



Novant Health Presbyterian Medical Center

Community Health Needs Assessment

Mecklenburg County, North Carolina

2019-2021

Approved by the Novant Health Southern Piedmont Region Board of Directors on October 23, 2019

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I. Introduction

Novant Health Presbyterian Medical Center, in partnership with the Mecklenburg County Health Department and other community partners established a community health needs assessment in 2017 and in 2019 to identify the most pressing health needs in our community. Novant Health Presbyterian Medical Center will enhance the community's health by offering health and wellness programming, clinical services and financial support in response to the specific health needs identified.

a) Organization Overview

Novant Health Presbyterian Medical Center is an integral part of the Novant Health system (collectively known as "Novant Health"). Novant Health is a non-profit integrated health care system of 15 medical centers and a medical group with over 575 clinic locations. Other facilities and programs include outpatient surgery and diagnostic centers, charitable foundations, rehabilitation programs, and community health outreach programs. Novant Health and its affiliates serve their communities with programs including health education, home health care, prenatal clinics, community clinics and immunization services. Novant Health's over 28,000 employees and 2,500 physician partners care for patients and communities in North Carolina, South Carolina, and Virginia.

Mission

Novant Health exists to improve the health of our communities, one person at a time.

Our employees and physician partners strive every day to bring our mission, vision and values to life. We demonstrate this commitment to our patients in many different ways. Our organization:

- Maintains an active community health outreach program.
- Demonstrates superior outcomes for many health conditions as indicated by our state and national quality scores.
- Creates innovative programs that address important health issues, with many of our programs and services being recognized nationally.
- Believes in its role as a socially responsible organization, working with community agencies and organizations to make our communities better places to live and work.

Novant Health Presbyterian Medical Center (NHPMC) is located in Charlotte, North Carolina, and opened in 1903. It serves as a regional facility with the latest in diagnostic and treatment services. The 622 bed hospital provides emergency services (including pediatric emergency care), maternity care, neonatal intensive care for infants, as well as other specialized care to patients with cancer and heart disease. Centers of excellence include the Novant Health Heart & Vascular Institute, Cancer Center, Women's Center, Stroke & Neurosciences Center, Rehabilitation Center and Behavioral Health.

Novant Health Hemby Children's Hospital is located within Novant Health Presbyterian Medical Center. The hospital provides compassionate care in a family-centered environment. Large patient rooms include a parent bed and other conveniences that allow families to be comfortable during their child's hospital stay. Other features include a colorful playroom, outdoor playground, activities for children led by a child-life specialist and a pediatric intensive care unit specializing in the care of critically ill children.

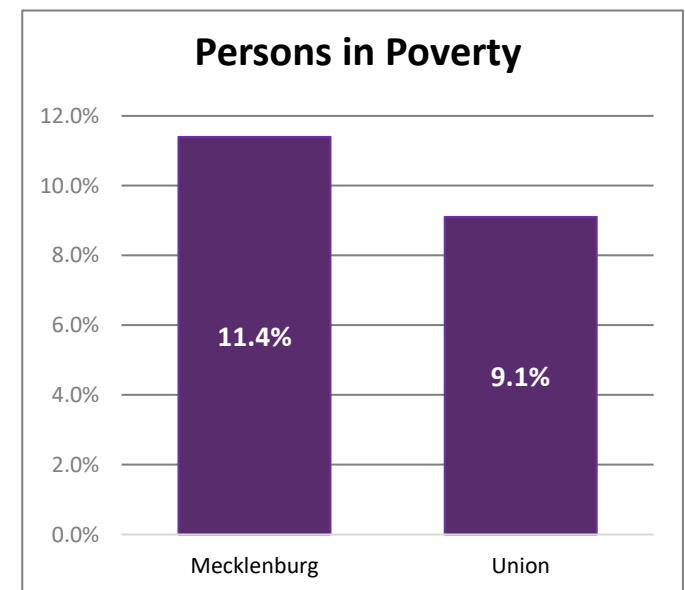
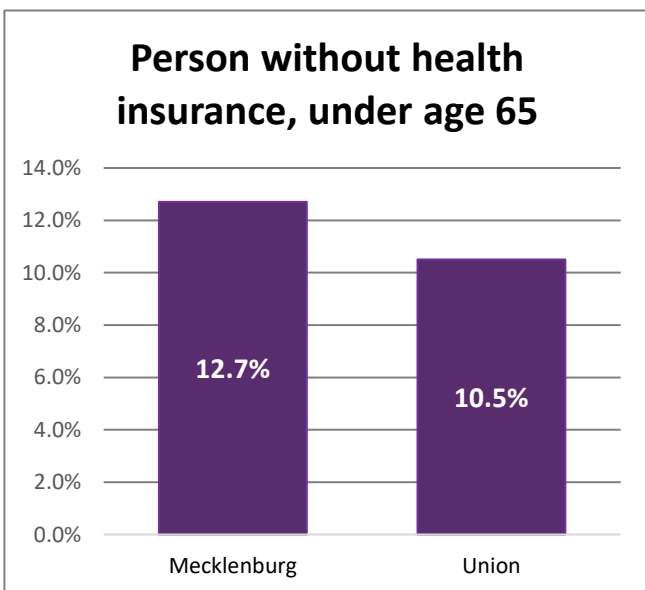
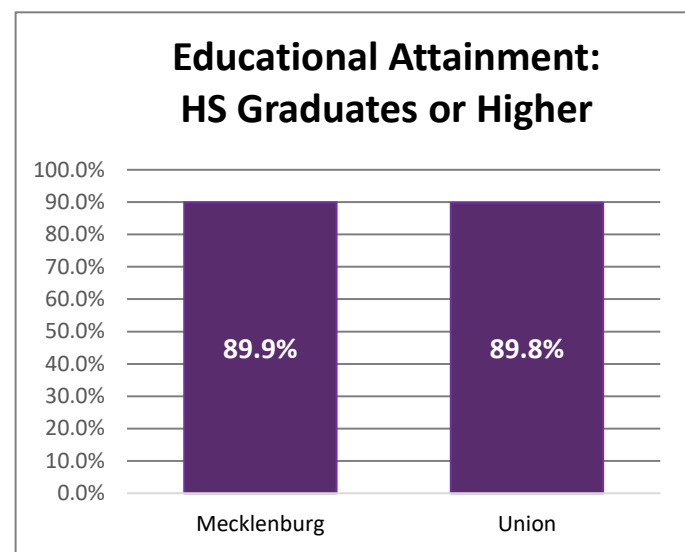
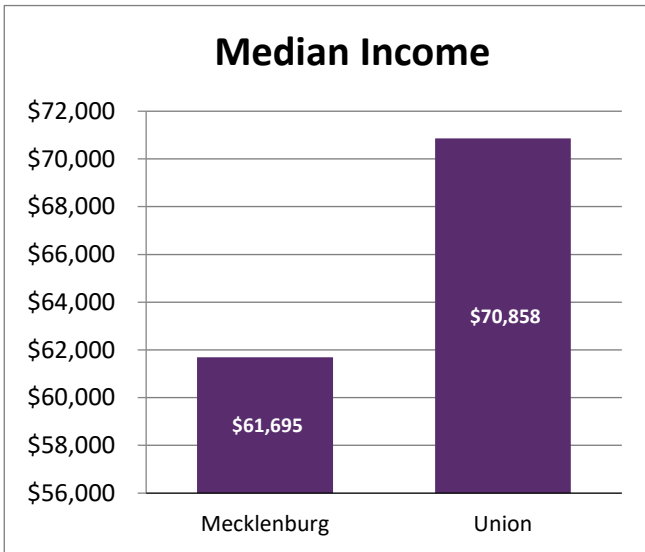
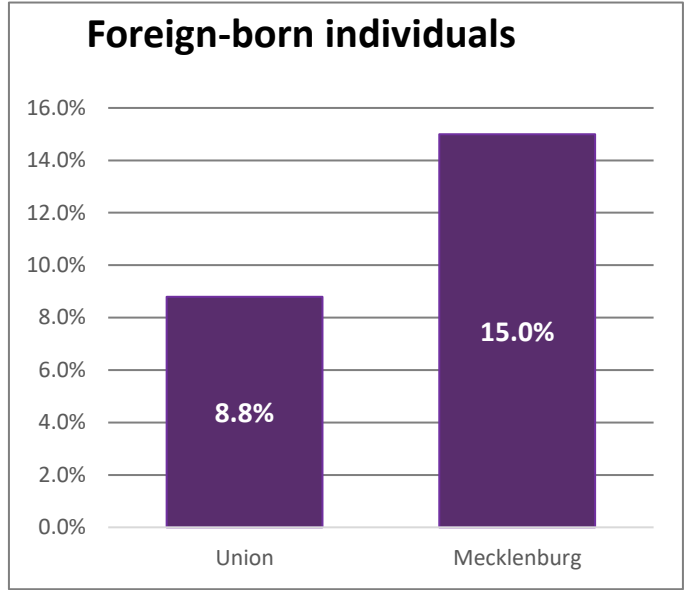
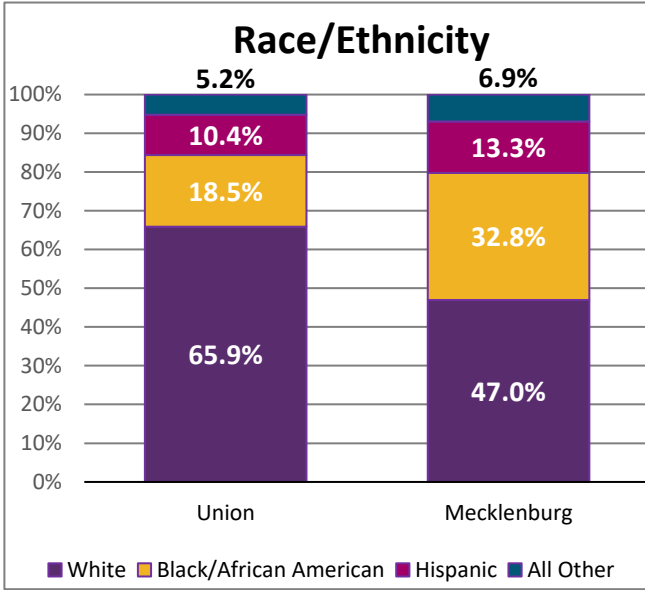
b) Our Defined Community

Primary Service Area

The Primary Service Area for Novant Health Presbyterian Medical Center is defined by the zip codes that represent 75% of the hospital's in-patient population as outlined below:

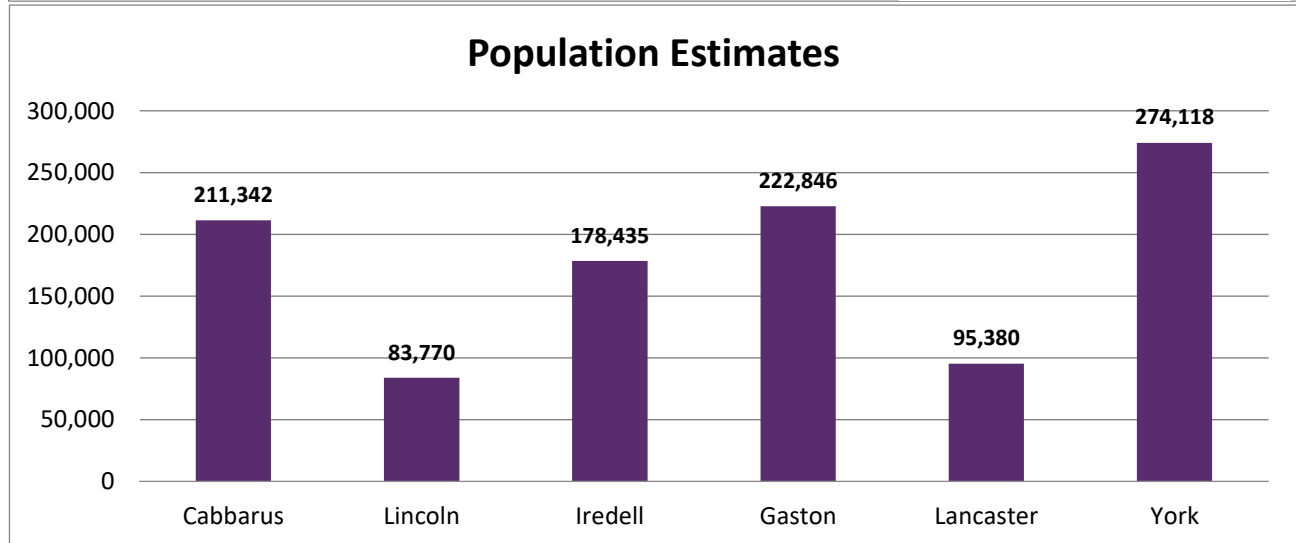
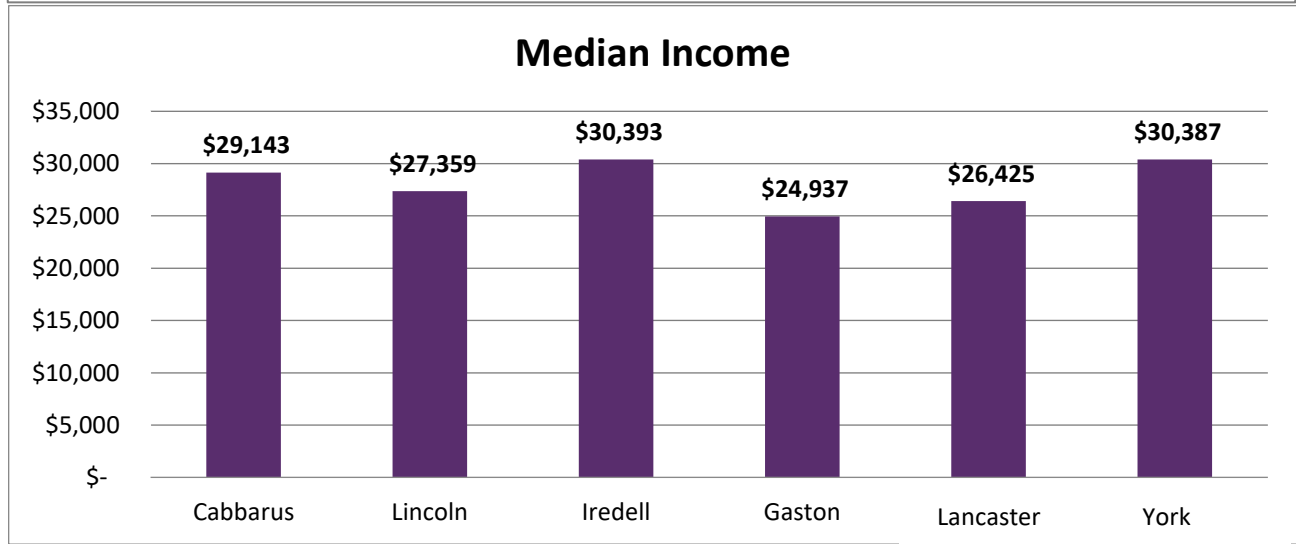
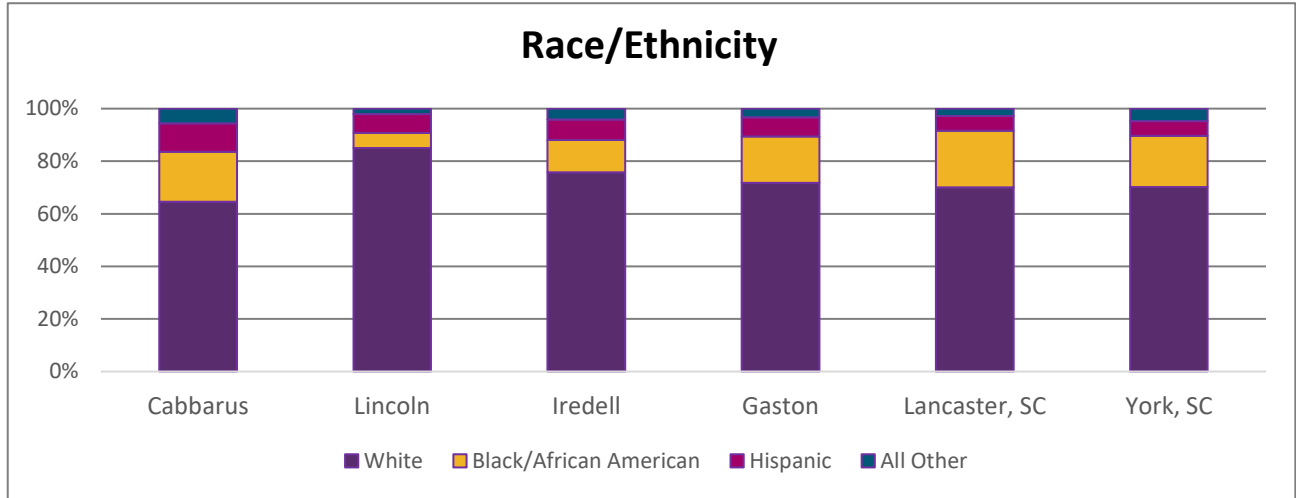
Zip Code	City	County	Zip Code	City	County
28208	Charlotte	Mecklenburg	28226	Charlotte	Mecklenburg
28205	Charlotte	Mecklenburg	28078	Huntersville	Mecklenburg
28216	Charlotte	Mecklenburg	28105	Matthews	Mecklenburg
28215	Charlotte	Mecklenburg	28273	Charlotte	Mecklenburg
28212	Charlotte	Mecklenburg	28209	Charlotte	Mecklenburg
28227	Charlotte	Mecklenburg	28270	Charlotte	Mecklenburg
28269	Charlotte	Mecklenburg	28173	Waxhaw	Union
28214	Charlotte	Mecklenburg	28262	Charlotte	Mecklenburg
28206	Charlotte	Mecklenburg	28079	Indian Trail	Union
28211	Charlotte	Mecklenburg	28110	Monroe	Union
28210	Charlotte	Mecklenburg	28104	Matthews	Mecklenburg
28213	Charlotte	Mecklenburg	28203	Charlotte	Mecklenburg
28217	Charlotte	Mecklenburg	28278	Charlotte	Mecklenburg
28277	Charlotte	Mecklenburg	28202	Charlotte	Mecklenburg

Mecklenburg County contains seven municipalities including the City of Charlotte, and the towns of Cornelius, Davidson, Huntersville, Matthews, Mint Hill and Pineville. The Primary Service Area (PSA) includes the City of Charlotte and the towns of Huntersville and Matthews in Mecklenburg County and the Towns of Waxhaw, Indian Trail, and Monroe in Union County. 78% of the patients in the Primary Service Area (PSA) reside in Mecklenburg County, while 71% of patients in the PSA and Secondary Service Area (SSA) reside in Mecklenburg County. A comparison was conducted to ensure that the community assessment did not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. A comparison of race/ethnicity, median income, educational attainment, persons in poverty, foreign born individuals is outlined on the following page. All chart data is sourced from the 2018 census.



Secondary Service Area

The Secondary Service Area for Novant Health Presbyterian Medical Center covers an eight-county radius, including: Mecklenburg, Cabarrus, Lincoln, Iredell, Gaston, and Union, NC and Lancaster and York, SC. They have the following demographic profiles:



Source for all graphs: U.S. Census Bureau (2018)

Mecklenburg County Population: Demographics

Mecklenburg County has the largest population of any county in the State of North Carolina. The County includes the City of Charlotte; towns of Cornelius, Davidson, and Huntersville (north of Charlotte); and the towns of Matthews, Mint Hill, and Pineville (south and southeast of Charlotte). Mecklenburg County is home to just under 1,100,000 residents, making it the most populous county between Atlanta, Georgia and Washington, D.C. In fact, from 2007 to 2018, Mecklenburg County's population growth rate was 19% and expected to grow in excess of 1.5 million people by 2037.

Children and adolescents make up almost one-third (30.2%) of the population in Mecklenburg County, while seniors only make up 11.2% of the population.¹ From 2010 to 2020, the population of Mecklenburg County has been projected to grow by 24%. North Carolina's population is projected to grow by 11% during the same time period. Over the next 15 years, it is expected that persons age 65 and older will be the fastest growing segment of Mecklenburg County's population. Non-white minorities currently make up over one-half (53.6%) of the racial demographic in Mecklenburg County. Demographic data for Mecklenburg County is outlined below.

Mecklenburg County Population by Race & Ethnicity (2018)

	Mecklenburg County	North Carolina
Population Estimate	1,093,901	10,383,620
Persons Under 5 Years	6.6%	5.9%
Persons Under 18 Years	23.6%	22.2%
Person 65 Years & Over	11.2%	16.3%
Female Persons	51.9%	51.4%
White Alone	46.4%	62.8%
Black/African-American Alone	32.9%	22.2%
American Indian & Alaska Native Alone	0.8%	1.6%
Asian Alone	6.4%	3.2%
Native Hawaiian & Other Pacific Islander Alone	0.1%	0.1%
Two or More Races	2.4%	2.3%
Hispanic or Latino	13.6%	9.6%

Source: U.S. Census Bureau (2018)

¹ U.S. Census Bureau (2018). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/3712000.html>

Mecklenburg County Population: Health Indicators

In the 2018 County Health Rankings¹, Mecklenburg County ranked 5 out of 100 counties for health outcomes. Despite a strong overall performance, there are profound racial disparities in many categories. For example, Mecklenburg County’s overall child poverty rate is 4% below the North Carolina average. Segmenting the percentage by race, we find the poverty rate among African American children is 24% above that of white children. The poverty rate of Hispanic children is 28% higher than that of white children. As cited by the Leading on Opportunity Task Force², Mecklenburg County’s long history of racial and economic segregation has created sharp disparities in education, health and overall opportunity.

Key findings are listed below:

Length of Life (Ranked 6 out of 100)	Mecklenburg County	Top U.S. Performers	North Carolina
Years of potential life lost before age 75 per 100,000 population (age-adjusted, total)	5,700	5,300	7,300
Years of Potential Life Lost Rate (African American)	8,300	5,300	7,300
Years of Potential Life Lost Rate (Hispanic)	3,400	5,300	7,300
Years of Potential Life Lost Rate (White)	4,800	5,300	7,300
Social and Economic Factors (Ranked 15 out of 100)	Mecklenburg County	Top U.S. Performers	North Carolina
Percentage of children under 18 in poverty (total)	18%	12%	22%
Percentage of children under 18 in poverty (African American)	29%	12%	22%
Percentage of children under 18 in poverty (Hispanic)	33%	12%	22%
Percentage of children under 18 in poverty (White)	5%	12%	22%
Physical Environment (Ranked 69 out of 100)	Mecklenburg County	Top U.S. Performers	North Carolina
Percentage of households with overcrowding, high costs, lack of kitchen, or lack of plumbing	18%	9%	17%

Source: County Health Rankings & Roadmaps <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/mecklenburg/county/outcomes/overall/snapshot>

² https://www.ftc.org/sites/default/files/2018-05/LeadingOnOpportunity_Report.pdf

Mecklenburg County’s leading cause of death in 2017 was diseases of the heart followed closely by cancer. Heart disease, cancer, and chronic lower respiratory disease have been the three leading causes of death for the last 7 years in Mecklenburg County.

Leading Causes of Death in Mecklenburg County in 2017			
Rank	Cause of Death	Number	%
1	Cancer	1,253	20.3
2	Diseases of heart	1,126	18.3
3	Cerebrovascular diseases	343	5.6
4	All other unintentional injuries	309	5.0
5	Alzheimer's disease	290	4.7
6	Chronic lower respiratory diseases	270	4.4
7	Diabetes mellitus	182	3.0
8	Nephritis, nephrotic syndrome and nephrosis	174	2.8
9	Intentional self-harm (suicide)	116	1.9
10	Influenza and pneumonia	115	1.9
	All other causes (Residual)	1,983	32.1
	Total Deaths – All Causes	6,161	100.0

Source: NC State Center for Health Statistics

Mecklenburg County Population: Social Indicators

According to the U.S. Census 2017 American Community Survey, 44.1% of Mecklenburg County residents have attained a bachelor’s degree or higher³. According to the U.S. Census 2013-2017 data, the median household income in Mecklenburg County is \$61,695. The poverty rate for Mecklenburg County residents

Median Household Income		Population Educational Attainment (≥ 25 yrs. old)		Poverty Rate	
Mecklenburg County	\$61,695	< HS diploma/GED	10.1%	All ages (Mecklenburg County)	13.4%
		HS diploma/GED	17.9%	All ages (North Carolina)	16.1%
North Carolina	\$50,320	Some college or associate's degree	27.9%	Children (0-17) (Mecklenburg County)	18.4%
		Bachelor's degree	29.2%	Children (0-17) (North Carolina)	22.9%
		≥ Graduate degree	14.9%		

Source: U.S. Census Bureau (2018)

Source: American Community Survey (2013-2017)

³ <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

continues to be lower than the North Carolina state average by 2.7%, and the poverty rate for children (ages 0-17) in Mecklenburg County, is 4.5% lower than the NC State average. The poverty rate for Mecklenburg County residents decreases as the amount of education increases.

The Mecklenburg County unemployment rate snapshot from February 2019 is equal to the NC overall rate⁴. According to RWJF’s County Health Rankings and Roadmaps, access to healthy food is slightly more limited in Mecklenburg County than in North Carolina overall. Almost half of renters in Mecklenburg County spend more than 30% of their household income on rent. Mecklenburg County residents also have a slightly higher average percentage of households without access to a vehicle.

Unemployment Rate ⁴		Limited Access to Healthy Foods ⁵		Renters spending more than 30% Of Household Income on Rent ⁶		Percent of Households without a Vehicle ⁴	
Mecklenburg County	3.8%	Mecklenburg County	5%	Mecklenburg County	46.4%	Mecklenburg County	6.2%
North Carolina	3.9%	North Carolina	7%	North Carolina	48.7%	North Carolina	6.1%

⁴: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

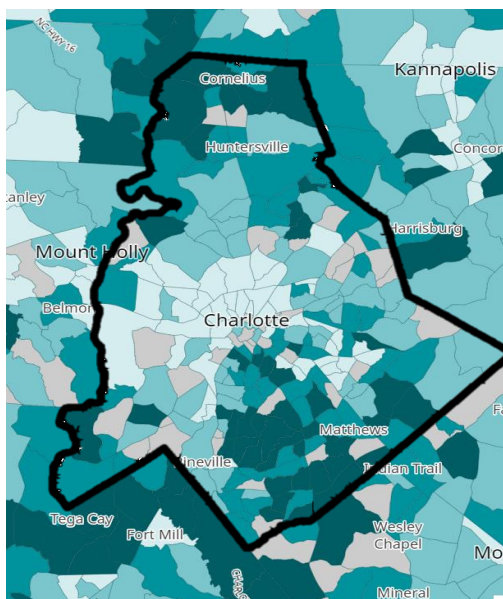
⁵: <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/mecklenburg/county/outcomes/overall/snapshot>

⁶: <https://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b>

Life expectancy varies widely in Mecklenburg County, from over 81 years in the northern and southern areas of the county, to less than 75.8 years in the “crescent” region of central Charlotte.

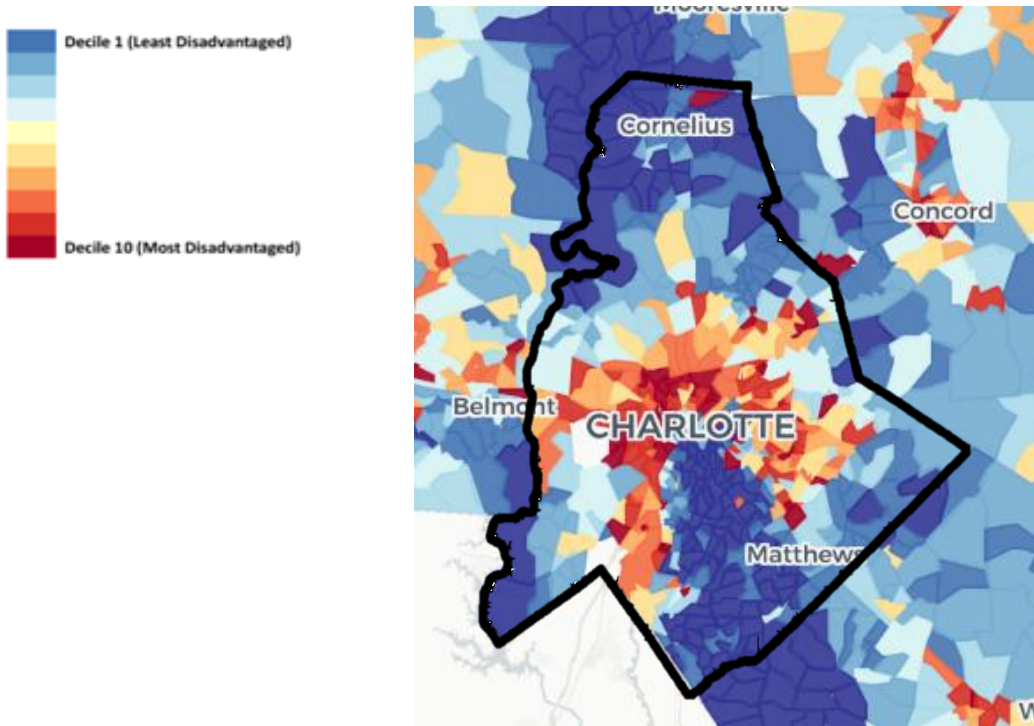
Over 81.0
78.5 – 81.0
75.8 – 78.5
Under 75.8
No data or data suppressed

Source: www.communitycommons.org



Mecklenburg County residents display a wide range along the Area Deprivation Index (ADI). The ADI is a factor-based index which uses 17 US Census poverty, education, housing and employment indicators, including those above, to characterize census-based regions and has been correlated with a number of health outcomes including all-cause, cardiovascular, cancer and childhood mortality, and cervical cancer prevalence⁴.

The map below shows ADI scores from within NC that were ranked from lowest to highest, then divided into deciles (1-10). The least advantaged decile is represented by dark blue; the most disadvantaged in dark red. It's important to note the lower life expectancy census tracts overlap with the highest deprivation areas. These same deprivation areas are widely mirrored when looking at individual social factors, whether limited access to food, unemployment, limited transportation, or less than ideal housing circumstances. When segmented by race, African American residents of Mecklenburg County skew to the less advantaged side; white residents skew to more advantaged.



II. Assessment

The following are excerpts and findings from the 2017 Mecklenburg County Community Health Assessment. To access the full report, please visit

https://www.mecknc.gov/HealthDepartment/HealthStatistics/Documents/2017-PrintableReport_no_appendix.pdf

a) Collaborative community partners

Local Health Departments in North Carolina are required to conduct a comprehensive community health needs assessment to maintain local health department accreditation. In Mecklenburg County, the 2017 Community Health Assessment (CHA) was led by a multidisciplinary collaboration of an established Advisory Groups, which contains representatives from community organizations including Novant Health and Atrium Health. The assessment process is led and coordinated by the Epidemiology Program of the Mecklenburg County Health Department. As part of this assessment process, special attention was paid to the needs of the underserved. The process emphasized collaboration among community partners to improve the overall health of the community.

The assessment process was initiated by the Mecklenburg County Health Department (MCHD), community not-for-profits, Charlotte Mecklenburg County Schools, other city/county agencies and community members. Novant Health and Atrium Healthcare System were also invited to participate in the process. To ensure input from public health professionals, leaders of medically underserved communities, and persons with broad knowledge of the community, invitations were distributed to a large number of individuals and community groups (See Appendix A for a complete list of agencies that were represented on the Community Health Needs Advisory Committee. For a listing of individual participant names, see the full report at

<https://www.mecknc.gov/HealthDepartment/HealthStatistics/Documents/2017%20Mecklenburg%20CHA%20with%20Appendix%20March%208.pdf>

b) Solicitation

The CHA steering committee in partnership with the Epidemiology program collected community input on health issues to determine the top priorities. Gathering community input on the health issues included in the assessment is an integral part of the CHA process. The three methods to collect community feedback were:

- (1) The Community Health Opinion Survey: 1,793 responses
- (2) Priority Setting Event: 125 attendees
- (3) Priority Setting “In a Box” presentations: Nearly 300 responses

Input gathered from each of these methods was combined to determine our top health priorities. Input was solicited from persons who represent the broad interest of Mecklenburg County, NC, including Hispanics, persons living in poverty and those without a high school degree. Health priorities and data

highlights were communicated in a variety of ways including social media, agency websites, and follow up with all the community groups who participated in the prioritization process

c) Data collection and analysis

Primary data

The Community Health Opinion Survey

With guidance from the CHA Advisory Group, the MCHD Epidemiology Program developed a health opinion survey for Mecklenburg County residents. Rather than focusing on specific diseases or conditions for which secondary data is readily available, residents were asked to reflect on various issues and challenges facing their communities. Community was defined as the resident's neighborhood or place of immediate residence as oppose to the entire county.

The latter portion of the survey asked participants their opinions on the nine identified health focus areas, health concerns related to the social determinants of health and finally demographic information.

The CHA Health Opinion Survey was available to Mecklenburg County residents only. The survey was open for responses from June 2017 to November 2017. Surveys were administered electronically through Qualtrics® and in paper copy in both English and Spanish languages.

The sampling method used for this survey was convenience sampling which is an inexpensive and quick way to collect data. Links to the online survey were sent via email to elected officials of the county, city and towns; heads of city neighborhood associations; city and county employees and through various contact lists. The survey link was also posted on the health department website and the Mecklenburg County Facebook page. All recipients of the email were encouraged to share the link among their own contacts.

A targeted distribution of paper copies was used to reach areas of the population that may not have access to a computer. Paper copies were distributed at the following locations: Care Ring, Charlotte Community Health Clinic, Bethesda Health Center, Salvation Army Center of Hope, the Rosa Parks Farmers Market and various churches throughout the county. Participants surveyed accurately represented the demographic population of Mecklenburg County:

Demographic Category	2017 Survey Participants		County Population (ACS 2017)
	Number	Percent	Percent
Gender			
<i>Male</i>	388	23.3	48.1
<i>Female</i>	1,273	76.3	51.9
<i>Other</i>	8	0.5	0.0
Race/Ethnicity			
<i>White/Caucasian</i>	799	48.5	47.0
<i>African American/Black</i>	583	35.4	32.8
<i>Asian</i>	46	2.8	6.1
<i>American Indian/Alaskan Native</i>	10	0.6	0.8
<i>Native Hawaiian/Pacific Islander</i>	6	0.4	0.1
<i>Hispanic or Latino Origin</i>	282	16.9	13.3
<i>Two or More Races</i>	60	3.6	2.4
<i>Other Race</i>	145	8.8	N/A
Age			
<i>Under 18</i>	15	0.9	24.4
<i>18-24</i>	72	4.3	9.1
<i>25-44</i>	585	34.7	31.8
<i>45-64</i>	633	37.6	24.4
<i>65-84</i>	334	19.8	9.2
<i>85+</i>	45	2.7	1.1
Annual Household Income			
<i>\$0-\$19,999</i>	353	22.9	12.2
<i>\$20,000-29,999</i>	192	12.5	8.3
<i>\$30,000-\$44,999</i>	199	12.9	13.5
<i>\$45,000-\$64,999</i>	203	13.2	N/A
<i>\$65,000-\$90,000</i>	193	12.5	N/A
<i>More than \$90,000</i>	400	26.0	N/A

Areas identified as gaps in the quantitative data sampling included an underrepresentation in males and the Asian population. Also, the Race/Ethnicity percentages totaled more than 100% due to the fact that respondents were allowed to choose more than one category. The response from individuals in the annual household income category of \$0-\$19,999 was 22.9% which was almost double the county population.

Secondary data

Along with the outlined primary data, secondary data was collected from other sources and reviewed. Health data was gathered and analyzed from the following sources:

- Atrium Health Trauma Center
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Charlotte Mecklenburg Police Department (CMPD)
- Mecklenburg County
- Department of Social Services (DSS)
- Geographic Information Systems (GIS)

- Land Use & Environmental Services Agency (LUESA)
- North Carolina Electronic Disease Surveillance System (NCEDSS)
- North Carolina Department of Health & Human Services (NC DHHS)
- Communicable Disease Program •HIV/STD Prevention and Care
- State Center for Health Statistics •Vital Statistics
- North Carolina Disease Event Tracking & Epidemiologic Collection Tool (NC DETECT)
- North Carolina Department of Transportation (NC DOT)
- Youth Drug Survey (YDS)
- Youth Risk Behavior Survey (YRBS)
- US Census, American Community Survey

III. Identification & Prioritization of Health Needs

a) Identified Significant Health Needs

The nine topic areas included in the 2017 CHA were selected and validated using a survey tool that was administered to community leaders and representatives of key health agencies in the county. The survey included 15 health topics for consideration and asked respondents to rank the issues in order of importance. The top nine issues identified were the same nine issues included in the 2013 CHA and are as follows:

- | | |
|-------------------------------|---------------------------|
| 1. Access to Care | 6. Injury |
| 2. Chronic Disease Prevention | 7. Mental Health |
| 3. Environmental Health | 8. Substance Use Disorder |
| 4. Healthy Pregnancy | 9. Violence Prevention |
| 5. HIV and STDs | |

While the categories remained the same as those in the 2013 assessment, the steering committee recommended changing terms used to describe each category to be more descriptive. Those changes are as follows:

- Responsible Sexual Behavior → HIV & STDs
- Maternal & Child Health → Healthy Pregnancy
- Substance Abuse → Substance Use Disorder

Health disparities and social determinants of health are not addressed as separate categories but rather are incorporated within the analysis of each of the nine topic areas.

Residents were asked to describe their community in terms of six categories: access to health care, community living, senior living, economic opportunity, safety and support for those in need. Residents utilized a five-point Likert Scale to express how much they agreed or disagreed with a particular statement. For purposes of this report, neutral responses were excluded.

In general, residents had highly favorable opinions on most issues. Nearly 1 in 5 residents rated health care access, senior living, economic opportunity and providing support for those in need as issues for their community (scored as disagree or strongly disagree).

b) Analysis and Prioritization

Steering committee members gave a brief 15-minute presentation on the CHA process and the nine health topics included and asked meeting participants to select the top 4 issues they thought needed to be addressed. Nearly 300 community members participated in the Priority Setting “In a Box” events.

Community groups who participated in these events included:

- Generation Nation
- On the Table CLT, Mecklenburg County
- Public Health Lunch & Learns
- Black Treatment AIDS Network (BTAN)
- Leadership Charlotte
- Safe Kids parent meeting
- Parenting classes
- Head Start family class
- YMCA older adult education class
- Kohl’s staff meeting
- Atrium Health Emergency Medicine

Recommended Prioritized Health Outcomes

Input from all three prioritization methods were combined to arrive at the final list of priorities for Mecklenburg County.

The nine health issues ranked in order of priority are:

1. Mental Health
2. Access to care
3. Chronic Disease Prevention
4. Violence Prevention
5. Substance Use Disorder
6. Healthy Environment
7. HIV & STD Prevention
8. Healthy Pregnancy
9. Injury Prevention

Action Plans were created for the top four prioritized health needs: mental health, access to care, chronic disease prevention and violence prevention.

Facility prioritization

In addition to the community rankings, Novant Health Presbyterian Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits year-to-date July-December 2018.

Novant Health Presbyterian Medical Center Emergency Department
Top 5 Diagnoses YTD July-December 2018

Inpatient		Outpatient	
Diagnosis	Volume	Diagnosis	Volume
Not Specified	1558	Acute upper respiratory infection unspecified	369
Viral infection unspecified	427	Urinary tract infection site not specified	299
Major depressive disorder single episode unspecified	418	Chest pain unspecified	244
Essential (primary) hypertension	274	Other chest pain	210
Alcohol abuse with intoxication unspecified	259	Chronic obstructive pulmonary disease with (acute) exacerbation	199

A review of the hospital emergency room visits indicated that many of the top inpatient diagnosis codes are correlated with chronic issues affecting the aging population, common symptoms related to heart disease and mental and behavioral health conditions. Upon analysis of the outpatient diagnosis codes, it was apparent that many of the patients seen had symptoms that could be related to a number of chronic conditions, including (but not limited to) heart disease, stroke, diabetes, chronic stress and chronic issues related to aging.

Upon a comprehensive review of the community's recommended prioritized outcomes and NHPMC's ED top 5 diagnosis codes, the Novant Health Presbyterian Medical Center leadership team and Board of Trustees evaluated this information based on the scope, severity, health disparities associated with the need, and the estimated feasibility and effectiveness of possible interventions. Through this thorough evaluation, the team agreed on the following top four significant health priorities for Novant Health Presbyterian Medical Center:

1. Access to Care
2. Mental Health, substance use disorder

IV. Addressing needs

Novant Health Presbyterian Medical Center is diligently working to address each of the identified areas of need through resource allocation and support of the following programs:

<u>Identified Priority</u>	<u>Program</u>	<u>Action:</u>	<u>Intended Outcome:</u>
Mental Health – Substance use disorder	Mental Health TIC/Resiliency Training and Screenings Substance Use recovery and prevention	Provide information and train individuals from various sectors including the nonprofit, and faith community. Develop database of regional resources for appropriate behavioral health and SDOH referrals	Awareness of the impact of trauma and provision of tools/skills to build resiliency Awareness of ways to access resources and increased number of individuals connected to appropriate treatment and services within the community.
Access to care	Wellness Education and Screenings	Host screenings and provide related referrals, assessment of resources	Increased number of community stakeholders connected to a primary medical home and appropriate care

In addition to the programs and services offered to the community through Novant Health Presbyterian Medical Center, there are several existing community assets available throughout the Mecklenburg County community that have additional programs and resources tailored to meet all of the identified health needs. The following is a list of those existing community assets:

<u>Health Needs</u>	<u>Local Community Resources Addressing Needs</u>
- Access to care - Chronic disease - HIV and STD Prevention - Healthy Pregnancy	<ul style="list-style-type: none"> • Carolinas CARE Partnership • Camino Community Center • Cardinal Innovations Healthcare • CW Williams Health Center

<ul style="list-style-type: none"> - Mental health - Substance Use Disorder 	<ul style="list-style-type: none"> • Charlotte Community Health Clinic • Care Ring • Charlotte Mecklenburg Drug Free Coalition • CMC Biddle Point • CMC Elizabeth Family Practice • CMC Meyers Park • CMC North Park • CREW (Community Resources for Empowerment & Wellness) • Matthews Free Medical Clinic • Mecklenburg County Health Department • MedLink of Mecklenburg • NC MedAssist • Lake Norman Community Health clinic • Physicians Reach Out (administered by Care Ring) • Project 658/Smith Family Wellness • RAIN • Shelter Health Services
<ul style="list-style-type: none"> - Healthy Environment - Injury Prevention - Violence prevention 	<ul style="list-style-type: none"> • Children’s Alliance • Community Domestic Violence Review Team • Community Child Fatality Prevention and Protection Team • City of Charlotte Sustainability Office • Mecklenburg Adult Protective Services • Mecklenburg Child Protective Services • Mecklenburg County Community Support Services (CSS) • New Options for Violent Actions (NOVA) • Safe Alliance

For a full list of community resources, visit www.novanthealth.org/mycommunity.

V. Impact Evaluation of 2016-2018 Community Health Needs Assessment

Based on the previously reported health data from the 2016-2018 Community Health Needs Assessment, the Novant Health Southern Piedmont Region Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health

Presbyterian Medical Center as the following: **Diabetes, Obesity, Other Chronic Disease and Maternal & Infant Health.**

No written comments were received on the most recently conducted CHNA and implementation strategy.

To address these priorities, Novant Health Presbyterian Medical Center committed to providing community education, screenings and support groups to address these needs, as well as youth-focused physical activity and nutrition programs. From 2016-2018, Novant Health Presbyterian Medical Center was successful in implementing selected outreach programs for each of the defined priority areas while meeting the goals established for each program. The major program goal that was set for each priority area was to increase the number of community members reached through screenings and health education. In addition, some programs were established with specific goals to increase the number of classes offered to the community-at-large. All goals were met for each priority area. Specific objectives and measures achieved are described below:

Priority Area	Program	Intended Outcome	Actual Outcome
Diabetes	Community A1C Screenings: Remarkable You community screening initiative in initiative in high African American populations	Early detection of undiagnosed prediabetic and diabetic participants will increase	5,022 community members were reached through 87 Remarkable You + Biometric screenings that included cholesterol, glucose and A1C exams to measure one's risk for diabetes. Of those, 3,684 (73%) were African American. Screenings were conducted on site at NHPMC as well as in local public schools and universities, faith communities in conjunction with the Village Heartbeat Program, and community gatherings and sporting events.
Diabetes	Community Diabetes Education: Lecture series on diabetes prevention	Knowledge level of participants will increase and participants will learn new skills to change unhealthy behaviors	Novant Health Presbyterian Medical Center staff provided Free diabetes education was provided to 441 community members in Huntersville through lectures and support groups. Health education lectures occurred in both Spanish and English. Education occurred in the Solomon House on the campus of Novant Health Huntersville Medical Center and in local nursing facilities. Additionally, \$54,000 in NHPMC operational dollars was contributed to JDRF and American Diabetes Association to support their missions of diabetes awareness and education.

<p>Obesity</p>	<p>Community Body Mass Index (BMI) screenings: Remarkable You community screening initiative</p>	<p>Early detection of undiagnosed obese participants will increase and participants will learn new skills to change unhealthy behaviors</p>	<p>5,022 community members were reached through 87 Remarkable You that included an assessment of overweightness and obesity. Among the more than 4,300 participants surveyed, 85% stated they were previously aware of their risk factors. 97% of individuals indicated they were more aware of their risk factors as a result of the screening. All individuals with abnormal screening results were offered one-on-one education regarding skills to change unhealthy behaviors.</p>
<p>Obesity</p>	<p>Community nutrition education: Lectures on healthy eating and weight management</p>	<p>Knowledge level of participants will increase and participants will learn new skills to change unhealthy behaviors.</p>	<p>784 interactions occurred with community members to provide health education specific to nutrition and weight management. Among surveyed participants, 53% stated they had learned new information they previously did not know or reinforced information about nutrition and 87% stated they had learned new skills regarding nutrition that they would begin applying in their life. Health education included Kids cooking programs, nutrition demos and community lectures at local public schools, corporations, faith communities, and senior centers and on campus at NHPMC. NHPMC also contributed \$2,500 in operational dollars to the American Society for Metabolic & Bariatric Surgery Foundation.</p>
<p>Other Chronic Diseases</p>	<p>Community Cancer screenings: Novant Health mammography unit and community cancer screenings in racial minority populations</p>	<p>Participants will change beliefs about importance of annual screening for early detection and increase adherence for follow up appointments.</p>	<p>Free cancer screenings were provided to 1,900 community members through 45 mobile mammography events for uninsured women, 6 lung cancer screenings, 28 clinical breast exams, 7 skin cancer screens, 3 prostate screens. Among the more than 1100 participants whose race was surveyed, 16% were Hispanic/Latino, 35% were African American, 22% were Caucasian, 12% were another ethnicity and 15% were unknown. \$308,750 was contributed in NHPMC operational funds to multiple cancer prevention and treatment non-profits, including the American Cancer Society, Komen Foundation and Breast Friends Foundation.</p>

<p>Other Chronic Diseases</p>	<p>Community education: Lectures on healthy lifestyles and heart disease, stroke and/or cancer prevention</p>	<p>Knowledge level of participants will increase and participants will learn new skills to change unhealthy behaviors.</p>	<p>Free health education was provided through 10,664 interactions with community members via lectures and support groups. Outreach included individualized health coaching, 26 heart health classes, 76 cancer prevention talks, and 10 breast cancer lectures. Education occurred at senior centers, free clinics, schools and colleges, community gatherings, health departments, faith communities, and on the campus of NHPMC. Among surveyed participants, 80% stated they had learned new information they previously did not know or reinforced information about chronic disease and 100% stated they had learned new skills regarding chronic disease that they would begin applying in their life.</p> <p>Also, \$560,694 was contributed in operational funds from NHPMC to various non-profits supporting chronic disease prevention and education. Funded community partners include Heartbright Foundation, American Heart Association and Parkinson’s Society of the Carolinas, among others. Additionally, \$1,505,834 was contributed to local non-profit partners to impact access to care for primary care and chronic disease prevention. Funded partners include the Lake Norman Community Health Clinic, Chemo Cars, NC MedAssist and Project 658.</p>
<p>Other Chronic Diseases</p>	<p>Cardiac screenings: Heart health screenings for community-at-large</p>	<p>Detection of undiagnosed heart disease risk factors among participants will increase</p>	<p>5,050 community members were reached through 87 Remarkable You screenings and one blood pressure screening. Among the more than 4,400 participants surveyed, 85% stated they were previously aware of their risk factors. 97% of individuals indicated they were more aware of their risk factors as a result of the screening. Screenings were conducted on site at NHPMC as well as in local public schools and universities, faith communities in conjunction with the Village Heartbeat Program, and community gatherings and sporting events.</p>

<p>Maternal & Infant Health</p>	<p>Prepared childbirth classes: Lectures on healthy pregnancy, reducing risk factors and infant care</p>	<p>Knowledge level of participants will increase and participants will learn new skills and decrease risk factors</p>	<p>Through 14 childbirth preparation sessions, and 5 newborn and infant care lectures, 262 mothers and their family members received education in the area of maternal and infant health. Of the more than 100 individuals surveyed, 100% stated they had learned new information or reinforced information about maternal health and 97% stated they had learned new skills regarding maternal health that they would begin applying in their life.</p> <p>Additionally, \$58,500 was contributed to non-profit partners dedicated to improving maternal and infant health, including March of Dimes and Baby Bundles.</p>
<p>Mental Health</p>	<p>Community Education: Mental health community partnership with Hopeway Foundation</p>	<p>Community collaboration will further impact to residents in need of mental health services through navigation and addressing social determinants impacting mental health outcomes</p>	<p>Novant Health Presbyterian Medical Center provided \$1,000,000 in operating dollars to support the Hopeway Foundation, giving Mecklenburg County residents assistance with mental health service access and navigation. Additionally, 4,000 interactions took place with community members receiving free spiritual care and mental health education. Outreach was provided through congregational health promoters, drug free community coalitions, postpartum anxiety and depression sessions and community dialogue around PTSD, postpartum anxiety and depression, suicide, and adverse childhood experiences.</p>

Appendix A: Advisory group agencies for 2017 Mecklenburg County CHA

Steering Committee for Mecklenburg County CHA	
Agency	
Atrium Health	
Centralina Area Agency on Aging	
Mecklenburg County Park & Recreation	
Mecklenburg County Public Health	
Novant Health	
UNC Charlotte	

For a full list of agencies involved in priority setting event, including those representing underserved, low-income, and minority populations; and governmental public health please visit

<https://www.mecknc.gov/HealthDepartment/HealthStatistics/Documents/2017%20Mecklenburg%20CHA%20with%20Appendix%20March%208.pdf>