

2023

Catawba County Community Health Assessment



catawba county
public health

January 2024

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Acknowledgements

The 2023 Community Health Assessment was facilitated by the Health Promotion and Strategy Team at Catawba County Public Health with support from our agency's Leadership Team. Extensive community engagement is foundational to our assessment process and results from meaningful partnerships with partner organizations and community residents.

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Special thanks to our entire Catawba County Public Health team for supporting and participating in the 2023 Community Health Assessment process. Our staff distributed Community Health Assessment surveys to patients and participants, engaged in Data Walks and learning sessions, provided perspective and feedback on key findings, and participated in coalition and community meetings throughout the assessment.



Since 2005, Catawba County Public Health has been the backbone organization and facilitator of LiveWell Catawba, a coalition committed to advancing collaborative efforts that address Catawba County's community health priorities. The coalition has cross-sector representation from local government, education, business, law enforcement, healthcare, faith communities, local non-profit and helping organizations, community and economic development organizations, and more.

Throughout the assessment process, we leveraged and built upon the existing partnerships and momentum built up through this coalition-based approach to community health development. Coalition meetings provided meaningful opportunities for partner organizations and community members to advise engagement activities, review data, provide critical perspectives on emerging trends, and help determine priorities. These partners were also critical in supporting data collection processes, especially in hosting Community Conversations and distributing the Community Health Assessment Survey. We are grateful for the continued support of all of our community partners and look forward to continuing our collective work of ensuring that all residents of Catawba County have the opportunity to live well.

COMMUNITY HEALTH ASSESSMENT PARTNERS

Adult Life Programs	Crossroads Counseling	NAACP - Hickory Chapter
ALFA	DirectNet	Newton Police Department
American Heart Association	Downtown Hickory Farmers Market	Newton-Conover City Schools
Carolina Caring	Eastern Catawba Cooperative Christian Ministry	Open Door Ministries
Catawba County Cooperative Extension	Exodus Homes	OutRight Youth
Catawba County Council on Aging	FaithHealth Catawba	PACE@Home
Catawba County Emergency Management	First United Methodist Church - Newton	Partners Health Management
Catawba County Government	Frye Regional Medical Center	Plaza Latina
Catawba County Library System	Greater Hickory Cooperative Christian Ministry	Rio Poderoso
Catawba County Partnership for Children	Greenway Transportation	Safe Harbor
Catawba County Schools	Habitat for Humanity of Catawba Valley	SafeKids Catawba County
Catawba County Sherriff's Office	Hartzell United Methodist Church	Salvation Army
Catawba County Social Services	Hickory Police Department	St. Stephen's Lutheran Church - ELCA
Catawba Valley Community College	Hickory Public Schools	Strong Life
Catawba Valley Health System	Hickory Soup Kitchen	The Chamber of Catawba County
Catawba Valley Healthcare	Hickory Young Professionals	The Cognitive Connection
Centro Latino	Kintegra Health	The Corner Table
Children's Resource Center	Lenoir-Rhyne University	Town of Catawba
City of Conover	Life Alliance Church	Town of Claremont
City of Hickory	Long View Faith Coalition	Town of Long View
City of Hickory Citizen's Advisory Committee	Long View Fire Department	Town of Maiden
City of Hickory Community Relations Committee	Long View Lions Club	United Arts Council of Catawba County
City of Hickory Library	Long View Police Department	United Way of Catawba County
City of Hickory Parks and Recreation	Maiden Police Department	West Hickory Senior Center
City of Newton	Maiden Sportsmen's Association	Western Piedmont Council of Governments
Council on Adolescents of Catawba County	Meadow Ridge Church	Word of Life Church
	Morning Star First Baptist Church	



Executive Summary

VISION STATEMENT

The Community Health Assessment process advances Catawba County Public Health’s vision of leading the way to a healthier community by engaging partner organizations and residents to better understand community needs, identify opportunities for action, and build relationships around shared goals. The Community Health Assessment provides critical clarity around priorities that is directly informed by the community, strengthening opportunities for collaboration and engagement as we work to improve health and well-being for all of Catawba County.

PARTNERSHIPS AND COLLABORATION

Partnerships were a foundational strength of our process. We worked with multi-sector partners across the community to advise planning, engage with community members, and determine priorities informed by diverse perspectives.

LEADERSHIP

The Community Health Assessment is led by Catawba County Public Health and facilitated by our Health Promotion and Strategy Team. Both of our local health systems are core partners in the assessment process, and we intentionally align our collective goals, priorities, and strategies related to community health. We also facilitate a collaboratively led approach through our LiveWell Catawba coalition and partners.

Catawba County Public Health contracted with DellaRe Consulting, a public health consulting firm specializing in community health development, to support the facilitation of the Community Health Assessment, data collection and analysis, and compilation of this report. We do not currently participate in a regional Community Health Assessment partnership or process, but are actively engaged in discussions among Region IV public health leaders regarding future opportunities for collaboration.

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THEORETICAL FRAMEWORK

We adopted the County Health Rankings population health model developed by the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation as our 2023 Community Health Assessment theoretical framework. This allowed us to identify upstream issues that influence health outcomes and to more inclusively define how all parts of a community can impact health. This framework also guides the Healthy NC 2030 State Health Improvement Plan and Healthy People 2030 nationally, allowing for opportunities for alignment and comparisons across the local, state, and national levels. Locally, it provides a shared context for meaningful conversations and intentional collaboration with multi-sector partners around drivers of health that are not limited to healthcare or public health-specific measures and outcomes. Leveraging this model to guide this process allows us to shape priorities that create opportunities for good health and quality of life for all of our community while allowing for intentional efforts specific to certain health outcomes or populations.

COMMUNITY HEALTH ASSESSMENT PROCESS

This Community Health Assessment officially launched in January 2023 at a LiveWell Catawba coalition meeting, serving as the Community Health Assessment Kick-Off and Defining “Health” Workshop. This workshop allowed us to engage coalition members in defining what “health” means to our partners and community, beginning the process of scoping our assessment process based on community needs and perspectives. In the following two months, our Health Promotion and Strategy Team facilitated 28 Community Conversations hosted by a diversity of partners across the county to engage residents directly in exploring community needs, strengths, and areas of interest. The qualitative data collected during this phase provided critical guidance on structuring data collection, including developing the 2023 Community Health Assessment Survey to reflect our community and partners' perceptions, needs, and priorities.

In April 2023, we facilitated another LiveWell Catawba coalition meeting to provide an update on trends discovered through the Community Conversations series and to begin survey distribution planning with partners. This began our feedback and insight development phase, with the Community Health Assessment Survey distributed throughout the community from May through July. We then brought together community members and partner organizations for Data Walk Listening Sessions around emerging trends based on primary data collected through the survey and secondary data analysis. These sessions provided critical insight into barriers, opportunities for action, and alignment across initially disparate indicators.

We then transitioned into our final priority selection phase, taking all the collected data and feedback gathered into a coalition-wide Data Walk and Priority Setting Workshop in September. The feedback from this meeting aligned with community insight from the Community Conversations and survey and clarity from the secondary data analysis, which informed the final selection of our community health priorities: Access to Healthy Food, Brain Health, and Safe, Engaging, and Active Spaces.

KEY FINDINGS

The most significant gap in life expectancy is based on neighborhood census tract, with the lowest life expectancy at **64.6 years** in Long View (tract 107) compared to the highest at **82.6 years** in Northwest Hickory (tract 105.02).

Social isolation and community connectivity was identified as a leading concern and contributor to poor health and quality of life consistently across Community Conversations, with **47.3%** of survey respondents reporting feeling connected to their community.

While overall infant mortality has decreased both in Catawba County and statewide between 2007-2011 and 2017-2021, disparities impacting Black and Latino infants continue.

Pregnancy among 15-19-year-olds has decreased by **18%** between 2012-2016 and 2017-2021.

At the publishing of this report, an additional **4,037** Catawba County residents have already enrolled through Medicaid expansion.

The rate of deaths related to drug overdose has increased by **104%** from 2015 to 2022.

There were **4,146** deaths from diet-related health conditions like heart disease, stroke, cancer, and diabetes from 2016 to 2021, **43.5% of total deaths**.

There are significant food insecurity disparities impacting Black and Latino residents.

59.6% of households have an income of \$50,000 or less.

16.5% of adults report poor mental health 14 or more days per month.

42.5% of Catawba County third graders read at grade level.

The highest rate of households spending 30% or more of their income on housing costs is among renters with household incomes less than \$50,000 per year at **62.8%**. This group makes up 15% of all Catawba County households.

There are disparities in self-reported poor health based on neighborhood census tract. Long View (tract 107), Ridgeview (tract 109), Southeast Hickory (tract 110), and East Newton (tract 113) all have higher reported rates of adults spending 14 or more days in poor health.

Sources cited in each section.

HEALTH PRIORITIES

After the September Data Walk and Priority Setting Workshop, we recruited community partners to join workgroups related to each established health priority. These workgroups participated in a Results-Based Accountability “Turning the Curve” process to define results statements, select indicators, explore partnerships, and identify strategies for the Community Health Improvement Plan.

ACCESS TO HEALTHY FOOD



Result Statement: All people in Catawba County are consistently accessing affordable, healthy food.

Indicators: Food insecurity, Adults eating at least five servings of fruit, vegetables, or beans per day

BRAIN HEALTH



Result Statement: All people in Catawba County have access to support and resources that promote their brain health and mental well-being.

Indicators: Child abuse and neglect, Adults spending 14+ days per month experiencing poor mental health, Emergency department visits related to suicidal ideation, Drug overdose deaths

SAFE, ENGAGING, & ACTIVE SPACES



Result Statement: All people in Catawba County can access safe spaces to be active and engage with their community.

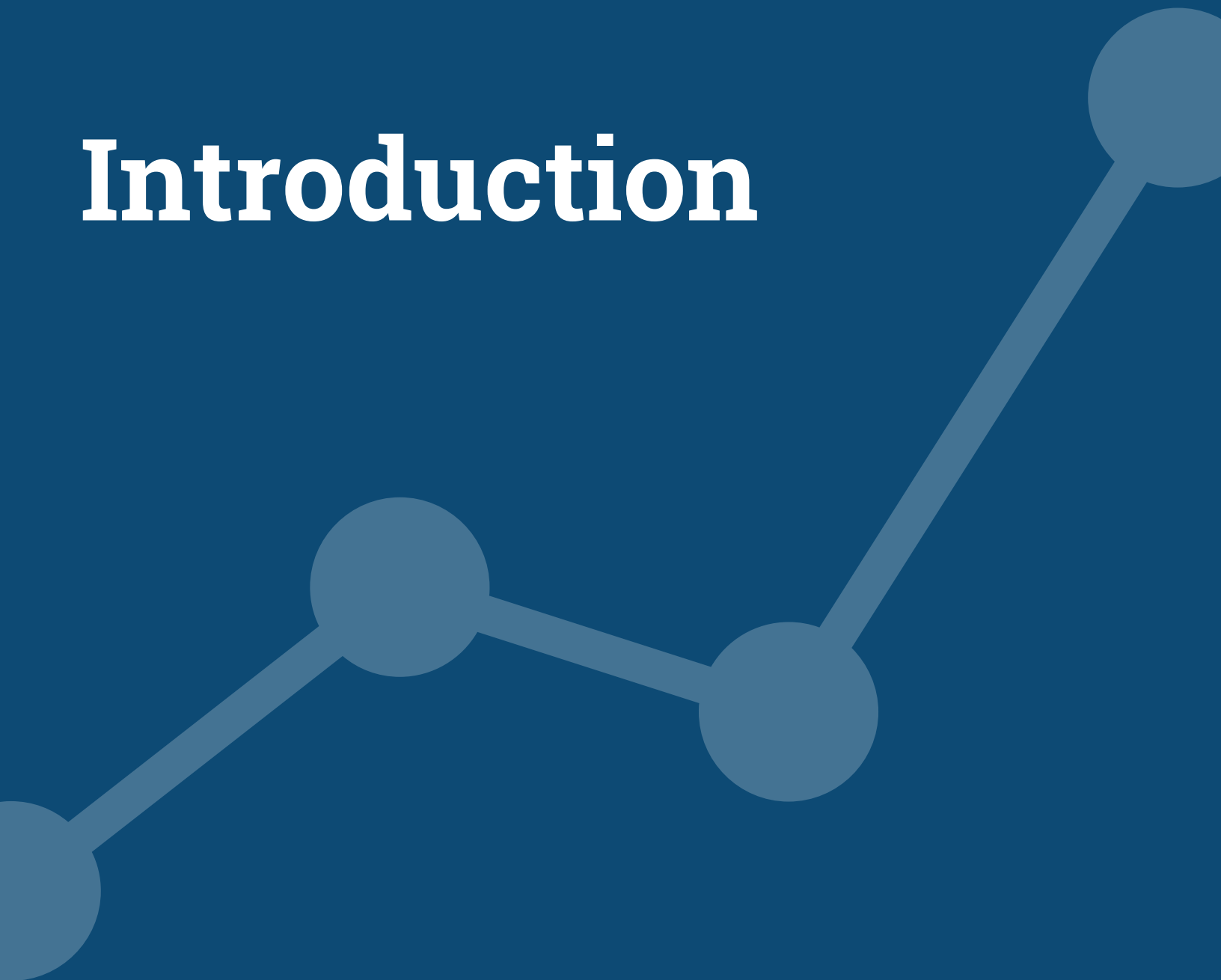
Indicators: People with access to opportunities for physical activity, Sense of connection to the community, Disconnected youth

NEXT STEPS

In December 2023, we hosted a final coalition meeting to celebrate the launch of our 2023 Community Health Assessment and 2024–2027 Community Health Improvement Plan. We reviewed assessment results, explored strategies and partnership opportunities, and extended an invitation and call for collaboration as we work together to improve health and quality of life for all of Catawba County through intentional efforts to advance our shared health priorities.

We will continue disseminating findings from the 2023 Community Health Assessment through our community partners, encouraging participation in our health priority workgroups that the Health Promotion and Strategy Team will continue to facilitate. We will also continue to explore opportunities for alignment with other local coalitions and planning activities.

Introduction



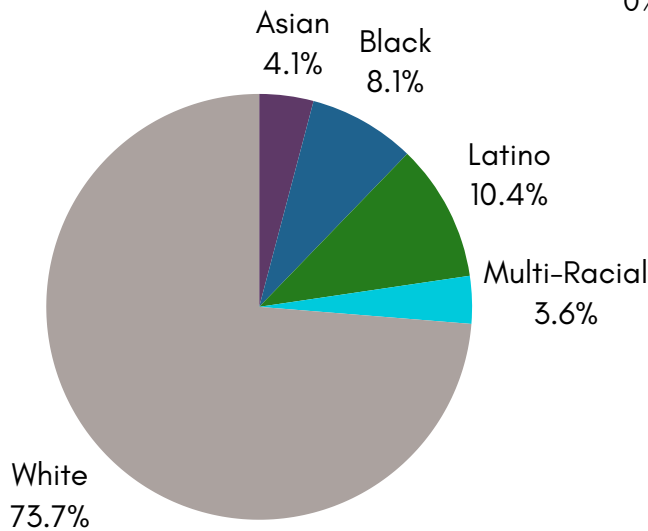


Our Community

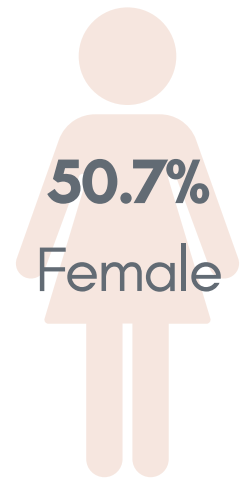
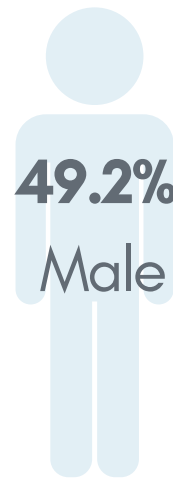
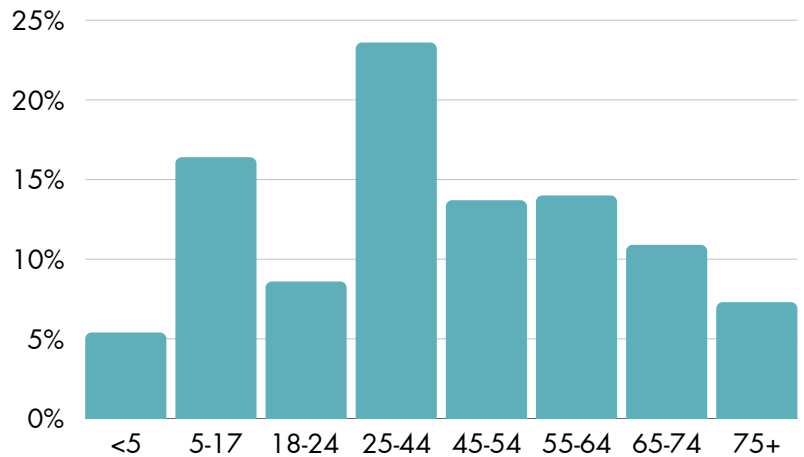
Catawba County is located in the foothills of the Appalachian Mountains and is bordered by the Catawba River. While major interstate crossroads conveniently connect us to larger cities like Asheville, Charlotte, and Winston-Salem, we are also a regional hub for work, education, healthcare, recreation, and accessing services.

161,011
RESIDENTS

Population by Race



Age Distribution



64,442 HOUSEHOLDS

- 26.8% of householders live alone
- 30.4% of households include children
- 9% of children live with a grandparent

14%
of residents are living
with a disability

13.3% of residents
speak a language
other than English
at home

Source: US Census Bureau
American Community Survey, 2022 5-Year Estimates

PEER COUNTIES

Throughout the Community Health Assessment, comparisons related to specific indicators have been made between Catawba County, North Carolina, and other peer counties within the state. These comparisons help contextualize data and trends to better inform and clarify priorities and needs. To identify peer counties for the 2023 Community Health Assessment, we reviewed the peer county methodology developed by County Health Rankings and Roadmaps in partnership with the Centers for Disease Control and Prevention using the Community Health Status Indicators (CHSI) profiles. These profiles analyze county demographic variables to stratify national peer groups, Catawba’s being Group 14. The other North Carolina counties included in this grouping were Davidson and Randolph and, therefore, were selected as our Community Health Assessment peer counties. While data used to create these peer groups is relatively dated (American Community Survey 2007–2011 5-year Estimates), national and state public health entities have not recently updated peer county guidance. A review of more current data (American Community Survey 2018–2022 5-Year Estimates) gives us confidence that maintaining these counties as peers still provides a meaningful opportunity for comparison.

	North Carolina	Catawba	Davidson	Randolph
Population	10,470,214	161,011	169,498	144,403
Age: Under 18	21.8%	21.8%	21.7%	22.2%
Age: 65+	16.7%	18.3%	18.5%	18.0%
Race: Black, not Latino	20.9%	8.1%	9.6%	5.7%
Race: Latino	10.0%	10.4%	7.8%	12.4%
Race: White, not Latino	61.7%	73.5%	78.1%	77.4%
Education: High School or Higher	89.4%	87.4%	86.5%	84.0%
Owner-Occupied Housing	66.2%	71.0%	72.6%	73.8%
Poverty	13.3%	13.0%	13.9%	14.7%

Source: US Census Bureau
American Community Survey, 2022 5-Year Estimates



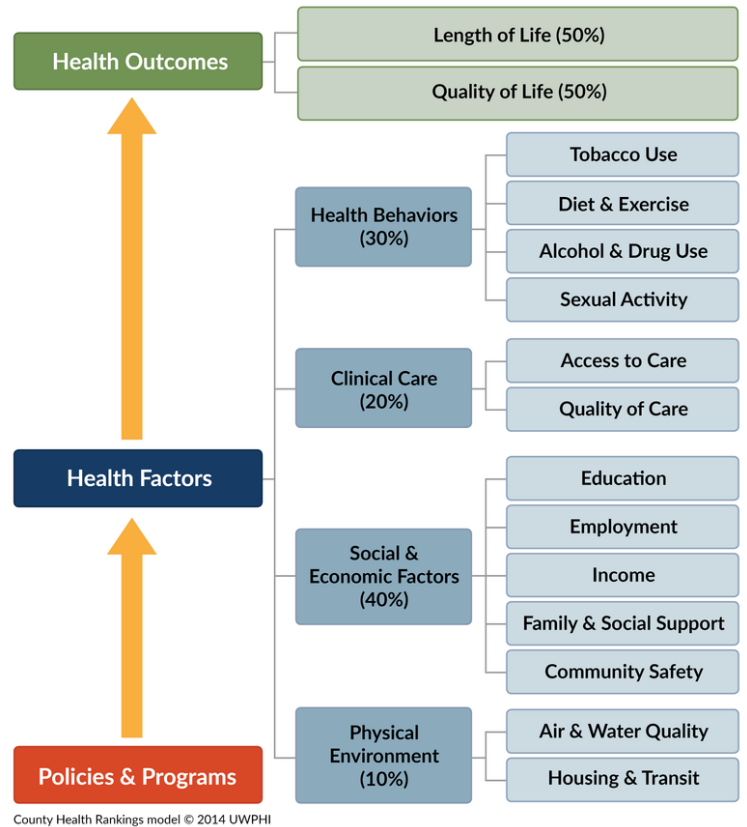
Framework and Process

FRAMEWORK

We adopted the County Health Rankings population health model developed by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation¹. This framework provides opportunities to identify upstream issues influencing health outcomes and to more inclusively define how all parts of a community influence health - not just healthcare and public health organizations and resources.

This model also strengthens alignment with other local, state, and national efforts to improve health and well-being. Locally, outlining and exploring comprehensive data related to upstream and social drivers of health has allowed for more meaningful conversation and intentional collaboration with multi-sector partners who may not traditionally feel represented in or responsible for health and healthcare outcomes. Within our public health ecosystem, leveraging this model allows for clear alignment with the Healthy NC 2030 State Health Improvement Plan led and facilitated by the North Carolina Division of Public Health. It is also used to guide the work of Healthy People 2030 at a national level and drives the efforts of the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation’s County Health Rankings and Roadmaps efforts.

Most importantly, we believe that adopting this model for the assessment will lead to more meaningful collaboration among partners and better outcomes for our community members. It fosters meaningful cross-sector collaboration by demonstrating the need for shared priorities across sectors and interests. It requires us to consider how critically linked social, economic, and environmental indicators are to health and well-being, and how we can improve conditions that promote good health for all.



While this model provides a strong framework for our Community Health Assessment, we have adapted some language and incorporated additional indicators based on feedback and guidance from partner organizations and community members throughout this process.

PROCESS

Our 2023 Community Health Assessment process aimed to create a participatory approach in which partner organizations and community members could provide guidance and perspective in each phase to inform the development of the next. By embedding these structured engagement opportunities throughout the process, we ensured that we were routinely listening to and learning from community participation and leveraging that feedback to focus data collection and frame potential priorities in a manner that most fit with the needs and momentum within our community.

SCOPE & DEFINITION

We introduced our selected framework and engaged partners in process planning. We hosted Community Conversations across the county to explore and define how our community defines and understands “health” and what data or indicators would be most important to gather and consider.

FEEDBACK & INSIGHT

Staff and partners reviewed trends from Community Conversations to inform data collection needs and priorities. A survey was developed based on this input and distributed across the community. Data Walk Listening Sessions were convened around emerging priorities across Community Conversations, secondary data analysis, and survey results.

PRIORITY SETTING

We hosted a coalition Data Walk and Priority Setting Workshop to engage partners in reviewing data and gathering feedback on potential priorities. Priorities were selected based on this feedback coupled with community input from Community Conversations and surveys.

PLANNING

Community members and partner organizations joined workgroups around each priority. They went through three meetings to begin the development of our Community Health Improvement Plan utilizing a Results-Based Accountability approach.

JAN

LiveWell Catawba Coalition Meeting:
Community Health Assessment Kick-Off, Defining “Health” Workshop

Community Conversations with Community Members

CHA Chats with Public Health Staff

Secondary Data Review

APR

LiveWell Catawba Coalition Meeting:
CHA Check-In Progress Report, Overview of Community Conversation Trends, Survey Distribution Planning

Community Health Assessment Survey Distribution

Data Walk Listening Sessions on Emerging Trends

SEP

LiveWell Catawba Coalition Meeting:
Data Walk and Priority Setting Workshop

Finalize Priorities

Secondary Data Review

Recruit Priority Workgroups

Results Statements & Indicators

Story Behind the Curve

Partnership and Strategy Planning

DEC

LiveWell Catawba Coalition Meeting:
Community Health Assessment & Community Health Improvement Plan Launch

Data Collection

A mixed methods approach was utilized to conduct the 2023 Community Health Assessment. Consistently learning from community members and partner organizations to shape our processes and data collection activities was a priority. To achieve this, we incorporated community-engaged primary qualitative data collection activities and opportunities for feedback during each stage. From January to March, 28 Community Conversations were facilitated by Health Promotion and Strategy staff in partnership with community host organizations. Many of these sessions were open to the public, and several were hosted directly with specific service organizations and their stakeholders, such as members of community coalitions and committees.

The feedback from these sessions guided our secondary data collection and analysis process and the development of our quantitative primary data collection tool, the 2023 Community Health Assessment Survey. Aligning our data collection activities with the initial round of guidance and clarity from the Community Conversations allowed us to prioritize data collection that resonated most with community perceptions and needs. This included developing a survey instrument responsive to this feedback and that addressed gaps in the secondary data related to these emerging areas of community interest.

During this assessment cycle, we received support to integrate a community food system assessment within the broader Community Health Assessment. We hosted six Community Food Gatherings co-hosted with local food system partners to ensure we included community perspective within this specific assessment section. Similar to Community Conversations, this qualitative approach is a community-engaged method of assessing data and opportunities for improvement in the local food system through the perspective and experiences of community members.

BY THE NUMBERS...

28 Community Conversations

5 CHA Chats with Staff

6 Community Food Gatherings

4 Data Walk Listening Sessions

79 Partner Organizations

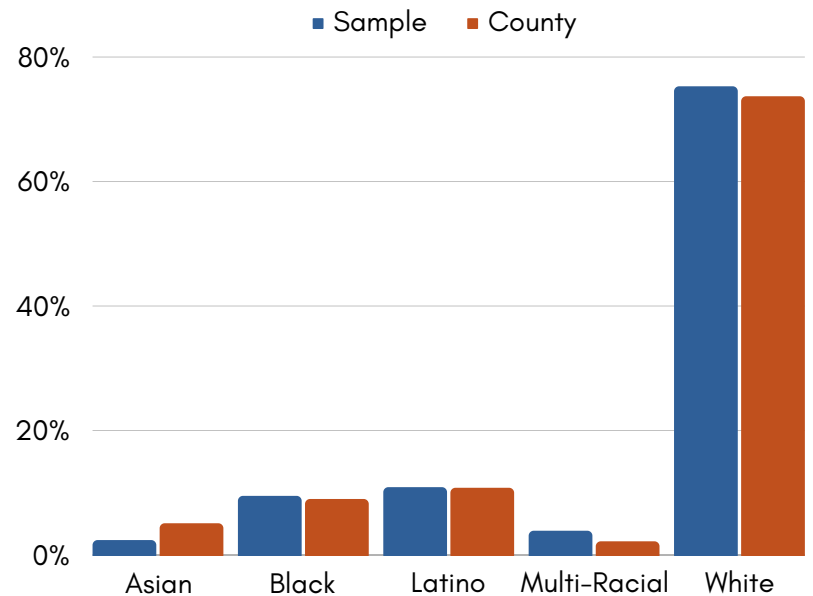
1,564 Survey Respondents

Throughout this report, we assess differences in opportunities and outcomes by race, income, or neighborhood (census tract) whenever possible. This allows us to be intentional in identifying groups within our community that are most impacted by health disparities and where there are overlapping impacts.

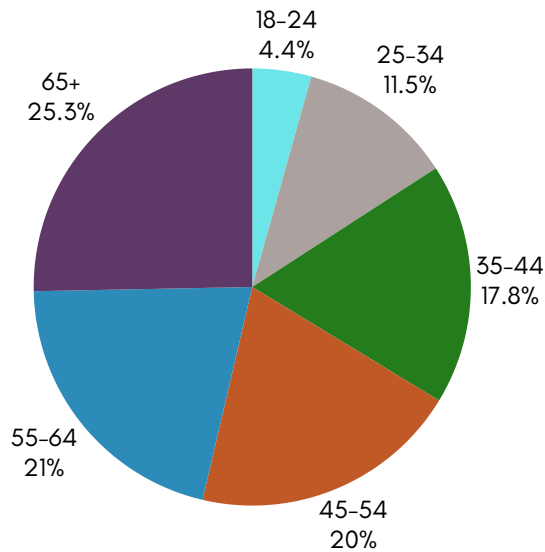
Community Health Assessment Survey Responses

Total Responses	1,628
Do not live, work/unknown	64
Work Only	148
Live Only	785
Work and Live	631
Total Sample	1,564

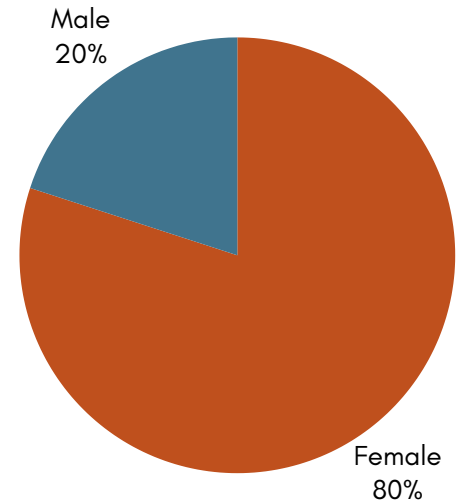
Survey Demographics: Race



Survey Demographics: Age



Survey Demographics: Gender



40.5% of respondents had household incomes of \$75,000 or more, compared to 12.7% of the county population.

The 2023 Community Health Assessment Survey was distributed in May, June, and July 2023. We took a convenience sampling approach, with most of our distribution occurring through online platforms like email distribution, organization and coalition listservs, and social media. We distributed paper copies through partner organizations and at several community events to reach specific groups historically underrepresented in survey and planning processes, particularly regarding race, income, and geography within the county. We achieved a sample that is relatively representative of the county's racial demographics, with a remaining gap in reaching Asian residents. Our respondent sample also skews older than the county's demographics and was over representative of individuals with a higher household income. While we are aware of these potential biases and mindful of their implications, there is still great value in leveraging and learning from the community perspective gathered through the survey process.

Results

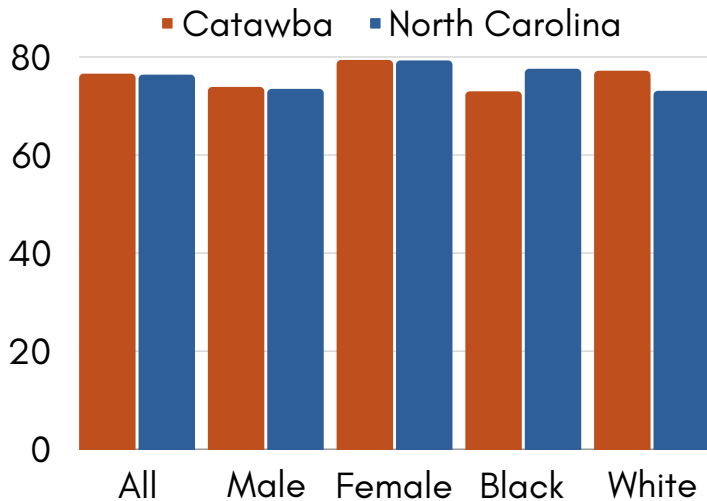




Health Outcomes

LENGTH OF LIFE

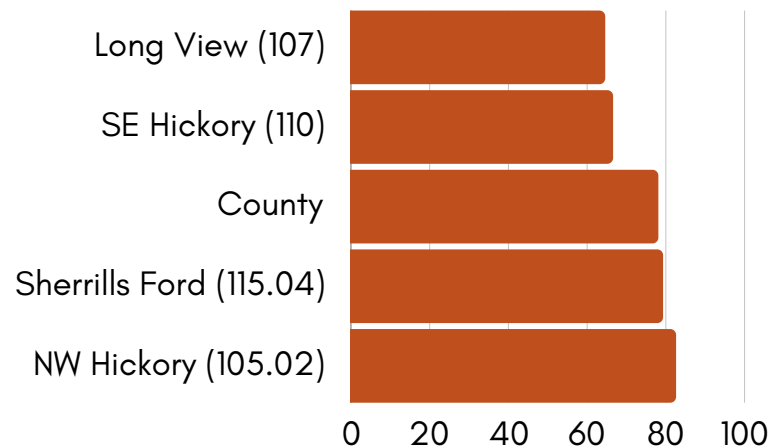
Average Life Expectancy (2018-2020)



The average life expectancy in Catawba County is 76.6 years, down slightly from 78.1 in 2010-2015. There are disparities among male and Black residents compared to female and White residents.

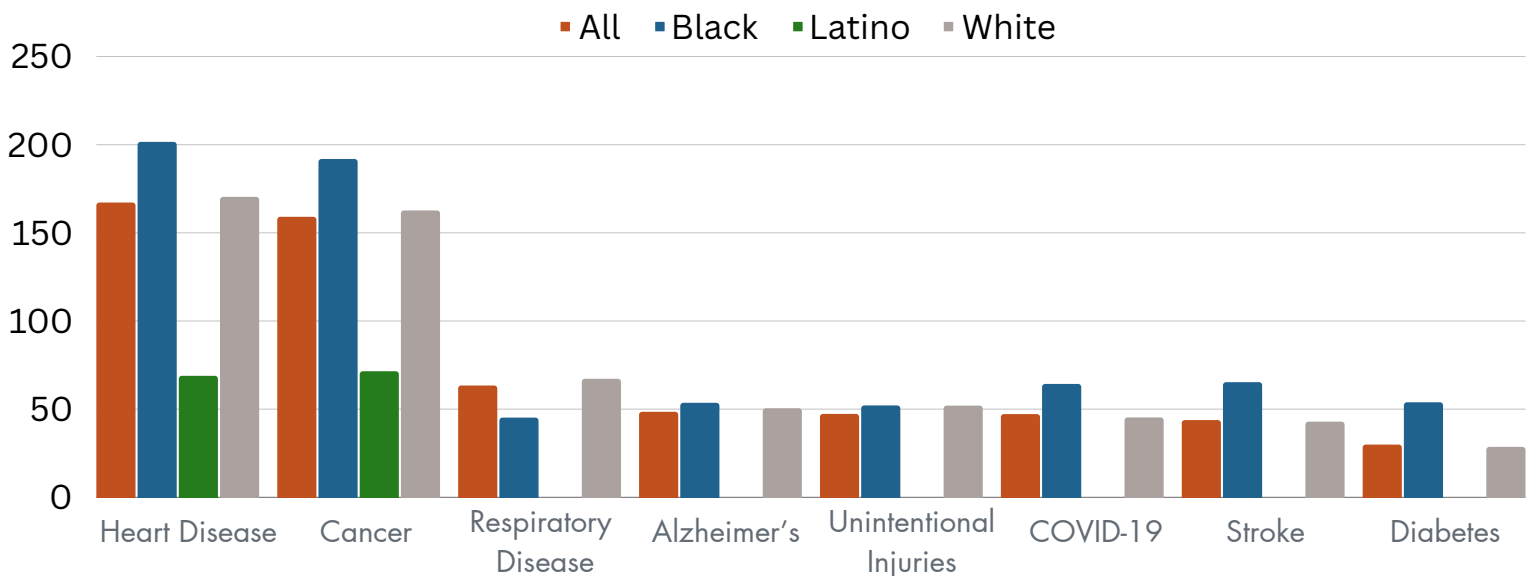
Life Expectancy by Community (2010-2015)

Source: National Center for Health Statistics



The most significant gap in life expectancy is based on neighborhood census tract, with the lowest life expectancy at **64.6 years** in Long View (tract 107) compared to the highest at **82.6 years** in Northwest Hickory (tract 105.02).

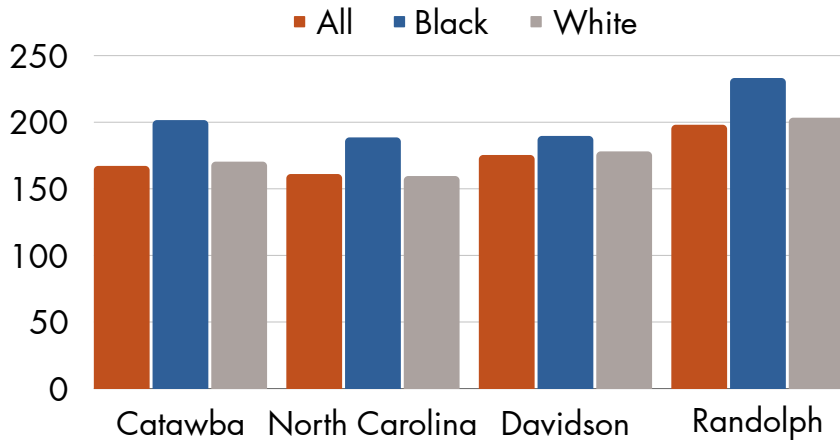
Leading Causes of Death per 100,000 (2017-2021)



Peer County Mortality Comparisons (2017-2021)

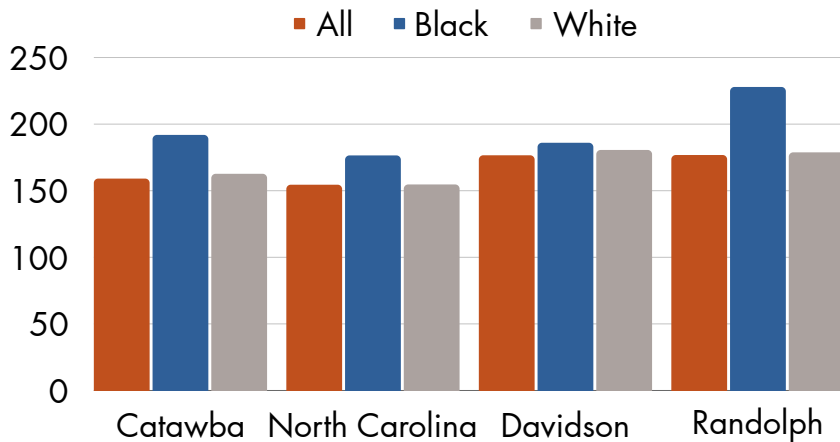
Heart disease and cancer remain the leading causes of death in Catawba County, with significant disparities consisting among Black community members. While their overall impact is lower, Black residents were also disproportionately impacted by deaths related to COVID-19, stroke or cerebrovascular disease, and diabetes.

Heart Disease



These gaps in mortality outcomes are a concerning trend nationally, across North Carolina, and among our selected peer counties. While exact rates vary, there is a significant burden on Black community members when compared to the overall mortality rate and those of White community members.

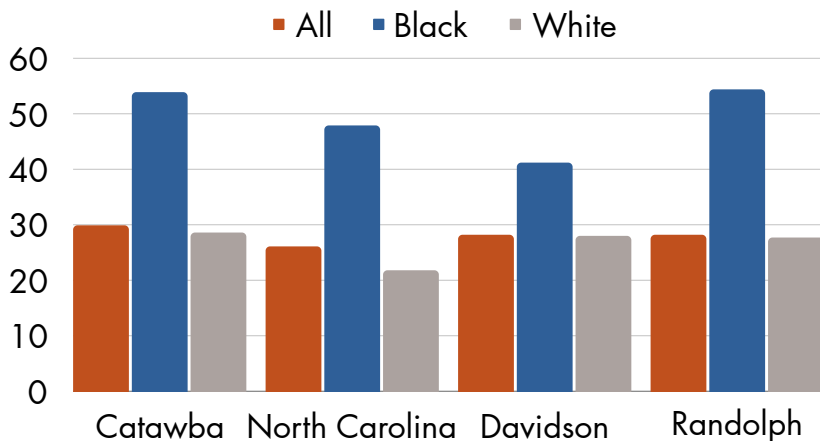
Cancer



Mortality related to heart disease among Latino residents in Catawba County was **15% lower** than in Randolph County.

Mortality related to cancer among Latino residents in Catawba County was **11.7% lower** than in Randolph County and **11.2% lower** than in the state.

Diabetes

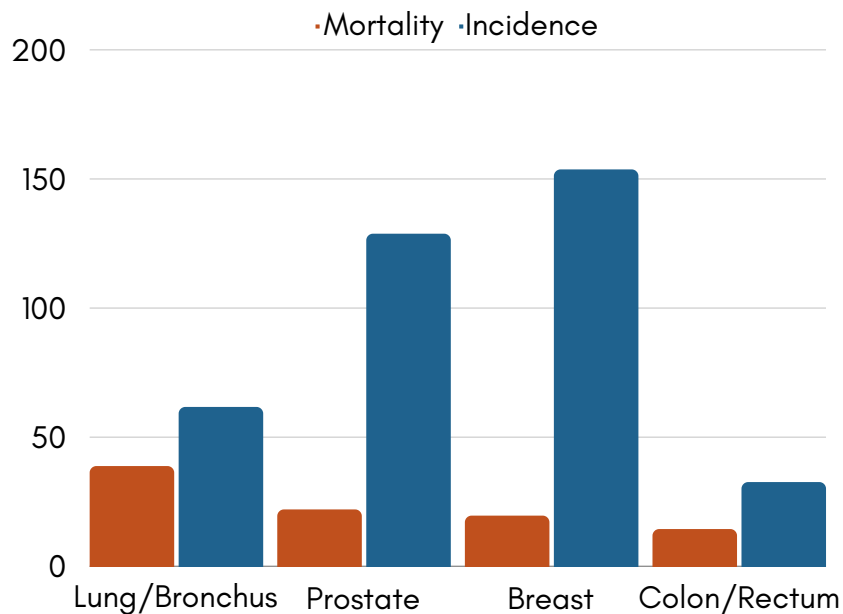


Lung, bronchus, and trachea cancers were the leading cause of cancer deaths in Catawba County, the state, and both peer counties.

Chronic diseases like heart disease, cancer, and diabetes were consistent concerning health issues identified in Community Conversations.

Mortality Trends

Cancer Mortality (2017-2021) and Incidence Rates (2016-2020) per 100,000



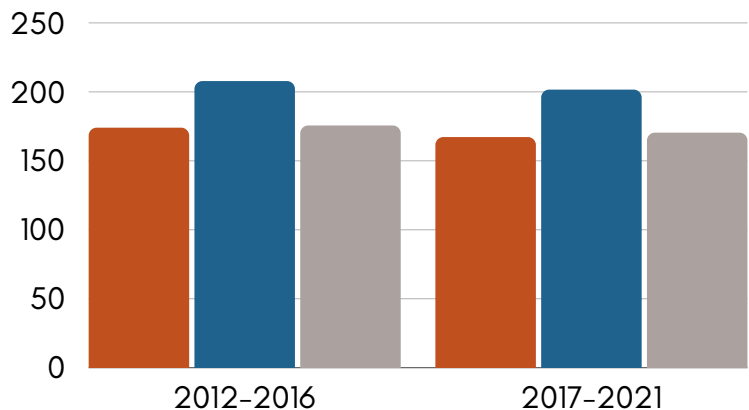
While cancer mortality related to the lungs, bronchus, and trachea is highest, its incidence rate - or the rate of new diagnoses - is lower than prostate and breast cancers.

Lung, bronchus, and trachea cancer deaths are higher among males than females (48.7 per 100,000 compared to 31.4 per 100,000), with the highest impact on Black male residents (72.3 per 100,000 compared to 49.6 per 100,000 among White male residents).

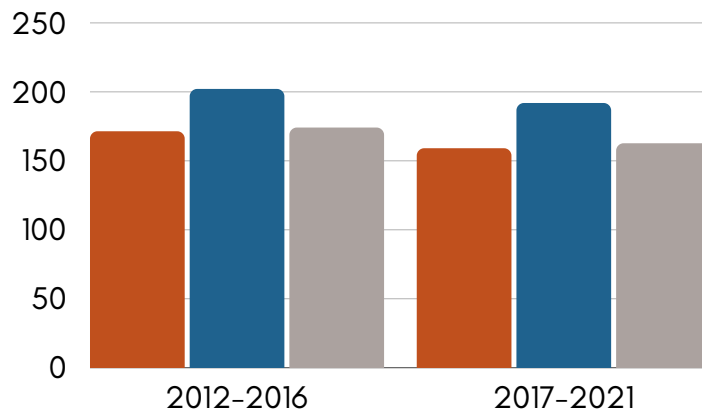
Colorectal cancer mortality is currently highest among White male residents, and breast cancer mortality is currently highest among White female residents, at 14.7 and 20.7 per 100,000, respectively.

Mortality Rates per 100,000 - 2012-2016 and 2017-2021

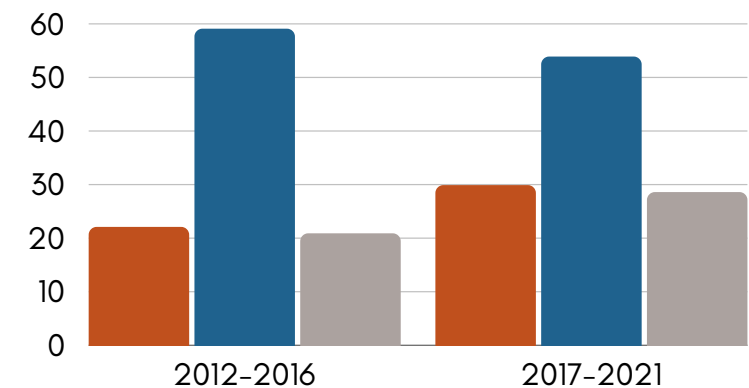
Heart Disease



Cancer



Diabetes



Mortality rates related to heart disease and cancer have decreased overall, as well as among both Black and White residents.

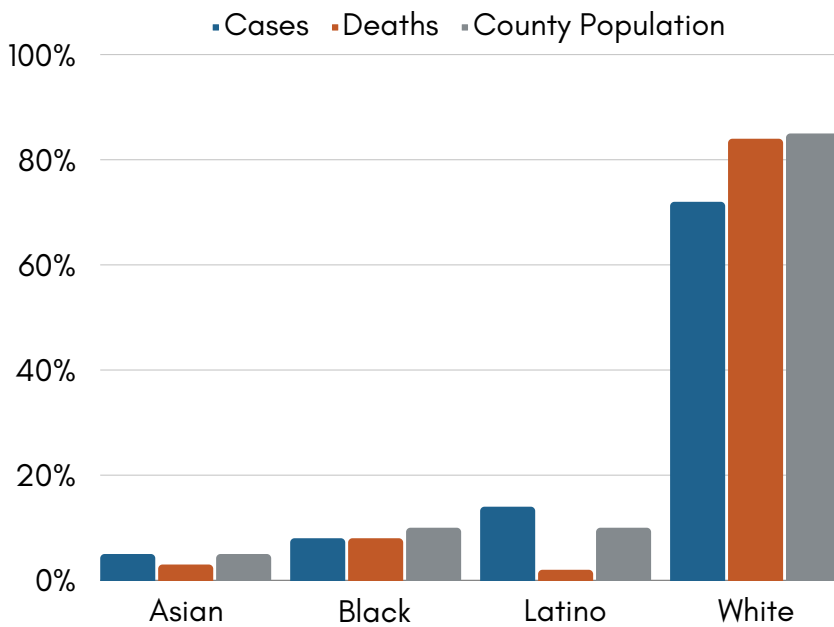
Diabetes mortality rates have decreased among Black residents while increasing overall and among White residents.

Disparities impacting Black community members continue across all three conditions.

COVID-19

The 2019 Community Health Assessment was finalized and submitted in March 2020, right as the COVID-19 pandemic was beginning in the United States, North Carolina, and Catawba County. The timing of the 2023 Community Health Assessment allows us to critically reflect upon the impact that COVID-19 has had on our community’s health and well-being, as well as the pandemic’s effects on other issues expressed by partner organizations and community members throughout the assessment, like social isolation, mental health, the well-being of youth and older adults, our local healthcare system, and community resources.

COVID-19 Impacts by Race

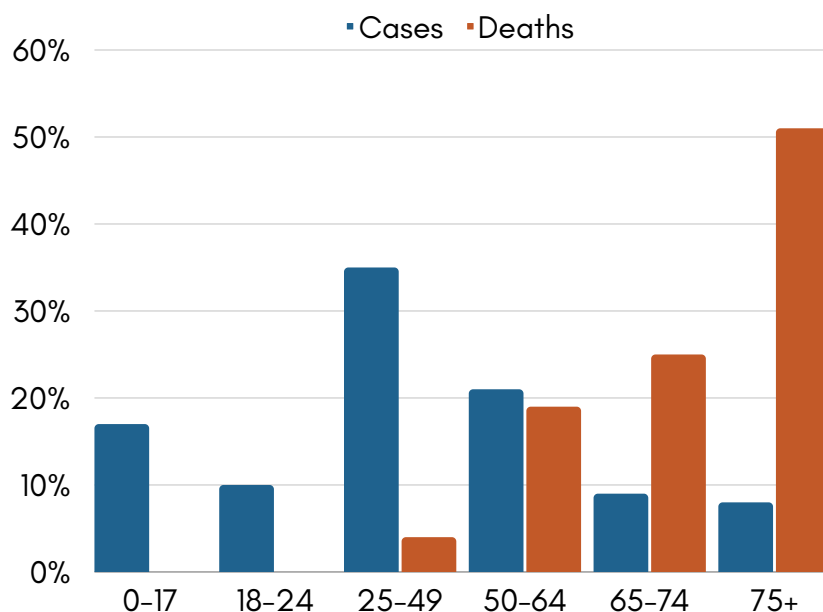


From March 2020 to April 2023, there were 61,135 reported cases of COVID-19 and 685 deaths.

Cases were highest among 24-49 year-olds, followed by 50-64 year-olds and 0-17 year-olds. While cases were lowest among residents 75 and older, around half of all deaths were among this age group.

White residents made up the majority of cases and deaths, although Latino residents had a slightly disproportionate rate of cases compared to population size.

COVID-19 Cases and Deaths Comparisons by Age

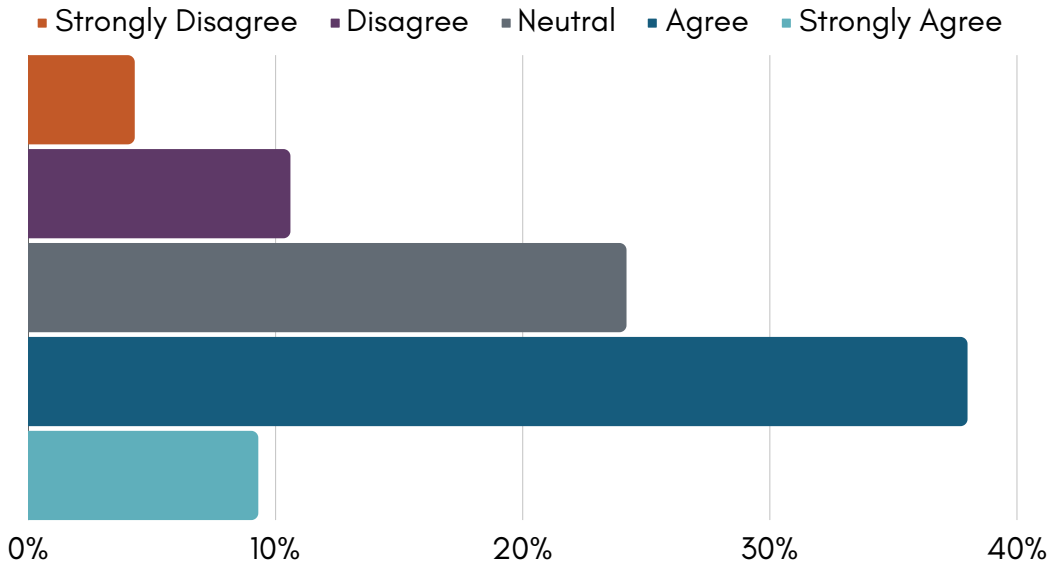


The percentage of Catawba County residents completing an initial COVID-19 vaccine series was 55%, lower than the state at 63%, similar to Davidson County at 53%, and higher than Randolph County at 47%.

Adults 65 and older were most likely to complete an initial vaccine series. Vaccination was also highest among female residents, as well as Asian and Latino residents.

QUALITY OF LIFE

I feel connected to other in my community.



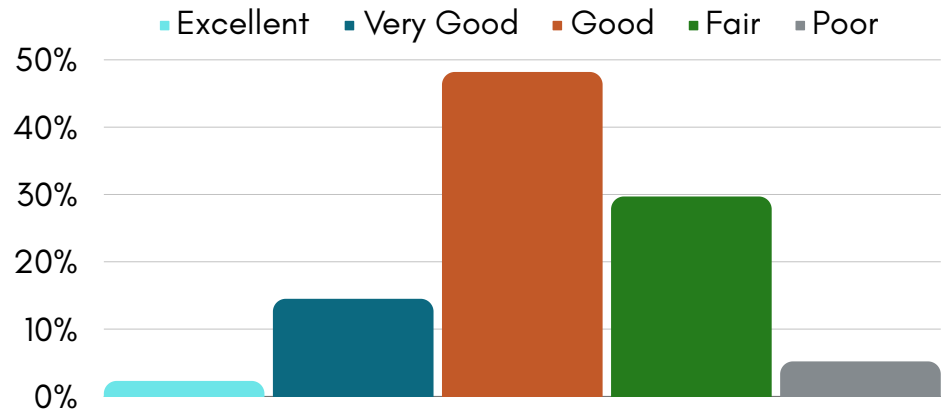
Social isolation and community connectivity was identified as a leading concern and contributor to poor health and quality of life consistently across Community Conversations.

This issue has cross-cutting impacts across health outcomes and different populations, and was the priority of a 2023 Surgeon General's Report.

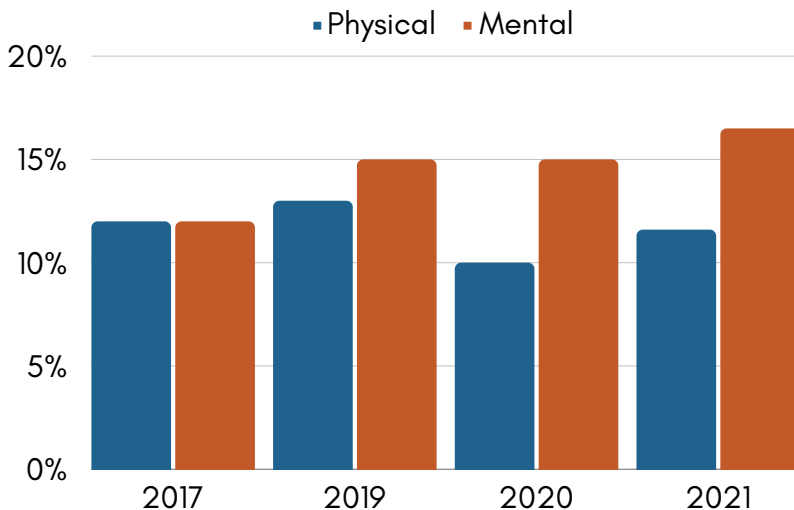
50.9% of survey respondents felt a sense of belonging in their community.

10.5% of survey respondents reported feeling isolated or lonely "often" or "always."

I would rate the overall health of my community as...



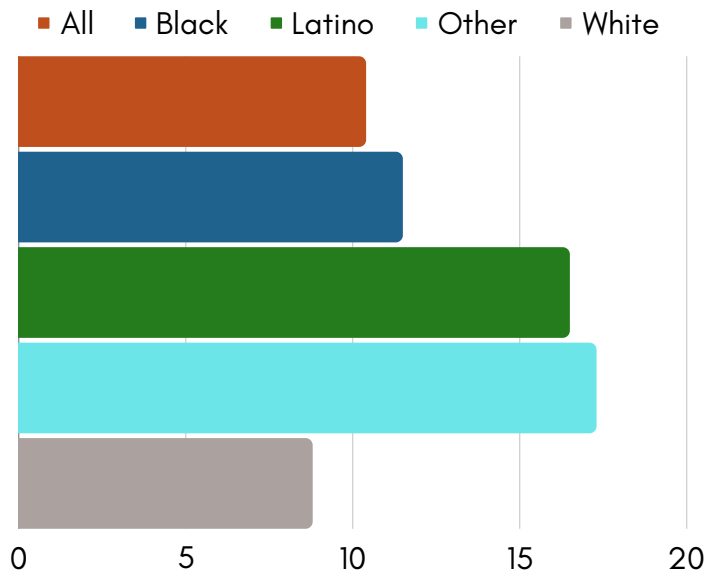
Adults reporting 14 or more days in poor health



There are disparities in self-reported poor health based on neighborhood census tract. Long View (tract 107), Ridgeview (tract 109), Southeast Hickory (tract 110), and East Newton (tract 113) all have higher reported rates of adults spending 14 or more days in poor physical and mental health.

PREGNANCY AND BIRTH OUTCOMES

Birth Rate per 1,000 (2017-2021)

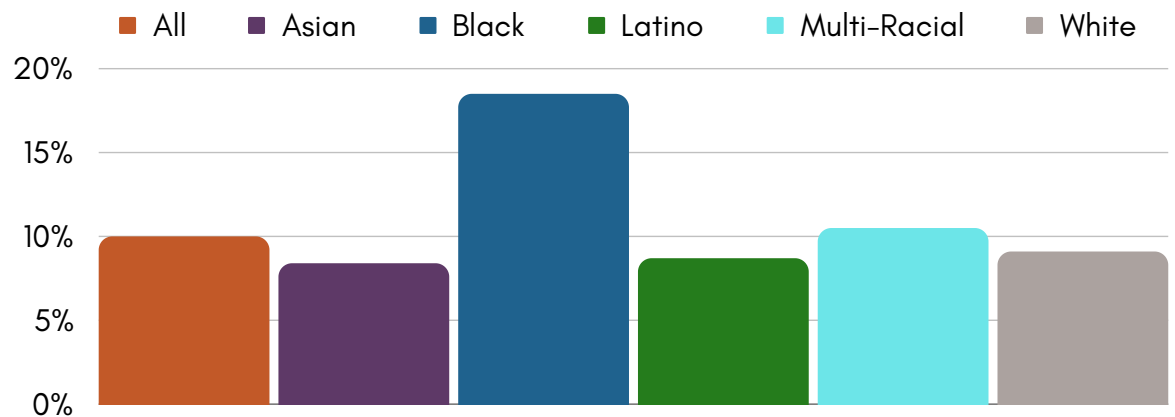


The birth rate in Catawba County decreased by 7.1% between 2012-2016 and 2017-2021. This is slightly higher than the statewide decrease of 5.8% and the 4.5% decrease in Randolph County within the same timeframe. Davidson County also had a decreased birth rate, but was lower at 0.9%.

Birth rates decrease across all races in Catawba County, statewide, and among both peer counties. While there is a relatively higher rate of Latino births in Catawba County, this group experienced the most significant decrease at 17.5%. This decrease was higher than the state decrease (7.4%) and decreases in Davidson and Randolph (10% and 6.7%, respectively).

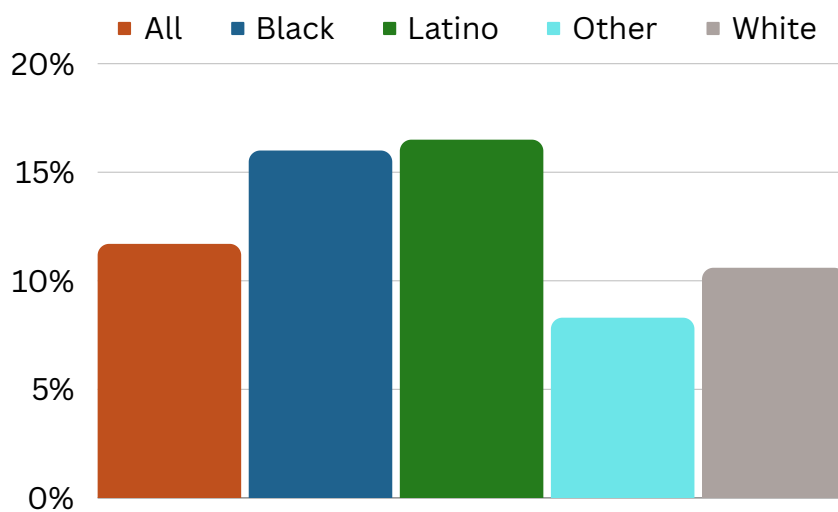
8,299 babies were born in Catawba County from 2017-2021, compared to **8,724** from 2012-2016.

Low and Very Low Birth Weight Rate per 1,000 (2017-2021)



Low birth weight has remained consistent since 2012-2016, with Black infants still being the most impacted. There were slight decreases among Black and White infants. While Latino infants have a lower rate than both groups, they experienced 20.1% increase in the same time frame.

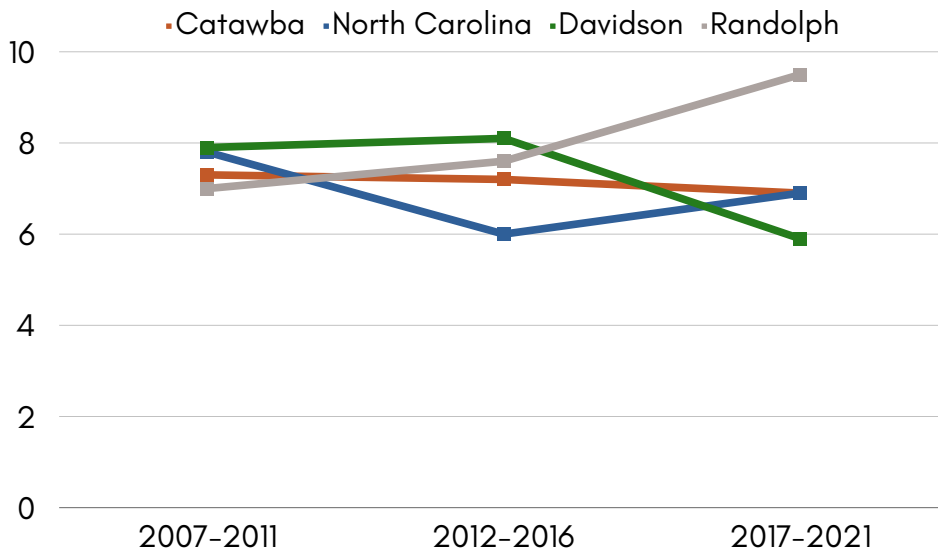
Inadequate Prenatal Care (2021)



Inadequate prenatal care is defined as late entry into care or not attending enough prenatal visits. Black and Latino residents were least likely to receive adequate prenatal care; this disparity has worsened since 2012-2016, with an increase among Latino and Black residents and a decrease among White residents overall.

Infant Mortality

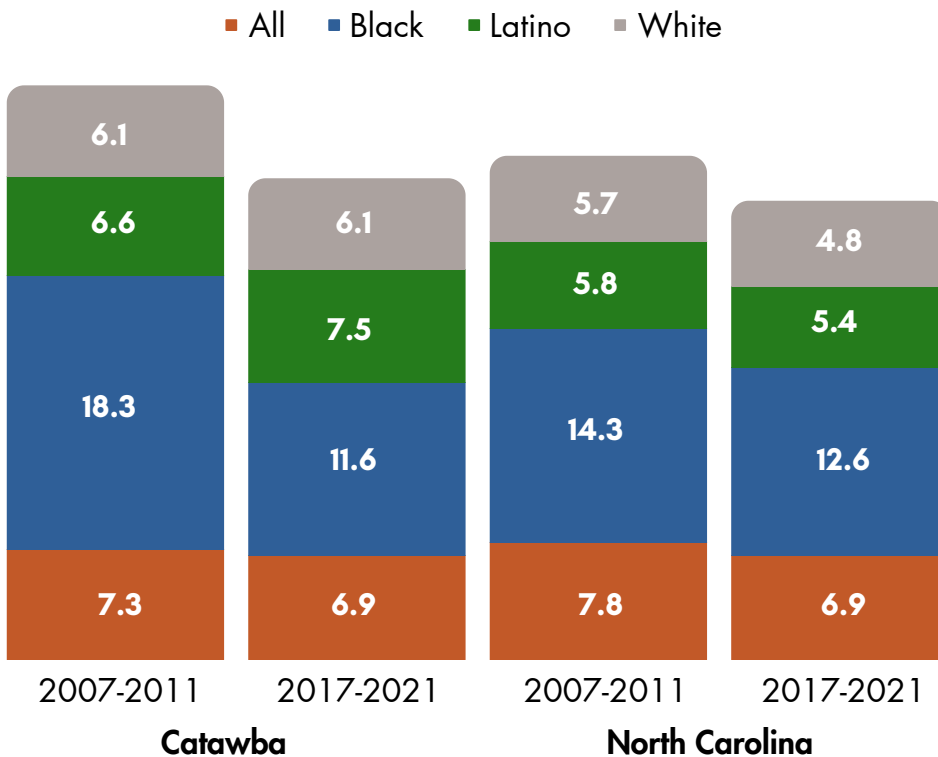
Overall Infant Mortality Rate Per 1,000



Infant mortality decreased by 5.5% in Catawba County between 2007-2011 and 2017-2021, from 7.3 per 1,000 to 6.9 per 1,000.

This trend is similar to the state and Davidson County, although Davidson experienced a more significant decrease of 25.3% in the same timeframe, from 7.9 per 1,000 to 5.9 per 1,000. Randolph County experienced an increase of 35.7% from 7 per 1,000 to 9.5 per 1,000.

Infant Mortality Disparities Rate per 1,000

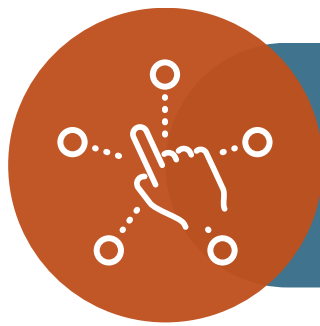


While overall infant mortality has decreased both in Catawba County and statewide between 2007-2011 and 2017-2021, disparities impacting Black and Latino infants continue.

Catawba County saw a more significant decrease in infant mortality among Black infants during this period, by 36.7%. While this is a much-needed improvement, Black infants in Catawba are still almost twice as likely to die during their first year of life than White infants.

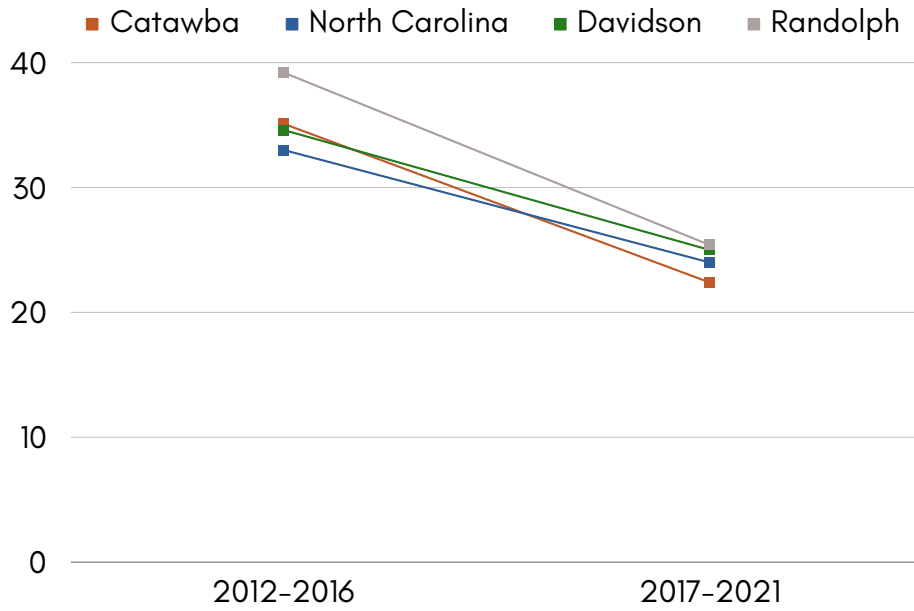
Latino infants were the only group that saw an increase in infant mortality during this timeframe, from 6.6 per 1,000 to 7.5 per 1,000 (13.6%).

Between 2017-2021, the neonatal period (0-28 days) carried the highest risk of infant mortality in Catawba County, with over 66% of infant deaths overall. This period held the highest risk for Latino and White infant deaths, too, at 70% and 71.9%, respectively. The postneonatal period (28 days - 1 year) carried the highest risk of mortality among Black infants at 66.7%.



Health Behaviors

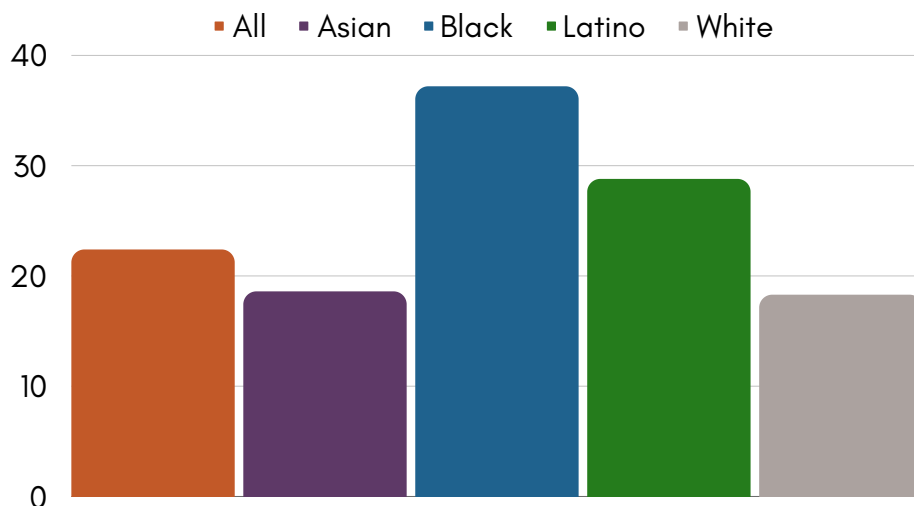
Teen Pregnancy Rate per 1,000 Trends



The pregnancy rate among 15-19 year-olds decreased significantly between 2012-2016 and 2017-2021. While this decrease occurred statewide and among both peer counties, Catawba's overall teen pregnancy rate ranks lowest in this group at 22.4 per 1,000, a 36.2% decrease.

In 2017-2021, the highest pregnancy rate among 15-19 year-olds was among Black residents at 37.2 per 1,000 followed by Latino residents at 28.8 per 1,000.

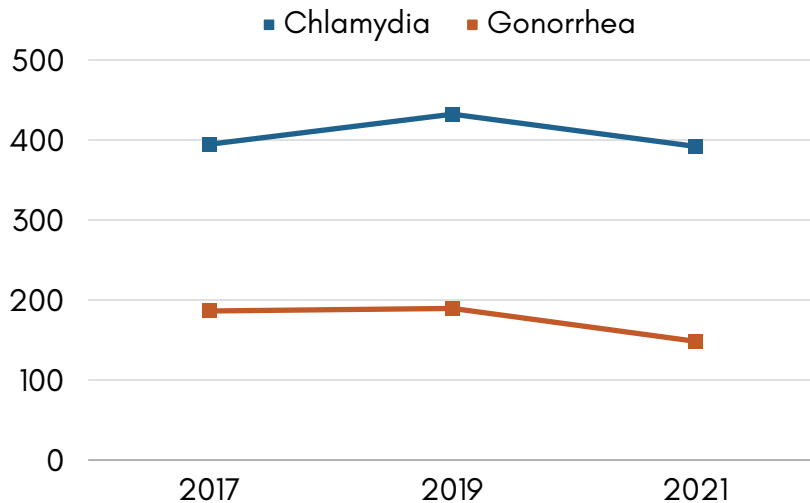
Teen Pregnancy Rate per 1,000 by Race (2017-2021)



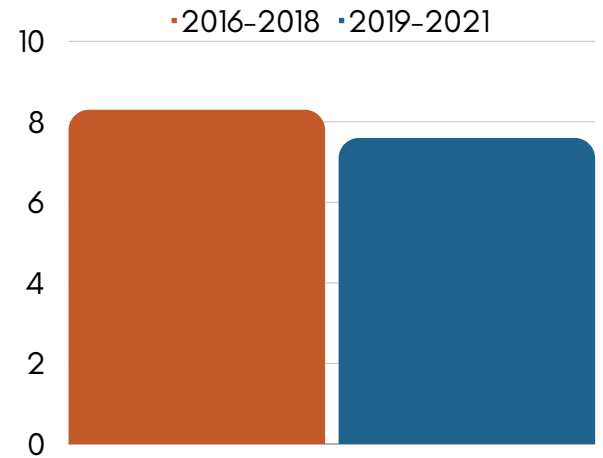
While these rates are higher than the overall rate, as well as rates among Asian and White residents, there have been significant decreases in teen pregnancy rates among Black and Latino residents. Between 2012-2016 and 2017-2021, teen pregnancy among Black residents decreased by 26.6% from 50.7 per 1,000 to 37.2 per 1,000. The teen pregnancy rate among Latino residents decreased even more significantly, from 51.3 per 1,000 to 28.8 per 1,000 (43.9%).

In 2022...
4.4% of births were to 15-19 year-olds
16.4% of infants born to 15-19 year-olds were low birthweight
80.8% of pregnant 15-19 year-olds began prenatal care in the first trimester

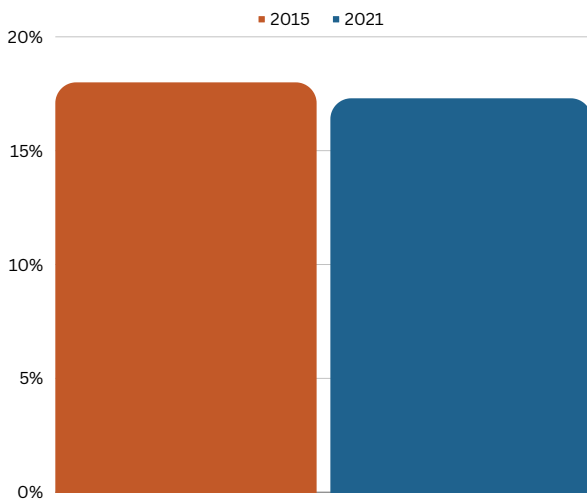
Sexually Transmitted Infections Rate per 100,000



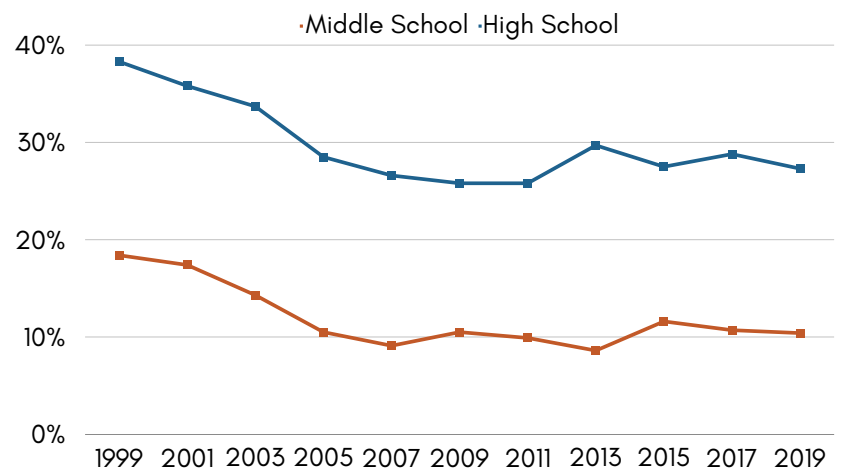
Average Annual New HIV Cases Rate per 100,000



Adult Tobacco Use

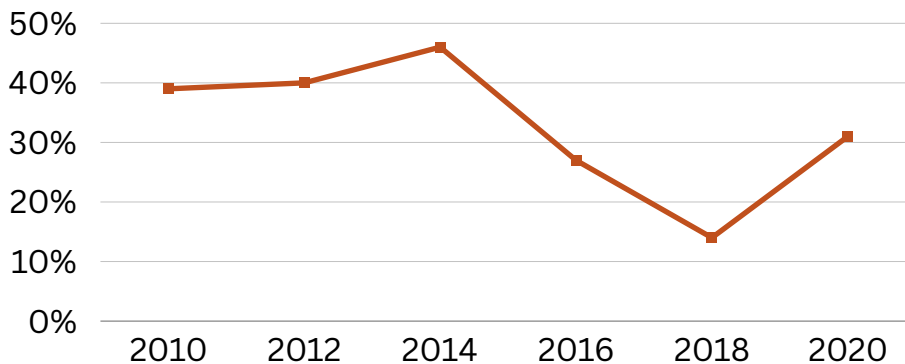


North Carolina Youth Using Any Tobacco Product



From 2011-2019, e-cigarette use increased **510%** among middle schoolers and **1,129%** among high schoolers statewide. While there is limited local data on youth tobacco use, we include this statewide data because community members, school district partners, and other youth-serving organizations report a similar trend in Catawba County based on their experiences.

Driving Deaths with Alcohol Involvement



In 2021...

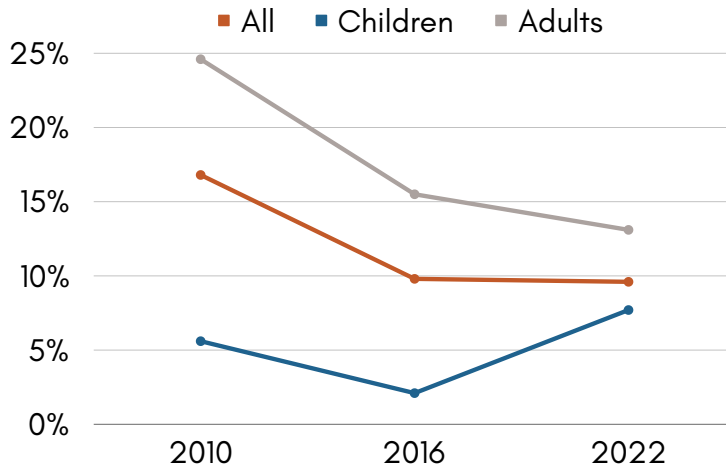
16.7% of adults reported excessive drinking.

The alcohol-related mortality rate was **82 per 100,000**, higher than the state's rate at 60 per 100,000.



Clinical Care

Percent Uninsured



Survey respondents selected the following issues to focus on to improve health and well-being:

- 36.4%** access to affordable and quality healthcare
- 24.9%** mental health services and supports
- 12.4%** chronic disease prevention and management
- 5.3%** support for healthy pregnancies and births

Survey respondents reported being unable to access the following in the last year due to cost:

- 16.6%** dental care
- 10.3%** medications
- 9.5%** vision care
- 9.1%** mental health services

73.7% of survey respondents reported feeling respected by their healthcare provider.

Affordability and quality were frequently reported as important issues related to healthcare in Community Conversations.

Sources: US Census Bureau, NCDHHS, UNC Sheps Center

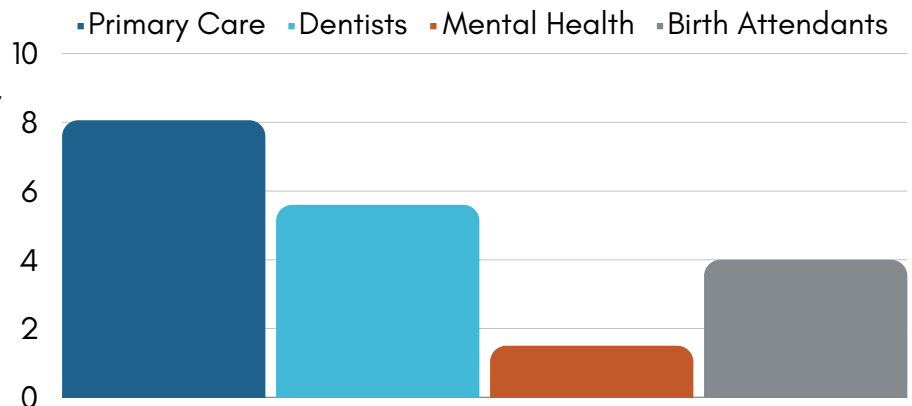
The percentage of uninsured Catawba County residents has declined over the last twelve years. Catawba County's 2022 estimated percentage of uninsured residents (9.6%) is relatively equal to the state's (9.3%) and both peer counties' (Davidson at 9.4% and Randolph at 9.7%).

There are significant disparities in healthcare coverage in Catawba County. Residents who are not citizens are the most likely to be uninsured at 40.1%, followed by Latino residents at 25.8% and residents who work part-time at 21.4%.

In 2022, an estimated 19.6% of Catawba County residents, including 44.4% of children, were covered by Medicaid. An estimated 21.4% of residents were covered by Medicare. North Carolina expanded Medicaid effective December 1, 2023, during this assessment process. This will bring coverage to an estimated additional **9,898** Catawba County residents.

At the time of this report, an additional **4,037** Catawba County residents have already enrolled through Medicaid expansion.

Provider Availability per 10,000 Residents

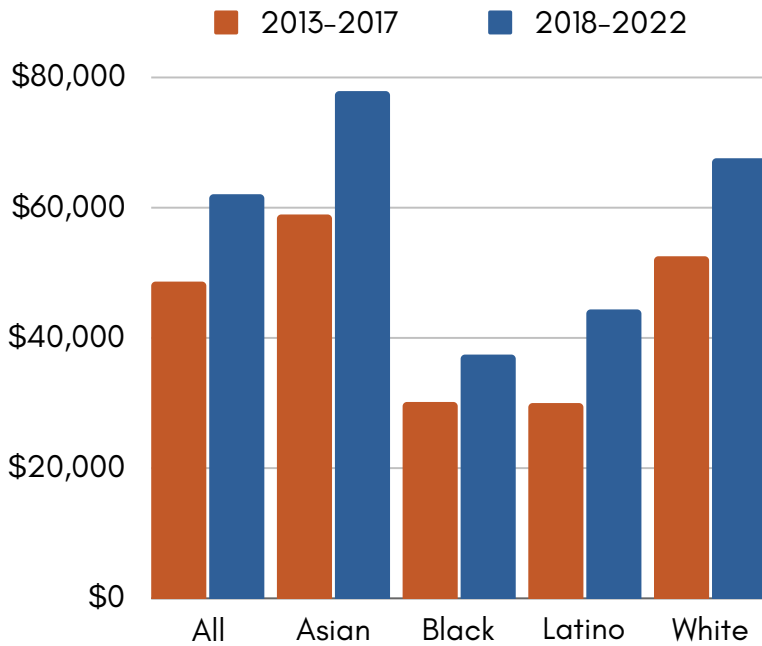




Social and Economic Factors

EMPLOYMENT AND INCOME

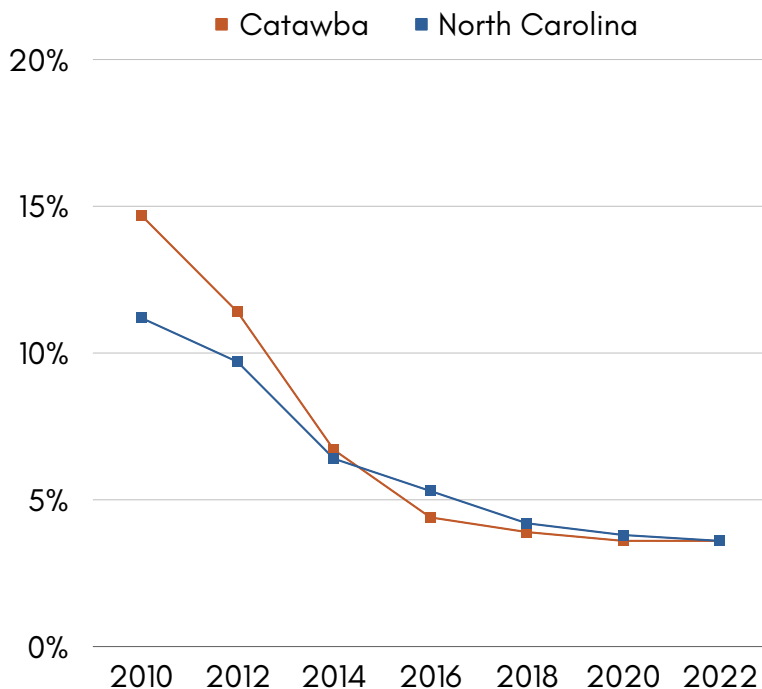
Median Household Income



The 2018–2022 median income among Catawba County households is \$62,070, an increase from \$48,649 in 2013–2017. There are significant gaps in median income related to household race, particularly among Black and Latino households.

Family structure also shows a significant impact on median household income. For example, in 2018–2022, the median income for married-couple families with children under 18 was \$95,596. This is compared to households with grandparents responsible for their grandchildren under 18 at \$35,333 and households with female householders with no spouse and children under 18 at \$33,576.

Unemployment Rate



Largest industry sectors by employment

1. Manufacturing
2. Educational Services, Healthcare, and Social Assistance
3. Retail Trade

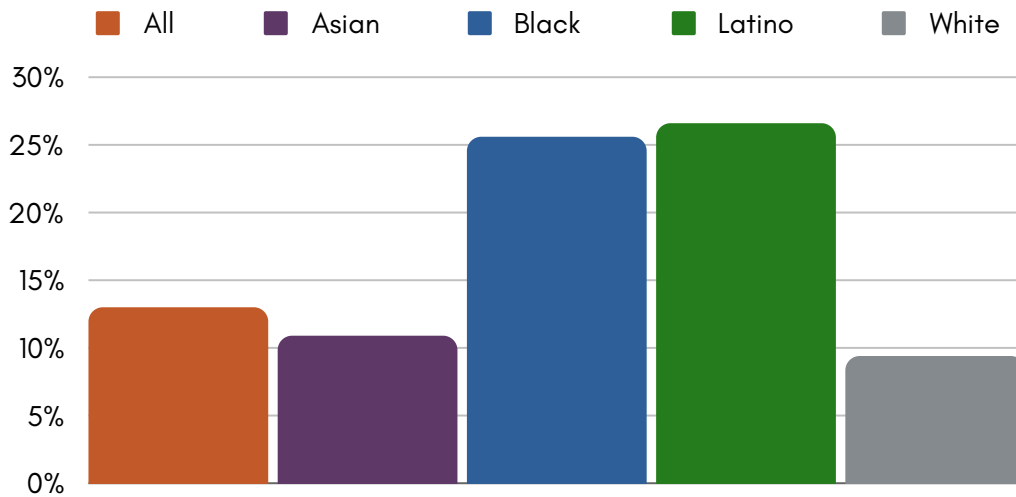
59.6% of households have an income of \$50,000 or less.

26.4% of residents 16 and older living with a disability are employed.

5.9% of families with children had no parents working in the last 12 months.

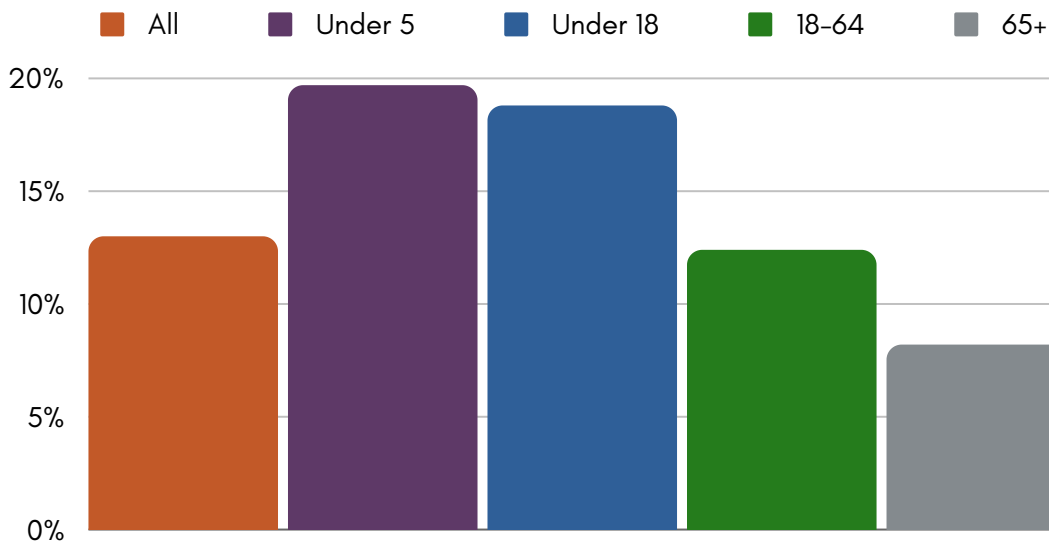
Source: US Census Bureau, NC Commerce

Poverty by Race (2018-2022)



While poverty has decreased overall and across all races from 2013-2017 to 2018-2022, the significant income disparities based on race remain. While 13% of all residents are experiencing poverty, 26.6% of Latino residents and 25.6% of Black residents are experiencing poverty.

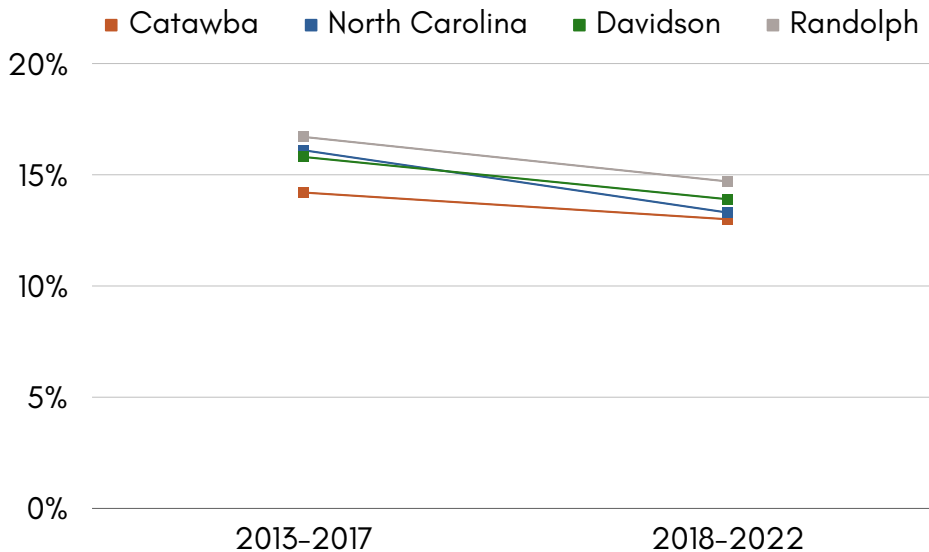
Poverty by Age (2018-2022)



Education level also an impact on poverty, with the percentage of residents experiencing dropping as educational attainment rises. This ranges from 23% of individuals with less than a high school diploma or equivalent experiencing poverty, to just 4.7% of residents with a bachelors degree or higher.

Poverty impact children the hardest, with 18.8% of all children experiencing poverty, including 19.7% of young children under 5. Poverty among adults is actual highest among residents 18-34 years-old (14%).

Peer County Poverty Trends

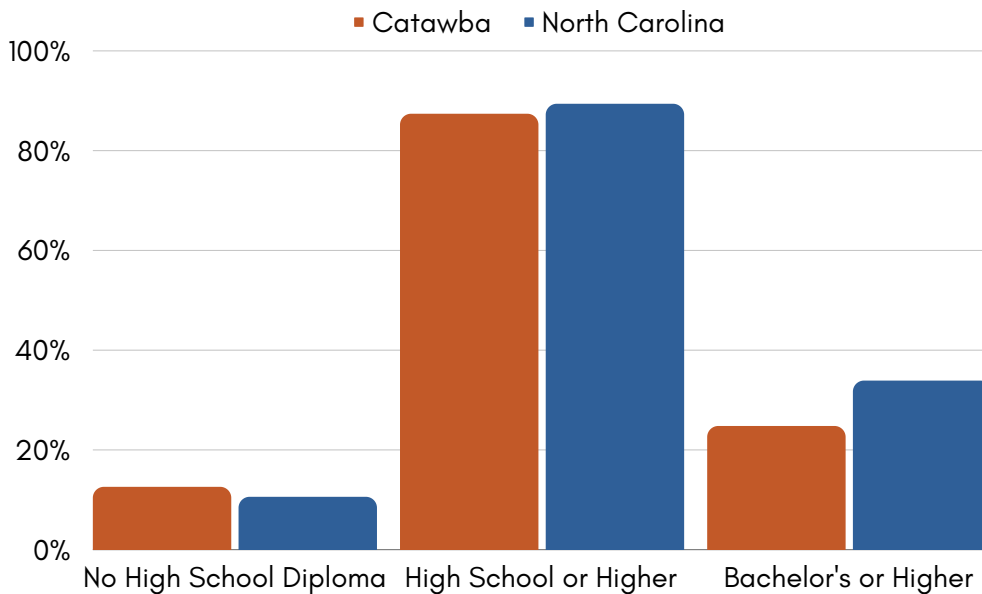


15% of residents working part-time experience poverty.

Cost of living and inflation were consistent concerns throughout Community Conversations.

EDUCATION

Educational Attainment - 25 Years and Older

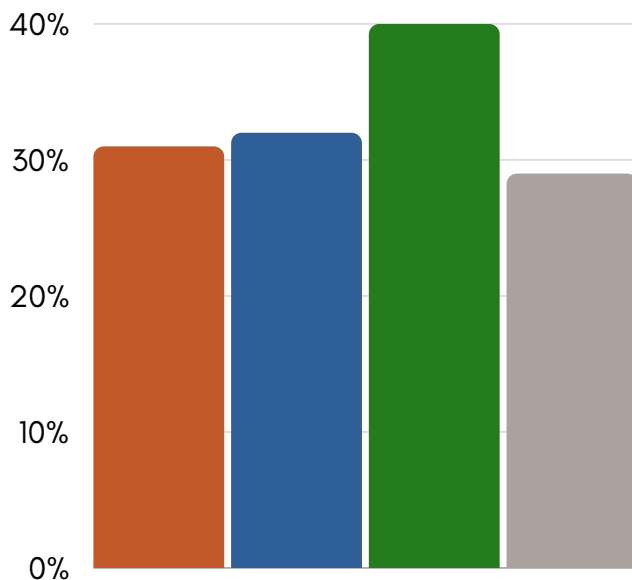


Education is directly linked with income, with median household income increasing with each increase in educational attainment. For example, there is a 54.7% increase in median income between completing high school and completing a bachelor's degree. Residents with less education are more likely to experience poverty, with 23% of adults that have not completed high school experiencing poverty compared to 12.8% of those who have finished high school, and only 4.7% who have a completed a bachelor's degree or higher.

Early Childhood

There are **8,706** children under the age of 5 in Catawba County

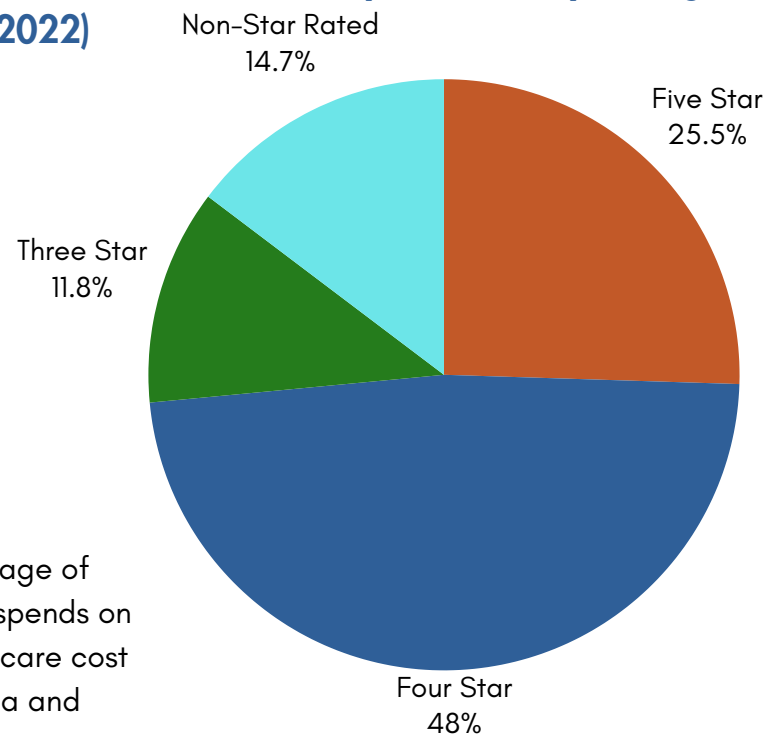
Child Care Cost Burden (2021-2022)



The child care cost burden is defined as the percentage of income that the average household in a community spends on child care for two children. Catawba County's child care cost burden is estimated at 31%, lower than North Carolina and Davidson County, but higher than Randolph County.

As of 2022, there are **92** total child care facilities in Catawba County, with a total of **4,593** children enrolled

Child Care Enrollment By Star Quality Rating (2022)

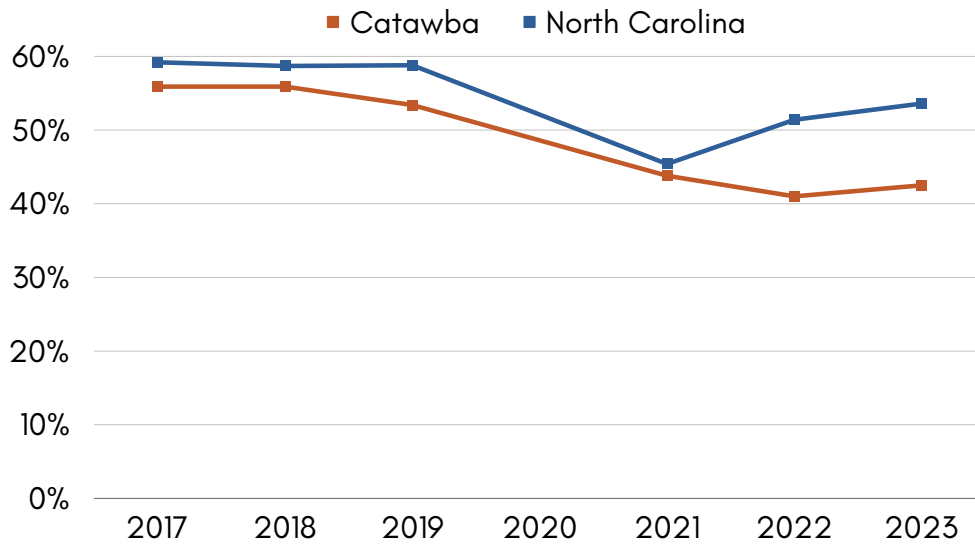


Source: US Census Bureau, Kids Count, County Health Rankings and Roadmap

Children and Youth

Three school districts represent 44 public schools across Catawba County – Catawba County Schools, Hickory Public Schools, and Newton–Conover City Schools. All local data in this section is collected across all three school districts and reported as a county aggregate.

Third Grade Reading Proficiency



In the 2021-2022 school year, there were a total of **3,589** short-term suspensions across all three districts, accounting for **9,587.58** days.

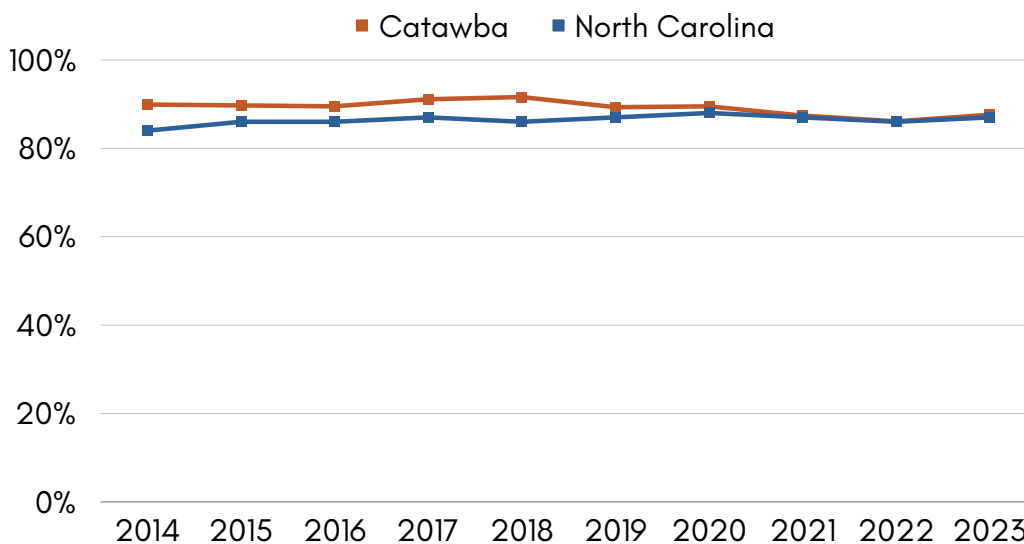
Short-Term Suspension Rate per 1,000 Students (2021-2022)

Catawba	108.46
North Carolina	146.49
Davidson	143.16
Randolph	62.45

An estimated **67.4%** of students across the county are classified as economically disadvantaged.

The 2021-2022 high school drop out rate was **1.5 per 100** students, a 16.7% decrease since 2018-2019.

High School Graduation Rate



The impact of the COVID-19 pandemic on children and youth, specifically on their education and mental well-being, was a consistent concern expressed in Community Conversations



Physical Environment

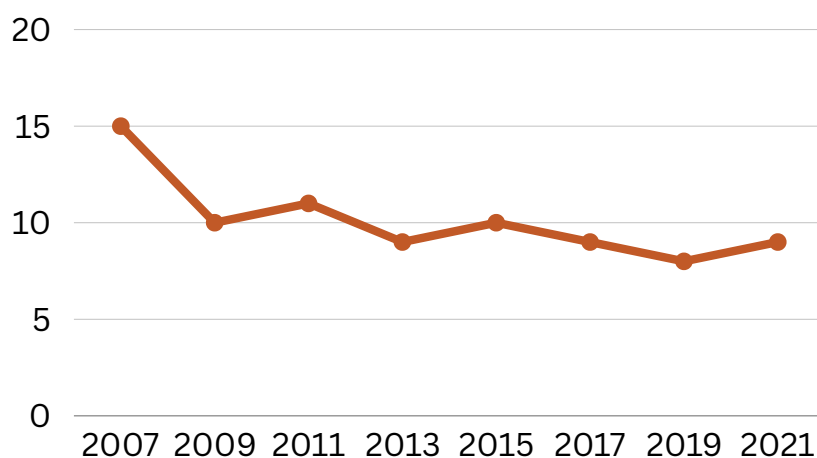
The Environmental Justice Index (EJI) is a comprehensive measure produced by the Centers for Disease Control and Prevention – Agency for Toxic Substances and Disease Registry. It analyzes indicators 36 from across national registries to rank the overall impacts of environmental health on human health in neighborhoods (census tracts) across the country. These indicators include environmental, social, and health factors that are then scored to give a comprehensive perspective on the intersection between the environment and our health.

The following neighborhood census tracts experience the most burden according to the 2022 Environmental Justice Index:

- Southeast Hickory (tract 110)
- Longview (tract 107)
- East Newton (tract 113)
- Ridgeview (tract 109)

Air Pollution - Particulate Matter 2.5

average micrograms per cubic meter



Transportation

Survey respondents were asked to list where they had limited access due to a lack of reliable transportation:

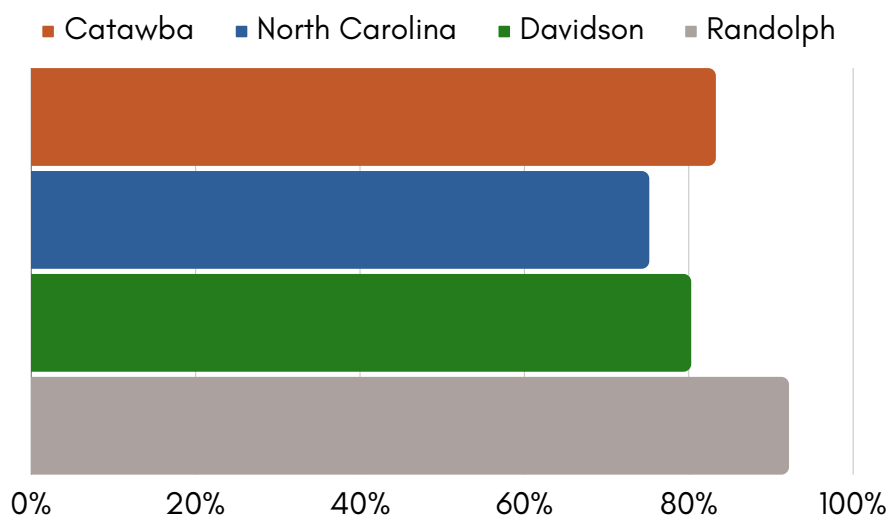
- None: **75.3%**
- Healthcare: **5.2%**
- Grocery/Food: **5%**
- Job: **4.5%**

4.9% of households with workers have no vehicle.

An estimated **8.1%** of workers now work from home.

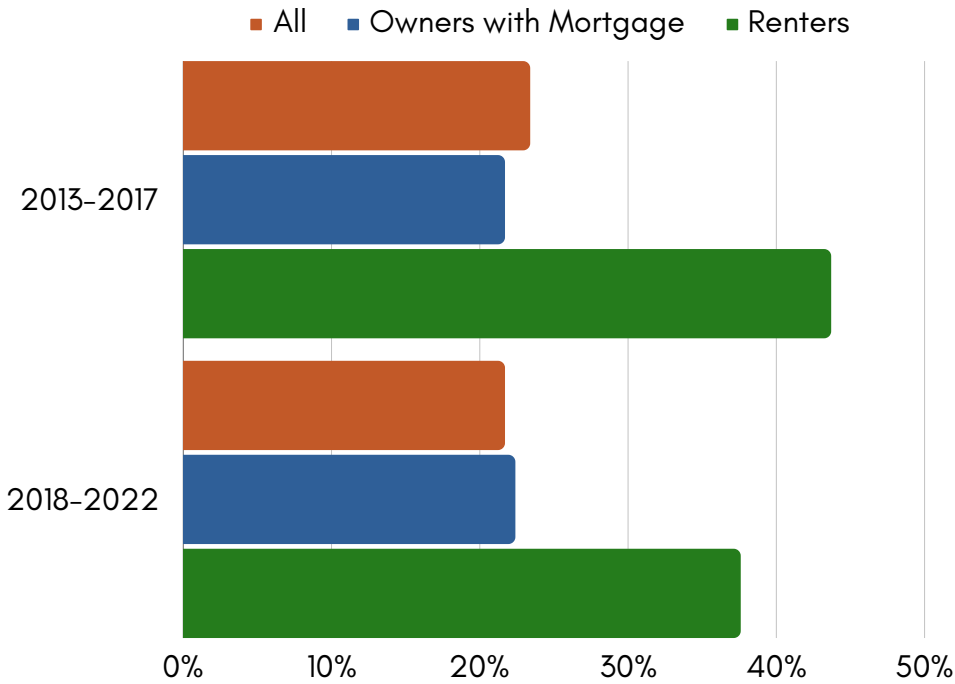
The average work commute is **23.6 minutes**, with **28.8%** of workers commuting 30 minutes or more.

Workers Driving Alone



Safe and Affordable Housing

Monthly Housing Costs 30%+ of Household Income



Housing cost burden, defined by monthly housing costs of 30% or more of household income, slightly decreased between 2013-2017 and 2018-2022. While there was also a decrease in the percentage of cost-burdened renters, an overall gap between renters and homeowners continues, and further analysis reveals a deeper disparity.

An estimated 71% of Catawba County's 64,442 households are owner-occupied, with 29% occupied by renters. While rising housing costs impact everyone in a community, data shows that households earning less than \$50,000 per year and renters are most impacted. The highest rate of households spending 30% or more of their income on housing costs is among renters with household incomes less than \$50,000 per year at 62.8%. This group makes up 15% of all Catawba County households.

Renter and Owner Cost Burden as 30%+ of Income by Total Household Income



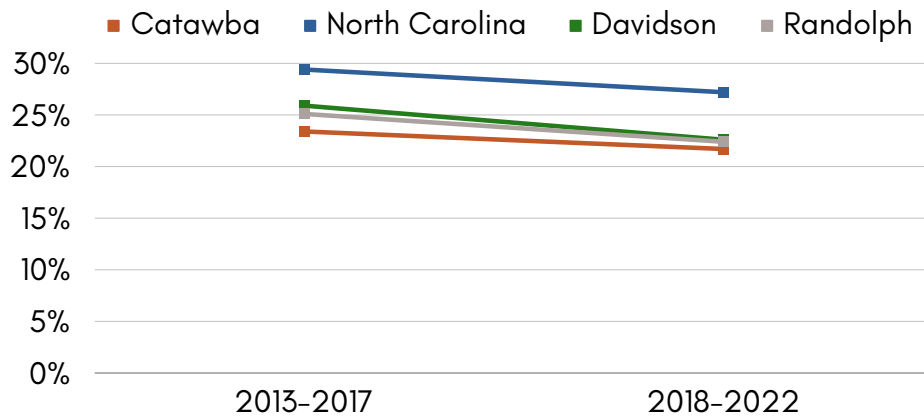
Catawba County Households:

- 30.4%** have children at home
- 33.1%** have adults 65+
- 26.8%** live alone
- 15.6%** are multi-unit
- 9.8%** are single-parent
- 78%** moved in before 2011

39% of survey respondents identified safe, affordable housing as an area to focus on to improve community health and well-being.

When asked to select their most important housing concerns, **23%** of survey respondents identified rental options and **66%** identified cost and affordability.

Monthly Housing Costs 30%+ of Household Income Trend



The median home listing price in Catawba County has risen from \$301,975 to **\$360,000** from December 2019 to December 2023, an increase of 19.2%.

Estimated rent is **\$866 per month**, with 32.7% of households paying \$1,000 or more per month.

IN 2021 - 2022

Catawba County ranked **37th** in evictions statewide.

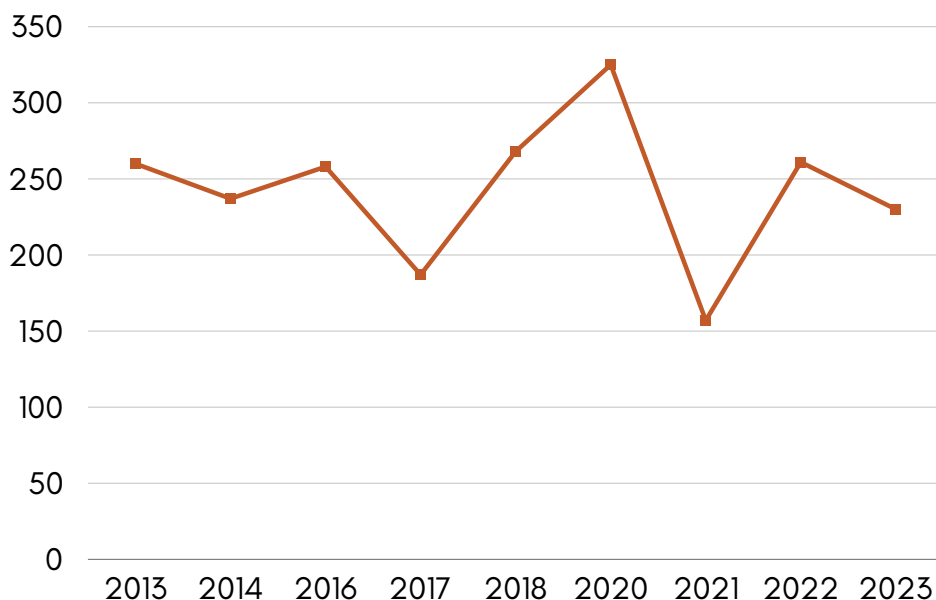
102 families faced foreclosure, **1.2%** of cost-burdened homeowners.

1,082 families faced evictions, **18.4%** of all cost-burdened renters.

	Foreclosures	Evictions
Catawba Rank: 37th	102	1,082
Davidson Rank: 22nd	132	1,379
Randolph Rank: 34th	115	913

13% of survey respondents were worried or unsure that they might not have stable housing in the next two months.

Point in Time Count



The Point in Time Count is a county of people experiencing homelessness on a single night in January conducted by a team of local partners.

The 2023 count included:
182 counted households, representing **230** total individuals

22 households were families, including **43** children

7 children without guardians

9 veterans

13 adults ages 18-24

Our Priorities

ACCESS TO HEALTHY FOOD

BRAIN HEALTH

SAFE, ENGAGING,
& ACTIVE SPACES



Priority Setting

During the 2023 Community Health Assessment process, we intentionally created an approach priority setting that was community-engaged, accessible, and iterative throughout the assessment. We wanted to avoid one specific meeting or activity defining priority setting, instead incorporating feedback from each phase into the final selection of our 2024-2027 health priorities.

We started with a review of the 2019 Community Health Assessment and SOTCH Reports and initial data gathering on standard demographics and health data. We hosted Community Conversations to engage residents in defining what “health” means to our community and what issues are most important to them.

Informed by this initial reflection and feedback from the community, we developed the Community Health Assessment Survey, ensuring that we prioritized data collection to provide needed context around gaps in secondary data and centered around issues most highlighted in Community Conversations.

Using data gathered from the survey and our continued review of secondary data, we identified a list of six emerging issues that were consistently mentioned in Community Conversations and were identified as potential priorities through the survey results.

What we heard...

- Social isolation, loneliness, community connections
- Quality healthcare
- Mental health and emotional well-being
- Chronic disease
- Addressing upstream issues
- Concerns around the needs of children, youth, and older adults
- Access to healthy, affordable food
- Safe, affordable housing
- Cost of living
- Safety

Leading survey priorities....

- Safe, affordable housing
- Access to affordable, quality healthcare
- Mental health supports and services
- Access to healthy, affordable food
- Parks, recreation, and outdoor spaces
- Community safety
- Chronic disease prevention and management

Emerging issues...

- Brain health
- Safe, affordable housing
- Access to healthy, affordable food
- Access to affordable, high quality healthcare
- Community spaces and place-making



Priority Setting

We prioritized additional secondary data collection around the identified emerging issues and began identifying potential cross-cutting themes. We hosted Data Walk Listening Sessions and Community Food Gatherings to engage partner organizations and community members in providing further clarification and context around each issue. This included identifying gaps in data and potential barriers to prioritization, like readiness and feasibility.

We hosted a Data Walk and Priority Setting Workshop, engaging partners and community members in reviewing data and providing feedback on potential priorities. Participants were asked to rate issues on: overall impact, the ability to address a clear disparity, feasibility, alignment with community goals and efforts, community readiness, and the potential cross-cutting impacts that each potential priority could have on multiple outcomes.

Using the same prioritization criteria, we leveraged data and community input gathered throughout the process - the Priority Setting Workshop, Community Conversations, survey results, Data Walks, Listening Sessions, and secondary data analysis - to finalize our 2024-2027 health priorities.

What we learned...

COVID-19 has impacted every potential priority.

We don't need to be limited by data, especially data we don't have. Data can and should be a tool to drive action, curiosity, shared learning, and engagement with community partners.

The actual priority may be one step deeper or more upstream and may have cross-cutting impacts across multiple issues.

We need clarity around how we define potential priorities and how they connect with community needs and interests.

Priority Workshop findings....

Some issues, like housing, are very impactful and important to our community, but we don't have the local resources or readiness to feasibly address the identified problems.

Be intentional in identifying overlaps and aligning seemingly separate priorities into one. The accessible, high-quality care people seek may include mental health services. The youth that we want to support may need access to spaces and activities to engage safely. Everyone needs access to healthy food, including people with chronic diseases or who are pregnant.

Where we've committed...

Access to healthy, affordable food

Brain health

Safe, engaging, and active spaces



Access to Healthy Food

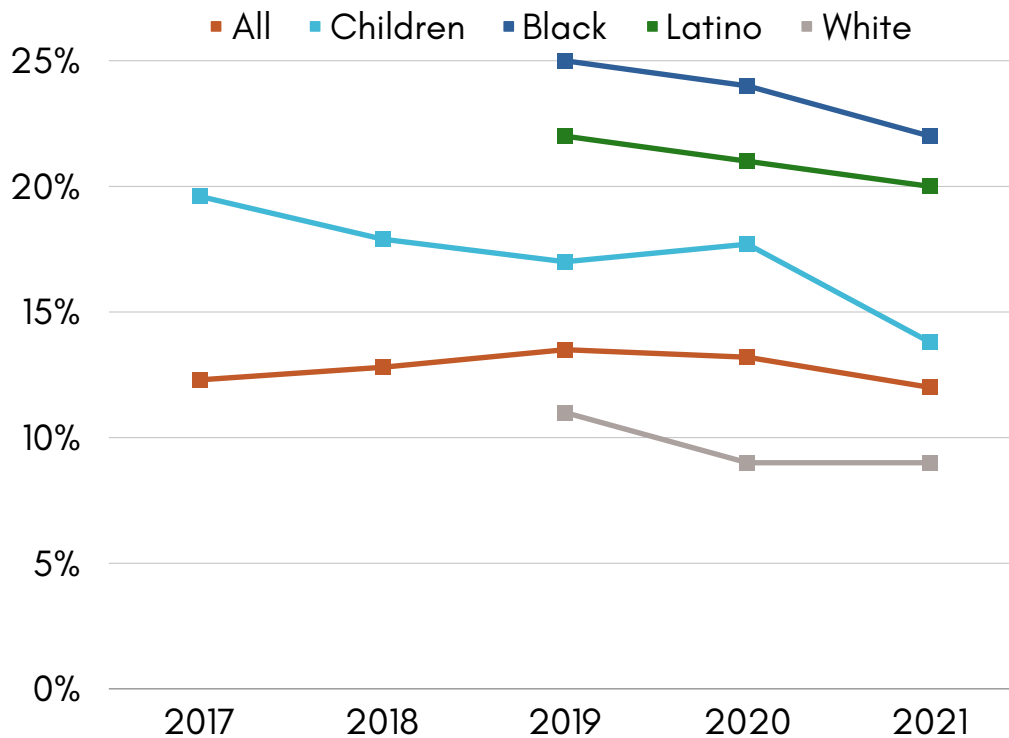
Access to healthy food has been a long-term health priority, whether in its own right or as part of a health condition-specific priority like chronic disease since the 2007 Community Health Assessment. We've found that while the work that's happened to improve access to healthy food in our community has been impactful, we have critical clarity informed by COVID-19 pandemic response and its impact on food insecurity. A defining perspective in this iteration is the commitment that increasing **access** to healthy food is the most critical foundation for improving nutrition and health.

OUR RESULT

All people in Catawba County are consistently accessing affordable, healthy food.

LEADING INDICATORS

Food Insecurity



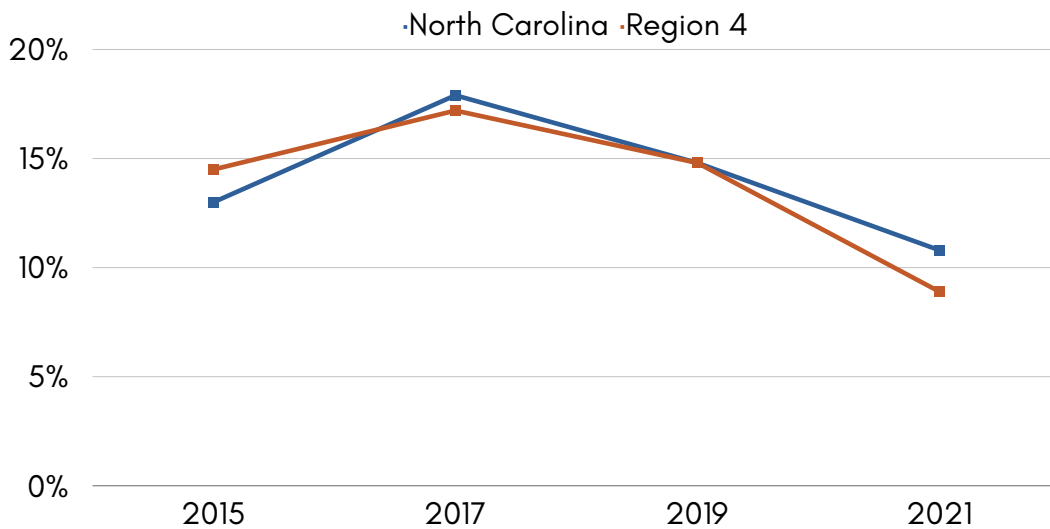
SHIP Alignment:

This indicator aligns with the North Carolina State Health Improvement Plan (SHIP) Health Indicator 8: Limited Access to Healthy Foods.

The overall 2021 food insecurity rate in Catawba is slightly higher than the state's rate at 11.8%. We have a lower rate of child food insecurity at 13.8% compared to the state at 15.4%. Catawba County's rates of food insecurity among Black and Latino residents is higher than the state at 22% and 20%, compared to 21% and 17%, respectively.

Food insecurity is defined as having limited access to the food you need to live a healthy life. Issues like income and employment are key related issues, but additional disparities exist based on where people live, race, transportation, housing instability, and living with certain health conditions. Food insecurity in Catawba County is trending down, with significant disparities persist, negatively impacting Black and Latino residents, as well as children.

Adults eating at least 5 servings of fruits, vegetables, or beans per day



While this indicator has its limitations as a regional, instead of local, data point, our partners believe that it is representative of our reality within the county, too. It provides a call to action, prioritizing the kinds of foods that we want to increase access to in our community to improve health outcomes and quality of life.

COMMUNITY FOOD SYSTEM ASSESSMENT

Cost and Affordability

SNAP Participation

Average Monthly SNAP Applications: 1,010
Average Monthly SNAP Participants: 23,976

14.9% of county population

\$5.94 average benefit per household member per day

SNAP Households
49.8% at least one person living with a disability

78.5% at least one person in the workforce in the last year

50.1% families with children

35% at least one person 60 years or older

\$32,565 median income

Cost was the leading barrier to healthy food access among survey respondents and during Community Food Gatherings.

Average Meal Cost Catawba: \$3.56
 Davidson: \$3.40
 Randolph: \$3.39

The highest estimated rates of SNAP participation by community are 29.9% in Southeast Hickory (tract 110), 26% in Long View (tract 107), 23.3% in North Long View/Airport (tract 107), and 22.8% in Ridgeview (tract 109).

While Black and Latino residents are more likely to live in low-income households and experience food insecurity than White residents, they have lower SNAP participation rates, at 22% and 10.5% compared to 60.2%, respectively. Barriers to access discussed in Community Food Gatherings include eligibility and administrative barriers and stigma.

19% of survey respondents selected access to healthy, affordable food as an area the community should focus on to improve health and quality of life.

67% of students across all three school districts are economically disadvantaged, qualifying them for free school meals.

In 2019, 1 in 10 people in our community had limited access to food based on their income and where they live.

The neighborhood census tracts most impacted are:

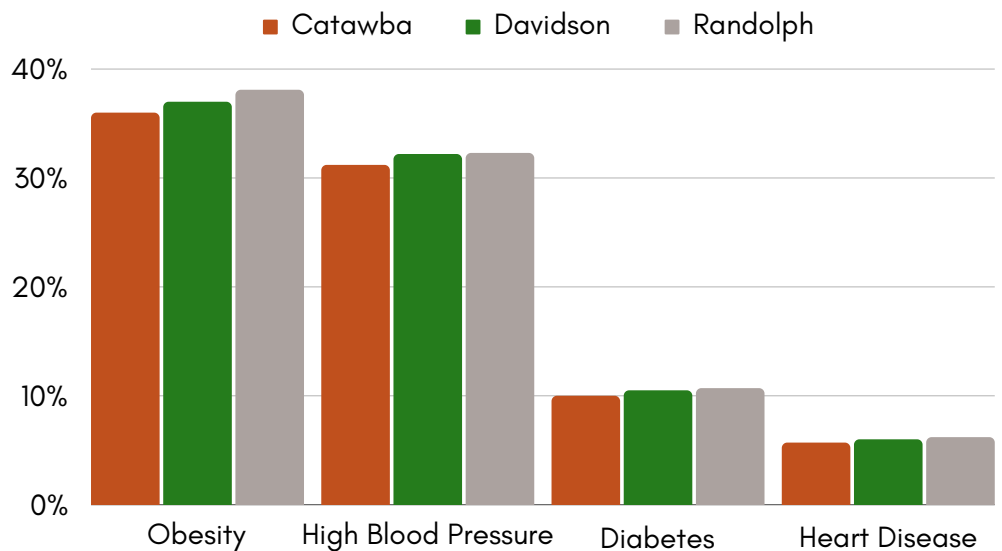
- Long View (tract 107)
- Ridgeview (tract 109)
- Southeast Hickory (tract 110)
- East Newton (tract 113)
- Highland (tract 104.02)
- St. Stephens (tract 103.04)
- 16th Street NE (tract 104.01)

There were **4,146** deaths from diet-related health conditions like heart disease, stroke, cancer, and diabetes from 2016 to 2021, **43.5% of total deaths.**

These conditions disparately impact Black residents, who are also most impacted by food insecurity.

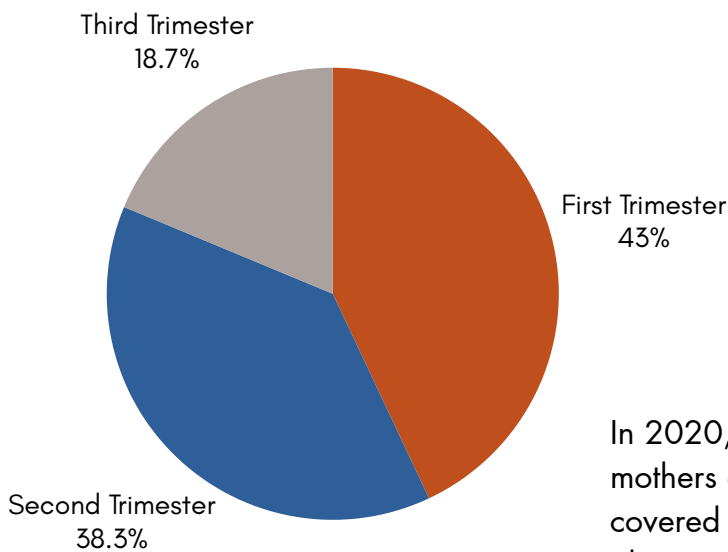
While Catawba County's rates of diet-related chronic disease prevalence are slightly lower than Davidson and Randolph Counties, these still have a significant impact on health and quality of life.

Diet-Related Chronic Disease Prevalence (2021)



Within Catawba County, the highest prevalence of obesity (48.5%), high blood pressure (45.5%), and diabetes (19.6%) was in Ridgeview (tract 109). The highest prevalence of heart disease was in Southeast Hickory (tract 110), 9.5%. Along with Long View (tract 107) and East Newton (tract 113), these communities had prevalence rates higher than the county's for each chronic condition.

WIC Certification by Trimester (2021-2022)



2019-2020

Average monthly WIC participation

Total: **3,583**
 Pregnant Women: **296**
 Breastfeeding Women: **286**
 Infants: **950**
 Children: **1,776**

In 2020, **56.34%** of mothers giving birth covered by Medicaid also participated in WIC

In 2019, **43.7%** of 2-4 year-olds participating in WIC were at a healthy weight.

Improving Access to Culturally Preferred Foods

Ensuring that people have access to culturally preferred foods as a cornerstone of addressing food insecurity was a key learning from partner organizations and during Community Food Gatherings. These foods are meaningful to an individual's cultural identity and experiences, and prioritizing access to these foods centers community engagement, builds trusting relationships, and broadens the scope of our definition of access.

Sources: NC State Center for Health Statistics, NCDHHS



Brain Health

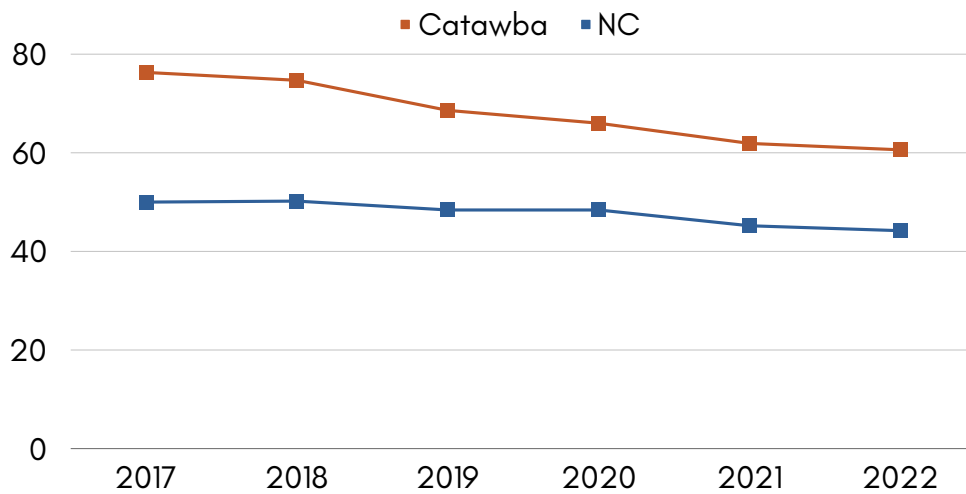
Brain health has been a long-term health priority in different framing and approaches since the 2007 Community Health Assessment. Since identifying behavioral health as a priority in the 2019 Community Health Assessment, we’ve worked collaboratively to reframe this priority to brain health with collaboration and guidance from local experts and community members with lived experience. This priority area still covers the issues, indicators, and opportunities traditionally associated with mental and behavioral health, with an intentional emphasis on using shared language that is adapting among experts and stakeholders to be more inclusive and destigmatizing.

OUR RESULT

All people in Catawba County have access to support and resources that promote their brain health and mental well-being.

LEADING INDICATORS

Child Abuse and Neglect Investigations Rate per 1,000



Catawba County has a strong collection of partners with a proven commitment to addressing Adverse Childhood Experiences (ACEs) and promoting resiliency in our community, families, and children. We are intentionally including ACEs and resiliency as part of this priority, even without locally available data measuring the incidence of ACEs like there is at the state level (SHIP Indicator 5). This indicator was chosen to create intentional space to promote resiliency and address ACEs as part of this priority, even with data limitations.

Leveraging this data point as an indicator motivates us to consider what conditions, supports, and resources are needed in our community to help ensure that children and their families can be resilient and thrive.

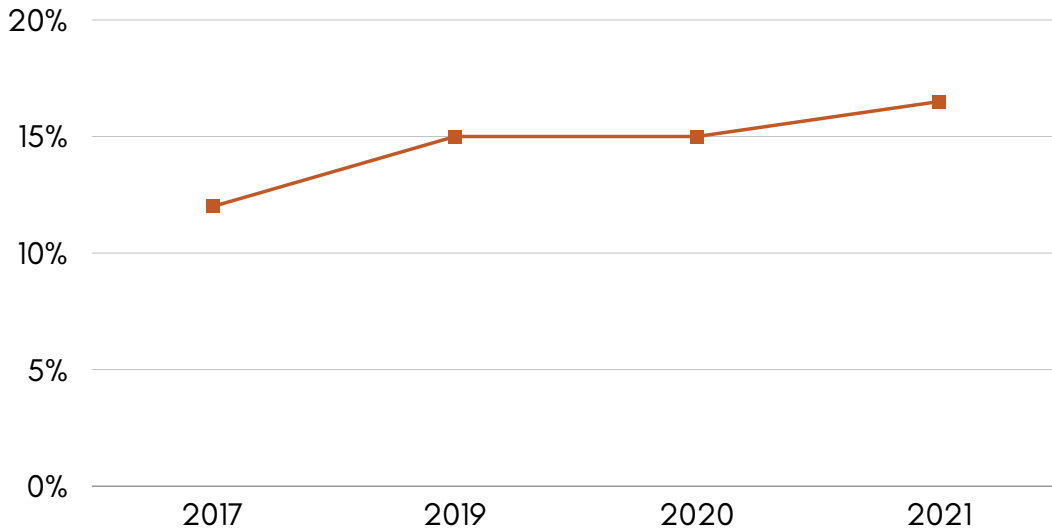
In 2021, **67.3%** of children in foster care were placed due to parental substance abuse, a **40% increase** since 2015.

37.8% of children live in a single parent household.

10.4% of families have a household head without a high school diploma.

9.1% of children don’t have a parent currently in the workforce.

Adults Reporting Poor Mental Health 14 or More Days per Month

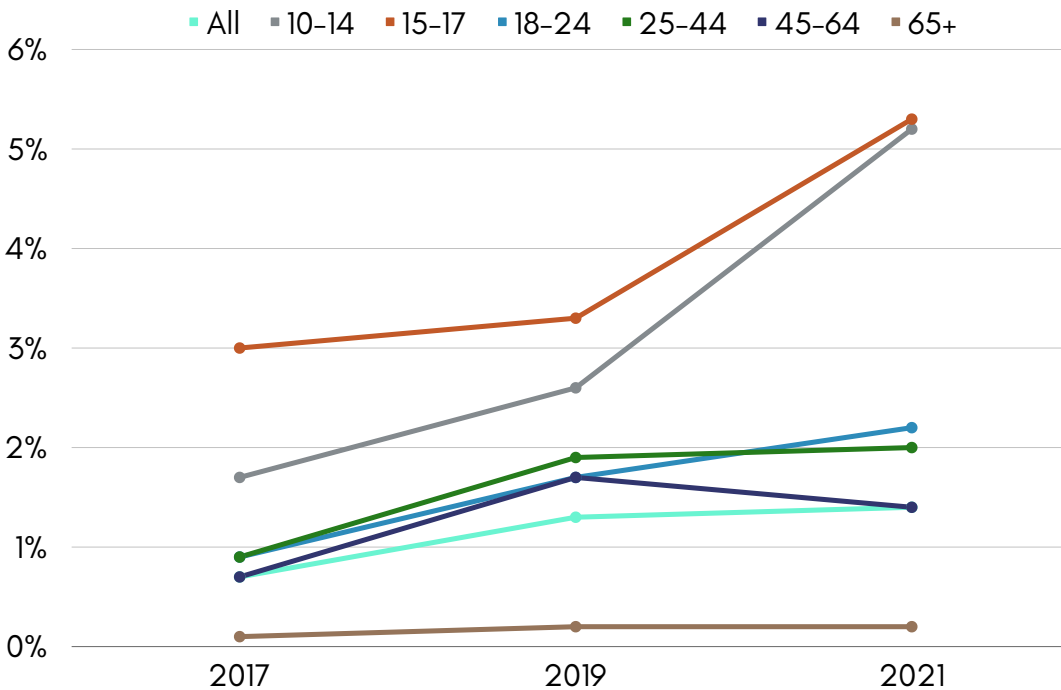


24.9% of survey respondents selected mental health services and supports as an issue that our community should focus on to improve health

This indicator reflects a consistent concern heard in Community Conversations and throughout the assessment process that people see and feel a growing trend of worsening mental health and well-being.

Not only is this trend increasing, but there are also significant disparities based on place. Longview (tract 107), Ridgeview (tract 109), Southeast Hickory (tract 110), East Newton (tract 113), and Highland (tract 104.02) all have rates higher than the county.

Emergency Department Visits Related to Suicidal Ideation

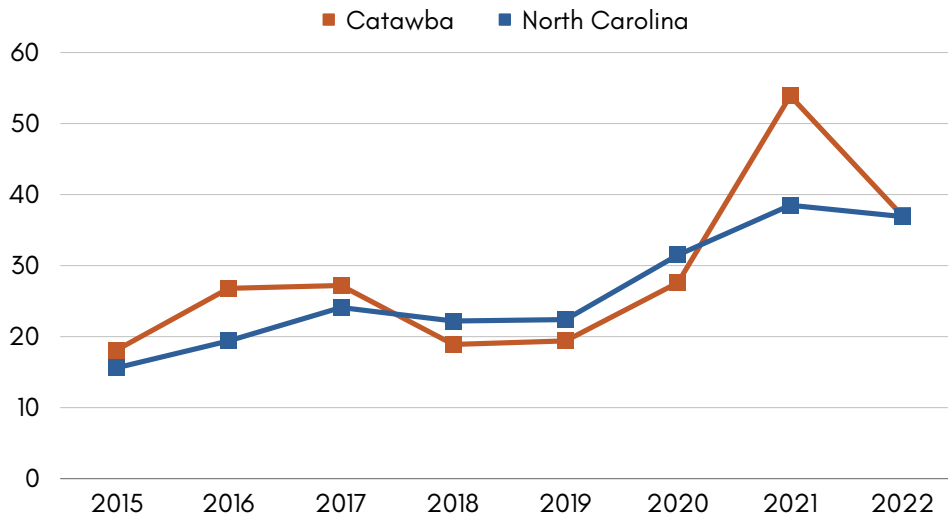


We received consistent feedback from partners and community members related to the mental and emotional health of children and youth, particularly the negative impacts that the COVID-19 pandemic had on schools, supports, and resources.

The mortality rate related to suicide has risen between 2008-2012 and 2016-2020 and is 23.4% higher than the state.

This indicator provides a clear call to action around this critical priority to support the mental and emotional health of children and youth. While the overall number and percentage of emergency department visits related to suicidal ideation is highest among adults, analyzing the data as a percentage of visits disaggregated by age group shows that the most significant rate of increase in these visits is among children and youth ages 10-14 and 15-17.

Drug Overdose Deaths Rate per 100,000



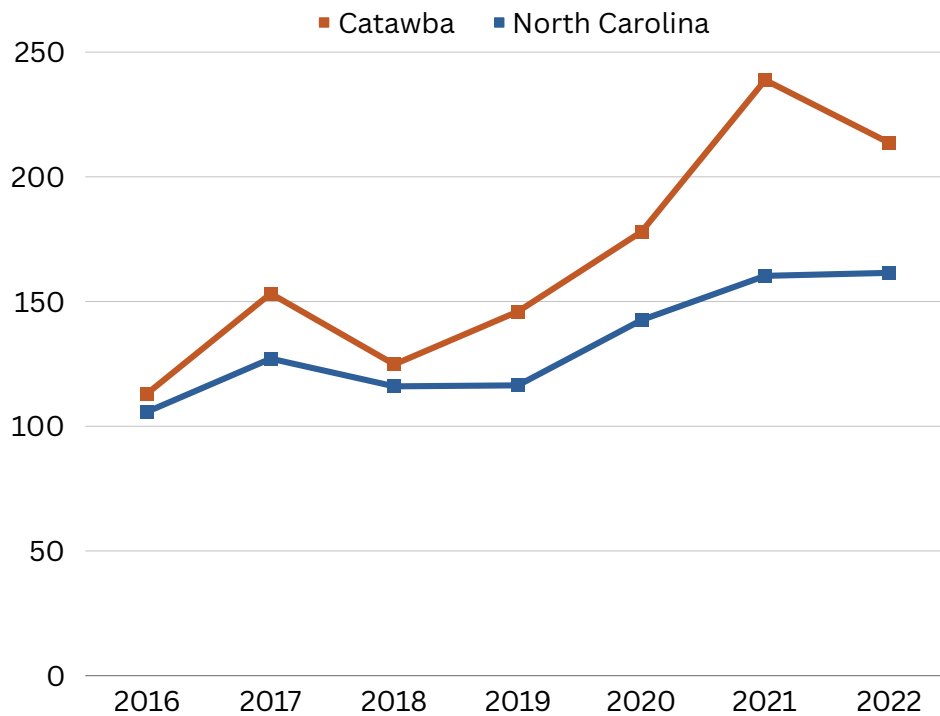
SHIP Alignment:

This indicator aligns with the North Carolina State Health Improvement Plan (SHIP) Health Indicator 10: Drug Overdose Deaths.

Drug overdoses were responsible for 363 deaths in Catawba County from 2015 to 2022.

The rate of deaths related to drug overdose has increased by 104% from 2015 to 2022. In 2022, 79.7% of deaths involved illicit opioids.

Emergency Department Visits Related to Drug Overdose Rate per 100,000



White residents are most impacted by overdose deaths (28 per 100,000 in 2020), but the percent increase in overdose death rates is highest among Black and Latino residents. Between 2015 and 2020, the overdose death rate among White residents increased by 32%, while the rate among Black residents increased by 93% and the rate among Latino residents increased by 20%.

Most opioid overdose emergency department visits in 2023 were among 25 to 34 year-olds.

In 2021, the rate of residents who are uninsured or covered by Medicaid participating in treatment for opioid use disorder was **537 per 100,000**, higher than the statewide rate of 463.7 per 100,000.

10.3% of survey respondents selected substance use resources and support as an issue that our community should focus on to improve health and well-being.



Safe, Engaging, and Active Spaces

This priority is the product of our willingness to explore potential opportunities at the intersection of seemingly disparate issues. One of the clearest trends from the beginning of the 2023 Community Health Assessment was recognizing a sense of social isolation or lack of connectivity to the community that has grown since the COVID-19 pandemic. Qualitative feedback and survey data demonstrated a clear need to consider opportunities to address this issue. As we began identifying opportunities to address this issue, we realized that the answer to many problems could be as much of a priority as the problems themselves. Instead of focusing energy on emerging issues like physical activity, social isolation, community safety, and chronic disease prevention separately, we could align and embrace a priority that impacts all those outcomes. By creating community spaces that are safe and accessible, that allow for connecting with and engaging with the community, and that promote opportunities to be active, we are aligning efforts under this actionable priority to improve health and quality of life from multiple diverse perspectives.

Survey respondents selected the following potential priorities to focus on to improve health in Catawba County, inspiring this cross-cutting priority approach.

Parks, Recreation, and Outdoor Spaces: 15.4%

Neighborhood Safety: 12.6%

Chronic Disease Prevention: 12.3%

Social Connection and Community Building: 8.5%

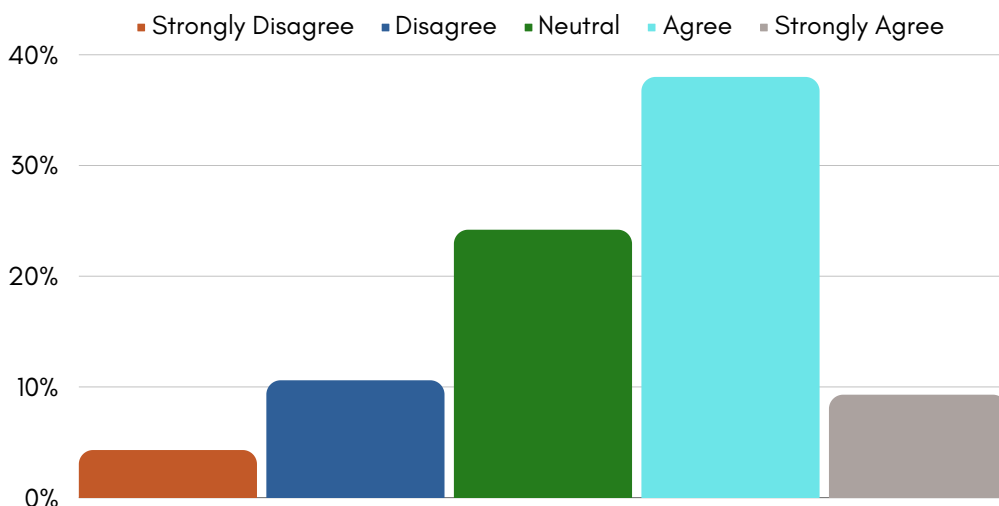
Arts and Cultural Events: 6.5%

OUR RESULT

All people in Catawba County can access safe spaces to be active and engage with their community.

LEADING INDICATORS

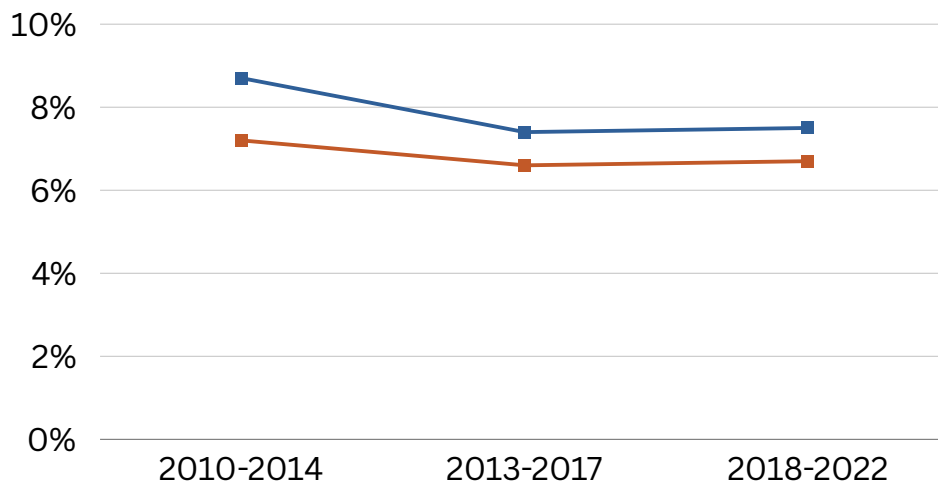
Sense of Connection to Community



Given how consistent and critical of a theme social isolation and community connectivity was, it was important to select an indicator to reflect this community priority.

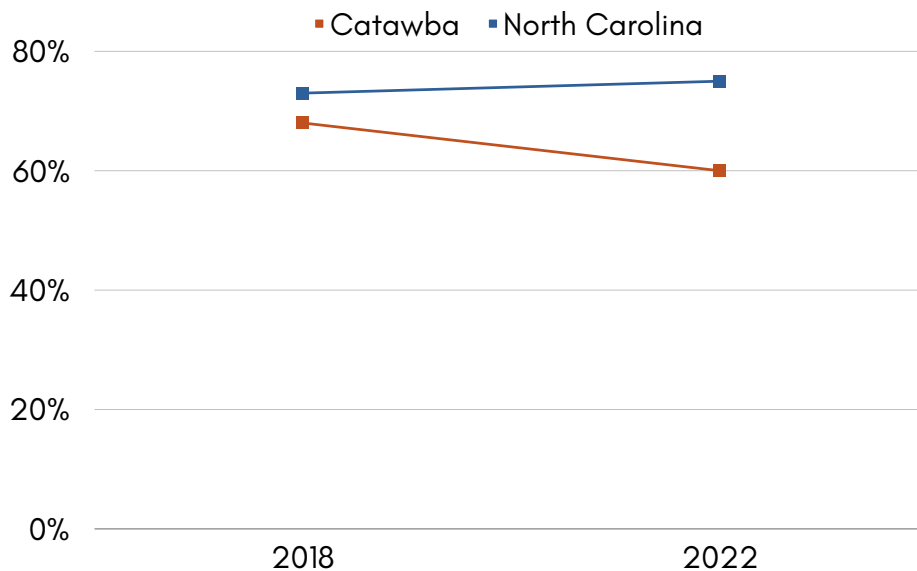
47.3% of survey respondents reported feeling connected to their community and **50.9%** felt a sense of belonging.

Disconnected Youth



This indicator continues to prioritize the importance of building an engage, connected community as it specifically relates to youth, a group frequently mentioned as a priority related to this issue during Community Conversations. This measure includes the percent of 16 to 19 year-olds who are not in school and not working.

People with Access to Opportunities for Physical Activity



SHIP Alignment:

This indicator aligns with the North Carolina State Health Improvement Plan (SHIP) Health Indicator 7: Access to Exercise Opportunities.

This measure includes the percentage of residents living reasonably close to a park or recreation facility. This is defined as residing in a census block that is: within a half mile of a park, or within one mile of a recreational facility in an urban area, or within three miles of a recreation center in a rural area. The purpose of this indicator is to drive conversation around accessibility of publically available spaces for activity and community connectivity.

The impact of chronic diseases mentioned in the Health Outcomes and Access to Healthy Food sections are also directly related to physical inactivity. An estimated 24.4% of adults report no physical activity outside of work. This percentage is higher in Southeast Hickory (tract 110) at 40%, Ridgeview (tract 109) at 39.1%, East Newton (tract 113) at 32.2%, and Long View (tract 107) at 32%.

Community Safety

The rate of injury deaths, including suicide, homicide, motor vehicle crashes, and poisonings, was **80 per 100,000** from 2016-2020.

63.9% of survey respondents agreed or strongly agreed that their community is a safe place to live.

The violent crime rate in 2022 was **241 per 100,000** in 2022, down from 343 per 100,000 in 2019.

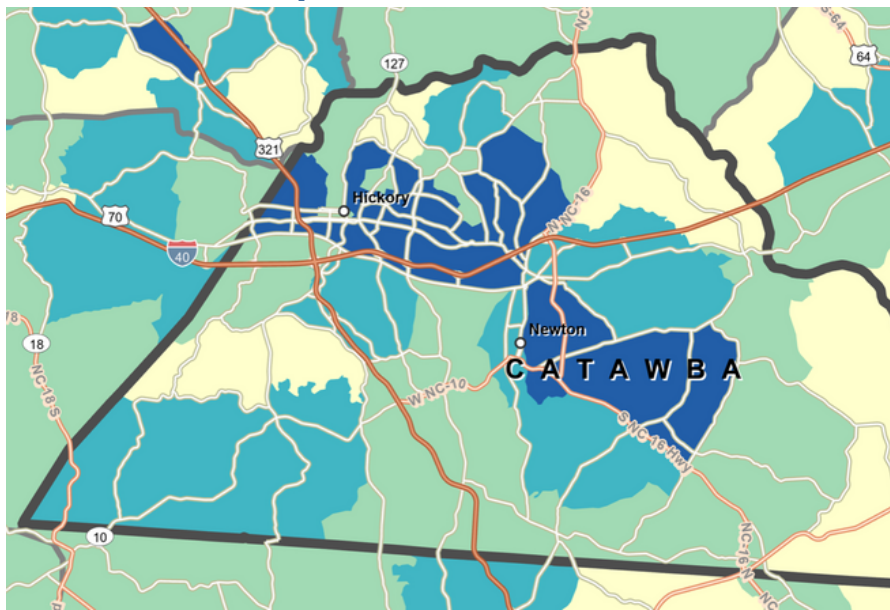
CROSS-CUTTING PRIORITIES

Priority Populations and Place-Based Approaches

While a central goal of the 2023 Community Health Assessment was to identify priority issues impacting health and well-being across the community, it is also critical to consider who within our community is most affected by disparities in opportunities and outcomes. Identifying these priority populations is necessary to ensure that we engage in and with communities that are more deeply impacted in intentional ways as we advance opportunities for good health for our entire community.

Throughout this assessment, several trends emerged regarding disparities in health outcomes and drivers of health. Black and Latino residents of Catawba County are more likely to experience disparities in many health outcomes and drivers of health related to our priorities. Oftentimes, these disparities overlap and can often increase risk or affect outcomes across issues.

Social Vulnerability Index



The Social Vulnerability Index (SVI) measures social vulnerability, or the risk that specific communities may experience worsened outcomes based on their local context, using a combination of sixteen comprehensive social and economic variables.

The Social Vulnerability Index, as well as the other mapping and neighborhood census tract data tools used during this assessment, allow for a place-based approach, recognizing that our community has an impact on health outcomes and should, therefore, help determine what strategies and resources are leveraged to address our priorities.

Other place-based data sources and tools used for the assessment include the Environmental Justice Index, CDC PLACES, and Census Bureau American Community Survey.

The communities that were identified as experiencing consistent and often overlapping disparities throughout this assessment were:

- Long View - Tract 107**
- Ridgeview - Tract 109**
- Southeast Hickory - Tract 110**
- East Newton - 113**

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Appendices

Appendix A: 2023 Community Health Assessment Survey Instrument

Appendix B: Catawba County Public Health Community Resource Inventory

1. Please choose all options that are true for you.

- I live in Catawba County
 - I work in Catawba County
 - None of the above
-

2. What is your age?

- Under 18
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+
-

3. What is your gender?

- Male
 - Female
 - Other
-

4. What is your race or ethnicity?

Please select all that apply.

- White
 - Black or African American
 - Latino or Hispanic
 - Asian or Pacific Islander
 - Native American
 - Other
-

5. What is the highest level of education that you have completed?

- Did not complete high school or GED
 - High school graduate or GED
 - Some college, no degree
 - Associate degree or vocational training
 - Bachelor's degree
 - Graduate or professional degree
-

6. What is your current employment status?

- Unemployed
 - Employed, part-time
 - Employed, full-time
 - Stay at home parent or caretaker
 - Student
 - Retired
 - Other
-

7. Which of the following best represents your household income last year?

- Less than \$19,000
 - \$20,000 - \$29,000
 - \$30,000 - \$39,000
 - \$40,000 - \$49,000
 - \$50,000 - \$74,999
 - \$75,000 - \$99,999
 - \$100,000 - \$149,000
 - \$150,000 - \$200,000
 - More than \$200,000
 - Prefer not to answer
-

8. Are you currently covered by any of the following types of health insurance or health coverage plans?

- Insurance through my employer
 - Individual commercial insurance (examples: Affordable Care Act, Marketplace)
 - Tricare
 - Medicare
 - Medicaid
 - No health insurance/uninsured
 - Other
-

9. How many children under 17 live in your household?

10. How many adults 18 and older live in your household, including you?

11. What is your household's zip code?

28601

28602

28609

28610

28613

28650

28658

28673

28682

Other

12. In general, my physical health is

Excellent

Very Good

Good

Fair

Poor

13. In general, my mental health is

- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
-

14. I would rate the overall health of my community as

- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
-

15. What makes your community a healthy or good place to live?

16. What prevents your community from being a healthy or good place to live?

17. In the past 12 months, where have you gone when you were sick or needed healthcare?

Select all that apply.

- Doctor's office - primary care
 - Hospital - emergency department
 - Urgent care center
 - Pharmacy
 - Health department
 - Kintegra
 - Free clinic
 - I didn't receive healthcare in the last 12 months
 - I don't know
 - Other
-

18. During the past 12 months, was there any time that you needed any of the following but didn't get it because you couldn't afford it?

Select all that apply.

- Seeing your regular doctor/primary care
 - Prescription medicines
 - Mental health services or counseling
 - Emergency care
 - Dental care
 - Vision care
 - Other specialist care
 - None of the above
 - Other
-

19. When you go to the doctor, clinic, or hospital, do they

	Never	Rarely	Sometimes	Often	Always
Explain things in a way that is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen carefully to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect you as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address your needs and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Within the past 12 months, has a lack of transportation kept you from medical appointments, work, or other important things that you need to do?

- Never
 - Rarely
 - Sometimes
 - Often
 - All of the time
-

21. Please select how strongly you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My community is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is a good place to age or grow older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is plenty of economic opportunity in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is plenty of support for people during times of need in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my community are willing to help their neighbors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of belonging in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Do you have any other thoughts that you would like to share?

23. Which of the following places have you or someone in your household had a difficult time getting to because transportation was not available?

Select all that apply.

- Did not experience transportation issues
 - Job
 - Social services or other helping agency
 - Grocery store, farmers market, or food pantry
 - Recreation and entertainment
 - Preschool or childcare
 - Church or faith activity
 - Community meetings and events
 - Healthcare clinic or office (doctor, dentist, mental health services)
 - Pharmacy
 - Education opportunities (college, technical school)
 - Other
-

24. In the last 12 months, how hard was it for you or your household to regularly get and eat healthy foods?

- Very hard
 - Hard
 - Somewhat hard
 - Not very hard
 - Not hard at all
 - I don't know
-

25. People have different reasons for eating or not eating healthy foods. Which, if any, of the following reasons were true for your household in the last 12 months?

Select all that apply.

- Healthy foods are too expensive
 - There aren't a lot of healthy food choices at the stores where I usually shop
 - Stores or food pantries with healthy food are too far away or hard to reach
 - I don't have a car or other transportation to reach stores or food pantries that have healthy foods
 - I don't have enough time to shop for healthy foods
 - I don't have enough time to cook healthy foods
 - I don't have the space or equipment to prepare healthy foods
 - I don't know how to cook healthy foods
 - I don't know which foods are considered healthy foods
 - Someone in my household doesn't like the taste of healthy foods
 - Some foods from my family or culture are hard to make healthy
 - Other
-

26. Where do you typically go for food?

Select all that apply

- Grocery stores or supermarkets
 - Corner stores or discount stores like Dollar General or Family Dollar
 - Gas stations or convenience stores
 - Farmers' markets or local farmers
 - Gardens
 - Food pantries or food banks
 - Restaurants
 - Other
-

27. Which of the following best describes your current living situation?

- I own my home
 - I rent my home
 - I rent a room or space in someone's house
 - I live with relatives or friends
 - I live in a hotel/motel
 - I am homeless or live in transitional housing or a shelter
 - Other
-

28. How would you rate the condition of your housing?

- Good
 - Fair
 - Poor
 - I don't know
-

29. Are there additional friends or relatives that currently live with you because they cannot afford to live on their own?

Yes

No

30. Are you worried or concerned that, in the next 2 months, you may not have stable housing?

Yes

No

I don't know

31. What are your biggest concerns related to housing in your community?

Select all that apply.

Housing availability

Housing costs and affordability

Housing safety

Housing quality

Location of housing

Cost of utilities

Maintenance and repairs

Options for renters

Homelessness

Other

32. How often do you feel isolated or lonely?

- Always
- Often
- Sometimes
- Rarely
- Never
- I don't know

33. Which of the following would you like your community to focus on to improve health, well-being, and quality of life.

Please select your top 3 choices.

- Access to affordable and quality healthcare
- Transportation options
- Safe and affordable housing
- Chronic disease prevention and management
- Support for healthy pregnancies and births
- Healthy aging support
- Childcare options and affordability
- Healthy child development
- Access to affordable, healthy food
- Mental health services and support
- Substance use support
- Employment opportunities
- Neighborhood safety
- Arts and cultural events
- Support for youth and young adults
- Parks, recreation, and outdoor spaces
- Social connection and community-building
- Other

Community Resource Inventory



ACCESS TO HEALTH CARE CANCER RESOURCES AND SUPPORT

American Cancer Society, Road to Recovery
1-800-227-2345
<https://www.cancer.org/treatment/support-programs-and-services/road-to-recovery.html>

Catawba Valley Health System,
Community Cancer Resource Center
828-732-6054
<https://www.catawbavalleyhealth.org/Medical-Center/Services/Cancer.aspx>

Catawba Valley Health System, Health First Center
828-485-2300 x 6202
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/Health-First-Center.aspx>

Hearts of Hope Cancer Support Group
828-732-6054
<https://www.catawbavalleyhealth.org/Medical-Center/Patients-Visitors/After-You-Leave/Support-Groups.aspx>

Catawba County Wig Bank
828-326-2176
<http://www.conovernc.gov/vertical/Sites/%7BBAB0D760-E669-4331-9C22-9FB14833B6B9%7D/uploads/%7BB4104CFD-5475-4EA4-AC6A-41CD33AEF4CD%7D.PDF>

DENTAL
Affordable Dentures & Implants
828-538-4633
<https://www.affordabledentures.com/office/conover/>

Catawba Family Dentistry (Kintegra)
828-695-5778
<https://gfhs.info/catawba-family-dentistry/>

Catawba Valley Community College,
Dental Hygiene Clinic
828-624-5258
<http://www.cvcc.edu/Academic-Resources/Programs/Health-Services/Dental-Hygiene/index.cfm>

Insure Kids Now
Find a Dentist in North Carolina for NC Health Choice and NC Medicaid
<https://www.insurekidsnow.gov/coverage/nc/find-a-dentist/index.html>

EMERGENCY MEDICINE
If you have an emergency, call 9-1-1
Catawba Valley Behavioral Health
Mobile Crisis Management
888-235-4673
<https://www.cvbh.org/mobile-crisis-management/>

Catawba Valley Medical Center
Emergency Department
828-326-3850
<https://www.catawbavalleyhealth.org/Medical-Center/Services/Emergency-Department.aspx>

Frye Regional Medical Center Emergency Department
828-315-3190
<https://www.fryemedctr.com/our-services/emergency>

Partners Behavioral Health
Management — Behavioral Health Crisis
1-888-235-4673
<https://www.partnersbhm.org/crisis-help/>

FAMILY MEDICINE
Family Medicine — Finding Medicaid Primary Care Providers
North Carolina Department of Health and Human Services- Medicaid Primary Care Providers
<https://medicaid.ncdhhs.gov/find-a-doctor/medicaid-primary-care-providers>

Cannon Square Family Care
828-353-9944
<http://www.cannonsquarefc.com/>

Catawba Family Care
828-994-4544
<http://gfhs.info/catawba-family-care/>

Catawba Valley Medical Group — Multiple Locations
828-495-8226
<https://www.catawbavalleyhealth.org/Medical-Group/Primary-Care-Practices.aspx>

Crossroads Family Medical Care
704-276-9200
<https://www.catawbavalleyhealth.org/Medical-Center/Find-a-Provider/P/Bill-Jack-Parker-MD.aspx>

FryeCare Family Physicians Network — Multiple Locations
1-800-339-8758
<https://www.fryecarephysicians.com/our-practices>

Greater Hickory Family Medicine
828-431-4988
<https://www.catawbavalleyhealth.org/Medical-Center/Find-a-Provider/G/Daniel-N-Gill-MD.aspx>

Hart Family Practice
828-322-8484
<http://www.hartfamilypractice.com/Mountain-View-Family-Practice>
828-294-3116
<http://mcintyremd.com/>

Newton Family Physicians
828-465-3928
<http://www.newtonfamilyphysicians.com/>

Swisher Internal Medicine
828-324-0100
<http://swisherinternalmedicine.com/>

Unifour Family Practice
828-294-4100
<https://www.unifourfamilypractice.com/>

Wake Forest Baptist Health — Multiple Locations
336-716-9353
<https://www.wakehealth.edu/Find-A-Provider>

HEALTH INSURANCE AND ADDITIONAL RESOURCES
Apollo Healthcare Cooperative
828-256-1471

Catawba County Social Services — Adult Medicaid
828-695-5692
<https://catawbacountync.gov/county-services/social-services/adult-services/adult-medicaid/>

Catawba County Social Services — Family Medicaid
828-695-5712
<https://catawbacountync.gov/county-services/social-services/family-support-services/family-medicaid>

Catawba County Social Services — Home and Community-Based Services
828-695-5600
<http://www.catawbacountync.gov/county-services/social-services/adult-services/home-community-based-services/>

HEARING

Best Value Hearing Care Center
828-979-0655
<https://www.bestvaluehearing.com/>

Bowles Hearing Care Services
828-322-7025
<https://bowleshearing.com/>

North Carolina Department of Health and Human Services — Regional Centers for the Deaf and the Hard of Hearing
Voice: 1-800-999-8915
Video Phone: 828-475-6606
TTY: 1-800-205-9920
<https://www.ncdhhs.gov/assistance/hearing-loss/regional-centers-for-the-deaf-hard-of-hearing>

Viewmont Audiology
828-322-4327
<https://viewmontaudiology.com/>

HIV/AIDS SERVICES

AIDS Leadership Foothills Area Alliance (ALFA)
828-322-1447
<https://www.alfainfo.org/>

HOSPITALS

Catawba Valley Medical Center
828-326-3000
<https://www.catawbavalleyhealth.org/>

Frye Regional Medical Center
828-315-5000
<https://www.fryemedctr.com/>

LOW-COST OR FREE CLINICS

Catawba County Public Health
828-695-5800 (Main Number)
<http://www.catawbacountync.gov/county-services/public-health/>
 » **Adult Preventive Health Clinic (Family Planning, STD testing and treatment, and Breast and Cervical Cancer Control Program)**
 » **Immunization Clinic**
 » **Women, Infants and Children (WIC)**

Catawba Family Care (Kintegra)
828-994-4544
<http://gfhs.info/catawba-family-care/>

Family Healthcare Practice
828-466-3000
Greater Hickory Cooperative Christian Ministry
828-327-0979
<https://www.ccmhickory.com/>

St. Joseph's Catholic Church Good Samaritan Clinic
828-465-2878
<http://www.stjosephrcc.org/clinic.htm>

OBSTETRICS/GYNECOLOGY

A Woman's View
828-345-0800
<https://www.awomansview.com/>

Catawba Valley Medical Center — Center for Women and Children
828-326-3000
<https://www.catawbavalleyhealth.org/Medical-Center/Services/Women-and-Children.aspx>

Catawba Women's Center
828-322-4140
<https://www.catawbawomenscenter.com/>

FryeCare Women's Services
828-328-2941
<https://www.fryecarephysicians.com/our-practices/fryecare-womens-services>

Pregnancy Care Center of Catawba Valley
828-322-4272
<https://www.pcchickory.com/>

PEDIATRICS

Catawba Pediatric Associates
828-322-2550
<https://catawbapediatrics.net/>

The Child Health Center
828-322-4453
<http://www.thechildhealthcenter.com/>

Thrive Skilled Pediatric Care
828-322-2710
<https://www.thrivespc.com/>

Unifour Pediatrics
828-328-1118
<http://www.unifourpeds.com/>

North Carolina Department of Health and Human Services — Find a Doctor or Specialist accepting Medicaid
<https://medicaid.ncdhhs.gov/find-a-doctor/>

PRESCRIPTION ASSISTANCE
Greater Hickory Cooperative Christian Ministry
828-327-0979
<https://www.ccmhickory.com/>

Live Healthy Prescription Discount Program
1-877-321-2651
<https://www.nacorx.org/>

Medicine Assistance Tool
888-477-2669
<https://mat.org/>

NC Med Assist
1-866-331-1348
www.medassist.org

URGENT CARE

Catawba Valley Urgent Care
828-326-2876
<https://www.catawbavalleyhealth.org/Medical-Group/Urgent-Care.aspx>

Fast Med Urgent Care — Hickory
828-404-3656
<https://www.fastmed.com/urgent-care-centers/hickory-nc-walk-in-clinic/>

Urgent Care of Mountain View (Hickory and Newton locations)
828-330-2103
<https://www.urgentcareofmountainview.com/>

FryeCare Urgent Care
828-267-0551
<https://www.fryecarephysicians.com/our-practices/fryecare-urgent-care>

VISION

Dr. Michael R. Sigmon
828-322-2606

Graystone Eye
888-626-2020
<https://www.graystone-eye.com/>

Maiden Eye Clinic
828-428-9175
<https://www.nvc2020.com/>

Mountain View Eye Center
828-294-1010
<https://www.nvc2020.com/>

Newton Vision Center
828-464-4136
<https://www.nvc2020.com/>

North Carolina Department of Health and Human Services — Social Workers for the Blind
828-695-5605
<https://www.ncdhhs.gov/assistance/vision-loss/social-workers-blind>

North Carolina Lions, Inc.
828-478-2135
<https://nclionsinc.org/services-for-the-blind-and-visually-impaired/>

VETERAN SERVICES

Catawba County Veteran Services
828-485-8255
<http://www.catawbacountync.gov/county-services/emergency-services/veterans-services/>

Hickory VA (Veterans Affairs) Clinic
828-431-5600
https://www.va.gov/find-locations/facility/vha_637GC

Wounded Warriors Project
877-832-6997
<https://www.woundedwarriorproject.org/>

FAITH COMMUNITIES

FaithHealth Catawba
828-485-2300 x6201
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/FaithHealth-Catawba.aspx>

AGING POPULATION

Adult Life
828-326-9120
<https://www.adultlifeprograms.com/>

Catawba County Council on Aging
828-328-2269
<https://www.catawbacoa.org/>

Catawba County Social Services- Adult Day Care/ Day Health
828-695-5609
<http://www.catawbacountync.gov/county-services/social-services/adult-services/home-community-based-services/>

Catawba County Social Services — Special Assistance In-home Care
828-695-5609
<http://www.catawbacountync.gov/county-services/social-services/adult-services/home-community-based-services/>

Catawba Valley Medical Center — Healthways SilverSneakers® Fitness Program for Aging Adults
828-326-3680
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/Fitness-Plus/Specialized-Programming.aspx>

PACE@Home
828-468-3980
<https://www.pace-at-home.org/>

Western Piedmont Council of Governments Area Agency on Aging
828-322-9191
<http://www.wpcog.org/area-agency-on-aging>

Western Piedmont Council of Governments Options Counseling for Long-Term Care
828-695-5609
<http://www.wpcog.org/options-counseling>

Senior Information Resource (SIR)
<http://sirnc.org/>

NURSING HOMES, ASSISTED LIVING, AND REHABILITATION CENTERS

Abernathy Laurels
828-464-8260
<https://www.abernethylaurels.org/>

Brian Center Health and Rehabilitation — East Hickory
828-322-3343
<https://www.savaseniorcare.com/brian-center-health-rehabilitation-hickory-east>

Brian Center Health and Rehabilitation — Viewmont,
828-328-5646
<https://www.savaseniorcare.com/brian-center-health-and-rehabilitation-hickory-viewmont>

Brookdale Hickory Northeast
828-214-5607
<https://www.brookdale.com/en/communities/brookdale-hickory-northeast/details.html>

Carillion Assisted Living
828-466-7474
<https://www.carillonassistedliving.com/>

Conover Nursing and Rehabilitation Center
828-695-8282
<https://www.conovernursingandrehab.com/>

Kingston Residence of Hickory
828-392-8425
<https://kingstonhealthcare.com/communities/kingston-residence-of-hickory>

Trinity Ridge
828-322-6995
<http://trinityridge.net/>

HOME HEALTH SERVICES

Bayada
828-328-3100
<https://www.bayada.com/>

Best Care Home Health Services
828-304-8280

Comfort Keepers in Home Care
828-202-3009
<https://www.comfortkeepers.com/offices/north-carolina/hickory>

Guardian Health Services
828-324-3025

Home Instead Senior Care
828-256-0184 <https://www.homeinstead.com/>

Interim Home HealthCare
828-324-2121
<https://www.interimhealthcare.com/hickorync/home/>

Kindred at Home
828-328-1871
<https://www.kindredhealthcare.com/locations/home-health/hickory-nc-5061>

PALLIATIVE CARE

Carolina Caring
828-466-0466
<https://www.carolinacaring.org/>
The Carolinas Center — Resources for Palliative, Hospice, and End of Life Care
1-800-662-8859
<http://cchospice.org/resources/>

BEHAVIORAL HEALTH COUNSELING

Catawba Valley Behavioral Healthcare
828-695-5900
<https://www.cvbh.org/>

Children's Advocacy and Protection Center of Catawba Valley
828-465-9296
<http://catawbacountycapc.org/capc/>

Cornerstone Counseling Center
828-322-4941
<https://cornerstonecounselingnc.org/>

Crossroads Counseling Center
828-327-6633
<https://crossroadscounseling.org/>

Family Guidance Center
828-322-1400
<https://www.fgcservices.com/>

Family NET of Catawba County
828-695-6500
<http://www.catawbacountync.gov/county-services/social-services/family-net-clinical-services/about-family-net/>

New Directions
828-267-1740
<https://www.newdirectionscs.com/>

Partners Behavioral Health Management
828-327-2595 or 1-877-864-1454
<https://www.partnersbhm.org/>

The Counseling Group
828-322-8736
<https://www.thecounselinggroup.com/>

SUICIDE PREVENTION
National Suicide Prevention Lifeline
1-800-273-8255
<https://suicidepreventionlifeline.org/>

CRISIS ASSISTANCE

Catawba County Social Services — Child Support
828-695-4405
<http://www.catawbacountync.gov/county-services/social-services/family-support-services/child-support/>

Catawba County Social Services — Work First Family Assistance
828-695-5600
<http://www.catawbacountync.gov/county-services/social-services/family-support-services/work-first/>

Christian Community Outreach Ministries
828-328-1803
<https://www.ccomhickory.org/>

Eastern Catawba Cooperative Christian Ministry
828-465-1702
<https://www.ecccm.org/>

Family Care Center of Catawba Valley
828-324-9917
<https://www.familycare-center.org/>

Family Guidance Center
828-322-1400
<https://www.fgcservices.com/>

Greater Hickory Cooperative Christian Ministry
828-327-0979
<https://www.ccmhickory.com/>

Legal Aid of North Carolina
1-800-849-5195 or 1-866-219-5262
<http://www.legalaidnc.org/>

North Carolina Department of Health and Human Services — Low Income Energy Assistance Program (LIEAP)
828-465-1702
<https://www.ncdhhs.gov/assistance/low-income-services/low-income-energy-assistance>

North Carolina Healthy Homes
919-966-3746
<http://nchealthyhomes.com/countyresources/>

North Carolina Lawyer Referral Services
1-800-662-7660
<https://www.ncbar.org/public-resources/lawyer-referral-service/>

Safe Harbor
828-326-7233
<https://www.safeharbornc.org/>

Salvation Army
828-322-8061
<https://www.salvationarmycarolinas.org/hickory/>

United Way Volunteer Center
828-324-4357 or 828-327-6851
<http://www.ccunitedway.com/>

Women's Resource Center
828-322-6333
<https://www.wrchickory.org/>

EDUCATION HEALTH PROGRAMMING

Catawba County Cooperative Extension
828-465-8240
<https://catawba.ces.ncsu.edu/>

Catawba Valley Health System Health
First Center
828-485-2300
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/Health-First-Center.aspx>

Council on Adolescents
828-322-4591
<https://www.coacatawba.org/>

YMCA of Catawba Valley
828-324-2858
<https://www.ymcacv.org/>

Solmaz Institute — Lenoir-Rhyne
University
828-328-7886
<https://www.lr.edu/academics/centers-and-institutes/solmaz-institute>

HIGHER EDUCATION AND CAREER RESOURCES

Catawba Valley Community College
828-327-7000
<http://www.cvcc.edu/>

Job Corps
828-862-6100
<https://schenck.jobcorps.gov/>

K-64
828-327-7000
http://www.cvcc.edu/About_Us/K64.cfm

Lenoir-Rhyne University
828-328-1741
<https://www.lr.edu/>

PUBLIC SCHOOLS
Catawba County Schools
828-464-8333
<https://www.catawbaschools.net/>

Hickory Public Schools
828-322-2855
<http://www.hickoryschools.net/>

Newton-Conover City Schools
828-464-3191
<https://www.newton-conover.org/>

Catawba County Library Tutoring and
Learning Resources
828-465-8664
<http://www.catawbacountync.gov/county-services/library/>

Patrick Beaver Library Learning
Resource Center
828-624-2012
<https://patrickbeaverlrc.org/>

Centro Latino Tutoring Program
828-330-0477
<https://www.centrolatinohickory.com/>

ENVIRONMENTAL HEALTH

Catawba County Cooperative Extension
— Pest Management
828-465-8240
<https://catawba.ces.ncsu.edu/>

Catawba County Public Health —
Environmental Health
828-465-8270
<http://www.catawbacountync.gov/county-services/environmental-health/>

North Carolina Department of Health
and Human Services — Radon Program
828-712-0972
http://www.ncradon.org/Contact_NC_Radon_.html

INJURIES AND VIOLENCE INJURY PREVENTION AND SERVICES

Catawba Valley Medical Center —
Sports Medicine Program
828-326-2272
<https://www.catawbavalleyhealth.org/Medical-Center/Services/Rehabilitation/Sports-Medicine.aspx>

FryeCare Sports Medicine and
Concussion Clinic
828-485-3004
<https://www.fryecarephysicians.com/our-practices/fryecare-sports-medicine-and-concussion-clinic>

Safe Kids Catawba County
828-485-2300 x 6206
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/Health-First-Center/Safe-Kids-Catawba-County.aspx>

DOMESTIC VIOLENCE
Family Guidance Center
828-322-1400
<https://www.fgcservices.com/>

Safe Harbor
828-326-7233
<https://www.safeharbornrc.org/>

Women's Resource Center
828-322-6333
<https://www.wrchickory.org/>

POISON CONTROL
North Carolina Poison Control
1-800-222-1222
<https://www.ncpoisoncontrol.org/>

HOUSING

SHELTERS
Life House
828-575-6088
<https://www.lifehousenc.org/>

Salvation Army
828-322-8061
<https://www.salvationarmycarolinas.org/hickory/>

HOUSING RESOURCES
City of Hickory Housing Authority
828-328-5373
<http://hickoryhousing.org/>

Exodus Homes
828-324-4870
<http://www.exodushomes.org/>

Family Care Center of Catawba Valley
828-324-9917
<https://www.familycare-center.org/>

Safe Harbor
828-326-7233
<https://www.safeharbornrc.org/>

Western Piedmont Council of
Governments Regional Housing
Authority
828-485-4224 or 828-322-9191
<http://www.wpcog.org/regional-housing-authority>

FOOD ASSISTANCE

Catawba County Public Health —
Women, Infants and Children (WIC)
828-695-5884
<http://www.catawbacountync.gov/county-services/public-health/service-areas/women-infants-and-children-wic/>

Catawba County Social Services — Food
& Nutrition Services
828-695-5800
<http://www.catawbacountync.gov/county-services/social-services/family-support-services/food-nutrition-services/>

Catawba County Social Services —
Meals on Wheels
828-695-5610
<http://www.catawbacountync.gov/county-services/social-services/senior-nutrition-services/meals-on-wheels/>

FARMERS MARKETS

Conover Farmers Market
<https://www.conoverfarmersmarket.org/>

Hickory Farmers Market
828-308-6508
<http://www.hickoryfarmersmarket.com/>

Catawba County Public Health Farmers
Market
828-695-5861
<http://www.catawbacountync.gov/county-services/public-health/service-areas/public-health-farmers-market/>

FOOD PANTRIES

AIDS Leadership Foothills Area Alliance
(ALFA)
828-322-1447
<https://www.alfainfo.org/>

Centro Latino
828-330-0477
<https://www.centrolatinohickory.com/>

Eastern Catawba Cooperative Christian
Ministry
828-465-1702
<https://www.ecccm.org/>

Greater Hickory Cooperative Christian
Ministry
828-327-0979
<https://www.ccmhickory.com/>

Hickory Church of Christ
828-464-4983
<http://hickorychurch.org/>

Hickory Soup Kitchen
828-327-4828
<https://hickorysoupkitchen.org/>

Highland United Methodist Church
828-327-8066
<https://www.highlandumchickory.com/>

Hopewell United Methodist Church
828-478-9625
<https://sites.google.com/site/hopewellsf/>

Springs Road Baptist Church
828-256-5340
<http://www.springsroadbaptistchurch.com/>

St. John's Lutheran Church
828-464-4071
<https://www.stjohnsconover.com/>

The Corner Table
828-464-0355
<http://www.thecornertable.org/>

MINORITY STRESSORS AND DISCRIMINATION

CULTURAL RESOURCES

Center for New North Carolinians —
Immigration Resources
336-334-5411
<https://cnnc.uncg.edu/immigration-services/>

Centro Latino
828-330-0477
<https://www.centrolatinohickory.com/>

East Coast Migrant Head Start Project
1-800-655-6831
<http://www.ecmhsp.org/>

North Carolina Department of Public
Instruction — English Language
Development
919-307-6685
<https://sites.google.com/dpi.nc.gov/ncels/home>

Hmong Carolinas, Inc.
828-327-6137
<http://www.hmongcarolinas.com/>

LGBTQ RESOURCES

Catawba Valley Pride
828-475-5559
<http://www.catawbavalleypride.org/contacts>

OUTright Youth
828-320-1937
<https://www.youthoutright.org/>

PFLAG
828-261-6767
<https://pflag.org/chapter/pflag-hickory>

PARENTING AND FAMILY SUPPORT

CHILD CARE ASSISTANCE

Catawba County Social Services — Day
Care Assistance
828-695-5600
<http://www.catawbacountync.gov/county-services/social-services/family-support-services/day-care-assistance/>

Children's Resource Center
828-695-6565 (English) or 828-695-6515 (Spanish)
<https://childrensresourcecenter.org/>

Community Schools Program/ Kid
Connection
828-464-9355
http://nccscommunity.ss3.sharpschool.com/schools/contact_community_schools__kid_connection

PARENTING AND FAMILY SUPPORT

Catawba County Partnership for
Children — Parent Helpbook
<http://catawbakids.com/parent-helpbook/>

Catawba County Public Health — Care
Coordination for Children (CC4C)
828-695-5800
<http://www.catawbacountync.gov/county-services/public-health/service-areas/care-coordination-for-children/>

ComServ, Inc.
828-325-4926
<https://www.comserve.org/>

Early Childhood Resource Center
828-695-6505
<https://www.ecresourcecenter.org/>

Early Head Start
828-327 3689
<https://www.catawbaschools.net/Page/2343>

Children's Developmental Services
Agency — Morganton
828-433-5171
<https://bearly.nc.gov/index.php/contact/cdsa>

Family Builders of Catawba Valley
828-465-8901
<http://www.catawbacountync.gov/county-services/social-services/family-builders/about-family-builders/>

Family Guidance Center
828-322-1400
<https://www.fgcservices.com/>

Family NET of Catawba County
828-695-6500
<http://www.catawbacountync.gov/county-services/social-services/family-net-clinical-services/about-family-net/>

Family Support Network
828-256-5202
<https://www.fsnhope.org/>

Positive Parenting Program (Triple P)
828-695-6565
<http://www.catawbacountync.gov/county-services/public-health/initiatives-partnerships/positive-parenting-program/>

Parents as Teachers
828-358-6112
<https://parentsasteachers.org/>

Safe Kids Catawba County
828-485-2300 x 6206
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/Health-First-Center/Safe-Kids-Catawba-County.aspx>

SUBSTANCE USE

HARM REDUCTION
ALFA — Steve's Place
828-999-8744
<https://www.alfainfo.org/>

Olive Branch Ministry
828-291-7023
<https://olivebranchministry.org/>

TOBACCO CESSATION
QuitlineNC
1-800-784-8669
<https://www.quitlinenc.com/>

Catawba Valley Health System Health
First Center
828-485-2300
<https://www.catawbavalleyhealth.org/Medical-Center/Health-Wellness/Health-First-Center.aspx>

North Carolina Department of Health
and Human Services — Tobacco
Prevention and Control Branch
704-249-5889
<https://www.tobaccopreventionandcontrol.ncdhhs.gov/about/localtpcgroups.htm>

COUNSELING, TREATMENT AND SUPPORT GROUPS

Alcoholics Anonymous
<https://www.aa.org/>

Al-Anon
1-888-425-2666
<https://al-anon.org/>

Catawba Valley Behavioral Health
828-695-5900
<https://www.cvbh.org/>

Catawba Valley Medical Center —
Psychiatry Services
828-326-2828,
<https://www.catawbavalleyhealth.org/Medical-Center/Services/Psychiatry.aspx>

Family NET of Catawba County
828-695-6500
<http://www.catawbacountync.gov/county-services/social-services/family-net-clinical-services/about-family-net/>

Exodus Homes
828-324-4870
<http://www.exodushomes.org/>

Frye Regional Medical Center —
Behavioral Health Services
828-328-2226
<https://www.fryemedctr.com/our-services/behavioral-health>

Hickory Area Recovery
<https://hickoryarea-recovery.org/>

Integrated Care of Greater Hickory
828-322-5915
<https://www.integratedcarehickory.com/>

McLeod Addictive Disease Center
828-464-1172
<https://www.mcleodcenter.com/>

Narcotics Anonymous
<https://www.na.org/>

Partners Behavioral Health
Management
828-327-2595 or 1-877-864-1454
<https://www.partnersbhm.org/>

Safe Harbor
828-326-7233
<https://www.safeharbornc.org/>

SAMHSA (Substance Abuse and Mental
Health Services Administration) —
National Helpline
1-800-662-4357
<https://www.samhsa.gov/find-help/national-helpline>

The Cognitive Connection
828-327-6026
<https://www.thecogcon.com/>

TRANSPORTATION

American Cancer Society — Cancer
Treatment Transportation
1-800-227-2345
<https://www.cancer.org/treatment/support-programs-and-services/road-to-recovery.html>

Catawba County Social Services —
Medicaid Transportation
828-695-5608
<http://www.catawbacountync.gov/county-services/social-services/transportation-services/medicaid-transportation/>

Greenway Public Transportation
828-464-9444
<http://www.mygreenway.org/>

Hickory Hop
828-327-2340
<https://www.hickoryhop.com/>



catawba county
public health

Leading the way to a healthier community.

3070 11th Avenue Drive SE Hickory, NC 28602

828.695.5800

www.catawbacountync.gov/county-services/publichealth