![Hugh Chatham Memorial Hospital]

Hugh Chatham Memorial Hospital

2022 Community Health Needs

Assessment & Report

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"Imagine a place where Communication is clear, everyone Cares, and patients are always Safe.
We are Hugh Chatham, and this is our journey!"

Community Health Needs Assessment

Hugh Chatham Memorial Hospital (HCMH), a private, not-for-profit hospital, has been providing medical care for the residents of Surry, Wilkes, and Yadkin Counties for over 92 years. As one of the largest employers in the area, HCMH employs over 800 and is served by more than 70 physicians representing 28 specialties or subspecialties, including Behavioral Health, Cardiology, Dermatology, Emergency Medicine, Endocrinology, Family Medicine, Gastroenterology, General Surgery, Geriatrics, Hematology/Oncology, Internal Medicine, Neurology, OB/GYN, Ophthalmology, Orthopedic and Sports Medicine, Palliative Care, Plastic Surgery, Podiatry, Pulmonology, Radiation Oncology, Radiology, Sleep Medicine, Urology, and Wound Care.

In the 1920s, the Western NC Methodist Conference began looking for a site for a hospital that would serve ministers and their families in the area. As the search began, Mr. Hugh Chatham of Chatham Manufacturing Company promised to provide the land and money. Mr. Chatham passed away before the hospital was completed; however, with the help of his family and the Duke Endowment, Mr. Chatham's vision of high quality local healthcare became a reality in Elkin when the hospital officially opened in April of 1930. In 1967, ownership of the hospital passed from the Methodist Conference to a not-for-profit corporation, under the direction of a local board of community leaders.

Due to advances in healthcare and an increased demand from the local community, a new hospital building was constructed in 1973 on Parkwood Drive. In 2010, the organization completed construction on a new ED, patient bed tower, and heart and lung center. Today, HCMH encompasses not only the hospital, but also multiple physician offices, a retirement community; wellness and education programs; cancer services; home health and hospice care; a Wound Care Center as well as Urgent Care centers that are conveniently located throughout our service area.

Vision Statement

To be the best community healthcare system in the nation, with service as our guiding principle

Mission Statement

 To consistently deliver exceptional healthcare by demonstrating the values of service, teamwork, accountability, respect, and safe care

Awards and Honors

1. In 2022, Hugh Chatham received Women's Choice Awards for Patient Safety and Stroke Care. The Patient Safety award is based on eleven Centers for Medicare and Medicaid Services' (CMS) measures related to infections and complications, as well as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results, in conjunction with primary research about women's healthcare preferences. The Stroke Award is the only award recognizing excellence in stroke care based on robust criteria that considers both the patient experience and clinical excellence with Hugh Chatham placing in the top 10% nationally.

2) In 2022, Hugh Chatham attained elite national recognition by achieving the American Heart Association/American Stroke Association's Get With The Guidelines®-Gold Plus Quality Achievement Award with Honor Roll Elite and Target: Type 2 Diabetes.

3) In 2021, received Joint Commission's Gold Seal of Approval for Advanced Certification for Total Hip and Knee Replacement-.

4) Nationally recognized as an "A" Grade for Patient Safety by the Leapfrog Group-Spring 2021

5) Hugh Chatham Memorial Hospital ranked in the top 10% among North Carolina Hospitals for patient satisfaction in 2022, and in the top 15% nationally for the same period.

6) Yadkin Valley Home Health ranks in the Top 20% in patient satisfaction among the 4,000+ agencies nationwide in 2020.

Executive Summary

Introduction

The IRS requires each non-profit (Section 501(c)(3)) hospital to conduct a community health needs assessment (CHNA) every three years as part of the federal Patient Protection and Affordable Care Act. A Community Health Needs Assessment (CHNA) was conducted by Hugh Chatham Memorial Hospital (HCMH) in the spring of 2022 to explore the health status of people living within the communities we serve. The objective of the assessment was to pinpoint the most pressing health issues in our communities and determine three things: 1) who is affected by them; 2) who is already working on these issues and what progress is being made, and 3) what more can be done to improve the health of the people we serve?

The 2022 CHNA primarily focused on Surry, Wilkes, Yadkin, and Alleghany counties. These counties are considered our "community" as greater than eighty-eight (88) percent of the HCMH inpatient population resides within these four counties. Primary data for the assessment was gathered through a survey tool with more than two hundred and eighty-five (285) submissions. Participants represented multiple organizations and included individuals who have a broad knowledge of the community and/or had specific expertise or knowledge. Secondary data was obtained from local and national data published in government and private sources. A comprehensive list of identified health issues was compiled and recommendations were made to HCMH's executive leadership for further review and prioritization. Priorities were assessed and ranked based on issue prevalence, issue severity, and ability to impact. Final prioritization as determined by the executive leadership was approved by the HCMH Board of Trustees.

The unprecedented pandemic of COVID-19, shocked our nation and had an unfathomable impact on healthcare systems. HCMH utilized their strengths as a community healthcare system to quickly pivot to prioritize care that embraced new strategies to diagnose and treat this emerging infectious disease. While many elective services were limited in order to provide adequate resources of supplies and personnel where they were most needed, HCMH was considered a leader in their response to patient and community needs.

Key Findings: Where we will focus our efforts

Based on CHNA findings, HCMH has developed and will implement a community-wide health improvement plan to address the following health issues listed in alphabetical order:

- Access to care for medical and behavioral health needs
- Prescription drug abuse: HCMH has supported and will continue to support a regional response to the prescription drug/opioid crisis in our community.
- Reduction of overall healthcare costs through care innovation and community partnerships.

Community Service Programs Sponsored by Hugh Chatham Memorial Hospital

Patient Education Programs

* ∗ Stroke Education
* ∗ Diabetic and Nutrition counseling
* ∗ Newborn Care
* ∗ Breastfeeding
* ∗ Cardiac Rehabilitation
* ∗ Pulmonary Rehabilitation
* ∗ Medication Management

Community Health Screenings and Immunizations

* ∗ Cancer Screenings (Prostate, Breast, Skin, Colon)
* ∗ Cholesterol/Glucose
* ∗ Blood Pressure/Heart Rate/Oxygen Saturation
* ∗ Weight/Body Mass Index
* ∗ Concussion Screening
* ∗ Falls Assessment
* ∗ Bone Density
* ∗ Musculoskeletal Fitness screening
* ∗ Vascular Disease Screening
* ∗ Hearing/Speech
* ∗ Stroke Screenings
* ∗ Tetanus/Flu
* *Covid Screenings and Vaccinations

Health Promotion, Outreach, and Support Groups

* ∗ Leadership Hugh Chatham
* ∗ Cancer Support Group
* ∗ Shawl Ministry / Books for Babies / Bears for Pediatric Patients
* ∗ Bereavement and the Grief Process

∗ Stroke Support

∗ Alzheimer's Support

∗ Cardiopulmonary Rehabilitation and Education

∗ Basic Cardiac Life Support

∗ Advanced Stroke Life Support for EMS

∗ Safe Kids Program

∗ Senior Fitness Classes

∗ Heart Health Seminars

∗ Wellness Center

2022 Community Health Needs Assessment

Introduction

The Foothills, specifically, Surry, Yadkin, and Wilkes County, are known for the rolling hills displaying their natural beauty and other amenities that make this a great place to visit, live, and retire. Those of us fortunate enough to call this beautiful area "home" also know that one of its strongest assets is the high quality healthcare available throughout our region.

Healthcare in the United States is currently undergoing an enormous transformation, especially after COVID-19. As a nation, we have discovered the impact on our health and prevention of widespread infection. We are, therefore, shifting away from a system that pays for services to treat illness to one that focuses on optimizing health and wellness for individuals and communities. Soon our success will be measured by the overall health of the people living in our communities. This requires a strong partnership between all healthcare providers and the people they serve. HCMH is responding to this fundamental shift by redesigning care to be as efficient, effective, and convenient as possible.

Our 2022 CHNA represents a collaborative, community-based approach to identify, assess, and prioritize the most important health issues affecting our community. The process is also the foundation that HCMH as a healthcare system and the community as a whole can utilize to collaboratively plan, develop, and foster programs to effectively address those needs in our community.

The CHNA looked at health status, barriers to care, and other demographic and social issues affecting people and organizations in the community. The completion of the CHNA enabled HCMH to take an in-depth look at its greater community. The findings from the assessment were utilized to prioritize population health issues and develop a community health implementation plan focused on meeting community needs. HCMH is committed to the people it serves and the communities they live in. Healthy communities lead to lower healthcare costs, robust community partnerships, and an overall enhanced quality of life. The CHNA process consists of five steps as pictured below:

Process and Methodology

Data Collection Methods

HCMH identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review of both primary and secondary source data by the hospital's Community Needs Assessment Team. Primary data was collected through the surveying of community members living in Yadkin, Wilkes, Surry, and Alleghany counties. The team also conducted a series of key stakeholder interviews with healthcare, education, and social services leaders in the community. Secondary source data included a wide range of measures related to health and health related factors including morbidity and mortality, health behaviors, clinical care, social and economic factors, and environmental factors. The team used several sources of qualitative and quantitative health, social, and demographic data specific to Yadkin, Surry, Wilkes, and Alleghany Counties provided by local public health agencies, healthcare associations and other verified data sources.

Data Collected

Input from the community, which is inclusive of providers, patients, and community members, was gathered in a number of ways to use in the analysis process. Surveys were designed to elicit information related to community member's perception of their own health, the health of the community, and factors related to both. Surveys were conducted in both paper and online format. Surveys were provided to several key community groups: Yadkin Valley Rotary, the Hugh Chatham Memorial Hospital, Elkin Public School staff, and Wilkes County School System. Surveys were placed in each of the Hugh Chatham Primary Care offices and in public libraries within each county to capture the broad interests of the communities we serve. Additionally, team members distributed fliers at Dirty Joe's Coffee Shop, La Tiene De Attendes, Hugh Chatham Foundation Thrift Store, Belvia's On Main Salon and Day Spa, and The Reeves Theatre. The survey was also shared on the Hugh Chatham Memorial Hospital Facebook page. Fliers and surveys were available in English and Spanish.

Data Collection Limitations

The demographics of those who returned the surveys were noted to be closely aligned with the 10 primary geographic locations of the patients served by the hospital as determined through market share data. However, there were several key deviations from the three counties' demographics that may have an impact on the subsequent analyses. Specifically, the respondents were more likely to be insured, to have a college education, to be Caucasian, and to be female than the general demographics of the counties served. These important demographic differences may have had a secondary effect of skewing other data such as access to care. Additionally, the surveys are based on self-reported data. It is generally expected that respondents tend to under-report health risk behaviors and to have a sense that their own health is better than that of the general population.

Secondary Data

One of the primary sources of secondary data utilized in this assessment is based on a model of health that represents health outcomes, morbidity, and mortality, as functions of a set of health factors. The County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute.

The CHR&R program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity.

The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action. CHR&R is known for effectively translating and communicating complex data and evidence-informed policy into accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts. County Health Rankings & Roadmaps' work is rooted in a sincere belief in health equity, the idea that everyone deserves a fair and just opportunity to be as healthy as possible.

The first health factor utilized in the County Health Rankings model: health behaviors, consists of indicators of tobacco use, diet and exercise, alcohol use, and sexual activity. Health behaviors comprise 30% of variation in health outcomes.

The second health factor: clinical care, includes indicators for access to care and quality of care. Clinical care makes up 20% of variation in health outcomes.

The third health factor: social and economic factors, includes measures of education, employment, income, family and social support, and community safety. Social and economic factors make up 40% of variation in health outcomes.

The last factor: physical environment, includes measures of environmental quality and the built environment. This factor, therefore, includes items such as air quality, access to exercise facilities, and access to healthy food. Physical environment makes up 10% of variability in health outcomes.

DATA

Community Demographic Profile and Socioeconomic Factors Affecting Health

	Surry	Wilkes	Yadkin	Alleghany	NC
Population (2020)	71,359	65,969	37,214	10,888	10,439,388
• **Under 18** • **Over 65** • **Female**	14,914 14,842.7 36,607.167	13,259.8 14,642.9 32,984.5	7,740.5 10,419.9 18,793.07	1,850.96 3,048.6 5487.55	2,286,225.97 1,743,377.8 5,365,845.43
Race					
• **White** • **Hispanic** • **African American**	66,292.5 7,920.8 2,997.1	61,153.3 4,551.9 3,100.5	34,943.9 4,279.6 1,265.3	10,387.2 1,077.9 195.98	7,370,207.9 1,023,060 2,317,544
Education					
• **25+ Years with HS Diploma**	57,015.8	53,764.7	31,520.3	8,568.9	9,238,858.4
• **25+ Years with Bachelors**	12,773.3	10,555	4,800.6	2,264.7	3,340,604
• **25+ Years with Advanced Degree**	Data not available	Data not available	Data not available	Data not available	Data not available
Income (Median Household)	$44,979	$44,980	$46,954	$37,158	$56,642
Unemployment	16%	15.2%	13.9%	16.9%	16.1%

County Health DATA

	Surry	Wilkes	Yadkin	Alleghany	NC
Newborn Rates					
Infant Deaths	6	7	8		7
Low birthweight	9%*	10%*	9%*	8%*	9%*
Teen Births	27	37	27	40	21
Premature Death					
Years of potential life lost before age 75	9,200	10,000	10,100	9,600	8,000
COVID-19 Age Adjusted Mortality	77	69	69		60
Unintentional DEATH RATES					
Motor Vehicle	15	19	20	19	25
HOMICIDE RATES	5	6			7
SUICIDE RATES	22	19	18	26	13

	Surry	Wilkes	Yadkin	Alleghany	NC
Drug Overdose Deaths	30	28	31		24
	Surry	Wilkes	Yadkin	Alleghany	NC
Quality of Life					
Poor or Fair Health	22%	22%	22%	25%	18%
Adult Smoking	23%	23%	22%	24%	19%
Adult Obesity	36%	33%	35%	35%	34%
Access to Exercise Opportunities	41%	65%	27%	17%	68%
Diabetic Prevalence	11%	11%	11%	12%	11%
Mammography Screening	46%	48%	49%	41%	48%
Preventable Hospital Stay	4,924	3,656	5,147	4,395	4,096
% Rural	68.8%	72.8%	84.7%	100.0%	33.9%
Resources to Community					
PRIMARY CARE PHYSICIANS	1,940:1	2,440:1	3,420:1	930:1	1,400:1
DENTISTS	2,470:1	2,720:1	4,700:1	5,600:1	1,710:1
Mental Health Providers	790:1	480:1	1,110:1	410:1	360:1

*Data marked by an * indicate past data was used from 2018-2019.*

Data points marked with an asterisk (*) denote where only multi-county data was available. Data points marked with a (^) are not statistically reliable. The data points highlighted in red indicate a negative variance from the North Carolina overall rate for that particular measure. Of particular concern is the increased rate of drug overdoses, suicide, and years lost to premature death compared to the state averages. Additionally, the dearth of primary care physicians, dentists, psychiatrists and psychologists would seem to indicate that residents of these counties may have difficulty obtaining initial entry into the healthcare system. Data was extracted from NCIOM North Carolina Health Profile and NCDHHS Databook

Stroke Hospitalization Rates, 2017 - 2019
All Medicare Beneficiaries, Ages 65+, by County
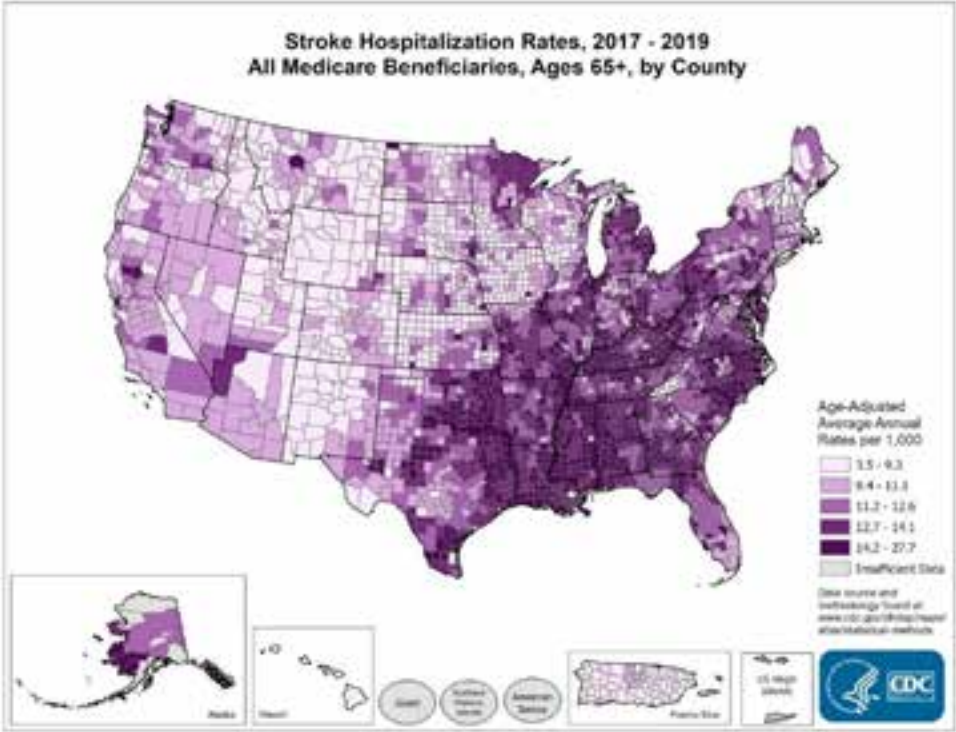
As the data from the county health rankings indicates, the vast majority of measures for Surry, Wilkes, Yadkin, and Alleghany County have a negative variance from the North Carolina state wide scores. Compounding the impact of those statistics is the fact that North Carolina itself has lower scores in many areas than the United States average.

One example is that NC is considered to be the buckle in the "stroke belt" of the United States. 57.4 per 100,000 North Carolinians will have a stroke each year, a while the United States average is far less.

The end result is predominantly rural population that has unhealthy behaviors that lead to inordinate healthcare costs and poor outcomes. All four counties overall health outcome scores places them in the lower half of the state. The data is clear that the current model of individuals accessing care for primary treatment of acute medical problems is not adequately addressing the need for preventive healthcare such as screenings and development of healthy living behaviors nor is it managing chronic illnesses well enough to prevent unnecessary hospital stays or premature loss of life. This is consistent with the picture of the state of rural health and healthcare nationally.

Additionally, the suicide and drug overdose rate is well above the state average, and access to psychiatric care is limited (as evidenced by the ratio of mental health professionals available). These statistics present an increasingly clear picture of a ballooning mental health crisis in these rural communities. The unique challenges faced by healthcare providers and patients create difficult to address disparities in healthcare access and outcomes.

Framework for Community Health Status

In order to present the data in a way that would tell a story of the community and also identify needs, the framework of Healthy People 2030 was selected to guide the assessment and evaluation of the secondary data and community input. This framework was selected based on its national recognition and its mission to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Healthy People 2030 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Great strides have been made nationally during the past decade: life expectancy at birth increased; rates of death from coronary heart disease and stroke decreased. Nonetheless, public health challenges remain, and significant health disparities persist. Healthy People 2030 places renewed emphasis on overcoming these challenges as we track progress over the course of the decade. The indicators will be used to assess and compare the health of the communities we serve and to motivate action at the community level to improve the health of those communities.

Healthy People 2030 utilizes the concept of Determinants of Health, the range of personal, social, economic, and environmental factors that influence health status, to examine:

- What makes some people healthy and others unhealthy?
- How can we create a society in which everyone has a chance to live a long, healthy life?

Healthy People 2030 then provides a guideline for developing objectives that address the relationship between health status and biology, individual behavior, health services, social factors, and policies. Emphasizing an ecological approach to disease prevention and health promotion focuses on both individual-level and population-level determinants of health and interventions. The recognition that determinants of health reach beyond the boundaries of traditional healthcare and public health sectors; sectors such as education, housing, transportation, agriculture, and the environment can be important allies in improving population health

Factors Affecting Health

Economic Factors Affecting Health

Surry, Yadkin, and Alleghany County are each designated as a Tier 2 county while Wilkes County was classified as a Tier 1 by the 2021 statistics by the North Carolina Department of Commerce. Tier calculations are based on average unemployment rate, median household income, growth percentage in population, and adjusted property tax base per capita. Additional 'adjustment factors' were used in previous years to determine the final calculations. The median household income in these counties is at least $17,000 less than the North Carolina median, and has continued on a downward trend since the 2022 US Census. Surry County transitioned down from Tier 2 in 2018, with its Economic Distress Rank remaining at 34 but recently has moved down to 45. This change in status is primarily caused by changes in the methodology used by NC General Assembly.

In review of Surry County's demographics, the unemployment rate of May 2022 is 3.4%. The average income of 2020 was $26,074 and the median household income was $44,979 in 2020. Tourism has become a large aspect of Surry County and tourism expenditures in 2020 was $130.9 million. It is estimated that in May 2022 that there were 32,720 in the active work force. The population who was the most impoverished are 45-54 year old females.

Yadkin County's economic demographic are slightly different. The 2019 median household income is $44,682 and 2019's employed population is 16,233. Unfortunately data was not available for years after 2019 but the 2019 poverty rate was 15.4% with a .82% year increase. The most impoverished population are 6-11 year old girls.

Wilkes County has a poverty rate in 14.4%. The median income is very similar to Yadkin and Surry in being $44,980 in 2019. Yadkin County and Wilkes County have the same most impoverished population being 6-11 year old girls. Wilkes has a higher rate of employment at 29,500.

Alleghany County has the lowest median income in 2020 with $37,158. They are the highest level of people in poverty with a staggering 18.1%. The median household income for Alleghany County is $37,830. The most impoverished population in 2019 were women who were between the ages of 25 and 34.

Community Resources

Surry County is fortunate to have three school systems within its borders; Elkin City Schools, Mt. Airy City Schools, and Surry County Schools. Not only do the school systems provide employment for residents, but each of the school systems boasts about the quality of education it can provide. While the percentage of students in the two city school systems who are eligible for free and reduced-cost lunch is below the state average, the percentage eligible in Surry, Wilkes, Yadkin, and Alleghany counties is either equivalent to or above the state average. Even with this potential barrier to success, each school system boasts graduation rates that exceed the state average.

	Surry	Wilkes	Yadkin	Alleghany	NC
High School Graduation	89%	88%	88%	88%	87%
Reading Scores	3.2	3.1	3.1	3.0	3.1
Math Scores	3.1	3.1	3.1	3.1	3.3

Child Care Cost Burden	31%	36%	19%	22%	29%
Food Insecurity	14%	16%	16%	15%	19%
Children in Poverty	20%	20%	17%	31%	18%

School System	Percentage of Students Receiving Free or Reduced-Cost Lunch for X School Year	Graduation Rates for X School Year
State Average	57.7%	87%
Elkin City Schools	43.1%	>95
Mount Airy City Schools	53.8%	88.6%
Surry County Schools	60.2%	89.9%
Wilkes County Schools	61.4%	88.7%
Yadkin County Schools	57.2%	89.2%
Alleghany County Schools	63.3%	87.6%

Environmental Factors Affecting Health

Environmental Health is governed by the North Carolina Department of Environment and Natural Resources (DENR). DENR sets laws and rules concerning protection of the environment and the environment's impact on the public's health. Locally, Environmental Health enforces DENR's regulations by keeping the environment free from disease-causing germs. Each County has an Environmental Health Division of the Health Department, and their primary function is to safeguard lives by promoting health and protecting the environment with the use of rules, technology, public education, and dedication. Perhaps the most well-known of these responsibilities is the restaurant inspections; but Environmental Health also regularly inspects food stands, meat/ seafood markets, school / hospital and nursing home lunchrooms, residential care facilities, rest homes, nursing homes, hospitals, child care centers, hotels/ lodging facilities, summer camps, and public swimming pools. Water testing, lead poisoning, outbreak investigations and other complaint investigations are performed on an as-needed basis.

The overall water and air quality measurements are acquired through the North Carolina Department of Environment and Natural Resources and are monitored at the local division offices throughout the state. Water testing occurs on both public, municipal systems as well as testing of private wells.

Air Quality

Air Quality Index Range	Classification	Surry County	Wilkes County	Yadkin County	Alleghany County
0-50	Good	Good		Good	Good
51-100	Moderate		Moderate		
101-150	Unhealthy for Sensitive				
151-200	Unhealthy				
201-300	Very Unhealthy				
>301	Hazardous				

Lead Poisoning

Investigation Environmental Health Specialists perform lead poisoning investigations when a child under six years of age has an elevated blood lead level. Healthcare providers are asked to test all children under six years of age for high blood lead levels for early detection. When a source of lead is found, Environmental Health Specialists work with the parents or guardians to remove the source of the lead poisoning

Social and Physical Factors

Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes.

Examples of social determinants include:

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Exposure to mass media and emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation

Examples of physical determinants include:

- Natural environment, such as plants, weather, or climate change
- Built environment, such as buildings or transportation
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, such as good lighting, trees, or benches

Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment. For example, millions of people in the United States live in places that have unhealthy levels of ozone or other air pollutants. In counties where ozone pollution is high, there is often a higher prevalence of asthma in both adults and children 27 compared with state and national averages. A strategic focus on the environment is vital.

Community Health Survey

(Below is a copy of the survey administered in 2022)

*** A Spanish Language version was also available

Hugh Chatham Memorial Hospital   Community Health Assessment

> *Hugh Chatham Memorial Hospital's mission is to consistently deliver exceptional health care by demonstrating the values of service, teamwork, accountability, respect and safe care.*

Goal:

To ensure that we continue to meet and exceed the needs of our community, Hugh Chatham Memorial Hospital (HCMH) has launched a comprehensive community health needs assessment initiative to assess the healthcare needs of our service area and to determine how well those needs are currently being met by HCMH providers and by the other community resources.

This survey is anonymous and voluntary. The information gained will be used to direct future healthcare services needed in the area. We expect the survey will take about 10-15 minutes to complete. Thank you in advance for your participation.

1. What is your gender?

    a. Female
    b. Male
    c. Non-Binary
    d. Other (Please List)_____

2. What is your sexual orientation?
    a. Straight
    b. Gay/Lesbian
    c. Bisexual
    d. Other
    e. Prefer not to answer

3. What is your race?
    a. African American/Black
    b. American Indian/Alaska Native
    c. Asian
    d. Native Hawaiian/Pacific Islander
    e. White
    f. Two or more races
    g. Other

4. Do you identify as Hispanic or Latino?
    a. Yes
    b. No

5. What is your county of residence?
    a. Yadkin
    b. Surry
    c. Wilkes
    d. Other (Please List): _____

6. What is your five digit zip code? _____

7. What is your age range?

    a. >18
    b. 18-24
    c. 24-34
    d. 35-44
    e. 45-54
    f. 55-64
    g. 65-74
    h. 75<

8. What is your current employment status?
    a. Employed Full-Time
    b. Employed Part-Time
    c. Student
    d. Homemaker
    e. Unemployed
    f. Disabled
    g. Retired

9. What is your household income range?
    a. $0-$24,999
    b. $25,000 - $49,999
    c. $50,000 - $74,999
    d. $75,000 - $99,999
    e. $100,000 or more
    f. Prefer not to answer

10. What is the highest level of education you have completed?
    a. Primary School (K-8th)
    b. Some High School
    c. High School Graduate
    d. Some College
    e. College Graduate
    f. Formal Certification
    g. Advanced Degrees (Masters level and above)

11. How would you describe your overall health?
    a. Excellent
    b. Very Good
    c. So-So
    d. Poor

12. Where do you go for your routine healthcare?
    a. Physician's Office
    b. Health Department
    c. Emergency Room
    d. Urgent Care Clinic
    e. I do not receive routine healthcare
    f. Other (Please List): _____

13. What type of healthcare coverage do you have?
    a. Medicare
    b. Medicaid/Passport
    c. Commercial Health Insurance (Examples: Humana, Anthem Blue Cross)
    d. No Healthcare Coverage
    e. Other (Please List):_____

14. Are you able to visit a doctor when needed?
    a. Yes (go to question 6 next)
    b. No

15. If you answered "no" on question 4, why? Please choose all that apply?
    a. No Appointments Available
    b. Cannot Afford Appointment
    c. Cannot Take Time Off of Work
    d. No Transportation
    e. No Specialist In My Community For My Condition
    f. Other (Please List): _____

16. When you need to go to the doctor's office/pharmacy/grocery store, please check the method of transportation.

    ☐ I call a cab.

    ☐ I have a family member drive me.

    ☐ I have a friend that drives me.

    ☐ I use YVEDDI or other mode of public transportation.

    ☐ I drive myself in my own car.

    ☐ I drive myself in a friend/family member's car.

    ☐ Other:_____

17. What has affected the quality of the health care you receive?
    a. Cost of care or no insurance
    b. Race
    c. Ability to read and write/education
    d. Language barriers/lack of translators
    e. Sex/Gender

18. How do you receive your medications?
    a. Local Pharmacy
    b. Mail Order Pharmacy
    c. Pill Packs
    d. Delivered via mail
    e. Pick up medications once they need to be filled.
    f. Other:_____

19. Please check all statements below that apply to you.

    ☐   I exercise at least 3 times per week.

    ☐   I eat at least 5 servings of fruits and vegetables each day.

    ☐   I smoke cigarettes.

    ☐   I smoke e-cigarettes (Jewels) or vape.

    ☐   I chew tobacco.

    ☐   I use illegal drugs.

    ☐   I use prescription medication for non-prescribed reasons.

    ☐   I use prescription medication above the prescribed dosage.

    ☐   I consume more than 4 alcoholic drinks (if female) or 5 (if male) per day.

    ☐   I use sunscreen or protective clothing for planned time in the sun.

    ☐   I am vaccinated against COVID-19.

    ☐   I receive a flu shot each year.

    ☐   I have access to a wellness program through my employer.

    ☐   None of the above apply to me.

20. Please select the top 3 health challenges you face. Rank them 1 to 3 with 1 being your greatest health challenge and 3 being your third greatest health challenge.

_____ Cancer
_____ Diabetes
_____ Overweight/Obesity
_____ Lung Disease
_____ High Blood Pressure

_____ Drug Addiction
_____ Heart Disease
_____ Joint Pain/ Back Pain
_____ Mental Health Problems
_____ Alcohol Dependency

_____ Stroke
_____ I do not have any health challenges.
_____Other (Please List):
_____

21. Which of the following preventative procedures have you had in the last 12 months?

- ☐ Mammogram (If Female)
- ☐ Pap Smear (If Female)
- ☐ Prostate Cancer Screening (If Male)
- ☐ Flu Shot.
- ☐ COVID-19 Vaccine
- ☐ Colon/Rectal Exam
- ☐ Blood Pressure Check
- ☐ Blood Sugar Check
- ☐ Skin Cancer Screening
- ☐ Cholesterol Screening
- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Cardiovascular Screening
- ☐ Bone Density Test
- ☐ Dental Cleaning/X-Rays
- ☐ Physical Exam
- ☐ None of the above

22. Have you or someone in your direct family been diagnosed with COVID-19?
    a. Yes
    b. No

23. Do you or a loved one have permanent side effects due to COVID-19?
    a. Yes
        i. If YES, please circle which side effect(s) you are experiencing.
            1. Fatigue
            2. Shortness of Breath or Difficulty Breathing
            3. Consistent Cough
            4. Joint Pain
            5. Chest Pain
            6. Memory, Concentration, or Sleep Problems
            7. Muscle Pain or Headache
            8. Fast or Pounding Heartbeat
            9. Loss of Smell or Taste
            10. Depression or Anxiety

11. Fever
12. Dizziness when you stand
13. Worsened symptoms after physical or mental activities
14. Other:_____
   b. No

24. Has a loved one passed away due to COVID-19?
   a. Yes
   b. No

25. Do you feel physically and/or emotionally unsafe in your home?
   a. Yes
   b. No

26. Within the past 12 months, have you been hit, slapped, kicked, or otherwise physically hurt by anyone?
   a. Yes
   b. No
27. Within the past 12 months, have you been humiliated or emotionally abused by anyone (i.e name calling, neglect, shaming and/or blaming, manipulation, controlling who you see and where you go)
   a. Yes
   b. No

28. Within the past 12 months, have you been limited in your finances by someone else or experienced financial abuse? (i.e. withholding information about where income is being used, not allowing you to work, and/or the person feels entitled to your money or assets.)

29. Within the past 12 months, have you found yourself in any of the following situations? Please check all that apply.

   ☐ I worried about getting sick and being unable to take time off work.

   ☐ I worried about getting sick and being able to see a doctor.

   ☐ I worried I may run out of food or groceries for myself before I got money to buy more.

   ☐ I ran out of food or groceries because I did not have the money to buy more.

   ☐ I worried about losing my home.

   ☐ I have stayed outside, in a car, in a tent, at an overnight shelter, or temporarily in someone else's home because I had nowhere else to stay.

   ☐ I have been faced with possible disconnection of my utilities (electricity, gas, water) because I was unable to afford them.

   ☐ My utilities (electricity, gas, water) have been disconnected because I was unable to afford them.

   ☐ A lack of transportation kept me from getting to medical appointments.

☐ A lack of transportation kept me from doing things needed for daily living (i.e. getting to work, going grocery shopping)

☐ I had to choose between paying my bills or buying my medication(s)

30. Do you have ongoing problems with pest infestation (bugs, ants, mice), mold, lead, and/or water leaks at the place where you stay?
    a. Yes
    b. No

31. What are the three biggest health concerns or challenges you think our community faces?
    1_____
    2._____
    3._____

32. What additional health services need to be offered to meet health challenges in your community?

    _____
    _____
    _____

33. Is there anything else you would like to add?

    _____
    _____
    _____

Thank you for your help and participation!