



## **Novant Health Matthews Medical Center**

**Community Benefit Implementation Plan**

**Mecklenburg and Union County, North Carolina**

**2019-2021**

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

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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 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 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 and Secondary Service Area Zip Codes:

Zip Code	City	County
28105	Stallings	Union
28227	Charlotte	Mecklenburg
28079	Indian Trail	Union
28110	Monroe	Union
28104	Matthews	Mecklenburg
28270	Charlotte	Mecklenburg
28212	Charlotte	Mecklenburg
28173	Waxhaw	Union
28277	Charlotte	Mecklenburg
28112	Monroe	Union
28215	Charlotte	Mecklenburg

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

Population

Mecklenburg & Union 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.

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

Demographic data for Mecklenburg and Union Counties is outlined below:

Mecklenburg County & Union County Population by Race & Ethnicity (2018)

	Mecklenburg County	Union County	North Carolina
Population Estimate	1,093,901	235,908	10,383,620
Persons Under 5 Years	6.6%	5.7%	5.9%
Persons Under 18 Years	23.6%	26.8%	22.2%
Person 65 Years & Over	11.2%	12.7%	16.3%
Female Persons	51.9%	50.8%	51.4%
White Alone	46.4%	71.6%	62.8%
Black/African-American Alone	32.9%	12.3%	22.2%
American Indian & Alaska Native Alone	0.8%	0.6%	1.6%
Asian Alone	6.4%	3.4%	3.2%
Native Hawaiian & Other Pacific Islander Alone	0.1%	0.1%	0.1%
Two or More Races	2.4%	2.0%	2.3%
Hispanic or Latino	13.6%	11.4%	9.6%

Source: U.S. Census Bureau (2018).

In this chart, race/ethnicity percentages sum to exceed 100% because some individuals identify in multiple categories.

Source: Mecklenburg County 2015 Community Pulse

Children and adolescents make up almost one-third (30.2%) of the population in Mecklenburg County and 32.5% in Union County, while seniors only make up 11.2% and 12.7% of the population<sup>1</sup> respectively. From 2010 to 2020, the population of Mecklenburg County has been projected to grow by 24% and 19% in Union County. North Carolina’s population is projected to grow by 11% during the same time period. Non-white minorities currently make up over one-half (53.6%) of the racial demographic in Mecklenburg County and 28.4% in Union County.

Mecklenburg County households earn a median income that is approximately 22.6% higher than the North Carolina state average and Union County household earned 40.8% more than the North Carolina

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

state average. According to the U.S. Census 2017 American Community Survey, more than one-fourth (29.2%) of Mecklenburg County residents have attained a bachelor’s degree or higher<sup>2</sup> and 23.7% of the residents in Union have attained a bachelor’s degree or higher. A key indicator to evaluate economic condition of Mecklenburg County and Union County is the poverty rate. The poverty rate for Mecklenburg County is lower than the North Carolina state average by 2.7%, while the poverty rate for Union County is significantly less than the North Carolina state average by 6.7%.

Median Household Income		Population Educational Attainment & Poverty Level			
Mecklenburg County	\$61,695	Education & Poverty Level	Mecklenburg County	Union County	North Carolina
Union County	\$70,858	< HS diploma/GED	10.1%	10.2%	13.1%
North Carolina	\$50,320	HS diploma/GED	17.9%	89.8%	86.9%
		Bachelor's degree	29.2%	23.7%	29.9%
		Persons below poverty level	13.4%	9.4%	16.1%

## II. Prioritized Health Needs

### Mecklenburg County

#### 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

<sup>2</sup> American Community Survey (2013-2017) <http://data.census.gov>

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) 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, substance use disorder, and access to care.

**Union County**

**a) Identified Significant Health Needs**

The survey asked respondents to identify their top three concern areas within the categories of physical health, mental health, behaviors that affect health and issues that affect quality of life. The top three results in each category are included below.

- 1. Cancer
- 2. Obesity
- 3. High blood pressure
- 4. Anxiety
- 5. Depression
- 6. Sleep issues
- 7. Low income/poverty
- 8. Lack of affordable housing
- 9. Lack of affordable healthy food
- 10. Drug use
- 11. Poor eating habits
- 12. Lack of exercise

When asked to describe their access to care, the majority of respondents saw a doctor or dentist on a regular basis and received health care services when they needed them. More than half of adult and senior respondents viewed themselves as overweight, obese, or morbidly obese, and 44% of adults felt their current weight impacted their health.

When asked to their propensity for health risk factors, more than 75% of adult and senior survey respondents were not eating daily recommended surveys of fruits and vegetables, getting the daily recommended amount of physical activity. More than half of respondents across all three surveys reported 3 or more hours per day of screen time.

***Recommended Prioritized Health Outcomes***

Union County recommended prioritized health outcomes will be identified as the assessment process continues – action plans from the Union County Health Department will be crafted to address prioritized issues.

***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 July-December 2018.

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

Inpatient		Outpatient	
Diagnosis	Volume	Diagnosis	Volume
Sepsis, unspecified organism	328	Chest pain, unspecified	760
Hypertensive heart and chronic kidney disease with heart failure and stage 1-4 kidney disease	157	Other chest pains	504
Non-ST elevation (NSTEMI) myocardial infarction	88	Headache	394
Hypertensive heart disease with heart failure	70	Unspecified abdominal pain	334
Acute kidney failure, unspecified	69	Syncope and collapse	315

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, chronic stress 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 two significant health priorities for Novant Health Matthews Medical Center:

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

### **III. Issues identified for remediation**

In the following section Novant Health Matthews Medical Center will address each of the top two 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.

<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

**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:

<b>Health Needs</b>	<b>Local Community Resources Addressing Needs</b>
<ul style="list-style-type: none"> <li>- <b><i>Chronic disease Prevention</i></b></li> <li>- <b><i>Healthy Pregnancy</i></b></li> <li>- <b><i>HIV &amp; STD Prevention</i></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>• CMC Biddle Point</li> <li>• CMC Elizabeth Family Practice</li> <li>• CMC Meyers Park</li> <li>• CMC North Park</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> </ul>

	<ul style="list-style-type: none"> <li>• Physicians Reach Out (administered by Care Ring)</li> <li>• Shelter Health Services</li> <li>• Bethesda Health Center</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>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>• Charlotte Housing Authority</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> </ul>

**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)