10.8%	87.1%	Knoxville
Shelby County, TN	Large Central Metro	897,472	57.6%	40.4%	Memphis
Bexar County, TX	Large Central Metro	1,392,931	8.5%	88.1%	San Antonio
Dallas County, TX	Large Central Metro	2,218,899	23.5%	71.6%	Dallas
El Paso County, TX	Medium Metro	679,622	3.9%	93.6%	El Paso
Fort Bend County, TX	Large Fringe Metro	354,452	23.4%	63.8%	Houston
Harris County, TX	Large Central Metro	3,400,578	20.8%	73.4%	Pasadena
Jefferson County, TX	Medium Metro	252,051	40.9%	55.2%	Beaumont
Lubbock County, TX	Medium Metro	242,628	8.2%	89.5%	Lubbock
McLennan County, TX	Small Metro	213,517	16.7%	80.5%	Waco
Montgomery County, TX	Large Fringe Metro	293,768	4.8%	93.2%	Houston
Nueces County, TX	Medium Metro	313,645	5.0%	92.5%	Corpus Christi
Potter County, TX	Small Metro	217,858	12.3%	83.5%	Amarillo
Tarrant County, TX	Large Central Metro	1,446,219	15.7%	79.0%	Fort Worth
Travis County, TX	Large Central Metro	835,870	10.3%	82.8%	Austin
Salt Lake County, UT	Large Central Metro	898,387	1.6%	92.7%	Salt Lake City
Chittenden County, VT	Small Metro	146,571	1.5%	95.8%	Burlington
Alexandria city, VA	Large Central Metro	128,283	28.1%	64.5%	Alexandria
Arlington County, VA	Large Fringe Metro	189,453	11.7%	77.4%	Arlington
Chesapeake city, VA	Large Fringe Metro	199,184	34.2%	63.2%	Chesapeake
Hampton city, VA	Large Fringe Metro	146,437	56.1%	41.1%	Hampton
Newport News city, VA	Large Fringe Metro	180,150	47.5%	49.1%	Newport News
Norfolk city, VA	Large Central Metro	234,403	48.8%	47.1%	Norfolk
Richmond city, VA	Large Central Metro	197,790	62.4%	34.6%	Richmond
Virginia Beach city, VA	Large Central Metro	425,257	24.4%	69.2%	Virginia Beach
King County, WA	Large Central Metro	1,737,034	8.2%	75.7%	Seattle
Pierce County, WA	Large Fringe Metro	700,820	10.8%	79.1%	Tacoma
Spokane County, WA	Medium Metro	417,939	2.7%	91.9%	Spokane
Kanawha County, WV	Medium Metro	200,073	10.4%	88.3%	Charleston
Dane County, WI	Medium Metro	426,526	5.8%	88.2%	Madison
Milwaukee County, WI	Large Central Metro	940,164	33.5%	61.4%	Milwaukee
Laramie County, WY	Small Metro	81,607	4.8%	92.2%	Cheyenne

Notes: County Population is from 2000 Census, Percent Black and White are from the Compressed Mortality Files and both include persons of Hispanic ethnicity (for comparability with Table 1).
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File (CMF) 1999-2004. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2004 Series 20 No. 2J, 2007.
**Urbanization is defined according to the 2006 NCHS Urban-Rural Classification Scheme for Counties, downloaded from CDC Wonder CMF

Table 3. Mortality Rates, Overall and by Specific Cause

By Urbanization and Age Group, 1999-2004 (deaths per 100,000)

[**rates based on fewer than 20 deaths are unreliable and may fluctuate due only to "chance"]			All Deaths	Homicide (Assault)	Motor Vehicle (Transport Accidents)	Suicide (Intentional Self-Harm)
Large Central Metro	10-14 years	Black or African American	26.6	3.2	3.4	1.3
		Other Race	13.4	0.7	1.7	0.7
		White	16.0	1.1	2.6	1.0
	15-19 years	Black or African American	97.1	49.0	9.6	5.2
		Other Race	35.2	6.2	7.3	4.4
		White	56.8	10.2	13.5	7.0
	20-24 years	Black or African American	175.8	88.1	14.1	11.0
		Other Race	43.4	7.2	9.1	6.9
		White	81.5	14.5	15.6	11.4
Large Fringe Metro	10-14 years	Black or African American	23.7	1.6	3.4	1.1
		Other Race	11.3	**	1.4	**
		White	15.0	**	2.8	1.1
	15-19 years	Black or African American	73.5	23.5	12.4	4.3
		Other Race	32.5	3.4	8.6	4.5
		White	57.4	3.4	17.1	7.7
	20-24 years	Black or African American	129.1	46.6	17.6	10.0
		Other Race	44.4	4.5	9.7	7.0
		White	85.7	6.0	20.1	12.5
Medium Metro	10-14 years	Black or African American	25.6	2.1	3.8	1.1
		Other Race	16.2	**	2.4	**
		White	18.4	0.7	3.7	1.4
	15-19 years	Black or African American	79.2	25.7	12.9	5
		Other Race	50.1	6.1	11.6	7.6
		White	62.9	4.4	19.0	8.6
	20-24 years	Black or African American	131.1	46.8	17.9	8.9
		Other Race	56.8	5.8	12.5	9.3
		White	82.8	6.7	20.6	12.7
Small Metro	10-14 years	Black or African American	27.8	1.5	5.0	**
		Other Race	23.0	**	4.8	**
		White	20.1	0.7	4.0	1.7
	15-19 years	Black or African American	71.2	16.8	13.3	4.2
		Other Race	62.1	4.7	19.1	11.1
		White	65.8	3.2	22.0	9.1
	20-24 years	Black or African American	116.0	33.9	18.9	9.8
		Other Race	68.0	6.5	20.2	9.1
		White	76.6	4.6	20.6	12.6
Micropolitan (non-metro)	10-14 years	Black or African American	28.1	1.8	5.3	**
		Other Race	22.6	**	4.2	**
		White	23.3	0.8	5.5	1.7
	15-19 years	Black or African American	72.3	14.6	17.3	3
		Other Race	90.3	6.5	29.3	14.8
		White	78.7	2.9	28.7	9.9
	20-24 years	Black or African American	126.0	33.8	23.0	8.9
		Other Race	105.6	11.5	32.2	18.1
		White	94.7	5.1	27.2	14.4
NonCore (non-metro)	10-14 years	Black or African American	35.7	**	7.1	**
		Other Race	44.0	**	10.3	**
		White	26.7	0.7	6.5	1.9
	15-19 years	Black or African American	86.0	11.3	27.3	4
		Other Race	168.4	13.1	50.9	39.2
		White	96.4	2.7	38.7	11
	20-24 years	Black or African American	148.8	29.2	37.1	11
		Other Race	235.3	22.4	76.9	37.3
		White	127.9	5.4	40.3	18.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File (CMF) 1999-2004. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2004 Series 20 No. 2J, 2007. The population data (denominators) on the CMF are derived from U.S. Census Bureau files. These data are modified census counts, intercensal estimates and postcensal estimates of the resident population of the relevent age and race group.

Table 4. Youth Risk Behavior Survey (YRBS) Local Surveys, 2005

Relevent HP2010 Goal and YRBS Question	Group		Baltimore	Boston	Broward County	Charlotte-Mecklenburg	Chicago	Dallas	DeKalb County	Detroit	Hills-borough County	Los Angeles	Memphis	Miami-Dade County	Milwaukee	New Orleans	New York City	Orange County	Palm Beach County	San Bernardino	San Diego	San Francisco	Washington, DC	United States
18-02. Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months.	**Total**		3.6 (±1.0)	3.3 (±1.2)	3.5 (±1.2)	Question not included, 2005	3.4 (±1.5)	2.6 (±0.8)	2.8 (±0.8)	3.4 (±0.7)	3.9 (±1.0)	2.6 (±1.1)	4.3 (±1.5)	2.2 (±0.7)	4.4 (±1.5)	5.5 (±1.5)	2.6 (±0.6)	2.9 (±1.2)	2.3 (±1.1)	4.5 (±1.3)	2.6 (±0.7)	3.3 (±0.8)	3.3 (±1.1)	**2.3 (±0.4)**
	Non-Hispanic	**White**	4.5 (±4.5)	0.6 (±0.9)	2.7 (±1.4)		†	†	1.9 (±1.7)	†	3.8 (±1.3)	2.6 (±0.8)	†	2.0 (±2.2)	2.7 (±1.9)	†	2.7 (±1.4)	3.2 (±2.1)	1.7 (±1.1)	5.5 (±3.4)	1.1 (±1.0)	2.4 (±2.6)	†	**2.1 (±0.5)**
		Black	3.3 (±0.9)	3.6 (±1.9)	3.5 (±2.1)		3.5 (±2.0)	1.9 (±1.5)	2.8 (±0.9)	3.0 (±1.0)	3.3 (±2.1)	3.9 (±2.3)	4.8 (±1.7)	3.7 (±2.2)	4.5 (±1.9)	5.3 (±1.6)	2.7 (±1.3)	2.4 (±2.2)	3.1 (±2.2)	5.2 (±3.3)	1.4 (±2.1)	6.2 (±3.0)	2.6 (±1.2)	**2.0 (±0.8)**
		Other	12.5 (±8.7)	3.2 (±2.3)	5.7 (±3.8)		†	†	3.1 (±2.1)	†	8.2 (±5.9)	1.7 (±2.3)	†	†	4.8 (±3.8)	8.9 (±5.4)	3.0 (±2.3)	†	11.7 (±8.7)	5.0 (±5.9)	2.4 (±1.5)	3.1 (±1.0)	4.0 (±3.9)	**3.1 (±1.9)**
	Hispanic, Any Race		†	4.8 (±3.0)	3.8 (±1.8)		3.3 (±2.3)	2.4 (±1.2)	4.9 (±3.8)	†	3.7 (±2.4)	2.6 (±1.4)	†	1.6 (±0.8)	5.7 (±3.8)	†	2.3 (±1.0)	2.4 (±1.5)	1.4 (±1.5)	4.0 (±1.5)	4.2 (±1.5)	2.6 (±1.8)	6.6 (±4.5)	**3.2 (±1.0)**
15-19. Percentage of students who never or rarely wore a seat belt when riding in a car driven by someone else.	**Total**		11.4 (±1.6)	22.7 (±2.6)	10.0 (±1.9)	6.5 (±1.5)	12.8 (±2.1)	8.8 (±1.7)	6.6 (±1.3)	7.7 (±1.7)	11.4 (±1.8)	7.6 (±3.3)	8.4 (±1.8)	15.3 (±2.1)	24.1 (±2.4)	13.0 (±1.6)	16.3 (±1.5)	11.2 (±2.2)	13.1 (±2.6)	7.5 (±1.5)	7.3 (±1.5)	7.6 (±1.2)	8.6 (±1.5)	**10.2 (±1.8)**
	Non-Hispanic	**White**	8.1 (±5.1)	21.7 (±5.6)	7.6 (±2.3)	4.1 (±1.6)	†	4.0 (±3.8)	4.5 (±2.9)	†	8.6 (±2.6)	4.0 (±3.4)	7.8 (±5.6)	9.3 (±5.1)	19.8 (±5.3)	†	9.4 (±2.9)	8.8 (±3.0)	8.1 (±2.2)	8.3 (±3.3)	5.6 (±2.2)	6.3 (±4.4)	†	**9.4 (±2.2)**
		Black	11.6 (±1.6)	23.1 (±3.8)	11.4 (±3.6)	7.9 (±2.2)	12.9 (±2.7)	8.4 (±2.4)	7.0 (±1.5)	7.0 (±1.7)	14.5 (±3.9)	2.4 (±1.8)	8.0 (±2.1)	20.7 (±3.8)	25.3 (±3.1)	12.6 (±1.6)	12.4 (±1.9)	13.2 (±4.9)	17.5 (±6.7)	7.5 (±3.5)	10.6 (±4.9)	9.7 (±3.4)	7.7 (±1.5)	**13.4 (±3.4)**
		Other	18.8 (±6.5)	22.6 (±4.6)	15.6 (±8.1)	12.1 (±6.3)	†	†	6.3 (±2.9)	7.5 (±4.7)	12.9 (±4.3)	7.9 (±3.3)	21.4 (±9.6)	†	18.6 (±4.6)	18.8 (±8.0)	19.4 (±3.5)	15.1 (±6.8)	19.2 (±9.4)	12.8 (±7.4)	7.7 (±2.8)	6.9 (±1.5)	8.9 (±4.6)	**8.4 (±2.5)**
	Hispanic, Any Race		†	23.1 (±4.8)	10.6 (±3.3)	8.2 (±4.4)	12.4 (±4.7)	9.8 (±2.7)	4.0 (±3.0)	†	13.2 (±3.3)	8.8 (±4.8)	†	13.8 (±2.3)	26.2 (±5.9)	†	20.4 (±3.8)	12.6 (±3.2)	16.6 (±4.7)	7.0 (±1.9)	7.2 (±2.3)	8.6 (±2.7)	15.2 (±4.7)	**10.6 (±2.1)**
26-06. Percentage of students who rode in a car or other vehicle driven by someone who had been drinking alchohol one or more times during the past 30 days.	**Total**		23.6 (±1.9)	20.7 (±2.8)	23.7 (±2.9)	25.2 (±2.2)	31.9 (±3.5)	41.9 (±3.4)	19.9 (±1.9)	30.4 (±2.5)	30.0 (±2.7)	30.9 (±4.8)	26.4 (±2.6)	27.2 (±2.0)	29.6 (±2.8)	31.9 (±2.8)	17.8 (±2.0)	27.5 (±2.9)	25.2 (±2.4)	29.8 (±2.6)	27.5 (±2.4)	20.8 (±1.7)	24.1 (±2.0)	**28.5 (±1.9)**
	Non-Hispanic	**White**	32.6 (±7.3)	24.0 (±8.4)	26.9 (±5.1)	27.4 (±3.2)	†	42.6 (±8.3)	23.3 (±6.7)	†	30.2 (±3.6)	22.9 (±6.9)	32.0 (±10.5)	27.6 (±7.3)	31.2 (±5.3)	†	20.9 (±3.6)	29.8 (±4.4)	27.3 (±3.4)	32.3 (±7.7)	26.9 (±3.7)	27.8 (±8.7)	†	**28.3 (±2.6)**
		Black	22.5 (±2.0)	19.5 (±3.6)	16.9 (±3.5)	23.0 (±3.8)	28.9 (±4.6)	33.9 (±5.9)	19.5 (±2.0)	30.7 (±2.7)	26.8 (±5.5)	21.5 (±7.2)	25.8 (±2.7)	21.7 (±4.4)	29.3 (±3.8)	31.0 (±3.1)	13.6 (±2.1)	21.2 (±5.1)	19.7 (±4.9)	21.6 (±5.4)	21.2 (±6.3)	25.8 (±6.6)	23.5 (±2.2)	**24.1 (±2.1)**
		Other	34.9 (±9.1)	21.1 (±5.0)	29.7 (±8.2)	25.1 (±6.7)	†	†	18.3 (±4.2)	31.3 (±8.3)	33.8 (±8.4)	18.8 (±6.1)	26.0 (±7.0)	†	23.9 (±6.1)	41.1 (±8.6)	14.5 (±3.4)	34.6 (±8.0)	32.9 (±10.3)	27.7 (±7.3)	24.9 (±4.8)	15.9 (±1.9)	25.2 (±7.3)	**22.4 (±3.5)**
	Hispanic, Any Race		†	20.9 (±3.8)	27.3 (±4.0)	25.7 (±6.6)	36.9 (±3.8)	47.3 (±4.3)	22.3 (±6.0)	†	31.3 (±5.0)	34.2 (±5.7)	†	29.6 (±2.5)	30.7 (±10.2)	†	22.4 (±3.0)	28.6 (±6.0)	26.5 (±5.8)	32.1 (±3.4)	31.1 (±4.8)	28.9 (±4.6)	29.4 (±5.2)	**36.1 (±3.3)**
15-39. Percentage of students who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days	**Total**		13.6 (±1.6)	7.7 (±1.5)	4.2 (±1.2)	4.9 (±1.1)	5.5 (±2.2)	6.2 (±1.5)	4.9 (±1.0)	7.0 (±1.8)	5.9 (±1.3)	5.8 (±2.3)	5.1 (±1.4)	3.8 (±0.9)	6.1 (±1.5)	5.6 (±1.4)	7.0 (±1.7)	5.4 (±1.3)	4.8 (±1.4)	5.9 (±1.5)	5.8 (±1.7)	6.9 (±1.1)	6.7 (±1.2)	**6.5 (±0.9)**
	Non-Hispanic	**White**	10.6 (±5.3)	7.6 (±3.8)	2.2 (±1.3)	4.4 (±1.9)	†	6.1 (±4.5)	4.6 (±3.3)	†	6.4 (±1.9)	4.1 (±2.1)	3.7 (±3.7)	5.4 (±3.6)	3.9 (±2.8)	†	5.9 (±1.4)	5.6 (±2.1)	4.0 (±1.6)	7.4 (±3.7)	3.9 (±1.4)	6.4 (±3.7)	†	**6.1 (±1.3)**
		Black	13.7 (±1.6)	8.7 (±2.5)	4.7 (±2.5)	4.6 (±1.6)	8.1 (±3.1)	6.9 (±2.5)	4.8 (±1.1)	7.2 (±1.9)	5.7 (±2.4)	7.5 (±2.7)	5.2 (±1.4)	6.6 (±2.1)	6.9 (±2.0)	5.4 (±1.5)	8.2 (±3.2)	4.2 (±2.2)	4.7 (±2.6)	4.9 (±3.1)	4.5 (±3.2)	9.8 (±3.9)	6.3 (±1.3)	**5.1 (±1.3)**
		Other	21.7 (±8.1)	8.1 (±3.0)	10.3 (±6.7)	9.8 (±4.8)	†	†	5.2 (±3.0)	4.5 (±4.4)	8.7 (±4.6)	5.8 (±4.6)	9.0 (±9.3)	†	5.5 (±3.3)	9.3 (±6.0)	4.4 (±1.9)	11.3 (±6.0)	16.3 (±9.7)	12.8 (±6.0)	5.7 (±2.5)	5.1 (±1.2)	9.9 (±5.8)	**8.0 (±3.3)**
	Hispanic, Any Race		†	6.3 (±2.4)	5.2 (±1.9)	6.5 (±3.9)	2.3 (±1.2)	5.7 (±1.7)	6.7 (±3.7)	†	3.8 (±1.7)	5.7 (±2.7)	†	2.4 (±0.9)	5.4 (±2.8)	†	7.3 (±1.6)	5.8 (±2.1)	4.1 (±2.1)	5.5 (±1.8)	7.6 (±2.9)	10.5 (±2.9)	8.0 (±3.9)	**8.2 (±1.8)**
15-38. Percentage of students who were in a physical fight one or more times during the past 12 months.	**Total**		42.9 (±2.9)	31.9 (±3.0)	30.4 (±3.1)	31.0 (±2.8)	42.7 (±4.4)	42.9 (±3.9)	36.2 (±2.7)	45.9 (±4.4)	34.8 (±3.0)	36.5 (±2.9)	39.5 (±4.5)	33.3 (±3.0)	43.3 (±3.6)	46.5 (±3.5)	35.8 (±2.4)	32.3 (±2.9)	31.4 (±3.2)	39.4 (±3.5)	34.6 (±2.9)	30.5 (±2.5)	36.3 (±2.5)	**35.9 (±1.5)**
	Non-Hispanic	**White**	35.4 (±8.3)	35.7 (±8.2)	27.5 (±6.3)	25.0 (±3.5)	†	39.5 (±10.0)	23.5 (±7.0)	†	28.8 (±3.4)	34.8 (±13.2)	29.1 (±11.9)	34.4 (±8.3)	37.1 (±6.6)	†	35.9 (±4.7)	29.1 (±4.3)	26.6 (±4.4)	35.3 (±7.4)	33.2 (±4.6)	30.6 (±8.6)	†	**33.1 (±1.7)**
		Black	43.7 (±2.9)	33.9 (±4.6)	31.5 (±4.4)	36.0 (±4.2)	48.8 (±4.6)	47.0 (±4.7)	38.1 (±3.0)	46.0 (±4.5)	44.4 (±7.0)	41.3 (±8.9)	40.6 (±4.7)	40.7 (±4.9)	46.6 (±4.4)	47.1 (±3.5)	37.9 (±4.4)	38.1 (±5.7)	36.2 (±6.2)	46.8 (±7.6)	41.1 (±9.0)	54.0 (±6.7)	36.8 (±2.6)	**43.1 (±3.4)**
		Other	44.8 (±8.2)	26.6 (±6.1)	34.2 (±8.9)	38.7 (±8.3)	†	†	29.9 (±5.6)	47.9 (±11.6)	37.0 (±7.9)	31.1 (±8.2)	46.6 (±11.9)	†	37.3 (±6.4)	38.2 (±7.9)	29.9 (±5.4)	37.1 (±9.1)	34.7 (±9.3)	40.0 (±9.4)	30.8 (±4.8)	21.4 (±2.6)	31.6 (±8.7)	**35.0 (±4.7)**
	Hispanic, Any Race		†	28.7 (±5.6)	32.2 (±4.3)	32.0 (±7.5)	37.0 (±6.3)	40.5 (±5.5)	37.6 (±8.4)	†	37.6 (±5.3)	36.3 (±2.3)	†	30.0 (±3.6)	39.2 (±6.9)	†	37.0 (±3.0)	31.0 (±5.4)	33.8 (±5.3)	38.3 (±3.7)	35.4 (±4.0)	40.6 (±4.2)	35.4 (±6.6)	**41.0 (±3.2)**

Source: CDC Healthy Youth Online http://apps.nccd.cdc.gov/yrbss/index.asp, http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf
"Other" includes American Indian, Alaskan Native, Asian, Native Hawaiian, Other Pacific Islander, Other and Multiple Race Responses that do not indicate Hispanic ethnicity.
†Note: Rates are not shown if there were less than 100 respondents for the subgroup.

Simpson Leads CityMatCH into the Future

CityMatCH Board of Directors announced the appointment of Patrick Simpson MPH as its new Executive Director in July 2007. Simpson had served as Acting Executive Director from 2005-2007, and previously led the day-to-day functions of the organization as Director of Operations.

As Executive Director, Simpson will provide active leadership, guiding the organization's vision, leading the CityMatCH national office staff in Omaha, and overseeing numerous federal grants designed to build the capacity of maternal and child health leaders in urban health departments around the country.

"Patrick brings enthusiasm, excellent qualifications and a background in public service that will position CityMatCH to carry on its tradition of cutting-edge strategies on local public health issues," said Mary Balluff, Chair of the CityMatCH Board of Directors. *"I am confident that his extensive experience focused on aspects of promoting and protecting the health of the nation's women and children will build a strong future for our organization."*

Dr. Bruce Buehler, Chair of the University of Nebraska Medical Center UNMC), Department of Pediatrics where CityMatCH is housed, reported, *"Mr. Simpson is an excellent choice to lead CityMatCH. He brings a wealth of knowledge and enthusiasm for the mission of the organization and will be an excellent leader for both the organization and within the university system."*

Simpson's life of public service began in 1987 when he joined the Peace Corps and was assigned to Tanzania. His career path next took him to Japan and then back to the United States as a youth counselor. In 1995, Simpson earned his Master's Degree in Public Health Epidemiology from the University of Alabama/Birmingham.

Said Simpson, *"I am excited to lead such a dynamic association and look forward to the new challenges and opportunities this position affords me. I have always believed in the mission of CityMatCH and look forward to working with the many committed maternal and child health leaders and partners across the country to assure the health and well being of women, children and their families."*

CityMatCH founding CEO, Dr. Magda Peck, stepped down as Executive Director in 2004 to expand her work in social justice and public health. Dr. Peck voiced her enthusiasm for Simpson's promotion, saying, *"Patrick has a terrific understanding of the organization's vision and operations and has fostered strong national partnerships. As Acting Executive Director, he gained the full confidence of staff and moved the organization into several new arenas."*

Dr. Peck, Professor of Pediatrics and Public Health at UNMC, remains engaged with CityMatCH as Senior Advisor.

Healthy Weight Action Learning Collaborative Fosters Unique Partnerships, Moves Forward

Teams participating in the joint Association of Maternal and Child Health Programs (AMCHP)/CityMatCH Action Learning Collaborative convened for their second face-to-face meeting on June 14-15 in Salt Lake City, UT. The CDC-funded Collaborative officially kicked-off in October 2006 with eight state/local teams selected through a competitive application process:

1) **California:** LosAngeles County
2) **California:** Sonoma County
3) **Florida:** Duval/Leon/Orange Counties
4) **Massachusetts:** Boston
5) **Minnesota:** Minneapolis
6) **Nebraska:** Douglas County
7) **Arizona:** Maricopa County
8) **Utah:** Salt Lake Valley

The June meeting, hosted by Audrey Stevenson, MSN, FNP, MPH and Lois Bloebaum, BSN, MPA of the Salt Lake Valley, UT team, represented an opportunity to brainstorm, problem-solve and receive feedback from other Collaborative participants, as well as national experts. Although each team has determined a unique way to address the topic of weight in women of reproductive age in their communities, two consistent aspects have emerged. First, is the need for clear messages tailored to diverse audiences — i.e., women whose behavior they want to impact, healthcare providers, other public health practitioners, policymakers, etc. Second, most teams plan to conduct focus groups to understand how women of reproductive age in their communities think about the relationship between weight and health.

Using Collaborative learning strategies, teams are working together – both within and across teams – to establish and strengthen partnerships between state and local levels and across disciplines to implement evidence-based strategies for maintaining a healthy weight, to improve the health of mothers and infants, and to increase capacity to promote healthy weight as a component of women's reproductive health.

Forming the core of Collaborative activities are face-to-face national meetings, monthly conference calls, tailored materials and information and technical assistance from national experts. Currently, the Collaborative is developing a focus-group discussion guide to explore beliefs around weight and health among women of reproductive age, and on ways to frame key messages of weight and reproductive health for a variety of audiences (e.g. women, health care providers, public health professionals, policy makers, etc.).

Next steps include implementation of team plans, evaluation, and the dissemination of lessons learned/ recommendations. As the first national initiative aimed at promoting a healthy weight in women of reproductive age, and involving public health practitioners from multiple disciplines at both the state and local level, a number of potential audiences and stakeholders will be interested in the lessons learned.

A final meeting is planned in conjunction with the 2008 annual AMCHP Conference. Cross-cutting collaboratives are a core strategy of CityMatCH adult learning; the successful bridgework they assure continues to reap positive rewards for urban communities.

For more information on the Healthy Weight in Women Action Learning Collaborative, contact Brenda Thompson, MPH at 402-561-7500, and stay tuned to future *City*Lights for more updates and information.

CityMatCH 2007 Board Election Results

CityMatCH is pleased to welcome several new members to the Board of Directors and Nominating Committee. Elections were held throughout the month of June for selected regional and at-large seats. Newly elected Board members assumed their responsibilities in August 2007 and will serve through August 2010. This year's ballot was extremely competitive and our thanks go out to each of the candidates.

New Board Members:

North Central Region Representative:
Deborah Hendricks, RN, MPH, Manager, Healthy Families Section
St Paul-Ramsey County (MN) Department of Public Health

At-Large Representative:
Geraldine Perry-Williams, RN, BSN, PHN, Interim MCH Director
Pasadena (CA) Public Health Department

Reelected Board Members:

South West Region:
Carol Synkewecz, MPH, MCH Director
HRS Duval County (FL) Public Health Department
South Central Region:
Zenobia Harris, MPH, BSN, Patient Care Leader - Central Region
Arkansas Department of Health

West:
Cynthia Harding, MPH, MCAH Division Director
Los Angeles County (CA) Department of Public Health

At-Large:
William Ridella, MPH, MBA, Deputy Director of Health
Detroit (MI) Department of Health and Wellness Promotion

Elected to the Nominating Committee:
Sherry Williams, BSN, Program Administrator
Waco-McLennan County (TX) Public Health District
Cheri Pies, MSW, DrPH, Director, Family, MCH Programs
Contra Costa County (CA) Health Services Department

Finally, CityMatCH would like to extend a huge "Thank you!" to the following outgoing Board and Nominating Committee Members for their commitment and service to the organization.

Board:

North Central Representative and Immediate Past Chair:
Kandi Buckland, RN, MPA, Deputy Public Health Administrator
El Paso County (CO) Department of Health & Environment

At-Large Representative:
Nina Burford, MS, RNC, Nurse Manager, Tri-County (CO) Health Department

Nominating Committee:
Belle Marks, RN, ND, MPH, Associate Director, Personal Health Services
Allentown (PA) Health Bureau

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Carol Gilbert, MS, Health Data Analyst
Marilyn Ingram, BA Logistics Program Associate
Laurin Kasehagen, MA, PhD MCH Epidemiologist
Mark Law, MS, Senior Coordinator
Sarena Murray, BA, Project Coordinator
Brenda Thompson, MPH, CDC - Assigned Public Health Prevention Specialist
Lingyun Zhu, BS, Web Designer

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*City*Lights **2007 Data Edition** Evaluation

City**M**at**CH** is conducting an evaluation of this adolescent health data edition of *City*Lights. Please take a few moments to answer this brief questionnaire, and either FAX or mail to City**M**at**CH.** Instructions can be found on the back of this page. Thank you.

1. The adolescent health data edition of *City*Lights was clear and easy to follow.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2. The information in this issue is relevant to my work in maternal and child health.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. Explanations of the data sources, results, and interpretation were easy to read and understand.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4. The data tables were easy to read and understand.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5. An on-line version of the data tables would be useful.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. If you would prefer an on-line version of the data tables, what type of format would be useful to you? *(Please describe)*

8. Did you pass a copy of this edition of *City*Lights along to someone else in your organization?
   - ☐ **YES**
   - ☐ **NO**

9. What other adolescent health topics would be useful to your work?
   - ☐ _____
   - ☐ _____
   - ☐ _____

(Please turn over to complete)

Demographic Information:

10. Who is the current recipient of this issue of *City*Lights? *(check all that apply)*

- ☐ MCH Director
- ☐ Local Health Department Official
- ☐ State Health Department Official
- ☐ Federal Health Official
- ☐ Other: _____

11. With what type of organization are you affiliated? *(check all that apply)*

- ☐ Local Governmental Public Health Agency
- ☐ Community-Based-Organization/Non-Profit
- ☐ State Government Health Agency
- ☐ Federal Government Health Agency
- ☐ Academic Institution
- ☐ Other: _____

12. Are you a designated City**M**at**CH** Health Department Member Representative?

- ☐ **YES**
- ☐ **NO**

Any additional comments or suggestions:

Thank you for your input. Please FAX: (402) 561-7525 or mail to the address below:

CityLights Evaluation
c/o Maureen Fitzgerald
City**M**at**CH** at the
University of Nebraska Medical Center
982170 Nebraska Medical Center
Omaha, NE 68198-2170

Questions: Please contact Maureen Fitzgerald at: (402) 561-7500