EXECUTIVE SUMMARY

An Assessment of Social Drivers of Health *in High Point*

THE FOUNDATION FOR A
HEALTHY HIGH POINT
Leadership for change

July 28, 2022

Dear Partners and Community Members:

The Foundation for a Healthy High Point has worked in tandem with nonprofit organizations and other service providers across the Greater High Point community since 2013 to transform the health of our neighbors and residents.

Established from the merger of High Point Regional with UNC Health System in 2013, the Foundation seeks to find ways to enhance the impact and outcomes of the work we support by addressing social determinants of health and focusing primarily on the most vulnerable populations. We are grateful for the many collaborators and partners that have been part of that journey and proud of the successes that we have helped fuel. Of note:

- We have funded 130 individual grants—an $11,596,508 investment in the Greater High Point community.
- The Foundation has been part of successful efforts and helped to drive service start-ups, expansions, and program enhancements, strengthen interagency partnerships, and build nonprofit organization capacity.
- We have served as a catalyst, helping to grow maternal health funding and expand critical infrastructure to support our families and children.

As we now approach our **10th Anniversary**, our Board and staff felt it appropriate to reflect on our work and the intended impact deeply. The COVID-19 pandemic has highlighted gaps in services, access, and equity for some of our neighborhoods. We continue to see deep disparities across ethnicity, race, national origin, gender, age, and other social factors. Many members of our community experience a lack of access to nutritious food, mental health care, safe neighborhoods designed to encourage physical activity, affordable housing, and medical homes that can provide primary care and coordinate specialty care. Our education systems remain underfunded and inadequate for our lower-income students, and we still have far too many residents who cannot make ends meet off hourly wages.

Working with a team of social science experts, the Foundation has taken a deep look at our funding efforts. Taking input from residents and stakeholders, we incorporated community health data, economic data, and voices of lived experience to form our new Strategic Direction and updated Mission, Vision, and Values. We are excited to share an Executive Summary of An Assessment of Social Drivers of Healthy in High Point with the public. This study goes beyond the medical or disease prevention approach and focuses on upstream issues contributing to poor health. The information and findings are intended to be a resource for our community partners and will inform how the Foundation will carry out its work. The report identifies five social determinants of health affecting Greater High Point. We invite you to join us in addressing these critical drivers of health:

- Economic stability and mobility that will move families out of poverty;
- Education Access and Quality that increases readiness to learn and attainment (performance and graduation);
- Social and Community Context, focusing on neighborhood connectivity and strengthening access to available resources;
- Neighborhood Conditions and Built Environment, such as housing, transportation, and safe communities;
- Healthcare Access and Quality, particularly for mental health.

We believe this study provides an evidence-based framework and clearly outlined recommendations for improving social influences on health across Greater High Point.

For too long, we have been transfixed by the enormity of the problems. As we come together around a set of issues and priorities, we can then begin to make more progress on solutions and remedies. We approach the findings identified and the resources we bring to bear with a sense of urgency. We recognize the resiliency of individuals, families, and communities. We challenge those who have been tackling issues raised in the report and those fighting for improvements to stay at it, and we invite others to join us. There is a desire and energy in our city to work on the causes of why things aren't improving or getting worse for some. We affirm our commitment to working collaboratively to move people forward.

In hope and gratitude,

Curtis Holloman, MA, MBA
Executive Director/CEO

July 28, 2022

Dear Readers:

I am thrilled that the Foundation for a Healthy High Point is sharing this *Assessment of Social Drivers of Health in High Point* with community partners and residents of the Greater High Point area. Having gathered the information in the report and talked with dozens of community leaders and residents, I understand that High Point has a strong sense of community identity and pride. Many citizen groups, nonprofit organizations, and other agencies are committed to making the city a better and healthier place to live. High Point's diversity is its strength, and there has been recent economic development and growth momentum, affording more resources and assets to the community. The Foundation for a Healthy High Point has already played an important role by supporting early childhood readiness, improving maternal and child health services, providing funding for family and social support systems, and carefully studying the underlying causes of health disparities.

While there have been some improvements, many communities are yet vulnerable to complex inequities that have grown over generations in High Point. In this report, I detail how social and economic mobility has been limited for some low- and middle-income neighborhoods. These neighborhoods have experienced the lasting influences of intergenerational poverty, health risks from poor environmental and housing conditions, and other social problems such as high rates of opioid overdoses, Adverse Childhood Experiences, and community violence. These same neighborhoods in High Point have been recognized as food, transportation, and medical deserts, exacerbating the conditions of poverty and contributing to many of the social and health issues concentrated in these areas. The outcomes are chronic illnesses such as diabetes, hypertension, and heart disease; respiratory issues such as asthma and COPD; and poor self-reported mental health.

This report attempts to capture the importance of social determinants of health outcomes. I underscore throughout the assessment that resource inequity and structural impediments are the underlying factors impacting community health. Some of the barriers emphasized in the many interviews, focus groups, and surveys of residents include access to transportation, affordable quality childcare, affordable and safe housing close to employment opportunities, broadband internet access, and programs to address criminal history and support justice-involved communities.

The Foundation for a Healthy High Point has listened to residents, social service, and healthcare experts. The community health data collected in this report can be used to improve health policy and address the gaps in need. The Foundation has pivoted toward prioritizing solutions to health issues by addressing the social and community context and improving the conditions of neighborhoods and the built environment. However, it will take the efforts of the many committed nonprofit health and human services agencies, local government leaders and policymakers, the business sector, residents, and philanthropy to fully address the social drivers of health in High Point.

Sincerely yours,

Stephen J. Sills, Ph.D.

CONTENTS

INTRODUCTION 1
GUIDANCE FROM FHHP BOARD 2
COMMUNITY OVERVIEW 4
SOCIOECONOMIC CHARACTERISTICS 4
KEY DEMOGRAPHICS 5
COMMUNITY HEALTH CHARACTERISTICS 6
CDC PLACES DATA (2020) 8
COMMUNITY INPUT 9
POSITIVE ASPECTS OF HIGH POINT 9
HEALTH PROBLEMS IN THE COMMUNITY 10
SOCIAL DETERMINANTS OF HEALTH (SDOH) 11
Economic Stability 11
Educational Opportunities 12
Healthcare Access 13
Neighborhood and Built Environment 14
ISSUES OF HEALTH EQUITY 18
RECOMMENDED SOLUTIONS 20
ROLE OF FHHP IN SOLVING SDOH 23

INTRODUCTION

The Foundation for a Healthy High Point (established in 2013) encourages, supports, influences, 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 investment areas. We seek to find ways to enhance the impact and outcomes of the initiatives the Foundation supports as we address social determinants of health (SDOH) and health equity.

To inform this process, we engaged the National Institute of Minority Economic Development's Research, Policy and Impact Center and the UNCG Center for Housing and Community Studies to provide technical assistance and conduct community research. We needed a better understanding of our community members' current health care utilization, including where 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.

We collected input through interviews, focus groups, and survey research with health care providers, public administrators, nonprofit staff members, resident leaders, and philanthropic organizations. Additional data came from local agencies, the local health department, and 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. This report follows the Community Health Rankings Model (see Figure 1 next page) and aligns with the Healthy North Carolina (HNC) 2030 goal.[1]

Our findings can be used to raise awareness about the current state of healthcare access, assess healthcare needs and gaps, and develop recommendations to improve health equity throughout High Point.

[1] See https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread.pdf

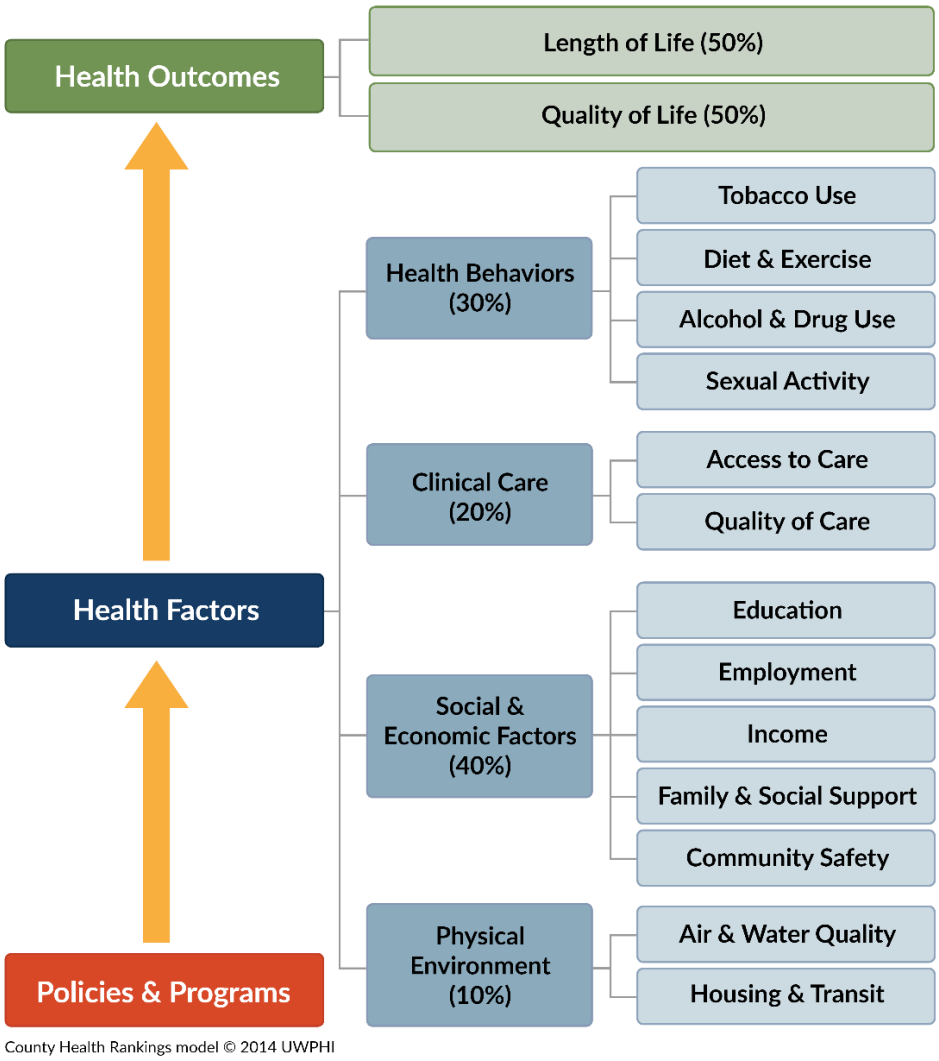

Figure 1. Community Health Rankings Model, University of Wisconsin Population Health Institute.

GUIDANCE FROM FHHP BOARD

Before collecting community input, we first queried The Foundation for a Healthy High Point's Board of Directors. We asked the board what they felt were the most pressing health issues facing High Point area residents. They identified a series of issues reflected in our other data collection activities, including economic vitality and mobility, access to primary and specialty medical care, addiction/substance misuse, COVID-19 vaccination, food insecurity, well-paying jobs, homelessness, infant mortality, lack of health insurance, and mental/behavioral health issues.

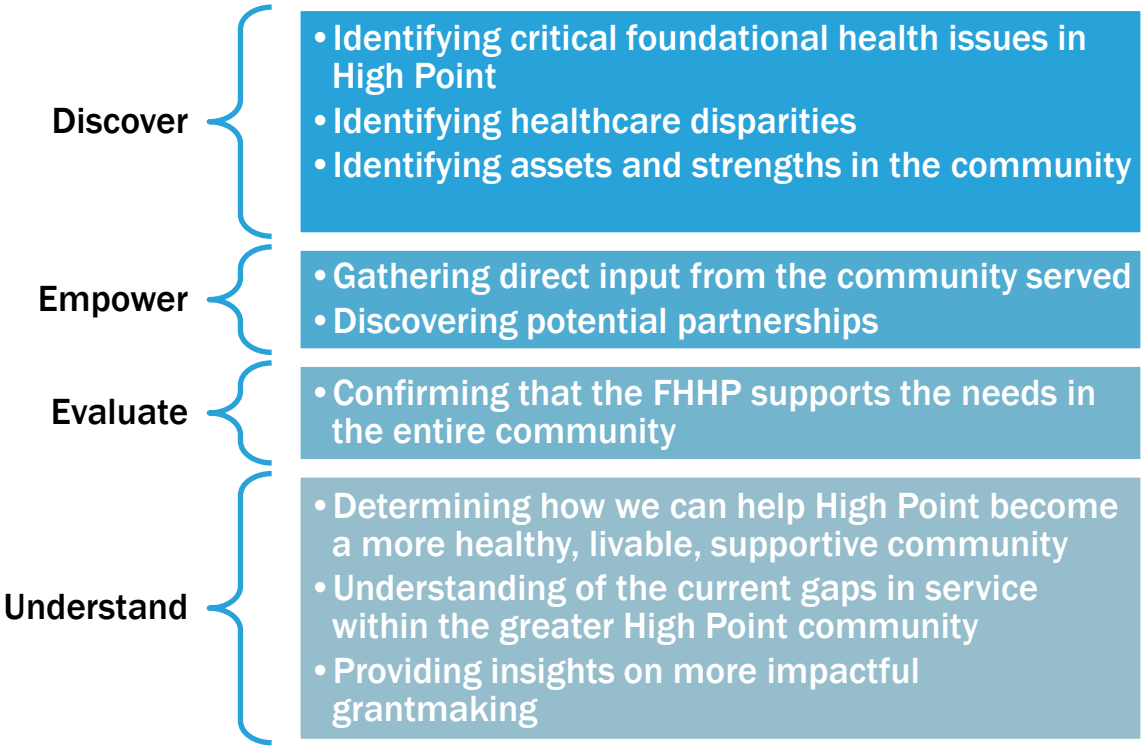

Figure 2. Board Identified Goals for Needs Assessment

Next, we asked the board members to identify their goals 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.

Finally, we asked board members to identify data points and sources to cover in the needs assessment. They recommended including the following information: 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, and information about food insecurity. The board also asked to identify duplication of services and where the gaps in service exist, but we didn't include that in this report. We recommend completing a full community assets mapping process to update the one done in 2017.

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. High Point has a population of 113,056 residents, an increase of nearly 30% since 2000.

SOCIOECONOMIC CHARACTERISTICS

- The population is more racially and ethnically diverse than most areas of North Carolina. Almost 14% of High Point residents are foreign-born. The populations identify as 49% white, 35% Black or African American, 8% Asian, and another 8% being another race. About 11% of the population is Hispanic/Latinx.
- 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."
- The median household income in High Point is $45,453, 17% lower than the rest of the state and barely 2/3 of what is needed to meet the cost of living.
- Four Census Tracts in High Point were designated as having persistent poverty.
- About 1/4 of households live on less than $25,000. 21% of the population receives public assistance, food stamps, or SNAP – significantly higher than the NC average of about 14%.
- 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.
- Unemployment rates are slightly higher than the state: 5.1% compared with the state level of 4.4%.
- Of those employed, 24% work in educational, health care, and social assistance, 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%

COMMUNITY HEALTH CHARACTERISTICS

- Atrium Health Wake Forest Baptist High Point Medical Center serves High Point, and many service providers are in the same Atrium health system.
- Almost 90% of our residents have health insurance coverage: 44% employee plans, 19% Medicaid, 11% Medicare, and 15% non-group plans or military benefits.
- Residents spend $850 on medical care and an average of $160 on prescriptions out-of-pocket annually.
- Low birthweight and disproportionately high infant mortality rates exist among Black or African Americans. Black or African American babies accounted for 42% of births but 66% of infant deaths.
- In terms of chronic illnesses, as much as 33.8% of the population 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.
- Most 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 next page). Many neighborhoods in the Core City area are deemed "High Risk" for lead exposure.
- About a quarter of High Point residents indicated they had experienced depression or anxiety, and 15% have chronic mental and/or physical health concerns.
- High Point had 22 heroin overdose deaths (and 245 overdoses overall) in 2021, up from 12 deaths the previous year.
- High Point has one of the highest crime rates per population among cities of similar size in the country.
- Only about 60% of Guilford County residents (323,454 total) are fully vaccinated, and vaccination rates are highest in the areas north and west of High Point.
- The county's top two leading causes of death are cancer and heart disease, which accounted for about 39% of all deaths in 2019.
- Unintentional injuries were ranked the third leading cause of death in the area. Homicide and suicide were also leading causes of death, particularly among those under 40 years old.

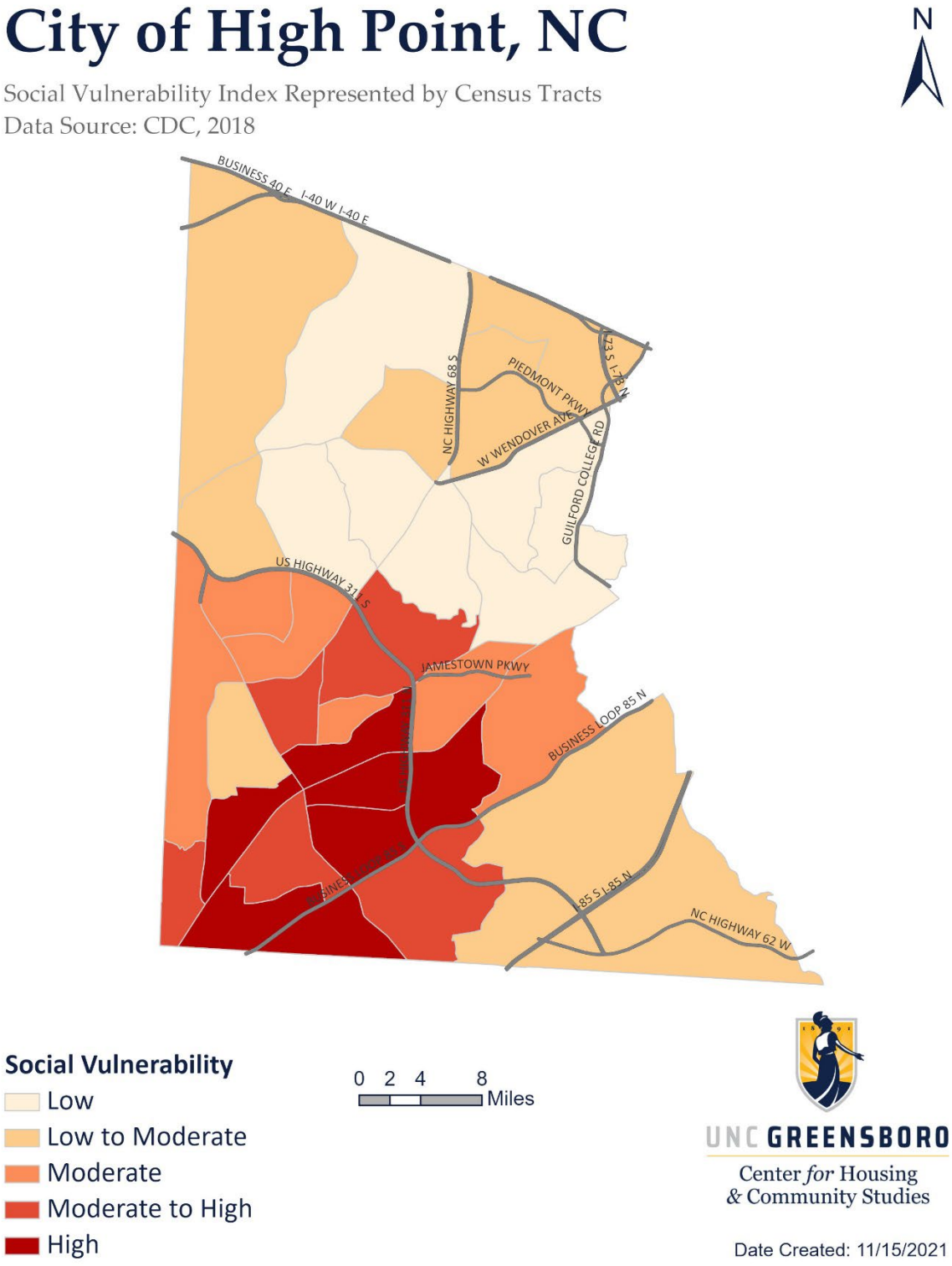

Figure 3. CDC Social Vulnerability Index

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 were screened in the past five 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%

COMMUNITY INPUT

In the first phase of our data gathering, we conducted semi-structured, in-depth one-on-one interviews of healthcare stakeholders. We interviewed eleven people representing organizations from the governmental, nonprofit, healthcare, and justice sectors. For the second phase, we convened focus groups, or "listening sessions." Twenty-eight individuals attended, including resident leaders of neighborhoods in health-impacted communities, nonprofit leaders at stakeholder organizations, and staff of philanthropic organizations. Finally, a *Health Equity Assessment Survey* was used to solicit feedback from the broader community. A total of 136 respondents completed the survey. The participants offered varying perspectives and outlooks. We asked questions about the quality of the health care system, disparities in health care between different groups, the social determinants of health, and solutions that might improve access to health and health outcomes. Following is a summary of the most relevant themes, statistics, and quotes that emerged from these interviews, focus groups, and surveys and represent themes across the data collection.

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." 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."
- 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 hopeful about the future of our city."
- High Point's other positive assets included the furniture market, which brings people to the city, and new economic development efforts centered 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 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 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, eating better 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 are opportunities to go anywhere and exercise and do all kinds of things."

HEALTH PROBLEMS IN THE COMMUNITY

In all forms of data collection, we asked respondents to reflect on health problems they knew of in the community. We heard similar information to the CDC and Health Department data presented in the previous section: chronic lifestyle diseases of diabetes, hypertension, and heart disease; respiratory issues such as asthma and COPD; and poor mental health.

- One resident leader said, "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."
- One medical professional noted, "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."
- Said another respondent: "The biggest problem in High Point will probably be mental health, which covers mental health and substance use disorders...if we start to address the underlying issues, we can fix the things we see."
- Likewise, another participant added, "I think there's just so much mental health going on out there, I just don't think we have enough resources to be able to take care of everyone that's out there, and when you start talking about your social workers or your caseworkers 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 8 to 10 weeks, sometimes 12, it's not doable. And that can mean the difference in someone being hospitalized or not."

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Figure 4. Social Determinants of Health

We spent a significant amount of time discussing the challenges High Point faces, especially 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. One participant noted that the built environment also played a role: "You have a medical desert, you have a food desert, these things are kind of on top of each other." Chronic diseases, food and healthcare deserts, low wages, community violence, and chronic brain diseases, like addiction and other mental health disorders, were all discussed in relation to these social drivers.

Economic Stability

Poverty is a root cause of health disparities in High Point. Limited economic opportunity, such as employment that pays a liveable wage, leads to other issues such as poor diet, lack

of healthy lifestyle habits/leisure exercise, housing affordability, high stress, lack of quality family/relationship development, and inconsistent or nonexistent health management.

- As one participant exclaimed, "Low-paying jobs! Lots of low-paying jobs or no jobs!"
- 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."
- One participant in the philanthropy listening session noted the need for better-paying jobs and a developing initiative to address the issue, "We need people with higher incomes so that they can have better access to housing and transportation and food.... And so, Guilford Jobs 2030 I hope will achieve what we want, a county-wide 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 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 in our bellies, they start kindergarten two years behind."
- One nonprofit leader explained, "I mean education cannot succeed until you start with that child in the womb and integrate the services around what the family needs. That child starts healthy and on track to be ready for school so that all of those things are happening. That's another important county-wide system change effort that, you know, is progressing and needs to be supported 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: it prepares children for school and provides childcare for working parents. One resident said, "Childcare is very, very expensive. Many people don't work because, by the time they pay $1200 a month for a child that's under a year old or a 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."

Healthcare Access

Healthcare access came down to two key issues: availability of clinics and physicians within an accessible distance and health insurance coverage.

- 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."
- A resident said, "A lot of people don't have health care coverage, and 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 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 and can't afford it. And she's taking care of a lot of family members, so she can't afford it after even the knee surgery."
- These issues impact low-to-moderate income individuals. As one health care provider explained, "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 a challenge."
- The lack of providers was also a concern. One nonprofit leader said, "One of our concerns is that it's hard to get a primary care physician. If you have Medicaid, there's just no PCP for that."

- This lack of Medicaid Expansion in North Carolina came up repeatedly among nonprofit and philanthropy groups, "{it} is a big hole that you know {expansion} would fill. Not for everybody, but 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's just not a lot of providers in High Point. And all the providers that are here are full."

Neighborhood and Built Environment

We asked participants to tell us how their neighborhood conditions and the built environment affect health in their communities. They discussed: the need for affordable, sanitary, and healthy housing in safe neighborhoods with high levels of opportunity; the lack of adequate food and health care located within poor communities; and issues with a lack of transportation to services or better location of services within communities of need.

Transportation

- Transportation came up in every meeting and interview. According to one nonprofit leader, "35% of our population is without access to vehicles that need mass transit."
- 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. "I think that inherently in High Point, we have some challenges, and I think there are transportation issues. And you know we're not like a New York City that's got constant public transportation available."
- Participants said that transportation to and from medical appointments is difficult, but also that transportation impacts all other areas of life: "in our community, transportation is really the deal-breaker...whether they can get to the job or not."
- Another said that transportation is especially critical for immigrants and refugees, "the accessibility of services, because of transportation, especially working with the immigrant population, that limits the areas in which they can resettle to the area and live in the area, because they need to have access to both employment but also medical care, as well."

- Mass transit and walking are not feasible alternatives. One neighborhood leader noted, "our communities are not designed to walk, and everybody knows that if you just could get out and walk easily...."
- 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."
- Another transportation-related issue for healthcare and jobs was that many High Point residents must go to Greensboro for work or care. One resident explained, "People have 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. "Actually, if someone in High Point has to go to Greensboro, the transportation, there's just that it's difficult to take PART and get into downtown Greensboro, so we often find some services unavailable in High. Point that are in Greensboro."

Food Access

- 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 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.... it is huge, is still a huge problem. Food prices are going up."
- While a pressing issue, food security has improved and has received significant resources in the last few years. According to participants, what is needed now is an upstream investment in transportation, retail food access, and culturally appropriate foods available for all communities.

Housing

- Housing was an issue of universal concern. Said one participant, "there's a real lack of affordable housing."
- 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.
- "One of the things that we see is that the lack of affordable housing is impacting the children's education," explained a nonprofit executive, "because they rotate in and out of the schools multiple times a year. So, they're not in the same school throughout a whole school year, so that's really impacting their education."
- Housing quality is also a concern: "... 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."
- In the last two years, housing market conditions have increased prices. Some participants felt the hikes were unreasonable: "Where I live these property management {companies} they're taking advantage of people, and they're raising rents, some up to 20%. I just got a new lease agreement, and I almost had a heart attack, and where I live, they're charging $225 more on a year's lease."
- 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 living at this level.
- A City official expounded on housing conditions 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 general environment that families in lower-income areas are exposed to. You're talking about mold growth, and if we just talked about mold, you know, very few code enforcement offices are equipped to respond to the presence of black mold."

Social factors impact health

Social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping these conditions. These factors account for between 30-55% of health outcomes.

Economic Stability

- Poverty is a **root cause** of health disparities in High Point, 18% of individuals live in poverty.
- "Low paying jobs! Lots of low paying jobs or no jobs!"
- Non-white respondents were **more likely to indicate having some to a great deal of trouble** having good job opportunities in High Point.
- The median household income in High Point is **$45,453** as compared to $54,602 in North Carolina.

Education Access & Quality

- 40% of adults in High Point have only a **high school education or less.**
- "Education cannot succeed until you start with that child who's, who's in the womb and and and **integrating the services around what the family needs.**"
- "Childcare is **very, very expensive** a lot of people don't work because of it"

Social & Community Context

- The elderly, refugees, non-white communities, LGBTQ+ populations, individuals with intellectual disability, and specific areas like Census tract 143 were identified as communities **experiencing inequitable health outcomes.**
- Survey respondents ranked **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.
- "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.**
- "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.**"

Neighborhood & Built Environment

- Almost half of the population in High Point rents their home, and **50% of those renters are cost-burdened,** spending more than 30% of their income on rent and utilities.
- "property management, **they're taking advantage of people** and they're they're raising rents, some up to 20%"
- "...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"
- "35% of our population **without access to vehicles.**"
- "You have a **medical desert**, you have a **food desert** right these things kind of the on top of each other."

Health Care Access & Quality

- 10% of High Point residents have **no insurance**; 21.5% of residents **do not** get annual check ups
- "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.**"
- "...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."
- "{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."

Figure 5. Social Determinants in High Point

ISSUES OF HEALTH EQUITY

Throughout our conversations, listening sessions, and surveys was an underlying thread of health inequalities. We understood that race, ethnicity, sex, gender, sexuality, immigrant status, and other social statuses lead to inequitable health access or outcomes. 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 participant said, "I think you know; obviously, health and equity are complex challenges, 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 socioeconomic resources."
- "We're dealing with complex inequities over many generations with a one-time generation solution. We frequently see 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."
- A majority (87.6%) of the survey respondents reported that they believed that some groups get better health care than others.
- Non-white survey respondents were more likely to indicate having trouble finding safe places for getting exercise, having educational opportunities for kids and adults, having places for community activities, and having good job opportunities (see figure next page).
- Non-white survey respondents also experienced more significant barriers to care than white respondents. 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.

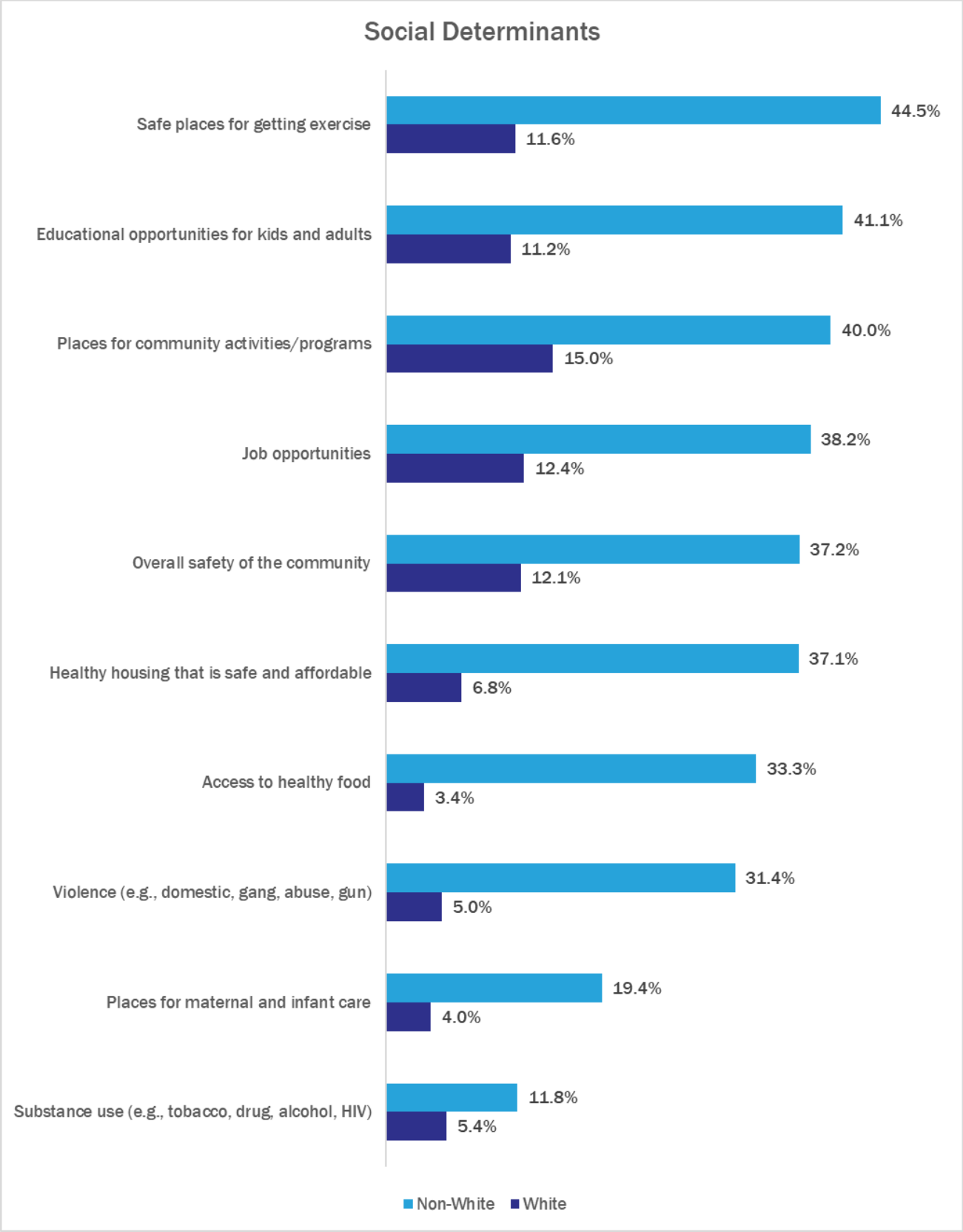

Figure 6. Social Determinants of Health in High Point by Race

RECOMMENDED SOLUTIONS

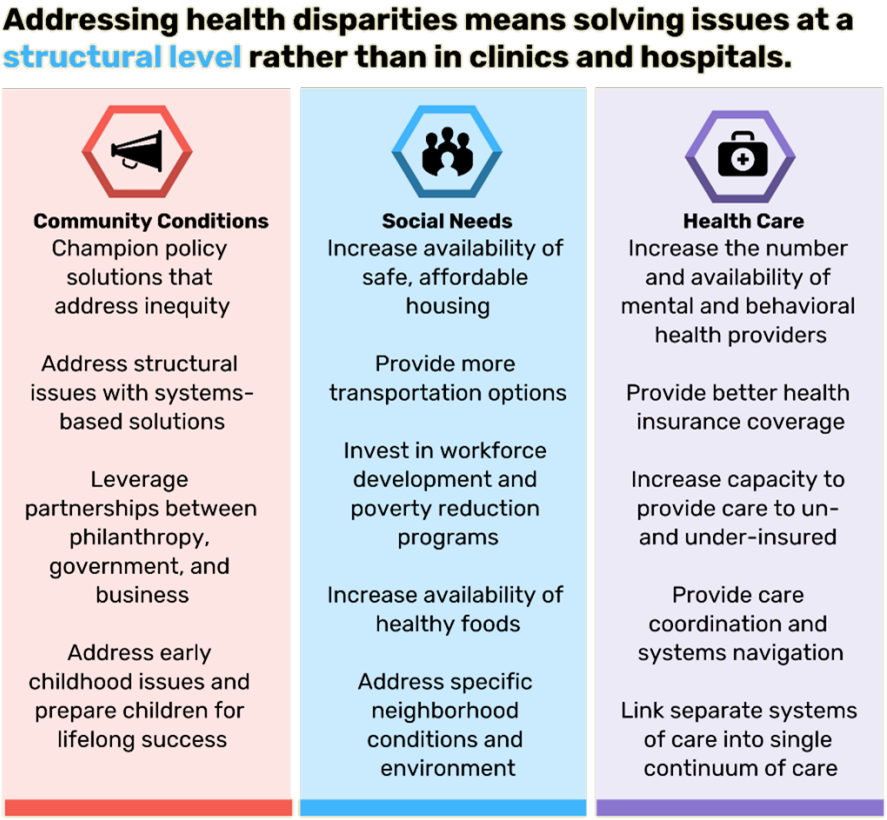

Figure 7. Moving Upstream in Solving Health Issues

We asked interviewees, focus group participants, and survey respondents for their input on solutions to these community issues and 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; addressing economic issues through workforce development; addressing 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.

- 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 physically. I would say open and free health care for people… If you're feeling sick, [you] 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 they have to pay to go 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."
- A critical component of solving poverty and economic hardship is workforce development. One philanthropist talked about the need for more skilled trade programs in 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."
- 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 folks to give them access to capital so that they can create these businesses."
- Participants suggested improving access to transportation with extended hours and more bus routes.
- Similarly, an approach would be co-locating services and 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."
- 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..."
- Survey respondents ranked "increasing the availability of safe, affordable housing" as the highest-scoring action. Close behind in importance were "provide more health insurance coverage" and "increase the availability of healthy food."

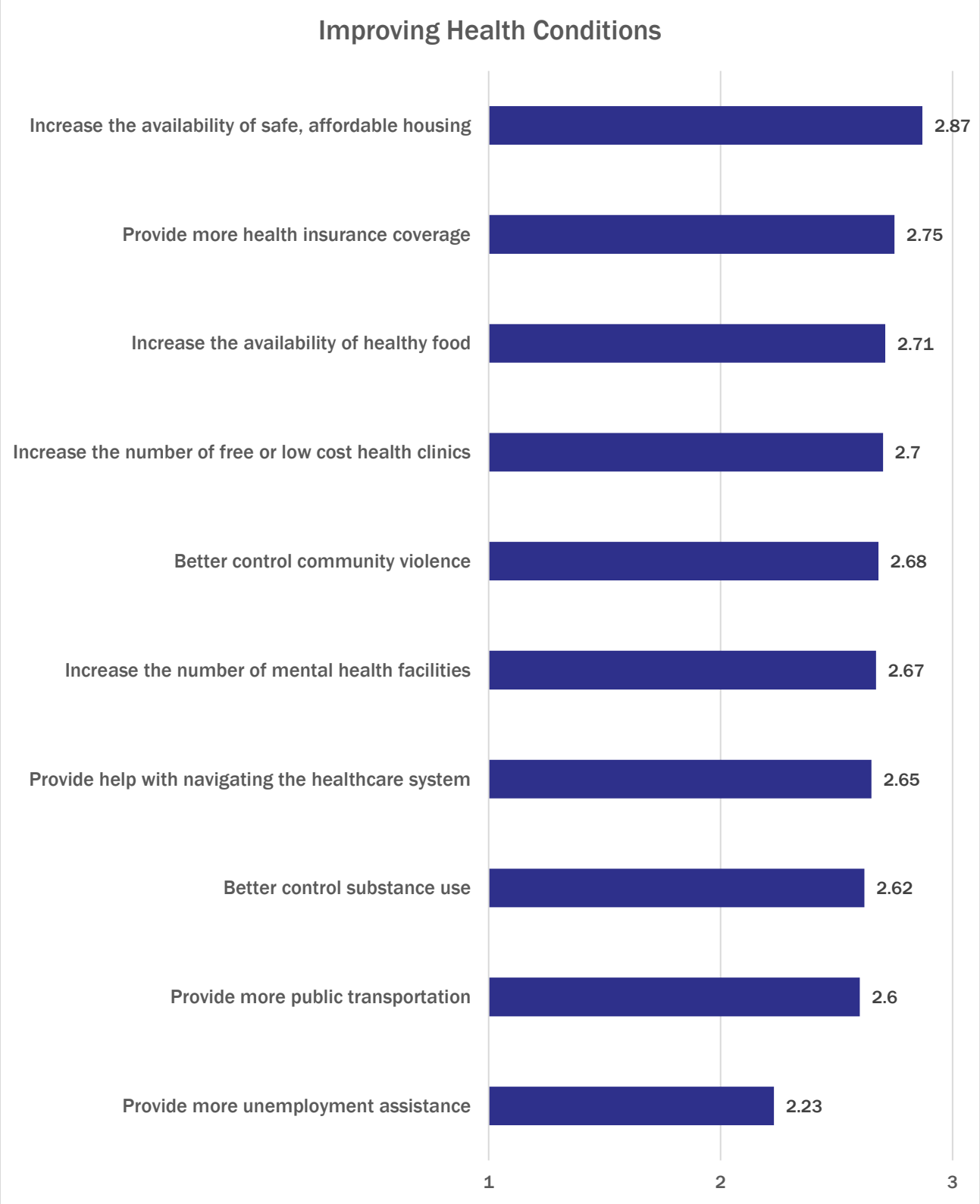

Figure 8. Actions to Improve Health Conditions by Importance

ROLE OF FHHP IN SOLVING SDOH

Many of the recommendations for the role of philanthropy centered on the moral authority of the philanthropic organization and its 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 was to focus on a hyper-local issue and concentrate all sectors on improving conditions in that location alone. The person who recommended this elaborated, "you talk about strategy; the best thing nonprofits and the philanthropic group can do is work together collaboratively. Let's say that we pick a neighborhood, and we start seriously addressing poverty... 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, we begin replicating it in 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; there are policy changes that need to take place."
- Systems-based solutions, rather than more new programs that treat health issues, came up frequently in 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."
- Another 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 we could come out with some type of county plan and commitment through this work that the Foundation for A Healthy High Point is doing. I don't know, goals and vision? Not elaborate because I just don't think we've all got the energy for really elaborate."
- All groups recognized that we needed systems-level solutions: "I think our conversation needs to be around systems change, you know all the systems that are in place around social services right now were designed in the 20th century...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]."

- 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."
- It was suggested that the role of FHHP is not to create new programs but to support and strengthen the existing organizations. "...they have a responsibility to keep High Point healthy. I think 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 the Foundation does a good job of bringing organizations together."
- "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 innovative and 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."
- Said another interviewee: "I think that the role {of the Foundation for a Healthy High Point} is sort of as the overseer... I think they are in a position to 'get the big picture' about what's going on, identify services gaps, and help fill those gaps in services."
- Some of the opportunities for the Foundation for a Healthy High Point identified by interviewees include investing in leadership capacity, 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 nonprofit and civic organizations and underwriting the cost of recruiting executive directors from outside the area who might not think of High Point as a place to relocate.