Assessment of Social Health Drivers

for High Point

THE FOUNDATION FOR A
HEALTHY HIGH POINT
Leadership for change

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Assessment of Social Health Drivers for High Point, NC

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CONTENTS

FIGURES

TABLES

INTRODUCTION

The Foundation for a Healthy High Point (established in 2013) encourages, supports, influencing, and invests in evidence-based practices and initiatives to improve the long-term health of the Greater High Point community. Currently the Foundation is developing a strategic plan to better identify areas for strategic investment that will enhance the impact and outcomes of the investments the Foundation makes to address Social Determinants of Health (SDOH) especially as related to health equity. As part of this process, the Foundation's Executive Director, Curtis Hollomon, requested the UNCG Center for Housing and Community Studies provide technical assistance and methodological support in gathering community input for this strategic plan.

A health equity assessment is a process used by public health organizations to determine priorities, make improvements, or allocate resources on the basis of inequalities in health outcomes. It may be used to determine gaps between community health assets and needs of residents disproportionately impacted

by health issues. The health equity assessment process is collaborative, proactive, multisector, and data driven. It provides an opportunity for building stakeholder support, engaging residents and social service agencies, eliciting health system feedback, and promoting community support. It also provides an opportunity to identify barriers that health impacted communities face in accessing primary health services or addressing *Social Determinants of Health* (SDOH) such as economic stability, educational and employment opportunities, healthy housing, nutritious foods, active lifestyles, and overall wellbeing.

CHCS assisted and support the staff of the FHHP through a series of community listening sessions and focus groups. Additional input was sought through key informant interviews and online surveys of former grantees, partner organizations, and community members. This primary data is supported by secondary sociodemographic, economic, and health outcomes data to provide context and generalizability of findings. The goal of this project is to better understand the Foundations role in creating sustainable change and impact in addressing the SDOH and to provide a prioritization or rank ordering of community needs as evidenced by the supporting data and community voices.

Guidance from the FHHP Board of Directors

Before starting the process of collecting community input, we first queried the board of the Foundation for a Healthy High Point. We received input on a short web-based poll from 14 current and 2 former board members. We first asked the board what they felt were the most pressing health issues facing residents of the High Point area. They identified a series of issues that are further reflected in our other data collection activities:

- Access to primary and specialty medical care
- Addiction/ substance misuse
- COVID-19 vaccination
- Economic vitality and mobility
- Food insecurity
- Good paying jobs
- Homelessness
- Infant mortality
- Lack of Insurance
- Mental/Behavioral health
- Teen pregnancy

Next, we asked the board members to identify the goals they had for the needs assessment. They ranged from discovery and descriptive analysis to empowering and encouraging community input to evaluating and understanding the role of the Foundation in better addressing health outcomes and the social drivers of health.

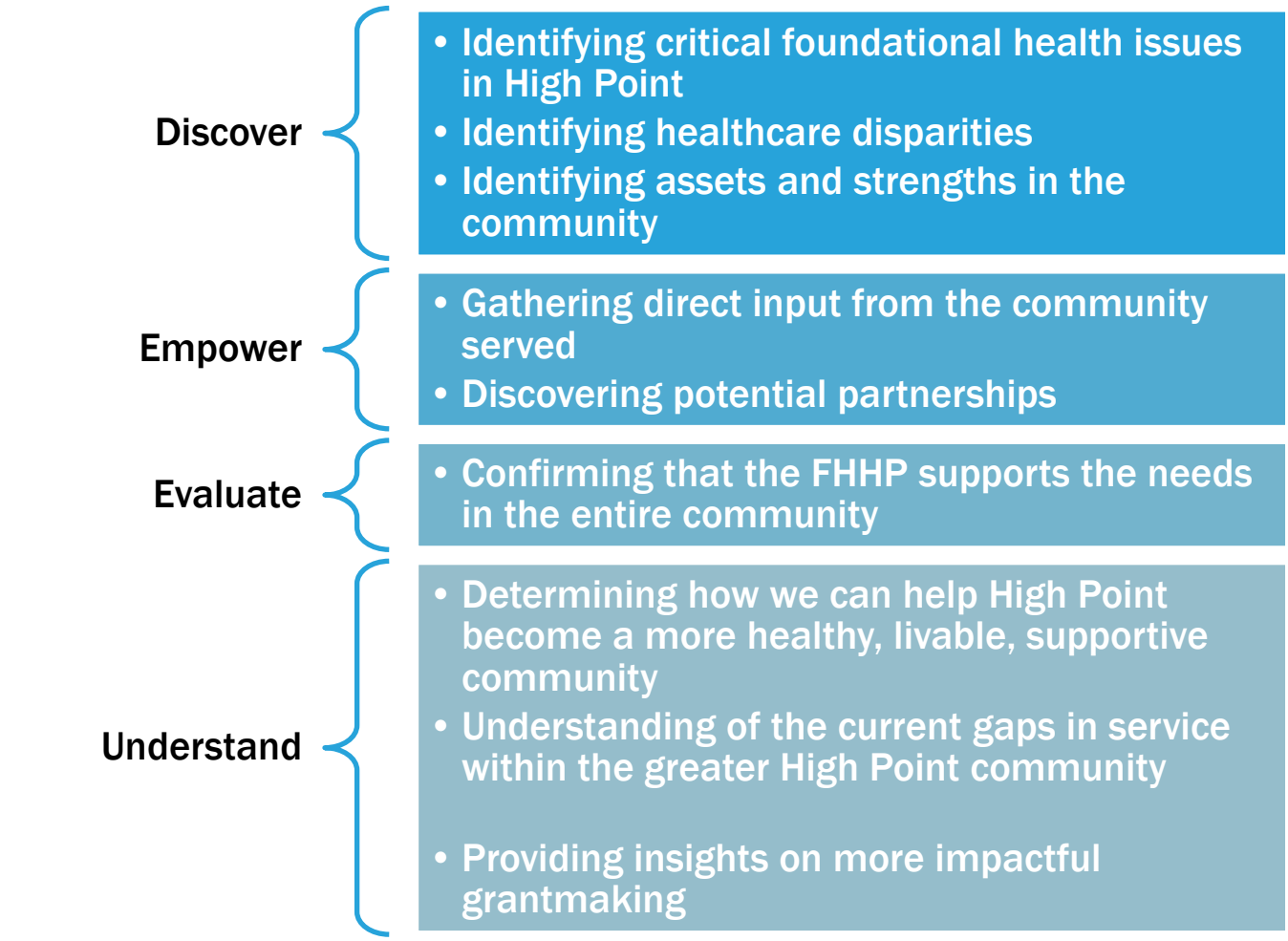

Figure 1. Goals of Board Members

Finally, we asked board members to identify data points and data sources that should be covered in the needs assessment. They recommended the following:

- Barriers to services
- Feedback and insights from different stakeholder groups.
- Health care needs by location
- Health issues related to mental health
- Health issues related to mortality
- Health issues that impact employment and life opportunities
- Healthcare disparities
- Identification of community assets
- Identification of duplication of services, and where the gaps in service exist
- Information about food insecurity
- What other agencies are out there to assist with health?

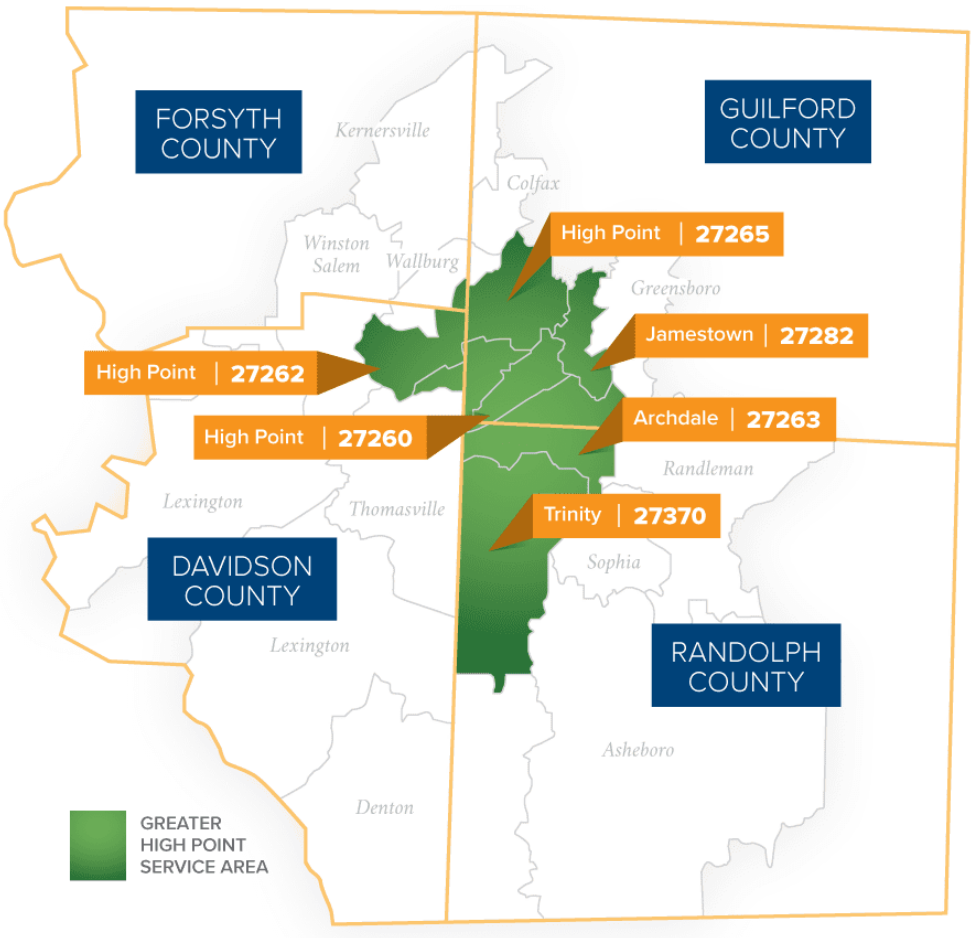

Figure 2. Greater High Point Service Area of FHHP

COMMUNITY OVERVIEW

The City of High Point is situated in the Piedmont Triad Region of North Carolina and is the only city in the state to extend into four separate counties: Guilford, Randolph, Davidson, and Forsyth. Though it was settled by Quakers around 1750, the town was first officially chartered in 1859, as the "highest point" of the North Carolina Railroad which brought raw materials into the area. High Point's physical expansion was stimulated by the economic success in manufacturing in the early 1900s, particularly in textiles, tobacco, and woodworking. The area is best known for its rich history in the furniture industry and the semi-annual High Point Furniture Market is the world's largest home furnishings trade show. The event attracts local, national, and international vendors and buyers each spring and fall.

Today the city spans approximately 58 square miles and includes both urban settings and large recreational parks and lakes. Residents and visitors can enjoy the areas museums, many restaurants, as well as professional baseball games at Truist Point ballparks with the independent minor league team, the Rockers. High Point University also brings approximately 80,000 visitors and 4,388 out-of-state students to the area during the academic year (total enrollment of 5,850). The University is also a large contributor to local charities and is the 8th largest employer in the City of High Point. The top employment industries in the area are Educational, Health Care, and Social Assistance with 24% of the employed labor force, followed by manufacturing at 17%, both retail and professional/scientific/management at 11% each, and arts/ entertainment/recreation at 10%.

Key Demographics

	HIGH POINT, NC		NORTH CAROLINA	
POPULATION				
Total Population	113,056		10,356,555	
Average Population Density (per sq mi)	2019.43		213.01	
Population Growth (2000-2019)	29.98%		27.52%	
Urban Population	104,262	99.90%	6,301,756	66.09%
Rural Population	109	0.10%	3,233,727	33.91%
RACE & ETHNICITY				
White	55,531	49.12%	6,992,191	67.51%
Black or African American	39,264	34.73%	2,216,020	21.40%
American Indian and Alaska Native	435	0.38%	134,942	1.30%
Asian	9,571	8.47%	325,205	3.14%
Native Hawaiian and Other Pacific Islander	94	0.08%	9,302	0.09%
Some other race	4,277	3.78%	364,733	3.52%
Two or more races	3,882	3.43%	303,501	2.93%
Hispanic or Latino	12,690	11.22%	1,026,085	9.91%
INCOME				
Median Household Income	$45,453.29		$54,602	
Per Capita Income	$25,664.40		$29,507.81	
Population in Poverty	19,151	17.76%	1,466,400	14.56%
EDUCATION				
< High School	11,676	15.81%	964,635	13.63%
High School	18,113	24.53%	1,710,790	24.18%
> High School	44,045	59.64%	4,340,769	61.34%
LANGUAGE				
English	85,021	80.55%	8,541,852	87.41%
Spanish	9,061	8.58%	750,318	7.68%
Other Languages	11,459	10.86%	473,966	4.85%
HOUSING				
Housing Units	46,606		4,662,204	
Occupied Units	41,014	88.00%	3,983,257	85.44%
Vacant Units	5,592	12.00%	674,106	14.46%
Owner Occupied	21,680	52.86%	2,563,496	64.36%
Renter Occupied	19,334	47.14%	1,414,173	35.50%

Population & Housing Dynamics

The City of High Point has a total population of 113,056 residents, growing almost 30% since the year 2000. Within the last year, about 7% of the population moved to the area from a different state or county within NC, compared to the almost 10% that moved within the city. The residential population is more racially and ethnically diverse than most areas of North Carolina, which in part can be attributed to the long history of refugee resettlement in High Point as almost 14% of the population is foreign-born. The composition is 49% white, 35% Black or African American, 8% Asian, and another 8% being another race. About 11% of the population is Hispanic/Latinx. The median age is 39 years, and the average household size is 2.6 people. The population has slightly lower overall levels of educational attainment when compared to North Carolina, with almost 16% of the population has less than a high school (or equivalent) education, while 60% has greater than a high school education, ranging from some college to doctoral graduates.

While the County is ranked at “moderate: vulnerability overall, the majority of the of the census tracks in the City of High Point are ranked “high” in terms of Social Vulnerability in the socioeconomic, household composition, minority languages, and housing and transportation categories (see map Fig 4). Almost half of the population in High Point rents their home, and 50% of those renters are cost-burdened by their housing expenses (meaning they spend more than 30% of their income on rent and utilities). This is substantially higher than the 23% of homeowners who are cost-burdened by their housing expenses. Approximately 19% of households lack internet access.

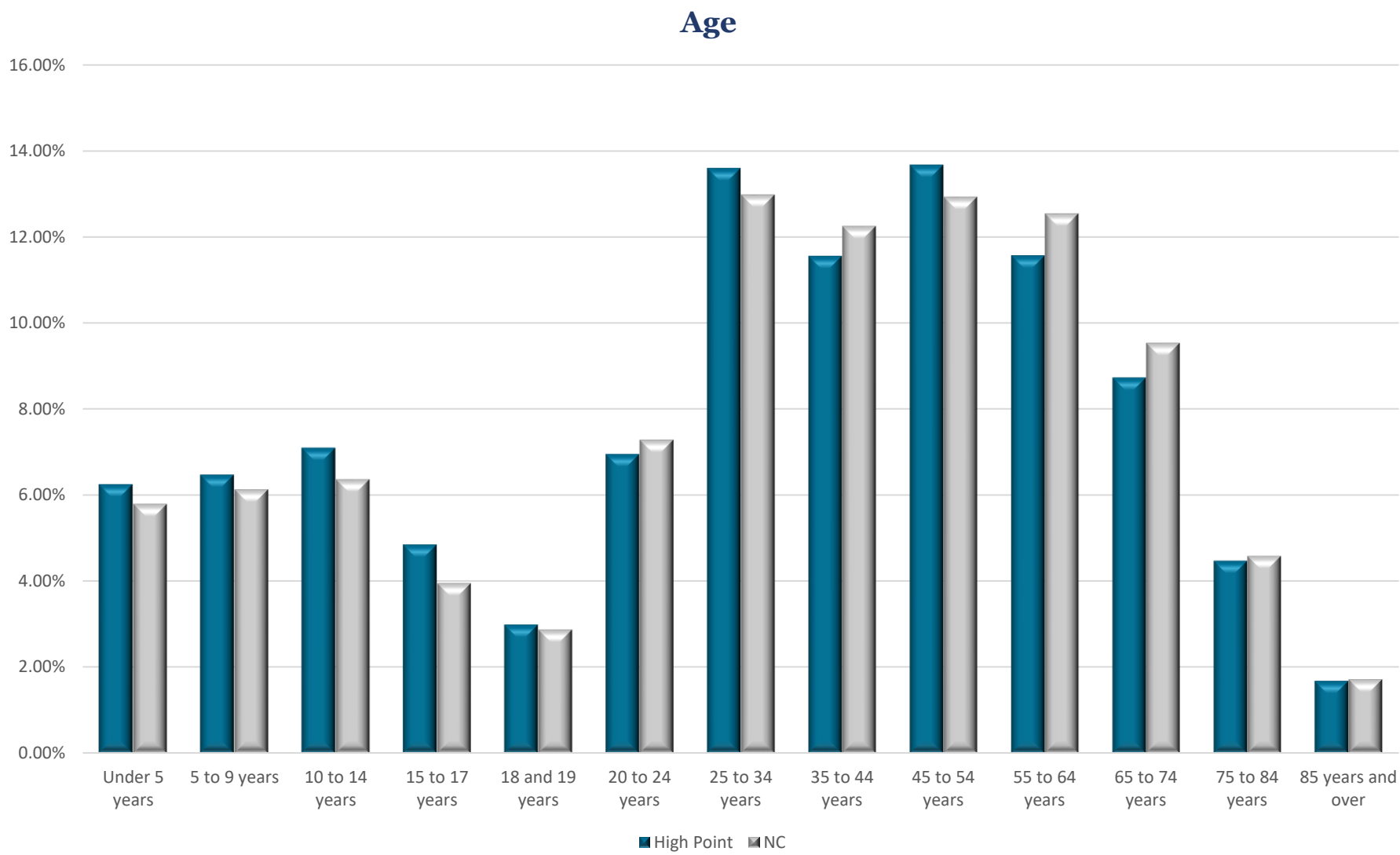

Figure 3. Age distribution in High Point, 2020.

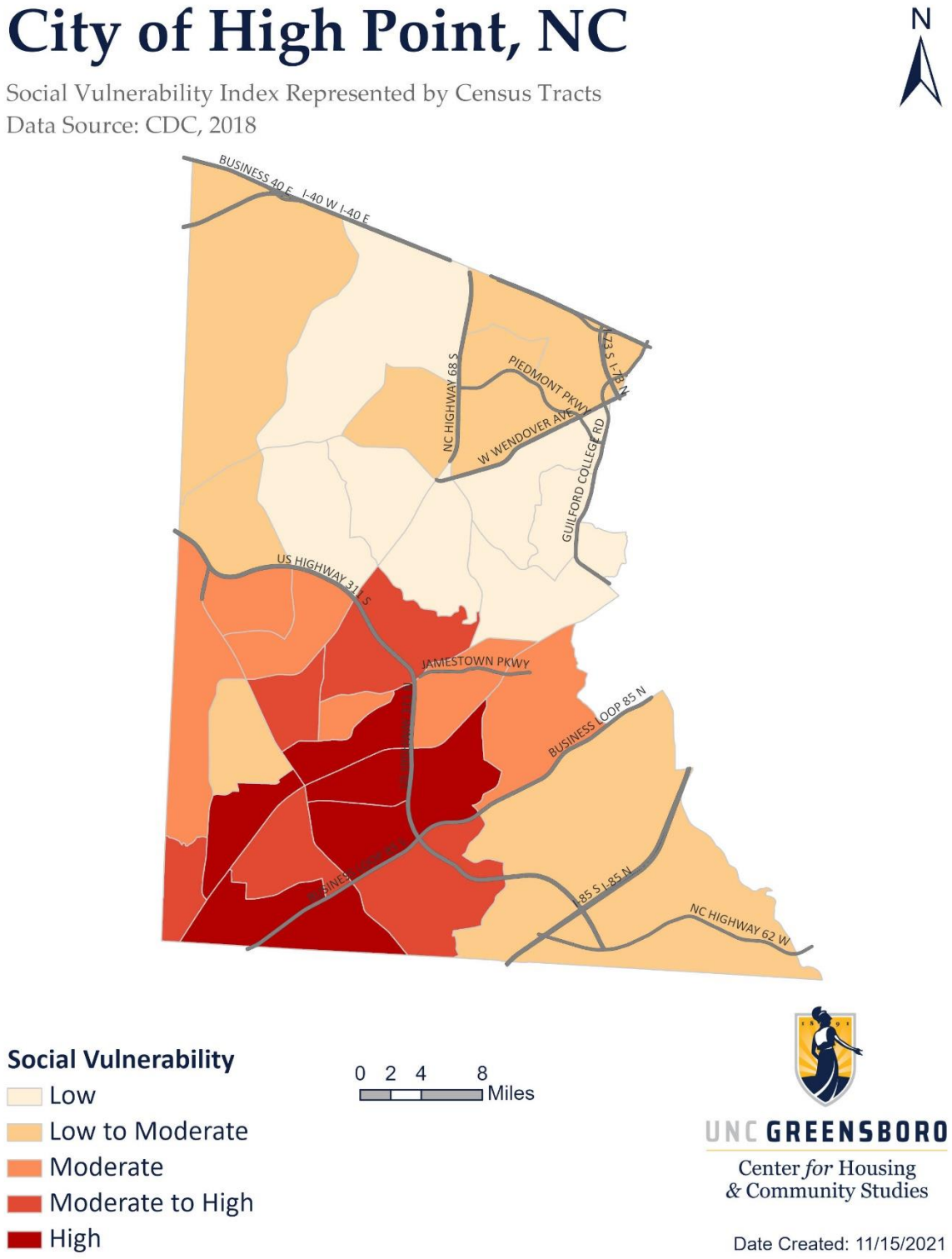

Figure 4. CDC Social Vulnerability Index

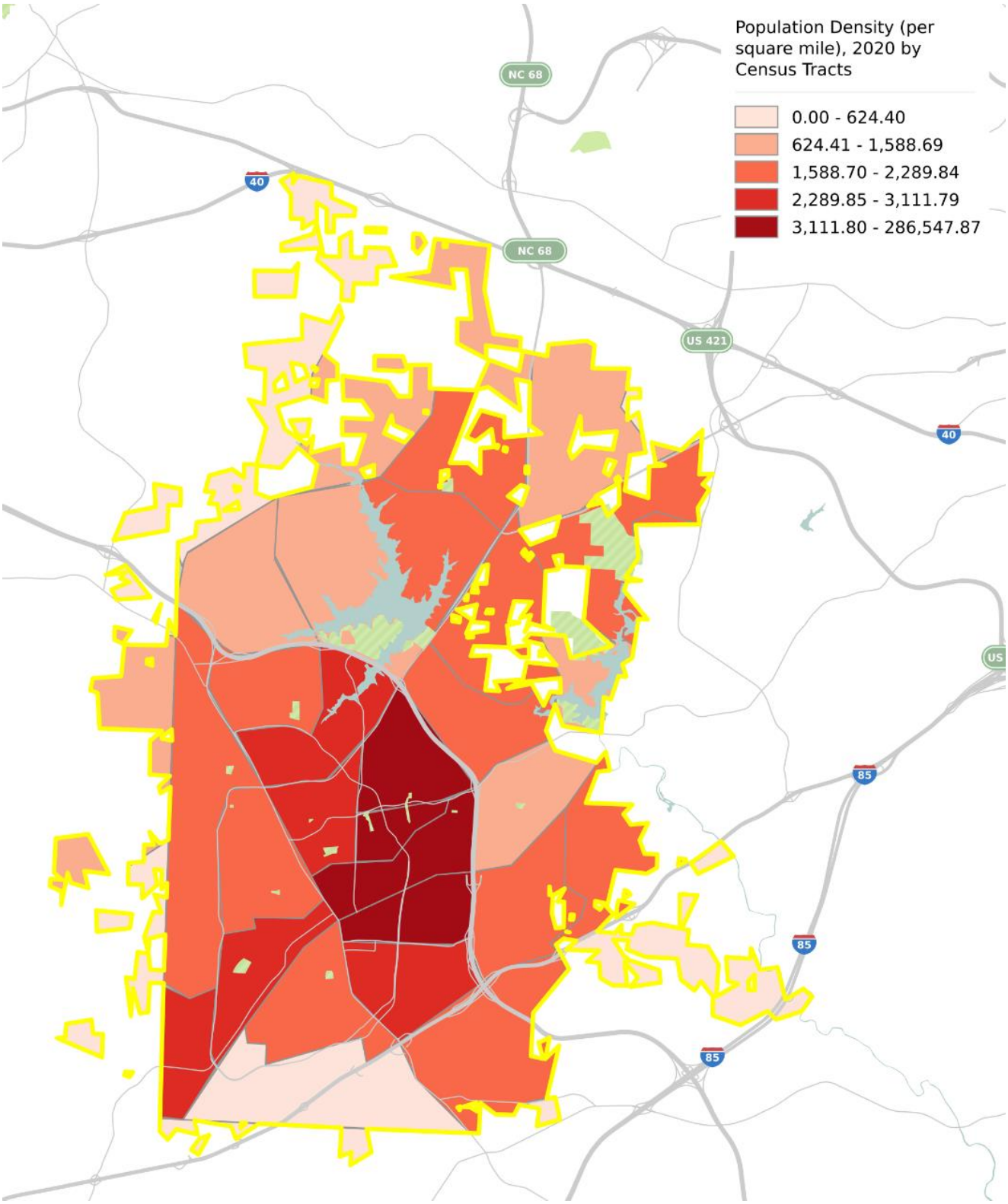

Figure 5. Map of Population Density in High Point, 2020.

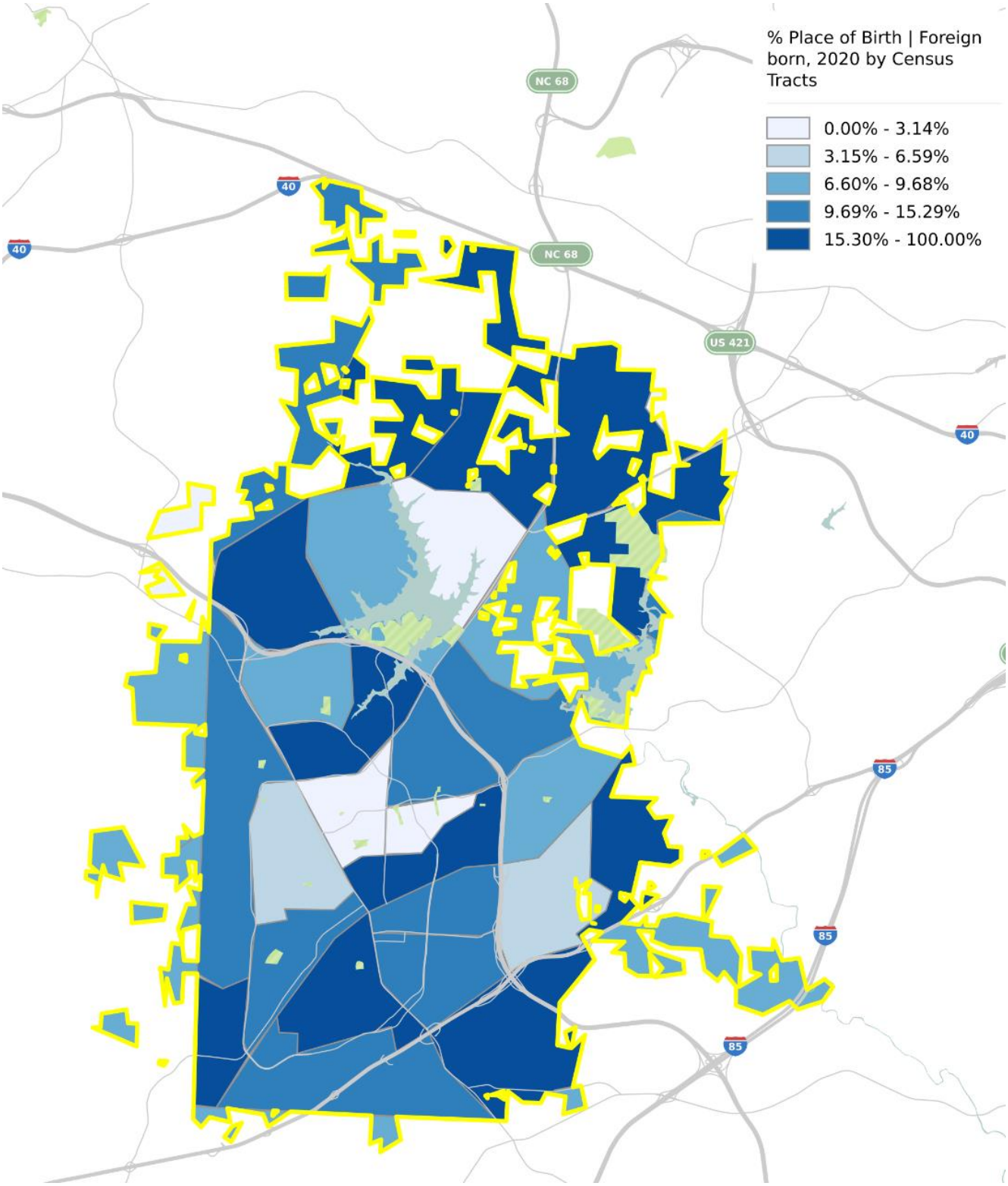

Figure 6. Map of Population that is Foreign Born, 2020.

Socio-Economic Overview

The median household income in High Point is $45,453 as compared to $54,602 in North Carolina. The income per capita for the area is also lower than that in North Carolina, at $25,664. According to the Economic Policy Institute Family Budget Calculator (March 2022), "The cost of living for a two-parent, two-child family in Guilford County, NC is: $75,833 per year; $6,319 per month." Few households in High Point meet this projection. Four of the Census Tracts in High Point (all along the railroad and Kivett Dr) have been designated as having persistent poverty according to the CDFI Fund (2017). The region has higher overall poverty level than the state at about 18% of the population as compared with the state rate of about 15%. About 21% of the population receives public assistance, food stamps or SNAP which again is higher than the state rate of about 14%. The upward mobility for people raised in very low-income families is about 5%, which is slightly lower than most areas in North Carolina.

There is a total of 54,292 non-federal workers and 57,764 jobs available in all industries (LEHD Origin-Destination Employment Statistics. Approximately 39% of High Point's population is not in the labor force, which is on par with the state rate of 38%. The majority of the labor force is employed however, with most recent estimates showing unemployment levels at around 5.1% compared with the state level of 4.4%. These figures have dropped from the peaks of unemployment during Q2 of 2020 which were three times higher due to the pandemic. Those seeking employment and skill development can receive assistance from GuilfordWorks, Welfare Reform Liaison Project, the YWCA Women's Resource Center, and Triad Goodwill.

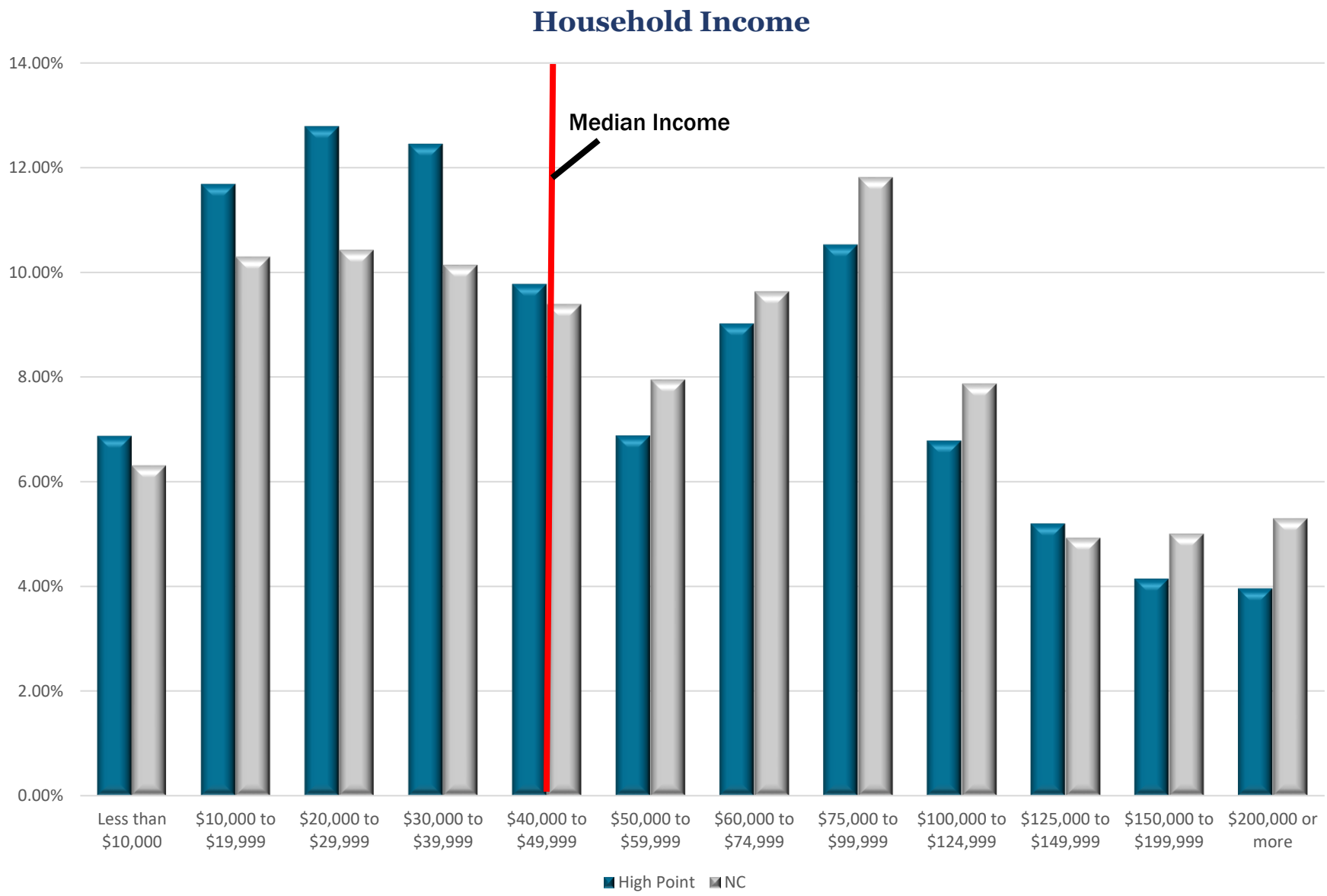

Figure 7. Distribution of Household Income in High Point, 2020.

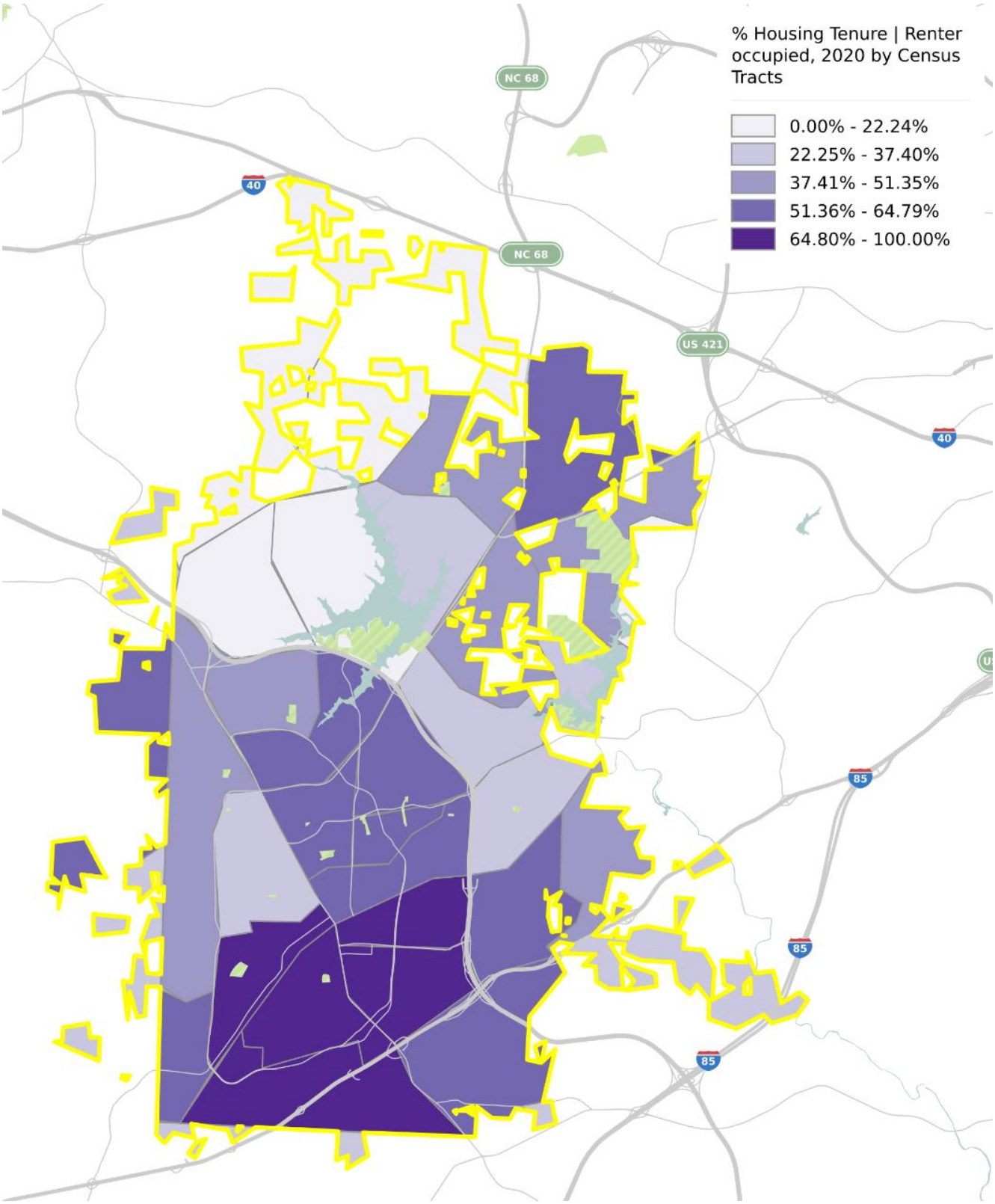

Figure 8. Map of Renter Occupied Housing in High Point, 2020.

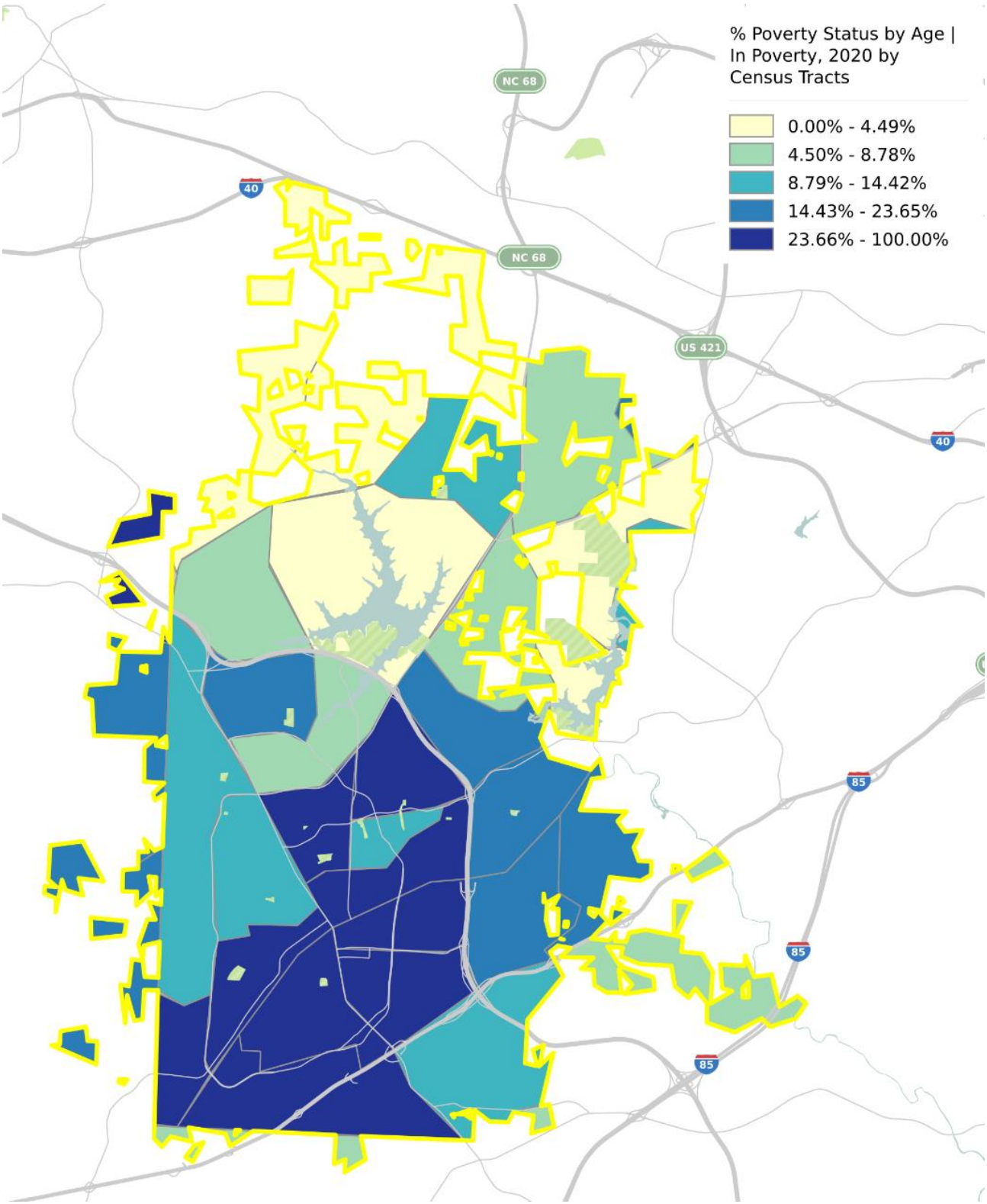

Figure 9. Map of Population in Poverty in High Point, 2020.

Community Health Characteristics

The majority of High Point is located within Guilford County which is ranked 30th from the top out of 100 counties in NC for overall health outcomes. High Point is served by the Atrium Health Wake Forest Baptist High Point Medical Center and many of the service providers are in the same Atrium/Wake Forest Baptist health system. Almost 90% of the population has health insurance coverage, with 44% on employee plans, 19% on Medicaid, 11% on Medicare, and another 15% on non-group plans or military benefits. The average resident in High Point spends $850 on medical care and $160 on prescriptions out of pocket, which is lower than the county per capita spending at $910 and $170 respectively. The area also spends less on health care and prescriptions when compared to the average North Carolina resident spending $940 on medical care and $180 on prescriptions.

Life expectancy in Guilford County is 79 years. The top two leading causes of death in the county are cancer and heart disease, which accounted for about 39% of all deaths in 2019. While most of the leading causes of death are due to chronic illness, unintentional injuries were ranked the third leading cause of death in the area.[1] Particularly in those under the age of 40 years old, homicide and suicide were also found among the leading causes of death. Low birthweight and disproportionately high infant mortality rates among Black or African Americans has been a top issue in Guilford County for decades, as both metrics are among the worst in North Carolina. In 2019, Black or African American babies accounted for 42% of births, but 66% of infant deaths.

In terms of chronic illnesses, it is believed as much as 33.8% of the population

[1] figures based on data available prior to the COVID-19 pandemic. COVID-19 was ranked as the third leading cause of death nationally. Local data is still being processed.

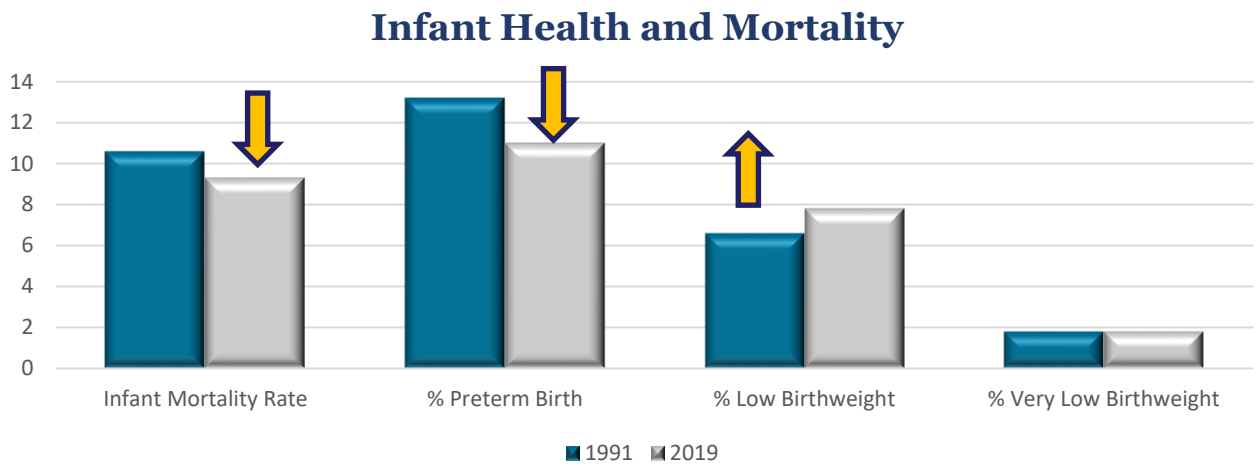

Figure 10. Infant Health and Morality 1991 to 2019 per 1,000 Live Births

may have high blood pressure. Approximately 4% have suffered a stroke and 7% have chronic heart disease. About 6.4% have or had cancer and respiratory conditions are prevalent with about 10% of the population suffering from COPD or Asthma. Many in Guilford County were affected by the Covid-19 pandemic, with 12,831 per 100,000 population testing positive for the virus and 896 total deaths.[2] While the northern portion of High Point has had Covid-19 vaccination levels on par with Guilford County at about 65%, the rate in the rest of High Point is much lower ranging from about 20-40%.[3]

Many residents in the central and southern half of High Point are deemed "High Risk" for lead exposure. About a quarter of High Point residents indicated they have issues with depression or anxiety, and 15% have had poor mental and physical health. Nearly 4 out of 10 report sleeping less than 7 hours per night. Further, High Point has one of the highest crime rates per population in the country among cities of similar size. The county also experiences a high volume of opioid overdoses annually and is now being served by a new Behavioral Health Crisis Center.

[2] Covid-19 metrics reported to NC DHHS as of 11/11/2021.
[3] Covid-19 vaccination rates as reported by NC DHHS as of 11/5/2021.

CDC Places Data (2020)

	HIGH POINT, NC
CONDITIONS & CHRONIC ILLNESSES	
OBESITY (crude prevalence of obesity among adults aged >=18 years)	36.9%
HIGH BLOOD PRESSURE (crude prevalence among adults aged >=18 years)	33.8%
HIGH CHOLESTEROL (crude prevalence among adults aged >=18 years who have been screened in the past 5 years)	33.6%
ARTHRITIS (crude prevalence of arthritis among adults aged >=18 years)	25.8%
ALL TEETH LOST (crude prevalence among adults aged >=65 years)	19.5%
POOR MENTAL HEALTH (crude prevalence for >=14 days among adults aged >=18 years)	15%
POOR PHYSICAL HEALTH (crude prevalence for >=14 days among adults aged >=18 years)	13.7%
DIABETES (crude prevalence among adults aged >=18 years)	12.7%
ASTHMA (crude prevalence among adults aged >=18 years)	10.2%
COPD (crude prevalence among adults aged >=18 years)	7.9%
HEART DISEASE (crude prevalence among adults aged >=18 years)	6.9%
CANCER (crude prevalence among adults aged >=18 years excluding skin cancer)	6.4%
STROKE (crude prevalence adults aged >=18 years)	3.9%
KIDNEY DISEASE (crude prevalence among adults aged >=18 years)	3.2%
UNHEALTHY BEHAVIORS	
LACK SLEEP (crude prevalence of sleeping less than 7 hours among adults aged >=18 years)	38.4%
LACK PHYSICAL ACTIVITY (crude prevalence among adults aged >=18 years)	25.9%
CURRENTLY SMOKING (crude prevalence among adults aged >=18 years)	20.7%
BINGE DRINKING (crude prevalence among adults aged >=18 years)	15.5%
HEALTH SCREENINGS & ROUTINE CARE	
MAMMOGRAPHY (crude prevalence of use among women aged 50–74 years)	80.4%
CHOLESTEROL SCREENING (crude prevalence among adults aged >=18 years)	78.6%
CHECKUP (crude prevalence in the past year among adults aged >=18 years)	78.5%
COLON SCREENING (crude prevalence among adults aged 50–75 years)	64.8%
DENTAL (crude prevalence among adults aged >=18 years)	59.4%
CORE MEN (crude prevalence of older adult men aged >=65 years who are up to date on a core set of clinical preventive services)	40.3%
CORE WOMEN (crude prevalence of older adult women aged >=65 years who are up to date on a core set of clinical preventive services)	34.8%

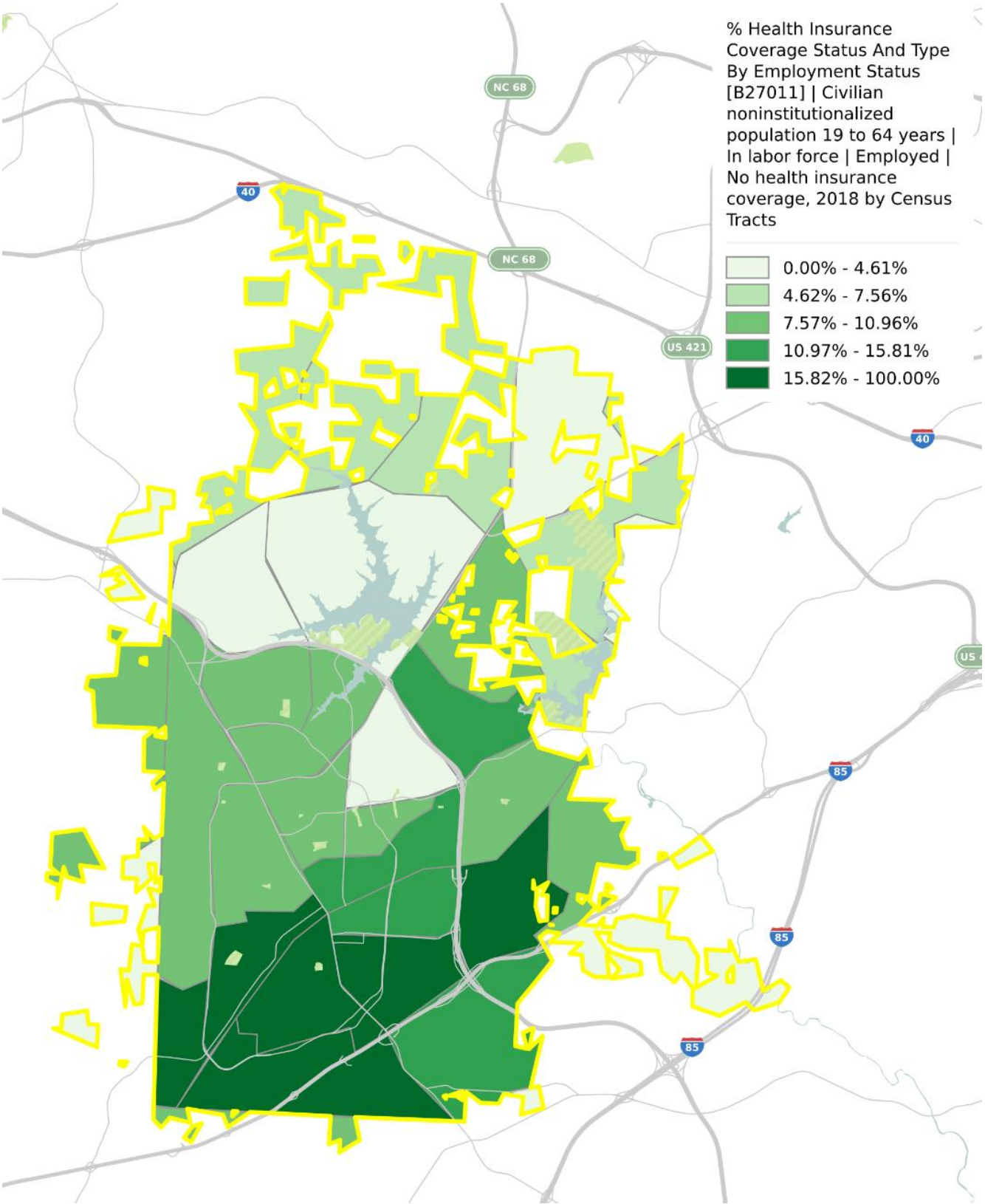

Figure 11. Map of Population that is Employed with no Health Insurance, 2018.

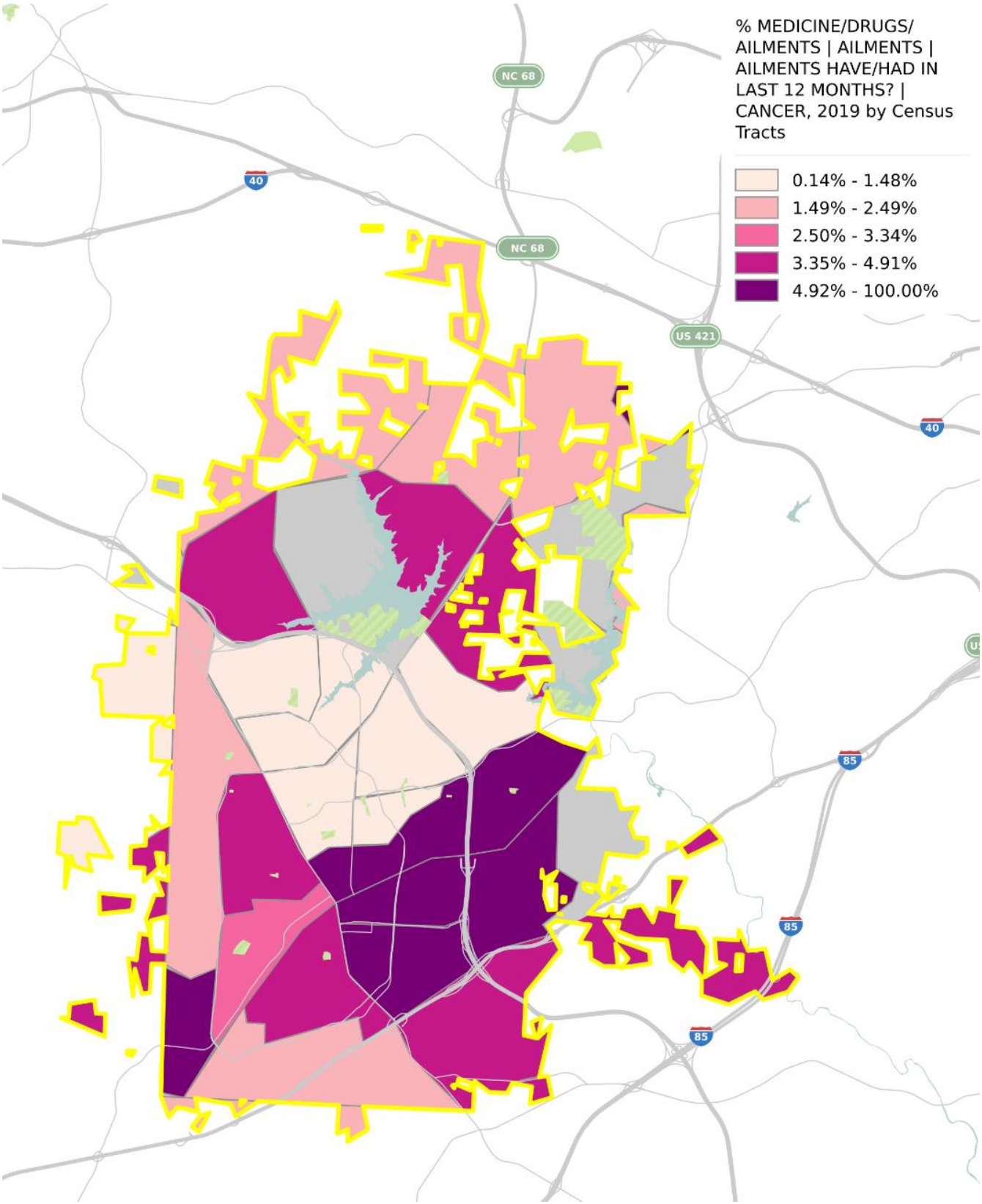

Figure 12. Map of Population with Cancer, 2019.

COVID19 Vaccinations

As of Feb 22, 2022, there were a total of 113,421 confirmed COVID-19 cases and 1,071 deaths attributed to the disease. Only about 60% of Guilford County residents (323,454 total) are fully vaccinated. We see that rates of vaccination are highest in the areas north and west of High Point (see Fig next page). During a recent UNCG CHCS study on Covid Vaccine Hesitancy,4 we tracked vaccinations at the census tract and block group levels using both data from the North Carolina Department of Health and Human Services (DHHS) and the Guilford County Division of Public Health. Rates of change are being seen primarily in neighborhoods in south High Point, where there are higher percentages of lower-income and non-white residents. These residents were most hesitant at first about vaccination and still have lower than average vaccination rates due to structural issues, misinformation, lack of trust, negative healthcare experiences, and other factors discussed previously in this report. Efforts by the YWCA, funded in part from the Foundation for a Healthy High Point, have been underway to go door-to-door in these low-vaccination neighborhoods and helping to better inform residents about vaccines. The program director explained: “Right now, we're going door to door. We have a door-to-door campaign in High Point right now that we're hoping to expand to the Greensboro area where people are actually knocking on the door and saying, ‘Have you been vaccinated?’ And if people have not been, and they would like to be, helping them to get an appointment to come in and get vaccinated, providing them with more education and information about the vaccines.” Data shows that efforts were effective at increasing vaccinations between last spring and fall (2021).

[4] See https://chcs.uncg.edu/eval-policy-gis-unit/covid-19-vaccine-messaging/

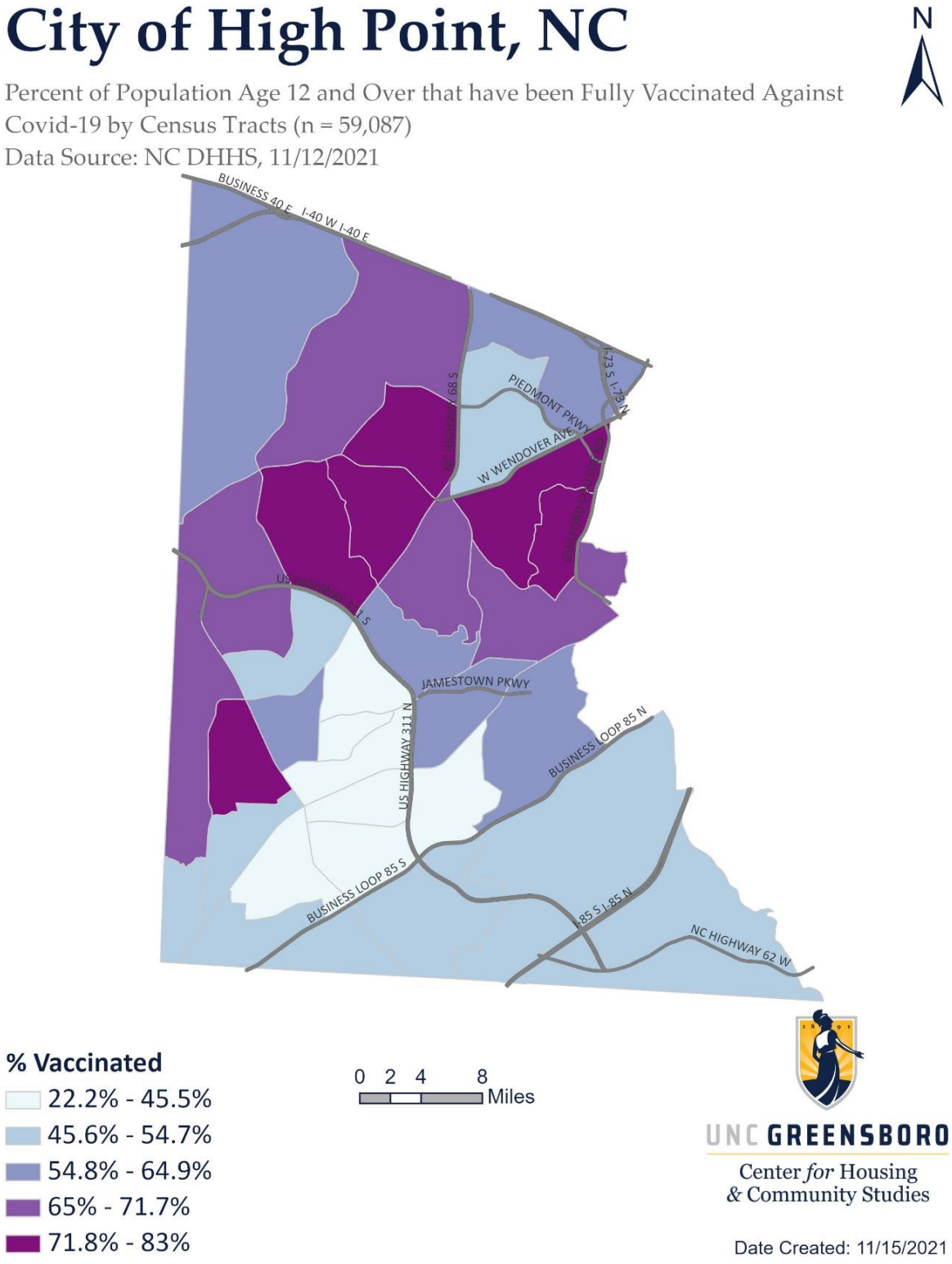

Figure 13. Total Fully Vaccinated Nov 2021

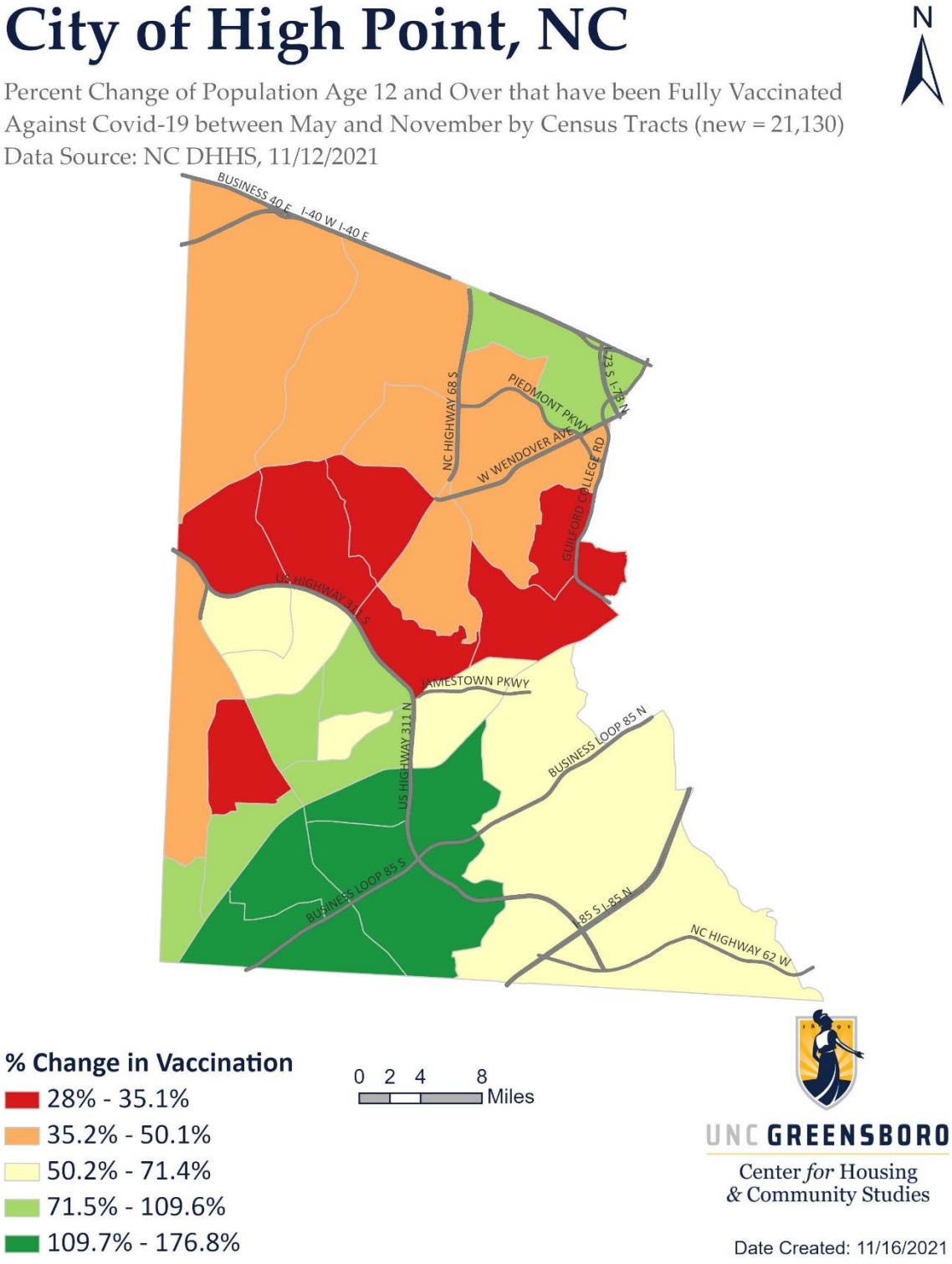

Figure 14. Percent Change in Vaccination May 2021 to Nov 2021

HEALTH EQUITY SCORE

A Health Equity Score was computed and mapped for High Point. This score compares health and wellbeing relative to other census block groups within the city. The socio-demographic, community safety, preventative health care, chronic disease, and wellness indicators compiled for the previous sections of this report were aggregated into a single data set of 58 variable for each of the 69 census block groups within the city.

Interpretation

The final 38 measures were added together to create a summative index. The mean of the index was computed and the difference between the mean and zero was then added to center scores. Thus, the final scale compares High Point block groups to other High Point block groups and a score of zero is an average neighborhood for the region. Above zero means more protective factors related to health outcomes and below zero means more negative population health metrics or social determinants. From the map you can see that relative to other blocks in the city, those in the Core City have the worst health outcomes and health equity issues.

ADDITIONAL TEXT EXPLANATION HERE

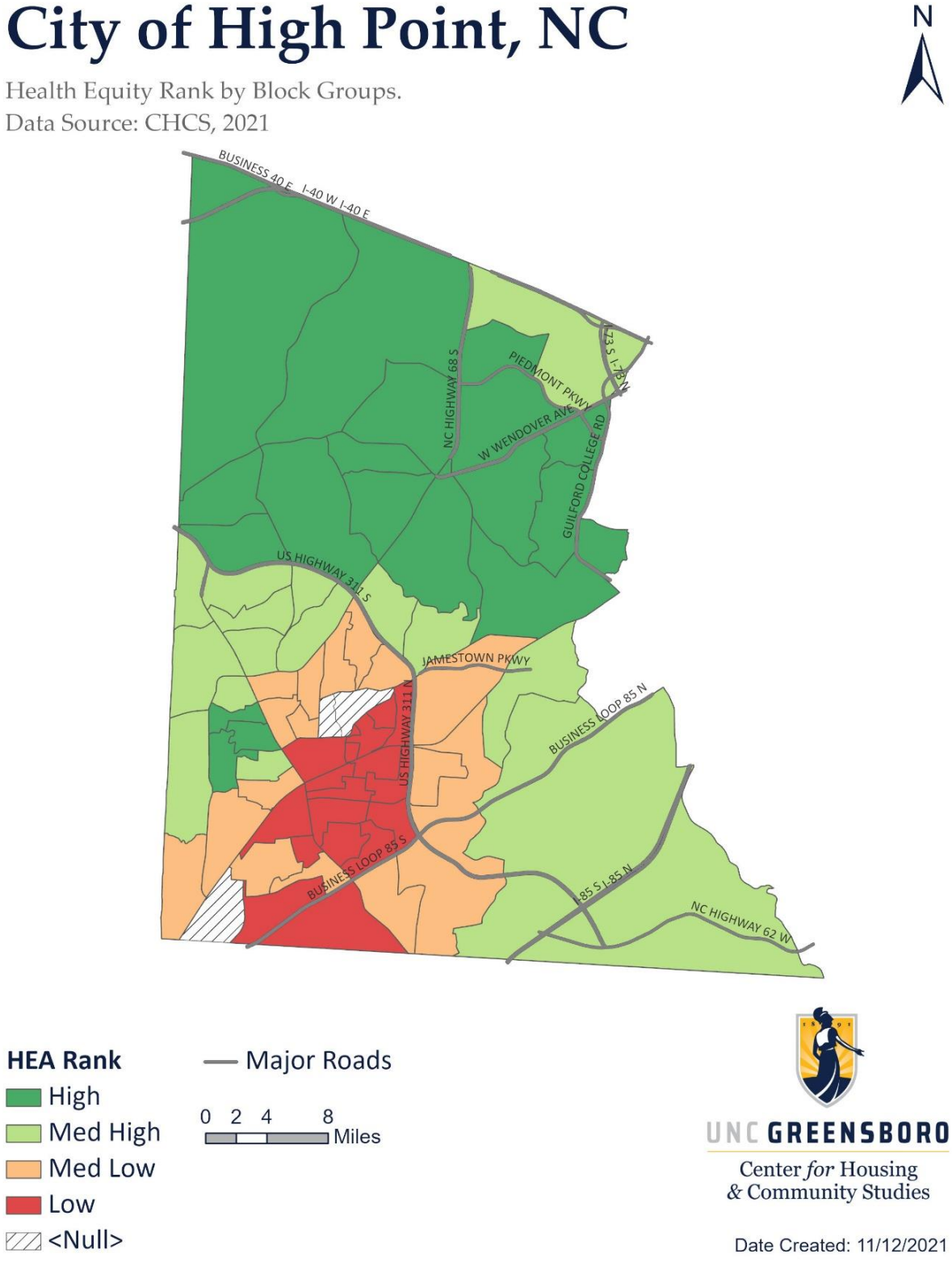

Figure 15. Health Equity Score High Point

Table 1. Health Equity Score Tract Scores and Rankings

Block group	Score	Rank	Life Expectancy
370810163041	19	High	75.6
370810163051	18	High	75.6
370810162041	16	High	80.4
370810163052	16	High	75.6
370810164081	15	High	82.7
370810164071	13	High	84.5
370810164072	11	High	84.5
370810163031	10	High	78.5
370810164091	9	High	81.3
370810137004	9	High	78.8
370810163032	9	High	78.5
370810162031	8	High	81.3
370810162051	7	High	82.8
370810137001	7	High	78.8
370810137002	7	High	78.8
370810163061	4	High	81.1
370810164061	3	High	78.9
370810137005	0	Med High	78.8
370810137003	-3	Med High	78.8
370810144072	-7	Med High	79.8
370810144101	-13	Med High	78
370810144071	-14	Med High	79.8
370810144102	-15	Med High	78
370810164101	-15	Med High	76.8
370810164102	-15	Med High	76.8
370810166001	-15	Med High	75.6
370810144073	-16	Med High	79.8
370810144092	-16	Med High	79.1
370810144091	-16	Med High	79.1
370810144103	-17	Med High	78
370810164051	-18	Med High	76.2
370810144121	-18	Med High	75.6
370810144122	-21	Med High	75.6
370810144112	-33	Med Low	75.7
370810144111	-34	Med Low	75.7
370810144061	-35	Med Low	72.5
370810144113	-37	Med Low	75.7
370810136023	-38	Med Low	74.8
370810136022	-38	Med Low	74.8
370810136024	-39	Med Low	74.8
370810136021	-41	Med Low	74.8

370810145021	-43	Med Low	76.8
370810145022	-44	Med Low	76.8
370810144081	-45	Med Low	71.3
370810145031	-50	Med Low	73.1
370810140001	-50	Med Low	72.3
370810140002	-50	Med Low	72.3
370810145032	-53	Med Low	73.1
370810143001	-56	Med Low	69.3
370810143004	-56	Med Low	69.3
370810142002	-57	Low	69.8
370810145011	-58	Low	72.3
370810142001	-58	Low	69.8
370810143002	-58	Low	69.3
370810143003	-58	Low	69.3
370810138003	-60	Low	71.6
370810142004	-62	Low	69.8
370810142003	-62	Low	69.8
370810138002	-63	Low	71.6
370810138001	-64	Low	71.6
370810138005	-65	Low	71.6
370810138004	-69	Low	71.6
370810139004	-69	Low	71.4
370810139003	-70	Low	71.4
370810139001	-71	Low	71.4
370810139002	-72	Low	71.4

KEY INFORMANT INTERVIEWS

For the first phase of primary data gathering, we conducted semi-structured, in-depth one-on-one interviews of health care stakeholders. Interviews were conducted remotely. The interview subjects were assured that their comments would not be reported in a manner that would identify the person speaking by name or by affiliation. The comments directly quoted in this report are lightly edited for clarity. Most interviews were about an hour in length. We interviewed eleven people representing organizations from governmental, non-profit, healthcare, and justice sectors. We encountered a variety of opinions and ways of thinking about health.

What Is "Health Equity?"

We began each interview by offering a definition of "health equity" to serve as a reference point for our conversation. The definition we used most often comes from the World Health Organization:

> "Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."

This widely used definition is helpful because it highlights differences in health not only between people but between groups of people. We wanted to capture differences between groups, if we could, whether defined by income, zip code, race, sex, gender identity, sexual orientation, immigration status. When we asked, "Do you see health inequities in your community?" we received responses that implicated many of these groups, beginning most prominently with the one defined by income and by race. Said one participant, "I think you know, obviously, health and equity is a complex challenge right? Or we would

have solved it by now. And so, I think there's a large gap of who has and who doesn't have socio-economic resources."

Another who worked with families experiencing hardships explained the intergenerational aspects of inequality and trauma:

> "We're dealing with complex inequities over many generations with a onetime generation solution. We see pretty frequently families who continue to cycle through the public access system… And we know with violence and abuse, traumatic stress, is transmitted from one brain to the next, so, even if I'm raising a child and zero ACEs score home, but I am a number eight {ACEs} score myself that transmission of traumatic stress and how that manifests in children."

Many participants talked about the resilience of the community even though it faces inequities. Yes, as one non-profit director exclaimed, "Yes, our communities are resilient, but why do they have to be? Why do we have to let them down, and then they have to bounce back?"

Health Problems in the Community

We asked our interview subjects what they thought were the major health problems in the community. Most responses reflected those health problems we see in the CDC and Health Department data presented in previous sections: chronic lifestyle diseases of diabetes, hypertension, and heart disease; respiratory issues such as asthma and COPD; and poor mental health. One medical professional explained, "Where do we start! {Our clients} don't have access to health care. It's a huge barrier for them. For our population so many of them have ignored their health completely. We see a lot of folks with diabetes, we see a lot of people who have mental health issues that had been untreated for a long time, we see people who have high blood pressure, and we

try to find ways to identify resources for them and to assist them with the cost of their care."

Mental and behavioral health were consistent across all interviews as well as evident in our other forms of data collection. Said one respondent: "{The biggest problem in High Point} will probably be mental health, which covers mental health disorders and substance use disorders...if we start to address the underlying issues, then we can fix the things that we see." Mental and behavioral health issues were seen as acute especially among the homeless population in High Point. One non-profit executive explained that homelessness is not a housing issue but an untreated mental health concern and "until we start to help our community understand {the underlying issues} I think we're still going to have all this resistance to help the population that needs our help."

Social Determinants of Health (SDoH)

Conditions of the social environment are shaped by how the political and economic systems distribute resources, and these conditions contribute as much or more to health outcomes as one's DNA. We studied SDoH as part of our health equity assessment because health inequity is driven by inequitable access to these essential resources.

We asked our interview subjects to tell us about how these various resources are distributed in their communities. They discussed: the need for affordable, sanitary, and healthy housing in safe neighborhoods with high levels of opportunity; issues with a lack of transportation to services or better location of services within communities of need; improving early childhood development resources including childcare: and engaging in workplace wellness with employers providing health and mental health access on the job and better healthcare benefits.

Access to care is a principal social determinant often hinging on the availability or type of insurance one has: “"Where do we start! {Our clients} don't have access to health care. It's a huge barrier for them. For our population so many of them have ignored their health completely. “This issue impact low-to-moderate income individuals in particular. As one health care provider explained, in High Point "the working poor have some form of employment, part time manual labor at hourly wages. And then, while their wages are a living wage in the sense that they can pay their rent they can pay their gas, health care is expensive and they can't afford the out of pocket or they can't afford their premiums, I mean you know it's just it's just a challenge so...."

In addition to a lack of affordable health insurance, the cost and availability of descent housing in High Point was also a concern. "You know, housing is an issue. I mean housing as an issue, hunger as an issue, everything's an issue, I mean you know the population that that we serve has lots and lots of problems and lots and lots of barriers to success and I don't necessarily think that we lack resources in High Point." A City official expounded on the conditions of housing in High Point:

> “...you walk through the door, and you know there's a definite correlation between properties that have persistent housing code violations. That are dilapidated and that just barely make it past the minimum...you know I can tell you more things that the housing that our code doesn't cover the, the general environment that families in lower income areas are exposed to. You're talking about mold growth, and if we, if we just talked about mold, you know, very few code enforcement offices are equipped to respond to the presence of black mold."

Transportation is another social driver. Many low-to-moderate income families do not have a vehicle and resources such as grocery stores or health care clinics may not be located in a place that is convenient by High Point's transit system. "I think that inherently in High Point we have some challenges. I think there are transportation issues. And you know we're not like a New York City that's got constant public transportation available." and if they can't drive themselves and they have to run public transportation they're not going to get it."

When we discussed with our interview subjects the shortfall in transportation resources, we heard about how that makes it hard to get to health care services, but just as important, it makes it hard to get food. The people we interviewed were unanimous in saying that access to nutritious and affordable food is very difficult for many in the High Point. Food access issues lead to reliance on cheap, high calorie, low nutrition foods and a greater propensity for obesity, diabetes, and other illnesses. "I think that we've got hunger issues, I think we, you know resources exist, but they have to be able to get to them, and if they can't drive themselves and they have to run public transportation they're not going to get it." Healthy foods are also costly, further limiting access: "So well with health, you know just making sure that first families have the food that they need to eat, but then we also want to make sure that it is healthy food....You know when, when we started providing food for our families for our youth, and then it expanded to families and people that they knew and then expanded to seniors...it is a huge, is still a huge problem. Food prices are going up." Food insecurity, while a pressing issue, has improved and has received significant resources in the last few years. According to participants what is needed now is up-stream investment in transportation, retail food access, and culturally appropriate foods available for all communities.

Recommendation on the Role of FHHP

The role of FHHP is not to create new programs, but to support and strengthen the organizations that exist. "...they have a responsibility to keep High Point healthy. I think that they have done an exceptional job of investing in programs and organizations that are dedicated to just that and not only dedicated to it, but are predicting outcomes that demonstrate that they are keeping High Point healthy. I also think that the Foundation does a good job of bringing organizations together."

The FHHP should be the convener of open and honest conversations about disparities facilitating the hard conversations and helping organizations to see the disparities. "It is exciting that the Foundation for a Healthy, High Point is, I think it's exciting that they're having these conversations, because I don't think they're considered a leader, a game changer, or anything like that in the Community...So I would love to see something like really innovative and really like try something totally different. And that's going to come that it's going to be unpopular, and people aren't going to like it and they're going to roll their eyes...it's like blow it up and do something different."

The FHHP should be listening to the community, collecting community health data that can be used to impact policy, and reflecting the needs and gaps in need to make recommendation for improving outcomes. Said one interviewee: "I think that the role {of the Foundation for a Healthy High Point} is sort of as the overseer... I think that they are in a position to 'get the big picture' about what's going on and to identify gaps in services and to help fill in those gaps in services."

There needs to be more systemic and comprehensive collaboration and networking between agencies with mutual assistance, inter-agency goal

setting, wrapping multiple services around clients. "The solutions have to be multi directional, just like the problems are multi directional."

One suggestion was developing better integrated and coordinated systems of care through a one stop shop for addressing social determinants of health by collocating inter-related services (similar to the Family Justice Center or Family Opportunity Centers). "I think it would be a unique and beautiful thing if the Foundation could really encourage this kind of multi generational holistic solutions to helping families, you know get the help that they need, get the support that they need ,help their kid learn to read, help this, help that."

Concurrently there needs to be a navigation of systems or case management programs to negotiate the barriers and impediments with the competency to address issue of Latinx and other immigrants. Likewise, the agencies need to continuously work together to review shared outcome data and metrics and continuously look for gaps in the system and root causes of the systemic inequalities.

Systems based solutions, rather than more new programs that treat health issues, came up frequently across our conversations: “the lack of systems-based solutions and systems needing to be bigger than just a treatment based model that seems to be the traditional trend that people like to implement when they're addressing people's problems." Likewise, another participant said, “"I don't think the solution is programming. I don't think funding more programming is going to work. I don't think we're going to program our way out of some of the larger issues."

Some of the opportunities for the Foundation for a Healthy High Point identified by interviewees include investing in capacity of leadership especially around equity issues. "I think the challenge is really doing some evaluation of

leadership at the top, and I think that's for leadership, and I think that's executive level leadership to and saying like how are we helping. Leaders ready themselves to move the needle in this Community." Suggestions included training board members who often serve for multiple non-profit and civic organizations and underwriting the cost of recruitment of executive directors from outside the area who might not think of High Point as a place to relocate. Likewise, some recommended that the FHHP should build capacity at the resident level withing the High Point community.

Some key opportunities to take advantage of included the new emphasis on diversity equity and inclusion at the city. The city wishes to be a convener and there is a definite role for health inequalities as the city thinks of things such as co-responder models for policing and mental health and addressing fair housing issues in a more progressive and proactive manner. Another key opportunity is Thrive High Point with the Chamber of Commerce which intends to invest in women and minority owned businesses and develop opportunities for capital investment and incubation of entrepreneurship.

Finally, the FHHP needs to do a better job at telling its story and marketing the success and impact FHHP has had in the community. It remains too far behind the scenes to be visible to some potential partners. There was some confusion as to the mission and role of the FHHP both among institutional partners and grantees.

COMMUNITY FOCUS GROUPS

In the first phase of our qualitative data gathering, we conducted in-depth one-on-one interviews with health care stakeholders (previous chapter). For the second phase, we convened focus groups, or as we called them, "listening sessions." These were attended by 28 individuals who were resident leaders of neighborhoods located in health impacted communities, non-profit leaders at stakeholder organizations across High Point, and staff of philanthropic organizations from across Guilford County.

These discussions were conducted remotely. The participants were assured that their comments would not be reported in a manner that would identify the person speaking by name or by affiliation. The comments directly quoted in this report are lightly edited for clarity. Each event was about an hour in length. Community residents received a $20 online gift card to compensate them for their time and effort.

The participants offered varying perspectives and outlooks. We asked questions about the quality of the health care system, about disparities in health care between different groups, about the social determinants of health, and about solutions that might improve access to health.

We used what we learned in the earlier phase of our research to delve deeper into the themes that had emerged, and in many respects our new findings confirmed what we had learned before. In some areas, our emphasis shifted as new facets of the topics were revealed. In other areas, we discovered important new information about how health care is delivered and how people think about health care.

Positive Aspects of High Point

We began each of the listening sessions with introductions followed by identification of the positive aspects of High Point. Respondents indicated that there is a "small town feel" to the city and that residents have a "collaborative spirit" and "big hearts." As one participant said, "there is a stronger sense of community and identity and pride… people who are committed to High Point are committed to High Point and that's really, really impressive." Another said, "{residents are} really committed to the city and making it a better place."

This commitment and collective efficacy have led High Point to address head on the structural issues that lead to disparities and inequalities. One resident said, "I love where we're headed. I don't necessarily love where we have come from. I think that has taken citizen involvement to even get to this point in time, where High Point is now really getting in uncomfortable spaces and that's good… so I'm, I'm hopeful about the future of our city." Another similarly explained, "I like when people can come together, and unfortunately it takes a lot of time sometimes to bring those individuals together, But whenever everything is laid out on the table, I like the way people come together to pretty much make something happen, whatever that might be, and to rally around events or situations that are happening within the city."

Other positive assets in High Point included the furniture market which brings people to the city and new economic development efforts center on the Core City. Said one participant, "I love the furniture market, I know it's changed a lot, but I think that is something very unique and special and really invigorating for our community in our state." A Greensboro based philanthropist added, "all the momentum that {High Point has}, not only in their economic development and

downtown, but also their philanthropic work that's going on, so I think that would, would be an exciting place to be."

Another positive included the emphasis on addressing food insecurity. A resident explained, "I do like the fact that High Point has a lot of places around, spread out all around High Point, that people can go and get a free meal or get food to prepare a free meal and most of that food, and the places that I have visited or have been a part of, is healthy food. So, I think that's one of the things that people in High Point of doing nowadays is they are eating better in order to make their health, better."

Parks were also mentioned as a positive community asset. A retired resident said, "we have an absolutely fantastic park system here and people have I mean there's opportunities to go anywhere and exercise and do all kinds of things." Another resident agreed, "I noticed that there are a lot of folks that utilize utilizes the parks, of course, doing. You know, doing a pandemic, you can use it. You know, was shut down and that's why a lot of folks walk in especially around the old org or call them all. But now that the, you know, parks and stuff has opened, I see a lot of utilizing that."

Challenges in High Point

Next, we spent time discussing the challenges that High Point faces, especially as related to negative health outcomes. Many of the challenges listed fall into the categories of the Social Determinants of Health: access to health, economic conditions, neighborhood issues such as transportation and housing, educational opportunity, etc. Chronic diseases, food and healthcare deserts, low wages, addiction, community violence, and mental health were all discussed. The built environment played role as a participant noted, "You have

a medical desert, you have a food desert right these things kind of the on top of each other."

The elderly, refugees, non-white communities, LGBTQ+ populations, individuals with intellectual disability, and specific areas like Census tract 143 were identified as populations and places experiencing inequitable outcomes. One resident leader said, "we have we have chronic diseases we are kind of the leader in the County for chronic diseases that can be prevented and managed with the correct exercise and fresh foods."

Several participants discussed concerns with mental health in particular. Said one participant, "I think it also is there's just so much mental health going on out there, I just don't think we have a enough resources to be able to take care of everyone that's out there and then, when you start talking about your social workers or your case workers they are so overwhelmed." Another added, "with mental health it is medicine management, and that includes everything from ADHD meds all the way up to psychotropics… the wait to get into the provider for medication management is atrocious eight to 10 weeks, sometimes 12, it's not doable. And that can mean the difference in someone being hospitalized or not."

Others, discussed the need for more dentists, doctors, and mental health practitioners to meet the needs of the population. Another non-profit leader explained that the issues with health disparities start with family formation. He said, "reproductive health outcomes and early childhood outcomes tend to be worse in high point in rest of Guilford County, although I know the Foundation has done a lot of work around both of those.

Economic Conditions

Poverty is a root cause of health disparities in High Point. As one participant exclaimed, "Low paying jobs! Lots of low paying jobs or no jobs!" Limited job opportunity, especially jobs that pay more than minimum wage, leads to other issues such as lack of transportation, housing affordability, educational opportunities for children, and access to healthcare. One community leader said, "minimum wage jobs versus livable wage jobs, and I think that really falls in economic development…. I think our Economic Development Commission does an excellent job in our community. I really do. But, I think that there needs to be more cognizance given to the ability for people who work these jobs can they, can they make a living, can they support their families with these jobs." Economic and workforce development was also a key theme within the philanthropy listening session. One participant noted the need for better paying jobs and a developing initiative to address the issue, "We need people with higher incomes, so they can. have better access to housing and transportation and food and all those things with higher incomes that can, that can help tremendously. And so, Guilford Jobs 2030 I hope will, will achieve what we want, which is a countywide network of helping people get educational attainment leading to higher paying jobs."

Educational Opportunities

While several educational programs, such as *Guilford Apprenticeship Partners* and the *Boys and Girls Club*, were commended for their efforts to improve educational and employment outcomes, there was a strong perception among residents in High Point that Guilford County Schools ignores the unique needs of High Point students and families (focusing instead on Greensboro). Some participants, including a life-long educator, noted the racial achievement gap

in education. She said, “let's face it, we know that there is an educational achievement gap where it's always been like that you know…we already know we are 200 years behind as far as education…And if we don't start reading to our infants when they are in our bellies then they start kindergarten two years behind.”

The idea of starting on educational preparation at the earliest age possible resonated with those in the non-profit listening session. They explained that programs like *Ready for School, Ready for Life* are the key to long term educational outcomes. One non-profit leader explained, “I mean education cannot succeed until you start with that child who's, who's in the womb and, and integrating the services around what the family need. That child starts healthy and on track to be ready for school, so that all of those things that are happening. That's another important countywide, system change effort that, you know, it is progressing and needs to needs to be supported in order for us to achieve what we want.” Focus group participants correlated early educational opportunities with positive health outcomes: “You know overall health is improved throughout one's life if you get a good start and you get a good education and you have a good job… many, many children {are} arriving at school, not on a successful path.”

Preschool has a dual benefit in that it prepares children for school and also provides childcare for parents who are working. Yet, we heard a repeated refrain of too few preschool and childcare facilities in High Point and those that exist are too expensive for many parents. One resident said, “childcare is very, very expensive. A lot of people don't work because, by the time they pay $1200 a month for a child that's under a year old are year old to 18 months, and then you have another one that you have to put into daycare. Today, it's cheaper to stay home.” A non-profit executive also noted the lack of childcare options, “you

know it's interesting because I was asked to come up with a list of nonprofit childcare providers and what shocked me was how short that list was for Guilford County. I didn't realize, there were that few... the lack of early childcare is also a huge child protective services issue." Preschools were also seen as a point-of-contact for addressing other issues like parenting capacity. "We maybe need to put more emphasis on parenting," said one non-profit leader

Healthcare Access

Healthcare access came down to two key issues: availability of clinics and physicians within an accessible distance and health insurance coverage. Said one resident, "a lot of people don't have health care coverage and well, where do they go? I know some of them do go to the local, I guess there's a clinic or something on main street, some of them go there, but then, some of them just don't go anyplace because they don't know where to go. A lot of them don't have health care." Another agreed, "a lot of people that I know don't go anywhere, they just suffer through it. I know people who have needed shoulder surgery, you know, and I know a lady who needs knee surgery. She won't get it. Can't afford it. And she's taking care of a lot of family members, so she can't afford after even the knee surgery."

Lack of providers was also a concern. One non-profit leader said, "One of the concerns that we've heard is that it's hard to get a primary care physician, if you have Medicaid they're just not a PCP for that." Similarly, another said; "most of our population is on Medicaid, so it is super hard to find someone who will take them. Even with Medicaid Transformation going on across the state, they just don't reimburse enough." This lack of Medicaid Expansion in North Carolina came up repeatedly among non-profit and philanthropy groups, "{it} is

a big hole that you know {expansion} would fill. Not for everybody, but you know. you know, it would fill the need for a lot of people that are in the coverage gap."

Yet, even with private insurance people had difficulty due to a lack of providers, "I think it's an access issue just across the board primary healthcare, behavioral healthcare, all of it. Healthcare, there just, there's not a lot of providers in High Point. And all the providers that are here are full." And the problem is more acute for specialty care. Said one resident, "if you're trying to see a cardiologist there's a wait time it takes it takes months, sometimes can see somebody. I had foot surgery back in November it took over three weeks get an MRI. I mean we are very much backed up in our healthcare system right now."

Transportation Issues

Transportation came up in every one of our meetings (as well as in the previous interviews). According to one non-profit leader, "35% of our population without access to vehicles that need mass transit." Participants said that transportation to and from medical appointments are difficult, but also that transportation impacts all other areas of life as well: "in our community transportation is really the deal breaker…whether they can get to the job or not." Another said the problem is especially critical for immigrants and refugees, "the accessibility of services, because of transportation, especially working with the immigrant population, that really limits the areas in which they can resettle to the area and live in the area, because they have to have access to both employment but also medical care, as well."

Another transportation-related issue with healthcare and jobs was that many High Point residents have to go to Greensboro for work or care. One resident explained, "People are having to truck to Greensboro not for everything but enough that it becomes another barrier So how do we spread the wealth around

the County in terms of resources, help, and access?" Similarly, access to County social services required trips to Greensboro, "yeah along those lines, we have folks who have difficult time getting to social services. Actually, if someone in High Point has to go to Greensboro the transportation, there's just, it's difficult to take PART and get into downtown Greensboro, and so we often find that some services are not available in High Point that are in Greensboro."

Mass transit and walking are not feasible alternatives. One neighborhood leader noted, "our communities are not designed to walk everybody knows that if you just could get out and walk easily…." Another, who had lived in many other US cities, decried, "the transportation system here is horrible. You people would have a hard time. Busses are running but, you know if they didn't have a car, they'd have a heck of a time trying to get to a job." Another elaborated on the bus schedules, "for people who don't have transportation, you know, the way that our bus system is running currently, they can get to a first shift job and get home. And they can go to a second shift job, but they can't get home because the bus transportation stops. And they definitely cannot get to a third shift. And, and I know that the hours for our transportation was supposed to be extended until at least 9:15 pm or so…. I don't think that that's moved forward, because they could not find what they, what they call qualified drivers." This has been a long-standing issue, "I've lived here since 2006 and ever since I've lived here, every year the conversation is about the transportation. And nothing has ever really been improved."

Housing Issues

Housing was another area of universal concern. Said one participant, "there's a real lack of affordable housing." Housing impacts many areas of one's life. Where you live may mean access to schools and educational opportunities,

jobs, healthy places to walk or exercise, healthy food options, etc. “One of the things that we see is the lack of affordable housing is impacting the children's education,” explained a non-profit executive, “because they're rotating in and out of the schools multiple times a year. So, they're not in the same school this you know throughout a whole school year, so that's really impacting their education as well.” Affordable housing issues intensely impact refugee and immigrant communities: “Well, I think something we're certainly seeing reared its head right now, is affordable housing, the lack of, you know, you talk to any refugee resettlement agency, right now, the difficulty they're having find it. You know… you know it's not available, and so I just think there's needs to be some discussion about that.”

Linked to affordable housing is the quality of housing. A resident explained, “based on people's income and what they can afford, housing is terrible. I mean just rental property is bad. You know, whenever you have families living in rental property, based on their income, and the windows are not insulated, and the, the roof, it leaks, you get water coming down, the furnace is not working, but that's all they can afford.” Another direct service provider said, “I go into a lot of the homes, when we do the senior food box delivery and take their box of food to the kitchen or whatever and I’m really surprised at the condition of some of the homes, that a person is living there, and these are people, usually elderly, and I mean it's just it's not great and it's very disturbing…. I feel like there's a lack of advocacy for people who are living at this level.

In the last two years, as a result of COVID19 and housing market conditions, prices have gone up. Some participants felt the hikes were unreasonable, “Where I live these property management {companies} they're taking advantage of people and they're, they're raising rents, some up to 20% I just got a new lease agreement I almost had a heart attack and where I live, they're

charging $225 more on a year's lease." Another agreed, "they just don't have very many options and rents are still escalating and no improvements are made to the homes so it's just a terrible kind of situation."

COMMUNITY SURVEY

Figure 16. Social Media Solicitation

The Health Equity Assessment Survey was developed to assess community perspectives on health equity issues in the High Point area. The survey was implemented beginning in December 2021 and was closed in February 2022. A total of 136 respondents completed the survey. Survey respondents were able to opt into an incentive drawing. One $100 gift card was awarded. The survey was advertised on social media, WFDD[5], the High Point Enterprise,[6] and directly to residents through email solicitation.

Demographics

Location. More than half (51.4%) of the survey respondents live in High Point while 35.8% work in High Point.

[5] https://www.wfdd.org/story/new-survey-aims-address-health-needs-high-point
[6] https://www.hpenews.com/news/foundation-seeks-input-on-community-health-needs/article_7702dc56-248f-543b-9d50-63495f9edcc4.html

Table 2. Demographics of Survey Participants

Characteristic	Count	Percent
Residence		
Live in High Point	56	*51.4%*
Work in High Point	33	*35.8%*
Neither live or work in High Point	14	*12.8%*
Sex		
Male	33	*27.7%*
Female	85	*71.4%*
Non-binary, Trans, Other	1	*.3%*
Race/Ethnicity		
Black	27	*23.1%*
White	76	*65.0%*
Hispanic	4	*3.4%*
Asian	2	*1.7%*
Multiracial	5	*4.3%*
Other	3	*2.6%*
Employment		
Full time	74	*54.4%*
Part time	18	*13.2%*
Unemployed	5	*3.8%*
Retired	16	*11.8%*
Personal Transportation		
Yes	110	96.5%
Health Coverage		
None	3	*2.7%*
Medicare/Medicaid	30	*26.5%*
Private Coverage	68	*60.2%*

Gender. More female respondents (71.4%) completed the survey than male respondents (27.7%). Very few (less than 1% total) identified as non-binary, transgender, or other gender identities.

Race and Ethnicity. White respondents accounted for approximately two-thirds (65%) of respondents; and Black or African American respondents were 23.1%, while multiracial (4.3%), Hispanics (3.4%), Asian (1.7%), and other racial groups (2.6%) made up the remaining respondents. Respondents of color were under-represented in this survey.

Age. The median age of respondents was 45-54 years old. A little over a third (35.3%) were below age 45. A quarter were in the 55-64 years range (23.7%). About a fifth (23.3%) were 65 or older.

Income. Household income reported by survey respondents skewed towards upper middle income, above the local median. 16.4% of respondents reported annual household incomes below $50,000. Nearly two-thirds (63.3%) of households had incomes $70,000 and above and 22.4% were above $150,000. Thus, this survey over-represents upper income respondents.

Health Coverage. In terms of health coverage, nearly all respondents (97.3%) had some type of health coverage. Over half (68 or 60.2%) had private insurance, nearly a quarter (22.1%) had Medicare, 4.4% reported they were enrolled in Medicaid and 10.6% had 'Other' insurance.

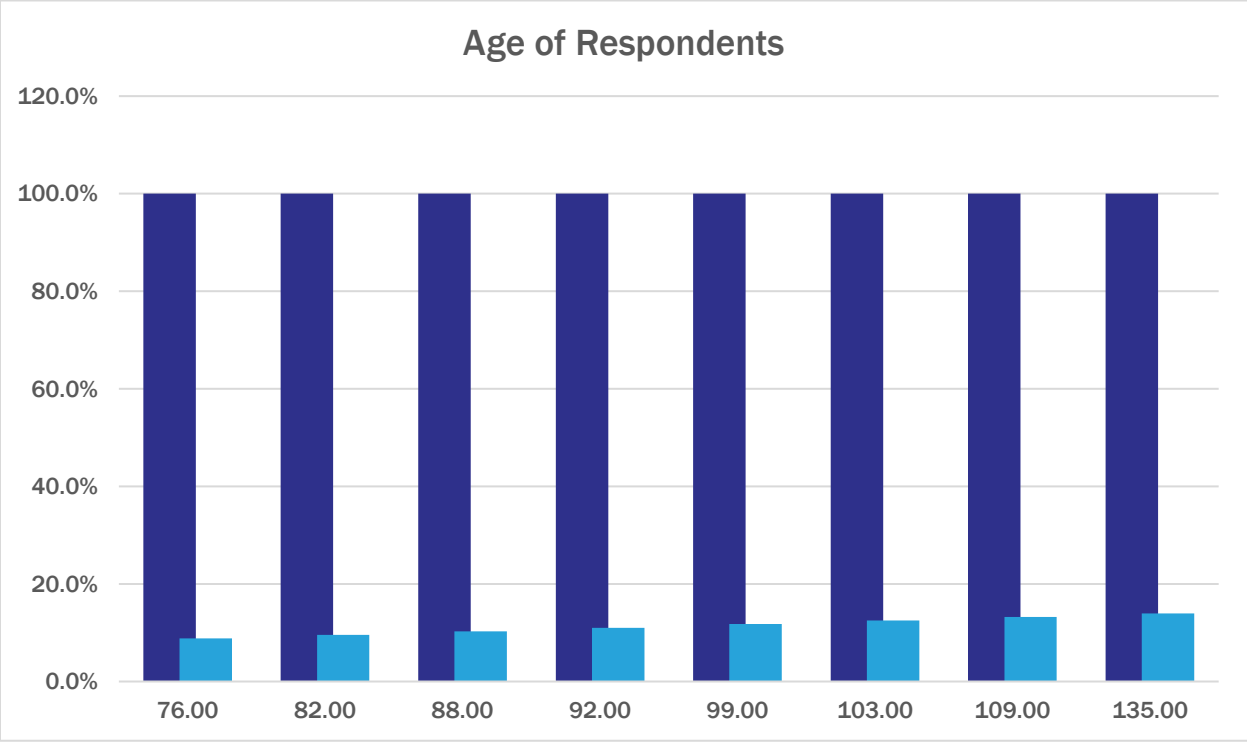

Figure 17. Age of Respondents

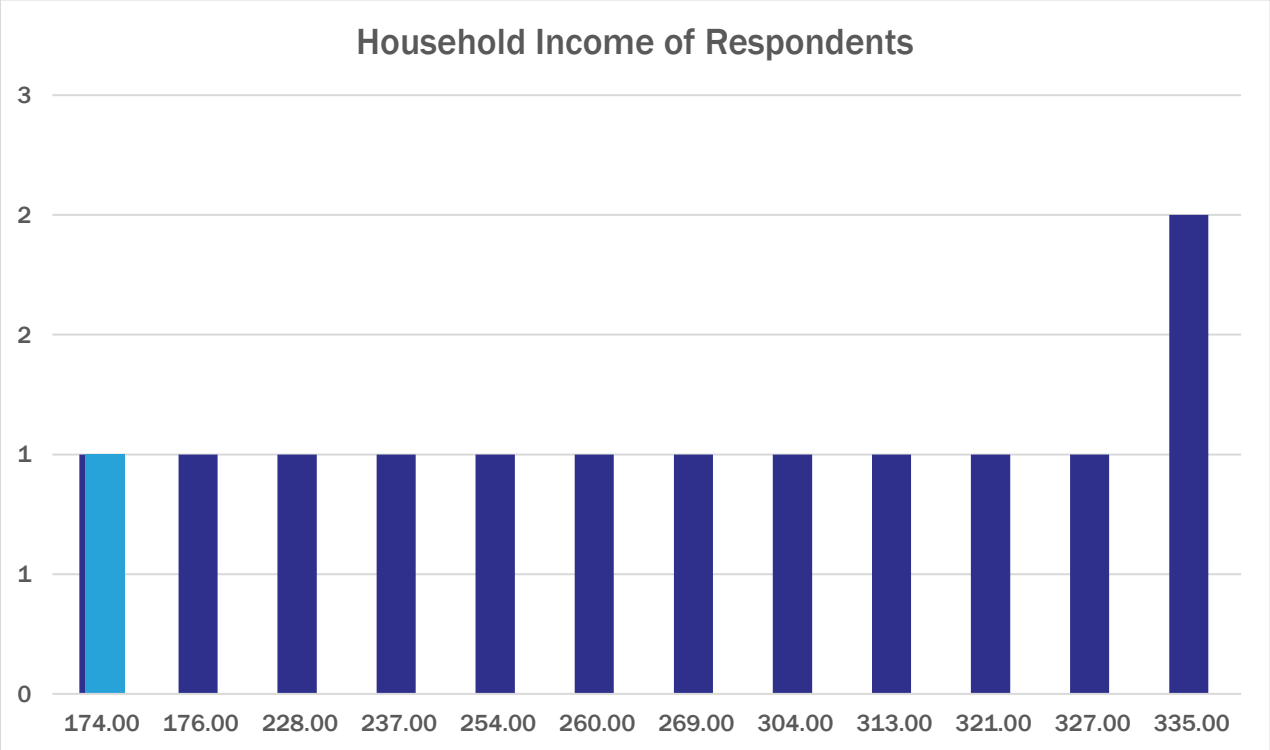

Figure 18.Household Income of Respondents

Employment Status. Respondents were allowed to multiple select employment status based on their situation. Only 5% had more than one employment status reported and most of the cases were students or retired people doing part-time jobs. For those who only selected one, about two-thirds (373 or 63.4%) reported being employed full time. Less than 10% identified themselves as part-time employed. About 10% had already retired. Disabled accounted for 5.3%. There were also a small percentage of respondents were unemployed (5.7%) when they were surveyed.

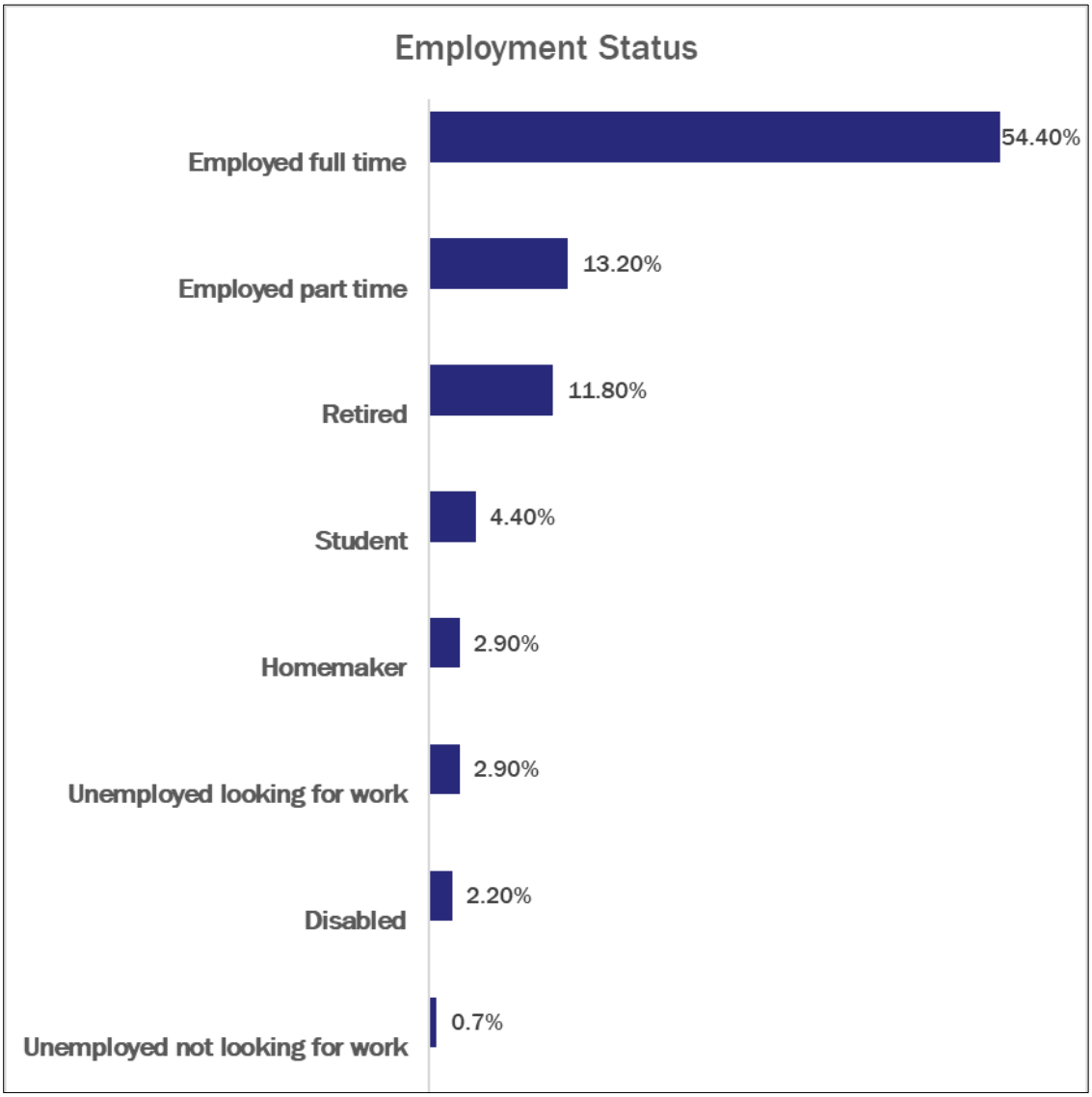

Figure 19. Employment Status

Social Determinants of Health

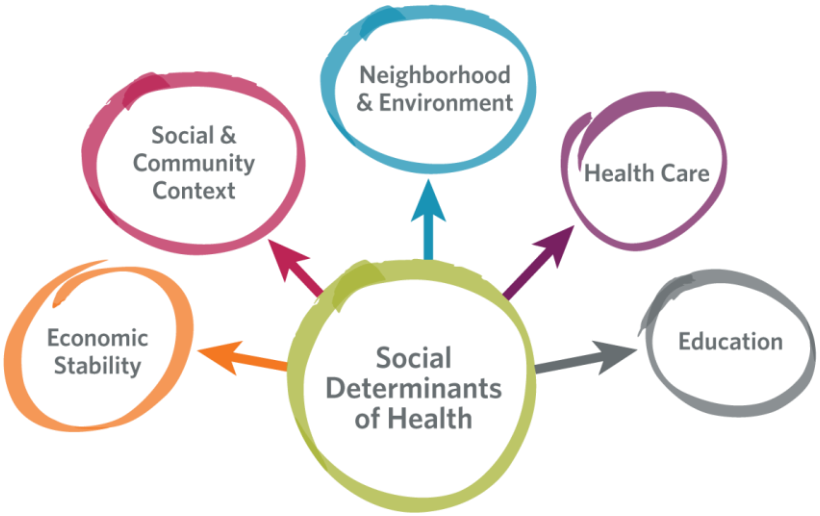

Figure 20. Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (U.S. Department of Health and Human Services, 2020).There are five key areas for SDOH: Healthcare Access and Quality, Education Access and Quality, Social and Community Context, Economic Stability, as well as Neighborhood and Built Environment.

Respondents were asked to rate how much they have experienced different factors relating to their health and well-being on a 4-point scale (1=not at all; 2=a little; 3=some; 4=a great deal). Non-white respondents experienced higher degree of these SDOH factors than white respondents. Non-white respondents were more likely to indicate having some to a great deal of trouble having a safe place for getting exercise, having educational opportunities for kids and adults, having places for community activities, and having good job opportunities.

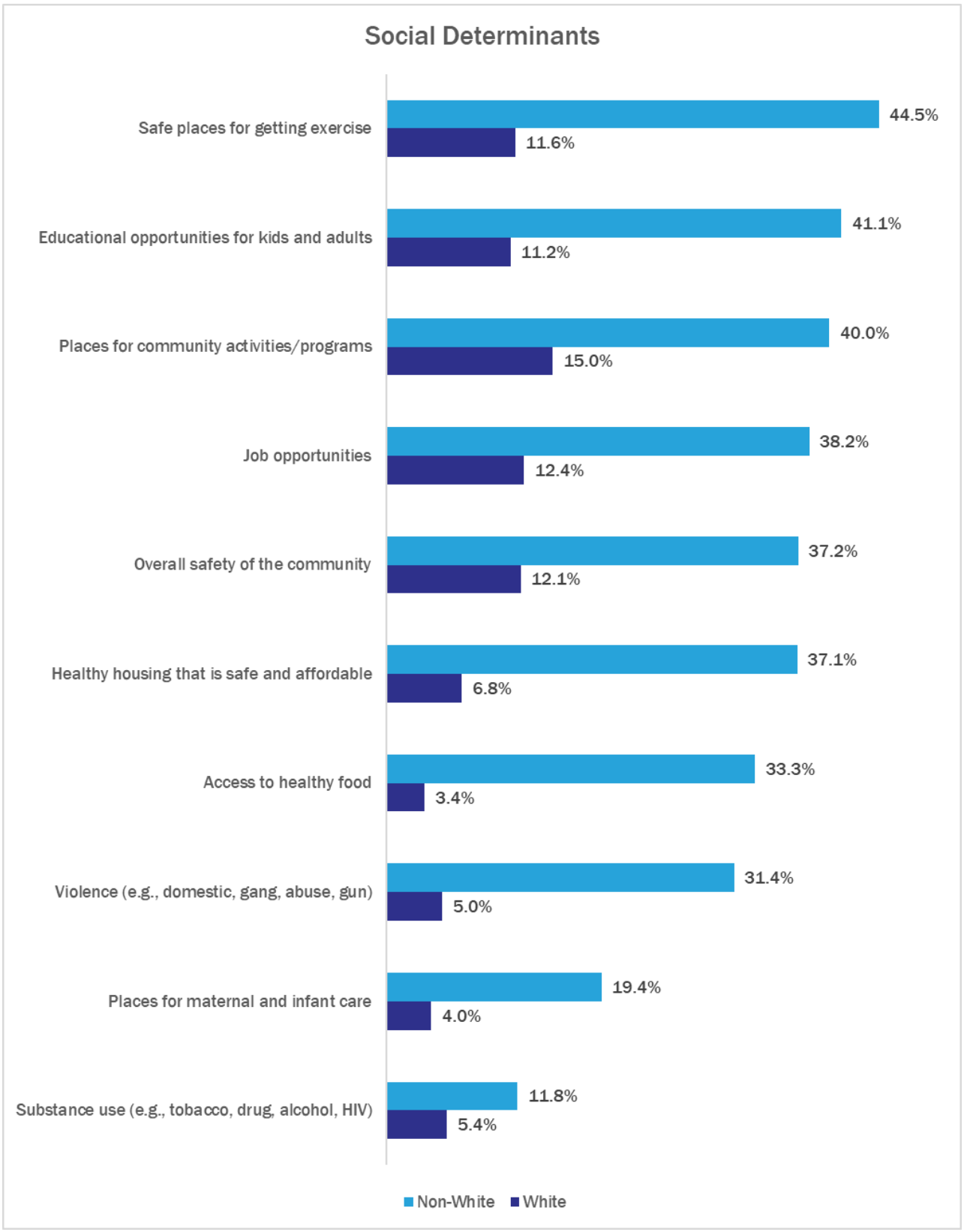

Figure 21. Social Determinants of Health in High Point by Race

Health Care Access

Items measuring health care access focused on issues respondents may have encountered in trying to access health care services. These items were also assessed using a 4-point scale (1=not at all; 2=a little; 3=some; 4=a great deal) measuring impact. To better reveal health care access problems, we once again aggregated responses of "Some" and "A Great Deal".

Non-white respondents experienced higher degree of barriers to care than white respondents. In particular, non-white respondents were more likely to indicate having some to a great deal of trouble getting affordable medications, having clinics close or within easy transportation distance, having mental or behavioral services available, having high quality care, etc.

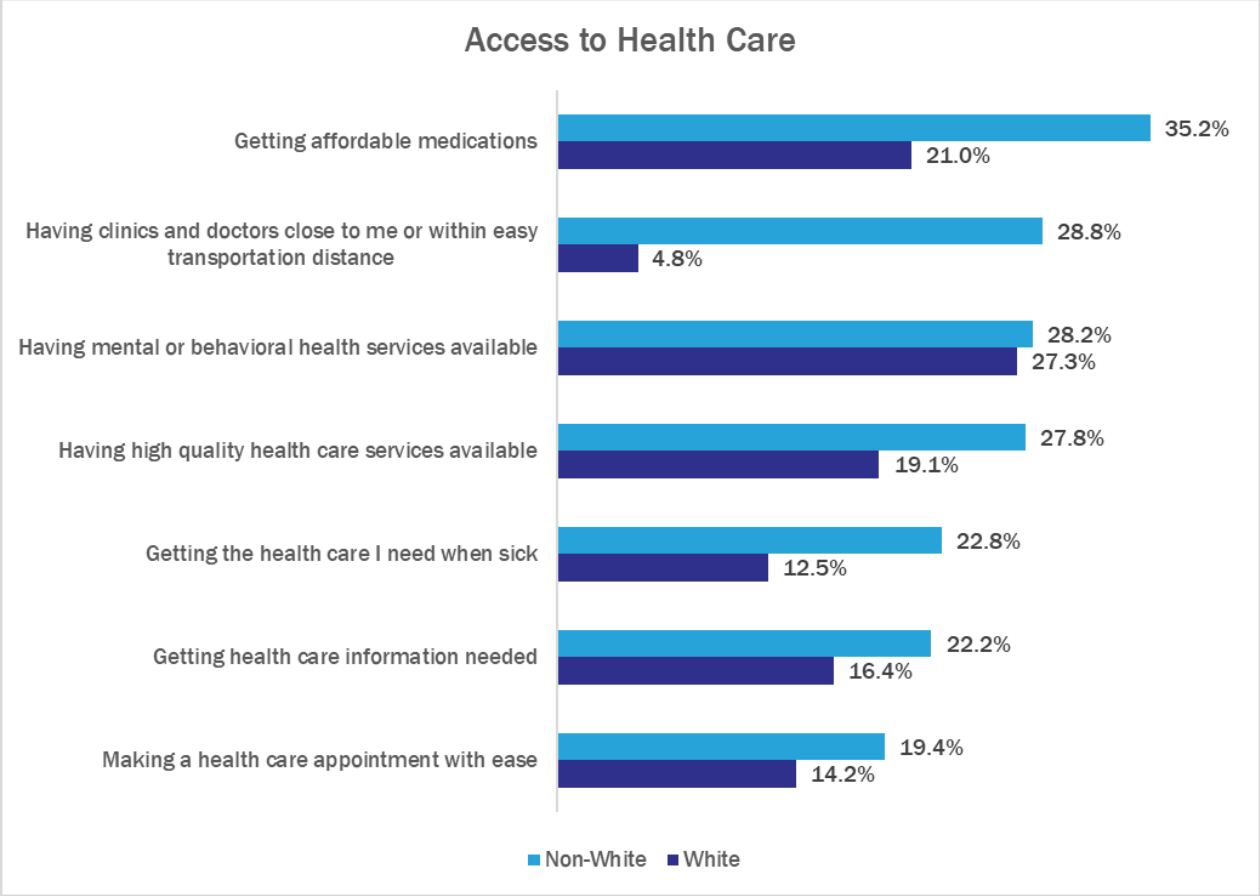

Figure 22. Access to Health Care in High Point by Race

Health Inequities

The set of Health Inequities questions asked respondents how they viewed the health differences in their community. A majority (87.6%) of the survey respondents reported that they believed that some groups get better health care than others. When asked to compare the level of health care their family receives with others, most respondents (70.9%) held the perception that they experienced somewhat to much better health care than others. Very little difference was seen by race/ethnicity. However, differences were seen by income.

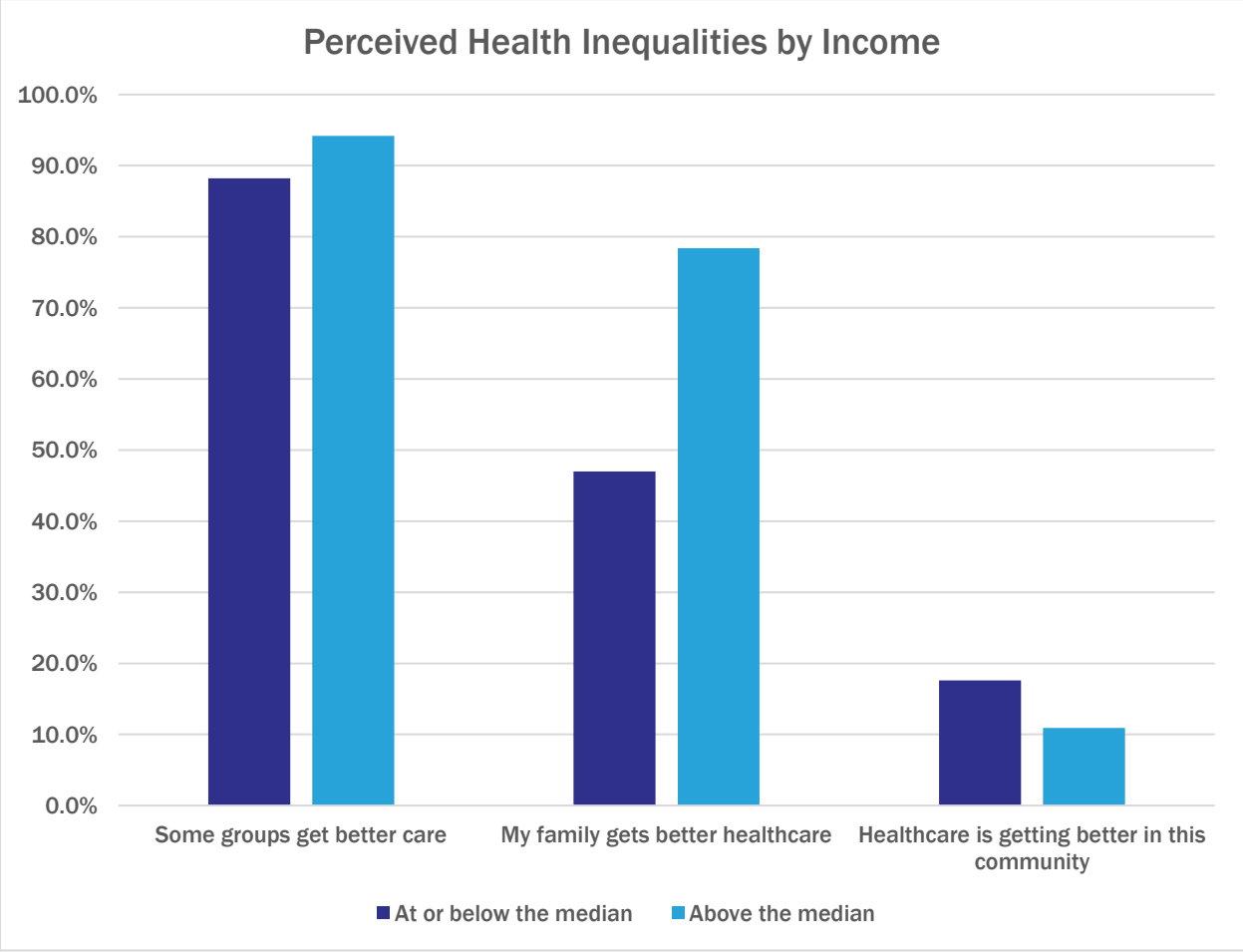

Figure 23. Perceived Health Inequalities by Income

Respondents also ranked the main reasons for health inequities experienced in their community. Respondents were asked to rank five sets of influencing factors: Individual, Interpersonal, Community, Societal, and Political from highest to lowest as the most to least important determinants of health inequities in their communities. Mean values were used to gauge the importance for easier comparison.

The results show that Interpersonal factors (relationship dynamics such as many members of the community don't get along, not enough positive mentors, and fractured family relationships) as being ranked highest for explaining health inequalities closely followed by Individual factors (relating to behaviors such as poor eating habits, not going to the doctor, not exercising, using illicit drugs or alcohol ranked as the primary reason for community level health inequities). Societal factors (like poverty, homelessness, crime, and racial discrimination) were ranked lowest. Thus, contrary to the growing body of community health literature, the perception of most respondents in the community is that Social Determinants are less a factor of health inequality than personal behaviors and interpersonal difficulties.

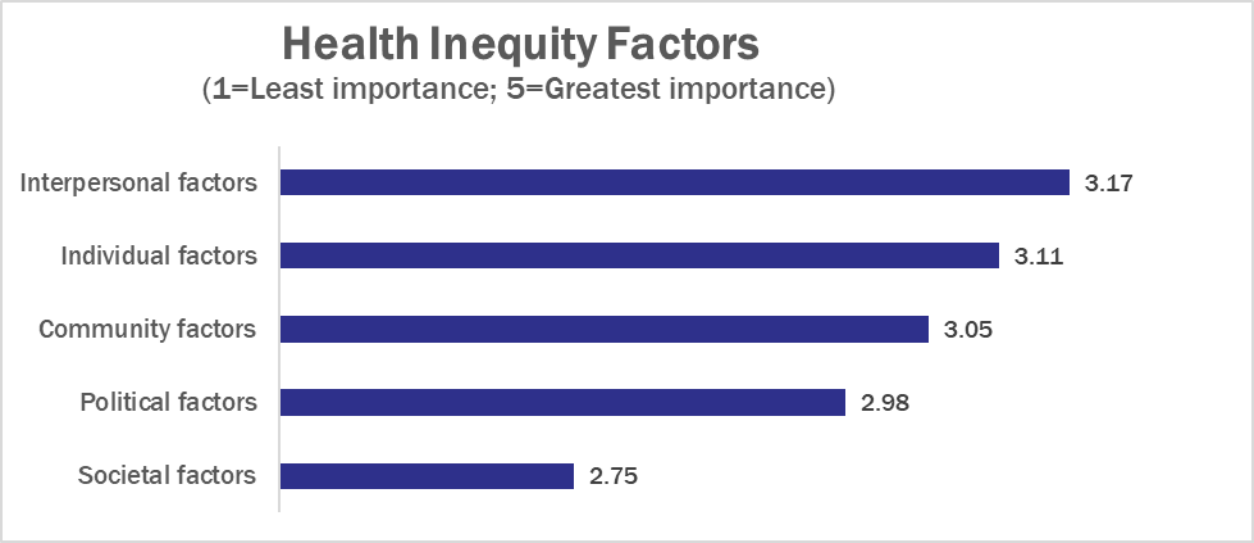

Figure 24. Health Inequity Factors Ranked in High Point

Improving Health

Respondents were also invited to share opinions on which actions were of importance to improve health conditions in their community with 1 being low importance, 2 moderate importance, and 3 high importance. The actions cast a wide net with regard to factors that influence health conditions from food and housing, to healthcare system aspects, as well as others factors such as public safety. "Increasing the availability of safe, affordable housing" was the highest scoring action to take by respondents. Close behind in importance were "Provide more health insurance coverage" and "Increase the availability of healthy food."

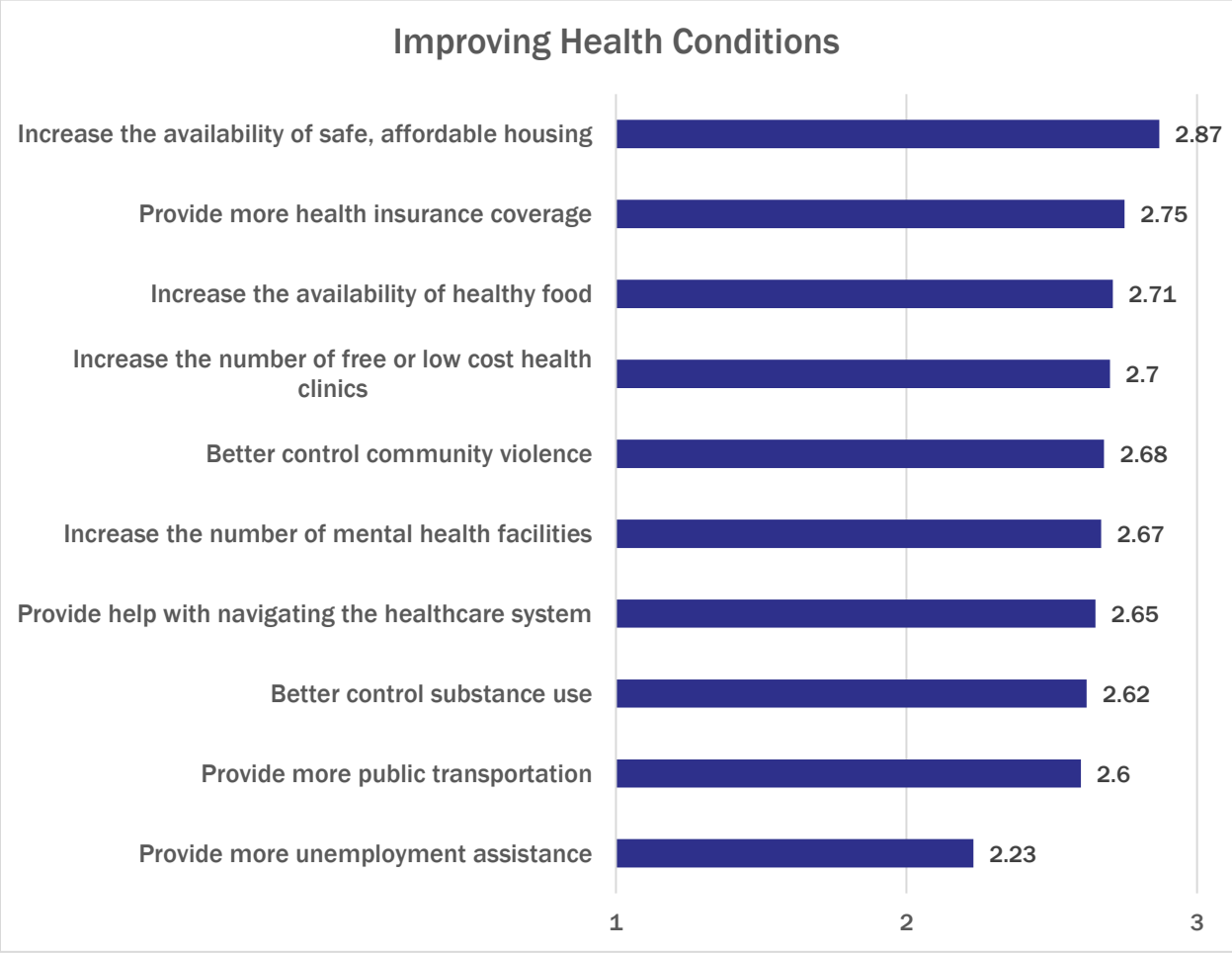

Figure 25. Actions to Improve Health Conditions by Importance

CONCLUSIONS & KEY FINDINGS

Our objective in this report was to find out more about people's access to quality health care, whether there are disparities in access to health care and health outcomes based on income, race, gender, and other social attributes, and what can be done to improve health equity in the region. To do this, we sought information, perspectives and insights from health care providers, public administrators, nonprofit staff members, resident leaders, and philanthropic organizations through interview, focus group, and survey research. We utilized secondary data from local agencies and the health department, as well as state sources like the North Carolina State Center for Health Statistics. We also drew upon data from federal and national sources such as the Center for Disease Control, the American Community Survey, PolicyMap, etc. Our findings may be used to raise awareness about the current state of health care access, assess health care needs and gaps, and to develop recommendations to improve health equity throughout High Point. While the board had also asked for identification of duplication of services and where the gaps in service exist, we did not do so in this report. It is recommended that in follow-up studies a full community assets mapping process be completed to update that done in 2017.

Current State of Health in High Point

The High Point has an estimated population of 113,056 residents who primarily identify as white (49%) and black (35%). There is a small, but growing Latinx (11%) and Asian (9%) immigrant population. The population has grown in High Point nearly 20% in the last 20 years as a result of immigration and refugee resettlement, as well as people regionally and nationally looking for a small town feel and affordable cost of living.

Table 3. Chronic Health Conditions

CHRONIC ILLNESSES	HIGH POINT, NC
OBESITY	36.90%
HIGH BLOOD PRESSURE	33.80%
HIGH CHOLESTEROL	33.60%
ARTHRITIS	25.80%
ALL TEETH LOST	19.50%
POOR MENTAL HEALTH	15.00%
POOR PHYSICAL HEALTH	13.70%
DIABETES	12.70%
ASTHMA	10.20%
COPD	7.90%
HEART DISEASE	6.90%
CANCER	6.40%
STROKE	3.90%
KIDNEY DISEASE	3.20%

Table 4. Unhealthy Behaviors

UNHEALTHY BEHAVIORS	HIGH POINT
LACK SLEEP	38.4%
LACK PHYSICAL ACTIVITY	25.9%
CURRENTLY SMOKING	20.7%
BINGE DRINKING	15.5%

Health Issues

We asked our interview subjects and focus group participants what they thought were the major health problems in the communities they're a part of or represent. They accurately identified many of the chronic diseases that are prevalent in the city: high blood pressure, diabetes, asthma, COPD, and other chronic conditions. They identified contributing factors such as obesity. Behavioral health issues, depression, and substance misuse were also discussed. Some saw links from substance abuse and mental health issues to other social problems such as community violence or homelessness.

As of Feb 22, 2022, there were a total of 113,421 confirmed COVID-19 cases and 1,071 deaths attributed to the disease but only about 60% of Guilford

County residents are fully vaccinated. We see that rates of vaccination are highest in the areas north and west of High Point.

Life Expectancy

Life expectancy is the average number of years individuals are expected to live in each community. These estimates are influenced by a number of factors such as personal habits (healthy and unhealthy behaviors), genetics, environmental factors, education, income, and place among others. It should be noted that during the study period the national life expectancies fell by an average of 1.5 years due to the emergence of COVID-19. The life expectancy at birth of residents of North Carolina it is 78.1, on par with the national life expectancy of 78.7. Cancer and heart disease accounted for about 39% of all deaths in 2019. A majority (70%) of all tracts within High Point fell below the estimated life expectancy for NC. The average (mean) life expectancy in the Region was 75.6 years with a range of 15 years from 69.3 years to 84.5 years.

Inequities in Health

Life expectancy was used as the outcome variable in the Health Equity Score and was highly correlated with social determinants such as poverty, home ownership, access to preventative care, prevalence of chronic health issues, and community safety. Preventative care was positively associated with longer life expectancy and better health equity within a neighborhood.

Individuals experience access and quality of health care differently on the basis of social characteristics such as age, race/ethnicity, gender or sexual identity, and other social statuses. Most (87.6%) of the survey respondents reported that they believed that some groups get better health care than others. Significant differences were noted by non-white survey respondents in experiencing more severe barriers to care than white respondents. Disparities in health care were

also noted in the listening sessions where we heard about differential treatment by race and negative health outcomes in the African American community that were related to limited access to health care. Some gains were recognized in food security with more healthy food availability than in the past.

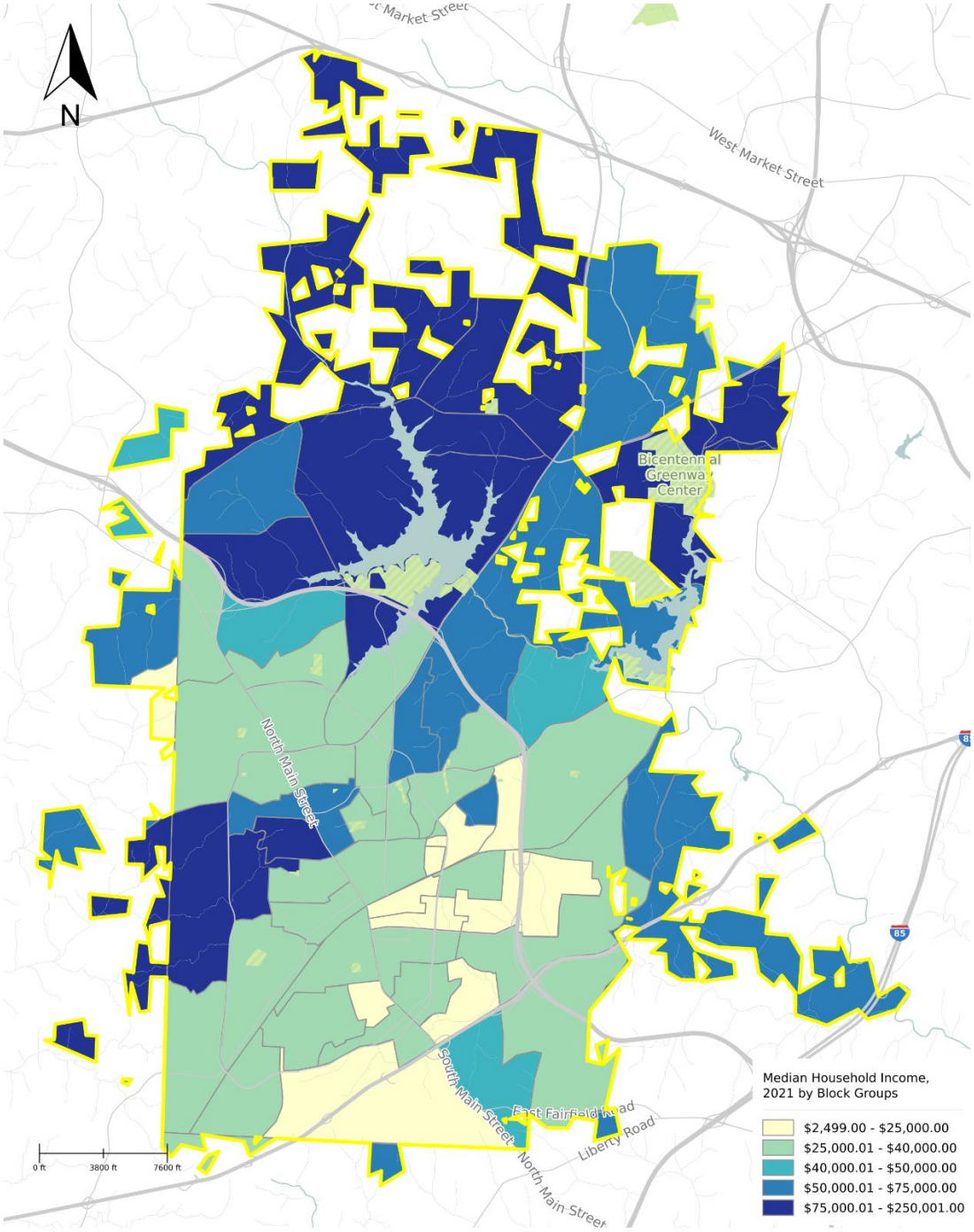

Figure 26. Median Income by Block Groups High Point NC (2021)

Social Drivers of Health

Economic Stability

With a household median income about 20% lower than state averages, and poverty at 18%, many are left out of systems of care. Yet, there is also great variability within High Point and a few neighborhoods in particular have high median household incomes (above $75,000 per household) while other neighborhoods have a median of less than $13,500. About a quarter of households live on less than $25,000. These income differences are key factors of the Health Equity Score and median household income was found to be one of the strongest predictors of life expectancy.

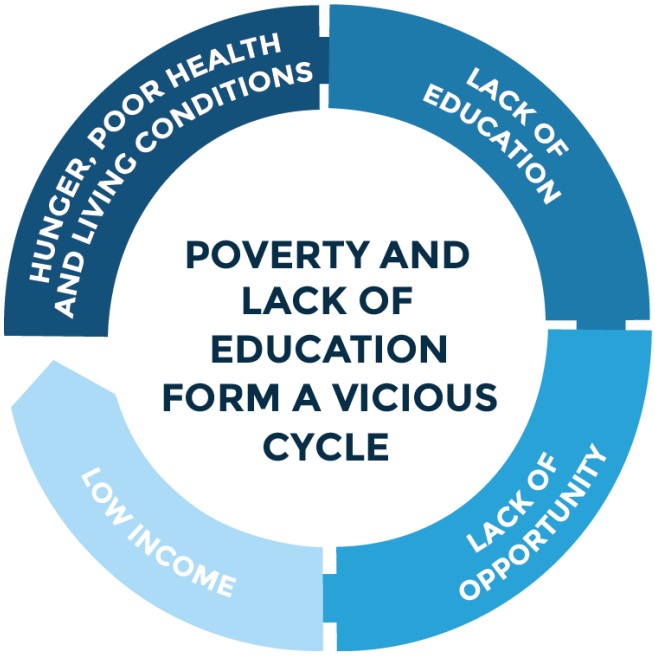

Figure 27. Cycle of Poverty

Education

Income is linked both to economic opportunity as well as educational attainment. One-in-five (18.9%) of the population has less than a high school education. Perceptions of the quality of the local k-12 Public Schools are low especially when compared to other parts of Guilford County. As a result, the proportion of the population with a college degree (BA or higher) is about 6% lower than the average for Guilford County(16.7% vs 23.1%). For those who stay locally, there is little in the way of opportunity with many research participants explaining that the wages in High Point are subpar. Unemployment has almost

returned to pre-pandemic levels (between 4% to 5%), but is a full percentage point higher than neighboring Greensboro. Particular census tracts have unemployment running twice the city average at 8-10% or more.

Figure 28. Summary of High Point Social Factors

Social Context

Community violence impacts health in a number of different ways such as premature death, fear of victimization, and long-lasting trauma stemming from exposure to violent events. The fear of crime has been shown to negatively impact physical activity opportunities by leaving residents feeling that it is not safe enough to allow children to play unsupervised at neighborhood parks or take evening walks as a family. The perception across most of our qualitative data collection was that High Point has places that are rough with community violence and gangs. Violence was seen as a byproduct of poverty, mental health, and substance misuse. Race was another factor in the perception of violence as an issue with 31.4% of African American survey respondents vs. 5.0% of white respondents saying it was a problem. Two-fifths (39.7%) of community survey respondents ranked 'better control of community violence' as having high importance to them.

Neighborhood

Transportation is an overarching obstacle and social determinant, having a decisive effect on access not only to health care but to social services, education, employment, recreation, and food. Health care suffers when transportation resources fall short, whether it's getting to an appointment, filling prescriptions, or dealing with emergencies. High Point has some public transportation resources but with limited routes and hours of operation. Among survey respondents, we saw that 28.8% of African American respondents vs. 4.8% of white respondents saying health care was not accessible due to distance or transportation. In several neighborhoods in High Point, more than 45% of households have no access to a vehicle.

About half of renters in High Point are cost-burdened, meaning gross rent and utility expenses make up 30% or more of the household income. Our survey underscored the need for Increasing the availability of safe, affordable housing as it was the was the highest scoring action to take by respondents. Poor housing quality was a consistent theme in qualitative data collection and contributes to ongoing health and mental health issues. Demand for housing is high, yet aging and substandard housing stock can't meet the demand and builders can't keep up. As a result, housing costs are rising, and housing conditions decline further. High rents and low incomes bring predictable results - higher eviction rates, more homelessness, and people living in substandard conditions. Households are pushed deeper into poverty, possessions are lost, children's schooling is interrupted, physical and mental health issues increase, while new burdens are placed on non-profits and governmental institutions.

Access to Healthcare

Employment, income, and health care are bound together, so that better job opportunities mean higher income, and that puts people in reach of better insurance and higher quality health care. If you don't have insurance, you almost literally don't have access to health care and about 10% of the population in the City of High Point lacks any sort of coverage. Government or public coverage in the form of Medicaid and Medicare provides insurance to about 30% of residents. None-the-less public coverages itself is a problem with too few providers and Medicaid Transformation causing limitations to service delivery.

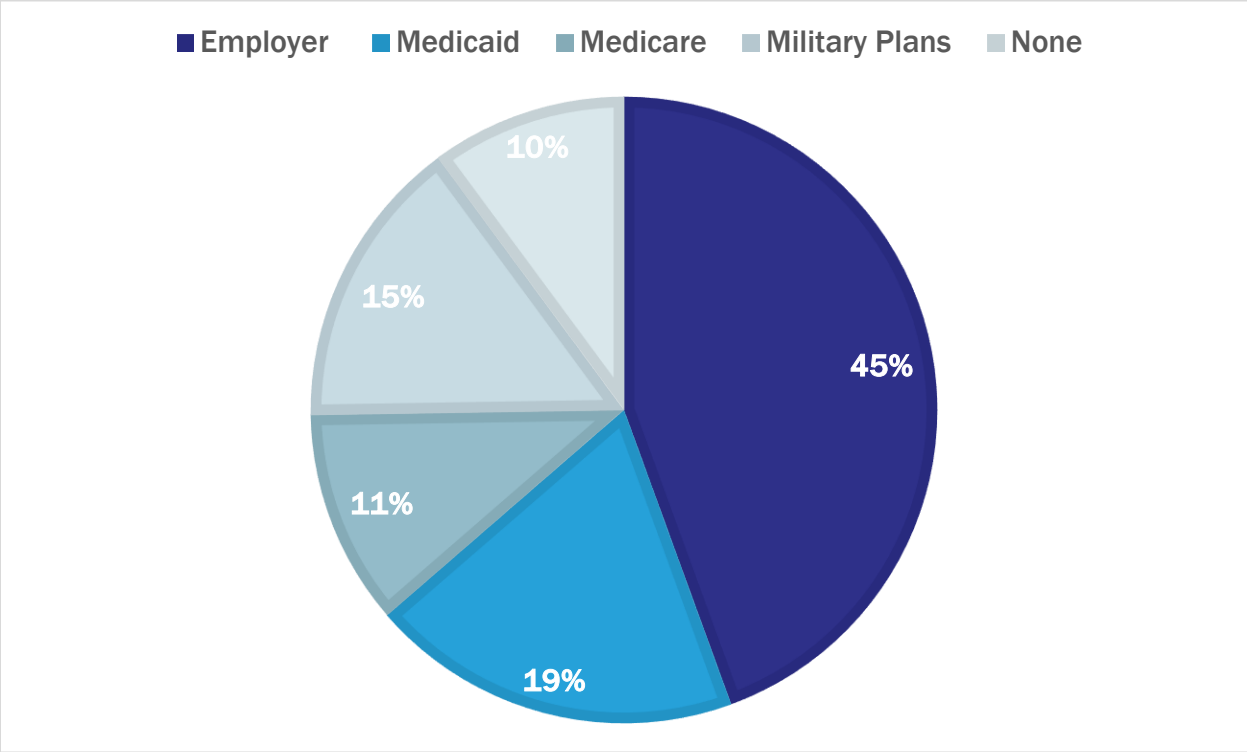

Figure 29. Health Insurance Coverage High Point

Recommended Solutions

We asked respondents for their input on solutions to these community issues as well as for their thoughts on the role of philanthropy, and more specifically the Foundation for a Healthy High Point. Solutions fell into themes aligned with the social determinants: addressing access to healthcare through more providers, mobile clinics, and more insurance; address economic issues through workforce development; address neighborhood conditions through better housing and transportation options; and that the role of philanthropy was to convene stakeholders, study needs, and leverage partnerships to address systemic issues.

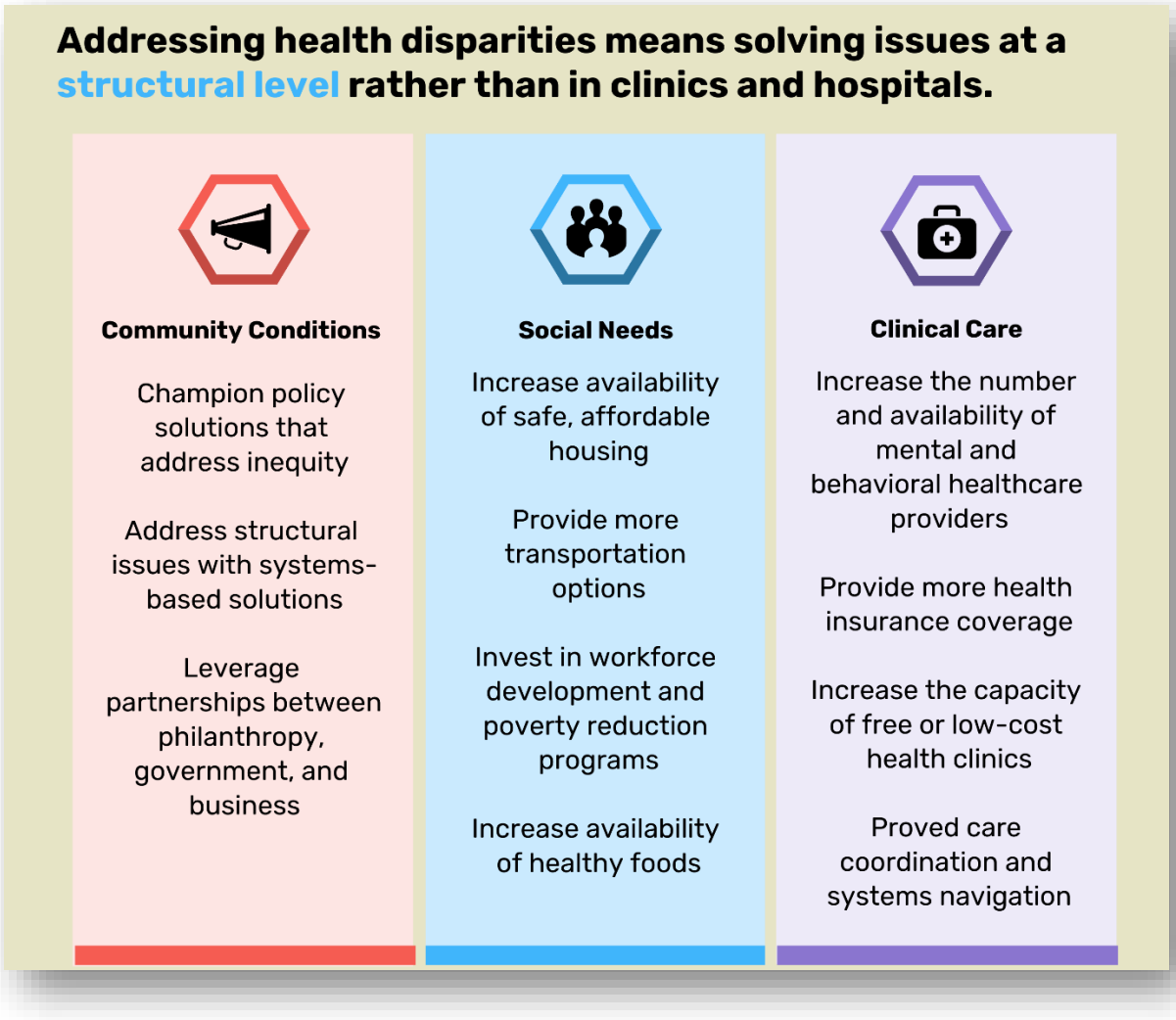

Figure 30. Suggested Actions for FHHP

More Healthcare & Insurance

An immediate solution for many participants to the problem of access to care was better insurance and more provision of care. A resident explained, "I would like to see people have access to good health care, both mentally and physical. I would say, open and free health care for people… If you're feeling sick he can go into a clinic and get treated and it's not a financial hit that you're going to have to take, because I think people delay getting treatment because they don't have the funds to support it, even if they're insured." Another agreed, "I would

like to see everybody have health insurance, so that they can actually go to any doctor anywhere, for whatever reason, and not have to worry about the money that they have to pay at the going to the doctor. I mean, health insurance I think would be one of the greatest things, even if they didn't have if the people didn't have to pay for it."

Workforce Development

Workforce development was thought to be a critical component of solving poverty and economic hardship. One philanthropist talked about the need for more skilled trade programs in the high schools, "There needs to really be an effort in our schools starting early to help children to help students understand that everyone has a different path and not everyone in the world is cut out to go to a four-year university, you know, their, their skills and their gifts may lie, you know, in working with their hands... I think for so long. you know there's the stigma attached, and children are told from early on, when you go to college when you go to college. And again, it may not be right for everyone, so we need to remove that stigma that if you don't have that four-year degree that you're not going to be successful. There are some very wealthy plumbers and electricians." Another philanthropist pointed out the need to develop more small business prospects to increase employment. He said, "governments and foundations don't create jobs, entrepreneurs do, and for too long we've been overly invested in recruitment, and we've been under investing in our small business and entrepreneurial ecosystems and create an environment that's nurturing to entrepreneurs and nurturing to, to folks to give them access to capital, so they can create these businesses."

Address Housing & Transportation

Neighborhood issues were a fundamental issue leading to health and food deserts and concentrations of poverty. As one neighborhood leader said, “the one thing High Point doesn't want to be anymore, I think, and we should, we don't want to be kind of a slumlord because that's what we kind of are you know, we're neglecting the Core City.” There were many ideas on how to clean up the community from housing court to environmental protection. One transplant to High Point said, “I would love to see a housing court where there will be someplace that people could go and someone can advocate for them, I lived in New York for many years. And if you had a landlord that didn't fix things and things weren't going right in the trying to charge you all kinds of rent you can always take it to housing court, I think, housing court will be an ideal solution to some of this housing problems that we have.” Another talked about beautification projects, “I think a clean and healthy environment lots of trees and public and environmental health, I think that would be where I would start at the ground level up.”

Others made suggestions around improving access to transportation with extended hours and more bus routes. Others said we need to “take the providers into the neighborhoods versus the neighborhoods and then people neighbors have to go to the providers.” Similarly, an approach would be co-locating services and then providing many free transportation options to that location: “build on things like our United Way's Family Success Centers that have been very successful…. we need 15 of them in different neighborhoods throughout the County.”

The Role of Philanthropy

Many of the recommendations for the role of philanthropy centered on the moral authority of philanthropic organization and their ability to mobilize many sectors to concentrate on an issue. A philanthropist and community organizer explained, "...we do have a voice. And, and that voice organized would be really powerful."

One recommendation along this line was focusing attention on a hyper-local issue and concentrating all sectors on improving conditions in that location alone. The person who recommended this elaborated, :"you talk about strategy, the best thing that nonprofits and the philanthropic group can do is work together collaborative. Let's say that we pick a neighborhood, and so we start addressing poverty in a serious way ... So if we were to say we're going to take this area, this zip code, this census tract, and where we get all these groups to come together. And we'll see how we can impact it and then, once we do that, then we begin to replicate it to other places. But the philanthropic groups can be the ones who bring these nonprofits, bring everybody together. And you've got to bring the government along with you, three are policy changes that need to take place."

Leaders of philanthropic organizations agreed that their collective impact could be greater than that of any one organization. One executive explained, "we have a group of Guilford County foundation leaders, and we meet quarterly, and I don't know what else we could do other than we've been sharing a lot with each other. But I think there would be a possibility that through this work that the Foundation for A Healthy High Point is doing, that we could come out with some type of county plan and commitment. I don't know, goals and vision? Not

elaborate because I just don't think we've all got the energy for really elaborate."

It was well recognized across all groups that solutions were needed at a systems level. A participant said, "I think our conversation needs to be around systems change, you know all the systems that are in place around social services right now we're designed in the 20th century. And they're designed with the mindset of people going into a location to get training. And we need to be thinking about how to get the training into the neighborhoods where people are and addressing some of the childcare and the transportation issues [at the same time]." Current approaches are piecemeal and focused on only one aspect of an issue at a time: "I think we've seen targeted approaches, so we're going to try to fix health care over here and we're going to talk housing over here, and those are all just band aid, you know all the things that we're talking about are. Huge systemic issues that if we don't address all of these different factors at one time we're just going to kind of keep spinning our wheels and putting the band aid fixes on."

Collaborative approaches are required for these systems level changes, "I'm wondering if the future for us and to get to {another philanthropic leader's} point about whether we have the energy, the bandwidth, is a different way of thinking about collaboration and that's to try to use our collective influence around lobbying and advocacy on policy changes and that's why people run when they hear the word lobby, and you know community foundation's have different parameters than private foundations do. And we can leverage those… so you can leverage those two community [foundation] and perhaps do some lobbying efforts."

Theory Of Change

As the data and feedback from participants indicates, the issue of addressing health inequalities in High Point are complex and require 'upstream' and systems-level approaches. The issues cannot be solved by the FHHP alone. Participants in the non-profit and philanthropy focus groups both pointed toward collaborative impact approaches and drawing on the moral authority and voice of philanthropy to drive policy change.

Drawing upon the data and input collected for this report, we have developed a "theory of change" for the Foundation for a Healthy High Point. A Theory of Change is a comprehensive model of how a desired change is expected to happen. It outlines the processes by which a long-term goal can be achieved. The model begins with a needs assessment (as we have done) and looks at the community assets (inputs) that can be leveraged for creating change.

In our model (following page) we begin with community identified health needs and social drivers of health in the High Point area. We also identify gaps in resources that must be filled. In a collaborative impact model such as we propose ,we must also begin with a clear and well-established shared vision (a healthy High Point) and values (equitable outcomes). For the collaborative process to work, data and other information must be shared and residents must become engaged in the project. Key stakeholders and partners working in overlapping or parallel spaces should be identified and recruited to participate (Resilience HP, Thrive HP, City of High Point, Guilford County Government, Guilford County Schools, High Point Regional, Philanthropic Organizations, Grantees, Guilford Works 2030, etc.). Finally, the model also requires an understanding of evidence-based practices that have been used successfully in other communities.

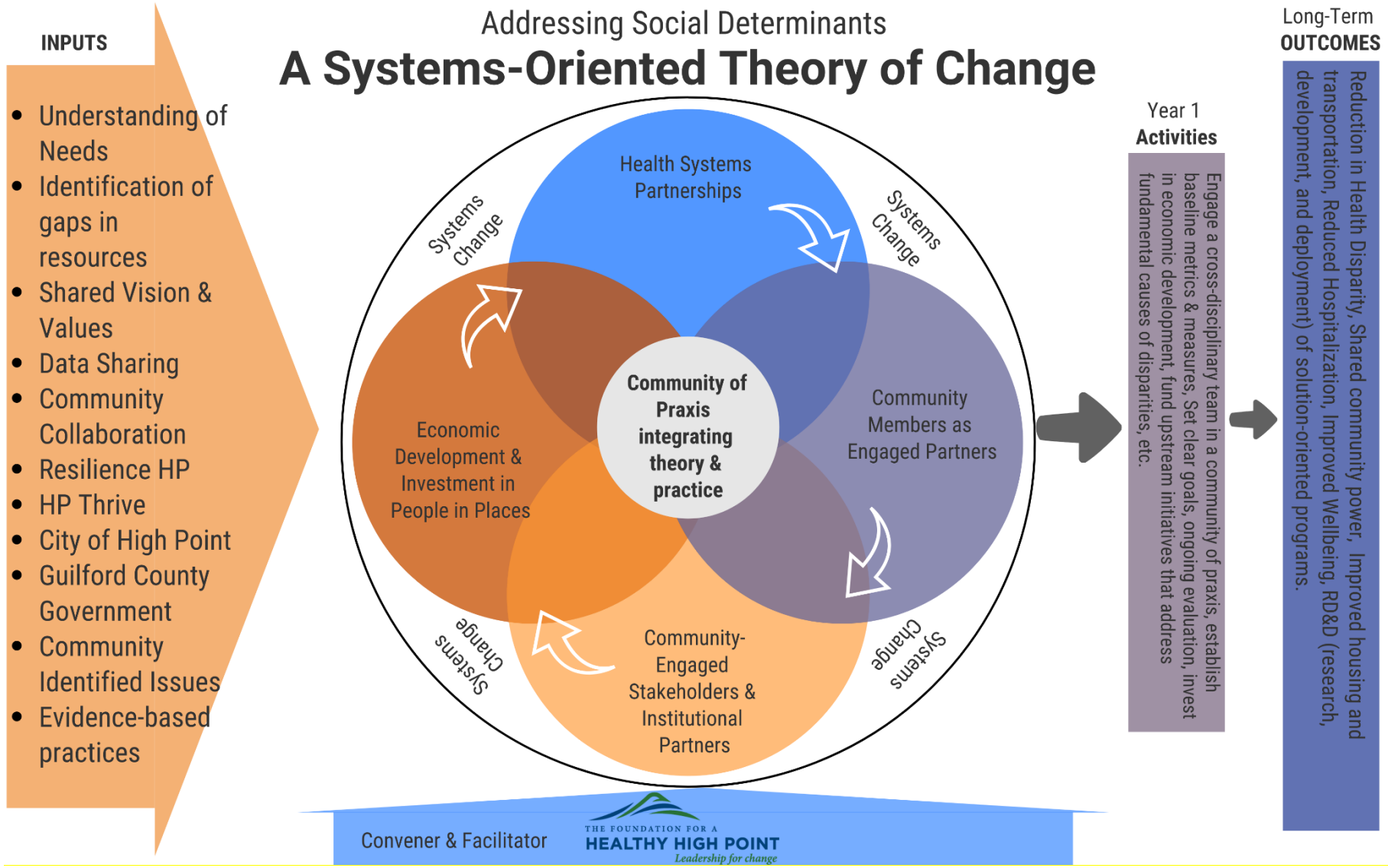

Figure 31. Theory of Change for FHHP

The key process of this theory of change is what we are calling a "Community of Praxis" convened and facilitated by the FHHP. This stakeholder engagement process places on equal footing community members most impacted by health disparities with those in decision making roles at partner institutions, government agencies, healthcare delivery systems, and other related domains. The FHHP as convener also is responsible for helping to educate and train members of the Community of Praxis so that the understand the theoretical and practical issues of improving health outcomes and addressing social drivers. The intersectionality of race, gender, sexuality, poverty, and health produce a myriad of issues for marginalized communities. To tackle these interrelated issues, the FHHP may take advantage of their relationship with Community of Praxis members to host equity workshops, build organizational capacity, and develop institutional leadership.

Over the course of months to a year, the Community of Praxis should establish baseline metrics & measures, set clear incremental goals, develop ongoing evaluation method, invest in economic development, fund upstream initiatives that address fundamental causes of disparities, and champion policies that will lead to improvements in economic stability, educational attainment, housing and transportation options, and improved access to healthcare. Through these efforts, and over the course of three to five years High Point should see a reduction in health disparity, shared community power, improved housing and transportation, reduced hospitalizations, improved wellbeing, and research, development, and deployment of solution-oriented programs.

APPENDIX A – HEALTH EQUITY SCORE

Methods

Pearson's Correlations were computed using all variables from the compiled data looking at their statistical association with life expectancy. Correlation coefficients[7] were used to observe the strength of the bivariate linear association between variables as they related to the life expectancy of the population in each block group. Statistically significant variables ($p<.05$ level) with correlations above $r \geq .3$ were kept while statistically insignificant variables or those below $r<.3$ were dropped. Variables were of many different levels of measurement (nominal, ordinal, scale) and of many different units (dollars, counts, percentages, scores, etc.) thus, blocks were ranked on each variable relative to each other and categorical variables were created using visual binning[8] where cut points were set at one and two standard deviations from the mean. Multiple measure of same underlying concepts were tested. Those with the least fit were removed. To account for different scales, all variables were converted to z-scores.[9] Z-scores were then converted to a four point scale: 1 'Low' 2 'Mid Low' 3 'Mid High' 4 'High'

[7] https://www.statisticshowto.com/probability-and-statistics/correlation-coefficient-formula/
[8] https://www.ibm.com/support/knowledgecenter/en/SSLVMB_24.0.0/spss/base/idh_bander_gating.html
[9] https://www.statisticshowto.com/probability-and-statistics/z-score/

Variables Included in Health Equity Score

The final model included the following positive variables

SOCIOECONOMIC
+ bg.medHHincome
+ bg.bachelors
+ bg.owners
+ tracts.tract.upwardMobility

PREVENTATIVE HEALTHCARE
+ tracts.avgSpendingOnMedicalPerPerson
+ tracts.PctVax12Up
+ tracts.CERVICAL_CrudePrev
+ tracts.CHOLSCREEN_CrudePrev
+ tracts.COLON_SCREEN_CrudePrev
+ tracts.COREM_CrudePrev
+ tracts.COREW_CrudePrev
+ tracts..DENTAL_CrudePrev

Negative variables included:

SOCIOECONOMIC
- bg.nonWhite -.707
- bg.noInternet
- tracts.tract.nonEnglishSpeakers
- tracts.tract.indPoverty
- tracts.tract.disabled

DISEASE & WELLBEING
- RiskOfLeadExposure
- tracts.tract.ACCESS2_CrudePrev
- tracts.tract.BPHIGH_CrudePrev
- tracts.tract.CASTHMA_CrudePrev
- tracts.tract.COPD_CrudePrev
- tracts.tract.CSMOKING_CrudePrev
- tracts.tract.DIABETES_CrudePrev
- tracts.tract.KIDNEY_CrudePrev
- tracts.tract.LPA_CrudePrev
- tracts.tract.MHLTH_CrudePrev
- tracts.tract.OBESITY_CrudePrev
- tracts.tract.PHLTH_CrudePrev
- tracts.tract.SLEEP_CrudePrev
- tracts.tract.STROKE_CrudePrev
- tracts.tract.TEETHLOST_CrudePrev

APPENDIX B - INTERVIEW SCRIPT

Foundation for a Healthy High Point
Key Informant Interview Script

Date: _____
Person Interviewed: _____
Organization: _____

Good Morning/Afternoon/Evening. My name is Stephen Sills. I'm the Director of the UNCG Center for Housing and Community Studies.

This interview is part of a needs assessment for the Foundation for a Healthy High Point. We are collecting information from institutional and strategic partners and former grantees. The goal of this project is to better understand the Foundations role in creating sustainable change and impact in addressing the SDOH and to provide a prioritization or rank ordering of community needs as evidenced by input from the community.

Thank you for taking the time to answer our questions. Your participation is vital to our effort to provide a complete and accurate understanding of the state of public health and health equity in the Greater High Point area.

This interview is confidential. Your answers will not be used for any reason other than for purposes of this assessment. We will report on what we heard, but no statement will be attributed by name or affiliation with any specific respondent.

As agreed, I will be recording this interview. If that's OK with you, I will proceed.

We're going to be using the term "health equity" throughout this conversation. By way of introduction, we suggest a definition of this term: "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."

In this way we are talking about disparities not only by race and ethnicity but by income, age, national origin, family or household structure, disability status, rural/urban/suburban residence, etc.

Introduction

1. To begin, can you tell me about your organization and your role in it?

2. What are the major health inequities you see in the community?
    - Are health problems more severe in some socially, economically, demographically or geographically defined groups than others?

    - REMINDER THAT DEFINITION INCLUDES: age, income, national origin, disability, etc.
3. What is your organization's role in helping to address the structural determinants or root causes of poor health outcomes?
    - "Structural" determinants or "root causes" are the "upstream" sources of health inequity, that is, attributes of how society is organized and resources are distributed.
    - For example, poverty, racism and sexism; incomes; employment and educational opportunities; access to housing.

Social Determinants

4. I'd like to review with you some of the major reasons health inequities occur and how they apply in the communities you serve.
    - Access: Do people have access to affordable, good quality healthcare?
    - Social: Do people feel part of the community, have opportunities to contribute, have enough community resources?
    - Physical Activity: Is there adequate park land, open space, gyms and other places to exercise? Do the kids have sports teams to play on and safe recreational opportunities?
    - Family Support and Household Structure
        - Family Trauma & Resilience: How does exposure to trauma and urban poverty, Adverse Childhood Events (ACEs) like childhood abuse and exposure to family or community violence, play a role in creating or maintaining health inequalities?
        - Intergenerational Issues: How does intergenerational poverty, addiction, cycles of sexual abuse or family violence, etc. impact health?
        - Childhood Development: Do families get the support they need to safeguard maternal and neonatal health, early childhood education and healthcare?
    - Education: Do people have educational opportunities, do they get job training, graduate from high school, go to college?
    - Food Security: Do people have access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs?

- Safety: Do people feel safe, is there gang or street violence, gun violence, violence against women, child abuse?
- Poverty: Are low incomes and lack of job opportunities affecting the health of people in the community?
- Housing: Is safe and affordable housing available to all in the community?
- Transit: Do people have good access to public transit? Are any services within walking distance?

Feedback on the FHHP

The Foundation for a Healthy High Point is working to encourage, support, influence, and invest in efforts that improve health and wellness throughout Greater High Point.

5. What do you see as the role of FHHP in the High Point community?

6. What have been the greatest successes and failures of the FHHP in your opinion?

7. How can the Foundation best assist in addressing health disparities and inequities in High Point?

8. If FHHP could only pick one community issue to address, what would it be and why?

9. Conversely, what issues are already being well addressed by other organizations and should not be considered by FHHP?

10. Who are the key partners and organizations in the community that the FHHP should be collaborating with?

11. How can you or your organization best support and partner with the FHHP to address the issues we have discussed?

Recommendations

12. To conclude, do you have any additional thoughts? Are there questions I should have asked but didn't?

APPENDIX C - FOCUS GROUP SCRIPT

UNC GREENSBORO
Center *for* Housing & Community Studies

FHHP Focus Group 2021
Residents Focus Group Guide

Date: _____
Start Time: _____
Focus Group Facilitator: _____
Recorder: _____
Group Participants (first names only):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Pre-Discussion Activities:

1. Greet participants.
2. Place name cards / distribute name tags.
3. Set up recording device and test.

Moderator Instructions

These questions should be modified as needed to maintain the natural flow of the conversation and to explore topics which arise in the course of the focus group. The script below is a general guide to direct the conversation. Probes should be revised as needed to encourage elaboration of answers. If a participant goes off topic, but is providing useful content, continue probing as needed then redirect to the original script. If off topic conversation does not appear relevant, a casual redirect to the original script should be made. Notes of the most salient points should be made by the recorder during focus groups. Notes will be used to help PIs in reviewing the Focus Group while awaiting transcriptions.

Statement of Purpose and Introductions

This focus group is part of a needs assessment for the Foundation for a Healthy High Point. We are collecting information from institutional and strategic partners and former grantees. The goal of this project is to better understand the Foundations role in creating sustainable change and impact in addressing the SDOH and to provide a prioritization or rank ordering of community needs as evidenced by input from the community.

Thank you for taking the time to answer our questions. Your participation is vital to our effort to provide a complete and accurate understanding of the state of public health and health equity in the Greater High Point area.

The questions we will ask are open-ended, seeking just thoughts, observations, opinions, and there are no right or wrong answers. Keep in mind that we'll be talking about health outcomes and access to healthcare resources in your community. We're not asking you to share information about your own health conditions. What we do discuss will be kept confidential, so what you say in this room stays in this room. We will report what we learn, but you won't be identified by name. We're recording the discussion just to be sure that we don't miss anything important, but no one outside our project team will hear the recording or read the transcript. We also ask each of you not to share what others have said. It's OK to tell people about the comments that were made, but please do not use anyone's name.

We're going to be using the term "health equity" throughout this conversation. By way of introduction, we suggest a definition of this term: "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically." **In this way we are talking about disparities not only by race and ethnicity but by income, age, national origin, family or household structure, disability status, rural/urban/suburban residence, etc.**

-IF USING ZOOM -

Now a couple of points about Zoom procedures. We'd like to see video of everyone, if you have that ability. It makes it more like a real conversation, like we were sitting around a table. You may keep yourself unmuted because we want you to feel free to jump in at any time. Talk to each other and not only to me. I'll ask you to mute only if we're getting too much background noise. If you like, you may also use the raise your hand feature, or put comments and questions in the chat.

Introduction

BEGIN RECORDING

I. Introductions
   a. First name, organization, role
   b. One thing that makes HP a great place to live

II. HEALTH STATUS
   a. What are the biggest health problems in the community or among your clients?
   b. Can you pinpoint any potential causes or related factors for these health problems that are unique to High Point?

III. SOCIAL DETERMINANTS OF HEALTH
   a. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They include five domains – economic stability, access to quality education, access to quality health care, safe and healthy neighborhoods and built environments, and a social and community context that promotes good health.
      - ECONOMIC OPPORTUNITY & STABILITY
         1. What is being done to address poverty? Especially intergenerational poverty and inequality?
         2. What is needed and not being done?
         3. Are there sufficient jobs that pay a living wage?
         4. Who is left out? Why?
         5. How are your organizations addressing economic opportunity?
      - ACCESS TO QUALITY EDUCATION
         1. What educational opportunities are there for children and young adults?
         2. Is this enough?
         3. Are these educational opportunities leading to upward social mobility?
         4. What more is needed and not being done?
         5. How are your organization addressing educational opportunity?
      - ACCESS TO HEALTHCARE
         1. When people in your community are sick, can they get the healthcare they need?
         2. Are there clinics and doctor's offices close by or within easy transportation distance?
         3. Do they provide high quality healthcare services?
         4. What are the obstacles that people face in seeking healthcare?
            a. Distance to travel, can't get an appointment, wait times, clinic hours, gaps in insurance coverage, too much paperwork, can't afford to pay for prescriptions?
         5. Where do you get your health care information from?

6. What about mental or behavioral health services? Where do people turn?

- NEIGHBORHOODS AND BUILT ENVIRONMENT
  1. Is High Point a safe place to live?
  2. Are people concerned about violence in your community?
  3. What types of violence are people most concerned about: domestic or interpersonal violence, gang or street violence, child abuse, gun violence?
  4. Are there places where community activities and programs can happen?
  5. Do you have convenient places to shop for healthy food?
  6. Are there affordable housing options available to the community residents?
  7. What more is needed and not being done to provide a safe and healthy environment?
  8. How are your organizations addressing economic opportunity?
  9.

IV. STRATEGIES AND SOLUTIONS

a. What should be the role of philanthropic organizations in addressing community health and well being?
b. What do you see as the role of FHHP in the High Point community?
c. How about Collaborative Impact Models, in what ways are your various organizations working together to resolve root causes of inequality?
d. What have been the greatest successes and failures of the FHHP in your opinion?
e. How can the Foundation best assist in addressing health disparities and inequities in High Point?
f. If FHHP could only pick one community issue to address, what would it be and why?
g. Conversely, what issues are already being well addressed by other organizations and should not be considered by FHHP?
h. How can you or your organization best support and partner with the FHHP to address the issues we have discussed?

Thank you for taking the time to talk with us this today. Your comments have been extremely helpful to us. Please remember to keep in confidence the things we have discussed today. It's OK to tell people the general nature of our discussion but please don't use anyone's name. Thank you.

TURN OFF RECORDER

End Time: _____

APPENDIX D - COMMUNITY SURVEY

FHHP Needs Assessment Survey

Q1 The Foundation for a Healthy High Point is conducting a community survey as part of its strategic planning process.

The goal of this survey is to better understand your perspectives on physical and mental health, access to health care, and conditions related to health like housing, food, and transportation in High Point communities.

Your input and experiences are important to us and will help us better address the needs for you, your family, and your community. Your comments will be kept confidential. Only the UNCG Evaluation Team will have access to individual survey results. No information identifying you will be associated with your answers. We will report all findings together.

The survey will take approximately **10 minutes** to complete. After the survey, you will be offered the chance to enter into a drawing for a $100 gift card.

Thank you for your assistance in completing this survey. If you have any technical questions or concerns, please email Dr. Stephen at: chcs@uncg.edu

Q2 How do you identify?

- ○ Male
- ○ Female
- ○ Other (888) _____
- ○ Non-binary
- ○ Transgender

Q3 How do you identify? (Select all that apply)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Other (888) _____
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Hispanic or Latinx

Q4 What is your age?

- ○ Under 18
- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75 - 84
- ○ 85 or older

Q5 What is your household income level?

- ○ Less than $10,000
- ○ $10,000 - $19,999
- ○ $20,000 - $29,999
- ○ $30,000 - $39,999
- ○ $40,000 - $49,999
- ○ $50,000 - $59,999
- ○ $60,000 - $69,999
- ○ $70,000 - $79,999
- ○ $80,000 - $89,999
- ○ $90,000 - $99,999
- ○ $100,000 - $149,999 (11)
- ○ More than $150,000 (12)
- ○ Prefer not to say

Q6 What kind of health coverage do you have?

- ○ No Insurance
- ○ Private Insurance
- ○ Medicare
- ○ Medicaid

- ○ Other Insurance (please explain) _____
- ○ Don't know

Q7 Are you currently employed? (Select all that apply)

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed looking for work
- ☐ Unemployed not looking for work
- ☐ Retired
- ☐ Student
- ☐ Homemaker
- ☐ Disabled

Q8 Do you have a car, truck or other type of vehicle to get to places you need to get to?

- ○ Yes, I have a vehicle (personal, family, friend's) to use
- ○ No, but I get rides from others
- ○ No, but I take public transportations, taxis, Uber, or other services to get my needs done
- ○ No, and I don't have access to public transportations or other options near me either
- ○ Prefer not to say

Q9 Do you.... (select all that apply)

- ○ Live in High Point
- ○ Work in High Point
- ○ Neither live or work in High Point

Q10 How much is each of the following a problem for you when you need to see a health care provider?

	Not at all	A little	Some	A great deal	N/A (999)
Getting the health care I need when sick	○	○	○	○	○
Having clinics and doctors close to me or within easy transportation distance	○	○	○	○	○
Having high quality health care services available	○	○	○	○	○
Having mental or behavioral health services available	○	○	○	○	○
Getting health care information needed	○	○	○	○	○
Making a health care appointment with ease	○	○	○	○	○
Getting affordable medications	○	○	○	○	○

Q11 In the past 12 months, how much has each of the following contributed to ***health problems*** experienced by you or anyone you live with?

	None at all	A little	Some	A great deal	Can't say (999)
Overall safety of the community	○	○	○	○	○
Violence (e.g., domestic, gang, abuse, gun)	○	○	○	○	○
Educational opportunities for kids and adults	○	○	○	○	○
Job opportunities	○	○	○	○	○
safe places for getting exercise	○	○	○	○	○
Places for community activities/programs	○	○	○	○	○
Access to healthy food	○	○	○	○	○
Substance use (e.g., tobacco, drug, alcohol, HIV)	○	○	○	○	○
Healthy housing that is safe and affordable	○	○	○	○	○
Places for maternal and infant care	○	○	○	○	○

Q12 Now we want to ask you about the health inequities in this community.

Health Equity is defined in this study as: "*the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically*."

In this way we are talking about everyone having the chance to have good health and health care despite race and ethnicity, differences in income, family or household structure, where they live, etc.

Q13 Do some groups living in this community get better health care than others?

- ○ Yes
- ○ No
- ○ Prefer not to say

Display This Question:
If Do some groups living in this community get better health care than others? = Yes

Q14 In your own words, explain how some have better health care than others.

_____
_____
_____
_____
_____

Q15 What level of health care do you and your family receive?

- ○ Much worse than others
- ○ Somewhat worse than others
- ○ About the same than others
- ○ Somewhat better than others
- ○ Much better than others

Q16 Is the level of health care available to people living in this community changing? Is it ...

- ○ Getting worse
- ○ Staying the same
- ○ Getting better
- ○ Can't say

Q17 Using the following list, please rank from greatest to least , the main reasons for health inequities (i.e., health differences) experienced by individuals in your community. (Click the bubble that corresponds with your ranking.)

_____ **Individual factors** (behaviors such as poor eating habits, not going to the doctor, not exercising, using illicit drugs or alcohol)

_____ **Interpersonal factors** (relate to relationship dynamics such as many members of the community don't get along, not enough positive mentors, and fractured family relationships)

_____ **Community factors** (such as lack of easily accessible health care, grocery stores with healthy foods, afterschool programs, and other community resources)

_____ **Societal factors** (reflecting population characteristics such as poverty, homelessness, crime, and racial discrimination)

_____ **Political factors** (that create legal and institutional barriers resulting in low wages, unequal access and availability of health care, and limited community voice)

Q19 From the following list please identify the importance of each of the following actions for improving health conditions in your community. Rate them as being of ***High***, ***Moderate***, or ***Low*** Importance.

	Low Importance	Moderate Importance	High Importance	Do Not Know (999)
Increase the availability of safe, affordable housing	○	○	○	○
Increase the availability of healthy food	○	○	○	○
Increase the number of mental health facilities	○	○	○	○
Increase the number of free or low cost health clinics	○	○	○	○
Provide help with navigating the healthcare system	○	○	○	○
Provide more unemployment assistance	○	○	○	○
Provide more health insurance coverage	○	○	○	○
Provide more public transportation	○	○	○	○
Better control community violence	○	○	○	○
Better control substance use	○	○	○	○

Q20 The Foundation for a Healthy High Point is working to encourage, support, influence, and invest in efforts that improve health and wellness throughout Greater High Point. What do you think is the most pressing health-related issue they should focus on?

_____
_____
_____
_____
_____

Q21 Besides providing financial resources to health-related organizations, what should be the role of the Foundation for a Healthy High Point for promoting a healthier community. (Place in order from most to least important)

_____ Identify gaps in health care and social services and to help fill in those gaps
_____ Bring organizations together to collaboratively address high-priority community health issues
_____ Help to train non-profit health services leaders
_____ Facilitate better coordination between government and social services
_____ Support research or data collection/analysis to inform community health efforts (14)
_____ Support preventative health programs/policies that reduce chronic lifestyle disease
_____ Support programs/policies that promote more active living
_____ Improve the availability of healthy and affordable housing
_____ Improve the access to healthy and nutritious food
_____ Reduce poverty
_____ Address structural racism (11)
_____ Work with other philanthropic organizations to collaboratively make an impact on health and well being that is larger than any single organization's capacity (12)
_____ Better ensure that marginalized groups (LGBTQ+, immigrants/refugees, religious minorities, etc.) have equitable access to health care (13)

Q22 Is there anything else you'd like to tell us about how to help people in your community live healthier and safer lives?

_____
_____
_____
_____
_____

Q23 Are you interested in being included in random drawing for a $100 gift card?

○ Yes (You will be directed to another survey to collect your contact information)

○ No, thanks.

APPENDIX E - Survey Frequency Tables

Race

		N	%
White		76	55.9%
Black		27	19.9%
Hispanic		4	2.9%
Asian		2	1.5%
Multiethnic		5	3.7%
Other		3	2.2%
Missing	System	19	14.0%

How do you identify? - Selected Choice

		N	%
Male		33	24.3%
Female		85	62.5%
Other		1	0.7%
Missing	System	17	12.5%

What is your age?

		N	%
Under 18		2	1.5%
18 - 24		3	2.2%
25 - 34		14	10.3%
35 - 44		22	16.2%
45 - 54		19	14.0%
55 - 64		29	21.3%
65 - 74		23	16.9%
75 - 84		4	2.9%
Missing	System	20	14.7%

What is your household income level?

	N	%
Less than $10,000	4	2.9%
$10,000 - $19,999	3	2.2%
$20,000 - $29,999	4	2.9%
$30,000 - $39,999	3	2.2%
$40,000 - $49,999	5	3.7%
$50,000 - $59,999	10	7.4%
$60,000 - $69,999	7	5.1%
$70,000 - $79,999	12	8.8%
$80,000 - $89,999	3	2.2%
$90,000 - $99,999	10	7.4%
$100,000 - $149,999	15	11.0%
More than $150,000	22	16.2%
Prefer not to say	18	13.2%
Missing System	20	14.7%

What kind of health coverage do you have? - Selected Choice

	N	%
No Insurance	3	2.2%
Private Insurance	68	50.0%
Medicare	25	18.4%
Medicaid	5	3.7%
Other Insurance (please explain)	12	8.8%
Missing System	23	16.9%

What kind of health coverage do you have? - Other Insurance

	N	%
	124	91.2%
AARP - United Health Care	1	0.7%
Aetna Supplement	1	0.7%
Company Insurance plan	1	0.7%
Marketplace	2	1.5%
Through employer	1	0.7%
Tricare	3	2.2%
United Healthcare	1	0.7%
UnitedHealth care	1	0.7%
Work for a private physician and get free pcp	1	0.7%

Are you currently employed? (Select all that apply)

	N	%
Employed full time	74	54.4%
Employed part time	18	13.2%
Unemployed looking for work	4	2.9%
Unemployed not looking for work	1	0.7%
Retired	16	11.8%
Student	6	4.4%
Homemaker	4	2.9%
Disabled	3	2.2%

Do you have a car, truck or other type of vehicle to get to places you need to get to?

	N	%
Yes, I have a vehicle (personal, family, friend's) to use	110	80.9%
No, but I get rides from others	1	0.7%
Prefer not to say	3	2.2%
Missing	22	16.2%

Do you.... (select all that apply)

	N	%
Live in High Point	56	41.2%
Work in High Point	39	28.7%
Neither live or work in High Point	14	10.3%
Missing	27	19.9%

How much is each of the following a problem for you when you need to see a health care provider? -

Getting the health care I need when sick

	N	%
Not at all	67	49.3%
A little	16	11.8%
Some	11	8.1%
A great deal	5	3.7%
N/A	2	1.5%
Missing	35	25.7%

Having clinics and doctors close to me or within easy transportation distance

	N	%
Not at all	76	55.9%
A little	10	7.4%
Some	8	5.9%
A great deal	5	3.7%
N/A	1	0.7%
Missing	36	26.5%

Having high quality health care services available

	N	%
Not at all	59	43.4%
A little	18	13.2%
Some	15	11.0%
A great deal	8	5.9%
N/A	1	0.7%
Missing	35	25.7%

Having mental or behavioral health services available

	N	%
Not at all	50	36.8%
A little	13	9.6%
Some	18	13.2%
A great deal	7	5.1%
N/A	14	10.3%
Missing	34	25.0%

Getting health care information needed

	N	%
Not at all	62	45.6%
A little	17	12.5%
Some	8	5.9%
A great deal	10	7.4%
N/A	3	2.2%
Missing	36	26.5%

Making a health care appointment with ease

	N	%
Not at all	63	46.3%
A little	20	14.7%
Some	9	6.6%
A great deal	7	5.1%
N/A	2	1.5%
Missing	35	25.7%

Getting affordable medications

	N	%
Not at all	50	36.8%
A little	20	14.7%
Some	12	8.8%
A great deal	17	12.5%
N/A	2	1.5%
Missing	35	25.7%

In the past 12 months, how much has each of the following contributed to health problems experienced by you or anyone you live with?

Overall safety of the community

	N	%
None at all	64	47.1%
A little	9	6.6%
Some	14	10.3%
A great deal	6	4.4%
Can't say	2	1.5%
Missing	41	30.1%

Violence (e.g., domestic, gang, abuse, gun)

	N	%
None at all	70	51.5%
A little	11	8.1%
Some	8	5.9%
A great deal	6	4.4%
Missing	41	30.1%

Educational opportunities for kids and adults

	N	%
None at all	60	44.1%
A little	8	5.9%
Some	14	10.3%
A great deal	7	5.1%
Can't say	8	5.9%
Missing	39	28.7%

Job opportunities

	N	%
None at all	63	46.3%
A little	8	5.9%
Some	14	10.3%
A great deal	7	5.1%
Can't say	5	3.7%
Missing	39	28.7%

safe places for getting exercise

	N	%
None at all	50	36.8%
A little	23	16.9%
Some	16	11.8%
A great deal	7	5.1%
Missing	40	29.4%

Places for community activities/programs

	N	%
None at all	50	36.8%
A little	22	16.2%
Some	21	15.4%
A great deal	2	1.5%
Can't say	1	0.7%
Missing	40	29.4%

Access to healthy food

	N	%
None at all	68	50.0%
A little	14	10.3%
Some	6	4.4%
A great deal	9	6.6%
Missing	39	28.7%

Substance use (e.g., tobacco, drug, alcohol, HIV)

	N	%
None at all	76	55.9%
A little	7	5.1%
Some	4	2.9%
A great deal	3	2.2%
Can't say	5	3.7%
Missing	41	30.1%

Healthy housing that is safe and affordable

	N	%
None at all	69	50.7%
A little	7	5.1%
Some	8	5.9%
A great deal	9	6.6%
Can't say	3	2.2%
Missing	40	29.4%

Places for maternal and infant care

	N	%
None at all	67	49.3%
A little	7	5.1%
Some	4	2.9%
A great deal	4	2.9%
Can't say	14	10.3%
Missing	40	29.4%

Do some groups living in this community get better health care than others?

	N	%
Yes	85	62.5%
No	6	4.4%
Prefer not to say	6	4.4%
Missing	39	28.7%

What level of health care do you and your family receive?

	N	%
Somewhat worse than others	2	1.5%
About the same than others	25	18.4%
Somewhat better than others	30	22.1%
Much better than others	36	26.5%
Missing	43	31.6%

Is the level of health care available to people living in this community changing? Is it ...

	N	%
Getting worse	25	18.4%
Staying the same	28	20.6%
Getting better	11	8.1%
Can't say	27	19.9%
Missing	45	33.1%

Using the following list, please rank from greatest (1) to least (5), the main reasons for health inequities (i.e., health differences) experienced by individuals in your community.

Individual factors (behaviors such as poor eating habits, not going to the doctor, not exercising, using illicit drugs or alcohol)

	N	%
1	14	10.3%
2	13	9.6%
3	6	4.4%
4	16	11.8%
5	16	11.8%
Missing	71	52.2%

Interpersonal factors (relate to relationship dynamics such as many members of the community don’t get along, not enough positive mentors, and fractured family relationships)

	N	%
1	9	6.6%
2	17	12.5%
3	12	8.8%
4	18	13.2%
5	14	10.3%
Missing	66	48.5%

Community factors (such as lack of easily accessible health care, grocery stores with healthy foods, afterschool programs, and other community resources)

	N	%
1	6	4.4%
2	11	8.1%
3	30	22.1%
4	8	5.9%
5	9	6.6%
Missing	72	52.9%

Societal factors (reflecting population characteristics such as poverty, homelessness, crime, and racial discrimination)

	N	%
1	16	11.8%
2	22	16.2%
3	7	5.1%
4	17	12.5%
5	10	7.4%
Missing	64	47.1%

Political factors (that create legal and institutional barriers resulting in low wages, unequal access and availability of health care, and limited community voice)

	N	%
1	20	14.7%
2	13	9.6%
3	16	11.8%
4	11	8.1%
5	22	16.2%
Missing	54	39.7%

From the following list please identify the importance of each of the following actions for improving health conditions in your community. Rate them as being of High, Moderate, or Low Importance.

Increase the availability of safe, affordable housing

	N	%
Moderate Importance	10	7.4%
High Importance	69	50.7%
Do Not Know	3	2.2%
Missing	54	39.7%

Increase the availability of healthy food

	N	%
Low Importance	2	1.5%
Moderate Importance	19	14.0%
High Importance	59	43.4%
Do Not Know	2	1.5%
Missing	54	39.7%

Increase the number of mental health facilities

	N	%
Low Importance	1	0.7%
Moderate Importance	23	16.9%
High Importance	52	38.2%
Do Not Know	6	4.4%
Missing	54	39.7%

Increase the number of free or low cost health clinics

	N	%
Low Importance	2	1.5%
Moderate Importance	20	14.7%
High Importance	57	41.9%
Do Not Know	3	2.2%
Missing	54	39.7%

Provide help with navigating the healthcare system

	N	%
Low Importance	4	2.9%
Moderate Importance	20	14.7%
High Importance	56	41.2%
Do Not Know	3	2.2%
Missing	53	39.0%

Provide more unemployment assistance

	N	%
Low Importance	11	8.1%
Moderate Importance	37	27.2%
High Importance	29	21.3%
Do Not Know	5	3.7%
Missing	54	39.7%

Provide more health insurance coverage

	N	%
Low Importance	1	0.7%
Moderate Importance	18	13.2%
High Importance	61	44.9%
Do Not Know	2	1.5%
Missing	54	39.7%

Provide more public transportation

	N	%
Low Importance	5	3.7%
Moderate Importance	21	15.4%
High Importance	52	38.2%
Do Not Know	4	2.9%
Missing	54	39.7%

Better control community violence

	N	%
Low Importance	2	1.5%
Moderate Importance	20	14.7%
High Importance	54	39.7%
Do Not Know	7	5.1%
Missing	53	39.0%

Better control substance use

	N	%
Low Importance	4	2.9%
Moderate Importance	22	16.2%
High Importance	52	38.2%
Do Not Know	4	2.9%
Missing	54	39.7%

Besides providing financial resources to health-related organizations, what should be the role of the Foundation for a Healthy High Point for promoting a healthier community. (Place in order from most to least important)

Identify gaps in health care services and to help fill in those gaps

	N	%
1	21	15.4%
2	8	5.9%
3	8	5.9%
4	6	4.4%
5	5	3.7%
6	3	2.2%
7	2	1.5%
8	4	2.9%
9	4	2.9%
11	3	2.2%
12	2	1.5%
Missing	70	51.5%

Bring organizations together to collaboratively address community health

	N	%
1	5	3.7%
2	17	12.5%
3	9	6.6%
4	8	5.9%
5	4	2.9%
6	5	3.7%
7	8	5.9%
8	4	2.9%
9	3	2.2%
10	1	0.7%
11	1	0.7%
12	1	0.7%
Missing	70	51.5%

Help to train non-profit health services leaders

	N	%
1	1	0.7%
2	3	2.2%
3	8	5.9%
4	4	2.9%
5	6	4.4%
6	7	5.1%
7	5	3.7%
8	6	4.4%
9	5	3.7%
10	2	1.5%
11	6	4.4%
12	7	5.1%
13	6	4.4%
Missing	70	51.5%

Facilitate better coordination between government and social services

	N	%
1	3	2.2%
2	3	2.2%
3	4	2.9%
4	15	11.0%
5	8	5.9%
6	7	5.1%
7	3	2.2%
8	3	2.2%
9	2	1.5%
10	10	7.4%
12	3	2.2%
13	5	3.7%
Missing	70	51.5%

Support research or data collection/analysis to inform community health efforts

		N	%
1		1	0.7%
2		2	1.5%
3		4	2.9%
4		1	0.7%
5		7	5.1%
6		6	4.4%
7		3	2.2%
8		6	4.4%
9		9	6.6%
10		7	5.1%
11		12	8.8%
12		4	2.9%
13		4	2.9%
Missing	System	70	51.5%

Implement more preventative health programs that reduce chronic lifestyle disease

	N	%
1	5	3.7%
2	4	2.9%
3	5	3.7%
4	3	2.2%
5	3	2.2%
6	10	7.4%
7	11	8.1%
8	5	3.7%
9	5	3.7%
10	7	5.1%
11	5	3.7%
12	2	1.5%
13	1	0.7%
Missing	70	51.5%

Implement programs that promote more active living

	N	%
1	2	1.5%
2	1	0.7%
4	1	0.7%
5	7	5.1%
6	3	2.2%
7	10	7.4%
8	6	4.4%
9	7	5.1%
10	5	3.7%
11	7	5.1%
12	6	4.4%
13	11	8.1%
Missing	70	51.5%

Improve the availability of healthy and affordable housing

	N	%
1	5	3.7%
2	4	2.9%
3	5	3.7%
4	8	5.9%
5	5	3.7%
6	4	2.9%
7	4	2.9%
8	16	11.8%
9	5	3.7%
10	5	3.7%
12	3	2.2%
13	2	1.5%
Missing	70	51.5%

Improve the access to healthy and nutritious food

	N	%
1	1	0.7%
2	4	2.9%
3	8	5.9%
4	7	5.1%
5	6	4.4%
6	5	3.7%
7	5	3.7%
8	2	1.5%
9	13	9.6%
10	6	4.4%
11	6	4.4%
12	2	1.5%
13	1	0.7%
Missing	70	51.5%

Improve transportation choices throughout greater High Point

	N	%
1	6	4.4%
2	6	4.4%
3	6	4.4%
4	3	2.2%
5	4	2.9%
6	5	3.7%
7	4	2.9%
8	3	2.2%
9	5	3.7%
10	11	8.1%
11	4	2.9%
12	6	4.4%
13	3	2.2%
Missing	70	51.5%

Address structural racism

	N	%
1	11	8.1%
2	8	5.9%
3	2	1.5%
4	4	2.9%
5	4	2.9%
6	4	2.9%
7	5	3.7%
8	2	1.5%
9	1	0.7%
10	3	2.2%
11	14	10.3%
12	5	3.7%
13	3	2.2%
Missing	70	51.5%

Work with other philanthropic organizations to collaboratively make an impact on health and well being that is larger than any single organization's capacity

	N	%
1	3	2.2%
2	2	1.5%
3	6	4.4%
4	3	2.2%
5	4	2.9%
6	4	2.9%
7	4	2.9%
8	4	2.9%
9	5	3.7%
10	6	4.4%
11	4	2.9%
12	18	13.2%
13	3	2.2%
Missing	70	51.5%

Better ensure that marginalized groups (LGBTQ+, immigrants/refugees, religious minorities, etc.) have equitable access to health care

		N	%
1		2	1.5%
2		4	2.9%
3		1	0.7%
4		3	2.2%
5		3	2.2%
6		3	2.2%
7		2	1.5%
8		5	3.7%
9		2	1.5%
10		3	2.2%
11		4	2.9%
12		7	5.1%
13		27	19.9%
Missing	System	70	51.5%

APPENDIX F - Survey Open-Ended Responses

Health Disparities

In your own words, explain how some have better health care than others.

Access and affordability are major barriers

Access is a huge problem in our more impoverished zip codes. Our bus system is expensive and only runs M-F 8-5.

Access is impacted greatly by income/wealth

Access often correlates with financial standing. Those who have less means may be limited in access to adequate health care.

Access to care-some areas have greater access than others Provider bias-some providers make assumptions about people and their needs

access. financial inequity

Accessibility

An acquaintance of mine recently ran out of his HIV medications on a Friday and couldn't afford to buy any more until the next week. That would never happen to me, who is better off financially.

Based on the insurance company and type of insurance their are several people that get better services than others.

Better access to facilities and providers based upon insurance and economics

Better health benefits are offered through bigger companies. Smaller employers do not offer quality or good rates on health insurance.

BIPOC individuals and families clearly exhibit disparities in access to health care. This is a result of many factors including disparate income levels, proximity to health care services, racial/ethic discrimination, and others.

Depending on where you live will depend on the type of health care service you will get. If you live in a community where you are in the poverty level, many times you won't get treated correctly due to the fact that you may or may not be able to pay for the service. Majority of the times instead of really addressing your health issues, they will try to put a bandage on a deep wound and send you on your way. If everyone had the same health care and free health care maybe, we wouldn't have so many sick people waiting till they are near their death before getting seen.

Economic disparity

Families from lower incomes, often Medicaid recipients, tend to get a lower standard of care than privately insured individuals. I have experienced this personally.

First of all, I live and work in HP. although it said chose all possible answers, it only

allowed for one or the other. Secondly, I work with the houseless and access to medical and dental is very difficult. High Point's bus system is awful and public clinics are difficult to access for many. I'm fortunate to be well educated and adequately employed. Many others are not.

For individuals with lower income, there are many barriers to receiving quality health care options including, locations that take medicare / medicaid / no insurance. Being able to get to the locations due to transportation. Cost of medical and RX

Funding to pay for health care, transportation to health care, access to information about health care-all available to people with financial resources but not to those without financial resources

Health care is often linked to insurance which is linked to jobs. The better job you have, the better health insurance you are provided. When you have strong insurance you can afford all the health care needed

High quality healthcare options are a often tied to employers that offer healthcare as part of a competitive benefits package. It is viewed as a luxury for highly educated and compensated individuals. This leads to disparities that are concentrated in lower income and underserved communities.

Homeless and low income people still lean heavily on the ER for primary care; changing Medicare providers this year has caused our family a lot of anxiety and inconvenience.

HP has lack of affordable health care (and transportation to it), and especially mental health services (and especially for kids). We have money and transportation, but we still can't get mental health services for our kids in the city. We have to drive to GSO.

I had two women in my church, similar income and insurance levels, have knee replacement surgeries 2 weeks apart by the same surgeon. One was black and one was white. The white woman was given more frequent PT and offered water therapy and the black woman was not, until I called this to their attention (they know one another) and the black woman pushed for water therapy and received, but months after the white woman had it offered to her. Just ONE example and this wasn't financial at all. Both are at or below poverty line, over 60 years of age, on Medicare...

I have a primary care doctor and several specialists. That is not true for everyone. I have my own transportation. I have insurance. I have the resources to pay co-pays and I have access to the internet, and the knowledge to use it to get virtual help and find resources. That is not true for everyone, especially older adults.

I work with clients to help with health needs, and many have no insurance at all, while some even with insurance have problems navigating their eligibility of services.

I'm not affected but I do feel that HP is at a disservice for Blacks, Hispanics and other minority groups

if you don't have health insurance you may just go to the emergency room. You would also not go for prevention / annual visits because of co - pays, time off work, or lack of insurance. I have health insurance provided through work, but I also know how expensive it is for a female to be insured.

If you have a job with healthcare benefits, you have access to more doctors and options. If you are a gig worker or unemployed/underemployed, you can sometimes afford to purchase subsidized healthcare through healthcare.gov. But since our healthcare system in the U.S. is run by corporations and politicians seem to have zero interest in changing that, everyone struggles to get affordable healthcare when needed, no matter what kind of insurance you have.

If you have money and better healthcare insurance you're going to have or get better health care.

In poorer parts of high point have less opportunities

Inequity of equal access to health care services and healthy food–there needs to be affordable, alternatives forms of transportation to the automobile–safe ways to walk and bike get easily to public transportation for convenient ways to exercise, make social connections, to get around neighborhoods and around the larger community to access essential services and public investments.

Insurance barriers, access, implicit bias in medical world

It is my experience that certain health care options were more readily available with private insurance than with public insurance. Some of these options would directly affect conditions such as mental health, weight loss (and comorbidity issues that stem from being overweight), support services, and affordable medications which are not covered by Medicaid.

lack of insurance for private health providers Transportation to doctors Lack of Specialty doctors available Cost of prescriptions prohibitive

Limited number of primary care providers are accepting new patients

lower deductibles

Mainly due to the absence of health insurance, folks use the hospital ER as their "primary care physician". Others (the insured) have access to a variety of physicians and practice disciplines.

Many health care services are not sensitive to the cultural history, uniqueness, and needs of certain racial and ethnic groups. Dynamics such as historic discrimination, misinformation, exploitation and, and unequal treatment continue to shape the perceptions and practices of certain groups and become generational barriers to accessing resources.

Many individuals do not have insurance and can not affordable quality healthcare,. Therefore, some physicians will not see you if you don't have insurance. Many individuals do not have primary care physicians.

Members of our community who do not have insurance have a much more difficult

time accessing the health care they need. For others, they struggle with transportation. If they are on a limited income they can not always afford to pay someone to get them to an appointment. Finally, there are large parts of our community where there are no clinics or medical offices in the area causing accessibility issues for those without transportation.

Money

Not everyone can afford healthcare or if they do have insurance can't afford to use it. a $60 copay is still $60 gone from my weekly budget. If people have the money, and time they can generally get good care. But many places I have to take time off of work because of the doctors hours. So not only do I have to pay a good bit for care, but I also am loosing money by seeking out care. I don't have paid sick leave at my job. The cost coupled with the limited availability makes it almost impossible for me to get adequate care. There is no maintenance care. I go to the doctor for an emergency as a last option and that is it. I know that is not "healthy" but I cannot afford to miss work while also spending a good chunk of my budget. The rich have better healthcare than the poor. Those that can afford it have the access to the good doctors while others can't. I'm going to school, trying to get a "good" job. But I seriously worry that I will always be stuck in this type of position. I know what I should do for my health but I can't pay my bills with a good bill of health.

People on Medicaid get the best of care. People on Medicare get good care. Some private or group insured get good care. Single low wage males get next to no care. Single women with children get some care

People who do not have jobs or who have minimum wage jobs only often do not have access to good affordable health care. If their job does not provide insurance for example, they cannot get access to routine health care that will help ensure better health outcomes. Some are limited to the low cost health clinics (community clinic, TAPM, etc) which are better than nothing but these clinics are often over crowded, hard to get in to in emergencies and hard to get referrals to specialists.

People who don't work don't have insurance and are unable to afford health care.

People without access to technology or wi-fi, or who lack the digital literacy skills to use technology, often struggle to access healthcare (i.e., finding a doctor, making appointments, understanding test results and billing information).

Place of work and /or not working

Public Transportation in High Point is a joke. If you do not have a car then getting access to food, health care, daycare, jobs, etc. is almost impossible. We have lots of food desserts in High Point where families do not have access to healthy food. Daycare is not affordable for the average family either. All of these things tie into an individuals health

Rich people get better healthcare

Set up appointment for Covid test and was gonna be charger 150$ this was Bc it came with a "telehealth visit" 😟

Some families with school aged children may not be able to afford insurance.

Some have the opportunity to get free health care and medicine where my family is not because my husband makes the money he does but it's barely over the threshold and not really enough

Systemic racism, classism, and other such stratifications create inequities

The healthcare system is difficult to navigate. If you do not have insurance it is almost impossible. All the focus is on crisis care for the uninsured. People go without addressing health issues when they are beginning because they either don't know what to do, or there are no options for them. Our healthcare system is designed to serve the insured and ignores the needy.

The more money you have the better health Care medicines and providers you receive or have access to

The neighbors plays big part in Healthcare. The better neighbors seem to get better Healthcare and services…

The ones that can afford better gets better the ones that can't have to settle

The unemployed, Homeless and many working-class individuals are without adequate Medical Insurance and accessibility to quality Health care Services and Physicians. In addition, the cost of needed/required medications and physical exercise can be astronomical. Transportation to and from Medical Facilities and/or Clinics can also be problematic.

There are many people in our community who are under-employed and don't have insurance. They cannot afford to pay for insurance on their own, and often times are left untreated. In addition, our community has a zip code, 27260, that ranks the 5th highest for poverty in North Carolina at 39.3%. Poverty is a major cause of ill health and a barrier to accessing health care when needed. This relationship is financial: the poor cannot afford to purchase those things that are needed for good health, including sufficient quantities of quality food and health care.

They have more income earners in the home if they get better health care. More income earners will usually bring a better chance for good healthcare. The people that have poor health care usually lack the income to afford it.

Those who have health insurance, a steady income and access to healthcare are afforded better health care. The uninsured, the poor and those who struggle with basic needs do not always get healthcare at all much less quality healthcare.

Those with employer paid plans have better health care and access. Higher pay = better access to health care.

Those with higher income have more access to health care and better quality health care opportunities

Those with jobs have access to private insurance, can afford prescriptions/co-pays (sometimes), have access to reliable transportation or can travel to desired locations for health care. Individuals have are affected by other social determinants of health (safe neighborhoods, gun violence, healthy food access/ability to

keep and/or cook healthy options) these also contribute to some having better health care than others.

Those with jobs that provide health care coverage are better off than those who don't. Also, people with money have the means to find the highest quality health care.

Those with money get better health care.

Those with private health insurance have heath care readily available with above average to superior care.

Those with resources (transportation, insurance, money, etc.) have more options

Those without insurance have problems paying for health care and often don't seek it because of that and also don't take medications because of the expense.

Tying healthcare to employment inherently causes inequity. Those that have higher-paying, more respected, jobs can more easily access quality healthcare. This causes a class divide in which the lower class can't progress in thier careers, because of untreated medical conditions.

Working in High Point, I see that there are many uninsured in this area.

Health Related Issues

The Foundation for a Healthy High Point is working to encourage, support, influence, and invest in efforts that improve health and wellness throughout Greater High Point. What do you think is the most pressing health-related issue they should focus on?

Access to affordable or free primary care

Access to health care for all, regardless of employment status.

Access to healthy food and increasing wages

Access to mental health/substance use disorder resources.

Access to things for families.

Active community

Advocate for Medicaid expansion for low-income adults, ensuring they have access to comprehensive care. States that have expanded Medicaid have experienced lives saved and health conditions managed better than states that have not expanded Medicaid.

Affordable Health Care Accessibility to Healthy Food

Affordable health care provided by people they can trust

Affordable housing, transportation, and jobs – if people have these, they can get food, they can get to clinics, they won't engage in as much crime.

Affordable housing.

All people having the same and equal access to healthcare

As all of it is related I think that we should starting looking at how we can get healthier food, medical care, mental health support, and other support services in hubs so that transportation is not as big an issue. You cannot say one is more important than another because they are all part of the bigger problem of poverty. Personally I don't think we will be able to solve the transportation issue because of the funds needed and the lack of political willpower.

Child hunger

Childhood drowning.

Covid seems kind of obvious. 2 years in and no end in sight. High point can also have drug issues at times. I think people need their basic needs met. People need food, clothes, and shelter. You can't do much without those. I am struggling just to maintain those three things. Health isn't even on that list. Until those basic needs are met, health won't be a priority. Not to mention, not having basic needs means more stress which we all know is bad for you. It is just a cycle of not enough.

Declaration of racism as a public health crisis in High Point/Guilford County– working to unravel how this racism is embedded in every system including the health care system. Zeroing in to birth– how women birth, where, what support they receive and then working the pipeline up through early childhood, elementary and access to HS/GED and college.

Disparities between the level and access to healthcare that white people get versus what people of color get. Many factors go into that and it is not an easy solution but I think we have to at least acknowledge that in general white people get better healthcare than people of color.

drugs - opiods etc., but also including tobacco / vaping with youth obesity

Equitable access to healthcare for ALL members (this includes immigrant communities)

Exercise, healthy eating, being active and not be passive about your health. Need to be proactive.

free healthcare

Funding for the Community Clinic is essential!

Getting access to reasonable health care at a reasonable cost. Due to the spike in COVID cases, the hospital is even less the place for "primary care".

having children outside of marriage

Health equity

Healthcare inequities

healthy habits among youth

High cost of medical care.

Homelessness and mental health, also transportation to provide food to clients who are home bound.

Housing

Housing issues

Housing related issues, i.e., lack of affordable housing, assisting those who are experiencing homelessness, etc.

Hunger

I believe that individuals should immediately have better access to places to work out and be active. Individuals should be able to access affordable healthy foods with a vast reduction in food deserts.

I believe that the most pressing issue is making sure that individuals have access to affordable healthcare and medication from an equity standpoint. Decrease in food deserts and education on healthy

diet/lifestyle on the individual's level of understanding, which is another equity issue. Transferring power back to the individuals who's lives are directly affected by these issues. (i.e., how does lack of adequate and safe transportation affect mental health? What do you need to solve this problem?)

I believe the focus should be using data and community input to justify program development. I often see "academics" talking to other "academics" about programs that are intended to serve people who aren't in the room. Zoom presentations and conference speeches are great, but there seems to be a missing link between the information and the people that are needing the help. Maybe there isn't a need for more programs. Maybe we need to retool existing programs to better address existing needs.

I think the most pressing health related issue is the fact that we do not have healthcare for everyone. It's is important as humans to go to the doctor to get checks ups when needed and not everyone has that opportunity .

Immediately, I believe mobile health units would work to eradicate some of the disparities in health care. Basic testing, such as heart disease, diabetes, etc., could be done through mobile testing. If these chronic diseases are detected, individuals could be assisted with where to go or a plan of action. Long range, I believe helping individuals rise from poverty is key. This will be a long process that encompasses financial literacy, affordable housing, livable wage, crime reduction and more. The living wage is the amount of income determined to provide a decent standard of living. It should pay for the cost of living in any location. It should also be adjusted to compensate for inflation. The purpose of a living wage is to make sure that all full-time workers have enough money to live above the federal poverty level. The minimum wage is the wage mandated by law, to keep employees above the poverty level in their area. However, the minimum wage is simply not enough to provide one with the means to live. It also is not enough to cover medical, auto, or renters and homeowner's insurance.

In our area (southern High Point/Allen Jay neighborhood) everyone is afraid after dark. We frequently hear gunshots in the neighborhood, and police can't do much about it. Without major gun control reform, I don't see too much change. I have contacted the mayor and Nido Qubein about the possibility of installing ShotSpotter technology in parts of the city, so that police can accurately locate where shots are being fired. Alcohol abuse is another big problem. I pick up roadside trash for the mile+ in our neighborhood every month, and gather hundreds of empty alcohol containers of all kinds (as well as occasional empty syringes).

Increased Access to Affordable Health Care, Insurance and related needs.

Individual health habits and access to health services.

Lack of access to food (food desserts), lack of access to affordable housing, lack of transportation, lack of insurance, lack of low cost health care and free or reduced medication. Mobile clinics and pharmacies in the lower income neighborhoods would help

Lower income citizens need to better education on how to navigate our healthcare system. We need education on what programs are available to those in need as many are unaware.

Lower the cost of healthcare

Making community more aware of benefits in or near their communities.

Managing chronic diseases better through convenient ways to exercise through improved community design, improved environments, and easy walking and biking access to parks, schools, mass transit essential services and public investments especially in low-income, inner-city communities.

Many factors affect health and wellness, including education level, income, crime, and housing. In our 27260 zip code, 50% of the residents have no vehicle with 18% unemployed.. The average life span is 17 years LESS than residents in north High Point. I think that reducing barriers to adult learning/education/ apprenticeships/ workforce training are our most pressing community issue. Good jobs provide a good income which in turn provides community stability, including health-related issues. At least a high school reading level is critical for educational access for our marginalized citizens (including our rapidly growing immigrant communities) yet many of our adults cannot access good jobs because of their low literacy skills. The community colleges often do not have the resources to serve our low literacy adults, many of whom ARE working. Workforce readiness requires higher literacy than ever before. Community partnerships with LEAP, Reading Connections, GTCC (RTC, DCCC, FTCC), the City of High Point, child-care providers, GCS, GC Health Dept, new healthcare providers like Triad Adult & Pediatric Medicine, and many others are critical to serve the needs of these residents. Serving them serves us all.

Mental health

Mental health issues are on the forefront right now. More should be done to reach juveniles in the schools.

Mental health services

Mental health services, especially for children

Mental health services, which in turn impacts physical health, employability, educational achievement, family and housing stability, and community crime and violence.

Mental well being of children.

More affordable healthy food and healthy food stores.

n/a

Poverty, de-coupling income and quality of care, counterbalancing the influence of insurance companies in healthcare, universal quality healthcare

Providing more support in improving health.

Social Emotional health for all ages, especially children is increasing rapidly and this has an overall affect on ones overall health.

Stability with fulfilling basic needs (housing, food, healthcare).

Substance abuse

The social determinants of health - particularly income levels, availability of affordable health insurance, patterns set in early childhood, and enhanced assistance in navigating the complex health care system that currently exists.

There are so many things that influence a person's health that this question is difficult! I feel like it all boils down to our hierarchy of needs. If a person does not have stable food, water and shelter I'm not sure how they can attain health or even think about it for that matter.

They need more Healthcare facilities for people who don't have Healthcare coverage.

Unfortunately, all the issues I see in my work are connected. However, I do see that one of the biggest cost burdens for many folks is the unaffordable housing that takes up so much of their budget that they're unable to afford many other things. I think that's therefore one of the largest concerns.

Universal health care or health clinics with a sliding pay scale. These should definitely include less accessible procedures like screenings and birth control

We need more test done around all factors

We need to focus on the parents as well as the kids. We need to help parents overcome the trauma that they had to grow up in that has crippled them into being better parents. We need to educate kids and parents on a healthier lifestyle. Instead of always assuming someone is always mean, asking or pointing them in the right direction to asking for help. A lot of people don't know where to go to find help. How can we help when we have been raised to not say anything about what happens at home?

Youth related delinquency/violence ages 13-23

Other Health-related Input

Is there anything else you'd like to tell us about how to help people in your community live healthier and safer lives?

Addressing housing issues helps to address other health related issues.

As a self employed individual (that option wasn't specified), I believe the community where I live would benefit from learning how to become entrepreneurs. Although that wouldn't totally change the circumstances discussed earlier, it would certainly raise self worth and well being. A sense of well being is directly linked to good health and positive outcomes.

Be more Proactive. Be Less Reactionary. Be more Responsive. Seek to effect Healing, in Spirit, Soul and Body, for ALL, not just some.

Competition among health care services for the impoverished needs to be eliminated. Not enough services for them. There are enough of them to go around! Would like to see physicians giving more time - after the virus abates.

Confront head-on the narrative that poor health outcomes are the result of individual choices or bad moral character. People need to understand health is about society, racism, political choices we've made, etc.

Design communities for walkability and safe ways to access parks, schools, mass transit, shopping, continuing education, and health care providers.

Don't just pay lip service to helping people; put some teeth and accountability into any policy changes and/or partnerships. This effort needs to be more than a Public Relations press release and a way for upper management to check off a box on their annual performance review. Countless foundations and nonprofits have gone down this road, and very little boots on the ground work is to show for it. Diversify staff and MANAGEMENT of organizations

tasked with addressing these issues. Good data and accountability measures are imperative to success in these endeavors.

Food insecurity and homelessness remain the issues underpinning an unhealthy community.

have a representative of Healthy High Point might want to join the Guilford Continuum of Care through Partners Ending Homelessness. Website is pehgc.org We work to end homelessness but having a home does not mean you have access to health care, food, or medication

Housing is very important, but there are other organizations working on those needs. Building a network of services to improve overall health in the greater community is needed. Only wealthy people can afford good healthcare especially mental health and substance abuse services.

Housing, employment and education

I cannot emphasize enough how critical it is to expand Medicaid for low-income adults. In particular, African-Americans are suffering disproportionately compared to whites due to a higher burden of poverty and lack of health coverage. Expanding Medicaid would help reduce preventable African-American deaths.

Less criticism making others feel less if they don't have as much

Make sure to state facts plainly that are reasons for community problems. Tell the truth. No sugar costing. Just the truth. Life decisions have huge impact on life.

Making ppl more healthcare literate. When you know better you can do better

more transportation for people to get healthy food

N/A

no

No.

No...thanks for addressing these issues

People are struggling right now. Family and friends, it is all over. Covid really shown a light on how "unhealthy" some people have to live/survive.

Resilience High Point data has been very important to this process. Thank you to UNCG Center for Housing & Community Studies for its excellent leadership.

Safety is a huge concern in my community. There are some individuals who won't leave their homes due to the surrounding communities being so violent and unsafe. I believe that bringing mobile vegetable trucks to the neighborhood would have an awesome impact on those affected by food deserts and lack of healthier food options.

Start treating all the same. Stop pushing racial divisions.

Support and ensure funding impacts direct services for children and families in need! Coordination of service providers is needed....lots of non-profit agencies are doing great work, but can appear disjointed or overwhelming for a family in crisis.

Thank you for all the great work you do to make High Point a better place!

Thanks

The best thing that we can do is continue to bring agencies and programs together that are working to impact these issues. Unless we address poverty all of these other efforts will be in vain.

We continue to create programs that solve surface level or "fish" problems (according to REI framework), somehow we have to look at the entire lake and

establish policies, conversations, initiatives that work to address the whole. HP has GREAT resources but often likes to keep it so that the rich pay for the poor to survive.

We really need to address the issues and not just put bandaids on the wounds after they've happened. One example that I am living with now is public transportation. I have a young man working for me who does not have a car. He is dependent on the buses. He is unable to work certain shifts or has to take Ubers (which he really can't afford) to get to and from work because buses stop running at 6 PM and his shift goes until 8 pm. There is also a bus driver shortage which means the bus schedule isn't exactly reliable so he may get to the stop in what he thinks is plenty of time for the bus only to find the bus came 15 minutes early. Fortunately for him I understand these struggles and he is not being penalized for being late because I am able to work with him on this but not everyone has that option.