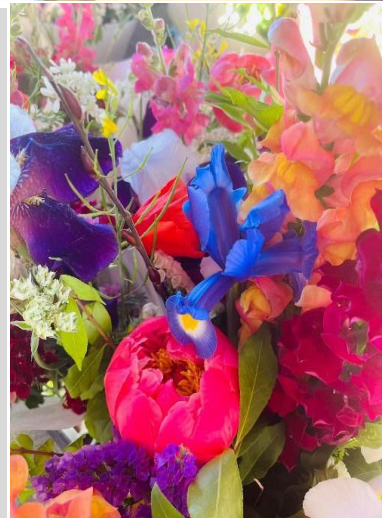


2022 Burke Community Health Assessment



#BurkeHealthMatters
Pictures courtesy of BCPS and City of Morganton's Facebook page

Table of Contents

Executive Summary	pages 2-6
Vision Statement	
Leadership	
Theoretical Framework	
Partnerships/Collaboration	
Collaborative Process Summary	
Key Findings	
Priority Selection	
Next Steps	
Additional Acknowledgements	pages 6-7
Term Definitions/Glossary	pages 8-9
Section One: Burke County’s COVID-19 Response	page 10
Section Two: Community Profile	page 11
Section Three: Demographics	page 12
Section Four: Social Determinants of Health	pages 13-23
Poverty	
Housing	
Transportation	
Section Five: Educational Attainment	page 23
Section Six: Clinical Care and Wellness	page 25
Section Seven: Behavioral/Mental Health	page 32
Section Eight: Older Adult Profile	page 33
Section Nine: Sexually Transmitted Infections, Teen Pregnancy, and Teen Live Births	page 35-37
Section Ten: Environmental Factors	page 38
Section Eleven: Areas of Success	page 39
Section Twelve: Areas of Concern	page 41
Section Thirteen: Priority Areas	page 42
Citations and References	pages 48-49
2022 Community Health Survey	pages 50-53

Executive Summary

Vision Statement

The vision of the Burke Wellness Initiative is to promote health equity of all Burke County residents while remaining updated on relevant health statistics and addressing health in a holistic manner.

Leadership

The purpose of the Community Health Assessment (CHA) is to inform, educate, and present information to both community members and shareholders on the current health status of the community in which they live, work, play, and learn. The Community Health Assessment would not be made possible without the assistance of both community members and shareholders.

The 2022 CHA was completed as a joint effort between the Burke County Health Department (BCHD), UNC-Blue Ridge (UNC-BR), and many other community organizations and partners that comprise the Burke Wellness Initiative.

Theoretical Framework/Model

The project was structured around a formal community engagement process called Mobilizing for Action through Planning and Partnerships (MAPP). This framework is community-driven when developing strategic planning processes to assist in improving community health. It is recognized that each agency and participating organization in the BWI possesses its own individual strengths and contributes to

Partnerships/Collaborations

Collaboration between members and shareholders is what created the Burke Wellness Initiative (BWI). This committee was developed in 2015 as an effort to unite community leaders, leverage shared resources, and provide the opportunity for many different voices to be heard and partake in solution development. As listed below, there are 33 members representing 21 agencies and the community at large. The completion of the Community Health Assessment document is not where the work stops. Through this document we hope to provide community members with insight into health concerns, available resources within the community, and potential solutions for identified health concerns.

Burke Wellness Initiative Membership List

Carol Bostian	Community Engagement Specialist	Partners Behavioral Health Management
Danette Brackett	Director of Business Development	UNC Health Blue Ridge
Beverly Carlton	President/CEO	Olive Hill Community Economic Development Corporation, Inc.
Johnnie Carswell	Burke County Commissioner	Burke County
Wendy Cato	Community Member/Morganton City Council	City of Morganton

Ayúdenos a Construir una Comunidad más fuerte y saludable!
Por favor llene la encuesta del 2022 sobre las necesidades de la Comunidad.

Por qué debo llenar la encuesta?
Usaremos los datos de la encuesta para abordar las principales preocupaciones de salud del condado de Burke. Sus respuestas son privadas, pero su opinión hará la diferencia.

Como puedo ayudar?
La encuesta tomará más o menos como 10 minutos. Escanee en su celular el código de QR y vaya a la siguiente clave:
<https://www.surveymonkey.com/r/QL9C8T2>

Help build a stronger, healthier community!
Please take the 2022 Community Health Needs Assessment Survey

Why take the survey?
We use the data from the survey to address the top health concerns in Burke County. Your answers remain private, but your opinion will make a difference.

How do I help?
The survey takes about 10 minutes. Scan the QR code on your phone Or go to this link: www.surveymonkey.com/r/R355JYV

#BurkeHealthMatters
UNC HEALTH Blue Ridge | Burke County Health Department

Traci Clark	Controller	UNC Health Blue Ridge
Brittany Dobbins	Director of Operations-Blue Ridge Medical Group	UNC Health Blue Ridge
LaDonya Edwards	Simulation & Skills Lab Coordinator	Western Piedmont Community College
Carol Ervin	Behavioral Health Director	UNC Health Blue Ridge
Sherri Fisher	Executive Director	Good Samaritan Clinic
Korey Fisher-Wellman	Director	Burke County Social Services
Anthony Frank, MD	SVP Medical Affairs, Chief Medical Officer	UNC Health Blue Ridge
Brandi Greer	Drug Free Communities Coordinator	Burke Recovery
Tracey Hall	Empowering Youth and Families Program Coordinator	Burke County Cooperative Extension
Sarah Haymore	Program Manager	Catawba Valley Healthy Families
Kim James	Executive Director	Burke Recovery
Kaylan Kelley	Mobility Manager	Greenway Transportation
Shawn Lane	Community Accessibility Specialist	NC Division for the Deaf and Hard of Hearing
Sara LeCroy	Director of Student and Family Services	Burke County Public Schools
Laura McNeely	Director, Healthcare Innovation and Transformation	UNC Health Blue Ridge
Bethy Mendoza	Accounting Technician IV	Burke County Health Department
Ashlyn Minton	Public Health Education Specialist	Burke County Health Department
Chae Moore	Public Health Education Supervisor	Burke County Health Department
Barbara Nagy	Community Member	
Karen Pritchard	Nursing Program Director	Western Piedmont Community College
Regina Rhodes	Manager-Quality and Care Management	UNC Health Blue Ridge

Maureen Schwind	Executive Director	Burke County United Way
Brandi Silver	Extension Agent	NC Cooperative Extension- Burke County Center
Sarah Stamey	Aging Specialist	Western Piedmont Council of Governments
Tonia Stephenson	President	Burke County Chamber of Commerce
Joset Taylor	Director of Operations-ASC	UNC Health Blue Ridge
Julie Walker	CEO	Cognitive Connection

Collaborative Process Summary

In September 2021, the group began the initial process of prepping for the 2022 Community Health Assessment. The 2022 CHA was structured around the collection of primary and secondary data. There were two main sources of primary data collected, a community survey and focus groups. The community survey included questions regarding health behaviors and community issues. Before sharing the survey, it was first required that the previous CHA survey be reviewed and revised. The survey was revised to remove questions that would not yield quality results and to help increase participation. This year, the community survey was offered to both residents of Burke County and to those who work in the county but do not call Burke home. Although, most survey respondents came from Burke residents. The community survey brought in 2,149 results; double the return from the 2019 CHA. The survey was offered in both English and Spanish and was made accessible through scanning a QR code, clicking or copying the direct SurveyMonkey link, and through paper copies.

Focus groups were also a part of the primary data collection phase. The BWI planned for nine, specific and diverse groups that consisted of the Hmong community, Hispanic community, Deaf and Hard of Hearing community, LGBTQ+ community, African American community, Young Professionals, local college students, persons without permanent housing, and older adults. There were seven groups that met the criteria of a focus group, resulting in 46 group participants. Diversity, equity, and inclusion were of top priority to the BWI when organizing plans for the focus groups. This was evident through representation of seven of the nine groups.

Secondary data is data that has already been collected and analyzed from an outside source. The data that was used was gathered from reliable state, national and local sources and was collected within the last five years.

Secondary data was then cross examined with the results from primary data. The BWI paid special attention to areas where Burke was improving or declining. This step took place in June 2022 and was essential before moving to the priority selection phase.

Key Findings

In June 2022, the BWI analyzed the primary data (community survey and focus groups) for commonly shared themes. It was evident in the responses provided through the survey and focus groups, that the COVID-19 pandemic affected everyone in varying degrees. Many challenges that people faced before the pandemic were only enhanced once COVID struck. These common themes were noted and cross

examined with secondary data points. If the secondary data revealed a negative increase or decline in a specific area, the group referred to the created list and made note of any secondary evidence to support the concern. The list was further narrowed down to reflect the resources currently available within the community before the voting process took place. The voting list for the 2022 CHA consisted of six priorities:

- Mental Health
- Obesity with Risk Factors
- Substance Use Disorder
- Homelessness/Lack of Affordable Housing
- Health Literacy/Cultural Competence
- Transportation

The Nominal Group Method

The Nominal group method is defined as a structured method for group brainstorming that encourages contributions from everyone and facilitates quick agreement on the relative importance of issues, problems, or solutions. This method allowed voices that can sometimes be overshadowed by others in a group setting; to vote without biases. In July 2022, a group discussion was held a week before the voting process to allow any questions, concerns, or comments to be addressed. The group met via Zoom on July 19th, 2022, where the voting poll was given. All members were presented with consistent information on primary data collection results and the secondary data that was pertinent to Burke County. Members also created a list of local resources currently available within the county.

Health Priorities

Three rounds of voting occurred. The first round was given a weighted scale of (3), the second round a weight of (2), and the final round a weight of (1). The results were as follows:

1. Mental Health
2. Substance Use Disorder
3. Obesity with Risk Factors

Next Steps

With completion of the document wrapping up in October 2022 and through the assistance of Results Based Accountability™ and the Clear Impact Scorecard, the BWI will work on developing goals and strategies around the three identified priorities to create a Community Health Improvement Plan (CHIP). The CHIP is the Community Health Assessment in action. The BWI and community members will start this process at the beginning of 2023. During this process, it is critical that certain questions are asked, such as “What is the story behind the curve that we, see? Why is mental health and substance use disorder such an issue in our community? What is occurring that is increasing our obesity rates?” Asking these questions beforehand helps guide the direction of any strategies we hope to implement—it is the “why” before the “how.”

We strongly encourage those in the community to become involved in the solution! Ways to get involved include:

- Contact Chae Moore (chae.moore@burkenc.org) or any other member from the Burke

Wellness Initiative to get updated on the upcoming meetings.

- Plan to attend community action plan meetings
- Encourage members from your community to read the Community Health Assessment and discuss how you can get involved.

Additional Acknowledgements

Collaboration is essential when striving to plan, implement, and evaluate community health concerns. This effort would not be possible without participation from our community partners who comprise the Burke Wellness Initiative (BWI). A special thank you goes out to everyone who helped revise the community survey, collected, or analyzed secondary data, or facilitated a focus group.

“Coming together is a beginning. Keeping together is progress. Working together is success.”
-Henry Ford

We would like to acknowledge our community partners who helped partake in gathering secondary data to assist in the writing process of this document. Below are the members of the BWI that assisted in the composition of this document:

Social Determinants of Health

Beverly Carlton - President/CEO, Olive Hill Community Economic Development Corporation, Inc.
Korey Fisher-Wellman - Director, Burke County Social Services
Bethy Mendoza - Finance, Burke County Health Department
Ashlyn Minton - Public Health Education Specialist, Burke County Health Department

Clinical Care and Wellness

Traci Clark – Controller, UNC Health Blue Ridge
Danette Brackett – Director of Business Development, UNC Health Blue Ridge
Deedra Epley – Director, Burke Health Network
Sherri Fisher - Executive Director, Good Samaritan Clinic
Laura McNeely –Director, Healthcare Innovation and Transformation UNC Health BR
Jill Ryan – UNC Health Blue Ridge

Early Childhood and K-12 Education

Sara LeCroy – Director of Student and Family Services, Burke Co. Public Schools
Brandi Silver –Community Outreach, Burke County Cooperative Extension

Environmental Factors

Maureen Schwind – Executive Director, Burke United Way
Abigail Taylor – Burke United Way

Substance Use Disorder

Brandi Greer – Drug Free Communities Coordinator, Burke Recovery

Tracy Hall – EYFP Program Coordinator, Burke County Cooperative

Extension Kim James –Executive Director, Burke Recovery

Leigh Metcalf – Drug Free Communities Youth Specialist, Burke Recovery

Behavioral and Mental Health

Vanessa Austin – Program Coordinator, HARBOUR Program/Burke Recovery

Carol Bostian -Community Engagement Specialist, Partners Behavioral Health

Tim Lentz – CCO, Catawba Valley Healthcare

Older Adult Profile

Shawn Lane – Community Accessibility Specialist, NC Division for the Deaf and Hard of Hearing

Barbara Nagy – Community Member

Sarah Stamey – Aging Specialist, Western Piedmont Council of Governments

Focus Group Facilitators

Thank you to the members of the Burke Wellness Initiative that helped facilitate and the community members that helped participate in our seven unique focus groups. Diversity, equity, and inclusion played a leading role in guiding the direction of this process. The BWI team agreed early on that representation from all members of the community was an essential component to conducting quality focus groups. Through this process equity and cultural competence took on a new meaning.

Thank You to The Burke County Community

The Burke Wellness Initiative would like to thank the 2,124 community members who took the time to complete our 2022 Community Health Survey between January 2022 and May 2022. The information that was gathered from this survey highlighted many of the community health concerns that were taken into consideration when going through the priority selection process. Sharing personal challenges and experienced hardships is not an easy task. The BWI team recognizes the strength and vulnerability that it takes to share stories and experiences about one's personal life. May you rest a little easier knowing there is a group of individuals who are passionate about Burke County, the residents that call it home, and enhancing it to be one of the best counties in the country.

Term Definitions/ Glossary

The definitions are intended to assist the reader with having a common understanding of terms used throughout this report.

Affordable housing: When housing costs do not consume more than 30 percent of a household's income.

Built environment: The human-made or modified structures that provide people with living, working, and recreational spaces. Creating all these spaces and systems requires enormous quantities of materials.² Built environment can include access to healthy foods, community gardens, mental and physical health services, walkability, and bike-ability (such as bike paths or bike lanes.)

Broadband deserts: geographic areas where there are no internet service providers (ISPs) that offer broadband internet. Also known as *digital deserts*

BWI: Burke Wellness Initiative

CHA: Community Health Assessment

Community: A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.³ Community can be defined differently based on the individuals asked.

Discrimination: A socially structured action that is unfair or unjustified and harms individuals and groups. Discrimination can be attributed to social interactions that occur to protect more powerful and privileged groups at the detriment of other groups.⁴ Discrimination can include everyday experiences or discriminatory events.

Diversity: the presence of difference that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment, or political perspective

Equity: the quality of being fair and impartial

Food desert: a geographic area where residents' access to affordable, health food options (especially fresh fruit and vegetables) is restricted or nonexistent due to the absence of grocery stores within convenient traveling distance.

Food insecurity: The disruption of an individual's food intake or eating patterns because of lack of money and other resources to access food. Food insecurity may be long term or temporary. Food insecurity may be influenced by several factors including income, employment, race/ethnicity, and disability.⁵

Health disparities: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.⁶

Health equity: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

HMP: Historically Marginalized Populations are groups and communities that experience discrimination and exclusion (social, political, and economic) because of unequal power relationships across economic, political, social, and cultural dimensions

Housing instability: The lack of security in an individual shelter that is the result of high housing costs relative to income, poor housing quality, unstable neighborhoods, overcrowding, and, but may not include, homelessness.⁸

Inclusion: the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or intellectual disabilities and members of other minority groups

Justice: just treatment of all members of society with regard to a specified public issue, including equitable distribution of resources and participation in decision making

LGBTQIA: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and other individuals who identify with a sexuality other than heterosexual

Morbidity: rate of disease or diseases

Mortality: rate of death

PCP: Primary Care Provider

Qualitative data: Non-numerical data that can be observed and recorded. Within this report it refers to focus group and key informant feedback.

Quantitative data: Numerical data calculated and collected through established methods. This report includes Community Member Survey data, as well as local, state, and national data from agencies and institutions.

Rate: A basic measure of disease frequency is a rate, which considers the number of cases or deaths and the population size. For example, if a cancer incidence rate is 500 per 100,000, it means that 500 new cases of cancer were diagnosed for every 100,000 people.

Trauma: An emotional response to a deeply distressing or disturbing experience.

Section 1: Burke County's COVID-19 Response

In December 2019, an emergent virus, SARS-CoV-2, was first detected in Wuhan, China and was rapidly spreading internationally. On March 11, 2020, the World Health Organization declared a pandemic due to the highly contagious respiratory virus that was circulating. The United States followed suit and declared the COVID-19 virus a national emergency and went into lockdown to contain the spread of the virus.



Between March 2020 and December 2020, Burke saw approximately 6,394 positive COVID-19 cases and 82 associated or related COVID-19 deaths. When COVID-19 vaccines rolled out in December 2020, BCHD and UNC Health Blue Ridge started the process of planning mass vaccination clinics in the community. A local high school's gymnasium was selected as a central location within the county that could accommodate several clinics of this magnitude. On January 21, 2021, the first clinic open to the public was held. From January 2021 until June 2021 vaccination clinics were held twice a week at Freedom High School. There was a total of 34,580 vaccines distributed during this 6-month span.

Vaccine equity was of upmost importance to both BCHD and UNC Health Blue Ridge. Additional clinics were planned at 10 local manufacturing companies, three long-term care facilities, two churches that served as trusted community sites, the local community college, the local jail, and two local breweries. As of August 2022, our total number of individuals 5 and older vaccinated stands at 42,133 which is almost half of our total population.¹

Many lessons have been learned as we have navigated through this pandemic. Efforts have been made to strengthen the relationship between public health and our community. We found that a positive relationship between both is essential prior to preparing for a public health emergency. *Pictures courtesy of Morganton News Herald and UNC Health Blue Ridge.*

Section 2: Community Profile

Geography

Burke County is in the western part of North Carolina located in the foothills of the Blue Ridge Mountains. Burke County is bordered to the west by McDowell County and to the south by Rutherford and Cleveland



counties. Its border to the north is shared by Caldwell and Avery counties while Catawba County lies east.

Burke County covers a land mass of approximately 514 square miles with an elevation that ranges from 900 to over 4,300 feet above sea level. It consists of 13 townships and seven municipalities: Morganton being the largest as well as the county seat.

The Catawba River runs through the county and feeds into Lake James, which is one of the major tourist attractions in Burke and supports 1.5 million recreational users a year. To preserve Burke County's environmental integrity the Lake James and South Mountain State Parks were established almost 30 years ago. Other natural attractions include the Linville Gorge, Table Rock Mountain (pictured above and left), Shortoff Mountain (pictured right), and the Blue Ridge Parkway.



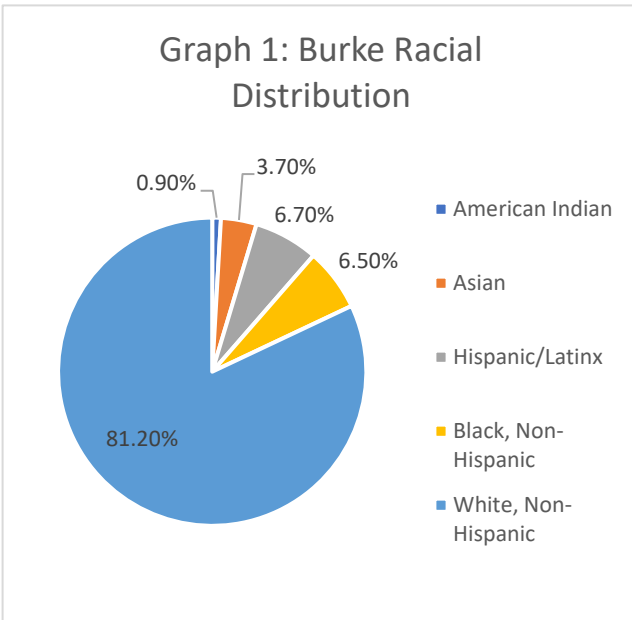
History

Burke County was founded in 1777 after the NC General Assembly passed an act dividing Rowan County and creating a county named in honor of Thomas Burke. Mr. Burke was a representative in the Continental Congress until he became the third governor of the state. The new county of Burke comprised such a large territory that it later became the largest part of the 16 counties including Buncombe, Catawba, Mitchell, Madison, Yancey, Caldwell, McDowell, and Alexander. In 1834, Burke County was reduced to its present size of 514 square miles. To date, the largest landowners in Burke County

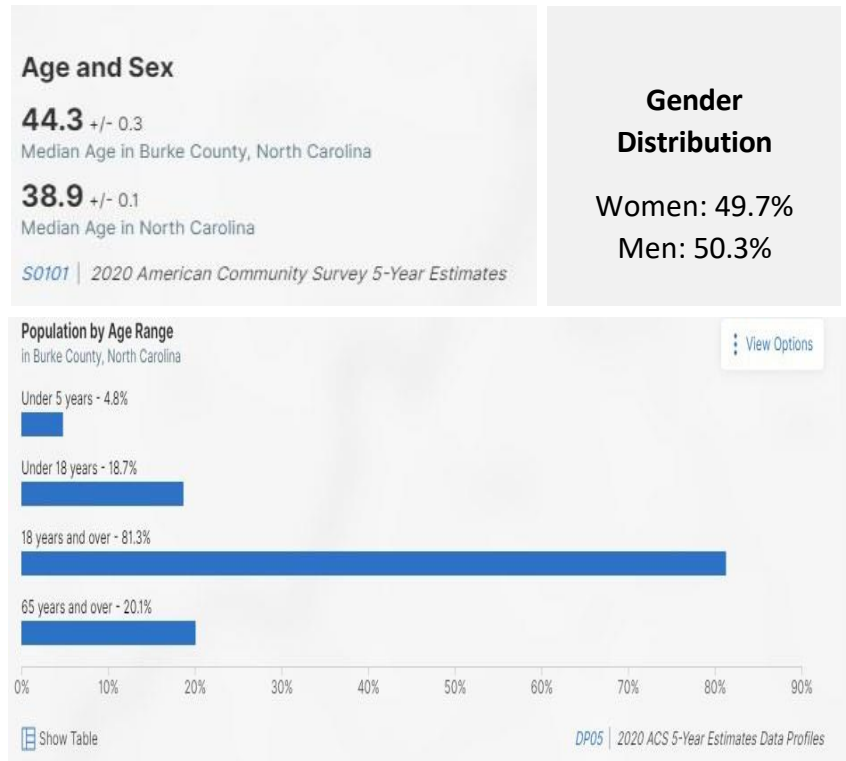
are the US Government, Crescent Resources (Duke Energy Co.) and the State of North Carolina. Burke also has the third largest concentration of state employees in North Carolina. Departments include Department of Transportation, Department of Corrections, J. Iverson Riddle Developmental Center, North Carolina School for the Deaf, and Broughton Hospital.

Section 3: Demographics

Burke County is home to an estimated total population of 90,418 which is an increase from 88,898 reported in the 2019 Community Health Assessment.² According to the 2022 County Health Rankings, the racial makeup has not changed significantly over the last five years.



Graph 1 displays Burke County's most recent racial distribution. The data was sourced from 2022 County Health Rankings.



Graph 2 displays a population by age breakdown in Burke. This data along with Age and Sex was sourced from United States Census Bureau in the 2020 American Community Survey

Peer Counties

Throughout this report, data specific to Burke County will be compared to data from surrounding counties as well the State's. Caldwell, Rockingham, Stokes, and Alexander were determined to be peer counties based on demographics similar to Burke's.² Peer counties are determined based on:

1. Population size
2. Number of individuals living below the poverty level
3. Population under 18 years of age
4. Population 65 years of age or older
5. Population density

Peer county comparisons are useful for community health assessment's because they convey the range of health status

indicator values for similar counties, serve as a basis for expected numbers of reportable diseases, and provide a method for comparing communities with peer and U.S. medians.³

Section 4: Social Determinants of Health

The conditions in the environments where people are born, live, learn, work, play, worship, and age affect a wide range of health, function, and quality of life outcomes and risks are defined as the Social Determinants of Health (SDOH).⁴ All of these factors have a major impact on the health, well-being, and quality of life of a person and can contribute to a wide range of health disparities and inequities. For example, the farther an individual lives from a grocery store, the less likely they are to have all nutritional needs met, or the fewer sidewalks or streetlamps an individual has close by the less likely they are to participate in daily physical activity. SDOH are not the final say in the health outcomes of an individual, but studies have shown special attention should be given to them.

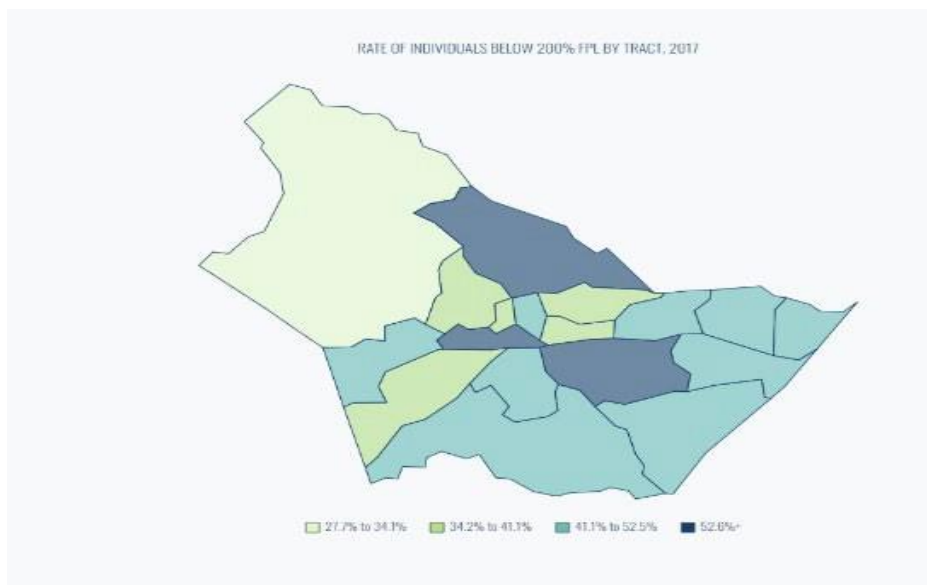
Poverty

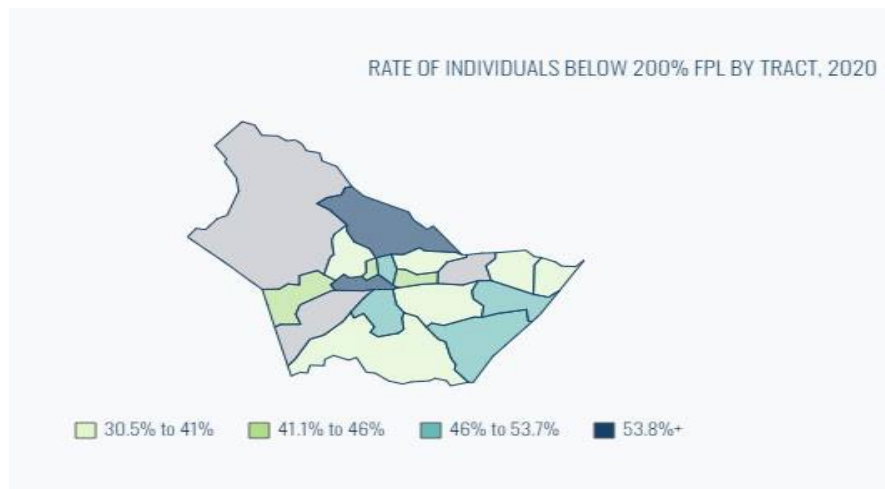
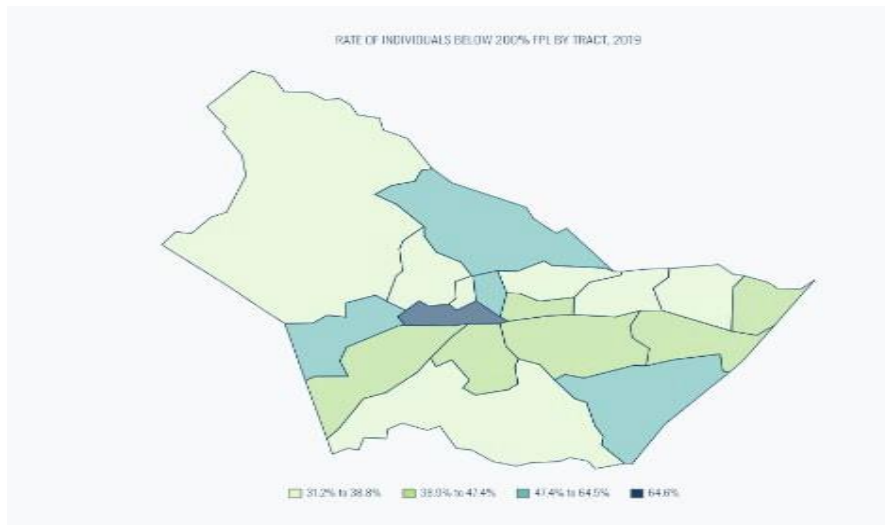
“Anyone who has ever struggled with poverty knows how extremely expensive it is to be poor.”

– James Baldwin, American author

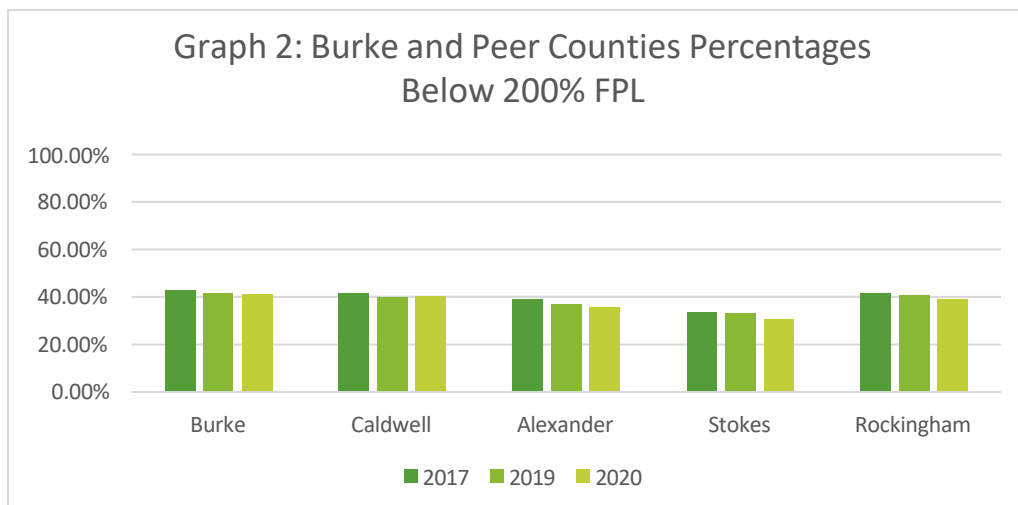
Poverty entails more than the lack of income and productive resources to ensure sustainable livelihoods. Its manifestations include hunger and malnutrition, limited access to education and basic services, social discrimination, and exclusion, as well as the lack of participation in decision making.⁵

Burke County has not been exempted from poverty. The federal poverty level (FPL) compares a person’s or family’s income to a set poverty threshold or minimum amount of income needed to cover basic needs.⁵ Between the years of 2017-2020, the percentage of individuals living in Burke County under 200% of the FPL has remained on average around 42%, almost half of the total population. In correspondence with Healthy NC 2030 (HNC 2030), this number exceeds the state’s current percentage of 36.8%.⁶



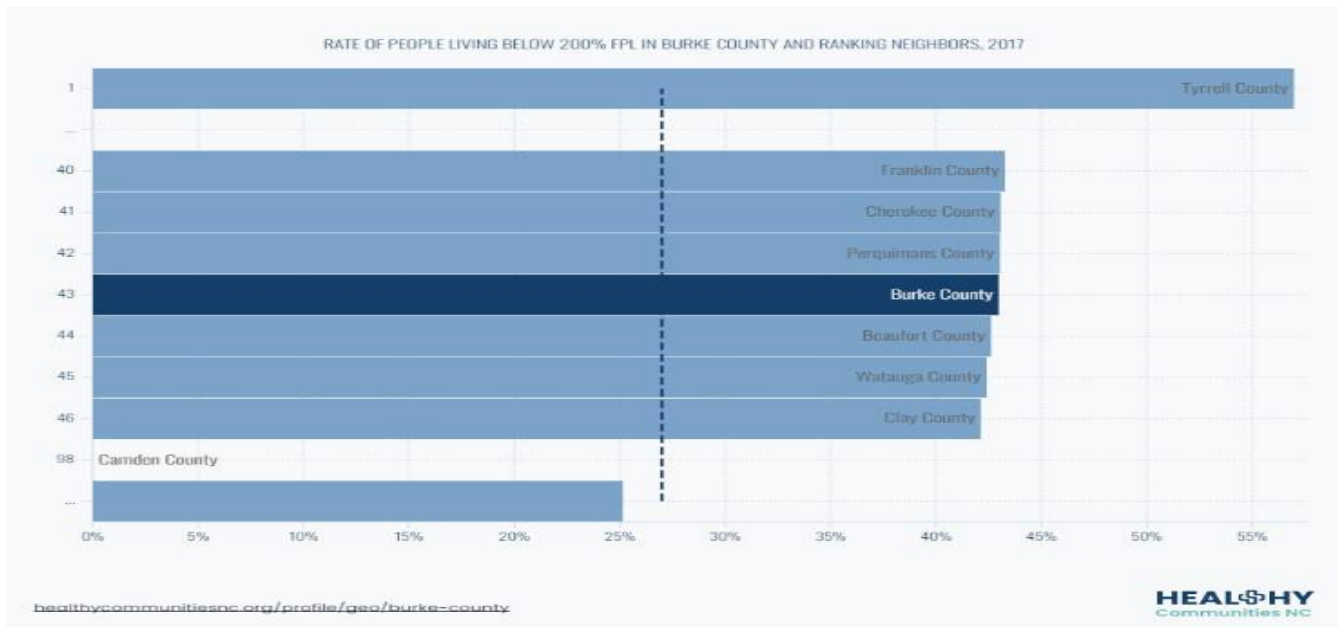


The maps above shows the percentage of individuals in each Census tract of Burke County below 200% of the Federal Poverty Level (FPL). Over the course of this four-year span, the percentage of those below 200% of the FPL remained within the same range. The data in the graph below shows Burke and its peer county's FPL percentages for the years 2017, 2019, and 2020. This data was retrieved from Healthy Communities NC.

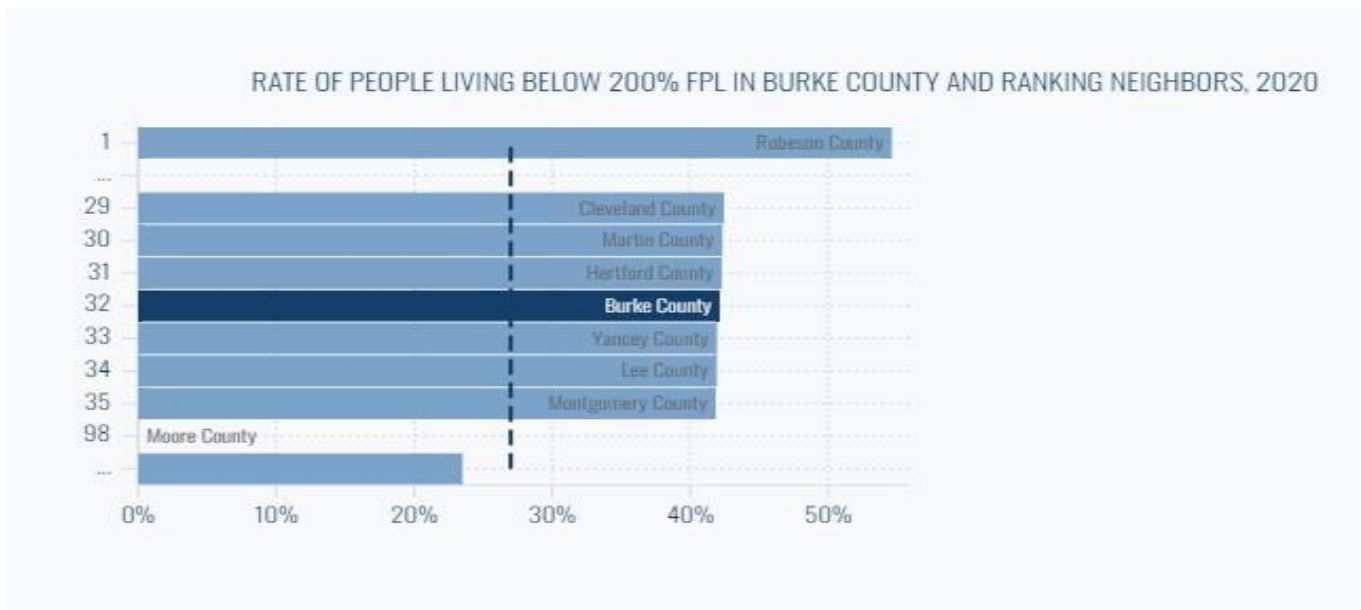


Poverty in the State

Burke's ranking in North Carolina's 100 counties has not improved significantly in this area over the last 5 years. Although the percentage of individuals living below 200% of the FPL in NC has been decreasing slowly over the past decade, as of 2017 North Carolina ranked 39th out of 50 states in this area. ⁶

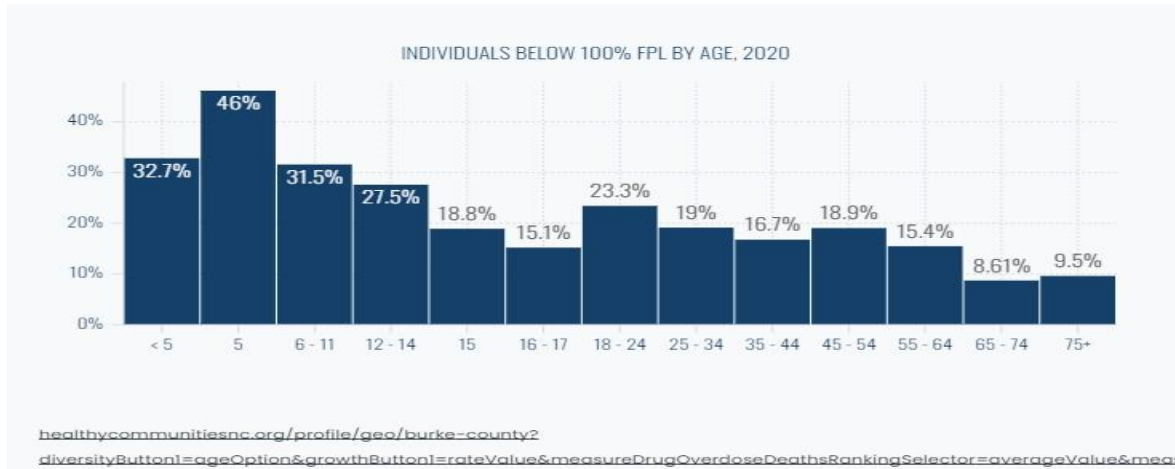


Graph 3 (above) and 4 (below) shows Burke County's position in the ranking of counties in North Carolina by percentage of individuals below the poverty threshold. Over the last 5 years, Burke County has continued to fall in rank.



Poverty by Age

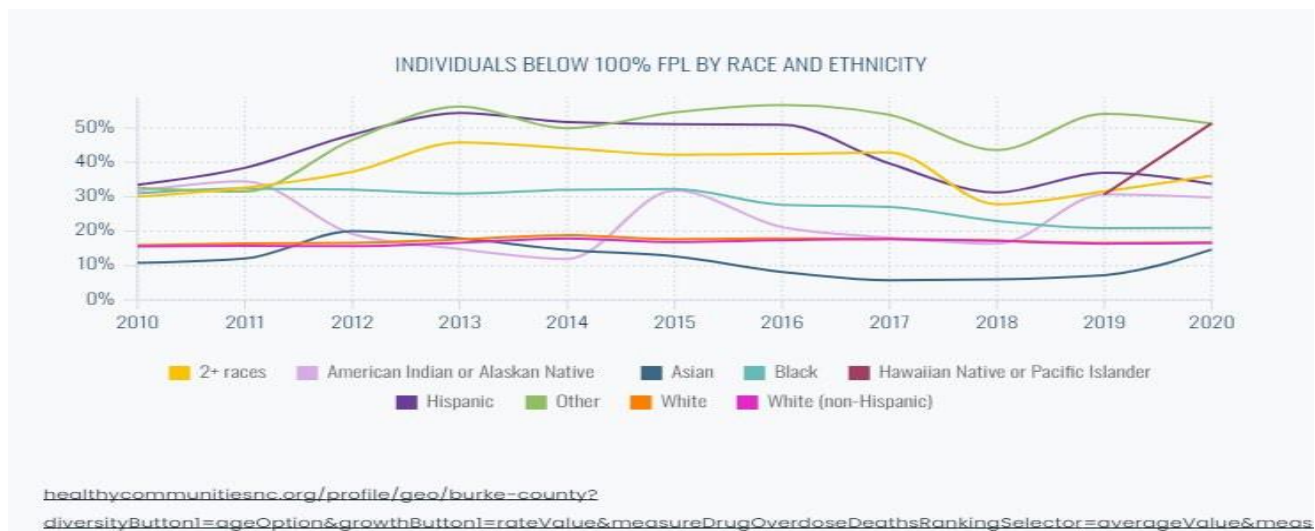
The U.S. monthly child poverty rate increased from 12.1% in December 2021 to 17% in January 2022, the highest rate since the end of 2020.⁶ The highest percentage of individuals in Burke who live below 100% of the FPL are children aged 5.



Graph 5 displays the percentage of individuals below the 100% FPL in Burke County by age in 2020. In 2020, the highest percentage of individuals below the 100% FPL by age were 5 years (46%). The lowest percentage of individuals below 100% FPL by age were 65-74 years (8.61%).

Poverty by Race and Ethnicity

In North Carolina, half of American Indians (52%) and African Americans (51%) and 64% of Hispanic individuals have incomes below 200% of the FPL, compared to 31% of Whites.⁶



The graph above shows the percentage of individuals below 100% of the FPL in Burke County by race and ethnicity from 2010-2020.

Employment and Unemployment

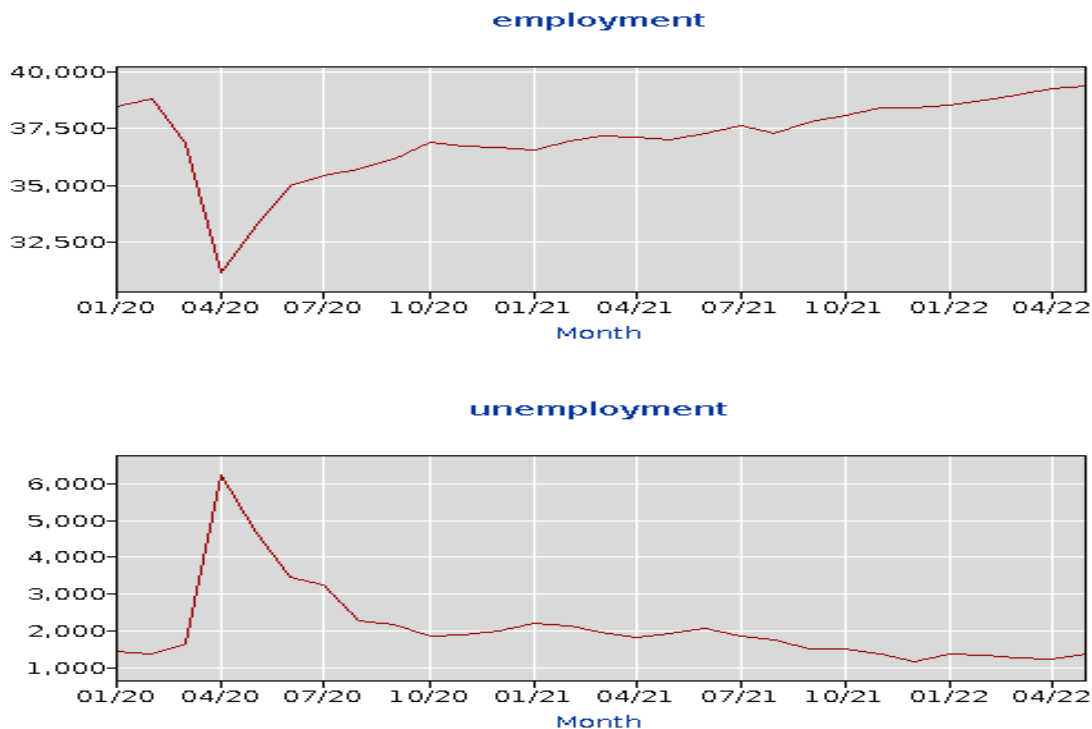
According to the Bureau of Labor Statistics, Burke County, North Carolina had a 3.0% unemployment rate (1,230 individuals) and a labor force of 40,502 individuals as of April 2022. This is lower than the most recent state percentage of 3.9% in 2019.⁷

“My stress level was elevated due to working in the hospital throughout the pandemic.”

- Anonymous 2022 CHA Survey participant

The unemployment rate is calculated based on the percentage of the population ages 16 and older that are unemployed but seeking work. The rate of unemployment has steadily decreased since an initial spike in April 2020 (16.7%), likely due to the COVID-19 pandemic. Similarly, the labor force has shown a steady increase since April 2020, which had a total of 37,365 individuals (Figure 1).⁸

According to the United States Census Bureau, in 2020, 65.2% of the total workforce in Burke County (38,817 individuals) worked in-county, while 34.0% worked outside the county. The total workforce of 2020 was comprised of 77.2% private wage and salary workers, 17.3% government workers, and 5.5% self-employed workers. Members of the total workforce of 2020 held the following occupations: Management, business, science, and arts (28.2%), service occupations (21.1%), sales and office occupations (18.0%), natural resources, construction, and maintenance occupations (9.4%), production, transportation, and material moving occupations (23.2%).⁸



The figure above shows employment and unemployment rates in Burke County, 2020-2022. Data provided by the U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics.

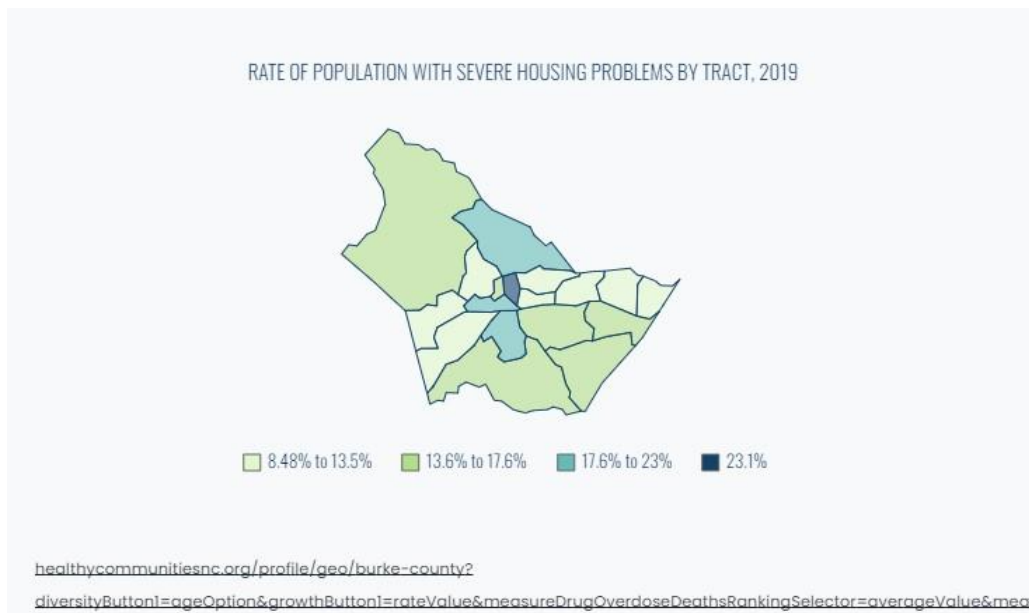
*"I was furloughed for four months during the pandemic."
-Anonymous 2022 CHA Survey participant*

According to the North Carolina Department of Labor and Economics, the following companies are major employers in Burke County:

Employer	Industry	Sector	Employees (Range)
State of North Carolina Department of Health and Human Services	Health Care and Social Assistance	Public	1000+
Burke County Public School System	Education	Public	1000+
UNC-Health Blue Ridge	Health Care and Social Assistance	Private	1000+
Waterfield Labor Solutions of North Carolina	Administrative Support	Private	500-999
Valdese Weavers	Manufacturing	Private	500-999
Burke County Government	Public Administration	Public	500-999
Leviton Manufacturing	Manufacturing	Private	500-999
North Carolina Department of Public Safety	Public Administration	Public	500-999
Case Farms	Manufacturing	Private	500-999
Catawba Valley Staffing	Administrative Support	Private	500-999
Continental Automotive Systems, Inc.	Manufacturing	Private	250-499
A Small Miracle, LLC	Health Care and Social Assistance	Private	250-499
Food Lion	Retail	Private	250-499
Wal-Mart	Retail	Private	250-499
City of Morganton	Public Administration	Public	250-499
Western Piedmont Community College	Education	Public	250-499
Bimbo Bakeries USA, Inc.	Manufacturing	Public	250-499

Housing in Burke County

The U.S. Department of Housing and Urban Development defines severe housing problems as occupied household units that have at least one of the following issues: overcrowding (>1 occupant per room), high housing costs (monthly housing costs from 30% to 50 % of monthly income), or lack of adequate kitchen or plumbing facilities.⁹



The figure above shows in 2019, 13.7% of people in Burke County experienced severe housing problems. The map also highlights the Census Tracts where affordable housing is a greater issue.

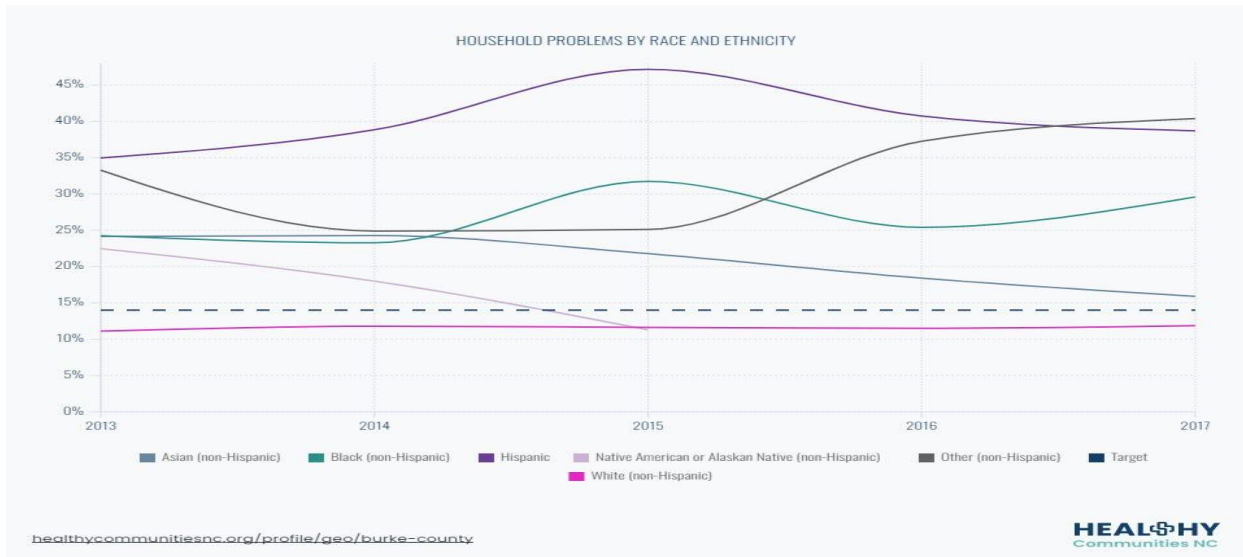
As of July 1, 2021, Burke County has a total number of 39,889 housing units. The median value of an owner-occupied house in Burke County is \$ 120,600.

“[My] house payment and taxes were deferred.”
-Anonymous 2022 CHA Survey participant, Question 8

People who live in homes that cost a large portion of their income, or where there is overcrowding or poor maintenance, are exposed to a variety of health risk factors. From 2013-2017, 19.6% of people living in Burke County were spending 30% or more of their household income on housing costs.¹⁰ Studies have continued to show that the availability of affordable housing along with housing quality is an important factor of overall health and wellbeing. Through this we have learned that there is a distinct linkage between housing quality and our physical and mental health. High housing costs have an interactive effect on the other housing problems—increasing the likelihood that individuals are forced to reduce spending on food, health care, preventative care, and other necessities to pay housing expenses.

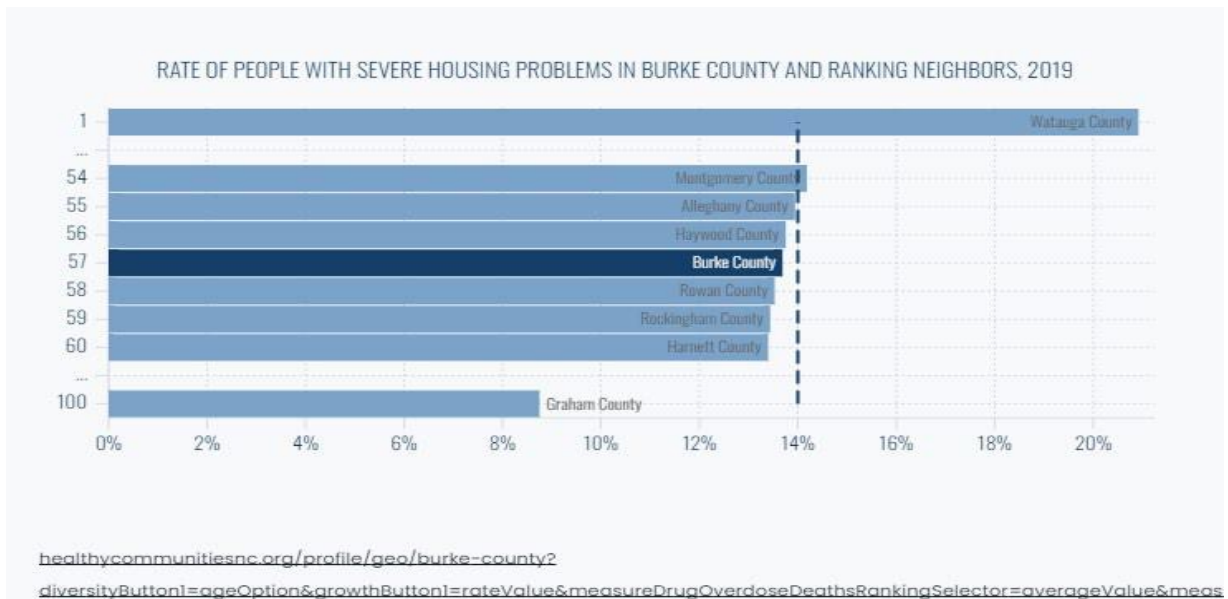
Housing Problems by Race and Ethnicity

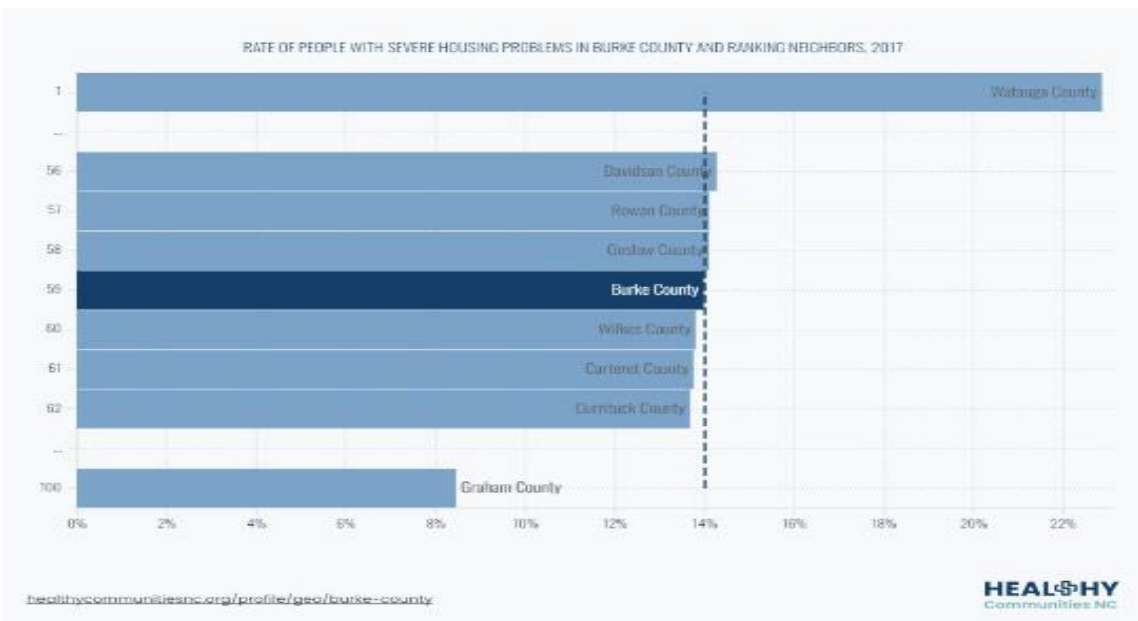
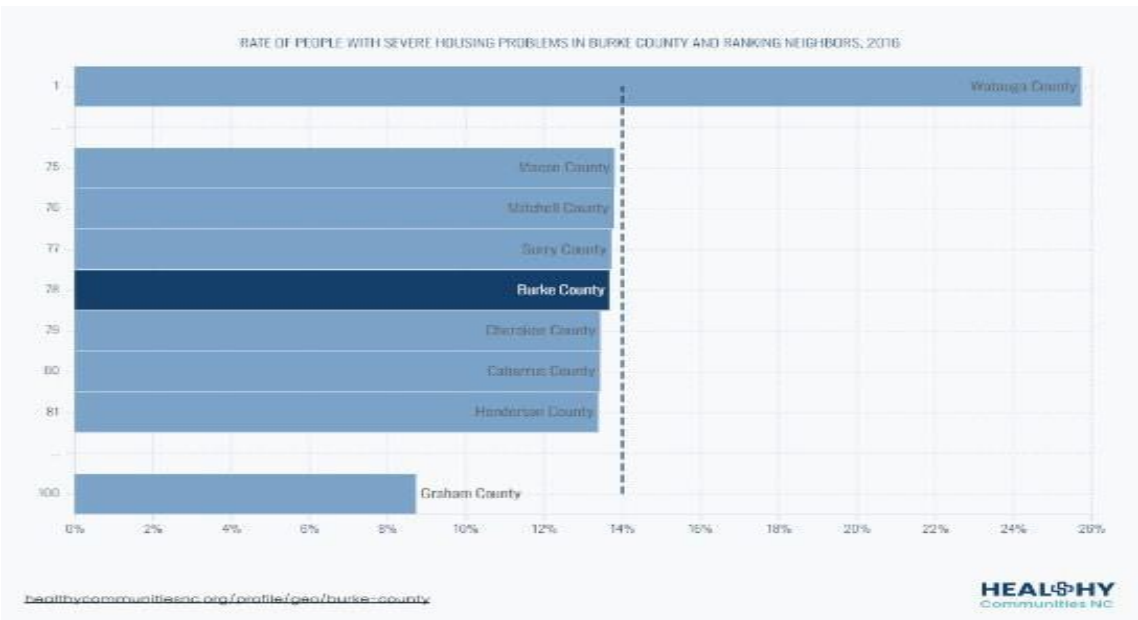
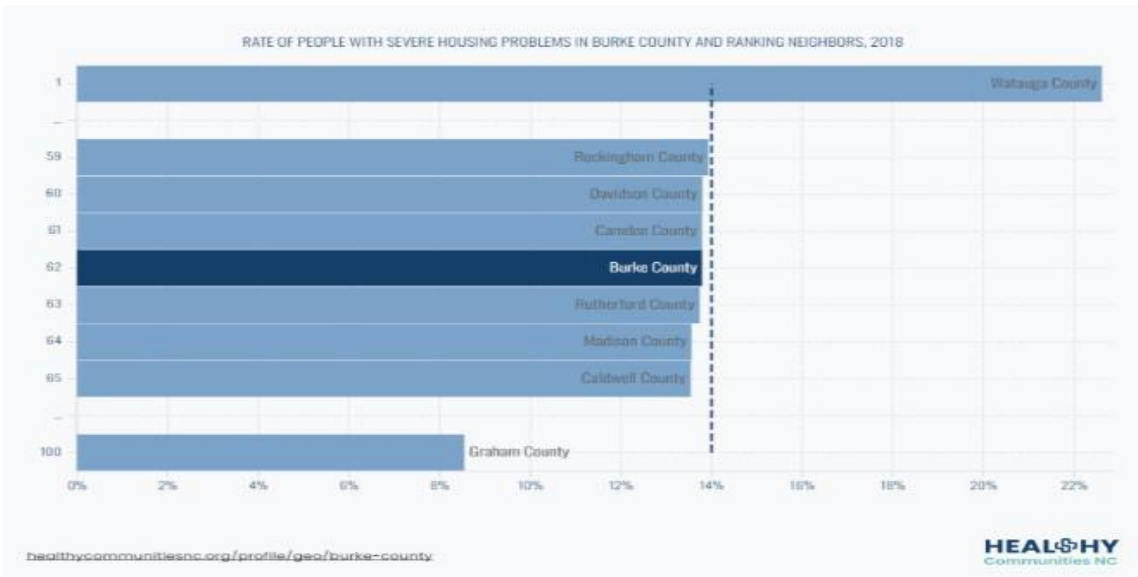
The graph below the percentage of the population living with severe housing problems in Burke County from 2013-2017. As shown, the rate for Hispanics, Asians, and Blacks have remained greater than both their White counterparts and the Healthy NC 2030 target goal.



Housing Problems in the State

The graphs below show Burke County's rank in North Carolina counties between the years 2016-2019 by the prevalence of severe housing problems. Over the last 6 years, Burke County has held steady in its ranking among other NC counties in this area.





Transportation

Prior to 2018, the Western Piedmont Regional Transportation Authority (WPRTA), dba Greenway Public Transportation, operated rapid demand van and paratransit (ADA-compliant) services in Burke County with no fixed or regular route. An individual had to schedule a request by phone for individualized van transit service at least three (3) days in advance with a Greenway reservationist.

In 2018, a community coalition of businesses, nonprofits, and governmental agencies partnered to discuss the need for regular transportation in Burke County. Under the guidance of the Western Piedmont Council of Governments (WPCOG), transportation planners and the service operator, WPRTA/Greenway prepared a narrative of need to convince third-party, external grantees to fund a fixed route in Burke County.

Two of the larger obtained grants were funded by the Appalachian Regional Commission (ARC) and the Kate B. Reynolds Charitable Trust. Grant narratives expressed transportation need for employment and medical appointments, respectively. For example, the ARC grant application included letters of support from area businesses and employers to show that there was support for regular transit for working people in the county. There was also data for disease rates in Burke County to show the need for medical transportation. Ultimately successful, the resources pooled were substantial enough to fund 4 Burke County Flex Routes for a two-year trial period, starting in October 2018.

It has now been almost four years since the four flex routes were established. As of April of 2022, a portion of the Burke Flex Route service was replaced with a new Morganton Loop route. The Morganton Loop helped condense previous routes that ran through Morganton. Meanwhile, to replace the other portion of the Burke Flex Route that serviced the towns of Drexel, Valdese, and Rutherford College a micro-transit was introduced.

The Morganton Loop service operates from 9:00am-4:00pm Monday through Friday. To catch the bus, residents should be at the stop at least 10 minutes prior to the estimated stop time. Some stops are serviced by request only and are "Same Day Deviations". If a resident requests transportation to a "By Request" stop, they need to tell the driver which stop he or she would like to go to as they board the bus. When citizens are ready to be picked up from a "By Request" destination, they need to call Dispatch at (828)465-7634 and they will alert the next available driver. For the first two years of the flex route, bus fares were waived. Fares resumed in August 2021 and are now and will remain the same at \$1.25 and a reduced fare of \$0.60 is available for qualifying individuals. Residents may contact Dispatch at (828) 465-7634 or Scheduling at (828) 464-9444 to check on qualifications for a reduced fare. The fare must be paid in cash and correct change each time one boards the vehicle. Micro-transit service is a same-day, on demand, curb-to-curb service. The service is available in areas throughout Morganton, Drexel, Valdese, and Rutherford College. The fare is \$2.50. To request this same-day service residents may contact Scheduling at 828-464-9444.

The planning partners from WPCOG and staff from Greenway Transportation chose the designated stops and route locations based off data from countywide surveys, current Greenway ridership, and partners willing to fund the service.¹¹

Accessible transportation continues to be an area that Burke County strives to improve. Several of the marked

bus stops do not provide seating or adequate shelter from natural elements. With the routes being unavailable on Saturdays and Sundays this also limits riders' accessibility to traveling to local farmer's markets, employment opportunities, local parks and recreation centers, and more.

Section 5: Educational Attainment

Burke County Public Schools (BCPS)

Burke County has a diverse population with school age children who attend public, private, charter, and home schools. The COVID-19 pandemic challenged the education system in several ways, many of those challenges you will read about below. This pandemic brought to light many of the issues that have been present but hidden such as student's dealing with food insecurity, how internet access has become a necessity rather than a luxury, and that children are not exempt from experiencing mental health issues.

*"[My] Child Experienced Mental Health Struggles/Depression."
-Anonymous 2022 CHA Survey participant, Question 8*

At the initial onset of the pandemic, the 2019-2020 school year was cut short to help slow the spread of this virus. In Fall 2020, during the height of the pandemic, it was clear that the new school year could not resume as normal. The Virtual Academy was created in response to COVID-19 to help students resume learning but in safer manner. Students were given the option to be fully enrolled virtually or to rotate on an A/B schedule to receive both in-person and remote learning. During this fall semester there were 2,149 students enrolled full-time in the Virtual Academy. The Virtual Academy has remained an option for those who wish to remain in the BCPS system but learn remotely from home. However, enrollment numbers have decreased over the last couple of school years as the severity of COVID has begun to wane. In Spring 2021, there were 1,726 enrolled which declined to 454 students in the Fall 2021, and eventually to 230 students currently enrolled for the 2022-2023 year.

Food insecurity was also an issue that was brought to light by the COVID-19 pandemic. Prior to the pandemic, 56.5% of BCPS students were eligible for free lunch, that number now sits at 65% students being eligible for the 2022-2023 year. During the time when students were remote learning, BCPS provided breakfast and lunch pick-up and delivery to students in need. BCPS serves 6000 breakfasts and 7000 lunches each school day.

Academic loss was also experienced by many students. Internet access is no longer seen as a luxury item, but an item of necessity. Approximately 35% of students did not have high-speed internet at their house during the 2020-2021 school year. This equates to around 3,990 students. Of that 35%, 25% of those families cannot acquire broadband connections due to living in rural communities. Students were provided access to borrow hotspots and to utilize bus hotspots that were placed throughout the community. BCPS is striving to create extra intervention time in the school day for every school and student to help combat the academic loss.

School tutoring is available to students before, throughout the day as needed, and after school to help students regain what was lost.

Burke County's most current high school graduation rate for 2021-2022 is 88% which is a slight decrease from the 2020-2021 year that reported a graduation rate of 91.3%.

Burke County Public Schools currently has an enrollment of 12,035 students for the 2022-2023 school year.

Burke County Private Schools

Burke County has four private schools. They are Morganton Day School, Silver Creek Adventist School, Christ Classical Academy, and The Learning Center with a combined enrollment of 170 students.

Burke County Home Schools

Burke County has a large home-school community that has continued to remain steady over the years. In the 2021-2022 school year, there were 1,480 students enrolled in Burke County home schools. This is a slight decrease since the last CHA when 1,540 students were enrolled for 2018-2019 year.

New Dimensions Charter School

A charter school is a public school that receives public money but has been freed of some of the rules and regulations that apply to other public schools in exchange for a higher level of accountability in meeting standards determined by the state.

New Dimensions is tuition- free and their enrollment process promotes equal opportunity for all students. There are approximately 538 students currently enrolled for the 2022-2023 school year.



North Carolina School of Science and Mathematics (NCSSM)

NCSSM was completed in 2021 and will open its doors to local high school juniors and seniors in Fall 2022. Students will have the opportunity to take rigorous high-level curriculum in science, technology, engineering, and math. The campus, part of the University of North Carolina system, will initially enroll 150 students with enrollment expected to double by the second year.



Western Piedmont Community College (WPCC)

Western Piedmont Community College is an accredited community college offering associate degrees in Nursing, Basic Law Enforcement Training, Dental Assisting, Early Childhood Education, Medical Assisting, and Medical Laboratory Technology. Western Piedmont also works closely with Burke County Public Schools to offer high school equivalency programs to students who drop out before graduation.

Foothills Higher Education Center

Western Piedmont Community College works in partnership with area public and private colleges and universities to provide opportunities to local residents to have access to baccalaureate and master's degree programs offered in the region. Appalachian State University, Lees McCrae college, and Western Carolina University offer coursework toward a variety of degrees at Foothills Higher Education Center.

Nearby Colleges and Universities

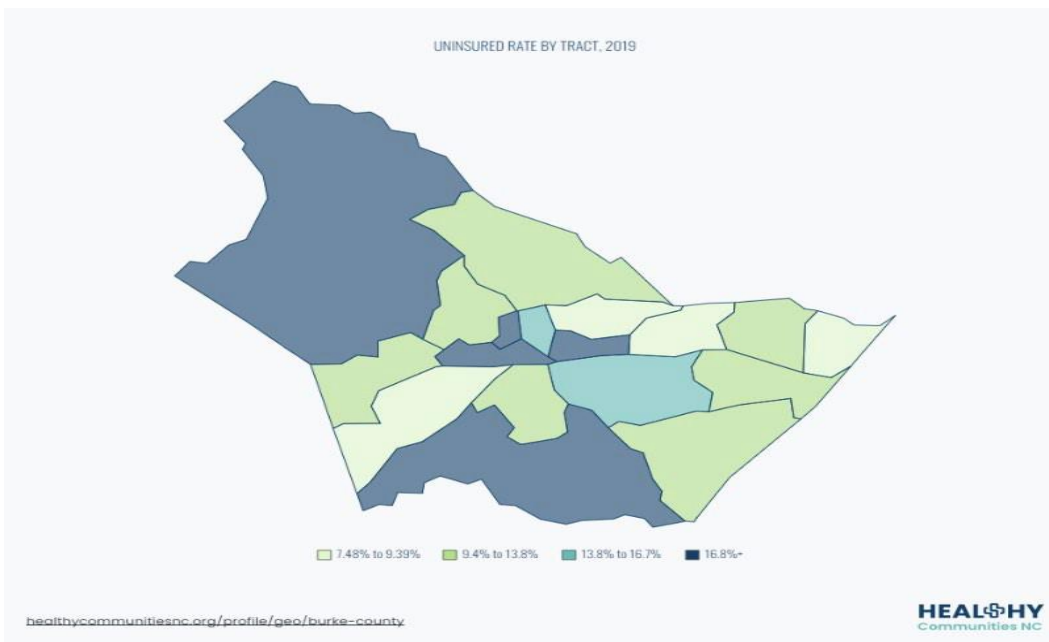
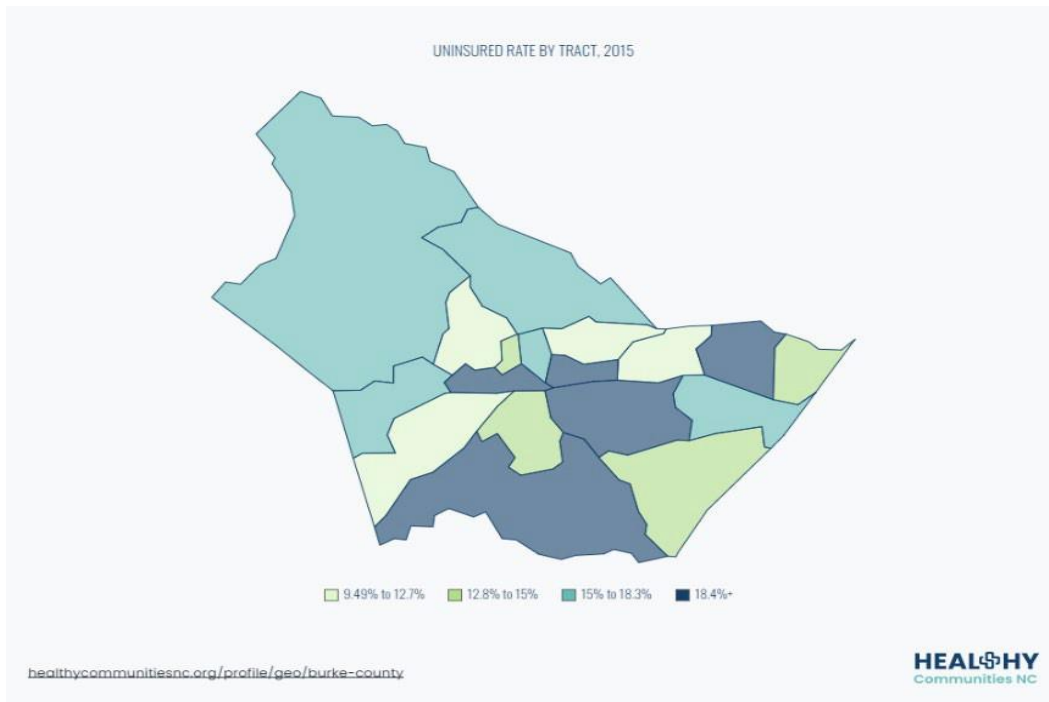
Burke County has several colleges and universities that are within a one-to-two-hour drive from the city of Morganton. These include Appalachian State University, UNC-Asheville, UNC-Charlotte, Gardner-Webb University, Lees-McRae University, Lenoir-Rhyne University, Western Carolina University.

Section 6: Clinical Care and Wellness

Access to Medical Care

The centerpiece of healthcare in Burke County is UNC Health System Blue Ridge, the largest private employer in the county, with almost 1,500 full- and part-time employees. Burke County residents have access to one of the nation's leading healthcare organizations, providing a full spectrum of healthcare and wellness programs throughout North Carolina in more than 13 counties, 90 practices, and 300 Primary Care Providers (PCP) and specialists. The hospital system's Blue Ridge HealthCare Medical Group has more than 100 primary care physicians and specialists in 30 convenient locations for Burke residents.

Many people in the United States do not receive the healthcare services they need. In 2020, 8.6% of people, or 28.0 million, did not have health insurance at any point during the year.¹² While data supports the percentage of uninsured in Burke County has decreased from 13.8% in 2015 to 12.1% in 2019, we are still aware of the coverage gap that affects individuals who cannot afford a monthly premium yet do not qualify for public insurance programs.⁶ According to the US Census, the percentage of people below the FPL who are uninsured is more than twice as high in states that haven't expanded Medicaid, compared to states that have.¹² North Carolina is one of 12 remaining states that have not adopted Medicaid coverage expansion.



The figures above show the uninsured rate by tracts in Burke County for the years 2015 and 2019. The darker shades of blue represent the tracts that have a higher uninsured rate.

Uninsured residents are those who do not have access to health insurance or do not qualify for government assistance. The uninsured tend to seek health care at hospital emergency departments (the most expensive venue for the treatment of non-emergent conditions), local free and charitable clinics or opt not to pursue any health care assistance.

One solution in our county to remove barriers for the uninsured is the Burke Health Network (BHN). BHN coordinates the collaboration of safety net providers within Burke County. This agency builds trusted relationships with resources for those uninsured residents by securing medical, behavioral health,

medication access, and whole-person care to increase the opportunity for improved health and quality of life. To enroll in the services of Burke Health Network, residents must be between the ages of 18 and 64 and fall below the 200% Federal Poverty Level.

From 2020-2021 Burke Health Network and its collaborative partners impacted access to care for 3,441 residents. Of the 3,441 patients served, 1,062 received medication assistance from programs that provided medications at no cost. They were also placed in medical homes and screened for social determinants of health.

Three-year Snapshot of Services Provided to Uninsured Patients by Burke Health Network

	2019	2020	2021
Specialty	3,239	3,438	2,951
Encounter	3,942	5,294	7,520
Labs/Diagnostics	12,429	9,333	16,092

Virtual Care Unit

UNC Health Blue Ridge launched a Virtual Hospital in April 2020 in response to the COVID-19 pandemic. The hospital system collaborated with Burke County Health Department, Burke County Public Schools, and local churches to help distribute thermometers and educate the public on the ever-changing virus. This protocol helped introduce many Burke residents and providers to the aspect of virtual care for the first time.

Nurses, primary care physicians, emergency physicians, and hospitalists worked together to help keep everyone but the most ill patients at home. All patients were provided a pulse oximeter and taught how and when to use it. If the patient’s oxygen saturation percentage dropped below a certain level, the patient’s care management was swiftly adjusted. Due to this close monitoring, patients knew when it was time to go to the hospital.

During the first wave of the pandemic, from April 2020 to August 23, 2020, 701 patients were enrolled in the VCU. During the second surge and at its peak, the VCU enrolled 314 patients in a single day.

Overall, from April 23, 2020, to February 14, 2021, the VCU had 3,384 admissions of which 3.5% required emergency care or an inpatient stay.

Positive impacts of the Virtual Care Unit

- A mobile health team was launched. This consisted of a nurse and a paramedic who visited patients at their residence.
- Several individuals were connected to a primary care physician for the first time.
- An asymptomatic testing site was created to help offset the influx of people wanting to be tested at the emergency department and urgent care facilities.
- COVID patients were able to be monitored after being discharged.
- Monoclonal Antibody Treatments were given to high-risk patients.
- An app was created to help assist in monitoring low oxygen-level patients.
- A post-COVID rehabilitation program was developed for patients experiencing lingering complications.

The VCU is now being used to not only monitor COVID patients but patients who may have a respiratory diagnosis such as Chronic Obstructive Pulmonary Disease (COPD), pneumonia, and/or asthma.

Morbidity/Mortality

Life expectancy tells us the average number of years of life a person who has attained a given age can expect to live.¹³ It is expected that residents in Burke County have an estimated life expectancy of 76.7 years.⁷

2019 Leading Causes of Death in Burke County, NC

Rank	Cause	Number	%
1	Cancer	238	22.2
2	Disease of the heart	217	20.3
3	Chronic lower respiratory disease	89	8.3
4	Cerebrovascular diseases	62	5.8
5	All other unintentional injuries	47	4.4
6	Diabetes	30	2.8
7	Alzheimer’s disease	27	2.5
8	Nephritis, nephrotic syndrome, and nephrosis	21	2.0
9	Chronic liver disease and cirrhosis	18	1.7
10	Influenza and pneumonia	18	1.7

The order of the leading causes of death has changed slightly since the 2019 assessment. Cancer has now succeeded Diseases of the heart as the number one spot. Cerebrovascular diseases have moved from a rank of 6 to 4.⁷

Oral Health

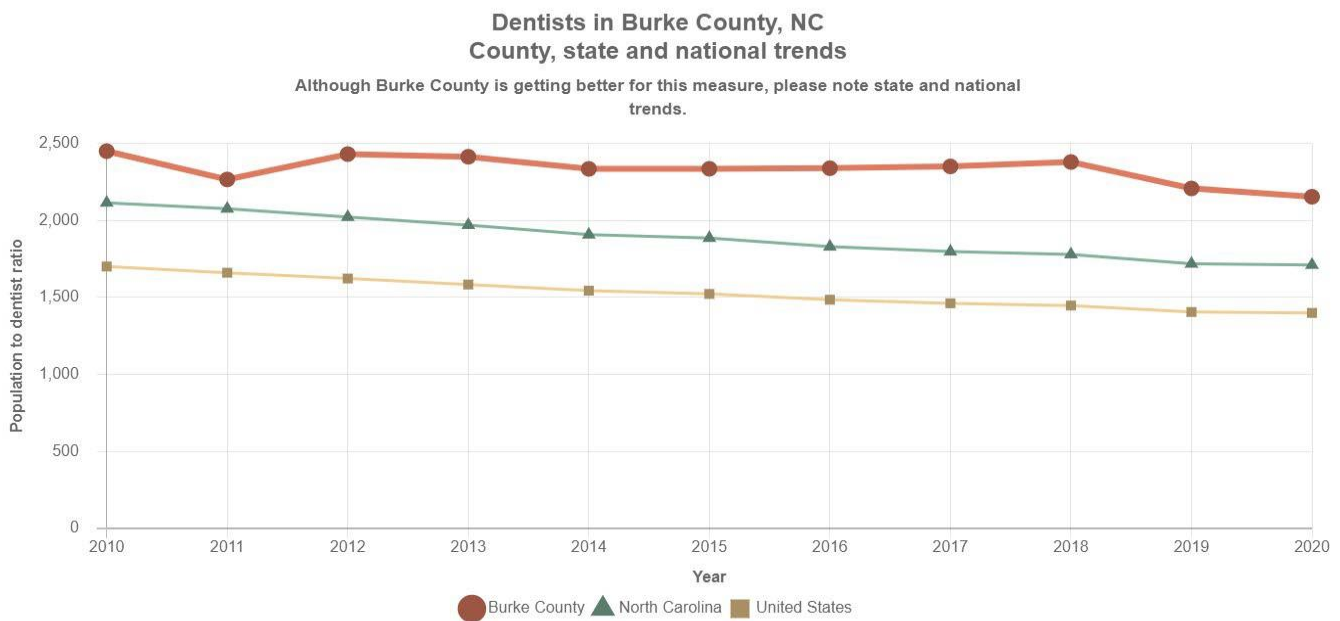
North Carolina examines oral health by region; Burke along with 8 other counties are included under region 2. In Burke County, there are approximately 42 practicing dentists,² yet oral health remains a concern among children, adolescents, and adults. The 2021 Behavioral Risk Factors Surveillance Survey (BRFSS) revealed that 20% (79 respondents) of the individuals surveyed in regions 1 and 2 (432 total respondents), drink one or more sugar sweetened beverage (SSB) per day and 21% (93 respondents) reported drinking 1-6 per week. Major SSB producers take no accountability for the harm they cause to communities.

Healthy North Carolina 2030 goals include reducing SSB consumption in adults from 34.2% to 20% and in youth from 33.6% to 17% by the year 2030. By reducing SSB consumption this will not only help with preventing dental decay but also help reduce diabetes and obesity rates.

Oral diseases such as dental caries and periodontal diseases have compounding effects on chronic diseases such as diabetes, hypertension, and cardiovascular conditions.¹⁴ Good oral health is essential to general health and quality of life.

Teeth in Need Program

Teeth in Need (TIN) is a local program whose mission is to relieve dental pain and suffering for Burke and Wilkes County (NC) school-aged children. TIN provides financial assistance to parents for their children’s most immediate dental care needs. This program is a collaborative effort between the Burke County School Nurse Program, the dental community and the Good Samaritan Clinic, Inc.

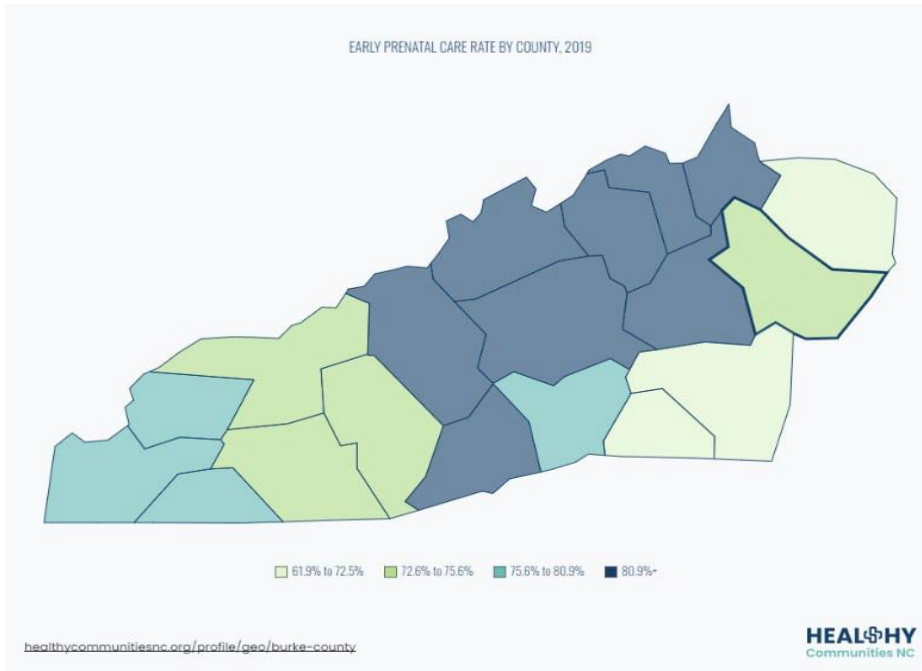


Notes:
The data in this table reflect the average population served by a single dentist.

The figure above shows the population to dentist rate in Burke County, North Carolina, and United States. Burke County has trended higher than the state and national average for the last 10 years. This data was collected from 2022 County Health Rankings.

Infant and Maternal Health

According to Healthy Communities NC, in 2019, 72.6% of Burke County women received pregnancy-related healthcare services during their first trimester of pregnancy.¹⁵



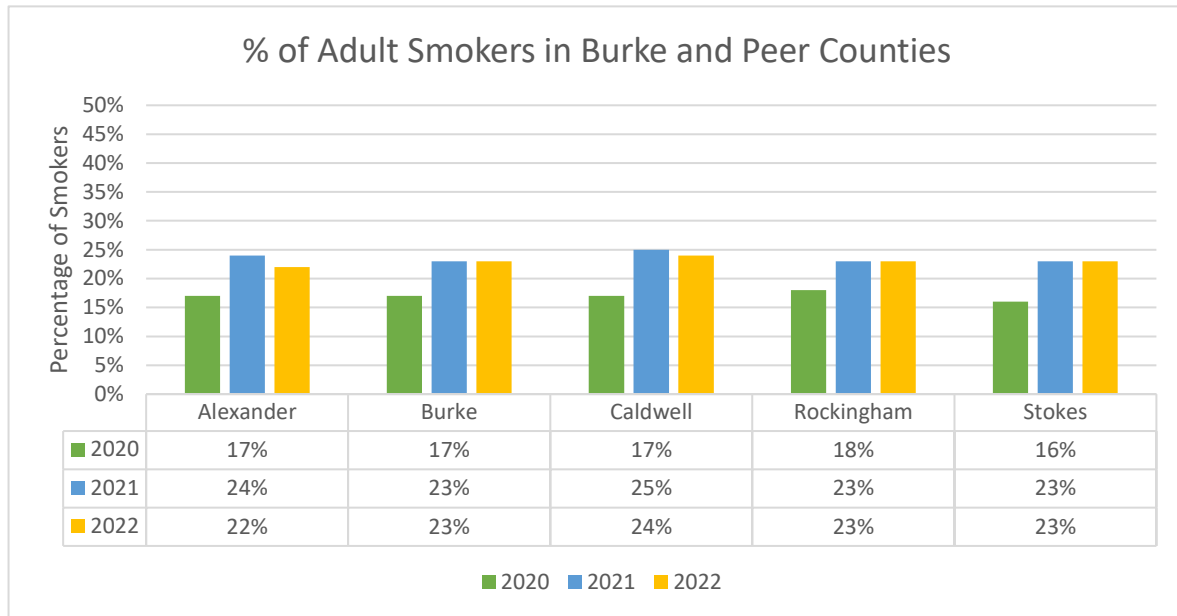
The figure above shows early prenatal care rate by county; Burke is the darker green county on the right. The graph below shows Burke County's early prenatal care rank amongst other counties in North Carolina, which was 48th out of 100 in 2019. This was a decrease from the previous year (2018) when Burke County ranked 31st out of 100 counties.⁷



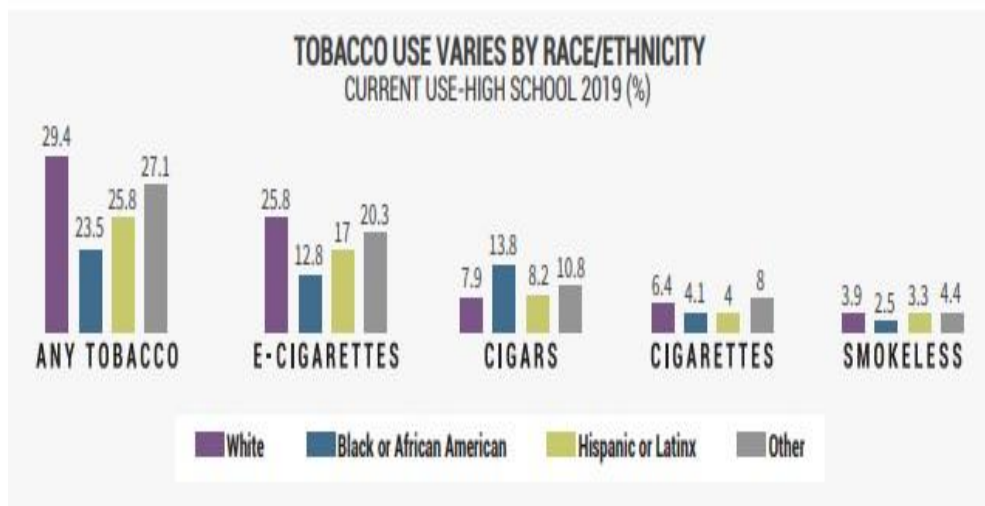
In 2019, the population with the highest early prenatal care rate was White, non-Hispanic women at 76.7% while the population with the lowest prenatal care rate was Hispanic at 53%.¹⁵

Tobacco

As stated by the Centers for Disease Control (CDC), “smoking leads to disease and disability and harms nearly every organ of the body and more than 16 million Americans are living with a disease caused by smoking.”¹³ In Burke County, approximately 23% of adults smoke which is higher than the state percentage of 19%.² In comparison to its peer counties, Alexander, Caldwell, Stokes, and Rockingham have approximately the same adult smoking percentage.



In the chart below, the North Carolina State Center for Health Statistics reported in their NC Vital Statistics Leading Causes of Death Volume 2 (2019), that among all ages in North Carolina, cancer, diseases of the heart and chronic lower respiratory diseases were the top three leading causes of death among NC residents.⁷ All three of these causes can be linked to smoking and could be prevented if smoking was identified as the contributing factor. It has been over 10 years since Burke County responded to this crisis when the Burke County Board of Commissioners implemented for all county-owned buildings, grounds, and vehicles to be tobacco-free. Since 2019, Burke County has also had tobacco-free government grounds and parks (NC TPCB, 2019).³²



<i>All Ages</i>		
Rank	Cause	Number
1	Cancer	19,693
2	Diseases of the heart	19,661
3	Chronic lower respiratory diseases	5,411
4	Cerebrovascular disease	5,203
5	Other Unintentional injuries	4,683
6	Alzheimer's disease	4,508
7	Diabetes mellitus	3,127
8	Nephritis, nephrotic syndrome and nephrosis	2,121
9	Pneumonia and influenza	1,733
10	Motor vehicle injuries	1,608
	All other causes (Residual)	27,933
	Total Deaths—All Causes	95,951

Section 7: Behavioral and Mental Health

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.¹⁷

The tables below provide data from Burke County's Mobile Crisis Management service from 2019-2021. In addition, through Partners Behavioral Health, Burke was able to offer 21 Question, Persuade, Refer (QPR) classes to community members in 2021-2022. QPR Gatekeeper Training is a one to two hour educational program designed to teach the warning signs of a suicide crisis and how to respond.

Burke County Mobile Crisis Management (2019)	# Of
Dispatches	268
Hospitalizations	43
Facility Based Crisis Center	38
Able to Remain at Home	153
Cancelled the Response	34

Burke County Mobile Crisis Management (2020)	# Of
Dispatches	265
Hospitalized	56
Facility Based Crisis Center	37
Able to Remain at Home	136
Cancelled the Response	36

Burke County Mobile Crisis Management (2021)	# Of
Dispatches	325
Hospitalized	64
Facility Based Crisis Center	45
Able to Remain at Home	172
Cancelled the Response	44

Through the results of the survey and focus groups it was evident that the effects of the COVID-19 pandemic had a serious impact on the mental health of individuals. Many forewent medical treatment out of fear or concern of contracting the virus.

“Became more isolated and postponed needed medical attention because of concerns over possible COVID exposure.”

-Anonymous 2022 CHA Survey participant, Question 8

Section 8: Older Adult Profile

Burke County is an aging community as referenced by NC DHHS Division of Adult and Aging Services. The first chart below shows the 2020 Aging Profile of Burke County and how the percentage of those 60+ is expected to grow over the next 20 years. ¹⁸ The second chart displays the 2020 Aging Profile for North Carolina and the projected growth over the next 20 years. North Carolina nationally ranks as 9th nationally in the total population and 8th in the number of people 65 and older. In 2020, one in six North Carolinians were 65 and older. By 2023, there will be more people 65 and older than children 0-17. In 2020, 21% of people 65 and older called Burke County home. That number is expected to increase to 25% by 2040. Due to this trend, the state is estimated to have more people over the age of 60 than under the age of 18. This in turn leads to a statewide challenge of long-term and supportive services.

Burke

Aging profile, 2020

Ages	2020		2040		% Change (2020-2040)
	#	%	#	%	
Total	87,349		86,250		-1.3%
0-17	17,267	20%	17,269	20%	0.0%
18-44	27,625	32%	28,708	33%	3.9%
45-59	17,966	21%	14,130	16%	-21.4%
60+	24,491	28%	26,143	30%	6.7%
65+	18,338	21%	21,678	25%	18.2%
85+	2,211	3%	3,536	4%	59.9%

North Carolina Aging Profile, 2020

Age	2020		2040		% Change 2020-2040
	#	%	#	%	
Total	10,456,593		12,669,133		21%
0-17	2,259,727	22%	2,525,778	20%	12%
18-44	3,743,024	36%	4,388,693	35%	17%
45-59	2,047,398	20%	2,379,974	19%	16%
60+	2,406,444	23%	3,374,688	27%	40%
65+	1,760,844	17%	2,669,736	21%	52%
85+	193,247	2%	417,112	3%	116%

The last chart references the characteristics of people 65 and older in Burke and how they compare to the state.

Burke

Characteristics of people 65 and over	County	County (%)	NC	NC (%)
Speak English less than "very well"	148	0.8%	38,053	2.3%
Veterans	3,414	18.8%	297,828	17.6%
In group quarters	482	2.7%	43,515	2.6%
Living alone	5,000	27.6%	453,435	26.9%
In labor force	2,557	14.1%	294,212	17.4%
High school graduate, GED, or alternative	6,351	35.0%	513,556	30.4%
Less than high school graduate	3,541	19.5%	254,660	15.1%
With a disability	7,443	42.0%	568,124	34.5%
Below 100% poverty level	1,628	9.2%	152,020	9.2%
In 100%-199% poverty level	4,651	26.3%	343,310	20.8%

Section 9: Sexually Transmitted Infections, Teen Pregnancy Rates, Teen Live Births

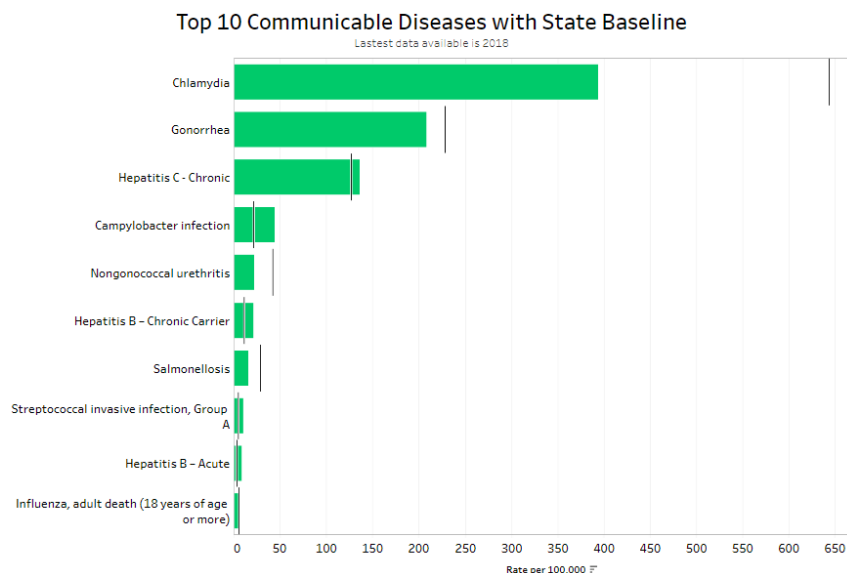
Sexually Transmitted Infections (STIs) are a public health issue that continues to increase. According to Healthy People 2030 (ODPHP, 2019) there are more than 20 million estimated new cases in the United States each year – and rates are continuing to climb.

Per governing regulations, there are certain STI’s that are required to be reported to the State of North Carolina. The chart below shows newly diagnosed cases of Chlamydia, Gonorrhea, Chronic Hepatitis B, Chronic Hepatitis C, HIV, and Primary/Secondary Syphilis infections in Burke County from 2017-2020. Over the past 5 years, newly diagnosed cases of Chlamydia, Gonorrhea, Chronic Hepatitis B/C, and HIV have remained steady in Burke while new cases of Syphilis have grown.

Reported Sexually Transmitted Infections, Burke County, NC	2015	2016	2017	2018	2019	2020
Chlamydia	269	285	333	356	360	309
Gonorrhea	40	69	165	188	177	135
Syphilis (Primary, Secondary, and early Latent)	*	*	15	2	5	11
HIV Infection (Newly Diagnosed)	6	5	5	4	4	4
AIDS (Acquired Immuno-Deficiency Syndrome), Newly Diagnosed	2	5	1	1	2	1
Chronic Hepatitis B (Newly Diagnosed)	3	14	16	19	10	15
Chronic Hepatitis C (Newly Diagnosed)	*	98	264	152	196	156

Data provided by NCDHHS HIV, and STD Surveillance Report 2020 () data was not provided for the local county level)*

According to County Health Rankings, chlamydia is the most common bacterial sexually transmitted infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.[1] STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death.[2] STIs also have a high economic burden on society.

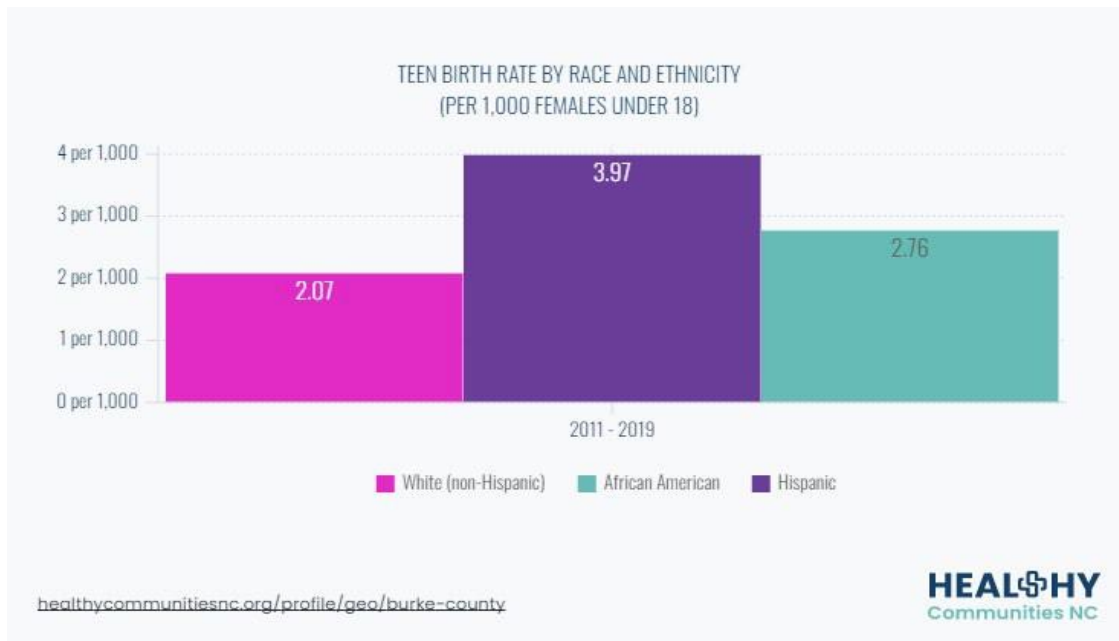


Teen Pregnancy Rate and Teen Live Births

Teen pregnancy rates have continued to fall among Burke County teens, ages 15-19 from 2017-2020, and this has also been the case for majority of Burke’s peer counties.

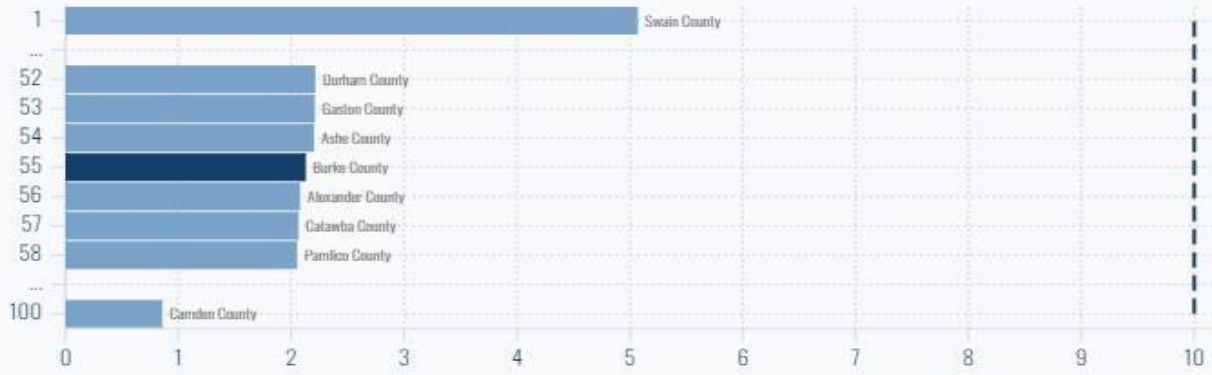
Burke County plus Peer County Teen Pregnancy Live Births 2017-2020, 15-19 years old

Year	Burke	Alexander	Caldwell	Rockingham	Stokes
2017	75	31	80	79	32
2018	61	32	55	60	28
2019	76	21	73	71	21
2020	55	23	64	76	15



When broken down by racial demographics, Hispanics had the highest teen birth rate per 1,000 females under the age of 18. While this data represents a rate over the course of 8 years, we still see the rate for Hispanic and African American teen births to be higher than White, (non-Hispanic) females. Evidence-based strategies to reduce teen pregnancy rates include but are not limited to, comprehensive risk reduction sexual education programs in schools, condom availability programs for teens, and comprehensive clinic-based programs for pregnant and parenting teens. The figure below shows from 2011-2019, Burke County ranked 55th out of 100 counties for their teen birth rate.

BURKE COUNTY AND NEIGHBORS PER TEEN BIRTH RATE PER 1,000 FEMALES UNDER 18, 2011-2019
(AVERAGE)



healthycommunitiesnc.org/profile/geo/burke-county



Section 10: Environmental Factors

Recycling and Waste Management

Burke County consists of seven municipalities, all of which receive pickup services through the county's only recycling pick-up service, Simply Green Recycling. Simply Green currently serves 1,660 residences and 112 businesses in Burke County. Simply Green picks up plastics, cans, glass, and paper. Of those residences and businesses, 45 engage in special pick-up of plastic bags, Styrofoam, shredded paper, electronics, clothing, and compost materials.¹⁹ Out of the estimated 87,870 Burke County residents, this is a small percentage.²⁰ Residents also have the option to dispose of recyclable waste in designated receptacles at the Burke County Convenience Center sites, and in downtown Morganton sidewalk containers (also collected by Simply Green). The estimated tonnage of recycling materials that is saved from the landfill in Burke County is 450 tons per year.¹ Residents also have the option to dispose of their recyclable waste in designated receptacles located across the county, although this is currently not tracked.

There are currently no recycling compaction or sorting facilities in Burke County.

There are six convenience sites (recycling) in Burke County, and one waste management facility (landfill) site.³

Burke County Environmental Health Stats

Burke County Health Department's Environmental Health division works to keep the residents of Burke County safe through two primary functions: Food and Lodging sanitation inspections and On-site Authorization, Operational Permits and Private Well Permits.

Food and Lodging staff complete sanitation inspections for restaurants, school cafeterias, long-term care facilities, vendors for festivals, institutional facilities such as hospitals, etc. During the fiscal year 2021-2022, Environmental Health's food and lodging staff inspected 780 locations.²⁰

Water Systems

Burke County's water is considered as some of the best in the state as it is fed by the Catawba River which initiates from the eastern slopes of the Blue Ridge Mountains in McDowell County. There are no widespread contamination issues. The water is regularly monitored for bacteria, e-coli, lead, copper, chlorine, sodium, and PH levels with adjustments made accordingly. Annually, a report of our county's water quality is compiled. It comprises details on water sources, the various components within the water, testing data, and how it compares to standards set by regulatory agencies.²⁰ The most recent drinking water quality reports can be accessed on Burke County's Water and Sewer Department website.²⁰

Section 11: Areas of Success

There has been a strong sense of community engagement and a desire by organizations and individuals in Burke County to collectively address concerns that impact the health of residents. Since the 2019 CHA, there have been several noteworthy accomplishments coming out of Burke County.

Hepatitis A Reduction

From April 2018 to May 2021, 982 hepatitis A cases were confirmed in North Carolina with 72 total cases reported in Burke County.²¹ In the summer of 2021, Burke County had the highest rate of person-to-person transmission in the entire state. Hepatitis A is both easily preventable as well as treatable; something had to be done. Many of the cases were occurring within the homeless population. Captain Jason Whisenant with Morganton Public Safety and BCHD Communicable Disease Nurse, Ashley Jarrett, developed a partnership to help prevent further transmission within this population. With assistance from other local partners such as, Burke County United Way and the Community Foundation of Burke County, hygiene bags were created, and monetary donations were given to aide in this work.

After community outreach interventions and education, Burke County began to see a drop in the amount of hepatitis A transmission rates. In September 2021, Burke dropped to a rate of 29.7 cases per 100,000 (placing us 6th in the state). Then, in January 2022, Burke dropped even further to 6.9 cases per 100,000 (placing us 18th in the state).



Burke County Adult Recovery Court

In 2019, two Department of Justice (DOJ) grants were written as a result of the 2019 CHA to assist in the fight against substance use disorder. The first grant was an implementation grant for an Adult Drug Court program in Burke County. Drug courts are specialized docket programs that target criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have alcohol and other drug dependency problems.²² This proposed project had multiple goals: reduce the rate of substance use disorder, reduce criminal justice involvement, and reduce recidivism rates by participants seek recovery.

Burke County was granted a 4-year implementation grant of \$500,000 to get the program up and running. The Burke County Recovery Court (BCRC) held its first court in May 2020. Launching a new program just as the COVID pandemic was amplifying was not in the original plan. When stay-at-home orders were given, and group gatherings were restricted, many participants found themselves reverting to familiar habits. The pandemic stalled success of the program early on. Once vaccines became available and restrictions lifted, program participants were able to rejoin in-person support groups and classes. From 2020 and until 2022, BCRC has graduated 9 participants with two more graduating before the end of the year. In Spring 2023, BCRC will apply for an enhancement grant to

keep this vital program in Burke County.

H.A.R.B.O.U.R Program

Helping Achieve Recovery through Burke Opioid Use Reduction (HARBOUR) was the second DOJ grant that was written to help target substance use. The County received \$600,000 to implement the HARBOUR program from 2019-2022. This program is designed for individuals with a history of substance use disorder. The goal is to enhance and provide skills needed to live an independent life while in recovery. Those who are in recovery know the importance of becoming reconnected within your community and surrounding yourself with positive influences. The HARBOUR program meets individuals where they are and assists them in developing skills to take them to their highest potential. Like Recovery Court, HARBOUR was challenged as a new program starting during the beginning of a pandemic. Many of the original plans had to be adjusted to adhere to public health recommendations. In Fall 2022, the HARBOUR program will apply for a grant extension to fulfill the remaining grant requirements.

BCHD Internal Equity Team

In Fall of 2021, BCHD accepted a two-year Advancing Equity grant provided by the Centers for Disease Control (CDC) through North Carolina Department of Health and Human Services (NCDHHS). Over the course of two years, the health department was to take a deeper dive into its own internal and external equity practices. There were two specific requirements for the first year of participation, with the first being to create an internal equity team comprised of diverse members of the health department. The internal equity team holds membership from County Human Resources, clinical expertise, leadership, and administrative roles. This group meets monthly. It was also required that an assessment tool was created and given to staff to gauge their perceived knowledge on equity and how their role within the health department is related. The assessment results showed that BCHD staff possessed ground level knowledge of diversity, equity, and inclusion, but could benefit from external health equity training. In Spring 2022, BCHD joined in a partnership with an outside equity consultancy, Work for Change LLC (W4C) based in Charlotte, NC. In this agreement, Work 4 Change would commute to BCHD monthly over the course of 6 months and develop training sessions pertinent to the following departments: Leadership, Administrative, Clinical, and Environmental Health. The W4C team lead discussions on cultural bias, health equity, cultural competency in healthcare, organizational identity alongside communication, and how to achieve our desired equity impact.

Burke Substance Abuse Network (BSAN) Data Dashboard, Recovery Rally, and Trident Taskforce

BSAN is a coalition of providers, support groups, related agencies and other shareholders who come together monthly to network, identify gaps in services, and strategically plan responses to community issues as they relate to the reduction of substance use in youth, young adults, their families, and all citizens of Burke County, NC.

In 2019, a planning team was developed to start the formal process of conducting a community report around substance use in Burke County. The main goal of the planning team was devoted to data collection, coordination, and community outreach. Once this process was underway, it became apparent that the baseline data found through NC Detect was underreported and not representative of the reality of the situation. A data team was formed that consisted of the Burke County Sherriff, Morganton Public Safety Chief and Captains, Emergency Department Administration, 911 Call Center Administration, Burke

County Health Department, and the BSAN Planning Team.

Through these meetings, it was determined that many of the individuals who experience an overdose never report to the Emergency Department via EMS or personal vehicle. The data team started compiling all reports for “Overdose”, “Cardiac Arrest”, “Unconscious”, and “Unknown” that were coded based on the original assumption for the call, which often did not initiate a suspected overdose but in the end were determined to be. The Planning Team then analyzed this information to determine (1) number of overdoses, (2) substance used, (3) age and gender of patient, (4) date and time of incident, and (5) number of Narcan doses used on site. This information was then used to create a public online platform (<https://www.joinbsan.com>) to display this aggregate data that is updated monthly.

The Burke Rally for Recovery

Sponsored by BSAN, this community-wide event is held every September during National Recovery Month. Included in the event are support groups, behavioral health providers, artists, educational institutions, faith-based programs, and more. The motto of the Rally is: “Everyone is recovering from something, so let’s recover together.” The event is based on inclusivity and all attendees are encouraged to obtain information and engage in the community-wide fellowship. The 2022 Burke Recovery Rally saw a record attendance of over 950 attendees, all of whom had access to resources and human service organizations from across the Western NC region.

Section 12: Areas of Concern

Homelessness

Homelessness has been an area of concern in Burke County over the last several years. Trying to understand and develop a comprehensive illustration of this situation has been difficult as the population of homeless individuals has grown. However, Burke County, has developed a Homeless Taskforce that has been devoted to understanding and providing solutions for the members of this community seeking alternative options for housing.

In July 2021, Morganton Public Safety (MPS) reported 35 active campsites and an identified minimum of 147 homeless persons residing in the City of Morganton. In July 2022, as part of Morganton Public Safety’s biannual head count and annual camp count, a reduction was noted in both the number of homeless persons and homeless camps. When Morganton Public Safety went to all previously known campsites in July 2022, they identified 6 active campsites inside the city limits and approximately 87 homeless persons checked by their agency in the past 60 days. There are potential reasons for this reduction: no trespassing signs have been placed on the premises of property owners, no trespassing-loitering-panhandling signs have been placed around local retail centers, some are in jail, some have received stable housing, and at least four are now deceased.

If there continues to be a lack of affordable housing, increasing rate of poverty, a deficiency of access to mental health and substance use services, and high inflation costs, homelessness will continue to be an issue.

Public Health Misinformation

The COVID-19 pandemic revealed for many that Public Health guidance was not viewed as an initial, reliable source of information. It was quickly realized that competing with social media platforms in disseminating accurate information was a difficult task. Many trusted platforms on social media were encouraging people to not mask, not maintain a 6 ft. distance, or get vaccinated. As a result, many listened and became ill. Instead of viewing Public Health guidance as a trusted source of information, many saw Public Health professionals as the antagonists. Those who work in Public Health have learned over the last two years that compliance and understanding can't be expected when our contact with the community remains behind our four walls. For Public Health to be viewed as the Chief Health Strategist in our community, we must break down the barrier that separates us from our community prior to an emergency striking.

Section 13: Priority Health Issues

Priority One: Mental Health

Mental health has continued to be a health outcome of concern and the COVID-19 pandemic only exacerbated this issue. Poor mental health affects everyone at some point, but for those who cannot or do not have access to available resources, the struggle can seem unbearable. When our mental health struggles every other area in our life does as well. As mentioned previously, there were 2,149 individuals who took the 2022 CHA survey, with 888 individuals reporting that mental health i.e., anxiety and depression was the most concerning issue that affected them personally or their family within the last year (Question 12).

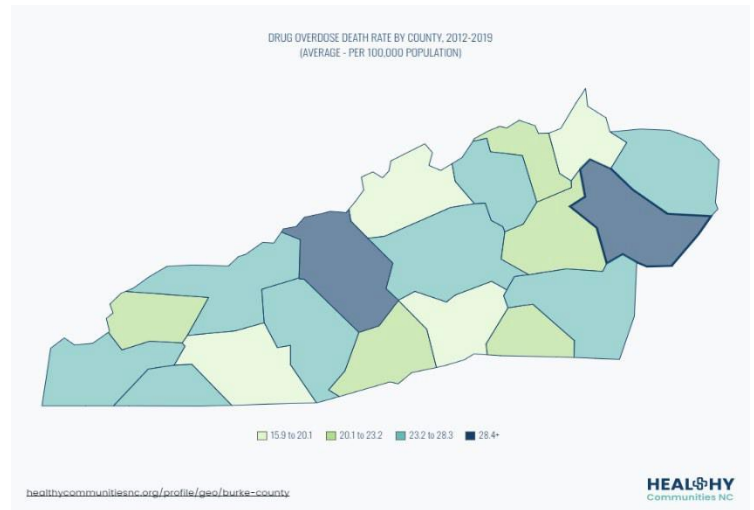
When planning strategies around improving mental health, it is essential to have a diverse group at hand. Methods by which you approach mental health will vary between cultures and cultural competency must be taken into consideration.

One question from the 2020 Behavioral Risk Factor Surveillance System (BRFSS) survey was, "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" Regions 1 and 2 had combined data, with Burke County falling under region 2. The results were as follows:

- 683 total respondents (for both Regions 1 and 2)
- 298 male, 385 female
- 561 (Non-Hispanic, White), 24 (Non-Hispanic, Black), 98 (Other)
- 213 (18-44 years old), 218 (45-64 years old), 238 (65 and older)
- 261 (High School degree or less), 191 (some post-secondary education), 229 (college graduate)
- 33 people said during the past 30 days, they have had 30 poor physical or mental health days
- 51 people said during the past 30 days, they have had 8-29 poor physical or mental health days
- 43 people said during the past 30 days, they have had 3-7 poor physical or mental health days
- 33 people said during the past 30 days, they have had 1-2 poor physical or mental health days
- 523 people said during the past 30 days, they have had no poor physical or mental health days

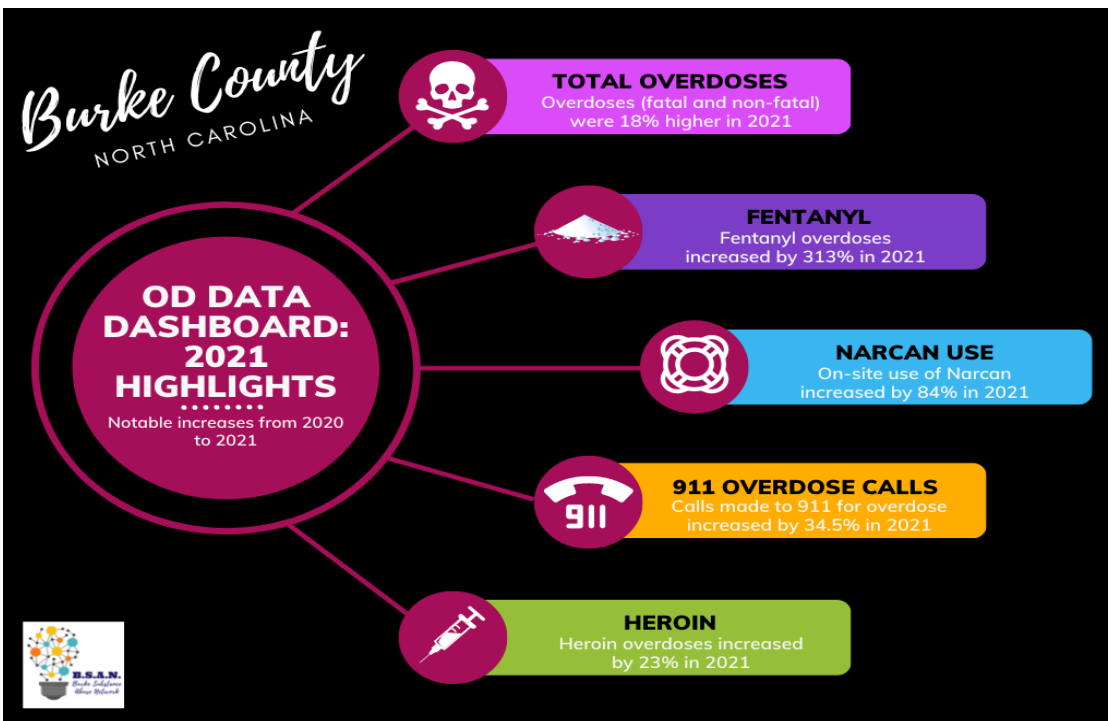
Priority Two: Substance Use Disorder

Over the last 6 years, substance use disorder has carried over as one of the top three priority health issues in Burke County, NC. According to Healthy Communities NC, during the years of 2012-2019, Burke County was one of two counties in NC that had the highest rate of drug overdose deaths in the western region. Statewide, Burke ranked second as the county with the most drug overdose deaths in 2012-2019.¹⁵

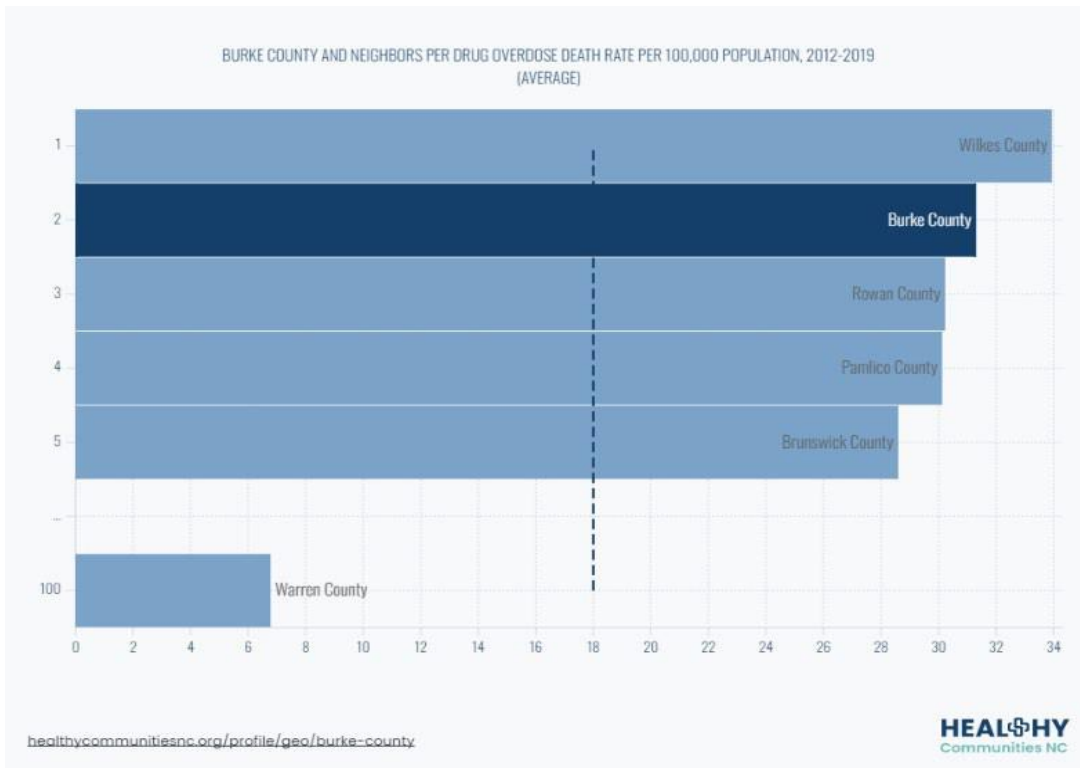


The figure above displays the drug overdose death rate by county. Haywood County, dark blue county on the Left and Burke County, dark blue county on the Right had the highest rates 2012-2019.

From 2011 to approximately 2018, commonly prescribed opioid medications were the primary contributing factor in overdose deaths in Burke County. Since 2018, Heroin and/or Fentanyl overdose deaths have taken a sharp increase (see figure below provided by BSAN).



Before the paradigm shift around treatment in the 21st century, it was assumed that people lacked willpower or were morally flawed if they found themselves in active addiction. This view determined society's response to drug use and ignored the fact that it was, and is, a health problem- not a crime. Therefore, this method of thinking set back the field of treatment and recovery for decades. Thankfully, this is not the case today. Modern science and groundbreaking discoveries have refashioned our understanding of addiction; further helping us respond more effectively to the problem.



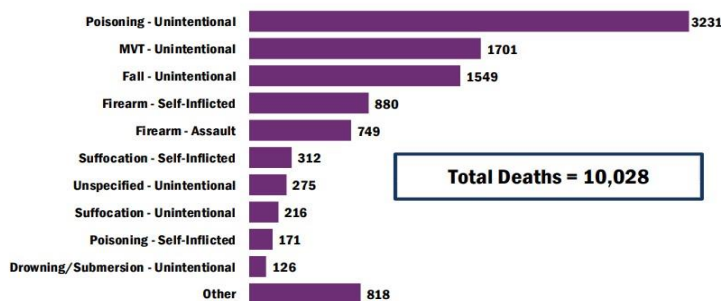
PRIDE Survey Results

The PRIDE Survey instrument is one of the largest surveys of adolescent drug use that covers topics of frequency of drug use, time of first use, where drugs are used, when drugs are used, and mental health issues such as anxiety, depression, and suicidal thoughts. This survey was conducted with Burke County Public middle and high school students in 2019. The data revealed the following:

- The average age of first time use in Burke County is 12.5 years old.
- 1 out of 3 students in Burke County do not think drinking alcohol is dangerous
- Almost 40% of students in Burke County do not think vaping is dangerous
- Almost half of the students in Burke County do not think marijuana is dangerous
- 1 out of 5 students in Burke County have admitted to using illicit drugs.

Leading cause of injury death: NC Residents, 2020

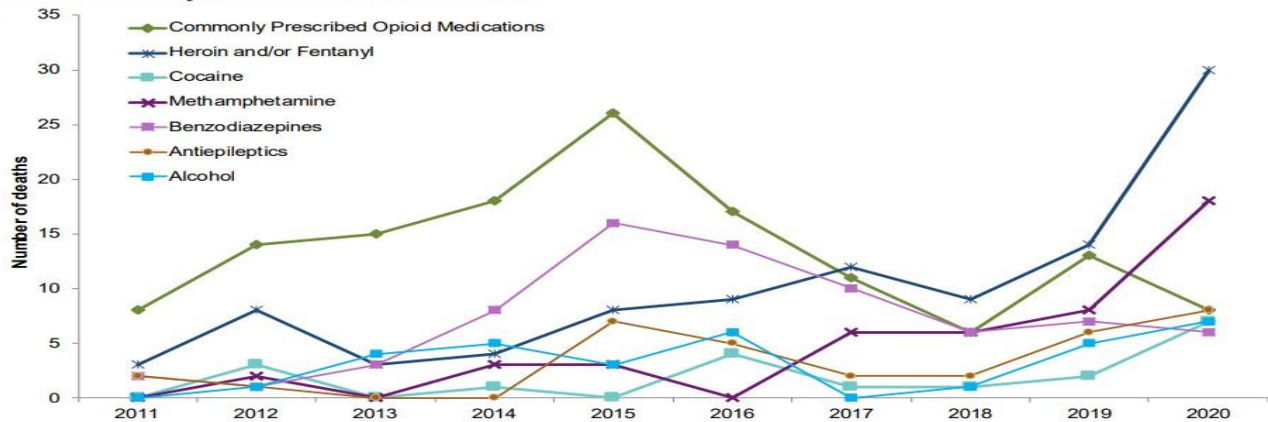
The leading cause of injury death in 2020 was unintentional poisoning.



Unintentional poisoning includes both medication/drug overdoses and non-drug poisonings (96% and 4% respectively)
MVT = Motor Vehicle Traffic
Data limited to NC Residents, 2020
For more information on these data, see the Injury Surveillance Technical Notes: <https://www.injuryfreenc.ncdhs.gov/DataSurveillance/Technical-Notes.pdf>
Source: NC State Center for Health Statistics, Vital Statistics Deaths (2020)
Analysis by the NC-DPH Injury and Violence Prevention Branch, Injury Epidemiology and Surveillance Unit

In 2020, 3,231 unintentional poisoning deaths occurred in NC. Unintentional poisoning includes both medication/drug overdoses and non-drug poisonings.

Substances* Contributing to Overdose Deaths Burke County Residents, 2011-2020



*These counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

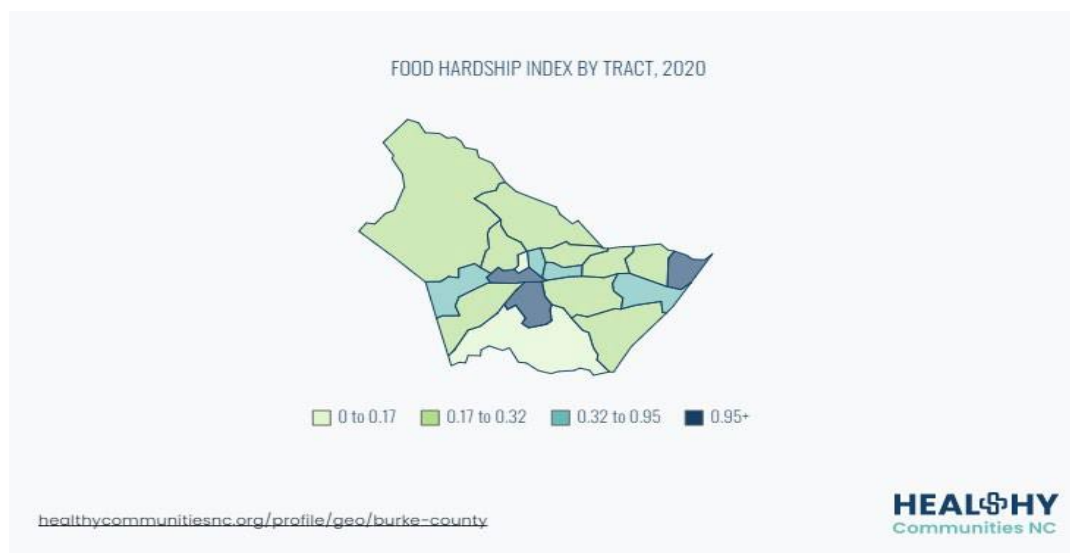
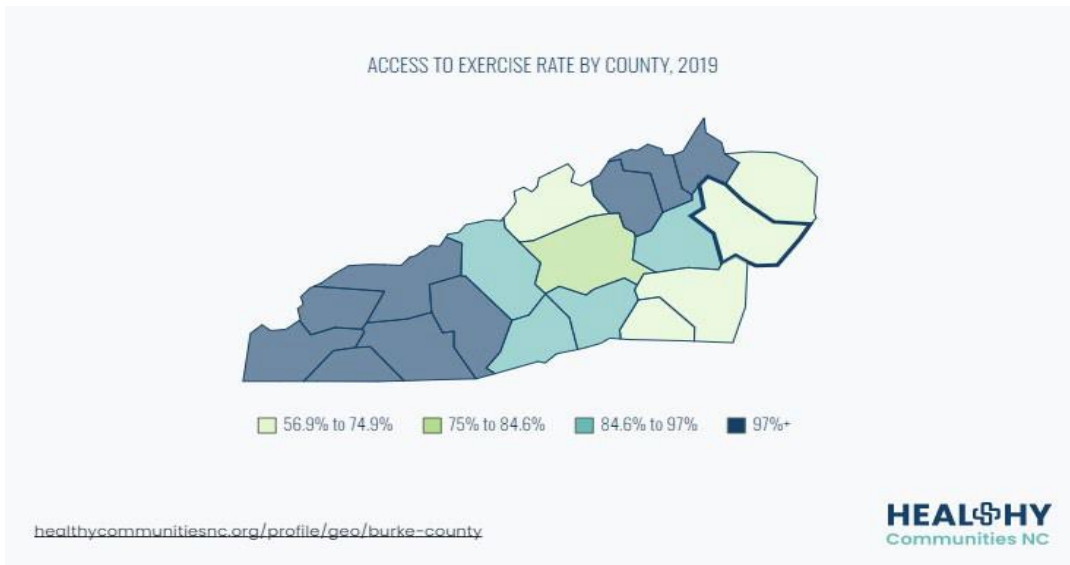
Source: NC State Center for Health Statistics, Vital Statistics-Deaths. All intent medication, drug, alcohol poisoning: X40-X45, Y10-Y15, X85, or X60-X64 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, Psychostimulants, Antiepileptics and Alcohol). Analysis by Injury Epidemiology and Surveillance Unit



Priority Three: Obesity with Risk Factors

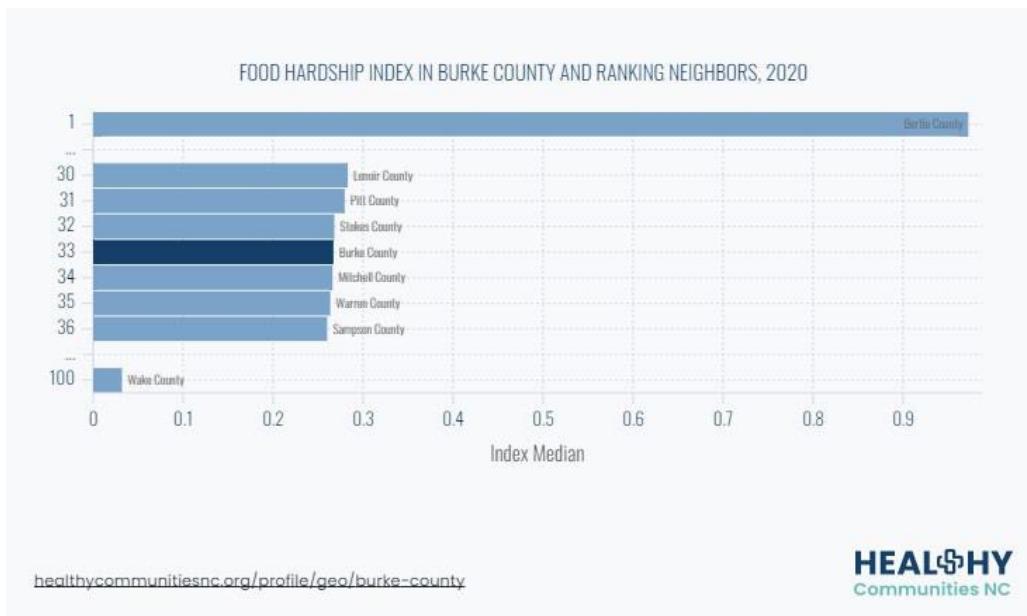
Obesity is a serious chronic disease. The prevalence of obesity continues to increase throughout the United States with 1 in 5 children and more than 1 in 3 adults affected.²³ According to County Health Rankings 2022, 36% of adults in Burke County are obese.² Obesity opens the door to many other health complications such as type 2 diabetes, high blood pressure, loss of bone density, joint pain, and more. Surprisingly, on an annual basis, obesity costs the U.S. healthcare system nearly 173 billion dollars. Like mental health and substance use disorder, there are many factors that drive obesity rates higher and higher. Findings from the 2022 CHA survey revealed that overweight/obesity was the second most popular concerning health issue within the last year (Question 8). Many participants left comments explaining how unwanted weight gain occurred personally and within their family during the “Stay at Home” order given at the start of the pandemic.

Recent data shows that Burke County has made improvements over the last five years on its physical environment with access to several new walking trails, parks, and fitness centers. Therefore, an important question we must ask is, “Who does not have access that needs or wants access?” Just because we have improved in providing people with places to partake in physical activity does not mean it is accessible to all who need it.



One of the most significant factors in obesity rates is access to fresh fruits and vegetables. As see in the map above, several sections of Burke County are considered food deserts, meaning there is limited access to affordable and fresh foods.

The map to the left shows the Food Hardship Index for Burke County by Census Tract. The closer the score is to 1.0, the more difficulty healthy food access is.



In comparison to the rest of the state, Burke County ranked 33rd out of 100 counties with a Food Hardship Index of 0.27 in 2020.

Many factors must be taken into consideration when strategizing ways to lower obesity rates, including:

- Accessibility to fresh fruit and vegetables
- Education on how to prepare healthy meals at home
- Accessible streets/sidewalks that are walkable and safe for individuals and their families
- Primary care access
- Chronic disease management
- Adverse Childhood Experience (ACE) scores
- Mental health history

When development of the 2023 CHIP takes place, these factors and more will be taken into consideration in the strategic planning process.

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You can help identify the most important health issues in Burke County by completing this survey. Your answers will help our community develop plans to address these issues. Survey results are part of the Burke Wellness Initiative's 2022 Community Health Needs Assessment. Responses are confidential.

Please do NOT write your name on the survey.

- 1. Do you live in Burke County?
2. Do you work in Burke County?
3. What is your zip code?
4. How old are you?
5. Sex assigned at birth:
6. What is your gender identity?
7. What is your race and ethnicity?
8. Please select any of the following incidents that happened to you or your family as a result of the pandemic/COVID-19:
9. If you have not/do not want to receive the COVID-19 vaccine, what factors contributed to your decision?
10. Over the past year, what was the most challenging part about social distancing/isolation for you and your family?
11. What were your primary sources of news updates and information during the COVID-19 pandemic?
12. Please check the most concerning health issues that have affected you or your family in the last year.

13. Please check any community issues that have impacted you or your family in the last year. *Select all that apply.*

- Hunger/Food insecurity
- Lack of healthcare providers
- Underemployment/poor paying jobs
- Disaster/Pandemic preparedness
- Public transportation
- Safe places to walk, exercise, play, etc.
- Homelessness
- Racism/Discrimination
- Not enough services for the elderly
- Lack of access to the Internet
- Affordable childcare
- Quality of schools
- Affordable housing
- Poverty
- Crime/Violence
- Affordable insurance/healthcare/medications
- Neglect and abuse (of a child, spouse, the elderly, etc.)
- Addiction
- Other: _____
- None

14. Which of the following services in Burke County have you or a family member accessed in the last year? *Select all that apply.*

- Broughton Hospital
- Family Doctor/Primary Care
- Burke Integrated Health/CVBH/A Caring Alternative/Cognitive Connection
- UNC Health Blue Ridge - Morganton
- Burke Recovery
- UNC Health Blue Ridge - Valdese
- Burke Health Network/Good Samaritan Clinic
- Partners Behavioral Health Management
- Children's Developmental Services
- School Counselor
- Counselor or Therapist
- Burke County Health Department
- Minister/Pastor
- Urgent Care or Emergency Room
- Vocational Rehabilitation/Independent Living
- None of these

15. What are the primary causes of your stress? *Select up to three.*

- Finances/Money
- Work
- School/College
- Health conditions
- Personal relationships
- Politics
- Discrimination
- Caring for children
- Caring for older adult
- Caring for family member with special needs
- Caring for pet(s)
- Lots of household tasks/errands
- Body image/Self-worth
- Uncertainty of the future
- Other: _____

16. What makes it hard for you to eat healthy? *Select all that apply.*

- Too time consuming
- Cost
- Taste
- Stress
- I don't feel like it
- Hard to find healthy options
- I crave unhealthy foods
- I don't cook
- Not sure how to prepare foods
- Nothing; I always eat healthy
- Other: _____

17. What types of physical activity do you do most often? *Select up to three.*

- Walking
- Jogging/Running
- Gardening/Yard work
- Fitness Classes
- Housework
- My job involves physical labor
- Biking
- Swimming
- Hiking
- Dancing
- Yoga
- None
- Weightlifting
- Going to the gym
- Workout videos
- Other: _____

18. What are the reasons you don't exercise during a normal week? *Select all that apply.*

- I am physically unable
- I don't like to exercise
- I don't have time
- Lack of support
- Caring for children
- Unmotivated/Too tired
- Nowhere to go
- Can't afford a gym membership
- Caring for family member
- Other: _____

19. Where do you get most of the food you eat at home? *Select only one.*

- Chain Grocery Store (Food Lion, Aldi, etc.)
- Supercenters (Wal-Mart, Target, Sam's Club)
- Food pantry
- Family Garden/Community Garden
- Fast food/Take-out
- Dollar Stores
- Farmers Market
- Convenience stores (gas stations, corner stores)
- Other: _____

20. How do you most often deal with stress? *Select up to three.*

- Exercise
- Socializing
- Going to church/Praying
- Cooking
- Reading
- Dancing
- Eating
- Sleeping
- Meditating
- Working
- Music
- Screen time
- Counseling/Therapy
- Smoking
- Drinking
- Gardening
- I don't deal with stress
- Other: _____

Thank you for completing the survey. Please return the completed survey to the Burke County Health Department. For additional information, contact BCHD at 828-764-9220.