Community Health Needs Assessment

Frye Regional Medical Center

Catawba County, North Carolina

FRYE REGIONAL
MEDICAL CENTER
A Duke LifePoint Hospital

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 http://www.fryemedctr.com/

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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: http://www.countyhealthrankings.org/roadmaps/action-center

Perspective / Overview

Creating a culture of health in the community

The 2015 Catawba County Community Health Assessment:

- Represents the systematic collection, assembly, analysis, and dissemination of information about the health of Catawba County.
- Identifies important health indicators related to illness, death, and high-risk behaviors in Catawba County.
- Defines Catawba County's health assets, needs, and priorities.
- Results from a collaborative effort dependent on community input and participation.
- Is facilitated by Catawba County Public Health.

Catawba County Public Health convened the community around a community health needs assessment process. Frye Regional Medical Center (FRMC) was involved with many community organizations to create the assessment, FRMC engaged national leaders in community health needs assessment to assist in the focus group and community report for the medical center. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to create the community report, provide additional community health data and facilitation expertise. Much of the content of this document is taken from the Catawba County Community Health Assessment, 2015 prepared by Catawba County Public Health. All of the parties involved, Catawba County Public Health, the leadership team, research partners, summit attendees, Catawba County Health Partners, Frye Regional Medical Center, and Stratasan will be known in this document as the "consortium."

FRMC's board of directors approved and adopted this CHNA and the attached Implementation Strategy on December 12, 2016.

Starting on December 30, 2016, this report is made widely available to the community via Frye Regional Medical Center's website, **www.fryemedctr.com**, and paper copies are available free of charge at Frye Regional Medical Center.

The Catawba County Community Health Assessment, 2015 is also available at **www.fryemedctr.com** along with additional information gathered by Stratasan.

Participants

Over 100 individuals from over seventy community and health care organizations collaborated on a comprehensive CHNA process focused on creating a comprehensive review of health status and opinions about health and wellbeing in the community. The process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had 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.

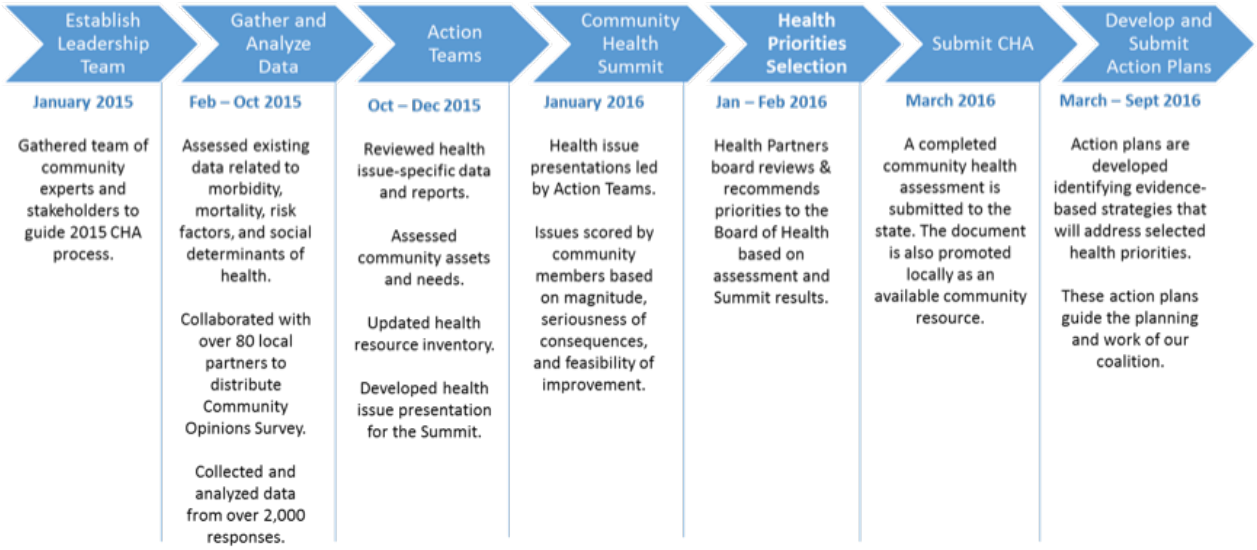
Project components:

- A community profile providing overall information on community demographics and socioeconomic factors, including context regarding social determinants of health.
- An analysis of selected health data of importance to Catawba County and its significance to the community.

- An overview of the data collection process and results, including both secondary data from credible sources and primary data collected through the 2015 Community Health Opinion Survey.
- A comprehensive, issue-specific assessment of assets and needs related to health promotion in Catawba County.
- A detailed explanation of the health priority determination process, including a summary of Catawba County's 2016-2019 priority issues.
- A detailed Health Resource Inventory list.
- Appendices providing specific context and information regarding health conditions, issues, and behaviors in the community.

Community Input and Collaboration

Data Collection and Process Timeline



This graphic provides a brief overview of the process and timeline related to the 2015 Catawba County Community Health Assessment. This process includes community input at every step, from community-based leadership team guidance, to community subject-matter experts serving on action teams, community-wide input through the survey and Community Health Summit.

The Health Department convened the community in a CHA process in January, 2015

In February, 2016, Duke/LifePoint contracted with Stratasan to assist in completing a Community Health Needs Assessment for Catawba County, North Carolina. The consortium sought input from persons who represent the broad interests of the community using several methods:

- Community Health Assessment (CHA) Leadership Team Kick-off Meeting involved sixteen individuals who provided unique knowledge and community connectivity to the CHA process on January 27, 2015. The leadership team provided insight into the community engagement aspects of the CHA. They were asked to participate due to their ability to communicate with and connect CHNA efforts to multiple sectors in

the community, including education, business, healthcare, the Board of Health, Catawba County Health Partners and traditionally underrepresented population and demographic groups (such as low-income, African-American, and Hispanic).

- Eighty local community partners distributed the community opinions survey and over 2,000 community members provided their perspectives on community health needs and issues February through October 2015.
- Information gathering, using secondary public health sources occurred in February through October, 2015.
- A Community Health Summit was conducted on January 12, 2016 with 80 community stakeholders. The audience consisted of healthcare providers, including Catawba County Public Health, Frye Regional Medical Center and physicians, Lenoir-Rhyne University, government representatives, not-for-profit organizations, private employers, and others.
- Catawba County Health Partners reviewed and recommended priorities to the board of health based on assessment and Summit results on January, 19, 2016.
- The Catawba County Board of Health approved community health priorities February 1, 2016.
- Nineteen community members, employers, not-for-profit organizations (representing various populations including medically-underserved, low-income and minority populations, and children), Catawba County Public Health, law enforcement, health providers, and government representatives participated in a focus group for their perspectives on implementation strategies March 17, 2016 at Frye Regional Medical Center.
- Action plans were developed between March and October, 2016.
- The Frye Regional Medical Center board approved the Community Health Needs Assessment, priorities, and implementation plan on December 12, 2016.

Participation in the Leadership Team, focus group, surveys and at the Community Health Summit creating the Catawba County Community Health Needs Assessment and Action Plan was as follows:

Organization	Involvement (Health Council, surveyed, funding, forum, etc.)	Population Represented (kids, low income, minorities, those w/o access)	Low-Income Residents	Minority Populations	Medically Underserved
AccessCare	Action Team - Cancer		✓	✓	✓
Adult Life Programs	Action Team - Senior Health	Seniors	✓		
AHA	Action Team - Heart Disease & Stroke				
ALFA	Action Team - Communicable Disease + STD				
American Cancer Society	Action Team - Cancer		✓	✓	✓
American Heart Association	Summit				
Area Agency on Aging	Action Team - Senior Health	Seniors	✓		
Bethlehem Family Practice	Catawba County Health Partners				
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Board of Health	Board of Health Prioritization		✓	✓	✓
Catawba County Council on Adolescents	Focus Group at FRMC, Action Team - Infant Mortality + Unintended Pregnancy	Adolescents			
Catawba County Emergency Management	Action Team - Preparedness				
Catawba County Government	CHA Leadership Team, Summit, Action Team - Environmental Health	All	✓	✓	✓
Catawba County Public Health	Action Team-All, Catawba County Health Partners, Summit		✓	✓	✓
Catawba County Schools	Action Team - Substance Abuse + Tobacco	Kids			
Catawba County Social Services	Care	Catawba Co	✓	✓	✓
Catawba Family Care	Care	Medically Underserved	✓	✓	✓
Catawba Family Dentistry	Summit, Action Team - Oral Health				
Catawba Pediatric Associates	Action Team - Immunications + Influenza & Pneumonia	Kids			
Catawba Regional Hospice	Catawba County Health Partners, Summit				
Catawba Sheriff's Department	Focus Group at FRMC, Action Team - Injuries	Catawba Co			
Catawba Valley Community College	Action Team-All, Catawba County Health Partners, Summit	Students			
Catawba Valley Internal Medicine	Summit				
Catawba Valley Medical Center	Catawba County Health Partners, CHA Leadership Team, Summit, Action Teams - Twelve of Fifteen		✓	✓	✓
Centro Latino	Focus Group at Frye Regional Medical Center	Latinos			
City of Hickory	Summit, Action Team - Environmental Health				
Cognitive Connection	Action Team - Substance Abuse + Tobacco				
Community Volunteers	CHA Leadership Team, Catawba County Health Partners				
Cooperative Extension	Action Team - Environmental Health		✓	✓	✓
Discover Wellness	Summit				
Duke University Medical Center	Focus Group at FRMC	All	✓	✓	✓
Early Head Start	Focus Group at FRMC, Action Team - Infant Mortality + Unintended Pregnancy	Children			
EMS	Action Team - Injuries				
Frye Regional Medical Center	Catawba County Health Partners, CHA Leadership Team, Focus Group at FRMC, Action Teams - Nine of Fifteen	All	✓	✓	✓
Gaston Family Health Services	Action Team - Oral Health				
Greater Hickory Cooperative Christian Ministry	CHA Leadership Team, Action Teams - Community Profile, Access to Care, Oral Health		✓	✓	✓
Health & Home Services	Action Team - Access to Care		✓	✓	✓

Organization	Involvement (Health Council, surveyed, funding, forum, etc.)	Population Represented (kids, low income, minorities, those w/o access)	Low-Income Residents	Minority Populations	Medically Underserved
Hickory Public Schools	Action Team - Obesity + Nutrition + Physical Activity	Kids			
Humane Society of Catawba County	Summit				
Lenoir-Rhyne University	CHA Leadership Team, Summit, Catawba County Health Partners, Action Team - Substance Abuse + Tobacco, Action Team - Obesity + Nutrition + Physical Activity				
MDI/Board of Health	CHA Leadership Team		✓	✓	✓
Mt. Pisgah AME Church, Catawba Regional Hospi	Catawba County Health Partners				
Newton Family Physicians	Action Team - Immunications + Influenza & Pneumonia				
Physician	Catawba County Health Partners, CHA Leadership Team				
Piedmont Endocrinology	Action Team - Diabetes				
Piedmont Pathology	Summit				
Private Employer - Brian Hissom & Associates	Action Team - Substance Abuse + Tobacco				
Private Employer - Broome Associated Insurance	Summit				
Private Employer - DirectNet, LLC	Focus Group at Frye Regional Medical Center	Catawba Co			
Private Employer - The Porter Agency	Summit				
Safe Kids	Action Team - Injuries				
Senior Information Resources (SIR)	Action Team - Senior Health				
Southeastern Radiation Oncology	Action Team - Cancer				
St. Stephens Elementary	Action Team - Community Profile				
State Hygienist	Action Team - Oral Health				
The Cognitive Connection	Summit				
Transport Insight	Catawba County Health Partners				
United Way	Focus Group at FRMC, Action Team - Community Profile, Action Team - Community Profile		✓	✓	✓
Western Piedmont Council of Governments	Focus Group at Frye Regional Medical Center	Catawba Co			
YMCA of Catawba Valley	Catawba County Health Partners, Summit, Action Team - Obesity + Nutrition + Physical Activity, Action Team - Diabetes		✓		

Input of Public Health Officials

North Carolina Health Departments are extremely robust and in many instances lead the Community Health Assessment and Improvement processes. Catawba County Public Health was the convener for the Community Health Needs Assessment process in Catawba County. Members of the Health Department organized the process, assembled participants, and gathered much of the data.

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 represent the medically underserved, low income and minority populations. Input was received during the focus group, surveys and the summit. Participants were invited based on their ability to represent the medically underserved, low-income and minority populations.

Community Engagement and Transparency

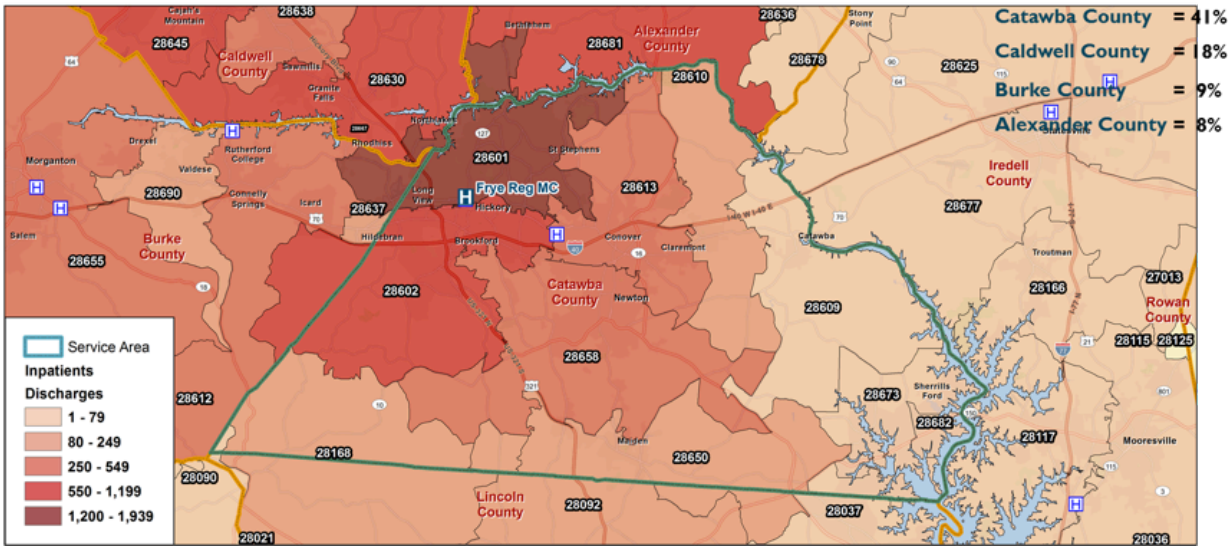
We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope the community will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained on the website or by contacting Frye Regional Medical Center. 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 **www.fryemedctr.com**.

Community Selected for Assessment

Frye Regional Medical Center's health information provided the basis for the geographic focus of the CHNA. The map below shows where Frye Regional Medical Center received its patients; most of Frye Regional Medical Center's inpatients came from Catawba County (41%). Therefore, it was reasonable to select Catawba County as the primary focus of the CHNA. However, surrounding counties should benefit from efforts to improve health in Catawba County.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which Frye Regional Medical Center draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Frye Regional Medical Center's Financial Assistance Policy.

Frye Regional Medical Center Patients - 2015



Key Findings of the Community Health Assessment

Information Gaps

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

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) were not represented in the survey data. The community survey was provided in Spanish.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community Health Opinion Survey – paper and electronic in English and Spanish. The survey was created in partnership with faculty and students associated with the Master of Public Health program at Lenoir-Rhyne University. Suggested questions were gathered from resources provided by the NC Division of Public Health, as well as other vetted, valid and reliable community health surveys. The survey is comprised of questions relevant to demographic information and constructs related to community health. The survey was collected from 2,339 individuals, resulting in 2,072 usable completed surveys for primary data analysis.
- Community focus group – The focus group was held at Frye Regional Medical Center and focused on how Frye Regional Medical Center could help in implementation the priorities identified in the CHNA.

Secondary methods included:

- County Health Rankings from the Robert Wood Johnson Foundation and the University of Wisconsin (several sources mentioned later in the document)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Reports provided by the NC Department of Health and Human Services
- Databases maintained by the NC State Center for Health Statistics
- Reports and information provided by Catawba County Government departments
- Data and information provided by local service providers and funding agencies
- Demographics – population, poverty, uninsured, U.S. Census Bureau and Esri
- Psychographics – demographic data with behavioral data, Esri

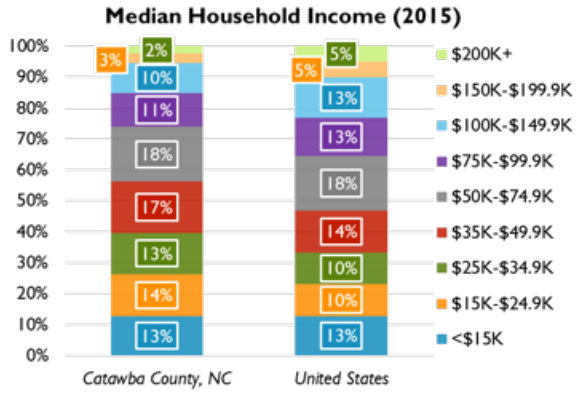
Demographics of the Community

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

	Catawba County	North Carolina	USA
Population (2015)	155,331	10,014,449	318,536,439
Median Age (2015)	41.1	38.3	37.9
Median Household Income (2015)	$43,208	$46,306	$53,217
Annual Pop. Growth (2015-20)	0.19%	1.10%	0.75%
Household Population (2015)	61,436	3,945,351	120,746,349
Dominant Tapestry (2015)	Southern Satellites (10A)	Southern Satellites (10A)	Green Acres (6A)
Businesses (2015)	7,216	407,540	13,340,415
Employees (2015)	99,423	4,723,334	158,567,719
Medical Care Index* (2015)	86	90	100
Average Health Expenditures (2015)	$1,795	$1,886	$2,098
Total Health Expenditures (2015)	$110.3 M	$7.4 B	$253.3 B

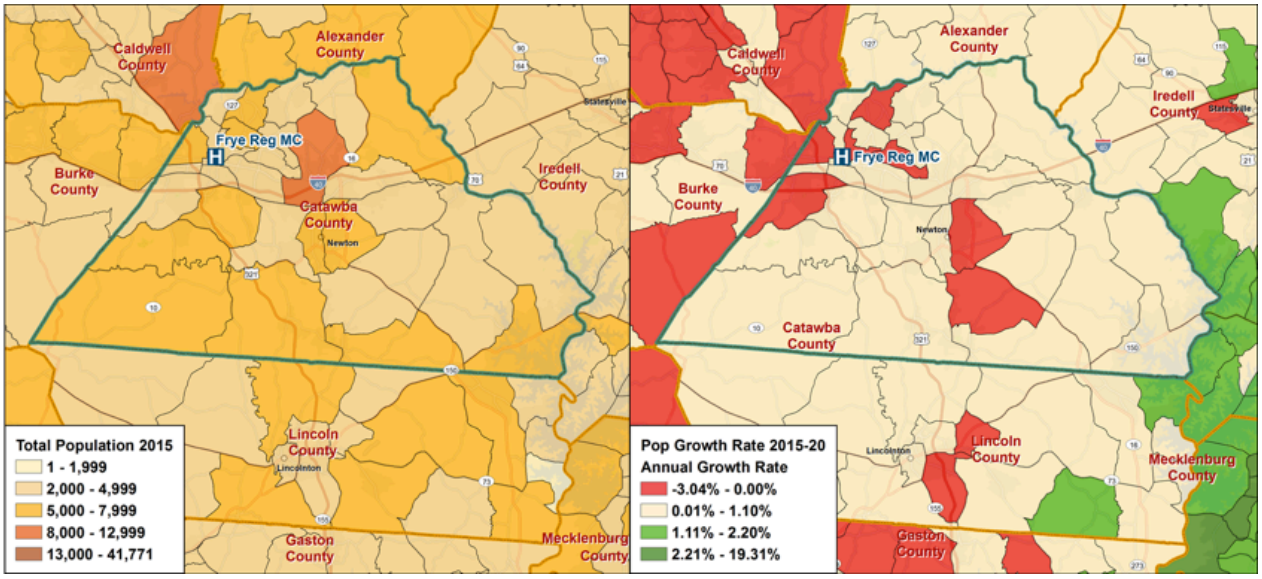
Racial and Ethnic Make-up	
White	80%
Black	9%
American Indian	0%
Asian/Pacific Islander	4%
Two or More Races	4%
Other	2%
Hispanic Origin	9%

Source: Esri



- The population of Catawba County was projected to increase from 2015 to 2020 (.19% per year), lower than the rate of NC at 1.10% and the U.S. at .75%.
- Catawba County was older (41.1 median age) than NC and the U.S. and had lower median household income ($43,208) than both NC and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Catawba County (86 index) spent 14% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital services).
- The racial make-up of Catawba County was 80% white, 9% black, 4% Asian/Pacific Islander, 4% two or more races, 2% other, and 9% Hispanic origin. (The numbers will total to over 100% due to Hispanic being an ethnic group, not a race)
- The median household income distribution of Catawba County was 15% higher income (over $100,000), 58% middle income and 27% lower income (under $24,999).

2015 Population by Census Tract and Population Change 2015-2020



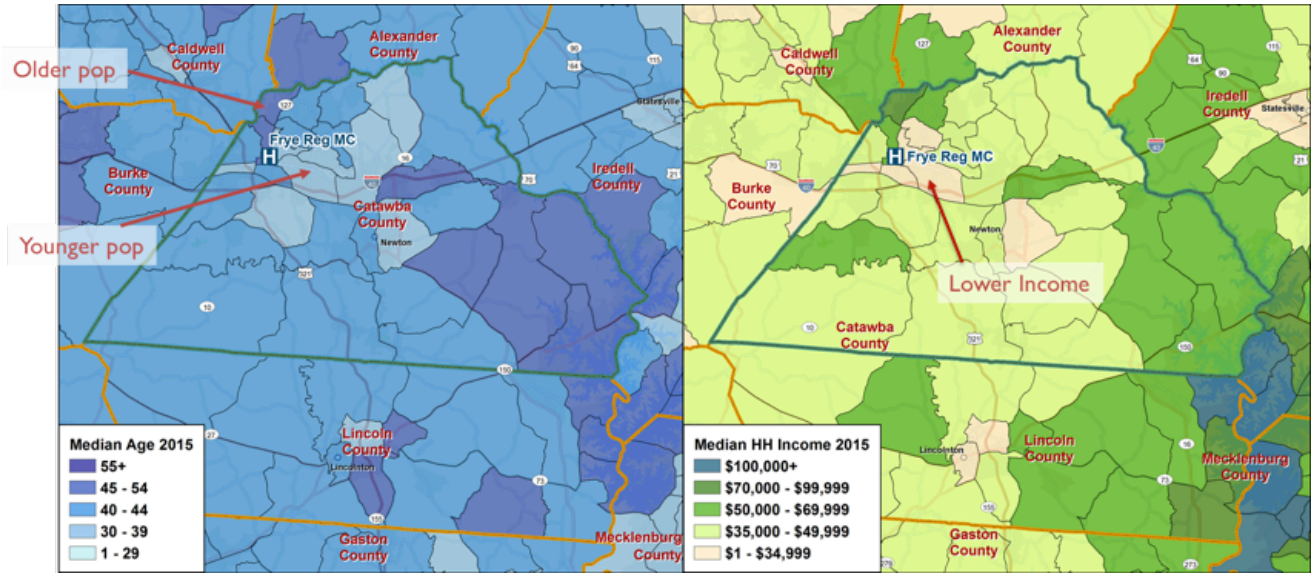
Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There was higher population census tract, 8,000-12,999 east of Hickory toward Fairgrove. There were several census tracts in the 5,000-7,999 population range. There were also a fair number of more sparsely populated census tracts with 2,000-4,999 population.

The population was projected to grow most in the census tracts in the county, .01% to 1.10%. There were also six census tracts projected to decline in population. Several of these around Hickory and two east and south of Newton.

2015 Median Age

2015 Median Income



These maps depict median age and median income by census tract. There were areas of older population in the northwest and southeast corners. There is also a pocket of older population east of hickory, near Conover. The median age of these tracts was 45-54 compared to 40-44 throughout most of the county. There were a few census tracts with a lower median age, 30-39 in eastern Hickory and Newton.

There was an area of lower median household income $1-$24,999, in Hickory and near Newton.[1] Not all households were at the median in the census tracts, but these are indicators of segments of the population that may need focused attention. Most of the county is in the range of $35,000 to $49,999 median household income. There is a tract of higher income north of Hickory at the County line by Lake Hickory $70,000-$99,999. There are also several tracts with $50,000-69,999 median income near the higher income census tract in the northwest corner of the county, one south of Hickory and one east of Hickory in Claremont. A Hickory census tract south of FRMC had the highest number of households making less than $15,000 along with the tract east of Newton. These two census tracts also had lower median household incomes.

The rate of poverty in Catawba County was 15.2% (2009-2013 data), which was below NC (17.5%), the U.S. (15.4%) and contiguous counties. The poverty percentage was lower than contiguous counties. Burke was highest at 20.0%. While these improvements in access to healthcare show promising trends in community-level health, socioeconomic risk factors continue to significantly impact health and wellbeing. There has been an increase in poverty among residents, especially among children. In 2009, 12.2% of Catawba County residents were living in poverty. This has increased to 15.3%, or 23,265 community residents, living in poverty in 2014. Poverty among children has increased by 36% between 2009 and 2014, with 23.4% of children in the community living in poverty.

Catawba County's unemployment was 5.3% compared to 5.6% for North Carolina and 5.0% for the U.S. Unemployment decreased significantly in the last few years.

A major change in community health across the country has been the implementation of provisions required through the Affordable Care Act. Since the 2011 CHA, Catawba County has seen a decrease in the uninsured population under age 65 from 19.3% in 2009 to 18.4% in 2013. The percentage of uninsured children in Catawba County decreased by 30% between 2009 and 2012. After a small increase in 2013, the overall percentage of 7% was still significantly lower than in the 2011 CHA. Access to healthcare through Medicaid enrollment increased by 16.92% between 2009 and 2013. Other factors that may have influenced increased access to care in Catawba County include a decrease in unemployment since the 2011 CHA, as well as the 9,339 residents enrolled in federal marketplace insurance plans during the November 2014-February 2015 enrollment. Of those, 93.8% qualified for tax credits under the Affordable Care Act. Uninsured in Catawba County for people less than 200% of poverty the percentage of uninsured was 27%.

Health Status Data

The leading causes of death in Catawba County were Cancer at 209.1 closely followed by heart disease at 209.0 per 100,000 population. Cancer is also the leading cause of death in North Carolina followed by heart disease. Heart disease is the leading cause of death in the U.S., followed by Cancer. After heart disease and cancer, the leading causes of death were, chronic lower respiratory disease, stroke, Alzheimer's disease, diabetes, kidney disease and liver disease. Source: 2012- 2014 North Carolina Department of Health; CDC official final deaths 2014.

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

Community Health Trends

The following is taken from "Catawba County North Carolina Community Health Assessment, 2015 produced by Catawba County Public Health.

There have been several emerging trends in community health since the 2011 CHA. Many of these trends represent areas with a significant positive or negative impact on population wellbeing and are related to increasing or reducing barriers to health for individuals and communities.

As mentioned above, cancer remains the number one cause of death in Catawba County. However, data from the 2015 assessment process shows a drop in overall cancer incidence, from a rate of 469.6 per 100,000 in 2004-2008 to a rate of 460.3 per 100,000 in 2008-2012. This reduction in incidence can also be observed among leading site-specific diagnoses including prostate, breast, lung/bronchus, and colon/rectum cancers. While mortality remains high, this drop in incidence indicates a positive trend in prevention.

Another positive trend related to cancer is the decrease in mortality related to lung cancer. While lung cancer remains the leading cause of cancer mortality, there has been a 19.97% decrease in lung cancer deaths from 72.6 deaths per 100,000 in 2009 to 58.1 deaths per 100,000 in 2013.

With regard to cancer in Catawba County, there are two trends of concern since the 2011 CHA. First, there has been a net increase in breast cancer mortality from 2009 to 2013. Data also shows that 22.43% of all cancer diagnoses in 2014 were made at Stage III or IV, with 63.13% of lung cancer, 46.34% of rectum cancer, and 41.03% of colon cancer diagnoses occurring at a late or advanced stage.

Heart disease is second only to cancer in leading mortality in Catawba County. While it remains a leading cause of death, mortality associated with heart disease has decreased since the 2011 CHA from 187.2 deaths per 100,000 to 181.9 deaths per 100,000. Analysis also shows an 18.7% reduction in morbidity related to heart disease, from 226.8 per 100,000 in 2001-2005 to 184.5 per 100,000 in 2009-2013.

Stroke, which is the fourth-leading cause of death in Catawba County and shares similar risk factors with heart disease, has also trended downward by17.9%. Stroke mortality has decreased from 58.5 deaths per 100,000 in 2004-2008 to 48.0 deaths per 100,000 in 2009-2013.

With regard to youth in Catawba County, several positive trends have been identified since the 2011 CHA. A significant reduction in the number of 6th-graders reporting tobacco use, from 2.4% in 2008 to 0.6% in 2013, suggests a growing delay in the onset of tobacco use among Catawba County youth. Analysis of teen pregnancy data shows a 40.86% decrease overall from 55.8 per 1,000 in 2009 to 33.0 per 1,000 in 2013. This rate exceeds the Healthy North Carolina 2020 goal of 34.8 per 1,000. Decreases in teen pregnancy are also seen across racial and ethnic groups, as the teen pregnancy rate among Hispanic/Latina youth more than halved from 2009 and 2013.

Suicide is an emerging trend of concern, especially among the younger population in Catawba County. Suicide rates increased from 14.8 per 100,000 deaths in 2005-2009 to 15.6 per 100,000 deaths in 2009-2013. This increase has resulted in suicide becoming the 10th-leading cause of death overall in Catawba County. In analyzing mortality across age groups, suicide is the third-leading cause of death for ages 20-39. According to the 2013 Catawba County Pride Survey, 22.6% of students surveyed in the sixth, eighth, 10th, and 12th

grades indicated that they have thought about committing suicide at least once. Of these, 5.4% indicated suicidal ideation "often" or "a lot," an increase from 4.7% in 2008.

Positive trends were also noticeable in assessing senior health. Approximately 24,600 residents, or 15.9% of the county population, are 65 years or older. While chronic diseases remain the leading causes of death in this age group, there are evident positive trends related to mortality and chronic disease. In analyzing five-year mortality rates from 2004-2008 and 2009-2013, mortality rates associated with cancer, heart disease, diabetes, stroke, and Alzheimer's disease dropped in the older adult population. Most significantly, mortality associated with Alzheimer's disease decreased by 47.07%, and diabetes-associated deaths decreased by 36.81%.

While the decrease in mortality associated with chronic diseases in the older adult population is promising, there is a concerning trend related to falls. Since 2011, the number of emergency room visits attributed to falls among older adults in Catawba County has experienced a net increase from 1,704 to 1,811.

Health Disparities

Health disparities are defined as inequitable differences in health status, disease, and mortality based on geography, socioeconomic status, race, or other social and biological determinants. These disparities can have a disproportionate negative impact on the health of certain populations within the community. Several disparities were noted in the health assessment process, with particular attention to racial and ethnic disparities:

The African-American population is more likely to die from heart disease, diabetes, cancer, stroke, and kidney disease.

While overall stroke mortality has decreased since the 2011 CHA, it has increased in the African-American community.

Community Health Opinion survey respondents that had lower income, lower educational attainment, or were African-American were more likely to be obese.

African-American mothers were less likely to report access to early and adequate prenatal care than White mothers.

There is a disparity between White infant mortality rates and African-American infant mortality rates in Catawba County. The infant mortality racial disparity ratio between the two groups is 4.00. This is higher than the state disparity ratio of 2.52 and the Healthy NC 2020 goal of 1.92.

The teen pregnancy rate for Hispanic/Latina youth (52.3 per 1,000) is almost double that of the White population (26.2 per 1,000). The African-American teen pregnancy rate is the highest at 54.8 per 1,000.

Food desert tracts and census tracts with lower access to parks were more likely to represent areas with lower income and higher minority populations.

Notable disparities in social determinants of health may also play a role in the health-specific disparities mentioned above. Poverty disproportionately affects minority communities in Catawba County. While 68% of the county's population living in poverty is White, this represents 12.5% of the total White population. While African-Americans make up only 8.4% of the total population, 17.2% of those living in poverty are African-American. This means that 31.7% of the African-American community in the county lives in poverty.

Hispanic/Latinos are also at a disadvantage economically, with 36.5% of this population living in poverty in 2014. This represents more than 20% of the poverty-stricken population in the county, despite only 8.4% of the total population being Hispanic/Latino. This economic disparity helps to provide context to how poverty impacts the needs of the county population overall, as well as how poverty can disproportionately impact minority communities.

County Health Rankings

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin,[2] Catawba County ranked 29th healthiest county in North Carolina out of the 100 counties ranked (1= the healthiest; 100 = unhealthiest). County Health Rankings suggested the areas to explore for improvement in Catawba County were: adult smoking, adult obesity, physical inactivity, and alcohol-impaired driving deaths. The areas of strength were identified as population to primary care physicians, preventable hospital stays, percentage of Medicare diabetic monitoring, percentage of mammography screening, percentage of high school graduation, income inequality, and there were no drinking water violations.

When analyzing the health status data, local results were compared to North Carolina, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where Catawba County's results were worse than the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There were several lifestyle gaps that need to be closed to move Catawba County up the ranking to be the healthiest community in North Carolina and eventually the Nation. For additional perspective, North Carolina was ranked the 31st healthiest state out of the 50 states.

Focus Group, Interview Results, Health Status Rankings and Comparisons

Focus Group Results

Nineteen community members, employers, not-for-profit organizations (representing various populations including medically-underserved, low-income and minority populations, and children), Catawba County Public Health, law enforcement, health providers, and government representatives participated in a focus group for their perspectives on implementation strategies March 17, 2016 at Frye Regional Medical Center.

There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90 minute discussion.

- When asked how Frye Regional could help improve the top three health issues facing the community, physical activity, nutrition and chronic disease, the group mentioned:
    - Walk the talk- healthcare professionals have to be role models, don't serve fried food in the cafeteria, and decrease the price of water so it's more attractive than Mountain Dew. Add calorie counts to food in the cafeteria.
    - Use the hospital's influence with city leaders, county commissioners and others to improve health and quality of life

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

    - Promote the regional bike system and walking trails
    - Offer fitness and nutrition classes at schools and worksites.
- When asked what other community health needs FRMC could help with, the group mentioned:
    - Find specialists to take charity patients, particularly Gynecology
    - Cancer screenings for charity patients – colonoscopies and fecal occult blood tests
    - Prenatal care
    - Elderly care – there are not going to be enough elderly care providers – gerontologists, home care, adult day care.
    - More cancer education
    - Constantly communicate resources and services available
    - Focus on children to improve health
- The group thought the biggest barriers to implementing strategies related to physical activity, nutrition, and chronic disease in the county:
    - There are three school systems in the county making it more difficult to have one coordinated efficient effort in the schools for wellness
    - Transportation – some people can't access healthcare during the day and can't get transportation until the evening and end up in the emergency department.
    - Funding
    - Driver's license issues in the Latino community
    - How to meet people where they are, getting them connected and welcome
    - There is a city and county government – difficult to implement ideas quickly
    - Communication
    - Fragmentation of resource guides. The Help Book – resource guide for birth through 8 years old Partnership for Children coordinates. The Area Agency on Aging has a senior resource guide. 211 has a resource guide.
    - Catawba County geography and whose orbit are we in is fragmented – Charlotte, Winston/Salem, Piedmont, Western, always in a different orbit.
    - Community resources feel fragmented. Making health a priority requires relationships. When someone leaves a role, the relationship is gone and the connection is lost.
    - Health disparities are socioeconomic, racial, ethnicity, age related. Communicate to all the populations so they know what resources are available. It takes trust to build these relationships. It takes the whole community to meet these needs. Centro Latino can't meet all the needs of the whole Latino community. People in the southern part of the county have worse health, lower socioeconomics, sicker, dying sooner and have less access. Trust takes time and effort to build. It may take 4 to 5 visits with someone to gain trust. Meet people in their neighborhood, involve them in the conversations. Focus on small groups with someone they trust.
- The group listed the following as community assets to support health:
    - Schools and work places are captive audiences to reach people.

- Focus on places that touch life – church, friends, children
- Hickory Housing authority
- Centro Latino
- Churches – faith community, pastor meetings
- Libraries
- Home school group

Community Health Opinion Survey Results

Over the course of data collection, 2,339 surveys were submitted to Catawba County Public Health through both internal and partner distribution. Out of this total number, 183 responses were omitted from analysis due to the respondent residing outside of the county. An additional 84 entries were omitted due to insufficient response to the survey. A final total of 2,072 valid responses were used for analysis. All results are located in the Catawba County CHA, 2015. Below are some highlights.

- Weight status was analyzed by calculating BMI based on respondents' self-reported height and weight. Results from BMI analysis show that over one third of respondents were classified as obese, with almost thirty percent being classified as overweight. Average BMI among respondents was 28.95. Respondents without a high school degree were more likely to be overweight/obese than those with higher educational attainment. African-American respondents were more likely to be overweight/obese than other races.
- Most respondents (52.46%) indicated poor physical health for no days within the past month. 20.4% responded they had one to two days of poor physical health, 13.4% had three to seven days of poor health, 5.3% had 8-29 days of poor health and 3% had 30 days of poor health.
- Most respondents (47%) reported poor mental health for no days within the past month. 20% reported 1-2 days of poor mental health, 17% reported 3-7 days of poor health, 9% reported 8-29 days and 3.5% reported 30 days of poor mental health. Note, a higher percentage reported no poor physical health days than reported no poor mental health days.
- When asked about health conditions, 52% responded they were overweight, 28% indicated they had hypertension, 22% obesity, 21% high cholesterol, and 19% reported depression.
- When asked about services that need the most improvement in the community, 39% responded higher paying employment, 32% more affordable health services, 29% availability of employment, 28% better/more healthy food options, 28% positive teen activities and 27% better/more recreational facilities.
- The most common topics that respondents felt the community needs more information about were: nutrition, physical activity, weight management, stress management, drug/alcohol abuse prevention, and tobacco use prevention. These topics represent a range of overall promotion of community wellbeing and fall in line with risk and protective factors for chronic diseases and conditions such as obesity, diabetes, heart disease, hypertension, stroke, and cancer.
- 12.9% of respondents stated they did not have health insurance. The primary reason was, cannot afford it followed by, not qualifying for Medicaid. Respondents with lower household incomes ($25,000 per year or less) were more likely to not have insurance than those with higher household incomes.
- Over 84% of individuals with health insurance coverage reported receiving a general physical exam within the last year, compared to 55% of those without health insurance coverage. Approximately 72% of

Latino respondents received a physical exam within the past year compared to 79% of African-American respondents and 82% of White respondents.

- Respondents who indicated more frequent physical exams also reported more frequent dental visits. Those without insurance coverage were less likely to visit the dentist within the past year. Approximately 49% of African-American respondents reported visiting the dentist within the past year compared to 60% of Latino respondents and 71% of White respondents.
- While most respondents indicated that they would go to their own doctor's office to seek medical attention, there was a scattering of respondents that indicated pursuing as needed care at other clinics or practices. Respondents with household incomes below $25,000 per year were more likely to report going to the emergency room when they need medical care than respondents with higher incomes.
- While a majority of respondents indicated that nothing prevented them from receiving health care, the most common reported cause that did prevent care was the cost burden of fees/deductibles/co-pays. Other common reported reasons were a lack of health insurance and insurance not covering needed services.
- More than 65% of respondents reported being physically active outside of work during a normal week. The most common reasons given for not being physically active were not having enough time and being too tired for exercise.
- The most common suggested community improvements to promote physical activity were: sidewalks, walking routes/paths, more/closer parks, greenways, and better lighting. All of these recommendations promote accessible options for a variety of physical activities for leisure, transportation, and exercise.
- Only 51% of respondents reported eating the recommended serving of fruits and vegetables per day. The most common reasons given for not eating fruits and vegetables were not thinking about it and cost. African-American and Latino respondents were less likely to report meeting fruit and vegetable intake recommendations than White respondents.
- Lower income respondents were less likely to indicate having easy access, and more likely to indicate not being able to afford healthy foods and not having transportation to the store. Cost was the most commonly indicated barrier to healthy food purchasing.
- 88% reported they did not smoke at all, 8% smoked every day and 4% smoked some days. The 20 to 30 year old age group was more likely to report smoking every day than other age distributions.
- Approximately 43% of respondents reporting trying to quit within the last year were every day smokers.
- The most common distracted driving behaviors reported by respondents were: talking to passengers, eating or drinking, adjusting the radio, making or accepting calls, interacting with children in the back seat, changing CDs/DVDs/tapes, and using a smart phone for navigation.
- Almost three quarters (73%) of those with prescription medications do not keep them in a locked cabinet, drawer, or container. Respondents between 20 to 30 years old were the most likely to report locking prescription medications away.
- Respondents with lower househ0ld incomes (less than $25,000) were more likely to report not being prepared for a natural disaster or emergency than those with higher household incomes. Minority respondents were significantly less likely to report being prepared for a natural disaster or emergency than White respondents.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the Community Health Needs Assessment in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus group, and interviews. When data was available for North Carolina, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths and it's important to continue focus on strengths so they don't become opportunities for improvement.The full data analysis can be seen in the CHNA PowerPoint. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data was contained in the source notes below the graphs.

Leading Causes of Death per 100,000

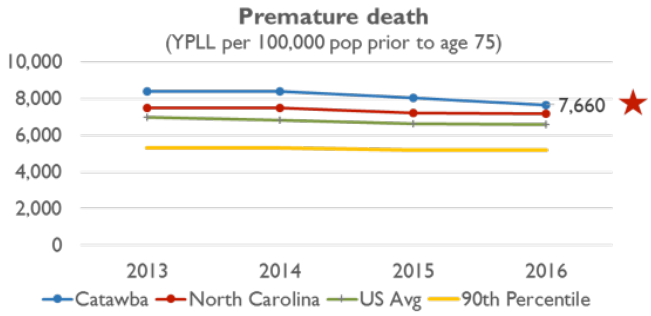
Cause of Death	Catawba Co (2011-2014)	North Carolina (2011-2014)	US (2013)
Heart Disease	209.0	206.0	193.3
Cancer	209.1	213.5	185.0
Chronic Lower Respiratory Disease	76.4	62.0	47.2
Accidents	38.2	31.4	41.3
Stroke	53.6	51.6	40.8
Alzheimer's Disease	35.2	42.8	26.8
Diabetes	26.2	26.9	23.9
Influenza and Pneumonia	25.2	18.7	18.0
Kidney Disease	21.5	27.9	14.9
Suicide	**	**	13.0
Liver Disease	17.0	**	11.5

Source(s): CDC/NCHS, National Vital Statistics System, Mortality 2013 (2014); North Carolina County Health Data Book - N.C. Department of Health and Human Services (2016); unadjusted per 100,000

Red areas had death rates higher than the state. The leading causes of death in Catawba County were Cancer at 209.1 closely followed by heart disease at 209.0 per 100,000 population. Cancer is also the leading cause of death in North Carolina followed by heart disease. Heart disease is the leading cause of death in the U.S., followed by Cancer. After heart disease and cancer, the leading causes of death were, chronic lower respiratory disease, stroke, Alzheimer's disease, diabetes, kidney disease and liver disease.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Catawba County ranked 34th in Health Outcomes out of 100 North Carolina counties. Catawba County ranked 42nd out of 100 North Carolina counties in length of life. Length of life was measured by years of potential life lost per 100,000 population prior to age 75.

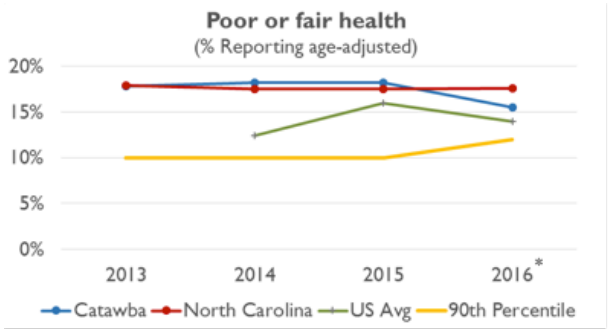


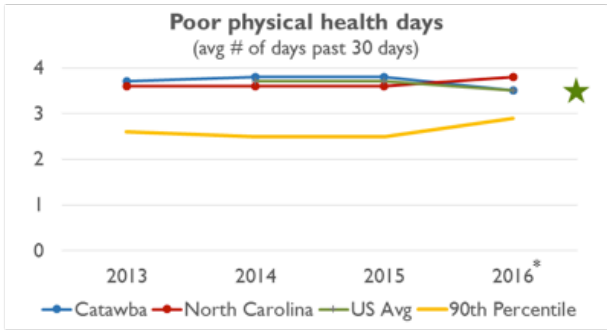
Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013

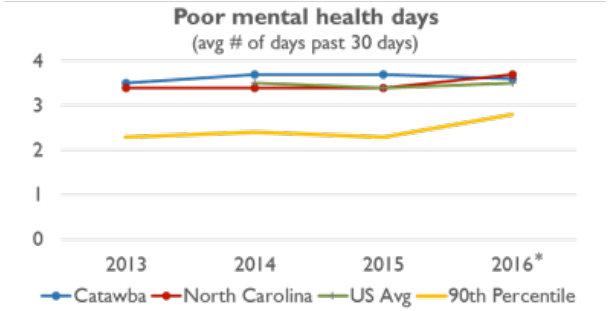
In most of the following graphs, Catawba County will be blue, North Carolina red, U.S. green and the 90th percentile gold.

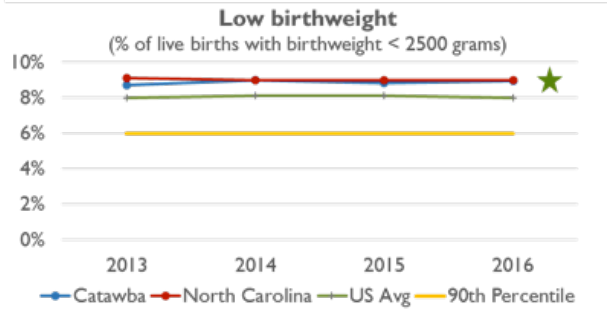
Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams 5 pounds 8 ounces. Catawba County ranked 21st out of 100 counties for quality of life.









Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014
Source: County Health Rankings: National Center for Health Statistics – Natality files (2007-2013)
**indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.*

Strengths

- Catawba County had a lower average number of poor physical health days than NC and the same as the U.S. with 3.5 poor physical health days out of the past 30 days.

Opportunities

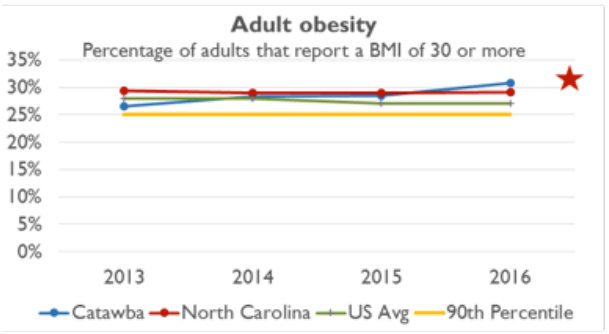
- Catawba County had higher years of potential life lost than NC and the U.S.

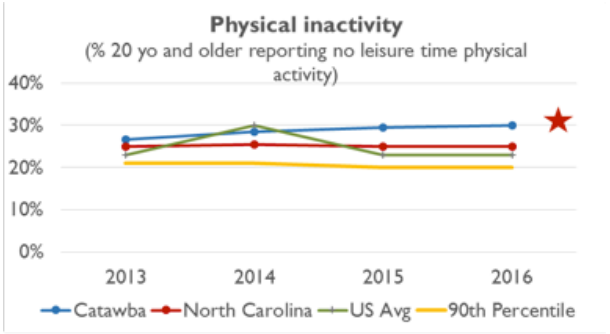
Health Factors or Determinants

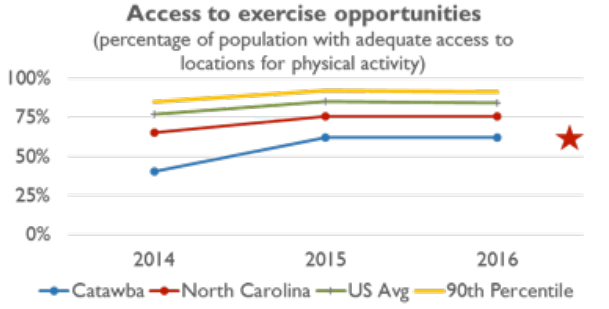
Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Catawba County ranked 25th out of 100 North Carolina counties for health factors.

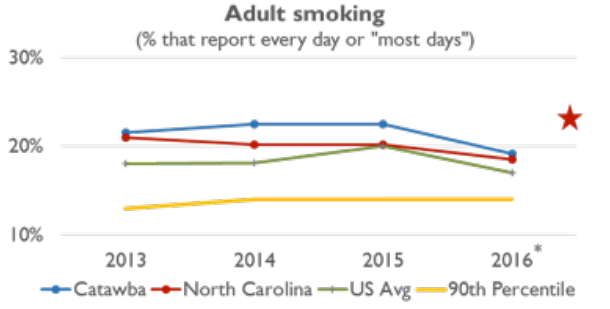
Health Behaviors

Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Catawba County ranked 58th out of 100 counties in North Carolina for health behaviors.

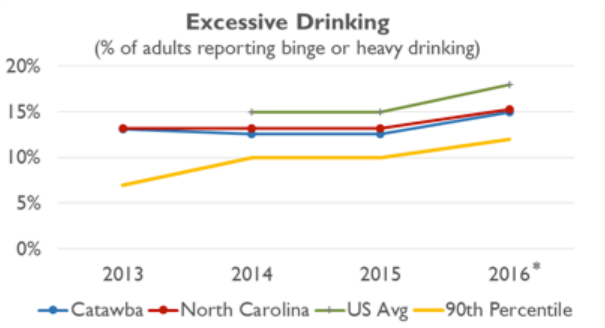


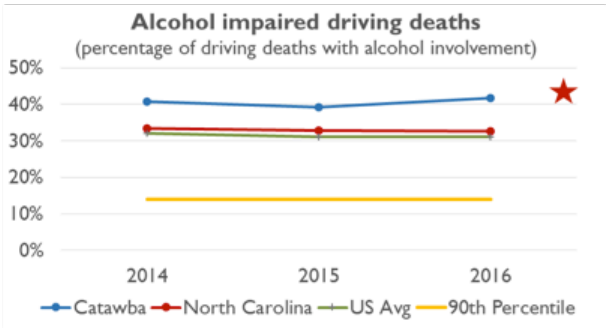


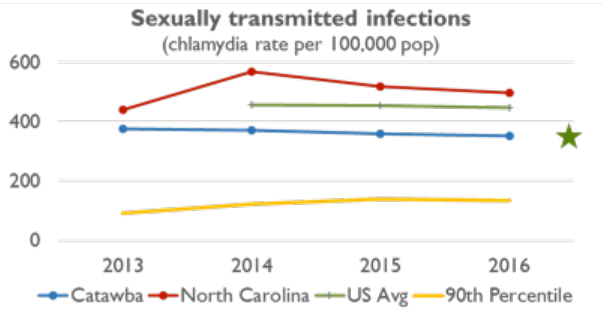


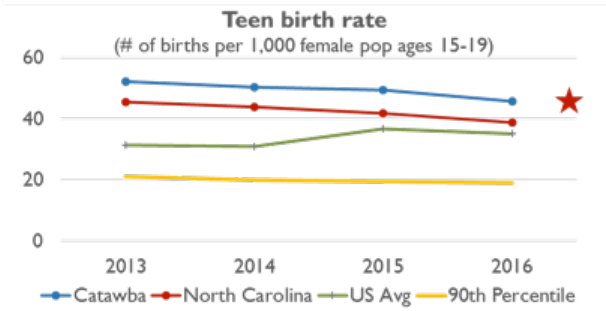


Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012
Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and U.S. Census Tigerline Files, 2013
Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)

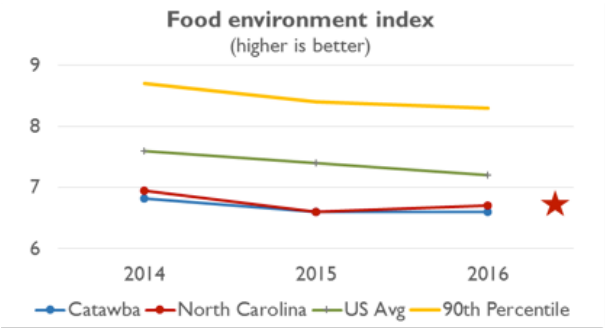


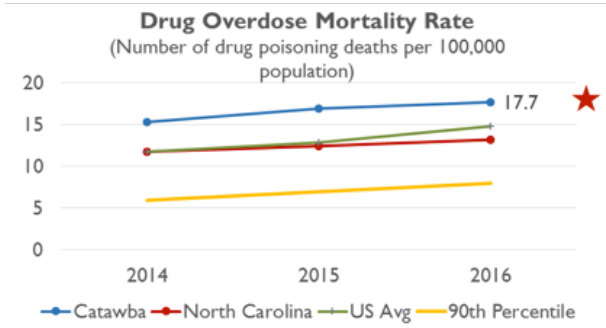






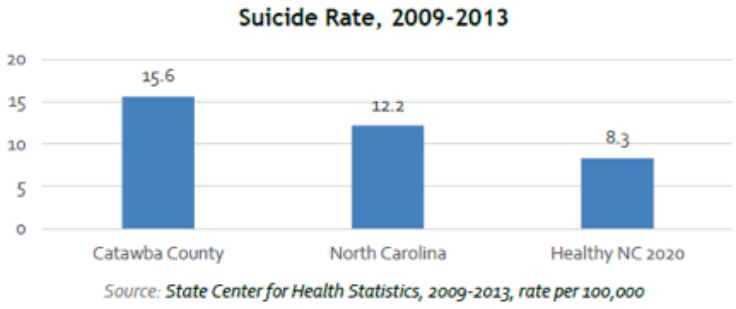
Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014
Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014
Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013
Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2007-2013





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

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013
Source: County Health Rankings; CDC WONDER mortality data, 2012-2014



Source: State Center for Health Statistics, 2009-2013, rate per 100,000

Strengths

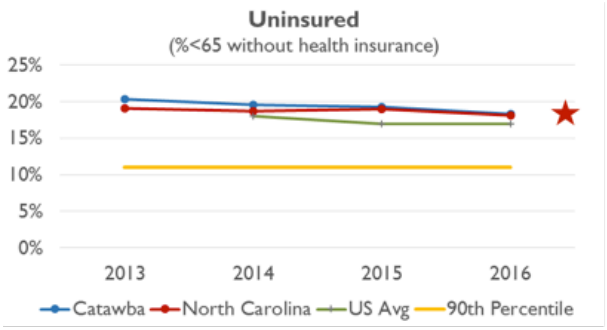
- Catawba County had lower sexually transmitted infections measured as chlamydia rate per 100,000 population than NC and the U.S. However, there has been an increase in syphilis incidence.

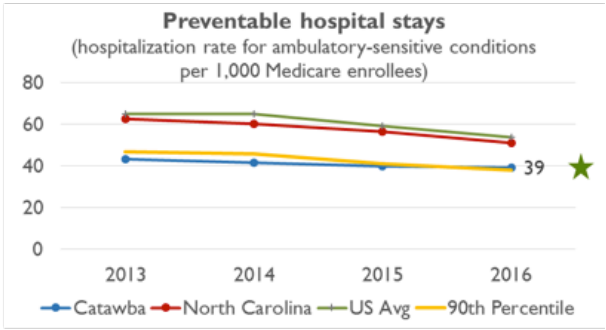
Opportunities

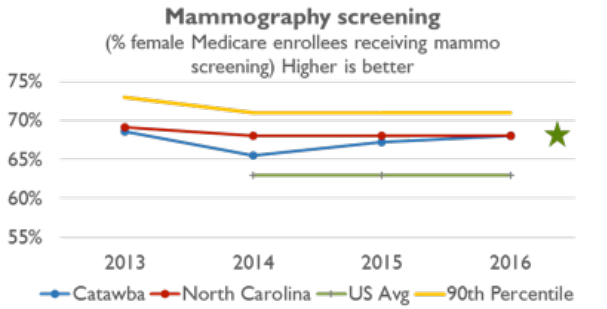
- Adult obesity, was higher than NC and the U.S. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
- Physical inactivity was higher in Catawba County than NC and the U.S.
- The percentage of the population with adequate access to locations for physical activity was lower in Catawba County than NC and the U.S.
- Adult smoking in Catawba County, was slightly higher than NC and the U.S. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. However, there has been a decrease in tobacco use among county sixth-graders indicating future improvements.
- The percentage of driving deaths with alcohol involved was higher than NC and the U.S.
- The teen birth rate in Catawba County was higher than NC and the U.S. at 45.8 births per 1,000 females age 15-19. However, the teen birth rate has been declining which is positive.
- The food environment index, a measure of access to food and food insecurity was lower than NC and the US. An increase in the number of community food deserts.
- The drug overdose mortality rate, was higher than NC and the U.S. and increasing.
- The suicide rate in Catawba County has risen from 14.8 deaths per 100,000 (2005-2009) to 15.6 per 100,000 in 2009-2013. This has moved suicide up to the 10th overall leading cause of death in Catawba County. Suicide is the third-leading cause of death among Catawba County residents ages 20 to 39 and is more common among men than women.

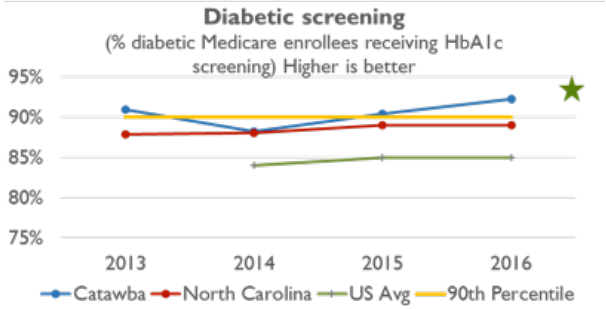
Clinical Care

Clinical care ranking is made up of eight indicators, and they account for 20% of the county rankings. Catawba County ranked 16th out of 100 North Carolina counties in clinical care.

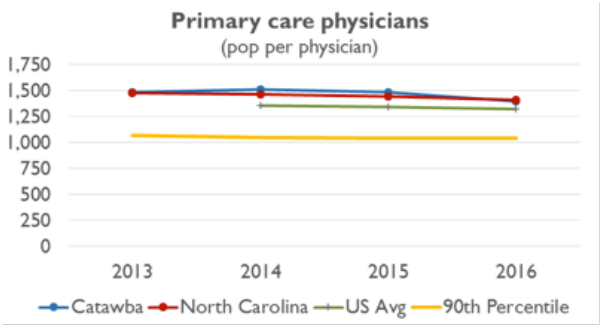


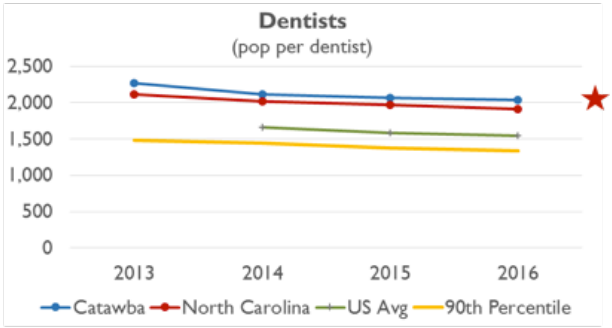


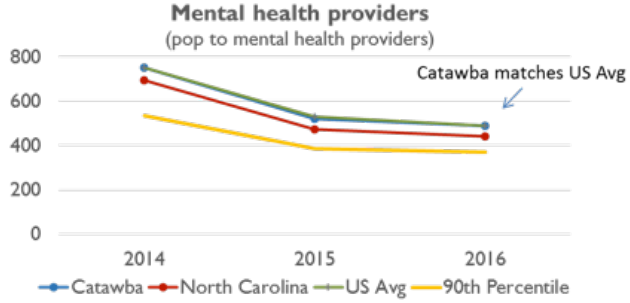


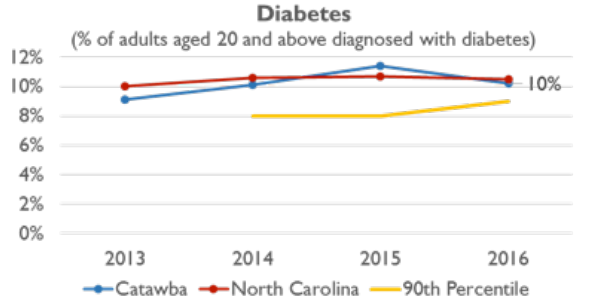


Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013









Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014
Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Strengths

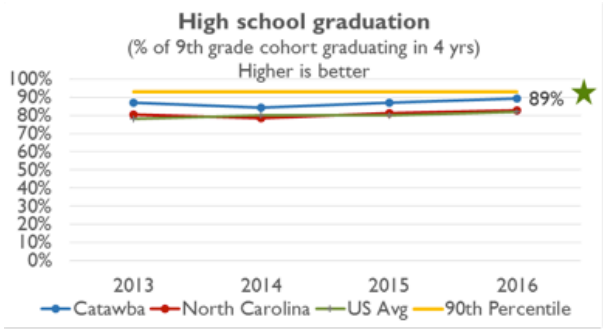
- The preventable hospital stays measured as the hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees is at the 90th percentile in Catawba County, significantly lower than NC and the U.S.
- The percent of female Medicare enrollees receiving mammography screening is higher than the US equal to NC.
- The percent of diabetic Medicare enrollees receiving diabetic screening was higher than NC and the U.S.
- There was a drop in overall cancer incidence, as well as a decrease in deaths from lung cancer.

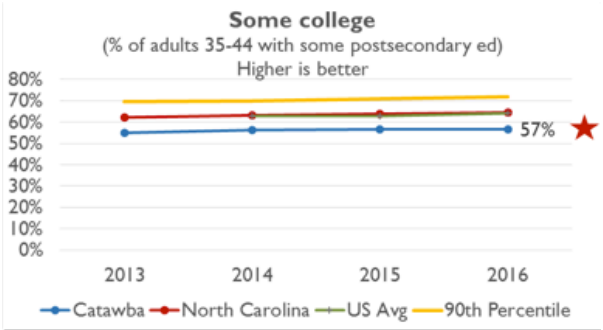
Opportunities

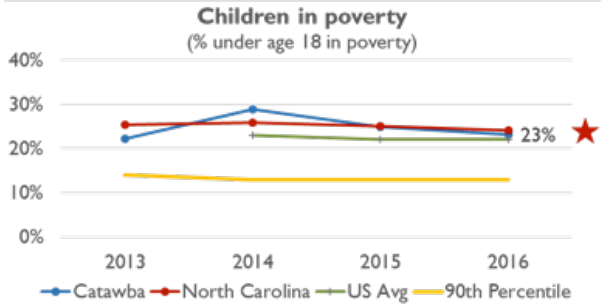
- Percent uninsured was similar to NC and higher than the U.S.
- The population per dentist was higher in Catawba County than NC and the U.S.
- There was an increase in cancer mortality among minority populations and a rise in breast cancer mortality overall.

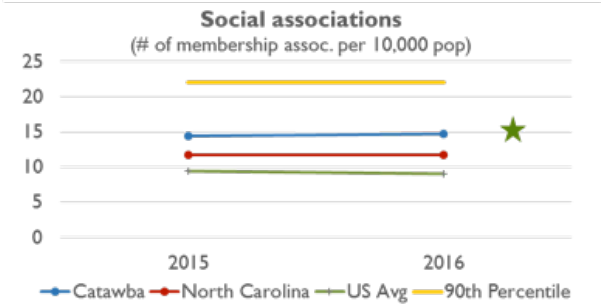
Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Catawba County ranked 19th out of 100 North Carolina counties in social and economic factors.

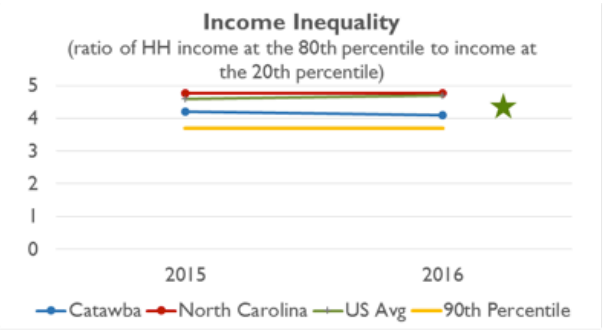


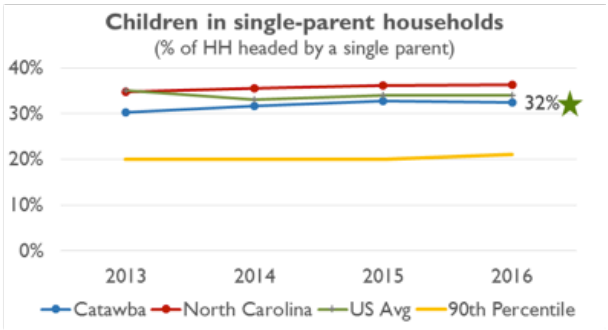


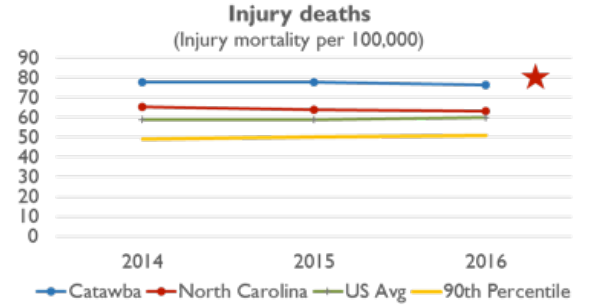


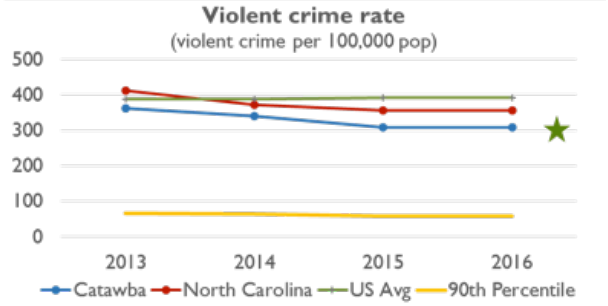


Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013
Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2014
Source: Social associations - County Health Rankings; County Business Patterns, 2013









Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014
Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013
Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013

Strengths

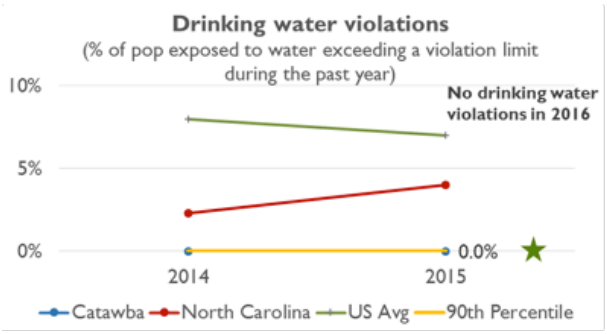
- High school graduation was higher in Catawba County (89%) than NC and the U.S.
- The percentage of children in single-parent households was lower in Catawba County, 23%, than NC and the U.S.
- Social associations were higher in Catawba County than NC and the U.S. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality as measured by the ratio of household income at the 80th percentile to income at the 20th percentile was lower than NC and the U.S.
- Children in single parent households was lower than NC and the U.S.
- Violent crime rate per 100,000 population was lower in Catawba County than in NC and the U.S.

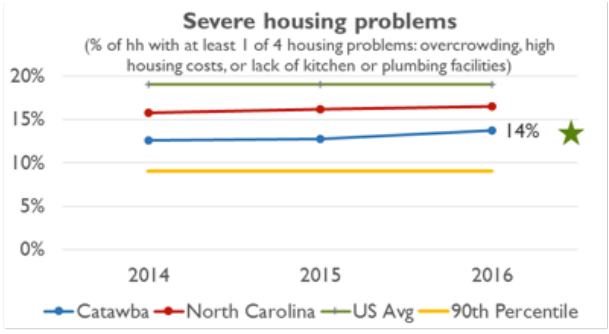
Opportunities

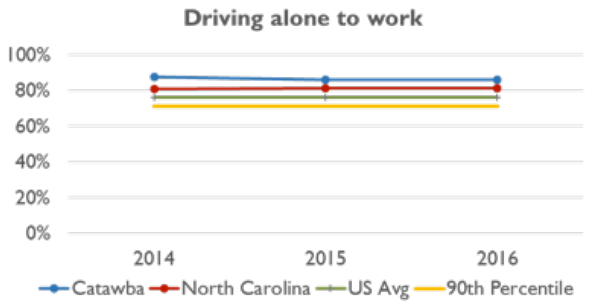
- The percent of adults with some college was lower than NC and the U.S.
- The percentage of children in poverty was higher in Catawba County than North Carolina and the U.S.; 23% of Catawba County children lived in poverty.
- Injury deaths are higher than NC and the U.S.
- Lower median household income than NC and the U.S.

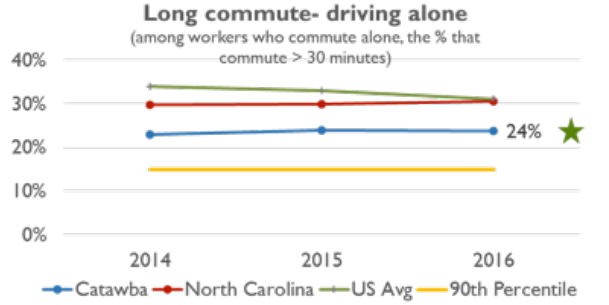
Physical Environment

Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Catawba County ranked 36th out of 100 North Carolina counties in physical environment.

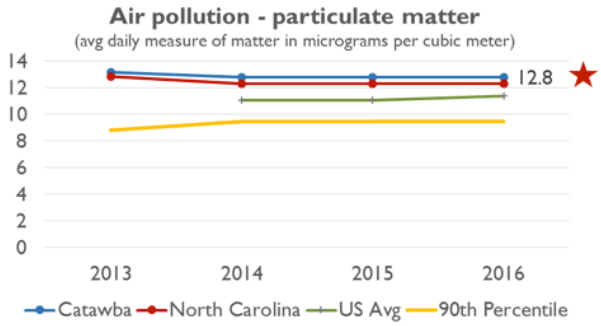








Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014
Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012
Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010

Strengths

- There were no drinking water violations in Catawba County. These statistics are prior to the Flint water crisis.
- There was a lower percentage of households with at least one of four housing problems, overcrowding, high housing costs, and lack of kitchen or plumbing facilities than NC and the U.S.
- The percentage of workers who commute alone that commute over 30 minutes is lower in Catawba County than NC and the U.S.

Opportunities

- Air pollution measured in average daily matter in micrograms per cubic meter is higher in Catawba County than NC and the U.S. However, there was increased attention to an improvement in air quality.

There were four broad themes that emerged in this process:

- Catawba County needs to create a "Culture of Health" which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups such as those living in the census tracts south of FRMC and the tract in Newton.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the county to improve health.

Results of the CHA

Community Health Summit Needs, Goals and Actions

Prioritization Criteria

On January 12, 2016, findings from the 2015 Catawba County Community Health Assessment were shared at a Community Health Summit. While many stakeholders from CHA Action Teams were present, the event was also advertised through community partners and media as open to the general public. The purpose of this event was to gather input toward determining Catawba County's health priorities for 2015-2018. Representatives from the CHA Action Team shared summaries of primary and secondary information related to morbidity and mortality in the community, as well as current community assets and needs related to each health issue. Using this information, attendees scored each issue from 1 to 5 (with 1 being very low and 5 being very high) on the following criteria:

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of the Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and it is working? What are the community's intrinsic barriers, and how big are they to overcome?

Scores were tallied, and the final results were presented to the Catawba County Health Partners board of directors for review.

Health Topic	Magnitude	Seriousness of Consequences	Feasibility	Total Score
Obesity	4.45	3.35	4.07	**12.88**
Heart Disease/Stroke	4.46	4.49	3.92	**12.87**
Diabetes	4.39	4.33	3.93	**12.66**
Cancer	4.29	4.41	3.83	**12.43**
Nutrition	4.09	4.20	3.86	**12.15**
Physical Activity	3.99	4.11	3.94	**12.04**
Injuries/Violence	3.87	4.16	3.72	**11.76**
Tobacco	3.79	4.07	3.57	**11.44**
Infant Mortality	3.75	4.13	3.53	**11.41**
Teen Pregnancy	3.69	3.84	3.61	**11.15**
Substance Abuse	3.64	3.85	3.42	**10.90**
Senior Health	3.69	3.53	3.50	**10.72**
STD	3.44	3.55	3.26	**10.55**
Communicable Disease	3.04	3.39	3.48	**9.90**
Access to Care	2.98	3.49	3.17	**9.63**
Pneumonia/Flu	2.97	3.15	3.34	**9.45**
Immunizations	2.67	3.35	3.39	**9.41**
Preparedness	2.74	3.21	3.15	**9.11**
Oral Health	2.81	2.86	3.02	**8.69**
Environmental Health	2.14	2.52	2.79	**7.46**

Overall:

1. Obesity
2. Heart Disease/Stroke
3. Diabetes
4. Cancer
5. Nutrition
6. Physical Activity
7. Injuries/Violence
8. Tobacco
9. Infant Mortality
10. Teen Pregnancy

Magnitude:

1. Heart Disease/Stroke
2. Obesity
3. Diabetes
4. Cancer
5. Nutrition

Seriousness of Consequences:

1. Heart Disease/Stroke
2. Diabetes
3. Cancer
4. Nutrition
5. Injuries/Violence

Feasibility:

1. Obesity
2. Physical Activity
3. Diabetes
4. Heart Disease/Stroke
5. Nutrition

In the Catawba County CHA 2015 pages 173-185 is a community health resource inventory.

The focus group also identified community resources to improve health, which are listed on page 19.

Community Assets and Resources