2024 Community Health Needs Assessment

Guilford County, North Carolina

Sponsored by

Atrium Health

Atrium Health Wake Forest Baptist High Point Medical Center

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Prepared by
www.PRCExcellence.com

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Introduction

Project Overview

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Guilford County, the service area of Atrium Health Wake Forest Baptist High Point Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of Atrium Health Wake Forest Baptist High Point Medical Center by PRC, Inc., a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

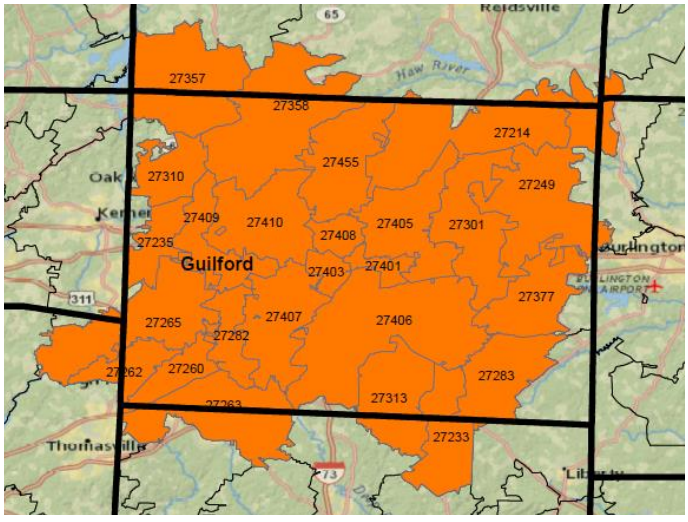
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Atrium Health and PRC.

Community Defined for This Assessment

The targeted population for this survey effort included each of the ZIP Codes comprising Guilford County, North Carolina, as outlined in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

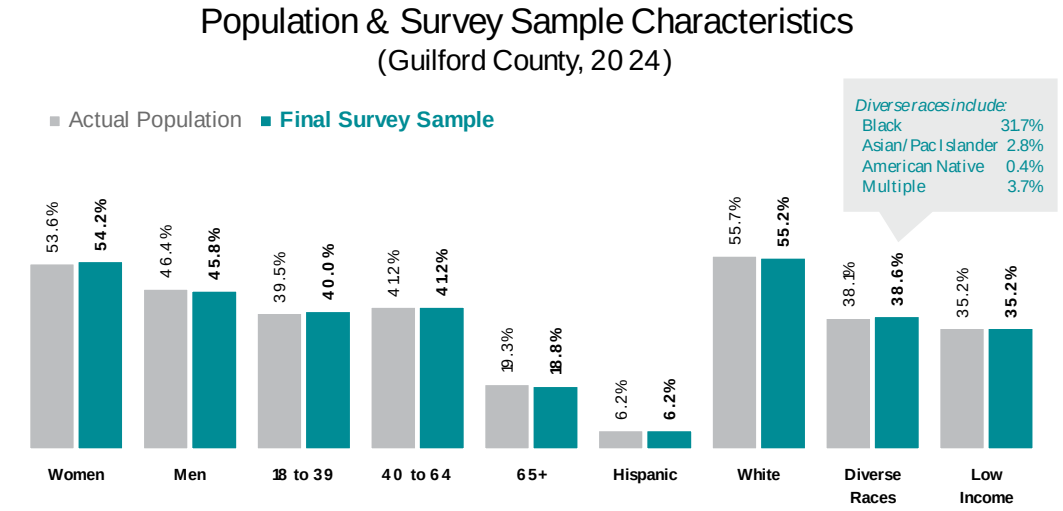
The sample design used for this effort consisted of a random sample of 301 individuals age 18 and older in Guilford County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Guilford County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 301 respondents is ±5.7% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Guilford County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Atrium Health Wake Forest Baptist High Point Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 17 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	3
Other Health Providers	2
Social Services Providers	4
Other Community Leaders	8

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Although Atrium Health Wake Forest Baptist High Point Medical Center solicited input from public health, none was received. Final participation included representatives of the organizations outlined below.

- Atrium Health Wake Forest Baptist
- Atrium Health Wake Forest Baptist High Point Medical Center
- City of High Point
- Community Clinic of High Point
- Congdon Family Foundation
- Every Baby Guilford
- Foundation for a Healthy High Point
- High Point Regional Foundation
- Mt. Zion Baptist Church of High Point
- Nurse Family Partnership
- YWCA High Point

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Guilford County were obtained in collaboration with Metopio and draw from the following sources (specific citations are included with the graphs throughout this report):

- American Community Survey (ACS), U.S. Census Bureau
- Area Health Resources Files, Health Resources & Services Administration
- FBI Crime Data Explorer, Federal Bureau of Investigation
- Food Access Research Atlas, US Department of Agriculture (USDA) - Economic Research Service
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC)
- National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS)
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC)
- National Vital Statistics System-Natality (NVSS-N), Centers for Disease Control and Prevention (CDC)
- Rural-Urban Continuum Codes, US Department of Agriculture (USDA) - Economic Research Service
- State Cancer Profiles, National Cancer Institute (NCI)

Benchmark Data

North Carolina Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of

secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is 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 — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Atrium Health Wake Forest Baptist High Point Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Atrium Health Wake Forest Baptist High Point Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Atrium Health Wake Forest Baptist High Point Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	26
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	107
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	112

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Cancer	▪ Leading Cause of Death
Diabetes	▪ Kidney Disease Deaths ▪ Key Informants: *Diabetes* ranked as a top concern.
Disabling Conditions	▪ Alzheimer's Disease Deaths
Heart Disease & Stroke	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ Key Informants: *Heart Disease & Stroke* ranked as a top concern.
Infant Health & Family Planning	▪ Low-Weight Births ▪ Infant Deaths ▪ Key Informants: *Infant Health & Family Planning* ranked as a top concern.
Injury & Violence	▪ Homicide Deaths ▪ Violent Crime Rate
Mental Health	▪ Key Informants: *Mental Health* ranked as a top concern.
Nutrition, Physical Activity & Weight	▪ Low Food Access ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.

—continued on the following page—

Areas of Opportunity (continued)	
Respiratory Disease	▪ Pneumonia/Influenza Deaths ▪ Prevalence of Asthma [Adults]
Sexual Health	▪ Chlamydia Incidence ▪ Gonorrhea Incidence
Substance Use	▪ Key Informants: *Substance Use* ranked as a top concern.
Tobacco Use	▪ Cigarette Smoking ▪ Cigarette Smoking in the Home ▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Diabetes
3. Heart Disease & Stroke
4. Infant Health & Family Planning
5. Nutrition, Physical Activity & Weight
6. Substance Use
7. Injury & Violence
8. Cancer
9. Tobacco Use
10. Sexual Health
11. Disabling Conditions
12. Respiratory Diseases

It is also important to note that Social Determinants of Health are a cross-cutting issue that impact all of the above and also ranked highly among key informants' concerns.

Hospital Implementation Strategy

Atrium Health Wake Forest Baptist High Point Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

■ In the following tables, Guilford County results are shown in the larger, teal column.

■ The columns to the right of the Guilford County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Guilford County compares favorably (B), unfavorably (h), or comparably (≏) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

Social Determinants of Health	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Population in Poverty (Percent)	17.0	h 12.8	h 12.6	h 8.0
High School Graduates (Age 25+, Percent)	90.9	☁ 90.2	☁ 89.6	
Unemployment Rate (Age 16+, Percent)	4.2	☁ 3.8	☁ 4.3	
% Unable to Pay Cash for a $400 Emergency Expense	34.3		☁ 34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	38.1		B 45.8	
% Unhealthy/Unsafe Housing Conditions	14.6		☁ 16.4	
% Went Without Utilities in the Past Year	7.7			
Population With Low Food Access (Percent)	61.2	h 47.1	h 50.2	
% Food Insecure	38.8		☁ 43.3	
		B better	☁ similar	h worse

Overall Health	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030

% "Fair/Poor" Overall Health	13.9	B 18.5	☁ 15.7	

B	☁	h
better	similar	worse

Access to Health Care	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	8.2	B 12.7	☁ 8.1	☁ 7.6
% Difficulty Accessing Health Care in Past Year (Composite)	49.5		☁ 52.5	
% Cost Prevented Physician Visit in Past Year	22.5	h 11.9	☁ 21.6	
% Cost Prevented Getting Prescription in Past Year	23.5		☁ 20.2	
% Difficulty Getting Appointment in Past Year	33.5		☁ 33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	21.7		☁ 22.9	
% Difficulty Finding Physician in Past Year	23.0		☁ 22.0	
% Transportation Hindered Dr Visit in Past Year	15.7		☁	

			18.3	
% Language/Culture Prevented Care in Past Year	1.9		B 5.0	
% Stretched Prescription to Save Cost in Past Year	20.8		☁ 19.4	
% Difficulty Getting Child's Health Care in Past Year	14.1		☁ 11.1	
% Have a Specific Source of Ongoing Care	72.5		☁ 69.9	h 84.0
% Routine Checkup in Past Year	71.6	h 77.5	B 65.3	
% [Child 0-17] Routine Checkup in Past Year	79.5		☁ 77.5	
% Two or More ER Visits in Past Year	16.3		☁ 15.6	
% Rate Local Health Care "Fair/Poor"	13.4		☁ 11.5	
		B better	☁ similar	h worse

Cancer	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Cancer Deaths per 100,000 (Age-Adjusted)	148.6	☁ 154.5	☁ 149.4	h 122.7
% Cancer	10.8	☁ 12.1	☁ 7.4	

% [Women 50-74] Breast Cancer Screening	83.2	79.1	B 64.0	80.5
% [Women 21-65] Cervical Cancer Screening	80.1		75.4	84.3
% [Age 50-75] Colorectal Cancer Screening	74.2	73.2	71.5	74.4
		B better	similar	h worse

Diabetes	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Diabetes Deaths per 100,000 (Age-Adjusted)	24.5	24.4	22.1	
% Diabetes/High Blood Sugar	13.9	12.1	12.8	
% Borderline/Pre-Diabetes	10.9		15.0	
Kidney Disease Deaths per 100,000 (Age-Adjusted)	20.0	h 16.4	h 12.9	
		B better	similar	h worse

Disabling Conditions	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% 3+ Chronic Conditions	37.3		38.0	
% Activity Limitations	22.4		27.5	
% High-Impact Chronic Pain	17.8		19.6	h 6.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	40.0	37.3	h 30.8	
% Caregiver to a Friend/Family Member	27.2		22.8	
		B better	similar	h worse

Heart Disease & Stroke	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Heart Disease Deaths per 100,000 (Age-Adjusted)	133.8	B 156.2	B 168.2	127.4
% Heart Disease	8.4			

		7.1	10.3	
Stroke Deaths per 100,000 (Age-Adjusted)	**43.3**	42.6	37.6	h 33.4
% Stroke	**4.4**	4.9	5.4	
% High Blood Pressure	**41.0**	h 34.7	40.4	42.6
% High Cholesterol	**35.9**		32.4	
% 1+ Cardiovascular Risk Factor	**88.0**		87.8	
		B better	similar	h worse

Infant Health & Family Planning	**Guilford County**	Guilford County vs. Benchmarks		
		vs. NC	**vs. US**	**vs. HP2030**
% (W18-50 With Past Pregnancy) Experienced Complications	**47.7**			
% (W18-50 With Past Pregnancy) 1+ Pregnancy Did Not Result in Live Birth	**48.2**			
Low Birthweight (Percent of Births)	**10.0**	9.4	h 8.4	
Infant Deaths per 1,000 Births	**8.5**	h 6.6	h 5.7	h 5.0
		B		h

better similar worse

Injury & Violence	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	58.8	58.6	52.4	h 43.2
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	12.7	14.5	11.5	h 10.1
Homicide Deaths per 100,000 (Age-Adjusted)	10.5	h 7.3	h 6.4	h 5.5
Violent Crimes per 100,000	666.2	h 405.1	h 380.7	
% Victim of Violent Crime in Past 5 Years	9.0		7.0	
% Victim of Intimate Partner Violence	20.0		20.3	
		B		h

better similar worse

Mental Health	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	22.5			

			24.4	
% Diagnosed Depression	25.4	☁ 21.7	☁ 30.8	
% Symptoms of Chronic Depression	39.9	B 46.7		
% Typical Day Is "Extremely/Very" Stressful	18.8		☁ 21.1	
Suicide Deaths per 100,000 (Age-Adjusted)	11.4	B 13.4	B 13.8	☁ 12.8
% Receiving Mental Health Treatment	20.7		☁ 21.9	
% Unable to Get Mental Health Services in Past Year	13.5		☁ 13.2	
		B better	☁ similar	h worse

Nutrition, Physical Activity & Weight	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	25.5		☁ 30.0	
% No Leisure-Time Physical Activity	25.7	☁ 23.1	☁ 30.2	☁ 21.8
% Meet Physical Activity Guidelines	16.5	h 21.6	h 30.3	h 29.7
% [Child 2-17] Physically Active 1+ Hours per Day	43.8		B 27.4	

% Overweight (BMI 25+)	**65.0**	69.3	63.3	
% Obese (BMI 30+)	**33.9**	34.1	33.9	36.0

Nutrition, Physical Activity & Weight (continued)	**Guilford County**	Guilford County vs. Benchmarks		
		vs. NC	**vs. US**	**vs. HP2030**
% [Child 5-17] Overweight (85th Percentile)	**37.0**		31.8	
% [Child 5-17] Obese (95th Percentile)	**17.9**		19.5	15.5
		B better	similar	h worse

Oral Health	**Guilford County**	Guilford County vs. Benchmarks		
		vs. NC	**vs. US**	**vs. HP2030**
% Have Dental Insurance	**76.1**		72.7	75.0
% Dental Visit in Past Year	**58.8**	63.6	56.5	B 45.0
% [Child 2-17] Dental Visit in Past Year	**88.8**		B 77.8	B 45.0
		B better	similar	h worse

Respiratory Disease	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Lung Disease Deaths per 100,000 (Age-Adjusted)	32.4	B 43.9	B 40.2	
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	18.0	 15.7	h 13.6	
% Asthma	16.3	h 9.2	 17.9	
% [Child 0-17] Asthma	17.1		 16.7	
% COPD (Lung Disease)	8.4	 7.6	 11.0	
		B better	 similar	h worse

Sexual Health	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030
Chlamydia Incidence per 100,000	777.6	h 603.3	h 495.5	
Gonorrhea Incidence per 100,000	426.1	h 271.2	h 214.0	
		B better	 similar	h worse

Substance Use	Guilford County	Guilford County vs. Benchmarks		
		vs. NC	vs. US	vs. HP2030

Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	**10.2**	9.3	10.5	
% Excessive Drinking	**16.3**	17.9	B 34.3	
Drug Overdose Deaths per 100,000 (Age-Adjusted)	**23.6**	23.9	22.4	
% Used an Illicit Drug in Past Month	**7.1**		8.4	
% Used a Prescription Opioid in Past Year	**14.3**		15.1	
% Ever Sought Help for Alcohol or Drug Problem	**6.4**		6.8	
% Personally Impacted by Substance Use	**38.1**		B 45.4	
		B better	similar	h worse

Tobacco Use	**Guilford County**	Guilford County vs. Benchmarks		
		vs. NC	**vs. US**	**vs. HP2030**
% Smoke Cigarettes	**22.8**	h 14.5	23.9	h 6.1

% Someone Smokes at Home	23.1		h 17.7	
% Use Vaping Products	12.5	h 7.9	B 18.5	
		B better	similar	h worse

Data Charts & Key Informant Input

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to population and density.

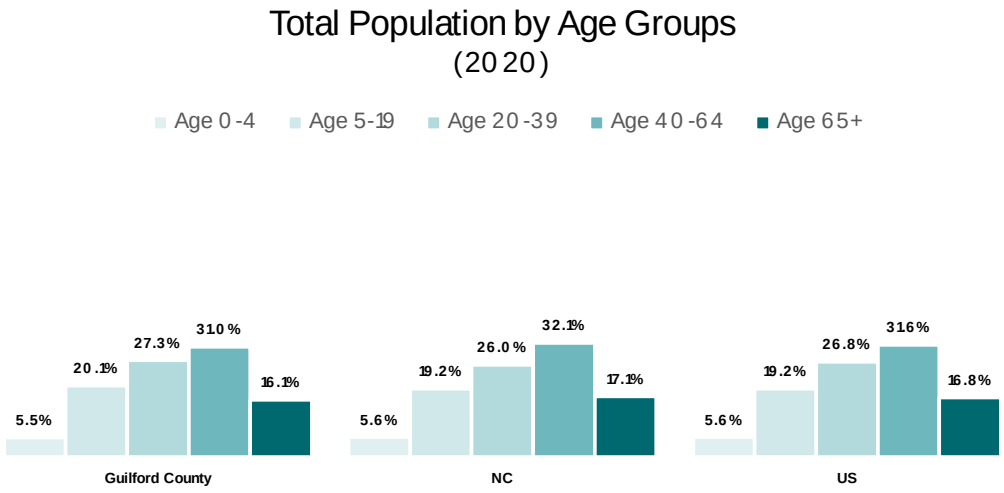
Total Population
(Estimated Population, 2018-2022)

	Total Population	Population Density (per square mile)
Guilford County	**539,557**	**835.33**
North Carolina	10,470,214	215.33
United States	331,097,593	93.62

Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

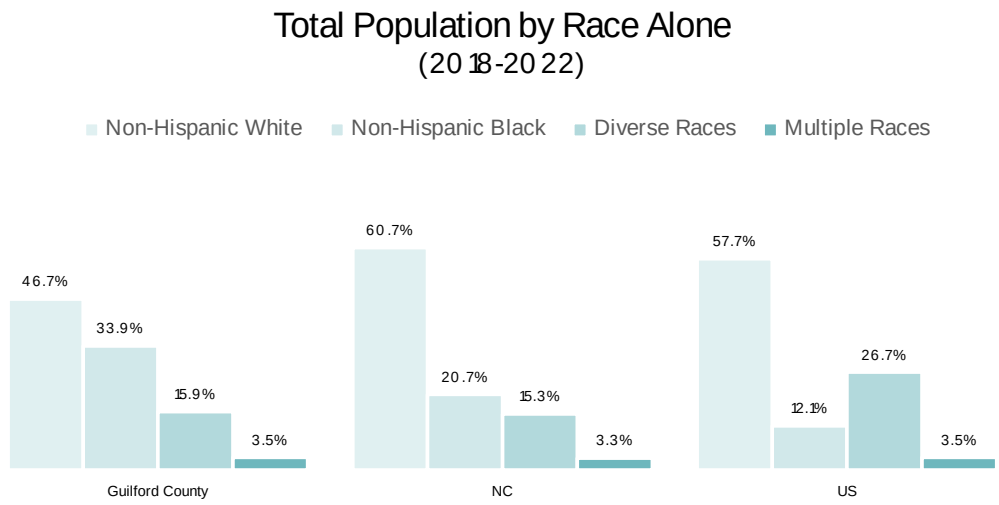


Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

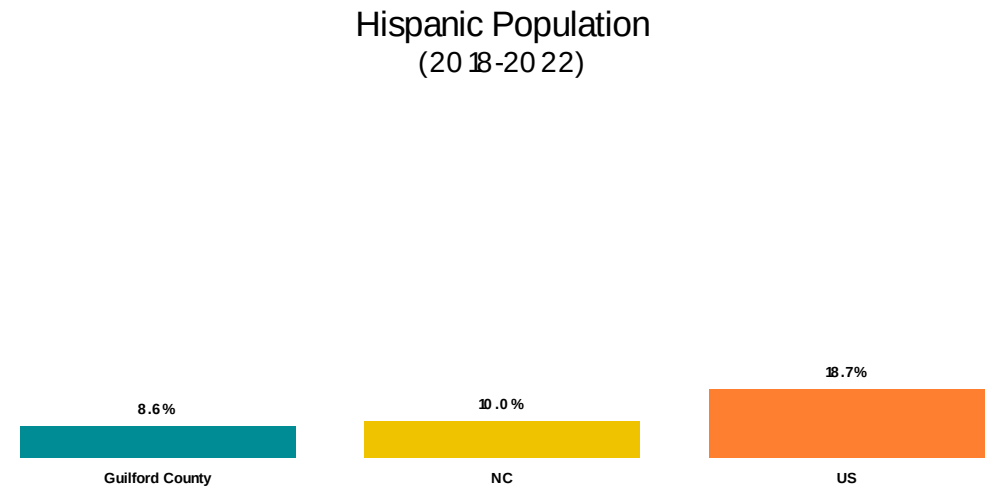
Race & Ethnicity

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

The following charts illustrate the racial and ethnic makeup of our community.



Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: • "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.
• State and national percentages for non-Hispanic White are 2022 data.



Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

About Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

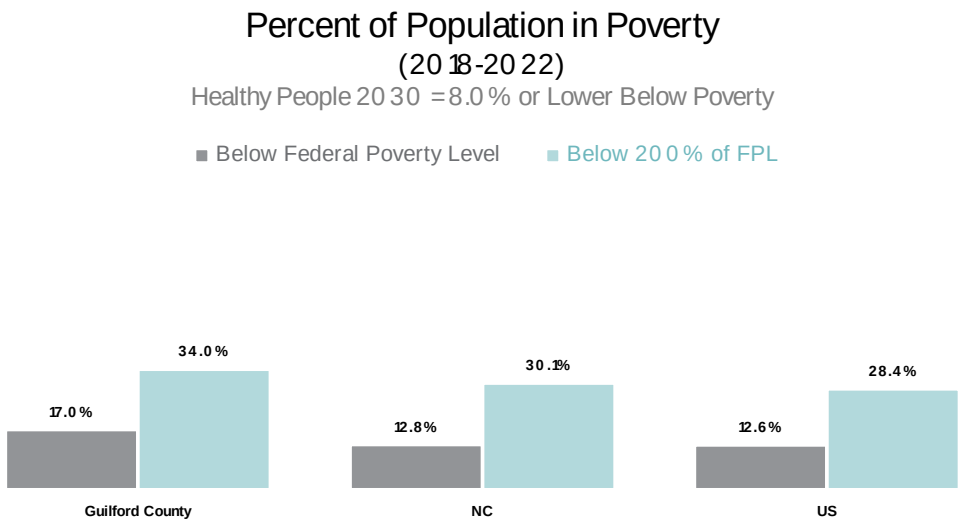
– Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

The proportions of our population living below, or just above, the federal poverty threshold in comparison to state and national proportions are shown below.

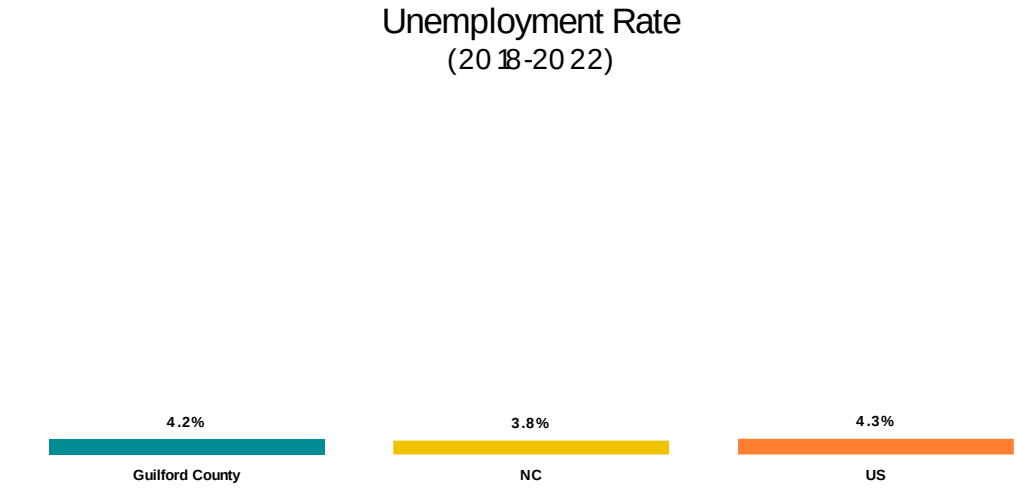


Sources:
- American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Notes:
- State and national percentages are 2022 data.

Employment

The following outlines the unemployment rate in Guilford County during 2018-2022 in comparison to state and national unemployment.



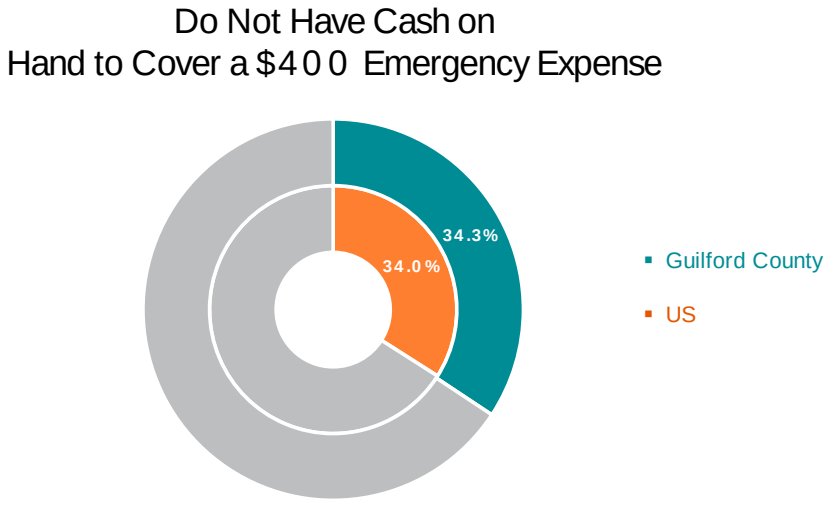
Sources:
- American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Notes:
- Percent of residents 16 and older in the civilian labor force who are actively seeking employment.
- State and national percentages are 2022 data.

Financial Resilience

PRC Survey ► "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

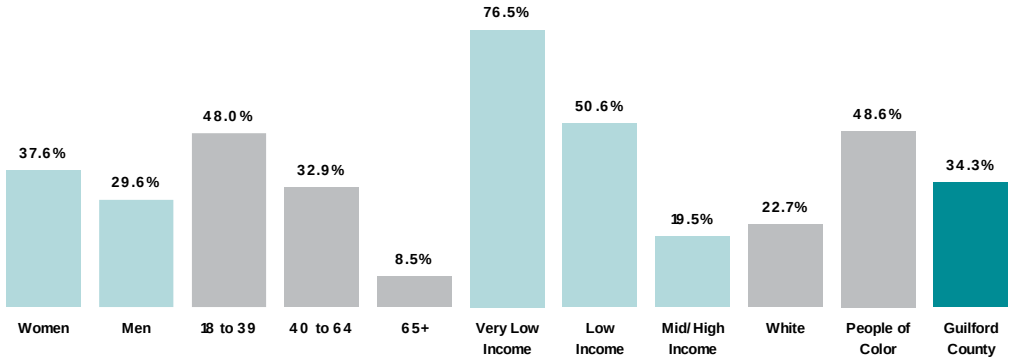
The following charts detail "no" responses in Guilford County in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, income [based on poverty status], and race/ethnicity).



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Guilford County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
Notes: • Asked of all respondents.
• Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

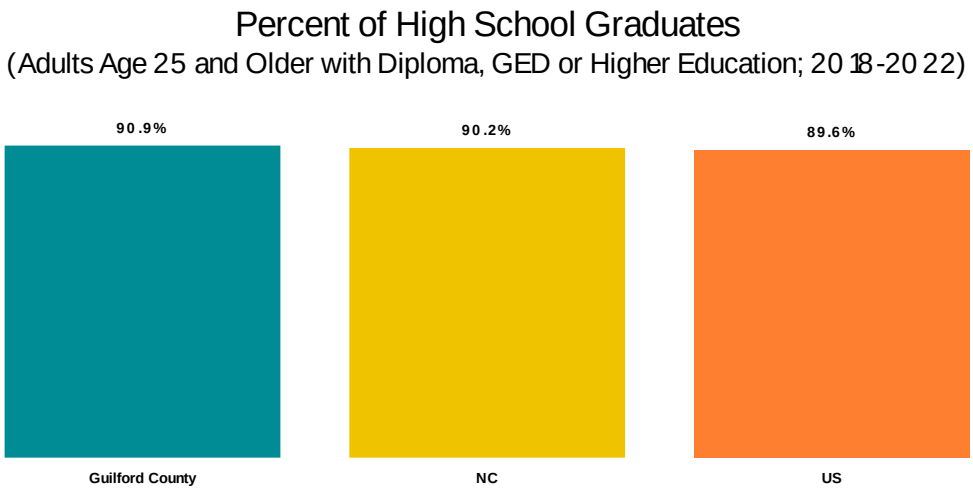
Income & Race/Ethnicity

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at $30,000 annual household income or lower). In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. "White" reflects those who identify as White alone, without Hispanic origin. "People of Color" includes those who identify as Hispanic, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/ Pacific Islander, or as being of multiple races, without Hispanic origin.

Education

Education levels are reflected in the proportion of our population with high school diplomas. This indicator is relevant because educational attainment is linked to positive health outcomes.

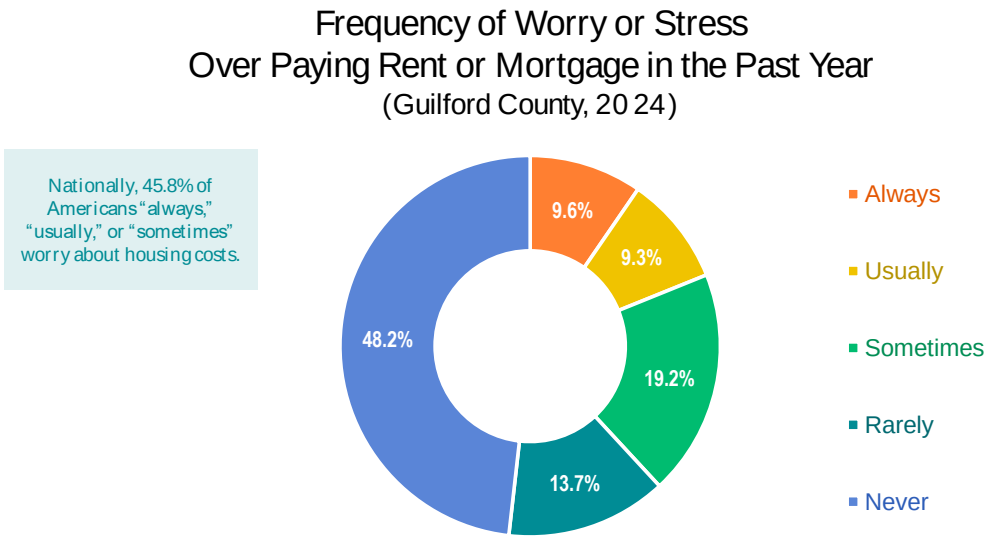


Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
Notes: • State and national percentages are 2022 data.

Housing

Housing Insecurity

PRC Survey ► "In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing

PRC Survey ► "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year
(Guilford County, 2024)

Among homeowners	7.8%
Among renters	27.8%

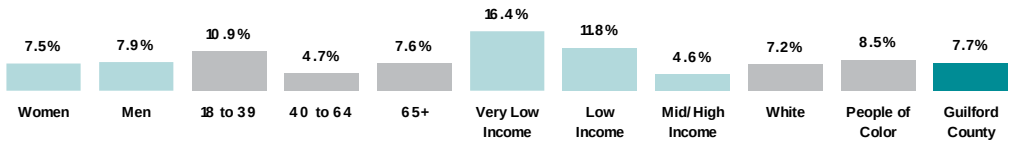
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Utilities

PRC Survey ► "Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?"

Went Without Electricity, Water, or Heating in Home at Some Point in the Past Year
(Guilford County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.

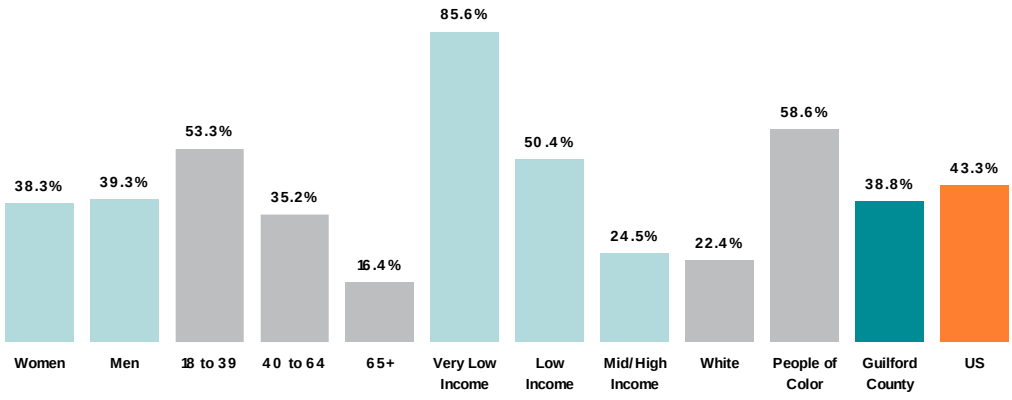
Food Insecurity

PRC Survey ► "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months.

- 'I worried about whether our food would run out before we got money to buy more.'
- 'The food that we bought just did not last, and we did not have money to get more.'"

Agreement with either or both of these statements ("often true" or "sometimes true") defines food insecurity for respondents.

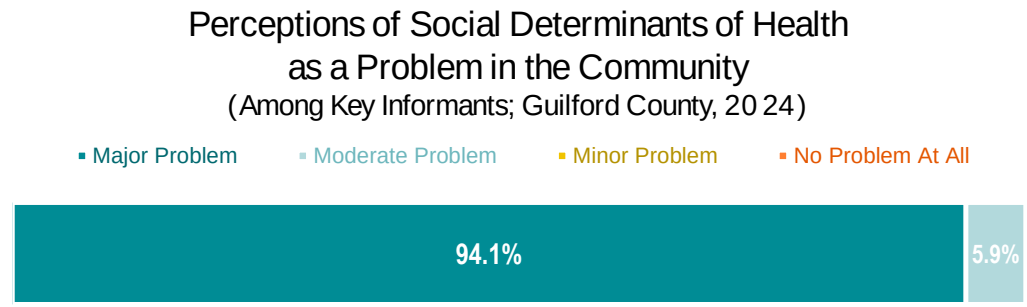
Food Insecurity
(Guilford County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

Note key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Housing

> Lack of proper housing and homelessness, quality education, and jobs that provide a fair wage impacts the community, especially black and brown residents at alarming rates. – Social Service Provider
>
> There is a lack of affordable housing. The homeless population is only growing. High Point has one of the highest poverty rates in the state and some of the poorest neighborhoods in NC. Too many kids drop out of school. The reading and math levels of the students. 26 out of 28 schools in High Point are title one schools. – Community Leader
>
> These are the upstream reasons for the challenges we face. We know housing is a major problem, especially. – Community Leader
>
> HOUSING! HOUSING! HOUSING! I believe if people have access to adequate housing that is affordable, thus living better, they will BE better. Some of that stems from the lack of a reasonable "thriving" wage. – Community Leader

Incidence/Prevalence

> The zip codes adjacent to HPMC have SDOH issues across all levels. With these needs being so close to the hospital we see a lot of patients in the hospital that meet criteria for SDOH assistance outside the hospital. – Community Leader
>
> They determine 80% of health outcomes. – Physician

Income/Poverty

> We know from various studies of the region that there is as much as a 17-year difference in average life expectancy between our most and least affluent neighborhoods. This difference is heavily correlated with the social determinants of health. – Community Leader

Homelessness

> Homelessness, poverty, food insecurity. – Health Provider

Access to Care/Services

> The lack or limited resources. – Health Provider

Workforce

> Lack of entry level and mid-level jobs to support upward mobility. – Physician

Life Expectancy

> Because there is a 29-year difference in life expectancy based on your zip code in Guilford County, which has only grown in recent years. – Community Leader

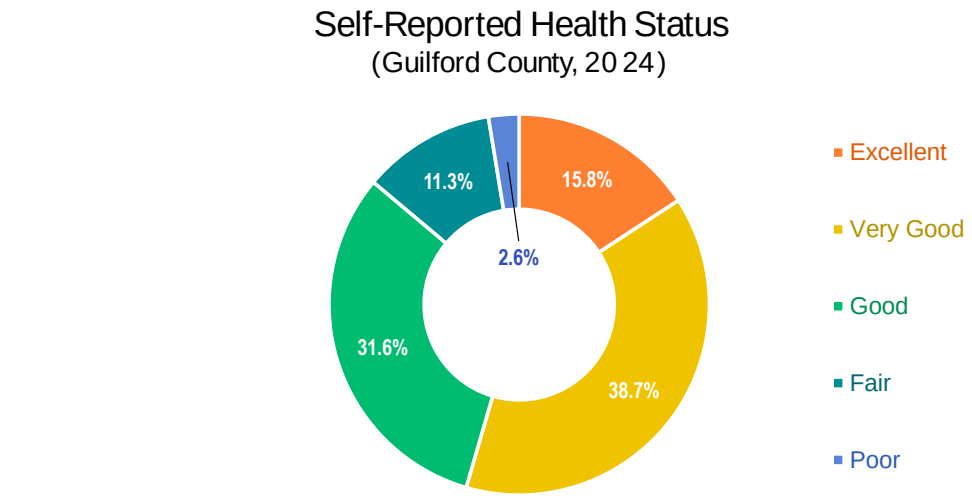
Infant Mortality

> Infant and maternal mortality, homelessness in Guilford County. – Social Service Provider

Health Status

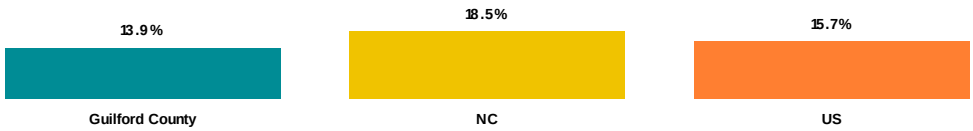
Overall Health

PRC Survey ► **"Would you say that in general your health is: excellent, very good, good, fair, or poor?"**



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 4]

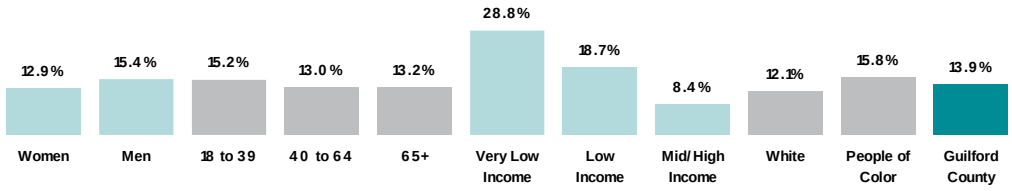
Notes:
- Asked of all respondents.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Guilford County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Mental Health

About Mental Health & Mental Disorders

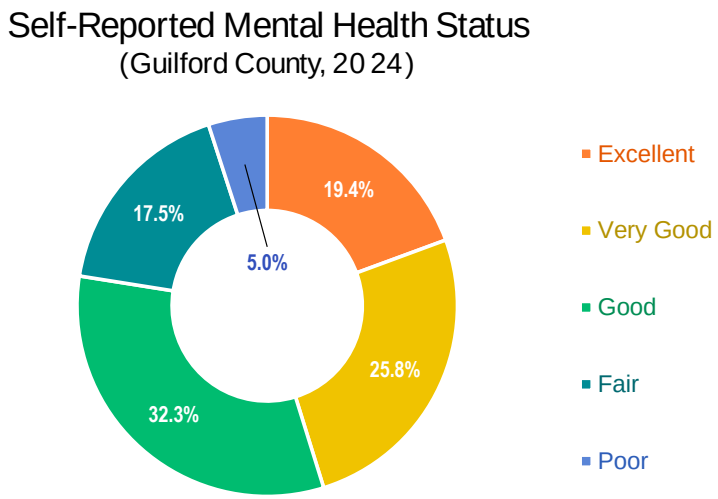
About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

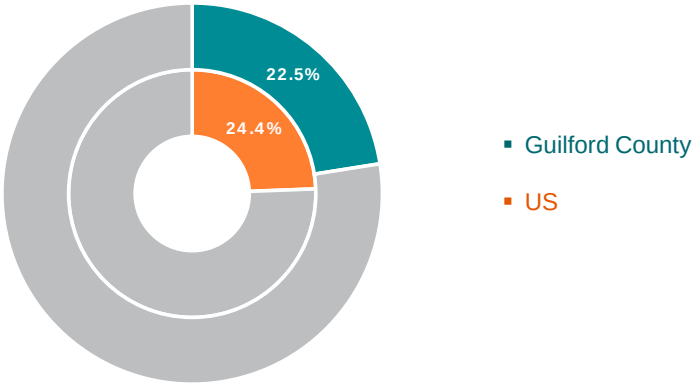
Mental Health Status

PRC Survey ► "Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Mental Health



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

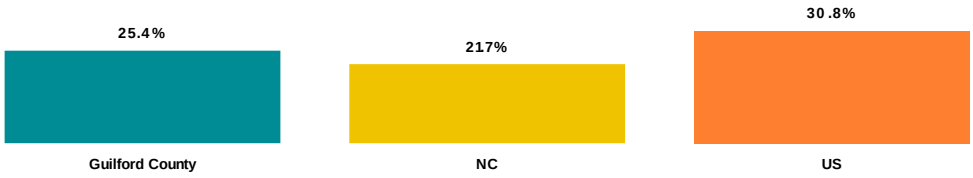
Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

PRC Survey ► "Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"

Have Been Diagnosed With a Depressive Disorder

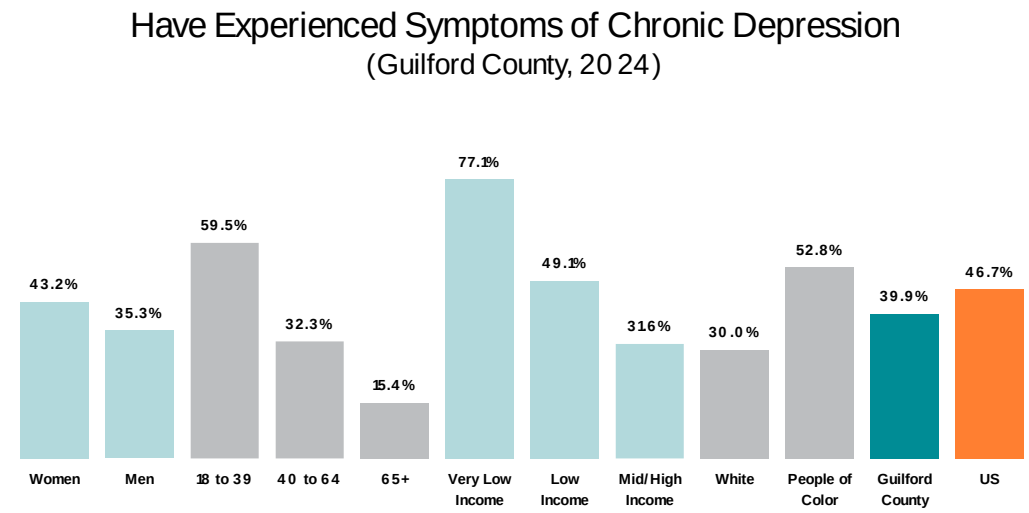


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

PRC Survey ► "Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

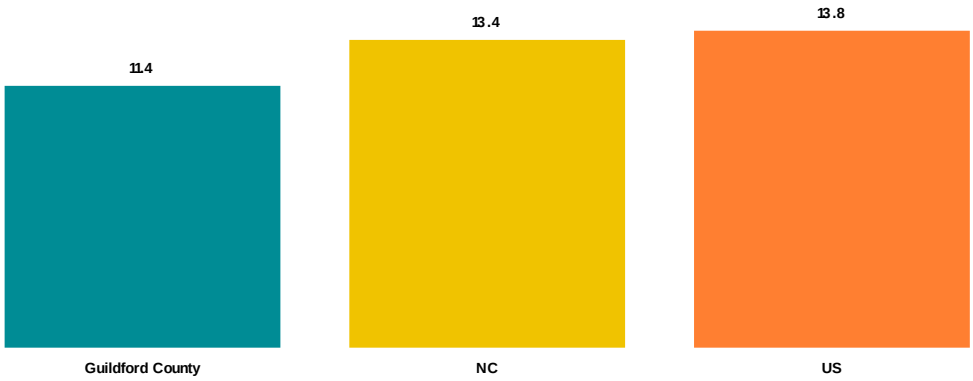
Suicide

Age-adjusted mortality rates attributed to suicide in our population are illustrated below.

Suicide: Age-Adjusted Mortality

(2016-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Death Rates

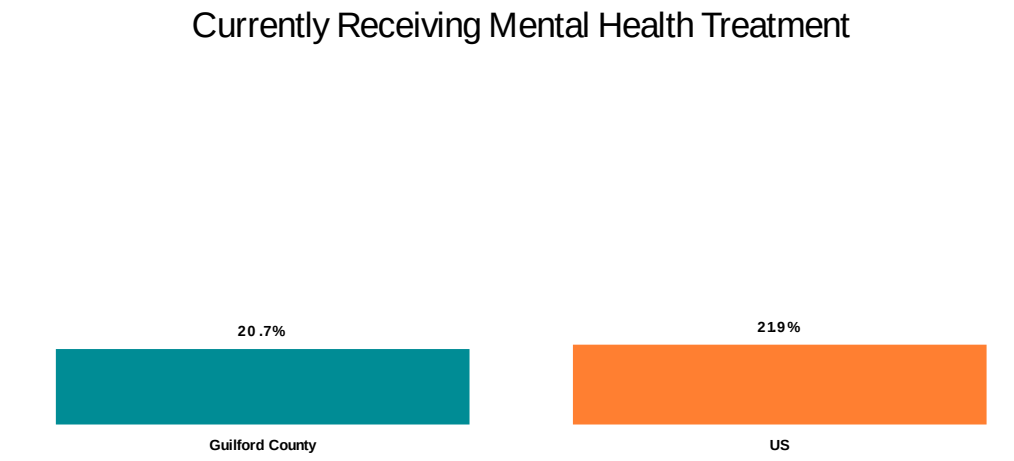
In order to compare mortality in the region with other localities (in this case, North Carolina and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

PRC Survey ► "Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

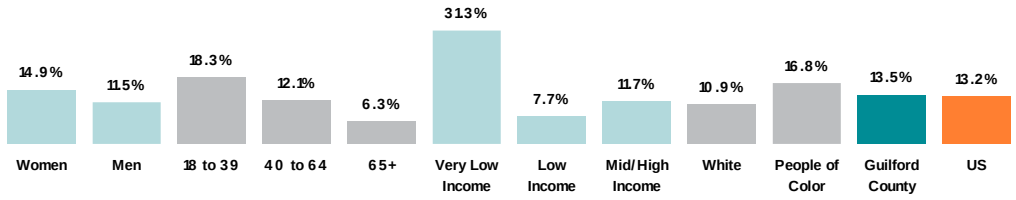
PRC Survey ► "Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

Note also the number of mental health providers (such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners specific to behavioral health) currently practicing in Guilford County.

Note that mental health provider count only reflects providers practicing in Guilford County; it does not account for the potential availability of providers in surrounding areas.

Unable to Get Mental Health Services When Needed in the Past Year
(Guilford County, 2024)

In 2021, there were 1,815 mental health providers practicing in Guilford County.

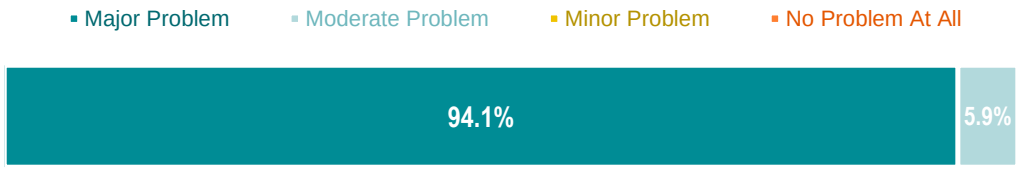


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
• National Provider Identifier Files (NPI), Centers for Medicare & Medicaid Services (CMS). Retrieved May 2024 via Metopio.
Notes: • Asked of all respondents.
• Number of mental health providers, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners specific to behavioral health.

Key Informant Input: Mental Health

Note key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Guilford County, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Access to mental health professionals and dealing with the stigma of going to see one. – Community Leader
>
> Not enough outpatient facilities to assist and prevent the need for high acuity hospitalizations. – Community Leader
>
> Ooof - access to care is the biggest - we have excellent providers but there simply aren't enough and there aren't enough providing medication management - so wait lists can be long and access to medications can take a long time; patients' access to transportation is a huge problem and prevents them from keeping appointments; and then co-occurring diseases and issues with this population can make their needs complex (i.e. substance use, homelessness, food insecurity, etc.) – Community Leader
>
> Lack of access to healthcare and medicines. – Physician
>
> Access to treatment and medication. Safe housing and steady employment. – Health Provider

> Lack of mental health professionals, lack insurance, awareness, limited state resources. – Community Leader

Due to COVID-19

> Covid exacerbated already major problems. We should have a 24-hour urgent care for mental health, like they do at GSO. Especially important for children and teens' mental health. – Community Leader
>
> Mental Health has been a growing concern for our community and has been exacerbated by the pandemic. Many community members have lost community connections, and the additional stressors caused by inflation, housing insecurity, and food insecurity have all taken heavy tolls. There is also a higher prevalence of problems for our youth, whose developmental experiences were also fundamentally shaped by the isolation of the pandemic. I think some of our major challenges are the ability to access care (number of providers), the cost of care and the role of insurance, and to some extent the stigma associated with seeking help. – Community Leader

Lack of Providers

> Lack of social support, lack of enough behavioral health providers. – Physician
>
> Not enough providers. Not enough providers that accept Medicaid or work with indigent clients. – Social Service Provider

Awareness/Education

> Education and accessing resources. – Social Service Provider

Death, Disease & Chronic Conditions

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

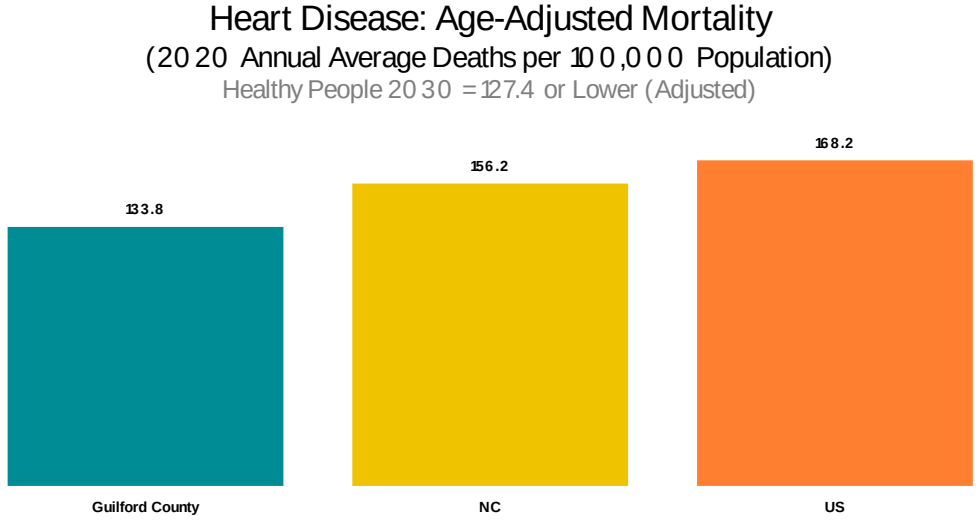
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Age-adjusted mortality rates for heart disease and for stroke are illustrated below.

The greatest share of cardiovascular deaths is attributed to heart disease.



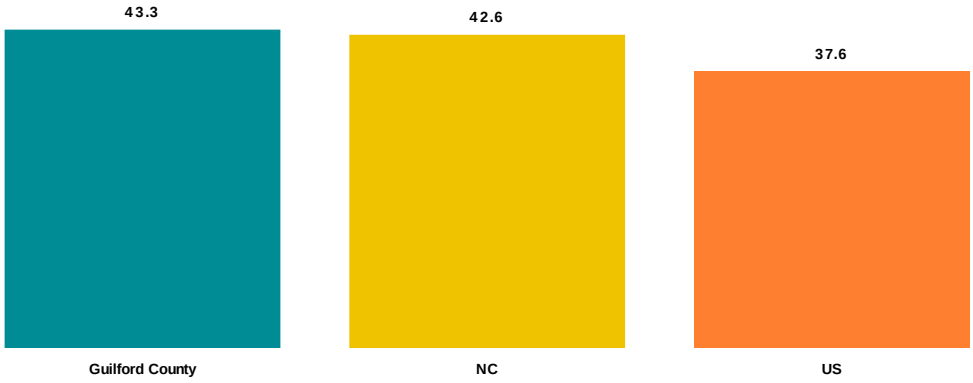
Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality

(2016-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



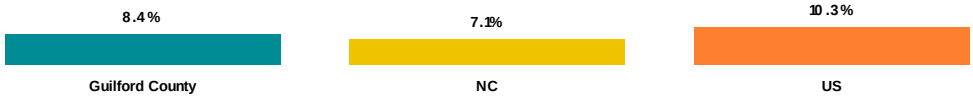
Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

PRC Survey ► "Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"

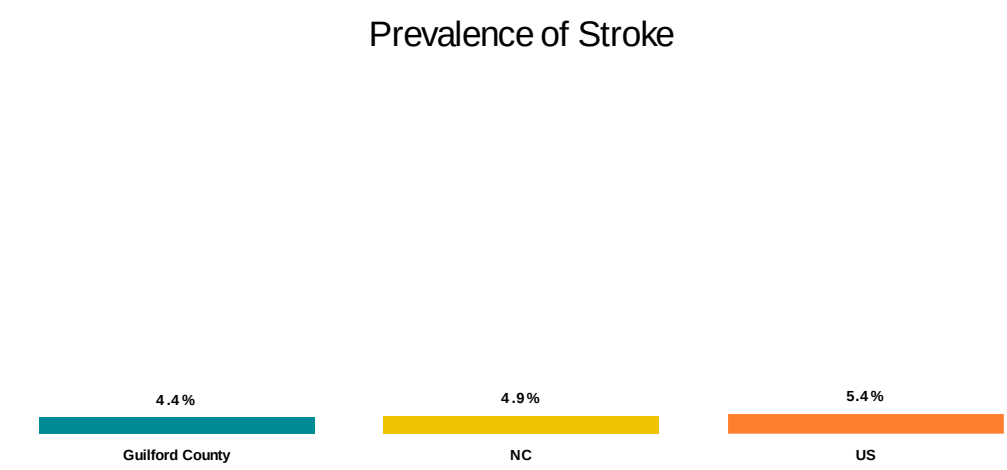
Prevalence of Heart Disease



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

PRC Survey ► **"Have you ever suffered from or been diagnosed with a stroke?"**



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

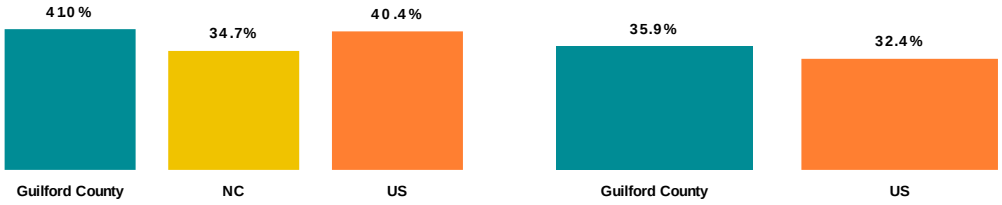
Blood Pressure & Cholesterol

PRC Survey ► **"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"**

PRC Survey ► **"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"**

Prevalence of
High Blood Pressure
Healthy People 2030 =42.6% or Lower

Prevalence of
High Blood Cholesterol



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

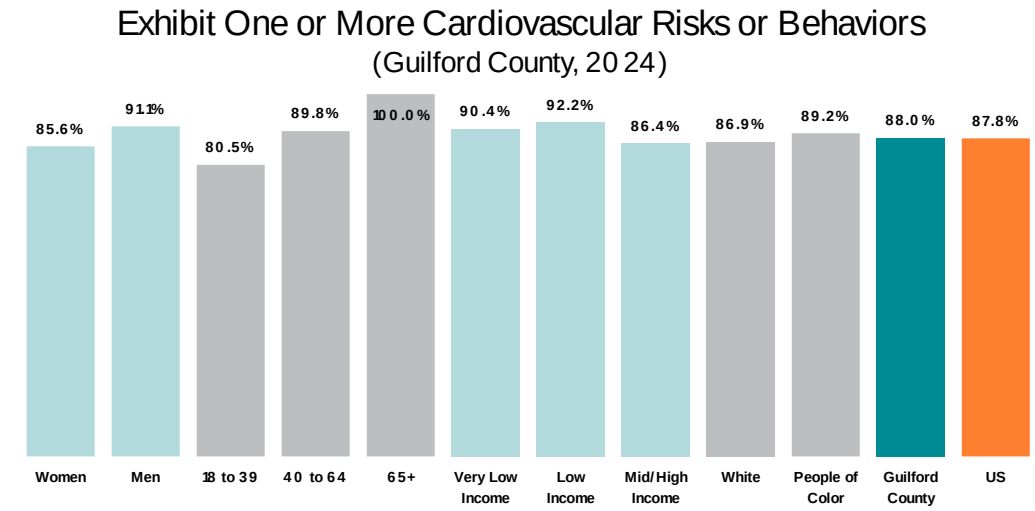
Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in Guilford County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

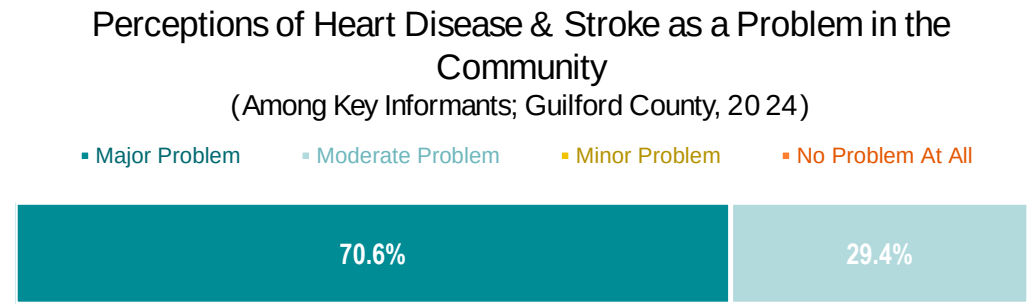


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Note key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Vulnerable Populations

> Because they are a leading cause of death and disability and because they disproportionately affect specific populations, such as people of color, low income, etc. – Community Leader
>
> Heart disease and stroke continue to be major issues in our nation and community, especially impacting people of color. Please consider the following statistics: In 2020 in the United States, coronary heart disease (CHD) was the leading cause (41.2%) of deaths attributable to CVD in the United States, followed by stroke (17.3%), other CVD (16.8%), high blood pressure (12.9%), heart failure (9.2%), diseases of the arteries (2.6%). – Social Service Provider

Access to Care/Services

> Challenges in accessing preventive care, medications, and therapies to low income and uninsured patients. – Health Provider

> The growth of heart and vascular needs and access to providers is an opportunity. Robust outpatient and community care and education is needed in this space to improve outcomes that are related to hospitalization and permanent life altering clinical problems. – Community Leader

Lifestyle

> Smoking, inadequate resources for lifestyle changes. Lack of emphasis on walking in town. – Physician

Co-Occurrences

> Like cancer, heart disease and stroke pose serious health risks to our residents with the same concerns about morbidity and financial harm. Likewise, our residents of color are affected by the diseases at a higher rate than our white residents. – Community Leader

Obesity

> The majority of the maternity patients are obese. – Health Provider
>
> Because the population is overweight and at high risk for heart disease. – Social Service Provider

Access to Affordable Healthy Food

> Lack of access to nutritional food, physical activity, the need for food education and nutrition training, and access to health care. – Community Leader

Cancer

About Cancer

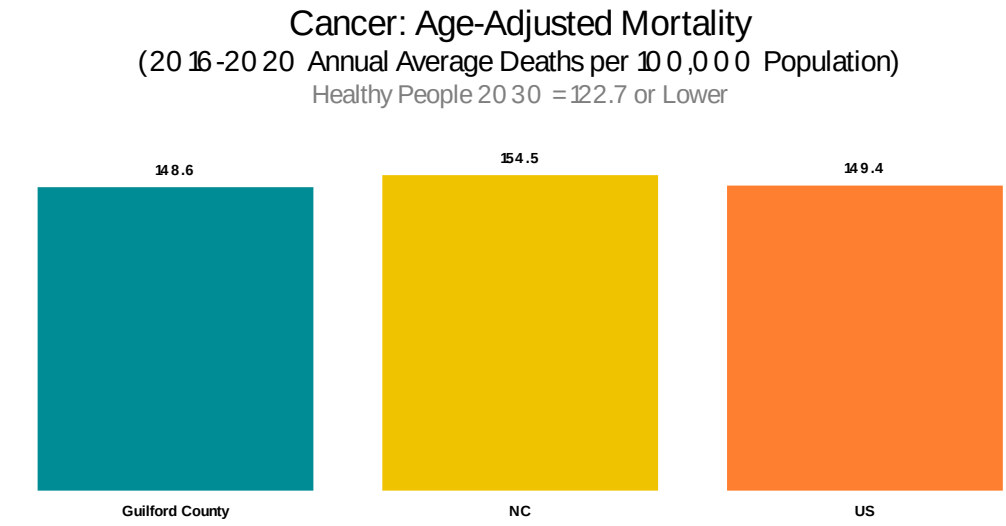
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

The chart below illustrates age-adjusted cancer mortality (all types) in Guilford County.

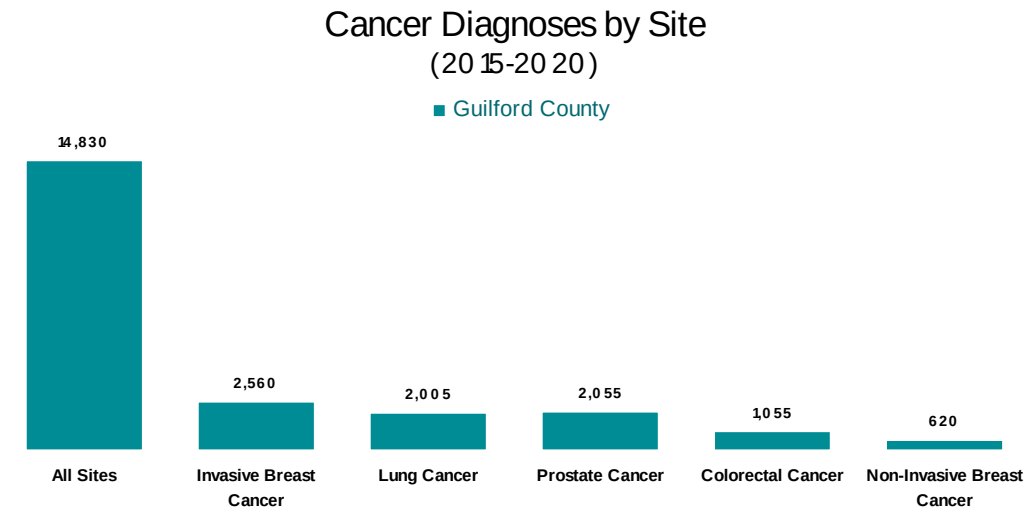


Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Diagnoses

The following chart outlines the numbers of cases of cancer diagnosed between 2015 and 2020 in Guilford County for selected cancer sites.

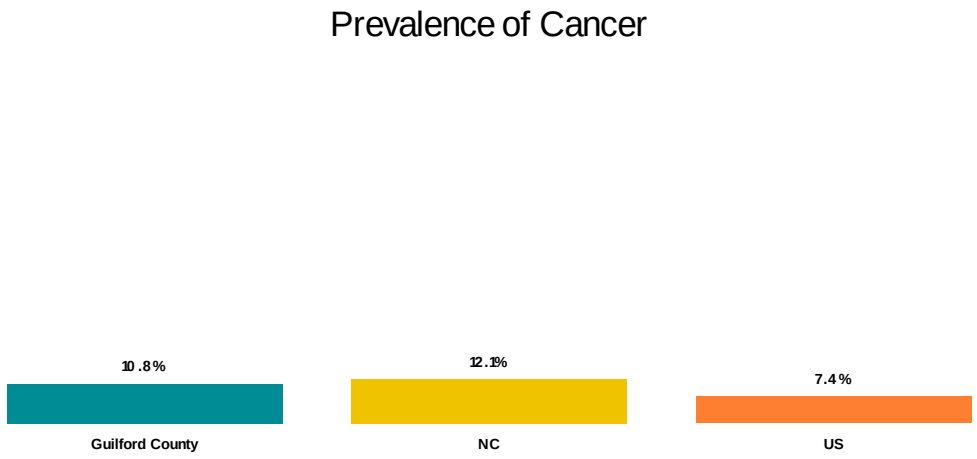


Sources:
- State Cancer Profiles, National Cancer Institute (NCI). Retrieved May 2024 via Metopio.

Notes:
- This indicator reports the 2015-2020 number of diagnosed cases of cancers by selected sites.

Prevalence of Cancer

PRC Survey ► **"Have you ever suffered from or been diagnosed with cancer?"**



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer Screenings

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

Breast Cancer Screening

PRC Survey ► "A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

Cervical Cancer Screening

PRC Survey ► "A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"

[If Pap test in the past five years] "HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?"

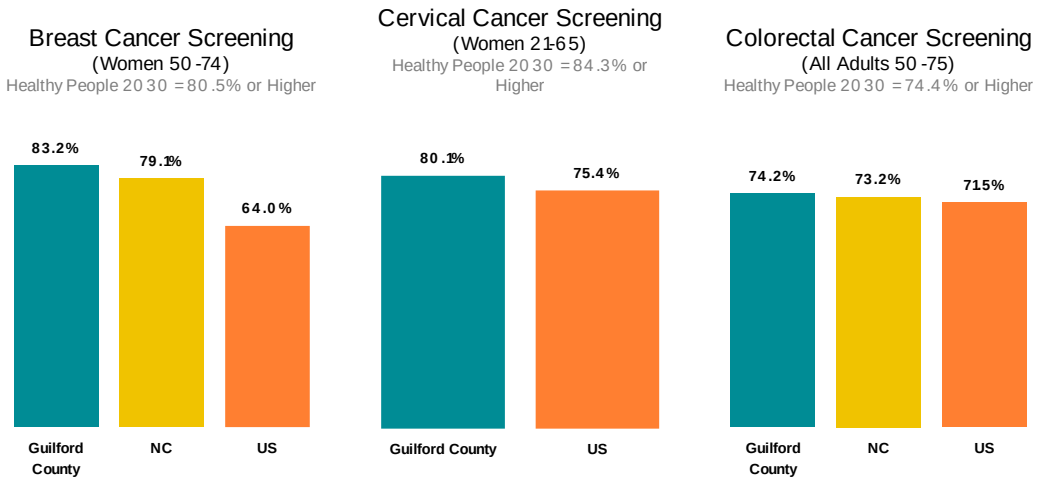
"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Colorectal Cancer Screening

PRC Survey ► "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"

PRC Survey ► "A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

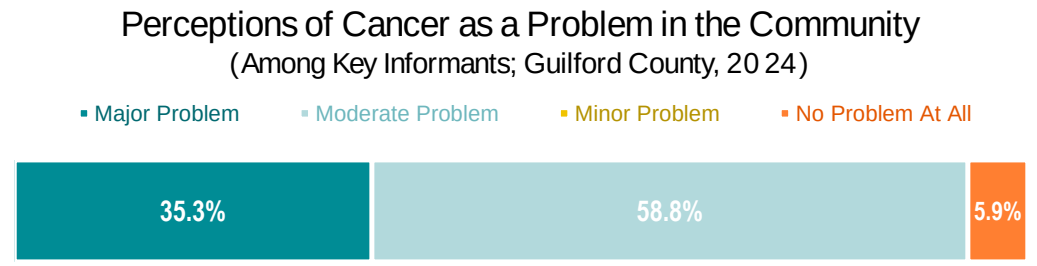


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Note key informants' perceptions of the severity of *Cancer* as a problem in the community:



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> High rates of cancer, coupled with high costs of treatment, leave too many people not getting the treatment they should get. – Community Leader
>
> Cancer is one of the leading causes of death in High Point, and also a significant driver of health care costs. Sadly, I have known many individuals who have received cancer diagnoses in the area, and some who have passed away. This is especially hard in our communities of color, who have a higher cancer death rate than our white residents. While the concern about death is primary, I also believe the financial toll of a cancer diagnosis can be particularly high, both from direct costs of treatment and from corollary impacts on capacity for work. Recently, a community member shared that, because his wife recently died from cancer, he will be forced to sell his house and move into an apartment to cover the lingering costs. – Community Leader
>
> Because cancer is one of the leading causes of death generally, but also for Guilford County, and because those rates are worse for particular populations, such as people of color, low income, etc. – Community Leader
>
> It is the number one diagnosis in High Point. It is often due to environmental conditions and lack of access to healthy foods. – Community Leader

Prevention/Screenings

> Limited access to preventative screenings for uninsured. Lack of early detection leads to limited treatment options and negative outcomes. – Health Provider

Awareness/Education

> There is a need for all residents to have access to the latest research and best approaches to treatment. We see in the data and anecdotally more concerns about cancer. – Community Leader

Respiratory Disease

About Respiratory Disease

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

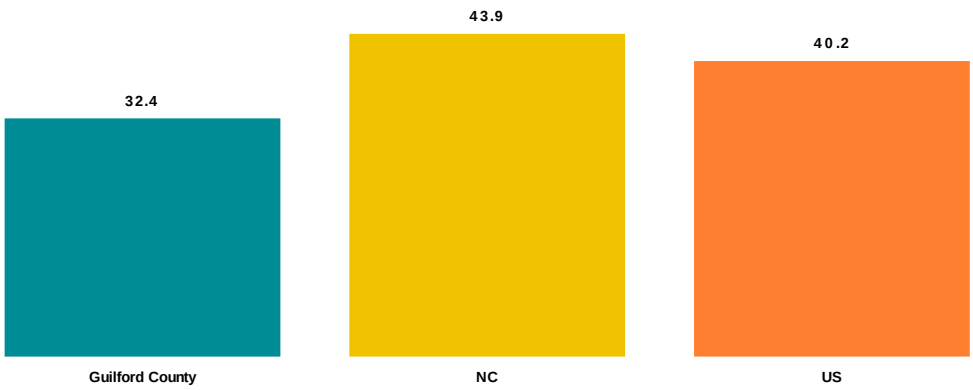
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

Lung Disease: Age-Adjusted Mortality
(2015-2020 Annual Average Deaths per 100,000 Population)



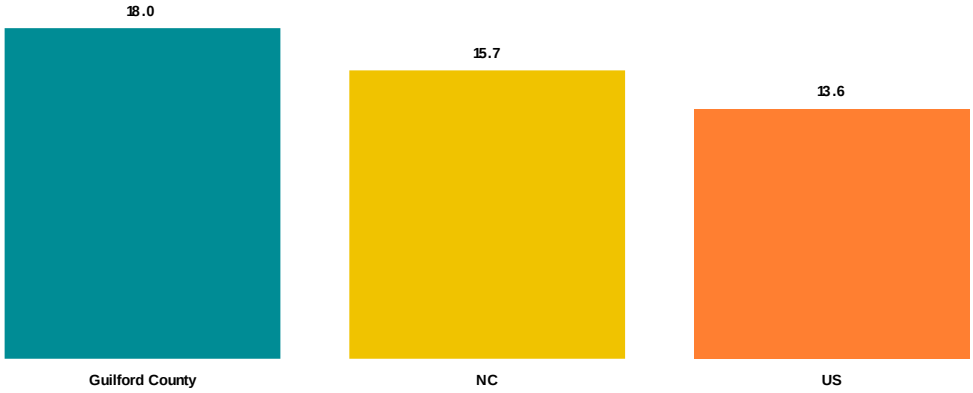
Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

Pneumonia/Influenza: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)



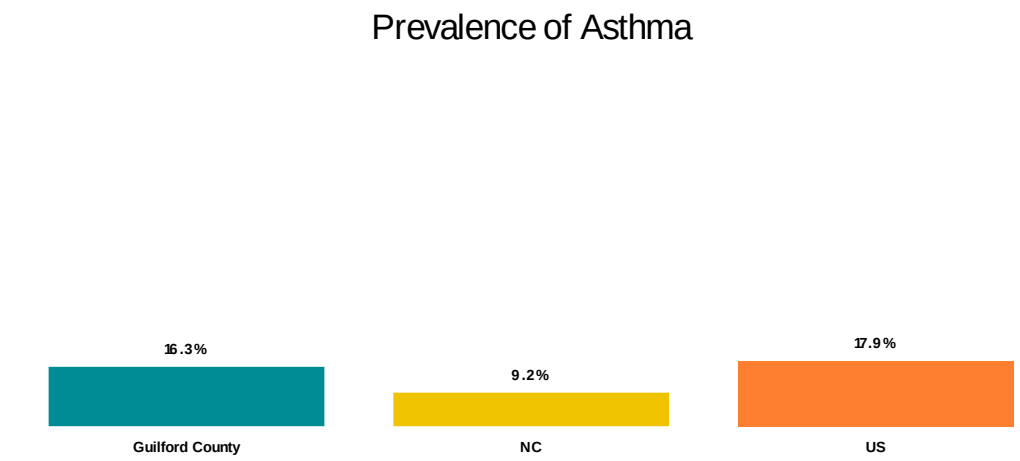
Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

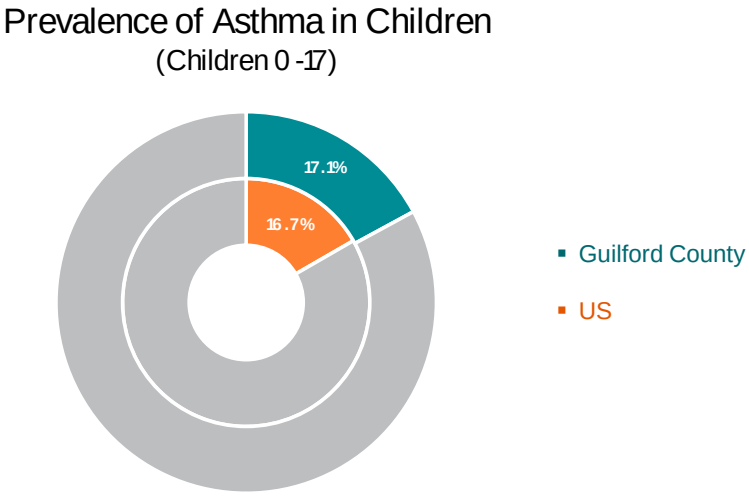
PRC Survey ► "Do you currently have asthma?"



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

PRC Survey ► "Has a doctor, nurse, or other health professional ever told you that this child had asthma?"

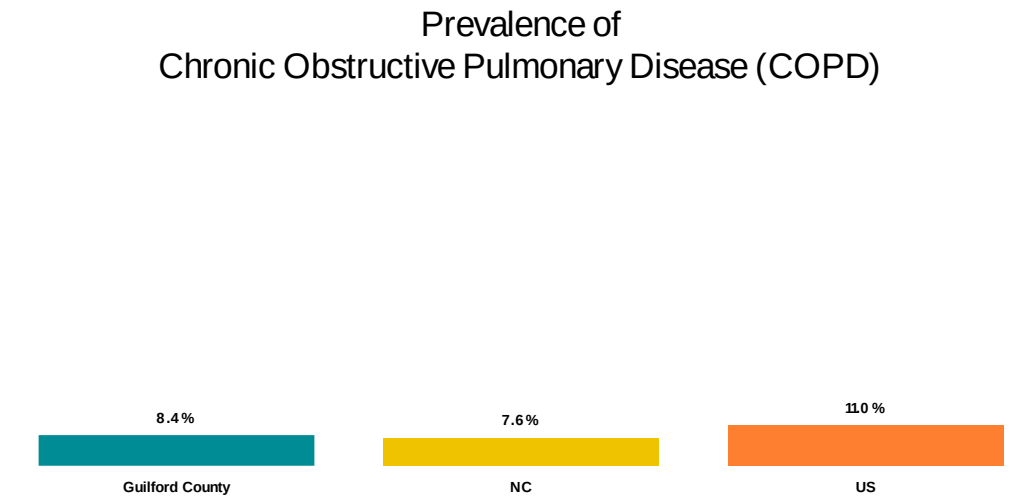


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

PRC Survey ► "Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

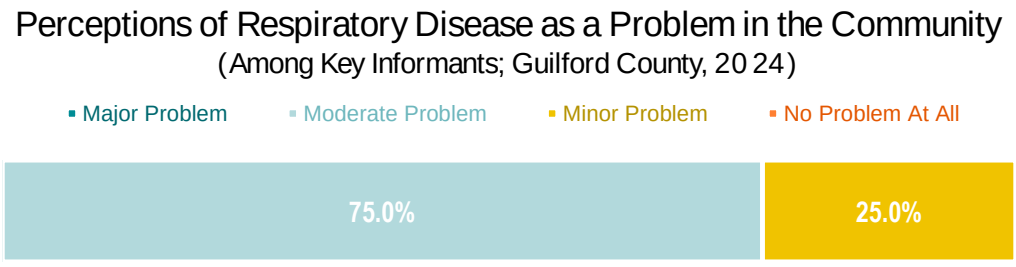


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Note key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Injury & Violence

About Injury & Violence

INJURY ▶ In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ▶ Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

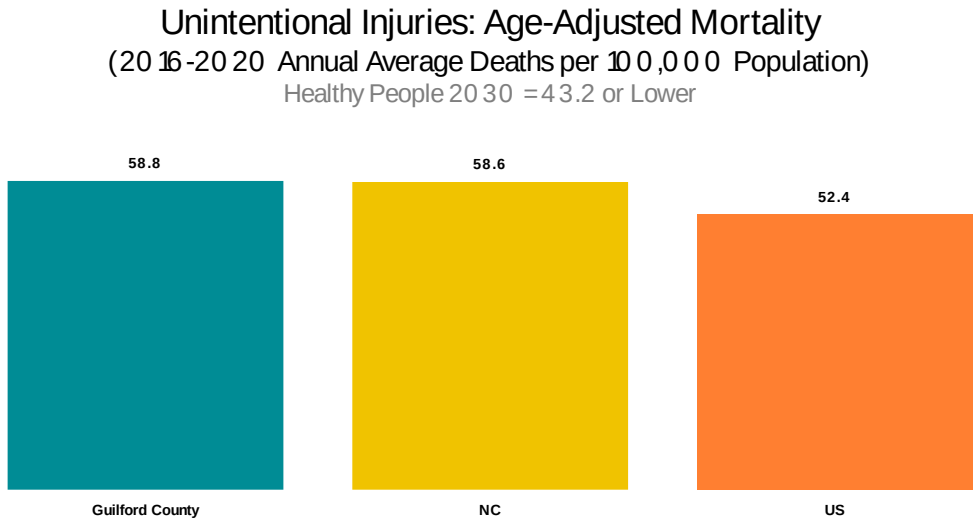
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.



Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

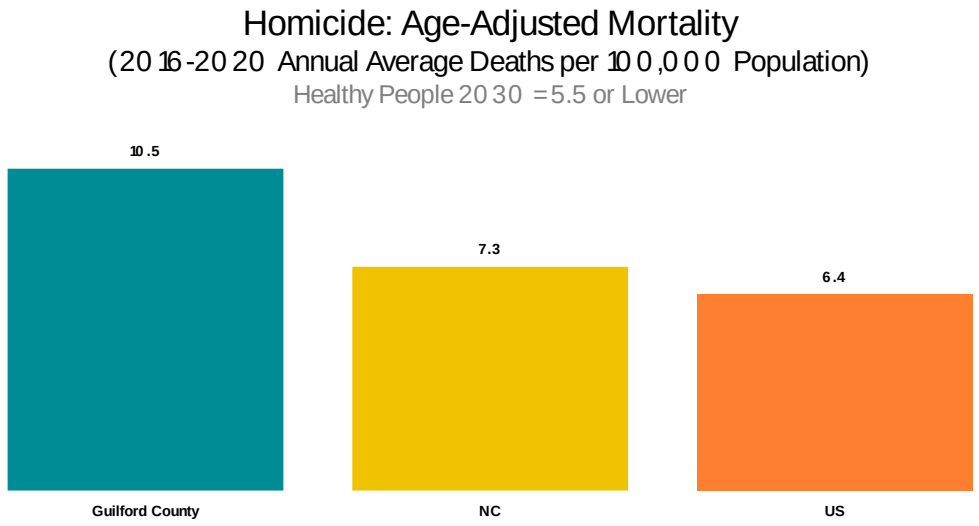
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Age-adjusted mortality attributed to homicide is shown in the following chart.



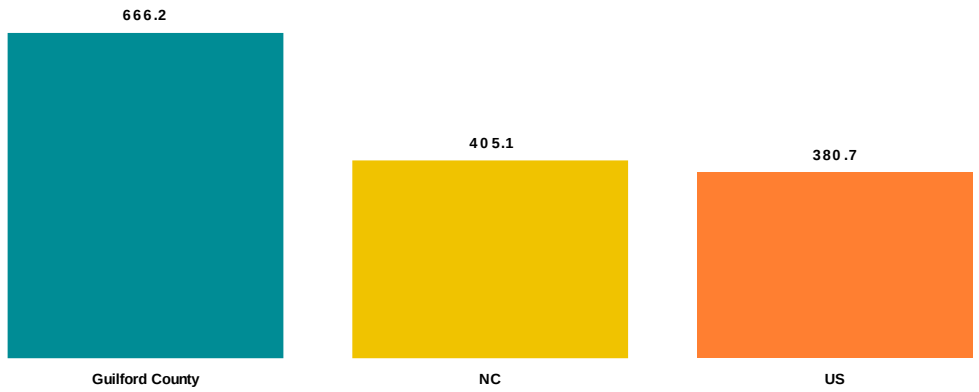
Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent crime is composed of homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.



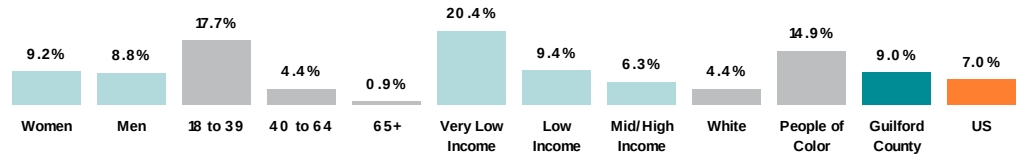
Sources:
- FBI Crime Data Explorer, Federal Bureau of Investigation. Retrieved May 2024 via Metopio.

Notes:
- Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.
- Because agency-level participation in these programs varies, some states have more complete data than others. Data reported by the FBI is checked to make sure it accurately reflects figures reported by police agencies. However, users should proceed with caution, data may still include errors that originated at the agency level.

Violent Crime Experience

PRC Survey ► "Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?"

Victim of a Violent Crime in the Past Five Years
(Guilford County, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Intimate Partner Violence

PRC Survey ► "The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

Note key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Gun Violence

> Because the rates for gun violence and domestic violence for Guilford County and High Point are disproportionately high. – Community Leader
>
> The divisiveness of society and the gun violence makes injury and violence a major problem. – Social Service Provider
>
> Lack of gun control. – Physician

Gang Violence

> Gang violence and school dropout rates are high in High Point. – Physician

Impact on Quality of Life

> A healthy community is more than just physical health. If crime and violence are rising, or even just at a stable level and not declining, individual and community safety is at risk. This impacts economic viability and health, impacting poverty and numerous facets of what makes a healthy community. – Health Provider

Diabetes

About Diabetes

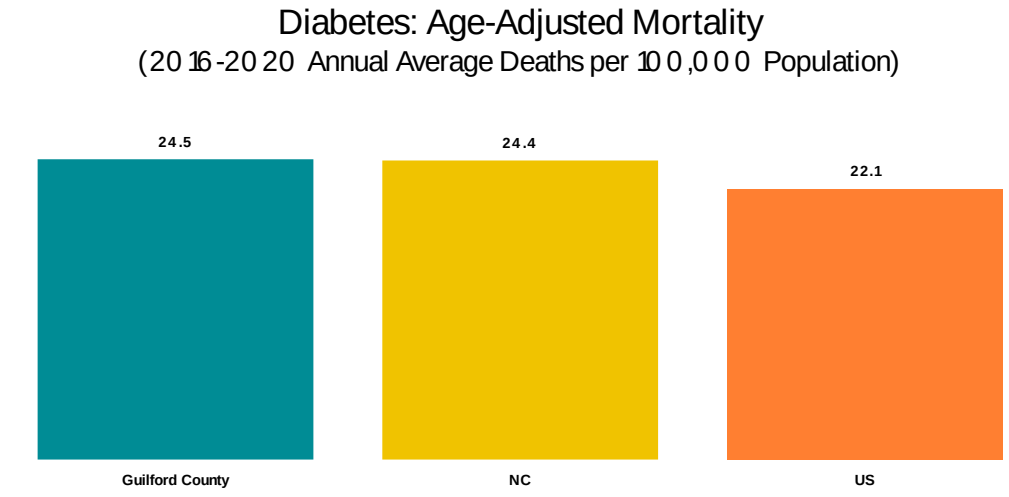
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.



Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

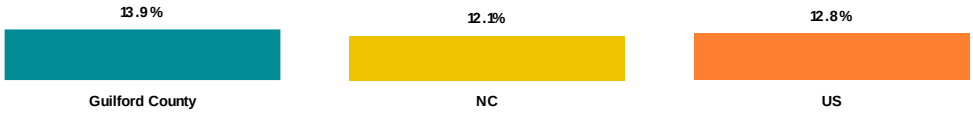
Prevalence of Diabetes

PRC Survey ► "Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?"

PRC Survey ► "Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?"

Prevalence of Diabetes

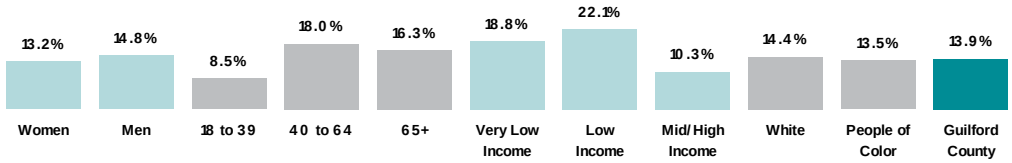
Another 10.9% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Guilford County, 2024)

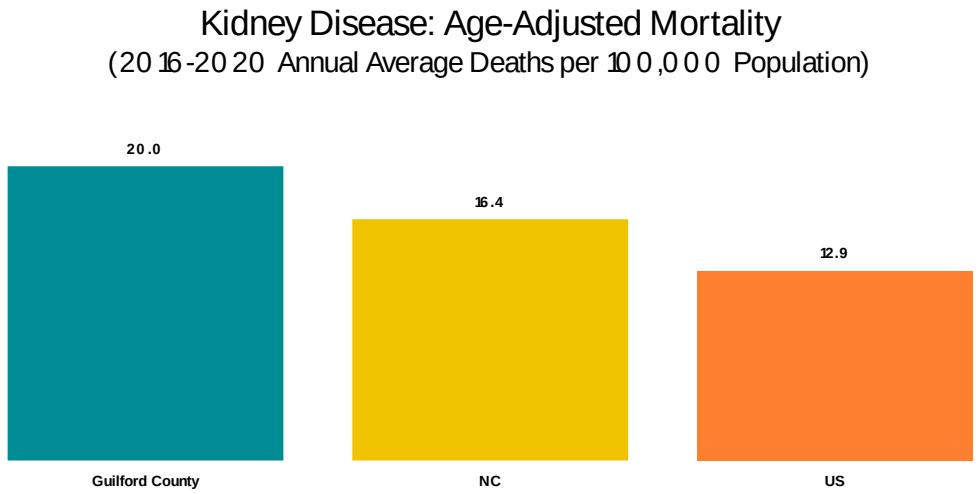


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

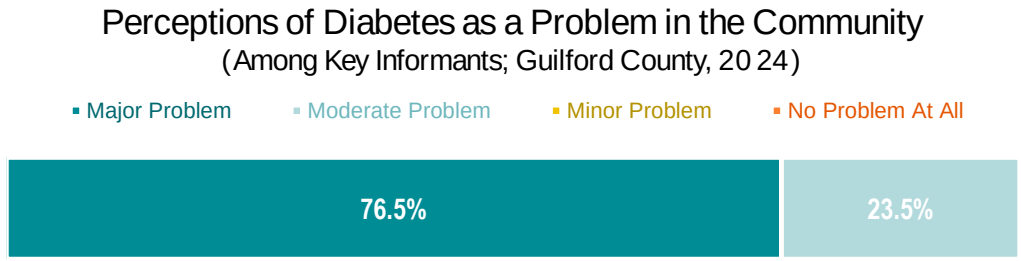
Diabetes is a leading cause of kidney disease. The following chart shows the local age-adjusted kidney disease mortality rate.



Sources: • National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

Note key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Affordable Healthy Food

> The lack of quality foods being available because of the level of food insecurity. Physical activity is a challenge because of the lack of sidewalks. High Point is not a walkable community. There is also a lack of food education, nutrition classes available to community members. – Community Leader
>
> Access to healthy food and to opportunities for more physical activity. Low awareness and understanding about how to modify behaviors to better treat and manage diabetes. Also, access to appropriate care and medications. – Community Leader

> Inability to access healthy food. – Community Leader

Income/Poverty

> I work with maternity patients. Those that are in the "Adopt A Mom Program" and low income diagnosed with gestational diabetes (gDM) cannot afford to pay additional cost for health care. Although, these patients receive a discounted fee for prenatal care (PNC), but when diagnosed with gDM, they are referred to the diabetic clinic. But most often, these patients do not show up for these important appointments due to the additional out of pocket expenses they have to pay. The lack of diabetes education and training has the propensity to cause a negative outcome for the health of the mother and the unborn child. – Health Provider
>
> Poverty and food insecurity, leads to poor nutrition and diet. Access to affordable medications and treatments and education. – Health Provider

Nutrition

> Food insecurity, diet, and lack of ability to have easy access to walkable neighborhoods. – Community Leader
>
> Taking steps for proper nutrition and lack of exercise. – Social Service Provider
>
> Diet and food insecurity, lack of good food and local food deserts. – Physician

Affordable Medications/Supplies

> Access to affordable medications, follow up with their medical providers and early detection of the disease. – Social Service Provider

Access to Care/Services

> Access to healthcare. Availability of providers. – Physician

Disease Management

> How to control and prevent diabetes. How do we encourage more physical activity and movement. – Community Leader

Lack of Providers

> Inadequate numbers of primary care providers due to provider shortage. Adequate access to affordable, healthy food, as well as nutrition counseling and help supporting lifestyle changes. – Physician

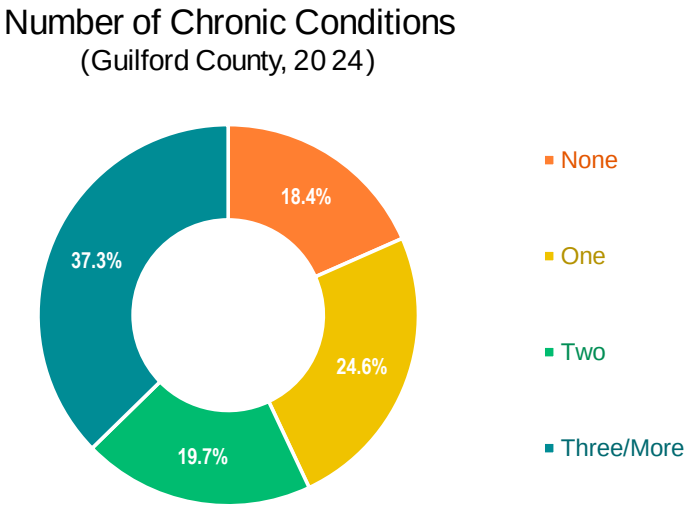
Disabling Conditions

Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

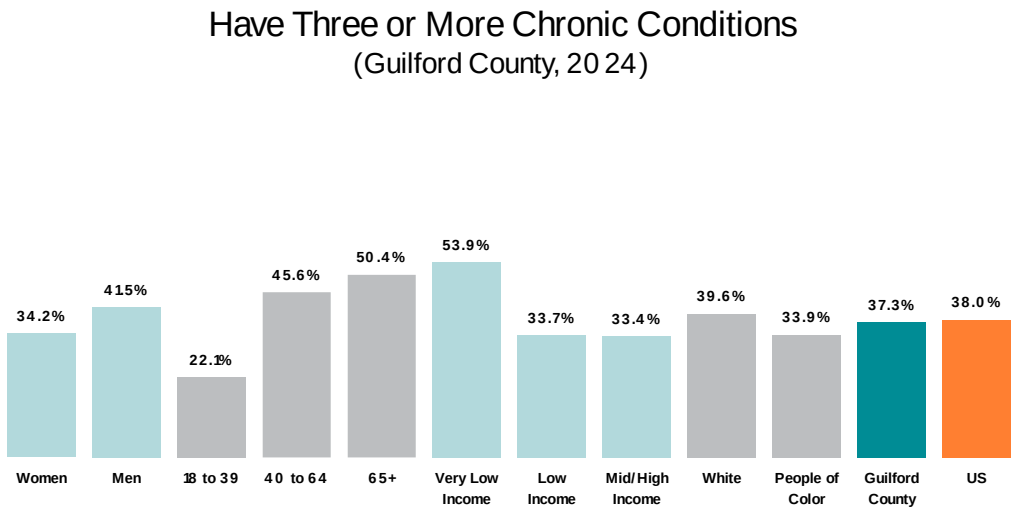
For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

About Disability & Health

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

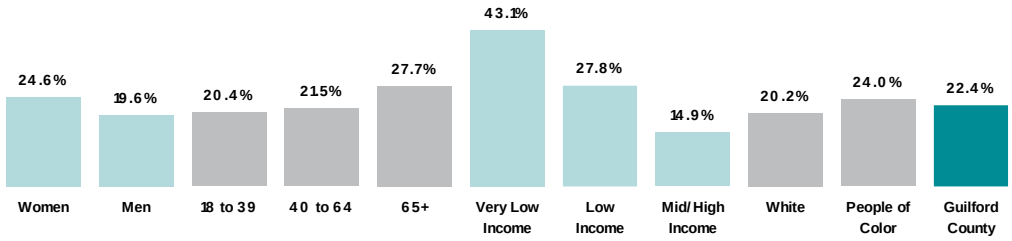
PRC Survey ► "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

PRC Survey ► [Adults with activity limitations] "What is the major impairment or health problem that limits you?"

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Guilford County, 2024)



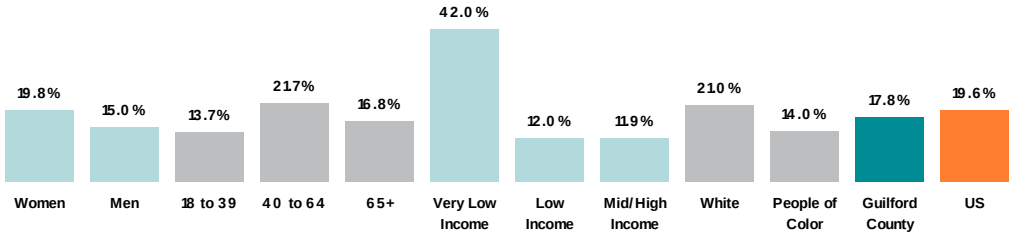
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

High-Impact Chronic Pain

PRC Survey ► "Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?" (Reported here among those responding "most days" or "every day.")

Experience High-Impact Chronic Pain (Guilford County, 2024)

Healthy People 2030 = 6.4% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

About Dementia

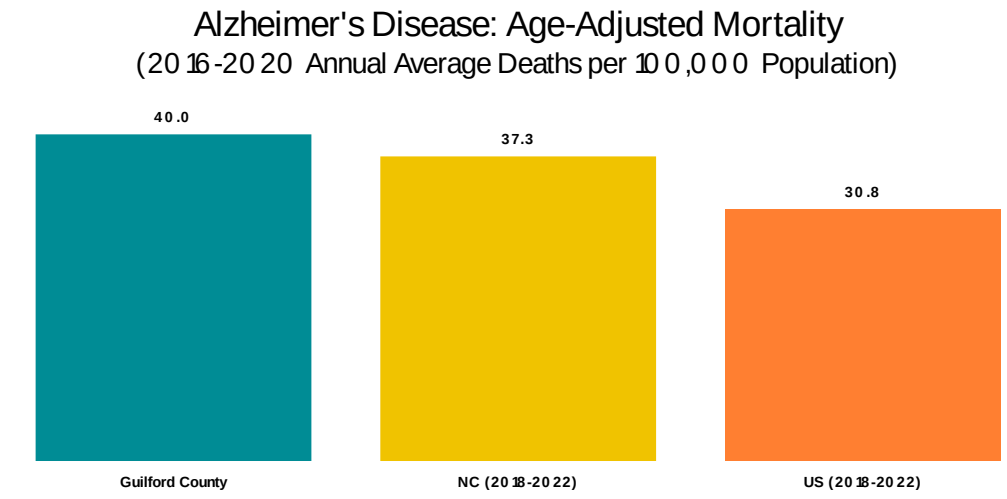
Alzheimer's disease is the most common cause of dementia… . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.



Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Caregiving

PRC Survey ► "People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"

PRC Survey ► [Among those providing care] "What is the main health problem, long-term illness, or disability that the person you care for has?"

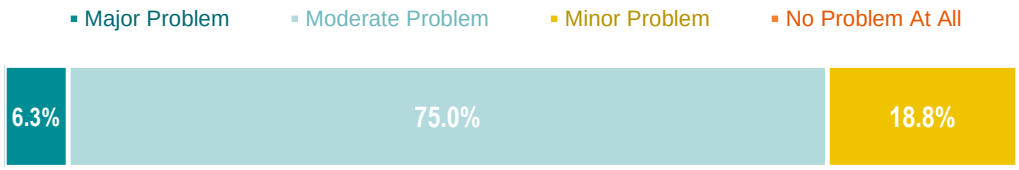
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Disabling Conditions

Note key informants' perceptions of the severity of *Disabling Conditions* as a problem in the community:

Perceptions of Disabling Conditions as a Problem in the Community
(Among Key Informants; Guilford County, 2024)



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Diagnosis/Treatment

> These conditions are a result of neglect of health over time and once in place are difficult to correct. Since these disabling conditions are big business for the health system and society, people are taken advantage of, and the issues are not truly addressed. This causes a cycle of hurt and pain for residents, especially the most vulnerable to continue. – Social Service Provider

Births

About Infant Health

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

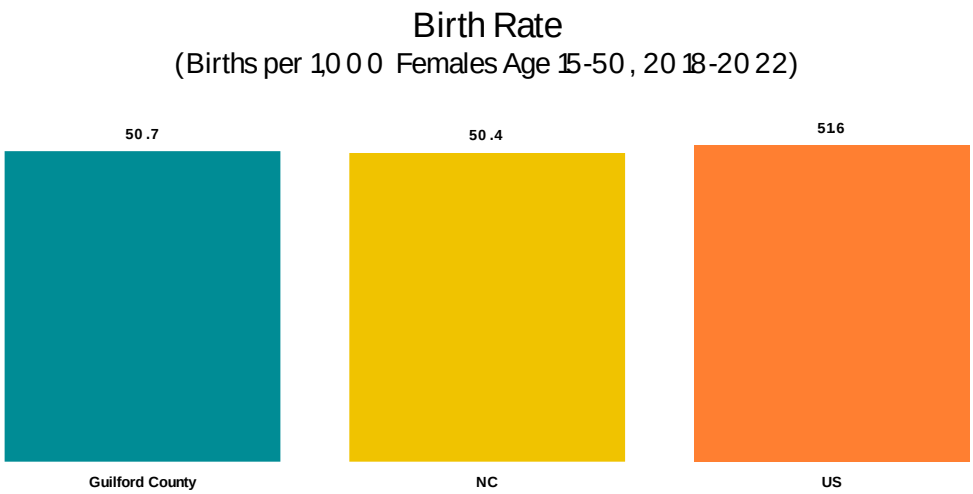
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

Birth Rate

Here, birth rate include births to women age 15 to 50 years old, expressed as a rate per 1,000 female population in this age cohort.

Note the birth rate in Guilford County, compared to the state and nation.



Sources: • American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.

Birth Outcomes & Risks

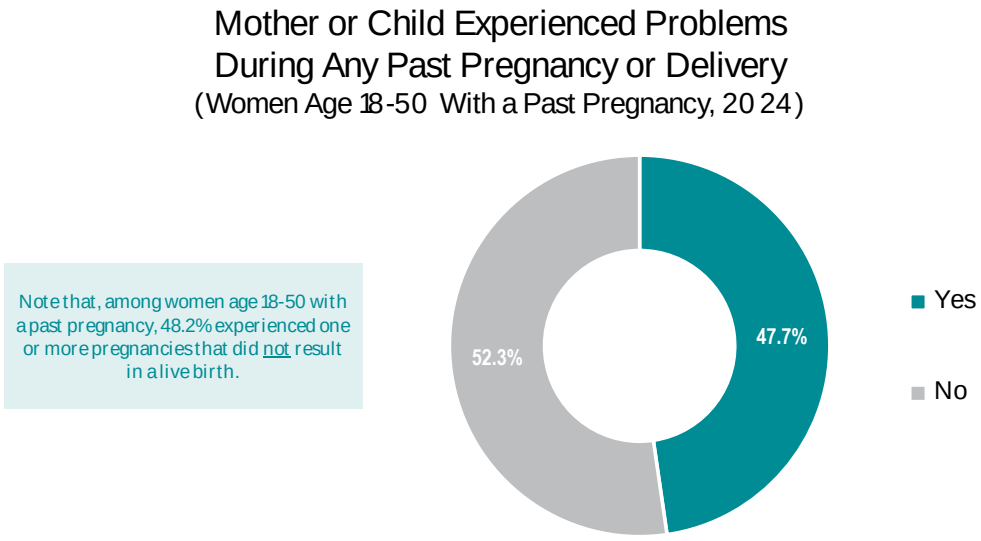
Pregnancy Complications

PRC Survey ► Among women age 18 to 50 with a past pregnancy or pregnancies: **"Did <u>you</u> have any health problems, such as gestational diabetes, high blood pressure, depression, or any other complications during any of your pregnancies?"**

PRC Survey ► Among women age 18 to 50 with a past pregnancy or pregnancies: **"During any of your pregnancies or during the birthing process, did <u>your baby</u> experience any health or medical problems?"**

PRC Survey ► Among women age 18 to 50 with a past pregnancy or pregnancies: **"In all, how many of your pregnancies results in a live birth? Please count the birth of twins or multiples as one birth."**

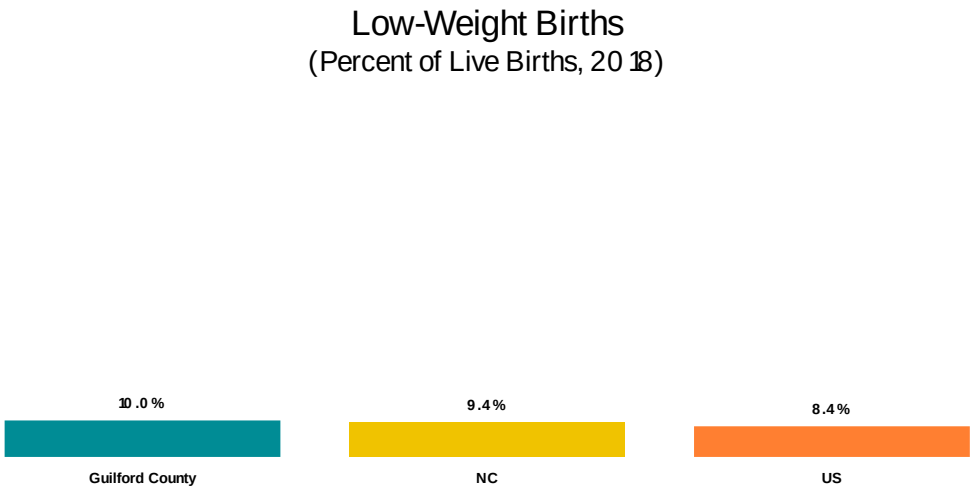
The following chart outlines the percentage of women encountering complications for themselves <u>or</u> for their babies during any past pregnancy.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 306-307]
Notes: • Among women age 18-50 with a past pregnancy.

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

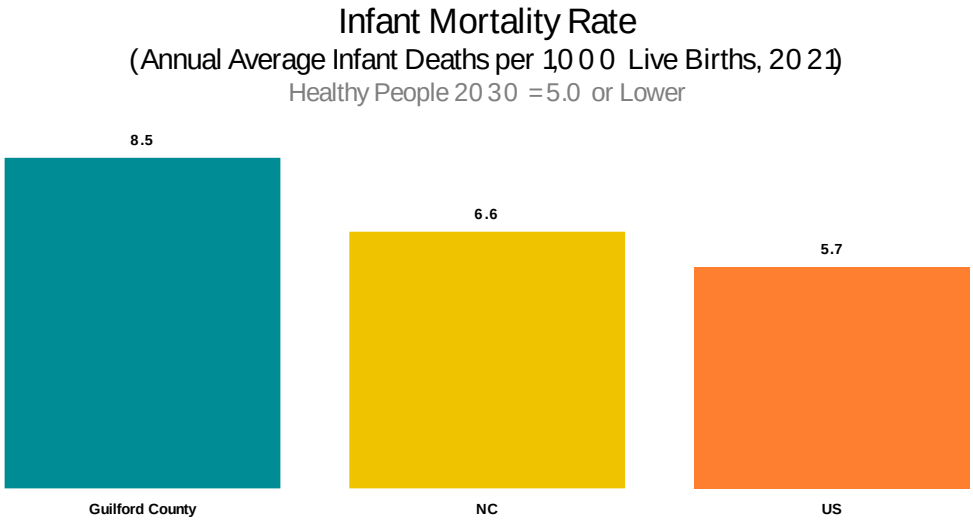


Sources:
- National Vital Statistics System-Natality (NVSS-N), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).
- State and US percentages represent 2018-2022 data.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

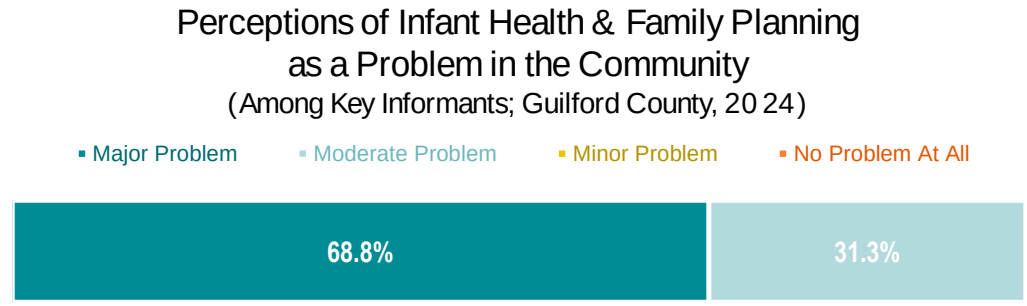


Sources:
- National Vital Statistics System-Natality (NVSS-N), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Key Informant Input: Infant Health & Family Planning

Note key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Infant Mortality

> The 27260, 27261 and 27262 zip codes have a greater percentage of negative birth outcomes. – Community Leader
>
> One infant death is too many. The numbers reflect the issue. – Community Leader
>
> Infant mortality is higher in Guilford County than it is across NC, which is already in the bottom 25% of all states. However, the infant mortality for babies of color is over twice as high as the average for all of NC. The death of a child is particularly devastating emotionally, so it is important to prioritize this area of health--especially when we know that higher care is achievable in other areas. – Community Leader
>
> High percentage of low birth weight and high percentage of infant mortality. Social determinants of health are not good in High Point. – Physician

Vulnerable Populations

> Because the infant mortality rates for black women in particular and in particular neighborhoods are unacceptably highly disproportionate as compared to white mothers and the overall infant and maternal health rates. – Community Leader
>
> In 2021, infant mortality rates by race and ethnicity were as follows: Non-Hispanic Black: 10.6. Non-Hispanic Native Hawaiian or other Pacific Islander: 7.8. Non-Hispanic American Indian/Alaska Native: 7.5. Hispanic: 4.8. Non-Hispanic white: 4.4. Non-Hispanic Asian: 3.7. Based on these statistics, more needs to be done to support minority women during and after their pregnancies. – Social Service Provider

Follow Up/Support

> Good medical care, but lack of community support in the neediest areas. – Physician

Insurance Issues

> Limited access to Medicaid by the general public, unplanned pregnancies, high infant mortality rate, and mothers not seeking prenatal care in a timely manner. – Social Service Provider

Modifiable Health Risks

Nutrition

About Nutrition & Healthy Eating

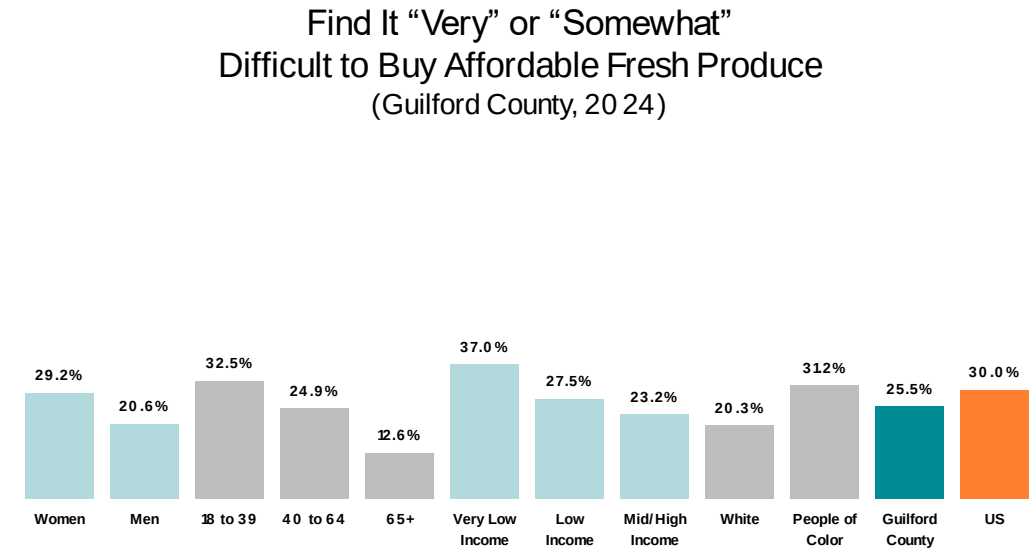
Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Fresh Produce

PRC Survey ► "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

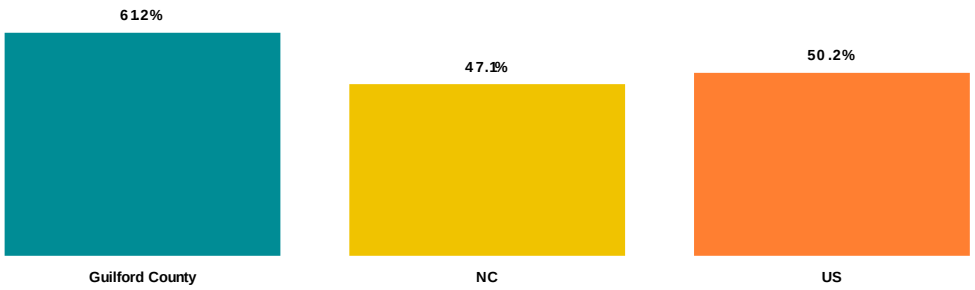


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Low Food Access

Low food access is defined as living more than one-half mile from the nearest supermarket, supercenter, or large grocery store for those living in urban areas (or >10 miles for those in rural areas). This related chart is based on US Department of Agriculture data.

Population With Low Food Access
(2019)



Sources:
- Food Access Research Atlas, US Department of Agriculture (USDA) - Economic Research Service. Retrieved May 2024 via Metopio.

Notes:
- Low food access is defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.

Physical Activity

About Physical Activity

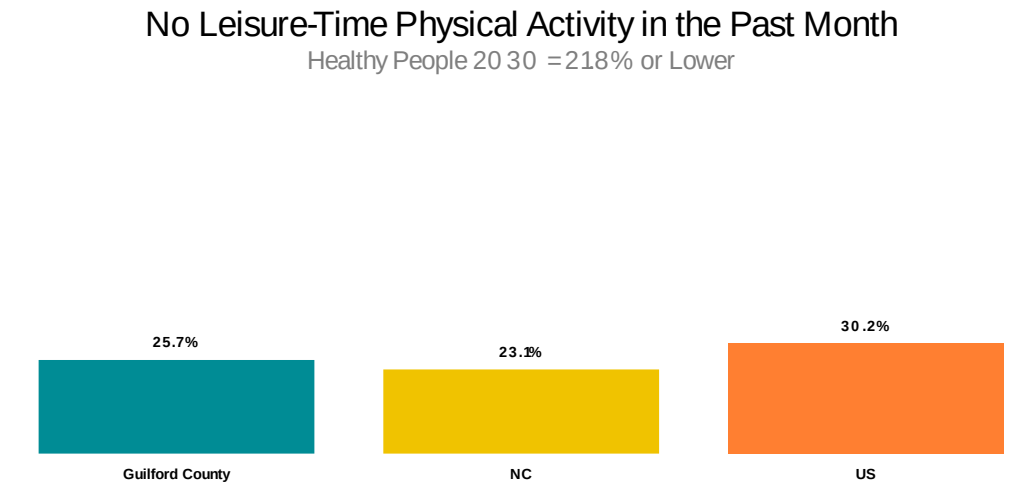
Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

PRC Survey ► "During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Meeting Physical Activity Recommendations

Adults: Recommended Levels of Physical Activity

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

To measure physical activity frequency, duration and intensity, respondents were asked:

PRC Survey ► "During the past month, what type of physical activity or exercise did you spend the most time doing?"

PRC Survey ► "And during the past month, how many times per week or per month did you take part in this activity?"

PRC Survey ► "And when you took part in this activity, for how many minutes or hours did you usually keep at it?"

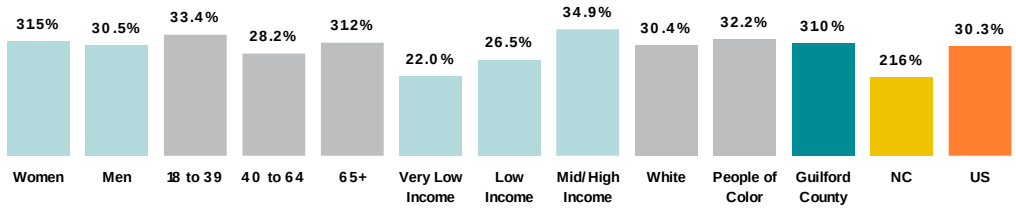
Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

PRC Survey ► "During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands."

Percentages below represent the proportion of adults meeting physical activity recommendations based on the above guidelines.

Meets Physical Activity Recommendations
(Guilford County, 2024)
Healthy People 2030 = 29.7% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children's Physical Activity

Children: Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

PRC Survey ► "During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day
(Children 2-17)

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq$30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq$30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq$30.0

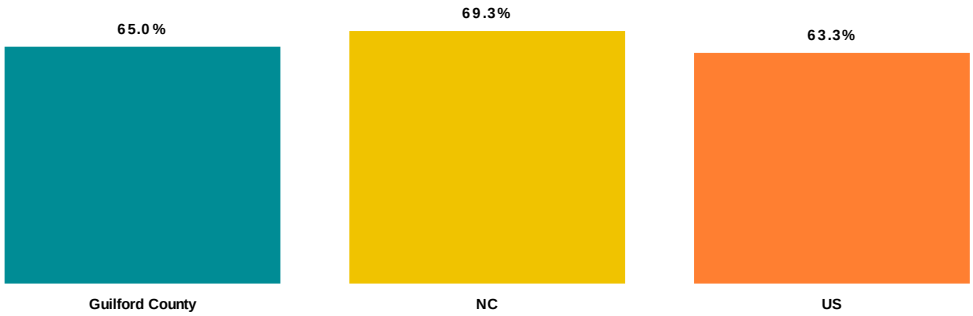
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

PRC Survey ► "About how much do you weigh without shoes?"

PRC Survey ► "About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)

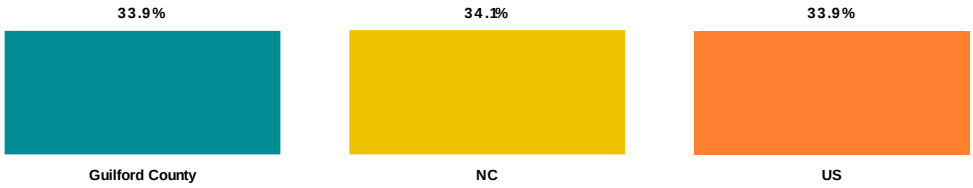


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0,.
  The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

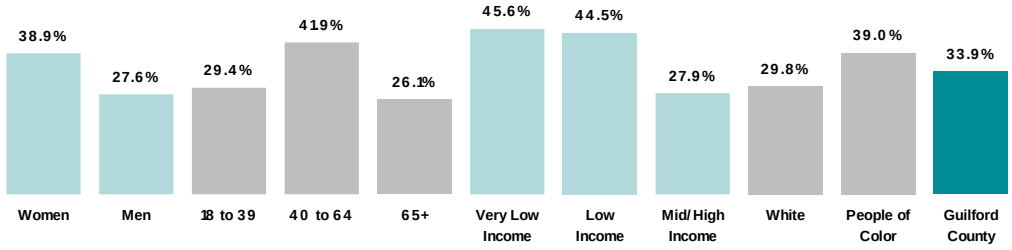
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(Guilford County, 2024)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

PRC Survey ► "How much does this child weigh without shoes?"

PRC Survey ► "About how tall is this child?"

Prevalence of Overweight in Children
(Children 5-17)

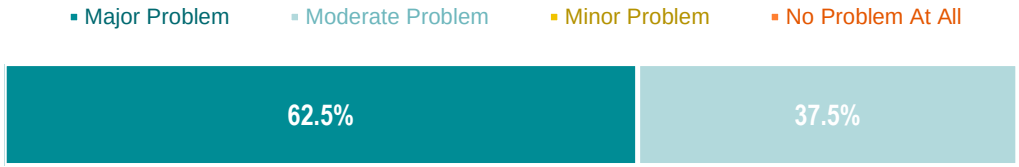
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Note key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; Guilford County, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Affordable Healthy Food

> Limited access to nutritional food, education on the importance of eating nutritional food, not understanding the importance of exercise and maintaining a healthy weight. – Social Service Provider

> Access to nutritional food, food education and nutrition training, and access to physical activity. – Community Leader

Lifestyle

> Access to healthy food, and food insecurity, and to opportunities for more physical activity. Low awareness and understanding about how to modify behaviors to better manage weight and meet healthy goals for nutrition and physical activity. – Community Leader

Obesity

> Obesity. – Health Provider
>
> Numerous adults are overweight and obese. Gyms are too expensive for the average client to take advantage of their services. – Social Service Provider

Nutrition

> Many in High Point live in food deserts. They rely more on fast food than prepared, nutritious meals. – Community Leader
>
> Poor diets, food deserts, and unhealthy eating habits abound, especially in the African American population. – Physician

Insufficient Physical Activity

> Being sedentary is more the norm. City and county structures don't emphasize activity enough or make it a part of daily life. – Physician

Substance Use

About Drug & Alcohol Use

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

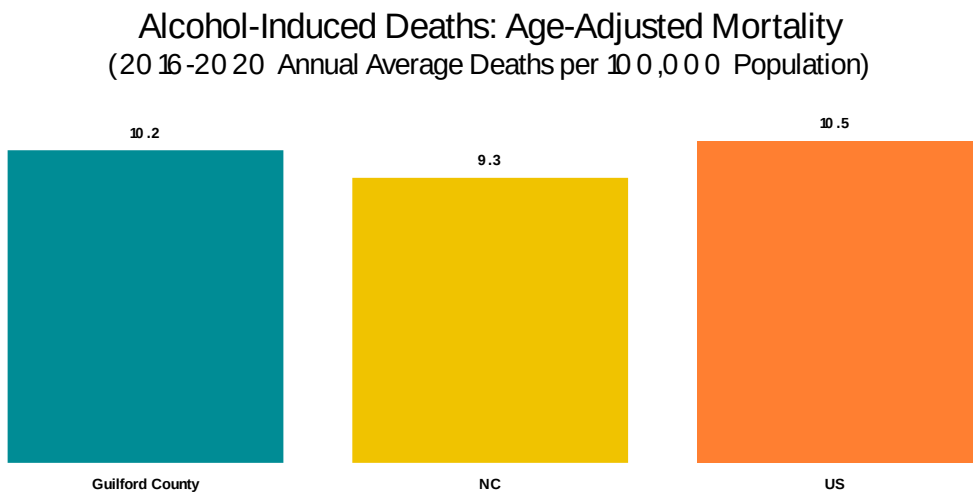
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Age-Adjusted Alcohol-Induced Deaths

The following outlines age-adjusted, alcohol-induced mortality in the area.



Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

PRC Survey ► "During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

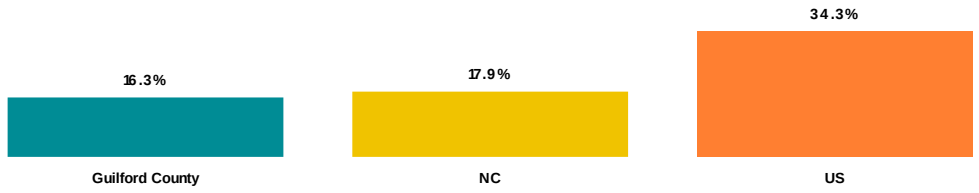
PRC Survey ► "On the day(s) when you drank, about how many drinks did you have on average?"

PRC Survey ► "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?"

Excessive drinking includes heavy and/or binge drinkers:

- Heavy Drinking ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- Binge Drinking ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Engage in Excessive Drinking



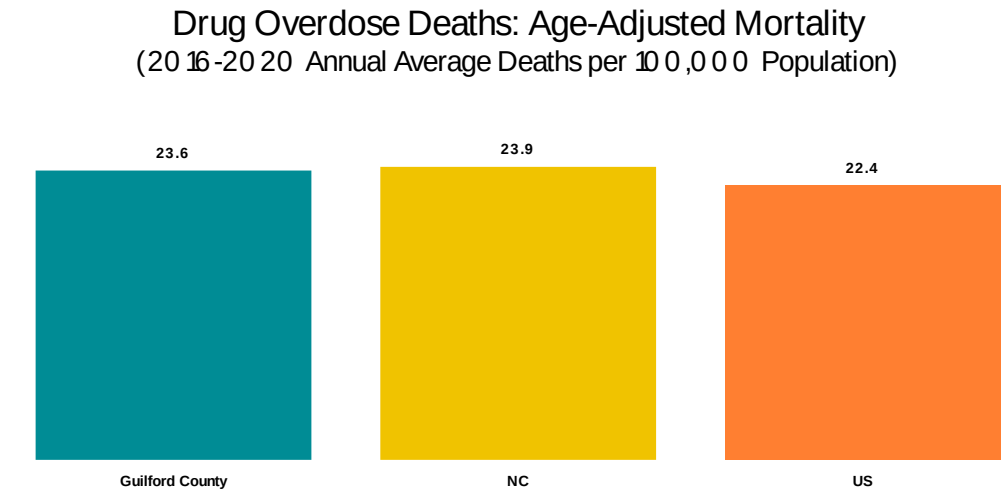
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

Age-Adjusted Drug Overdose Deaths

Data below present local age-adjusted mortality for drug overdose deaths. Drug overdose deaths include deaths due to drug poisoning (such as overdose), whether accidental or intentional. Increases during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here.



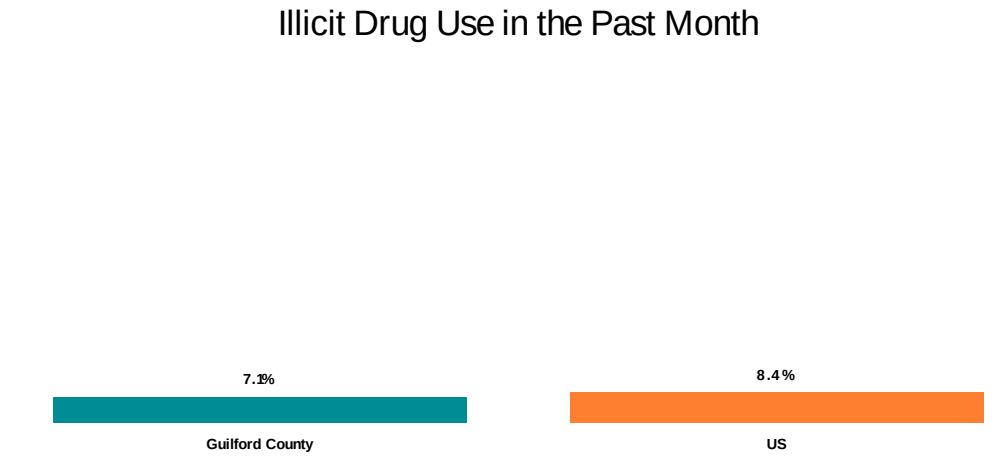
Sources:
- National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here.

Illicit Drug Use

PRC Survey ► "During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

PRC Survey ► "Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"

Used a Prescription Opioid in the Past Year
(Guilford County, 2024)

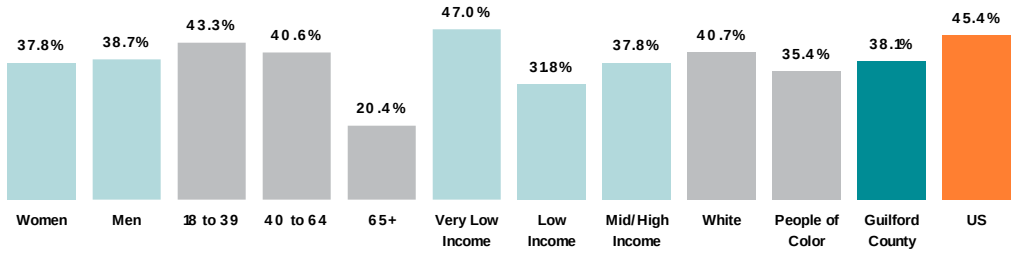
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Personal Impact From Substance Use

PRC Survey ► "To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Guilford County, 2024)



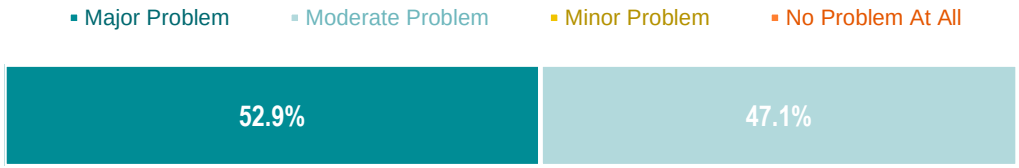
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Note key informants' perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Guilford County, 2024)



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> There are not enough service providers and the existing service providers are underfunded. Also, the stigma around seeking help and the stigma around providing those services in the community. – Community Leader
>
> Lack of professionals, in-house treatment programs, and insurance. – Community Leader

Access to Care/Services

> Like mental health care, addressing substance use is a complex issue in High Point because of both the availability of resources and the cost-prohibitive nature of the services. Many residents with substance use issues are provided only temporary solutions that do not help them treat their illnesses properly over the long term – Community Leader

Awareness/Education

> Education and the belief that it is truly a problem. – Social Service Provider

Affordable Care/Services

> Affordability and not enough places. – Physician

Disease Management

> Individual willingness to access services, lack of education of available resources, lack of support for individuals who need the help. – Health Provider

Tobacco Use

About Tobacco Use

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

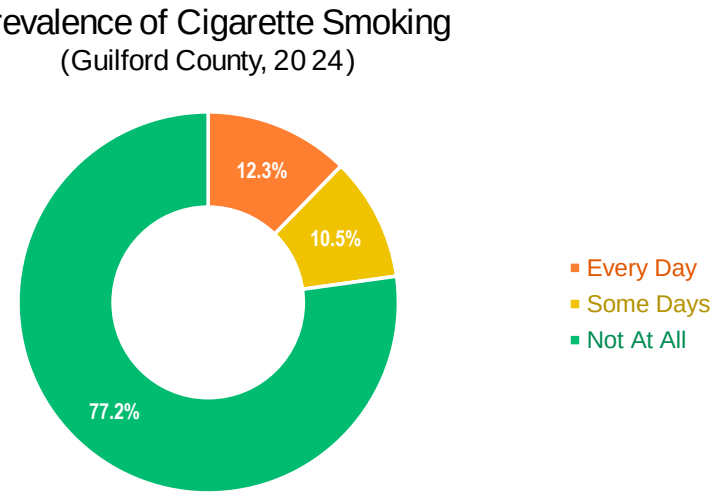
Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

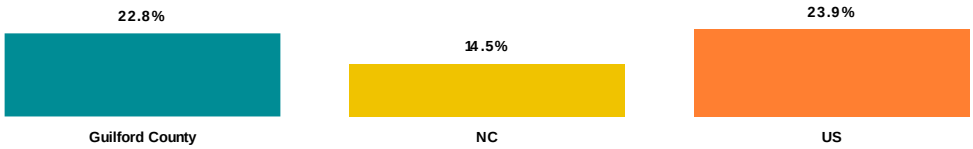
PRC Survey ► "Do you currently smoke cigarettes every day, some days, or not at all?" ("Currently Smoke Cigarettes" includes those smoking "every day" or on "some days.")



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

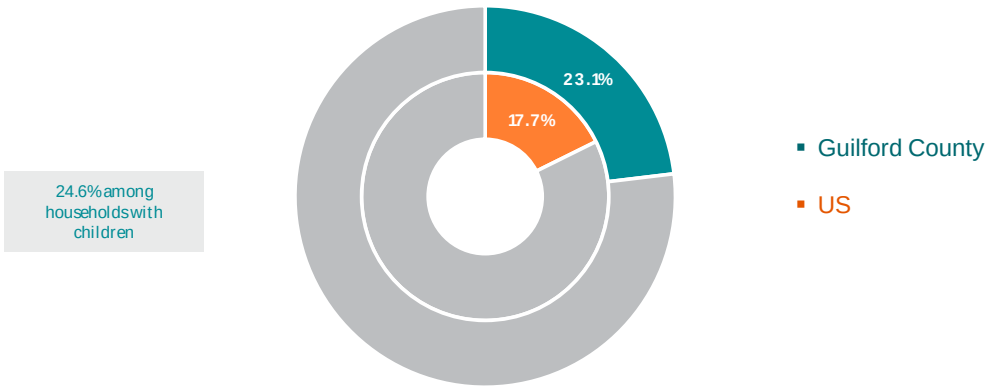
Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

PRC Survey ► "In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home



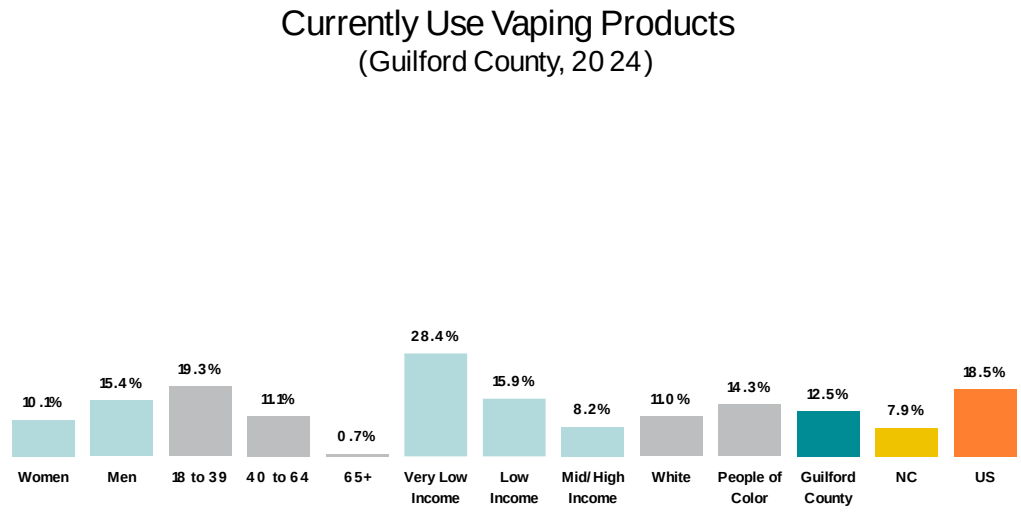
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

PRC Survey ► "Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?"

("Currently Use Vaping Products" includes use "every day" or on "some days.")

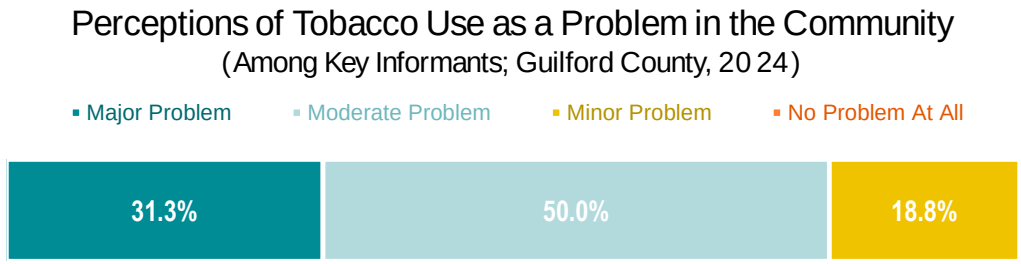


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

Note key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Marketing to Youth

> There is still a large majority of clients that smoke or use vaping and studies have shown that vaping is now affecting a young clientele. – Social Service Provider
>
> It is highly addictive. Marketed to younger people and then they get hooked. – Physician

Sexual Health

About HIV & Sexually Transmitted Infections

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

Sexually Transmitted Infections (STIs)

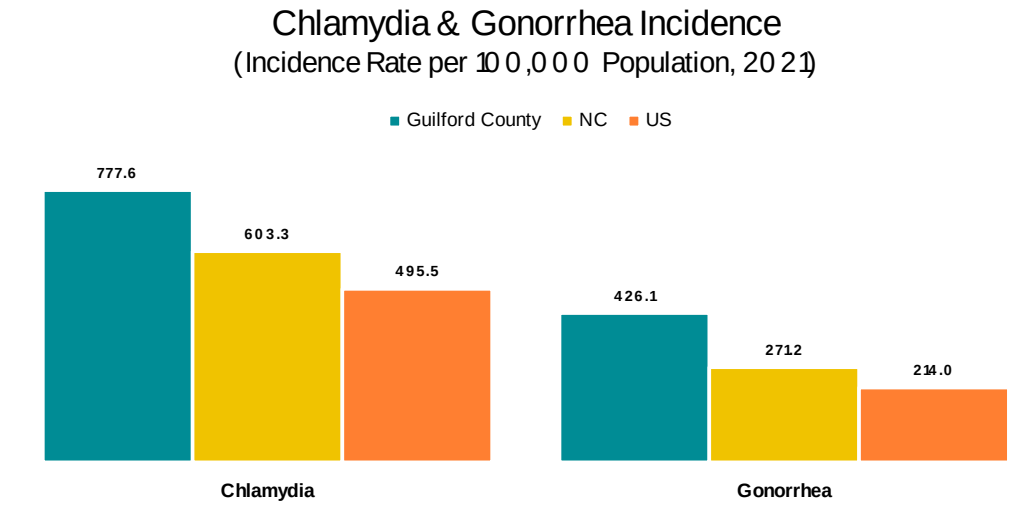
Chlamydia

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

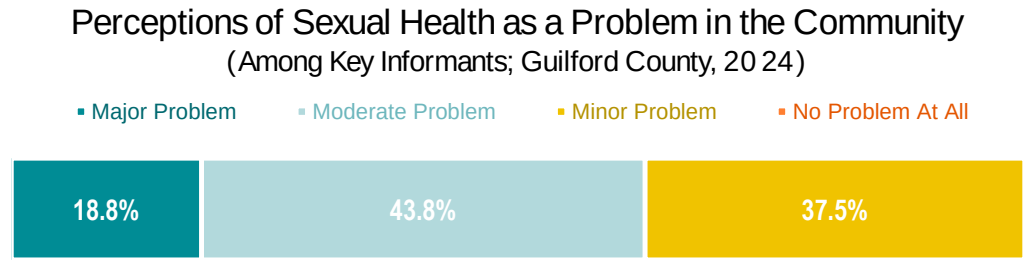
The following chart outlines local incidence for these STIs.



Sources: • National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus, Centers for Disease Control and Prevention (CDC). Retrieved May 2024 via Metopio.

Key Informant Input: Sexual Health

Note key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Education in the public schools, not enough information given to the younger generation. – Social Service Provider
>
> Sexual abuse, feeling like it will never happen to me. – Physician

Incidence/Prevalence

> The amount of people with STDs. – Community Leader

Access to Health Care

About Health Care Access

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

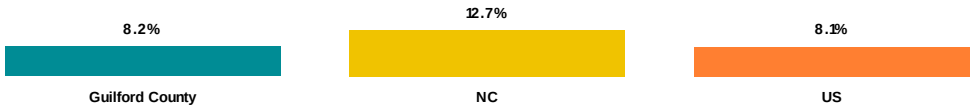
PRC Survey ► "Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?"

PRC Survey ► "Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?"

Lack of Health Care Insurance Coverage

(Adults 18-64)

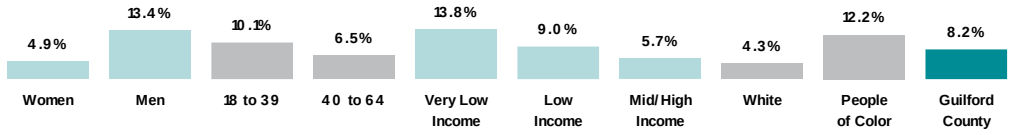
Healthy People 2030 =7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Guilford County, 2024)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC Survey ► "Was there a time in the past 12 months when you needed medical care but had difficulty finding a doctor?"

PRC Survey ► "Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?"

PRC Survey ► "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?"

PRC Survey ► "Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

PRC Survey ► "Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?"

PRC Survey ► "Was there a time in the past 12 months when you needed a prescription medicine but did not get it because you could not afford it?"

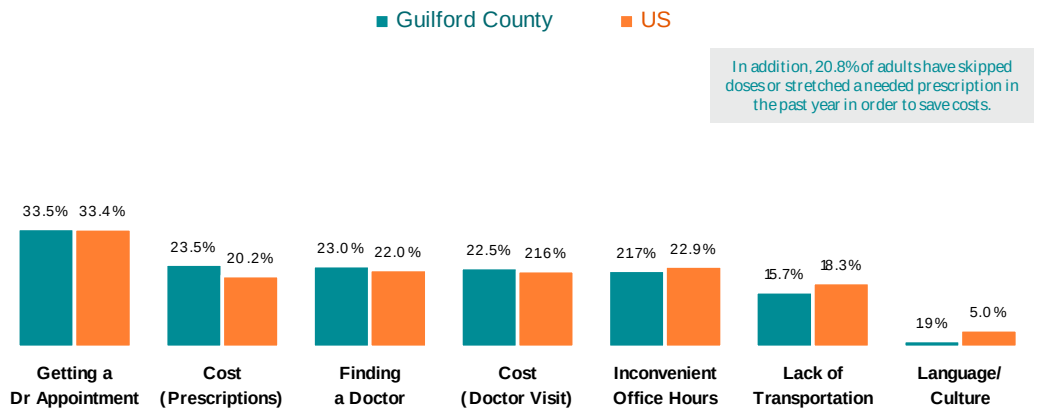
PRC Survey ► "Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?"

Also:

PRC Survey ► "Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

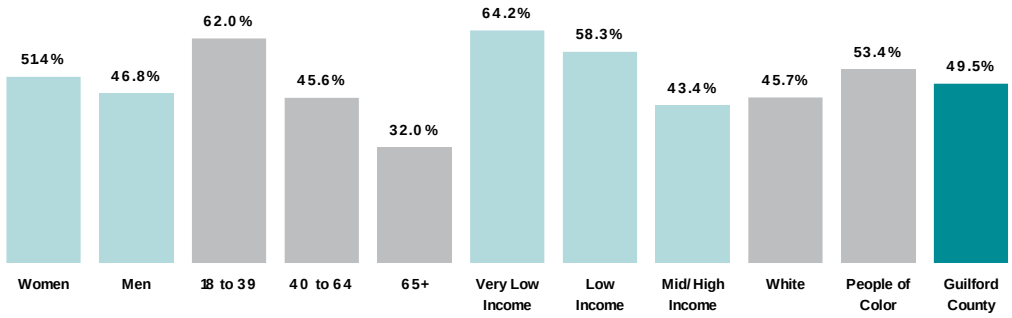
The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Guilford County, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]

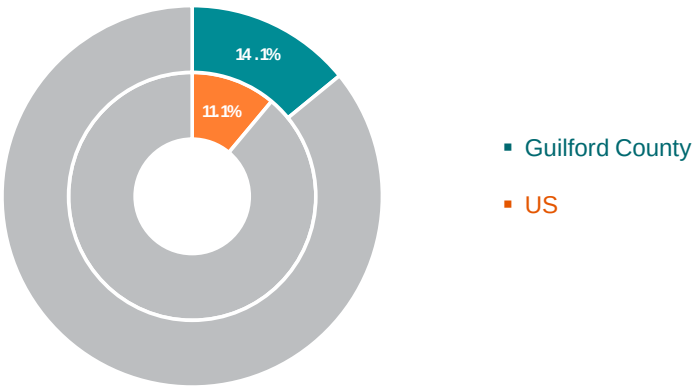
Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

PRC Survey ► "Was there a time in the past 12 months when you needed medical care for this child but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

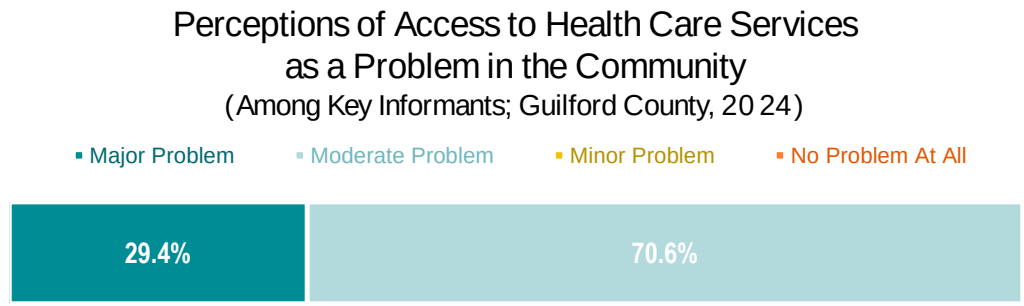


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Note key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Transportation

> 1. The biggest challenges are the lack of adequate public transportation. As you look at a food desert map in High Point there are no health care providers and no pharmacies. 2. transportation limits how people can access health care. There is also the large number of immigrants that will not access health care because of cultural differences, lack of insurance, and fear. 3. Knowing what resources are available. 4. Sidewalks- High Point does not have enough sidewalks in the most impoverished areas. – Community Leader
>
> For individuals living in certain zip codes, transportation continues to be a big problem and limits the opportunity of individuals to obtain consistent health care. In addition, the lack of mental health providers has implications for homelessness, etc. A growing concern is the increasing number of elderly who find themselves homeless in High Point. Due in part to loss of affordable housing, rental properties have been purchased and demolished for High Point University expansion efforts. The needs of the renters have not been addressed. – Community Leader

Access to Care/Services

> The only stand-alone medical services available in East Winston are OB-GYN, with some access to healthcare through the satellite clinics at the Intergenerational Center for Arts and Wellness through Senior Services. There is a mistrust (rightfully so) of the medical system in the African American Community and we need more physicians of color. Also, safe, affordable TRANSPORTATION to and from medical appointments has been a daunting issue for decades. The Shepherd's Center of Greater Winston-Salem carries that burden for citizens 60+ years of age and is now keeping a waiting list as grant funding runs dry. They make approximately 500 roundtrips a month. Public transportation is lacking in that there is no transportation (bus or Trans-Aid) outside of the city. Folks who need to access services in, or coming from, places like Clemmons, Bethania, Rural Hall, etc., have nothing. Furthermore, our direct care workforce crisis presents serious issues across the medical continuum. - Social Service Provider
>
> Not enough resources, location of resources, timing of when resources are available, Medicaid appointments available, and services for the uninsured. – Social Service Provider

Access to Care for Uninsured/Underinsured

> Access to care for those that remain uninsured. Transportation barriers. Access to enough providers, especially for mental health. Lack of funds to pay for services and medications. – Community Leader

Social Determinants of Health

> Social determinants of health are a major problem for us. Affordable housing, food insecurity, lack of transportation, and many people unable to access healthcare due to financial problems. – Physician

Primary Care Services

About Preventive Care

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

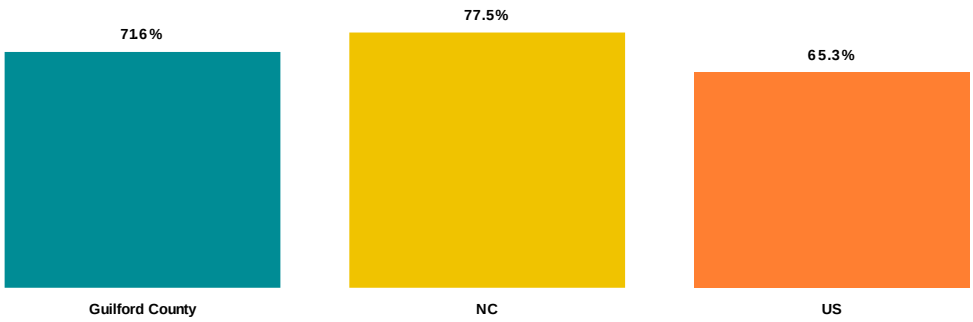
– Healthy People 2030 (https://health.gov/healthypeople)

Utilization of Primary Care Services

PRC Survey ► "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?"

Have Visited a Physician for a Checkup in the Past Year

In 2021, there were 472 primary care physicians practicing in Guilford County.

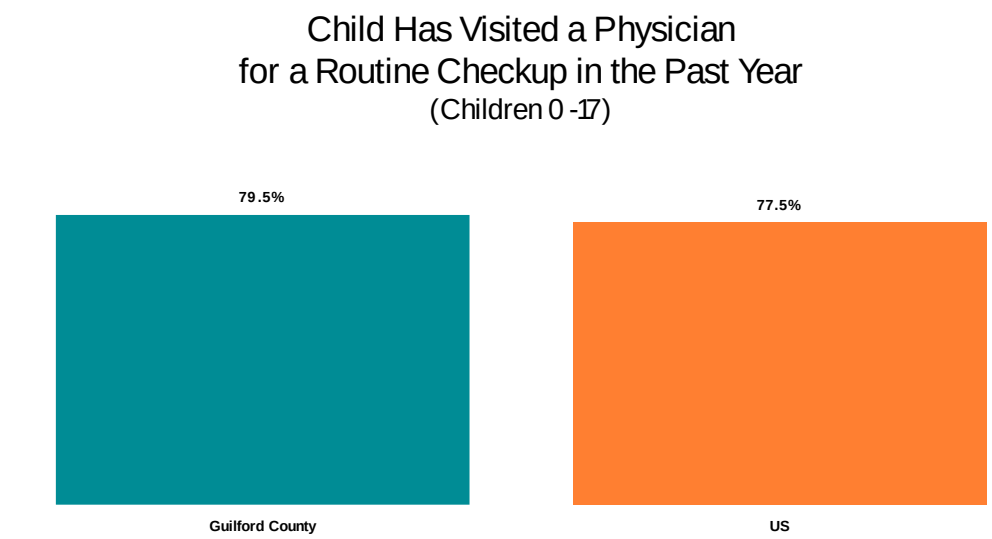


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Area Health Resources Files, Health Resources & Services Administration. Retrieved May 2024 via Metopio.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Primary care physician count includes the number of clinically active primary care physicians. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Note also the number of practicing primary care providers in Guilford County. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. However, keep in mind that this indicator takes into account *only* primary care physicians; it does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

PRC Survey ► **"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"**



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

About Oral Health

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

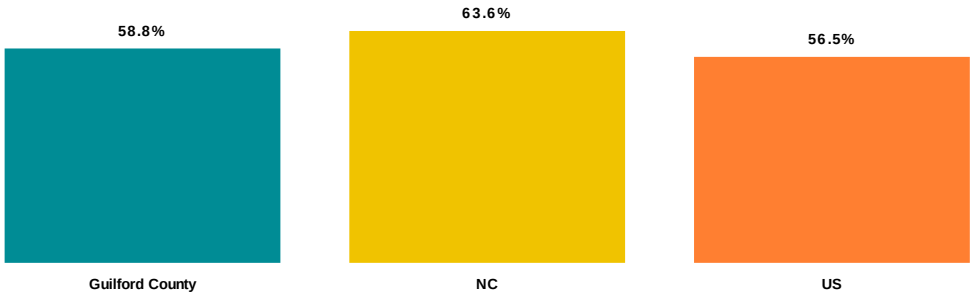
Oral Health

Dental Care

PRC Survey ► **"About how long has it been since you last visited a dentist or a dental clinic for any reason?"**

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 =45.0% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

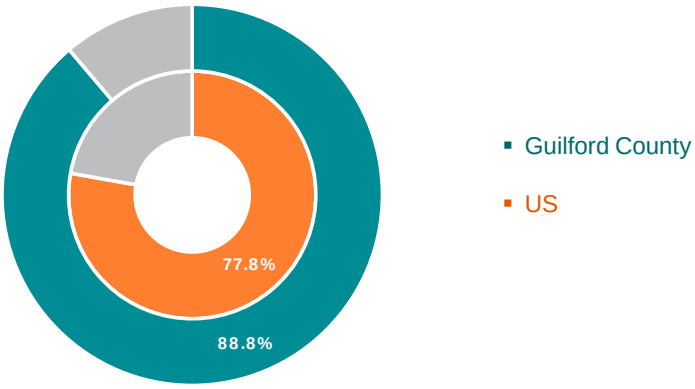
Notes:
- Asked of all respondents.

PRC Survey ► [Children Age 2-17] "About how long has it been since this child visited a dentist or dental clinic?"

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Children 2 to 17)

Healthy People 2030 =45.0% or Higher

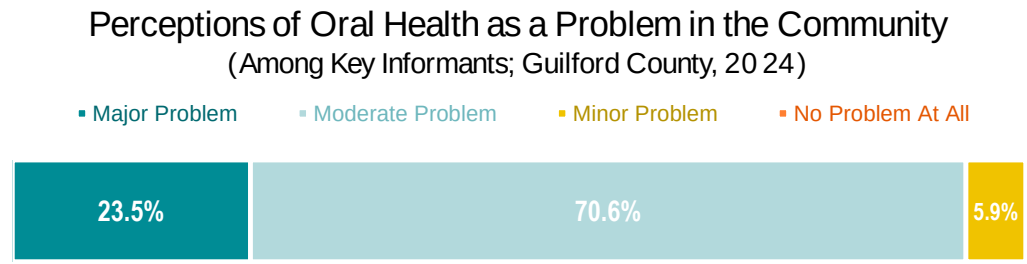


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Note key informants' perceptions of the severity of *Oral Health* as a problem in the community:



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> Lack of affordable care. – Physician
>
> Limited dental resources are available in greater High Point community if unable to pay out of pocket or have insurance. Oral health is the gateway to overall health and impacts far more than people realize. – Health Provider

Access to Care for Uninsured/Underinsured

> Lack of insurance. – Community Leader

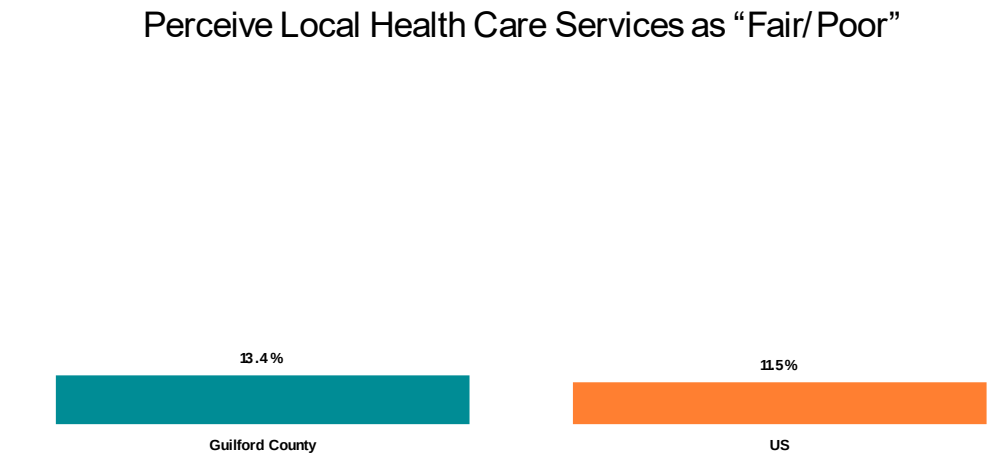
Access to Care/Services

> Many people do not have access to healthcare for their oral health. – Social Service Provider

Local Resources

Perceptions of Local Health Care Services

PRC Survey ► "How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Atrium Health High Point Medical Center
- Atrium Health Primary Care and Endocrinology Clinics
- Atrium Health Wake Forest Baptist Medical Center
- Caring Services
- Caring Solutions Addiction Treatment
- City of High Point
- Community Care Clinic
- Community Clinic of High Point
- Community Health Workers
- Greater High Point Food Alliance
- Guilford Community Care Network
- High Point Community Clinic
- Medicare/Medicaid
- Mental Health Association
- Triad Adolescent and Pediatric Medicine
- YMCA/YWCA

Cancer

- Atrium Health High Point Medical Center
- Atrium Health Wake Forest Baptist Medical Center
- BCCCP
- Cancer GPS
- City of High Point
- Community Clinic of High Point
- Cone Health
- Free Community Screenings
- Greater High Point Food Alliance
- Hayworth Cancer Center
- Hospice Care Center
- Support Groups

Diabetes

- Atrium Health Cornerstone Phlebotomy Services at Premier
- Atrium Health Diabetes Program
- Atrium Health High Point Medical Center
- Atrium Health Primary Care and Endocrinology Clinics
- Atrium Health Wake Forest Baptist Medical Center
- Community Awareness
- Community Clinic of High Point
- Cone Health
- Cone Hospital
- Diabetes Health Care and Management
- Doctor's Offices
- Greater High Point Food Alliance
- Growdega
- Guilford County Health Department
- Health Department
- Oak Hollow
- Parks and Recreation
- Public Health
- Second Harvest Food Bank
- YMCA/YWCA

Disabling Conditions

- Mount Zion Baptist Church
- Partnership for Ending Homelessness
- United Way

Heart Disease & Stroke

- 1-800-Quitline
- Atrium Health High Point Medical Center
- Atrium Health Primary Care and Endocrinology Clinics
- Atrium Health Wake Forest Baptist Medical Center
- Community Clinic of High Point
- Cone Health
- Cone Hospital
- Cornerstone Health Care Partners

- Doctor's Offices
- Greater High Point Food Alliance
- Guilford County Stroke Support Group
- Heart Center
- Heart Strides
- Justus-Warren Heart Disease and Stroke Prevention
- North Carolina Council of Churches
- Oak Street Health
- Parks and Recreation
- Silver Sneakers
- Tobacco Prevention Programs

Infant Health & Family Planning

- Atrium Health
- Atrium Health High Point Medical Center
- Cone Hospital
- Doctor's Offices
- Every Baby Guilford
- Foundation for a Healthy High Point
- Get Ready Guilford
- Guilford Child and Adult Health
- Guilford County Health Department
- Guilford County Nurse-Family Partnership
- Guilford Family Connects
- Health Department
- High Point Pediatrics
- Nurse-Family Partnership
- Pregnancy Care Network
- Ready for School/Ready for Life
- YMCA/YWCA

Injury & Violence

- Big Brothers/Big Sisters
- Children's Law Center
- Family Justice Center
- Guilford County Sheriff's Department
- High Point Community Against Violence
- High Point Peacemakers
- High Point Police Department
- HPPD
- Law Enforcement
- Macedonia

Mental Health

- 988
- Atrium Health Behavioral Health
- Atrium Health High Point Medical Center
- CareNET Counseling
- Caring Services
- Community Care Clinic
- Cone Hospital
- Deep River Behavioral Health
- D-UP
- Family Services of Piedmont
- Family Solutions
- Guilford Child and Adult Health
- Guilford Community Schools
- Homeless Shelter/Domestic Violence Shelters
- JustTEENS Clinic
- Mental Health Association
- Monarch
- RHA
- Sand Hills
- State of North Carolina Funding

Nutrition, Physical Activity, & Weight

- Bethany Medical Center
- Fitness Centers/Gyms
- Greater High Point Food Alliance
- Greensboro Weight Loss Clinic
- Growing High Point
- Guilford County Cooperative Extension
- Macedonia
- Nutrition Services
- Parks and Recreation
- Senior Guilford Services
- United Way
- YMCA/YWCA

Oral Health

- Dental Hygiene School
- Dentist's Offices
- Guilford Community Care Network

Sexual Health

- Cone Hospital
- Doctor's Offices
- Guilford County Health Department
- Health Department
- Nurse-Family Partnership
- School System

Triad Health Project

Social Determinants of Health

Caring Services
Center for Housing and Community Studies
Community Care Clinic
D-UP
Foundation for a Healthy High Point
Greater High Point Food Alliance
Growdega
Guilford Community Schools
Guilford County Continuum of Care
Guilford Education Alliance
Guilford Jobs 2030
Health Department
High Point School Partnership
Love Line
Meals on Wheels
Medicare/Medicaid
Nurse-Family Partnership
Open Door Ministries
Partnership for Ending Homelessness
Ready for School/Ready for Life
Senior Guilford Services
Southwest Renewal Foundation
Tiny Houses
Welfare Reform Liaison Project
West End Ministries
WIC
YMCA/YWCA

Substance Use

ADS
Alcohol and Drug Services
Alcohol and Drug Treatment Center
Atrium Health High Point Medical Center
Caring Services
Doctor's Offices
Mental Health Association
Open Door Ministries
RHA

Tobacco Use

1-800-Quitline
Doctor's Offices
Nurse-Family Partnership

Appendix

Evaluation of Past Activities

Health Priority: Access to Care	
Strategy 1: Develop a process map of services available in the community and hospital	
Specific Interventions Host a second community Maternal Health Summit	**Collaborative Partners** Ready Ready · YWCA · Every Baby Guilford · Guilford Child Development · Foundation for a Healthy High Point High Point Regional Foundation
Results/Impact Over 70 participants came to the 1-day summit. The steering committee took the results back from opportunities identified by the participants and came up with 4 focus areas and will be convening focus groups in 2024.	
Strategy 2: Support pregnant women and new moms to resources to support a healthy pregnancy and birth outcomes	
Specific Interventions Implement a Maternal Health Navigator program	**Collaborative Partners** Foundation for a Healthy High Point High point Regional Foundation
Results/Impact Within 2023, the impact of the Maternal Health Navigator Program was measured through connecting 64% of individuals to community resources, 61% to federal/state programs via WIC and Medicaid, 55% to prenatal care during 1st trimester (baseline 25.6%), 30% to exclusive breastfeeding (baseline 25.6%), and 55% to selected pediatric providers at discharge (baseline 22%).	
Strategy 3: Provide support for mental health services	
Specific Interventions Engage with patients and social work after an overdose episode	**Collaborative Partners** Caring Services · Family Services · United Way · Community Clinic · Foundation for a Healthy High Point
Results/Impact	

The Caring Services social worker visits were not active during this time due to the financial grant for this position not being continued at Family Services of the Piedmont. Medications are provided at discharge and 1 refill is covered for patients in need. This is supported by the Psychiatry Smith Fund, which annually supports over 175 patients.	
Strategy 4: Connect underserved patients with healthcare services	
Specific Interventions Engage patients with the Community Clinic	**Collaborative Partners** Community Clinic of High Point

Results/Impact

The hospital facilitates human and financial support for the Community Clinic of High Point that has a mission to provide quality acute care and chronic disease management for eligible adults, aged 18-64, who reside in Archdale, High Point, Jamestown or Trinity and do not qualify for any form of government or private insurance. The clinic serves over 9,000 clients annually.

Health Priority: Social Impact and Injustice

Strategy 1: Expand services provided through the Food Pantry

Specific Interventions	Collaborative Partners
Work with partners to expand offerings	Growing High Point - Growdega · Greater High Point Food Alliance Hayworth Cancer Center

Results/Impact

The hospital food pantry within the Haywood Cancer Center supports about 30 patients annually. A partnership with Growdega supports supplies of fresh produce and offers food markets at the hospital.

Strategy 2: Utilize AHWFB FaithHealth and other resources to focus efforts to provide services in the 27260 and 27262 zip codes

Specific Interventions	Collaborative Partners
Increase patients served through FaithHealth	AHWFB FaithHealth · Greater High Point Food Alliance · Foundation for a Healthy High Point · United Way

Results/Impact

During 2022, FaithHealth volunteers served 4 clients by purchasing needed medications, 168 clients by linking them to food security resources, and provided transportation 7 times for clients to and from doctor's appointments. During 2023, FaithHealth volunteers served 5 clients by purchasing needed medications, 171 clients by linking them to food security resources, and provided transportation 14 times for clients to and from doctor's appointments. In addition, FaithHealth supported a client by raising money to pay her back rent and provided Christmas gifts for her, her 3 children, and her grandson. Also, FaithHealth supported a client who was on the verge of homelessness by connecting her with Partners Ending Homelessness (PEH). In terms of community-wide efforts, FaithHealth partnered to host a Med-Assist event and provided 100 people with medications, and it also fed 400 students through the backpack program.

Strategy 3: Expand workforce opportunities for underserved communities

Specific Interventions	Collaborative Partners
	GAP · Guilford Country Community College

Participate in the Guilford County Apprentice Program (GAP) in Pharmacy, Engineering program	

Results/Impact

The Guilford County Apprentice Program had one participant in the Engineering program and 5 participants through the Pharmacy program. The hospital covers expenses for books, pays for the students, and provides annual program support.

Health Priority: Chronic and Emerging Diseases	
Strategy 1: Collaborate with community partners to develop strategies to promote healthy and active lifestyles	
Specific Interventions 1. Development of a coalition focusing on healthy eating/active living and chronic disease prevention 2.Participate in health education programs 3. Provide financial support of community services 4. Provide health education through the Millis Health Education Center	**Collaborative Partners** Duke Endowment · Foundation for a Healthy High Point · Greater High Point Food Alliance · Growing High Point
Results/Impact The hospital secured support for developing a Guilford County coalition focusing on healthy eating/active living and chronic disease prevention. Also, there are 18 scholarships in use for fitness center participation.	

Final Report Approved: November 21, 2024