Community Health Improvement Plan - 2020

SECTION I.

COUNTY/DISTRICT HEALTH DEPARTMENT: Union County

CHA/CHNA YEAR: 2019

PRIORITY: Access to Care

HNC 2030 – Decrease the Uninsured Population 2030

SCORECARD URL (optional):

Instructions:

COUNTY/DISTRICT HEALTH DEPARTMENT: Specify the name of your local health department.

CHA/CHNA YEAR: 2019 If this CHIP updates an earlier CHA/CHNA, change the date to the appropriate year.

PRIORITY: State the name of the priority identified in the CHA/CHNA and cite the page number(s) where the priority identified and discussed.

HNC 2030 ALIGNMENT INDICATOR(s): Using the HNC 2030 report, provide the indicator(s) that aligns with this community priority.

SCORECARD: If you opt to use the web-based tool Clear Impact Scorecard to share your plan

   a. Complete Section I and Section III of the CHIP - 2020. Save file as a pdf.
   b. Submit the CHIP-2020 pdf and the Scorecard pdf to the Director, Community Health Assessment by September 7, 2010

Using principles of Results-based Accountability[2], describe how your agency and partners plan to move from talk to action to improve the quality of life in your community. Apply the Step-by-Step[3] process with your group of partners and describe that work in this document (or Scorecard).
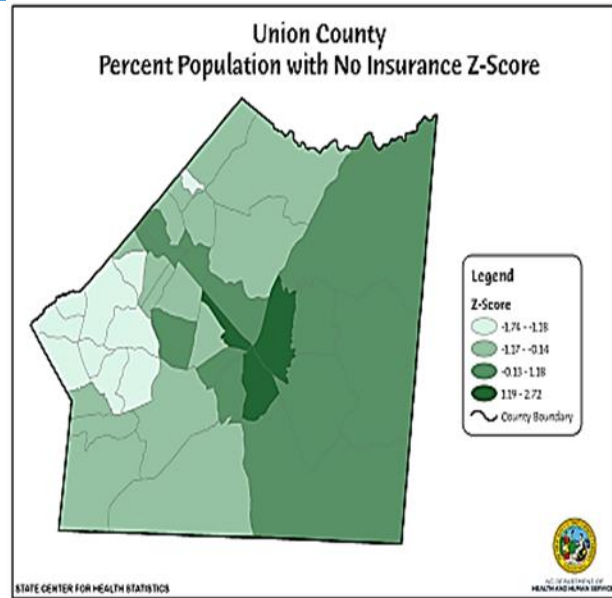
Due Date: CHIPs are due by September 7, 2020. Requests for assistance/variance/extension should be made to the Director, Community Health Assessment at CHA.SOTCH@dhhs.nc.gov before the due date.

SECTION II	
Step 1: What quality of life conditions do you want for the children, adults, and families in your community?	• Ability to achieve optimal health and mental health outcomes. • Everyone has an increased awareness of physical and mental health treatments and equitable opportunity to receive these treatments as needed. • All people have access to health and resource information, regardless of primary language. • Everyone has available access to quality and affordable care regardless of income, race, gender, religion, etc**.** • Everyone has access to reliable and consistent transportation. • Everyone has the ability to access the services they need to support their health and wellness. • Equal recreational opportunities for all areas of the County (Park and Rec facilities, green spaces, greenways, picnic areas, etc.). • All business and industry employees have access to physical and behavioral health services.

	• Everyone has to basic necessities, goods and services.
Step 2: What does it look like when you achieve this result?	• We want all Union County residents to be safe & secure (physically, socially, & economically) and supported (activities, services). • We want to live in a county that provides essential services, goods, and access to care to all its residents. • We want all Union county residents to have and use a primary care physician and/or medical home. • We want to live in a county that is medically supported where everyone has access to health and wellness services within a convenient geographical distance.
Step 3: How can you measure these quality of life conditions?	• Reduction in % of population living with Chronic Diseases (Diabetes, Heart Disease, Cancer, etc.). • % of Union County residents, both adults & children without insurance, by income, race, age, sex, educational attainment, and citizenship. • Outreach activities and preventative screenings provided to uninsured community by Union County Human Services Agency, Atrium Health, and Novant Health. • # of Primary Care Physicians, Dentists, Nurses, and PA's per 10,000 residents.
Step 4: How are you doing on the most important measures of this (these) condition(s) in our community?	Access to affordable, quality health care is important to physical, social, and mental health. It is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Additionally, availability of transportation is a key component of ensuring access to care. The implementation of the Affordable Care Act (ACA) in 2010 meant thousands of previously uninsured North Carolinians could obtain health insurance. Even though the number of insured people increased, there are still thousands more without health insurance. Some individuals and families do not have sufficient income to qualify for an insurance subsidy, yet those same individuals do not qualify for Medicaid, resulting in a persistent gap in health care coverage. In NC, the lack of insurance disproportionately affects Hispanic/Latino and American Indian populations, impacting 29.6 percent and 18.2 percent of these populations respectively. An average of 89.5% of the Union County population has public or private health insurance coverage, yet the rates range across the County from 69% to 98% depending upon the geographical area of residence. In addition, there is a direct relationship between resident's income level and whether they have insurance coverage - the higher the income level, the higher the rate of those insured.

Union County
Percent Population with No Insurance Z-Score

Legend
Z-Score
-1.74 - -1.18
-1.17 - -0.14
-0.13 - 1.18
1.19 - 2.72
County Boundary

STATE CENTER FOR HEALTH STATISTICS

In households with the highest % of uninsurance, 29% live below the poverty level, 18% have limited English proficiency, 45% live in single parent households, and 54% spend over 30% of income on rent.

The percentage of uninsured in Union County among racial/ethnic groups is:

- 9.2% White
- 10.2% African American
- 18.2% American Indian
- 29.2% Hispanic

The next section of charts (Figures 8, 9, 10, & 11) show healthcare data based on the most recent 2017 data from the Census Bureau which was released in December 2016 and tracks healthcare in the United States.

The first two charts show the percentage of people who do not have health care insurance, with data broken out by household income level. Figure 8 shows the percent with no insurance coverage by income group. In Union County the highest percentage of people not covered with insurance (24%) are those earning less than $25k.

Figure 9 shows the change in the percentage of people who have no insurance from 2015 to 2016. Union County's highest change in the percentage of people not covered with insurance of -1.0% for under $25k-change.

Figure 8: Percent of People with No Insurance by Income Group ⓘ

Income Group	Percent
Under $25k	~24%
$25k to $50k	~17%
$50k to $75k	~14%
$75k to $100k	~7%
Over $100k	~4.5%

Figure 9: Change in Percent of People with No Insurance from 2015 to 2016 ⓘ

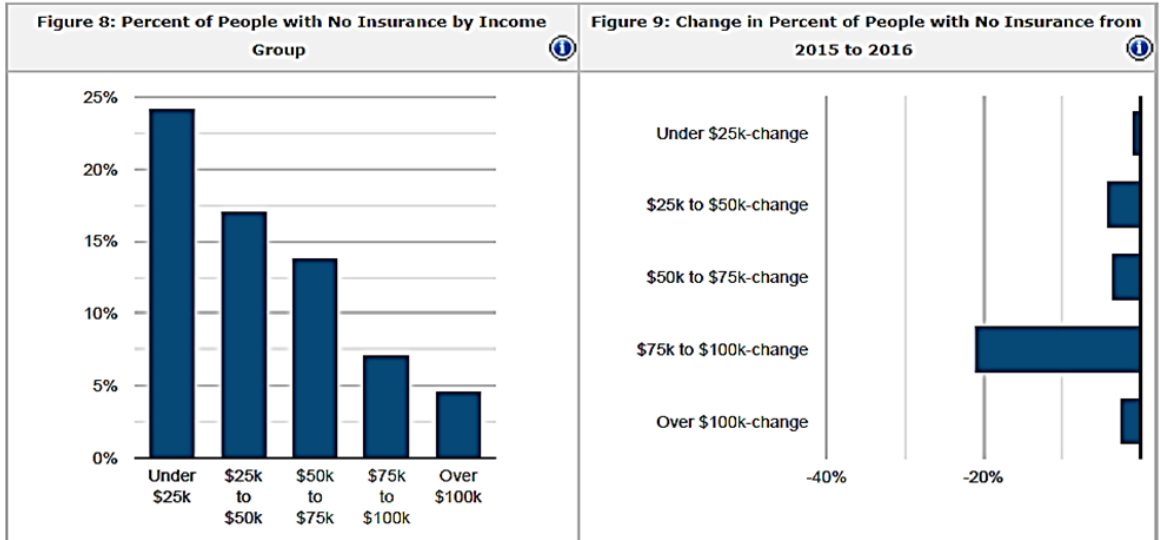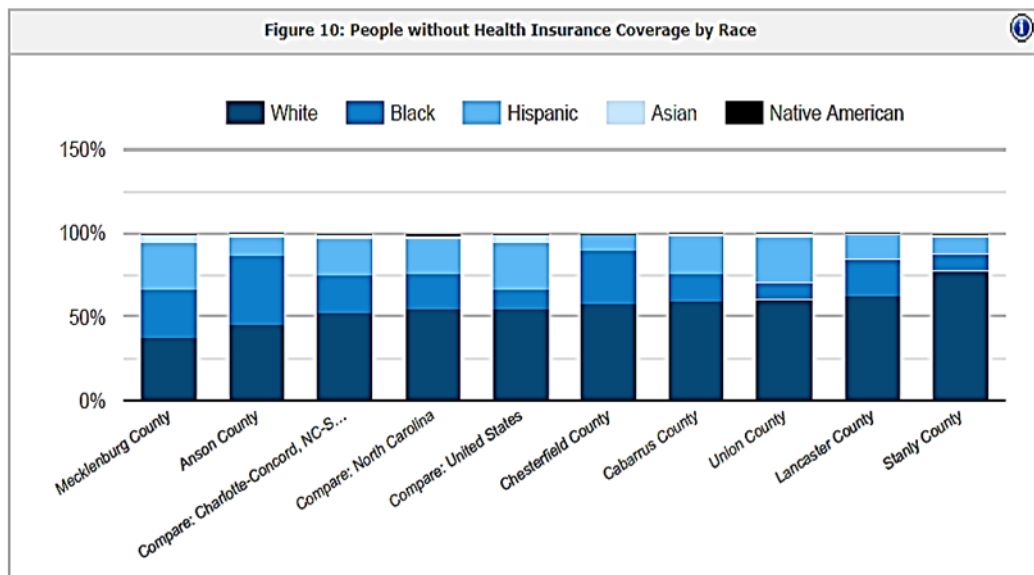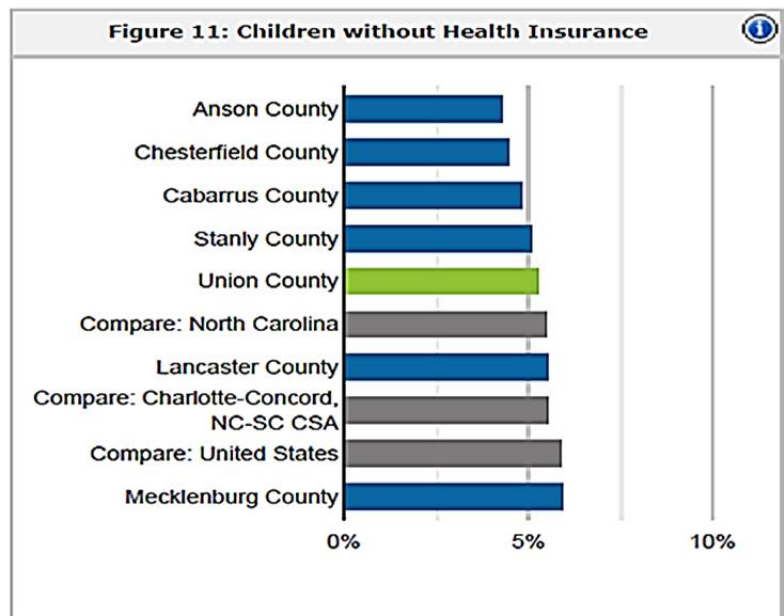| Income Group	
Under $25k-change	
$25k to $50k-change	
$50k to $75k-change	
$75k to $100k-change	
Over $100k-change	

Figure 10 shows a breakdown by race of people who do not have health insurance in Union County and 6 surrounding counties. 60% of Union County residents without insurance coverage are white, which places Union County in the mid-range of other counties in the area for this population group. Union has one of the largest proportions of Hispanics without coverage at 27% of the total and is ranked #2 out of local counties. The only larger county being Mecklenburg County with 29%.

Figure 10: People without Health Insurance Coverage by Race

Legend: White, Black, Hispanic, Asian, Native American

Counties (left to right): Mecklenburg County, Anson County, Compare: Charlotte-Concord, NC-S..., Compare: North Carolina, Compare: United States, Chesterfield County, Cabarrus County, Union County, Lancaster County, Stanly County

The next chart (**Figure 11**) shows the percentage of children (17 years of age and younger) who do not have health insurance. Union County has 5.3% of its children without health insurance, which is the 3rd most of all other counties in the area.

Figure 11: Children without Health Insurance

Counties (top to bottom): Anson County, Chesterfield County, Cabarrus County, Stanly County, Union County, Compare: North Carolina, Lancaster County, Compare: Charlotte-Concord, NC-SC CSA, Compare: United States, Mecklenburg County
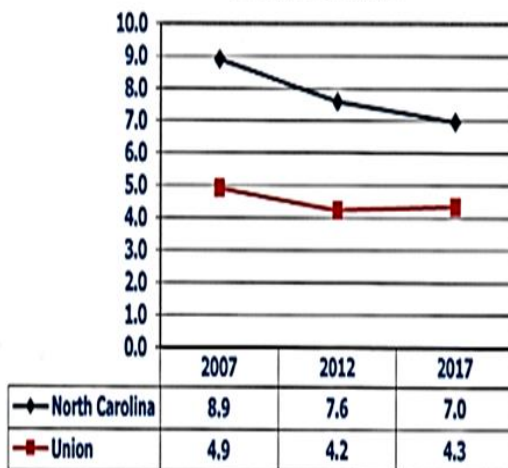
The rate of children with private insurance that does not cover mental or emotional problems continues to increase, and private insurance companies continue to place subtle restrictions on coverage for mental health treatments.

In NC, 11.9% of children have private insurance that did not cover mental or emotional issues. The proportion of youth in NC with private insurance that did not cover mental or emotional difficulties nearly doubled, from 4.6 percent in 2012 to 8.1 percent in 2017. In NC, 10.8% of adults with mental illness are not insured. (2017 National Survey on Drug Use and Health: Detailed Tables https://www.mhanational.org/mentalhealthfacts)
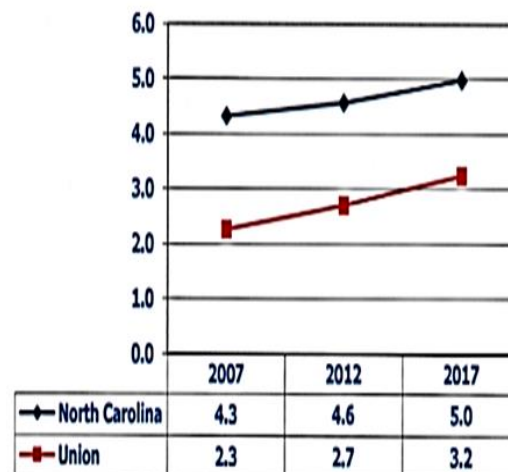
The number of doctors, dentists, nurses, and mental health providers in Union County per resident is lower than the State average.

	Primary care physicians			Dentists			Mental health providers		
	# Primary Care Physicians	PCP Rate	PCP Ratio	# Dentists	Dentist Rate	Dentist Ratio	# Mental Health Providers	MHP Rate	MHP Ratio
North Carolina	7141	70	1421:1	5718	56	1797:1	23404	228	439:1
Union County	146	64	1552:1	62	27	3732:1	277	120	835:1

21. Number of Primary Care Physicians per 10,000 Residents

	2007	2012	2017
North Carolina	8.9	7.6	7.0
Union	4.9	4.2	4.3

22. Number of Dentists per 10,000 Residents

	2007	2012	2017
North Carolina	4.3	4.6	5.0
Union	2.3	2.7	3.2

23. Number of Registered Nurses per 10,000 Residents

	2007	2012	2017
North Carolina	93.5	99.6	100.7
Union	43.5	46.4	49.8
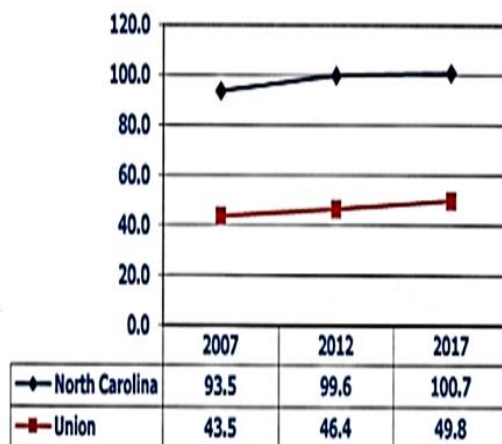
24. Number of Physician Assistants per 10,000 Residents

	2007	2012	2017
North Carolina	3.4	4.1	5.9
Union	1.0	1.9	2.6
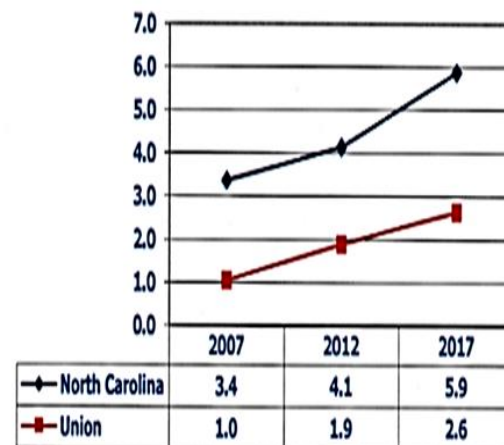
Transportation is a key component of ensuring "access to care." 90.4% of Union County residents own a vehicle while 1.8% of the population has no means of transportation. While this percent is low, there are areas within the County where this is as high as 8%.

According to 2019 Community Health Assessment (CHA) surveys completed by Union County teen, adult, and senior adults respondents:

- Seniors were more likely than adults or teens to have a medical home (a doctor they see on a regular basis) and teens were more likely to have a dental home (a dentist they see on a regular Basis) than adults or seniors.
- 25% of teen respondents and 15% of adult respondents did not have a medical home.
- 25% of adult respondents and 29% of senior respondents did not have a dental home.

Needed to See Doctor But Did Not

■ Teens ■ Adults ■ Seniors

	Yes	No
Teens	13%	87%
Adults	24%	76%
Seniors	11%	89%

Needed to See Dentist But Did Not

■ Teens ■ Adults ■ Seniors

	Yes	No
Teens	8%	92%
Adults	24%	76%
Seniors	20%	80%

Teens:
- The most common reason to not see a doctor when needed: 21% of respondents cited office hours as the barrier to accessing needed medical care, 19.4% did not know who to call or where to go, 18.5% had no transportation, 15.5% had no insurance, and 14.6% did not have the money to go.

Adults:
- The most common reason to not see a doctor when needed: 48% lack of money, 24% lack of insurance, 11% mentioned that the office was not open when they could get there, and 3.9% had no transportation

Seniors:
- The most common barrier to receiving medical care: 50% had no money, 20% of respondents cited lack of health insurance, and 5.9% cited a language barrier.

The following comments related to access to care were written as concerns by survey respondents:
- Lack of access to primary healthcare providers and specialists
- Limited affordable healthcare and medication
- Lack of resources for those with disabilities
- Dental coverage is limited, especially for those with Medicaid or no insurance
- Need increased public transportation

The recent COVID pandemic results in extra challenges with these measures - as there is an increased need for health services but, loss of jobs may mean loss of health insurance. Some areas of the County experience access barriers significantly more than other parts of the county – great disparity. Clearly a concern to the community and leaders, which is why it has risen to the attention of this group.

Step 5: Who are the partners that have a role to play in doing better?	- Behavioral Health Providers (mental health and substance abuse) - Physical Health (PCPs, Free Clinics, Specialists, etc.) - Funders: Providers of grant money and public/private funding to address these issues and support these efforts - Organizational leaders, elected officials, board members (to advocate) - Public and Charter Schools - Universities and Colleges - Non-profits - Union County Transportation & Housing Authorities - Local and Municipal Government - Hospitals and Medical Facilities - Faith-based Organizations - Activists/Community Volunteers

	• Businesses/Industry • Coalitions and Community Committees (Thrive Union!, United Way, etc.)	

Step 6: What works to do better, including no cost and low-cost ideas?	• Leverage technology (tele-health; virtual webinars; use of social media) to increase access to care and overcome barriers to access in areas that are without providers and improve educational opportunities. This use of technology expands access to doctors, specialists, etc. • Use potential funding resources to provide equipment to use at home to improve telehealth (i.e. Novant Tyto-care Kit: Pieces of equipment provided to the patient that connect to app on phone and enable more productive telehealth visits (ear infections, viruses, etc.). • Partnering with established groups like (Time-out youth, non-profits, sports teams, etc.) to promote services and engage participants to educate them about preventative health screenings and wellness services. • Provide mobile units to go into under-served areas (parks, community centers, churches, colleges, and public and charter schools) and provide care (flu-shots, primary care, dental, and health education and screenings). • Unlimited transportation services for vulnerable populations with established routes that include medical facilities & pharmacies. • Advocate for Medicaid expansion & continue providing ongoing support for indigent populations. • Effective and efficient communication between community agencies in order to spend funds wisely and collaborate to meet medical & social needs of our most vulnerable communities and groups, including Veterans' Services. • Medical satellite facilities in medically underserved areas of the County. • Attract more primary physicians and specialists to our community (Hospital systems). • Increased access to jobs and employee benefits for existing employees, such as EAP. • Increase funding for food and shelter programs.

Step 7: What do you propose to do? In the section that follows, list and describe each strategy/intervention/action you plan to take.

#	Strategy/Intervention/Action **Name & Brief Description** [this block expands]	Responsible Partners [this block expands]	Performance Measures: How much will you do? [this block expands]	Performance Measures How well will you do it? [this block expands]	Performance Measures Is anybody better off? [this block expands]	Level(s) of Intervention: • Individual • Organization • Agency • Institution • Policy
1	**Implement NCCARE360** Implementation of NCCARE360 amongst community organizations in order to increase referrals between	All health and human service providers, non-profits &	# of organizations/agencies who have implemented	# Initial training for all organizations	# of successful closed cases	**Level**: Individual, Agency

	organizations and decrease barriers to assistance and care.	health care organization.	NC CARE360, by month # referrals between organizations	utilization #s of each agency # of days referrals in que	# of current active cases receiving services/referrals Client satisfaction levels in client satisfaction surveys	
2	**Mobile Unit** Utilize mobile units to go into under-served areas (parks, community centers, churches, colleges, public and charter schools) and provide care (flu-shots, primary care, dental, screenings, health education, etc.).	Wingate University's Collaborative for the Common Good; Atrium Health, Levine Cancer Center, Novant Health Mobile Services, Lion's Club, UC Human Services, non-profits, Medical Providers (PCPs), Dental Bus, Charlotte Radiology, etc.	# of times mobile units provide no-cost, valuable medical services and/or education in our community # of unduplicated community members receiving education & services # of referrals to other services and/or agencies	# uninsured patients with Primary Care Physician (PCP), if needed, for follow-up # of different community/agency partners participating Client satisfaction with services provided	# of community participants receiving medical & preventative services, referrals and education who would not otherwise receive it Increase in use of PCP or specialists vs. ER	**Level:** Individual, Agency, Organization & Institution
3	**Develop Access to Care Committee in the community**. This new committee will be under the soon to be formed Health Advisory Committee, with the goal of focusing on development and	Union County Public Health, Local Community members, non-profits,	# meetings held % members actively	Track attendance/ involvement of members	Progress with CHIP goals and action plan goals	**Level:** Organizational, Agency

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	implementation of CHIP goals and to address disparities in Union County.	medical and social care providers, UCPS, Government leadership, Business/Industry.	involved in the committee # goals developed			
4	**Determine Underserved Transportation Needs** Lack of transportation to medical appointments is one of the biggest barriers for the underserved population. Union County has no mass transit public transportation. Union County Transportation can provide transportation for this population, although it is not being fully utilized. Need to explore reasons for this and work to meet these needs.	UC Human Services, Local Government officials, Future UC Access to Care Committee	# healthcare practitioners with available appointments # practitioners and providers of healthcare services on current county transportation routes # riders utilizing county transportation for medical and healthcare needs	Transportation Utilization, efficiency & ridership Healthcare practitioner utilization rates	# new riders who utilize County transportation who would otherwise go without services or medical treatment # new routes established to provide transportation to the underserved population to medical services or treatment Decrease in misuse of EMS by underinsured and uninsured	**Level:** Policy, Organizational, Agency, Individual
5	**Prevention, Education, and Awareness to Uninsured and Underserved Population** Focus on Chronic Disease Prevention, Education & Awareness	UC Human Services, future UC Access to Care Committee, Hospital systems, all UC Health &	# of events & health fairs/participants & screenings for all initiatives # Social media campaigns,	# number of views and click-rate on social media postings Review event & campaign feedback for effectiveness	Increase in diabetes screenings Increase in use of PCP or specialists vs. ER Increase in cancer screenings	**Level**: Organizational, Agency

		Human Service providers, Faith-based community, Non-profits, UCPS	promotional efforts and awareness activities in community.			

SECTION III

Date of initial plan: September 8, 2020

How/where is this plan shared publicly? We will post this on our Union County website and social media, send this via email to the CHIP Steering Committee and Committees in the Community (System of Care Committee, Thrive! Union, Health Equity Committee, etc.), and present information to the Human Services Board of Directors.

Who is responsible for updating this plan? (name/email/telephone): Stephanie Starr/ Stephanie.starr@unioncountync.gov /704-907-8330

Signatures of individuals and their affiliation who contributed to initial plan: CHIP Steering Committee Participants – August 14th, 2020

Member	Organization
Dennis Joyner	Union County Public Health- Director of Health
Stephanie Starr	Union County Human Services- Director of Community Support and Outreach
Emily Colson	Human Services Program Manager
Michelle McGrath	Union County Public Health- Nursing Director
Janet Payne	Human Services- Assist Executive Director
Ashley Lantz	Union County DSS Director
Theresa Tores	Human Services Program Manager - Transportation
Ron Mahle	Union County and City of Monroe Economic Development
Lee Jenson	Union County Planning and Zoning
Jim Chaffin	Union County Parks and Recreation
Aubry Lofton	Union County Public Works
Traci Colley	Union County Environmental Health
Andrew Ansley	Union County Emergency Management
Heather Horne	Union County Human Services Program Manager
Shawn Spougn	CHS Union
King Jones	Cardinal Innovations
Lakeisha Mccormick	Cardinal Innovations
Lindsey Fronk	Novant Health Commiunity Clinical Nurse Educator
Karla Aldridge	Novant Health Commiunity Clinical Nurse Educator
Pat Kahl	Union Chamber of Commerce
Vint Tilson	Wingate University
Deborah Evans/	SPCC
Kara Lemon	Navigation Lady
Jarrod McCraw	Union County Public Schools
Shaena Rouse	United Way
Missy Baker	Atrium Health

References:

[1] North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020.
http://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf

[2] Friedman, M. (2015). Trying hard is not good enough: How to produce measurable improvements for customers and communities. Santa Fe, NM: Parse.

[3] Friedman, M. (2015). Trying hard is not good enough: How to produce measurable improvements for customers and communities (p. 11) . Santa Fe, NM: Parse.