



Caldwell UNC Health Care

COMMUNITY HEALTH ASSESSMENT 2019-2020

Adopted by the Board Resolution Tuesday September 10th, 2019¹

¹ Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9

Dear Community Member:

At Caldwell Memorial Hospital, we have spent more than 69 years providing high-quality compassionate healthcare to the greater Lenoir community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how Caldwell Memorial Hospital (CMH) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. CMH will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit, they provide in responding to documented community need, footnotes are provided to answer specific tax form question; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank you,

Laura Easton

President and Chief Executive Officer

Caldwell Memorial Hospital

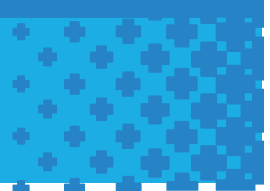


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EXECUTIVE SUMMARY

Executive Summary

In order for Caldwell UNC Health Care to better serve the community, understanding the significant needs are critical. A Community Health Needs Assessment has been performed to address the community's needs, develop an implementation strategy to organize how these needs can be met, and fulfill federal requirements.

Respectable secondary source data was used to illustrate the community and its needs. A widely available public survey was launched in order to have broad responses from community members. A select focus group was used in order to have feedback about the results from the public survey, commentary about the previous CHNA, and if the newly and previously identified needs are a priority.

The Significant Health Needs for Caldwell County are:

- 1. Substance Abuse**
- 2. Mental Illness**
- 3. Chronic Disease**
- 4. Obesity**
- 5. Cancer**

The Hospital has developed implementation strategies for three of the five needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.

APPROACH

Approach

Because Caldwell UNC Health Care is categorized as a non-profit hospital, under the Affordable Care Act, a Community Health Needs Assessment is required. This assessment is part of the “Community Benefit” requirement in which hospitals must document in order to retain tax-exempt status. This assessment also helps to identify areas in the community that needs to be addressed and a strategy implemented.

This study is designed to comply with standards required of a not-for-profit hospital². Tax reporting citations in this report are superseded by the most recent 990 h filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, there are three other requirements that must be documented:

- Charges for Medical Care
- Financial assistance policy and policies relating to emergency medical care
- Billing and collections

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury³.

Project Objectives

Caldwell UNC Health Care accomplishments⁴:

- Complete a CHNA report, including an Implementation Strategy and Hospital Board approval, compliant with Treasury – IRS
- Summarize information that will help the Hospital complete the IRS – 990h schedule
- Produce the necessary information that assists the Hospital to create an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Non-profit hospitals typically qualify for tax-exempt status by being categorized as a “Charitable Organization” in Section 501 © (3) of the Internal Revenue Code. In this section however, the term Charitable Organization is undefended. In the past, charity was recognized as providing care for those who did not have the means to pay. After Medicare was passed, the federal government met this needs with providing compensation for this type of care.

² Federal Register Vol. 79 No. 250, Thursday June 20, 2019. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

³ As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form

⁴ Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule h (Form 990) V B 6 b

Due to the acceptance of Medicare, the IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. The Community Benefit Standard concludes if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physician granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three years, and adopt an implementation strategy to meet the community needs identified through the assessment
 - Failure to complete a CHNA in a three-year period results in an excise tax to the organization of \$50,000. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four
- The CHNA can be based on current information collected by public health officials, agencies, or other non-profit organization. It may also be completed through the corroboration with one or more organizations.
- The assessment process must take into account input from community members who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must include the implementation strategy from the needs identified in the CHNA in the annual report to the IRS. If all the needs are not being addressed the reasons why must be included.
- Each hospital facility is required to make the CHNA widely available / downloadable to the public from the hospital website.
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties⁵.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a step in the process. This requirement states that there must be written comments about the previous CHNA and Implementation strategy as a stepping stone for creating the next assessment. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital Facility must take into account input received from, at a minimum, the following three sources:

⁵ Section 6652

- (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- (2) Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- (3) Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.⁶*

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”

Representatives of the various diverse constituencies’ outlines by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinion obtains formed the introductory step in this assessment.

To complete a CHNA:

“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- (1) A definition of the community served by the hospital facility and a description of how the community was determined;*
- (2) A description of the process and methods used to conduct the CHNA;*
- (3) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- (4) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- (5) A description of resources potentially available to address the significant health needs identified through the CHNA.*

⁶ Federal Register Vol. 79 No. 250, Monday July 1, 2019. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”⁷

Additionally, all CHNA conducted after the very first one must take into account written responses on the prior CHNA and implementation strategy. Caldwell UNC Health Care followed Federal requirements in the gathering of written commentary by securing characteristics of the individuals participating but did not gather identifying information

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”⁸

Caldwell UNC Healthcare obtained input from the requirement three minimum sources and included commentary from other representative groups. We asked all participating in the written comment portion to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- (1) Public health – person(s) with expertise in public health**
- (2) Department and Agencies – Federal, tribal, regions, State, or local departments / agencies that have current data pertaining to health needs of the community**
- (3) Priority Populations- Representatives, or members of medically underserved, low income, ad minority populations. Other Federal regulations include rural and LGBTQ members as part of this population**
- (4) Chronic Disease groups – Representative or member of Chronic Disease Groups or Organization (including mental or oral health)**
- (5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and other to fulfill the spirit of broad input**
- (6) Other (please specify)**

Most data used in the analysis is available from public Internet sources and UNC Health Care proprietary data from Truven.

⁷ Federal Register Op. cit. P 78966. Response to Schedule h (Form 990) B 6 b

⁸ Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) B 3 h

Data sources include⁹:

Website or Data Source	Data Element	Date Accessed	Data Date
http://www.countyhealthrankings.org/app/north-carolina/2019/rankings/caldwell/county/outcomes/overall/snapshot	Assessment of health needs of Caldwell County compared to all North Carolina counties	June 1, 2019	2019
Truven (UNC Health Care)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to assess population size, trends and socio-economic characteristics	June 19, 2019	2018
http://sci.cdc.gov	To identify the Social Vulnerability Index value	June 3, 2019	2016
https://www.worldlifeexpectancy.com/north-carolina-cause-of-death-by-age-and-gender	To determine relative importance among 15 top causes of death	June 10, 2019	2019
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	June 15, 2019	2014

⁹ The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the "methods of collecting" the data. Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) Part V B 3 d

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, UNC Health Care developed a detailed process of gathering community input. In addition from gathering data from the above secondary sources we:

-
- We developed a broad online survey for the community to participate in. This was available on the Caldwell UNC Health Care website, Caldwell UNC Health Care Facebook page, emailed to all employees of Caldwell UNC Health Care, and advocated throughout the community for participation. This survey had categorizing questions for the participant, as well as thoughts on their overall health and the health of the community. These questions helped us determine what the “Significant” and “Other Significant Needs” were.¹⁰ The survey was available from July 7, 2019 – August 12, 2019.
 - There was a hard copy of the Community Based Survey that was distributed to local pharmacies, business, community centers, urgent cares / clinics, and Physician practices. These made up the majority of the feedback from the Community. Caldwell UNC Health Care had about 480 hard copy responses and about 330 electronic responses.
 - After deploying the survey and identifying the significant needs of the community, we met with a select diverse group of community members. These members commented on the previous CHNA as well as the initial findings of the survey. This group also had the opportunity to comment on if they believed certain population groups need help to improve their condition, and if so, who needs to do what to improve the condition of these groups.¹¹ The focus group meeting took place on July 19, 2019 and July 22, 2019
-

After the survey, focus group meetings, and analysis was complete, the administrative team sat down to discuss the conclusions of the assessment. They were free to agree or disagree with the conclusions and were all invited to give feedback or changes¹².

After having the initial administrative meeting regarding the Significant Needs and finds from the assessment, the Implementation Strategy was formulated. This is involved deep consideration from the Senior Leadership Team in order to come to final conclusion.

The Hospital Board Approved the CHNA and the Implementation Strategy on September 10th, 2019. The CHNA and Implementation Strategy was posted on the Caldwell UNC Health Care website on September 10th, 2019.

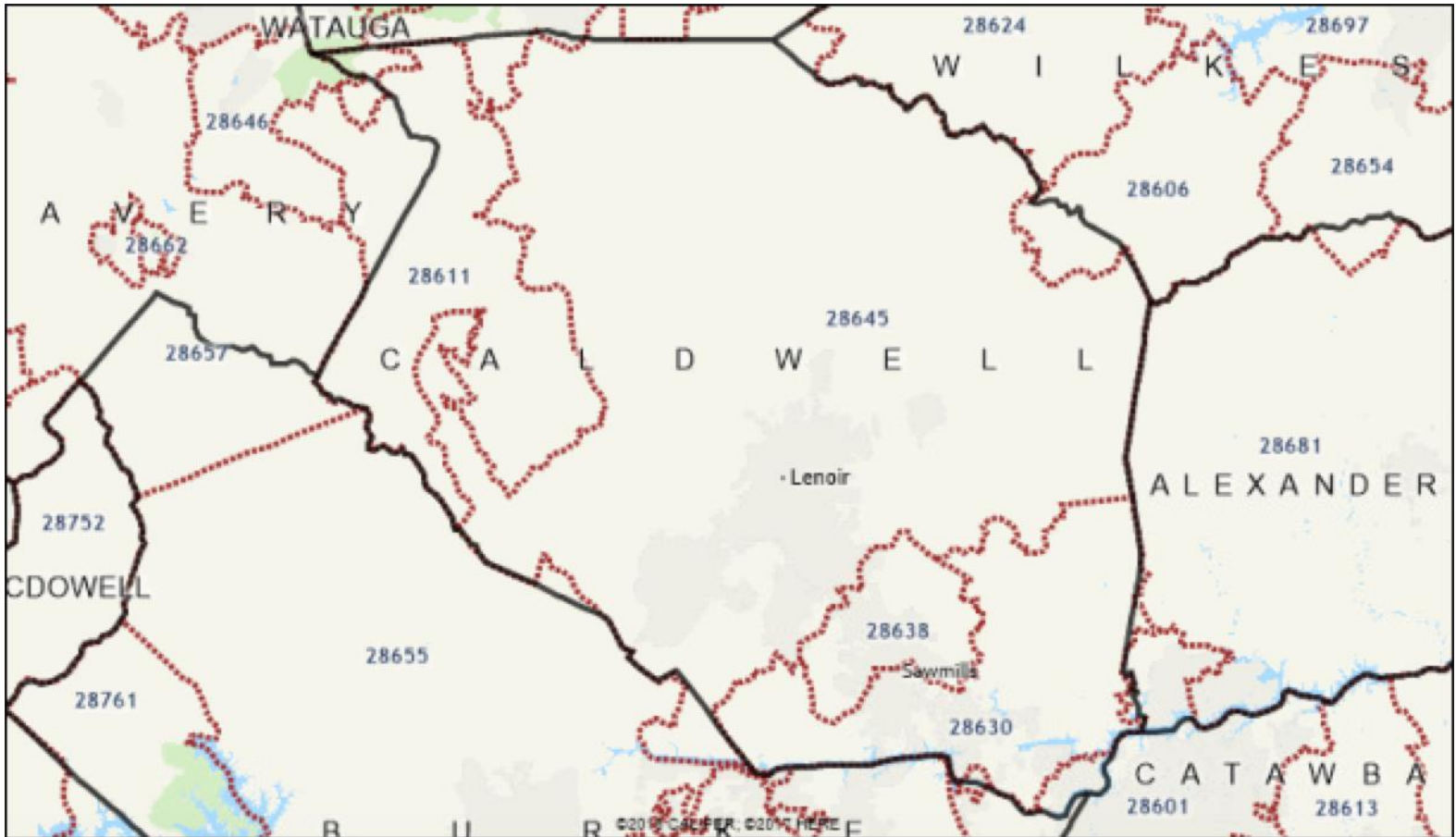
¹⁰ Response to Schedule h (Form 990) Part V B 3 g

¹¹ Response to Schedule h (Form 990) Part V B 3 f

¹² Response to Schedule h (Form 990) Part V B 3 h

COMMUNITY CHARACTERISTICS

Definition of the Area Served by the Hospital¹³



For the duration of this study, Caldwell UNC Health Care defines the area served as Caldwell County, North Carolina. This includes the following Zip Codes¹⁴:

- 28611 – Collettsville, 28630 – Granite Falls, 28638 – Hudson, 28645 – Lenoir, 28633 – Lenoir
- During the 1/1/2018 - 12/31/2018, the hospital received 90.03% of its patients from this defined area¹⁵
- Unemployment: Caldwell County – 4.5%, NC – 4.6%, US – 3.6% Source: Bureau of Labor Statistics

¹³ Responds to IRS Schedule h (Form 990) Part V B 3 a - Truven Health Analytics

¹⁴ The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

¹⁵ Truven Health Analytics patient origin data for the hospital; Responds to IRS Schedule h (Form 990) Part V B 3 a

Demographics of the Community^{16 17}

Truven Demographics for Caldwell County

Demographics Expert 2.7											
2018 Demographic Snapshot											
Area: Caldwell County											
Level of Geography: ZIP Code											
DEMOGRAPHIC CHARACTERISTICS											
		Selected Area		USA							
								2018		2023	
										% Change	
2010 Total Population		80,720		308,745,538		Total Male Population		39,238		39,674	1.1%
2018 Total Population		79,409		326,533,070		Total Female Population		40,171		40,616	1.1%
2023 Total Population		80,290		337,947,861		Females, Child Bearing Age (15-44)		13,555		13,580	0.2%
% Change 2018 - 2023		1.1%		3.5%							
Average Household Income		\$55,263		\$86,278							
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION					
Age Distribution						Income Distribution					
				USA 2018						USA	
Age Group	2018	% of Total	2023	% of Total	% of Total	2018 Household Income	HH Count	% of Total	% of Total		
0-14	12,865	16.2%	12,267	15.3%	18.7%	<\$15K	4,913	15.3%	10.9%		
15-17	3,043	3.8%	2,933	3.7%	3.9%	\$15-25K	3,960	12.3%	9.5%		
18-24	6,669	8.4%	6,725	8.4%	9.7%	\$25-50K	9,866	30.7%	22.1%		
25-34	8,851	11.1%	9,544	11.9%	13.4%	\$50-75K	5,977	18.6%	17.1%		
35-54	20,808	26.2%	18,981	23.6%	25.5%	\$75-100K	3,311	10.3%	12.3%		
55-64	11,605	14.6%	12,066	15.0%	12.9%	Over \$100K	4,068	12.7%	28.2%		
65+	15,568	19.6%	17,774	22.1%	15.9%						
Total	79,409	100.0%	80,290	100.0%	100.0%	Total	32,095	100.0%	100.0%		
EDUCATION LEVEL						RACE/ETHNICITY					
Education Level Distribution						Race/Ethnicity Distribution					
				USA						USA	
2018 Adult Education Level	Pop Age 25+	% of Total	% of Total	% of Total		Race/Ethnicity	2018 Pop	% of Total	% of Total		
Less than High School	4,136	7.3%	5.6%			White Non-Hispanic	69,198	87.1%	60.4%		
Some High School	7,962	14.0%	7.4%			Black Non-Hispanic	3,866	4.9%	12.4%		
High School Degree	18,046	31.8%	27.6%			Hispanic	4,310	5.4%	18.2%		
Some College/Assoc. Degree	19,262	33.9%	29.1%			Asian & Pacific Is. Non-Hispanic	569	0.7%	5.8%		
Bachelor's Degree or Greater	7,426	13.1%	30.3%			All Others	1,466	1.8%	3.2%		
Total	56,832	100.0%	100.0%			Total	79,409	100.0%	100.0%		
© 2018 The Claritas Company, © Copyright IBM Corporation 2019											

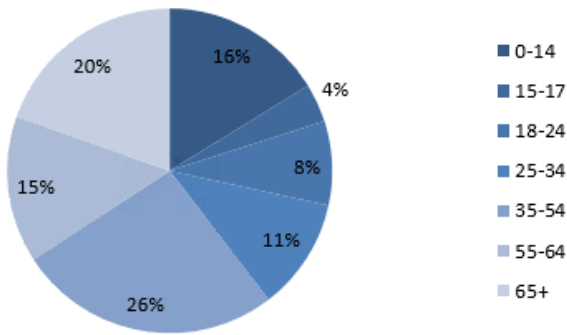
¹⁶ Responds to IRS Schedule h (Form 990) Part V B 3 b

¹⁷ Tables created by Truven Health Analytics

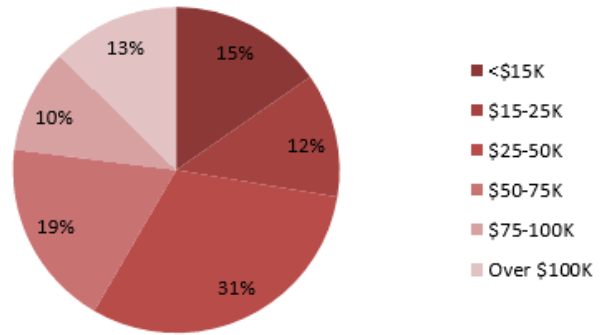
¹⁸ All population information, unless otherwise cited, sourced from Truven Health Analytics

Area: Caldwell County
Level of Geography: ZIP Code

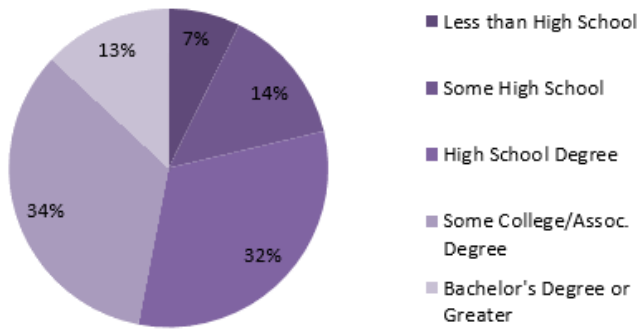
Population Distribution by Age Group



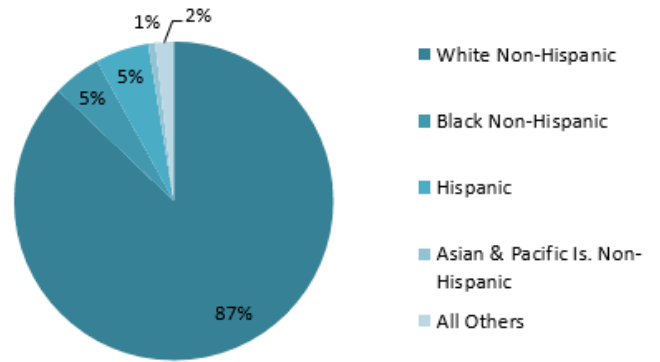
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity

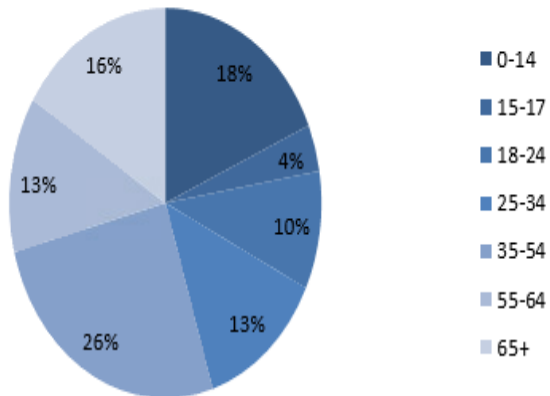


TRUVEN DEMOGRAPHICS FOR NORTH CAROLINA

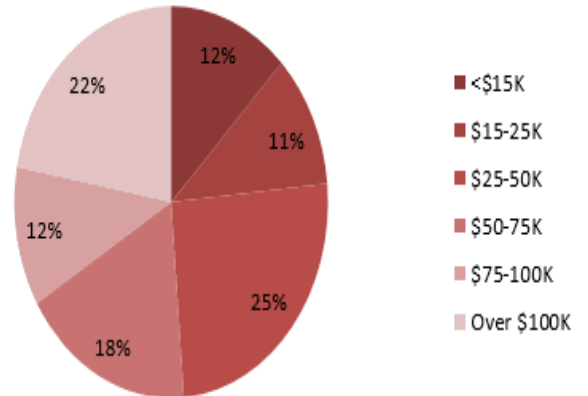
2018 Demographic Snapshot									
Area: NC (Total State)									
Level of Geography: ZIP Code									
DEMOGRAPHIC CHARACTERISTICS									
		Selected Area	USA				2018	2023	% Change
2010 Total Population		9,535,506	308,745,538			Total Male Population	5,016,890	5,272,504	5.1%
2018 Total Population		10,300,541	326,533,070			Total Female Population	5,283,651	5,544,722	4.9%
2023 Total Population		10,817,226	337,947,861			Females, Child Bearing Age (15-44)	2,014,696	2,065,051	2.5%
% Change 2018 - 2023		5.0%	3.5%						
Average Household Income		\$73,905	\$86,278						
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION				
Age Distribution					Income Distribution				
Age Group	2018	% of Total	2023	% of Total	USA 2018 % of Total	2018 Household Income	HH Count	% of Total	USA % of Total
0-14	1,904,364	18.5%	1,908,826	17.6%	18.7%	<\$15K	505,630	12.4%	10.9%
15-17	400,549	3.9%	429,475	4.0%	3.9%	\$15-25K	448,492	11.0%	9.5%
18-24	1,010,077	9.8%	1,053,950	9.7%	9.7%	\$25-50K	1,024,383	25.2%	22.1%
25-34	1,330,373	12.9%	1,361,441	12.6%	13.4%	\$50-75K	717,112	17.7%	17.1%
35-54	2,664,888	25.9%	2,681,075	24.8%	25.5%	\$75-100K	467,755	11.5%	12.3%
55-64	1,328,977	12.9%	1,406,579	13.0%	12.9%	Over \$100K	898,335	22.1%	28.2%
65+	1,661,313	16.1%	1,975,880	18.3%	15.9%				
Total	10,300,541	100.0%	10,817,226	100.0%	100.0%	Total	4,061,707	100.0%	100.0%
EDUCATION LEVEL					RACE/ETHNICITY				
Education Level Distribution					Race/Ethnicity Distribution				
2018 Adult Education Level	Pop Age 25+	% of Total	USA % of Total	USA % of Total	Race/Ethnicity	2018 Pop	% of Total	USA % of Total	
Less than High School	356,436	5.1%	5.6%	5.6%	White Non-Hispanic	6,475,925	62.9%	60.4%	
Some High School	593,915	8.5%	7.4%	7.4%	Black Non-Hispanic	2,193,713	21.3%	12.4%	
High School Degree	1,848,576	26.5%	27.6%	27.6%	Hispanic	983,744	9.6%	18.2%	
Some College/Assoc. Degree	2,150,490	30.8%	29.1%	29.1%	Asian & Pacific Is. Non-Hispanic	310,705	3.0%	5.8%	
Bachelor's Degree or Greater	2,036,134	29.1%	30.3%	30.3%	All Others	336,454	3.3%	3.2%	
Total	6,985,551	100.0%	100.0%	100.0%	Total	10,300,541	100.0%	100.0%	
© 2018 The Claritas Company, © Copyright IBM Corporation 2019									

Area: NC (Total State)
Level of Geography: ZIP Code

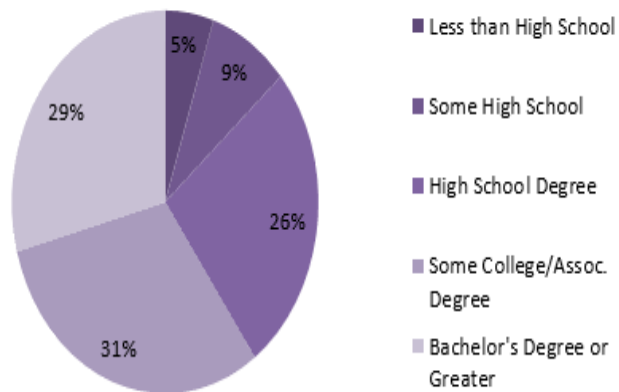
Population Distribution by Age Group



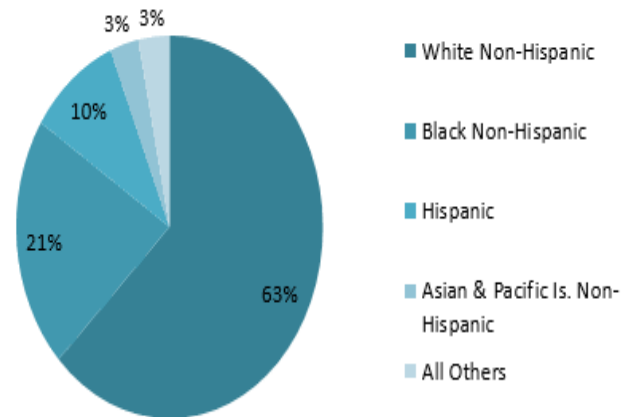
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Leading Causes of Death¹⁹

NC Rank	Caldwell Rank	Condition	Rank among all Counties in NC	NC (Rate of deaths per 100,000)	Caldwell (Rate of deaths per 100,000)
1	2	Cancer	28-100	157.09	196.47
2	1	Heart Disease	37-100	156.51	212.15
3	5	Accident	55-100	56.3	51.79
4	3	Lung Disease	3-100	45.43	67.76
5	4	Stroke	25-100	42.96	60.26
6	6	Alzheimer's	2-100	37.32	43.49
7	7	Diabetes	43-100	23.63	26.24
8	8	Influenza/Pneumonia	23-100	17.54	23.99
9	9	Kidney	33-100	17.05	19.48
10	10	Suicide	21-100	14.28	16.32
11	11	Blood Poisoning	72-100	12.36	12.38
12	12	Liver Disease	23-100	10.33	11.99
13	13	Parkinson's	32-100	8.7	6.83
14	14	Hypertension	74-100	8.01	5.88
15	15	Homicide	55-100	6.88	5.7

¹⁹ <https://www.worldlifeexpectancy.com/north-carolina-cause-of-death-by-age-and-gender>

Priority Populations²⁰

[2017 National Healthcare Quality and Disparities Report. Content last reviewed July 2019.](https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html)
[Agency for Healthcare Research and Quality, Rockville, MD.](https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html)
[https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html.](https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html)

Priority Population information within the hospital is hard to come by if it exists. By understanding the basic trends of issues affecting Priority Populations, we can examine if local conditions have similar or contrary trends. This information can be taken into account when developing our implementation strategy and action plan. The following discussion examines findings about Priority Populations from a national perspective.

“For the 15th year in a row, AHRQ is reporting on healthcare quality and disparities. The annual National Healthcare Quality and Disparities Report is mandated by Congress to provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups. The report is produced with the help of an Interagency Workgroup led by AHRQ²¹.”

“The National Healthcare Quality and Disparities Report assesses the performance of our healthcare system and identifies areas of strengths and weaknesses, as well as disparities, for access to healthcare and quality of healthcare. Quality is described in terms of six priorities: patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. The report is based on more than 250 measures of quality and disparities covering a broad array of healthcare services and settings²².” A summarization is found below, but the complete report can be found on the Agency for Health Care Research and Quality website.

“Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

Quality: Quality of healthcare improved overall from 2000 through 2014-2015 but the pace of improvement varied by priority area.

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures did not change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015, but disparities persist, especially for poor and uninsured populations in all priority areas:

- Trends show that about 55% percent of quality measures are improving overall for Blacks. However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.

²⁰ <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf> Responds to IRS Schedule h (Form 990) Part V B 3 i

²¹ <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf>

²² <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf>

- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that about one-quarter of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly one-third of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly one-third of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination²³.”

These findings will be crucial when developing an implementation strategy in order to serve all patients receiving treatment at Caldwell UNC Health Care. With conclusions made that address the disparities for Priority Populations receiving care, Caldwell UNC Health Care can build action plans to alleviate the inequality.

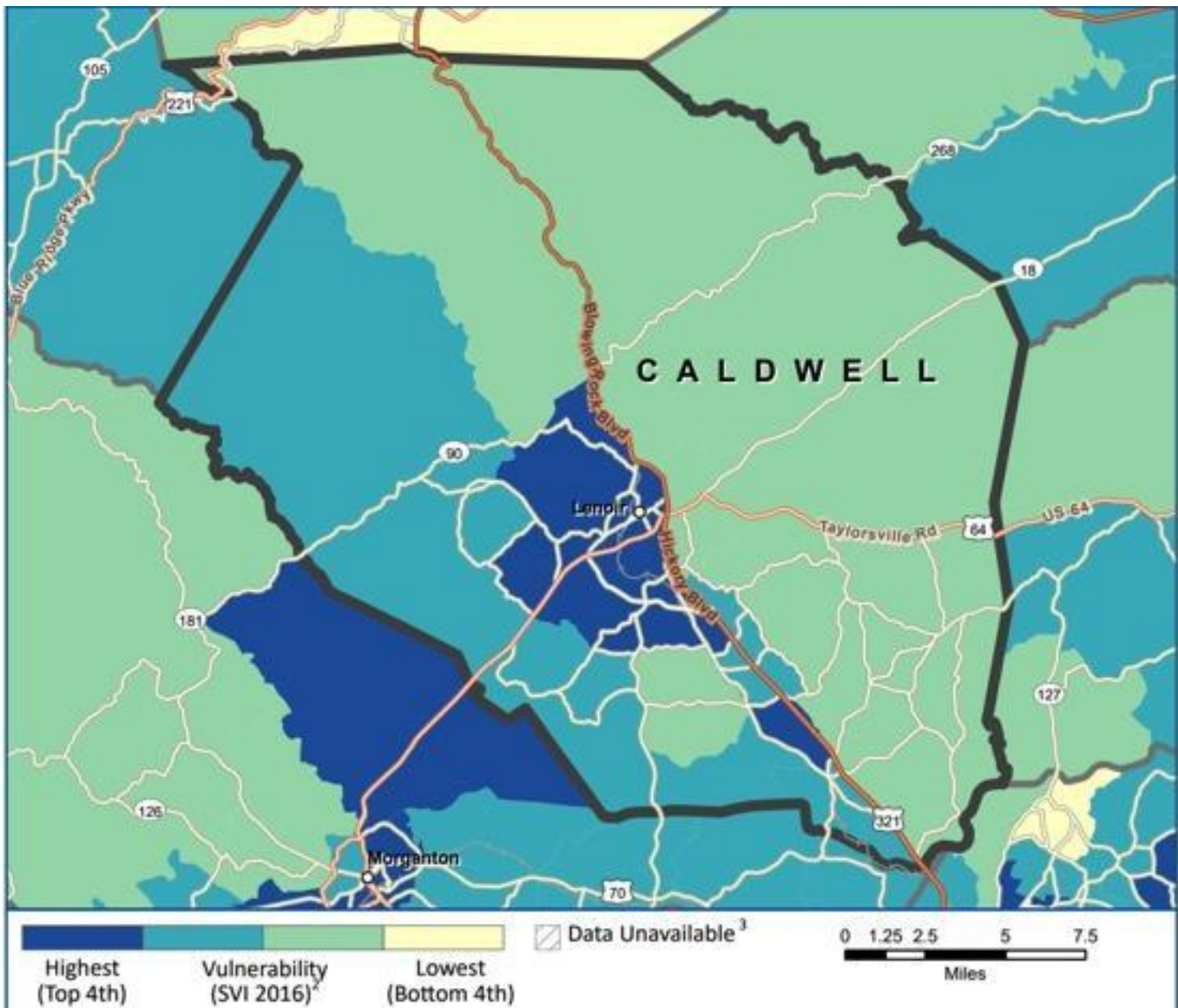
²³ <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2017qdr.pdf>

Social Vulnerability²⁴

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

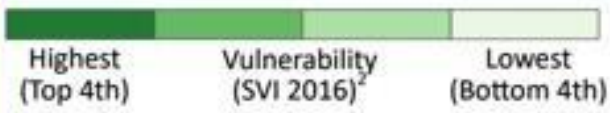
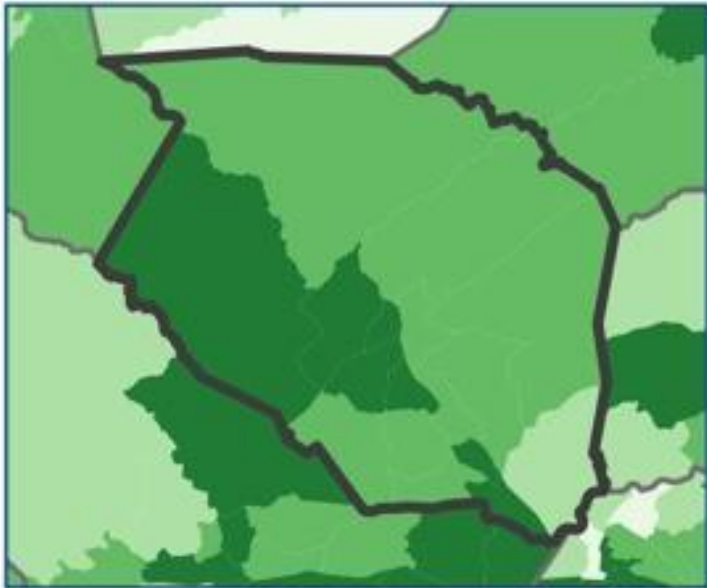
Caldwell County falls into three quartiles:

- The center of the county, around Lenoir, is the highest quartile of vulnerability
- The western side of the county and a small section around Lenoir are in the second highest quartile
- The eastern side of the county and a small section inside the western side are in the second lowest quartile

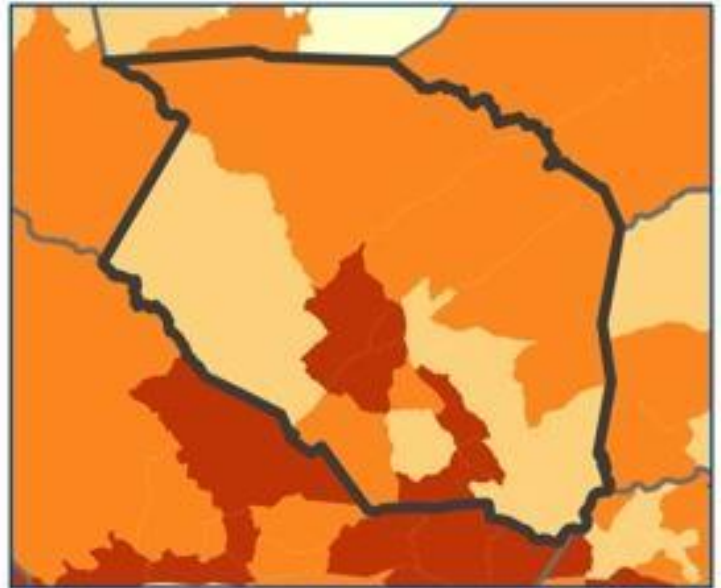


²⁴ <http://svi.cdc.gov>

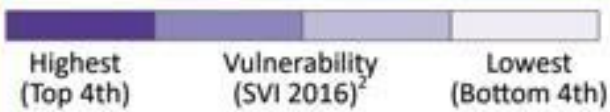
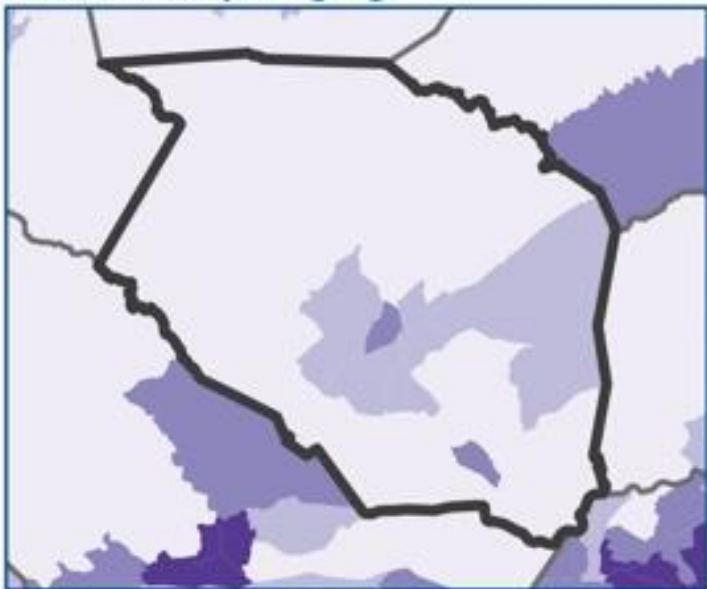
Socioeconomic Status⁵



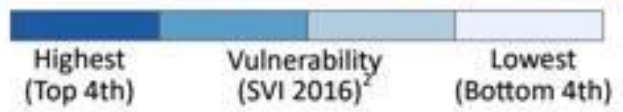
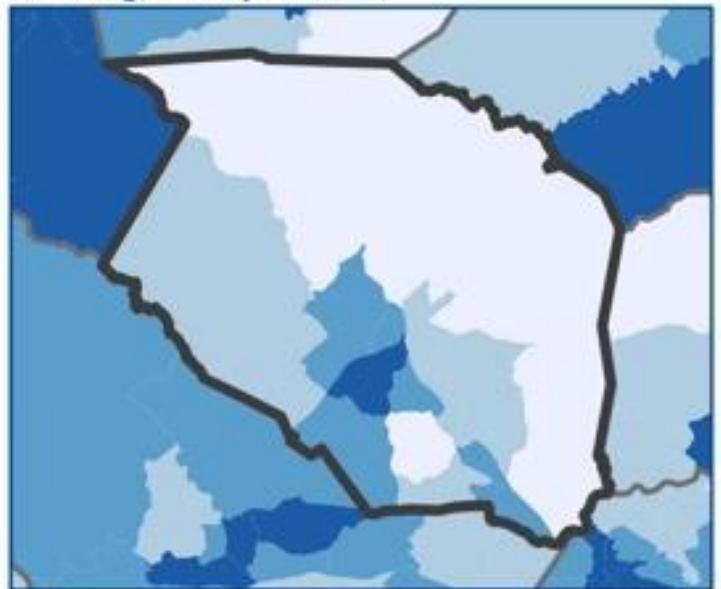
Household Composition/Disability⁶



Race/Ethnicity/Language⁷



Housing/Transportation⁸



Summary of the Results on Prior CHNA

A group of 12 individuals from the focus group, were asked to provide feedback on the previous Community Health Needs Assessment from 2016. Complete results, including *verbatim* written comments, can be found in Appendix A

Character Characteristics

	Yes (applies to me)
(1) Public Health Expertise	2
(2) Department and Agencies	4
(3) Priority Populations	2
(4) Representative / Member of Chronic Disease Group or Organization	1
(5) Represents the Broad Interest of the Community	3
(6) Other	0
Answered Question	12
Skipped Question	0

Priorities from the last assessment - 2016:

- Mental health and Substance Abuse (2014 and 2016)
- Chronic Disease (2014 and 2016)
- Obesity (2016)

Caldwell UNC Health Care received the following responses to the question: **“Should the hospital continue to consider the 2016 Significant Health Needs as the most important health needs currently confronting resident in the county?”**

	Yes	No
Mental Health and Substance Abuse (2014 and 2016)	11	1
Chronic Disease (2014 and 2016)	6	6
Obesity (2016)	8	4

Caldwell UNC Health Care received the following responses to the question: **“Should the Hospital continue to allocate resources to help improve the needs identified in the 2016 CHNA?”**

	Yes	No
Mental Health and Substance Abuse (2014 and 2016)	11	1
Chronic Disease (2015 and 2016)	8	4
Obesity (2016)	8	4

Comparison to Other State Counties²⁵

To have a better understanding of the health within the community, Caldwell County has been compared to all 100 counties in the state of North Carolina in five different sections. These sections include:

- Health Outcomes
- Health Behaviors
- Clinical Care
- Social & Economical Factors
- Physical Environment

The last four areas are all health Factors that ultimately affect the Health outcomes of Length (Mortality) and Quality of Life (Morbidity). In the chart below, all areas within the five sections are listed. In the chart below the country rank compared to all counties is out of 100. By focusing on the Caldwell County and North Carolina columns, we can see the difference.

	Caldwell County	Trend	Error Margin	Top U.S. Performers	North Carolina	Rank (of 100)
Health Outcomes						68
Length of Life						70
Premature death	9,600		8,800-10,400	5,400	7,600	
Quality of Life						52
Poor or fair health	17%		16-17%	12%	18%	
Poor physical health days	3.8		3.6-4.0	3.0	3.6	
Poor mental health days	4.2		4.0-4.4	3.1	3.9	
Low birthweight	10%		9-10%	6%	9%	

²⁵ www.countyhealthrankings.org

Health Behaviors

69

Adult smoking	i 18%		18-19%	14%	18%
Adult obesity	34%		27-40%	26%	30%
Food environment index	6.7			8.7	6.6
Physical inactivity	24%		19-29%	19%	23%
Access to exercise opportunities	64%			91%	73%
Excessive drinking	i 17%		17-18%	13%	17%
Alcohol-impaired driving deaths	53%		47-59%	13%	30%
Sexually transmitted infections	255.9			152.8	577.6
Teen births	<u>40</u>		37-43	14	27




Clinical Care

50

Uninsured	14%		12-16%	6%	12%
Primary care physicians	2,200:1			1,050:1	1,420:1
Dentists	3,280:1			1,260:1	1,800:1
Mental health providers	1,640:1			310:1	440:1
Preventable hospital stays	<u>4,670</u>			2,765	4,702
Mammography screening	<u>45%</u>			49%	45%
Flu vaccinations	<u>52%</u>			52%	50%

Social & Economic Factors

38

High school graduation	89%		96%	86%
Some college	53%		49-57%	73%
Unemployment	4.5%		2.9%	4.6%
Children in poverty	22%		17-27%	11%
Income inequality	4.4		3.9-4.9	3.7
Children in single-parent households	33%		28-38%	20%
Social associations	13.1		21.9	11.5
Violent crime	169		63	351
Injury deaths	86		77-95	57

Physical Environment

71

Air pollution - particulate matter	 9.9		6.1	9.8
Drinking water violations	Yes			
Severe housing problems	14%		12-16%	9%
Driving alone to work	83%		82-85%	72%
Long commute - driving alone	30%		28-33%	15%

Conclusions from Other Statistical Data²⁶

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county-level information. The below chart compares Caldwell County and North Carolina statistics to the U.S. average, and lists the change since the last date of measurement.

FINDINGS: LIFE EXPECTANCY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	78.4	80.2	81.5	2495	+0.0
Male	73.5	75.4	76.7	2381	+5.3

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

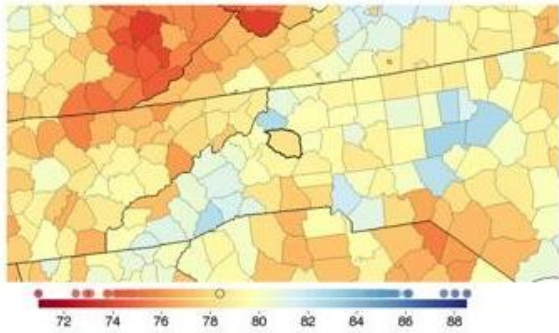
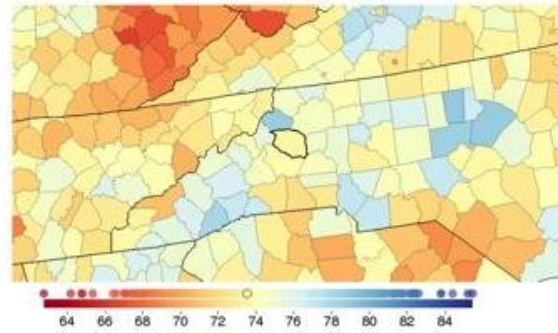


Fig. 2: Male life expectancy, 2014



FINDINGS: ALL-CAUSE MORTALITY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	857.5	725.0	667.8	2580	+10.3
Male	1184.9	1011.0	930.1	2474	-18.5

rate per 100,000 population, age-standardized, 2014

Fig. 3: Female all-cause mortality, 2014

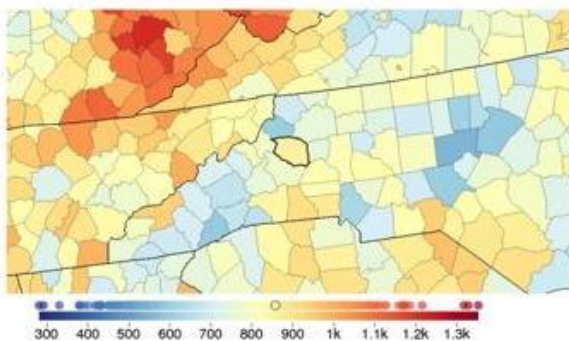
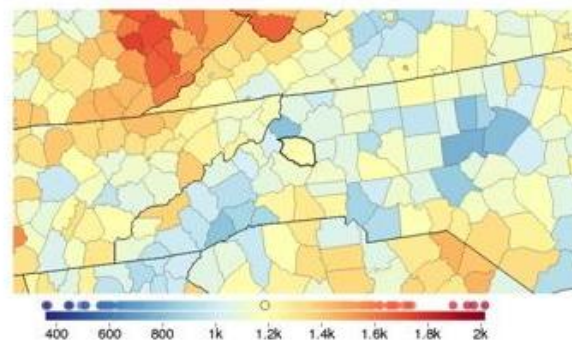


Fig. 4: Male all-cause mortality, 2014



²⁶ <http://www.healthdata.org/us-county-profiles>

FINDINGS: ISCHEMIC HEART DISEASE

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	139.3	114.8	124.9	1766	-41.2
Male	220.8	185.5	191.5	1866	-53.1

rate per 100,000 population, age-standardized, 2014

Fig. 5: Female ischemic heart disease, 2014

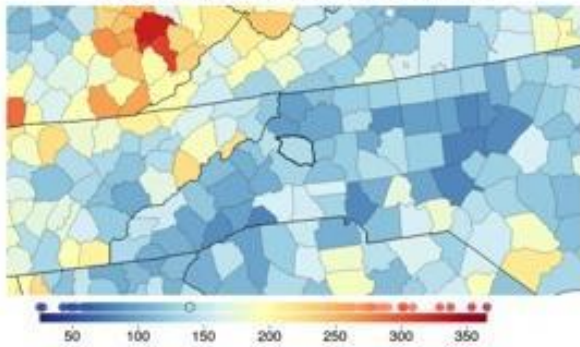
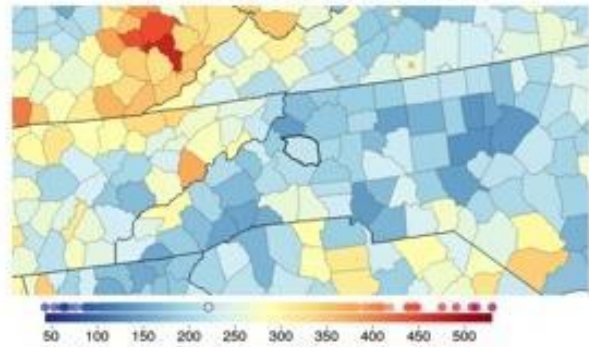


Fig. 6: Male ischemic heart disease, 2014



FINDINGS: CEREBROVASCULAR DISEASE (STROKE)

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	65.6	55.4	47.4	2740	-9.9
Male	69.2	57.5	48.8	2837	-38.8

rate per 100,000 population, age-standardized, 2014

Fig. 7: Female cerebrovascular disease (stroke), 2014

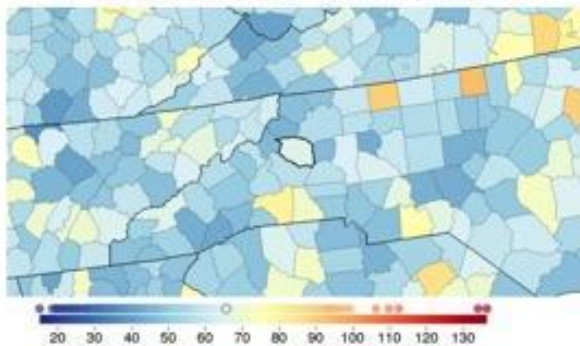
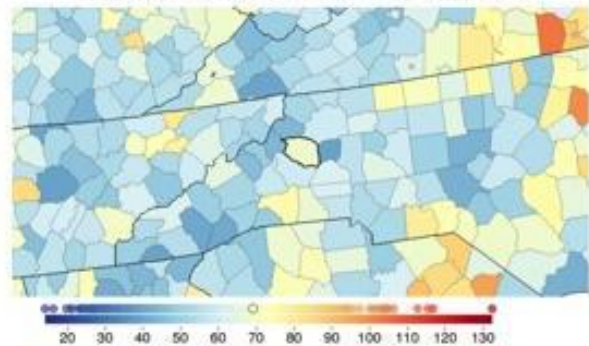


Fig. 8: Male cerebrovascular disease (stroke), 2014



FINDINGS: TRACHEAL, BRONCHUS, AND LUNG CANCER

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	61.3	47.3	43.8	2728	+179.0
Male	113.8	82.7	67.6	2798	-0.1

rate per 100,000 population, age-standardized, 2014

Fig. 9: Female tracheal, bronchus, and lung cancer, 2014

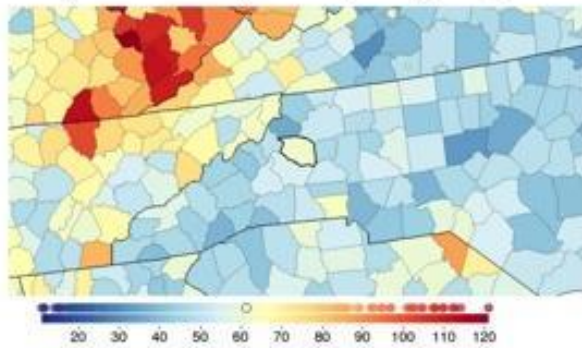
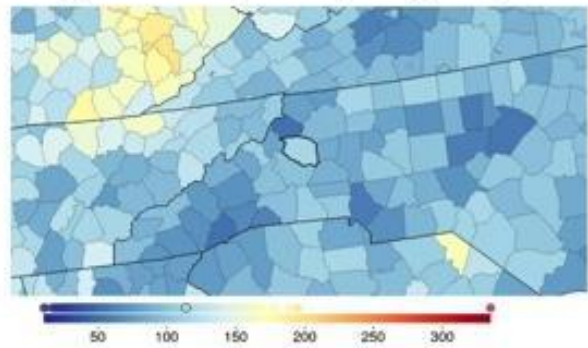


Fig. 10: Male tracheal, bronchus, and lung cancer, 2014



FINDINGS: BREAST CANCER

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	25.3	26.6	25.9	1401	-8.9
Male	0.3	0.4	0.3	2141	-6.3

rate per 100,000 population, age-standardized, 2014

Fig. 11: Female breast cancer, 2014

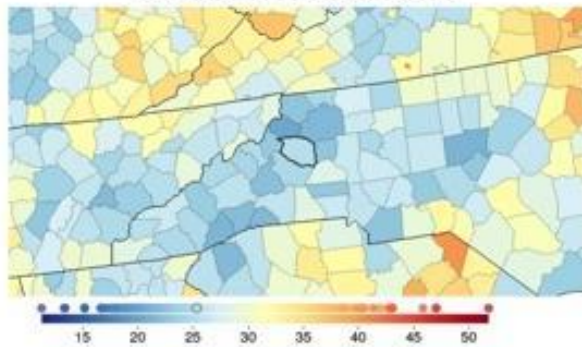
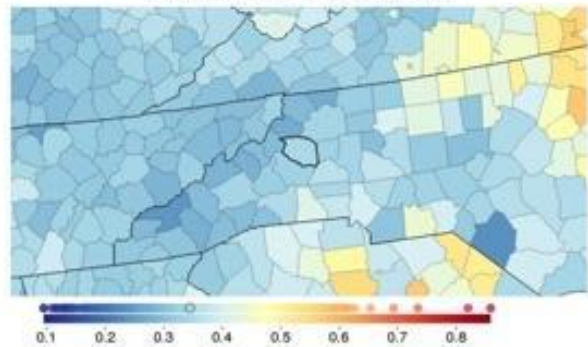


Fig. 12: Male breast cancer, 2014



FINDINGS: MALIGNANT SKIN MELANOMA

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	2.3	2.0	1.9	2208	+0.6
Male	5.6	4.8	4.5	2349	+39.3

rate per 100,000 population, age-standardized, 2014

Fig. 13: Female malignant skin melanoma, 2014

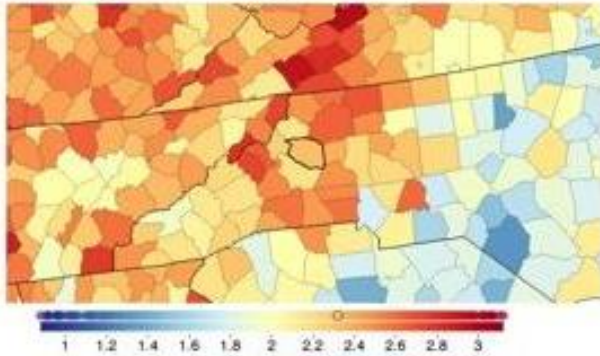
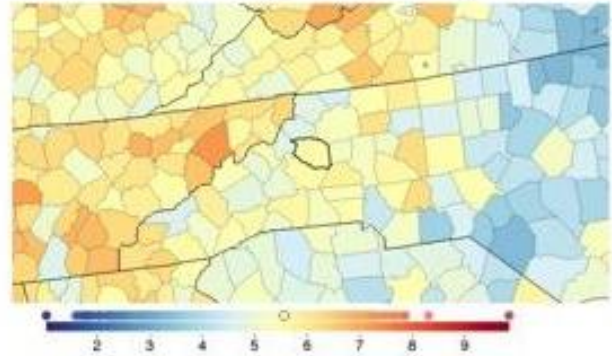


Fig. 14: Male malignant skin melanoma, 2014



FINDINGS: DIABETES, UROGENITAL, BLOOD, AND ENDOCRINE DISEASES MORTALITY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	59.0	57.6	49.6	1862	+27.6
Male	75.7	71.4	63.8	2101	+18.1

rate per 100,000 population, age-standardized, 2014

Fig. 15: Female diabetes, urogenital, blood, and endocrine diseases mortality, 2014

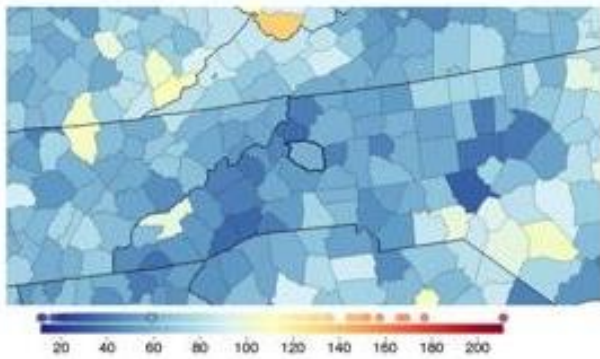
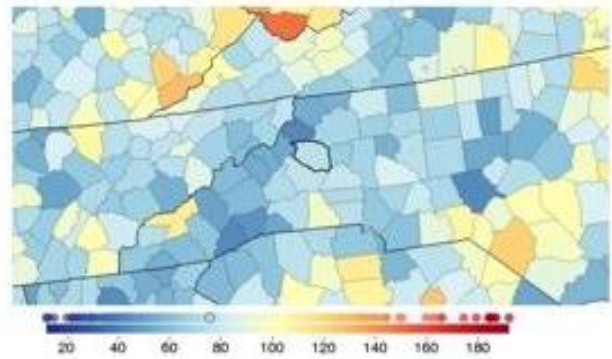


Fig. 16: Male diabetes, urogenital, blood, and endocrine diseases mortality, 2014



FINDINGS: SELF-HARM AND INTERPERSONAL VIOLENCE MORTALITY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	14.2	9.9	9.0	2844	+26.0
Male	38.6	32.2	30.9	2260	-9.7

rate per 100,000 population, age-standardized, 2014

Fig. 17: Female self-harm and interpersonal violence mortality, 2014

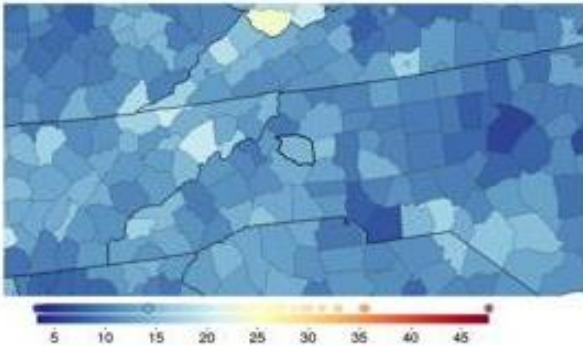
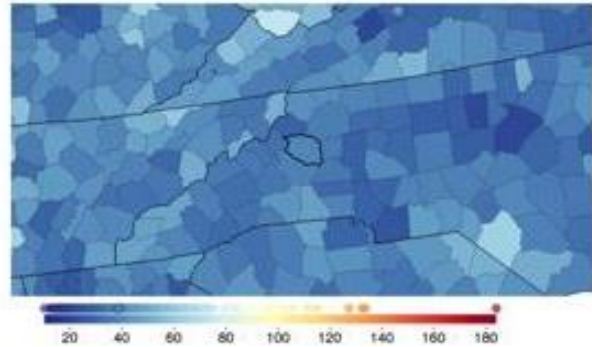


Fig. 18: Male self-harm and interpersonal violence mortality, 2014



FINDINGS: TRANSPORT INJURIES MORTALITY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	10.2	10.1	8.1	842	-28.6
Male	27.0	24.8	19.8	1186	-30.0

rate per 100,000 population, age-standardized, 2014

Fig. 19: Female transport injuries mortality, 2014

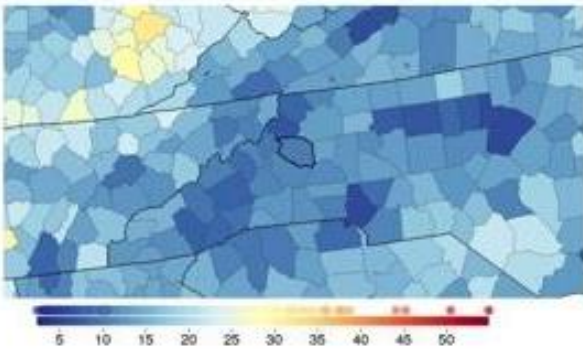
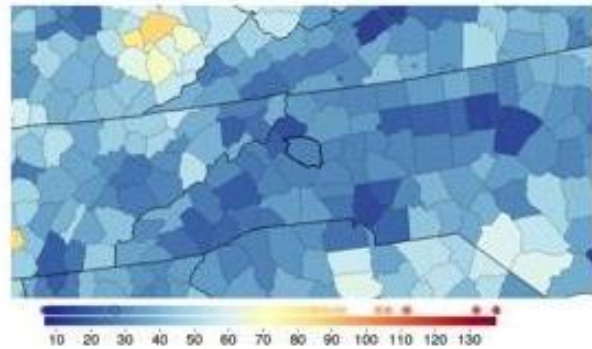


Fig. 20: Male transport injuries mortality, 2014



FINDINGS: MENTAL AND SUBSTANCE USE DISORDERS MORTALITY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	14.0	8.1	8.2	2724	+759.0
Male	20.7	17.5	18.7	2270	+180.5

rate per 100,000 population, age-standardized, 2014

Fig. 21: Female mental and substance use disorders mortality, 2014

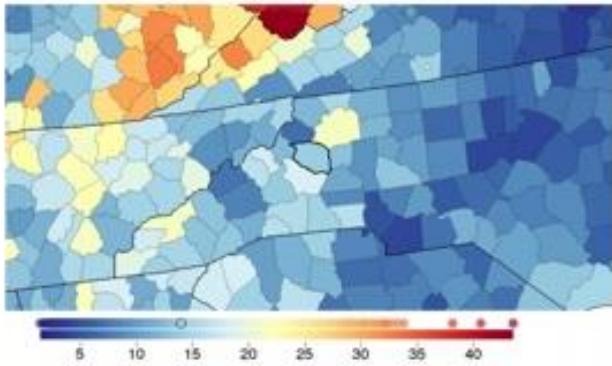
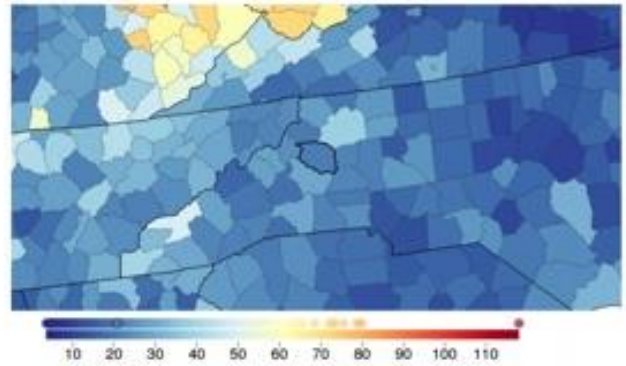


Fig. 22: Male mental and substance use disorders mortality, 2014



FINDINGS: CIRRHOSIS AND OTHER CHRONIC LIVER DISEASES MORTALITY

Sex	Caldwell County	North Carolina	National	National rank	% change 1980-2014
Female	14.6	12.2	11.8	2231	+64.9
Male	30.5	23.2	22.2	2615	+31.1

rate per 100,000 population, age-standardized, 2014

Fig. 23: Female cirrhosis and other chronic liver diseases mortality, 2014

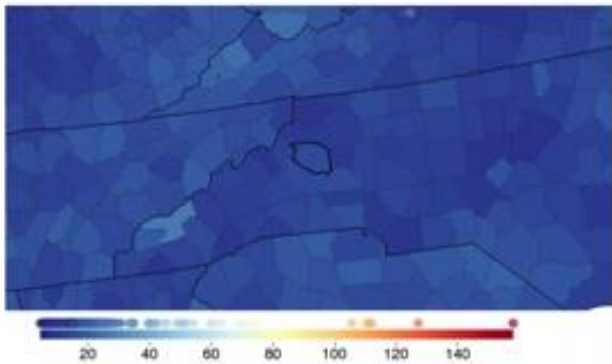
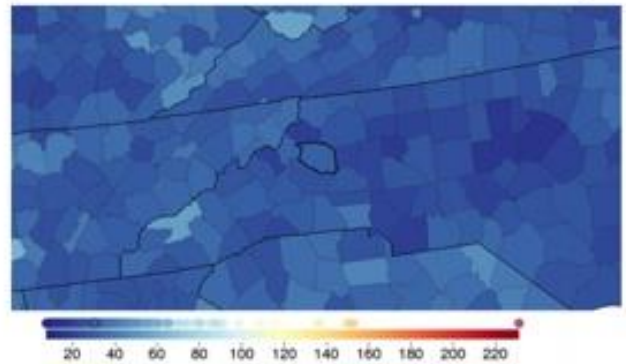


Fig. 24: Male cirrhosis and other chronic liver diseases mortality, 2014



FINDINGS: HEAVY DRINKING

Sex	Caldwell County	North Carolina	National	National rank	% change 2005-2012
Female	3.8	5.0	6.7	869	+38.8
Male	7.8	8.4	9.9	483	+33.5

prevalence (%), age-standardized, 2012

Fig. 25: Female heavy drinking, 2012

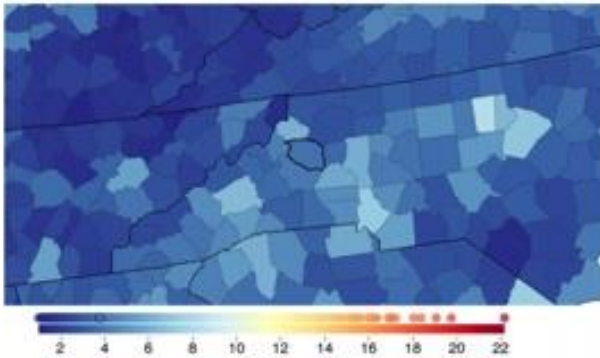
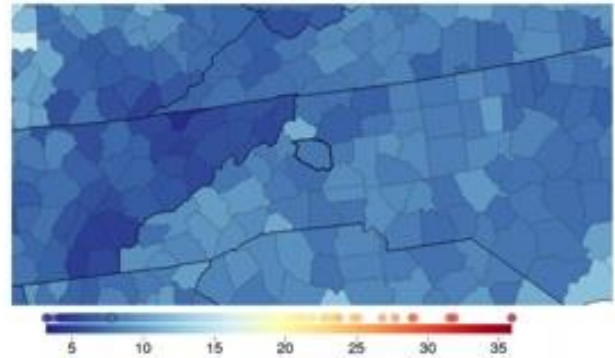


Fig. 26: Male heavy drinking, 2012



FINDINGS: BINGE DRINKING

Sex	Caldwell County	North Carolina	National	National rank	% change 2002-2012
Female	7.2	8.8	12.4	646	+51.4
Male	18.2	20.4	24.5	411	+21.6

prevalence (%), age-standardized, 2012

Fig. 27: Female binge drinking, 2012

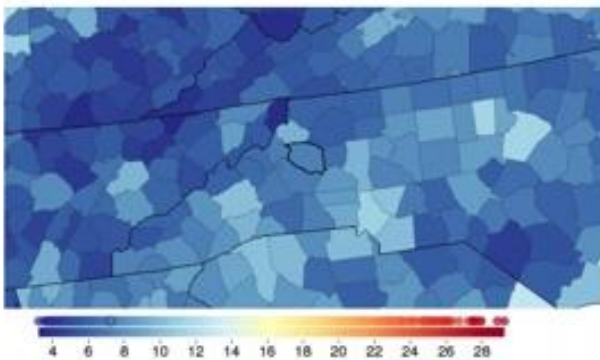
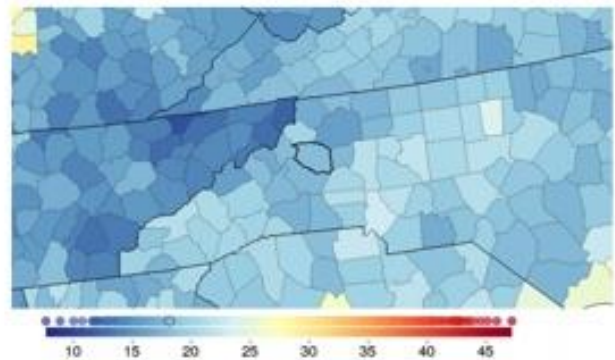


Fig. 28: Male binge drinking, 2012



FINDINGS: SMOKING

Sex	Caldwell County	North Carolina	National	National rank	% change 1996-2012
Female	25.3	19.5	17.9	2543	-6.4
Male	29.8	23.6	22.2	2642	-13.8

prevalence (%), age-standardized, 2012

Fig. 29: Female smoking, 2012

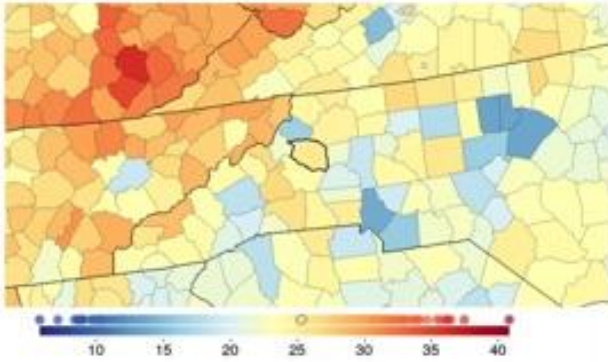
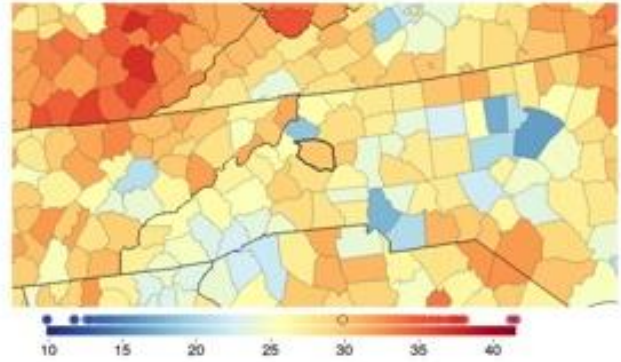


Fig. 30: Male smoking, 2012



FINDINGS: OBESITY

Sex	Caldwell County	North Carolina	National	National rank	% change 2001-2011
Female	37.6	38.6	36.1	1329	+25.6
Male	37.8	34.9	33.8	1731	+30.9

prevalence (%), age-standardized, 2011

Fig. 31: Female obesity, 2011

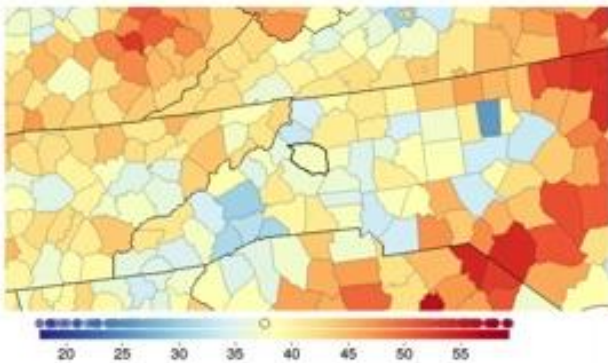
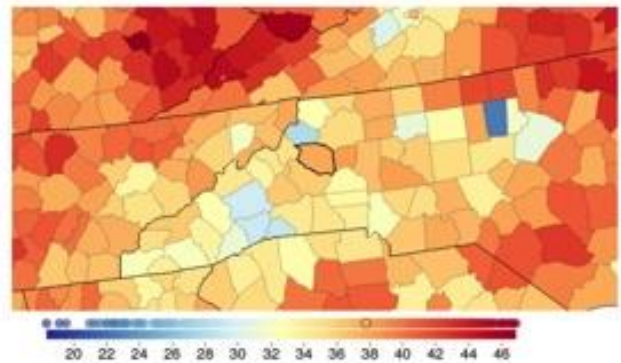


Fig. 32: Male obesity, 2011



FINDINGS: RECOMMENDED PHYSICAL ACTIVITY

Sex	Caldwell County	North Carolina	National	National rank	% change 2001-2011
Female	46.9	48.2	52.6	2072	+27.4
Male	51.9	54.3	56.3	1883	-1.4

prevalence (%), age-standardized, 2011

Fig. 33: Female recommended physical activity, 2011

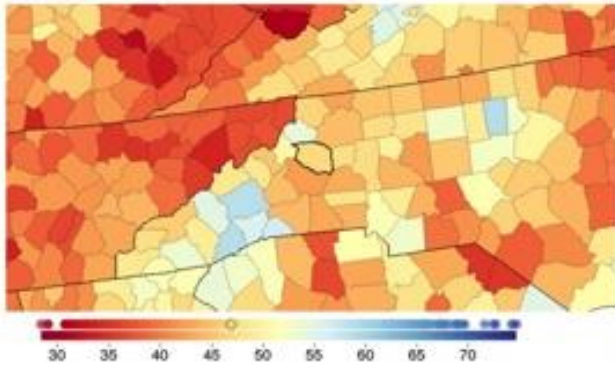
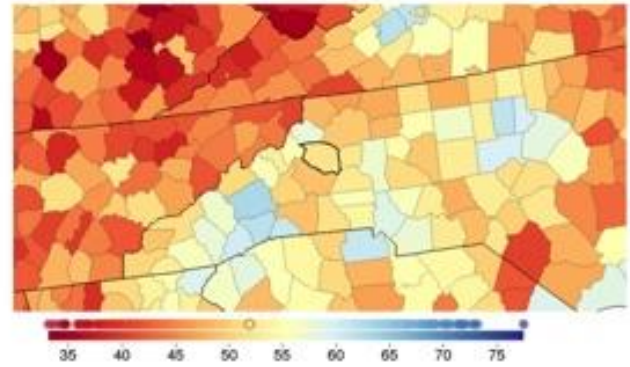


Fig. 34: Male recommended physical activity, 2011



Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

"Community health improvement services" means activities or programs that are purely carried out in order to improve the overall health of the community. These services aren't intended to create revenue from inpatient or patient work, although there may be a nominal patient fee or sliding scale fee for these services.

"Community benefit operations" means:

- *Procedure that are related to the Community Health Needs Assessment*
- *The organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit Standard is a test carried about by the IRS to determine if the organization is truly operating as a charitable organization. This test looks for improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. IRS requirements that are ranked within the test include:

- Operating an emergency room open to all, regardless of ability to pay
 - a. A hospital that does not operate a full-time emergency room is not fulfilling the community's need for emergency health care and therefore may not be operating for the benefit of the community. Operating an emergency room that's not open to everyone, regardless of ability to pay, indicates the hospital is not operating for the benefit of the community since a significant segment of the community is not being served
- Maintaining a board of directors drawn from the community
 - a. Members of the hospital medical or administrative staff or their representatives may serve on a governing body of the hospital also composed of members of the community. However, control of the governing body by the members of the hospital medical or administrative staff or their representatives indicates that the hospital may be serving private interests rather than public interests and therefore not providing a community benefit
- Maintaining an open medical staff policy
 - a. A hospital that restricts its medical staff privileges to a limited group of physicians is likely to be operating for the private benefit of the staff physicians rather than for the public interest

- Providing hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicaid and Medicare
- Using surplus funds to improve facilities, equipment, and patient care, advance medical training, education, and research
 - a. Using its surplus funds to improve the quality of patient care, facilities and equipment, the hospital is operating in furtherance of its exempt purposes.
- Additionally, by using surplus funds to advance its medical training, education, and research programs, a hospital is promoting the health of the community advance medical training, education, and research

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting included:

- \$22,848,594²⁷

²⁷ Responds to IRS Schedule h (Form 990) Part I 7 k

IMPLEMENTATION STRATEGY

Significant Health Needs

We determined the health needs that need to be addressed by Caldwell Memorial Hospital based on the community survey and feedback from the focus group²⁸. The follow approach to address the needs include:

- Identifying the rank of each identified Significant Need
- Creates a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies Caldwell UNC Health Care's current efforts responding to the need including any written comments received regarding prior CMH implementation actions
- Establishes the Implementation Strategy programs and resources CMH will devote to attempt to achieve improvements
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need

In general, Caldwell UNC Health Care is the major hospital in the service area. CMH is a 110-bed, acute care medical facility located in Lenoir, North Carolina. We are staffed for 80 patients and the census is around 75 patients. The next closest facilities are outside the service area and include:

- Blue Ridge Healthcare Valdese: Connelly Springs, NC; 15 miles (28 minutes)
- Blue Ridge Healthcare: Morganton, NC; 18 miles (37 minutes)
- Frye Regional Medical Center: Hickory, NC; 19 miles (36 minutes)
- Catawba Valley Medical Center: Hickory, NC; 26 miles (45 minutes)

²⁸ Response to IRS Schedule h (Form 990) Part V B 3 e

-
- **#1 – Substance Abuse – Drug and Alcohol Abuse were ranked the top two significant needs on the Community Based Survey**
-

Public comments received on previously adopted 2017 implementation strategy:

There was not a separate implementation strategy developed in 2017.

Caldwell UNC Health Care services, programs, and resources available to respond to the need include²⁹:

- Caldwell UNC Health Care provide lockboxes for patients and family members so that they can secure home medications to prevent misuse or diversion. This is a collaborative program with RHA.
- Caldwell UNC Health Care launched an Opioid Stewardship Program in August 2019 which will limit the number of oral opiates dispensed following surgical procedures by an estimated 30%.
- The Caldwell UNC Health Care emergency department is participating in a UNCHS opioid stewardship program to reduce the number of opioids dispensed following emergency department visits.
- Caldwell UNC Health Care is participating in a UNCHS initiative to improve the inpatient treatment of inpatients undergoing acute ethanol withdrawal.
- All licensed medical providers on staff at Caldwell UNC Health Care are required to complete training in opioid prescribing per the North Carolina STOP Act.

Additionally, Caldwell UNC Health Care plans to take the following steps to address this need

- Caldwell UNC Health Care is currently constructing Jonas Hill Behavioral Health Pavilion which will open in the summer of 2020. Jonas Hill will provide inpatient and outpatient behavioral health services but will also treat patients with dual diagnoses of behavioral health illness and substance abuse. Approximately 30% or more of behavioral health patients carry dual diagnoses of behavioral illness and substance abuse.

Anticipated results from Caldwell UNC Health Care strategy:

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation strategy does not address
1. Available to the public and serves low income consumers	Yes	
2. Reduces Barriers to access services (if ceased would increase access problems)	Yes	
3. Addresses disparities in health status among different populations (Priority Populations)		No
4. Enhances public health activities	Yes	
5. Improves ability to withstand public health emergency		No

²⁹ This section in each need for which the hospital plans an implementation strategy responds to Schedule h (Form 990) Part V Section B 3 c

6. Otherwise would become responsibility of government or another tax-exempt organization	Yes	
7. Increases knowledge; then benefits the public	Yes	

Other local resources identified during the CHNA process that are believed available to respond to this need:³⁰

Organization	Contact Name	Contact Information
RHA Mobile Crisis Line-emergencies		888-573-1006
RHA-appointments		828-394-5563
Caldwell Halfway House for Men- Alcohol and substance abuse counselling and support		828-754-5148
Hidden Springs Counseling Center		828-572-1636
Bethel Colony of Mercy		828-754-3781
For information on 12 step programs in Caldwell County		828-754-5184 888-671-1262

³⁰ This section in each need for which the hospital plans an implementation strategy responds to Schedule h (form 990) Part V Section B 3 c and Schedule h (Form 990) Part V Section B 11

-
- **#2 - Mental Illness– 2014 & 2017 Significant Need; Suicide is #10 leading cause of death and higher than expected when compared to US**
-

Public comments received on previously adopted 2017 implementation strategy:

- The hospital has been proactive with addressing the concerns of the community and implementing realistic strategies.
- I think that the hospital has taken great strides in the implementation of addressing Mental Health through Jonas Hill, the ED expansion, and the recruitment of staff that is trained in Behavioral Health is a large advancement in the correct direction to address the needs of Mental Illness and Substance abuse in our community.
- Access to treatment facilities is an important step. Also think the renovation of the ED to include beds/private areas for children and families experiencing mental illness is important.
- 2020 - In house Mental Health & Substance facility - Jonas Hill. Great Job addressing need for this new facility
- The hospital took significant action in responding to the need within the community for these services. Between the Jonas Hill project and the ED expansion the hospital has exhausted a great deal of resources to provide these services.
- Jonas Hill is a much need facility. Will this be available to all ages? There needs to be some kind of adolescent Mental Health advancement
- It is clear Caldwell has invested significantly in treating mental health acute care.
- Allocation of bed in the Emergency Department. Having someone who is specifically trained to assess Mental Health in the ED. Start of Jonas house has been amazing.
- Having an open ER / ED for MI patients.
- Much needed.
- By building an on campus Psychiatric facility, Jonas Hill, patients who are having a psychiatric crisis, substance abuse problems, or anything related to Mental Illness, will now have a place to be treated in our community. In the past, patients would've had to drive to other cities to receive the health care they needed. The ED renovation is also a huge plus for the community. By having a specific area for individuals who are having a psychiatric emergency to be treated by mental healthcare providers is a huge benefit for the community.

Caldwell UNC Health Care services, programs, and resources available to respond to the need include³¹:

- In October 2017, CMH secured an Administrative Service Line Director for Psychiatry, Women & Children. Responsible for overall clinical leadership and strategic direction of our new psychiatric services, the Service Line Director will actively engage and foster relationships with local, regional and state behavioral health partners remaining well informed of governmental regulations, compliance requirements, managed care administration, payment trends, and innovations within the service line. Overall responsible for the opening of our ED Zone 3 and our Jonas Hill Hospital & Clinic. She will utilize the content expert staff on the CMH Psychiatric Planning Team, especially regarding recruitment of needed psychiatric providers. Responsible for establishing and maintaining strong relationships with all related behavioral health community partners, department directors, physicians and providers while guiding a focused promotional plan. Responsible to analyze service line financial, quality, service and market share data.
- Employee Assistance Program available to employees and family members – five counseling sessions
- Outpatient depression screenings available at all clinics; including PHQ2 and PHQ9 screenings
- Collaboration with state – Medicaid funded local management entity (LME), Vaya Health, to provide mental health screens in Emergency Department
- Crisis Collaborative Team that meets every other month that includes UNC Health Care (administration, case management, emergency department, and nursing), local law enforcement agencies, Magistrate, VAYA Health, RHA Behavioral Health Services, and other community health stake holders
- Mental Health resource guide available at all clinics

³¹ This section in each need for which the hospital plans an implementation strategy responds to Schedule h (Form 990) Part V Section B 3 c

- Emergency Department renovation for 5 psychiatric rooms; including one adolescent room
- Qualified case management professional who assists with mental health screenings as well as placement of patients presenting with Mental Illness
- Partnering with Project Lazarus; regional collaboration; to battle prescription drug abuse
- Caldwell Memorial promotes the use of 'black boxes' to dispose of prescription medications and controlled substances
- System wide protocol for the use of Narcan
- All patients 12 years of age and older presenting to our ED and any patient admitted to an inpatient unit will be screened by nursing using the Columbia Suicide Severity Rating scale.
- Integration of LCSW into our outpatient case management model; able to provide psychiatric evaluations and short term cognitive behavioral therapy for referred patients from our primary care clinics, as well as, our women's / children's clinics.

Additionally, Caldwell UNC Health Care plans to take the following steps to address this need:

- Caldwell UNC Health Care: Comprehensive Behavioral Health Project Overview
 - a. Caldwell UNC Health Care is firmly positioned to create an innovative rural behavioral health program for Western NC. We will serve people in our community living with mental health conditions and their families. We will provide treatment, hope and healing. We plan to offer a holistic program of evidence-based psychiatric treatment, team based medical care, and education provided by engaging and dedicated professionals in a safe and healing environment. Working collaboratively with our local mental health partners, we will achieve the goal of making mental healthcare as routine, accessible, and understandable as physical healthcare.
- The new Jonas Hill Hospital & Clinic
 - a. In January 2019, with legislated funding from the NC Division of MH/DD/SAS, and generous funding from other private sources, Caldwell UNC Healthcare initiated expansion construction on our hospital campus of the new 18,684 square foot inpatient and outpatient behavioral health pavilion. Jonas Hill Hospital & Clinic will meet a critical need for increased rural inpatient psychiatric hospital beds and new psychiatric outpatient services in our community and region. It also represents UNC Health Care's **strong commitment to quality behavioral health services.**
- Jonas Hill Hospital & Clinic will include:
 - a. A new outpatient psychiatry clinic housing behavioral health clinicians and providers
 - b. A Family Centering Room
 - c. A Gathering Room for group therapy, peer support, family advocacy, and community education.
 - d. The new 27 bed adult inpatient Dorothea Dix Psychiatric Unit with an outdoor healing commons
- Our Psychiatric Planning Team secured Project Architect, Tim Knapp / Robin Washco of Clark Patterson & Lee, to plan an innovative behavioral health design. Construction drawings were completed November 6, 2018. David E. Looper & Company, our construction team, mobilized and began project construction March 2019. We anticipate completion / opening of the new inpatient adult psychiatric unit by the Summer of 2020, and the outpatient behavioral health clinic Winter of 2020.



Caldwell UNC Health Care evaluations of impacts of actions taken since the immediately preceding CHNA (2017):

- **Organizational Improvement:** Caldwell UNC Healthcare completed renovation and received DHSR approval to open our new Emergency Department **Zone 3** on August 15, 2019.
 - a. This Emergency Department expansion project creates a more dignified and safer location to care for medically stable patients presenting with an acute primary psychiatric emergency at risk of suicide or self-harming behavior. ED Zone 3 has five secure patient holding rooms, private showers and private bathrooms, activity room, and a staff workstation. This new therapeutic space will allow for diagnosing and treating mental illness and substance abuse disorders earlier and safer within our Emergency Department. Additionally, creating a more dignified patient and family centered care experience, ED Zone 3 has a separate private ligature resistant shower / bathroom, and separate private ligature safe ED patient secure holding suite for an adolescent and their family / guardian.
- **Patient Improvement:** Dignified, safe area within our Caldwell UNC Healthcare Emergency Department with access to a behavioral health expert team for earlier and safer intervention for acute psychiatric emergencies. We have hired full time ED behavioral health technicians to provide consistent therapeutic behavioral health care. This 1050 square foot Emergency Department expansion added new ligature safe renovations including cameras / monitors, access card readers, computers, specialized doors, ligature resistant furniture and fixtures, metal detection, nurse call and duress system, Vocera, telecom system, wayfinding signage, patient storage, and patient diversionary interventions.
- **Psychiatry Telecom site for our Emergency Department Zone 3:** We are actively exploring clinical options for full telemedicine / psychiatric consultations in our Emergency Department. ED telepsychiatry implementation targeted for February 2020.
- **Workers / Trainees Improved:** Crisis Prevention Institute Training for entire Emergency Department staff (nurses, behavioral health technicians, physician, nurse practitioners, case managers, security) continues with completion targeted by October 15, 2019.
- **Recruitment / Development of our Psychiatric Workforce:**
 - a. In late August 2019, Caldwell UNC HC has contracted a full-time employment model with Atrium Health as part of their new Western NC Regional Physician Collaborative. Atrium Health will provide a site based medical director for our developing psychiatric service line. Additionally, this contract will provide permanent full time inpatient psychiatric coverage for our Jonas Hill Hospital. Atrium Health will recruit and employ our two fulltime permanent psychiatrists and our two fulltime permanent mental health nurse practitioners. Jointly, our Caldwell UNC HC Behavioral Health Planning Team will have weekly touchpoints with our Atrium Health recruitment team to review all candidates. Additionally, we have internally secured our Director of Inpatient Psychiatric Nursing.
 - b. With active recruitment and addition of our on-site inpatient psychiatric team, our Behavioral Health Planning team continues to drive all planning, implementation and quality work in preparation for our scheduled July 2020 inpatient opening of Jonas Hill Hospital. The Jonas Hill Clinic will be opening October 2020 delivering integrative behavioral health services and outpatient psychiatric care.

Anticipated results from Caldwell UNC Health Care strategy:

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implantation strategy does not address
8. Available to the public and serves low income consumers	Yes	
9. Reduces Barriers to access services (if ceased would increase access problems)	Yes	
10. Addresses disparities in health status among different populations (Priority Populations)	Yes	
11. Enhances public health activities	Yes	

12. Improves ability to withstand public health emergency	Yes	
13. Otherwise would become responsibility of government or another tax-exempt organization	Yes	
14. Increases knowledge; then benefits the public	Yes	

Caldwell UNC Health Care anticipates collaborating with the following other facilities and organizations to address this need:

Organization	Contact Name	Contact Information
Caldwell C3 Comprehensive Care Center	Angela Norville	2414 Morganton LBVD., SW, Lenoir, NC 28645 (828)394-5563 https://rhahealthservices.org/caldwell-c3/
Caldwell County Project Lazarus	Anna Martin	https://www.facebook.com/CaldwellCountyProjectLazarus/
VAYA Health	Jesse Smathers Michael Beveridge	825 Wilksboro Blvd, Lenoir, NC (800)849-6127 https://www.vayahealth.com
UNC Healthcare System	Dr. Barbara-Anne Bybel Dr. Tony Lindsay Christian Lawson	101 Manning Dr, Chapel Hill, NC 27514 (984) 974-1000 www.unchealthcare.org
Lenoir Police Department	Captain Brett Phelps	1035 West Ave NW, Lenoir, NC, 28645 (828) 757-2100
Caldwell County Sheriff's Department	Captain Johnathon Kirby	2351 Morganton Blvd SW, Lenoir, NC 28645 (828) 754-1518 www.caldwellcountync.org/sheriff
Caldwell County Emergency Management	Dino DiBernado	www.caldwellcountync.org/emergency-management

Other local resources identified during the CHNA process that are believed available to respond to this need:³²

Organization	Contact Name	Contact Information
Caldwell County Social Services	Will Wakefield	2345 Morganton Blvd SW, Lenoir, NC 28645 (828) 426-8200 www.caldwellcountync.org/social-services
West Caldwell Health Council (FQHC)	Tom McCrary	Happy Valley Medical Center 1345 NC Highway 268, Lenoir, NC 28645 (828) 754-6850 Collettsville Medical Center 4330 Collettsville Rd, Collettsville, NC 28645 (828) 754-2409 www.westcaldwellhc.org
Caldwell County Health Department	Anna Martin	2345 Morganton Blvd SW, Lenoir, NC 28645 (828)426-8400 www.caldwellcountync.org/health-department
RHA Behavioral Health	Tracey Irvine	2415 Morganton Blvd SW, Lenoir, NC 28645 (828)394-5563 Rhahealthservices.org

³² This section in each need for which the hospital plans an implementation strategy responds to Schedule h (form 990) Part V Section B 3 c and Schedule h (Form 990) Part V Section B 11

- **#3 – Chronic Disease -**

Public Comments received on previously adopted 2017 implementation strategy:

- The hospital has been proactive with addressing the concerns of the community and implementing realistic strategies.
- I believe that education of chronic diseases and all that come with these disease as well as prevention is going to play a vital role.
- The cancer center is a great addition to Caldwell Co
- Caldwell Memorial was always been proactive with Chronic Disease
- Continue to educate people about Chronic Disease Community Resources available
- The hospital offers a lot of services to help manage chronic diseases. Greater community awareness is needed to better combat the issues that are persistent in the community.
- The implementation that was taken was a great stride forward, but we still need to add to the changes. Education could be a huge part of this
- Unsure of implementation
- The use of the intensity care manager is important for patients after they leave the hospital.
- Having education sessions
- Well done
- I think the implementation that the hospital took for the previous CHNA was awesome. Adding nutrition and diabetes services to additional primary care options have really benefitted my family.

Caldwell UNC Health Care services, programs, and resources available to respond to this need:

- Perform numerous screenings and track metrics in clinics to measure and address when statistics are above certain levels
- Patient-Centered Medical Home-Certified; Three provider practices
- Tracking metrics to improve operations / patient care:
 - a. ED utilization for patients
 - b. SNF readmissions
 - c. All-cause readmissions / per beneficiary cost per month for ACO patients
 - d. Measuring / Monitoring patient satisfaction and provision of patient education
- CHAMP Program; evaluates patients fall risk
- Provide smoking cessation assessment / counseling for inpatients and referring outpatients to Quest for Life
- Employee Track Clinic (hospital provided clinic to employees and family members) providers monitor chronic illness
 - a. Insurance premiums are offered as incentives for managing chronic diseases
- Recruiting specialized Oncology professionals
- Collaboration with the Quest for Life for a Wellness program provided to employees
- Diabetes and Nutrition services provided through the Quest for Life
- Urgent Care providers facilitate referrals for primary care physicians that are convenient for patients and physicians
- Annual Cancer screening day provided by McCreary Cancer Center – September 29
- CT screenings for Lung Cancer
- Providing free high school EKG Screenings / physicals
- All employees are required to receive a flu shot
- Provide reduced cost mammography and chest X-RAY interpretations for the health department

Additionally, Caldwell UNC Health Care plans to take the following steps to address this need:

Initial State - Plan to address need

- Assess population demographics
 - a. Ages 0-14 represent 18.7% of the population – 2020 focus area
 - b. Ages 35 – 54 represent 25.5% of the population – 2018 and 2019 focus area
- Facilitate specific steps to address top chronic disease outliers in the county. **Cancer, Heart Disease & Diabetes** among top 10 chronic diseases in Caldwell County
 - a. Care gap closure
 - i. 6 of 9 Adult metrics are tracked, measured and directly relate to:
 - ii. improve outcomes with preventative Cancer screenings
 - iii. improving risk of Heart Disease
 - iv. better Diabetes control
 - b. Team based care within clinics with resources to manage chronic disease

Measure Category	PCIC Measure	FY20 Goal (%)
Adult Clinical Quality (9)	Cervical Cancer Screening	82
	Colorectal Cancer Screening	80
	Controlling High Blood Pressure	75
	COPD Patients with MMRC ≥ 2 with Appropriate Treatment	14
	Depression Response	43
	Diabetes: A1c Poor Control >9.0	14
	Diabetes Eye Exam	70
	Influenza Immunization, Age 6 Months to Adult	77
	Statin Therapy for Patients with ASCVD (Moderate to High Dose)	83

- Community outreach and education
- Lean performance improvement initiatives for team to improve population metrics with chronic disease
- Current State Metric Snapshot
 - a. 6 / 8 metrics meeting goal
 - b. Continued focus on Colorectal Cancer Screening
 - c. Anticipated improved results during FY 20

- Care Gap Closure for Pediatric Community Need
- Fiscal Year 20
- Ages 0-14

of Practices Passing Measures and Gap to Goal

	Practices	Gap to Goal	Passing?
Cervical Cancer Screening	4/6	0	✓
Colorectal Cancer Screening	1/6	55	✗
Controlling High Blood Pressure	3/6	0	✓
COPD Patients with MMRC ≥ 2 with Appropriate Treatment	5/6	0	✓
Depression Response	1/6	54	✗
Diabetes: A1c Poor Control > 9.0%	4/6	0	✓
Diabetes: Eye Exam	2/6	0	✓
Statin Therapy for Patients with ASCVD (Moderate to High Dose)	4/6	0	✓

Caldwell UNC Health Care evaluation of impact of actions taken since the immediately preceding CMH (2017):

- CURRENT STATE RESOURCES WITHIN CALDWELL CLINICS TO RESPOND TO THIS NEED
 - a. Care Managers - performing health assessments during annual wellness visits
 - b. Quality Improvement coach
 - c. UNC population health team
 - d. Licensed Clinical Social Workers
 - e. Registered Dietician
 - f. Intensive Care Managers to work with high disease risk populations
 - g. Key staff focusing on consistent best practice alerts for closing care gaps for patients
- COMMUNITY OUTREACH TO IMPROVE WELLNESS
 - a. Community educational forums
 - b. Social media outreach
 - c. Measuring / Monitoring patient satisfaction and provision of patient education
 - d. CHAMP Program - evaluates patients fall risk
 - e. Provide smoking cessation assessment / counseling for inpatients and referring outpatients to Quest for Life
 - f. Insurance premiums are offered as incentives for managing chronic diseases
 - g. Collaboration with Quest for Life for a Wellness program provided to employees
 - h. Diabetes and Nutrition services provided through the Quest for Life
 - i. Urgent Care providers facilitate referrals for primary care physicians that are convenient for patients and physicians
 - j. CT screenings for Lung Cancer
 - k. Providing free high school EKG Screenings / physicals

Anticipated results from CHNA Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implantation strategy does not address
1. Available to the public and serves low income consumers	Yes	
2. Reduces Barriers to access services (if ceased would increase access problems)	Yes	
3. Addresses disparities in health status among different populations (Priority Populations)	Yes	
4. Enhances public health activities	Yes	
5. Improves ability to withstand public health emergency		Yes
6. Otherwise would become responsibility of government or another tax-exempt organization		Yes
7. Increases knowledge; then benefits the public	Yes	

Caldwell UNC Health Care anticipates collaborating with the following other facilities and organizations to address this significant need:

Organization	Contact Name	Contact Information
Caldwell Community College and Technical Institute	Edward Terry	2855 Hickory Blvd, Hudson, NC 28638 (828)726-2200 www.cccti.edu
Caldwell County Health Department	Joshua Swift	2345 Morganton Blvd SW, Lenoir, NC 28645 (828)426-8400 www.caldwellcountync.org/health-department
UNC Healthcare System	Will Arey	101 Manning Dr, Chapel Hill, NC 27514 (984) 974-1000 www.unchealthcare.org
Local Employers		
Helping Hands Clinic	John Francis	810 Harper Ave NW, Lenoir, NC 28645 (828) 745-8565 www.helpinghandsclinic.org
Caldwell County Physicians Network	Rocky Brooks	Caldwellmemorial.org/physicians
West Caldwell Health Council (FQHC)	Tom McCrary	Happy Valley Medical Center 1345 NC Highway 268, Lenoir, NC 28645 (828) 754-6850 Collettsville Medical Center 4330 Collettsville Rd, Collettsville, NC 28645 (828) 754-2409 www.westcaldwellhc.org
Caldwell County School District	Libby Brown	1914 Hickory Blvd., SW, Lenoir, NC 28645 (828)728-8407

		www.caldwellschoold.com
Dr. Dy (Cross River Cardiology)	Paula Brisco	639 Pennton Ave SW, Lenoir, NC 28645 (828)572-0778 www.crossrivercardiology.com
Caldwell County Emergency	Ed Anderson	www.caldwellcountync.org/emergency-management
McCreary Cancer Center	Tim Rote	212 Mulberry St SW, Lenoir, NC 28645 (828)759-4960 https://unclineberger.org/patientcare/caldwell

-
- **#4 – Obesity – 2017 Significant Need; 30% of individuals who took the Community Based Survey were diagnosed with Obesity by a healthcare professional**
-

Public Comments received on previously adopted 2017 implementation strategy:

There was not a separate implementation strategy developed in 2017.

Additionally, Caldwell UNC Health Care plans to take the following steps to address this need:

Because Obesity is also a Chronic Disease, we are choosing not to develop a separate implementation strategy for this need at this time.

Federal classification of why Caldwell UNC Health Care may not develop an Implementation Strategy for this Need

1. Resource Restraints	
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	X

-
- **#5 - Cancer – 2017 Significant Need; #2 Leading Cause of Death and higher than expected compared to US**
-

Public Comments received on previously adopted 2017 implementation strategy

- Would be great to see screenings on dermatology
- The hospital has been proactive with addressing the concerns of the community and implementing realistic strategies.
- The McCreary cancer center/wig bank is a great resource. There needs to be more education on screening/prevention.
- The cancer center is a great addition to Caldwell Co
- Technology improvement to add to facility and also to renovate the McCreary Cancer Center
- The hospital offers an impressive array of services for the size of community that we have. Good collaboration with other organizations, especially with the UNC Health System.
- The Wig Bank and McCreary Cancer Center are gifts to Caldwell County. Both of these entities fight Cancer for community members
- Caldwell and UNC have continued to do lots of work to address Cancer
- The opening of the granite Laurel Park for breast cancer screenings has been a huge improvement
- Having the Wig Bank and the cancer center
- Well done
- The Wig Bank and McCreary Cancer Center are blessings to this community. I believe that Caldwell County has done an amazing job to address the needs of Cancer patients along with their family members.

Caldwell UNC Health Care services, programs, and resources available to respond to this need:

- Numerous screenings available for patients to measure / address when levels are above normal; breast cancer screenings, colorectal cancer screenings, cervical cancer screenings, and tobacco screening / cessation assistance
- CT screening for lung cancer
- Collaborating with Health Department to provide low cost mammography / chest X-Ray
- Annual Cancer Screening Day with McCreary Cancer Center – September 29
- Professional specialized Oncology staff members
- Smoking Cessation Assessments / counseling for inpatients and outpatient refers to Quest for Life
- Medical / Radiation oncology, surgical services, and infusion therapy provided locally
- Nutrition counseling, restorative YOGA, and outpatient OT available for cancer patients
- Partnering with Wig Bank for support groups / services for Cancer patients
- Participating with the American Cancer Society programs

Additionally, Caldwell UNC Health Care plans to take the following steps to address this need:

Because Cancer is also a Chronic Disease, we are choosing not to develop a separate implementation strategy for this need at this time.

Federal classification of why Caldwell UNC Health Care may not develop an Implementation Strategy for this Need

1. Resource Restraints	
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities / organizations / strategies in the community	X

Overall Community Need Statement and Priority Ranking Score/ Other Needs Identified

Significant needs where hospital developed implementation strategy³³

- **Substance Abuse (1)**
- **Mental Illness (2)**
- **Chronic Disease (3)**

Significant need where hospital did not create a separate implementation strategy³⁴

- **Obesity (4)**
- **Cancer (5)**

Other needs where hospital developed Implementation Strategy

- **None**

Other Needs Identified During CHNA Process

- **Smoking and Tobacco Use (6)**
- **Child Abuse (7)**
- **Domestic Abuse (8)**
- **Violent Behavior (9)**
- **Abusive / Violent Behavior (10)**
- **Suicide (11)**

³³ Responds to Schedule h (Form 990) Part V B 8

³⁴ Responds to Schedule h (Form 990) Part V B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Focus Group)

Caldwell Memorial Hospital solicited written comments about the 2017 CHNA.³⁵ 12 individuals responded to the request from comments. The information below are the responses to the solicitation efforts by the hospital. There were no unsolicited responses recorded.

1. Please indicate which characteristic applies to you.

	Yes (applies to me)
1) Public Health Expert	2
2) Department and Agencies	4
3) Priority Populations	2
4) Chronic Disease	1
5) Broad interest in community	3
6) Other	
Answered Question	12
Skipped Question	0

Congress Defines “Priority Populations” to include:

- Racial / Ethnic Minority Group
- Low – Income
- Women
- Children
- Older Adults
- Residents in Rural Areas
- Individuals with special needs or disabilities
- Lesbian Gay Bisexual Transsexual Queer (LGBTQ)

2. Do any of these populations exist in our Community (Caldwell County)? If so, do they have any unique needs that should be addressed?

- Low income, uninsured
- Latino, Black, LGBTQ, Women, Single Parent Families, Low Income, Under educated
- Low - Income / Poverty , Mental Health (Drug Abuse)

³⁵ Responds to IRS Schedule h (Form 990) Part V B 5

- Senior citizens, disabled
- LGBTQ, Elderly, Women / Children
- Elderly, Unemployed, Individuals with Substance Abuse Disorders, those with worse Socioeconomic Conditions
- Minorities, Women and Children (Young Adult age range - children aging out of Medicaid and grow into situation where insurance isn't available), parents who aren't working/unemployed (lack of preventative medicine)
- (minorities) / LGBTQ / women and children
- LGBTQ, Women, Children, Elderly individuals, minorities
- Minorities
- Women, Children, historically disadvantaged, minorities, individuals with special needs
- LGBTQ community members, minorities, women / children, elderly

In the 2017 CHNA, there were 5 Significant needs that were identified important:

- Mental Health & Substance Abuse**
- Chronic Disease**
- Obesity**
- Cancer**
- Heart Disease**

3. Should Caldwell Memorial continue to consider the 2017 Significant Health Needs as the most important health needs in the community?

	YES	NO
Mental Health & Substance Abuse	11	1
Chronic Disease	6	6
Obesity	8	4
Cancer	4	8
Heart Disease	3	9

4. Should the Hospital continue to allocate resources to help improve the needs identified in the 2017 CHNA?

	YES	NO
Mental Health & Substance Abuse	11	1
Chronic Disease	8	4
Obesity	8	4
Cancer	4	8
Heart Disease	3	9

5. Do you agree with the current Needs that have been identified in the Community based survey? Are there any additional needs you want to bring to our attention?

- Yes
- Yes. None.
- I believe and agree that the needs of our community are correctly and accurately represented. Education is going to be a huge determining factor in many of the above categories.
- The need for education/prevention vs. treatment focus

- e. I agree mental health is a large part and so is substance abuse
- f. I agree with the needs currently identified in the survey. One potential add could be transportation for health services.
- g. Yes, I agree with the needs addressed. I believe the availability to healthcare / transportation needs to be addressed
- h. Yes, Travel Issues relating to care needs to be considered
- i. None
- j. I believe that most of the significant needs in the community have been addressed.
- k. Yes. None.
- l. I believe most of the needs have been addressed with the current community health needs assessment. I believe that education about preventative medicine should be considered

6. Please share comments about keeping Mental Illness & Substance Abuse among the most significant needs for Caldwell Memorial to address.

- a. The need is still significant.
- b. Mental Illness and Substance Abuse I believe will always be a significant need for Caldwell County to address but I think that once Jonas Hill opens that this need will begin to be more able to be met and hopefully fully addressed as a community.
- c. Resources for families about recognizing substance abuse and where to go for help are needed. Education of students and families in middle and high school is desperately needed. Education about causes of mental illness since some issues identified as mental illness can be successfully mediated with intensive and supported behavior modification strategies.
- d. Very important Mental Health Needs factors down to younger family members also as a results of substance abuse - learned behavior
- e. This is still a need for the community as much of what has been planned for implementation has not been opened yet. There is still a lot of work to be done, not only in treating these areas, but in prevention as well.
- f. Educating in the high school better about what mental illness is and how to identify M.I., as well as, substance abuse
- g. The Opioid problem in the United States is very significant and cannot be ignored. Additionally, mental health issues for all ages continue to be a concern. I believe more can be done on an educational way or preventative.
- h. There is a high rate of mental health and substance abuse in our community. Lack of services which results in mental health crisis - which then involved law enforcement and ED because of the gap in services
- i. It's part of health care that we aren't addressing as a community
- j. Much needed
- k. Mental Illness & Substance abuse is important to address because most people battle or know someone who battles mental illness every day. There is such a stigma surrounding MI & SA that prevents people from getting the appropriate care. By having services readily available, maybe the stigma would go away
- l. It's important to keep Mental Illness and Substance Abused among the significant needs for the hospital to address because of rate of people effected. It is a national epidemic.

7. Please share comments or observations about the implementation that the hospital took in the previous CHNA to address Mental Health & Substance Abuse.

- a. The hospital has been proactive with addressing the concerns of the community and implementing realistic strategies.
- b. I think that the hospital has taken great strides in the implementation of addressing Mental Health through Jonas Hill, the ED expansion, and the recruitment of staff that is trained in Behavioral Health is a large advancement in the correct direction to address the needs of Mental Illness and Substance abuse in our community.
- c. Access to treatment facilities is an important step. Also think the renovation of the ED to include beds/private areas for children and families experiencing mental illness is important.
- d. 2020 - In house Mental Health & Substance facility - Jonas Hill. Great Job addressing need for this new facility

- e. The hospital took significant action in responding to the need within the community for these services. Between the Jonas Hill project and the ED expansion the hospital has exhausted a great deal of resources to provide these services.
- f. Jonas Hill is a much need facility. Will this be available to all ages? There needs to be some kind of adolescent Mental Health advancement
- g. It is clear Caldwell has invested significantly in treating mental health acute care.
- h. Allocation of bed in the Emergency Department. Having someone who is specifically trained to assess Mental Health in the ED. Start of Jonas house has been amazing.
- i. Having an open ER / ED for MI patients
- j. Much needed
- k. By building an on campus Psychiatric facility, Jonas Hill, patients who are having a psychiatric crisis, substance abuse problems, or anything related to Mental Illness, will now have a place to be treated in our community. In the past, patients would've had to drive to other cities to receive the health care they needed. The ED renovation is also a huge plus for the community. By having a specific area for individuals who are having a psychiatric emergency to be treated by mental healthcare providers is a huge benefit for the community.
- l. The Caldwell UNC Health Care team has been working tirelessly to address the needs patients who are suffering from Mental Illness and Substance Abuse. The opening on Jonas Hill will be a huge accomplishment for Caldwell County.

8. Please share comments about keeping Chronic Disease among the most significant needs for Caldwell Memorial to Address.

- a. The need is still significant.
- b. Chronic Disease as it relates to obesity and poor diet and nutrition is a very important need for our community and it will be for many years to come so I believe that it should stay on this most significant needs list.
- c. Chronic disease is a major result of unhealthy behaviors and lack of education/follow through by patients. Cancer, obesity and many health issues may be prevented through education and support. Nutritionists and dietitians are underutilized, especially during yearly physicals before problems arise.
- d. Continue to educate people about Chronic Disease community resources available
- e. This is still a significant need in the community, especially as it relates to obesity. Habits of people in the community are not changing at the pace it needs to be. Continued education is needed at all levels.
- f. Chronic Disease needs to continue to be a significant need because of the increase in diagnosis across the community.
- g. The burden of Chronic Diseases has only increased in the past 3 years, more is needed to be done in an educational and preventative manner.
- h. Help people to better manage health care is extremely important. Essentially when the chronic disease isn't managed well, there is a higher use of inappropriate resources from a medical standpoint. The patient has neglected their health and are now in a situation where they need more than they wouldn't if they would have managed it better
- i. This is important for the overall welfare/health of the community
- j. Important to the community
- k. Chronic Disease is important to keep as a significant need because of the rate at which individuals are being diagnosed. By not addressing Chronic Disease the overall welfare and health of the community would dwindle.
- l. Chronic Disease is significant need that patients underestimate. Preventative medicine and education are the most important tools when dealing with Chronic Illnesses / Diseases.

9. Please share comments or observations about the implementation that the hospital took in the previous CHNA to address Chronic Disease

- a. The hospital has been proactive with addressing the concerns of the community and implementing realistic strategies.
- b. I believe that education of chronic diseases and all that come with these disease as well as prevention is going to play a vital role.
- c. The cancer center is a great addition to Caldwell Co

- d. Continue to educate people about Chronic Disease Community Resources available
- e. The hospital offers a lot of services to help manage chronic diseases. Greater community awareness is needed to better combat the issues that are persistent in the community.
- f. The implementation that was taken was a great stride forward, but we still need to add to the changes. Education could be a huge part of this
- g. Unsure of implementation
- h. The use of the intensity care manager is important for patients after they leave the hospital.
- i. Having educations
- j. I think the implementation that the hospital took for the previous CHNA was awesome. Adding nutrition and diabetes services to additional primary care options has really benefitted my family.
- k. By bringing in an intensivist care manager to combat Chronic Disease is extremely important.
- l. Continuing to educate patients about their treatment and care action plan has been a huge role in battling Chronic Disease in Caldwell County. The hospital has always done a great job at this.

10. Please share comments about keeping Cancer among the most significant needs for Caldwell Memorial to address.

- a. Education/screenings
- b. There is a growing need for cancer education and screening.
- c. Cancer is a big problem in the community and will remain a large part of the community because it is mostly out of the control.
- d. Cancer supports for patients and family members is an important need. Prevention again, is an important consideration.
- e. Continue to educate community about the need to have screenings yearly to improve awareness
- f. Cancer care is hard to come by, especially in smaller communities. Between McCreary Cancer Center and the Wig Bank our community is able to help cancer patients as much as any small community could. Very proud of the services we offer and hope we continue that into the future.
- g. I agree with keeping this among the significant needs of community because cancer is something that needs to be addressed quickly and aggressively
- h. While Cancer is a serious issue for Caldwell, I am unsure what more Caldwell can do to prevent cancer or treat cancer. I think resources may be better used focusing on chronic diseases including obesity which are more root causes of cancer.
- i. The rate of cancer diagnosis is high - people in the community who have cancer that have transportation issues to travel far their access to care would suffer. Having the Cancer center and Wig Bank have decreased that barrier
- j. Cancer effects a large percentage of the community population
- k. Very important to the community
- l. It is important to keep Cancer as a significant need because by having preventative medicine available is extremely important in early detection.

11. Please share comments or observations about the implementation that the hospital took in the previous CHNA to address Cancer.

- a. It would be great to see screenings on dermatology
- b. The hospital has been proactive with addressing the concerns of the community and implementing realistic strategies.
- c. The McCreary cancer center/wig bank is a great resource. There needs to be more education on screening/prevention.
- d. The cancer center is a great addition to Caldwell Co
- e. Technology improvement to add to facility and also to renovate the McCreary Cancer Center
- f. The hospital offers an impressive array of services for the size of community that we have. Good collaboration with other organizations, especially with the UNC Health System.
- g. The Wig Bank and McCreary Cancer Center are gifts to Caldwell County. Both of these entities fight Cancer for community members
- h. Caldwell and UNC have continued to do lots of work to address Cancer
- i. the opening of the granite Laurel Park for breast cancer screenings has been a huge improvement
- j. Having the WigBank and the cancer center
- k. Well done

- I. The Wig Bank and McCreary Cancer Center are blessings to this community. I believe that Caldwell County has done an amazing job to address the needs of Cancer patients along with their family members.

12. After taking the community based survey and looking at the focus group questions, is there anything else you think is important for the Caldwell UNC Health Care team to review?

- a. No
- b. Community fairs, meeting groups, situational plans
- c. To provide explanations or definitions to the focus group on the various characteristic groups listed.
- d. I think that it is important for us to look meet the community where they are and be better able to fully understand their specific needs that we may be missing.
- e. Many of the chronic diseases in Caldwell County could be drastically improved through supports that are accessible and supported long-term such as insurance/Medicaid coverage for education about nutrition. Also, teaching families how to purchase and prepare healthy food for their families
- f. I like to idea regarding a community health day is a great idea
- g. No, great work.
- h. Having more education for younger generations about Mental Illness and Substance Abuse is extremely important
- i. Financial Resources to travel to Caldwell UNC for Care
- j. The biggest comment would be specific to the Caldwell county schools - for children and families to have the continuity of care and conversation between the care providers. Ex) if a student is seen in the ED for mental health - having some sort of support from the public schools (Having care at the hospital and school). Pediatric offices have a nurse case manager to have communication with schools to help remind students of appointments.
- k. Dental care for low income populations should be addressed.
- l. No

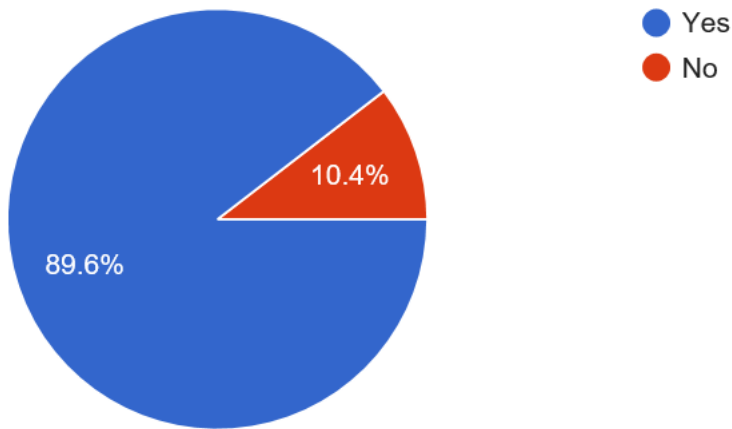
Appendix B –

Community Based Survey (Was also available in Spanish):

Caldwell Memorial Hospital distributed English / Spanish online links through email, social media, and on our website. In addition, hard copies were handed out at local pharmacies, businesses, community centers, clinics / urgent cares, and physician practices. In total, Caldwell Memorial Hospital had more than 780 Community Survey responses.

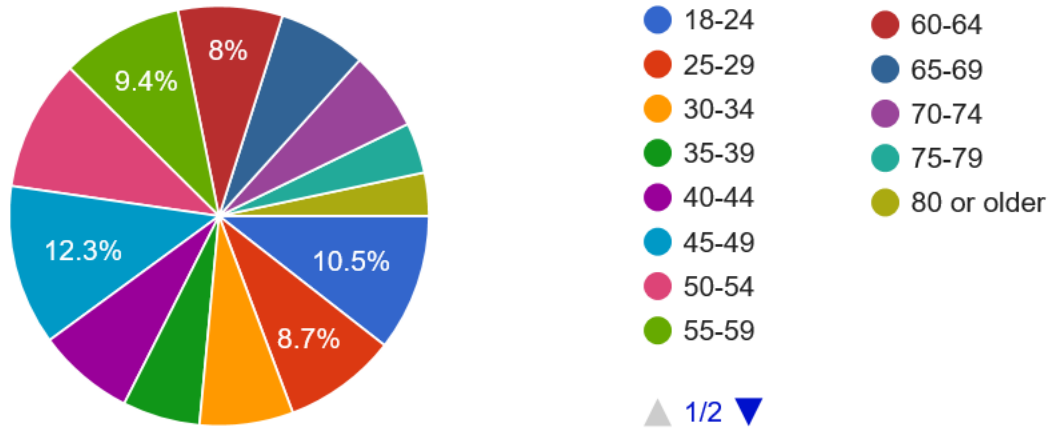
Do you live in Caldwell County?

796 responses



How old are you?

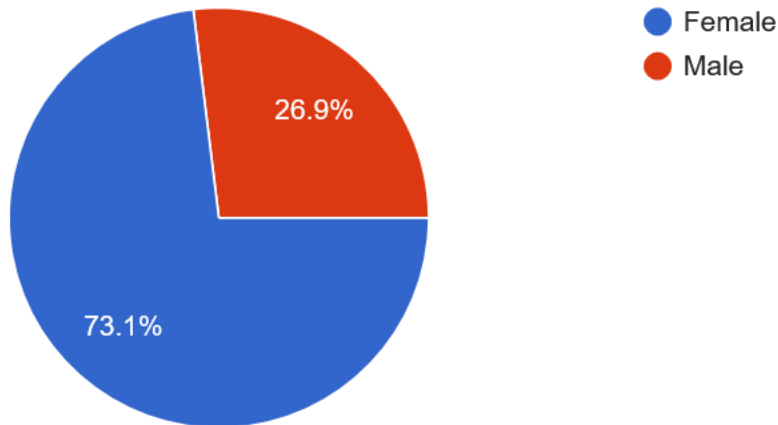
721 responses



- 18-24: 76 (10.5%)
- 25-29: 63 (8.7%)
- 30-34: 52 (7.2%)
- 35-39: 43 (6%)
- 40-44: 54 (7.5%)
- 45-49: 89 (12.3%)
- 50-54: 73 (10.1%)
- 55-59: 68 (9.4%)
- 60-64: 58 (8%)
- 65-69: 49 (6.8%)
- 70-74: 44 (6.1%)
- 75-79: 28 (3.9%)
- 80 or older: 24 (3.3%)

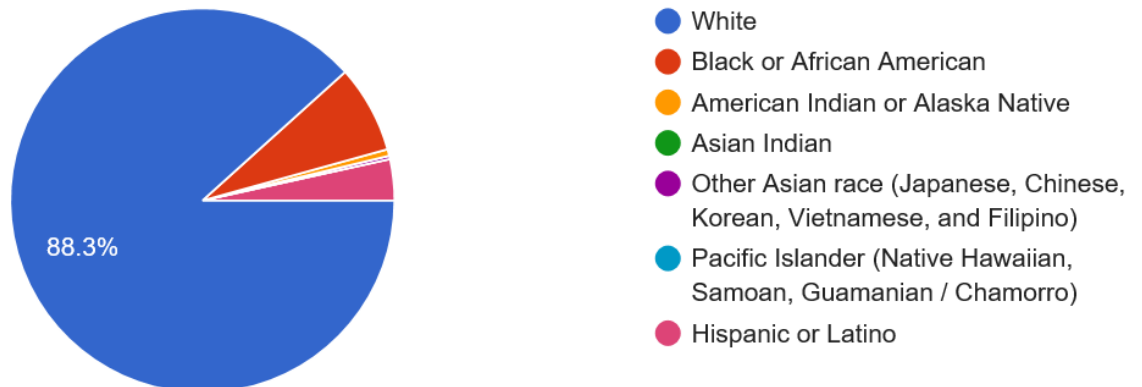
Do you identify as female, male, or other?

720 responses



What is your race?

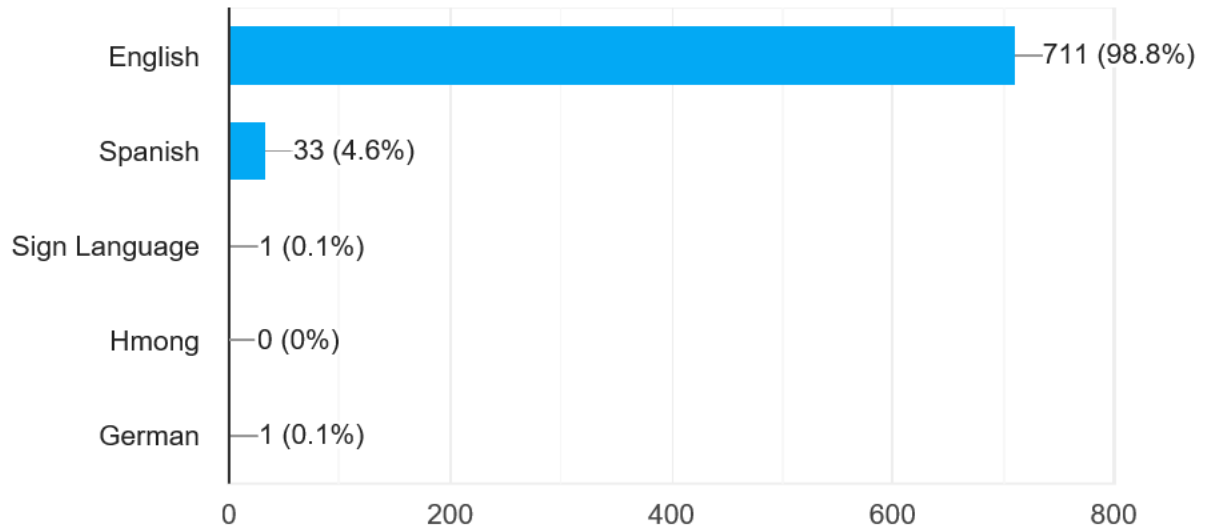
720 responses



- Hispanic or Latino: 24 (3.5%)
- Black or African American: 53 (7.4%)
- American Indian: 4 (.6%)
- Other Asian Race: 2 (.3%)

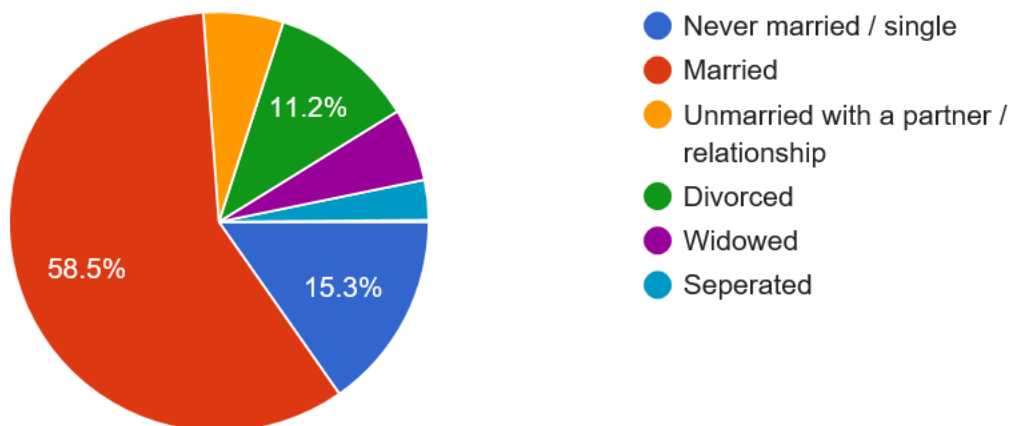
What language do you speak? (choose all that apply)

720 responses



What is your marital status?

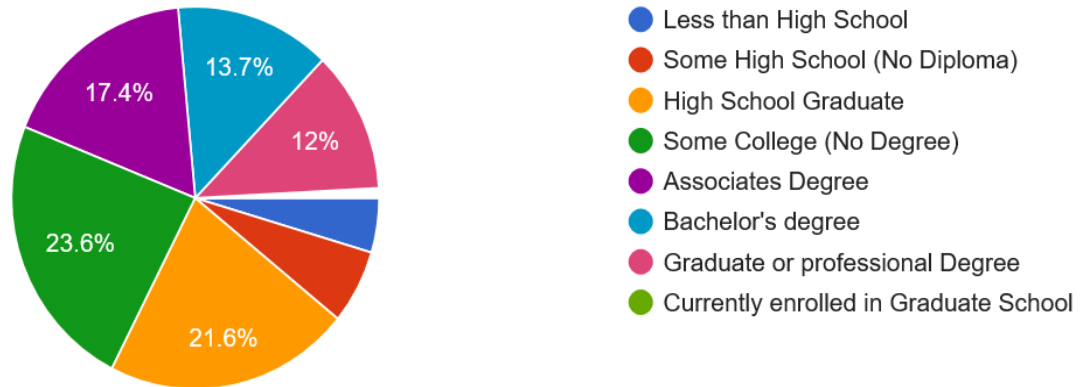
714 responses



- Never Married/Single: 110 (15.3%)
- Married: 418 (58.5%)
- Unmarried with Partner: 44 (6.2%)
- Divorced: 80 (11.2%)
- Widowed: 40 (5.6%)
- Separated: 22 (3.1%)

What is the highest level of schooling you received?

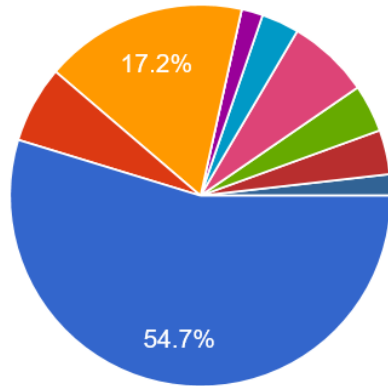
717 responses



- Less than High School: 33 (4.6%)
- Some High School (No Diploma): 45 (6.3%)
- High School Graduate: 155 (21.6%)
- Some College (No Degree): 169 (23.6%)
- Associates Degree: 125 (17.4%)
- Bachelor's Degree: 98 (13.8%)
- Graduate or Professional Degree: 86 (12%)

What is your employment status?

720 responses

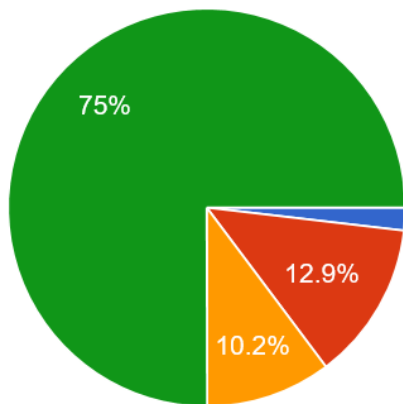


- Employed full-time
- Employed part-time
- Retired
- Armed Forces
- Unemployed for LESS than 1 year
- Unemployed for MORE than 1 year
- Disabled
- Student
- Homemaker
- Self-Employed

- Employed Full Time: 394 (54.7%)
- Employed Part Time: 47 (6.5%)
- Retired: 124 (17.2%)
- Armed Forces: 0
- Unemployed for LESS than 1 year: 13 (1.8%)
- Unemployed for MORE than 1 year: 23 (3.2%)
- Disabled: 50 (6.9%)
- Student: 29 (4%)
- Homemaker: 27 (3.7%)
- Self-employed: 13 (1.8%)

What is your Zip-code?

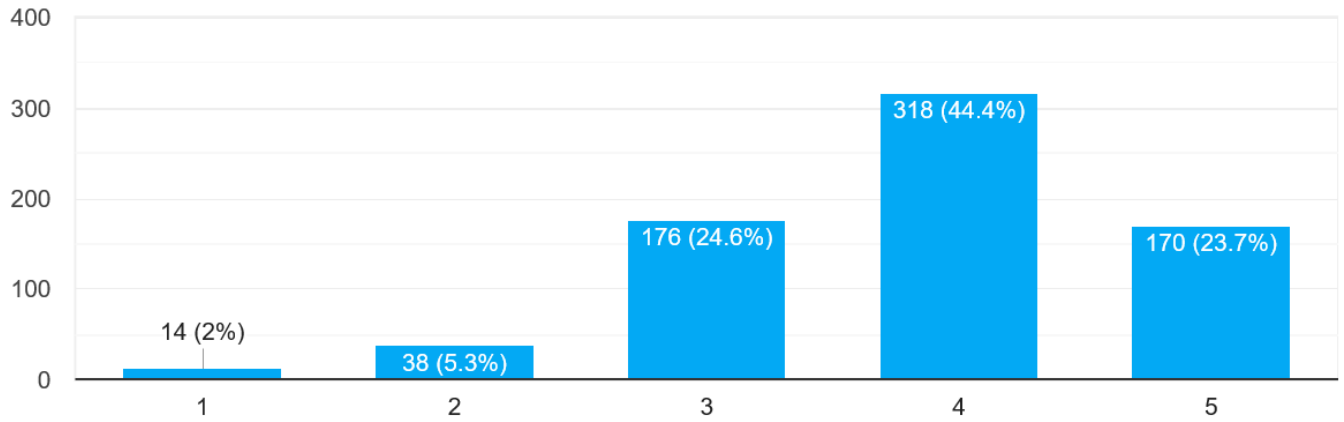
705 responses



- 28611 - Collettsville
- 28630 - Granite Falls
- 28638 - Hudson
- 28645 / 28633 - Lenoir

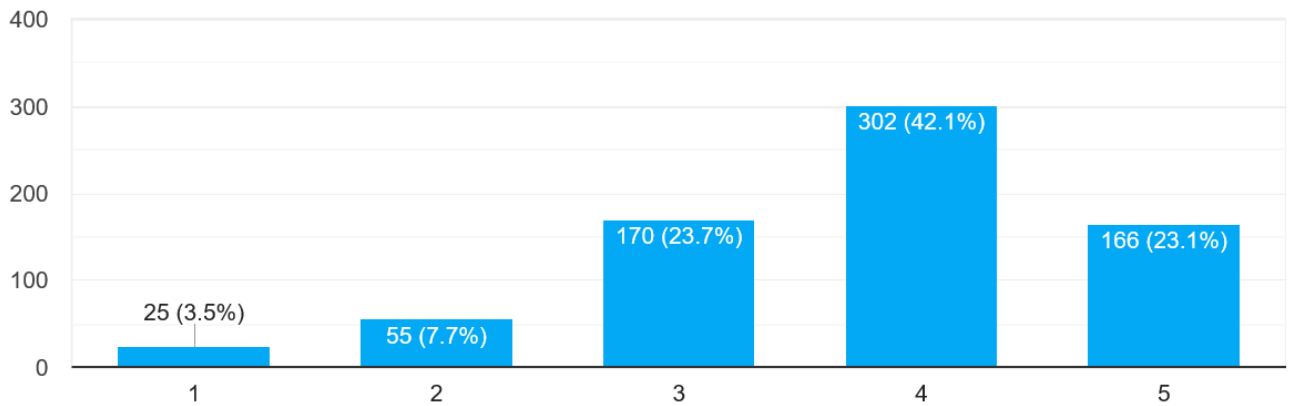
On a scale of 1 - 5, are you satisfied with the quality of life in our community?

716 responses



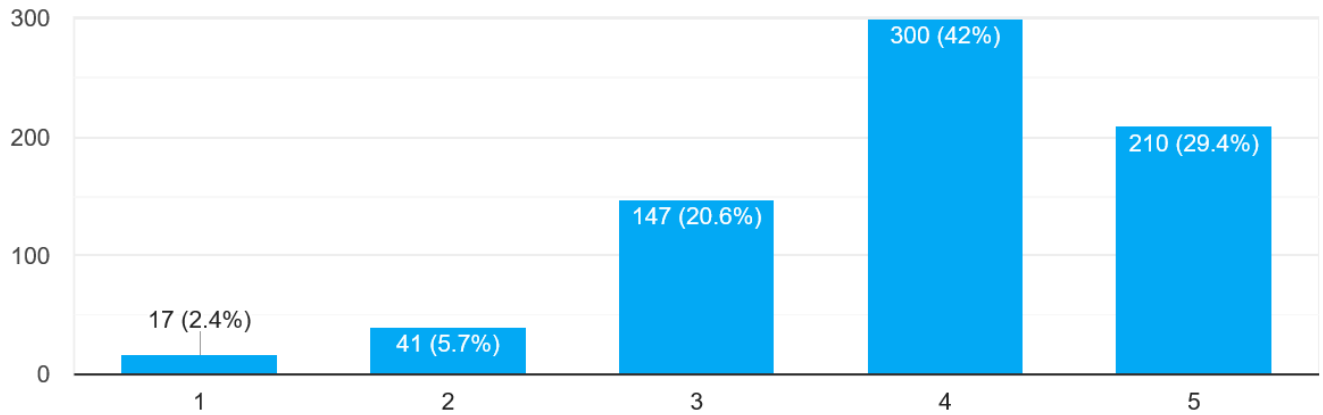
On a scale of 1 - 5, are you satisfied with the health care system in the community?

718 responses



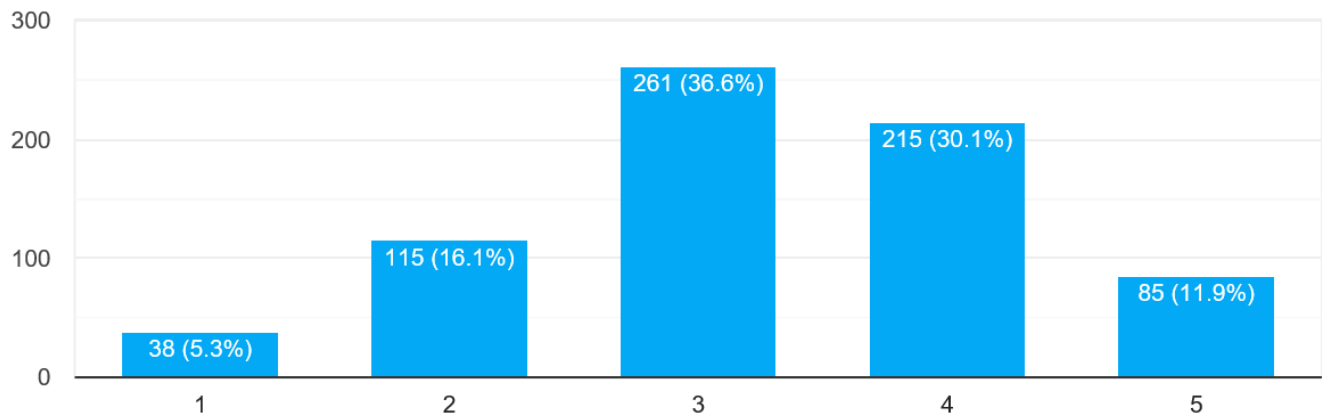
On a scale from 1 - 5, is Caldwell County a good place to raise children?

715 responses



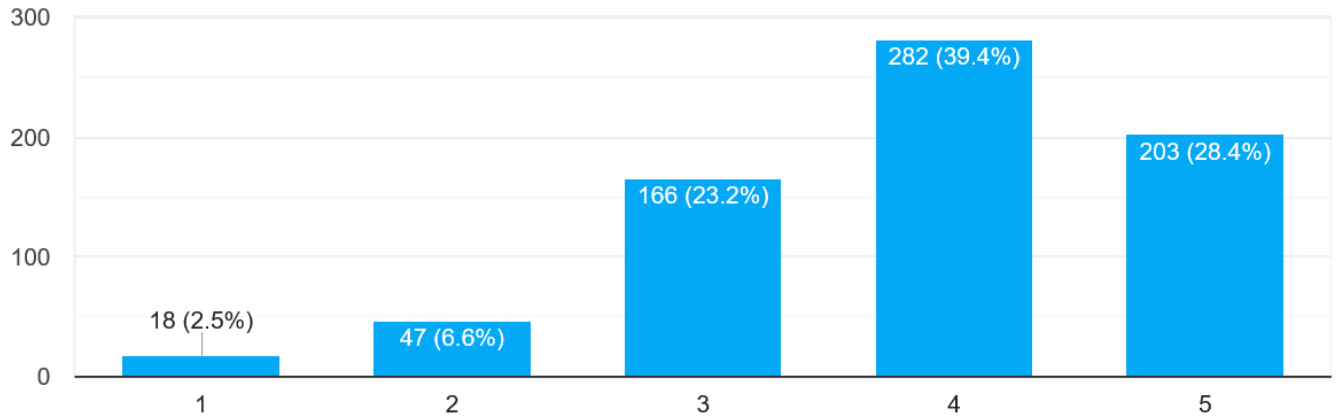
On a scale from 1 - 5, is there economic opportunity in the community?

714 responses



On a scale from 1 -5, is this community a good place to grow old?

716 responses



What issues have the greatest impact on your quality of life? (Top 3)

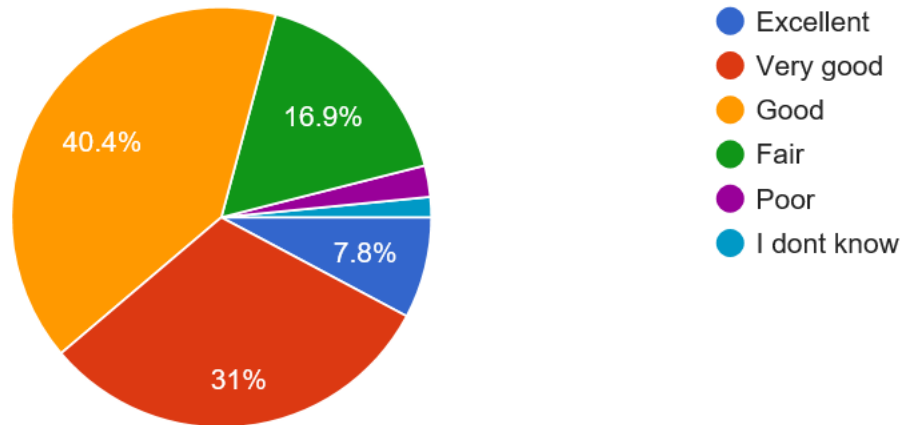
- Affordability of Health Services: 354 (52.9%)
 - Availability / Cost of Healthy Food Choices: 232 (34.7%)
 - Illegal Drugs: 207 (30.9%)
-

Which behavior / issue impacts the health of the community the most? (Top 3)

- Mental Illness / Substance Abuse
 - Obesity
 - Cancer
-

Your overall health is?

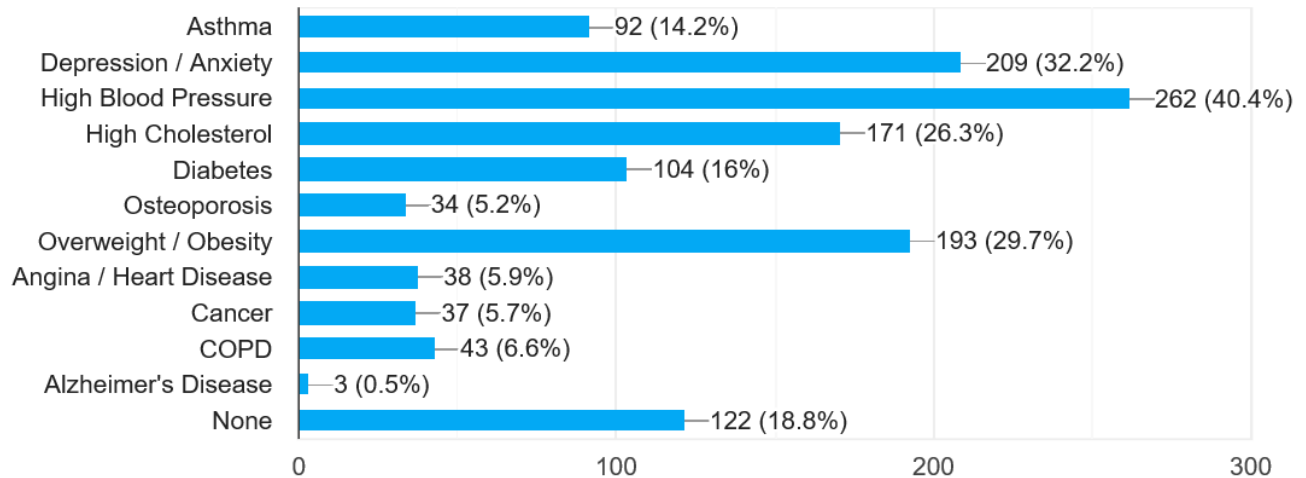
706 responses



- Excellent: 55 (7.8%)
- Very Good: 219 (31%)
- Good: 285 (40.4%)
- Fair: 119 (16.9%)
- Poor: 17 (2.4%)
- I Don't Know: 11 (1.6%)

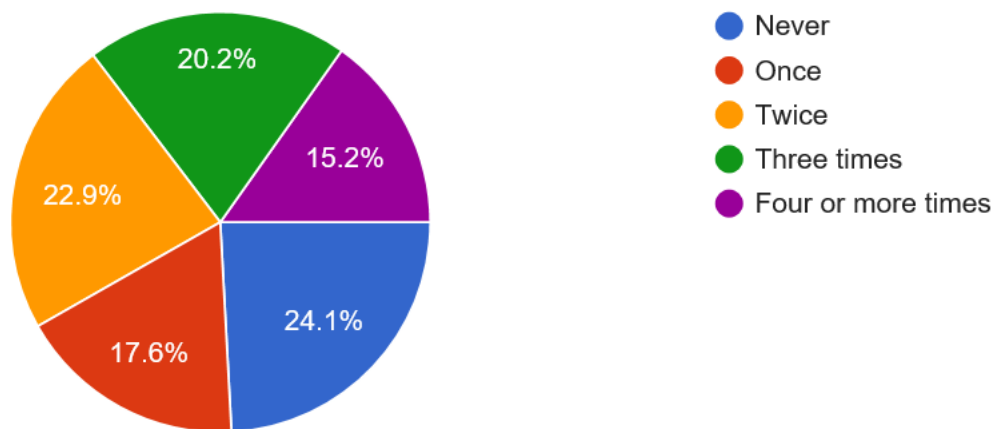
Select the health condition(s) that you have been diagnosed with by a HEALTH PROFESSIONAL.

649 responses



How many times do you exercise during a normal week?

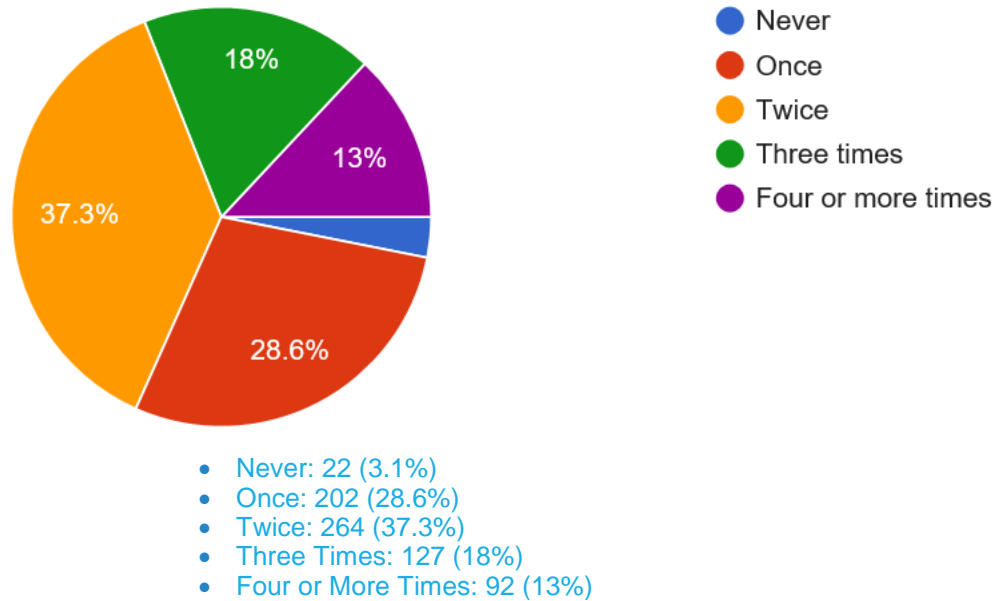
704 responses



- Never: 170 (24.1%)
- Once: 124 (17.6%)
- Twice: 161 (22.9%)
- Three Times: 142 (20.2%)
- Four or More Times: 107 (15.2%)

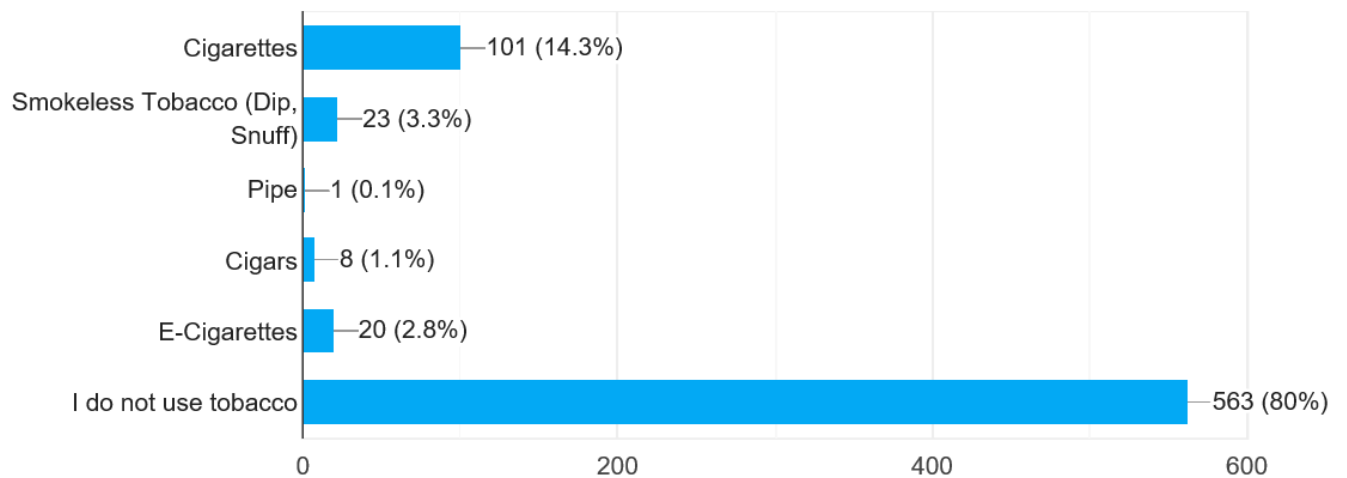
How many times do you eat fruits / vegetables per day?

707 responses



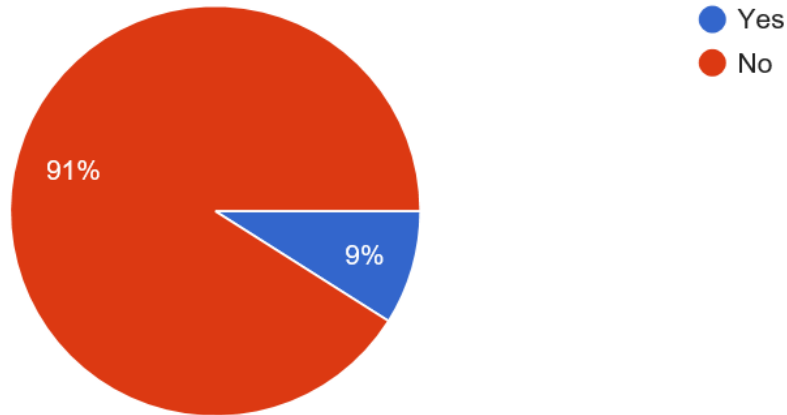
What types of tobacco products do you use?

704 responses



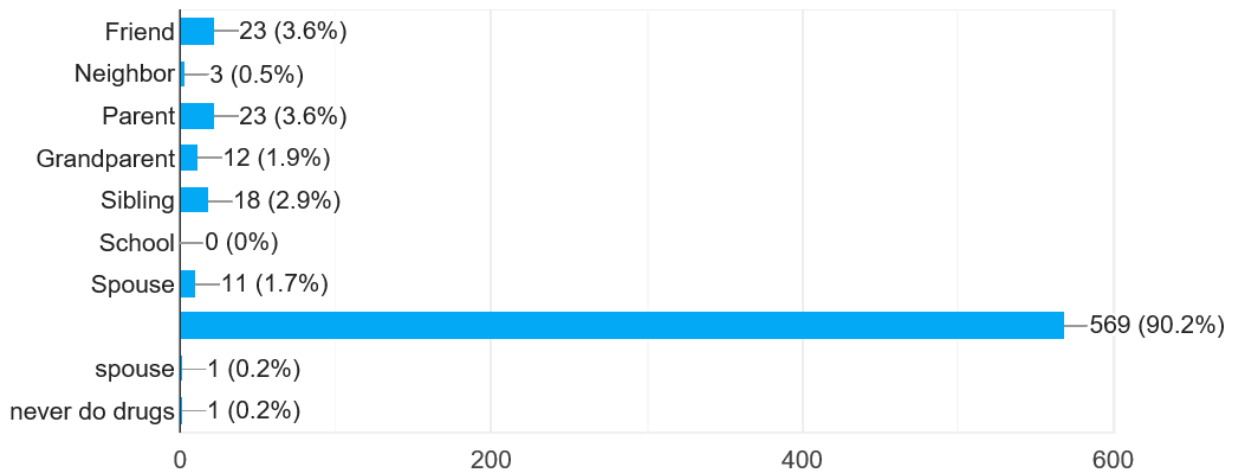
Have you taken a prescription drug that wasn't prescribed to you?

701 responses



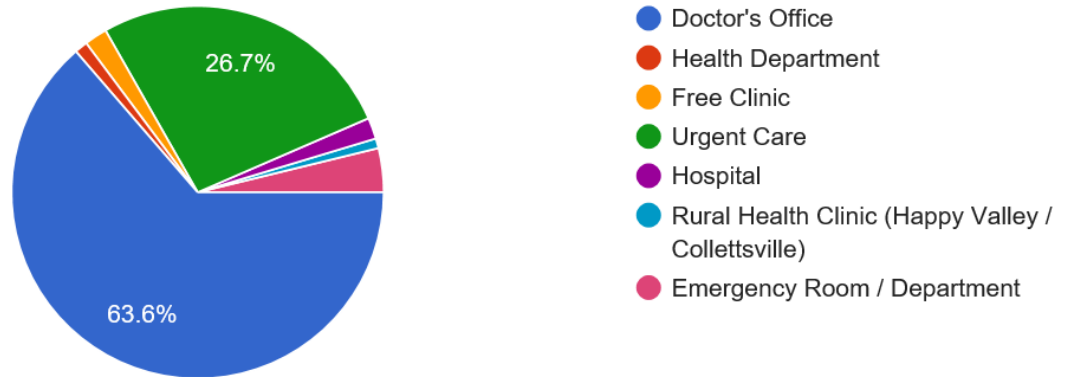
If you have taken a drug that wasn't prescribed to you where did you get it from?

631 responses



Where do you go when you are sick?

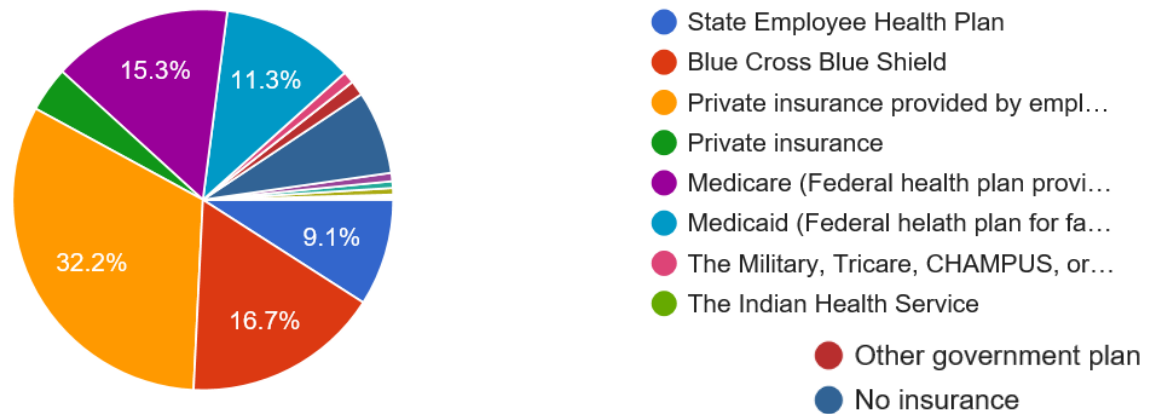
707 responses



- Doctor's Office: 450 (63.6%)
- Health Department: 8 (1.1%)
- Free Clinic: 14 (2%)
- Urgent Care: 189 (26.7%)
- Hospital: 13 (1.8%)
- Rural Health Clinic (Happy Valley / Collettsville): 6 (.8%)
- Emergency Room / Department: 27 (3.8%)

What is your primary health insurance plan?

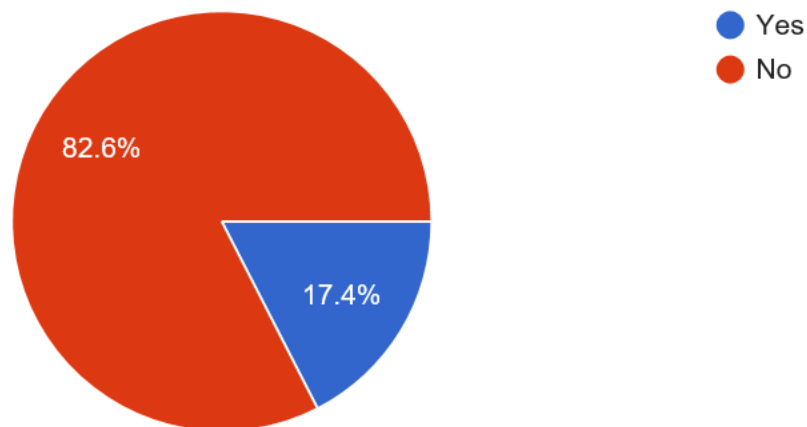
706 responses



- State Employee Health Plan: 64 (9.1%)
- Blue Cross Blue Shield: 118 (16.7%)
- Private insurance provided by employer: 227 (32.2%)
- Private insurance: 27 (3.8%)
- Medicare: 108 (15.3%)
- Medicaid: 80 (11.3%)
- The Military: 7 (1%)
- The Indian Health Service:
- Other Governmental Insurance: 9 (1.3%)
- No Insurance: 50 (7.1%)

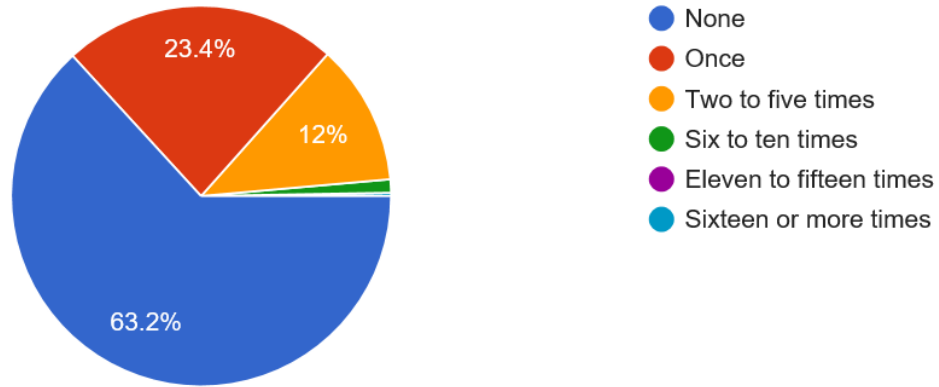
Did you or a family member have difficulty receiving health care from a health care provider over the past year?

705 responses



How many times have you used the emergency room over the past year?

709 responses



- None: 448 (63.2%)
- Once: 166 (23.4%)
- Two to Five Times: 85 (12%)
- Six to Ten Times: 8 (1.1%)
- Eleven to Fifteen Times: 0
- Sixteen or More Times: 2 (.3%)

What health care services to you find some valuable? (Top 3)

- Urgent Care
 - Preventative Care
 - Primary Care
-

What health care service(s) do we need to bring to Caldwell County that is not presently available? (Top 3)

- Dermatology
 - Mental Health
 - Endocrinology
-