

2021 Community Health Needs Assessment

Abridged Report Prepared in Collaboration with
CaroMont Regional Medical Center

June – 2022





About the CHNA

- A Community Health Needs Assessment identifies key health needs and issues through systematic, comprehensive data collection and analysis. The CHNA provides healthcare entities, policy makers and community partners with comprehensive information about the community's current health status, needs and issues.
- CaroMont Health and Gaston County Health Department jointly conducted the 2021 Community Health Needs Assessment.
- This abridged report provides an overview of the health status of Gaston County residents, including information obtained through a Quality of Life survey with high representation from historically marginalized populations.



About the CHNA (continued)

- Gaston County Health Department (GCHD) will release additional data and a full report in late August. Together, with other healthcare and community partners, CaroMont Health and GCHD will finalize the prioritization of health issues and develop a Community Health Improvement Plan (CHIP) by November, 2022.
- A CHIP is a long-term, systematic effort to address population health problems based on the results of community health assessment activities and the community health improvement process.

Developing a CHNA



- GCHD used three distinct methods to conduct the Community Health Needs Assessment:
 - Primary Data Collection – A community Quality of Life Survey was conducted at a variety of venues throughout the summer and fall of 2021. Although convenience sampling was the primary method, venues were chosen specifically to obtain reasonable representation both geographically and demographically. 1,415 surveys were completed during this time period.
 - Focus Groups – Two focus groups were conducted. One group was conducted in Spanish and the other group was targeted towards families with young children.
 - Secondary Data Collection – Data was collected from a wide array of sources including the NC State Center for Health Statistics, U.S. Census Bureau and other database systems.

CHNA Data Sources and Collection



Data Source	Collection / Analysis Methods
Primary Data – 2021 Quality of Life Survey	Convenience sampling using an online platform with analysis software Nonprofit and other community organizations supported distribution and promotion of the survey
U.S. Census Bureau	Decennial Census – redistricting files, American Community Survey
NC State Center for Health Statistics	Vital Records
NC Department of Public Instruction	High School Graduation Rates
CDC – BRFSS	Regional Survey



CHNA Community Partners

- CaroMont Health
- City of Gastonia
- Community Foundation of Gaston County
- Gaston Business Association
- Gaston County Cooperative Extension
- Gaston County Department of Social Services
- Gaston County EMS
- Gaston County Manager's office
- Gaston County Planning office
- Gaston County Public Health
- Gaston County Schools
- Gaston County YMCA
- Gaston Together
- Highland Neighborhood Association
- Holy Angels
- Kintegra Health
- Partners Behavioral Health
- Phoenix Counseling
- Senior TLC
- United Way of Gaston County

About our Community

County information and demographics



Define the Community it Serves

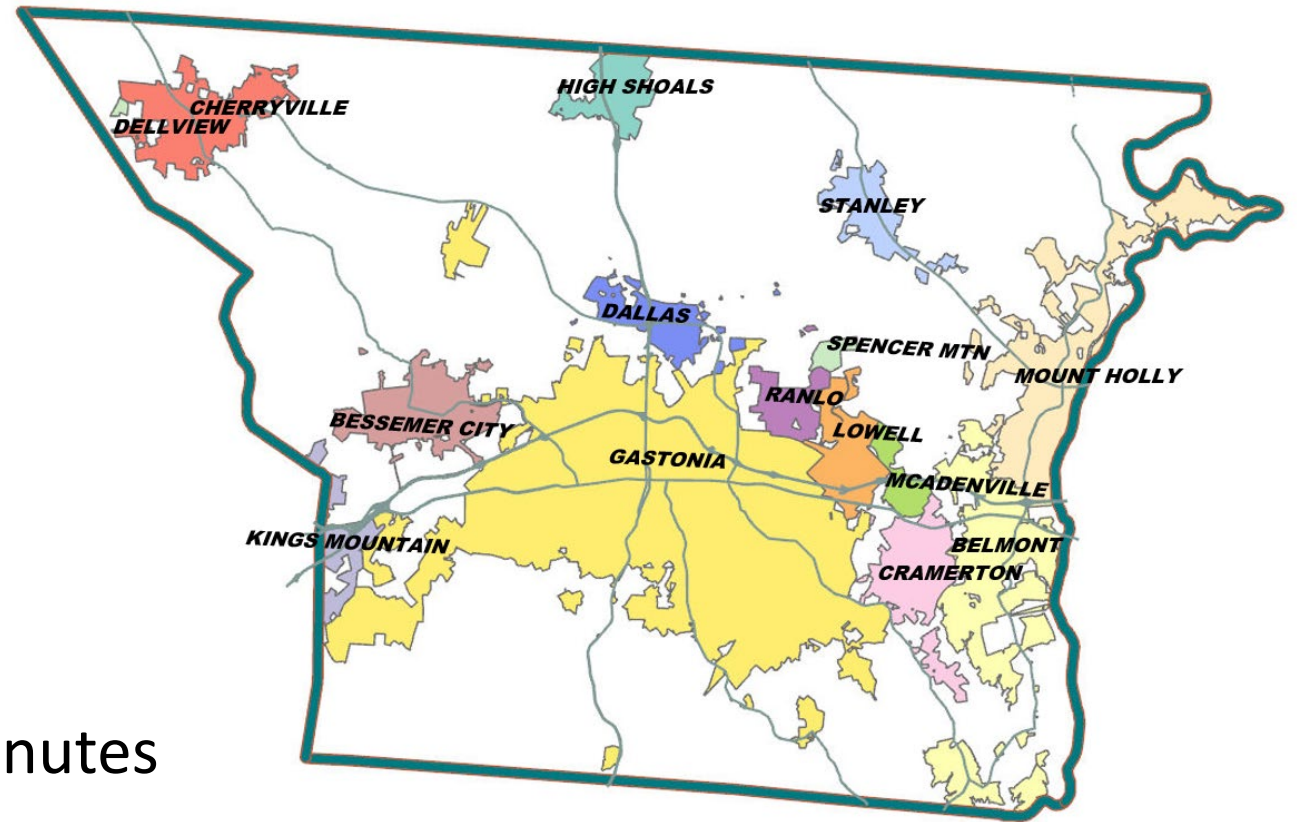


The primary service area of CaroMont Regional Medical Center is Gaston County, North Carolina. This conclusion is based on an analysis of hospital discharges by county of origin for fiscal year 2021 and fiscal year-to-date 2022. Approximately 79.1 percent of the hospital's discharges are derived from Gaston County, while Cleveland, Lincoln, Mecklenburg and York Counties represent 18.0 percent of discharges combined. Another 2.9 percent of the hospital's discharges come from outside the five-county region outlined in the adjacent map.

About Gaston County

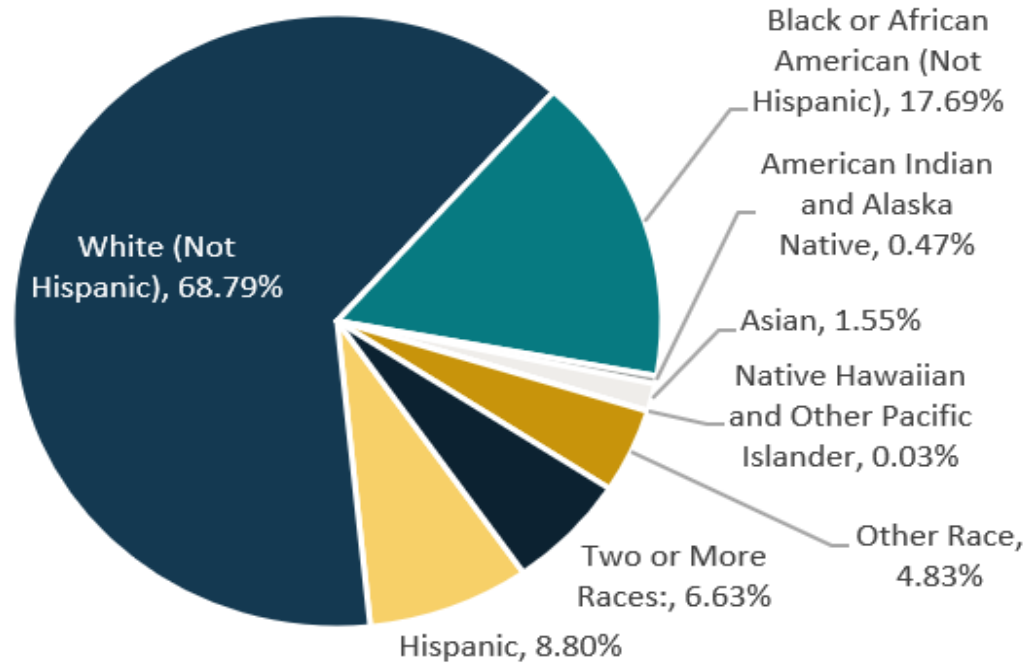


- 14 Municipalities
- Total Population – 227,943
- 356 Square Miles
- Average Travel to Work – 26.4 Minutes



County Demographics

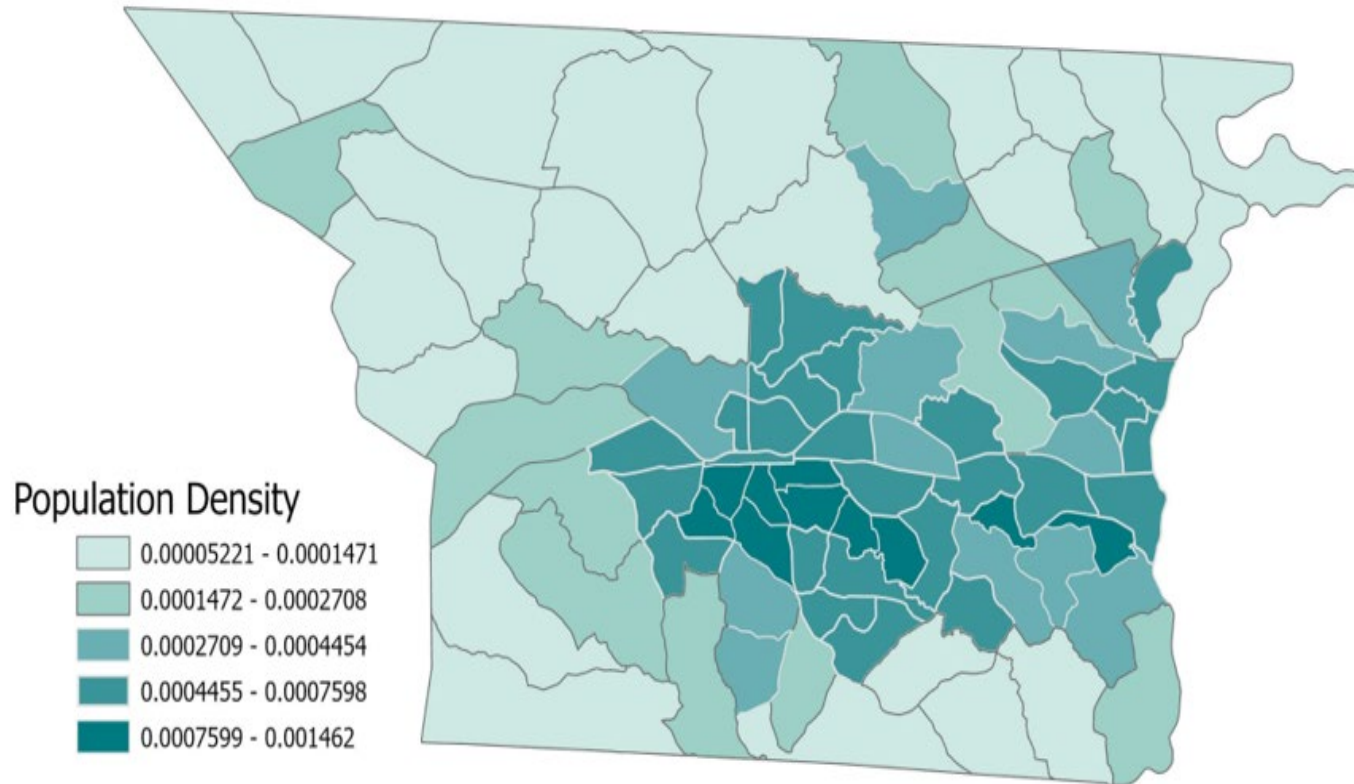
Race and Ethnicity



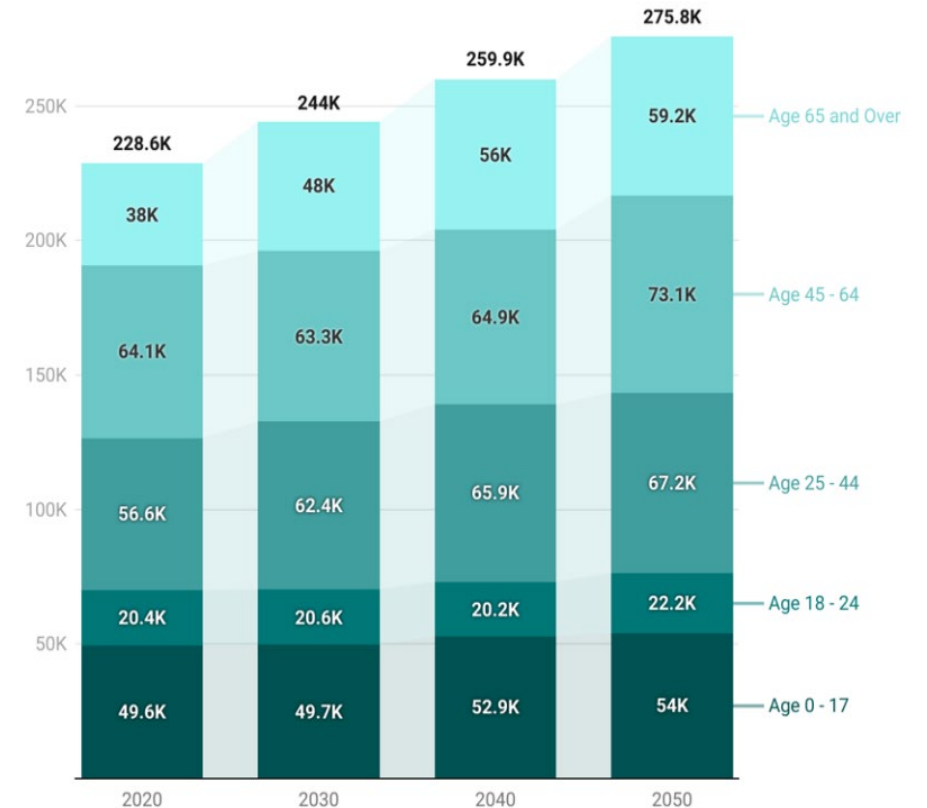
Age and Gender



Population Density and Anticipated Growth



Population Projections by Age Group



Source: NC Office of Management and Budget

Community Input

We want to know what health issues the community cares most about



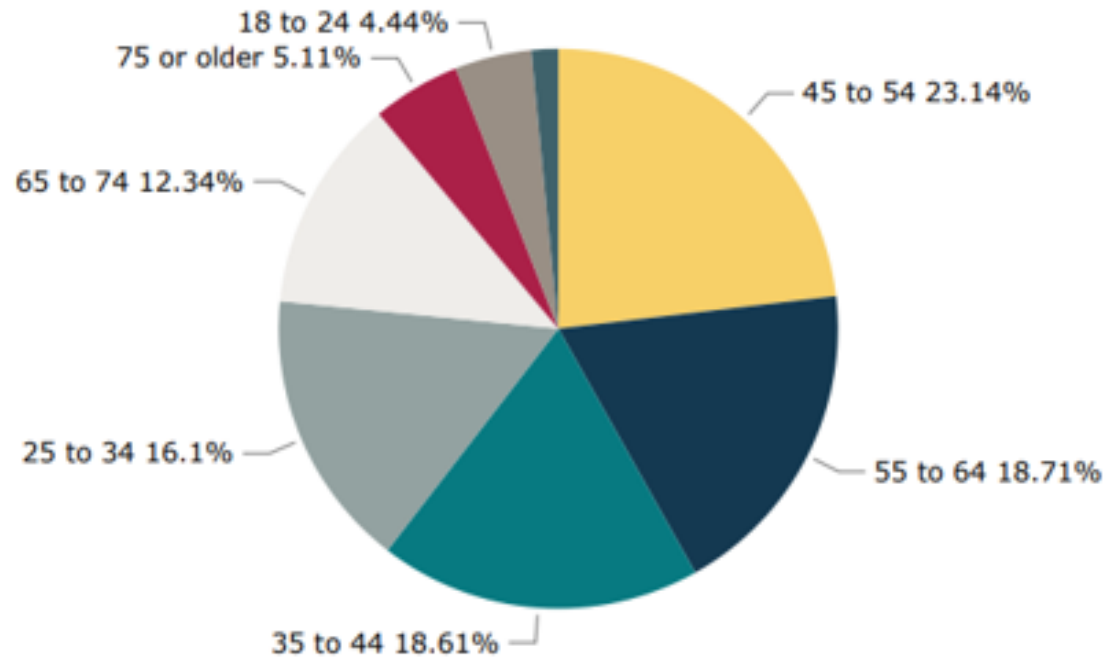
Quality of Life Survey



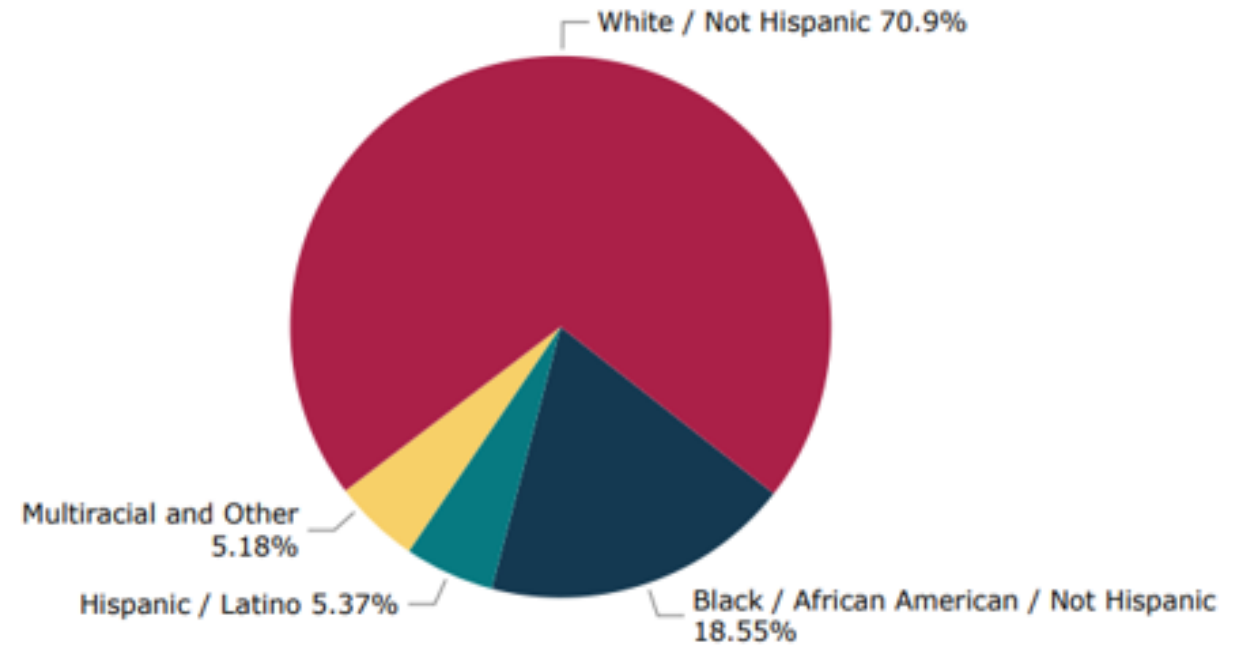
- A critical component of a CHNA is getting input across the entire population served by CaroMont health, with a special interest in historically underserved populations and those with disproportionate health outcomes and access. Primary data collected through our Quality of Life Q/L Survey is the way we ensure local voices are heard.
- Typically the Survey is conducted in targeted low-income neighborhoods. Due to the COVID-19 Pandemic this aspect of the survey could not take place this year, however low-income and other historically marginalized populations were represented by conducting the survey at food pantries, vaccine clinics for homeless and low-income residents and senior centers.

Q/L Participant Demographics

Age Range



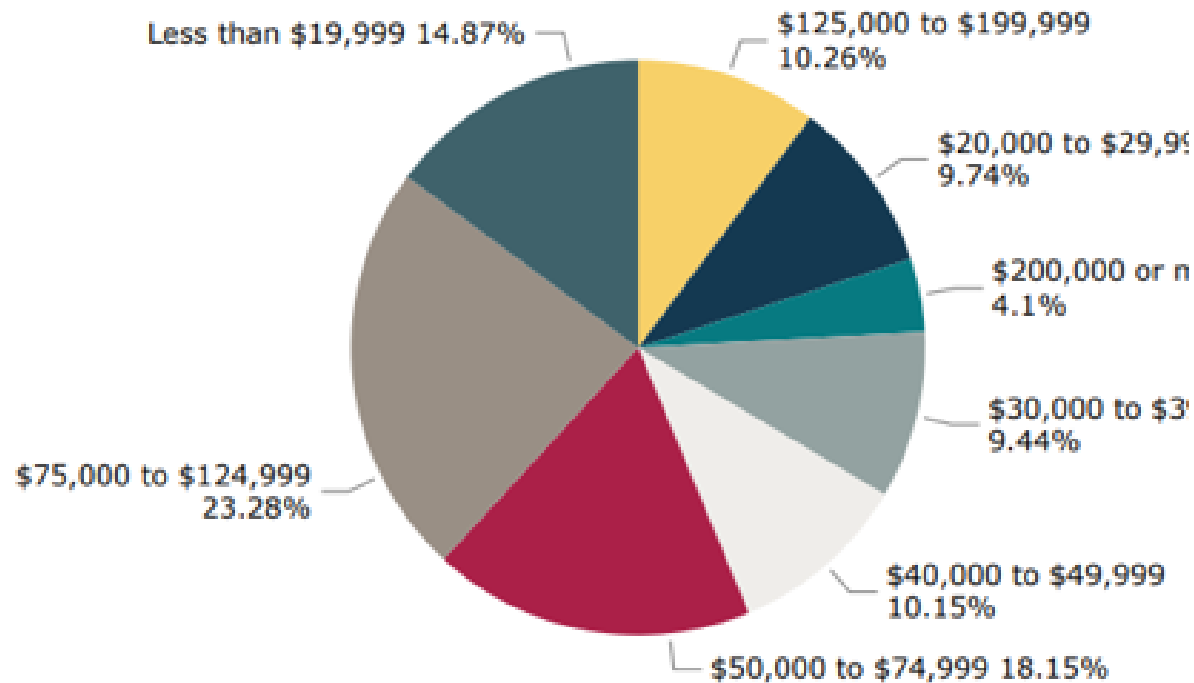
Race/Ethnicity



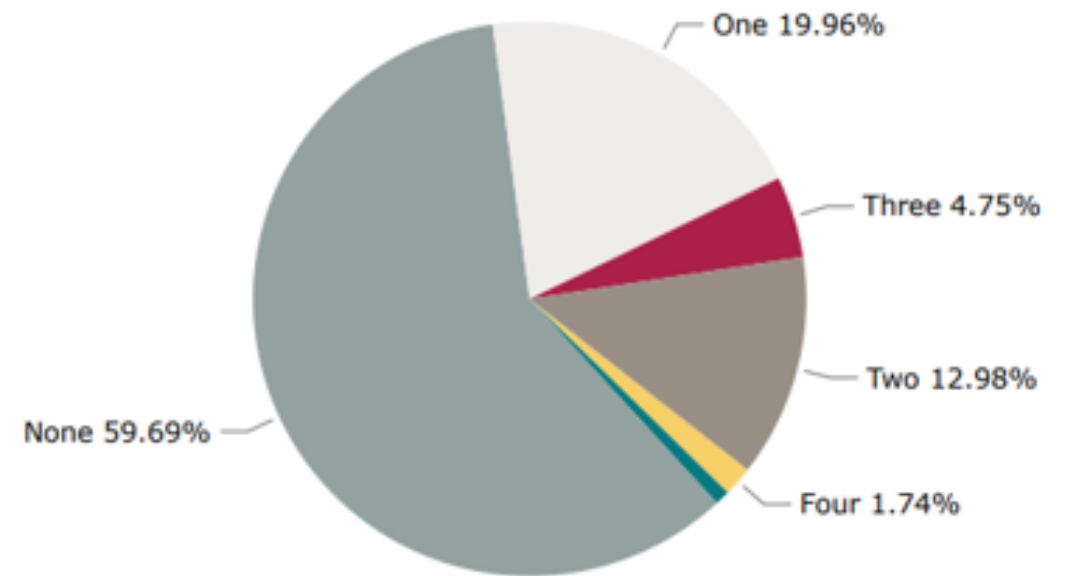
Q/L Participant Demographics (cont)



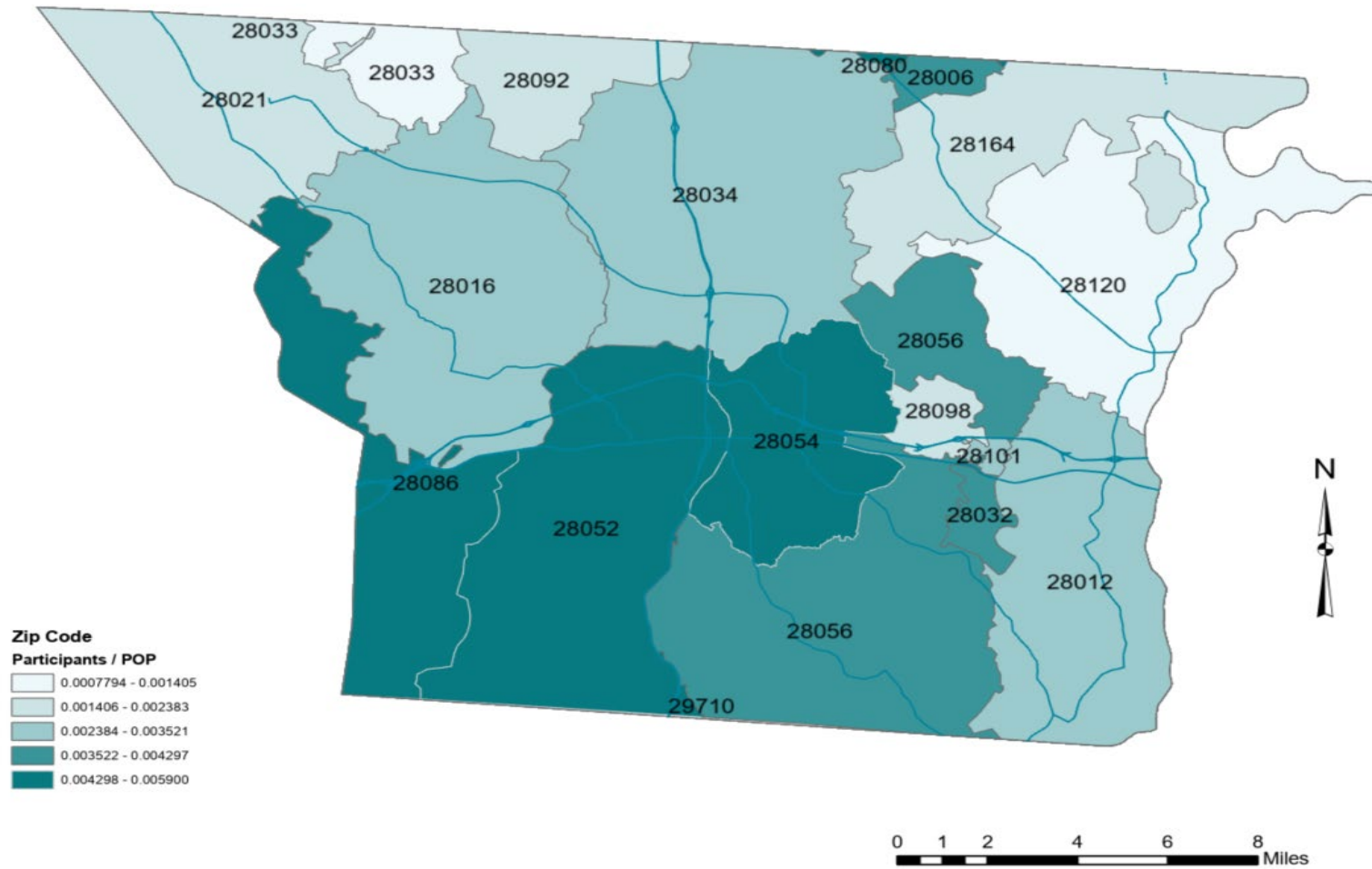
Income Level



Number of Children



Q/L Survey Participant Rate by Zip Code



Key Health Needs of Gaston County

The following section identifies some of the most prevalent health concerns and barriers to health in Gaston County.

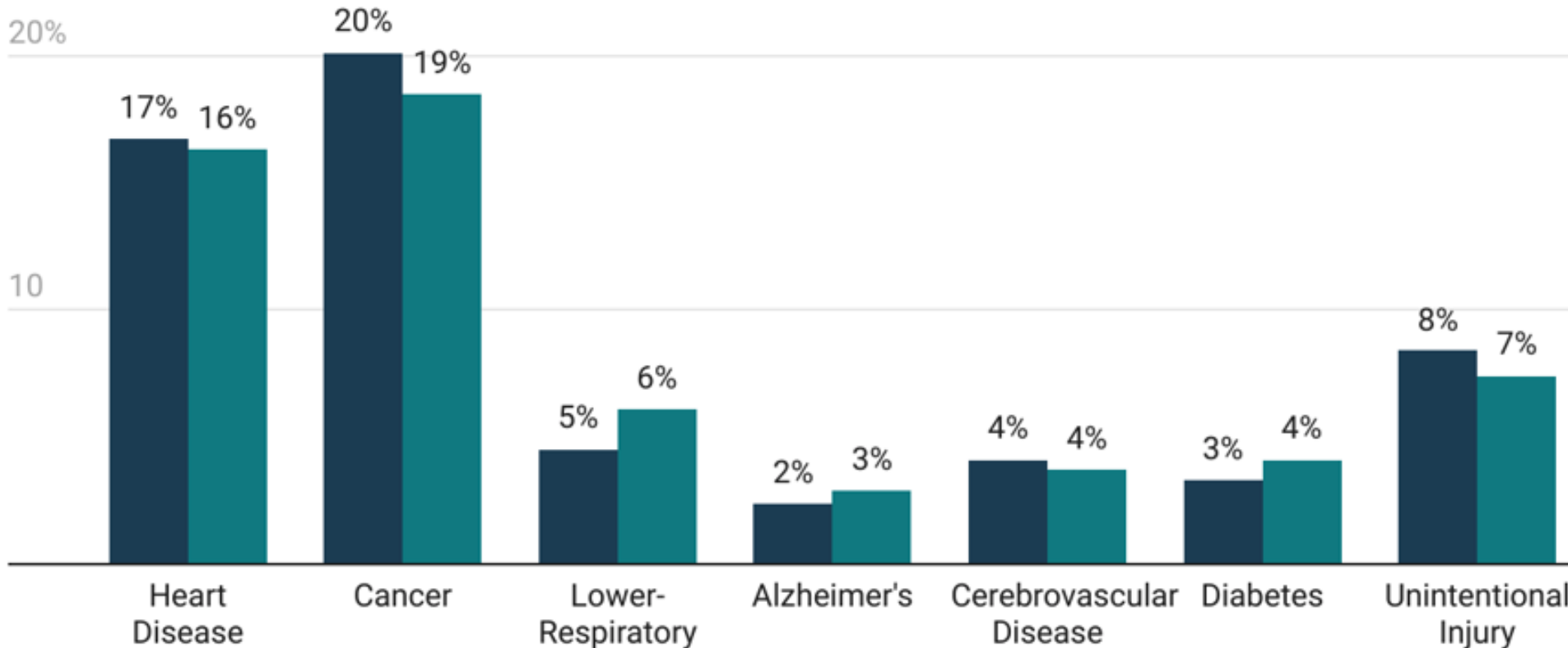
These issues were identified based on their importance to the community, prevalence, severity and their contribution to health outcomes and disparities.



Years of Life Lost



■ North Carolina - 1,572,240 Average Years of Life Lost ■ Gaston County - 38,307 Average Years of Life Lost



2016 - 2020, Percentage of Total Years of Life Lost

Causes of Death – by Year



2008 - 2012

Cancer -21.24%

Heart Disease – 22.57%

Respiratory Disease –
7.87%

Cerebrovascular Disease
– 4.39%

Alzheimer's Disease –
4.33%

2012 - 2016

Cancer – 20.88%

Heart Disease – 20.11%

Respiratory Disease –
7.84%

Alzheimer's Disease –
5.04%

Cerebrovascular Disease
– 4.81%

2016 - 2020

Heart Disease – 18.86%

Cancer – 18.56%

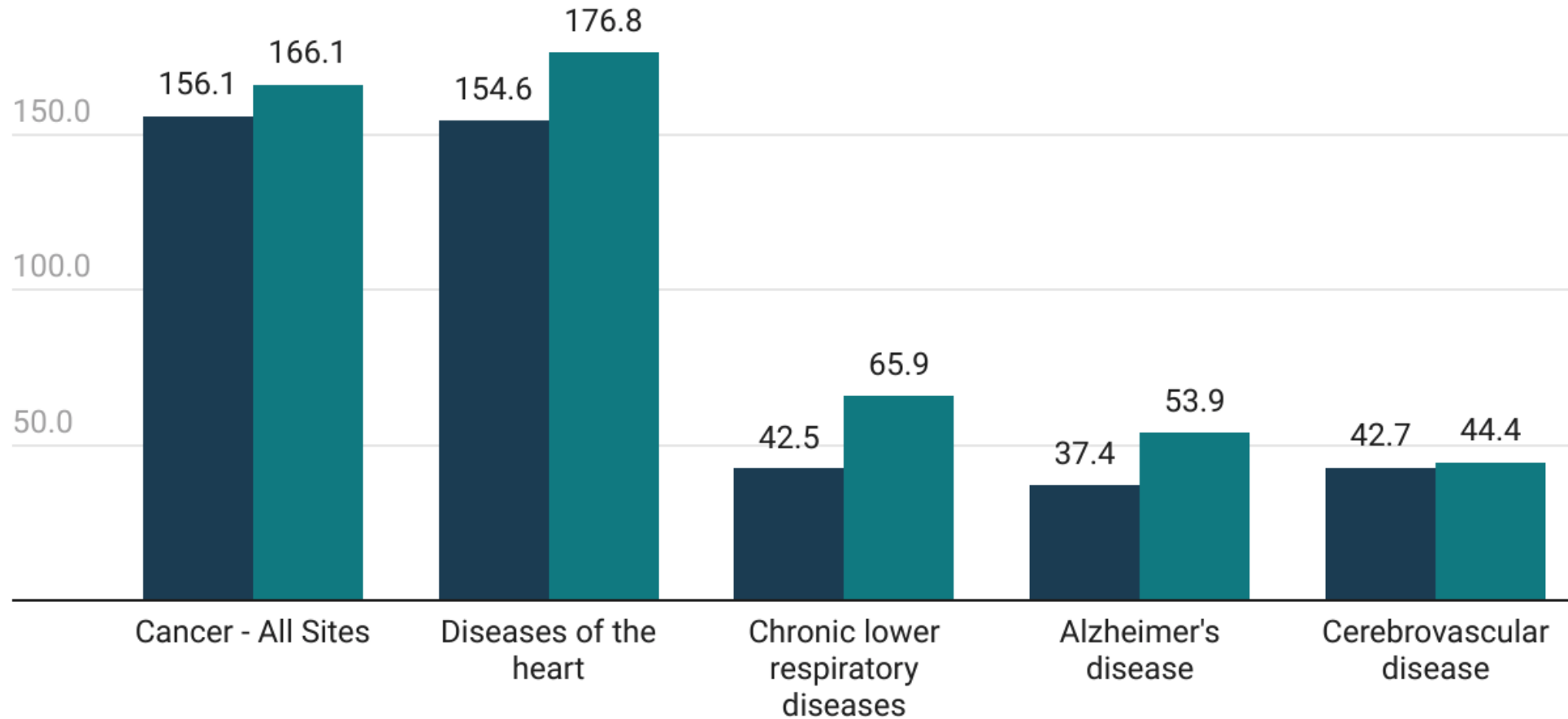
Respiratory Disease –
7.16%

Alzheimer's Disease –
5.46%

Cerebrovascular Disease
– 4.70%

Leading Causes of Death, 2016 - 2020

■ North Carolina ■ Gaston County



Age-Adjusted Rate per 100,000

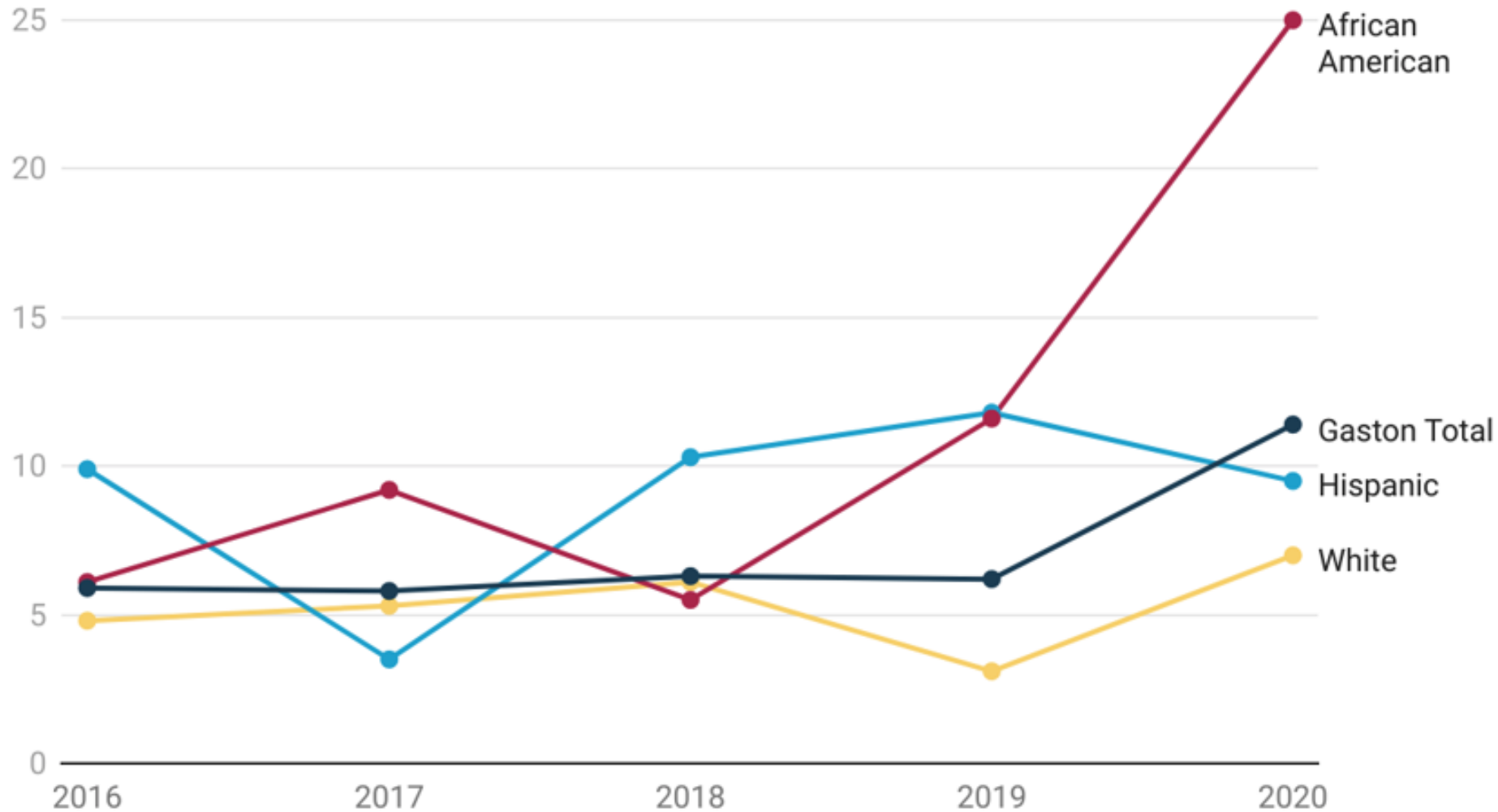
2016 - 2020 Leading Causes of Death by Race



	Overall	White	African American	Hispanic
All Causes	946.4	964.1	986.5	483.5
Diseases of Heart	176.8	181.0	178.4	93.9
Cancer	166.1	167.5	181.3	97.2
Other Ischemic Heart Disease	69.1	72.2	59.2	
Chronic Lower Respiratory Diseases	65.9	72.6	34.7	
Alzheimer's disease	53.9	55.8	47.4	
Trachea, Bronchus, and Lung	50.9	54.3	40.6	
Cerebrovascular Disease	44.4	43.7	50.7	
All Other Unintentional Injuries	42.2	49.1	24.1	
Diabetes Mellitus	35.1	32.2	62.1	
Septicemia	30.1	30.8	35.3	

Rate per 100,000

Infant Mortality by Race and Year



Rate per 1,000 Live Births

Source: North Carolina State Center for Health Statistics

Maternal Risk Factors, 2020

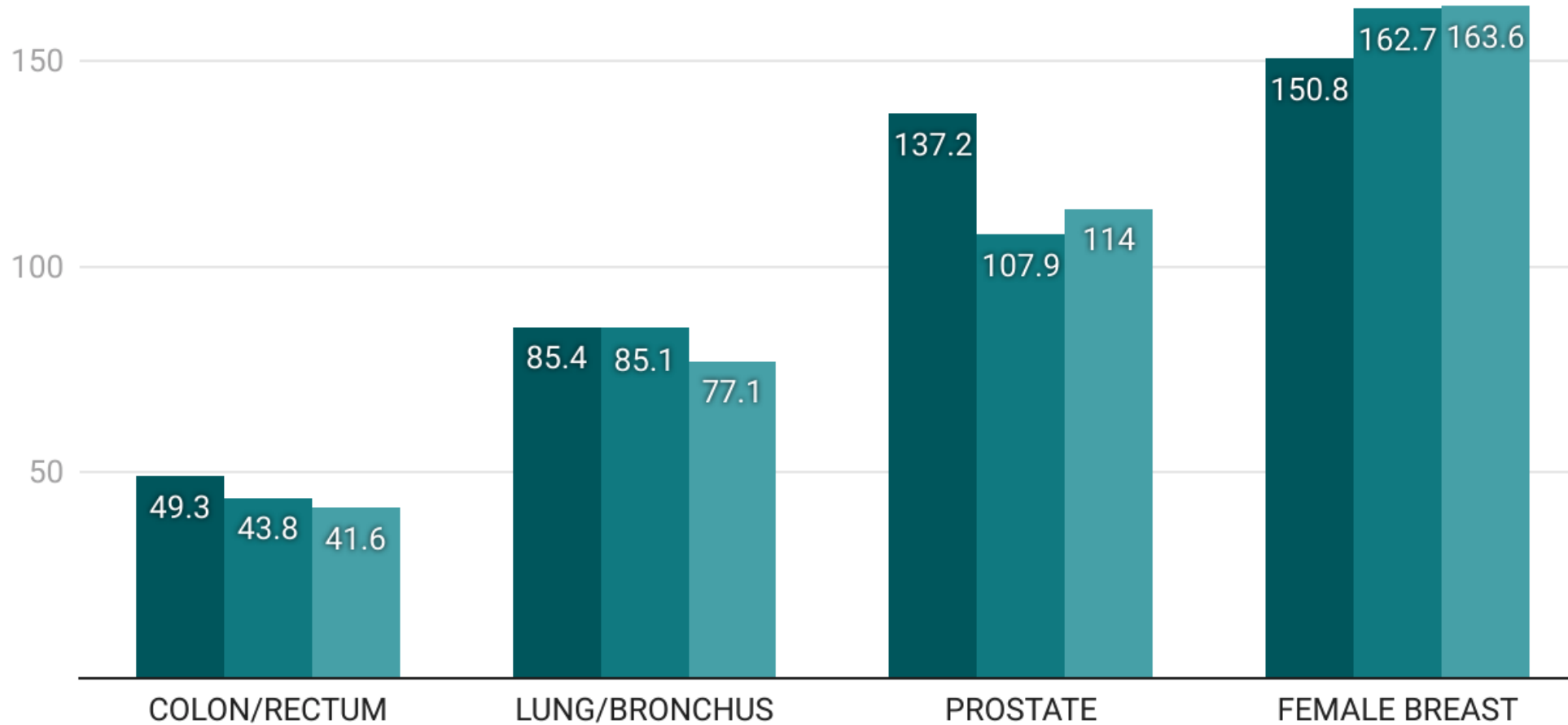


	Total	White	African American	Other	Hispanic
Percent of Total Births	100.0%	61.4%	23.5%	2.6%	12.4%
Prenatal Care began in 1st Trimester	72.1%	75.7%	67.3%	62.7%	65.5%
Prenatal Care began in 2nd Trimester	19.8%	18.2%	21.9%	29.9%	22.5%
Mother Smoked	10.4%	13.6%	7.5%	3.1%	1.9%
Birthweight <3,000g	9.0%	7.7%	13.9%	3.0%	7.3%
Breastfed at Discharge	72.9%	77.4%	60.9%	83.6%	71.2%

Cancer Incidence - All Races and Ethnicity (2008 - 2020)



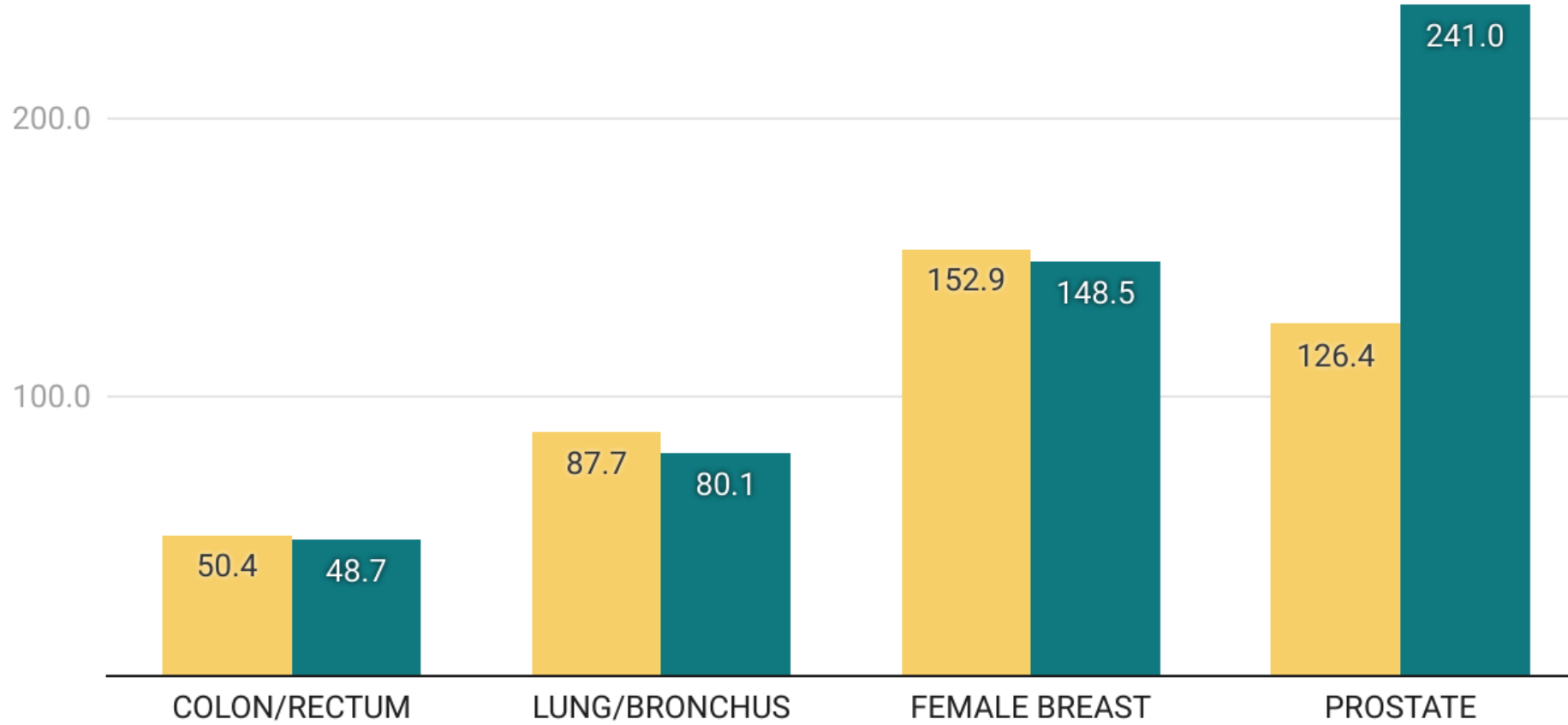
2008 - 2012 2012 - 2016 2016 - 2020



Rate per 100,000

Cancer Incidence by Race (2016 - 2020)

■ Non-Hispanic Whites ■ Non-Hispanic African Americans



Rate per 100,000

Quality of Life Survey - Disease Incidence



	All Survey Participants	Black	Hispanic	White	Other or Multiracial
High Blood Pressure	34.1%	35.8%	10.9%	34.3%	22.6%
Depression or Anxiety	31.8%	23.2%	25.5%	33.2%	24.5%
Overweight / Obesity	31.6%	26.3%	18.2%	32.9%	28.3%
Vision and Sight Problems	25.1%	16.8%	10.9%	26.6%	28.3%
High Cholesterol	24.5%	16.3%	18.2%	26.5%	18.9%
Diabetes (not during pregnancy)	13.7%	13.7%	14.6%	13.2%	11.3%
Asthma	13.0%	16.8%	0.0%	12.0%	13.2%
COVID-19	9.8%	9.5%	12.7%	9.2%	9.4%
Cancer	6.7%	2.6%	1.8%	7.9%	7.6%
Physical Disabilities	5.1%	5.3%	5.5%	4.8%	5.7%
Osteoporosis	4.5%	2.6%	3.6%	4.6%	5.7%
Heart Disease / Angina	4.5%	2.1%	0.0%	5.4%	3.8%
Kidney Disease	2.6%	2.1%	1.8%	3.0%	0.0%
Sexually Transmitted Diseases (chlamydia, Syphilis, Gonorrhea and HIV/AIDS)	1.9%	1.1%	0.0%	2.1%	0.0%
Stroke	1.7%	1.6%	0.0%	1.2%	1.9%
Lung Disease	1.6%	0.0%	0.0%	1.9%	1.9%
None of the Above	19.0%	21.1%	27.3%	16.3%	30.2%

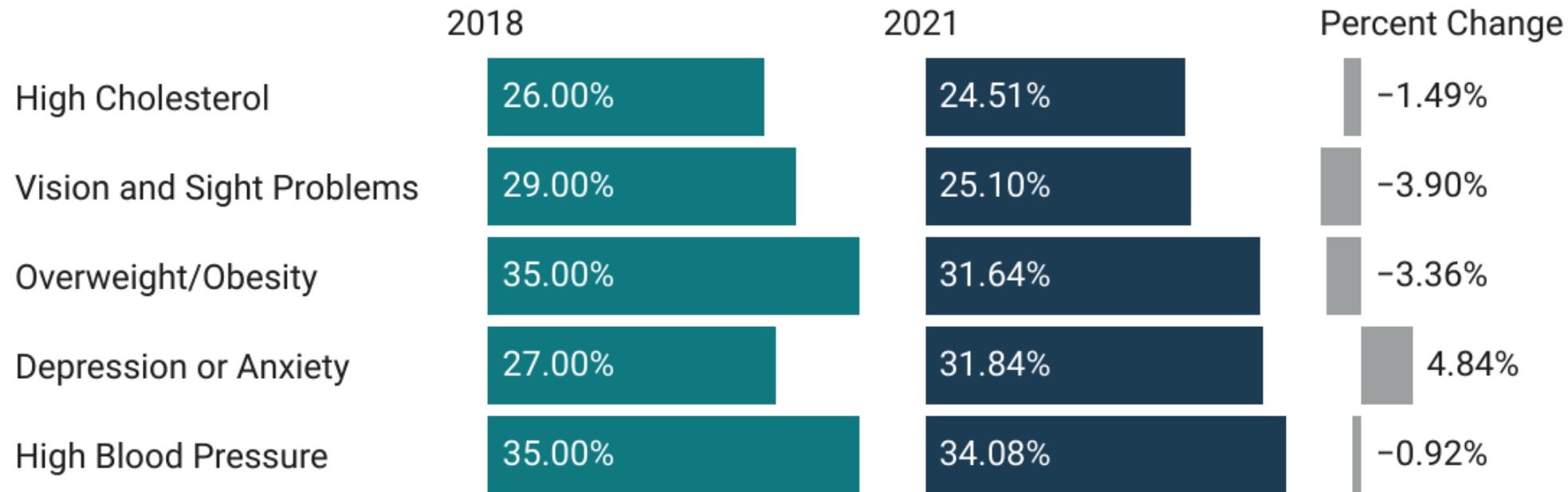
Percentage of Survey Participants Self-Reporting the Disease or Condition



Quality of Life Survey - Disease Incidence

2018 & 2021 Top 5 Diagnosis Comparison

2018 2021 Percent Change



Q/L Survey Results: Critical community needs



Ranking of Social Determinants of Health

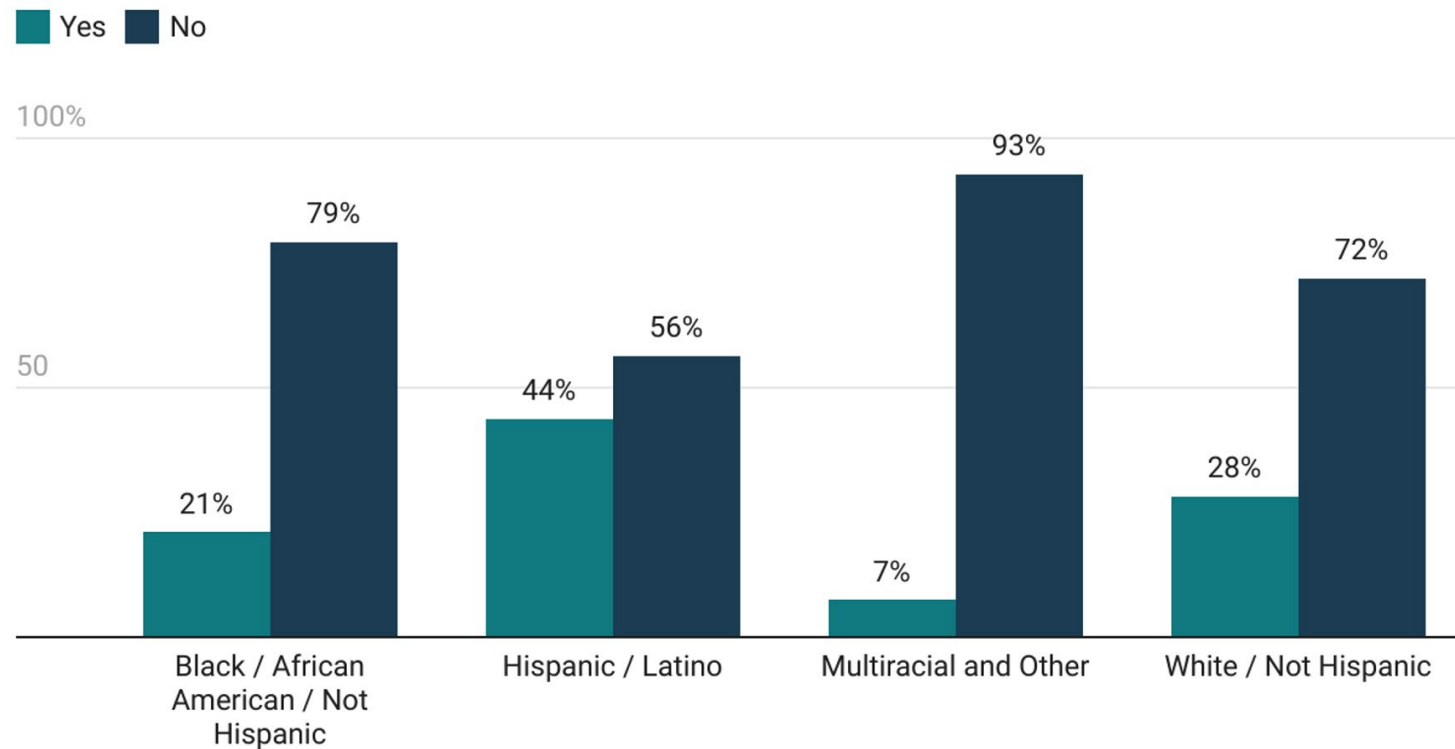


Ranked in order of importance, with 5 being the most important.

Q/L Survey: Access to Healthcare



Survey Response - "I have avoided seeking healthcare due to cost."

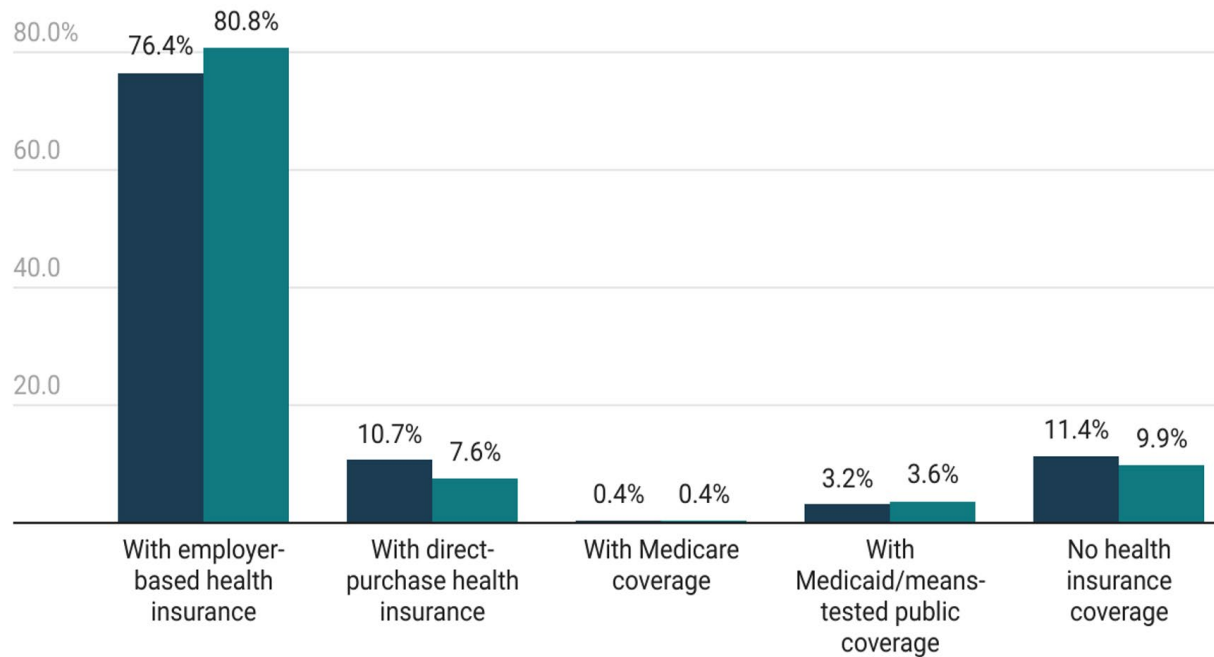


Access to HealthCare: Type of Insurance



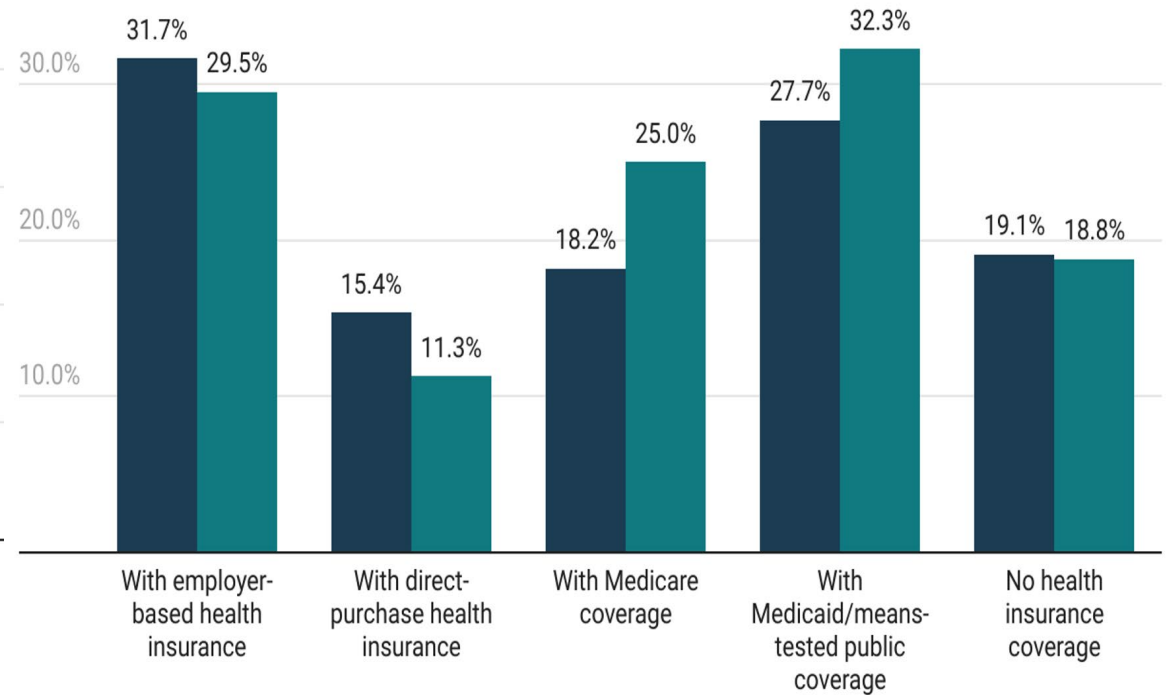
Full-time Employees

■ North Carolina ■ Gaston County



Non-working Population

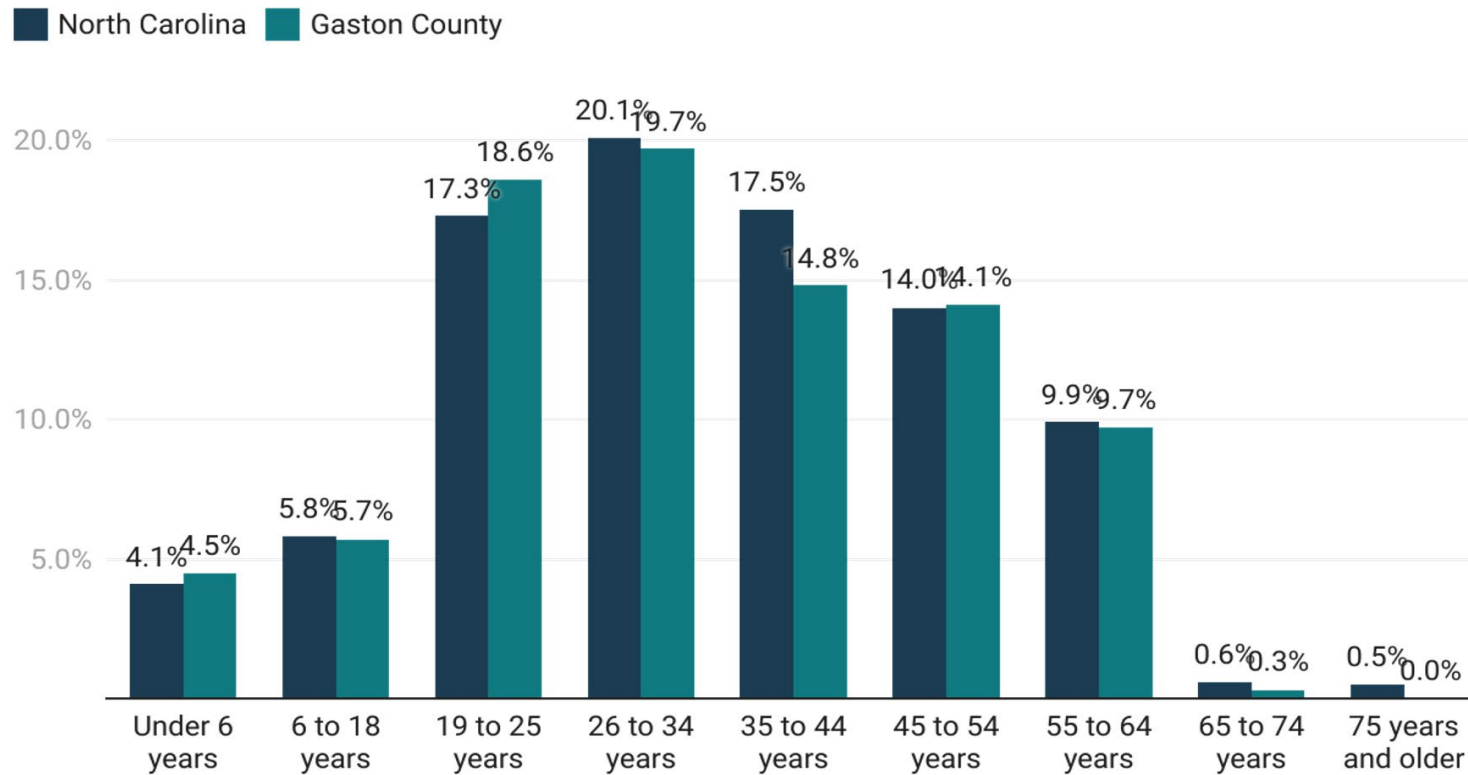
■ North Carolina ■ Gaston County



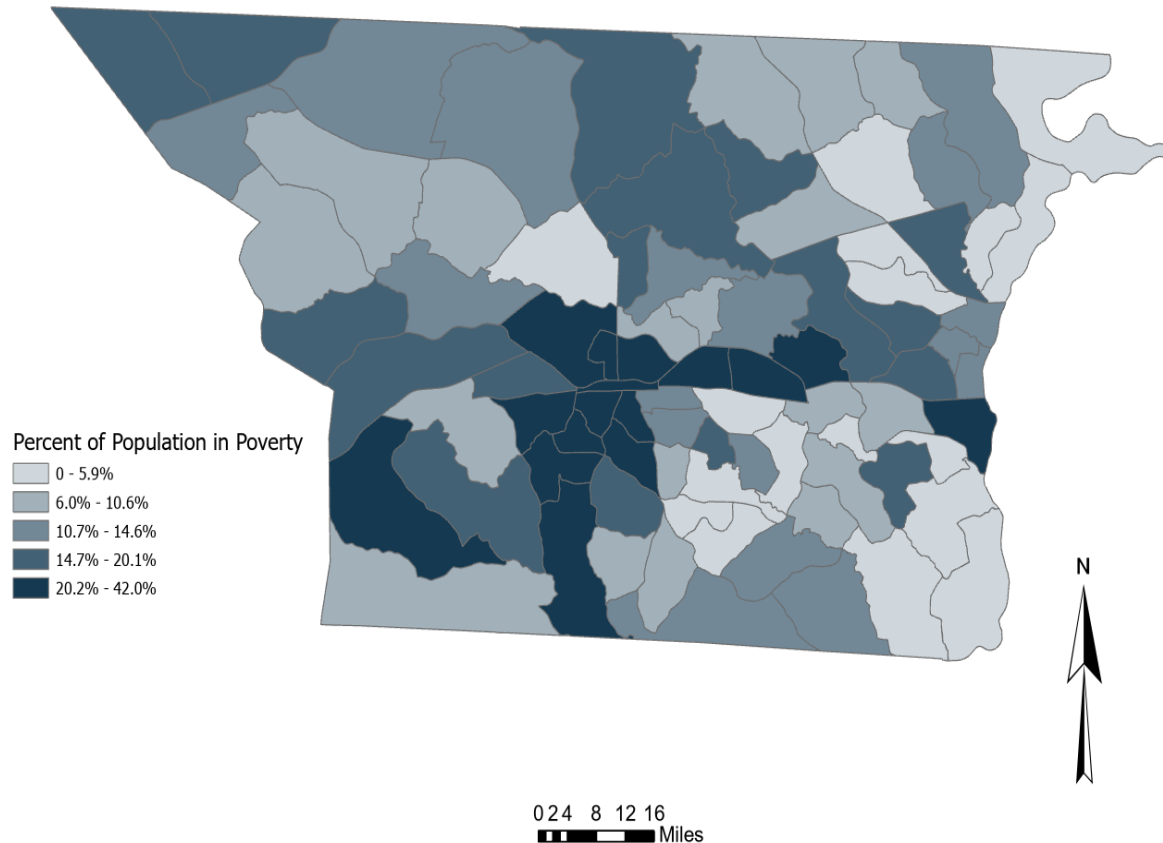
Access to HealthCare: Uninsured



Uninsured Population by Age Group



Poverty Levels by Census Tract



- Median Household Income - \$56,642
- Poverty Level – 12.6%
- Broadband Subscription – 83.2%

Q/L Survey Results: Critical community needs

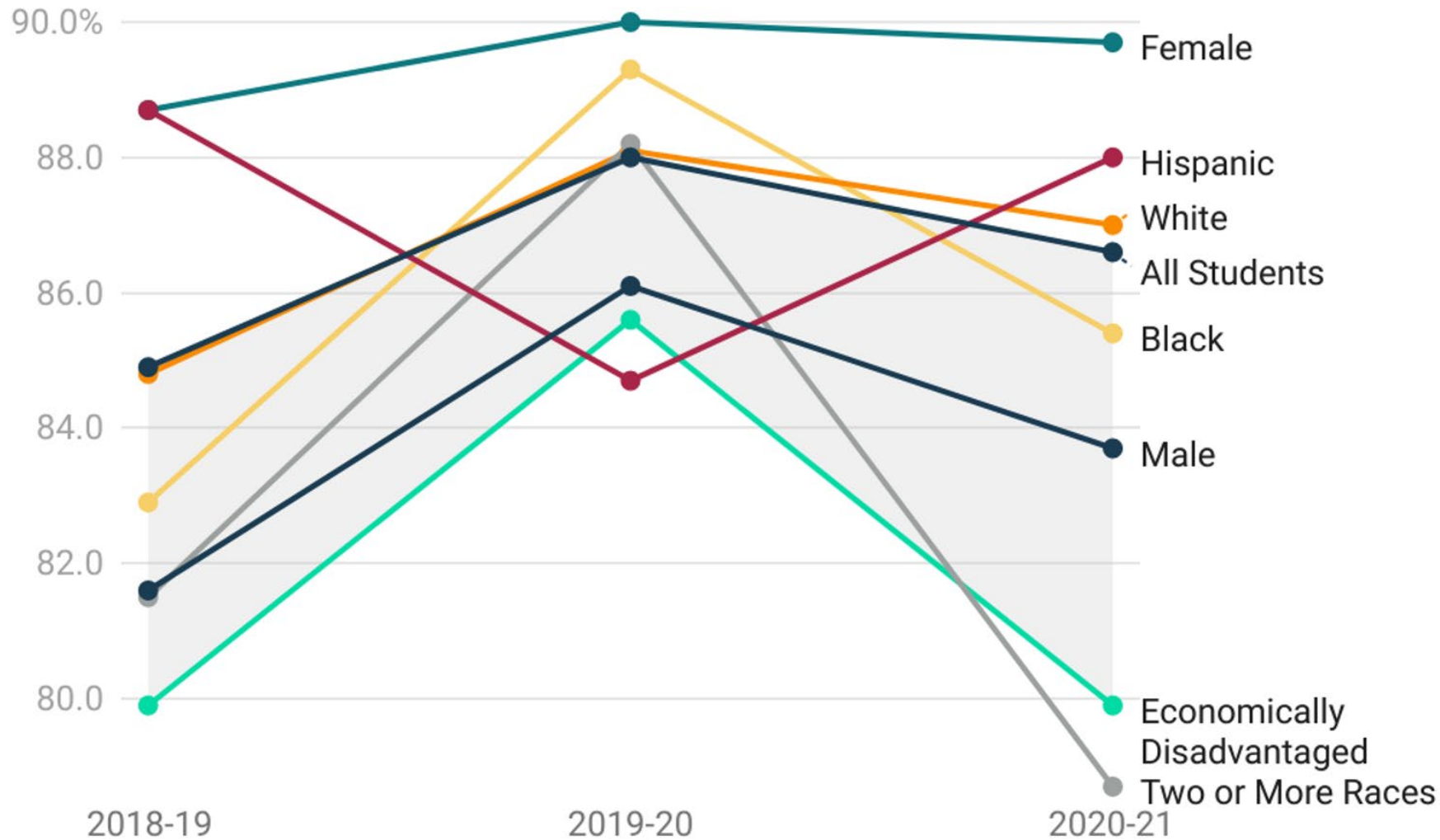


Ranking of Neighborhood Issues



*Scored 1-5 from
least to most
important

High School Graduation Rates

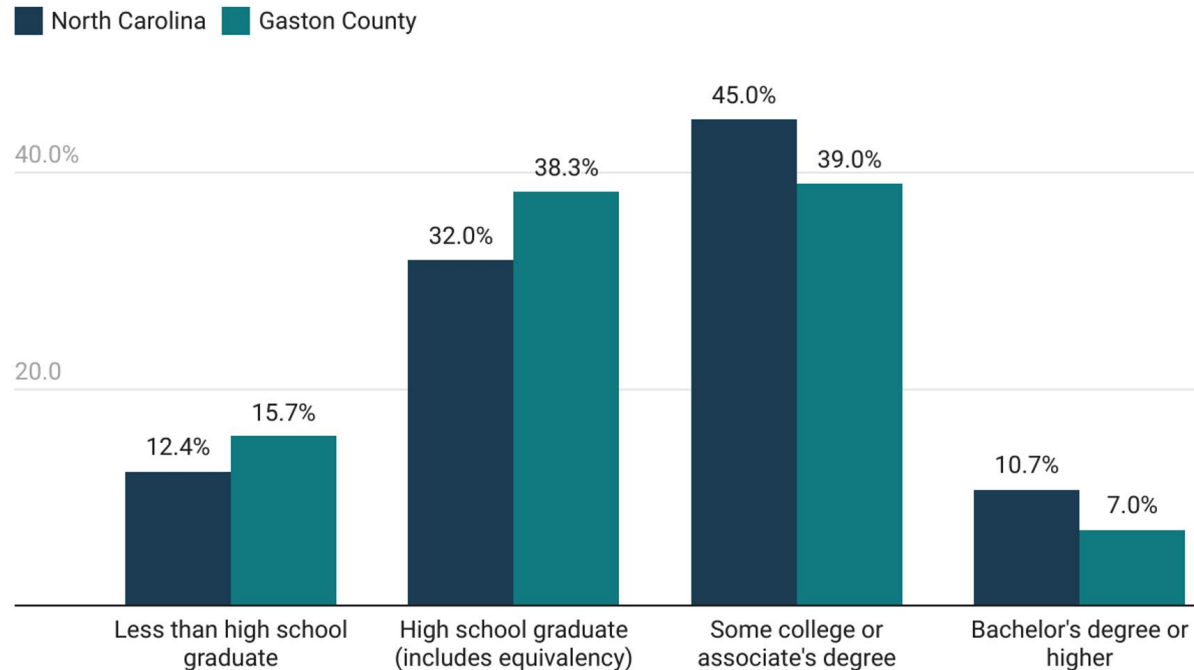


The COVID-19 Pandemic had a significant impact on graduation rates in Gaston county. There were diminished rates among all students, but economically disadvantaged students were particularly impacted.

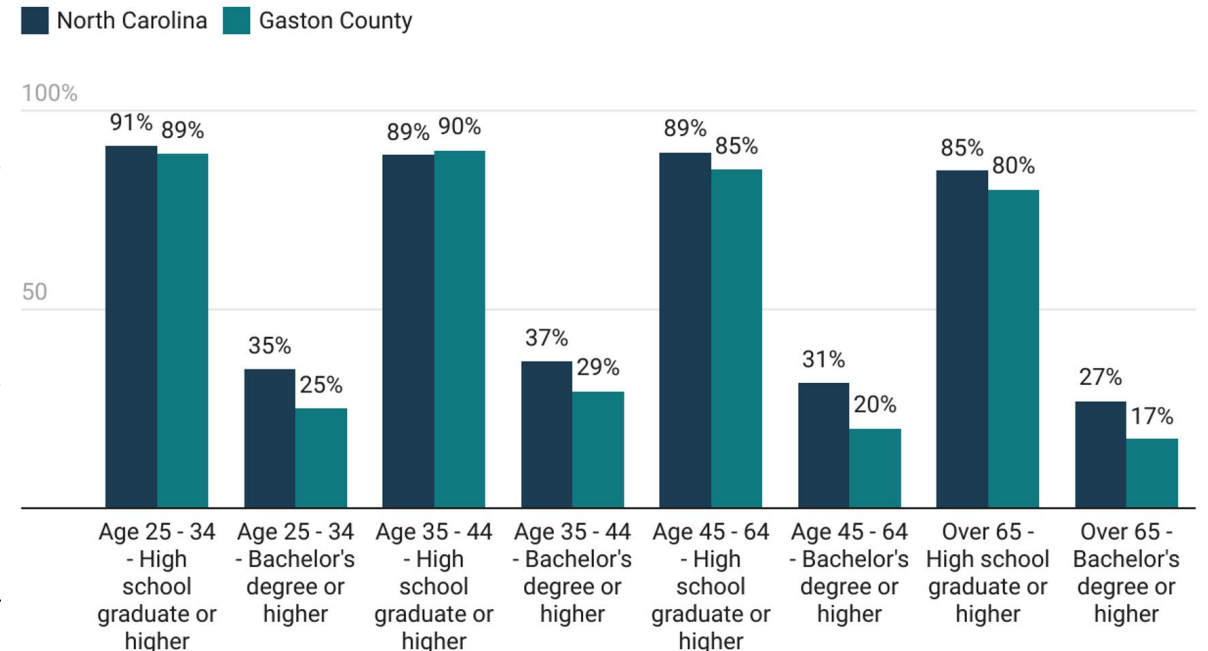
Educational Attainment



Ages 18 - 24



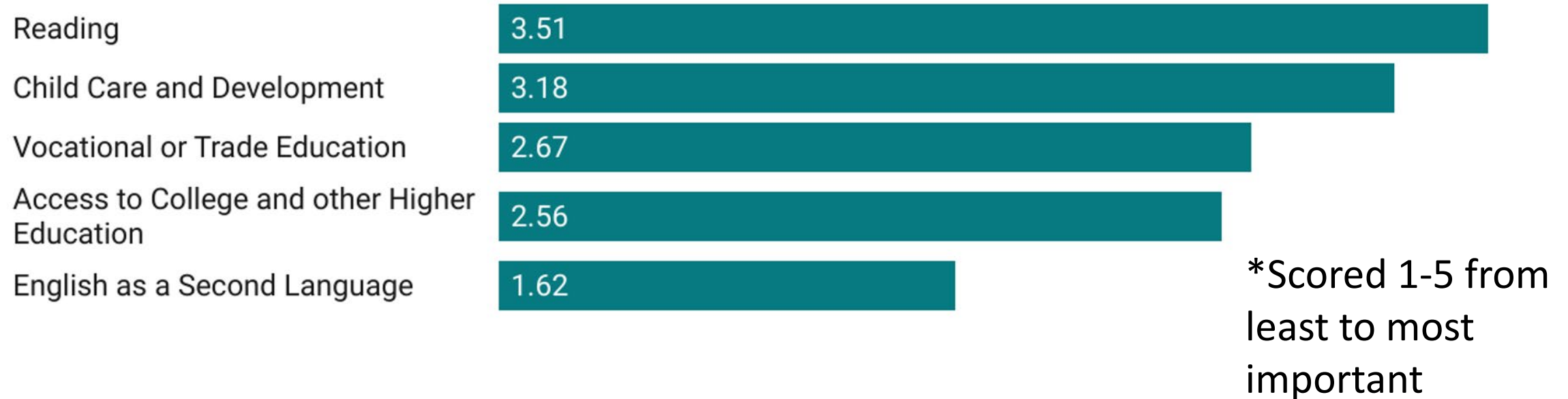
Age 25 and Over



Q/L Survey Results: Education Needs



Ranking of Educational Issues



Update on Previous Priorities



CaroMont Health Priorities 2019-2021



1. Proactively manage mental health issues in primary care offices
2. Enhance opioid and prescription drug abuse intervention and management protocols
3. Improve access to affordable healthy food in low-income communities

Mental Health



- Licensed Mental Health Professionals (LMHPs) have been embedded within four CaroMont Health primary care practices. Plans are underway to expand these capabilities into three more locations in fiscal year 2023 (July 1, 2022-June 30, 2023).
 - Current locations with embedded LMHPs: CFM Gaston Day, South Point Family Practice Belmont, CaroMont Pediatric Partners (CPP)-Belmont and CPP-Gastonia.
 - Patients now have access to crisis-stabilization services, including a potential warm hand off to the LMHP from their care provider when possible. The LMHP provides general patient progress updates as appropriate to the practitioner.
- Non-narcotic controlled substance agreements have been developed to outline risks, responsibilities and expectations for patients prescribed certain psychiatric medications.
- Patient behavioral health emergencies are a significant risk within primary care practices; standard work will be developed to care for these patients in need. As such, risk stratification scoring has been developed for fiscal year 2023.

Opioid and Prescription Drug Abuse



- Implemented Pain and Opioid Management Committee; committee meets every other month and reports to the Medical Executive Committee; reporting responsibilities include the following:
 - Inpatient opioid stewardship methods
 - Adverse events
 - Pain audits – utilization of pharmacologic and non-pharmacologic pain management with the goal of reducing the use of opioids for inpatient pain management
 - Review admission and discharge pain scores and make recommendations for reducing use of opioids at discharge
- Have embedded clinical decision support (evidenced-based treatment plans) into the electronic health record for aiding providers to effectively implement safe and effective opioid prescribing
- Routinely offer or ensure access to Narcan (naloxone), especially in situations with higher opioid related risks

Healthy Food Access: BUILD Health Challenge, 2019-2022



- Support from BUILD provides funding to address upstream causes of poor health in a local food desert by:
 - Creating fresh food access in the neighborhood
 - Continuing educational efforts with elementary school students, parents and church members; and
 - Creating a neighborhood enterprise to increase employment opportunities and spur additional economic development.
- Funding provided support for RAMS Kitchen, launched in May, 2021.
- RAMS Kitchen is a food enterprise business which provides healthy grab and go meals to residents living in a local food desert and traditionally underserved area.
- CaroMont is proud to provide both financial and technical support for the project along with partners HeathNet Gaston, Gaston County Health Department, Highland Neighborhood Association, Kintegra Health, and City of Gastonia.



Local Health Resources

- CaroMont Health – www.caromonthhealth.org
- Gaston County Department of Health and Human Services – www.gastongov.com
- Kintegra Health – www.kintegra.org
- Partners Health Management – www.partnersbhm.org
- United Way 2-1-1 – www.nc211.org