Novant Health Forsyth Medical Center

Community Benefit Implementation Plan
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 FY2012-2013 to identify the most pressing health needs in our community. From that, Forsyth Medical Center developed its own Community Health Needs Assessment FY 2013-2015. The assessment is designed to identify the health needs of the most vulnerable populations in the community. This Implementation Plan is designed to enhance the health of these populations by offering health and wellness programming, clinical services and financial support Forsyth Medical Center will provide to meet health needs identified.

Organization 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:

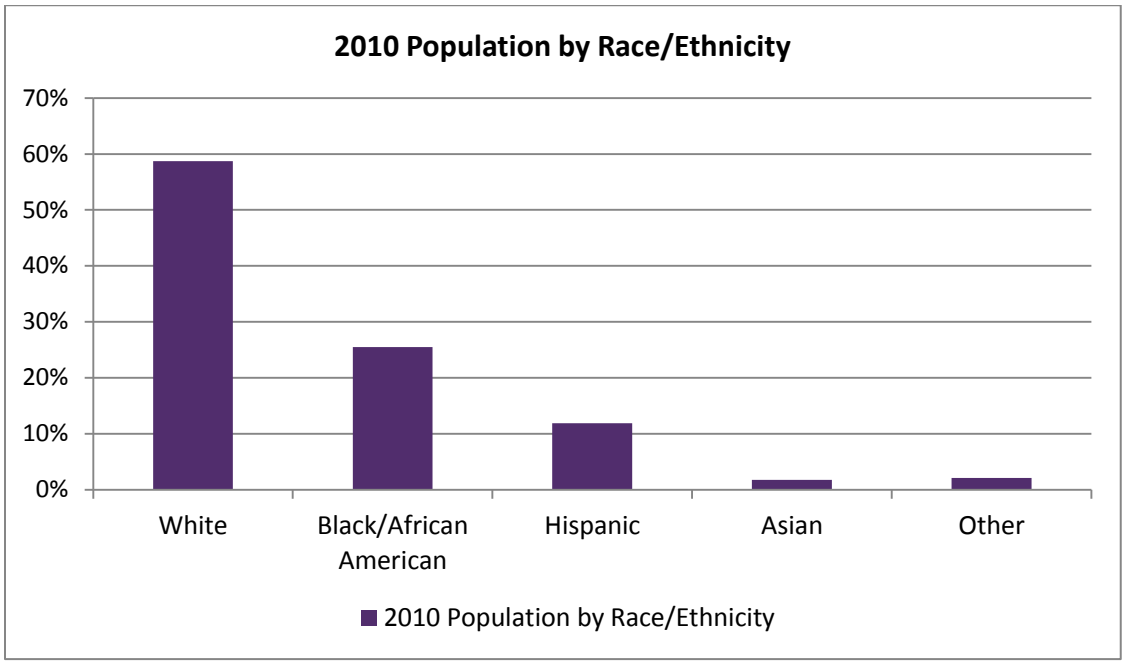
- Maintains an active community health outreach program.
- Demonstrates superior outcomes for many health conditions as indicated by our state and national quality scores.
- Creates innovative programs that address important health issues, with many of our programs and services being recognized nationally.
- 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.

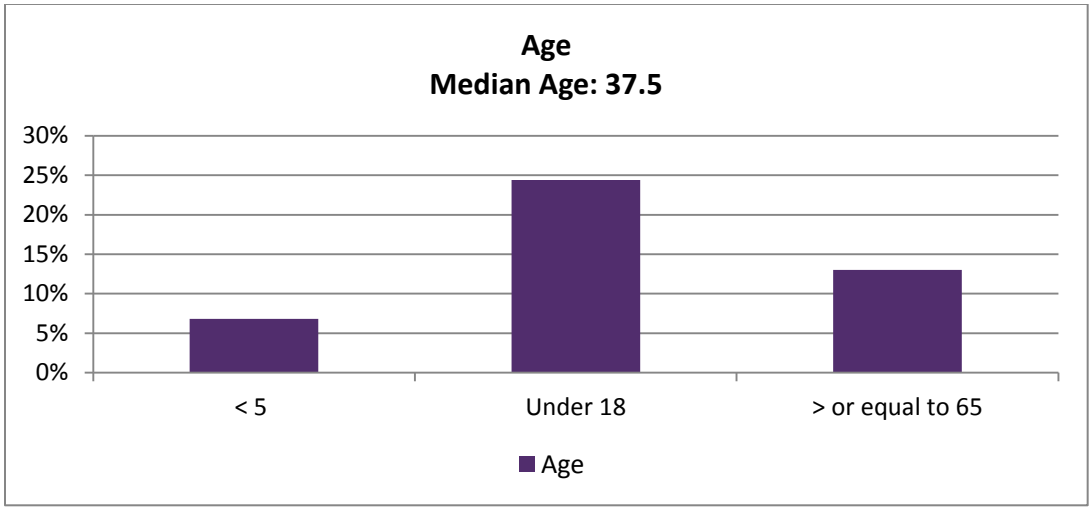
Novant Health Forsyth Medical Center, a 921-bed tertiary care hospital, offers a full continuum of emergency, medical, surgical, rehabilitative and behavioral health services. Centers of excellence include Forsyth Rehabilitation Center, Maya Angelou Women's Health & Wellness Center, Forsyth Heart & Vascular 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

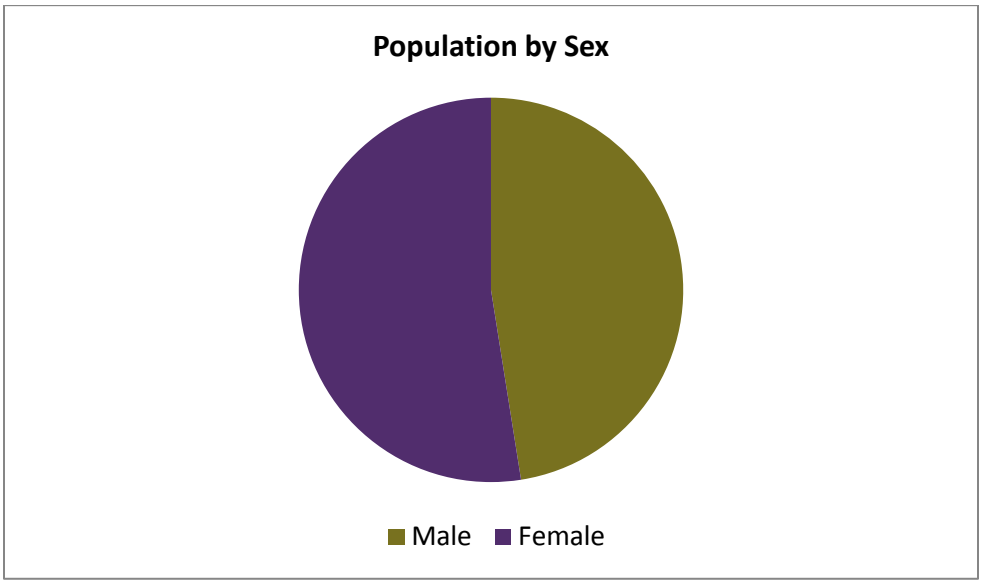
Forsyth County, Forsyth Medical Center's primary service area and defined community, includes the county seat of Winston-Salem. Based on 2011 estimates, Forsyth County remained the fourth largest

county in the State of North Carolina with just fewer than 355,000 residents[1]. 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 below[2]:





[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

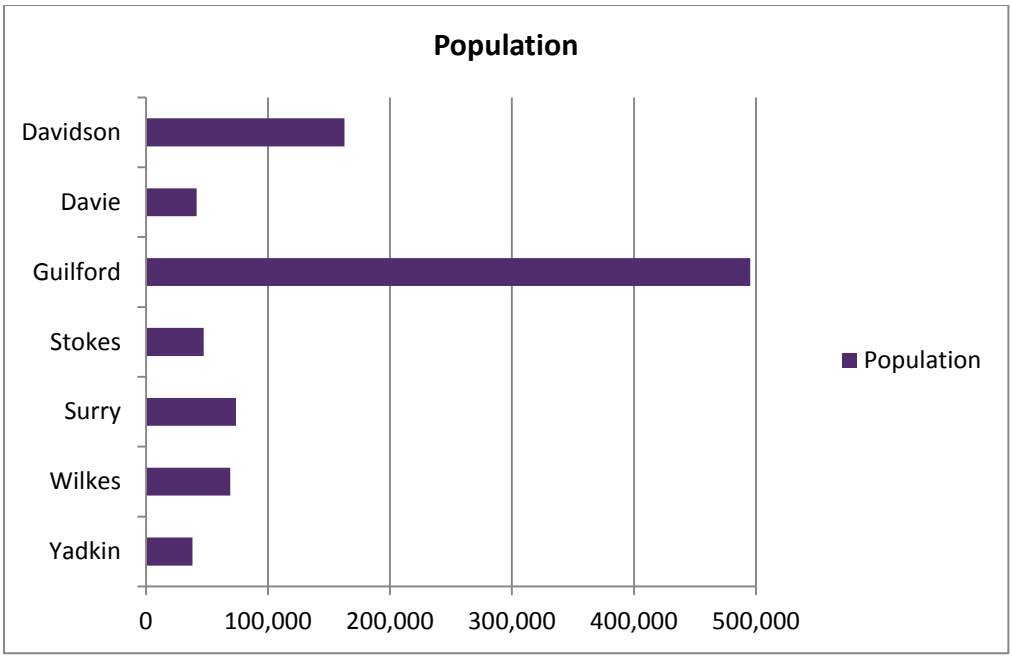


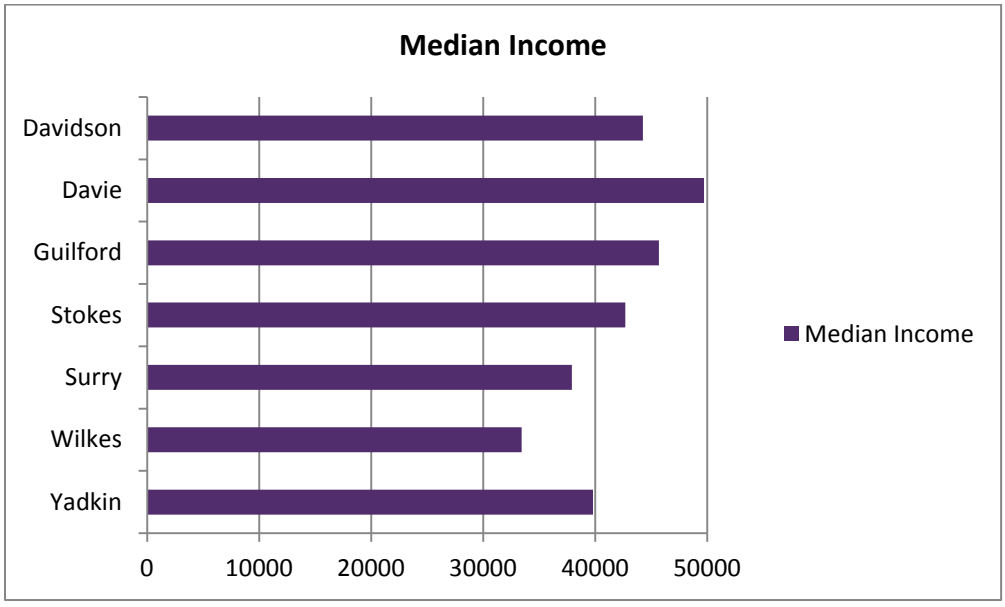
Income			% Population Living Below Poverty Line			Population Educational Attainment (≥ 25 yrs old)	
Median Family Household	$55,075		Children (0-17)	22.8%		< HS diploma/GED	13.8%
			Adults (18-64)	12.9%		HS diploma/GED	28.2%
Median Non-Family Household	$28,023		Seniors (65+)	7.1%		Bachelor's degree	20.7%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

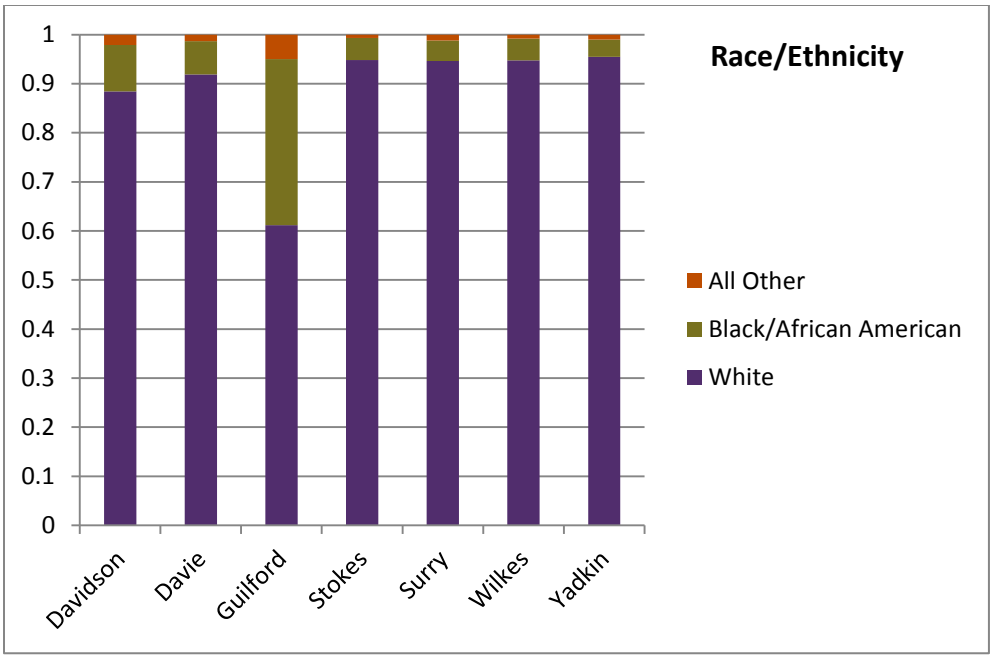
Forsyth County is more urban in nature, with only 9% of the population living in rural areas. Household specifics include over 21,000 households headed by females, 12,400 of those with children. Just fewer than 14,000 households have one resident age 65 or older and more than 50,900 housing units are renter occupied[3]. 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 profiles[4]:

[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


Population
Davidson
Davie
Guilford
Stokes
Surry
Wilkes
Yadkin
0
100,000
200,000
300,000
400,000
500,000
Population


Median Income
Davidson
Davie
Guilford
Stokes
Surry
Wilkes
Yadkin
0
10000
20000
30000
40000
50000
Median Income



Prioritized health needs

County prioritization

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

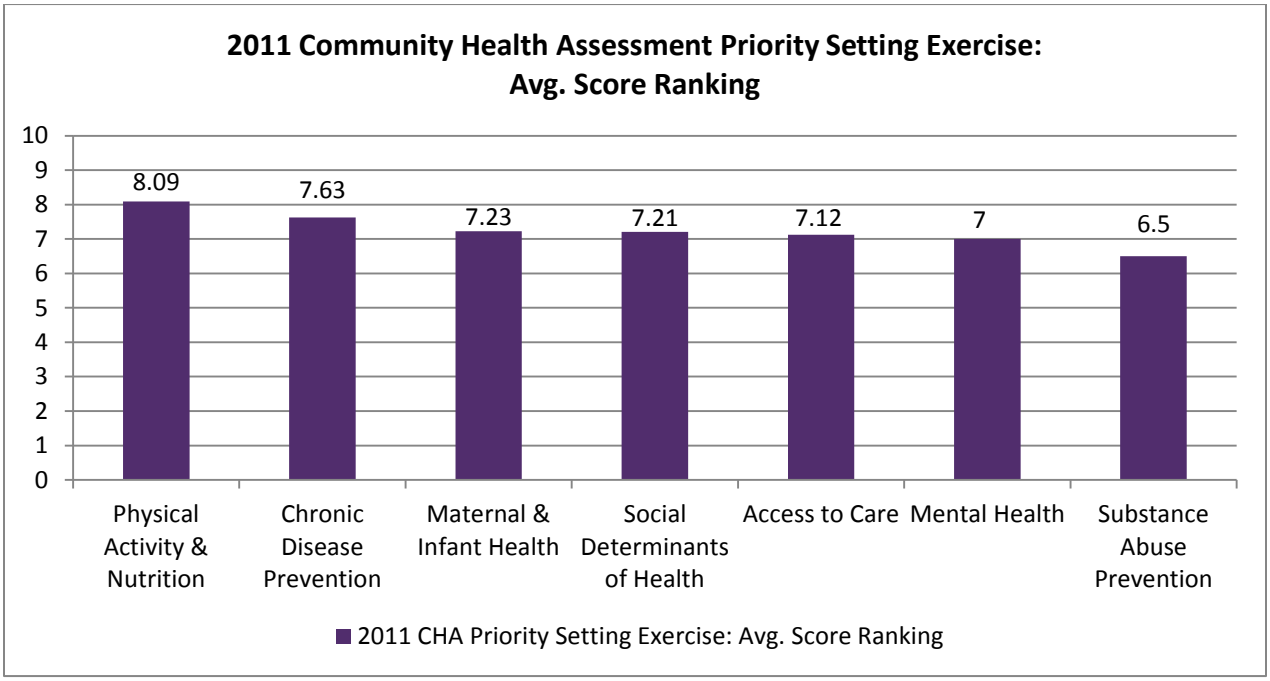
- Leading causes of death;
- Disparities among populations;
- Maternal and infant statistics;
- Growth in unemployment and uninsured populations;
- Dental care needs; and
- Mental health needs.

To prioritize the needs, a team of 45 community representatives came together on March 26, 2012 at 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*[5]) and The Robert Wood Johnson Foundation and University of Wisconsin Health Rankings[6].

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."[7] 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

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

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

[7] Forsyth Futures (2012). http://www.forsythfutures.org/about-forsyth-futures/about-us.html

time, the number of persons referred to Healthcare Access, a non-profit safety net organization, more than doubled to 3,579[8].

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 if 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 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

These significant needs were outlined for Forsyth Medical Center due to the the facility's scope of service, expertise, and alignment of resources. Additionally, Forsyth Medical Center believes that, with targeted focus on the aforementioned priorities, Forsyth County can begin to show improvements in both health status and health outcomes countywide.

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

Issues for remediation

In the following section Forsyth Medical Center will address each of the top five prioritized needs. Each need includes actions that must be taken to achieve improved community health. Outlined with in each need, Forsyth Medical Center will identify the description of need, programs, resources and intend actions, anticipated impact, priority populations, evaluation plan, intervention strategies, tactics for achievement, growth targets, and community partners.

The following action plans were developed through evaluation of Forsyth Medical Center programs and the U.S. Department of Health and Human Services "Healthy People 2020" topics. To determine anticipated impact, Healthy People 2020 objectives were reviewed and integrated into each priority area. As a leader committed to improving the nation's health, it is imperative to Forsyth Medical Center that our guiding principles in defining our role in community health outreach and advocacy be well aligned with the Healthy People's goal of achieving health equity and eliminating disparities. (See Appendix A for Healthy People 2020 objectives that were evaluated.)

Priority 1: Diabetes

From 2005-2009, Diabetes remained a leading cause of death in Forsyth County and disproportionately affected African-Americans with a 3.3 to 1 ratio. Based on the same 2009 statistics, diabetes ranked as the fourth most common cause of death in non-whites, as compared to whites and Hispanics. Additionally, the community perception survey identified diabetes as an emerging issue for both adults and children.

Programs, resources and intended actions to address diabetes need: Forsyth Medical Center offers community based services including education for diabetes prevention and diabetes management, as well as glucose and A1c screenings. Additionally, Forsyth Medical Center provides an inpatient diabetes navigator for all patients and performs an A1c screening on any patient admitted to the facility. All of the these programs are intended to increase awareness of diabetes, promote healthy lifestyles that prevent disease, provide education around management and monitoring techniques and support patients through the initial stages of diagnosis and treatment.

Goal
• Increase awareness of diabetes risk factors and provide educational resources and tools to prevent and manage the condition.
Anticipated impact
• Increase the number of persons with diabetes whose condition has been diagnosed. • Increase the number of persons with newly diagnosed diabetes who receive formal education.
Priority population
☒ Broader Community ☐ Vulnerable Population

Specific action	Baseline	% Growth target	Intervention strategies	Tactics	Collaborative partners
Community glucose/A1c screenings	1,592*	10%	1.1 Increase number of participants in screenings	1.1.1 Identify new locations to offer screenings 1.1.2 Targeted outreach to high risk populations	1. Area churches 2. Local senior centers 3. Community events
Community diabetes education	233	10%	2.1 Increase number of participants in diabetes education classes	2.1.1 Automatically enroll newly diagnosed diabetes patients into formal education program	1. Area churches 2. Recreation centers

**Programs included in this baseline calculation are duplicative with the Obesity and Other Chronic Disease programs; these duplications are due to comprehensive biometric assessments.*

Evaluation plan: Forsyth Medical Center will accurately track screening data through Lyon Software (CBISA) and monitor class enrollment and completion rates for programs offered at both the hospital and community partner locations. Impact will be measured based on above growth target, as compared to baseline statistics.

2013-2014 results
Hospital contribution

Priority 2: Obesity

In both the community perception survey and focus groups, obesity was identified as a significant problem for both adults and children. According to The Robert Wood Johnson Foundation and University of Wisconsin Health Rankings, 26% of adults in Forsyth County are overweight or obese and 21% of adults report no leisure or physical activity. The report also cited that 47% of Forsyth County restaurants are classified as fast food.

Programs, resources and intended actions to address obesity need: Forsyth Medical Center offers programs to address obesity, including body mass index screenings, nutrition education, nutrition counseling and The Weigh for You weight loss program. Additionally, Forsyth Medical Center collaborates with various community partners to support other nutrition and fitness programs throughout Forsyth County. These programs include 1) Transformation Nation Triad, a 16 week weight loss program at area YMCAs, and 2) Girls on the Run, a program designed to increase physical activity in

young girls. All programs and partnerships are intended to increase exposure and access to healthy foods, decrease weight and lower overall health risk factors.

Goal
• Heighten awareness to the effects of obesity on overall wellness.
Anticipated impact
• Increase the number of families that understand body mass index and weight guidelines. • Increase the number of families who have access to weight management resources in the community.
Priority population
☒ Broader Community ☐ Vulnerable Population

Specific action	Baseline	% Growth target	Intervention strategies	Tactics	Collaborative partners
Body mass index (BMI) screenings	1,592*	15%	1.1 Increase number of participants in BMI screenings	1.1.1 Identify new locations to offer BMI screenings	1. Public schools 2. Area churches 3. Community events
Community nutrition education	2,756	20%	2.1 Increase number of participants in nutrition education classes	2.1.1 Identify new locations to offer nutrition education	1. Recreation centers 2. YMCAs 3. Sports-related retail locations
				2.1.2 Identify new community partnerships	1. Sports-related retail locations 2. Crisis control 3. Second Harvest Food Bank
				2.1.3 Targeted outreach to high risk populations through the BMI project	1. Winston-Salem/Forsyth County Schools

The Weigh for You	0	Enroll 200 Individuals	3.1 Increase number of individual enrolling in the program	3.1.1 Identify new community locations to offer program	2. Area churches 3. Recreation centers
				3.1.2 Targeted outreach to high risk populations	1. Congregate meal sites 2. Senior Centers

**Programs included in this baseline calculation are duplicative with the Diabetes and Other Chronic Disease programs; these duplications are due to comprehensive biometric assessments.*

Evaluation plan: Forsyth Medical Center will accurately track screening data through Lyon Software (CBISA) and monitor class enrollment and completion rates for programs offered at both the hospital and community partner locations. New partnerships will be monitored through the Community Relations department. Impact will be measured based on above growth target, as compared to baseline statistics.

2013-2014 results
Hospital contribution

Priority 3: Other chronic diseases

Heart disease and cancer are some of the leading causes of disease related death in Forsyth County. Between 2005 and 2009, Forsyth County had 163.3 heart disease related deaths and 198.1 cancer related deaths per 100,000 residents. Heart disease was the leading cause of death for residents between the ages of 25-44 and it disproportionately affected the African-American population. Similarly, cancer was the leading cause of death for persons in all other age brackets (1-14, 45-64 and 65+) and also disproportionately impacted African-American males. According to the community perception survey, heart disease and cancer are two of the emerging community health issues.

Programs, resources and intended actions to address other chronic diseases need: Forsyth Medical Center currently offers heart risk assessments, vascular screenings, PAD screenings and cardiac education that are designed to increase the community's awareness of risk factors, prevent unnecessary cardiac related problems, and connect individuals to prevention and management services. Additionally, Forsyth Medical Center provides mobile mammography services and clinical breast exams to uninsured/underinsured women, as well as prostate screenings and skin cancer screenings. All of these screenings are designed to increase early detection of cancer.

Goal
• Increase the awareness of heart disease and cancer risk factors and provide subsequent education for prevention.
Anticipated impact
• Increase the number of adults who have had a comprehensive cardiac risk assessment within the preceding 5 years. • Increase the number of adults with abnormal biometric screening values who have been advised by a healthcare provider regarding a healthy diet, physical activity, and weight control. • Increase the number of uninsured/underinsured women who receive a breast cancer screening based on the most recent guidelines.
Priority population
☐ Broader Community ☒ Vulnerable Population

Specific action	Baseline	% Growth target	Intervention strategies	Tactics	Collaborative partners
Cardiac risk assessment	1,886*	15%	1.1 Increase number of participants in cardiac risk assessments	1.1.1 Targeted outreach to high risk populations	1. Subsidized housing communities 2. Area churches 3. Local universities
Cardiac clinics	2,705	15%	2.1 Increase number of participants in cardiac clinics	2.1.1. Targeted outreach to high risk populations	1. Subsidized housing communities 2. Assisted living facilities
Community education	7,678	5%	3.1 Increase awareness of chronic disease risk factors	3.1.1. Identify new locations to offer cardiac and cancer education	1. Area churches 2. Local universities
				3.2.1 Targeted outreach to high risk populations	1. Subsidized housing communities 2. Assisted living facilities
Cancer screenings	662	5%	4.1 Increase number of high	4.1.1 Targeted outreach to high risk	1. Area churches

			risk participants	populations	2. Recreation centers 3. Senior centers

**Programs included in this baseline calculation are duplicative with the Diabetes and Obesity programs; these duplications are due to comprehensive biometric assessments.*

Evaluation plan: Forsyth Medical Center will accurately track screening data through Lyon Software (CBISA) and monitor class enrollment and completion rates for programs offered at the hospital and community partner locations. Impact will be measured based on above growth target, as compared to baseline statistics.

2013-2014 results
Hospital contribution

Priority 4: Maternal & infant health

In 2009, one of the leading causes of infant death was prematurity and low birth weight. During that same time, non-Hispanic black babies were dying at a rate three times that of white babies. While the infant mortality rate in Forsyth County has been on the decline, we still see 7.7 infants out of every 1,000 die. Forsyth County has the second highest overall infant mortality rate of the five urban North Carolina counties[9].

Programs, resources and intended actions to address maternal & infant health need: Forsyth Medical Center is home to the regional birthing center and offers community education on healthy pregnancy and breastfeeding basics, along with courses in prepared childbirth, sibling preparation and infant care. All services are intended to increase knowledge of healthy pregnancy, risk factors related to low birth weight babies and provide parents-to-be with education and resources related to raising a healthy infant.

Goal
• Increase the awareness of infant mortality, the associated behaviors that increase risk and behaviors for proper infant care.
Anticipated impact
• Increase the number of pregnant women who attend a series of prepared childbirth classes.
Priority population
☐ Broader Community ☒ Vulnerable Population

[9] Forsyth County Department of Public Health (2012). 2011 Forsyth County Community Health Assessment, Mortality, 7. http://www.co.forsyth.nc.us/PublicHealth/Documents/2011_Forsyth_County_Community_Health_Assessment.pdf

Specific action	Baseline	% Growth target	Intervention strategies	Tactics	Collaborative partners
Prepared Childbirth classes	1,077	10%	1.1 Increase number of participants in childbirth classes	1.1.1 Targeted outreach to high risk populations	1. Local health department
Breast feeding education	454	20%	2.1. Increase number of participants in breastfeeding classes	2.1.1 Targeted outreach to high risk populations	1. Local health department

Evaluation plan: Forsyth Medical Center will accurately track screening data through Lyon Software (CBISA) and monitor class enrollment and completion rates for programs offered at Forsyth Medical Center. Impact will be measured based on above growth target, as compared to baseline statistics.

2013-2014 results
Hospital contribution

Priority 5: Physical activity & nutrition

Lack of physical activity is one of four health risk behaviors associated with the development of chronic disease. According to The Robert Wood Johnson Foundation and University of Wisconsin Health Rankings, 21% of Forsyth County residents reported physical inactivity and 12% reported being of low-income and not having easy access to grocery stores. The community perception survey also noted that nutrition and healthy eating were behaviors that needed more resource support in the community.

Programs, resources and intended actions to address physical activity & nutrition need: Forsyth Medical Center provides community education focused on physical activity and nutrition, such as KidSmart, an educational program delivered in the Winston-Salem/Forsyth County schools, Girls on the Run, and multiple components of Transformation Nation Triad, a comprehensive healthy lifestyles program sponsored by the YMCA of Northwest North Carolina. All programs are intended to provide the community with information and resources needed to increase awareness and understanding and to empower individuals and families to control personal risk of chronic disease.

Goal
• Provide all individuals access to affordable physical activity and nutrition resources.
Anticipated impact
• Increase the awareness of physical activity and nutrition and its connection to chronic disease.

- Increase access to community based physical activity and nutrition resources.

Priority population

☐ Broader Community ☒ Vulnerable Population

Specific action	Baseline	% Growth target	Intervention strategies	Tactics	Collaborative partners
KidSmart	0	100%	1.1 Increase the number of students receiving education	1.1.1 Increase education to other Winston-Salem/Forsyth County schools	1. Winston-Salem/Forsyth County (WSFC) Schools
Girls on the Run	392	10%	2.1 Increase the number of girls participating in the program	2.1.1. Targeted outreach to high risk populations	1. WS/FC schools
Transformation Nation Triad*	649	10%	3.1 Increase the number of participants in the nutrition education series 3.2 Increase the number of participants who engage with a personal wellness coach	Increase outreach to high risk populations Tailor educational messages to target audience	1. YMCA

**Programs included in this baseline calculation are duplicative with the Diabetes, Obesity, and Other Chronic Disease programs; these duplications are due to comprehensive biometric assessments.*

Evaluation plan: Forsyth Medical Center will accurately track the number of participants within each of the above programs through Lyon Software (CBISA) and in collaboration with partnership locations. Impact will be measured based on above growth target, as compared to baseline statistics.

2013-2014 results

Hospital contribution

Priority 6: Mental health

According to The Robert Wood Johnson Foundation and University of Wisconsin Health Rankings, on average Forsyth County residents experienced 3.1 mentally unhealthy days in the past 30 days. Forsyth Futures notes that during the 2010-2011 fiscal year, CenterPoint Human Services served nearly 13,363

person for mental health services, including 2,560 persons needed assistance with substance abuse. Additionally, in 2010, Forsyth County saw an increase in suicide rates from 10 per 100,000 residents to 12 per 100,000 residents.

Programs, resources and intended actions to address mental health need: Forsyth Medical Center provides community education focused on stress management, as well as community based behavioral services through our24-hour behavioral health outpatient assessment center and mobile crisis team. All programs and services are intended to assist the community with varying needs of mental health support at times when they are needed most.

Goal
• Provide all individuals access to mental health resources and education.
Anticipated impact
• Increase the number of adults who receive stress management education.
Priority population
☐ Broader Community ☒ Vulnerable Population

Specific action	Baseline	% Growth target	Intervention strategies	Tactics	Collaborative partners
Stress management education	204	20%	1.1 Increase the number of participants in stress management classes	1.1.1 Identify new locations to offer education	1. Area churches 2. Area recreation centers
				1.2.1 Targeted outreach to high risk populations	1. Subsidized housing communities 2. Local universities

Evaluation plan: Forsyth Medical Center will accurately track the number of participants within the above program through Lyon Software (CBISA) and in collaboration with partnership locations. Impact will be measured based on above growth target, as compared to baseline statistics.

2013-2014 results
Hospital contribution

Unaddressed health needs

Although Forsyth Medical Center is working to address several significant needs in the community, we are unable to impact all identified county priorities, but will support community partners as appropriate, with the following known issues:

Need	Explanation	Existing community assets fulfilling need
Social determinants of health	Outside of Forsyth Medical Center's scope of services	***Education****:* Winston-Salem Forsyth County Schools, Wake Forest University, Winston-Salem State University, Salem College, Forsyth Technical Community College, Summit School, Forsyth Country Day School; ***Housing***: AIDS Care Service, Community Action Agency, Transitional Services, Bethesda Center for Homeless, Samaritan Inn, Winston-Salem Rescue Mission, Habitat for Humanity, Forsyth County Department of Housing, Housing Authority of Winston-Salem, Family Services, Financial Pathways of the Piedmont; ***Environmental***: Forsyth County Environmental Affairs Department, Parks and Recreation, Cooperative Extension Services; Forsyth County Office of Environmental Assistance and Protection*;* Forsyth County Department of Public Health Environmental Health Division, County Utility Commission; ***Transportation***: Federal Transit Administration, Winston-Salem Transit Authority, Transportation Advisory Committee; Parks and Recreation; ***Food Access****:* Food Bank of Northwest North Carolina, Department of Social Services, Crisis Control Ministry, Samaritan Inn, Local Foods Consortium
Sexually transmitted infections	Other agencies addressing need	AIDS Care Service; Back to Basics; Forsyth County Department of Public Health (STI clinic and Family Planning Clinic); POSSE; Northwest Care Consortium; Planned Parenthood
Premature death	Other agencies addressing need	

Non-elderly uninsured	Other agencies addressing need	Bethany Baptist Clinic (now Health and Wellness Clinic of the Triad); Community Care Center; Community Mosque Clinic; Downtown Health Plaza; Green Street United Methodist Church; Healthcare Access; Northwest Community Care Network; Southside United Health and Wellness Clinic; Sunnyside Clinic; Winston-Salem Rescue Mission

Role of the board and administration

The Novant Health Triad Region Board of Directors and Forsyth 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).
- Increase the proportion of worksites that offer nutrition or weight management classes (Healthy People 2020; NWS-7).
- Reduce the number of children and adolescents who are considered obese (Healthy People 2020; NWS-10).

Heart disease:

- Increase the proportion of adults who are at a healthy weight (Healthy People 2020; NWS-8).
- Increase the proportion of worksites that offer nutrition or weight management classes (Healthy People 2020; NWS-7).
- Reduce the number of children and adolescents who are considered obese (Healthy People 2020; NWS-10).

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)

Physical activity & nutrition:

- Reduce the proportion of adults who engage in no leisure time physical activity (Healthy People 2020; PA-1)
- Increase the proportion of the Nation's public and private schools that require daily physical education for all students (Healthy People 2020; PA-4)
- Increase the contribution of fruits to the diet of the population aged 2 years and older (Healthy People 2020; NWS-14)
- Increase the variety and contribution of vegetables to the diet of the population aged 2 years and older (Healthy People 2020; NWS-15)

Mental health

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