

Appendix A: 2019 CHA Steering Committee Presentation / Priority Setting Meeting



**Union County
Government**

EST. 1842

2019 Community Health Assessment

**Priority Setting Meeting
10/29/19**



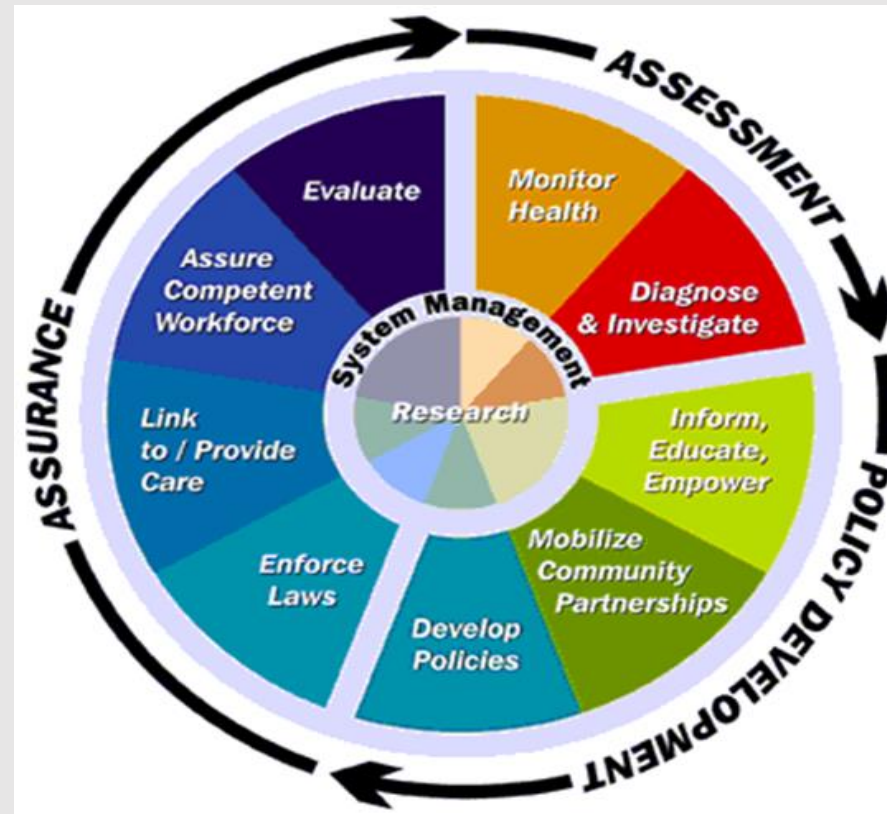
Agenda

8:00 – 8:30 AM	Arrive
8:30 – 9:30 AM	CHA Findings Presentation and Q&A
9:30 – 9:40 AM	Break
9:40 – 10:10 AM	Table Discussion
10:10 – 11:00 AM	Report Out
11:00 – 11:10 AM	Break
11:10 – 11:40 AM	Priority Setting
11:40 AM – 12:30 PM	Lunch
12:30 PM	Adjourn



What Is The Community Health Assessment (CHA)

The Community Health Assessment (CHA) represents core functions of Public Health as defined by North Carolina Department of Human Services



Role of Community Health Assessment (CHA)

The CHA role is to **identify factors that affect the health of a population and determine the availability of resources within the County to adequately address these factors.**

The CHA answers key questions such as:

- What are the strengths in our community?
- What health concerns do county residents have?
- What are the emerging health issues in the community?
- What other resources are needed in the county to address these concerns?

Collaboration: Community Health Assessment and Community Health Needs Assessment (CHNA)

- Union County Human Services
- Novant Health
- Atrium Health



Collaboration: Other Key Partners

- Board of County Commissioners
- City of Monroe Economic Development
- Consolidated Human Services Board
- Union County Residents
- Union County Cooperative Extension
- Union County Emergency Management
- Union County Parks and Recreation
- Union County Planning and Zoning
- Union County Public Schools (UCPS)
- Union County Public Works
- Union County Sheriff's Office
- Union County Human Services
 - Business Operations
 - Community Support and Outreach
 - Social Services
 - Public Health, Incl. Environmental Health
 - Transportation
 - Veterans Services

- ARC of Union/ Cabarrus County
- Cardinal Innovations
- Council on Aging
- Faith Community
- HealthQuest
- Hospice of Union County
- Kiwanis of Monroe
- South Piedmont Community College (SPCC)
- The Navigation Lady
- UCPS / Latino Outreach
- Union Chamber of Commerce
- Union County Homeless Shelter
- United Way
- Wingate University

CHA Timeline Start to Finish

Planning

(March – May 2019)

- Establish Steering Committee
- Host Kick Off (develop/approve tools)

Implement

(May – October)

- Collect primary data – surveys, focus groups
- Conduct secondary data research
- Analyze and interpret all data

Report

(October – January)

- Steering Committee- Select Focus Areas
- Community Priority Setting
- Submit Written Report

Action Plans

(February – June)

- Develop interventions for addressing priority health issues
- Convert priorities into Action Plans
- Identify partners/stakeholders

Surveys: Over 4,300 Completed

By Age Group

Teens (13-18 years-old):	849 received
Adults (19-61 years-old):	2,408 received
Seniors (62 and over):	1,086 received

Random Sampling

Jury Pools

Convenience Sampling

Non-profits, Union County Community Shelter, Health Fairs, Blood Drives, Schools, Houses of Worship, Physician Offices, Human Services, Senior Nutrition Sites, Transportation, Monroe Aquatic Center, Monroe Housing Authority, Senior Centers, Council on Aging. Kate's Skate, Movie Theatres, Extreme Ice Center, etc.



Survey Questions

- Demographic Data
- Insurance Status
- Physical and Mental Health Issues
- Access to Care (medical/dental)
- Barriers to Care
- Health Equity
- Social Determinants of Health
- Behaviors (diet, exercise)
- Risk Behaviors (tobacco use, alcohol, drugs)
- Impact of social media and screen time



Conducted 14 Focus Groups

Population

Adult/ Faith Based

Adult/ Faith Based

Adult/ Latino

Adult/ Latino

Senior Adults

Senior Adults

Senior Adults

Stakeholders: Adult / Senior Adult

Stakeholders: Adult / Senior Adult

Stakeholders: Youth/ Adult/ Senior Adult

Youth / Teens

Youth / Teens

Youth / Teens

Youth / Teens

Focus Group

African American Faith Community

Faith Communities/ Health Ministries

Latino Coalition

Latino Community Members

Home & Community Care Block Grant (HCCBG) Advisory Committee

Marshville Food and Nutrition Site

Monroe Food and Nutrition Site

Health Equity Collaborative Members

Union County Consolidated Human Services Board

SafeKids of Union County Board of Directors

4H Club

At Risk Youth Group

UCPS School Health Advisory Committee (SHAC)

Union Academy

Focus Group Demographics

Gender

Female 55.7%

Male 44.3%

Race

White 36.4%

Black 38.6%

Latino 21.6%

Other 3.4%

Age

13-17 10.2%

18-60 56.8%

61 plus 30.7%

None 2.3%

Municipality	Amount
Goose Creek	1.1%
Indian Trail	5.7%
Lake Park	1.1%
Marshville	8.0%
Matthews	3.4%
Mineral Springs	2.3%
Monroe	52.3%
New Salem	2.3%
Stallings	1.1%
Unionville	3.4%
Waxhaw	5.7%
Weddington	3.4%
Wesley Chapel	1.1%
Wingate	5.7%
None Identified	3.4%



- When you hear the words “healthy community,” what comes to mind?
- What options/resources/services does Union County have adequate for residents to live health active lifestyles?
- What things concern you the most about living in Union County?
- Access to health care is often a need expressed by community members. What is your perception, is there sufficient access to care in Union County?
- We’ve talked about a number of barriers to a “healthy community” and/or why community members have trouble accessing care. What do you suggest would be the best way to eliminate these barriers? In other words, what can be done to create better access to health services and for people to be healthier?
- Are there any resources or activities you would like to see in Union County that are not here now?
- What are the most important issues for your community to address?
- What are some of the strengths/resources your community has to build upon to have a “healthy community”?

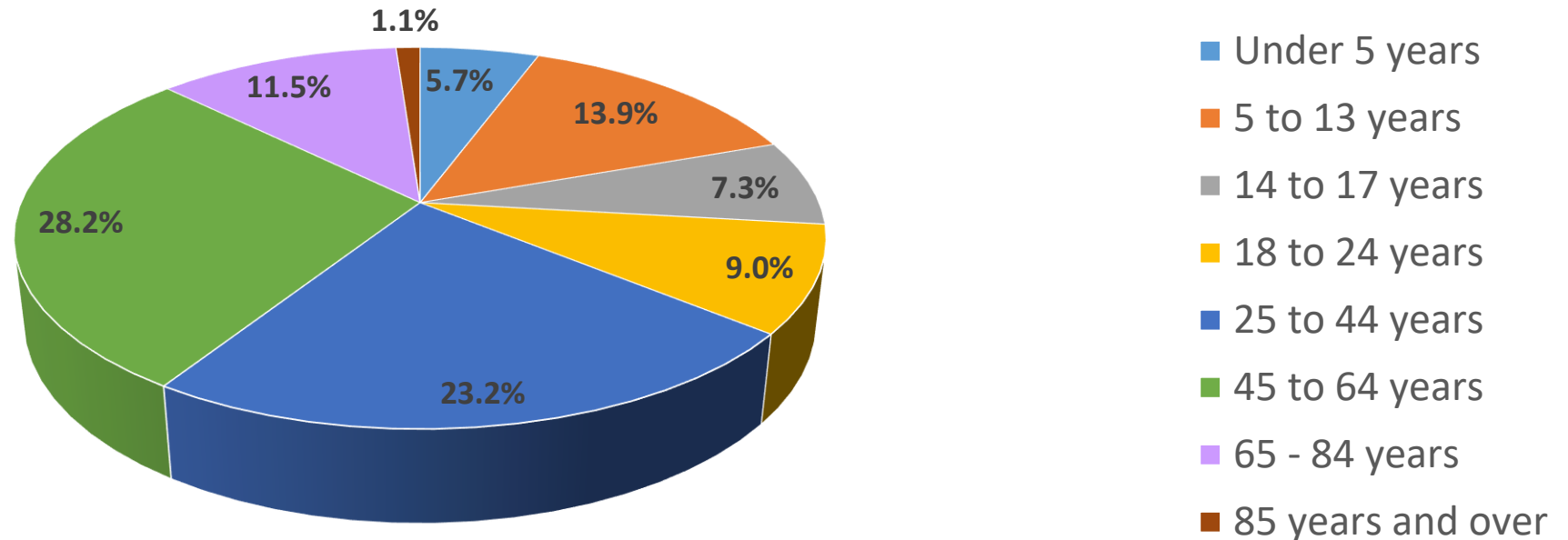
Secondary Data Sources

- **Center for Disease Control**
- **Census Bureau**
- **County Health Rankings and Roadmaps**
- **County Statistics**
- **DENR/Division of Air Quality**
- **NC State Center for Health Statistics**
- **Social Determinants of Health By Region**

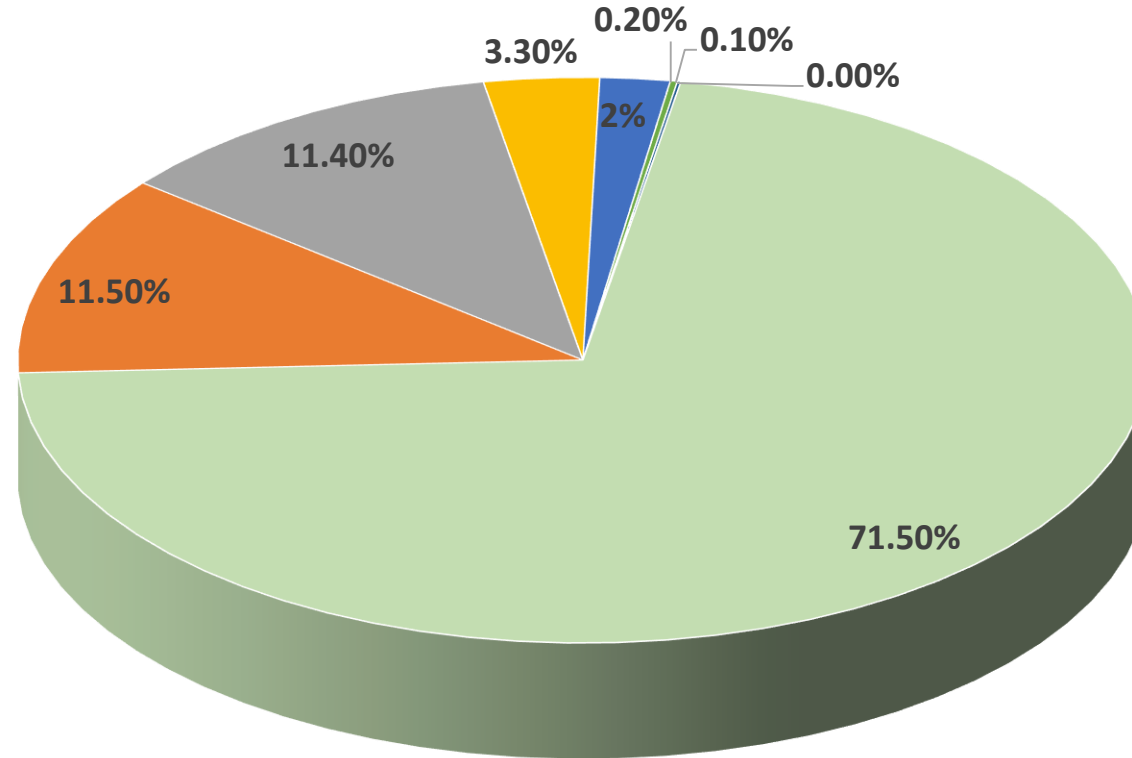


Union County - Demographics

Measure	Amount
2018 Population Estimates	235,908
Population Change from April 1, 2010 to July 1, 2018,	17.2%
Median Age	37.9
Number of Public Schools	53
Graduation Rate	93%



Union County – Race and Ethnicity



White alone

Hispanic or Latino

Two Races or More

American Indian and Alaska Native alone

Black or African American alone

Asian alone

Other

Native Hawaiian and Other Pacific Islander alone

Union County - Economics

Measure	Amount
Median Household Income	\$80,337
Median Earnings- 25 and over	\$45,202
Housing Units	82,559
Persons per Household	2.98
Tax Base	87% Residential 13% Commercial
Property Tax Rate per \$100 Valuation	.6650
Civilian Labor Force	117,721
Unemployment Rate	3.9%
Persons in poverty, percent	9.1 %
Persons without health insurance, under age 65 years, percent	10.5 %

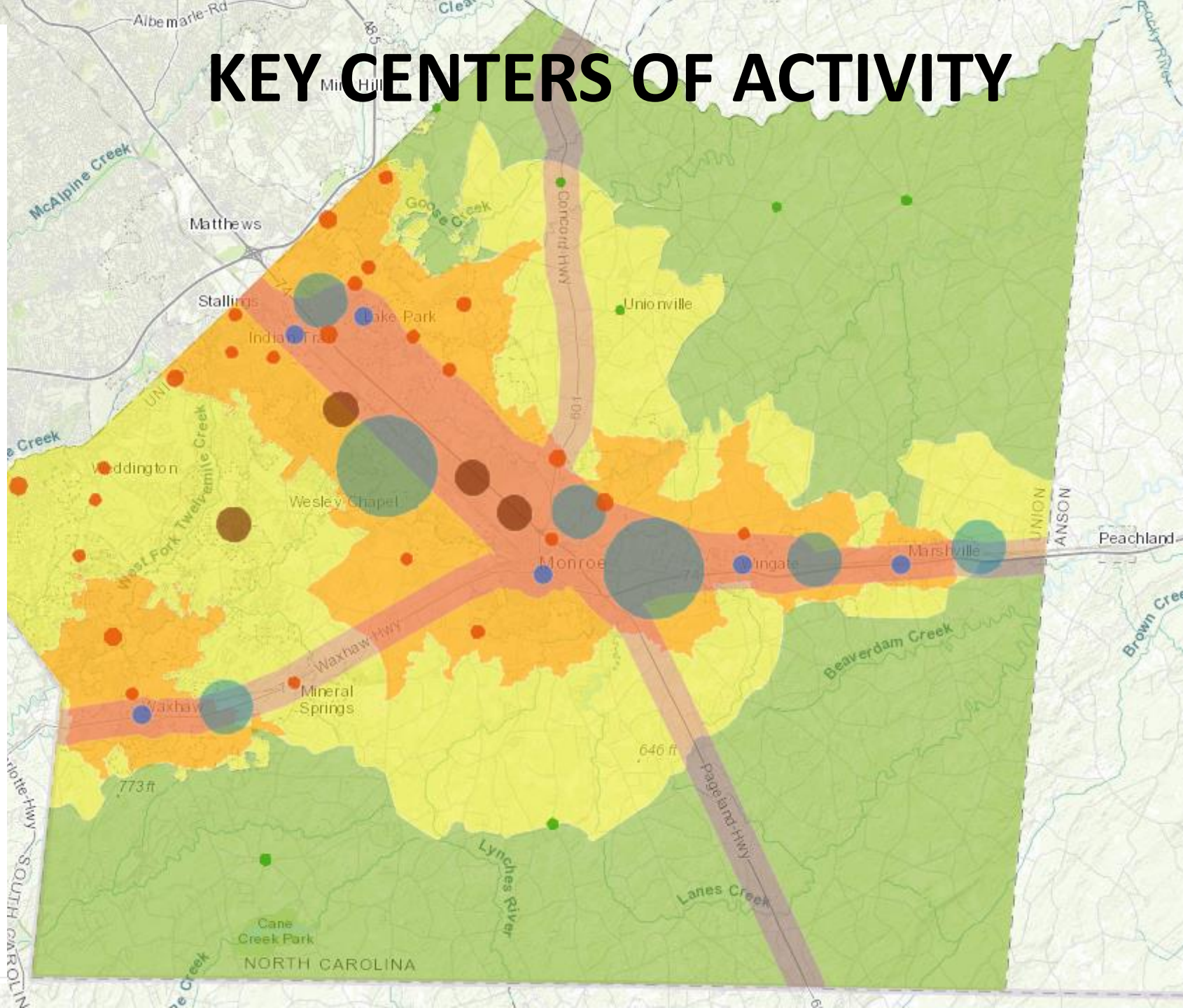
UNION COUNTY COMMUTER FLOWS

Trip Destinations	# Workers	% of Work Trips
Union County Work Trips	78,647	100%
Union County Internal	26,016	33%
To Mecklenburg County	42,814	54%
To Cabarrus and Rowan Counties	2,831	4%
To Stanley County	566	1%
To York, Lancaster, Chesterfield, SC	2,725	3%
All others	3,695	5%

Source: U. S. Census LEHD 2014, All Jobs

KEY CENTERS OF ACTIVITY

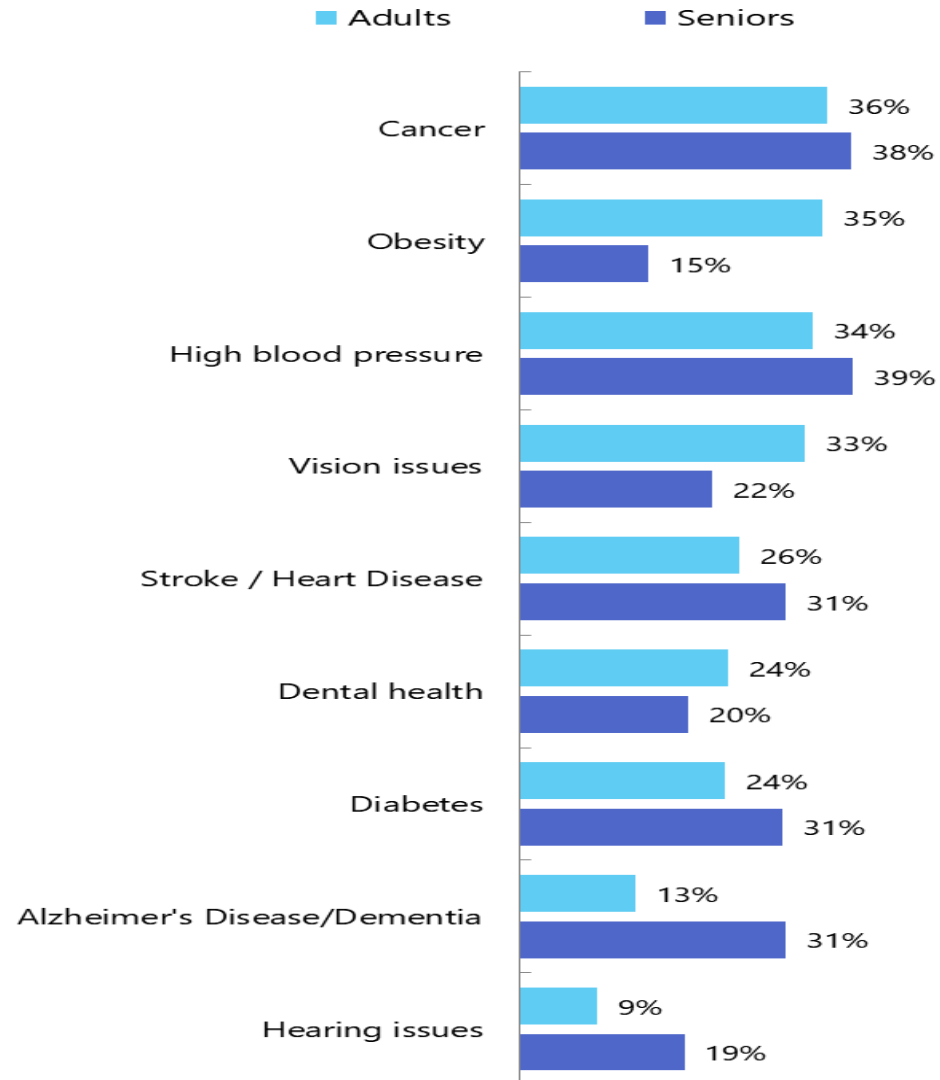
- Legend
- Neighborhood Center
 - Rural Center
 - Community Center - Small
 - Community Center - Large
 - Employment Center
 - Town Centers
 - Employment Corridor
 - Agricultural Area
 - Single - Family Residential Area
 - Mixed Residential Area



Focus Area:
Chronic Disease Prevention

Survey- Health Concerns Adults and Senior Adults

10 Most Common Personal Health Concerns



Survey - Health Concerns - Teens

		64
		62

Focus Group Comments

Need **access to affordable and accessible healthy food, especially in rural parts of the county** where individuals must drive miles to reach a grocery store or there is an excess of fast food restaurants.

Need to **expand access to healthy foods**, such as fresh produce at the farmers market and flea market.

Health care concerns discussed in groups included: **Alzheimer's, Obesity, Cancer, High Blood pressure, Diabetes, Asthma, Heart Disease**

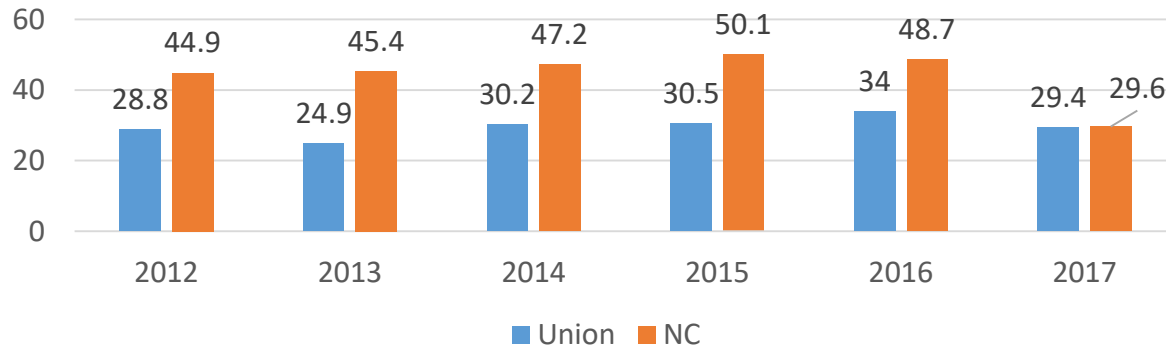
Individuals discussed the **need to address obesity by improving access to healthy food and educating people regarding how to live healthy and active lifestyles**

Many focus group participants stated that **residents of a healthy community should opportunities for fitness and medical care.**

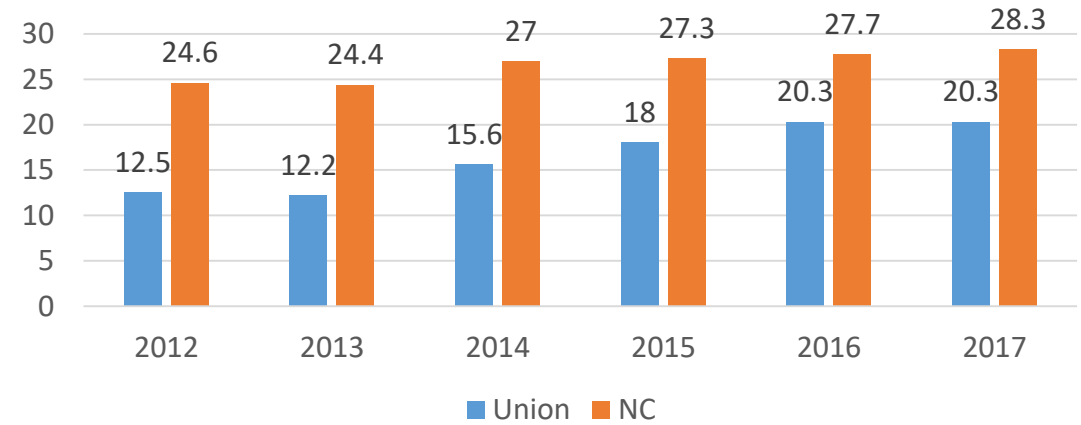
Multiple people expressed **concern that chemicals in the air or food** are contributing to high Alzheimer's rates in Union County.

Trends in Chronic Diseases 2012-2017

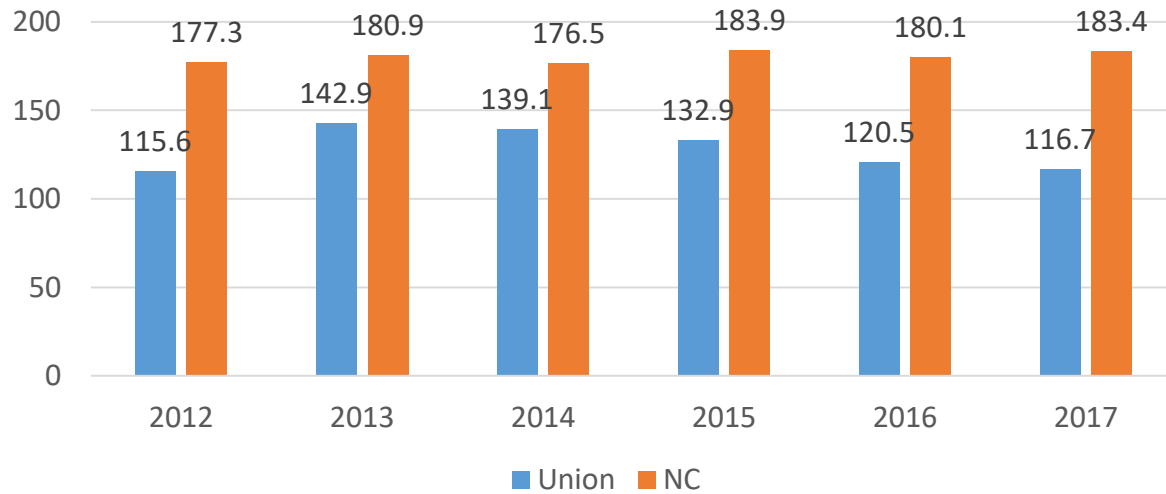
Cerebrovascular Disease Death Rate per 100,000



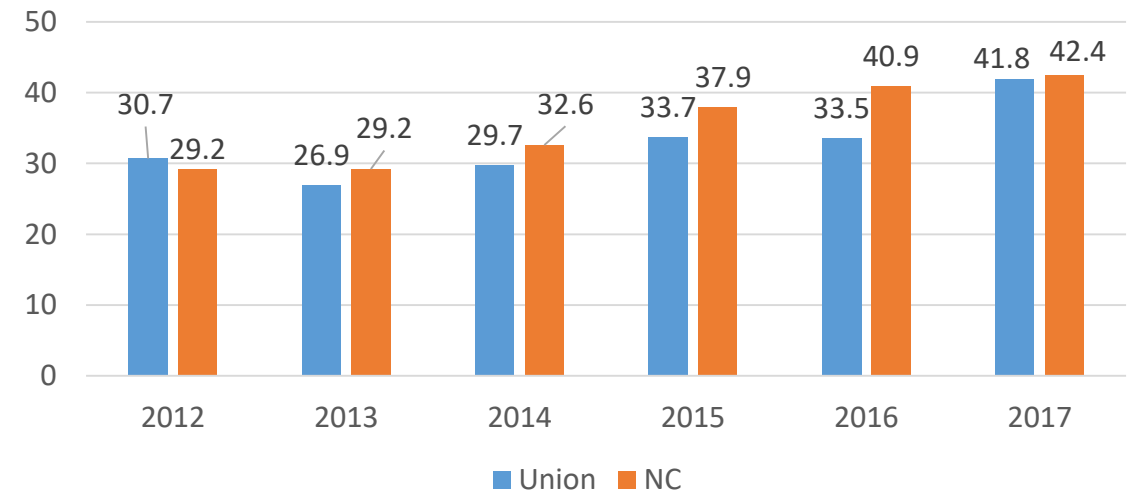
Diabetes Death Rate per 100,000



Heart Disease Death Rate per 100,000



Alzheimer's Death Rate per 100,000

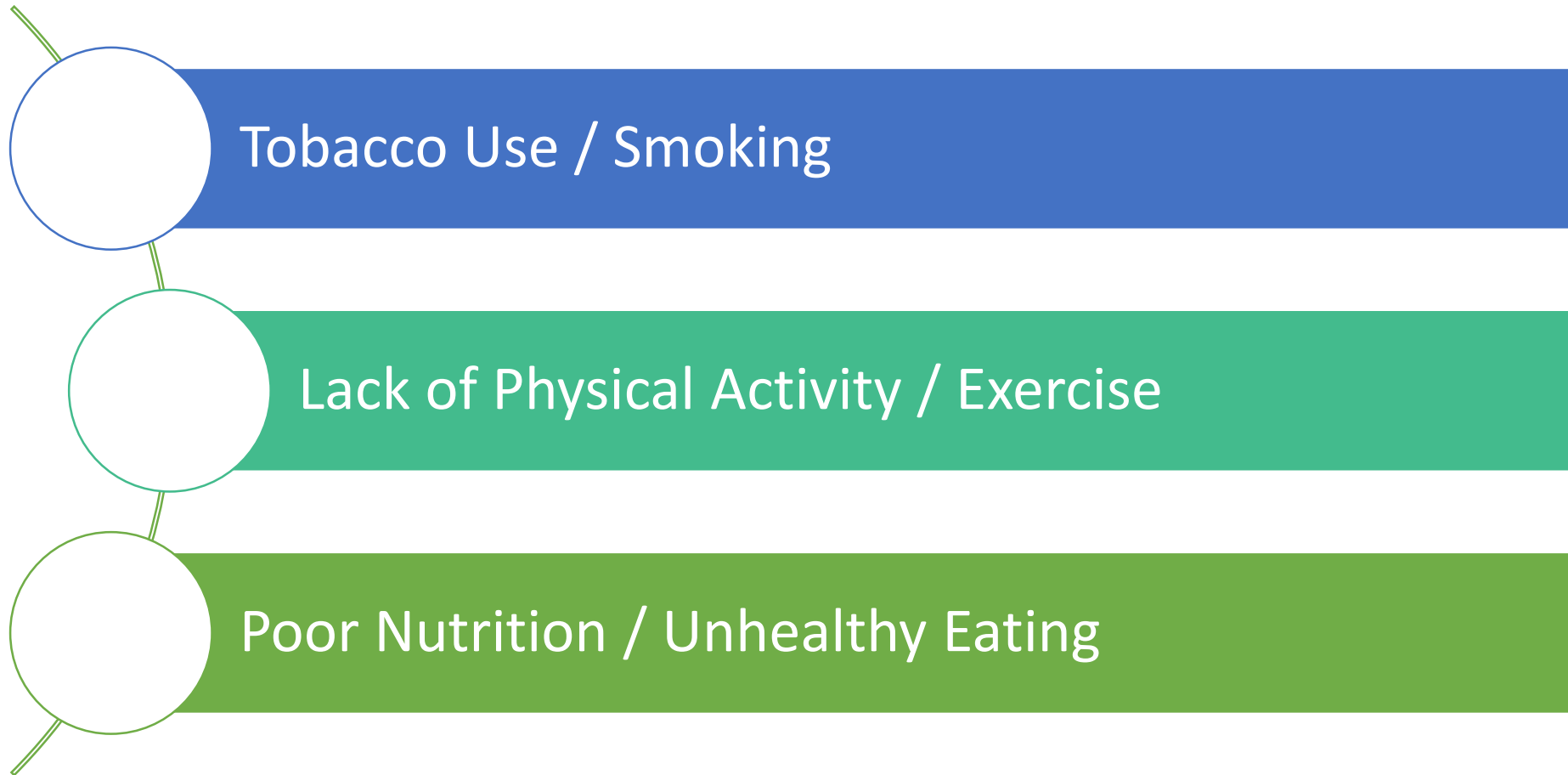


Prevalence of Cancer

Projections are estimated using 2011-2015 invasive cancer incidence and 2012-2016 mortality rates and 2018 NC population estimate

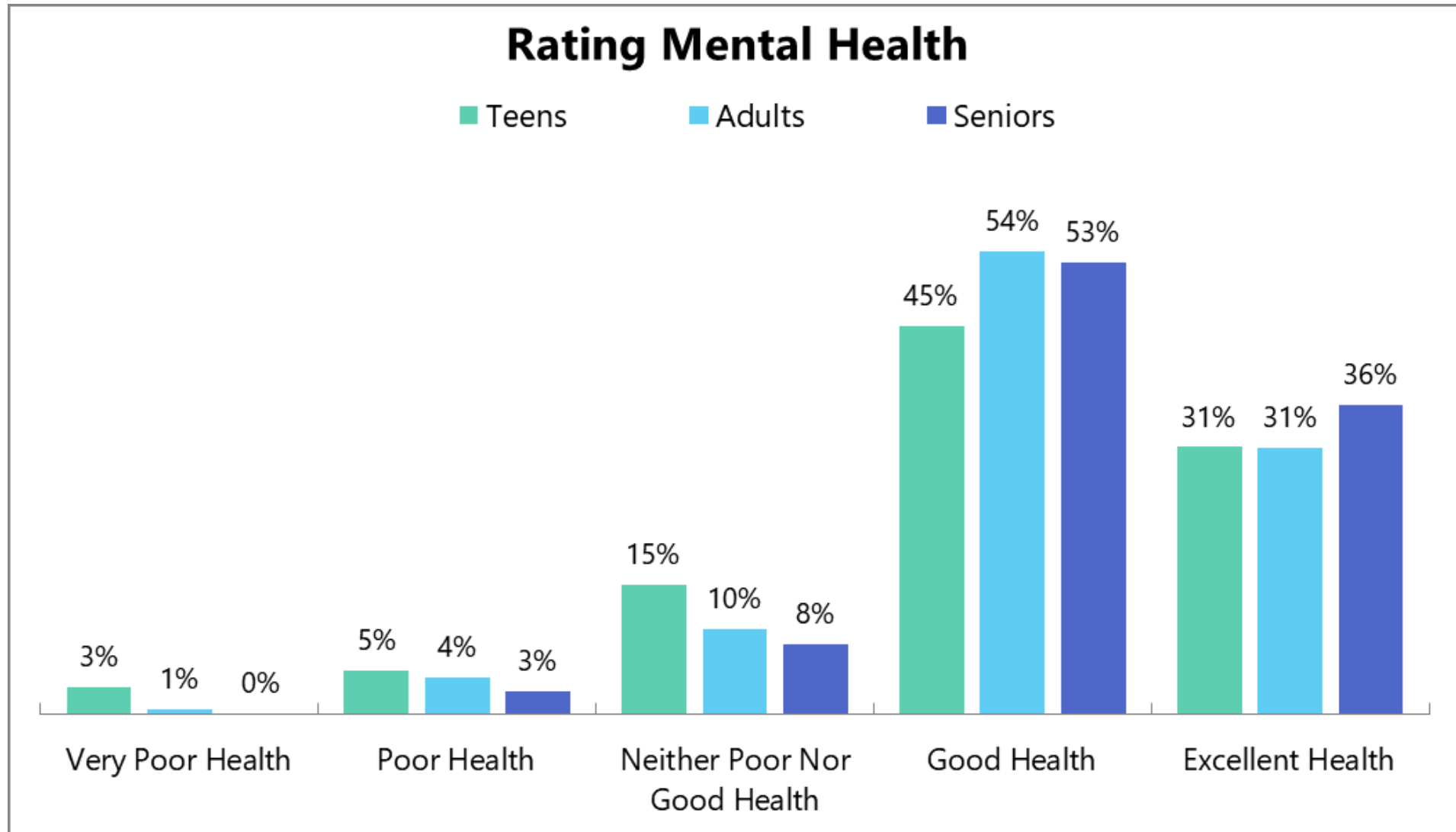
Lung/Bronchus	618	176	58.5	40,216	9064	68.8
Female Breast	1037	221	173.3	49,467	10625	161.8
Prostate	647	154	122	32,584	7545	115.9
Colon/Rectum	360	94	33.5	21,168	4697	37.5
Total Cancers	5095	1232	481.9	277,277	60958	469.3

Causes / Contributing Risk Factors of Chronic Diseases



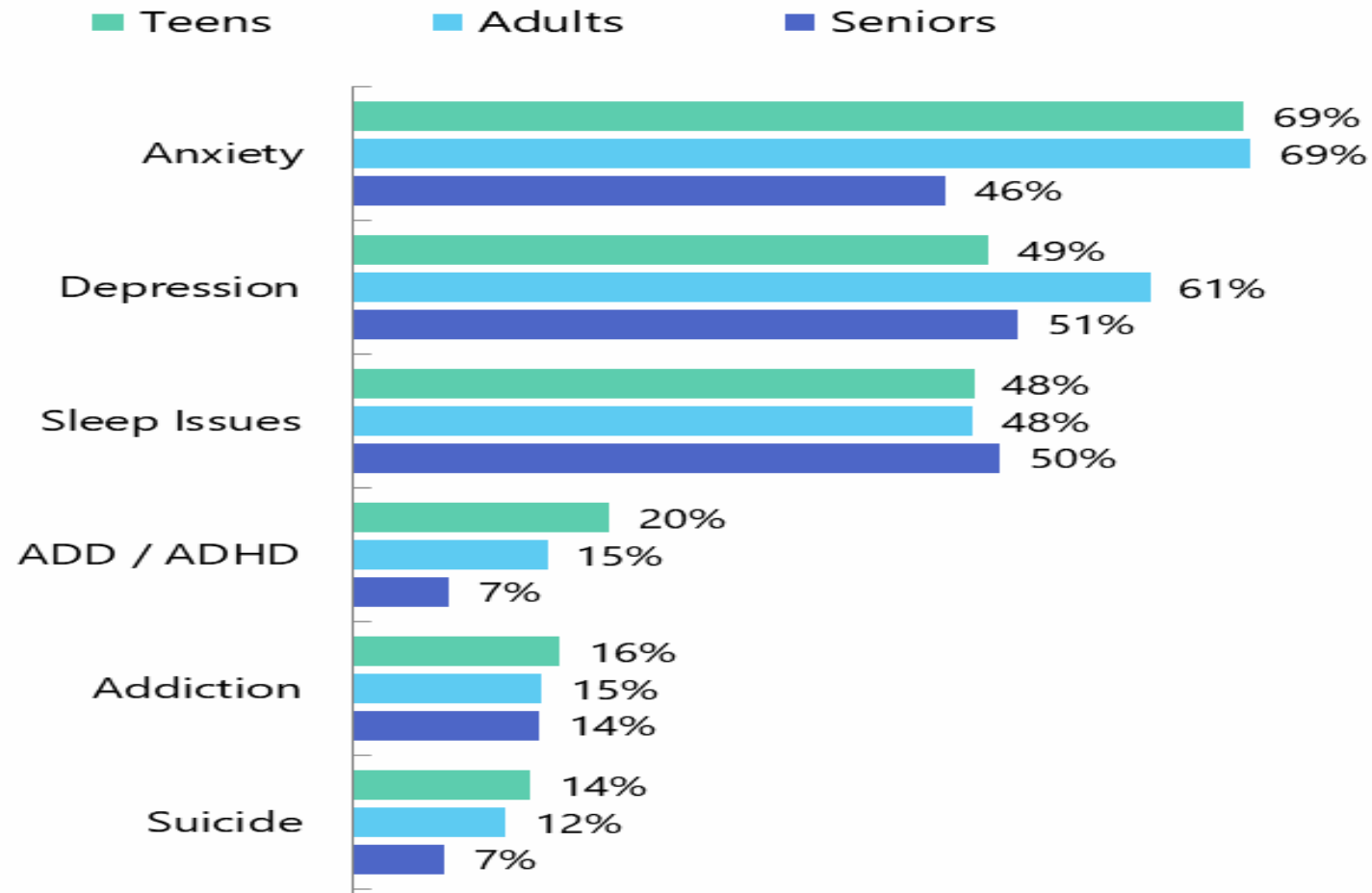
**Focus Area:
Mental Health**

Survey – Rating of Personal Mental Health

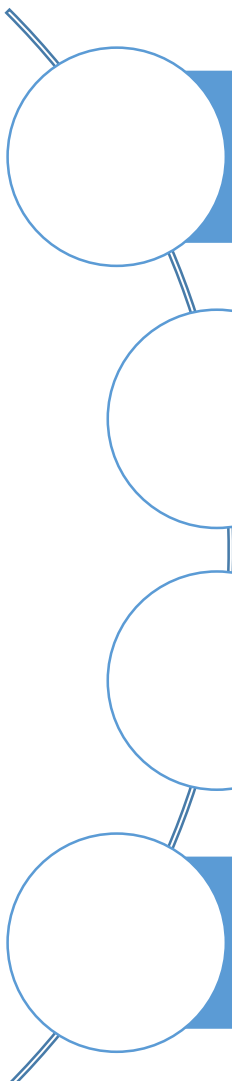


Survey Response: 10 Most Common Mental Health Concerns

10 Most Common Mental Health Concerns



Focus Group Response



Addressing mental health is a huge concern mentioned by focus group respondents. In fact, one pediatrician mentioned that ~20% of their daily visits revolved around mental and behavioral health issues such as anxiety, depression, self-harming activities, and ADHD

Mental health problems such as **Alzheimer's, dementia, suicide, and substance abuse disorders** were discussed as common among the adult population. Despite the great need to address mental health problems, there is **currently limited attention or resources given to target these concerns.**

While the **mental health system ultimately needs funding for mental health programs and to hire new mental health professionals**, focus group respondents also discussed some other ways to improve mental health, such as **pet therapy and anonymous tip line** for people to reach out.

Need improved **access to bilingual providers of mental health services.**

Prevalence of Mental Health Conditions- Nationwide

Nearly 1 in 5 American adults will have a diagnosable mental health condition in any given year.

46 percent of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14

Youth mental health is worsening. From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. Now over two million youth have MDE with severe impairment.

Mental and behavioral disorders are among the leading causes of disability in the U.S., accounting for 13.6% of all years of life lost to disability and premature death

Lack of Mental Health Treatment


Only 28.2 percent of youth with severe Major Depressive Disorder were receiving some consistent treatment, and over 10 million adults still report an unmet need for mental health care.

21.8% of all adults in NC with a mental illness reported that they were not able to receive the treatment they needed.

54.6 % of adults in NC with a mental illness received no treatment.

18.02% of adults in NC are experiencing a mental health illness.

Bullying and Impact



The 2017 Youth Risk Behavior Surveillance System exit disclaimer icon (Centers for Disease Control and Prevention) indicates that, nationwide, 19% of students in grades 9–12 report being bullied on school property in the 12 months preceding the survey.

Kids who are bullied are more likely to experience- Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.

Kids bullied are more likely to experience health complaints

Kids bullied may experience decreased academic achievement—GPA and standardized test scores—and school participation. They are more likely to miss, skip, or drop out of school.

A very small number of bullied children might retaliate through extremely violent measures.

Incidence of Depression – Nationwide

Percent of US Adults with Major Depression: 7.1%

Number of US Adults with Depression: 17.3 million

Percent of Youth (aged 12-17) with Major Depression: 13%

Number of Youth (aged 12-17) with Major Depression: 3.1 million

Percent of Youth with Severe Depression: 9%

Number of Youth with Severe Depression: 2 million

Incidence of Anxiety – Nationwide



Over 21%, or 42.5 million, adults are affected by an anxiety disorder

The lifetime prevalence of any anxiety disorder is 31%

8% of youth have an anxiety disorder

Suicide Rates

White Americans are more likely to die by suicide than people of other ethnic/racial groups.

From 1999 through 2017, in the US, the age-adjusted suicide rate increased from 10.5 per 100,000 in 1999 to 14.0 in 2017.

In NC, Youth suicide rate nearly DOUBLED from 2008 to 2017.

Suicide is the 2nd leading cause of death in NC.

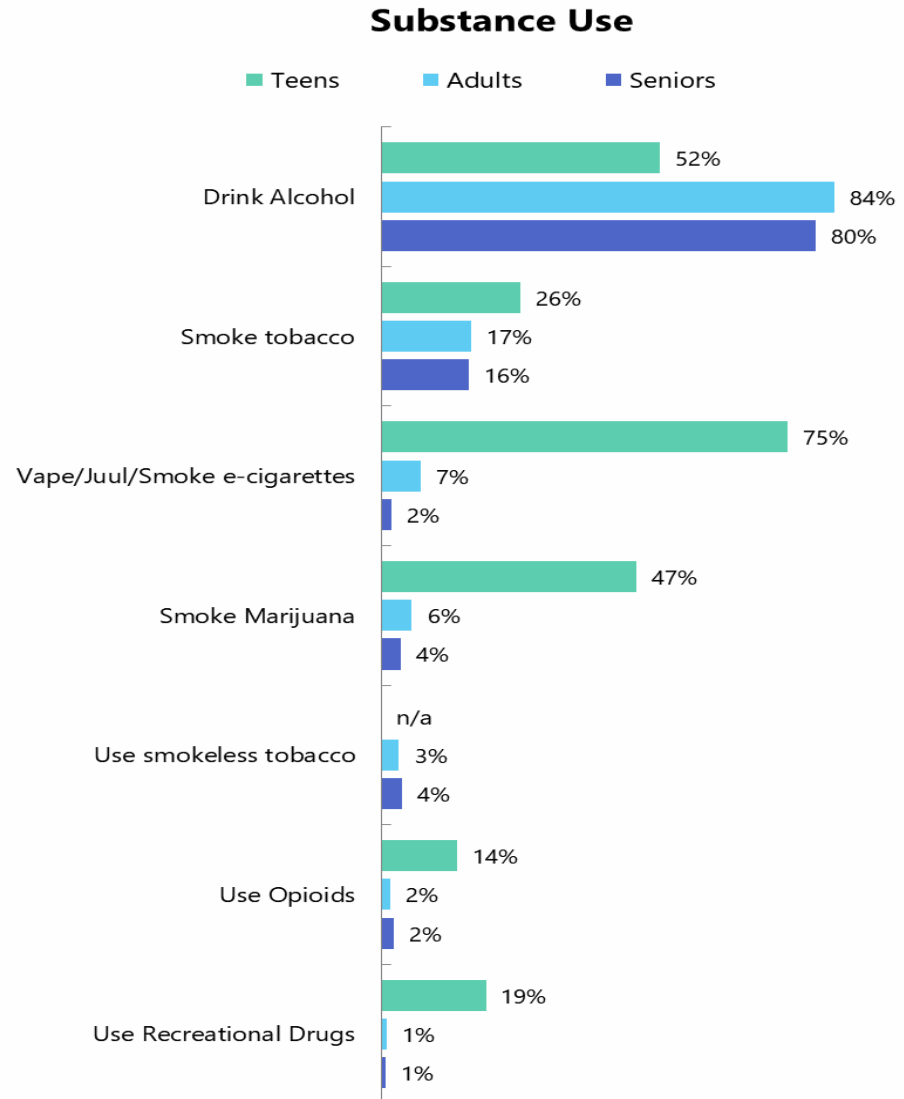
In NC, 8.2% of high school students who attempted suicide in the past year

Gender and sexual orientation can also have significant impact on suicide risk, because of the social discrimination that LGBTQ youth experience. In North Carolina, 16% of high school students in 2017 reported seriously considering suicide. This figure included 12% of heterosexual students, and a staggering 43% of gay, lesbian, or bisexual students.

In NC, 4.57% of adults experience Suicidal Thoughts

Focus Area:
Substance Use Disorder

Survey Response – Substance Use



Focus Group Responses

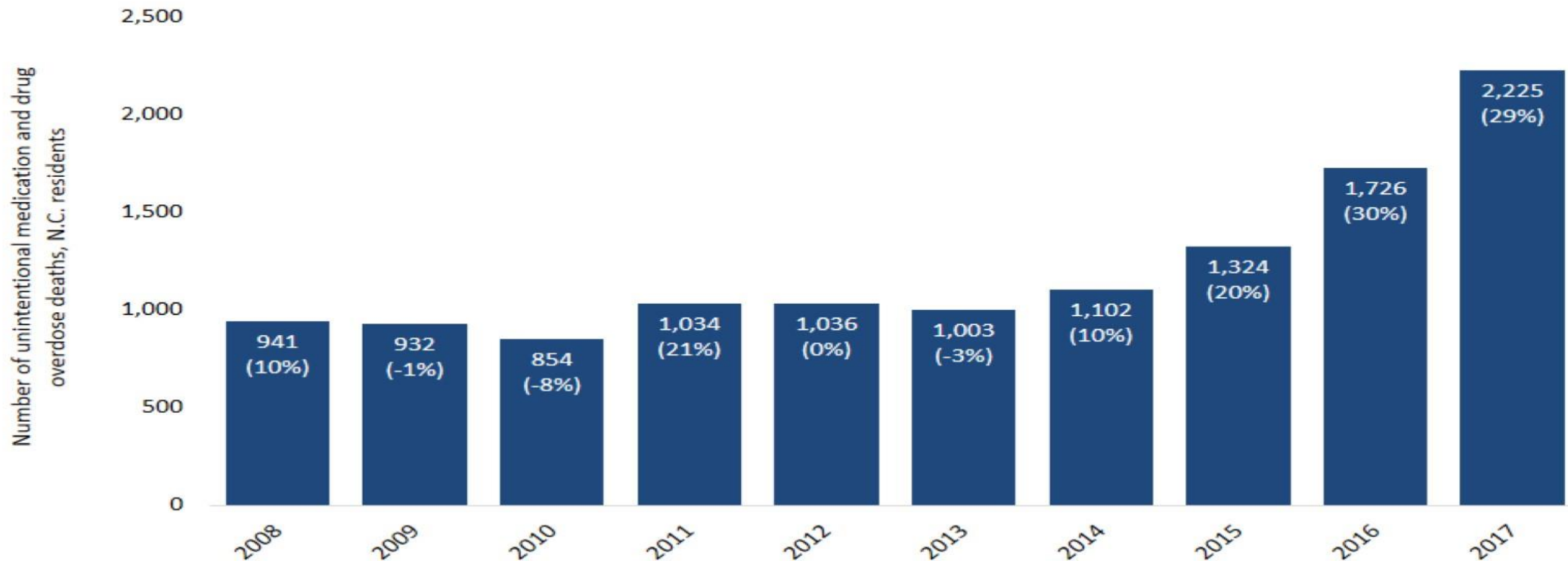
Several members stated there is currently no way to treat substance abuse in Union County except in residential substance abuse facilities or by “detoxing” individuals and sending them back into the community

Several Focus Group participants mentioned the need to make Narcan more available.

Teenagers and a group of school nurses addressed a variety of concerns related to drugs in school, such as the use of vaping, juuls, smoking (tobacco and marijuana), opioids, cocaine, alcohol, and prescription medications such as Xanax

Substance Use Disorder

From 2016 to 2017, N.C. experienced a 29% increase in unintentional medication and drug overdose deaths



Technical Notes: Unintentional medication and drug poisoning: X40-X44; Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2007-2017
Analysis by: Injury Epidemiology and Surveillance Unit

Substance Use Disorder

ED visits for unintentional medication and drug overdose increased 16% from 2016-2017

Emergency Department Visits

Year	Total N.C. Residents	Annual Percent Change
2008	8,147	-
2009	8,456	4%
2010	8,607	2%
2011	8,677	1%
2012	8,440	-3%
2013	7,760	-8%
2014	8,902	15%
2015†	-	-
2016	14,186	-
2017	16,451	16%

Hospitalizations

Year	Total N.C. Residents	Annual Percent Change
2008	3,686	-
2009	3,723	1%
2010	3,853	3%
2011	3,986	3%
2012	3,892	-2%
2013	4,060	4%
2014	4,332	7%
2015†	-	-
2016	6,790	-
2017	6,865	1%

†In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred.

Technical Notes: ICD-10-CM codes (2016 to 2017): Dx T36-T50; a 5th/6th character of 1-unintentional; a 7th character of A-initial encounter, D-subsequent encounter, or missing. ICD-9-CM codes (2008 to 2014): Ecode E850.0-E858.9 (Accidental); Limited to N.C. residents

Data Sources: Emergency Department-North Carolina Disease Event Tracking and Epidemiologic Tool (NCDETECT), 2008-2017;
Hospital- North Carolina Healthcare Association, 2008-2017
Analysis by Injury Epidemiology and Surveillance Unit

Alcohol NC Statistics

The amount of alcohol consumed has been associated with negative short- and long-term health outcomes, such as vehicle crashes, overdose, and liver cirrhosis and high economic costs

In most NC counties, Black and Hispanic neighborhoods are exposed to greater alcohol outlet density than white non-Hispanic neighborhoods

As per Behavior Risk Factor Surveillance System 2012-2017, the level of excessive drinking is trending upward: 30% adults reported binge drinking; 50% of adults report having at least 1 drink in last 30 days; 11% report excessive drinking

Excessive drinking is 3rd leading cause of preventable deaths in NC

In 2017, there were nearly 4,000 deaths due to excessive alcohol use- 26% of all traffic fatalities in NC were alcohol related

Alcohol and Youth NC Statistics

27% of high school students in NC report drinking alcohol

Of those high school students who drink, 50% report binge drinking

12% of all High School students report binge drinking

Alcohol NC and Union County Information

Alcohol & the Public's Health in North Carolina

Immediate I..	Immediate Impacts (cont.)	Long-Term Impacts	Community Cost	Data Dashboard	Bibliography
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Alcohol Data Dashboard

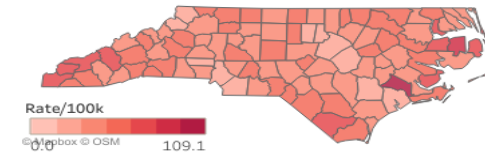
Data Sources

1. Emergency Department Data: North Carolina Disease Event Tracking and Epidemiologic Tool (NCDETECT); <http://ncdetect.org/>
2. Death Data: NC State Center for Health Statistics, Vital Statistics; <https://schs.dph.ncdhhs.gov/>
3. Alcohol Outlet Data: NC Alcoholic Beverage Control Commission; <https://abc.nc.gov/>
4. Traffic Crash Data: NC Department of Transportation; <https://www.ncdot.gov/Pages/default.aspx>

MAPS

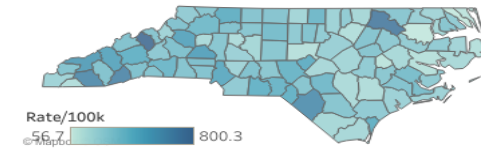
Alcohol-Related Deaths

3,991 NC Resident deaths in 2017



Emergency Department Visits

33,072 alcohol intoxication ED Visits in 2017



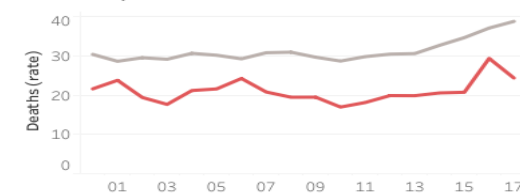
COUNTY DATA

County Selector
Union

Alcohol-Related Deaths

■ NC
■ Union

Union County



Alcohol involved crashes

	Union	NC
Total Crashes (5Y #)	24,442	1,241,022
Fatal Crashes (5Y #)	103	6,239
Alcohol-Related Fatal Crashes (5Y %)	27	28

Alcohol involved suicides

	Union	NC
Alcohol-Related Suicides (10Y #)	178	11,333
Alcohol-Related Suicides (10Y rate)	24	29

Health Data

	Union	NC
Deaths (count)	56	3,991
Deaths (rate)	24.40	38.86
ED (count)	630	33,072
ED (rate)	272	322
ED < 21 (count)	75	1,868
Economic Cost	\$148M	\$7,034M
Total Death #	696	52,129

Outlet Data

	Union	NC
Total Outlets	227	17,782
Off Premise Outlets	139	8,517
On Premise Outlets	88	9,265
Total Outlet Rate	1.0	1.8
Max Outlet Rate	3.9	83.0

Death data from 2017. ED and alcohol outlet data from 2016, rates per 100,000 people. 10 year suicide data from 2007-2016. 5 year crash data from 2013-2017. Death rates based on counts < 10 should be interpreted with caution.

Questions? Contact us at SubstanceUseData@dhhs.nc.gov
 State of North Carolina • Department of Health and Human Services
 Division of Public Health • Injury and Violence Prevention Branch
<http://www.ncdhhs.gov> • <https://publichealth.nc.gov/> • <https://www.injuryfreenc.ncdhhs.gov/>



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Prescription Medication Misuse



Opioids- usually prescribed for pain

Central Nervous System Depressants (CNS) (includes tranquilizers, sedatives, and hypnotics)- used to treat anxiety and sleep disorders

Stimulants—most often prescribed to treat attention-deficit hyperactivity disorder (ADHD)

Prescription Medication Misuse- CNS Depressants

Benzodiazepines

- Diazepam (Valium)
- Clonazepam (Klonopin)
- Alprazolam (Xanax)
- Triazolam (Halcion)
- Estazolam (Prosom)

Non-Benzodiazepine Sleep Medications

- Zolpidem (Amibien)
- Eszoiclone (Lunesta)
- Zaleplon (Sonata)

Barbiturates

- Mephobaribal (Mebaral)
- Phenobarbital (Luminal)
- Pentobarbital Sodium (Nembutal)

Prescription Medication Misuse- Stimulants

Dextroamphetamine

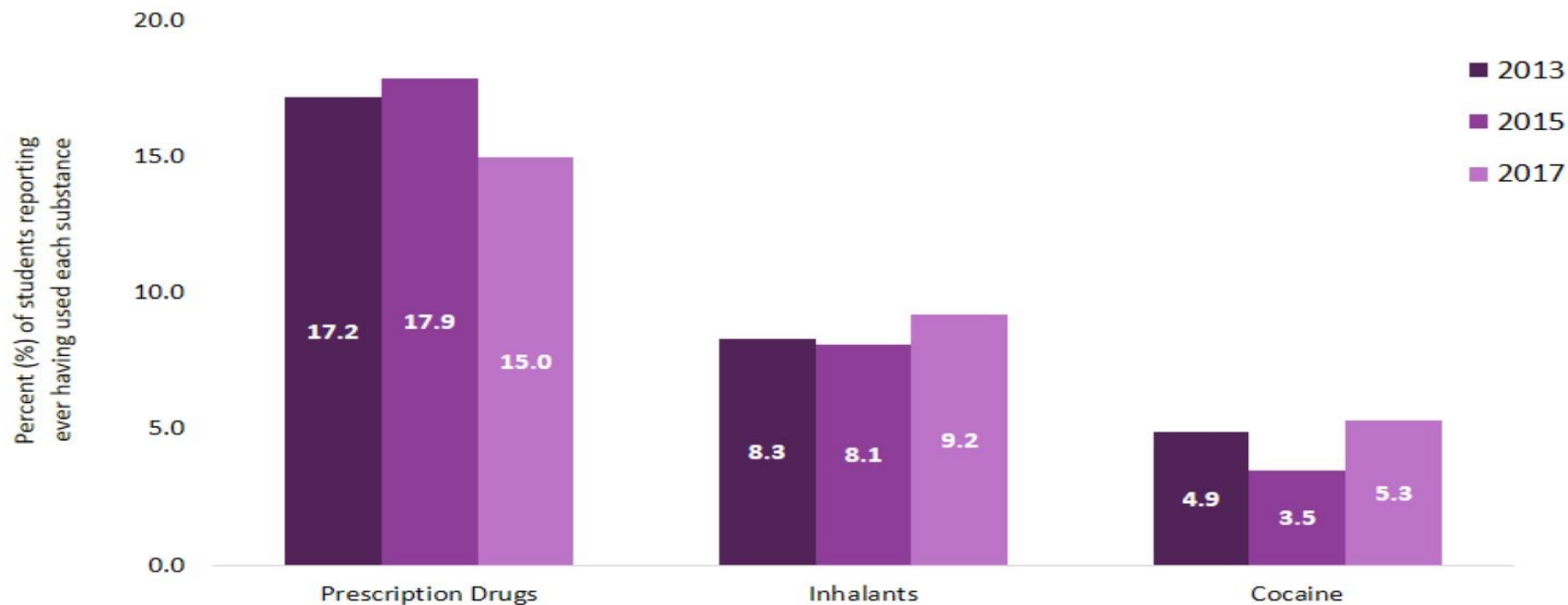
- Dexedrine
- Adderall

Methylphenidate

- Ritalin
- Concerta

Prescription Medication Misuse- Stimulants

15% of N.C. High School students report using prescription drugs recreationally in 2017



Technical Notes: Question based on self-reported lifetime use of substances among High School students
Source: N.C. Department of Public Instruction, N.C. Youth Risk Behavioral Survey (YRBS), 2013-2017
Analysis: Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Prescription Medication Misuse- Prescription Opioids

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks

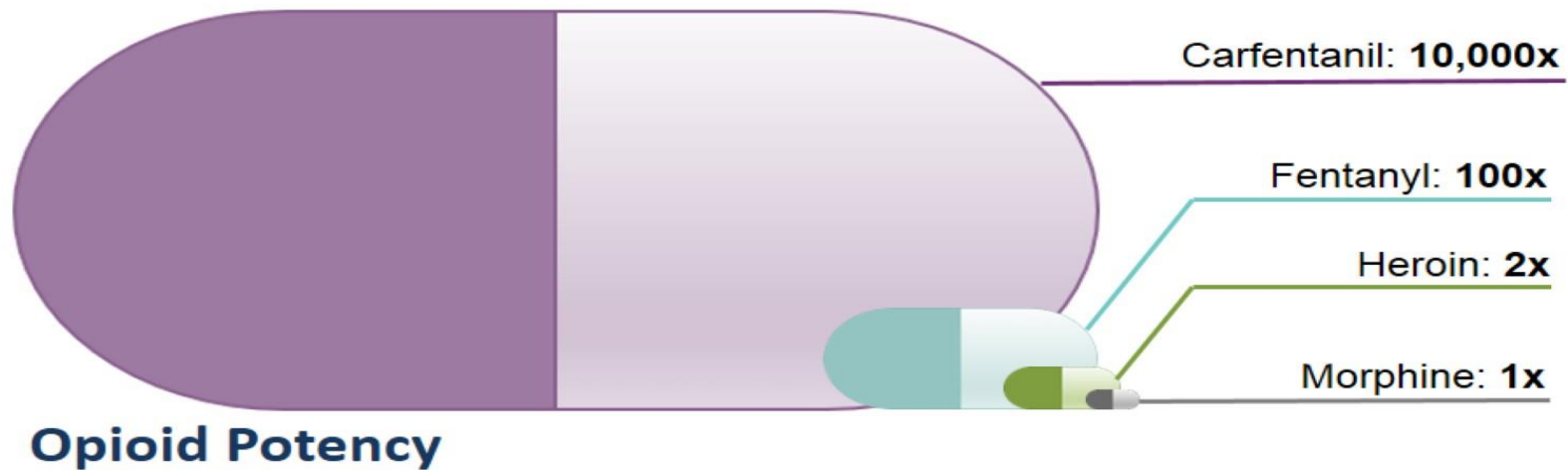
Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death.

As many as 1 in 4 people receiving prescription opioids long term in a primary care setting struggles with addiction.

Risks for addiction are great where there is a history of drug misuse, substance use disorder, or overdose; a Mental health conditions (such as depression or anxiety); sleep apnea; older age (65 years or older); pregnant.

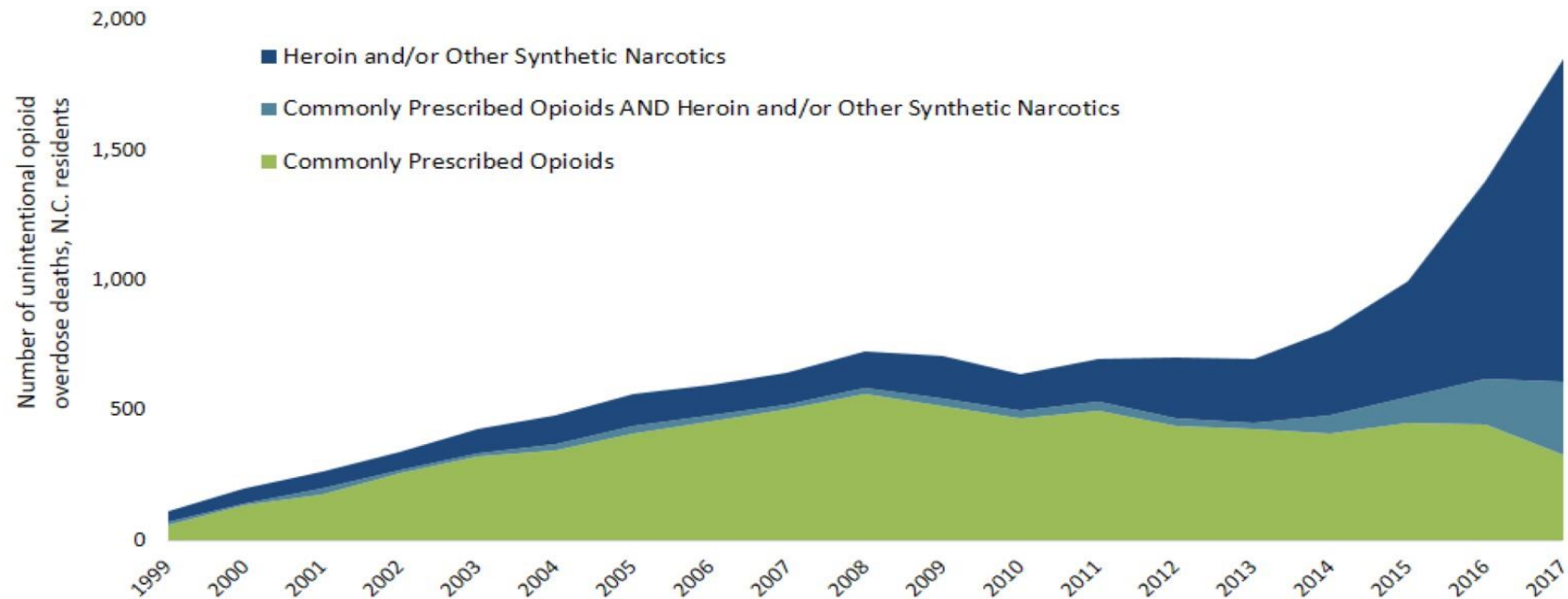
Opioids

With unprecedented availability of cheap heroin and fentanyl... **MORE PEOPLE ARE DYING**



Opioids

Illicit opioids* were involved in approximately 80% of unintentional opioid overdose deaths in 2017



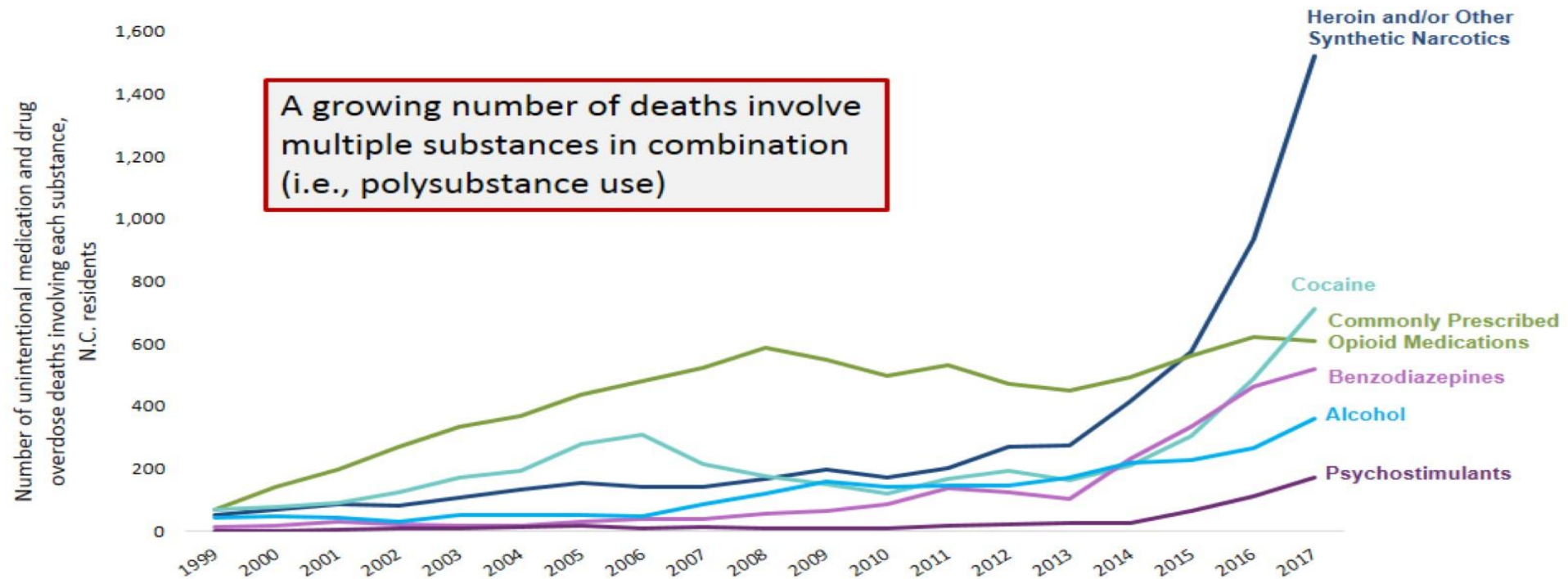
*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

Technical Notes: Cases with only an Opium (T40.0) or only Other and Unspecified Narcotics (T40.6) code are excluded; Unintentional medication and drug poisoning: X40-X44 and any mention of T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics); Limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017
Analysis by Injury Epidemiology and Surveillance Unit

Opioids

Unintentional overdose deaths involving illicit opioids* have drastically increased since 2013



*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

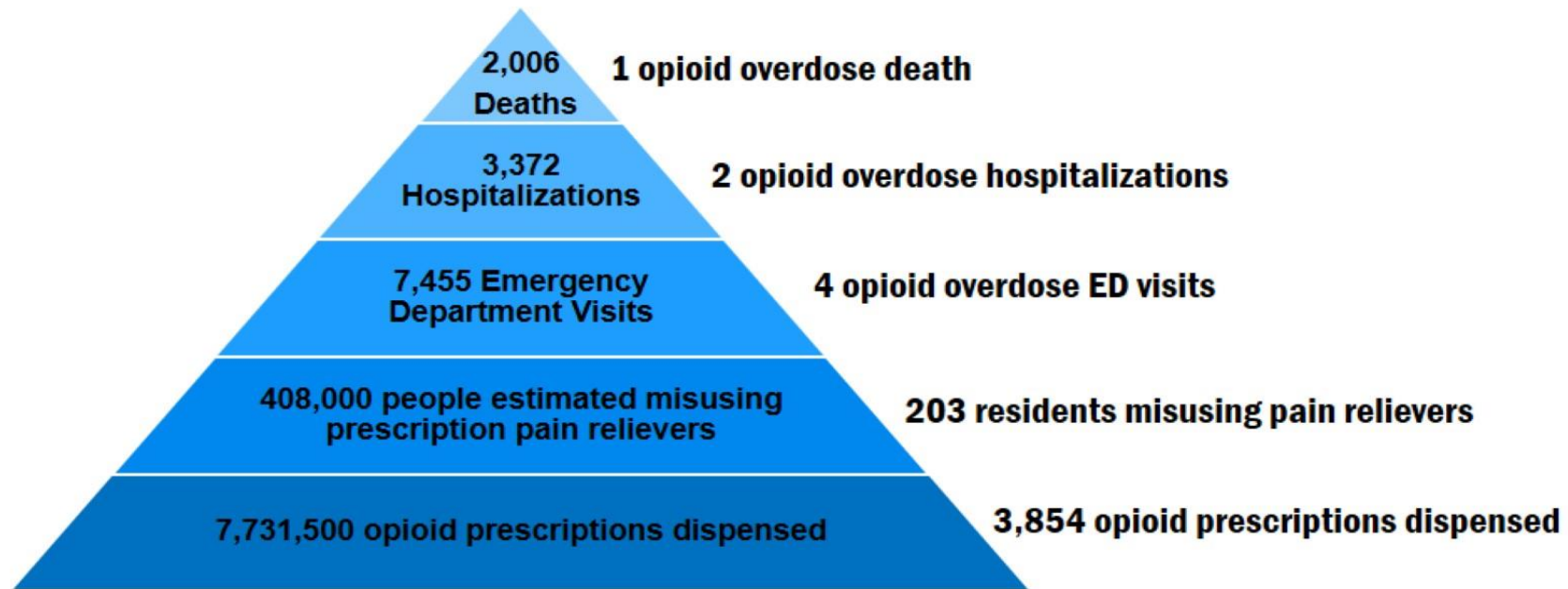
Technical Notes: These counts are not mutually exclusive; if the death involved multiple substances it can be counted on multiple lines; Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type; limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017

Analysis by Injury Epidemiology and Surveillance Unit

Opioids

For every opioid overdose death, there were nearly 2 hospitalizations and 4 ED visits due to opioid overdose



N.C. Overdose Pyramid

Technical Notes: Deaths, hospitalizations, and ED data limited to N.C. residents; Includes all intents, not limited to unintentional
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2017/ Hospitalizations- North Carolina Healthcare Association, 2017/ED-NC DETECT, 2017/ Misuse-NSDUH, 2015-2016 applied to 2017 population data/Prescriptions-CSRS, 2017
Analysis by Injury Epidemiology and Surveillance Unit

Opioid Data- Union County

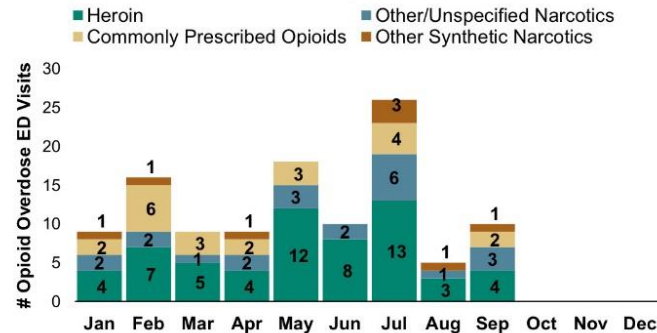


Union County

2019 YTD

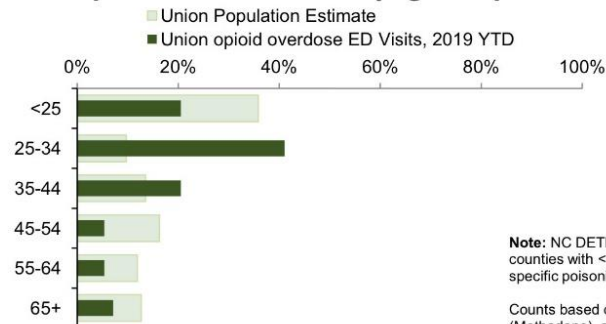
112 OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS

Opioid Overdose ED Visits by Month:
Union County 2019 YTD



YTD: Year to date; *Provisional Data: 2018-2019 ED Visits

Opioid Overdose ED Visits by Age Group

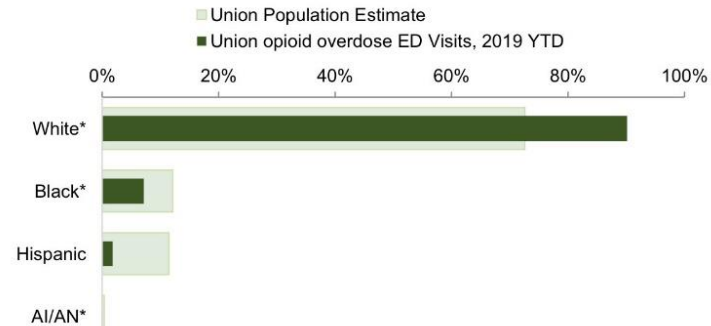


112 Opioid Overdose ED Visits in Union County YTD

compared to **92** Jan to Sep 2018

Source: NC DETECT; Data Source: ED; Custom Event: Overdose; Opioid Overdose V.2 (ICD-9/10-CM)

Opioid Overdose ED Visits by Race Ethnicity*



AI/AN (American Indian/ Alaskan Native).

*Non-hispanic, **except** when ethnicity data are missing; if ethnicity is missing race categories include both Hispanic and Non-Hispanic.

Note: NC DETECT is North Carolina's statewide syndromic surveillance system. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. For training on NCDETECT, contact Amy Ising, ising@ad.unc.edu.

Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), and T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

Tobacco Use – National Data

By Education: Current cigarette smoking was highest among persons with a general education development (GED) certificate and lowest among those with a graduate degree.

- About 23 of every 100 adults with 12 or fewer years of education (no diploma) (23.1%)
- Nearly 37 of every 100 adults with a GED certificate (36.8%)
- Nearly 19 of every 100 adults with a high school diploma (18.7%)
- About 17 of every 100 adults with some college (no degree) (17.4%)
- Nearly 16 of every 100 adults with an associate's degree (15.5%)
- About 7 of every 100 adults with an undergraduate degree (7.1%)
- About 4 of every 100 adults with a graduate degree (4.1%)

By Annual Household Income

Current cigarette smoking was higher among persons with a low annual household income than those with higher annual household incomes.

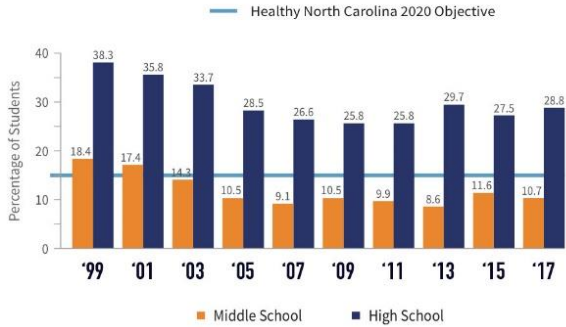
- About 21 of every 100 adults with an annual household income less than \$35,000 (21.4%)
- About 15 of every 100 adults with an annual household income of \$35,000 to \$74,999 (15.3%)
- Nearly 12 of every 100 adults with an annual household income of \$75,000 to \$99,999 (11.8%)
- Nearly 8 of every 100 adults with an annual household income greater than \$100,000 (7.6%)

NORTH CAROLINA YOUTH TOBACCO SURVEY (NC YTS) MIDDLE & HIGH SCHOOL FACT SHEET

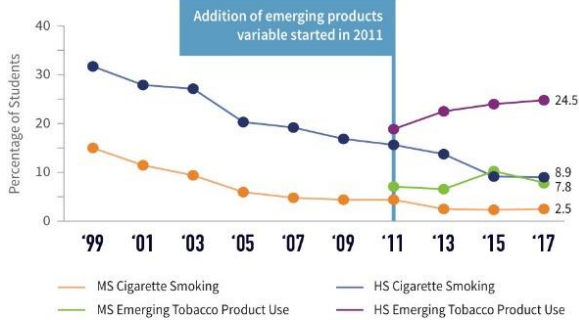


The North Carolina Youth Tobacco Survey (NC YTS) is a public school-based survey of students in grades 6-12 that measures youth tobacco use behaviors every two years since 1999. The Healthy North Carolina 2020 objective is to decrease the percentage of high school students reporting current use of any tobacco product to 15%.

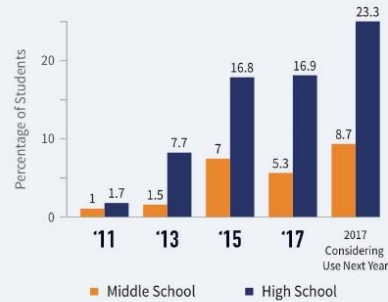
NC MIDDLE & HIGH SCHOOL CURRENT USERS OF ANY TOBACCO PRODUCT, NC YTS, 1999-2017



NC MS & HS CURRENT USE OF CIGARETTES & EMERGING TOBACCO PRODUCTS, NC YTS, 1999-2017



CURRENT E-CIGARETTE USE



CURRENT E-CIGARETTE USE INCREASE 2011-2017

MS 430%
HS 894%

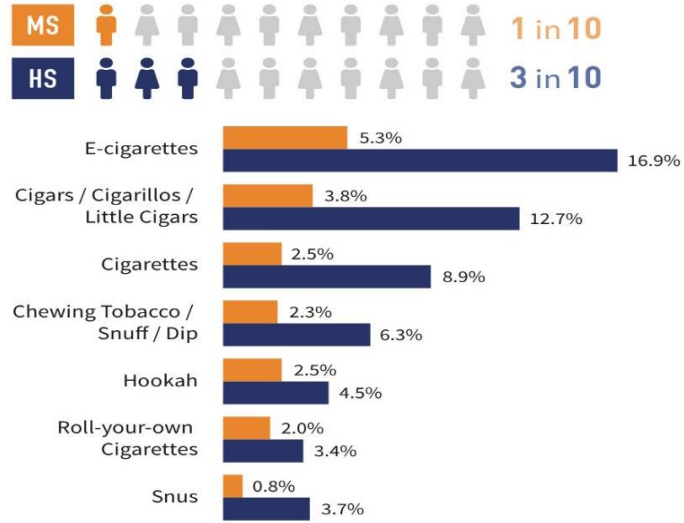
REASONS FOR E-CIGARETTE USE 2017*



*Among students who have used

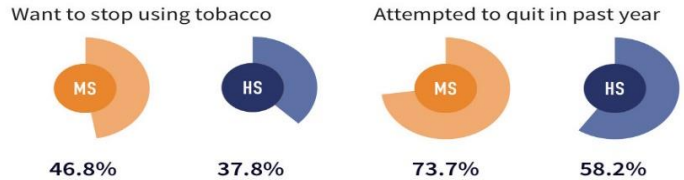
For 2017 NC YTS, 6,333 students responded to the survey (3,200 middle school and 3,133 high school students). The statewide overall response rate was 65.4% for middle schools and 64.5% for high schools.

CURRENT USERS OF TOBACCO PRODUCTS



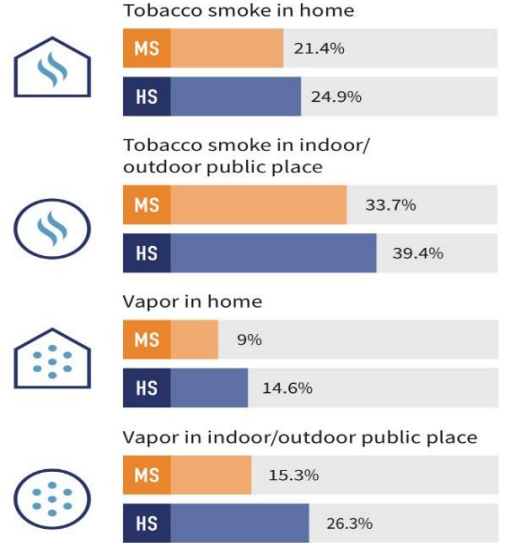
USES TWO OR MORE TOBACCO PRODUCTS
MS 47.1% **HS 50.6%**

CESSATION BEHAVIOR AMONG USERS



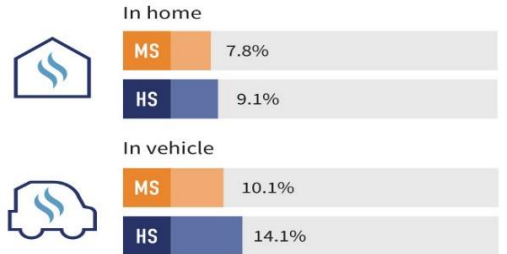
North Carolina 2017 enrollment figures were used to generalize NC YTS findings to all middle and high school students in the state.

EXPOSURE TO SECONDHAND SMOKE OR VAPOR*



*Past 7 days

SMOKING ALWAYS ALLOWED:



*Current use is defined as using tobacco products on one or more of the past 30 days

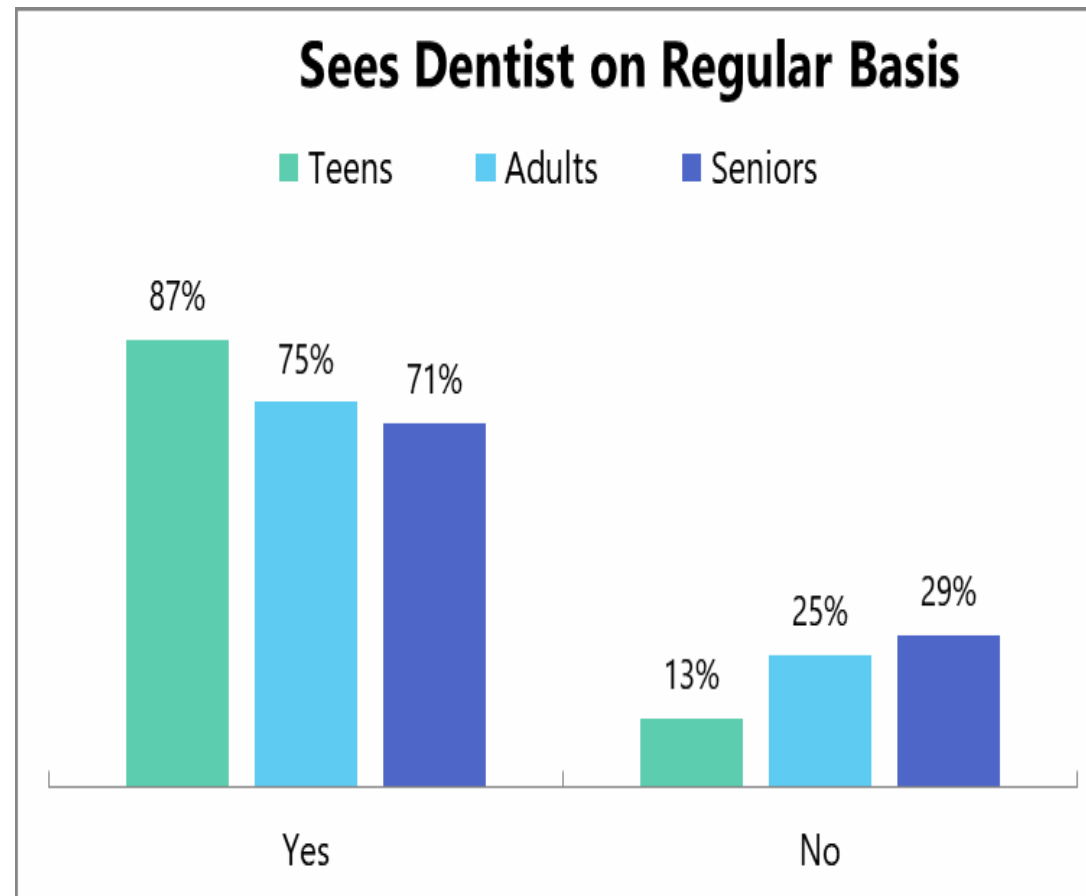
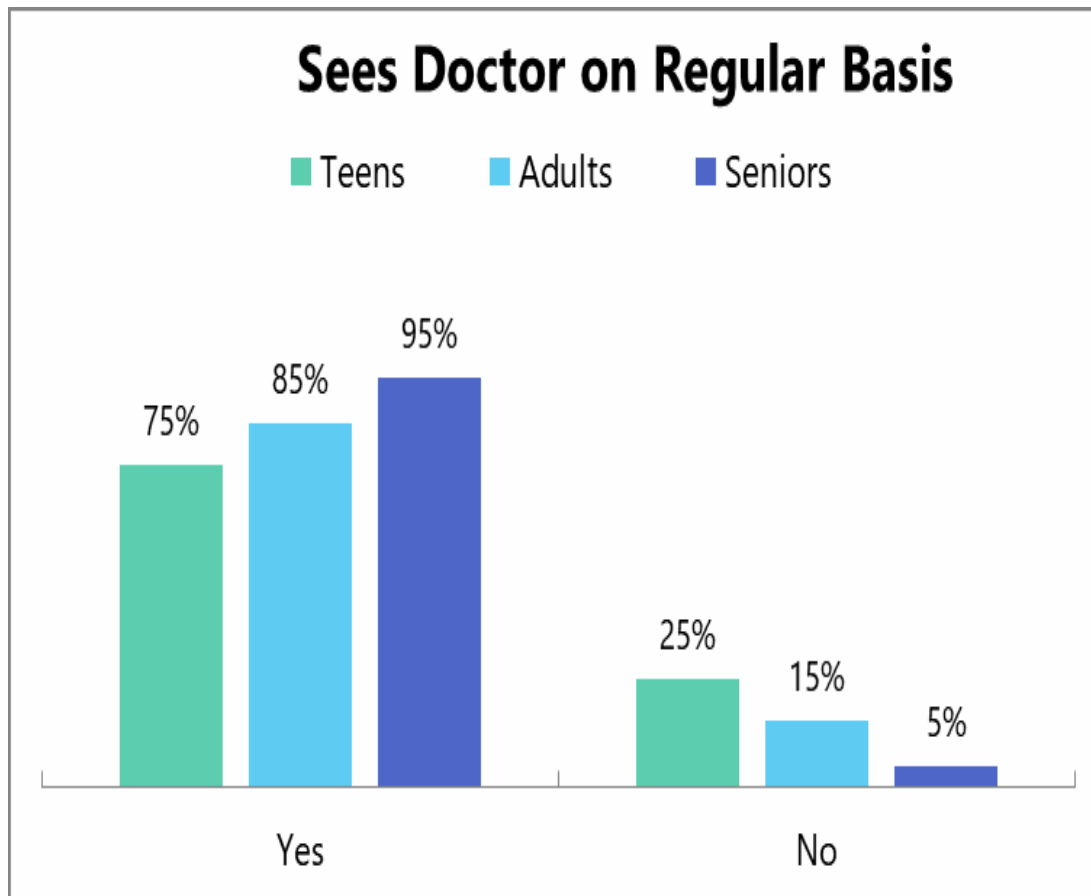
Beginning in 2011, NC YTS included a survey item to assess the use of emerging tobacco products. No data is available prior to 2011 on emerging tobacco products.

Emerging tobacco products can include: electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, little cigars or cigarillos, hookah or water pipes, roll-your-own cigarettes, and snus.

Any tobacco product includes all emerging products plus cigarettes, cigars, chewing tobacco/snuff/dip, pipe tobacco, and bidis.

**Focus Area:
Access to Care**

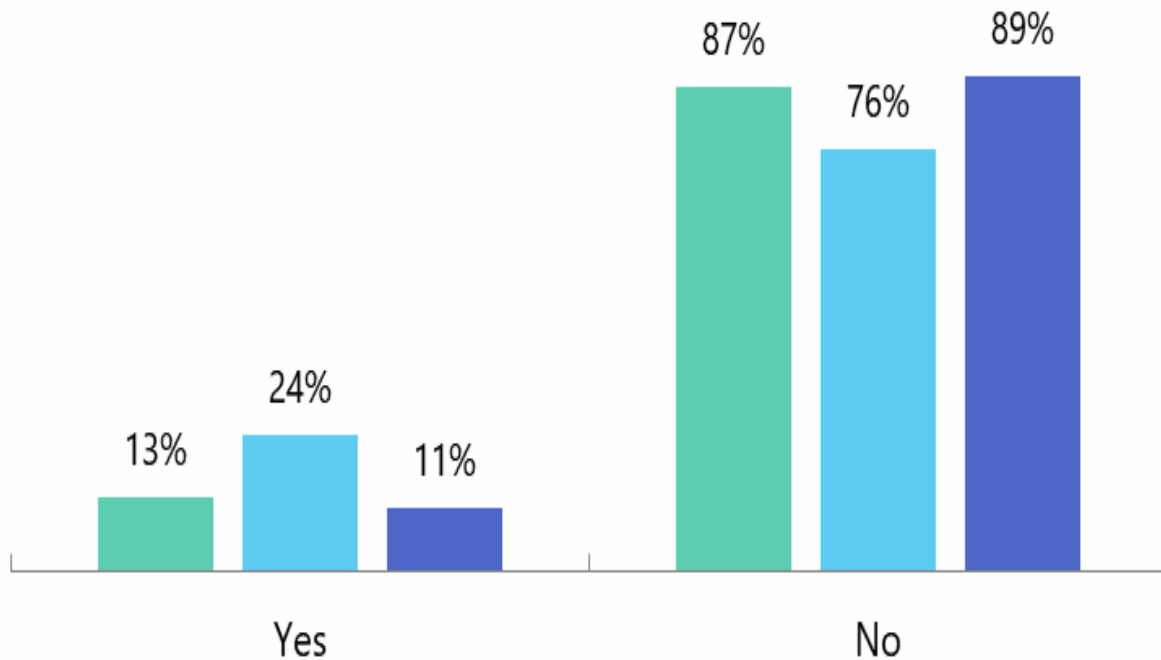
Survey Responses: Sees Doctor and Dentist on a Regular Basis



Survey Responses: Needed to See a Doctor or Dentist But Did Not

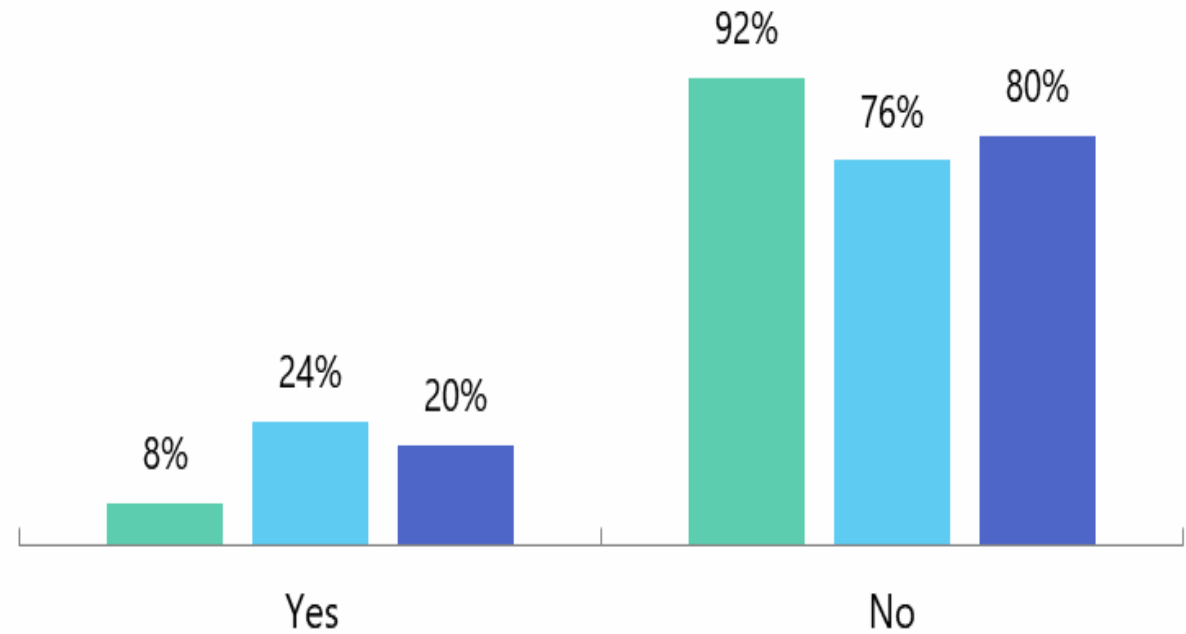
Needed to See Doctor But Did Not

Teens Adults Seniors

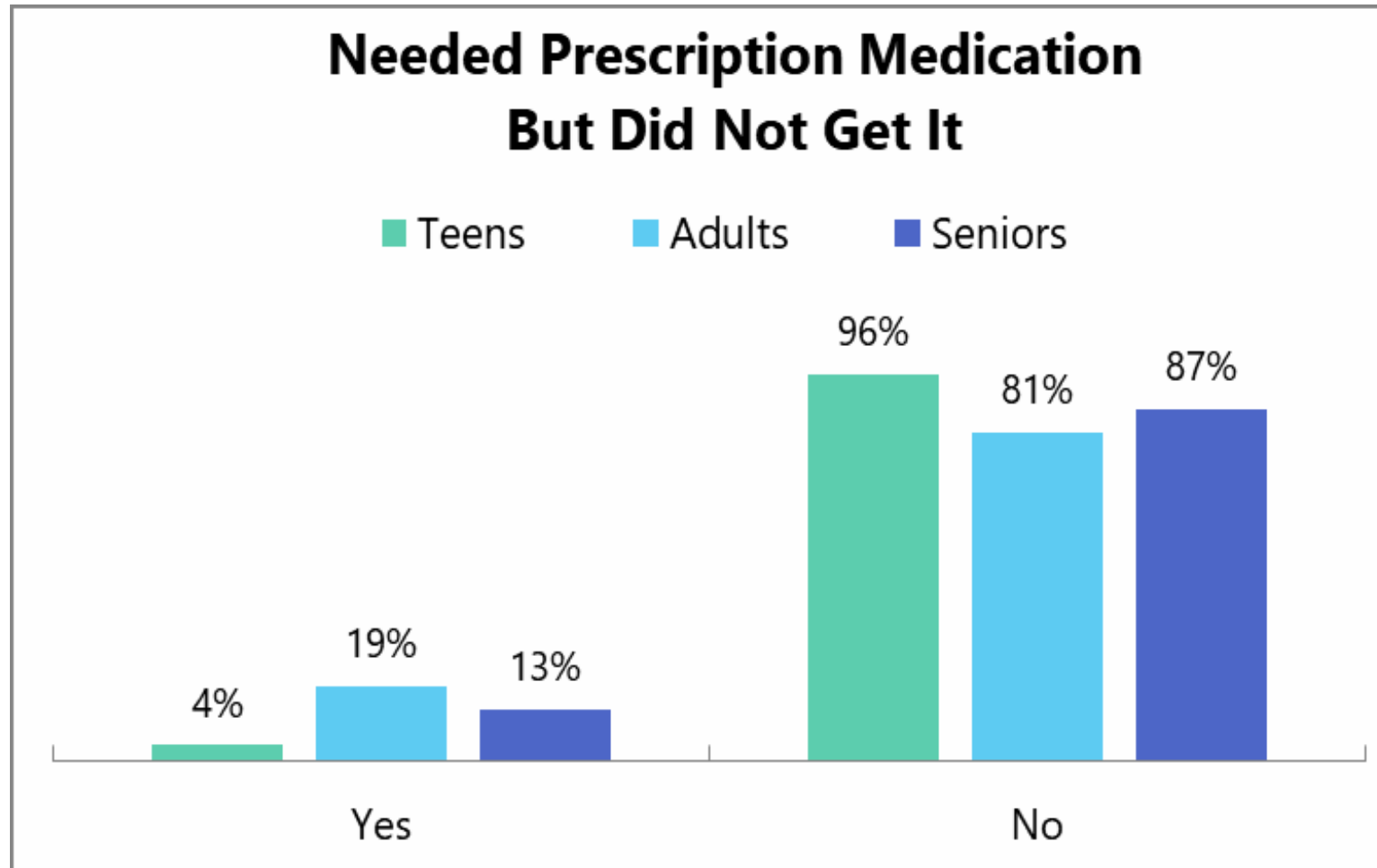


Needed to See Dentist But Did Not

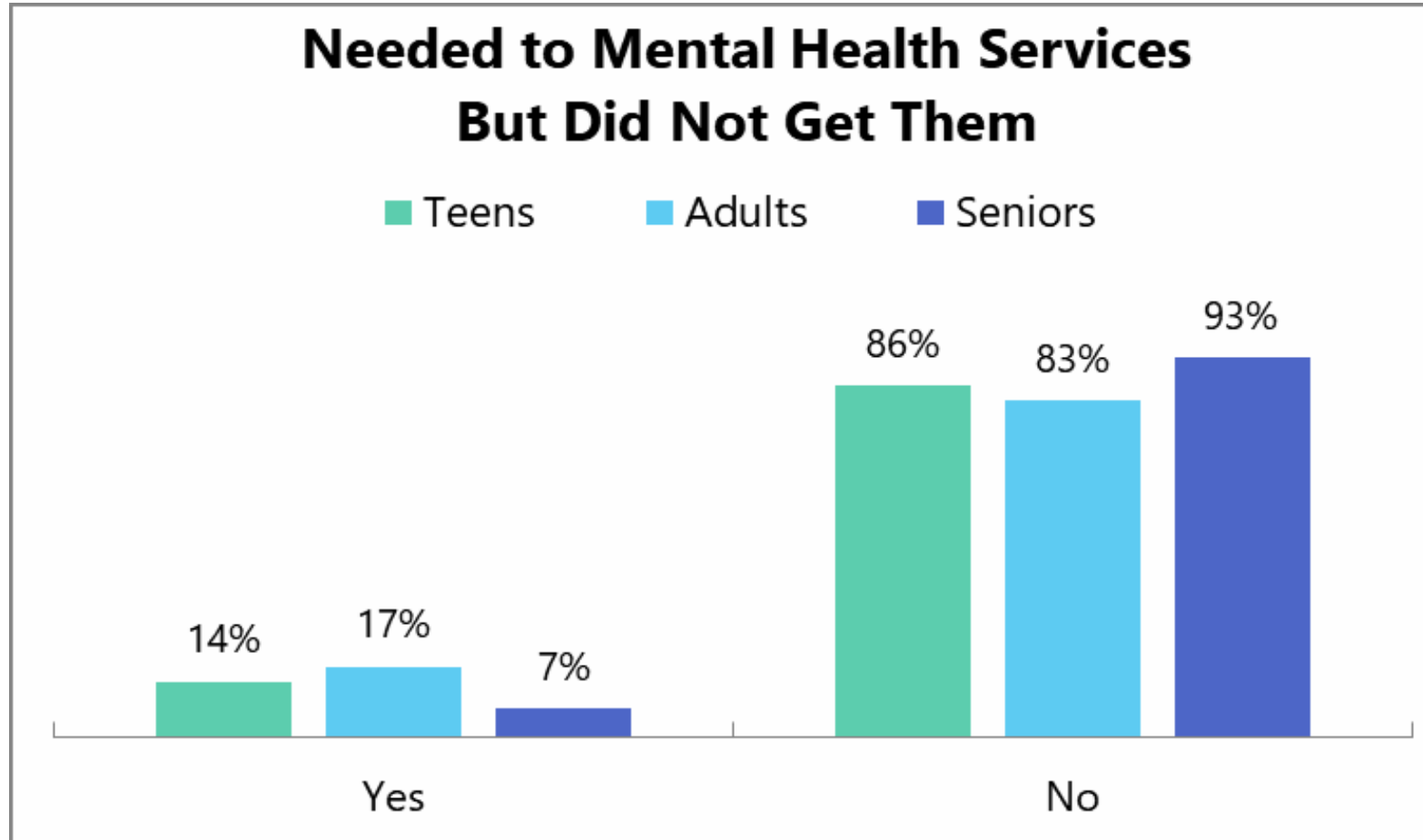
Teens Adults Seniors



Survey Responses: Needed Prescription Medication But Did Not Get It



Survey Responses: Needed Mental Health Services But Did Not Receive Them



Focus Group Concerns

Access to care for non English speakers Most undocumented residents (almost 30,000 individuals) live in Monroe. Many Hispanic residents do not speak English (or in some cases, do not even know how to read), which is a large barrier to accessing care.

Access to health care need to improve access to **preventative healthcare** services (such as mammograms), **primary care** services, and **mental and behavioral health** services in Union county. Respondents suggest that **adding urgent care centers**, especially in underserved or rural areas, would help improve this access. Respondents also discussed the **need for more free clinics**.

There is a **lack of access to specialty care** (such as infectious disease specialists or fetal medicine specialists) in Union County. Therefore, many individuals end up going to the emergency room because they “have never been turned away by the hospital”.

Respondents also discussed how **improving transportation services** in the County would help improve access to healthcare services, **especially for individuals with disabilities and seniors**.

Several participants mentioned that **mental health** within Union County is **underfunded and often lacks continuity of care**.

Individuals **without insurance** (and even those with certain types of insurance such as Medicaid) often **have difficulty seeing a doctor or a specialist**.

North Carolina- Insurance Gap

Even though the number of insured people in NC increased between 2010-2016, there are still **thousands without health insurance**. Some do not have sufficient income to qualify for an insurance subsidy/sliding fee scale, yet those same individuals do not qualify for Medicaid, indicating a persistent gap in health care coverage .

Lack of insurance disproportionately affects Hispanic/Latino and American Indians, impacting 29 .6 percent and 18 .2 percent of these populations, respectively.

15 .5 percent of North Carolina **adults could not see a doctor due to cost**.

Fewer whites experience this barrier to health care (12 .8 percent).

More than a quarter of the Hispanic/Latino population (27 .4 percent) indicate that cost prevented them from accessing a doctor in the previous year.

Conversely, **African Americans, Hispanic/Latino, and other racial groups were more likely to have seen a dentist** in the past year than their white counterparts .

Union County Resident's Insurance Coverage

Figure 1: Percent of People with Health Insurance

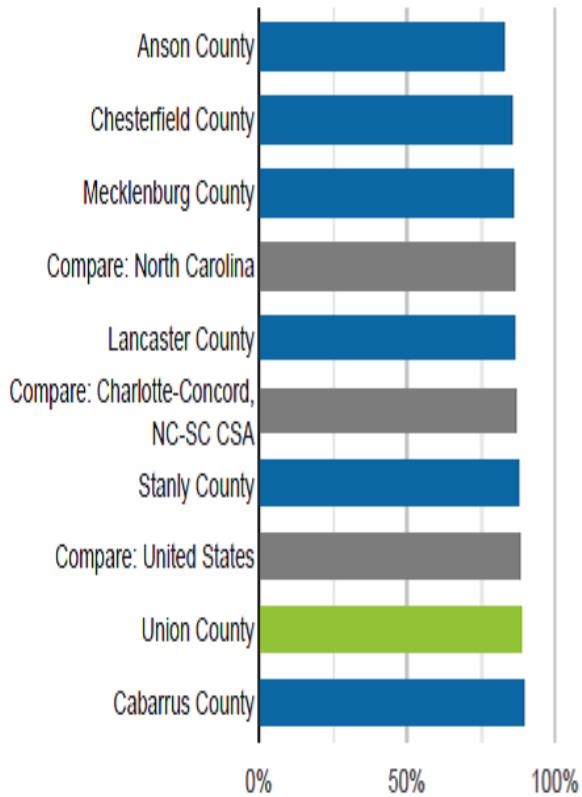


Figure 2: Change in People with Health Coverage (2015 to 2016)

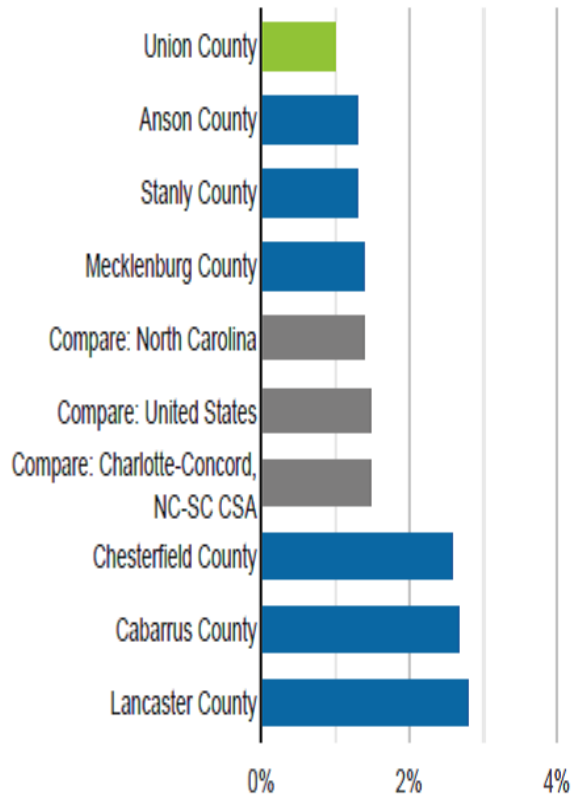


Figure 6: Men with Health Insurance Coverage

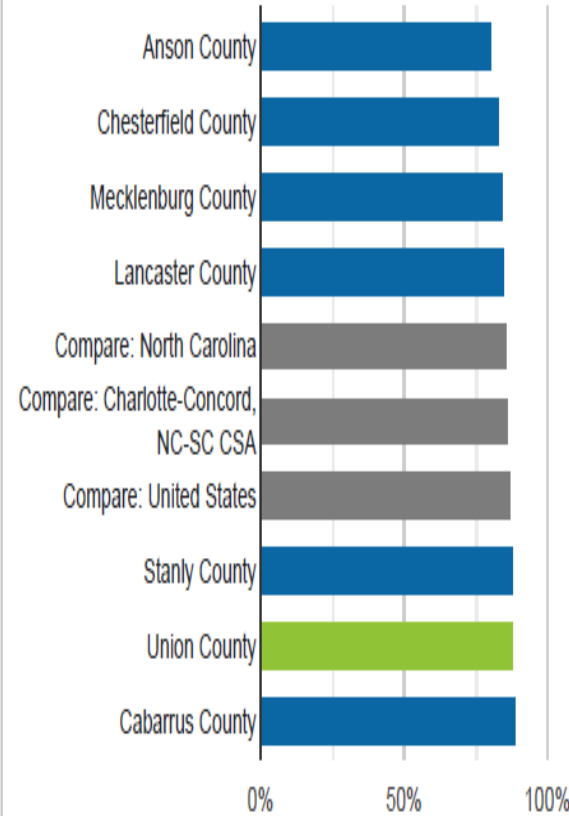
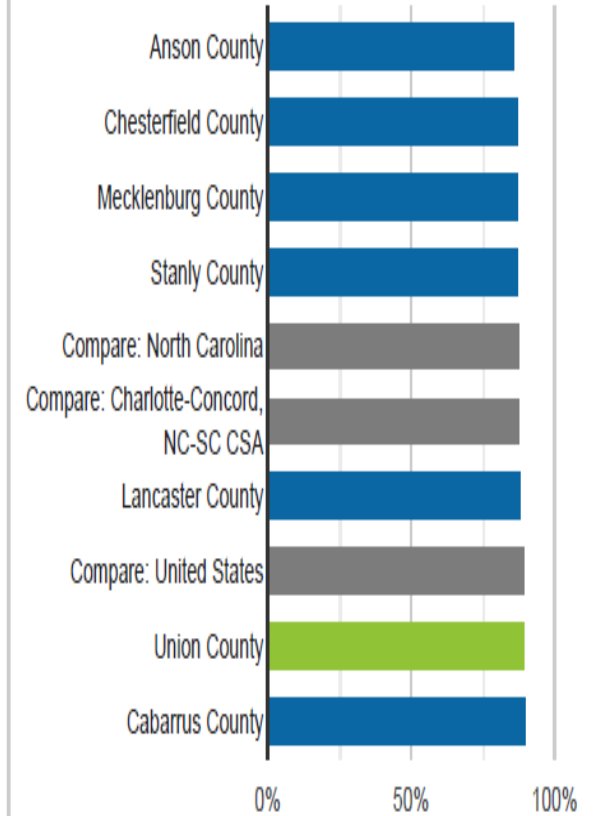


Figure 7: Women with Health Insurance Coverage



Union County Residents With No Insurance Coverage

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

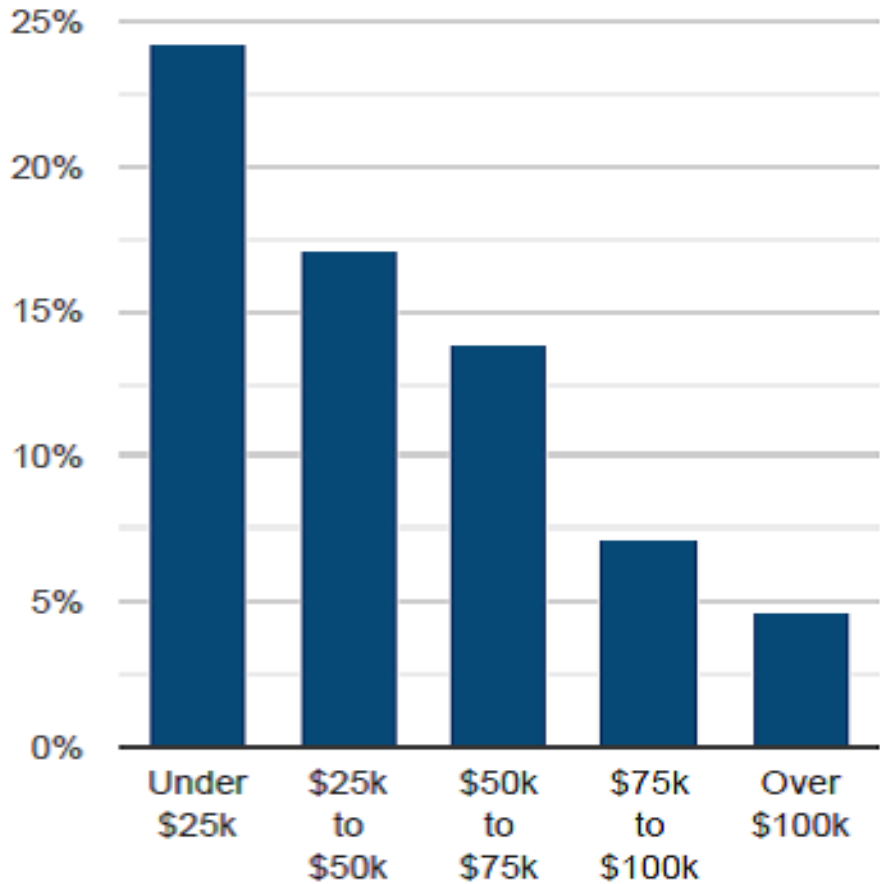
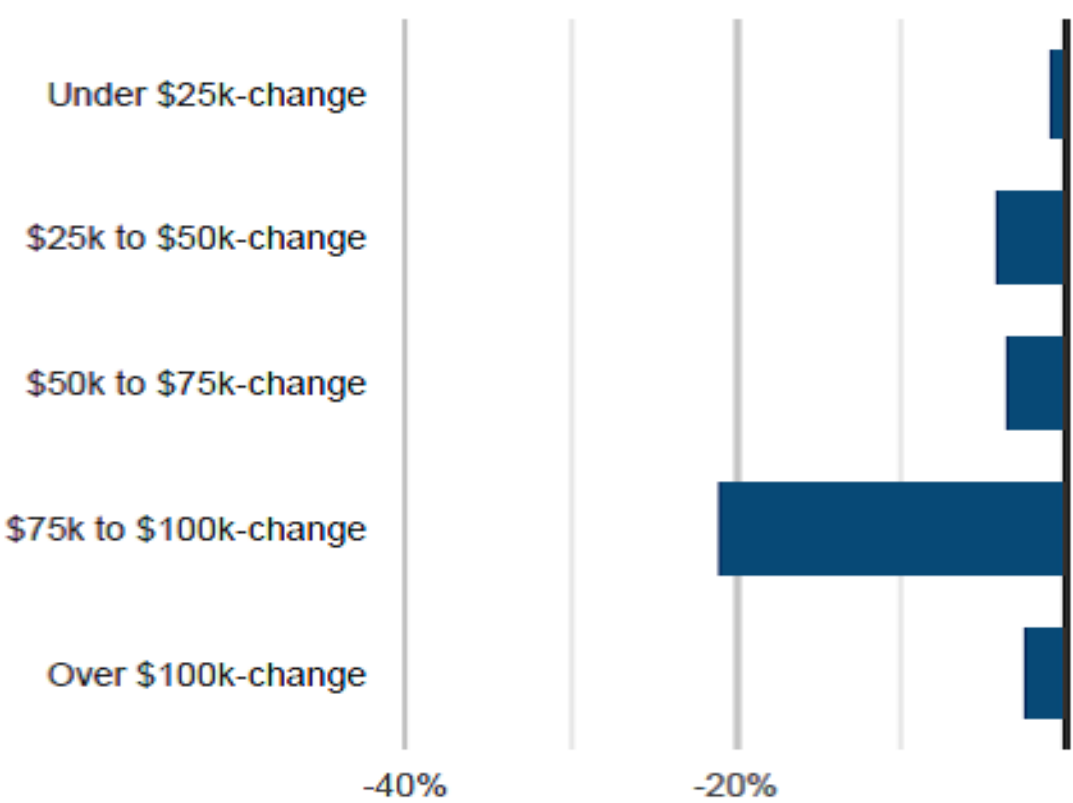


Figure 9: Change in Percent of People with No Insurance from 2015 to 2016



Union County Residents With No Insurance Coverage

Figure 10: People without Health Insurance Coverage by Race

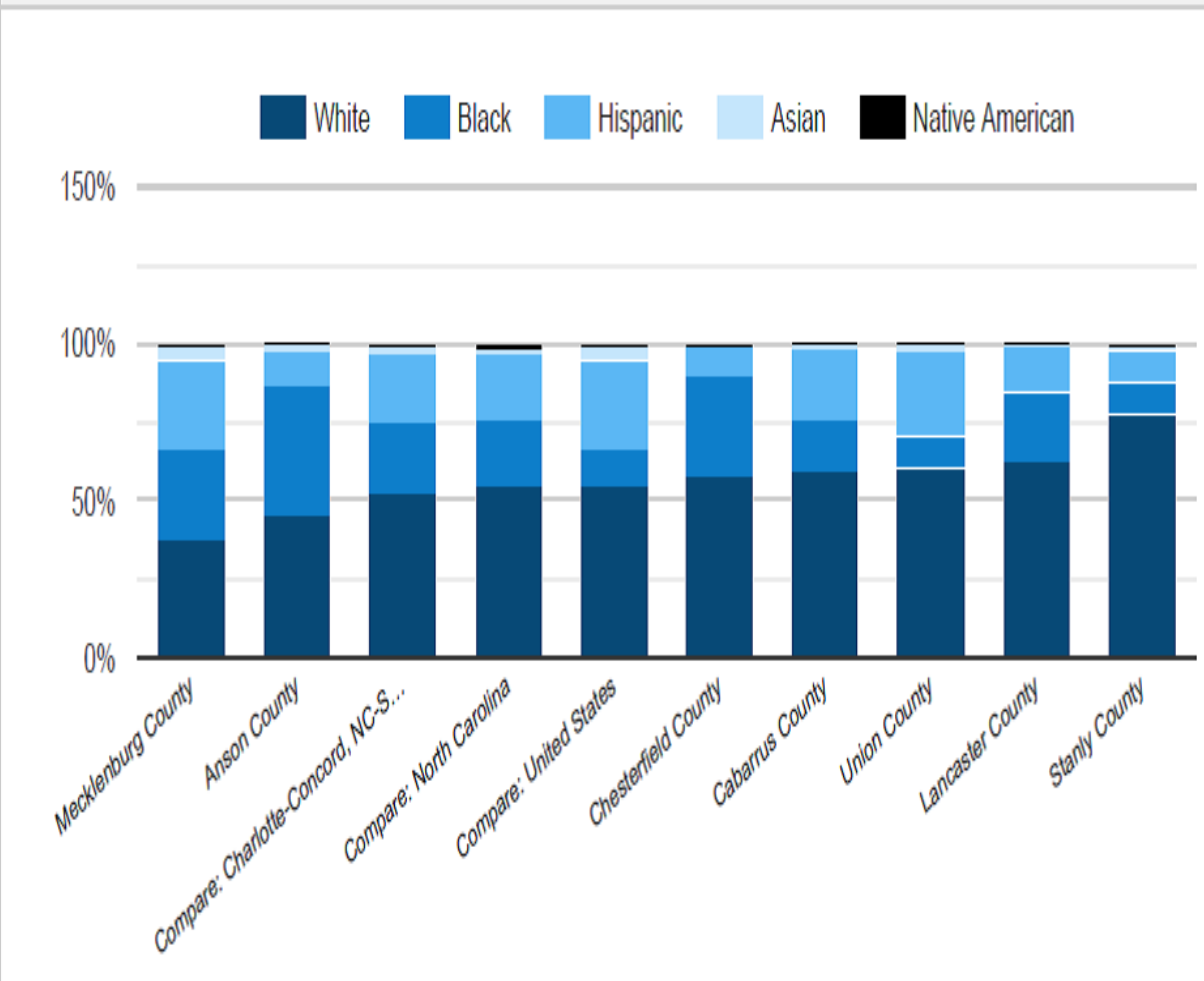
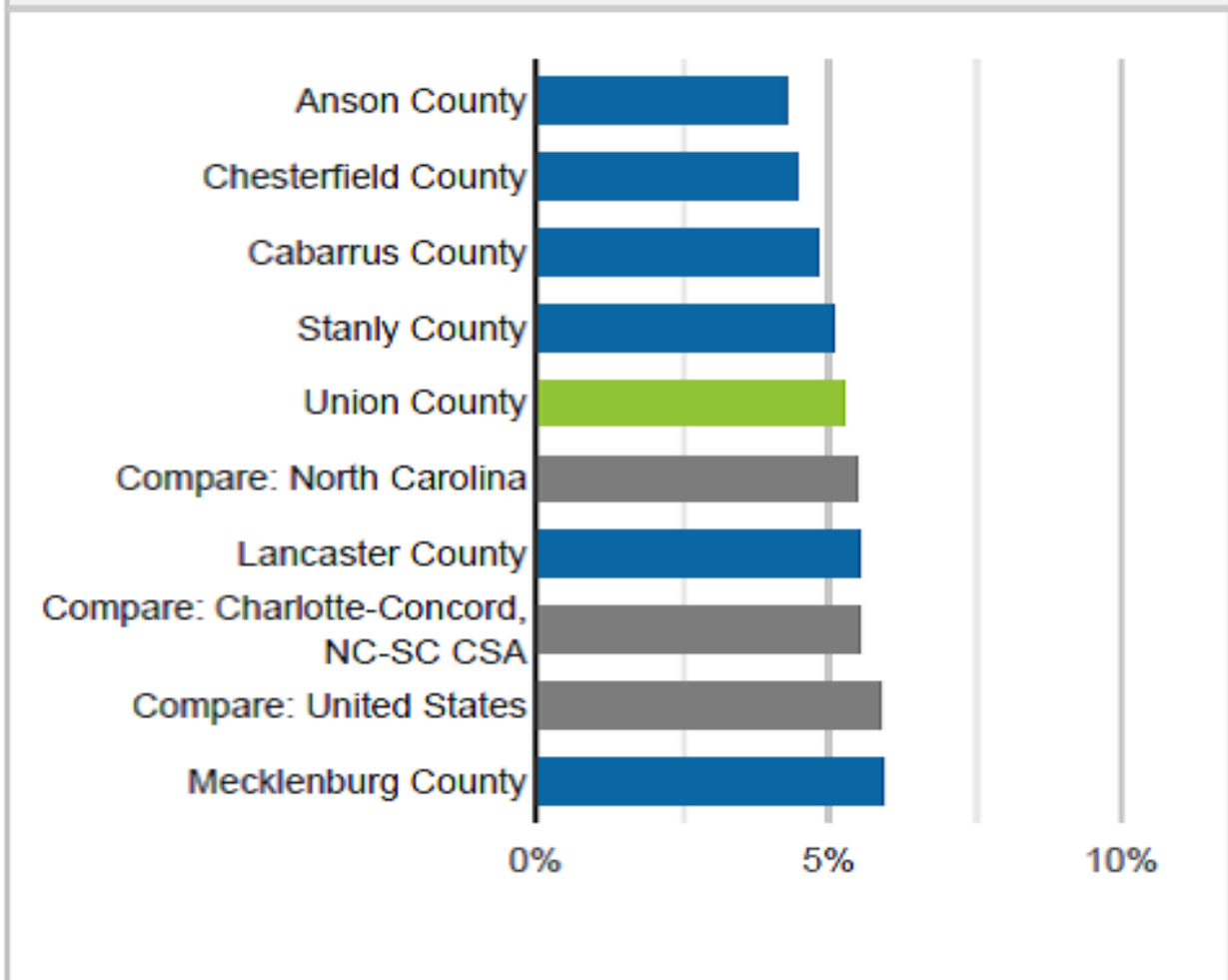


Figure 11: Children without Health Insurance



Lack of Mental Health Care Coverage



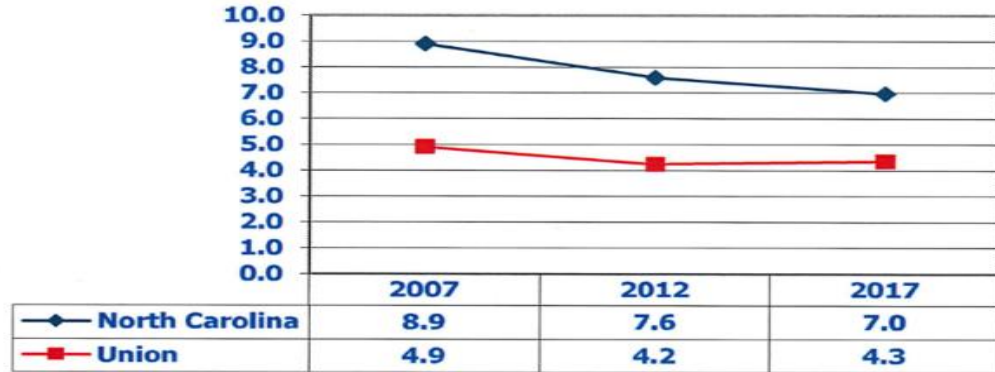
More Americans are insured today than in past years, but their coverage is lacking. The proportion of youth with private insurance that did not cover mental or emotional difficulties nearly doubled, from 4.6 percent in 2012 to 8.1 percent in 2017.

In NC, 11.9% Children With Private Insurance That Did Not Cover Mental Or Emotional Problems

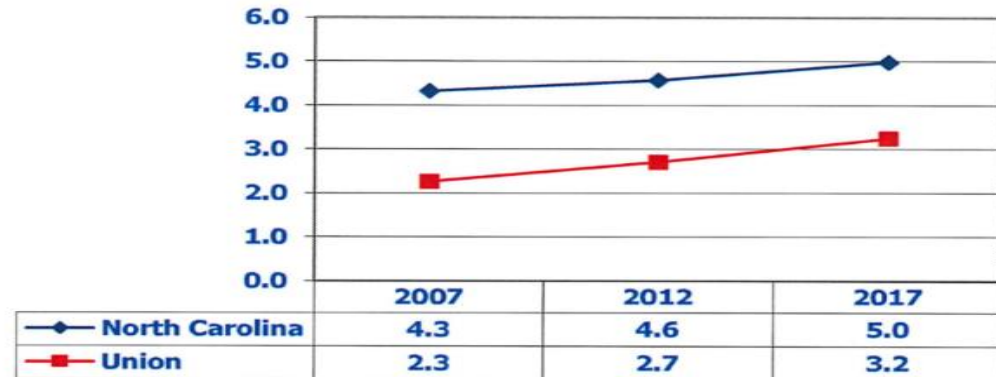
In NC, 10.8% of adults with mental illness are not insured

Access to Medical Care in Union County

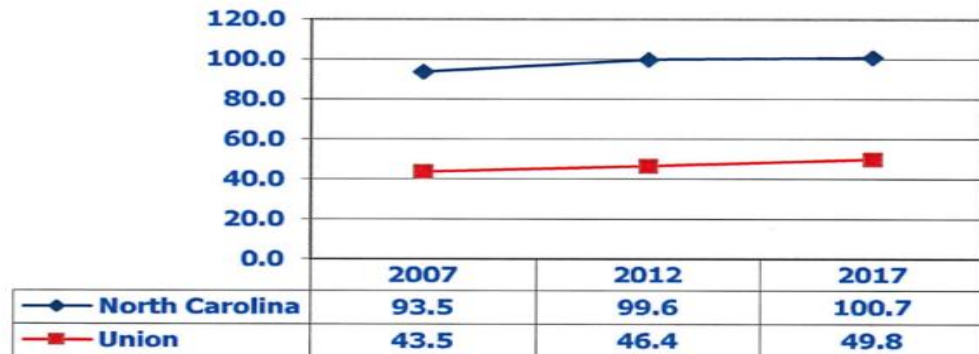
21. Number of Primary Care Physicians per 10,000 Residents



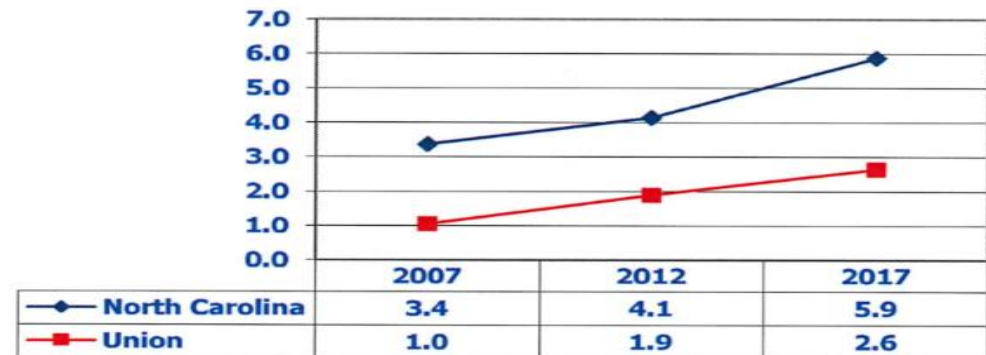
22. Number of Dentists per 10,000 Residents



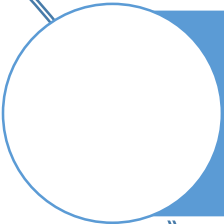
23. Number of Registered Nurses per 10,000 Residents



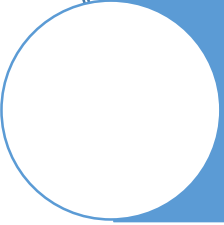
24. Number of Physician Assistants per 10,000 Residents



Union County Transportation Service Provision and Availability



Serves as Union County's Community Transportation Service Provider (CTSP). Provides demand-response services, manages contracted 74x fixed route service



Available to all County residents, including those with mobility issues, special needs, as well as those living, working, shopping, studying, recreating, and receiving medical care in all of Union County's rural and urban areas.



Provides transportation service to meet the needs of County Human Service Agency program clients (Veterans Services, Senior Nutrition, Work First, and Medicaid) and community partners (UDI).

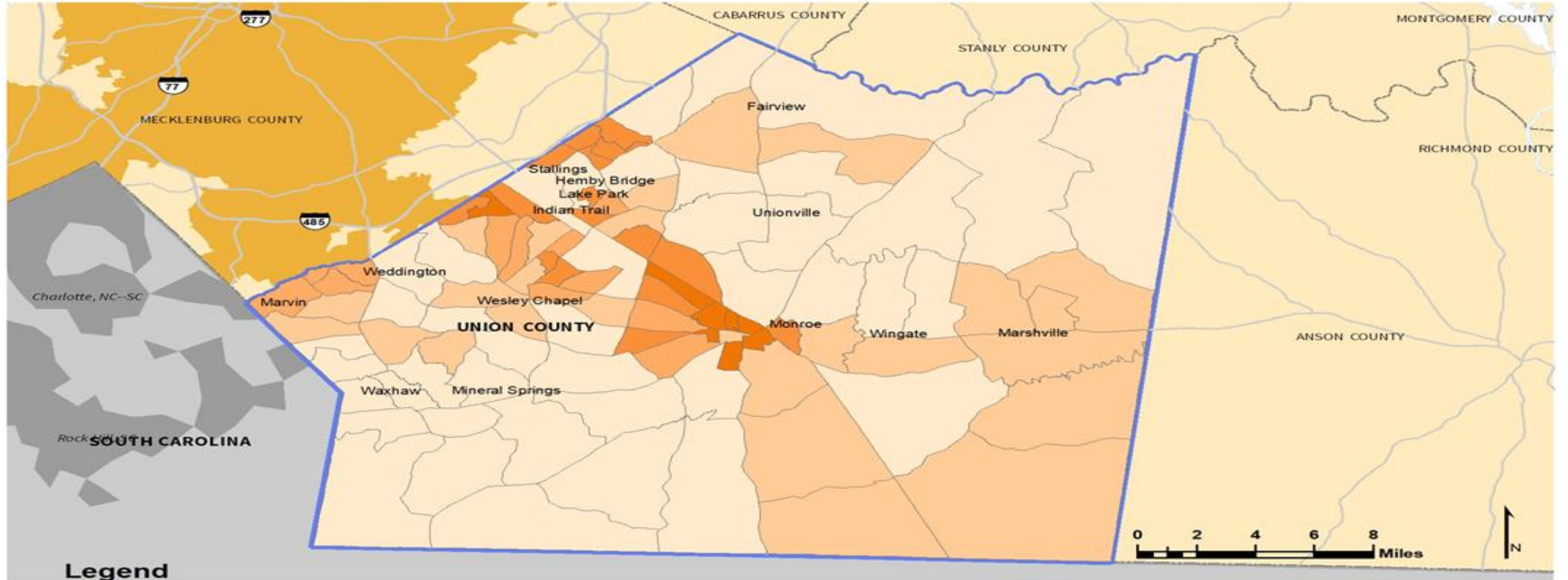


Primary focus has remained on meeting the needs of the elderly and disabled, but both service and funding have expanded to support the transportation needs for all Union County residents.

TRANSIT DEPENDENCY IN UNION COUNTY

TDI Scores by Census Block Group

Union County Community Connectivity Plan



Legend

TDI	TDI Score	Color
	7-12	Lightest Orange
	12-19	Light Orange
	19-27	Medium Orange
	27-39	Dark Orange
	39-68	Darkest Orange
	Union County	Blue Outline

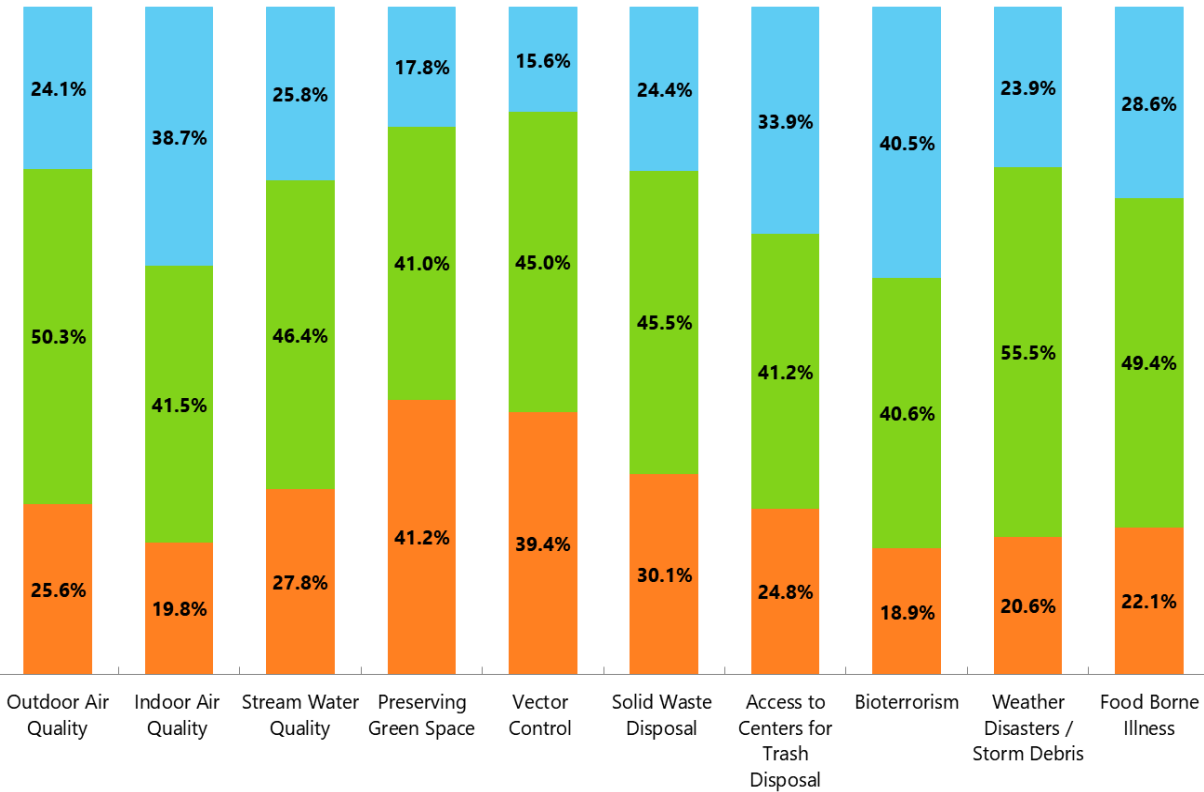
**Focus Area:
Environmental**

Survey Data: Environmental Health Concerns

Adult Survey

Environmental Health Issues

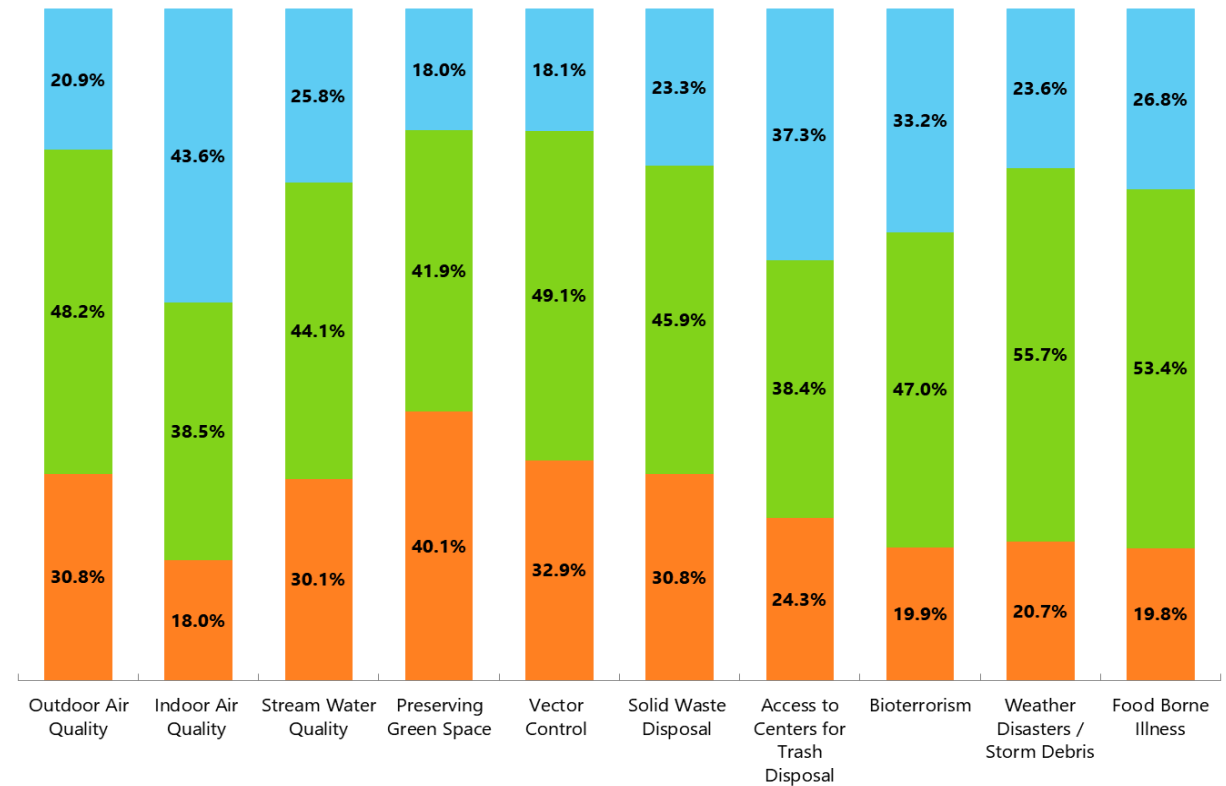
Great Concern Some Concern No Concern



Senior Survey

Environmental Health Issues

Great Concern Some Concern No Concern

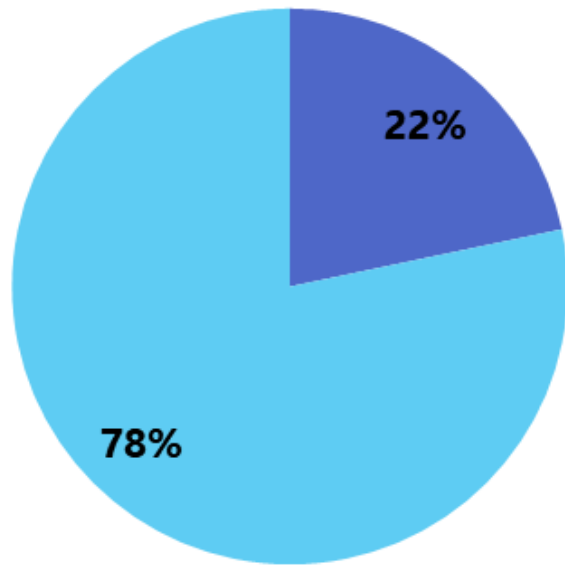


Survey Data: Water Sources

Adult Survey

Source of Drinking Water

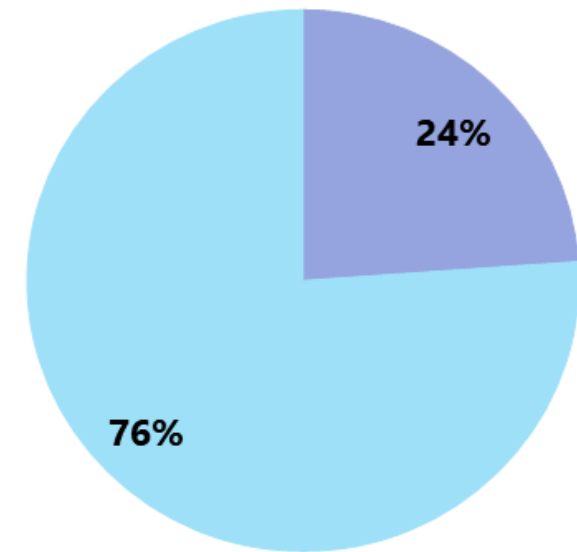
■ Well Water ■ Public Water Supply



Senior Adult Survey

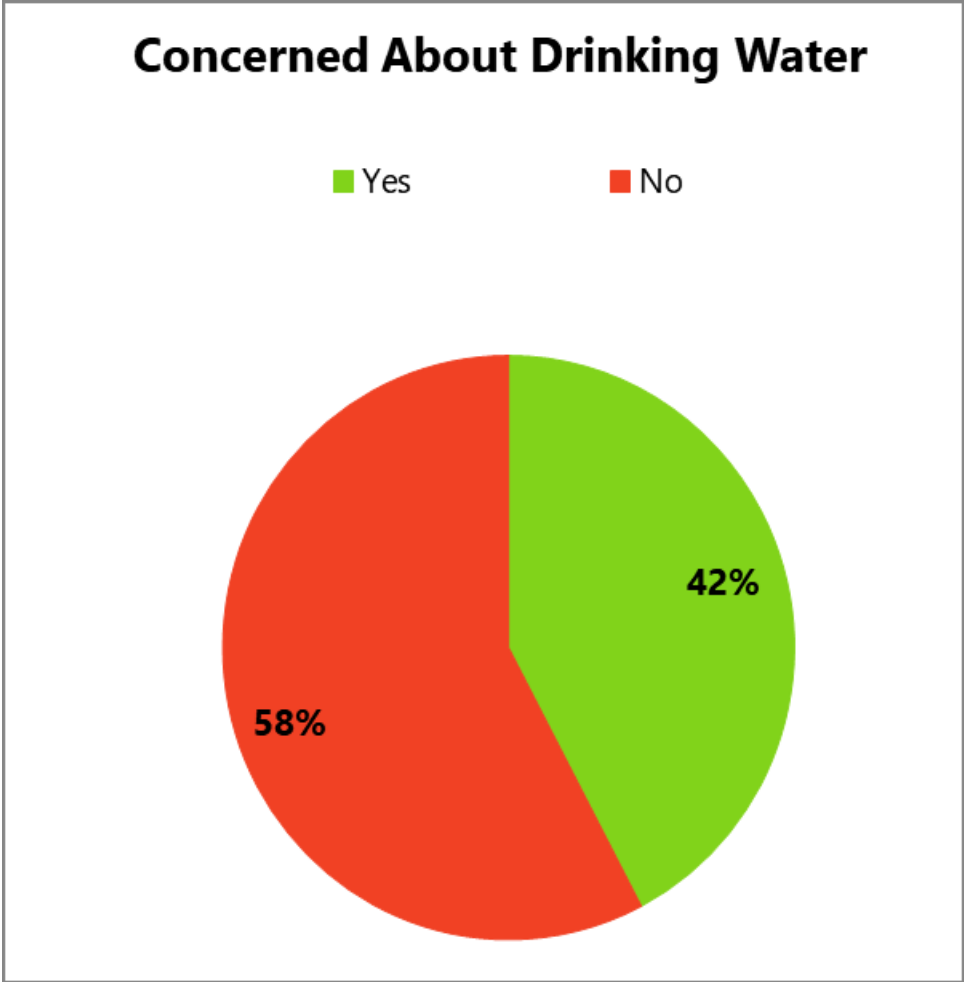
Source of Drinking Water

■ Well Water ■ Public Water Supply

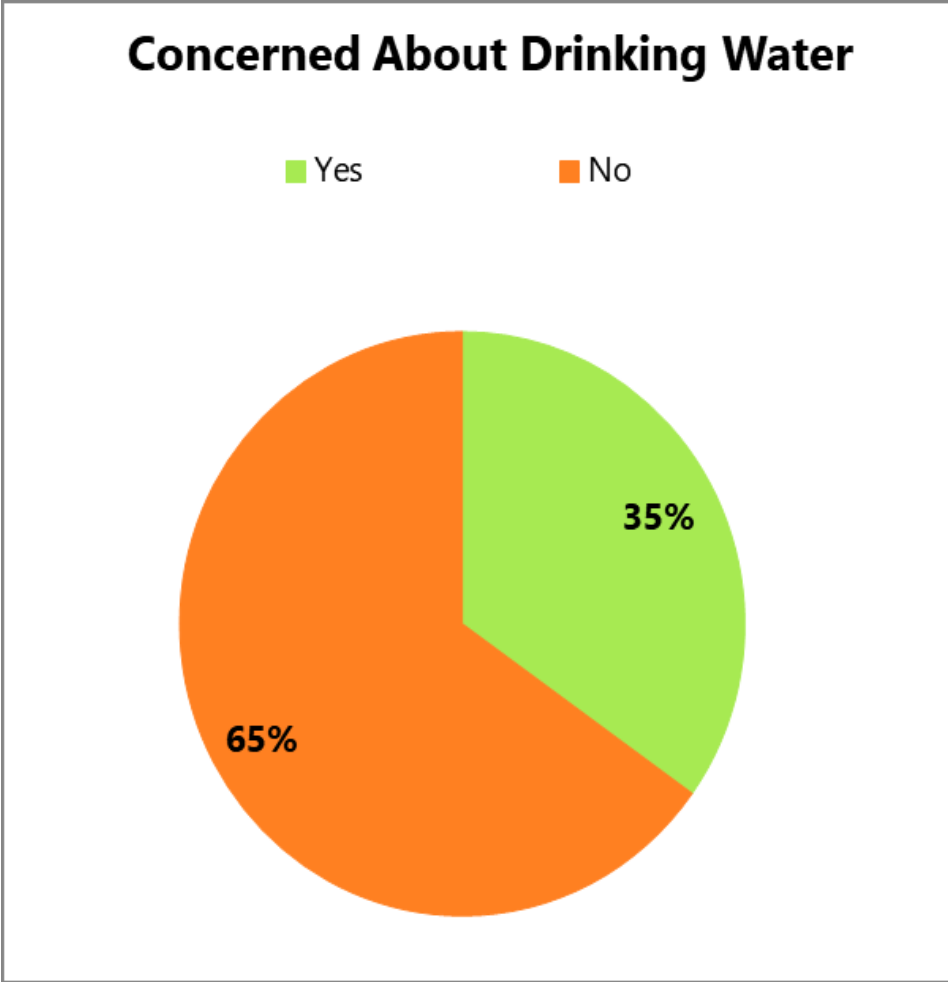


Survey Data: Water Quality

Adult Survey



Senior Survey



Focus Group Concerns

Need more outdoor places for people to bike and walk, such as community gardens, sidewalks, parks, trails, etc.)

Need access to county water in rural areas

Concern for safety when recreating / walking / biking in some outdoor parts of the County, such as Monroe, vs. other parts of the county, such as Wesley Chapel.

Mosquito Prevention – Union County



In 2019 May was identified as “Mosquito Prevention Month” in Union County. During the month, we focused on educating and empowering property owners in the prevention/control of mosquitoes.

Environmental Health gave away mosquito dunks (larvicide-bactimos briquettes) to property owners (4 dunks/Union County address). Approximately 500 dunks were given away.

Mosquito prevention and control messages were added to Union County social media platforms and a mosquito prevention video was used for outreach. This video was also screened at one of the local movie theatres.

Benefits of Green Space Preservation and Infrastructure

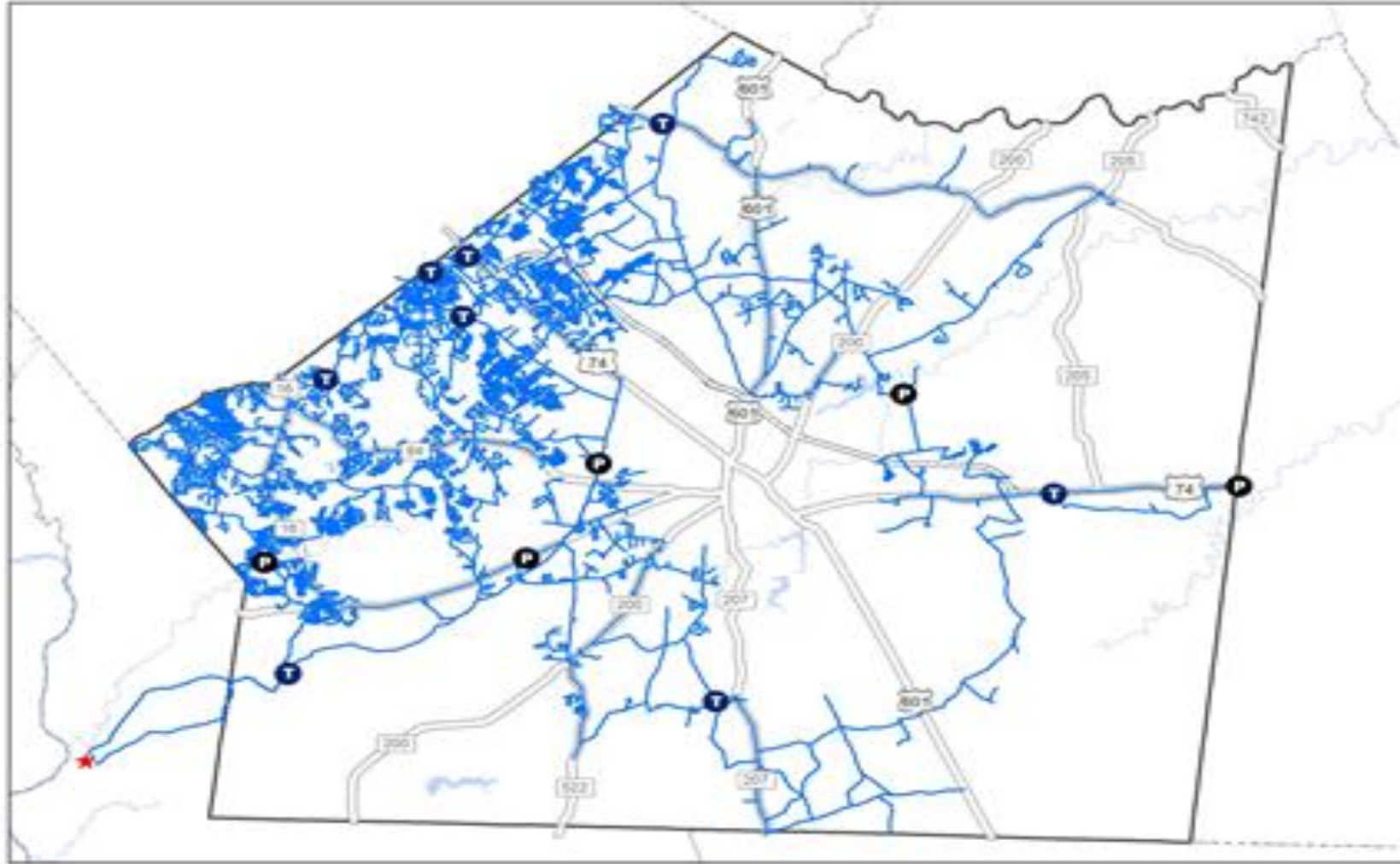
Environmental benefits for water, air, land and wildlife in and around the projects.

Benefits for the physical and mental health of community members, including improved mood, stress reduction.

Social benefits focused on community cohesion and public safety.

Economic benefits for the local workforce and business development

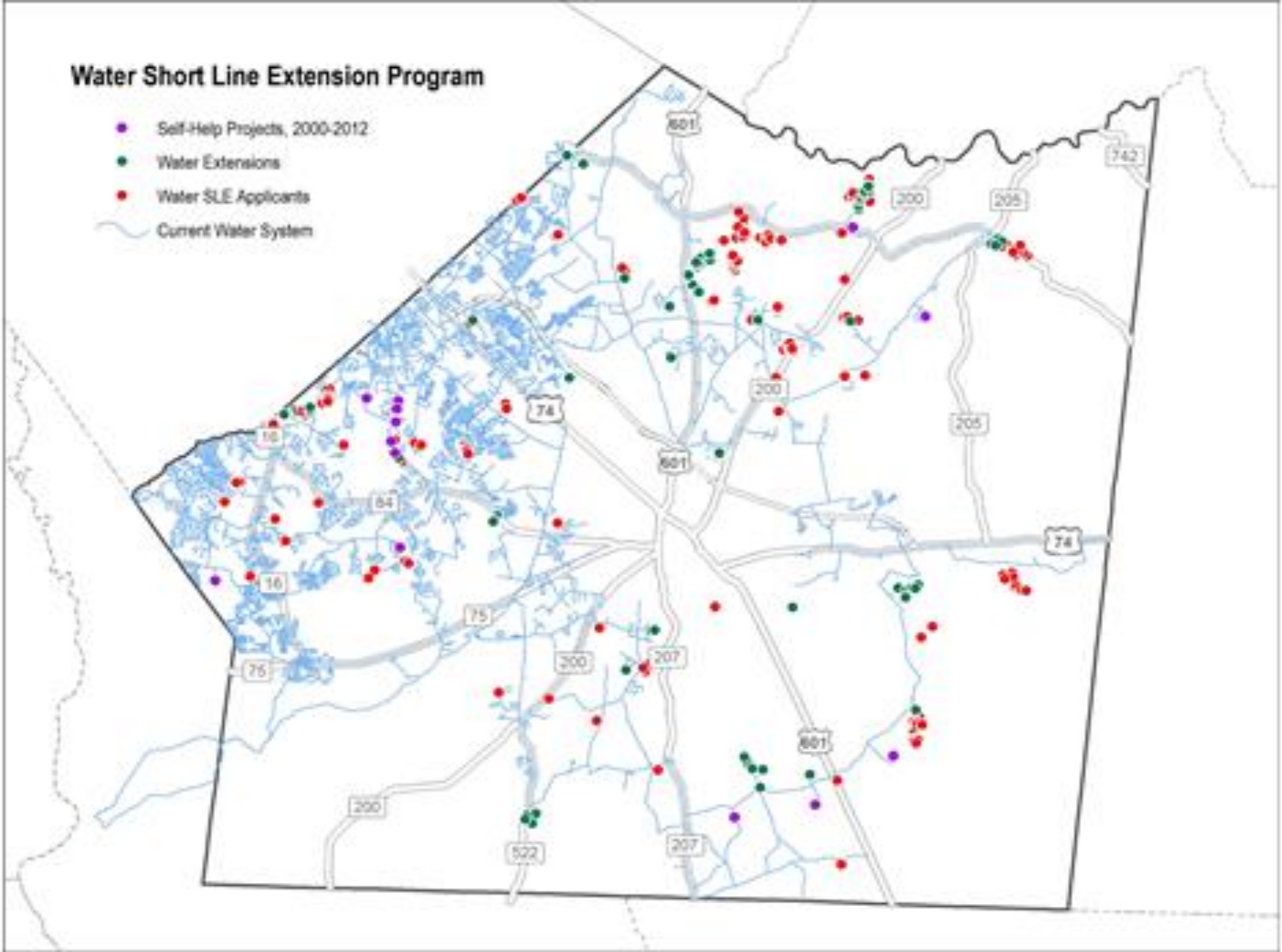
Union County Water Supply



Public water supplies serve ~79% of County residents, and public sewer is available to ~64%

Water Short Line Extension Program

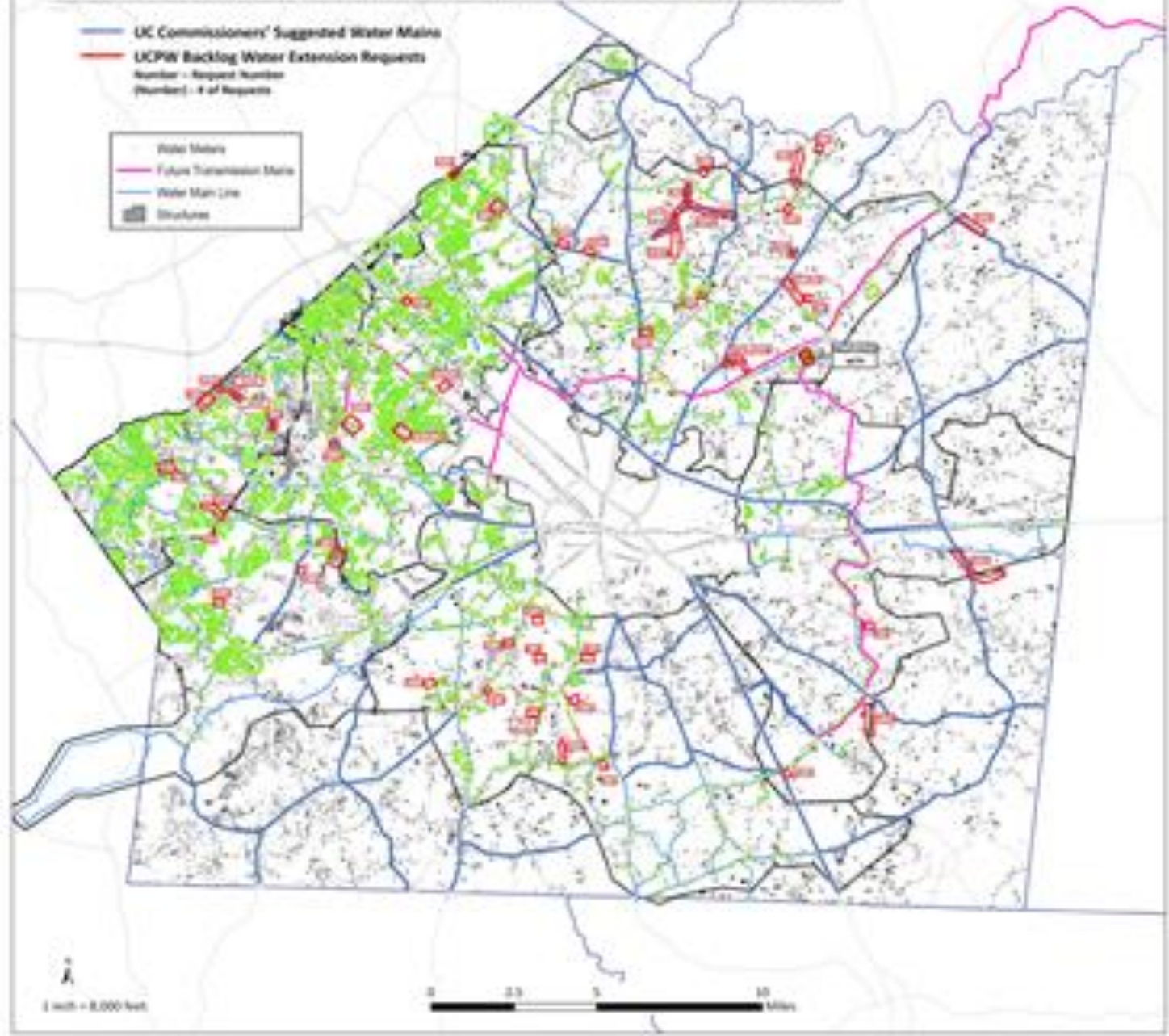
- Self-Help Projects, 2000-2012
- Water Extensions
- Water SLE Applicants
- Current Water System



Union County Population and Water Service Distribution

- UC Commissioners' Suggested Water Mains
- UCPW Backlog Water Extension Requests
Number - Request Number
Number - # of Requests

- Water Meters
- Future Transmission Mains
- Water Main Line
- Structure



Union County On-Site Water Protection Program Data

On-Site Water Protection Program Data

Well Permits Issued	391	On-Site Wastewater System Permits Issued	1,486
Well Inspections/Site Visits	1,432	On-Site Wastewater System Inspections/Site Visits	4,995
Well Consultative Contacts	2,652	On-Site Wastewater System Consultative Contacts	15,638
Well Water Sampling	1068		

Bacterial Analysis

Bacteria Samples	Type of Bacteria Contaminant Detected	Number of Samples Found to be Positive for the Presence of Contaminant
518	<i>Coliform bacteria</i>	212 of 518 (40.9%)*
	<i>Escherichia Coliform (E.coli)</i>	36 of 518 (6.9%)*

*Increased numbers of coli/e.coli may be attributed to the response to bacteriological test conducted after Hurricane Florence.

Inorganic Analysis

Number of Samples Collected	Type of Sample Collected
326	<i>Inorganic</i>
224	<i>Nitrate, Pesticide, Herbicide, Petroleum</i>

Inorganic Contaminants

Type of Contaminant	Number of Contaminants Above the Environmental Protection Agency's (EPA) Maximum Contaminant Level (MCL) or Secondary Maximum Contaminant Level (SMCL)
Arsenic	72 of 326 were above the MCL of 0.010 parts per million (ppm) (22%)
Lead	5 of 326 were above the MCL of 0.015 ppm (1.5%)
Iron	63 of 326 were above the SMCL of 0.3 ppm (19%)
Manganese	111 of 326 were above the SMCL of 0.05 ppm (34%)
Copper	1 of 326 were above the MCL of 1.3 ppm (0.3%)

2019 CHA Focus Areas To Be Prioritized

Chronic Disease Prevention

- Conditions: Cancer, Diabetes, Heart Disease, High Blood Pressure, Obesity
- Contributing Risk Factors: Nutrition / Healthy Eating, Physical Activity / Exercise, Tobacco Use

Mental Health

- Anxiety
- Depression
- Sleep Issues
- Addiction
- Suicide Prevention

Substance Use Disorder

- Alcohol
- Prescription Drug Misuse
- Opioids
- Tobacco Use / Smoking / E-cigarettes

Environmental

- Vector Control
- Water Quality
- Access to Water
- Outdoor Air Quality
- Greenspace

Access to Care

- Insurance coverage
- Affordable Health Services: Dental
- Affordable Health Services: Mental Health
- Affordable Health Services: Traditional Primary Care
- Transportation

Appendix B: Teen, Adult, and Senior Adult Survey Questions



2019 Union County Community Health Assessment Survey For Teens (13 - 17)

Over the next six months, Union County Human Services, in collaboration with Novant Health and Atrium Health, will work together to develop the 2019 Community Health Assessment (CHA). The goal of CHA is to identify factors that affect the health of the population and determine the availability of resources within the county to address these factors. We need your input to help us identify health issues and concerns facing Union County teens today, so we can help address them. Your voice and opinion matter to us.

Please take about 10-15 minutes to complete the survey. The survey is anonymous. Your answers will not be connected to you in any way.

Thank you for the gift of your time and for sharing your experiences and points of view.

1. What is your Zip Code?

28079

28110

28173

28103

28111

28174

28104

28112

28105

28113

2. In which Union County Town or Municipality do you reside?

Altan

Marvin

Waxhaw

Fairview

Matthews

Weddington

Goose Creek

Mineral Springs

Wesley Chapel

Hemby Bridge

Monroe

Wingate

Indian Trail

New Salem

Out of County

Lake Park

Stallings

Unincorporated Union County

Marshville

Unionville

3. What is your Age?

4. What is your Gender?

Male

Female

Transgender or Other

5. Using the categories below, what do you consider yourself?

- Black / African American
- American Indian / Alaska Native
- Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian)
- Hispanic / Latino (including Mexican, Mexican American, Chicano, Puerto Rican, Cuban, other Spanish)
- White / Caucasian/ European American
- Native Hawaiian / Pacific Islander
- Arab American / Middle Easterner
- Eastern European / Russian / Post Soviet States
- Other (please specify)

6. What type of health insurance do people in your home have?

- Government Insurance (Affordable Healthcare Act)
- Medicaid
- Private Insurance
- No Insurance
- Do Not Know

7. Overall, how would you rate your physical health?

- Very Poor Health
- Poor Health
- Neither Poor Nor Good Health
- Good Health
- Excellent Health

8. Overall, how would you rate your mental health?

- Very Poor Mental Health
- Poor Mental Health
- Neither Poor Nor Good Mental Health
- Good Mental Health
- Excellent Mental Health

9. Listed below are **health concerns**. Please check **three** that MOST concern you regarding your own health.

- | | |
|--|---|
| <input type="checkbox"/> Obesity / Overweight | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> STDs | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Poor dental health |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Sports Injuries |
| <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chronic Diseases (heart disease, diabetes, high blood pressure) | |

Other (please specify)

10. Listed below are **mental health concerns**. Please check **three** that MOST concern you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Opioid or Drug Addiction |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Intellectual Developmental Disability | <input type="checkbox"/> Sleep Issues |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Suicide |

11. Listed below are **safety concerns**. Please check **three** that MOST concern you.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Internet Safety |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> School Violence |
| <input type="checkbox"/> Domestic Violence (Violence at home) | <input type="checkbox"/> Self-Injury / Cutting |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Sexual Assault / Rape / Date Violence |
| <input type="checkbox"/> Drug Abuse / Overdose | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Gang Violence / Intimidation | |

Other safety concern, please list:

12. If you have any safety concerns, who would you most likely report them to:

- | | |
|---|---|
| <input type="radio"/> Clergy (Pastor, Minister, Reverend) | <input type="radio"/> Parent |
| <input type="radio"/> Counselor | <input type="radio"/> Teacher |
| <input type="radio"/> Friend | <input type="radio"/> I would not report these concerns |
| <input type="radio"/> Other (please specify) | |

13. Listed below are safety hazards related to driving. Please check **ALL** that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Texting / Snap Chatting / Use of Apps while I drive | <input type="checkbox"/> Driving under the influence (drugs or alcohol) |
| <input type="checkbox"/> Talking on cell phone while I drive | <input type="checkbox"/> Reckless Driving / Speeding |

14. Listed below are behaviors that keep people from being healthy. Please check the three that you feel keep teens in Union County from being healthy.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Poor Eating Habits |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Unsafe Living Conditions / Instability at Home |
| <input type="checkbox"/> Internet Safety | <input type="checkbox"/> Unsafe Sex / Unprotected Sex |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Youth Violence |
| <input type="checkbox"/> Not Going to the Doctor | <input type="checkbox"/> Marijuana |

Other behaviors, please list:

15. Approximately how much time do you spend daily on social media? (i.e. Instagram, Twitter, Snap Chatting, Texting)

- None 1 hour or less 2 hours 3 hours 4 hours or more

16. How much screen time do you spend daily? (TV, video games, computer, cell phone)

- 1 hour or less 2 hours 3 hours 4 hours or more

17. How do you view your weight?

- Normal Underweight Overweight Obese Morbidly Obese

18. Do you feel your current weight is impacting your health status?

- Yes No

19. Do you have a medical home (doctor you see on a regular basis)?

- Yes No

20. Was there a time that you needed to see a doctor during the last 12 months but did not?

- Yes No

21. **If yes**, what was the main reason(s) that you did not see a doctor? (Check **ALL** that apply)

Did not have the money to go

I was afraid / I don't like to go to the doctor

No insurance

Did not know who to call or where to go

I had no transportation

Office was not open when I could get there

Other reason:

22. Have you ever felt that you needed mental health services and did not get them?

Yes

No

23. **If yes**, why did you not go for mental health services? (Check **ALL** that apply)

Did not have the money to go

Did not know who to call or where to go

No insurance

I do not trust doctors

Insurance does not pay for mental health services

Office was not open when I could get there

I had no transportation

Language Barrier

I was afraid / I don't like to go to the doctor

Embarrassed

24. Do you see a dentist on a regular basis?

Yes

No

25. Was there a time during the last 12 months when you needed to see a dentist but did not?

Yes

No

26. **If yes**, what was the main reason that you did not see a dentist?

Did not have the money to go

I was afraid / I don't like to go to the dentist

No insurance

Did not know who to call or where to go

I had no transportation

Office was not open when I could get there

Other reason:

27. Where do you go MOST OFTEN when you are sick and need medical care? Choose **ONLY one**.

- Doctor's office in Union County Emergency Department outside Union County
- Doctor's office outside Union County Urgent Care Facility in Union County
- Atrium Health Care Union Emergency Room (formerly CMC) Minute Clinic in Union County

Other:

28. Have you needed a prescription medication and did not get it?

- Yes No

29. If yes, why did you not get your medicine?

- Did not have the money
- Pay other bills (food, gas, utilities)
- Insurance would not cover the medication
- No transportation to Pharmacy

Other (please specify)

30. Check ALL preventative health services you had during the past 12 months:

- Physical Exam Immunizations (flu shot, Tdap, etc.)
- Eye Exam (vision) None - Haven't been to the doctor in the last 12 months for preventative health services.
- Hearing Check

31. If you did not receive any preventative services, please indicate why. Check ALL that apply.

- No money I only see a doctor for an urgent medical problem
- No insurance coverage I do not have a medical doctor
- Do not feel prevention services are necessary

32. How do you normally get to your healthcare appointments?

- Drive myself - Personal care Bicycle
- Union County Public Transportation Walk
- Taxi / Uber / LYFTe Do not have transportation, so don't go to healthcare providers
- Family Member / Friend

33. How many days a week do you normally get 30 minutes of exercise?

- None 1 2 3 4 5 or more

34. Outside of exercising at school, are you physically active?

- Yes No

35. Are there enough opportunities for physical activity near your home?

- Yes No

36. How many servings of fruits and vegetables do you normally eat per day?

- None 1 2 3 4 5 or more

37. Do you buy your lunch at school?

- Yes No

38. **If yes**, what do you eat most often?

- School Lunch (meal of the day) Snack Food (ice cream, cookies, chips)
 Al La Carte Menu (french fries, pizza, chicken sandwich, etc.)

39. Is this your **ONLY** meal of the day?

- Yes No

40. **If you do not buy your lunch**, why do you not buy lunch?

- No money Do not like food choices
 Bring my lunch from home Don't eat lunch

Other reason:

41. Where do the majority of your meals outside of school come from?

- Home prepared / cooked meals Prepared Foods from Grocery Store Deli (Rotisserie chicken, sub sandwich, etc)
 Fast Food Restaurant Frozen Food / Microwave Meals
 Dine-in Restaurant

Other (please specify)

42. After school gets out each day, or during the summer how do you spend your time? Check **ALL** that apply:

- | | |
|--|---|
| <input type="checkbox"/> Playing sports (on a school or league team) | <input type="checkbox"/> Hanging out with friends |
| <input type="checkbox"/> Playing sports (recreation - just for fun) | <input type="checkbox"/> Partying (drinking / recreational drugs) |
| <input type="checkbox"/> Doing homework | <input type="checkbox"/> Home alone, or with siblings |
| <input type="checkbox"/> Working (job) | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Hobbies | |

43. Please check if you do the following:

- | | |
|--|---|
| <input type="checkbox"/> Drink Alcohol | <input type="checkbox"/> Smoke Tobacco |
| <input type="checkbox"/> Opioid Use | <input type="checkbox"/> Take Recreational Drugs |
| <input type="checkbox"/> Smoke Marijuana | <input type="checkbox"/> Vape / Juul / Smoke e-cigarettes |

44. ***If you checked any of the above***, do you believe this impacts your health?

- Yes No

45. Do you have any other concerns about the health of teens in Union County?

Thank you for taking the time to help us understand your perspective and identify key factors that impact the overall health of our local Union County residents.

Please encourage your family and friends to provide their input as well.

The Community Health Assessment survey can be completed on-line at UnionCountyNC.gov by clicking the survey link on the County's homepage.

2019 Union County Community Health Assessment Survey For *Adults (18 - 61)*

Over the next six months, Union County Human Services, in collaboration with Novant Health and Atrium Health, will work together to develop the 2019 Community Health Assessment (CHA). The goal of CHA is to identify factors that affect the health of the population and determine the availability of resources within the county to address these factors. We need your input to help us identify health issues and concerns facing Union County adults today, so we can help address them. Your voice and opinion matter to us.

Please take about 10-15 minutes to complete the survey. The survey is anonymous. Your answers will not be connected to you in any way.

Thank you for the gift of your time and for sharing your experiences and points of view.

1. What is your Zip Code?

- 28079
- 28103
- 28104
- 28105
- 28110
- 28111
- 28112
- 28113
- 28173
- 28174

2. In which Union County town or municipality do you reside?

- Altan
- Fairview
- Goose Creek
- Hemby Bridge
- Indian Trail
- Lake Park
- Marshville
- Marvin
- Matthews
- Mineral Springs
- Monroe
- New Salem
- Stallings
- Unionville
- Waxhaw
- Weddington
- Wesley Chapel
- Wingate
- Out of County
- Unincorporated Union County

3. What is your Age?

4. What is your Gender?

- Male
- Female
- Transgender or Other

5.a Using the categories below, what do you consider yourself?a

- Black/African Americana
- American Indian / Alaska Nativea
- Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian)a
- Hispanic / Latino (including Mexican, Mexican American, Chicano, Puerto Rican, Cuban, other Spanish)a
- White / Caucasian / European Americana
- Native Hawaiian / Pacific Islandera
- Arab American / Middle Easterna
- Eastern European / Russian / Post Soviet Statesa
- Other (please specify)a

6.a What is your highest level of education?a

- Less than 9th gradea
- 9-12 grade, no diplomaa
- High School graduate (or GED/equivalent)a
- Associate's Degree or Vocational Traininga
- Other (please specify)a
- Some college (no degree)a
- Bachelor's degreea
- Graduate or professional degreea

7.a Are you a veteran or have you served in the military?a

- Yesa
- Noa

8.a What type of health insurance do people in your home have?a

- Government Insurance (Affordable Healthcare Act)a
- Medicaida
- Medicarea
- Private Insurancea
- No Insurancea
- Military / VAa

9.a What most closely describes your income level?a

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- Choose not to answer

10. Do you feel your income or economic situation is negatively impacting your ability to access medical care or services?

- Yes No

11. Overall, how would you rate your physical health?

- Very Poor Health Poor Health Neither Poor Nor Good Health Good Health Excellent Health

12. Overall, how would you rate your mental health?

- Very Poor Mental Health Poor Mental Health Neither Poor Nor Good Mental Health Good Mental Health
 Excellent Mental Health

13. Listed below are health concerns. Please check **three** that MOST concern you regarding your own health.

- | | | |
|---|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Vision issues | <input type="checkbox"/> Unplanned Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing issues | <input type="checkbox"/> Stroke / Heart Disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Caregiver Stress | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Respiratory Illness / COPD | <input type="checkbox"/> Drug Abuse/Overdose | <input type="checkbox"/> Influenza / Pneumonia |
| <input type="checkbox"/> Alzheimer's Disease/Dementia | <input type="checkbox"/> Alcohol Abuse / Use | |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Kidney Disease | |

Other (please specify)

14. Listed below are mental health concerns. Please check **three** that MOST concern you.

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Intellectual Developmental Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sleep Issues | <input type="checkbox"/> PTSD |

Other safety concern (please specify)

15. Listed below are behaviors that can cause poor health outcomes. Please check up to **three** most **critical behaviors you feel keep people in Union County from being healthy.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Not Getting Doctor Check Ups |
| <input type="checkbox"/> Prescription or Illicit Drug Use | <input type="checkbox"/> Caregiver Stress | <input type="checkbox"/> Poor Eating Habits |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Instability at Home | <input type="checkbox"/> Reckless / Unsafe Driving |
| <input type="checkbox"/> Unsafe Sex / Unprotected Sex | <input type="checkbox"/> Unsafe Living Conditions | |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Stress | |

Other behaviors (please specify)

16. If you were in an abusive situation / relationship, would you know who to call, or how to report it?

- Yes No

17. In your opinion, which **THREE** issues or services most affects the **quality of life in Union County?**

- | | |
|--|--|
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of literacy/Not be able to read |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Lack of recreational facilities (parks, trails, community centers, pools, etc.) |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Lack of recreational programs for youth |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of care to elderly who cannot leave their homes | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Pollution (of air, water, land) |
| <input type="checkbox"/> Lack of educational opportunities | <input type="checkbox"/> Poor housing conditions |
| <input type="checkbox"/> Lack of healthy food choices or affordable healthy food | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of job opportunities | |
| <input type="checkbox"/> Other (please specify) | |

18. How do you view your weight?

- Normal Underweight Overweight Obese Morbidly Obese

19. Do you feel your current weight is impacting your health status?

- Yes No

20. Do you have a medical doctor you see on a regular basis?

- Yes No

21. Was there a time that you needed to see a doctor during the last 12 months but did not?

- Yes No

22. *If yes*, what was the main reason(s) you did not see a doctor?

- | | |
|--|---|
| <input type="checkbox"/> Did not have the money to go | <input type="checkbox"/> I do not trust doctors |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Did not know who to call or where to go |
| <input type="checkbox"/> I had no transportation | <input type="checkbox"/> Office was not open when I could get there |
| <input type="checkbox"/> I was afraid / I don't like to go to the doctor | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> Other reason: | |

23. Do you see a dentist on a regular basis?

- Yes No

24. Was there a time during the last 12 months when you needed to see a dentist but did not?

- Yes No

25. *If yes*, what was the main reason you did not see a dentist?

- | | |
|---|---|
| <input type="checkbox"/> Did not have the money to go | <input type="checkbox"/> I do not trust dentists |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Did not know who to call or where to go |
| <input type="checkbox"/> I had no transportation | <input type="checkbox"/> Office was not open when I could get there |
| <input type="checkbox"/> I was afraid / I don't like to go to the dentist | <input type="checkbox"/> Language Barrier |

Other reason:

26. Where do you go MOST OFTEN when you are sick and need medical care? Choose **ONLY one**.

- | | |
|---|---|
| <input type="radio"/> Doctor's office in Union County | <input type="radio"/> Urgent Care Facility in Union County |
| <input type="radio"/> Doctor's office outside Union County | <input type="radio"/> Minute Clinic in Union County |
| <input type="radio"/> AtriumHealth Care Union Emergency Room (formerly CMC) | <input type="radio"/> Do not see a doctor - Use Naturopathic Remedies |
| <input type="radio"/> Emergency Department outside Union County | |
| <input type="radio"/> Other: | |

27. Have you ever felt that you needed mental health services and did not get them?

Yes

No

28. **If yes**, why did you not go for mental health services? Check **ALL** that apply:

Did not have the money to go

I do not trust doctors

No insurance

Did not know who to call or where to go

Insurance does not pay for mental health services

Office was not open when I could get there

I had no transportation

Language Barrier

I was afraid / I don't like to go to the doctor

Embarrassed

29. Have you needed a prescription medication and did not get it?

Yes

No

30. **If yes**, why did you not get your medicine?

Did not have the money

Insurance would not cover the medication

No insurance

No transportation to Pharmacy

I had to pay other bills (food, gas, utilities)

Do not use medications (prefer alternative medicines / naturopathic)

Other (please specify)

31. Do you keep an emergency supply of your medications?

Yes

No

NA

32. Have you changed the way you take your prescription medications without talking to a doctor?

Yes

No

33. **If Yes**, check all the reasons you changed the way you take your medicine:

Save money

Cut daily dosage to make prescription last longer

Did not like the way the medicine made me feel

Shared prescription with someone else

Did not think the medicine was working

Did not understand how to take it

Took medicine every other day to make prescription last longer

34. Check **ALL** preventative health services you had during the past 12 months:

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Cholesterol Check | <input type="checkbox"/> Pap Smear |
| <input type="checkbox"/> Eye Exam (vision) | <input type="checkbox"/> Blood Glucose (Diabetes screening) | <input type="checkbox"/> Prostate Exam |
| <input type="checkbox"/> Hearing Check | <input type="checkbox"/> Colonoscopy | |
| <input type="checkbox"/> Hypertension (Blood Pressure check) | <input type="checkbox"/> Mammogram | |

35. *If you did not receive any preventative services*, please indicate why. Check **ALL** that apply.

- | | |
|--|--|
| <input type="checkbox"/> No money | <input type="checkbox"/> Only see a doctor for an urgent medical problem |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> I do not have a medical doctor |
| <input type="checkbox"/> No insurance coverage for prevention services | <input type="checkbox"/> Use alternative medicine (naturopathic, holistic, etc.) |
| <input type="checkbox"/> Do not feel prevention services are necessary | <input type="checkbox"/> No time to go to a doctor |

36. Did you receive a flu vaccine within the past year?

- Yes No

37. *If you did not receive a flu vaccine*, please indicate why. Check **ALL** that apply.

- | | |
|--|--|
| <input type="checkbox"/> Not sure where to get the flu vaccine or lack of transportation | <input type="checkbox"/> I do not believe that the flu vaccine is effective |
| <input type="checkbox"/> Could not afford the flu vaccine | <input type="checkbox"/> Concerned that I would have a serious reaction to the flu vaccine |
| <input type="checkbox"/> Generally healthy, so I do not feel that I need the flu vaccine | <input type="checkbox"/> I have a chronic medical condition(s) and am afraid the flu vaccine will make me sick |
| <input type="checkbox"/> Concerned that I would get the flu from the vaccine | <input type="checkbox"/> Religious objection to vaccines |
| <input type="checkbox"/> Other (please specify) | |

38. If you have a child or children age 6 or younger, is your child up to date on recommended immunizations?

- Yes No I do not have a child age 6 or younger

39. **If you answered NO to the above question**, please indicate why. Check ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> My child does not have a primary doctor | <input type="checkbox"/> I do not believe that vaccines are necessary because the diseases are not serious or are uncommon |
| <input type="checkbox"/> I desire more information from my child's doctor | <input type="checkbox"/> I am concerned that my child will have a serious reaction to the vaccine(s)/vaccines are unsafe |
| <input type="checkbox"/> No money for vaccines and/or my child is uninsured | <input type="checkbox"/> I am concerned that there is a link between vaccines and autism |
| <input type="checkbox"/> I do not want my child to have multiple shots in one doctor's office visit | <input type="checkbox"/> Religious objection to vaccines |
| <input type="checkbox"/> My child is not in daycare, so he/she is not exposed to diseases | <input type="checkbox"/> I believe that my child's immune system will be stronger if they contract a preventable disease |
| <input type="checkbox"/> Other (please specify) | |

40. How do you normally get to your healthcare appointments?

- | | | |
|--|--|--|
| <input type="radio"/> Drive Myself - Personal Car | <input type="radio"/> Family Member / Friend | <input type="radio"/> Do not have transportation, so don't go to healthcare provider |
| <input type="radio"/> Union County Public Transportation | <input type="radio"/> Bicycle | |
| <input type="radio"/> Taxi / Uber / LYFT | <input type="radio"/> Walk | |

41. Where do you get most of your health information? Check ONLY one.

- | | |
|----------------------------------|--|
| <input type="radio"/> My Doctor | <input type="radio"/> Internet |
| <input type="radio"/> Pharmacist | <input type="radio"/> Family / Friends |
| <input type="radio"/> TV | |

Other (please specify)

42. How many days a week do you normally get 30 minutes of exercise for fitness?

- None One Two Three Four Five or more

43. Are there enough opportunities for physical activity near your home?

- Yes No

44. How many servings of fruits and vegetables do you normally eat per day?

- None One Two Three Four Five or more

45. Do you purchase locally grown fruits / vegetables at retail markets, farm stands or Farmers Markets?

- Yes No

46. Where do the majority of your meals come from?

- Home prepared / cooked meals
- Prepared Foods from Grocery Store Deli (Rotisserie chicken, sub sandwich, etc)
- Fast Food Restaurant
- Frozen Food / Microwave Meals
- Dine-in Restaurant
- Garden (home grown / home canned)

Other (please specify)

47. Please check if you do any of the following:

- Smoke (cigarettes, cigars, pipe tobacco)
- Smoke Marijuana
- Drink Alcohol
- Use smokeless tobacco (Chew/Dip/Snuff)
- Use Recreational Drugs
- Use Opioids
- Vape/Juul/Smoke e-cigarettes

48. *If you checked any of the above*, do you feel this impacts your health negatively?

- Yes
- No

49. Listed below are safety hazards related to driving. Please check ALL that apply to you.

- Texting/Snap Chatting/Use of Apps while driving
- Driving under the influence (drugs or alcohol)
- Talking on cell phone while I drive
- Reckless Driving / Speeding

50. Approximately how much time do you spend daily on social media? (Facebook, Instant Messaging, Snap Chatting, Texting)

- None
- 1 hours or less
- 2 hours
- 3 hours
- 4 hours or more

51. How much screen time do you spend daily? (TV, video games, computer, cell phone)

- 1 hour or less
- 2 hours
- 3 hours
- 4 hours or more

52. Environmental Health (Check **one** answer per row)

	Great Concern	Some Concern	No Concern
Outdoor Air Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indoor Air Quality (mold, allergens, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stream Water Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preserving Green Space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vector Control (mosquitoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solid Waste Disposal (appliances, mattresses, tires, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Convenience Centers for Trash Disposal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bioterrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weather Disasters / Storm Debris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Borne Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. What type of drinking water do you have?

Well Water Public Water Supply

54. Are you concerned about your drinking water?

Yes No

55. If yes, what is your primary concern?

Taste

Smell

Afraid of what is in the water

Other (please specify)

56. Is there anything that could be done to improve the health of adults in Union County? Please explain.

Thank you for taking the time to help us understand your perspective and identify key factors that impact the overall health of our local Union County residents. Please encourage your family and friends to provide their input as well.
The Community Health Assessment survey can be completed on-line at UnionCountyNC.gov by clicking the survey link on the County's homepage.

2019 Union County Community Health Assessment Survey For Adults (62 +)

Over the next six months, Union County Human Services, in collaboration with Novant Health and Atrium Health, will work together to develop the 2019 Community Health Assessment (CHA). The goal of CHA is to identify factors that affect the health of the population and determine the availability of resources within the county to address these factors. We need your input to help us identify health issues and concerns facing Union County seniors today, so we can help address them. Your voice and opinion matter to us.

Please take about 10-15 minutes to complete the survey. The survey is anonymous. Your answers will not be connected to you in any way.

Thank you for the gift of your time and for sharing your experiences and points of view.

1. What is your Zip Code?

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 28079 | <input type="radio"/> 28110 | <input type="radio"/> 28173 |
| <input type="radio"/> 28103 | <input type="radio"/> 28111 | <input type="radio"/> 28174 |
| <input type="radio"/> 28104 | <input type="radio"/> 28112 | |
| <input type="radio"/> 28105 | <input type="radio"/> 28113 | |

2. In which Union County town or municipality do you reside?

- | | | |
|------------------------------------|---------------------------------------|---|
| <input type="radio"/> Altan | <input type="radio"/> Marvin | <input type="radio"/> Waxhaw |
| <input type="radio"/> Fairview | <input type="radio"/> Matthews | <input type="radio"/> Weddington |
| <input type="radio"/> Goose Creek | <input type="radio"/> Mineral Springs | <input type="radio"/> Wesley Chapel |
| <input type="radio"/> Hemby Bridge | <input type="radio"/> Monroe | <input type="radio"/> Wingate |
| <input type="radio"/> Indian Trail | <input type="radio"/> New Salem | <input type="radio"/> Out of County |
| <input type="radio"/> Lake Park | <input type="radio"/> Stallings | <input type="radio"/> Unincorporated Union County |
| <input type="radio"/> Marshville | <input type="radio"/> Unionville | |

3. What is your Age?

4. What is your Gender?

- Male Female Transgender or Other

5. Using the categories below, what do you consider yourself?

- Black / African American
- American Indian / Alaska Native
- Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian)
- Hispanic / Latino (including Mexican, Mexican American, Chicano, Puerto Rican, Cuban, other Spanish)
- White / Caucasian / European American
- Arab American / Middle Eastern
- Eastern European / Russian / Post Soviet States
- Other (please specify)

6. What is your highest level of education?

- Less than 9th grade
- 9-12 grade, no diploma
- High School graduate (or GED/equivalent)
- Other (please specify)
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree

7. Are you a veteran or have you served in the military?

- Yes
- No

8. What type of health insurance do people in your home have?

- Government Insurance (Affordable Healthcare Act)
- Medicare
- No Insurance
- Medicaid
- Private Insurance
- Military / VA

9. Do you live alone?

- Yes
- No

10. If no, you do not live alone, who do you live with?

- Spouse
- Family
- Friends
- Other (please specify)

11. What most closely describes your income level?

- Less than \$10,000 \$25,000 to \$34,999 \$75,000 to \$99,999
 \$10,000 to \$14,999 \$35,000 to \$49,999 \$100,000 or more
 \$15,000 to \$24,999 \$50,000 to \$74,999 Choose not to answer

12. Do you feel your income or economic situation is negatively impacting your ability to access medical care or services?

- Yes No

13. Overall, how would you rate your physical health?

- Very Poor Health Poor Health Neither Poor Nor Good Health Good Health Excellent Health

14. Overall, how would you rate your mental health?

- Very Poor Mental Health Poor Mental Health Neither Poor Nor Good Mental Health Good Mental Health
 Excellent Health

15. Listed below are health concerns. Please check ~~three~~ that concern you MOST.

- | | | |
|---|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Dental Health | <input type="checkbox"/> Alcohol Abuse/Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Falling | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hearing Issues | <input type="checkbox"/> Stroke/ Heart Disease |
| <input type="checkbox"/> Respiratory Illness / COPD | <input type="checkbox"/> Vision Issues | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Alzheimer's Disease / Dementia | <input type="checkbox"/> Drug Abuse/Overdose | <input type="checkbox"/> Influenza/ Pneumonia |
| <input type="checkbox"/> Other (please specify) | | |

16. Listed below are mental health concerns. Please check ~~three~~ that concern you MOST.

- | | | |
|---|--|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Intellectual Developmental Disability |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Sleep Issues | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Suicide | |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Caregiver Stress | |
| <input type="checkbox"/> Other mental health concern (please specify) | | |

17. Listed below are behaviors that can cause poor health outcomes. Please check **up to three** behaviors you feel **keep people in Union County from being healthy.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Unsafe Sex | <input type="checkbox"/> Poor Eating Habits |
| <input type="checkbox"/> Prescription or Illicit Drug Use | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Not Getting Doctor Check Ups |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Reckless / Unsafe Driving |

Other behaviors (please specify)

18. Listed below are **safety concerns** that can impact your health. Please check **three** that concern you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Instability at Home | <input type="checkbox"/> Falling | <input type="checkbox"/> Memory Problems / Confusion |
| <input type="checkbox"/> Unsafe Living Conditions | <input type="checkbox"/> Neglect | <input type="checkbox"/> Unable to Manage / Understand Medications |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Not Enough Food | |

Other safety concerns (please specify)

19. If you were in an abusive situation / relationship, would you know who to call, or how to report it?

- Yes No

20. In your opinion, which **THREE** issues or services most affect the **quality of life** in Union County?

- | | |
|--|--|
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of job opportunities |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Lack of literacy/not be able to read |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Lack of recreational facilities (parks, trails, community centers, pools, etc.) |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of care to elderly who cannot leave their homes | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Pollution (of air, water, land) |
| <input type="checkbox"/> Lack of educational opportunities | <input type="checkbox"/> Poor housing conditions |
| <input type="checkbox"/> Lack of healthy food choices or affordable healthy food | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other (please specify) | |

21. How do you view your weight?

- Normal Underweight Overweight Obese Morbidly Obese

22. Do you feel your current weight is impacting your health status?a

- Yes Noa

23. Do you have a medical doctor you see on a regular basis?a

- Yes Noa

24. Was there a time that you needed to see a doctor during the last 12 months but did not?a

- Yes Noa

25. **If yes**, what was the main reason you did not see a doctor?a

- | | |
|--|---|
| <input type="checkbox"/> Did not have the money to go | <input type="checkbox"/> I do not trust doctors |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Did not know who to call or where to go |
| <input type="checkbox"/> I had no transportation | <input type="checkbox"/> Office was not open when I could get there |
| <input type="checkbox"/> I was afraid / I don't like to go to the doctor | <input type="checkbox"/> Language Barrier |

Other reason:

26. Do you see a dentist on a regular basis?a

- Yesa No

27. Was there a time during the last 12 months when you needed to see a dentist but did not?a

- Yes Noa

28. **If yes**, what was the main reason you did not see a dentist?a

- | | |
|---|---|
| <input type="checkbox"/> Did not have the money to go | <input type="checkbox"/> I do not trust dentists |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Did not know who to call or where to go |
| <input type="checkbox"/> I had no transportation | <input type="checkbox"/> Office was not open when I could get there |
| <input type="checkbox"/> I was afraid / I don't like to go to the dentist | <input type="checkbox"/> Language Barrier |

Other reason:

29. Where do you go when you are sick and need medical care? Choose ONLY one.

- Doctor's office in Union County Emergency Department outside Union County
- Doctor's office outside Union County Urgent Care Facility in Union County
- Atrium Health Care Union Emergency Room (formerly CMC) Minute Clinic in Union County

Other:

30. Have you ever felt that you needed mental health services and did not get them?

- Yes No

31. **If yes**, why did you not go for mental health services? Check ALL that apply:

- Did not have the money to go Did not know who to call or where to go
- No insurance Office was not open when I could get there
- I had no transportation Language Barrier
- I was afraid / I don't like to go to the doctor Embarrassed
- I do not trust doctors

32. Have you needed a prescription medication and did not get it?

- Yes No

33. **If yes**, why did you not get your medicine?

- Did not have the money Insurance would not cover the medication
- No insurance No transportation to Pharmacy
- I had to pay other bills (food, gas, utilities) Do not use medications (prefer alternative medicines / naturopathic)

Other (please specify)

34. Does anyone help you take or manage your medications?

- Yes No NA

35. Have you changed the way you take your prescription medications without talking to a doctor?

- Yes No

36. **If Yes**, check **all** the reasons you changed the way you take your medicine:

- | | |
|---|--|
| <input type="checkbox"/> Save money | <input type="checkbox"/> Cut daily dosage to make prescription last longer |
| <input type="checkbox"/> Did not like the way the medicine made me feel | <input type="checkbox"/> Shared prescription with someone else |
| <input type="checkbox"/> Did not think the medicine was working | <input type="checkbox"/> Did not understand how to take medicine |
| <input type="checkbox"/> Took medicine every other day to make prescription last longer | |

37. Do you receive any home health services in your home?

- Yes No NA

38. Do you receive any non-medical in home assistance?

- Yes No NA

39. Do you keep an emergency supply of your medications?

- Yes No NA

40. Check **ALL** preventative health services you had during the past 12 months:

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Cholesterol Check | <input type="checkbox"/> Prostate Exam |
| <input type="checkbox"/> Eye Exam (vision) | <input checked="" type="checkbox"/> Blood Glucose (Diabetes screening) | <input type="checkbox"/> None - Have not seen a doctor in last 12 months for preventative health |
| <input type="checkbox"/> Hearing Check | <input type="checkbox"/> Colonoscopy | |
| <input type="checkbox"/> Hypertension (Blood Pressure check) | <input type="checkbox"/> Mammogram | |

41. **If you did not receive any preventative services**, please indicate why. Check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> No money | <input type="checkbox"/> I only see a doctor for an urgent medical problem |
| <input type="checkbox"/> No insurance coverage for prevention services | <input type="checkbox"/> I do not have a medical doctor |
| <input type="checkbox"/> Do not feel prevention services are necessary | |

42. Did you receive a flu vaccine within the past year?

- Yes No

43. **If you did not receive a flu vaccine**, please indicate why. Check **ALL** that apply.

- Not sure where to get the flu vaccine or lack of transportation
- I do not believe that the flu vaccine is effective
- Could not afford the flu vaccine
- Concerned that I would have a serious reaction to the flu vaccine
- Generally healthy, so I do not feel that I need the flu vaccine
- I have a chronic medical condition(s) and am afraid the flu vaccine will make me sick
- Concerned that I would get the flu from the vaccine
- Religious objection to vaccines
- Other (please specify)

44. If you have a child or children age 6 or younger, is your child up to date on recommended immunizations?

- Yes No I do not have a child age 6 or younger

45. **If you answered NO to the above question**, please indicate why. Check **ALL** that apply.

- My child does not have a primary doctor
- I am concerned that my child will have a serious reaction to the vaccine(s)/vaccines are unsafe
- I desire more information from my child's doctor
- I do not believe that vaccines are necessary because the diseases are not serious or are uncommon
- No money for vaccines and/or my child is uninsured
- I am concerned that there is a link between vaccines and autism
- I do not want my child to have multiple shots in one doctor's office visit
- Religious objection to vaccines
- My child is not in daycare, so he/she is not exposed to diseases
- I believe that my child's immune system will be stronger if they contract a preventable disease
- Other (please specify)

46. How do you normally get to your healthcare appointments?

- Drive Myself - Personal Car Family Member / Friend Do not have transportation, so don't go to healthcare provider
- Union County Public Transportation Bicycle
- Taxi / Uber / LYFT Walk

47. Where do you get most of your health information? Check **ONLY one**.

- My Doctor TV Family / Friends
 Pharmacist Internet

Other (please specify)

48. How many days a week do you normally get 30 minutes of exercise?

- None One Two Three Four Five or more

49. Are there enough opportunities for physical activity near your home?

- Yes No

50. How many servings of fruits and vegetables do you normally eat per day?

- None One Two Three Four Five or more

51. Do you purchase locally grown fruits / vegetables at retail markets, farm stands or Farmers Markets?

- Yes No

52. Where do the majority of your meals come from?

- Home prepared / cooked meals Frozen Food / Microwave Meals
 Fast Food Restaurant Garden (home grown / home canned)
 Dine-in Restaurant Meals on Wheels (County meals delivered to my home)
 Prepared Foods from Grocery Store Deli (Rotisserie chicken, sub sandwich, etc) Senior Nutrition Site

Other (please specify)

53. Please check if you do any of the following:

- Smoke (cigarettes, cigars, pipe tobacco) Smoke Marijuana Drink Alcohol
 Use smokeless tobacco (Chew/Dip/Snuff) Use Recreational Drugs
 Vape/Juul/Smoke e-cigarettes Use Opioids

54. **If you checked any of the above,** do you feel it impacts your health negatively?

- Yes No

55. Listed below are safety hazards related to driving. Please check **ALL** that apply to you.

- Texting/Snap Chatting/ Use of Apps while I drives Driving under the Influence (drugs or alcohol)s
 Talking on cell phone while I drives Reckless Driving / Speedings

56. Approximately how much time do you spend daily on social media? (Facebook, Instant Messaging, Snap Chatting, Texting)

- None 1 hours or less 2 hours 3 hours 4 hours or more

57. How much screen time do you spend daily? (TV, video games, computer, cell phone)

- None 1 hour or less 2 hours 3 hours 4 hours or more

58. Environmental Health (Check **one answer per row**)

	Great Concern	Some Concern	No Concern
Outdoor Air Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indoor Air Quality (mold, allergens, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stream Water Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preserving Green Space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vector Control (mosquitoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solid Waste Disposal (appliances, mattresses, tires, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Convenience Centers for Trash Disposal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bioterrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weather Disasters / Yard Debris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Borne Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. What type of drinking water do you have?

- Well Waters Public Water Supplys

60. Are you concerned about your drinking water?

- Yess Nos

61. **If Yes**, what is your primary concern?

Taste / Smell

Afraid of what is in the water

Other (please specify)

62. **What specific things could be done to improve the health of Seniors in Union County? Please explain.**

Thank you for taking the time to help us understand your perspective and identify key factors that impact the overall health of our local Union County residents.

Please encourage your family and friends to provide their input as well.

The Community Health Assessment survey can be completed on-line at UnionCountyNC.gov by clicking the survey link on the County's homepage.