Atrium Health
Wake Forest Baptist

# 2025

# Hugh Chatham Memorial Hospital

## Hugh Chatham Health
## Community Health Needs Assessment

180 Parkwood Drive
Elkin, NC 28621

# Letter from the Leaders

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 Hugh Chatham Health 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 a link 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

Mary F. Blackburn, RN, MSN, FACHE
Chief Operating Officer, Senior Vice President
Hugh Chatham Health

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# EXECUTIVE SUMMARY

Hugh Chatham Health 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 2024 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 Hugh Chatham Health 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 653 respondents specifically from the Hugh Chatham Health service area.

**Key Informants Focus Group (primary data):** A focus group was conducted with key leaders to identify the top social drivers of health and health conditions/behaviors in the community.

**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: Surry, Wilkes, Yadkin, Alleghany Counties 2025 (secondary data):** a compilation of data using county-level measures from a variety of national and state data sources.

In 2025 Hugh Chatham Health 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

In addition, Hugh Chatham Health evaluated the impact of the initiatives identified in its 2023-2025 Community Health Implementation Strategy (CHIS).

**As a result, Hugh Chatham Health 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 Hugh Chatham Health Board, the authorizing body of the hospital. The board approved the report on September 12, 2025.**

# ATRIUM HEALTH WAKE FOREST BAPTIST

Atrium Health Wake Forest Baptist is a preeminent academic health system based in Winston-Salem, North Carolina, and is part of Advocate Health, the third-largest nonprofit health system in the United States. Atrium Health Wake Forest Baptist's two main components are an integrated clinical system – anchored by Atrium Health Wake Forest Baptist Medical Center, an 885-bed tertiary-care hospital in Winston-Salem that includes Atrium Health Levine Children's Brenner Children's Hospital, five community hospitals, more than 300 primary and specialty care locations and more than 2,700 physicians – and Wake Forest University School of Medicine, the academic core of Advocate Health, and a recognized leader in experiential medical education and groundbreaking research, including Wake Forest Innovations, a commercialization enterprise focused on advancing health care through new medical technologies and biomedical discovery. Atrium Health Wake Forest Baptist employs more than 22,000 teammates, part of Advocate Health's more than 160,000 teammates. Committed to redefining care for all, Atrium Health Wake Forest Baptist provides $1.2 billion in community benefits. Follow us on Facebook, Instagram and X.

## HUGH CHATHAM MEMORIAL HOSPITAL

Hugh Chatham Health is a not-for-profit, community-based healthcare network that has served northwest North Carolina for nearly a century. With a broad presence across multiple counties, it provides comprehensive care through a dedicated team of providers and healthcare professionals.

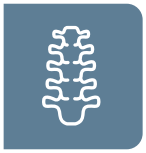
The organization offers a wide range of services, including family medicine, women's health, urgent care, and specialty care. Known for its high patient satisfaction and quality outcomes, Hugh Chatham Health was honored with the 2025 Women's Choice Award as one of America's Best Small Hospitals for Comprehensive Care.

In July 2025, Hugh Chatham Health became part of the Atrium Health Wake Forest Baptist system, joining Advocate Health, the third-largest nonprofit health system in the United States.

Women's Health

Heart Care

Stroke Care



Orthopedics

Surgery

Cancer Care

Primary Care

# 2025-2027 COMMUNITY HEALTH NEEDS ASSESSMENT

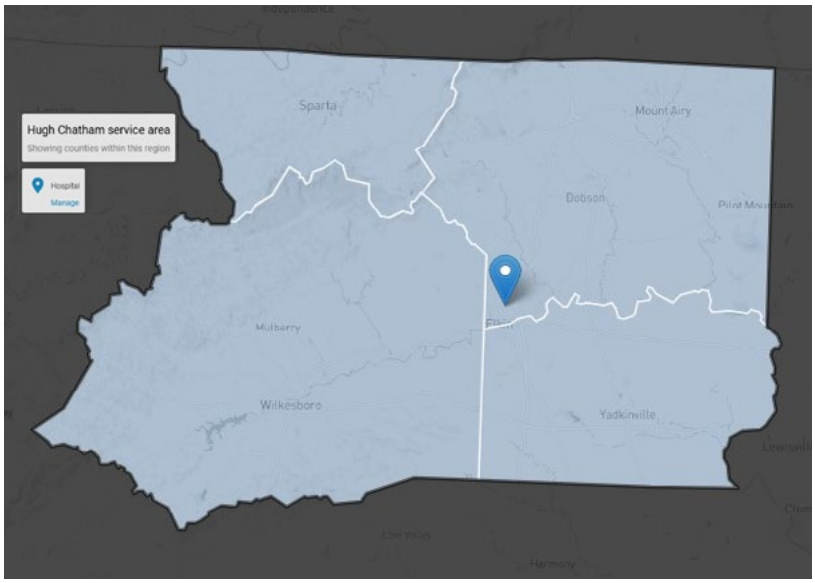
A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital 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 Surry, Wilkes, Yadkin and Alleghany counties. Greater than 88% of the inpatient population at Hugh Chatham Health resides within these four counties.

As a community hospital, Hugh Chatham Health serves a geographic area that includes the cities of Elkin, North Wilkesboro, Yadkinville, Sparta, and the surrounding area. Its neighboring counties include Stokes, Forsyth, Carroll (VA), Patrick (VA), Grayson (VA), Iredell, Alexander, Caldwell, Ashe. The service area is mostly rural and resides in the foothill's region of northwestern North Carolina with a transitional landscape between the Piedmont and the Blue Ridge Mountains. The most common industries in this region are manufacturing, agriculture, viticulture (supporting wine production) and tourism.




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.

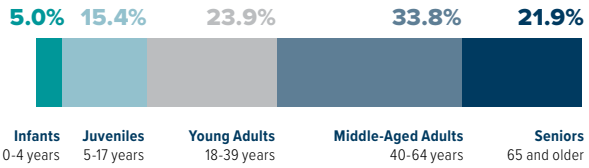
## Patient Service Area Statistics

### Population

**185,884**

The population decreased approximately 3.70% between the 2010 and 2020 decennial census

### Population by Age Group




### Age and Gender

**49.4%** Male

**50.7%** Female

**45** Median Age

### Race/Ethnicity

| | |
|---|---|
| Non-Hispanic White | **83.6%** |
| Hispanic or Latino | **10.4%** |
| Non-Hispanic Black | **3.3%** |
| Two or more races | **2.0%** |
| Asian | **.5%** |
| Native American | **0.1%** |

### Primary Language at Home

**8.0%** Spanish

**2.2%** Asian Languages

### Household/Family

**4.4%** Single Parent Families

**28.0%** Seniors Living Alone

### Median Household Income

**$52,878** Hugh Chatham Service Area

**$70,804** North Carolina

### Employment

Unemployment rate among residents

**3.5%** Hugh Chatham Service Area

**3.6%** North Carolina

**5.2%** United States

### Population Living Below Poverty Level

**16.0%** Hugh Chatham Service Area

**13.2%** North Carolina

***Item to Note:** Hugh Chatham service area has a higher percentage of disabled residents compared to North Carolina and the United States. This highlights the need for specialized healthcare services and support programs for individuals with disabilities. Ensuring that these services are available and accessible is crucial for improving the quality of life for disabled residents and helping them to live independently.

### Education

Individuals with a high school degree or higher

**83.2%** Hugh Chatham Residents

**89.8%** North Carolina Residents

Individuals with a bachelor's degree or higher

**32.8%** Hugh Chatham Residents

**46.9%** North Carolina Residents

## 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.

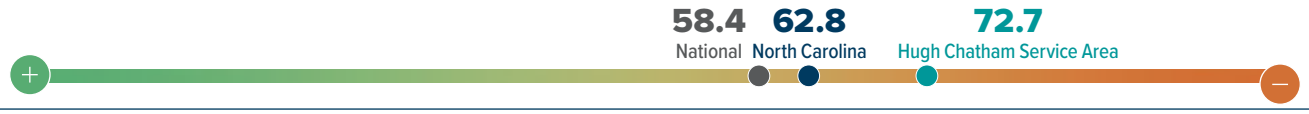
## Social Conditions at a Glance

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).

The SVI for the Hugh Chatham service area is higher than the state and national averages indicating a lower community resilience and availability of resources. The service area also has significant differences in the region with Yadkin at 62.33 and Surry at 80.05. *(Source: Metopio, CDC, 2022)*

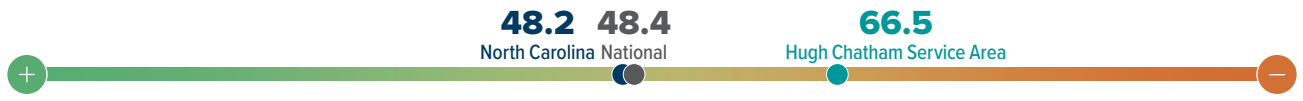



**Childhood Opportunity Index (COI) –** The COI measures how well neighborhoods support children's healthy growth. Scores range from Very Low (1–19) to Very High (80–100).

The data suggests that there may be some significant disparities in neighborhood resources and conditions influencing the healthy development of children, while the rates are much higher across the state and nation. The entire service area would be considered Very Low on the range with Wilkes and Alleghany at 11. *(Source: Metopio, Diversitydatakids.org, 2017–2021)*

**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.

The Hardship Index reveals significant disparities within the Hugh Chatham service area indicating a higher level of hardship compared to the state and national numbers. Significant fluctuation is demonstrated in the service area with Alleghany at 73.6 and Yadkin at 59.5. *(Source: Metopio, U.S. Census Bureau, ACS, 2018–2022)*




**ALICE Threshold –** 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 child care. The data presented is the percentage of households living below the ALICE threshold.

The data suggests that the Hugh Chatham service area has a higher proportion of households facing financial hardship than North Carolina and the National numbers. *(Source: Metopio, United Way, ALICE Data, 2022)*

# How the CHNA Was Conducted

## Purpose and Process

Every three years the CHNA serves as the foundation from which Hugh Chatham Health 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:

**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. Visit the Atlas at: https://cccc.metop.io

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, February 14 – April 28, 2025

To engage the Hugh Chatham community, a brief survey was distributed to residents from February 14 to April 28, 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 653 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.

### Key Informant Focus Group

To learn more specifics about the community needs, stakeholders and leaders who have broad knowledge of the health of the community, a focus group was also conducted as part of this process. Board members and community leaders were part of this informative process. Participants were chosen because of their ability to identify the primary concerns of the populations with whom they work, as well as of the community overall.

### 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)*

### Metopio

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 for the Hugh Chatham Health service area are slightly worse than the average county in the state and the average county in the nation. The service area, however, has some differences: Surry County rates about the same as counties at the state and national levels, while Alleghany rates above both. *(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 the Hugh Chatham Health service area are:

| **All Ages:** | **Ages 0-19:** |
|---|---|
| Cancer | Conditions in perinatal period |
| Diseases of the heart | birth defects |
| Chronic lower respiratory diseases | other unintentional injuries |
| COVID 19 | motor vehicle injuries |

Alleghany had the addition of cerebrovascular disease in its top 4 for all ages and then for the 0-19 category suicide, septicemia and diseases of the heart were top categories. *(NC County Health Data Book 2025)*

### Life Expectancy

The average life expectancy among residents:

- Hugh Chatham Service Area: 73.9 years
- North Carolina: 75.9 years
- United States: 77.6 years
  *(County Health Rankings & Roadmaps, NC 2025).*

Overall, the service area has seen a decrease in life expectancy from 76.2 in 2018.

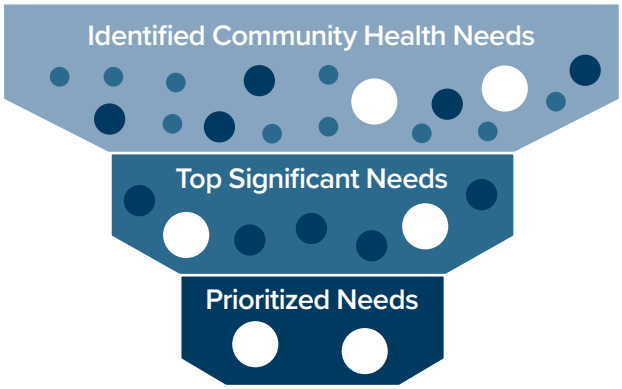
## Identified Significant Needs

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 Patient Service Area

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<br>• Medical debt |
| Alcohol and Substance Use | • Tobacco use and e-cigarettes<br>• Drug overdose rates<br>• Opioid misuse |
| Chronic Disease & Prevention | • Three of the top leading causes of death are diseases<br>• Adult obesity and lack of exercise |
| Economic Stability/Social Drivers of Health | • Affordable and healthy food<br>• Populations with families living in poverty<br>• Transportation needs |
| Mental Health | • Suicide deaths<br>• Unmet mental health needs |

**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 the Hugh Chatham service area reported a **lower satisfaction rate of 35.7% 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 the Hugh Chatham service area

With the **expansion of virtual care options**, the secondary data shows the Hugh Chatham service area to lag significantly behind the state with the **need for improved internet infrastructure**.

> Even insured patients have high deductibles, limited provider networks, and out of pocket barriers to care.
>
> -Physician Leader
> Key Stakeholder Focus Group
> Hugh Chatham Health

## HIGHLIGHTED DISPARITIES

**Uninsured Rates**

**11.86%** Full Population
**14.37** Non-Hispanic Black
**26.01%** Two or More Races
**28.84%** Hispanic or Latino

| | Preventable Hospital Stays | Internet Access |
|---|---|---|
| Hugh Chatham Service Area | 4,487 | 87.76% |
| North Carolina | 4,096 | 91.91% |

*(per 100,000 residents)*

## Key Findings

- 31.5% 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%. The Hugh Chatham Health service area has an even higher medical debt rate of 10.41%.
- Family Medicine providers per capita (per 100,000 residents) – in the Hugh Chatham Health service area is 21.03 which is significantly lower than the state at 30.79
- The Hugh Chatham Health service area has 44.2 Primary Care Providers per capita, significantly lower than North Carolina's at 83.9 and the United States at 90.8

## 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
- Lack of Reliable Transportation:
  - » Hugh Chatham Service Area: 10.0%
  - » North Carolina: 9%

# 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

**7.97%** of survey respondents reported E-cigarettes, tobacco/vaping use compared to 5.06% in North Carolina.

Secondary data shows the Hugh Chatham service area has a **drug overdose** rate of 48.8 deaths per 100,000 people, a significantly higher rate than North Carolina at 41.0.

## HIGHLIGHTED DISPARITIES

| | Alcohol-Related Mortality | Drug Overdose Mortality |
|---|---|---|
| Hugh Chatham Service Area | 17.3 | 42.19 |
| North Carolina | 11.1 | 33.65 |

*(deaths per 100,000 residents)*

## Key Findings

- The Hugh Chatham service area has a 17.3 alcohol-related mortality rate (deaths per 100,000) which has increased 6% in the last three years. This is a notable concern for the service area compared to the North Carolina rate of 11.56 and the United States at 12.81.
- Drug overdose deaths have significantly increased in the last 4 years from 26.37 deaths pers 100,000 to 42.19.
- Of survey respondents substance use ranked as one of the top most important health related challenges in the community

## 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

# 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. (CDC, 2024)

## Significant Need Reasoning

Access to exercise opportunities in the United States is relatively high at 84.45%. However, North Carolina lags behind with 77.97% and the Hugh Chatham Health service area has an even lower access rate of 56.14%.

Secondary data shows that the Hugh Chatham service area has notably higher rates of heart disease deaths particularly among the non-Hispanic white population.

## Summary of Health Outcomes

| **Disease Mortality Rates** *(Deaths per 100,000 residents)* | **Hugh Chatham** | **North Carolina** | **United States** |
|---|---|---|---|
| Alzheimer's | 66.4 | 35.4 | 99.1 |
| Cancer | 266.8 | 150.7 | 144.1 |
| Chronic Lower Respiratory Disease | 99.1 | 38.6 | 35.4 |
| COVID 19 | 97.4 | 45.5 | 48.9 |
| Diabetes | 56.4 | 27.1 | 23.6 |
| Heart Disease | 273.7 | 161.6 | 166.5 |

### HIGHLIGHTED DISPARITIES

**Heart Disease mortality (per 100,000 residents)**

**273.7** Full Population
**264.6** Non-Hispanic Black
**309.1** Non-Hispanic White

**Diabetes mortality (per 100,000 residents)**

**56.4** Full Population
**27.1** Non-Hispanic Black
**23.6** Non-Hispanic White

## Key Findings

- The top three leading causes of death under the age of 75 are chronic diseases: heart disease, cancer, and chronic lower respiratory disease *(County Health Rankings and Roadmaps, 2025)*
- Cancer deaths per 100,000 residents have significantly increased in the last 3 years after steady declines in the last 20 years. The rate has increased from 171.3 to 266.8.
- Alzheimer's disease mortality rates vary across regions; however, the Hugh Chatham service area has the highest rate at 66.5 (deaths per 100,000), which is notably higher than the state average of 35.44
- Diabetes mortality rates of 56.4 (deaths per 100,000) are significantly higher in the Hugh Chatham service area compared to North Carolina's at 27.1 and the United States' at 23.6.

## Contributing Factors

Many chronic diseases can be prevented with healthy habits. But 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:**
Hugh Chatham Service Area – 35.5%
North Carolina– 33.9%

**Food Insecurity:**
(Households with limited or uncertain access to adequate food)
Hugh Chatham Service Area – 17.0%
- 30.1% of Black/African American residents
- 25.2% of Hispanic/Latino residents

North Carolina – 15.0%

**Adults With No Exercise:**
Hugh Chatham Service Area – 25.6%
North Carolina – 22.6%

# Economic Stability

**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 the Hugh Chatham service area, **non-Hispanic Black individuals experience the highest rate at 30.08%**, compared to statewide at 28%.

**Secondary data** shows that the graduation rate among Hispanic or Latino residents is 62.53% compared to 83.18% as a full population.

## Summary of Health Outcomes

> Generally, if you can't drive or don't have a car, you're out of luck.
>
> -Key Stakeholder/ Community Member

### HIGHLIGHTED DISPARITIES

**People Living in Poverty**

**16.03%** Full Population
**29.18%** Non-Hispanic Black
**26.54%** Two or More Races

**Lack of Transportation**

**10.0%** Hugh Chatham Service Area
**9%** North Carolina

## Key Findings

- The rate of poor literacy and functional illiteracy in the Hugh Chatham service area is 26.35%, which is higher than the national average of 21.8% and North Carolina's average of 21.3%. This indicates a significant literacy challenge in this specific region.
- The percentage of households receiving food stamps (SNAP) in the Hugh Chatham service area is 15.53%, which is higher than the state average of 12.54% and the national average of 11.77%. 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: specific to transportation
  - » 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

# 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, mental conditions and suicide were ranked as a top health condition or behavior by survey respondents.

**Secondary data** shows the service area and state as having significantly fewer or non-existent mental health treatment facilities.

## Summary of Health Outcomes

> Our teens are struggling, and we don't have enough school counselors or local therapists.
>
> -Key Stakeholder
> Hugh Chatham Memorial Hospital

### HIGHLIGHTED DISPARITIES

**Suicide Mortality**

**18.5%** Hugh Chatham Service Area
**13.5%** North Carolina
**14.0%** United States

**Depression**

**26.80%** Hugh Chatham Service Area
**23.12%** North Carolina

## Key Findings

- In the service area, 30.97% of respondents reported that they did not receive the mental health care needed.
- The percentage of adults that reported poor mental health in the Hugh Chatham service area is 18.72 compared to North Carolina's at 16.54 and the United States' at 17.35. This has significantly increased by nearly 4 percentage points in all three areas since 2017.
- The Hugh Chatham service area has far fewer mental health providers per capita (247.7) than the state (632.3) and the U.S. (689.6), which may lead to less access to mental health services for community members.

## 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 - specific to housing
  - » 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

# 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 **maternal mortality rate in North Carolina is significantly higher for non-Hispanic Black women** at 63.7 (deaths per 1000,000 live births) compared to the United States average of 50.3. The disparity is also evident across the full population and non-Hispanic White women.

At 27.58 (pregnancies per 1,000) the **teen pregnancy rate in the Hugh Chatham Health service area is significantly higher** than the state at 20.8.

**Infant mortality disparities are significant among the service area with 7.1 (infant deaths per 1,000) for the full population but 11.6 for Non-Hispanic Black patients.**

**Disaster preparedness** was asked for the first time on the survey and discovered that nearly 20% 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 Hugh Chatham Health 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, Hugh Chatham Health prioritized these significant health needs to address in the 2025-2027 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. Hugh Chatham Health 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 Hugh Chatham Health, we address these conditions 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 our 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 Hugh Chatham Health Board, the authorizing body of the hospital. The board approved the report on September 12, 2025.

# 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 at Atrium Health Wake Forest Baptist's Community Health Needs Assessment Report webpage via the following link:

Needs Assessments and Implementation Reports | Atrium Health Wake Forest Baptist

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

# EVALUATION OF IMPACT FROM PREVIOUS CHNA

## Priority 1: Cost of Care

This hospital has taken a multimodal approach to helping the community access the right care including the timing of care, place and cost. These approaches have included the addition of locations, introduction of virtual options, as well as expanding work under valued care contracts.

- Hugh Chatham Health has had a significant impact on expanding access to unplanned care in settings other than the emergency department since the completion of the 2022 CHNA. There are now more urgent care locations and hours available as well as ongoing emphasis on the availability of virtual visits.
- Correspondingly, there has been a greater than 2% decrease in emergency department visits from 2023 to 2024.
- The number of lives in managed care contracts has remained stable with an on-going focus on closing care gaps to ensure that patients receive preventive care aimed at maintaining and improving quality of care. Meeting HEDIS and other quality measures demonstrates a focus on reducing the morbidity and mortality of chronic diseases in this population.
- Timely access to both primary and specialty care remains a concern secondary to the difficulty in recruiting and retaining providers in this rural community.

## Priority 2: Prescription drug abuse

The focus of this priority is a regional response to the ongoing prescription drug abuse specifically opioid crisis in the community. The number of overdose deaths and suicides in the region continues to have lasting effects on individuals, families and the community.

- Hugh Chatham participated in a pilot program led by the North Carolina Healthcare Foundation and the Duke Endowment that focused on initiating buprenorphine in the Emergency Department (ED). This treatment approach is a growing and evidence-based practice for managing opioid use disorder (OUD) and acute withdrawal. Many patients with OUD present to the ED in withdrawal or after overdose. EDs , therefore, are critical access points to initiate life-saving treatment to reduce mortality, improve retention in care, and reduce ED revisits. In 2020, a new intervention was necessary as Surry County ranked 18th in North Carolina with an opioid dispensing rate of 68.8 per 100 people. This rate was 30.3% above the state average and 58.9% above the national average.
- Intervention programs such as this one, in collaboration with a hand-off to on-going dosing of buprenorphine by a pilot project with Surry County EMS until patients can enter a formal medication assistance treatment program has made a difference. In 2023 there were 116 ED visits related to opioid overdoses compared to 94 in 2024. Additionally, the Fentanyl deaths decreased from 27 in 2023 to 13 in 2024.

## Priority 3: Promotion of healthy living and preventive care models

The work for this priority has focused on both lifestyle choices and COVID-19 prevention, testing and treatment. Prevention work has been in the areas of obesity, joint or back pain, blood pressure and stroke.

- Hugh Chatham expanded its Wellness Center space and programming in 2024 through a community grant. The center offers year-round supervised exercise programs for men and women that are led by qualified instructors. It is a partnering facility with Silver Sneakers, Silver and Fit, Renew Active, Active and Fit, and Prime Fitness programs. The center is open to all members of the community, you do not need to be a patient of Hugh Chatham Health to join the wellness center nor do you need to have a doctor's referral. The community rates this very highly and values the access to classes and equipment aimed at increasing physical wellbeing.
- In 2025, Hugh Chatham Health continued its focus on stroke care excellence and received the American Heart Association's Get with The Guidelines® – Stroke Gold Plus quality achievement award for its commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines, ultimately leading to more lives saved and reduced disability. This distinction places Hugh Chatham Health among an elite group of hospitals across the nation who are committed to exceptional infection prevention standards, patient safety and high-quality care in rural communities.
- Hugh Chatham introduced the I Gave Birth initiative to its community in 2025. This important campaign is focused on raising awareness, providing support, and advocating for the rights and well-being of mothers during and after childbirth. ED providers, team members and County EMS providers were educated on the critical need to incorporate maternal history when assessing patients. Women are at higher risk in their first post-partum year for depression, hypertension, and stroke. Centered on the real experiences of women, the initiative highlights the physical, emotional, and social challenges that come with giving birth, while aiming to break the silence around postpartum recovery, maternal health, and the societal expectations placed on new mothers. Through storytelling, education, and community engagement, I Gave Birth seeks to empower women, promote better maternal healthcare policies, and foster a culture that honors and supports the transformative journey of motherhood.

# APPENDICES

## Appendix 1: Central Carolina Community Collaborative Survey

To view the Healthy Hugh Chatham County Community Health Assessment report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, along with the full survey reports, 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 the Atrium Health Community Resource Hub: https://www.atriumhealthcommunityresourcehub.org

**Access to Care/Chronic Disease and Prevention**

| Organization | Website | Contact |
|---|---|---|
| Hugh Chatham Memorial Hospital | www.hughchatham.org | (336) 527-7000 |
| Alleghany Health | www.alleghanyhealth.org | (336) 372-5511 |
| Atrium Health Wake Forest Baptist/Wilkes Medical Center | www.wakehealth.edu | (336) 651-8100 |
| Northern Regional Hospital | www.wearenorthern.org | (336) 719-7000 |
| Hands of Hope Medical Clinic | www.hohclinic.org | (336) 849-7960 |
| Wilkes Faith Help – Local Medical Resources | http://wilkesfaithhealth.weebly.com/local-medical-resources.html | |
| Grace Clinic | www.graceclinicnc.org | (336) 835-1467 |

**Economic Stability/Social Drivers of Health**

| Organization | Website | Contact |
|---|---|---|
| Salvation Army (Surry and Yadkin) | The Salvation Army USA | 336-786-4075 |
| The Ark | The Ark \| Home | 336-527-1637 |
| Helping Hands Foundation | Helping Hands Foundation of Surry County - Mt Airy NC | 336-673-0215 |
| Legal Aid Winston Salem | Legal Aid - Legal Aid of North Carolina | 336-725-9162 |
| Family Resource Center | YVEDDI...your local Community Action Agency serving Davie, Stokes, Surry and Yadkin counties | 336-786-6155 |
| Share the Ride NC | ShareTheRideNC.org | 336-883-7278 |

**Substance Use**

| Organization | Website | Contact |
|---|---|---|
| Alpha Acres | https://wsrescue.org/ | 336-463-5515 |
| Project Lazarus | https://www.projectlazarus.org/ | 336-667-8100 |
| Solus Christus | SolusChristusInc.org | 336-813-3007 |
| Blue Ridge CareNet | Welcome To CareNet Counseling's Piedmont Triad Region - CareNet Counseling | 336-786-1922 |

**Mental Health, Suicide Prevention**

| Organization | Website | Contact |
|---|---|---|
| Partners Behavioral Health Management | https://www.nchealthpartners.com/ | 1-877-864-1454 |
| Daymark Recovery Services -- Yadkinville | www.daymarkrecovery.org | 336-679- 8805 |
| Daymark Recovery Services – North Wilksboro | www.daymarkrecovery.org | 336-667-5151 |
| Daymark Recovery Services – Mt. Airy | www.daymarkrecovery.org | 336-783-6919 |

## Appendix 3: Sources


Metopio. Accessed via a contract with Advocate Health. Website is unavailable to the public. The following data sources were accessed through the portal:

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

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County Databooks, North Carolina Department of Public Safety, 2023. Retrieved from https://www.ncdps.gov/our-organization/juvenile-justice/community-programs/county-databooks

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EJScreen: Environmental Justice Screening, 2023. Retrieved from https://www.epa.gov/ejscreen (Discontinued)

Food Access Research Atlas, 2019. Retrieved from https://www.ers.usda.gov/data-products/food-access-research-atlas/

Food and Nutrition Service, 2024. Retrieved from https://www.fns.usda.gov/

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Medicare Geographic Variation, 2023. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation

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NC Coalition to End Homelessness, 2025. Retrieved from https://ncceh.org/data-research-publications/

Atrium Health
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# Thank You


## Phone

336.527.7000

## Online

https://hughchatham.org/

https://www.wakehealth.edu/

## Address

180 Parkwood Drive

Elkin, NC 28621