



Novant Health Matthews Medical Center

Community Health Needs Assessment

Mecklenburg County

Union County

2016-2018

Approved by the Novant Health Southern Piedmont Region Board of Directors on October 26, 2016

Table of Contents

I. Introduction	
a. Organizational overview	3
b. Our defined community	4
II. Assessment	
<u>Mecklenburg County Health Assessment</u>	
a. Collaborative community partners	7
b. Solicitation	8
c. Data collection and analysis	8
<u>Union County Health Assessment</u>	
d. Collaborative community partners	9
e. Solicitation	9
f. Data collection and analysis	9
III. Identification and Prioritization of Health Needs	
<u>Mecklenburg County Health Assessment</u>	
a. Identified Significant Health Needs	10
b. Prioritization	10
<u>Union County Health Assessment</u>	
c. Identified Significant Health Needs	11
d. Prioritization	12
IV. Addressing Needs	14
V. Impact evaluation of 2013-2015 CHNA	16

Appendix

I. Introduction

Novant Health Matthews Medical Center, in partnership with the Mecklenburg County Health Department, Union County Health Department, and other community partners established a community health needs assessment in 2013 and 2016, respectively, to identify the most pressing health needs in our community. Novant Health Matthews 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 Matthews 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 14 medical centers and a medical group with over 500 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 25,000 employees and physician partners care for patients and communities in North Carolina, Virginia, South Carolina and Georgia.

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 good corporate citizen, working with community agencies and organizations to make our communities better places to live and work.

Novant Health Matthews Medical Center (NHMMC) is dedicated to providing patients and families in the community with high-quality, compassionate healthcare services. Novant Health Matthews Medical Center is a 146-bed facility that provides a full-range of services in health specialties including emergency, cardiovascular, maternity, radiology, orthopedic, sleep, and cancer care. The Novant Health Matthews Medical Center Breast Center provides advanced diagnostic services offered in a comfortable, tranquil environment. Novant Health Matthews Medical Center is also home to the area's only full-service medical library, providing patients, physicians and the community with personal assistance to locate in-depth health and medical information.

b. Our Community

Primary and Secondary Service Areas

The Primary Service Area for Novant Health Matthews Medical Center is defined by the zip codes that represent 75% to 85% of the hospital’s in-patient population as outlined below:

Primary Service Area Zip Codes:

Zip Code	City	County
28079	Indian Trail	Union
28104	Matthews	Mecklenburg
28105	Stallings	Union
28110	Monroe	Union
28227	Charlotte	Mecklenburg
28173	Waxhaw	Union

The Primary Service Area includes the Cities of Charlotte and Monroe and the Towns of Matthews, Stallings, and Waxhaw. The Secondary Service Area includes cities and towns in Mecklenburg and Union Counties.

Secondary Service Area Zip Codes:

Zip Code	City	County
28112	Monroe	Union
28212	Charlotte	Mecklenburg
28226	Charlotte	Mecklenburg
28270	Charlotte	Mecklenburg
28277	Charlotte	Mecklenburg

Population

Mecklenburg County Demographics

Mecklenburg County is the center of the country's fifth largest urban area with over seven million people living within a 100-mile radius. The county consists of a large urban center surrounded by smaller, more rural communities.

Mecklenburg County Population by Race & Ethnicity (2014)

	Mecklenburg County	North Carolina
Population Estimate	1,012,539	9,943,964
Persons Under 5 Years, percent 2014	7.0%	6.1%
Persons Under 18 Years, percent 2014	24.6%	23.0%
Person 65 Years & Over, percent 2014	10.0%	14.7%
Female Persons, percent 2014	51.9%	51.3%
White Alone, percent 2014	59.2%	71.5%
Black/African-American Alone, percent 2014	32.2%	22.1%
American Indian & Alaska Native Alone, percent 2014	0.8%	1.6%
Asian Alone, percent 2014	5.5%	2.7%
Native Hawaiian & Other Pacific Islander Alone, percent 2014	0.1%	0.1%
Two or More Races, percent 2014	2.2%	2.1%
Hispanic or Latino, percent 2014	12.7%	9.0%

Source: U.S. Census Bureau (2014).

Median Income by Educational Attainment		Population Educational Attainment		Poverty Rate by Educational Attainment	
> High School diploma	\$18,257	< HS diploma/GED	12.7%	Less than high school graduate	31%
High school Graduate	\$24,797	HS diploma/GED	27.1%	High school graduate (includes equivalency)	16%
Some college or associate's degree	\$30,462	Some college or associate's degree	29.7%	Some college, associate's degree	12%
Bachelor's degree	\$50,510	Bachelor's degree	22.2%	Bachelor's degree or higher	5%
≥ Graduate or professional degree	\$67,022	≥ Graduate degree	8.2%		

Source: Mecklenburg County 2015 Community Pulse

Children and adolescents make up over one-third (31.6%) of the population in Mecklenburg County, while seniors only make up 10% of the population.¹ From 2010 to 2020, the population of Mecklenburg

¹ U.S. Census Bureau (2015). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/3712000.html>

County is 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 (53.5%) of the racial demographic in Mecklenburg County.

Mecklenburg County residents with graduate or professional degrees earn a median income that is 2.5 times higher than the median income for someone with only a high school education.² According to the U.S. Census 2009-2013 data, the median household income in Mecklenburg County is \$55,444. A key indicator to evaluate economic condition of Mecklenburg County is the poverty rate. The poverty rate for Mecklenburg County residents decreases as the amount of education increases, with 26% gap in poverty between residents who are not high school graduates and residents who have a bachelor’s degree or higher.

Union County Demographics

Union County was established in 1842 and is located southeast of Charlotte, within the Charlotte Metropolitan Statistical Area. The county is 631.5 square miles, with 14 municipalities. Monroe is the county seat. The county is governed by a Board of Commissioner/Manager form of Government, with a five member Commissioner Board elected countywide and an appointed county manager.

Union County Population by Race and Ethnicity (2014)

	Union County	North Carolina
Population Estimate	218,568	9,943,964
Persons Under 5 Years, percent 2014	6.0%	6.1%
Persons Under 18 Years, percent 2014	28.6%	23.0%
Person 65 Years & Over, percent 2014	11.3%	14.7%
Female Persons, percent 2014	50.6%	51.3%
White Alone, percent 2014	83.2%	71.5%
Black/African-American Alone, percent 2014	12.1%	22.1%
American Indian & Alaska Native Alone, percent 2014	0.6%	1.6%
Asian Alone, percent 2014	2.2%	2.7%
Native Hawaiian & Other Pacific Islander Alone, percent 2014	0.1%	0.1%
Two or More Races, percent 2014	1.8%	2.1%
Hispanic or Latino, percent 2014	11.0%	9.0%

Source: U.S. Census Bureau (2014).

In Union County, the population is spread out with 34.6% children and adolescents (age 18-0), 54.1% adults (ages 19-64), and 11.3% seniors (ages 65 and over).³ Non-white minorities currently make up 27.8% of the racial demographic in Union County.

² Mecklenburg County: Community Pulse 2015. <http://charmec.org/mecklenburg/county/CountyManagersOffice/Documents/2015%20Mecklenburg%20County%20Community%20Pulse%20Report.pdf>

³ U.S. Census Bureau (2015). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/37179.html>

Population Educational Attainment, 2014 (age adjusted)		Graduation and Degree Attainment, 2009-2013 (ages 25+)		
			Union County Percentage	NC State Percentage
< HS diploma/GED	12.7%	High school graduate or higher	87.7%	84.9%
HS diploma/GED	27.1%			
Some college or associate's degree	29.7%	Bachelor's degree or higher	31.8%	27.3%
Bachelor's degree	22.2%			
≥ Graduate degree	8.2%			

In 2009, Union County was designated as the 7th fastest growing county in the nation representing a 56.1% increase in population from the 2000 Census. This growth presented a unique educational challenge for Union County because the high residential growth rate exploded school enrollment to 43,000 students and demanded new school construction for at least 15 additional facilities. Average graduation rates in Union County remain above the North Carolina state average, with 87.8% of persons age 25+ being high school graduates, and 31.8% of persons age 25+ having a bachelor's degree or higher.⁴

II. Assessment

Mecklenburg County Community Health Assessment

The following are excerpts and findings from the 2013 Mecklenburg County Community Health Assessment. To access the full report, please visit <http://charmeck.org/mecklenburg/county/healthdepartment/healthstatistics/documents/2013%20mecklenburg%20cha%20feb%207.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 2013 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 Carolinas Healthcare System. 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, Mecklenburg County Schools, other city/county agencies and community members. Novant Health and Carolinas Healthcare System were also invited to participate in the

⁴ 2014 Union County State of the County Health Report. http://www.co.union.nc.us/Portals/0/Health/Documents/SOTCH_2014.pdf

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. Please see <http://charmeck.org/mecklenburg/county/healthdepartment/healthstatistics/documents/2013%20mecklenburg%20cha%20feb%207.pdf> for a listing of individual participant names).

b) Solicitation

We solicited input from persons who represent the broad interest of Mecklenburg County, NC, including Hispanics, persons living in poverty and those without a high school degree. A targeted distribution of paper surveys was utilized in an effort to reach areas of the population that may not have received the email survey, or did not have access to a computer. Paper copies were distributed at the following locations: Care Ring, Ada Jenkins, Bethesda Health Center, Our Lady of Guadalupe, Hispanos Saludables, Carolina RAIN, Supportive Housing Communities, four senior centers and at various churches and events in the county. Through both online and paper surveys, participants surveyed accurately represented the Mecklenburg County demographic population. Areas identified in gaps in the data sampling included an underrepresentation in males and the Asian population.

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. Input for the survey was solicited from a variety of leaders in city and county government, community-based organizations, foundations, churches, colleges/universities, coalitions and other social service agencies. The leaders of these organizations are experts in public health, minority populations, health, health disparities, and social services. Survey questions focused on beliefs and barriers to certain health behaviors.

The CHA Health Opinion Survey was available to Mecklenburg County residents from April 15, 2013 to June 30, 2013. Surveys were administered electronically through SurveyMonkey™ and in paper copy in both English and Spanish. Surveys were made available to community groups and neighborhoods representing the medically underserved to ensure that participants surveyed represented the medically underserved, uninsured, low-income and minority populations. Participants surveyed accurately represented the demographic population of Mecklenburg County:

- 1,888 residents completed the surveys
- 66.0% female; 34.0% male
- 31.2% identified as African-American; 12.9% identified as non-white Hispanic/Latino
- 18.9% ages 65+
- 6.8% less than high school graduate; 9.4% high school graduate or equivalent, 36.7% associates or bachelor's degree, 29.0% advanced college degree.

Areas identified as gaps in the quantitative data sampling included an underrepresentation in males and the Asian 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:

- North Carolina State Center for Health Statistics
- NC Disease Event Tracking and Epidemiologic Collection Tool (DETECT)
- County Health Data Books
- Vital Statistics
- National Center for Health Statistics
- Health Indicator Warehouse
- Surveys
- Community reports and focus groups

Union County Community Health Assessment

In Union County, the assessment process was initiated by a multidisciplinary internal team collaboration of Novant Health Matthews Medical Center employees. As part of this assessment process, special attention was paid to the needs of the underserved. The process included collaboration and input from community partners, to improve the overall health of the community.

d) Collaborative community partners

Input for survey data was solicited from individuals that include public health professionals and persons with broad knowledge of the community (See Appendix B for a complete list of represented departments and agencies that provided guidance for the CHA). Staff from Novant Health's community benefit, analytics and marketing departments provided technical assistance by analyzing the collected data and helping monitor progress.

e) Solicitation

We solicited input from persons who represent the broad interest of Union County, NC, including Hispanics, persons living in poverty and those without a high school degree. A targeted distribution of paper surveys was utilized in an effort to reach areas of the population that may not have been able to access the online survey. Paper copies were distributed at community events in Union County and to community groups where a diverse population is served. Through both online and paper surveys, participants surveyed similarly represented Union County. Areas identified as gaps in the quantitative data sampling included an underrepresentation in males, the Asian population and Hispanics.

f) Data collection and analysis

Primary data

The Community Health Needs Assessment

With guidance from the advisory group, a community health opinion survey for Union County residents was created. The CHNA Health Opinion Survey was made available to Union County residents from February 10, 2016 to March 7, 2016. Surveys were administered electronically through SurveyMonkey™ and in paper copy. Paper surveys were made available to local healthcare provider practices, at local community events and to local community groups representing the medically underserved to ensure that participants surveyed represented the medically underserved, uninsured, low-income and minority populations. Participants surveyed similarly represented Union County:

- 64.6% female; 35.4% male

- 7.9% identified as African-American; 2.3% identified as non-white Hispanic/Latino
- 37.3% ages 65+
- 0.5% less than high school graduate; 13.8% high school graduate or equivalent, 43.4% associates or bachelor's degree, 20.8% advanced college degree.

Areas identified as gaps in the quantitative data sampling included an underrepresentation in males, the Asian population and Hispanics.

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:

- North Carolina State Center for Health Statistics
- NC DETECT
- County Health Data Books
- US Census Bureau

III. Identification and Prioritization of Health Needs

Mecklenburg County

a) Identified Significant Health Needs

From participant responses, it was apparent that mental health, chronic disease prevention, access to care and violence prevention were the most important concerns of Mecklenburg County residents.

Other key data points included:

- When asked to identify specific health behaviors residents are trying to change, respondents identified 1) eating or drinking healthier foods (89.7%), 2) being more active (84.5%), 3) managing stress (50.1%), 4) reducing chances for injury (33.2%), and 5) limiting alcohol consumption (11.8%).
- When asked to identify the greatest health related concerns, respondents identified 1) none (62.6%), 2) some or all family members without health insurance (30.4%), 3) irregular dental care because of cost (30.2%), 4) irregular eye exams/new glasses because of cost (22.0%), and costs related to being underinsured (15.8%).
- When asked to identify things that could help residents who smoke to stop smoking, respondents identified 1) access to nicotine substitutes (26.7%), 2) support group/cessation classes (22.5%), 3) access to medications (19.4%), 4) free 24-hour help line/Quitline (14.8%), and 5) tobacco free policy at my workplace (14.4%).
- When collectively reviewing all the responses, residents identified the community's greatest health issues as mental health (55.6%), chronic disease prevention (55.6%), access to care (50.5%), violence prevention (46.5%), substance abuse prevention (43.8%), healthy environment (41.3%), sexual behavior (26.6%), injury prevention (23.0%), and maternal and child health (21.5%).

b) Prioritization

On October 25, 2013, 117 individuals representing diverse number of community agencies and groups attended a formal CHA Priority Setting meeting. Participants were asked to score identified health issues

after viewing a presentation on data specific to the nine priority areas. The nine priority areas are listed as follows:

- 1) Access to Care
- 2) Chronic Disease and Disability
- 3) Environmental Health
- 4) Injury
- 5) Maternal Child Health
- 6) Mental Health
- 7) Responsible Sexual Behavior
- 8) Substance Abuse
- 9) Violence

Participants then scored the areas from 1 (least weight) to 10 (most weight) using the following five criteria: magnitude, severity, intervention effectiveness, public concern and urgency. The calculated scores were used to rank the focus areas, and the weighted rankings from the community opinion surveys and the priority focus exercise were combined with the following results:

- 1) Chronic Disease and Disability
- 2) Mental Health
- 3) Access to Care
- 4) Violence
- 5) Substance Abuse
- 6) Environmental Health
- 7) Maternal Child Health
- 8) Responsible Sexual Behavior
- 9) Injury

Recommended Prioritized Health Outcomes for Mecklenburg County

For each of the identified areas, recommendations were made for the top four prioritized health needs. Below is a summary of those recommendations:

- *Preventing Chronic Disease and Disability:* increase opportunities for physical activity through safe community spaces, improve access to healthy foods and food choices, policies to support increased physical activity and healthier food choices, healthcare providers, work to decrease stigma associated with seeking mental health care, promote communication and collaboration among healthcare providers, promote mental health first aid, and limit access to firearms.
- *Access to Care:* address barriers to access other than funding such as transportation, non-traditional hours, cultural competence, health literacy awareness and training, improved and reliable funding for free or low cost health services, improved communication and awareness of services and how to access them.
- *Violence Prevention:* change norms regarding violence, promote efforts that help create community bonds, expand community partnerships, begin violence prevention education at the pre-K level, increase after school activities to keep kids active and engaged, use violence assessment tools to ensure consistent messages to encourage healthcare professionals to ask about safety at each encounter, increase awareness of the importance of reporting child abuse, increase efforts to address domestic violence.

Union County

c) Identified Significant Health Needs

From participant responses, it was apparent that chronic disease prevention, behavioral risk factors, access to care, and substance abuse were the most important concerns of Union County residents.

Other key data points included:

- When asked to identify the greatest health related concerns, respondents identified 1) Chronic disease (58.8%), health risk factors (i.e.- high blood pressure, obesity, high cholesterol) (54.2%), aging issues (47.8%), lack of exercise (42.3%) and alcohol/drug/tobacco use (37.4%).
- When asked to identify which community health services need strengthening, respondents identified 1)aging/senior services (57.2%), 2) behavioral health services -including mental health/substance abuse (45.0%), 3) healthcare coverage (37.9%), 4)cancer services (29.4%), 5)health promotion and prevention (27.0%), and 6) chronic disease services (25.9%).
- When asked to rate their own personal health, respondents rated themselves as the following: 11.4% as very healthy, 52.2% as healthy, 30.8% as somewhat healthy, 3.6% as unhealthy, and 1.9% as very unhealthy.
- When asked about diagnosis of specific health conditions, respondents identified that they had been diagnosed with the following: 39.8% high cholesterol, 38.6% high blood pressure, 31.7% overweight/obesity, 14.6% diabetes, 13.6% cancer.

d) Prioritization

In March 2016, online surveys were conducted to ask community members and stakeholders to rank the top three health issues according to years of potential life lost and magnitude of these issues. The weighted rankings from the priority focus exercise were combined with the following results:

- 1) Access to healthcare
- 2) Chronic disease
- 3) Aging issues
- 4) Behavioral/Lifestyle issues
- 5) Mental Health
- 6) Socioeconomic issues
- 7) Maternal and Infant Health

Recommended Prioritized Health Outcomes

For each of the identified areas, recommendations were made for the top four prioritized health needs. Below is a summary of those recommendations:

- *Preventing Chronic Disease and Disability:* increase opportunities for physical activity through safe community spaces, improve access to healthy foods and food choices, create policies to support increased physical activity and healthier food choices, increase access to healthcare providers.
- *Mental Health:* work to decrease stigma associated with seeking mental health care, promote communication and collaboration among healthcare providers, promote mental health first aid, and limit access to firearms.
- *Access to Care:* address barriers to access other than funding such as transportation, non-traditional hours, cultural competence, health literacy awareness and training, improved and

reliable funding for free or low cost health services, and improved communication and awareness of services and how to access them.

- *Violence Prevention:* change norms regarding violence, promote efforts that help create community bonds, expand community partnerships, begin violence prevention education at the pre-K level, increase after school activities to keep kids active and engaged, use violence assessment tools to ensure consistent messages to encourage healthcare professionals to ask about safety at each encounter, increase awareness of the importance of reporting child abuse, and increase efforts to address domestic violence.

Facility prioritization

In addition to the community rankings, Novant Health Matthews Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits year-to-date January – July 2015.

Novant Health Matthews Medical Center Emergency Department
Top 5 Diagnoses YTD Jan-July 2015

Inpatient		Outpatient	
Diagnosis	Volume	Diagnosis	Volume
Septicemia NOS	417	Chest pain NOS	756
Urinary tract infection NOS	56	Headache	581
Chest pain NOS	35	Urinary tract infection NOS	550
Chest pain NEC	32	Chest pain NEC	479
Syncope and collapse	24	Sprain of neck	407

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 and common symptoms related to heart disease. 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 and chronic issues related to aging.

Upon a comprehensive review of the community’s recommended prioritized outcomes and NHMMC’s ED top 5 diagnosis codes, the Novant Health Matthews 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 Matthews Medical Center:

1. Diabetes
2. Obesity
3. Other Chronic Diseases
4. Maternal and Infant Health

IV. Addressing needs

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

Diabetes:

- Diabetes (A1C) community screenings
- Diabetes education

Obesity:

- Body Mass Index screening
- Community education

Other Chronic Diseases:

- Community health education
- Cancer wellness and prevention classes
- Community-based clinical breast exams

Maternal and Infant Health:

- Community education on healthy pregnancy and prepared childbirth

In addition to the programs and services offered to the community through Novant Health Matthews Medical Center, there are several existing community assets available throughout the Mecklenburg and Union County communities 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:

Health Needs	Local Community Resources Addressing Needs
<ul style="list-style-type: none"> - <i>Access to care</i> - <i>Chronic disease and disability</i> - <i>Maternal and infant health</i> - <i>Responsible sexual behavior</i> 	<ul style="list-style-type: none"> • CW Williams Health Center • Charlotte Community Health Clinic • Charlotte Volunteers in Medicine Clinic • Care Ring • Clare Bridge – Memory Care (Union County) • Council on Aging in Union County (Union County) • CMC Biddle Point • CMC Elizabeth Family Practice • CMC Meyers Park • CMC North Park • CMC Union • Community Health Services of Union County (Union

	<p>County)</p> <ul style="list-style-type: none"> • Free Clinics of Our Town (Davidson) • Matthews Free Medical Clinic • Mecklenburg County Health Department • NC MedAssist • Lake Norman Community Health clinic • Physicians Reach Out (administered by Care Ring) • Shelter Health Services • Bethesda Health Center • The ARC of Union County, Inc. (Union County) • Pediatric Boulevard (Union County) • HealthQuest (Union County) • Regional AIDS Interfaith Network (RAIN) – (Union and Mecklenburg County) • Union County Prescription Drug Program (Union County) • Union County Health Department • Union County Senior Nutrition • Union Park Assisted Living
<p>Community resources addressing:</p> <ul style="list-style-type: none"> - <i>Environmental health</i> - <i>Injury</i> - <i>Mental health</i> - <i>Substance abuse</i> - <i>Violence</i> 	<ul style="list-style-type: none"> • Children’s Alliance • Charlotte Mecklenburg Drug Free Coalition • Community Domestic Violence Review Team • Community Child Fatality Prevention and Protection Team • Community Care Partners of Greater Mecklenburg (Union & Mecklenburg County) • Charlotte Housing Authority • Daymark Recovery Services Inc. (Union County) • First Step at CMC-Union (Union County) • Friendship Home Inc. (Union County) • Piedmont Behavioral Healthcare (Union County) • Homeless Services Network • HIV Community Task Force • Mecklenburg Safe Routes to School • MAPPR – Mecklenburg Area Project for Primary Care Research • Mecklenburg Food Policy Council • Mecklenburg Fruit & Vegetable Coalition • MedLink of Mecklenburg • Operation ReachOut (Union County)

	<ul style="list-style-type: none"> • Union County Crisis Assistance Ministry (Union County) • Thompson and Child Family Focus (Mecklenburg and Union County) • Turning Point of Union County (Union County) • United Family Services (Union County) • Union County Department of Social Services (Union County) • Monroe Aquatics & Fitness Center (Union County) • Union County Parks & Recreation (Union County) • YWCA Willow Oaks (Union County)
--	--

V. Impact Evaluation of 2013-2015 Community Health Needs Assessment

Based on the previously reported health data from the 2013-2015 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 Matthews Medical Center as the following: **Diabetes, Obesity, and Access to Care.**

To address these priorities, Novant Health Matthews Medical Center committed to providing community education, screenings and support groups to address these needs. From 2013-2015, Novant Health Matthews 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:

- 1) Priority Area: Diabetes— Over 2,400 community members were reached through screenings that included A1C exams to measure one’s risk for diabetes. In addition, over 360 community members received health education specific to diabetes management and prevention. Screenings and educational classes were made available in the community at community centers, senior centers, Churches, and at local community events as requested.
- 2) Priority Area: Obesity – Over 1,800 community members were reached through Body Mass Index screenings which provide an indication of overweight and obesity. In addition to these screenings, NHMMC provided weight management and nutrition support groups and seminars to the community-at-large that reached over 900 community members.
- 3) Priority Area: Access to Care – NHMMC was successful in increasing the number of Dinner and Learn educational events where community members are provided with education on various health topics. In addition, new classes were offered through the Medical Explorers program which provides new community education programs targeted toward the broad population on healthy lifestyle, chronic disease prevention and managing healthcare resources.

Appendix A: Advisory group for 2013 Mecklenburg County CHA

Advisory Group for 2013 Mecklenburg County CHA	
Agency	
	Mecklenburg County Public Information
	Council for Children's Rights
	Center for Prevention Services
	MeckLINK
	Smart Start of Mecklenburg
	Elizabeth Family Medicine
	Care Ring
	Mecklenburg County Health Department
	Teen Health Connection
	Novant Health
	Centralina Area Agency on Aging
	Mecklenburg County Land Use and Environmental Services Agency (LUESA)
	Carolinas HealthCare System (CHS)
	Faith Community Health Ministry, CHS
	Carolinas HealthCare System (CHS)
	UNC Charlotte
	Carolinas Center for Injury Prevention, CHS
	Mecklenburg County Health Department
	MCHD Epidemiology staff

Appendix B: Advisory group for 2016 Union County CHNA

Collaborative Agencies & Departments
Carolinas HealthCare System (CHS)
Community residents
Monroe Aquatics & Fitness Center
Novant Health Corporate Analytics & Marketing
Novant Health Community Outreach
Novant Health Community Benefit
Novant Health Matthews Medical Center Library
Union County Department of Public Health
University of North Carolina Charlotte