



2022 Community Health Assessment



Union County
Human Services Agency



Executive Summary

The State requires all Public Health departments that receive State funding to conduct a Community Health Assessment (CHA). The CHA provides Public Health with an opportunity to identify factors that affect the health of County residents and determine the availability of resources within the County to adequately address these factors. The CHA provides a mechanism for residents to identify the strengths in the community, health concerns, emerging health issues, and resources needed locally to address these concerns.

The CHA is completed on either a three- or four-year cycle. Union County completed its last two assessments in 2016 and 2019. Like in 2019, Union County and Novant Health, one of our local hospital systems, collaborated in 2022 to conduct the CHA/Community Health Needs Assessment (CHNA). This enabled both entities to collect community health data collaboratively and comprehensively. Atrium Health, another local hospital system, assisted with the collaborative CHA process as well, although it did not complete a CHNA.

In October 2020, Union County launched the Healthy Union Advisory Coalition (HUAC). It was created to utilize the cooperative strength of many community partners to identify and address health and quality of life issues in Union County, ensure the community regularly reviews and works on identified priority areas in the Community Health Improvement Plan (CHIP), and identify additional priority areas as they arise. This collaborative alliance includes representatives and leaders from healthcare, government, business and industry, human services, community service agencies, medical service providers, educational institutions, the general population, and the faith community. The mission of the Healthy Union Advisory Coalition is to commit time, talents and resources to co-create a healthy community and hopeful future for all residents in Union County.

The Healthy Union Advisory Coalition was utilized as the steering committee for the 2022 CHA. The CHA kick-off session was held on Sept. 28, 2021, at the Healthy Union Advisory Coalition Meeting. The agenda for this meeting included defining the goal and purpose of the CHA, establishing the process and timeline for all aspects of the CHA including data collection and analysis, priority setting, and review of the Healthy North Carolina 2030 Indicators, as well as Union County's 2019 CHA and CHIP.

Collection and analysis of both primary and secondary data are required by the CHA and serve as the foundation of the process. Information and data collected directly from residents via surveys and focus groups serve as primary data for the CHA. Secondary data is statistical data collected by outside agencies such as the Centers for Disease Control and Prevention, Census Bureau, County Health Rankings and Roadmaps, county statistics, NC State Center for Health Statistics, etc. This data provides factual information to support primary data, or clarify what residents report as impacting community health.

Presentations

The following presentations were conducted at the HUAC Meetings between October 2021- August 2022:

Date	Topic
10/26/21	Union County Profile
11/23/21	Morbidity, Mortality, Chronic Disease
1/25/22	Pregnancy, Maternal and Infant Health, Communicable Disease, Sexually Transmitted Infections
3/22/22	Access to Care
5/24/22	Environmental Health
6/28/22	Community Safety
7/26/22	Mental Health and Substance Use Disorder

Key Findings from the Secondary Data

Although overall, Union County ranks third out of 100 counties in terms of health outcomes and quality of life, there are disparities depending on race, income, educational level, and employment level:

- The higher the level of education, the higher the median income; those of Asian background have the highest income, and Black or African American fall near the bottom; those who reside in the County's western side have a higher per capita income than in the eastern side.
- Unemployment and poverty remain higher, specifically in the eastern part of the County and the Monroe area. Those in poverty have much higher unemployment levels as well.
- 100% poverty level or below is highest for those with less than a high school education, females with an associate's degree or less, Black, or African American population, and female householder/no spouse.
- Populations living at 150% or below the poverty level are greatest in Monroe and the eastern part of Union County at 24.6%-46.2%.
- The Latinx population has the highest unemployment rate.

Health Disparities

- African American residents were 2.8 times more likely than White residents to die from kidney disease in Union County. Similar disparities exist for nearly all causes of death with available data, except for unintentional injury, Alzheimer's disease, chronic lower respiratory disease, and heart disease.
- In North Carolina, those who are less educated, Hispanic, and non-Hispanic Black are at greater risk for diabetes diagnosis.
- 13.2% of African American non-Hispanic mothers and 12.1% of Hispanic mothers had children at less than 37 weeks.
- African American women in the County are more likely to have lower birth-weight children than their counterparts in peer counties and the State.

Health Concerns

- Among Union County's top 10 leading causes of death, only Alzheimer's, kidney disease, and septicemia were above the state average for 2016-2020. In North Carolina, those who are less educated, Hispanic, and non-Hispanic Black are at greater risk for diabetes diagnosis.
- The Alzheimer's Disease mortality rate is nearly 40% higher in Union County compared to the state average and is rising.
- African American women in the County are more likely to have lower birth-weight children than their counterparts in peer counties and the State.
- Chlamydia and gonorrhea infection rates in Union County have been stable for several years, although cases of both infections were slightly higher in 2021 than the previous five-year average.
- Primary and secondary syphilis infections have more than doubled in Union County since 2020.

Mental Health

- More than half of Americans report that COVID-19 has had a negative impact on their mental health, especially in the areas of depression and anxiety.
- Both the Youth Behavioral Risk Survey 2021, a national school-based survey conducted every two years, and Union County Emergency Department Visit Trends by Age for Depression and Anxiety demonstrate increased depression and anxiety in teens ages 10-17.
- The most recent Youth Behavioral Risk Survey 2021 shows increases in suicidal ideation among teens.
- Union County does not have an inpatient psychiatric hospital, long-term psychiatric stabilization, and has other gaps in the continuum of care for mental health services. Community partners are working together to develop some creative solutions to address these needs.

Substance Use Disorder

- In Union County, 18% of residents excessively drink.
- 25% of fatal vehicle crashes included alcohol.
- Between 2016-2020, there were 16 deaths by unintentional medication or drug poisonings that also involved alcohol in Union.
- 22% of suicides in Union County included alcohol.
- Medication and drug overdose deaths disproportionately affect 25-54-year-olds, males, and whites in Union County when you compare deaths to the general demographics of the population.
- Opioids affect people from every socioeconomic status level and every part of our County.
- According to the Robert Wood Johnson 2022 County Health Rankings in North Carolina, 18% of Union County residents smoke.
- While cigarette smoking has declined among North Carolina's young people, there has been an increase in e-cigarette smoking, particularly among middle and high schoolers.

Housing and Homelessness

- Majority of those who rent make less than \$75,000, whereas a majority of those who have a mortgage make more than \$75,000.
- 22% of all Union County residents (16,966 households) are cost-burdened (spend more than 30% of income on rent, mortgage, or housing needs).
- This cost burden impacts renters most heavily, with 39.5% of renters in Union County paying more than 30% or more of their income on rent.
- An income of \$53,320 per year is needed to afford the Fair Market Rent and it would take a wage of \$25.63 per hour to be able to afford a two-bedroom apartment.
- 13.9% of the County's homeless population experiences chronic homelessness, meaning they have experienced homelessness for at least one year, or repeatedly while struggling with a disabling condition such as serious mental illness, substance use disorder, or physical disabilities.

As stated previously, information and data collected directly from residents via surveys and focus groups serve as primary data for the CHA. The survey questions were revised from the 2019 CHA Survey by the 2022 CHA Team, consisting of Human Services Agency staff, Atrium Health staff, and Novant Health staff. The questions were focused on the issues and challenges encountered by residents and their communities and were intended to collect data on demographics, insurance status, physical and mental health, access to care, health equity, social determinants of health, health behaviors, and social media use. Two surveys were distributed, one for Teens (13-17 years old) and one for Adults (18+), from Jan. 15 through March 31, 2022, both electronically and on paper. Surveys were available in English and Spanish. Links to the survey were posted and shared not only on the Union County website and social media sites, but also on healthcare providers and community partners' websites, emails, and social media links. Paper copies of the survey were available at the Union County Government Center, Union County Human Services, libraries, non-profits, churches, doctors' offices, and hospitals.

Key Findings from Survey Data

A total of 2,392 surveys were collected, including 2,206 adult surveys and 186 teen surveys. Novant Health hired an independent consultant, Annika Pfaender, to analyze the survey data. The following were some of the key findings from the surveys:

- Adult respondents identified poor eating habits, lack of exercise, and stress as the three most critical behaviors keeping people from being healthy, whereas teen respondents identified stress, bullying and instability at home as the three most critical behaviors keeping people from being healthy.
- Adult respondents identified depression, drug addiction, and anxiety as the three top mental health concerns in Union County, whereas teens identified depression, anxiety, and alcohol addiction as the three top mental health concerns in Union County.
- Approximately 20.2% of adults and 26.7% of teens state they do not get the mental health services needed, primarily because of embarrassment, lack of money, or lack of knowledge of where to go.
- Adult respondents identified affordable housing, poverty, and elder care as the three-top quality of life concerns in Union County.
- Adults identified obesity, high blood pressure, and cancer as top health concerns, whereas teens identified allergies, asthma, and obesity as theirs.

Key Findings from Focus Groups

Between Jan. 24 and April 27, 2022, there were nine focus group sessions in which participants were asked questions and discussed different health and community issues. The CHA team identified specific niche groups to participate. The niche groups were selected based on demographics or stakeholder groups. All groups were asked the same questions, with the premise that overlap in responses should occur within areas that are truly problematic. The intent was to drill down into specific areas that are having an impact on the health and wellness of residents while gaining insight and input from people in the most optimal positions to affect positive change.

The data from the focus groups were analyzed based on the most frequently mentioned topics, which included:

- Need for mental health services
- Need for affordable housing options in the community
- Lack of public transportation
- Concerns regarding services for substance use disorder
- Chronic disease prevention and education service needs
- Better access to health care providers

Focus Areas

Input gathered from both the primary and secondary data was combined and analyzed to determine the top four focus areas to consider for prioritization, which were the following:

- **Chronic Disease Prevention**
- **Mental Health**
- **Substance Use Disorder**
- **Housing and Homelessness**

While these focus areas are not the only important public health concerns in the community, they were the areas that had the most substantial combination of supporting primary and secondary data. Data was also collected and reviewed for other important areas of public health, such as maternal health, communicable disease, and environmental health; and while these topics are of interest and concern to the County, only the top four focus areas were included in the final prioritization voting process.

Setting Priorities

The HUAC met on Sept. 27, 2022, at Union County Human Services to complete the 2022 priority-setting process. Approximately 30 people were in attendance for the four-hour meeting. The following representatives were present:

- 4 Hospital System Employees**
(from two different local hospitals)
- 1 Community Advocate**
- 5 Community Partners from Non-Profit Organizations**
- 1 Local Management Entity (LME)**
- 1 Municipal Government Representative**
- 1 Union County Environmental Health**
- 6 Union County Human Services**
- 1 Union County Planning Department**
- 1 Union County Public Health**
- 1 Union County Public Schools**
- 1 Union County Transportation**
- 1 Medicaid Provider**
- 2 Wingate University**

Focus Area Discussion Criteria

First, the CHA primary data and secondary statistical data were presented to the group. Following the presentation, participants were given 30 minutes to have table discussions on each of the focus areas and were given six criteria to consider during these discussions:

1. Magnitude: Proportion of the population that is affected or vulnerable.
2. Severity: Impact on mortality, morbidity, disability, and quality of life.
3. Intervention Effectiveness: Proven interventions exist that are feasible from a practical, economic, and political viewpoint.
4. Public Concern: Degree of public concern and/or awareness.
5. Urgency: Need for action based on degree and rate of growth (decline); Potential for affecting and amplifying other health or socioeconomic issues; timing for public awareness, collaboration, and funding availability.
6. What efforts are currently underway or planned to begin to address this focus area?

2022 Final Priority Areas

Following the discussion, each member was given two dots and were told to "spend" their dots to show which focus area (or areas) that their support, energy and prioritization lie.

The final 2022 priority areas selected were:

- **Substance Use Disorder**
- **Mental Health**
- **Housing and Homelessness**

Moving Forward

In the spring and summer of 2023, the Healthy Union Advisory Coalition Community will develop Community Health Improvement Plans (CHIPs) for each priority area using Results Based Accountability (RBA) methodology.

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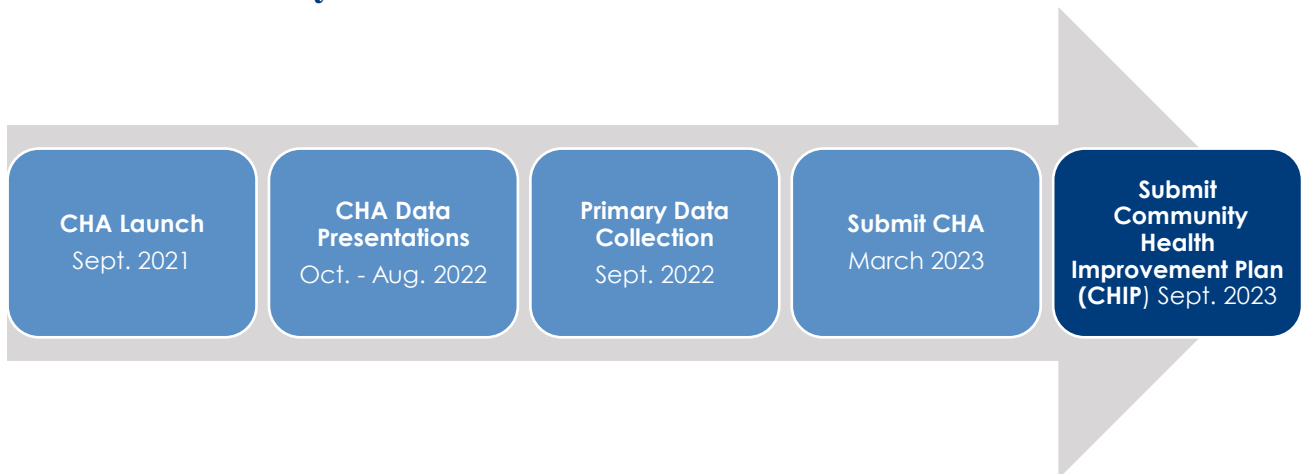
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Introduction and Overview

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Process Summary and Timeline



CHA Launch

In October 2020, Union County launched the Healthy Union Advisory Coalition (HUAC). It was created to utilize the cooperative strength of many community partners to identify and address health and quality of life issues in Union County, ensure the community regularly reviews and works on identified priority areas in the Community Health Improvement Plan (CHIP), and identify additional priority areas as they arise. This collaborative alliance includes representatives and leaders from healthcare, government, business and industry, human services, community service agencies, medical service providers, educational institutions, the general population, and the faith community. The Health Union Advisory Coalition was utilized as the steering committee for the 2022 CHA. The CHA kick-off session was held on September 28, 2021 at the Healthy Union Advisory Coalition Meeting. The agenda for this meeting included defining the goal and purpose of the CHA, establishing the process and timeline for all aspects of the CHA including data collection and analysis and priority setting, and review of the Healthy North Carolina 2030 Indicators, as well as Union County's 2019 CHA and CHIP.

CHA Data and Presentations

Collection and analysis of both primary and secondary data are required by the CHA and serve as the foundation of the process.

Information and data collected directly from residents via surveys and focus groups serves as primary data for the CHA. Secondary data is statistical data collected by outside agencies such as the Center for Disease Control, Census Bureau, County Health Rankings and Roadmaps, County Statistics, NC State Center for Health Statistics, etc. This data provides factual information to support primary data, or dispel what residents report as impacting health.

The majority of time was spent educating HUAC members about the relevant secondary data and then once primary data was obtained and analyzed that information was shared as well to ensure the committee had complete information available for consideration during the priority setting process.

The following presentations were conducted at the HUAC meetings between October 2021- August 2022 (see Appendix A).

Date	Topic
10/26/21	Union County Profile
11/23/21	Morbidity, Mortality, Chronic Disease
1/25/22	Pregnancy, Maternal and Infant Health, Communicable Disease, Sexually Transmitted Infections
3/22/22	Access to Care
5/24/22	Environmental Health
6/28/22	Community Safety
7/26/22	Mental Health and Substance Use Disorder
8/23/22	Primary Care Overview

Primary Data Collection

Information and data collected directly from residents via surveys and focus groups serves as primary data for the CHA.

Surveys were collected by convenience sampling at community locations and events and in partnership with agencies, businesses, houses of worship, and municipal governments from Jan. 16 – March 31, 2022. Surveys were sent out and completed by both paper and electronic means, including via online distribution through both County and all partner websites and social media outlets. A total of 2,392 surveys were received.

A total of nine (9) focus groups were conducted with participants from specific niche groups. The niche groups were selected based upon demographics or stakeholder groups. All groups were asked the same questions, with the premise that overlap in responses should occur within areas that are truly problematic. The intent was to drill down into specific areas that are having an impact on the health and wellness of residents, while gaining insight and input from people in the most optimal positions to affect positive change.

Priority Setting

Input gathered from both the primary and secondary data was combined and analyzed to determine the top four focus areas to consider for prioritization:

- Chronic Disease Prevention
- Mental Health
- Substance Use Disorder
- Housing and Homelessness

While these focus areas are not the only important public health factors in the community, they were the areas that had the most substantial combination of supporting primary and secondary data. Data was also collected and reviewed for other important areas of public health such as Maternal Health, Communicable Disease, and Environmental Health, and while these topics are of interest and concern to the County, they were not included in the final prioritization voting process.

The Health Union Advisory Coalition met on September 27, 2022 at Union County Human Services to complete the 2022 priority setting process. The meeting was scheduled for 4 hours. Approximately 30 people were in attendance, representing the groups mentioned above. First, the CHA primary data and secondary statistical data were presented to the group.

Following the presentation, participants were given 30 minutes to have table discussions on each of the focus areas and were given 6 criteria to consider during these discussions:

1. Magnitude: Proportion of the population is affected or vulnerable.
2. Severity: Impact on mortality, morbidity, disability, and quality of life.
3. Intervention Effectiveness: Proven interventions exist that are feasible from a practical, economic, and political viewpoint.
4. Public Concern: Degree of public concern and/or awareness.
5. Urgency: Need for action based on degree and rate of growth (decline); Potential for affecting and amplifying other health or socioeconomic issues; timing for public awareness, collaboration, and funding is present.
6. What efforts are currently underway or planned to begin to address this focus area?

Each group reported out on the last criteria. Following the discussion, each member was given two dots and were told to "spend" their dots to show which focus area (or areas) that their support, energy, and prioritization lie.

The final 2022 priority areas selected were:

- Substance Use Disorder
- Mental Health
- Housing and Homelessness

Submit Community Health Improvement Plans (CHIPs)

This phase begins once the assessment report is completed. In the Spring and Summer of 2023, the Healthy Union Advisory Coalition Community will develop Community Health Improvement Plans (CHIPs) for each priority area using Results Based Accountability (RBA) methodology.

Union County Profile

Demographics

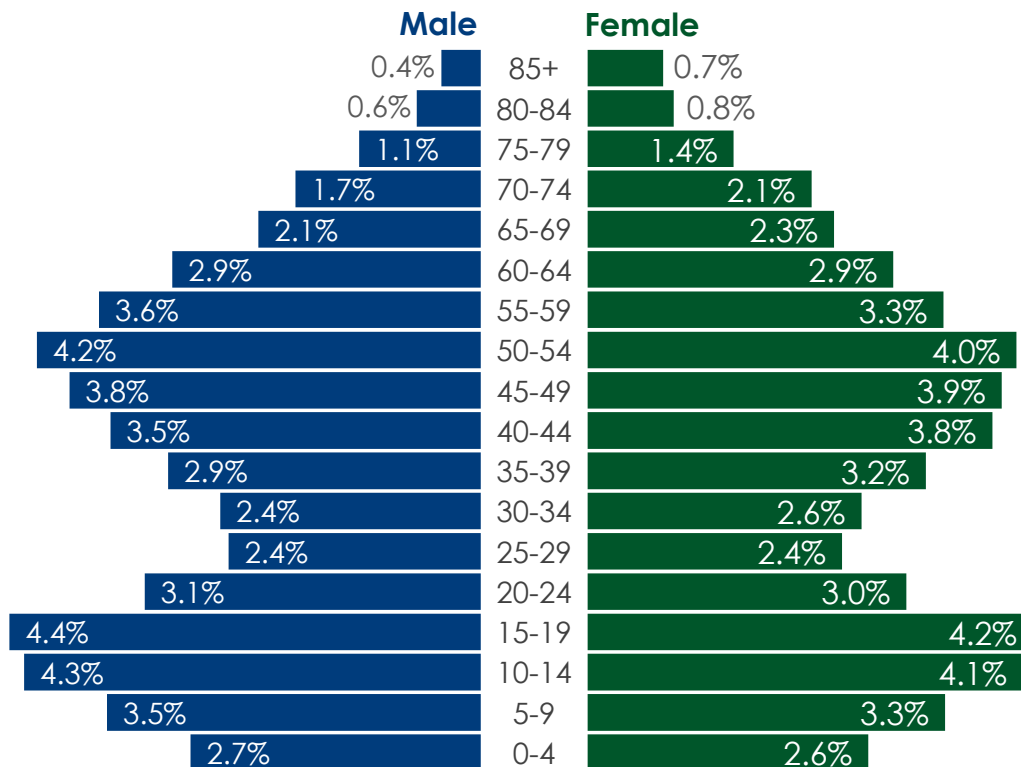
Union County North Carolina was established in 1842 and is located southeast of Charlotte within the Charlotte Metropolitan Statistical Area. The County is 643 square miles, with 14 municipalities. Monroe is the county seat. The County is governed by a Board of Commissioner/Manager form of Government, with a five-member Commissioner Board elected countywide and an appointed County manager.

Union County is the eighth largest county in the State, with an estimated population of 243,648 according to US Census 2021 1-year estimates. Union County continues to be one of the fastest growing counties in North Carolina with a 18.8% population change

from April 1, 2010 – July 1, 2020, which is far above the State level of 9.7%.¹ Between 2020-2030, there is projected to be a 22.5% increase in the population, growing to 48.8% by 2040.¹ Those age 65 and older are projected to go from making up 15% of the population in 2021 to 24% in 2041.² The County's median age of 39.2 years old is below the State level of 39.4 years and there are many young households with children.³

Union County's gender breakdown of 50.4% female and 49.6% male is very similar to the statewide numbers of 51.2% female and 48.8% male.³ Union County has a current Veteran population of 6.0%, which is lower than the State average of 7.6%.³

Union County population distribution by age and sex

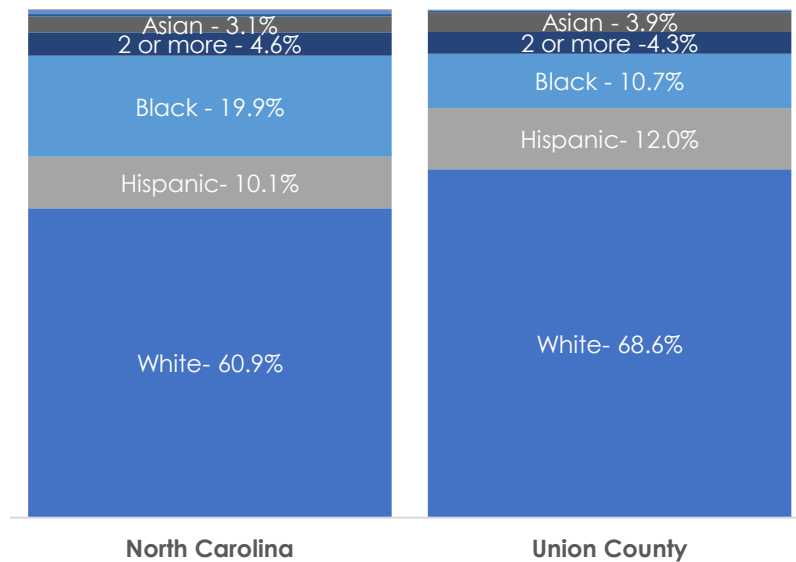


Source: U.S. Census Bureau Population Estimates Program, 2021

The Racial and Ethnic population breakdown in Union County is primarily Caucasian or White. Over 68% of the County's total population falls into this category, compared to the current State level of 60%. The second highest category of the population is Hispanic or Latino with

approximately 30,000 residents county-wide comprising 12% of the total population, which is higher than the state of North Carolina at 10.1%. The African American percentage of the Union County population is 10.7%, which is lower than the 19.9% State average.³

Percent of Population by Race and Ethnicity in Union County and North Carolina



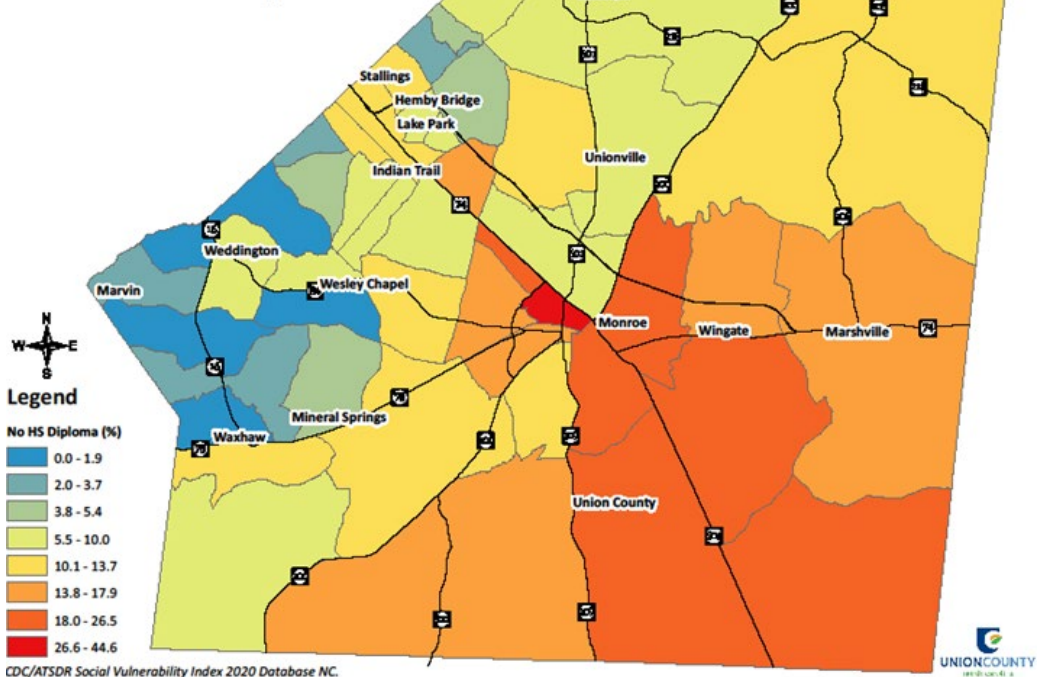
Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates

Education Status

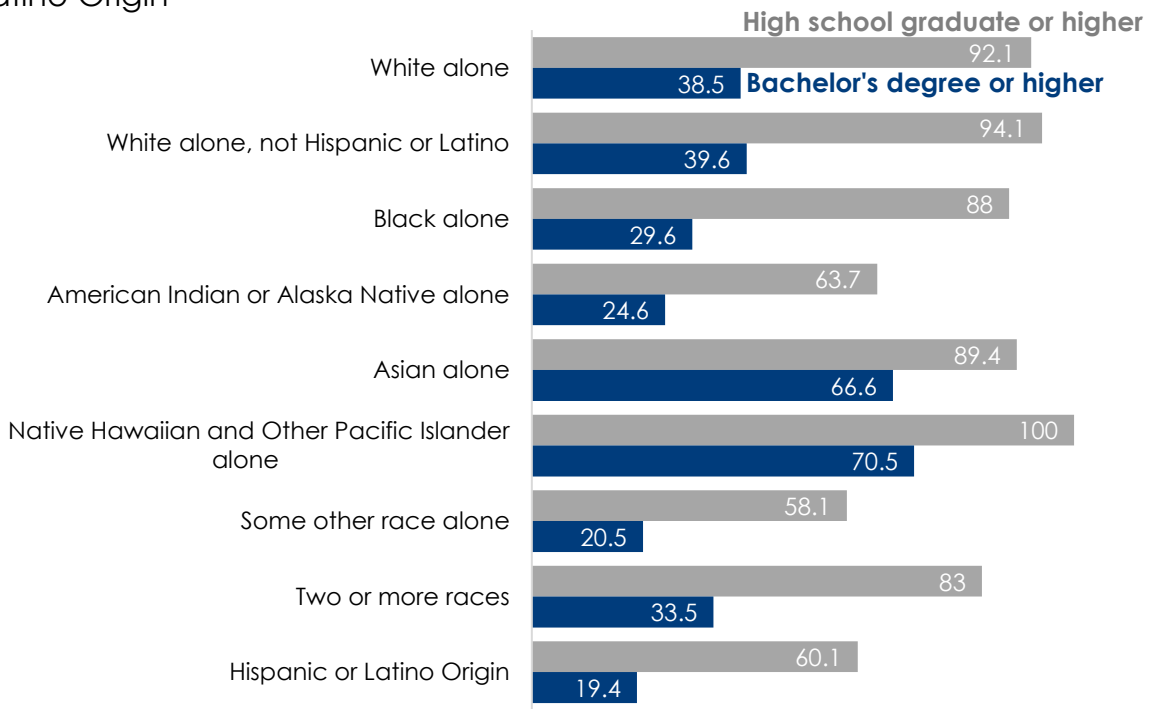
The Union County Public School (UCPS) System is the sixth largest school system in the State, serving approximately 40,000 students at 53 schools with over 5,000 staff members.⁴ According to the NC Report Card information data posted on the UCPS website, the district's 2022 four-year cohort graduation rate is 92.3%, taking the top spot amongst the 12 largest school districts in North Carolina and outperforming the state's four-year cohort graduation rate of 86.2%.⁵ Union County is home to two institutions of higher learning, Wingate University and South Piedmont Community College.

In Union County, 90.1% of residents have a high school diploma or higher, although the higher percentage of those residents with no high school diploma are concentrated in the Eastern areas. Union County residents age 25 and over of Hispanic or Latino origin have the lowest percentage of high school and bachelor's degrees, whereas those of Native Hawaiian and other Pacific Islander have the highest percentage. The percentage of Union County residents age 25 and over with some college training or higher is 67%.

Percentage of Persons with no High School Diploma (age 25+) Union County, NC



Percent Educational Attainment by Race and Hispanic or Latino Origin



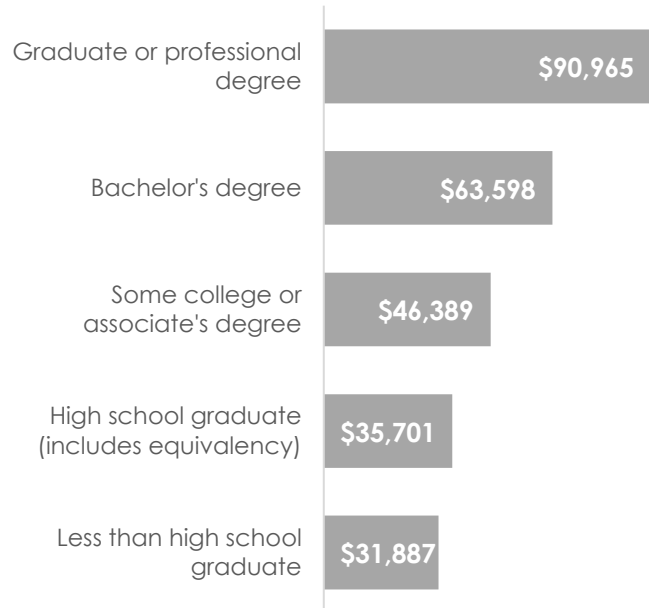
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Income

Union County's economic indicators continue to trend positively. The median household income in Union County in 2021 was \$88,465, which is higher than the State average of \$60,516. Per Capita Income in the past 12 months (in 2021 dollars), 2017-2021 was \$40,270. Median earnings for those over 25 with some college or associate's degree is \$46,389, and increases to \$63,598 for those over 25 with a Bachelor's degree.

There are disparities in income depending upon race, educational attainment, and location that one resides in the county. The higher the level of education, the higher the median income. In terms of race, those of Asian background have the highest income and Black/African American fall near the bottom. Those who reside in the most Western side of the County have the highest per capita income compared to those who reside in the Eastern side of the County.

Overall, people 25 years and over with **higher levels of education have higher median incomes** in Union County.

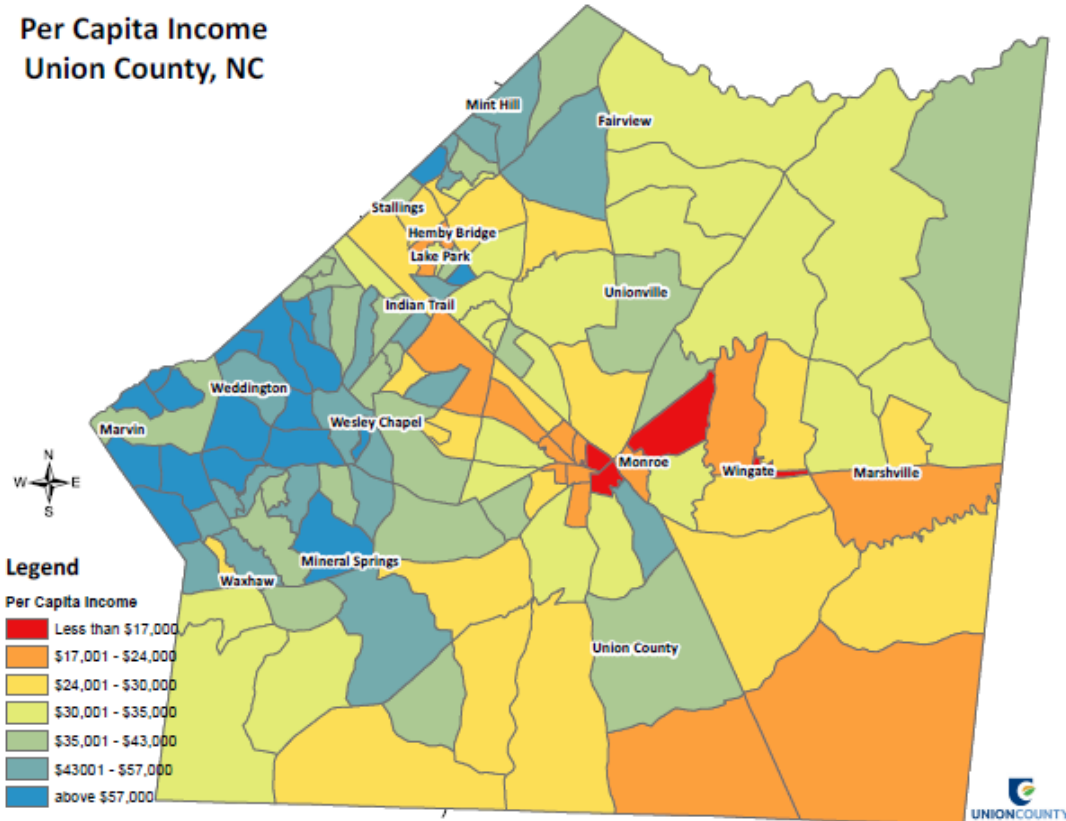


Household Income By Race

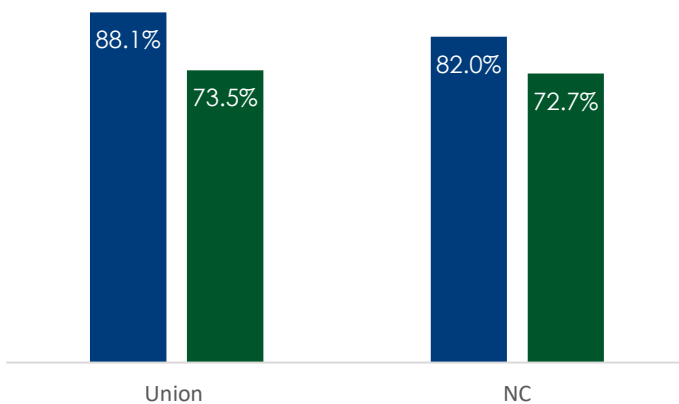


Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Per Capita Income Union County, NC



The labor participation rate is **higher for males** than **females** in both Union County and overall in NC.



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

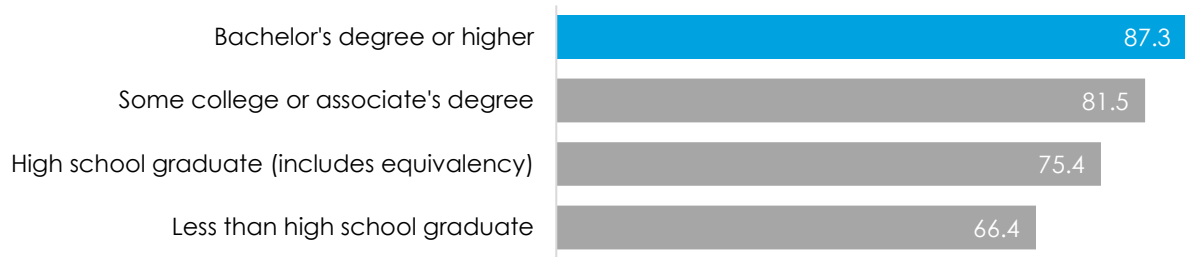
Employment/Workforce

There are 67.5% of the population (age 16 years and up) in the Civilian Workforce.

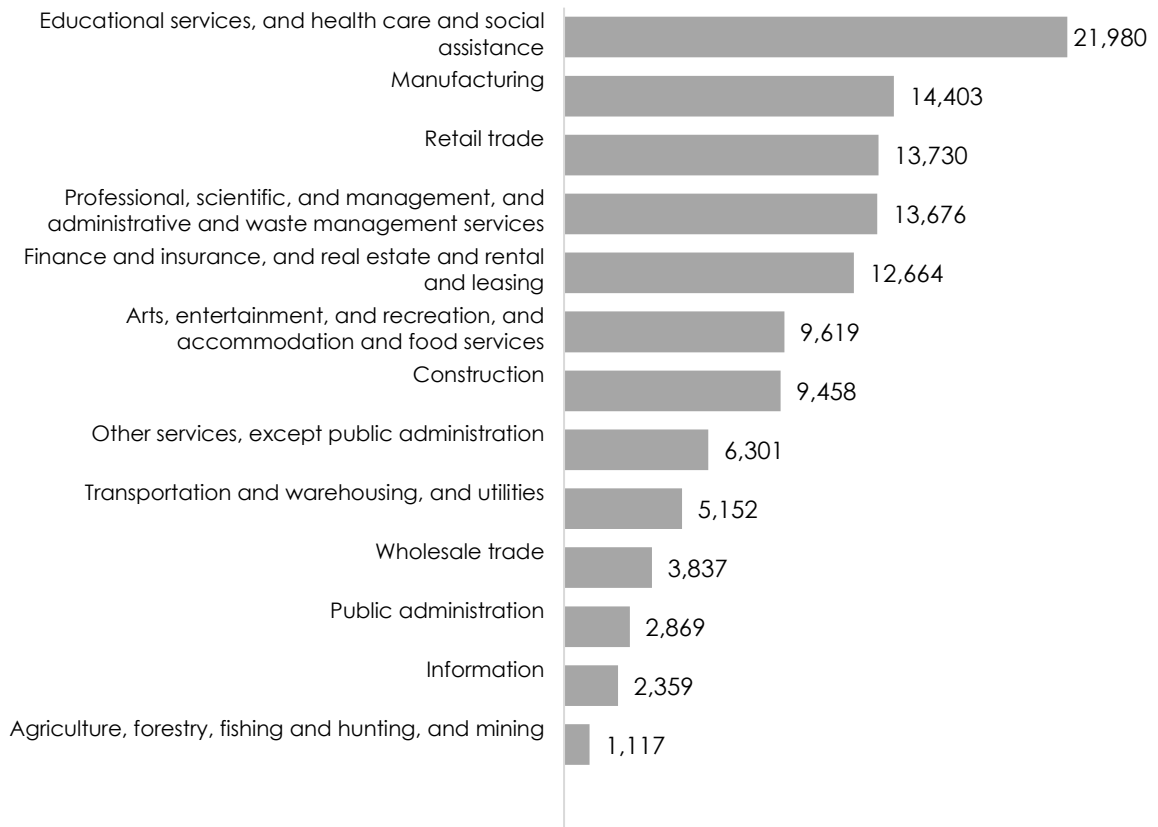
In Union County, approximately 83% of those at or above the poverty level participate in the labor force where as 52.3% of those below poverty participate (ACS 5-year rate).

The labor participation rate for males is higher than for females and those with a higher educational level have an increased rate of labor participation.

The **higher** the education level, the **greater** the rate of labor participation



Industries where civilians are employed in Union County



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Most civilians in Union County are employed by the the school system, hospital system, and social services, followed by manufacturing.

Approximately 54.4% of county residents work in Union County, 40.8% work outside the county, and 4.8% work outside the state.³ 76.2% travel to work alone and 8.7% carpool.³ The mean travel time to work is 29.5 minutes. The average car ownership in Union County, NC is two cars per household.

Healthcare Workforce

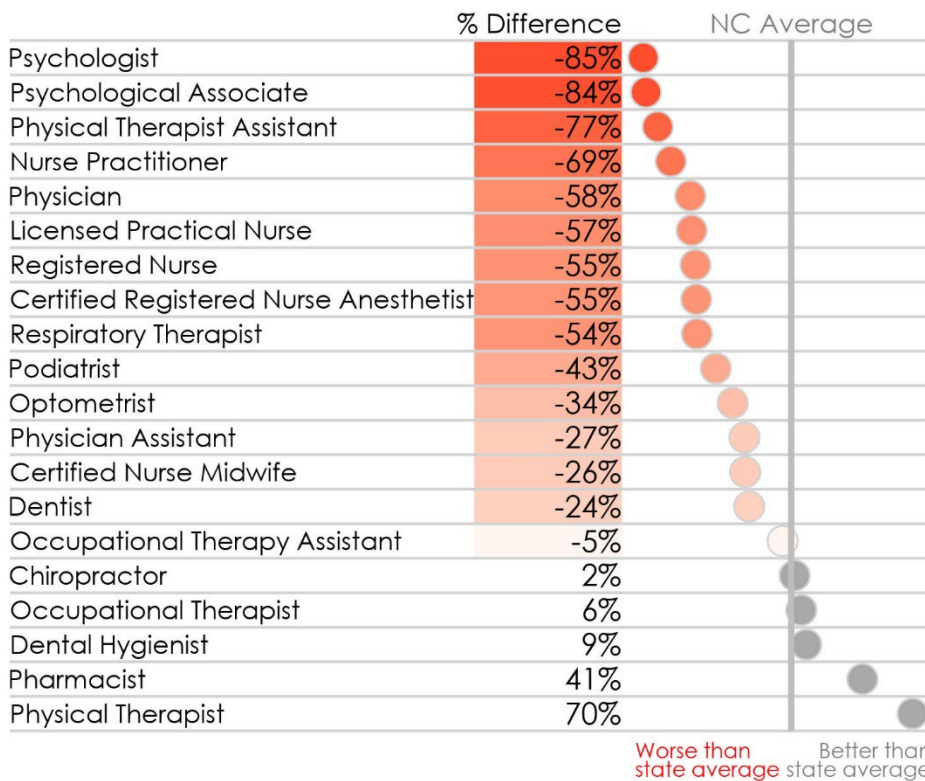
Having access to healthcare providers can increase care seeking behaviors and result in better health related outcomes.^{7,8} Union County is classified as a Medically Underserved Area by the Health and Resources & Services Administration (HRSA).⁹ Primary healthcare workforce is also a Healthy North Carolina (HNC) 2030 indicator and as of the 2017 data, Union County fell below the goal of a 1,500:1 primary care provider to population ratio.

Data from the UNC Sheps Center for Health Services Research shows Union County has lower rates of healthcare providers per 10,000 residents for most of the available provider types compared to the North Carolina average. The percent difference reflects the relative amount the Union rate is below the State. While small rates can skew this value, it still shows significant gaps in healthcare coverage exist between Union County and the State.

These numbers should be interpreted with caution however, as the state average for some professions may be skewed by high population areas with major medical centers. This means that the state average may be an overestimate of the number of providers needed in Union County.

Union County has lower rates of healthcare providers in 75% of reported categories compared to the NC average.

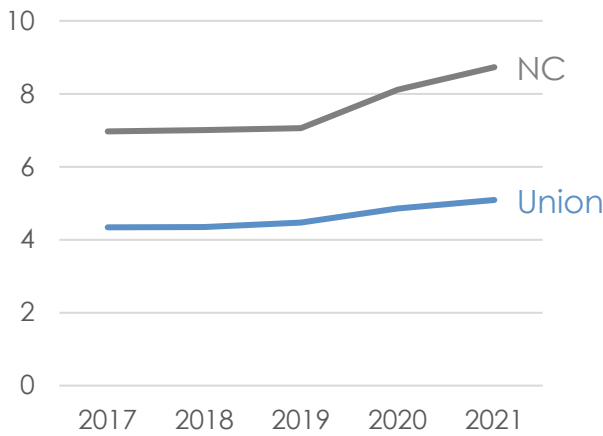
Relative difference between rates of providers per 10,000 population.



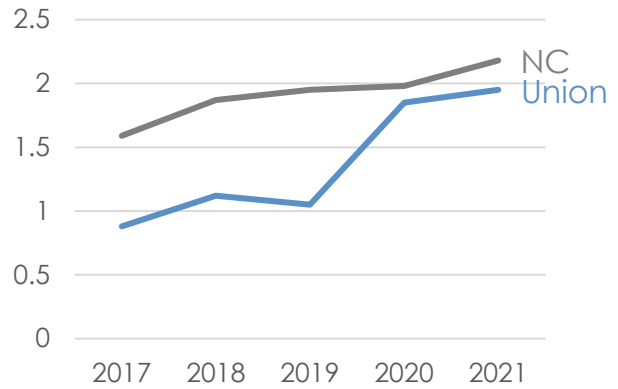
For primary care physicians and physician assistants, Union County is still below the state average, however both of these rates have increased over the last 5 years. It is also important to note that Mecklenburg County has higher rates of primary care providers and some of these providers may be more accessible for Union County residents.

Source: Sheps Center 2021

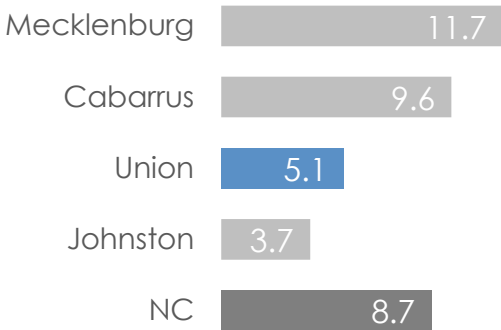
Primary care physicians
per 10,000 population



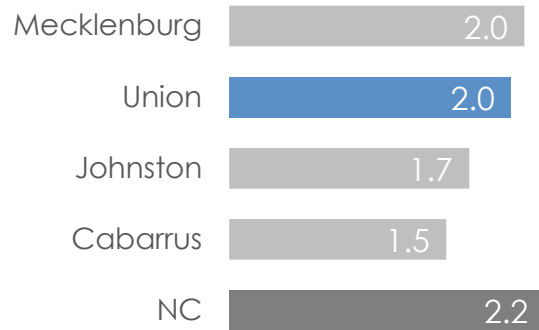
Primary care physician assistants per 10,000 population



Primary care physicians
per 10,000 population - 2021



Primary care physician assistants per 10,000 population - 2021

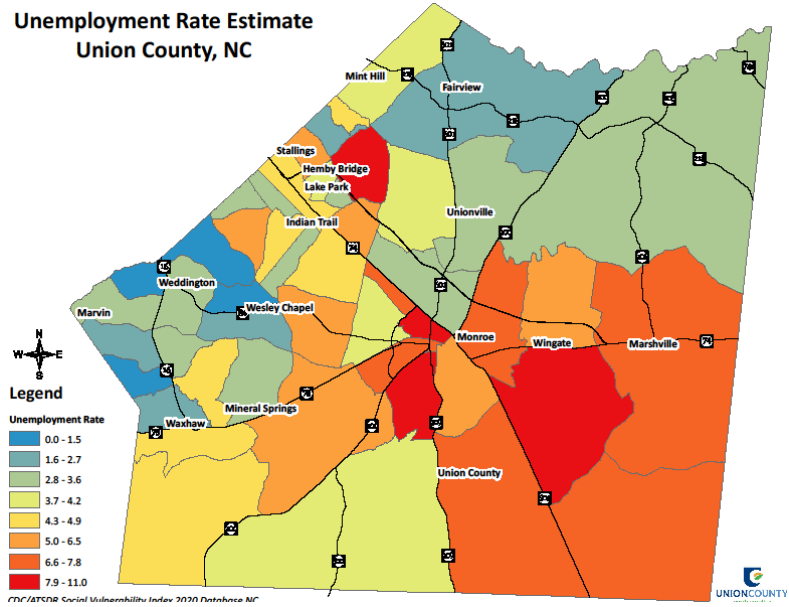


North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](https://nchealthworkforce.unc.edu/interactive/supply/), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created March 03, 2023 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

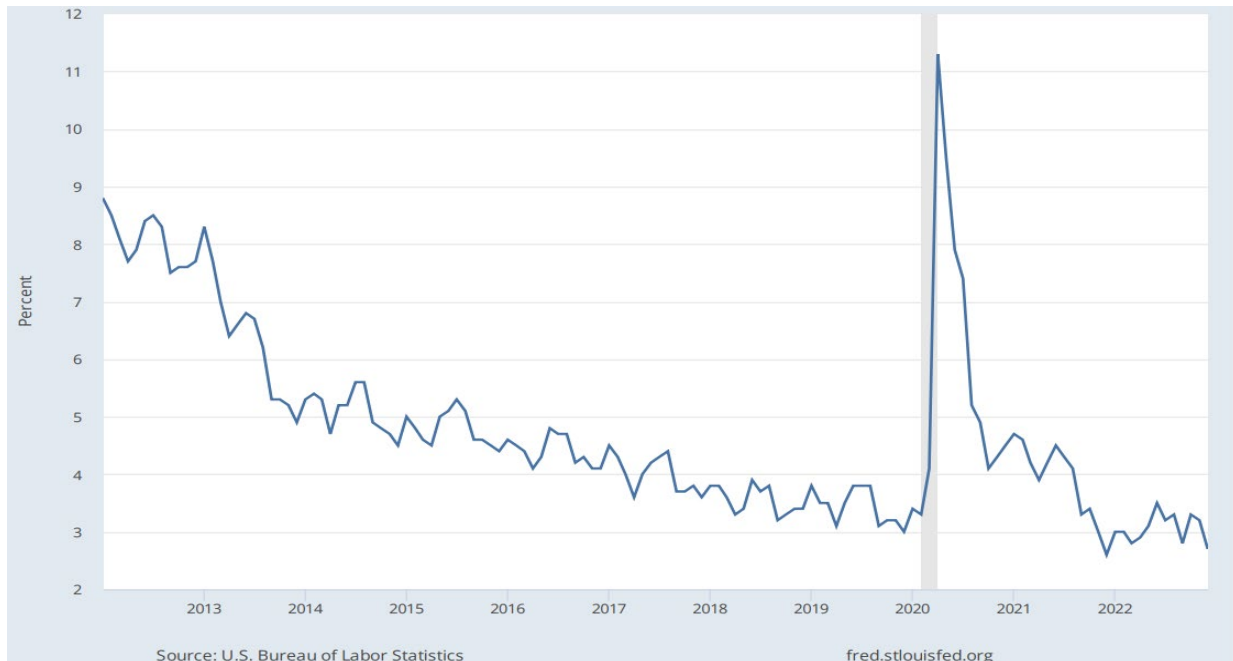
Unemployment

The County's unemployment rate as of December 2022 was 2.7%, below the State rate of 3.9%. During the recent COVID pandemic years 2020-2021, there was a huge spike in unemployment, similar to counties across the nation, as many people were temporarily laid off due to business closings. It took approximately two years for unemployment rates to return to pre-pandemic levels.⁶

Unemployment Rate Estimate
Union County, NC

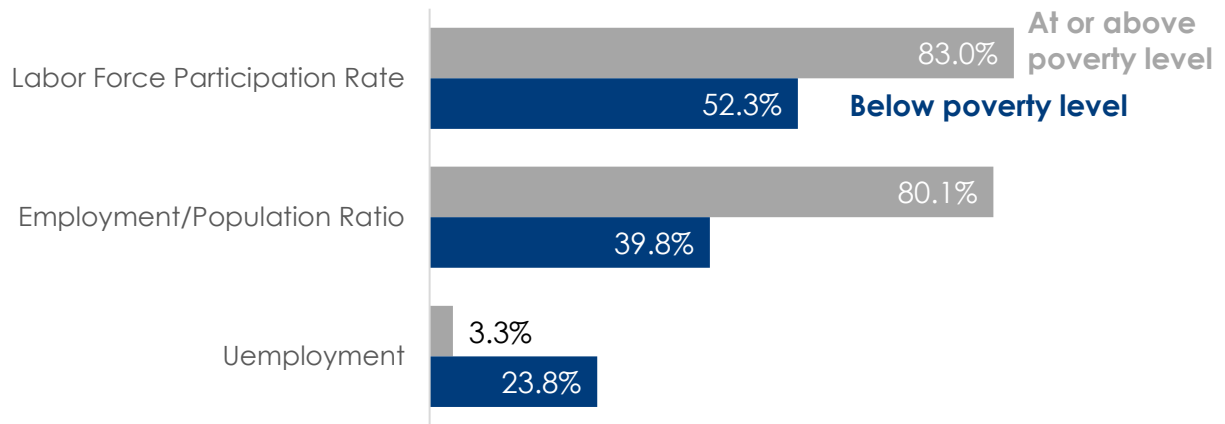


Union County Unemployment Rates (2012-2022)



Overall, unemployment rates are higher in certain areas of the county, as can be seen on the Social Vulnerability map below. Those in poverty have much higher unemployment levels.

Impact of Poverty Status in the Past 12 Months on Employment



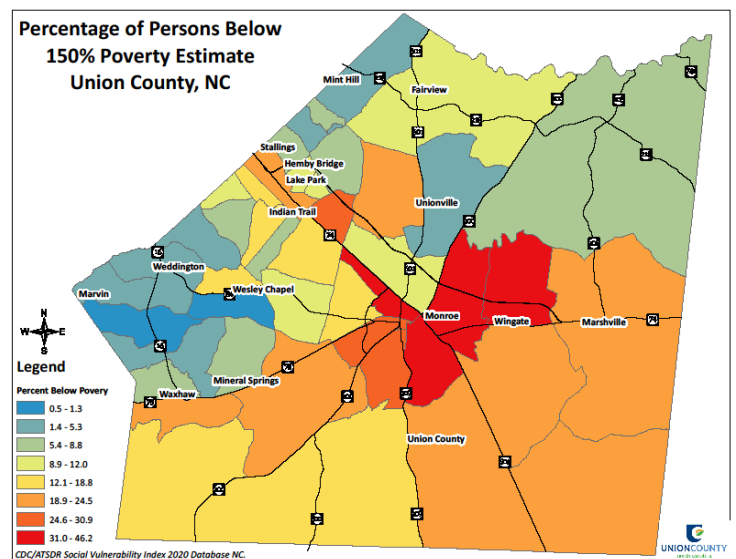
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Poverty Rates

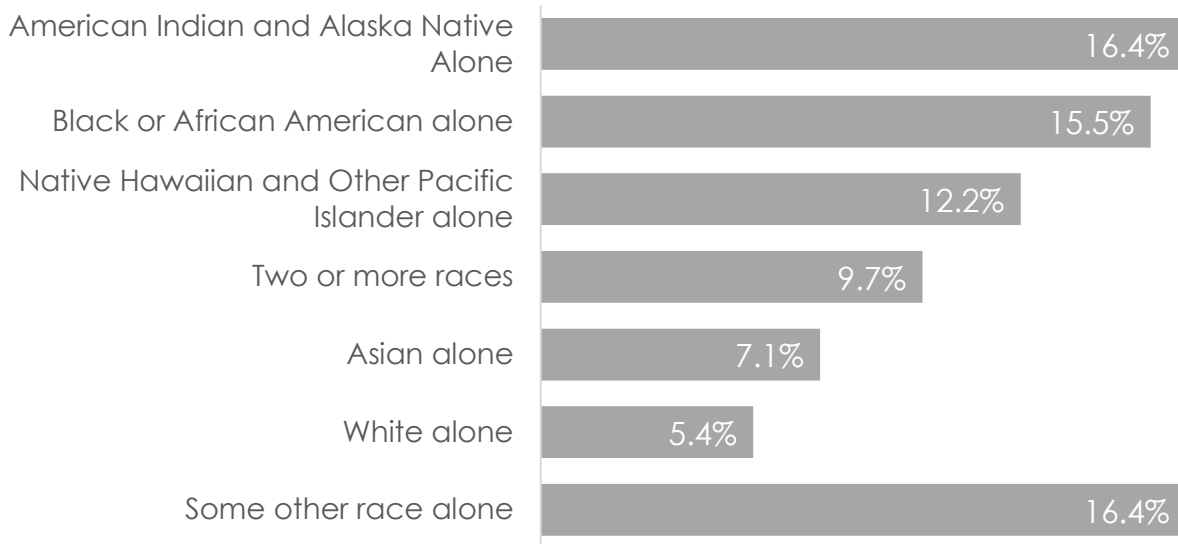
According to the 2017-2021 U.S. Census Bureau, American Community Survey 5-Year estimates, Union County has a poverty rate of 7.2%, which is well below the State of North Carolina rate of 13.4%. These numbers are somewhat deceiving, especially when breaking down the statistics by race, educational attainment, and household composition.

Those in poverty tend to have the following demographics:

- Less than a High School Education
- Females with an Associate's degree or less
- Black or African American
- Female householder, no spouse present

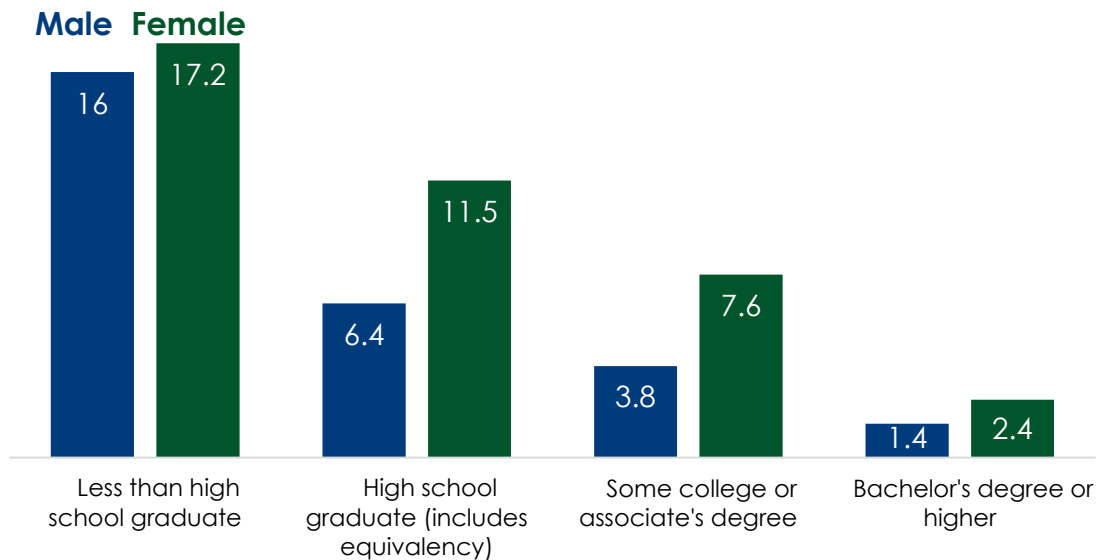


Percent of residents below poverty level by race



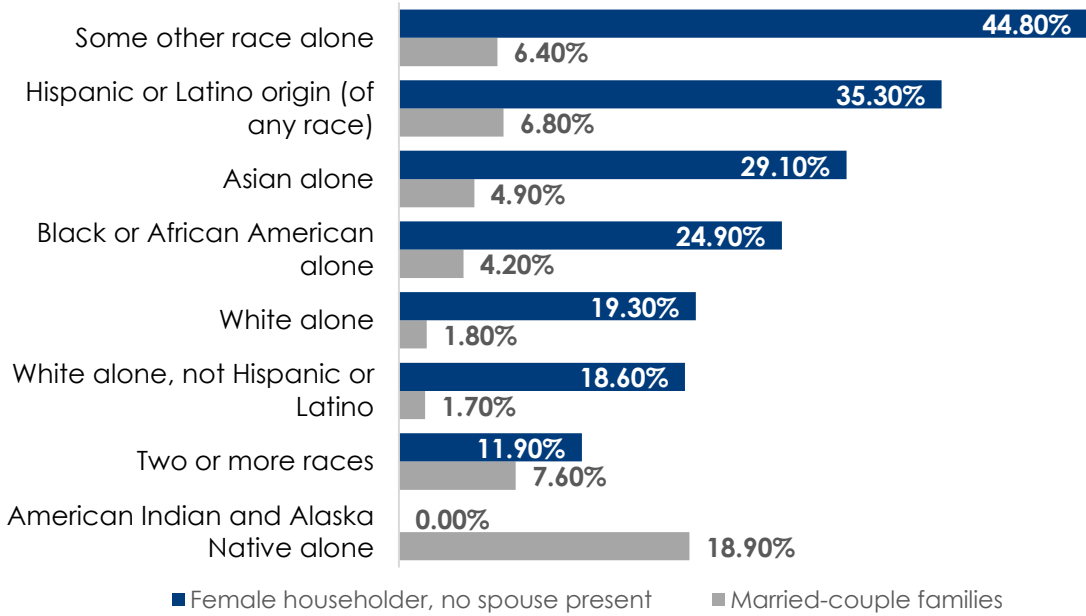
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

% in Poverty for Population 25 and over by Educational Level



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Union County -Percent Below Poverty- Race and Hispanic or Latino Origin



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

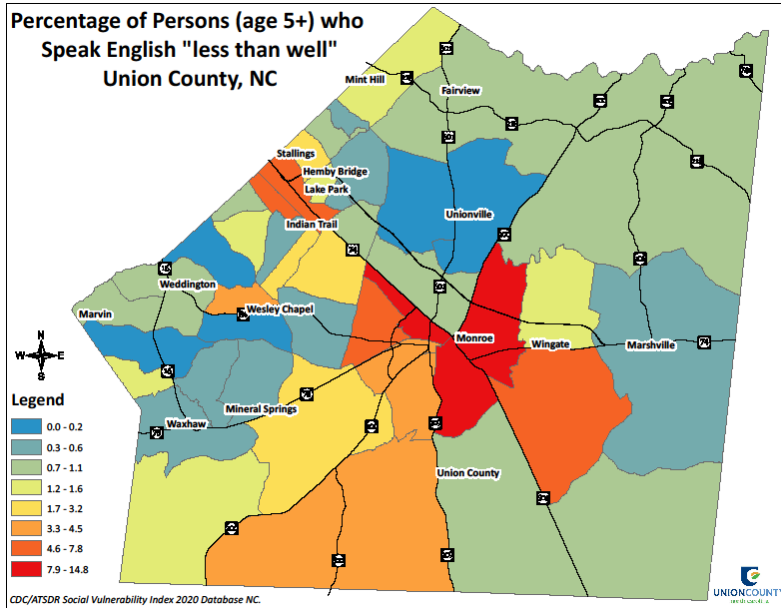
Insurance/Uninsured

A large portion of residents in Union County are covered by health insurance, 91.3%, compared to 89.3% across the State of North Carolina. This means 8.70% of Union County residents are uninsured with no medical insurance coverage and the State has an average of 10.7% uninsured. These percentages run along the same trend lines as employment rates, which demonstrates the importance of employers offering medical coverage for their employees.

Union County has the lowest percentage of uninsured residents age 64 or younger compared to peers



Source: US Census Bureau Small Area Health Insurance Estimates Program, 2020

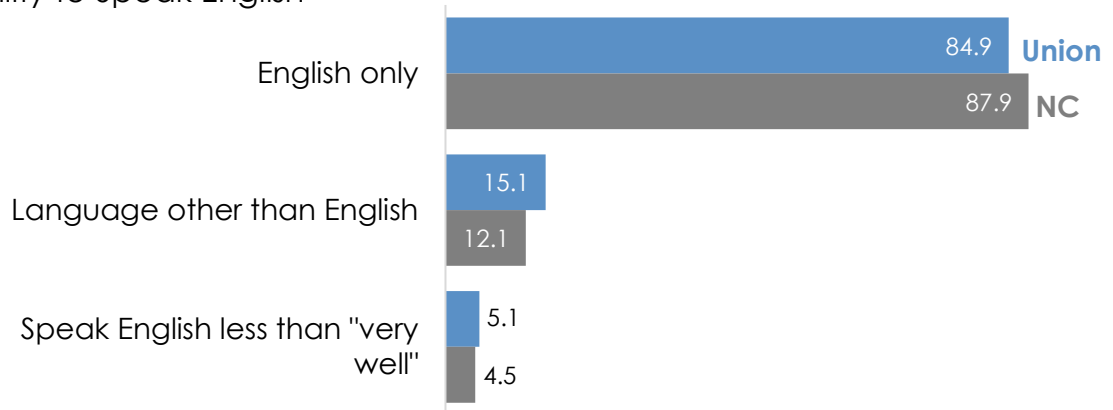


Limited English Proficiency

Limited English Proficiency (LEP) persons are individuals who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English.

Approximately 11,328 Union County residents speak English less than "very well."

Percent Language Spoken at Home and Ability to Speak English



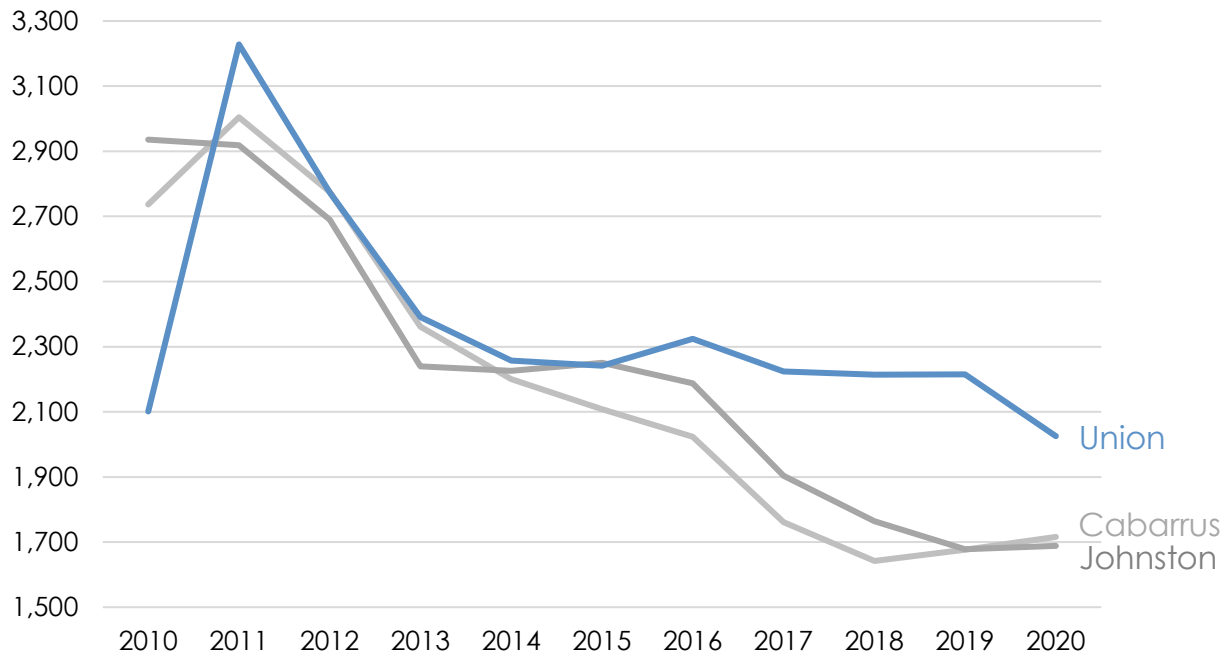
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Safety Information

Each year, 50,000 Americans die from violence; homicide and suicide are the third and fourth leading causes of death for everyone in the US under the age of 40, except infants (NCVDRS Reporting System). Overall, almost twice as many people in the US die from suicide as from homicide, which is also true in Union County. Between 2004-2020, there were 481 violent deaths in Union County, 27% of which were homicides and 69.6% were suicides (NCVDRS Reporting System).

The overall Crime Index Rate has been decreasing in Union County (per 100,000 population) for the last few years. As depicted in the graph below, we are compared to counties that are very similar in geographical and population size, and these are called peer counties. This comparison measures overall Index Crime Rates of Union, Cabarrus, and Johnson counties. Cabarrus and Johnson remained flat or steady over the past few years, while Union County, although measuring a bit higher, is decreasing.

Index crime rate (per 100,000)

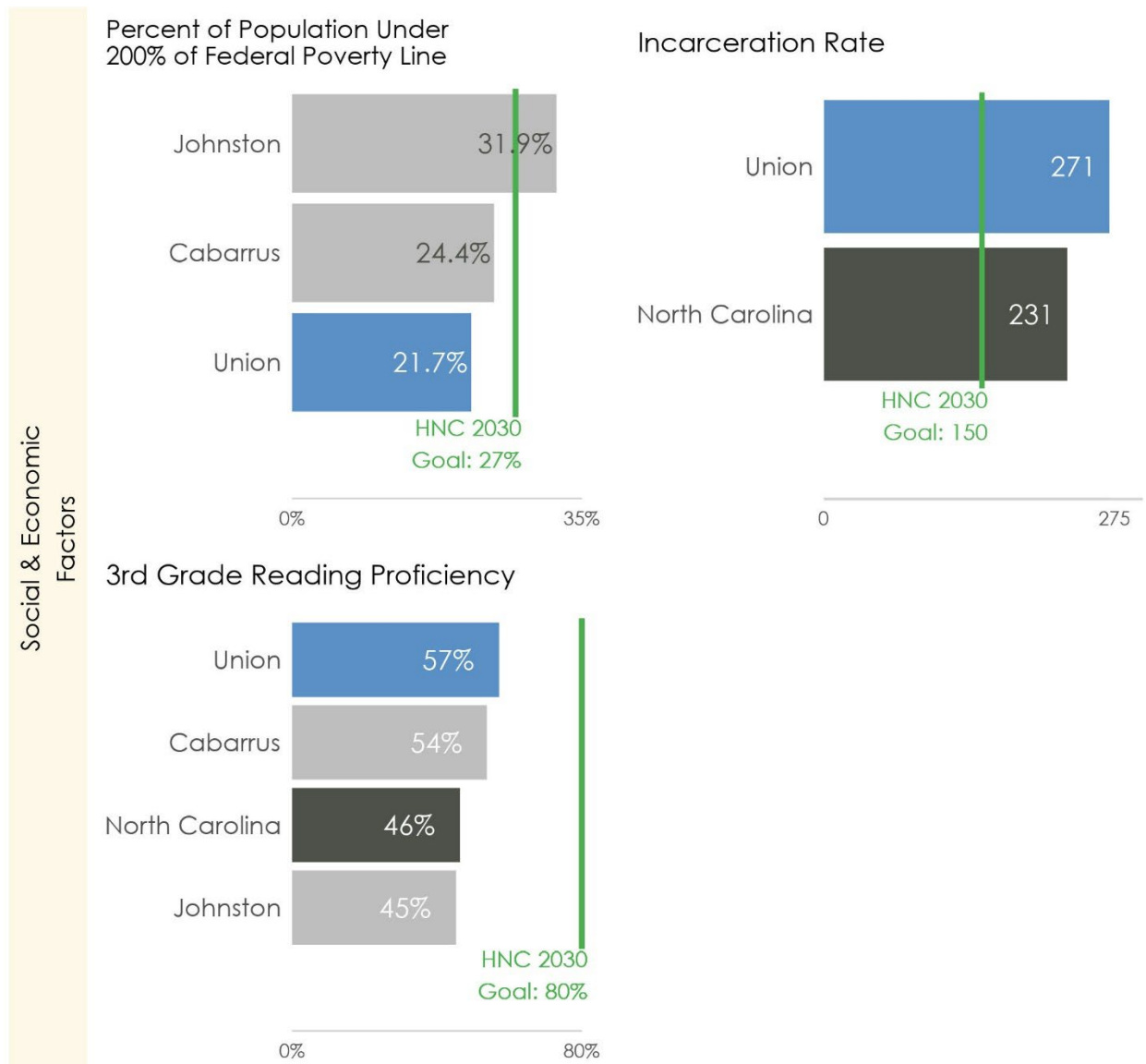


Between 2016-2020, the leading cause of injury deaths in Union County was poisoning, followed by motor vehicle and traffic deaths, falls (unintentional), firearms (self-inflicted), and firearms (assault).¹⁰ The leading causes of injuries requiring hospitalization between 2016-2020 are falls (unintentional), motor vehicle and traffic accidents, and poisonings (unintentional and self-inflicted).¹⁰ The leading causes of emergency department visits between 2016-2020 are falls (unintentional) and motor vehicle traffic accidents.¹⁰

Healthy North Carolina 2030

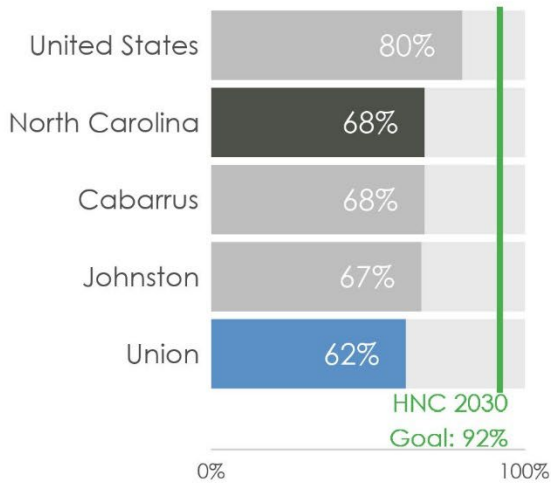
Healthy North Carolina 2030 (HNC 2030) is a set of 21 health indicators and related goals designed to improve the health status of North Carolinians over the course of 10 years (2020-2030). These indicators include both health factors and health outcomes and are grouped into 5 categories. The following charts show the most recent available data for each of the HNC 2030 indicators. There were 4 indicators for which data was not currently available at the county level and have been excluded in this report. More information on the indicators, data sources, and goals in this report can be found in Appendix C. More information on the HNC 2030 process, data sources, and indicators is available in the full HNC 2030 report.

The NC Behavioral Risk Factor Surveillance System (BRFSS) presents data by region only, therefore Medicaid Region will present some data. Union County is in Medicaid Region 3.

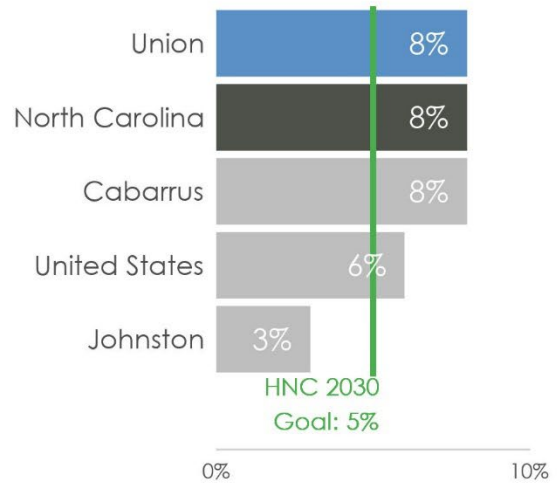


Physical Environment

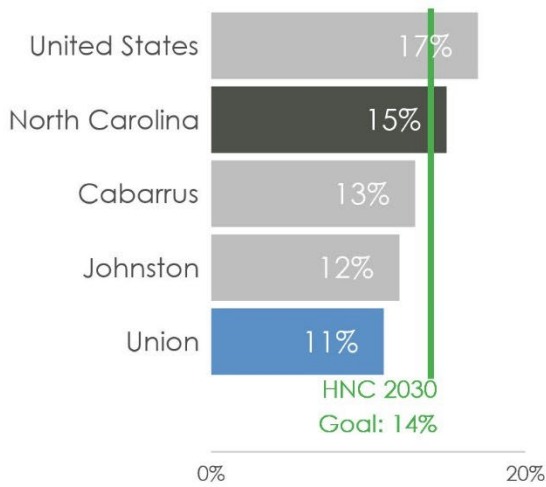
Access to Exercise Opportunities



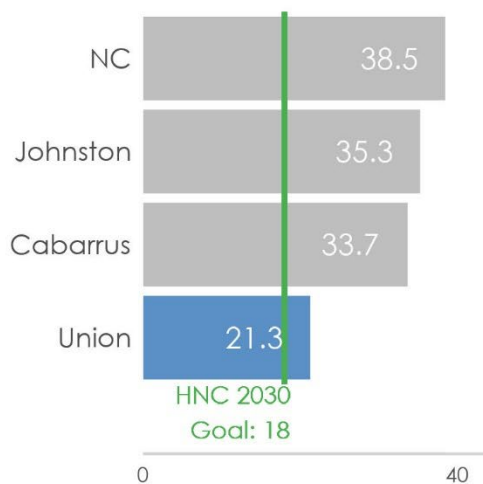
Access to Healthy Foods



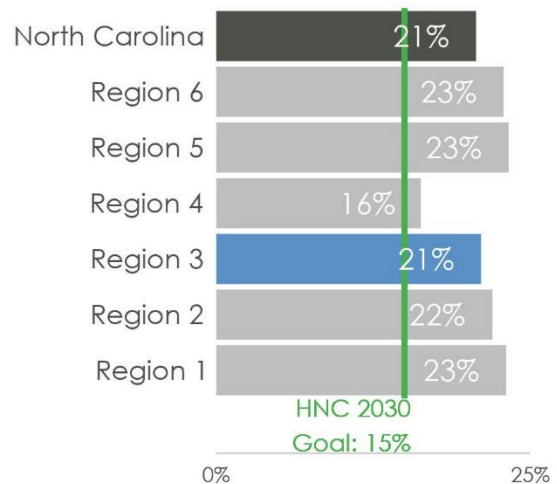
Severe Housing Problems



Drug Overdose Deaths



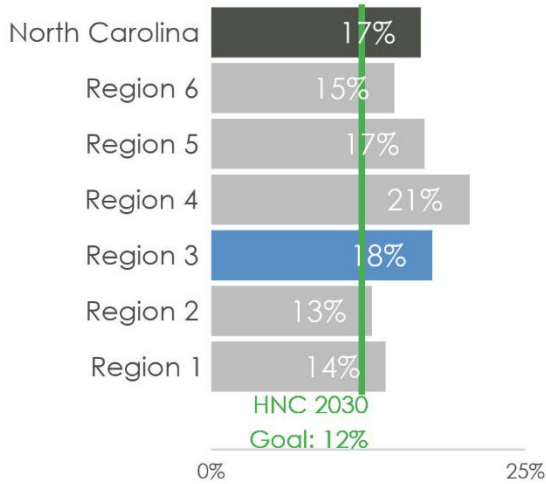
Any Tobacco Use - Adult



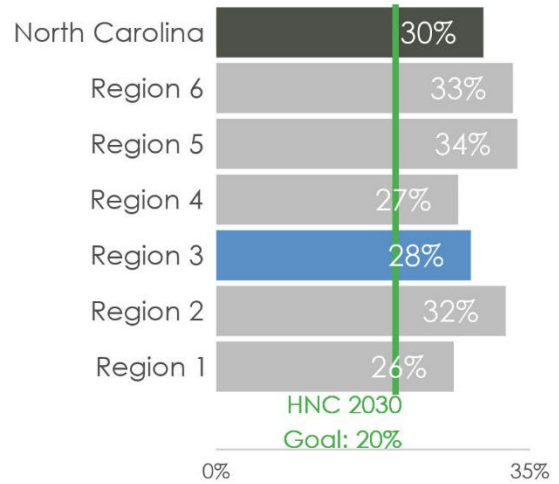
Health Behaviors

Health Behaviors

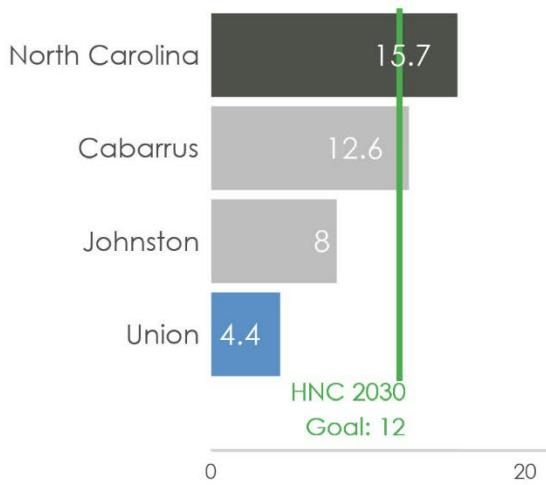
Excessive Drinking



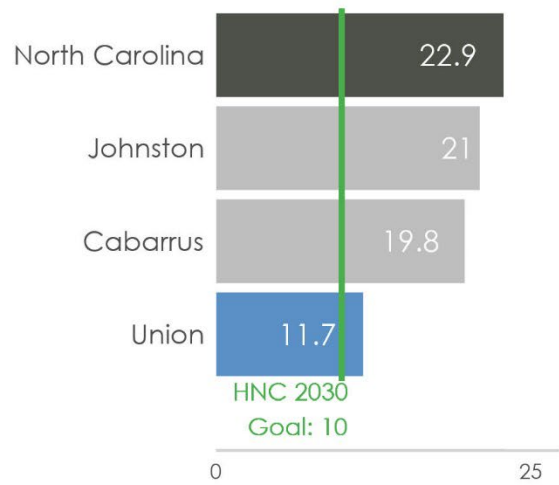
Sugar Sweetened Beverages - Adult



HIV Diagnosis Rate

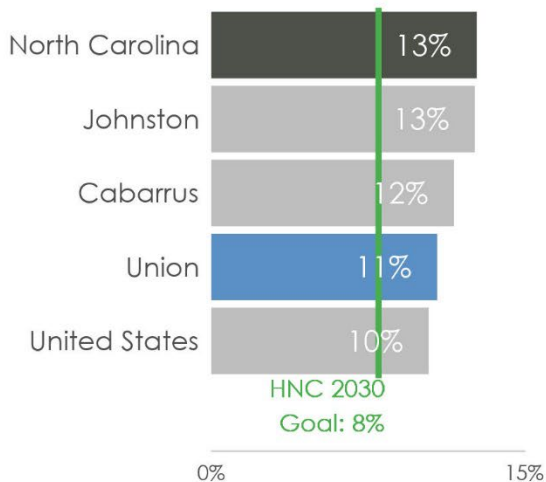


Teen Pregnancy Rate

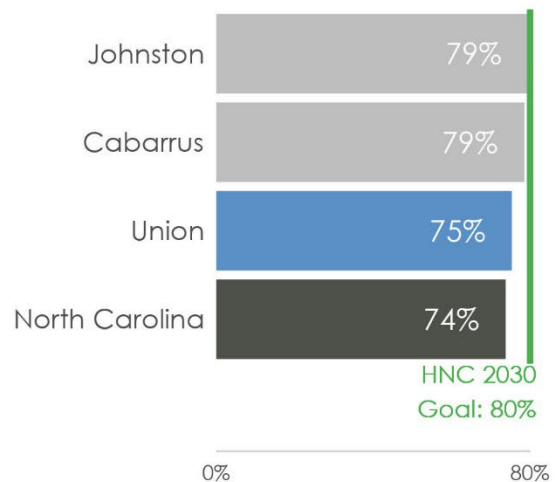


Clinical Care

Percent Uninsured

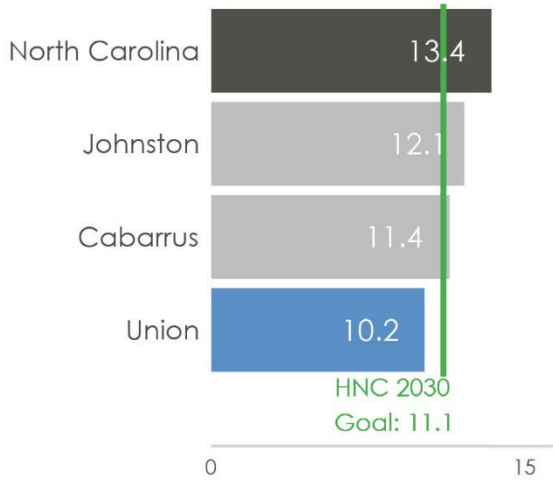


Early Prenatal Care



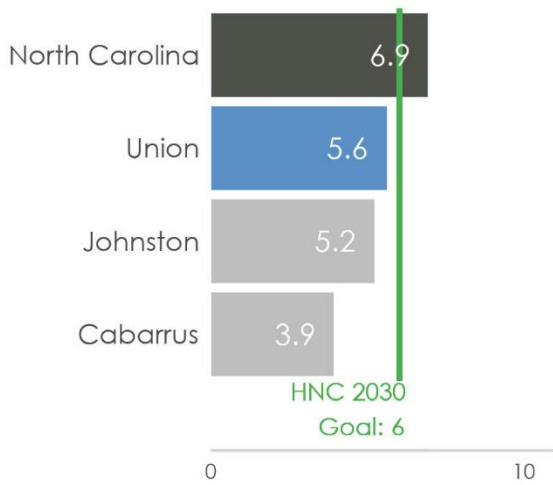
Clinical Care

Suicide Rate 2015-2019

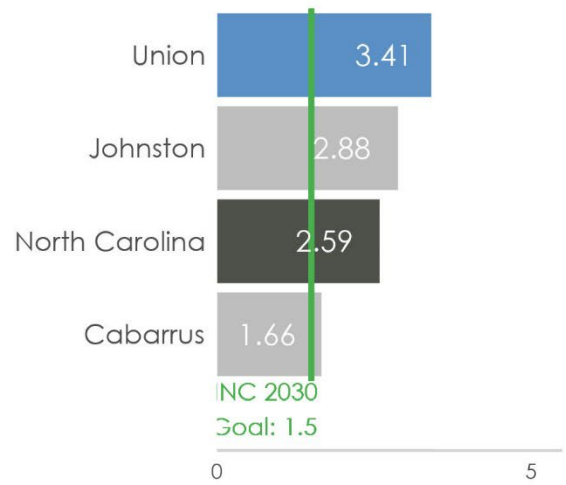


Health Outcomes

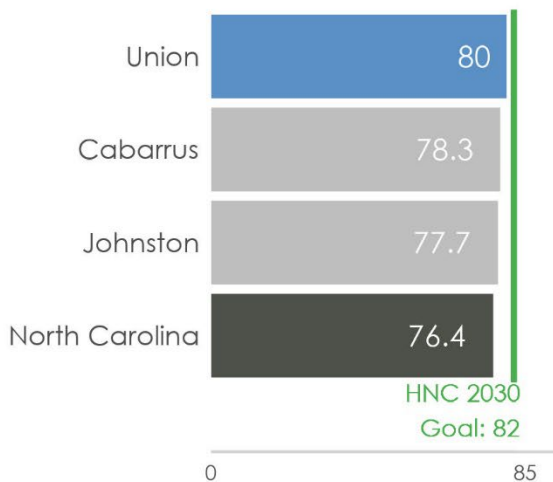
Infant Mortality Rate



Infant Mortality Disparity Ratio



Life Expectancy at Birth



Environmental Health Information

The Environmental Health Division endeavors to promote and protect public health and preserve the environment by conducting daily activities designed to prevent disease, educate the public and enforce regulations. Environmental Health includes mandated programs administered by the Union County Public Health Division pursuant to Chapters 130A and 87-97 of the General Statutes of North Carolina and/or adopted under Board of Health Authority. Employees working in these programs must be registered with the State as Environmental Health Specialists.

Three primary programs operate within Environmental Health:

- 🌿 **On-site Water Protection Program,**
- 🌿 **Food, Lodging and Institutions Program,**
- 🌿 **Children's Environmental Health Program.**

Grant Awards Used to Reduce Foodborne Illness Risk Factors

In 2022, Union County Environmental Health's Food Protection Program was awarded prestigious grants from the National Environmental Health Association (NEHA) and United States Food and Drug Administration (FDA). These grants are being used to support staff training and development, program quality assessment and consistency strategies and efforts to reduce the occurrence of foodborne illness risk factors in Union County. Environmental Health Specialists working in the County's Food Protection Program conduct plan review, permitting and inspections of businesses that prepare and serve food to the public for pay. These facilities include restaurants, food stands, mobile food units, temporary food establishments, limited food service operations and others.

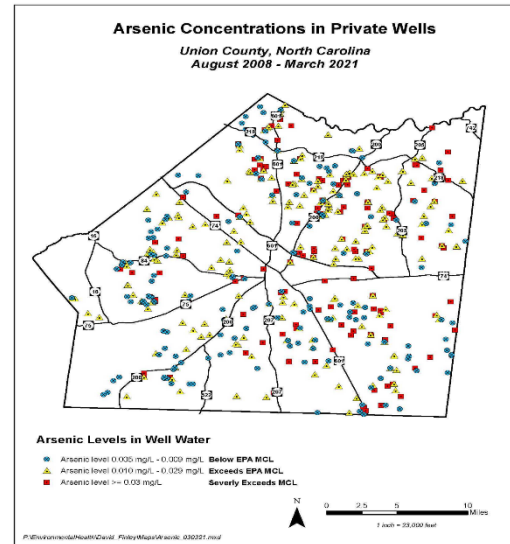
Restaurant and other food establishment inspections help identify potential food safety problems, safeguard public health, and ensure retail food establishments comply with sanitation and food safety processes. Sanitation scores and their corresponding letter grades are used in North Carolina to assess a food establishments' adherence to rules and standards intended to mitigate and prevent the spread of foodborne illnesses. You can find [Union County inspection scores](#) posted on-line.

Education and Outreach Initiatives

The Environmental Health Division continues to explore opportunities to enhance industry and community partnerships through training and outreach efforts. Newsletters, developed to provide useful best-practice information for operators of child care facilities and food establishments, are provided on a monthly (child care) or quarterly (food establishment) basis. The development and roll-out of a new certified food protection manager class was successful and it will continue to be offered in 2023.

Water Quality Initiatives

Surface and ground water quality concerns continue to drive requests for well water sampling and well (down-hole camera) assessments in Union County. Current contaminants of concern and data (2008 to current) indicate the most common contaminants that exceed maximum contaminant levels (MCL) established by EPA are: **arsenic (22%*)**, **coliform (32%)** and **E coli (4.5%)**. Our partnership with the University of North Carolina-Chapel Hill Superfund Research Program and Clean Water for North Carolina on a multi-faceted “well empowered” project continues. Environmental justice factors are used to identify focus areas of Union County that may have higher environmental burdens and vulnerable populations. Engineering research to identify improved well construction practices and develop lower-cost treatment options for arsenic and co-contaminants is being conducted. This research will be used to develop tools to improve public health practices and educate decision makers on future land development options.



On June 15, 2022, EPA released four drinking water health advisories for **per- and polyfluoroalkyl substances (PFAS)**. In releasing these drinking water health advisories, EPA is acting in accordance with its mission and responsibility to protect public health and keep communities informed when new science becomes available. Drinking water health advisories provide information on contaminants that can cause human health effects and are known or anticipated to occur in drinking water. EPA's health advisories are non-enforceable and non-regulatory and provide technical information to state agencies and other public health officials on health effects, analytical methods, and treatment technologies associated with drinking water contamination. Union County Environmental Health is monitoring this issue and conducting baseline well water sampling for PFAS to determine levels in groundwater. Owners of private drinking water wells can contact the Environmental Health for information on PFAS testing and treatment options. Union County Public Water is proactively conducting ongoing testing for PFAS. Results and other helpful information are posted on their [emerging contaminants webpage](#).

On-Site Wastewater Disposal System Repair and Replacement Program

Approximately 35% of Union County residents utilize on-site wastewater (OSWW) disposal systems to treat the wastewater generated in their homes and businesses. System age and limited soil and site conditions have contributed to the increasing number of malfunctioning OSWW disposal systems. This is a serious public health issue. Environmental Health has partnered with Centralina Community Economic Development to create a framework to utilize Community Development Block Grant funding to implement a program to assist qualifying property owners with the maintenance, repair, or replacement of failing systems. The program focuses on areas of our County that may have higher environmental burdens and vulnerable populations or are located in areas of known clusters of malfunctioning OSWW systems.

Environmental Health Program Data Snapshots for Fiscal Year 2022

On-Site Water Protection Program

Well Permits Issued	438	On-Site Wastewater System Permits Issued	1791
Well Inspections/Site Visits	1245	On-Site Wastewater System Inspections/Site Visits	5808
Well Consultative Contacts	4822	On-Site Wastewater System Consultative Contacts	12,585
Well Water Sampling	865**		

**The primary well water contaminants observed in sampling conducted in Union County during FY22 were: coliform bacteria (30.5% of samples had coliform present), E coli (6.7% of samples had E. coli present), arsenic (30.5% of samples exceeded .01mg/L), manganese (17.6% of samples exceeded .3mg/L), and iron (3.1% of samples exceeded 2.5mg/L).

Food, Lodging and Institutions Program Data

Facility Type	# of Facilities	# of Inspections	# of Service Requests: facility plan reviews, complaints (all types), outbreak investigations, PI requests and consultative contacts
Food Service Establishments: Restaurants, Meat Markets, Mobile Food Units, Concession Stands, Elderly Nutrition Sites, Institutional Food Service and Temporary Food Establishments	725	1598	6,935
Lodging Facilities: Hotels, Motels, Bed and Breakfast Inns	14	13	
Institutions: Nursing Homes, Hospitals, Adult Day Care, Residential Care Facilities, Jail, etc.	57	63	
Public Swimming Pools	188	326	
Mass Gathering Events	1	1	
Tattoo Artists	76	20	

Children’s Environmental Health Program Data

Facility Type	# of Facilities	# of Inspections	# of Education and Outreach Activities*†	# of Service Requests: Facility Plan Reviews, Complaints, Outbreak Investigations, PI Requests, Visits, Consultative Contacts†
Child Care Facilities	77	148	171	2,516
Public & Private Schools	79	79		
School Cafeterias	55	219		
Adult Day Service	2	2		
Camps	2	3		

*†Public/Industry Outreach and Training, Community Outreach, EHS Training/Development. Totals for both Education and Outreach Activities and Service Requests reflect increased community and industry needs during the COVID-19 pandemic and the Clean Water for Carolina Kids initiative.

Childhood Lead Poisoning Prevention Program Activities

Confirmed Lead Poisoning (CLP) and Elevated Blood Lead (EBL) Level Cases	6
Lead Hazard Environmental Investigations	4 (2 EBL deferred)
Clearance, Maintenance, Visits	5
Consultative Contacts	16

Greenspace

As mentioned in the 2019 CHA, Green infrastructure (GI) makes cities and towns stronger. GI uses nature-based methods to reduce flooding, enhance water quality and produce other benefits, including benefits for the physical and mental health of community members, social benefits focused on community cohesion and public safety, and economic benefits for the local workforce and business development.

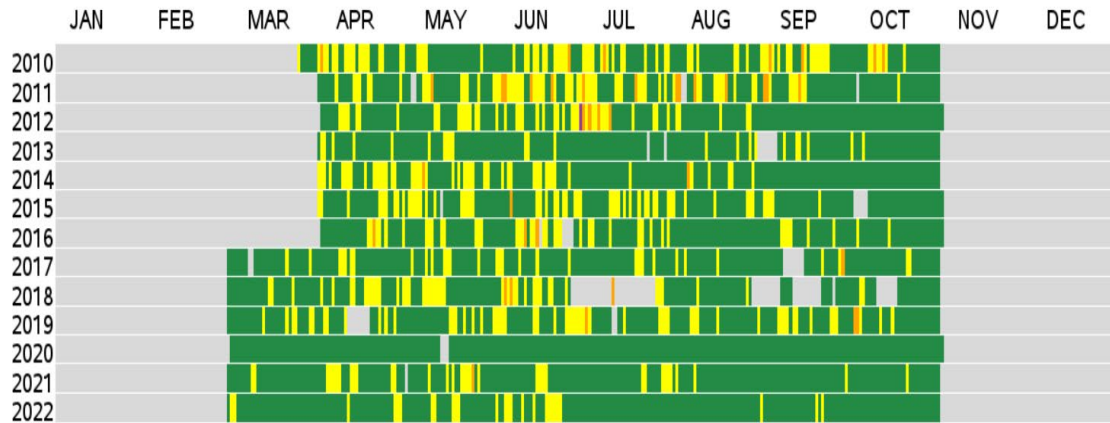
According to the Union County [2050 Comprehensive Plan Document](#):

Union County Parks & Recreation manages three parks. The largest and most well-known is Cane Creek, a reservoir, camping area, and recreation resource south of Waxhaw, drawing residents from throughout the region. Fred Kirby Park near Lake Park and Jesse Helms Park near Wingate are smaller, but still well used. The County relies on three recreation associations to organize sports leagues. Piedmont, Waxhaw, Weddington-Wesley Chapel, and Porter Ridge athletic associations are each home to active youth organizations. Several municipalities also maintain parks and recreation departments that organize leagues. According to Union County Parks and Recreation leadership, the most frequently requested amenity for the department is trails and greenways. This was reflected in the visioning and scenario comparison phases of the community outreach process. Outside of existing park facilities, the County has not accepted maintenance responsibility for trails or other facilities built as part of any neighborhood. In addition, the County has not committed to building trails or greenways identified in the Carolina Thread Trail, County Multi-Modal Plan, or Parks and Recreation Master Plan. Individual municipalities have built such facilities in recent years, and based on recent COVID-19 distancing requirements, trails and greenways have been in high demand. The committees did not consider where new parks should be located but did discuss whether to recommend additional funding and commitments be made to develop new facilities. This expanded role for the County was supported as a partnership with municipalities. This would allow the additional capacity to be located where more people live, as well as leverage municipal funding to pay for additional facilities. This partnership will ideally result in multi-jurisdictional trails and similar amenities, based on municipal plans and initiatives.

Air Quality

Air Now (www.airnow.gov) provides information on air quality for Union County. This site shows a long-term trend of lower levels of pollutants for each of the 8 areas of air quality. (Total Suspended Particulate, Lead, Carbon Monoxide, Sulfur Dioxide, Nitrogen Dioxide, Ozone, and Particulate Matter). This site also provides an "Air Quality Index" (AQI) which characterizes the quality of air at a given location. It appears that the AQI values continue to improve over the years for Union County.

Union County Daily Air Quality Index Values, 2010 to 2022



When compared to peer counties, it appears air pollution is better in Union County than in Cabarrus, but not Johnston or NC overall. Union does fare better than several other counties that surround it, including: Mecklenburg, Rowan, and Iredell.

Air Pollution Particle Matter Average (PM2.5)



Environmental Public Health Tracking Network (2018)

Secondary Data

Peer counties provide context to better understand the health of Union County residents. Peer counties were selected from NC SCHS peer county data and have similar demographics to Union County.

Death Rates/ Leading Causes of Death

Among Union County's top 10 leading causes of death, only Alzheimer's, kidney disease, and septicemia were above the State average for 2016-2020.

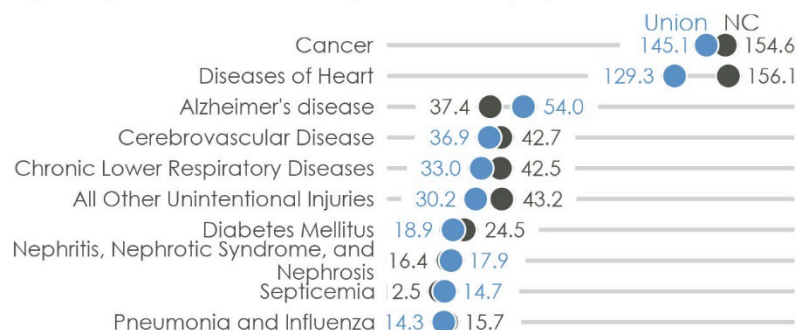
Cancer and heart disease were the top two causes of death in 2016-2020 and had significantly higher death rates than the other leading causes of death.

From 2016-2020, cancer and heart disease were responsible for 1,724 and 1,386 deaths, respectively.

The Alzheimer's Disease mortality rate is nearly 40% higher in Union County compared to the State average and is rising in Union County, peer counties, and overall in the entire state.

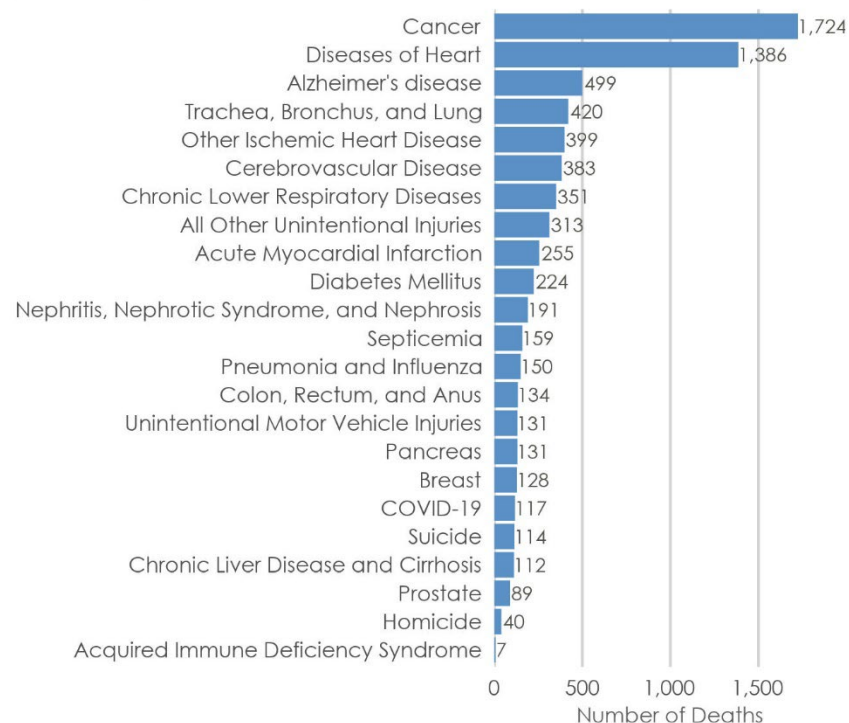
Union County Top 10 Leading Causes of Death

Age-adjusted death rates per 100,000 population, 2016-2020

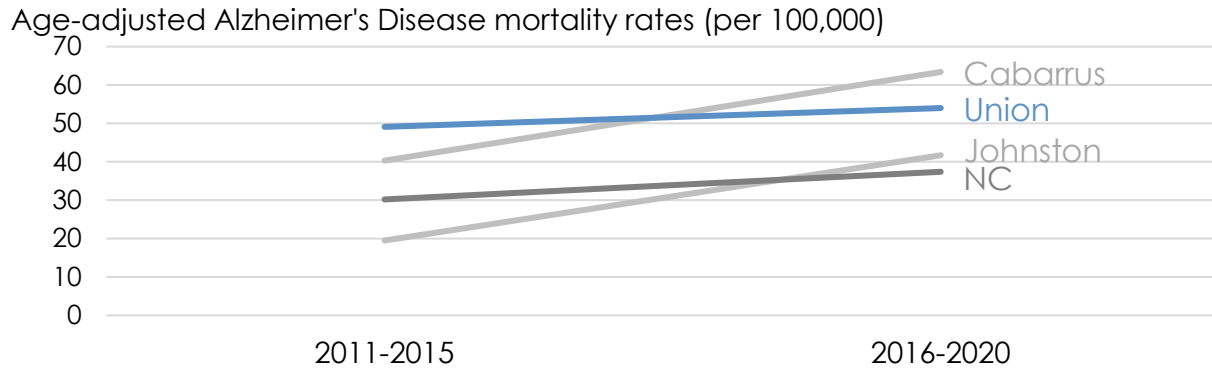


Source: NC SCHS, 2016-2020

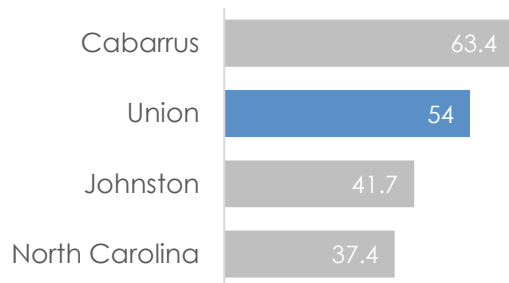
Union County Causes of Death (2016-2020)



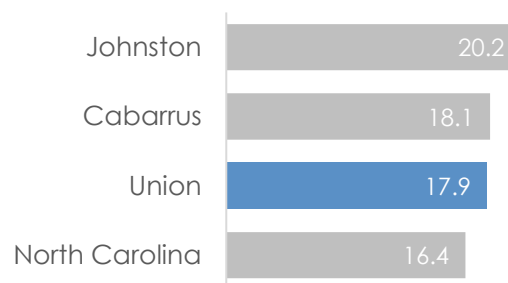
Source: NC SCHS County Health Data Book 2021



Alzheimer's Disease Mortality
(age-adjusted rates per 100,000)



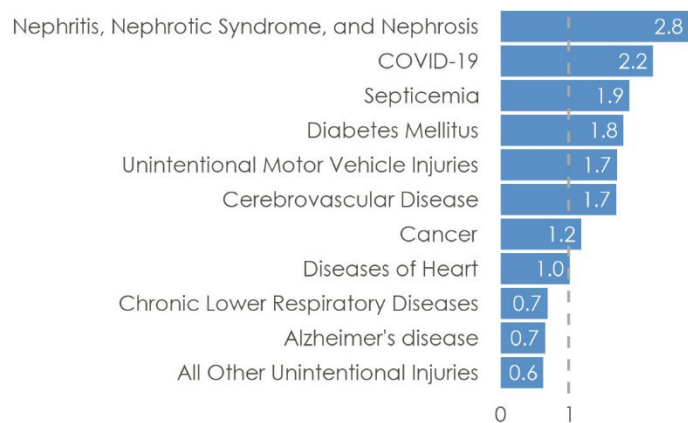
Kidney Disease Mortality
(age-adjusted rates per 100,000)



Death disparity ratios demonstrate the difference between death rates between White and African American residents in Union County. A ratio of 1 means the rates for White and African American residents are the same, while a higher number means that African American residents were more likely to die from a disease or condition. These disparities exist for nearly all causes of death with available data in Union County, with Kidney disease having the greatest disparity with African American residents being 2.8 times more likely than White residents to die from Kidney disease. Only unintentional injury, Alzheimer's disease, chronic lower respiratory disease, and heart disease did not have disparities.

One disparity noted was that between 2016-2020, there were seven AIDS deaths in Union County and all seven were among African American residents. From 2006-2020, there have been thirty-three AIDS deaths in Union County and twenty of these were African American residents. These rates are not visible in the chart because of the small number of total deaths, however worth mentioning because of the disparity.

Union County Black/White Death Rate Disparity Ratios

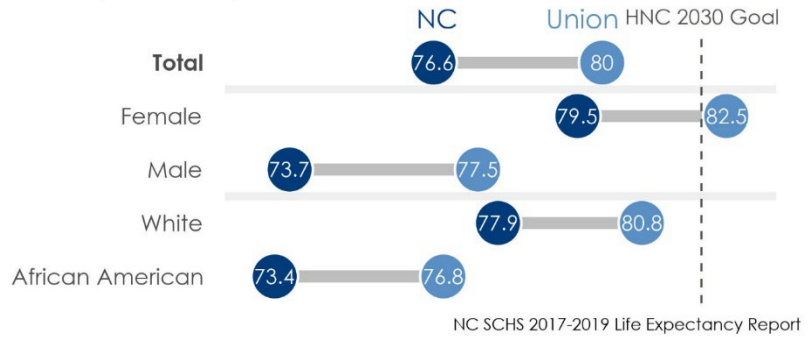


Life Expectancy

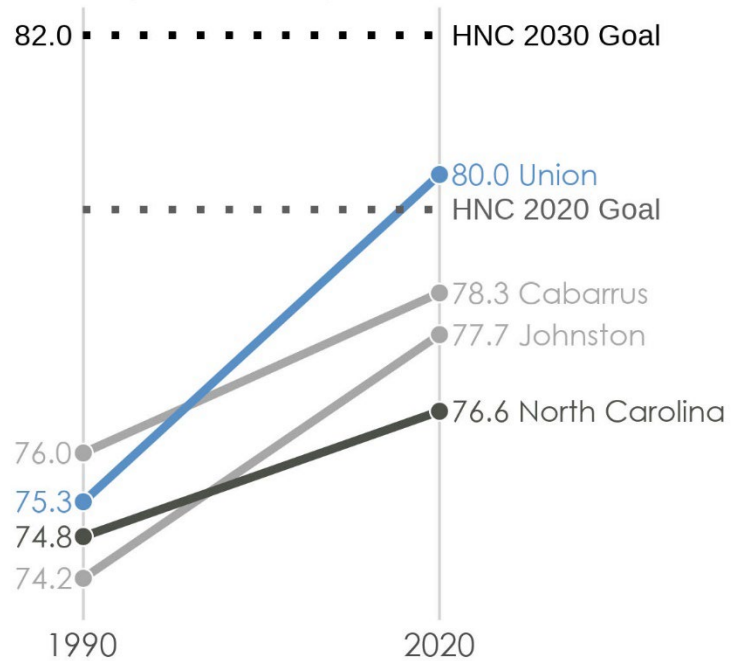
Over the last 30 years, life expectancy at birth has increased for Union, Cabarrus, Johnston, and North Carolina. However, only Union County met the HNC 2020 goal of 79.5 and needs to increase from 80 to 82 to meet the HNC 2030 goal. In recent years, the North Carolina average life expectancy has decreased while the Union County life expectancy has increased slightly.

In Union County, all demographic groups have a higher life expectancy than the North Carolina average. Male residents and African American residents both have significantly lower life expectancies than female and white residents, respectively.

Life Expectancy at Birth



Life Expectancy 30 Year Trends



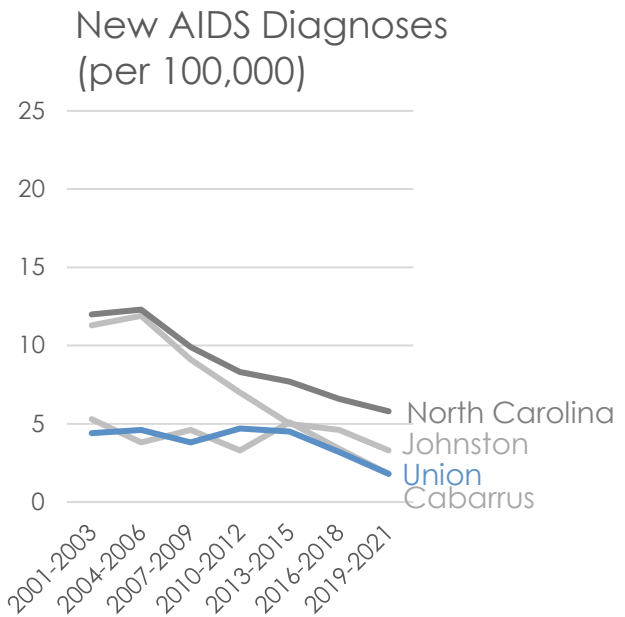
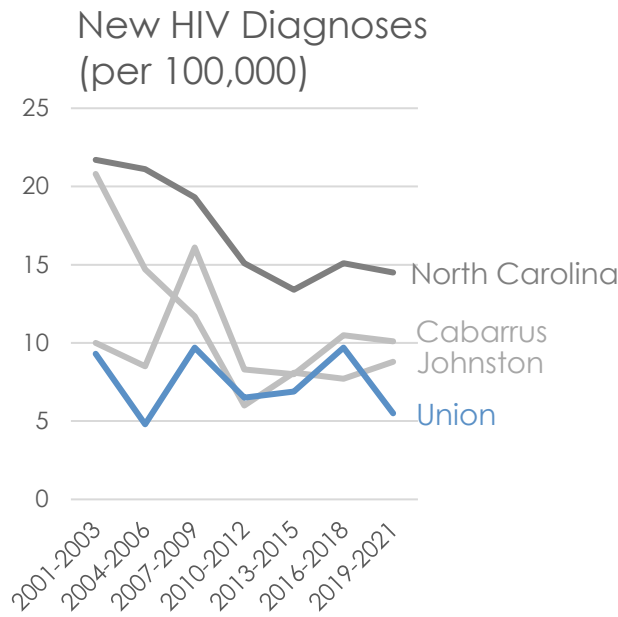
Source: NC SCHS Life Expectancy Estimates

Communicable Disease

HIV

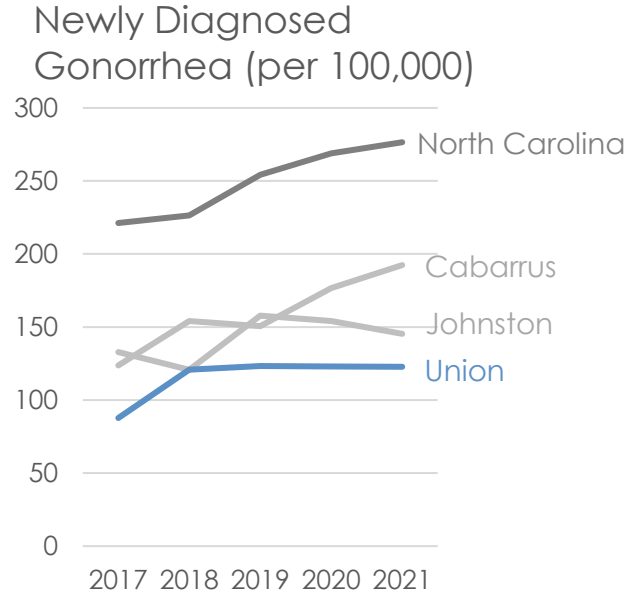
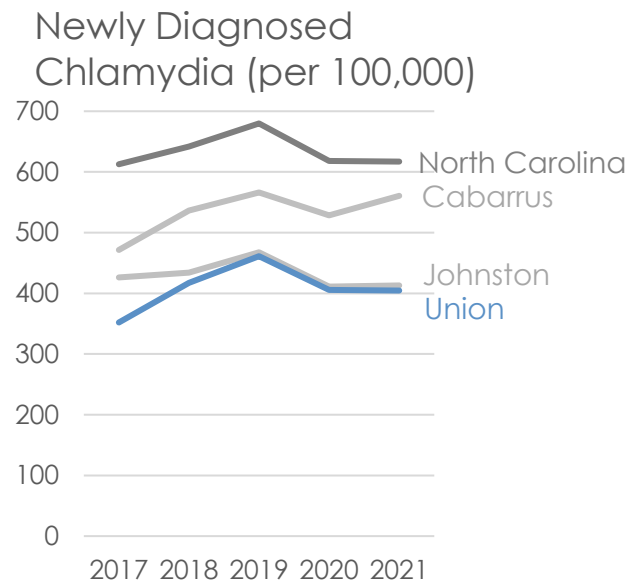
In 2021, 1,400 adults/adolescents were newly diagnosed with HIV/AIDS (rate of 15.7 cases per 100,000).¹¹ North Carolina provides funds for HIV testing, linkage to care, and evidence-based risk reduction programs. Barriers to care and achieving viral suppression include lack of transportation, lack of family support, social stigma, and the complexity of accessing health insurance.

Union County has the lowest rates of new HIV diagnoses compared to peer counties and is tied with Cabarrus County for the lowest number of new AIDS diagnoses.



Chlamydia and Gonorrhea:

Chlamydia and gonorrhea infection rates in Union County have been stable for several years, although cases of both infections were slightly higher in 2021 than the previous five-year average.¹²

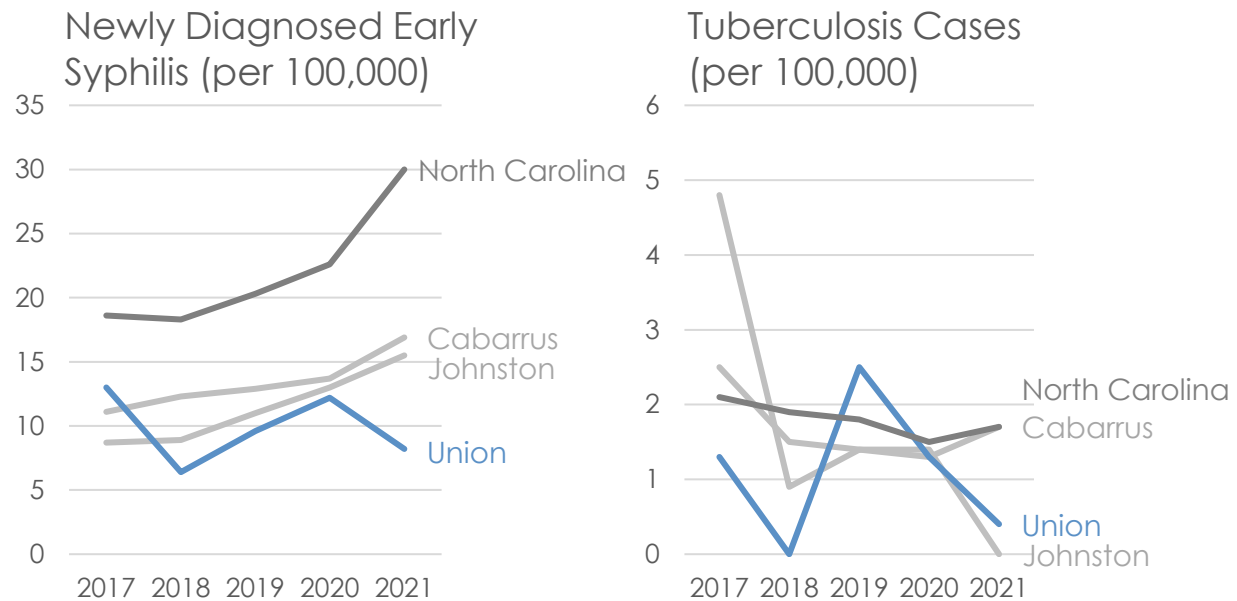


Syphilis and Congenital Syphilis

3,162 cases of early syphilis (primary, secondary, and early non-primary non-secondary) were diagnosed in North Carolina in 2021, a rate of 30 per 100,000 population. Increased from previous years (2019: 2,135 cases and rate of 20 per 100,000; 2020: 2,363 cases and rate of 23 per 100,000).¹³ Primary and secondary syphilis infections have more than doubled in Union County since 2020.¹²

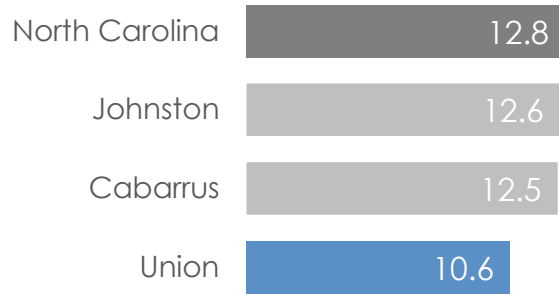
North Carolina women aged 14-44 have experienced increasing rates of syphilis since 2017, and congenital syphilis is a ramification of increased syphilis infections in people who are pregnant. In 2012 only one case of congenital syphilis was identified in North Carolina, but at the end of 2021, 42 infants in our state were infected with syphilis, two of whom were stillborn as reported by [NC DHHS](#). One case of congenital syphilis occurred in Union County during 2021.

Tuberculosis: [North Carolina reports](#) tuberculosis cases in North Carolina have increased slightly since 2020, but Union County cases have declined since 2019. [NC DHHS reported](#) eight cases of drug-resistant tuberculosis in 2021, but none were identified in Union County.



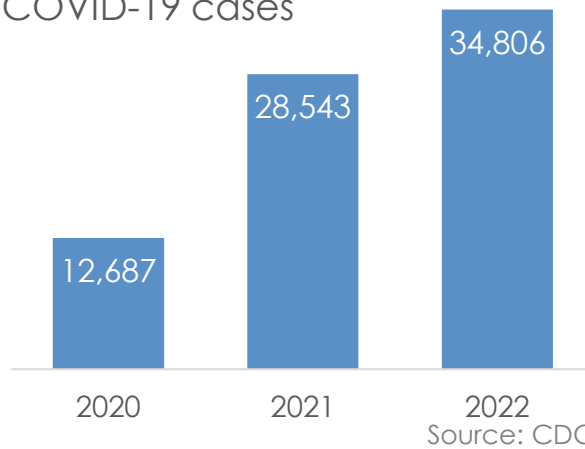
Along with the rest of the Nation and State, Union County has continued multifaceted response efforts regarding the COVID-19 pandemic including outbreak investigation, vaccination initiatives, home test distribution, community education, and monitoring of epidemiological trends. As the pandemic has evolved, Union County has experienced varying spikes in reported COVID-19 cases over the past three years. Fortunately, death rates associated with COVID-19 have remained below the state average throughout the pandemic.

2020 COVID-19 Death Rates (per 100,000)



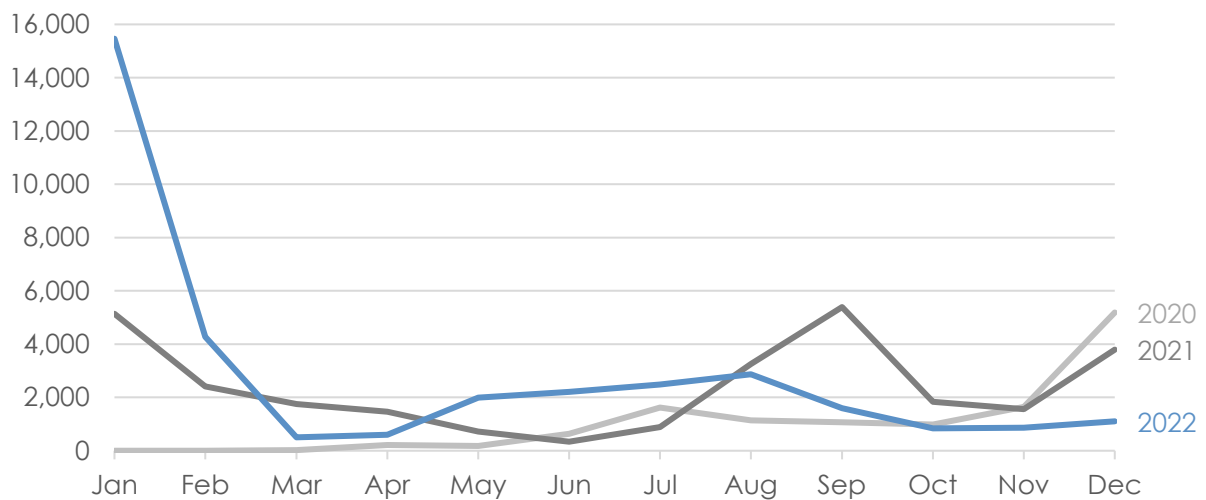
Source: NC SCHS

Annual Union County COVID-19 cases



Source: CDC

Monthly Union County COVID-19 cases by year



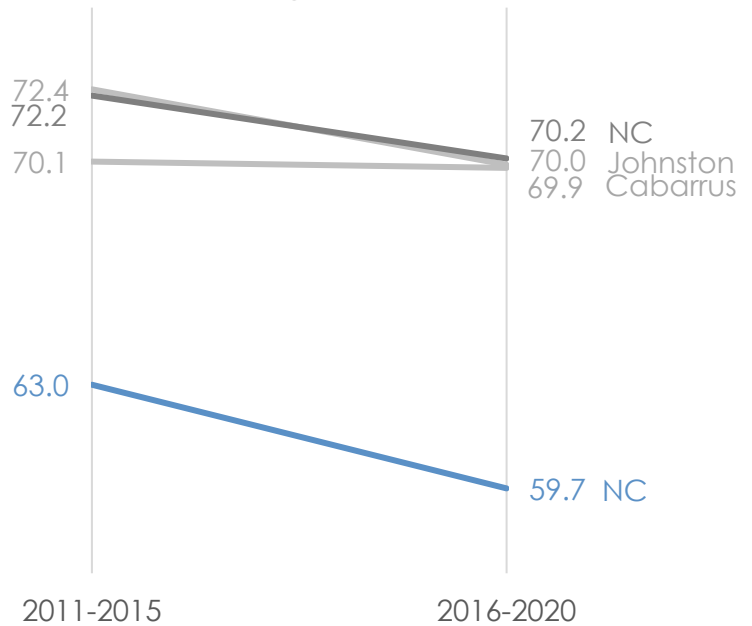
Source: CDC

Maternal/Child Health Pregnancy and Fertility

The number of pregnancies over the last ten years are on the decline in Union County and in peer counties. This could be due to the postponement of marriage and childbearing in older ages and long-term increases in women's educational attainment and labor participation.¹⁴

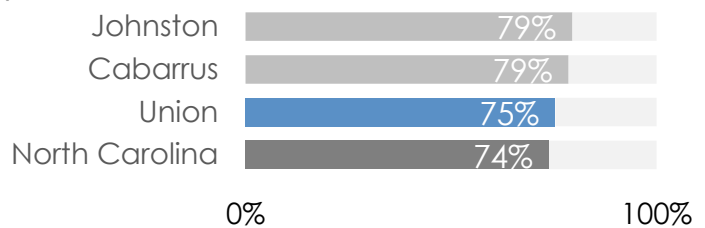
Women in Union County get pregnant, they get prenatal care at higher rates than at the state level, but lower than at peer county levels.

Pregnancy rate per 1,000 females
15-44 years of age



NCSCHS 2022

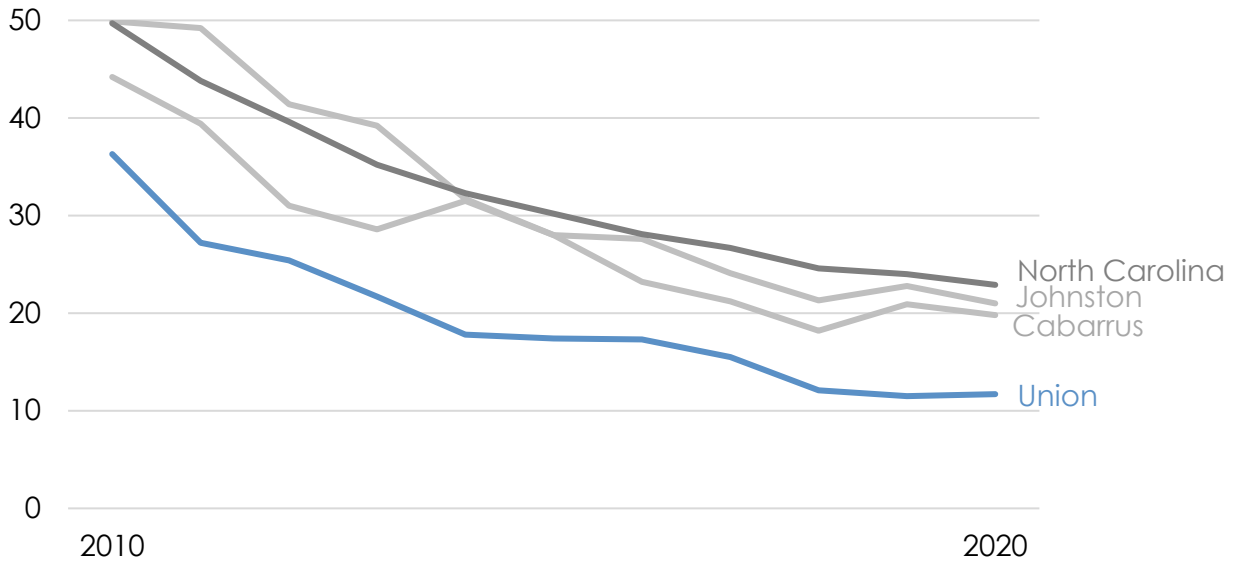
More women in **Union County** receive **early prenatal care** than the North Carolina average, but less than the peer counties.



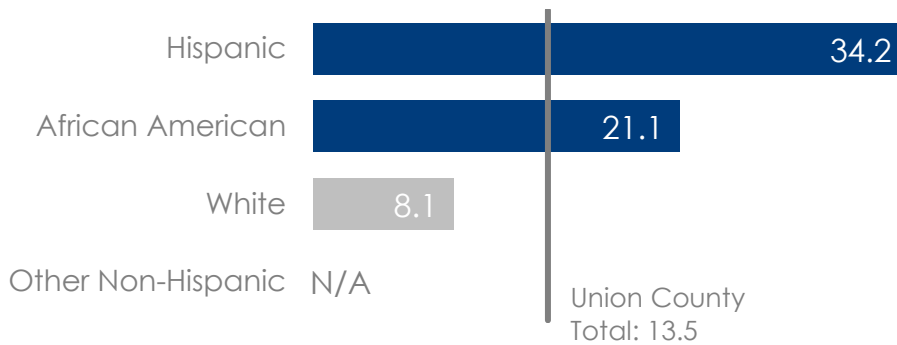
One positive trend is that overall, less teens in Union County are getting pregnant, although the pregnancy rates are significantly higher for African American and Hispanic teens than for White teens.

Teen pregnancy rates have decreased significantly in Union and its peer counties over the last 10 years.

The **Union County** teen pregnancy rate is almost 50% lower than the **state average**.



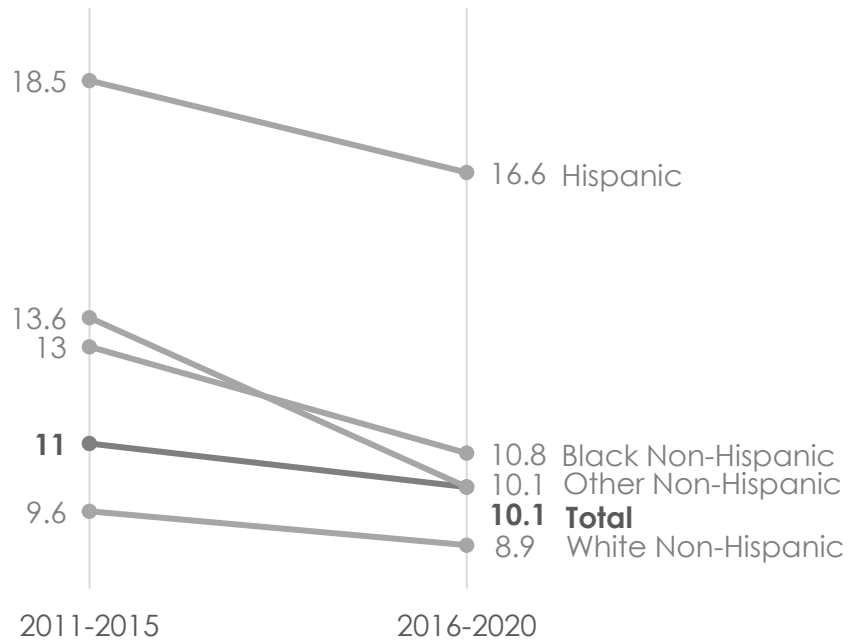
The 2016-2020 **Teen Pregnancy Rates** in Union County were **significantly higher for Hispanic and African American residents**, compared to White residents.



Live Birth

The live birth rates in Union County continue to decline in Union County per 1,000 in all populations.

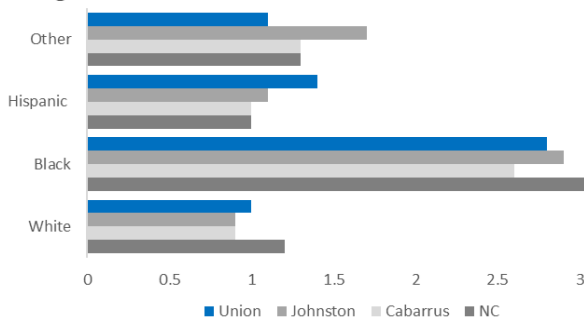
Union County live birth rate (per 1,000)



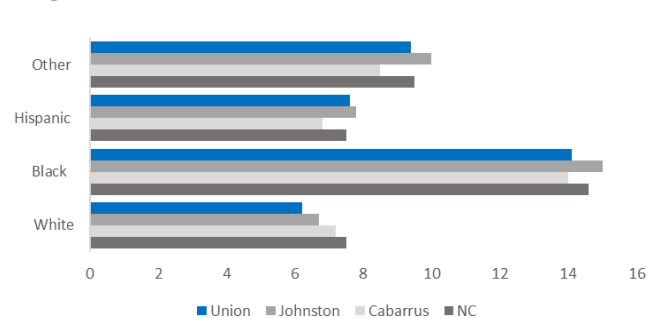
Union County had a small number of low and very low birthweight children compared to peer counties overall, although when looking at individual race categories, the following trends were noted:

- Union County had higher very low weight white births than peer counties
- Union County had higher very low weight black births than Cabarrus County
- Union County had higher very low weight Hispanic Births than peer counties and NC
- Union County had higher low weight Hispanic births than Cabarrus and NC
- Union County had higher low weight Black births than Cabarrus

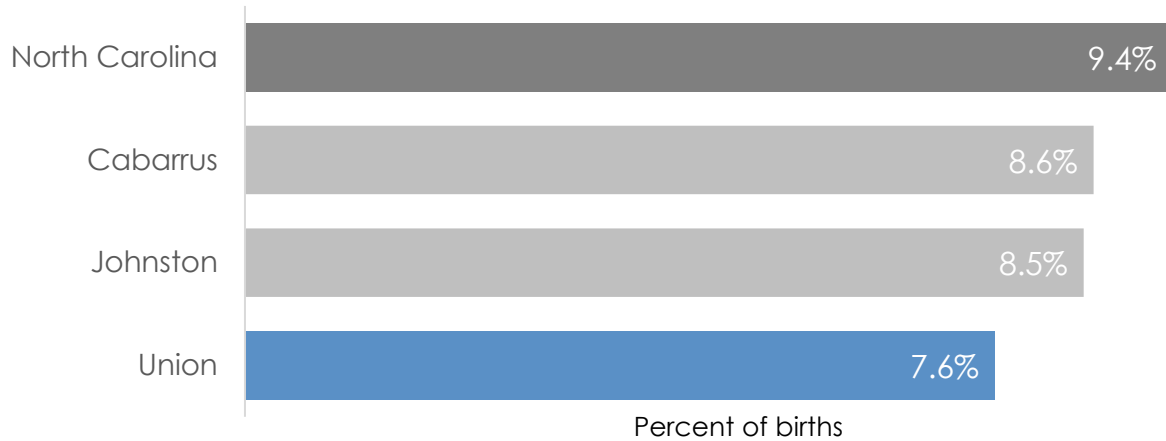
Number and Percent of Very Low (<1500 grams) Weight Births



Number and Percent of Low (<2500 grams) Weight Births



Union County had the lowest percentage of low birthweight (<2500 g) births in 2016-2020 among peer counties.



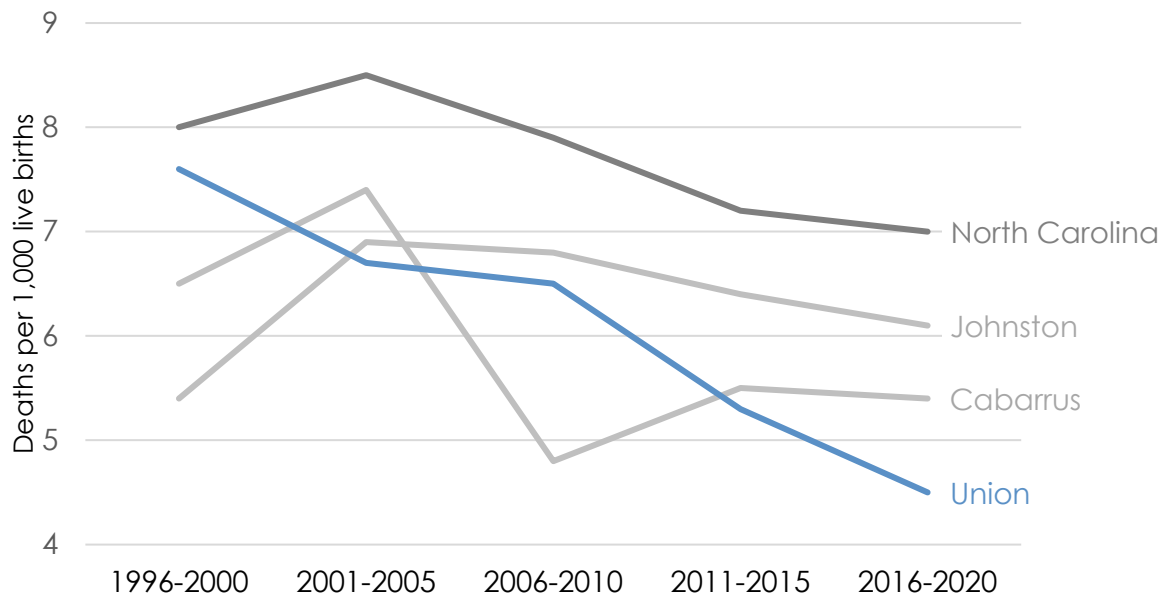
Some risk factors associated with Union County mothers include (State Center for Health Statistics, 2022):

- 13.2% of African American non-Hispanic mothers and 12.1% Hispanic women had children at less than 37 weeks
- 44.9% of African American Non-Hispanic Women, 36.0% Hispanic women, and 22.3% of White Non-Hispanic Women have a HS or GED
- 33.3% of Hispanic women and 8% of African American Women have less than a HS degree
- 64.1% of African American Non-Hispanic Women and 44.7% of Hispanic Women and 20.8 white are unmarried
- 21% of White Non-Hispanic Women, 20.6% African American Non-Hispanic Women, and 20.7% of Hispanic Women are 35 years-old at the time of their child's birth
- Union County African American Women are more likely than their counterpart in peer counties and the State to have lower weight children
- Mother smoked in 3.3% of all pregnancies
- Gestational diabetes was present in 9.4% of cases, most often in Hispanic pregnancies (12.1%)
- Obesity found in 28.6% of pregnancies and most common in 40.4% of African American pregnancies and 34.6% of Hispanic pregnancies

Mortality Rates

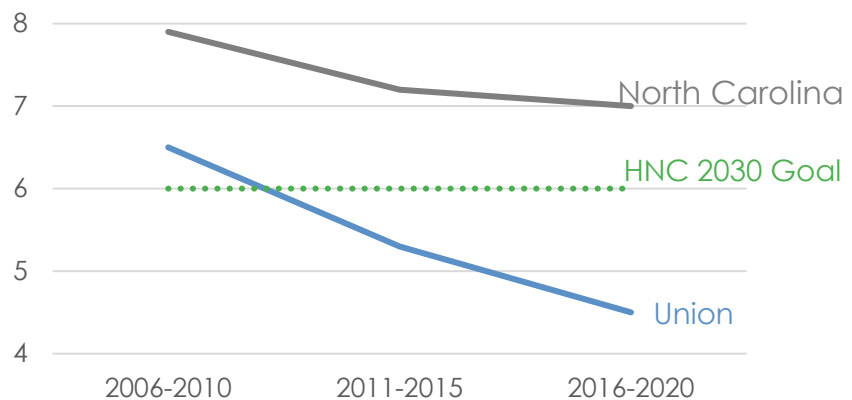
Causes of infant death can include birth defects, preterm birth, sudden infant death syndrome, injuries, and maternal pregnancy complications.¹⁵ Proper prenatal care also helps to improve the birthweight and health status of these infants, leading to better overall outcomes.¹⁶

Infant mortality rates have decreased in the last 10 years and **Union County now has the lowest rates** compared to peer counties.



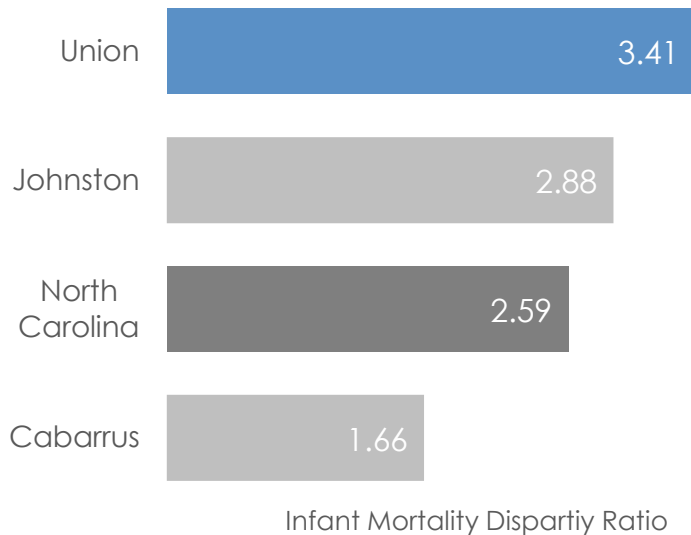
Infant mortality in Union County has trended downward since 2010 and is below both the NC state average and the Healthy North Carolina 2030 (HNC 2030) goal. While this is a favorable trend, there are concerns with regard to racial disparity.

Infant mortality rate (per 1,000 live births)



Union County had the highest infant mortality disparity ratio among peer counties.

In Union County, African American residents are 3.41 times more likely to experience an infant death than White residents.



NC SCHS 2020 Infant Mortality Statistics

The program uses evidenced-based approaches in a collaborative goal to lead our communities in equitable health services aimed at improving birth outcomes, reducing infant mortality, and improving the overall health of children ages birth to 5. Although these disparity numbers seemed to be trending in the downward direction over the last few years, they seem to be on the rise again.

A health disparity noted in the 2016 CHA was the Union County infant mortality rate in the African American community for infants less than one year per 1,000 live births. There was a disturbing 13.9 rate compared to 2.8 for the white non-Hispanic population. As a result, Union County Public Health started partnering with Mecklenburg County Public Health to address this disparity by implementing the "Improving Community Outcomes for Maternal and Child Health (ICO4MCH) Program.

Union County 2022 Summary Report

Health Indicator	Data Year	Union County	Union Trend	North Carolina
Maternal, Child & Infant Health				
Infant Mortality (<1yr) (rate/1000 live births)	2016-20	4.5	▼	7.0
Fetal Deaths (per 1,000 deliveries)	2016-20	7.0	▲	6.5
Neonatal Deaths (<28 days) (per 1,000 live births)	2016-20	3.0	▼	4.7
Post Neo-Natal Deaths (28 days-1 year) (per 1,000 live births)	2016-20	*		2.3
Live Births (rate per 1,000 population)	2016-20	10.1	▼	11.5
Low Birth Weight (<=2500 g) (% of all live births)	2016-20	7.6	▼	9.4
Teen Pregnancy Rate (15-19 years) (per 1,000 females)	2016-20	13.5	▼	25.1
% Interval of <6 Months (between delivery & conception)	2016-20	12.4	▲	13.0
Unmarried Mothers (% of all live births)	2016-20	30.2	▼	41.1
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population)				
Heart Disease	2016-20	129.3	▼	156.1
Cancers – All Sites	2016-20	145.1	▼	154.6
Trachea, Bronchus & Lung	2016-20	34.4	▼	40.1
Breast	2016-20	20.1	▲	20.1
Colon, Rectum & Anus	2016-20	11.3	▼	12.9
Prostate	2016-20	21.3	▼	19.5
Cerebrovascular Disease (Stroke)	2016-20	36.9	▼	42.7
Chronic Lower Respiratory Disease	2016-20	33.0	▼	42.5
Alzheimer’s Disease	2016-20	54.0	▲	37.4
Pneumonia & Influenza	2016-20	14.3	▼	15.7
Diabetes Mellitus	2016-20	18.9	▲	24.5
Septicemia	2016-20	14.7	◀▶	12.5
Nephritis, Nephrotic Syndrome & Nephrosis	2016-20	17.9	▼	16.4

Chronic Liver Disease & Cirrhosis	2016-20	8.4	▲	11.1
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Injury Mortality (Rate per 100,000 pop.)

Motor Vehicle Injuries	2016-20	11.7	▼	15.1
All Other Unintentional Injuries	2016-20	30.2	▲	43.2
Suicide	2016-20	9.7	▼	13.4
Homicide	2016-20	3.6	▲	7.3

Communicable Diseases (Rate per 100,000 population) Data collected by NC EDSS Surveillance

COVID-19 (age-adjusted mortality rate)	2020	10.6	▲	12.8
Chlamydia	2021	404.7	▼	617.1
Gonorrhea	2021	122.7	▼	276.5
AIDS (age-adjusted mortality rate)	2016-20	*		1.6
Newly Diagnosed AIDS Average Rates	2019-21	1.8	▼	5.8
Newly Diagnosed HIV Average Rates	2019-21	5.5	▼	14.5
Newly Diagnosed Early Syphilis Average Rate (Primary, Secondary, Early Latent Syphilis)	2019-21	10	▲	24.3
Tuberculosis	2021	0.4	▼	1.7

Health Care Providers (rate per 10,000 pop.)

Primary Care Physicians	2021	5.09	▲	8.73
Registered Nurses	2021	44.6	▼	99.3
Dentists	2021	4.06	▲	5.35

Source: North Carolina State Center for Health Statistics, except where noted

Health Indicator	Data Year	Union	Cabarrus	Johnston	North Carolina
Life Expectancy					
Life Expectancy at Birth	2018-20	80.0	78.3	77.7	76.4
White Life Expectancy at Birth	2018-20	80.8	78.9	78.7	77.6
African American Life Expectancy at Birth	2018-20	76.8	76.1	76.1	73.1
Male Life Expectancy at Birth	2018-20	77.5	76.0	75.2	73.5
Female Life Expectancy at Birth	2018-20	82.5	80.4	80.2	79.3
Maternal/Child Health					
Infant Mortality (<1 yr.)	2016-20	4.5	5.4	6.1	7.0
White Rate	2016-20	3.4	5.3	4.2	4.9
African American Rate	2016-20	*	8.8	12.1	12.7
Live Births (rate per 1,000 population)	2016-20	10.1	12.0	11.8	11.5
White Rate	2016-20	8.9	10.0	10.4	9.7
African American Rate	2016-20	13.9	12.7	12.4	12.5
Hispanic Rate	2016-20	19.5	19.5	17.6	18.9
Teen Pregnancy Rate (15-19 yrs.)	2016-20	13.5	20.6	23.3	25.1
White Teen Pregnancy Rate	2016-20	8.1	13.3	15.0	16.3
African-American Teen Pregnancy Rate	2016-20	21.1	25.8	34.9	35.2
Hispanic Teen Pregnancy Rate	2016-20	34.2	39.2	39.1	42.5
Demographic Characteristics					
% Eligible for Free or Reduced Lunch	SY 19-20	29.52	38.48	41.94	57.70
% High School Degree or Higher, 25 years	2017-21	90.1	90.7	88.7	89.0
% Bachelor's Degree or Higher, 25 years	2017-21	37.7	34.8	24.6	33.0
% Persons Without Insurance Coverage ⁶⁵	2020	10.8	11.6	12.6	12.4
Unemployment Rate	Dec 2022	2.7	3.0	2.8	3.9
Median Household Income	2017-21	\$88,465	\$75,765	\$66,026	\$60,516
% Persons Living in Poverty	2021	7.7	9.4	11.8	13.4

% Families with Female/Children, no spouse	2017-21	4.3	5.7	5.0	5.6
% Language other Than English	2017-21	15.1	13.0	13.6	12.1

Mortality

Heart Disease Mortality	2016-20	129.3	157.7	169.7	156.1
Cancers – All Sites	2016-20	145.1	145.6	160.6	154.6
Cerebrovascular Disease	2016-20	36.9	42.1	43.9	42.7
Chronic Lower Respiratory Disease	2016-20	33.0	43.1	43.4	42.5
Alzheimer's Disease	2016-20	54.0	63.4	41.7	37.4
Suicide	2016-20	9.7	10.6	12.1	13.4
All Other Unintentional Injury	2016-20	30.2	51.5	38.1	43.2
Diabetes Mellitus	2016-20	18.9	17.5	23.1	24.5

Sexually Transmitted Diseases

Newly Diagnosed HIV Average Rates	2019-21	5.5	10.1	8.8	14.5
Newly Diagnosed AIDS Average Rates	2019-21	1.8	1.8	3.3	5.8
Newly Diagnosed Early Syphilis Average Rates	2019-21	10.0	14.5	13.1	24.3
Newly Diagnosed Chlamydia Rates	2021	407.7	560.8	412.8	617.1
Newly Diagnosed Gonorrhea Rates	2021	122.7	192.4	145.3	276.5

Healthcare Workforce (per 10,000 population)

Primary Care Physicians	2021	5.09	9.55	3.69	8.73
Registered Nurses	2021	44.6	94.0	44.7	99.3
Dentists	2021	4.06	4.82	2.03	5.35
Physician Assistants	2021	5.51	5.14	5.35	7.53

Source: North Carolina State Center for Health Statistics, except where noted

Primary Data

Surveys

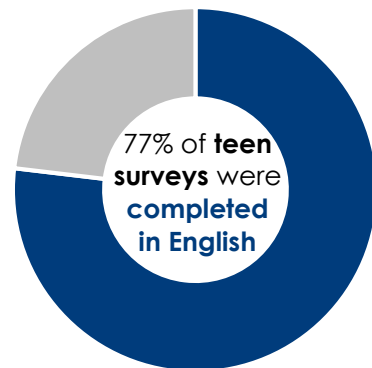
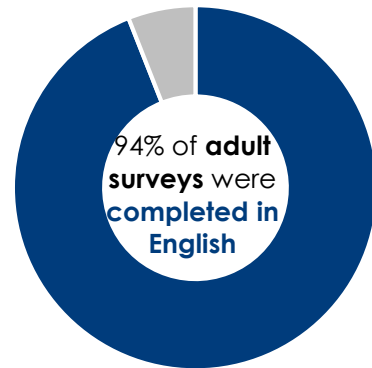
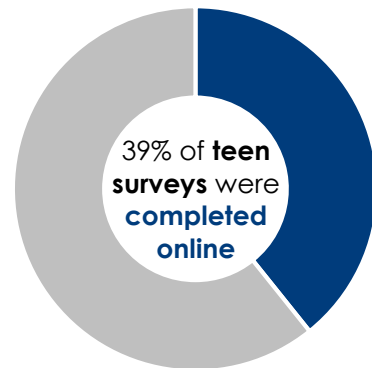
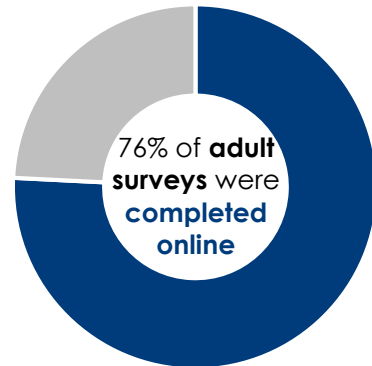
Methodology

The survey questions were revised from the 2019 CHA Survey by the CHA Team, consisting of Human Services staff, Atrium Health Staff, and Novant Health Staff. The questions primarily focused on the issues and challenges encountered by residents and their communities. The questions were intended to collect data on demographics, insurance status, physical and mental health, access to care, health equity, social determinants of health, health behaviors, and social media use. An open-ended question allowed suggestions on how to improve the health of Union County residents.

Surveys were distributed from January – April 2022 using a convenience sampling approach to collect surveys both electronically using Alchemer survey software and on paper. Two surveys were distributed, one for Teens (13–17 years old) and one for Adults (18+). Both surveys were available in English and Spanish. Links to the survey were posted on the Union County website and shared on social media. Local officials, healthcare providers, and other community partners also shared the links via email. Paper copies of the survey were available at the Union County Government Center, Union County Human Services, libraries, non-profits, churches, and hospitals. Paper surveys were then manually entered into Alchemer by Human Services staff. The survey instruments are included in Appendix C.

A total of 2,392 surveys were collected, including 2,206 adult surveys and 186 teen surveys. Of these, 76% of adult surveys and 39% of teen surveys were completed electronically. A survey tracking dashboard was utilized to track responses weekly.

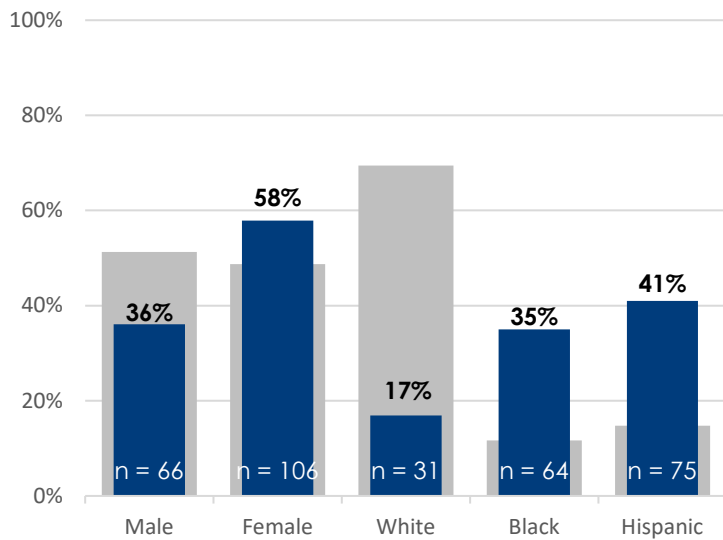
There were no community events or health fairs during the survey distribution period due to the high COVID-19 transmission rate (omicron), which decreased the potential numbers collected. In addition, Union County Public Schools refused to send the survey link out to families, thus decreasing the potential number of teen participation.



An independent consultant, Annika Pfaender, was hired by Novant Health to analyze the survey data. The data was analyzed using Microsoft Excel and key results were compiled in a written report, available in Appendix E. Survey results in Spanish were translated to English by Human Services interpreters.

Because this survey was conducted using a convenience sample, the results are only reflective of those who completed the survey and are not generalizable to the entire Union County population. The demographics of survey participants was not representative of the Union County population and should be considered when interpreting these results.

The **teen survey** overrepresented **females, and black and hispanic residents** compared to the Union County Population.



Demographics

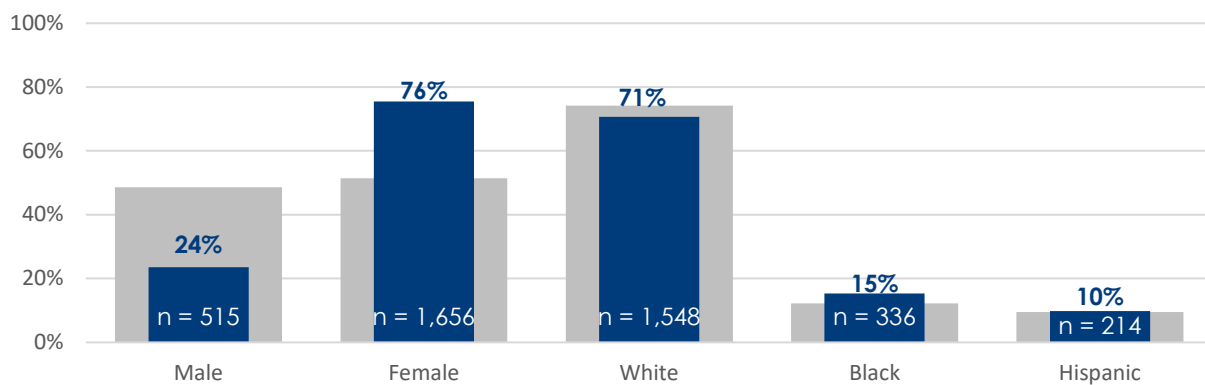
Compared to their proportion in the total population of Union County:

The Teen Survey under-represents White residents and males.

The Adult Survey under-represents males, Hispanic/Latino residents, and the less well-educated. It over-represents those earning more than \$50,000 and those with a Bachelor's degree or higher.

The 2022 Teen Survey sample has a much higher percentage of black, indigenous, people of color respondents, and a higher proportion of females compared to the 2019 Teen Survey sample.

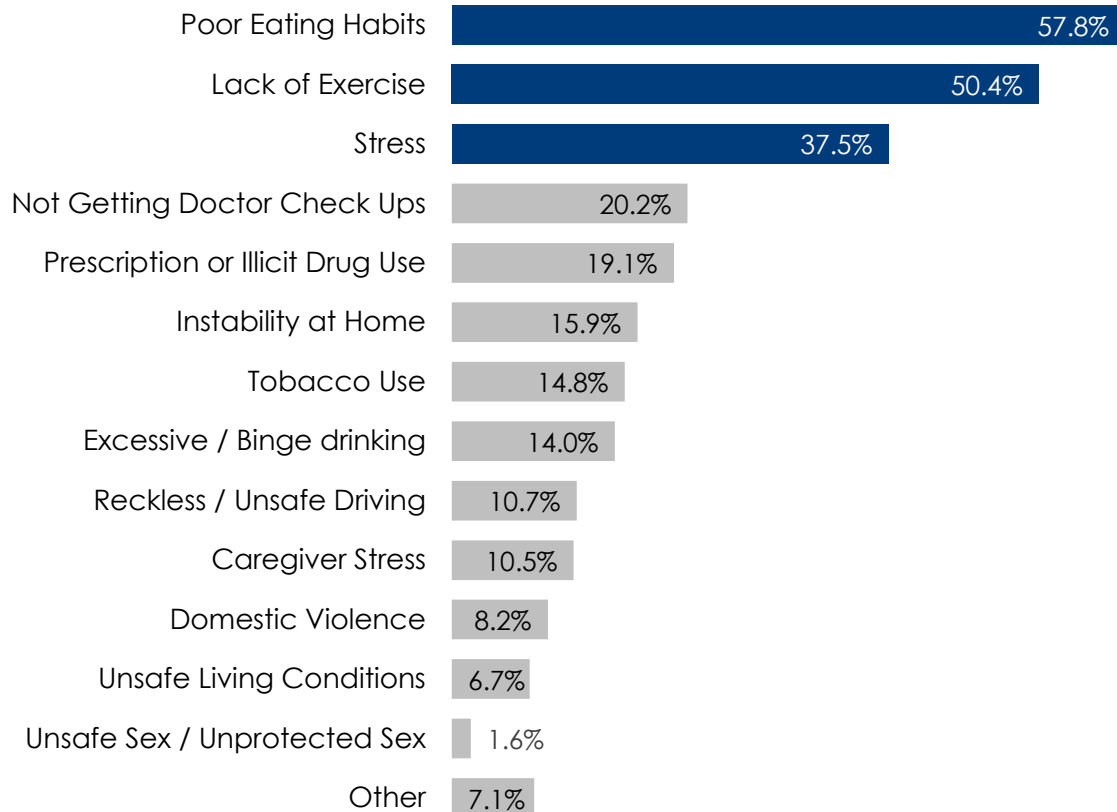
The **adult survey** overrepresented **females and black residents** compared to the Union County Population.



Results

Healthy Behaviors

Adult respondents identified **poor eating habits, lack of exercise, and stress** as the **three most critical behaviors keeping people from being healthy**.

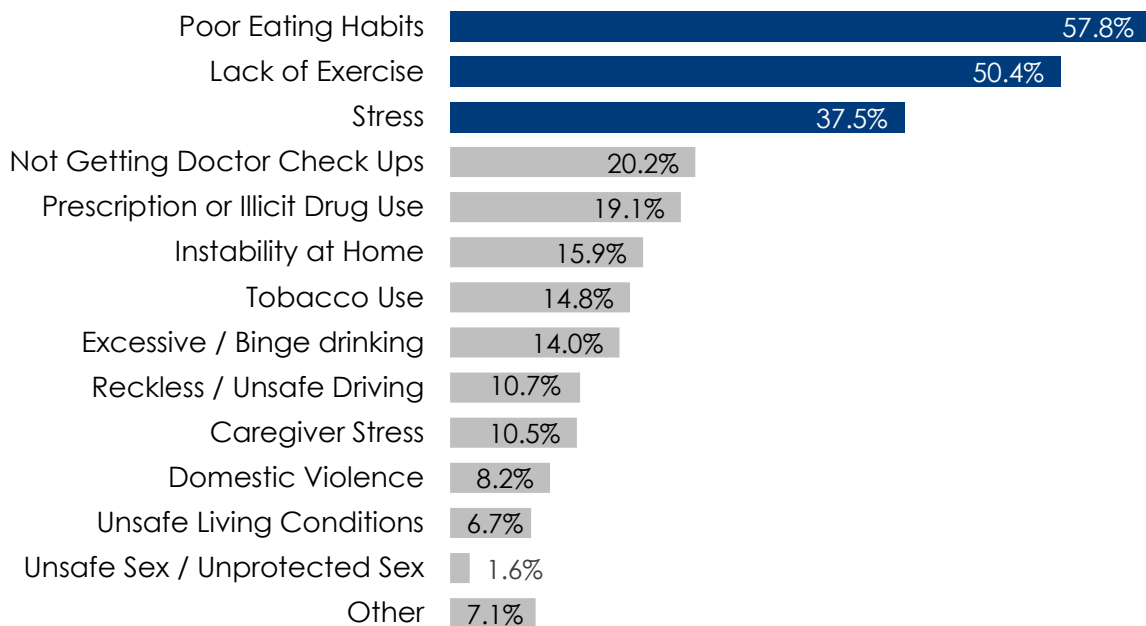


"Listed below are factors that can cause poor health outcomes. Please check up to three most critical behaviors you feel keep people in Union County from being healthy."

- In 2019, lack of exercise was the most commonly identified unhealthy behavior, followed by poor eating habits. Prescription or illicit drug use ranked third, stress ranked fourth, and alcohol use ranked fifth.
- A higher percentage of Black respondents chose not getting check-ups compared to other groups. The same was true of respondents from the 28173 zip code and Wingate.
- Respondents in the higher income group, those from the 28103 zip code, and residents of Marshville were more likely than other demographic groups to identify prescription of illicit drug use as a critical unhealthy behavior.
- Those with a bachelor's degree or higher, those living in the 28174 zip code, and Unionville residents were more likely to select instability at home compared to other groups.

- Compared to other groups, a higher percentage of males, residents of 28104 and residents of Monroe chose tobacco use as a critical unhealthy behavior.
- Binge drinking was more commonly chosen by Hispanic respondents and those from 27174 and Wingate, compared to other groups.
- Unsafe driving was identified more frequently by Hispanic respondents and those living in the 28079 zip code and Indian Trail.
- Black respondents and residents from 28104 and Wingate were more likely to choose caregiver stress compared to other groups.
- A higher percentage of respondents with a high school education or less, respondents from the 28174 zip code, and those from Wingate chose domestic violence as an important unhealthy behavior compared to other groups.
- Unsafe living conditions were more commonly identified by Hispanic respondents, and those living in 28103 and Marshville.

Adult respondents identified **poor eating habits, lack of exercise, and stress** as the **three most critical behaviors keeping people**

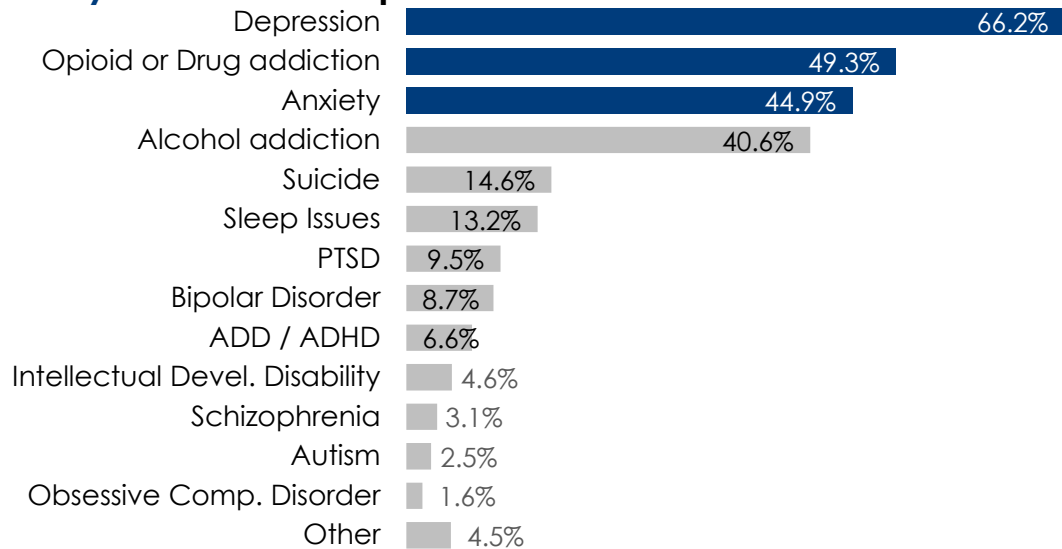


"Listed below are factors that can cause poor health outcomes. Please check up to three most critical behaviors you feel keep people in Union County from being healthy."

- Stress was the most commonly selected unhealthy behavior among males, females, Hispanic respondents, those aged 15-17, and those from Monroe.
- Bullying was the most commonly chosen unhealthy behavior among Black respondents, those aged 12-14, and respondents from the 28110 zip code.

Mental Health

Adult respondents identified **depression, drug addiction, and anxiety** as the **three top mental health concerns in Union**

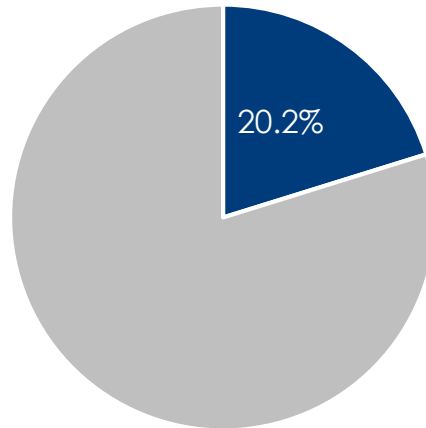


"Listed below are mental health concerns. Please check three that MOST concern you about people in Union County."

- ✔ Depression was the most frequently elected mental health concern among respondents from all demographic and geographic groups.
- ✔ Higher proportions of respondents with a bachelor's degree or higher, residents from the 28079 zip code, and residents of Wesley Chapel selected depression as an important mental health concern.
- ✔ Opioid and drug addiction was identified more frequently as a leading mental health concern among respondents earning more than \$50,000, respondents from the 28103, and those from Marshville.
- ✔ Compared to other groups, a higher percentage of respondents with a Bachelor's degree or higher, those living in the 28079 zip code and Indian Trail identified anxiety as an impactful mental health concern in Union County.
- ✔ A higher proportion of senior respondents, those from the 28103 zip code and respondents from Marshville identified Alcohol addiction as a mental health concern compared to other groups.
- ✔ Compared to other groups, Hispanic respondents, those from the 28103 zip code, and respondents from Waxhaw were more likely to choose suicide as an important mental health concern.
- ✔ Sleep issues were identified as a mental health concern by higher proportions of respondents over 65 and respondents from 28104 and Weddington.
- ✔ Black respondents were more likely than other demographic groups to feel that PTSD, Bipolar, and ADD/ADHD were important health concerns affecting people in Union County.

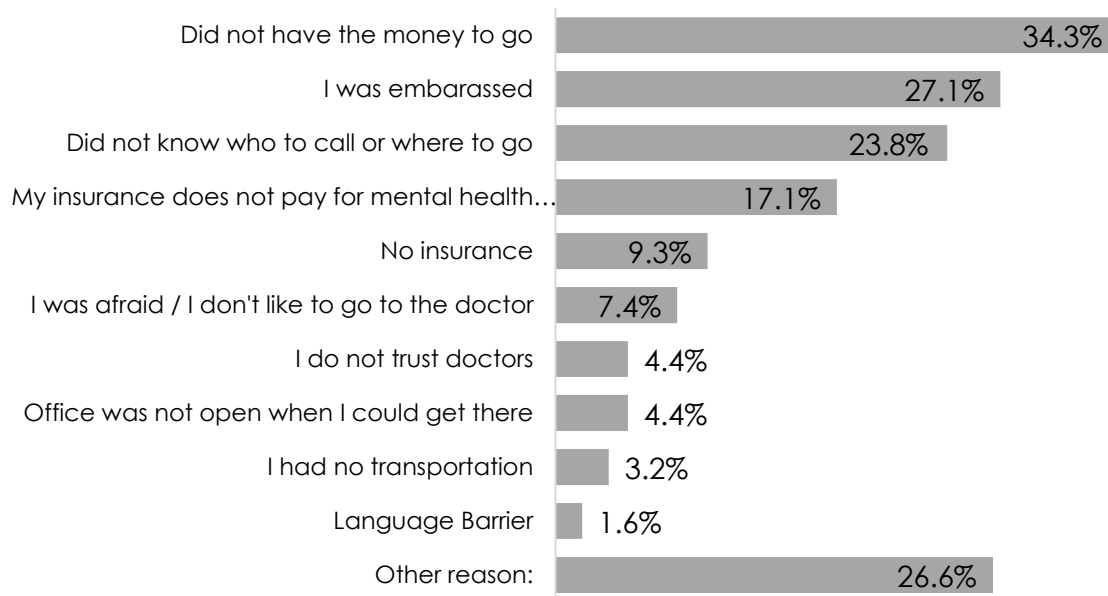
- Respondents from Weddington were more likely than any other group presented to feel that intellectual developmental disabilities were an important mental health concern.

More than **1 in 5 adults** reported that they **needed mental health services but did not get them.**

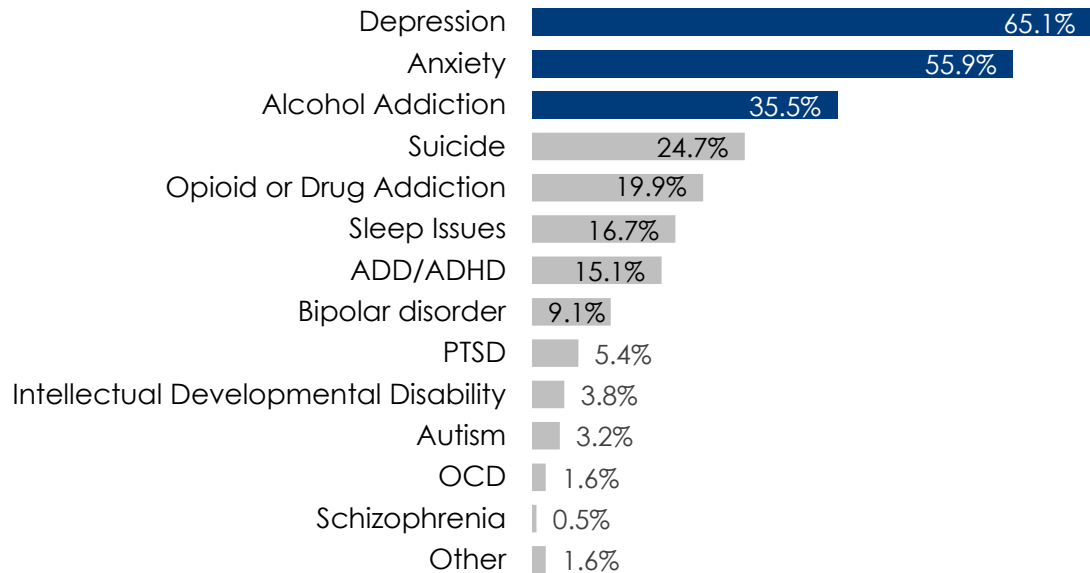


- Hispanic respondents were more likely than other groups to report not getting needed mental health services.
- Respondents over the age of 65 were less likely than other groups to report not getting needed mental health care.
- Respondents from Unionville were less likely than other groups to report not getting needed mental health services.

Adult Main Reasons for not Going to Mental Health Services



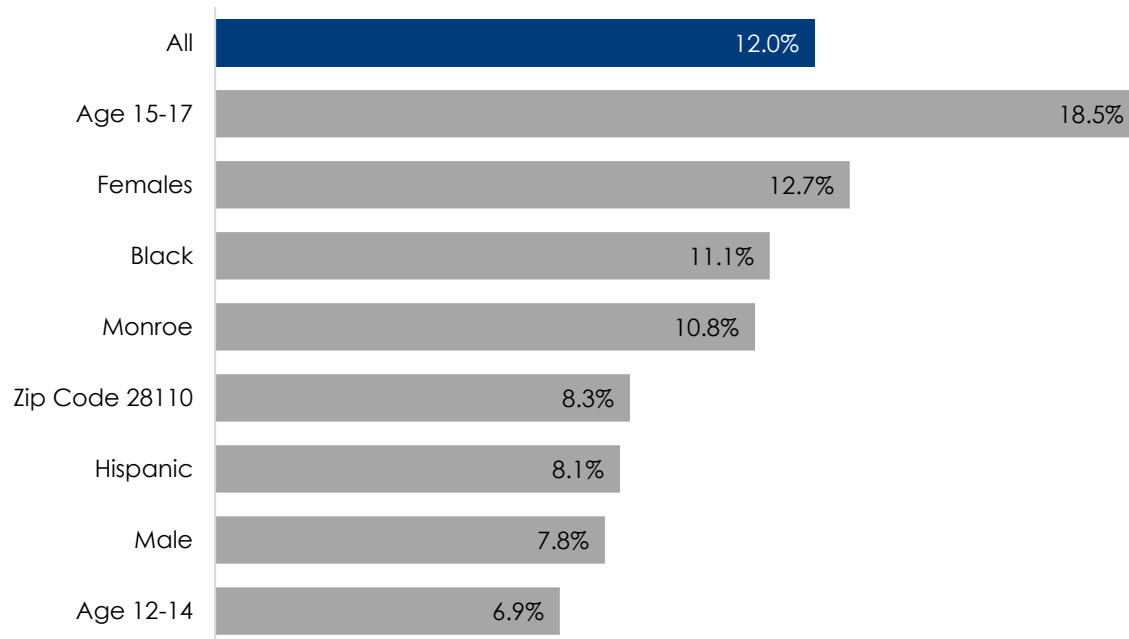
Teen respondents identified **depression, anxiety, and alcohol addiction** as the **three top mental health concerns in Union**



"Listed below are mental health concerns. Please check three that MOST concern you about people in Union County."

- Compared to other groups, a higher proportion of respondents in the 15-17 age group selected depression as a mental health concern.
- A higher proportion of Black respondents selected anxiety as a mental health concern, compared to other groups.
- Higher proportions of Hispanic respondents chose suicide and opioid/drug addiction as mental health concerns compared to other groups.
- The list of concerns as well as the way the questions were asked changed in 2022 and so responses cannot be compared to 2019.

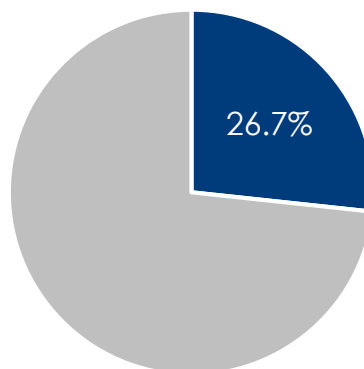
Poor or Very Poor Mental Health



Overall, how would you rate your mental health?

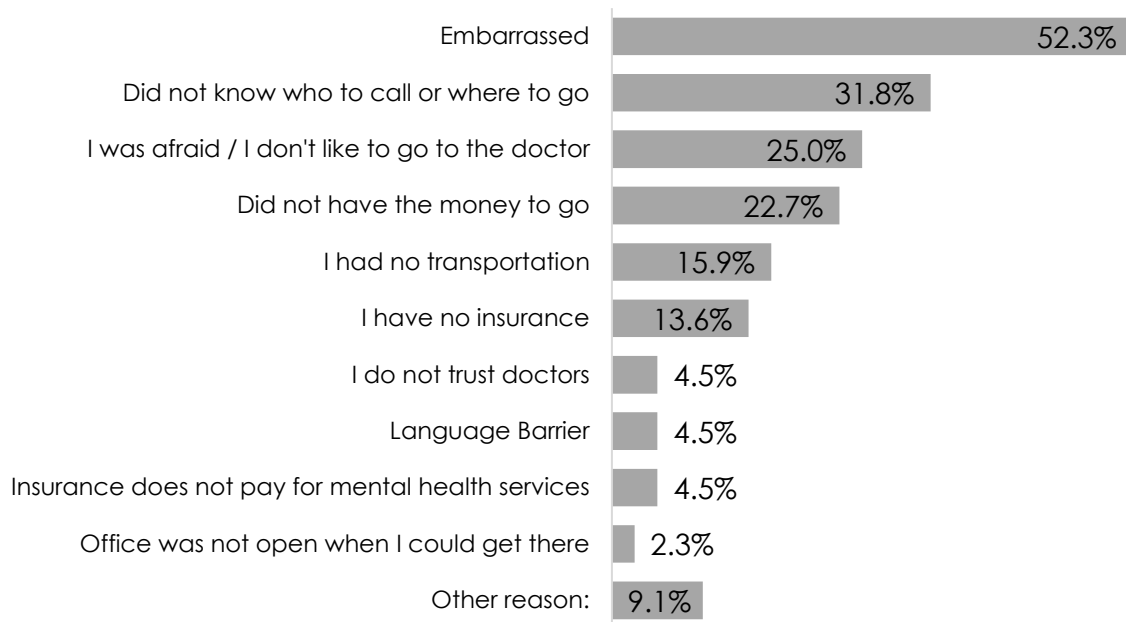
- 30% felt ambivalent about their mental health.
- 12% rated their mental health as poor or very poor.
- Respondents in the 15-17 age group were more likely than other groups to rate their mental health as poor or very poor

More than **1 in 4 teens** reported that they **needed mental health services but did not get them**



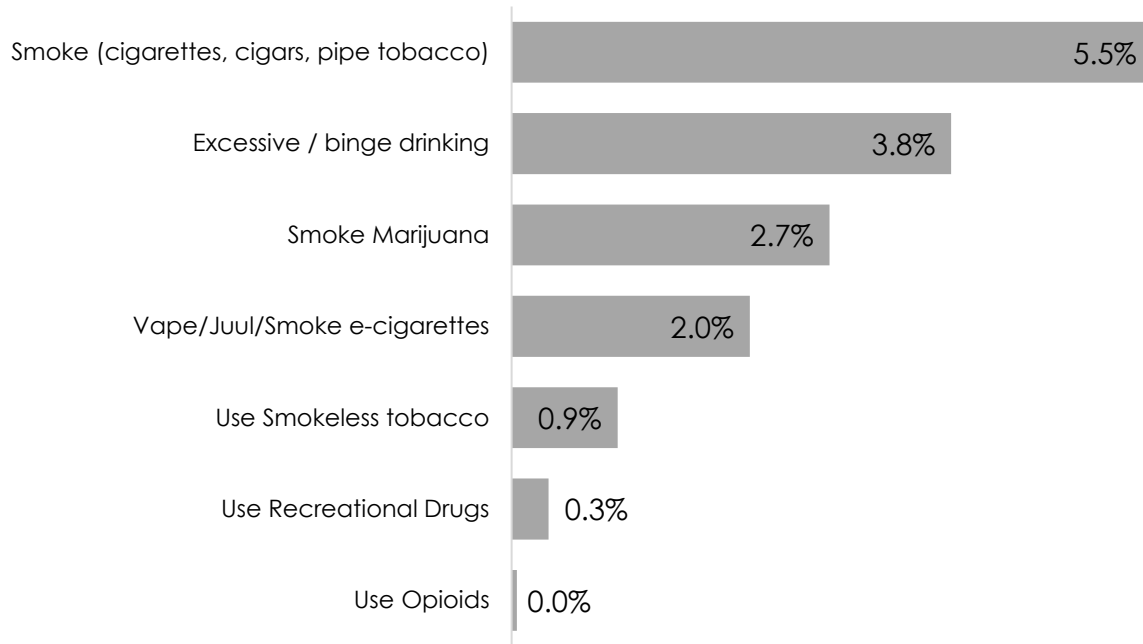
- Respondents aged 15-17 were more likely than other groups to report a time in the past year when they needed mental health care but did not get it.
- In 2019, 14% of Teen Survey respondents reported a time in the past year when they needed mental health services but did not get them.

Teen Main Reasons for Not Getting Mental Health Services



Substance Use Disorder

Adult Self-Reported Substance Use

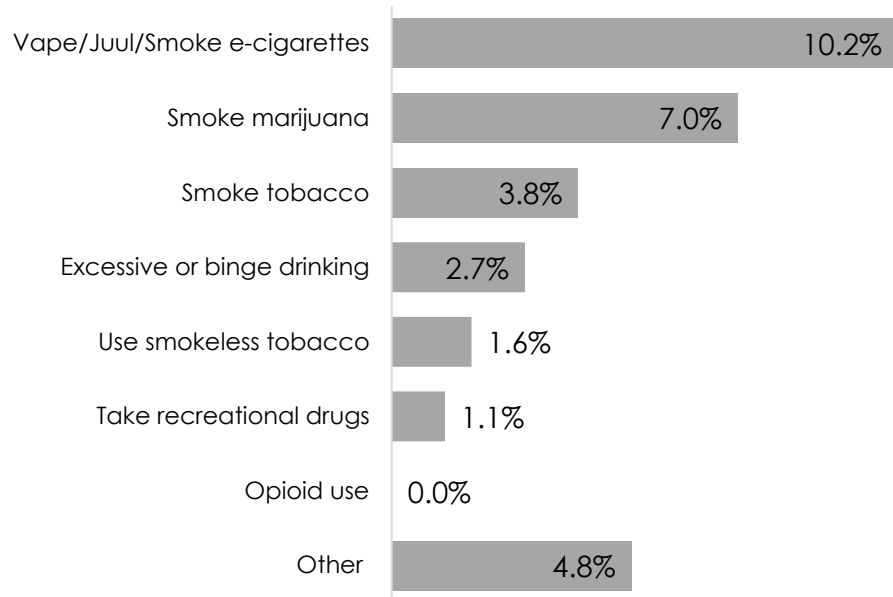


*Only 15% of respondents answered question

Male respondents were more likely than other groups to report excessive or binge drinking.

- 🍃 Respondents with a high school education or less were more likely than other groups to report smoking tobacco.
- 🍃 Black respondents were more likely than other groups to report smoking marijuana.

Self-Reported Teen Substance Use

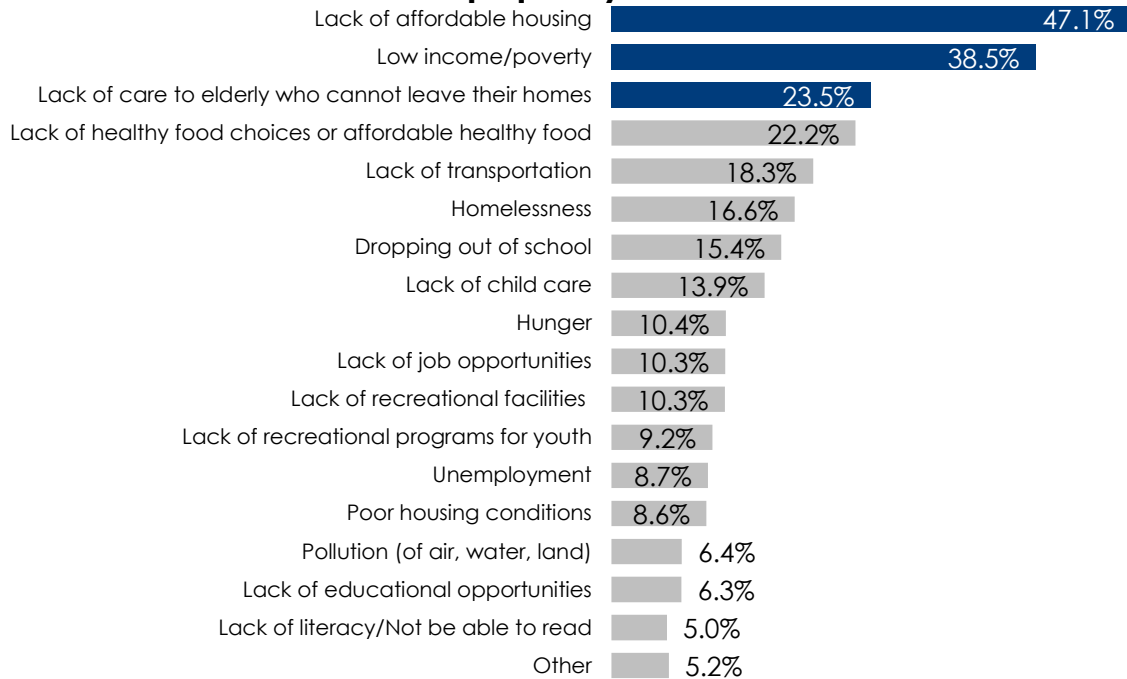


*Only 34% of teen responded to this question

- 🍃 Compared to 2019, teen respondents in 2022 were more likely to smoke marijuana and use e-cigarette products and they were less likely to use opioids or take recreational drugs.

Social Determinants of Health

Adult respondents identified **affordable housing, poverty, and elder care** as the **three top quality of life concerns in Union**



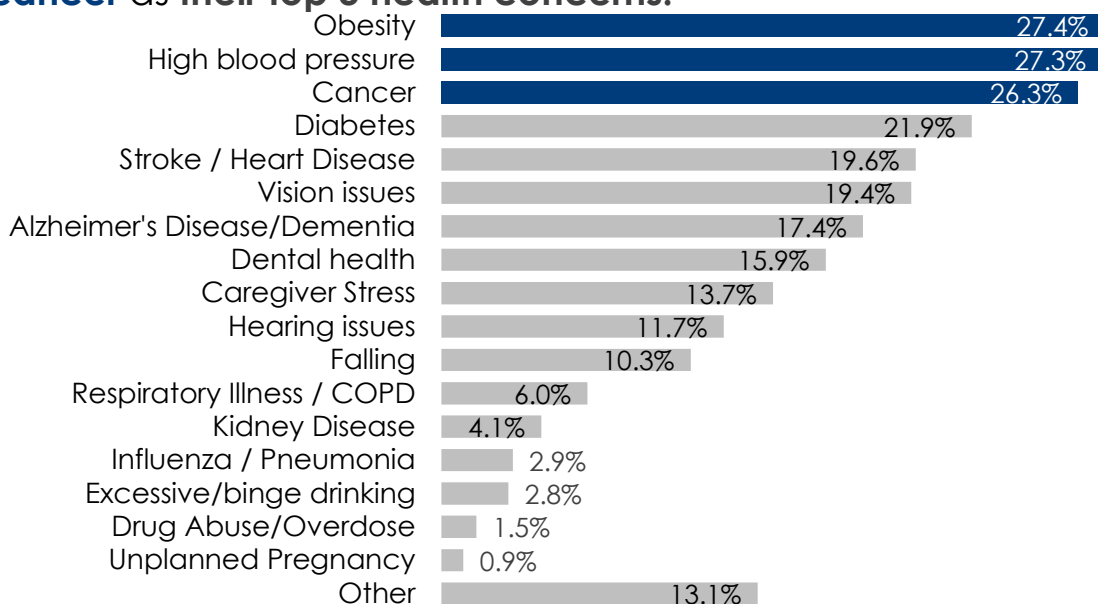
"In your opinion, which THREE issues or services most affects the quality of life for residents in Union County?"

- In 2019, Low income/poverty was the leading quality of life issue, followed by lack of affordable housing. Lack of health/affordable food choices ranked third and lack of job opportunities ranked fourth. Lack of transportation ranked fifth.
- Lack of affordable housing was the most common quality of life issue among all demographic groups and across most zip code and town groups. Low income/poverty was the leading quality of life issues among respondents from the 28112 zip code and from Unionville.
- Black respondents, participants from the 28174 zip code, and respondents from Marshville were more likely than other groups to identify lack of affordable housing and low income/poverty as the most important quality of life issues in Union County.
- As might be expected, senior respondents were more likely than other demographic groups to identify lack of care to the homebound elderly as a leading quality of life issue.
- Compared to other groups, a higher proportion of white respondents, respondents from 28104 and from Unionville chose lack of healthy and affordable food choices as an impactful quality of life issue.
- Lack of transportation was cited more frequently by Black respondents, respondents from 28173 and those from Wesley Chapel, compared to other groups.
- Black respondents, those from the 28174 zip code and from Wingate were more likely than other groups to identify homeless as a quality of life issue in Union County.

- ✔ Higher proportions of respondents with a high school education or less, respondents from 28103 and from Marshville chose dropping out of school compared to other groups.
- ✔ Lack of child care was more commonly identified by respondents earning more than \$50,000 and by respondents from 28174 and Weddington.
- ✔ Compared to other groups, hunger was selected more frequently by white respondents and those from 28112 and Unionville.
- ✔ Lack of job opportunities was identified by a higher proportion of Hispanic respondents and those from 28079 and those from Waxhaw.
- ✔ Higher percentages of respondents with a bachelor's degree or higher, respondents from 28173 and from unincorporated parts of Union County identified the lack of recreational facilities as an important quality of life issue.
- ✔ Compared to other groups, Hispanic respondents, and those from 28173 and Waxhaw were more likely to choose the lack of recreational programs for youth.
- ✔ Unemployment was identified as a quality of life issue by higher proportions of Hispanic respondents, respondents from the 28079 zip code and from Weddington.
- ✔ Respondents with a high school education or less, respondents from 28103 and respondents from Marshville were more likely to cite poor housing conditions as a quality of life issue in Union County.
- ✔ Higher proportions of Hispanic respondents and those from 28173 and unincorporated parts of Union County identified pollution as an important issue compared to other groups.
- ✔ Lack of educational opportunities was identified by a higher proportion of Hispanic respondents compared to any other demographic or geographic groups.

Health Concerns

Adult respondents identified **obesity, high blood pressure, and cancer** as their top 3 health concerns.

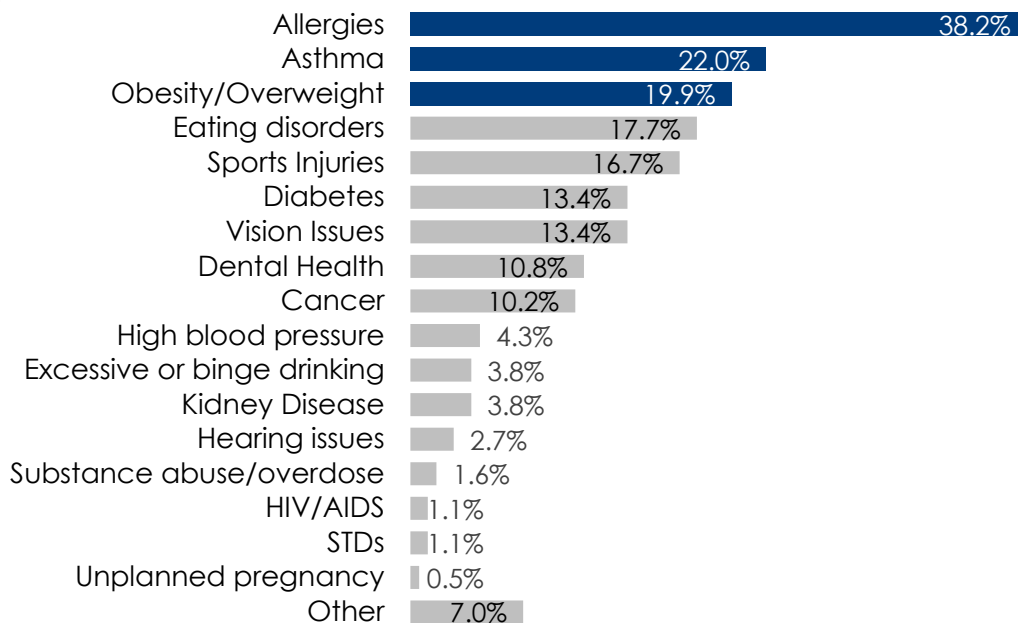


"Listed below are health concerns. Please check three that MOST concern you regarding YOUR health."

- In 2019, Cancer was the most commonly selected personal health concern, with obesity ranking a close second. High blood pressure ranked third and vision issues ranked fourth. Stroke/Heart disease ranked fifth in 2019.
- Obesity was the most common personal health concern among females and respondents with a Bachelor's degree or higher, among those in the 28079 and 28174 zip codes, and among residents of Indian Trail, Waxhaw, and Wingate.
- High blood pressure was the most commonly identified concern among males, Black respondents, those with a high school education or less, respondents over the age of 65, and those in the lower income bracket. It was the leading concern among respondents from the 28103, 28110 and 28112 codes as well as those from Marshville, Monroe, and Wesley Chapel.
- Cancer was the leading health concern among Black respondents and those earning more than \$50,000. Looking at geographic areas, cancer was the leading concern among respondents in the 28104 and 28173 zip codes and among respondents from Stallings, Weddington and unincorporated areas of the county.
- Vision issues were the leading personal health concern among Hispanic respondents.
- Diabetes was a leading health concern among those from the 28174 zip code (tied with Obesity).
- Stroke/Heart disease was the leading health concern among respondents from Unionville.
- Respondents with an income over \$50,000 were more likely than other groups to identify obesity and cancer as personal health concerns.

- Black respondents were more likely to identify high blood pressure and diabetes as important health concerns.
- Higher proportions of Hispanic respondents felt vision issues and dental health were personal health concerns, compared to other groups.
- Respondents over the age of 65 were, as one might expect, more likely to identify aging-related health concerns like Alzheimer's disease, hearing issues, falling, and respiratory diseases.
- Caregiver stress was more frequently identified as a personal health concern by respondents with a bachelor's degree or higher and among respondents from Weddington, compared to other groups.

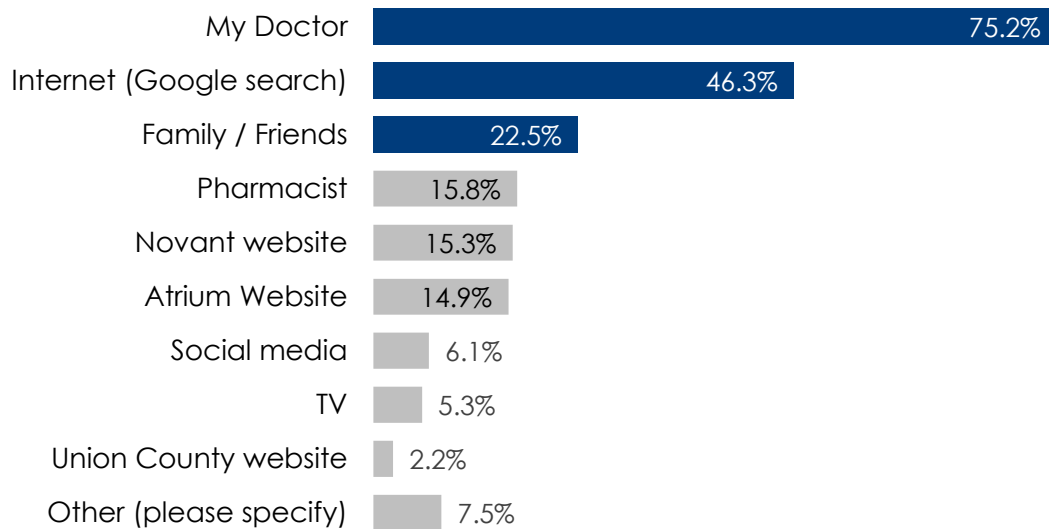
Teen respondents identified **allergies, asthma, and obesity** as their **top 3 health concerns**.



"Listed below are health concerns. Please check three that MOST concern you regarding YOUR health."

- Compared to other groups, higher proportions of Hispanic respondents felt obesity/overweight and eating disorders were the personal health issues of most concern.
- Respondents aged 12-14 were more likely than other groups to identify sports injuries as a personal health issue of concern.
- While the list of personal health concerns changed enough in 2022 that responses cannot be fully compared to the 2019 survey, it is worth noting that allergies was at the top of the list in 2019, followed by sports injuries, obesity/overweight, asthma, and eating disorders.

While a majority of adult respondents listed their doctor as a **top 3 source of health information**, **nearly 50% listed the internet** in their top 3.



"Where do you get most of your health information? Please rank the top 3."

Focus Group

Introduction

As part of the primary data collection for the Community Health Assessment (CHA), 9 Focus Groups were conducted across Union County over four months during 2022.

Focus Group sessions consisted of a wide array of county residents, varying in demographics and location of county residence. The intended purpose of having these sessions was to have representation of as much of the county population as possible.

Between January 24 and April 27, 2022, there were nine Focus Group Sessions where participants were asked questions and discussed different health and community issues.

Population	Focus Group
Adult/Latino	Latino Community Members
Adult/Senior Adult	Homeless Shelter Residents
Senior Adults	Monroe Food and Nutrition Site
Teens	Health Services Coalition
Stakeholder: AA/Faith-based	African American Faith Community
Stakeholder: Latino	Latino Leaders
Stakeholder: Youth/Adult	Childcare Director Group/Head Start
Stakeholder: Youth/Teen	UCPS School Health Advisory Committee (SHAC)
Stakeholder: Youth/Adult	Union County Human Services Board

The following were the questions asked of each group:

- ✔ When you hear the words “healthy community,” what comes to mind?
- ✔ What options/resources/services does Union County have for residents to live healthy 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 enough access to care in Union County?
- ✔ We’ve talked about a few 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 must build upon to have a “healthy community”?

Summary of Answers

1. **When you hear the words “healthy community”, what comes to mind?**

When asked what represented a healthy community, respondents stated that a healthy community has residents who have access to basic health services and resources, are helping each other, eating right and in a safe environment. These residents have all aspects of their physical and emotional health taken care of in a healthy community. There are affordable, nutritional food options for everyone, very little sickness, a decrease in community diseases, and healthy drinking water. Residents should also have access to affordable housing, transportation, and total insurance coverage, especially for Senior citizens who are on a fixed income. Community members want to participate in more community events and have more knowledge of the resources available to them.

Respondents also stated there should be enough medical providers, dentists, and specialists available, so they did not have to travel outside Union County for basic health services, since transportation is such a barrier for so many. Respondents identified a lack of grocery stores in the Eastern portion of the county and food insecurities as barriers to achieving healthy communities. They often identified language barriers and cultural issues as another barrier to achieving healthier communities. No after-hours or weekend appointments available with primary care providers make it harder for those who work 5-6 days a week, to seek preventative or sick visits, and they usually end up in a hospital ER or Urgent Care. Extreme medication costs and the high cost of healthcare was mentioned

often as a reason resident did not see medical providers and could not achieve good health.

Finally, lack of affordable housing, especially for Seniors and low-income families was often mentioned as a top concern in Union County. The rising cost of already high rent and mortgages, was mentioned in almost every focus group session, multiple times. Many commented on the homeless shelters being full, but there were very limited transitional housing opportunities for the homeless, and then they would not be able to afford rent when their time was completed there, even in the low-income areas. Many Seniors voiced their opinions about “needing more options for housing, and not just in crime-infested neighborhoods”. They also stated they needed utility assistance, as after rent, many could not afford their utility payments, even though they use less electricity and water than most families.

2. **What options/resources/services does Union County have adequate for residents to live healthy active lifestyles?**

Respondents mentioned several resources located in Union County that residents can utilize to have a healthier, more active lifestyle. Mentioned were the Monroe Aquatic and Fitness Center, Council on Aging, Senior Meal site (Bragg Street), Parks, homeless shelter, Health Quest, food banks, WIC program, Union Co. Transportation, health department, free clinics, Ella Fitzgerald Center, Farmers' Markets, DSS (SNAP program), schools providing two meals a day to students, Community centers and LIEAP.

Parks were mentioned often, but several people expressed safety concerns about visiting some parks. Respondents

also mentioned there needed to be more parks with more amenities in the Eastern portion of the county, where there are less recreational things to do, for adults and children. The Union County Transportation system was mentioned often as a resource, but many did not understand that it is for the general public, not just seniors and the disabled.

Respondents also mentioned many needs in the community, and that many of the above listed resources were not available to everyone or in all parts of the county, as many do not have access to them because of lack of finances, transportation barriers, language barriers, or income levels. They expressed the need for a large Senior Resource Center for the county, where they could go for everything they needed: any questions answered, insurance questions, fitness and cooking classes, BINGO and other activities, meals, food pantry, co-pay and utility assistance, fellowship, housing applications and questions, assisted living tasks, medications, transportation options, medical visits & referrals to specialists, etc.

Other needs mentioned were resources for HIV treatments, more dentists, availability of after-hours appointments with medical providers, and more specialists in the county. Too long of a waiting period to get appointments for some services you may need immediately.

Trust in healthcare and government was mentioned as something that is needed among the LatinX population. They are often wary of government programs and are taken advantage of by certain local providers who only accept cash, overcharge and do not really help them with medical issues.

3. **What things concern you the most about living in Union County?**

Focus group participants discussed multiple concerns they have about living in Union County. Multiple people discussed the drug problems and safety concerns they have living here. The need for more affordable housing and controlled rents were mentioned in almost every focus group conducted as the top concern. Lack of transportation or the need to improve our current transportation service was mentioned, and many participants thought it should be free for Seniors.

Mental health and drinking water were mentioned numerous times, as concerns that residents had. Especially after COVID, many were concerned for people they knew in their families, churches and communities that were "still depressed and had issues". Several also mentioned the lack of youth mental health resources. The low water quality, in Monroe especially, was discussed at length, and several mentioned problems with high levels of chlorine and iron in a lot of residents' well water.

High taxes, crowded traffic, cancer, lack of caregivers for family members, increase in vaping and vape shops, food deserts, no specialists, no arthritis doctors and "no minority providers or specialists that look like us", were also mentioned several times as things in Union County that concerned residents. Littering, not enough eye care centers, "no livable wages", the shelter being full all the time, high price of insulin, not enough sidewalks, no Medicaid expansion, and wealth inequality ("East/West divide") within the county were also mentioned as top concerns.

The high costs of medical visits and medications, hospital bills, poor health

issues that come from poor living conditions, and the lack of affordable insurance coverage was mentioned frequently as concerns residents also had. Mentioned just once each were: a high rate of single mothers, gang activity, dogs not on leashes in the parks, missing sidewalks, not enough fitness centers and an aging population.

4. 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?

Access to health care is seen very differently by residents, so there were a lot of varying answers. Several themes seemed to emerge within their responses: residents need access to more specialists, lower co-pays, access to mental health services needs to be a higher priority, better access to care for Seniors, the need for free transportation to access medical care, more dentists, need to work in the schools on substance abuse prevention, the need for more education on resources available for the elderly, we need more free clinics and healthcare needs to be more affordable for all.

A few other topics mentioned as needs, but not as often as those above are: more activities and resources for Special Needs children, more homeless shelters, more social workers to serve in child care areas, more sidewalks and parks, more mobile screening buses, long wait time for medical provider appointments so more providers and specialists.

There were some positive healthcare resources mentioned within the county, but many still are not aware of all the services available to them, and several residents cited language and money as still being a barrier to receiving medical

services. Several positive things mentioned were Atrium Health, HealthQuest (low-cost, non-profit pharmacy), the free diabetes clinic (Community Health Services), dental vans at schools, free vaccine clinics, "some parks but we need more", bike rides and churches promoting health fairs and information.

5. 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?

A few respondents mentioned more community outreach events and health fairs with free screenings all throughout the community. They suggested that we get even more churches involved to build more trust in the community; and that those churches should share information and better communicate, so these events can be attended by more than just the host church. They also suggested using church vans, which sit idle during the weeks, to help transport patients/congregation members to appointments, etc. To reach the LatinX community, we need to continue to use the radio stations for information and advertisement of health events. That is where most of this community gets their information, besides their churches. Mentioned also was the need for more bilingual health providers. A lot of the LatinX population do not understand what is being said to them or may not be able to communicate with the doctors. One example is the way symptoms are described is different in Spanish than in English. The few Latino

doctors that are here “only want cash, they charge a lot, don't educate their patients about the services and their health, and are taking advantage of this population.” Another suggestion was the state to provide health insurance for early child care centers' staff, like they do for teachers. This group is unable to afford health insurance on their current pay ranges.

One group discussed that in the past there was a plan to put a satellite health department in the Eastern part of the county, to alleviate some transportation issues and to provide more access to that portion of the county who need those medical services. They stated that the idea needs to be revisited and followed through, even if it's one day a week, using Wingate University's campus or some other facility. They suggested there should also be a teen-focused clinic, not just mothers and babies, because there are so many issues that teens face, including mental health, drug and alcohol use, vaping, etc. that can be health-related and lead to negative outcomes. Another suggestion is to make sure that all the Senior Resource listings and Community guides are up to date with the latest information and contacts. Other groups mentioned the need for “across the board health access” for everyone, so everyone is equal in the services they can receive, because our current system is flawed.

One great idea is to provide more healthcare options within our schools and expand the school nurse program into actual clinics with providers and we can improve the health of all of our children. A bonus is they would not have to miss classes and be pulled out of school in order to do this and they would develop better relationships with their doctors and nurses. Another stated to

have this type of set-up and the parents just sign their consent. Obviously, anything serious is reported to the parents and they come in for those appointments, but the majority of the visits can be done like a triage/nurse check for runny noses, colds, etc. “We also need to build clinics in the poorer areas of our community” is what one group focused on as well as have more mobile food pantries serving this county. Our Senior citizens focused on lowering the crime rates and tougher sentences for drug dealers to help build a healthier community, as well as new and affordable Senior housing and assisted living communities. Seniors also mentioned their fixed incomes do not increase with inflation, and that the high costs of medical bills are problematic and the need for subsidized utilities for their age groups.

6. Think back over the topics we've discussed. Are there any resources or activities you would like to see in Union County that are not here now? Do you have any suggestions of programs/services that may be important to develop to help the overall health of the community?

Affordable housing was the prominent theme for this question, across most every group surveyed. The second response heard most often was more activities & education for teenagers, especially in the summer. More activities for Senior groups were also suggested, community navigators and someone (maybe churches) to start wellness check-ins or calls for all Seniors. Some mentioned a teen health/help center or more community centers built to help provide more healthy family activities, after-school options and activities, nutrition programs and access to healthy food. They also suggested that

the public libraries, parks, and churches could host more events for teens, and that the schools should “check in” more with their students during homeroom time to discuss mental health issues. One member mentioned the lack of public pools and the idea of offering free swim lessons through our schools as a great and responsible resource to save lives. Additional transportation options and free transportation for medical appointments were also mentioned as resources they would like to have here. More walking trails, better sidewalks and the creation of outside groups to get more people involved, active and outside in the fresh air was suggested.

Some groups mentioned more free screening events and mobile health units in the community, especially at the Latino supermarkets and for some medical providers to have later hours to accommodate working people who cannot leave their jobs for medical appointments.

7. **Of all the issues we have talked about today, what are the most important issues for your community to address? (In order of frequency mentioned)**

- Mental & Behavioral Health
- Affordable, Safe Housing and more housing options
- Public Transportation options
- Access to health care for Seniors & Specialists
- Homelessness & Transitional Housing
- Drug & Vaping Use in teens
- More Health Education & Opportunities for our teenagers
- More providers accepting Medicaid
- Free Preventative screenings and well-checks

- East and West divide in the County & the health disparities
- Lack of access to healthy living and foods
- Water issues

8. **Taking all of what we have discussed today, what are some of the strengths/resources your community has to build upon to have a “healthy community”?**

Listed as strengths and resources in this community by respondents were various community partners and organizations that are active in the county. One group mentioned that Union County has much land available for development as a resource to build upon. The large number of events held downtown Monroe, Waxhaw, and other towns, as well as the festivals that bring the community together was a very favorable response within one group. Union County Parks and Recreation department and all its various programs, parks, sports opportunities, and summer camps were mentioned by several groups. The many churches in our county were mentioned as a great resource to build upon and utilize more. The Union County Health Department and its programs and services were mentioned as a strength, and the fact that we have interpreters here was a way we are helping to make a healthier community.

9. **Is there anything else that we have not asked about or anything that you would like to add?**

There were only a few other topics that the groups mentioned for this question. One was affordable childcare for working families. Interpreters not always being available at medical offices is a big concern for the LatinX population. Another suggestion was to educate people on how to use all the

new technologies, meaning internet and phones. One group discussed the need for programs to get people back into the workforce and the need to increase mental

health resources. Advertising more about current programs on social media was mentioned as a way to educate the public about existing programs and services.

Topics Most Frequently Discussed

Topic	Total Times Discussed
Mental Health	26
Affordable Housing	19
Lack of Public Transportation	13
Community Safety	12
Drugs/Substance Use Disorders	12
Chronic Disease/Prevention & Education	8
Drinking Water Quality	5
Language Barriers	4
Food Insecurities/Deserts	4

Focus Areas

Mental Health

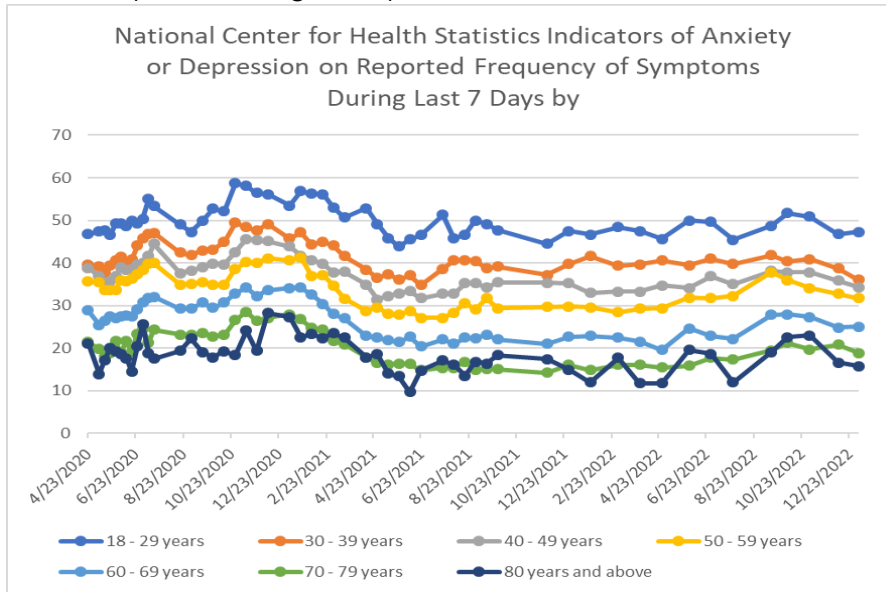
Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, act, and it also determines how we handle stress, relate to others, and make healthy choices.¹⁷

Mental health disorders involve changes in thinking, mood, and/or behavior and can affect how those impacted relate to others and make choices. Mental health disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but some are treatable and many do recover. There is no single cause for mental illness and three may be factors that contribute to the risk of mental illness, including- adverse life experiences, experiences related to ongoing medical conditions, biological or chemical imbalances, alcohol or drugs, and feelings of loneliness or isolation (CDC website).

Nearly 1 in 5 U.S adults experience mental illness each year.¹⁸ More than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.¹⁹ 1 in 6 U.S. youth aged 6–17 experience a mental health disorder each year.²⁰ 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.²¹

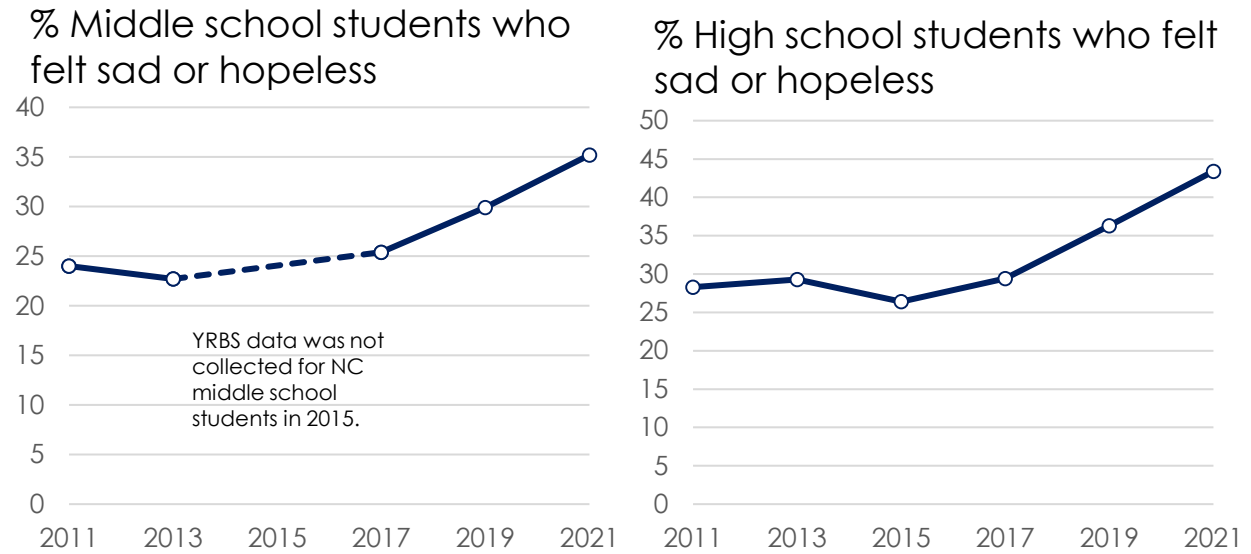
Over the first few months of 2020, the world was thrown into a global pandemic. More than half of Americans report that COVID-19 has had a negative impact on their mental health.²² As the number of cases of COVID-19 increased, so did the associated experiences of anxiety, depression, and suicidal ideation. According to the US Census Bureau, Household Pulse Survey, 2020-2023, 30.1% of Adults reported symptoms of anxiety or depressive disorder compared to 19.3% in 2018-2019. In February 2021, 44.7% of adults in North Carolina reported symptoms of anxiety or depression.²²

Depression and anxiety have been a significant concern over the last few years, especially in the 18-59 year-old ranges, as you can see from the data below:



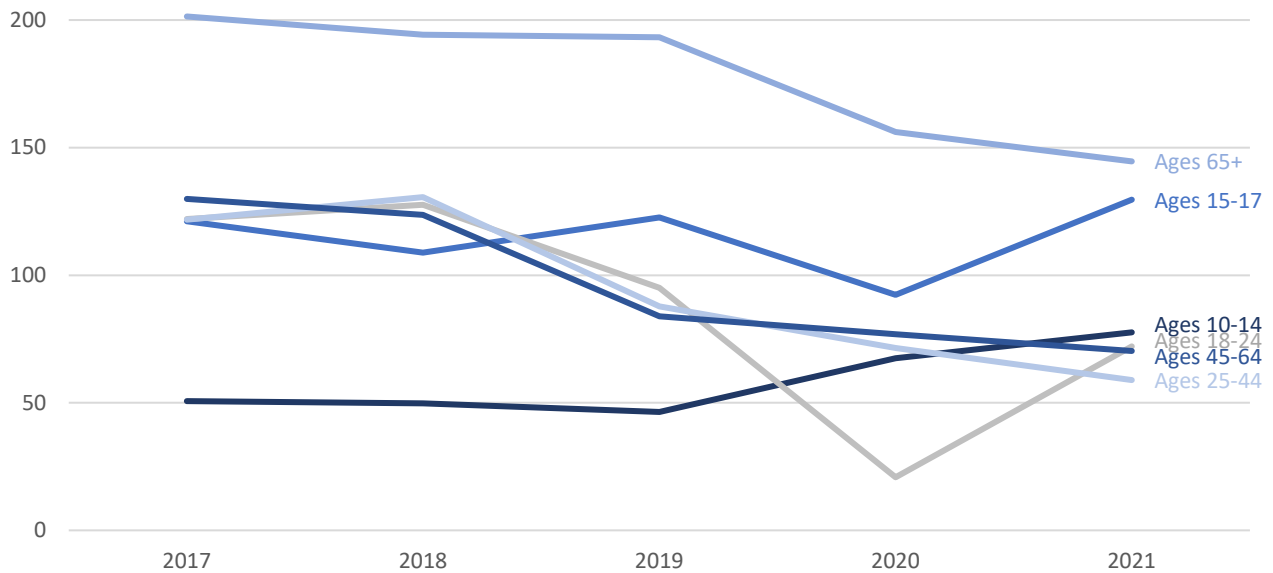
Additional data shows some alarming trends for youth ages 10-17 years. Both the Youth Behavioral Risk Survey 2021 and Union County Emergency Department Visit Trends by Age for Depression and Anxiety demonstrate increased depression and anxiety in teens.

Youth Risk Behavior Survey Results - 2021

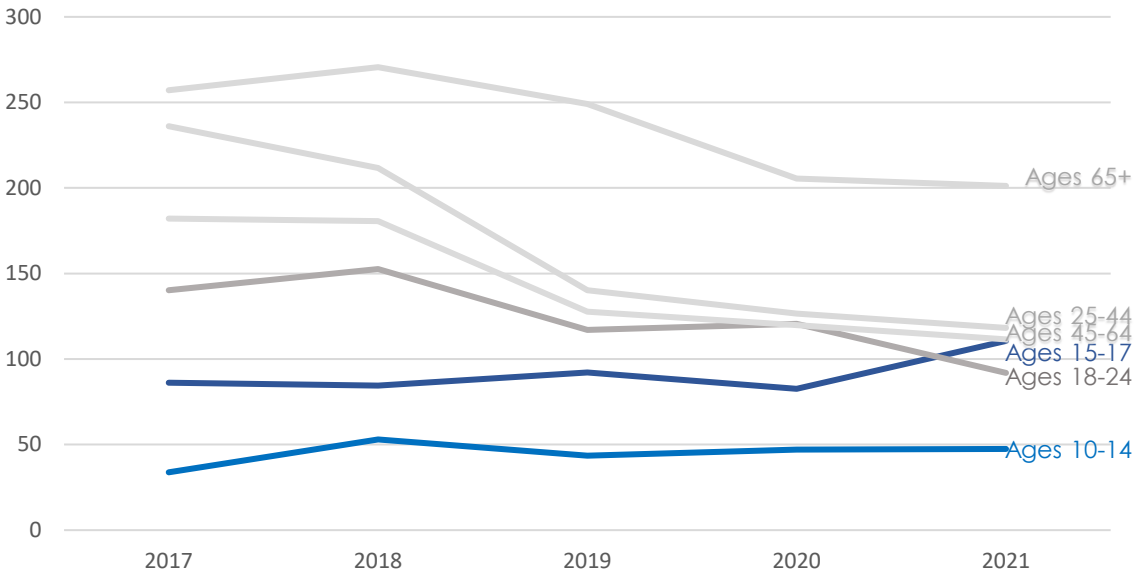


Union County Emergency Department Visits

Union County Emergency Department Visit Trends By Age for Depression



Union County Emergency Department Visit Trends By Age for Anxiety



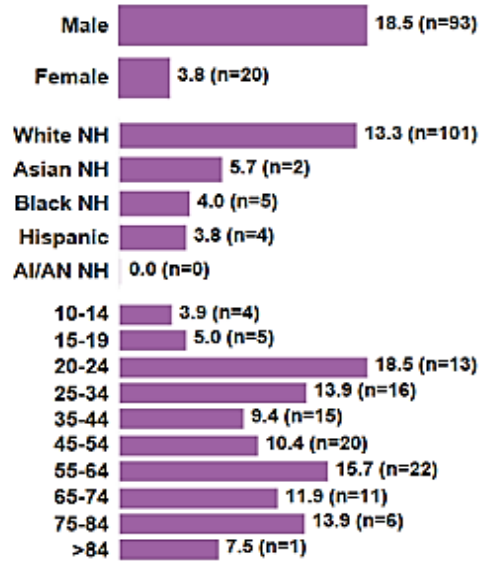
Suicide

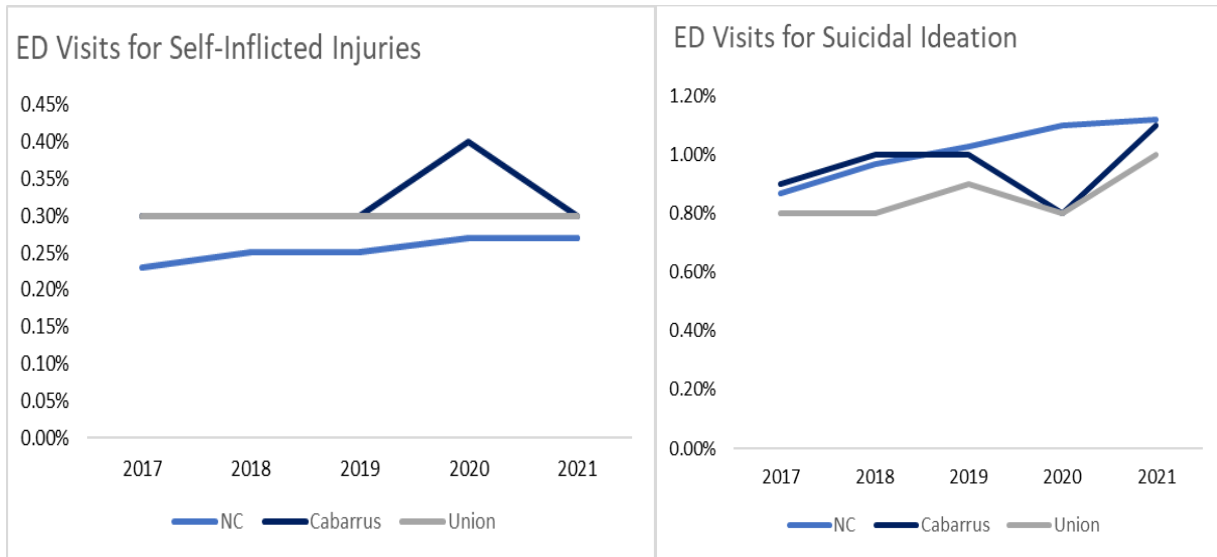
According to the NC Injury Prevention Branch, suicide is the second leading cause of death for youth in North Carolina ages 10 to 18, and the third leading cause of death for those ages 19 to 34. Suicides can be prevented by recognizing signs and symptoms, learning how to help, and taking steps to provide that help to people of all ages and abilities in need.

The 5-year rate of suicide from 2016-2020 is 11 per 100,000.

NCVDRS 2016-2020

Suicide Rate per 100,000 in Union County, 5-year Rate



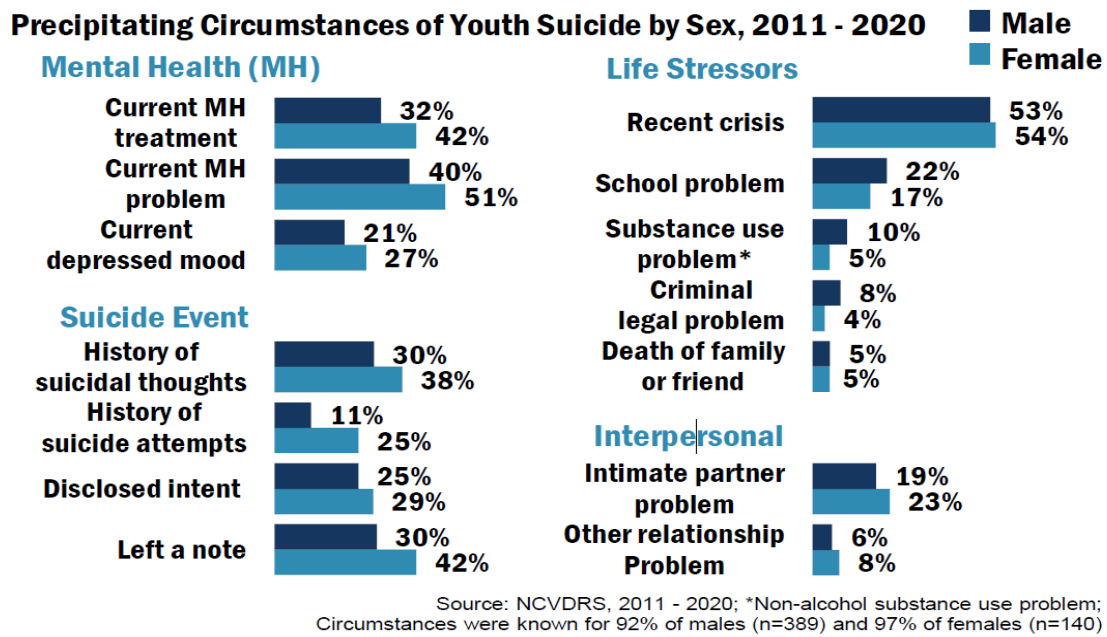


NC Detect

Suicide is rising as a leading cause of death for children and adolescents. Youth suicide deaths increased by 103% from 2011 to 2020 in North Carolina and are highest among non-Hispanic white and American Indian youth (North Carolina Violent Death Reporting System, 2011-2020, limited to NC residents ages 10-18).

According to the NC-VDRS, 2020:

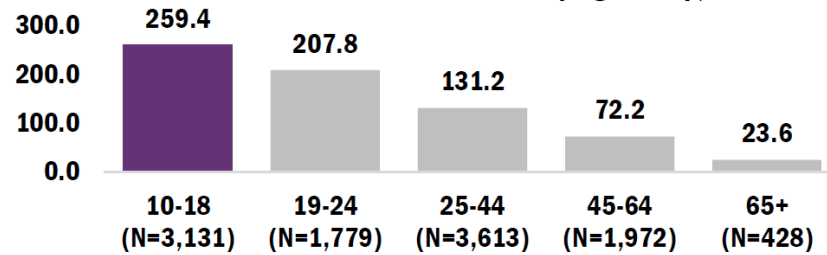
- Youth ages 10-18 accounted for 4.7% of total suicide deaths
- 70.1% of 10-18 year-old suicide deaths were male
- Firearms accounted for 60% of deaths in 10-18 year-olds
- Rates were higher for 10-18 year-old youth in rural counties



In North Carolina, for every one youth suicide death in 2020, there were 9 hospitalizations and 47 ED visits for self-harm. Thoughts of suicide and suicide attempts are more common among children who experience mental health issues like anxiety and depression.

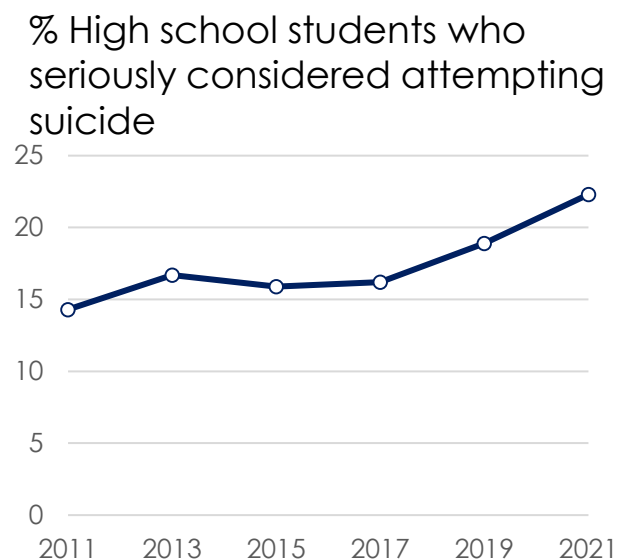
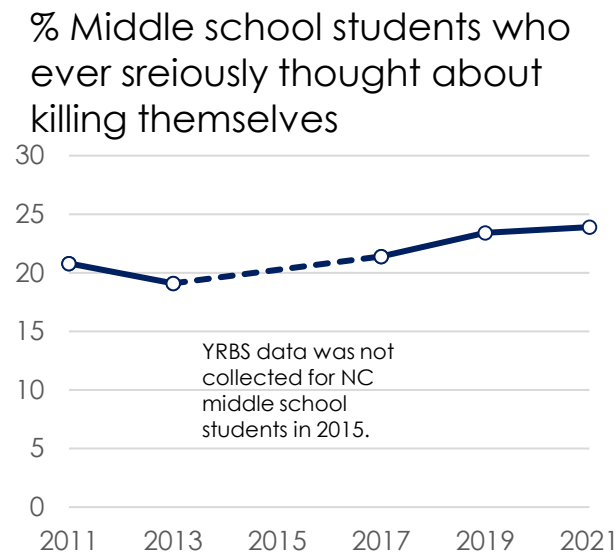
Youth experienced the highest self-harm injury ED visit rate in 2020.

Rates of Self-Harm ED Visits in North Carolina by Age Group, 2020



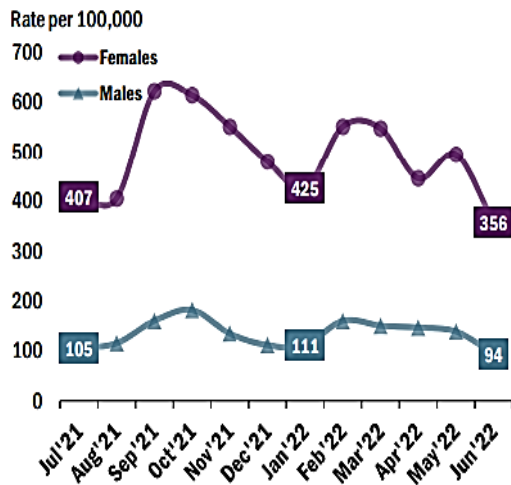
Rates per 100,000; Limited to NC residents ages 10 and older; Source: NC DETECT, ED Visits, 2020

Increases in suicidal ideation in teens are supported further by the most recent Youth Behavioral Risk Survey (2021) and are alarming.

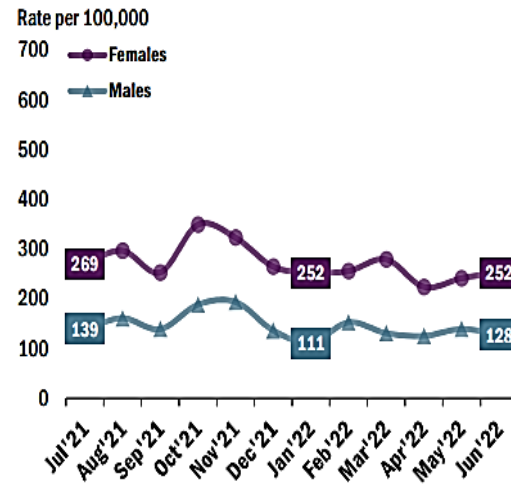


Additionally, in North Carolina, rates of self-inflicted injury ED visits from Apr-Jun 2022 were highest among females ages 10- 18 (432.1 per 100,000) and males 19-24 (130.4 per 100,00) (NC Detect).

Ages 10-18



Ages 19-24



Factors that can help to protect someone against suicidal ideation or behavior include:

- Effective coping and problem-solving skills
- Strong social and family connections
- Access to quality mental health care
- Support from religious or social communities
- Removing access to means to self-harm

National Alliance on Mental Illness

Access to mental health services in Union

In North Carolina, 11.4% of people in the state are uninsured.²³ Of the 452,000 adults in North Carolina who did not receive needed mental health care, 44.8% did not because of cost.²⁴ The rate of children with private insurance that does not cover mental or emotional problems continues to increase, and private insurance companies continue to place subtle restrictions on coverage for mental health treatments. 53.2% of North Carolinians age 12–17 who have depression did not receive any care in the last year.²⁵

The number of mental health providers in Union County per resident is 786:1 and is lower than the State average of 363:1.²⁶ The gaps are largely felt in the rural areas of the county. Union County does not have an inpatient psychiatric hospital or long-term psychiatric stabilization. There are gaps in the mental health continuum of services for children and adults. As such, services need to be obtained outside of the county; sometimes outside of the state. A Mental Health Crisis Solutions Group was started in September of 2022 by the DSS director with behavioral health partners in the community to investigate gaps in services and come up with some potential solutions for our county.

Despite these gaps, there is work being done to address mental health issues in Union County. Here are a few ways that Union County is addressing Mental Health Issues:

- Both the Student Health Advisory Committee (SHAC) and Union County Human Services Agency have identified strategic goals for 2022 related to mental health prevention and treatment (see Appendix E).
- Behavioral Health Collaborative - The Behavioral Health Collaborative program was started in fiscal year 2019 to help support the Social and Emotional needs of students who attend Union County Public Schools (UCPS). This program was initiated to build a partnership. Initial staff started in November 2018. Presently, the Collaborative has a total of 31 staff (both social workers and therapists). In 2022, the collaborative provided over 21,000 students with services in the school.
- Atrium Health entered into a contract with UCPS to provide teletherapy in UCPS for students.
- Several organizations, including Partners Health Management, Atrium Health, and UCPS are teaching Youth Mental Health First Aid (YMHFA) to professionals and Community members. YMHFA is designed to teach neighbors, teachers, parents, peers, and caring citizens how to help a youth or teen who is experiencing a mental health or substance use challenge or is in crisis. The course discusses mental health challenges for youth, reviews typical adolescent development, and provides guidance through the ALGEE action plan for both crisis and non-crisis situations. Topics covered in the manual include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.
- Media Campaigns- Union County Public Schools and Union County Humans Services Provide community education on different mental health topics. Our goals are to help to reduce stigma surrounding mental health conditions and promote a positive mental health environment.
- Partners Health Management is designated by the state of North Carolina to manage and authorize mental health treatment in Union County for Medicaid recipients and some state funded recipients. Partners treated the following number of patients over the last two fiscal years:

Fiscal Year	Ages 3-17	Ages 18-59	Ages 60+	Grand Total
2022	1,694	3,712	2,669	8,075
2023	1,704	3,303	2,579	7,586
Total	2,152	7,264	2,930	9,346

It is important to note that these numbers do not depict the entire population of Union County obtaining mental health or substance use services, as this only counts those with Medicaid and some with State funding. There are many providers of Mental Health and Substance Use Disorder services who accept private insurance or who do not bill insurance at all.

Focus Areas

Substance Use Disorder

Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

The misuse and abuse of alcohol, tobacco, illicit drugs, and prescription medications affect the health and well-being of millions of Americans. SAMHSA's 2018 National Survey on Drug Use and Health reports that approximately 20.3 million people aged 12 or older had a substance use disorder in the past year.

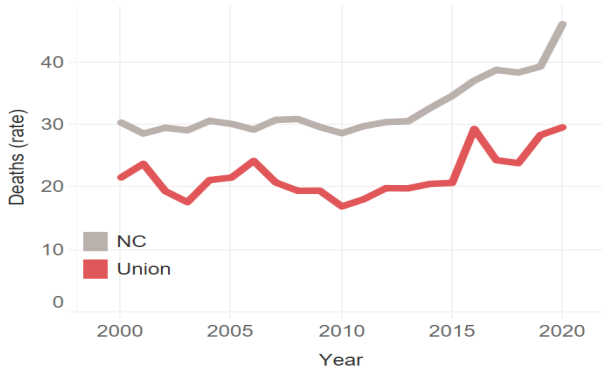
Excessive alcohol use is an important public health concern in North Carolina and Union County. In North Carolina, 26% of adults who drink reported binge drinking in 2020, with 12% of adult drinkers reporting heavy drinking in the previous 30 days. In North Carolina, the level of excessive drinking is trending upward (Behavioral Risk Factor Surveillance System, 2012-2020). 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 (CDC, 2018). Excessive alcohol consumption is associated with increased risky behavior, violence, suicide, homicide, vehicular accidents, and is the third leading cause of preventable death in NC. Long-term health risks include high blood pressure, liver disease, mental health problems, and alcohol dependence (Alcohol Use and Your Health, 2018). North Carolinians aged 20-34 lose approximately 25,958 years of life on average (Alcohol-Related Disease Impact (ARDI, 2006-2010). In 2020, of all fatal crashes in NC, 24% involved alcohol. However, alcohol is only involved in 5% of total crashes, demonstrating that alcohol increases the risk of fatal incidents (NC Department of Transportation (NCDOT), 2020).

In Union County:

- Alcohol-related deaths are trending upward.
- 18% of residents drink excessively.
- There were 27,332 car crashes from 2016-2020, and 113 of these crashes resulted in a fatality. Of those fatal vehicle crashes in Union, 25% of fatal crashes included alcohol.
- Alcohol use in combination with other drugs can increase the risk of adverse events, such as hospitalization due to poisoning. In 2020, there were 533 unintentional poisoning deaths across NC that involved alcohol. Between 2016-2020, there were 16 deaths by unintentional medication or drug poisonings that also involved alcohol in Union.
- 22% of suicides in Union County included alcohol.
- Economic cost of excessive drinking to Union County is \$148 million, which is mostly due to loss in productivity. Productivity is associated with premature death, lowered productivity in home and at work, work-related absenteeism, crime, fetal alcohol syndrome (Saks et al., 2015).

Alcohol-Related Deaths

North Carolina & Union



Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Deaths, hospitalizations, and emergency department (ED) visits due to medication or drug overdose, have become a growing public health concern nationally and in North Carolina. In June 2017, North Carolina developed its first Opioid Action Plan 2.0 with input from community partners to combat the crisis. Historically, prescription opioids were a major driver of this epidemic, however, illicit drugs are now contributing to this problem in increasing numbers. The majority of overdose deaths now involve illicit opioids like heroin or fentanyl, a synthetic narcotic. The number of overdose deaths involving stimulants is also on the rise. [The Opioid Substance Use Action Plan \(OSUAP\) 3.0](#) was updated in May 2021. The plan focuses on four priority areas to address the epidemic: prevent, reduce harm, connect to care, and centers equity and lived experience.

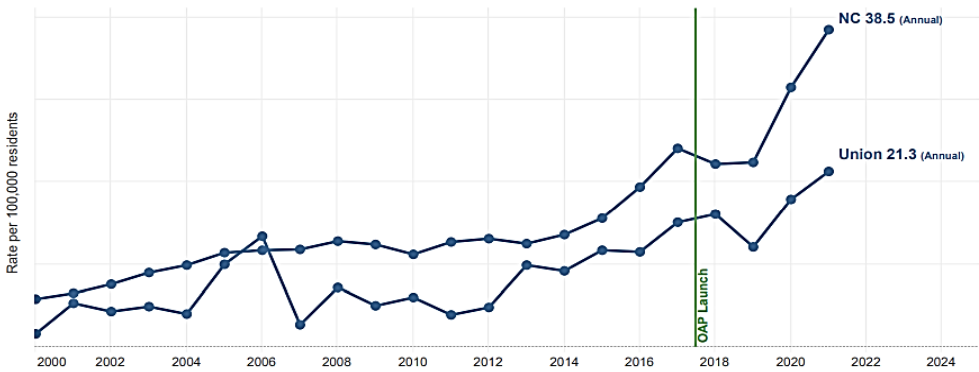
In July 2021, Attorney General Josh Stein announced a historic \$26 billion agreement to bring desperately needed resources to communities harmed by the opioid epidemic. The agreement resolved litigation over the role McKesson, Cardinal Health, AmerisourceBergen, and Johnson & Johnson played in creating and fueling the opioid epidemic. The agreement also requires significant industry changes that will help prevent this type of crisis from ever happening again. A Memorandum of Agreement (MOA) between state and local government directors how opioid funds are distributed and used in North Carolina.

Overdose deaths continue to be on the rise in North Carolina and Union County, NC residents. The following metric includes deaths involving all types of medications and drugs: opioids, stimulants, benzodiazepines, and others. Over 90% of these deaths are unintentional.

Deaths in Union

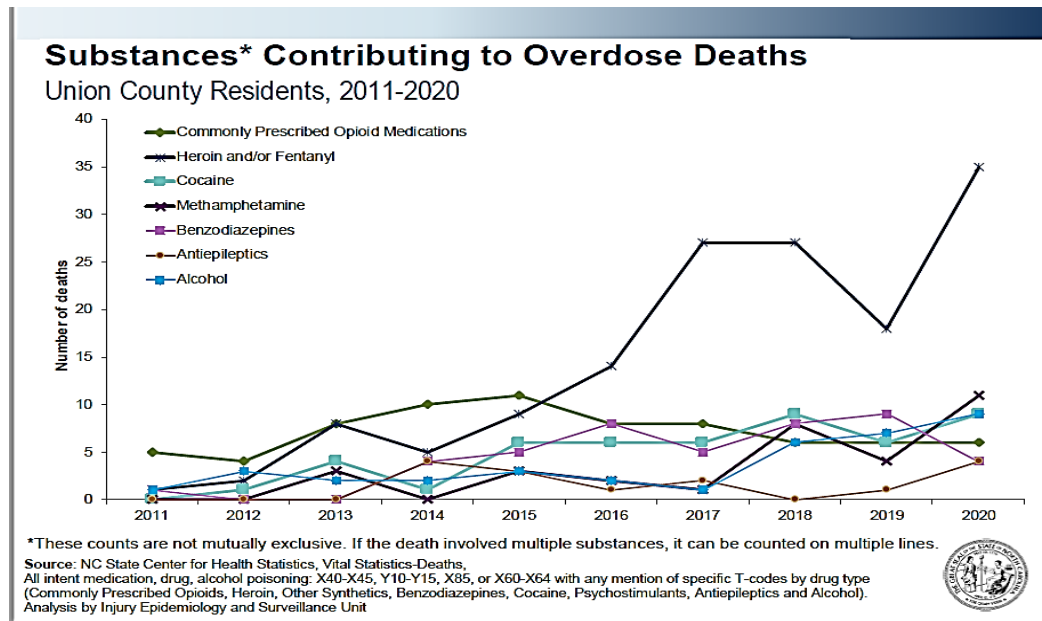
The rate of overdose deaths among residents of Union in 2021 (Annual) was **21.3**.

(Rate per 100,000 residents. Number of deaths: 51)



<https://www.ncdhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

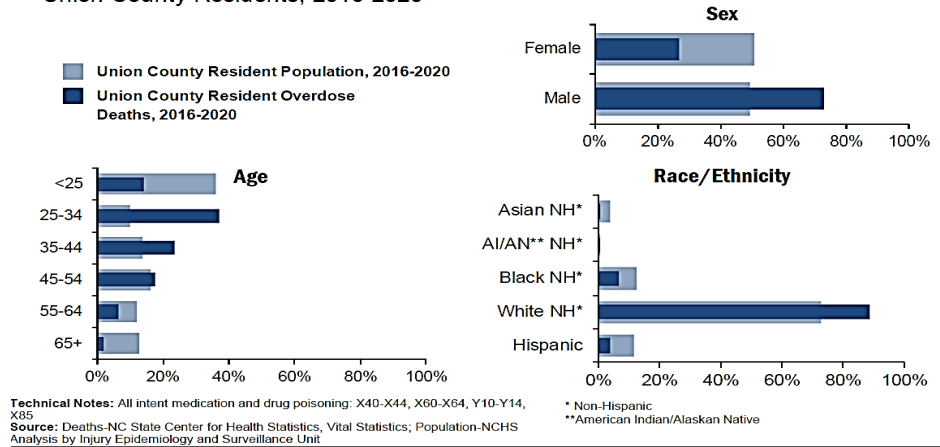
The Opioid Epidemic and Fentanyl have influenced the number of overdose deaths over the last 7 years, although the influence on deaths of commonly prescribed opioid medications have decreased with increased regulations of opioid prescriptions nationally.



Medication and drug overdose deaths disproportionately affect 25-54-year-olds, males, and whites in Union County when you compare deaths to the general demographics of the population.

Demographics of Medication & Drug Overdose Deaths Compared to County Population

Union County Residents, 2016-2020

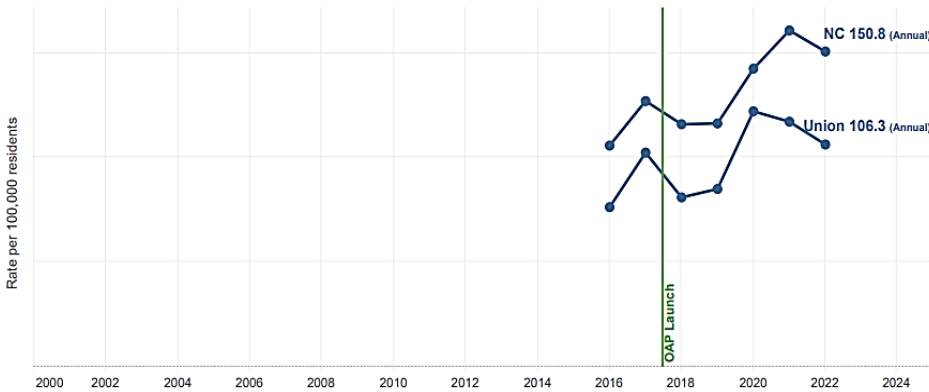


In 2021, for every one drug overdose death, there were four Emergency Department (ED) visits due to overdoses in North Carolina. Despite this, ED visits are starting to trend downward overall in Union County.

ED Visits in Union

The rate of overdose ED visits among residents of Union in 2022 (Annual) was **106.3**

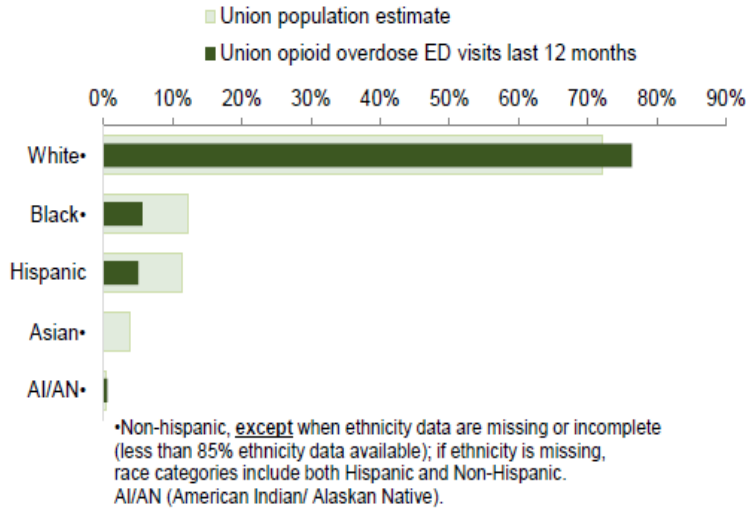
(Rate per 100,000 residents. Number of ED visits: 255)



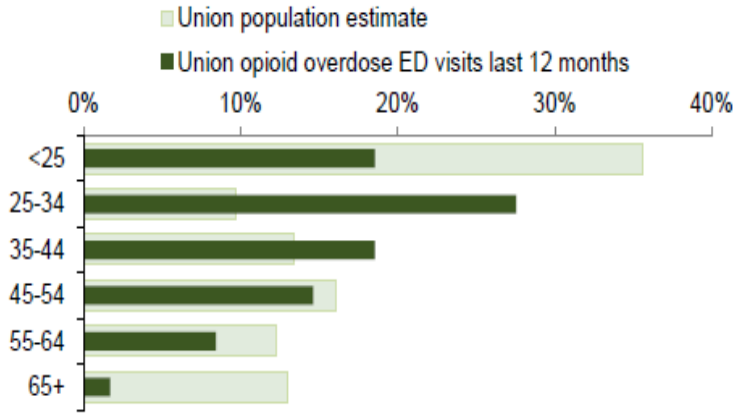
NC Detect

When it comes to opioid overdoses and ED visits, while no populations are immune, data shows that the impact to those of white or non-Hispanic ethnicity and those in the 25-44 year-old age range are impacted disproportionately higher than the percentage those groups make of the total population. It is also important to note that fentanyl (shown in purple) is now the contributing issue in at least one ED visit each month, except for November, whereas in 2018 and 2019, the presence of Fentanyl was not documented as a contributing issue.

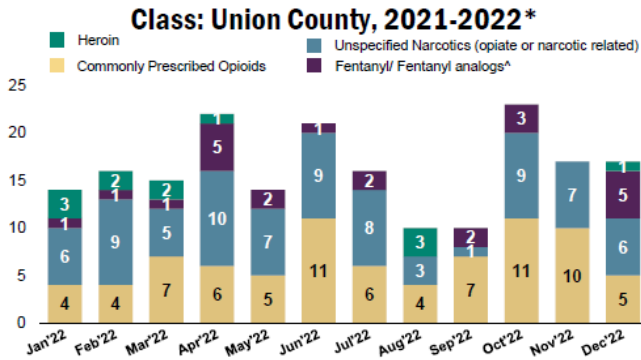
Opioid Overdose ED Visits by Race Ethnicity



Opioid Overdose ED Visits by Age Group

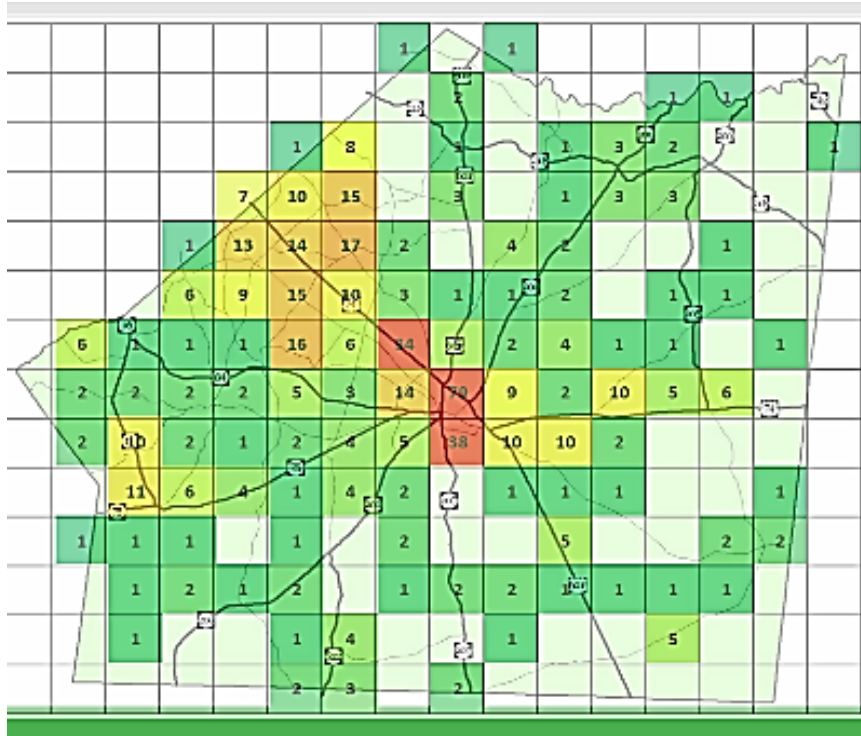


Opioid Overdose ED Visits Last 12 Months by Drug



Note: ED visit data is provisional; YTD: Year to date;
 For case definitions, go to <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/poisoning/SummaryTableforPoisoningDefinitions.pdf>

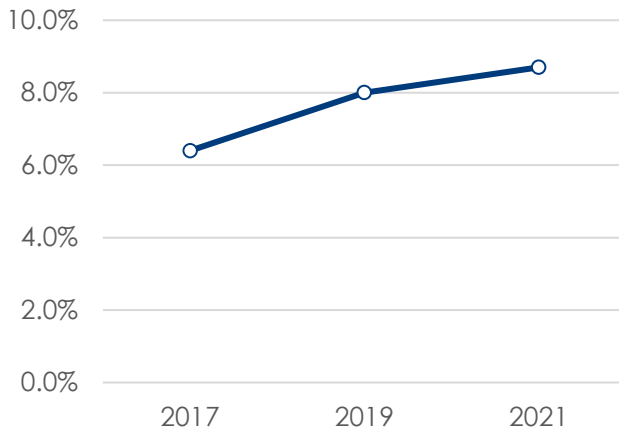
Opioids affect people from every socioeconomic status level and every part of our county. The following graph depicts suspected Opioid related calls to EMS between January 1-November 29, 2022. During these 555 calls, Narcan was given to 245 patients at an average of 1.42 doses per patient.



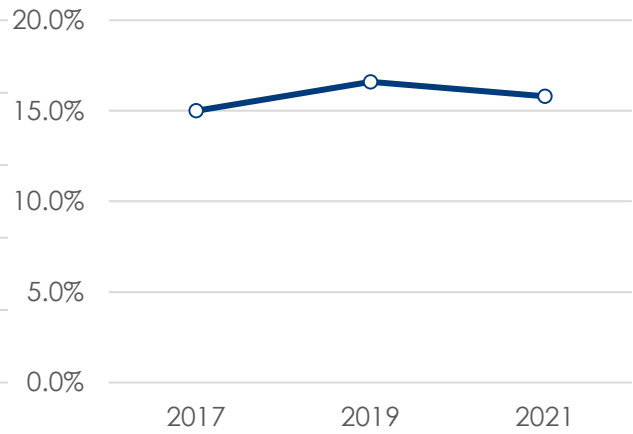
It should be noted that this does not include Narcan given by police officers or by private citizens and is therefore an underestimation of Narcan provided in the community.

Although opioid deaths and ED visits do not seem as high in the teen populations as others, it is evident, based on the most recent Youth Behavioral Risk Survey 2021 that it is an issue in both middle and high school. In addition, high school students report that they were offered, sold, or were given illegal drugs on school property.

Percentage of middle school students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it, 2017-2021

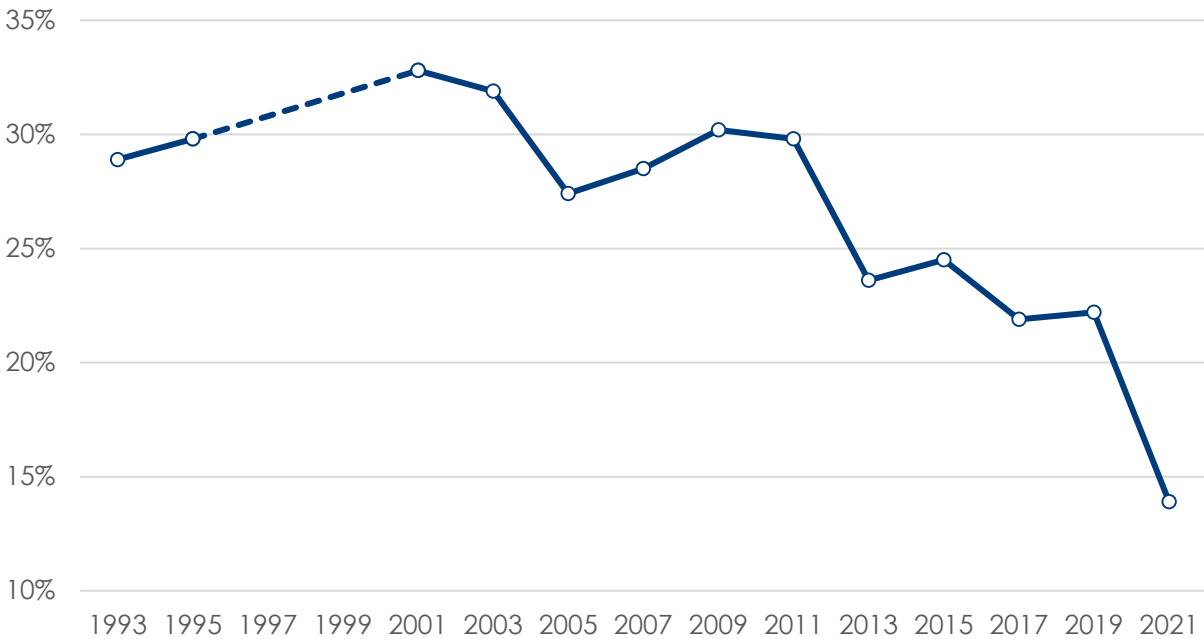


Percentage of high school students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it, 2017-2021



Youth Behavioral Risk Survey 2021

Percentage of high school students who were offered, sold, or given an illegal drug on school property, 1993-2021



Youth Behavioral Risk Survey 2021

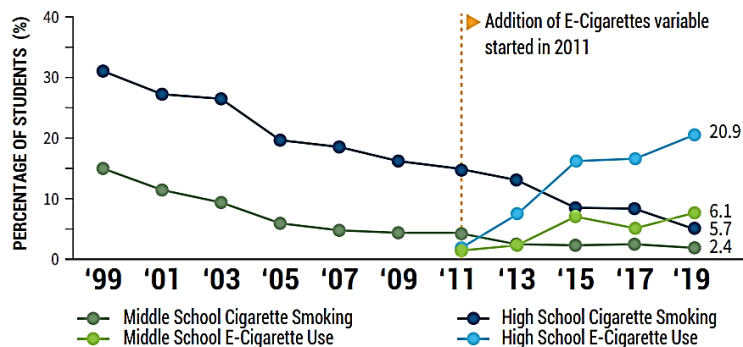
Tobacco

Tobacco use remains the number one preventable cause of death and disease in North Carolina and the United States. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), and it also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. ²⁷ In 2018, nearly 14 of every 100 U.S. adults aged 18 years or older (13.7%) smoked cigarettes. According to the Robert Wood Johnson 2022 County Health Rankings, 18% of Union County residents smoke.

- 95% of tobacco users start before the age of 21 (US Surgeon General)
- \$3.9 billion was spent on healthcare costs due to smoking in 2009 and 14,200 adults die from smoking-related illnesses each year (NTCP State Fact Sheet).
- Cigarette smoking was highest among persons with a general education development (GED) certificate and low annual household income and lowest among those with a graduate degree and higher household income.

While cigarette smoking has declined among North Carolina's young people, there has been an increase in e-cigarette smoking, particularly among high schoolers. E-cigarette use among young people has become an epidemic in North Carolina and poses a public health threat, as evidenced by the latest North Carolina Youth Tobacco Survey.

NC MIDDLE & HIGH SCHOOL CURRENT USE OF CIGARETTES & E-CIGARETTES, NC YTS, 1999-2019



According to the same survey, 40% of youth e-cigarette users vaped more than they did before the COVID-19 pandemic; however, 2 out of 3 young people who currently use e-cigarettes are seriously thinking about quitting.

In the 2019 CHA, Substance Use Disorder was one of the focus areas. Over the last few years, there have been some initiatives with regards to this area:

1. The Student Health Advisory Committee and the Union County Human Services 2022 Strategic Plans have goals related to tobacco prevention and treatment, including modifying core curriculum in Union County Schools to include e-cigarette and substance use education, implement student and parent education series, and modify teen and parent survey to include tobacco and substance use information (See Appendix E)
2. During 2021, the Healthy Union Coalition Substance Use Disorder (SUD) Subcommittee met monthly, but programs and services in the SUD arena remained siloed and there were significant gaps and needs in Union County. To address these issues, the Healthy Union Executive Committee suggested having a summit meeting to gather everyone who might touch a person with SUD around the table, including providers, health care, law enforcement, courts, schools, etc. Wingate University's Collaborative for the Common Good (CCG) and the Healthy Union Advisory Coalition conducted a ROOTS Summit on April 26, 2022 and achieved the following (see Appendix F):
 - o Mapped out current SUD services and partners in Union County
 - o Determined gaps and needs in Union County
 - o Laid the groundwork and foundation for a community plan/strategic plan to address SUD in the community (including programs and services).
3. On 8/10/22, Union County launched its Opioid Settlement Work Group. Union County will receive \$9,445,807 (from 2022-38) via the Memorandum of Agreement. The goals of the work group were to represent the community by providing expertise and perspectives into the opioid epidemic, identify a mix of short-term and longer-term approaches for addressing the opioid situation in Union County through most effective use of funds, and present information and guidance that the Board could utilize when determining approaches to use of settlement funds. The group met five times between August and December and came up with the following Vision and Mission Statements (which align with the state Opioid Action Plan Goals):

• **Vision**

- *To promote a healthier quality of life for the Union County community by preventing harm and death caused by opioid misuse.*

• **Mission**

- *To efficiently and effectively utilize the NC Opioid Settlement funds to prevent opioid use, reduce harm due to opioid and related substance abuse, and connect affected individuals to the care and support needed.*
- *We will collaborate to develop plans, take action, review progress, and refine initiatives to make a positive change in Union County.*



Our Goals and Population-level Indicators are the following:

Goal #1: Preventing opioid use

Indicators: Opioid prescriptions per capita; Overdose rates (alternative: Overdose or opiate-related calls per capita)

Goal #2: Reducing harm due to opioid and related substance abuse

Indicator: Rate of overdose reversals (relates to naloxone distribution)

Goal #3: Connecting affected individuals to the care and support needed

Indicator: # individuals (per capita) served by treatment program

Our Core Strategies are the following:

Expand/Increase Existing Efforts

1. Increase naloxone and syringe service access.
2. Expand Treatment and Recovery Resources.
3. Increase economic support for individuals via expanded transportation options and low/no cost treatment options.
4. Expand Peer Support and Substance Use Care Coordination resources.

Create New Strategy

5. Support creation of drug courts.
6. Develop/implement a community engagement and SUD-related professional development strategy.

Develop Collaborative Support Structure

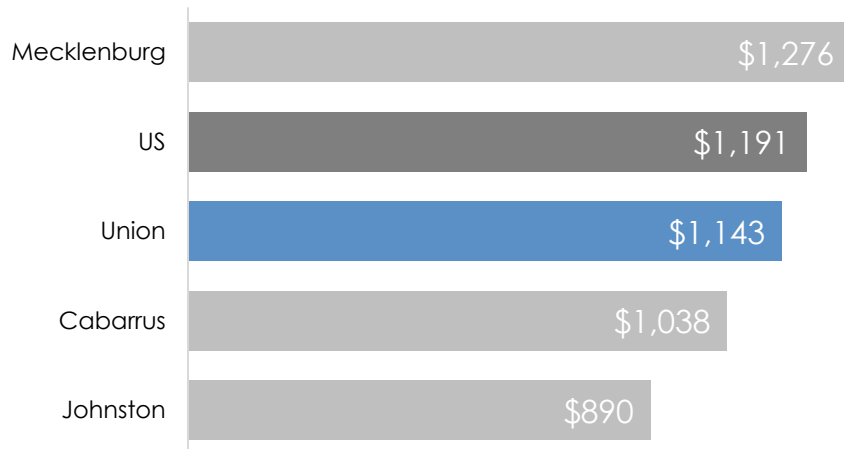
7. Foster more organized/intentional collaboration among stakeholders with inclusion of law enforcement and other first responders.

Focus Areas

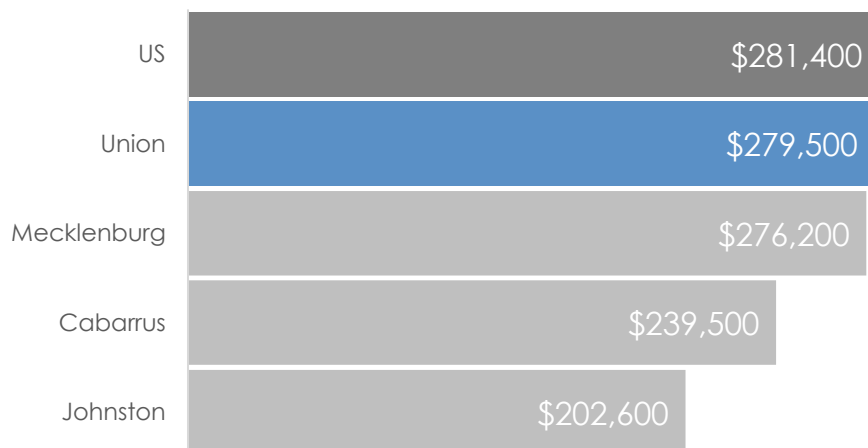
Homelessness and Housing

Union County sits outside of Mecklenburg County, North Carolina, where the city of Charlotte is located. Many families reside in Union County due to its close proximity to Mecklenburg County. Approximately 82.6% of residents own homes in Union County and 17.4% rent.¹ The median monthly rent in Union County is \$1,143 and the median mortgage is \$279,500.¹

Median Rent



Median Mortgage



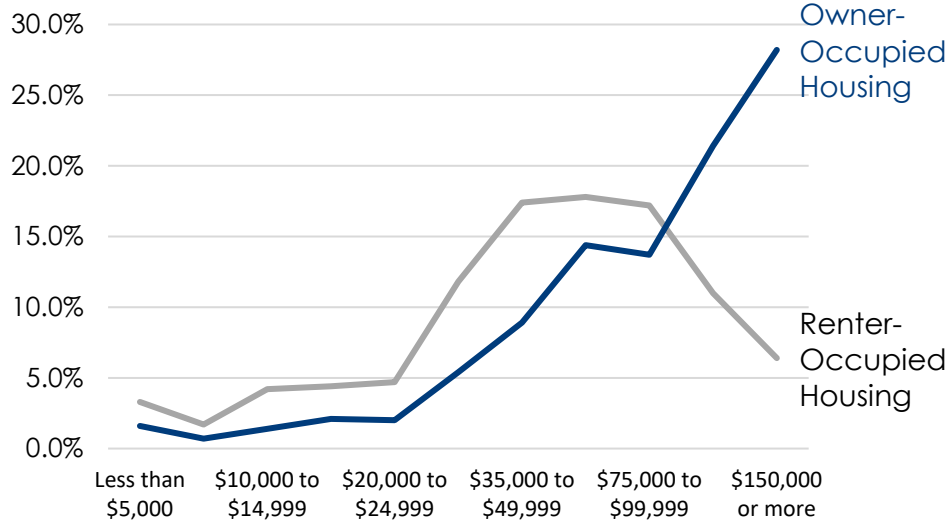
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

In the past, home values were lower than in Mecklenburg County, but now, as you can see from the graph above, the median home values in Union County slightly exceed those in Mecklenburg County.

According to 2017-2021 ACS 5-year estimates:

- 30.2% of those who rent homes are non-family members
- 90.3% of those who are married own homes
- Majority of those who rent make less than \$75,000, whereas those who have a mortgage make more than \$75,000

Households in Union County with an income **above \$100,000 are more likely to own homes.**

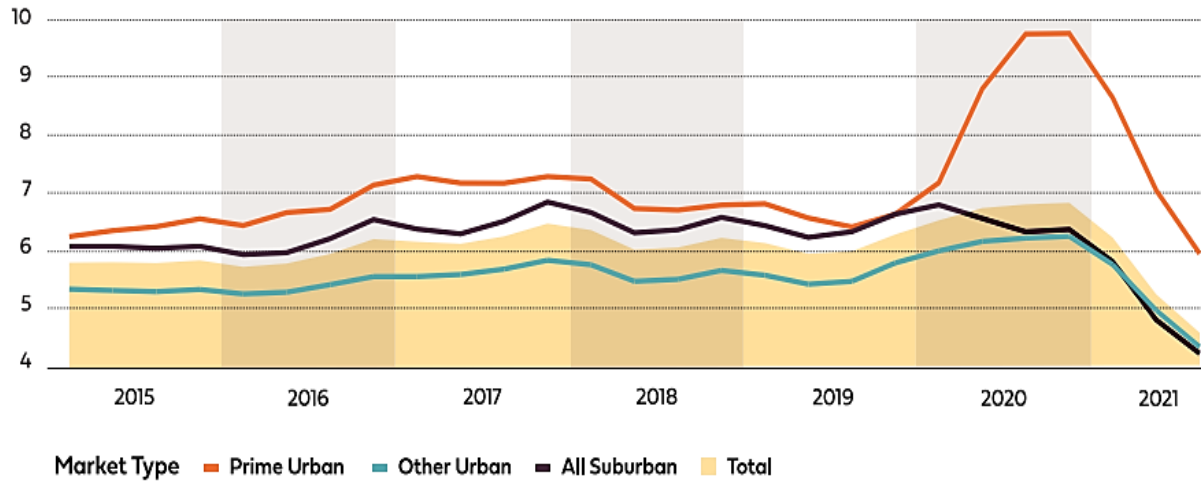


Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Over the last few years, housing and rental demands reduced vacancy rates and drove up rents and home prices across the country.

After a Sharp Rise, Vacancy Rates in Prime Urban Markets Plunged to Historic Lows

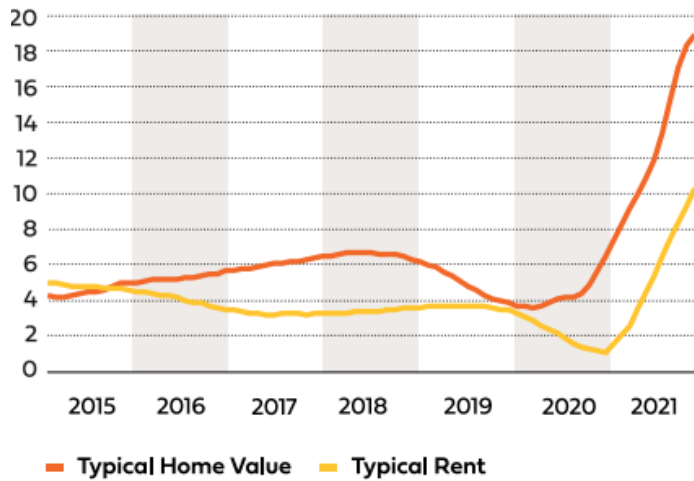
Vacancy Rate (Percent)



Notes: Urban/suburban areas are based on density in the 54 largest markets that CoStar tracks. Prime submarkets have the highest rents.
Source: JCHS tabulations of CoStar data.

Soaring Home Prices Have Added to the Pressure on Rents

Annual Change (Percent)



Source: JCHS tabulations of Zillow data.

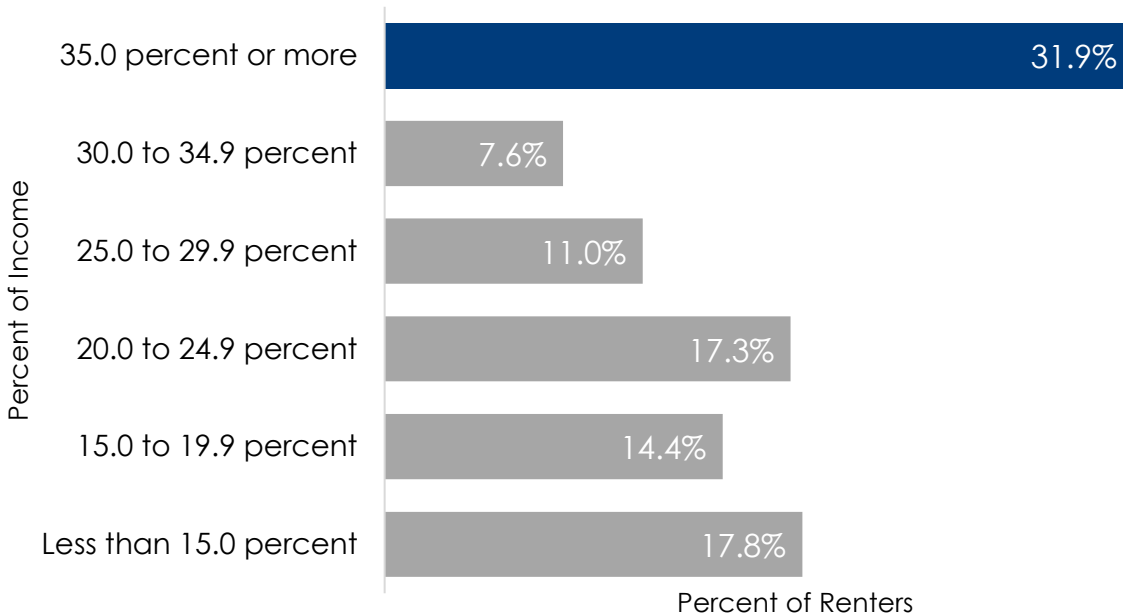
The vacancy rate of housing units in Union County is around 4% and 6% in neighboring counties, such as Cabarrus and Mecklenburg County. The pandemic added to income loss, which put

many families in jeopardy of eviction. Some families have slowly recovered while others continue to struggle.

Housing Poverty is a major issue in Union County. Lower income households in Union County struggle to pay their rent or mortgage. These individuals and families are one paycheck or less from financial disaster. The Department of Housing and Urban Development (HUD) considers families who spend more than 30 percent of their income on rent or mortgage to be **cost-burdened** and families who spend more than 50 percent of their income on rent or mortgage are considered **severely cost-burdened**. According to statistics from the North Carolina Housing Coalition, 22% of all Union County residents (16,966 households) are cost-burdened. As evidenced by the chart below, 39.5% of renters in Union County pay more than 30% or more of income on rent.

Nearly 1 in 3 renters in Union County pay more than 35% of their income on rent.

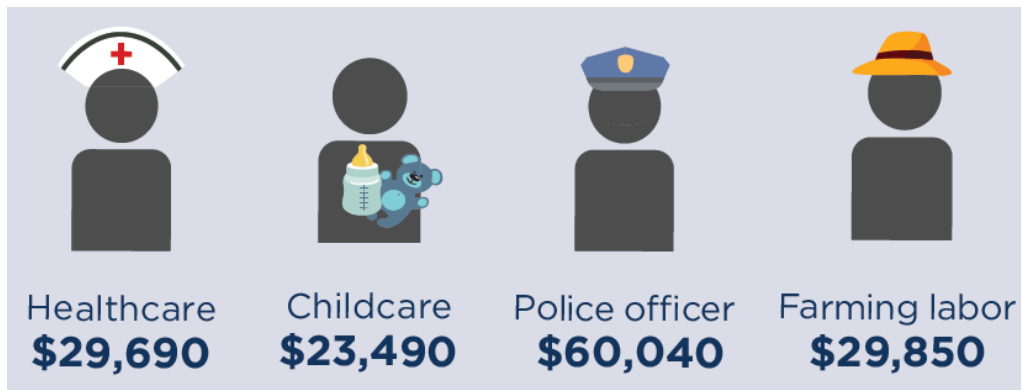
Rent as a percentage of gross household income in Union County



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

According to the National Low-Income Housing Coalition, it would take 108 hours at minimum-wage pay to be able to afford a one-bedroom apartment in Union County with its market rate of \$1,014 per month. The Fair Market Rent for a moderately-priced, two-bedroom unit, per HUD, is \$1,333 monthly. According to the North Carolina Housing Coalition, an income of \$53,320 per year is needed to afford the Fair Market Rent and it would take a wage of \$25.63 per hour to be

able to afford a two-bedroom apartment. Here are some average annual salaries for some workers in Union County:



NC Housing Coalition

Often families in crisis need only one-time intervention to stay in their homes and avoid a disruptive stay in a shelter and a difficult transition back into housing. Research shows that keeping families together reduces absenteeism and drop-out rates for children and youth in public schools (Sheldon and Epstein, 2004). It also ensures stable employment. Stable housing is the foundation for personal safety, health, and wellbeing.

In the 2022 federal point in time (PIT) count, 136 unique individuals experiencing homelessness were identified on a single night in Union County. In 2022, 258 children were identified in the Union County Public School system experiencing homelessness during the academic year. With this combined data, we estimate that on any given day, 400 individuals are experiencing homelessness in Union County and are living in shelters, "doubled-up" with family or friends, or in places not meant for human habitation. Last year, we provided 26,179 overnight stays to 631 unique individuals. 58% of all shelter participants were experiencing homelessness for the first time.

Most Union residents who experience homelessness are episodically homeless, rather than the chronic versions of homeless most often seen in urban settings. In fact, 86.1% of all persons identified in the 2022 PIT count were episodically homeless meaning that they have suffered some emergency financial need where there were no emergency funds set aside. For people living at or below the poverty line, they live in a constant state of homelessness prevention and any financial emergency can be the catalyst for a housing crisis. Union County has limited homelessness prevention programming, although more funding and capacity building in this area could create a large impact, especially for episodic homelessness.

13.9% of the Union County homeless population experiences chronic homelessness, meaning they have experienced homelessness for at least one year, or repeatedly, while struggling with a disabling condition such as serious mental illness, substance use disorder, or physical disabilities. The most appropriate housing intervention in these cases is Permanent Supportive Housing, and

in Union County, there are few, if any, resources available. Due to the lack of support, many of these individuals live unsheltered, often in tent communities. 58 unique individuals were identified living unsheltered during the same 2022 PIT count referenced above.

In May 2021, Union County Human Services initiated the Emergency Rental Assistance Program (ERAP). The program provides eligible renters in Union County with rent and utility assistance. To be eligible, applicants must be financially impacted by or during COVID-19 state of emergency and must be 80% or less of the area median income. To date, this program has provided over \$10.5 million in assistance to 1248 families. Here are some of the reasons that individuals/families needed ERAP assistance:

- Eviction - Landlords could rent to someone who could afford to pay higher rent or there could have been long-term issues with the renter and the landlord wanted the renter out of the place. ERAP program paid for hotel stay until an opening at the Community shelter was available.
- Job Loss- Renter lost a job due to illness or other reasons and fell behind on rent for a period of time and needed assistance to catch up.
- Increased Rent - Renter on a fixed income (renter on disability, social security, etc.) and landlord increased rent and the renter needed some assistance to pay rent for a period of time.

Unfortunately, the ERAP program will be out of funds in May 2023. As mentioned, Union County has a low number of rental availabilities compared to surrounding counties and not very much in the way of low cost rentals. This has become an urgent issue that needs addressing in our county.

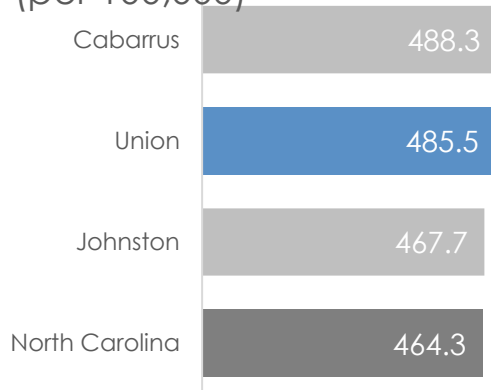
Focus Areas

Chronic Disease

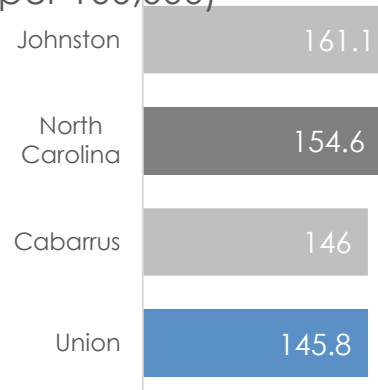
Cancer is the leading cause of death in Union County and in North Carolina overall. It is generally recognized that a majority of cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender and family history of a specific cancer are also associated with the development of cancer and aid in the identification of people at high risk.

Union County had a higher all-site cancer incidence rate in 2016-2020 than the state average, but had a lower mortality rate. Although more people in Union County were diagnosed with cancer, less died from it. The most common cancer to be diagnosed during this time was female breast cancer, followed by prostate cancer; however, lung/bronchus cancer was responsible for the most cancer deaths in Union County.

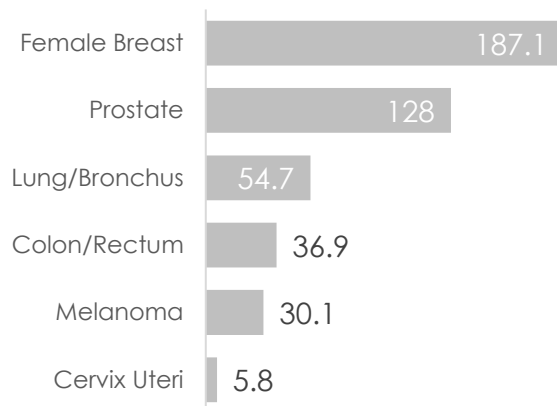
All Cancer Incidence Rates 2016-2020 (per 100,000)



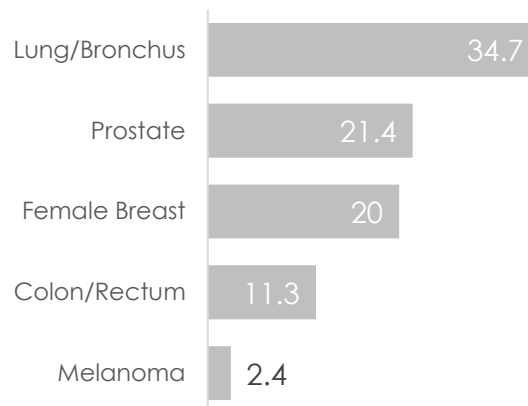
All Cancer Mortality Rates 2016-2020 (per 100,000)



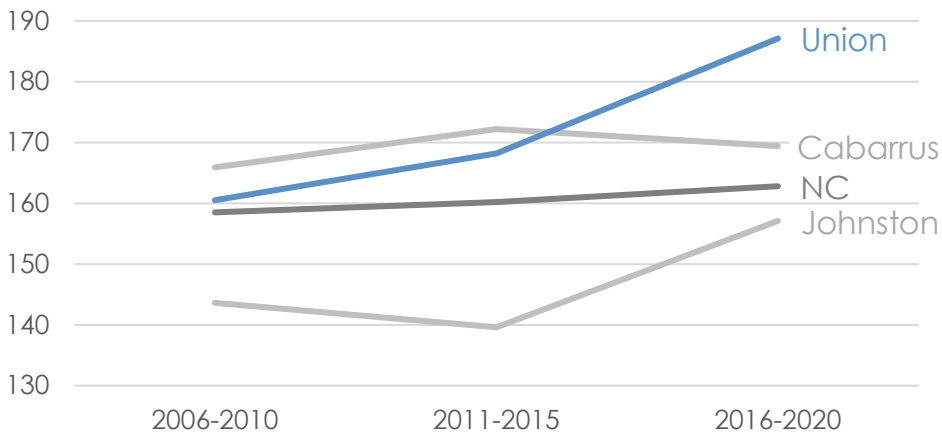
Union County Cancer Incidence Rates 2016-2020 (per 100,000)



Union County Cancer Mortality Rates 2016-2020 (per 100,000)



Age-adjusted female breast cancer incidence rates (per 100,000)



According to the Centers for Disease Control and Prevention (CDC), over 37 million Americans have diabetes and in the last 20 years, the number of adults with diabetes has more than doubled. Diabetes is growing at an epidemic rate, and is the seventh leading cause of death in the United States, North Carolina, And in Union County. In Union County, approximately 10% of residents are diagnosed with diabetes (SCHS.dph.ncdhhs.gov). 33% of people with diabetes in the US are estimated to be obese (CDC, Behavioral Risk Factor Surveillance System, 2021). In North Carolina, those who are less educated, Hispanic, and non-Hispanic Black seem to be at greater risk for diabetes diagnosis (CDC). While Union County typically ranks better than the state average for chronic disease, it is still a major concern in Union County.

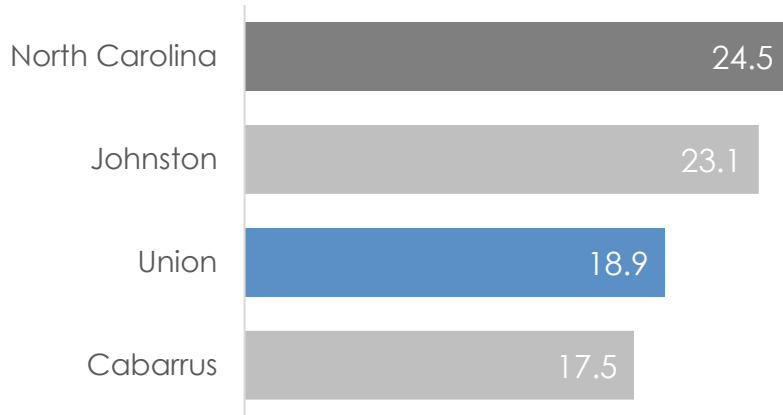
Adult Diabetes Prevalence

Percentage of adults age 20+ with diagnosed diabetes, 2019

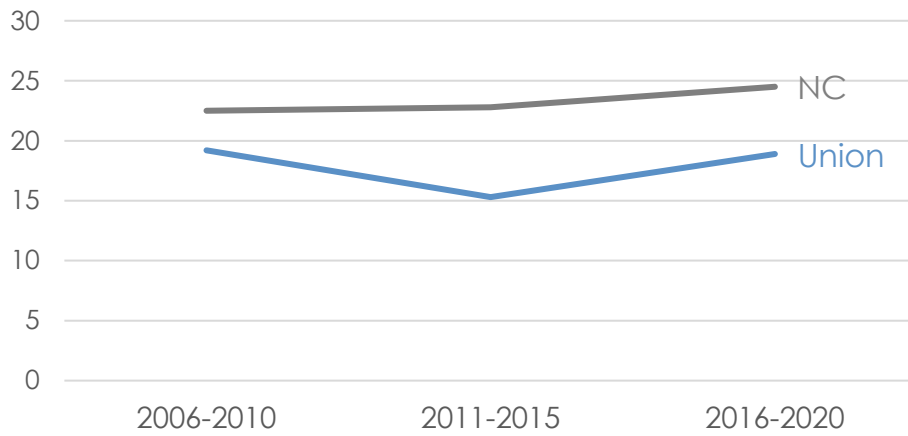


Diabetes Mortality

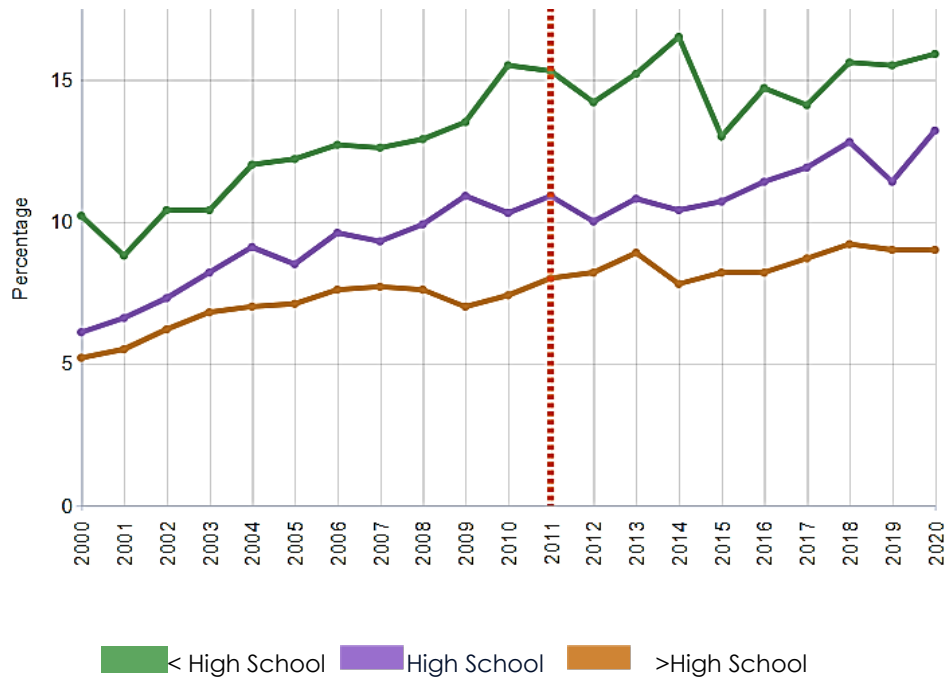
2016-2020, age-adjusted rates per 100,000



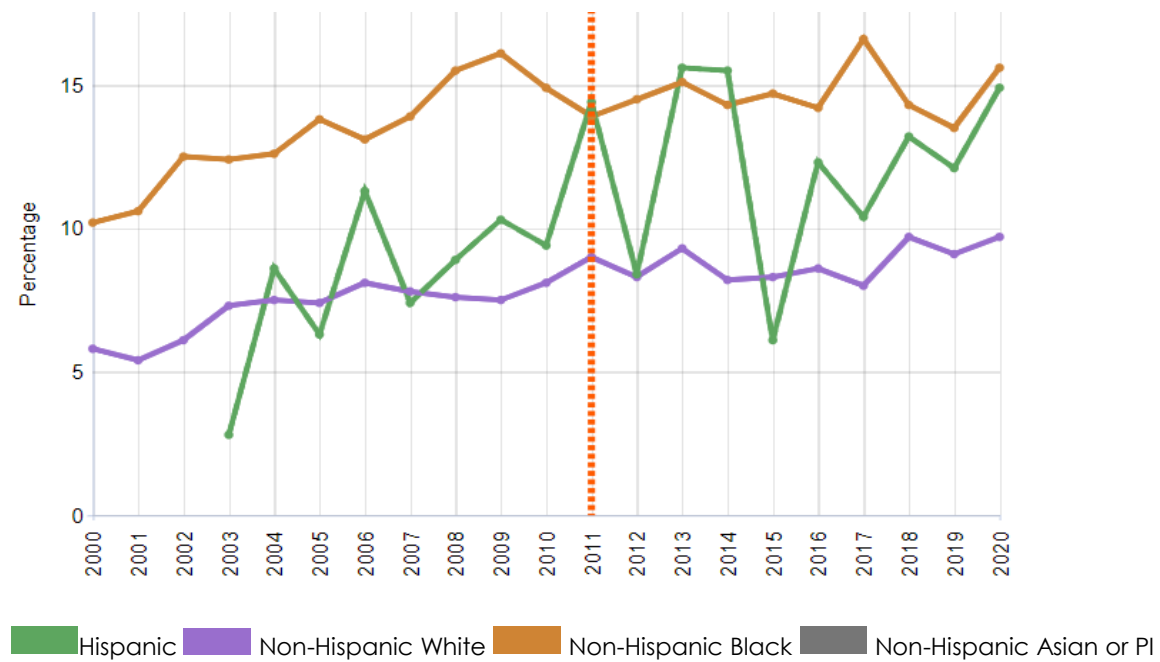
Age-adjusted diabetes death rates per 100,000 population



Diagnosed Diabetes, Education, Adults Aged 18+ Years, Age-Adjusted Percentage, North Carolina



Diagnosed Diabetes- Race-Ethnicity, Adults Aged 18+ Years, Age-Adjusted Percentage, North Carolina



USDSS

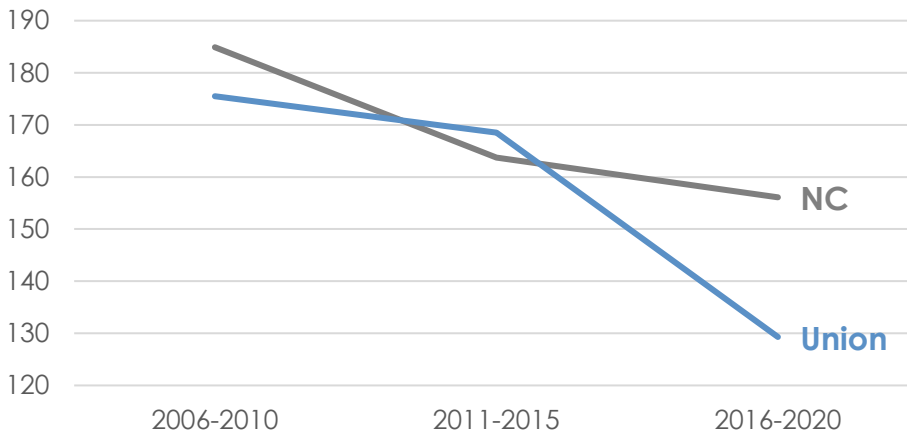
Diseases of the heart have seen downward trends in death rates over the last several years and are lower than in North Carolina overall.

Heart Disease Mortality

2016-2020, age-adjusted rates per 100,000



Age-adjusted heart disease death rates per 100,000 residents

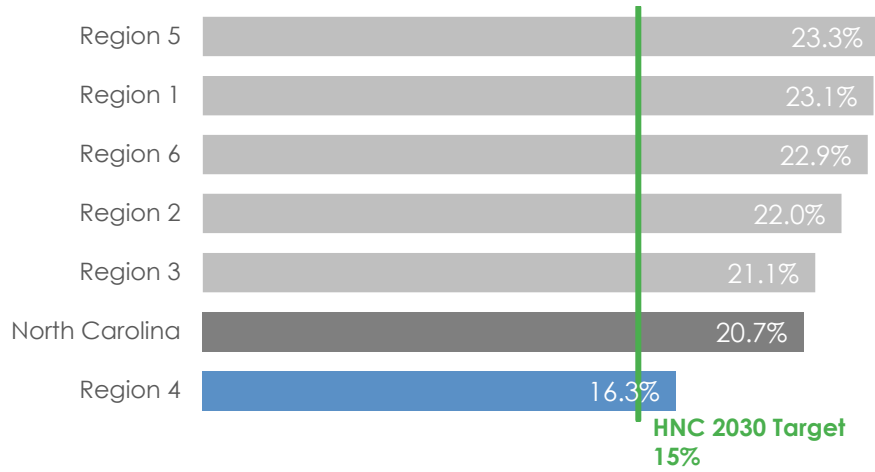


Risk factors

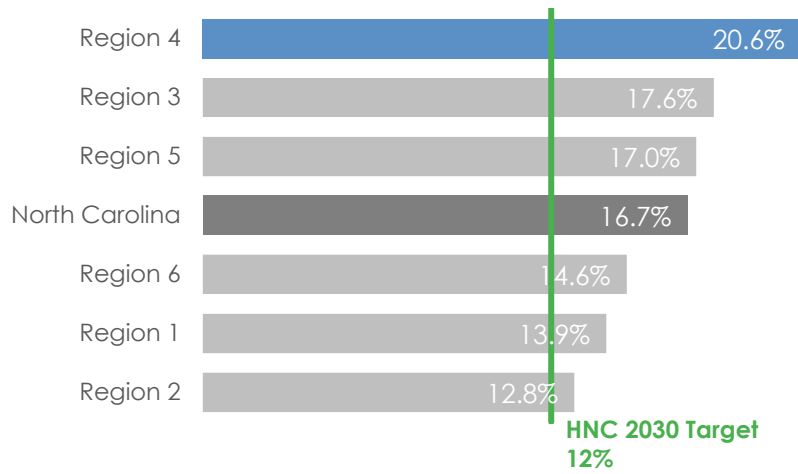
Important risk factors for chronic disease include: tobacco use, poor nutrition, physical activity, and excessive alcohol use (<https://www.cdc.gov/chronicdisease/about/index.htm>). Data on tobacco use and excessive drinking is from the NC BRFSS and is only available by region. Union County is included in Medicaid Region 4.

Overall, Union County has high risk factors for chronic disease. These underlying factors must first be addressed to reduce the burden of chronic disease in Union County.

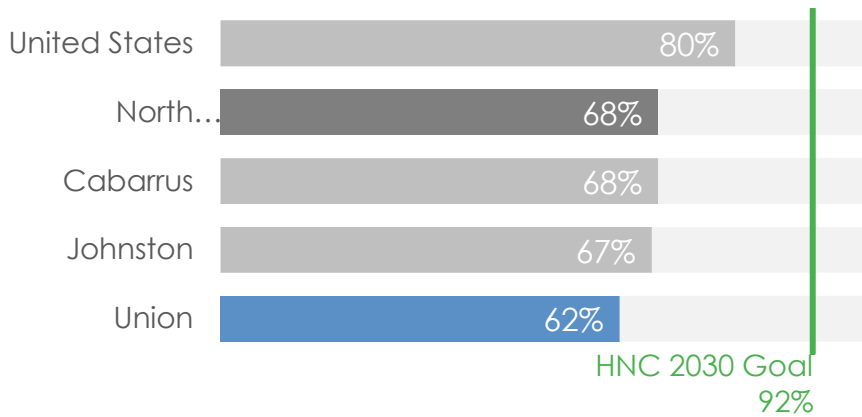
Any Tobacco Use - Adult



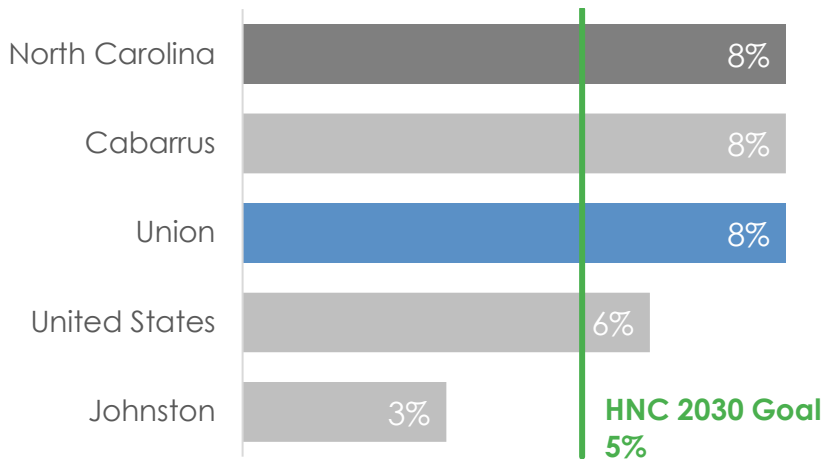
Excessive Drinking - Adult



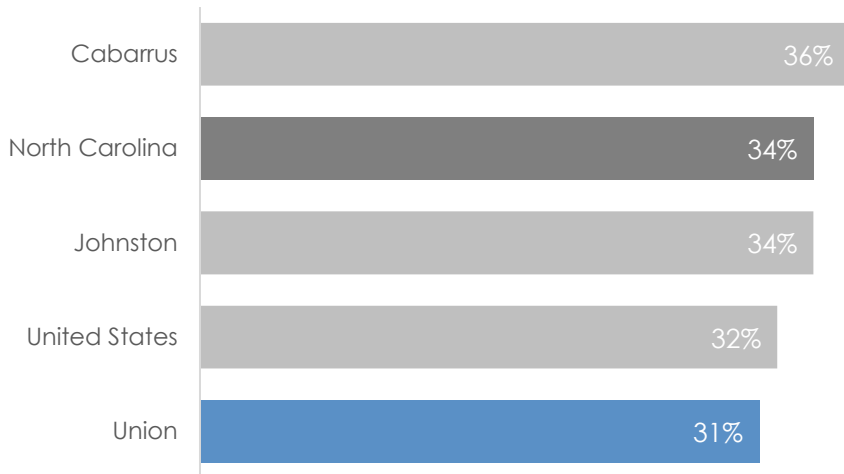
Access to Exercise Opportunities



Limited Access to Healthy Foods



Adult Obesity



Health and Resource Guide

A comprehensive list of these resources is available [online](#)

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