



Community Health Needs Assessment

Frye Regional Medical Center

Catawba County, North Carolina

Paper copies of this document may be obtained at Frye Regional Medical Center, 420 N Center Street, Hickory, NC 28601, 828.315.5000 or via the hospital website MyFryeRegional.com

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

Perspective / Overview

Creating a culture of health in the community

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

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Frye Regional Medical Center (FRMC) in Hickory, North Carolina.

This Community Health Needs Assessment defines 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 the community served by Frye Regional Medical Center in Catawba County, North Carolina.



2019 Community Health Needs Assessment

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

Catawba County Public Health and Frye Regional Medical Center previously collaborated on a community health needs assessment in 2016. The 2019 assessment builds on the 2016 CHNA, identifying and prioritizing the current significant health needs of the community while considering the impact of actions taken to address the significant health needs identified in the 2016 CHNA. Catawba County Public Health, LiveWell Catawba, Catawba Valley Health System and Frye Regional Medical Center collaborated on the 2019 CHNA. FRMC as a co-sponsor of this assessment was a collaborative partner with Catawba County Public Health and others in creating the community health needs assessment. In this document, these organizations will be known as “the partnership.”

Much of the content in this report is taken from the 2019 Catawba County Community Health Assessment produced by Catawba County Public Health. References to this report will be cited as Catawba County CHA, 2019. The partnership’s report is available in its entirety in the Catawba County 2019 Community Health Assessment available in a separate document.

- FRMC’s board of directors approved and adopted this CHNA on December 16, 2019.
- Starting on November 1, 2019, this report is made widely available to the community via FRMC’s website, MyFryeRegional.com, and paper copies are available free of charge at FRMC at 420 N Center Street, Hickory, NC 28601, or by phone 828.315.5000.



Project Purpose and Goals

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.

FRMC goals for the process were:

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

“We collaborated with Catawba County Public Health for the Community Health Needs Assessment with the goal of analyzing significant health needs and priorities and addressing those needs,” said Holli Cline, MPA, Growth and Outreach Liaison, Frye Regional Medical Center. “It is our goal to use the findings to continue community mobilization to improve the health of our residents.”

“The information gathered both from public health data and from community members and stakeholders provided the insights the community needed to set priorities for significant health issues and will be used by Catawba County Public Health, FRMC, and other community organizations and stakeholders to create an implementation plan.” added Jerry Dooley, Interim CEO, Frye Regional Medical Center.



Community Input and Collaboration

Data Collection and Timeline

In September 2018, FRMC began working with and the Catawba County Public Health to conduct a Community Health Needs Assessment for Catawba County. The partnership sought input from persons who represent the broad interests of the community using several methods:

- A leadership team comprised of forty-one organizations coordinated the process. The team met 14 times during the process understanding the process, reviewing the secondary data, and reviewing the survey and resulting data.
- Information gathering, using secondary public health sources, occurred in September 2018 through November of 2019.
- 22 listening sessions attended by 241 people were conducted from November 2018 through March 2019 to get input into the health issues in the community.
- A community health opinion survey was disseminated county-wide in person at community events and via an online link distributed through Facebook, email, and other modalities identified through the partnership's resources. The community health opinion survey was also available in paper from July 1, 2019 through September 1, 2019. 2,488 people participated in the survey. 12 surveys were completed in Spanish. After omitting surveys for out of area and incomplete responses, 2,037 valid responses were analyzed.
- 15 listening sessions attended by 168 people were conducted from October 2019 through November 2019 to receive input for health priority identification and setting.
- The implementation plan was developed November through December 2019
- The Frye Regional Medical Center board approved the Community Health Needs Assessment, priorities and implementation plan on December 16, 2019.

Participants

Forty-one community and health care organizations and over 200 individuals collaborated to create a CHNA focused on identifying and defining significant health needs, issues, and concerns of Catawba County. The over yearlong process centered on gathering and analyzing data as well as receiving input from persons who represent the broad interests of the community and have special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

Including input from the community was a critical element of the community health assessment process. The CHNA included community input and engagement in several ways:

- Through a large leadership team conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews)
- By reviewing and making sense of the data to better understand the story behind the numbers
- In the identification and prioritization of health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

Organizations that participated in the process were:

Organization	Population Represented <i>(kids, low income, minorities, those without access)</i>	How Involved
Catawba County Social Services	Low income	Leadership Team
Lenoir-Rhyne University		Leadership Team
Frye Regional Medical Center	All	Leadership Team
Greater Hickory Cooperative Christian Ministry		Leadership Team
NETWorX		Leadership Team
Western Piedmont Council of Governments	All	Leadership Team
YMCA of Catawba Valley-Shuford		Leadership Team
Partners Behavioral Healthy	Mental/behavioral health	Leadership Team
City of Hickory	All	Leadership Team
Catawba Valley Health System	All	Leadership Team
Catawba County	All	Leadership Team
Live Well Catawba	All	Leadership Team
Catawba County Public Health	All, low income, kids	Leadership Team
United Arts Council		Leadership Team
Board of Health	All	Leadership Team
Catawba County Schools	School aged kids	Leadership Team
First United Methodist Church	All	Leadership Team
Catawba Valley Behavioral Health	Mental/behavioral health	Leadership Team
Council on Adolescents	Adolescents	Leadership Team
Pastor	All	Leadership Team
Catawba County Cooperative Extension	All	Leadership Team
City of Claremont	All	Leadership Team
Mt. Pisgah AME Zion	All	Leadership Team
Morning Star First Baptist Church	All	Leadership Team
Catawba Family Care	All	Leadership Team
Hickory Young Professionals	All	Leadership Team
Hickory Parks and Recreation	All	Leadership Team
Habitat for Humanity of Catawba Valley	Low income	Leadership Team
Centro Latino	Hispanic population	Leadership Team
Catawba County Chamber of Commerce	All	Leadership Team
Hickory Public Schools	School-aged children	Leadership Team
Western Piedmont Council of Governments Area Agency on Aging	Seniors	Leadership Team
Hickory City Council	All	Leadership Team
Greater Hickory Cooperative Christian Ministry		Leadership Team
Hickory Police Department	All	Leadership Team
Catawba County Library	All	Leadership Team
Catawba County GIS	All	Leadership Team
COG's Regional Housing Authority	Low income	Leadership Team
Catawba County Partnership for Children	Kids	Leadership Team
The Cognitive Connection		Leadership Team
WellCare of North Carolina		Leadership Team
ALFA		Leadership Team
Greenway Public Transportation		Leadership Team

Input of Public Health Officials

Catawba County Public Health was integral in the partnership leadership, gathering the secondary community health information, analyzing the primary and secondary data, and coordinating leadership team meetings.

Input of Medically Underserved, Low-Income and Minority Populations

The previous identifies each organization that was involved in the CHNA, how they provided their input and what groups they represented. Many of the organizations involved represented the medically underserved, low income and minority populations. Input was received during leadership team meetings, listening sessions and community surveys. The community survey was distributed focusing on the general community as well as sub-groups within the community – men, low-income, millennials, African Americans, Hispanic/Latino, Asian, older adults, LGBTQ+. The survey was distributed through 170 organizations in the county.

Information Gaps and Limitations

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.



Community Selected for Assessment

Community is defined as “county” for the purposes of the Community Health Assessment process. Catawba County is included in Frye Regional Medical Center’s community for the purposes of community health improvement.



44% of FRMC’s inpatients came from Catawba County. Therefore, it is reasonable to select Catawba County as the primary focus of the CHNA.

The community identified by FRMC includes medically underserved, low-income or minority populations who live in the geographic areas from which FRMC draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under FRMC’s Financial Assistance Policy.



Key Findings of the Community Health Assessment

Results

Based on the primary and secondary data, the following needs were prioritized by the CHNA leadership team.

1. Chronic Disease
2. Healthy Foods
3. Education
4. Healthy Weight
5. Behavioral Health

Processes and Methods

The set of data reviewed for the community health assessment process was comprehensive, though not all of it is presented in this document. Within this community health needs assessment report, a general overview of data collected is shared through this collaborative process.

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

Primary methods included:

- Community listening sessions
- Online and paper surveys of community members
- Leadership Team comprised of 41 community organizations

Secondary methods included:

- Public health data – death statistics, cancer incidence
- Demographics – population, age, gender, race
- Socioeconomics – poverty, uninsured, unemployment



Description of the Communities Served

Demographics of the Community

- In 2010 the total population of Catawba County was 154,358. (US Census Factfinder, 2010) The 2019 population is estimated to be 161,022. (ESRI)
- There is a slightly higher proportion of females than males (51% female, 49% male) and 14.2% of the population is 65 years and older (U.S. Census Bureau, 2010)
- The majority of residents are White (81.7%) with minorities represented as follows: Black or African American (8.4%), Hispanic or Latino (8.4%), Asian (3.5%), Bi or multiracial 1.9%, other 4.1% and American Indian/Alaska Native (0.3%). (U.S. Census Bureau, 2010)
- The population is projected to increase .48% per year from 2019 to 2024, compared to NC at 1.14% and the U.S. at .77%. (ESRI)
- The rate of natural increase in population from 2013-2017 is .3. For comparison, NC is 3.2. (North Carolina State Center for Health Statistics. (2017). 2013-2017, rate per 1,000, 2017 North Carolina Vital Statistics, Volume 1: Selected Vital Statistics for 2017 and 2013-2017 for North Carolina and Catawba County, schs.dph.ncdhhs.gov/data/vital/volume1/2017/)
- The median age in Catawba County was 39.6 while the median age in NC was 37.4 (U.S. Census Bureau, 2010)
- Meanwhile, the birth rate trend steadily decreased over the years from 11.7 during 2009-2013 to 10.9 during 2013-2017.



Health Status Data Summary

The following is taken from the Catawba County Community Health Assessment 2019.

Socioeconomics

Income & Poverty

“Income provides economic resources that shape choices about housing, education, child-care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health” (*County Health Rankings, 2018*)

- Median household income is \$54,322
- Average household income is \$73,991
- Per capita income is \$29,253
- 5.1% of the Catawba County population lives below the poverty rate compared to North Carolina at 7.7% and the U.S. at 13.4%.

Employment

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities” (*County Health Rankings, 2018*)

- Unemployment for October 2019, preliminary was 3.4% compared to NC at 4.0% and the U.S. at 3.6%. (*Bureau of Labor Statistics*)

Education

“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (*County Health Rankings, 2018*)

The percentage of the population graduating from high school in four years was 91.9% (2017-2018) (*Public Schools of North Carolina. (2019). Cohort Graduation Rates- Catawba County Schools, Hickory Public Schools, Newton-Conover City Schools, and North Carolina. Retrieved from ncpublicschools.org/accountability/reporting/cohortgradrate*). The percentage of the population with a bachelor’s degree or higher was 21.5% in 2017. (*United States Census Bureau. (2019). Educational Attainment- American Community Survey 5-Year Estimates for Catawba County and North Carolina for 2015 and 2017. Retrieved from factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF*.)

Data Point	Catawba County		Indicator 2015 CHA to 2019 CHA	North Carolina	Catawba County to North Carolina Comparison
	2014-2015	2017-2018		2017-2018	
Four-year high school graduation rate	89.9%	91.9%	Better	86.30%	Better

Data Point	Catawba County		Indicator 2015 CHA to 2019 CHA	North Carolina	Catawba County to North Carolina Comparison
	2015	2017		2017	
Percentage of the population high school graduate or higher	82.6%	84.0%	Better	86.9%	Worse
Percentage of the population bachelor's degree or higher.	21.7%	21.5%	Worse	29.9%	Worse

Catawba County’s four-year high school graduation rate increased from 89.8% (2014-2015) to 91.9% (2017-2018). North Carolina’s four-year high school graduation rate increased from 83.9% (2014-2015) to 86.3% (2017-2018).

Percentage of the population (2017)

	Catawba County	North Carolina
High School Graduate or Higher	84.0%	86.9%
Bachelor’s Degree or Higher	21.5%	29.9%

Catawba County	Number
Fall 2019 Children Enrolled in Child Care Programs	5,400
2018-2019 NC Pre-K Enrollment	375
2018-2019 Kindergarten to 12 th Grade Enrollment Public Schools	22,705
2018-2019 Kindergarten to 12 th Grade Enrollment Non-Public Schools	1,643
2018-2019 Homeschools	1,395
2016-2017 Higher Education Enrollment	9,448
Fall 2018 Catawba Valley Community College Enrollment	4,610
Fall 2018 Lenoir-Rhyne University Enrollment	2,700

Sources:

- Catawba County Economic Development Corporation. (2019). Education. Retrieved from catawbaedc.org/business/education.
- National Center for Education Statistics. (2019). Catawba Valley Community College and Lenoir-Rhyne University. Retrieved from nces.ed.gov/ipeds/find-your-college.
- North Carolina Department of Commerce. (2019). County Profile for Catawba County- 2018-2019 Kindergarten-12th Enrollment and Higher Education Enrollment. Retrieved from accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37035.pdf.
- North Carolinians for Home Education. (2019). Number of Homeschools in North Carolina by County. Retrieved from nche.com/stats/.
- Public Schools of North Carolina. (2019). Cohort Graduation Rates- Catawba County Schools, Hickory Public Schools, Newton-Conover City Schools, and North Carolina. Retrieved from ncpublicschools.org/accountability/reporting/cohortgradrate.
- United States Census Bureau. (2019). Educational Attainment- American Community Survey 5-Year Estimates for Catawba County and North Carolina. Retrieved from factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

Health Data Findings Summary

- The health data included in this report is in alphabetical order by community health categories and not by importance or significance.
- The data provides standardized information regarding observations from the 2019 Catawba County Community Health Opinion survey along with other, aligned, health data for each health topic area.
- The community health categories are as follows:
 - Access to health care
 - Aging population
 - Behavioral health
 - Chronic disease- (heart disease, stroke, cancer, diabetes)
 - Education
 - Healthy food
 - Healthy weight
 - Housing
 - Injuries and violence
 - Minority stressors/ discrimination
 - Physical activity
 - Sexual and reproductive health
 - Substance use
 - Transportation
 - Vaccine preventable disease
- The categories include determinants of health, which are conditions in the places where people live, learn, work, and play. Determinants of health affect a wide range of health risks and outcomes.
- Poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. Differences in health are striking in communities with poor determinants of health such as unstable housing, low income, unsafe neighborhoods, or substandard education.
- The following information includes secondary data and results from the 2019 Community Health Opinion Survey conducted from July to September 2019. The 2019 Community Health Opinion Survey received 2,037 survey responses.

Mortality

The table below shows that the three leading causes of death in Catawba County for the period 2013-2017 were cancer, heart disease and chronic lower respiratory diseases.

(2013-2017)	Rate per 100,000
Cancer, all sites	214.2
Heart disease	203.9
Chronic lower respiratory diseases	84.4
Alzheimer's disease	67.4
Cerebrovascular disease	51.4
All other unintentional injuries	44.2
Nephritis, nephrotic syndrome, & nephrosis	35.2
Diabetes mellitus	27.3
Pneumonia & influenza	25.6
Septicemia	17.4

Source: NC State Center for Health Statistics

- Cancer was number one overall and among females and white population.
- Heart disease was number one among males and African American population.
- Unintentional injuries were the leading cause of death ages 20-39
- Septicemia moved into the top 10 causes of death, with the rate increasing from 12.1 in 2009-2013 to 17.4 in 2013-2017.
- According to the State Center for Health Statistics, all other unintentional injuries includes mostly physical injuries and poisonings.

Source: NC State Center for Health Statistics

Access to Health Care

- Access to affordable, quality health care is important to physical, social, and mental health. Having access to health care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.
- Uninsured ages 0-64 decreased from 18.4% (2013) to 13.2% (2017) in Catawba County.
- 23.4% of Catawba County residents were enrolled in Medicaid in 2018 compared to 22.8% in 2013.
- Number of primary care physicians per 10,000 people decreased from 8.1 (2013) to 6.9 (2017).
- 61.9% of children enrolled in Medicaid received 6 or more well-child visits within the first 15 months of life (2018).
- 69.3% of children aged 3 to 6 enrolled in Medicaid received well-child visits (2018).
- Number of dentists per 10,000 people increased from 4.5 (2013) to 5.1 (2017).
- 60.5% of children ages 2 to 20 enrolled in Medicaid received annual dental visit (2018).

- Emergency department visits by Catawba County residents for oral health, non-traumatic dental conditions, included the following:

January 1 to September 30, 2019	728
2018	1,100
2017	1,297
2016	2,028
2015	2,202

Sources:

- 2019 Catawba County Community Health Opinion Survey Results
- Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. (2018). 2017 NC Hospital Discharge Maps and Graphs, NC Acute Care Hospital Discharges, per 1,000 population. Retrieved from shepscenter.unc.edu/data/nc-hospital-discharge-data/descriptive-statistics/.
- County Health Rankings. (2019). Access to Care. Retrieved from countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care.
- North Carolina Department of Health and Human Services. (2018). Enrollment Dashboard- Annual Report Tables Dashboard- NC County Profile- Trends Compared to State Averages- Catawba County. Retrieved from medicaid.ncdhhs.gov/reports/dashboards#enroll.
- North Carolina Health Professions Data System. (2018). North Carolina Health Professional Supply Data: Dentists, Physicians, and Primary Care Physicians. Retrieved from nhealthworkforce.unc.edu/supply/.
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.
- United States Census Bureau. (2017). Small Area Health Insurance Estimates, Catawba County and North Carolina. Retrieved from census.gov/data-tools/demo/sahie/#/?s_statefips=37&s_stcou=37035.

Aging Population

Average life expectancy

	Catawba County	North Carolina
Overall:	76.2	77.0
Males:	73.5	74.4
Females:	78.9	79.6
White:	76.7	77.9
African American:	73.2	74.5

- There are more older adults age 60 and over than children under the age of 16 in Catawba County.
- Aging adults experience higher risk of chronic disease. Chronic conditions can lower quality of life for older adults and contribute to the leading causes of death among this population.
- 37.8% (5,197 people) of total EMS transports to the emergency department were for people ages 65 and older in Catawba County from January 1 to September 30, 2019.

2018:	40.9%	7,036 people
2017:	40.4%	6,751 people
2016:	41.3%	6,724 people
2015:	39.3%	5,969 people

- Emergency department visits for unintentional falls by Catawba County residents by age:

	2015	2016	2017	2018	2019 (1/1 to 9/30/2019)
Birth to 1	146	171	188	163	117
2-4	193	207	230	239	146
5-9	224	267	290	277	179
10-14	248	270	260	284	162
15-18	139	151	165	138	98
19-24	236	264	227	216	135
25-44	903	1,052	929	859	477
45-64	1,106	1,310	1,203	1,144	705
65 and older	1,710	1,984	1,791	1,863	1,237
Total	4,905	5,676	5,283	5,183	3,256

Sources:

- North Carolina State Center for Health Statistics. (2017). 2017 State of North Carolina and 2015-2017 County Life Expectancy at Birth. Retrieved from schs.dph.ncdhhs.gov/data/databook/
- Office of Disease Prevention and Health Promotion. (2019). Older Adults. Retrieved from healthypeople.gov/2020/topics-objectives/topic/older-adults.
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.
- United States Census. (2010). Profile of General Population and Housing Characteristics: 2010 and 2010 Demographic Profile Data for Catawba County. Retrieved from factfinder.census.gov.

Behavioral Health

- Behavioral health has to consider the influence of social determinants of health deficits when considering treatment planning and interventions, both as the focus of intervention and as possible influences on the client's ability to engage and benefit from services.
- Suicide is the 3rd leading cause of death for ages 20-39 (2017) in Catawba County. The County's suicide rate overall increased from 16.4 (2013) to 16.7 (2017).
- Emergency department visits for suicidal thoughts by Catawba County Residents included the following:

January 1 to September 30, 2019	121
2018	104
2017	171
2016	421
2015	238

- Emergency department visits for suicide attempts or self-harm by Catawba County residents included the following:

January 1 to September 30, 2019	128
2018	219
2017	202
2016	209
2015	208

- Catawba County residents discharged for psychological related hospital stays included the following:
Patients stayed an average of 6.7 days compared to 7.2 for the previous year.

October 1, 2016 to September 30, 2017 1,202

October 1, 2015 to September 30, 2016 1,104

Patients stayed an average of 6.7 days compared to 7.2 for the previous year.

- Emergency department visits for mental health, anxiety, mood, and psychotic disorder by Catawba County residents included the following

January 1 to September 30, 2019 9,603

2018 10,345

2017 9,694

2016 11,616

- Regionally, 1 in 4 Partners' clients self-identified as having an issue with food or nutrition, more than 1 in 10 reported transportation issues, more than 1 in 10 reported physical or emotional abuse, 1 in 10 reported issues with employment, and more than 1 in 4 reported concerns over housing.
- 25.9% of Partners' clients in Catawba County reported three or more challenges with social determinants of health, indicating a risk to health and wellness for those individuals.
- In the Community Health Opinion Survey:
 - 82.8% rated their personal mental health as "Excellent" and "Good."
 - Personal mental health was rated lower in those under 45 years of age and those making \$50,000 or less in annual household income.
 - 29.7% had days where their mental health was not good within the past 30 days. Of the 29.7%, 41.8% reported their mental health not being good for 3-7 days within the past 30 days.
 - 22.1% reported having depression (448 people out of 2,037 people that completed the community health opinion survey).
 - Mental health counseling or support groups was the service respondents feel needs the most improvement in the community, followed by better food choices.
 - There are traumatic experiences that occur before the age of 18 but are remembered and impact those people when they are adults. Some examples of these experiences might include physical abuse, sexual abuse, alcoholism or drug use in the household or family, parents' divorce or separation, or imprisonment of a family member. 39.4% had one or more traumatic experience before 18 years of age.

Sources:

- 2019 Catawba County Community Health Opinion Survey Results
- Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. (2018). 2017 NC Hospital Discharge by Hospital by Patient County of Residence- Catawba. Retrieved from shepscenter.unc.edu/wp-content/uploads/2019/04/ptorg_hosp_by_pt_res_2017.pdf
- North Carolina State Center for Health Statistics. (2017). Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups NC 2013-2017. Retrieved from schs.dph.ncdhhs.gov/data/databook/
- Partners Whole Person Integrated Care (WPIC) Initiative. (2019). August 2019 Social Determinants of Health (SDOH) Report.
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.

Chronic Disease

- Cancer
 - Cancer is number one leading cause of death overall and among females and white population.
 - Overall higher mortality rates in Catawba County (214.2) than North Carolina overall (157.1).
 - Mortality higher among African Americans. Rate decreased from 236.2 (2013) to 188.9 (2017).
 - Among African Americans rate of lung cancer decreased from 63.6 (2013) to 43.4 (2017) and was less than the overall rate for Catawba County of 47.1 (2017).
 - Colorectal cancer rate increased from 15.9 (2013) to 16.2 (2017).
- Heart Disease
 - 2nd leading cause of death in Catawba County Overall higher mortality rates in Catawba County (203.9) than North Carolina overall (156.5).
- Lung Disease
 - 3rd leading cause of death in Catawba County.
 - Total death rate increased from 65.1 (2013) overall to 67.9 (2017); higher increase among male population from 71.4 (2013) to 76.2 (2017).
 - Emergency department visits for chronic respiratory by Catawba County residents included the following:

January 1 to September 30, 2019	369
2018	609
2017	586
2016	700
- Stroke
 - 5th leading cause of death in Catawba County; higher death rate among African Americans.
 - Emergency department visits for stroke by Catawba County residents included the following:

January 1 to September 30, 2019	778
2018	1,122
2017	1,124
2016	1,238

- Diabetes
 - 8th leading cause of death in Catawba County and 7th leading cause of death in North Carolina.
 - Death rate overall decreased from 22.4 (2013) to 22.1 (2017); higher rate for African Americans of 50.0 (2017).
 - 8.8% of adults aged 20 and older are diagnosed with diabetes in Catawba County compared to 10.1% overall in North Carolina.

Sources:

- Centers for Disease Control and Prevention. (2019). Diagnosed Diabetes, Total Adults Aged 20+, age-Adjusted Percentage, North Carolina, 2016. Retrieved from gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html.
- North Carolina State Center for Health Statistics. (2017). 2013-2017 NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates. Retrieved from schs.dph.ncdhhs.gov/data/databook/.
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.

Healthy Foods

- Poor nutrition is a major risk factor for four of the top ten leading causes of death in Catawba County.
- Several factors affect the availability of nutritious foods: physical access, cost & poverty.
- In the 2019 Community Health Opinion Survey:
 - 27.1% responded that food choices need the most improvement in their neighborhood or community.
 - Respondents felt food choices need improvement feel that there should be more options for acquiring more healthy food in the area.
 - Approximately 20% of total survey participants felt more information should be available about how to prepare healthy foods.

Source: 019 Catawba County Community Health Opinion Survey Results

Healthy Weight

- Being obese or overweight is a major factor in increasing risk for chronic diseases and other health complications.
- Overweight and obese children are more likely to become overweight and obese adults.
- 31% of adults age 20 and older in Catawba County are overweight or obese (2019) compared to 30% of adults overall in North Carolina (2019), which has increased from 29% for both Catawba County and North Carolina since 2015.
- 48.7% of low-income children ages 2-4 were at a healthy weight in Catawba County in 2017-2018, compared to 62.1% in 2016-2017%.
- In the 2019 Community Health Opinion Survey:
 - 68.8% responded that they were either overweight or obese compared to 66.4% in the 2015 Community Health Opinion Survey.

Sources:

- 2019 Catawba County Community Health Opinion Survey Results
- County Health Rankings & Roadmaps. (2019). Catawba County Profile. Retrieved from: countyhealthrankings.org/app/north-carolina/2019/rankings/catawba/county/outcomes/overall/snapshot.
- The North Carolina Partnership for Children. (2019). Community Early Childhood Profile- Catawba County- Smart Start's Measures of Impact- Final Results for Fiscal Year 2017-2018.

Housing

- 69% of Catawba County residents own their home.
- 10% of Catawba County households spend more than 50% of their income on housing.
- 13% of households in Catawba County have at least one of the following problems: overcrowding, lack of kitchen, lack of plumbing or high housing cost.
 - Overcrowding is defined as more than 1 person per room.
- Partners Behavioral Health is the lead agency for the Point in Time Count that tallies the number of homeless adults, families, veterans, short-term homeless, and people that are chronically homeless. The Point in Time Count is conducted annually by counties participating in the NC Balance of State Continuum of Care.
 - 2018 Point in Time Homeless Count Data:
 - 24 homeless families with children, with a total of 87 people, 59 of which are children age 17 and under and 28 are adults
 - 174 homeless adults without children
 - 7 homeless children without guardians
 - 268 total homeless
 - 50 were unsheltered
 - 33 were considered chronically homeless
 - 17 were veterans

Sources:

- County Health Rankings & Roadmaps. (2019). Catawba County Profile. Retrieved from: countyhealthrankings.org/app/north-carolina/2019/rankings/catawba/county/outcomes/overall/snapshot.
- Partners Behavioral Health. (2018). 2018 Point-in-Time Count by County, NC Balance of State Continuum of Care.

Injuries and Violence

- Unintentional injuries are the leading cause of death among Catawba County residents ages 20-39.
- Suicide is the 11th leading cause of death overall in Catawba County.
 - Suicide is the 3rd leading cause of death among ages 20-39 and 8th among males.
- Catawba County had 12 domestic violence related homicides from 2016 to 2018 compared to 4 domestic violence related homicides from 2013 to 2015.
- Catawba County's violent crime rate was 320.5 (2017) compared to North Carolina's rate of 383.7 (2017) per 100,000 population. Violent crime includes the offenses of murder, rape, robbery, and aggravated assault.

- Emergency department visits for the following injuries by Catawba County residents:

Injuries	2016	2017	2018	2019 (1/1 to 9/30/2019)
Burns	304	251	224	166
Heat-related Illness	88	59	77	71
Winter Weather Injuries	38	11	1	1
Traumatic Injuries	5,256	4,509	4,131	2,786
Traumatic Brain Injury	555	432	482	302
Bicyclist vs. Motor Vehicle Traffic	34	29	22	27
Pedestrian vs. Motor Vehicle	47	58	69	30
Motor Vehicle Collision	2,486	2,657	2,389	2,325
Firearm All Intents or Gunshot Wounds or Gun-Related Injury	46	63	53	49

Sources:

- North Carolina Department of Public Safety. (2018). Report on Domestic Violence Related Homicides for Calendar Year 2018. Retrieved from ncsbi.gov/Services/SBI-Statistics/Domestic-Violence-Report/2018-DV-Homicides-Report.aspx.
- North Carolina State Bureau of Investigation. (2018). Crime in North Carolina- 2017. Retrieved from crimereporting.ncsbi.gov/public/2017/ASR/2017%20Annual%20Summary.pdf.
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.

Minority Stressors/Discrimination

- Minority health is defined as all aspects of health and disease in one or more minority populations.
- Health disparities are differences that unfairly affect disadvantaged populations. These populations can include racial or ethnic minorities, underserved populations, rural populations, or sexual and gender minorities.
- Minorities can be affected by a pattern of poorer health outcomes.

- Demographic information for Catawba County is included by the following:

Race	Percentage of Population
Black or African American	8.4%
American Indian or Alaska Native	0.3%
Asian including Hmong, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese	3.5%
Biracial/Multiracial	1.9%
Other	4.1%

Ethnicity	Percentage of Population
Hispanic or Latinx	9.9%

Language Spoken at Home for Population 5 years and Over	Percentage of Population
Speak Only English	87.5%
Speak a language other than English	12.5%
<i>Of those that speak a language other than English, languages spoke at home for population 5 years and over:</i>	
Spanish	8.3%
Other Indo-European Languages	0.8%
Asian and Pacific Islander Languages	3.2%
Other Languages	0.1%

Poverty by Race and Ethnicity	Catawba County	North Carolina
Overall	14.2%	16.1%
White	10.8%	12.5%
Black or African American	28.0%	24.9%
American Indian and Alaska Native	26.7%	26.2%
Asian	17.0%	12.7%
Native Hawaiian and other Pacific Islander	-	18.6%
Some other race	33.6%	32.0%
Two or more races	23.4%	22.9%
Hispanic or Latinx Origin (of any race)	31.2%	30.1%

Sources:

- American Public Health Association. (2019). The National Institute on Minority Health and Health Disparities Research Framework. Retrieved from ajph.aphapublications.org/doi/full/10.2105/AJPH.2018.304883#_i1.
- United States Census Bureau. (2010). 2010 Census- Catawba County. Retrieved from factfinder.census.gov.
- United States Census Bureau. (2017). 2013-2017 American Community Survey 5-Year Estimates- Poverty Status in the Past 12 Months for Catawba County and North Carolina. Retrieved from factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.
- United States Census Bureau. (2017). Language Spoken at Home- 2013-2017 American Community Survey 5-Year Estimates for Catawba County. Retrieved from factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

Physical Activity

- Physical inactivity is a major risk factor for four of the top ten leading causes of death in Catawba County.
- 27% of adults ages 20 in Catawba and 23% of adults in North Carolina and over reported no leisure-time physical activity (2019).
- In the 2019 Community Health Opinion Survey:
 - The following responded that during a normal week, other than their regular job that they engaged in any exercise that lasts at least half an hour.
 - No days: 26.1%
 - One to two days: 35.4%
 - Three to four days 23.3%
 - Five or more days: 13.5%
 - Of respondents that engage in exercise, 56.4% exercise at home and 21% exercise at parks.
 - 38.5% felt they are unable or choose not to engage in exercise because they don't have enough time and 40.5% because they are too tired to exercise.

Sources:

- 2019 Catawba County Community Health Opinion Survey Results
- County Health Rankings & Roadmaps. (2019). Catawba County Profile. Retrieved from: countyhealthrankings.org/app/north-carolina/2019/rankings/catawba/county/outcomes/overall/snapshot.

Sexual and Reproductive Health

- Physical inactivity is a major risk factor for four of the top ten leading causes of death in Catawba County.
- HIV/AIDS
 - In 2017 there were 7 newly diagnosed cases of HIV in Catawba County and 16 newly diagnosed cases in 2018.
 - In 2017 there were 2 newly diagnosed cases of AIDS in Catawba County and 6 newly diagnosed cases in 2018.
 - As of 12/31/2018 there were 290 people living with HIV and 144 people living with AIDS in Catawba County.
 - Note: HIV/AIDS- some cases are transmitted through non-sexual encounters.
- Chlamydia and gonorrhea are the most common STD's in both the county and state. Both are easily treatable after a positive test.
- The number of reported cases of chlamydia has increased since 2015. The following were reported in Catawba County:
 - 2018: 656
 - 2015: 499
- The number of reported cases of gonorrhea has more than doubled since 2015. The following were reported in Catawba County:
 - 2018: 267
 - 2015: 127

Source: Catawba County Public Health. (2019). Number of Communicable Disease Reports/ Catawba.

Substance Use

- Physical inactivity is a major risk factor for four of the top ten leading causes of death in Catawba County.
- Substance use disorders are costly and complex problems and now considered to be a long-term illness.
- Catawba County residents presented in emergency departments with an unintentional medication or drug overdose 220 times between January 1 and September 30, 2019.
- Emergency departments also recorded 580 visits for Catawba County residents with a diagnosis of opioid overdose, abuse or dependence in the same 9-month period.
- From January through September 2019, there had been 99 ED visits for opioid overdoses in Catawba County, with the majority from heroin and unspecified narcotics. In 2018, there were 118 from January to December.
- There were 63 heroin-related ED visits in that same period of 2018 compared to 46 from January to September 30, 2019.
- From 2016 to 2017, the number of emergency department visits for unintentional medication and drug poisonings increased from 254 to 314 instances.
- In Catawba County, three out of four opioid overdose deaths are related to illicit use.
- Catawba County has experienced unintentional overdose deaths at a rate higher than the North Carolina average of 12.2 deaths per 100,000. Catawba County is currently experiencing a rate of 15.7
- Emergency department visits for opioid overdose by age include the following:

	2015	2016	2017	2018	2019 (1/1 to 9/30/2019)
Birth to 1	1	2	0	3	0
2-4	1	1	2	0	0
5-9	0	0	0	0	0
10-14	0	0	1	0	0
19-24	2	1	2	7	0
25-44	11	17	26	26	24
45-64	37	41	72	61	53
65 and older	35	39	33	16	15

- Tobacco use continues to be the leading cause of preventable death and disease.
- An important trend to note is the increase in popularity of electronic cigarettes and health risk due to third hand smoke.
- In the 2019 Community Health Opinion Survey:
 - 15.5% reported having smoked cigarettes or other nicotine products (vaping/ e-cigarettes) over the past 23 months.
 - 51.1% reported being exposed to second-hand smoker over the past 12 months.

- Emergency department visits for alcohol intoxication or poisoning by Catawba County residents included the following:

January 1 to September 30, 2019	598
2018	889
2017	879
2016	828

Underage alcohol related visits to the emergency department by Catawba County residents included the following:

January 1 to September 30, 2019	38
2018	51
2017	57
2016	50

- In the 2019 Community Health Opinion Survey:
 - 53.7% reported having had an alcoholic drink over the past 30 days.
 - 82% reported having 1-2 alcoholic drinks on an average day that they drank.

Sources:

- 2019 Catawba County Community Health Opinion Survey Results
- North Carolina Injury Prevention and Violence Branch. (2019). Catawba County Opioid Overdose Emergency Department Visits. Retrieved from injuryfreenc.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/OpioidOverdoseEDVisitsMonthlyReports/CountyReports/catawbacountyopioidoverdoseedvisit.pdf.
- North Carolina State Center for Health Statistics. (2017). Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups NC 2013-2017. Retrieved from schs.dph.ncdhhs.gov/data/databook/
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.

Transportation

- 76.5% of commuters worked in the county where they live (2019).
 - 22.2% worked outside the county where they live.
- 85% of Catawba County residents drive alone to work (2018).
- Between 2013-2017, the mean travel time to work for those over age 16 was 22.6 minutes.
- 39.4% of occupied houses have 2 vehicles available (2018).
- Greenway Transportation has approximately 130,000 boardings per year in Catawba County, 90,000 of which are for the fixed or regular route service.
- In the 2019 Community Health Opinion Survey:
 - 93.5% reported having one or more cars, vans, and trucks kept at home for use by members of their household.
 - 76% travel by car or truck to work.
 - 94.2% travel by car or truck to buy groceries.

Sources:

- 2019 Catawba County Community Health Opinion Survey Results
- Greenway Transportation. (2019). Catawba County Transit.
- The University of North Carolina at Chapel Hill. (2019). North Carolina Disease Event Tracking and Epidemiologic Collection Tool- NCDETECT- Emergency Department Data for Catawba County. Retrieved from ncdetect.org/.

Vaccine Preventable Disease

- 84% of Catawba County 24-month olds are immunized appropriately.
- 96.2% of students enrolled in public schools in Catawba County (all three districts) are compliant with NC immunization requirements for the 2019-2020 school year.
- Pneumonia and influenza are the 8th leading cause of death in Catawba County and North Carolina.
 - 2016-17 flu season: 2 deaths in Catawba County, 218 in NC.
 - 2017-18 flu season: 10 deaths in Catawba County, 391 in NC.
 - 2018-19 flu season: 6 deaths in Catawba County, 203 in NC.
- 14 cases of pertussis (whooping cough) were reported in 2018, 2 in 2017, and 3 in 2016.
- No cases of measles or rubella were reported in Catawba County from 2014 to 2018.
- 1 case of mumps was reported in 2018.

Sources:

- Catawba County Public Health. (2019). Catawba County Immunization Compliance for Public Schools from School Health.
- Catawba County Public Health. (2019). Influenza Deaths in Catawba County from 2016 to 2019.
- Catawba County Public Health. (2019). Number of Communicable Disease Reports/ Catawba.



Identification of Health Priorities

Process

After review of the listening sessions, the community survey and the secondary data, the leadership team identified the following health issues.

Identified Issues

During the above process, the Leadership Team identified the following health issues or indicators:

- Access to health care
- Aging population
- Behavioral health
- Chronic disease- heart disease, stroke, cancer, diabetes, kidney disease
- Education
- Healthy food
- Healthy weight
- Housing
- Injuries and violence
- Minority stressors/ discrimination
- Physical activity
- Sexual and reproductive health
- Substance use
- Transportation
- Vaccine preventable disease



Prioritization of Health Needs

Process and Prioritization Criteria

Beginning in October 2019, fifteen listening sessions were conducted to discern priority setting for the most significant health needs. The leadership team took this information along with the community survey and secondary data and used the criteria below to rank the community health issues.

The following criteria was used to identify significant health issues:

- Magnitude – how many community members does this issue impact
- Seriousness of consequences – how big are the consequences if we do not fix the issue now
- Feasibility – how likely is it that we can fix the health issue based on what people’s views, resources, and if the health issue is preventable.

The leadership team used a modified Hanlon method and ranked each issue on a scale of 1-10 (low to high) for each of the criteria listed above.

Identified Priorities

The leadership team narrowed the list to the top 5 priority health issues.

The following priorities were identified:

1. Chronic Disease
2. Healthy Foods
3. Education
4. Healthy Weight
5. Behavioral Health



2016 Implementation Plan Impact

Frye Regional Medical Center adopted an implementation plan in 2016. The significant health needs identified to address were:

1. Physical Activity
2. Nutrition
3. Chronic Disease

Since the implementation plan was approved by the board, FRMC accomplished the following.

Physical Activity

- FRMC sponsors an annual Making Communities Healthier 5K Run/Walk in September of each year to encourage movement and exercise. 9/16/2017, 9/22/2018, 9/21/2019.
- FRMC sponsors an annual Community Heart and Stroke walk to recognize survivors, provide health information and health fair in the Spring of each year. 4/22/2018, 5/5/2018, 5/4/2019.
- FRMC provides athletic trainers to three area high schools (Hickory High, South Caldwell, and Fred T Foard) focusing on injury prevention, on-site care and safe return to sports for students. The FRMC trainers also provide baseline ImPACT concussion testing to better care for athletes. Ongoing.

Nutrition

- FRMC sponsored a “Lunch Bunch” providing a healthy lunch and healthy eating educational presentation to community members. 10/20/2017
- FRMC helps sponsor the YMCA Mobile Kitchen which offers hands-on affordable cooking classes for individuals and groups. Participants prepare a heart-healthy main course with appropriate side dishes to take home to their family along with the recipe used. Ongoing.
- FRMC employees donated warm items for winter, socks, gloves, hats; healthy and nourishing snacks; and basic hygiene items to the homeless and vulnerable adults and children in the community who rely on the soup kitchen for a hot meal. Employees donated enough for 350 bags. 11/21/2018
- FRMC Staff Vitality Program provides a tracking system for wellness incentives, including nutrition education modules and includes a reward program for purchasing healthier foods
- FRMC sponsored a snack drive for the Greater Hickory Cooperative Christian Ministry. 7/30/2019.
- FRMC has a diabetes support program as part of its Diabetes Care Center to support and encourage diabetes self-management. The group meets quarterly at the FryeCare Outpatient Imaging Center at 6:30 p.m. Ongoing.
- FSRMC has a Breastfeeding Moms Support Group to share breastfeeding experiences on how to get started and how to maintain breastfeeding while continuing to work. A lactation consultant answers questions and meets monthly at the FRMC third floor OB classroom. Ongoing.

Chronic Disease

- FRMC performed pre-diabetes screenings for the health department. 5/20/2018.
- FRMC helps sponsor the YMCA Diabetes Prevention Program. The YMCA Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program and is nationally supported by the Diabetes Prevention and Control Alliance. The program provides a supportive environment where participants work together in a small group to learn about healthier eating and increasing their physical activity in order to reduce their risk for developing diabetes. The program, which is led by a trained Lifestyle Coach in a classroom setting, is delivered over a 12-month period, beginning with 16 weekly sessions followed by monthly maintenance. Ongoing.
- FRMC offers smoking cessation programs to local employers. These are six-week nicotine cessation programs with strategies that work. Ongoing.
- FRMC helps sponsor the annual American Heart Association Catawba Valley Heart Ball. The Heart Ball supports help the AHA to connect, innovate, influence and invest in advancing efforts to change health outcomes as they relate to heart disease and stroke. 2/23/2019.
- FRMC holds cardiac screenings in the heart tower for the last 2.5 years.
- FRMC held a cardiovascular symposium for nurses and healthcare professionals to learn about the latest trends in cardiovascular care. The goal is to share the latest science regarding interventions in cardiovascular care. 2/12/2019.
- FRMC conducts a stroke support group for stroke survivors, caretakers and family members held monthly at the heart tower lobby from 4-5 p.m. Monthly.
- FRMC held a hands-only CPR event to educate on the new methods and benefits. 7/12/2018.
- FRMC held free blood pressure screenings at the Corner Table soup kitchen. 3/22/2018
- FRMC held free screenings at the Greater Hickory Cooperative Christian Ministry. 11/15/ 2019
- FRMC held heart education at US Connect. 9/20/2018.
- FRMC held heart and stroke education for the EMS/Fire Expo. 5/4/2019.
- FRMC held a Health Fair for Centro Latino. 4/4/ 2019
- FRMC has a Cancer Support Center that provides education, support and recovery for all whose lives are touched by cancer, from the newly diagnosed to survivors and their families and caregivers. Below are the cancer support services:
 - Breast Friends – Cancer support group meets quarterly
 - CLIMB (Children’s Lives Include Moments of Bravery) – a support group for children of patients or loved ones with cancer. Meets monthly for four weeks providing emotional support for children ages 6 to 10.
 - Feel Good Friday – a support group to help caregivers and patients cope with a cancer diagnosis held the first Friday of each quarter.
 - Life Goes On – an educational support group featuring cancer-related topics meets the third Monday of every other month.

- Living with Metastatic Cancer Support Group – Quarterly meetings provide an opportunity to share with others living with similar challenges.
- Multiple Myeloma Support Group – a support group meeting every other month.
- Yoga – New Beginnings for cancer survivors, Tuesday evenings. Yoga for all cancer survivors: gentle, chair-based practice on Thursday afternoons. Yoga Awareness is an 8-week course of yoga, guided meditation, breathing exercises and mindfulness practice.
- Strength for Life – exercise program for cancer survivors and those living with cancer on Tuesdays and Thursdays.
- FRMC provides monthly radio segments that highlight various health topics with the majority specifically focusing on chronic disease. The radio segments are presented by healthcare professionals and provide educational information for the public.

Appendices

Appendix A

Community Online and Paper Survey Findings

Appendix B

Key Informant Listening Session Findings

Appendix C

Community Asset Inventory

Appendix A – Community Survey (Primary Data)

In July 1 to September 1, 2019 2,488 surveys were collected by Catawba County Public Health through both internal and partner distribution. Over 170 organizations were involved in distributing the surveys. 281 responses were omitted from the analysis due to the respondent residing outside of the county. An additional 86 responses were omitted due to insufficient response to the survey resulting in 2,037 valid responses used for the analysis.

Demographic questions were asked of all respondents to gather information on their age, gender, race/ethnicity, employment status, income, educational attainment, ZIP code, and sexual orientation. The demographics in the survey help to understand how the total number of survey responses represents the entirety of Catawba County while also providing an opportunity to understand how survey outcomes could be impacted by one of these demographics. The full analysis used these breakouts to analyze differences in responses. A summary is below.

Overall Observations

- Mental health information and support services and efforts to help with depression are seen as important needs within the community.
- People with household incomes under \$50,000 have a much lower opinion of their physical and mental health, are less likely to get the flu shot, and are more likely to have experienced childhood traumatic experiences.
- People under the age of 45 feel they have more mental health concerns and experienced more childhood traumatic experiences.
- Many people are not eating the recommended servings of fruits and vegetables, mainly due to not being aware of their importance or finding it expensive to fix healthy food in their homes.
- More people are visiting their doctors or dentists on a more regular basis than in 2015 but are starting to seek out different options for care when they are sick than their family doctor.
- People are more physically active than they were in past years while the BMI experienced a slight increase since 2015.

Survey Demographics

Age - 14.1% of the respondents were age 65 and over. 3.2% were age 15-19. 40% were 20 – 44 and 42.8% were age 45-64.

Gender - As with many community surveys, females completed the survey at a higher rate than men with 74.1% of the surveys completed by females and 25.7% completed by males. However, the male response rate was 5.6% higher than in 2015 due to efforts targeting male responses.

Sexual orientation – Most respondents were heterosexual, 96%, 2.1% were homosexual and 1.1% were bisexual. .8% represented as other.

Hispanic origin – 4.9% of respondents were Hispanic, Latino or Spanish origin, leaving 95.1% responding they were not.

Race – 85% were white, 7.8% Black or African American, .6% American Indian or Alaska Native, 2.5% Asian, .1% Pacific Islander, 1.9% Biracial/Multiracial and 2.1% other.

Education – 7.7% had less than a high school diploma, 13.9% were high school graduates (or GED equivalent), 31.9% had an associate degree/vocation training or some college, 25.6% had a bachelor’s degree and 20.9% had a graduate or professional degree.

Income – Respondents household income before taxes was 19.7% less than \$25,000, 22.2% made between \$25,000 and \$49,999, 31.8% made between \$50,000 and \$100,000, and 26.3% made over \$100,000.

Support – These incomes support varying numbers of people. 51.6% of respondents support 1 or 2 people. 45.9% support from 3 to 6 people and 1.1% supports over 6 people.

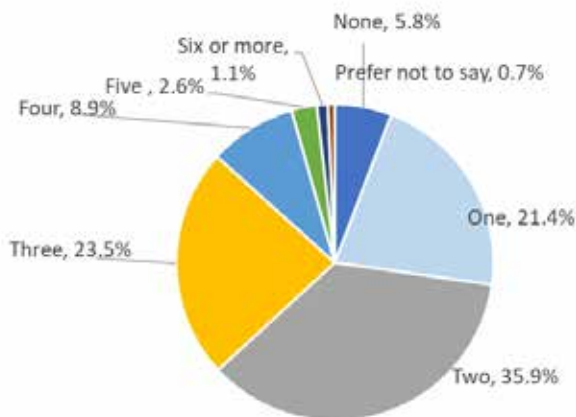
Employment – 62.4% were employed full time, 8.6% were employed part-time, 12.5% were retired. 6.7% were unemployed for less than or over one year, 2.7% were disabled, 2.6% were unemployed and 2.6% responded other.

When compared to the previous survey, most of the demographic questions and responses matched their level from 2015. The only notable expectations included:

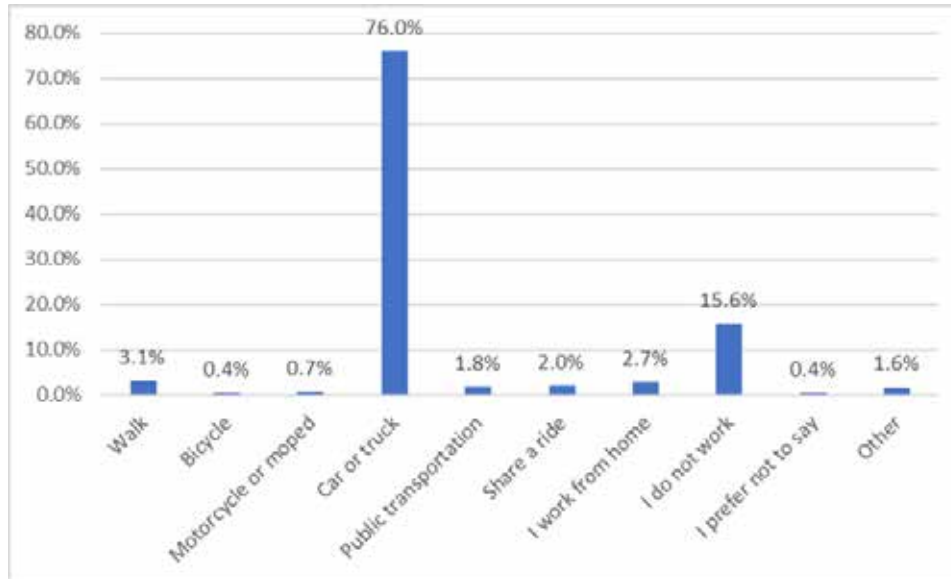
- There was more male representation in this year’s survey. Males only represented 20.2% of survey responses in 2015 while they accounted for 25.7% in 2019.
- The primary Hickory ZIP code (28601) had a 6% increase in representation in this year’s survey while the ZIP codes for Newton (28658) and Conover (28613) both saw decreases.
- There was a lower percentage of people that indicated they had been unemployed for more than 1 year in 2019 when compared to 2015. However, it should be noted that the option “Disabled” was not provided in 2015 and therefore may have an effect on the percentage of responses for different answers when compared to the previous survey.

Community Survey Results

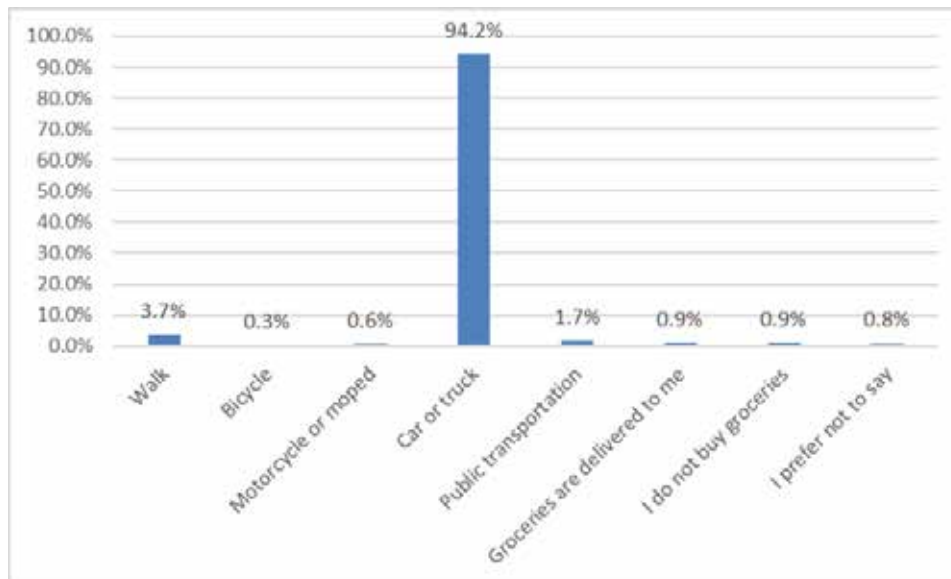
11.1 How many cars, vans and trucks are kept at home for use by members of your household?



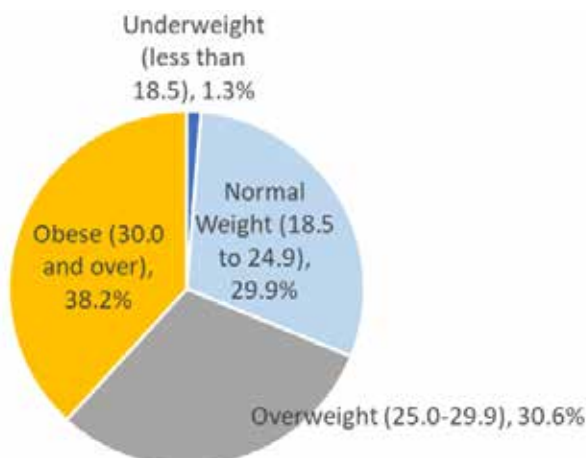
11.2 How do you travel to work?



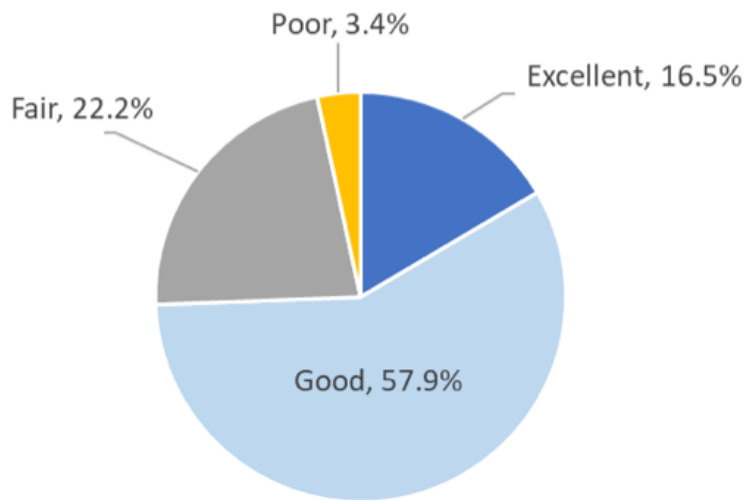
11.3 How do you travel to buy groceries?



13.1 Body Mass Index

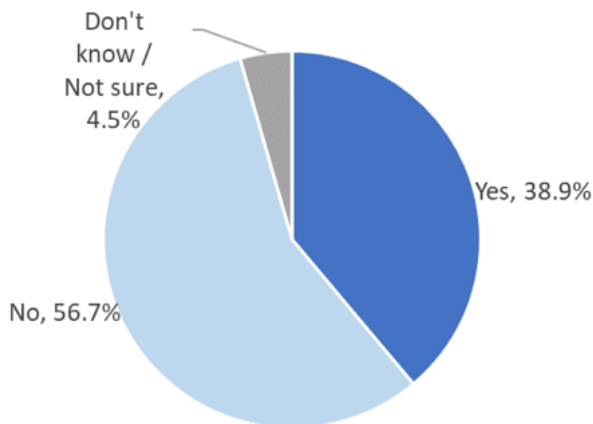


14. How would you rate your own personal physical health?

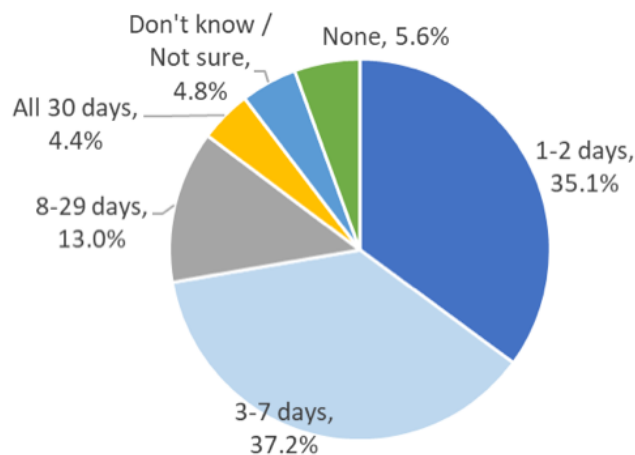


Personal physical health was rated the lowest in those ages 20-29, aged over 80, and making \$50,000 or less in annual household income.

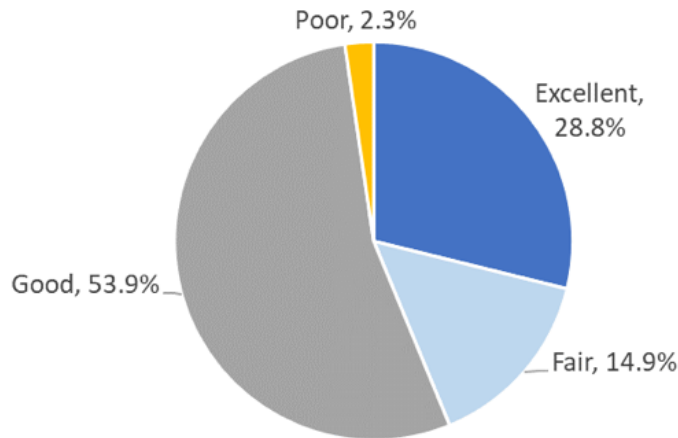
15. In thinking about the past 30 days, have you had any days where you feel your physical health was not good?



15.1 Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

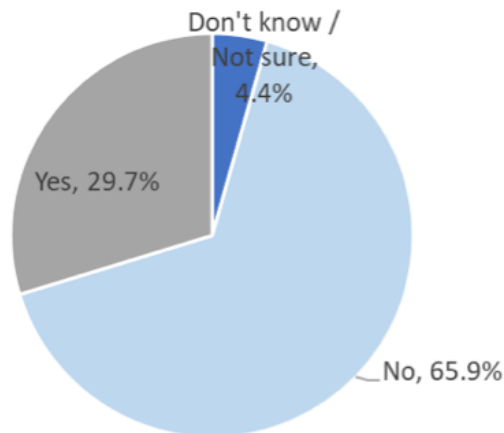


16. How would you rate your own personal mental health?

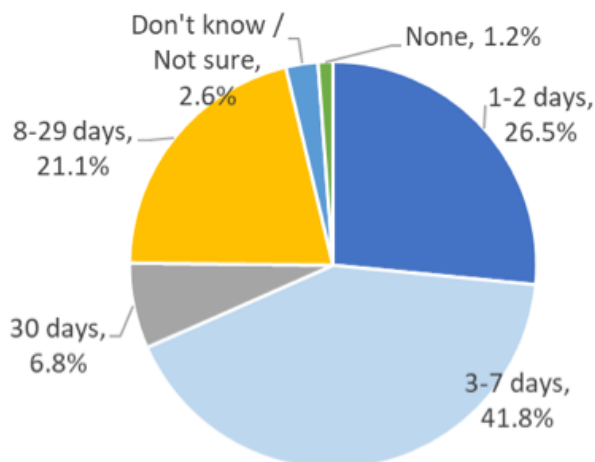


Personal mental health was rated lower in those under 45 years of age and those making \$50,000 or less in annual household income.

17. In thinking about the past 30 days, have you had any days where you feel your mental health was not good?

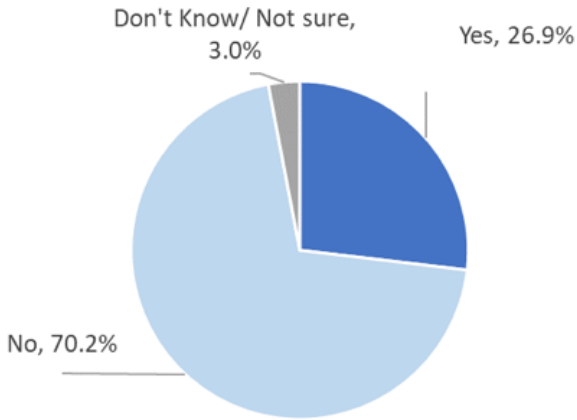


17.1 Thinking about your mental health, which includes stress, depression/feelings of sadness, and problems with emotions, for how many days during the past 30 days was your mental health not good?

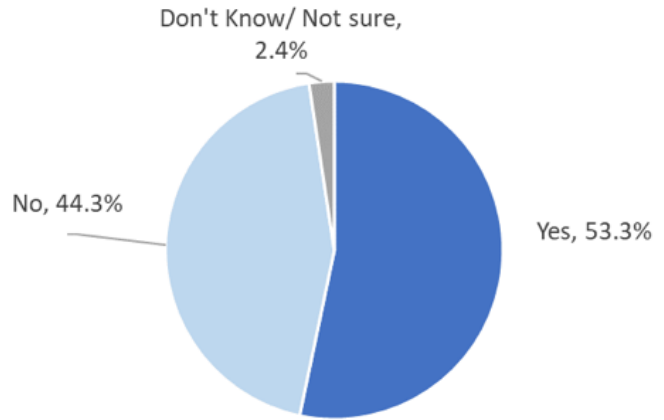


18. Do you currently have any of the following health conditions?

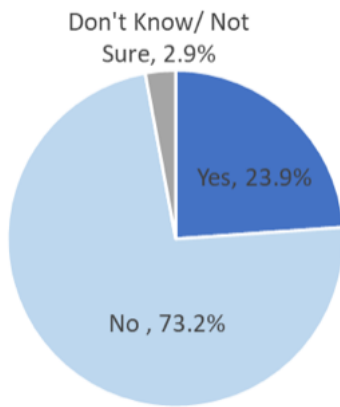
High blood pressure?



Overweight?



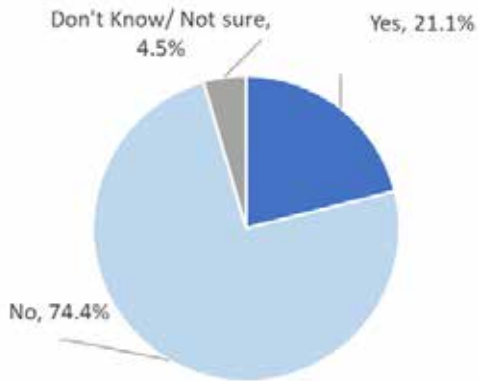
Obesity?



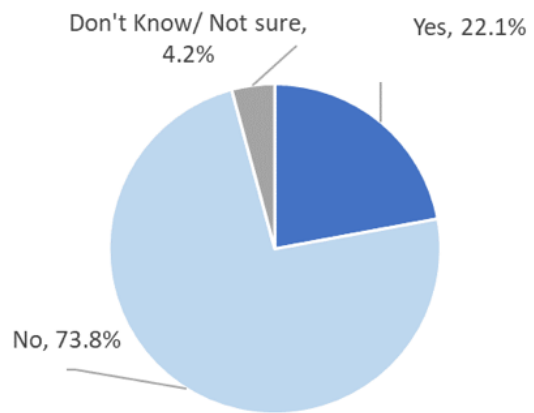
Question #18 - Do you currently have any of the following health conditions?	Count	% of total survey population	% of those both obese & overweight
Both Obese & Overweight	416	20.76%	
Both Obese & Overweight and High blood pressure	163	8.13%	39.18%
Both Obese & Overweight and High cholesterol	119	5.94%	28.61%
Both Obese & Overweight and Depression	148	7.39%	35.58%
Both Obese & Overweight and Diabetes	82	4.09%	19.71%
Both Obese & Overweight, but no other conditions	111	5.54%	26.68%

Body Mass Index (BMI) increased 1.0% from 2015, with the most significant increase in the “overweight” category (1.3% increase in the 25 to 29.9 BMI range).

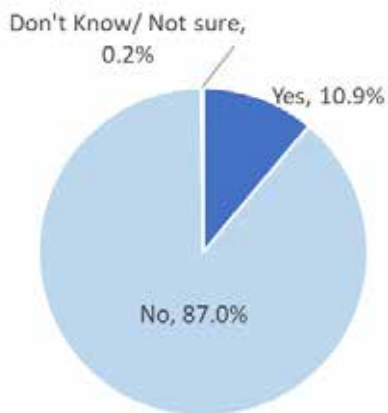
High cholesterol?



Depression?



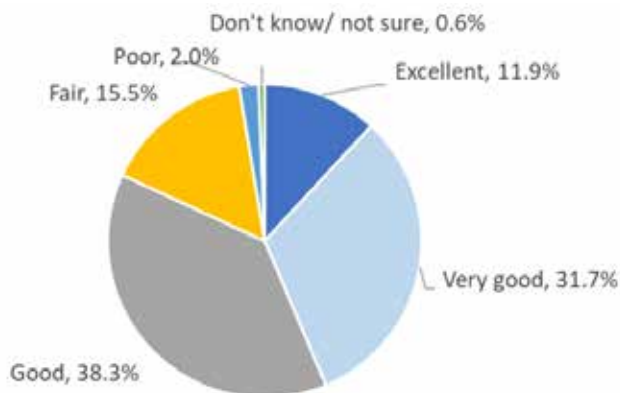
Diabetes?



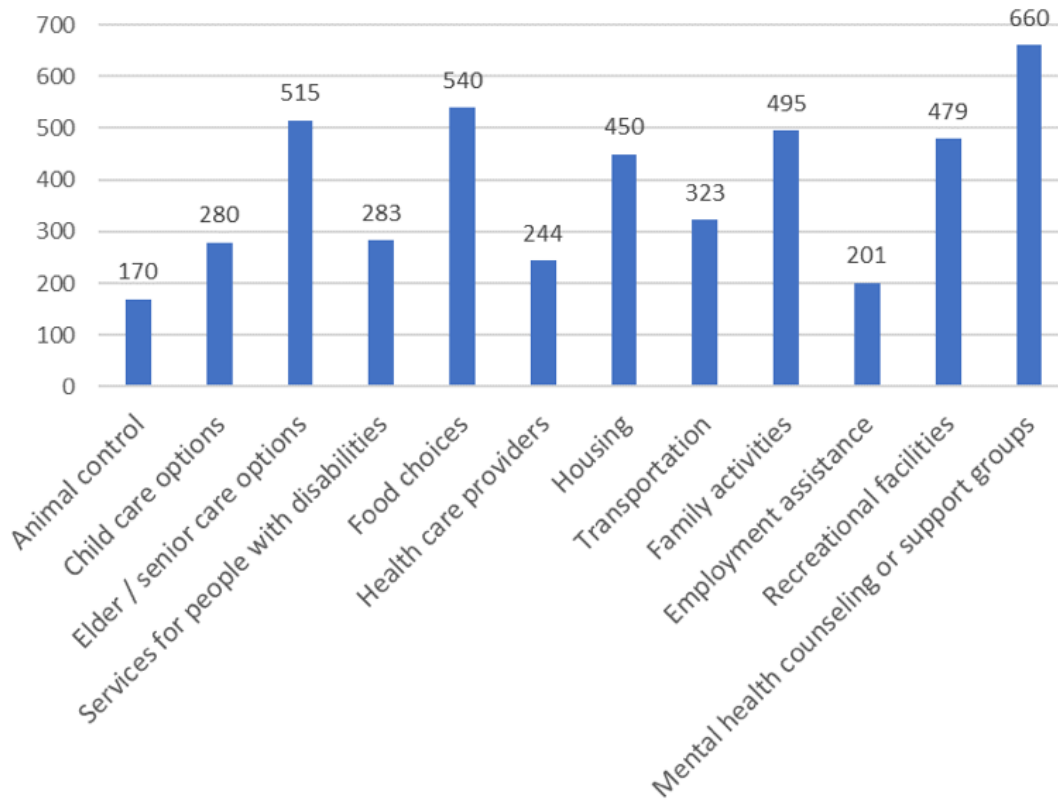
	Female	Male	Other*
High blood pressure	24.8%	31.9%	66.7%
Overweight	22.3%	28.8%	66.7%
Obesity	20.5%	27.0%	66.7%
High cholesterol	22.2%	28.8%	66.7%
Depression	20.9%	27.3%	66.7%
Diabetes	21.6%	28.6%	66.7%

There were two health conditions that saw an increase from the 2015 survey: Depression (3.2% increase) and Obesity (2.2% increase).

19. Would you say, in general, that your health is:

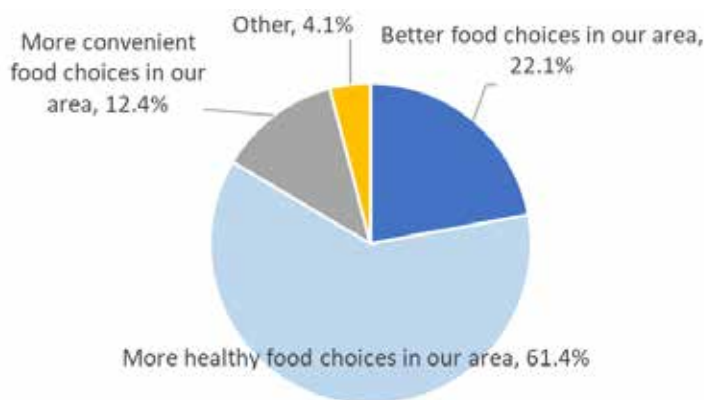


20. In your opinion, which of the following services needs the most improvement in your neighborhood or community? (Please choose up to 3 answers from the list below.)



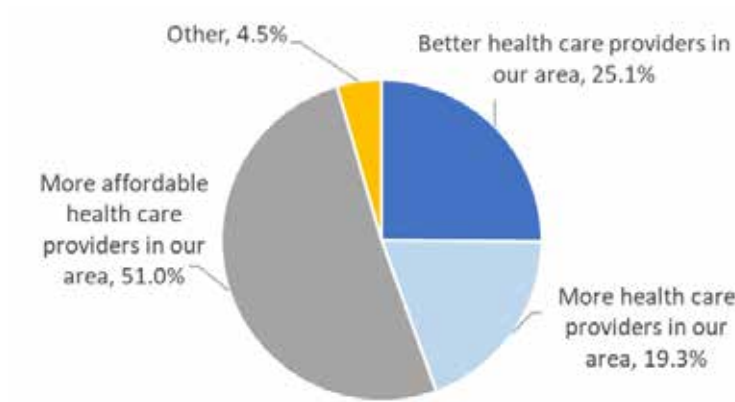
Mental health counseling or support groups was the service respondents feel needs the most improvement in the community, followed by better food choices.

20.1 What, more specifically about Food Choices, would you like to see improved?

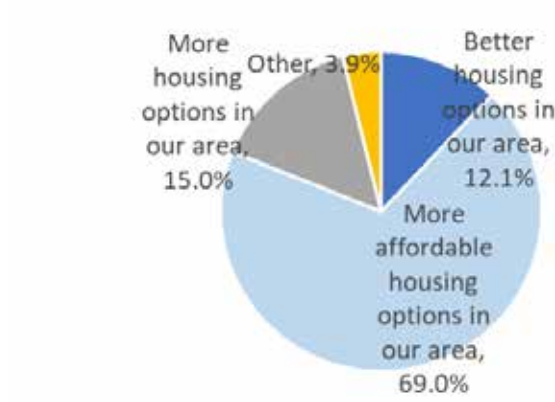


Respondents feel food choices need improvement and there should be more options for acquiring more healthy food in the area.

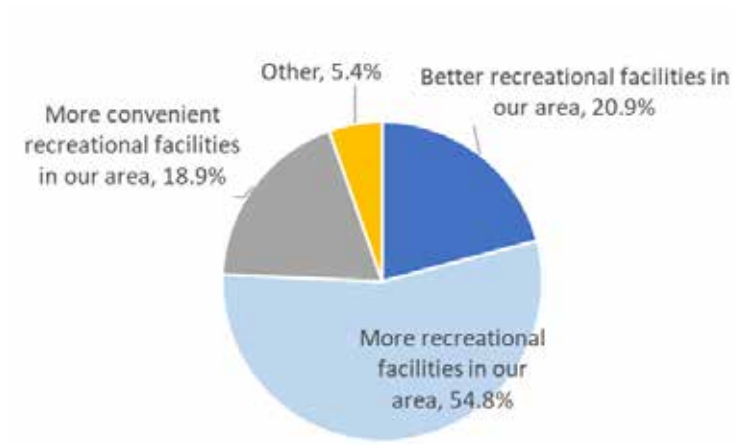
20.2 What specifically about Health Care Providers, would you like to see improved?



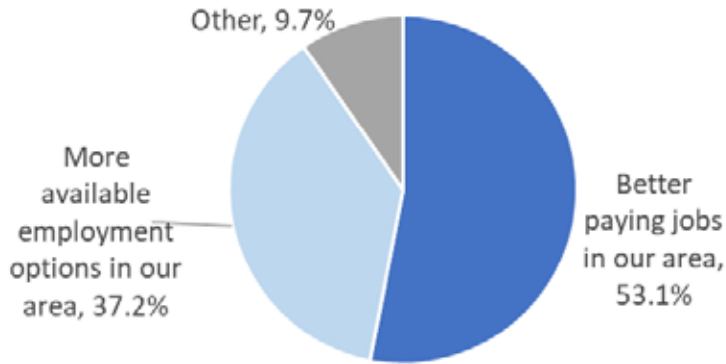
20.3 What, more specifically about Housing, would you like to see improved?



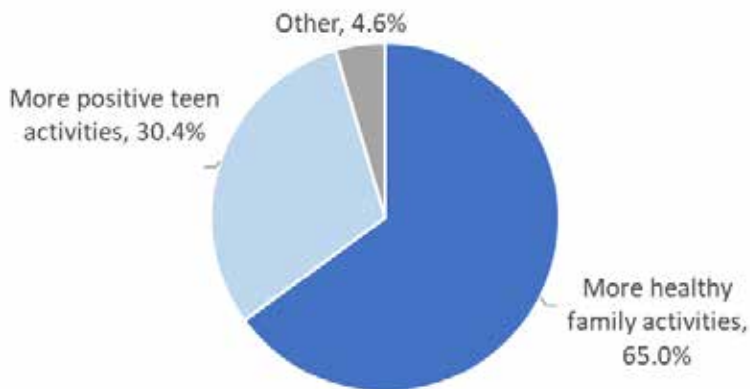
20.4 What, specifically about Recreational Facilities, would you like to see improved?



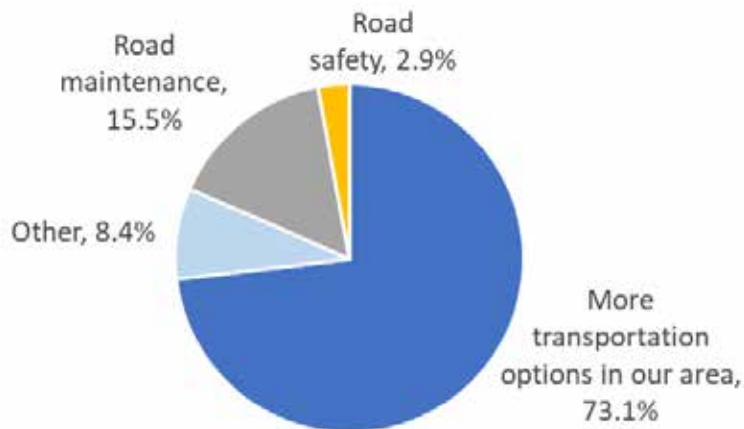
20.5 What, more specifically about Employment Assistance, would you like to see improved?



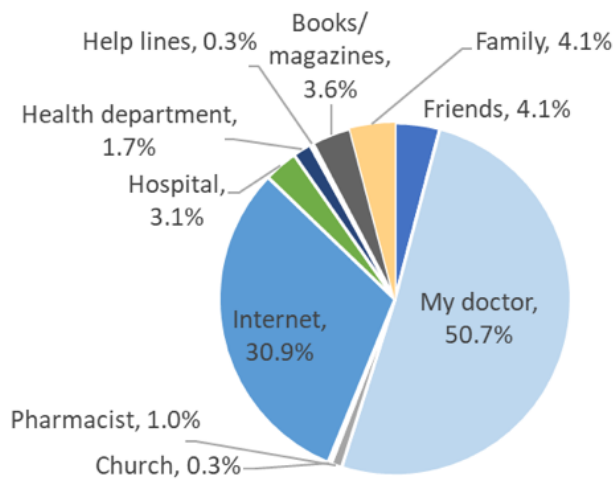
20.6 What, more specifically about Family Activities, would you like to see improved?



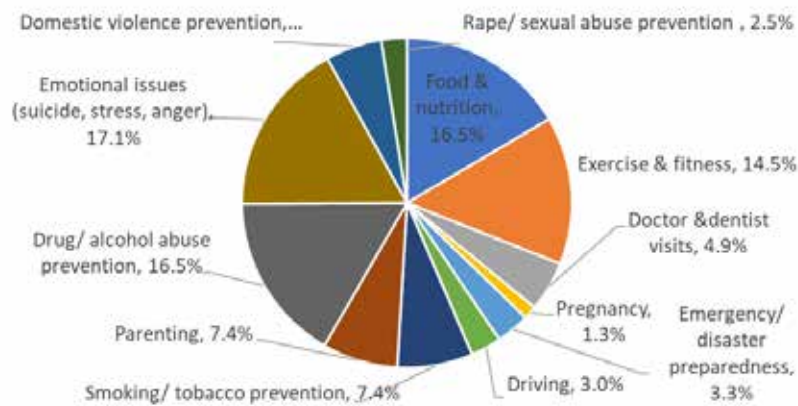
20.7 What, more specifically about Transportation, would you like to see improved?



21. Where do you get most of your health-related information?

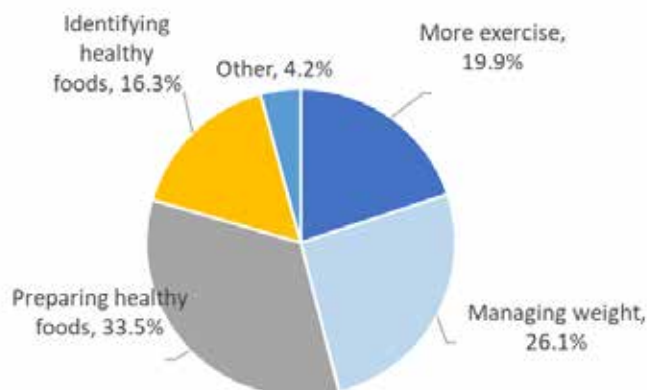


22. In your opinion, which health behaviors do people in our community need more information about? (Choose up to 3 responses)

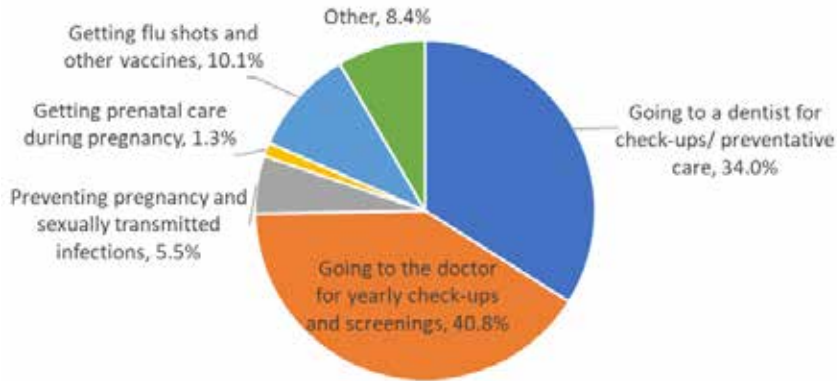


The most mentioned behaviors that respondents felt needed more information in the community were: Emotional issues (suicide, stress, anger), Food & nutrition, and Drug/alcohol abuse prevention.

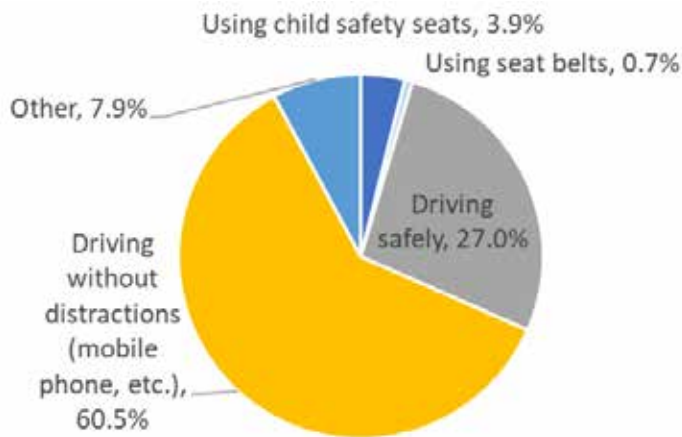
22.1 What, specifically regarding Food & Nutrition or Exercise & Fitness, do you feel there needs to be more information about in the community?



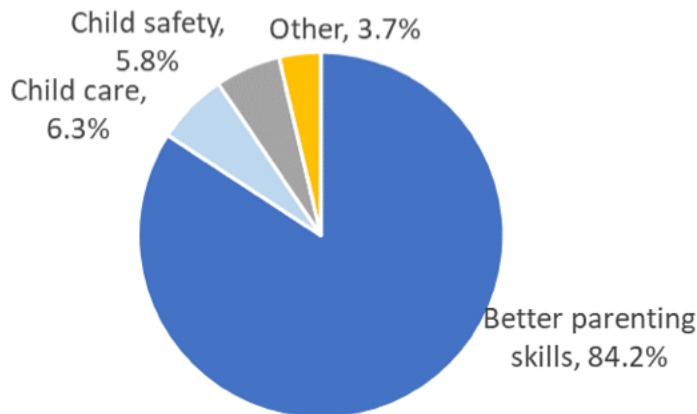
22.2 What, specifically regarding Doctor & Dentist visits, do you feel there needs to be more information about in the community?



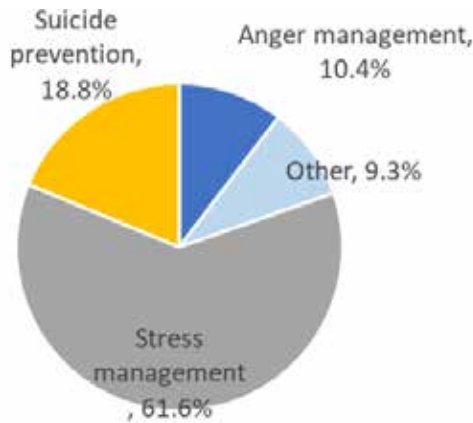
22.3 What, specifically regarding Driving, do you feel there needs to be more information about in the community?



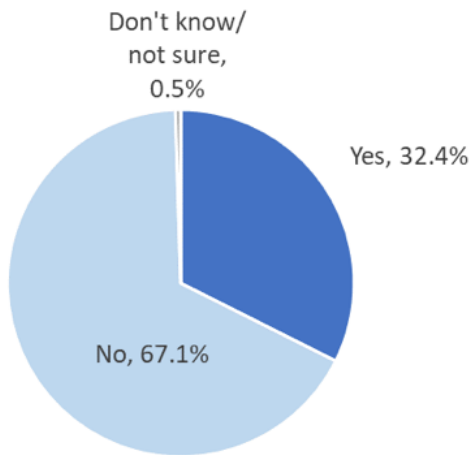
22.4 What, specifically regarding Parenting, do you feel there needs to be more information about in the community?



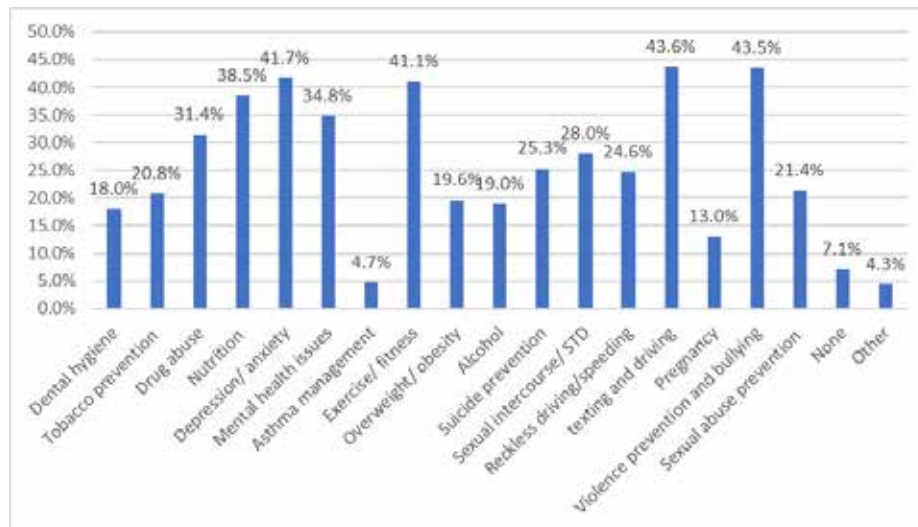
22.5 What, specifically regarding Emotional Issues, do you feel there needs to be more information about in the community?



23. Do you have children between the ages of 5 and 18 for which you are the caretaker?

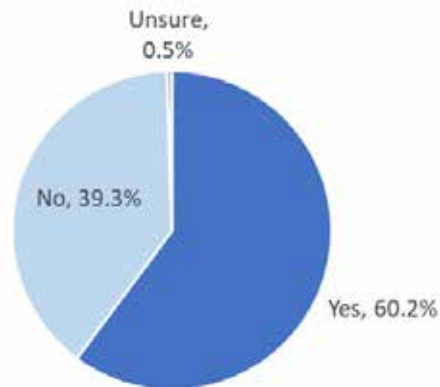


23.1 Which of the following health topics do you think your child/children need more information about?



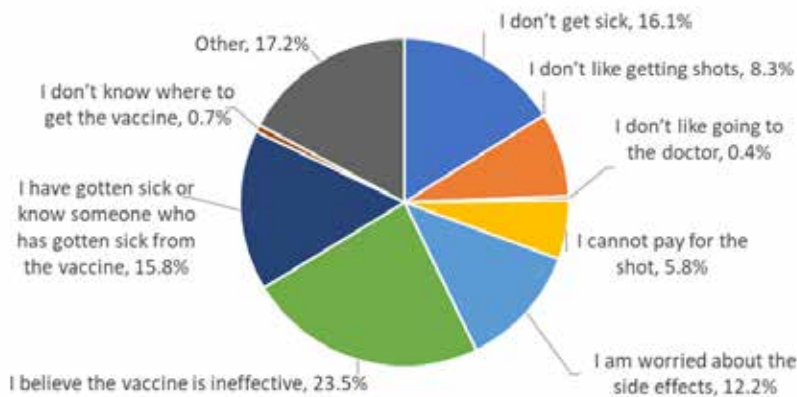
Respondents that care for children feel there needs to be more information for children about texting and driving, violence prevention and bullying, depression and anxiety, and exercise and fitness.

24. During the past 12 months, have you had a flu shot?



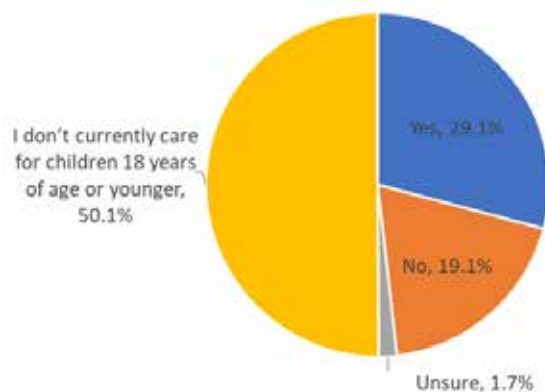
Comparing to 2015, there was an 8.1% increase in respondents stating they had not had a flu shot in the past 12 months. Respondents under the age of 45, with an annual household income of \$75,000 or less, and with lower levels of educational attainment are less likely to have had a flu shot in the past year. Females are more likely to have received the flu shot than males.

24.1 Which of the following is the main reason you have not had a flu shot in the past 12 months?

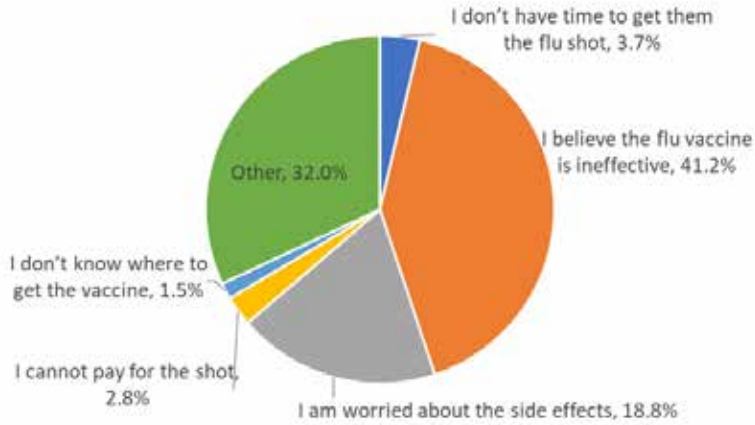


The primary reasons given for choosing not to get a flu shot were the belief the individual did not need it as they do not get sick or they feel the vaccine is ineffective.

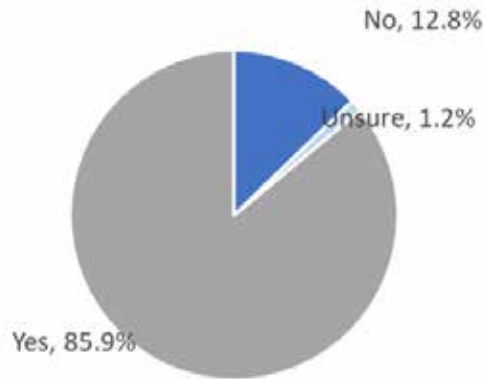
25. During the past 12 months, have the children in your care 18 years of age or under received a flu shot?



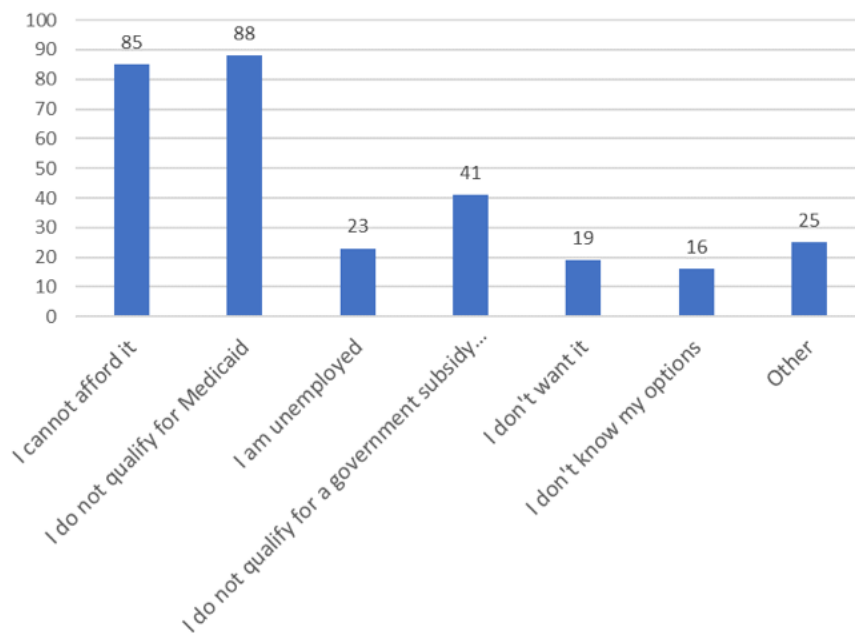
25.1 Why do you choose not to have your child on children receive the flu shot?



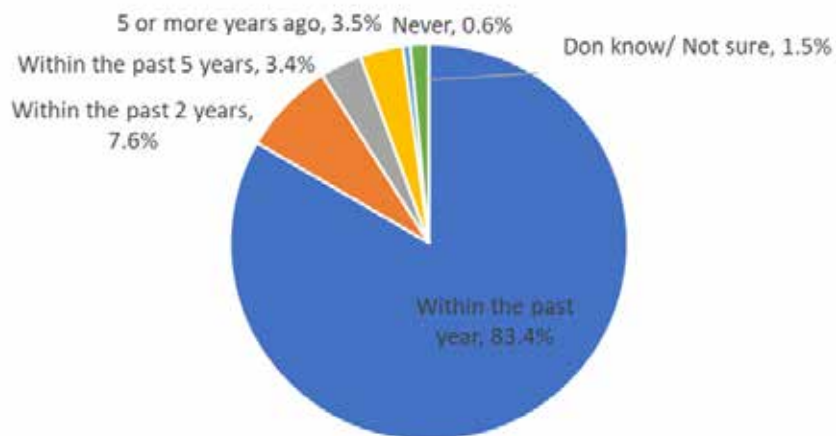
26. Do you have any health care coverage, such as health insurance or government plans such as Medicaid or Medicare?



26.1 If you answered no, why not? (Please check all that apply.)

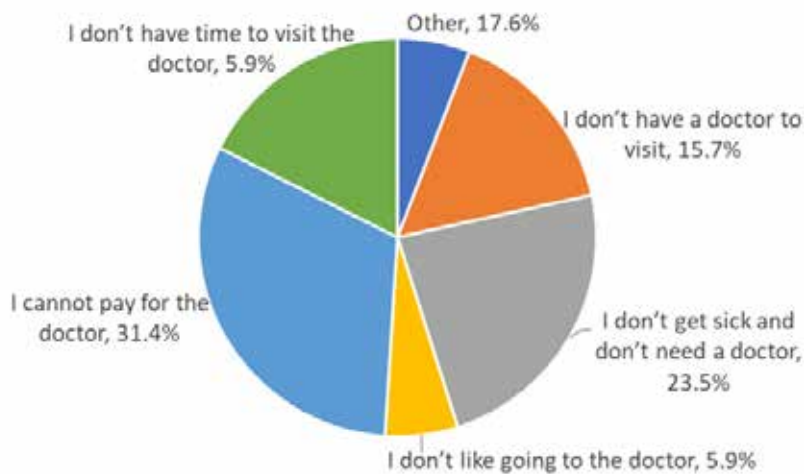


27. About how long has it been since you last visited a doctor for a routine checkup?

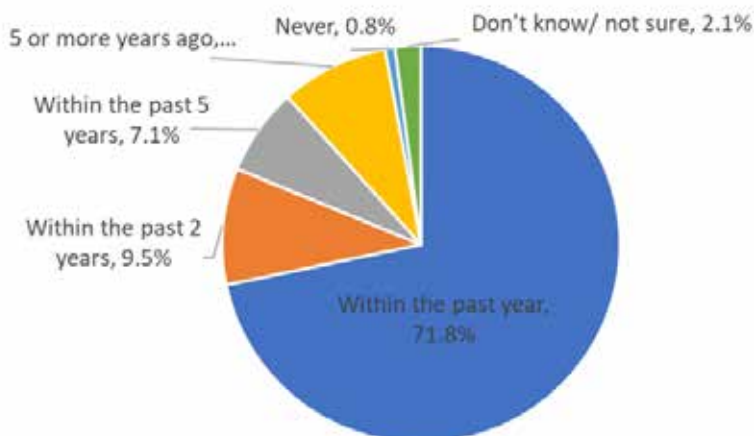


More people indicate they have visited a doctor in the past year for a routine checkup than in 2015 (2.8% higher)

27.1 Why have you not visited a doctor for a routine checkup in the past several years?

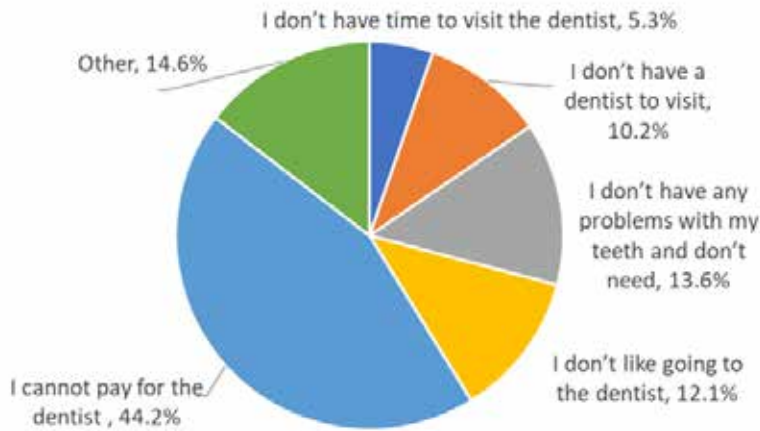


28. How long has it been since you last visited a dentist or a dental clinic for any reason?



More people indicate they have visited a dentist in the past year for any reason than in 2015 (4.3% higher).

28.1 Why have you not visited a dentist in the past several years?

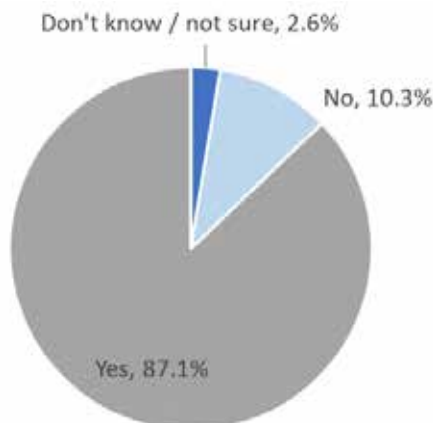


29. Where do you go for medical care most often when you are sick?

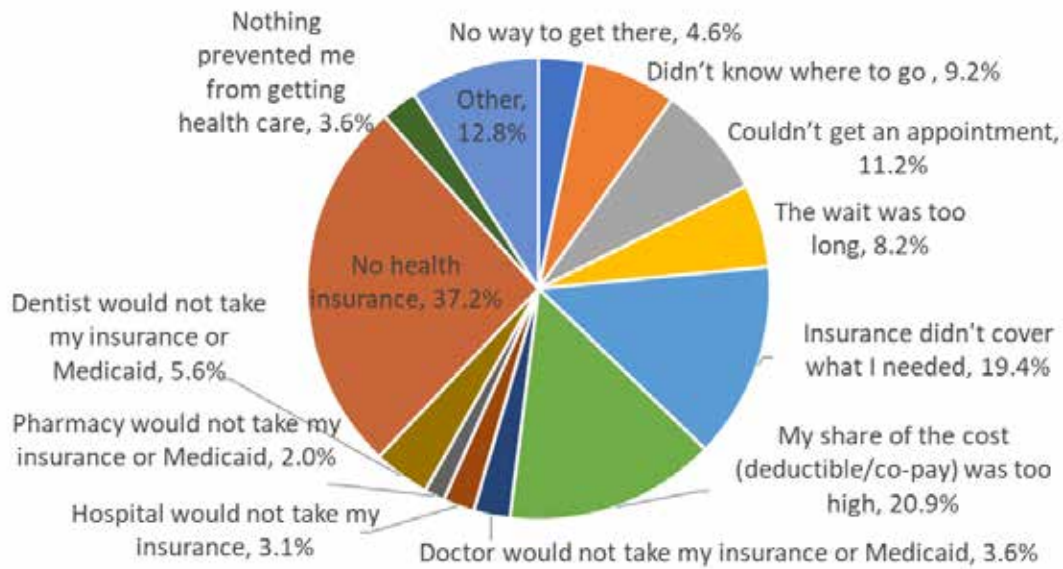


An increasing number of people are choosing to go to an urgent care center when they are sick (8.1% in 2019 compared to 5.0% in 2015). Doctor's office is still the predominant answer (down 3.5% from 2015).

30. In the past 12 months, do you feel you were able to access the health care you needed?

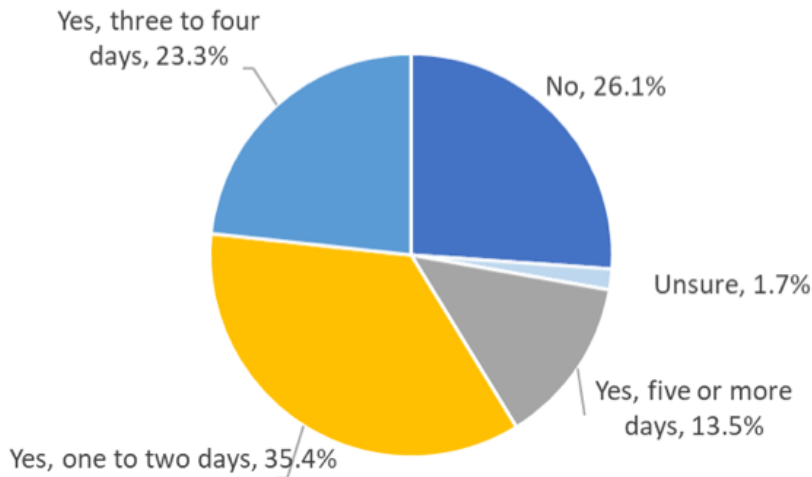


30.1 In the past 12 months, what prevented you from getting health care you needed?



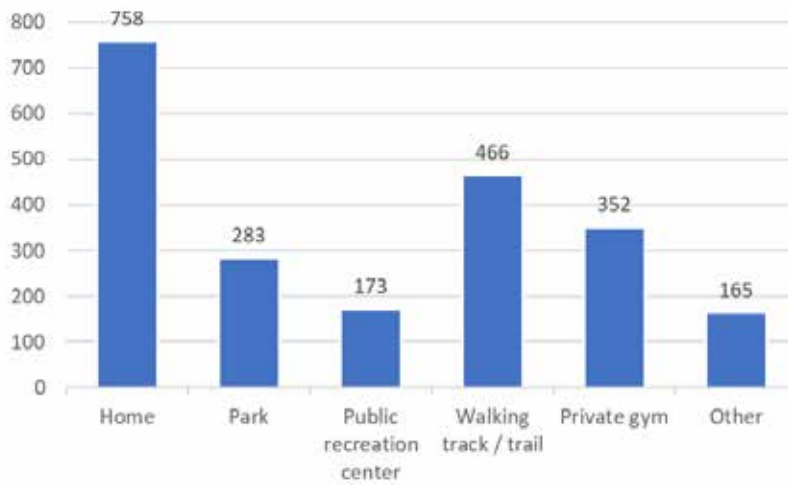
Lack of health insurance is the primary reason people feel they do not have access to the health care they need.

31. During a normal week, other than in your regular job, do you engage in any exercise that lasts at least a half an hour?

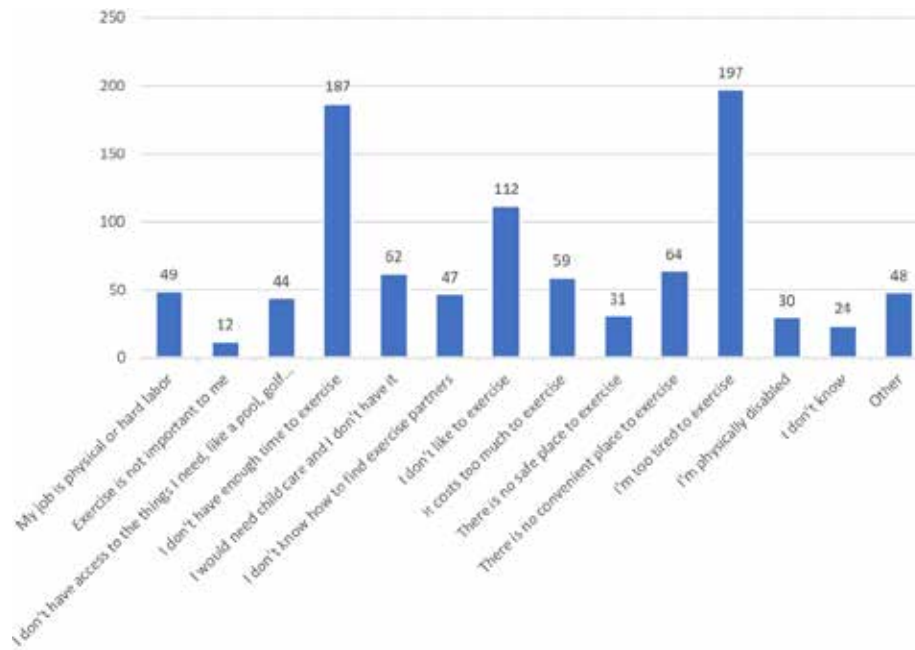


More people indicated they are physically active outside of work during a normal week when compared to 2015 (72% compared to 65%).

31.1 Where do you go to exercise or engage in physical activity? (Please check all that apply.)

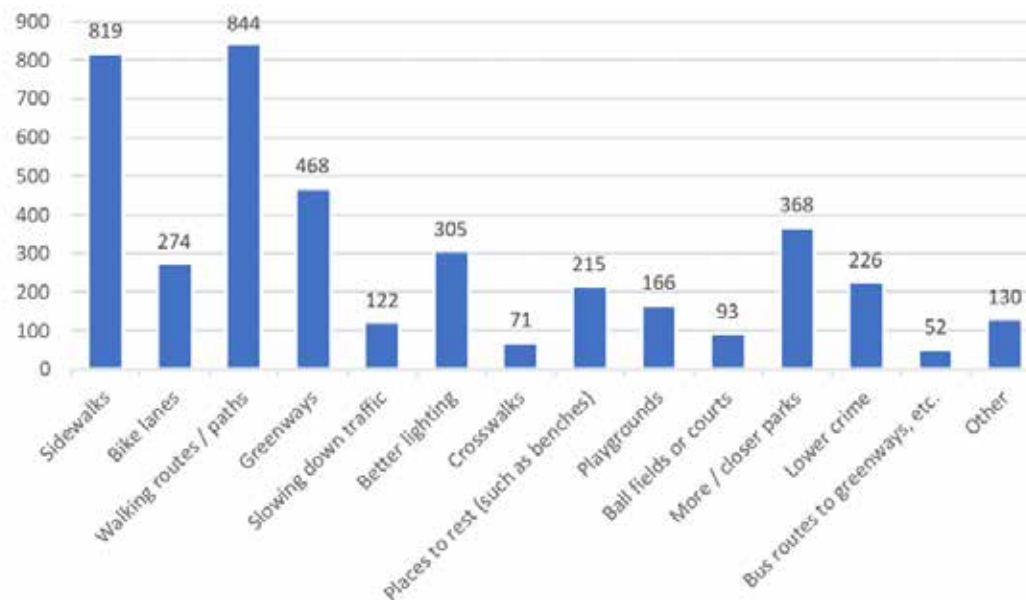


31.2 Why do you feel you are unable or not choosing to engage in exercise? (Please check all that apply.)



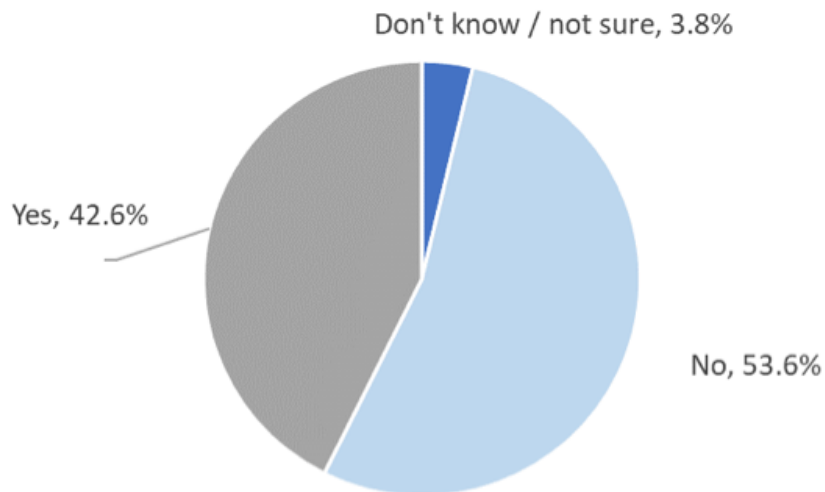
Of those that are not physically active outside of work, the main reasons are they are too tired or don't have enough time.

32. What community improvements would make it easier for you to be physically active? (Please choose up to 3 responses from the list below.)



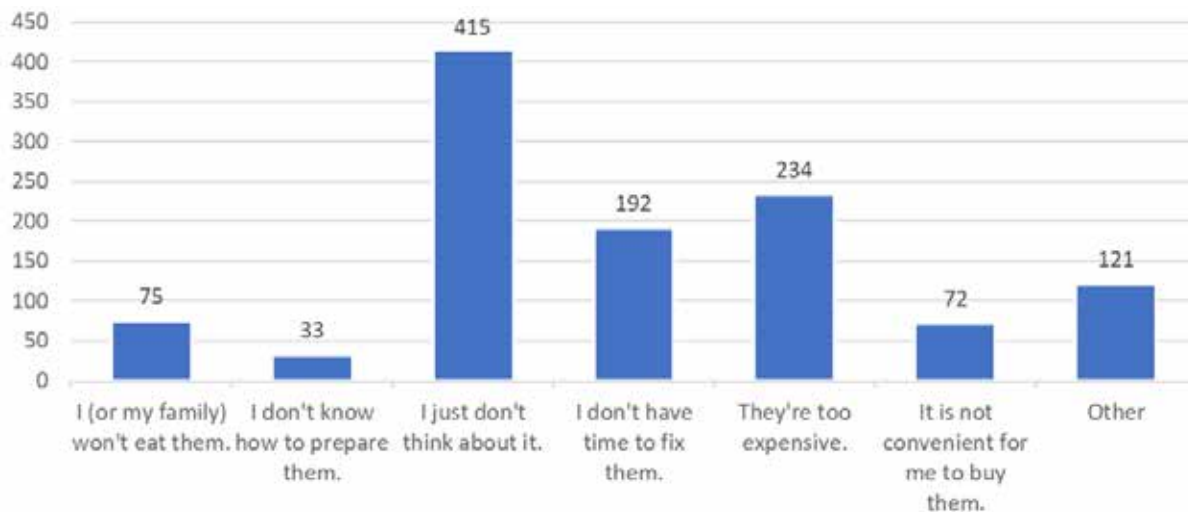
People feel more walking routes and paths and sidewalks would make it easier for them to be physically active.

33. One recommendation for healthy eating is to eat at least 5 servings of fruits and vegetables a day (not fries or potato chips). Do you eat this many servings of fruits and vegetables daily?



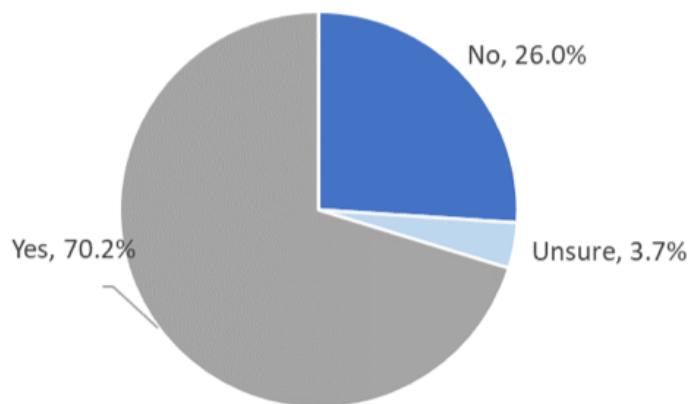
Fewer people felt they do not eat the recommended servings of fruits and vegetables daily when compared to 2015 (9% lower).

33.1 Why do you feel you are not eating 5 servings of fruit and vegetables a day? (Please check all that apply.)



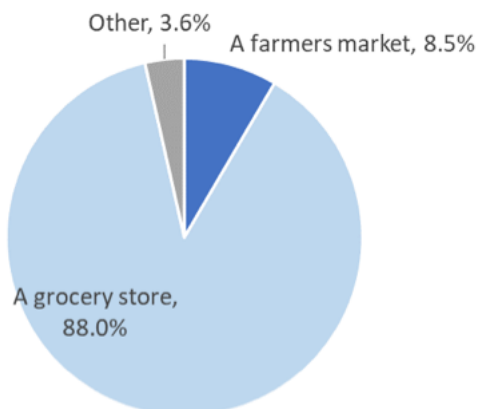
Most of those respondents do not think about the servings of fruits and vegetables or find shopping for those foods too expensive.

34. Do you feel it is easy to purchase healthy foods, such as whole grain foods, low fat options, and fruits and vegetables?

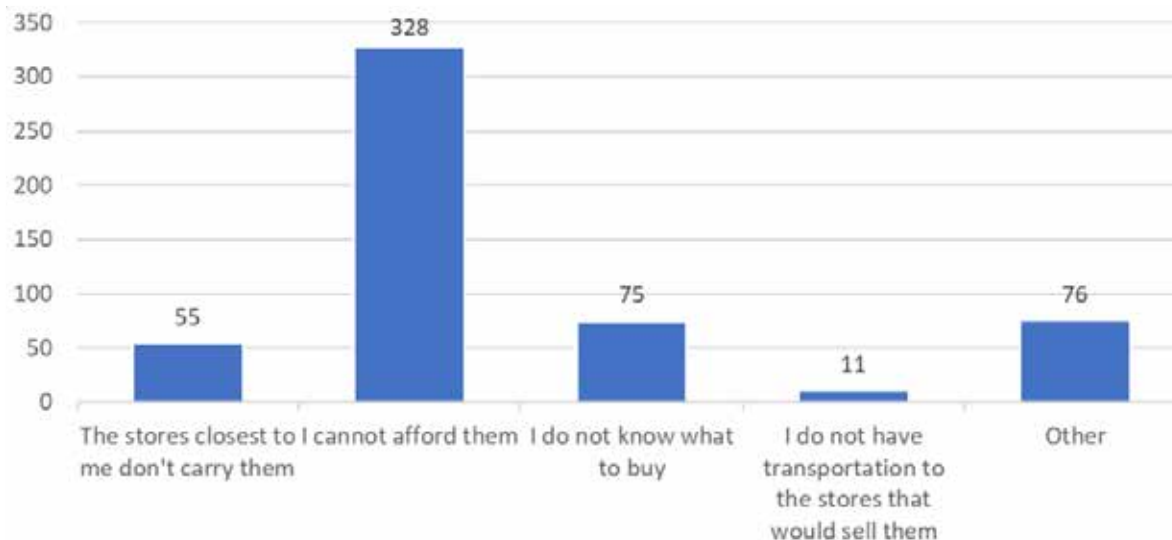


Approximately one-quarter of all respondents do not find it easy to purchase healthy foods.

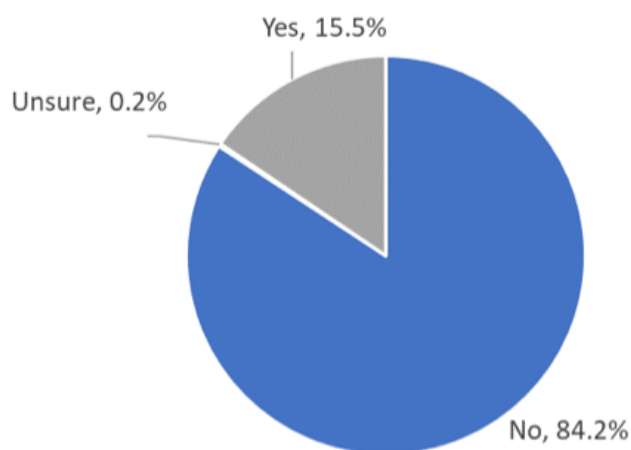
34.1 Where do you purchase most of your healthy foods?



34.2 Why do you not find it easy to purchase healthy foods? (Please check all that apply.)

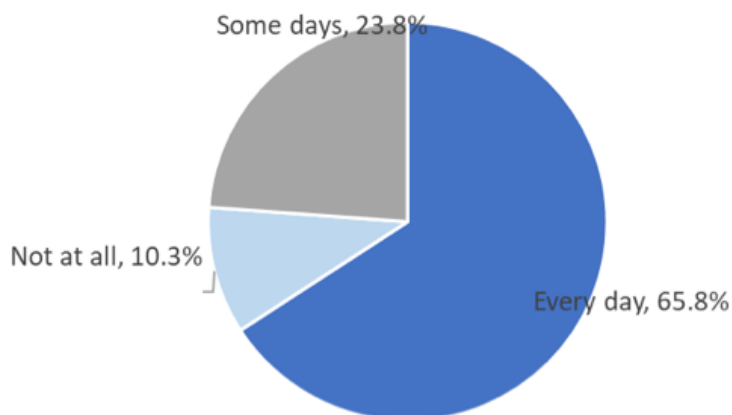


35. Over the past 12 months, have you smoked cigarettes or other nicotine products (vaping/ e-cigarettes)?

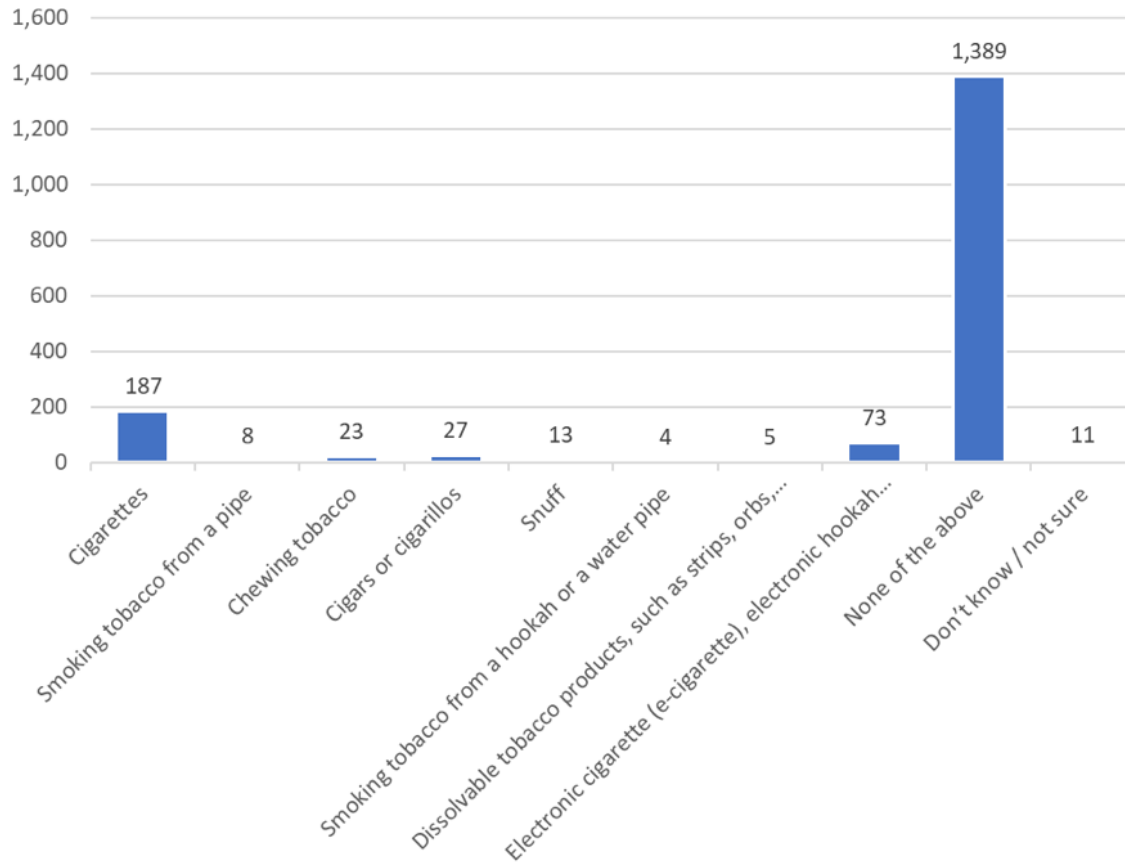


There was a 3.5% increase in the number of people that indicated they have smoked cigarettes or other nicotine products compared to 2015.

35.1 Do you currently smoke cigarettes or any other nicotine products (vaping/ e-cigarettes) every day, some days, or not at all?

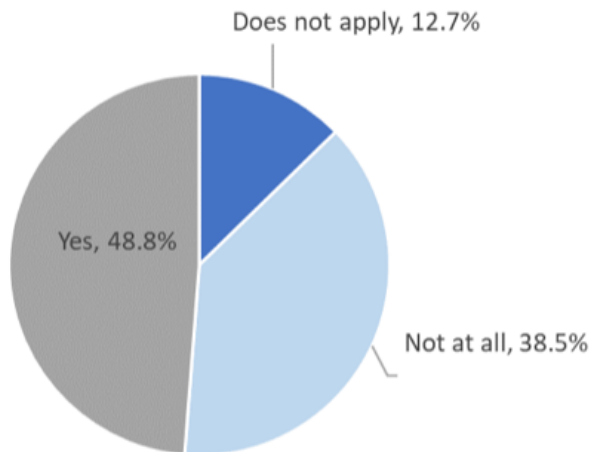


36. In the past 30 days, which of the following products have you used on at least one day? (Please check all that apply.)



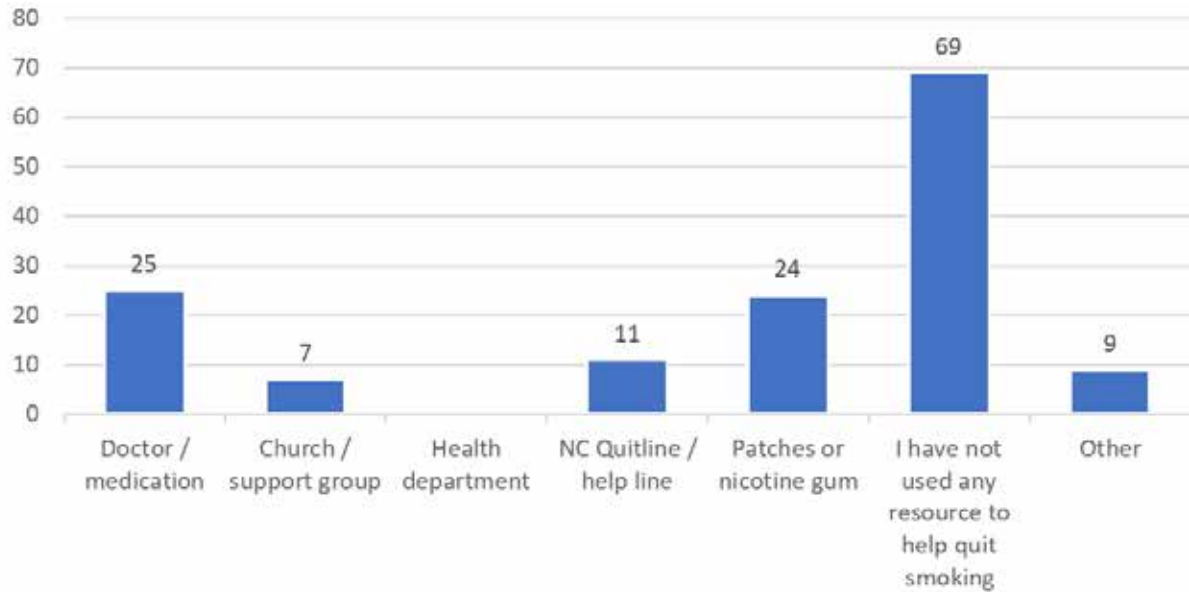
While the use of cigarettes appears to have decreased, the use of e-cigarettes, cigars/cigarillos, chewing tobacco and snuff all appear to have increased.

37. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

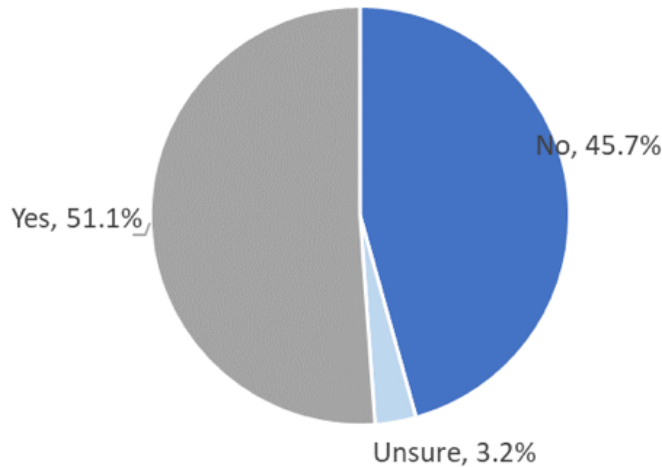


A higher percentage of people have tried to stop smoking for one day or longer in order to try and quit (4.5% increase).

37.1 Have you used any of the following resources to try quitting smoking? (Please check all that apply.)

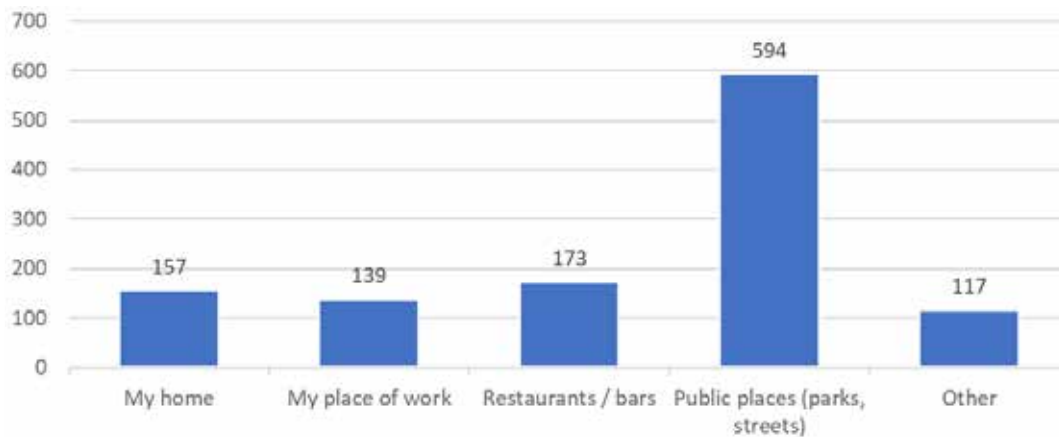


38. Do you feel, over the past 12 months, you have been exposed to second-hand smoke (smoke from someone else near you smoking)?

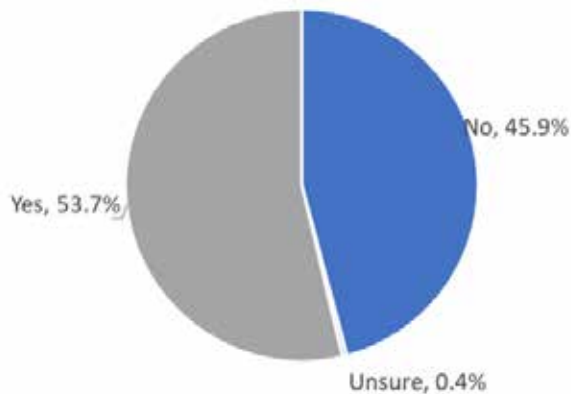


Over half the respondents feel they have been exposed to second-hand smoke in the past year.

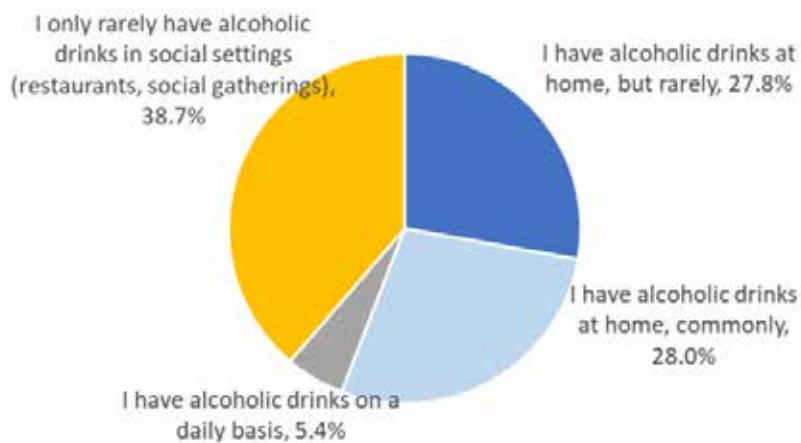
38.1 Where do you feel you are most exposed to second-hand smoke? (Please check all that apply.)



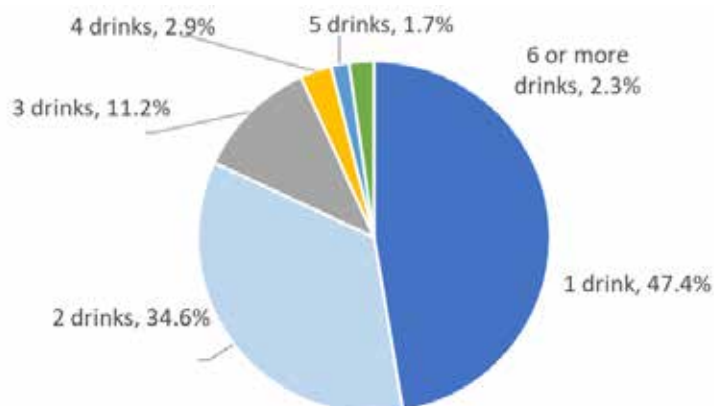
39. One drink containing alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Over the past 30 days, have you had alcoholic drinks?



39.1 How would you classify yourself regarding your personal alcohol consumption? Please choose the answer below that best describes your situation.

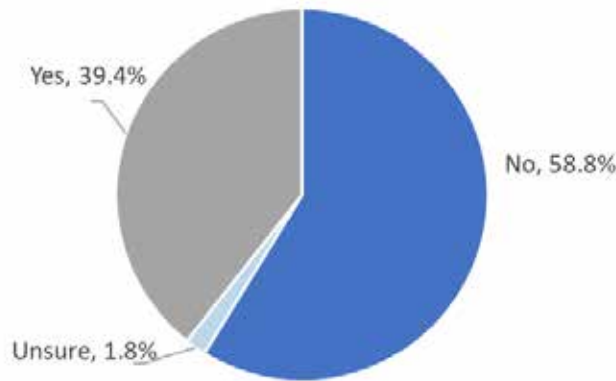


39.2 On the days when you drank alcohol, about how many drinks did you drink on average each day?



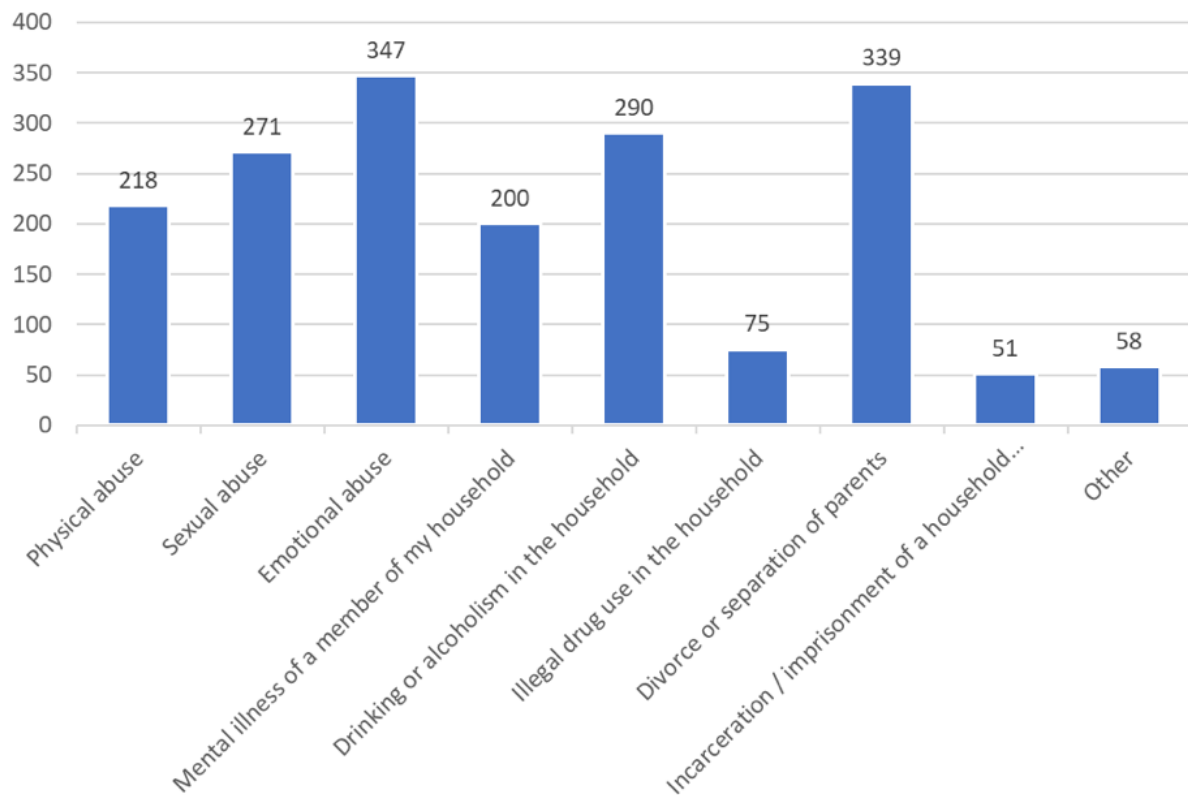
There are traumatic experiences that occur before the age of 18 but are remembered and impact those people when they are adults. Some examples of these experiences might include physical abuse, sexual abuse, alcoholism or drug use in your household or family, parents' divorce or separation, or imprisonment of a family member.

40. Do you feel one or more of these traumatic experiences took place in your life before you were 18 years of age?



Close to 40% of respondents feel they had a traumatic experience take place before they were 18 years of age.

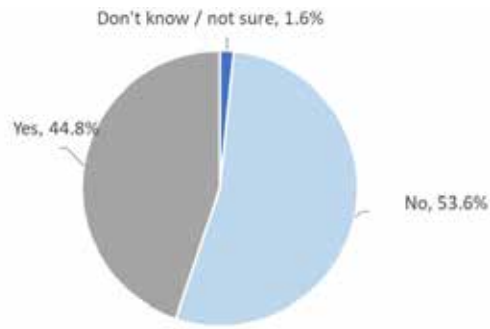
40.1 Which of the following experiences did you or someone in your household experience when you were a child (18 years of age and under)? (Please check all that apply.)



Emotional abuse, divorce or separation of parents, and drinking or alcoholism in the household were the most commonly mentioned experiences.

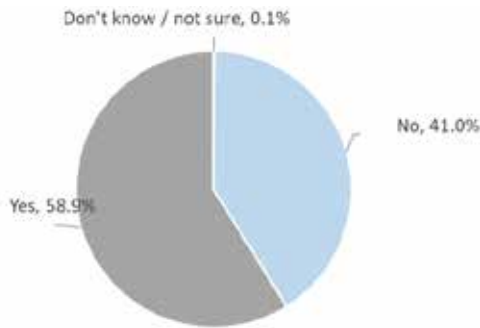
Past traumatic experiences appear to be more prominent with females, those under the age of 60, and those with household incomes below \$50,000.

40.2 Have you every sought assistance for these experiences (such as counseling or treatment)?

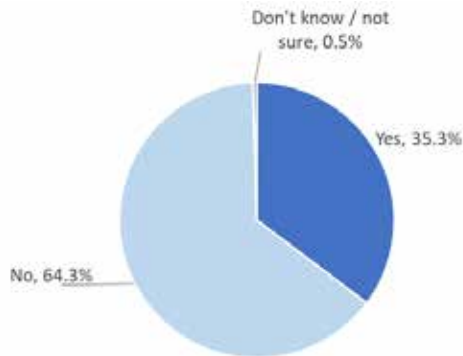


More than half of those that indicated they had a childhood traumatic experience have not sought any assistance (counseling, treatment, etc.).

41. Are you currently taking any prescription medications?



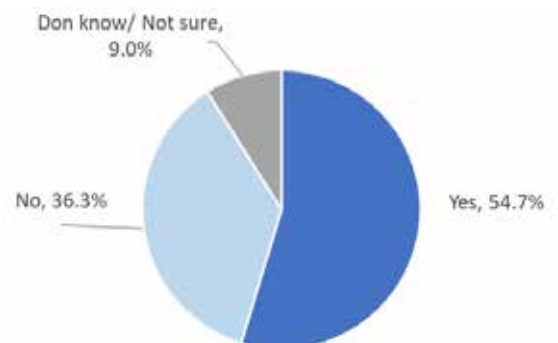
41.1 Do you keep the prescription medications in your home in a locked cabinet, drawer, or container?



A higher percentage of respondents indicated they kept their prescription medications in a locked cabinet, drawer, or contained when compared to the 2015 survey (26.5%).

42. Do you feel you are prepared for a natural disaster or other emergency that may require you and your family (including any pets) to remain in your home without power or assistance for more than 3 days?

A significantly higher percentage of respondents indicated they feel they are prepared for a natural disaster or other emergency than when compared to the 2015 survey results.



Appendix C – Key Informant Listening Sessions Results (Primary Data)

Twenty-one listening sessions were conducted from October 2018 through March 2019 to elicit feedback from community members regarding what they believed to be the most important health issues impacting the community. The feedback received from the 241 participants guided the formation of the community opinion survey. In October through November 2019, fifteen additional listening sessions were conducted to determine the magnitude, seriousness of consequences and feasibility of the top fifteen health categories, identified through the community opinion survey. During these sessions, community members reviewed primary and secondary data and individually ranked what they believed should be addressed. Of the 168 participants, 144 completed ranking packets to be used in health priority selection.

Catawba County Public Health created a guide for moderating community listening sessions for ranking of health priorities. The guide is below along with the tools used to rank the most significant health needs.

Guide for Moderating Community Listening Sessions

Materials:

Note: Quantities are based off a maximum of 25 attendees.

- One individual identified as **moderator** and one as **note-taker**
- Flipchart paper (*1 paper per 2 to 3 participants*) (*5 outlined papers provided*)
- 30 colorful markers (*equally disbursed for County drawing activity*)
- Email list sheet (*Only includes space for email address if participants would like to receive a copy of the 2019 Community Health Assessment in spring of 2020.*)
- 25 Pens
- Ranking Packet (*Provided to participants before the presentation*) (*1 packet per participant, contains one worksheet per health category + a suggestions page*)
- 25 printed copies of Community Health Categories presentation slides (*Provided to participants*)
- Copy of Community Listening Session: Ranking of Health Priorities PowerPoint (*Presentation slides include notes and sources for information included.*)
- Computer, clicker, projector, cords, and screen (*If needed.*)

Room setup:

- Tables with about 4-5 chairs each (depending on room size)
- Refreshments beside email list sheet

Roles of Moderator and Note-Taker:

Moderator	Note-Taker
<ul style="list-style-type: none">• Facilitate listening session.• Provide only the information provided in the Health Categories presentation slides.• Make sure not to provide any examples that are not included in the presentation.• Remain impartial throughout the listening session.• Abstain from providing input (personal or professional opinions) to prevent influencing participant’s opinions.• Put out snacks.• Lead introductions.• Has all data sources from each slide in case of questions.	<ul style="list-style-type: none">• Assist in setup and cleanup.• Collect email sheet.• Take notes during what participants share during County drawing activity.• Provide technical support as needed with presentation.• Distribute maps and markers.• Gather maps and markers.• Distribute slides and ranking packets.• Collect ranking packets.• Takes notes on questions and feedback.• Keep time for both the group and the moderator.• Has all data sources from each slide in case of questions.

Agenda Outline

Listening Session, Duration 1.5 hours

1. Welcome and Introductions
2. Drawing County Resources and Needs Group Activity
3. Health Priority Ranking
4. Questions

Welcome and Introductions

1. Introduce yourself, the moderator, and your organization or agency, and then introduce the note-taker. Make sure to note that you are glad to be here today moderating this listening session.
2. **Acknowledge** and thank partners of the event.

3. Provide an overview of the listening session:

- Every three years, Catawba County does a Community Health Assessment, which looks at what most impacts the health of our community in order to improve the health and wellness of our community.
- We are sharing observations we from the 2019 Community Health Opinion survey and health data already reported for our county.
- We need your help in selecting the health priorities we will be focusing on for the next three years.

4. Provide an overview of the community health assessment process-

The community health assessment process involves community partners to work together to listen to the community about health priorities and areas of concern: Asking what do people feel they need? Are current health initiatives, within the community, working well? How can we improve the overall health of our community?

5. Refer to the PowerPoint slide notes for additional information.

Drawing County Resources and Needs Group Activity

Note:

1. The purpose of the activity is for ALL participants to share what resources and information within the community they value. Allow 10 minutes for the activity.
 - Make sure, as moderator, to assure that all participants are engaged and allowed to provide input.
 - This activity is intended to be an icebreaker to set the stage for thinking about health of our community.
 - Participants do **not** have to draw, or list, resources and needs in a geographically accurate manner to complete the activity.
 - **Before the Listening Session** the moderator will be provided 5 flipchart papers with an outline of Catawba County and major highways labeled (I-40, 70, 321, 127, and 16).
 - If you have more than 15 attendees than you will need to create an outlined copy for each group of 2 to 3.

Directions:

1. Group participants in groups of 2 to 3 for the group activity.
2. Note-taker will provide an outlined flipchart paper to each participant group and equally distribute colored markers to groups.
3. Ask group members
 - To work with their group members to draw *or list* resources and needs that they value within the community on the Catawba County drawing (flipchart) they were just provided.
 - Share with groups that maps do not need to be geographically accurate.
 - To think of places within the community they spend their spare time at or places they are involved with.
 - Think of health resources that they find important within the community.

4. Provide the following examples groups may include, on their maps, hospitals or schools as health resources. *Reminder: As a moderator, you should not provide ideas outside of hospitals and schools.*
5. Note-taker will gather markers from participants.
6. Moderator will ask each group to share one thing that they drew on their map and why.
7. Note-taker will gather the flip chart papers from participants.

Health Priority Ranking

1. Note-taker should pass out ranking packets and slides on the health categories to each participant and check that everyone has a pen.
 - Moderator needs to *emphasize* that it is important, that each participant, include in the space provided why they ranked each health topic the way they did. This information will give us a better understanding of how to improve the health of the community.
 - Moderator should also ask participants to provide feedback and suggestions for improving the listening session (county activity, slides, data, and ranking methodology) they just attended on the last sheet of their packet.
2. Assure that ALL participants understand the ranking method clearly.
 - Note: This is the only discussion that should take place.
3. Provide information and defines how participants will rank each health category based on the established criteria and 10-point scale. [**10-point scale** = 1 (low) to 10 (high)]

Criteria:

- **Magnitude**- means how many community members does this issue impact.
 - **Seriousness of Consequences**- means how big are the consequences, if we do not fix the issue now.
 - **Feasibility**- means how likely is it that we can fix the health issue based on what people's views, resources, and if the health issue is preventable.
4. Participants should turn in their rankings packets once completed.
 5. The health category slides provide include 2019 Community Health Opinion survey results along with other, health data for each health topic area. The moderator should not share any information not included in the slides.
 6. If participants have questions, ask them to write the questions on the back of their ranking packet.
 7. The health categories are listed in alphabetical order and not by importance or significance.

Questions

1. **Closing Remark** - Thank the participants, as a whole, for participating in this community listening session and state that “all of the information shared will be used for Community Health Assessment purposes only.” Additionally, tell them to “please tell your friends and family about our other listening sessions.
2. If you have any questions or thoughts, please do not hesitate to reach out to us. Honey Estrada, Public Health Strategist, and email: honey@catawbacountync.gov.

Thank participants as they leave for taking the time to come out and share!

Both note-taker and moderator should provide feedback on level of engagement of participants and areas of improvement for facilitating the session.

Below is an example of a problem importance worksheet.

Problem Importance Worksheet

Complete a separate form for each health issue identified by the CHA Team.

Health issue: _____

Brief review of input and data on this issue

Check the appropriate box for each item and record the score under subtotal.

	10 High	9	8	7	6	5	4	3	2	1 Low	Sub- total
Magnitude											
Consequences											
Feasibility											
Other (define criteria-add rows as necessary)											
Problem Importance Index (Sum of Subtotals)											

Problem Prioritization Worksheet

Problem Prioritization Worksheet

List all of the problems identified in the Problem Importance Worksheet according to their ranking with the problem with the highest number listed first and subsequent problems listed in descending order.

Problem	Problem Importance Index
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Appendix D – Community Assets and Resources

Following is a directory of healthcare resources in Catawba County that has been compiled from a variety of sources, including Catawba County’s local hospitals and human service agencies. For some time, Catawba County has had a fairly consistent number of primary care physicians and dentists relative to the county’s population size. Residents also have access to a variety of specialized services within the county or through relationships with medical and/or trauma centers in outlying areas (notably Charlotte and Winston-Salem).

It is anticipated that demand for more providers who accept Medicaid – from primary care providers to specialty practices – will continue to grow. Specialty physicians are also needed to provide care to patients referred from the county’s low-cost/free clinics. An expansion of transportation options is also needed.

Hospitals

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

Physician Referral Line:
(828) 324-2273

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

Low-cost/Free Clinics

Catawba County Public Health
3070 11th Ave. Dr. SE
Hickory, NC 28602
(828) 695-5800
(Immunizations, Adult Health, Women’s Preventive Health, & WIC)

Family Healthcare Practice
130 1st St. NW
Conover, NC 28613
(828) 466-3000

Veterans’ Community Based Outpatient Clinic
2440 Century Place SE
Hickory, NC 28602
431-5600

Catawba Family Care
133 1st Ave. SE
Hickory, NC 28602
(828) 994-4544

Mission Medical Practice
105 N. Main Avenue
Newton, NC 28658
(828) 466-2330

Upper Room Family Care
105B N. Main Ave.
Newton, NC 28658
(828) 465-6800

The Community Health Center
Greater Hickory Cooperative
Christian Ministry
31 1st Avenue SE
Hickory, NC 28602
(828) 327-0979

St. Joseph’s Catholic Church Good Samaritan Clinic
720 W. 13th Street
Newton, NC 28658
(828) 465-2878

Additional Healthcare Resources

AIDS Leadership Foothills Area Alliance (ALFA), 322-1447
Apollo Healthcare Cooperative, 256-1471
Medicaid Family/Children, Social Services, 695-5712

Medicaid Adult – Social Services, 695-5692
Pregnancy Care Center, 322-4272
Services for the Blind, 695-5605

Services for the Deaf/Hard of Hearing, (800)205-9920
Affordable Care Act Enrollment
Catawba Family Care, 994-4544

Child Care Assistance

Catawba County Day Care Unit,
695-5721

Children's Resource Center,
695-6565

Community Schools Program,
464-9355

Counseling Clinics/Referrals

Catawba DSS Options Counseling,
695-5609

Catawba Valley Behavioral Healthcare,
695-5900

Children's Advocacy Center, 465-9296
Cornerstone Counseling, 322-4941

Crossroads, 327-6633
Family Guidance Center/First Step,
322-1400
FamilyNET, 695-6500
New Directions, 267-1740

Partners Behavioral Health
Management, 327-2595
The Counseling Group, 322-8736

Crisis Assistance

Catawba Valley Legal Services,
1-800-849-5195

Child Support Unit/Social Services,
695-5611 or 695-5612

Christian Community Outreach
Ministry, 328-1803

Consumer Credit Counseling,
322-7161

Eastern Catawba Cooperative
Christian Ministry, 465-1702
Family Care Center, 324-9917
Greater Hickory Cooperative
Christian Ministry, 327-0979
Rape Crisis Center, 322-6011
Safe Harbor Rescue Mission, 326-7233

Salvation Army, 322-8061
Social Services General Assistance
Fund, 695-
United Way Volunteer Center, 324-
4357 or 327-6851
Women's Resource Center, 322-6333

Cultural Resources

Centro Latino, 441-2493

Hmong Carolinas, Inc., 327-6137

Food Assistance

Eastern Catawba Cooperative
Christian Ministry, 465-1702

Food Assistance/Social Services,
695-5693 or 695-5694

Greater Hickory Cooperative
Christian Ministry, 327-0979

Hickory Church of Christ, 464-4983
Hickory Soup Kitchen, 327-4828
Highways and Hedges, 781-8095
Living Word Fellowship, 325-4773
Meals on Wheels/Social Services,
695-5610

St. John's Lutheran Church, 464-4071
The Corner Table, 464-0355
Women, Infants & Children (WIC),
695-5884

Health Programming

Catawba County Cooperative
Extension, 465-8240

Catawba County Public Health,
695-5800

Council on Adolescents, 322-4591
CVMC Health First Center, 485-2300

Frye Regional Medical Center,
315-3391
Solmaz Institute, Lenoir-Rhyne Univ.,
328-7886
YMCA of Catawba Valley, 324-2858

YMCA Diabetes Prevention Program,
324-2858
YMCA Livestrong, 464-6130

Parenting/Family Support

Child Service Coordination, 695-5771
Children's Developmental Services
Agency, 267-6464
Early Childhood Resource Center,
695-6505

Family Builders, 465-8901
Family Guidance Center, 322-1400
FamilyNET, 695-6500
Family Support Network, 256-5202
Parents as Teachers, 358-6112

Parenting Network, 465-9295
Safe Kids Catawba County, 485-2300
Single Parent Association,
1-800-704-2102

Poison Control

NC Poison Control Center,
1-800-222-1222

Prescription Assistance

Bowman Drug Company, Conover,
464-1354

Catawba County Council on Aging,
328-2269

Catawba County NACo Discount
Drug Plan, 695-5714

Greater Hickory Cooperative Christian
Ministry, (828) 327-0979

NC MedAssist, medassist.org

Senior Resources

Area Agency on Aging, 322-9191

Catawba County Council on Aging,
328-2269

Senior Information Resource (SIR),
sirnc.org

Shelters

5th Street Shelter, Statesville,
704-872-4045

Blue Ridge Community Action
(Weatherization & Repairs), 438-6255

Family Care, 324-9917

Family Guidance/First Step, 322-1400

Grace House Day Program, 324-9957

Habitat for Humanity, 328-4663

Safe Harbor Rescue Mission, 326-7233

Salvation Army, 322-8061

Transportation

ACS Road to Recovery,
1-800-227-2345

Diamond Cab & Yellow Cab,
322-5555

Greenway Bus & Vans, 464-9444

Medicaid Transportation /Social
Services, 695-5608

Newton Yellow Cab, 465-0000

Tobacco Cessation

Catawba Valley Medical Center,
485-2300

Frye Regional Medical Center,
315-3596

QuitlineNC, 1-800-784-8669,
quitlinenc.com

Tutoring

Catawba County Schools, 695-2600

Centro Latino, 441-2493

Early Head Start, 327-3689

Head Start, 464-8875

Hickory Public Schools, 322-2855

International Newcomer Center,
855-9387

Newton-Conover Public Schools,
464-3191

Smart Start, 695-6505

Suicide Prevention

National Suicide Prevention Lifeline,
1-800-273-TALK (8255)

Substance Abuse

Cognitive Connection Counseling
Group, 327-6026

Exodus Homes, 324-4870

Flynn Home, 324-8767

McCleod Center, 464-1172,
1-855-824-9458

Partners Behavioral Health
Management, 327-2595

Integrated Care of Greater Hickory,
322-5915

Safe Harbor Rescue Mission, 326-7233

Hickory Area Recovery Resource Site,
hickoryarea-recovery.org

Catawba Valley Behavioral Healthcare,
695-5900

Online Resource Directories

Area Agency on Aging Resource Directory for Older Adults
wpcog.org/vertical/Sites/%7BE99D40D7-D0C1-44A4-88D1-14077F3EBFA6%7D/uploads/Res_Dir2012.pdf
Catawba County Partnership for Children's Parent Helpbook
catawbakids.com/parent-helpbook/

Physician Directory

Allergy & Asthma
Hickory Allergy & Asthma Clinic
220 18th St Cr SE
Hickory, NC 28602
Phone: 828-322-1275
Inglefield, Joseph T. MD

Anesthesiology

Western Piedmont
Anesthesiology
PO Box 488
Conover, NC 28613
Phone: 800-221-5630 ext 2031

Chimiak, James M. MD
Gildersleeve, Ronald C. MD
Harline, Corbin DO
Hill, Thomas R. MD
McKenney, Todd W. MD

Rinaldo, Frank E. MD
Williams, Larry T. MD

Cardiology

Catawba Valley Cardiology
3521 Graystone Place, SE
Conover, NC 28613
Phone: 828-326-2354
Luney, Derek J. MD
Steg, Brian D. MD

Piedmont Cardiology Associates
2660 Tate Blvd SE
Hickory, NC 28602
Phone: 828-261-0009
Alexander, Daniel DO
Alkoutami, Ghassan N. MD
Morrison, John A. MD
Paspa, Philip A. MD
Patrone, Vincent J. MD
Rerkpattanapipat, Pairoj MD
Schultz, Richard D. MD

Stern Cardiovascular Clinic
4324 Quail View Road
Charlotte, NC 28226
Phone: 980-355-1959
Stern, Herbert J. MD

The Sanger Clinic
1001 Blythe Blvd, Ste 300
Charlotte, NC 28203
Phone: 704-373-0212
Bengur, Ahmet R. MD
Bensky, Andrew S. MD
Herlong J. Rene MD
Paolillo, Jr., Joseph, MD
Riopel, Donald A. MD
Sliz, Nicholas B. MD
Smith, Richard T. MD

Western Piedmont Heart Centers /
Hickory Cardiology Associates, PLLC
1771 Tate Blvd SE - Ste 201
Hickory, NC 28602
Phone: 828-324-4804
Dy, Johnny R. MD
Hearon, Brian P. MD
Isserman, Steven M. MD
McDonald, R. Norman MD
Miller, Ryan V. MD
Patel, Sanjay K. MD
Ross, Andrew M. MD
Wiley, Thomas M. MD

Catawba Mammography

Phone: 828-326-3858

Dentistry

Catawba Family Dentistry
3070 11th Ave. Dr. SE
Hickory, NC 28602
(828) 695-5778
Hunter-Riley, Jennifer, DDS

Joshua M. Millsaps, DDS
935 4th St. Dr. NE
Hickory, NC 28601
(828) 322-2977
Millsaps, Joshua DDS

Dale Spencer, DDS
1170 Fairgrove Church Rd SE
Hickory, NC 28602
Phone: 828-328-6118
Spencer, Dale E., DDS

P. Jeffrey Lowe, DMD, PA
430 W. 20th St. #2
Newton, NC 28658
(828) 464-2151
Lowe, P. Jeffrey DMD

Christopher N. Reese, DDS, PA
3034 N. Oxford St.
Claremont, NC 28610
(828) 202-3854
Reese, Christopher DDS

Michael Wimberly, DDS
1183 Fairgrove Church Rd SE
Conover, NC 28613
Phone: 828-466-2488

Pediatric Dentistry

Growing Smiles Pediatric Dentistry
430 West 20th St
Newton, NC 28658
Phone: 828-464-9220
Penland, Ross, DMD

S. Kimberly Jones, DDS
1204 N. Center St.
Hickory, NC 28601
(828) 327-9029
Jones, S. Kimberly DDS

Smile Starters
508 10th St. NW
Conover, NC 28613
Phone: 828-469-3000

Dermatology

Hickory Dermatology
1985 Tate Blvd SE
Hickory, NC 28602
Phone: 828-328-4449
Salomon, Richard J. MD
Wold, Karen T. MD

Piedmont Plastic Surgery &
Dermatology-Hickory
1771 Tate Blvd SE, Ste 202
Hickory, NC 28602
Phone: 828-325-9849
Bergamo, Bethany M. MD
Johnson, Charles S. MD
Magel, George MD
Curtis-Yount, Jessica PA-C
Johnston, Casey PA-C

Piedmont Plastic Surgery &
Dermatology-Viewmont
245 11th Ave. NE
Hickory, NC 28601
(828) 328-3500
Hunt, Dori L. MD
Pruitt, Jerry L. MD

Reed Dermatology
1870 N Center St
Hickory, NC 28601
Phone: 828-322-7546
Reed, Charles N. MD
Sorrentino, Brian PA-C

Emergency Medicine

Catawba Valley Emergency Physicians
810 Fairgrove Church Rd SE
Hickory, NC 28602
Phone: 828-326-3850
Crain, Bert J. MD

Curtis, Rachel, L. MD
Einfalt, Eric S. MD
Einstein, Norman Z. MD
Fisher, William G. MD
Geertz, Christopher E. MD

Giometti, Jon. MD
Greer, Gary W. MD
Huggins Jr, H. Lawson MD
Wesselman, David M. MD
Williamson, Steven G. MD

Endocrinology

Piedmont Endocrinology
311 9th Ave Dr NE
Hickory, NC 28601

Phone: 828-322-7338
Barber, A. Rodman. MD
Donepudi, Venkatarama S. MD

Orozco, Ian MD
Woods, Michelle PA

Ear, Nose, and Throat

Carolina ENT Head & Neck
304 10th Ave NE
Hickory, NC 28601
Phone: 828-322-2183

Cost, Jamey L. MD
Griesen, Dawn E. MD
Harrill, Willard C. MD
Jarrett, William A. MD

Mauldin, Frank W. MD
Seshul, Merritt J. MD
Williams Jr, Robert C. MD

Family Medicine

Bethlehem Family Practice
174 Bolick Lane - Ste 202
Taylorsville, NC 28681
Phone: 828-495-8226
Faruque, Mark A. MD
Vass-Eudy, Kimberly R. DO

Catawba Valley Family
Medicine-Maiden
137 Island Ford Rd
Maiden, NC 28650
Phone: 828-428-2446
Chesson, Andrew L. MD
McManus, Keith MD
Stump, Teresa DO
Pressler, Cindy PA-C

Catawba Valley Family
Medicine-Northeast Hickory
2386 Springs Rd NE
Hickory, NC 28601
Phone: 828-256-2112
Hamilton-Brandon, Gail MD
Kauth, Brian G. MD
Moua, Jacques Txuj Ci MD
Ramos, Jennifer FNP-C

Catawba Family Practice
200 2nd St SW
PO Box 914
Catawba, NC 28609
Phone: 828-241-2377
Chi, H.Y., MD

Catawba Valley Family
Medicine-Medical Arts
24 2nd Ave. NE
Hickory, NC 28601
Phone: 828-328-2231
Burton, Michael MD
Glenn, Robert MD
Leonard, Baxter MD
Polster, Scott MD
Tridico, Trina MD

Catawba Valley Family
Medicine-Southeast
6127 S Hwy 16
PO Box 809
Denver, NC 28037
Phone: 704-483-0340
Restino, Elizabeth MD
Alexander, Julia PA-C

Catawba Valley Family Care
105 B South Main Ave.
Newton NC 28658
Phone: 828-464-7770
Patel, Shital MD

Catawba Valley Family
Medicine-Catawba
200 Rosenwald School St.
Catawba, NC 28609
(828) 241-2377
Fox, Jim PA-C

Catawba Valley Family
Medicine-Mt. View
2712 S NC 127 Hwy
Hickory, NC 28602
(828) 330-0511
Witke, Christopher MD
Lucia, Christi FNP

Catawba Valley Family
Medicine-Taylorsville
50 Macedonia Church Rd.
Suite A
Taylorsville, NC 28681
Merrill, Steven MD
Okuboye, Deji DO
Duckworth, Joy NP-C
Millsaps, Tonya PA-C

Catawba Valley Family
Medicine-Claremont
2890 S Lookout St
Claremont, NC 28610
Phone: 828-459-7324
Bailey, Amanda DO

Catawba Valley Family
Medicine-North Hickory
212 29th Ave NE
Hickory, NC 28601
Phone: 828-326-0658
Sanderson, Steven L. MD

Catawba Valley Family
Medicine-Viewmont
221 13th Ave Pl NW
Hickory, NC 28601
Phone: 828-324-1699
Summers, Shane O., MD
Andrews, Maureene PA-C

Catawba Valley Family
Medicine-West Mtn. View
1940 Briarwood Drive
Suite A
Hickory, NC 28602
(828) 294-1116 (option #1)
Kihneman, Jason MD
Lutz, Michael PA-C
Matlock, Penny FNP-C

Catawba Valley Family
Medicine-South Hickory
1985 Startown Road
Suite 102
Hickory, NC 28602
(828) 327-4745
Sykes, Paul MD
Benton, Cammy MD

Catawba Valley Family
Medicine-Sandy Ridge
2820 16th St. NE
Hickory, NC 28601
(828) 304-0840
Goodman, Benjamin MD
Brooks, Gregory MD

Conover Family Practice
Crown HealthCare, PA
PO Drawer 1239
Conover, NC 28613
Phone: 828-464-3821
Coffey III, David G MD
Long, William E. MD
Michael, Douglas W. MD
Vierling, Brian S. MD
Mull, Cameron FNP-C
Sigmon, Alicia PA-C

Crossroads Family Medical Care
3121 Plateau Rd
Newton, NC 28658
Phone: 704-276-9200
Parker, Bill Jack MD

Generations Family Medicine
Crown HealthCare, PA
212 29th Ave NE
Hickory, NC 28601
Phone: 828-485-2762
Caporossi, Lisa M. MD
Chambers, Dana L. MD

Bruce M Goodson, MD
1251 16th St NE
Box 11223
Hickory, NC 28603
Phone: 828-322-7700
Goodson, Bruce M. MD

Graystone Family Healthcare
3511 Graystone Place
Conover, NC 28613
Phone: 828-326-9355
Gold, Steven A. MD
Laney Jr, Thomas MD

Greater Hickory Family Practice
2336 1st Ave SW
Hickory, NC 28602
Phone: 828-431-4988
Gill, Daniel N. MD

Hart Family Practice
221 13th Pl NW - Ste 202
Hickory, NC 28601
Phone: 828-322-8484
Cavendish, Aimee, MD
Hart, R. Eric MD

Mountain View Family Practice
1940 Briarwood-Suite A
Hickory, NC 28602
Phone: 828-294-3116
Hoover, Don L. MD

Newton Family Physicians
767 W 1st St
Newton, NC 28658
Phone: 828-465-3928
Forshey, Alan G. MD
Lopina, Bart J. MD
Peltzer, David E. MD
Sherfey, Shannon M. MD
Story, Alan W. MD
Manus, Tonya FNP
Moretz, Dana Marie FNP
Pruett, Kari FNP

Rudisill Family Practice
211 A Hwy 127 South
Hickory, NC 28602
Phone: 828-322-5915
Rudisill, Elbert MD
Cabaniss, Bill PA-C

Springs Road Family Practice
2359 Springs Road
Hickory, NC 28601
Phone: 828-256-9853
Faltermayer, Jr., William MD
Nelson, John D. MD

Unifour Family Practice
2874 S. NC 127
Hickory, NC 28602
Phone: 828-294-4100
Duralia, David R. MD
Lee, Robert H. MD

Gastroenterology

Gastroenterology Associates
415 N Center St - Ste 300
Hickory, NC 28601
Phone: 828-328-3300
Allport, Simon J. MD
Diamonti, Gregory N. MD
Koscheski, Caroll D. MD

Meier, John H. MD
Nikrooz, Susan MD
Richardson, Gaa O. MD
Sura, Siddharth MD
Wright, Frank D. MD
Ellis, Justin PA-C
Hilliard, Michelle PA-C

Lawrence M. Caldwell II, MD
24 S Brady Ave
PO Box 849
Newton, NC 28658
Phone: 828-464-4550

Gynecology

A Woman's View
915 Tate Blvd SE - Ste 170
Hickory, NC 28602
Phone: 828-345-0800
Bilhorn, Denise MD
Lovin, Vickie W. MD
Walsh, Alicia MD

The Woman's Clinic
1205 N Center Street
Hickory, NC 28601
Phone: 828-328-2901
Bishopric, F. Alice, MD
Merta, Steven R. MD
Carroll, Nicole S. MD

Catawba Women's Center
1501 Tate Blvd SE - Ste 201
Hickory, NC 28602
Phone: 828-322-4140
Boyd, Robert D. MD

Infectious Disease

Hickory ID Consultants
810 Fairgrove Church Rd SE
Hickory, NC 28602
Phone: 828-326-2145
Williams, Wheaton J. MD

Internal Medicine

Adult Internal Medicine, PA
21 18th Ave NW
Hickory, NC 28601
Phone: 828-267-2246
Carter, Lawrence S. MD

Bowen Primary & Urgent Care
2365 Springs Rd. NE
Hickory, NC 28601
(828) 325-0950
Bowen, Samuel T. MD
Orton, Jonathan MD
Catawba Valley Internal Medicine

1771 Tate Blvd - Ste 103
Hickory, NC 28602
Phone: 828-322-1128
Hughes, Garland L. MD
Miller, Douglas P. MD
Moseley, Jonathan A., MD
Shenoy, Nitin P. MD

Internal Medicine & Psychiatric
Services of the Piedmont, PLLC
50 Cloninger Mill Road
Hickory, NC 28601
Phone: 828-325-0555
Myles, Sidney L., MD

Swisher Internal Medicine
30 13th Ave NW
Hickory, NC 28601
Phone: 828-324-0100
Swisher, Jenette T. MD
Geerdes, Korey PA

Neonatology

Neonatology & Pediatric Acute
Care Specialists, Inc
352 2nd St NW
PO Box 1305
Hickory, NC 28603
Phone: 828-345-0877
Berry, David B. MD
Wellman, Samuel D. MD

Nephrology

Hickory Adult Medicine
& Kidney Specialists
1344 N Center St
Hickory, NC 28601
Phone: 828-326-8888
Pisel, Gregory A. MD

Piedmont Nephrology &
Hypertension Associates
1899 Tate Blvd SE - Ste 2101
Hickory, NC 28602
Phone: 828-327-7788

Harvey, David L. MD
Higerd, Michele L. MD
Paul, Richard V. MD

Neurology

Armstrong Neurology
1622 Tate Blvd. SE
Hickory, NC 28602
Phone: 828-855-2406
Armstrong, James A. MD

Neurology Associates
1985 Tate Blvd SE - Ste 600
Hickory, NC 28602
Phone: 828-328-5500
Menard, Dale A. MD

Weymann, Catherine, A.MD
Yapundich, Robert A., MD

Neurosurgery

Catawba Valley Neurosurgical
and Spine Services
915 Tate Blvd - Ste 120
Hickory, NC 28602
Phone: 828-327-6433

McCloskey, Scott M. MD
Miller, Peter D. MD, PhD

Piedmont Neurosurgery, PA
1899 Tate Blvd SE, Ste 2108

Hickory, NC 28602
Phone: 828-327-6500
Jones, David M. MD

Obstetrics/Gynecology

A Woman's View
915 Tate Blvd SE – Ste 170
Hickory, NC 28602
Phone: 828-345—0800
Faruque, Laura MD
Gonzalez, Anne MD
Harraghy, Claire MD
Montes, Anita MD
Curtis, Dara CNM
Herman, Teri NP
Trivette, Janese NP

Catawba Women's Center
1501 Tate Blvd SE - Ste 201
Hickory, NC 28602
Phone: 828-322-4140
Chase, Stephanie MD
Chatham, Scott T. MD
Dufour Jr, Harold C. MD
Highland, Robert A. MD
Toy, Nancy J. MD
Walker, Jason A. MD
Whitton, Allison C. MD

Helminen, Jessica NP
Monroe, Pamela NP
Zook, Kathy NP
Brumley, Jamie CNM
Howell, Sybilla CNM
Stites, Kimberly CNM

Women's Institute-CMC
Maternal Fetal Medicine
1025 Morehead Medical Drive,
Ste. 500
Charlotte, NC 28204
Phone: 704-355-3149
Ernest, Joseph, MD
Joy, Saju, MD

Piedmont Ob/Gyn
210 13th Ave Pl NW
Hickory, NC 28601
Phone: 828-322-3017
Goins, James R. MD
Locklear, Brandon E. MD
McDonell, Charles F. MD-GYN

Richardson, Ryan N. MD

Oncology/Hematology

Carolina Oncology Specialists
2406 Century Pl, SE
Hickory, NC 28602
PO Box 3710
Hickory, NC 28603
Phone: 828-324-9550
Orlowski, Richard N. MD
Tate, Michael N. MD

Oncology/Radiation

Southeastern Radiation Oncology
810 Fairgrove Church Rd SE
PO Box 2654
Hickory, NC 28603
Phone: 828-326-3856
DelCharco, John O. MD
Sigmon Jr, W. Reginald MD
Tomlinson, Shannon K. MD

Oral Surgery

Brown and Neuwirth
261 18th St Cr SE
Hickory, NC 28602
Phone: 828-327-7867
Brown, Christopher H. DDS
Neuwirth, Bryan R. DDS, MD

Drs. Darab, & Richardson
3452 Graystone Pl SE
PO Box 2526
Hickory, NC 28603
Phone: 828-322-1667
Darab, David J. DDS

Richardson, Paul E. DDS

Ophthalmology

Graystone Ophthalmology Associates
2424 Century Pl, SE
Hickory, NC 28602
PO Box 2588
Hickory, NC 28603
Phone: 828-322-2050
Adair, Brian C. MD
Chang, Richard I. MD

Hargrove, Roderick N. MD
Harris Jr, James W. MD
Joslyn, Ann K. MD
Kelty, Patrick J., MD
Oursler III, Ralph E. (Trey) MD
Williams, Randal J. MD
Williams, T. Reginald MD

Southeastern Eye Center
27 13th Ave NE
Hickory, NC 28601
Phone: 828-322-6040
Kirk A. Murdock MD

Orthopaedics

Carolina Orthopaedic Specialists
2165 Medical Park Dr
Hickory, NC 28601
Phone: 828-324-2800
Brazinski, Mark S. MD
Campbell, Donald A. MD
Daley, Christopher T. MD
dePerczel, John L. MD
Geissele, Alfred E. MD
Keverline, Jeffrey P. MD
Kirkland, Timothy H. MD
Martin, Christopher R. MD
Maxy, Ralph J. MD

Sladicka, Stephen J. MD
Tiffany, Mark A. MD
Walker, Earl W, MD

Hickory Orthopaedic Center
214 18th St SE
Hickory, NC 28602
Phone: 828-322-5172
Geideman, William M. MD
Hurley, Peter T. MD
Johnson, Jeremy C. MD
Knapp, Jeffrey A. MD
Krenzel, Brian, A. MD

McGinnis, Mark R. MD
Norcross, Jason MD
Pekman, William M. MD
Sohagia, Kinjal, MD

Joint Replacement Specialists
36 14th Ave NE – Ste 103
Hickory, NC 28601
Phone: 828-345-6468
Peak, E. Louis MD

Palliative Care

Caldwell County Hospice
& Palliative Care
902 Kirkwood St NW
Lenoir, NC 28645
Phone: 828-754-0101
Ray, Thomas M. MD

Palliative CareCenter &
Hospice of Catawba Valley
3975 Robinson Rd
Newton, NC 28658
Phone: 828-466-0466

Cotton, Michael A MD
Moffet, Cynthia A. MD
Thompson III, William C. MD

Pathology

Piedmont Pathology Associates
1899 Tate Blvd SE, Ste. 1105
Hickory, NC 28602
Phone: 828-322-3821
Foster, Toby E. MD

Highland, Kelly E. MD
Olympio, Georgia K. MD
Parker, James L. MD
Patel, Neil P. MD
Payne, Kerry D. MD

Reutter, Jason MD
Van Noy, Joanna W. MD
Vogel, Joseph V. MD

Pediatrics

Catawba Pediatric Associates
240 18th St Cr SE
Hickory, NC 28602
Phone: 828-322-2550
Barrett, Mark, MD
Bates, P. Kenneth MD
Bridgeman, Kelly B. MD
Froedge, Jerry K. MD
Harrill, Kiran C. MD
Lowry, Joy E. MD

The Childhealth Center
1455 25th Ave Dr NE
Hickory, NC 28601
Phone: 828-322-4453
Frierson, Angela M. MD
Golub, Tatyana V. MD
Luckadoo, Laura J. MD
Summer, Kenneth V. MD
Abel, Seth PA-C
Mitchell, Jennifer FNP-C
Niehues, Denise PA-C

Unifour Pediatrics
3411 Graystone Pl.
Conover, NC 28613
Phone: 828-328-1118
Hata, L. Brooke MD
Millsaps, David M. MD
Spees, Lynn B. MD

Physiatry

Espiritu Clinic, PLLC
715 Fairgrove Church Road, SE
Conover, NC 28613
Mail: 2425 N. Ctr. St #370
Hickory, NC 28601

Phone: 888-898-7130
Espiritu, M. Carmen MD
Unifour Rehab Medicine
1333 2nd Street, NE, Ste. 300

Hickory, NC 28601
Phone: 828-328-9200
Coates-Wynn, Geoffrey S. MD

Plastic Surgery

Alicia Carroll MD Ophthalmic Plastic
& Reconstructive Surgery
2660 Tate Blvd. #200
Hickory, NC 28602
(828) 267-2660
Carroll, Alicia MD

Hickory Plastic and
Reconstructive Surgery
50 13th Ave NE Ste 2B
Hickory, NC 28601
Phone: 328-322-8380
Fewell Jr, Joseph E. MD
Siciliano, Steven A. MD

Piedmont Plastic Surgery
& Dermatology Center
315 19th St. St. SE
Hickory, NC 28602
Phone: 828-325-9849
Nowicky, David MD
Swank, Gregory M., MD

Podiatry

Carolina Foot & Ankle
1501 Tate Blvd, SE, Ste. 203
Hickory, NC 28602
Phone: 828-304-0400
Kukla, Robert F. DPM
Weaver, Seth A. DPM
Williams, Todd A. DPM

Carolina Podiatry Center
419B 2nd St NW
Hickory, NC 28601
Phone: 828-327-3029
Johncock, William J. DPM

Unifour Podiatry
912 2nd St NE
Hickory, NC 28601
Phone: 828-267-1916
Grogan, John H, DPM

Preventive Medicine

Catawba Valley Medical Center
Occupational Health
810 Fairgrove Church Rd SE

Hickory, NC 28602
Phone: 828-326-3230
Osbahr III, Albert MD

Psychiatry

Catawba Valley Psychiatric Services
1120 Fairgrove Church Rd SE
Hickory, NC 28602
Phone: 828-326-2828
Branyon, David W., MD
Davis, Charles, B. MD
Eustice, Isabelle H, MD
Sprague, Marie, DO

Hickory Psychiatric Center
24 2nd Avenue NE
Hickory, NC 28601
Phone: 828-324-9900
McKean, Thomas K. MD
Synn, Jay MD

Rudy Santoso, MD
1019 Lenoir Rhyne Blvd
Hickory, NC 28601
Phone: 828-324-4143
Santoso, Rudy A. MD

New Directions Counseling Services
201 Government Ave, SW, Ste. 305
Hickory, NC 28602
Phone: 828-267-1740
Munoz, Rigardy P, MD

Pulmonary

Hickory Chest, PLLC
1771 Tate Blvd - Ste 103
Hickory, NC 28602
Phone: 828-322-1128
Anderson, Daniel E. MD

McKendree E. McNabb, MD
24 2nd Ave NE - Ste 210
PO Box 9498
Hickory, NC 28603
Phone: 828-323-8230

McNabb, McKendree E. MD

Radiology

Catawba Radiological Associates
18 13th Ave NE
PO Box 308
Hickory, NC 28603
Phone: 828-322-2644
Baker, Chandra M MD
Battiston, John MD
Bools, John C. MD

Dyson, Matthew D, MD
Farris, Stephen L. MD
Frankel, Nicholas N. MD
Harlan, Steven D. MD
Harper, Keith W. MD
Holtzman, Adrian W. MD
Jacobs, M. Todd MD
Johnson, Eric V. MD

Massengill, Alan D. MD
Meredith, Eric MD
Pearce, R. Edward MD
Rautiola, Eric C. MD
Scheil, Charles D. MD
Tate, Knox R. MD
Thorwarth Jr, William T. MD

Rheumatology

Piedmont Rheumatology
225 18th St SE
Hickory, NC 28602

Phone: 828-322-1996
Caldwell, R. David MD
McClory, Jill A., MD

Payne, D. Dennis MD

Surgery: Cardiovascular & Thoracic

Hickory Heart, Lung and Vascular
Associates, PA
420 N Center St
Hickory, NC 28601

Phone: 828-323-1100
Carlton, Richard A. MD
Hennington, Mark H. MD

Purut, Jim M. MD

General Surgery

Carolina Surgery and Cancer Center
1501 Tate Blvd SE - Ste 202
Hickory, NC 28602
Phone: 828-485-2707
Locke, Ronald N. MD
McCluer, Bryan MD
Pabst, Susan J. MD

Conover, NC 28613
Phone: 828-322-8485
Fitzgerald, Dwight M. MD
Thompson Jr, Aaron D. MD

Cook, L. James MD
Cox, Montgomery H. MD
Hata, Jonathan A. MD
Kiell, Charles S. MD
Parish, Kenneth L. MD

Catawba Surgical Associates
3513 Graystone Pl

Hickory Surgical Clinic, Inc
415 N Center St - Ste 102
Hickory, NC 28601
Phone: 828-327-9178
Bradshaw, Peter H. MD

E. Gary McDougal MD, PLLC
1899 Tate Blvd SE - Ste 2106
Hickory, NC 28602
Phone: 828-322-9105

Urgent Care

Catawba Valley Urgent Care-Maiden
137 Island Ford Rd.
Maiden, NC 28650
Phone: 828-428-2446

Catawba Valley Urgent Care-Piedmont
2972 N. Center St.
Hickory, NC 28601
Phone: 828-431-4955
Goforth, James MD

McKaraheer, Charles MD

Urology

Viewmont Urology Clinic
1202 N Center St

Hickory, NC 28601
Eller, Douglas A. MD
Gerrard Sr, Edward R. MD

Gerrard Jr, Edward R. MD
Hardaway Jr, David M. MD

Area Physicians Accepting New Medicaid Patients (as of August 2015)

catawbacountync.gov/dss/Adult/family-physicians-and-pediatricians.pdf

Pediatricians			
Practice Name	Physicians in Practice	Address	Phone
Catawba Pediatrics	Froedge, Bridgeman, Harrill, Lowry, Barrett	18 th St Cr SE, Hickory	828-322-2550
Center for Pediatric & Adolescent Medicine	Tilt, Little, Thomas, Gallagher	Mooreville	704-799-2878
Childhealth Center	Luckadoo, Summer, Frierson, Golub	Sandy Ridge Rd., Hickory	828-322-4453
Lincoln Pediatrics	Israel, Mofrad, Moore	Lincolnton	704-735-1441
Mountain View Pediatrics – Morganton, Lenoir & Valdese	Whalley, Medina, Harden, Carrion, Clapp, Gonzalez	Morganton	828-433-4484
Mulberry Pediatrics	Dodds, Dravland, Kunkle	Lenoir	828-757-5509
Northlake Pediatric Care	Borja	Statesville	704-871-2323
Pediatric Medical Associates	Shah	Lincolnton	980-212-2680
Piedmont Healthcare Pediatrics	Hutchinson, Benson, Evans, Stoner	Statesville	704-838-8245
Unifour Pediatrics	Millsaps, Spees, Lawrence-Hata	Graystone Place, Conover	828-328-1118
Adults and Families			
Catawba Family Care	Black, Duran	Hickory	828-994-4544
Catawba Valley Medical Center Maternity	Prenatal Clinic Only	Hickory	828-466-7196
Catawba Valley Family Medicine (CVFM)-Catawba	Fox	Catawba	828-241-2377
CVFM-Claremont		Lookout St. Claremont	828-459-7324
CVFM-Maiden	Pressler, McManus	Island Ford Rd. Maiden	828-428-2446
CVFM-Mt. View	Lucas	Hwy 127 S, Hickory	828-330-0511
CVFM-Northeast	Kauth, Moua, Hamilton-Brandon, Ramos	Springs Rd, Hickory	828-256-2112
CVFM-North Hickory	Sanderson, Kihneman	29 th Ave NE	828-326-0658
CVFM-Southeast Catawba	Restino, Alexander	Hwy 16 Denver	704-483-0340
CVFM-Viewmont	Witke, Summers, Ferene-Valenta	13 th Ave Pl NE, Hickory	828-324-1699

CVFM-Catawba Valley Family Care	Patel	S Main Ave, Newton	828-464-7770
Catawba Valley Primary Care	Osterer	NW Blvd., Newton	828-464-7800
Family Care Center	Inman, Faulkenberry, Katz, Craig, Devries	Taylorsville	828-632-9736
Fryecare Family Northeast	Britton, Fisher, Feddeer	Hickory	828-449-8458
Mooreville Family Practice	Gross, Renich, Holmes, Worsham	Mooreville	704-663-3063
Rudisill Family Practice	Dr Rudisill	Hwy 127S, Hickory	828-322-5915
Upper Room Family Practice	Morrison	Newton	828-465-6800

Area Dentists and Specialty Physicians Accepting Medicaid (as of December 2015)

<http://www.catawbacountync.gov/dss/Adult/dentists-and-physician-specialists2.pdf>

Dentists Accepting Medicaid (Adults and Children)	
Dr. Bee Yang, Hickory	828-256-3400
Claremont Family Dentistry-Dr. Gordon	828-459-1400
Mountain View Family Dentistry (age 7 and over)	828-294-1448
Dr. Josh Millsaps (ages 5 & over)	828-322-2977
Drs. Bailey, Hudson (age 12 and over)-can do anterior root canals (front teeth)	828-726-0202
Dr. Morris (Statesville) **	704-873-0347
Catawba Family Dentistry (Hickory)	828-695-5778
Affordable Dentures (Conover)**	828-464-6742
Hickory Distinctive Dentistry-Dr. Gaffney (6yrs-adult)** (provides dental care for pregnant women)	828-267-6800
Viewmont Family Dentistry (2yrs-adult)**	828-267-6858
Dentists Accepting Medicaid (Children Only)	
Wimberly Family Dental Practice, Hickory	828-466-2488
Dr. Ross Penland, Newton	828-464-9220
Lincoln County Dental Services, Lincolnton (age 3 - 18)	704-735-2230
The Smile Zone (Dr John Lyons), Gastonia	704-396-6166
Morganton Children's Dental Center (Dr. Sharon Foreman)	828-433-5800
Smile Starters, Conover (ages 0-20)	828-469-3000
Viewmont Family Dentistry (2yrs-adult)**	828-267-6858
Claremont Family Dentistry-Dr. Gordon	828-459-1400
Hickory Distinctive Dentistry-Dr. Gaffney (6yrs-adult)**	828-267-6800
Oral Surgeons Accepting Medicaid (may require a referral from a general dentist)	
Dr. Neuwirth, Hickory (any age)	828-327-7867
Dr. Amy Brooks, Morganton (children only)	828-438-1010

Dentists Accepting NC Health Choice	
Wimberly Family Dental Practice, Hickory	828-466-2488
Dr. Bee Yang, Hickory	828-327-0054
Dr. Pendleton Waldron	828-464-9220
Dr. Conn, Boone (children age 2 and up)	828-264-5450
Dr. Josh Millsaps (age 5 & over)	828-322-2977
Dr. Hatchett, Denver (age 3 and up)	704-489-9919
Catawba Family Dentistry (Hickory)	828-695-5778
Morganton Children's Dental Center	828-433-5800
The Smile Zone, Gastonia	704-396-6166
Smile Starters, Conover (ages 0-20)	828-469-3000
Hickory Distinctive Dentistry-Dr. Gaffney (6yrs-adult)**	828-267-6800

***Will make dentures and/or partials*

Orthodontists (services must be reviewed for Medicaid orthodontic approval)	
Hamilton & Herring, Hickory	828-324-4535
Dr. Penna, Mooresville	704-663-3473
Dr. David Small, Morganton	828-433-1242

Eye Doctors—Ophthalmologists and Optometrists	
Graystone Ophthalmology Associates	828-322-2050
Newton Vision Center	828-464-4136
Dr. Boyles (Startown Rd)	828-327-4006
Dr. Bisanar (Downtown Hickory area)	828-322-8052
Catawba Valley Eye Center (Hwy 127, Viewmont)	828-327-9679
Family Vision Center (Downtown Hickory area)	828-327-2922
Dr. Crystal Hefner (Conover)	828-464-6030
Maiden Eye Clinic	828-428-9175
Dr. Ralph Maynard (Springs Road)	828-256-6577
Hickory Eye Care Center (LR Blvd—Speaks Spanish)	828-328-3900

***Patients do not need a referral for eye exams, glasses, or treatment of pink eye.*

All other eye care services require a referral from their primary care doctor.

Community Health Needs Assessment for Catawba County

Completed by Frye Regional Medical Center in partnership with:
Catawba County Health Department, LiveWell Catawba and Catawba Valley Health System

