



Novant Health Clemmons Medical Center

Community Health Needs Assessment

Forsyth County, North Carolina

2022-2024

Approved by the Novant Health Triad Region Board of Trustees on October 11, 2022

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I. Introduction

Novant Health Clemmons Medical Center, in partnership with the Forsyth County Department of Public Health, and Forsyth County community partners, conducted a community health needs assessment in 2021 to identify the most pressing health needs in our community. Novant Health Clemmons 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 is an integrated network of hospitals, physician clinics, and outpatient facilities that delivers a seamless and convenient healthcare experience to communities in North Carolina, South Carolina, and Georgia. The Novant Health network consists of more than 1,800 physicians and over 35,000 team members who provide care at more than 800 locations, including 15 hospitals and hundreds of outpatient facilities and physician clinics. *Diversity MBA Magazine* ranked Novant Health first in the nation on its 2021 list of "Best Places for Women & Diverse Managers to Work." In 2021, Novant Health provided more than \$1.1 billion in community benefit, including financial assistance and services.

Mission

Novant Health exists to improve the health of our communities, one person at a time.

Our team members and physician partners strive every day to bring our mission, vision, and values to life. We demonstrate this commitment to our patients in many 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 Clemmons Medical Center (NHCMC) is a 36-bed hospital offering emergency, imaging, laboratory, medical, surgery and orthopedic services. NHCMC is an affiliate hospital of Novant Health Forsyth Medical Center (NHFMC).

b) Our Defined Community

Primary and secondary service areas

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

Zip Code	City	County	Zip Code	City	County
27295	Lexington	DAVIDSON	27040	Pfafftown	FORSYTH
27028	Mocksville	DAVIE	27105	Winston Salem	FORSYTH
27006	Advance	DAVIE	27284	Kernersville	FORSYTH
27012	Clemmons	FORSYTH	27101	Winston Salem	FORSYTH
27106	Winston Salem	FORSYTH	27045	Rural Hall	FORSYTH
27127	Winston Salem	FORSYTH	27021	King	STOKES
27103	Winston Salem	FORSYTH	27030	Mount Airy	SURRY
27107	Winston Salem	FORSYTH	27055	Yadkinville	YADKIN
27023	Lewisville	FORSYTH	27018	East Bend	YADKIN
27104	Winston Salem	FORSYTH			

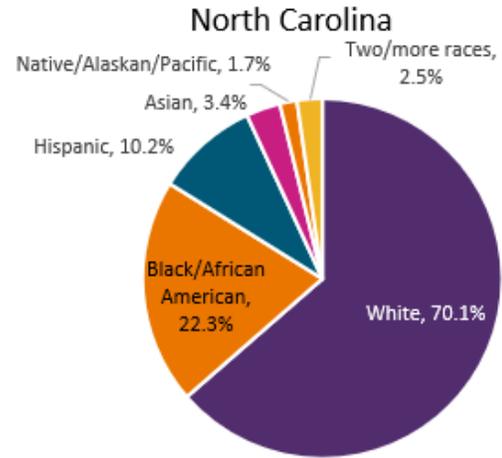
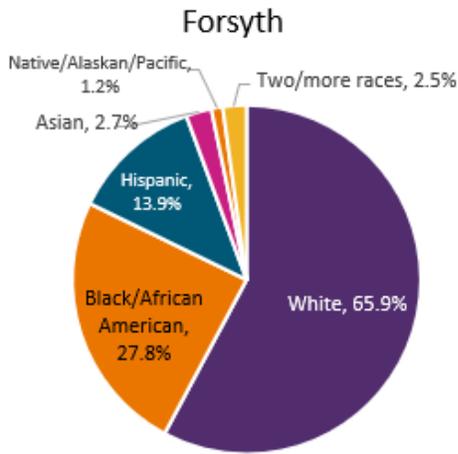
Novant Health Clemmons Medical Center’s Primary Service Area (PSA) includes Davidson, Davie, Forsyth, Stokes, Surry and Yadkin Counties. 49.6% of patients reside in the PSA of Forsyth County and 50.3% of patients reside in the Primary and Secondary Service Areas of Forsyth County. The PSA does not include more than 11.6% of the total in-patient population from any other county. Most patients reside in Forsyth County, and it represents the highest population of potentially underserved, low-income and minority individuals from the Primary Service Area. Therefore, Forsyth County will be the sole focus of the demographic, health, and social indicators.

The Secondary Service Area covers a 12-county radius, including Carroll, Davidson, Forsyth, Galax City, Guilford, Iredell, Patrick, Randolph, Stokes, Surry, Wilkes, and Yadkin Counties.

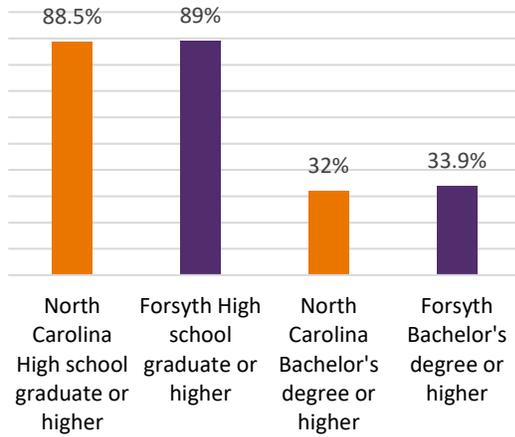
Forsyth County Population: Demographics

Forsyth County includes Winston Salem, the most populated city, and the County Seat. It has a population of 385,523 compared to the total North Carolina population of 10,551,162.

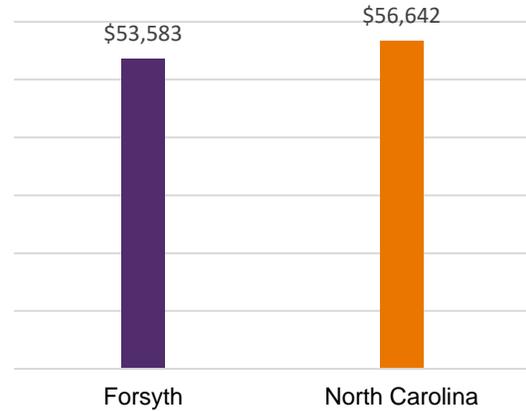
Race and Ethnicity



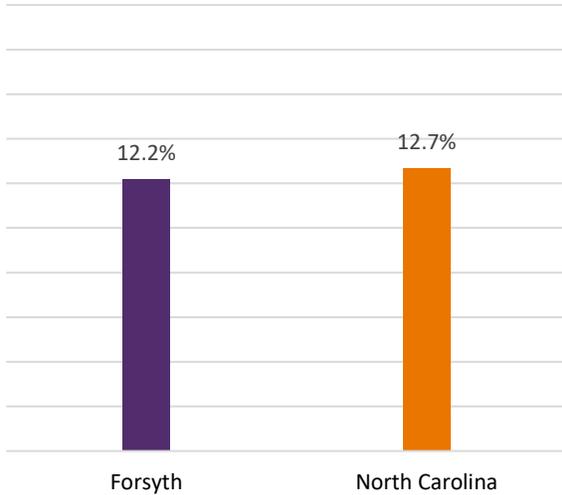
Education Attainment



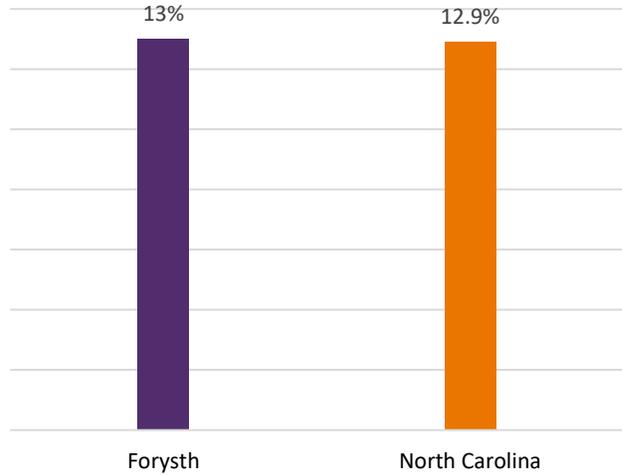
Median Income



Persons without health insurance under age of 65



Poverty Rate



Source for above graphs: U.S. Census Bureau (2021)

Demographics	Forsyth County		North Carolina	
	Population	Percentage	Population	Percentage
Persons Under 5 Years	22,479	5.9%	605,299	5.8%
Persons Under 18 Years	87,191	23%	2,301,596	22.2%
Person 65 Years & Over	60,329	15.9%	1,688,354	16.3%
Female Persons	198,966	52.6%	5,333,560	51.4%

Source: ACS Census Bureau North Carolina, ACS Census Bureau Forsyth County

Length of Life	Top U.S. Performers	North Carolina	Forsyth County
Years of potential life lost before age 75 per 100,000 population (age-adjusted).	5,600	8,000	8,100
Clinical Care	Top U.S. Performers	North Carolina	Forsyth County
Ratio of population to primary care physicians	1,010:1	1,400:1	860:1
Ratio of population to dentists	1,210:1	1,710:1	1,570:1
Ratio of pop. to mental health providers	250:1	360:1	310:1
Physical Environmental	Top U.S. Performers	North Carolina	Forsyth County
Air Pollution – Particulate Matter (micrograms per cubic meter)	5.9	7.5	9.2
Percentage of households with overcrowding, high costs, lack of kitchen, or lack of plumbing	7%	12%	14%

Source: County Health Rankings & Roadmaps: Forsyth Health County Rankings

Forsyth County Population: Health Indicators

Forsyth County's leading causes of death in 2019 were cancer and heart disease. NHFMC will consider health indicators such as leading causes of death for the Forsyth County population, but also consider how to impact root causes with analysis of social determinants of health, social risk, and social needs.

Rank	Leading Causes of Death in Forsyth 2019	Number	%
1	Cancer	729	20.7
2	Diseases of the heart	666	18.9
3	All other unintentional injuries	201	5.7
4	Cerebrovascular diseases	198	5.6
5	Chronic lower respiratory diseases	179	5.1
6	Alzheimer's disease	171	4.9
7	Diabetes mellitus	120	3.4
8	Nephritis, nephrotic syndrome, and nephrosis	80	2.3
9	Influenza and pneumonia	66	1.9
10	Septicemia	63	1.8
	All other causes (Residual)	1043	29.7
	Total Deaths -- All Causes	3516	100.0

Source: State Center for Health Statistics, North Carolina

Forsyth County Population: Social Indicators

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risks.

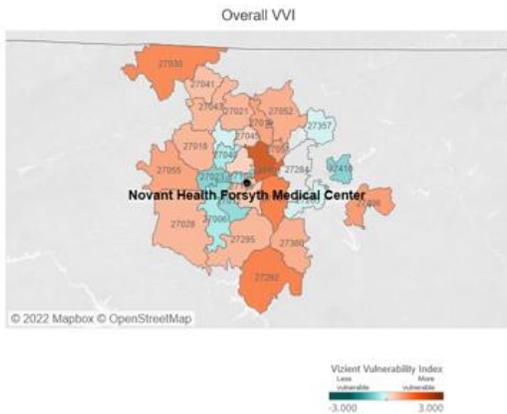
Social Risk is adverse social conditions associated with poor health outcomes, such as food insecurity and housing instability.

Social Needs are the nonclinical needs that individuals identify as essential to their well-being.

Source for definitions: Healthy People 2030, Health Affairs, The Milbank Quarterly

Domains and Components: Novant Health Forsyth Medical Center

Each of these maps illustrates the regional variation in the overall VVI, the eight specific domain vulnerabilities, and three selected components that will be referenced in the clinical outcomes and utilization section.



Data source: CDB distinct patients of any age seen in this hospital in any setting 2019-2020, identified by zip code. Zip codes representing less than 0.5% of all hospital patients are omitted from map.



In addition to the domains, two specific components were identified for inclusion in this analysis due to their reliable relationships with specific metrics across member hospitals.

In particular, the Food Desert component shows a relationship with Diabetes metrics, while the Single Parents component shows a relationship with ED metrics and Maternal Care metrics.

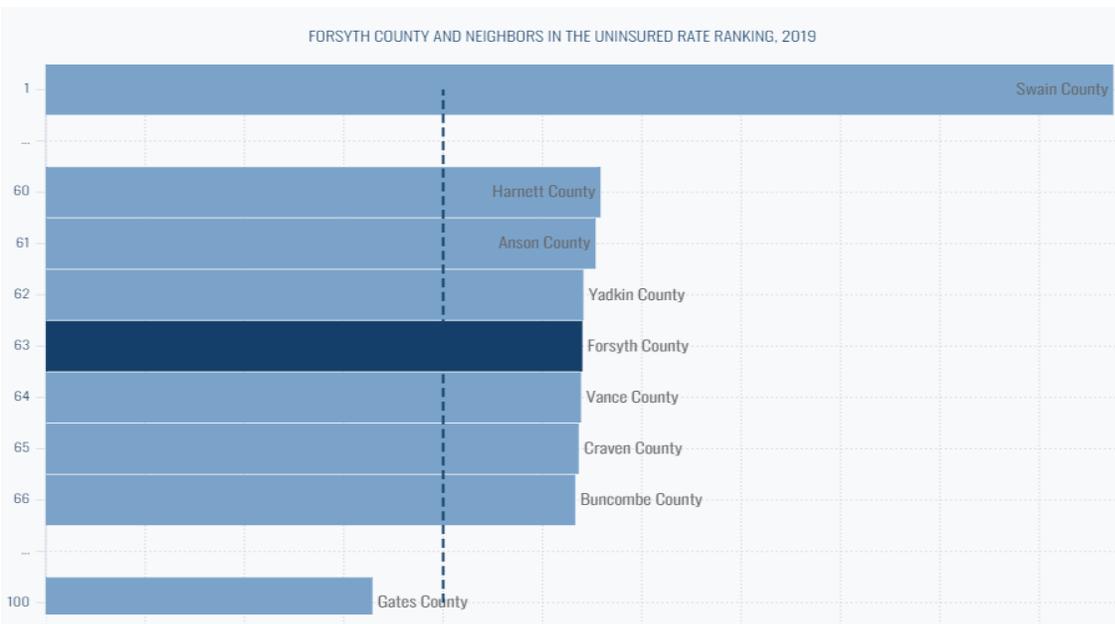


According to the Vizient Vulnerability Index (screenshot provided above) released in January 2022, patients admitted to Forsyth Medical Center experience the most profound social risks if they live in 27105, 27101, 27110, 27030, 27292. These zip codes experience disproportionately high social risks when compared to their counterpart neighborhoods. Areas of particular concern include access to healthcare, poverty, access to transportation, and food insecurity.

When segmented by race and ethnicity, Black, Hispanic, and Native American patients tend to skew more vulnerable than other groups.

Access to Care

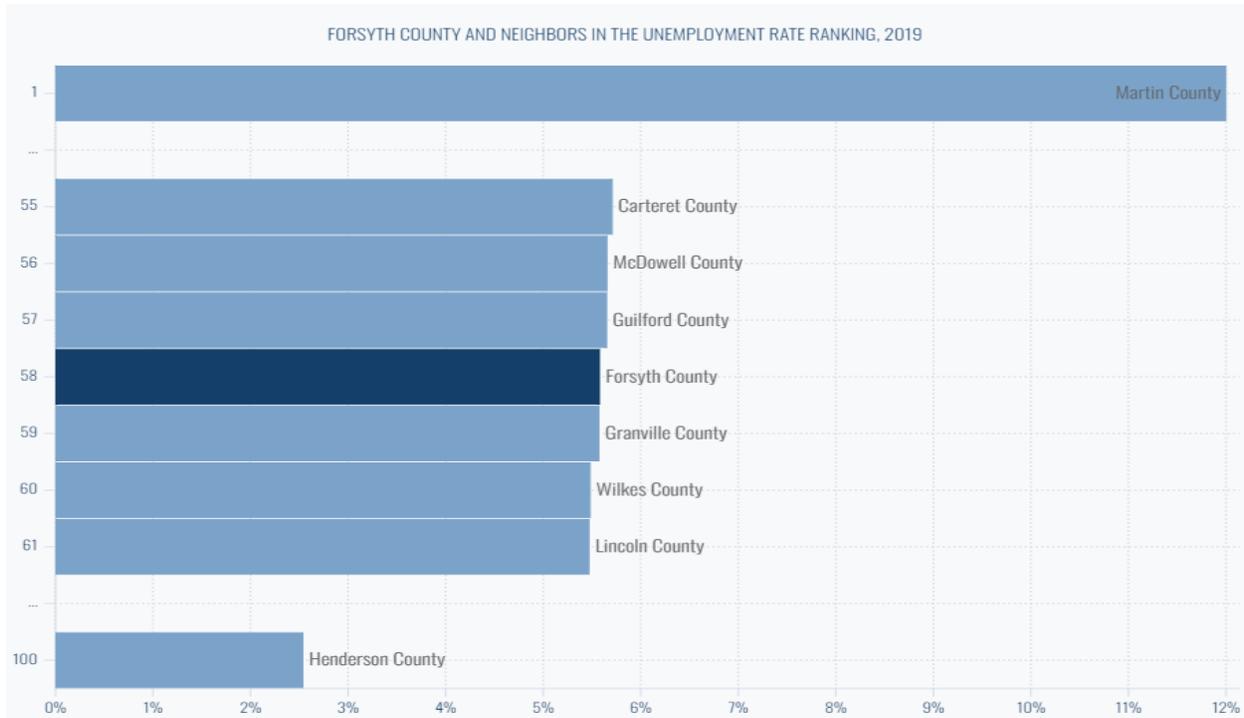
Forsyth County uninsured rate in 2019 was 10.8%, with a target to reduce that rate to 8% by 2030, according to Healthy Communities NC. The dotted line in the graph below shows the aim targets for Forsyth County by 2030. A higher rate of individuals with healthcare insurance would lead to improved health outcomes and a higher quality of life for this population.



Source: Healthy Communities NC

Workforce Development

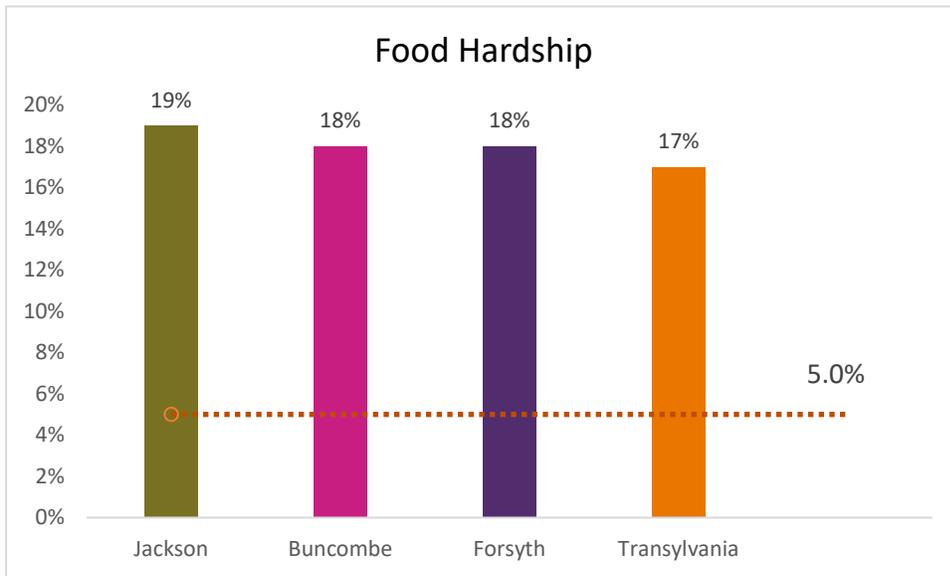
According to the Healthy Communities NC, the goal for Forsyth is to bring the unemployment rate down to 1.7% by 2030. Improving the employment rate in Forsyth would lead to an increase in insured residents and reduce barriers to accessing care.



Source: Healthy Communities NC

Food Hardship

In Forsyth County, 18% of the population is currently facing food hardship. The Healthy Communities NC State target aims to bring that rate to 5% of the overall population by 2030.



Sources: Healthy Communities NC, Cape Fear Collective, North Carolina Food Hardship Index

Housing Hardship

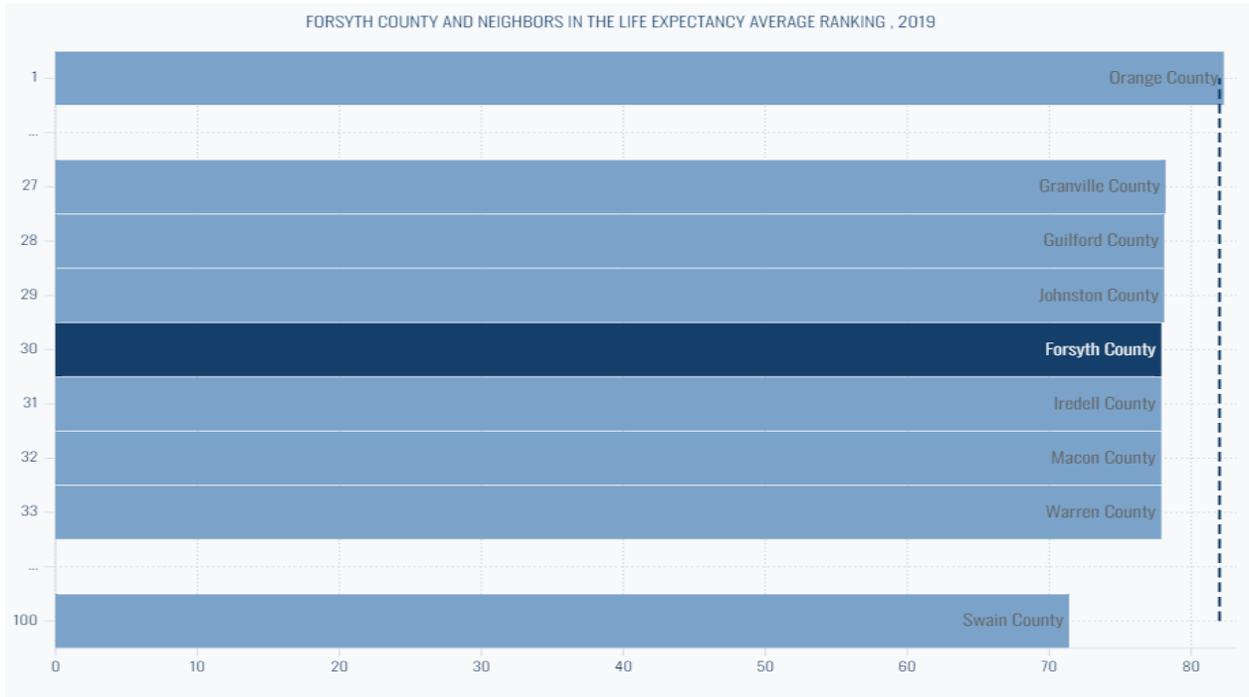
In Forsyth County, the demographic groups facing the most significant housing hardship are Hispanic and Black populations. Most notably, 33% of the Hispanic population in Forsyth County faces a housing hardship. The target goal for Forsyth County is to reduce the percentage of the overall population facing housing hardship to 14% by 2030.



Source: Healthy Communities NC

Life Expectancy

In 2019, Forsyth County had a life expectancy of 78 years. Healthy Communities NC aims to increase that rate to 82 years by 2030. Improving access to care and addressing food hardship faced by residents of Forsyth County will help in reaching that goal.



Source: Healthy Communities NC

II. Assessment process

COVID-19 Impact on the CHNA assessment process:

The COVID-19 pandemic has been a global public health emergency, requiring the diversion of significant resources from hospital systems, public health departments, clinical healthcare providers, community organizations, and local, state, and national government agencies. In each of the communities we serve, Novant Health has worked tirelessly to keep our patients, team members and community members safe and healthy, delivering free/accessible COVID-19 education, masks, and vaccines.

The pandemic further exposed health inequities, and other problems associated with Social Determinants of Health, including those experienced by the medically underserved, low-income, and minority populations. In its COVID-19 response, Novant Health conducted targeted outreach and education to build trust with—and increase access for—these particularly vulnerable communities and individuals, as well as with the community organizations that serve them.

As it relates to the CHNA process, significant COVID-19 impact and interruption were in the areas of survey distribution and input solicitation as well as the availability of collaborating community partners to be involved in the planning and prioritization process. Every effort was made to engage with and solicit input from individuals and organizations serving or representing the interests of medically underserved, low-income, and minority populations, but these efforts were sometimes hindered by limited resources and capacity because of COVID-19 pandemic response and heightened safety precautions. While this CHNA cycle process was impacted by COVID-19, Novant Health will continue to inclusively incorporate and serve the interests of all community members in our community response and community benefit work, including those of the medically underserved, low-income, and minority populations.

The following are excerpts and findings from the **2021 Forsyth County Community Health Assessment Report**, as well as supplemental information about Novant Health's role in the process.

To access the full report, please visit: [2021CHAREport.pdf \(forsyth.cc\)](https://www.forsyth.cc/2021CHAREport.pdf)

The Forsyth County CHIPs were still being drafted at the time the NHCMC CHNA was written.

The 2021 Forsyth County Community Health Assessment Process

This CHA process took place during the extraordinary circumstances of the COVID pandemic. Planning of the 2021 CHA began in 2020 during the COVID-19 pandemic, which severely altered the timeline and process. Due to the pandemic, a Community Health Opinion survey was not led by the Forsyth County Health Department. Forsyth County's 2021 CHA goal of contracting with the UNC Gillings School of Global Public Health to conduct the CHO, as it had previously done in 2014, would have required the use of volunteers from surrounding colleges as well as other County agencies and partners at a time when much of the County's schools, agencies and businesses were operating remotely. Nevertheless, the Steering Committee is confident that the knowledge gained from the secondary data analysis is sufficient to guide the development of Community Health Improvement Plans (CHIP) for the next four years. Also for this CHA, virtual meetings were conducted with community partners from November 2021 to February 2022 with participation from key community stakeholders on the Steering Committee.

The socioecological model was used to analyze Forsyth County's population health because it is one of the best approaches for identifying and examining the factors that influence population health outcome. This model focuses on the interactions between individuals and the environment in which they live, work and play. The model includes the following levels of analysis: individual, interpersonal, institutional, community and policy.

Further, a Community Health Needs Assessment survey was developed and distributed in partnership between Novant Health Community Engagement department, Wake Forest Baptist Health Population Health and Faith Health departments and a variety of community partners to compliment health needs assessments efforts conducted by the Forsyth County Department of Public Health.

a) Collaborative community partners

Local Health Departments in North Carolina are required to conduct a comprehensive Community Health Assessment (CHA) every four years to maintain local health department accreditation. As part of the Patient Protection and Affordable Care Act of 2010, not-for-profit hospitals are also now required to conduct a Community Health Needs Assessment (CHNA) once every three years.

The 2021 CHA process was guided by community leaders best able to identify county health needs and priorities. The multi-sectoral Steering Committee represented the following organizations: Forsyth County Department of Public Health, Novant Health, Forsyth County Sheriff's Office, Union Baptist Church, Winston Salem-Forsyth County Schools, Forsyth County Emergency Medical Services, and Forsyth Regional Opioid & Substance Use Team. As part of this process, special attention was paid to the needs of the underserved.

b) Solicitation

The Community Health Needs Assessment survey was distributed from July – October of 2021. It was made available to more than 300 non-profit community partner agencies throughout Forsyth County via email and electronic link, and via paper copies on request. It was also distributed at reduced cost community clinics throughout Forsyth County including Downtown Health Plaza, Highland Avenue Clinic and the Community Care Clinic. The survey was distributed in English and Spanish.

c) Data collection & analysis

Primary Data

The Community Health Opinion Survey

The Community Health Needs Assessment survey was developed and distributed in partnership between Novant Health Community Engagement department, Wake Forest Baptist Health Population Health and Faith Health departments and a variety of community partners to compliment health needs assessments efforts conducted by the Forsyth County Department of Public Health.

The survey was distributed from July – October of 2021. It was made available to more than 300 non-profit community partner agencies throughout Forsyth County via email and electronic link, and via paper copies on request. It was also distributed at reduced cost community clinics throughout Forsyth County including Downtown Health Plaza, Highland Avenue Clinic and the Community Care Clinic. The survey was distributed in English and Spanish.

When asked about the 5 health areas of greatest concern, the top five survey results included chronic disease, access to COVID-19 vaccines, and access to healthy food, dental care, and violence. Racism followed closely as the 6th most prevalent survey result.

Survey respondents identified health care coverage, public health services (which can include immunizations, prenatal care and preventative care), dental care services, mental health services and cancer services as health services most needing stronger availability, access and quality.

They identified homeless services, employment services, transportation, domestic violence and food safety services as social services most in need of stronger availability, access and quality.

Given the timing of survey distribution, it was important to consider the impact of COVID-19 on a variety of factors impacting survey respondents. More than half of respondents had experienced some disruption in employment and livable wage due to COVID-19. More than 30% of respondents experienced between some and significant disruption in childcare and housing. At least 20% of survey respondents indicated between some and significant disruption in their ability to access food and healthcare.

The survey respondent's demographics are below:

Survey Demographic Category	2021 Survey Participants		County Population (ACS 2020)		
	Number	Percent	Demographics	Number	Percent
Total Participants	129	100%	Total Population	378,499	100%
Language			Language		
English	82	64%	English	337,319	85.2%
Spanish	47	36%	Spanish	38,780	10.9%
Gender			Gender		
Male	30	23%	Male	179,533	47.4%
Female	96	74%	Female	198,966	52.6%
Unknown	3	2%			
Race			Race/Ethnicity		
White/Caucasian	28	22%	White/Caucasian	212,309	56.1%
African American/Black	47	36%	African American/Black	96,055	25.4%
Of Hispanic or Latino Origin	56	47%	Of Hispanic or Latino Origin	49,324	13%
Asian	14	11%	Asian	8,932	2.4%
Unknown	40	29%	American Indian and Alaska Native	949	0.3%
Ethnicity			Two or More Races	8,913	2.4%
Of Hispanic or Latino Origin	56	47%	Native Hawaiian and Other Pacific Islander	181	0.0%
Not Hispanic	36	28%	Some other races	1,836	0.5%
Unknown	37	29%			
Age			Age		
			Under 5 years	22,479	5.9%
			5 to 9 years	24,070	6.4%
			10 to 14 years	25,414	6.7%
18-39	57	44%	15 to 19 years	27,249	7.2%
			20 to 24 years	24,799	6.6%
			25 to 34 years	49,894	13.2%
40-64	56	43%	35 to 44 years	45,369	12%
			45 to 54 years	49,545	13.1%
			55 to 59 years	26,106	6.9%
			60 to 64 years	23,245	6.1%
65 and older	12	9%	65 to 74	35,406	9.4%
			75 to 84	17,829	4.7%
Unknown	4	3%	>85	7,094	1.9%
Household Income			Household Income		
Less than \$10,000	31	24%	\$1 to \$9,999 or loss	2,238	1.8%
\$10,000 to \$24,999	29	22%	\$10,000 to \$14,999	4,194	3.3%
			\$15,000 to \$24,999	15,132	12.0%
\$25,000 to \$49,999	22	17%	\$25,000 to \$34,999	23,155	18.4%

			\$35,000 to \$49,999	28,194	22.4%
\$50,000-\$99,999	7	7%	\$50,000 to \$64,999	18,860	15.0%
			\$65,000 to \$74,999	6,739	5.4%
			\$75,000 to \$99,999	11,409	9.1%
\$100,000>	17	13%	\$100,000 or more	15,683	12.5%
Unknown	21	16%			
Education			Education Population 18 to 24 years		
Some High School	31	24%	Less than High School Graduate	4,761	12.9%
High School Graduates	43	33%	High School Graduate (includes equality)	11,971	32.5%
Some College or Trade School	18	14%	Some College or Associates degree	15,795	42.9%
College Graduate	14	11%	Bachelor's degree or higher	4,293	11.7%
Post graduate work/degree unknown	14	11%			
	9	7%			
Number of people in household					
1	16	12%			
2	37	29%			
3	15	12%			
4	18	14%			
5	39	30%			

Sources: ACS US Census Bureau and Community Health Needs Assessment Survey results through Novant Health Community Engagement

Secondary Data

The CHA Steering Committee reviewed secondary data to identify the major health issues. The secondary data reviewed were from agency reports, databases or websites, including: The NC DHHS State Center for Health Statistics, NC DHHS 2021 County Health Data Book, The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT), The 2019 Winston-Salem/Forsyth County Youth Risk Behavior Survey Results, and the US Census Bureau.

The 2021 CHA Steering Committee's data identification and analysis of secondary data focused on the major health issues that community partners sought to resolve since the 2014 and 2017 CHAs. The health data sets examined were grouped into the following major areas:

Population Health, including life expectancy, maternal and infant health, chronic diseases and related health conditions, and infectious diseases.

- Forsyth County's 3-year rolling average life expectancy declined from 78.3 years (2014-2016) to 77.9 years (2017-2019). In 2017-2019, the 3-year rolling average life expectancy for the White, Non-Hispanic/Latino population (79.3 years) was higher than the Black, Non-Hispanic/Latino population (74.9 years). The major health issues that are likely to have contributed to the overall decline in life expectancy as well as the health disparity noted are poor maternal and infant

health, chronic diseases (primarily cancers and heart diseases), mental health, violence-related behaviors and experiences, and drug overdose. For example, for each White, Non-Hispanic/Latino infant who dies, almost three (2.8) Black, Non-Hispanic/Latino infant dies. Also, the Black, Non-Hispanic/Latino population disproportionately experiences heart disease than the White, Non-Hispanic/Latino population.

Household Environment, including poverty and education.

- Based on the most recent household data, in 2019, almost 1 in 3 Forsyth County households were headed by a single parent, and almost 1 in 5 families with children aged 5 to 17 years, lived in poverty. One in three babies were born to a mother who had \leq a high school degree/equivalency. A language other than English was spoken in almost 1 in 7 households, and about 1 in 5 births were to mothers who qualified for WIC.

School and Work Environments, including schools and colleges, and work environment.

- The Winston-Salem/Forsyth County School System (WS/FCS) is the 4th largest in North Carolina. Its students' standardized testing scores are equivalent to the state average or better. The school system has implemented student support programs that are focused on retention, as well as bullying, and alcohol, tobacco, and other drug use prevention. Forsyth Technical Community College has a range of programs for students who would like to attend college and independently chart their own path, or for others who need a good support system in their first 2-years of college, or for those who would like the opportunity to get on the job training while earning a degree in Applied Science. The health care industry is the major employment sector in Forsyth County. Other major employment sectors include education, financial services and government.

Neighborhood/Community Physical and Social Environments, including parks and recreation.

- The Forsyth County and City of Winston-Salem-administered parks and recreation areas provide residents with a range of places for solitary or group physical and/or social activities.

Local Agencies Policies and Programs, including chronic diseases and related health conditions and maternal and infant health.

- Forsyth County has a wide range of prevention and improvement health programs. While most are centered on maternal and infant health, relatively newer programs such as those administered through the Forsyth Regional Opioid & Substance Use Team (FROST) and the North Carolina Minority Diabetes Prevention Program (NC MDPP) can significantly improve the County's population health outcome for drug overdose and chronic diseases.

III. Identifying and Prioritizing Health Needs

a) Identified Significant Health Needs

Forsyth County's major health issues and key findings from the 2021 Community Health Assessment are

as follows:

- **Chronic Diseases (primarily heart diseases and cancers):** The 2015-2019 overall 5-year rolling average chronic disease death rates for Forsyth County and North Carolina show a higher death rate due to chronic diseases in Forsyth County than the state.
- **Drug Overdose:** In 2020, there were 1,386 drug overdose deaths in Forsyth County. This statistic was equal to about 4.5% of North Carolina's drug overdose deaths in 2020.
- **Maternal and Infant health:** In 2019, 10.6% of Forsyth County resident births had a low birth weight in comparison to North Carolina's average of 9.3%. Also, in 2019, 12.2% of Forsyth County resident births were premature, 18.1% received inadequate prenatal care according to the Kotelchuck Index, and about 4.9% were born to mothers who smoked cigarettes. Forsyth County's infant mortality rate exceeded the state's infant mortality rate each year from 2016 to 2020.
- **Infant Mortality Disparity Ratio:** The infant mortality disparity ratio between White, Non-Hispanic/Latino infants and Black, Non-Hispanic/Latino infants has ranged from a 5-year rolling average of 1.8 (2012-2016) to 2.8 (2016-2020). For the most recent period (2016-2020), Forsyth County's Infant Mortality Disparity Ratio (2.8) exceeded the state's rate of 2.6.
- **Mental Health:** The number of depression-related Emergency Department (ED) visits in 2020 (2,950) and 2021 (4,243) were lower than the average number of visits from 2017 to 2019 (greater than 5,000 each year). This was likely due to limited ED access for non-COVID-19 related emergencies during the pandemic. Next, data from the 2019 Winston-Salem/Forsyth County Schools (WS/FCS) Youth Risk Behavior Survey (YRBS) shows that 22.5% of middle school students have seriously considered attempting suicide, 14.1% have made a suicide plan, and 11.5% had attempted suicide at some point in their lives.
- **Violence-related Behaviors:** Violent crime in Forsyth County increased from 651.3 per 100,000 population in 2016 to 912.5 per 100,000 population in 2020. During this period, Forsyth County's annual violent crime rate was almost double the state's annual violent crime rate.

b) Analysis and Prioritization

Upon completion and dissemination of the 2021 CHA Report, two CHIPs will be developed and submitted to NC DHHS, Department of Public Health, and four Forsyth County community working groups will be tasked with improving the remaining major health outcomes identified.

The first CHIP will focus on plans to reduce the Infant Mortality (IM) Rate. At a minimum, the goal is to achieve the HNC 2030 (Forsyth County) target IM Rate of 6.0 by 2030. The second will focus on plans to reduce the Infant Mortality (B/W) Disparity Ratio. At a minimum, the goal is to achieve the HNC 2030 (Forsyth County) target B/W Disparity Ratio of 1.5 by 2030.

The steering committee will recruit representatives from the Forsyth Community to form four working groups. These working groups will seek to improve health outcomes in the areas of mental health, youth violence, drug overdose, and chronic diseases.

County Prioritized Health Outcomes

The CHA Steering Committee will focus on the following health priorities for the 2022-2024 CHNA cycle with an emphasis on the social determinants that influence their health outcomes.

- Infant Mortality
- Infant Mortality Disparity Ratio
- Youth Violence
- Chronic Disease
- Behavioral Health (Drug Overdose and Mental Health)

Facility prioritization

In addition to the primary and secondary data described above, Novant Health Clemmons Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency department visits from July 2021 to June 2022.

Novant Health Clemmons Medical Center Emergency Department
Top 5 Diagnoses July 2021 – June 2022

The top 5 Diagnoses from July 2021 to June 2022 were greatly impacted by the Covid-19 Pandemic in the outpatient and inpatient settings. As a result of Covid-19 and encouraging virtual visits for patient safety, when possible, the inpatient diagnosis trend was more serious diagnoses like heart and kidney failures. Outpatient trending diagnoses were severe symptoms and side effects of Covid-19.

NHCMC			
Top 5 ED Diagnoses July 2021 - June 2022			
Inpatient Diagnosis	Volume	Outpatient Diagnosis	Volume
COVID-19	250	COVID-19	1256
Sepsis, unspecified organism	90	Other Chest pain	770
Acute Kidney failure, unspecified	36	Urinary tract infection, site not specified	323
Non-ST elevation (NSTEMI) myocardial infarction	36	Noninfective gastroenteritis and colitis, unspecified	315
Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	31	Nausea with vomiting, unspecified	287
Pneumonia, unspecified organism	31		
Unspecified bacterial pneumonia	31		

Upon a comprehensive review of the primary and secondary data and NHCMC’s ED top 5 diagnosis codes, the Novant Health Clemmons Medical Center leadership team and Novant Health Triad Region 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 Clemmons Medical Center:

1. Access to care and resources
2. Chronic disease

IV. Addressing needs

Novant Health Clemmons Medical Center is committed to working to address each of its prioritized areas of need through resource allocation and support of the following programs and actions:

Priority Need:	Program:	Action:	Intended Outcome:
Access to care and resources	Increase access to healthy foods	Enhance partnership with Second Harvest Food bank, Farm to Table organizations, launch food pharmacy, food pack program in primary care, healthy food packs after discharge.	Increased number of referrals and community members connected to appropriate care
	Increase access to affordable medication	Partnership with NC Med Assist (funding and mobile cruiser), Meds to Beds Walgreens program	Access to tools/skills to build resiliency and access to resources/services within the community
	Increase access to education	Funding for educational programs in birth to 5, college to career readiness and workforce development programs; bridges to healthcare.	
	Improve access to quality and affordable healthcare	Financial navigator for mobile patients to sign up for health insurance (\$25K), increase trust in healthcare across community. Show up and represent the needs of the community – conduct focus groups and listen to what the community needs/wants.	

	Increase access to safe housing	Provide funding for safe, affordable housing, referrals through CHWs in MyCommunity.	
Chronic Disease	Remarkable You screenings (A1C, Cholesterol, BMI, Blood Pressure) and educational programs to provide early detection of chronic disease and connection to a system of care in priority areas.	Chronic disease management in partnership with community organizations such as YMCA, faith community, etc.	Increase number of patients accessing screenings and connection to care Establish relationships with community partners to improve physical activity of community
	Targeted support for senior citizens	Support for senior citizens in the community to manage healthcare needs, health insurance access, partnership with senior services, house calls program (APPs in patient homes), compassionate AI project with referrals to patient based on scores	Opportunities to fund care connections team to provide support and navigation of resources, insurance, etc. Serving community members through cancer screening events, breast cancer education and screening
	Mental Health and Substance misuse	Provide mental health first aid training to community organizations and faith congregations. Invest in and support programs that provide access to mental health for youth and adults to reduce stigma and quality support. Support expansion of Forsyth County mental health coalition.	

Again, NHCMC will focus resource allocation on these prioritized needs based on careful consideration of estimated feasibility and effectiveness of possible interventions. While NHCMC will not prioritize the

remaining significant health needs (listed above in Section III), it will support and collaborate with community partners as appropriate for the purpose of improving outcomes for identified needs that are better aligned with their scope of service.

In addition to the programs and services offered to the community through Novant Health Clemmons Medical Center, there are various existing community assets available throughout the Forsyth County community that have additional programs and resources tailored to meet all the identified health needs. The following is a list of valued community agencies that address those prioritized and non-prioritized needs:

Identified Health Need:	Local Community Resources Addressing Need:
Chronic Disease	NC Minority Diabetes Prevention Program Department of Public Health and Atrium Health CDC lifestyle program Forsyth Regional Opioid & Substance Use Team American Cancer Society
Access to Care and Resources	HealthCare Access Atrium Health Novant Health Second Harvest Food Bank NC Med Assist Clemmons Food Bank
Maternal and Infant Health and Infant Mortality Disparity Ratio	Care Management for at Risk Children (CMARC) Care Management for High Risk Pregnancies Forsyth County Infant Mortality Reduction Coalition Nurse Family Partnership Special Supplemental Nutrition Program for Women, Infants, and Children AmeriHealth Caritas Atrium Health Novant Health HealthCare Access ImprintsCares March of Dimes Newborns in Need Outreach Alliance Parenting PATH Piedmont Health Services & Sickle Cell Agency PowerUp Smart Start Wake Forest School of Medicine
Mental Health	Mental Health Association Project HOPE Project Healthy Minds THRIVE Young Adult Group

	Daymark Recovery Services
Violence-related behaviors	National Safe Kids
Drug Overdose	Forsyth Regional Opioid & Substance Use Team (FROST) Department of Public Health

For a full list of community resources, visit www.novanthealth.org/mycommunity

V. Impact Evaluation of 2019-2021 Community Health Needs Assessment

No written comments were received from the 2019-2021 CHNA and implementation strategy.

Based on the previously reported health data from the 2019-2021 Community Health Needs Assessment, the Novant Health Triad Board of Trustees did a collective review of community feedback and prioritization and determined the top health priority for Novant Health Clemmons Medical Center as Chronic Disease.

As Novant Health Kernersville Medical Center and Novant Health Clemmons Medical Center are both affiliate hospitals of Novant Health Forsyth Medical Center, combined efforts toward specific objectives and measures achieved are described below.

Of note, in 2020 and 2021, the COVID-19 pandemic diverted our focused response on priority needs to meet new, unexpected, and urgent priorities in our community. Our COVID-19 response, including education, free mask distribution, and vaccines, addressed issues of access to care and chronic disease by targeting vulnerable communities. While intended outcomes identified in 2019 were not always able to be met, Novant Health provided access to critical and life-saving services to all of our communities through dedicated COVID-19 response efforts.

Priority	Program / Action	Intended Outcome	Actual Outcome
Chronic Disease	Remarkable You Screenings (A1C, Cholesterol, BMI, Blood Pressure) and educational programs to provide early detection of chronic disease and connection to a system of care in target populations	Improved health	At least 3,055 community members were reached through 190 screenings that included Remarkable You + Biometric screenings to measure cholesterol, glucose and A1C to determine risk for diabetes, and blood pressure/hypertension and vascular screenings, with relevant education and resources provided at each event. 1,043 community members were served through 58 occurrences of breast cancer education and screening. Additionally, 226 community members were served through 6 occurrences of other cancer screening events.

			<p>2,888 community members were served through 135 occurrences of educational programming for heart health, nutrition and weight management, and diabetes prevention.</p> <p>These events were conducted in various clinical and community spaces, including on site at NHFMC and clinic locations, and at local public schools and parks, YMCAs, corporations, homeless shelters, and churches, in each priority zip code: 27105, 27107, 27127, and 27284.</p> <p>\$119,820 was contributed to the following organizations to address chronic disease: American Heart Association, The Leukemia and Lymphoma Society, The Shalom Project, and the National Multiple Sclerosis Society.</p> <p>Additionally, charitable contributions totaling \$48,700 were made to the following organizations to specifically address cancer: American Cancer Society, Cancer Services, Colon Cancer Coalition, UNC School of the Arts Foundation, and Trellis Supportive.</p> <p>Additionally, charitable contributions were made totaling \$76,750 to the following organizations to specifically address chronic disease and access to care for the aging population: Senior Services, Alzheimer’s Disease and Related Disorders Association, Hospice & Palliative Care Center, and the Shepherd’s Center.</p>
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VI. Appendix

Steering Committee – represented agencies

CHA Steering Committee
Agency
Forsyth County Department of Public Health*
Novant Health
Forsyth County Sheriff’s Office
Union Baptist Church
Winston Salem/Forsyth County Schools**
Forsyth County Emergency Medical Services
Forsyth Regional Opioid & Substance Use Team

- *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
- For a full list of agencies involved in the CHA process, including those representing underserved, low-income, and minority populations, please see the Forsyth County Department of Public Health’s full report