



Photo Credit: Catawba County, catawbacountync.gov

2022-2025

FRYE REGIONAL
MEDICAL CENTER

A Duke LifePoint Hospital

Catawba County, NC Community Health Needs Assessment

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Perspective / Overview

About Frye Regional Medical Center

A part of Duke LifePoint Healthcare, Frye Regional Medical Center has served the health and medical needs of the residents of the Catawba Valley region since 1911 with a commitment to delivering high quality and compassionate care with a focus on patient experience and clinical outcomes.

Frye Regional Medical Center includes a 355-bed acute care hospital – home to the Frye Regional Brain Center, Cancer Center, Heart Center, Lung Center, Orthopedics, General and Vascular Surgery, Surgical Weight Loss, and Women's Center with a Level III NICU.

The hospital also features a 32-bed Emergency Department, 29-bed Inpatient Rehabilitation Center, 15-bed Surgical Suite and Inpatient/Outpatient Imaging. Frye Regional's South Campus is an 81-bed adult Behavioral Health Hospital.

The health system also offers regional access to more than 70 primary care and specialty care providers through the FryeCare Physicians Network.

What It Means to be a Duke LifePoint Hospital

Hospitals face unprecedented challenges in today's rapidly changing healthcare environment. Duke LifePoint Healthcare offers the clinical, quality and operational support and resources hospitals need to thrive and to keep communities healthy and strong.

Frye Regional Medical Center and Duke LifePoint joined forces with a shared interest in collaborating with hospitals, healthcare providers, and patients to bring high quality, innovative healthcare services to the communities we serve.

About Duke LifePoint Healthcare

Founded in 2011, Duke LifePoint Healthcare is a unique partnership between Duke University Health System Inc., one of the world's premier academic health systems, and LifePoint Hospitals, a leading healthcare company with hospital campuses in 20 states, that is focused on operating hospitals in communities like ours. Through Duke LifePoint, we are working together to strengthen and improve healthcare delivery by providing the hospitals with the clinical, quality, and operational resources they need to grow and prosper.

Creating a Culture of Health in the Community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Catawba County, North Carolina.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

Impact of 2019 CHNA and Implementation Plan

Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to COVID.

In 2019, Frye Regional Medical Center selected the following significant health needs:

1. Obesity
2. Fitness/Nutrition
3. Mental health – including alcohol and substance misuse

The following outlines initiatives and impact of those initiatives.

2022 Community Health Needs Assessment

This document is a single hospital Community Health Needs Assessment (CHNA) for Frye Regional Medical Center.

Frye Regional Medical Center, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

- ✔ Starting on December 30, 2022, this report is made widely available to the community via Frye Regional Medical Center's website <https://www.fryemedctr.com/> and paper copies are available free of charge at:
 - ✔
 - Frye Regional Medical Center, 420 N Center St, Hickory NC, 28601 or by phone 828-315-5000 or via the hospital website <https://www.fryemedctr.com/>
 - Frye Regional Medical Center's board of directors approved this assessment on **December, 2022**.
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PROJECT GOALS

- ① To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making, and collective action that will improve health.
- ② To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- ③ To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan, said Cole Stockton, COO Frye Regional Medical Center.

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans, added Chris Brown, interim CEO Frye Regional Medical Center.

”

Community

Input and Collaboration

Data Collection and Timeline

In April 2022, Frye Regional Medical Center began a Community Health Needs Assessment for Catawba County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in August 2022.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on October 19, 2022
- A community online survey was conducted from September 28 through November 7, 2022.
- Health Summit was conducted on November 17, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.



Photo Credit: Jeff Yount, Getty Images/Stockphoto

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Participants

Thirty-four individuals from twenty-two community organizations, plus 41 community members who completed the survey, collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Catawba County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.



Photo Credit: Hickory Daily Record

Participation by those Representing the Broad Interests of the Community

Participation focus groups and the Community Health Summit creating the Catawba County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How participated
Asset Management	Transportation	Focus groups
Behavior Health	Mental/Behavioral Health	Focus groups
Case Management	All	Focus groups
Catawba County Behavioral Health Work Group	Mental/Behavioral Health	Focus groups
Catawba County EMS	Public Health	Focus groups
Catawba County Public Health	Public Health	Summit
Catawba County United Way	Low income	Summit
City Council	All	Summit
City of Hickory	All	Focus groups
Department of Social Services in Catawba County	Seniors, Kids, Transportation	Focus groups
United Way	All	Focus groups
FRMC	Public Health	Summit
Greater Hickory Cooperative Christian Ministry	All	Focus groups
Healthy Life Counseling and Therapy Services	Mental health	Summit
Hickory Soup Kitchen	Low Income	Focus groups
Lenior Rhyne	Education	Summit
Patient Advisory Council	Public Health	Focus groups
Quality Management	Community	Focus groups
RN-Infection Control-QM	Public Health	Focus groups
Salvation Army	Low income	Summit
Salvation Army Corps	All	Focus groups
The CornerTable	Poverty, Low income, Unhoused population	Summit

In many cases, several representatives from each organization participated.

Community Engagement and Transparency

Many members of the community participated in focus groups, survey, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact every citizen in one way or another; and join in the improvement efforts.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through focus groups and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The community survey included representation of the low-income population.

Input of those with Expertise in Public Health

The health department participated in the community health summit and in the prioritization of significant community health needs.

“The Health Department and Hospital are dedicated to working together to improve health in the community, said Jennifer Lindsay, Catawba County Public Health.”

Community Selected for Assessment

Catawba County was the primary focus of the CHNA due to the service area of Frye Regional Medical Center. Used as the study area, Catawba County provided 96.4% of inpatient discharges from January 1, 2021, through December 31, 2021. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Frye Regional Medical Center draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Frye Regional Medical Center’s Financial Assistance Policy.

Frye Regional Medical Center Study Area - 2022



Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, focus groups, and surveys, the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Behavioral/Mental/Brain Health/Substance Use
2. Healthy Eating
3. Access to Care
4. Chronic Diseases/Child and birth outcomes
5. Social Determinants of Health – housing, education, low income

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Focus groups with community members
- Community online surveys
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: Catawba County, catawbacountync.gov

Description of the Communities Served

Demographics

The table below shows the demographic summary of Catawba County compared to North Carolina and the U.S.

	Catawba County	North Carolina	USA
Population	161,896	10,671,397	335,707,897
Median Age	42.3	39.2	38.9
Median Household Income	\$55,995	\$62,513	\$72,414
Annual Pop. Growth (2022-2027)	0.19%	0.57%	0.25%
Household Population	65,203	4,262,517	128,657,669
Dominant Tapestry	Southern Satellites (10A)	Southern Satellites (10A)	Green Acres (6A)
Businesses	6,639	402,186	12,609,070
Employees	98,489	4,549,765	151,363,907
Health Care Index*	85	92	100
Average Health Expenditures	\$6,030	\$6,515	\$7,087
Total Health Expenditures	\$393.2 M	\$27.8 B	\$911.7 B
Racial and Ethnic Make-up			
White	74%	62%	61%
Black	8%	21%	12%
American Indian	1%	1%	1%
Asian/Pacific Islander	5%	3%	6%
Other	6%	6%	9%
Two or More Races	7%	7%	11%
Hispanic Origin	11%	11%	19%

Source: Esri

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

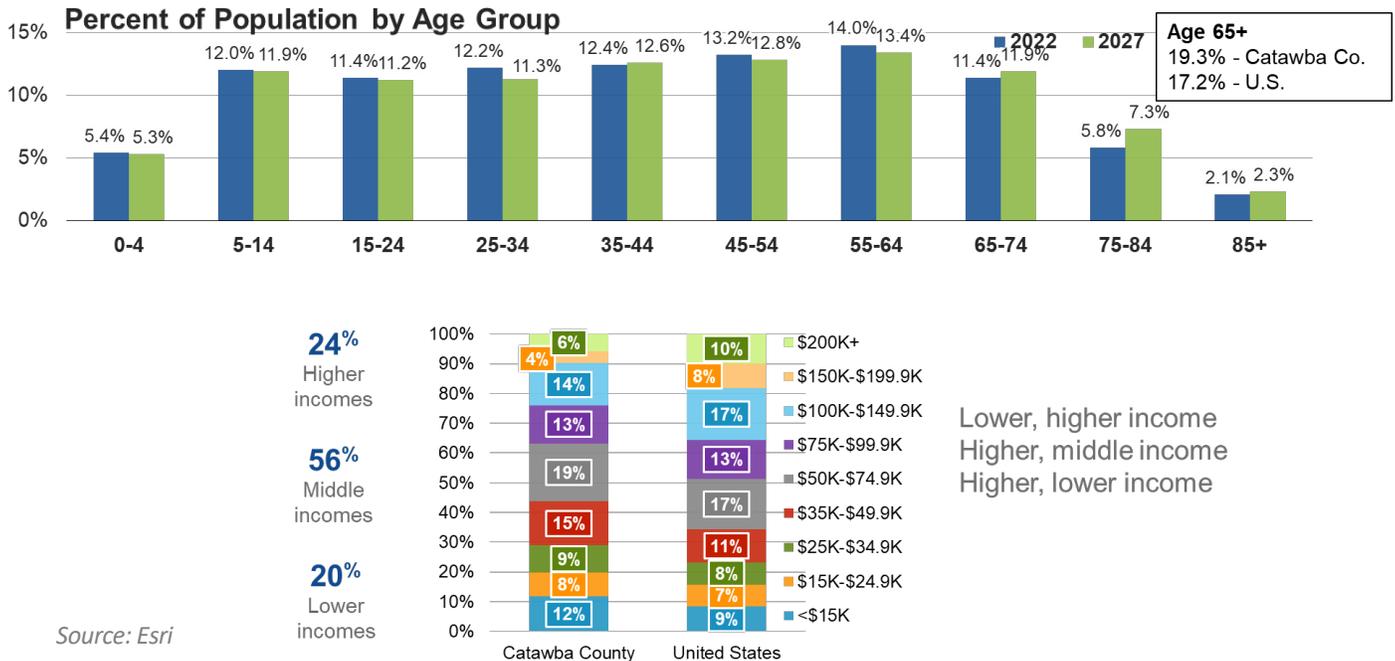
The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Photo Credit: Frye Medical Center Website, fryemedctr.com



Demographics, cont.

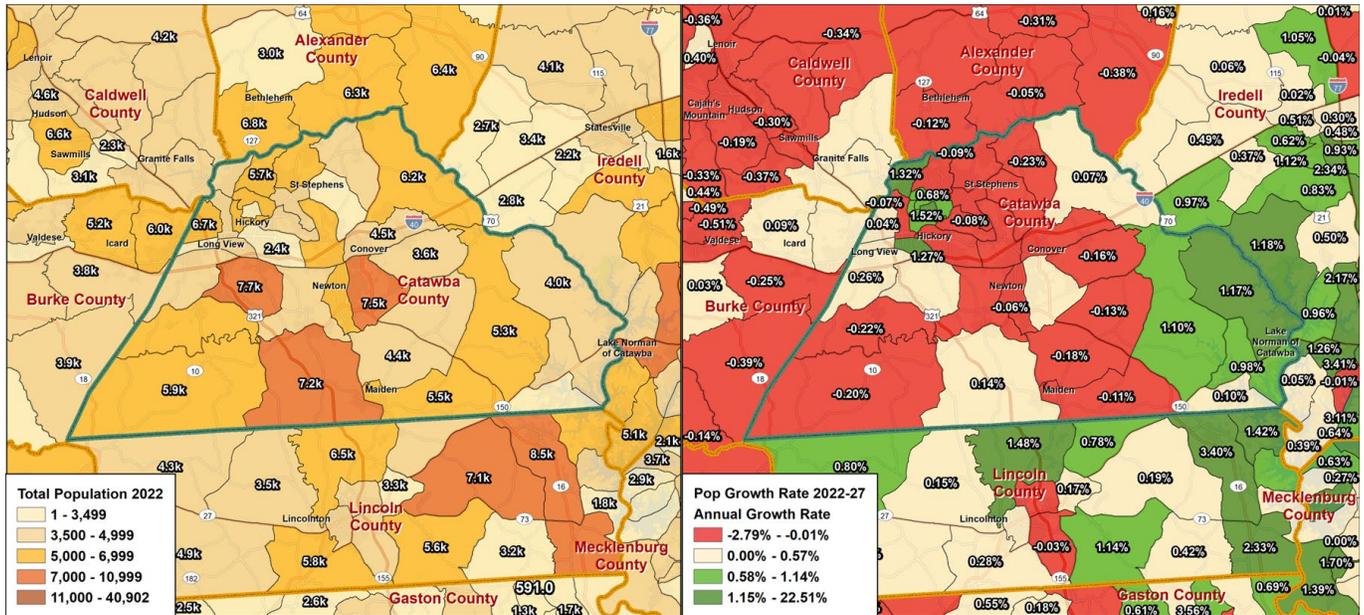
Catawba County



- The population of Catawba County is projected to decrease from 2022 to 2027 (.19% per year). North Carolina is projected to increase .57% per year. The U.S. is projected to increase .25% per year.
- Catawba County had a higher median age (42.3 median age) than NC (39.2) and the U.S. (38.9). In Catawba County the percentage of the population 65 and over was 19.3%, higher than the U.S. population 65 and over at 17.2%.
- Catawba County's median household income at \$55,995 was lower than NC (\$62,513) and the U.S. (\$72,414). The rate of poverty in Catawba County was 11.6% which was lower than NC (12.9%) and the U.S. (11.9%).
- The household income distribution of Catawba County was 24% higher income (over \$100,000), 56% middle income, and 20% lower income (under \$25,000). The largest income group is the 19% making \$50K to \$74.9K.
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Catawba County was 85, indicating 15% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Catawba County was 74% White, 8% Black, 11% Hispanic origin, 7% more than one race, 5% Asian/Pacific Islander, 1% American Indian, and 6% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

Demographics, cont.

2022 Population by Census Tract and Change (2022-2027)



Source: Esri

Red is population decline
 Yellow is positive up to the NC growth rate
 Green is greater than the NC growth rate
 Dark green is twice the NC growth rate

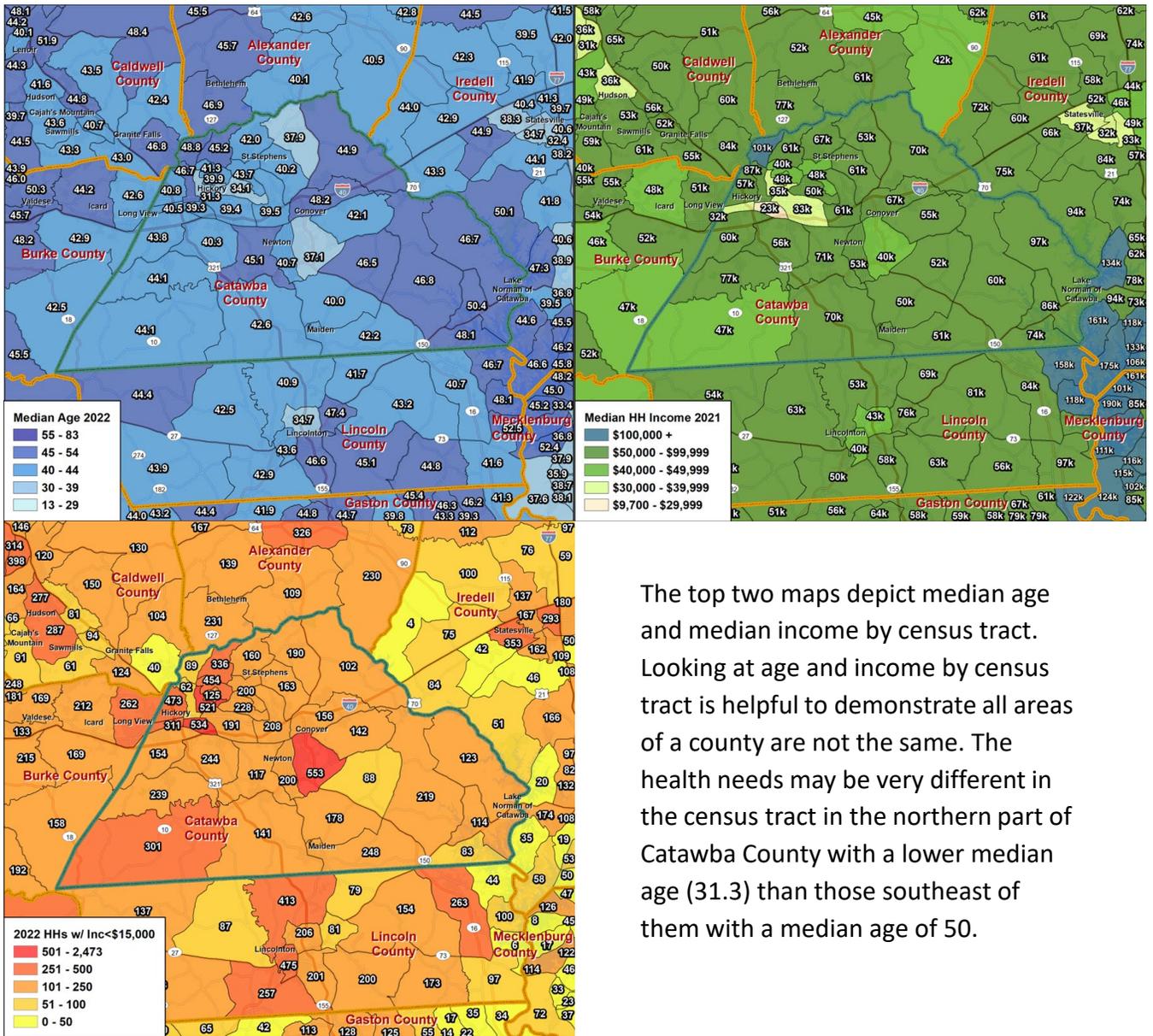
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. The highest populated census tracts contain about 7.2K to 7.7K, while the lowest population tract is as small as 2.4K, in the northwestern part of Catawba County.

Many census tracts in Catawba County are projected to decline, however there are a few tracts in eastern and northern Catawba County that are projected to increase significantly.

Photo Credit:

Demographics, cont.

2022 Median Age & Income



Source: Esri

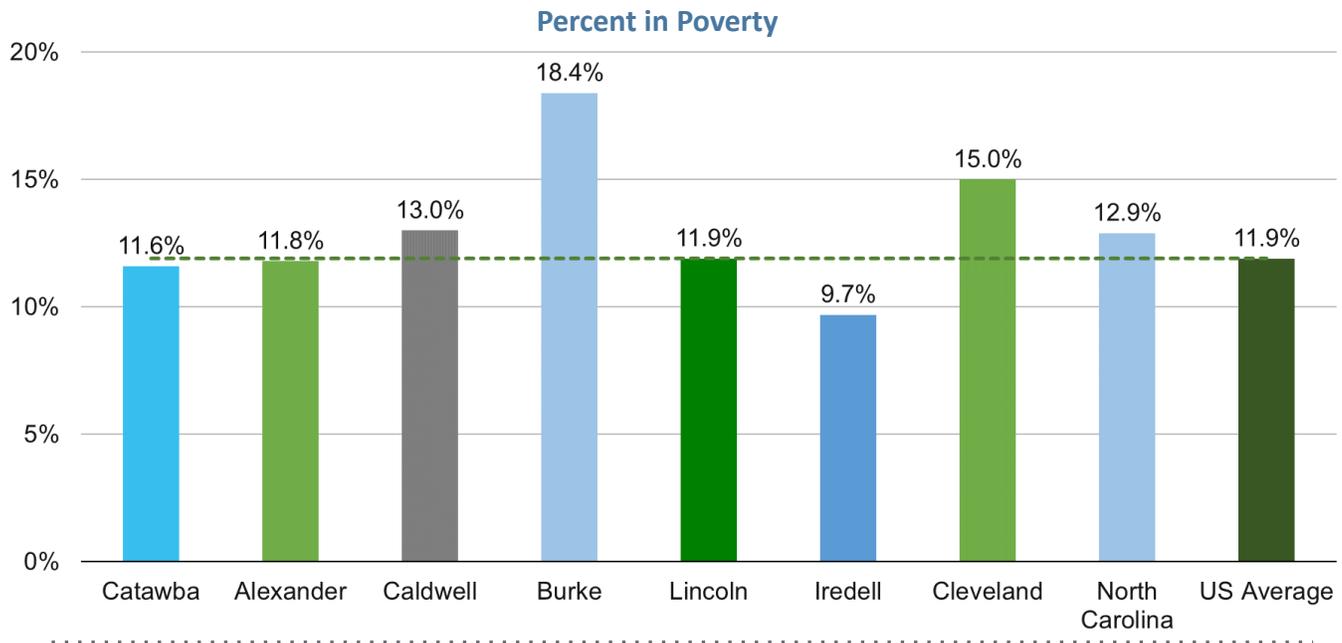
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in the northern part of Catawba County with a lower median age (31.3) than those southeast of them with a median age of 50.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more resources than the higher income tracts. The census tract in Catawba County with the highest median income (97K) will have very different health outcomes compared to the census tracts with a \$23,000 median income.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. A census tract in the center of Catawba County had 553 families making less than \$15,000 per year.

Demographics, cont.

Catawba County's 2020 poverty percentage was 11.6% compared to North Carolina at 12.9% and the U.S. at 11.9%. The cost of living in Catawba County was lower than NC and the U.S.



Business Profile

61% percent of employees in Catawba County were employed in:

- Health Care & Social Assistance (17.8%)
- Manufacturing (15.9%)
- Retail Trade (15.1%)
- Accommodation & Food Service (7.1%)
- Public Administration (7.1%)

Source: Esri

Retail, accommodation and food service offer health insurance at a lower rate than healthcare, public administration, and educational services.

Catawba County's May 2022 preliminary unemployment was 3.6%, compared to 3.4% for North Carolina and 4% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.

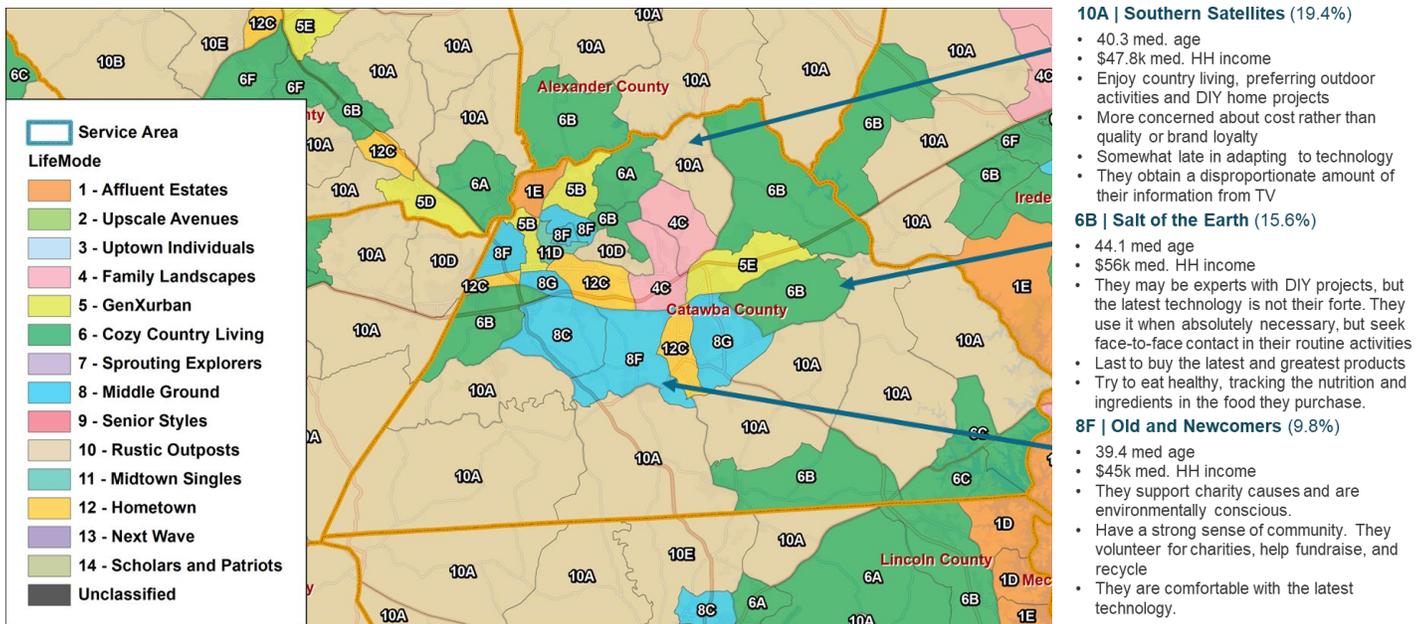
Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Forty-five percent of Catawba County is included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Southern Satellites (19.4%), Salt of the Earth (15.6%), and Old and Newcomers (9.8%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm>. Analyzing the Tapestry Segments in the study area helps determine health habits and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 44.8% of total households.



Dominant Tapestry Segmentation of Catawba County
Arrows point to the top 3 tapestry segments within the county. Tapestry segments only appear on map if they are ranked 1st in a census tract.

Source: Esri

Focus Groups and Survey Results

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on October 19, 2022, for their input into the community's health. One focus group represented a broad range of interests and backgrounds. Below is a summary. The full summary is included in the appendices.

The participants defined health as wellbeing, including physical, mental, and spiritual access to services to enrich those areas. It includes the whole person and is affected by social determinants.

Most felt the health of the county was varied. Some people were considered health conscious and others weren't. Issues that stood out were access to primary care, large unhoused population, the price of health foods, and sex trafficking.

The most significant health issues for the communities were:

- Homelessness
- Lack of treatment, specifically for those underinsured or don't qualify for Medicaid, lack of Medicaid expansion
- Family dynamics - Grandparents raising kids, siblings raising siblings
- Use of needles uptick in last 2 years
- Mental health and substance use hand in hand
- Diabetes, hypertension especially in minority populations
- People living with dementia, impact on caregivers
- Mobility issues-bacon belt - high fat food, carbs, gyms are expensive, no activity, poor diet
- Access to care in general, lack of specialists

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Increase access to care, make care more affordable, provide more support services, increase specialty services and healthcare workers
- Increase affordable housing for community and for staff, provide better transportation services,
- Increase affordable childcare
- Increase mental health services – substance use treatment, strong OP treatment, raise awareness and acceptance of mental health

Survey Results

Frye Regional Medical Center conducted community surveys via online and paper in English and Spanish. The surveys were placed on websites or via internal email for any interested parties at:

- Frye Regional Medical Center
- Community members

41 surveys were completed. Full survey results may be found in the appendices.

Most rated their health as good (69.%) or fair (20.7%) as opposed to poor (0%) or excellent (10.3%).

Respondents rated their mental health better than their physical health.

The top three most important issues related to health and disease in Catawba County were:

1. Alcohol/drugs (substance misuse)
2. Overweight/obesity
3. Mental/behavioral health

People in the community need the most information about:

1. Affordable healthcare
2. Healthcare resources for the uninsured or poor
3. Affordable insurance

The top four social determinants of health impacting health outcomes were:

1. Income/poverty
 2. Affordable housing
 3. Available housing
 4. Safety – neighborhoods, places to be outside
-



Photo Credit: Chad Austin Business North Carolina

Health Status Data, Rankings and Comparisons

Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Catawba County ranked 30th for health outcomes and 32nd for health factors (1= the healthiest; 100 = unhealthiest). Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Catawba County were higher adult smoking, higher percentage of adult obesity, higher percentage of uninsured, lower high school completion, and higher unemployment. The areas of strength were lower population to primary care physicians, lower preventable positive stays, higher mammography screening and flu vaccinations, and lower income inequality.

When analyzing the health status data, local results were compared to North Carolina, the U.S. (where available), and the top 10% of County in the U.S. (the 90th percentile). Where Catawba County's results were worse than NC and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in North Carolina and eventually the nation, Catawba County must close several lifestyle gaps. For additional perspective, North Carolina was ranked the 28th healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better) North Carolina strengths were low racial disparity in high school graduation rates, high childhood immunization rate, and low percentage of housing with lead risk. The challenges for NC were high percentage of households with food insecurity, low per capita public health funding, and high prevalence of high-risk HIV behaviors.

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Photo Credit: Jeff Lyon, LyonsRoar.com

Health Status Data, Rankings and Comparisons

Comparisons of Health Status

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and interviews. If a measure was better than North Carolina, it was identified as a strength, and where an indicator was worse than North Carolina, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them.

Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of North Carolina’s counties every year since 2003.

Comparisons of Health Status

In most of the following graphs, Catawba County will be blue, North Carolina (NC) will be red, U.S. will be grey and the 90th percentile of counties in the U.S. will be gold.

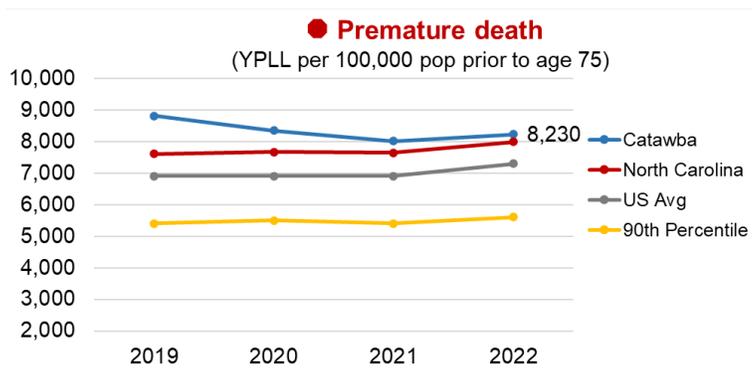
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Catawba County ranked 30th in health outcomes out of 100 North Carolina Counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Catawba County ranked 31st in length of life in NC. Catawba County lost 8,230 years of potential life per 100,000 population, which was higher than NC and the U.S.

Catawba County residents can expect to live .3 years less than the average U.S. resident.



Premature death by race/ethnicity (YPLL per 100,000 pop prior to age 75)

Catawba County	2018-2020
American Indian & Alaska Native	NR
Asian	5,800
Black	12,900
Hispanic	4,700
White	8,200

Life Expectancy

(Average number of years a person can expect to live)

	2018-2020
Catawba County	76.7
North Carolina	77.7
US Avg*	77.0
90th Percentile	80.6

Catawba County	2018-2020
American Indian & Alaska Native	NR
Asian	83.3
Black	72.4
Hispanic	100.0
White	76.7

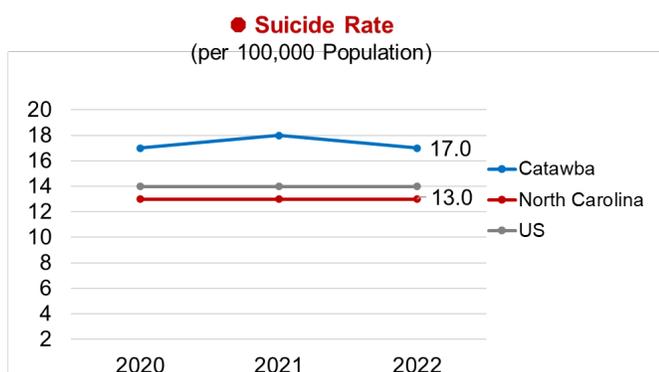
*Due to impacts of COVID, life expectancy in the US decreased 1.8 years from 2019.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

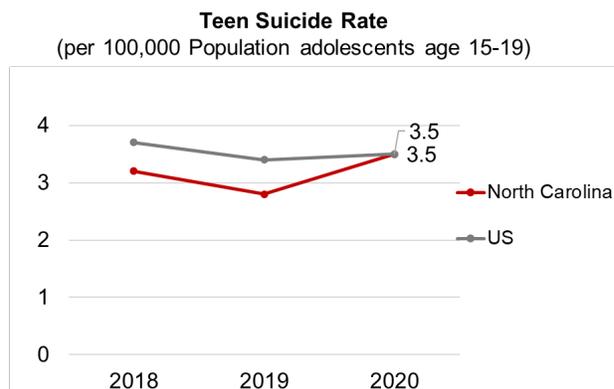
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Catawba County	North Carolina	US
Heart Disease	193.9	156.2	168.2
Cancer	152.4	148.8	144.1
COVID-19*	93.7	60.4	85
Accidents (Unintentional Injuries)	69.6	67.1	57.6
Strokes	58.7	44.4	38.8
Respiratory Diseases	39.4	38.5	36.4
Alzheimer's	46.3	37.5	32.4
Diabetes	35.3	26.9	24.8
Liver Disease	10.5	12.9	13.3
Influenza and Pneumonia	15.9	14	13
Nephritis, nephrosis	19.5	15.9	12.7
Hypertension	15.1	9.5	10.1
Parkinson Disease	11.5	9.8	9.9
Septicemia	13.2	12.2	9.7

Rates in red had death rates higher than NC. The leading causes of death in Catawba County were heart disease, cancer, COVID-19, followed by accidents, strokes and Alzheimer's.



Age-adjusted rates per 100,000 population.
Catawba County, NC, North Carolina, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.



Crude rates per 100,000 population.
North Carolina, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.

Catawba County's suicide rate (17) was above NC (13) and the U.S. (14). The Teen suicide rate in NC increased in 2020.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.



Photo Credit: landsearch

Length of Life STRENGTHS

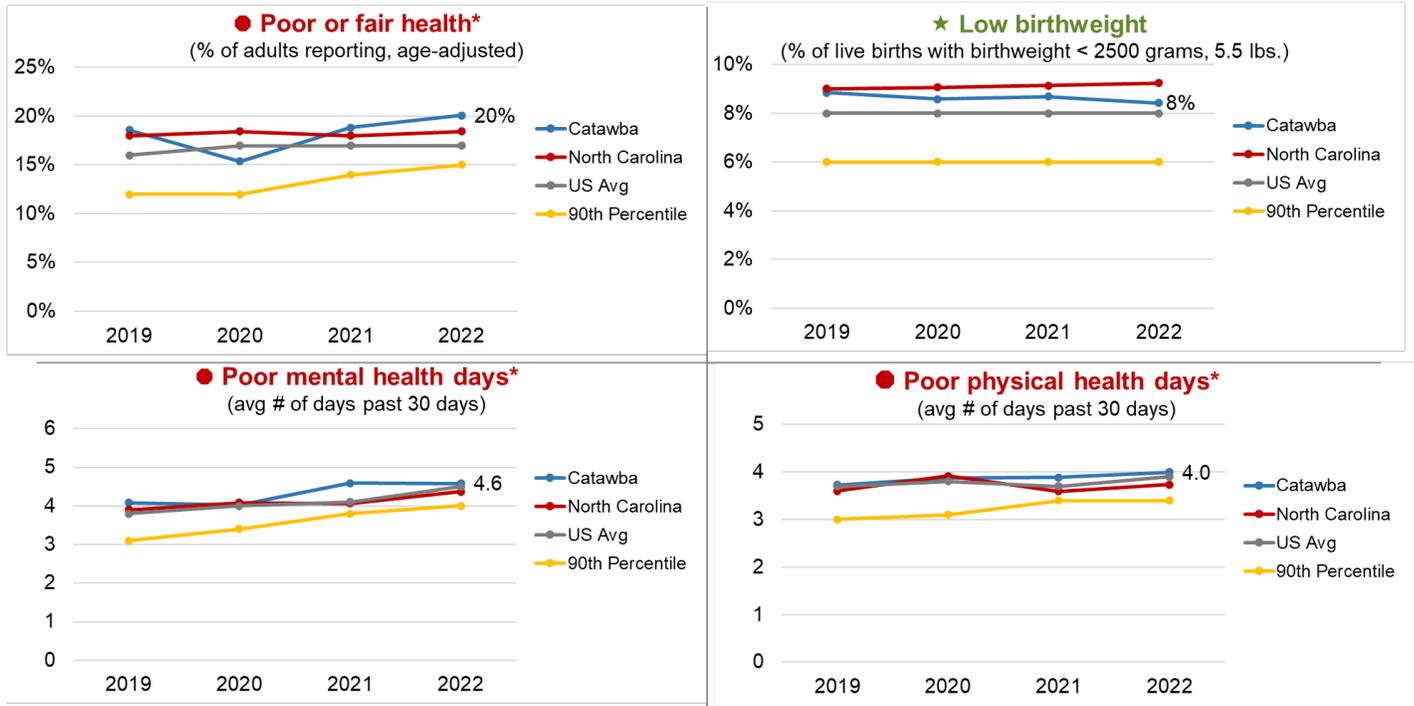
- Catawba County had a lower death rate due to liver disease than NC.
-

Length of Life OPPORTUNITIES

- Catawba County had shorter life expectancy at 76.7 years than NC at 77.7.
 - Catawba County had higher death rates for all but one of the leading causes of death than NC.
 - Catawba County had higher numbers of premature deaths at 8,230 per 100,000 population than NC at 7,986.
 - Catawba County had higher suicide rate at 17 per 100,000 population than NC.
-

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Catawba County ranked 26th in quality of life out of 100 North Carolina Counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
 Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Quality of Life STRENGTHS

- Catawba County had a lower percentage of low birthweight babies at 8% than NC at 9%.

Quality of Life OPPORTUNITIES

- Catawba County had a higher percentage of poor or fair health days at 20% than NC at 18%.
- Catawba County had a slightly higher average number of poor mental health days in the last 30 days at 4.6 than NC at 4.5.
- Catawba County had a slightly higher average number of poor physical health days at 4.0 than NC at 3.9.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Catawba County ranked 32nd in health factors out of 100 North Carolina Counties.

Health Behaviors

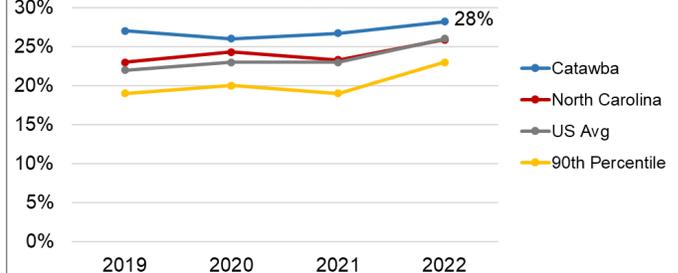
Health behaviors are made up of nine measures and account for 30% of the county rankings. Catawba County ranked 35th in health behaviors out of 100 Counties in North Carolina.

● **Adult obesity**
(% of adults that report a BMI of 30 or more)

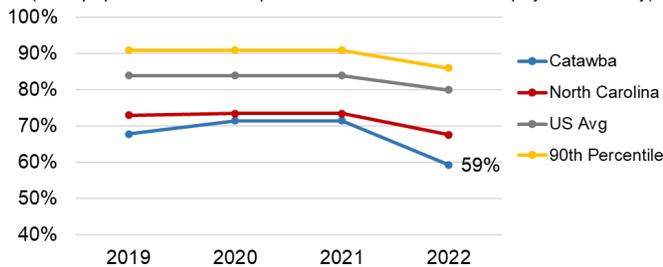
2022	
Catawba County	36%
North Carolina	34%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

● **Physical inactivity**
(% 20 yo and older reporting no leisure time physical activity)



● **Access to exercise opportunities**
(% of population with adequate access to locations for physical activity)



● **Adult smoking**
(% that report every day or "most days")

2022	
Catawba County	20%
North Carolina	19%
US Avg	16%
90th Percentile	15%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

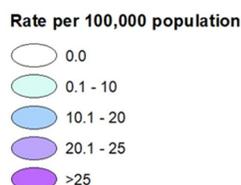
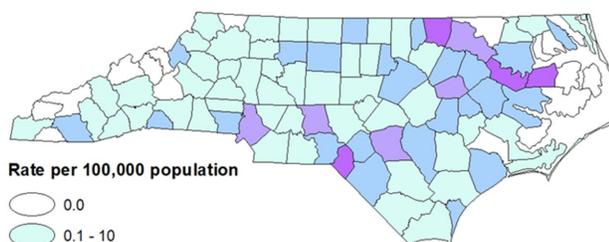
Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: HIV – North Carolina HIV Surveillance Report 2020

HIV Rate (newly diagnosed by county of residence 2020)

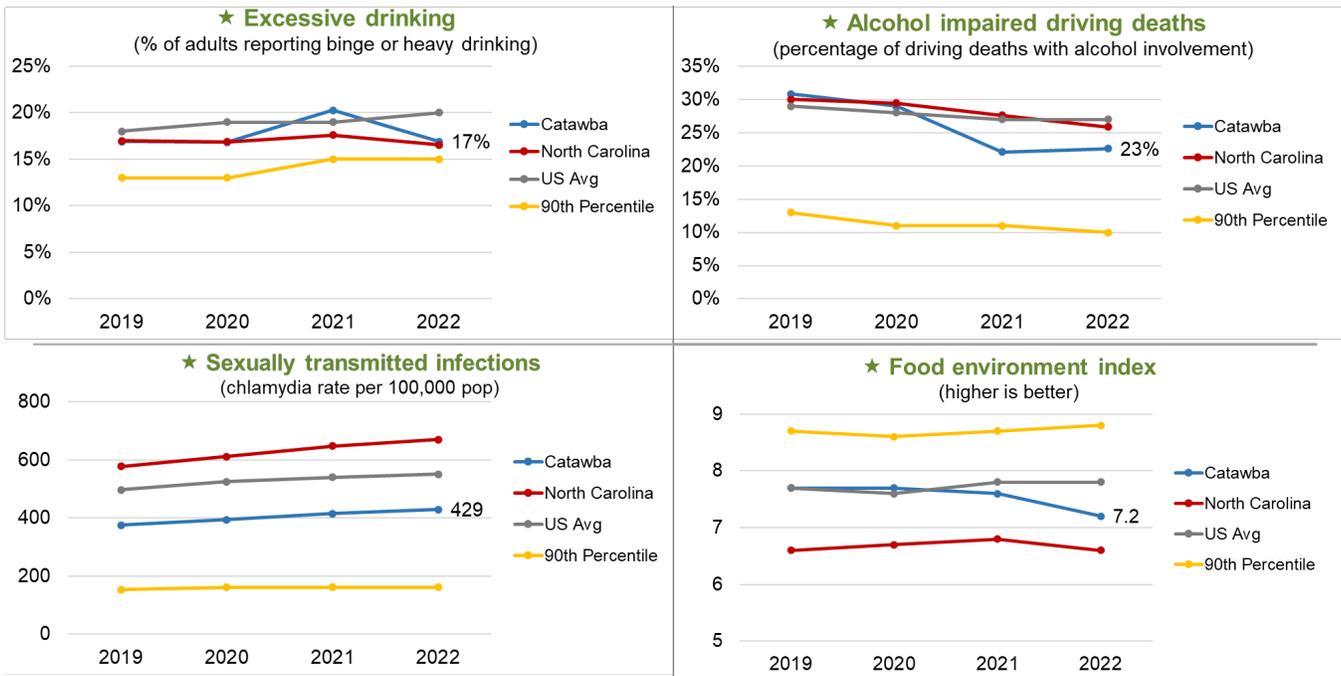


291 - # of people diagnosed with HIV in Catawba County

5.9 - 2018-2020 average rate

*Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Health Behaviors, Cont.



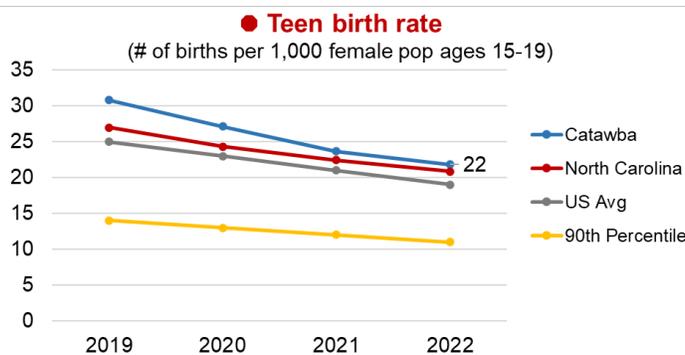
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate
(# of births per 1,000 female pop ages 15-19)

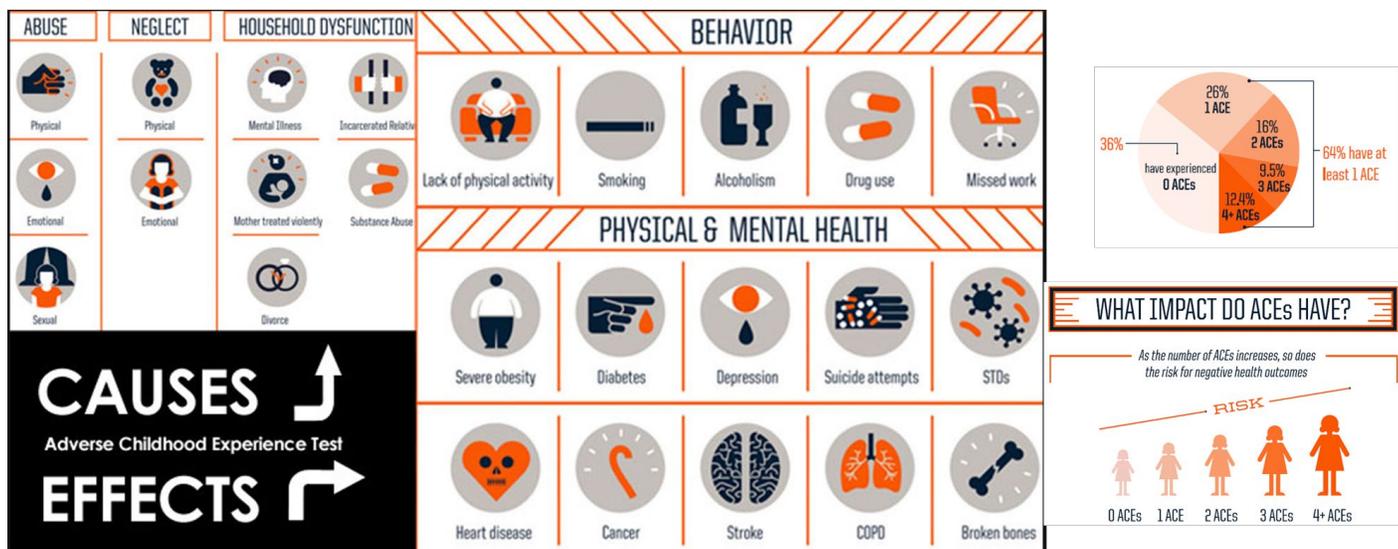
Catawba County	2021
Asian	19
Black	34
Hispanic	31
White	18

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, “Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.” ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
North Carolina	50%	26%	24%

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Catawba County. However, North Carolina had a lower percentage of youth with no ACEs, and higher percentages of 1 and 2+ ACEs.



Photo Credit: trip.com

Health Behaviors STRENGTHS

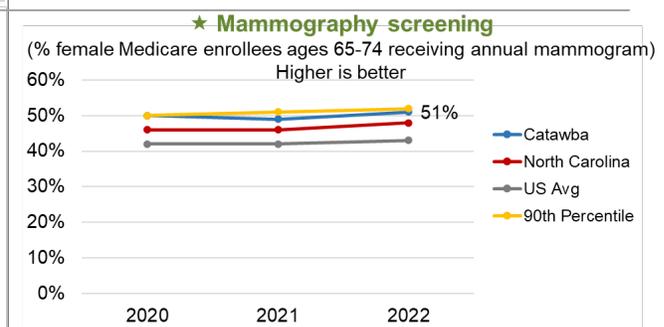
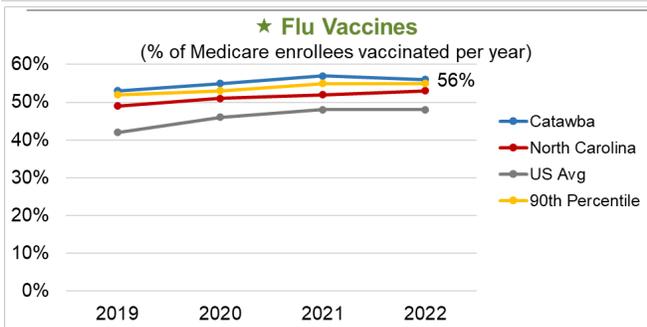
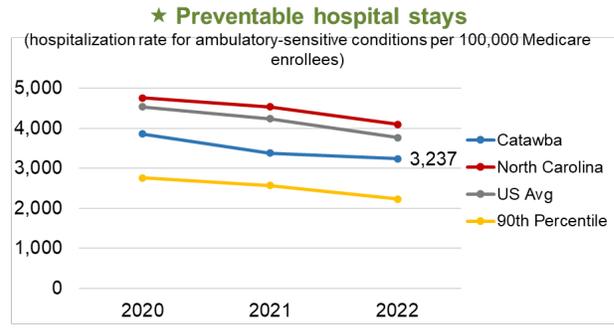
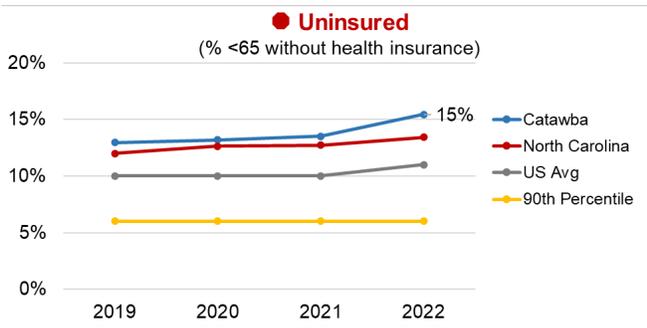
- The food environment index was higher (better) in Catawba County (7.2) than NC at 6.6.
- Excessive drinking at 17% was the same in Catawba County as NC.
- The percentage of alcohol impaired driving deaths was lower in Catawba County at 23% than NC (26%).
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Catawba County at 429 than NC (670).
- Catawba County's HIV rate was lower than most counties in NC.

Health Behaviors OPPORTUNITIES

- Adult obesity in Catawba County was 36% which was higher than NC at 34%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity at 28% was higher in Catawba County than in NC (26%).
- Fifty-nine percent of Catawba County had access to exercise opportunities which was lower than NC at sixty-eight percent.
- Catawba County had a higher percentage of adult smokers at 20% than NC at 19%.
- The teen birth rate in Catawba County was higher at 22 births per 1,000 females ages 15-19 than NC at 21 but was trending down. The teen birth rate is higher in the black and Hispanic populations.

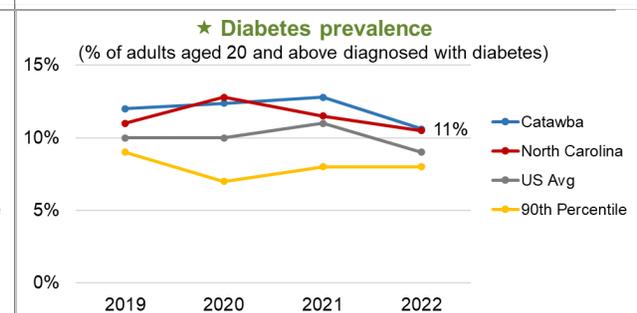
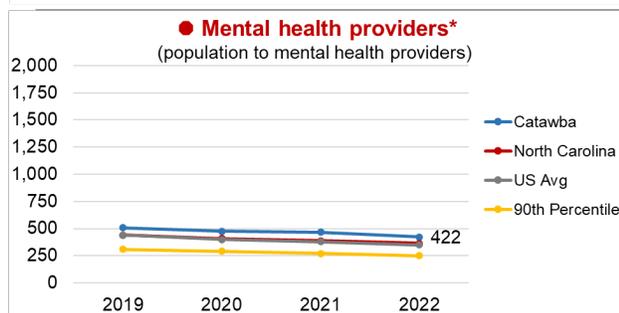
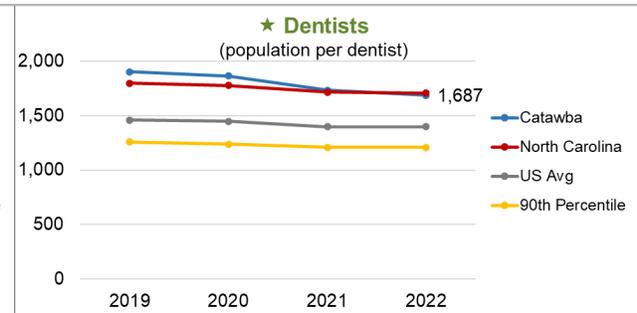
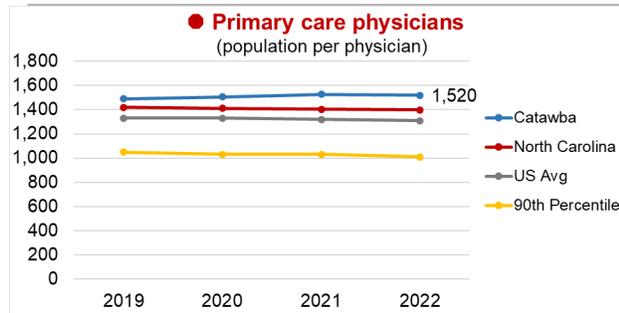
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Catawba County ranked 21st in clinical care out of 100 North Carolina Counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021

Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

Clinical Care, cont.

NC had a higher vaccination percentage among children 24 months old than the U.S. but lower COVID-19 vaccination rates.

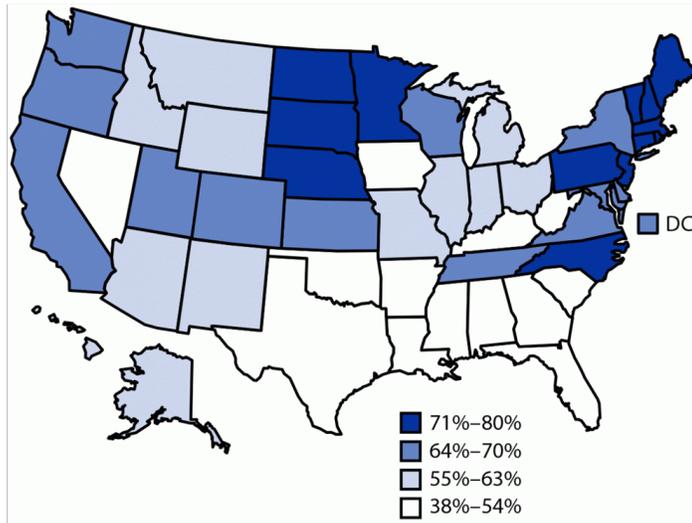
Vaccination Coverage Among Children and COVID-19 Vaccination Rates

Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2018, National Immunization Survey-Child (NIS-Child), 2018

North Carolina
75.9%

United States
71.3 %

59.3% of the total residents of Catawba County are fully vaccinated for **COVID-19**.
NC = 64.8%
US = 68.1%
10/18/2022



Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

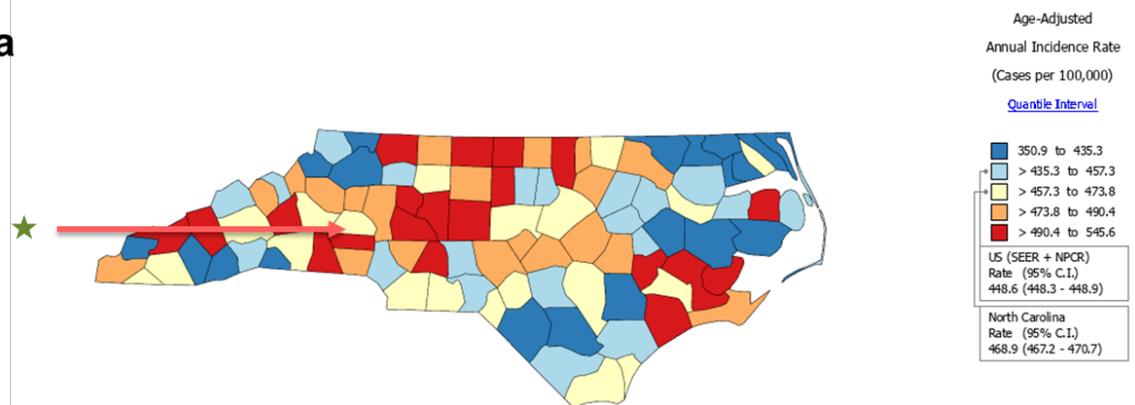
Source: CDC, National Center for Immunization and Respiratory Diseases (2018 data posted 2022)

US
448.6

North Carolina
468.9

Catawba County
467.7

Incidence Rates[†] for North Carolina by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages



Notes:
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)
Data for the United States does not include data from Puerto Rico



Photo Credit: Riverbend Park, iNaturalist.org

Clinical Care STRENGTHS

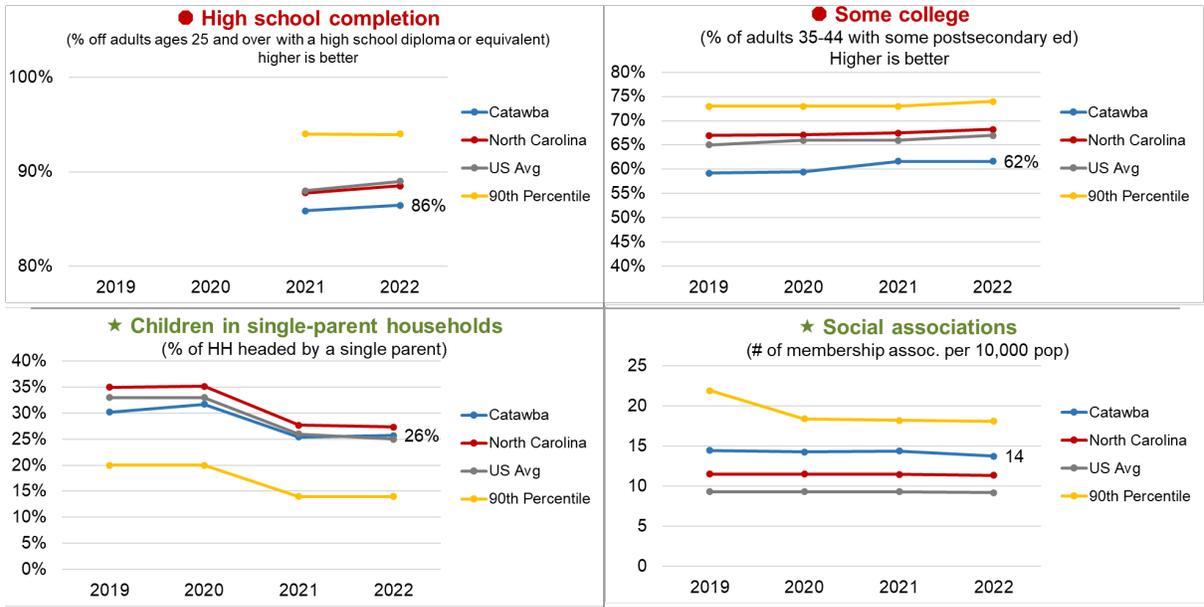
- The percent of Medicare enrollees with flu vaccines in Catawba County at 56% was higher than NC at 53%.
- The cancer incidence rate was lower in Catawba County at 467.7 than NC.
- Preventable hospital stays in Catawba County were 3,237 per 100,000 Medicare enrollees which was lower than NC (4,096) and the U.S. (3,767). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- Mammography screening was higher in Catawba County at 51% than NC at 48%.
- The population per dentists was lower in Catawba County at 1,687 than NC at 1,710.
- Diabetes prevalence was the same in Catawba County at 11% as NC.
- Vaccination among children by age 24 months was higher in NC (75.9%) than the US (71.3%).

Clinical Care OPPORTUNITIES

- The population per primary care physician was at 1,520 in Catawba County, higher than NC at 1,399.
- The percent of population under sixty-five without health insurance in Catawba County was 15%, higher than NC at 13%.
- COVID-19 vaccinations were lower in Catawba County than NC at 59.3% than NC at 64.8%.
- The population per mental health provider was higher in Catawba County than NC.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Catawba County ranked 39th in social and economic factors out of 100 NC Counties.

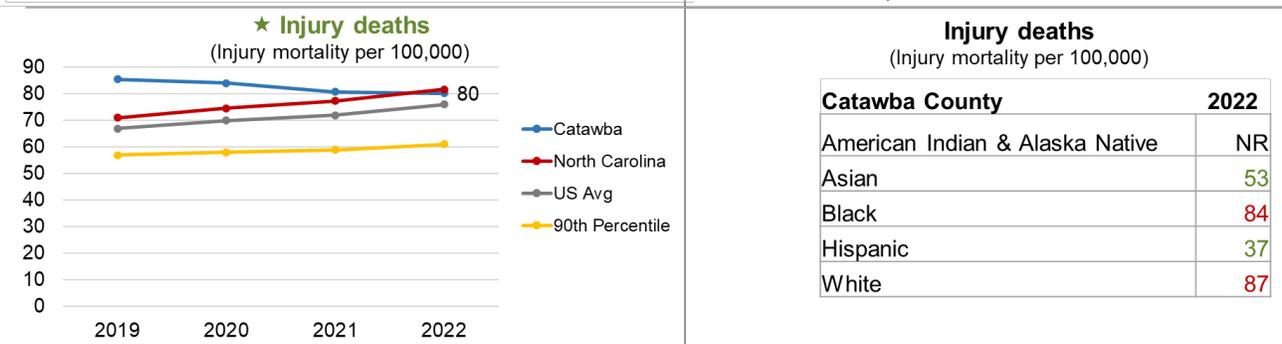
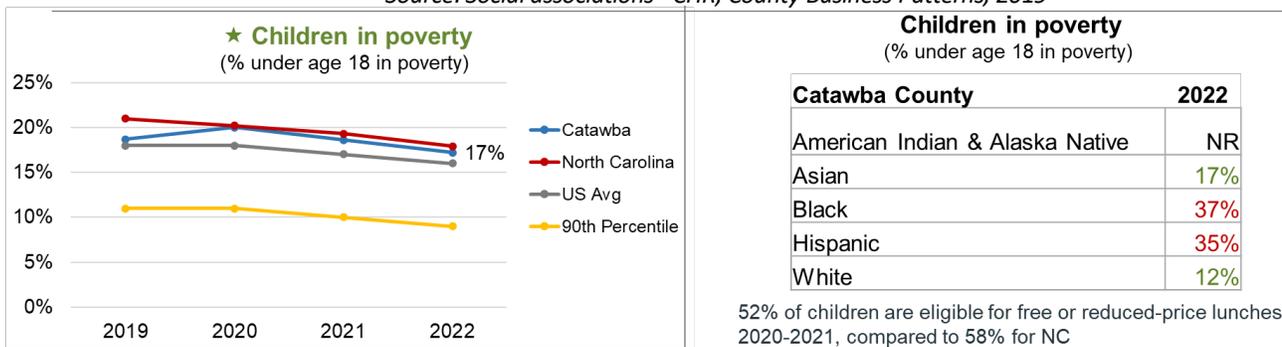


Source: High school completion—CHR, American Community Survey, 5-yr estimates, 2016-2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

Source: Social associations - CHR; County Business Patterns, 2019

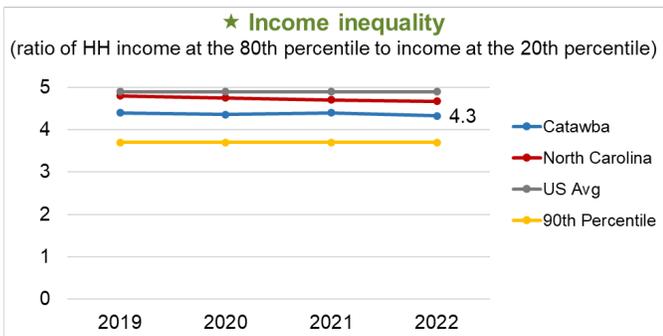


Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020

Source: Crime rate – NC Sate Bureau of Investigation – October 2021

Social & Economic Factors Cont.



● **Crime Rates**

(crime per 100,000 pop)

The Crime Index includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts.

2021	Index Crime Rate	Violent Crime Rate	Property Crime Rate
NC	2,586	430	2,324
Catawba County	2,803	354	2,448

Social & Economic Factors **STRENGTHS**

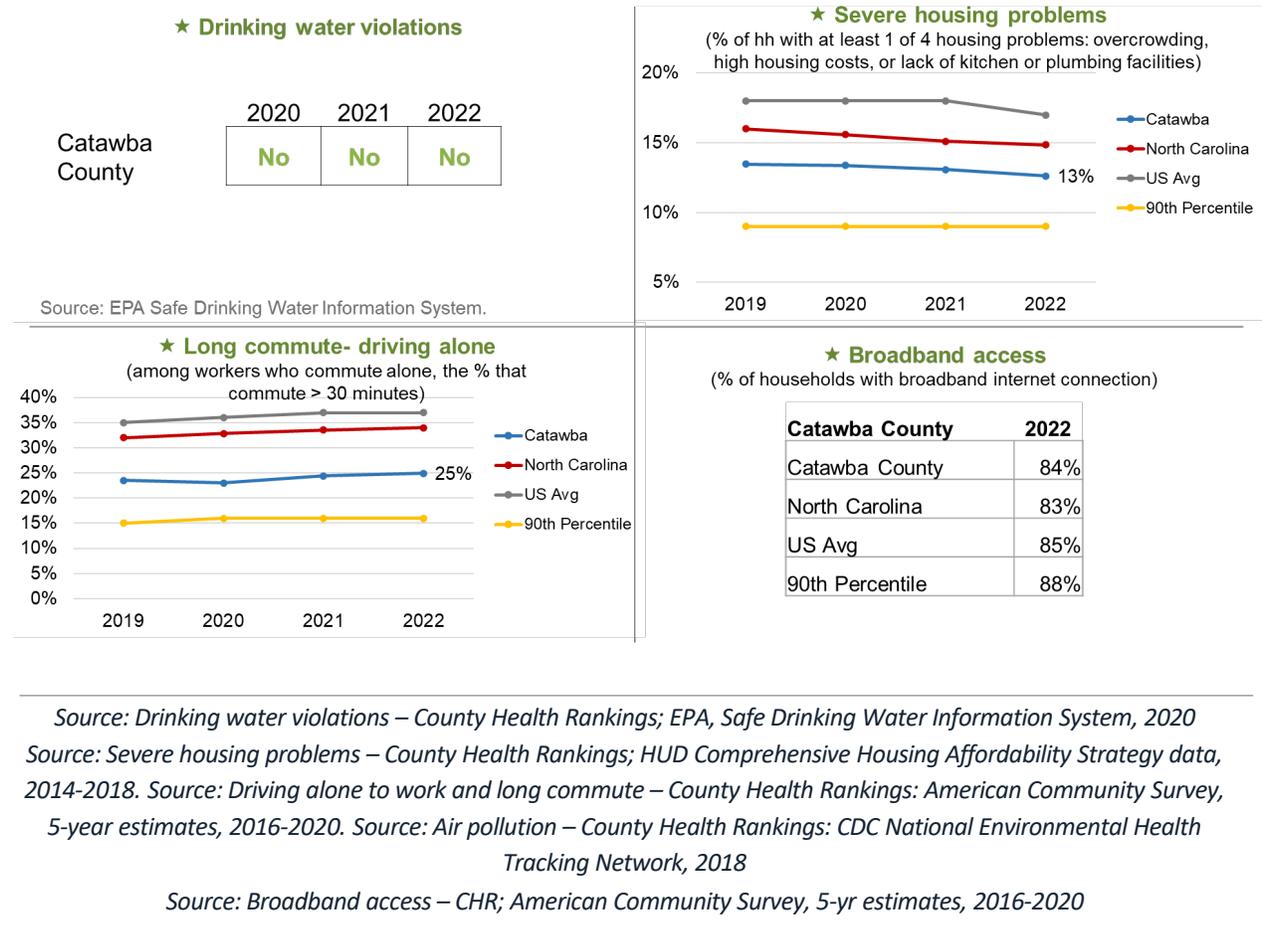
- The cost of living was lower in Catawba County than NC and the US.
- Social associations were higher in Catawba County at 14 memberships per 10,000 population than NC. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- The percentage of children in poverty at 17% was lower in Catawba County than NC. Children in poverty was higher in the Black and Hispanic populations.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Catawba County at 4.3 than NC.
- The percentage of children in single-parent households was 26% in Catawba County, lower than NC.
- Injury deaths were the same in Catawba County at 80 per 100,000 population as NC.
- Catawba County had 11.6% of the population in poverty, lower than NC at 12.9%.
- The number of violent crimes per 100,000 population was lower in Catawba County at 354 than NC at 430.

Social & Economic Factors **OPPORTUNITIES**

- High school completion was lower in Catawba County at 86% than NC at 89%.
- The percentage of adults with some college was lower in Catawba County at 62% than NC at 68%.
- The median household income in Catawba County was \$55,995 lower than NC at \$62,513 and the U.S. at \$72,414.
- The number of property crimes per 100,000 population was higher in Catawba County at 2,448 than NC at 2,324.
- The crime index was higher in Catawba County at 2,803 than NC at 2,586.

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Catawba County ranked 38th in physical environment out of 100 North Carolina Counties.



Physical Environment STRENGTHS

- Catawba County reported no drinking water violations in each of the last three years.
- 25% of workers in Catawba County commute alone commute over 30 minutes, which is lower than NC.
- Catawba County had a lower percentage of severe housing problems at 13% than NC at 15%.
- Broadband access was higher in Catawba County at 84% than NC (83%).



Photo Credit: Catawba County; catawbacountync.gov

There were Four Broad Themes that Emerged in this Process:

- Catawba County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
 - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It takes partnerships with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Catawba County has many assets to improve health.
-

Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community’s capacity to address it?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the back of the room.

1. Behavioral/Mental/Brain Health/Substance – 11 votes
2. Healthy Eating – 10 votes
3. Access to Care – 8 votes
4. Chronic Diseases/Child and birth outcomes – 6 votes
5. Social Determinants of Health – housing, education, low income – 6 votes

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, we discussed what might be done to improve the health issue. Below are notes from the brainstorming.

Significant Health Need 1: Behavioral/Mental Health/Brain Health

- ✔ **Goal 1 – Support health systems and providers in providing whole-person care**
 - Action 1** – Peer-peer provider mentorship and support
 - Action 2** – Formal education to providers
 - Resources/Collaborators Needed: Health Systems, CVH – Catawba Valley, AHEC, Kintegra*
 - ✔ **Goal 2 – Strengthen support network (navigators, peers, etc.)**
 - Action 1** – Diversify our support network through incentives and community-engaged recruitment
 - Action 2** – Strengthen support groups/networks
 - Resources/Collaborators Needed: CVCC, CCPH, LiveWell, CVH, Kintegra, CCM, Altec, Corner Table*
-

Significant Health Need 2: Healthy Eating

- ✔ **Goal 1 – Availability of healthy foods (accessible and affordable)**
 - Action 1** – Famers Market on Wheels
 - Action 2** – Healthy looking classes through church
 - Resources/Collaborators Needed: Famers Market participants that accept SNAP, Community College instructors, Diabetic educators*
 - ✔ **Goal 2 – Maintaining healthy weight starting from somewhere**
 - Action 1** – Student-Parent fitness nights through Elementary Schools (healthy meal provided)
 - Action 2** – Pop up exercise classes through churches (healthy meal provided)
 - Resources/Collaborators Needed: School systems, YMCA, fitness instructors, LiveWell Catawba, Rec Catawba*
-

Significant Health Need 3: Access to Care

- ✔ **Goal 1 – 24-hour non-emergency care**
 - Action 1** – Coordination between community urgent care providers to have coverage 24/7
 - Action 2** – Work with community hospital to provide space for non-emergency care 24/7
 - Resources/Collaborators Needed: Hospitals, community*
 - ✔ **Goal 2 – Low-cost care to uninsured or underinsured**
 - Action 1** – Collaborate with PA program and interns to provide low-cost care
 - Action 2** – Have local physicians provide supervision/care pro bono on limited basis (monthly)
 - Resources/Collaborators Needed: Hospitals*
-



Photo Credit: Catawba County; catawbacountync.gov

Community Health Goals and Actions Brainstorming, Cont.

Significant Health Need 4: Social Determinants of Health - Housing

- ✔ **Goal 1 – Work with local/state government resources to impact housing**
Action 1 – City pans for section 8 housing/regular housing
Action 2 – Work with develops to build economic housing
Resources/Collaborators Needed: Government, City
 - ✔ **Goal 2 – Homeless population**
Action 1 – Work programs to train as well as opportunities for job and completion of programs
Action 2 – List of resources available
Resources/Collaborators Needed: Employers, career fairs
-

Significant Health Need 4: Chronic Disease/Childbirth Outcomes

- ✔ **Goal 1 – Provide resources and education to aid different populations by taking the materials to them in their safe spaces**
Action 1 – Provide language interpretation skills and materials at their learning level
Action 2 – Utilize resources that know the culture and beliefs
Resources/Collaborators Needed: Bilingual health professionals
 - ✔ **Goal 2 – Develop a mobile health outreach bus that will provide screenings and treatments in their community by offering a different topic every month**
Action 1 – Acquiring resources by writing grants
Action 2 – Develop the collaborators' list of resources
Resources/Collaborators Needed: Grants, health professionals, collaborative list of resources
-

Impact of 2019 CHNA and Implementation Plan

Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to COVID.

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Impact of 2019 CHNA and Implementation Plan, cont.

Impact



Photo Credit: Catawba County, catawbacountync.gov

Appendices

- 1. Community Survey
- 2. Focus Group Summary
- 3. Community Asset Inventory

Survey Results

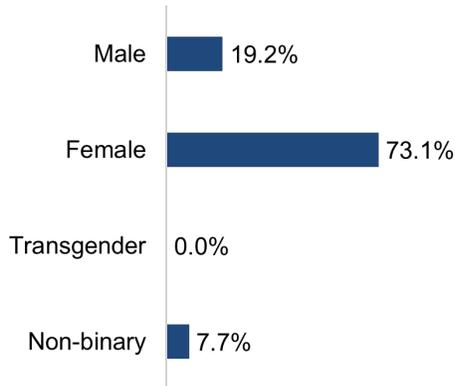
Community Survey

Frye Regional Medical Center and community partners conducted an online and community survey in Catawba County. Stratasan combined and analyzed the results.

41 total surveys were completed from September 28, 2022 through November 7, 2022.

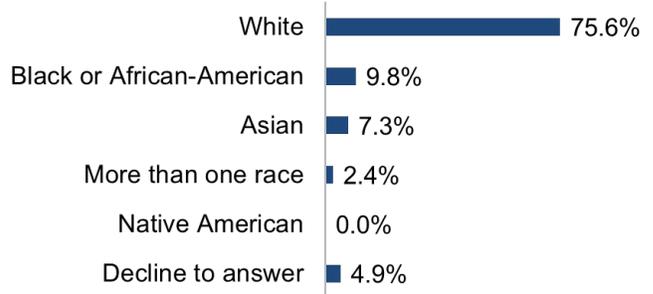
Demographics

Gender



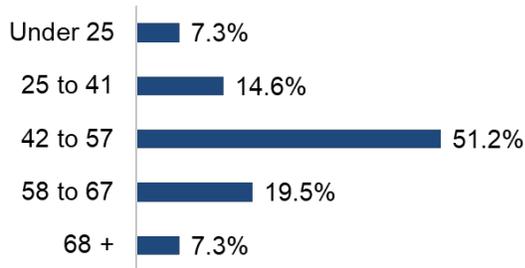
N=26 Q54. What is your gender?

Race



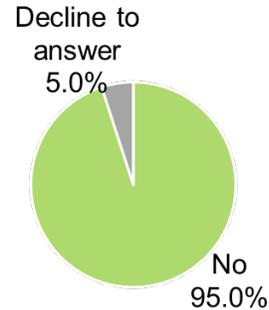
N=41 Q3. What is your race?

Age



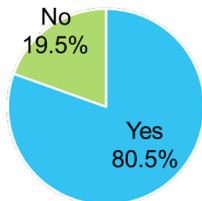
N=41 Q1. Which of the following ranges includes your age?

Are you Hispanic?



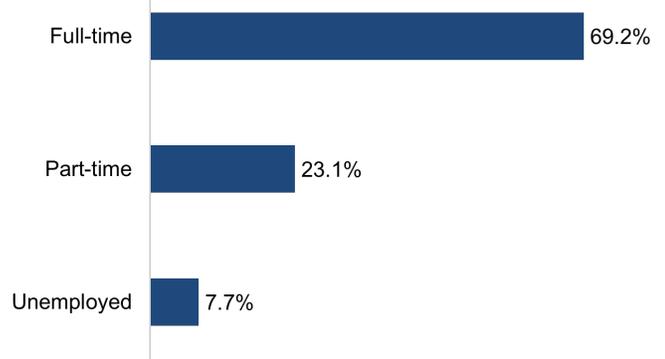
N=40 Q4. Are you Hispanic?

Do you live or work in Catawba County?



N=41 Q2. Do you live or work in Catawba County?

What is your current employment status?

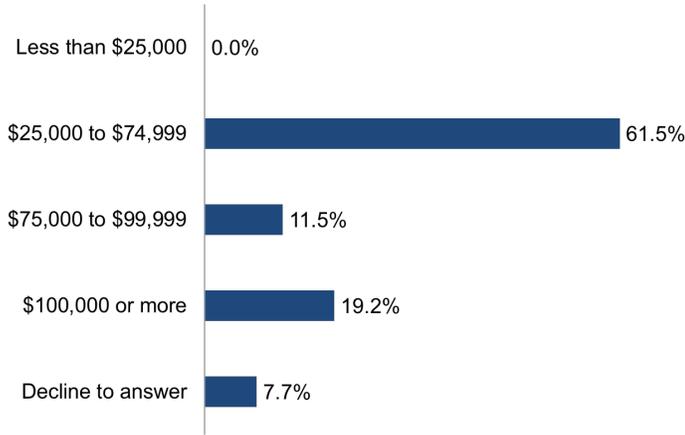


N=26 Q51. What is your current employment status?

Survey Results

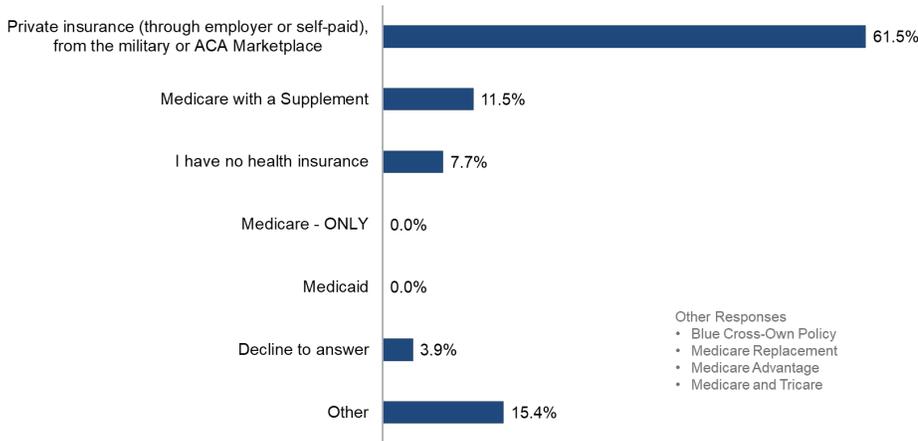
Community Survey

Which of the following includes your annual household income?



N=26 Q52. Which of the following includes your annual household income?

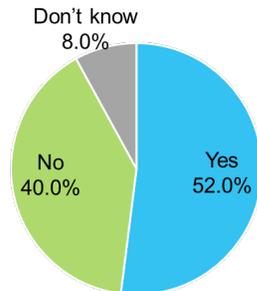
Which of the following best describes your health insurance situation?



N=26 Q48. Which of the following best describes your health insurance situation?

- Other Responses
- Blue Cross-Own Policy
 - Medicare Replacement
 - Medicare Advantage
 - Medicare and Tricare

Do you have a high deductible health plan? Defined as a deductible over \$1,350 for individual and \$2,700 for a family.



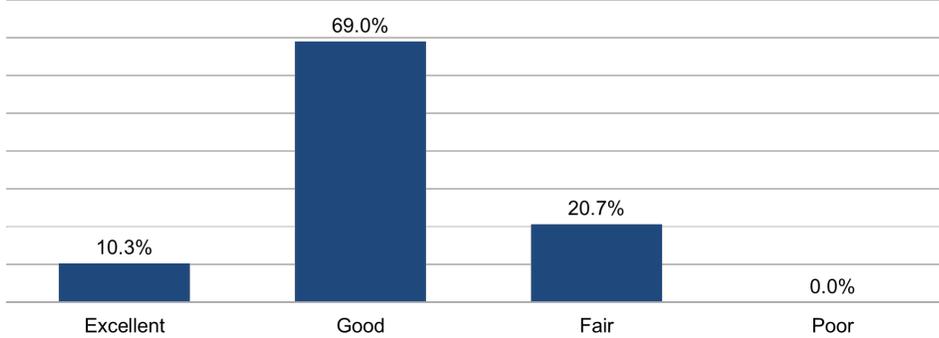
N=25 Q49. Do you have a high deductible health plan? Defined as a deductible over \$1,350 for individual and \$2,700 for a family.

Survey Results

Community Survey, cont.

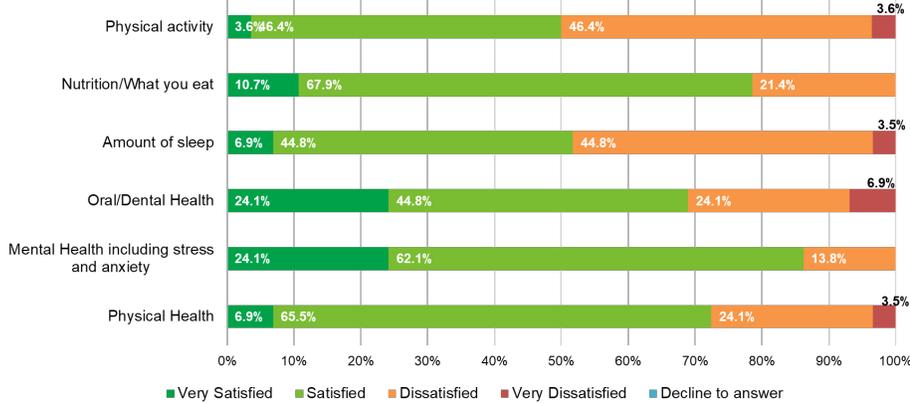
Results

Generally, how would you describe your health? Would you say it is...



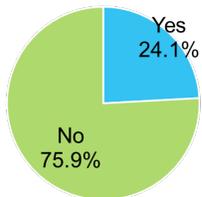
N=29 Q5. Generally, how would you describe your health? Would you say it is...

Generally, how satisfied are you with your...



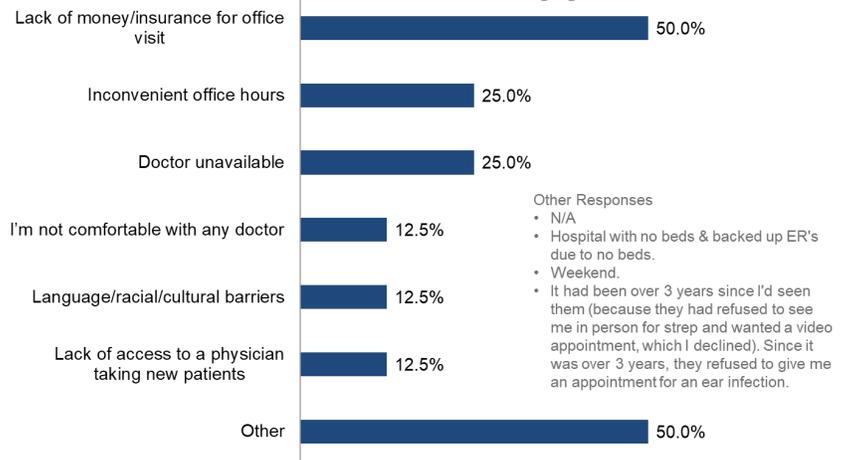
N=29 Q6. Generally, how satisfied are you with your...

Was there a time in the past 12 months when you needed to see a doctor but could not?



N=29 Q8. Was there a time in the past 12 months when you needed to see a doctor but could not?

What are some of the reasons why you could not?

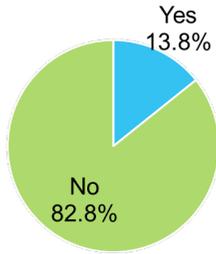


N=8 Q9. If yes, what are some of the reasons why you could not see a doctor? (Select all that apply)

Survey Results

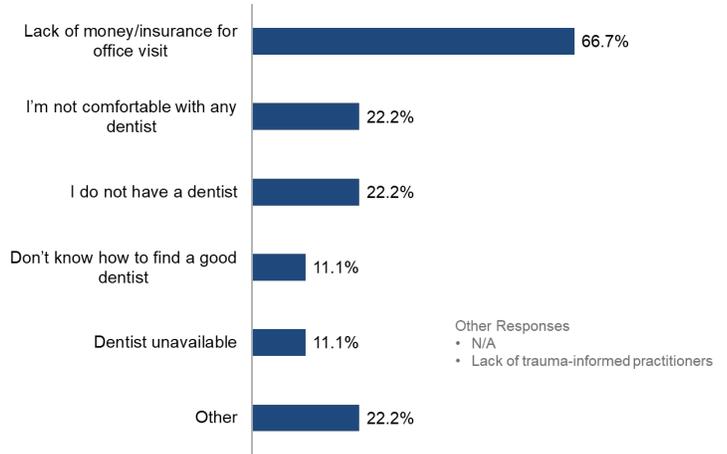
Community Survey, cont.

Was there a time in the past 12 months when you needed to see a dentist but could not?

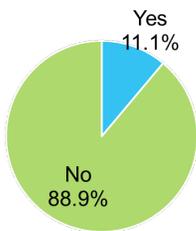


N=29 Q10. Was there a time in the past 12 months when you needed to see a dentist but could not?
N=9 Q11. If yes, what are some of the reasons why you could not see a dentist? (Select all that apply)

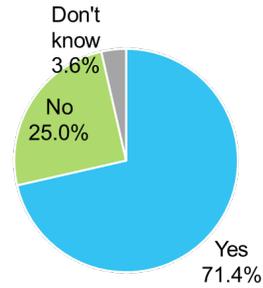
What are some of the reasons why you could not?



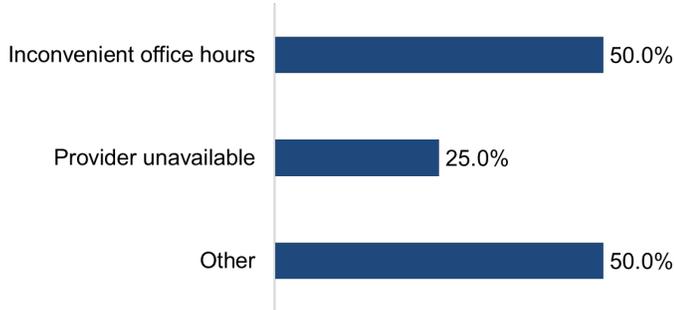
Was there a time in the past 12 months when you needed to see a mental health professional but could not?



Have you, a relative or close friend experienced substance abuse or addiction?



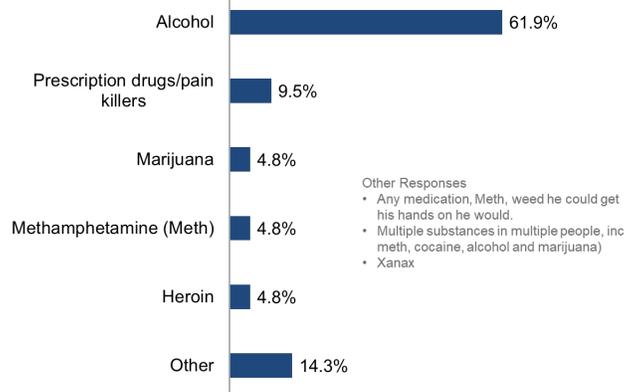
What are some of the reasons why you could not?



Other Responses
 • N/A
 • I called one to start treatment and they never called me back.

N=27 Q12. Was there a time in the past 12 months when you needed to see a mental health professional but could not?
N=4 Q13. If yes, what are some of the reasons why you could not see a mental health professional? (Select all that apply)
N=28 Q15. Have you, a relative or close friend experienced substance abuse or addiction?
N=21 Q16. If yes, what substance was involved?

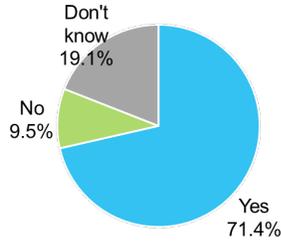
What substance was involved?



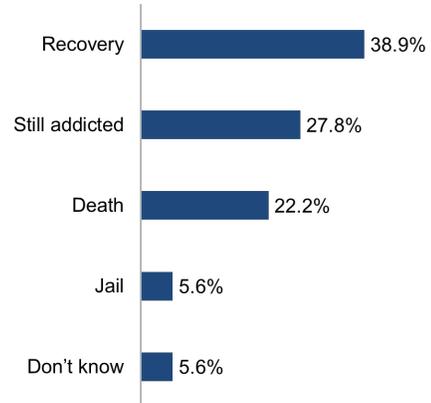
Survey Results

Community Survey, cont.

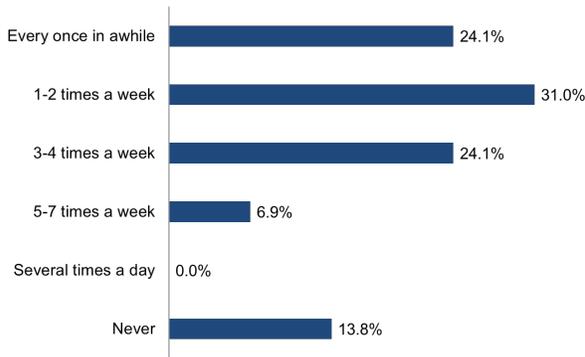
If yes, was addiction treatment available?



What was the result of the addiction?



During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

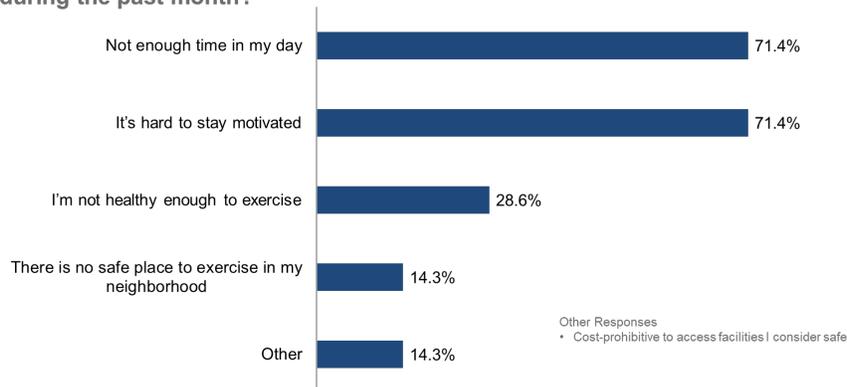


N=21 Q17. If yes, was addiction treatment available?

N=18 Q18. If yes, what was the result of the addiction?

N=29 Q21. During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

If "never", what are the reasons you have not participated in any exercise during the past month?

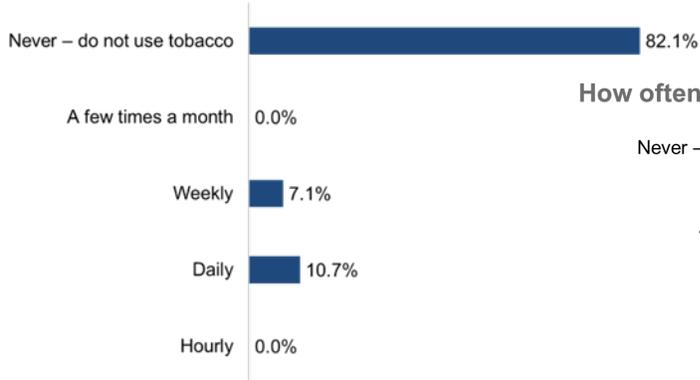


N=7 Q22. If "never", what are the reasons you have not participated in any exercise during the past month? (Select all that apply)

Survey Results

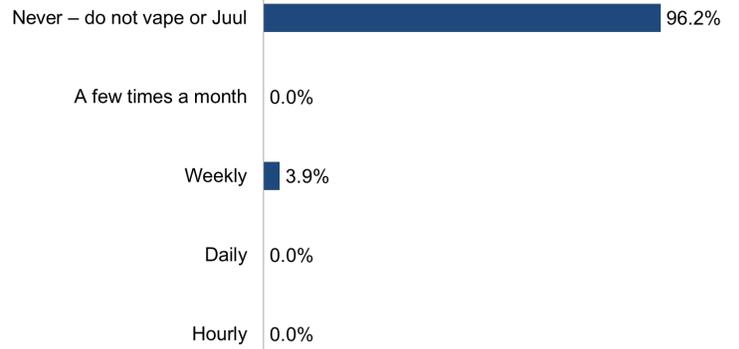
Community Survey, cont.

How often do you smoke or use smokeless tobacco, if you do?



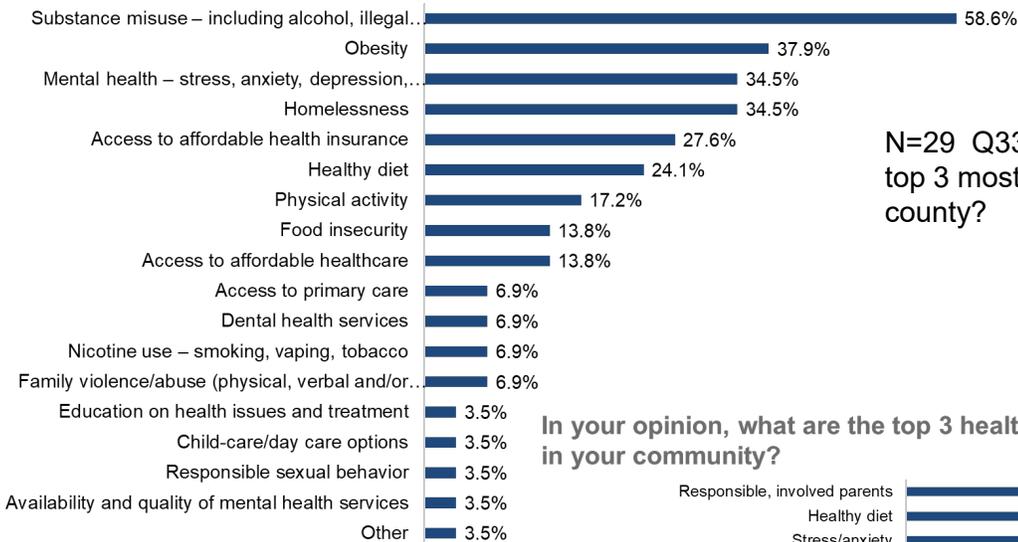
N=28 Q23. How often do you smoke or use smokeless tobacco, if you do?

How often do you use e-cigarettes or vape, if you do?



N=26 Q24. How often do you use e-cigarettes or vape, if you do?

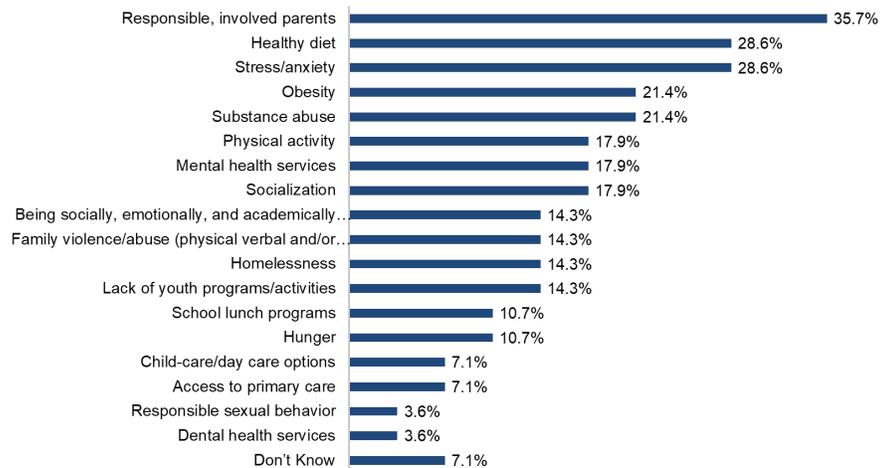
In your opinion, what are the top 3 most significant health issues in the county?



N=29 Q33. In your opinion, what are the top 3 most significant health issues in the county?

N=28 Q34. In your opinion, what are the top 3 health concerns for children and youth in your community? (Select three responses)

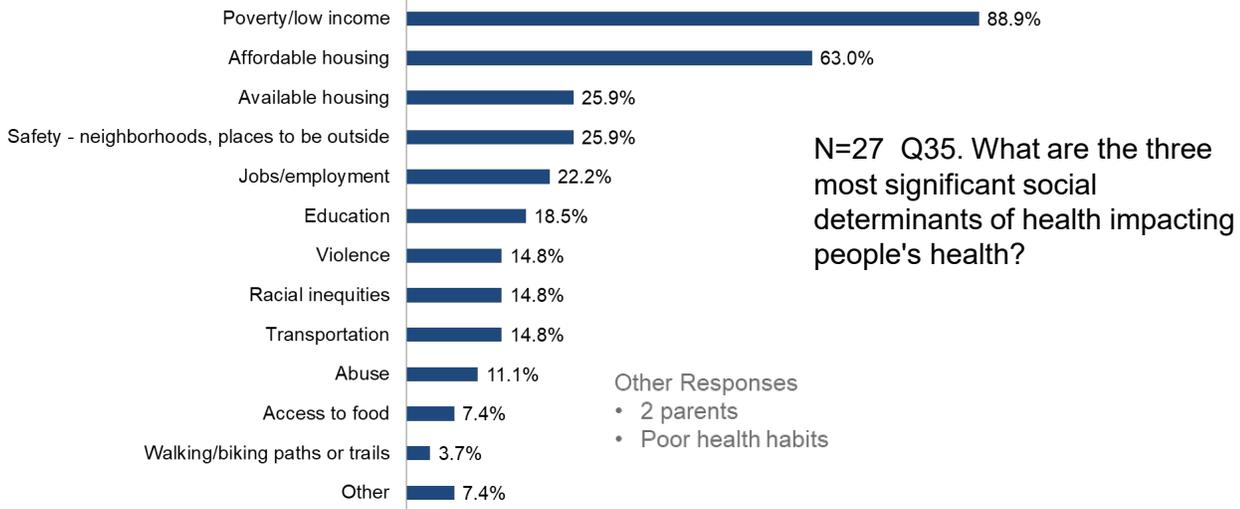
In your opinion, what are the top 3 health concerns for children and youth in your community?



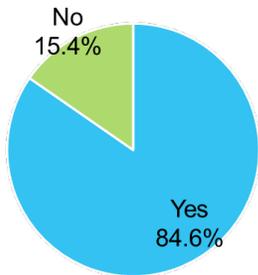
Survey Results

Community Survey, cont.

Q35. What are the three most significant social determinants of health impacting people's health?

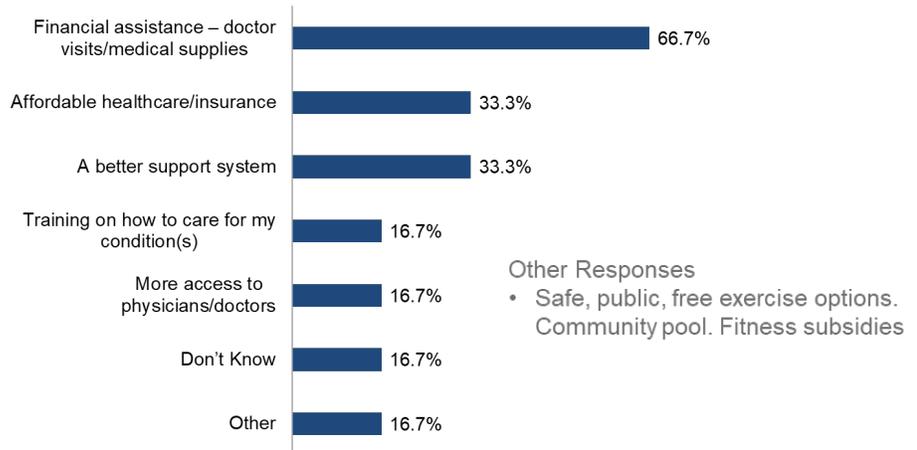


Do you feel you have all that you need to manage your health condition(s)?



N=26 Q38. Do you feel you have all that you need to manage your health condition(s)?

What do you need in order to manage your health condition(s)?



N=6 Q39. If no, what do you need in order to manage your health condition(s)? (Select all that apply)

Survey Results

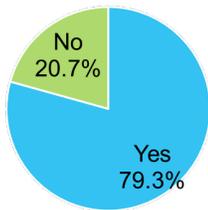
Community Survey, cont.

In your opinion, what types of medical specialists, if any, are most needed in the county?

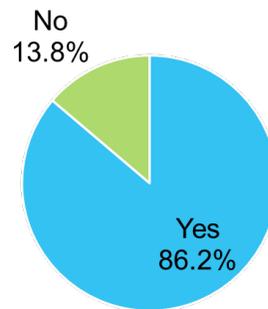


N=25 Q43. In your opinion, what types of medical specialists, if any, are most needed in the county?

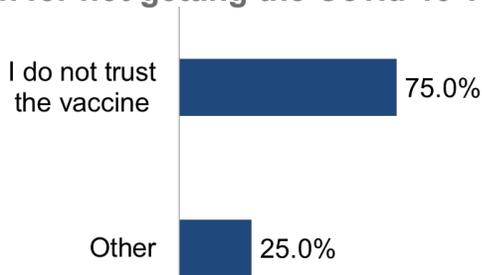
Have you ever been diagnosed with Covid-19?



Have you received the Covid-19 vaccine?

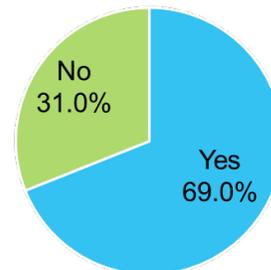


If no, what statement best describes your reason for not getting the Covid-19 vaccine?



Other Responses
 • I've seen so many people who have gotten the vaccine get covid and people who are not vaccinated are fine.

Have you received the Covid-19 booster(s)?



N=29 Q29. Have you ever been diagnosed with Covid-19?
 N=29 Q30. Have you received the Covid-19 vaccine?

N=29 Q29. Have you ever been diagnosed with Covid-19?
 N=29 Q30. Have you received the Covid-19 vaccine?

Focus Group Results

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, minority and college populations participated in individual interviews and focus groups on June 20, 2022, and August 12, 2022, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

1. How do you define health?

- Wellbeing, whole person head to toes, social determinants
- Whole self, wellbeing-physical, mental, spiritual access to services to enrich those areas

2. For the purposes of this Community Health Needs Analysis, the community is Catawba County, generally, how would you describe the community's health?

- Pockets of good health and some pockets not healthy
 - Navigation is difficult where to begin, coordination
 - Length of life ZIP codes differences
 - Opportunities to be healthy
 - City tries to provide parks outside the cities struggle- doctors, parks
 - hours of service 9-5 workers can't get there.
 - don't meet community needs, travelers
 - M-F can't get care
 - Rise of urgent care, even urgent cares don't have great hours
 - Access to primary care is an issue. Then everyone comes to the ED, long waits don't understand triage. no primary care available for follow up from ED. Lack of accountability for people
- Mix some health conscious and some not
 - Large homeless community, poverty delineates health status
 - Healthy food is expensive, no access to a supermarket
 - Connectedness and support contributes to being in a community
 - NC meth capitol
 - Sex traffickers access to Interstate, need to know these things

3. What are the biggest health concerns or issues for the communities today?

- Homeless II
- Lack of treatment, long process, harder to get people served especially uninsured who don't qualify for Medicaid
- Lack of Medicaid expansion, insurance isn't there
- Siblings raising siblings-sleeping in a car
- Grandparents raising kids afraid to ask for help, might take the kids away or split up the family.

Interview and Focus Group Results, cont.

- Use of needles uptick in last 2 years
- Mental health and substance use hand in hand
 - Seeing results of drug use Bacteremia, young people More & more
 - Hard to treat in the E. D. Detox has to go out of county
 - Mental health - Drug abuse adolescent behavioral health - Can't find care
 - Substance abuse
 - Lots with mental health issues. 74%
 - Psychiatric – depression, anxiety
 - Look at people coming into the hospital, probably 50% have a mental health issue
 - Need more psych, psychologists
 - Drug abuse – note enough substance abuse programs, not enough information about them, should have a robust substance abuse program
 - Huge narcotic abuse, why are we not addressing this?
- Diabetes, hypertension especially in minority pops
- People living with dementia, impact on caregivers
- Don't have number of specialists and long waits
 - Need specialty care here
 - They won't travel. Finding a doctor who accepts Medicare or Medicaid
 - Health discussion leads back to poverty. 85+ and living below poverty level
- Mobility issues-bacon belt
 - High fat food, carbs, gyms are expensive, no activity, poor diet
- Access to care in general - little services for uninsured
 - Black hole of time-discharged and back to PCP. Outpatient.
 - Readmission rates, still sick. Need transition of care people to follow up with everyone
 - OP world as or more IP 15 minutes isn't enough
 - System doesn't pay you to take good care of people, but just to see patients
 - Using ER as primary care
 - Disparities of care – multiple different levels of care
 - Having someone there to educate them, no one to educate them or follow up with them. They show back up in the hospital, don't get their meds. Need consistent OP care for these people
 - Care so fragmented now
 - COVID – lost so many providers

4. What are the most important health issues facing various populations including medically-underserved, low-income populations?

- Diabetes
- Hypertension
- Heart
- Hep C
- Renal failure

Interview and Focus Group Results, cont.

5. What are the most important health issues facing various populations including minority populations?

- Same as above
- Many Hispanic, African American access to care people they can trust who understand the culture
- Several concern about vaccines
 - Gaining trust, seeing the same faces each time
 - Understand culture e.g. to treat the wife have to get approval of husband
- SDOH - food, housing, pedestrian connectivity, transportation. Access to medications-can't afford to continue medications
- Many Hispanic, African Americans, working poor
- Every clinic should take 5-10% of indigent care. Would save so much money

6. What are the most important health issues facing children?

- Anxiety, depression social anxiety
- Social media influence
- Obesity II
 - Locked down, didn't eat the healthiest
- Food insecurity
 - Soup kitchen feeding kids when school is out
 - AS SNAP benefits go down-unhealthy foods goes up due to cost. Difficult to afford and cook healthy food
- Homelessness concentrated in Hickory.
- Trauma
- Mental health II - grown
 - Lack of places to send them
 - Happens with adults too-lack of treatment centers in general. Languish in E Rs.
- Lack of understanding about involuntary commitments-how the law works

7. What are the most important health issues facing seniors?

- Access and ability to navigate the system. Go to the portal. Technology is difficult to navigate. Can't get alert due to copay
- Transportation-Lyft or Uber
 - Put cab company out of business & can't navigate the app
 - Not enough drivers. Not reliable
- Some physicians and office staff talk down to seniors.
- Hard to access specialists
 - Don't want Medicare, want insurance commercial
- Support
 - Caregivers
 - Kids live elsewhere, need help
- Navigators need to be there physically in order to work

Interview and Focus Group Results, cont.

- Retirement age doctors. General labor market too
- SDOH
 - Transportation
 - Access to food
 - Food insecurity got better during the pandemic.
 - Healthcare
 - Dental across the board > but \$ is going to dry up.
 - Isolation Falls

8. The community performed a CHNA in 2019 and identified priorities for health improvement,

1. Chronic Disease

2. Healthy Foods

3. Education

4. Healthy Weight

5. Behavioral Health

What has changed most related to health status in the last three years?

- Behavioral health should move up III - seniors afraid to go out isolation
 - Behavioral health and substance use chicken & egg
 - could be #1, drives so much of the other and no population is exempt
- Healthy eating + chronic diseases intertwined
 - Not healthy weight but healthy lifestyle
- No transportation, so can't hold a job, can't have insurance, can't get medications
 - Outside of Hickory transportation gets even worse
- Rents increasing people getting priced out of the market.
- Re-evaluating Medicaid 267,000 in NC off Medicaid
- SNAP to pre-pandemic levels

9. What environmental or social factors have the biggest impact on community health?

- Poverty - Correlation we fail to make as a community.
 - Cluster low income housing away from services. Poverty relates to everything
 - Poverty always part of it. Water supply issues soon enough
 - Affordable housing-surge rents becoming homeless fall further down the scale. Past 6 months. explode here. Can't afford rents.
- More sidewalks now, more parks. Wellness inside schools.
- Need everyone on board with trying, don't get a lot of support from Frye
 - Not perceived as being apart of the community. Get out only to the communities who have money
 - Agencies don't have support from Frye. HR response example- employees give \$ to their churches, not the community. There's a lean lesson here
- Make public transportation better.
 - Transportation & times buses run, 3rd shift or have no transportation
 - Greenway Bus
 - Takes so much time to get to appts, groceries

Interview and Focus Group Results, cont.

- Greenway local transportation coordinated by social Sus but not now.
- Mental illness ends up in criminal justice system
- Greener community
 - Tax breaks for solar, wind, water power, electric cars. Decreasing emissions in the city
 - Drop greenhouse gas emissions
- Sewage poor
- Infrastructure-important. City understand there's more they can do
- Lack of Internet
- Take resources out to people instead of expecting them to come to Hickory.
- Fragmented by Medicaid MCO 5

10. What do you think the barriers will be to improve health in the communities?

- Money, funding
- Lack of coordination and division
 - Public perception "those people"
 - Argue and fuss but don't reach common understanding
 - People want to fix the problem in their office and not get outside to be with the people.
 - Alternatively- all groups trying to help the homeless and no coordination. Smartest way to do things
- Trying to access the cultures people trying to tell them what to do.
 - Hispanics distrust, don't want to provide information
 - Asian pop distrustful of system.
- Answers are complex, not easy. We want quick easy answers and many of these will be long-term solutions.

11. What community assets support health and wellbeing?

- Meals on Wheels
- Senior morning out programs
- Adult Life Programs
- Safe Kids Catawba Co
- Rich nonprofit community
 - few untapped needs.
- Limitations of NFP based on needs.
- Nonprofits work well together support from governmental agencies
- CAP part of co govt
- Manufacturing community support agencies
- Know their employees, support and appreciation of employees
- PACE at home- Chale eligible Hospice all care for elderly. know how to work together.
- Churches involved
- stand Down-VA pulled teeth Baptist Men's Assoc- Dental bus once a year
- Lion's Club-vision testing + glasses for children

Interview and Focus Group Results, cont.

- DSS in home aide program 3-4 yr Waiting list due to funding. Hard to navigate the system
Resources are stretched + can't meet the need.

12. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- Access
 - Lack of transportation
 - Access to care
 - Access to technology, Internet, smartphones
- Lack of trust
- Who was able to work remotely & who had to come to work
 - Large numbers of low income had to go to work.
- Undocumented didn't want to access healthcare and when they came, they were really sick.
 - Tracers- people were scared deportation.
- Education system – future of children's education & socialization
 - Internet availability, lost kids vanished
 - Some kids so far behind
- Abuse numbers went down because people weren't visible, no one put eyes on them
- Latinos health is neglected
 - No sick days, fear,
 - Number of elderly who deteriorated during COVID
- Access to care
 - Couldn't even do telehealth. Didn't come into offices. Translated into chronic care management.
 - So much in the hospital. Lackluster chronic care management
 - Can't make up for time that's lost, particularly lung and inflammatory response
- Poor job of managing COVID in the beginning
- Other countries so much better at preventative care
 - Norway, Sweden, Switzerland, Japan heavy prevention
 - We're doing a bad job with prevention

13. If you had a magic wand, what improvement activities should be a priority for the county to improve health?

- Revamp every outpatient office
- Hardcore education
- Access to care
 - Outside of the four walls - discharge clinics, more involvement with skilled nursing. Flow of information is key
- More support services
 - Spend more time up their patients

Interview and Focus Group Results, cont.

- Planning + education, don't want patients getting primary care in ER.
- Psychologist, care planner, case manager, liaison with doctor and coordinate services, continuity of care.
- Patients to go to skilled nursing facilities less.
- Hospital at home, physical, outpatient and speech therapy at home.
- Organization
 - Better coordinated IP, op, data EMR everyone is in the system
 - Steady flow of patient information. Create API to connect EMRs.
- Lifestyle education
 - Start earlier health classes & home economics in school helpful
 - Must start early with education
 - Better hospice & palliative care services. Stop thinking we're going to live forever
- Hospitalist integrated with op world. Technology should make this happen.
- Cost
 - Level the playing field of cost
 - Insurance Companies-less of a role shouldn't be a for-profit organization at all in healthcare. Take out the insurance. Necessary evil. Don't deliver care, be an insurance
 - Healthcare has waste of \$ for not a good reason
- Provide a transportation system
 - easy access bus transportation on demand service
 - Have nontraditional hours for urgent care, primary care
- Social Services -Meals on wheels have facilities in rural parts of the county
- Funding for community navigators going out into the community
- Consolidated plan to increase access & affordable of health services in Catawba Co. & focus on social determinants of health.
- All the caring physicians, staff here, recruitment
- Affordable housing for staff
- Work is related to health
- Touch the population that come to the soup kitchen and talk about diabetes, heart disease
- Pull in agencies to come together to serve the homeless
- If had a place in outlying areas, bring resources & services together in those areas
- Asset: Faith community – serious church support and helping less fortunate
- Pay people who come work for us
- Affordable childcare
 - Safe Harbor offers childcare, temporary housing
- Safe discharge locations-
 - Transitional housing who don't need nursing homes, can't go home yet and have no support. IV antibiotics
- More transitional housing for halfway recovery.

Interview and Focus Group Results, cont.

- Duplication of services
 - Coordinate services- breakfast, lunch, dinner, shower availability
- Need new population of healthcare workers. Take interns, grow our own.
- Mental health
 - Mental health awareness - substance use treatment
 - Mental health treatment - standalone facility for substance use, strong OP treatment
 - Attitude of acceptance of mental health.
- More specialties in the county
- All community has to have affordable housing association with it. Understanding your rights and help navigate the complicated health system
- Longview Life Expectancy 10 years lower than other parts of the county.
 - Equitable services across the board
 - Longview marginalized community poverty
- Rich public transportation system
- Community Paramedic Program
- More practices that accept Medicaid Medicare
- Richly funded non-profits are more trusted than gov't.
- Faith comm, NFP, government and business all need to work together to improve health. It takes all of us working together.
- No homeless animals. connect animals with people who need companions.
- Lots of community gardens- bring people together + bonds eat healthy

Asset Inventory Table of Contents

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The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. The focus group also identified community resources to improve health, which are listed on page 56 of the Community Health Needs Assessment.

Mental Health/Behavioral Health

Mental/Behavioral Health Facilities

Catawba Valley Psychiatric Services
1120 Fairgrove Church Road SE #12
Hickory, NC 28602
(828) 326-2828

Prism Psychological Services
19810 West Catawba Avenue
Cornelius, NC 28031
(704) 212-2020

Catawba Valley Healthcare
327 1st Avenue Northwest
Hickory, NC 28601
(828) 695-5900

CTSHHealth Behavioral Urgent Care
1771 Tate Boulevard Southeast Suite 202
Hickory, NC 28602
(828) 758-1320

True Behavioral Health Care
1430 Old Lenoir Road
Hickory, NC 28601
(828) 695-8880

Life Skills
3060 11th Avenue Drive Southeast
Newton, NC 28658
(828) 695-2150

Center for Emotional Health – Hickory
2810 16th Street Northeast
Hickory, NC 28601
(828) 820-8066

Stella
250 18th Street Circle Southeast
Hickory, NC 28602

Partners Health Management – Hickory Office
1985 Tate Boulevard Southeast
Hickory, NC 28602
(877) 864-1454

FryeCare Behavioral Health
915 Tate Boulevard Southeast #186
Hickory, NC 28602
(828) 449-8563

Resilience Therapy & Wellness
3387 South Highway 127
Hickory, NC 28602
(828) 855-7332

Trauma Therapy of the Carolinas
210 13th Street Avenue Place Suite 114
Hickory, NC 28601
(980) 622-1587

Counseling Services

Cornerstone Counseling Center
439 1st Avenue Northwest
Hickory, NC 28601
(828) 322-4941

Crossroads Counseling Center INC
255 18th Street Southeast
Hickory, NC 28602
(828) 327-6633

Brian S. Hissom & Associates: Counseling &
Psychological Services
321 7th Street Northeast Suite B
Hickory, NC 28601
(828) 485-2195

Family Guidance Center
17 US Highway 70 Southeast
Hickory, NC 28602
(828) 322-1400

Catawba Valley Neurofeedback and Counseling
1097 13th Street Southeast
Hickory, NC 28602
(828) 270-3543

Gold Heart Counseling, LLC
74 8th Street Southeast Suite 101
Hickory, NC 28601
(828) 222-0368

Substance Misuse

Substance Misuse Centers

McLeod Addictive Disease Center
1170 Fairgrove Church Road Southeast
Hickory, NC 28601
(828) 464-1172

The Cognitive Connection
929 15th Street Northeast
Hickory, NC 28601
(828) 327-6026

Hickory Metro Treatment Center
1152 Lenoir Rhyne Boulevard Southeast
Hickory, NC 28601
(828) 485-1320

Eleanor Health
401 4th Street Southwest Suite 202
Hickory, NC 28602
(828) 202-8435

Carolina Wellness and Recovery Service DBA
Phoenix of Hickory
1146 Lenoir Rhyne Boulevard Southeast
Hickory, NC 28602
(828) 326-9141

Integrated Care of Greater Hickory
741 5th Street Southwest
Hickory, NC 28602
(828) 322-6915

Tasc
926 2nd Street Northeast
Hickory, NC 28601

New Beginnings Hickory
706 Main Avenue Southeast
Hickory, NC 28602
(828) 838-1236

Genisys Complete Recovery, LLC
10 3rd Avenue Northeast #400
Hickory, NC 28601
(828) 855-9829

Socioeconomics

Poverty Resources

Catawba County Social Services
3030 11th Avenue Drive Southeast
Hickory, NC 28602
(828) 695-5600

Greater Hickory Cooperative Christian Ministry
31 1st Avenue Southeast
Hickory, NC 28602
(828) 327-0979

The Corner Table, INC
122 North Main Avenue
Newton, NC 28658

Free/Low Income Housing

Public Housing Authority
841 South Center Street
Hickory, NC 28602
(828) 328-5373

Woodland Park Apartments
1726 3rd Avenue Northwest
Hickory, NC 28601
(828) 267-2434

Hilltop Apartments
183 18th Street Northwest
Hickory, NC 28601
(828) 405-1212

Lutherhaus Apartments
720 7th Avenue Northwest
Hickory, NC 28601
(828) 327-0393

Employment Agencies

Arch Staffing and Consulting – Hickory Office
2559 US Highway 70 Southeast
Hickory, NC 28602
(866) 623-3564

Socioeconomics

Employment Agencies

Hire Dynamics
336 Lenoir Rhyne Boulevard Southeast
Hickory, NC 28602
(828) 469-7740

Manpower
2535 US Highway 70 Southeast Suite 101
Hickory, NC 28602
(828) 322-1968

Nesco Resource – Staffing Services
1834 Startown Road
Hickory, NC 28602
(828) 322-3046

Foothills Staffing
915 Tate Boulevard Southeast
Hickory, NC 28602
(828) 323-1514

PeopleReady
509 2nd Avenue Southwest
Hickory, NC 28602
(828) 328-5777

1st Employment Staffing INC
100 Main Avenue Northwest
Hickory, NC 28601
(828) 325-0560

Catawba Valley Staffing, INC
1111 2nd Avenue Southwest
Hickory, NC 28602
(828) 624-1599

Access to Healthcare/Insurance

Health Departments

Catawba County Health Department
3070 11th Avenue Drive Southeast
Hickory, NC 28602
(828) 695-5800

Hospitals

Frye Regional Medical Center
420 North Center Street
Hickory, NC 28601
(828) 315-5000

Catawba Valley Medical Center
810 Fairgrove Church Road Southeast
Hickory, NC 28602
(828) 326-3000

Medical Clinics

Fairbrook Medical Clinic
1985 Startown Road
Hickory, NC 28602
(828) 327-4745

Catawba Valley Medical Center's Occupational
Health Center
3521 Graystone Place Southeast #201
Conover, NC 28613
(828) 326-3230

Atrium Health Wake Forest Baptist – Internal
Medicine – Catawba
1771 Tate Boulevard Southeast STE 103
Hickory, NC 28602
(828) 322-1128

Catawba Valley Health Care
327 1st Avenue Northwest
Hickory, NC 28601
(828) 695-5900

Access to Healthcare/Insurance

Medical Clinics

Catawba Valley Family Medicine – Northeast
Hickory
2365 Springs Road Northeast
Hickory, NC 28601
(828) 256-2112

The HealthFirst Center
2509 Graystone Place Southeast
Conover, NC 28613
(828) 485-2300

Fairgrove Primary Health
3412 A Graystone Place Southeast
Conover, NC 28613
(828) 326-2415

Catawba Valley Family Medicine – South Hickory
1985 Startown Road #102
Hickory, NC 28602
(828) 327-4745

Catawba Valley Family Medicine – Mountain
View
2712 NC-127
Hickory, NC 28602
(828) 732-5150

Catawba Valley Family Medicine – Graystone
3511 Graystone Place Southeast
Conover, NC 28613
(828) 732-5600

Catawba Valley Family Medicine – Viewmont
1205 North Center Street
Hickory, NC 28601
(828) 324-1699

Catawba Valley Medical Center
810 Fairgrove Church Road Southeast
Hickory, NC 28602
(828) 326-3000

Access to Healthcare/Insurance

Long-Term Care and Assisted Living

Holiday Pinecrest
915 29th Avenue Northeast
Hickory, NC 28601
(828) 600-4688

Comfort Keepers Home
444 4th Street Southwest
Hickory, NC 28602
(828) 202-3009

Springs of Catawba
2010 29th Avenue Drive Northeast
Hickory, NC 28601
(828) 326-7200

Brookdale Falling Creek
910 29th Avenue Northeast
Hickory, NC 28601
(828) 328-6090

Catawba Valley Living at Rock Barn
4174 Shook Road
Claremont, NC 28610
(828) 459-0008

Brookdale Hickory Northeast
2530 16th Street Northeast
Hickory, NC 28601
(828) 324-5400

Hickory Village Memory Care
427 3rd Avenue Southeast
Hickory, NC 28602
(828) 322-2230

Kingston Residence of Hickory
904 2nd Street Northeast
Hickory, NC 28601
(828) 327-9955

Access to Healthcare/Insurance

Home Healthcare and Hospice

Comfort Keepers Home Care
444 4th Street Southwest
Hickory, NC 28602
(828) 202-3009

Carolina Caring Catawba Valley Hospice House
3975 Robinson Road Building 3 Suite A
Newton, NC 28658
(828) 466-0466

Pace@Home
1915 Fairgrove Church Road Southeast
Newton, NC 28658
(828) 468-3980

Health & Home Services
74 8th Street Southeast #225
Hickory, NC 28602
(828) 322-2710



Photo Credit: Frye Regional Medical Center, <https://www.fryemedctr.com/>

Sources

Mental Health Services

<https://www.fryemedctr.com/>
<https://www.catawbavalleyhealth.org/>
<https://www.cvhnc.org/>
<https://www.ctshealth.org/individual-services/hickory-clinic>
<https://www.hickorypsychiatriccenter.com/>
<https://www.cehcharlotte.com/>
<https://www.partnersbhm.org/>
<http://cvneurofeedback.com/>

Substance Misuse

<https://www.fryemedctr.com/>
<https://www.catawbavalleyhealth.org/>
<https://www.dlacounseling.com/>
<https://www.mcleodcenter.com/>
<https://www.thecogcon.com/>
<https://www.integratedcarehickory.com/>
<https://carolinawellnessrecovery.com/>
<https://www.newseason.com/treatment-center-locations/north-carolina/hickory-metro-treatment-center/>
<https://www.nbhickory.org/>

Socioeconomics

<https://www.fryemedctr.com/>
<https://www.catawbavalleyhealth.org/>
<https://catawbachamber.org/>

Access to Health Care/Insurance Assistance

<https://www.fryemedctr.com/>
<https://www.catawbavalleyhealth.org/>
<https://www.cvhnc.org/>
https://www.wakehealth.edu/locations/clinics/i/internal-medicine-catawba?utm_source=GMB&utm_medium=Organic&utm_campaign=AHWFB
<https://www.catawbavalleyhealth.org/Medical-Group/Primary-Care-Practices/Catawba-Valley-Family-Medicine-Northeast-Hickory.aspx>

Name of Organization: Frye Regional Medical Center

Phone #:828-315-5000

Web page: <https://www.fryemedctr.com/>

Mailing Address: 420 North Center St. Hickory, NC 28601

Community Health Needs Assessment for Catawba County

Completed in partnership with:

FRYE REGIONAL
MEDICAL CENTER

A Duke LifePoint Hospital

The logo for Stratason features a stylized 'S' icon composed of three curved segments in green, blue, and grey, followed by the word 'Stratason' in a bold, sans-serif font.