



Novant Health Matthews Medical Center

Community Health Needs Assessment

Mecklenburg and Union County, North Carolina

2019-2021

Approved by the Novant Health Southern Piedmont Region Board of Directors on October 23, 2019

Table of Contents

I. Introduction	
a) Organizational overview	3
b) Our defined community	4
i) Primary Service Area	4
ii) Secondary Service Area	6
iii) Mecklenburg County Population: Demographics	7
iv) Mecklenburg County Population: Health Indicators	8
v) Mecklenburg County Population: Social Indicators	9
II. Assessment	
<u>Mecklenburg County Health Assessment</u>	
a) Collaborative community partners	11
b) Solicitation	12
c) Data collection and analysis	12
<u>Union County Health Assessment</u>	
d) Collaborative community partners	14
e) Solicitation	15
f) Data collection and analysis	15
III. Identifying and Prioritization of Health Needs	
<u>Mecklenburg County Health Assessment</u>	
a) Identified Significant Health Needs	17
b) Analysis and Prioritization	18
<u>Union County Health Assessment</u>	
c) Identified Significant Health Needs	19
d) Analysis and Prioritization	20
IV. Addressing Needs	21
V. Impact evaluation of 2016-2018 CHNA	23
VI. Appendix A: Advisory group agencies for 2017 Mecklenburg County CHA	27
VII. Appendix B: Steering Committee agencies for 2019 Union County CHA	28
VIII. Appendix C: Union County Focus Group Findings	29

I. Introduction

Novant Health Matthews Medical Center, in partnership with the Mecklenburg County Health Department, Union County Health Department, and other community partners established a community health needs assessment in 2013 and 2016, respectively, to identify the most pressing health needs in our community. Novant Health Matthews Medical Center will enhance the community's health by offering health and wellness programming, clinical services and financial support in response to the specific health needs

a) Organization Overview

Novant Health Matthews Medical Center is an integral part of the Novant Health system (collectively known as "Novant Health"). Novant Health (NH) is a non-profit integrated health care system of 15 medical centers and a medical group with over 575 clinic locations. Other facilities and programs include outpatient surgery and diagnostic centers, charitable foundations, rehabilitation programs, and community health outreach programs. Novant Health and its affiliates serve their communities with programs including health education, home health care, prenatal clinics, community clinics and immunization services. Novant Health's over 28,000 employees and 2,500 physician partners care for patients and communities in North Carolina, South Carolina, and Virginia.

Mission

Novant Health exists to improve the health of our communities, one person at a time.

Our employees and physician partners strive every day to bring our mission, vision and values to life. We demonstrate this commitment to our patients in many different ways. Our organization:

- Maintains an active community health outreach program.
- Demonstrates superior outcomes for many health conditions as indicated by our state and national quality scores.
- Creates innovative programs that address important health issues, with many of our programs and services being recognized nationally.
- Believes in its role as a socially responsible organization, working with community agencies and organizations to make our communities better places to live and work.

Novant Health Matthews Medical Center (NHMMC) is dedicated to providing patients and families in the community with high-quality, compassionate healthcare services. Novant Health Matthews Medical Center is a 146-bed facility that provides a full-range of services in health specialties including emergency, cardiovascular, maternity, radiology, orthopedic, sleep, and cancer care. The Novant Health Matthews Medical Center Breast Center provides advanced diagnostic services offered in a comfortable, tranquil environment. Novant Health Matthews Medical Center is also home to the area's only full-service medical library, providing patients, physicians and the community with personal assistance to locate in-depth health and medical information.

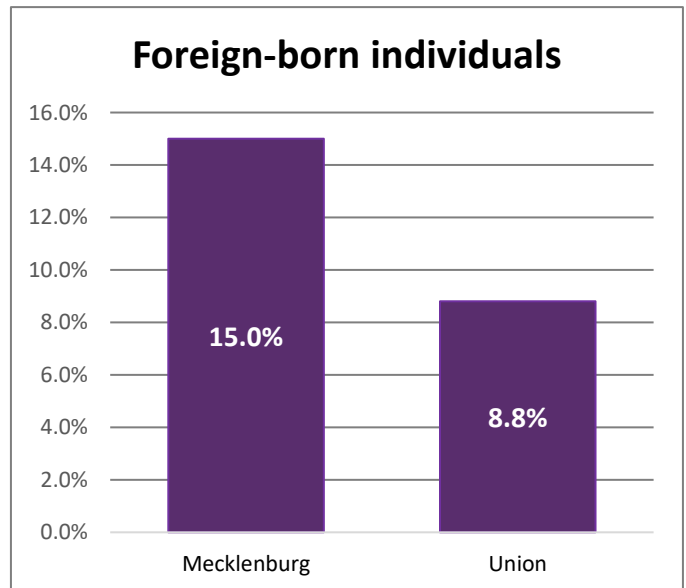
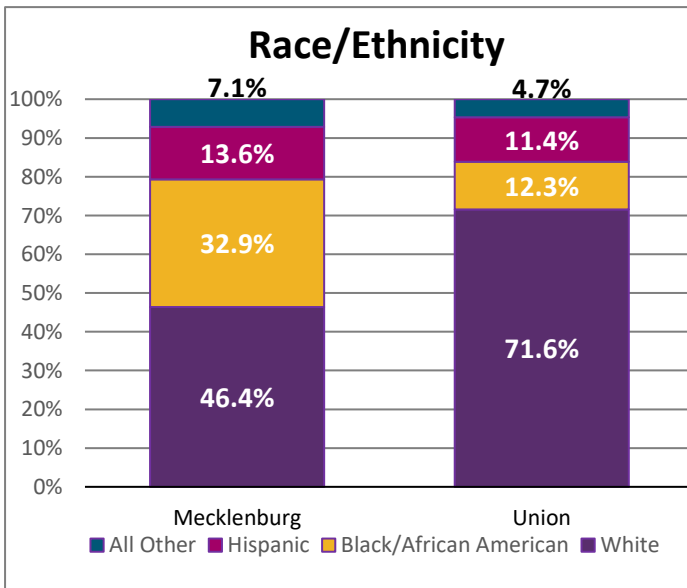
b) Our Defined Community

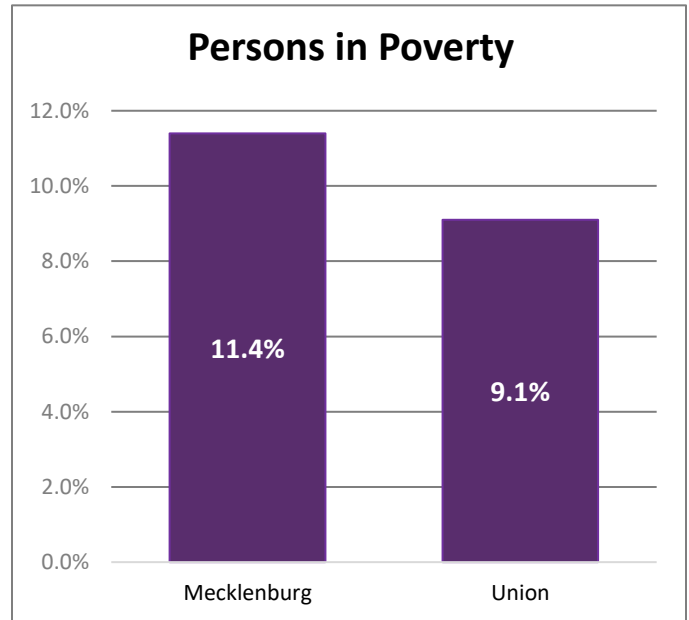
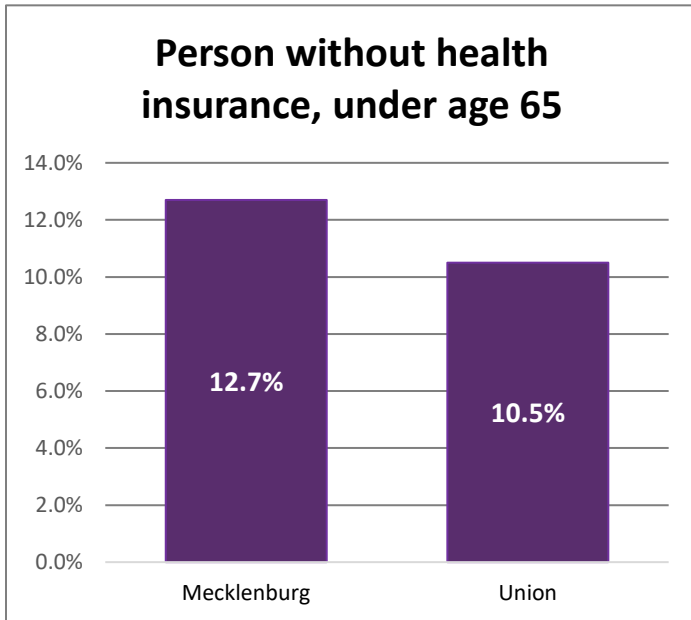
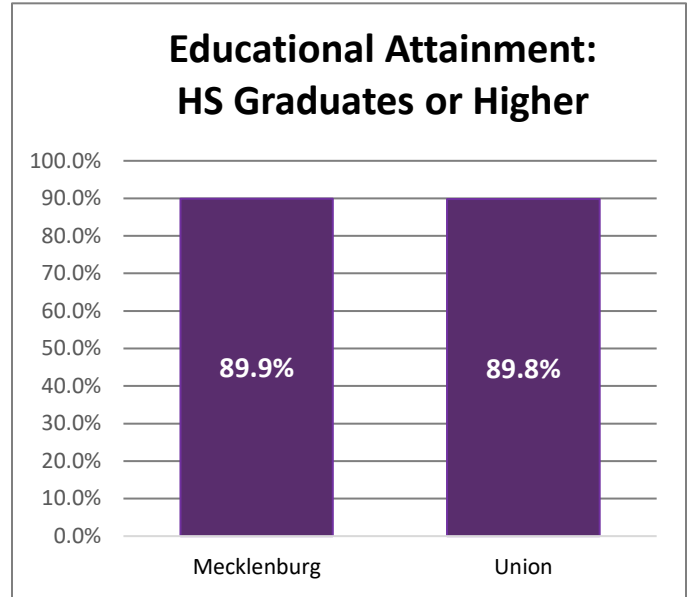
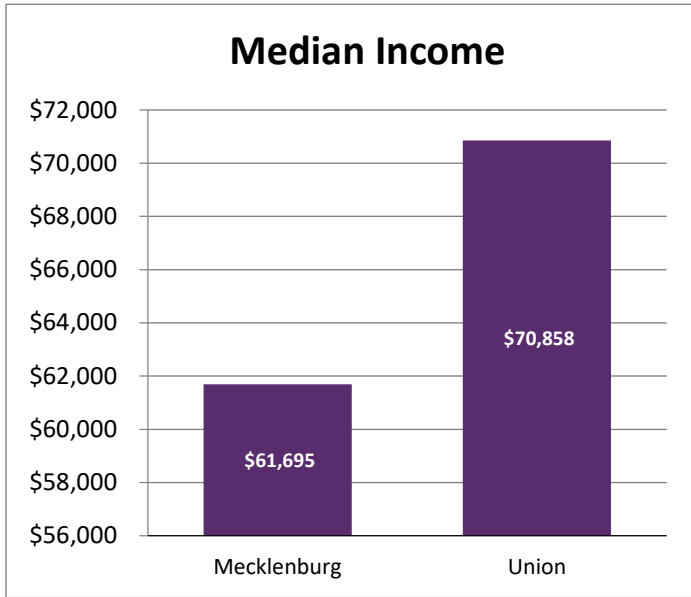
Primary Service Area

The Primary Service Area for Novant Health Matthews Medical Center is defined by the zip codes that represent 75% to 85% of the hospital’s in-patient population as outlined below:

Zip Code	City	County
28105	Stallings	Union
28227	Charlotte	Mecklenburg
28079	Indian Trail	Union
28110	Monroe	Union
28104	Matthews	Mecklenburg
28270	Charlotte	Mecklenburg
28212	Charlotte	Mecklenburg
28173	Waxhaw	Union
28277	Charlotte	Mecklenburg
28112	Monroe	Union
28215	Charlotte	Mecklenburg

The Primary Service Area includes the City of Charlotte in Mecklenburg County and the Cities of Indian Trail, Monroe, Stalling and Waxhaw in Union County, 50% of patients in the Primary Service Area (PSA) reside in Mecklenburg County, while 52% of patients in the PSA and Secondary Service Area (SSA) reside in Mecklenburg County. 50% of patients in the Primary Service Area (PSA) reside in Union County, while 43% of patients in the PSA and SSA reside in Union County. A comparison of county data from each geographic area from which the hospital draws its patients was conducted. Based on comparison of race/ethnicity, median income, educational attainment, persons in poverty and foreign-born individuals, Mecklenburg County represents the highest population of potentially underserved, low-income and minority individuals from the Primary Service Area.

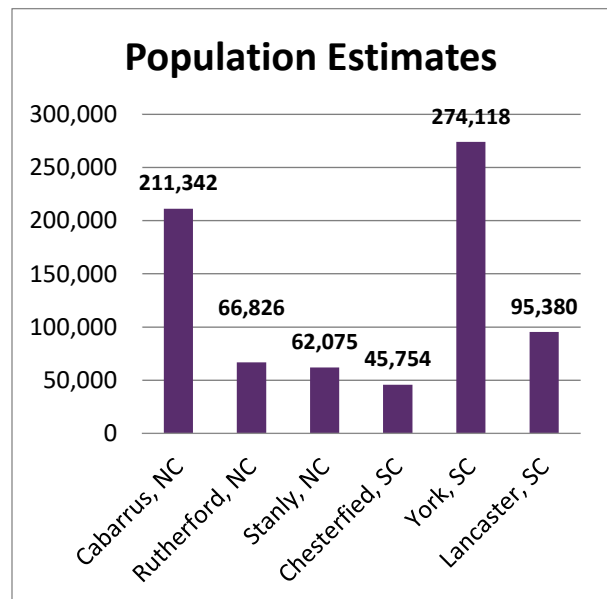
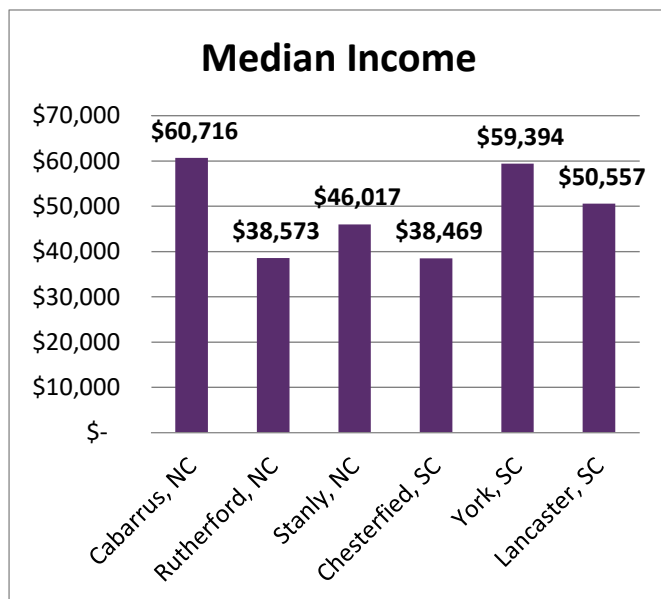
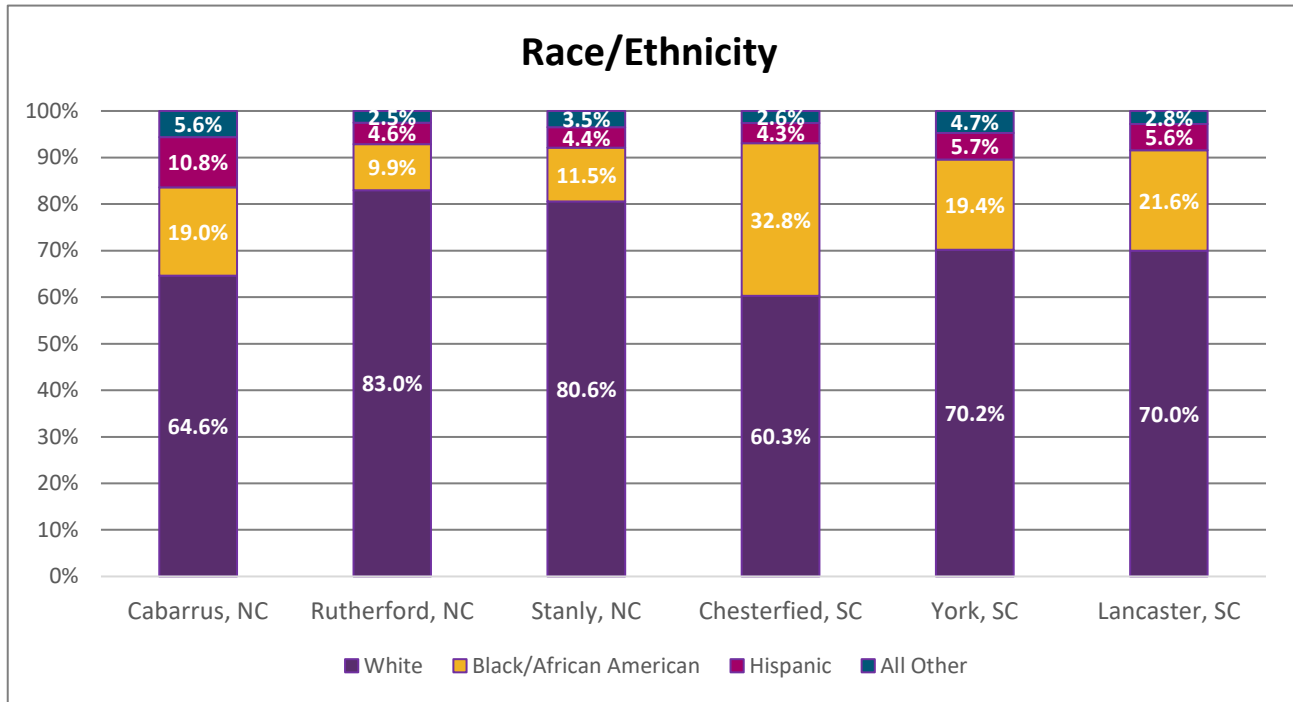




Source for all graphs: U.S. Census Bureau (2018)

Secondary Service Area

The Secondary Service Area for Novant Health Matthews Medical Center covers a six-county radius, including: Cabarrus, Rutherford and Stanly Counties in North Carolina and Chesterfield, York and Lancaster Counties in South Carolina. According to the 2018 U.S. Census and 2013-2017 American Community Survey Estimates, the aforementioned counties include the following demographic profiles:



Source for all graphs: U.S. Census Bureau (2018)

Mecklenburg County Population: Demographics

As outlined in the charts above, Mecklenburg County represents the highest population of potentially underserved, low-income and minority individuals from the Primary Service Area. As an equal number of patients reside in both Mecklenburg and Union County, both counties will be included in the demographic, health and social indicators.

Mecklenburg County has the largest population of any county in the State of North Carolina. Mecklenburg County is home to just under 1,100,000 residents, making it the most populous county between Atlanta, Georgia and Washington, D.C. In fact, from 2007 to 2018, Mecklenburg County’s population growth rate was 19% and expected to grow in excess of 1.5 million people by 2037. Union County has 235,908 residents and has grown 17.2% since 2010. Union county is expected to remain one of the fastest growing counties in North Carolina.

Children and adolescents make up almost one-third (30.2%) of the population in Mecklenburg County and 32.5% in Union County, while seniors only make up 11.2% and 12.7% of the population¹ respectively. From 2010 to 2020, the population of Mecklenburg County has been projected to grow by 24% and 19% in Union County. North Carolina’s population is projected to grow by 11% during the same time period. Non-white minorities currently make up over one-half (53.6%) of the racial demographic in Mecklenburg County and 28.4% in Union County

Demographic data for Mecklenburg and Union Counties is outlined below:

Mecklenburg County & Union County Population by Race & Ethnicity (2018)

	Mecklenburg County	Union County	North Carolina
Population Estimate	1,093,901	235,908	10,383,620
Persons Under 5 Years	6.6%	5.7%	5.9%
Persons Under 18 Years	23.6%	26.8%	22.2%
Person 65 Years & Over	11.2%	12.7%	16.3%
Female Persons	51.9%	50.8%	51.4%
White Alone	46.4%	71.6%	62.8%
Black/African-American Alone	32.9%	12.3%	22.2%
American Indian & Alaska Native Alone	0.8%	0.6%	1.6%
Asian Alone	6.4%	3.4%	3.2%
Native Hawaiian & Other Pacific Islander Alone	0.1%	0.1%	0.1%
Two or More Races	2.4%	2.0%	2.3%
Hispanic or Latino	13.6%	11.4%	9.6%

Source: U.S. Census Bureau (2018).

In this chart, race/ethnicity percentages sum to exceed 100% because some individuals identify in multiple categories.

¹ U.S. Census Bureau (2018). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/3712000.html>

Mecklenburg County & Union County: Health Indicators

In the 2018 County Health Rankings, Mecklenburg County² and Union County³ ranked 5th and 4th, respectively, out of 100 counties for health outcomes. Despite a strong overall performance, there are profound racial disparities in many categories. For example, Mecklenburg County and Union County’s overall child poverty rate is below the North Carolina average. Segmenting the percentage by race, we find the poverty rate among African American children is 24% above that of white children in Mecklenburg County and 12% above in Union County. The poverty rate of Hispanic children is 28% higher than that of white children in Mecklenburg County and 26% higher in Union County. As cited by the Leading on Opportunity Task Force⁴, Mecklenburg County’s long history of racial and economic segregation has created sharp disparities in education, health and overall opportunity. Both areas performed particularly poorly in clinical care and physical environment categories, outlined below.

Key findings are listed below:

Length of Life (Ranked 6 and 5 out of 100, respectively)	Mecklenburg County	Union County	Top U.S. Performers	North Carolina
Years of potential life lost before age 75 per 100,000 population (age-adjusted, total)	5,700	5,600	5,300	7,300
Years of Potential Life Lost Rate (African American)	8,300	9,700	5,300	7,300
Years of Potential Life Lost Rate (Hispanic)	3,400	3,200	5,300	7,300
Years of Potential Life Lost Rate (White)	4,800	5,300	5,300	7,300
Social and Economic Factors (Ranked 15 and 1 out of 100, respectively)	Mecklenburg County	Union County	Top U.S. Performers	North Carolina
Percentage of children under 18 in poverty (total)	18%	12%	12%	22%
Percentage of children under 18 in poverty (African American)	29%	19%	12%	22%
Percentage of children under 18 in poverty (Hispanic)	33%	33%	12%	22%
Percentage of children under 18 in poverty (White)	5%	7%	12%	22%
Physical Environment (Ranked 69 and 97 out of 100, respectively)	Mecklenburg County	Union County	Top U.S. Performers	North Carolina
Percentage of households with overcrowding, high costs, lack of kitchen, or lack of plumbing	18%	14%	9%	17%

² <http://www.countyhealthrankings.org/app/virginia/2018/rankings/prince-william/county/outcomes/overall/snapshot>

³ <http://www.countyhealthrankings.org/app/virginia/2018/rankings/manassas-city/county/outcomes/overall/snapshot>

⁴ https://www.ftc.org/sites/default/files/2018-05/LeadingOnOpportunity_Report.pdf

The leading cause of death in Mecklenburg County and Union County is cancer, followed by heart disease. In Mecklenburg County, the third most common cause of death was cerebrovascular diseases in Mecklenburg County and Alzheimer disease was the 3rd leading cause of death in Union County.

Leading Causes of Death in Mecklenburg County in 2017				Leading Causes of Death in Union County in 2017			
Rank	Cause of Death	Number	%	Rank	Cause of Death	Number	%
1	Cancer	1,253	20.3	1	Cancer	350	23.3
2	Diseases of heart	1,126	18.3	2	Diseases of heart	270	17.9
3	Cerebrovascular diseases	343	5.6	3	Alzheimer's disease	98	6.5
4	All other unintentional injuries	309	5.0	4	Chronic lower respiratory diseases	75	5.0
5	Alzheimer's disease	290	4.7	5	Cerebrovascular diseases	68	4.5
6	Chronic lower respiratory diseases	270	4.4	6	All other unintentional injuries	61	4.1
7	Diabetes mellitus	182	3.0	7	Diabetes mellitus	47	3.1
8	Nephritis, nephrotic syndrome and nephrosis	174	2.8	7	Septicemia	39	2.6
9	Intentional self-harm (suicide)	116	1.9	9	Nephritis, nephrotic syndrome and nephrosis	36	2.4
10	Influenza and pneumonia	115	1.9	9	Motor vehicle injuries	34	2.3
	All other causes (Residual)	1,983	32.1		All other causes (Residual)	427	28.3
	Total Deaths – All Causes	6,161	100.0		Total Deaths – All Causes	1,505	100.0

Source: State Center for Health Statistics, North Carolina

Mecklenburg County & Union City: Social Indicators

Mecklenburg County households earn a median income that is approximately 22.6% higher than the North Carolina state average and Union County household earned 40.8% more than the North Carolina state average. According to the U.S. Census 2017 American Community Survey, more than one-fourth (29.2%) of Mecklenburg County residents have attained a bachelor’s degree or higher⁵ and 23.7% of the residents in Union have attained a bachelor’s degree or higher. A key indicator to evaluate economic condition of Mecklenburg County and Union County is the poverty rate. The poverty rate for Mecklenburg County is lower than the North Carolina state average by 2.7%, while the poverty rate for Union County is significantly less than the North Carolina state average by 6.7%.

⁵ American Community Survey (2013-2017) <http://data.census.gov>

Median Household Income		Population Educational Attainment & Poverty Level			
Mecklenburg County	\$61,695	Education & Poverty Level	Mecklenburg County	Union County	North Carolina
Union County	\$70,858	< HS diploma/GED	10.1%	10.2%	13.1%
North Carolina	\$50,320	HS diploma/GED	17.9%	89.8%	86.9%
		Bachelor's degree	29.2%	23.7%	29.9%
		Persons below poverty level	13.4%	9.4%	16.1%

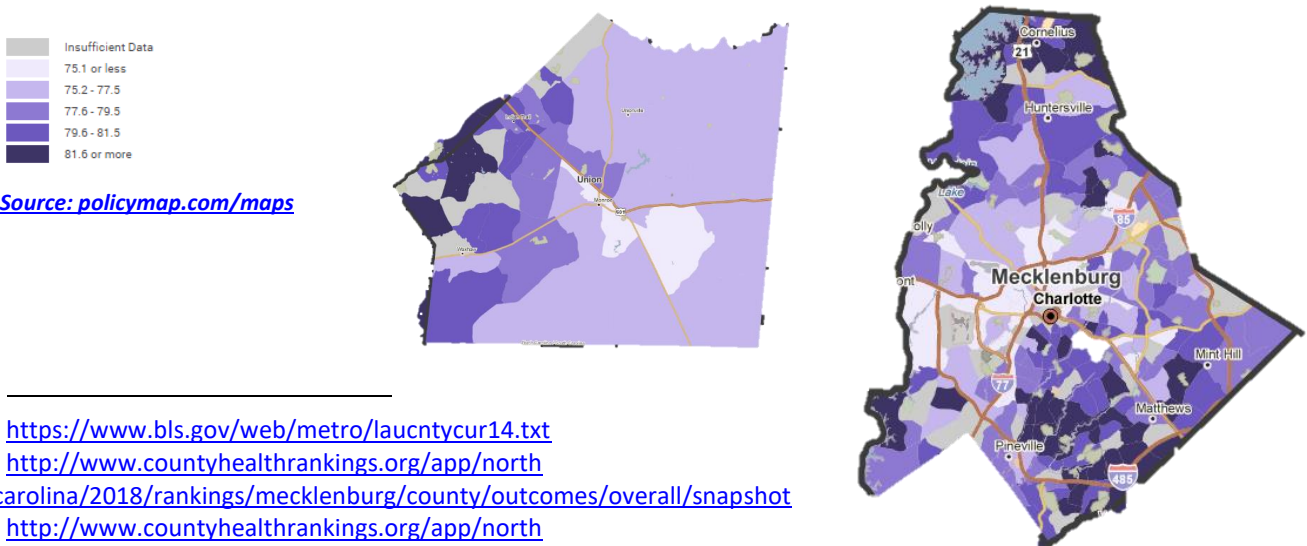
Source: U.S. Census Bureau (2018)

Source: American Community Survey (2013-2017)

The Mecklenburg County unemployment rate snapshot from February 2019 is equal to the North Carolina state average and Union County’s unemployment rate was slightly better the state average. According to Robert Wood Johnson Foundation (RWJF) County Health Rankings and Roadmaps, access to healthy food is slightly more limited in Mecklenburg County than in North Carolina overall, and even more limited in Union County. Over half of the renters in Mecklenburg County and slightly less than half of the renters in Union County spend more than 30% of their household income on rent. Both Mecklenburg County and Union County has a significantly lower percentage of households without a vehicle compared to the state-wide average of 6.1%.

Unemployment Rate ⁶		Limited Access to Healthy Foods		Renters spending more than 30% Of Household Income on Rent ⁹		Percent of Households without a Vehicle ⁹	
Mecklenburg County	3.9%	Mecklenburg County ⁷	5%	Mecklenburg County	51.8%	Mecklenburg County	2.7%
Union County	3.7%	Union County ⁸	4%	Union County	47.4%	Union County	2.3%
North Carolina	3.9%	North Carolina	7%	North Carolina	48.7%	North Carolina	6.1%

Life expectancy varies widely in Mecklenburg County, from over 81 years in the northern and southern areas of the county, to less than 75.8 years in the “crescent” region of central Charlotte. Variations are also pronounced in Union County, with individuals in the west corner of the county expected to leave over 81 years, and individuals living near Monroe and Southeast of the Highway 601/74 can expect to leave just 75 years or less.



Source: policymap.com/maps

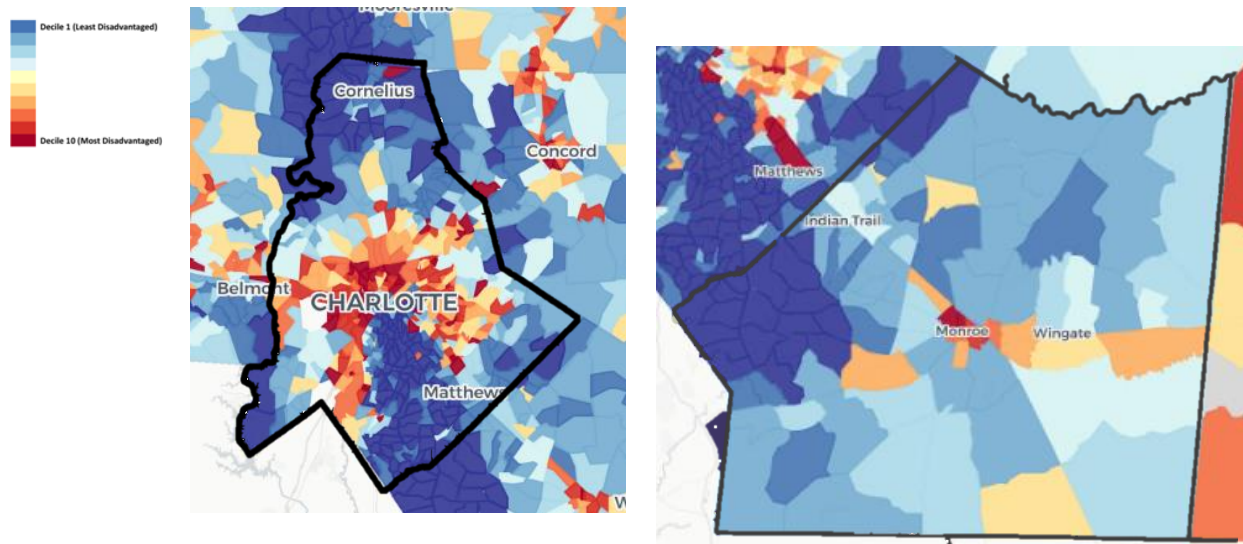
⁶ <https://www.bls.gov/web/metro/laucntycur14.txt>

⁷ <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/mecklenburg/county/outcomes/overall/snapshot>

⁸ <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/union/county/outcomes/overall/snapshot>

⁹ <https://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b>

Mecklenburg County and Union County residents also display a wide range along the Area Deprivation Index (ADI). The maps below show ADI scores from within NC that were ranked from lowest to highest, then divided into deciles (1-10). The least advantaged decile is represented by dark blue; the most disadvantaged in dark red.



The ADI is a factor-based index which uses 17 US Census poverty, education, housing and employment indicators, including those above, to characterize census-based regions and has been correlated with a number of health outcomes including all-cause, cardiovascular, cancer and childhood mortality, and cervical cancer prevalence⁹.

II. Assessment

Mecklenburg County, NC

The following are excerpts and findings from the **2017 Mecklenburg County Community Health Assessment**. To view the full report, visit <https://www.mecknc.gov/cha>.

a) Collaborative community partners

Local Health Departments in North Carolina are required to conduct a comprehensive community health needs assessment to maintain local health department accreditation. As part of the Patient Protection and Affordable Care Act of 2011, not-for-profit hospitals are also now required to conduct a Community Health Needs Assessment (CHNA) once every three years.

In Mecklenburg County, the 2017 Community Health Assessment (CHA) was led by a multidisciplinary collaboration of an established Advisory Group, which contains representatives from community organizations including Novant Health and Atrium Health. The assessment process is led and coordinated by the Epidemiology program of the Mecklenburg County Health Department. As part of this assessment process,

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4251560/>

special attention was paid to the needs of the underserved. The process emphasized collaboration among community partners to improve the overall health of the community.

The assessment process was initiated by the Mecklenburg County Health Department (MCHD), community not-for-profits, Charlotte-Mecklenburg Schools, other city/county agencies and community members. Novant Health and Atrium Health were also invited to participate in the process. To ensure input from public health professionals, leaders of medically underserved communities, and persons with broad knowledge of the community, invitations were distributed to a large number of individuals and community groups (See Appendix A for a complete list of agencies that were represented on the Community Health Needs Advisory Committee). For a listing of individual participant names, see the full report at

<https://www.mecknc.gov/HealthDepartment/HealthStatistics/Documents/2017%20Mecklenburg%20CHA%20with%20Appendix%20March%208.pdf>

b) Solicitation

The CHA steering committee in partnership with the Epidemiology program collected community input on health issues to determine the top priorities. Gathering community input on the health issues included in the assessment is an integral part of the CHA process. The three methods to collect community feedback were:

- (1) The Community Health Opinion Survey: 1,793 responses
- (2) Priority Setting Event: 125 attendees
- (3) Priority Setting “In A Box” presentations: Nearly 300 responses

Input gathered from each of these methods was combined to determine our top health priorities. Input was solicited from persons who represent the broad interest of Mecklenburg County, NC, including Hispanics, persons living in poverty and those without a high school degree. Health priorities and data highlights were communicated in a variety of ways including social media, agency websites, and follow up with all the community groups who participated in the prioritization process

c) Data collection and analysis

Primary data

The Community Health Opinion Survey

With guidance from the CHA Advisory Group, the MCHD Epidemiology program developed a health opinion survey for Mecklenburg County residents. Rather than focusing on specific diseases or conditions for which secondary data is readily available, residents were asked to reflect on various issues and challenges facing their communities. “Community” was defined as the resident’s neighborhood or place of immediate residence as oppose to the entire county.

The latter portion of the survey asked participants their opinions on the nine identified health focus areas, health concerns related to the social determinants of health and finally demographic information.

The CHA Community Health Opinion Survey was available to Mecklenburg County residents only. The survey was open for responses from June 2017 to November 2017. Surveys were administered electronically through Qualtrics® and in paper copy in both English and Spanish languages.

The sampling method used for this survey was convenience sampling which is an inexpensive and quick way to collect data. Links to the online survey were sent via email to elected officials of the county, city and towns; heads of city neighborhood associations; city and county employees and through various contact lists. The survey link was also posted on the health department website and the Mecklenburg County Facebook page. All recipients of the email were encouraged to share the link among their own contacts.

A targeted distribution of paper copies was used to reach areas of the population that may not have access to a computer. Paper copies were distributed at the following locations: Care Ring, Charlotte Community Health Clinic, Bethesda Health Center, Salvation Army Center of Hope, the Rosa Parks Farmers Market and various churches throughout the county. Participants surveyed accurately represented the demographic population of Mecklenburg County:

Demographic Category	2017 Survey Participants		County Population (ACS 2017)
	Number	Percent	Percent
Gender			
<i>Male</i>	388	23.3	48.1
<i>Female</i>	1,273	76.3	51.9
<i>Other</i>	8	0.5	0.0
Race/Ethnicity			
<i>White/Caucasian</i>	799	48.5	47.0
<i>African American/Black</i>	583	35.4	32.8
<i>Asian</i>	46	2.8	6.1
<i>American Indian/Alaskan Native</i>	10	0.6	0.8
<i>Native Hawaiian/Pacific Islander</i>	6	0.4	0.1
<i>Hispanic or Latino Origin</i>	282	16.9	13.3
<i>Two or More Races</i>	60	3.6	2.4
<i>Other Race</i>	145	8.8	N/A
Age			
<i>Under 18</i>	15	0.9	24.4
<i>18-24</i>	72	4.3	9.1
<i>25-44</i>	585	34.7	31.8
<i>45-64</i>	633	37.6	24.4
<i>65-84</i>	334	19.8	9.2
<i>85+</i>	45	2.7	1.1
Annual Household Income			
<i>\$0-\$19,999</i>	353	22.9	12.2
<i>\$20,000-29,999</i>	192	12.5	8.3
<i>\$30,000-\$44,999</i>	199	12.9	13.5
<i>\$45,000-\$64,999</i>	203	13.2	N/A
<i>\$65,000-\$90,000</i>	193	12.5	N/A
<i>More than \$90,000</i>	400	26.0	N/A

Areas identified as gaps in the quantitative data sampling included an underrepresentation in males and the Asian population. Also, the Race/Ethnicity percentages totaled more than 100% due to the fact that respondents were allowed to choose more than one category. The response from individuals in the annual household income category of \$0-\$19,999 was 22.9% which was almost double the county population.

Secondary data

Along with the outlined primary data, secondary data was collected from other sources and reviewed. Health data was gathered and analyzed from the following sources:

- Atrium Health Trauma Center
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Charlotte Mecklenburg Police Department (CMPD)
- Mecklenburg County
- Department of Social Services (DSS)
- Geographic Information Systems (GIS)
- Land Use & Environmental Services Agency (LUESA)
- North Carolina Electronic Disease Surveillance System (NCEDSS)
- North Carolina Department of Health & Human Services (NC DHHS)
- Communicable Disease Program •HIV/STD Prevention and Care
- State Center for Health Statistics •Vital Statistics
- North Carolina Disease Event Tracking & Epidemiologic Collection Tool (NC DETECT)
- North Carolina Department of Transportation (NC DOT)
- Youth Drug Survey (YDS)
- Youth Risk Behavior Survey (YRBS)
- US Census, American Community Survey

Union County, NC

The following are excerpts and findings from the **2019 Union County Community Health Assessment**. At the time of drafting, the county's community health assessment report was still in development.

a) Collaborative community partners

In Union County, the 2019 Community Health Assessment (CHA) was led by a multidisciplinary collaboration of an established Advisory Group, which contains representatives from community organizations including Novant Health and Atrium Health. The assessment process is led and coordinated by the Epidemiology program of the Mecklenburg County Health Department. As part of this assessment process, special attention was paid to the needs of the underserved. The process emphasized collaboration among community partners to improve the overall health of the community.

The assessment process was initiated by the Union County Health Department (UCHD), with steering committee assistance from community not-for-profits, Union County Public Schools, other city/county agencies and

community members. Novant Health and Atrium Health key partners in the process. To ensure input from public health professionals, leaders of medically underserved communities, and persons with broad knowledge of the community, invitations were distributed to a large number of individuals and community groups (See Appendix A for a complete list of agencies that were represented on the Steering Committee).

b) Solicitation

The CHA steering committee, in partnership with Union County Health Department, collected community input on health issues to determine top priorities. The two methods used to collect community feedback were:

(1) The Community Health Opinion Survey: 4,343 responses

2,408 adult surveys

1,086 senior surveys

849 teen surveys

(2) Focus Groups: 14 focus groups, gathering opinions from Union Academy, Union County Public Schools the HCCGB Advisory Committee, African American Church Leaders, Marshville Food and Nutrition, Latino Coalition, Union County Human Services, Health Equity Collaborative, Union County Human Service Board of Directors, Health Ministries, Latino community members, at risk youth, SafeKids of Union County Board of Directors and the 4H Boys and Girls Club.

Input gathered from each of these methods was combined to determine top health priorities. Input was solicited from persons who represent the broad interest of Union County, NC, including Hispanics, persons living in poverty and those without a high school degree.

c) Data collection and analysis

Primary data

Community Health Focus Groups

The CHA Steering committee developed focus group questions to dig deeper into the health, social and environmental needs of Union County residents. Focus groups were arranged to get input from residents representing a wide variety of demographics and interests, including public school nurses, teens, Hispanic and African American residents, seniors, and three stakeholder groups: Union County Human Service Board of Directors, HCCGB Advisory Committee, Health Equity Collaborative, and SafeKids of Union County Board of Directors.

The most frequent discussion topics were the need to improve public transportation, mental/behavioral health issues, and challenges in the accessibility of healthcare, the need to improve affordability of healthcare/health insurance and the need for improved accessibility to healthy foods.

For a full summary of focus group findings, see Appendix C.

The Community Health Opinion Survey

With guidance from the CHA Steering Committee, Union County Health Department developed a health opinion survey and focus group questions for Union County residents.

Residents were asked to reflect on various issues and challenges facing their communities, including personal health concerns, mental health concerns and issues affecting quality of life. They were also asked to rate their physical and mental health and identify their participation in behaviors that affect health (nutrition, exercise, access to health and dental care, screen time, etc.)

The CHA Community Health Opinion Survey was available to Union County residents only. The survey was open for responses from May to June 2019. Surveys were administered electronically through Survey Monkey and in paper copy in both English and Spanish languages.

The sampling method used for this survey was convenience sampling which is an inexpensive and quick way to collect data. Links to the online survey were sent via email to elected officials of the county, city and towns; hospital employees; public school leaders; city and county employees and through various contact lists. Additional convenience sampling locations included Health Fairs, Blood Drives, Houses of Worship, Physician Offices, Human Services, Senior Nutrition Sites, Transportation sites, the Monroe Aquatic Center, and Senior Centers. A targeted distribution of paper copies was used to reach areas of the population that may not have had access to a computer.

Participants surveyed accurately represented the demographic population of Union County:

Demographic Category	Adult Survey	Total Population (2017)	Senior Survey	Population Over 60 (2017)	Teen Survey	Population Under 18 (2017)
Male	23.3%	49.3%	38.5%	45.6%	46.8%	51.3%
Female	76.3%	50.7%	60.5%	54.4%	51.5%	48.7%
White	74.9%	81.5%	79.0%	86.6%	77.4%	78.5%
Black	15.9%	11.5%	16.4%	10.0%	7.0%	11.6%
Hispanic	5.5%	10.9%	1.9%	3.3%	8.8%	15.7%
HS or less	13.5%	25.3%	21.3%	33.5%	n/a	n/a
Some college or associate's degree	17.0%	30.5%	34.3%	29.5%	n/a	n/a
BA or higher	53.2%	34.0%	43.2%	24.3%	n/a	n/a
Veteran	5.3%	7.6%	21.1%	18.0%	n/a	n/a

Areas identified as gaps in the quantitative data sampling included an underrepresentation in African American and Hispanic teens; male, Hispanic and less well-educated adults, and white, male and less-educated seniors. Among survey respondents, 41.6% of seniors and 58.7% of adults identified their annual household income as \$50,000 or more. The median household income in Union County is \$70,858, indicating adult survey respondents skewed wealthier than the general population.

Secondary data

Along with the outlined primary data, secondary data was collected from other sources and reviewed. Health data was gathered and analyzed from the following sources:

- Union County Public Health
- Union County Statistics
- State Center for Health Statistics: Leading Cause of Death, Disease Incidence, Pregnancy, Fertility and Abortion Rates
- UNC Shepard's Center: Uninsured Rates and Medical Professional Data
- DENR/Division of Air Quality: Water Quality Data, Air Quality Data

III. Identifying and Prioritizing Health Needs

Mecklenburg County

a) Identified Significant Health Needs

The nine topic areas included in the 2017 CHA were selected and validated using a survey tool that was administered to community leaders and representatives of key health agencies in the county. The survey included 15 health topics for consideration and asked respondents to rank the issues in order of importance. The top nine issues identified were the same nine issues included in the 2013 CHA and are as follows:

- | | |
|-------------------------------|---------------------------|
| 1. Access to Care | 6. Injury |
| 2. Chronic Disease Prevention | 7. Mental Health |
| 3. Environmental Health | 8. Substance Use Disorder |
| 4. Healthy Pregnancy | 9. Violence Prevention |
| 5. HIV and STDs | |

While the categories remained the same as those in the 2013 assessment, the steering committee recommended changing terms used to describe each category to be more descriptive. Those changes are as follows:

- Responsible Sexual Behavior → HIV & STDs
- Maternal & Child Health → Healthy Pregnancy
- Substance Abuse → Substance Use Disorder

Health disparities and social determinants of health are not addressed as separate categories but rather are incorporated within the analysis of each of the nine topic areas.

Residents were asked to describe their community in terms of six categories: access to health care, community living, senior living, economic opportunity, safety and support for those in need. Residents utilized a five-point Likert Scale to express how much they agreed or disagreed with a particular statement. For purposes of this report, neutral responses were excluded.

In general, residents had highly favorable opinions on most issues. Nearly 1 in 5 residents rated health care access, senior living, economic opportunity and providing support for those in need as issues for their community (scored as disagree or strongly disagree).

b) Analysis & Prioritization

Steering committee members gave a brief 15-minute presentation on the CHA process and the nine health topics included and asked meeting participants to select the top 4 issues they thought needed to be addressed. Nearly 300 community members participated in the Priority Setting “In a Box” events.

Community groups who participated in these events included:

- Generation Nation
- On the Table CLT, Mecklenburg County
- Public Health Lunch & Learns
- Black Treatment AIDS Network (BTAN)
- Leadership Charlotte
- Safe Kids parent meeting
- Parenting classes
- Head Start family class
- YMCA older adult education class
- Kohl’s staff meeting
- Atrium Health Emergency Medicine

Recommended Prioritized Health Outcomes

Input from all three prioritization methods were combined to arrive at the final list of priorities for Mecklenburg County.

The nine health issues ranked in order of priority are:

1. Mental Health
2. Access to care
3. Chronic Disease Prevention
4. Violence Prevention
5. Substance Use Disorder
6. Healthy Environment
7. HIV & STD Prevention
8. Healthy Pregnancy

9. Injury Prevention

Action Plans were created for the top four prioritized health needs: mental health, access to care, chronic disease prevention and violence prevention.

Union County

a) Identified Significant Health Needs

The survey asked respondents to identify their top three concern areas within the categories of physical health, mental health, behaviors that affect health and issues that affect quality of life. The top three results in each category are included below.

- | | | | |
|------------------------|-----------------|------------------------------------|------------------------|
| 1. Cancer | 4. Anxiety | 7. Low income/poverty | 10. Drug use |
| 2. Obesity | 5. Depression | 8. Lack of affordable housing | 11. Poor eating habits |
| 3. High blood pressure | 6. Sleep issues | 9. Lack of affordable healthy food | 12. Lack of exercise |

When asked to describe their access to care, the majority of respondents saw a doctor or dentist on a regular basis and received health care services when they needed them. More than half of adult and senior respondents viewed themselves as overweight, obese, or morbidly obese, and 44% of adults felt their current weight impacted their health.

When asked to their propensity for health risk factors, more than 75% of adult and senior survey respondents were not eating daily recommended surveys of fruits and vegetables, getting the daily recommended amount of physical activity. More than half of respondents across all three surveys reported 3 or more hours per day of screen time.

b) Analysis and Prioritization

In November 2019, a community town hall meeting will be held to discuss survey results and ask community members and stakeholders to discuss the top issues that came out of the survey and data. Issues will be prioritized as part of the Union County Health Department Implementation Planning process.

Recommended Prioritized Health Outcomes

Union County recommended prioritized health outcomes will be identified as the assessment process continues – action plans from the Union County Health Department will be crafted to address prioritized issues.

Facility prioritization

In addition to the community rankings, Novant Health Matthews Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits year-to-date July-December 2018.

Novant Health Matthews Medical Center Emergency Department
Top 5 Diagnoses YTD July-December 2018

Inpatient		Outpatient	
Diagnosis	Volume	Diagnosis	Volume
Sepsis, unspecified organism	328	Chest pain, unspecified	760
Hypertensive heart and chronic kidney disease with heart failure and stage 1-4 kidney disease	157	Other chest pains	504
Non-ST elevation (NSTEMI) myocardial infarction	88	Headache	394
Hypertensive heart disease with heart failure	70	Unspecified abdominal pain	334
Acute kidney failure, unspecified	69	Syncope and collapse	315

A review of the hospital emergency room visits indicated that many of the top inpatient diagnosis codes are correlated with chronic issues affecting the aging population and common symptoms related to heart disease. Upon analysis of the outpatient diagnosis codes, it was apparent that many of the patients seen had symptoms that could be related to a number of chronic conditions, including (but not limited to) heart disease, stroke, diabetes, chronic stress and chronic issues related to aging.

Upon a comprehensive review of the community's recommended prioritized outcomes and NHMMC's ED top 5 diagnosis codes, the Novant Health Matthews Medical Center leadership team and Board of Trustees evaluated this information based on the scope, severity, health disparities associated with the need, and the estimated feasibility and effectiveness of possible interventions. Through this thorough evaluation, the team agreed on the following top three significant health priorities for Novant Health Matthews Medical Center:

1. Mental Health, substance use disorder
2. Access to care

IV. Addressing needs

Novant Health Matthews Medical Center is diligently working to address each of the identified areas of need through resource allocation and support of the following programs:

<u>Identified Priority</u>	<u>Program</u>	<u>Action:</u>	<u>Intended Outcome:</u>
Mental Health – Substance use disorder	Mental Health TIC/Resiliency Training and Screenings Substance Use recovery and prevention	Provide information and train individuals from various sectors including the nonprofit, and faith community. Develop database of regional resources for appropriate behavioral health and SDOH referrals	Awareness of the impact of trauma and provision of tools/skills to build resiliency Awareness of ways to access resources and increased number of individuals connected to appropriate treatment and services within the community.
Access to care	Wellness Education and Screenings	Host screenings and provide related referrals, assessment of resources	Increased number of community stakeholders connected to a primary medical home and appropriate care

In addition to the programs and services offered to the community through Novant Health Matthews

Medical Center, there are several existing community assets available throughout the Mecklenburg and Union County community that have additional programs and resources tailored to meet all of the identified health needs.

The following is a list of community agencies that address those prioritized and non-prioritized needs:

Health Needs	Local Community Resources Addressing Needs
<ul style="list-style-type: none"> - Access to care - Chronic disease - HIV and STD Prevention - Healthy Pregnancy - Mental health - Substance Use Disorder 	<ul style="list-style-type: none"> • ARC of Union County • Carolinas CARE Partnership • Camino Community Center • Cardinal Innovations Healthcare • CW Williams Health Center • Charlotte Community Health Clinic • Care Ring • Charlotte Mecklenburg Drug Free Coalition • CMC Biddle Point • CMC Elizabeth Family Practice • CMC Meyers Park • CMC North Park • CMC Union • Community Health Services of Union County • CREW (Community Resources for Empowerment & Wellness) • Council on Aging in Union County • Ellen Fitzgerald Senior Center (Union County) • HealthQuest (Union County) • Matthews Free Medical Clinic • Mecklenburg County Health Department • MedLink of Mecklenburg • NC MedAssist • Lake Norman Community Health clinic • Pediatric Boulevard (Union County) • Physicians Reach Out (administered by Care Ring) • Project 658/Smith Family Wellness • Regional Aids Interfaith Network (RAIN) • Shelter Health Services • Union County Prescription Drug Program • Union County Health Department • Union County Senior Nutrition

<ul style="list-style-type: none"> - Healthy Environment (including poverty, housing and food access) - Injury Prevention - Violence prevention 	<ul style="list-style-type: none"> • Children’s Alliance • Community Domestic Violence Review Team • Community Child Fatality Prevention and Protection Team • City of Charlotte Sustainability Office • Mecklenburg Adult Protective Services • Mecklenburg Child Protective Services • Mecklenburg County Community Support Services (CSS) • Navigation Lady (Union County) • New Options for Violent Actions (NOVA) • Safe Alliance • Safe Communities (Union County) • Union County Consolidated Human Services Board • Union County Department of Social Services • Union County Emergency Management • Union County Environmental Health • Union County Parks and Recreation • Union County Sherriff’s Office • WIC
--	---

For a full list of community resources, visit www.novanthealth.org/mycommunity.

V. Impact Evaluation of 2016-2018 Community Health Needs Assessment

Based on the previously reported health data from the 2016-2018 Community Health Needs Assessment, the Novant Health Southern Piedmont Region Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Matthews Medical Center as the following: **Chronic Disease, Diabetes, Maternal & Infant Health and Obesity.**

No written comments were received on the most recently conducted CHNA regarding previous implementation strategy.

To address these priorities, Novant Health Matthews Medical Center committed to providing community education, screenings and support groups to address these needs, as well as youth-focused physical activity and nutrition programs. From 2016-2018, Novant Health Matthews Medical Center was successful in implementing selected outreach programs for each of the defined priority areas while meeting the goals established for each program. The major program goal that was set for each priority area was to increase the number of community members reached through screenings and health education. In addition, some programs were established with specific goals to increase the number of classes offered to the community-at-large. All goals were met for each priority area. Specific objectives and measures achieved are described below:

Priority Area	Program	Intended Outcome	Actual Outcome
Diabetes	Community A1C Screenings: Remarkable You community screening initiative in high African American populations	Early detection of undiagnosed prediabetic and diabetic participants will increase	672 community members were reached through 12 Remarkable You + Biometric screenings that included cholesterol, glucose and A1C exams to measure one's risk for diabetes and 3 diabetes screenings. Of the 628 individuals surveyed for race, 133 (21%) were African American, 44% were white and 30% were Hispanic. Screenings were conducted on site and in local public schools, faith communities and senior centers.
Diabetes	Community Diabetes Education: Lecture series on diabetes prevention	Knowledge level of participants will increase, and participants will learn new skills to change unhealthy behaviors	Free diabetes education was provided to 985 community members through lectures and support groups. Education, cooking classes and support groups occurred in senior centers, fitness centers and on the campus of NHMMC. Among surveyed participants, 100% stated they had learned new information they previously did not know or reinforced information about diabetes and 100% stated they had learned new skills regarding diabetes that they would begin applying in their life.
Obesity	Community Body Mass Index (BMI) screenings: Remarkable You community screening initiative	Early detection of undiagnosed obese participants will increase, and participants will learn new skills to change unhealthy behaviors	5,704 community members were reached through 20 Remarkable You screenings that included an assessment of overweightness and obesity and 33 BMI Screenings. Among the more than 900 participants surveyed, 90% stated they were previously aware of their risk factors. 99% of individuals indicated they were more aware of their risk factors as a result of the screening. Screenings were conducted on site at NHMMC and in local public schools, faith communities and senior centers.
Obesity	Community nutrition education: Lectures on healthy eating	Knowledge level of participants will increase, and participants will learn new skills to	6,354 interactions occurred with community members to provide health education specific to nutrition and weight management. Interactions included 19 coaching sessions, 1 exercise class and 42 weight management

	and weight management	change unhealthy behaviors.	lectures. Among more than 200 surveyed participants, 100% stated they had learned new information they previously did not know or reinforced information about nutrition and 100% stated they had learned new skills regarding nutrition that they would begin applying in their life. Education was provided on site at NHMMC, and at local fitness and senior centers.
Other Chronic Diseases	Community Cancer screenings: Novant Health mammography unit and community cancer screenings in racial minority populations	Participants will change beliefs about importance of annual screening for early detection and increase adherence for follow up appointments.	Free mammograms were provided to 115 uninsured women through 5 mobile mammography events at free clinics and community centers and another 68 individuals received free breast cancer and colorectal screenings. Among the 92 participants whose race was surveyed, 37% were Hispanic/Latino, 31% were African American, 28% were Caucasian, and 4% were another ethnicity.
Other Chronic Diseases	Community education: Lectures on healthy lifestyles and heart disease, stroke and/or cancer prevention	Knowledge level of participants will increase, and participants will learn new skills to change unhealthy behaviors.	Free health education was provided through 2,065 interactions with community members via lectures and support groups. Outreach included 25 support group sessions for people living with chronic disease, 3 women's health education sessions, 22 heart health classes, 2 stroke lectures and 4 cancer prevention talks. Education occurred at free clinics, coffee shops, community gatherings, fitness centers, senior centers and on the campus of NHMMC. Among surveyed participants, 99% stated they had learned new information they previously did not know or reinforced information about chronic disease and 95% stated they had learned new skills regarding chronic disease that they would begin applying in their life.
Other Chronic Diseases	Cardiac screenings: Heart health screenings for community-at-large	Detection of undiagnosed heart disease risk factors among participants will increase	8,618 community members were reached through 20 Remarkable You screenings, 1 vascular screening, 1 cholesterol screening, and 32 blood pressure screenings. Among the more than 1,800 participants surveyed, 95%

			<p>stated they were previously aware of their risk factors. 99% of individuals indicated they were more aware of their risk factors as a result of the screening. Screenings were conducted on site at MMC and in local public schools, faith communities and senior centers.</p>
<p>Maternal & Infant Health</p>	<p>Prepared childbirth classes: Lectures on healthy pregnancy, reducing risk factors and infant care</p>	<p>Knowledge level of participants will increase, and participants will learn new skills and decrease risk factors</p>	<p>Through 4 childbirth preparation and newborn/infant health sessions, 22 mothers and their family members received education in the area of maternal and infant health. Of participants surveyed, 100% stated they had learned new information they did not know or reinforced information about maternal health and 100% stated they had learned new skills regarding maternal health that they would begin applying in their life. Lectures were held on the campus of NHMMC.</p>

VI. Appendix

Appendix A: Advisory group agencies for 2017 Mecklenburg County CHA

Steering Committee for Mecklenburg County CHA	
Agency	
Atrium Health	
Centralina Area Agency on Aging**	
Mecklenburg County Park & Recreation	
Mecklenburg County Public Health*	
Novant Health	
UNC Charlotte	

- *Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)
- ** Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations

For a full list of agencies involved in priority setting event, including those representing underserved, low-income, and minority populations; and governmental public health please visit

<https://www.mecknc.gov/HealthDepartment/HealthStatistics/Documents/2017%20Mecklenburg%20CHA%20with%20Appendix%20March%208.pdf>

Appendix B: Steering committee agencies for 2019 Union County CHA

Steering Committee for Union County CHA
Agency
ARC of Union County/Cabarrus County**
Atrium Health
Cardinal Innovations**
City of Monroe Economic Development
Consolidated Human Services Board
Council on Aging**
Elizabeth Missionary Baptist Church**
HealthQuest
Hospice of Union County**
Kiwanis of Monroe
Navigation Lady**
Novant Health
Southern Piedmont Community College
State Troopers
Union County Chamber of Commerce
Union County Cooperative Extension
Union County Department of Social Services**
Union County Emergency Management
Union County Environmental Health
Union County Parks & Recreation
Union County Planning and Zoning
Union County Public Health*
Union County Public Schools
Union County Public Works
Union County Homeless Shelter**
Union County Human Services*
Union County Sherriff's Office
WIC**
Wingate University

- *Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)

- ** Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations

Appendix C: Focus Group Session Findings

List of Focus Groups

- UCPS SHAC Group- School Nurses; Karla Ennis and Lindsey Fronk; 5/15
- Union Academy; Shawn Spohn and Rachel Horne; 5/17
- HCCGB Advisory Committee- Lindsey Fronk and Morganne Guinther; 5/21
- African American Church Leaders- Morganne Guinther and Stephanie Starr; 5/28
- Marshville Food and Nutrition Site- Lindsey Fronk and Morganne Guinther; 5/29
- Latino Coalition/ Hispanic Faith Community- Rita Dominguez and Liz Trevino; 5/30
- Union County Human Services - Monroe Food and Nutrition Site; - Stephanie Starr and Shawn Spohn; 6/4
- Health Equity Collaborative; Karla Ennis, Stephanie Starr, and Morganne Guinther; 6/5
- Union County Human Services Board of Directors- Shawn Spohn and Morganne Guinther; 6/10
- Faith Communities/Health Ministries- Shawn Spohn and Morganne Guinther; 6/11
- Latino Focus Group- Rita Dominguez; 6/12
- At Risk Youth- Karla Ennis, Kelly Page, and India Little; 6/19
- SafeKids of Union County Board of Directors; 6/21
- 4H Boys and Girls Club- Morganne Guinther and Stephanie Starr; 6/26

Summary of Answers

(crafted by Morganne Guinther)

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 function well. These residents live safe, long, happy, and healthy lives free of sickness. The community should be clean and quiet. Residents should have a healthy balance between home and work and should have access to basic necessities such as food, clean water, medications, and electricity. Residents should also have access to affordable health insurance and to quality health care. Ensuring affordable health insurance is especially key for seniors, who are often living on fixed incomes. Community members should be supportive of those with mental health problems and seek to gain more understanding rather than stigmatize people. Finally, residents of a healthy community have opportunities for fitness and medical care. Providers of medical care should take time to listen to and educate their patients. These providers should also be driven by helping people rather than driven by financial concerns.

Respondents also stated that a healthy community should be proactive to find and meet the needs of members of the community, especially members who are typically “forgotten”. Respondents identified many barriers that members of the Union County Community are facing. One barrier is cultural issues and language barriers. For example, members of the Latino community often state that they lack trust of doctors, police, and other members of authority within the community due in part to language barriers. One individual even discussed how their dad was charged for an interpreter at a doctor’s appointment. Many residents also have a lack of access to affordable and accessible healthy food, especially in rural parts of the county where individuals must drive miles to reach a grocery store. While public transportation is available to grocery stores, riders have a maximum amount of grocery bags they can bring back with them. Taxi service is also very expensive. Another concern is that some residents (especially those in rural parts of the county) are unable to access county water at their homes. Finally, lack of affordable housing in Union County (especially for seniors) was a concern for many respondents. One individual suggested that Habitat for Humanity should build more houses in Union County.

Respondents also mentioned barriers to healthcare in Union County and how ensuring access to healthcare is essential to have a healthy community. One concern that was discussed in multiple focus groups is the high cost of healthcare. Specific concerns that were stated are the costs for diabetic patients, the costs of medications, and the costs of appointment copayments. One individual mentioned that a family member refused to seek out healthcare because they believed they would not be treated because they owed money. Another concern was the lack of reliable public transportation to medical facilities. This transportation is especially needed for senior citizens. Focus group participants stated that transportation should be improved by adding more buses and drivers, and creating systems similar to CATS, the trolley system, and the light rail which are in Mecklenburg County. In addition, sidewalks are not available for those who want to walk to their appointments. Respondents also noted a lack of good doctors in Union County. The barriers to receiving health care were noted to be especially high in rural Union County because there are limited health care facilities as well as high transportation costs. Other sectors of the population which were stated to have high barriers to care were African Americans, Latinos, the elderly, and the uninsured.

Respondents discussed specific needs which must be met for Union County to be a healthy community that is “thriving and not just surviving”. First, there is a need for more outdoor places for people to bike and walk, such as community gardens, sidewalks and park spaces. Additionally, concerns were raised over safety in some outdoor parts of the county (rundown places in Monroe) versus other parts of the county (Wesley Chapel). Respondents also discussed a need for safe indoor places for teenagers and adults to go such as public libraries. Respondents discussed the need for good jobs and a good education system. Respondents also stated that there should be more health fairs to help keep Union County healthy. One specific educational need discussed was the need to learn about environmental health and ensuring homes remain safe and healthy. Finally, individuals expressed concern over the consistency of the availability of government programs. They discussed how grants are often given for a program for only a year or two, but then the grant money is used up and the families that are involved can no longer receive assistance.

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

Respondents mentioned multiple resources that Union County residents use to live healthy and active lifestyles. One resource discussed in multiple focus groups was the Monroe Aquatic Center. The Monroe Aquatic Center does a good job of advertising their facility using mail advertisements and word of mouth. However, some individuals discussed how the Aquatic Center costs too much for some people to afford. Respondents also discussed how community centers, such as the J. Ray Shute Center, provide good opportunities but that these opportunities need to be spread throughout Union County and they need to be more affordable. Another positive resource in the community is Planet Fitness, which offers free workout opportunities for all teens during the summer. Another opportunity which the community has, but which is not well advertised, is the NC Cooperative Extension. Respondents also discussed how there is lack of awareness of resources such as crisis assistance, the community shelter, public transportation, the local health department, and free clinics. They also discussed how these programs are not universally available. Respondents also mentioned multiple outdoor areas that contribute to healthy and active lifestyles such as the new park in Wingate, Cane Creek, and the Parks and Rec departments of Monroe, Indian Trail, Stallings, and Waxhaw. Finally, respondents mentioned the benefits of programs such as the nutrition sites in Monroe and Marshville, the Council on Aging, Common Heart, Heart for Monroe, and Chalk it up for Love.

Just as respondents mentioned many positive community resources in Union County, they also mentioned many needs. One need is the need for more senior centers in Union County. Respondents discussed how senior centers are very beneficial because they provide opportunities for exercise, activities, and socializing. However, there is currently only one senior center in the county (Ellen Fitzgerald Senior Center) and many residents must travel outside of Union County to go to the Levine Senior Center in Matthews. One respondent discussed how parks and rec needs to offer more summer programs. Multiple respondents discussed their desire for Union County to have a YMCA. Respondents also discussed a need for a recreation building close to Marshville, because the closest recreation building is currently in Monroe. Finally, respondents discussed a need for additional adult day care programs. Currently, Union County only has one adult day care (New Testament Adult Day Care).

Respondents also discussed ways to improve current Union County resources. First, the county needs to improve the cleanliness and health ratings of local restaurants, especially in Monroe. Respondents discussed how they often drive through Monroe to get food from other areas because of concerns over food cleanliness and the possibility of illness. Respondents also discussed the need to expand access to healthy foods, such as fresh produce at the farmers market and flea market. Currently, the farmer's market is only open on Saturdays, which is not convenient for everyone. Respondents stated that farmer's market hours should be expanded. Additionally, people need to be made aware about the farmer's market's affordability. Respondents discussed how it seems like the only people who currently use the farmer's market are Hispanic individuals and older people. Finally, respondents discussed the need to decrease construction and preserve green spaces. Respondents discussed how the community should renovate older buildings rather than cut down trees, especially when the community is building grocery stores and other buildings in areas which already have access to similar opportunities.

Finally, respondents talked about whether community resources are available equally based on factors such as age, income, or geographical location. The consensus to this question was that resources are not equitably distributed. One individual talked about the "Piedmont Wedge", which they defined as the economic division line within Union County. This individual stated that everything

from the airport to the west is thriving and has upward mobility, while everything to the east of the airport is stagnant. This individual believes this wedge exists because while the western part of Union County is a “gateway” community to Charlotte, the eastern part of the county is *not* a gateway. The wedge within Union County contributes to differences in lifestyle, differences in job availability (as well as salary amount), differences in economic growth, and differences in available resources. An additional concern related to this wedge is that because western Union County is developing so rapidly, individuals within western Union County (as well as Union County leadership) remain largely unaware of the stagnant growth in eastern Union County. This disconnect contributes to further inequity because certain underserved populations are “excluded” from the table where resource allocation decisions are made. As a result, money, grants, and other resources tend to be funneled away from those who need these resources most.

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

Respondents discussed multiple concerns they have about living in Union County. Multiple people discussed the need to improve Union County’s transportation system, which was described as “minimal at best”. One individual even discussed how there is currently no bus stop outside the human services building. There is currently a perception that Union County’s transportation system is meant more for the elderly. Additionally, public transportation is hard to use because individuals must meet qualifications, individuals must plan for transportation (and thus can’t use it for same-day emergencies), and individuals must often spend long periods of time riding a large bus route. Respondents also expressed a need to increase other aspects of infrastructure throughout Union County. The need for more bike lanes, more fire hydrants, more parks and recreational facilities, improved healthcare and education systems, and affordable housing (especially for widow, seniors and single individuals) were all discussed. Additionally, respondents discussed the need to repair existing roads and sidewalks and to decrease traffic.

Another concern which was discussed is the economic disparities which exist within Union County. A variety of populations were addressed by respondents. Some respondents discussed the need to help the homeless population, which is growing throughout Union County. Individuals discussed how many homeless individuals have needed to buy food stamps from other people. Additionally, while the county is building a new facility for homeless people, respondents believe more actions should be taken to help such as providing them job training. Another disparity which occurs is lack of literacy among certain members of the population.

Respondents also discussed the economic disparities faced by low income individuals. One individual stated that “when prices increase wages stay the same or when wages increase hours decrease”. Other individuals discussed how minimum wage jobs do not provide enough money to live on. While programs do exist to help low-income individuals, one Monroe church was forced to shut down a car care program for low income mothers because people were taking advantage of the program’s generosity. Other individuals discussed how high property taxes had put them (or people they know) at risk of losing their homes. They discussed how this problem is especially prevalent in the senior population and how seniors should thus be exempt from paying property taxes. Finally, respondents discussed problems associated with not having health insurance. Individuals without insurance (or even those with certain types of insurance) often have difficulty seeing a doctor or a specialist. Therefore, many individuals end up going to the emergency room because they “have never been turned away by the hospital”.

Just as individuals noted economic disparities on an individual level, they also noted disparities on a community level. Respondents discussed how there are increasing resource disparities when comparing some parts of Union County to other parts of Union County. For example, individuals in some parts of Union County are forced to use well water because no public water service is available at their home. In addition, some parts of Union County do not have easy accessibility to grocery stores or to restaurants which are not fast food restaurants. Specifically, individuals discussed how restaurants which are not fast food do not tend to do well in the towns of Monroe and Wingate. Another individual discussed how many grocery stores are moving out of the Monroe area towards Mecklenburg County. Finally, other individuals discussed how educational opportunities are limited based on the amount of resources available at a given school. One specific example which was discussed is how schools with a population of mainly dual income homes have a much higher capacity to volunteer with students than a school with mainly single parent households. This division based on household type also decreases student opportunities to participate in programs that develop their character, such as Girl Scouts and Boy Scouts, sports programs, and youth activities at churches.

Finally, individuals discussed concerns with health and the healthcare system. Respondents discussed the need for more free health clinics. Respondents also discussed a need for more resources and clinics to address mental health issues, such as Alzheimer's and Dementia. Multiple people expressed concern that chemicals in the air or food are contributing to high Alzheimer's rates in Union County. Individuals also discussed the need to address obesity by improving access to healthy food and educating people living healthy and active lifestyles. Most respondents believed that Union County's healthcare system is improving, mainly because of the presence of two large competing healthcare systems. However, there is a perception that healthcare quality is better in Mecklenburg County. Specifically, individuals discussed how many physicians are coming to Union County, but that they don't always stay for long, which disrupts continuity of care. They also discussed how physicians need to look like the patients they are serving. Finally, individuals discussed a need to improve nursing homes by increasing nursing home regulations and by increasing the amount of regular inspections.

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 means a lot of different things to people. Some individuals see access to care as how close care is to one's home or work. Other people see access to care as the type of doctors which are available, how quickly care is available and the number of "hoops you have to jump through". Within Union County there are both positive aspects of healthcare access and aspects of healthcare access which need improvement.

Within Union County there are multiple organizations which assist people in accessing healthcare. For example, HealthQuest helps provide medications to individuals who meet their guidelines for need. However, individuals often do not know about community resources. Additionally, these organizations are often not well integrated, which leads to duplication of services. In addition to the availability of various assistance programs, another positive aspect of healthcare within Union County is the relatively centralized location of Union County hospitals. Individuals also discussed how access to organizations that provide "typical care" (such as urgent care centers, OB/GYN offices, allergists and orthodontic offices) are increasing within Union County.

While Union County's increasing access to some types of care is beneficial, some individuals noted that this increasing access is because people are sicker than they were in the past. This is concerning

because other individuals, including a local pediatrician, mentioned a lack of access to specialty care (such as infectious disease specialists or fetal medicine specialists) within Union County. One teenage respondent discussed how their mother had to travel approximately ninety minutes to see a migraine specialist. Another individual discussed how some people are willing to travel all the way to Duke University to see a specialist. The need to travel outside of the county for care is troubling because this traveling is almost impossible for individuals without both a car and flexible work hours. In addition, individuals who are uninsured (or underinsured) may also struggle to access needed healthcare, supplies, or medications. Respondents discussed particular difficulty with accessing affordable dental care and vision care. Respondents from multiple focus groups stated that having access to Medicaid or other state insurance does not insure that people will have access to needed healthcare. One individual discussed how kids eligible for Medicaid often fail to apply or to reapply if their benefits expire. Another individual noted that even individuals with private insurance struggle to access certain types of care due to costs of care and restrictions by their insurance company. In addition, respondents noted that patients in certain parts of Union County have a lot fewer healthcare organizations, which negatively impacts their access to care regardless of insurance status. For example, one individual discussed the health disparity between Monroe (which has a lot of healthcare places) and Marshville (which has not very many healthcare places). Focus group respondents also noted a wide variety of other health disparities.

Individuals in almost every focus group discussed how there is a polarization of access to healthcare within Union County. Some individuals attributed this polarization to lack of health insurance, while others attribute this polarization to lack of education about healthcare. One individual stated that the “privileged” are educated about their healthcare options while the “less privileged” often do not know where to go for care or what services are available. One problem that respondents associated with this lack of education is the fact that many people will go to the emergency room for simple conditions. Another problem associated with lack of health literacy is misinformation about the types of services provided by health insurance programs. For example, one person stated that many seniors assume that Medicare pays for long term care, which is generally not the case. These problems indicate a need to educate all Union County residents about topics such as Medicare and Medicaid, knowing when to seek emergency services, and accessing other types of healthcare.

Another health disparity noted within focus group conversations relates to families living in poverty. One individual discussed how poor families sometimes choose not to access care because they have a sense that they are not a “part of the system” and that healthcare is designed for the middle class. The individual further explained that when you are living in an environment that is survival based it is not conducive to an achievement-based lifestyle (such as achieving better health). In addition, an individual stated that most low-income individuals are required to take time off their jobs to access health care, which causes them to lose income. Taking time off work for healthcare is therefore difficult, especially since many poor individuals are already required to work long hours or multiple jobs to make ends meet.

Another population which respondents said face health disparities is the Hispanic population, especially individuals who are immigrants or who are undocumented. In fact, one individual stated that most undocumented residents (almost 30,000 individuals) within Union County live in Monroe. Many Hispanic individuals do not speak English (or in some cases, do not even know how to read), which is a large barrier to accessing care. Many Hispanic individuals also do not have reliable access to a car or to public transportation, which makes it difficult for them to attend healthcare appointments. In addition, one teenager discussed how many people within the Hispanic community use home

remedies before they seek traditional medical care. Additionally, many Hispanic individuals do not have health insurance. This lack of insurance is of particular concern for undocumented individuals because there is only one organization in the community (Community Care Clinic) which is willing to treat undocumented individuals, with the exception of the emergency room.

Just as focus group respondents discussed multiple concerns for healthcare access, they also discussed ways to improve access. One individual discussed how they use the internet to try to “self-diagnose” before they go to the doctor. This helps individuals when deciding whether they need to go to urgent care or the emergency room. Another respondent discussed the long wait times at both emergency rooms and urgent care facilities “unless you are dying”. They also stated that Monroe and Matthews generally have the longest wait times. Another individual discussed how the urgent care across from the hospital in Monroe makes people with Medicare or with no insurance wait for a long period, which creates the perception that people have to “pay to play”. This individual stated that access would therefore be improved if people who arrive at urgent care facilities first are also treated first. Just as individuals were concerned with improving access to emergency/ urgent care they were also concerned with improving primary care. One individual commented that community clinics are a good resource because they operate on a sliding scale, however, they do not currently have the capacity to meet the needs of the Union County community. Other individuals discussed the importance of connecting patients with a primary care provider. Additionally, health care providers need to be cognizant of the negative feelings many people have when they make an appointment to see a doctor but end up seeing a nurse practitioner or physician assistant when they arrive. School nurses and students also expressed the need to expand the role of school nurses so they can do more than just take a student’s temperature or give them a Band-Aid. This change is crucial because many children do not have insurance and thus rely on their school nurse for healthcare.

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?

When asked this question, multiple respondents focused on improving social determinants of health. Some of the specific concerns respondents discussed include the need to improve access to healthy foods, to improve the public transportation system (including the addition of bike lanes and bike share programs), to improve opportunities for affordable housing, and to improve access to good jobs. Respondents also discussed a need to create new resources such as community centers, parks and trails, and sidewalks. Respondents discussed the need to ensure that economic development occurs throughout the whole community, not just certain parts. Specifically, individuals discussed examples of how disparities in economic development currently exist in Union County. One example discussed is how some parts of the county do not have access to county water. Another example is how resources exist for seniors to get meals delivered or have help taking care of their homes, but that these resources are not equally available to all. A final example which was discussed is how education and activities for youth differ throughout the county based on available resources. While respondents were concerned about social determinants of health and health disparities, they also discussed opportunities to improve the healthcare within Union County.

Respondents discussed a need to improve access to preventative healthcare services (such as mammograms), primary care services, and mental and behavioral health services within Union county. Respondents suggested that adding urgent care centers, especially in underserved or rural

areas, would help improve this access. Respondents also discussed how improving transportation services within the county would help improve access to healthcare services, especially for individuals with disabilities. Respondents also discussed the need to ensure that all people have health insurance. Respondents from multiple focus groups discussed the importance of having “Universal healthcare” or “Medicare for all”. Respondents also discussed the need to improve collaboration between both healthcare systems and other community partners.

Focus group participants discussed how health care systems and other community partners tend to compete rather than collaborate with each other. Respondents discussed how this lack of collaboration causes waste and duplication of services. Focus group participants suggested that increasing collaboration would help improve the “bang for your buck” received by creating community resources. Efforts to increase collaboration are currently being implemented in some parts of the community. For example, Wingate University recently began a partnership with the health department and other community care providers to discuss how to “bridge the gap” of needs of people in the community. Wingate also offers many community programs, such as a recent suicide prevention program. However, for collaboration efforts (such as the ones at Wingate University) to be successful, Union County must also improve its communication about available resources.

One problem that focus group respondents associated with lack of communication is that community members are often unaware of the resources which are available to them (from local organizations and from county, state, and federal governments). According to focus group participants, there are some community organizations and programs which do a very good job at outreach. These channels should be utilized for further outreach. Participants discussed how Union County Public Schools does a very good job of reaching families with school aged children and how various faith organizations (such as the Baptists) also do a good job reaching their members. In fact, one individual suggested implementing a “health ambassador” at each church who would inform church members about health resources in the community. Some resources, such as the Cabarrus Health Alliance and Atrium’s Community Resource Hub (or “Aunt Bertha”) allow members to enter their zip code and be matched to the resources they need. While these resources are valuable it is important to consider factor such as the “digital divide” which makes some populations more difficult to reach. Therefore, the community should develop multiple ways to disseminate information, such as placing a “master calendar” on the Union County Government website and on social media, creating a government access TV channel and a “Telemundo Local”, improving the Union County newspapers (which one participant described as “shoddy” and “biased”), posting billboards in every community, and creating a network of engaged individuals who can spread information throughout their individual communities using word of mouth. Respondents also discussed the importance of ensuring all information is delivered in multiple languages and is cognitively understandable (especially when discussing complex issues).

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? Probe: Do you have any suggestions of programs/services that may be important to develop to help the overall health of the community?

A major challenge that multiple people discussed which needs to be addressed is obesity. According to one pediatrician, obesity (and related problems such as diabetes) is the second largest problem she sees among her patients. The pediatrician attributed this problem to lack of exercise (and opportunities for exercise) and lack of healthy food in people’s diets. Respondents made multiple suggestions to help increase exercise including creating an affordable or free gym, creating a YMCA,

and offering a service where trainers can teach you how to work out. Some individuals also discussed creating larger protected parks and increasing the safety of walking areas so single women and seniors feel more comfortable exercising outside. The main problem discussed relating to food was low accessibility to healthy foods. Some people mentioned how many areas of the county only had easy access to fast food restaurants. Other people discussed how the poor and homeless have difficulty paying for healthy food. One individual even mentioned how children sometimes only have access to meals when they are at school. Some suggestions which were made to help improve low income individual's access to healthy food were to create a food kitchen and to offer meal vouchers for restaurants.

Addressing mental health is another huge concern which was mentioned by focus group respondents. In fact, one pediatrician mentioned that around 20% of their daily visits revolved around mental and behavioral health issues such as anxiety, depression, self-harming activities, and ADHD. Teenage respondents also discussed the stress associated with school (which they stated was a cause for dropping out of school), technology addictions, drug use and weapons in schools, gangs, and bullying. Mental health problems such as Alzheimer's, dementia, suicide, and substance abuse disorders were also discussed as common among the adult population. Despite the great need to address mental health problems, there is currently limited attention or resources given to target these concerns. In fact, one individual mentioned that people with mental health problems are often not taken seriously, but instead told to "get over it". Individuals who do choose to seek professional help for their mental health problem must often deal with long wait times or the inability to see a stable physician. One individual mentioned that there is currently no way to treat substance abuse in Union County except in residential substance abuse facilities or by "detoxing" individuals and sending them back into the community. One individual mentioned that many people are being overmedicated. Other individuals mentioned the need to make Narcan more available. While the mental health system ultimately needs money in order to fund mental health programs and hire new mental health professionals, focus group respondents also discussed some other ways to improve mental health. Students recommended offering pet therapy and hiring mental health therapists to serve at schools. They also mentioned creating an anonymous text line for people to reach out about mental health. Another individual mentioned the need to improve access to bilingual providers of mental health. Overall, the consensus among most focus group participants was that mental health within Union County is underfunded and often lacks continuity of care.

Individuals also mentioned some other needs for Union County to address. Some individuals mentioned a need for more affordable community programs, such as reading programs, cultural arts programs, and couponing programs. Multiple individuals mentioned the need to offer free or sliding scale medical clinics to treat simple issues. This would help keep many uninsured (and even insured) individuals out of the emergency room. Other individuals mentioned the need to improve transportation in Union County. A few different individuals discussed the need to create resource centers for kids because they currently have "nowhere to go and nothing to do". Individuals also discussed the need for youth mentoring programs. One individual specifically discussed how many of the programs that currently exist for children are only available for those under 18, which excludes high school students who are 19 or 20. One individual discussed the idea of creating a program similar to Village Heartbeat, which is a faith-based program that is operated by the Mecklenburg County Health Department to address health disparities in minority communities. Finally, individuals

mentioned the need to create a Social Security office in Union County. These individuals elaborated on this need by discussing how Union County is the eighth largest County in the state, how Union County used to have someone addressing this issue who worked in the basement of the courthouse, and how Union County residents must now drive all the way to Mecklenburg or Stanly County for Social Security appointments.

7. Of all the issues we have talked about today, what are the most important issues for your community to address?

Focus group participants discussed a wide variety of issues to address. Some individuals focused on specific health concerns such as diabetes, high blood pressure, infant mortality, and mental health concerns (such as problems brought about by childhood trauma). Many people discussed the need to educate people on things such as exercise, healthy diet, and disease management. Other individuals focused on making healthcare more accessible and affordable to help decrease disparities. Individuals suggested creating mobile physician offices, improving the transportation system for medical appointments, controlling the price of prescription drugs, and standardizing the costs of medical care across different organizations. Other people discussed creating programs to help the uninsured and underinsured. One specific program idea which was discussed is the need to provide more in-home care for the elderly. Focus group participants also noted that it is crucial to get underserved individuals involved in decision making to ensure that any new programs to improve healthcare are accessible to those who need help the most. The county also needs to improve their outreach to inform residents about resources which are available.

Focus group participants also discussed a variety of concerns about where they live within the county. One concern discussed by focus group participants is the need for affordable and appropriately sized housing, especially for the elderly (who are often on a fixed income) and for single individuals. Individuals discussed their concerns about being priced out of their home and possibly becoming homeless. Individuals discussed the need for property tax relief, such as an ad-valorem tax, which keeps the value of a home steady after owners reach a certain age. Another concern addressed by focus group participants is that not all individuals in the county have access to county water. Likewise, many individuals were concerned with their access to grocery stores and healthy foods near their home. Some individuals talked about the farmer's market and how even if they can get transportation to the farmer's market, they may not be able to redeem food vouchers because they are only good at certain times and with certain vendors. Other individuals talked about the drug problems which exist within certain parts of Union County and that "if you look for it [the drug problem] you will see it". Teenagers and a group of school nurses addressed a variety of concerns related to drugs in school, such as the use of vaping, juuls, smoking (tobacco and marijuana), opioids, cocaine, alcohol, and prescription medications such as Xanax. The most prominent drug used by students differs based upon the school and is perceived to be worse in public schools than in private schools or charter schools. Similarly, just as specific types of drug problems are perceived to differ throughout the school system, the quality of education is also perceived to be different based on school location and available resources. Many schools are also overcrowded. Focus group participants discussed the importance of improving the *whole* education system, not just certain schools. One specific improvement mentioned is the need to increase teacher pay in order to attract high quality teachers.

Individuals also discussed improving the quality of school food and starting community gardens at schools.

Finally, another concern addressed by multiple focus group respondents is the lack of upward mobility within Union County. One individual discussed an assessment their organization completes every six months. This assessment has 10 indicators on a scale of 1 to 5, each of which assess how well Union County is “getting ahead”. Of the ten indicators, there are three indicators which have never scored above 1.5 out of 5. One concern related to upward mobility is job opportunity. Individuals discussed how there needs to be more “basic jobs” for those with less education. They also discussed, however, that these jobs need to provide a livable wage, which is significantly more than minimum wage. Individuals also discussed how there are not enough full-time jobs available because companies tend to only offer part time jobs to avoid paying benefits. The final concern individuals discussed relating to jobs is that most of the best paying jobs require driving outside of the city or outside of Union County, which can be difficult for some people due to a lack of transportation. Another way to improve Union County’s upward mobility is to provide support for single parents by improving the affordability of childcare, which can in turn give them more work opportunities. Other individuals discussed the need to provide parenting classes and educational resources to help families and single parents deal with stress and successfully raise their children. Finally, the last topic individuals discussed related to upward mobility is the need to educate people about how to vote.

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”?

Respondents discussed a variety of strengths which the county can use as opportunities for growth and improvement. One strength which was discussed multiple times is the fact that Union is a caring community where people are friendly and motivated to help others and be generous. Focus group participants discussed how there are a lot of people who volunteer with local non-profit organizations. However, some residents expressed concern that Union County has been rather fragmented and that people on one side of the county do not know the needs of people on the other side of the county. This is an opportunity for improvement because many people would likely be willing to help meet needs. However, community members cannot help if they do not know what needs exist.

Another strength which was discussed is the good public-school system within Union County. These good schools cause a lot of people to move to Union County. However, concerns were raised that many schools within “poor” parts of the County are lagging behind schools in “rich” parts of the county. Concerned were also raised over the curriculum and how schools need to teach life skills. Respondents also discussed the benefits provide by Wingate University, such as the variety of healthcare programs which both drive people to move to Union County and help create partnerships to help the community.

One strength which was discussed is Union County’s strong faith community. According to participants, a variety of local churches are involved in their communities and will help fill needs if they see them. One church offers a free pharmaceutical day. There are a variety of churches which

host food banks or offer free meals for community members. One church sent out a wish list to purchase items for individuals who are home bound. One church even has BINGO every Friday. These churches provide a lot of community resources, as well as opportunities to share information.

Many people discussed concerns over lack of information about what resources are available. Focus group participants discussed the possibility of sharing these resources at churches, clubs, and the Monroe Aquatic Center. Respondents also discussed the importance of discussing community resources with middle age individuals who are looking after both their elderly parents and their children. Focus group participants also discussed how many insurance companies are starting to hire social workers to inform beneficiaries of community resources, but that the community itself still needs to remain involved in the sharing of information.

Participants in the focus group also discussed a wide variety of other community resources which are beneficial, such as the Department of Health and Human Services, Parks and Rec, and the library. Individuals also discussed some community resources that could be improved. For example, individuals discussed how having transportation is good, but that it is some difficult to obtain and that there can be long wait lists. Individuals also discussed how the homeless shelter expansion is good, but that it still may not be enough of an expansion. One individual discussed the community box program, which sends poor individuals a box of food once a month. However, this program excludes people over a certain salary cap, which this individual believes should be raised. Another individual discussed how the VA is the best organization for healthcare, but that Union County veterans do not have easy access to most VA locations. One individual also mentioned the Atrium Community Paramedic Program, which they perceived as a very positive program that is helping to educate the community and decrease anxiety. Finally, multiple individuals mentioned the need to create and utilize mobile clinics to help underserved parts of Union County.

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

Individuals first discussed the need to address poverty. One individual stated that approximately 90% of Title 1 schools that offer free and reduced lunch for most of their students are in the Monroe area. Focus group respondents discussed how those in leadership, such as the county commissioners need to understand and empathize with the experiences of those in poverty. One suggestion to help with this is to have county leaders participate in a poverty simulation.

A second concern that focus group members discussed is the need to ensure that infrastructure improvements keep up with population growth within Union County. One individual discussed a study which found that in five years there will be 45 thousand more people in eastern Union County because of the new bypass which was recently opened. When planning infrastructure growth, it is important that there is a balance of resources such as roads, schools, healthcare facilities, stores, and affordable housing. Those involved in planning infrastructure also need to remember the importance of installing sidewalks, bike lanes, crosswalks, and similar measures to increase walkability. As the community grows and resources are redistributed it is important to contact government officials and senators to help “personify” different populations and their unique needs.

Another concern discussed by focus group participants is the need to increase the number of foster families and to improve foster care within Union County. One individual discussed how Union County

is one of the fastest growing counties in the state but that there currently only 50 foster homes. This individual discussed how they are always trying to bring in additional foster families, but that they struggle with community outreach, especially in the towns of Wingate and Marshville. Focus group respondents also discussed the need to provide children (both those who are in foster care and those who are not) access to pre-k programs and early intervention programs. Respondents stated how it is important to “spend money on the front end to prevent problems (such as crime, unemployment, and dropping out of high school) on the back end”.

Community members also mentioned other concerns to address within Union County. One individual mentioned the need for state and local leaders to take advantage of federal resources which they are not currently using. Another individual mentioned the need to increase community awareness about recycling programs. Another individual mentioned the need to provide more resources to help the Indian population adopt to the culture in Union County. Multiple individuals discussed the need to ensure professionals stay in Union County to help create stability. People also discussed the need to decrease crimes in the community, such as violence, theft, shoplifting, and phone scams. Decreasing crime is especially important for children, because they often have difficulty accessing healthcare if their parents are incarcerated. One suggestion to increase community safety is to hire more police and firemen. Individuals also discussed addressing various health problems in the community such as cancer, high blood pressure, Alzheimer’s, diabetes, autism, developmental disabilities, asthma, and heart disease.

Finally, community members discussed a need to create more opportunities for community members to voice their opinions, just like the Community Health Needs Assessment has done. It is important to ensure, however, that *all* people have opportunities to voice their opinions. For example, one individual discussed their concern that most elderly individuals would not complete a survey unless there was someone there to help them with it. Additionally, other community members may be less accessible due to factors such as poverty and lack of transportation. Ultimately, focus group participants discussed how we should be cautious about labeling people or things as “healthy” or “unhealthy”. Instead, they focused on the importance of teaching people to be self-aware about the needs of their own minds and bodies so they can make their own judgements about what is good or bad for them.

Frequency of Discussion About Each Topic

Topic	Number of Focus Groups Discussed	Total Times Discussed
Improve Public transportation	13	64
Mental / behavioral health issues	12	37
Accessibility of healthcare	13	33
Increase knowledge of available resources	13	33
Improve affordability/ accessibility of healthy foods	12	22
Affordability of healthcare/ health insurance	10	22
Need more green spaces (community gardens, parks, trails, etc.)	10	19
Drug/ alcohol use/abuse	8	18
Need more health fairs/classes/education about health/ healthcare	8	16
Imbalance of resources throughout the county	6	16

Improve schools	9	15
Lack of specialists in Union County	8	15
Need affordable gyms/ places to work out/YMCA	8	15
Affordable housing	7	15
Addressing hunger, food banks	10	14
Healthcare options for those that can't afford it/ are uninsured or underinsured	7	14
Crimes- Violence, theft, phone scams	7	13
Access for Hispanic population (especially immigrants and undocumented individuals)	6	12
Need more/better job opportunities	5	11
Use faith community as an opportunity for improvement/ dissemination of information	4	11
Need more sidewalks (also repairs)	7	10
Improper diet, need education	6	10
Homeless	8	9
Information needs to be in multiple languages	5	9
Need more volunteerism	7	7
Increasing safety of outdoor spaces	5	7
Need mobile health clinics	4	7
Price/ accessibility of prescription drugs	3	7
Improper use of emergency room	5	6
Need "livable wages" (above minimum wage)	4	6
Diabetes	4	6
Need recreation building/ community center	4	6
Listen to and address the voice of the "forgotten" when allocating resources	3	6
Alzheimer's and Dementia resources	3	6
Safety of water	3	6
Gangs	2	6
Need integration/ collaboration between health care organizations and other community organizations	1	6
Infrastructure keeping up with growth	4	5
Population density/ growth	3	5
Obesity	2	5
Need public water for all	2	5
Clean community	2	5
Quality of healthcare/ doctors	4	4
Traffic	4	4
Need bike lanes and bike share programs	4	4
Need affordable childcare	3	4
Poverty	3	4
Need more senior centers	3	4

Increase access to preventative services	3	4
High blood pressure	2	4
Increase accessibility to/ knowledge of farmer's market	2	4
Need to improve school nurses and add them to every school	2	4
Healthcare for low income families	2	4
Personal responsibility for health	2	4
Affordable medication	2	4
Resources/activities for youth	2	4
Drug use in school	2	4
Need affordable dental care	1	4
Education about life skills (ex: money management)	1	4
Foster care program	3	3
Not accepting certain types of insurance (especially government insurance)	2	3
Need for more doctors	2	3
Improve communication of healthcare professionals	2	3
Need community clinics (sliding scale based on income or free)	2	3
ADHD	2	3
Lack of job flexibility	2	3
Need urgent care center in rural areas	2	3
Classes/ education for parents	2	3
Resources for those with disabilities	2	3
Universal health insurance	2	3
Need mentoring programs	2	3
Need to build trust with community members	1	3
Stopping opioid epidemic	1	3
Property tax relief for seniors	2	2
Need more adult day cares	2	2
Ensuring enough help for elderly	2	2
Heart Disease	2	2
Help people learn to read	2	2
Need more community gardens	2	2
Ensuring people have primary care providers	2	2
Air quality	2	2
Fighting in schools	2	2
Infant mortality	2	2
Need more community programs (esp. in summer)	2	2
Depression	2	2
Overuse of medications	2	2
Access for African American population	1	2
Physicians should look like and empathize with those they serve	1	2
Need to increase restaurant cleanliness	1	1
Less construction	1	1

Need pet care (checkups and vaccinations)	1	1
Long waits for urgent care/ emergency room	1	1
Pet therapy at schools	1	1
Social media stress	1	1
Cyberbullying	1	1
More opportunities to voice opinions about community	1	1
Renovate old buildings	1	1
Need Social Security office in Union County	1	1
Need more home health/ home care options	1	1
Cancer	1	1
Address childhood trauma	1	1
More education about voting process	1	1
Quality of nursing home care	1	1
Increase income caps for resources (e.g., community boxes)	1	1
Need food kitchen	1	1
Need awareness about recycling	1	1
Should have meal vouchers for poor for restaurants	1	1
Dropping out of school	1	1
HIV/ AIDS resources	1	1
Keeping people from leaving the community after short period of time (disrupts continuity of care)	1	1
Consistency of program availability	1	1
Incarceration of parents	1	1
Affordable vision care	1	1
Need to instruct kids on meeting their healthcare needs (ex: Asthma inhalers)	1	1
Many people lack health insurance	1	1
Put nurse in social work clinics	1	1
Resources for Indian population	1	1
Earlier screenings for autism	1	1
Healthy work-life balance	1	1
Road repairs	1	1
Need free interpreters for healthcare services (Title XI)	1	1
Need comprehensive services at health department	1	1
Need mammogram services	1	1
Postpartum depression	1	1
Need lifestyle classes	1	1
Affordable/ free clothing	1	1
Quiet community	1	1
Address lack of literacy	1	1
Access to schools and community resources for immigrants	1	1
Bullying	1	1
Tutoring availability	1	1

Fear of healthcare system	1	1
Need more medication regulation	1	1
More police enforcement (esp. in schools)	1	1
More focus groups	1	1
Self-harming behaviors	1	1
More fire hydrants	1	1
Need housing communities for senior adults	1	1
Mental health in schools	1	1
Technology addiction (video games, tv, etc.)	1	1
Need more police and firemen	1	1
Decreasing discrimination	1	1
Weapons in schools	1	1
Need grants for individuals who can't afford things like healthcare	1	1
Need better teachers	1	1
Increase teacher pay/benefits	1	1
Increase awareness of 4H	1	1
Less fast food	1	1
Improve quality of school food	1	1
Community gardens at schools	1	1
Cleanliness of schools	1	1