Atrium Health

2025

Atrium Health Stanly

Atrium Health Stanly
Community Health Needs Assessment

301 Yadkin St.
Albemarle, NC 28001

Letter from the Leader

At Advocate Health, which Atrium Health is a part of, we are redefining care for you, for us, for all. This purpose calls us to see health not just as a service, but as a shared journey, with everyone playing a part, from discovery to everyday moments.

This Community Health Needs Assessments (CHNA) is a roadmap for the future we are working toward, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously, and act boldly to the changing needs and strengths of a community. Here at Atrium Health Stanly and across the communities we serve, we are working together with other health systems, health departments and community organizations, engaging with our neighbors and analyzing local data, so we can provide the best possible care that extends beyond our hospital walls.

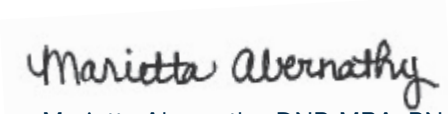
As we close another CHNA cycle, we are inspired by the profound difference we make each day – across our hospitals, clinics and communities. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is shaped by the communities we serve – and together, we are shaping healthier futures for all.

We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and partnership are essential to improving the health and wellbeing of our communities, and we are proud to stand beside you in this work.

Publishing this CHNA is not the end of the conversation but an invitation to keep it going. We welcome your feedback, ideas, or suggestions. At the end of this report, you will find an email where you can share your thoughts on how we can strengthen community programs and strategies to better serve you and your community.

Let's move forward - together - toward better health for all.

Steve Smoot
President, North Carolina and Georgia Division
Advocate Health



Marietta Abernathy, DNP, MBA, RN, NEA-BC
President, Atrium Health Stanly

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EXECUTIVE SUMMARY

Atrium Health Stanly is an active member of the Central Carolina Community Collaborative. The collaborative includes health systems, health departments, and numerous community organizations that work to align data sources and implement programs to impact the health and well-being of their communities. In 2025, the collaborative aligned data sets, survey execution, and the report template design with the future goal of creating improvement plans together for a broader impact.

In the summer of 2025, ad hoc members of Atrium Health Stanly met to review the community health assessment data, based on the following components:

Community Health Survey (primary data): An online survey was conducted from February 14 – April 28, 2025, where residents completed questions related to top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health. In this convenience sample, nearly 7,500 residents from the region completed the survey, including 43 respondents specifically from Stanly County.

Metopio (secondary data): Advocate Health has a contract with Metopio, a robust digital platform that curates data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographics, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: https://public.metopio.io).

County Health Rankings and Roadmaps: Stanly County 2025 (secondary data): A program of the University of Wisconsin Population Health Institute, provides a compilation of data using county-level measures from a variety of national and state data sources.

In 2025, Atrium Health Stanly considered the following criteria in determining the health needs to prioritize:

- Size/seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- The health care system is adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issues to impact other health and social issues
- Ability to effectively address or impact health issues through collaboration

As a result, Atrium Health Stanly prioritized the following significant health needs to address in our 2026-2028 implementation strategy:

- Access to Care
- Behavioral Health: mental health and substance use

The 2025 CHNA was presented to the Atrium Health and Hospitals Inc Board, the authorizing body of the hospital. The board approved the report on August 19, 2026.

ATRIUM HEALTH

Atrium Health is a nationally recognized leader in shaping health outcomes through innovative research, education and compassionate patient care. Based in Charlotte, North Carolina, Atrium Health is part of Advocate Health, the third-largest nonprofit health system in the United States. A recognized leader in experiential medical education and groundbreaking research, Wake Forest University School of Medicine is the health system's academic core. Atrium Health is renowned for its top-ranked pediatric, cancer and heart care, as well as organ transplants, burn treatments and specialized musculoskeletal programs. Atrium Health is also a leading-edge innovator in virtual care and mobile medicine, providing care close to home and in the home. It is ranked nationally among U.S. News & World Report's Best Hospitals in eight pediatric specialties and for rehabilitation. With a commitment to redefine care for every community it serves, Atrium Health provides nearly $3 billion in free and uncompensated care and other community benefits.

ATRIUM HEALTH STANLY

Atrium Health Stanly is a trusted healthcare provider offering a broad range of medical services to the community. With specialties in primary care, behavioral health, rehabilitation, and cancer care, it stands out for its commitment to clinical excellence and personalized treatment.

Its surgical and oncology programs are supported by a multidisciplinary team focused on outcomes and recovery. Atrium Health Stanly continues to expand its clinical footprint while honoring its decades long legacy of service.

Primary Care

Behavioral Health

Rehabilitation

Cancer Care

Women's Services

Orthopedics

General Surgery

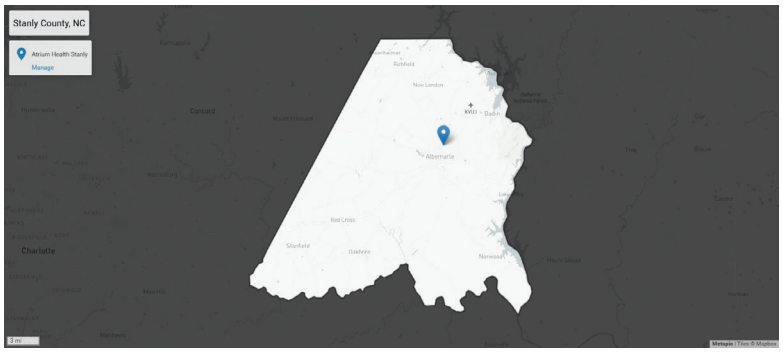
2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this assessment, "community" is defined as Stanly County.



Stanly County, North Carolina, is in the Piedmont region and features rolling hills, the Uwharrie Mountains, and natural landmarks like Morrow Mountain, Lake Tillery and Badin Lake. Its largest city is Albemarle, followed by towns like Locust, Norwood, and Oakboro. The county's economy is supported by manufacturing, agriculture, logistics, and technology, with major employers including Charlotte Pipe and Foundry. Agriculture remains a key industry, especially in soybeans, poultry, and cattle. Known for its outdoor recreation and proximity to Charlotte, Stanly County offers a mix of rural charm and economic opportunity.

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.

Note about the data:

- 1-year data is used where available for large counties (65,000+ residents) to provide the most recent and relevant data. This Stanly County report used 1-year data where available. Some stratification tables required a multi-year data set.
- Multi-year data is used for small counties (under 65,000 residents) to reduce short-term fluctuations and the margin of error.

Stanly County Data Estimates

Population
65,699

The population increased approximately 3.2% between the 2010 and 2020 decennial census.

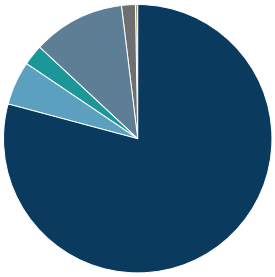
Gender
50.1% Male

49.9% Female

Median Age
41.6 years

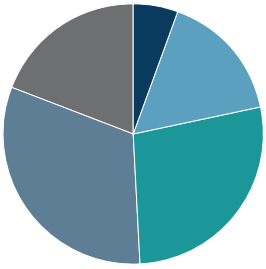
Race/Ethnicity

Non-Hispanic White	79.0%
Hispanic or Latino	5.3%
Two or more races	2.5%
Non-Hispanic Black	11.0%
Asian	1.9%
Native American	0.02%



Population by Age Group

Infants 0-4	5.6%
Juveniles 5-17	16.1%
Young Adults 18-39	27.6%
Middle-Age 40-64	31.7%
Seniors 65+	19.0%

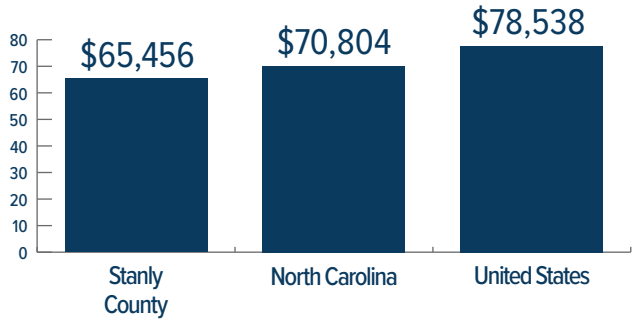


Primary language at Home, other than English

3.6% Spanish

1.4% Asian Languages

Median Household Income



Education

Individuals with a high school degree

87.5% Stanly County

90.6% North Carolina

89.8% United States

Individuals with a bachelor's degree or higher

19.2% Stanly County

36.8% North Carolina

36.2% United States

Population Living Below Poverty Level

15.1% Stanly County

13.2% North Carolina

12.4% United States

Household/Family

4.7% Single Parent Families

28.4% Seniors Living Alone

Employment

Unemployment rate

2.5% Stanly County

4.8% North Carolina

5.2% United States

Social Drivers of Health

Social drivers of health are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Social Drivers of Health can also cause **health differences** between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough–we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

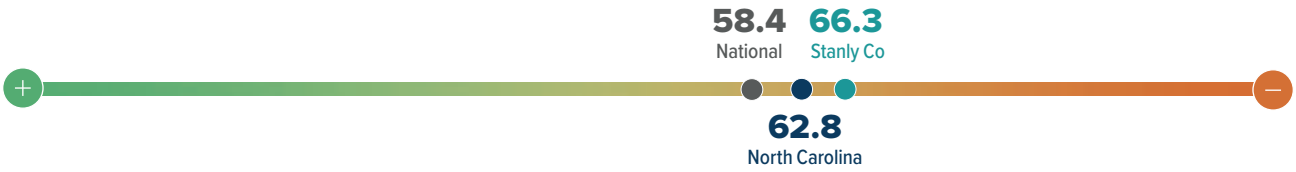
To better understand these factors and identify health inequities in a community, Advocate Health has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of four important indices found in Metopio. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. This approach allows health improvement efforts to be focused where they are most needed.

Social Vulnerability Index (SVI)

The SVI shows how vulnerable a community is based on 15 social factors like unemployment, disability, and minority status. Scores range from 0 (least vulnerable) to 100 (most vulnerable). *(Source: Metopio, CDC, 2022)*

The SVI for Stanly County is higher than the state and national averages indicating a lower community resilience and availability of resources.



Childhood Opportunity Index

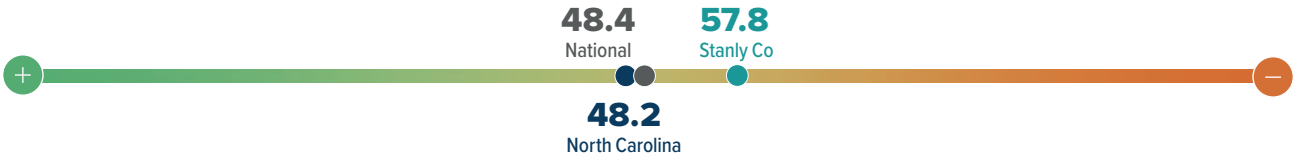
The COI measures how well neighborhoods support children's healthy growth. Scores range from Very Low (1–19) to Very High (80–100). (Source: Metopio, Diversitydatakids.org, 2017–2021)

The Child Opportunity Index 3.0 in the United States stands at 51 indicating a moderate level of opportunity for children nationwide. In North Carolina, this index is lower at 43 with Stanly County having a particularly low score of 19, suggesting significant challenges in child opportunity in the area.

Hardship Index

This index shows how much hardship a community faces. It includes things like unemployment, poverty, and crowded housing. Higher scores mean more hardship. (Source: Metopio, U.S. Census Bureau, ACS, 2018–2022)

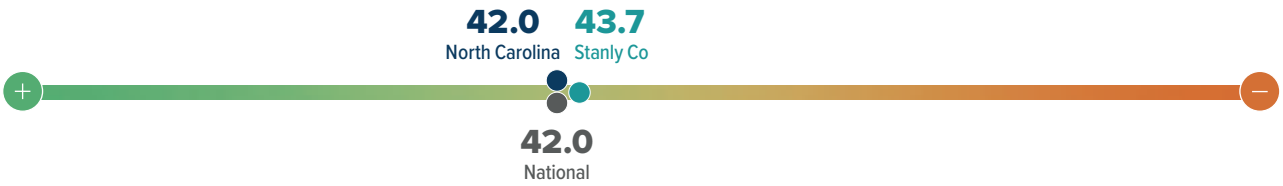
The Hardship Index for Stanly County is 57.8, indicating a higher level of hardship compared to the national average of 48.4 and the state average of 48.2. This suggests that residents of Stanly County face greater economic and social challenges than those in the rest of the United States and North Carolina.



ALICE Index

ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percentage of working households that earn above the poverty line but still can't afford basic needs like housing, food, and childcare. The data presented is the percentage of households living below the ALICE threshold.

Households below the ALICE threshold in Stanly County are slightly higher than the state and national averages, indicating a greater financial struggle for local families.



How the CHNA Was Conducted

Purpose and Process

While this is the first CHNA cycle for Atrium Health Stanly, it will be conducted every three years and serve as the foundation from which the hospital and local health departments develop their respective community health improvement strategies. These findings are also intended to inform a broader audience – community health centers, government health agencies, public health departments, philanthropists, community-based organizations, and civic leaders - about the top health issues facing our community. This 2025 cycle was conducted with the Central Carolina Community Collaborative.

Partnership: The Central Carolina Community Collaborative

The Central Carolina Community Collaborative launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:

Health Systems

Alleghany Health · Atrium Health · CaroMont Health · Hugh Chatham Health · Novant Health · Scotland Health Care System (Closer Care. Better by Far.)

Public Health

Cabarrus Health Alliance · Davidson County Health Department (Protecting, Caring, Serving Our County) · Davie County Health & Human Services · Forsyth County Department of Public Health (Promoting Health, Improving Lives) · Gaston County Public Health · Lincoln County North Carolina · Rowan County Public Health (Prevent. Promote. Protect. Be an original.) · Scotland County Health Department · Union County North Carolina · Wilkes Health

Community Organizations

DellaRe Consulting · UNC Gillings School of Global Public Health, North Carolina Institute for Public Health · United Way Davidson County · United Way of Lincoln County · Rowan County United Way · Urban Institute Regional Data Trust

Regional CHNA Approach: This Community Health Needs Assessment was strengthened by the use of shared data resources and collaborative platforms that enhanced both the depth and accessibility of our analysis. We are especially grateful for the Central Carolina Community Collaborative's support in leveraging the **Atlas** site—a regional data-sharing hub that promotes transparency and cross-sector alignment. CCCC Atlas

Additionally, the **Metopio** platform played a critical role in visualizing complex health and demographic data, enabling stakeholders to explore trends, disparities, and community assets in an interactive and user-friendly format. These tools not only informed our findings but also empowered partners and residents to engage with data in meaningful ways, fostering a more informed and connected approach to community health improvement.

Data Sources, Collection and Analysis

Community Surveys

To engage the Atrium Health Stanly community, a brief survey was distributed to residents from February to April 2025. It was promoted through social media, websites, local events, and community partners and offered in English, Spanish and Haitian Creole, with additional languages available upon request. The survey aimed to identify obstacles to ideal health and opportunities for improvement, resulting in nearly 7,500 surveys taken throughout the Central Carolina Community Collaborative footprint and 43 surveys locally. Convenience sampling was used for this survey, and participants were selected based on ease of access or availability. The data were then analyzed and compiled to understand the needs of the community.

County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive.
(County Health Rankings & Roadmaps, About Us, 2025)

Secondary Data

Central Carolina Community Collaborative has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: https://public metopio.io). All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and United States data.

Limitations of the Assessment

This report gives us a lot of helpful information about the health of people in the community. But it does not tell us everything. Some groups of people couldn't take part, like people without homes, people in jails, or people who don't speak English or Spanish, or Creole which were the languages supported by the survey. Respondents were also more likely to be insured, have a college education, be Caucasian and female. Through community collaboration and engagement our teams will be intentionally working with underrepresented populations to amplify the community voice in the implementation strategy phase of the work.

Also, even though the report talks about many health and social topics, it does not cover every sickness or health problem.

Summary of Findings

Overall Health Status

Overall, the health outcomes of Stanly County are slightly better than the average county in the state and the average county in the nation. (County Health Rankings and Roadmaps, 2025)

However, many disparities – or differences in outcomes - exist between groups of populations in nearly every social and health issue, especially for Black, Indigenous and People of Color (BIPOC) populations. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021). Racism, both in systems and in personal interactions, is a key reason for these health inequities and the disparities in disease burden (CDC, 2024).

Before exploring the data on the specific health issues in the following sections, it is important to understand that a person's health is influenced by many factors beyond their control. It is not just about personal choice. In fact, nearly 70 percent of a community's health is shaped by things such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2014). These social drivers of health include socioeconomic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society.

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Mortality

The leading causes of death in Stanly County are:

All Ages:

Diseases of the heart
Cancer
Covid-19

Ages 0-19:

Motor vehicle injuries
Conditions originating in the perinatal period
Birth defects

(North Carolina County Health Data Book 2025)

Life Expectancy

The average life expectancy among residents:

- Stanly County: 74.1 years
- North Carolina: 75.9 years
- United States: 77.1 years
  (County Health Rankings & Roadmaps, Alleghany, North Carolina).

Overall, the service area has seen a decrease in life expectancy from 75.8 in 2016.

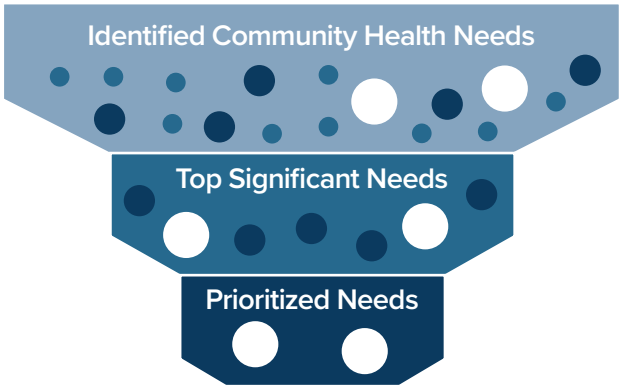
Identified Significant Needs

Even with the progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section looks at the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The health needs identified in this CHNA cover a variety of factors, including health outcomes, social drivers, and health behaviors, which are all closely connected.

Health outcomes are the measurable results of a community's overall health, such as rates of chronic diseases, infant deaths, or life expectancy. These outcomes are greatly influenced by the **social drivers of health** like income, education, employment, and access to healthcare. These factors can either help or hurt a person's ability to stay healthy. **Health behaviors**, like physical activity, diet, smoking, and substance use, also affect health outcomes. These behaviors are often shaped by the social environment, such as community norms, available resources, and socioeconomic status.

There are many health needs within a community, which can make it difficult to know where to focus efforts. This is why community input is so important during the CHNA process. It helps guide our organization and the broader community in prioritizing the most important issues to address. For a health need to be considered significant, it should reflect a pressing concern for the community, align with public health priorities, and be supported by data. Additionally, using secondary data helps identify the root causes of health disparities within the significant need, which allows us to develop targeted solutions to improve health outcomes.



Top Health Concerns in Stanly County

The following needs, listed below in alphabetical order, represent the significant health needs of the community based on the information gathered through the assessment process.

Areas of Opportunity Found Through the Assessment	
Access to Care	• Delayed care or did not get care • Medical debt • Preventable hospital stays • Preventable acute emergency department visit rate
Alcohol and Substance Use	• Tobacco use and e-cigarettes • Drug overdose rates • Alcohol related mortality
Chronic Disease & Prevention	• Two of the top leading causes of death are diseases: heart disease and cancer • Adult obesity and lack of exercise
Economic Stability/ Social Drivers of Health	• Affordable and healthy food • Families living in poverty • Transportation and housing
Mental Health	• Suicide mortality • Unmet mental health needs • Mental health emergency department visit rate

The following pages summarize the top identified needs – also known as significant needs - from the CHNA process.

Access to Care

SIGNIFICANT NEED

Why is this important? Access to care means having the ability to obtain affordable, relevant health services and wellness programs that raise the quality of life for everyone. It includes local options for basic health care like screening and prevention services and having access to health care providers when urgent health care needs arise.

Significant Need Reasoning

Those in Stanly County reported a lower satisfaction rate of 37.7% with healthcare. This indicates a significant variation compared to the state numbers as it relates to cost, access and availability of healthcare.

Secondary data shows large gaps in access to providers in Stanly County including vision care, dental care, primary care and mental health care.

With the expansion of virtual care options, the secondary data shows Stanly County lagging slightly behind the state with the need for improved internet infrastructure. While Stanly County seems high at 94.3% this is a gap with so many services requiring internet access.

Key Findings

- 32% of adults surveyed reported that someone in their household delayed or did not receive needed health care in the past year.
- Medical debt in the United States averages 5.0%, with North Carolina experiencing a higher rate of 8.5%. Stanly County has an even higher medical debt rate of 18.7%.
- Preventable hospital stays in Stanly County are 5,526 (hospital stays per 100,000 people) notably higher than the state at 4,096.
- Stanly County has 36.8 Primary Care Providers per capita, significantly lower than North Carolina's at 83.9 and the United States at 90.8. This rate has dropped in Stanly County from 41.3 in 2021.
- Stanly County has seen a significant increase in preventable acute emergency department visit rate since 2020. The rate has gone from 641.2 (per 100,000 residents) in 2020 to 1080.2 in 2024.

Contributing Factors

Access to care is not equal for everyone because many people face barriers like lack of insurance, high costs, or limited coverage. Others live far from clinics or don't have reliable transportation. Long wait times, limited providers, and language challenges also make care harder for some people to get.

- Barriers & Challenges:
  - » Availability of services/providers
  - » Transportation
  - » People living in rural communities, with disabilities or language barriers
  - » Cost, Insurance
  - » Communication between healthcare services

HIGHLIGHTED DISPARITIES

Lack of Transportation⁺

9.1% Stanly County
9.0% North Carolina

Uninsured Rates	
Stanly County	10.5%
Hispanic or Latino	41.2%
Native American	63.2%
Two or more races	15.8%

(5 year data to show stratifications)

Preventable Hospital Stays*	
Stanly County	5,526
Non-Hispanic Black	5,708
Hispanic or Latino	13,259
North Carolina	4,096

*(*per 100,000 people)*

⁺While this measure is close to the state average, this number highlights a need for targeted solutions that will impact the accessibility of the service area. Stanly County does not have a public health infrastructure.

Alcohol and Substance Use

SIGNIFICANT NEED

Why is this important? Alcohol and substance use (including tobacco, illegal mood-altering drugs and misusing prescription drugs) contribute to preventable health issues and are linked to social and economic issues. Alcohol and substance use are also closely linked to mental health challenges, including depression, anxiety, and trauma-related disorders. These conditions often co-occur, making recovery difficult without proper support.

Significant Need Reasoning

Stanly County has a notably higher rate of 17.5% smoking rate that surpasses both the state average of 14.8% and the national average of 13.1%.

Of survey respondents' substance use is ranked as one of the topmost important health related challenges in the community.

Key Findings

- Stanly County has a 16.0 alcohol-related mortality rate (deaths per 100,000) which has increased from 7.4 in the 2016-2020 period. This is a notable concern for the service area compared to the North Carolina rate of 11.6 and the United States at 12.8.
- Drug overdose deaths significantly increased from the years 2022-2023 from 34.3 deaths pers 100,000 to 45.7.
- Secondary data shows Stanly County has a drug overdose emergency department rate of 185.7 visits per 100,000 people, a significantly higher rate than North Carolina at 161.8.

Contributing Factors

Treatment and support for drug and alcohol use are not easily accessible to all people, especially for populations that are experiencing low income or have limited resources within their community.

- Barriers & Challenges:
  - » Increasing drug use
  - » Treatment options
  - » Availability and cost
  - » Mental Health
  - » Local drinking culture/social norms
  - » Increase of vaping

HIGHLIGHTED DISPARITIES

Cigarette Smoking Rate (adults)	
Stanly County	17.5%
North Carolina	14.8%
United States	13.1%

Drug overdose mortality*	
Stanly County	45.7
North Carolina	41.0

*(*deaths per 100,000 residents)*

Chronic Disease and Prevention

SIGNIFICANT NEED

Why is this important? Chronic Diseases are long-term health problems that often develop slowly from genetic, environmental, and lifestyle factors. Some common ones are heart disease, diabetes, cancer, and asthma. These diseases can make daily life harder and often need ongoing medical care. Over half of Americans have at least one chronic disease.

Significant Need Reasoning

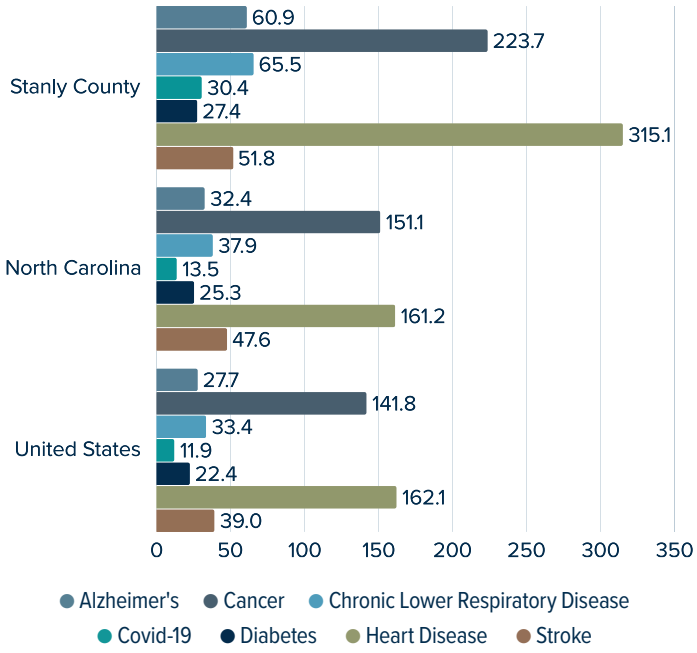
Access to exercise opportunities in the United States is relatively high at 84.5%. However, North Carolina lags behind the national average with 78% and Stanly County has an even lower access rate of 68%.

Secondary data shows that Stanly County has notably higher rates of heart disease deaths particularly among the non-Hispanic white population.

Key Findings

- The top two leading causes of death are chronic diseases: heart disease and cancer. (NC Data Book, 2025)
- Cancer deaths per 100,000 residents have significantly increased since 2018 after steady declines in the last 20 years. The rate has increased from 138.8 to 223.7.

Disease Mortality*



Contributing Factors

Many chronic diseases can be prevented with healthy habits. People with more money, education, and support tend to live longer and avoid these conditions. Without these resources, people often have worse health and shorter lives. For some, eating healthy or staying active is tough because of limited access to good food, busy schedules, or mental health struggles. Things like working multiple jobs or not having stable housing also make it harder to stay healthy. It's important to understand that making healthy choices isn't always easy – and it's not equal for everyone.

- Adult Obesity
  - » Stanly County: 34.3%
  - » North Carolina: 33.9%
- Food Insecurity (Households with limited or uncertain access to adequate food)
  - » Stanly County: 16.2%
    - ◦ Non-Hispanic Black residents: 35%
    - ◦ Hispanic or Latino residents: 21%
  - » North Carolina: 15.0%
- Adults With No Exercise:
  - » Stanly County: 23.8%
  - » North Carolina: 22.6%

HIGHLIGHTED DISPARITIES

Heart Disease Mortality*

315.1 Stanly County
319.4 Non-Hispanic White
280.3 Non-Hispanic Black

Diabetes Mortality*

27.4 Stanly County
50.0 Non Hispanic Black

*(*per 100,000 residents)*

Economic Stability/Social Drivers of Health

SIGNIFICANT NEED

Why is this important? Economic stability and reliable transportation enable access to medical care, nutritious food, safe housing and employment – all of which directly influence physical and mental well-being. Without these resources, individuals often delay care, experience higher rates of chronic illness, and face greater health disparities. Together they shape the foundation for equitable and sustainable health outcomes.

Significant Need Reasoning

Economic stability, including food insecurity rates, vary significantly. In Stanly County, non-Hispanic Black individuals experience the highest rate of food insecurity at 35%, compared to statewide at 15%.

Secondary data shows that the high school graduation rate among Hispanic or Latino residents is 63.1% compared to 87.1% as a full population.

Key Findings

- Housing security was a key issue according to survey data. The secondary data also reflects:
  - » 20% of households are considered cost-burdened (>30% of income spent on housing)
  - » 13.6% of adults could not pay mortgage, rent or utility bills in the past 12 months
  - » 79 people were experiencing homelessness in 2025 during the point in time count
- The percentage of households receiving food stamps (SNAP) in Stanly County is 16.8%, which is higher than the state average of 12.6% and the national average of 12.2%. This indicates a greater need for food assistance in the region.

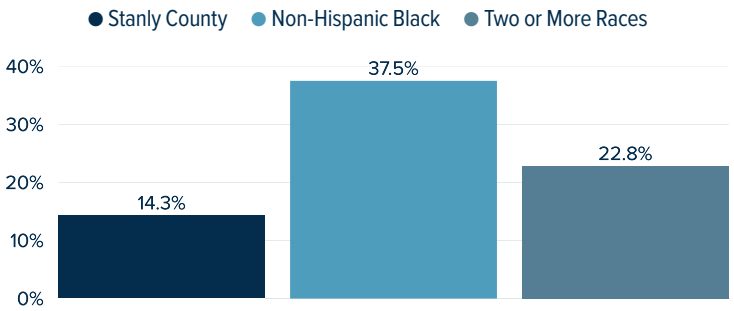
Contributing Factors

Having a job and access to a steady paycheck is connected to many benefits, as listed above. Transportation is complicated as it ties back to resources including poverty, income and community infrastructure.

- Barriers & Challenges:
  - » Infrastructure deficiencies
  - » Low population density
  - » Funding challenges
  - » Program fragmentation among federal, state, and local services
  - » Not enough attention to the issue
  - » Lack of community support

HIGHLIGHTED DISPARITIES

People living in poverty



Lack of Transportation

9.1% Stanly County
9.0% North Carolina

While this may not seem like a high number, the rural nature of the market makes transportation an important measure. Stanly County currently lacks any form of public transportation infrastructure. There are no available services such as buses, rail systems, taxis, or rideshare options (e.g., Uber or Lyft) for residents or visitors. Targeted transportation solutions are needed in Stanly County.

Mental Health

SIGNIFICANT NEED

Why is this important? Mental health includes our emotional, psychological, and social well-being. Mental health influences how we manage stress, build relationships, make decisions, and engage with all areas of our lives. Mental health is not just the absence of a mental health condition but also the ability to thrive. (CDC, 2025)

Significant Need Reasoning

Mental health was ranked as the top health condition or behavior by survey respondents.

Secondary data shows 17.9% Stanly County adult residents reporting poor mental health compared to North Carolinas at 16.5% and the United States at 17.4%. This has increased in all three areas since 2017.

Key Findings

- In the service area, 16.1% of respondents reported that they did not receive the mental health care needed. In addition, 100% of Asian respondents and 98.8% of Hispanic or Latino respondents did not receive the mental health care needed.
- Suicide mortality in North Carolina stands at 15.7 per 100,000 people. Notably, Stanly County has a significantly higher rate of 19.9, indicating a localized issue.
- Stanly County has far fewer mental health providers per capita (334.4) than the state (632.3) and the U.S. (689.6), which may lead to less access to mental health services for community members.
- The mental health emergency department visit rate remains significantly higher than the state numbers. Stanly County is 1,347.8 (per 100,000 residents) while North Carolina is 901.6.

Contributing Factors

Many things affect a person's mental health - like genetics, stress, sleep, diet, trauma, and economic challenges. Since these factors vary for everyone, each person's experience with mental health is unique. While there are programs and services that support mental health and build resilience and recovery, not everyone has the same access to them.

- Barriers & Challenges
  - » Coping skills
  - » Access/transportation to treatment
  - » Social isolation
  - » Lack of youth therapy
  - » Stigma of embarrassment
  - » Not understanding services
  - » Long waits, availability of services
  - » Lack of providers
  - » Cost of services
  - » Underlying substance use
  - » Accountability taking medication

HIGHLIGHTED DISPARITIES

Depression (adults)
25.0% Stanly County
23.1% North Carolina
22.5% United States

Social Isolation
31.4% Stanly County
31.0% North Carolina

Lacking Social and Emotional Support
22.9% Stanly County
22.7% North Carolina

AREAS TO WATCH

We are closely monitoring emerging data indicators that may signal rising community concerns. While these issues have not yet reached priority status, continued tracking will help determine whether they warrant deeper analysis or targeted intervention in future assessments.

The AIDS diagnosis rate in Stanly County has a notably higher rate of 11 per 100,000 people compared to North Carolina at 7. This indicates a significant health disparity within the state.

At 22.7 (pregnancies per 1,000) the teen pregnancy rate in Stanly County is slightly higher than the state at 20.8.

Infant mortality disparities are significant among Stanly County with 6.8 (infant deaths per 1,000) for the full population but 9.7 for Non-Hispanic Black patients.

Disaster preparedness was asked for the first time in the survey and discovered that 16% of the service area does not feel prepared for a disaster.

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

In August 2025, an ad hoc group of leaders from Atrium Health Stanly prioritized significant needs based on the criteria below.

- **Size/seriousness of the problem**
- **Effectiveness of available interventions**
- **Available resources to address the health issue**
- **Health care system adequately situated to address the health issue**
- **Meets a defined community need as identified through data**
- **Potential for issue to impact other health and social issues**
- **Ability to effectively address or impact health issue through collaboration**

Significant Health Needs Selected

Using these criteria, Atrium Health Stanly prioritized the significant health needs to address in the 2026-2028 implementation strategy:

Access to Care

Behavioral health: mental health and substance use

HEALTH NEEDS NOT SELECTED

Economic Stability/Social Drivers of Health

This is a larger systemic issue that requires a community-wide, collective response. Atrium Health Stanly will support efforts within the community as needed, especially in transportation and food insecurity efforts. Additionally, providers will refer to community resources for identified needs of individual patients in our healthcare facilities.

Chronic Disease and Prevention

At Atrium Health Stanly, these conditions are addressed every day through our clinical services, including screenings, education, and ongoing care for conditions like diabetes, heart disease, and cancer. Because this work is already embedded in the daily operations and community intervention, chronic disease and prevention were not prioritized as standalone focus areas in the CHNA but will continue to be worked on outside of the CHIS.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Atrium Health Inc. Board, the authorizing body of the hospital. The board approved the report on August 19, 2026.

VEHICLE FOR COMMUNITY FEEDBACK

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders, and organizations are encouraged to review the findings and share their feedback. Comments, suggestions, and questions can be submitted by using the email below. Feedback will be reviewed and considered in future planning efforts.

Please send an email to us at: CHNA@advocatehealth.org

This report can be viewed online via the following link:

https://atriumhealth.org/stanly

A copy of this report may also be requested by contacting the hospital's Community Health Department.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Atrium Health Stanly became part of Atrium Health Hospitals Inc, on July 1, 2025. Because this is the first CHNA cycle for Atrium Health Stanly there is no prior Implementation Strategy to evaluate. This CHNA establishes a baseline for future assessments and strategic planning. Future CHNA reports will include updates on the impact of the plan in this section.

APPENDICES

Appendix 1: Central Carolina Community Collaborative Survey

To view the Atrium Health Stanly Community Health Assessment report, which includes members of the collaborative, along with the full survey, visit: https://cccc.metop.io/community-health-reports-and-plans

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, please visit please visit the Atrium Health Community Resource Hub: https://www.atriumhealthcommunityresourcehub.org

Access to Care/ Chronic Disease and Prevention

Organization	Address	Contact
John P Murray Community Care Clinic	John P. Murray Community Care Clinic | Albemarle, NC	980-323-4668
Diabetes & Nutrition Center at Atrium Health Stanly	Atrium Health Diabetes & Nutrition Center Stanly	980-323-4189
Stanly County Health Department	Health Department | Stanly County, NC	704-982-9171
Atrium Health Stanly	Atrium Health Stanly | Hospital in Albemarle, NC	980-323-4000
Goshen Medical	Location Albemarle - Goshen Medical Center	980-581-2448

Economic Stability/Social Drivers of Health

Organization	Website	Contact
Stanly Community Christian Ministries	Food pantry | Stanly Community Christian Ministry | Albemarle	704-982-7915
West Stanly Christian Ministries	West Stanly Christian Ministries | To Serve God by Serving the Community	704-888-6406
Stanly County Habitat for Humanity	Stanly County Habitat for Humanity	704-985-1050
Homes of Hope	Homes of Hope - We believe in the power of community and compassion to transform lives	704-984-3634

Substance Use

Organization	Website	Contact
Will's Place	Services & Programs — WILL'S PLACE	980-581-8001
Daymark Recovery Services	Daymark Recovery Services - Stanly Center	704-983-2117

Mental Health, Suicide Prevention

Organization	Website	Contact
Monarch	Monarch - Mental Health and Human Services Care Provider	704-986-1500
Premier Service of Carolina, INC	PSOC | Premier Services Of The Carolinas	704-985-1189
Daymark Recovery Services	Daymark Recovery Services - Stanly Center	704-983-2117

Appendix 3: Sources

American Community Survey (ACS), 2019-2023. Retrieved from https://www.census.gov/programs-surveys/acs/

Area Health Resources Files (AHRF), 2022, 2023. Retrieved from https://data.hrsa.gov/topics/health-workforce/ahrf

Behavioral Risk Factor Surveillance System (BRFSS), 2022. Retrieved from https://www.cdc.gov/brfss/

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PLACES, 2022. Retrieved from https://www.cdc.gov/places/

Atrium Health

Thank You

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