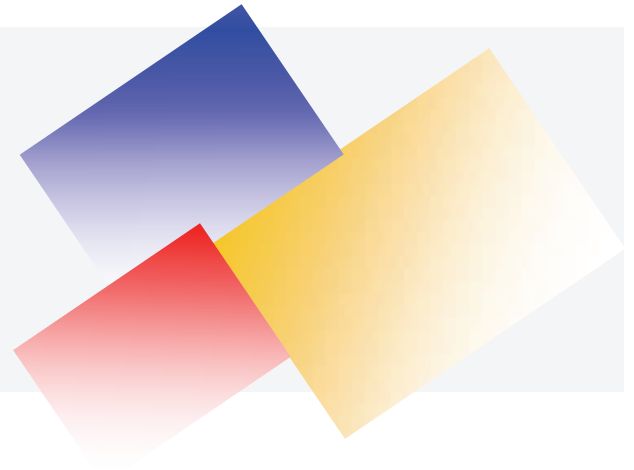


2014 State of the County Health Report



UNION COUNTY PUBLIC HEALTH



About this Report

The intent of this document is to provide an overview of both the health status of Union County and the health issues impacting county residents, both personal and environmental. The document will provide information on areas that were identified in the 2012 Community Health Assessment as priority areas. This report will indicate any actions that have been taken by the Union County Division of Health and / or the community toward resolving health related issues and improving health outcomes.

State Of The County Health Reports and the Community Health Assessments are available to the public at the Reference Desk of the Monroe branch of the Union County Library, and on-line. www.co.union.nc.us/Divisions/PublicHealth

Sincerely,

Phillip E. Tarte, MHA
Health Director
Union County Division of Public Health

Jackie Morgan
Health Promotions Supervisor
Union County Division of Public Health

Inside this Issue:

| | |
|-----------------------------------|----|
| Union County Overview | 3 |
| Demographics | 3 |
| Economics | 4 |
| Division of Public Health | 5 |
| Access to Health Care | 6 |
| Clinical Services | 6 |
| Communicable Diseases | 7 |
| Maternal Health | 7 |
| Grant Funded Programs | 8 |
| Emergency Services | 8 |
| Leading Causes of Death | 9 |
| Health Projections | 10 |
| Air Quality | 10 |
| Environmental Health Program Data | 11 |
| 2012 CHA Health Priorities | 12 |
| Childhood Obesity | 13 |
| Diabetes | 14 |
| Mental Health | 15 |
| Union County Health Trends | 16 |
| Conclusion | 17 |
| Goals | 17 |

Division of Public Health

The mission of Public Health is to prevent the spread of disease, protect the health of the community and promote healthy living. The Division was awarded Accreditation status from the state in December 2014. Agency services include Environmental Health, Clinical Health, Care Management, Dental, WIC, Health Promotions, and Grant Funded Services; Emergency Preparedness, ABC Project, Breast Feeding Support, Smiles, and Ryan White.

2014 Highlights

- UCHD achieved reaccreditation status
- Gastrointestinal Illness Outbreak
- Ebola Awareness / Prevention Activities
- Shingles vaccine offered— 36 shots provided
- GlaxoSmithKline Child Health Recognition Award





Union County Overview

Union County borders Charlotte, the largest metropolitan area in North Carolina consisting of over 2.2 million people. Union County maintains a population of over 200,000 individuals with fourteen (14) municipalities. Monroe is the County Seat.

In 2009, Union County was designated as the 7th fastest growing county in the nation representing a 56.1% increase in population from the 2000 Census. This growth presented unique challenges for Union County during the recession of 2008/2009. First, the high residential growth exploded the school enrollment to 43,000 students and demanded new school construction for at least 15 additional facilities. This increase (raising the public school facilities to 53 structures) added an unprecedented demand on county funding. Second, the lopsided 85/15 residential to commercial ratio created an unfortunate home foreclosure surge that is just now showing signs of recovery. The county continues to have a skewed tax base with 85% residential and 15% business/industry, creating a shortfall in available tax base to support all government services at full capacity. Currently, the county does not have its own water supply, relying on neighboring counties for capacity.

Eastern and western Union County continue to be drastically different in demographic makeup as the agricultural community, prevalent in the eastern half of the county, is slowly diminishing in the areas close to Charlotte. While the area remains a state leader in poultry, soybeans and corn, much of the farm land and open space are converting to neighborhoods. This creates concerns over the lack of green space and open access areas for use.

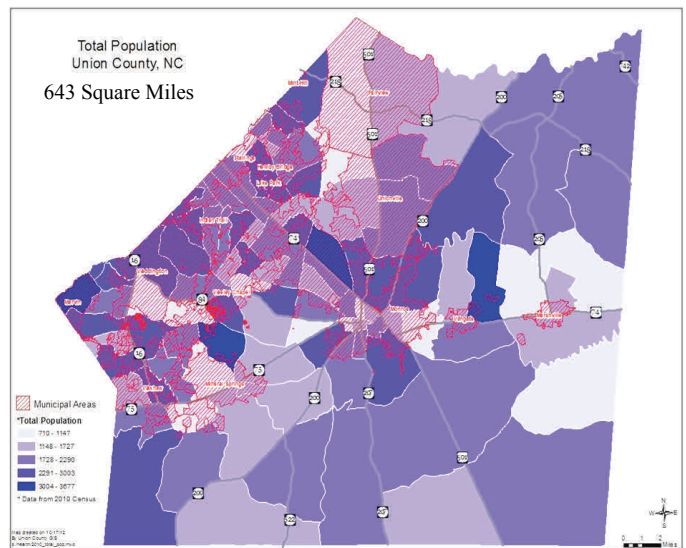
The average age in the county is 36 with a median household income of \$64,593. Much of this demographic is located in the western side of Union County.

Demographics

| Race | Percentage | Age | Percentage |
|-----------------|------------|---------------|------------|
| White | 74.6% | 0 – 14 years | 25.4% |
| Black | 12.0% | 15 - 24 years | 12.2% |
| American Indian | 0.4% | 25 – 34 years | 10.7% |
| Hispanic | 10.9% | 35 – 44 years | 16.9% |
| Other | 2.2% | 45 – 54 years | 15.1% |
| | | 55 – 64 years | 9.7% |
| | | 65 + years | 10.1% |

Education Levels

| | |
|--------------------------------|-------|
| Less than High School | 12.7% |
| High School Graduate | 27.1% |
| Some College | 21.9% |
| Associates Degree | 7.8% |
| Bachelor's Degree | 22.2% |
| Graduate / Professional Degree | 8.2% |



Population (2013)

Population: 212,756 *5.7% change from 2010 Census*

Unemployment: 6.2%

Labor Force: 103,349

Median Household Income: \$64,593



Economics

Despite fluctuations in the national economy, the local economy in Union County has remained stable. The county’s economic indicators are trending in a positive direction. Labor statistics show the county’s unemployment rate declining by 1.0 percent year over year through August 2014 to 6.2 percent.

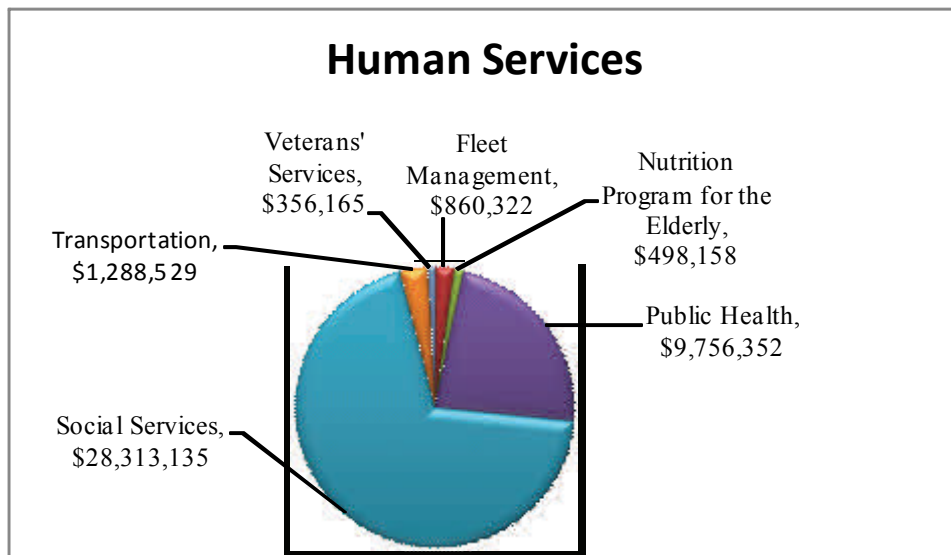
Building activity in FY 2014 continued to show signs of improvement. During FY 2014, 400 commercial permits, and 3,285 residential construction permits were issued. This was an increase from the previous year, and this trend is expected to continue into 2015, albeit at a slower pace. Union County’s tax base is 86% residential and has a median household income of \$64,593, down slightly from \$65,906 in 2000.

The North Carolina State Demographics Unit expects the County’s population to experience 19.37 percent growth between 2010 and 2020, representing an additional 39,000 residents, increasing the county population to reach 240,293 by the year 2020. With residential growth patterns expected to continue, the county faces a challenge in meeting infrastructure and service demands.

**Source: Union County Comprehensive Annual Financial Report FY 2014*



| Human Services Divisions | FY 2015 Adopted | % of Total |
|--------------------------------------|----------------------|---------------|
| Fleet Management | \$ 860,322 | 2.1% |
| Nutrition Program for the Elderly | \$ 498,158 | 1.2% |
| Public Health | \$ 9,756,352 | 23.2% |
| Social Services | \$ 28,313,135 | 69.4% |
| Transportation | \$ 1,288,529 | 3.2% |
| Veterans' Services | \$ 356,165 | 0.9% |
| Total Department Expenditures | \$ 41,072,661 | 100.0% |





Union County Human Services

Division of Public Health

In 2013, Union County consolidated its Health Department, Department of Social Services, Veterans Services Office and Nutrition/Transportation into a combined Human Services Agency as a result of SB 438. A Human Services Board was created later that same year. In early 2014, the Human Services Board was abolished with the Board of County Commissioners assuming direct control.

The Health Division employs 120 individuals both full, part time, and contract and is fortunate to report a 97.5% retention rate.

Health Division services offered in personal health are: Maternal Health Clinic, High-risk Maternal Health, Family Planning Clinic, Breast and Cervical Cancer Control including a Susan G. Komen grant, Immunization Clinic, Communicable Disease, Child Health Clinic with primary care, Diabetes Self-Management, and Health Promotion with the five year CDC grant for Community Transformation ending in Year Three.

The majority of Health Division clients are Hispanic with some clinics at 80% utilization for that population. The agency had approximately 14,000 clients last year accounting for 23,000 visits.

In addition to the clinical services, the agency houses the Women Infants and Children Program (WIC) and several grant funded programs including: Health Check, Breast Feeding Peer Counselor, Smiles and Ryan White.

A dental clinic is operational three days a week after a long-term dentist vacancy was filled.

The Health Division programs offered in Environmental Health are: On-site Waste Water, Well Program, Food Lodging and Institutions, Tattoo Artist Inspection, and Children’s Environmental Health.

The agency delivers clinical, dental, traditional public health and jail coverage.



Public Health Staff

Health Department – Health Care Services: 78

Environmental Health: 16

| FY | Local Allocation | FY | Expenses | FY | Revenues |
|------|------------------|------|-----------------|------|-----------------|
| 2014 | \$ 3,833,601.00 | 2014 | \$ 8,663,447.00 | 2014 | \$ 4,829,846.00 |
| 2013 | \$ 4,403,622.00 | 2013 | \$ 8,539,056.00 | 2013 | \$ 4,135,434.00 |
| 2012 | \$ 3,716,638.00 | 2012 | \$ 8,424,567.00 | 2012 | \$ 4,707,929.00 |
| 2011 | \$ 3,945,785.00 | 2011 | \$ 8,351,738.00 | 2011 | \$ 4,405,953.00 |



Access to Health Care

| 2012 Health Professionals in Union County per 10,000 Residents | |
|--|------|
| Physicians | 8.8 |
| Primary Care Physicians | 4.2 |
| Dentists | 2.7 |
| Dental Hygienists | 5.3 |
| Pharmacists | 8.9 |
| Registered Nurses | 46.4 |
| Nurse Practitioners | 1.8 |
| Respiratory Therapists | 1.8 |
| Occupational Therapists | 2.3 |
| Optometrists | 0.7 |
| Podiatrists | 0.1 |
| Psychologists | 0.4 |
| Certified Nurse Midwives | 0.2 |
| Physician Assistants | 1.9 |
| Chiropractors | 1.3 |
| Physical Therapists | 3.3 |



Clinical Services

Unduplicated Patient Count: 8,256

Visit County: 20,786

| 2014 Individual Program Data | | |
|------------------------------|-------------------------------|-------------|
| Program | Non-duplicated Patient Count | Visit Count |
| Child Health | 1686 | 3473 |
| Family Planning | 1727 | 3606 |
| Immunizations | 3213 | 3763 |
| STD | 718 | 893 |
| TB | 357 | 687 |
| Maternal Health | 733 | 4874 |
| High Risk MH | 92 | 1754 |
| Colpo | 56 | 56 |
| BCCCP | 112 | 112 |
| Wisewoman | 19 | 19 |
| International Travel | 91 | 91 |
| Dental Health | 425 | 896 |
| WIC | 3,900 (avg. monthly caseload) | |



Communicable Diseases

| | 2014 Cases |
|--------------------------------|------------|
| AIDS | 18 |
| Chlamydia | 568 |
| Gonorrhea | 110 |
| Hep B, Acute | 1 |
| Hep B, Carrier | 15 |
| HIV Disease | 22 |
| Nongonococcal Urethritis (NGU) | 4 |
| Campylobacter | 20 |
| Cryptosporidiosis | 3 |
| Cyclosporiasis | 1 |
| E. Coli | 1 |
| Hepatitis A | 1 |
| Legionellosis | 1 |
| Salmonellosis | 37 |
| Shigellosis | 6 |
| Hemophilus Influenza, Invasive | 2 |
| Influenza, Death: Adult | 1 |
| Pertussis (whooping cough) | 24 |
| VRSA | 1 |



Maternal Health

| | 2013 UC Rate | 2013 NC Rate |
|--------------------------|--------------|--------------|
| Birth | 57.0 | 61.0 |
| Abortion | 6.4 | 10.7 |
| Teen Pregnancy | 24.5 | 39.5 |
| Repeat Teen Pregnancy | 22.3 | 25.0 |
| Infant Mortality | 5.5 | 7.3 |
| Preterm | 10.6 | 11.7 |
| Low Birthweight | 7.8 | 8.9 |
| Very Low Birthweight | 1.1 | 1.7 |
| Late or No Prenatal Care | 30.3 | 27.4 |
| Mother Smoked | 8.0 | 10.6 |
| C-section | 31.7 | 30.4 |



Grant Funded Programs

| | Funded | Clients Served |
|--|-----------|----------------------------|
| ABC Project (About Breast Cancer) (Susan G. Komen) Breast Health Services | \$ 96,800 | 373 services / 176 clients |
| Smiles—Alliance for Children (After Lunch Tooth Brushing for Children) | \$ 83,000 | 578 children |
| Breast Feeding Support—Alliance for Children | \$ 53,500 | 927 clients |
| Ryan White | \$112,290 | 3 clients |



Emergency Services

Public Health Emergency Preparedness

The Division of Public Health receives state funding for Emergency Preparedness planning, and exercises. A Preparedness Coordinator plans for 48 hour response to emergencies requiring prophylaxis for the county population. The type of emergency requiring a Public Health response could include health emergencies such as exposure to infectious disease, disease outbreaks, natural disasters, or bioterrorism. Public Health works with partner agencies to open and staff 24 hour POD (Point of Dispensing) operations in the county. A POD is a temporary large-scale clinic designed to rapidly administer pills or vaccines to healthy individuals. PODs are in pre-identified locations, and would remain open until all dispensing is completed.

In 2014 the preparedness program worked collaboratively with CMC Union, Emergency Communications, and Emergency Management on EBOLA prevention and monitoring. As disease information and protocols were released from the CDC and the Division of Health and Human Services, Public Health communicated via Code Red to disease surveillance partners, organizations doing mission work abroad, and universities with international staff and students within Union County.



Emergency Communications

332,345 calls received by 911 (2014)

Union Emergency Medical Services

Average response time (Emergency Calls) = 7:25 minutes

Total responses resulting in transports = 12, 215

(56.6% to CMC Union, 2.6% to CMC Waxhaw, 31.1% outside county)

- EMS will be moving to a dynamic deployment model with additional ambulances and staff



Leading Causes of Death

Union County 2013

| Rank | Leading Causes of Death | Number | % |
|------|---|--------|------|
| 1 | Diseases of heart | 304 | 23.9 |
| 2 | Cancer | 298 | 23.4 |
| 3 | Chronic lower respiratory disease | 70 | 5.5 |
| 4 | Alzheimer's disease | 63 | 5 |
| 5 | Cerebrovascular diseases | 53 | 4.2 |
| 6 | All other unintentional injuries | 34 | 2.7 |
| 7 | Nephritis, nephrotic syndrome and nephrosis | 29 | 2.3 |
| 8 | Diabetes mellitus | 26 | 2 |
| 9 | Influenza and pneumonia | 25 | 2 |
| 10 | Intentional self-harm (suicide) | 23 | 1.8 |
| 11 | All other causes (residual) | 346 | 27.2 |
| | TOTAL DEATHS — ALL CAUSES | 1271 | 100 |

Source: State Center for Health Statistics

North Carolina 2013

| Rank | Leading Causes of Death | Number | % |
|------|---|--------|------|
| 1 | Cancer | 18615 | 22.3 |
| 2 | Diseases of the heart | 17812 | 21.4 |
| 3 | Chronic lower respiratory diseases | 4989 | 6 |
| 4 | Cerebrovascular diseases | 4472 | 5.4 |
| 5 | All other unintentional injuries | 2948 | 3.5 |
| 6 | Alzheimer's disease | 2874 | 3.4 |
| 7 | Diabetes mellitus | 2400 | 2.9 |
| 8 | Influenza and pneumonia | 1930 | 2.3 |
| 9 | Nephritis, nephrotic syndrome and nephrosis | 1780 | 2.1 |
| 10 | Septicemia | 1484 | 1.8 |
| 11 | All other causes (residual) | 24013 | 28.9 |
| | TOTAL DEATHS --ALL CAUSES | 83317 | 100 |

Source: State Center for Health Statistics



Health Projections

| Life Expectancy | | | | | |
|------------------------|--------------|-------------|---------------|--------------|-------------------------|
| | Total | Male | Female | White | African American |
| Union County | 79.5 | 77.5 | 81.5 | 80 | 76 |
| State | 78.3 | 75.8 | 80.7 | 78.9 | 75.9 |

Source: State Center for Health Statistics (County Data Book)

| Projected New Cancer Cases (2014) | | | | | |
|--|--------------------|-----------------------|-------------------------------|-----------------|----------------------|
| | Total Cases | Lung/ Bronchus | Breast Cancer (Female) | Prostate | Colon/ Rectum |
| Union County | 1,073 | 156 | 185 | 157 | 87 |
| State | 57,298 | 8,624 | 9,610 | 8,399 | 4,746 |

Source: NC Central Cancer Registry



Air Quality

The EPA has suggested changes with the intention of improving air quality, health outcomes and lessening environmental impacts of air pollution. EPA Scientists reviewed the most recent studies relating to ozone standards. The studies revealed that ozone levels below 75 parts per billion (ppb), which represents the current standard level, can still present a serious health threat for the public. In November 2014, the EPA stated in a news release that current standards could potentially harm the respiratory system, aggravate the health of asthmatics and people with lung diseases, and could be linked to premature death resulting from respiratory and cardiovascular causes. Ground level ozone is formed from the emissions of automobiles, industries, power plants, fumes from fuels, solvents and paints.

According to EPA analysis, strengthening the standard to a range of 65 to 70 ppb will provide significantly better protection for children, preventing from 320,000 to 960,000 asthma attacks and from 330,000 to 1 million missed school days. Strengthening the standard to a range of 70 to 65 ppb would better protect both children and adults by preventing more than 710 to 4,300 premature deaths; 1,400 to 4,300 asthma related emergency room visits; and 65,000 to 180,000 missed workdays.

Although Union County remains in non-attainment status for air quality, the one hour and 8 hour air quality standards for ozone limits are within allowable EPA standards. Union County air quality is evaluated as part of the Charlotte Metropolitan Statistical Area (MSA), and is impacted by the air quality in Charlotte.



Environmental Health Program Data

| Food / Lodging / Institutions | | | |
|--------------------------------------|--|--------------------------|-----------------------|
| Numbers | Inspections | Compliance Visits | Permits Issued |
| 1624 | Total Inspections | 715 | 91 Food Service |
| 206 | Childcare Facility Inspections | 73 | 7 Centers |
| 65 | School Building Inspections | 28 | N/A |
| 39 | Nursing Homes, Adult Day Cares Inspections | 39 | N/A |
| 636 | Swimming Pool, Wading Pools, Spa Inspections | 636 | N/A |
| 36 | Tattoo Inspections | N/A | 6 Tattoo Artist |
| 188 | FLI complaints taken | N/A | N/A |



| Children's Lead Poisoning Prevention Program | |
|---|---|
| Numbers | |
| 3 | Confirmed blood lead poisoning |
| 3 | Lead hazard investigations conducted |
| 4 | Confirmed elevated blood lead levels |
| 1 | Lead hazard investigation conducted for parents / guardians |



| On-Site Waste Water | |
|----------------------------|--|
| Numbers | |
| 607 | Soil Evaluations |
| 70 | Repairs |
| 311 | Waivers (existing system inspections) |
| 86 | Complaints |
| 377 | Improvement Permits |
| 303 | Construction Authorization Permits |
| 1 | Meth Lab (reported and confirmed) |
| 1 | Meth Lab Abatement Letter |
| 2902 | Total Sites Visited for On-Site |



Environmental Health Program Data continued...

| Well Program | | | |
|--------------------------------------|--|----------------|-----------------------------------|
| Numbers | Permits | Numbers | Completed Wells |
| 165 | New wells | 116 | New wells |
| 42 | Irrigation wells | 12 | Irrigation wells |
| 28 | Well abandonments | 11 | Well abandonments |
| 20 | Well repairs | 13 | Well repairs |
| 255 | Well Permits Issued | 152 | Certificates of Completion |
| Well Program Field Activities | | | |
| 304 | Well site permitting visits | | |
| 247 | Grout inspections | | |
| 515 | Site consultative visits | | |
| 186 | Well head completion visits | | |
| 14 | Well abandonments observed | | |
| Water Quality Samples | | | |
| 354 | Bacteria samples collected | | |
| 91 | Positive samples for presence of coliform bacteria | (25.7%) | |
| 4 | Positive samples for presence of E. coli bacteria | (1.13%) | |
| 267 | Inorganic samples collected | | |
| 38 | With arsenic levels > EPA maximum contaminant level (MCL) of 0.01 mg / I | | |
| 44 | Iron levels > EPA MCL of 0.30 mg/I | | |
| 69 | Manganese levels > EPA MCL of 0.05 mg/I | | |
| 3 | Herbicide samples collected | | |
| 0 | Levels > EPA MCL | | |



2012 CHA Health Priorities

The 2012 Community Health Assessment identified multiple health and wellness issues in Union County. While all issues identified were important, the priorities selected were based upon available resources, access to the target population, potential for impact and behavior modification. Priorities included childhood obesity and diabetes. The majority of fiscal and staff resource support required to sustain these priorities has come from external sources and organizations. Progress has been slow, but consistent with the introduction of new strategies and tools.



Childhood Obesity

| Date | Strategy / Action | Audience | Intended Outcome | Resources | Status |
|-----------|---|--|--|--|---|
| 2012 | Boys and Girls Club Fitness and Nutrition Pilot Program Development | Boys and Girls Club participants | Teach healthy eating and establish fitness as a scheduled part of Boys and Girls Club | Fitness Equipment, JUA-UCPS with Boys & Girls Club, RD for Nutrition Class, Fitness Instructor, Physician to monitor participant health status | Fitness equipment purchased, JUA signed, lack of funding for staffing components has delayed program status |
| 2012-2014 | Promote Local Farmers Markets, Produce Stands; Advertise in local newspapers, radio and billboards | Union County Families | Raise awareness of local produce, and encourage consumption of local foods for improved nutrition | CTG Funds | On-going for duration of CTG funding |
| 2012 | Teach Where Food Comes From in Child Care Centers | Union County Children in pre-school settings | Nutrition Education and encourage consumption of fruits & vegetables | UCHD Health Education Staff, or Intern - Nutrition Books | Dependent upon availability of staff or intern for outreach |
| 2012-2013 | Physical Activity Outreach in Child Care Settings | Union County Children in pre-school settings | Encourage fitness in child care settings, provide child cares with parachutes, teach parachute fitness activities | UCHD Health Education Staff, or Intern - Parachute Play Book, Parachutes | Dependent upon availability of staff or intern for outreach |
| 2012-2013 | Create access at UCPS to track, tennis courts, ballfields | Union County Families | Zero cost access to fitness opportunities within local communities | Agreement with UCPS | UCPS was unable to accommodate request due to liability |
| 2013 | Host Children's Scavenger Hunt at Union County Farmers Market | Union County Families | Educate children on where food comes from, encourage consumption of more fruits and vegetables | Food demonstration supplies | Completed 7/24/13 |
| 2014 | Expansion of CHIPRA / CHET classes for Health Department children referred for obesity, includes fitness lesson | Union County Families | Incorporate fitness and healthy eating options into the lives of at-risk children, provide fitness opportunities for families, teach proper nutrition decisions, change family behaviors | CHET Instructor, fitness instructor | On-going, liability waiver needed for participants, fitness instructor needed, additional planning required |



Diabetes

| Date | Strategy / Action | Audience | Intended Outcome | Resources | Status |
|-----------|--|---|--|--|---|
| 2012-2013 | Teach Diabetes Self-Management Classes | Diabetic Healthquest Clients | Provide disease management to people with diabetes | Public Health RN, Public Health RD | 2 PHN II trained in Diabetes Self-Management |
| 2012-2013 | Create access to free fitness opportunities | Diabetic Healthquest Clients | Encourage clients to lose weight, or maintain healthy weight via exercise | Fitness Equipment | Elipticals purchased for Healthquest |
| 2012-2013 | Murphy to Manteo Challenge | Diabetic Healthquest Clients | Encourage clients to lose weight, or maintain healthy weight via exercise | Murphy to Manteo Challenge forms provided to Healthquest | Health screens needed prior to reissuing challenge for 2015 |
| 2012-2013 | Increase access to fresh, local produce via setting up Produce stand at Healthquest on Mondays | Diabetic Healthquest Clients | Change dietary habits, include more fresh fruits and vegetables | Farmer , Produce Stand items - canopy, table, signage | Completed for season |
| 2014 | Monthly Diabetes Newsletter to educate clients | Diabetic Healthquest Clients, Community Health Clients | Provides continual educational reinforcement, diabetic friendly recipe, local resource awareness | Staff time, office supplies | On-going |
| 2014 | Diabetes Oral Hygiene Class - Two Way Connection | Diabetic Healthquest Clients, Community Health Clients, Diabetes Center Clients | Educate clients on connection between oral health and disease management | Dental Hygienist | On-going |



Mental Health

Cardinal Innovations Healthcare Solutions is a managed care organization covering 2.4 million individuals in North Carolina. Cardinal Innovations manages all Medicaid, state, and local funding for mental health, intellectual and developmental disability, and substance use/addiction services in covered areas, with the exception of Mecklenburg county.

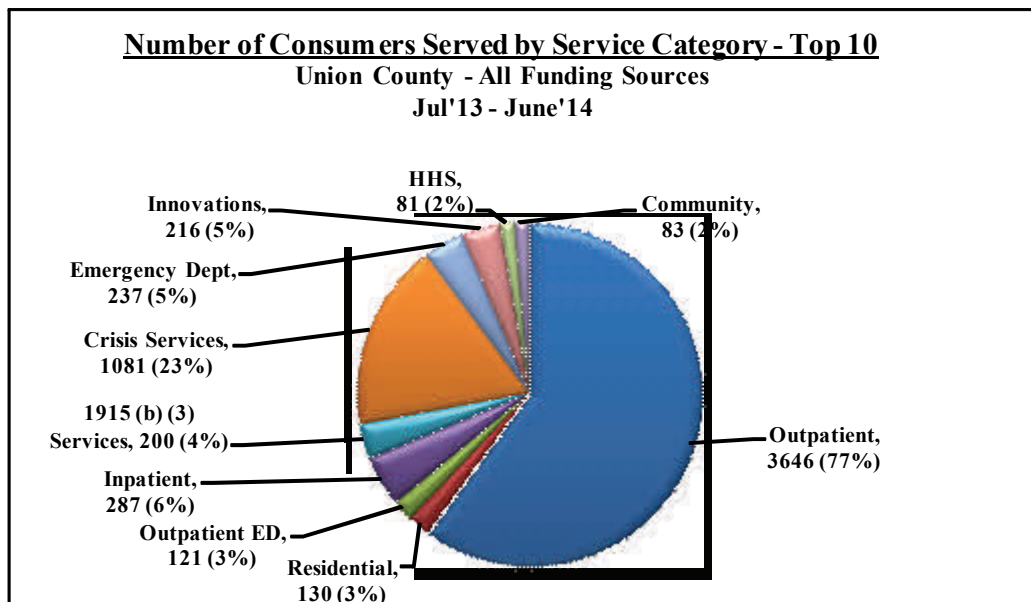
Union County paid \$385,000 to the state to supplement mental health crisis services provided in the county. Providers licensed through Cardinal offer services across 19 mandated categories.



Mental Health Crisis Programs Receiving County Dollars (June 2013-July 2014)

| | Union County Actual Expenses | % of Total Allocation |
|---|---------------------------------|--------------------------|
| Crisis Recovery Center | \$ 87,739.00 | 12.3% |
| Crisis Recovery Center – Indigent Meds | \$ 65,035.00 | 9.1% |
| Mobile Crisis | \$100,562.00 | 14.1% |
| Psych Support | \$ 8,132.00 | 1.1% |
| Forensic Screenings | \$ 3,069.00 | 0.4% |
| Emergency Back Up | \$ 1,849.00 | 0.3% |
| Medication Assistance | \$151,536.00 | 21.3% |
| Advanced Access | \$256,944.00 | 36.1% |
| CMC North East Emergency | \$ 30,307.00 | 4.3% |
| Ind Meds Monarch | \$ 6,314.00 | 0.9% |
| Total | \$711,488.00 | |
| Total County Funding | | |
| | \$716,465.00 | |
| % of County funds spent through 12/31/14 | 99.3% | |

Source: Cardinal Innovations Healthcare Solutions





Union County Health Trends

Obesity rates continue to trend upward for all age groups. While residents are aware of the health risks connected to obesity, changing behaviors to improve health outcomes is not occurring at the population health level. Obesity can be a gateway to more serious medical issues such as diabetes, heart disease and hypertension. Heart disease remains the number one cause of death in Union County. Diabetes has consistently been in the top ten causes of death for county residents for more than a decade.

Union County Alzheimer's disease rates continue to exceed the state rate. Elevated rates have not been attributed to a single factor. In previous years Duke University and the University of North Carolina at Chapel Hill conducted studies on arsenic and trace metals in well water. The studies examined any potential connections between Alzheimer's prevalence and high levels of arsenic in well water. Studies were abandoned due to lack of funds.

The NC Commission for Public Health approved new vaccine requirements, and changes to existing requirements as documented (Administrative Code 10A NCAC 41A.0401). Changes were made to more closely align NC requirements with current Advisory Committee on Immunization Practices recommendations. Public Health immunization programs have been charged with communicating these changes within their jurisdiction.

- Meningococcal conjugate vaccine (MCV) – one dose is required for students entering 7th grade, or by 12 years of age, whichever occurs first, with a booster dose required before entering 12th grade, or by 17 years of age. If the first dose is administered after the 16th birthday, a booster is not required
- Polio vaccine—booster (4th) dose is required on or after the 4th birthday and prior to entering school
- Varicella vaccine—one dose is required on or after 12 months of age and before 19 months, a second dose is required before entering school for the first time
- Tetanus, diphtheria, and pertussis (whooping cough) Tdap – a booster dose of Tdap is required for individuals who have not previously received Tdap and who are entering 7th grade, or by 12 years of age, whichever occurs first
- Change in school entry requirement – allows for simultaneous administration of Tdap and MCV vaccines at 11—12 year old recommendation



Conclusion

Fiscal Year 2014 was an active year for public health. The Department/Division transitioned from Board of Health to a Consolidated Human Services Board, to the Board of Commissioners assuming responsibility for Human Services. During transitions of Board structure, the agency went through the Reaccreditation process and was awarded Accreditation status in December 2014. In early 2015, the board structure was reverted back to a Consolidated Human Service Board.

In the fall of 2014, the agency completed a quality improvement project on clinic flow and practice management processes. The QI project was a key step in preparation for the 2015 implementation of an Electronic Medical Record system. The EMR will be activated in June of 2015.

In addition to the administrative activities, the EPI Team worked on a gastrointestinal disease outbreak, tracked CDC updates and prevention measures regarding Ebola and monitored pertussis outbreaks.

The clinical staff in the agency participated in Point of Distribution (POD) training exercises for emergency preparedness. The training prepares staff for any potential Public Health emergency that would require dispensing of medicine or vaccine to the full county population. Preparedness training is an on-going activity, and is funded through a Bioterrorism grant.

In efforts to improve the health of the community, the agency worked with Region 4 utilizing Community Transformation Grant (CTG) funds to promote local fresh fruit and vegetables at the farmers market. CTG funds paid for: market tables, signage, and advertising. The purchases were to assist Cooperative Extension staff in raising awareness of the nutritional benefits of eating locally grown produce, and encourage residents to support local farmers. CTG funds were also expended to support marketing efforts of Rocky River Local Foods, which supplies locally grown produce to Farm Fresh Ventures.



Goals

- Transition to EMR
- Add Health Education position
- Build prevention, health education, and outreach
- Educate community on new state mandated childhood vaccines for Kindergarten and 7th graders
- Continue Quality Improvement projects across the agency
- Maintain 100% compliance with FLI inspections
- Sustain Emergency Preparedness trainings
- Recruit Closed PODs in the Business Community to support preparedness efforts
- Establish youth Board of Health to coordinate school based activities addressing health issues