



Novant Health Mint Hill Medical Center

Community Benefit Implementation Plan

Mecklenburg County, North Carolina

2020 - 2023

Approved by the Novant Health Southern Piedmont Region Board of Trustees on Thurs., Oct. 15 2020

Table of Contents

I. Introduction	
a. Organization Overview	3
b. Our Community	4
II. Prioritized Health Needs	7
a. County prioritization	8
b. Facility prioritizaion	9
III. Issues identified for remediation	
a. Priority 1: Mental Health	10
b. Priority 2: Access to Care	10
IV. Role of the board & administration	10
Appendix	

I. Introduction

Novant Health Mint Hill Medical Center, in partnership with the Mecklenburg County Health Department and other community partners established a community health needs assessment in 2019 to identify the most pressing health needs in our community. Novant Health Mint Hill 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 Mint Hill 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 605 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 29,000 employees and 1,600 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 Mint Hill Medical Center (NHMHMC) is located in Charlotte, North Carolina, and opened in 2018. It serves as a regional facility with the latest in diagnostic and treatment services. The 46 bed hospital provides emergency services (including pediatric emergency care), inpatient and outpatient surgery, comprehensive diagnostic and imaging – including CT scan, MRI, X-Ray, ultrasound, mammography and nuclear medicine, and transitional care and infusion outpatient services.

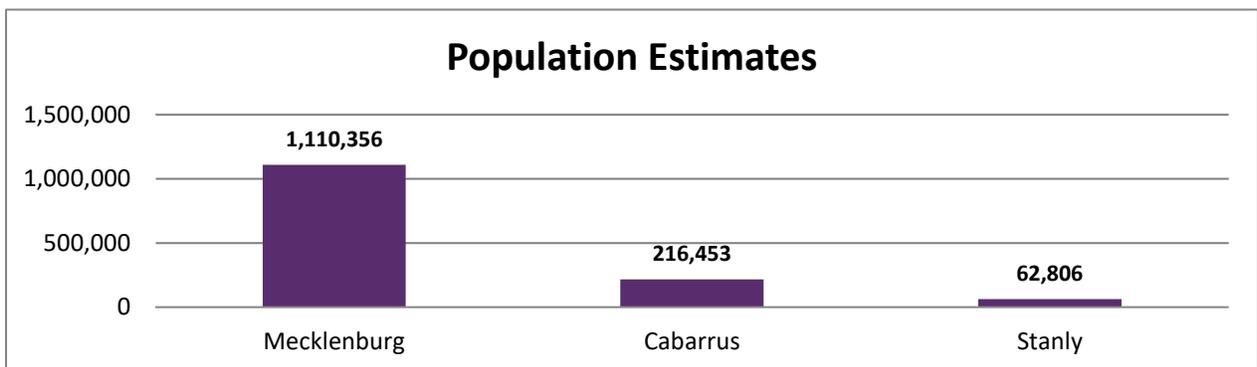
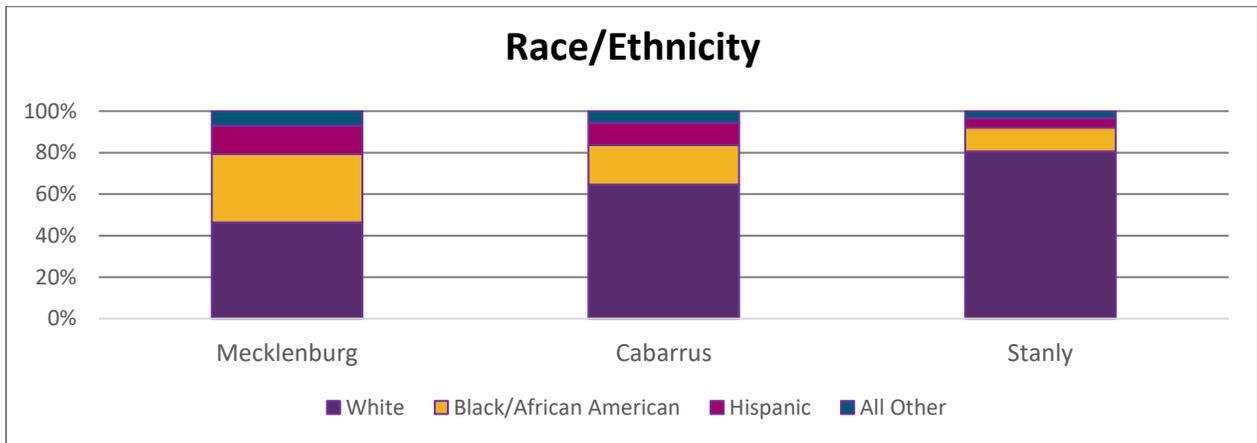
b. Our Community

Primary and Secondary Service Areas

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

Zip Code	City	County	Zip Code	City	County
28025	Concord	Cabarrus	28110	Monroe	Union
28079	Indian Trail	Union	28215	Charlotte	Mecklenburg
28105	Matthews	Mecklenburg	28212	Charlotte	Mecklenburg
28107	Midland	Mecklenburg	28227	Charlotte	Mecklenburg

The Primary Service Area (PSA) includes the City of Charlotte and the towns of Midland and Matthews in Mecklenburg County, the towns of Indian Trail and Monroe in Union County, and the town of Concord in Cabarrus County. 89% of the patients in the Primary Service Area (PSA) reside in Mecklenburg County. The Secondary Service Area for Novant Health Mint Hill Medical Center covers a three-county radius, including: Mecklenburg, Cabarrus, and Stanly. They have the following demographic profiles:



Population

Mecklenburg County has the largest population of any county in the State of North Carolina. The County includes the City of Charlotte; towns of Cornelius, Davidson, and Huntersville, (north of Charlotte); and the towns of Matthews, Mint Hill, and Pineville, (south and southeast of Charlotte). Mecklenburg County is home to just under 1,100,000 residents, making it the most populous county between Atlanta, Georgia and Washington, D.C. In fact, from 2007 to 2017, Mecklenburg County's population growth rate was 24% and expected to grow in excess of 1.5 million people by 2037.

Mecklenburg County Population by Race & Ethnicity (2019)

	Mecklenburg County	North Carolina
Population Estimate	1,110,356	10,488,084
Persons Under 5 Years	6.6%	5.9%
Persons Under 18 Years	23.6%	22.2%
Persons 65 Years & Over	11.2%	16.3%
Female Persons	51.9%	51.4%
White Alone	46.4%	62.8%
Black/African-American Alone	32.9%	22.2%
American Indian & Alaska Native Alone	0.8%	1.6%
Asian Alone	6.4%	3.2%
Native Hawaiian & Other Pacific Islander Alone	0.1%	0.1%
Two or More Races	2.4%	2.3%
Hispanic or Latino	13.6%	9.6%

Source: U.S. Census Bureau (2019)

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

¹ U.S. Census Bureau (2018). State & County QuickFacts.

<https://www.census.gov/quickfacts/fact/table/mecklenburgcountynorthcarolina/PST045219>

Mecklenburg County Population: Social Indicators

According to the U.S. Census 2018 American Community Survey, 34.8% of Mecklenburg County residents have attained a bachelor's degree or higher². According to the U.S. Census 2013-2018 data, the median household income in Mecklenburg County is \$61,695. The poverty rate for Mecklenburg County residents continues to be lower than the North Carolina state average by 2.7%, and the poverty rate for children (ages 0-17) in Mecklenburg County, is 4.5% lower than the NC State average. The poverty rate for Mecklenburg County resident's decreases as the amount of education increases.

Unemployment Rate ⁴		Food Insecurity ⁵		Renters spending more than 30% Of Household Income on Rent ⁶		Percent of Households without a Vehicle ⁶	
Mecklenburg County	3.4%	Mecklenburg County	15%	Mecklenburg County	44.2%	Mecklenburg County	5.3%
North Carolina	3.6%	North Carolina	15%	North Carolina	43.7%	North Carolina	5.7%

Median Household Income		Population Educational Attainment (≥ 25 yrs. old)		Poverty Rate	
Source: U.S. Census Bureau (2018) Mecklenburg County	\$61,695	Source: American Community Survey (2013-2017)		All ages (Mecklenburg County)	13.4%
		< HS diploma/GED	10.1%	All ages (North Carolina)	16.1%
North Carolina	\$50,320	HS diploma/GED	17.9%	Children (0-17) (Mecklenburg County)	18.4%
		Some college or associate's degree	27.9%	Children (0-17) (North Carolina)	22.9%
		Bachelor's degree	29.2%		
		≥ Graduate degree	14.9%		

² <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

I. Prioritized Health Needs

Identified Significant Health Needs

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

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

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

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

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

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

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

a) County 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 two prioritized health needs:

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

b) Facility prioritization

In addition to the community rankings, Novant Health Mint Hill Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits year-to-date July-April 2020.

Novant Health Mint Hill Medical Center Emergency Department (ED)
Top 5 Diagnoses YTD July2019 - April 2020

Inpatient		Outpatient	
Diagnosis	Volume	Diagnosis	Volume
Septicemia or severe sepsis w/o MV greater than 96 hours w/ MCC	871	Other digestive system diagnosis w/ CC	394
Septicemia or severe sepsis w/o MV greater than 96 hours w/o MCC	872	Esophagitis gastroent and misc. digest disorders w/o MCC	392
Cellulitis w/o MCC	603	G.I. Hemorrhage w/ CC	378
Esophagitis gastroent and misc. digest disorders w/o MCC	392	Simple pneumonia and pleurisy w/ CC	194
Pulmonary edema and respiratory failure	189	Transient ischemia w/o thrombolytic	069

A review of the hospital emergency room visits indicated that many of the top inpatient diagnosis codes are correlated with lack of access to care and necessary resources, education and knowledge related to improving and maintaining optimal physical health. 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, sepsis, G.I. due to substance use disorders, chronic stress and chronic issues related to lack of access and prior relationships with healthcare professionals and resources.

Upon a comprehensive review of the community’s recommended priorities and NHMHMC’s ED top 5 diagnosis codes, the Novant Health Mint Hill 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 Mint Hill Medical Center:

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

II. Issues identified for remediation

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

<u>Identified Priority</u>	<u>Program</u>	<u>Action:</u>	<u>Intended Outcome:</u>
Mental Health – Substance use disorder	Mental Health TIC/Resiliency Training and Screenings Substance Use recovery and prevention	Provide information and train individuals from various sectors including the nonprofit, and faith community Develop database of regional resources for appropriate behavioral health and SDOH referrals	Awareness of the impact of trauma and provision of tools/skills to build resiliency Awareness of ways to access resources and increased number of individuals connected to appropriate treatment and services within the community
Access to care	Wellness Education	Provide general and in- depth knowledge of access points throughout the community for care Mobile and digital healthcare options to reach the rural populations and provide both education and assistance to those in need	Increased number of community stakeholders connected to a primary medical home and appropriate care

III. Role of the board and administration

The Novant Health Southern Piedmont Region Board of Trustees and Novant Health Mint Hill 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)

Mental Health

- Reduce the suicide rate (Healthy People 2020; MHMD-1)
- Increase the proportion of adults with mental health disorders who receive treatment (Healthy People 2020; MHMD-9)