



Novant Health Forsyth Medical Center

Community Health Needs Assessment

Forsyth County, North Carolina

2013-2015

Approved by the Novant Health Triad Region Board of Directors on October 8, 2013

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Introduction

Novant Health Forsyth Medical Center, in partnership with the Forsyth County Department of Public Health, Forsyth County Healthy Community Coalition, Wake Forest Baptist Health and Forsyth Futures conducted a community health needs assessment in FY 2012-2013 to identify the most pressing health needs in our community. The assessment is designed to identify the health needs of the most vulnerable populations in the community. Forsyth Medical Center will use the data to enhance the health of these populations by offering health and wellness programming, clinical services and financial support to meet health needs identified.

Organizational overview

Novant Health is a not-for-profit integrated health system of 14 medical centers and a medical group consisting of 1,124 physicians in 355 clinic locations, as well as numerous outpatient surgery centers, medical plazas, rehabilitation programs, diagnostic imaging centers and community health outreach programs. Novant Health's nearly 25,000 employees and physician partners care for patients and communities in North Carolina, Virginia, and South Carolina.

Mission

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

Our employees and physician partners strive every day to bring our mission, vision and values to life. We demonstrate this commitment to our patients in many different ways. Our organization:

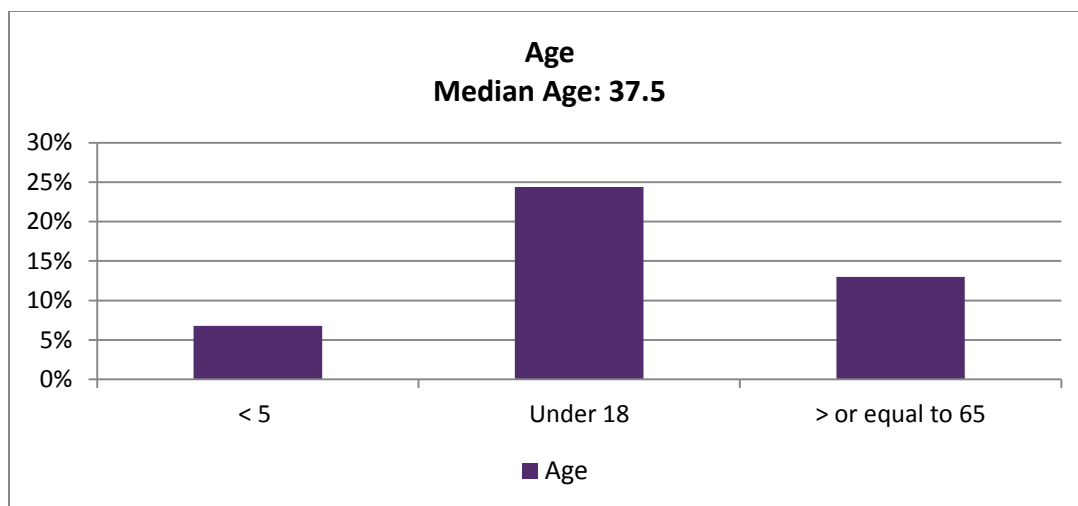
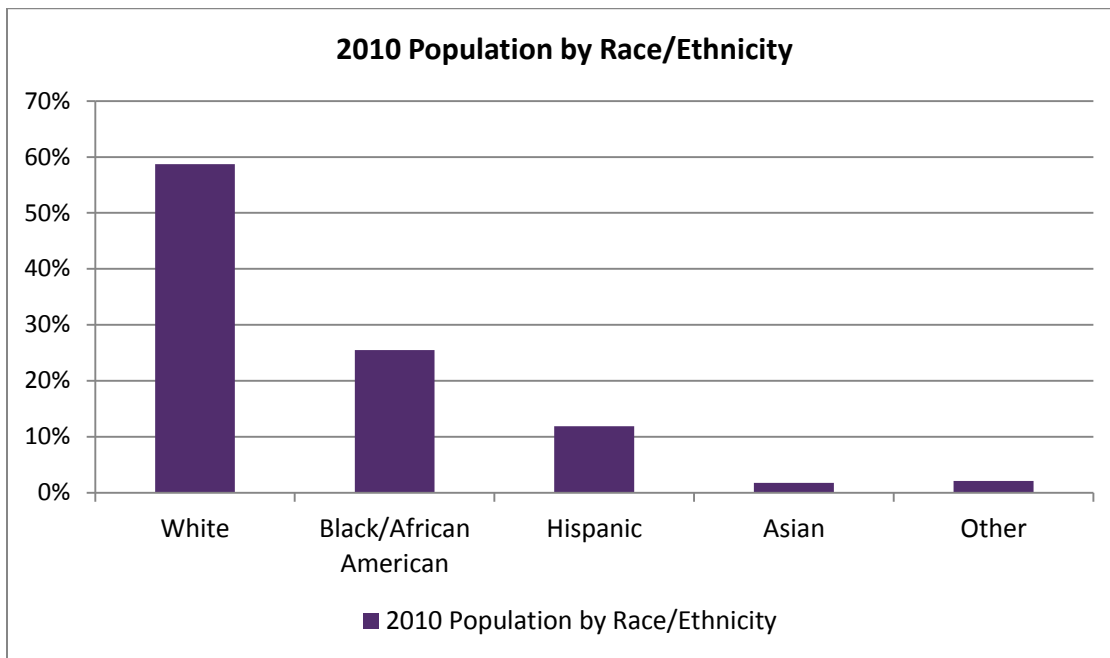
- Maintains an active community health outreach program.
- Demonstrates superior outcomes for many health conditions as indicated by our state and national quality scores.
- Creates innovative programs that address important health issues, with many of our programs and services being recognized nationally.
- Believes in its role as a good corporate citizen, working with community agencies and organizations to make our communities better places to live and work.

Novant Health Forsyth Medical Center, a 921-bed tertiary care hospital, offers a full continuum of emergency, medical, surgical, rehabilitative and behavioral health services. Centers of excellence include Forsyth Rehabilitation Center, Maya Angelou Women's Health & Wellness Center, Forsyth Heart & Vascular Institute, Derrick L. Davis Cancer Center, Forsyth Stroke & Neurosciences Center, Forsyth Regional Orthopaedic Center and Forsyth Medical Center Behavioral Health. In 2012, Forsyth Medical Center had 44,364 inpatient discharges and 128,374 outpatient visits, including 91,516 visits to our emergency department.

Our community

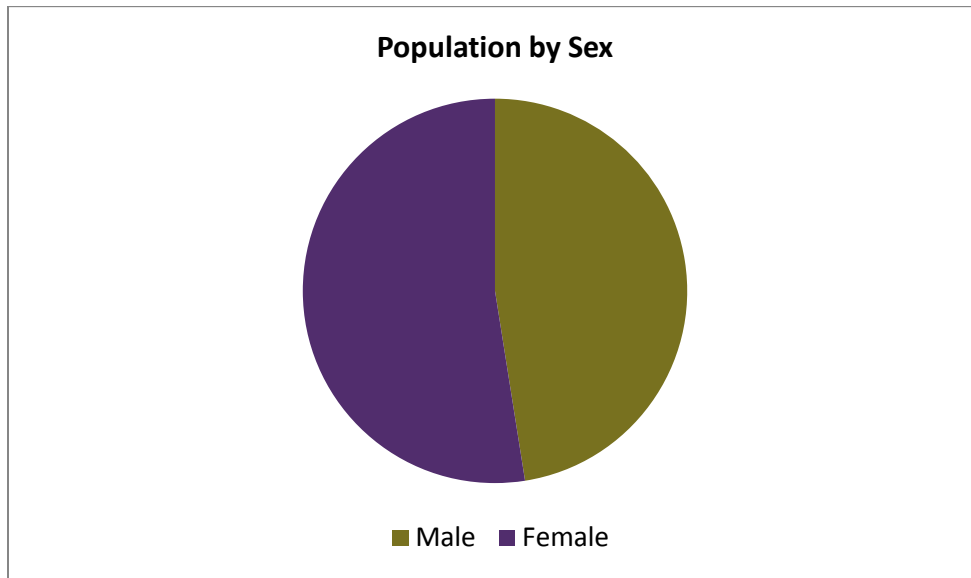
Forsyth County, Forsyth Medical Center's primary service area and defined community, includes the county seat of Winston-Salem. Based on 2011 estimates, Forsyth County remained the fourth largest

county in the State of North Carolina with just fewer than 355,000 residents¹. Forsyth County's population grew 14.6% since the 2000 U.S. Census when there were 306,067 county residents. By 2010, U.S. Census estimates Forsyth County as the fourth most populous county after Mecklenburg (923,944 residents), Wake (907,314 residents), and Guilford (490,371 residents) counties. The County covers a 408 square mile area, with an average of 859.5 persons per square mile. Demographic data for Forsyth County is outlined below²:



¹ U.S. Census Bureau (2013). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/37067.html>

² Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment, Community Profile, 14. http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf



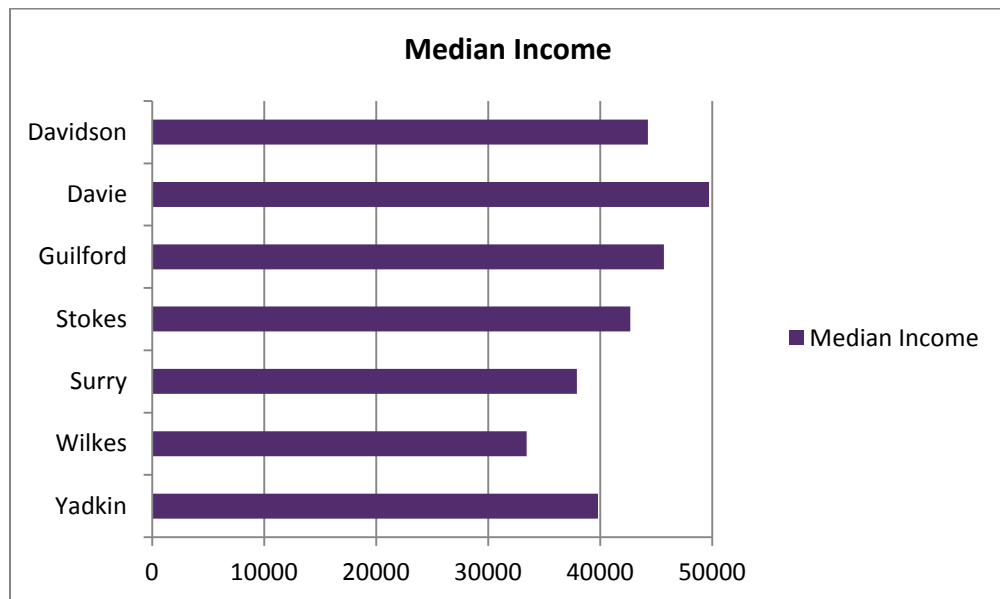
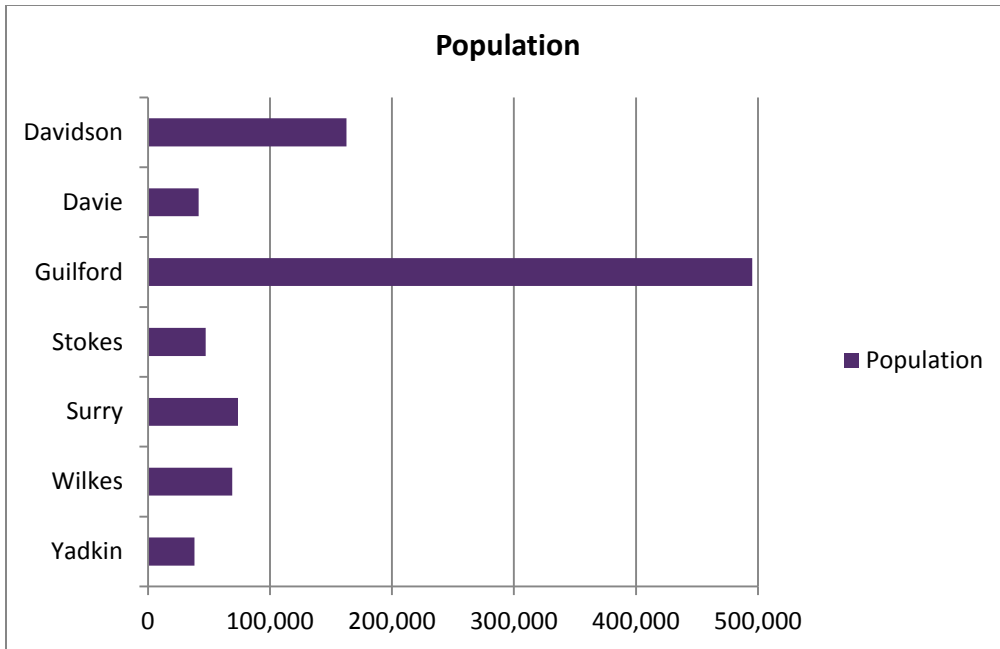
| Income | | % Population Living Below Poverty Line | | Population Educational Attainment (≥ 25 yrs old) | |
|-----------------------------|----------|--|-------|--|-------|
| Median Family Household | \$55,075 | Children (0-17) | 22.8% | < HS diploma/GED | 13.8% |
| | | Adults (18-64) | 12.9% | HS diploma/GED | 28.2% |
| Median Non-Family Household | \$28,023 | Seniors (65+) | 7.1% | Bachelor's degree | 20.7% |
| | | All Families | 11.0% | \geq Graduate degree | 10.0% |

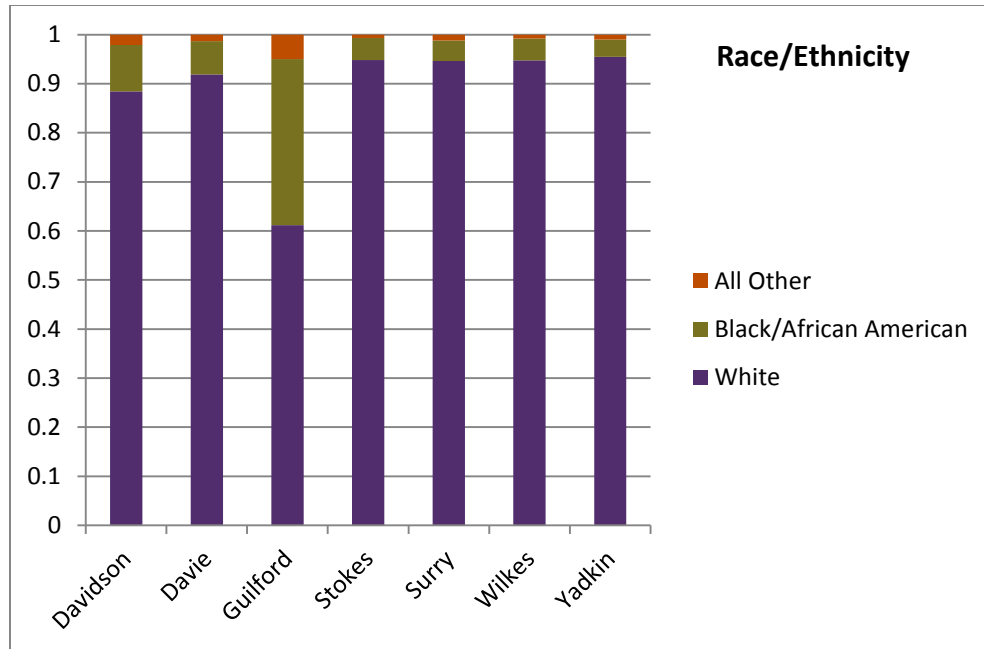
Forsyth County is more urban in nature, with only 9% of the population living in rural areas. Household specifics include over 21,000 households headed by females, 12,400 of those with children. Just fewer than 14,000 households have one resident age 65 or older and more than 50,900 housing units are renter occupied³. The county has an unemployment rate of 9.9% and a median family household income of \$55,075.

Forsyth Medical Center has a secondary service area covering a seven county radius, including: Davidson, Davie, Guilford, Stokes, Surry, Wilkes and Yadkin counties. According to the 2011 U.S. Census estimates, the aforementioned counties include the following demographic profiles⁴:

³ Log Into North Carolina (2013). NC Census Lookup. http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show

⁴ U.S. Census Bureau (2013). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/37067.html>





Assessment process and methodology

Local Health Departments in North Carolina are required to conduct a comprehensive community health needs assessment once every four years to maintain local health department accreditation. The Forsyth County Department of Public Health (FCDPH) collaborated with Novant Health and Wake Forest Baptist Health to meet the new Affordable Care Act/Internal Revenue Code 501(r) requirements. Moving forward, FCDPH will adjust its assessment period to ensure collaboration with local health systems; this new assessment timeline will produce a report once every three years.

As part of this process, special attention was paid to the needs of the underserved. The process emphasized collaboration among community partners to improve the health of the community.

Collaborative community partners and public health input

The assessment process was initiated by the Forsyth County Department of Public Health (FCDPH). Community not-for-profits, the Winston-Salem Forsyth County school system, other city/county agencies and community members, along with Novant Health, Wake Forest Baptist Health and Forsyth Futures were also invited to participate in the process. To ensure input from public health professionals, leaders of medically underserved communities and persons with broad knowledge of the community, invitations were distributed to a large number of individuals and community groups (See Appendix A for a complete list of primary and secondary working group members).

Additionally, hundreds of others were involved through the community health opinion survey, stakeholder interviews, youth risk behavior survey, focus group discussions, priority setting exercises,

and community action plan working teams⁵ (See Appendix B for a complete list of participants). At the completion of meetings, staff from the FCDPH analyzed the collected data.

Process, methods and assessment data

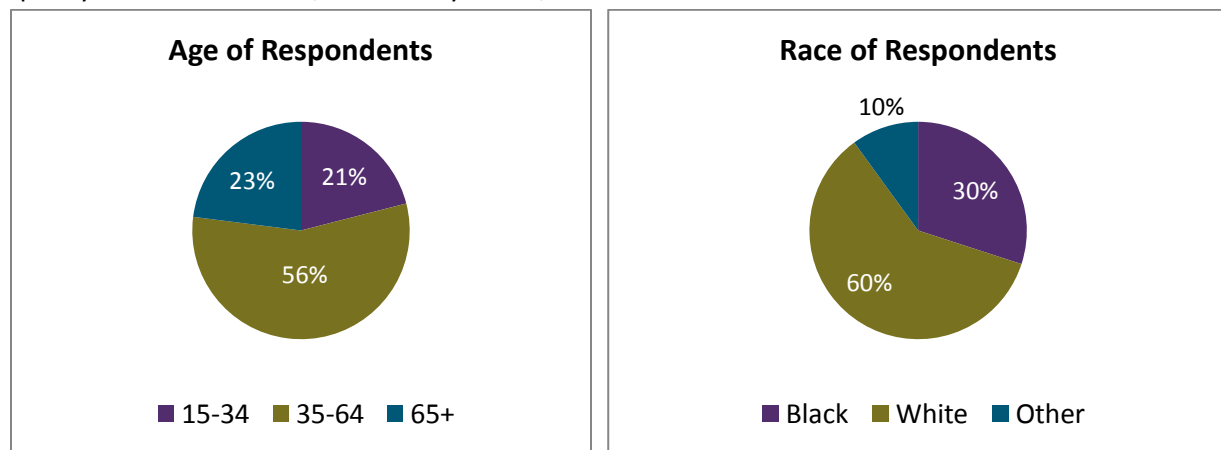
The Forsyth County Department of Public Health, along with the Forsyth County Healthy Community Coalition hosted the assessment activities. In FY 2011-2012, Novant Health and Wake Forest Baptist Health were invited to join in the process. Input was solicited from a variety of leaders from city and county government, and leaders from community-based organizations, foundations, churches, colleges/universities, coalitions and other social service agencies. All of these participants are experts in public health, minority populations, health, health disparities, and social services.

Data was collected from primary and secondary sources. Primary data collection occurred through four channels: 1) community health opinion surveys, 2) community stakeholder interviews, 3) focus groups, and 4) the youth risk behavior survey. The following overviews are taken from the 2011 Forsyth County Community Health Assessment report⁶.

Community health opinion survey

This survey was conducted between March 31 and April 2, 2011. With the help of volunteers, health opinions were gathered using handheld computers equipped with an electronic questionnaire. Participants were selected based on GPS coordinates for parcels and structures, utilizing a local tax information system. They were then randomly selected according to the Centers for Disease Control and Prevention’s 40-7 Rapid Needs Assessment method. In this selection process, forty census blocks were chosen throughout the county, with seven selected household points within each block group. A total of 231 of the target 280 surveys were collected (for a response rate of 60%) over three days.

Participants were asked to supply their demographic information, as well as their opinions on an array of quality-of-life statements, community issues, lists of services and health behaviors.



⁵ Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment, Appendix, ii-vii. http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf

⁶ Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment. http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf

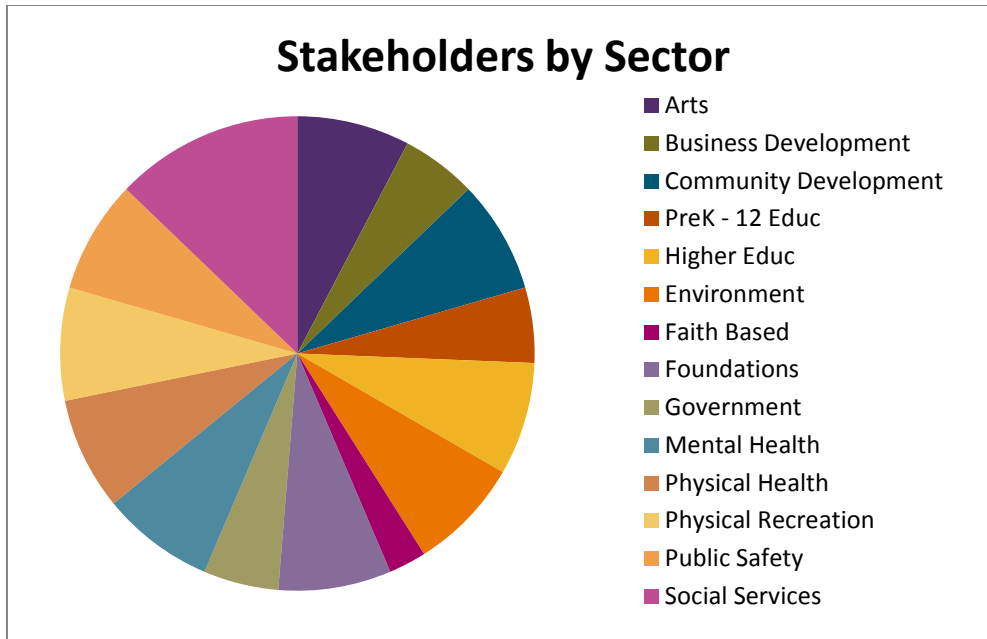
Additionally, participants were asked about their personal health, access to care and emergency preparedness. During and after the survey, participants were informed that the information collected from this survey was confidential, and neither their names nor their identities nor any personal identifiers would be linked and/or associated to their responses. Responses collected from this survey were analyzed for frequency distribution using the EpiInfo software package. It is worth noting that during the analysis not every respondent answered every question.

Key data points included:

- Just over 20% of respondents felt that low income and poverty was the priority issue that most affected the quality the life in Forsyth County.
- Twenty percent reported that the availability of employment was the service that needed to be improved the most in their community.
- When asked which one behavior their community needed more information about, answers varied significantly.
 - Just over 10% felt their community could use more information about how to prepare for an emergency or disaster;
 - Seven percent cited weight management;
 - Less than one percent cited substance abuse prevention.

Community stakeholder interviews

From March to June of 2011, Forsyth County Department of Public Health staff, Forsyth Futures staff and Forsyth County Healthy Community Coalition members conducted telephone interviews with 41 stakeholders representing multiple organizations in Forsyth County. The interviewees worked in key sectors of the community, including cultural, recreation, healthcare, education, business, law enforcement and social services.



Participants identified key barriers that county residents' faced, including:

- Lack of accessibility and awareness of services
- Economic stress/affordability
- Transportation
- Language barriers

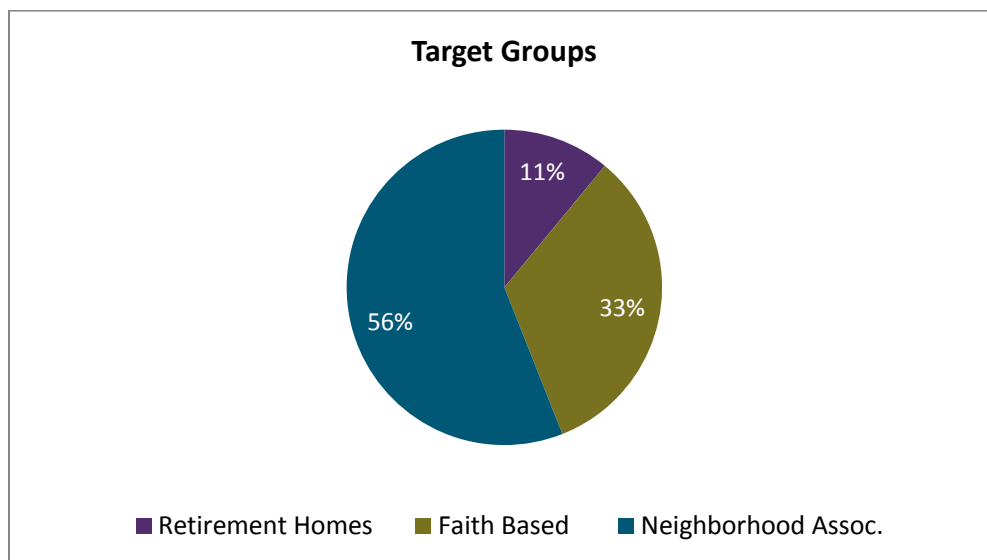
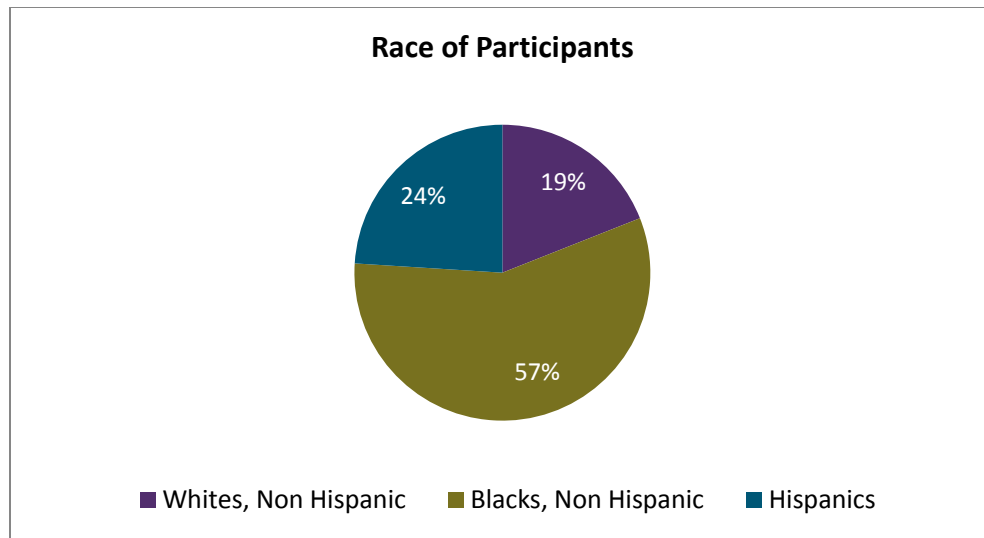
Additionally, they identified some of the community's greatest challenges:

- Employment opportunities/retraining and job skills
- Financial constraints
- Mental health issues
- Wealth disparities
- Access to healthcare.

Focus groups

During March to August 2011, nine focus groups were conducted by the Community Health Assessment (CHA) team as part of the state-mandated community health needs assessment process to collect primary data via focus groups in the Forsyth County community. The purpose of the focus groups was to better understand community concerns about food access, healthcare access, neighborhood activism and to identify barriers that affect Forsyth County residents' overall health.

The focus groups were conducted among neighborhood associations within Winston-Salem's wards, senior communities and churches to include the diversity of the county's population, including Hispanic, African American, and White ethnic and racial groups.



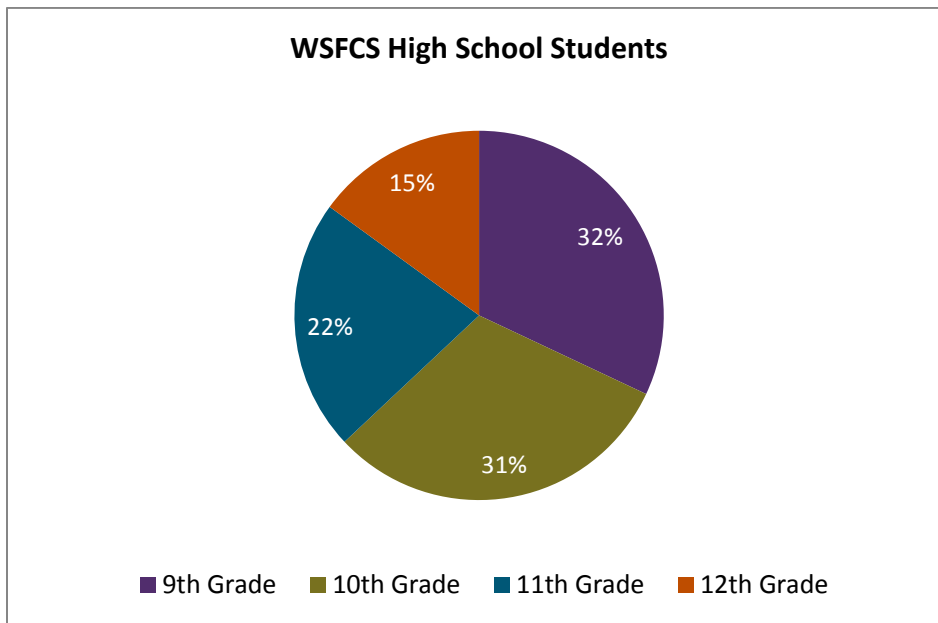
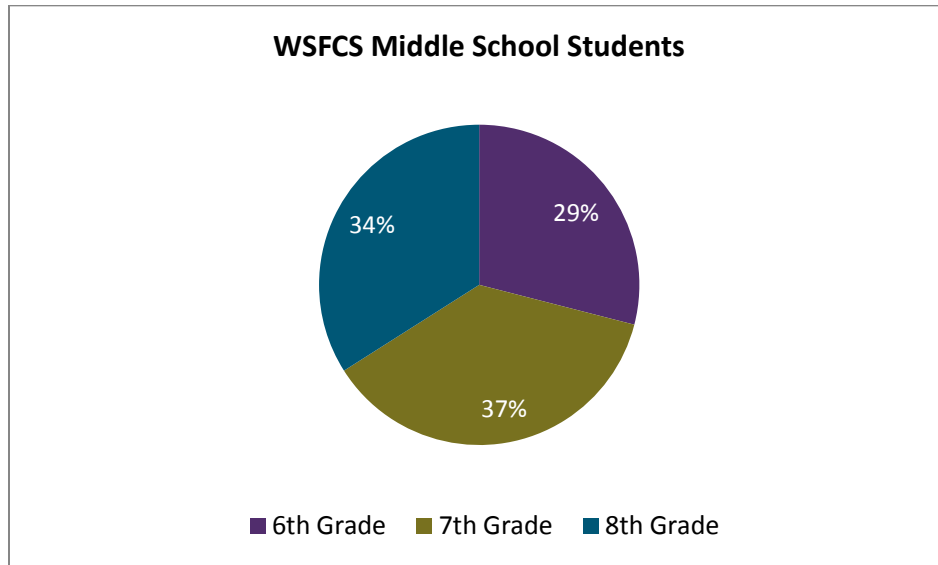
Concerns included:

- *Food Access:* need to develop healthy eating habits, not having time to cook, cost of healthier food, cross-contamination of foods and appropriate food storage.
- *Healthcare Access:* medical care, mental health care, and going to work while sick. Most identified they would not leave work to seek medical care due to lack of paid sick leave.
- *Neighborhood Activism:* increased crime, gang activity, drug activity, and public safety. They believed neighborhoods could be activated through meetings that involved City officials and law enforcement.

Youth risk behavior survey

The Youth Risk Behavior Survey (YRBS) was administered by the Forsyth County Department of Public Health and Winston-Salem Forsyth County Schools. In total, 2,184 middle school students and 1,532 high school students participated in the surveys. The data was collected in the spring of 2011 with a

report prepared by Gramercy Research Group, LLC.



Students answered questions related to:

- Alcohol, tobacco, and drug use
- Automobile and bike safety
- Violence-related behaviors
- Sex education
- Suicide-related attitudes and behaviors
- Body weight and dieting
- Physical activity and health.

Positive highlights from the survey identified that:

- Seventy-eight percent of middle school students either strongly agreed or agreed that they feel good about themselves.
- Over the past week (at the time of the survey), students reported an average of 4.6 days in which they were physically active for at least 60 minutes.
- The percentage of students who reported drinking a can, bottle, or glass of soda or pop at least once per day during past seven days decreased from 36% in 2009 to 23% in 2011.
- Slight declines were reported in students ever having sexual intercourse.

Some areas for improvement identified were alcohol consumption; physical fights, bullying, and gangs; mental health issues, specifically contemplation and plans for suicide; texting and driving; and forced sexual intercourse.

Additionally, secondary data, collected from other sources was reviewed. This information was gathered and analyzed from the following sources⁷:

- 2000 U.S. Census Bureau
- 2009 Forsyth County HIV/STD Surveillance Report
- 2009 Forsyth County Infant Mortality Report
- 2009 Forsyth County Trends & Development Patterns
- 2009 Winston-Salem: By The Numbers
- 2009 WS by Numbers & NW Piedmont COG Reports (Piedmont Triad Council of Governments)
- 2010 Crime in North Carolina
- 2010 Forsyth County Health Rankings
- 2010 NC Coalition to End Homelessness Report
- 2010 United Way Annual Report
- 2010 Winston-Salem Police Annual Statistical Report
- City of Winston-Salem
- Environmental Protection Agency
- Forsyth Futures
- NC Department of the Environment and Natural Resources
- North Carolina Department of Health and Human Services
- Novant Health
- Piedmont Triad Regional Council
- The North Carolina Center for Health Statistics
- U.S. Department of Agriculture
- Wake Forest Baptist Health
- Winston-Salem Forsyth County Utilities Division

⁷ Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment, Health Data Collection Process, 47.

http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf

Prioritized health needs

County prioritization

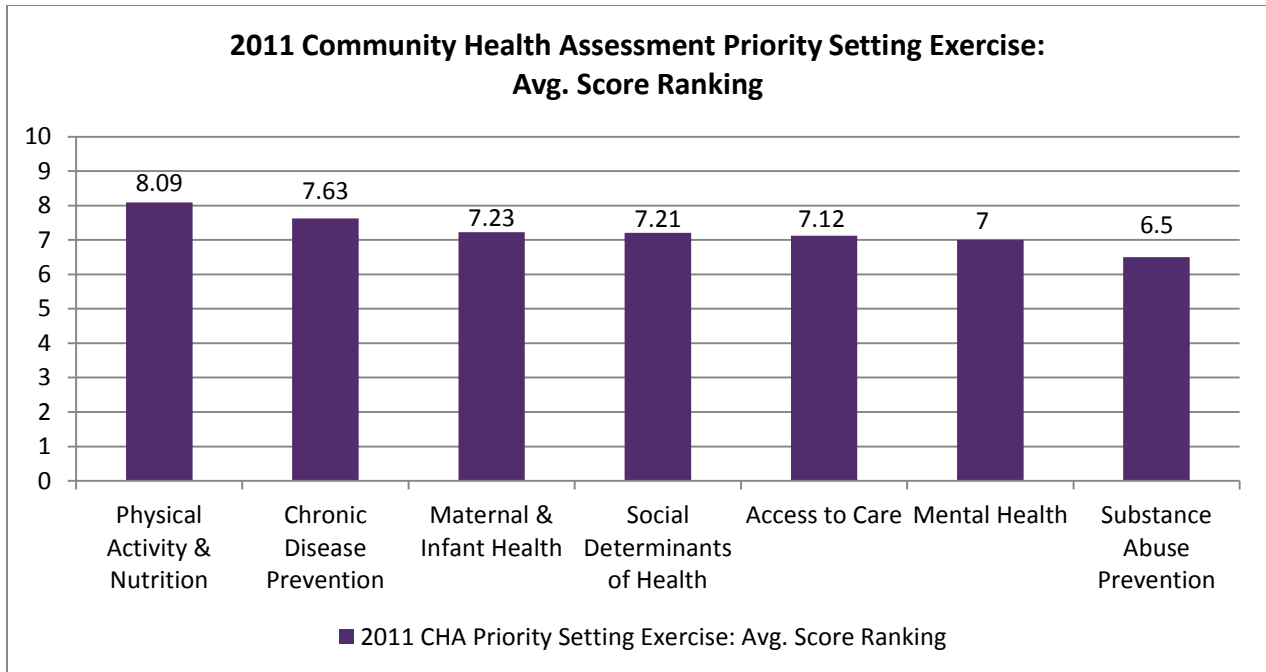
The primary and secondary data outlined above, identified key issues within the community, including:

- Leading causes of death;
- Disparities among populations;
- Maternal and infant statistics;
- Growth in unemployment and uninsured populations;
- Dental care needs; and
- Mental health needs.

To prioritize the needs, a team of 45 community representatives came together on March 26, 2012 at Novant Health Forsyth Medical Center in Winston-Salem, NC. These individuals were representative of healthcare, mental health, public health, education, the faith community, and community members/leaders. Guests were randomly assigned into eight groups to prioritize seven focus areas. They were presented with data specific to each priority area; and copies of the 2010 State of the County Health Report, as well as other pertinent materials for each area. They were asked to review and rank each priority area based on the following five criteria:

- 1) **Magnitude:** proportion of the population affected or vulnerable
- 2) **Severity:** impact on mortality, morbidity, disability and quality of life
- 3) **Intervention Effectiveness:** proven interventions exist that are feasible from a practical, economic and political viewpoint
- 4) **Public Concern:** degree of public concern and/or awareness
- 5) **Urgency:** need for action based on degree and rate of growth (decline); potential for affecting and amplifying other health or socioeconomic issues; timing for public awareness, collaboration and funding is present.

The process outlined the following list of new priority focus areas:



Facility prioritization

In addition to the County rankings, Forsyth Medical Center reviewed two supplementary reports with prioritized health concerns - the Forsyth Futures *2012 Health Making Progress Report*⁸ and The Robert Wood Johnson Foundation and University of Wisconsin Health Rankings⁹.

Forsyth Futures “seeks to enhance the ability to expand community knowledge by coordinating and providing a platform for supporting all residents, organizations, and agencies that reside in Forsyth County.”¹⁰ In their *2012 Making Progress Report: Physical & Mental Health*, Forsyth Futures identified two additional issues that Forsyth Medical Center evaluated as part of their assessment. These issues included:

1. Mental Health, or more specifically an increasing suicide rate. Between 2001 and 2010, the suicide rate in Forsyth County increased 0.19% to 12 deaths per 100,000 persons.
2. Non-Elderly Uninsured. When compared to the rates during 2006-2007, the non-elderly uninsured rate increased four percent to reach 20% in 2008-2009. Additionally, during this same time, the number of persons referred to Healthcare Access, a non-profit safety net organization, more than doubled to 3,579¹¹.

⁸ Forsyth Futures (2012). Making Progress Report Physical and Mental Health 2012. http://forsythfutures.org/images/PDFs/health2012_final.pdf

⁹ County Health Rankings & Roadmaps (2012). Rankings. <http://www.countyhealthrankings.org/app/#/north-carolina/2013/forsyth/county/outcomes/overall/snapshot/by-rank>

¹⁰ Forsyth Futures (2012). <http://www.forsythfutures.org/about-forsyth-futures/about-us.html>

¹¹ Forsyth Futures (2012). Making Progress Report Physical and Mental Health 2012. http://forsythfutures.org/images/PDFs/health2012_final.pdf

With the support of Forsyth Futures, Forsyth Medical Center also evaluated the County Health Rankings developed by the Robert Wood Johnson Foundation and the University of Wisconsin. During this analysis, two primary areas surfaced.

1. Sexually transmitted infections. Forsyth County has a rate of 884 per 100,000 persons, as compared to the state average of 445/100,000, making it the 3rd highest ranking county in terms of incidence.
2. Premature deaths. Though nationally the trend has shifted downward, Forsyth County experienced an increase between 2003-2007.

After reviewing all data, Forsyth Medical Center determined that the top eight needs within Forsyth County were as follows:

1. Physical Activity & Nutrition
2. Chronic Disease Prevention
3. Maternal & Infant Health
4. Social Determinants of Health
5. Sexually Transmitted Infections
6. Premature Death
7. Mental Health
8. Non-Elderly Uninsured

These eight priorities were then collectively reviewed by the Novant Health Triad Region Board of Directors and Novant Health Forsyth Medical Center Medical Executive Team. The team was asked to evaluate each documented need and where it intersects with the organization's mission, commitments and key strengths. From here, each team further prioritized the needs, agreeing on our top six health priorities:

1. Diabetes
2. Obesity
3. Other Chronic Disease
4. Maternal & Infant Health
5. Physical Activity & Nutrition
6. Mental Health

Addressing needs

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

Diabetes:

- Diabetes prevention classes
- Diabetes education
- Blood glucose screenings

Obesity:

- Community nutrition education
- The Weigh for You weight loss program
- BMI screenings

Other Chronic Disease:

- Community education
- Cardiac risk assessment clinics
- Mobile mammography

Maternal & Infant Health:

- Community education on healthy pregnancy, prepared childbirth, breastfeeding basics
- Financial support for March of Dimes

Physical Activity & Nutrition:

- KidSmart
- Girls on the Run
- Community education
- Transformation Nation Triad

Mental Health:

- Community education
- Community behavioral health services.

Appendix A: Primary and secondary working group members¹²

| Individual name | Organization |
|-------------------------|--|
| Ayo Ademoyero | Forsyth County Department of Public Health |
| Betty Alexander | Community Member |
| Jennie Anthony | YMCA |
| Doug Atkinson | Community Member |
| Alain Bertoni | Wake Forest Baptist Health |
| Sheila Bogan | Forsyth County Department of Public Health |
| Monica Brown | Downtown Health Plaza |
| Monica Cain | Winston Salem State University |
| Peggy Carter | Novant Health |
| Faye Cobb | Winston Salem State University |
| Brenton Edwards, Intern | University of North Carolina Greensboro |
| Madison Gattis, Intern | Wake Forest University |
| Mayte Grundseth | Forsyth County Department of Public Health |
| Jennifer Houlihan | Wake Forest Baptist Health |
| Marlon Hunter | Forsyth County Department of Public Health |
| Lashun Huntley | Forsyth County Department of Public Health |
| Alana James | United Way of Forsyth County |
| Jocelyn Johnson | Wake Forest Baptist Health |
| Robert Jones | Downtown Health Plaza |
| JaNae Joyner | Wake Forest Baptist Health |
| Heidi Krowchuk | University of North Carolina Greensboro |
| Andrea Kurtz | United Way of Forsyth County |
| Debbie Mason | Forsyth County Department of Public Health |
| Andrea McDonald | Novant Health |
| Lynne Mitchell | Forsyth County Department of Public Health |
| Jeremy Moseley | Wake Forest Baptist Health |
| Doris Paez | Forsyth Futures |
| Linda Petrou | Wake Forest University |
| Linda Preschle | Community Member |
| Regina Pulliam | University of North Carolina Greensboro |
| Sara Quandt | Wake Forest Baptist Health |
| Solomon Quick | Winston Salem Police Department |
| Vera Robinson | Community Member |
| Amber Simmons, Intern | Winston Salem State University |
| Jennifer Staten | Forsyth County Department of Public Health |

¹² Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment, Appendix. http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf

| | |
|--------------------|--|
| Quintana Stewart | Forsyth County Department of Public Health |
| Tina Telda, Intern | Winston Salem State University |
| Rebecca Thompson | Forsyth County Department of Public Health |
| Beverly Tucker | Wake Forest Baptist Health |
| Sabrina Vereen | Winston Salem State University |
| Mary Lynn Wigodsky | CHANGE |
| Carol Wilson | Family Services, Inc. |

Appendix B: Participant list for CNHA process¹³

| Community health opinion survey administrators Volunteers from Forsyth County Department of Public Health, Winston Salem State University, University of North Carolina at Greensboro, Wake Forest University and the community | |
|---|-----------------------------------|
| Amber Tate | Arlene Acevedo |
| Aubrie Welch | Brenton Edwards |
| Brian Perry | Brittany Crump |
| Carrie Worsley | Collette Chalmers |
| Cynthia W. Jeffries | Danila Hutcherson |
| Debbie Mason | Erica Phillips |
| Gabrielle Roper | Jamil A. McLean |
| Jasmine Getrouw-Moore | Jennifer Staten |
| John Brown | Johnetta Huntley |
| Keisha Hayes | Lara Hendy |
| Lashonda Ouk | Lashun Huntley |
| Lori Pelletier | Lynne Mitchell |
| Madison Gattis | Malikah Planas |
| Marisol Quiroz | Mary Lynn Wigodsky |
| Mona Lisa Petruzzella | Ron Mason |
| Patricia Luna | Phillip Summers |
| Quintana Stewart | Rodd Smith |
| Ryan Harrison | Shana Gary |
| Sharon Correll | Sheila Bogan |
| Tina Tedla | Veronica Luna |
| Whitney McNeely | |
| Stakeholder interviewers & note takers | |
| Individual name | Organization |
| Ayo Ademoyero | FC Department of Public Health |
| Peggy Carter | Forsyth Medical Center Foundation |
| Brenton Edwards | UNCG Student Intern |
| Carolyn Foster | FC Department of Public Health |
| Keisha Hayes | FC Department of Public Health |
| Debbie Mason | FC Department of Public Health |
| Doris Paez | Forsyth Futures |
| Jennifer Staten | FC Department of Public Health |
| Quintana Stewart | FC Department of Public Health |
| Mary Lynn Wigodsky | CHANGE |

¹³ Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment, Appendix. http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf

Youth risk behavior survey facilitators**Volunteers from Forsyth County Department of Public Health, Winston Salem State University, University of North Carolina at Greensboro, Wake Forest University, YMCA, Downtown Health Plaza, Gramercy Research Group and the community**

| | |
|----------------------|--------------------|
| Angela Golden | Angela Sheek |
| Angela Thomas | Angie Weavil |
| Ashley Cody | Bethany Hutchens |
| Brittany Crump | Carla Day |
| Carolyn Eaton | Carolyn Foster |
| Carolyn Marcus | Carrie Worsley |
| Casey Brady | Chelsea Wiley |
| Clare Wallace | Collette Chalmers |
| Debbie Mason | Debra Massenburg |
| Desai, Seena | Dianna Stack |
| Dorsel Edwards | Ethel Evans |
| Ethel Whitt | Faith Lockwood |
| Gabrielle Roper | Grace Hughes |
| Heather Sevy | Heidi Krowchuk |
| Helena How | Janet English |
| Jennie Anthony | Jennifer Dixon |
| Jennifer Houlihan | Jennifer Staten |
| Jenny LaRowe | Jeremy Transou |
| Jeskell Creecy | Jessica Blackburn |
| Jocelyn Saju | Katie Key |
| Katy Altizer | Keisha Hayes |
| Kelly Diller | Krista Shannon |
| LaRowe, Jenny K | LaShaun Huntley |
| Laura Brooks | Linda Preschle |
| Lorrie Christie | Lula Lott |
| Lynn Kelly | Lynne Mitchell |
| Madison Gattis | Mary Ann Blackwell |
| Mayte Grundseth | Meghan Sharp |
| Melicia Whitt-Glover | Michael Mitchell |
| Monica Brown | Nancy Sutton |
| Natasha Gonzalez | Patrice Toney |
| Pattie Sacrinty | Phyllis D'Agostino |
| Quilla Smith | Quintana Stewart |
| Rod Smith | Rolanda Coleman |
| Ryan Harrison | Sandra Miller |
| Sandra Rivera | Scotty Woods |

| | |
|--|--------------------------------|
| Shana Gary | Sharon Roberts |
| Stephanie Smith | Susan Fuller |
| Tammy Sorendo | Tina Tedla |
| Tonya Chesney | Trudy Aquilar |
| Whitley Manuel | Yalonda Miller |
| Priority setting exercise attendees | |
| Individual name | Organization |
| Andrea McDonald | Novant Health |
| Ann Potter | UNC School of the Arts |
| April Broadway | Smart Start |
| Ashley Thomas | WSSU Student Intern |
| Ayo Ademoyero | FC Department of Public Health |
| Brad Daniel | Nouvista Health Strategy |
| Carolyn Marcus | Community |
| Carrie Worsley | FC Department of Public Health |
| Catherine Sanguenza | WFU TSI |
| Cynthia W. Jeffries | FC Department of Public Health |
| Curt Hazelbaker | YMCA |
| Dan Kornelis | Forsyth County Housing |
| Debbie Mason | FC Department of Public Health |
| Deborah Dickerson | Community |
| Dewanna Hamlin | Family Services |
| Donna Joyner | WFUBMC/ Safe Kids |
| Doris Paez | Forsyth Futures |
| Glenda Dancy | FC Department of Public Health |
| Jane Mosko | FC Board of Health Member |
| Jeffery Eads | Center Point Human Services |
| Jennie Anthony | YMCA |
| Jennifer Houlihan | WF Baptist Medical Center |
| Jeremy Moseley | WF Baptist Medical Center |
| Jerri McLemore | WF Baptist Medical Center |
| Kathy Lowe | WF Baptist Medical Center |
| Katisha Blackwell | My Aunt's House |
| Kismet Loftin-Bell | The Shalom Project |
| Linda Darden | Hospice & Palliative Care |
| Linda Petrou | Chair, Board of Health |
| Lynne Mitchell | FC Department of Public Health |
| Marlon Hunter | FC Department of Public Health |
| Mary Ann Squire | Healthcare Access |
| Mary Lynn Wigodsky | CHANGE |

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|---|-----------------------------------|
| Mayte Grundseth | FC Department of Public Health |
| Melissa Smith | Senior Services |
| Nancy Sutton | WSFC Schools |
| Peggy Carter | Forsyth Medical Center Foundation |
| Quintana Stewart | FC Department of Public Health |
| Rachel Bates | Forsyth County Housing |
| Rebecca Thompson | FC Department of Public Health |
| Robert Jones | Downtown Health Plaza |
| Rolanda Coleman | FC Department of Public Health |
| Sandra Clodfelter | FC Department of Public Health |
| Sheila Bogan | FC Department of Public Health |
| Suzana McCalley | The Shalom Project |
| Tamara Smith | Forsyth Medical Center |
| Willard Bass | Faith Community Leader |
| Focus group facilitators, note takers & convening participants | |
| Individual name | Organization |
| Pastor Enrique Alcantara | Cordero de Dios Church |
| Mary Ann Blackwell | FC Department of Public Health |
| Tabitha Bailey | City Of Winston-Salem |
| Vic Farrow | City Of Winston-Salem |
| Spencer Glenn | Community |
| Deloris Huntley | Alpha & Omega Church |
| Lashun Huntley | FC Department of Public Health |
| Joshua Luna | Community |
| Monica Luna | Community |
| Patricia Luna | FC Department of Public Health |
| Veronica Luna | Community |
| Chris Mack | City Of Winston-Salem |
| Debbie Mason | FC Department of Public Health |
| Lynne Mitchell | FC Department of Public Health |
| Ms. Moss | Community |
| Pat Olmstead | Community |
| Marva Reid | Community |
| Tina Tedla | WSSU Student Intern |
| Stefina Walker | Community |