



Novant Health Rowan Medical Center

Community Health Needs Assessment

Rowan County, North Carolina

2019-2021

Approved by the Novant Health Rowan Medical Center Board of Trustees on October 21, 2019

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I. Introduction

Novant Health Rowan Medical Center, in partnership with Rowan County Health Department (RCHD), Rowan County United Way, and Healthy Rowan - conducted a community health needs assessment in 2018 to identify the most pressing health needs in our community. Novant Health Rowan Medical Center will enhance the community's health by offering health and wellness programming, clinical services and financial support to meet health needs identified.

a) Organization Overview

Novant Health Rowan Medical Center is an integral part of the Novant Health system (collectively known as "Novant Health"). Novant Health (NH) 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 including 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 Rowan Medical Center (NHRMC) is a 268-bed tertiary care hospital, providing a full continuum of services, including emergency, maternity care, surgery, diagnostics, rehabilitation, and other specialty care such as hospice, psychiatric and chemical dependency.

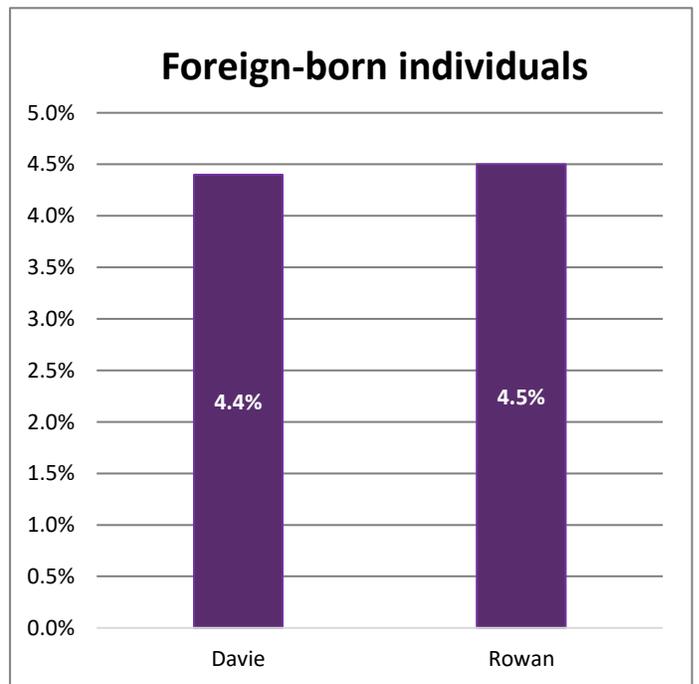
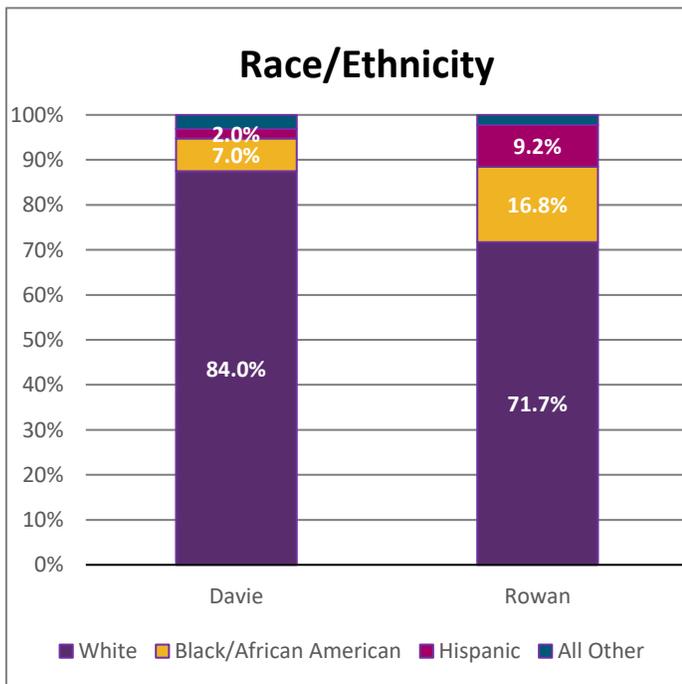
b. Our Defined Community

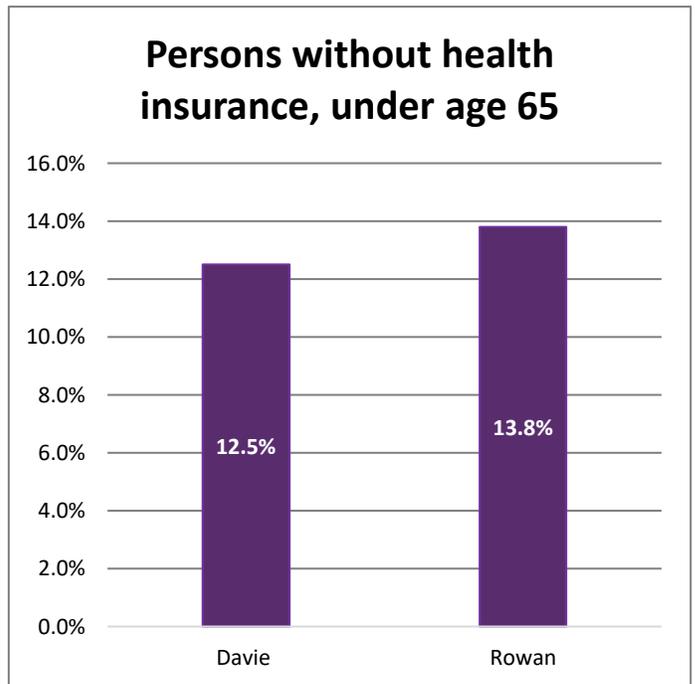
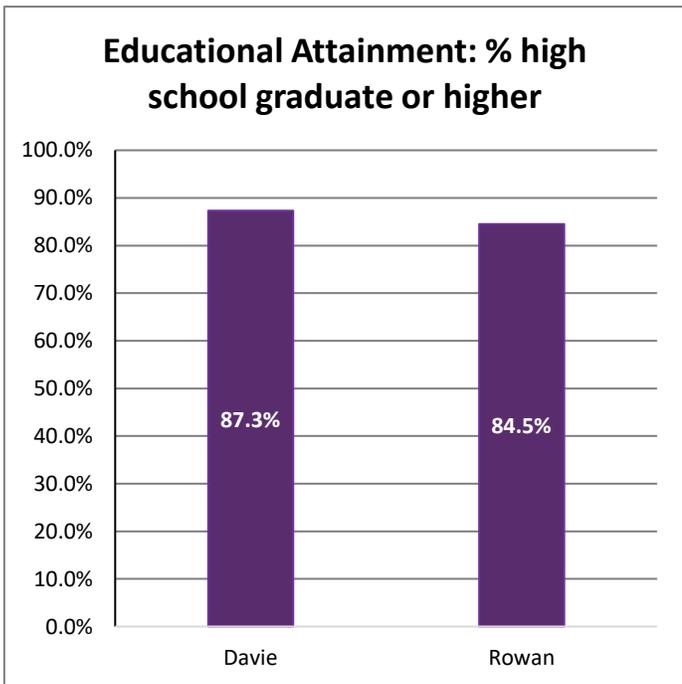
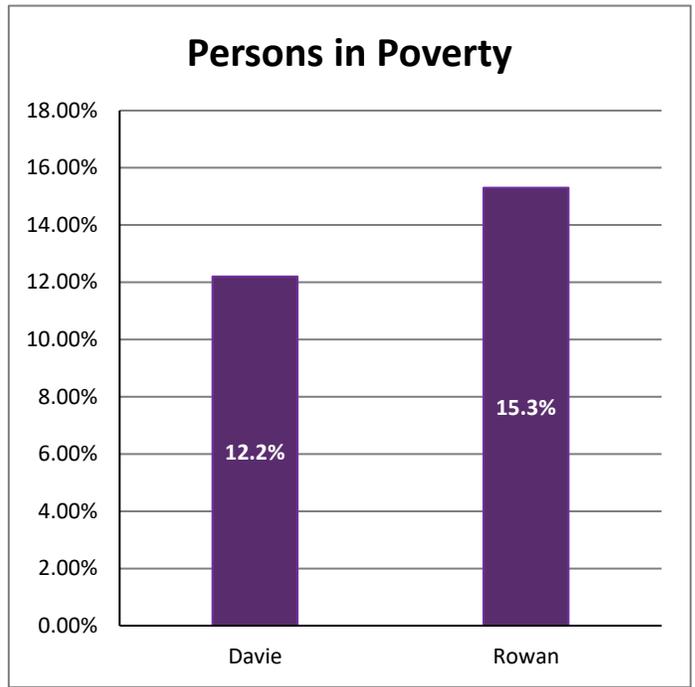
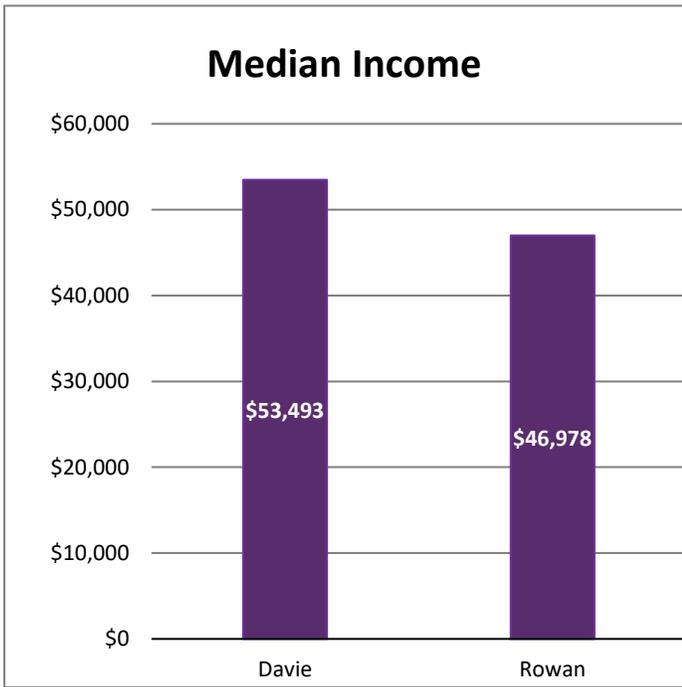
Primary Service Area

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

Zip Code	City	County
27013	Cleveland	Rowan
27028	Mocksville	Davie
28023	China Grove	Rowan
28138	Rockwell	Rowan
28144	Salisbury	Rowan
28146	Salisbury	Rowan
28147	Salisbury	Rowan
28159	Spencer	Rowan

The Primary Service Area for Novant Health Rowan Medical Center includes the cities of Cleveland, China Grove, Rockwell, Salisbury and Spencer, which are located in Rowan County and the town of Mocksville which is located in Davie County. Though there are two counties in the Novant Health Rowan Medical Center Primary Service Area, 98% of the patients in the Primary Service Area, and 91% of the patients overall, reside in Rowan County. A comparison of county data from each geographic area from which the hospital draws its patients was conducted. Based on comparison of race/ethnicity, median income, educational attainment, persons in poverty and foreign-born individuals, Rowan County represents the highest population of potentially underserved, low-income and minority individuals from the Primary Service Area.

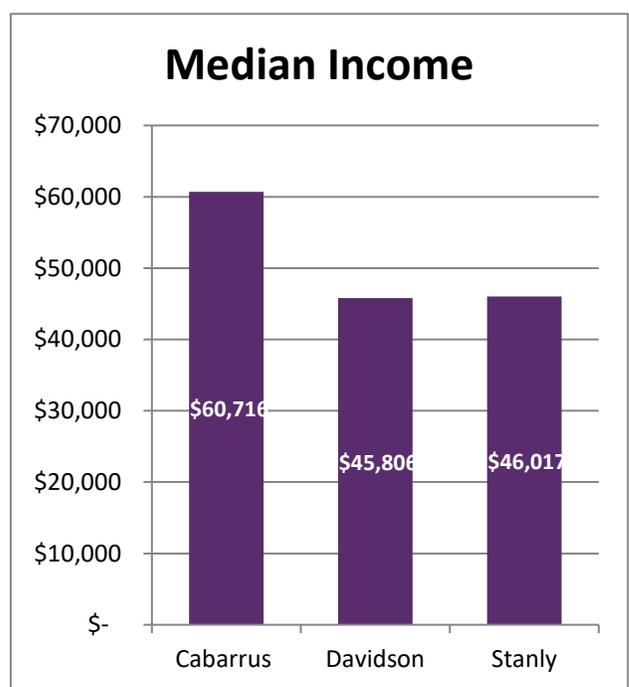
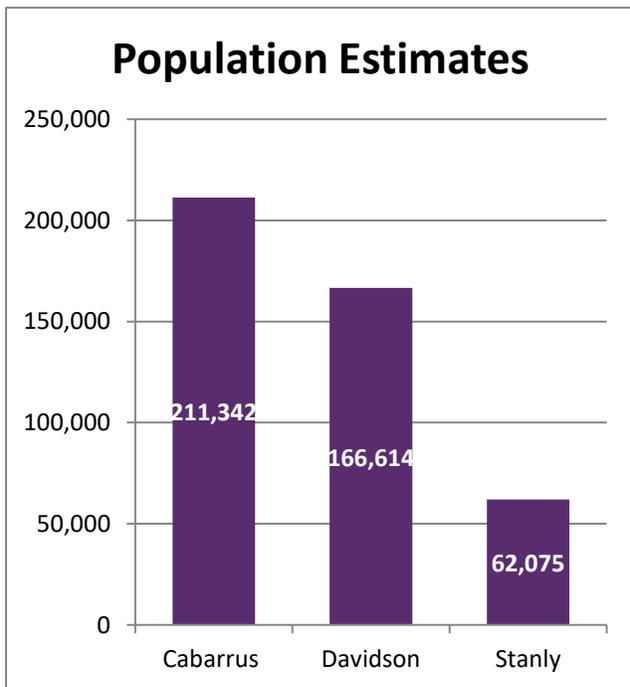
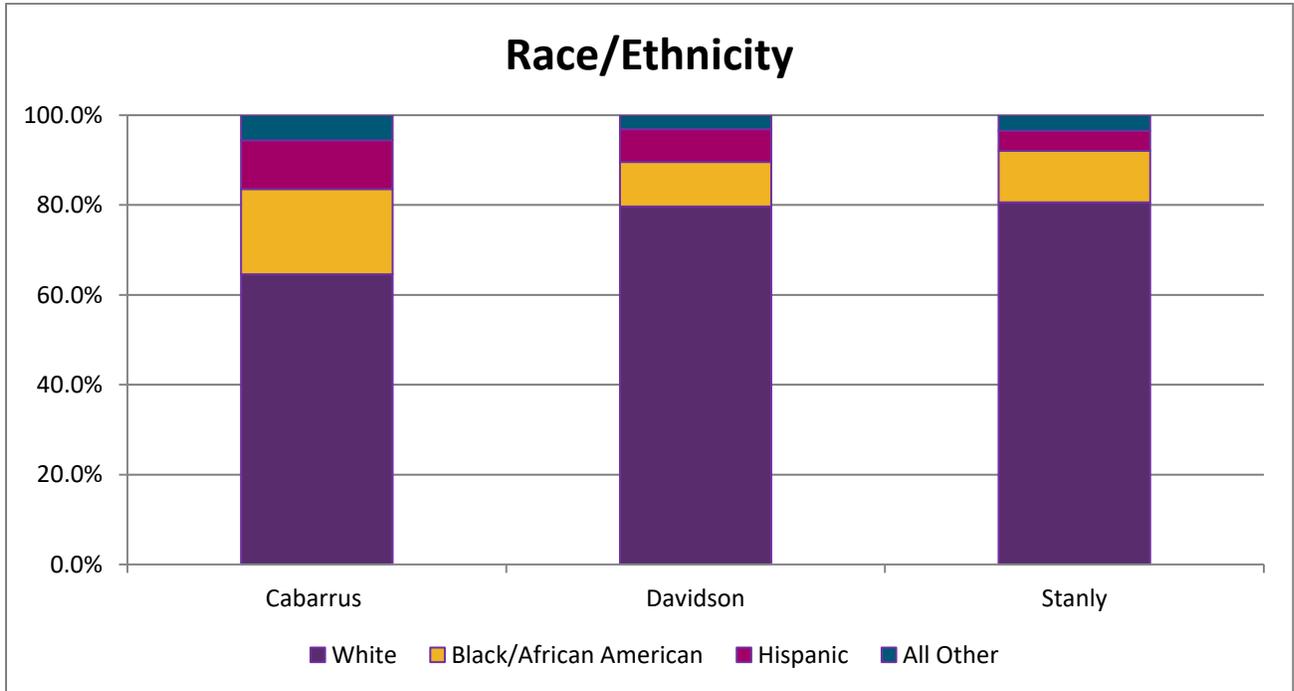




Source for all graphs: U.S. Census Bureau (2018)

Secondary Service Area

The Secondary Service Area for Novant Health Rowan Medical Center covers a three-county radius, including: Cabarrus, Rowan, and Stanly Counties. According to the 2018 U.S. Census estimates and the 2017 American Community Survey Data, the aforementioned counties include the following demographic profiles:



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

Rowan County Population: Demographics

As outlined in the charts above, Rowan County represents the highest population of potentially underserved, low-income and minority individuals from the Primary Service Area. As the majority of patients also reside in Rowan County, this county will be the sole focus of demographic, health and social indicators.

Rowan County, which constitutes the vast majority of Novant Health Rowan Medical Center's primary service area and defined community, includes the county seat of Salisbury. Based on 2018 estimates¹, Rowan County has a population of 140,644 residents. Estimates indicate that Rowan County's population grew 1.5% since the 2010 US Census when there were an estimated 138,442 county residents. The population is expected to grow 3% from 2020-2030. The county is located between the State's largest city, Charlotte, and its capital, Raleigh. The county covers 511.37 square mile area, with an average of 270.7 persons per square mile based on 2018 population estimates.

Children and adolescents make up just under one-quarter (22.2%) of the population in Rowan County, while seniors make up 17.1% of the population. Non-white minorities currently make up 28.8 % of the racial demographic in Rowan County. Demographic data for Rowan County is outlined below:

Rowan County Population by Race & Ethnicity (2018)

	Rowan County	North Carolina
Population Estimate	141, 262	10,383,620
Persons Under 5 Years	5.8%	5.9%
Persons Under 18 Years	22.2%	22.2%
Person 65 Years & Over	17.6%	16.3%
Female Persons	50.6%	51.4%
White Alone	71.7%	62.8%
Black/African-American Alone	16.8%	22.2%
American Indian & Alaska Native Alone	0.6%	1.6%
Asian Alone	1.3%	3.2%
Native Hawaiian & Other Pacific Islander Alone	0.1%	0.1%
Two or More Races	1.7%	2.3%
Hispanic or Latino	9.2%	9.6%

Source: U.S. Census Bureau (2018). Race/Ethnicity percentages in this chart total more than 100%, as individuals may self-select multiple categories.

¹ US Census Bureau 2018. State and County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/37159.html>

Rowan County Population: Health Indicators

In the 2018 County Health Rankings, Rowan County ranks 62 out of 100 counties for health outcomes, performing particularly poorly in length of life, health behaviors, and social/economic factors. In reviewing the statistics below, it should be noted that several indicators disproportionately affect racial minority populations, including years of potential life lost (African American residents (11,700) compared to white (9,600) and Hispanic residents (4,100)); teen birth rate (Hispanic residents (70%) compared to African American (46%) and white residents (27%)); and children in poverty (African American (48%), compared to Hispanic (38%) and white (18%))². Other key findings are listed below:

Length of Life (Ranked 79 out of 100)	Rowan County	Top U.S. Performers	North Carolina
Years of potential life lost before age 75 per 100,000 population (age-adjusted).	9,500	5,300	7,300
Health Behaviors (Ranked 67 out of 100)	Rowan County	Top U.S. Performers	North Carolina
Percentage of adult obesity	34%	26%	30%
Teen births per 1,000 individuals aged 15-19	35	15	29
Social & Economic Factors (Ranked 62 out of 100)	Rowan County	Top U.S. Performers	North Carolina
Percentage of children under 18 in poverty	26%	12%	22%
Percentage of adults with some college education	54%	72%	66%

Source: County Health Rankings & Roadmaps

Rowan County’s leading cause of death in 2017 was cancer followed closely by diseases of the heart. Heart disease, cancer, and chronic lower respiratory disease have been the three leading causes of death in Rowan County since 2010:

² NC County Health Rankings & Roadmaps: <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/rowan/county/outcomes/overall/snapshot>

Leading Causes of Death in Rowan County in 2017			
Rank	Cause of Death	Number	%
1	Cancer	342	20.2
2	Diseases of heart	318	18.8
3	Chronic lower respiratory diseases	127	7.5
4	All other unintentional injuries	106	6.3
5	Cerebrovascular diseases	90	5.3
6	Alzheimer's disease	63	3.7
7	Diabetes mellitus	56	3.3
8	Influenza and pneumonia	49	2.9
9	Nephritis, nephrotic syndrome and nephrosis	37	2.2
10	Septicemia	37	2.2
	All other causes (Residual)	466	27.6
	Total Deaths – All Causes	1,691	100.0

Source: NC State Center for Health Statistics

Rowan County Population: Social Indicators

Rowan County residents earn a median income that is lower than the North Carolina state average. According to the U.S. Census American Fact Finder, approximately (18.4%) of Rowan County residents age 25+ have attained a bachelor's degree or higher³. A key indicator to evaluate the economic condition of Rowan County is the poverty rate. The poverty rate for Rowan County residents, though higher than the NC rate, continues to decline in comparison to the North Carolina rate. The poverty rate for children (ages 0-17) in Rowan County, is 2.7% higher than the NC State average, but is also declining compared to past rates.

Median Household Income		Population Educational Attainment (≥ 25 yrs. old)		Poverty Rate	
Rowan County	\$46,978	< HS diploma/GED	15.5%	All ages (Rowan County)	16.8%
		HS diploma/GED	33.1%	All ages (North Carolina)	16.1%
North Carolina	\$50,320	Some college or associate's degree	33.0%	Children (0-17) (Rowan County)	25.6%
		Bachelor's degree	13.3%	Children (0-17) (North Carolina)	22.9%
		\geq Graduate degree	5.1%		

Source: U.S. Census Bureau (2018)

Source: ACS (2013-2017)

Source: ACS (2013-2017)

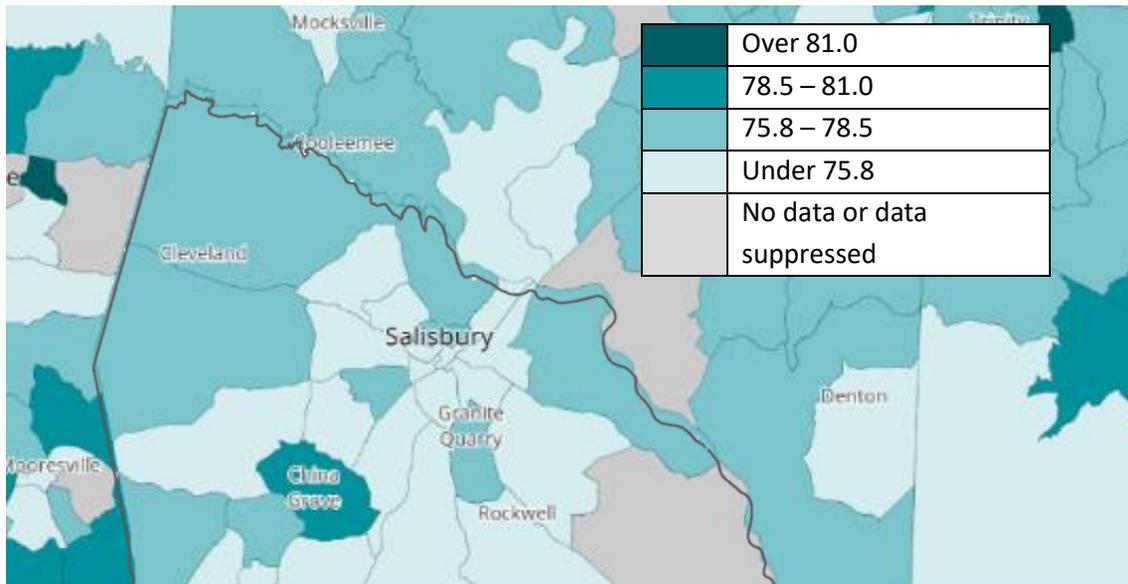
³ U.S. Census Bureau. American FactFinder 2018.

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

The Rowan County unemployment rate snapshot from February 2019 shows a rate just above the NC overall rate⁴. According to RWJF’s County Health Rankings and Roadmaps⁵, 11% of Rowan County residents struggle with access to healthy foods, above the state’s percentage. Additionally, more than 40% of renters in Rowan County spend more than 30% of their household income on rent⁶. With more than 14,500 occupied rental units (or 38.3% of the population) renting, this figure represents more than 6,000 individuals⁶. Rowan County residents also have a higher than average percentage of households without access to a vehicle.

Unemployment Rate ⁴		Limited Access to Healthy Foods ⁷		Renters spending more than 30% Of Household Income on Rent ⁶		Percent of Households without a Vehicle ⁶	
Rowan County	4.2%	Rowan County	11%	Rowan County	43.8%	Rowan County	6.2%
North Carolina	3.9%	North Carolina	7%	North Carolina	48.7%	North Carolina	6.1%

Life expectancy rates across Rowan County are varied, with most areas equivalent to or lower than the NC average of 77.9⁷. The highest life expectancies occur in China Grove, while the lowest life expectancies occur in and around Salisbury and Rockwell.



Source: Community Commons www.communitycommons.org

⁴ NC Bureau of Labor Statistics <https://www.bls.gov/eag/eag.nc.htm>

⁵ NC County Roadmaps and Rankings <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/rowan/county/outcomes/overall/snapshot>

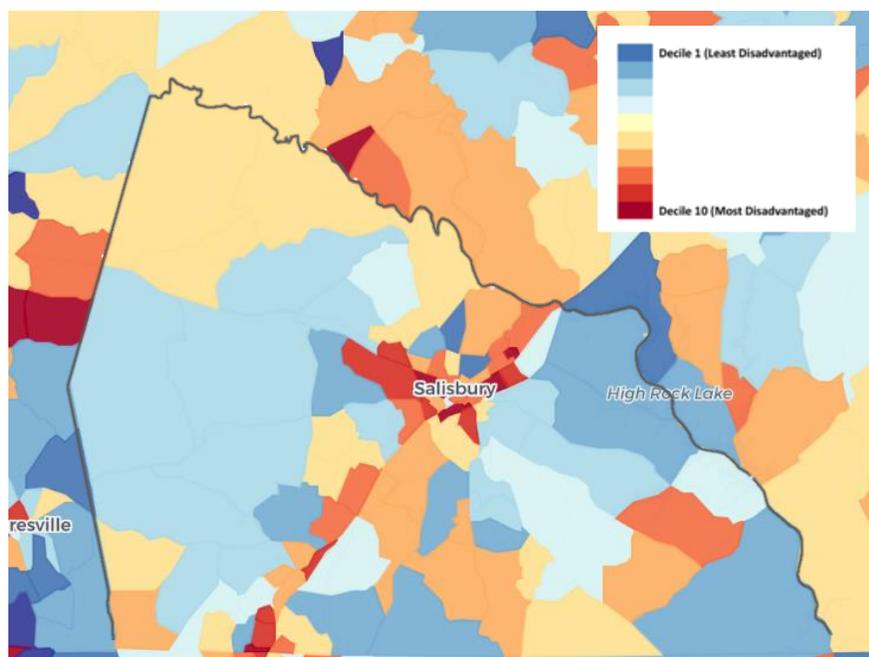
⁶ ACS 2013-2017 Select Housing Characteristics <https://factfinder.census.gov>

⁷ The US Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. *JAMA*. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

Rowan 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 prevalence⁸.

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. Census tracts 504 and 508, in Northwest Salisbury and East Spencer, consistently display the greatest vulnerability in concentrated poverty, number of uninsured residents, number of renters, lack of access to a vehicle, food deserts, and single parent homes. When segmented by race, African American residents of Rowan County skew to the less advantaged side, while white residents follow a normal bell-curve distribution which is different distribution pattern than all other Novant Health facilities.



Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index. 5/1/2018.
Available at: <https://www.neighborhoodatlas.medicine.wisc.edu>

⁸ <https://www.bls.gov/eag/eag.nc.htm>

II. Assessment process

The following are excerpts and findings from the **2018 Rowan County Community Health Assessment (CHA)**. To access the full report, please visit

https://www.rowancountync.gov/DocumentCenter/View/17629/2018_RowanCounty_Community_Health_Needs_Assessment?bidId=

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. As part of the Patient Protection and Affordable Care Act of 2011, not-for-profit hospitals are also now required to conduct a Community Health Needs Assessment (CHNA) once every three years. To accomplish this, the Rowan County United Way worked with the Rowan County Health Department (RCHD), Novant Health Rowan Medical Center and Healthy Rowan to conduct a community needs assessment with support from the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health. Between March and November 2018, agency and community partners completed a Community Health and Human Service Needs Assessment. 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 CHA was strengthened by the collaborative nature and engagement of the Community Assessment Advisory Group, who guided the assessment from beginning to completion through instrument review, survey collection, focus group hosting and coordination and action planning. The efforts of the CHA team and other community agencies and individuals were instrumental in ensuring diversity during the CHA process.

(See Appendix A for a complete list of agencies that were represented on the advisory and work groups. Please see the RDPH 2018 CHA Report at for a listing of individual participant names:

https://www.rowancountync.gov/DocumentCenter/View/17629/2018_RowanCounty_Community_Health_Needs_Assessment?bidId=).

b) Solicitation

The CHA Advisory Group solicited input from persons who represent the broad interest of Rowan County, NC including minorities, persons living in poverty and those without a high school degree. To ensure that broad input from Rowan's diverse community was sought after, the CHA team and CHA consultant surveyed the community through surveys and community meetings practices. The survey was rigorously designed with a 2-stage cluster sampling methodology to ensure the results are representative of and generalizable to all residents of Rowan County. Trained interviewers administered the Community Health Opinion Survey to community residents in randomly selected neighborhoods and at households throughout the county. The survey respondent pool was racially and socioeconomically balanced in comparison to current Rowan County racial and socioeconomic demographic estimates. Seven focus groups were held between June 8, 2018 and June 22, 2018. Seventy residents of Rowan

County participated in the focus groups. Specific details about the focus groups are provided in Appendix B of the full RDPH 2018 CHA Report, which is linked above.

c) *Data collection and Analysis*

Primary Data

The Community Health Opinion Survey

The community needs assessment process was designed to include and amplify the voices of the residents of Rowan County. Community members provided input through the Community Health Opinion Survey, which took place May 10-12, 2018 and various evenings May 22 through June 12, 2018. A total of 169 residents participated in the survey. The survey included questions related to community and personal health status and access to care, community issues and services, community improvement readiness, housing, physical environment and family and household demographic characteristics. Specific details about the survey are provided in Appendix A of the RCHD 2018 CHA Report, which is linked above.

The 2018 survey respondent pool was 57.7% women and the median age was 55 for the respondents. Tracking forms were kept by survey teams to account for the outcome of each door that was knocked on. The success rate was 81.0% (169/210), while the response rate was 59.7% (169/317). This is a measure of cooperation and is calculated by dividing the number of completed interviews by the number of housing units where contact was made. The contact rate was 29.0%, which is a measure of effort and is calculated by dividing the total number of surveys completed by the total number of attempts. There were 289 contacts made during the sampling in nearly 587 attempts. This includes instances where there was no one home and a replacement address had to be selected. Tracking forms were not available for all completed interviews, so the response rate calculations are incomplete. These are all typical rates seen when conducting face-to-face interviews and do not indicate a high probability that bias exists in the sample. The racial and socioeconomic makeup of the respondents was representative of the current racial and socioeconomic demographic estimates for Rowan County.

Focus Groups

As part of primary data collection, seven focus groups were held. The Community Health and Human Service Needs Assessment Advisory Group selected the focus group populations, which were:

- Youth
- Elderly and seniors
- Persons experiencing homelessness
- Persons living with physical disabilities
- Hispanic/Latinx
- Non-profit and government agency leaders
- Business leaders

Qualitative data was gathered through seven 1 ½ hour focus groups, each made up of 5-12 participants. These focus groups were designed to sample populations that were under-sampled (Hispanic/Latino, youth, homeless and disabled populations) in the survey and to elicit data around attitudes and behaviors that were not captured in the survey. Identified participants were recruited in-person, over the phone, and by email and flyer. All participants were required to be residents of Rowan County. Each recruit was given an information sheet outlining what the focus group was about, that it was voluntary and confidential, that it would be recorded, and that they could withdraw their consent and leave the group at any time. Minor participants in the youth focus group were also required to provide parent or guardian consent for them to join the group and were asked for their own verbal assent.

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:

- Sources provided/suggested in the Community Health Assessment
- Rowan County Health Department internal and external sources
- Novant Health Rowan Medical Center

III. Identifying & Prioritizing of Health Needs

a) Identified Significant Health Needs

After data was collected from the Community Health Opinion Survey, the focus groups, and secondary data sources it was presented at two Steering Committee meetings on July 11th and August 8th, 2018. At these meetings, Steering Committee members were asked to share their opinions on what data should be acted upon at the end of the assessment process. Their feedback, combined with the top concerns and priorities reported in the Community Health Opinion Survey and Focus Groups, helped inform the Advisory Group's selection of 9 focus areas:

- Affordable Housing and Homelessness
- Violent Crime
- Child Abuse and Neglect
- Transportation to Essential Health and Human Services
- Employment and Workforce Readiness
- Access to Healthcare
- Healthy Lifestyle Behaviors
- Substance Use
- Mental Health

b) Analysis and Prioritization

On September 26th, 2018, a Steering Committee meeting was held at Rowan County Department of Social Services and the public was invited to participate. After a presentation of the most salient data on each of the focus area topics, each attendee was invited to submit an anonymous vote on a paper ballot of their top three priorities. The ballots asked people to vote their top three in two categories, most important to the community and most actionable and realistic. Results of those two categories were combined to identify priority issues. A total of 54 ballots were cast, and yielded the focus areas of Substance Use, Mental Health, and Healthy Lifestyle Behaviors (See table below).

Focus Areas	Combined	Rank
Substance Use Disorders	95	1
Mental Health	51	2
Healthy Lifestyle Behaviors	41	3
Employment and Workforce Readiness	28	4
Child Abuse and Neglect Violent Crime	26	5
Violent Crime	24	6
Access to Healthcare	23	7
Transportation to Essential Health and Human Services	14	8
Affordable Housing and Homelessness	14	9

Recommended Prioritized Health Outcomes

The following were established as Rowan County's health priorities for the next three years (2019-2021):

- Substance use
- Mental health
- Healthy Lifestyle Behaviors

Additional reasoning for prioritization and recommendations to address outcomes were provided for each priority. Below is a summary of those recommendations:

Priority 1: Substance Use

Addiction to drugs or alcohol is a chronic health condition and those who suffer from it are at risk for early death, certain diseases, injury and disability. Misuse of prescription painkillers and use of heroin and opiates have increased dramatically nationwide, including in North Carolina and in Rowan County. Substance abuse can contribute to family instability, loss of employment, child neglect, poverty, involvement in the criminal justice system and violence.

- Illicit drug use, medication misuse and alcohol abuse were identified as the #1, #3, #7 top community issue in the Community Health Opinion Survey, respectively.
- One in five of respondents reported that a friend or family member had been affected by the use of prescription painkillers such as opioids or heroin. Of those, 43% said that their

- friend or family member did not seek treatment.
- According to the State Center for Health Statistics, the rate of opiate poisoning deaths for Rowan County is 20.9 deaths per 100,000 (2016). This is twice as high as the State rate (11.7).

The recommended objective is to increase access to education, harm reduction, crisis intervention, and long-term treatment to effectively reduce substance-use related mortality, disease burden and harm. Proposed action items are the creation of Quick Response Team, the development of prevention and education programs that are trauma-informed, increasing syringe exchange, naloxone distribution and other harm-reduction programs, establish a live information map of overdoses to target place-based reduction efforts and establish detox and long-term treatment options in Rowan County.

Priority 2: Mental Health

Mental health includes emotional, psychological, and social well-being, and it is an important part of our lives. It affects how we function, what choices we make and how we interact with others. Mental health and mental illness are related, yet different. A person could be experiencing a poor mental health day, where they feel sad or anxious, but not have a mental illness. Mental health can change over time, and at different points in a person's life. Chronic mental illness, especially depression, can put someone at heightened risk for stroke, type 2 diabetes, and heart disease.

- In the Community Health Opinion Survey, residents reported an average of 2.9 days per month when their mental health was "not good." Thirteen percent of residents reported more than 20 days of poor mental health.
- Twenty-two percent of residents surveyed report being diagnosed with depression or anxiety.
- The 2016 suicide rate in Rowan County is 18.2 per 100,000. The Healthy NC 2020 target is 8.3.

The recommended objective is to increase the availability, accessibility, and coordination of mental health services to improve the mental health and wellbeing of county residents and reduce suicide mortality. This can be achieved through exploration of an anti-stigma campaign, expanding free and low-cost mental health services, establishing a Quick Response Team, helping inmates transition back into the community, creating a provider collaborative to facilitate referrals between agencies, and expand mental health work in the school system.

Priority 3: Healthy Lifestyle Behaviors

Chronic diseases are among the most common, costly and preventable health problems in the United States. Lifestyle risk factors, which include nutrition, physical activity, tobacco use and excessive alcohol consumption, all contribute to these diseases. Sufficient nutrition is important to human growth and development. However, excessive calorie intake can lead to obesity, which increases the risk of developing health conditions like type 2 diabetes, high blood pressure, heart disease, kidney disease and stroke. Increased physical activity helps reduce the risk of disease and contributes to mental well-being.

Smoking is the leading cause of preventable death in the United States.

- The top four causes of death in Rowan County – cancer, heart disease, stroke and chronic respiratory disease - are all affected by health behaviors.
- One in four residents surveyed reported that they smoke cigarettes or use a tobacco product daily. Sixty-five percent reported they support a tobacco-free policy for the County.
- Nearly 1 in 10 of the survey respondents reported having cut or skipped meals or sought reduced cost community meals because there wasn't enough money for food.

The recommended objective is to promote an environment that ensures the availability of healthy and nutritious food to people of all ages, encourages residents to participate in physical activity, and reduces the use of cigarettes, JUULs, and other tobacco products to reduce the burden of chronic diseases on Rowan County. This can be accomplished through increased access to healthy food and recreation opportunities for all, employee wellness programs, community wide healthy lifestyle clubs, advocacy for a smoke-free county, creating more opportunities for healthy food locations and improving sidewalks and greenway access.

Facility prioritization

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

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

Inpatient		Outpatient	
Diagnosis	Volume	Diagnosis	Volume
Sepsis, unspecified organism	171	Chest pain, unspecified	587
Pneumonia, unspecified organism	96	Acute upper respiratory infection, unspecified	463
Acute kidney failure, unspecified	95	Other chest pain	437
Chronic obstructive pulmonary disease w (acute) exacerbation	91	Urinary tract infection, site not specified	346
Non-ST elevation (NSTEMI) myocardial infarction	86	Headache	329

A review of the hospital emergency room visits indicated that many of the top inpatient diagnosis codes are correlated with CHA findings: kidney disease can be correlated to substance use and heart and

respiratory conditions to chronic disease and healthy behaviors. 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 and/or stroke, chronic stress and chronic issues related to aging.

Upon a comprehensive review of the community's recommended prioritized outcomes and NHRMC's ED top 5 diagnosis codes, the Novant Health Rowan 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 three top significant health priorities for Novant Health Rowan Medical Center:

1. Chronic Disease: Management & Prevention
2. Mental health & Substance Use

IV. Addressing needs

Novant Health Rowan Medical Center is committed to 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>
<ol style="list-style-type: none"> 1. Mental Health 2. Substance Use 	<ol style="list-style-type: none"> 1. Mental Health Screenings and Education 2. Opioid Intervention 	<ol style="list-style-type: none"> 1. Provide basic mental health education to individuals from various community sectors. 2. Implement a post-overdose response team 	<ol style="list-style-type: none"> 1. Create awareness of the impact of trauma and mental health conditions and provide tools to build resiliency. 2. Increase the number of individuals connected to substance use disorder treatment and services within the community.
<ol style="list-style-type: none"> 3. Chronic Disease – Management and Prevention 	Wellness Education and Screenings	<p>Working in collaboration with community partners, offer free health education and subject matter expertise regarding healthy behaviors, chronic disease management and access to care.</p> <p>Provide free community screenings including BMI, blood pressure, & diabetes.</p>	Increase awareness of chronic disease prevention management and strategies.

Health Needs	Local Community Resources Addressing Needs
<p>Community resources addressing:</p> <ul style="list-style-type: none"> - <i>Healthy Lifestyle Behaviors</i> 	<ul style="list-style-type: none"> • Arches/Adventure Rowan • City of Salisbury Parks and Rec • Daily Mile • Go NAP SACC • Health Food Pantry Project • KaBoom • Lunch Clubs for Rowan County Older Adults • Meals on Wheels of Rowan • Rowan County Health Department nutrition and fitness programming • Rowan County Parks and Recreation • Rowan County Senior Center • Rowan YMCA • Tobacco Free Parks

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 Rowan Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Rowan Medical Center as the following: **Chronic Disease, Diabetes, Cancer and Behavioral Health.**

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

To address these priorities, Novant Health Rowan 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 Rowan 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. Specific objectives and measures achieved are described below:

Priority Area	Program	Intended Outcome	Actual Outcome
Chronic Disease – Including Diabetes	Community Screenings: Remarkable You community screening initiative including BMI, blood pressure, & diabetes	Early detection of undiagnosed pre-diabetic and diabetic participants will increase	1,914 community members received free community screenings: 368 through 12 Remarkable You screenings and another 1,546 through free blood pressure, vascular, cholesterol and diabetes screenings. Among the 252 individuals surveyed at Remarkable You screenings, 87% stated they were previously aware of their risk factors. 99% of individuals indicated they were more aware of their risk factors as a result of the screening. Screenings were conducted on site at NHRMC as well as in local public schools, festivals, YMCAs, faith communities, and senior centers.
Chronic Disease – Including Diabetes	Community Health Education: Community education lectures on chronic disease prevention and general health education	Knowledge level of participants will increase, and participants will learn new skills to change unhealthy behaviors	Free health education was provided to 5,135 community members through lectures and support groups. Outreach included 12 diabetes support groups/lectures, 5 lectures on general health education, 18 heart health classes, and 81 sessions on nutrition and weight management. Education occurred at senior centers, schools and colleges, YMCAs, community gatherings, faith communities, and on the campus of NHRMC. Additionally, NHRMC contributed \$32,000 to various local nonprofit partners, including the American Red Cross, YMCA and Road Runners Club, to encourage chronic disease prevention.
Cancer	Community education: Smoking cessation courses and resources	Knowledge level of participants will increase, and participants will learn new skills and decrease risk factors	\$3,000 was provided in contributions to Community Care Center to support free smoking cessation courses. Additionally, the NHRMC respiratory care team provided \$1,219.40 in nicotine replacement therapy for program participants and respiratory therapist and pulmonary disease navigator time and reimbursement for teaching tobacco cessation classes at the YMCA.

			Another \$10,000 was contributed to the American Cancer Society in support of their efforts to increase cancer awareness, support and prevention services.
Behavioral Health	Recruitment of an Outpatient mental health professional to provide behavioral health treatment: Behavioral health social and environmental improvement	Increase the number of underserved community members receiving behavioral and mental health treatment and decrease barriers of access to behavioral health services	<p>An outpatient medical health professional, psychiatrist Dr. Ejike Ofoemezie was hired by NH Rowan Medical Center on 10/1/2017. On average, they see approximately 10 patients weekly, increasing access to behavioral health services.</p> <p>Additionally, 332 community members received free education on mental and behavioral health. Health education was provided at local colleges, senior centers, schools, faith communities, community centers, and on the campus of NHRMC.</p>

VI. Appendix

Appendix A: Advisory Committee Represented Agencies

Agency
Blanche and Julian Robertson Foundation**
City of Salisbury
Smart Start Rowan**
Healthy Rowan**
Rufty-Holmes Senior Center**
Rowan County Department of Social Services**
Rowan-Salisbury Schools
Rowan County Health Dept*
United Way of Rowan County**
Novant Health Rowan Medical Center

- *Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)
- ** Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations