



## **Novant Health Matthews Medical Center**

**Community Benefit Implementation Plan**

**Mecklenburg and Union County, North Carolina**

**2016-2018**

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

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## 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)

Adolescents make up over one-third (31.6%) of the population in Mecklenburg County, while seniors only make up 10% of the population.<sup>1</sup> From 2010 to 2020, the population of Mecklenburg 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.

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	5%

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

≥ Graduate or professional degree	\$67,022	≥ Graduate degree	8.2%	higher
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Source: Mecklenburg County 2015 Community Pulse

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.<sup>2</sup> 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 (2015).

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).<sup>3</sup> Non-white minorities currently make up 27.8% of the racial demographic in Union County.

<sup>2</sup> Mecklenburg County: Community Pulse 2015.

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

<sup>3</sup> 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 7<sup>th</sup> 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.<sup>4</sup>

## II. Prioritized Health Needs

### Mecklenburg County

#### **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%).

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<sup>4</sup> 2014 Union County State of the County Health Report.[http://www.co.union.nc.us/Portals/0/Health/Documents/SOTCH\\_2014.pdf](http://www.co.union.nc.us/Portals/0/Health/Documents/SOTCH_2014.pdf)

- 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%).

#### **a) County 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

### **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, 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.

### ***b) County 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, community recommendations were made for the top four prioritized health needs. Below is a summary of those recommendations from the community:

- *Access to Healthcare:* address barriers to access other than funding such as transportation, non-traditional hours, cultural competence, and improved communication and awareness of services and how to access them.
- *Chronic Disease:* create impactful programming including screenings and education for chronic disease issues such as cancer, heart disease, stroke and diabetes.
- *Aging Issues/Senior Services:* create collaborative partnerships and programming that would address resources for seniors such as elder-friendly housing, adult day centers, and community health education related to healthy aging.
- *Behavioral and Lifestyle Issues related to Obesity and Chronic Disease:* increase opportunities for physical activity through health programming, improve education and awareness about healthy food choices, include health education and support resources through local healthcare providers, promote communication and collaboration among healthcare providers, and promote mental health first aid.

**c) 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

### III. Issues identified for remediation

In the following section Novant Health Matthews Medical Center will address each of the top five prioritized needs. Each need includes actions that must be taken to achieve improved community health. Outlined within each need, Novant Health Matthews Medical Center will identify the description of need, programs, resources and intended actions, anticipated impact, priority populations, evaluation plan, intervention strategies, tactics for achievement, growth targets, and community partners.

The following action plans were developed through evaluation of Novant Health Matthews Medical Center programs and the U.S. Department of Health and Human Services “Healthy People 2020” topics. To determine anticipated impact, Healthy People 2020 objectives were reviewed and integrated into each priority area. As a leader committed to improving the nation’s health, it is imperative to Novant Health Matthews Medical Center that our guiding principles in defining our role in community health outreach and advocacy be well aligned with the Healthy People’s goal of achieving health equity and eliminating disparities. (See Appendix A for Healthy People 2020 objectives that were evaluated.)

#### a) Priority 1: Diabetes

Since 2010, Diabetes has moved up as a leading cause of death in Mecklenburg County and disproportionately affected African-Americans. Based on the same statistics, diabetes ranked as the fourth most common cause of death in non-whites.

**Programs, resources and intended actions to address diabetes:** Novant Health Matthews Medical Center offers community based services including education for diabetes prevention and diabetes management, as well as glucose and A1C screenings. All of these programs are intended to increase awareness of diabetes, promote healthy lifestyles that prevent disease, provide education around management and monitoring techniques and support patients through the initial stages of diagnosis and treatment.

SIGNIFICANT HEALTH NEED		
DIABETES		
COMMUNITY BENEFIT ACTIONS	PROGRAM	INTENDED OUTCOME

<b>Community A1C screenings</b>	Remarkable You community screening initiative in high African American populations	Early detection of undiagnosed prediabetic and diabetic participants will increase
<b>Community diabetes education</b>	Lecture series on diabetes prevention	Knowledge level of participants will increase and participants will learn new skills to change unhealthy behaviors

**b) Priority 2: Obesity**

In the Community Health Assessment, residents were asked a series of questions related to health behavior choices. In 2012, over 59% of Mecklenburg adult residents were reportedly overweight or obese, and approximately 20% of adults reported some physical activity in the past month. In 2011, only 18% of Mecklenburg County adults consumed five or more servings of fruits and vegetables a day, and one third of teens reported spending three hours or more per day playing video games or using a computer for something other than school work on an average school day.

**Programs, resources and intended actions to address obesity:** Novant Health Matthews Medical Center offers programs to address obesity, including body mass index screenings, and nutrition education. Additionally, Novant Health Matthews Medical Center collaborates with various community partners to support other nutrition and fitness programs throughout Mecklenburg County. All programs and partnerships are intended to increase exposure and access to healthy foods, decrease weight loss and lower overall health risk factors.

SIGNIFICANT HEALTH NEED		
OBESITY		
COMMUNITY BENEFIT ACTIONS	PROGRAM	INTENDED OUTCOME
<b>Community Body Mass Index (BMI) screenings</b>	Remarkable You community screening initiative	Early detection of undiagnosed obese participants will increase and participants will learn new skills to change unhealthy behaviors
<b>Community nutrition education</b>	Lectures on healthy eating and weight management	Knowledge level of participants will increase and participants will learn new skills to change unhealthy behaviors

**c) Priority 3: Other Chronic Diseases**

Cancer and heart disease are ranked the first and second leading causes of death, respectively, in Mecklenburg County and in the state of North Carolina. The number of cancer deaths decreased 3.9% from 2010 to 2011. Cancer deaths decreased 10.3% for men and increased 3.2% for women in Mecklenburg County. In addition, women tend to die of higher rates of Alzheimer’s and other chronic diseases than men in Mecklenburg County.

**Programs, resources and intended actions to address other chronic diseases:** Novant Health Matthews Medical Center provides mobile mammography services and clinical breast exams to uninsured/underinsured women. All of these screenings are designed to increase early detection of cancer. Additionally, Novant Health Huntersville Medical Center offers heart risk assessments, vascular screenings, and cardiac education that are designed to increase the community’s awareness of risk factors, prevent unnecessary cardiac related problems, and connect individuals to prevention and management services.

SIGNIFICANT HEALTH NEED		
OTHER CHRONIC DISEASES		
COMMUNITY BENEFIT ACTIONS	PROGRAM	INTENDED OUTCOME
<b>Community Cancer screenings</b>	Novant Health mobile mammography unit and community cancer screenings in racial minority populations	Participants will change beliefs about importance of annual screening for early detection and increase adherence for follow up appointments.
<b>Community education</b>	Lectures on healthy lifestyles and chronic disease and/or cancer prevention	Knowledge level of participants will increase and participants will learn new skills to change unhealthy behaviors
<b>Cardiac screenings</b>	Heart and vascular screenings for community-at-large	Detection of undiagnosed heart disease risk factors among participants will increase

**d) Priority 4: Maternal and Infant Health**

The weight and gestational age of a newborn infant are the most important predictors for his or her subsequent health and survival. Infants born preterm (<37 weeks) and or at low birth weight (<2,500g or 5 lbs. 8 oz.) have a much greater risk of death and both short and long-term disability than full term infants. In 2011, black preterm and low birth weight rates remained the highest of all race/ethnic groups in Mecklenburg County. Additionally, of concern is the considerable gap between the mortality rates for white infants and infants of other races. From 2007-2011 the rate for non-Hispanic black infants (11.1 per 1,000 live births) was 3 times greater than the rate for non-Hispanic white infants (3.1). Another area for concern is the number of infant deaths caused by Accidental Suffocation. These deaths are due to unsafe sleep practices and are preventable.

**Programs, resources and intended actions to address maternal and infant health:** Novant Health Matthews Medical Center offers community education on healthy pregnancy and breastfeeding basics, along with courses in prepared childbirth, sibling preparation and infant care. All services are intended to increase knowledge of healthy pregnancy, risk factors related to low birth weight babies and provide parents-to-be with education and resources related to raising a healthy infant.

SIGNIFICANT HEALTH NEED		
MATERNAL AND INFANT HEALTH		
COMMUNITY BENEFIT ACTIONS	PROGRAM	INTENDED OUTCOME
Prepared childbirth classes	Lectures on healthy pregnancy, reducing risk factors and infant care	Knowledge level of participants will increase and participants will learn new skills and decrease risk factors

#### IV. Unaddressed health needs

Although Novant Health Matthews Medical Center is working to address several significant needs in the community, we are unable to impact all identified county priorities, but will support community partners as appropriate with the following known issues:

Health Needs	Local Community Resources Addressing Needs
<ul style="list-style-type: none"> <li>- <b>Access to care</b></li> <li>- <b>Chronic disease and disability</b></li> <li>- <b>Maternal and infant health</b></li> <li>- <b>Responsible sexual behavior</b></li> </ul>	<ul style="list-style-type: none"> <li>• CW Williams Health Center</li> <li>• Charlotte Community Health Clinic</li> <li>• Charlotte Volunteers in Medicine Clinic</li> <li>• Care Ring</li> <li>• Clare Bridge – Memory Care (Union County)</li> <li>• Council on Aging in Union County (Union County)</li> <li>• CMC Biddle Point</li> <li>• CMC Elizabeth Family Practice</li> <li>• CMC Meyers Park</li> <li>• CMC North Park</li> <li>• CMC Union</li> <li>• Community Health Services of Union County (Union County)</li> <li>• Free Clinics of Our Town (Davidson)</li> <li>• Matthews Free Medical Clinic</li> <li>• Mecklenburg County Health Department</li> <li>• NC MedAssist</li> <li>• Lake Norman Community Health clinic</li> <li>• Physicians Reach Out (administered by Care Ring)</li> </ul>

	<ul style="list-style-type: none"> <li>• Shelter Health Services</li> <li>• Bethesda Health Center</li> <li>• The ARC of Union County, Inc. (Union County)</li> <li>• Pediatric Boulevard (Union County)</li> <li>• HealthQuest (Union County)</li> <li>• Regional AIDS Interfaith Network (RAIN) – (Union and Mecklenburg County)</li> <li>• Union County Prescription Drug Program (Union County)</li> <li>• Union County Health Department</li> <li>• Union County Senior Nutrition</li> <li>• Union Park Assisted Living</li> </ul>
<p><b>Community resources addressing:</b></p> <ul style="list-style-type: none"> <li>- <i>Environmental health</i></li> <li>- <i>Injury</i></li> <li>- <i>Mental health</i></li> <li>- <i>Substance abuse</i></li> <li>- <i>Violence</i></li> </ul>	<ul style="list-style-type: none"> <li>• Children’s Alliance</li> <li>• Charlotte Mecklenburg Drug Free Coalition</li> <li>• Community Domestic Violence Review Team</li> <li>• Community Child Fatality Prevention and Protection Team</li> <li>• Community Care Partners of Greater Mecklenburg (Union &amp; Mecklenburg County)</li> <li>• Charlotte Housing Authority</li> <li>• Daymark Recovery Services Inc. (Union County)</li> <li>• First Step at CMC-Union (Union County)</li> <li>• Friendship Home Inc. (Union County)</li> <li>• Piedmont Behavioral Healthcare (Union County)</li> <li>• Homeless Services Network</li> <li>• HIV Community Task Force</li> <li>• Mecklenburg Safe Routes to School</li> <li>• MAPPR – Mecklenburg Area Project for Primary Care Research</li> <li>• Mecklenburg Food Policy Council</li> <li>• Mecklenburg Fruit &amp; Vegetable Coalition</li> <li>• MedLink of Mecklenburg</li> <li>• Operation ReachOut (Union County)</li> <li>• Union County Crisis Assistance Ministry (Union County)</li> <li>• Thompson and Child Family Focus (Mecklenburg and Union County)</li> <li>• Turning Point of Union County (Union County)</li> <li>• United Family Services (Union County)</li> <li>• Union County Department of Social Services (Union</li> </ul>

	County) <ul style="list-style-type: none"> <li>• Monroe Aquatics &amp; Fitness Center (Union County)</li> <li>• Union County Parks &amp; Recreation (Union County)</li> <li>• YWCA Willow Oaks (Union County)</li> </ul>
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**V. Role of the board and administration**

The Novant Health Southern Piedmont Region Board of Trustees and Novant Health Matthews Medical Center administration are active participants in the community benefit process. Through strategic planning initiatives focused on chronic disease, community health outreach, and access to care, leadership provides direction on actions and intended impact, and serves as the approving body for the community health needs assessment and community benefit implementation plan. Administrative leaders serve on the County assessment process teams, priority setting committee and action planning team and hospital board members participate and provide influence to the community benefit plans. All members are actively involved in the priority setting discussion and outreach planning process. Additionally, community benefit reports are provided to the board and facility leadership teams throughout the calendar year for ongoing education.



## Appendix A: Healthy People 2020 Indicators

### Diabetes

- Increase the proportion of persons with diabetes whose condition has been diagnosed (Healthy People 2020; D-15).
- Increase the proportion of persons with diagnosed diabetes who receive formal education (Healthy People 2020; D-14).

### Obesity

- Increase the proportion of adults who are at a healthy weight (Healthy People 2020; NWS-8).
- Reduce the number of children and adolescents who are considered obese (Healthy People 2020; NWS-10).

### Heart Disease and Stroke

- Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high (Healthy People 2020; HDS-4)
- Reduce the proportion of persons in the population with hypertension (Healthy People 2020; HDS-5)

### Cancer

- Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines (Healthy People 2020; C-17).

### Infant Mortality

- Increase the proportion of pregnant women who attend a series of prepared childbirth classes (Healthy People 2020; MICH-12)